

# **Reducing health inequalities for Lesbian Gay and Bisexual people: Evidence of health care needs**

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## **Introduction**

This document provides a summary of some of the unique health care needs and concerns of lesbian, gay and bisexual (LGB) people. It covers issues relating to discrimination, general health needs, sexual health, cancer, smoking, alcohol and drug use, fertility, families, and maternity services. It also provides information about LGB people and their experiences of being Black and Minority Ethnic (BME), disabled, younger or older.

Each section provides a research summary of the high level, leading research in this area, and then a list of available research. The summary is designed to give an overview and context of specific health concerns for LGB people. It is not designed to be exhaustive, nor is it intended that health care practitioners can read the summaries to learn everything they need to know about effective delivery of care. The intention is that the reader will go and look up anything they want to know more about. This guide is not a replacement to reading the research; it's an indication that research exists.

This document does not include information about mental health, of which a large amount of research exists. Mental health, suicide and LGB people is subject to an extensive review being undertaken by the Department of Health, and therefore has not been replicated here.

It is likely that some research has been omitted in this guide. Stonewall recommends that these sections are hosted on-line, and a facility exists that allows researchers to submit their work for inclusion. Over time, this can become an invaluable resource for those working in the health sector.

## **Lesbian, gay and bisexual people: discrimination and impact on general health care needs**

It is sometimes assumed by health care professionals, policy makers, and patients that lesbian, gay and bisexual (LGB) people do not have unique health needs as a consequence of their sexual orientation. This position is **justified** on the belief that it is perceived that being gay is something that a person “does” rather than what a person “is”. It is assumed that sexual health is the only unique health care need of a gay person, and, if that is the case, women do not have any unique health needs at all.

This, however, is not the case. Research suggests that LGB people have very specific concerns that are not necessarily met by service providers. Research has demonstrated that LGB people can experience broad social inequalities. Discrimination and homophobia can have a significant impact on LGB people’s engagement with society and infrastructures in society. It also has a significant impact on how they are treated by some health care providers. LGB people may experience social exclusion at a variety of stages in their lives. They may leave school early as a result of homophobic bullying, may not participate fully in their communities, may be asked to leave their family home, and may find it difficult to find employment as a result. Young LGB people may seek support and a community in adult environments, and participate in high risk-taking behaviour. LGB adults may continue to face discrimination in their adult life, as they seek work, enter relationships, and as they take steps to start a family. Older LGB people may experience illness or poverty, and require sensitive state support and intervention. Throughout LGB people’s lives, LGB people may also continue to disclose their sexual orientation in new environments and situations, and respond to incidents of discrimination and homophobia. They may experience discrimination and discriminatory practices from service providers, and the public sector. They may, for example, be reluctant to disclose their sexual orientation to their GP, because they anticipate discrimination, but then fail to receive appropriate health care. This perpetuates the health inequalities. A variety of trigger points throughout a person’s life can therefore lead to social exclusion.

LGB people also experience social exclusion as a consequence of the fact that they often belong to other minority groups that also experience discrimination. For example, LGB people can also be BME and therefore experience the same incidents of exclusion as other BME people. LGB people can also be disabled. Lesbians can experience poverty, in common with women in general. Two women in a relationship may experience a higher degree of poverty than a man and a woman. LGB people therefore do not exist in isolation as a separate, distinct community, but experience the same trigger points for social inequalities as other people. LGB people, however, may not benefit from preventative steps put in place to reduce exclusion of other groups, because they experience homophobia, and the health sector does not always take proactive steps to tackle discrimination.

It is therefore likely that if a group of people experience discrimination and social exclusion, they are also likely to experience health inequalities. Research suggests that LGB people have very specific health concerns (see below) and that the health sector needs to deliver targeted appropriate care to patients on the grounds of their sexual orientation. LGB people feel that this is not always the case in health care delivery.

### **Evidence**

- *Speaking Out! Experiences of lesbians, gay men, bisexuals and transgender people in Newham and issues for public sector service providers.* P Barlow (2003)
- *Count Me In: Brighton & Hove Lesbian, Gay, Bisexual & Transgender Community Strategy 2001 – 2006* J Beveridge, G Doyle, M Iorwerth, Law, A, Martin, P, Nicholson, S, Pointing, L, Spero, K, Thoday, N, Thomas, P
- *First Out: Report on the Findings of the Beyond Barriers survey of lesbian, gay, bisexual and transgender people in Scotland* (2002)
- *Twenty Years of Public Health Research: Inclusion of Lesbian, Gay, Bisexual, and Transgender Populations* Boehmer (2002)
- *Working with Gay, Lesbian and Transgender Communities in NSW* Braw (2000)
- *Towards a Healthier LGBT Scotland* Inclusion Project (2003)
- *Fair for All – The Wider Challenge Good LGBT Practice in the NHS* Inclusion Project (2004)
- *The Impact of Coming out on Health and Health Care Access: The Experiences of Gay, Lesbian, Bisexual and Two-Spirit People* S Brotman, B Ryan, Y Jalbert, Rowe, B (2002)
- *The GLBT Health Access Project: a state-funded effort to improve access to care* M Clark , S Landers , R Linde , Sperber, J (2001)
- *Lesbian, gay, bisexual and transgender health: findings and concerns* L Dean , I Meyer , K Robinson , Sell, R, Sember, R, Silenzio, V, Bowen, D, Bradford, J, Rothblum, E, White, J, Dunn, P (2000)
- *Speak Out: Report on the Findings of the Assessment of the Needs of Lesbian, Gay, Bisexual and Transgender People Living in Tayside* Diversitay LGBT Group (2004)
- *Information needs of gay, lesbian, bisexual, and transgendered health care professionals: results of an Internet survey* C Farquhar, L Keith (2004)
- *LGBT Youth & Social Inclusion: A Review of Existing Research* B Forsyth (2000)
- *Healthy People 2010: Companion document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health* Gay and Lesbian Medical Association , LGBT Health Experts USA (2001)
- *Needs Assessment for the Lesbian, Gay, Bisexual & Transgendered Community in the North West of Ireland* Health Promotion Department , Westcare Foyle Friend (2001)
- *Opening closed doors: improving access to quality health services for LGBT populations* I Jillson (2002)
- *Mapping LGBT Scotland: Report of Beyond Barriers survey of Scotland's LGBT sector* N Laird , N Bell , L Morgan (2003)
- *Are They There? Report of Research into Health Issues relating to Lesbian, Gay and Bisexual Young People in Lambeth, Southwark and Lewisham* B Cant (2003)
- *Something to Tell You: A Health Needs Assessment of Young Gay, Lesbian and Bisexual People in Glasgow* N Coia , S John , F Dobbie , Bruce, S, McGranachan, M, Simons, L (2002)
- *Social Exclusion - Homophobia and health inequalities: A review of health inequalities and social exclusion experienced by lesbian, gay and bisexual people* S Douglas Scott , A Pringle , C Lumsdaine (2004)
- *What Can We Do For LGBTQ Youth in North Yorkshire? An Assessment of Service Needs and Provision in the Sub-Region A* Richards , I Rivers (2003)
- *An evaluation of the Gay and Lesbian Youth Support Services (GLYSS) in Halton and Warrington.* C Perry (2001).

- *Caring for lesbian and gay people: a clinical guide.* A Peterkin. (2003)
- *Sexualities in health and social care: a textbook.* T Wilton. (2000)
- *Who Cares? Institutional Barriers to Health Care for Lesbian, Gay, and Bisexual Persons.* M J. Eliason. (1998)
- *Aspects in the nursing care of lesbians.* Royal College of Nursing. (1997)
- *Caring for lesbian and gay people: a clinical guide.* A Peterkin. (2005)

## Men and general health needs

There has been extensive research that examines the health needs of gay men, yet this research is predominately concerned with the sexual behaviour of gay men, and the prevention, treatment, and social policy implications of HIV and AIDS (see **Sexual health needs section** below). The majority of research concerned with other aspects of health care for gay men was conducted mainly in the early 1990s.

This preoccupation with sexual health and HIV can have an impact on service delivery to gay men. Gay men have health needs other than those that relate to sexual activity and HIV prevention. This preoccupation, however, can sometimes affect health service delivery. For example, a gay man might be celibate, or in a monogamous relationship, yet his GP might continually give him information about safe sex because it is assumed that this is the individual's only health care need. This emphasis on sexual health also perpetuates the notion that gay health needs are concerned with what men "do" rather than who they are. This also has an impact on people's perceptions of gay relationships. The narrow focus on sexual activity can sometimes demonstrate to young men, or men who are discovering their sexuality, that being gay is just about sex. This can have an impact on relationships, and on an overall sense of well-being. It is important that the health sector does not perpetuate this narrow understanding of gay male sexuality.

Research indicates that gay men would prefer to disclose their sexual orientation to health care professionals but are reluctant to do so because they are anxious about discrimination. Research also suggests that some gay men are concerned about issues relating to mental health, sexual behaviour and safety, weight issues and eating disorders, a lack of role models, and relationships. Some are also concerned about smoking, drinking, drug and alcohol abuse. For some, gay men just want to be able to be themselves when engaging with a health care professional. If patients do not feel able to be fully open, this may affect the accuracy of the information given to a health care practitioner, and the validity of any history that is taken. A patient's circumstances, living arrangements, income and lifestyle can have a direct impact on their health needs. Knowing more about a patient improves delivery of care.

## Evidence

- *Toward an image of male partnership* J Beebe (1993)
- *Confronting the Culture of Medicine: Gay Men's Experiences with Primary Care Physicians* ( G Beehler) 2001
- *Thinking it through: a new approach to sex, relationships and HIV for gay men* A Billington , F Hickson , M Maguire (1996)
- *Vital Statistic Ireland: Findings from the All-Ireland Gay Men's Sex Survey* (2000) D Carroll, B Foley, F Hickson, O'Connor, J, Quinlan, M, Sheehan, B, Watters, R, Weatherburn, P
- *Psychological well-being and gay identity: Some suggestions for promoting mental health among gay men* A Coyle , M Daniels (1992)
- *The role of disclosure in coming out among gay men* P Davies (1992)
- *It Makes me Sick: Heterosexism, homophobia and the health of Gay men and Bisexual men* C Dodds , P Keogh , F Hickson (2005)
- *The life-styles and health behaviours of gay men* R Fitzpatrick , J Dawson , JMcLean , Hart, G, Boulton, M (1989)
- *Yes, but does it work? Impediments to rigorous evaluations of gay men's health promotion* G Hart (1997)

- *Gay men's health* G Hart (1992)
- *Being Homosexual: Gay Men and Their Development* R Isay (1994)
- *A Survey of London Gay Men's Migration and Mobility* P Kelley , R Pebody , PScott (1996)
- *Doctoring gay men: exploring the contribution of general practice* Sigma Research (2004)
- *Boys' and Young Men's Health: Literature and Practice Review* T Lloyd , S Forrest (2001)
- *What do people believe about gay males? A study of stereotype content and strength* S Madon (1997)
- *The Social and Emotional Health Needs of Gay and Bisexual Men: a needs assessment* N McInninie (1998)
- *Ron Davies and the mysteries of male sexuality* N McKenna (1998)
- *Young gay men and absence of adequate signs and cultural images* A Middelthon (2002)
- *Primary care and gay and bisexual men: a report of research into the primary needs of gay and bisexual men and their perceptions of primary care practice.* B Cant (2004)
- *Primary health care & gay and bisexual men.* A Bains. (2005)
- *Social work practice and men who have sex with men.* S Joseph (2005)

## **Men and sexual health needs**

Extensive research exists that discusses and reports on the nature of sexual health amongst gay and bisexual men, and men who sleep with men. Like the rest of the population, gay men are at risk from sexually transmitted diseases. Gay men, however, remain the group at the greatest risk of getting infected with HIV in the UK. They are also at higher risk from sexually transmitted diseases.

Estimation of current HIV incidence rate among men who have sex with men is difficult. The often long period of time between the infection and diagnoses can make predicting the incidence rates hard. Also, some of the new infections will have occurred abroad either in the course of travel or before moving abroad. The great majority of new infections in this risk group will, however, have been acquired in the UK, and there are indications of rises in behaviours associated with increased risk among men who have sex between men in the UK. There is also some evidence to suggest that the increased availability of drug combination therapy has reduced people's anxieties about contracting HIV. Terence Higgins Trust estimate that a third of people with HIV do not know that they have been infected. At the end of September 2004, 32,412 men who have sex with men have been diagnosed with HIV.

On the basis of these figures gay men have been criticised for being promiscuous and taking unnecessary sexual risks. However, evidence suggests that some gay men have been very sensitive and responsive to safer sex promotion, and condoms are widely and properly used. The high rate of infection reflects a complex relationship between a lack of information in the early days of the epidemic, patterns of sexual activity, the risk of infection and prevalence of the virus among gay men.

The primary mode of transmission of HIV between men is through anal sex without a condom. For young gay men there may be particular problems with trying to practice safer sex. Some young gay men may not feel secure about obtaining or using extra strong condoms for anal sex because if they are seen purchasing or in possession of them it might be interpreted as a disclosure of gay identity. They also rarely have the benefit of sex education in school in which sexual behaviour between same-sex partners is discussed. This can make it very hard for young gay men to feel comfortable about negotiating safer sex. Research also suggests that some younger men feel that HIV and AIDS is an "old man" disease, and therefore if they have sexual relations with men under the age of 30, they are not at risk from HIV. The emphasis on HIV also gives younger men a sense of complacency about other STDs, which can be "cured" and therefore are not so important to avoid.

The majority of PCTs have recognised the importance of providing explicit, targeted safe sex support, and HIV prevention strategies to their local gay male community. Research is on-going to identify the best methods for preventing HIV infection, and sexually transmitted disease infection.

### **Evidence**

There is a considerable body of evidence about this area of LGB health. Below is a sample of some of the most recent research that might directly be relevant to the health sector. It is relatively easy to source further research in this area:

- *Supporting People with HIV: research into the housing and related support needs of people with HIV in Nottingham City* Sigma Research (2006)

- *Risk and reflexion: findings from the United Kingdom Gay Men's Sex Survey 2004*. Sigma Research, (2005)
- *Grievous harm: Use of the Offences Against the Person Act 1861 for sexual transmission of HIV*. Sigma Research, (2005)
- *Outsider status: stigma and discrimination experienced by Gay men and African people with HIV*. Sigma Research, (2004)
- *A telling dilemma: HIV disclosure among male (homo)sexual partners*. Sigma Research, (2004)
- *Making it Count: a collaborative planning framework to reduce the incidence of HIV infection during sex between men*. Third edition, Sigma Research (2003)
- *The Field Guide: applying Making it Count to health promotion activity with homosexually active men*. Terrence Higgins Trust, (2003)
- *Successful measures: Evaluation of CHAPS national HIV prevention campaigns targeted at gay men, 2001 to 2003*. Sigma Research, (2003)
- *Net benefits: gay men's use of the internet and other settings where HIV prevention occurs*. Sigma Research, (2003)
- *Project Nasah : an investigation into the HIV treatment information and other needs of African people with HIV resident in England*. Sigma Research, (2003)
- *Putting it about: health promotion for gay men with higher numbers of sexual partners*. Sigma Research, (2002)
- *Managing uncertainty: risk and unprotected anal intercourse among gay men who do not know their HIV status*. Sigma Research, (2001)
- *How to be a healthy homosexual: a study of CHAPS HIV health promotion with gay men*. Sigma Research, (2001)
- *Advertising awareness: evaluation of CHAPS national HIV prevention adverts and leaflets targeted at gay men, 1996 to 2000*. Sigma Research, (2001)
- *London counts: HIV prevention needs and interventions among gay and bisexual men in 16 London Health Authorities*. Sigma Research, (2000)
- *By any means necessary? Reflecting on how HIV prevention interventions work and the changes they bring about*. Sigma Research, (2000)
- *Proceeding with care. Phase 3 of an on-going study of the impact of combination therapies on the needs of people with HIV*. Sigma Research, (2000)
- *The facilitation of HIV transmission by other STIs during sex between men*. Reprinted by Sigma Research, (2000)
- *An investigation of the resource and support needs of gay men with HIV, their partners and their carers*. Second edition, Sigma Research, (1998).
- *Thinking it through: a new approach to sex, relationships, and HIV for gay men*. Camden & Islington Promotion Service and Ford Hickson (2004)

## Men and cancer

Cancer can affect anyone, regardless of their sexual orientation. Research suggests however, that gay men are sometimes at higher risks from some cancers because of their sexual orientation. This is sometimes because they do not respond to preventative health care messages because those messages are not targeted at them, or do not disclose their sexual orientation to their GP and therefore do not receive appropriate information. Research also suggests that there is an increased risk of some cancers, such as lung cancer and cancer of the liver because of lifestyle and social issues (see sections on smoking, alcohol, and drug use). Gay men are also at increased risk from testicular cancer because they do not respond to the same extent to preventative health messages or campaigns.

Limited research also suggests that gay men are more at risk from anal cancer and prostate cancer. All age groups of sexually active, HIV-negative men who have sex with men have a high prevalence of anal cancer precursors, which may reflect their ongoing sexual exposure to human papillomavirus (HPV), and which may explain high rates of anal cancer.

### Evidence

- *Anorectal cytology as a screening tool for anal squamous lesions: cytologic, anoscopic, and histologic correlation* M Friedlander, E Stier, O Lin (2004)
- *Preneoplastic anal lesions and anal canal carcinoma* C Ortholan, E Francois, J Gerard (2003)
- *HIV associated anal cancer and anal intraepithelial neoplasia* M Bower (2004)
- *Cancer in a population-based cohort of men and women in registered homosexual partnerships Screening and therapy of anal intraepithelial neoplasia (AIN) and anal carcinoma in patients with HIV-infection* A Kreuter, G Reimann, S Esser, Rasokat, H, Hartmann, M, Swoboda, J, Conant, M, Tschachler, E, Arasteh, K, Altmeyer, P, Brockmeyer, N M Frisch, E Smith, A Grulich, Johansen, C (2003)

## Women and general health needs

The health needs of lesbians are one of the most neglected research areas in health care. There is however increased recognition by some researchers that lesbians do have unique health care concerns, and are generally underserved by the health sector. Research suggests that lesbians do not respond to preventive health care messages, and do not seek intervention or support from the health sector. Lesbians also have specific health issues relating to fertility, pregnancy, sexual health, and mental health. Some are also concerned with weight issues, eating disorders, relationships, smoking, drinking and drug use. Research suggests that lesbians want to disclose their sexual orientation to their GP, but are reluctant to do so because they think that they might be discriminated against. This can lead to inappropriate delivery of services, for example, a woman may continue to take the contraceptive pill rather than indicate that they are lesbian. Research suggests that lesbians are generally unhappy with the level of service they receive from the health sector.

Research also suggests that lesbian identity does not necessarily reflect a lifetime of same-sex only relationships. Some women who identify as lesbian do have sex with men, or have had sex with men in the past. Furthermore, previous sexual relationships with men have an impact on a lesbian's health care needs.

America and Australia are both conducting further research into lesbian health needs, and some work has been conducted in the UK. There is still, however, distinctly less research into lesbian health needs in comparison to gay men's health needs. A thorough national needs assessment would help fill this gap.

### Evidence

- *The Liquidity of Female Sexuality and the Tenaciousness of Lesbian Identity* P Bart (1993)
- *LYSIS (Lesbian Youth Support Information Service) Report* J Bridget (1994)
- *Lesbian Youth Support Information Service (LYSIS): developing a distance support agency for young lesbians* J Bridget, S Lucille (1996)
- *Heart Truth for Lesbians* K DeBold (2004)
- *Sexual orientation and variation in physical and mental health status among women (USA)* A Diamant, C Wold (2003)
- *Sampling Lesbians: How to Get 1000 Lesbians to Complete a Questionnaire* J Fish (1999)
- *UK National Lesbians and Health Care Survey* J Fish, D Anthony (2005)
- *Lesbians and Health Care: A National Survey of Lesbians' Health Behaviour and Experiences* J Fish (2005)
- *A fair deal for lesbians in therapy: a point of view and an ethical issue?* C Galgut (2001)
- *First, service: Relationships, sex and health among lesbian and bisexual women* Sigma Research (2002)
- *Health Needs of Women who have Sex with Women: Healthcare workers need to be aware of their Specific Needs* C Hughes, A Evans (2003)
- *A survey of Lesbian Health in Manchester* Mancunian Health Promotion Specialist Service (1997)
- *Young lesbians: coming out into the future* L Markowe (2002)
- *Outing lesbian health in medical education* R McNair (2003)
- *In search of lesbian space: The experience of Manchester's gay village* A Pritchard, N Morgan, D Sedgley (2002)
- *A Mighty Silence: The Needs of Lesbian and Bisexual Women in Northern Ireland* M Quirey (2002)

- *Lesbian Health: Current Assessment and Directions for the Future* A Solarz (1999)
- *Women's sexual health, sexual satisfaction, and sexual orientation* A Stulhofer, M Gregurovic, D Stulhofer (2003)
- *Lesbian health: what are the issues?* P N Stern (1994).
- *Lesbian health: current assessment and directions for the future.* A L. Solarz (2003)
- *Lesbian health matters!* M O'Donnell (2005).
- *Gateways to improving lesbian health and health care: opening doors.* C M. Ponticelli. (1998)
- *Treating lesbians and bisexual women: challenges and strategies for health professionals.* E P Gruskin (2001).
- *Lesbian health inequalities: a cultural minority issue for health professionals* R McNair (2003)

## Women and sexual health needs

It is often assumed that women who have sex with other women cannot contract sexually transmitted diseases. This is because it is assumed that women do not exchange fluids during sex, and that sexual activity is similar to heterosexual foreplay. It is sometimes thought that sex between women does not really constitute sex at all and therefore does not pose a risk to either party. This is not the case. Women can, and do, exchange fluids, and engage in sexual activity that can have consequences for a woman's health. Women have to find information about safe sex from sources other than the health sector because these issues are not discussed between a health care practitioner and a patient. For example, women should wear gloves when participating in digital penetration, especially if either is menstruating. Condoms should be used with sex toys, and the toys should be washed before sharing. Women do contract sexually transmitted diseases from each other, and do need to be tested for asymptomatic diseases, such as chlamydia.

The lack of visibility and acknowledgement of lesbian sexuality can affect whether a woman feels able to discuss her relationship, or concerns about her relationships or sexual activity with a health care professional. Research suggests that, in common with other people, lesbians can experience concern about their level of happiness and sexual satisfaction in the relationship. Lesbians are unable to discuss their concerns and anxieties with a health care provider who does not understand or recognise the validity of their relationship or their sexual health needs and activity.

### Evidence

- *Health Needs of Women who have Sex with Women: Healthcare workers need to be aware of their Specific Needs* C Hughes, A Evans (2003)
- *Women's sexual health, sexual satisfaction, and sexual orientation* A Stulhofer, M Gregurovic, D Stulhofer (2003)
- *Lesbian women and sexual health: the social construction of risk and susceptibility.* K A. Dolan (2005)
- *Treating lesbians and bisexual women: challenges and strategies for health professionals.* E P Gruskin (2001)
- *Lesbian sexual health: deconstructing research and practice.* J C Farquhar. (1998)
- *Lesbian health: what are the issues?* P N Stern (1994)
- *Lesbian health: current assessment and directions for the future.* A L. Solarz. (1999)
- *Good for you: a handbook on lesbian health and wellbeing.* T Wilton (2000).
- *Are lesbians sexually healthy? A report of the 'Lesbian Sexual Behaviour and Health Survey.* C Farquhar. (2002)

## Women and cancer

Lesbians' risk of breast cancer is a much-debated issue in health research because lesbians are believed to be at higher risk than heterosexual women. This belief is based upon particular risk factors for breast cancer, which are said to be more prevalent in lesbians such as smoking and poor diet; and upon differences in preventive health behaviours: in particular, lesbians are said to be less likely to practise breast self-examination. It has also been suggested that lesbians are at greater risk because they are less likely to be pregnant; they therefore do not stop producing oestrogen at any stage. It is thought that this might increase risk of breast cancer.

It is also felt by some health care professionals that lesbians do not require cervical smear tests. This is because it is assumed that cervical cancer is caused by exposure of the cervix to sperm. Research suggests however, that there are other causes of cervical cancer, including HPV, sexual behaviour (including having unprotected sex at a young age – some lesbians may have done this), smoking, and diet. Research suggests that some lesbians have had sex with men in the past, lesbians are more likely to smoke, and likely to smoke more than heterosexual women, and have a poor diet. Research therefore indicates that all women with a cervix should receive cervical screening.

## Evidence

- *Cervical Screening and Lesbians* J Fish, S Wilkinson, J Ussher (2000)
- *Lesbians and Cervical Screening: Preliminary Results from a UK Survey of Lesbian Health* J Fish, S Wilkinson (2000)
- *Coming Out about Lesbians and Breast Cancer* L Barnoff, P Grassau, C Sinding (2004)
- *Understanding lesbians' healthcare behaviour: the case of breast self-examination* J Fish, S Wilkinson (2003)
- *Explaining Lesbians' Practise of Breast Self-Examination: Results from an UK Survey of Lesbian Health* J Fish , S Wilkinson (2003)

## Alcohol use

There is limited research about alcohol use amongst LGB people and research that does exist is sometimes conducted amongst a small number of people. This research does not necessarily depict general patterns of behaviour amongst the LGB community. There is also some concern that research has been conducted using samples identified from the “scene” and therefore the participants are more likely to be drinking. There is, however, some evidence about alcohol use amongst the LGB community that can help practitioners deliver effective care to patients.

Traditionally the LGB community has centred on bars and clubs. The limited provisions for LGB people by a local community have encouraged the development of the “scene”. LGB people want to meet other LGB people, and low and high levels of homophobia, and a lack of visibility of gay people in general society, means that LGB people want their own spaces. Popular culture demonstrates that LGB people congregate in bars and clubs, and therefore many feel that this is the natural place to go and meet other gay people. This is changing; in larger cities it is possible for gay people to meet others without necessarily going to bars and clubs. Yet there is still an emphasis on alcohol consumption and a culture that encourages excessive drinking. Furthermore, in common with generic studies about alcohol, LGB people are as likely to be affected by the trigger factors that prompt binge drinking as any other group.

The difference, however, is that LGB people may not feel targeted by preventative health messages in this area, or feel able to disclose drinking habits and circumstances to a health practitioner. Preventative health messages, and campaigns, are generally only targeted at heterosexual people. LGB people might engage in unprotected sex whilst drunk, or may find themselves in high risk situations. This is the same as heterosexual people, yet campaigns to reduce dangerous alcohol consumption do not address these concerns or communicate that they are relevant to gay people and are therefore not felt to be relevant to LGB people. The messages are therefore less likely to be effective in tackling alcohol consumption amongst LGB people.

## Evidence

- *Accepting ourselves and others: a journey into recovery from addictive and compulsive behaviours for gays, lesbians, and bisexuals.* S B. Kominars (1996).
- *Gay men, drinking, and alcoholism.* T S. Weinberg. (1994)
- *Vastly more than that: stories of lesbians & gay men in recovery.* G Kettelhack (2002).
- *Levels of HIV Testing and Low Validity of Self-Reported Test-Results Among Alcoholics and Drug-Users* C Lindan , A Avins , W Woods , Hudes, E, Clark, W, Hulley, S (1994)
- *Drug and Alcohol Use: Among LGBTs in the City of Leeds* N Noret, I Rivers (2003)
- *Alcohol and Seniors: Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adults: Alcohol dependence and misuse among older gay and lesbian people* C Spencer (2003)
- *Alcohol use, drug use and alcohol-related problems among men who have sex with men: the Urban Men's Health Study* R Stall, J Paul, G Greenwood, Pollack, L, Bein, E, Crosby, M, Mills, T, Binson, D, Coates, T, Catania, J (2001)

- *Alcohol consumption and unsafe sex: A comparison of heterosexuals and homosexual men* K Trocki, B Leigh (1991)
- *No connection between alcohol use and unsafe sex in gay and bisexual men* P Weatherburn, O Davies, F Hickson, Hunt, A, Coxon, A, McManus, T (1993)

## Smoking

Research suggests that LGB people are more likely to smoke than heterosexual people, and lesbians and bisexual women are more likely to smoke (and are likely to smoke more) than heterosexual people, or gay men. The exact reasons for this difference have yet to be identified, yet it is likely that (like alcohol consumption) social pressures to smoke are likely to be prevalent amongst the LGB community. Gay women are also less likely to get pregnant (a trigger point for giving up smoking) and are more likely to continue to go out to pubs and clubs on a regular basis for more years than their heterosexual counterparts.

Like alcohol, one of the problems with smoking and stopping smoking is that the preventative health care messages are not targeted at LGB people. For example, stop smoking campaigns state that “smoking makes you unattractive to the opposite sex”. This does not communicate with LGB people. Messages on cigarette packages only make a reference to female sexuality in relation to pregnancy. This means that LGB people are less likely to be receptive about anti-smoking messages.

## Evidence

- *Sexual Orientation and Women's Smoking* T Hughes, K Jacobson (2003)
- *Sexual Orientation and Tobacco Use in a Cohort Study of US Adolescent Girls and Boys* S Austin, N Ziyadeh, L Fisher, Kahn, J, Colditz, G, Frazier, L (2004)
- *Smoking Cessation for Gay Men* J Bensley (2002)
- *High Tobacco Use Among Lesbian, Gay, and Bisexual Youth: Mounting Evidence About a Hidden Population's Health Risk Behavior* A D'Augelli (2004)
- *Smoking behavior in a low-income multiethnic HIV/AIDS population* E Gritz, D Vidrine, A Lazev, Amick, B, Arduino, R (2004)

## Drug use

Drug use (especially amongst gay men) is one of the more heavily researched areas of LGB health issues. This is in part due to the fact that drug use is perceived to be a significant aspect of the LGB scene and community. It is also felt that drug use leads to high risk taking behaviour, and increased likelihood of unsafe sex. This can increase the risk of being infected with HIV. There is very little research conducted into the experience of lesbians and bisexual women.

Research suggests that drug use amongst gay men is significantly higher than heterosexual men. This, again, is because many aspects of the LGB community revolve around club and pub culture. It is also suggested that increased drug use is an established part of gay culture, and that it is difficult to avoid if you are a gay man who frequents the "scene". Research also suggests that homophobia, leading to low self-esteem, has a significant impact on the likelihood of gay people to take drugs. Gay men are also less likely to start a family, and therefore continue to attend clubs and pubs for longer than their heterosexual counterparts.

## Evidence

- *Behavioral intervention for meth-using MSM. Researchers want to spread word (2002)*
- *Club drugs & HIV: Drug treatment best hope for meth-using MSMs. Researchers want to get word out about problem. (2002)*
- *Methamphetamine use is heightening risks among gay youth. 'Club drugs' dull safe-sex sensibilities (2002)*
- *Are youth and drug use risk factors among German gay men? M Bochow*
- *Use of anabolic steroids and associated health risks among gay men attending London gyms G Bolding , L Sherr , JElford (2002)*
- *Amphetamine use is associated with increased HIV incidence among men who have sex with men in San Francisco K Buchacz , W McFarland , TKellogg (2005)*
- *Drug Misuse Amongst People from the Lesbian, Gay and Bisexual Community: A Scoping Study R Dyter , P Lockley (2003)*
- *"chem friendly": The institutional basis of "club-drug" use in a sample of urban gay men A Green (2003)*
- *Substance Use and Abuse in Lesbian, Gay, Bisexual and Transgender Populations T Hughes , M Eliason (2003)*
- *Outing Drugs: Report of the community-led research project focusing on drug and alcohol use by gay and bisexual male communities in Wiltshire & Swindon G Jefferson , N Tkaczuk (2005)*
- *MDMA ('ecstasy') use, and its association with high risk behaviors, mental health, and other factors among gay/bisexual men in New York City R Klitzman , J Greenberg , LPollack , Dolezal, C (2002)*
- *Circuit parties and patterns of drug use in a subset of gay men S Lee , M Galanter , HDermatis , McDowell, D (2003)*
- *Patterns and trends of drug use in the San Francisco Bay Area J Newmeyer (2003)*
- *Relationship of sexual orientation to substance use, suicidal ideation, suicide attempts, and other factors in a population of homeless adolescents J Noell , L Ochs (2001)*
- *Psychiatric and substance dependence comorbidities, sexually transmitted diseases, and risk behaviors among methamphetamine-*

- dependent gay and bisexual men seeking outpatient drug abuse treatment* S Shoptaw , J Peck , CReback , Rotheram-Fuller, E (2003)
- *Being high and taking sexual risks: Findings from a multisite survey of urban young men who have sex with men* A Stueve , L O'Donnell , RDuran , San Doval, A, Geier, J (2002)
  - *Addressing the needs of lesbian, gay, and bisexual drug users.* K Baker (1988)
  - *Counseling lesbian, gay, bisexual, and transgender substance abusers: dual identities.* D G. Finnegan. (2002)
  - *Diversity issues in substance abuse treatment and research.* S Loue (2003)
  - *Dual Identities: Counseling lesbian, gay, bisexual, and transgender substance abusers: dual identities.* D Finegan. (2002)
  - *Positive about drugs II: The essential guide for HIV+ gay men who use drugs.* G Monks (2000).
  - *A select body: the gay dance party subculture and the HIV/AIDS pandemic.* L A. Lewis (1997)
  - *Sexual chemistry: sex, drugs, and gay men* (2000)
  - *Tweakers: how Crystal Meth is ravaging gay America.* F Sanello.(2005)

## Domestic violence and same sex violence

There is a significant amount of research that discusses domestic violence between men and women. There is significant recognition that domestic violence occurs in a context in which a man is violent towards a woman. Increasing research however demonstrates that partner abuse is as common and as severe among same sex couples as among heterosexual couples. There is, however, a general lack of recognition that same sex domestic violence can occur. For example, same sex domestic violence is rarely acknowledged in the LGB community, social policy makers, lawyers, or health care practitioners. This lack of visibility makes it difficult for LGB people to report incidents of domestic violence or feel protected by structures that exist to protect people from domestic violence. Those who want to assist LGB people also struggle to find resources to help them do so, though it is encouraging that same-sex domestic violence is recognised in law since 2003.

LGB people are less likely to tell a health care practitioner that they are experiencing domestic violence if they do not feel able to disclose their sexual orientation to them. Research indicates that LGB people are reluctant to disclose their sexual orientation to their GP because they think they will experience discrimination. They might also be reluctant to demonstrate a problem within a relationship, especially if they think that the health care practitioner thinks gay relationships are generally unstable or unsustainable. LGB people may not want to perpetuate that view by admitting domestic violence.

### Evidence

- *Broken Rainbow Conference Report* C Jones (2002)
- *Homophobic Crime and Same-Sex Domestic Abuse* D Collins, M Vallely (2001)
- *Domestic Violence within Lesbian Relationships* K Townley (2001)
- *At the End of the Rainbow: A Report on Gay Male Domestic Violence and Abuse* M Lehman (1997)
- *Same-Sex Domestic Violence: Strategies for Change* S Lundy, B Leventhal (1999)
- *Lesbian, Gay Male, Bisexual and Transgendered Elders: Elder Abuse and Neglect Issues* L Cook-Daniels (2002)
- *Hold Tight, Tight Hold: A Project on Same-Sex Domestic Abuse: Same Sex Domestic Abuse - A New Approach* D Shelley (2002)
- *Violence & Abuse in Same-Sex Relationships: A Review of Literature* A Richards, N Noret, I Rivers (2003)
- *Hate crimes in Scotland: A summary of results from the Equality Network postcard and email survey on hate crimes* Equality Network (2004)
- *Gay identity, interpersonal violence, and HIV risk behaviors: an empirical test of theoretical relationships among a probability-based sample of urban men who have sex with men* M Relf, B Huang, J Campbell, Catania, J (2004)
- *Violence and social injustice against lesbian, gay and bisexual people* L Sloan, N Gustavsson (1998)
- *Domestic Abuse against Men in Scotland* D Gadd, S Farrall, D Dallimore, Lombard, N (2002)
- *Domestic Partner Abuse*. L Kevin Hamberger, Claire Renzetti. (1999)
- *Loving in Fear: lesbian and gay survivors of childhood sexual abuse*. Queer Press Collective. (1993)
- *Men who beat men who love them: battered gay men and domestic violence*. David Island. (1995)

- *Naming the violence: speaking out against lesbian battering.* National Coalition Against Domestic Violence, Lesbian Task Force (1989)
- *No more secrets: violence in lesbian relationships.* Janice Ristock. (2002)
- *Patterns of sexual violence among men.* P.M. Davies (1998)
- *Professional's guide to understanding gay and lesbian domestic violence: understanding practice interventions.* J.C. McClennen and J Gunther (2000)
- *Violent Betrayal: partner abuse in lesbian relationships.* C.M. Renzetti. (1993)

## Poverty and social exclusion

It is sometimes assumed that LGB people are more affluent than the general population. This is because it is assumed that LGB people work in high paid jobs and have no dependents. This has been perpetuated by some research that has been conducted either at gay lifestyle conferences, or via the gay press. Generally, more affluent people attend lifestyle conferences, and read expensive magazines.

There is no evidence to indicate that LGB people are either more affluent, or from lower income backgrounds than the rest of the population. From December 5th 2006, LGB people who receive benefits, and live with their partner are treated in the same way as heterosexual people; they have therefore been re-assessed as a consequence of their relationship. This has affected a significant number of people, who have been vocal in their objections to this joint income-assessment. This has indicated that there are LGB people in the UK who come from low-income backgrounds. It is also possible to assume that as women are more likely to live in poverty, two women are also more likely to live in poverty. In common with the general population, low-income has an impact on access to health care, and preventative health care. This inequality as a consequence of poverty will be heightened if LGB people do not seek health care intervention because they think they will be treated differently because of their sexual orientation.

### Evidence

- *Health Inequalities: Improving Health: Tayside Inequalities Strategy: Taking up the Challenge* Inequalities Strategy Group (2003)
- *Poverty and social exclusion of lesbians and gay men in Glasgow* S John, A Partick (1999)
- *Beyond recognition and redistribution: a case study of lesbian and gay workers in a local labour market in Britain.* R F Roisin. (2004)
- *Homo economics: capitalism, community, and lesbian and gay life.* A Gluckman and B Reed. (1997)
- *The housing and support needs of older lesbian, gay, bisexual, and transgender (LGBT) people in Scotland: a report to Communities Scotland.* ODS in partnership with Stonewall Scotland (2005).
- *Money, myths, and change: the economic lives of lesbians and gay men.* M Virginia L Badgett. (2001)
- *Poverty: lesbians and gay men; the economic and social effects of discrimination.* Combat Poverty Agency. (1995)
- *What difference does 'difference' make? : towards an understanding of homelessness for young lesbian and gay people.* G A. Dunne (1996)
- *Working Class Gay Men: Redefining Community, Restoring Identity* P Keogh, C Dodds, L Henderson (2002)

## Parenthood and families

Culture and society reflects a narrow view and concept of family that revolves around the ideal of an opposite sex couple. Despite increased emphasis at all levels of government on the importance of family to the fabric of society, there is limited acknowledgement that same-sex couples are capable of constituting a family, and that same-sex couples (and gay people who are not in a relationship) have children, or have caring responsibilities to others within their immediate family, or indeed are members of their immediate family.

Two key legislative developments have made a difference; first, the Adoption and Children Act 2002 in England and Wales enables same-sex couples to be considered for adoption, and the Civil Partnership Act 2004 makes explicit reference to the responsibilities of a civil partner to their family. The Civil Partnership Act also grants next of kin rights to same sex couples. These legislative developments, however, do not necessarily reflect general progress. For example, there is still a degree of invisibility at school, within the workplace, and within government policy, and this has a significantly detrimental effect on lesbian and gay people and their families. When lesbian and gay families are acknowledged, it is often in a negative context. It is erroneously assumed that gay parenting has a negative impact on the upbringing of children, and does not constitute a “real” family. This makes it difficult for same sex couples to feel able to be open about their relationship and family status to health care practitioners, or to social care providers.

### Evidence

- *Growing up in a lesbian family: effect on child development* K Anderson (1997)
- *The Different Dimensions of Gay Fatherhood* G Dunne (1999)
- *Gay fathers and their children: what we know and what we need to know* H Barrett, F Tasker (2002)
- *Same Sex Intimacies: Families of Choice and Other Life Experiments* C Donovan, B Heaphy, J Weeks (2001)
- *Children's Play Narratives: What they tell us about Lesbian-Mother families* Golombok (1999)
- *Children With Lesbian Parents: A community study* Golombok (1999)
- *Children raised in fatherless families from infancy: A follow up of children of lesbian and single heterosexual mothers at early adolescence.* Golombok (1999)
- *All our families: new policies for a new century: a report of the Berkeley family forum.* M A Mason, A Skolnick, S D. Sugarman (2003)
- *Changing family values: feminist perspectives.* G Jagger, C Wright. (1999)
- *Eating fire: family life, on the queer side.* Michael Riordon. (2002)
- *From this day forward: commitment, marriage, and family in lesbian and gay relationships.* G A. Stiers. (2000)
- *The gay & lesbian marriage & family reader: analyses of problems and prospects for the 21st century.* J M. Lehmann. (2001)
- *Guidance for nurses on 'next-of-kin' for lesbian and gay patients and children with lesbian or gay parents.* Royal College of Nursing. (2003)
- *Lesbian, gay, and bisexual identities in families: psychological perspectives.* C J. Patterson, A R. D'Augelli (1999).
- *No place like home: relationships and family life among lesbians gay men.* C Carrington (2003)
- *Queer families, queer politics: challenging culture and the state.* M Bernstein, R Reimann (2003).

- *Same-sex couples and same-sex-parent families: relationships, parenting, and issue of marriage.* A Ambert (2004).

## Maternity, pregnancy, and fertility

Maternity, pregnancy and fertility are areas in which LGB people will actively seek health care and are likely to be open about their sexual orientation. There are several ways in which lesbians can get pregnant. They may source sperm themselves, from a known donor (sometimes a gay man who wishes to co-parent), and self inseminate. In this case the health care practitioner may not know that the woman has become pregnant as a consequence of self-insemination. Alternatively, a lesbian may go to a fertility clinic for anonymous sperm and In-Utero-Insemination (IUI). The woman will have to be referred to a clinic by her GP.

Legislation exists that prevents lesbian and gay people from seeking fertility treatment in order to have a child. It is generally acknowledged that the safest way for a lesbian to conceive is through IUI as apposed to via informal arrangements with a man. In order to receive IUI, a lesbian must secure a referral from her GP and then be accepted by a fertility clinic. A fertility clinic is bound by rules set down in the Human Fertility and Embryology Act (1990) (HFEA) which makes explicit that any fertility treatment must be administered whilst considering the welfare of the child. The welfare of the child clause makes explicit reference for a child's need for a father. Some clinics accept a lesbian couple's explanation and reassurances about male role models, but the insistence perpetuates the belief that a child can only be brought up with a man and a woman. Gay men can also experience discrimination at this stage if they are a known donor in the process. Sometimes, health care practitioners decide that the arrangement is unsuitable, and refuses treatment to the couple.

Lesbians can experience discrimination during pregnancy and childbirth from midwives and other health care practitioners. For example, a non-biological birth mother may be excluded from discussions or decisions. Pregnancy provides an invaluable gateway into the health sector. Discrimination at this stage can perpetuate attitudes and assumptions about discrimination in the health sector and therefore discourages LGB people from seeking preventative health care or health care in general.

### Evidence

- *Pregnancy General Formal Investigation, Wales: Research into Lesbians' Experiences of Pregnancy and Work* A Parken (2004)
- *Towards a better understanding of the cultural roots of homophobia in order to provide a better midwifery service for lesbian client* T Wilton (1999)
- *Lesbian couples and single women: discrimination and UK licensed fertility clinics* K Saria (2000)
- *Challenging conceptions: planning a family by self insemination.* L Saffron. (1998)
- *Lesbian Motherhood: an exploration of Canadian lesbian families.* F Nelson. (1996)
- *Lesbian Motherhood in Europe.*(1997)
- *Making babies, making families: what matters most in an age of reproductive technologies, surrogacy, adoption, and same-sex and unwed parents.* M L Shanley (1997)
- *Negotiating lesbian parenthood.* P A Stevens.
- *Perverting Motherhood? Sexuality and lesbian parent families.* J Gabb
- *Women parenting together: motherhood and family life in same sex relationships.* K Almack. (2002)

## **LGB people from black and ethnic minority communities**

On average, black and ethnic minority communities experience worse health outcomes than their white counterparts. Barriers exist that prevent full inclusion by people in the health sector. Removing these barriers is a key objective of the Department of Health and the health sector in general. The Health sector also recognises its obligations under the Race Relations (Amendment) Act (2000) not just to promote race equality but to improve relations between different ethnic groups and build cohesive communities.

LGB people can also belong to black and ethnic minority communities and can experience homophobia within their own communities, and racism from the gay community. They may also experience racism and homophobia from health care practitioners. Discrimination acts as a barrier to full health inclusion and therefore measures to tackle racism should also include measures to tackle homophobia.

Evidence suggests that currently black gay and bisexual men are under served within the health sector, yet black gay and bisexual men remain amongst one of the highest 'at risk' groups of getting and passing on sexually transmitted infections, including HIV/AIDS. This indicates that specific health care messages have to be developed to communicate effectively with men. There is limited research about the unique health care needs of women from black and ethnic minority communities.

### **Evidence**

- *Asian American sexualities: dimensions of the gay and lesbian experience.* R Leong. (1996)
- *Asian gay counter-hegemonic negotiation of Birmingham's pink pound territory.* C Bassi. (2003)
- *Black gay man: essays.* R F. Feid-Pharr.(2002)
- *Contemporary mental health issues among African Americans.* D A. Harley, J M Dillard. (2004)
- *Say it Loud I'm Black and I'm Proud: Black Pride Survey 2000* J Battle , C Cohen , DWarren , Ferguson, G, Audam,
- *Age and race mixing patterns of sexual partnerships among Asian men who have sex with men: Implications for HIV transmission and prevention* K Choi, D Operario, S Gregorich,Han, L (2003)
- *Spirituality and sexual orientation: relationship to mental well-being and functional health status* C Coleman (2003)
- *The influence of dual-identity development on the psychosocial functioning of African-American gay and bisexual men* I Crawford, K Allison, B Zamboni, Soto, T (2002)
- *What are you like? Accessing the sexual health needs of Black gay and bisexual men* K Fenton, B White, P Weatherburn,Cadette, M (1999)
- *The Low Down: Black Lesbians, Gay Men and Bisexual people talk about their Experiences and Needs* GALOP (2001)
- *Triple jeopardy: Targeting older men of color who have sex with men* A Jimenez (2003)
- *Ethnic Minority Gay Men: Redefining Community, Restoring Identity* P Keogh, L Henderson, C Dodds (2004)
- *Perceptions of condom use among African American men who have sex with men* Peterson, R Bakeman, J Blackshear,Stokes, J (2003)

## LGB disabled people

Like LGB people who belong to black and ethnic minority communities, disabled people who are LGB also experience barriers to effective health care. Research has demonstrated that significant barriers exist for disabled people. Health care practitioners are generally only concerned with medical and functional support for disabled people, and generally fail to recognise the personal and emotional needs. The health sector also fails to provide advice and guidance about safer sex to disabled people, generally assuming that disabled people are asexual. Barriers can also exist for people with learning difficulties, who are often not fully informed about sexual orientation issues or their rights in relation to sexual activity.

Supporting disabled people who are LGB requires a primary acknowledgement that they might be gay, rather than assuming that sexual orientation inclusion does not concern them.

### Evidence

- *Prospects for Identity Formation for Lesbian, Gay, or Bisexual Persons with Developmental Disabilities* S Thompson, M Bryson, S de Castell (2001)
- *She Dances to Different Drums: Research into Disabled Women's Sexuality* K Sells, M Hill, B Robbins (1998)
- *Disabled Lesbians: Challenging Monocultural Constructs* C O'Toole (1994)
- *Diversity in disability: Exploring the interactions between disability, ethnicity, age, gender and sexuality* D Molloy, T Knight, K Woodfield (2003)
- *A Double Coming Out - Gay Men with Learning Disabilities* C Davidson-Paine, J Corbett (1995)
- *Sexuality and People with Psychiatric Disabilities* J Cook (2000)
- *Exile & Pride: Disability, Queerness, and Liberation* E Clare (1999)
- *How Far to Gay? The Politics of HIV in Learning Disability* P Cambridge (1997)
- *It's Not Just About Ramps and Braille: Disability and Sexual Orientation* M Brothers (2000)
- *Secret Loves, Hidden Lives: Exploring issues for people with learning difficulties who are gay, lesbian or bisexual* D Abbott, J Howarth (2005)
- *Sexuality and spinal cord injury: gay men / researched) for the Spinal Injuries Association.* M Hooper and REGARD (1995)
- *Queer crips: disabled gay men and their stories.* B Guter, J R. Killacky. (2003)

## Younger LGB people

Sexual orientation and homophobia has a significant impact on health care needs yet these needs can differ depending on the stage of life of the person. For young people who think they might be gay, are gay, or who are perceived to be gay, it can be difficult to be in school. There are very few mechanisms in place in schools to support young people who experience homophobic bullying, and those with gay people in their family are also exposed to abuse. There is also a marked lack of positive role models to help shape a young person's experience and understanding of their sexuality.

Young people are exploring their sexuality at a young age. Although there is no universal age, young people are increasingly sexually active (even if they do not have full sexual intercourse), and therefore it is logical to assume that gay people are realising their sexuality at younger ages, sometimes as young as 12. A lack of safe sex information at school, can lead to unsafe practices amongst the gay community. Some gay people say that they always knew they were gay. This can lead to difficulties for families who want to support children who may be gay or think they are gay. Although the issue of supporting a child who is gay is becoming a more mainstream topic on adult television, parents can be distressed by the thought that their child is gay. This is caused by the fact that being gay is still seen to be negative. A popular portrayal of gay life is one of promiscuity, drug and alcohol abuse, and unhappiness. Furthermore, most resources for young people who think they might be gay reiterate the thinking that being gay is usually a phase that will pass or might pass. For some young gay people, such reassurance can prove more confusing than the initial feelings. This has implications for the health service. Low self-esteem amongst gay people can lead to (sometimes long term) mental health problems. Parents may also feel that they can't discuss their concerns with a health care professional, in case they will be judged.

There are local LGB youth organisations, which can help create a positive identity for young people, but finding out about these, and having resources and freedom to attend meetings, depends entirely on the individual, their family or their school. Some young people in rural areas (for example) struggle to access gay listings or attend meetings without arousing suspicions from their family. This leads to a further sense of isolation and exclusion.

Some young people find themselves excluded from home if they are lesbian or gay. This, coupled with an unsupportive school environment, can lead to complete social exclusion. The young person may find themselves in care, or even homeless. Health care practitioners can play a crucial role in supporting and informing young people, and this positive relationship can change the way in which young people relate to the health sector in the future.

### Evidence

- *'I Am the Hate that Dare Not Speak its Name': Dealing with homophobia in Secondary Schools* N Adams, T Cox, L Dunstan (2004)
- *Teenage Sexuality in Scotland* E Burtney (2000)
- *Exploring Health Inequalities: The views of young people on Young Gay & Lesbian issues* E Christie, F Snowsill, J Redman (2001)
- *Something to Tell You: A Health Needs Assessment of Young Gay, Lesbian and Bisexual People in Glasgow* N Coia, S John, F Dobbie, Bruce, S, McGranachan, M, Simons, L

- *LGBT Youth & Social Inclusion: A Review of Existing Research* B Forsyth (2000)
- *Stand up for Us: Challenging homophobia in schools* M Jennett (2004)
- *The Sexual Health Needs of LGBT Young People* LGBT Youth Scotland (2004)
- *Boys' and Young Men's Health: Literature and Practice Review* T Lloyd, S Forrest (2001)
- *"Hidden in Plain Sight": Homelessness Amongst Lesbian and Gay Youth* W O'Connor, D Molloy (2001)
- *Homophobia, Sexual Orientation and Schools: a Review and Implications for Action* I Warwick, E Chase, P Aggleton (2004)

## Older LGB People

Older people face several issues that concern the provision of social services in the UK. Gay people are more likely to live alone when they are older (though this situation may change in time), and are more likely to be without children. There are also difficulties surrounding access to appropriate care through retirement homes, who may not be equipped or willing to support same sex partners. Many elderly lesbian and gay people are apprehensive about having to go into a nursing home, and possibly back into a situation where they do not disclose their sexual orientation. Concerns also arise regarding appropriate support and care from care workers, who may refuse to recognise extended “families” within the gay community, or may not allow a person to spend “social time” in a gay venue. Society assumes that LGB people are young and active; it does not occur to society that older people may be gay too. These issues inevitably have an impact on effective delivery of health care. A thorough needs assessment is necessary to establish the exact needs of older gay people.

## Evidence

- *Issues facing Older Lesbians, Gay Men and Bisexuals* Age Concern (2002)
- *Opening doors to the needs of older lesbians, gay men and bisexuals* Age Concern England (2002)
- *Lesbian and Gay issues in Residential Care Homes (Blackpool, Fylde, Preston & Wyre)* E Brown (2002)
- *Lesbian, Gay Male, Bisexual and Transgendered Elders: Elder Abuse and Neglect Issues* L Cook-Daniels (2002)
- *The diverse older HIV-positive population: A national profile of economic circumstances, social support, and quality of life* S Crystal, A Akincigil, U Sambamoorthi, Wenger, N. Fleishman, J, Zingmond, D, Hays, R, Bozzette, S, Shapiro, M (2003)
- *The Housing Needs Of Older Lesbians & Gay Men in the North East* C Duckworth, S Botcherby, M Foley (1999)
- *Efficacy of group psychotherapy for homosexual aging males* P Gagliesi (2002)
- *Lesbian, Gay and Bisexual Lives over 50* B Heaphy, A Yip, D Thompson (2003)
- *Triple jeopardy: Targeting older men of color who have sex with men* A Jimenez (2003)
- *Social Care Needs Of Older Gay Men and Lesbians On Merseyside* G Kitchen (2003)
- *The Gay Man's Guide to Growing Older* J Lockhart (2002)
- *'Opening Doors' A Literature Review* A Turnbull (2002)