

Choices

Rights of LGBT

Health Issues for LGBT
people

Parenting

Sexualities Equality
in Education



The Sexual and Reproductive
Health and Rights of Lesbian,
Gay, Bisexual and Transgender
People in Europe

The International Planned Parenthood Federation is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

We work towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

The IPPF European Network is one of IPPF's six regions. IPPF EN includes 41 member associations in as many countries throughout Europe and Central Asia.

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Editorial



Vicky Claeys

LGBT: From full civil and political rights to health rights

Lesbian, Gay, Bisexual and Transgender people are often seen as leading “extravagant”, “deprived” sexual lives while, in reality, the majority of LGBT individuals lead normal lives, just like any ordinary heterosexual.

Many LGBT people enjoy successful, professional and emotional lives. Some have married, formed a family, even have children, either within the confines of a previous heterosexual relationship or through the access to medically assisted procreation.

However, LGBT people do not benefit from the same rights as heterosexuals do. Same-sex partners, for example, who have contracted a legally recognized registered partnership, cannot move freely within the European Union. The non-recognition of full civil and political rights of LGBT in Europe, Eastern Europe and Central Asia is worsened by social discrimination, homophobia and stigma.

Also, the legal status of LGBT differs from one country to another. EU level legislation only prohibits discrimination on the grounds of sexual orientation in employment while a number of EU Member States have extended their own legislation to include the prohibition of discrimination in the provision of goods and services, including the non-discrimination in the provision of health services.

In terms of sexual and reproductive health and rights, the inequalities relating to health provision are significant: it is often believed within health care services that all people are heterosexual so that the specific needs of LGBT are not taken into account. Too often, there is a tendency to think that the health issues for LGBT people are confined to HIV/AIDS while there is a growing body of

evidence of mental health challenges and suicide often caused by stigma and discrimination.

To counter this lack of concern for LGBT human rights, in particular in relation to health, there exists a number of legal instruments including the more recently published Yogyakarta Principles on the application of International Human Rights Law in relation to Sexual Orientation and Gender Identity. Indeed, these Principles set out the importance of non-discrimination in all areas such as employment, social security, education and health.

LGBT people have been obliged to fight for their rights and nowadays they are much better organized through a number of LGBT organizations. IPPF European Network, as a sexual and reproductive health and rights organization, can and should reinforce its attention to LGBT issues by becoming more active and inclusive in its services and advocacy actions. After all, our vision says that we want to see a world where every individual is healthy; where sex and sexuality are recognized as fundamental and precious parts of human life; where sexual and reproductive choices are respected; and where diversity is valued and celebrated.

This edition of Choices covers important SRHR issues and concerns affecting LGBT people as well as the positive initiatives taken by various groups working for change including some of the activities developed by IPPF EN Member Associations.

Enjoy the reading.

Vicky Claeys
IPPF EN Regional Director

Sexual Orientation: Health is a Right. Rights create Health

By **Jonas Tillberg**
International Project Manager
RFSU, Sweden (IPPF EN Member Association)

In recent years, it has become increasingly common within organisations working in the field of sexual and reproductive health and rights to discuss the topic of health for lesbians, gays and bisexual persons.

Some organisations have mainstreamed these issues successfully in their work, and some are in the process of strategizing around how it should be done. To other organisations, the topic still is rather new.

There undoubtedly are reasons for the discussion to be held. In any country, in any culture and at any given time, a proportion of the population is not heterosexual. By the dimensions of behaviour, preference and identity – what we call sexual orientation – they do not fit into the category of heterosexuality. Instead, they have erotic desires towards, sexual relations with and affective attachments to people of their own sex. Some have incorporated this into their identity and call themselves by local terms for what we recognize as gay, lesbian or bisexual. Estimating the size of this group is connected with methodological difficulties, but in many European countries, surveys indicate that the group consists of at least some 3-5 %

of the population¹. Some surveys show higher numbers.

In most of these countries, for a very long time and with varying degrees of severity, people with same-sex affection and same-sex sexual behaviour have been stigmatized, criminalized, pathologized, punished and discriminated against by societal institutions and structures.

Recent research shows that this group does not experience health to the same degree as does the heterosexual population. Studies have found, for instance, less perceived health², poorer mental health, higher degree of suicidal behaviour³⁻⁴⁻⁵, more substance abuse, higher degree of victimization and greater sexual risk behaviour⁶ among non-heterosexual men and women than in general population or comparable heterosexual groups. This is true not only in countries with overtly discriminating or persecuting policies and poor support for

non-heterosexual persons. Discrepancies in health are large in all countries where studies have been made. Even if one does not take the over-representation of HIV and STI among men who have sex with men into consideration, reported health status and the measured health show considerable differences between the homosexual and heterosexual population. With HIV taken into account, these differences get even bigger. Since it is an established fact that there are significant discrepancies in certain aspects of health, organisations working in the field of sexual health and rights have a clear and rational mandate – a duty, even – to perform work that enhances the health of non-heterosexual people.

The rights perspective

Having access to the highest attainable health is a human right⁷. Not being discriminated by the state on grounds of sexual orientation in relation to health and health determinants

1 Kontula O: Bi- and Homosexuality in the National Surveys in Europe. In Digoix Marie & Festy, Patrick (eds): Same-sex couples, same-sex partnerships and homosexual marriages: A focus on cross-national differentials. Documents de travail no 124, Ined. 2004.

2 Hegna, K, Kristiansen HW, Moseng BU: Levekår og livskvalitet blant lesbiske kvinner og homofile menn. Norsk institutt for forskning om oppvekst, velferd og aldring. Rapport 1/99. Oslo 1999.

3 Fergusson DM, Horwood LJ, Beautrais AL: Is sexual orientation related to mental health problems and suicidality in young people? Arch Gen Psychiatry 1999;56:876-880

4 Garofalo R, Wolf RC, Kessel S, Palfrey J, DuRant RH: The association between health risk behaviours and sexual orientation among a school based sample of adolescents. Pediatrics 1998;101(5):895-902

5 Remafedi G, French S, Story M, Resnick MD, Blum R: The relationship between suicide risk and sexual orientation. American Journal of Public Health 1998 Feb;88(2):262-266

6 Faulkner AH, Cranston K: Correlates of same-sex behaviour in a random sample of Massachusetts high school students. American Journal of Public Health 1998;88(1):57-60

7 International Covenant on Economical, Social and Cultural Rights. Office of the United Nations High Commissioner for Human Rights. Geneva 1966.

is also a right⁸, as it is to have access to services and information. A few countries, mostly in Europe, have started to abolish discriminating juridical systems. Laws in these countries do no longer reward privileges only to heterosexual couples when it comes to the possibility of forming a family, for instance. Protection against state and civil discrimination is guaranteed. In many countries, however, work of this nature has not progressed very far. Some 70 countries in the world still criminalise consensual same-sex activity between adults. The road to the full non-discriminating system of law is a long one, and in western European countries it has taken sixty years from the first steps of decriminalising the behaviour to almost full legal equality. However, even when non-heterosexual persons achieve same civil and legal rights as heterosexuals, specific needs of non-heterosexual persons do not automatically disappear, but still need to be acknowledged and addressed. The reason for this is connected to the negative effects that the stigmatizing culture seems to have on health.

Stigma culturally produced

In the West, the concept of homosexuality and the description of some people as homosexual emerged around a century ago. An important characteristic about this terminology is that it arose out of and remains connected to the pathologizing of same-sex behaviour and preference. In some countries, this pathological understanding of same-sex affection as an illness remains prominent – a fact that is not very surprising when we recall that it was not so many years ago – that the World Health Organisation (WHO) itself removed same-sex preference or behaviour as a diagnosis in its international classification of diseases. The major breakthrough against this kind of pathologizing view came in the 1950s with Kinsey and his view of human sexual orientation as a continuum, and not a dichotomy. However, Kinsey

notwithstanding, the culturally produced idea of pathology still has a firm grip in the minds of many people and many professionals in many parts of the world. At the same time as the terminology emerged, same-sexual behaviour was criminalised as well as it was an offence to the church; a sin. In many European countries decriminalisation is rather recent, and in some religiously influenced societies, the stigma connected to sin is clearly manifest. It is not an overstatement to say that in most cultures today, the construction used is charged with predominantly negative associations-homosexuality is stigmatized. What can be stressed is, however, that when the concept of sexual orientation is used, it is culturally constructed groups and identities that are being referred to. They are not the same over the world. They were not the same fifty years ago, and will certainly not be the same in fifty years. They are results of special social and historical contexts under which they emerge - culturally produced.

Stigma creates un-health

Contemporary research recognises a connection between the discrepancies in health and belonging to a group that is suffering from a culturally produced stigma⁹. Stigma is a severe social disapproval of personal characteristics or beliefs that are against cultural norms (in this case the norm that people should be heterosexual). A stigmatising culture produces stressors in the individual like low self-esteem, low sense of coherence, internalised homophobia, conflict in coping with expected heterosexual role, or self-hatred. Stressors have a direct influence somatically and mentally on the individual and will manifest in measurable differences on a population level in various variables on health such as higher rates of depression, anxiety and suicide¹⁰. For instance, the US CDC (Center for Disease Control and Prevention) concludes that suicide is twice to thrice as common among gay



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males than in the general population. Numerous studies support this. The found discrepancy thus correlates to attitudes towards homosexuality in the prevailing culture. Discrimination and negative culture have health effects - the deficit of health is culturally produced. Or to quote American behavioural scientist J.C. Gonsiorek on the etiology of the un-health: Understanding the mental health concerns of gay and lesbian adolescents begins with a recognition of the historic and cultural factors that negatively influence attitudes toward (---) homosexuality¹¹.

That different cultures have different attitudes towards homosexuality is clear from the European values surveys, where attitudes to homosexuality are shown to be about four times more condemnatory in some eastern

8 General Comment No14. UN Committee on Economical, Social and Cultural Rights. Geneva 2000.

9 Martin AD, Hetricks ES: The stigmatization of gay and lesbian adolescent. *Journal of Homosexuality* 1988;15(1/2):163-183

10 Hershberger SL, D Augeli A: The impact of victimization on mental health and suicidality of gay, lesbian and bisexual youth. *Developmental Psychology* 1995;31(1):65-74

11 Gonsiorek JC. Mental Health issues of gay and lesbian adolescents. *Journal of Adolescent Health Care* 1988 mar;9(2):114-22

parts of Europe in comparison to some northern parts¹². Even if trends show that attitudes are improving, it is obvious that many countries in the European sphere have wide spread intolerance to non-heterosexual orientation. Unfortunately, examples of such intolerance have been seen in the last years also from state and city officials in some of these countries. Such overtly expressed hatred of homosexuals reinforces stigma that creates un-health. Such homophobia also is connected to the overrepresentation of violence that non-heterosexual people are reported to be victims of.

Changing norms is health promotion

The connection between intolerant and non-supportive culture and un-health gives us hints about how to work with health promotion in the group. If the cause is to be found in prevailing cultural norms, then creating a more tolerant culture certainly is one way of creating health. This is political work, and it is based in the belief in everybody's right to the highest attainable health.

Young people more at risk

As shown in a number of studies, young people tend to be more at risk for un-health related to their sexual orientation. This is not an unexpected finding given that heteronormativity as a discourse and set of practices overtly expects adolescents to develop a heterosexual orientation. In this process of consciously and publicly emerging as a non-heterosexual – known as the 'coming out' process – the individual has to accept and integrate an orientation he or she knows is connected to stigma and which he or she has been socialised to distrust. The time that lapses from beginning to formulate one's own sexual orientation to expressing this to people in one's social sphere is usually rather lengthy – not seldom from early puberty until the separation from parents which could be a span of a considerable number of years. During this period, non-heterosexual individuals often report that they have to

hide their feelings of love and affection, and that they struggle with reconciling the perceived stigmatised identity with their own personality. This is a difficult development for many, and it is not surprising that many young homosexuals report a much lower score of perceived health than their heterosexual peers. Based on this information, it might be understood that it is during this time that support from society should be prioritised - health services, schools, and specialised centres should be able to give such, which obviously could save lives. Experiences from countries where such systems for support have been implemented could serve as models for support on an individual as well as group level.

Two types of needs that can be met

Given the situation at hand today in different European countries, it could be argued that there are two types of needs among non-heterosexual people that can be addressed by health promoting interventions. The first one has to do with dealing with the existing reported and expressed un-health that can be interpreted as a result of heteronormative conventions and demands. In this case, support has to be given to individuals and groups that are not experiencing sufficient well-being, through various channels – in school, at youth friendly clinics and in centres with special competence in questions regarding sexual orientation and coming out. It is a question of meeting expressed needs of psycho-social support, and there are a number of good examples of organising this (often in collaboration with communities of non-heterosexual people). The *second* is related to the roots of the un-health and could be met by influencing the determinants of health. Such work aims to create a less homophobic culture and includes the state – its laws and the attitudes that it expresses and promotes. It is, by and large, a work against discrimination and for the institutionalization of same-sex relationships. This has been done with success in many countries where rights issues and the health issues have merged

in the efforts to create a climate where the politics also encompasses needs and rights of non-heterosexual citizens.

It could be argued that service providers in the field of SRHR can play an important role in this work. It could mean offering counselling service or creating other curative support systems that either explicitly includes non-heterosexuals, or specifically aims to them. Epidemiology suggests that a special focus and priority should be given to young people. In this work, an understanding of and sensitivity to the various cultural concepts in relation to sexualities is paramount. It could also for family planning organisations - mean to actively challenge the traditional concept of what constitutes a family and include same-sex couples and their reproductive issues in their work. For working preventively in a long time perspective, service providers can also work against the heteronormativity within their structures by recognising and addressing non-heterosexual users of services. Such mainstreaming work will normalise homosexuality and add to the deconstruction of the stigma at the same time as it gives services to people who request such. Finally, organisations working with aspects of SRHR on a national level can also conduct advocacy work in order to sensitise state officials and legislative assemblies, so that the promotive work through anti-discrimination laws and equality in the legal system can be achieved.

In conclusion: since the determinant for health in non-heterosexual people could be said to be constituted by the society's predominant value system concerning sexual orientation, the discrepancies in health between non-heterosexuals and the general population will be abolished only when homosexuality de facto is valued equally to heterosexuality in society. In the quest to reach that point, organisations working with sexuality, such as traditional family planning organisations, are key actors and definitely have a role. Their political work will create health.

12 European Value Study, The Netherlands

Interview of Michael Cashman,



Michael Cashman

Member of the European Parliament and President of the EP Intergroup on Gay and Lesbian Rights

Michael Cashman is West Midlands MEP, President of the Intergroup on Gay and Lesbian Rights grouping Members of the European Parliament and their support staff working on lesbian, gay, bisexual, and transgender (LGBT) equal rights issues.

Former actor who played gay character Colin Russell in the BBC soap "EastEnders", Michael Cashman is also a gay activist, founding member of Stonewall, the UK organisation which fights for equality for gay men, lesbians and bisexuals. Mr. Cashman has recently been elected MEP of the Year for Justice and Human Rights.

How do you see Europe as an activist and a policy maker and how do you think the media, society at large has evolved in Europe in terms of sexuality, sexual orientation, equality for all ?

I can move away easily to form a political response because for me the personal is political. If I didn't believe in something, I couldn't promote it, I couldn't develop policies around it. I believe that certainly in terms of the media, Europe and certainly the European Union, in particular, are always represented in very negative terms. It is represented as interfering in people's lives.

In the UK, it is represented as interfering in the sovereign affairs of a nation's state. All of which is absolute rubbish.

Where we so-call "interfere", is where there is the absence of good practice, absence of good law, and where there is the absence of the respect for and promotion of human rights

and civil liberties. And where there is that absence, I believe, we have a moral obligation that goes beyond church, religion or state; it even goes beyond patriotism.

Now, we also have an obligation within the EU, legal obligations under the Treaty¹. Article 6 of the Treaty specifically states respect for democracy, human rights and the rule of law, not some law, not some parts of democracy and not the human rights of some groups, but universal human rights. Article 7 of the Treaty gives the European Council the right to expel a member state that breaches these conditions. So I see the EU being a tremendous force for good because we are not only concerned with our half billion citizens, we are also concerned with human rights of those people who are visiting here or working here from the outside.

But equally very importantly for me, when we enter into agreements with third world countries like the EU-Egypt association agreement, Israel – EU association agreement, specifically within them are references to the importance of human rights and the upholding of human rights.

So my vision could be encapsulated by this, that we should become so successful in the promotion of human rights and the supportive defence as well as the understanding and the education and awareness. Then, never ever shall we have to do something about breaches of human rights again because they will be deterred from happening.

But I know, since the enlargement, there are some member states that think that they do not have to respect the human rights of certain

groups, and in some cases, certain majorities like women, respecting a woman's right to choose about what happens to her body, about her reproductive rights. Countries hiding behind religious beliefs are trying to take away the rights of women in that particular instance.

Using the excuse of religion to impose a belief on somebody else that would diminish their human rights is totally unacceptable. And they debase the very religion that they use as an excuse for that reason as well.

So we are in a strange way, since the enlargement, having to refight the battles all over again, fighting for women's rights, gay rights, trying to end anti-semitism, etc.

I used to think that this is terrible that we are having to fight these fights once again. But finally, I say to myself, it's not terrible. It's a wonderful reminder that these dark forces never go away, they only go away if good women good men, day in day out fight for individuality, difference, human rights and understanding.

As President of the Intergroup on Gay and Lesbian rights, what has been the debate within the Intergroup and European Parliament over the last years ?

As I have mentioned, prior to enlargement, we were making substantial moves forward. We had "non-discrimination in the workplace" which includes, because of article 13 of the Treaty of Amsterdam², non-discrimination on the grounds of sexual orientation.

EU wide, we were making advances and we were also seeing changes in laws which many national activists have been working towards. Equality laws like civil partnership,

1 Treaty on European Union, Maastricht, 7 February 1992 ; see consolidated version of the Treaty on European Union : http://www.ellispub.com/downloads/eu_cons_treaty.pdf

2 Treaty of Amsterdam amending the Treaty on European Union, the treaties establishing the European Community and certain related acts, Amsterdam, 2 October 1997

PaCS³, marriage, immigration rights to same-sex partners, etc.

And that has stalled at EU level because all these measures still need to be adopted unanimously under the current treaty. There are some governments that will put up their hands and prevent any future measures of non-discrimination under article 13 from going ahead.

The Intergroup says we should encourage the Commission to prohibit discrimination on these grounds, including sexual orientation, belief, religion, age, disability. We should have what we call a horizontal directive so that all forms of discrimination in a whole range of different circumstances are prohibited.

They should bring it forward and then we should see which countries oppose it in the Council and that is where we, along with other NGOs, not only LGBT NGOs, but other NGOs who promote diversity and human rights, can target our energy.

Also, I think a big issue for us is freedom of movement for same-sex couples who are in same-sex legally recognized marriages or relationships.

For the moment, for example, in my country, we have civil partnership. In the case of my civil partnership, if my government suddenly asked me to work in Poland, it would not be recognized in Poland, it wouldn't be recognised in Italy and it probably wouldn't be recognized in Germany.

We have to have this mutual recognition. If there is mutual recognition for marriage, it seems to me discriminatory that we can't have it for same-sex marriage or same-sex partnerships. If we don't have it, then LGBT people in the EU do not have freedom of movement and therefore become 2nd class citizens.

Do you see any other challenges besides freedom of movement ?

A big issue is the rise of racist, xenophobia, homophobia and violence. Not only in Poland - although the debate has focused on Poland, because these acts were being encouraged by certain politicians in the previous government - but in other countries, such as the UK as well. And we consider these acts to be in direct

contradiction with the treaties which are fundamental rights, human rights, democracy and the rule of law.

As politicians, we must have the courage not to follow the public opinion on all of these matters but to lead it. As Madonna said: "To come out as a gay man or a gay woman, is to be a hero, to come out as somebody who is HIV positive is to be a fucking warrior." We need more fucking warriors in this arena who can fight for rights which in some instances are unfashionable and unwanted.

The first meeting on trans issues took place recently in the European Parliament. What was the outcome of such a meeting and what are the chances now to see "T", for transgender, included in "EP Intergroup on gay and lesbian rights" ?

First of all, we are registered as the European Parliament Gay and Lesbian Rights Intergroup because specifically there is an obligation under the EU law to do something on discrimination, on the grounds of sexual orientation. If, we operate as the EP Intergroup on gay and lesbian rights, there is nevertheless a commitment from the Intergroup to have at least at one meeting out of four in order to deal specifically with trans issues.

We will work with other parliamentarians across the network of parliaments internationally to ensure that trans is no longer considered as a mental illness or a medical problem.

Have you been involved in any discussions relating to improvement of health care services towards LGBT ?

We have been involved in the debate, indeed. We raised the whole issue of why gay men are still being prevented from being blood donors whereas highly promiscuous heterosexuals are not. There is still a lot of reluctance from some of the member states because they refer to the high incidence of hepatitis C, as well as hepatitis B and HIV. However, we should consider, anyone who gives blood is potentially someone who could carry anyone of these viruses in which case all blood should be screened.

I've been involved in the delivery of healthcare to the LGBT community in the UK, through working with my government there, the labour government, but also through the Stonewall group⁴, the equal rights organisation which, interestingly, I founded some 18 years ago. For

instance, in the UK, we've had cases where Christian doctors refuse to treat gay men or do not want them on their patient's list.

However, in the UK, services, including health services, are to follow the principle of 'non-discrimination', and this was opposed amongst other religions, by the Catholic Church who wanted to continue to discriminate.

So, the best we can do is to bring forward legislative measures that prevent discrimination. We make it illegal and if, as with the Catholic Church, they say no we want to continue to discriminate, we say, if you want to use public money to deliver a public service, then you can't discriminate.

What is your approach on family politics? Do you feel that the family pattern is changing and what is your feeling when it comes to adoption, artificial insemination, etc. ?

I think the family pattern has always been as diverse as it is right now. The big difference is about modern technology, YouTube, etc. We are getting a much more honest picture of the way people live and how different families and relationships are. And I welcome this because I think for too long agony has been inflicted on people forcing them to live the lives that others want them to live rather than the ones they want to live.

So I see the family as a hugely diverse unit. If I look at my own family, someone would say what do you define as your family? I would have to say, it is my partner, Paul. But then, it would have to be his family that he brings along and my brothers and their families that they bring along with them. And the recognition that no two families are the same. Because no two women or no two men are the same even from within the same family.

When it comes to adoption, artificial insemination, same-sex parenting, etc., in all of these rights, what counts is the primary right which is the right of the child, the right of the child to the best adopted parents, the right of the child when it comes into the world to a good stable healthy life, good education, good development of its skills. A life free from persecution or discrimination... a life in which to grow. That is the definition, for me, of the indivisibility of human rights. We are born equal. Then, others become obsessed with difference.

³ PaCS: (Civil Solidarity Pacts): a form of registered domestic partnership enacted in France in 1999 for both same-sex and unmarried opposite-sex couples.

⁴ Stonewall: the prominent British gay rights group named after the riots was founded in 1989 by a small group of women and men who had been active in the struggle against Section 28 of the Local Government Act 1988 which prohibited local authorities in England and Wales from "promoting" homosexuality.

ILGA-Europe and the SRHR of LGBT people

by *Patricia Prendiville*,
Executive Director of the European Region
of the International Lesbian and Gay
Association (ILGA-Europe)

Introduction and Overview of ILGA-Europe

ILGA-Europe is the European region of ILGA, the International Lesbian and Gay Association. ILGA was founded in 1978, and the decision to make it a regional structure was finalized in 1996.

ILGA-Europe has a staff of 9 people in Brussels and has over 200 member organisations in 46 European countries.

Our vision is of a world where the human rights of all are respected and everyone can live in equality and free from discrimination on the grounds of sexual orientation, gender identity or gender expression.

Our work is to act as a European voice for the rights of those who face discrimination on grounds of sexual orientation, gender identity or gender expression. We work to achieve this by using advocacy, lobbying, capacity development, information and communication, and litigation strategies which focus on the key strategic objectives of: Full recognition and respect for

fundamental human rights, full equality in employment, full social inclusion, full recognition and equality of the diversity of families and family relationships.

ILGA-Europe works with the European Institutions: Council of Europe, European Parliament and Commission and the Organisation for Security and Co-Operation in Europe (OSCE), as well as beginning to work with the UN.

Some legal considerations

Some of the issues that are presented below are related to the differing legal status of LGBT people in Europe. Some relevant facts are:

- No European country dis-allows same sex consensual sexual activity
- There are varying degrees of differences in the age of consent between heterosexual activity and same-sex activity
- Only 3 European countries allow marriage between same sex partners
- 12-14 other European countries have a form of partnership recognition/protection
- Marriage and Partnerships bring varying rights in relation to health care and health



Photo: ILGA Europe takes part in demonstration

services and health issues

- EU level legislation only prohibits discrimination on the grounds of sexual orientation in employment
- A number of European countries have extended their own legislation to include the prohibition of discrimination in the provision of goods and services and this should include non-discrimination in the provision of health services and health care.
- A small number of European countries have created the necessary legal framework for trans people to have both legal and medical services be non-discriminatory

Some definitions

Sexual Orientation:

Each person's capacity for profound emotional, affectional and sexual attraction to and intimate and sexual relations with individuals of a different or the same gender or more than one gender. Everyone has a sexual orientation.

This can be to individuals of the same or different gender or more than one gender. Thus we have lesbians – women who are attracted to other women, gay men – men who are attracted to other men, bi-sexual people who are attracted to both same and opposite genders and heterosexual people who are attracted to individuals of different gender.

Gender Identity

Gender identity refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body.

Transsexual

Transsexual individuals are people who identify with a different sex than that associated with the biological sex that was ascribed to them at birth – so we have trans women and trans men. This can involve modification of bodily appearance or function medically, surgically or otherwise

Inter-sex

A particular set of biological/genetic features where a person has both or parts of both primary and some secondary sex characteristics ... making it difficult to ascribe to either female or male.

Sexual and Reproductive Health and Rights of LGBT people

ILGA-Europe uses a human rights framework to advocate for the rights and equality of LGBT people and sees that sexual and reproductive health and rights are an essential framework in which to locate this work – in addition to civil and political rights.

ILGA-Europe has recently produced a guide¹ for its members in using the SRHR related instruments adopted at the UN/ International levels, and will be producing guidelines on developing advocacy tools for LGBT organizations in the coming months.

The recently published Yogyakarta Principles outlines the relevant international human rights instruments which can be used to support the argument for LGBT human rights. In particular in relation to health the relevant instruments include:

“Universal Declaration of Human Rights², ICCPR³, CEDAW⁴, CRC⁵, ICERD⁶, ICPD⁷ and FWCW⁸.”

In general, a number of questions arise when we consider what might be the issues for LGBT people and sexual and reproductive health and rights:

- Heteronormativity i.e. the assumption and presumption that all people are heterosexual, and can also include a belief that all people should be heterosexual – within the health care services and in society broadly, so that the specific needs of LGBT people are not included.
- The delivery of inappropriate services based on assumptions of heterosexuality thereby potentially causing harm
- Control of one's body and bodily integrity in health advocacy work

- Sexual pleasure and education on sexuality in terms of well-being
- A tendency to think that the health issues for LGBT people is confined to HIV/Aids and/or other STI's

Health Issues for LGBT people in Europe.

There is very little research done on a European level about the health issues of LGBT people. At national and regional levels there is much work done documenting the needs, access to services and the gaps in service provision.

Secondly, in our experience there is not a history of using 'right to health and well-being' within the European discourse on health matters... it concentrates more on health services, health provision and then bringing in the equality and diversity of the service users.

Thirdly, because there is no European-wide legislation on health service provision, it is difficult to make the argumentation for inclusion of a rights based approach, for non-discrimination clauses in any documents etc. But on the EU agenda at the moment there are a number of health related dossiers under discussion for making into Directives – the Services of General Interest Directive and a Health Directive. Both of these should have non-discrimination clauses included and should also include a focus on recognition of different needs by different groups within society, who have a right to specific service provision.

Health issues for LGBT people

There are a number of inter-related issues in relation to health for LGBT people, and also these issues aren't only matters of health, but connect to the legal situation of LGBT in the various European countries:

- Lack of next of kin status for partners of LGBT people in many countries - in terms of health care provision in acute situations, to inclusion in discussions about appropriate health care and lack of appropriate personal supports for a person receiving health services.
- The assumption of heterosexuality by health care and health service providers can result in inappropriate and/or insensitive provision.
- The ban on taking blood donations from gay men, which is based on out of date knowledge about carriers of HIV infection.
- There is a general lack of awareness of the particular needs of LGBT people in terms of health care and specifically sexual health and reproductive health and well-being.
- There can be a denial of reproduction services due to heteronormative assumptions, requirement of marriage and heterosexist assumptions about family form.

In terms of mental health issues – there is much evidence to suggest that the anxiety felt by LGBT people in relation to 'coming out' can be damaging to well-being and in some instances to mental health. For some LGBT people, and in particular young LGBT people, suicide is perceived as the only option due to the homophobic environment they live in. The secrecy and self-denial that many LGBT people have to practice can be very damaging to well-being, to self-esteem and full engagement with community and society. There is also the homophobia that LGBT people experience when they do come out...which can also be damaging to well-being and mental health.

Because of fear of stigma there can be a withholding of relevant personal information when dealing with the health care providers which can have detrimental effects on the care provided.

1 "The International Human Rights References to Sexual and Reproductive Health and Rights" should be made available shortly in electronic format on ILGA-Europe website.

2 **The Universal Declaration of Human Rights** adopted and proclaimed by the General Assembly of the United Nations on December 10, 1948.

3 **ICCPR**: *International Covenant on Civil and Political Rights*, 1966 (entered into force 1976). This Covenant spells out in more detail the civil and political rights enumerated earlier in the Universal Declaration on Human Rights.

4 **CEDAW**: *Convention to Eliminate All Forms of Discrimination Against Women* (United Nations).

5 **CRC**: *The UN Convention on the Rights of the Child* (1989), the most widely ratified human rights treaty sets the Human rights obligations and policy supporting children and families.

6 **ICERD**: *The International Convention on the Elimination of All Forms of Racial Discrimination* (1965)

7 **ICPD**: International Conference on Population and Development. UN conference held in Cairo in 1994. ICPD was noted as the first population conference to move away from setting demographic targets towards emphasizing people's needs for, and rights to, sexual and reproductive health. It also emphasized the importance of women's interests as components of development.

8 **FWCW**: Fourth World Conference on Women (Beijing). The 1995 Beijing Platform for Action is a broad-based agenda for promoting and protecting women's human rights worldwide, which establishes the principle of shared power and responsibility between women and men in all arenas.

There can also be a delay in seeking medical attention because of the fear of stigma, the habit of secrecy and the experience of homophobic and/or heteronormative service provision.

As with any marginalized community there can be an increased incidence of substance abuse as a coping mechanism, and the causes of the substance abuse need to be fully addressed in order for appropriate treatment... so quite a vicious cycle can develop in these situations.

Finally, if there is an inappropriate understanding and appreciation of the realities of LGBT people there can also be inappropriate responses to incidents of interpersonal violence and domestic violence.

In particular in relation to **transgender health issues**, the following issues are important for health care service providers to consider:

- The need to understand the concept and appreciating the health and legal issues involved. There are very particular medical requirements in most countries and some of these can be discriminatory and unnecessary. For example, in many countries agreement to enforced sterilization and to psychiatric/psychological services are requirements for hormone treatment and for surgery and legal recognition.

-The questions of medical insurance and/or public health provision of the services required by transgender people and this is different throughout Europe without much consistency.

Conclusion

There are many challenges for those working in the area of SRHR and for LGBT human rights advocates. How do we engage with the UN mechanisms to promote SRHR

of women and of LGBT people? How is heteronormativity challenged in health services in particular? How can the legal provisions and the services provisions in a country be more non-discriminatory? How can we advance the public discourse on health and well-being to include the human rights and sexual and reproductive health and rights frameworks?

The LGBT organisations have much to gain from collaboration with the SRHR advocates... we also have much to offer. I think future collaboration can be mutually beneficial and contribute to a world where we have better Sexual and Reproductive Health and Rights for all.

www.ilga-europe.org for various references to health issues.

Eight major steps in the legal recognition of homosexual orientation

A chronological overview of national legislation in the member states of the European Union

by **Kees Waaldijk**,

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The Netherlands, www.emmeijers.nl/waaldijk

Version of 15 August 2007. Candidate countries are in italics (Croatia, Turkey, Macedonia).

	Most recent decriminalisation of homosexual acts between adults	Most recent decriminalisation of homosexual acts, formally resulting in equal age limits	First legislative recognition of same-sex cohabitation	First legislation explicitly prohibiting sexual orientation discrimination in employment	First legislation explicitly prohibiting sexual orientation discrimination in relation to goods or services	Introduction of a form of registered partnership	Allowing joint and/or second-parent adoption by same-sex partner(s)	Opening up of civil marriage for same-sex couples
1791-1799	France, Luxembourg Belgium							
1800-1849	Netherlands, Spain	Spain						
1850-1899	Turkey, Italy	Turkey, Italy						
1900-1939	Denmark, Poland	Poland						
1940-1959	Sweden, Portugal, Greece							
1960-1964	Czechoslovakia Hungary							
1965-1969	England & Wales, Bulgaria, East Germany, West Germany							
1970-1974	Austria, Finland, Malta	Netherlands, Malta						
1975-1979	Slovenia, <i>Croatia</i>	Denmark, Slovenia Sweden	Netherlands					
1980-1984	Scotland	France						
1985-1989		Belgium, East Germany	Denmark, Sweden	France	France, Denmark, Sweden	Denmark		
1990-1994	Estonia, Latvia, Lithuania, Ireland Northern Ireland	Czech Republic, Slovakia Luxembourg, West Germany	France, Spain	Netherlands, Ireland	Netherlands			
1995-1999	Romania, Cyprus <i>Macedonia</i>	Finland, Latvia, <i>Croatia</i> <i>Macedonia</i>	Hungary, Belgium, Ireland, Austria, Finland	Slovenia, Spain, Finland Denmark, Luxembourg Sweden	Slovenia, Spain Finland, Hungary Luxembourg	Sweden, Netherlands France	Denmark	
2000-2004		Scotland, England & Wales, Northern Ireland, Austria, Lithuania, Estonia, Hungary, Romania, Bulgaria	Scotland, England&Wales, Portugal, Germany, <i>Croatia</i> ,	Romania, Czech Republic, Malta, Belgium, Poland, Lithuania, Italy, United Kingdom, Portugal, Austria, Hungary, Bulgaria, Slovakia, Estonia, Cyprus, <i>Croatia</i>	Romania, Ireland, Belgium Lithuania, Bulgaria, Portugal, <i>Croatia</i>	Belgium, Germany, Finland, Luxembourg,	Netherlands, Sweden,	Netherlands, Belgium,
2005-		Portugal		Greece, Germany, Latvia <i>Macedonia</i>	United Kingdom, Germany	England&Wales, Scotland, Northern Ireland, Slovenia, Czech Republic	Germany, Spain, England & Wales, Scotland, Belgium	Spain
in some regions only not yet		Ireland?, Greece, Cyprus	Italy	<i>Turkey</i>	all other countries	Spain		
			most other countries			all other countries	all other countries	all other countries

The Yogyakarta Principles

Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity

By *Michael O'Flaherty*¹

The Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity were launched on 26 March 2007. The Principles affirm binding international legal standards to combat discrimination and attacks on people because of their sexual orientation or gender identity.

Key United Nations human rights mechanisms have affirmed States' obligation to ensure effective protection of all persons from discrimination based on sexual orientation or gender identity. However, the international response has been fragmented, creating the need for a consistent understanding of the comprehensive regime of international human rights law and its application to issues of sexual orientation and gender identity. The Yogyakarta Principles do this.

The Principles were developed and unanimously adopted by a distinguished group of 30 human rights experts, from diverse regions and backgrounds, including judges, academics, a former UN High Commissioner for Human Rights, UN Special Procedures, members of treaty bodies, NGOs and others. I had the honour to serve as Rapporteur of the group.

A central event in the development of the Principles was an international seminar of many of the legal experts that took place in Yogyakarta, Indonesia at Gadjah Mada University from 6 to 9 November 2006. That seminar clarified the nature, scope and implementation of States' human rights obligations in relation to sexual orientation and gender identity under existing human rights treaties and law.

The Principles address the broad range of human rights standards and their application to issues of sexual orientation and gender identity.

Similarly, the Principles set out the importance of non-discrimination in the enjoyment of economic, social and cultural rights, including employment, accommodation, social security, education and health. These Principles respond to a wide range of human rights violations and discrimination. For example, The UN High Commissioner for Human Rights has expressed concern about laws which prohibit gender reassignment surgery for transsexuals or require intersex persons to undergo such surgery against their will.

The Principles affirm the primary obligation of States to implement human rights. Each Principle is accompanied by detailed recommendations to States. The Principles also emphasise, however, that all actors have responsibilities to promote and protect human rights. Additional recommendations are therefore addressed to the UN human rights system, national human rights institutions, the media, non-governmental organisations, and others. For instance, it is recommended that The World Health Organization and UNAIDS develop guidelines on the provision of appropriate health services and care, responding to the health needs of persons related to their

sexual orientation or gender identity, with full respect for their human rights and dignity.

The Principles were publicly launched at a series of international and regional events, timed to coincide with the main session of the United Nations Human Rights Council in Geneva. First reactions are encouraging. Within days of the launch, States were already beginning to cite the Principles in their statements to the Council. More than thirty States made positive interventions on sexual orientation and gender identity issues, with seven States specifically referring to the Yogyakarta Principles. In their interventions, States described the Principles as "groundbreaking" and as articulating "legally-binding international standards that all States must respect". States commended the Principles to the attention of the relevant UN organs, thus laying the groundwork for future action.

Civil society organizations and individuals have also reacted. A Kenyan group is seeking to use the Principles "to involve the media in our mission through sexual health and rights policy visibility"; an Irish organisation is already using the Principles in negotiations with the government on gaining entry to the country for same sex partners of refugees. In Guyana, the Principles are being referenced in a government-

¹ Michael O'Flaherty, Professor of Applied Human Rights and Co-director of the Human Rights Law Centre at the University of Nottingham, served as Rapporteur for the development of the Yogyakarta Principles. He is a member of the United Nations Human Rights Committee.

sponsored debate on the topic “Teachers who are homosexual/lesbian should not be allowed to teach”. Web-discussion has been very vigorous, with 140,000 Google hits within days of the launch. One blogger wrote, “I am now, under International Human Rights Law, officially human. And yesterday, I wasn’t.” Another commented, “Do we need the 29 Yogyakarta Principles? You bet your very life we do.”

As might be expected, not all the public responses have been positive: one widely distributed critique condemned the Principles

as the work of “a handful of UN officials in league with a radical homosexual rights group”, advancing “ideas on the far frontier of social policy.” Even these fears, however, reflect the extent to which the Principles have attracted international attention, and are perceived by opponents and supporters alike as a significant step forward in the recognition of human rights for lesbian, gay, bisexual and transgender people.

Major efforts will now need to be dedicated to develop tools to ensure implementation of the Principles at the international, regional and

country levels. This will involve preparation of legal and academic articles, as well as annotated jurisprudential supporting documentation, continued engagement with UN mechanisms, measures to support the use of the Principles in regional and domestic human rights advocacy, and education, training and awareness activities around the world. The task will require the sustained attention from a global collaboration of lawyers, academics and activists, all focussed on the Principles’ promise of “a different future where all people born free and equal in dignity and rights can fulfil that precious birthright.”

The Yogyakarta Principles and SRHR²

Rights to Universal Enjoyment of Human Rights, Non-Discrimination and Recognition before the Law:

“... PRINCIPLE 3. THE RIGHT TO RECOGNITION BEFORE THE LAW

Everyone has the right to recognition everywhere as a person before the law. Persons of diverse sexual orientations and gender identities shall enjoy legal capacity in all aspects of life. Each person’s self-defined sexual orientation and gender identity is integral to their personality and is one of the most basic aspects of self-determination, dignity and freedom. No one shall be forced to undergo medical procedures, including sex reassignment surgery, sterilisation or hormonal therapy, as a requirement for legal recognition of their gender identity. No status, such as marriage or parenthood, may be invoked as such to prevent the legal recognition of a person’s gender identity. No one shall be subjected to pressure to conceal, suppress or deny their sexual orientation or gender identity. ...”

Economic, Social and Cultural Rights:

“... PRINCIPLE 13. THE RIGHT TO SOCIAL SECURITY AND TO OTHER SOCIAL PROTECTION MEASURES

Everyone has the right to social security and other social protection measures, without discrimination on the basis of sexual orientation or gender identity.

States shall:

- a) Take all necessary legislative, administrative and other measures to ensure equal access, without discrimination on the basis of sexual orientation or gender identity, to social security and other social protection measures, including employment benefits, parental leave, unemployment benefits, health insurance or care or benefits (including for body modifications related to gender identity), other social insurance, family benefits, funeral benefits, pensions and benefits with regard to the loss of support for spouses or partners as the result of illness or death; ...”

“... PRINCIPLE 16. THE RIGHT TO EDUCATION

Everyone has the right to education, without discrimination on the basis of, and taking into account, their sexual orientation and gender identity...”

“... States shall:...”

- “.... c) Ensure that education is directed to the development of respect for human rights, and of respect for each child’s parents and family members, cultural identity, language and values, in a spirit of understanding, peace, tolerance and equality, taking into account and respecting diverse sexual orientations and gender identities; ...”

“... PRINCIPLE 17. THE RIGHT TO THE HIGHEST ATTAINABLE STANDARD OF HEALTH

Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity. Sexual and reproductive health is a fundamental aspect of this right.

States shall:

- a) Take all necessary legislative, administrative and other measures to ensure enjoyment of the right to the highest attainable standard of health, without discrimination on the basis of sexual orientation or gender identity;
- b) Take all necessary legislative, administrative and other measures to ensure that all persons have access to healthcare facilities, goods and services, including in relation to sexual and reproductive health, and to their own medical records, without discrimination on the basis of sexual orientation or gender identity;
- c) Ensure that healthcare facilities, goods and services are designed to improve the health status of, and respond to the needs of, all persons without discrimination on the basis of, and taking into account, sexual orientation and gender identity, and that medical records in this respect are treated with confidentiality;
- d) Develop and implement programmes to address discrimination, prejudice and other social factors which undermine the health of persons because of their sexual orientation or gender identity;
- e) Ensure that all persons are informed and empowered to make their own decisions regarding medical treatment and care, on the basis of genuinely informed consent, without discrimination on the basis of sexual orientation or gender identity;
- f) Ensure that all sexual and reproductive health, education, prevention, care and treatment programmes and services respect the diversity of sexual orientations and gender identities, and are equally available to all without discrimination;
- g) Facilitate access by those seeking body modifications related to gender reassignment to competent, non-discriminatory treatment, care and support;
- h) Ensure that all health service providers treat clients and their partners without discrimination on the basis of sexual orientation or gender identity, including with regard to recognition as next of kin;
- i) Adopt the policies, and programmes of education and training, necessary to enable persons working in the healthcare sector to deliver the highest attainable standard of healthcare to all persons, with full respect for each person’s sexual orientation and gender identity.”

“... PRINCIPLE 18. PROTECTION FROM MEDICAL ABUSES

No person may be forced to undergo any form of medical or psychological treatment, procedure, testing, or be confined to a medical facility, based on sexual orientation or gender identity. Notwithstanding any classifications to the contrary, a person’s sexual orientation and gender identity are not, in and of themselves, medical conditions and are not to be treated, cured or suppressed.

“... States shall:

- “... b) Take all necessary legislative, administrative and other measures to ensure that no child’s body is irreversibly altered by medical procedures in an attempt to impose a gender identity without the full, free and informed consent of the child in accordance with the age and maturity of the child and guided by the principle that in all actions concerning children, the best interests of the child shall be a primary consideration;...”

- “... d) Ensure protection of persons of diverse sexual orientations and gender identities against unethical or involuntary medical procedures or research, including in relation to vaccines, treatments or microbicides for HIV/AIDS or other diseases;...”

- “... f) Ensure that any medical or psychological treatment or counselling does not, explicitly or implicitly, treat sexual orientation and gender identity as medical conditions to be treated, cured or suppressed.”

Rights of Participation in Cultural and Family Life:

“... PRINCIPLE 24. THE RIGHT TO FOUND A FAMILY

Everyone has the right to found a family, regardless of sexual orientation or gender identity. Families exist in diverse forms. No family may be subjected to discrimination on the basis of the sexual orientation or gender identity of any of its members.

States shall:

- a) Take all necessary legislative, administrative and other measures to ensure the right to found a family, including through access to adoption or assisted procreation (including donor insemination), without discrimination on the basis of sexual orientation or gender identity;
- b) Ensure that laws and policies recognise the diversity of family forms, including those not defined by descent or marriage, and take all necessary legislative, administrative and other measures to ensure that no family may be subjected to discrimination on the basis of the sexual orientation or gender identity of any of its members, including with regard to family-related social welfare and other public benefits, employment, and immigration; ...”

² The above quotes are partial quotes from The Yogyakarta Principles. Full text of The Yogyakarta Principles are available at: http://www.yogyakartaprinciples.org/docs/File/Yogyakarta_Principles_EN.pdf

Lesbians, gay men, bisexual and transgender people and Berlin's public administration

By **Lela Lähnemann**, Berlin's Senate Department for Integration, Labour and Social Services, Anti-Discrimination Office, Office for Lesbian and Gay Issues

Berlin, Germany's capital city, is a very attractive city for lesbians, gays, and bisexual and transgender persons. Special cultural events and activities like dance contests, theatres, emancipation projects, and political groups, as well as a wide-ranging commercial sector, help the members of sexual minorities to accept their sexual identity, to meet others, and to find a partner. The Governing Mayor of Berlin, Klaus Wowereit, came out to the public just before his election in 2001, saying "I am gay, and that's okay!" At the same time, violence against LGBT people continues, and harassment and bullying in schools, families, and neighbourhoods is an everyday experience. The Berlin government supports the struggle for equal rights and against discrimination.

In 1989 the (West-)Berlin government – a coalition of the Social Democratic and the Green parties – decided to open an office for lesbian and gay issues as part of the ministry responsible for women, youth, and family affairs. This was the first such office in a German public administration, and the decision was preceded by twenty years of a strong lesbian-feminist and gay movement in West Germany. At the same time in East Germany, lesbians and gay men had started an emancipation movement under very different conditions. Since it was around that time that the Berlin Wall fell, the changes and new possibilities in the political and social situation were conducive to efforts to establish civil and equal rights for sexual minorities.

The lesbian and gay emancipation movement in western Germany had

started at the end of the 1960s. Only in 1969 was the total criminalization of male homosexuality, based on a law dating back to the Nazi era, abolished. The TV movie "Nicht der Homosexuelle ist pervers, sondern die Situation in der er lebt" (It's not the homosexual who is perverse, but the situation in which he lives) directed by Rosa von Praunheim led to a number of gay men outing themselves in the media and to the formation of gay rights groups and meetings throughout the country. The first demonstrations calling for equal rights took place in the 1970s and led to annual pride events that draw half a million participants today. Lesbian activists were part of a strong feminist movement. They helped to establish projects and rights protecting women against violence and, like gay men, started to come out to the public in the 1970s. Together they developed structures and projects to help other lesbians, gay men, and bisexuals.

At the same time, in the German Democratic Republic, small groups of lesbians and gay men started to meet in private circles. Although the communist government had legalized homosexual behaviour between adults in 1968, homosexuals were regarded as living a life contradictory to the socialist family ideal, and the Stasi kept a suspicious eye on their activities. They were denounced as being under the influence of decadent western society and in contradiction to collective structures of socialist society. Some groups succeeded in meeting and working under the protection of the Protestant church, and in the 1980s the government changed its strategy and gave official permission to homosexual meetings, so that it was easier to watch and control them.



© Burkhard PETER

Charlotte von Mahlsdorf (1928 - 2002) was a famous transvestite/transgender person living openly in the German Democratic Republic and post-wall Germany. In the GDR she hosted secret lesbian and gay meetings at her house, the "Gründerzeitmuseum" (a museum of everyday items from the late nineteenth century) in Berlin-Mahlsdorf. In 1991, a LGBT party at the same place was attacked by skinheads. Charlotte von Mahlsdorf was awarded the Order of Merit of the Federal Republic of Germany in 1992 by the German president for her courage. In 1997, she moved to Sweden because she no longer felt safe in Germany. Charlotte von Mahlsdorf became an icon for the LGBT movement, especially in the eastern parts of Germany. Her life is documented in an autobiographical book, on film, and on the stage.

The Office for Lesbian and Gay Issues

The Office for Lesbian and Gay Issues in Berlin's administration has been working to promote the interests of lesbians, gays,

bisexuals, and transgender people for 18 years with two to five staff members. Its work is based on the Berlin constitution, which states that no one may be discriminated against or privileged on the basis of his or her sexual identity and offers long-term relationships state protection against discrimination. The Office's work focuses on three main issues: supporting emancipation, fighting discrimination, and building acceptance. The following gives several examples of efforts and impact.

Supporting emancipation

The office supports initiatives, groups, and individuals in coming out as gays, lesbians, bisexuals, or transgender and in claiming their rights. Individuals need support especially during the process of their internal and external coming-out. Since many LGBT people of various ages, of various ethnic backgrounds, and with disabilities suffer considerable hardship, financial support totalling €400,000 is given to eight organizations, including:

- Gay and lesbian support and counselling centres
- A centre for elderly lesbians and lesbians with disabilities
- Anti-violence projects
- An educational project for young people
- LGBT immigrant projects
- A rainbow-family project (lesbian and gay parents and their children)

Fighting discrimination

Discrimination based on sexual identity continues to be inscribed in law. Marriage between same-sex partners is not possible, and couples living in same-sex registered partnerships do not have the same rights as married couples. The Office for Lesbian and Gay Issues helps to draft laws and directives, such as the anti-discrimination law and guidelines for sex education in schools.

Today the Office is part of the anti-discrimination office of the Senate Department (ministry) for Integration, Labour and Social Services, so information on cases of discrimination and unequal treatment is being collected in order to compare and fight discrimination on the basis of things like age, disabilities, gender, ethnicity, religion, and sexual identity.

Building acceptance

The Office for Lesbian and Gay Issues aims to promote the acceptance of homosexual lifestyles in all sectors of society and to reduce prejudice and discrimination. It contributes to making the entire range of gay, lesbian, bisexual, and transgender lifestyles visible by organizing conferences, publishing brochures, issuing press releases, supporting campaigns, and developing programmes for schools.



© MANEO, www.maneo.be

This picture belongs to a campaign of MANEO against homophobia during World Cup 2006 in Berlin.

For example, a campaign that ran during the Football World Cup in 2006 called attention to violence against gay men and raised the visibility of homosexuality in sports. Sex education is mandatory in German schools, but although Berlin has the most progressive guidelines and includes information about homosexuality, students still experience harassment on an everyday basis. This means that we must continue our efforts, which include printing information leaflets and publishing teaching materials.

For more information, please see www.berlin.de/lb/ads/gglw (in German) or contact gleichgeschlechtliche@senias.verwalt-berlin.de

History

1890-1933

The first homosexual emancipation movement worldwide was centred in Berlin. A broad lesbian and gay subculture including bars, ballrooms, and magazines existed. The Institute for Sexual Sciences of Magnus Hirschfeld (1868-1935) offered advice and did research on a wide variety of sexual topics. A political movement called for equal rights and the decriminalization of male homosexuality.

1933-1945

Under the Nazi regime the institute and the lesbian-gay infrastructure were destroyed. All male homosexual activities – even flirting and kissing – were severely punished. An atmosphere of denunciation forced lesbians and gays to hide and disguise their identity. Gay men suffered extreme persecution with thousands being arrested and dying in concentration camps.

1945-1969

Ongoing persecution of gay men in West Germany. Another 50,000 were punished on the basis of the Nazi law.

1968-1969

Laws in the Federal Republic of Germany and the German Democratic Republic were reformed and sexual behaviour between male adults was decriminalized. A different age of consent for gay men and heterosexual or lesbian relationships existed till the 1990s.

2002

Homosexual victims of the Nazi regime were rehabilitated. The Bundestag, Germany's parliament, decided to build a memorial for the homosexual victims of National Socialism.

Germany has – against the background of its history – a special responsibility to research and provide information about the persecution of gays and lesbians and to protect their human rights!

For further information: www.schwulesmuseum.de and United States Holocaust Memorial Museum www.ushmm.org/museum/exhibit/traveling

Transgender issues in Europe

By Jane Thomas, Co-Chairwoman,
TransGender Europe

Most people are convinced that mankind is roughly equally divided into two parts – male and female, women and men, which are as opposite one another as the two poles of a magnet. But this is an oversimplification: there are individuals who fall between the two opposites, fall outside this binary scheme, whether they be physically *intersexed* or psychogenetic (neurologic) different. Some identify as being between, others third-sexed, still others partially or completely the sex other than they were assigned at birth. An all encompassing term is gender-variant, or currently, *transgender*.

This is nothing new. Gender-variant people have always been around. Many cultures have allowed us to live as we feel. Still we, have generally been stigmatized, outcast, tread upon, demonized. If we can, we hide our true selves from others and suffer.

Some of us identify as *transsexual*, that is, that we must thoroughly live a life in the sex other than the one assigned at birth. Why this is so remains a mystery. Psychiatrists, psychologists, sexologists, neurologists, endocrinologists, and geneticists have proposed any number of etiologies – but nothing is really clearly understood. With advancements in medical sciences, especially in endocrinology and surgery during the last century, we can live our lives as we most desperately and truly experience them. Most all nations in Europe (as well as the rest of the world) have some sort of medical and legal scheme which allows us to *transition*, i.e., to go through the process of changing one's lived sex, from the birth sex we were declared to be at birth to the sex we identify ourselves as belonging to.

One might believe that all problems have been solved. However, the laws governing this process, as well as the availability of medical services, diverge considerably from country to country. Great Britain and Spain have recently legislated relatively humane procedures. Ireland, on the other hand, still forbids changes to birth documentation (the Irish High Court ruled in October 2007 that this is contrary to European law and jurisprudence and must be changed). This divergency is particularly conspicuous in the

question of the rights to marry and to form a family.

The "right" body

Many nations require castration as a necessary step in the process of legal recognition in a change of sex. German law, for example, requires this for a change of legal gender. Most *transsexuals* generally accept this requirement. After all, the presence of testicles or ovary are experienced as not belong to the „right“ body. Some individuals have a castration prior to genital reassignment surgery - or even resort to self-castration in desperation. Moreover, all *transsexuals* and many other gender-variant persons make use of cross-gender hormones to suppress the secondary sexual characteristics of the birth sex and develop the desired sexual characteristics of the desired sex. For example, *trans women* (male to female) use estrogens to develop breasts; *trans men* (female to male) take testosterone to develop a beard. But whether the *trans person* use hormones under medical supervision or purchase hormones in internet or off the black market, the cross-gender hormones lead to a „chemical“ castration or infertility.

However, the question remains, whether the state can or ought explicitly demand castration as a condition of being classified as being of the other sex. The Federal Supreme Court of Germany indicated in an opinion on December 6, 2005 that „in the *Transsexual Law fundamental assumptions concerning transsexuality have, in the meanwhile, in fundamental points shown themselves to be scientifically no longer tenable.*“ There exist no fundamental requirement that a transsexual person must have specific surgical measures. Similar reasoning lies behind the new Spanish law (*Ley de Identidad de Género*) and the British Gender Recognition Act. Furthermore, the legal requirement for castration and other mandatory surgical measures is clearly not conform to the text of the Charter of the Fundamental Rights of the European Union, specifically Article 3, (The Right to Integrity of the Person) and Article 9, (The Right to Marry and the Right to Found a Family).

Trans and Family

Thus, the question of reproductive health for *transgender people* revolves around the question of whether the trans person can wait to transition until after having children or setting aside (banking) gametic material for possible later use. Both possibilities have considerable drawbacks. Banking of sperm or ova is relatively expensive, and in some nations presents legal problems. Waiting to *transition* is, however, also difficult. *Trans women* have the problem that the long term effects of testosterone usually create markedly male characteristics., and undoing these – epilating the beard, facial feminization surgery, etc, are very expensive, time consuming, and not always effective. And nations sometimes have laws that make transitioning in a marriage and with children extremely difficult or impossible, even if the partners desire to stay together. In fact, it is still often part of the transitioning process to require being unmarried, single or divorced. Transsexuals were until a few years ago urged to abandon all hopes of keeping marriage and family intact, and to break all contacts with friends or relatives to start a new life in anonymity.

In many regards an early transition can be more satisfactory: - the younger, the better. Currently, some pre-teens are being administered gonadotropin-releasing-hormone agonists to suppress puberty changes, and avoid maturing in the „wrong“ sex. The child can experience a relatively normal social development in the desired sex. If the child decides not to transition, puberty in the birth sex can be induced by forgoing treatment. Should he or she wish to completely transition, cross-gender hormone therapy can be started and genital reassignment surgery be performed at around the age of eighteen.

Obviously, the treatment of child and teen trans individuals present an ethical conflict: at what age can the therapists be certain that the child truly understands that treatment results in irreversible sterility? On the other hand, delaying treatment, using the argument that the child may grow out of it, is possibly also unethical and damaging.

TransGender Europe

In November 2005 *transgender* activists from every corner of Europe came together in Vienna for the first European Transgender Council. We compared living conditions, discussed the legal and medical

care we received (or didn't) from nations as varied as Iceland and Turkey, Portugal and Russia, and agreed that we need to take action ourselves, on our own part, in our own organization. We are now a nonprofit organization by Austrian law. We currently are working on a survey

with Press for Change, Great Britain, and ILGA-Europe covering the conditions of life and the discrimination against gender-variant people. Our goal is to have equal legal and medical treatment for all *trans people* throughout a trans-friendly Europe, including the right to family for those *trans people* who wish for children.

LGBT Health in the UK

By **Dr Justin Varney**

Consultant in Public Health Medicine &
Co-Founder of the UK National LGBT Health Summit

It is still a reality that in many parts of the National Health Service in the United Kingdom, lesbian, gay, bisexual and transgender health issues are barely recognised, let alone given the same focus or attention as other minority population groups; this picture is unfortunately common across much of the world when looking at publicly funded health services, however the picture is changing.

The UK Government estimates put the gay, lesbian and bisexual population at between 5% and 7% of the population in England and Wales¹, this is comparable with the 4.58% of the population who identified with the largest non-white ethnic minority group (Asian or Asian British) in the 2001 Census in England and Wales.

A range of international and UK based research, peer review publications² and health needs assessments have illustrated the health issues affecting lesbian³, gay, bisexual and transgender individuals⁴. Although much of the focus, quite rightly, has been on the needs of gay men around HIV prevention⁵, there has been a growing body of evidence to address other mental and physical health issues for these populations.

Research has illustrated the perceptions of stigma experienced amongst gay men⁶ acting as a barrier to healthcare, and although less is known about the feelings of LBT individuals one can reasonably assume similar patterns relating to social stigma and experiences of discrimination leading to similar barriers to accessing care.

Similarly, studies have shown that lesbians may not uptake opportunities for breast and cervical cancer screening⁷ and this may be associated by misinformation about risk and a lack of engagement or appropriate response from services. This highlights the need to consider provision of either targeted health information or inclusive language and imagery which will be accessible to these parts of the general population.

Health needs assessments across the UK have illustrated higher levels of health risk behaviours such as smoking and drug/alcohol use, and this would logically lead to a greater burden of coronary heart disease, cancer and respiratory conditions amongst these populations. There have been pockets of good practice in terms



Photo: Dr. Justin Varney

of specific targeted interventions such as GMFA (www.gmfa.org.uk) smoking cessation programme for gay men which achieved much higher quit rates than generic programmes⁸. However the true picture is unlikely to emerge until their sexual orientation and gender identity

become core demographic questions across healthcare services and reliable national level data sets are established.

Legislation in recent years in England has provided protection against discrimination on the grounds of sexual orientation in employment and the provision of goods⁹, services and facilities (including healthcare), similar but less extensive protection exists for transgender individuals¹⁰. These legal protections include protection against discrimination in the delivery of health services. All of the major healthcare unions have produced guidance and information relating to LGBT patients and professionals, and some of the regulatory bodies have followed.

In 2006 the Department of Health launched two leaflets highlighting the legal aspects

1. DTI, Final Regulatory Impact Assessment: Civil Partnership, 2004

2. King M, Nazareth I. (2006) The health of people classified as lesbian, gay and bisexual attending family practitioners in London: a controlled study. *BMC Public Health*. 2006 May 8;6:127

3. Meads CA, Buckley EJ, Sanderson PK. (2007) Ten years of lesbian health survey research in the UK West Midlands. *BMC Public Health*. 2007 Sep 19;7(1):251

4. Herbst JH, Jacobs ED, Finlayson TJ et al. (2007) Estimating HIV Prevalence and Risk Behaviors of Transgender Persons in the United States: A Systematic Review. *AIDS Behav*. 2007 Aug 13;

5. Dougan S, Evans BG, Macdonald N, et al. (2007) HIV in gay and bisexual men in the United Kingdom: 25 years of public health surveillance. *Epidemiol Infect*. 2007 Jul 30;115:1-12

6. Keogh P. et al. (2004) Doctoring Gay Men: Exploring the contribution of general practice. Sigma Research, Portsmouth University.

7. Cochran SD, Mays VM, Bowen D et al. (2001) Cancer-related risk indicators and preventive screening behaviours among lesbians and bisexual women. *AJPH*, 91(4):591-7.

8. Harding R, Bensley J, Corrigan N. (2004) Targeting smoking cessation to high prevalence communities: outcomes from a pilot intervention for gay men. *BMC Public Health*. 2004 Sep 30;4:43.

9. Equality Employment (Sexual Orientation) Regulations 2003 & Equality Act (Sexual Orientation) Regulations 2007

10. Sex Discrimination (Gender Reassignment) Regulations 1999 & Gender Recognition Act 2004

while focusing on a basic introduction for front line health and social care staff working with LGB and T patients, this was followed in 2007 by thirteen briefing papers on issues relating to reducing health inequalities for LGBT people. These were products of the Department of Health Sexual Orientation and Gender Identity Advisory Group (SOGIAG), a unique model of stakeholder engagement bringing together over 40 community representatives into work-streams chaired by volunteers.

Since being founded in 2005 the SOGIAG has worked with the Department to commission research into homophobia in the health service, developed training standards and training the trainer packages around LGBT and transgender health issues and published a range of leaflets and booklets which are free to download from the Department website (<http://www.dh.gov.uk/Equalityandhumanrights>). Although

the budget for the SOGIAG is small and much of its productivity has relied on the goodwill and hard work of community activists and volunteers, it has been a powerful force in raising the profile of the health needs of the LGBT community across the health system in the UK.

The SOGIAG/Department of Health were key funders for the UK National LGBT Health Summit which was founded in 2006. The Summit is a national forum which brings together individuals from a range of public, private and voluntary sector backgrounds to share, learn, explore and expand ideas and thinking on health issues affecting LGBT individuals. The Summit in 2006 attracted speakers and delegates from across the country to London and in 2007 expanded to over 300 delegates in Manchester with a key note speech from the President of the Royal College of Nursing and the Bishop of Manchester. Each Summit has been

written up into a report on the website (www.lgbthealth.co.uk) and left a legacy outcome, from the first summit there was a DVD on transgender health access issue developed by Health First and the Department of Health into a national training resource on trans health issues, the second produced a short film on young people's experiences of drugs and alcohol which is currently being evolved into a national resource. The Summit has been an essential aspect of moving forward the LGBT health agenda in the UK, it has built bridges across the diverse lesbian, gay, bisexual and transgender communities and between the community and health and social care sectors.

Over the last five years the UK has substantially moved forward in recognising the health needs of lesbian, gay, bisexual and transgender individuals, there is still a lot to do but Dorothy, and her friends, are very definitely on the yellow brick road towards Oz.

Testimony:

In 1994, I was diagnosed with breast cancer. I was operated on with a tumorectomy, underwent chemotherapy followed by radiotherapy. I recovered from cancer thanks to my doctor but also thanks to my partner who was there for me at all times.

Since then, my life has changed not only due to the after-effects of the treatment but because of existing pathologies which were not sufficiently taken into account during my treatment.

1994 was also the year of a vast campaign in Switzerland for the recognition of the same legal rights for same-sex couples which paved the way to the officialization of civil partnership in 2005 by the Parliament for same-sex couples.

In 2001, I was asked to take part in a survey on breast cancer and the quality of life, carried out by the Public Health department. A couple of years later, I also became involved in the setting-up of a patient focus group Asap (Association savoir patient).

Very early, it became clear to me that there are very few health specialists, including general practitioners or gynecologists who are aware or willing to take into account the specificities and needs of lesbians.

If for heterosexual women, taking care of yourself and watching out for your health comes as natural, for lesbians it is more a matter of life and death.

- Giselda, Switzerland

Being lesbian or bisexual does not directly influence the frequency of breast and uterus cancer. However, there are certain risk factors that are particularly prevalent among women who love women:

- Because of fear of homophobic reactions, they are less likely than other women to see medical professionals and often hesitate to undergo screening examinations (mammograms or pap smears) that would allow early detection of possible breast or cervical cancer.
- Because of social and family pressures, lesbians and bisexual women can sometimes feel depressed and pay less attention to their health.

- On average, lesbians and bisexual women are less likely to have children before the age of 30, which increases the risk of breast cancer.
- Certain studies indicate that lesbians or bisexual women can occasionally overindulge in alcohol and tobacco. They may also become overweight. This increases the risk of breast cancer or cervical cancer.

The International Lesbian and Gay Association (ILGA) has produced a targeted information preventive leaflet "For Women who love Women"¹ with inclusive language and imagery accessible to the lesbian population.

Originally published in May 2006, in French and Dutch, in collaboration with the

Belgian Cancer Foundation and local health and lesbian associations, this information brochure on breast and cervical cancer has met an increasing demand and has now been translated into English and in Spanish.

ILGA has also published in March 2006 "Lesbian and bisexual women's Health: common concerns, local issues"², available in both English and French.



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1 Information leaflet "For Women who love Women", ILGA, available in French, Dutch, English and Spanish at : [http://doc.ilga.org/content/view/type/153/\(class\)/file](http://doc.ilga.org/content/view/type/153/(class)/file)
ILGA encourages organisations to use the text and adapt the brochure to their local needs. Various organisations have adapted the brochure locally (France, Italy, Switzerland, The Philippines).

2 "Lesbian and bisexual women's Health: common concerns, local issues" (recently translated into French as well).
The report is available in English at: http://doc.ilga.org/ilga/publications/publications_in_english/other_publications/lesbian_and_bisexual_women_s_health_report

Mental Health and Young LGBT People

Prepared by **Mark Delacour**
Mental Health Development Coordinator
The Consortium of LGBT Voluntary &
Community Organisations

When growing up in a society where lesbian, gay, bisexual and transgendered people are still frequently bullied, harassed, disowned and ostracised, LGBT young people are vulnerable to developing issues around self-esteem, body image and relationships. These issues can lead to depression, isolation and further vulnerability and can culminate in mental health problems ranging from self-harm and eating disorders to suicide. A study of gay and lesbian young people taking part had contemplated self-harm and 40% had attempted self-harm or suicide at least once (Rivers 1997)¹.

Unfortunately, due to the higher than average occurrence of mental health problems within the LGBT community and the legacy of various health and psychiatric organisations' classifications of homosexuality as a mental illness, the notion that LGBT people are intrinsically mentally ill does still exist. The issue of legacy is still very current as many organisations have only fairly recently declassified; World Health Organisation 1992, UK Government 1994, Ministry of Health in the Russian Federation 1999, Chinese Society of Psychiatry 2001.

Regardless of these global classifications, when it comes to the actual mental wellbeing of an individual, it is often the experiences during youth that will go on to shape the mental resilience of an LGBT person.

One of the major aspects of a child's development is the formation of personal



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identity; this identity is composed of many interplaying components—key components being gender and sexuality. Many societies have quite rigid expectations around normal development in these dimensions, with gender being aligned with physical genitalia and sexuality a component of the gender role. These expectations of behaviour are constantly reinforced through peers, family, education, media and society as a whole. For a young person who is questioning their gender or sexuality, these expectations can be in direct conflict with feelings and emotions that they might be experiencing. Unlike issues around class or race, LGBT young people do not have a guaranteed support structure, such as family. This can create immense feelings of isolation.

Education providers can have a significant part to play in enabling young people to develop their identities. From a purely educational perspective sexual health and relationship teaching needs to be inclusive of LGBT people in a holistic and pastoral capacity wherein providers need to consider the integration of positive LGBT role

models in the general curriculum. Education providers also need to combat homophobic and transphobic bullying. Recently published research shows that 65% of young gay people have experienced homophobic bullying and 97% regularly hear homophobic insults at school (Stonewall, 2007)². This bullying and low level heteronormative and gendernormative behaviour can be very distressing and in turn lead to self-hatred, internalised homophobia and subsequent poor mental health.

In the UK, education provision is starting to work towards improvement in these areas with the recent launch of guidance, commissioned from Stonewall by the Department for Children, Schools and Families (DCSF)³. This guidance provides school governors, heads and teachers with practical information, including lesson plans focused on how to prevent and respond to homophobic bullying.

There is also a play titled *Fit*, co-produced by Stonewall and queerupnorth⁴ which is currently touring schools and theatres. The play is targeted at pupils aged between 11-14 years, and designed to support the Personal, Social and Health Education (PSHE) and Citizenship components of the National Curriculum. Also, the independent National Institute for Health and Clinical Excellence (NICE)⁵ has received a referral from the Department of Health to produce guidance for PSHE, with particular reference to sexual health behaviour and alcohol. Key stakeholders in this guidance include the Consortium of LGBT Voluntary and Community

1 Rivers, I. (1997). The long-term impact of peer victimisation in adolescence upon the well being of lesbian, gay and bisexual adults. Psychological Society of Ireland's Annual Conference.

2 Hunt, R. Jensen, J. (2007). The School Report. Stonewall http://www.stonewall.org.uk/documents/school_report.pdf

3 Department for Children, Schools and Families. (2007). Homophobic Bullying – Safe to Learn: Embedding anti-bullying work in schools; www.teachernet.gov.uk/_doc/11911/HOMOPHOBIC%20BULLYING.pdf

4 *Fit* by R. Beadle-Blair; R. (2007) co-produced by queerupnorth: www.queerupnorth.com/event_detail.php?ID=563

5 NICE. (2007). PSHE: Draft Scope; <http://guidance.nice.org.uk/page.aspx?o=453879>

Organisations and the Terence Higgins Trust⁶.

As well as raising awareness amongst youth, there are also many benefits in making use of the powerful resource of peer education. By informally placing young people's own shared experiences at the heart of such a programme, it can be a very effective way of sharing coping and resiliency skills, especially in dealing with homophobia and social exclusion.

As with all work with minority groups, it is important to consider the impact of composite identities encompassing factors such as disability, age, ethnicity and religion. For example LGBT members of certain ethnic groups are likely to have less support in 'coming out' due to lower acceptance within their community. This can then be compounded by the lack of acceptance by the LGBT community itself around other components of this composite identity. For example, LGBT people can still be prejudice of other LGBT people that might be of a different religion, ethnicity or have a disability.

Due to the lack of inherited community history and knowledge, LGBT youth workers and young LGBT activists often play a critical role in supporting young LGBT people. With appropriate support and training they can help identify early signs of illness, facilitating early intervention and specialist referral. LGBT youth groups can also promote the mental health awareness and challenge the stigma often associated with mental health problems.

There are two key projects currently being run by the Consortium to improve support for LGBT young people and have a positive impact on their mental health. The first, 'The Mental Health



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Development Programme', aims to build the capacity of the voluntary and community LGBT organisations which form the membership of the Consortium. The programme also aims to identify mental health issues and refer/signpost the young people that access their services. This work is in line with the UK's National Service Framework for Children, Young People and Maternity⁷. Specifically, the Framework's standard 9 looks to cultivate a multi-disciplinary, multi-agency approach to mental health service delivery, with one of the key drivers being to build services around the user and their family. This approach aims to develop mechanisms to support young people throughout all services they have contact with including schools, youth groups, specific support services and any other extra-curricular organised activity.

The Mental Health Development Programme also intends to increase awareness within the mental health services around LGBT issues, by collecting informative observations and experiences of LGBT young people and through young

LGBT people delivering LGBT awareness workshops with health professionals.

The second project is a pilot programme, 'The Parenting Project', which looks to support the parents/carers of LGBT people. For many LGBT people 'coming out' is an important point in their lives and an opportunity to be more open about their identity and relationships. Support from family and friends, particularly parents or carers, is essential for young people in terms of health, relationships and life success. The project works to develop understanding and the ability to positively support their child around their sexual orientation and/or gender identity. The project aims to develop services across London through the Families Together group.

Ultimately there are a huge number of factors, ranging from bullying to institutional lack of understanding, impacting on the mental health of our young LGBT community. However we are in a position in the UK where these issues are being identified. Projects, such as those run by the Consortium are working to build the capacity of the LGBT third sector as well as working with government to improve the support and understanding of young LGBT people within our society. As such, I hope that we can look forward to a future where LGBT people are no longer viewed as intrinsically mentally ill and that their mental wellbeing is proactively maintained. A future allowing LGBT people to realise their full personal potential and continue to provide a strong and vibrant contribution to society.

The Consortium Of LGBT Voluntary and Community Organisations was established in 1998 in response to a lack of voice and support for LGBT voluntary and community organisations in the UK. It is the only national body representing LGBT organisations and has over 400 members. www.lgbtconsortium.org.uk for more information.

6 Terence Higgins Trust www.tht.org.uk

7 For Collection of documents constituting the Framework: www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/ChildrenServices/Childservicesinformation/DH_4089111

Latvia: the social situation of lesbians and gay men



Jolanta Chihanovica is a psychologist in private practice, in Latvia. She has specialized in work with same-sex couples and is asked to comment regularly on LGBT issues and describe the experience and

Photo: Jolanta Chihanovica

the challenges gay and lesbian couples in Latvia have to face.

What is the situation of the LGBT community in Latvia ?

As recently as fifteen years ago homosexuality was prohibited by law in our country and gay men were punished by real prison sentence just because of their homosexuality (women's homosexuality and sexuality in general was a subject of silence and denial). The state supported only the so-called "traditional" family model, and state institutions regulated people's sexual life and relationships with the help of regulation of residence, criminal punishment, and psychiatric treatment for those who were different.

Latvia regained its independence from the Soviet Union in 1991, but 50 years long, Soviet times greatly influenced attitudes and way of thinking of Latvia's citizens, as well as their understanding of democracy. Homosexuality is still viewed today as

something Latvia's society must be free of, and homosexuals are considered to be antisocial, marginal, dangerous for the society. Even now, having joined the European Union, we still lag behind the other democracies, in 2005 having changed our constitution to emphasise that „the state defends and supports marriage – the unity between a man and a woman“.

There seem to be two strategies our society, like many other societies, uses with regard to homosexuality and homosexuals - open hatred and silence. These old beliefs about homosexuals as deficient and dangerous are still widely spread in our society, and even nowadays almost every gay person experiences emotional and physical violence. And not only homosexuality – sexuality as such is still a "hot potato" topic, viewed by many as sinful, shameful and dangerous.

So when same-gender couples turn for help to a psychologist or therapist, the cultural context they live in must be taken into account.

What about freedom of choice?

As we know, people's choices come out of their paradigms – fundamental beliefs about the world, the right or wrong, or themselves. To understand and predict people's behaviour, we should analyse their paradigms – and vice versa, knowing their assumptions and beliefs, we can predict their choices. For example, the person who thinks that he or she is bad, would

possibly be self-destructive; the person, who feels that sexuality is dirty, would probably choose not to be active sexually or would choose to punish themselves after having sex. Speaking about sexuality and reproductive health, this is of major importance, as the position „hatred or silence“ does not foster openness about the issues couples need to get more information about and jeopardizes people's self-esteem, which can result in lack of proper choices when it comes to sexual and reproductive health.

How do you discuss sexuality with same-sex couples who come to you for help ?

When couples turn for counselling, they usually discuss their relationship as whole, not just sexuality, however, in every relationship sexuality plays a very important role. Sexuality is not just having sex; it is identity, emotions and so on. In comparison to heterosexual couples, the unique challenges same-sex couples in Latvia experience most often are the following:

- coming out, or the issue of visibility vs. silence
- acceptance vs. shame and guilt about one's sexuality, difficulty in accepting it, internalised homophobia
- lack of support system vs. developing it
- if choosing to raise children, the fear of not bringing them up the right way, the fear to lose them, as the society does not approve of same-sex families

What does 'Coming out', or the issue of visibility vs. silence mean ?

In a homophobic society, having a steady same-sex relationship can seem dangerous, because it implies great extent of visibility. If people choose to live together, their neighbours, friends, family members can become suspicious of their homosexuality. So, sometimes a person is torn apart by the fear to be seen and therefore to survive the others' reaction to it and by the wish to continue and develop a steady relationship. Of course, these feelings can cause much stress to the relationship. Another challenge is continuous coming out – as it is not a one-time act, the couple has to come out to every new person in their surrounding, e.g. changing the place of residence, their job, meeting new friends etc.

Some couples choose to be „partly open“, remaining deep in the closet in other spheres of their life – e.g. they can be open to their friends and family members, but are afraid to come out at their job, etc.. Needless to say, this situation does not enhance the partners' feeling of worth and the feeling that their relationship is significant and can be respected.

Sometimes partners have different expectations of the level of openness, which creates a great challenge – if one of them wants to be open and visible and the other one does not feel ready for it.

How difficult is it in accepting one's sexuality ?

Having been taught all their life that homosexuality is sinful and wrong, having early perceptions of being different from the majority means that gay people have another challenge to meet. It is known that it is not the difference that matters, but the way how it is reacted to by the person's family, peers, teachers and society as whole – it affects the way the person thinks about his or herself, expects



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March for Equality, Riga Pride 2007

others to treat him or her, whether he or she is able to trust others and to relate to them. If a person is not sure whether he or she is ok, feels he or she needs to explain others why he or she is a certain way, even feels he or she owns others apologies, these are symptoms of low self-esteem. Some of the consequences of low self-esteem include high substance abuse potential, inability to assert one's needs to others, diminished ability to form satisfying relationships; people with low self-esteem are prone to depression and suicidal feelings and are less likely to practice safe sex. Shame is a very, very isolating feeling; it is clear that it is very difficult to respect others and to form a respectful, loving relationship when we neither respect nor love ourselves. Especially if we continue to receive hateful messages daily in press, our church and speeches of political leaders.

How important is the social environment for lesbians and gay men ?

Any relationship needs a support system – a system of people, usually friends and relatives, who see the relationship as of great worth, appreciate it and support it. In the life of every couple there are

crises, periods of doubts and difficulties, and if the couple does not have a support system, at those times they are extremely vulnerable. Gay men and lesbian women's relationships are often perceived by their social environment, otherwise quite supportive and friendly, as something not very desirable, or „just a phase their friend or relative is going through“. So, in times of relationship crisis, instead of helping the partners to work through their differences and to find a way of continuing to bear together, they usually encourage them to split and to look for a „better“ (meaning heterosexual) partner.

How do same-sex partners perceive parenting ?

In spite of the commonly held belief that there are no children in same-sex families, research shows that there are many. But if childless couples think twice before coming out, couples with children usually stay in the closet– as deep as they can, because they are afraid that the society will take their children away from them if it becomes known that their identity is not heterosexual. Lack of legal protection also results in the fear that if anything happens to the biological parent of the child, the other social parent will have no rights to continue to raise the child, as the law would treat them as complete stranger.

Some other fears include the lack of scientifically based and prejudice-free information about how a same-sex couple can raise a healthy child, with healthy gender identity. The couple reacts with much stress and tension to any form of the child's behaviour which does not seem „normal“, which, of course, puts the relationship with the child under constant pressure. A very big challenge is the often met necessity to keep the one-sex relationship a secret, so the child is taught not to speak about the parents' relationship to anybody, which, of course, affects the child's psychological well-being.

Becoming and remaining a gay or a lesbian parent in France

By **Martine Gross**¹,
Honorary President of the
French Association of Gay and
Lesbian Parents (APGL)

If gay and lesbian families are a recent topic in France, homosexual parents have been around for quite a while.

They would either have a family by getting married and would, to some extent, hide their homosexuality or they would realize they were gay or lesbian once married with children.

Starting around the mid sixties in California, some gays and lesbians expressed their desire to become parents, outside the domain of a heterosexual relationship. It was not until the debate about the Civil Solidarity Pacts (PaCS)² that the French public became aware of the issue of gay and lesbian parenting.

Thanks to the PaCS, the law (November 15th 1999) provides a legal recognition of same-sex couples, but the PaCS does not change anything regarding kinship, the use of parental authority, the right to adopt, or the access to medically assisted procreation for the lesbian and gay community. In fact, it was only under these specific conditions that the text was accepted, as politicians did not want the PaCS to open the door to gay and lesbian parenting.

In France, the rights of lesbians and gays to become parents have been greatly limited by the 1994's bioethics laws and the legislation regarding family. Other than having children within the confines of a prior heterosexual relationship, co-parenting agreements are the only legal free of the state control option offered in France to gays and lesbian individuals or couples who want to have



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children. Under a co-parenting agreement a gay and a lesbian individual conceives a child and raises him/her together, not as a couple but with two different homes: a paternal home and a maternal home.

Legal Parental relationships are based, in France, on biological links. Even the "desired" parental relationships, such as adoption or medically assisted procreation are, legally speaking, made to mimic the reproductive model. French legislation mixes up parental relationships and procreation so that it is legally impossible to contemplate a

legal relationship between a child and two same-sex parents. A parental relationship implies the transmission of goods and names, rights and responsibilities such as alimony and parental authority.

The role of the non biological or social parent was recently reconsidered due to the raising number of step families. Subsequently, the law (March 4th 2002) now allows the legal parents to delegate and share parental authority with a trustworthy third party without that implying a legal parental relationship between this third party and the child.

1. Translated from French into English by Segolène Rubin

2. Civil Solidarity Pacts (PaCS) : a form of registered domestic partnership enacted in France in 1999 for both same-sex and unmarried opposite-sex couples.



APGL and the right to gay and lesbian parenting

Despite the difficulties encountered by gays and lesbians who want to become parents, the visibility of gay and lesbian families in France has continued to grow in the past ten years.

Their main association, the French Association of Gay and Lesbian Parents (APGL), counts more members than any other gay and lesbian association, with 1800 persons in 2007.

In 1997, the APGL published a bibliographical guide³ with more than 200 published articles' references showing the arguments in favour of gay and lesbian parenting (this guide was republished in 2007⁴ and now has over a thousand references). Studies which began in the USA in the 1970's and later studies conducted in Belgium, United Kingdom, the Netherlands or Canada have found similar results: children living with same-sex parents develop well in all areas and only differ from their peers raised by heterosexual parents in minor ways. These children have fair education skills, average social skills, a good knowledge of gender identities, a good behavioural and emotional balance, average to above the average self esteem and are reasonably well accepted by their peers.

APGL calls for a reform of all family laws such that being a parent would be based on the parental commitment rather than on

biological likelihood. The APGL asks for free access to medically assisted procreation for any person who is of an age to have children, as the coherence of a parental project is more important than the use of sex as a means of procreation. The APGL wants children to have their lines of kinship to conform to their family environment.

Different types of gay or lesbian families

As there are no official statistics, the APGL used data from the Kinsey Reports⁵ (4 to 10% of the population is homosexual) and from other polls⁶ (11% of lesbians are mothers, 7% of gay men are fathers), and estimated that in France there are 200 000 children with at least one gay or lesbian parent.

Five different types of families exist, depending on how the child joins a family: medically assisted procreation (artificial insemination from an unknown donor, surrogacy), known donor, adoption, co-parenting and previous heterosexual relationship.

Bi-parental families

In the *three* first types of families, the family organisation is *bi-parental*: the child has two parents. But the law only recognizes one parent and the child bears the legal parent's name only. He or she can inherit from the legal parent only. But foremost, in case this parent dies or if the couple separates, the law does not protect the ties the child has built with his/her second parent. The child can become an orphan if the legal parent dies, or be deprived of his/her other parent in case of a break up.

AID, known donor, surrogacy

Access to medically assisted procreation is strictly regulated under the bioethics laws of 1994 (this was re-examined in 2004 but the access limitations were not loosened). This technique of procreation is accessible

only by heterosexuals who have been in a relationship for at least two years and who suffer from a fertility linked problem or who are likely to pass on a disease to the child. The law does not allow these techniques to be used by single women and/or same-sex couples. The use of surrogates and known donors is illegal for everyone. A woman can not be a surrogate mother. A man's commitment to help two women conceive their child and abandon his parental rights would not be legal.

In France, lesbian couples are forced to go abroad if they wish to use AID (Artificial Insemination by Donor). Some women want to be able to give some information to their child about the man who participated in his/her conception, so they ask a friend to help them give life. In this parental project, the "known donor" is a man who will not claim any parental rights, who will not ask that the child bears his name, but who will be able to know his child, meet him/her if the child wishes so, and even build a relationship. This choice is perilous since an agreement regarding renunciation on parental rights is not legal in France. A man who would change his mind would have the law on his side and could then obtain legal rights if he acknowledges paternity of the child.

Gay individuals who choose surrogacy also have to go abroad, usually to the US, since surrogacy is strictly prohibited in France and throughout most of Europe.

Adoption

Single persons and married couples can adopt. Adoption by non-married couples is not allowed and therefore two same-sex persons can not jointly adopt a child.

A gay or a lesbian can adopt as a single person with an administrative agreement. This agreement implies that the administration then investigates as to whether the individual would provide the proper familial, educational and psychological conditions in which to raise

3. Petit guide bibliographique à l'usage des familles homoparentales et des autres, APGL, 1997

4. Guide bibliographique de l'homoparentalité, édition 2007, APGL (see http://www.apgl.asso.fr/documents/guide_2007.pdf)

5. Kinsey, Alfred C., Wardell B. Pomeroy, Clyde E. Martin., 1948. *Sexual Behavior in the Human Male*. Philadelphia, PA : W.B. Saunders

Kinsey, Alfred C., Wardell B. Pomeroy, Clyde E. Martin, Paul H Gebhard. 1953. *Sexual Behavior in the Human Female*. Philadelphia, PA : W.B. Saunders

Kinsey A.C., Bell A.P., Weinberg M.S., 1980 Homosexualités: rapport officiel sur les comportements homosexuels masculins et féminins, Albin Michel Paris.

6. BSP poll in the magazine Têtu, January 1997

a child. Legally, sexual orientation can not be a reason to deny a candidate who wishes to adopt a child. But in practice, someone who does not hide his/her homosexuality during the investigation gets a negative answer based on his/her "lifestyle", even if his/her skills as a parent are approved.

Nevertheless, some gays and lesbians succeed in adopting and go on to raise their children as a couple.

Families with more than two parents

In the last two situations (step families, and co-parenting), the family organization involves more than two parental figures. The law, copied from the reproductive model, does not allow more than one father and/or more than one mother. Because of this model, a child can be deprived (if one of his legal parents dies or if the same-sex couple separates) of his/her other parent, who is ignored by the law, but whom, is no less of a parent to the child.

Previous heterosexual relationships

In gay and lesbian step families, the child(ren) were born in a previous heterosexual relationship. One of the parents later acknowledges his or her homosexuality and then becomes part of a same-sex couple. As in blended families, the parent's partner is known as a "step parent" but has no legal existence as such.

Co-parenting

In this situation a man and a woman, who are not a couple, get together to conceive and raise one or more children. There can be two to four persons: a biological lesbian mother and a biological gay father (legal parents) and their possible partners who can also act as parents. These non biological parents do not have any legal status, just as a step parent does not. However, the main difference between the step parents and non biological parents is that the latter were present before the child was conceived and are ready to commit to the child from before his or her birth.

A study among the APGL members returned in 2007 the following results:

Number of children born depending on how the family was built (mothers)

Previous heterosexual relationship	34	21%
Adoption	21	13%
Co-parental	12	8%
AID	82	52%
Known donor	10	6%
Total	159	100%

Number of children born depending on how the family was built (fathers)

Previous heterosexual relationship	14	37%
Adoption	5	13%
Co-parental	15	39%
Surrogacy	4	11%
Total	38	100%

Difficulties in remaining a parent

When children are born from a previous heterosexual relationship, the father's or mother's sexual orientation is not, in principle, a motive to withdraw parental authority. A European court of human right's judgement against Portugal, on December 21st 1999, decided that withdrawing a father's parental rights because of his sexual orientation, constituted an interference with the applicant's right to respect for his family life. The survey of different French case laws shows that, two times out of three, the child's main residence is with the heterosexual parent. If the father is gay, the mother is granted the residence three times out of four. If the mother is lesbian, the father is granted the residence almost as often as the mother.

As seen previously, when a child is born in, or adopted in the context of a same-sex couple, his/her relationship with the social parent (the one without the legal parenting status) is not protected by the law. The legal parent can establish a testamentary tutorship, asking, in case something happens, that the social parent be granted custody of the child. But the

legal grandparents can go against this testamentary tutorship.

Despite the law (March 4th 2002) which allows a parent to delegate and share his/her parental authority with a trustworthy third party, the evaluation of the context has led some magistrates to refuse the sharing of parental authority, arguing that this sharing by two same-sex persons was not in the child's best interest.

Some couples have tried to use simple adoptions in order to establish a legal relationship between a child and his/her social parent. The simple adoption allows someone to add a filiation to a kinship, but then transfers the parental rights to the adoptive parent. After the simple adoption had proceeded, the adoptive parent (law of March 2002) would share his/her newly acquired parental rights with the biological parent.

The "Cour de cassation" (final court of appeal, the highest French jurisdiction) put an end to this in February 2007 with two judgements. The first one prohibited simple adoption when the child's parents are not married, the other one prohibited the sharing of the parental authority following such an adoption.

This case law means that a person who actively took part in the parental project, who is ready to commit to a child and who, effectively, acts as a parent, is denied the status of parent. Being able to share, if a judge agrees so, is a meagre advancement: in case of death or separation, this sharing of the parental authority is null and void.

Conclusion

It is difficult, in France, to become a parent as a gay or a lesbian. Their parental competences may be acknowledged, but not enough to grant them the status of legal parents. Despite these obstacles, gay and lesbians families exist. Children raised in these families do not benefit from the same legal protection as do children from other families. In order to protect a certain idea of the family, these children may be deprived of one of their parents.

Schools OUT - The struggle for LGBT equality in education in Britain

By Paul Patrick
Co-Chair – Schools OUT!,
United Kingdom

It was a sunny day in May 1974 when a group of us decided that we needed to form what we then called the *Gay Teachers' Group*. In retrospect this was a rather brave decision as, at that time, teachers discovered to be lesbian or gay were routinely removed from their post.

Almost all of us were members of the largest of the teaching unions, the National Union of Teachers, and most were already active within it. Moving the Union was quite a lengthy task but many heterosexual colleagues supported us and the change we had been seeking eventually came about.

We then changed our name to *Lesbian & Gay Workers in Education*. At this point our focus remained firmly on the needs of adult staff and included parents and students only in so far as they impacted upon our needs.

Then things began to change. It became clear that we could not exist in a system that did not properly acknowledge other aspects of school life including, most controversially, then and now, the curriculum.

In 1983, the Greater London Council published a piece of research on the lives and experiences of young lesbians and gay men in the capital – “Something to Tell You” by Trenchard & Warren – and for the first time we were confronted with the horrific reality that our young people faced within our schools. Our focus changed again to accept that all these issues were indivisible – a school that did not support its lesbian and gay staff was not likely to support such pupils or parents, was unlikely to take homophobic bullying seriously, and was certainly not going to include the

lives and achievements of lesbian and gay people within the curriculum.

With the flourish of another name change, the philosophy of what then became *Schools OUT* was being forged!

Again we sought first to convince the unions of our approach. This time we found ourselves knocking on a door if not entirely open then at least some ways ajar.

It was about this time that the notorious Section 28 was voted into law – it legitimised homophobia, demonised those fighting against it, made teachers fearful and confused and coerced schools into ignoring the legitimate needs of their pupils.

It was this effect that blighted work on LGBT equality in our schools for years and which continues to feed the reluctance that affects the development of LGBT equality in education, not only by local and national politicians, but by some of the teaching unions and even LGBT organisations themselves.

This refusal to take the issues seriously shows itself in the almost universal decision to reduce this to “tackling homophobic bullying”, which is the only part of this work that appears to be invested with any legitimacy whatsoever.

There is much wrong with this approach and Schools OUT, almost alone, spends most of its time arguing what that may be!

To begin!

Reducing these issues to “tackling homophobic bullying” entrenches LGBT people as victims. Victimhood appears to be the only role that the establishment and

its friends are willing for us to adopt and certainly the only one they are prepared to recognise. Yet not only is this the given route of the Department for Children, Schools and Families but it is so prevalent that it is echoed by most LGBT groups working in the field.

The work we are proposing is neither rocket science or particularly costly. Much could be achieved with a few bold and inexpensive steps such as:

Return LGBT lives and achievements to all relevant aspects of the school curriculum. Why is it that I know that Lord Nelson was a heterosexual adulterer but not that Florence Nightingale was a lesbian? How is it possible to teach many of Shakespeare's plays or any of his sonnets without discussion of his sexuality? Why should the history of LGBT people's struggle for civil rights not be taught alongside the history of the Black Civil Rights Movement? Why should primary school children who perceive themselves to be different, who come from families with LGBT members, not see themselves and their families replicated in their school curriculum? Our lives and achievements are routinely censored from the curriculum's content and that needs to stop.

There are also some great initiatives working for change. Schools OUT set up LGBT History Month UK², which takes place every February to celebrate the lives and achievements of LGBT people past and present.

The “No Outsiders” project based at Sunderland University seeks to work with primary school teachers to include books with LGBT themes into the primary reading curriculum and to get all teachers to see

1 **Schools Out** has been campaigning for lesbian, gay, bisexual and trans equality in education since 1974, making them one of the oldest LGBT community groups in the country. In 2005, Schools Out launched LGBT History Month – first major project after the repeal of Section 28, to reclaim their position in the curriculum and in wider society. www.schools-out.org.uk for more information.

2 www.lgbthistorymonth.org.uk

that homophobia and gender stereotyping are taught to children from the day that they are born and the sooner there is positive intervention the better.

Stonewall has set up the very successful "Education for All"³ a coalition of organisations working for change around LGB issues in education of which Schools OUT is a proud member.

Trans organisations are beginning to join the fray from "Press for Change"⁴ and the organisation for trans children, young people and their families, "Mermaids"⁵.

It is undoubtedly true that issues of sexual orientation and gender identity are debated daily within our schools, but that debate occurs in the playground and the corridors, where prejudice and

stereotyping run free and not within the curriculum. Until that happens homophobia will remain endemic within our schools and young LGBT people will continue to be five times more likely to attempt and commit suicide than their heterosexual counterparts and whilst that is the case Schools OUT will be there to continue to work for equality for all.

3 www.stonewall.org.uk/education_for_all

4 www.pfc.org.uk

5 www.mermaids.freeuk.com

No outsiders: researching approaches to sexualities equality in primary schools

By **Alexandra Saxon**,
Deputy Head of Communications, Economic and
Social Research Council, United Kingdom

"Everyone is an insider, there are no outsiders – whatever their beliefs, whatever their colour, gender or sexuality." Desmond Tutu's insistence, in this quote from 2004, that there are no 'outsiders' provides us with the inspiration to work toward a society where his words are true. The Economic and Social Research Council-funded 'No Outsiders' research project, led by Elizabeth Atkinson and Renée DePalma at the University of Sunderland, in collaboration with colleagues at Exeter University and the Institute of Education, University of London, supports primary teachers in promoting that message within their own schools and classrooms.

Homophobic bullying which is often based on assumptions about sexual orientation is a key priority for all schools. Many children will have a connection, through family or friends, to non-heterosexual relationships and some children will come to identify themselves as lesbian, gay, bisexual or transgendered, but the life experience of all children will be profoundly affected by the ethos of their school, and this means creating a school environment where no-one is an outsider. This might involve, for example, including non-heterosexual relationships within discussions of family, friendship, self or growing up, exploring a range of identities and relationships through literacy, art, history or drama, or including a specific focus on homophobia within a class- or school-based initiative to tackle bullying.

Participants in the research are supported in developing and evaluating their own school-based projects addressing sexualities equality. Participating schools (or where participants are not in schools, Local Authorities or teacher-training institutions) receive sexualities equality training from an experienced diversity trainer and a comprehensive pack of resources, including a wide range of children's literature, for use during the course of the project.

Schools participating in the No Outsiders project are using a collection of children's books featuring non-heterosexual characters. Favourites include *And Tango Makes Three* by Justin Richardson, Peter Parnell and Henry Cole, the true story of two male penguins in Central Park zoo who bring up a penguin chick; *King and King*, by Linda de Haan and Stern Nijland, about two princes who fall in love; and *Space girl Pukes*, by Katy Watson and Vanda Carter, about a space-travelling girl with two mums who gets a tummy bug. Many of these books carry deeper messages: for example, *One Dad, Two Dads, Brown Dad, Blue Dads*, by Johnny Valentine and Melody Sarecky, takes a wry look at the strange explanations for why people are as they are, and suggests that we should just accept them as themselves.

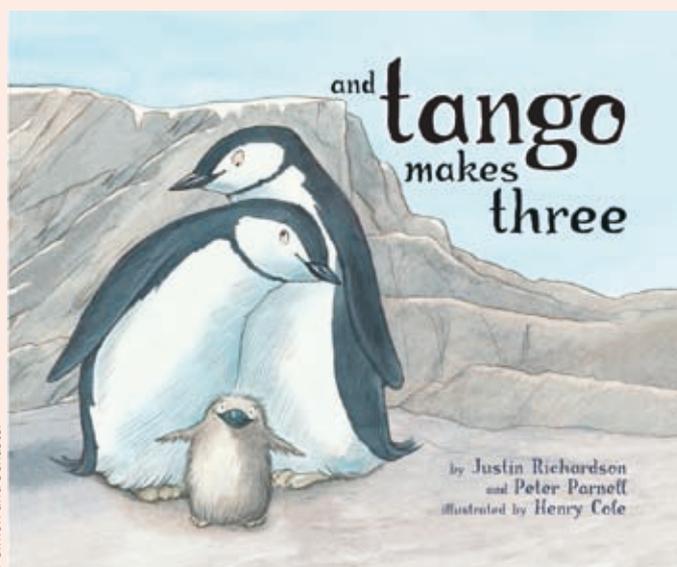


Photo: Jacket image of "And Tango Makes Three"

The books have been warmly welcomed by teachers participating in the project. In one Local Authority, the project booklist has become part of the new guidance for primary schools on challenging homophobia.

Some of the stories provide a great starting point for children's discussions. Primary aged children are often far less judgemental and accepting of difference so it seems an ideal time to introduce many different lifestyles, views and attitudes. There are children who are questioning their own sexuality and the books provide again affirming role models and a sense of not being quite as isolated as they may feel.

Mark Jennett, the project's diversity trainer, particularly likes the subtlety of the books commenting "I particularly like how *And Tango Makes Three* expresses no surprise about the nurturing instincts of the male penguins. So many books that aim to challenge stereotyping still suggest that their gentle boys or feisty girls are unusual."

For more information about the research project please see:
<http://www.nooutsiders.sunderland.ac.uk/>

LGBT Activities of IPPF EN Member Associations

Adapting to change

By *Pieter Duysburgh* and *Mark Sergeant*,
Sensoa, Belgium (IPPF EN Member Association)

The prevention initiatives aimed at men who have sex with men (MSM) organized by Sensoa¹ – the Flemish expert organisation on sexual health and HIV – went through some recent changes in order to continue to have effect on the lives of today's gay men.

New legislation in Belgium has prohibited and punished discrimination based on sexual preference, while laws regarding marriage and adoption have been altered in order to include same gender couples. This open climate, in combination with new communication technologies has resulted in a further unravelling of the gay community. One can say that today the sole fact of being gay determines ones (social) life less than it used to do.

As a result, meeting places and social groups, whether virtual or in 'real time', have become more mixed and based on common interests rather than solely on sexuality, making bars that cater exclusively to gay customers out-dated. Only venues that allow for sex on premises remain exclusively gay. These sex clubs are more popular than ever and attract a younger crowd than they used to.

In recent years, new interventions have been developed for MSM by Sensoa:

Safe Sex Zone

Flemish gay clubs, saunas and pubs have joined the Sensoa project called "Safe Sex Zone". By co-signing a charter, the owners of such establishments have accepted to promote safe sex

on their premises. This includes the distribution and display of Sensoa's posters and leaflets and if their location offers the possibility of on-site sex, the guaranteeing of access to condoms and water based lubricants.

Bend: True to life

Bend is a free glossy magazine on safe sex and relationships that features true life stories, entertaining personality tests, interviews with men of different backgrounds, etc. Basically Bend uses the method of 'role modelling', presented in an attractive packaging. Bend has proven to be both popular and effective and has become a success with the target group (gay men roughly between 20 and 40).

Mannenseks.be

Launched in May 2006, Mannenseks.be² is the gay site of Sensoa. This site evidently contains safer sex information for gay men, but embedded in advice on sex, love and life in general. The site attracts on average 350 unique visitors a day. Sensoa is in the process of examining new possibilities with online communication. A first step in this direction has been the creation of a MySpace-page for Bend magazine³. This online community is used as an extra communication channel, but also, to get more gay men personally involved with the issue of safer sex, by making it a part of their profile page.

While voluntary involvement and peer-to-peer discussions on sexual health have nearly disappeared from the 'real time'

gay life, the virtual world may offer new opportunities. Online forums, advise tools on websites and messenger services might be good places to discuss with and advise men on subjects that are too difficult to mention in face-to-face contacts.

More challenges and plans

Although a lot of work has been done to adapt prevention to the needs of today's gay men, there are still some pressing problems. More work has to be done to bring HIV into the mental scope of young gay men. Young gay men fail to see HIV as a personal threat, even though, sadly, the statistics prove differently. An extra edition Bend, "Bend+", that deals exclusively with HIV-related issues, might be a step in the right direction.

Sensoa still needs to learn more about how it is for today's gay teenagers to grow up in a society that publicly accepts homosexual lifestyles but surreptitiously continues to frown upon gay sexualities. This duality is part of the life of many gay men, adults as well, who seem to live with notions of an accepted 'day' side (gay couples who equal straight couples) and a secret 'night' side (with a sex life that may differ in acts and numbers from straight couples). These double standards stand in the way of understanding one's own sexual desires and in finding ways to turn these into safe sexual practises.

The growing popularity of kinky sex in the gay scene also raises some questions. When someone explores new territories in his sexuality, health risks are close at hand. Most men quickly learn how to mix pleasure and self-preservation, while others seem to

1 www.sensoa.be

2 www.mannenseks.be

3 www.myspace.com/bendmagazine

lose themselves in their quest for pleasure. Among these men, we find high scores of mental health problems (depression), feelings of shame, drug abuse, etc. Expanding counseling opportunities might help here.

In short, there is still loads of things to do. Our experiences in the past year have learned us to stay away from ideology and identity based messages and imagery and stay close

to the reality of everyday gay life. The challenge remains to design messages and tools that are 'real' and applicable and to put the collective expertise of gay men to use.

In 2007, a number of various researches in Belgium have been carried out following the recent legal initiatives for homosexual rights - gay and lesbian couples can marry and be eligible for adopting children in Belgium.

- A research was commissioned by the Flemish Ministry for Mobility, Social Economy and Equal Opportunities to investigate whether these recent legal changes have also led to a change in mentality among the population: *to what extent has society really become tolerant towards LGBT sexuality?*

Conducted by the Centre for Citizenship and Democracy, University of Leuven, the research report *"De houding van jongeren ten aanzien van holebi-rechten"* (The attitude of youth towards LGBT rights)¹ was issued on the attitude of young people towards LGBT rights. The report is the result of a research conducted in 2006 among 16-year old Belgian school population. The results show that, despite the many legal reforms in the past years in Belgium, prejudices towards LGBT are still widespread. This negative attitude is particularly strong among boys. Also, the stronger the religious convictions, the less accepting young people are of LGBT rights. This is the case for all religions, especially with Islamic youth.

The researchers recommended the Flemish Ministry that initiatives and campaigns to counter prejudices among Islamic boys will stand a bigger chance of success if undertaken by their own community.

- CAP-Sciences Humaines, non profit organisation associated with the University of Louvain-la-Neuve has also conducted a research entitled *"Recherche Exploratoire sur les représentations de l'homosexualité"*

*dans la Fonction Publique belge"*² under the 2007 European year of Equal Opportunities for All to investigate on homosexuality and civil servants in Belgium. This study has enabled the establishing of a barometer to assess the degree of homophobia among Belgian civil servants (their score appears to be below the level of homophobia).

- The Family Planning Association Femmes Prevoyantes Socialistes (FPS)³ also conducted a research entitled *"La Perception de l'homosexualité chez les jeunes de 13 à 21 ans"* among their young clients aged between 13 and 21 years old. The answers received from the 620 interviewed, in Brussels and in the French Speaking Community, on questions such as: *How do you see homosexuals?, Are they tolerant towards you?, Do you respond positively to an invitation from a gay person? etc.*, showed the following results:
 - *When they hear the word 'homosexuality' young people refer mostly to men, evoke insults and/or also speak of love.*
 - *Male homosexuality is 'shocking' according to 31 % of the young people interviewed; negative attitude particularly strong among boys.*
 - *3 boys out of 10 think that gays and lesbians try to influence the sexual orientation of heterosexuals.*
 - *50 % think that it is easy to be a homosexual today.*
 - *1 boy out of 4 thinks that all lesbians are masculine.*

¹ Full research report *"De houding van jongeren ten aanzien van holebi-rechten"* available at: http://www.kuleuven.be/citizenship/_data/KVB_holebi.pdf

² Results of *"Recherche Exploratoire sur les représentations de l'homosexualité dans la Fonction Publique belge"* available at: <http://www.diversiteit.be/NR/rdonlyres/0E666264-7C79-4E16-8893-C483241A9880/0/RepresentationhomoRapportfinal07.pdf>

³ *"La Perception de l'homosexualité chez les jeunes de 13 à 21 ans"* available at: <http://www.femmesprevoyantes.be/fps/CentresdePlanningFamilial/Publications/Enquetes-des-cpf/publication-enquetes.htm>

Changing perspectives

By *Lene Stavngaard*,
Sex&Samfund, Denmark (IPPF EN Member Association)

Roskilde Festival is the largest North European music festival and has existed since 1971. As in the past years the youth group of Sex&Samfund (the Danish Family Planning Association) participated last July in the festival with an event.

The objective of the event was to put focus on safe sex and sexual diversity amongst the 80.000 young people who meet there to party and listen to music. Besides handing out condoms and offering

a telephone counselling service during the festival, we had a Transformer Box where young festival guests could dress up to change gender or maybe try out a sexual fantasy. The point was to make young people reflect upon the vast differences in sexual preferences and lifestyles in a safe and fun environment and to give them the opportunity to meet the prejudices that exist around sexual diversity.



Young men were "dragged up" for one day and young women tried what it felt like to have a beard. Queers, drag kings and queens challenged the concept of gender and diversity.

LGBT in RFSU

By **Katarina Lindahl**

Senior advisor,

RFSU, Sweden (IPPF EN Member Association)

Background

1933 programme and development of RFSU?

RFSU was founded in 1933 and the very first action programme focused on human sexuality and its consequences for people lives.

Already, from the very first decade of RFSU's existence, the organisation had close links with men and women who dedicated themselves to ensure sexual rights of gays and lesbians. This collaboration and engagement of RFSU was important in the decision to decriminalise homosexuality in Sweden in 1944. In addition, during this period, RFSU received many letters from people who had questions about same-sex relationships. This was the beginning of a network that formed a basis in the launching of the Swedish gay and lesbian organisation in 1950.

Today's programmes

RFSU's current policy programme has been in place since 2003. The programme is based on three preconditions for a person's ability to experience self worth and self esteem: the freedom to choose, the freedom to be one self, and the freedom to enjoy. The freedom to choose partners and lifestyles is gender neutral. *The freedom to be one's self* incorporates the capacity to understand one's self and to live in accordance with one's own personality. Freedom to be one's self also includes the right to be another sex than the one that biology has given you. Transgender persons have severe difficulties of being taken seriously in society. *The freedom to enjoy* requires the possibility to seek new experiences and not to be judged by others.

In a world where heterosexuality sets the standard for people's way of living, persons who fall outside these norms do not have the same possibility to enjoy these

freedoms. Non-heterosexual persons' freedom to kiss the person they love in a public space, to build a family, to not build a family, to express their sexuality is clearly limited. A person's realization that he or 'she' is *not* heterosexual can give rise to anxiety and ambivalence when experiencing that he or she is not "normal". This is what RFSU wants to change.

A rights perspective

For RFSU, it is fundamental that sexual rights apply to everyone. Individuals should have the right to a satisfying and safe sex life as long as they do not harm anyone else. People should have the right to love and have sexual relations with whomever they choose, no matter what their sexual preferences are.

RFSU has the ambition to use 'sexuality' and not 'heterosexuality' as the point of entry in all our work. The rights' perspective in relation to sexual orientation and gender identity is also supported by UN documents, even if the United Nations have not yet managed to clearly spell out the issues of sexual rights and sexual orientation.

It is important for RFSU to influence all levels of the Swedish society, through advocacy work and raising of public awareness, to take forceful actions against the systematic persecution and discrimination of LGBT people. Another example of a rights-based political approach is RFSU's support in the struggle to make persecution based on sexual orientation or gender identity a legal ground for asylum in Sweden.

Political advocacy and collaboration with other NGOs

The strategy RFSU uses is intense advocacy, towards politicians at different levels, from the parliament to the local authorities. This is done e.g. through personal meetings, letters and media.



RFSU truck in Gay Pride, Stockholm

© RFSU

It is also important to support other NGOs and/or to seek collaborative partners. The association for gay, lesbian and transgender in Sweden, RFSL, is often such a partner. One example of such a collaboration and support are RFSU's activities during the Pride festival. RFSU has had a booth during the festival, conducted and attended workshops, and of course joined the March through the city. These activities have been very fruitful because of the close collaboration with RFSL. We have also had joint political activities with RFSL to advocate for a legal change of the concept of marriage. Since 1995, a form of registered partnership for same-sex couples has become legal. But to separate people by offering *registered partnership* to same-sex couples and marriage to different sex couples does not belong in a modern society.

According to RFSU, marriage in Sweden should become a gender-neutral civil registration act. It would then be up to the individuals to decide if they want the blessing of a faith based organisation. However, such a blessing would have no legal implications. At the same time, we try to influence the Church to offer their blessing to same-sex couples. We invited the archbishop of Sweden to RFSU to discuss the issue with him. In addition, members of the RFSU board who are priests or of Christian faith are involved in advocacy work within the Church. RFSU was also deeply involved in the fight to allow same-sex couples to adopt children,

to get insemination or invitro. Today these rights are legally guaranteed.

Sweden has for many years a system where the authorities send out political suggestions or a plan on referral and comments to the civil society. RFSU was involved in the creation of the SRHR policy that Sweden has for international work which also includes issues related to LGBT. This plan, together with an action plan for LGBT has a positive role in influencing the international partnership that *Sida* (Swedish development agency) has. This has been helpful and supported positive attitudes from partners as well as from Swedish embassies in other countries.

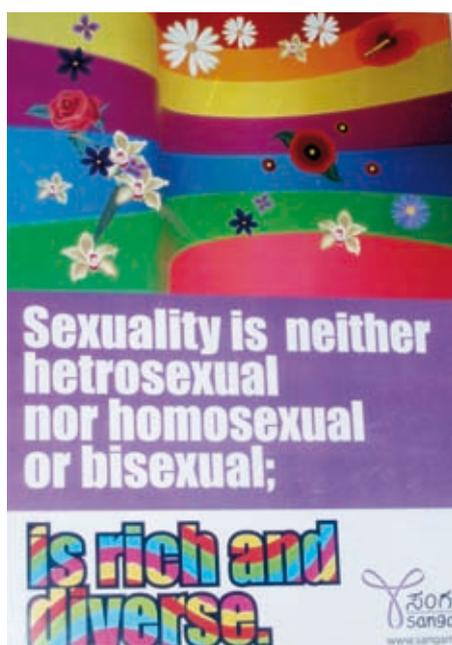
Media and civil servants are another important group to reach on issues related to LGBT.

Sexuality education

RFSU works against heteronormativity in schools and military service or in other areas where individuals come into contact with public institutions. The aim is that norms surrounding the concept of heterosexuality should not be taken for granted as “the right way to live”. This is done e.g. through the development of methodologies and material aimed to support schools and teachers in comprehensive sexuality education approaches. RFSU also has a number of excellent sexuality educators that go to schools and meet with the pupils. RFSU also uses our homepage to reach people of all ages with information and support.

Integration of LGBT in all programmes

LGBT is included in all international training courses on SRHR that RFSU is involved in. All trainers or speakers are encouraged to include the topic of LGBT in their lectures on health and rights. It can either be through a specific issue or by using a language that is inclusive. It is important not to always use heterosexual examples and to use gender-neutral terminology for example when speaking about a partner instead of a spouse.



A poster from HUMSAFAR, LGBT NGO in India

It is important to stress that the fight for LGBT rights is something different than HIV prevention work. We must not assume or indicate a link between homosexuality and the fight against HIV/AIDS. We work to prevent sexual transmitted diseases regardless of the sexual preferences of the group we meet.

The fact that people have different sexualities is also an important entry point for RFSU in international work. Staff and board members are involved in projects in China and South Africa promoting lesbian and gay rights. This year we will, together with RFSL, conduct a four weeks long training course on LGBT issues for participants from Asia. As far as we know, this training is the very first of its kind in the world. This is a result of intensive advocacy with the Foreign Ministry and Sida to focus more on sexuality in general and LGBT issues in particular within Sweden’s development cooperation. Sexual orientation is included in large scale training programmes, e.g. in India and in Sub Sahara Africa. In a project targeted towards young men, “Young Men as Equal Partners project”, sexual orientation has been an important entry point to discussions about sexuality rights from the start.

The international advocacy work often includes study visits and meetings with people in the field of SRHR. It is then important to include visits and people who are working with LGBT issues. Such meetings always give important knowledge and aspects on democracy and the possibilities to actively work with sexual and reproductive rights.

As a member of the advisory NGO group within the United Nations (Ecosoc), RFSU supports work on rights for LGBT also in the global political arena. This is done through networks with other NGOs, through advocacy work with our own and/or other governments and UN bodies.

Board and staff integration

One lesson we have learned, is that we need support, knowledge and understanding from the board and staff on these particular issues. This is a prerequisite for managing to integrate LGBT issues within our work. Every work place must create an atmosphere where people, who choose to be open about their sexuality, feel they are free to do so. RFSU is lucky to have several LGBT people working within their organisation who besides other competence also have the capacity to express and explain their own personal experiences.

Summary of strategies

- The building up of a rights perspective
- Promote political advocacy for LGBT rights related to children, marriage, health, etc.
- Work with media against discrimination
- To be inclusive in language and issues that are brought up in terms of sexual and reproductive health and rights
- Include LGBT-perspectives in sexuality education
- To define and work against heteronormative stereotypes in sexuality education
- Make it clear to everyone involved in international and national work that LGBT is a key issue
- To include LGBT in international advocacy strategies as well as training
- Have staff and board members who themselves are LGBT-persons

UICEMP and LGBT organisations in joint network for SRH

By *Antonella Scotto*,
Ufficio stampa UICEMP,
Translated by IPPF EN



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Launching of network

Genoa has become the stage of a new network on SRHR and LGBT issues promoted and coordinated by UICEMP, the Italian IPPF EN member association. This network is also made up of Arcigay and Arcilesbica, the most important organisations for gays and lesbians in Italy; Lila Genova, the Italian League for the fight against HIV/AIDS; Crisalide, an organisation specialized in transgender issues and Usciamo dal silenzio, launched in 2006 to defend law 194, the 1978 law decriminalising abortion.

Eleonora Curto, Executive Director of UICEMP contacted these organisations at the beginning of last summer in order to create a new network and provide more visibility for and ensure access to

an integrated package of services to the constituencies of all these organisations.

The new network was officially launched 6 November 2007. On this occasion, all five organisations together with UICEMP signed a memorandum of understanding, an agreement which sets the framework of the new group that will be based on the principles and values supported by IPPF. This new project is particularly relevant since this type of network composed of SRHR and LGBT defenders is not that common. And also because - despite the fact that these organisations work on similar issues and rights - they do not necessarily work together, stresses Eleonora Curto.

The new network has a common binding theme, which is 'free and conscious sexuality'. It aims to cover every area in which these organisations work, therefore provide comprehensive services and referral systems to the corresponding target groups.

What is crucial for the network is also the advocacy work to press the Italian authorities and institutions for the recognition of specific SRH and LGBT rights, such as the support for the abortion law, the legal recognition of

same-sex partnership, sexuality education in schools, etc.

The network should become the voice and interface to enable a dialogue with the institutions and authorities and to promote the rights of the groups represented.

Future activities of the network shall revolve round World Aids' Day (this will include a poster exhibition, short films by Archigay, etc.), St Valentine's Day (including live performances with important expected guests such as Theater and TV star Lella Costa); Women's Day which will include a two days conference on prostitution.

In December 2007, there are also plans for a nationwide short movie contest created by the youth group of UICEMP, with, as theme, the use of condoms as a means of prevention and protection of sexual health. The contest will last all spring of 2008 and the network will be responsible for the monitoring of every stage of the contest until the final ceremony in May 2008. This contest is the second edition of a successful initiative that was carried out in 2007 by UICEMP under the framework of the IPPF EN sexual awareness for Europe – SAFE project.

Important improvements in gay and lesbian rights in Iceland

by *FKB, Iceland (IPPF EN Member Association)*

New Laws on Confirmed Cohabitation Grant Full Legal Rights of Marriage

On the 2nd of June 2006, Icelandic parliamentarians – the ancient Althing – approved several laws aiming to improve the legal status of gays and lesbians in Iceland. Most importantly, changes to the statutes on confirmed same-sex cohabitation from 1996 now grant full rights to adoption and assisted pregnancies. Confirmed same-sex cohabitation now grants the full legal rights of marriage. Same-sex cohabitants also gain the right to register their cohabitation with

the authorities without full confirmation or marriage – a right which opposite-sex couples have enjoyed for many years already.

Samtökin '78, the national organization of lesbians and gay men in Iceland, was founded in 1978, at a time when prejudice and discrimination forced many gays and lesbians to immigrate abroad. The success of the new organization was nothing short of remarkable. In just a few years, it managed to set up an extensive dialogue; the media came out in support of gay rights and fighting prejudice became a family issue among the Icelanders where family

connections are still strong in a population of only 300,000. The first milestone victory on the legal front came in 1996 with the new laws on confirmed cohabitation, but even so, gays and lesbians were still prevented from adopting or seeking assisted pregnancies in Iceland's free public hospitals.

Adoption and Assisted Pregnancies

Further amendments in 2000 permitted stepchild-adoption for those in confirmed cohabitation, a move intended to strengthen the legal rights of such children. These restrictions have now been removed

altogether, granting full and free adoption rights to same-sex couples in confirmed cohabitation. Furthermore, lesbian couples in confirmed cohabitation have the right to assisted pregnancies within the public health system. Also, under the new law, couples who do not want to take the full step to confirm cohabitation can now nonetheless register cohabitation with the authorities as opposite-sex couple have done for years – an important step in Iceland as it involves the right to seek common taxation. As far as family law is concerned, all discrimination against gays and lesbians has now been removed in Iceland.

Struggling with the Church of Iceland

In Iceland, both civil officials and ministers of churches and religious movements have the authority to join people in legal marriage, as is also the case in

other Nordic countries. However, only civil officials can legally confirm the cohabitation of same-sex couples. Gays now seek legislation to change this but Parliament could not agree, mostly because of opposition from the Lutheran state church which is itself divided on the issue. This does not in any way limit the legal rights of same-sex couples but the right to have their union confirmed by their church is important to many. The struggle will not end until churches and religious groups have the authority to join gay and lesbian couples, blessing their union and granting full legal rights at the same time.

The Successful Fight for Gay and Lesbian Rights in Iceland

In only thirty years, attitudes to gays and lesbians have totally changed in Iceland. International polls now show that more

people in Iceland support gays and lesbian rights than in other countries, except for Sweden and the Netherlands. Gay bashing is a thing of the past, the children of gays and lesbians enjoy full social security and workplace harassment has become rare. On the second weekend of August, each year, gays and lesbians take to the streets in Reykjavik for the Gay Pride; parade which draws some 60,000 people, a full third of the entire population of the Icelandic capital showing their support for human rights and equality for all.

Considering improvements of gay and lesbian rights in Iceland, *Fræðslusamtök um kynlíf og barneignir* (FKB), the Icelandic MA and Samtökin 78 have been working closer together in recent years. The association's aim is to work further together on issues concerning education and information on various issues concerning homosexuality.

“Magen” programme: To promote SRHR among adolescents in Israel - an innovative approach

By *Ilana Ziegler, IFPA, Israel (IPPF
EN Member Association)*

It isn't easy being an adolescent nowadays. But life smiles even less upon young people who identify as LGBT - lesbian/gay/bi-sexual/transgender. These kids seem to fall between the cracks. And when it comes to their sexual and reproductive health, and rights, like the rest of the world's countries, we have a long way to go.

LGBT people feature a rate of sexual and physical victimization that is higher than that of other teenagers. One result is risky behavior such as the high rate of substance abuse, delinquency and crime, prostitution, and risky (unprotected) sexual behavior.

The Israel Family Planning Association (IFPA) has launched an ambitious programme called “Project Magen”, to address the needs of adolescents while emphasizing values of tolerance, acceptance and respect. “Magen”

which is the Hebrew word for “Shield” or “Protector”, earmarks outstanding educators, and trains them for teaching sexuality education classes to meet the needs of their adolescent pupils. The training emphasizes the values of tolerance, acceptance and respect.

The IFPA is carrying out this project in partnership with the Levinsky Clinic for Prevention of Sexual Diseases run by the Ministry of Health; Hoshen – the NGO of Homosexuals, Lesbians and transgenders; the Israel AIDS Task Force; and the Committee for Victims of Sexual Violence.

Although the picture in Israel for LGBT youth is comparatively bright, the IFPA has made it part of its mission to empower the LGTB community, as well as people living with disabilities, women, and adolescent girls at risk, for the acquiring of knowledge necessary for

their preserving of sexual health, establishing healthy relationships, and detecting the “red lights” which can signal danger of sexual victimization. We have just started out, but there still remains much work to be done.

LGBT is the most sensitive topic in the Arab society. In the course of our training programme for professionals, we invest special effort in bringing across this subject (LGBT), using special methods which we develop on an ongoing basis.

Recently, we have witnessed positive developments in the area of LGBT youth in Israel, in both the legal and the educational systems. The Minister of Education has put the subject of proper attitudes to different people into the Ministry's school curricula. Recent rulings by Israel's courts also promote equality of LGBT people.

Answering the needs of the LGBT community in Luxembourg - a historical and current perspective from the Family Planning Movement MFLPES

By *Catherine Chéry, MFLPES, Luxembourg (IPPF EN Member Association)*

A little history:

The gay community became first organized in the 1970s to fight the then widely prevalent homophobia. Following these gay liberation movements which spread in many western countries, the LGBT community began in the 1980s to focus more on rights, social recognition and integration.

As long as the memory of the MFLPES stretches back, the association has always been committed to the recognition and defense of the rights and needs of the LGBT community by providing counseling and supporting individuals in their 'coming out' process and speaking out for their recognition and their rights in the media. MFLPES was a frontrunner in the mid 80s in terms of offering a free and anonymous HIV screening service. MFLPES volunteers reached out into the community by visiting bars and meeting places.

Since then, the LGBT community has come a long way. In 1988, the association « AidsBerodung » was created with the primary objective to fight the spread of the HIV virus by organizing prevention campaigns for different at risk groups including the homosexual community. This association was directly funded by the Luxembourg government. In 1998, another association « Dropln » also funded by the State, opened to the public focusing on the social, psychological and medical needs of sex workers, drug addicts and transgenders in particular.

Moreover, probably under pressure from European directives obliging member states to define action plans addressing all kinds of discrimination, the Ministry of Family and Integration agreed to finance a lesbian and gay information resource center in 2002, called « Centre d'Information Gay et Lesbien – CIGALE ». Currently, this center has become the main focal point for information and counseling for the whole of the LGBT community including advocacy for gay issues and promoting rights at a political level.

Today

Although the needs of the LGBT community are taken care of by specific associations, MFLPES continues to collaborate on a strong and regular basis with the above mentioned organizations.

Recently in 2006, MFLPES brainstormed on what it had achieved in its past 40 years and what should be its future challenges. After having gone through this crucial but necessary midlife exercise, the association decided to renew its « corporate identity ».

The association's first logo drew special reference to the two biological reproductive entities in a couple, or family symbolized by the merged male and female symbol. The association preferred to promote a more balanced and even relationship among persons, whatever the sexual orientation. What's more, MFLPES' new logo goes well beyond the biological and medical health aspects and also incorporates mental health and social well-being services MFLPES offers. This vision is much more in line with the contemporary notion of health.

When we created our website www.planningfamilial.lu, available to promote our new "corporate identity", we wanted to include the flag of the LGBT community on the home page. In a way, our web site continues the tradition of our movement to be an entry portal for the LGBT community, much like the entry doors of our centers in the past.

We think the change we made, was a strong advocacy signal to promote gender equity and fight against all forms of discrimination.

At the same time of the launch of our website and corporate identity, we commissioned a series of freely available badges, two of which addressed LGBT issues as well as minorities and vulnerable population in general.

Since 2007, our organization has been invited to participate in the National Committee for the AIDS Surveillance and actively contributes in a number of projects within its five year Action Plan starting in 2006. One project in particular also targets a section of the LGBT community by implementing a mobile intervention unit offering counseling, psychological help, medical assistance and screening in populations which are difficult to reach otherwise.

On a day-to-day basis

Our organization remains very sensitive to the needs of the LGBT community as far as our own services are concerned. We have LGBT clients



Photo: original and new logo

who seek counseling or psychological help, sometimes for problems related to 'coming out', but most often in connection with problems in their relationship, much like our other clients. Occasionally, the issue is more complicated, in particular for transgender requests for which we refer to medical specialists while continuing to offer a follow-up, in collaboration, if so desired.

At the medical level, lesbians consult our gynecologists normally and they have no particular special health needs unless they plan to have a child. In Luxembourg, artificial insemination is illegal in such a context, as are adoption by unmarried couples and homosexual marriage. Our team tries to answer their requests and if needed refer them to medically assisted procreation centers abroad. We have an infectious disease consultant on a weekly basis for gay clients including screening for sexually transmitted infections and referral to specialist units if necessary.

Moreover, we routinely offer sexuality education lessons in secondary schools where questions and issues on sexual orientation are often discussed.

And for the future...

More than anything, we are open to the needs of our clients from the LGBT community, as we listen to all our clients. In a way, by making no difference, we respect their wish for social integration as any other group. On the other hand, we do become proactive and militant when the respect for human rights is at stake. For example, we firmly believe that the United Nations should apply the universal declaration of human rights to the LGBT community and that all countries should stop marginalizing or criminalizing homosexuality. Finally, we will give our full support to the LGBT community in their quest to fight for the right to marry and adopt children.

Resources:

International and national bodies

The Yogyakarta Principles: <http://www.yogyakartaprinciples.org/index.html>

European Parliament's Intergroup on Gay and Lesbian Rights: <http://lgbt-ep.eu/news.php>

Berlin's Senate Department for Integration, Labour and Social Services, Anti-Discrimination Office, Office for Lesbian and Gay Issues, Germany: www.berlin.de/lb/ads/gglw (in German)

LGBT Organizations

The International Gay and Lesbian Association (ILGA): <http://www.ilga.org/index.asp>

ILGA-Europe: <http://www.ilga-europe.org/>

International Gay, Lesbian, Bisexual, Transgender and Queer Youth and Student Organization (IGLYO): <http://www.iglyo.com/content/index.html>

Transgender Organizations

TransGender Europe: <http://tgeu.net/>

Press for Change, campaigning for respect and equality for ALL trans people, UK: <http://www.pfc.org.uk/>

Family Support Group for Children and Teenagers with Gender Identity Issues, UK: <http://www.mermaids.freeuk.com/>

Health-oriented LGBT organizations

UK LGBT Health Summit: <http://www.lgbthealth.co.uk/>

Health with Pride, UK: <http://www.healthwithpride.com/index.htm>

Education

Education for All, a joint campaign developed by Stonewall and LGBT Youth Scotland, UK: <http://www.stonewall.org.uk/education>

Schools OUT, UK: <http://www.schools-out.org.uk/>

Lesbian Gay Bi-Sexual Trans History Month, UK: <http://lgbthistorymonth.org.uk/>

No Outsiders: Researching Approaches to Sexualities Equality in Primary Schools, UK: <http://www.nooutsiders.sunderland.ac.uk/>

Parenting

Parenting/ Issues/ Europe/ILGA-Europe: <http://www.ilga-europe.org/europe/issues/parenting>

Association des Parents Gays et Lesbiens (APGL), France: <http://www.apgl.asso.fr/>

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1. Michael Cashman
2. London Pride/© The Consortium of LGBT Voluntary and Community Organisations
3. Lesbian parents with child/© Agnès Rastoin
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Published in November 2007 by
IPPF European Network

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Registered in Belgium as an international NGO N° 470439013
UK charity No 229476

Printed according to FSC Accredited Forest Stewardship Standards.