



Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service

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# HSE Rainbow Badge

PRACTICE GUIDE FOR HEALTHCARE PROFESSIONALS



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**This practice guide does not have all the answers.**

**It is a resource to assist you in meeting the needs of LGBTI+ patients / service users.**

The information within this resource is taken from many resources including best practice, research, national / service documents and is informed by LGBTI+ people (lesbian, gay, bisexual, transgender, intersex; the + simply means inclusive of all identities, regardless of how people define themselves). We have found this information useful in our day to day clinical practice and hope you do too.

This guide was developed for use in Linn Dara Child & Adolescent Mental Health Services and Children's Health Ireland sites.

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## Terminology

<b>Agender</b>	A person with no (or very little) connection to the traditional system of gender, no personal alignment with the concepts of either man or woman, or someone who sees themselves as existing without gender. Sometimes called gender neutral or genderless.
<b>Androgynous</b>	A gender expression that has elements of both masculinity and femininity.
<b>Aromantic</b>	A person who experiences little or no romantic attraction to others and/or has a lack of interest in romantic relationships or behaviour.
<b>Asexual</b>	A person who experiences little or no sexual attraction to others or a lack of interest in sexual relationships/behaviour. Asexuality is different from celibacy.
<b>Biological Sex</b>	A medical term used to refer to the chromosomal hormonal and anatomical characteristics that are used to classify and individual as male, female or intersex. Often seen as binary, but its more accurate to view this as a spectrum. Commonly conflated with gender.
<b>Bisexual</b>	A person who is attracted to people of the same gender and also to people of other genders.
<b>Cisgender</b>	A person whose gender identity and gender expression are aligned with the sex observed and recorded at birth.
<b>Cisgenderism</b>	The assumption that a cisgender identity is more authentic or natural than a trans identity. The belief that a person's sex observed and recorded at birth always remains their "real" gender.
<b>Closeted</b>	A person who is not open to themselves or others about their sexuality or gender identity. This may be by choice or for reasons such as fear for safety, rejection or disapproval.
<b>Coming Out</b>	The process by which a person accepts or comes to identify one's own sexuality or gender identity. Also refers to the process by which a person shares their sexuality or gender identity with others. This is a continual lifelong process for members of the LGBTI+ community as society is currently heteronormative and cisgender in its assumptions.
<b>Gay</b>	A person who is mainly attracted to people of the same gender.

<b>Gender Binary</b>	The idea that there are only two genders and that every person is one of those two genders.
<b>Gender Expansive</b>	Conveys a wider, more flexible range of gender identity or expression than typically associated with the binary gender system.
<b>Gender Expression</b>	How a person shows their gender through their clothing, hair, behaviour etc.
<b>Gender Fluid</b>	Fluid(ity) describes an identity that may change or shift over time between or within the mix of options available. It is described as a gender identity that is a dynamic mix of maleness and femaleness. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more man some days, and more woman other days.
<b>Gender Identity</b>	A person's deeply felt internal experience of their own gender.
<b>Heteronormativity</b>	The assumption in individuals, institutions or society that everyone is heterosexual, and that heterosexuality may be superior to all other sexualities.
<b>Heterosexism</b>	Behaviour that grants preferential treatment to heterosexual people, reinforces the idea that heterosexuality is somehow better or more 'right' than non-heterosexuality.
<b>Heterosexual</b>	A person who is attracted to people of a different gender.
<b>Homophobia</b>	An umbrella term for a range of negative attitudes that a person may have towards members of the LGBTI+ community, which may be manifested in discrimination, hostile behaviour or hate crimes.
<b>Intersex</b>	Individuals who are born with sex characteristics (such as chromosomes, genitals or hormonal structure) that do not belong strictly to male or female categories, or that belong to both at the same time.
<b>Lesbian</b>	A woman who is mainly attracted to other women.
<b>LGBTI+</b>	LGBTI+ is an abbreviation for Lesbian, Gay, Bisexual, Transgender and Intersex. The + denotes other sexual orientation and gender categories not accurately described by these terms. Q or Queer is often added to this acronym due to a significant amount of literature and cultural references to this term.
<b>Mx.</b>	An honorific (e.g. Mr., Ms., Mrs., etc.) that is gender neutral.
<b>Non-Binary</b>	Non-binary is an umbrella term for gender identities that fall outside the gender binary of male or female.

<b>Outing</b>	Involuntary or an unwanted disclosure of another person's sexual orientation, gender identity or intersex status.
<b>Pansexual</b>	Someone who can be attracted to any person, regardless of gender.
<b>Polyamory</b>	Consensual non-monogamous relationships. May include open relationships, polyfidelity and many other agreed relationships.
<b>Privilege</b>	Unearned advantages someone may have in society as a result of their identity of group memberships
<b>Pronouns</b>	A word by which we refer to someone without using their name. As individuals we all have pronouns that we go by (He/Him, She/Her, They/Them, Xe/Xir, Ze/Zir etc)
<b>Queer</b>	An umbrella term used to describe people who don't identify as heterosexual or 'straight'. Due to its historical use as a derogatory term, it is not embraced by all members of the LGBTI+ community.
<b>Sex Assigned at Birth</b>	A phrase used to intentionally recognise a person's assigned sex (not gender identity).
<b>Sexual Orientation</b>	Sexual attraction. The type of sexual, romantic, emotional or spiritual attraction a person has to feel for others.
<b>Sexual Preference</b>	The types of sexual intercourse, stimulation and gratification a person likes to receive and participate in.
<b>Trans Man</b>	A person who was recorded as female at birth but who identifies as a man / male.
<b>Trans Woman</b>	A person who was recorded as male at birth but identifies as a woman / female.
<b>Transgender / Trans</b>	A person whose gender identity or gender expression differs from the sex observed and recorded for them at birth. This term can include diverse gender identities.
<b>Transitioning</b>	The process through which some trans people begin to outwardly live as the gender with which they identify, rather than the one observed and recorded for them at birth. The term is also used to refer to persons who are in the process of changing their bodily appearance wither to be more congruent with the gender/sex they feel themselves to be or to be in harmony with their preferred gender expression.
<b>Transphobia</b>	The fear, dislike or hatred of people who are trans or are perceived to challenge conventional gender categories or 'norms' of male or female, which can result in discrimination against people who are trans.

## Sex and Gender, what's the difference?

### Sex and gender are different.

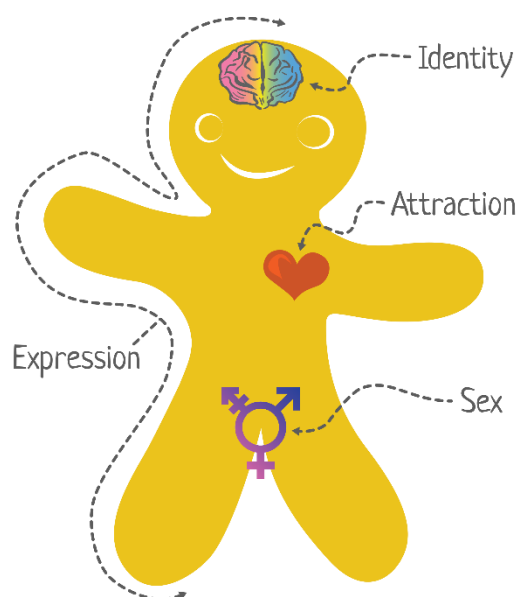
Sex is the biological and anatomical differences assigned at birth, generally male, female or intersex. Sex is also referred to as “anatomical sex”, “biological sex” or “physical sex”.

Gender is a social construct that refers to the rules and norms that a society assigns to varying degrees of maleness or femaleness.

The Genderbread Person is an infographic that breaks down gender identity, gender expression, biological sex, and sexual orientation into an easy to understand visual.

Sam Killermann who is behind the Genderbread person describes how, like any “good recipe”, you have to lay out the ingredients. In this case the four “ingredients” or elements are Gender identity, Gender expression, Sex and Orientation (Attraction / Sexual Orientation).

- **Gender Identity** = who you know yourself to be on the inside
- **Gender Expression** = what you present on the outside
- **Sex** = Physical traits, or “sex characteristics”, and can be sex assigned at birth
- **Attraction** = how you find yourself drawn (or not drawn) to other people in a sexual, romantic or other way. Our **sexual orientation** is derived from our ability to experience certain attractions as well as the inclination to act on these attractions. Sexual orientation is a broad range of physical and relational intimacies (kissing, touching, intercourse, flirting, dating, marriage etc.).



Putting these all together allows us to understand a person's identity. It is important to note, however, while the elements are interrelated, they are **not** connected or linked to each other.

We often want to “connect the dots” to assist us in understanding, but these can be clouded by automatic assumptions based on our societal and cultural norms. For instance, cisnormative assumptions would dictate that if a person is born with male reproductive organs and genitalia, they are likely to be raised as a boy, identify as a man, and express themselves masculinely. This is referred to as cisgender (when sex assigned at birth corresponds to how you identify). And with this comes privilege, an advantage held by cisgendered people in society, including the assumption that anyone who is assigned male at birth will identify and express themselves in this way. What's “feminine” for one person may be “masculine” for another, dependent on the person's sex and gender identity.

Knowing where a person exists within a two-gender concept does not mean we can accurately predict or assume where they will identify in the other concepts. For instance, “a man who’s male and expresses femininity means he’s gay, right?” No, this is an erroneous assumption. We cannot make assumptions.

Gender identity, gender expression, sex, and attraction are all independent of one another. People’s attraction doesn’t determine their gender expression. Their gender expression isn’t determined by their gender identity. And their gender identity isn’t determined by their sex.

The concepts **relate**, but do **not determine** one another.

⊖ means a lack of what’s on the right side

 **Gender Identity**

- ⊖ → Woman-ness
- ⊖ → Man-ness

 **Gender Expression**

- ⊖ → Femininity
- ⊖ → Masculinity

 **Anatomical Sex**

- ⊖ → Female-ness
- ⊖ → Male-ness

Identity ≠ Expression ≠ Sex  
Gender ≠ Sexual Orientation

**Sex Assigned At Birth**  
 Female  Intersex  Male

More information on the Genderbread person is available at [www.genderbread.org/](http://www.genderbread.org/)



## Gender Identity

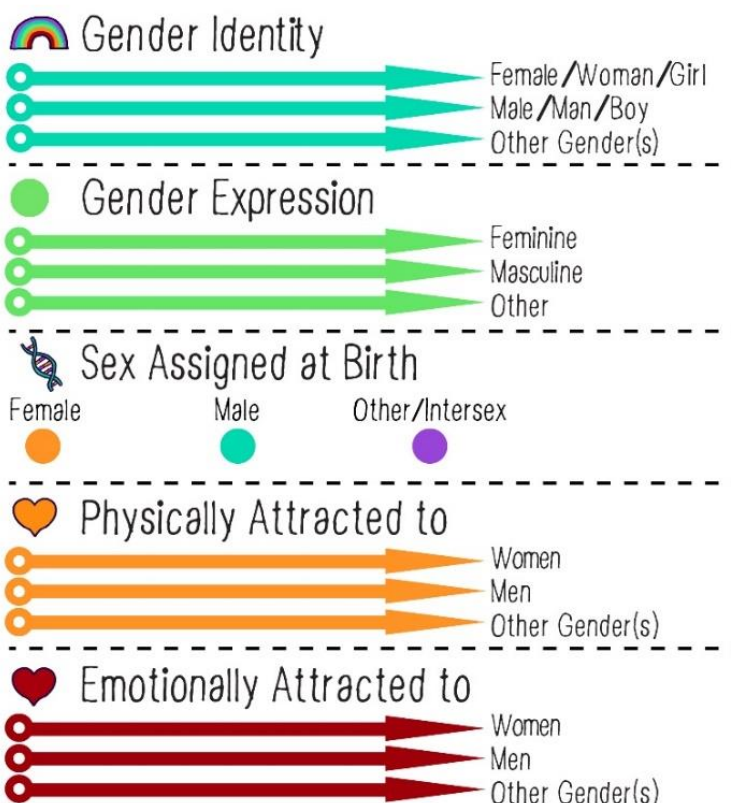
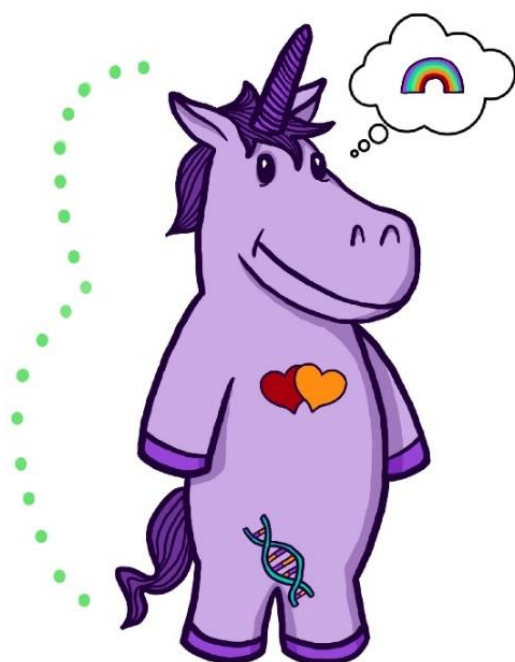
Gender identity is a person's **internal** sense of their gender ("Do I feel male, female, both or neither?"). Gender identity is the way we, as individuals, make sense of how our bodies, personality and predispositions align or don't align with established gender norms and roles. Most people have a gender identity that is the same as the sex that they were assigned at birth (e.g. a person assigned female at birth and who identifies as a woman).

However, some people have a gender identity that does not correspond to the sex that they have been assigned at birth. The term transgender is used to describe people who have this gender identity. The term transgender describes a wide range of people, including trans men and trans women. Others do not fall inside the traditional gender binary of male or female and some people describe themselves as 'gender fluid'.

The Gender Unicorn by [www.transstudent.org](http://www.transstudent.org), which is similar to the Genderbread person, is another good simplified visual representation of Gender Identity.

# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

It's important to remember that transgender people can have any sexual orientation, including heterosexual, gay, lesbian or bisexual.

What does gender look like if it doesn't neatly fit into a male or female checkbox? Gender can be viewed on a spectrum. On one end we can have 'woman' and on the other we can have 'man'. We can also not identify to either construct of female or male. How much a person identifies with woman or man (or in between) will be based on the person's own unique alignment with social roles, attitudes, dispositions and personality. Many people consider themselves limited to either one end or the other of the spectrum and, indeed, some people do not consider themselves on the gender spectrum at all.

## Gender Expression

Gender expression, or how you present gender to the **external** world, is a somewhat easier concept to understand. Gender expression is the aspect of gender that has the most influence on your social interactions. Gender expression is what determines the adversity people may face as a result of their gender. It is also what determines 'privilege' that a person will experience as a result of their gender. Gender expression is often confused with sexuality, but they are not the same.

Gender expression is a way of labelling how a person does or does not present in ways that are traditionally gendered. Gender norms have constructed our society to consider people's gender expression as masculine, feminine or androgynous.

Gender expression can be a way for people to demonstrate their gender identity but also to reject their gender identity. A person's gender identity can align with the gender norms for their sex assigned at birth or not.



Gender expression, unlike gender identity, is not something you establish early on and stick with your entire life. It is something that is always changing, both with society/culture but also individually, whether intended or not. Society is every evolving and what each culture considers masculine and feminine is also ever changing. Individually, what you express may be interpreted otherwise, and this is unique to what lens you are being viewed through as each person has a unique lens based on their experiences, expectations, predispositions and other variables.

Everyone experiments with their gender expression. Growing up and navigating life, we have all changed or tried on different clothing, styles, hair styles, mannerisms, demeanour etc, all in an attempt to have fun or trying to figure our identities out.

However, there are risks associated with gender expression. Society considers gender expression to be linked with sexuality, gender identity and biological sex. Those who are transgender must navigate this unhelpful misconception. Gender expression can cause others to confuse a person's identity; there may be pressure to express gender in a particular way which can lead to mental health difficulties and unfortunately a person's gender expression may place them at risk for serious harm.

## What is sexual orientation?

Sexual orientation and gender are separate but interrelated concepts. Sexual orientation can be a limiting definition; however, it encompasses a combination of physical, emotional, romantic and spiritual attraction. Sexuality is a complicated subject, and this short explanation addresses the main concepts only.



Sexual orientation is how a person identifies their physical, spiritual and emotional attraction to others (e.g. lesbian, gay, bisexual, heterosexual). Identity and sexual orientation is a significant part of who we are as people. It includes different forms of attraction, behaviours and identities. Terminology continues to evolve. As language has expanded more and more people have come to understand that different forms of attraction can be teased out and talked about in distinct categories or spectrums.

Recently more literature and cultural references use the term 'sexuality diverse' to refer to people who are asexual, same sex attracted or attracted to more than one sex. Sexual diverse people may use labels such as lesbian, gay, bisexual, pansexual, queer, asexual. The term is used to describe people who are not heterosexual.

For some people, the complexity of attraction and sexual orientation is unnecessary, they can easily envisage their attraction to just men, women or both. However, for others the types of attraction they experience may be directed at specific subcomponents of gender.

Sexual, physical, romantic and emotional attraction are four major ways that people have differentiated forms of desire. Within society it is assumed that all people experience sexual/physical, romantic and emotional attraction to others, which, although the majority do, some people do not. For instance, people who are asexual experience little or no sexual attraction to others or a lack of interest in sexual relationships and behaviour.

In summary, sexuality describes a person's emotional, romantic or sexual attractions towards others. Often this includes describing the gender of the people with whom someone builds sexual or romantic relationships (i.e. gay, lesbian, straight etc.). Some people experience sexuality as non-binary, fluid or changing across the lifespan (i.e. bisexual, pansexual, polysexual etc. as an example); therefore, we use the term 'orientation'. And some people do not experience sexual attraction (asexual).

## Coming Out

Coming out refers to the situation where an LGBTI+ person tells others about their sexual or gender identity for the first time. Coming out may refer to the first time a person shares their sexuality, gender identity or intersex identity with anyone but it may be a process by which they begin to share this with others in their life. Coming out can often refer to the process of disclosure, which is a lifetime process of coming out to people and services that the person interacts with on a day to day basis, including health care professionals.



Because many people are raised and brought up within an environment that assumes everyone is heterosexual and cisgender, when a person is LGBTI+, they need to consider telling people in their life about their sexual and gender identity. Coming out has many advantages for the person but is not without risk. Coming out can allow people to live open to who they are, reduces some of the stress and anxiety felt from concealing their identity and allows LGBTI+ people to find support and information easier.

Coming out for the first time can be an anxious and stressful time for any person, regardless of age. People grapple with the possibility of rejection, discrimination or abuse from family, friends, co-workers etc. However, coming out may have positive effects on a person's mental wellbeing.

If a person comes out to you, you should be aware that this may be the first time the person has expressed or told anyone about their LGBTI+ identity. You should:

1. not express surprise or concern
2. acknowledge coming out may have been difficult and taken a lot of courage
3. only ask follow up questions to indicate support and care and not to satisfy curiosity

When a person is gender transitioning, it is important to note there is no right or wrong way to transition or express their gender. Transitioning looks different for different people. Transitioning is more complicated than just puberty blockers, hormones, surgery or wearing different clothes. Transitioning can take time, may be fluid and involves social, personal and health aspects. Unless it is expressly relevant to the care and treatment planned (which should be explained), a patient should not be asked about their body, genitals, medical history, plans for medical procedures, their previous name, or invasive questioning about their lives prior to questioning. For example, if a trans male person attends the GP with a tooth abscess, it is usually not relevant to ask about the persons transition, sexuality or genitals. A person's private life is such, regardless of identity; imagine if a stranger asked you such questions?

## Disclosure to Healthcare Professionals

LGBTI+ people may not want to disclose their LGBTI+ experience to healthcare professionals or may not wish to disclose until they have developed a good therapeutic connection. This may be due to the actual or anticipated negative experiences that have led to a fear of discrimination or being treated insensitively.

If a person does disclose to you that they are or may be LGBTI+ you should;

1. not express surprise or concern
2. not express a negative reaction
3. not tell the person that this is obvious or that you already knew
4. ask if they want other people to know
5. ask who else knows so you do not unintentionally disclose
6. enquire about their current experience and supports available to them

People may not wish to tell others, or they may wish to tell others in their own way. This is the person's choice and should be respected.

## Do I need to know if this person is LGBTI+?



## Names & Pronouns

Name and pronouns are a common way to communicate one's gender and sexuality. Honouring a person's name and pronouns shows respect and is a basic acknowledgement of the person's identity. However, it is not possible to guess a person's gender identity or sexuality based on a person's name, or how that person looks or sounds. This is true for any person utilising our services and not just those who are LGBTI+. When addressing patients for the first time, avoid using pronouns and other terms that indicate a gender or sexuality.

Only use gender pronouns if you are certain of the patient's gender identity and/or their preferred pronouns. Equally, it's important to only use generic terms when referring to relationships or situations, such as the use of partner instead of wife or husband, girlfriend or boyfriend, unless you are certain.

Keep in mind that some people use non-traditional pronouns to refer to themselves (they, ze). You may need to practice using these terms if you are not familiar.

## Labels or No labels?

The LGBTI+ acronym is a small proportion of the diversity of people the health service serves. When we think of gender and sexuality on a spectrum, there is a vast variety of people who attend our services. Labels can be a liberating way to express oneself and find others who relate to your experience(s).



We use labels every day to assist us in filtering and categorising information (such as in any Google search). In this instance, labels can be helpful in allowing people to connect and build community with other people who share their identity or experience. It's ok for healthcare professionals not to understand all the words or terms being used, however it's vitally important that we avoid invalidating others for using labels that are unfamiliar to us.

If a person's gender is fluid, sometimes it can feel more liberating or accurate not to label oneself. For others who are questioning or exploring their gender or sexuality it may be more comfortable not labelling or committing to one right away.

The most important challenge for healthcare professionals is for staff to understand diversity and fluidity of expression. For instance, some people "come out" later in life, after being in a long-term heterosexual marriage. Other people, for a number of cultural or personal reasons, may identify their sexuality in a way that does not tell you who their sexual partners are. People who engage in a variety of sexual experiences may identify as heterosexual to avoid discrimination from their families, friends, partners or co-workers.

Unless it is relevant to assisting the person, or if you practice in an inclusive way by asking all people about their identity, do not ask the person if they are LGBTI+. If relevant and you are in doubt about how to talk with the person about their LGBTI+ experience(s), seek permission from the person to ask questions. Do not focus exclusively on their LGBTI+ experience(s) and do not ask questions of the person that you would not ask a non-LGBTI+ person.

Making patients or service users feel comfortable enough to reveal such information may take time. Practicing and ensuring you learn and develop these skills by working with members of the LGBTI+ community is important in ensuring inclusivity.

## Mistakes and saying sorry

As healthcare professionals we rarely intend to hurt others, but common mistakes such as forgetting a person's pronouns, using birth name instead of identified name, misgendering or assuming someone's sexuality can hurt a person's feelings or in extreme situations even put another person's safety at risk.



<p><b>Listen</b></p>	<p><b>Seek to understand</b> and empathise with the other person's lived experience.</p>	
<p><b>Be accountable</b></p>	<p><b>Take responsibility.</b> Be accountable for your actions, privileges and experiences which contribute to your interactions. Do not dismiss what is being shared, do not justify your behaviour or defend your intentions. The best apology is one that doesn't make excuses or invalidate the other's persons feelings.</p>	
<p><b>Commit to do better</b></p>	<p><b>Treat any mistake as a learning experience.</b> The most authentic apology is meaningless if there is no change or if the behaviour is repeated consistently in the future.</p>	

## Basic Do's and Don'ts

Sam Kellerman describes the "Platinum Rule". The 'Platinum Rule', in contrast to the 'Golden Rule' of "do unto others as you would have them do unto you", advocates that people "do unto others as they would have you do unto them".

When it comes to identifying language, this distinction could not be more important. If someone in your life uses a term to describe themselves in a way that clashes with one of the definitions here, or "best practices" you've learned, the best thing you can do is honour that usage for that person, to treat them with respect, dignity, and kindness. Mirroring language — that is, using the language you hear someone use to describe themselves or their life — is always better than vocabulary checking someone.

“  
**treat people how they want to be treated, not how you want to be treated.**  
 ”



For example, if someone calls someone in their life their “girlfriend,” follow suit. If they call them “partner,” do the same. If you meet a woman who doesn't use the label “lesbian,” instead calling herself “gay,” then she's gay. If she says she's “queer,” then she's queer.

When it comes to defining identity labels, many of which are emergent, perfect is impossible. These definitions are imperfect, so a lot of people (both in-group and out) are likely using these words to mean different things (slightly to severely).

Be mindful of your privilege. Privilege is a term used to describe any unearned advantages that someone may have in society because of their identity or group memberships. Privilege is not something a person chooses to receive or dismiss. It is automatically granted based on their identity and informs the way individuals and groups interact with and view them. For instance, some privileged identities include cisgender, ethnicity, male, heterosexual, disability status, religion and social class. Being aware and making efforts to neutralising your privilege allows a ‘level playing field’ for people of all identity groups.

Using the right words can help establish a trusting relationship while using incorrect words or assuming a person's situation will only create barriers to care. It's ok if this is a little awkward for you initially, your primary focus is on making your patients comfortable and able to access healthcare without any barriers. For example:

**Instead of saying:** ❌

“Do you have a boyfriend or husband?”



**Say**

“Are you in a relationship?”

**Instead of saying:** ❌

“What are your mother's and father's name?”



**Say**

“What are your parent's names?”

**“Identity is a personal thing, so if you really want to understand someone, you need to get to know them (not just their labels).”**

## List - Basic Do's and Don'ts



### Do's

- Check your privilege
- Understand diversity and fluidity of expression
- Maintain a non-judgemental attitude and approach
- Practice making LGBTI+ people comfortable
- Create an environment of accountability
- Get to know your patient – use terms that people use to describe themselves or their partners
- Treat people how they want to be treated, not how you want to be treated
- Always ask open ended questions that are gender and sexuality neutral – never assume
- Be prepared to learn new terminology and use language that you may not be used to
- Respect their preferred name or gender identity. If their name or gender does not match records held, insurance details or birth name and gender, please ask “Could your records be under a different name?”
- Make support information and resources or groups easily available to people who use your service (posters, leaflets, links etc.)









### Don'ts






- Assume gender
- Assume gender identity
- Assume sexuality
- Pressure a disclosure or a “Coming Out”
- Use disrespectful language
- Stare or express surprise at someone's appearance
- Comment on a person's sexuality, gender identity or gender expression negatively or discuss these with colleagues in a gossiping or derogatory way
- Ask a person what their “real” name is; this could imply that you do not acknowledge their preferred name as “real”
- Ask unnecessary questions. Only ask what you need to know in a sensitive way for care delivery – your patient is not there to educate you, this can be done later
- Feel that you need to know all the answers. You should know where to sign post or seek information to support the person in front of you.

## What are the health needs of LGBTI+ patients?

They are the same needs as all members of our society. However, there are some specific health issues facing members of the LGBTI+ population of Ireland.

The LGBT Health report (2009), commissioned by the HSE, identifies the following health issues for LGBTI+ people which have direct implications for health service providers.

	<p><b>General health:</b></p>	<p>Health impacts of higher levels of smoking, alcohol consumption, recreational drug use, sexual health risks and a higher incidence of obesity.</p>
	<p><b>Mental health:</b></p>	<p>High incidence of depression, anxiety, eating disorders, substance misuse, self-harm and suicide.</p>
	<p><b>Young people:</b></p>	<p>Experience of isolation, fear, stigma, bullying and family rejection contributing to depression, anxiety, self-harm, suicide, and substance misuse.</p>
	<p><b>Lesbian and Bisexual Women:</b></p>	<p>Higher incidence of cardiovascular disease, polycystic ovarian syndrome, ovarian cancer and possibly breast cancer; lower use of gynaecological services. Low awareness of sexually transmitted infections spread by woman-to woman sex. Barriers to accessing assisted human reproduction services.</p>
	<p><b>Gay, Bisexual Men and MSM:</b></p>	<p>Homophobic abuse and violence, stress, substance misuse, and sexual health risks (including HIV and syphilis).</p>
	<p><b>Transgender people:</b></p>	<p>Lack of essential health services – surgeons, postoperative care, endocrinologists, psychiatrists, therapists, and a designated gender specialist. Isolation, fear, stigma, physical violence and family rejection contributing to depression, anxiety, self-harm, suicide and substance misuse.</p>

	<p><b>Older LGBT people</b></p>	<p>Invisibility, isolation and loneliness. Lack of recognition of partners. Difficulties expressing bereavement.</p>
	<p><b>Ethnic and cultural minorities:</b></p>	<p>Health problems resulting from discrimination and persecution in their country of origin, and discrimination within their respective communities here. 'Double discrimination' as both immigrants and LGBTI+ people.</p>
	<p><b>Disability:</b></p>	<p>Mental and physical health consequences of 'double discrimination', lack of recognition of the disabled as sexual beings, access problems in relation to health services and participation in the LGBT community.</p>
	<p><b>Parenting, fostering and adoption:</b></p>	<p>Difficulties accessing health services for LGBTI+ people and their children resulting from a lack of social and legal recognition of their family unit. Difficulties accessing assisted human reproduction treatment. Psychological distress associated with systemic stigmatisation of their families, and related risk of isolation and bullying of children with LGBTI+ parents in schools.</p>
	<p><b>Homelessness:</b></p>	<p>Health risks associated with homelessness including substance misuse, prostitution and homophobic attacks, and difficulties accessing health services</p>

## Conversion / Reparative Therapy

“Conversion therapy” is used as an umbrella term to describe interventions of a wide-ranging nature, all of which have in common the belief that a person’s sexual orientation or gender identity can and should be changed. Such practices aim (or claim to aim) at changing people from gay, lesbian or bisexual to heterosexual and from trans or gender diverse to cisgender (UN, 2020).



**There is no evidence that sexuality or gender identity can be changed.**

In fact, the use of “conversion” type therapies has been thoroughly discredited as ineffective and more importantly **has been shown to cause harm**.

The methods and means commonly utilised to implement practices of “conversion therapy” lead to psychological and physical pain and suffering. The deep impact on people includes significant loss of self-esteem, anxiety, depressive syndrome, social isolation, intimacy difficulty, self-hatred, shame and guilt, sexual dysfunction, suicidal ideation and suicide attempts and symptoms of post-traumatic stress disorder. Practices of “conversion therapy” target a specific group on the exclusive basis of sexual orientation or gender identity, with the specific aim of interfering in their personal integrity and autonomy (UN, 2020).

In that sense, such practices are inherently discriminatory, demeaning and humiliating. The combined effects of feeling powerless and extreme humiliation generate profound feelings of shame, guilt, self-disgust, and worthlessness, which can result in a damaged self-concept and enduring personality changes (UN, 2020).

There is a bill proposed in the Irish parliament that will prohibit conversion therapy.

## Factors that influence the general health, mental health and wellbeing of LGBTI+ people

It is important to note that sexual and gender diversity is not in itself a risk factor for physical health, mental health or substance use problems. Rather, it is stressors that increase LGBTI+ people's vulnerability. LGBTI+ people who are socially supported and free from experiences of discrimination or inequality, experience similar levels of wellbeing to their non LGBTI+ peers.

Specific factors that influence general health, mental health and wellbeing of LGBTI+ people include the following;

1. Family acceptance or rejection
2. Social support and social networks
3. Homophobia, biphobia and transphobia  
(Discrimination based on LGBTI+ identity)
4. Internalised heteronormativity
5. Concealing or managing identity
6. Coping mechanisms and strategies - overwhelmed coping mechanisms can lead to maladaptive strategies being used, such as substance misuse
7. Living in isolated communities
8. Cultural or Religious diversity
9. Having a 'questioning identity'

These factors can be explored with LGBTI+ people when clinically relevant. Reassure people that a key role for them as individuals is figuring out their own identity. It is ok for them to do this at their pace, they do not need to come out and their personal information and choices are their own. Assisting people to identify one or two support people within their network or linking them with an LGBTI+ support group(s) may be helpful.

You should be aware of the potential barriers limiting access to professional help for LGBTI+ persons both actual or anticipated discrimination.

If a person lives in an isolated location with limited familial or social supports, they may face additional challenges to accessing relevant healthcare. Things such as geographical locations, local culture, limited access to specific health services and greater exposure to discrimination; all can contribute to barriers preventing LGBTI+ people from accessing the services they require.



## Why does being aware of LGBTI+ people's needs matter?

Mental health issues such as depression and anxiety are significantly more common in people who identify as LGBTI+ (lesbian, gay, bisexual, transgender, intersex; + denoting inclusion of all identities). Many people **still feel afraid** to disclose their sexual or gender identity – being unable to do so often increases their risk of physical and mental health problems.

Research has shown that, tragically, **negative attitudes** towards LGBTI+ people remain prevalent within the HSE; as a result, LGBTI+ people can be reluctant to disclose their sexual and / or gender identity to healthcare workers, affecting the quality of the care they receive. These barriers lead to marked inequalities in healthcare for this extremely vulnerable group of people.



2018 saw the publication of Stonewall's Unhealthy Attitudes, highlighting shocking **inequalities in healthcare** for LGBTI+ patients in the NHS, with an appalling statistic of 1 in 7 patients avoiding treatment for fear of discrimination. These statistics are mirrored in Ireland: three-quarters of Irish LGBTI+ people feel healthcare providers lack knowledge and sensitivity to LGBTI+ issues, with almost 50% seeking LGBTI+ friendly clinicians because of bad experiences (Maycock et al, 2009). LGBTI+ people identify specific barriers to accessing health services: fear, lack of understanding of LGBTI+ issues and lack of appropriate language (Maycock et al, 2009).

It's a real problem for **children and young people**: more than half of Irish LGBTI+ young people self-harm; 2 in 3 seriously consider suicide; and tragically 1 in 3 have attempted suicide. The average age of first attempt is just 15. The statistics are similar for older LGBTI+ people in Ireland, with levels of attempted suicide three times the national average (LGBTIreland Report, 2016).

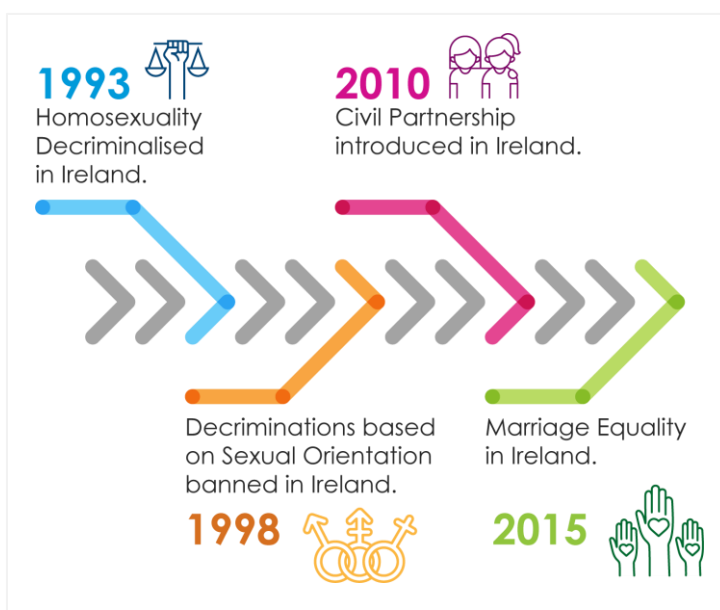
Young people who identify as LGBTI+ experience additional emotional and psychological stresses when compared to non LGBTI+ youth. This can be attributed to having to manage a stigmatised identity, being faced with heteronormative and gender norms within society, and also experiencing victimisation, bullying and discrimination due to their LGBTI+ identity (Acevedo-Polakovich et al. 2013, Rodgers, 2017, Price-Feeny et al. 2020, Higgins et al. 2020).

A recent Irish study has demonstrated that LGBTI+ young people held negative perceptions regarding mental health services ability to help with high levels of fear regarding encountering stigmatising reactions and inappropriate treatments. Young LGBTI+ young people also indicated a lack of culturally competent practitioners as a barrier to accessing mental health services (Higgins et al, 2020).



In Ireland, **older LGBTI+** people grew up in a time when homosexuality was considered a mental illness and when sexual relationships between same-sex couples was considered a criminal act, immoral and sinful (LGBT Ireland, 2018). One in 10 older LGBTI+ people have seriously considered ending their life and 5% have self-harmed. Heterosexuality was seen as the only legitimate sexual orientation and LGBTI+ people were marginalised, rendered invisible and socially excluded.

The report 'Visible Lives' (2011) details **stigma, marginalisation and discrimination** that older LGBTI+ people have faced in their lives and the social and emotional impacts this adversity had on their lives and indeed continues to have for some. This includes, rejection by family/friends, isolation/loneliness, loss, grief including disenfranchised grief and high levels of substance misuse and emotional struggles as a means to cope with adversity. Older people who identify as LGBTI+ also encounter **difficulties in healthcare**, with only 1 in 3 believing that their healthcare provider has sufficient knowledge about LGBTI+ issues and



only 43% of older LGBTI+ people feel respected as an LGBTI+ person by their healthcare professional. Older people have experienced high levels of poor-quality service from healthcare professionals with 40% considering these poor experiences as a result of their LGBTI+ identify (Higgins et al. 2011).



## Ensuring inclusion at service level

Discrimination on the basis of gender or sexuality is outlawed in Ireland. This means that LGBTI+ members of our community must be treated equally to non-LGBTI+ members of our community when accessing our services.

Some service level inclusive actions include;

- Outreach to, and engagement with, LGBTI+ patients and community
- Developing signposting for LGBTI+ to access services
- Providing reassurances of affirmative and inclusive practices
- Providing reassurance on confidentiality – which is important for LGBTI+ patients
- Removing barriers to quality care through education and professional development opportunities
- Introducing LGBTI+ affirmative policies, procedures and networks
- Introducing cultural competency training to promote LGBTI+ inclusivity
- Championing a welcoming environment for all patients including LGBTI+
- Reviewing the patient experience from the moment they walk into service. How are patients addressed at reception? Are forms and documents reflecting the reality of your patients' lives? Are there gender-neutral bathrooms? Do signage, literature and symbols indicate that this is a welcoming place? How does the clinician interact with patients (language, history taking, openness)?



## Ensuring inclusion at clinician level

Making sure patients feel safe and included also means keeping an open mind and reflecting on different behaviours, identities and expressions. It is also about *not* showing disapproval or surprise. Remember to check your body language and facial expressions to make sure you're not making nonverbal gestures that send unintended messages.

Make changes in how you greet and interact with patients can be challenging at first. For example, using "Mr" or "Mrs" in order to be polite may be terms that are hurtful and distressing to LGBTI+ people.

In situations where a patient's name or gender do not match records held, insurance details or referral details, clarify with the person, "Could your chart / insurance / referral be under a different name?" Clarify identification by looking at date of birth, address and other key information. In these situations, it is important that you acknowledge that you understand the problem, know where the responsibility lies for resolving it, and will do everything possible to be helpful and rectify. It is important that we, as health professionals, respect and use preferred names, gender identity and expression.

Some inclusive clinician actions:

- Don't make assumptions, heteronormative or cisgender.
- Use inclusive language. Committing to using inclusive language is also being ready to learn what is considered inclusive may have shifted. Adapting to changes in norms and recognising biases in our language that we didn't recognise before is part of bringing everyone into the fold and being inclusive. It is an ever-learning experience.
- Embody the "Platinum Rule" in your day to day life. Treat people how **they** want to be treated, not how **you** want to be treated.
- Make all of your paperwork or forms gender, sexuality and identity inclusive.
- Reassure patients about confidentiality and its limits.
- Good intentions are not sufficient – outcomes matter. Always apologise, learn from the mistake and try to do better next time.
- Do not let the fear of saying something wrong prevent you from offering help to, support and care to a LGBTI+ person. It is more important to be genuinely caring and inclusive than saying "all the right things."
- There is no such thing as a good stereotype. Positive stereotypes are just as damaging as negative stereotypes. We are all unique, remember that.
- Be inclusive – not politically correct. Being inclusive is being a better person to others.

- Respond to non-inclusive language or actions:
  - » Point out the error – kindly
  - » Don't make them feel bad
  - » Provide a correction for the future
  - » Don't reflect their behaviour back (avoid "How would you like if...")
  - » Reinforce positive behaviour of inclusive language and acts
- Avoid asking unnecessary questions directly related to LGBTI+ identity unless clinically necessary.
- Maintain a non-judgemental attitude for all interactions.
- Practice making LGBTI+ people comfortable.
- If the person shares their LGBTI+ experiences with you remember:
  - » Acknowledge the persons LGBTI+ experience appropriately.
  - » Ask the person what they think would help them.
  - » Ask the person what help they think they need, rather than making assumptions.
  - » Show respect by respecting the choice the person makes about clothing, name, lifestyle and pronouns, even if you don't understand or don't feel comfortable.
  - » Let the person know they have the right to be safe at all times.
  - » Listen. Listen to the person without feeling that you need to have all the answers.
  - » Provide the person with information on community supports and services which may be particularly helpful if the person is experiencing bullying, isolation, rejection, discrimination or harassment.
  - » Do not offer an opinion on a person's LGBTI+ experience unless invited.
  - » Do not express judgement about the persons LGBTI+ experience.
  - » Do not refer to your own religious or moral beliefs about LGBTI+ people.
  - » Do not give the impression or express that being LGBTI+ is a "deviation from the norm."
  - » Do not say things that are intended to reassure but are mostly unhelpful (such as "I have lots of gay friends")



## Why the HSE Rainbow Badge?

The HSE Rainbow Badge initiative is a way for HSE staff to demonstrate that they are aware of the issues that LGBTI+ people can face when accessing healthcare.

The badge itself is intended to be a simple visual symbol identifying its wearer as someone an LGBTI+ person can feel comfortable talking to about issues relating to sexuality or gender identity. It shows that the wearer is there to listen without judgement and signpost to further support if needed.



The model emphasises that wearing a badge is a responsibility. We provide basic education and access to resources for staff who want to sign up to the project. The information we provide outlines the challenges that LGBTI+ people can face in relation to accessing healthcare and the degree of negative attitudes which are still found. When an individual signs-up to wear a badge, they acknowledge why the project is needed and what their responsibility entails.

Committing to the project emphasises that you promote an environment that is open, tolerant and inclusive. The aim of this initiative is to actively break down barriers which LGBTI+ people may face within the HSE.

We want the badge to mean something and have worked to build a model that emphasises the substance behind the symbol. We are very keen to see the badges, and what they represent, spread across the HSE – but we want the emphasis on education, responsibility and support to be the focus.



If you would like to launch Rainbow Badges in your organisation, we would ask that you commit to the whole project model, not just the symbol or the badge itself.

The **HSE Rainbow Badge toolkit** should give you everything you need to do that as quickly and simply as possible; you just need to add commitment, funding and the will to make a difference to your place of work for those who are LGBTI+.

## HSE Rainbow Badge – Action for improving workplaces

As part of the **HSE's Peoples Strategy** 2019-2024 there are focused goals on diversity and inclusion, with one in particular to make the HSE LGBTI+ aware and inclusive. The other goal is to make the HSE an employer of choice for individuals who identify as LGBTI+. The **HSE's Intercultural Health Strategy** (2018-2023) includes several goals which aim to address LGBTI+ patients. One of these goals is to "Address health inequalities relevant to LGBTI+ service users" in relation to migrant population, sexual health, mental health and access to services.

The awareness and active sign up to the HSE Rainbow Badge initiative clearly demonstrates our commitment to all areas of the HSE's values and strategies, supporting patients who feel more confident and comfortable in approaching a member of staff wearing a badge, as well as supporting and respecting staff who feel empowered to be themselves. The active sign up incorporates the information and understanding of wearing the badge and its commitment.



The Rainbow Badge is an opt-in initiative: healthcare staff sign-up to the badge and its values, receiving education about LGBTI+ health needs and ways in which they, the wearer, can overcome heteronormative barriers and use inclusive language, to be an LGBTI+ ally in health. This is key: although the badges aren't designed as a symbol intended to prompt disclosures, they may prompt a person to disclose information about their own sexuality or gender identity, perhaps for the first time.

Healthcare providers wearing the badge may be the first person someone has ever felt confident enough to open up to about how they feel. For them, it may be one of the most important moments of their life. The way a healthcare provider responds may be remembered for the rest of their life. And yet existing resources are extremely limited, particularly with limited visual acknowledgement for this vulnerable group of service users. We know that simple acts of visual representation and basic frontline training are something which members of the LGBTI+ community value and it is noted that this simple act can improve access to healthcare and address fear for service users.

We only need to look to other similar innovative and yet incredibly simple projects to see how a simple visual symbol can have such an impact. Like the [rainbow laces campaign](#) which has been a hugely successful drive to promote equality in sport to make it more inclusive and accessible for LGBTI+ people in the UK, this relatively low cost project can have a tremendous impact on the experience and lives of our LGBTI+ community. Just looking at the social movement and response from the [NHS Rainbow Badge](#) it is hoped that similar cultural and organisational responses will occur in Ireland.

Increased awareness of the issues surrounding LGBTI+ people when accessing healthcare on the part of HSE staff can make significant differences to LGBTI+ people's experience, and, in turn on their physical and mental health.

Simple symbols, such as the rainbow, are an effective way to signal to LGBTI+ people that they are in a positive, inclusive, safe environment, and encourage them to talk about things they may otherwise have felt unsure or uncomfortable disclosing. They also encourage conversations amongst staff themselves about the importance of being aware of issues of equality, diversity and inclusion, and help to reinforce the shared responsibility that HSE staff have in this regard.





## Support Organisations

### LGBT Ireland



**Helpline**

1890 929 539

**Transgender Family Support**

01 907 3707

**Website**

[www.lgbt.ie](http://www.lgbt.ie)

LGBT Ireland is a national support service for Lesbian, Gay, Bisexual, and Transgender people and their families and friends.

### BeLonGTo



**Telephone**

01 670 6223

**Email**

[info@belongto.org](mailto:info@belongto.org)

**Website**

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

BeLonG To Youth Services is the national organisation supporting lesbian, gay, bisexual, transgender, and intersex (LGBTI+) young people in Ireland.

### TENI



**Telephone**

01 873 3575

**Email**

[office@teni.ie](mailto:office@teni.ie)

**Website**

[www.teni.ie](http://www.teni.ie)

TENI is a non-profit member-driven organisation. TENI is dedicated to ending transphobia, including stigma, discrimination and inequality. TENI engages in activities that promote the equality and well-being of trans people in Ireland. They work nationally in four main areas: healthcare, employment, education and legislation.



## Key Articles / Books / Information Sources

### Training packages

**LGBTIreland** have developed a training programme for healthcare professionals who work with LGBTI+ older people, The LGBT Champions Programme, but also tailor their training to healthcare professionals working with LGBTI+ people of all ages. [www.lgbt.ie/champions-programme](http://www.lgbt.ie/champions-programme), promotional video [here](#), [training@lgbt.ie](mailto:training@lgbt.ie). Their podcast, Invisible Threads, can be accessed [here](#).



**BeLonGTo** have partnered with Jigsaw to provide training for people who work with young people on the topic of supporting LGBTI+ young people's mental health. [www.belongto.org/professionals/training](http://www.belongto.org/professionals/training). BeLonGTo also have some relevant [free e-learning modules for schools](#). They are also planning online webinars for healthcare professionals in 2021 – please check their website for more information.

**Transgender Equality Network Ireland (TENI)** have developed a suite of training aimed at healthcare professionals. Transgender Awareness Training is 6-hour training program that provides foundational information for healthcare professionals who work in all areas of healthcare. Gender Identity Skills Training (GIST), is an extensive training programme that was developed in partnership with HSE, and national/ international experts in the field of transgender healthcare. Both of these trainings can be accessed by contacting [office@teni.ie](mailto:office@teni.ie).

**HSEland** LGBT+ Awareness and Inclusion: the basics training is live. HSEland foundation trans training is due to be launched in August 2021. Both available from [www.hseland.ie](http://www.hseland.ie)

### Blog posts and videos

The **Genderbread Person** is an international resource that explains gender and sexual attraction in an easy to understand way. [www.genderbread.org](http://www.genderbread.org)

**Don't Forget The Bubbles** has a series of blog posts on LGBTI+ children and young people's health needs [here](#).

The **Royal College of Physicians of Ireland** have published a talk Dani did for the faculty of paediatrics 2020 meeting about the health needs of LGBTI+ children and young people which you can find [here](#).

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