



Sexual Orientation

January 2011

FPA defines sexual health as *the capacity to enjoy and express sexuality without exploitation, oppression, or physical or emotional harm*. Sexual orientation is key not only to sexual health and sexual expression, but also to an individual's overall health and wellbeing. FPA believes that everyone is entitled to have their sexual orientation accepted. There is also a corresponding responsibility, individually and collectively, to ensure that sexual behaviour does not result in exploitation, oppression or physical or emotional harm.

1. FPA believes that sexual orientation can take many forms and be expressed in a number of different ways, including gay, lesbian, bisexual and heterosexual relationships.
2. FPA believes that everyone should be entitled to the same status and legal rights, whatever their sexual orientation. There is a particular need for positive action to tackle the discrimination experienced by lesbian, gay, bisexual and transgender people.
3. FPA believes that sex and relationships education (SRE) should include a comprehensive exploration of sexual orientation, and help people of all ages to develop the knowledge, skills and attitudes to enable them to negotiate fulfilling and successful relationships.
4. FPA believes that an understanding of the impact of sexual orientation and gender on people's sexual and social identity and behaviour should underpin the commissioning and provision of sexual health services.
5. FPA believes that staff providing sexual health services should have training on issues of sexual orientation to ensure that they respect the confidentiality of individuals and are able to provide comprehensive and relevant information to all.
6. FPA believes that heterosexism, which can be perpetuated through social and cultural norms, can lead to homophobia and discrimination. This in turn can have a damaging impact on the self-esteem, sexual identity and health of lesbian, gay, bisexual and transgender people.

Although many people are aware of the sexual dimensions of their personality from an early age, they do not always acknowledge and/or express these openly. Stereotypes relating both to gender and to sexual orientation can make it difficult for people to express their feelings, emotions and desires openly. Rigid concepts

of masculinity and femininity can have negative effects on the development of people's sexual identity and their sexual behaviour.

High quality sex and relationships education (SRE) is key to people's understanding and acceptance of sexual orientation and, by challenging negative stereotypes, can help to support the needs of all pupils positively. All SRE teaching should include discussion of same sex as well as heterosexual relationships and should support the needs of all young people, regardless of their sexual orientation. Parents, teachers, school governors and youth workers should be supported with materials and training to enable them to address all expressions of sexuality with confidence. Sexual health services and organisations also need to work constructively with the media and others to challenge stereotypes and develop a wider understanding of sexual orientation and the different ways in which it can be expressed.

There is a particular need for positive action to tackle the discrimination experienced by lesbian, gay, bisexual and transgender people. The motivations behind an individual's decision to 'come out' as gay or lesbian, and adopt a lifestyle that corresponds to their sexual orientation, are diverse and complex. A common restraining factor is often the fear of prejudice and intolerance from family, peers and society. Heterosexuality is consciously and unconsciously promoted by many agencies, organisations and the media. This 'heterosexism'¹ may exclude and downgrade people who do not identify with the sexual label. This is exacerbated by negative stereotyping of gay men and lesbians which fosters prejudice and homophobia. Paradoxically lesbian, gay, bisexual and transgender people say that they often feel 'invisible' as sexual beings or that they are considered only in relation to their sexual identity.

Gay men and lesbians are routinely subjected to both verbal and physical homophobic abuse. A 2008 survey commissioned by Stonewall found that one in five lesbian and gay people in Britain had been a victim of one or more homophobic hate crimes or incidents in the previous three years; three in four of these people did not report these incidents to the police². The psychological impact of persistent abuse can lead to negative outcomes such as poor physical health, low self-esteem and mental distress.

Many lesbian, gay, bisexual and transgender people feel excluded from mainstream health services and unable to access information which is tailored to their specific needs,³ such as screening for STIs, cervical cancer and HIV and sexual counselling. Whilst the contribution of the voluntary sector has helped to achieve a vast improvement in the range of services for lesbian, gay, bisexual and transgender people in urban areas, those who live in more remote areas and who are more isolated from the lesbian and gay community are often denied adequate information and advice.

The attitudes of staff working in sexual health services are intrinsic to fostering good sexual health. Many lesbian, gay, bisexual and transgender people do not reveal their sexual orientation to their GP through fear of homophobia and/or breach of confidentiality⁴. Too often staff are afraid to broach the topic of sex with lesbian, gay, bisexual and transgender people, which points to a need for enhanced education and training of all professionals working in sexual health. Providing information and services for lesbian, gay, bisexual and transgender people is not about 'special treatment', but about understanding and recognising individual needs, to enable everyone to access the same high standard of care.

It is clear that there are a number of barriers to be overcome to ensure that all people are able to express themselves freely and access services which respect their sexual orientation, particularly for lesbian, gay, bisexual and transgender people. However, FPA welcomes recent legislative steps which have moved towards a more explicit recognition of equality among people of all sexual orientations⁵. FPA supports these developments, and believes that they should be seen as the beginning of a process to ensure equality for all in all areas of life, regardless of sexual orientation.

Further information

Wilton T, *Sexualities in health and social care: a textbook* (Buckingham: Open University Press, 2000)

Warwick I et al, 'Playing it Safe: Addressing the emotional and physical health needs of lesbian and gay pupils in the UK', *Journal of Adolescence*, vol 24, no 1 (February 2001), 129-140

¹ Wilton T, *Sexualities in health and social care: a textbook* (Buckingham: Open University Press, 2000)

² Dick S, *Homophobic Hate Crime: The Gay British Crime Survey, 2008* (London: Stonewall, 2008)

³ Fitzpatrick R et al, 'Perceptions of General Practice among Homosexual Men', *British Journal of General Practice*, vol 44, no 379 (February 1994) 80-82 and Carr S V et al, 'A community-based lesbian health service – clinically justified or just politically correct?' *British Journal of Family Planning*, vol 25, no 3 (October 1999) 93-95

⁴ *Ibid*

⁵ These developments include: the repeal of Section 28 (in Scotland in 2000, and in England and Wales in 2003); the Adoption and Children Act 2002 and the Adoption and Children (Scotland) Act 2007 which allow same sex and unmarried couples to adopt in England and Wales and Scotland respectively; new workplace anti-discrimination laws which make it unlawful to discriminate against workers because of their sexual orientation (introduced in 2003 in England, Wales and Scotland, with separate regulations introduced in Northern Ireland in 2006); the Gender Recognition Act 2004, which enables transsexuals in the UK to gain legal recognition of their acquired gender; and the Civil Partnership Act 2004, which allows same sex couples in the UK to register their partnership, thereby gaining partnership rights including property and pension rights.