Women's Health consultation – LGB Alliance
12 June 2021

LGB Alliance is a registered charity representing lesbians, gay men and bisexuals. Consequently, in the context of this consultation, on the government's Women's Health Strategy, LGB Alliance focuses on the experience of lesbians in relation to healthcare in the UK.

INTRODUCTION – the problem of the grouping of "LGBT"

1. Health is probably the only area where it may be a matter of life and death to correctly identify a person's sex (NB *sex* must not be conflated with the nebulous term *gender*)
2. It is deeply unhelpful – and possibly dangerous – to refer to a person's "gender" or "gender identity" in diagnosis or treatment, except in specific reference to the condition known as "gender dysphoria".
3. Therefore, the grouping of people as LGBT is meaningless and irresponsible in almost all medical contexts.
4. "LGB" means lesbian, gay or bisexual: people whose sexual orientation is towards people of the same sex, or in the case of bisexuals to those of both sexes. It should be noted that Stonewall takes a different view. It refers to "same-gender" rather than "same-sex" sexual orientation – a designation that LGB Alliance firmly rejects.
5. As far as "T" is concerned, Stonewall's glossary (https://www.stonewall.org.uk/help-advice/faqs-and-glossary/glossary-terms) makes it clear that this term is very wide-ranging:

    a. *Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.*

6. LGB Alliance represents lesbians, gays and bisexuals who take the position that sexual orientation is entirely different from "gender identity". Many lesbians do not feel that this identity has anything in common with their particular experience. Lesbians are women (adult human females) who are attracted to other women. The word cannot accurately describe any male who "identifies" as a lesbian. (Despite this, many biological males not only describe themselves as lesbians on dating sites etc. but also call women "transphobic" or "genital fetishists" for refusing to regard them as potential sexual partners).
7. The 2018 GEO LGBT Action Plan (mentioned below in para 1.1) links sexual orientation and gender identity throughout its report. Since these issues are quite distinct – and indeed in some areas diametrically opposed – the entire report was valueless and somewhat insulting to LGB people. The focus throughout the report was on gender identity and special care for trans people – with no similar provision suggested for lesbians.
8. While a National Adviser sounded promising, it was not.

    a. "*We will appoint a National Adviser* to provide leadership on reducing the health inequalities that LGBT people face, and we will seek to establish a more modern care model for adult gender identity services in England". Page 4 LGBT Action Plan

9. The appointed National Adviser, Dr Michael Brady, is not an impartial medical specialist but a vocal gender identity activist with views many lesbians find regressive and deeply misogynist. He is certainly not able to represent the views of lesbians.

MAIN SUBMISSION

1. Women's voices

1.1 Lesbians are not adequately represented or heard. Virtually all surveys that are conducted by "LGBT" organisations conflate lesbians with a range of different groups: not just gay men and bisexuals but also everyone deemed to fall within the "trans umbrella" (the diverse categories listed above as well as persons who have medical conditions known as variations of sexual development ("intersex")). The Government Equalities Office's LGBT survey of July 2018 is a typical example and fails to disaggregate responses. In addition, it was promoted by Pride and online LGBT groups, which means that lesbians were unlikely to be well represented. Page 17 of the Survey's summary report states that most LGBT respondents were dissatisfied with healthcare provision. Even when "lesbian/gay" is distinguished from the other categories, it is concerning that there is no explicit differentiation of lesbians, whose concerns are entirely different from those of gay men.

1.2 A further problem is the general assumption of heterosexuality by health professionals when women present for consultation and treatment. Many people find hospital appointments or even GP appointments intimidating, and lesbians may feel unable to correct the healthcare professional who refers to a partner as "he". This matters for a great deal of healthcare, not only to avoid unnecessary advice about contraception etc but, for example, to ensure that the notion that sexually transmitted diseases are only a factor for heterosexual women is dispelled. If the woman assumes that the advice being given doesn't apply to her as a lesbian, and she has not been asked about the sex of her sexual partners, it is impossible for correct information to be imparted. The clinician may misunderstand presenting symptoms if working on the assumption of heterosexual sexual activity.

1.3 Lesbians will also be affected by the current attempts to erase the word "woman" in health promotion. Campaigns advising "cervix-havers" to undergo smear tests will not reach women (especially those for whom English is their second language) who are unfamiliar with the term *cervix*[1]. Many healthcare charities and even parts of the NHS are choosing to use terms that never mention the word "woman". This means many lesbians, along with other women, will miss out on information and screening.

1.4 Including lesbians within the "LGBT" grouping creates considerable difficulties when it comes to mental health. The NHS mental health advice that is supposedly intended for lesbians is directed at everyone who belongs to the ever-expanding "LGBTQIA+"[2] section of society. All the links on mental health focus on trans issues. This means that a young lesbian who is struggling with psychological difficulties relating to her sexual orientation may be unable to find help that does not focus solely on the possibility that her mental distress might be a result of her "really" being trans.

1.5 The person who supposedly represents lesbians' concerns in the NHS is the LGBT health advisor – a man. Again, all the information provided points to trans-promoting organisations.[3]

1.6 A brief internet search turned up only one leaflet that is specifically promoted for lesbians and bisexual women.[4] While this is not a bad leaflet, it was concerning to see that the hospital advertises itself as a Stonewall Diversity Champion. Why is this concerning? It means that it is likely that "lesbian" is understood as someone with "same-gender" rather than "same-sex" sexual orientation.

[1] 'Smear test campaign drops the word 'woman' to avoid transgender offence', Times, 15 June 2018
[2] 'Mental health support if you're lesbian, gay, bisexual or trans (LGBTQ+)'
[3] https://www.england.nhs.uk/about/equality/lgbt-health/
[4] https://www.guysandstthomas.nhs.uk/resources/patient-information/all-patients/lesbian-and-bisexual-womens-health.pdf

Several of the other organisations to which lesbians are referred are for LGBT and some are explicitly Stonewall-connected, so there is liable to be a lack of explicit and specific lesbian services.

1.7 We note that the guidance for this consultation refers to taboos and stigmas related to *gender*. It is unclear here, and indeed it is unclear everywhere, what *gender* means. The conflation of *sex* and *gender* causes confusion in many fields, including healthcare. Worse still is the deliberate omission of *sex* in favour of "gender identity". In March 2021 a change was made to the information standard for mental health services. It states that from October 2021, "gender identity" must be recorded, with an additional question on whether this is the same as at birth.[5] The notion that children are born with a "gender identity" is a minority, not to say niche, view. If sex-specific data is not collated, there is no way to identify explicit issues for lesbians. Lesbian voices, including those of lesbians experiencing psychological distress, are apparently not regarded as a group requiring explicit understanding.

2. Information and education on women's health

2.1 There is very poor provision of information explicitly to lesbians, given the overly inclusive LGBTQIA+ grouping. In effect, this means that lesbians do not receive necessary information.

2.2 What NHS information there is, for example in the sheet "Sexual health for lesbian and bisexual women",[6] has a focus entirely on "safer sex" – the use of dental dams, latex gloves, sex toys etc. There is a parallel information sheet for gay men, but no sheet entitled e.g. "Sexual health for heterosexual women". This appears to imply that lesbian sexuality is dangerous in a way that heterosexuality is not.

2.3 LGBT organisations routinely fail to consider lesbians as a specific category. Take the LGBT Foundation's page of downloadable "sex guides",[7] for instance. It includes a guide for vaginal sex with the following blurb: "Woman, man, non-binary, cis gender, trans? Whether you've had any surgery or not, this guide is for you and your vagina." Men do not have vaginas. Transwomen do not have vaginas, only a facsimile of one that does not function in the same way at all. Many lesbians reject the term *cis* and find it offensive.

2.4 There has been a surge in the number of referrals of teenage girls to Gender Identity Services over the last decade – an increase of 4400%. It is of vital importance that this increase in numbers is understood, and we welcome the appointment of Hilary Cass to lead "The independent review into NHS care for children & young people questioning their gender identity or experiencing gender incongruence". https://t.co/ManEzIWRxO?amp=1 We will be giving evidence to the inquiry – and we understand that Hilary Cass wants to speak to a range of people – including "happy lesbians". We will be pleased to help her with that, as there are so few examples of lesbians leading fulfilled and happy lives in the public sphere and that needs to change.

2.5 There is currently a complete lack of information and education provided by health services which could change the picture significantly. If NHS education were to return to a position of neutrality, materials could provide invaluable information to children and young people grappling with issues relating to sexuality and "gender identity". For example, it would be useful to reassure girls and young women that being a lesbian is not something to be feared. It is clear that growing numbers of young lesbians are "identifying" as "non-binary" or "trans". In this sense the category "lesbians" is disappearing from schools and universities. Clinicians and detransitioners report that

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[5] https://fairplayforwomen.com/mental-health-services-must-drop-sex-and-start-recording-gender-identity/

[6] https://www.nhs.uk/live-well/sexual-health/sexual-health-for-lesbian-and-bisexual-women/

[7] https://lgbt.foundation/sexguides

lesbians are seen as the bottom of the social heap – how much cooler to be non-binary or trans? The NHS could help alter this perception through balanced factual education.

2.6 In order to become an impartial and fact-based source of information and education, we believe all government health services should review their ties to Stonewall – as recently recommended by Secretary of State Liz Truss. Kate Grimes, who has worked in NHS management for 27 years including 10 as a hospital CEO, spells out in this article why working with Stonewall is no longer compatible with NHS values - https://www.hsj.co.uk/workforce/working-with-stonewall-is-no-longer-compatible-with-nhs-values/7030259.article

3. Women's health across the life course

3.1 The minimal provision of good information and treatment around issues such as menstruation, pregnancy, childbirth, and menopause are based on an assumption of heterosexuality. The failure to consider these life events from a lesbian perspective may mean that this group does not adequately receive the key information.

3.2 A combination of sexism and prejudice against lesbians, in parts of the medical profession, can lead in some cases to lesbians being refused treatment, on such ridiculous grounds as their not having a male partner in need of sexual satisfaction. (Anecdotal but verified)

3.3 Issues around heavy menstrual bleeding, endometriosis, fibroids, pregnancy, childbirth, perimenopause, menopause etc, which affect all women, do of course affect lesbians, but sometimes they are treated less sympathetically than in the case of heterosexual women.

3.4 A challenging time of life for many of us is puberty. It has always been a time of confusion and experimentation. In recent years it has been made even more complicated, as children are commonly taught in Relationships and Sex Education at school that everyone has a "gender identity" and that this may sometimes differ from their biological sex. This is despite DfE guidance that such education must be fact based. The biggest challenge is for children who do not conform to gender stereotypes. It is time for health services to encourage girls and young women to be whatever they want to be regardless of old-fashioned expectations.

3.5 The Keira Bell case highlighted the lack of data and controls in place at the Gender Identity Development Services (GIDS) clinic at the Tavistock and Portman Trust. The judgement was shocking as it illustrated just how many decisions were made without the necessary evidence to back it up. In effect, the NHS has conducted what has been described by one Oxford academic as an "unregulated live experiment on children". https://www.oxfordsu.org/news/article/oxfordstudent/Oxford-Professor-Describes-Use-Of-Hormone-Blockers-On-Transgender-Children-As-An-Unregulated-Live-E/
We know that the vast majority of girls seeking gender reassignment are lesbians:
https://www.cambridge.org/core/services/aop-cambridge-core/content/view/76A3DC54F3BD91E8D631B93397698B1A/S205646942000073Xa.pdf/div-class-title-sex-gender-and-gender-identity-a-re-evaluation-of-the-evidence-div.pdf
This may be the biggest medical scandal since Thalidomide and the consequences are yet to be fully understood. In the meantime, the Hilary Cass inquiry is a welcome step. However, we urge the NHS to invest in a holistic service for the growing number of detransitioners – most of whom are women – whose lives have been seriously damaged by the leadership at the Tavistock and Portman.

4. Women's health in the workplace

4.1 Prejudice against lesbians, or lesbophobia, can result in harassment, discrimination, and general unpleasantness, leading to an impact on the mental well-being of lesbians in the workplace. There is evidence that lesbians are discriminated against at work,[8] and it is perhaps unsurprising that many conceal their sexual orientation at work. The impact on mental health can be considerable.

4.2 Negative stereotyping of gender non-conforming women can lead to perceptions of aggression, when female workers are merely being assertive in ways that are deemed entirely acceptable in male workers. Such perceptions can lead to lesbians being passed over for promotion or taken less seriously when contributing to team meetings. All women suffer from these attitudes, but lesbians are more frequently disregarded.

5. Research, evidence and data

5.1 It is very difficult to perceive any specific research data concerning lesbians when the reference is to LGBTQIA+. Failure to disaggregate data concerning lesbians results in a lack of useful evidence to inform any strategy.

5.2 As noted at 1.7, new guidance for mental health data collection asserts that the "gender identity" of patients – rather than their sex – should henceforth be the main characteristic to be recorded.[9] This would have a highly negative impact on provision for lesbians, given that so many trans-identified males "identify" as lesbians.

6. Impact of COVID-19 on women's health

6.1 Lesbians, in common with other women, who are pregnant, postpartum, miscarrying or experiencing intimate partner violence, have been at especially high risk for developing mental health problems during the pandemic, as identified by the EU Parliament[10] and the Women and Equalities Select Committee.[11]

6.2 Many impacts on women have been identified in the publications cited above and elsewhere. COVID-19 has taken a particularly heavy toll on care workers, who are most exposed to the virus. 76% of care workers are women.[12]

GENERAL POINTS

All issues affecting women's health will of course affect lesbians. We have aimed in this submission to focus on the concerning absence of specific healthcare provision and advice for lesbians. It must be borne in mind that lesbians will experience many health concerns in slightly different ways from heterosexual women. All aspects of the strategy should therefore take the specific impact on lesbians into account.

ACTION NEEDED

1. Disaggregate data in all surveys so that lesbians' needs may be better understood
2. Recognise that lesbian health has nothing to do with "gender identity" services

[8] https://www.independent.co.uk/news/uk/home-news/two-thirds-of-lesbian-and-bisexual-women-experience-discrimination-at-work-research-finds-a7144376.html

[9] https://fairplayforwomen.com/mental-health-services-must-drop-sex-and-start-recording-gender-identity/

[10] https://www.europarl.europa.eu/news/en/headlines/society/20210225STO98702/understanding-the-impact-of-covid-19-on-women-infographics

[11] https://publications.parliament.uk/pa/cm5801/cmselect/cmwomeq/385/385.pdf

[12] https://eige.europa.eu/covid-19-and-gender-equality/essential-workers

3. Invest in a service for detransitioners. LGB Alliance (in conjunction with senior clinicians specialising in this area) has written to the Minister of State for Mental Health, Suicide Prevention and Patient Safety, Nadine Dorries, and would be happy to meet up
4. Appoint a National Adviser for health matters of LGB people
5. Provide information for girls and young women to reinforce the fact that being a lesbian is perfectly acceptable
6. Review any existing relationships with Stonewall as recommended by Secretary of State Liz Truss
7. Ensure that all medical and health-related pamphlets and other documents differentiate between "sex" (male or female) and the nebulous concepts of gender or "gender identity".