

# WORKING WITH LGBTQ+ CLIENTS

(created July 2022)



City of Westminster



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## Aims

- Provide staff working with service users with a toolkit with which to work with LGBTQ+ clients
- Explain pronouns and methods to help create LGBTQ+ inclusive services
- Provide a list of answers to frequently asked questions, surrounding sexual orientation and gender identity
- Explain how services can support sexual health of LGBTQ+ clients
- Explain LGBTQ+ myths

## Introduction

The 2017 report *No Place Like Home?*<sup>1</sup> surveyed 260 LGBTQ+ residents and found that 32% felt their neighbourhood was unsafe place to live in as an LGBTQ+ person, and just over a third of respondents thought their housing provider did not deal effectively with cases of harassment. According to Stonewall's 2017 report<sup>2</sup>, one in five LGBTQ+ people have experienced a hate crime within the last 12 months, and this number rises to two in five for trans individuals.

If you are a cisgender individual reading this toolkit, then you will not have come across the barriers that LGBTQ+ individuals face every day. For example, you can use public toilets without fear or anxiety, strangers don't assume they can ask what your genitals look like and how you have sex, and you can generally walk around the world and blend in.

The ever-changing landscape for LGBTQ+ issues can often put off individuals engaging; it can feel 'too hard' or that we are 'too behind', and that it's not relevant to us or someone else will pick it up. However, this should not be the case. LGBTQ+ people are all around us, and we need to work to make our support inclusive. Talking about LGBTQ+ things matters because it contributes to normalisation, de-stigmatisation, visibility and greater understanding. If LGBTQ+ issues are more visible and openly welcomed, the process of coming out is made easier for the individual. Talking about LGBTQ+ health, community and identity can help not just the LGBTQ+ people in the vicinity but help those who don't understand to see that it's perfectly normal.

This toolkit has been put together by a group of queer professionals from Westminster Council, SASH, Groundswell, and Lookahead. This toolkit is for staff to familiarise themselves with LGBTQ+ issues and consider how their service can adapt to meet the needs of LGBTQ+ clients.

If you have a **resident in crisis** then the free LGBT Switchboard number for support is: **0300 330 0630** (10am-10pm every day). You can download the LGBTQ+ service directory [here](#).

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<sup>1</sup> <https://www.clarionhg.com/media/1745/no-place-like-home-final.pdf>

<sup>2</sup> [https://www.stonewall.org.uk/system/files/lgbt\\_in\\_britain\\_hate\\_crime.pdf](https://www.stonewall.org.uk/system/files/lgbt_in_britain_hate_crime.pdf)

## The law

There are several laws that staff need to be aware of while working with trans clients<sup>3</sup>. It is against the law for you to tell anyone else, including your colleagues if a client does discuss their trans history with you. People who are trans have no obligation to share their trans history.<sup>4</sup> For further details see: [www.galop.org.uk/trans-privacy-law-2/](http://www.galop.org.uk/trans-privacy-law-2/)

It is not appropriate, to use the previous name of someone who is trans (known as 'Dead-naming'), and at the same time using their previous name can cause a great deal of stress. Calling someone by their previous name may also put you in breach of the law protecting confidentiality around someone's trans history. You should always ask the individual what name they have been chosen to be called.

## Sexual orientation & gender identity FAQs

### What is sexual orientation?

Sexual orientation refers to a person's romantic, physical, or emotional attraction to another person (e.g., gay, straight, lesbian, bisexual, asexual, pansexual).

### What is gender identity?

Gender identity is an individual's personal sense of having a particular gender (man, woman, or non-binary [add definition]). [Genderbread infographics](#)

### How is sexual orientation different to gender?

Transgender people can be any sexual orientation. A name is included in gender identity and therefore an individual may wish to be called an alternative name/ or change it.

### What's the difference between sex and gender?

Biological sex - the structural and functional characteristics of a person or organism that allow assignment as either male or female; sex is determined by chromosomes, hormones and external and internal genitalia.

Gender – the range of characteristics pertaining to, and differentiating between, masculinity and femininity. This can include biological sex, gender roles and/or gender identity and gender expression. Gender expression is based on socially constructed features so how people express their gender through their clothes, not necessarily linked to gender identity. Here is a [video](#) you can watch to learn more about gender.

Biological sex and gender can be the same in a person, but this is not always the case.

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<sup>3</sup> [https://cdn-homelesslink-production.s3.amazonaws.com/media/documents/Supporting\\_LGBTIQ\\_people\\_in\\_homelessness\\_services\\_June2020.pdf?AWSAccessKeyId=AKIATD3QUTG2CGEGRSWQ&Signature=mUm3T%2BXxLGiOF5hvexGkz%2F0Xi3c%3D&Expires=1656068276](https://cdn-homelesslink-production.s3.amazonaws.com/media/documents/Supporting_LGBTIQ_people_in_homelessness_services_June2020.pdf?AWSAccessKeyId=AKIATD3QUTG2CGEGRSWQ&Signature=mUm3T%2BXxLGiOF5hvexGkz%2F0Xi3c%3D&Expires=1656068276)

<sup>4</sup> <https://www.homeless.org.uk/sites/default/files/site-attachments/Supporting%20LGBTIQ%2B%20people%20in%20homelessness%20services%20June2020.pdf>

### **What is intersex?**

A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people may identify as male, female or any other gender identity. 2% of the population are intersex.

### **What is gender dysphoria?**

It is a term that **describes a sense of unease that a person may have because of a mismatch between their biological sex and their gender identity.** This sense of unease or dissatisfaction may be so intense it can lead to depression and anxiety and have a harmful impact on daily life.

### **What does non-binary mean and how is it different from being transgender?**

The idea that there are only two genders (male and female) is sometimes referred to as a “gender binary”; “non-binary” is a term people use to describe genders that don’t fall into one of these two categories, male or female. Being non-binary may mean that a person feels that they have a gender that blends elements of ‘male’ and ‘female’, some may feel ‘genderless’ and some may feel that their gender changes over time.

To be transgender means to have a gender identity (feeling of one’s own gender) that is different to the biological sex that you were assigned at birth. Transgender people may identify as men, women or as something else, such as non-binary.

### **What does it mean to transition?**

‘Transition’ is the process of changing one’s gender presentation or sex characteristics to match one’s internal sense of gender identity. This can be broken down into the following sections:

- Social Transition – A process in which a person makes others ‘aware’ of their gender identity. This may include changing your name, ‘coming out’/telling people about your identity, asking others to use different pronouns or gendered language in reference to you, changing gender expression (clothing, hairstyles etc).
- Medical Transition – A process in which a person undergoes medical treatment to alter their body/characteristics to better match their gender identity. This may include Hormone Replacement Therapy, Gender Confirmation Surgery, Voice Therapy, Hair removal etc.
- Legal Transition – A process in which a person becomes legally recognised as a particular sex/gender. This may include changing a gender/sex marker on a birth certificate, passport etc.

It is important to note that there is no ‘right’ way to transition, and some people choose to not transition at all. Everyone’s experience of transitioning will be different and may include some, none or all the elements listed above. [Questions not to ask a trans person video](#)

## Pronouns

Pronouns reflect gender identity, and you can't know what someone's pronouns are by simply looking at them. It is a privilege not to have to worry about which pronoun someone is going to use for you based on how they perceive your gender. If you have this privilege, yet fail to respect someone else's gender identity, it is not only disrespectful and hurtful, but also oppressive. So, it is important to correctly use an individual's chosen pronouns.

Some people may feel uncomfortable using gender neutral pronouns (e.g., it may not fit in with their belief system, or they may struggle to use pronouns in a sentence). Be aware of the internalised messages that you might be bringing from childhood and remember diversity is something to embrace.

Gender neutral pronouns include:

**They/ them/ their** (there are more, but these are the most used).

### Tips for using pronouns

- Don't ask someone directly what their pronouns are as they may not want to tell you. Instead introduce yourself with your pronouns: *"Hi, I'm Caroline and my pronouns are they / them OR she / her"*. By sharing your own pronouns, you are allowing the other person to share theirs if they wish to.
- If you are unsure of their pronoun, use the individual's name. In fact, this maybe how someone preference as opposed to a pronoun. For example, *"Please can you help Chris to fill out their application."* *"I will wait for Chris to get back to me on what they would like to do"*.
- Use non gendered language when addressing clients. For example, instead of saying *"Hi guys"* or *"Hi ladies"*, say *"Hi everyone"*.
- You may be able to find someone's pronouns in their email signature if available to you. You can include your pronouns in your email signature to increase acceptance.

### How to use pronouns in a sentence:

#### **They/them/their**

*'Please can you help Chris to fill out **their** application'*

*'**They** would like help to fill out **their** application'*

*'They tried to convince **them** that it wasn't true'*

#### **He/him/his**

*'Please can you help Chris to fill out **his** application'*

*'**He** would like help to fill out **his** application'*

*'They tried to convince **him** that it wasn't true'*

#### **She/her/hers**

*'Please can you help Chris to fill out **her** application'*

*'**She** would like help to fill out **her** application'*

*'They tried to convince **her** that it wasn't true'*

### What if you get the pronoun wrong?

That's okay – everyone makes mistakes! If you've got a person's pronouns wrong, then simply ask what their pronouns are and make sure to note that the correction and move on. If you've made a mistake in language or assumption of gender/sexuality, then it's okay to ask what the correct term(s) is and note this too and move on. It can seem difficult to 'keep up' but so long as you are open to learning and understanding then it's okay.

### Methods to help create LGBTQ+ inclusive services

Trauma informed services will be aware that LGBTQ+ services users may have lost their home/ been rejected from their family. Being inclusive will make LGBTQ+ clients feel more welcomed. To meet the needs of LGBTQ+ clients there are numerous actions services can take. Please note this list is not exhaustive and if you have any additions, please let us know!

- Consider what actions you can take to enable your service to be aware of the sexuality or gender identity of clients. E.g., consider the booking in form / demographic monitoring for your service - does this ask questions surrounding gender and sexuality so that staff can support clients surrounding LGBTQ+ issues? Or do you ask the questions later in key-working sessions?
- When asking the about gender and sexuality ask *"How do you identify your gender? Male, female, non-binary, trans, other?"* *"How do you identify your sexuality? Straight, gay, bi, lesbian, other?"* It is uncomfortable to be asked *"This is a personal question, and you don't have to answer it, but how do you identify your gender and sexuality?"*
- Do not make assumptions about someone's gender or sexuality unless you are certain that information is correct
- Consider the changes you make to incorporate as gender neutral (gender neutral toilets).
- Consider your language (e.g., not ladies/guys). Refer to 'partner' instead of 'girlfriend' 'boyfriend'
- Consider your forms and pre-fix (Mx for gender neutral)
- Suggest a LGBTQ+ lead at services to increase inclusion
- Clients to have a forum around LGBTQ+ issues. Ensure there is space to process and explore without fear of judgement or repercussions
- Celebrate LGBTQ+ events and holidays in your service to proactively demonstrate that being LGBTQ+ is not only accepted but celebrated. This should be done even if you believe there are no LGBTQ+ clients
- Staff training is paramount to increase inclusion. Contact SASH for team training or join the scheduled HHCP training sessions.
- Staff to use pronouns
- **Be aware of your biases** which are grown from a young age through the culture and media we consume, consciously or unconsciously. You've probably heard the term 'unconscious bias' before: this refers to the biases we pick up without realising or wanting too from all around us. Looking at these can be a difficult process, but a necessary one. The best way to start this process is to sign up for training, or external organisations that address this specifically and to try and push past the idea that you 'know' something for sure. The

process of undoing biases requires you to be open and allow for learning and being honest when you think there might be a problem

- Signpost to SASH if want any advice around how to support a LGBTQ+ service user
- Ensure all clients know there are LGBTQ+ specific services to access including sexual health and counselling. You can download the LGBTQ+ service directory [here](#).
- Allow LGBTQ+ clients to set their own pace in their journey and do not push someone to 'come out'. Make sure any changes they ask for are noted and all staff are aware, and documents updated. The aim is to create a space that is pressure free as they explore, question, and experience their sexuality. This includes not requiring them to label or state their sexuality on any forms
- Understand transitioning from male to female and female to male. Further information is available [here](#).

## What can your service do to support sexual health of LGBTQ+ clients?

It is important services support LGBTQ+ clients surrounding their sexual health as sexual health outcomes are lower for this client group. In addition, younger clients, those that sex work or engage in chemsex will encounter higher sexual health risks within the LGBTQ+ community. Staff should **be aware of the barriers faced**, and **how staff can support** LGBTQ+ clients around their sexual health.

### Barriers faced when accessing sexual health services

- Stigma/pre-conceived e.g., gay men and promiscuity and assuming certain groups engage in higher risk behaviours e.g., sex workers
- Misgendering
- Micro-aggressions (daily verbal, behavioural or environmental slights, whether intentional or unintentional, that communicate hostile, derogatory, or negative attitudes toward stigmatized or culturally marginalized groups)
- Heteronormative assumptions e.g., do you have a boyfriend?
- Staff that don't share their identities/finding it difficult to relate to clients
- Outdated and alienating questions/questionnaires
- Staff prejudice/cultural beliefs/judgments
- Lack of understanding around intersectionality and the complexity of that
- Sex negative culture
- Bi-erasure/NB erasure (the tendency to ignore, remove, falsify, or re-explain evidence of bisexuality in history, academia, the news media, and other primary sources)

### What can I do as a professional to support the sexual health of minority groups?

- Signposting for testing and treatment e.g., 56 Dean Street, SASH, local sexual health clinics. You can download the LGBTQ+ service directory [here](#).
- Dispensing contraception and signposting/referring when needed
- Empathic, non-judgmental listening
- Knowing limits of knowledge



- Attend training courses/CPD
- Going away and researching
- Person-centred way of working
- Inclusive language even when service users are not there and including pronouns in email signatures and intros

#### **What questions do LGBTQ+ people have about their sexual health?**

- Generally, the same questions as everyone else!
- Safer sex practices
- Sex education that is non-heteronormative/cis-normative
- Coming out
- Prep/PEP and where you find it
- Non-gendered experiences of menstruation
- Body dysmorphia
- Fertility and hormone treatment (for trans-identified folks)

#### **What questions could I be asking someone I support around their sexual health?**

- Do you need contraception?
- Do you feel safe and affirmed in your intimate relationship(s)?
- Would you like a home testing kit?
- Do you need access to sanitary items?
- How was your experience at the sexual health clinic, would you like to talk about it?
- What would you like some support with?
- Can I help you/signpost you to anywhere?

#### **I would like to dispense condoms within my service, what are the next steps?**

- Your service may also look to at getting a C-Card Condom Vending Machine for clients up to 24 years of age (<https://www.icash.nhs.uk/contraception-sexual-health/c-card-scheme>)
- Get in touch with Come Correct (<https://www.comecorrect.org.uk/NotParticipating.aspx> apparently Westminster isn't participating as a condom distribution outlet through them so maybe would be good to make that connection)
- Contact a Sexual Health Clinic
- Contact SASH for condom dispensation training

## **LGBTQ+ Sexualities FAQs**

While we have answered these questions as best we can, these are generic answers and it is always best to lead with the individuals experience.

*There is a link to glossary at the end of this document that summarises many sexualities.*

### **1) How can I support residents who are openly LGBTQ+?**

For those who are open about their sexuality, it's important to support them as you would normally but understand the psychology behind sexuality, particularly if they've face homophobic abuse from family or friends about this. There's a lot of LGBTQ+ specific services that may be more accessible to them where the assumptions of heteronormality are not imposed and they can relate to people easier. It is not up to the client to answer any/all questions about sexuality and/or gender that staff or other residents may have, and self-learning should be encouraged from LGBTQ+ organisations training and encouraging conversation between all. Someone who's LGBTQ+ can only really speak to their own personal experience, and often it becomes draining and tiring to do so in front of everyone anytime someone has a question. Ensuring that we don't pass judgement or apply our unconscious biases onto the residents is equally important, as re-traumatisation is highly likely if they've experienced severe homophobia in the past. It's imperative that we look to make our supported houses inclusive and positive spaces for LGBTQ+ people, and while we can do this through conversation and celebration at events such as PRIDE, it's important we learn and train in understanding how to create this space from those with personal experience.

### **2) How can I help those who are homophobic?**

Homophobia is more commonplace than we would like to think. It can come from anywhere and often helping those with strong feelings on it is difficult as it can be very intertwined with other intrinsic beliefs such as religion. Just under half of all LGBTQ+ 18-25 homeless people have come from religious backgrounds and over 70% of all young LGBTQ+ homeless people believe their sexuality and/or gender played a part in their rejection from home. Helping someone to acknowledge their homophobia and confronting it in a calm and clear manner is important to making other residents feel safe, but also helping people to understand that even if that is what they believe, homophobia is a hate crime. Often the most help comes from normalising talking about LGBTQ+ issues openly and demonstrating that it's not harmful but rather to be celebrated.

### **3) What if I think someone is struggling with their sexuality?**

If you believe someone to be struggling with their sexuality, it's important to let them know they're not alone. This doesn't have to be direct, as often they aren't ready to talk about it or even admit it, but just supporting them in creating a positive dialogue in the wider service, encouraging conversation and openness, not directly but making sure it's known what services exist for LGBTQ+ people and that they have a space to be in that's non – judgemental and accepting.

### **4) How does sexuality affect behaviour?**

Sexuality has no direct link to behaviour. While this is true, if a person has faced trauma because of non-acceptance or homophobia then this can spark a reaction. Be it to hide their sexuality

and/or gender which can lead to a lot of changes such as aggression, fear or shyness for example, it is not the sexuality itself which prompts this behaviour. Similarly, embracing one's sexuality and/or gender can lead to perceived changes in behaviour but again this is not the sexuality or gender itself changing the behaviour but the acceptance and joy/fear that comes with it. The emotional response to how we are treated / perceived for our sexuality/gender is what triggers emotional response and it can be extreme. Separately, it's important to note that a sexuality is not linked inherently to promiscuity. There is a common misconception that being LGBTQ+ means you're more promiscuous. This myth came largely from the 1980's AIDS crisis and has no bearing in actual data.

#### **5) Isn't the word 'Queer' offensive?**

The word 'Queer' was a slur for a long time from the early 1900's to the 80's and 90's. Although less often, it is still used by people as a slur, meaning 'not right' implying there's something wrong with the individual. However, the word is being largely reclaimed by a lot of the community and there are those who use it as an umbrella term and descriptive term for their sexuality and/or gender to imply that it is not heteronormative or straight but rather a range of things outside to normal binary.

#### **6) Are Bisexual People just confused?**

No – Bisexuality is not a 'stopping' gap but a sexuality in its own right. Attraction to all genders is real, and in fact bisexual people make up the majority in numbers of the LGBTQ+ community. Being 'Bi-Phobic' (specifically homophobic to bisexual people) often includes taunting that they're just confused, or overly promiscuous because of their sexuality, but there is nothing to confirm this, and it only serves to invalidate their sexuality and self.

#### **7) Why is 'that's so gay' offensive if no one means anything by it?**

Even if we mean nothing homophobic by it, it implies that something being 'gay' is bad and will normalise that rhetoric around people who could internalise it. This can be very damaging for someone struggling with their sexuality who could see this as a signal that being gay is 'wrong' and to be mocked.

## **LGBTQ+ Myths**

### **Being LGBTQ+ is a choice**

This myth carries a lot of weight. The element of choice is kept alive and blame is imposed on LGBTQ+ people for being who they are. They are told they are either choosing to be LGBTQ+ or they are choosing to live the “lifestyle.” In reality, most research points to sexuality being determined prenatally and coded for in genetics. It’s also worth considering, if being LGBTQ+ is a choice then it stands to reason being heterosexual is a choice.

### **Transgender people are confused or tricking people**

This is the most pervasive myth about transgender people — and the one myth that underpins much of the discrimination they face — is it that they’re somehow confused or actively misleading others by identifying with a gender different from the one assigned to them at birth. In reality, Gender identity is our internal sense of being a woman, a man, another gender or neither and people are afraid of what they don’t understand. No Trans individual is ‘tricking’ anyone with their gender.

### **Gay people can change**

“Research findings do not support the idea that sexual orientation can be purposefully altered — taught or learned through social means — or that non-heterosexual orientations become more common with increased social tolerance.” (Psychology in the Public Interest. 2016)

### **Gay men molest children**

This myth may be the single most potent weapon for stoking public fears about homosexuality, and to incite people to vote against LGBTQ+ rights. It implies gay men cannot be trusted with children and paints them as ‘dangerous’. In reality, child molesters are often married, following a religious observance and their victims are family members. There’s no data linking sexuality to abuse.

### **The ‘bathroom threat’ is real**

There are no statistics or records that show any increase of violence or sexual abuse in inclusive toilet spaces. The ‘bathroom threat’ is an example of ignorance and fearmongering caused by transphobia. Unisex toilets have not been regarded as threats previously, only gendered toilets that have been made unisex to be more inclusive. People just want to use the toilet, end of.

### **Same sex parents harm children**

No legitimate research has demonstrated that same-sex couples are any more or any less harmful to children than heterosexual couples. “Current research shows that children with gay and lesbian parents do not differ from children with heterosexual parents in their emotional development or in their relationships with peers and adults” and they are “not more likely than children of heterosexual parents to develop emotional or behavioural problems.” The importance when raising a child is how the parent nurtures, cares and loves them, the sex of parent/s have nothing to do with that.

### **Being LGBTQ+ Is a mental disorder**

This is a very outdated, harmful, and homophobic myth which is simply not true. Physicians used to classify being LGBTQ+ as a mental illness, but this has now been rightfully dropped. People who are LGBTQ+ may have mental health issues, but that is not from being LGBTQ+.

### **People can be turned gay**

Your sexual orientation is a natural part of who you are, it is not a choice. Your sexual orientation may change over your lifetime, but it is not possible for someone to be 'turned gay'

### **Children are too young to know**

Knowing your sexual orientation, whatever it is, is often something kids or teens recognise with little doubt from a very young age.

### **Coming out is a one-time thing**

Coming out is probably not going to be a one-time thing, unless of course the individual 'coming out' decides only to come out once. Anyone coming out will most probably need to come out more than once and to multiple new acquaintances throughout their lifetime.

### **Bisexuality is a phase**

Being bisexual is completely valid and it is most certainly not just a phase. Treating a person's identity as a phase is not only damaging to them, but also to the people they choose to love.

### **Bisexuality is not real / Erasure / fetishization**

Bisexuality is a legitimate sexual orientation. Some people go through a transitional period of bisexuality on their way to adopting a lesbian/gay or heterosexual identity. For many others bisexuality remains a long-term orientation.

### **'Who's the man/woman in the relationship?'**

No labels should be made. A gender stereotype "is a generalised view or preconception about attributes, or characteristics that are or ought to be possessed by women and men or the roles that are or should be performed by men and women". A gender stereotype is therefore harmful when it limits the capacity of women and men to develop their personal attributes or professional skills and to take decisions about their lives and plans.

### **LGBTQ+ aren't oppressed now there's gay marriage**

Although the legalisation of gay marriage is a great landmark for LGBTQ+ rights in the UK, this doesn't mean that LGBTQ+ aren't still discriminated against based on their sexuality and/or gender. For example, 1 in 5 LGBTQ+ people have experienced a hate crime within the last 12 months, and the number rises to 2 in 5 for Trans individuals. 4 in 5 crimes go unreported according to Stonewall. 10% of LGBT people faced discrimination when trying to buy a house, and 1 in 4 BAME LGBT people experienced discrimination when trying to access social services as a result of

their sexuality and/or gender. The Stonewall 2017 Hate and Discrimination report<sup>5</sup> details these points further.

### **Conversion Therapy works**

Conversion therapy (or 'cure' therapy or reparative therapy) refers to any form of treatment or psychotherapy which aims to change a person's sexual orientation or to suppress a person's gender identity. It assumes that being lesbian, gay, bi or trans is a mental illness that can be 'cured'. These therapies are both unethical and harmful.

In the UK, all major counselling and psychotherapy bodies, as well as the NHS, have concluded that conversion therapy is dangerous and have condemned it by signing a Memorandum of Understanding. Stonewall are working to ensure this also covers gender identity as well.

### **Conversion therapy doesn't happen here**

"Evidence suggests that lesbian, gay, bi and trans people continue to experience these harmful therapies".

Stonewall's [LGBT in Britain - Health report](#) found that one in twenty LGBT people (five per cent) have been pressured to access services to question or change their sexual orientation when accessing healthcare services. This number rises to nine per cent of LGBT people aged 18-24, nine per cent of Black, Asian and minority ethnic LGBT people- and eight per cent of LGBT disabled people.

One in five trans people (20 per cent) have been pressured to access services to suppress their gender identity when accessing healthcare services." – Stonewall

### **There's no LGBTQ+ people around me**

The United Kingdom Office for National Statistics Annual Population Survey reported over 1.2 million (2.2%) of the UK population aged 16 and over identified as Lesbian, Gay or Bisexual (LGB). It is estimated that there are approximately 200,000-500,000 trans\* people in the UK, however, this may be a conservative estimate. So, chances are you will know an LGBTQ+ person, you may just be unaware of their LGBTQ+ status. (*Office of National Statistics*)

### **Trans people regret transitions**

De-transition is rare, but it does happen. Less than 1% of trans people said that they had experienced transitioned-related regret or had de-transitioned.

The most common reason for de-transition is the person couldn't cope with the family and community support they lost and the experiences of transphobia. The research states that acknowledgments of regret are also often related to unsatisfactory surgical results. (*Stonewall*)

### **Hormones / puberty blockers aren't reversible**

Many of the effects of hormone therapy are reversible if you stop taking them. The degree to which they can be reversed depends on how long you have been taking them. Puberty blockers are completely reversible.

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<sup>5</sup> <https://www.stonewall.org.uk/lgbt-britain-hate-crime-and-discrimination>

### **Trans people ‘threaten’ single sex spaces**

There is no evidence to suggest that trans people are predatory or threaten single sex spaces. This is birthed from a myth that members of the LGBT+ community, especially gay men and transgender people are somehow dangerous or perverted, which is not the case.

Members of both sexes have always enjoyed single sex spaces such as toilets, gyms, pools and changing rooms in the presence of trans people and have not realised they are doing so. Trans\* people are ordinary people like you and I.

### **Intersex surgery is necessary**

Intersex medical interventions are surgical, hormonal, and other medical interventions performed to modify or change the ambiguous genitalia of intersex persons, primarily for the purposes of making a person's appearance more typical or ordinary.

These surgeries (often performed on babies, infants, and adolescents) are controversial since these interventions are often medically unnecessary and the fact that children cannot consent to them. There is also increasing evidence that these surgeries can compromise sexual function and sensation and create lifelong health issues.

Interventions on intersex infants and children are increasingly recognized as human rights issues and there is an ongoing campaign to ban the practice in many countries.

## **Further reading**

- [Free course on gender, sexuality and social justice](#)
- Initiating conversations about sameness and difference. Create safe spaces/ psychological safe spaces for discussion. [Blog about safe spaces for dangerous conversations.](#)
- [Homeless Links LGBTIQ+ toolkit](#)
- [Books recommended by the Beaumont Society](#)
- [Information and advice on laws that affect LGBT people via Stonewall](#)

## **Glossary**

A list of LGBTQ+ terms has been written by GLAAD and is available [here](#). If you are unsure of any of the terminology please look it up via their website. They also provide a list of terms to avoid using, e.g., homosexual (best practice to use ‘gay’ instead), sexual preference (best practice to use sexual orientation).

