

There are a number of other strategies that can be used to provide a message of acceptance, inclusion and safety to GLBTI people:

1. Consider the messages that are sent through the waiting room by the range of educational materials, and include materials that represent GLBTI people.

2. Use gender-neutral language which allows a person to 'come out', if they wish, i.e. 'Do you have a partner?' or 'Are you currently in a relationship?' versus 'Are you married?'

3. It can help to explain the service's policy on confidentiality, including what is recorded. There is evidence that people who receive an assurance of confidentiality from their health care provider are less likely to avoid or delay seeking health services, and more likely to discuss their sexual orientation.

4. Asking about significant relationships and the person's family structure can be highly appreciated, as frequently a GLBTI person's family life is overlooked eg 'Who are the important people in your life that you count on for support?'



You don't have to tell us if you're gay or lesbian.

Remember you don't have to be a 'sexuality expert'. GLBTI people who have experienced discriminatory practice will notice and value your efforts.

PHOTOGRAPHY Sunil Patel DESIGN Lin Tobias / La Bella Design

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www.glhv.org.au

But you can.

Working to reduce barriers to health care for people of diverse sexualities and gender.

At first glance sexuality may not seem relevant to routine health care.

Attitudes towards sexuality have undergone great change in the last 50 years, at least in Australia. Gay men and lesbians experience less of the social stigma and personal hatred that was once prevalent. Despite these changes, a person who is gay, lesbian, bisexual, transgender or intersex (GLBTI) cannot take their acceptance for granted - whether from their families, in the local shopping centre, and in their working lives. Or, from health care providers. This uncertainty has an effect on a person's health and well-being and this is why sexuality becomes relevant to providing good health care.

While GLBTI people are as diverse as the rest of the population, their shared experiences of discrimination create common health issues,

including higher rates of mental health disorders, obesity, smoking, and unsafe alcohol and drug use. Significantly, research consistently finds GLBTI people delay or avoid seeking medical care - using preventive screening less for health conditions such as cervical and breast cancer among lesbians and anal cancer among gay men. As well, GLBTI people may keep their sexual orientation or gender identity secret during a consultation for fear of a breach of confidentiality or a negative reaction from their health care provider.

Far from needing special treatment, GLBTI people only need appropriate treatment.

International studies report discriminatory practices, including hostility and refusal to treat, in nursing homes, mental health services, general practices, domestic violence services and auxiliary care settings. These kinds of negative experiences might explain GLBTI under-use of health services. However, the under-use might also result from an expectation of abuse.

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In the absence of a considered way to address sexual diversity the default strategy can be to 'treat everyone the same'. However, treating everyone the same is not an assurance of good quality care, as it usually translates to treating everyone as if they were heterosexual. This forces the individual to make a decision between correcting the health care provider or maintaining the lie about a key part of their life and identity. It does nothing to reassure the client that sexual and gender diversity will be respected. Far from needing special treatment, GLBTI people only need appropriate treatment.

For all these reasons an explicit statement of support, such as in the poster ***You don't have to tell us if you're gay or lesbian. But you can.*** can make a difference. Displaying the poster is one way to have a positive effect on a person's comfort and use of a service, even though the person's sexuality may not be directly relevant to their immediate health issue.