

Lesbian, Gay, Bisexual  
and Trans Young People:  
Review of Sexual Health  
Services in Somerset

# RESEARCH REPORT

JANUARY 2015



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## 1. Introduction

We published a report called 'Delivering Equality' about the experiences of Lesbian, Gay, Bisexual and Trans communities in Somerset and access to health and social care services in November 2012. The report included recommendations to improve access to mental health and sexual health services to LGB and Trans people in the area. Somerset Partnership NHS Foundation Trust commissioned us, in April 2014, to carry out a review of sexual health services across Somerset. The review focussed on the sexual health needs of Lesbian, Gay, Bisexual and Trans (LGB and Trans) young people.

## 2. Project Overview

- We carried out a review of the sexual health services from an LGB and Trans young people's perspective.
- We explored the gaps in current services and have made recommendations for change.
- We talked to LGB and Trans young people at colleges, and in other informal settings such as youth clubs and groups, to gather case studies and patient stories.
- We have produced targeted resources, aimed at LGB and Trans young people, designed with young people, to improve access to sexual health services.
- We provided LGB and Trans awareness training to sexual health services.

## 3. Timetable

The project ran between April and October 2014. The resources and report are published and freely available to download from our Diversity Trust website [www.diversitytrust.org.uk](http://www.diversitytrust.org.uk)

## 4. Voices of LGB and Trans Young People

We asked groups of LGB and Trans young people in a range of different settings, including colleges and youth groups across Somerset, about their experiences of accessing sexual health services. We visited 2BU, the LGB and Trans young people's group in Taunton, in July and November 2014. We visited Bridgwater College (in September 2014) and Strode College (in May and December 2014) to work with groups of LGB and Trans young people to ask about their experience of accessing sexual health services and we talked with them about what resources needed to be made available to support accessibility for other LGB and Trans young people.

We found that LGB and Trans young people are more likely to suffer from anxiety, depression, self-harm, suicidal ideation and have higher levels of smoking, alcohol use and substance misuse. This is likely to be linked to stress from isolation, bullying and harassment. Homophobic, biphobic and transphobic bullying is common in schools across the area and can be aimed at anyone who does not conform to a gender or sexual identity norm (whether they are 'out' or not).

These factors, compounded by the increased risk of HIV and other STI's, especially amongst gay, bisexual and MSM (men who have sex with men), can lead to an increase in risk-taking behaviours. We also found that:

- LGB and Trans young people have a unique and complex set of needs that are hard to meet through generic support services;
- Young people struggle to find LGB and Trans specific support to help them safely explore their gender identity and / or their sexual orientation, feelings about relationships and understanding of safer sex and sexual health;
- LGB and Trans young people often help-seek through informal networks; this can lead to inaccurate information;
- Young LGB and Trans people can experience negative attitudes and comments from some healthcare professionals. They therefore feel unable to express themselves and talk openly about how they feel;
- Many LGB and Trans young people seek support and a community in pubs and clubs, even if they are underage. These environments may lack positive role models and expose young people to alcohol, drugs and sexual exploitation; feelings of loneliness and isolation are common amongst LGB and Trans young people;
- All of these factors mean that LGB and Trans young people are more likely to experience adverse mental health and emotional wellbeing outcomes than their peers in the general population.

“*In my old school, I went through a really rough patch and I was called 'lesbian' and 'bisexual' and stuff like that. Then I was called in for a meeting with the Vice Principal and she said, 'There's help for that', rather than there's support...like saying as if it's a problem 'There's help for that, we can get you help'. Other than that, I've not really had any experience because I was kind of a bit worried to go and talk to people in case they said the same sorts of things.*”  
[College focus group participant]

“*Telling people what support there is, where it is and letting people know that it's not something you should hide. It's something that you should take in your stride and that's part of who you are. Letting people know that it's nothing wrong with you, it's just your choices. I think that that's a lot of what held me back.*”  
[College focus group participant]

## 5. Screening and Testing

HIV treatment and care has developed significantly in the last few years, yet it still remains a key issue for gay and bisexual men, particularly presentation at a late stage of infection.<sup>1</sup>

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1 Public Health Outcomes Framework [Accessed online] <http://www.lgf.org.uk/policy-research/the-lgbt-public-health-outcomes-framework-companion-document/>

- 1 in 10 men who have sex with men (MSM) is living with HIV, and 1 in 3 HIV positive men (in major UK cities) have undiagnosed HIV infection;
- 3 in 10 gay and bisexual men have never had an HIV test in spite of early diagnosis now being a public health priority;
- Community-based approaches to HIV testing have been shown to be acceptable and effective for gay and bisexual men;
- Safer sex programmes promoting condom use and HIV testing remain a priority for MSM (men who have sex with other men) to reduce ongoing transmission and undiagnosed infection.

“ I think it would probably be useful to be able to get more tests at the CASH Clinic, just because I know from speaking to friends that they’ve gone in there and they think that those are the only tests available so they just got tested for those things. But they might not know that there’s other (tests)...they might have something different.”  
 (Youth group participant)

“ Make testing more available in different places because if you’ve got the places already then why not make it available for them to have testing like the clinic down there...like you’ve already got that. All you need to do is make it kind of widen the amount of tests that are available there because people know about it – not many – but some people know about it and if they go there to get all their tests and they just do the ones that are available, they’re going to miss out on other tests.”  
 (Youth group participant)

“ Just having those testing centres in big places doesn’t always make sense for people who are in rural communities. Having those sort of testing centres in GPs where it’s practical would also be good. You don’t actually have to speak to your doctor, you can go to a confidential sort of service but it’s still in that GP’s surgery and you know where it is would be helpful. Even if they just had one that moved around doctors’ surgeries one day a week or something it would be good to have that I suppose in small areas.”  
 (Youth group participant)

## 6. Gay, Bisexual Men and MSM (Men who have sex with other men)

Many MSM will have missed the health promotion messages targeted at Gay and Bisexual men as they often won't have engaged with targeted health promotion messages. Many MSM aren't "out" and therefore they are both "harder to reach" in terms of HIV and STI prevention messages and often won't engage with HIV and STI prevention for fear of being "outed".

The wider issues of sexual health for Gay, Bisexual and other MSM includes the increase in prevalence of gonorrhoea and syphilis, as well as other sexual health issues including rates of chlamydia and NSU, is of concern for the Gay, Bisexual and MSM community in the area.

Free and easy access to GU medicine is vitally important for the health of sexually active gay and bisexual men. Easy access to clinics, and to testing services, will improve the sexual health outcomes for Gay, Bisexual and MSM.

## 7. Lesbian, Bisexual Women and WSW (women who have sex with other women)

The issues for Lesbian, Bisexual women and WSW are very different to the sexual health needs of Gay, Bisexual and MSM. There have been very few health promotion activities targeted at this group of women. We have found, in our own health needs assessments, that many Lesbian, Bisexual and WSW have been given incorrect information, for example on cervical screening, by doctors. This has led to some women believing they didn't need to have a cervical screening. This causes concern for public health and the health and wellbeing of Lesbian, Bisexual and WSW.

Some of our research participants have told us assumptions are sometimes made by healthcare professionals; for example if women are sexually active assumptions are made that this is with someone of the opposite sex and therefore are offered contraceptive advice. This can sometimes be embarrassing for Lesbian, Bisexual and WSW. LGB and Trans awareness training with healthcare providers will increase the cultural competence of providers of frontline services.

Other research participants have told us that some healthcare professionals often assume that women in relationships with other women are in fact in relationships with men, this "heteronormativity" (the viewpoint that expresses heterosexuality as a given instead of being one of many possibilities.) increases the likelihood of women accessing services having a negative experience; experiencing assumptions and stereotypes about sexual orientation; or of not accessing sexual health services altogether.

There is no evidence about HIV testing among lesbian and bisexual women or trans individuals, although there is some evidence of increased prevalence in trans populations internationally.

Researchers in the US<sup>2</sup> have found that Lesbian, Gay and Bisexual young women are at least twice as likely as their heterosexual peers to have conceived. Small-scale UK<sup>3</sup> studies have found that Lesbian and Bisexual women are more likely to have had their first sexual experience with someone of the opposite sex.

→ Sexual health for Lesbians and Trans women and men is often an invisible and poorly addressed area of need.

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2 Massachusetts, 1997; Seattle 1995; Minnesota 1987; Vermont 1997: 83.000 -- Sexual Orientation (Safe Schools Coalition of WA)

3 Trenchard L. & Warren H. (1984) Something to tell you, London Gay Teenage Group.

## 8. Trans Women and Trans Men

The issues for Trans women and Trans men are again very different and will relate to the partners they are in relationship with. We advocate the use of specialist and targeted approaches in our work as Trans women and Trans men are also less likely to access generic services offered to the general population. As with women only services strategic approaches to sexual health promotion with Trans communities is required.

## 9. LGB and Trans Young People: STI Facts and Figures

There is no data on chlamydia diagnoses among LGB and Trans people aged 15-24. However, men who have sex with men are 11 times more likely to have chlamydia than their heterosexual peers, which suggests that chlamydia rates may be higher among young gay and bisexual men. Around half of lesbian and bisexual women have never had a sexual health screening, which again suggests that they may be at higher risk of late diagnosis of chlamydia.<sup>4</sup>

## 10. Confidentiality and Monitoring: Gender Identity and Sexual Orientation

Confidentiality is a concern for many LGB and Trans young people, especially those not “out” about their gender identity and / or sexual orientation, when accessing sexual health services. In 2009 we asked over 200 LGB and Trans people about monitoring of gender identity and sexual orientation. Over 80% of our sample told us they were confident in answering equality monitoring questions on gender identity and / or sexual orientation. If a service is monitoring gender identity and sexual orientation then anonymity and confidentiality are very important to LGB and Trans people.

We spoke to people through interviews and focus groups and they told us that when accessing services, if a service provider asks questions on gender identity and / or sexual orientation, they are more likely to engage with the service provider. Feelings of confidence in the service provider are increased if appropriate (anonymous / confidential) gender identity and sexual orientation monitoring is in place.

Model questions on monitoring GI and SO can be found on our LGBT Training website

**<http://www.lgbt-training.org.uk>**

Our research participants have also told us that they are sometimes likely to access sexual health services away from their home, if they aren't “out” about their gender identity and / or sexual orientation. For example, some of our local Somerset participants told us they travelled to

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<sup>4</sup> Public Health Outcomes Framework [Accessed online] <http://www.lgf.org.uk/policy-research/the-lgbt-public-health-outcomes-framework-companion-document/>



other places including Bristol, Exeter or London to access sexual health screening.

## 11a. Recommendations: Sexual Health Services

We make the following recommendations to sexual health services based on our research and engagement with LGB and Trans young people and through audit and training with sexual health service providers:

- Increase the number of community-based testing sites available and accessible to gay, bisexual and MSM in the area. Having the availability of “pop-up” testing sites in community venues would increase testing rates amongst LGB and Trans communities. THT has a good model for this in Bristol <http://www.tht.org.uk>
- Increase the profile of advice and information targeted at Lesbians and Trans women and men;
- Outreach to LGB and Trans communities, go to where the communities are, for example community groups, events and venues, to increase access to sexual health services;
- Engage with groups such as the Somerset Lesbian Network (SLN) to get information to Lesbian and Bisexual women in the area <http://www.somersetlesbiannetwork.org.uk>
- Engage with groups such as Western Boys to get information to Trans men in the area <http://www.qwestftmuk.org>
- There are links on our website for other Trans groups and organisations <http://www.diversitytrust.org.uk/links/>
- Outreach to schools, colleges and young people’s informal settings to increase the impact of sexual health messages to LGB and Trans young people;
- Student support services in colleges are accessed by LGB and Trans young people. Liaise with student support services at local colleges;
- LGB and Trans young people access GP surgeries; ensure targeted LGB and Trans information on sexual health is made available at GP surgeries across the area;
- Refer LGB and Trans young people to support agencies such as 2BU Somerset <http://www.2bu-somerset.co.uk>

## 11b. Recommendations: Communications

We know from our own research, and research carried out by others, that LGB and Trans people are more likely to access information online than their heterosexual and cisgender peers.

LGB and Trans people have told us, through our health needs assessments, that if a service doesn’t reflect them, through the use of “positive images” reflecting LGB and Trans lives, they are less likely to engage with these services.

- Ensure messages about LGB and Trans young people are included in online communications. LGB and Trans young people are more likely to seek advice and information on gender identity and sexual orientation online than their heterosexual and cisgender peers.

- LGB and Trans young people access social media including: Facebook, Twitter, Instagram and YouTube. Ensure campaigns and communications utilise social media as a good engagement tool for reaching LGB and Trans young people;
- Avoid the use of the word “homosexual” as this is seen as pathologising LGB people. Use instead the words “Lesbian, Gay, Bisexual and Trans”.
- Include information for young people on gender identity with links to organisations including Mermaids and other Trans groups and organisations. Mermaids website <http://www.mermaidsuk.org.uk>
- For a list of Trans organisations visit our website <http://www.diversitytrust.org.uk/links/>
- Research and display local LGB and Trans resources, for example, 2BU Somerset <http://www.2bu-somerset.co.uk>

LGB and Trans young people told us through our focus groups that they were likely to seek advice and information through a range of different media including online, through social media and apps but also through television.

“ I know quite a few schools and colleges now are using like the TV systems to display things. I think quite a lot on that would be good because people are always looking at it. So anything to let them know like where it is or who they can talk to about all the information. Anything on there, particularly in the schools that are quite tight about what happens in their school. I think they need it a lot just so that people understand and quite often...I think from an early age as well, letting people know that it's ok rather than blocking them off from it.”  
 (College focus group participant)

- Make use of the television displays in schools and colleges to promote sexual health services; using language and imagery that reflects the lives of LGB and Trans young people;
- Don't make assumptions about gender identity and / or sexual orientation; challenge “cisgenderism” and “heterosexism” in practice;
- Organisations that create an atmosphere of acceptance and celebration are more welcoming to people from all protected characteristics and groups;
- Challenge homophobic, biphobic and transphobic attitudes and behaviours;
- Explore the use of language, for example, switch to using “partner” when the gender identity and / or sexual orientation is unknown;
- Use the pronouns of choice for example “he”, “she” or “they”, depending on how the young person presents and what they want to be called;
- If you are unsure about language or pronouns relating to gender identity and / or sexual orientation it's ok to ask.

## 11c. Recommendations: Mission Statement and Logo

We have produced a mission statement and logo promoting Equality, Diversity and Inclusion for providers to display in a range of settings. We recommend Somerset Partnership adopt the Mission Statement and Logo and have this displayed in public areas throughout built environments.

Please see Appendix 1 for the Mission Statement and Appendix 2 for the Logo (Pages 13-14).

## 11d. Recommendations: Built Environments

LGB and Trans young people told us about the lack of visibility of sexual health services.

“I’ve heard of this place, this mystical place, but never actually seen it. Never seen anything like outside of a building saying ‘This is the CASH clinic. Come on in’. It just seems to be like the GUM clinic at Musgrove, it’s not like...it’s just like everywhere is sort of very sterile looking building sort of thing so...I guess it’s not sort of a subject that everyone wants to jump in and say ‘Hi’ but it’s not very inviting looking places.”  
(Youth group participant)

- Display clear messages on external walls to promote the CASH Clinic and other sexual health screening services;
- Use posters and displays to communicate positive images and messages throughout built environments of LGB and Trans young people.

## 11e. Recommendations: Monitoring Gender Identity and Sexual Orientation

- Monitoring by gender identity and sexual orientation of service users should be included in equalities monitoring and the data used to improve services.

## 11f. Recommendations: Schools and Colleges

- Sex and relationship education includes positive and supportive discussion on gender identity, sexual orientation, same-sex relationships and sexual health;
- Ensure school and college websites have sexual health information pages with links to local providers including CASH Clinics, GU Medicine, Terrence Higgins Trust, 2BU and pages on both gender identity and sexual orientation information.

“It seems to be a lot of censorship especially like we had a lot of (LGBT) posters that people would then take down or remove because it was inappropriate to have that sort of subject talked about and it kind of...there’s no progress made. We had posters up and they kept getting taken down and things like that and it just makes it very difficult so...the consensus is that this poster needs to be left alone would be helpful.”  
(Youth group participant)

“ I think in the education system there needs to be more awareness about transgender people completely. I know that’s not relating to sexual health necessarily, but I think in terms of mental health it is because there is nothing at all, it’s not mentioned across the board. We basically touched upon sexual orientation at school and it’s very, very lightly touched upon but gender identity isn’t mentioned at all. I think that’s quite bad for a lot of people that are going through it.”

(Youth group participant)

## 11g. Recommendations: Further Research and Training

Whilst gay and bisexual men historically have accessed sexual health services. Other groups including MSM, male sex workers and Trans women and Trans men are less likely to have accessed sexual health services.

Many people in Gender and Sexual Minority (GSM) groups are more likely to access a service at the point of crisis, for example accessing A&E, or are more likely to go to their GP.

→ Sexual health training for GP’s is important when working with LGB and Trans communities.

## 11h. Recommendations: Young Men Engaged in Sex Work

Many young male sex workers can also have multiple and complex needs including: homelessness, mental health, substance misuse and sexual exploitation. Further research with male sex workers, especially young male sex workers, in the South West is needed.

## 11i. Recommendations: Trans Communities

Further research with Trans communities is needed in the area. There is very little data available into the sexual health needs of Trans women and Trans men.

## LGB and Trans Awareness Training

We have a dedicated website for information and advice on accessing LGB and Trans awareness training. Please visit the website <http://www.lgbt-training.org.uk>

## Appendix 1 - mission statement



### Equality and Diversity Mission Statement

We believe everyone should be treated with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

We are committed to creating a welcoming and safe service for everyone and to challenging any discrimination.

We want you to receive a good service that is right for you. If there is anything we can do to improve our service or to meet your individual needs, please let us know. We will treat what you tell us confidentially.

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