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gay hiv strategies

Lesbians, Gay and  
Bisexual People  
and their Sexual Health:

**A Good Practice Guide  
for Healthcare  
Professionals**

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## Acronyms

GLEN – Gay and Lesbian Equality Network

GP – General Practitioners

GUM – Genito-Urinary Medicine

HIV – Human immunodeficiency virus

HPSC – Health Protection Surveillance Centre

HSE – Health Service Executive

ICGP – Irish College of General Practitioners

LGB – Lesbian, Gay and Bisexual people

LGBT – Lesbian, Gay, Bisexual and Transgender people

MSM – Men who have sex with men

NASC – National AIDS Strategy Committee

NGO – Non-Governmental Organisation

NHS – National Health Service (United Kingdom)

NVRL - National Virus Reference Laboratory

PEP – Post Exposure Prophylaxis

PLHIV – People Living with HIV

SSSTDI – Society for the Study of Sexually Transmitted Diseases in Ireland

STI – Sexually transmitted infection

WSW – Women who have sex with women

# Introduction

Over the last 20 years there has been significant progress for lesbian, gay and bisexual people in Ireland. This progress has included gay law reform, the Equality legislation and most recently major progress towards equality in relationship recognition for lesbian and gay couples, with the passing of the Civil Partnership Act. More than ever before lesbian, gay, bisexual and transgender (LGBT) people are able to live their lives more openly and without the same degrees of fear, stigma or prejudice than before.

Despite this progress, Irish and international research highlights that LGBT people continue to face significant challenges in accessing and receiving appropriate healthcare, and that health services are often not inclusive of LGBT patients. In response to these challenges many organisations in the Irish health and social care areas are developing inclusive practice guidelines, often in partnership with GLEN, to support change within their services to ensure that their services are accessible and appropriate for LGBT people. This good practice guide has been developed by GLEN to support healthcare professionals, including GPs and GUM clinicians, to ensure that their sexual health services are fully inclusive of LGBT people.

There is a very significant reluctance for LGBT people to disclose their sexual orientation when accessing health care, based on their actual experiences or fear of a negative response. Less than half of LGBT patients are open about their sexual orientation to their healthcare providers. Yet strong doctor patient relationships based on trust and respect are key to achieving the best possible health outcomes for LGBT people. Understanding and responding to these issues is crucial if LGBT people are to receive the necessary care. This is particularly so for sexual health care. LGBT people need to feel confident that they can talk to their doctors about their sexual health in an open, inclusive and positive environment.

In recent years there has been a marked increase in the level of HIV and STI diagnosis rates amongst gay and bisexual men. Increasing the rates and regularity with which gay and bisexual men test for HIV and STIs is a critical component of HIV and STI prevention, both for the individual patient and at a population level.

This guide examines the additional barriers facing LGB people in accessing sexual health care and services and outlines good practice guidelines designed to address these barriers. The guide also looks at specific challenges facing certain LGB sub-groups including younger LGB people, people from different cultures and ethnic minorities and people living with HIV.

Many of the recommendations in this guide may appear to be small steps but they can have an enormous impact on how LGB people engage with their healthcare providers. Together, they present an effective tool in ensuring best sexual health outcomes for LGB people.

Tiernan Brady  
Director, Gay HIV Strategies, GLEN

# 1 The case for enhanced access to sexual health services

Both Irish and international statistics and research highlight the importance of improving both the volume and regularity with which LGB patients engage with their healthcare professionals about their sexual health. In this section the guide will set out the recent trends in HIV diagnosis rates and STI rates amongst MSM in Ireland, with a focus on the upward trends amongst gay and bisexual men and other MSM. The section will then examine the findings of the research into the attitudes and experiences of LGBT people and highlight the barriers to accessing sexual health services uncovered by this review.

## HIV and STI diagnosis rates in Ireland

In recent years there has been a marked increase in the level of HIV and sexually transmitted infections (STIs) diagnosis rates amongst gay and bisexual men and other MSM<sup>1</sup>. In addition there have been outbreaks of syphilis, lymphogranuloma venereum (LGV) and sexually transmitted hepatitis C infections concentrated within the MSM population<sup>2</sup> (see Tables 1 and 2 below). The NASC Education and Prevention subcommittee report on HIV prevention 2008-2012 has set out an action plan on how best to address these issues. The report found that if these trends are to be reversed and HIV/STI prevention strategies are to be successful then there is a need to ensure that gay and bisexual men and other MSM who are at most risk of acquiring HIV and STIs, access sexual health services which are appropriate and accessible to their needs:

“Early knowledge of HIV status results in better prognosis for the individual and can have an impact on onward transmission. To achieve this, accessible HIV screening and testing must be made available” (NASC Education and Prevention Plan 2008-2012)

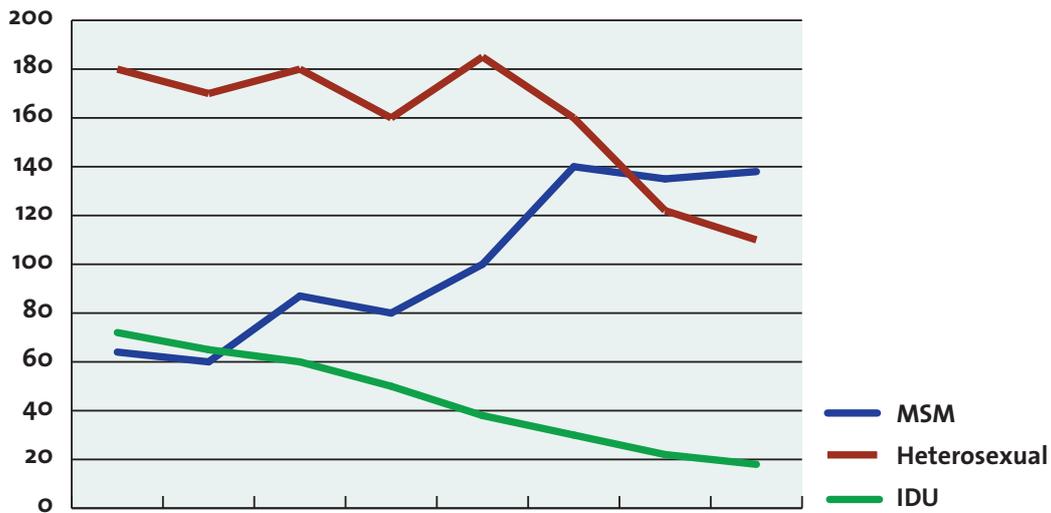
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1 See the HIV reports section of the Health Protection Surveillance Centre (HSPC) at <http://www.hpsc.ie/hpsc/A-Z/HepatitisHIVAIDSandSTIs/HIVandAIDS/SurveillanceReports/File,12654,en.pdf> and <http://www.hpsc.ie/hpsc/A-Z/HepatitisHIVAIDSandSTIs/HIVandAIDS/SurveillanceReports/File,12651,en.pdf>

2 HSPC <http://www.hpsc.ie/hpsc/A-Z/HepatitisHIVAIDSandSTIs/SexuallyTransmittedInfections/Syphilis/EpidemiologicalData/File,1424,en.pdf>

Swift access to HIV and STI testing and treatment is required if people are to establish their infection status, to access treatments, to cure or manage infections and to restrict further transmission. Improving access to services also requires a focus on the services to ensure that they are appropriate, accessible and trusted. There is a need to address the existing barriers to accessing these services and examine how best to raise the levels of engagement with the services by LGB people.

**Table 1: HIV diagnosis rates in Ireland 2004-2011**

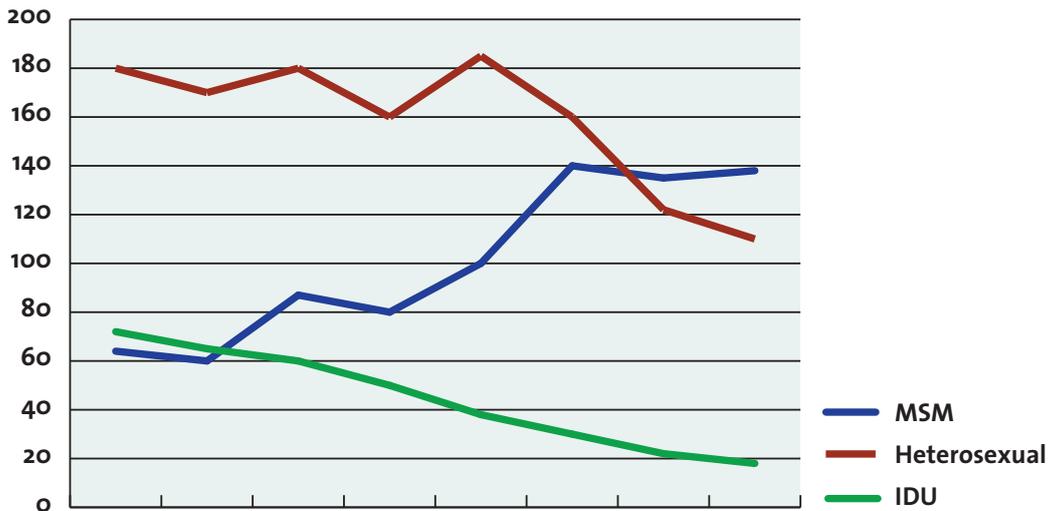


(Source: HPSC)

**Table 2: HIV diagnosis rates and source of transmission 2004-2011**

	2004	2005	2006	2007	2008	2009	2010	2011
MSM	63	60	89	82	102	138	134	136
Heterosexual	179	171	181	161	185	156	123	108
IDU	72	67	59	50	36	30	22	16
MCT	3	3	2	6	7	5	10	3
Other	4	6	3	4	-	1	5	0
Unknown	37	19	19	88	75	65	37	57
Total	358	326	353	391	405	395	331	320

(Source: HPSC)

**Table 3: Syphilis diagnosis rates in Ireland 2002-2010**

(Source: HPSC)

There are several direct linkages between patients accessing sexual health services and HIV and STI infection rates. It is in the early stages of HIV that the condition is most highly transmissible. This is because the viral load is very high in the first few months. If the person is unaware of their status then this increases the potential for further transmission of the condition. Early detection of infection at a time of high HIV infectivity will be more advantageous to lowering HIV incidence than later diagnosis and more advantageous in the care and treatment of people living with HIV. This analysis is further supported by some of the more recent research using phylogenetic tracing to attempt to trace patterns in HIV transmission using genetics<sup>3</sup>. In Ghent University and Brighton<sup>4</sup> studies using these methods highlighted the occurrence of transmission clusters of new HIV cases, mainly amongst younger men, who have been recently infected and who were unaware of their HIV positive status.

*If HIV transmission rates are to be lowered then the average length of time between HIV infection and HIV diagnosis in people who have become infected needs to be reduced.*

It is also important to consider the role of other STIs as part of an overall HIV prevention strategy. It has been established that:

- Men with HIV are more likely to acquire other STIs
- Other STIs can make HIV infected men more infectious.
- STIs can make HIV uninfected men more susceptible to HIV

<sup>3</sup> Chalmet K. et al, (2010) *Epidemiological study of phylogenetic transmission clusters in a local HIV-1 epidemic reveals distinct differences between subtype B and non-B infections*, BMC infectious diseases: Ghent University

<sup>4</sup> Pao, D. et al (2005), *Transmission of HIV-1 during primary infection: relationship to sexual risk and sexually transmitted infections*: Brighton

At the population level more sexually transmitted infections among men with HIV can lead to more new HIV infections. Even if plasma viral load is undetectable, there can be a spike in seminal or anal mucus viral load if another STI is acquired. So men with undetectable plasma viral load may pass on HIV if they acquire another STI and are then involved in sexual exposure. Irish data suggests that re-infection of syphilis is common among MSM and in particular, among those who are HIV positive<sup>5</sup>. A high proportion of these men are likely to have contact with health care providers which increases the potential effectiveness of any prevention interventions.

*Increasing the rate of STI screening among MSM has great potential for reducing the onward transmission of HIV.*

Increasing both the numbers and frequency of LGB people and MSM accessing sexual health services is a critical part of HIV/STI prevention, both for the individual patients and at a population level. There are, however, significant barriers for many LGB people when accessing sexual health services.

## The barriers to accessing services

Studies exploring lesbian, gay, bisexual and transgender people's experiences of services found that they can experience the same discrimination within services as they do in wider society<sup>6</sup>. Research in Ireland and internationally has also shown that there are significant barriers to accessing sexual health services for MSM and LGB people<sup>7</sup>. Some of these barriers are based on previous negative experiences and some on perceptions formed by LGB people and MSM of potential barriers and prejudices that may exist in a service. Even if a barrier is based on a perception that may not be true in practice, if that perception results in certain people deciding not to access, or engage fully with, available sexual health services then the perception has a real impact on health outcomes and needs to be addressed on that basis. The impact of these barriers can include people choosing not to access sexual health services or not being totally forthcoming with a full sexual practices history if they do attend. This can leave the clinician in a situation where they are disadvantaged due to not having the full information on which to make a diagnosis.

Some of the significant barriers which prevent LGB people and MSM accessing sexual health services include:

5 <http://www.hpsc.ie/hpsc/A-Z/HIVSTIs/SexuallyTransmittedInfections/Syphilis/Publications/File,1424,en.pdf>

6 McCartney D. et al (2009), *Real Lives 2 Findings from the All-Ireland Gay Men's Sex Survey 2005 & 2006*, p38 Sigma research, Mayock Paula, Byran Audrey, Carr Nicola, Kitching Karl, (2009) *Supporting LGBT Lives: A Study of the Mental Health and Well-being of Lesbian, Gay, Bisexual and Transgender People*, p109: HSE

7 Keogh P. et al, (2004) *Doctoring gay men: exploring the contribution of General Practice*, SigmaResearch; Mayock Paula, Byran Audrey, Carr Nicola, Kitching Karl, (2009) *Supporting LGBT Lives: A Study of the Mental Health and Well-being of Lesbian, Gay, Bisexual and Transgender People*, HSE; McCartney D. et al (2009), *Real Lives 2 Findings from the All-Ireland Gay Men's Sex Survey 2005 & 2006*, Sigma Research; EMIS (2011), *The European MSM Internet Survey Community Report 1*

- **The majority of Lesbian and Gay patients and MSM are not out to their healthcare professionals:** Irish research shows that 94% of LGBT people interviewed indicated that they had a GP whom they attended. The majority of those surveyed attended at least once or twice a year. However, despite the high levels of engagement with GPs only 44% of LGBT patients are out to their healthcare professionals about their sexual orientation<sup>8</sup>. This represents a significant barrier for clinicians as they endeavour to create the best possible health outcomes for patients.
  
- **Minority Stress:** Although social attitudes towards lesbian, gay and bisexual people have changed markedly in recent years, LGBT people can still experience stigma, discrimination and harassment in their everyday lives. The stresses, which are created by stigma, inequality and harassment, can put LGBT people at a heightened risk of psychological distress related to these experiences<sup>9,10,11</sup>. The concept of minority stress provides a particularly useful lens for healthcare professionals working with LGBT people because it is centred on an understanding of the impact of such stress on members of minority groups and how it can lead to alienation from social structures, norms and institutions. Such alienation can create significant barriers to accessing services, including sexual health services.
  
- **Fear of an anti-gay bias:** Many Lesbian and gay people and MSM choose not to access services or not to disclose their sexual orientation due to concern that the healthcare provider may react negatively. The Irish research report, *Supporting LGBT Lives*, shows that almost 60% of LGBT people who had prior experience with health professionals reported that they would not disclose their sexual orientation to healthcare providers for fear of a negative reaction<sup>12</sup> and a quarter of MSM did not feel able to talk to GUM clinic staff about the risks involved with the sexual practices they have engaged in<sup>13</sup>.
  
- **Negative experiences of dealing with healthcare providers:** The majority of MSM people who engage with GUM clinics find the experience to be positive. 85% of MSM surveyed in a recent Irish study would recommend the GUM clinic they had visited to another MSM and that 93% of MSM who attended a GUM clinic felt that the staff knew their job well<sup>14</sup>. However, many respondents in the *Supporting LGBT*

8 Mayock, P., Bryan, A., Carr, N., Kitching K. (2009), *Supporting LGBT Lives: A study of the mental health and well being of Lesbian, Gay, Bisexual and Transgender people*, GLEN & *Belong to*, p108: HSE

9 Bailey, J.M. (1999). *Homosexuality and mental illness*. *Archives of General Psychiatry*, 56: pp 883-884.

10 Cochran, S. D., Mays, V. M. & Sullivan, J. G. (2003). *Prevalence of mental disorders, psychological distress and mental health services use among lesbian, gay and bisexual adults in the United States*. *Journal of Consulting and Clinical Psychology*, 71 (1):pp 53-61.

11 Friedman, R.C. (1999). *Homosexuality, psychopathology and suicidality*. *Archives of General Psychiatry*, 56:pp 887-888.

12 Mayock Paula, Byran Audrey, Carr Nicola, Kitching Karl, (2009) *Supporting LGBT Lives: A Study of the Mental Health and Well-being of Lesbian, Gay, Bisexual and Transgender People*, p109: HSE

13 McCartney D. et al (2009), *Real Lives 2 Findings from the All-Ireland Gay Men's Sex Survey 2005 & 2006*, p38: Sigma research

14 McCartney D. et al (2009), *Real Lives 2: Findings from the All-Ireland Gay Men's sex survey 2005 & 2006*: Sigma research

*Lives* research reported negative experiences due to their sexual orientation when accessing healthcare services. A fifth of survey participants felt that they were not respected as LGBT people by the healthcare professionals they had consulted. In addition, a fifth of respondents actively sought out LGBT friendly healthcare professionals because of previous bad experiences dealing with healthcare providers<sup>15</sup>.

- **Heteronormativity:** Heteronormativity is the assumption that heterosexuality and heterosexual norms are universal. For example, the assumption that a partner is always of the opposite sex. This presumption, both real and perceived, has a negative impact on the accessing of health services by LGB people and MSM as it can leave some feeling marginalised from the services. In *A Needs Analysis of the Lesbian, Gay, Bisexual and Transgender Population in Galway, Mayo and Roscommon* 50% of those surveyed were presumed to be heterosexual by their health care practitioners. This finding mirrored the findings in *Supporting LGBT Lives* which found that GPs were aware of the survey participants LGBT status in only 44% of cases<sup>16</sup>.
- **Presumption that clinicians will have a low knowledge about LGBT issues:** 77% of LGB people believe that healthcare professionals need to have a greater awareness of LGBT issues<sup>17</sup>. This barrier can result in people becoming reluctant to disclose LGBT specific issues to their clinicians. 24.6% of MSM who took the *Real Lives 2* survey and had attended a GUM clinic did not feel able to talk to clinic staff about the risks involved with the sex they had<sup>18</sup>.
- **Confidentiality at GUM Clinic level:** Some MSM are reluctant to access sexual health services at GUM clinics due to the concern that they may be recognised by other clients of the service or that information given at the service may, in some way, become known to others. In the case of young people who are LGB but have not yet come out, the fear that their parents would discover their sexual orientation from the GUM service is a significant barrier to accessing the service<sup>19,20</sup>.

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15 Mayock, P., Bryan, A., Carr, N., Kitching K. (2009), *Supporting LGBT Lives: A study of the mental health and well being of Lesbian, Gay, Bisexual and Transgender people, GLEN & Belong to*, p109: HSE

16 Mayock, P., Bryan, A., Carr, N., Kitching K. (2009), *Supporting LGBT Lives: A study of the mental health and well being of Lesbian, Gay, Bisexual and Transgender people, GLEN & Belong to*, p106-119: HSE

17 Mayock, P., Bryan, A., Carr, N., Kitching K. (2009), *Supporting LGBT Lives: A study of the mental health and well being of Lesbian, Gay, Bisexual and Transgender people, GLEN & Belong to*, p106-119: HSE

18 McCartney D. et al (2009), *Real Lives 2: Findings from the All-Ireland Gay Men's sex survey 2005 & 200: Sigma research*

19 Ginsburg, K et al (2002) *How to reach sexual minority youth in a healthcare setting: The teens offer guidance. Journal of Adolescent Health*, 31, 5, p407-416

20 Ryan, C. (2003) *Lesbian, Gay, Bisexual and Transgender Youth: Health concerns, services and care. Clinical research and regulatory affairs*, 20, 2, p137-158

- **Lack of knowledge of the sexual health services which are available for LGB people:** There is a lack of knowledge of the sexual health services which are currently available for LGB and MSM. Many are not aware of the extensive GUM clinic network which exists throughout the country and that these clinics are available for LGB people and MSM. Additionally, many did not know the services were available for example, over 80% of MSM had not heard of Post Exposure Prophylaxis (PEP)<sup>21,22</sup>.
- **Fear of finding out you are HIV positive:** Worrying that you may discover that you have HIV can be a disincentive to MSM accessing services. Recent UK research found that MSM had extremely negative perceptions of the consequences of a positive diagnosis, even though they perceived it to be an unlikely outcome if they did take a test<sup>23</sup>. These perceptions were sufficient to keep some men away from HIV testing.
- **HIV Stigma:** People living with HIV face the challenge of stigmatisation by society, their family, friends and work colleagues. Irish research shows that 84% of PLHIV believe that PLHIV are viewed negatively by Irish society and 54% of the general public believe this to be the case<sup>24</sup>. There is also an apparent high incidence of negative experiences for PLHIV when engaging with their doctors at primary care level with 37% of PLHIV having encountered discrimination<sup>25</sup>. The impact of these fears and experiences can create a significant barrier to people when considering engaging with a healthcare professional, both those people who are living with HIV and those who fear the impact that an HIV diagnosis will have on their lives. The Irish government, recognising the seriousness of the problem, funded the *Stamp Out Stigma* campaign in 2007, aimed at raising awareness of the issue and tackling stigmatisation.
- **People from different ethnic groups and cultural backgrounds:** Some lesbian and gay and MSM patients will come from different cultural backgrounds or ethnicities which have strong anti-gay attitudes or they may come from countries which have anti-gay laws. Same-sex sexual actions are punishable by death or life imprisonment in some countries. These circumstances can create a significant barrier to people who may, as a result of living in a country with anti gay laws, fear engagement with health services. In the case of those coming from cultures with anti-gay attitudes the patient may fear that their communities may find out.

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21 MacCartney, Daniel et al (2009), *Real Lives 2: Findings from the All-Ireland Gay Men's sex survey 2005 & 2006* p35-42: Sigma research

22 Dodds C., Hammond G., Keogh P., Hickson F., Weatherburn P. (2006) PEP talk: Awareness of, and access to post-exposure prophylaxis among gay and bisexual men in the UK: Sigma research

23 Sigma Panel, Insight Blast 1: HIV testing, Sigma research (2011) [http://www.sigmaresearch.org.uk/files/Sigma\\_Panel\\_INSIGHT\\_BLAST\\_1\\_HIV\\_Testing.PDF](http://www.sigmaresearch.org.uk/files/Sigma_Panel_INSIGHT_BLAST_1_HIV_Testing.PDF)

24 Stamp out Stigma (2007), HIV Related Stigma and Discrimination in Ireland Today,p5, Irish Aid

25 Stamp out Stigma (2007), HIV Related Stigma and Discrimination in Ireland Today,p14, Irish Aid

# 2 Good Practices for Clinics and Clinicians

The previous section highlighted the importance of LGB people and MSM engaging with healthcare professionals about their sexual health, set out both the trends in diagnosis rates for STIs and HIV and then highlighted some of the chief barriers which prevent LGB people and MSM from accessing sexual health services. This section will describe the various ways which GUM clinicians can address these barriers and how they can improve service provision to ensure that their practices are inclusive of the needs of LGB and MSM patients and outline actions which clinics can take to proactively engage with their local LGB and MSM communities.

The key points to consider in providing the optimum service and health outcomes for MSM and LGB patients come in two main categories: good practices for clinics and good practices for clinicians when working with LGB and MSM patients. These points break down as follows:

## Section A **Good practice for clinics:**

1. **Public Profile:** Ensuring the clinic demonstrates to its patients that it is inclusive of LGB and MSM people
2. **Policies and procedures:** Developing inclusive policies and programmes which address the needs of LGB and MSM people
3. **Programmes:** Engaging with LGBT communities and targeting the needs of MSM and LGB patients
4. **Professional development:** Equipping staff with the information they need to provide an inclusive service to LGB and MSM patients

## Section B **Good practice for clinicians:**

1. **Stay informed on LGB health issues**
2. **Don't assume all patients are heterosexual**
3. **Respond positively when patients disclose they are lesbian, gay or bisexual**
4. **Principles of confidentiality**
5. **Working with younger MSM and LGB patients**

## A

# Good Practice Guidelines for Clinics

## 1. Public Profile: Demonstrating that the practice is inclusive of LGB people

Many of the barriers that prevent LGB and MSM patients accessing sexual health services come from perceptions that a service may be judgemental of LGB people, of sexual practices or have an anti-gay bias. The perception of the service's attitude towards LGB and MSM can become a real barrier to accessing the service, regardless of whether the perception matches the reality. It is beneficial for clinics and practices to profile publicly that they are an LGB and MSM-friendly service. This profile will let prospective service users know that they are welcome and will be provided with the same high quality service as any other patient. There are many straightforward and practical actions which a clinic can take which can address this goal. Sometimes the smallest of actions can remove significant barriers to accessing sexual health services and developing communication between healthcare professionals and their LGB patients. Examples of such actions are:

- Ensure all relevant paperwork, assessment forms and information leaflets use language which is inclusive of LGB people and their families. One key example of this is with the passing into law of the Civil Partnership Act, all forms should ask a patient for their civil status rather than if they are married or single.
- Healthcare professionals and clinic managers should be conscious of the importance of the physical environment of the clinic and the impact that imagery such as posters and literature in public areas can have on a patient's perception of the service. The public areas within the service's facilities can be used to show how the service is LGB and MSM aware and inclusive. Examples include clinics displaying a poster advertising the national LGBT Helpline or some other local LGB organisation in the waiting areas or clinics keeping LGB and MSM related literature in the waiting room e.g. copies of the monthly Gay Community News or other Gay magazines
- Publicly indicating on the service website and literature and in the public areas within the service's facilities the service's policies on confidentiality
- Advertising the service in the gay press or other media which target LGB people
- If the clinic has publicly available guides or videos which explain to patients what a visit to the clinic could entail then it should be ensured that they are MSM and LGB inclusive

- Publicly indicating on the service website and literature and in the public areas within the service's facilities that the service is non-discriminatory and values and respects diversity of all the people using the service. The following is a suggested wording:

*Our goal is to ensure the experience of all our patients here is one where they feel respected and understood. This clinic respects all our patients and does not discriminate against any patient on the basis of their sexual orientation.*

The clinician-patient relationship is central to the quality of care provided and health outcomes achieved. The steps recommended above are examples of how best to communicate the clinic's openness, respect and understanding to LGB and MSM patients which will help to ensure that the clinic provides an accessible and appropriate service which, in turn, will create the optimum clinician-patient relationship.

## **2. Policy & Procedures: Developing inclusive policies and programmes which address the needs of LGB and MSM people**

Clinics should ensure that they have policies in place addressing the needs of MSM and LGB patients. Procedures should also be in place ensuring the provision of an appropriate service to MSM and LGB patients. Consider the following questions:

- Does the service have procedures that recognise and provide appropriate and accessible services to LGB and MSM people (e.g. recognition of same-sex partners, next of kin)
- Do the clinic's policies on areas such as contact tracing or confidentiality take into account the specific needs and vulnerabilities of LGB and MSM patients?
- Does the clinic have procedures which would involve a person having to declare their sexual orientation in a public setting, for example, at a receptionists counter, and if so, how is any sensitivities of vulnerabilities a patients may feel protected in that setting?
- Does the service have an equality and diversity policy and if so does it make explicit reference to LGB people and MSM?

- Is there a clear procedure for dealing with homophobic behaviour, comments or attitudes at all levels of the service?
- How is this policy communicated to staff/volunteers and implemented throughout the service?
- How is this policy communicated to service users?

The Equal Status Acts 2000-2008 make it illegal to discriminate against someone when providing goods or services because of their sexual orientation or gender identity. These Acts mean that public and private services must ensure equal access to and provision of services and goods to LGB people including MSM.

It is good practice to have a written equality and diversity policy and this policy should outline the nine grounds on which discrimination is illegal, including sexual orientation and gender identity. Such a policy will clearly communicate to staff and service users the service's commitment to promoting equality and respecting diversity.

### **3. Programmes: Engaging with and targeting the needs of MSM and LGB patients**

Clinics should implement specific work targeting and addressing the needs of MSM and LGB patients and ensure that MSM and LGB people are included in the design and implementation of such work. Consider the following questions:

- What is the clinic doing to ensure that its service is accessible and appropriate to the needs of MSM and LGB patients, most especially MSM and LGB people and communities who are at high risk of exposure to HIV and STIs?
- Is there a need for the service to specifically target MSM and LGB people and, if so, what is the most appropriate way to achieve this?
- What measures has the clinic taken to build relationships with the local LGB and MSM communities?
- Does the service include MSM and LGB people in consultations on the design, delivery and evaluation of services or products?

Many services have already developed successful programmes to make their service MSM and LGB inclusive. There are numerous LGB organisations around the country that are willing and able to support services in such programme development. Services can

advertise or communicate with the LGB community via LGBT publications, LGB groups or the internet. Increasingly, Irish services and organisations are displaying LGB information and posters in their public spaces, for example waiting rooms, so that MSM and LGB users will know the service is aware of their existence and that the service is MSM and LGB-friendly.

## **Engaging with local LGB and MSM communities in action**

### **Case study 1: The Youth Health Service and the Cork gay project**

*In Cork the Youth Health Service of the HSE and the Cork Gay Project, the largest gay and bisexual organisation in Cork, worked together on a very successful campaign to raise awareness of sexual health issues and increase access to sexual health care services for younger LGBT people. They developed a programme through consultation with younger LGBT people which aimed to discover the barriers which existed to accessing services and to identify what younger LGBT people's needs were. The programme led to specific initiatives including a programme which encouraged younger LGBT people to use the GUM clinics in groups. The programmes produced a marked increase in the numbers of young LGBT people using the sexual health services in Cork.*

### **Case study 2: The Victoria Hospital GUM Clinic and the Cork Gay Youth Project**

*The Victoria Hospital GUM Clinic in Cork developed a programme, in consultation with the Cork Gay Project, which aimed to increase awareness of the service provided at the clinic and increase awareness about sexual health issues for LGB people. The programme consists of regular public talks given by the clinic at The Other Place, the Cork Gay Project local centre, for LGBT people. This programme successfully addresses multiple barriers including the lack of knowledge of existing services by LGB people and MSM, the fear that the clinicians will have a lack of knowledge about LGB health issues and any fears that LGB people may have about a negative judgement or an anti gay bias at the local clinic.*

## **4. Professional Development: Equipping staff with the information they need to provide an inclusive service to LGB and MSM patients**

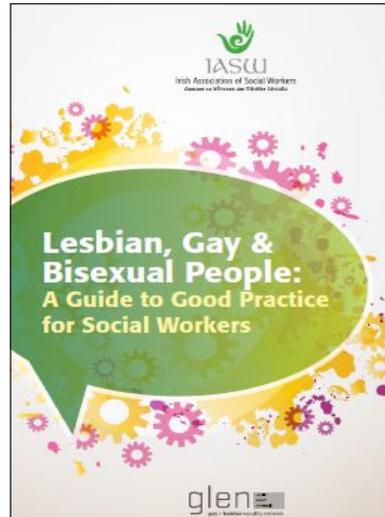
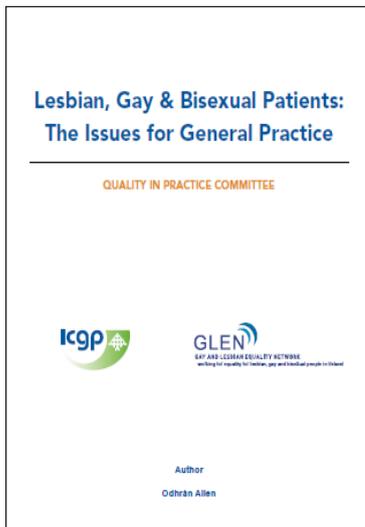
Clinics should ensure that they equip staff and volunteers with the knowledge they require so that they are aware of the specific issues facing MSM and LGB patients accessing the service and so that they can provide the most appropriate and inclusive service for MSM and LGB patients. Consider the following questions:

- What has the service done to ensure staff/volunteers are aware of MSM and LGB health issues and needs?
- What has the service done to ensure staff/volunteers provide the service in a non-discriminatory manner and are compliant with equality legislation?
- Have resources been developed to support staff/volunteers to be MSM and LGB-friendly and to cater to the specific needs of MSM and LGB patients?

Increasingly Irish services and organisations are implementing their equality and diversity policies by developing resources to support staff and volunteers to provide an MSM and LGB-friendly and inclusive service. Examples of such professional development are:

- **Good practice guides for the service or sector:** Many organisations have developed good practice guides or documents raising the issues around working with LGB patients. Recent examples include the Irish College of General Practitioners and the Gay and Lesbian Equality Network (GLEN) have published a guide for Irish GPs highlighting the issues faced by LGB patients and establishing good practice guidelines for GPs and the Irish Association of Social Workers and GLEN who have produced a guide to good practice.

## Good practice guidelines for healthcare professionals



- MSM and LGB-inclusive practice training for staff – the Health Service Executive currently provides LGBT-Inclusive Practice training to a range of statutory and voluntary health and support agencies in the greater Dublin region. Some LGBT NGOs, such as GLEN, provide training seminars and workshops for healthcare professionals to help raise awareness and ensure the best possible health outcomes for LGB and MSM patients. Some health services have developed their own training seminars in consultation with LGBT NGOs, for example, The department of psycho-oncology in St. Vincent’s Hospital in Dublin have developed a 50 minute seminar, *Five things you need to know: A pilot training programme for social care professionals providing palliative care to Lesbian, Gay and Bisexual Patients*.
- Including MSM and LGB issues as part of in-service training, CPD/CME activities and in seminars and conferences. Good examples of professional development include the Sexually Transmitted Infection Forums (STIF courses) organised by the Mater hospital and St James Hospital which have include workshops highlighting issues for LGB patients and the National Office for Suicide prevention chose LGBT Mental Health as the theme of its annual conference in 2009 with presentations from GLEN and BeLoNG To Youth Service.

## B

# Good Practice Guidelines for **Clinicians**

## 1. Stay informed on LGB and MSM issues

Recent years have seen rapid change in Ireland for lesbian and gay people. These changes have come in many forms including legislative based changes, such as the Civil Partnership Act; practice based changes, such as the good practice guidelines for GPs produce by the ICGP and GLEN; or campaign based changes, such as the Stand Up campaign in secondary schools by BeLonGTo, a group working with younger LGBT people. It is important for healthcare professionals to be aware of these changes and how they may impact the services which clinics provide to their patients, what obligations they may put on healthcare practitioners or how such changes may impact on their LGB and MSM patients.

It is important to be aware of the other support services that are available for LGB people should the clinician consider that referring the patient would be beneficial. There are many support services for LGB people some of which cater for the needs of specific LGBT population groups. These guidelines include an appendix with information and contact listings of LGBT support groups which can be used as a reference by clinicians.

LGB people and MSM are as diverse and varied a population as heterosexual people. This non-homogenous profile means that there are certain sub-groups within the population group which may be at greater risk of exposure to HIV and STIs. From the perspective of their role as health promoters, it is important for clinicians to stay informed on LGB issues so that they are fully aware of emerging trends in behaviour patterns with certain sub-groups.

Staying informed on the types of barriers which LGB people and MSM face when accessing sexual health services will aid the clinician in ensuring that the service they provide is inclusive, accessible and appropriate for LGB and MSM patients. Local LGBT groups, publications such as GCN and the websites of LGBT NGOs such as GLEN provide much information.

## 2. Don't assume all patients are heterosexual

Any person who uses healthcare services may identify as gay, lesbian, bisexual, transgender or have a history of engaging in sexual practices with members of the same sex. Some of these patients may not have come out about their sexual orientation or may not

feel comfortable disclosing their sexual orientation to a healthcare professional<sup>26,27</sup>. It is important to be aware that this may be the case and that any assumption that the patient is heterosexual, a practice called heteronormativity, can create additional barriers for the clinician in obtaining a full sexual history from the patient<sup>28</sup>.

Using open language and questions when taking a patient's sexual history is a very good way of demonstrating to the patient that the clinician is not assuming they are heterosexual. Such open and inclusive language can demonstrate to the patient that they are in an environment where they can feel comfortable about disclosing their sexual orientation or about discussing matters related to their sexual practices which may be relevant in ensuring that they receive the treatment most suited to their needs.

The following are some good examples of inclusive language and questions to consider:

Examples of inclusive questions	
Instead of:	Use:
Are you married?	Do you have a partner?
Do you have a girlfriend/boyfriend?	Are you in a relationship?
What is your boyfriend/girlfriend's name?	What is your partner's name?

### 3. Respond positively when patients disclose they are lesbian, gay, bisexual or transgender

Not all patients who are LGB will have come out about their sexual orientation. There are varying reasons why this would be the case including:

- They may be married or have a heterosexual partner
- They may come from a social background where being LGB is treated negatively, even to the extent that it may pose a threat to their safety
- They may come from a culture where certain same-sex practices are not considered to be exclusively LGB in nature
- They may not yet have fully come to terms with their sexual orientation

26 Keogh, P., Weatherburn, P., Henderson, L., Reid, D., Dodds, C. & Hickson, F. (2004). *Doctoring gay men: exploring the contribution of general practice*. London, pp: Sigma Research.

27 Fitzpatrick R., Dawson J., Boulton M., McLean J., Hart G., Brooks M. (1994) *Perceptions of General Practice among homosexual men*, British Journal of General Practice, 44(379): p80-82

28 Dodds C., Keogh P., Hickson F. (2005) It makes me sick: Heterosexism, homophobia and the health of gay men and bisexual men: Sigma research

A visit to a healthcare professional may be the first time that a lesbian or gay person has disclosed their sexual orientation to anyone. LGB people who have not come out may be reluctant to inform the treating clinician. There are several barriers that may be discouraging the patient from disclosing their sexual orientation or sexual practices to the treating clinician. These include fear that there may be a lack of confidentiality or fear of a negative reaction. Clinicians can encourage patients by providing reassurance and showing interest in understanding them. Some important issues to raise with patients include:

- Reassure the patient about the confidentiality of the service. By emphasising the confidentiality rules governing the service a healthcare provider can help address the fears that a patient may have about disclosing information about their sexual orientation or sexual practices which may be relevant to the clinician in treating the patient
- Explain the importance that their treating clinician has the best possible understanding of the issues that are relevant to the sexual health of the patient so that they can identify the appropriate treatment or supports the patient may need
- Try asking direct questions which show the open and inclusive nature of the service. For example, “is your partner a man or a woman”, “are you attracted to men, women or both”

Once someone has disclosed it is important to react in a positive manner. If a patient discloses their sexual orientation and feels the disclosure was not treated positively they may, as a direct result, be reluctant to disclose further information regarding issues such as sexual practices, which may be of relevance to the treating clinician, for fear of further negative reaction. It is important to avoid actions which create an environment which has an anti-gay bias for example, pathologising LGB patients or unsolicited attempts to change a patient’s sexual orientation.

In addition, some patients may not have fully accepted their sexual orientation or may only be in the very initial stages of coming out. This should be dealt with sensitively. If a young person discloses that he or she may be or is lesbian, gay or bisexual, it is appropriate to respond in a positive and supportive way. Try to avoid the assumption that he or she is going through a phase or is too young to make such a declaration. Provide information that will support and reassure the young person and consider referring them to an LGB organisation for support.

# 3 Important screening Issues for LGB and MSM patients

In addition to the good practice guidelines in the previous section, there are other important screening issues which pertain to MSM and lesbian and gay patients. The following should all be considered when treating patients.

## Principles of Confidentiality

The principles of confidentiality apply to all patients. For LGB and MSM patients fears about breaches in confidentiality can have significant additional import, for example, the patient may not have come out yet or may be married. The SSSTDI guidance for STI clinics in Ireland states the following principles with regard to confidentiality:

1. A patient has the right to expect that information given in confidence will be used for the purpose for which it was given and will not be released to others without their explicit consent
2. Professionals working in STI clinics must recognise their fundamental obligation to protect all patient information both within and outside the workplace in accordance with relevant legislation<sup>29,30</sup>. The death of a patient does not absolve staff from this obligation
3. Information about any patient will only be shared with other health care professionals on a strict “need to know” basis, having obtained patient permission, in accordance with relevant legislation
4. In certain circumstances disclosure of information in the public interest is necessary. The Irish Medical Council<sup>31</sup> and the General Medical Council<sup>32</sup> give guidance on these matters.

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29 the NHS (VD) Regulations 1974 and the NHS Trusts (VD) Directive 1991 for Northern Ireland

30 Infectious Diseases Regulations, 1981.SI number 390 of 1981 for Republic of Ireland

31 <http://www.medicalcouncil.ie/Professional-Standards/Professional-Conduct-Ethics/The-Guide-to-Professional-Conduct-and-Ethics-for-Registered-Medical-Practitioners-7th-Edition-2009-.pdf>

32 [http://www.gmc-uk.org/guidance/news\\_consultation/confidentiality\\_guidance.asp](http://www.gmc-uk.org/guidance/news_consultation/confidentiality_guidance.asp)

## Younger LGB and MSM patients

Any young person who accesses healthcare services may identify as gay, lesbian or bisexual or have a history of relationships with members of the same sex. Irish research shows that the average age when an LGB young person starts to come out to others about their sexual orientation is 21 and the most common age is 17<sup>33</sup>. This means there is a high probability that any young LGB patient presenting in clinic may not be open about their sexual orientation at all or may only be open to a restricted group of chosen people which may not include family members. In these circumstances there may be a reluctance to disclose information on their sexual orientation or the sexual practices which they have engaged in. In addition, some young LGB people may still be questioning their sexual orientation or only starting to become aware of it which may add to their reluctance to disclose. By asking open and inclusive questions which do not make assumptions that the patient is heterosexual and emphasising the confidentiality policies of the service the clinician is demonstrating to the young patient that they are in an environment where they can feel safe to disclose issues related to their sexual orientation and sexual practices that may be relevant to effective treatment.

The SSSTDI guidance for GUM clinicians recommend that each STI clinic, providing services to young people have locally agreed guidelines and policies in place. The lower age limit for provision of care will vary from clinic to clinic, depending on alternative services available and local hospital policy on caring for children. In practice there are no designated sexual health services available for children under the age of 14 years (this is the cut off that was agreed locally by St James's Hospital) and therefore when circumstances arise where children under the age of 14 years present there is a need to individually assess the situation. The consent of a competent adult should be sought, where possible, when seeing children under the age of 16 years (the age of consent for medical treatment).

In providing a service to young sexually active people clinicians should adhere to the following principles.

- Act in the patients' best interest at all times
- Reassure the patient of the rules of confidentiality which apply to the service
- Work with them to obtain their consent if disclosure is necessary
- Make no assumptions about the young person's sexuality
- All patients under the age of consent for sexual activity should be referred to a medical social worker (for pre test counselling and psychosocial assessment)

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33 Mayock, P., Bryan, A., Carr, N., Kitching K. (2009), *Supporting LGBT Lives: A study of the mental health and well being of Lesbian, Gay, Bisexual and Transgender people, GLEN & Belong to*, p57-60: HSE

- Be alert to the possibility of child abuse and neglect and react accordingly in line with national and local policies
- Be aware of national and local policies and guidelines on provision of care to young people.

### Age of consent

- In both the Republic of Ireland and Northern Ireland a child is any person under 18 years of age, unless they are (or have been) married<sup>34,35</sup>
- In both the Republic of Ireland and Northern Ireland the age of consent for medical treatment is 16 years
- In both the Republic of Ireland and Northern Ireland children under the age of consent for medical treatment (16 years) can give valid consent to treatment if they are deemed competent to do so by a medical professional (see Fraser ruling)<sup>36</sup>
- In Northern Ireland the age of consent for sex is 16 years
- In the Republic of Ireland the age of consent for sex is 17 years

## Sexual Orientation and Sexual Practices

Sexual practices are how people behave in a sexual situation.

Sexual practices are different from sexual orientation. This distinction is relevant for clinicians as many patients may engage in same-sex sexual practices but may not perceive themselves to be gay, lesbian or bisexual. For example, in certain cultures some men who perceive themselves to be heterosexual engage in same-sex practices but these men would not consider their actions to alter their heterosexual identity.

Though such a patient may be behaviourally lesbian, gay or bisexual it is their perception of their own sexuality which should guide you in your use of language when working with them and their sexual practices which guide you in your treatment of them.

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34 <http://www.irishstatutebook.ie/1991/en/act/pub/0017/sec0002>

35 <http://www.irishstatutebook.ie/1997/en/act/pub/0026/sec0023>

36 Gillick-v-vWest Norfolk and Wisbech AHA (1986). AC112 (1985), 3 WLR 830 (1985), 3 AllER 402, HL

## Lesbian patients

Lesbian women are sometimes presumed to be of insignificant risk to STI exposure. This has resulted in lesbians being less likely to be regularly tested for STIs than heterosexual women. Whilst lesbian and women who have sex with women (WSW) patients are at a lower risk of contracting HIV and other STIs than MSM, STI screening remains an important component of healthcare for patients who identify as lesbian and WSW.

It is also important to be aware when taking a sexual history that if the patient identifies as a lesbian or as a WSW, in many instances the patient may have had sexual partners of the opposite sex at some time in the past.

## People from different cultures and ethnic minorities

Patients may come from a culture, a country or ethnic minority where there are different attitudes to gay people or sex between men. Some MSM and LGB people will have come from countries with anti gay laws. Some of these laws have punishments which include the death penalty or life imprisonment. In addition, some recent proposals in some African States include new laws which would make it compulsory for healthcare professionals to inform the authorities if a patient has engaged in same-sex acts<sup>37</sup>. People coming from countries or cultures like these will have strong fears about what would happen to them if members of their communities discovered their sexual orientation. It is important to reassure the patient in these circumstances that any information about their sexual orientation that the patient gives will be treated as confidential including from the State.

Additionally, some people may come from cultures where it is not unusual for heterosexual men to engage in same-sex activities. These men may not perceive themselves to be gay or bisexual and when working with such patients it is important to respect the perceptions they have of their sexual identity.

## Role of clinicians in prevention

The treating clinician has a vital role in motivating patients to reduce risky behaviours, both sexual and otherwise, which increase the likelihood of contracting HIV or STIs.

- Discuss how STIs are contracted
- Discuss risks associated with sex work or injecting drug use (if relevant).
- Discuss recent increases in specific STIs amongst MSM

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37 <http://www.unwatch.org/site/apps/nlnet/content2.aspx?c=bdKKISNqEmG&b=1313923&ct=11657171>

- Explain the increase in transmission synergy between HIV and other STIs

Specific sexual health literature targeting MSM is available from various LGBT organisations and websites (See section 5).

- Discuss and provide literature regarding post exposure prophylaxis (PEP) with all MSM patients. Further information on PEP which specifically targets MSM is available from various LGBTI organisations and at [www.man2man.ie](http://www.man2man.ie) and at [www.yoursexualhealth.ie](http://www.yoursexualhealth.ie)

## Partner notification

Partner notification, or contact tracing, is the process of contacting the sexual partners of an individual with certain sexually transmitted infections including HIV, and advising them that they have been exposed to infection. By this means, people who are at high risk of STI/HIV, many of whom are unaware that they have been exposed, are contacted and encouraged to attend for counselling, testing and other prevention and treatment services.

Partner notification is an integral part of service provision. The rules governing partner notification when working with LGB or MSM patients are the same as those for all other patients.

However, there are issues which are pertinent to MSM which can make effective contact tracing more challenging. MSM are more likely to have had more sexual partners than the general population which may make it difficult to compile a complete sexual history. The methods of meeting sexual partners can also be divergent from the general population with some MSM meeting casual sexual partners in ways which result in anonymous sex, for example through internet sites.

MSM who are not open about their sexual orientation may be reluctant to disclose for fear of discrimination or stigmatisation as a result of their sexual orientation. In some cases, MSM may be in a heterosexual relationship and fear the impact that contact tracing might have on the relationship. It is important to consider these additional challenges facing MSM and LGB patients when contact tracing.

## People living with HIV and treatment as prevention

PLHIV face particular and significant challenges which need to be dealt with in a sensitive manner. MSM and gay or bisexual patients, who may already feel marginalised or stigmatised from society, will now be faced with the additional barrier of increased stigmatisation due to their HIV status<sup>38</sup>. In the case of primary care clinics this

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<sup>38</sup> Stamp out Stigma (2007), HIV Related Stigma and Discrimination in Ireland Today,p5, Irish Aid

stigmatisation can mean it may take some time before a patient who is living with HIV decides to disclose their HIV status to their GP, or they may find that illness forces the decision. When this occurs it is important to reassure the patient about the confidentiality of their records and the attitudes of staff in the clinic who will need to be aware about their HIV status. Maintaining a strong doctor-patient relationship is crucial for the successful management of chronic conditions such as HIV. Communication with the clinic where the patient is being treated should be established as soon as possible.

Research shows that patients on treatment are associated with significant downward trends in the risk of further transmission of the condition, so a strong positive relationship between the patient and the clinician will be of immense benefit, not just to the patient but towards the goal of more effective HIV prevention<sup>39</sup>.

## **HIV as a notifiable condition**

HIV is now listed in the schedule of infectious diseases, making it a notifiable condition. As a result, newly confirmed cases of HIV must now be notified by clinicians and clinical directors of laboratories. HIV cases confirmed prior to January 2012 should not be notified. The notification of HIV is seen as an important step in the prevention, care and control of HIV in Ireland. Timely notifications aim to ensure that surveillance and prevention activities are effective and that incidents and outbreaks are identified early and managed promptly.

There a range of procedures around notification including protocols to protect patient confidentiality. For further information see the forthcoming NASC guidelines on notification procedures for healthcare professionals.

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<sup>39</sup> Sigma research (2011) *Making it Count 4: A collaborative planning framework to minimise the incidence of HIV infection during sex between men*, Chapter 3, Sigma research

# 4 Concepts and Language

In order to support clinicians to respond appropriately and effectively to lesbian, gay and bisexual patients and patients who are MSM, this section sets out some relevant terms and concepts.

## Sexual Orientation

Sexual orientation is distinguished by an emotional, romantic, sexual or affectionate attraction to individuals of a particular sex. Sexual orientation exists along a continuum from exclusive attraction to the same sex to exclusive attraction to the opposite sex. There are three sexual orientations that are commonly recognised:

- **Heterosexual** – a person who is sexually attracted to individuals of the opposite sex
- **Homosexual** – a person who is sexually attracted to individuals of the same sex as themselves. The more commonly used terms are gay, for describing a man who is sexually attracted to other men, and lesbian, for a woman who is sexually attracted to other women. The term homosexual is not considered to be a positive term by many lesbian and gay people
- **Bisexual** – a person who is sexually attracted to members of both sexes

In addition there are several other concepts and acronyms that it is important to be familiar with:

- **LGB** - is the collective acronym for lesbian, gay and bisexual people
- **LGBT** – is the collective acronym for lesbian, gay, bisexual and transgender people. This guide focuses on LGB issues surrounding access to sexual health services but some of the research cited in the guidelines assessed the needs of LGBT people
- **MSM** – is the acronym for Men who have sex with Men. When discussing gay and bisexual men's health it is important to consider that some men who have sex with other men may not identify as gay or bisexual. MSM is the epidemiological term used to encompass all men in this group.

**Gay men are men who have sex with men but not all men who have sex with men identify as gay**

There are many reasons why some MSM do not describe themselves as gay or bisexual, including men who have not come out especially younger men or minors, men who are married and men from certain socio-economic groups or ethnic backgrounds.

## Coming Out

Disclosure that one is lesbian, gay or bisexual is often referred to as 'coming out'. However, there is more to coming out than disclosure of one's sexual orientation. Coming out is an important and affirmative developmental process in the lives of LGB people with distinct phases. It first involves accepting one's sexual orientation and then choosing to share this with others as well as developing a positive sexual identity. While some people have negative experiences the majority of LGB people experience great relief when they come out and are met with support and acceptance from family, friends and colleagues.

## LGB people, MSM and the Law

Homosexual acts were formally decriminalised in 1993. Prior to this homosexual acts were illegal under the 1861 Offences against the person Act and the 1885 Criminal Law Amendment Act. The fact that homosexual acts were technically illegal up until 1993 presented significant barriers to MSM who wished to access sexual health services. Whilst homosexual acts had, up until 1993, been criminalised, sexual orientation was not.

The Equal Status Acts of 2000 and 2008 promote equality and prohibit discrimination, harassment and victimisation on the nine grounds of gender, sexual orientation, age, marital status, family status, religion, race, disability and membership of the Traveller community. The gender ground has been held in case law to also apply to transgender people. The Civil partnership Act updated equality legislation changing marital status to civil status so that now civil partners are fully protected under the legislation. The Acts apply to the provision of all services in both the public and the private sector<sup>40</sup>.

Discrimination against PLHIV is also illegal under the Employment Equality Act 1998 and the Equal Status Acts 2000 and 2004.

By adhering to the principle of inclusive practice clinicians can ensure that they are in compliance with the relevant Acts by:

- Expecting diversity among their service user population and colleagues and respect this diversity
- Providing an accessible and appropriate service for all service users
- Understanding the issues facing diverse groups and be able to respond to their specific needs

Inclusive practice applies to many forms of diversity. Social exclusion, discrimination and inequality can all have a negative impact on the accessibility and perceived accessibility of sensitive health services, such as sexual health, for LGB people.

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40 <http://www.irishstatutebook.ie/2000/en/act/pub/0008/index.html>

# 5 Directory of LGBT services in Ireland

There is an extensive and growing list of LGBT groups in Ireland. In addition there are multiple groups working on HIV who cater for LGBT and MSM people.

## LGBT Services and Groups in Republic of Ireland

### Gay & Lesbian Equality Network

GLEN is a Policy and Strategy focused NGO which aims to deliver ambitious and positive change for lesbian, gay and bisexual people (LGB) in Ireland, ensuring full equality, inclusion and protection from all forms of discrimination

Tel: 01-6728650

Web: [www.glen.ie](http://www.glen.ie)

### Belongto

BeLonG To is an organisation for Lesbian, Gay, Bisexual and Transgendered (LGBT) young people, aged between 14 and 23. It provides direct youth work services to LGBT young people in Dublin and support LGBT youth groups all around the country.

Tel: 01-6706223

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

### Dundalk Outcomers

Dundalk Outcomers is a social and befriending support group for gay, lesbian and bi-sexual people working in the North East of Ireland.

Tel: 042-9329816

Web: [www.outcomers.org](http://www.outcomers.org)

### L.inC (Lesbians in Cork)

LinC is a lesbian support group based in Cork city working to improve the quality of life, health and well-being of all women who identify as lesbian or bisexual in Ireland.

Tel: 021-4808600

Web: [www.linc.ie](http://www.linc.ie)

### The Other Place (Cork)

The Other Place is an LGBT community group based in Cork which aims to support the needs of LGBT people and provide social facilities for them

Tel: 021-4278470

Web: [www.theotherplacecork.com](http://www.theotherplacecork.com)

### Outhouse Community Centre Dublin

Outhouse is a community and resource centre for LGBT people, their families and friends. It is based in central Dublin.

Tel: 01-8734932

Web: [www.outhouse.ie](http://www.outhouse.ie)

### Outwest Ireland

OUTWEST is a social and support group for Gay men, Lesbian women and Bisexual people in the West of Ireland.

Tel: 087-9725586

Web: [www.outwestireland.ie](http://www.outwestireland.ie)

## Rainbow Support Service Midwest

Rainbow Support Services is a charity organisation that works towards supporting the LGBT community in the mid - west region, covering Limerick City, Limerick County, County Clare and North Tipperary.

9 Cecil Street

Limerick

Tel: 061-314354

Web: [www.rainbowsupportservices.org](http://www.rainbowsupportservices.org)

## sOUTH Waterford

sOUTH is a committee of volunteers, based in Waterford, set up to help and support the LGBT (Lesbian, Gay, Bi-Sexual and Transgender) community in Waterford and the south-east.

Tel: 086-2147633

Web: [www.southgroup.wetpaint.com](http://www.southgroup.wetpaint.com)

## Gay Kilkenny

Gay Kilkenny is a social and support group for Gay men, Lesbian women and Bisexual people in the Kilkenny area.

Tel: 083-4041321

Web: [www.gaykilkenny.weebly.com](http://www.gaykilkenny.weebly.com) (text only)

## Ciarraí Amach, (Kerry LGBT)

*Ciarraí Amach*/Kerry LGBT Project is a community and voluntary organisation which promotes the rights and visibility of the Kerry LGBT community.

Tel: 087-2947266

Web: [www.gaykerry.com](http://www.gaykerry.com)

## Transgender Equality Network Ireland

Transgender Equality Network Ireland (TENI) seeks to improve conditions and advance the rights and equality of transgender people and their families.

Tel: 01-6334687

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

## LGBT Diversity

The LGBT Diversity programme is a coordinated national response by twelve LGBT organisations, developed to build the capacity of the LGBT sector.

Tel: 021-4305000

Web: [www.lgbtdiversity.com](http://www.lgbtdiversity.com)

## GCN - Gay Community News

The Gay community News is a monthly new magazine for the LGBT community widely distributed across the country.

Tel: 01 6755025

Web: [www.gcn.ie](http://www.gcn.ie)

## Greenbow Deaf LGBT Group

Greenbow is an organisation run for the benefit of all Deaf LGBT adults all over Ireland.

Tel: 086 367 1375

Web: [www.greenbowdeaf.com](http://www.greenbowdeaf.com)

## LGBT Services and Groups in Northern Ireland

### The Rainbow Project

Tel: (Belfast) 028 9031 9030

Tel: (Derry) 028 7128 3030

Web [www.rainbow-project.org](http://www.rainbow-project.org)

### Lesbian Advocacy Services Initiative (LASI)

Tel: 028 27641463

Web: [www.lasionline.org](http://www.lasionline.org)

### Gay & Lesbian Youth N. Ireland (GLYNI)

Tel: 028 07707 216921

Web: [www.glyni.org.uk](http://www.glyni.org.uk)

## LGBT Helpline

The National LGBT helpline aims to provide a gateway to information and support for Lesbian, Gay, Bisexual and Transgender people in Ireland. It also has information that will be useful for the friends and family of LGBT people as well as professionals working with LGBT people.

National LGBT Helpline: 1890 929 539

Further up to date information and contact details for the LGBT helpline is available at [www.lgbt.ie](http://www.lgbt.ie)

## HIV Service providers and support groups

Tel: 01 878 7700

Website: [www.acet.ie](http://www.acet.ie)

Email: [dublin@acet.ie](mailto:dublin@acet.ie)

### AIDS West

AIDS West is a charity operating at local and national level working in the area of HIV and sexual health. Based in Galway, we offer a free, confidential information helpline, support services to people affected by HIV and to those concerned about their sexual health, as well as education and prevention services in Counties Galway, Mayo and Roscommon. :

Ozanam House,  
Augustine Street,  
Galway

Tel: 091 566266

Website: [www.aidswest.ie](http://www.aidswest.ie)

Email: [info@aidswest.ie](mailto:info@aidswest.ie)

### Diaspora Women's Initiative (DWI)

DWI is a non profit voluntary HIV/AIDS service organization which started in 2008 by migrant women in Ireland. DWI aims to tackling HIV the proper way. DWI services included one-to-one support and

counselling, outreach, HIV leadership training, HIV education, and advocacy.

Mob: +353 851051894

Tel: + 353 1 6713639

Website: [www.dwi.ie](http://www.dwi.ie)

Website: [www.dochas.ie](http://www.dochas.ie)

### Dublin AIDS Alliance

Dublin AIDS Alliance works to improve conditions for people living with HIV and AIDS, their families and caregivers, while actively promoting HIV and sexual health awareness in the general population. Through its work DAA aims to confront the stigma and discrimination associated with HIV and AIDS and to influence policy through partnership and active campaigning.

53 Parnell Square West,  
Dublin 1

Tel: 01 8733 799

Email: [info@dublinaidalliance.ie](mailto:info@dublinaidalliance.ie)

Website: [www.dublinaidalliance.ie](http://www.dublinaidalliance.ie)

### Gay HIV Strategies

Gay HIV Strategies was established in 1997 to address the general and sexual health needs of gay and bisexual men. Our work is supported by the HSE. Our goals are:

A radical reduction in HIV/STI infections amongst MSM. The ultimate goal is a zero level rate of new infections amongst men who have sex with men (MSM)

The best possible care and management strategies to ensure the well being of People living with HIV (PLHIV)

A reduction in discrimination and stigmatisation of PLHIV

Better general health outcomes for Lesbian, Gay and Bisexual (LGB) people

2 Exchange Street Upper,  
Dublin 8,  
Dublin

Tel: 01 6728650

Website: [www.glen.ie](http://www.glen.ie)

Email: [tiernan@glen.ie](mailto:tiernan@glen.ie)

## Open Heart House

Open Heart House is a national intercultural membership led organisation, which actively embraces and supports people living with, and affected by, HIV and AIDS, where confidentiality is assured and expected. Through peer support and the provision of extensive range of practical services, it nurtures and develops a climate of hope and acceptance for all people living with HIV and AIDS.

2 St. Mary's Place  
Dublin 7  
Ireland  
Tel: 01 830 5000  
Mob: 087 277 1619  
Web: [www.openhearthouse.ie](http://www.openhearthouse.ie)

## Positive Now

Positive Now is a group of people living with HIV working to ensure that the voices of HIV positive people are central to policy and service level decisions. Through forums and publications, Positive Now updates people living with HIV on current issues and other developments in the HIV field.

53 Parnell Square West  
Dublin 1  
Tel: 01 8733799  
Email: [info@positivenow.ie](mailto:info@positivenow.ie)  
Web: [www.positivenow.ie](http://www.positivenow.ie)

## Red Ribbon Project

The Red Ribbon Project is a voluntary, non-profit organisation working in the area of sexual health promotion and HIV prevention in the Mid-West. We provide education, training and support around sexual health issues. Our main focus is on HIV, Sexually Transmitted Infections (STI's) and Hepatitis B/C. We provide specific services directed towards specific groups of people within society as well as general services available to all.

9 Cecil Street,  
Limerick

Tel: 061 314354  
Confidential Helpline: 061 316661  
Fax: 061 315024  
Web: [www.redribbonproject.com](http://www.redribbonproject.com)

## The Sexual Health Centre

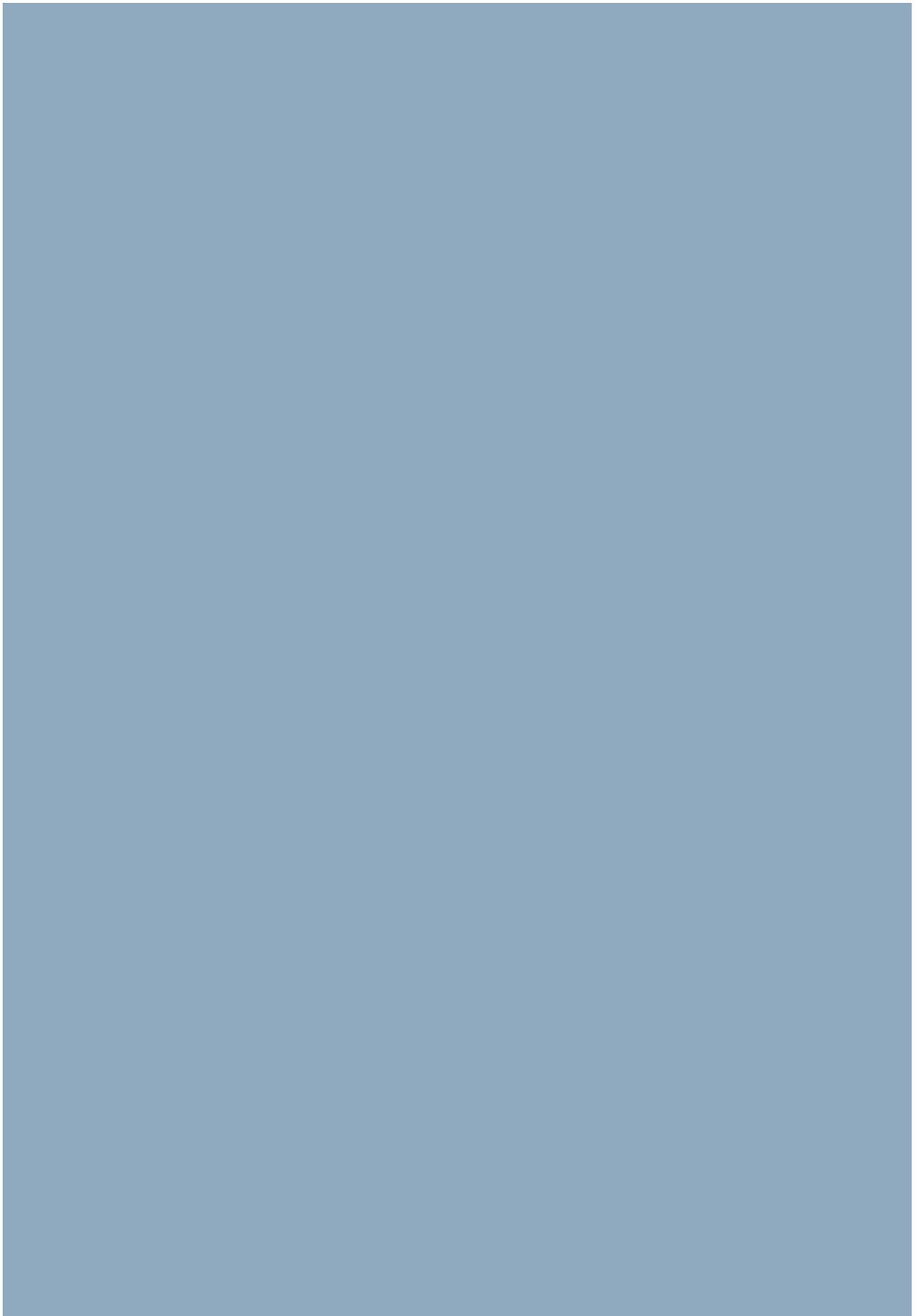
The Sexual Health Centre in Cork provides the following services: HIV support, professional counselling, befriending, support group and massage for people living with HIV; Sexual health advice; Sexual health education programmes for young people, parents and professionals; Telephone Helpline and online web chat; Creating new initiatives in response to needs.

The Sexual Health Centre  
16 Peters Street,  
Cork  
Tel: 021 4275837  
Helpline: 021 4276676  
Fax: 021 4274370  
Email: [info@sexualhealthcentre.com](mailto:info@sexualhealthcentre.com)  
Web: [www.sexualhealthcentre.com](http://www.sexualhealthcentre.com)

## The Gay Health Network

The Gay Health Network is a voluntary group consisting of groups and individuals working on better sexual health for gay men. Their aim is to promote sexual health awareness and HIV prevention among men who have sex with men. The website contains information on their campaigns and is available in multiple languages.

c/o Outhouse,  
105 Capel Street,  
Dublin 1  
Web: [www.ghn.ie](http://www.ghn.ie)  
Web: [www.man2man.ie](http://www.man2man.ie)



ghs  
gay hiv strategies

glen

EQUALITY  
RESPECT  
PROGRESS

gay + lesbian equality network

**2 Exchange St Upper  
Dublin 8**

**+353 1 6728650**

**info@glen.ie**

**www.glen.ie**