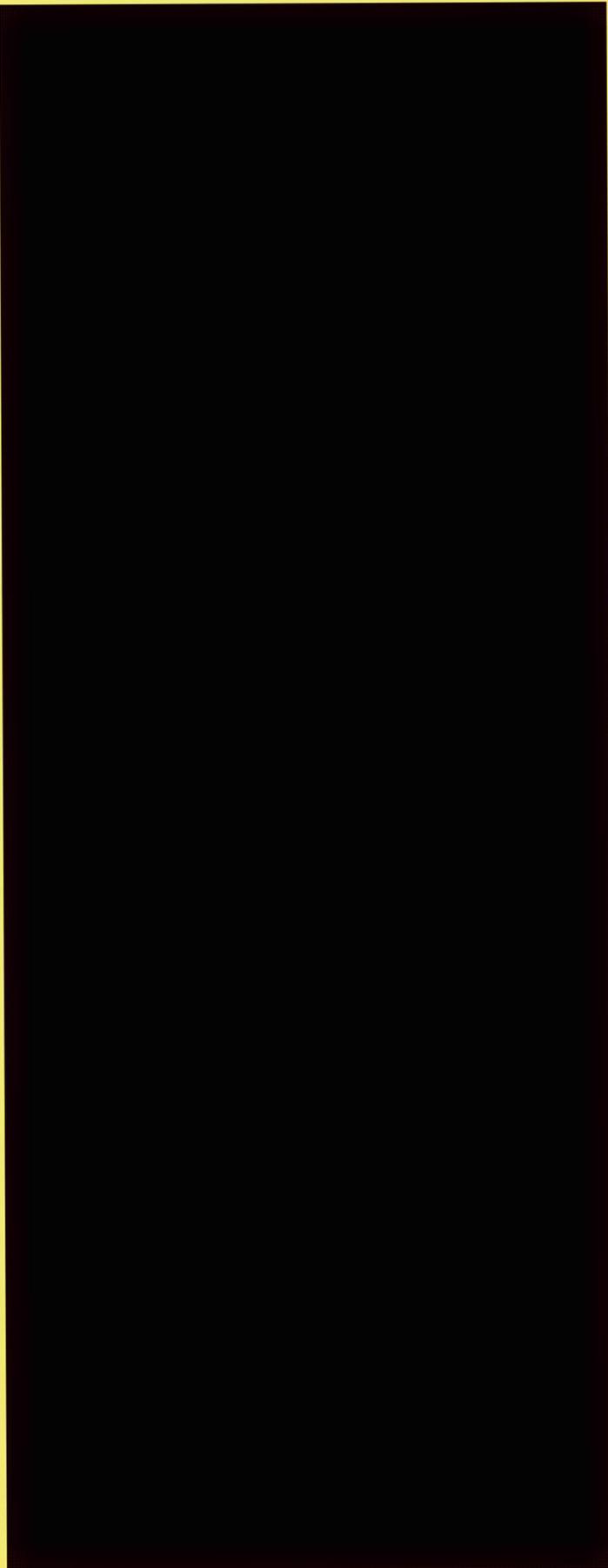


## Human Rights Bill



1. Working with lesbian, gay, bisexual and trans (LGBT) people
2. Improving access to health and social care for lesbian, gay, bisexual and trans (LGBT) people
3. Young lesbian, gay and bisexual (LGB) people
4. Older lesbian, gay and bisexual (LGB) people
5. Lesbian health
6. Gay men's health
7. Bisexual people's health
8. Healthy lifestyles for lesbian, gay, bisexual and trans (LGBT) people
9. Mental health issues within lesbian, gay and bisexual (LGB) communities
10. Sexual health
11. Trans people's health
12. Lesbian, gay and bisexual (LGB) people from Black and minority ethnic communities
13. Disabled lesbian, gay and bisexual (LGB) people

## Human Rights Bill 2018

Dear Human Rights committee group Public hearing bill 4 December 2018

My name is Julian Gallimore and I have worked in Woman race and equality's over a very long time I regard my self has Australian British and a Australian Citizen.

I am deeply concerned at the rhetoric of extreme Bias from Christian and Islamic groups when it comes to L G B T Q I P People we are family too.

I also have noted because of the lack of the WORDING SEXUAL ORENTATION IN THE QUEENSLAND LEGAL SYSTEM it's possible to discriminate against L G B T Q I P people in general across the board.

Working with Lesbian Gay Bisexual Trans and Pansexual people, I feel there anger especially here in the Homophobic State of Queensland were Teachers, Nurses, Police Officers etc etc Generally have to hide their Sexual orientation or face Bias and lack of promotion to higher ranks in their work place in General.

I ask that the wording (Sexual Orientation) be put in all wording when it comes to legal matters has you already Know Australia does not have a bill of rights like the USA and its my very strong opinion that blackmail is rampant when it comes to L G B T Q I P people in their workplace especially it regional towns in Fare North Queensland, we only have to look at the homophobic rhetoric from the cater Party and it's the same from MP George Christenson and Pauline Hanson.

If we go back in time to 1933 Adolf Hitler's National socialist Workers Party put a Law forward Paragraph 175 that all Homosexuals must registrar at their local Police station and shortly after that they wore made to were a Pink triangle and put into brick or concentration camps like, Dachau, Sachsenhausen, Auschwitz and Ravensbruch, Camps.

In 1935 Homosexuals would arrive by train and proceed directly to the gas chambers the lucky ones to the brick Camps in 1939 polish youth would suffer the same consequence.

Josef Kohout in 1972 recounted his testimony of a Homosexual in Nazi concentration Camps were Slave Labour at the Klinkerwerk, Clay Quarry's and Brick works affiliated with the Sachsenhausen Concentration Camp in early 1940, Schools should have this book in their Library

The Extrema Bias pushed by the Australian Anglican Church reminds me of the horrors of Hatred and prejudice found in east Africa and Chechnya.

In 2018, religious' schools can broadly discriminate against students and staff based on their sexuality and gender outrageous true fact about Queensland Schools I think the same goes for the Queensland court and judiciary system to. How many LGBTQIP magistrates and judges do we have?

I find most Gay Queenslanders feel they have to keep their mouths shut or face abuse by none Homosexual (Gay) people by Homophobic heterosexual people in the community this is backed by so many right wing politicians who hate gays, like my MP George Christenson and others.

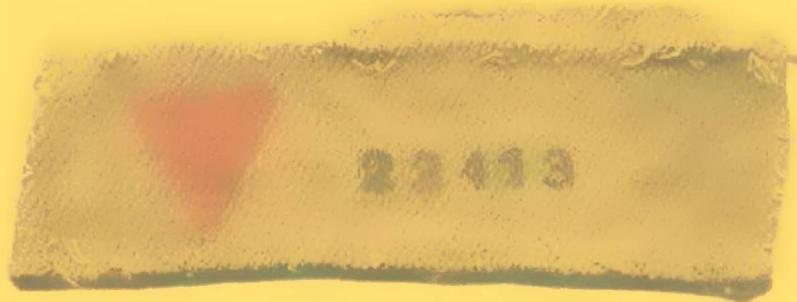
Please find a sample of my Submission on the Human Rights act (Queensland). The rest will arrive by Express Post on the 28 Of November please give me a late exemption because my submission is Cumming from Fare North Queensland.

Julian Gallimore [REDACTED]

Signed



21-11-2018



'At the end of the war, when the concentration camps were finally liberated, virtually all of the prisoners were released except those who wore the pink triangle. Many of those with a pink triangle on their pocket were put back in prison and their nightmare continued'



2018



# QNEWS



**'Perserverence And Bravery': Charting Australia's Long Path To Marriage Equality**

**Jeff Horn Isn't Happy About Those Anthony Mundine Transgender Tweets**

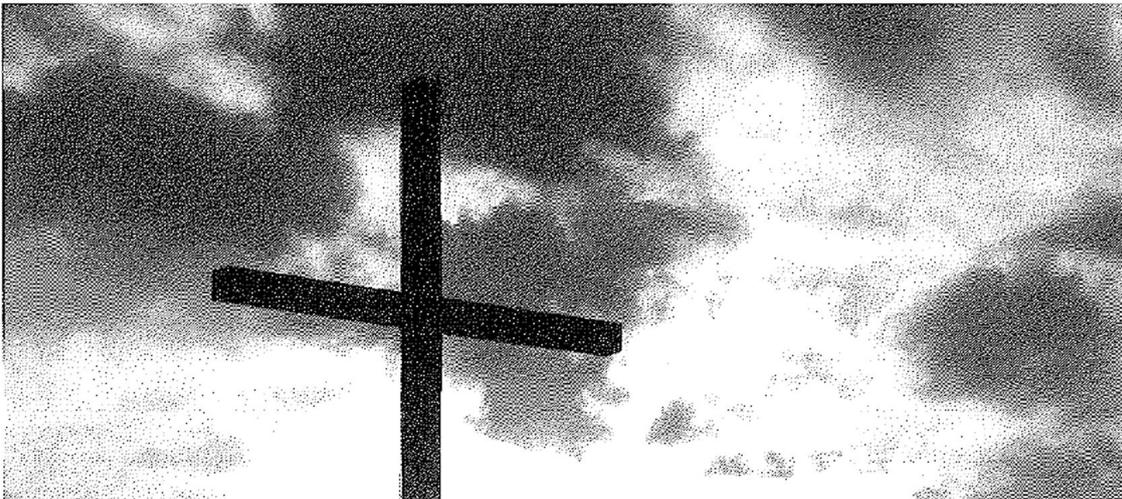
**Marriage Equality Late For Veteran Ar**



HEADLINE NEWS NEWS

## Anglican School Students Petition Against Religious Exemptions

 JORDAN HIRST 3 WEEKS AGO





**More than 1,000 current and former students from Anglican schools have signed an open letter to principals asking them to stop lobbying to keep legal exemptions allowing discrimination against gay teachers.**

Last week, a group of 34 New South Wales Anglican school principals signed a letter to federal MPs demanding the controversial religious exemption allowing them to discriminate on the basis of sexual orientation or gender identity be kept until a right to freedom of religion is legislated.

But a letter-writing campaign by hundreds of former and current students has asked for the school principals to “judge staff by the quality of their work, not their sexual orientation.”

“School is meant to be a place of development, open expression and trust,” the letter reads.

“If LGBT staff are to be discriminated against due to their sexuality, they will have live in fear that they will lose their job if they are to be themselves.

“Living like this is not humane nor in any way acceptable.”

The organiser of the letter is Max Loomes, a former student of St Luke’s Grammar School in Sydney, and he told *the Guardian* he was “appalled” by the letter and he didn’t believe the school’s staff would have backed this action.

“The students and majority of the teachers at my former school were loving, open-minded and would not have condoned this sort of action,” he said.

“[The letter] appears to be an executive decision from higher up in the schools.”

In the original letter, the 34 principals argued the current anti-discrimination exemptions are “clumsy” but are “the only significant legal protections available to schools to maintain their ethos and values with regards to core issues of faith.”

They argued the debate had been “polemicised as the right to expel gay students and the right to dismiss gay staff members” but with “little evidence” that either occurs.

One former student of St Luke’s Grammar, Natalie, said she felt “incredibly sad” when she saw the school’s principal had signed the letter.



## Human Rights Bill 2018

"If you say you are never going to use these powers, then what is the point of wanting to have them just in case?" she told the *Guardian*.

"The real impact of this isn't that students are going to be asked to leave the school, it is that students are going to be feel unsafe.

"It's that girls who are being bullied at school for being gay or 'weird', their bullies are going to feel a bit more vindicated."

Yesterday, Sydney state MP and Equality Campaign co-chair Alex Greenwich wrote a scathing letter to South Sydney Anglican Bishop Michael Stead asking for an apology from the church for "harmful and damaging conduct" during the postal survey, instead of lobbying for discrimination.

### 'Get the balance right'

The debate over gay students and staff erupted after the leaking of parts of the Ruddock religious freedom review ahead of the Wentworth byelection in New South Wales.

It emerged that the little-known legal exemption in the federal Sex Discrimination Act currently permits religious schools to broadly discriminate against students and staff on the basis of their sexuality and gender identity.

Education Minister Dan Tehan said the letter from the 34 Anglican principals was part of a "very important discussion" about competing rights.

"The UN declaration of human rights has freedom of religion as one of its core rights, but we also want to protect against sexual discrimination," he told Sky News on Wednesday.

Tehan said he is "confident" that Attorney-General Christian Porter will get the balance right in the government's response to the review.

But the legislation promised by Prime Minister Scott Morrison to ban schools from turning away gay students was delayed after it was criticised as inadequate by the federal opposition and LGBTIQ advocates.

Shadow Attorney-General Mark Dreyfus said at the time Labor wouldn't support the draft bill because it was not a straightforward repeal of the exemption and included provisions that "go beyond what the government promised, with potentially significant ramification for LGBTI students."

✎ education,New South Wales,religion,sydney

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2018  
Townsville Qld

ht

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## Police to probe Iqbal's homophobic remarks

Police are interrogating Sir Iqbal Sacranie for allegedly making homophobic remarks during a BBC Radio 4 interview.

INDIA Updated: Jan 12, 2006 19:31 IST

Nabanita Sircar  
None

Police are investigating a British Muslim leader for allegedly making homophobic remarks during a BBC Radio 4 interview last week. Sir Iqbal Sacranie, the secretary general of the Muslim Council of Britain, said that homosexual practices were "harmful" and civil partnerships "not acceptable" last week.

During the interview Sir Iqbal said: If you look into the scientific evidence that has been available in terms of the various forms of other illnesses and diseases that are there, surely it points out that, where homosexuality is practised, there is a greater concern in that area."

Asked if homosexuality was harmful to society, he said: "Certainly it is a practice that doesn't, in terms of health, in terms of the moral issues that comes along in a society - it is. It is not acceptable."

Peter Rippon, the programme's editor, was telephoned by an officer at West End Central police station in London yesterday, who said that he was investigating a homophobic incident under section 5 of the Public Order Act 1986, which makes it an offence for a person to use "threatening, abusive or insulting words" within the hearing of "a person likely to be caused harassment, alarm or distress" as a result.



**LOVE  
IS A  
HUMAN  
RIGHT**



**Amnesty International  
PROTECT THE HUMAN**

The same arguments  
against marriage  
equality were  
presented in all  
countries where it is  
now legal. They didn't  
fool New Zealanders,  
the Irish or the British,  
the Americans or the  
Canadians, the French  
or the Spanish.  
Don't let them fool you.

Vote YES for  
simple equality.

just.equal

wetherspoon

# About us

## our food your nutrition

Full  
NUTRITIONAL  
INFORMATION

is provided overleaf  
and on our Web site:  
[www.jdwetherspoon.co.uk](http://www.jdwetherspoon.co.uk)

## quality

a few examples

### APPLES

Bramley apples are used in our apple, pear & raspberry crumble



### BAGUETTES

Malted and wholegrain

### BEEF

**BRITISH** beef is used in our beef & Abbot Ale pie, chilli, cottage pie and lasagne

### BEEF BURGER

100% **BRITISH**



### CHEESE

Tickler extra-mature Cheddar cheese, from Devon's Taw Valley, is used in our Wetherspoon ploughman's

### CHILDREN'S MENU

Award-winning, including **ORGANIC** spaghetti Bolognese and **FREE-RANGE** chicken breast in an **ORGANIC** korma sauce, served with **ORGANIC** rice

### CIABATTA BREAD

Stone-baked and made with extra-virgin olive oil

### COD AND HADDOCK

**SUSTAINABLE** cod and haddock in our fish and chips

### COFFEE BEANS

100% Rainforest-Alliance-certified coffee



### COOKING OIL

Virtually trans-fat-free oil

### EGGS

We use only **FREE-RANGE** eggs, which all carry the British Lion Quality mark

### HAM

Wiltshire-cured

### HAGGIS

Authentic, multiaward-winning recipe

### ICE CREAM

GM-free, totally natural, free from artificial additives and made with farm-produced fresh Jersey milk

### ONION RINGS

Beer-battered and whole (not reconstituted)

### PARMESAN CHEESE

We use the real Parmigiano-Reggiano to top our pastas and Caesar salads

### PIE

Our **BRITISH** beef & Abbot Ale pie was the winning recipe at the 2008 Caterer and Hotelkeeper Excellence in Food & Drink Awards

### PORK PIE

Authentic Melton Mowbray recipe, made with UK pork

### POTATOES

100% **BRITISH** potatoes – for our chips

### SAUSAGES

Our sausages contain only **BRITISH** pork and no artificial colours or flavours

### TEA

Ethically sourced, ensuring that workers on tea estates are fairly treated, with decent living conditions

### TOMATO & BASIL SOUP

**ORGANIC**

### TUNA

Dolphin-friendly

### VEGETABLE CURRY

Award-winning sweet potato, chickpea & spinach curry recipe

### WAFFLE

Genuine Belgian recipe, made in Belgium



## rest assured

We are committed to sourcing the best-quality ingredients. Our menu offers an enticing mix of traditional British meals, along with popular and innovative international dishes.

We source much of our food from the UK and have strict specifications for all of our products, ensuring that the highest standards of quality and safety are met.

## awards

Our Lincolnshire pork sausage won the gold award at the National Supreme Product Championships in April 2008.

Wetherspoon was Eat Out magazine's winner of MenuMasters' 'best menu 2008' in the kids' category.

Wetherspoon was winner of the 'Best Town & Local Pub 2009' category in the Menu Innovation & Development Awards.

In 2008, we won the 'Best Bramley Foodservice Companies' title in the Brammy Awards, aimed at recognising outstanding contributions to the cause of the Bramley apple by foodservice companies.

Last year, we served 14 MILLION FREE-RANGE EGGS and support Compassion in World Farming (CIWF) and the use of cage-free eggs.

All of our eggs carry the British Lion Quality mark.

We are working closely with the Food Standards Agency (FSA) to reduce the salt, saturated fat and sugar content in a selection of our meals, in accordance with the latest guidelines.

J D Wetherspoon plc, PO Box 616, Watford, WD24 4QU  
Telephone: 01923 477777 [www.jdwetherspoon.co.uk](http://www.jdwetherspoon.co.uk)

# Guideline Daily Amounts

To help you to understand our dishes' nutritional value, we have provided information based on guideline daily amounts (GDAs).

GDAs are a guide as to how much energy and nutrients there are in a portion of food and what each amount represents as a percentage of a person's daily dietary needs.

We hope that this information will help you to make choices in compiling a balanced diet which can be adapted to your individual needs and lifestyle.

GDAs are not targets, but merely guideline values, set for a healthy adult or child of average weight, who has an average level of activity.

GDAs guideline daily amounts	women	men	children (5-10 years)
energy (calories)	2000	2500	1800
protein (g)	45	55	24
carbohydrate (g)	230	300	220
fat (g)	70	95	70
saturated fat (g)	20	30	20
fibre (g)	24	24	15
salt (g)	6	6	4

DISH	ENERGY (Kcal)		PROTEIN (g)		CARBOHYDRATES (g)		FAT (g)		SATURATED FAT (g)		FIBRE (g)		SALT (g)		SUITABLE FOR VEGETARIANS		SUITABLE FOR VEGANS		ALLERGEN INFORMATION Contains indicated allergen Y / N					
	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
<b>STARTERS &amp; SHARERS</b>																								
NEW Caesar Salad	234	12	7.3	16	6.8	3	19.9	28	6.6	33	1.2	5	1	17	N	N	N	N	N	N	N	N	Y	Y
Spicy Coated King Prawns	248	12	17.9	40	23.7	10	9.2	13	3.9	20	0.8	3	1.8	30	N	N	N	N	N	N	N	N	Y	Y
Spicy Mushrooms	487	24	6.2	14	45.3	20	31.1	44	3.7	19	3.9	16	2.3	38	Y	N	Y	N	N	N	N	N	Y	N
Spicy Chicken Wings	465	23	38.1	85	22	10	25.4	36	7.1	36	1.4	6	2.5	42	N	N	Y	N	N	N	N	N	N	Y
Spicy Tomato & Basil Soup without Bread and Butter	200	10	2.5	6	10.5	5	15.1	2	8.1	41	2.1	9	3.5	56	Y	Y	N	N	N	N	N	N	N	Y
Organic Tomato & Basil Soup with Malted Grain Baguette and Butter	584	29	14.3	32	77.2	34	22.6	33	9.3	47	6.1	25	5.3	85	Y	N	Y	N	N	N	N	N	N	Y
Organic Tomato & Basil Soup with White Poppy Seed Bloomer and Butter	418	21	12.2	27	59.7	26	14.4	21	2.6	13	5.8	24	4.3	72	Y	N	Y	N	N	N	N	N	N	Y
Nachos ‡ suitable for sharing	1300	n/a	36.2	n/a	108.5	n/a	79.6	n/a	27	n/a	9.9	n/a	6.3	n/a	Y	N	N	N	N	N	N	N	N	Y
Nachos with Chilli Con Carne ‡ suitable for sharing	1487	n/a	45.8	n/a	134	n/a	87.7	n/a	29.7	n/a	14.1	n/a	7.3	n/a	Y	N	N	N	N	N	N	N	N	Y
Nachos with Five-Bean Chilli ‡ suitable for sharing	1396	n/a	41.8	n/a	124.3	n/a	81.1	n/a	27.2	n/a	15.5	n/a	7.8	n/a	Y	N	Y	N	N	N	N	N	Y	Y
NEW Reggae Reggae Chicken Nachos ‡ suitable for sharing	1586	n/a	73.3	n/a	131.8	n/a	84.5	n/a	23.8	n/a	7.6	n/a	6	n/a	N	Y	N	N	N	N	N	N	Y	N
Wellerspoon Sharer ‡ suitable for sharing	2524	n/a	69.9	n/a	276.6	n/a	129.5	n/a	32	n/a	18.2	n/a	11	n/a	N	N	Y	N	N	N	N	N	Y	Y
<b>DELI</b>																								
Mature Cheddar Cheese & Pickle - Ciabatta	662	33	28.8	61	87.9	30	31.4	45	14.5	73	6.1	25	3.8	68	Y	N	Y	N	N	N	N	N	N	Y
Mature Cheddar Cheese & Pickle - Malted Grain Baguette	696	35	28.6	64	79	34	29.7	42	13.8	69	5.6	23	3.3	55	Y	N	Y	N	N	N	N	N	N	Y
Wildshire Ham - Ciabatta	503	25	32.8	73	59.4	26	14.7	21	3.2	16	5.7	24	4.5	75	N	N	Y	N	N	N	N	N	N	Y
Wildshire Ham - Malted Grain Baguette	536	27	34.1	76	70.5	31	13	19	2.5	13	5.2	22	4.3	72	N	N	Y	N	N	N	N	N	N	Y
Tuna Mayo/Maiise - Ciabatta	553	28	34.4	76	61.6	27	19.2	27	2.4	12	5.8	24	3.5	58	N	N	Y	N	N	N	N	N	Y	Y
Tuna Mayo/Maiise - Malted Grain Baguette	588	29	35.6	79	72.7	32	17.5	25	1.6	8	5.3	22	3	50	N	N	Y	N	N	N	N	N	Y	Y
S.J. - Ciabatta	727	36	31.8	71	59.7	26	40.4	58	11.5	58	5.7	24	7.8	130	N	N	Y	N	N	N	N	N	Y	Y
S.J. - Malted Grain Baguette	761	38	33	73	70.8	31	38.7	55	10.8	54	5.1	21	7.3	122	N	N	Y	N	N	N	N	N	Y	Y
BBQ Chicken & Bacon Melt - Ciabatta	635	32	34.8	77	66.5	29	25.6	37	11.3	57	5.3	22	5.3	88	N	N	Y	N	N	N	N	Y	N	Y
BBQ Chicken & Bacon Melt - Malted Grain Baguette	668	33	36	80	77.6	34	23.9	34	10.6	53	4.8	20	4.8	80	N	N	Y	N	N	N	N	Y	N	Y
Southern-Fried Chicken Wrap	485	24	21.7	48	55.1	24	21.5	31	4.6	23	3.7	15	4	67	N	N	Y	N	N	N	N	Y	N	Y
Chicken Breast Slices Chicken Wrap	380	19	25.1	56	41.8	18	13.8	20	3.5	18	3.1	13	2.8	47	N	N	Y	N	N	N	N	Y	N	Y
NEW Steak Ciabatta with Chips	1128	56	43.2	96	129.6	56	48.6	69	12.9	65	10.1	42	3.6	63	N	N	Y	N	N	N	N	Y	N	Y
Mature Cheddar Cheese & Tomato Panini	667	34	34.4	76	59	26	35	50	20.4	102	5.7	24	3.8	83	Y	N	Y	N	N	N	N	N	Y	N
Wildshire Ham & Mature Cheddar Cheese Panini	805	40	45	100	58.9	26	43.4	62	21.8	109	5.2	22	5.3	88	N	N	Y	N	N	N	N	N	Y	N
BBQ Chicken & Bacon Panini	635	32	34.8	77	66.5	29	25.6	37	11.3	57	5.3	22	5.3	88	N	N	Y	N	N	N	N	Y	N	Y
Portion of Chips	376	19	5.3	12	54.8	24	15.2	22	1.3	7	4.4	18	0.2	3	Y	Y	N	N	N	N	N	N	Y	N
<b>VALUE MEALS</b>																								
Ham, Eggs and Chips	683	34	40.2	89	56.2	24	33.4	46	7	35	4.4	18	3.3	55	N	N	Y	N	N	N	N	N	Y	N
Jacket Potato and Tuna Mayo	645	42	34.9	78	84.1	47	39.6	57	4.4	22	8.7	36	2.5	42	N	N	Y	N	N	N	N	N	Y	Y
Cottage Pie with Chips and Peas	646	42	24.9	55	106	46	33.4	46	8.4	42	12.8	53	2.8	47	N	N	Y	N	N	N	N	N	Y	Y
Sausage, Chips and Beans	697	45	40.7	90	91.2	40	42.7	61	10.6	53	12.9	54	4.8	80	N	N	Y	N	N	N	N	N	Y	N
Vegetarian Sausages, Chips and Beans	734	37	17.8	39	112.8	49	23.7	34	3.1	16	12.4	52	2.3	38	Y	N	Y	N	N	N	N	Y	N	Y
Spicy Tomato Pasta	460	23	14	31	96	37	6	9	0.8	4	10.8	45	2	33	Y	Y	N	N	N	N	N	N	Y	N
NEW Bacon Carbonara	1096	55	32.5	72	91.2	40	36.1	50	13.3	67	5.5	23	9.3	155	N	N	Y	N	N	N	N	N	Y	N
Lasagne al Forno with Dressed Salad	814	41	36.9	82	78.6	33	39.5	58	14.5	73	5.7	24	5.5	92	N	N	Y	N	N	N	N	N	Y	N
Widals with Linguine Pasta	614	31	32.3	72	66.7	29	23.8	34	6.2	31	9.5	40	5	83	N	N	Y	N	N	N	N	Y	N	Y
NEW Wellerspoon Ploughman's	1140	57	36.7	82	100.6	44	65.7	92	24.8	123	5.8	24	5.5	92	N	N	Y	N	N	N	N	Y	N	Y
Chicken, Leek and Wildshire Ham Pie with Chips, Peas and Gravy	1263	63	37.7	84	134.2	58	94.7	132	26.3	135	10.5	44	3.8	63	N	N	Y	N	N	N	N	N	Y	N
Five-Bean Chilli - with Yellow Basmati Rice and Tortilla Chips	592	30	18.6	42	106.6	46	10.1	14	1.2	6	11.3	47	4.3	72	Y	N	Y	N	N	N	N	Y	N	Y
Chilli Con Carne with Yellow Basmati Rice and Tortilla Chips	751	38	27.7	62	121.4	53	27.6	38	12.7	64	15.3	64	3.8	83	N	N	Y	N	N	N	N	Y	N	Y
Breaded Place with Chips and Peas	831	42	31.5	70	86.9	38	37.6	54	3.2	16	10.6	45	1.8	30	N	N	Y	N	N	N	N	Y	N	Y
Fish, Chips and Peas with Tartare Sauce (Cod)	1008	50	36.1	80	105	48	47.8	66	3.8	19	11.4	48	3.3	55	N	N	Y	N	N	N	N	Y	Y	N
<b>JACKET POTATOES</b>																								
Jacket Potato and Baked Beans	652	33	18.6	41	113.2	49	16.5	24	2.4	12	14	58	2.8	47	Y	N	N	N	N	N	N	Y	N	Y
Jacket Potato and Mature Cheddar Cheese	796	39	27.5	61	93.2	41	35.9	51	15.2	76	9.1	38	3.5	58	Y	N	N	N	N	N	N	Y	N	Y
Jacket Potato and Chilli Con Carne with Sour Cream	704	36	21.7	48	114	50	25.7	37	5.9	35	15.7	65	2.3	38	N	N	Y	N	N	N	N	Y	N	Y
Jacket Potato and Five-Bean Chilli	632	32	17.6	39	106	47	17	24	2.3	12	14.4	60	2.6	47	Y	N	Y	N	N	N	N	Y	N	Y
<b>MAIN MEALS</b>																								
Chicken Curry Salad	683	34	29.6	112	15.9	7	44.4	63	15.4	77	2.4	10	1.8	63	N	N	Y	N	N	N	N	Y	Y	Y
Warm Chicken & Bacon Salad	593	30	40	89	16.5	7	41.1	59	11.9	59	2.3	10	6.5	108	N	N	Y	N	N	N	N	Y	N	N
Wholesome Breaded Scampi	987	49	30.8	68	100.6	44	49.9	77	4.1	21	12.9	54	3.8	63	N	N	Y	N	N	N	N	Y	N	Y
NEW Halli roast chicken	1227	61	98	218	82.1	27	63.1	90	15.2	76	11.4	48	4.3	72	N	N	Y	N	N	N	N	N	Y	N
Chicken Tikka Masala	994	50	48.6	108	140.7	61	26.7	38	9.7	49	7.9	33	7.5	125	N	N	Y	N	N	N	N	N	Y	N
Sweet Potato, Chickpeas & Spinach Curry with Naan Bread	1069	53	33.2	74	180.5	78	25.2	38	9.7	49	15.4													

The values shown are rounded up or down to the nearest whole number (energy) or rounded to one decimal point (nutrients).

All GDA percentages are based on an average woman, with a normal level of activity.

Children's dishes are based on a child of 5–10 years, with a normal level of activity.

	ENERGY (kcal)		PROTEIN (g)		CARBOHYDRATES (g)		FAT (g)		SATURATED FAT (g)		FIBRE (g)		SALT (g)		SUITABLE FOR VEGETARIANS		SUITABLE FOR VEGANS		ALLERGEN INFORMATION Contains indicated allergen Y / N				
	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	GLUTEN	EGG	SOYA	SEAFOOD	SESAME SEEDS	NUTS	MILK		
<b>MAIN MEALS (CONTINUED)</b>																							
Chicken Pasta Alfredo with Dressed Side Salad	698	35	40.5	90	49.8	22	37.9	54	11.4	57	8	33	4.5	73	N	N	Y	N	N	N	Y	N	
Salmon Fillet with Hollandaise Sauce, with Jacket Potato and Dressed Side Salad	1102	55	44.8	100	95	41	62.6	89	14.9	75	9	38	1.5	25	N	N	Y	N	N	N	Y	Y	
Salmon Fillet with Hollandaise Sauce, served with Chips and Vegetables	943	47	38.9	86	63.8	28	57.7	82	15.5	78	7	33	1	17	N	N	Y	N	N	N	Y	Y	
Sausages and Mash	976	49	34.6	77	71.8	31	60.5	86	14.7	74	11.6	48	7.3	122	N	N	Y	N	N	N	Y	N	
Vegetarian Sausages and Mash	835	42	20.5	46	126.1	55	24.6	35	3.5	18	14	58	0.8	13	Y	N	Y	N	N	Y	N	Y	
British Beef and Abbot Ale Pie served with Chips, Vegetables and Gravy	1353	68	35.4	79	142.1	62	71.3	102	30.9	155	8.5	35	4.3	72	N	N	Y	N	N	Y	N	Y	
British Beef and Abbot Ale Pie served with Mashed Potato, Vegetables and Gravy	1437	72	33.9	75	138.6	59	84.2	120	28.8	144	11.9	50	6.5	108	N	N	Y	N	N	Y	N	Y	
BBQ Chicken Meat, with Chips, Peas, Tomato and a Large Flat Mushroom	1033	52	62.2	139	76.4	33	53.3	76	19.1	96	7	29	5.5	92	N	N	Y	N	N	Y	N	Y	
BBQ Chicken Meat, with Jacket Potato and Dressed Side Salad	1089	53	66.3	149	110.9	48	42.3	80	15.8	79	9	38	6.3	105	N	N	Y	N	N	Y	N	Y	
Braised Shoulder of Lamb with Mashed Potato and Vegetables	1157	58	83.1	185	59.6	25	67.3	96	22.3	112	8.9	37	4.5	75	N	N	Y	N	N	Y	N	Y	
10oz Rump Steak, with Jacket Potato and Butter and Dressed Side Salad	1120	56	79	176	94.1	41	50	71	16.1	81	9.2	38	3.3	55	N	N	Y	N	N	Y	N	Y	
10oz Rump Steak, with Chips, Peas, Tomato and a Large Flat Mushroom	1074	54	73.6	164	60.9	26	59.7	85	17.1	86	6.8	28	2.5	42	N	N	Y	N	N	Y	N	Y	
6oz Sirloin Steak, with Jacket Potato and Butter and Dressed Salad	1178	59	50.2	112	93.9	41	69.4	99	24.2	121	9	38	2.8	47	N	N	Y	N	N	Y	N	Y	
6oz Sirloin Steak, with Chips, Peas, Tomato and a Large Flat Mushroom	1160	58	44.7	99	57.1	25	83.9	120	26.1	131	6.5	27	2	33	N	N	Y	N	N	Y	N	Y	
Surf n Turf - Rump Steak, Spicy Coated King Prawns, Chips, Peas, Tomato and Sweet Chilli Dip	1312	66	96.1	214	84	37	63	90	19.9	100	11.3	47	4	67	N	N	Y	N	N	Y	N	Y	
Mixed Grill, with Chips, Peas, Tomatoes and a Large Flat Mushroom	1372	69	84.5	188	62.8	27	87.5	125	32.5	163	7.9	33	4.3	72	N	N	Y	N	N	Y	N	Y	
Mixed Grill, with Jacket Potato and Dressed Side Salad	1413	71	69.2	188	97.2	42	77	110	27.3	137	10	42	5	83	N	N	Y	N	N	Y	N	Y	
Large Mixed Grill, with Chips, Peas, Tomato and a Large Flat Mushroom	1885	94	104.7	233	103.6	45	117.9	168	42.1	211	10.9	45	6.6	113	N	N	Y	N	N	Y	N	Y	
Large Mixed Grill, with Jacket Potato and Dressed Side Salad	1922	96	109.4	243	138.1	60	106.9	153	38.8	194	13.1	55	7.8	130	N	N	Y	N	N	Y	N	Y	
Creamy Peppercorn Sauce	112	6	1.3	3	4.7	2	6.5	12	5.1	26	0	0	0	0	N	N	Y	N	N	Y	N	Y	
<b>BURGERS</b>																							
Classic 6oz Beef Burger	1207	60	40.9	91	103	45	61.3	88	20.3	102	7.4	31	2	33	N	N	Y	N	N	Y	N	Y	
Vegetable Burger with Chips	839	42	22.7	50	132.5	55	25.6	37	5.3	27	9.6	40	2.8	47	Y	N	Y	N	N	Y	N	Y	
Breaded Chicken Burger with Chips	945	47	32.1	71	120.5	52	28.5	41	4.3	22	8.3	35	2.8	47	N	N	Y	N	N	Y	N	Y	
Gourmet Beef Burger	1828	91	60.3	134	141.2	61	104.4	149	38.9	195	9.4	39	8	133	N	N	Y	N	N	Y	N	Y	
Gourmet Chicken Burger	1544	77	52.2	116	158.7	69	88.6	98	20.7	104	10.3	43	8.5	142	N	N	Y	N	N	Y	N	Y	
NEW Gourmet Vegetable Burger	1202	60	28.2	63	188.3	81	40	57	12	38	12.6	53	5	88	Y	N	Y	N	N	Y	N	Y	
<b>SIDES</b>																							
Side Salad with Dressing	153	8	1.5	3	7	3	13.2	19	1	5	1.5	6	0.5	8	Y	N	Y	N	N	Y	N	Y	
Side Salad without Dressing	21	1	1	2	3.7	2	0.3	0	0.1	1	1.3	5	0	0	Y	N	Y	N	N	Y	N	Y	
Vegetables	76	4	3.4	8	6.6	3	3.9	6	2.2	11	3.4	14	0.3	5	Y	N	Y	N	N	Y	N	Y	
Beer-Battered Whole Onion Rings (x12)	571	29	7.6	17	71.5	31	28.3	40	13.1	66	4	17	3.3	55	Y	N	Y	N	N	Y	N	Y	
Garlic Ciabatta Bread	406	20	11.4	25	1.4	1	17.9	26	10.4	52	2.6	11	1.5	25	Y	N	Y	N	N	Y	N	Y	
NEW Garlic Ciabatta Bread with cheese	653	33	26.7	59	1.5	1	38.3	55	23.4	117	2.6	11	4	67	Y	N	Y	N	N	Y	N	Y	
Bowl of Chips	752	38	10.6	24	109.6	48	30.4	43	2.6	13	6.6	37	0.3	5	Y	N	Y	N	N	Y	N	Y	
Bowl of Chips topped with Cheddar Cheese	1002	50	25.8	57	109.6	48	51.3	73	15.7	79	8.8	37	1.5	25	Y	N	Y	N	N	Y	N	Y	
Bowl of Chips topped with Chilli Con Carne	893	45	13.8	44	130.8	57	37.6	54	5.6	28	15.7	65	1.5	25	N	N	Y	N	N	Y	N	Y	
Bowl of Chips topped with Five-Bean Chilli	851	43	16.2	36	125.4	55	31.8	45	2.8	14	14.4	60	2	33	Y	N	Y	N	N	Y	N	Y	
<b>DESSERTS</b>																							
NEW Belgian Waffle with Fruit Compote	539	27	6.7	15	69.2	30	25.7	37	12.6	63	3	13	1	17	Y	N	Y	N	N	Y	N	Y	
Mint Chocolate Ice Cream Bombe	297	15	5.7	13	41.4	18	12	17	7.4	37	1.4	6	0.3	5	Y	N	Y	N	N	Y	N	Y	
Souffle Toffee Pudding with Custard	703	35	9.2	20	116.2	51	22.1	32	12.1	61	2.2	9	2.5	42	Y	N	Y	N	N	Y	N	Y	
Bramley Apple, Pear & Raspberry Crumble with Vanilla Ice Cream	849	32	6.8	20	97.2	39	29	41	11	55	8	33	1.3	22	Y	N	Y	N	N	Y	N	Y	
Chocolate Fudge Cake with Vanilla Ice Cream	744	37	9.1	20	86	37	41	59	20.8	9	13	0.8	13	Y	N	Y	N	N	Y	N	Y		
Chocolate Brownie Sundae \$ suitable for sharing	900	n/a	10.7	n/a	118.3	n/a	44.1	n/a	27.6	n/a	3	n/a	0.5	n/a	Y	N	Y	N	N	Y	N	Y	
<b>CHILDRENS</b>																							
Chicken Korma	330	18	16.2	68	41.7	19	10.8	15	4.2	21	3.6	24	1.5	38	N	N	Y	N	N	Y	N	Y	
Organic Spaghetti Bolognese	129	7	6.9	29	16.3	7	2.6	4	1.4	7	1.2	8	0.8	20	N	N	Y	N	N	Y	N	Y	
Fish Fingers with Mashed Potato and Peas	560	31	22.7	95	59.6	27	24.8	35	2.3	12	10.9	73	2.5	63	N	N	Y	N	N	Y	N	Y	
Fish Fingers with Chips and Baked Beans	814	45	28.5	110	111.6	51	29.4	42	3	15	13.3	89	3.5	88	N	N	Y	N	N	Y	N	Y	
Chicken Breast Nuggets with Mashed Potato and Peas	493	27	29.2	122	46.9	21	20.1	29	4.7	24	9.1	61	2.3	58	N	N	Y	N	N	Y	N	Y	
Chicken Breast Nuggets with Chips and Baked Beans	746	41	33	138	98.9	45	24.7	35	5.4	27	11.5	77	3	75	N	N	Y	N	N	Y	N	Y	
Sausages and Mash with Peas	691	38	37.9	158	48.8	22	39.8	56	10	50	12.2	81	4	100	N	N	Y	N	N	Y	N	Y	
Sausages and Mash with Baked Beans	688	38	38.2	159	54.9	25	38.2	55	9.8	49	10.2	68	5	125	N	N	Y	N	N	Y	N	Y	
Peas	67	4	5.9	25	2.6	1	0.9	1	0.2	1	5.5	37	0	0	Y	N	Y	N	N	Y	N	Y	
Baked Beans	101	6	6.4	27	18.1	8	0.3	0	0	0	5.2	35	1	25	Y	N	Y	N	N	Y	N	Y	
Side Salad	153	9	1.5	6	7	3	19.2	19	1	5	1.5	10	0.5	13	Y	N	Y	N	N	Y	N	Y	
Vegetables	76	4	3.4	14	6.6	3	3.9	6	2.2	11	3.4	23	0.3	8	Y	N	Y	N	N	Y	N	Y	
Orange	56	3	1.7	7	12.9	6	0.2	0	0	0	2.6	17	0	0	Y	N	Y	N	N	Y	N	Y	
Banana	190	11	2.4	10	46.4	21	0.6	1	0.2	1	2.2	15	0	0	Y	N	Y	N	N	Y	N	Y	
Chocolate Ice Cream Tub	166	9	3.1	13	15.8	7	10.2	15	6	30	0.6	4	0.3	8	Y	N	Y	N	N	Y	N	Y	
Vanilla Ice Cream Tub	134	7	2.9	12	13.7	6	7.6	11	4.3	22	0.1	1	0.3	8	Y	N	Y	N	N	Y	N	Y	
Warm Chocolate Brownie Chunks with Vanilla Ice Cream	334	19	4.9	20	38.5	16	17.5	25	10.8	44	1.6	11	0	0	Y	N	Y	N	N	Y	N	Y	
<b>BREAKFAST</b>																							
Large Breakfast with Toast	1647	82																					

	ENERGY (Kcal)		PROTEIN (g)		CARBOHYDRATES (g)		FAT (g)		SATURATED FAT (g)		FIBRE (g)		SALT (g)		SUITABLE FOR VEGETARIANS	SUITABLE FOR VEGANS	ALLERGEN INFORMATION Contains indicated allergen Y / N							
	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA	Per Portion	% GDA			GLUTEN	NUTS	SESAME SEEDS	SOYA	EGG	SEAFOOD	MILK	
<b>CLUBS</b>																								
<b>STEAK CLUB (TUESDAY)</b>																								
BBCO Chicken Melt, with Chips, Peas, Tomato and a Large Flat Mushroom	1033	52	62.2	138	76.4	33	53.3	76	19.1	96	7	29	5.5	92	N	N	N	N	N	N	Y	N	N	Y
1069	53	66.9	149	110.9	48	42.3	60	15.8	79	9.1	38	6.3	105	N	N	N	N	N	N	Y	N	N	Y	
1074	54	73.6	164	80.9	26	59.7	85	17.1	86	6.8	28	2.5	42	N	N	N	N	N	N	Y	N	N	Y	
1120	56	79	176	94.1	41	50	71	16.1	81	9.2	38	3.3	55	N	N	N	N	N	N	Y	Y	N	N	
811	41	67.2	149	50.9	22	40.6	58	17.4	87	2.4	10	9.8	163	N	N	N	N	N	N	Y	N	Y	N	
1040	52	71.7	159	92.6	40	45.4	65	10.9	55	9.1	38	10	167	N	N	N	N	N	N	Y	N	Y	N	
767	38	61.1	136	58.1	25	35.2	50	15.6	78	2.8	12	9.5	158	N	N	N	N	N	N	Y	N	Y	N	
995	50	65.7	146	100	43	40	57	9	45	9.5	40	10	167	N	N	N	N	N	N	Y	N	Y	N	
959	48	39.8	88	60	26	61.9	88	16.7	84	6.8	28	1	17	N	N	N	N	N	N	Y	Y	Y	Y	
1102	55	44.8	100	95	41	62.6	89	14.9	75	9.1	38	1.5	25	N	N	N	N	N	N	Y	Y	Y	Y	
1160	58	44.7	99	57.1	25	83.9	120	26.1	131	6.5	27	2	33	N	N	N	N	N	N	Y	N	Y	N	
1178	59	50.2	112	93.9	41	69.4	99	24.2	121	9	38	2.8	47	N	N	N	N	N	N	Y	Y	Y	N	
1372	69	84.5	188	62.8	27	87.5	125	32.5	163	7.9	33	4.3	72	N	N	Y	N	N	N	Y	N	N	Y	
1413	71	89.2	198	97.2	42	77	110	27.3	137	10	42	5	83	N	N	Y	N	N	N	Y	N	Y	N	
1885	94	104.7	233	103.6	45	117.9	168	42.1	211	10.9	45	6.8	113	N	N	Y	N	N	N	Y	N	Y	N	
1922	96	109.4	243	138.1	60	106.9	153	38.8	194	13.1	55	7.8	130	N	N	Y	N	N	N	Y	N	Y	N	
238	12	17.8	40	21.2	9	9.1	13	3.8	19	0.6	3	1.5	25	N	N	Y	N	N	N	Y	Y	Y	Y	
487	24	6.2	14	45.3	20	31.1	44	3.7	19	3.9	16	2.3	38	Y	N	Y	N	N	N	Y	N	Y	N	
489	23	19.1	42	42.4	18	26	37	2.2	11	3	13	3.3	55	N	N	Y	N	N	N	Y	N	Y	N	
189	9	22.5	50	2	1	4	6	2.1	11	0	0	1.5	25	N	N	N	N	N	N	Y	N	Y	N	
465	23	38.1	85	22	10	25.4	36	7.1	36	1.4	6	2.5	42	N	N	Y	N	N	N	Y	N	Y	N	
571	29	7.6	17	71.5	31	28.3	40	13.1	66	4	17	3.3	55	Y	N	Y	N	N	N	Y	N	Y	N	
153	8	1.5	3	7	3	13.2	19	1	5	1.5	6	0.5	8	Y	N	N	N	N	N	Y	N	Y	N	
76	4	3.4	8	6.6	3	3.9	6	2.2	11	3.4	14	0.3	5	Y	N	N	N	N	N	Y	N	Y	N	
102	5	2.4	5	3	1	8.8	13	5.3	27	0.1	0	0.8	13	Y	N	N	N	N	N	Y	N	Y	N	
<b>CURRY CLUB (THURSDAY)</b>																								
Chicken Korma	1141	57	46.3	103	141.9	62	40.9	58	18	90	6.4	27	8.3	138	N	N	Y	▲	Y	N	N	N	Y	N
Chicken Biryani	897	45	38.1	80	128.1	58	27	39	4.2	21	9.2	38	8	133	N	N	Y	▲	N	N	N	N	Y	N
Chicken Tikka Masala	994	50	48.5	108	140.7	61	26.7	38	9.7	49	7.9	53	7.5	125	N	N	Y	▲	N	N	N	N	Y	N
Lamb Kofta Kashmiri	1186	59	37.3	83	143	62	52.5	75	19.5	98	8.7	36	7.5	125	N	N	Y	▲	N	N	N	N	Y	N
Lamb Rogan Josh	1017	51	50.5	112	141.9	62	30.4	43	6	30	7.5	31	7.5	125	N	N	Y	▲	N	N	N	N	Y	N
Sweet Potato, Chickpea and Spinach Curry with Naan Bread	1069	53	33.2	74	180.5	78	25.2	36	9.7	49	15.4	64	7.5	125	Y	N	Y	▲	N	N	N	N	Y	N
Sweet Potato, Chickpea and Spinach Curry with extra Poppadums (no Naan Bread)	917	46	29.8	66	150.7	66	22.3	33	9.5	48	15.8	66	7.3	122	Y	Y	N	▲	N	N	N	N	Y	N
Beef Madras	1261	63	55	122	138.9	60	55.5	79	19.9	100	7.9	33	6.5	108	N	N	Y	▲	N	N	N	N	Y	N
Chicken Jalfrezi	916	46	47.8	106	140.7	61	19.1	27	2.6	13	9	38	7.5	125	N	N	Y	▲	N	N	N	N	Y	N
Hot Chicken Masala	1032	52	49	109	142.2	62	31.2	45	6.7	34	8.5	35	8.3	136	N	N	Y	▲	N	N	N	N	Y	N
Chicken Vindaloo	876	49	49	109	147.1	64	22.9	33	7.5	38	12	50	10.3	172	N	N	Y	▲	N	N	N	N	Y	N
Luxury Chicken Tikka Masala	1061	53	55.7	124	130.5	57	31.6	45	11.5	58	6.6	28	7.8	130	N	N	Y	▲	N	N	N	N	Y	N
King Prawn Thai Curry	899	49	35.9	80	131.7	57	22.2	32	12.7	64	7.1	30	7.8	130	N	N	Y	▲	N	N	N	N	Y	N
Onion Bhaji	143	7	4.4	10	14.8	6	7.7	11	0.6	3	2.9	12	1.3	22	Y	Y	N	▲	N	N	N	N	Y	N
Vegetable Samosas	192	5	2.7	5	14.2	8	3.1	4	1.1	6	1.1	5	1	17	Y	Y	N	▲	N	N	N	N	Y	N
Lamb Samosas	150	8	7.1	16	28.9	12	3.8	5	2.3	12	3.5	15	1	17	N	N	Y	▲	N	N	N	N	Y	N
Poppadums and Dips	425	21	5.1	14	38.1	17	10.9	16	1.7	9	3.3	14	9	150	Y	N	N	▲	N	N	N	N	Y	N
Bombay Potatoes	225	11	3.9	9	30	13	10.5	15	0.9	5	3.3	14	2.3	38	Y	Y	N	▲	N	N	N	N	Y	N
<b>SUNDAY CLUB</b>																								
Roast Beef	877	44	76.2	169	91.1	40	25.1	36	11.7	59	21.1	88	5.3	88	N	N	Y	N	N	N	N	Y	N	Y
Half Roast Chicken	1375	69	111.5	248	80.3	38	64.4	92	22.7	114	18.6	78	7	117	N	N	Y	▲	N	N	N	N	Y	N
Roast Pork	1038	52	61.7	137	126	55	32.4	46	14.5	73	19.1	60	4.5	75	N	N	Y	▲	N	N	N	N	Y	N
Portobello Mushroom, Chickpea & Pumpkin Seed Roast	1034	52	38	84	156.7	68	28.9	41	14.2	71	24.4	102	4.8	60	Y	N	Y	▲	N	N	N	N	Y	N
Cauliflower Cheese	275	14	9.1	20	7.9	3	15.2	22	4.9	25	1.6	8	1.6	30	Y	N	N	▲	N	N	N	N	Y	N
Vegetables	76	4	3.4	8	6.6	3	3.9	6	2.2	11	3.4	14	0.3	5	Y	N	N	▲	N	N	N	N	Y	N
Creamy Mashed Potato	349	17	4.2	9	42.1	19	21.2	30	1.3	7	3.2	13	1.8	30	Y	N	N	▲	N	N	N	N	Y	N
Roast Potatoes	290	15	5	11	48	20	9.4	13	0	0	4.8	19	0.3	5	Y	Y	Y	▲	N	N	N	N	Y	N
Yorkshire Pudding	132	7	4.6	10	18.4	8	4.6	7	0.6	3	0.6	3	0.3	5	Y	N	Y	▲	N	N	N	Y	N	
Sage & Onion Stuffing Balls	137	7	4.6	10	22.6	10	1.1	2	2.9	15	2.5	10	1.3	22	Y	Y	Y	▲	N	N	N	N	Y	N
Braised Shoulder of Lamb	1322	66	102.4	228	95.3	41	59.5	85	27.7	139	19.2	60	4.6	80	N	N	Y	▲	N	N	N	Y	N	Y
Children's Roast Beef	398	20	35.8	80	40.9	18	15.8	23	8.3	32	7.6	32	1.5	25	N	N	Y	▲	N	N	N	Y	N	Y
Children's Chicken Breast	484	24	49.9	111	47.4	21	18.8	24	7	35	7.9	33	4	67	N	N	Y	▲	N	N	N	Y	N	Y
Children's Portobello Mushroom, Chickpea & Pumpkin Seed Roast	710	36	24.7	55	111.6	49	23.8	34	10.2	51	13.6	57	3	50	Y	N	Y	▲	N	N	N	Y	N	Y

Our menu is coded with the symbol ①, so that you can easily see those dishes which count towards your FIVE-A-DAY target.  
Several dishes contain GLUTEN-FREE ingredients, suitable for those wishing to avoid gluten.

Look out for these symbols	
N	This dish contains nuts.
V	Suitable for vegetarians.
①	This dish provides one portion of the recommended daily amount of fruit or vegetables.
⓪	This dish is produced with gluten-free ingredients, suitable for those wishing to avoid gluten.
#	Caesar dressing contains anchovies.
5% FAT OR LESS	Applicable only when served with the accompaniments listed.

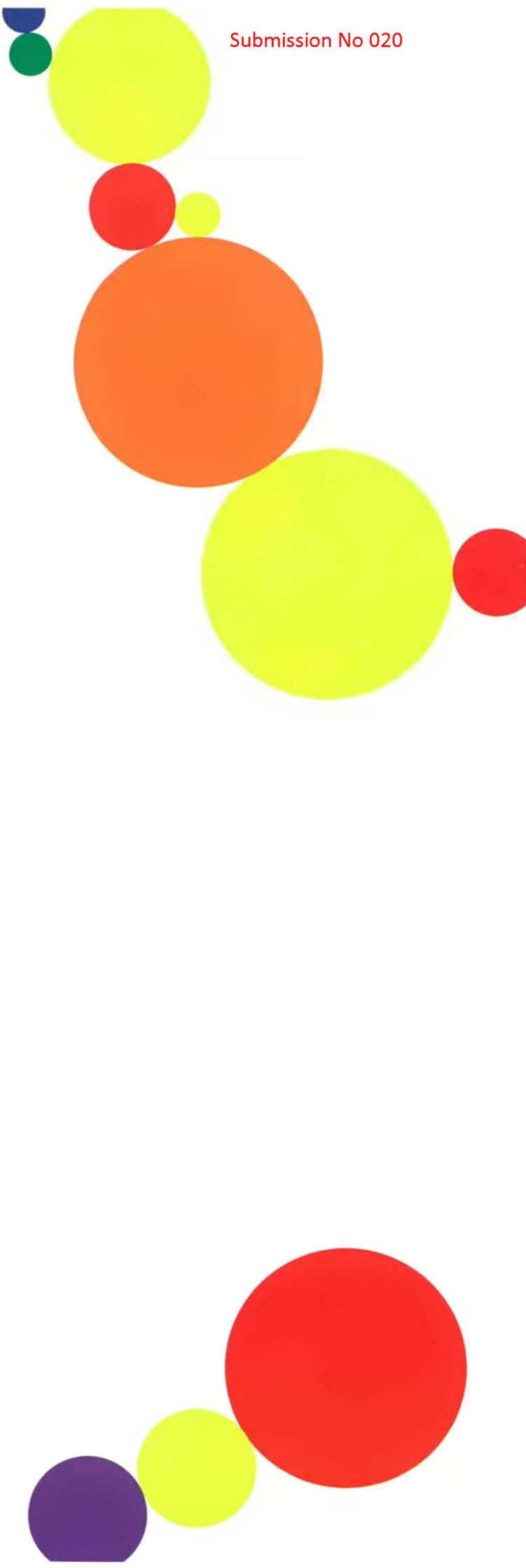
⓪ We monitor the presence of gluten in all of our products; however, we cannot guarantee that any items are free from traces of gluten. In our kitchens, we do prepare products containing gluten, so coated and gluten-free products may be cooked in fryers together. Please swap chips for a jacket potato, if concerned. ▲The naan bread served with our curries does contain gluten, so please ask for extra poppad

## Introduction to the briefings

Lesbian, gay, bisexual and trans (LGBT) people experience a number of health inequalities which are often unrecognised in health and social care settings. Research suggests that discrimination has a negative impact on the health of LGBT people in terms of lifestyles, mental health and other risks. Many people are reluctant to disclose their sexual orientation to their healthcare worker because they fear discrimination or poor treatment.

Healthcare and other professionals commonly assume that LGBT people's health needs are the same as those of heterosexual people, unless their health needs are related to sexual health. These Briefings are intended to show that LGBT people can be younger, older, bisexual, lesbians, gay men, trans, from black and minority ethnic (BME) communities and disabled, and to dispel assumptions that they form a homogeneous group.

These Briefings were commissioned as part of the work programme of the Department of Health's Sexual Orientation and Gender Identity Advisory Group. They provide easy-to-read guidance for health and social care commissioners, service planners and frontline staff. They aim to inform the delivery of appropriate services and to support health and social care professionals in their everyday work with LGBT people by providing fundamental awareness and evidence of LGBT needs in relation to health. The Briefings may also inform the work of the new single equality body – the Commission for Equality and Human Rights – by providing evidence of health needs across the equality strands. ▶

A decorative graphic consisting of several overlapping circles in various colors (blue, green, yellow, orange, red, purple) arranged in a pattern that flows from the top right towards the bottom right of the page.

◀ Each Briefing covers:

- the identification of health needs;
- communicating and engaging with the particular group;
- relevant policy and legislation;
- evidence and statistics; and
- links and resources, which provide an indication of the range of services that exist currently.

The Briefings reflect the availability of research evidence about LGBT populations. Where possible, we have tried to draw upon existing published research, although some reference is made to 'grey' or unpublished research material. In the UK, there is limited research about LGBT communities currently, and this is reflected in the briefings; further research is urgently needed.

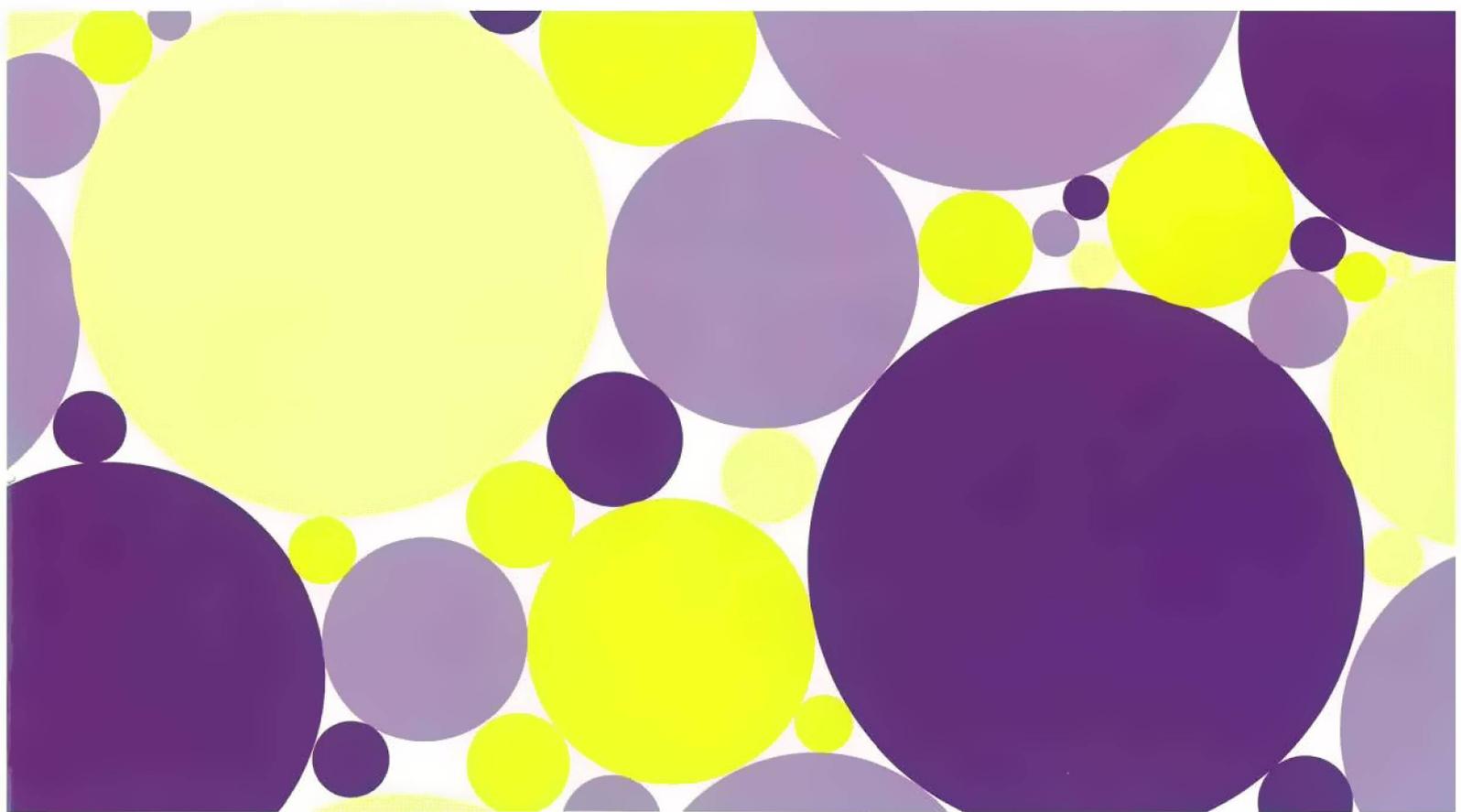
The Briefings may also be seen to be controversial. In focusing on health inequalities, they may create the impression that being LGBT is a negative experience. LGBT activists and others have campaigned for many years to challenge (and overturn) such false assumptions. These have included, for example, the fact that until 1992, being gay (lesbian or bisexual) was considered to be a mental disorder by the World Health Organization.

Many LGBT people live fulfilled, healthy lives. A substantial proportion, however, do not. The aim of these Briefings is to contribute towards improving the health of LGBT people and the healthcare experiences of all.

**Dr Julie Fish**  
de Montfort University

## Briefing 1

# Working with lesbian, gay, bisexual and trans (LGBT) people



## (a) Who are LGBT people?

You cannot necessarily tell whether someone is lesbian, gay or bisexual (LGB) from just their appearance. LGB people come from all walks of life: they could be old or young, Black and minority ethnic (BME) people, women, disabled, from any class, or any faith group. They may be in a civil partnership with a person of the same sex (or even be married to a person of the opposite sex) and they may have children. They may also be asylum seekers, refugees, homeless, prisoners or people living in poverty. There are many LGB people working in health and social care services.

'Trans' (T) is an umbrella term for people whose identities do not conform to typical ideas about sex and gender. Trans includes transgender, transsexual and intersex people (see also Briefing 11). Trans people may be heterosexual, lesbian, gay or bisexual; they may be disabled; they may be old or young; or they could be from BME communities.

## (b) What are LGBT people's health needs?

Healthcare and other professionals commonly assume that LGBT people's health needs are the same as those of heterosexual people, unless their health needs are related to sexual health. LGBT people do have unique healthcare concerns. They report that they are often treated differently in the health sector. Furthermore, discrimination, homophobia and heterosexism<sup>1</sup> (the belief that heterosexuality is naturally superior to homosexuality or bisexuality) have an impact on LGBT people's everyday lives. LGBT people are more likely to be victims of violence and verbal abuse. Young LGBT people experience increasing levels of homophobic bullying in schools.

When young LGBT people 'come out' to their family, they may even be forced to leave home. Levels of homelessness among young LGBT people are a continuing problem. LGBT people are more likely to live in private sector housing on short-term leases; some LGBT people report problems in finding accommodation because of their sexual orientation.<sup>2</sup> These (and other) social determinants can adversely affect the health status of LGBT people.

Like LGBT people, trans people often meet with discrimination and prejudice in their everyday lives. They can experience social isolation and face limited understanding of their lives. These experiences place many trans people at risk of alcohol abuse, depression, suicide and self-harm, violence, substance misuse and HIV infection.

These Briefings make recommendations for improving access to health and social care for LGBT people (see Briefing 2) and address health issues relating to key life stages and groups of LGBT people, including younger and older LGBT people's health, specific health issues within LGBT communities, BME LGBT people and disabled LGBT people (Briefings 3, 4, 5, 6, 7, 11, 12 and 13). They also bring together available evidence of health inequalities in relation to substance misuse, mental health and sexual health (Briefings 8, 9 and 10).

## (c) Barriers to LGBT healthcare

### Attitudes and behaviour of health and social care providers

Although homophobia and transphobia seem to have become less common, studies suggest that up to 25% of health service staff have expressed negative or homophobic attitudes.<sup>3</sup> There is evidence to suggest that healthcare staff and organisations have been judgemental and unsupportive towards LGBT people who use services, and that such attitudes mean that LGBT people do not receive effective health and social care.<sup>4</sup> In comparison, heterosexual people are much less likely to report adverse experiences of healthcare.

### Obstacles to communication with healthcare providers

Many LGBT people fear that if they disclose their sexual orientation or gender identity status to a healthcare worker, they will receive discrimination and poorer treatment. Instead, many LGB people choose to stay 'in the closet' (ie they pretend to be heterosexual) and trans people may not access healthcare services.<sup>5</sup>

Research indicates that over half of gay men had not disclosed their sexual orientation to their GP even though GPs could deliver more appropriate healthcare if they knew.<sup>6</sup> A number of factors influence whether or not LGB people will come out, including confidentiality of patient records, and how information is recorded and who will have access to patient records (including employers, mortgage providers and insurance companies). They also may fear lower standards of care or a negative or inappropriate response where a health problem may be attributed to their sexual orientation.

### Staff knowledge and understanding of LGBT health issues

There is a lack of knowledge and awareness among NHS staff about LGBT health needs; the undergraduate medical curriculum, nursing education and the training of allied health professionals include little input about sexual orientation.<sup>7</sup> GPs do not always know the questions to ask and their personal feelings may form a barrier to open discussion. Research highlights the need for training and experiential learning opportunities (eg the use of role play).<sup>8</sup>

### Delayed attendance and reduced screening

The three issues identified above – attitudes, communication and knowledge – mean that LGB people delay seeking help for a health problem and are less likely to access routine health screening. This includes *breast and cervical screening for women, and presenting with early signs of prostate or anal cancer for men*. It also means that LGB people are less responsive to preventative healthcare messages because they think the health sector has little to offer them.

### Delays in provision of care

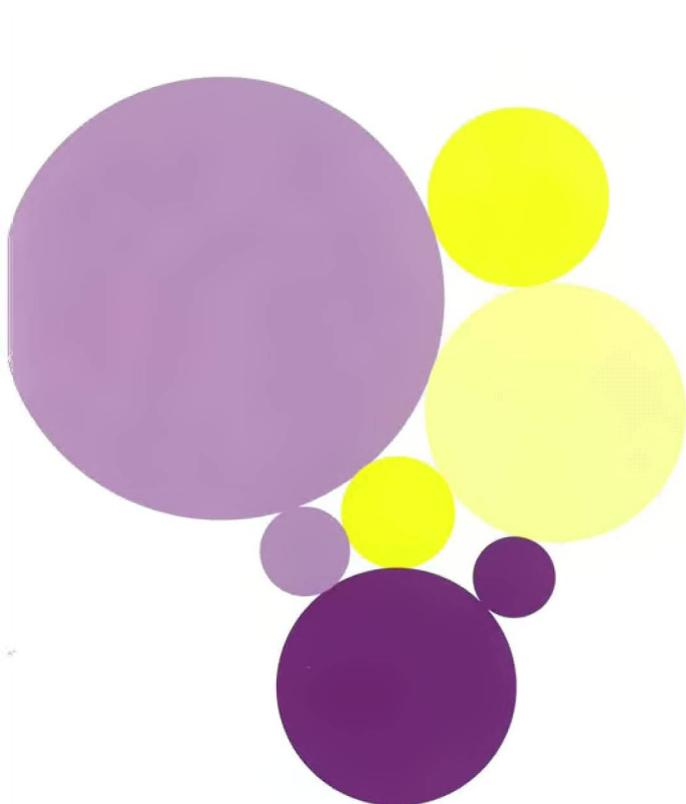
For trans people, the biggest barriers include waiting times for surgery for gender reassignment and inappropriate general healthcare.

## (d) Policy/legislation: what you need to know

In a speech marking LGBT History Month in February 2006, Sir Liam Donaldson, the Chief Medical Officer, acknowledged the health inequalities experienced by LGBT communities and cited UK health and social care needs assessments which revealed evidence of need.

This speech and other information about the Department of Health's work on sexual orientation and gender identity are available at:

[www.dh.gov.uk/en/Policyandguidance/Equalityandhumanrights/Sexualorientationandgenderidentity/index.htm](http://www.dh.gov.uk/en/Policyandguidance/Equalityandhumanrights/Sexualorientationandgenderidentity/index.htm)



### **Employment Equality (Sexual Orientation) Regulations 2003**

These Regulations prevent employers refusing to employ people because of their sexual identity; they also protect workers from direct abuse and homophobia from colleagues. This legislation should reduce workplace discrimination and harassment.

### **Gender Recognition Act 2004**

This legislation affords full legal recognition to a trans person's acquired gender which does not depend on medical treatment. The Act allows new birth certificates for trans people which recognise their new gender, and the right to marry can no longer be refused.

### **Domestic Violence, Crime and Victims Act 2004**

The Act recognises that same-sex couples experience domestic abuse.

### **Choosing Health**

The *Choosing Health* White Paper<sup>9</sup> puts in place the foundations for national and local NHS service planning and commissioning arrangements that recognise the needs of all parts of the population, and aims to develop services that reduce health inequalities.



## Civil Partnership Act 2005

The Act offers the same treatment in a wide range of health and legal matters to same-sex couples who form a civil partnership as opposite-sex couples who enter into a civil marriage.

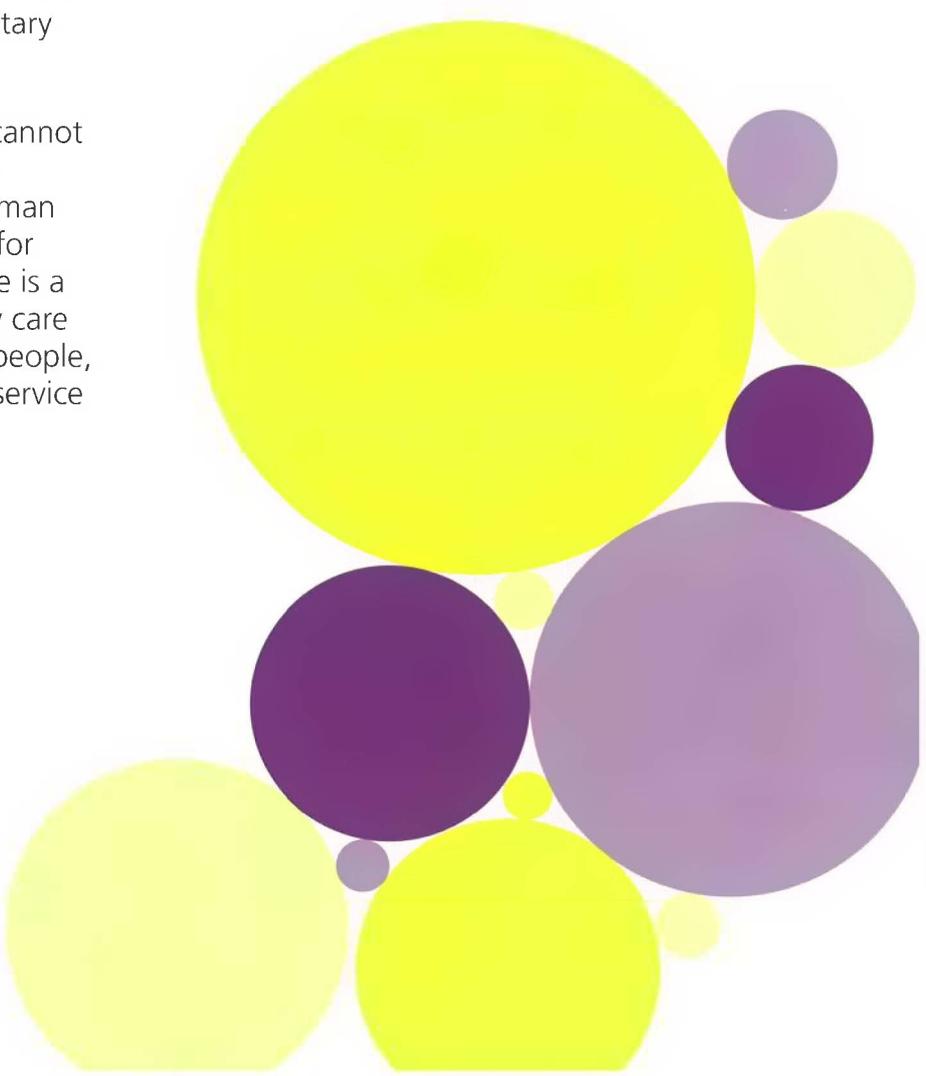
## Our Health, Our Care, Our Say

This White Paper<sup>10</sup> integrates a range of health and social care planning, funding, system reform and practice development measures to improve health outcomes and reduce inequalities experienced by disadvantaged and minority groups.

## Equality Act (Sexual Orientation) Regulations 2007

The Regulations, which came into force on 30 April 2007, prohibit discrimination on the grounds of sexual orientation in the provision of goods and services (including health and social care). They cover public, private and voluntary organisations.

This means, for instance, that a gay man cannot be turned away from a GP practice on the grounds of his sexual orientation, or a woman cannot be refused a smear test or testing for sexually transmitted infections because she is a lesbian. It also means that when a primary care trust provides a 'service' for heterosexual people, if appropriate, they should also provide a service for LGB people.





## (e) Links and resources

### **Albert Kennedy Trust**

Supporting LGBT homeless young people.  
[www.akt.org.uk](http://www.akt.org.uk)

### **Broken Rainbow**

Support for LGBT people experiencing domestic violence.  
[www.broken-rainbow.org.uk](http://www.broken-rainbow.org.uk)

### **Department of Health Sexual Orientation and Gender Identity Advisory Group**

The Department is currently working with external stakeholders on the delivery of a programme of work to promote equality and eliminate discrimination for LGBT people in health and social care (as both service users and employees).  
[www.dh.gov.uk/equalityandhumanrights](http://www.dh.gov.uk/equalityandhumanrights)

### **GALOP**

London's LGBT community safety charity.  
[www.galop.org.uk](http://www.galop.org.uk)

### **Press For Change**

Campaigning for respect and equality of all trans people.  
[www.pfc.org.uk](http://www.pfc.org.uk)

### **Stonewall**

LGB campaigning organisation. Provides information about research on LGB health and social care needs.  
[www.stonewall.org.uk/information\\_bank/health/default.asp](http://www.stonewall.org.uk/information_bank/health/default.asp)

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9. Department of Health (2004) *Choosing Health: Making healthy choices easier*, Department of Health, London. [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4094550](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550)
10. Department of Health (2006) *Our Health, Our Care, Our Say: A new direction for community services*, Department of Health, London. [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4127453](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453)



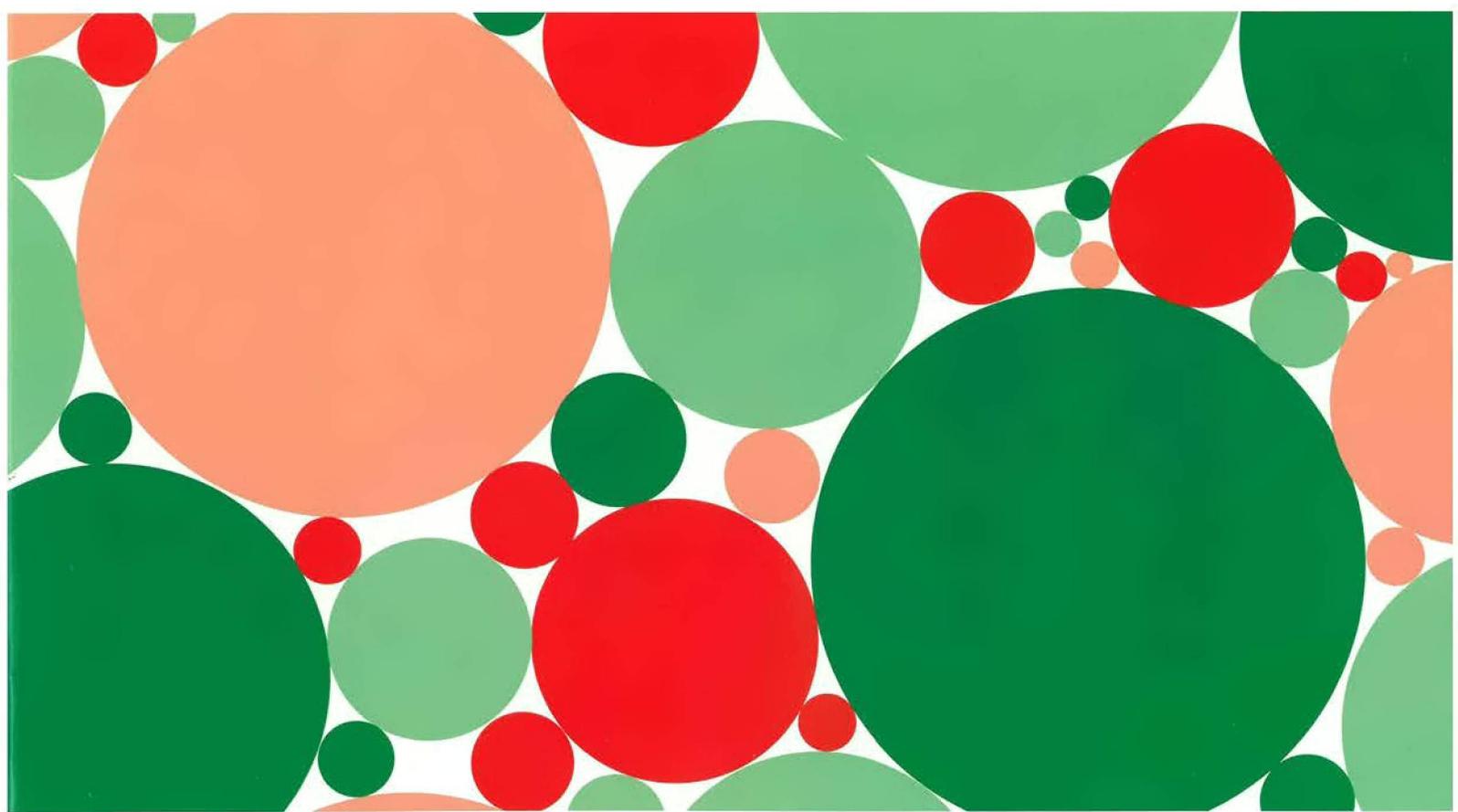
This Briefing was written by Dr Julie Fish as part of the Department of Health's Sexual Orientation and Gender Identity Advisory Group's work programme.

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## Briefing 2

# Improving access to health and social care for lesbian, gay, bisexual and trans (LGBT) people



## (a) Introduction

A number of voluntary<sup>1</sup> and statutory health organisations are working to identify good practice in healthcare for lesbian, gay, bisexual and trans (LGBT) people. The need for this work is given a basis in statute by the Equality Act (Sexual Orientation) Regulations 2007. The Regulations, which came into force on 30 April 2007, prohibit discrimination on the grounds of sexual orientation in the provision of goods and services – including health and social care. The Government is also committed to amending the Sex Discrimination Act before the end of December 2007 to prohibit discrimination on the grounds of gender reassignment in the provision of goods and services.<sup>2</sup>

These Briefings aim to provide service planners and commissioners with relevant information in order to provide equitable and appropriate services for LGBT people.

## (b) Access to healthcare

### Communicating with LGBT people

Good communication with LGBT people encourages them to be involved in their own healthcare and promotes better health outcomes. Using language that respects LGBT people and acknowledges same-sex relationships is needed for person-centred care. Communication is also enhanced if LGBT people are able to 'come out' (ie disclose their sexual orientation and/or gender identity) to their health or social care provider.

LGBT people are more likely to come out if they feel they are welcome and that their rights are respected. A welcoming environment can be made more explicit by providing a non-discrimination policy statement which states that equal care will be provided to all patients, regardless of age, disability, gender and gender identity, race, religion and sexual orientation; by providing details of local services relevant to LGBT people; and by using brochures and posters that include images of LGBT people.

### Taking people's histories; assessments; discussing needs and concerns

Encourage openness by clarifying **what** is recorded in an individual's notes and **who** would have access to sensitive information.

Do not assume that someone is heterosexual, and ensure that history taking and assessments are conducted in such a way as to facilitate disclosure, for example by asking open rather than closed questions.

If you are asking someone about their partner, refer to 'him or her', or let the person tell you which gender their partner is. Rather than ask a woman whether her husband will be coming with her, ask whether her partner will be coming with her. Rather than assume a baby has a 'daddy', use the term 'parent'.

Be able to discuss safer sex techniques and transmission routes for sexually transmitted infections for LGB people as well as heterosexual people. Remember, trans people may be LGB or heterosexual. They will also need appropriate safer sex and STI advice.

Avoid the use of language that assumes a person is heterosexual when discussing safer sex.



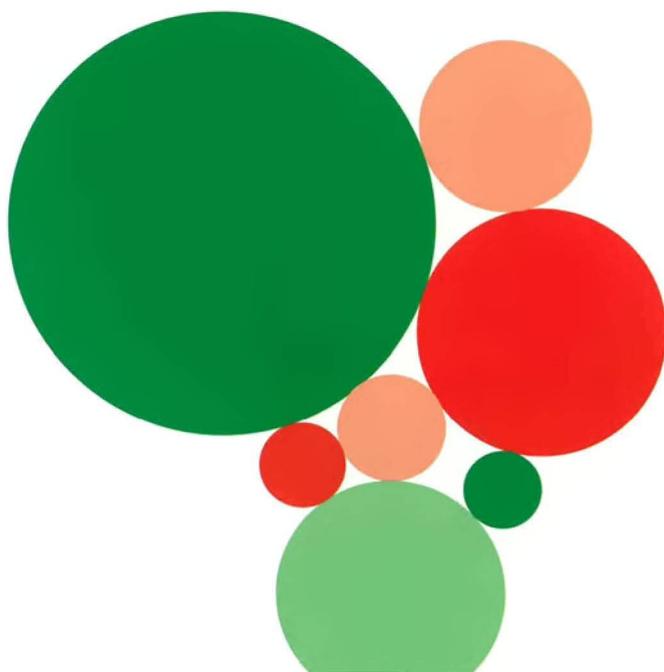
## Next of kin

Many LGBT people are concerned that healthcare workers may refuse or limit their partner's visiting rights, or refuse to involve them in discussions about their care. Although there is no legal basis for this, many people, including health and social care workers, believe that next of kin must be a married partner or blood relative. The Civil Partnership Act 2005 extends next of kin rights to same-sex couples who register their partnership.

Instead of using the term 'next of kin', ask patients to whom information should be given, and who should be involved in treatment decisions or contacted in an emergency. The Royal College of Nursing and UNISON have produced guidance (*Not 'just' a friend*) for those providing healthcare for LGB service users and their families.<sup>3</sup>

## Training: key topics

- Human resources issues emerging from the Employment Equality (Sexual Orientation) Regulations 2003 and the Sex Discrimination (Gender Reassignment) Regulations 1999.
- Service provider and commissioner issues arising from the Equality Act (Sexual Orientation) Regulations 2007, which give equal access to health and social care services to LGB people, and forthcoming amendments to the Sex Discrimination Act in 2007 for trans people.
- Knowledge and awareness of LGBT issues, health inequalities data, staff attitudes, and their relevance to health and social care service delivery.
- Special services and healthcare messages targeted at LGBT communities.



## Access to care for trans people

Good communication principles for health professionals include:

- respecting trans patients by using appropriate pronouns for their gender, ie the pronouns for the gender they have chosen;
- using the name and title that the person who is transitioning deems correct (eg Mr, Mrs, Miss or Ms); and
- when the word 'transsexual' is used, use it as a descriptive term (rather than as a noun), ie transsexual people, transsexual individual or someone who is transsexual.

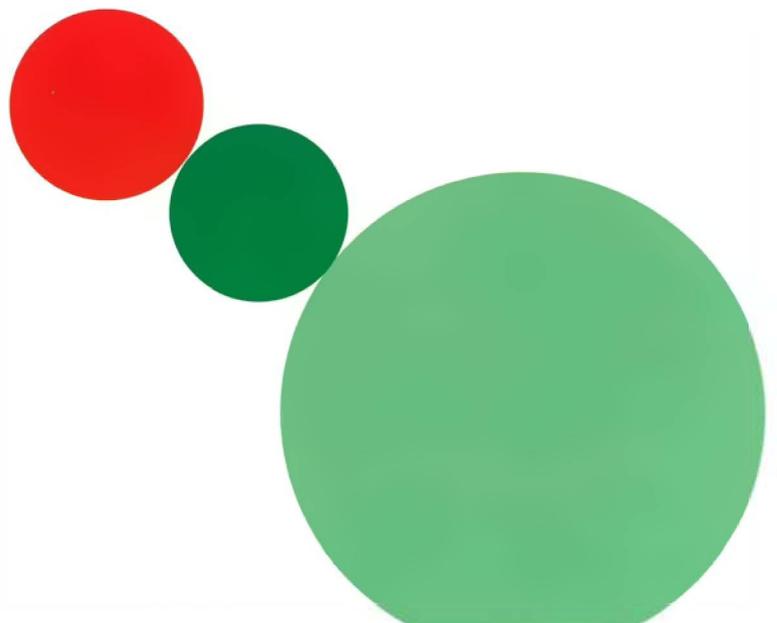
See Briefing 11 for further information about improving access for trans people.

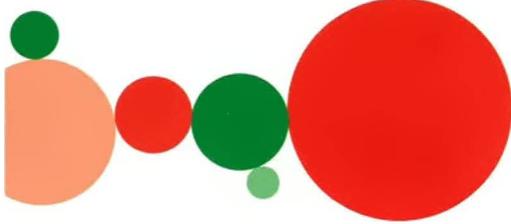
*Evaluating Care Approaches and Services for Trans People*<sup>4</sup> includes a manifesto for care for trans people and seven practical tests to help commissioners provide appropriate services, which are: accessibility, timeliness, empowerment and choice, respect and dignity, equality and partnership, autonomy and independence, and the right to complain.

*Not So Much a Care Path...*<sup>5</sup> outlines the hurdles that trans people encounter in accessing gender treatment services.

## Parliamentary Forum on Transsexualism

*Guidelines For Health Organisations Commissioning Treatment Services For Individuals Experiencing Gender Dysphoria And Transsexualism*<sup>6</sup> outlines the healthcare support that commissioners should make available for people seeking treatment.





## (c) Evidence and statistics

- There are an estimated 3.6 million LGBT people living in the UK.<sup>7</sup>
- They make up over 10% of the population of Greater London.<sup>8</sup>
- They form approximately 5% of the total UK population.<sup>9</sup>
- They live throughout the UK: in cities, towns and rural areas.<sup>10</sup>



## (d) Policy/legislation: key points for commissioners of services

### Choosing Health

The White Paper *Choosing Health: Making healthy choices easier*,<sup>11</sup> recognises that health is linked to the way people live their lives. Many LGBT people socialise in venues where alcohol and drugs are commonly consumed. Therefore, their opportunities for choosing healthier options are compromised in comparison with their heterosexual peers.

*Choosing Health* aims to tackle the causes of ill health and reduce inequality. It identifies key areas of health inequality. Many of these are known to have relevance for LGBT communities: smoking, alcohol consumption, obesity and sexual health. LGBT people's needs in relation to these four lifestyle issues should be more explicit in local commissioning guidance, in addition to promoting the uptake of health screening for this group.

*Choosing Health* (Department of Health 2004) is available at: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4094550](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550)

### Our Health, Our Care, Our Say

*Our Health, Our Care, Our Say*<sup>12</sup> aims to achieve better access to general practice and community services. This White Paper introduces the right for people to choose which GP they wish to register with. For LGBT people, this may offer real possibilities for improving their experiences of primary care services by being able to choose a surgery that offers a caring or possibly gay-friendly environment. The White Paper introduces Practice Based Commissioning and this may allow GPs to commission services, eg smoking cessation programmes, which include targeting of LGBT people.

*Our Health, Our Care, Our Say* (Department of Health 2006) is available at: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4127453](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453)

### Equality Act (Sexual Orientation) Regulations 2007

These Regulations prohibit discrimination in the provision of goods and services on the grounds of sexual orientation. The legislation means that health providers should provide the same standard of care as that offered to heterosexual patients.

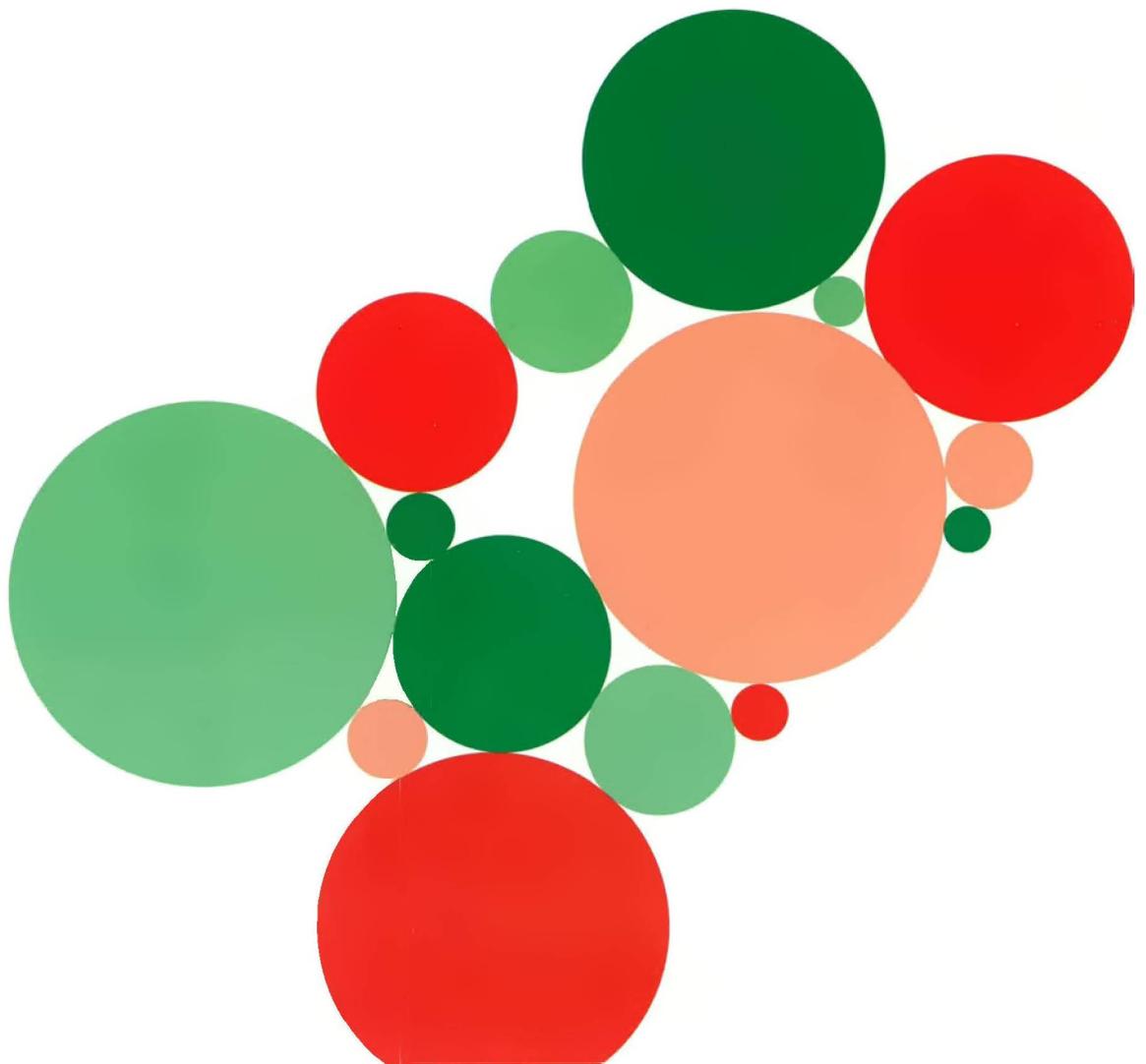
### NHS Plan (2000), principle 3

The NHS of the 21st century must be responsive to the needs of different groups and individuals within society, and challenge discrimination on the grounds of age, gender, ethnicity, religion, disability and sexuality.

## (e) Implications for service commissioners

Primary care trusts (PCTs) are expected to respond to the responsibilities they now face under *Commissioning a Patient-Led NHS*.<sup>13</sup> Together with the White Paper, *Our Health, Our Care, Our Say*, it sets clear priorities for PCTs which will mean an increasing emphasis on:

- strong commissioning for improved quality and choice, and to tackle health inequalities; and
- collaborative commissioning arrangements for acute trusts, combined with strong support for practice-based commissioners developing services locally to help manage demand and improve choice.



## (f) Links and resources

### **Real Stories, Real Lives: LGBT people and the NHS**

This Department of Health DVD and online resource aims to support healthcare organisations in developing strategies to promote equality and eliminate discrimination for LGBT people. It can be used as a practical tool in training staff and raising awareness.

[www.dh.gov.uk/equalityandhumanrights](http://www.dh.gov.uk/equalityandhumanrights)

### **Understanding that Trans Health Matters** (forthcoming)

This training course, developed by Health First, includes a DVD (produced by Transfabulous) featuring trans people discussing their experiences of healthcare.

[www.dh.gov.uk/equalityandhumanrights](http://www.dh.gov.uk/equalityandhumanrights)

### **Core training standards for sexual orientation: Making National Health Services inclusive for lesbian gay and bisexual people**

Training has an important role to play in helping healthcare organisations ensure services are inclusive for LGB people. Best practice training standards for sexual orientation can be found at:

[www.dh.gov.uk/equalityandhumanrights](http://www.dh.gov.uk/equalityandhumanrights)

### **LGBT Centre for Health and Wellbeing**

The LGBT Centre for Health and Wellbeing promotes healthy lifestyles and improves the accessibility of mainstream health services for LGBT communities in south-east Scotland.

[www.lgbthealth.org.uk](http://www.lgbthealth.org.uk)

### **Healthy Gay Scotland**

Healthy Gay Scotland is a Scotland-wide HIV health promotion initiative.

[www.healthygayscotland.com](http://www.healthygayscotland.com)

### **Steve Retson Project**

A sexual health service for gay men in Glasgow.

[www.sandyford.org/srp](http://www.sandyford.org/srp)

### **Pitstop Clinic**

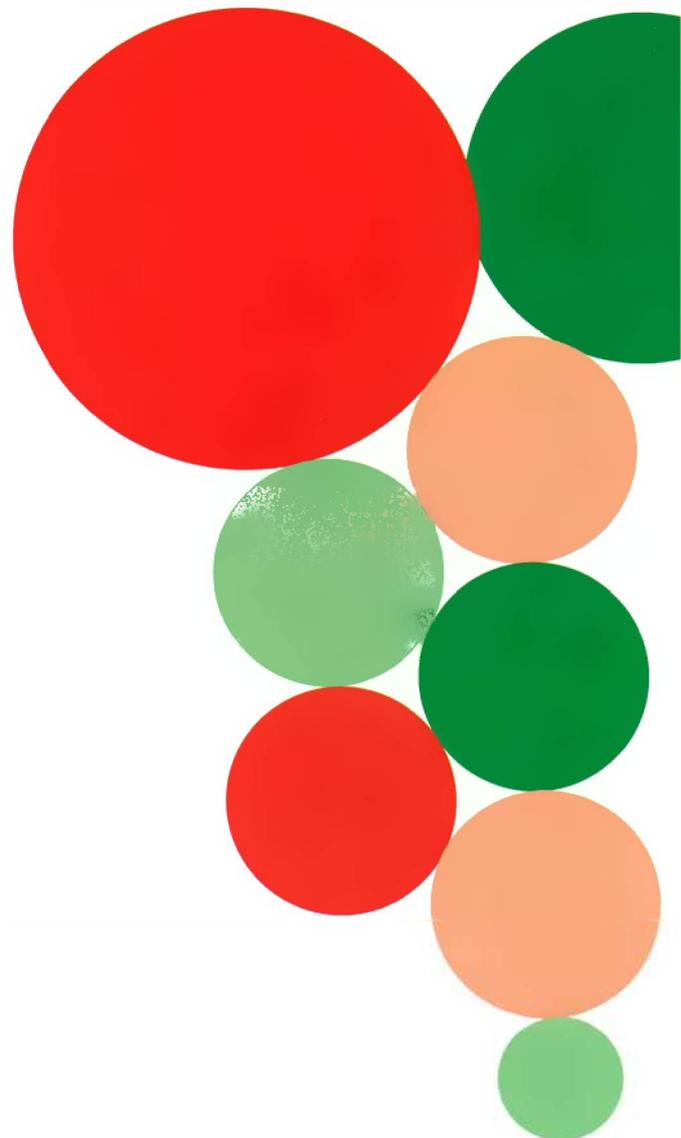
Offers testing for HIV and sexually transmitted infections, and hepatitis A and B vaccinations for gay and bisexual men and other men who have sex with men.

[www.metrocentreonline.org/hiv\\_pitstop.htm](http://www.metrocentreonline.org/hiv_pitstop.htm)

### **Trafalgar Clinic (for gay and bisexual men)**

Queen Elizabeth Hospital, Stadium Road,  
Woolwich, London SE18 4QH

Tel: 020 8836 6969



**Department of Health Sexual Orientation and Gender Identity Advisory Group**

The Department is working with external stakeholders on the delivery of a programme of work to promote equality and eliminate discrimination for LGBT people in health and social care (as both service users and employees).

The work is organised in three workstreams: better employment; transgender health; and reducing health inequalities and promoting inclusive services.

[www.dh.gov.uk/equalityandhumanrights](http://www.dh.gov.uk/equalityandhumanrights)

**NHS Inclusion Project Scotland**

The Inclusion Project aims to mainstream LGBT equality and diversity issues in the NHS, and has produced guidelines<sup>9</sup> for good practice in healthcare for LGBT people.

[www.lgbthealthscotland.org.uk](http://www.lgbthealthscotland.org.uk)

**Lesbian, Gay, Bisexual and Transgender Health Summit**

The inaugural Summit, held at Guy's Hospital in June 2006, highlighted key health issues and inequalities for LGBT communities. The second Summit took place in August 2007 in Manchester. It attracted over 300 delegates from across the UK.

[www.lgbthealth.co.uk](http://www.lgbthealth.co.uk)

**Gay and Lesbian Association of Doctors and Dentists (UK)**

[www.gladd.org.uk](http://www.gladd.org.uk)

**Health with Pride**

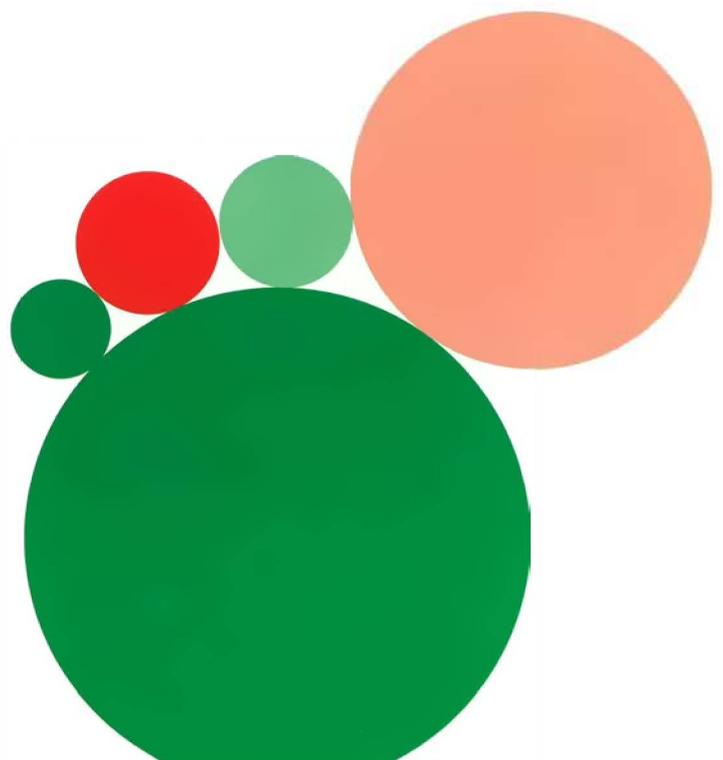
This is an online resource for LGB patients and the healthcare professionals who serve them.

[www.healthwithpride.com](http://www.healthwithpride.com)

**Stonewall**

LGB campaigning organisation. Provides information about research on LGB healthcare needs.

[www.stonewall.org.uk/information\\_bank/health/default.asp](http://www.stonewall.org.uk/information_bank/health/default.asp)



**The After Five Clinic (for gay and bisexual men)**

Guy's Hospital, Thomas Guy House, St Thomas Street, London SE1 9RT  
Tel: 020 7188 2664

**Tower Hamlets PCT**

Within Tower Hamlets, a new LGBT Patient Forum has been established.  
[www.thpct.nhs.uk](http://www.thpct.nhs.uk)

**West London Centre for Sexual Health**

This centre runs two clinics: the Orange Clinic (for women who have sex with women) and West 6 (for men who have sex with men).  
Charing Cross Hospital, Fulham Palace Road, London W6 8RF  
Tel: 020 8846 6699

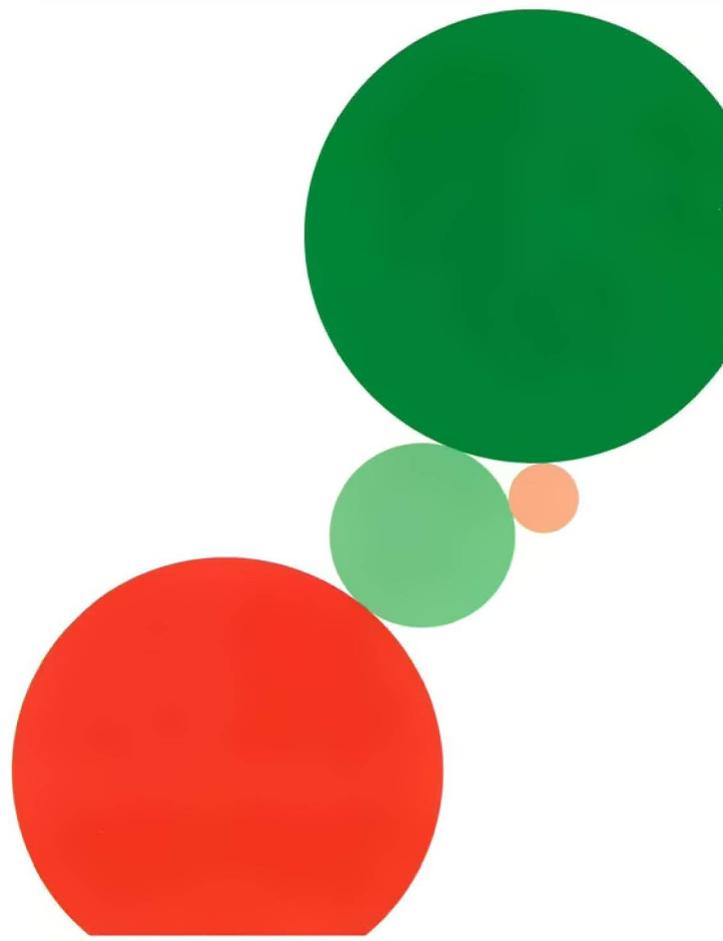
**Information on trans issues**

**Press For Change**

Press For Change is a political lobbying and educational organisation, which campaigns to achieve equal civil rights and liberties for all UK trans people.  
[www.pfc.org.uk](http://www.pfc.org.uk)

**National Coalition for LGBT Health (US)**

Organisation committed to improving the health and wellbeing of LGBT individuals in the United States.  
[www.lgbthealth.net](http://www.lgbthealth.net)





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This Briefing was written by Dr Julie Fish as part of the Department of Health's Sexual Orientation and Gender Identity Advisory Group's work programme.

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## Briefing 3

# Young lesbian, gay and bisexual (LGB) people



## (a) Specific issues for young LGB people

Young lesbian, gay and bisexual (LGB) people can be vulnerable to a number of health risks because of people's reactions to their identity. They may also feel stigmatised; there are very few role models for young LGB people, and many conclude that society will not approve of them.

Many young people know they are lesbian, gay or bisexual by the age of 11 or 12, or have feelings of being different.<sup>1</sup> However, some do not come out to someone else until they are 15 or 16. This period (11–16 years old) has been described as the **isolation years** and is the most crucial for targeting support and information.

Homophobic bullying is an increasing problem in schools; the word 'gay' is the most frequent term of abuse in playgrounds. Evidence suggests that LGB young people, and those perceived to be LGB, may be more at risk of bullying.<sup>2</sup> Between 30% and 50% of young people in secondary schools attracted to people of the same sex will have directly experienced homophobic bullying, compared with 10–20% of young people who have experienced general bullying.<sup>3</sup>

ChildLine<sup>4</sup> estimates that around 2,700 young people access their services each year to talk about sexual orientation, homophobia and homophobic bullying. The most common problems talked about were homophobic bullying and fear of telling their parents about their sexual orientation. Furthermore, young people with LGB parents sometimes experience bullying.

These problems are exacerbated if an adult dismisses their sexual orientation. Some young people report that adults, including health and social care workers, try and 'solve the problem' by claiming that the young person is too young to know whether or not they are LGB.



## (b) What are young LGB people's health needs?

### Mental health

Experiences of homophobic bullying, as well as not having someone to talk to, can have an impact on young LGB people's mental health.

- Young LGB people are at increased risk of mental health problems.<sup>5</sup>
- Depression was the most common mental health problem.<sup>6</sup>
- Young LGB people are more likely to have attempted suicide than their heterosexual peers.<sup>7</sup>
- Increased suicide risk is associated with:
  - identifying as gay or bisexual at a younger age;
  - boys (or girls) who do not conform to gender stereotypes;
  - conflict with parents or peers about their sexual orientation;
  - not coming out;
  - being told by other adults that their feelings are transitory or just a phase; and
  - leaving home because of negative attitudes to their sexual orientation.

### Healthy lifestyles

- Lesbian and bisexual girls are more likely to smoke than their heterosexual peers.<sup>8,9</sup>
- Illicit drugs (eg methamphetamine) may be an increased risk for some young gay and bisexual men.<sup>10</sup>
- Lesbian and bisexual girls are more likely to have consumed alcohol in the past month.<sup>10</sup>
- Lesbian and bisexual girls are one and a half times more likely to have engaged in binge drinking in the past year.<sup>10</sup>
- Lesbian and bisexual girls are nearly three times as likely to have consumed a first alcoholic drink before age 12.<sup>10</sup>



## Violence and victimisation

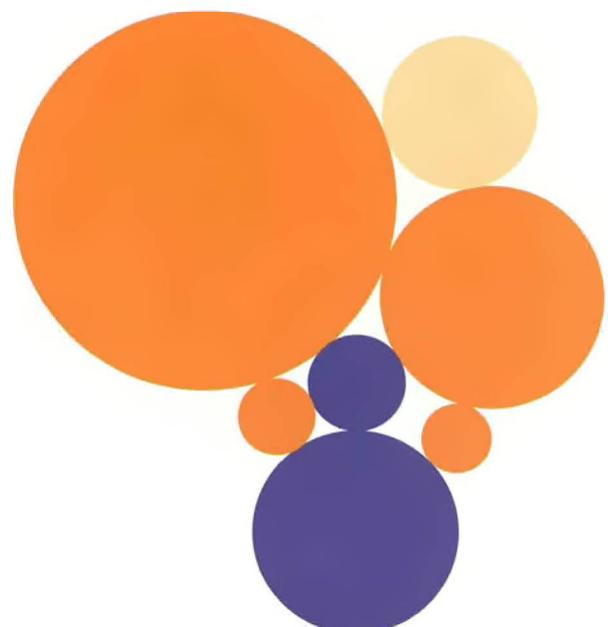
- Perceptions of discrimination and experiences of victimisation are associated with psychological distress.<sup>11</sup>
- Young LGB people are at risk of violence and victimisation. They are more likely to face verbal abuse, isolation, teasing and physical assault both in schools and on the streets:<sup>12</sup>
  - 78% of those under the age of 18 had experienced verbal abuse;<sup>13</sup>
  - 23% had been attacked by other pupils.<sup>13</sup>

## Sexual behaviour and the risk of HIV

Young gay men are becoming sexually active from the age of 14 and may not be aware of health risks from unprotected sex. They may also not have the assertiveness to practise safer sex by using a condom.

The Department of Health funds the Terrence Higgins Trust through its CHAPS (Community HIV and AIDS Prevention strategy) programme to address younger gay and bisexual men; further details are available at: [www.ygm.org.uk](http://www.ygm.org.uk)

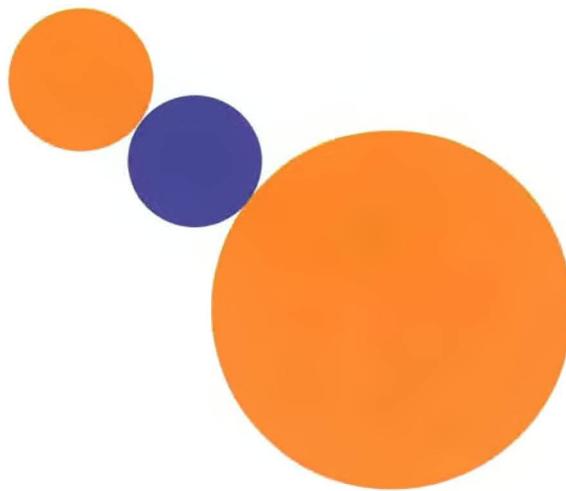
All schools should have a sex and relationship education (SRE) policy. The Department for Children, Schools and Families' *Sex and Relationship Education Guidance*<sup>14</sup> is clear that schools should make sure that the needs of all pupils, whatever their developing sexuality, are met in the SRE programmes. SRE should also cover safer sex, HIV/AIDS and sexually transmitted infections.

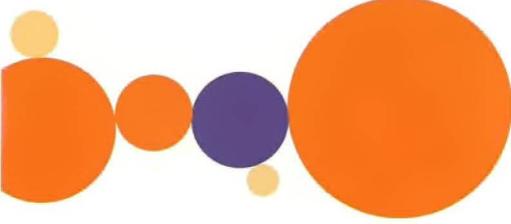


## (c) Communicating and engaging with young LGB people

As few as 13% of young people have disclosed their sexual orientation to their healthcare provider.<sup>15</sup>

Young people who come out are often told by adults that their sexual orientation is 'just a passing phase'. When they have come out to a health professional, some have reported being dismissed or ridiculed. There are reports that some healthcare professionals have informed parents about a young person's sexual orientation without their consent. If a young LGB person's first experience with healthcare professionals is not positive, it may discourage future engagement with services in adult life. Young LGB people may have concerns about confidentiality; they will have health information needs and will need help with access to other services and community resources.





## (d) Evidence and statistics

### Mental health

In comparison with their heterosexual counterparts, young LGB people are:

- four times more likely to suffer major depression;<sup>5</sup>
- three times more likely to be assessed with generalised anxiety disorder.<sup>5</sup>

Young gay and bisexual men are:

- seven times more likely to have attempted suicide;<sup>7</sup>
- three times more likely to have suicidal intent.<sup>7</sup>

### Healthy lifestyles

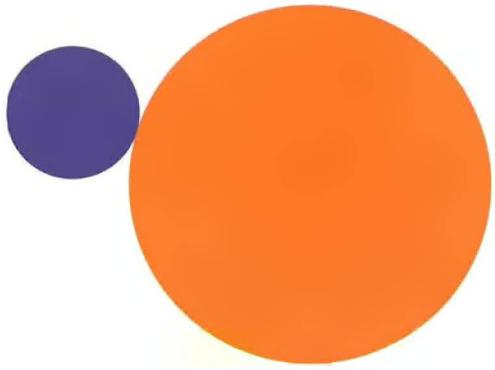
In comparison with heterosexual young women, lesbian and bisexual girls are:

- almost 10 times more likely to smoke at least weekly;<sup>8</sup>
- twice as likely to have consumed alcohol in the past month.<sup>10</sup>

Young gay and bisexual men:

- may be more likely to use recreational drugs.<sup>16</sup>

### Violence and victimisation

- LGB young people are at increased risk of verbal and physical abuse.<sup>11</sup>
- 

## **(e) Policy/legislation**

### **Responding to and preventing homophobic bullying in schools (2007)**

Department for Children, Schools and Families.

### **Safe to Learn (2007)**

This initiative was launched by the Department for Children, Schools and Families. It offers help in tackling homophobic bullying in schools.

### **Youth Matters: Next Steps (2006)**

This policy includes a statutory duty for local authorities to ensure that young people have access to a range of positive activities. The proposal 'something to do, somewhere to go, someone to talk to' needs to be relevant for young LGB and trans people.

### **National Service Framework for Children, Young People and Maternity Services (2004)**

The mental health and psychological wellbeing of children and young people, Standard 9:

'Access to CAMHS [child and adolescent mental health services] should be available to all children and young people regardless of their age, gender, race, religion, ability, class, culture, ethnicity or sexuality.'

### **Every Child Matters (2003)**

Strategies for tackling homophobic bullying are necessary to achieve the five outcomes of Every Child Matters.

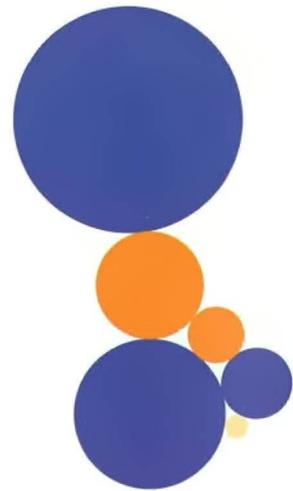
### **Sexual Offences Act 2000**

The age of consent for gay men was lowered to 16: this is now the same as for heterosexuals.



## Implications for service providers

- Healthcare providers need to be aware of issues such as confidentiality and be able to provide relevant information for young LGB people.
- Healthcare providers need to understand how heterosexism and homophobia can contribute to mental health difficulties for young LGB people.
- Healthcare providers need skills to enable them to facilitate disclosure by young LGB people.
- Healthcare providers need to understand the increased risk of suicide and self-harm among young LGB people.
- Health promotion material that addresses issues surrounding the coming out process should be available in GP surgeries, for both young LGB people and their families and friends.
- GP surgeries should display resources and provide contact details for support organisations for young LGB people.



## Implications for service commissioners and Health and Wellbeing Partnerships

The *NHS operating framework 2007/08* emphasises NHS commitment to equality and non-discrimination on the grounds of sexual orientation.<sup>17</sup> In the priorities for health and services, the document requires primary care trusts to use needs assessment to identify and address the specific needs of different groups in the population, including LGB people.

- Service commissioners need to be aware of the specific health risks for young LGB people so that they can commission appropriate services.
- Specific training and resources need to be available to support healthcare providers in delivering services for young LGB people.
- Health and Wellbeing Partnerships should consider the need for support and personal development opportunities for local young LGB people.
- Links and resources should be provided to assist professionals in signposting other services.



## (f) Links and resources

### For health professionals

#### **Care Services Improvement Partnership**

Knowledge Community (type 'LGBT' into the search box for relevant information).

<http://kc.csip.org.uk>

### For young LGB service users

#### **Allsorts**

Allsorts is a project based in Brighton to support young people who are LGB or unsure of their sexual orientation.

[www.allsortsyouth.org.uk/index.htm](http://www.allsortsyouth.org.uk/index.htm)

#### **Avert**

Information for young LGB people.

[www.avert.org/yngindx.htm](http://www.avert.org/yngindx.htm)

#### **Breakout Youth Project**

An LGB project based in Southampton for young people aged 15–25.

Tel: 02380 223344

#### **Centre for HIV and Sexual Health**

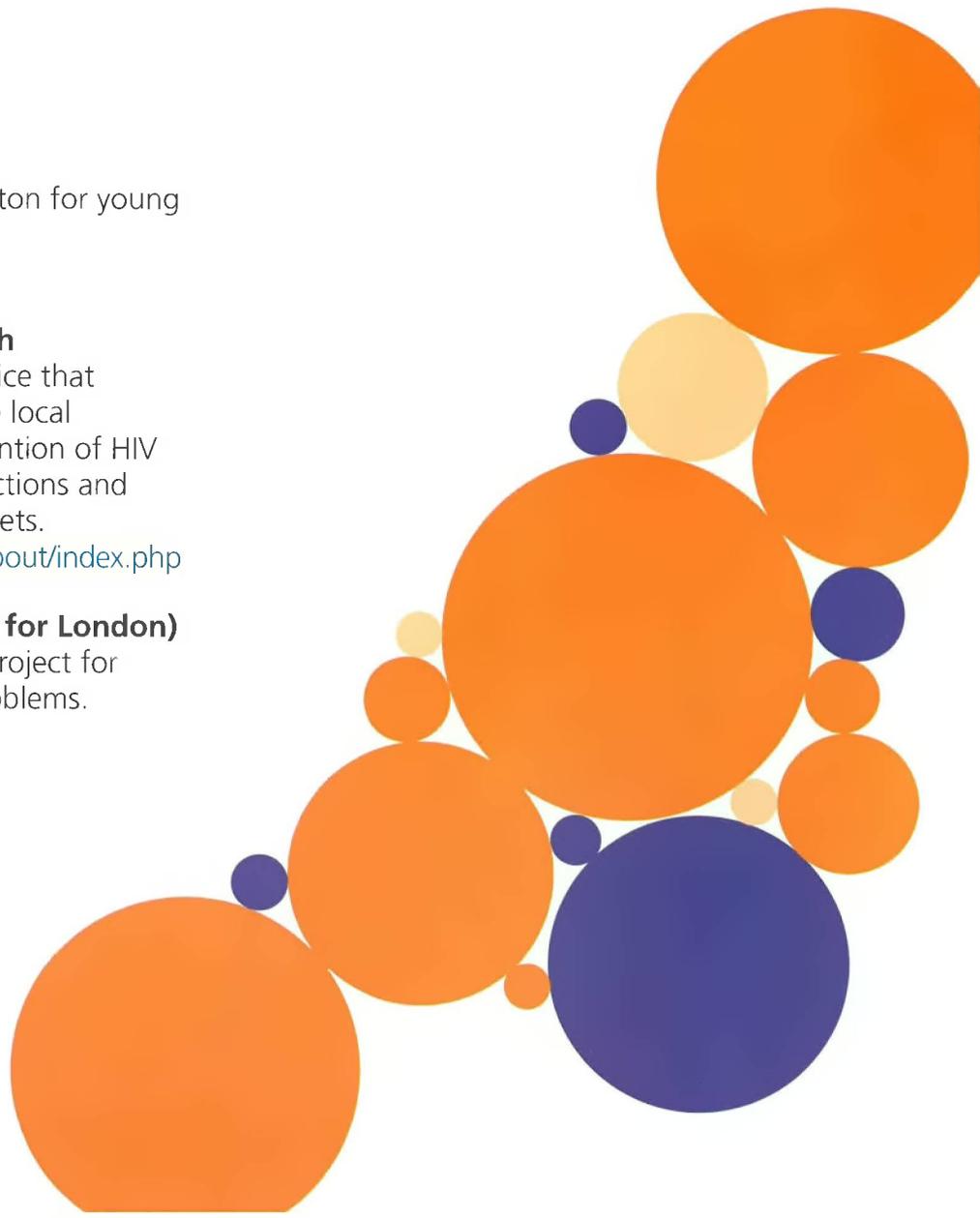
The centre is a Sheffield-based service that operates nationally as well as in the local community. Its work includes prevention of HIV and other sexually transmitted infections and provision of sex and education leaflets.

[www.sexualhealthsheffield.nhs.uk/about/index.php](http://www.sexualhealthsheffield.nhs.uk/about/index.php)

#### **DASL (Drug and Alcohol Service for London)**

This service has a lesbian and gay project for young people with drug misuse problems.

[www.alcoholeast.org.uk](http://www.alcoholeast.org.uk)



**Freestyle**

Freestyle exists to support young LGBT people to get a better deal from services in London. It provides online service details, news, information and good practice guidelines.  
[www.freestylelondon.org.uk](http://www.freestylelondon.org.uk)

**Gay and Lesbian Youth in Calderdale**

GALYIC is a group designed to support LGB and trans young people aged 25 years or under.  
[www.galyic.org.uk](http://www.galyic.org.uk)

**MosaicYouth**

A project for lesbian, gay, bisexual, queer, transgender and questioning youth in London. This is a free service based in Brent offering advice, support and one-to-one sessions to people aged 25 or under.  
[www.mosaicyouth.org.uk](http://www.mosaicyouth.org.uk)

**Stonewall**

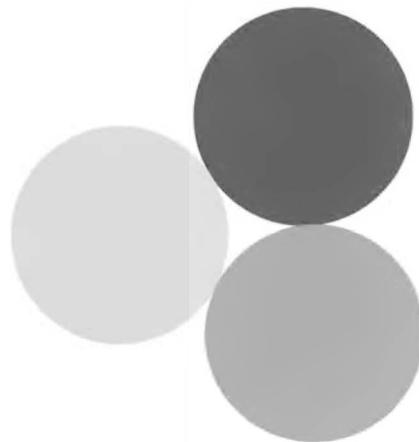
Stonewall's Education for All campaign provides a list of agencies and resources for young people.  
[www.stonewall.org.uk](http://www.stonewall.org.uk)

**Terrence Higgins Trust**

Website for younger gay and bisexual men.  
[www.ygm.org.uk/home](http://www.ygm.org.uk/home)

**The UK alliance of LGBT young people**

The Queer Youth Network is the UK's alliance of LGBT young people, run by youth for youth.  
[www.queeryouth.org.uk](http://www.queeryouth.org.uk)



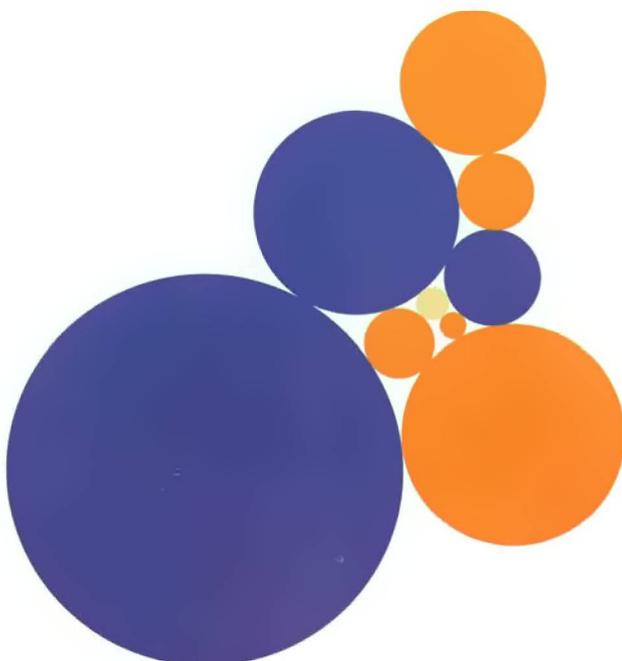


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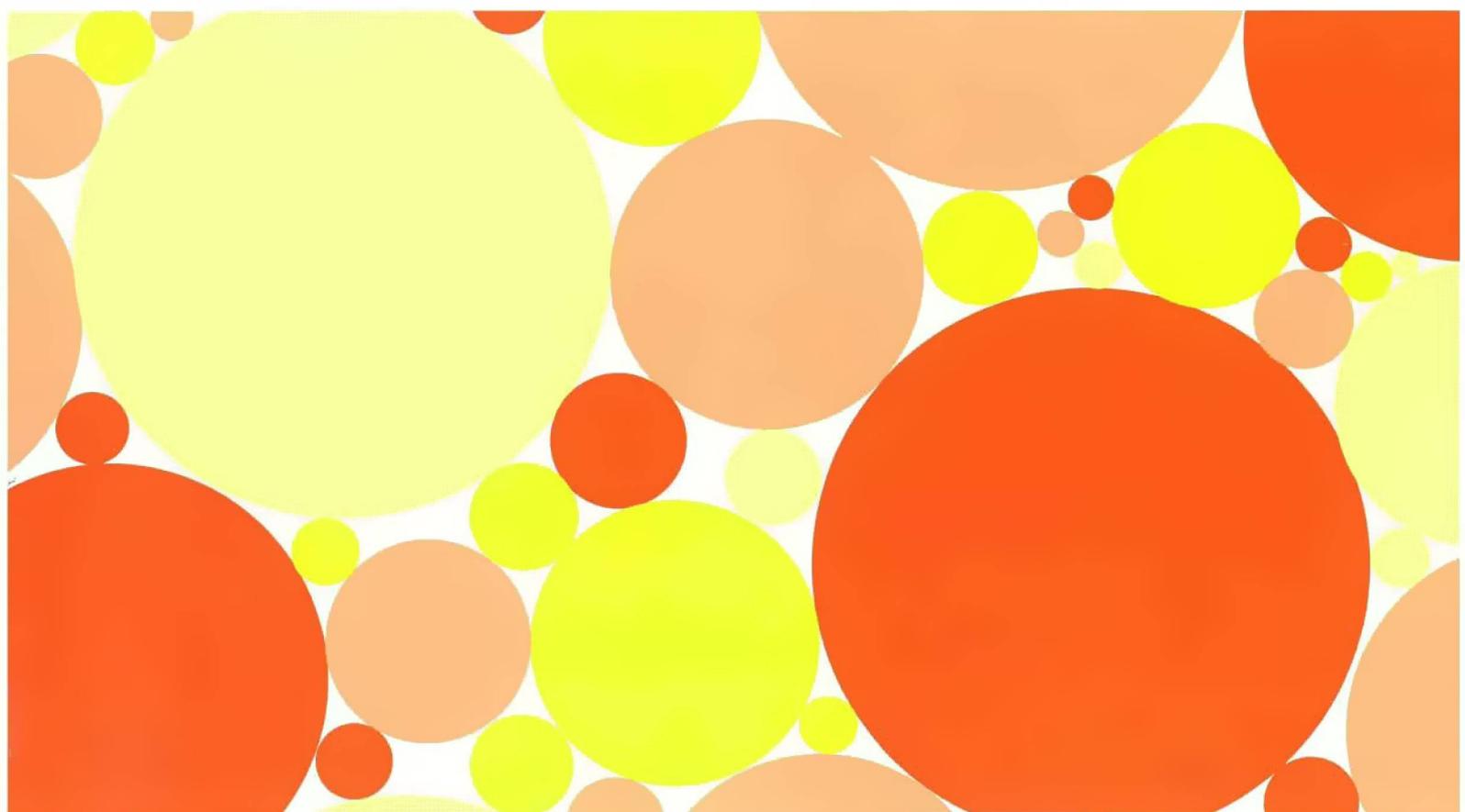
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## Briefing 4

# Older lesbian, gay and bisexual (LGB) people



## (a) What are older LGB people's health needs?

Older people are overwhelmingly perceived to be heterosexual; consequently, older lesbian, gay and bisexual (LGB) people have often been invisible in service provision for older people. Older LGB people's needs may be, in some respects, no different from those of other older people: for example, their safety and physiological needs may be addressed by physical adaptations to their home. However, other needs are often overlooked in planning care, such as opportunities for maintaining social networks.

Older LGB people may have a greater need for health and social care services because, compared with their heterosexual contemporaries, they are:

- two-and-a-half times as likely to live alone;
- twice as likely to be single; and
- four-and-a-half times as likely to have no children to call upon in times of need.<sup>1</sup>

One of the biggest concerns for all older people is the possibility of needing residential care. But for older LGB people, there is no dedicated accommodation in the UK. Some care staff and other residents may hold discriminatory attitudes<sup>2</sup> towards older LGB people, which are particularly problematic when they live in close proximity. In smaller accommodation or extra care housing, an older LGB person may be the only non-heterosexual person living in the home, which may mean that they become isolated and hide their sexual orientation.

The introduction of the Civil Partnership Act 2005 gave same-sex couples similar rights to those enjoyed by heterosexual married couples; this means that same-sex couples are eligible to occupy accommodation together in extra care sheltered accommodation and in residential care homes.

## (b) Communicating and engaging with older LGB people

Many health and social care providers claim not to have worked with older LGB people. Older LGB people may feel particularly vulnerable about being open about their sexual orientation. Passing as heterosexual has often been a necessary survival strategy for older LGB people who have lived in times when same-sex behaviour was criminalised and they risked the loss of their jobs, their children or contact with their family of origin.

Community safety concerns are increased for older people, who feel more vulnerable to harassment or attack due to their age. Users of older people's facilities are often reluctant to 'come out' because other older people may pass on this information to the community at large.

They may also use different terms to describe themselves and their relationships, for instance referring to 'my friend'. Furthermore, only 14% of older LGB people are open about their sexuality with healthcare providers.<sup>3</sup>

Older LGB people are unlikely to discuss their sexual orientation, while staff assume heterosexuality and fail to mention LGB issues. Questions about relationships and histories need to be asked in inclusive language and the assessment process should be sensitive to the value that both single older LGB people and those in couples place on their identities and community links.

Levels of disclosure are likely to change in the future; increasingly LGB people are living open lives, making it less likely that they will be closeted in later life. Higher numbers of visible older LGB people will expect service providers to be able to commission appropriate services.

## (c) Evidence and statistics

### Violence and victimisation

- 36% of LGB people (aged 60–91) had been subjected to verbal abuse.<sup>1</sup>
- 44% of men and 16% of women had been physically attacked (gay and bisexual men were three times more likely than lesbian and bisexual women to be physically attacked).<sup>1</sup>
- Lower self-esteem and increased thoughts of suicide were associated with experiences of violence.<sup>1</sup>

### Perceptions of health and social care professionals

- Only 25% of older LGB people believed that health professionals were positive towards LGB people.<sup>3</sup>
- Only 16% trusted health professionals to be knowledgeable about LGB lifestyles.<sup>3</sup>

## (d) Policy/legislation

There are two pieces of legislation that directly impact on the lives of older LBG and trans (T) people in receipt of services.

### **Equality Act (Sexual Orientation) Regulations 2007**

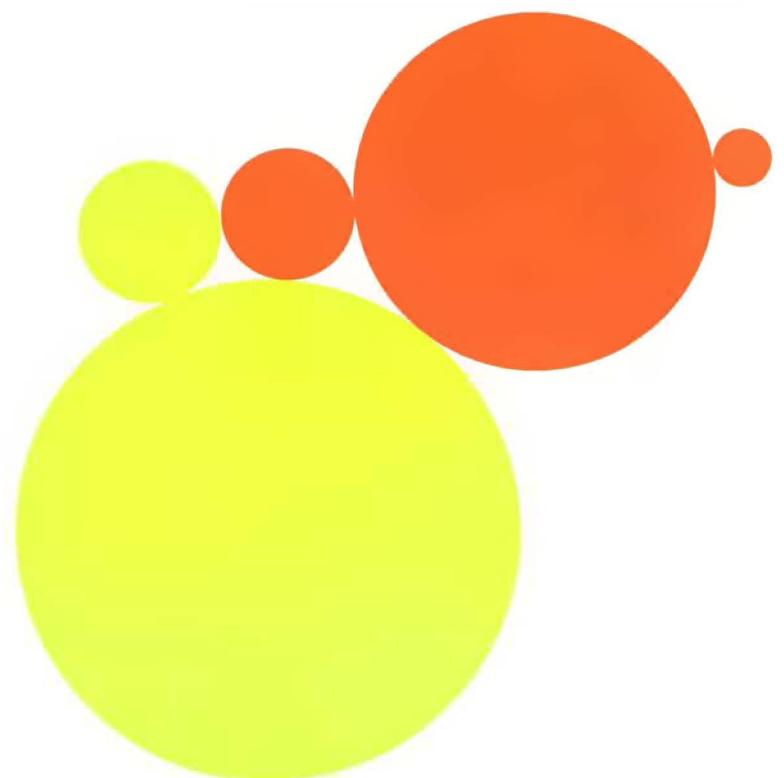
LGB people are offered protection against discrimination in the provision of goods and services. Providers will need to ensure that services do not directly or indirectly discriminate against older LGB people.

### **Amendment to the Sex Discrimination Act 1975**

The Government is committed to amending the Sex Discrimination Act before the end of December 2007 to prohibit discrimination on the grounds of gender reassignment in the provision of goods and services (including health and social care).

### **Governance and standards**

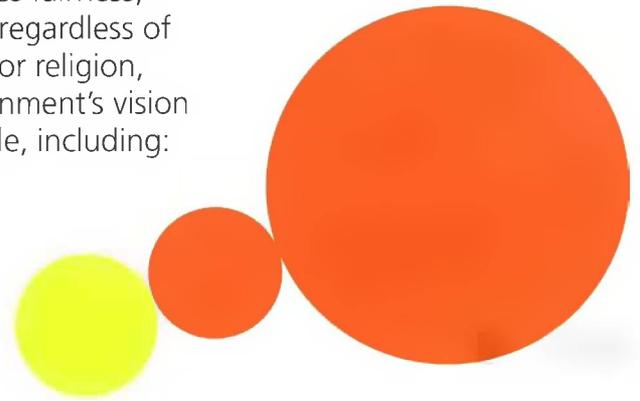
The Commission for Social Care Inspection (CSCI) regulates 27,000 services, including residential and nursing homes, adult placement schemes, fostering and adoption services and domiciliary care services. Its Equalities and Diversity Strategy (published in August 2006) specifically includes sexual orientation and gender identity and includes proposals from the LGBT Workers Group. Staff have undertaken training from Stonewall about providing inclusive services. More information on CSCI is available at: [www.csci.org.uk](http://www.csci.org.uk)



## (e) Implications for policy makers

*Our Health, Our Care, Our Say* (Department of Health, 2006)<sup>4</sup> makes a commitment to a health and social care system that promotes fairness, inclusion and respect for people from all sections of society, regardless of their age, disability, gender, sexual orientation, race, culture or religion, and in which discrimination will not be tolerated. The Government's vision identifies a number of outcomes relevant to older LGB people, including:

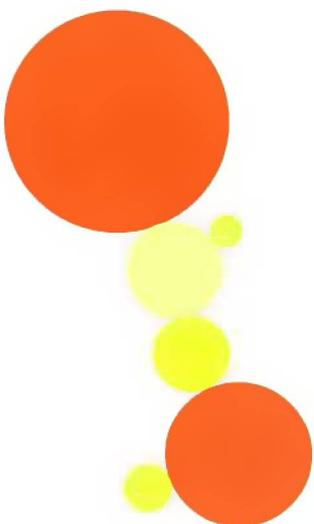
- improved quality of life;
- freedom from discrimination or harassment;
- personal dignity; and
- the exercise of choice and control.



## (f) Implications for service commissioners and providers

*Our Health, Our Care, Our Say* promises to transform current practice, where too often older people are only offered services that are available and not those that they would choose. The diverse preferences of older LGB people may include support options not currently offered. Older LGB people are less likely to depend on family carers and more likely to want services designed so that diverse networks of supportive friends are recognised and involved.

*Health Reform in England*<sup>5</sup> (2006) sets out a national commissioning framework which will be developed across all health, social care and voluntary and community sector partners to achieve a balance between preventative and intensive services. Solutions on how to do this will not be imposed because decisions about commissioning models should be made locally. The White Paper makes clear, however, that doing nothing is not an option. Service users must be involved in the design of services. Examples of how services should be designed include extra care that will allow older people to continue to live in their own homes, with a range of facilities to meet their support needs, rather than having to move to a residential care home.



## (g) Links and resources

### **Planning for later life as a lesbian, gay man or bisexual person**

This information sheet, published by Age Concern in 2005, covers bereavement and registration of death, care services at home, caring for an ill or disabled partner, housing and residential care, inheritance, next of kin status, partnership rights, hate crime, tenancy, wills and intestacy.

[www.ageconcern.org.uk/openingdoors](http://www.ageconcern.org.uk/openingdoors)

### **The Whole of Me: Meeting the needs of older lesbians, gay men and bisexuals living in care homes and extra care housing**

This resource pack offers practical suggestions for good practice and addresses concerns staff may have that prevent them from making changes.

[www.ageconcern.org.uk/openingdoors](http://www.ageconcern.org.uk/openingdoors)

### **The Lesbian and Gay Alzheimer's Society Carer's Network**

The network provides support for lesbian and gay carers. Its website gives advice on choosing residential accommodation and examples of good practice in social care.

[www.alzheimers.org.uk/Gay\\_Carers/residentialcare.htm](http://www.alzheimers.org.uk/Gay_Carers/residentialcare.htm)

### **Lesbian and Gay Bereavement Project**

Tel: 020 7403 5969

### **Polari**

Polari works for better services for older LGBT people and provides resources and articles relevant to LGBT ageing.

[www.polari.org](http://www.polari.org)

### **Berkshire Older Lesbian and Gay Forum**

[www.bolgaf.org.uk](http://www.bolgaf.org.uk)

### **Lesbian Information Service**

[www.lesbianinformationservice.org](http://www.lesbianinformationservice.org)

### **The Metro Centre**

The Metro Centre hosts a 50+ group in London for LGB people over the age of 50.

[www.metrocentreonline.org/m\\_50.htm](http://www.metrocentreonline.org/m_50.htm)



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Bayliss, K (2000) Social Work Values, Anti-discriminatory Practice and Working with Older Lesbian Service Users, *Social Work Education*, 19(1): 45–53.

Hubbard, R and Rossington, J (2005) *As we grow older: A study of the housing and support needs of older lesbians and gay men*, Polari, London.

Kitchen, G (2003) *Social Care Needs of Older Gay Men and Lesbians on Merseyside*, Sefton Pensioners Advocacy Centre, Liverpool.

Langley, J (2001) Developing anti-oppressive empowering social work practice with older lesbian women and gay men, *British Journal of Social Work*, 31(6): 917–32.

Manthorpe, J and Price, E (2003) Out of the Shadows: Mental Health Needs of Older LGB, *Community Care*, April 3: 40–41.

Opening Doors in Thanet (2004) *Equally Different: Report on the situation of older lesbian, gay, bisexual and transgendered people in Thanet, Kent*, Opening Doors in Thanet, Kent.  
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Pugh, S (2005) Assessing the Cultural Needs of Older Lesbians and Gay Men: Implications for Practice, *Practice*, 17(3): 207–18.



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Briefing 5

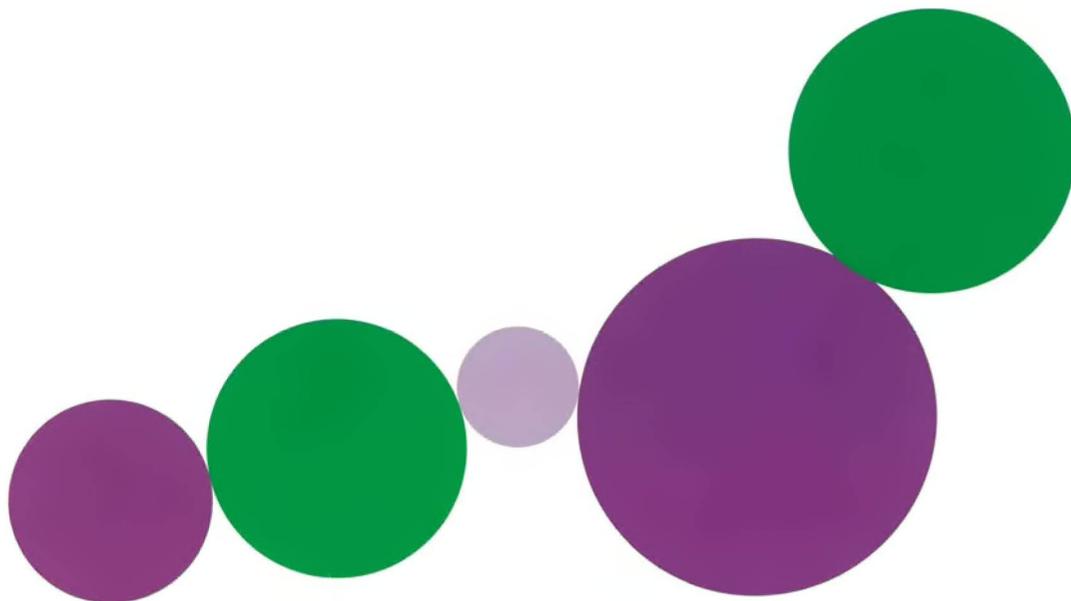
# Lesbian health



## (a) What are lesbian health needs?

Lesbian health is commonly assumed to be the same as that of heterosexual women, but recent research has suggested key differences in lesbians' health risks and health behaviours and in their experiences of healthcare. Lesbians are less likely to have children than heterosexual women and are more likely to be overweight. These factors may increase their risk of breast cancer and cardiovascular disease.<sup>1, 2, 3</sup>

Lesbians may also have less healthy lifestyles than heterosexual women. Limited opportunities for building social networks mean that some lesbians often socialise in bars and pubs. Coping mechanisms for dealing with discrimination have sometimes resulted in higher rates of alcohol use, smoking and drug misuse among lesbian and bisexual women.<sup>4, 5</sup>





## (b) Screening and cancer

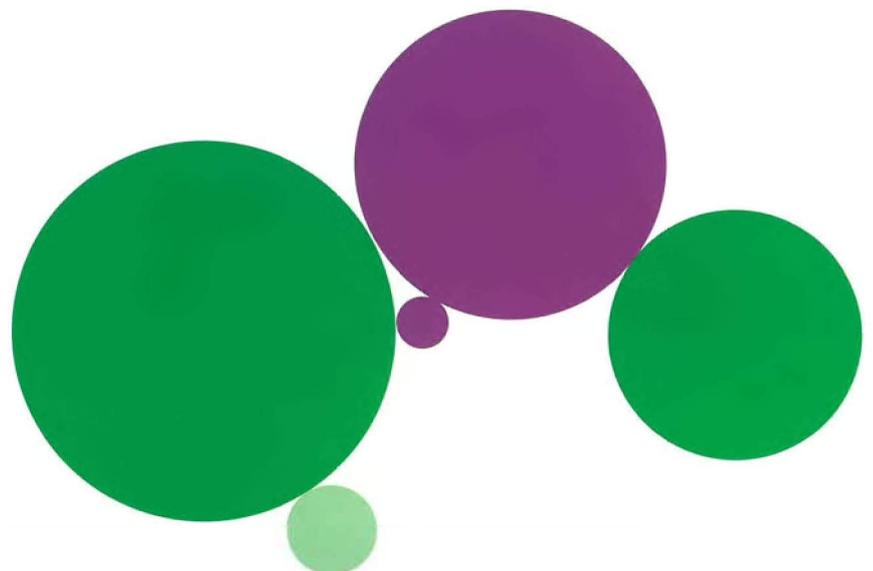
Health behaviour can differ between lesbian/bisexual women and heterosexual women: they attend less frequently for routine screening tests such as mammography and cervical smears, and may therefore be less likely to benefit from early detection of cancers.<sup>6</sup>

Perceptions of risk encourage women to participate in screening. In relation to cervical cancer, lesbians are believed to be at lower risk because of the disease's association with heterosexual sex. However, lesbians who have previously had sex with men may be at some risk and there is evidence to suggest that women who have only had sex with women have developed cervical abnormalities.<sup>7</sup> In addition, smoking is a risk factor for cervical cancer that may increase lesbians' susceptibility. Yet lesbians are much less likely to be told they are at risk for cervical cancer than heterosexual women; some lesbians even report being refused smear tests.<sup>8</sup>

Lesbians may have a slightly increased risk of breast cancer. Being lesbian is not a risk factor for breast cancer, but there are a number of lifestyle issues (for some lesbians) that may increase their risk.<sup>9</sup> Lesbians are:

- more likely to delay childbirth (until their 30s);
- less likely to have children;
- less likely to seek regular gynaecological care;
- more likely to be overweight; and
- more likely to drink alcohol than heterosexual women.

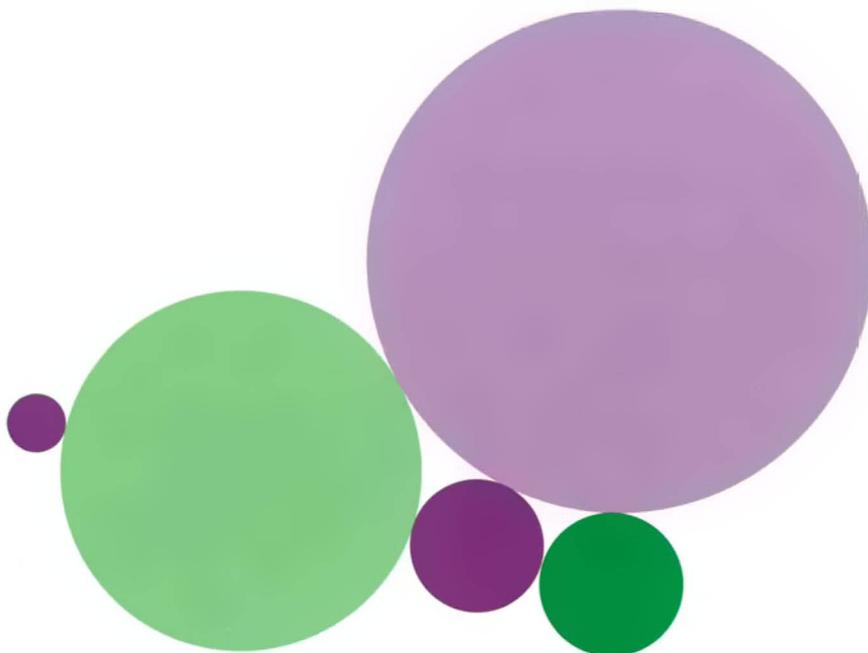
Lesbians are neglected in breast cancer awareness campaigns, and many lesbians are unaware of risk factors other than family history (which may affect women of any sexuality).



## (c) Communicating and engaging with lesbian women

Lesbians are less likely to report satisfaction with their healthcare. They can face barriers in the way of appropriate and effective healthcare. For example, some professionals may be too embarrassed to provide certain aspects of care.

Although lesbians (and gay men) are increasingly likely to have come out to family and friends, disclosure levels in healthcare settings are low: a third of lesbians have not come out to their healthcare provider.<sup>10</sup>





## (d) Reproductive health

There are increasing numbers of lesbians who are choosing to begin a pregnancy within a same-sex relationship. Lesbians may choose to become pregnant in two ways: informally through their social networks, or through a fertility clinic.

A draft bill amending the Human Fertility and Embryology Act (which is subject to discussion by Parliament) retains the duty on clinics to take account of the welfare of the child in providing fertility treatment, but removes the reference to the 'need for a father'. The draft bill also introduces provisions whereby civil partners or same-sex couples would be regarded as legal parents following fertility treatment, which they cannot do at present.

However, these proposals are not about access to NHS services. Access to NHS services, including fertility services, is based on clinical need, and where a person or couple has a clinical problem, they should be considered for treatment of that problem, whatever their sexual orientation. Lesbians may seek advice from NHS professionals about having a child, for example through donor insemination. Comprehensive information about clinics providing this is available on the website of the Human Fertilisation and Embryology Authority ([www.hfea.gov.uk](http://www.hfea.gov.uk)).

Pregnancy brings lesbians into contact with a range of health professionals. Antenatal parent education is cited as the most negative aspect of care received by lesbians.<sup>11</sup> Health professionals often exclude the non-biological birth mother from discussions, but the proposed changes in the law on legal parenthood following assisted conception should help to make care more inclusive.



## (e) Evidence and statistics

In a national survey, 12% (128 out of 1,066) of eligible lesbians had never had a smear test.

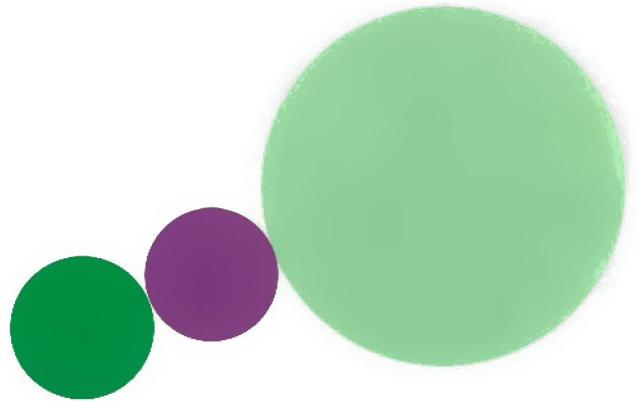
Those surveyed were also less likely to practise breast awareness on a regular basis and were less likely to re-attend for breast screening.<sup>12</sup>

The most frequent explanation given by lesbians for never having had a smear test was that they thought they were not at risk.

## (f) Policy/legislation

The Department of Health recently published a health promotion leaflet that specifically addresses lesbians' health needs.

The leaflet is called *Sexual health information for women who have sex with women* (April 2007) and is available from the Sexual Health Information Line on 0800 567123.



## (g) Sexual health clinics for lesbians and bisexual women

### **Orange Clinic**

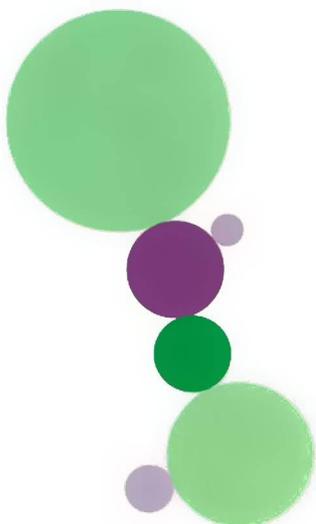
West London Centre for Sexual Health, Charing Cross Hospital, Fulham Palace Road, London W6 8RF  
Tel: 0845 811 6699

### **Sandyford Initiative**

2–6 Sandyford Place, Sauchiehall Street, Glasgow G3 7NB  
Tel: 0141 211 8130  
[www.sandyford.org](http://www.sandyford.org)

### **Vita Clinic**

Harrison Department, Churchill Hospital, Headington, Oxford OX3 7LJ  
Tel: 01865 231231



## (h) Implications for service providers

Primary care trusts (PCTs) are expected to respond to the responsibilities they now face under *Commissioning a Patient-Led NHS*.<sup>13</sup> Together with the White Paper, *Our Health, Our Care, Our Say*, it sets clear priorities for PCTs which will mean an increasing emphasis on:

- strong commissioning for improved quality and choice, and to tackle health inequalities; and
- collaborative commissioning arrangements for acute trusts, combined with strong support for practice-based commissioners developing services locally to help manage demand and improve choice.



## (i) Links and resources

### Health With Pride

[www.healthwithpride.com](http://www.healthwithpride.com)

### Lesbian and Gay Foundation

The clinic offers full sexual health screening and cervical smears for lesbians. It produces user-friendly guides on smear tests and breast awareness that are targeted at lesbians.

[www.lgf.org.uk](http://www.lgf.org.uk)

### Stonewall

[www.stonewall.org.uk](http://www.stonewall.org.uk)

### Women's Health

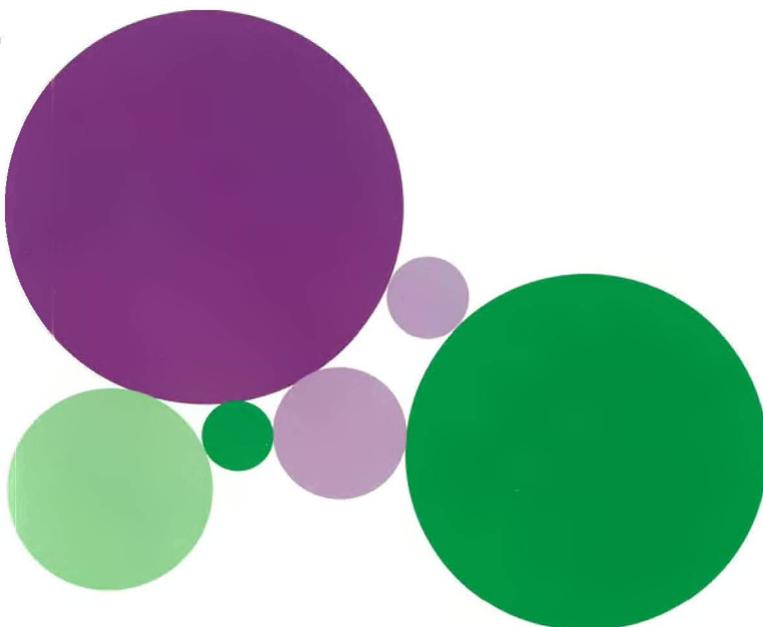
[www.womenshealthlondon.org.uk](http://www.womenshealthlondon.org.uk)

### Women's Resource Centre

[www.wrc.org.uk](http://www.wrc.org.uk)

### ***Information for lesbians: When did you last have a smear test? (2002)***

A user-friendly guide to lesbian sexual health.  
[www.bolton.nhs.uk/publications/patient\\_info/Lesbian%20Smear%20Guide.pdf](http://www.bolton.nhs.uk/publications/patient_info/Lesbian%20Smear%20Guide.pdf)



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3. Roberts, SA, Dibble, SL, Nussey, B and Casey, K (2003) Cardiovascular disease risk in lesbian women, *Women's Health Issues*, 13(4): 167–74.
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9. Fish, J and Wilkinson, S (2003) Understanding lesbians' healthcare behaviour: the case of breast self-examination, *Social Science and Medicine*, 56(2): 235–45.
10. Eliason, M and Schope, R (2001) Does 'don't ask don't tell' apply to health care? Lesbian, gay and bisexual people's disclosure to health care providers, *Journal of the Gay and Lesbian Medical Association*, 5(4): 125–34.
11. Wilton, T and Kaufmann, T (2001) Lesbian mothers' experiences of maternity care in the UK, *Midwifery*, 17: 203–11.
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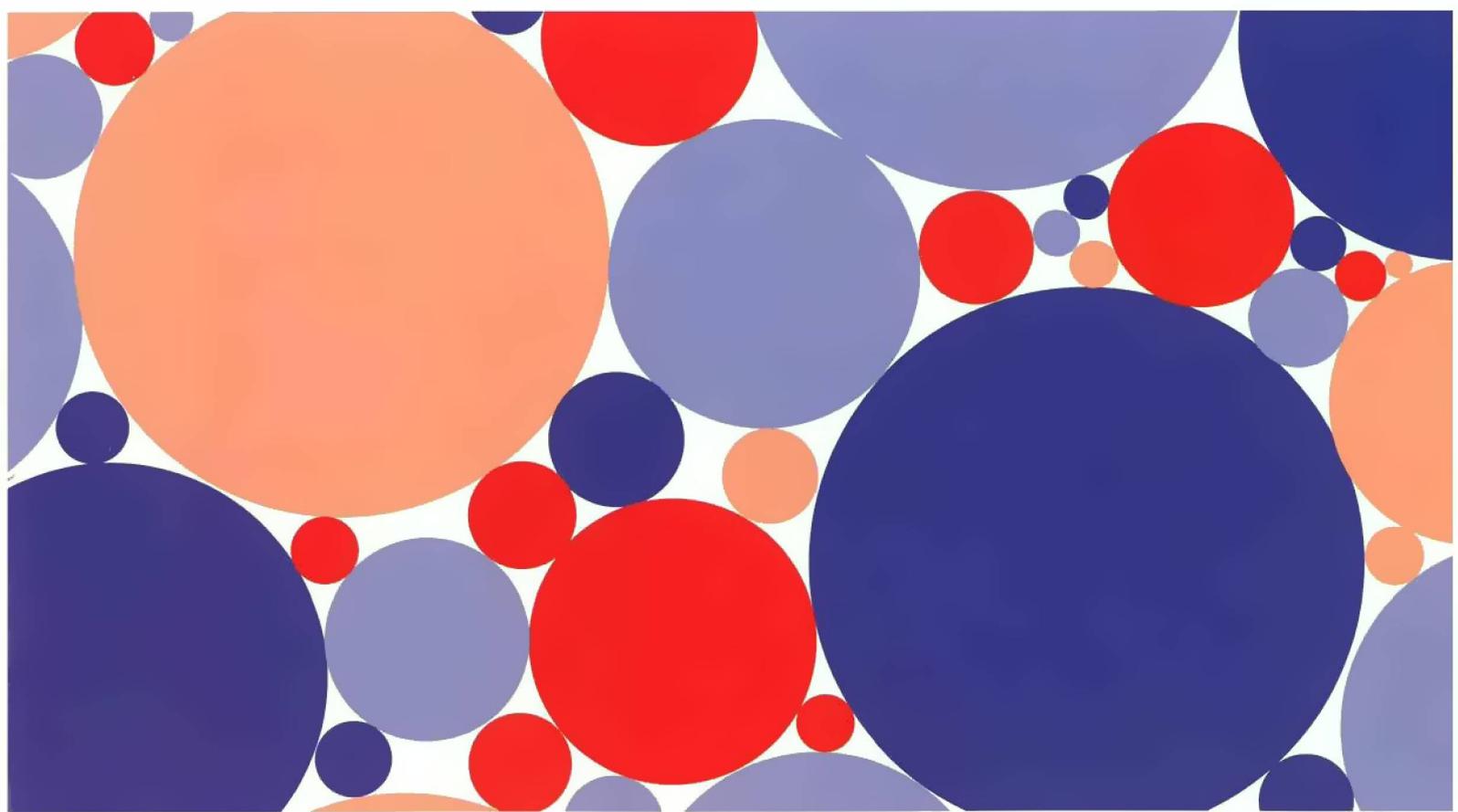
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Briefing 6

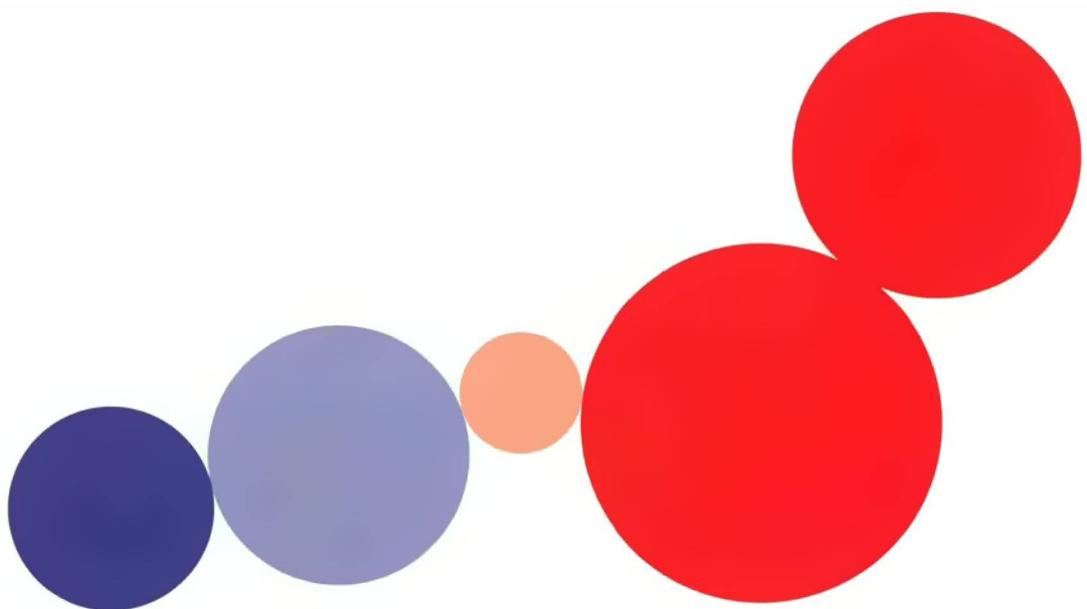
# Gay men's health



## (a) What are gay men's health needs?

Research on gay men's health has often focused on sexual health and HIV prevention to the exclusion of their wider health needs (see Briefing 10).

Gay men's health concerns include issues common to all men, such as cancers (testicular, anal and prostate) and erectile dysfunction. Gay men may have higher rates of drug, tobacco<sup>1</sup> and alcohol use, which may increase their risk of lung and liver cancer. They may be more susceptible to eating disorders and have higher rates of mental health problems (see Briefings 8 and 9).

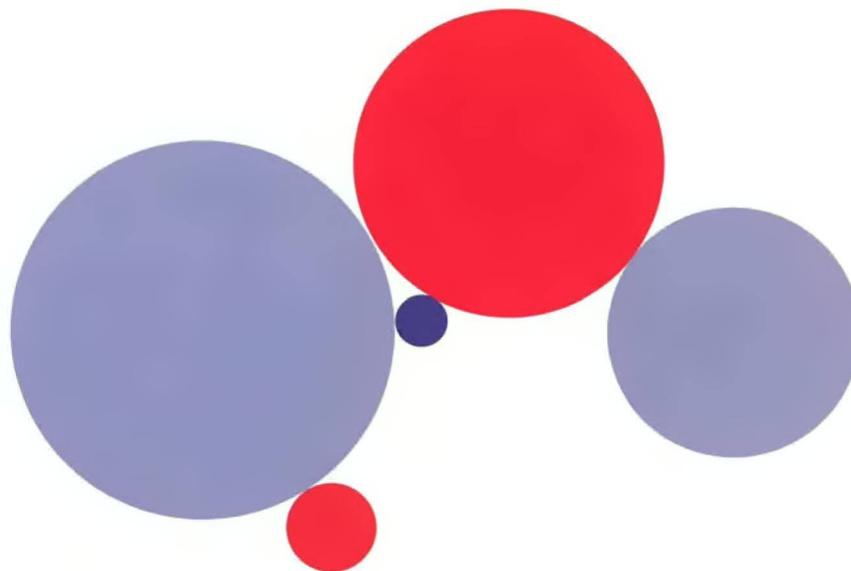




## (b) Communicating and engaging with gay men

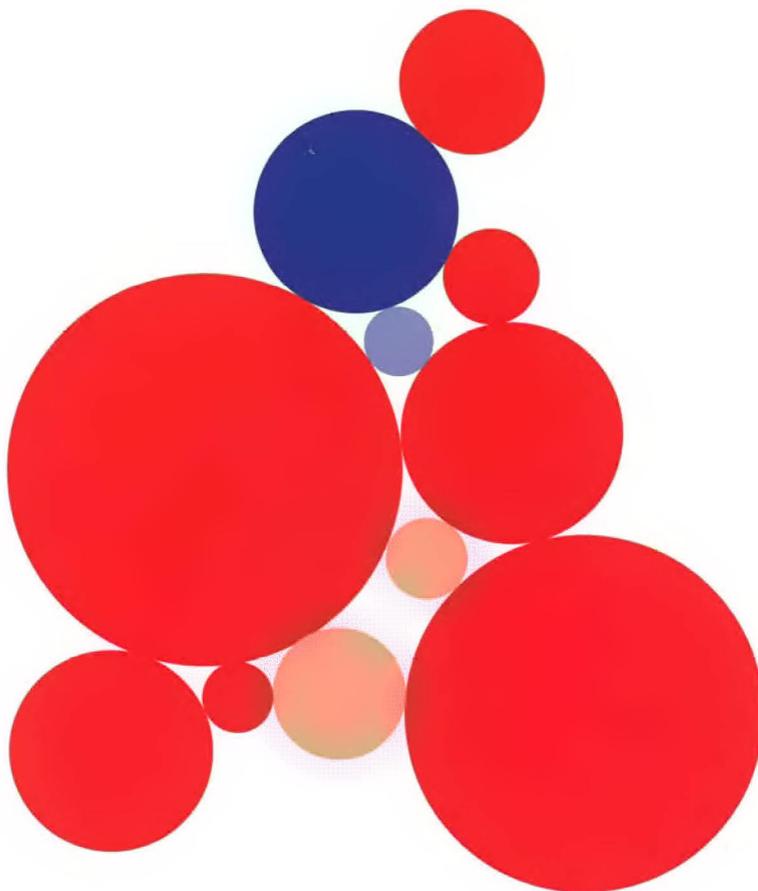
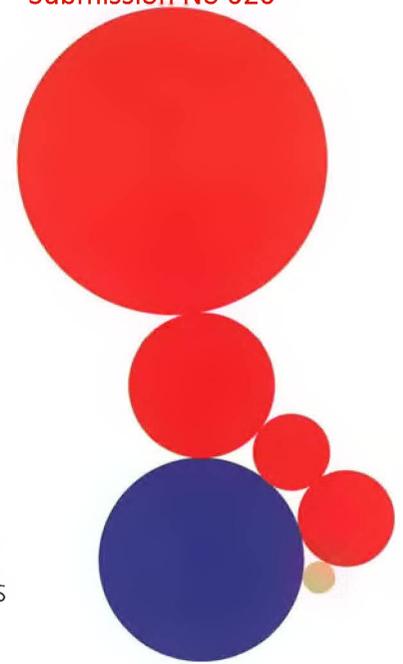
Research suggests that the majority of gay men have not disclosed their sexual orientation to their GP, and they are less likely to do so than lesbians. The reasons for this non-disclosure have often been attributed to concerns about how the information is recorded in patient notes, concerns about an adverse reaction and concerns about confidentiality – who will have access to this information (eg whether or not it will be made available to employers and mortgage companies). The failure to disclose their sexual orientation may result in them receiving inappropriate information about health risks and treatment (see also Briefing 2).

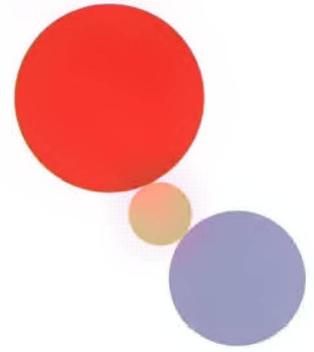
Findings commonly suggest that a significant number of gay men thought it irrelevant to disclose their sexual orientation to their healthcare worker, even though some men were HIV positive.<sup>2</sup> Among gay men who had disclosed this information, the quality of the interaction with the GP had not always improved. For many, the disclosure of their sexual orientation had been noted and never mentioned again. Coming out could result in improved communication if the service user was well supported and assertive.<sup>3</sup>



## (c) Perceptions about primary healthcare

Many gay men expressed dissatisfaction with primary care; specifically, the literature in waiting rooms was geared to families and rarely addressed relevant health issues for gay men.<sup>4</sup> Gay men appeared to be more likely to 'shop around' to find a sexual health clinic that was empathic to their needs and were only willing to attend a clinic regularly if it was 'gay friendly'.<sup>3</sup>





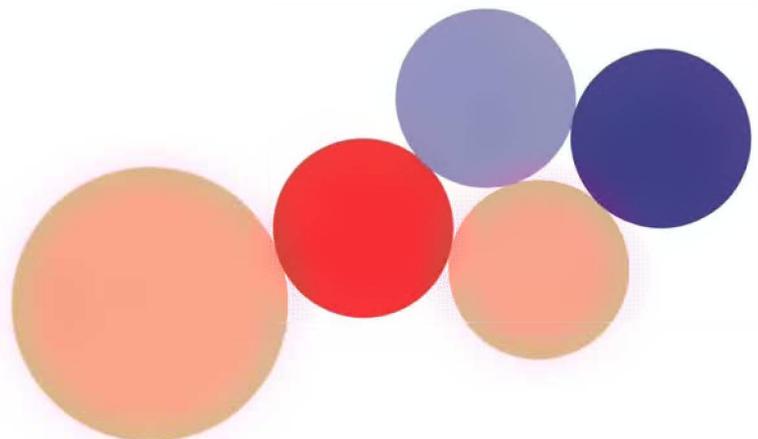
## (d) Cancer and screening

Prostate cancer is one of the most common cancers in men and is more likely to affect older men. Estimates suggest that 5,000 gay or bisexual men are diagnosed each year in the US (there is no UK research and the cancer register does not collect data about sexual orientation) and 50,000 or more are living after prostate cancer treatment. Despite prostate cancer potentially being a common cancer among gay men, a review of Medline found no research on the disease among gay and bisexual men.<sup>5</sup> Gay men are more likely to have difficulty dealing with urologists and oncologists, who may assume a female partner, and the management of any subsequent sexually-related dysfunction may differ from that in heterosexual men.

Anal cancer is associated with a history of anal-receptive sexual behaviour and with genital warts, hepatitis B, human papilloma virus (HPV), herpes simplex virus and being a current smoker. Increased risk of anal cancer is also associated with HIV infection. The incidence of anal cancer among men who have sex with men (MSM) has continued to increase since the introduction of highly active antiretroviral therapy (HAART).<sup>6</sup>

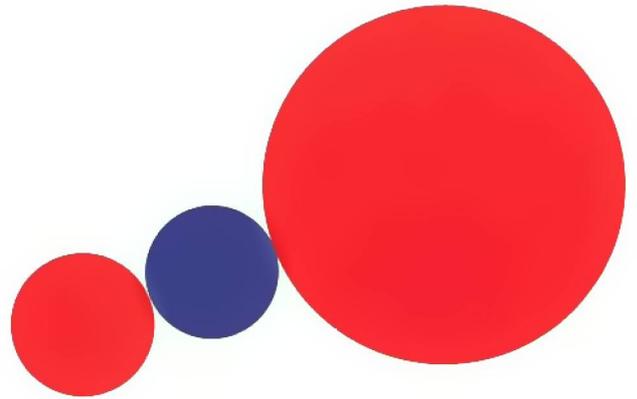
Testicular cancer can affect men in their adolescence and twenties; however, there is little research into this disease.

Little is known about how gay men engage in screening programmes; increased surveillance is needed to monitor sexually-transmitted hepatitis C among HIV-infected men in England and Wales who have sex with men.<sup>7</sup>



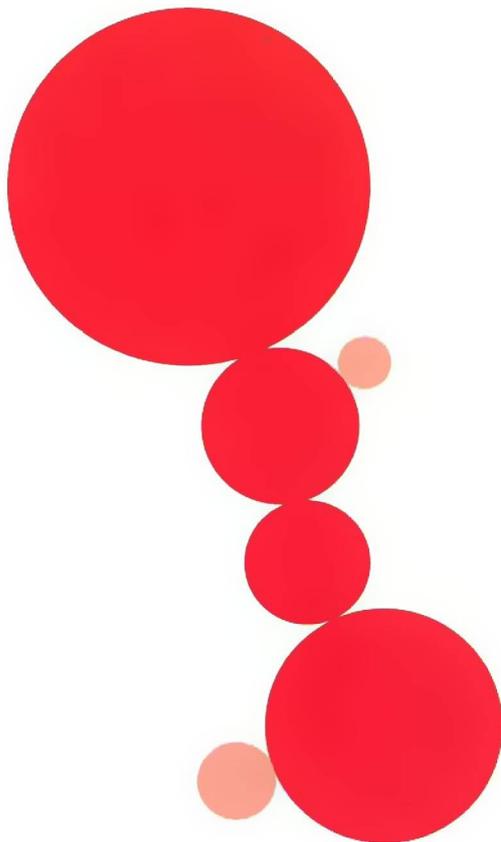
## (e) Evidence and statistics

- Anal cancer is 20 times more common in gay men than in the general population.<sup>8</sup>



## (f) Policy/legislation

The NHS Plan includes hepatitis B immunisation for all gay men presenting to a sexual health clinic.



## (g) Links and resources

**Gay Men's Health: Edinburgh and Lothians**  
[www.gmh.org.uk](http://www.gmh.org.uk)

**Gay Men's Health Project: North and Mid Hampshire**  
[www.gmhp.net](http://www.gmhp.net)

**Gay Men's Health: Wiltshire and Swindon**  
[www.gmhp.demon.co.uk](http://www.gmhp.demon.co.uk)

**Hampshire Gay Health Alliance**  
[www.hgha.org.uk](http://www.hgha.org.uk)

**Health with Pride**  
[www.healthwithpride.com](http://www.healthwithpride.com)

**LGBT Centre for Health and Wellbeing**  
[www.lgbthealth.org.uk/index.php](http://www.lgbthealth.org.uk/index.php)

**Sigma Research**  
[www.sigmaresearch.org.uk](http://www.sigmaresearch.org.uk)

**Somerset Gay Health**  
[www.somersetgayhealth.com](http://www.somersetgayhealth.com)

**Stonewall**  
Information on general health needs, sexual health and cancer  
[www.stonewall.org.uk](http://www.stonewall.org.uk)

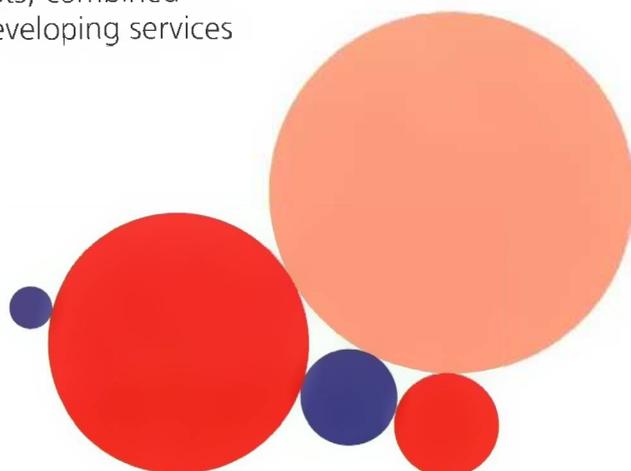
**Yorkshire MESMAC**  
[www.mesmac.co.uk](http://www.mesmac.co.uk)

**Young Gay Men**  
[www.ygm.org.uk](http://www.ygm.org.uk)

## (h) Implications for service commissioners and providers

Primary care trusts (PCTs) are expected to respond to the responsibilities they now face under *Commissioning a Patient-Led NHS*.<sup>9</sup> Together with the White Paper, *Our Health, Our Care, Our Say*, it sets clear priorities for PCTs which will mean an increasing emphasis on:

- strong commissioning for improved quality and choice, and to tackle health inequalities; and
- collaborative commissioning arrangements for acute trusts, combined with strong support for practice-based commissioners developing services locally to help manage demand and improve choice.



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## (j) Further reading

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- Beehler, GP (2001) Confronting the culture of medicine: Gay men's experiences with primary care physicians, *Journal of the Gay and Lesbian Medical Association*, 5(4): 135–44.



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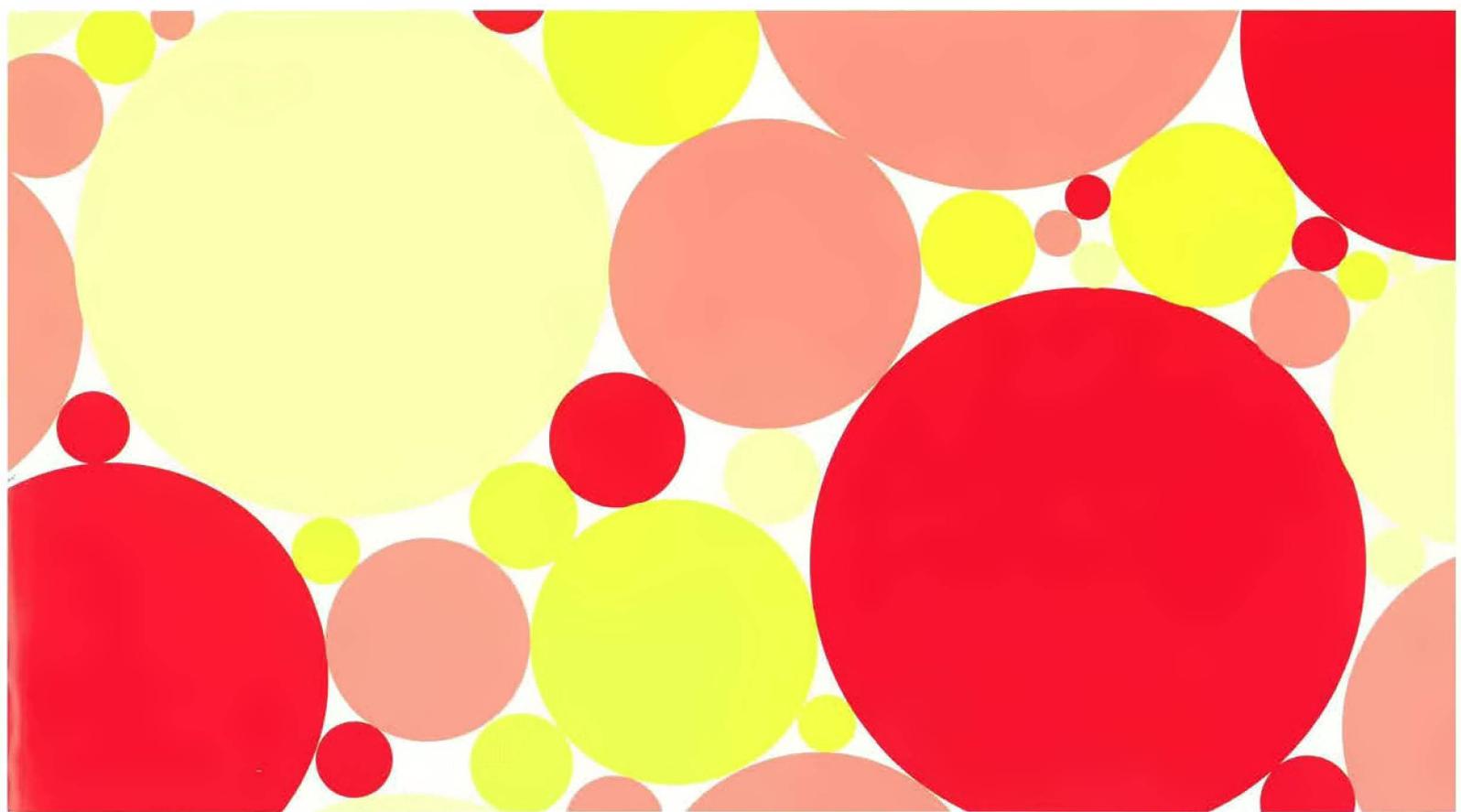
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Briefing 7

# Bisexual people's health



## (a) Introduction

Bisexual people have the potential for sexual and/or emotional attraction to both men and women. Someone who considers him/herself to be bisexual may in practice be celibate, monogamous or in multiple relationships; like the rest of the population.

In terms of behaviour, 'bisexual' describes someone who has had sex with both men and women, within a certain period (eg within five years), regardless of their sexual orientation. People's sexual behaviour cannot be deduced from their sexual orientation (eg a bisexual woman may only have sex with women; a lesbian may have sex with men).

## (b) Specific issues for bisexual people

Bisexual people are affected by homophobia and heterosexism, even while in opposite-sex relationships. Prejudice about bisexuality is called biphobia. It includes assumptions such as: bisexual people are 'really' either gay/lesbian or heterosexual; they are confused; **genuine** bisexuals are attracted to men and women equally; or it is always a temporary phase.

Bisexuality is often not an accepted identity because it is assumed that bisexual people can choose to be either gay/lesbian or heterosexual. Some lesbian and gay people hold such beliefs as well as some heterosexual people.<sup>1</sup> Experiences of prejudice may lead to difficulty in accepting oneself, difficulty in finding supportive communities and lack of resources and services.

## (c) What are bisexual people's health needs?

Until recently, most research about bisexual people's health failed to consider their needs separately from those of lesbians and gay men. Existing research focused mainly on HIV and mental health. The health concerns presented in this Briefing are drawn from studies in which bisexual people have been explicitly recruited to research. As in the case of lesbians and gay men, bisexual people's health needs may be related to their experiences of discrimination.<sup>2</sup>

Bisexual people's health may differ from that of lesbians and gay men and from heterosexual people's health. Key differences have been identified in relation to mental health, sexual health and HIV, substance misuse, ease with their sexual orientation, access to healthcare and communicating with healthcare providers.

### **Mental health**

Bisexual people report poorer mental health than either heterosexuals or lesbians and gay men. They have higher levels of anxiety and depression, more current adverse events and a higher frequency of financial problems.<sup>2</sup> Bisexual men and women may be at increased risk of suicidal thoughts and behaviour in comparison with heterosexuals and lesbians and gay men.

### **Sexual health and HIV**

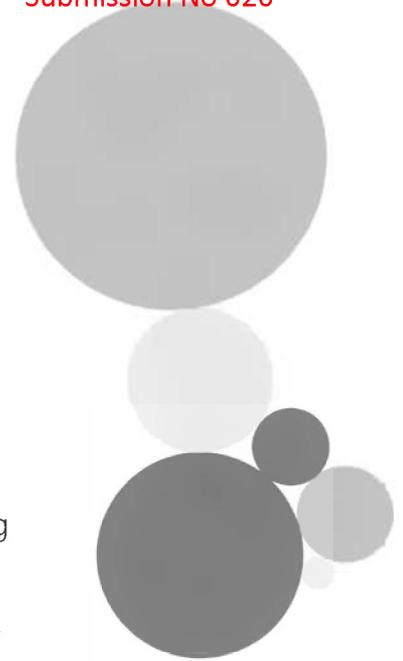
Much research has focused on HIV/AIDS and has overlooked other aspects of bisexual people's health. There is evidence that, compared with exclusively homosexual men, bisexually active men are less well educated about sexually transmitted infections, are much less likely to see materials aimed at gay men, are more likely to have trouble obtaining and using condoms, and have had unsafe sex with a greater number of men.<sup>3</sup> In particular, this may be the case for men who do not identify as bisexual, but have casual sexual encounters with men.

### **Substance misuse**

Bisexual men are more likely than gay men to have recently used recreational drugs.<sup>4</sup> Evidence suggests that bisexual women are more likely than heterosexual women to report cigarette smoking, illicit drug use and the use of medically prescribed antidepressants.<sup>5</sup> Although drinking behaviours are similar, bisexual women are more likely to report problems with alcohol.<sup>6</sup>

### **Comfort with sexual orientation**

Bisexual people are less likely than lesbians and gay men to report that their siblings have been positive about their sexuality. They are also less likely to be at ease with their sexuality or to have come out to family, friends and colleagues.<sup>4</sup>

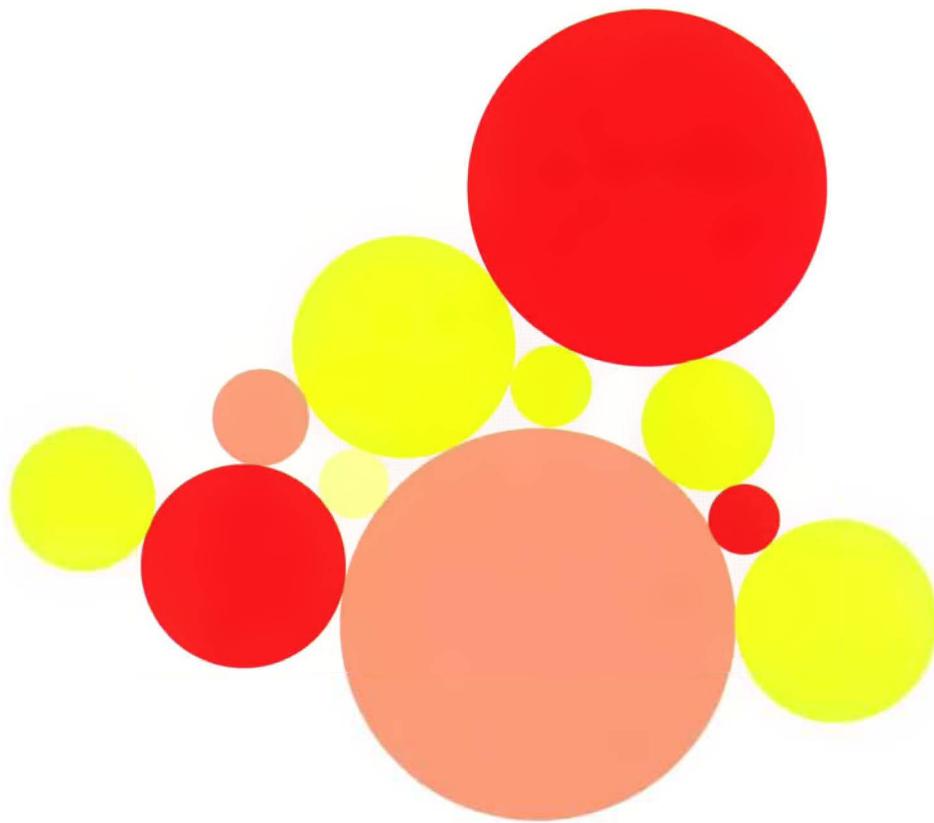


## (d) Communicating and engaging with bisexual people

Bisexual women are more likely than lesbians to say that they have received a mixed or negative reaction when they came out to a mental health professional.<sup>4</sup>

Bisexual men were more likely to say that a mental health professional made a causal link between their sexual orientation and their mental health problem.<sup>4</sup>

Bisexual young people may be less likely than lesbians or gay men to be open about their sexual orientation with their GP or mental health professional.<sup>7</sup>



## (e) Evidence and statistics

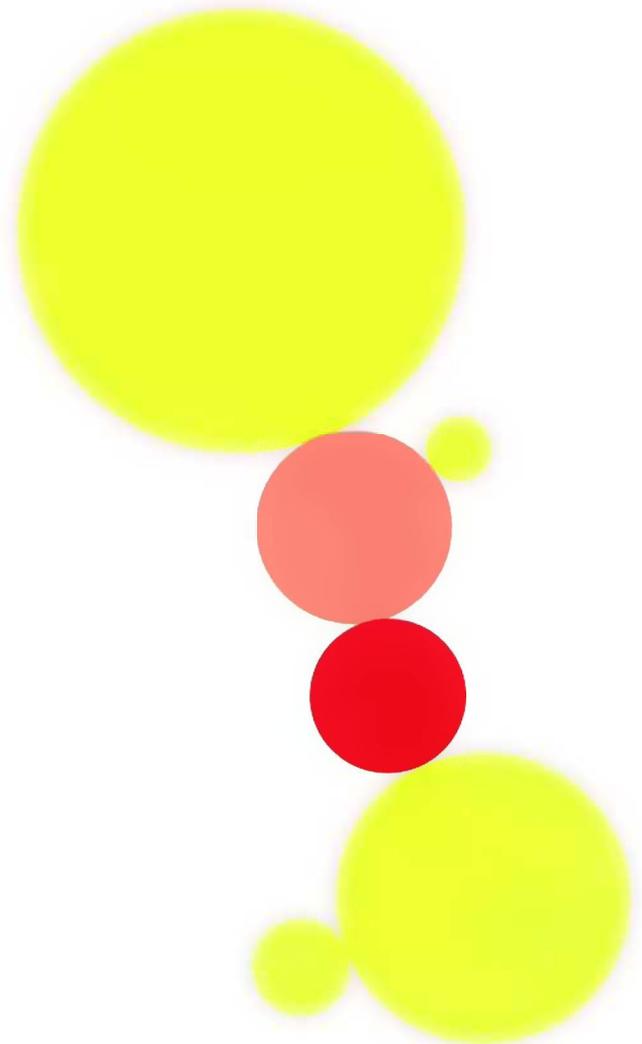
### Mental health

- Bisexual men report more psychological distress than gay men.
- Bisexual women and lesbians are more likely to have been treated negatively by any health professional than heterosexuals.<sup>8</sup>

### Substance misuse

In comparison with lesbians and heterosexual women:

- bisexual women are two-and-a-half times more likely to misuse alcohol;<sup>9</sup>
- bisexual men and women are approximately two-and-a-half times more likely to be smokers;<sup>9</sup>
- bisexual men are more likely to have recently used recreational drugs.<sup>9</sup>



## (f) Links and resources

### **Bisexuality**

A UK educational site.

[www.uncharted-worlds.org/bi](http://www.uncharted-worlds.org/bi)

### **Bisexual Resource Center**

An international organisation providing education about and support for bisexual people.

[www.biresource.org/](http://www.biresource.org/)

### **Bi Community News (UK magazine)**

[www.bicommunitynews.co.uk](http://www.bicommunitynews.co.uk)

### **BiCon (UK annual conference)**

A small UK out-bi community is linked via BiCon, Bi Community News, the internet and, in some cities, social/support groups. These links form a potential point of contact and include trainers, researchers and health workers, which constitute an important resource.

[www.bicon.org.uk](http://www.bicon.org.uk)

## (g) Implications for healthcare providers

In order to create an inclusive, safe and accessible healthcare environment, bisexual users of health services feel it is important for providers to ensure staff are non-judgemental, easy to come out to, use inclusive language, initiate discussion around bisexuality, and ask open-ended questions.<sup>2</sup> Questions should be asked again over time in case things change for the individual.

Health providers should visibly demonstrate that they are inclusive and supportive of various sexual identities and behaviours, including bisexual, and of those who do not identify with any sexual identity. Explicit inclusion of the word 'bisexual' in health promotion campaigns is suggested.<sup>2</sup>

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This Briefing was written by Dr Julie Fish as part of the Department of Health's Sexual Orientation and Gender Identity Advisory Group's work programme.

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## Briefing 8

# Healthy lifestyles for lesbian, gay, bisexual and trans (LGBT) people



## (a) Specific healthy lifestyle issues for LGBT people

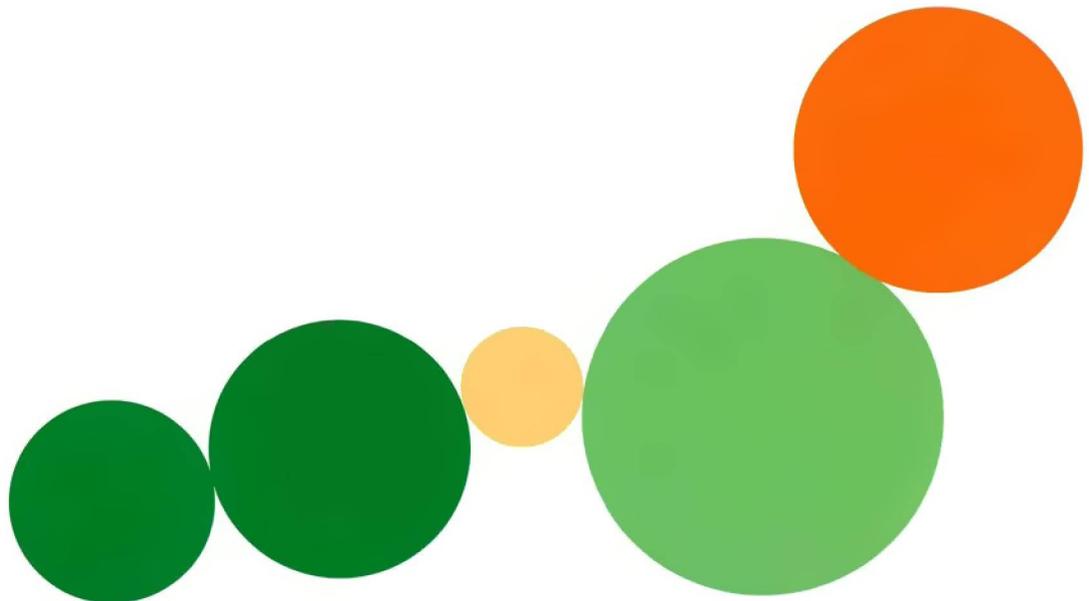
Lesbian, gay, bisexual and trans (LGBT) people are believed to lead less healthy lifestyles: they have higher levels of alcohol consumption, are more likely to smoke and more likely to misuse drugs than heterosexual people. Although there has been some controversy about these assumptions, researchers have pointed to the lack of social spaces for LGBT people apart from pubs and clubs. They suggest that LGBT people have been obliged to use the 'scene' and to fit in with a drinking culture. There is also an association between harassment in the workplace and alcohol problems for lesbian and bisexual women in comparison with heterosexual women<sup>1</sup> (see also Briefing 7 and Briefing 11).

Smoking was (until the recent ban) common in bars and clubs and the risk of lung cancer is increased for non-smokers due to exposure to second-hand smoke. Some LGBT people may use alcohol and tobacco as coping mechanisms in dealing with homophobia. Homophobia may also lower self-esteem and undermine a person's ability to avoid pressures to drink or smoke.



## (b) Smoking

Lesbian, gay and bisexual (LGB) people are significantly more likely to smoke than heterosexuals. Being 35–44 years old and having lower educational attainment and low household income are associated with smoking in LGB people.<sup>2</sup> Smoking increases the risk of lung cancer and other diseases, such as cervical cancer in women, and it accelerates the onset of AIDS among people living with HIV.



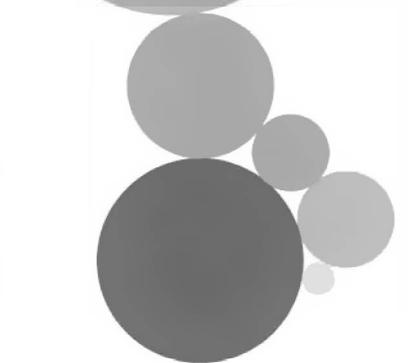
## (c) Alcohol consumption

Lesbian and bisexual young women are at increased risk of a number of alcohol-related behaviours compared with heterosexual adolescent women. They are more likely to have used alcohol in the past month and more likely to have had episodes of binge drinking in the past year, and they report a higher average number of alcoholic drinks usually consumed when drinking.<sup>3</sup>

Among adult lesbian and bisexual women, abstinence rates from alcohol were found to be lower, and they were more likely to report alcohol-related social consequences and alcohol dependence, and to have sought help in the past for an alcohol problem.<sup>4</sup>

The greatest difference in alcohol use patterns appears to be found among women in the 26–35-year-old age range. Lesbian and bisexual women were more likely to have higher levels of alcohol consumption, both in frequency and quantity.<sup>5</sup>

Although gay men spent more time in bars and at parties compared with other groups of men, the frequency of being in heavier drinking environments does not appear to be associated with heavier drinking.<sup>6</sup> Among young gay and bisexual men, there were no differences in alcohol-related behaviours in comparison with heterosexual young men.<sup>7</sup>



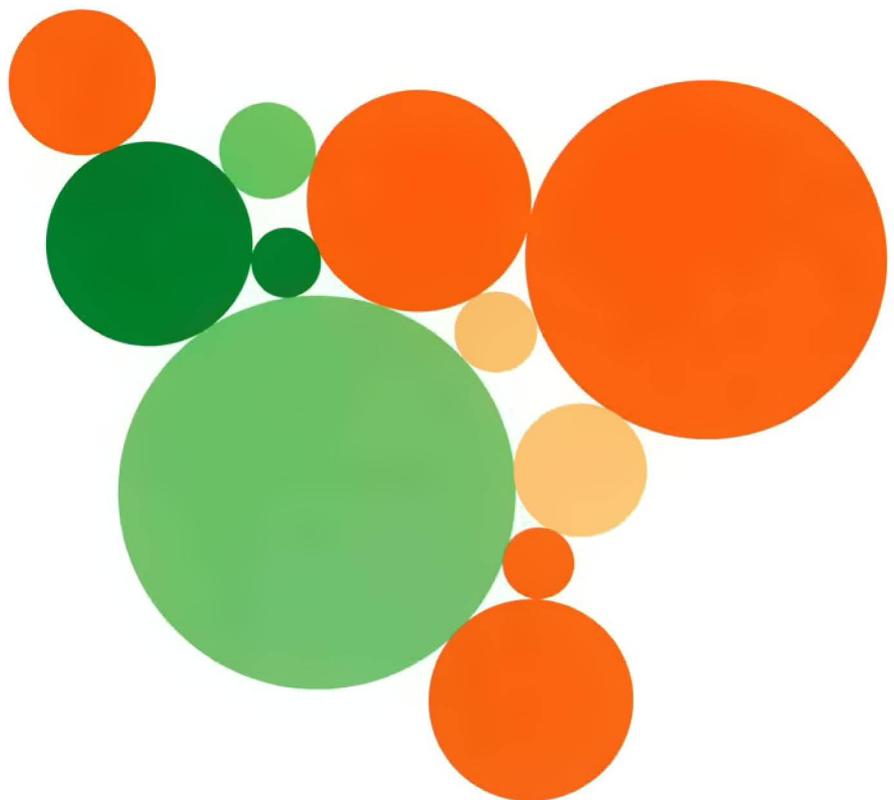


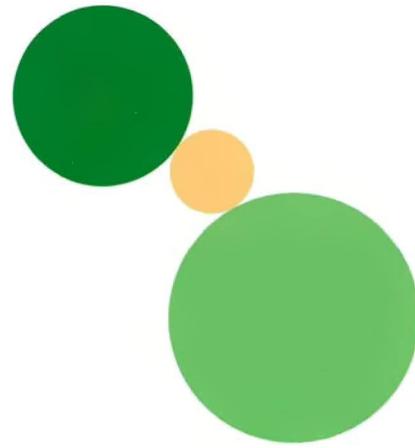
## (d) Substance misuse

Gay men and lesbians are more likely to have used a range of recreational drugs compared with heterosexuals. High levels of drug misuse may lead to risky sexual behaviour, including unprotected sex. Furthermore, there is evidence to suggest an increasing trend towards poly-drug use, for example poppers and Viagra, which may have significant side effects.<sup>8</sup>

Community surveys have found that bisexual men are as likely as gay men to use alcohol, poppers and gamma hydroxybutyrate (GHB). They are much more likely to have used all other drugs, including cannabis, acid, ecstasy, speed, cocaine and ketamine.<sup>9</sup>

Substance abuse is a concern among trans communities. Barriers to accessing treatment include a lack of sensitivity by service providers and gender segregation within programmes, which serves to exclude trans people.<sup>10</sup>



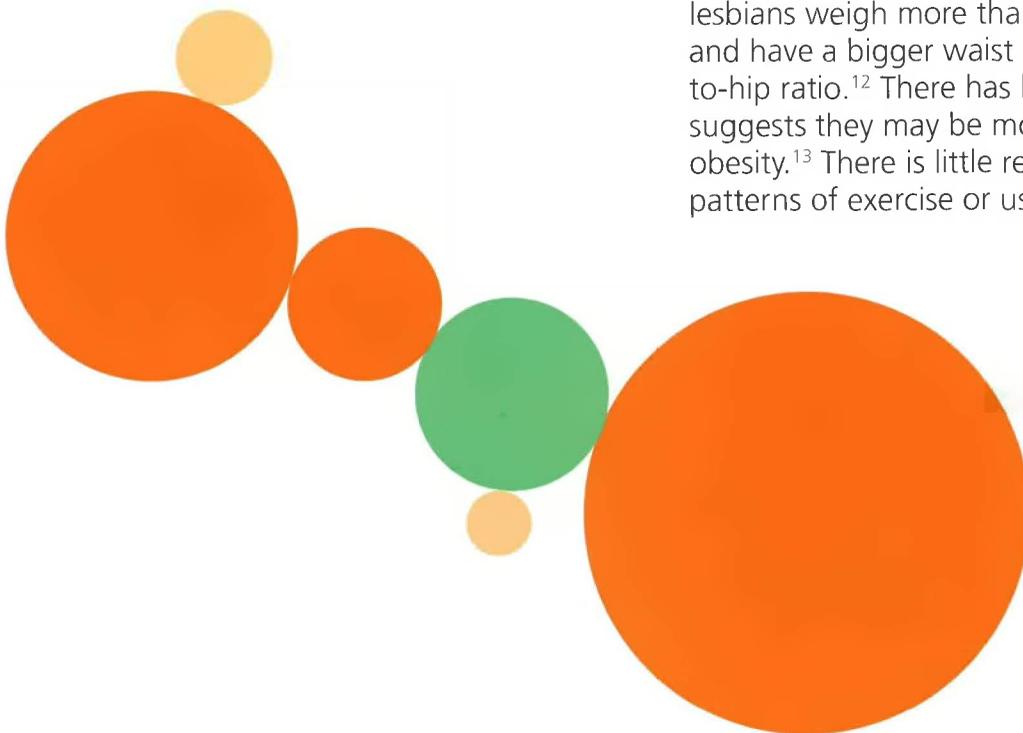


## (e) Eating disorders (among gay men)

Gay men are more likely to engage in recurrent binge eating and purging compared with heterosexual men. Unlike heterosexual women with eating disorders (with whom they have often been compared), concern about their weight is not the biggest issue for gay men. Instead, eating disorders are more likely to be linked to aspirations to the ideal gay male body shape, which is both slim and muscular.<sup>11</sup>

## (f) Obesity (among lesbians)

Lesbians are believed to be more likely to have a higher body mass index than heterosexual women. Studies have found that on average lesbians weigh more than heterosexual women and have a bigger waist circumference and waist-to-hip ratio.<sup>12</sup> There has been some research that suggests they may be more likely to be at risk of obesity.<sup>13</sup> There is little research about lesbians' patterns of exercise or use of gyms.



## (g) Evidence and statistics

### Smoking

- Young lesbian and bisexual women were almost 10 times more likely to smoke at least weekly compared with heterosexual women.<sup>14</sup>
- 25% of lesbians are smokers, compared with 15% of heterosexual women.<sup>2</sup>
- 33% of gay men are smokers, compared with 21% of heterosexual men.<sup>2</sup>

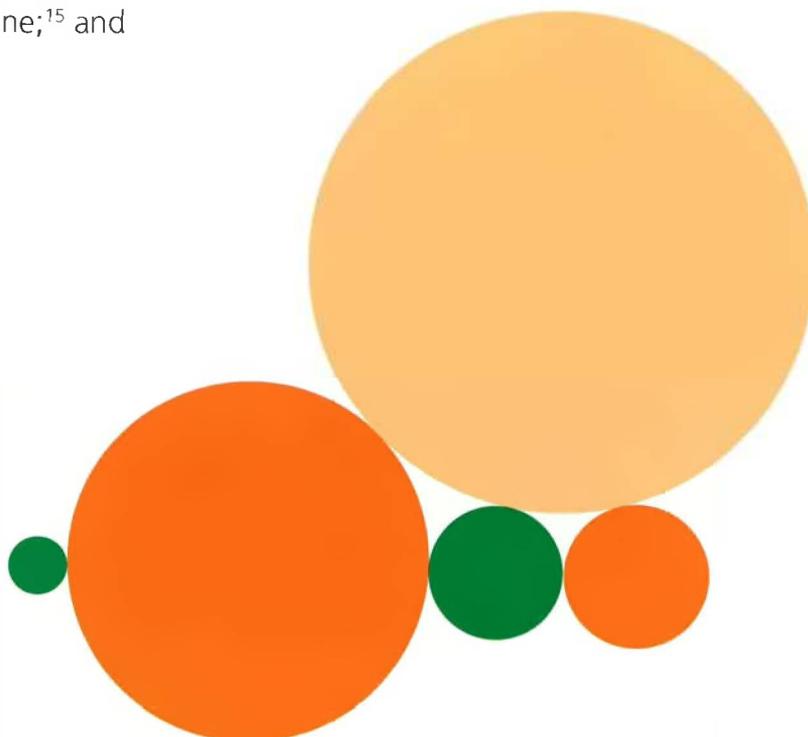
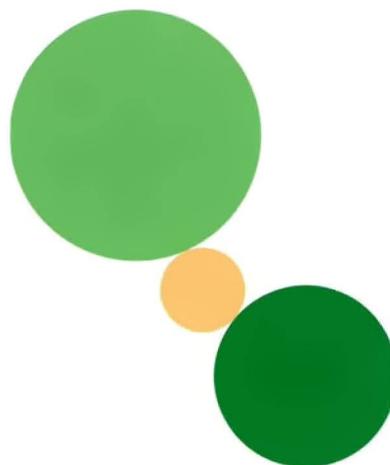
### Alcohol

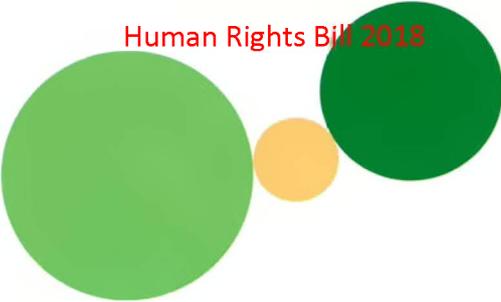
- Lesbian and bisexual women aged 20–34 years reported higher weekly alcohol consumption and less abstinence compared with heterosexual women.<sup>4</sup>

### Substance misuse

In comparison with young heterosexual people, young LGB people are:

- three times more likely to use MDMA/ecstasy;<sup>15</sup>
- eight times more likely to use ketamine;<sup>15</sup> and
- 26 times more likely to use crystal methamphetamine.<sup>15</sup>





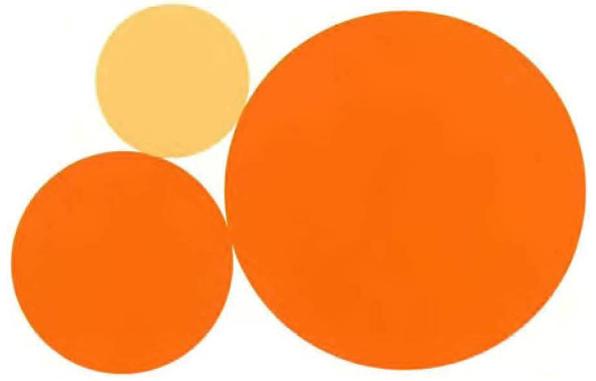
## (h) Policy and legislation

Recent policy and legislative changes may offer possibilities for improvement in the health of LGBT people. The key health strategy White Papers, *Choosing Health* (2004)<sup>16</sup> and *Our Health, Our Care, Our Say* (2006),<sup>17</sup> have identified the Government's vision for improving people's health and for a needs-led service.

*Choosing Health* recognises that health is linked to the way people live their lives. It aims to tackle the causes of ill health and reduce inequality. *Choosing Health* identifies key areas of health inequality known to have relevance for LGBT communities: smoking, alcohol consumption and obesity and also sexual health. LGBT people's needs in relation to these four lifestyle issues should be more explicit in guidance.

*Our Health, Our Care, Our Say* aims to achieve better access to general practice and community services. This White Paper introduces Practice Based Commissioning, which may allow GPs to offer services, eg smoking cessation programmes, that are more suited to the needs of LGBT people.





## (i) Implications for service commissioners and providers

One of the core principles of the NHS Plan (published in 2002) is to challenge discrimination – including on the grounds of sexual orientation. This means that commissioners and providers should actively consider how services are delivered and how they are perceived by LGBT service users.

There is evidence to suggest that tailored interventions are effective in enabling gay men to stop smoking.<sup>18</sup>

Steps should be taken to ensure representation of LGB people in smoking surveillance and to collect data in order to understand the high smoking rates in these groups. Alcohol and smoking prevention and cessation interventions should be targeted at LGB people.

Services for gay men with eating disorders need to address their particular health concerns, rather than assuming gay men's needs are the same as those of heterosexual women. Further research is needed to identify lesbians' needs in relation to weight issues.



## (j) Links and resources

### **Lesbians and Alcohol Misuse: A Guide for Alcohol Workers**

Gay and Lesbian Youth in Calderdale.

[www.homestead.com/galyic/alcoholworkers.html](http://www.homestead.com/galyic/alcoholworkers.html)

### **GMFA**

This gay men's health charity offers stop smoking courses for gay men.

[www.gmfa.org.uk/londonservices/courses/gmfa-courses](http://www.gmfa.org.uk/londonservices/courses/gmfa-courses)

### **Healthy Gay Life**

A Birmingham-based service that promotes sexual, mental and social health and wellbeing for gay and bisexual men.

[www.hgl.nhs.uk/menu.htm](http://www.hgl.nhs.uk/menu.htm)

### **LGBT Centre for Health and Wellbeing**

The centre offers stop smoking courses for LGBT people.

[www.lgbthealth.org.uk/health.php](http://www.lgbthealth.org.uk/health.php)

### **Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health**

This is a companion document to US health policy and provides evidence about LGBT people's health.

[www.gлма.org/\\_data/n\\_0001/resources/live/HealthyCompanionDoc3.pdf](http://www.gлма.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf)

### **The Hungerford Drug Project**

The Hungerford Drug Project provides substance misuse services for LGBT people.

[www.thehungerford.org](http://www.thehungerford.org)

## (k) General resources

### **All About Poppers**

Provides information about alkyl nitrites, known as 'Poppers'.

[www.allaboutpoppers.com](http://www.allaboutpoppers.com)

### **FRANK**

FRANK offers advice, information and support about drugs. It is anonymous and discreet.

[www.talktofrank.com](http://www.talktofrank.com)

### **Alcohol Concern**

Alcohol Concern is the national voluntary organisation on alcohol misuse.

[www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

### **DrugScope**

DrugScope is the UK's leading independent centre of information and expertise on drugs.

[www.drugscope.org.uk](http://www.drugscope.org.uk)

### **NHS Stop Smoking Services**

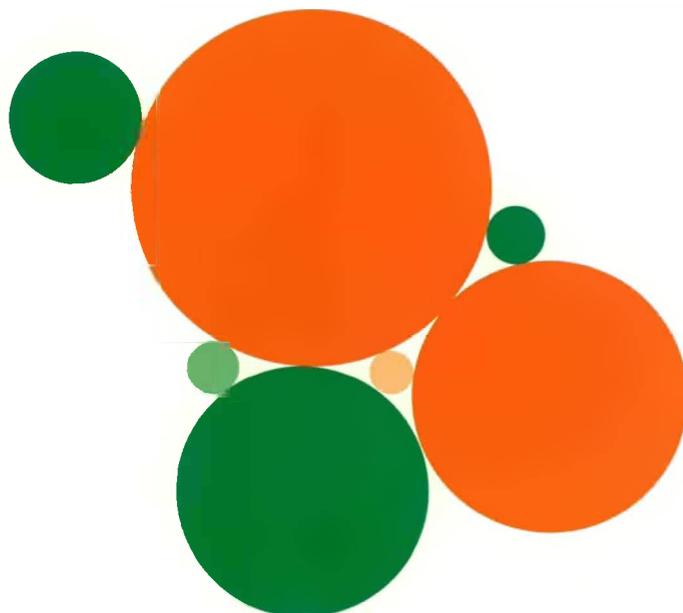
Provides advice and online materials on going smokefree.

[www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk)

### **Lifeline**

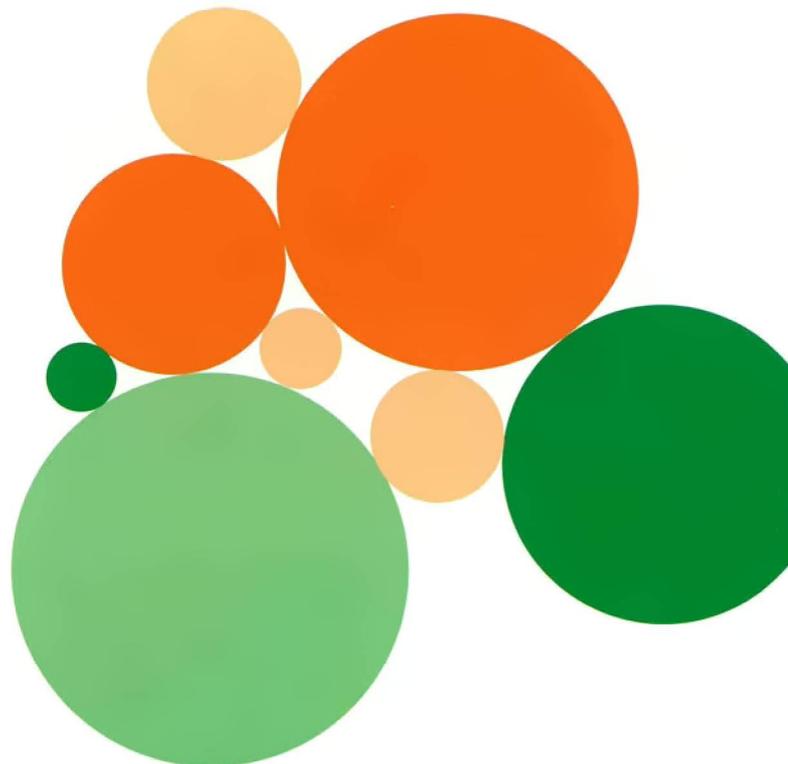
Lifeline aims to relieve poverty, sickness and distress among people affected by addiction to drugs.

[www.lifeline.org.uk](http://www.lifeline.org.uk)



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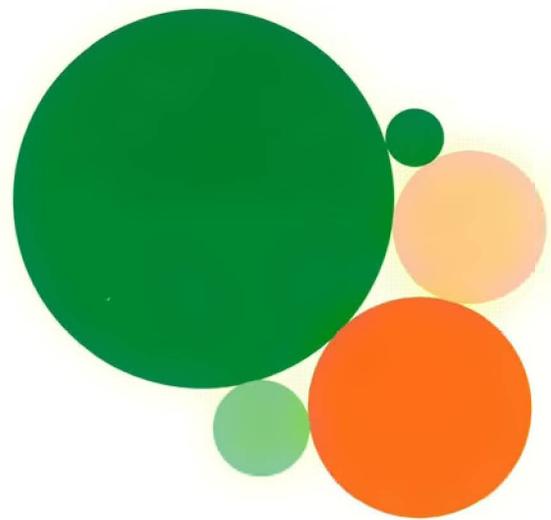
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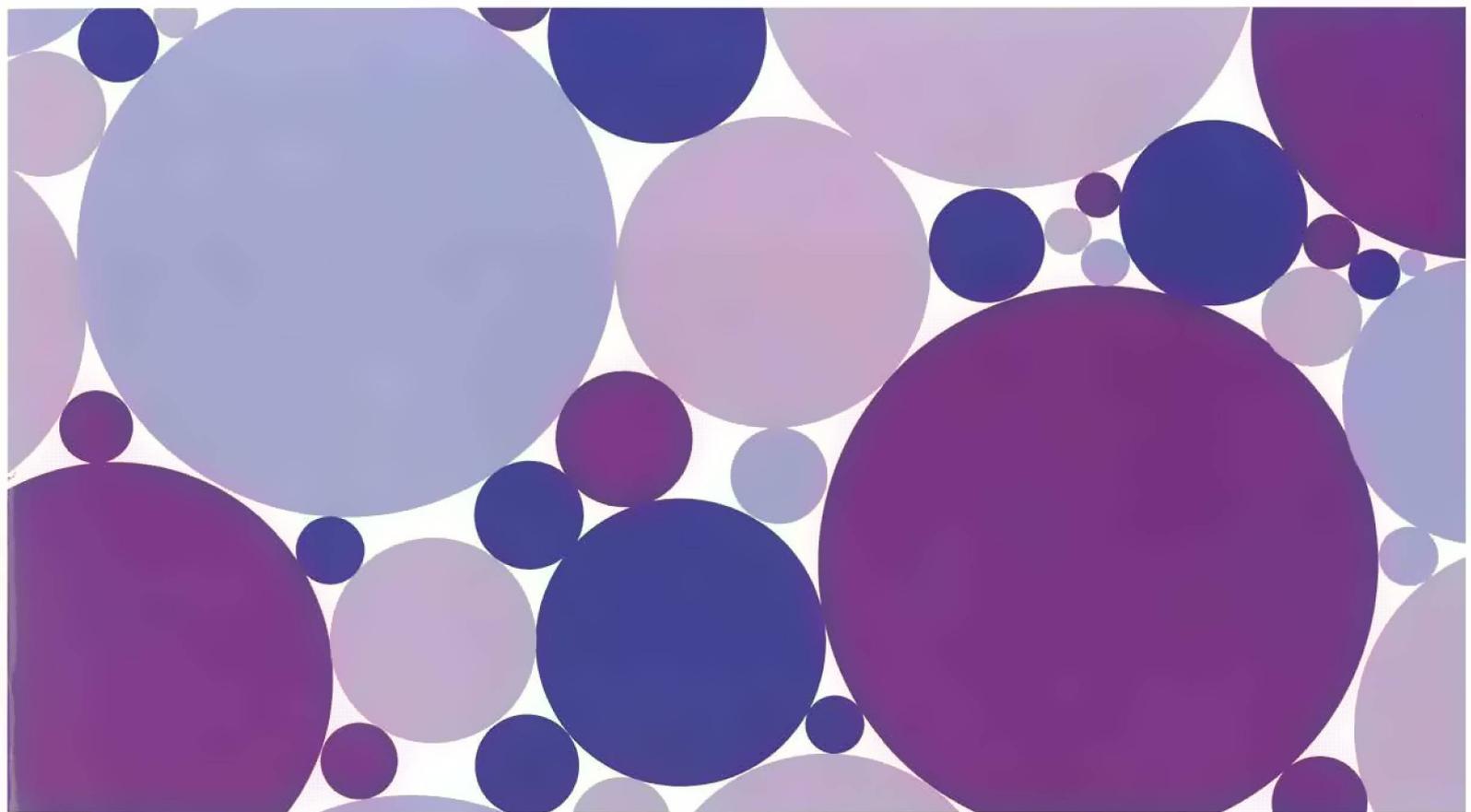
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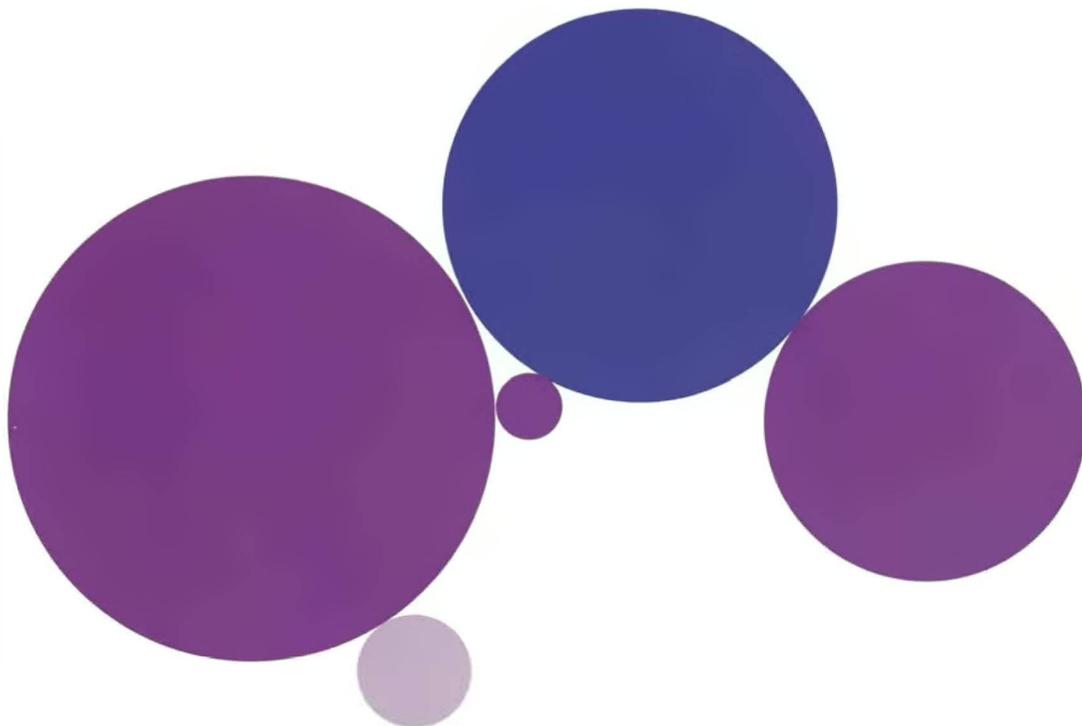
## Briefing 9

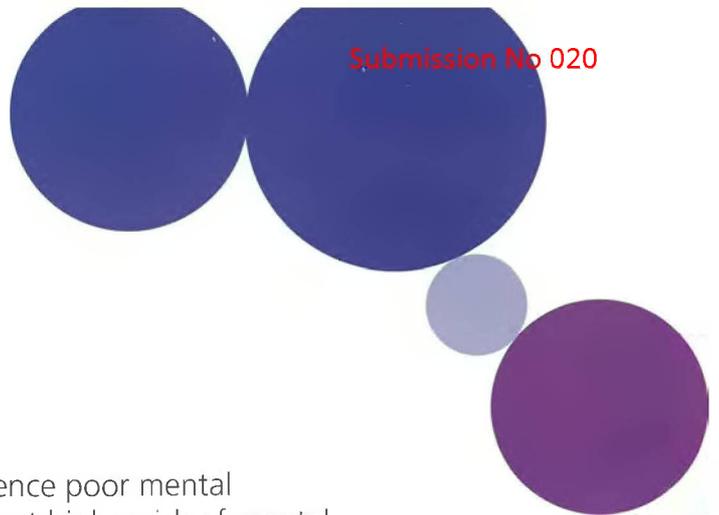
# Mental health issues within lesbian, gay and bisexual (LGB) communities



## (a) Introduction

This Briefing reflects current research in mental health among lesbian, gay and bisexual (LGB) populations. Mental health issues for trans people are considered in Briefing 11.





## (b) Mental disorder

Although the majority of LGB people do not experience poor mental health, research suggests that some LGB people are at higher risk of mental disorder, suicidal behaviour and substance misuse.

Evidence indicates that the increased risk of mental disorder in LGB people is linked to experiences of discrimination.<sup>1</sup> LGB people are more likely to report both daily and lifetime discrimination than heterosexual people.

- Gay men and bisexual people are significantly more likely to say that they have been fired unfairly from their job because of discrimination.
- Lesbians are more likely to have experienced verbal and physical intimidation than heterosexual women.<sup>2</sup>
- Discrimination has been shown to be linked to an increase in deliberate self-harm in LGB people.<sup>3</sup>

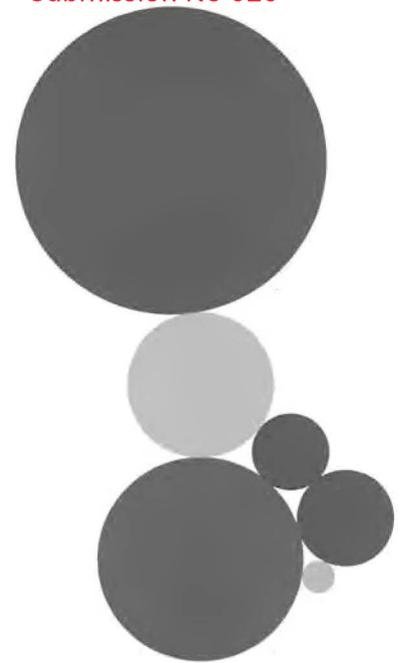
LGB people demonstrate higher rates of anxiety and depression than heterosexuals;<sup>4</sup> lesbians and bisexual women may be at more risk of substance dependency than other women.<sup>5</sup>



## (c) Deliberate self-harm

LGB people have been shown to be at greater risk of deliberate self-harm. People who intentionally cause physical harm to themselves sometimes say that it gives them a sense of relief. Lesbians and gay men are more likely than bisexual men and women to say that their sexual orientation was a reason for harming themselves.

Research suggests that self-harm may be linked to difficulties in being out in society<sup>2</sup> or having experienced rejection from other people. Self-harm is said to be associated with low self-esteem and high anxiety.<sup>6</sup> Among lesbians, those who self-harm report a greater number of homophobic incidents in comparison with those without a history of self-harm. Bisexual people are more likely to self-harm than either lesbians or gay men<sup>6</sup> (see also Briefing 3).



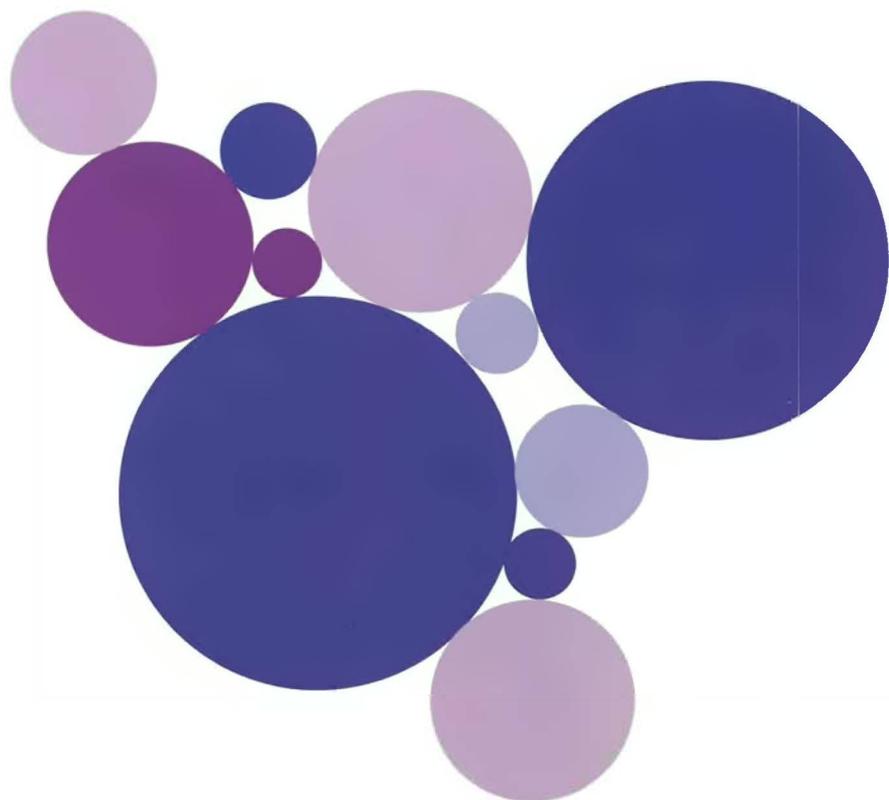


## (d) Suicide

In the general population, thoughts about suicide and suicide attempts are more common among people under the age of 25. However, gay and bisexual young men appear to be particularly vulnerable in comparison with heterosexual young men. Typically, many LGB people begin to question their sexual orientation during adolescence; many report experiencing rejection from family and friends on disclosure of their sexual orientation.

Although the risk for suicide attempts is highest during adolescence and young adulthood, research indicates that there is a substantially increased risk of suicidal behaviours among adult gay men. Gay men appear to have complex concerns, including the presence of other factors such as anxiety disorders.

Attempted suicides are associated with other kinds of discrimination including recent physical attack and school bullying.<sup>7</sup>



## (e) Access to mental health services

Lesbians, gay men and bisexual people use mental health services more frequently than their heterosexual counterparts. Despite higher usage, LGB people report mixed experiences of services:

- One-third of gay men, a quarter of bisexual men and over 40% of lesbians reported negative or mixed reactions from mental health professionals when they disclosed their sexual orientation.<sup>2</sup>
- One in five lesbians and gay men and a third of bisexual men stated that a mental health professional made a causal link between their sexual orientation and their mental health problem.<sup>2</sup>
- Lesbians reported not being confident about accessing mental health services.<sup>8</sup>

LGB people reported problems in their encounters with mental health professionals ranging from lack of empathy about sexual orientation to incidents of homophobia.<sup>2</sup>

There are acknowledged difficulties for mental health professionals in getting the balance right. In some of the accounts reported, the mental health professional was regarded as insensitive if they placed too much emphasis on sexual orientation in the clinical setting, while others were regarded as insensitive if they ignored it.<sup>2</sup>

## (f) Violence and bullying

LGB people commonly report being the victim of a homophobic incident. Men are more likely to experience physical assault, while women more commonly report verbal abuse.<sup>9</sup> Hate crimes have a serious effect on the quality of life of victims – many LGB people change their behaviour in public spaces by not openly displaying affection. One UK study found that 82% of all incidents are not reported.<sup>9</sup>

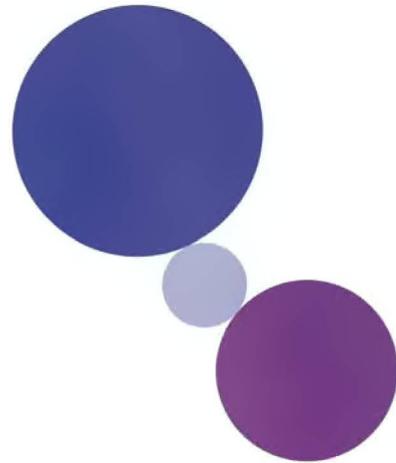
## (g) Ease with sexual orientation

Self-esteem is associated with good mental health. Gay men and lesbians were more at ease with their sexual orientation and more likely to have parents and siblings to whom they had disclosed their sexual orientation than their bisexual counterparts.

Gay men and lesbians were more likely to have disclosed their sexual orientation to GPs and mental health professionals than bisexual men and women.

Bisexual women were less likely than lesbians to report that their siblings had been positive about their sexual orientation.<sup>2</sup>

Lesbians were more likely to say that their sexual orientation was important to their identity than heterosexual women.<sup>6</sup>



## (h) Levels of social support

In comparison with heterosexual women, lesbians reported less social support from family members and were less positive about how others viewed their sexual orientation.

## (i) Evidence and statistics

In comparison with their heterosexual counterparts:

- gay and bisexual men are five and a half times more likely to have deliberately self-harmed;<sup>10</sup>
- lesbian and bisexual women are two times more likely to have deliberately self-harmed;<sup>10</sup>
- lesbians reported more physical attack and harassment in comparison with heterosexual women.<sup>6</sup>

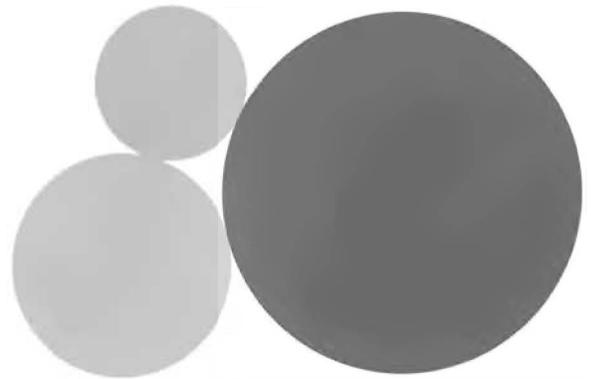
## (j) Legislation and policy

### Legislation

- **Criminal Justice Act 2003**  
Section 146 of the Act was implemented in 2005 allowing courts to impose tougher sentences in homophobic hate crimes.
- **Mental Health Act 1983**  
The reform of this Act will update the 'nearest relative' provisions to recognise civil partners and to allow nearest relatives to be changed by the courts.

### Policy

- **Women's Mental Health: Into the Mainstream – Strategic development of mental health care for women (2002)**  
Has some limited reference to lesbians and bisexual women.  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008046](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008046)
- **Positive practice example**  
North Warwickshire Primary Care Trust has developed a Mental Health Services **Equality Initiative** to improve the sensitivity of existing services for service users who are gay, lesbian, bisexual or transgendered. The project offers both one-to-one and group work for service users (in conjunction with a service user's key worker), advice and training for staff and a group for gay and lesbian staff to provide support and identify issues that the trust needs to address, eg harassment, homophobia. The project also works closely with non-health organisations such as the police and education.
- **National Suicide Prevention Strategy (2002)**  
The strategy aims to reduce suicide among key high-risk groups and to promote mental health among socially excluded groups. It does not explicitly mention LGBT people.  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009474](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009474)
- **National Service Framework for Mental Health – Five Years On (2004)**  
Research has been undertaken for Standard 7 on suicide risk among lesbian women and gay men.  
[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4099120](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4099120)
- **Our Choices in Mental Health Framework (2006)**  
The Government's new mental health policy document sets out choices in using mental health services and recognises that people cannot make choices if they do not know what services are available. It does not refer to LGB people as service users.
- *The Mental Health Policy Implementation Guide* (2001) p. 103.



## Implications for policy makers

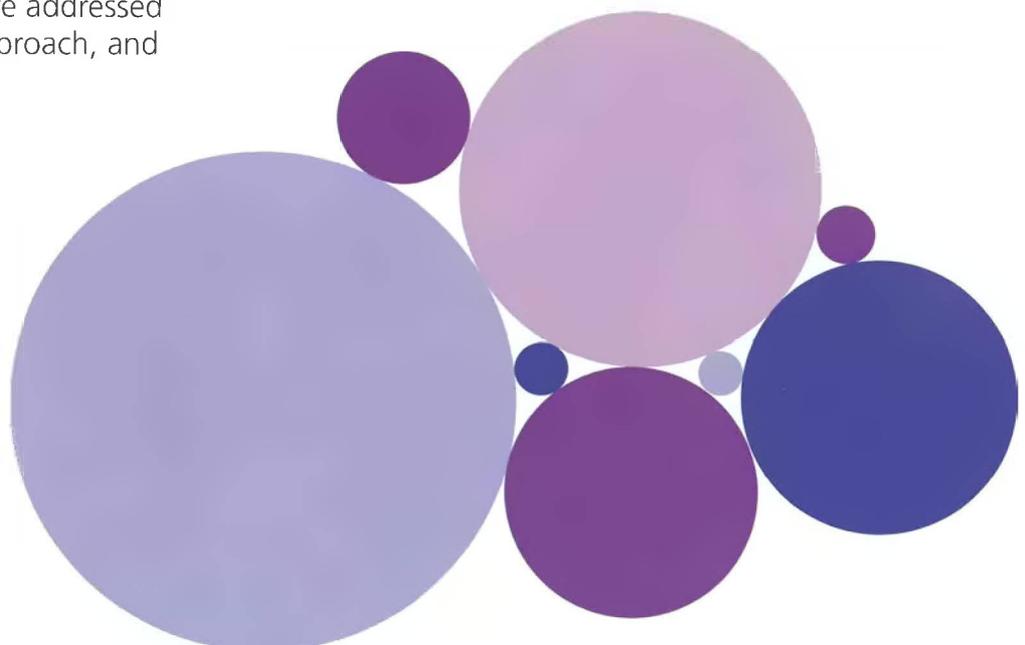
Given the wealth of research evidence of increased risk of mental ill health and the greater use of services, it seems that LGB people are overlooked in mental health policy making. LGB people are at increased risk of suicide and attempted suicide; despite this, their needs have not been addressed in the *National Suicide Prevention Strategy*.

Current government policy emphasises the importance of choice in using mental health services; however, there is little information available about appropriate service provision which could support LGB people's choices.

There is a need for more research into the effect of homophobia and discrimination in LGB people's lives.

## Implications for service commissioners and providers

A report<sup>11</sup> produced by the LGB mental health charity, PACE, made a number of recommendations for including LGB people in the *National Service Framework for Mental Health*. These included promoting mental health for LGB people in publicity and positive imagery, improvements for LGB people in their contact with services, ensuring needs are addressed within the Care Programme Approach, and preventing suicide.



## (k) Links and resources

### **British Psychological Society, Lesbian and Gay Psychology Section**

Provides a forum for those involved in research, teaching and applied psychology in the UK.  
[www.bps.org.uk/lesgay/lesgay\\_home.cfm](http://www.bps.org.uk/lesgay/lesgay_home.cfm)

### **Care Services Improvement Partnership, Knowledge Community**

Includes a database for lesbian, gay, bisexual and trans (LGBT) people.  
<http://kc.csip.org.uk>

### **Kairos**

Promotes the health and wellbeing of the LGBT community.  
[www.kairosinsoho.org.uk](http://www.kairosinsoho.org.uk)

### **LGB Mind Matters**

Website supported by Mind for LGB mental health issues.  
[www.lgbmind-matters.com](http://www.lgbmind-matters.com)

### **London Friend**

Promotes the social, emotional, physical and sexual health and wellbeing of LGBT people.  
[www.londonfriend.org.uk](http://www.londonfriend.org.uk)

### **Mind**

UK mental health charity; has produced a report and fact sheets about LGB mental health.  
[www.mind.org.uk/Information/factsheets/Diversity/Factsheetlgb.htm](http://www.mind.org.uk/Information/factsheets/Diversity/Factsheetlgb.htm)

### **PACE**

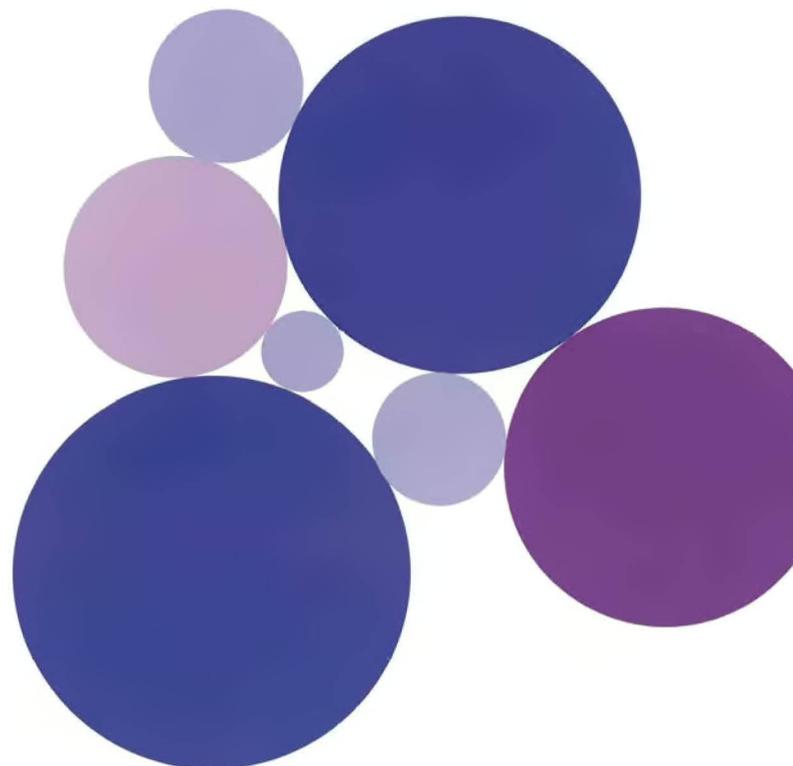
Promotes lesbian and gay health and wellbeing.  
[www.pacehealth.org.uk](http://www.pacehealth.org.uk)

### **The Pink Practice**

Counselling and psychotherapy for sexual minority clients.  
[www.pinkpractice.co.uk](http://www.pinkpractice.co.uk)

### **Pink Therapy**

Promotes high-quality therapy and training services for LGBT people.  
[www.pinktherapy.com](http://www.pinktherapy.com)



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This Briefing was written by Dr Julie Fish as part of the Department of Health's Sexual Orientation and Gender Identity Advisory Group's work programme.

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Briefing 10

# Sexual health



## (a) HIV/AIDS

HIV is life threatening and is the fastest-growing serious health condition in the UK. In 2005 a total of 7,450 individuals in the UK were newly diagnosed with HIV. Although the figure remains high, it is similar to that for 2004 (7,492) and 2003 (7,283), suggesting that annual numbers of new HIV diagnoses may be stabilising.

In 2005 there were an estimated 63,500 people aged between 15 and 59 living with HIV in the UK, one third of whom had not been diagnosed.<sup>1</sup>

There has been a recent decline in the number of new diagnoses among migrants with HIV, suggesting that the number of people moving to the UK with HIV has stopped growing. In the UK overall, 52% of people living with diagnosed HIV are White, 43% are Black and 5% are of other ethnicities.

There has been no decline among the number of domestic HIV infections, suggesting that the number of people living in the UK who acquire HIV (sexually) continues to grow. About 80% of all domestically-acquired HIV infections occur as a consequence of sex between men.<sup>2</sup>

While the number of HIV diagnoses is increasing among gay men, there has not been a corresponding increase in resources dedicated to them. Despite medical advances, there is no vaccine for HIV and no cure. The development of antiretroviral drugs has increased the period without symptoms of AIDS, improved quality of life and afforded longer survival.

Because HIV suppresses the immune system, the disease may increase gay men's risk of other infections, including anal cancer. Human papilloma virus was twice as common among HIV-positive men as among HIV-negative men.<sup>3</sup>

## (b) Safer sex and health promotion

Safer sex and condom use offer the best protection against passing on HIV. It used to be assumed that all men could be encouraged to always use a condom for anal intercourse. Subsequently, it became clear that men make decisions about condom use based on their own and their partner's HIV status. Current advice recognises that HIV transmission can be reduced if men have unprotected anal intercourse only with partners of the same HIV status.<sup>4</sup>

## (c) HIV testing

HIV testing is needed if men are to know their HIV status. Yet uptake of testing among gay men is not high: community samples suggest that up to 50% of gay men have never been tested.<sup>5</sup> The GP consultation is an important means of health promotion; however, more than half of gay men are certain that their GP does not know about their sexuality or (homo)sexual behaviour, and only a quarter have disclosed this information to staff at their primary care setting.<sup>6,7</sup>

Despite HIV being proportionately more prevalent among gay men, over half of men in a community survey currently had no contact with the virus.<sup>8</sup> Approximately 7% of gay men had tested positive for the virus.<sup>7</sup> In the UK's biggest cities, however, 1 in 10 men have HIV.

Testing behaviour is associated with demographic factors, eg education, age, living in London,<sup>5,9</sup> depression and beliefs about the uncontrollability of risk.<sup>9</sup>

Health promotion campaigns should be targeted at those at greatest risk: gay men who are HIV negative but in relationships with men with HIV, men with a larger number of male sexual partners and men with lower levels of formal education.<sup>8</sup>

## (d) Gay men's sexual health and STIs

Gay men are also at higher risk of sexually transmitted infections (STIs), including chlamydia, syphilis, hepatitis and herpes. Rates of gonorrhoea among gay men in England have climbed steadily over the last 10 years. GMFA estimates that in 2005 almost 4,000 gay men were treated for gonorrhoea in sexual health clinics in England, with incidence being considerably higher in London than in other areas.<sup>11</sup> There has been a rise in drug-resistant gonorrhoea cases and new treatment advice is suggested for gay and bisexual men. Condoms offer protection for many STIs and, mostly, STIs are easily cured. Compared with HIV research, there is much less research about the prevalence of STIs among:

- gay men relative to heterosexual men;
- HIV-positive men relative to HIV-negative men.

## (e) Lesbians' sexual health and STIs

Lesbians and bisexual women are often believed to be the healthiest adult population group. Many assume they cannot contract STIs and that they are at low (or no) risk in comparison with heterosexual women. There is also a widespread assumption that lesbians have never had sex with men; however, one UK study showed that 85% of lesbians had previously had sex with men.<sup>12</sup>

STIs (trichomoniasis, genital herpes and genital warts) have been diagnosed in women with no sexual history with men. Although gonorrhoea and chlamydia were infrequently found in lesbians, bacterial vaginosis (BV) occurred more commonly among lesbians than heterosexual women. BV was associated with a larger number of female sexual partners and with smoking, but not with sex with men. These findings suggest that BV may be sexually transmitted between women.<sup>13</sup>

## (f) Evidence and statistics

- About 80% of new domestic HIV infections are among men who have sex with men.<sup>1</sup>
- 59% of all people living with AIDS are gay and bisexual men.<sup>1</sup>
- 66% of gay men do not discuss safer sex with their GP.<sup>6</sup>
- Up to 50% of gay and bisexual men have never been tested for HIV.<sup>5</sup>
- Approximately 7% of gay men had tested positive for the virus.<sup>7</sup>
- 85% of lesbians had previously had sex with men.<sup>12</sup>
- BV occurred more commonly among lesbians than heterosexual women.<sup>13</sup>

## (g) Policy and legislation

### **National Strategy for Sexual Health and HIV**

(Department of Health, 2001)

[www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Sexualhealth/Sexualhealthgeneralinformation/DH\\_4002168](http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Sexualhealth/Sexualhealthgeneralinformation/DH_4002168)

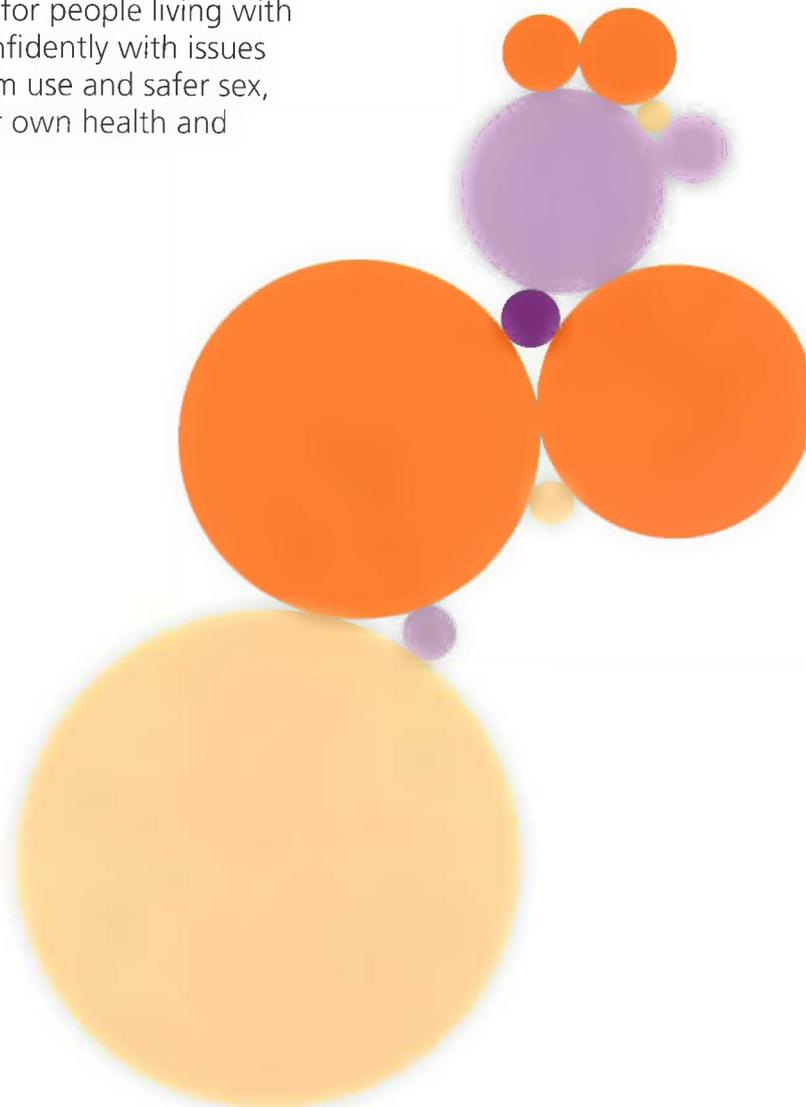
The strategy's targets include:

- improving outreach services for people with undiagnosed HIV, particularly in targeted groups;
- setting a target for reducing the number of people with undiagnosed HIV; and
- making sure that services for people living with HIV help them to deal confidently with issues around disclosure, condom use and safer sex, so they can maintain their own health and reduce transmission.

The strategy recognises that gay and bisexual men need targeted sexual health information and HIV/STI prevention advice because they are at higher risk and have particular access requirements.

CHAPS (the Community HIV and AIDS Prevention Strategy) delivers HIV prevention advice for gay, bisexual and other men who have sex with men.

Making it Count is a collaborative framework for reducing HIV infection and should become the model for locally commissioned HIV prevention advice for gay men.<sup>15</sup>





## (h) Implications for service providers

Comprehensive recommendations have been identified for GPs and other service providers in terms of training and information needs and organisational development.<sup>14</sup>

## (i) Links and resources

### **Aids Education Global Information System**

The largest website on AIDS, updated hourly.  
[www.aegis.com/](http://www.aegis.com/)

### **CHAPS (Community HIV and AIDS Prevention Strategy)**

[www.chapsonline.org.uk/home/](http://www.chapsonline.org.uk/home/)

### **Gay Men Fighting AIDS**

[www.gmfa.org.uk/](http://www.gmfa.org.uk/)

### **Gay Men's Health**

[www.gmh.org.uk/](http://www.gmh.org.uk/)

### **Gay Men's Wellbeing**

Provides support around a range of issues, including sexual health, HIV information, sexual identity, discrimination and homophobia, cultural and religious issues and lifestyle.

[www.gaymenswellbeing.com](http://www.gaymenswellbeing.com)

### **NAZ Project London**

[www.naz.org.uk](http://www.naz.org.uk)

### **Sexual Health Clinics**

Excellent resource for finding GUM clinics  
[www.gmfa.org.uk/londonservices/clinics/index](http://www.gmfa.org.uk/londonservices/clinics/index)

### **Sigma Research**

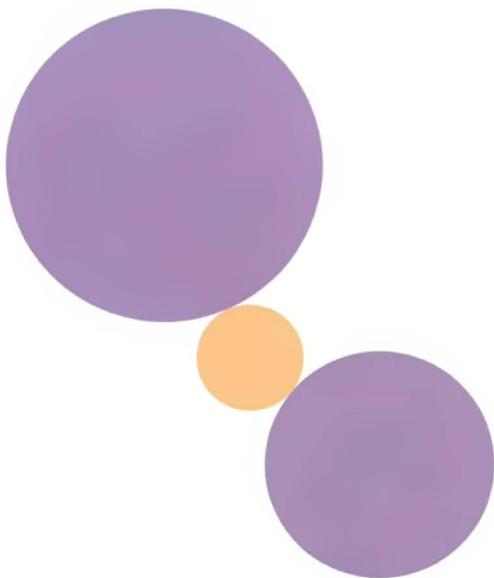
[www.sigmaresearch.org.uk/](http://www.sigmaresearch.org.uk/)

### **Terrence Higgins Trust**

[www.tht.org.uk/](http://www.tht.org.uk/)

### **UK Coalition of People Living With AIDS**

[www.ukcoalition.org](http://www.ukcoalition.org)

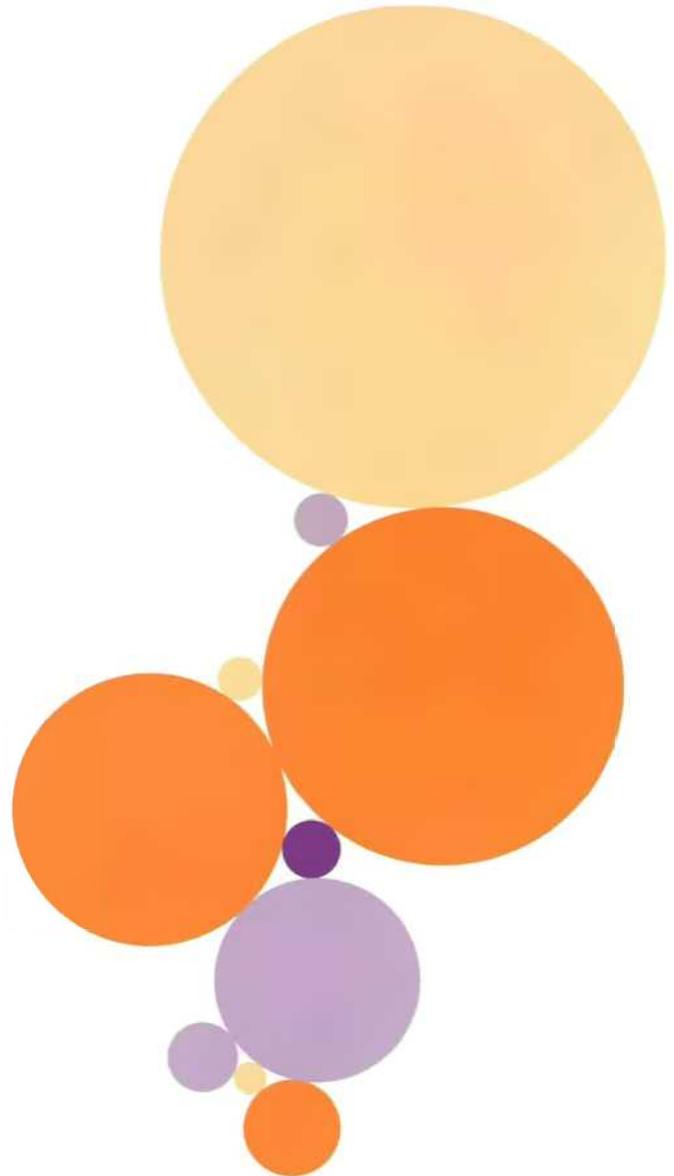




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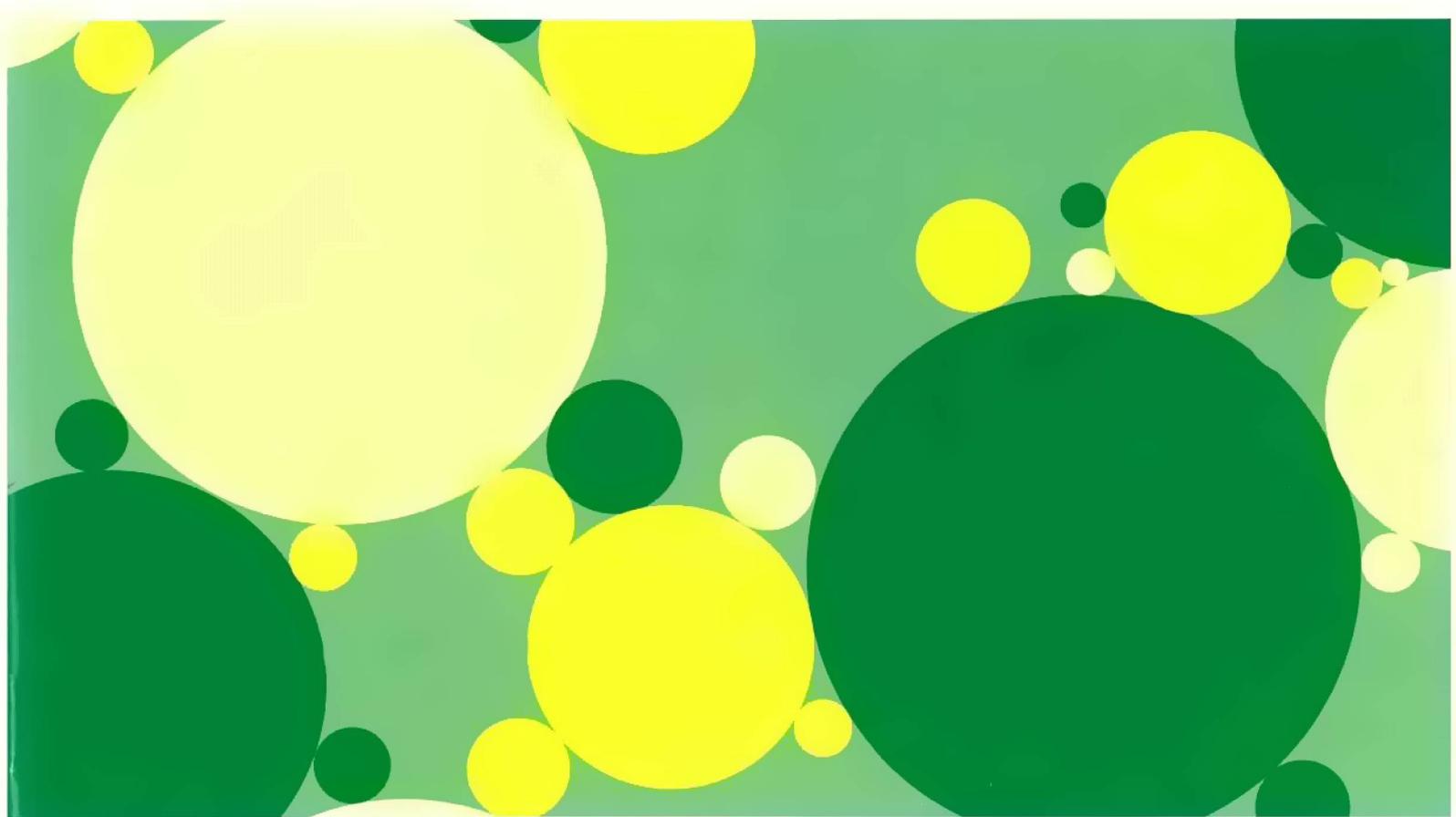
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## Briefing 11

# Trans people's health



## (a) Social attitudes towards trans people

Although social attitudes have become more accepting towards trans people, there is a persistent assumption that there are only two genders (female and male) and that one's gender is assigned from birth and cannot be changed.<sup>1</sup>

Trans people still face prejudice. This continues to limit their employment opportunities (despite legislation prohibiting discrimination); their personal relationships; their access to goods, services and housing; their health status; their safety in both public and private spheres; and their access to health and social care.

Trans activists have lobbied for a shift in social and health perspectives from gender pathology (a disease or abnormality) to gender nonconformity (trans people do not conform to society's narrow view about gender).

## (b) Who are trans people?

'Trans' is used to capture experiences of being gender variant in behaviour and preference, as well as social and legal gender change or transformation.<sup>2</sup> Trans is primarily a UK term, developed in a political context to refer to a diverse and inclusive community of people ranging from part-time cross-dressers to transsexual people who undergo gender reassignment surgeries. Trans is used in the context of personal rights: that is, to support the claim that all trans people are entitled to have their human rights upheld.

'Transgender' is an alternative umbrella term used in many parts of Europe and North America. In the UK, transgender is used as a policy term to describe those people who live part or all of their lives in their preferred gender role – they may use hormonal treatments to change their body form, but they will generally not seek to undergo gender reassignment surgeries.<sup>3</sup> Transgender is also used to refer to cross-dressers and transvestites (drag queens and drag kings).

'Transsexual' describes those people who seek gender reassignment treatments, including genital reconstructive surgery where possible.<sup>3</sup> Someone who is transitioning from female to male (FTM) is often known as a trans man, while male to female (MTF) transsexual people are known as trans women. After successfully transitioning to live permanently in their preferred gender role, many prefer to be considered simply as men or women (see [www.gires.org.uk](http://www.gires.org.uk)). In the past, these people would 'disappear' into the community at large (known as living in 'stealth'). However, nowadays many use the internet to keep in touch with the trans community in order to continue to claim their legal rights and protections.

'Intersex' refers to people with both male and female sex signifiers. Two births in 100 have intersex factors, but only one in 2,000–4,000 newborns have ambiguous genitals that combine male and female organs.<sup>4</sup>

Some intersex people will identify as trans, and choose in adulthood to undergo gender reassignment treatments to enable them to live in their preferred sex, which is opposite to that in which they were raised. But most intersex people do not identify as trans.

Trans people can be heterosexual, lesbian, gay or bisexual. They may be people with a disability. They may present as trans when very young – trans behaviour can be noted as early as three or four years old – or when they are very old. They may also be members of Black and minority ethnic communities, though because of cultural and religious expectations within some of these communities, they may find it very difficult to 'come out' and seek help or treatment.

## (c) What are trans people's health needs?

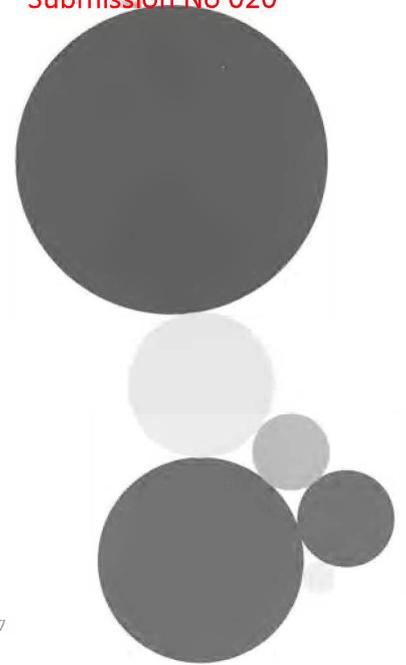
Like lesbian, gay and bisexual people, trans people often meet with discrimination and prejudice in their everyday lives. Many, regardless of social position or class, experience isolation and face limited understanding of their lives. These experiences place many trans people at risk of alcohol abuse, depression, suicide, self-harm, violence, substance abuse and HIV.<sup>5,6,7</sup>

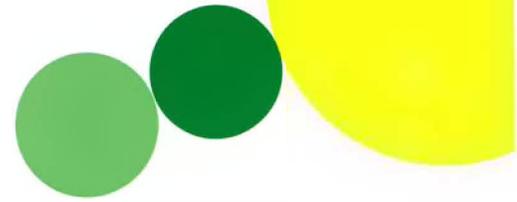
**Victims of violence:** Because many (MTF) trans women are visibly trans for several years after starting living in their new gender role, (transphobic) violence is more often directed at them than (FTM) trans men.

**HIV rates:** One US study found (MTF) trans women to have the highest incidence of HIV infection of any risk group;<sup>8</sup> however, HIV infections are not a major risk factor in the UK, mainly because sex work or recreational drug use is not usual in UK trans cultures.

**Self-harm and suicide rates:** The UK's largest survey of trans people ( $N = 872$ ) found that 34% (more than one in three) of adult trans people have attempted suicide.<sup>9</sup> Similar rates were reported in a US study.<sup>7</sup>

**Young people's concerns:** Young trans people report insecure housing, economic hardship, legal problems and difficulty in accessing appropriate healthcare. They have limited family support, high rates of substance abuse and high risk sexual behaviours.<sup>10</sup>





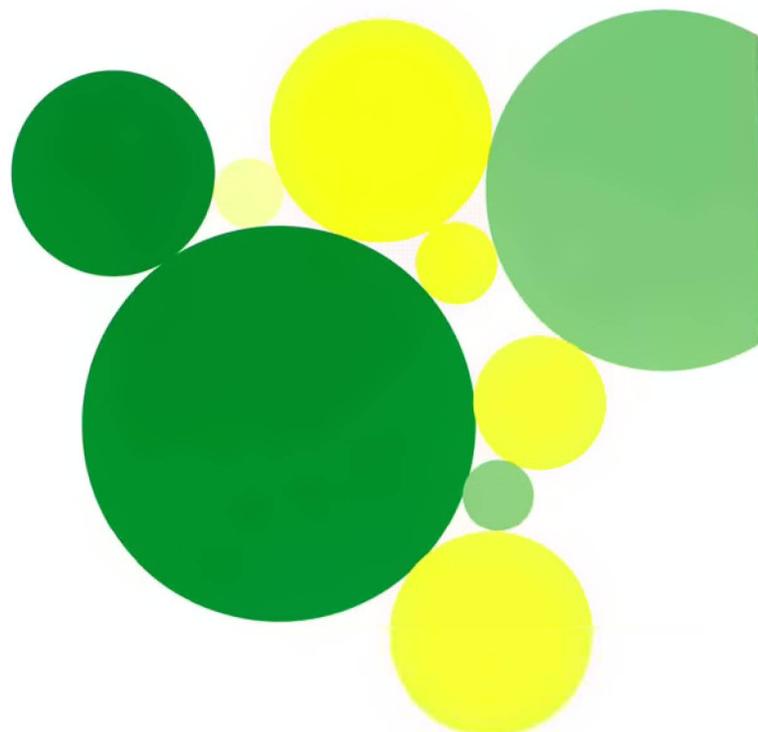
## (d) Access to healthcare (for people when transitioning)

**Gender reassignment services:** The community's primary health needs are access to gender reassignment services, including assessment, counselling or psychotherapy, hormonal treatments, and gender reassignment surgeries (hair removal, vaginoplasty and breast enhancement for (MTF) trans women, and mastectomies, hysterectomies and genital surgery for (FTM) trans men).

Evidence suggests that large numbers of trans people are refused NHS treatment:

- 17% were refused (non-trans related) healthcare treatment by a doctor or a nurse because they did not approve of gender reassignment;
- 29% said that being trans adversely affected the way they were treated by healthcare professionals;
- 21% of GPs did not appear to want to help or refused to help with treatment.<sup>9</sup>

The survey also found that little improvement had been made in funding gender recognition treatments and in waiting times over the past 15 years, despite significant legal changes and recent new guidelines on commissioning services from the Parliamentary Forum on Transsexualism (see Resources section).



## (e) Standards of care

Standards of care have been determined internationally by the World Professional Association for Transgender Health (WPATH). A consultation is currently being undertaken by the Royal College of Psychiatrists to develop standards that take account of society's changing attitudes and of NHS commitments to patient-centred care. Christine Burns<sup>11,12</sup> has outlined the criteria against which services should be provided. Services should be: accessible, appropriate and recognise the diversity of patients, their needs and choices.

## (f) Barriers to routine healthcare

Health professionals hold polarised views of transsexualism ranging from considerable empathy to strong moral disapproval.<sup>13</sup> As a consequence, there are many examples of inappropriate healthcare:

- (FTM) trans men are rarely included in breast screening programmes;<sup>14</sup>
- (MTF) trans women are rarely offered prostate screening;
- intersex women report being repeatedly asked about their last period and their contraceptive use, some are given smears (although they do not have a cervix).<sup>15</sup>

Physical examinations and screening tests should be offered to patients on the basis of the organs present rather than their perceived gender.<sup>16</sup>

Health care discrimination against trans people has included the refusal of care such as smear tests, breaches of confidentiality and the practice of placing trans women on male wards, and trans men on female wards.

One trans man describes being admitted to a female ward for a hysterectomy:

*There was the nurse explaining to her colleague as they left my room, 'Oh, that's a woman who wants to be a man', clearly audible both by me and by other patients and visitors ... my door had two signs on it: one had my name, the other read 'gynaecology patient' – just in case anyone was in doubt that the man inside was a weirdo ... it was totally wrong and unnecessary to admit me to a female ward. I could have received the care I needed on any surgical ward. On a mixed or male ward I would have been unremarkable – just another patient. As it is I was labelled, humiliated and isolated. I ... have lived as a man all my adult life; I have a high profile job ... But this experience was deeply upsetting.<sup>17</sup>*

Consequently, many trans people are reluctant to seek healthcare.

## (g) Communicating and engaging with trans people

More than 30% of trans people in one study had experienced discrimination from professionals who were insensitive to trans issues when they were:

- trying to get information from their GP;
- obtaining funding for gender reassignment surgeries;
- accessing ordinary non-trans related healthcare.

Trans people also complained of healthcare professionals:

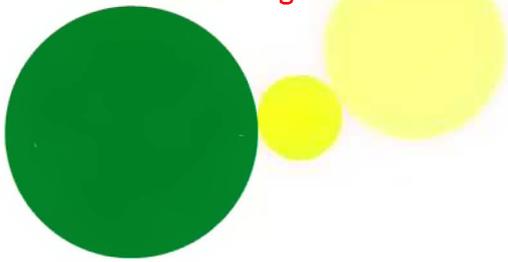
- persisting in using male pronouns rather than female, ie using 'he' rather than 'she' and vice versa;
- being critical about appearance, in particular about style of dress;
- asking for their 'real' name.

They also report being made to wait longer than other patients when accessing health services or surgery, and that doctors assume that any presenting health problem is related to their trans identity and often regarded as psychosomatic.<sup>9</sup>

Recommendations included regular training for healthcare staff on how to work with trans patients on issues of dignity, particularly the right to be treated as a member of their new gender, and privacy needs. Good communication for health professionals includes:

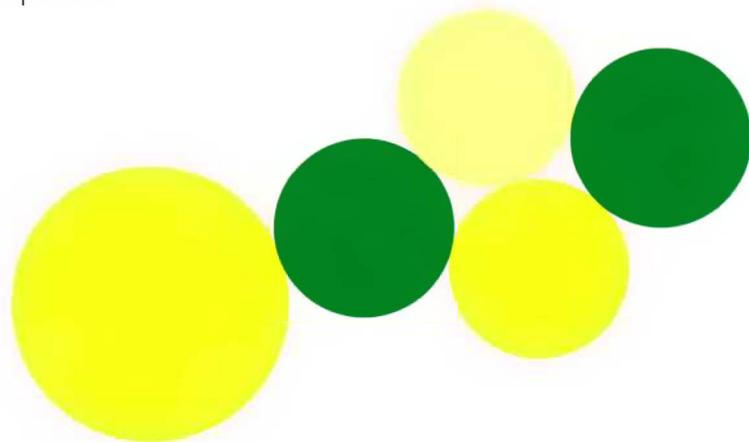
- using the name and title that the person who is transitioning deems correct (eg Mr, Mrs, Miss or Ms);
- using transsexual as a descriptive term, ie transsexual people, transsexual individual or someone who is transsexual;
- avoiding the terms disorder (as in gender identity disorder) or disease.





## (h) Evidence and statistics

Much of the research into trans people's health relates to medical needs; there is comparatively little research relating to their health and social care needs. In the late 1990s, trans people's health was included in research with lesbian, gay and bisexual people, but researchers often achieved only small samples of trans people and failed to identify their needs separately. Although there are some similarities in experiences of discrimination in access to healthcare, it is important that the distinctiveness of trans people's health needs is acknowledged and evidenced. This is the reason for this separate booklet.



## (i) Policy and legislation

**The Sex Discrimination (Gender Reassignment) Regulations 1999** amended the Sex Discrimination Act 1975 (SDA) and protects transsexual people against discrimination in employment and vocational training. The SDA now protects individuals from being discriminated against in the workplace on the grounds that they:

- are intending to undergo gender reassignment;
- are currently undergoing gender reassignment; or
- have already undergone gender reassignment.

In 1999 the Court of Appeal held that gender identity dysphoria is an illness under the National Health Service Act 1977, and that gender reassignment treatments, including surgery, are the appropriate medical response. The Court further held that it is unlawful for primary care trusts to have a blanket refusal of funding for treatments in such cases.

(See R v North West Lancashire Health Authority ex pA, D and G [2000] 1 WLR 977.)

**The Gender Recognition Act (GRA) 2004** enables trans people to apply for 'gender recognition' and those born in the UK can obtain a new birth certificate. In order to qualify, a trans person has to show that they have been diagnosed as having gender dysphoria **and**:

- they have lived in their acquired gender role for two years; **and**
- they intend to do so permanently for the remainder of their life.

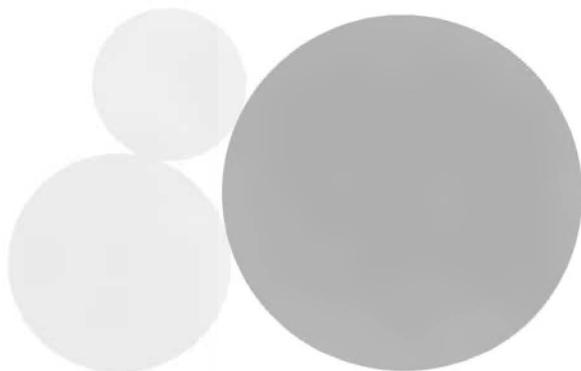
Gender recognition means that trans people must be treated as of their new gender (sex) for **all** legal purposes, including health and social care.

The Act imposes new responsibilities to maintain client confidentiality. Section 22 of the GRA 2004 makes it a crime for any individual who has obtained information in an official capacity to divulge that a person has a gender recognition certificate, ie is a trans person, or do anything that would make such a disclosure. This includes social and health care agencies, or a person employed by such an agency or prospective agency.<sup>18</sup>

**The Gender Recognition (Exceptions to Offence of Disclosure) Order 2005** creates an exception to s.22 for healthcare professionals, including nurses, where the person making the disclosure has a **reasonable** belief that:

- either consent has been given or that consent cannot be given by that person; **and**
- the disclosure is made to a health professional for medical purposes.

**The Gender Regulations 2007 (forthcoming)**  
The Government is committed to amending the SDA 1975 before the end of December 2007 to prohibit discrimination on the grounds of gender reassignment in the provision of goods and services – including health and social care.



## (j) Links

### **Gender Trust**

PO Box 3192, Brighton BN1 3WR  
Tel: 01273 424024 (office hours)  
Helpline: 07000 790347

Offers advice and support for transsexual and transgendered people, especially 'male-to-female', and to partners, families, carers and allied professionals. Has a membership society and produces a magazine, 'Gems'.  
[www.gendertrust.org.uk](http://www.gendertrust.org.uk)

### **FTM Network**

BM Network, London WC1N 3XX  
Helpline: 0161 432 1915 (Wednesdays 8pm – 10.30pm only)

Offers advice and support to 'female-to-male' transsexual and transgender people, and to families and professionals. Also has a 'buddying' scheme, a newsletter called 'Boys Own' and an annual national meeting.  
[www.ftm.org.uk](http://www.ftm.org.uk)

### **Beaumont Society**

27 Old Gloucester St, London WC1N 3XX  
Helpline: 01582 412220  
Provides advice and support for transvestite people, but also has some transsexual members. Runs local groups and produces a newsletter and publications.  
[www.beaumontsociety.org.uk](http://www.beaumontsociety.org.uk)

### **Mermaids**

BM Mermaids, London WC1N 3XX  
Helpline: 07020 935066 (12 noon – 9pm when staffed)

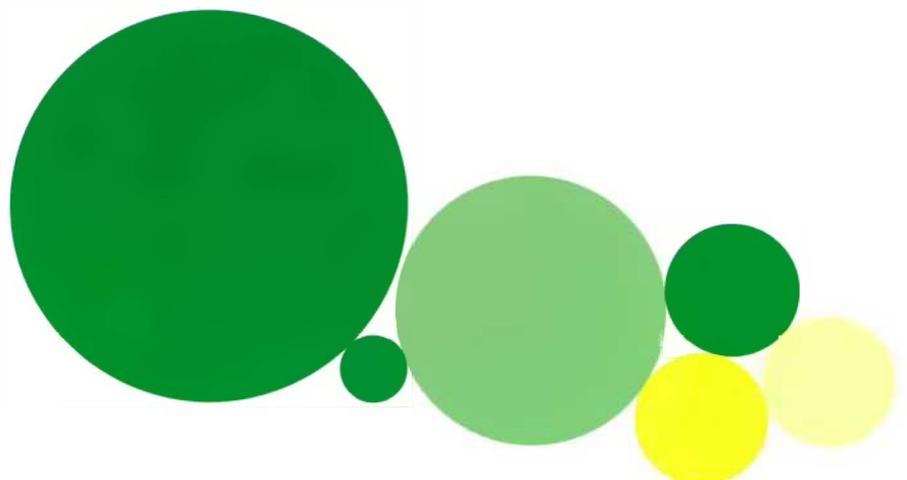
Support and information for children and teenagers who are trying to cope with gender identity issues and for their families and carers. Please send SAE for further information.  
[www.mermaids.freeuk.com](http://www.mermaids.freeuk.com)

### **Press For Change**

BM Network, London WC1N 3XX  
In emergencies ONLY, ring 0161 247 6444  
Campaign for equal civil rights for transsexual and transgendered people. Also provides legal help and advice for individuals, information and training for professionals, speakers for groups. Produces a newsletter and publications. Please send SAE for further details.  
[www.pfc.org.uk](http://www.pfc.org.uk)

### **Depend**

BM Depend, London WC1N 3XX  
An organization offering free, confidential and non-judgmental advice, information and support to all family members, partners, spouses and friends of transsexual people.  
[www.depend.org.uk](http://www.depend.org.uk)



## (k) Resources

### **Understanding that Trans Health Matters** (forthcoming)

This training course developed by Health First includes a DVD (produced by TransFabulous) featuring trans people discussing their experiences of healthcare.

[www.dh.gov.uk/equalityandhumanrights](http://www.dh.gov.uk/equalityandhumanrights)

### **Beyond Barriers**

Beyond Barriers have produced an accessible resource about trans issues.

[www.beyondbarriers.org.uk](http://www.beyondbarriers.org.uk)

### **Transgenderzone**

A UK-based resource containing information on many aspects of trans living, including health and social care.

[www.transgenderzone.com](http://www.transgenderzone.com)

### **LGBT Health Resource Center, Philadelphia, USA**

Preliminary evidence suggests rates of smoking and getting help to stop smoking are concerns for trans populations. The website includes materials on helping trans people to stop smoking.

[www.safeguards.org](http://www.safeguards.org)

### **The World Professional Association for Transgender Health (WPATH)**

WPATH has established internationally accepted standards of care (SOC) for the treatment of gender identity disorders and they are available here. It also provides comprehensive ethical guidelines concerning the care of patients with gender identity disorders. Membership includes receiving the *International Journal of Transgenderism*, the regular Members Update, and access to the members area, which includes research reports and other medical and healthcare papers.

[www.wpath.org](http://www.wpath.org)

### **FTMInternational**

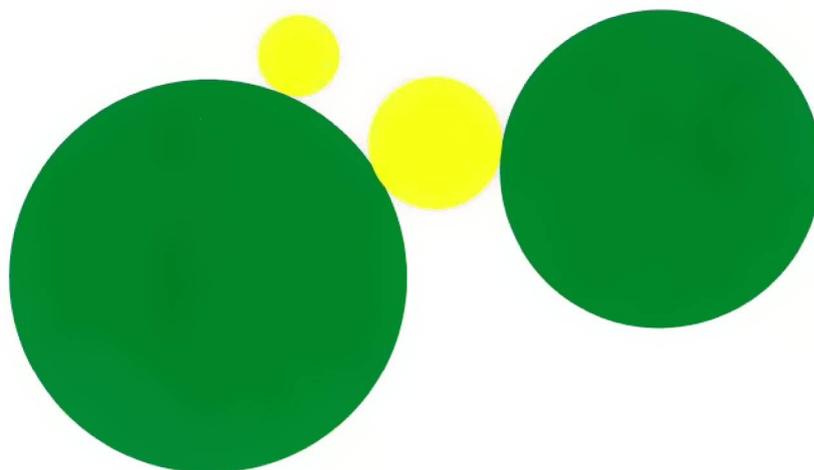
This website has a large library on trans men's healthcare issues.

[www.ftmi.org](http://www.ftmi.org)

### **Parliamentary Forum on Transsexualism (2005)**

Guidelines for health organisations commissioning treatment services for individuals experiencing gender dysphoria and transsexualism.

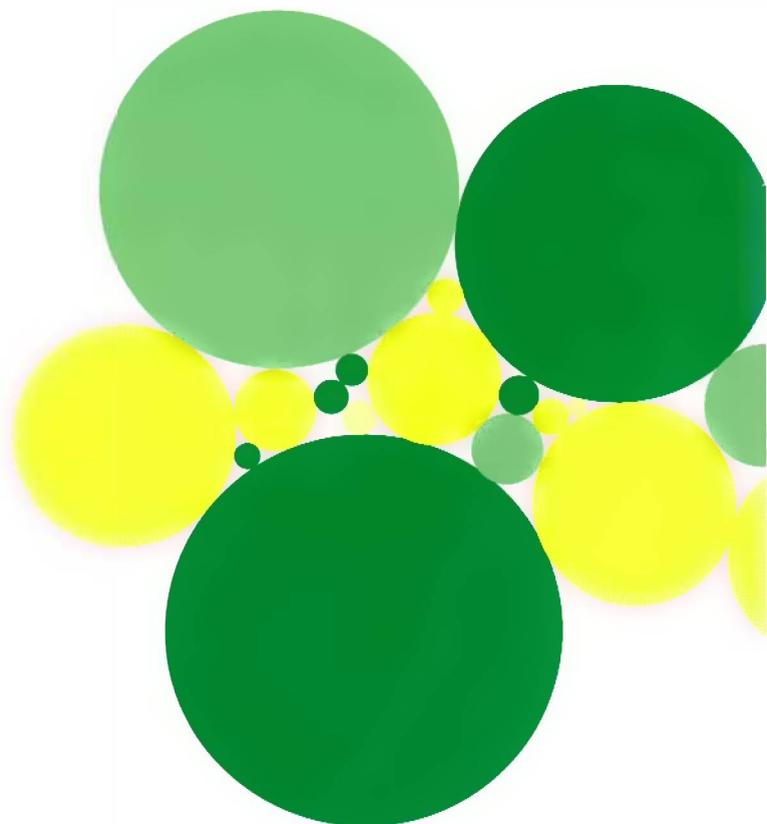
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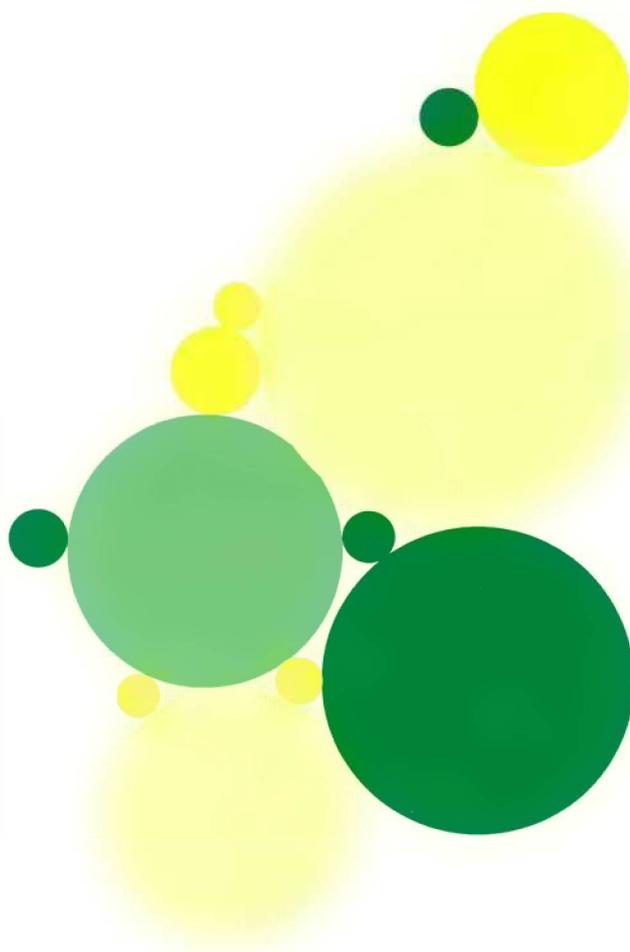
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## Briefing 12

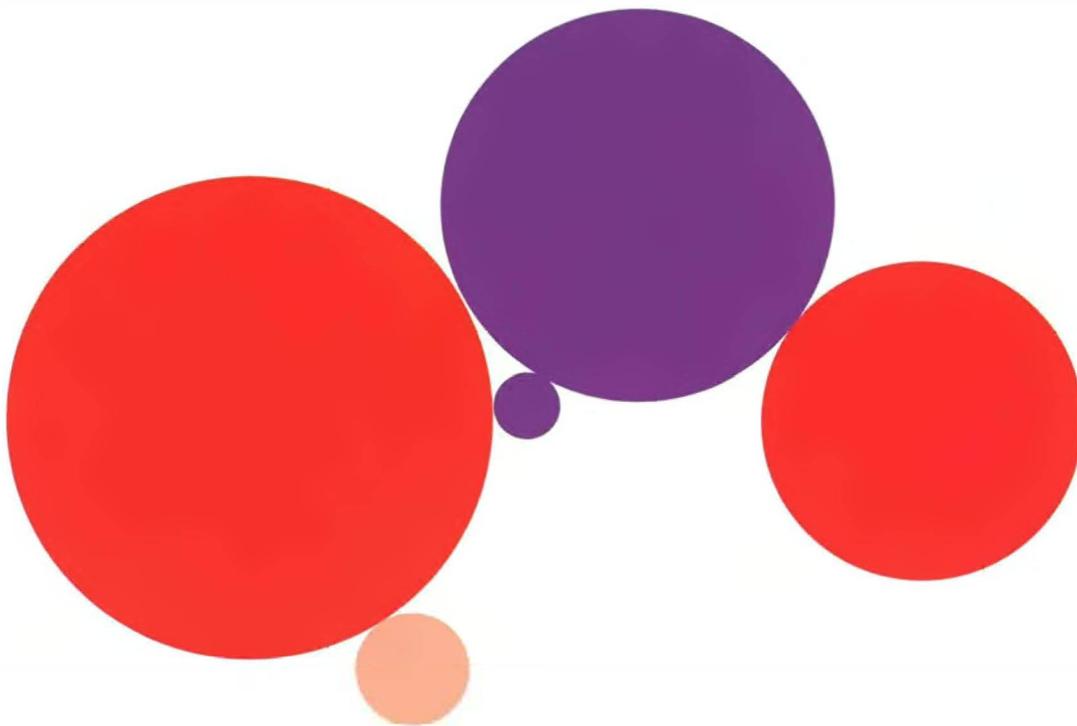
# Lesbian, gay and bisexual (LGB) people from Black and minority ethnic communities



## (a) Introduction

There is a widespread assumption that being gay is a phenomenon of white people.<sup>1</sup> Consequently, Black and minority ethnic (BME) lesbian, gay and bisexual (LGB) people's health needs have been almost completely overlooked in research conducted in the UK.

It would be inappropriate to assume that BME LGB communities form a homogenous group; they are socially, culturally, politically, religiously and economically diverse. There are also wide-ranging differences in perceptions about what it means to be BME and LGB. However, experiences of being BME and LGB mean that one's health status and access to health services may differ from those of both BME heterosexuals and of white LGB people.



## (b) What are BME LGB people's health needs?

### Sexual health and HIV

There is a very small number of studies that have investigated the health needs of BME LGB people. The majority have focused on the sexual health needs of BME gay men. UK researchers suggest that there is no evidence that sex between men is either less or more common among any minority ethnic group compared with the ethnic majority.<sup>2</sup>

Studies show that African-Caribbean men who have sex with men are disproportionately affected by HIV.<sup>3</sup> Compared with white gay men, African-Caribbean men in the UK were twice as likely to be living with diagnosed HIV infection, while South Asian men were less likely to be doing so.<sup>4</sup> Despite this increased risk, African-Caribbean men were less likely to use outpatient services.<sup>3</sup>

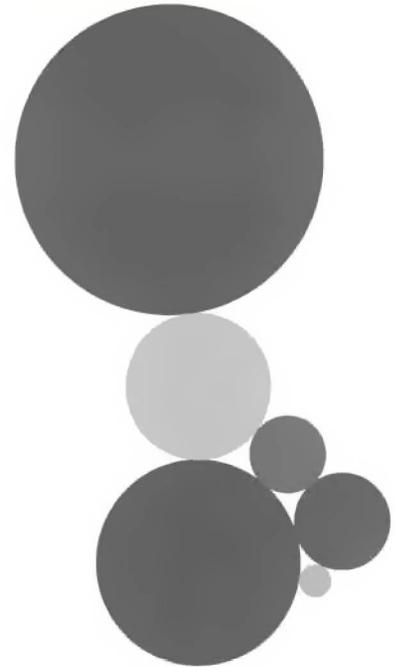
### BME lesbian/bisexual health inequalities

Research findings in the US indicate a number of health disparities among BME lesbian and bisexual women.<sup>5</sup> In comparison with their heterosexual peers, they were more likely to be overweight, increasing their risk for colorectal cancer, postmenopausal breast cancer, diabetes, arthritis and cardiovascular disease. There is evidence that women who are overweight are less likely to be screened for breast and cervical cancer in primary care.

Current smoking and heavier patterns of alcohol consumption were found among BME lesbians and bisexual women; the differences in smoking and alcohol consumption were greatest between South Asian lesbians and their heterosexual counterparts.<sup>6</sup>

### Domestic violence

Services are mainly targeted to meet the needs of BME heterosexual women. Domestic violence perpetrated against LGB people in their BME families requires investigation.



## Experiences of homophobic violence

BME LGB communities are disproportionately affected by homophobic violence, abuse and harassment. In a study conducted in London, BME LGB people were more likely to experience physical abuse, more likely to experience harassment from a stranger and were equally likely to have experienced verbal abuse as their white LGB counterparts.<sup>7</sup> Perceived discrimination and experiences of victimisation are associated with poor mental health.<sup>8</sup>

## Mental health and use of services

The prevalence of mental disorders is broadly similar across racial and ethnic groups. However, (presumed heterosexual) African-Caribbean males are much more likely to receive a diagnosis of schizophrenia; they are up to three times more likely to be sectioned under the 1983 Mental Health Act than their white counterparts; and are more likely to be given medication rather than talking therapies<sup>9</sup> (people from other BME groups are also more likely to receive medication).

These findings suggest that the 'double jeopardy' associated with being BME and LGB may increase the likelihood of adverse experiences in mental health care.

The ethnic profile of health service staff tends not to reflect the ethnicity of the communities that staff are serving. This is considered to be a factor that deters people from BME groups from accessing mental health services.<sup>10</sup>

## Suicide

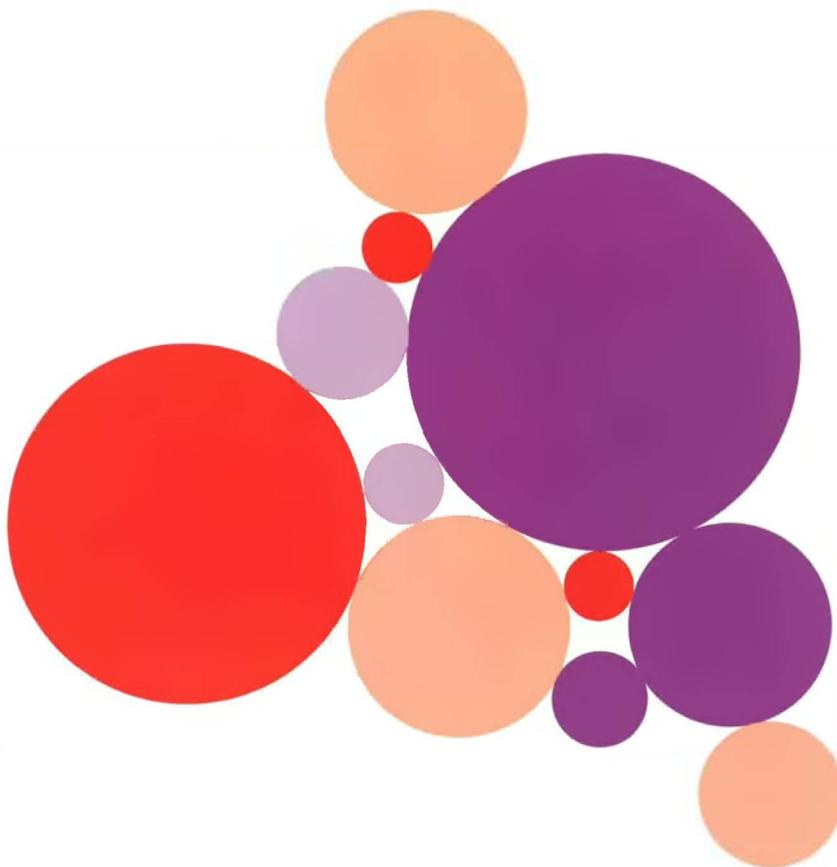
A study by the mental health charity Mind is the only UK large-scale research into mental health needs that has included BME LGB people. The research found that BME LGB survey respondents were less likely than white respondents to have considered suicide.<sup>11</sup> This finding may be explained by strong cultural and religious taboos among BME groups.

By contrast, findings in a US study showed that BME gay and bisexual men reported thoughts of suicide and suicide ideation.<sup>12</sup> Experiences of homophobia, racism and poverty significantly predicted symptoms of psychological distress.

## (c) Communicating and engaging with BME LGB people in healthcare

BME lesbians and gay men may encounter both racism and heterosexism in their receipt of healthcare. In one of the few studies to specifically address the needs of African-Caribbean gay men, the researchers explored the ways that racial and sexual discrimination influence access to healthcare, HIV testing, communication and adherence behaviours.<sup>3</sup> African-Caribbean gay men's experiences of discrimination fostered feelings of detachment.

In many BME communities, men who have sex with men and also have sex with women may not use the terms 'gay' or 'bisexual' to describe themselves. Good practice is to use the term 'men who have sex with men' rather than gay or bisexual men.



## (d) Wider social determinants of health for BME LGB people

### The role of family and family structure within BME communities

Because of the importance of family as a social and economic unit and cultural expectations about having children, for some within BME communities, being gay can be seen as a denial of ethnicity. For many BME LGB people, their communities are an important support against racism within wider society; they are more likely to sustain contact with BME heterosexual social networks.<sup>13</sup> Within some communities, although the family may not approve of their son or daughter's sexual orientation, they may be less likely to reject them.<sup>14</sup>

BME lesbians are more likely than white lesbians to maintain strong family ties, depend on family members for support, have children and parent other children within their extended family network.<sup>1</sup> Rates of having children may be lower among BME LGB than BME heterosexual couples; however, adoption rates may be higher.<sup>1</sup>

### Comfort with sexual orientation

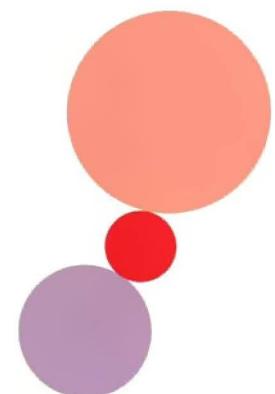
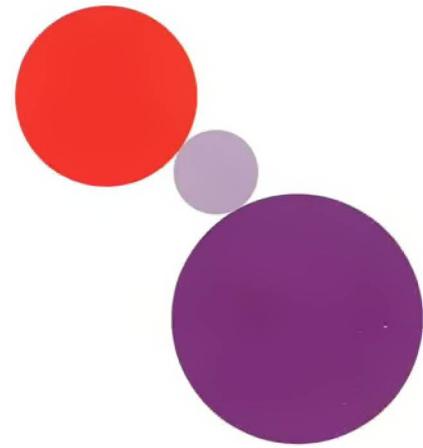
BME LGB people are faced with the challenge of integrating two aspects of their identity, both of which are disparaged; many BME LGB people experience dissonance between their cultural/religious and sexual identity.<sup>15</sup> Some feel pressure to minimise their cultural identity in LGB spaces and their sexual identity in BME environments.

Other findings suggest that BME lesbian/bisexual women were younger when they began to question their sexual orientation, proceeded more slowly in deciding they were lesbians and then disclosed their identity more quickly than their white counterparts.<sup>16</sup>

The costs of sexual orientation disclosure are likely to be higher among BME LGB people than for their white counterparts. Levels of coming out to family differed between ethnic groups: only 27% of South Asian respondents were open to their mothers about their sexual identity compared with 61% of African-Caribbean respondents.<sup>7</sup>

### Young BME LGB people

BME LGB young people report less involvement in gay-related social activities, less comfort with others knowing about their sexual identity and they disclose their sexual identity to fewer people than do white young people.<sup>17</sup>



## Self-harm among young South Asian women

South Asian young women born in the UK are at higher risk for attempted suicide and self-harm as compared with white and African-Caribbean young women. A complex range of issues may lead to self-harm and suicide, including the pressures of 'izzat' (honour) and 'sharam' (shame) within the family, racism and gender inequality.<sup>18,19</sup> Self-harm among young South Asian lesbians is an area for future research.

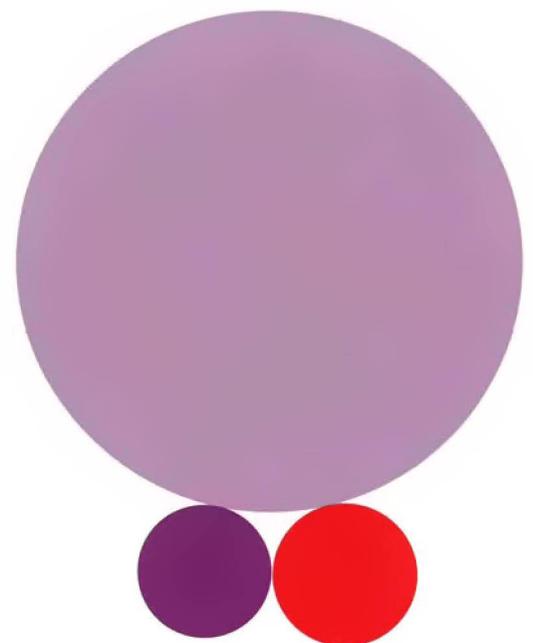
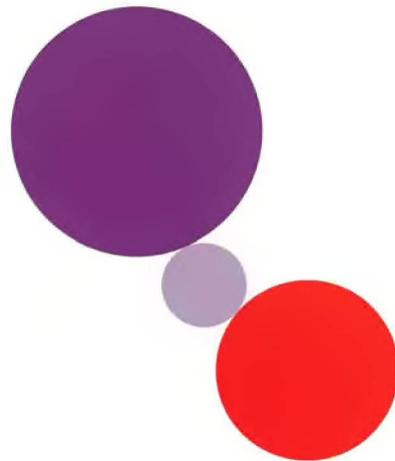
## Access to social care

There are few studies that investigate access to public sector services by BME LGB people. The Safra Project conducted research into the needs of lesbian and bisexual Muslim women and found that there was a lack of relevant and accessible information to meet their needs in relation to housing and other issues.<sup>10</sup>

## Inclusion within participatory-democratic structures

There are limited opportunities for the interests of the South Asian LGB community to be expressed in the design of local strategies.<sup>20</sup> BME LGB people need a safe place where their input can be heard. In some communities, speaking out risks domestic violence and, in some extreme cases, even death.

A key issue is the need for BME LGB people to become spokespeople; however, they need to have the necessary skills, knowledge and support for this risky task. Many current BME spokespeople are religious leaders. While religion has a central, positive function in many BME communities, it can also play a role in supporting homophobia. Those who speak on behalf of BME communities sometimes reinforce conservative attitudes towards sexual orientation; this is experienced as oppressive by many South Asian LGB people.<sup>20</sup>





## (e) Evidence and statistics

- An analysis of the 2000 US census documented Black same-sex couples' residence patterns, parenting rates, educational attainment, employment status, income, housing and veteran status. It reported on 85,000 Black LGB households.<sup>21</sup>
- The US Black Pride Survey of 2,500 BME LGB participants presented findings about patterns of parenting among BME communities.<sup>22</sup>
- A US survey of the intimate relationships of 723 African-American LGB people found a fair degree of demographic similarity with their partners.<sup>23</sup>
- A large-scale study of 13,205 young people (45% of whom were BME) found that same-sex attraction was higher among some BME groups than other racial groups. In this study, African-American same-sex-attracted adolescents were twice as likely to report suicidal thoughts compared with heterosexual African-American young people.<sup>24</sup>

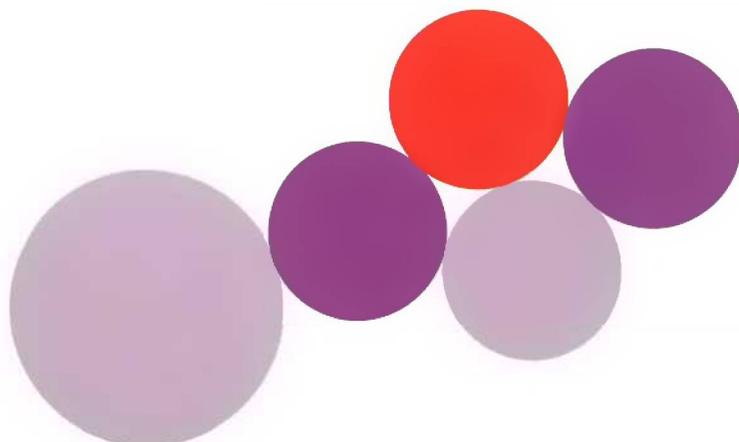
## (f) Implications for service commissioners and providers

It is important to recognise the role played by BME providers of services for BME LGB people and the specialised provision they offer. Both generalist and specialist providers are needed to demonstrate NHS commitment to choice.

Recommendations for improvements to healthcare for BME LGB people include:

- increasing the number of ethnic and sexual minority providers;
- expanding current definitions of cultural competency curricula at academic institutions;
- targeting future research efforts on BME LGB people and improving structural and communication barriers.

HIV prevention work should target interventions to specific populations within ethnic minority groups. It should also address the fact that migration has a major impact on health and wellbeing; it is often the context in which men's HIV prevention needs are elevated.<sup>2</sup>



## (g) Links and resources

### **Black Lesbian UK**

A positive place for UK Black lesbians to communicate, network, ask for advice, and make friends.

<http://ukgroups.yahoo.com/group/BlackLesbianUK/>

### **DOST**

Support group for South Asian and Middle Eastern gay and bisexual men and men who have sex with men.

[www.naz.org.uk/men/mensupport.html](http://www.naz.org.uk/men/mensupport.html)

### **HALIC**

Support group for Somali men who have sex with men.

[www.naz.org.uk](http://www.naz.org.uk)

### **The Safra Project**

A resource project working on issues relating to lesbian, bisexual and/or transgender women who identify as Muslim religiously and/or culturally.

[www.safraproject.org](http://www.safraproject.org)

### **Naz Project London (NPL)**

This project provides sexual health and HIV prevention and support services to targeted BME communities in London. It provides sexual health and HIV/AIDS prevention and support services to South Asians (including Bangladeshis, Indians and Pakistanis), Muslims (including those from the Middle East and Africa), Horn of Africans (Eritreans, Ethiopians and Somalis), Portuguese speakers (including Angolans, Brazilians, Mozambicans and Portuguese), and Spanish speakers (mainly Latin American). It offers a support group for people living with HIV/AIDS (which includes BME men who have sex with men) and a project of activities for Black (African and Caribbean) men who have sex with men.

[www.naz.org.uk](http://www.naz.org.uk)

### **Imaan**

A social support group for lesbian, gay bisexual and transgender Muslims, their family friends and supporters and those questioning their sexuality or gender identity.

[www.imaan.org.uk](http://www.imaan.org.uk)

### **KISS** (part of the Naz Project)

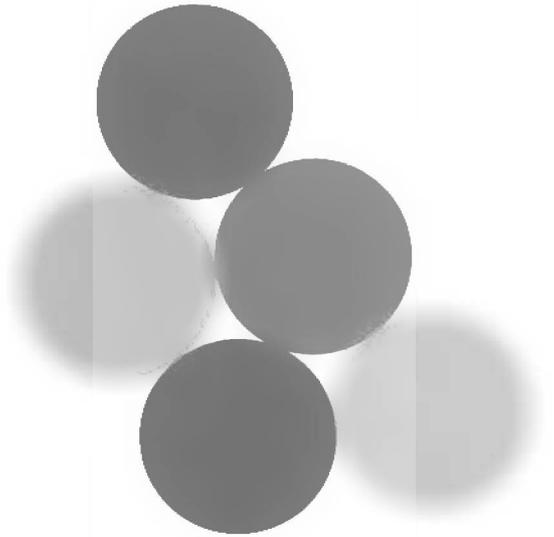
A social group made up of women who identify either as lesbian, bisexual or queer and are of South Asian, Middle Eastern or North African descent.

[www.planetkiss.org.uk](http://www.planetkiss.org.uk)

### **UKBlackout.com**

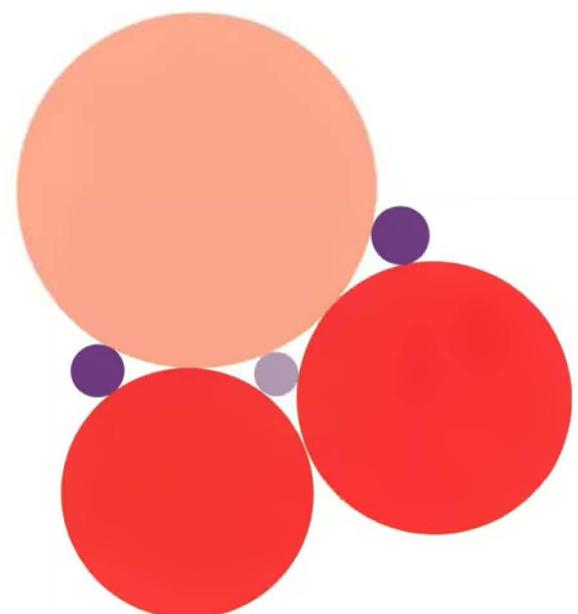
This website includes national and international news, and features information on culture, health, Africa, the Caribbean, gay, lesbian and transgender issues.

[www.ukblackout.com](http://www.ukblackout.com)

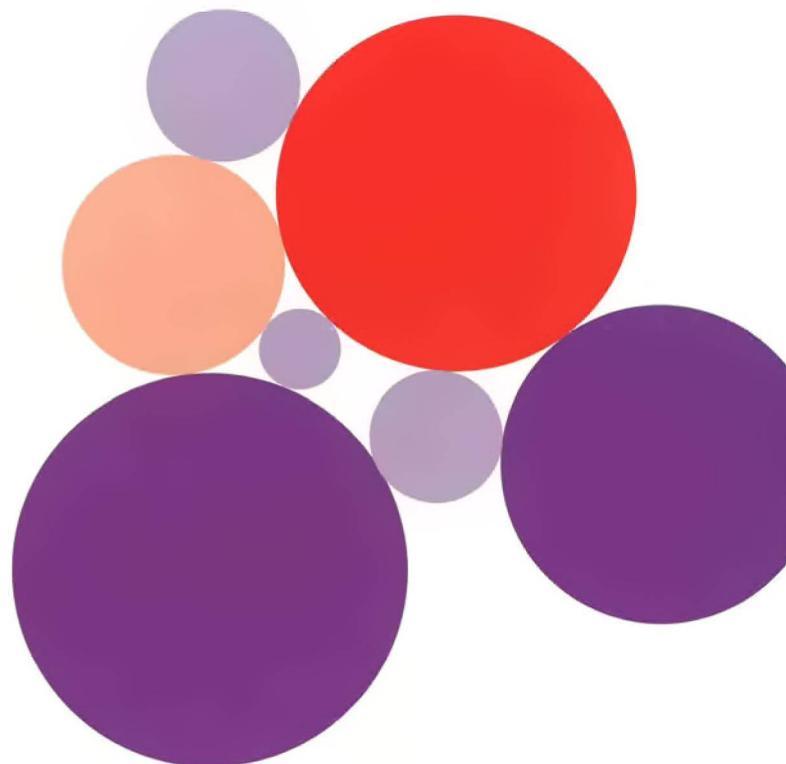


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## Briefing 13

# Disabled lesbian, gay and bisexual (LGB) people



## (a) What are disabled LGB people's health needs?

The rights of people who are disabled to engage in everyday activities that the rest of society take for granted (for example, taking part in leisure activities, getting a job and falling in love) are severely curtailed. Their rights to sexual relationships are not widely accepted; moreover, the fact that some may wish to have a same-sex relationship is largely unconsidered.<sup>1</sup> Same-sex relationships are more likely to be seen as a potential danger and rarely as a source of pleasure or fulfilment.

Current practice in work with people with learning disabilities is more likely to restrict opportunities for sexual relationships rather than support people to have relationships that are satisfying.<sup>2</sup> As with heterosexual relationships, there are issues about consent, mental capacity and risk. But while parents, carers and professionals are concerned about protecting disabled people from exploitation, this often means that disabled people are not empowered to lead the lives they would choose.<sup>3</sup> One LGB research participant remarked that they were unable to explore their sexual orientation and were kept under parental control until they were in their fifties when their parents died.<sup>4</sup>

Many disabled LGB people have not received relevant sex education in schools; as adults they lack appropriate information about sexual health and do not have access to information about fertility issues. They may also encounter difficulties in accessing mental health services<sup>5</sup> (see Briefing 8).

## (b) Communicating and engaging with disabled LGB people

Disabled people often face the challenge of a double coming out: as disabled and as LGB.<sup>6</sup> Many disabled LGB people pass as heterosexual and do not come out to professionals because they fear being refused services or treated in a derogatory manner. Health and social care professionals often attend to medical or functional requirements and fail to acknowledge personal and emotional needs. Findings suggest that health and social care services have made little effort to take account of the life experiences of LGB disabled people.<sup>3</sup> Assessing levels of prejudice is difficult because of the subtlety of prejudicial behaviour: some healthcare workers do not consider gossip or jokes about patients to be a form of prejudice.<sup>3</sup>

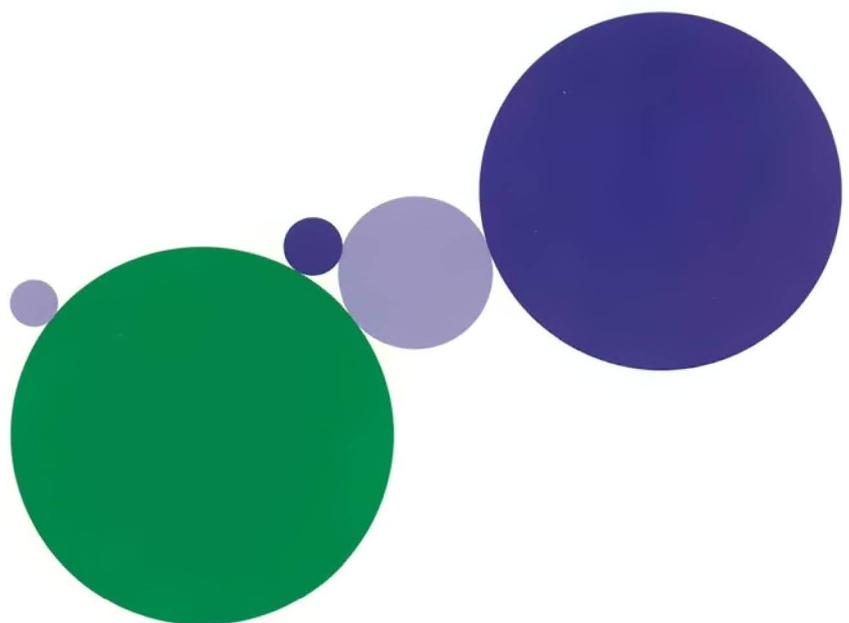
One study of people with learning disabilities found that in most instances they had known from an early age that they might be LGB, but had waited until they found a member of staff that they felt safe being open with. Unlike their non-disabled peers, they were more likely to be open about their sexuality with professionals (in day or residential centres) than with family and friends.<sup>2</sup> Because LGB people with learning disabilities often live at home with their family and rely on them for financial or practical support, they may be more likely to fear rejection from their family than other LGB people. The possibility of disclosure to a social care worker requires that relevant training be provided so that staff are able to offer appropriate support.

Education for disabled people has often been segregated from mainstream schooling; disabled people say that they received little or no sex education. They lack access to appropriate guidance about safer sex and little support in accessing LGB social spaces.<sup>7</sup> The language of health promotion materials is inappropriate for people with learning disabilities, and targeted materials are likely to be restricted to heterosexual sex.

### LGB people who are deaf

Unlike gay communities in the UK, there is not a broad-based disability community, but rather a movement in which disabled people come together for campaigning rather than leisure purposes.<sup>6</sup> The deaf community is an exception to this; local deaf clubs provide an important cultural and leisure resource.

Deaf LGB people have lobbied the national organisation, the British Deaf Association, to include LGB people in their equal opportunities policy. They have organised workshops in HIV and sexual health, counselling and befriending, where deaf LGB people themselves have acted as trainers.<sup>8</sup> Despite their relative politicisation and visibility, however, virtually no research has been conducted into deaf LGB people's health and social care needs.<sup>9</sup> A person who is deaf has no statutory right to a sign language interpreter for health appointments.<sup>1</sup>

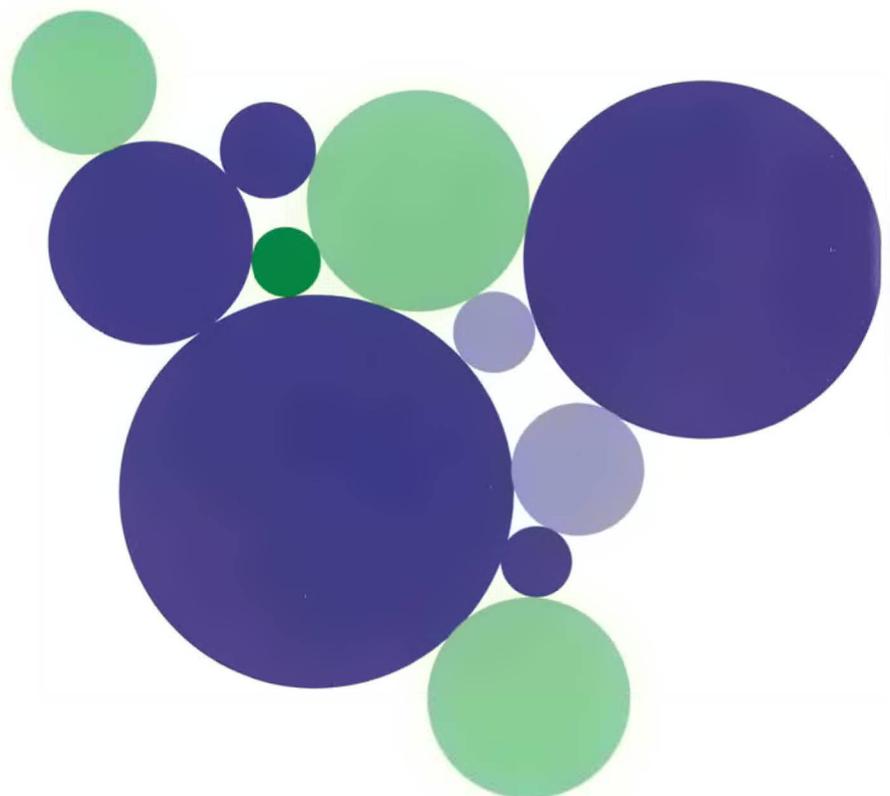




## (c) Evidence and statistics

Because of the specific needs of disabled LGB people and the challenges posed by researching a hidden population, there are no large-scale surveys of disabled LGB people's health needs. Rather, evidence is provided by a number of small-scale qualitative studies. Particular issues include:

- difficulties in meeting and knowing other LGB people (there are few groups for disabled LGB people);<sup>2</sup>
- lack of validation for same-sex relationships;<sup>2</sup>
- lack of acknowledgement of LGB people (eg few images of LGB people displayed in service provision);<sup>2</sup>
- lack of acceptance in the non-disabled LGB scene;<sup>2</sup>
- lack of privacy;<sup>2</sup> and
- few policies, meaning that staff do not feel supported to do proactive work.<sup>2</sup>



## (d) Policy and legislation

### Human Rights Act 1998

Article 8 gives the right to respect for a private life (including the right to sexual expression).

### Valuing People 2001

Government policy for people with learning disabilities that seeks to address their sexuality and relationship needs, including opportunities to form sexual relationships and access to sex education.

### Disability Discrimination Act 2005

The Act prohibits discrimination in employment, the provision of goods and services, education and transport. It does not explicitly mention sexual orientation. People deemed to be disabled include those with HIV and cancer.

### Disability Equality Duty 2006

Section 49A of the Act says that public authorities (including NHS trusts and local authorities) must have due regard to the need to:

- promote equality of opportunity between disabled people and other people;
- eliminate discrimination;
- eliminate harassment of disabled people that is related to their disability;
- promote positive attitudes towards disabled people;
- encourage participation by disabled people in public life; and
- take steps to meet disabled people's needs, even if this requires more favourable treatment.

## (e) Implications for policy makers and service providers

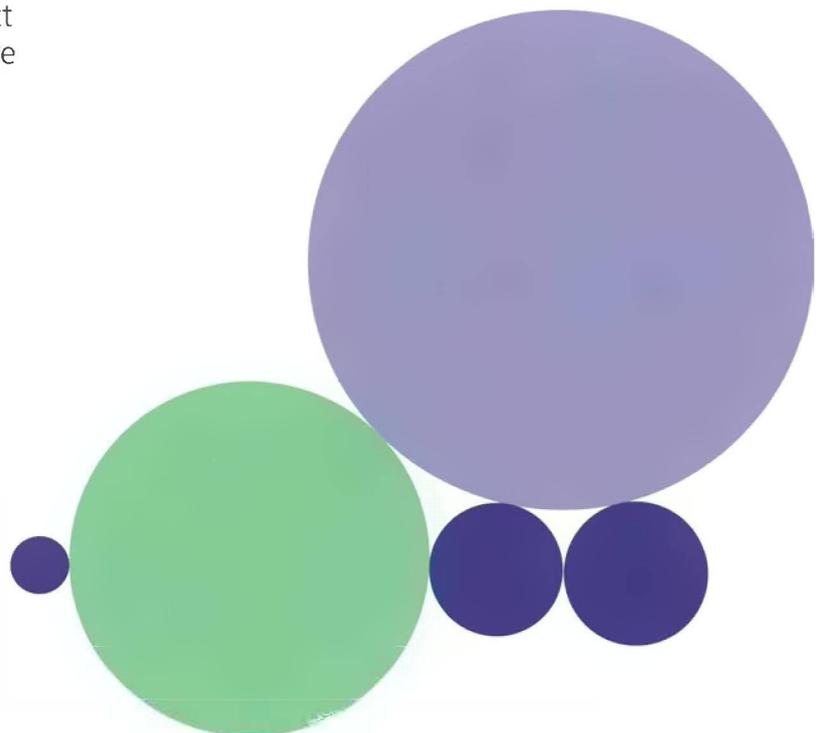
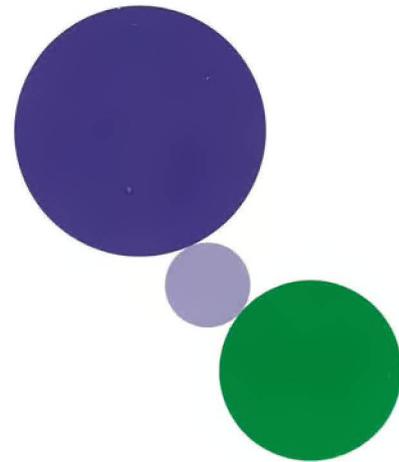
Social care staff, in particular, need clear policy guidelines to enable them to offer support for LGB disabled people in relation to relevant sex education; support for their identities as LGB people, including support to help them to socialise in LGB spaces; inclusion of their identities in person-centred plans; and support for developing intimate same-sex relationships.

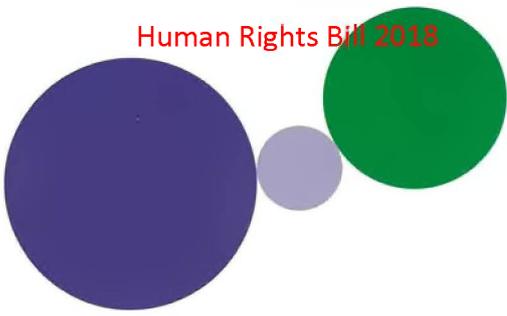
Services need to consider whether it is possible to offer private spaces for people with learning disabilities.<sup>2</sup>

Ensure that resources and training are available to support staff.

View same-sex relationships as being of equal worth and value as heterosexual relationships.<sup>2</sup>

Support for disabled LGB people to use direct payments to employ a gay-friendly home care assistant.





## (f) Links and resources

### **Brighton and Hove Disabled Dykes Club**

The Brighton and Hove Disabled Dykes is a social support group based in Brighton targeting only lesbians. Among other forms of disabilities and illnesses, the group focuses on providing support to members who are affected by mental health issues and/or learning difficulties.

PO Box 5080, c/o Brighton Women's Centre,  
Brighthelm Centre, Hove BN52 8BP

Tel: 01273 204050

Email: [disableddykes@yahoo.co.uk](mailto:disableddykes@yahoo.co.uk)

### **Brothers and Sisters**

The deaf LGBT club – London.

[www.brothers-and-sisters-club.com](http://www.brothers-and-sisters-club.com)

### **Disabled women on the web: lesbians and queers with disabilities**

[www.disabilityhistory.org/dwa/library\\_k.html](http://www.disabilityhistory.org/dwa/library_k.html)

### **GEMMA**

A friendship network that aims to lessen the isolation of disabled lesbian and bisexual women. They produce a quarterly newsletter and organise socials. The newsletter is available in standard print, large print, tape and Braille. Membership is for disabled and non-disabled women aged 16 and above.

BM Box 5700, London WC1N 3XX

Tel: 020 7485 4024

Email: [gemmagroup@hotmail.com](mailto:gemmagroup@hotmail.com)

### **Outsiders**

A community of disabled people who work together to campaign for the acceptance of disabled people as sexual partners.

[www.outsiders.org.uk](http://www.outsiders.org.uk)

### **Rainbow Ripples Project**

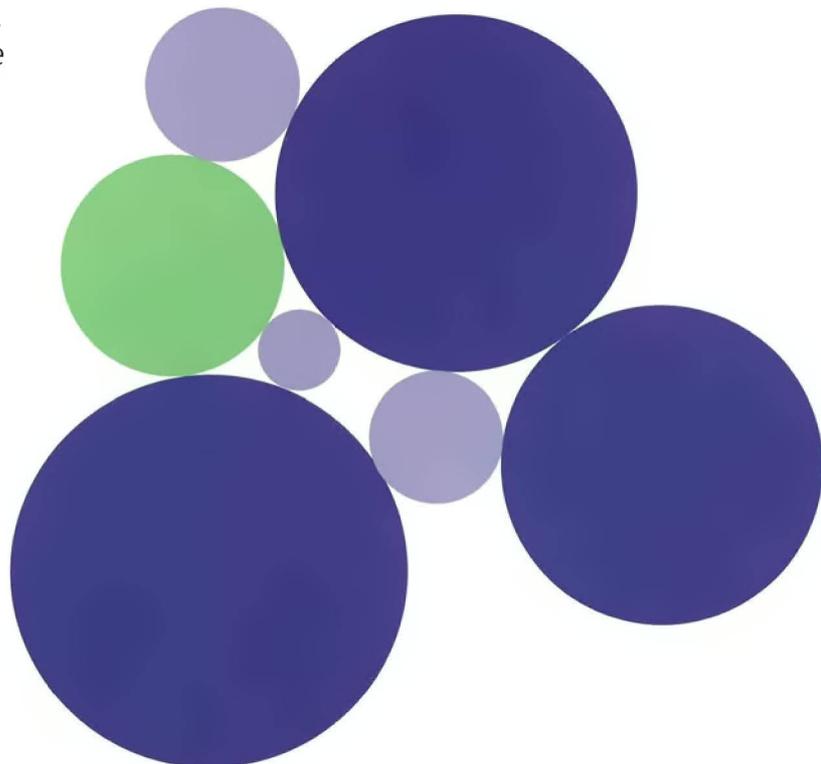
Lesbian, gay and bisexual disabled people's group based in Leeds.

[www.rainbowripples.org.uk](http://www.rainbowripples.org.uk)

### **Regard**

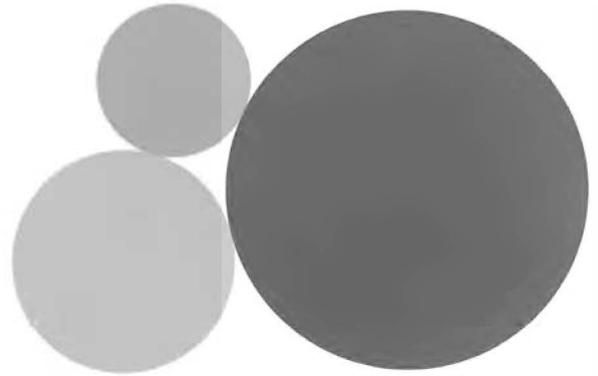
The national organisation of disabled LGBT people.

[www.regard.dircon.co.uk](http://www.regard.dircon.co.uk)



## (g) References

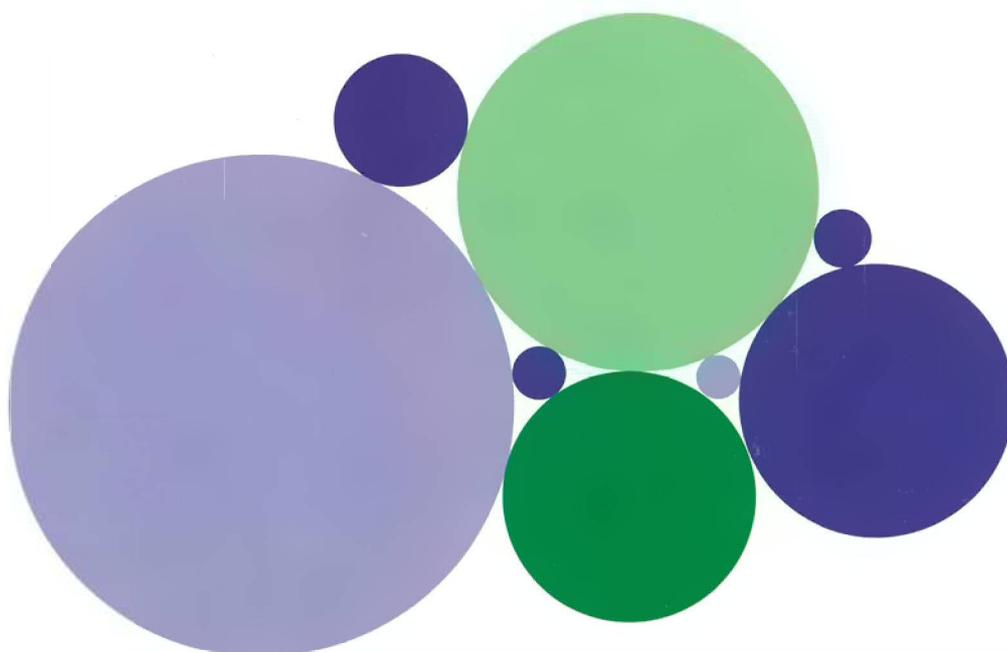
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This Briefing was written by Dr Julie Fish as part of  
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