LGBT Awareness
Our vision is a vibrant, diverse lesbian, gay, bisexual and trans community in Birmingham, UK in which individuals can realise their full potential and have equal access to what the city has to offer.
Birmingham LGBT is an award winning charity, delivering holistic, asset based sexual health and well-being interventions to the LGBT/MSM communities in Birmingham & Solihull. We are also a key delivery partner in University Hospitals Birmingham NHS Foundation Trusts ‘Umbrella’ integrated sexual health service.
Sexual Orientation & Gender Identity
What is Sexual Orientation?

‘Sexual Orientation is a combination of emotional, romantic, sexual or affectionate attraction towards another person.’

World Health Organisation Definition 2006
Influences and expression?

Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices and relationships.

Sexuality is influenced by the interaction of biological, psychological, social, economical, political, legal, historical, religious, cultural and spiritual factors’.

World Health Organisation Definition 2006
What’s the T?

In relation to the LGBT service, the ‘T’ stands for ‘Transgender’ or ‘Trans’ and is an umbrella term referring to members of the trans community.

The term ‘Trans’ may include transsexuals, cross dressers and other gender variant people.

Some transgender people may or may not choose to alter their bodies hormonally and/or surgically.
Gender identity vs sexual orientation

Sexual orientation describes an individual's enduring physical, romantic, emotional, and sexual attraction to another person (for example: straight, gay, lesbian, bisexual).

Gender identity is someone's personal sense of their own gender (for example: male, female, or neither). Just like people who are not transgender, transgender people may identify their sexual orientation as straight, lesbian, gay, or bisexual.
Some uncomfortable statistics
Lesbian, gay, bisexual and trans (LGBT) people experience a number of health inequalities which are often unrecognised in health and social care settings. Inequality, discrimination and invisibility (non recognition of needs) has a negative impact on the health of LGBT people in terms of lifestyles, mental health, sexual health and other risks. This creates real and significant barriers to equality of access. (Department of Health)
Gay & Bisexual Men are 5½ times more likely to deliberately self harm or attempt suicide than heterosexual men. Lesbian women are more than 2½ times more likely than heterosexual women.

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.

LGBT People are more likely to misuse recreational drugs/alcohol than their heterosexual counterparts. Root causes are most commonly associated with inequality and discrimination.

1 in 11 MSM in London and 1 in 28 MSM outside of London are HIV infected.

Globally, trans women are 49 times more likely to be infected with HIV than cisgender women.

Sources: DoH, CliniQ & PHE
Background
Why there are real & feared barriers
Changing Times *(in the UK)*

**Pre 1967** I could have been jailed for being openly gay

**Pre 1992** I could have been an inpatient in psychiatric hospital as being gay was considered a mental illness that could be *treated* with barbaric *therapies*

**Pre 1994** my same sex partner could have been jailed for having a consensual intimate relationship with me because I was 18 and he was 22

**Pre 2005** I could not have my same sex partner officially recognised as my next of kin and he did not have inheritance rights

**Pre 2014** I could not marry my same sex partner

**In 2014** in the UK I had equal rights and protection in law from discrimination
The Equality Act 2010

This act brings together, simplifies, updates and strengthens current legislation to provide a new anti discrimination law. It supersedes previous separate acts of anti discriminatory law.

The Equality Act aims to protect individuals from unfair treatment and to promote a fair and more equal society.
Protected Characteristics

The Act prevents discrimination on the grounds of

1. Age
2. Disability
3. Gender
4. Gender Reassignment
5. Marriage & Civil Partnership
6. Pregnancy and Maternity/ Paternity
7. Race
8. Religion or Belief
9. Sexual Orientation
The global picture is quite different

Same Sex Marriage
Other types of partnerships
Marriage recognised but not performed
Same sex rights or unions not recognised

Restricted Freedom of expression
Unenforced penalty
Imprisonment
Up to Life Imprisonment
Death Penalty
Executed for being gay
A Russian anti-gay vigilante video shows a victim forced to drink urine.

An example of a Russian anti-gay vigilante video posted on social media where gay people are trapped, humiliated and abused for ‘fun’. This practice is termed as ‘Safari’.
THE REFORMED CHURCH

SUN SERVICE 10AM
BINGO TUES/FRIDAY 8PM
GAY EXORCISM WEDS 9PM

"PRAY HELP IS COMING"
Minority Stress

Minority stress: can be described as the chronically high levels of stress which can be experienced by stigmatised minority groups. A number of factors can cause this such as poor social support or low socioeconomic status, disparities between minority and dominant values. The most commonly understood causes of minority stress are interpersonal prejudice and discrimination.
Terms and acronyms explained
Fairy Tales
MAY 26 - JUNE 3 2011
PLAZA

GAY
FILM FESTIVAL

TWINK
FILM FESTIVAL

LESBIAN
FILM FESTIVAL

BUTCH
FILM FESTIVAL

BEAR
FILM FESTIVAL

TRANSGENDER
FILM FESTIVAL

TWO-SPIRITED
FILM FESTIVAL

HOMO
FILM FESTIVAL

BISEXUAL
FILM FESTIVAL

FEMME
FILM FESTIVAL

ALLIES
FILM FESTIVAL

QUEER
FILM FESTIVAL

The Name Game
Birmingham LGBT
Supported by umbrella
Most commonly used community descriptive acronym

L – Lesbian

G – Gay

B – Bisexual

T – Trans*/Transgender
**Lesbian** – Women who are sexually attracted to women. Some women may refer to themselves as gay, others prefer the term lesbian.

**Gay** – Men who are sexually attracted to men or women who are attracted to women. Although more commonly used when referring to men, 'gay' applies to women too.

**Bisexual/bi** – People who are sexually attracted to people who are either men or women.

**Heterosexual (straight)** – People who are attracted to people of the opposite sex.

**Pansexual/pan** – people who are sexually attracted to people of any gender or people who are non-binary. This could be someone who says that they don’t think gender is important in their attraction to other people.
Queer – a term that some people use who aren’t straight. Although some older people might find this word offensive as it was often used to insult LGBT people, some people/groups nowadays have reclaimed the word and use it because they don’t like other labels.

Asexual – people who are not sexually attracted to others (but may be romantically). Some asexual people may find that they don’t want to date or be in a relationship with other people because they don’t feel any attraction to them.

MSM – ‘Men who have Sex with Men’, commonly used acronym in sexual health which refers to gay and bisexual men as well as other men who do not necessarily identify as gay or bisexual but do have sex with other men.

WSW – ‘Women who have Sex with Women’, a less commonly used acronym in sexual health referring to lesbian or bisexual women, or women who may not identify as either lesbian or bisexual but who do have sex with women.
**Trans/Transgender** – someone whose gender identity or gender expression is different from the gender that they were ‘assigned’ at birth.

**Gender Reassignment** – a process whereby a person’s physical sexual characteristics are changed by means of surgery or hormone treatment, to ‘reassign’ the gender given at birth.

**Cisgender** – someone whose gender identity or gender expression matches the gender they were assigned at birth.

**Transsexual** – a term that is less common nowadays, mainly used by clinicians to refer to someone who has had surgery as part of their transition.

**Intersex** – term used to describe a person is born with a reproductive or sexual anatomy that doesn’t fit the typical definitions of either female or male.

**Non-binary/genderqueer/gender fluid** – someone who doesn’t feel that they are either male or female. They might feel a combination of the two or at times, one or the other, or none at all – no gender.
**Crossdresser/Crossdressing** – the act of wearing items of clothing and accoutrements commonly associated with the opposite sex within a particular society.

**Transition/transitioning** – if someone does not identify with the gender identity they were assigned at birth they may choose to transition. This is a very personal decision and can happen in many different ways, depending on the person and the options available to them.

**Pronouns** – the words we use to refer to someone like, *he*, *she* and *they*. Making assumptions about how to refer to someone can cause offence. Ask sensitively if unsure.
Words & Expressions we don’t use
Internalised homophobia/transphobia
People may be very affected, sensitive or fearful at point of entry
What is internalised homophobia/transphobia?

Internalised homophobia/transphobia happens when LGBT people are subjected to negative perceptions, intolerance, invisibility and stigmas towards them, in society, family, interpersonally etc.

Like everyone else, LGB & T people may be socialised into thinking that being non-heterosexual, non-cisgender is somehow “bad”, “wrong” or “immoral”. This can lead to feelings of self-disgust and self-hatred. These feelings can lead to “internalised homophobia” or “internalised transphobia”, also known as “internalised oppression”.

One definition is “the gay person’s direction of negative social attitudes toward the self, leading to a devaluation of the self and resultant internal conflicts and poor self-regard.” (Meyer and Dean, 1998).

Another is “the self-hatred that occurs as a result of being a socially stigmatised person.” (Locke, 1998).
What Effects Can it Have?

1. Denial of sexual orientation to self and others.
2. Attempts to alter or change your sexual orientation.
3. Feelings of never being ‘good enough’.
4. Obsessive thinking and/or compulsive behaviours.
5. Under-achievement or even over-achievement as a bid for acceptance.
7. Contempt for the more open or obvious members of the LGBT community.
8. Denial that homophobia, transphobia, heterosexism, biphobia or sexism are serious social problems.
9. Contempt for those that are not like oneself or contempt for those who seem like oneself. Sometimes distancing by engaging in homophobic behaviours – ridicule, harassment, verbal or physical attacks on other LGBT people.
10. Projection of prejudice onto another target group.
11. Becoming psychologically abused or abusive or remaining in abusive relationships.
12. Attempts to be viewed heterosexual, sometimes marrying someone of the opposite sex to gain social approval.
13. Increased fear and withdrawal from friends and relatives.
14. Attempts to ‘cure’ oneself
15. Shame or depression; defensiveness; anger or bitterness.
16. Truancy or dropping out of school. Also, workplace absenteeism or reduced productivity.
17. Continual self-monitoring of one’s behaviours, mannerisms, beliefs, and ideas.
18. Clowning as a way of acting out society’s negative stereotypes.
19. Mistrust and destructive criticism of LGBT community leaders.
20. Reluctance to be around or have concern for children for fear of being seen as a paedophile.
21. Conflicts with the law.
22. High risk sexual practices or destructive risk-taking behaviours-increasing risk factors for HIV and other STI infections.
23. Separating sex and love, or fear of intimacy. Sometimes low or lack of sexual drive or celibacy.
24. Substance abuse, including alcohol and drugs.
25. Self neglect, smoking, poor diet
26. Mental health problems, psychological or psychiatric disorders
27. Suicidal ideation, attempting suicide, committing suicide
PROBLEMS WITH THE TERM

Many LGBT people do not relate to or identify with the expression “internalised homophobia” or “internalised transphobia” and as a result end up rejecting the idea before thoroughly examining its meaning or recognising that they may be affected, or that this may have led to health issues or other difficulties.

The word “internalised” presents the first barrier. “The concept suggests weakness rather than the resilience demonstrated by LGBT people and keeps the focus away from the structures of inequality and oppression.” (Williamson, I., 2000)

Sometimes using the terms ‘heterosexism’, ‘self-prejudice,’ ‘homonegativity,’ or ‘transnegativity’ in addition to the widely accepted term “internalised homophobia,” or “internalised transphobia” can help to add depth to our comprehension of the true meaning of the issue.
What can help?
Some suggestions....
Overcoming barriers

Treating patients with dignity and respect is at the heart of a good healthcare service. Many lesbian, gay and bisexual people report that they are assumed to be heterosexual by healthcare staff which impacts on the way they interact with the health service and on how comfortable they feel using health services. Many trans people are misgendered or met with an awkward lack of awareness.

There are a number of steps health services can take to improve the experiences of lesbian, gay, bisexual and trans people:

- Train staff on the importance of not assuming someone’s sexual orientation.
- Use posters, leaflets and information that include images of lesbian, gay, bisexual and trans people to help create a welcoming environment.
- Ensure privacy measures to allow disclosures (eg: at reception, etc).
- Provide health information that is relevant to lesbian, gay, bisexual and trans people.
• Health and social care organisations should develop very visible campaigns that tackle homophobic, biphobic and transphobic bullying and discrimination and encourage reporting. Organisation leaders should support this activity and implementation should form part of appraisal processes for managers.

• Health and social care organisations should ensure their bullying and harassment policies communicate a zero-tolerance approach to bullying and abuse on the grounds of sexual orientation and gender identity. Policies should include examples of homophobic, biphobic and transphobic bullying and harassment as well as easy and anonymous routes to reporting.

• Health and social care organisations should update patient complaints procedures and communicate to all staff that homophobic, biphobic and transphobic complaints will be taken seriously.
• Health and social care organisations should make sure frontline staff are trained to understand the health needs of LGBT people, and provide them with equal treatment.

• Admission/registration paperwork should include relevant and appropriate options for patient or service users sexual orientation and gender identity.

• Health and social care organisations should make sure that trans health needs, and providing trans people with equal treatment is covered in staff training and should seek support from organisations with expertise in the area.

• Organisations could consider joining the Stonewall Diversity Champions Programme and entering the Workplace Equality Index to support them to develop and measure inclusive and supportive working environments.
• Organisations should communicate a clear message that abuse including from patients towards staff is unacceptable and provide guidance on how to respond to homophobic, biphobic and transphobic bullying/discrimination.

• Organisations should ensure that LGBT staff are supported in the workplace through the creation of or promotion of staff network groups and staff forums, as well as mentoring and reverse mentoring programmes.

• Managers/leaders should implement routine sexual orientation and gender identity monitoring of patients and service users alongside training, support and guidance for staff in order to improve confidence and understanding around the benefits of equality monitoring and enable them to track experience and health outcomes.
Birmingham LGBT Services
Birmingham LGBT provides a range of holistic, asset based services to the LGBT/MSM communities in Birmingham & Solihull as well as accommodating numerous community and peer led groups. For more info visit: www.birminghamlgbt.org.uk
Referrals:

Just call us!