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1. Introduction

IGLYO strives for a world where we, young people, in all our diversity are able to express and define our own sexual orientations, gender identities and gender expressions without fear of judgment, violence or hatred, so that we are able to participate without limitation in our lives, communities and societies without barriers and can rise to our full potential, enjoy respect, celebrate diversity and positive recognition.

IGLYO advocates for inclusive, accessible and appropriate healthcare for all LGBTQI young people. The World Health Organization defines health as: *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".*[1] Following this definition, IGLYO holds that the health needs of LGBTQI young people are not adequately met and that improvements within health care are necessary.

This is the first time that IGLYO has developed a position paper on the topic of health. The paper aims to outline the key health issues, risks and concerns for LGBTQI young people, the barriers to accessing appropriate health care and to make recommendations for healthcare professionals, education institutions and civil society organisations working towards equality for LGBTQI people. We also hope that this position paper will serve as a useful tool for our member organisations and friends in their efforts to advocate for equal and inclusive healthcare for all young people, no matter their sexual orientation and/or gender identity and gender expression.

2. Background to IGLYO's work on Health

In 1984 when IGLYO was founded, homosexuality in Europe was still treated as a disease. Transgender and intersex issues were mentioned rarely and only in a context of pathology.

One of the first key projects undertaken by IGLYO in relation to heath was a study session on HIV and AIDS that took place in Strasbourg in 1991. Another study session was then held in 1995, focusing on coming out, its psychological effects, and counseling. In 1998 a conference on health was held in the Netherlands.

In 2006, in cooperation with ILGA-Europe, IGLYO published a report called "Social Exclusion of LGBTQI young people in Europe" and held a hearing on this matter in the European Parliament. During the same year IGLYO ran a conference in Riga titled *Beyond Coming Out: Discussing Mental Health Issues among LGBTQI Youth and Communities*. Following this event, health was established as a core focus area of the organization and included within IGLYO's strategic planning.

In 2009 'IGLYO on Health" was published and contained information about HIV/AIDS, the situation of young LGBTQI people in the healthcare system in France and Europe, practical information for women having sex with women and a chapter on advocating for LGBTQI inclusiveness in healthcare. Soon after this IGLYO gained a permanent seat in the committee of the HIV Young Leaders Fund and attended the World AIDS conference in Vienna in summer 2010.

IGLYO also released an "IGLYO on Trans" publication, which focused strongly on the health of young trans people; the publication was one of the outcomes of the *T-Time Conference* that took place in Kiev in 2010. A study session on young people's access to the healthcare system took place in Strasbourg later that year which led to the creation of IGLYO's Health Working Group – a team of experts from various backgrounds working together on this matter. The first task of the Working Group was to create a publication on access to

[1] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

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the healthcare system, "IGLYO on Access" which provided an extensive theoretical analysis of the problems, needs and situations that young lesbian, gay, bisexual, transgender, queer and intersex people face. This paper aims to build on the themes of this publication.

3. Key health issues and concerns for LGBTQI youth

There are many areas of LGBTQI youth health, which have not as yet been fully researched, however research that has been undertaken into the specific health of the LGBTQI community has shown poorer health outcomes for many LGBTQI people. IGLYO is dedicated to promoting and providing health education for LGBTQI youth, as they are at risk of even greater vulnerability than the adult population.

Young LGBTQI people have more difficulties in achieving proper healthcare, particularly in societies where they experience greater stigma and discrimination generally. Not being financially or socially independent, young people can be ignored or treated in inappropriate ways by healthcare professionals who are not properly educated in specific aspects of treating and working with young LGBTQI people.

This section aims to give a brief overview of particular health concerns for LGBTQI youth.

3.1 Mental health and wellbeing

Studies have shown that LGBTQI youth are at greater risk from poor mental health, including depression, self-harm and suicidal feelings than their heterosexual peers.[2]

Same-sex attraction, gender dysphoria and intersex conditions are not themselves risk factors for mental health problems, but they may make people more vulnerable to negative experiences and discrimination, two factors that impact severely on mental health, and also on physical health.

LGBTQI youth can experience discrimination, harassment and exclusion in their everyday lives. The stresses created by stigma, inequality and harassment can cause LGBTQI people to be at a heightened risk of psychological distress. This is often referred to as minority stress, a term used to describe the mental health consequences of stigmatisation, social exclusion, discrimination and harassment of minority groups.

This can result in the following for LGBTQI young people: difficulty accepting their sexual orientation and gender identity:
- denial and trying to keep their sexuality a secret through lying, pretending or leading a double life,
- damaged relationships or lack of support from parents, families and friends,
- isolation,
- low self-esteem and feelings of self-worth,
- post-traumatic stress disorder and depression from long-term effects of bullying.

Discrimination is a significant issue that results in conflicted familial and other social relationships and diminished emotional and practical support. Furthermore, these issues are exacerbated when LGBTQI young people accessing mental health services have negative experiences arising from actual or perceived institutionalised discrimination or from a lack of resources and understanding of LGBTQI-specific issues in the mental health sector.

[2] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

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Poor mental health and wellbeing can have a profound effect on the wider health and wellbeing of LGBTQI youth, and impact on self-efficacy and decision-making in relation to health.

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3.2 – Substance abuse

As with many issues relating to health, the true picture of substance use amongst LGBTQI people is difficult to ascertain because of the reluctance of some patients to disclose their sexuality and some healthcare staff feeling uncomfortable asking the question. However, research has found rates of drug and alcohol misuse to be higher amongst LGBTQI people.[3]

Poor mental health and wellbeing, and feelings of stress, depression and isolation can lead to a need to self-medicate and therefore reach for drugs, alcohol and tobacco in order to feel better or 'escape' daily life.

An individual's propensity to abuse substances is compounded by the role of alcohol and drug use in the LGBTQI social environment. LGBTQI youth are at a heightened risk owing to the fact that they may also experience additional pressures in relation drug, tobacco and alcohol use from their peers and older people in the community.

Research also suggests that lesbian and bisexual women tend to use alcohol more and binge-drink on a more regular basis than heterosexual women. Gay and bisexual men are as likely to be affected by drinking too much and binge drinking as any other group of people.

Drug use among gay men, lesbian women and bisexual people is significantly higher than it is among heterosexuals. Studies report high levels of cocaine, ecstasy, GHB and methamphetamine use among young gay and bisexual men.[4]

Aside from the apparent risk of cardiovascular diseases, lung cancer, bladder and kidney cancer associated with misuse of tobacco and alcohol, research has shown the link between the use of these substances and higher risks of unprotected sex in the population of young gay and bisexual men. A US study found association between drug and alcohol use and unprotected sex within the group of gay and bisexual men aged from 13 to 24 years old.

Research suggests that gay men, lesbians and bisexual people are more likely to smoke than heterosexual people. It's likely that, as with alcohol consumption, the social pressure to smoke is more prevalent among the lesbian, gay and bisexual community.

Smoking increases the risk of lung cancer and other diseases, such as cervical cancer in women, and it speeds up the onset of AIDS among people with HIV.

3.3 – Sexual and Reproductive Health and Wellbeing

Sexual health, the state of physical, emotional, mental, and social wellbeing in relation to sexuality are important parts of overall health.

Being heterosexual, bisexual, homosexual, transgender or intersex is not the most important aspect in determining risk. It is behavior that determines the risk level for contracting sexual transmitted infections (STI). It is common for people to have questions and concerns about their sexual health and safer-sex practices. For LGBTQI youth, a lack of information or people to talk to about sexual health can contribute to unsafe sexual behaviours and attitudes. It can also lead to unwillingness to have regular check-ups and avoidance of health-

[3] http://www.cdc.gov/msmhealth/substance-abuse.htm

[4] Prevalence and Predictors of Club Drug Use among Club-Going Young Adults in New York City
Brian C. Kelly, Jeffrey T. Parsons, Brooke E. WellsJ Urban Health. 2006 September; 83(5): 884–895. Published online 2006 May 16. doi: 10.1007/s11524-006-9057-2

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care in general.

Effective screening requires that professionals and patients engage in a comprehensive and open discussion not only about sexual identity, but sexual and behavioral risks. Fear of discussing these factors, or assumptions from medical professionals can mean that sexual health services do not meet the needs of LGBTQI youth.

Women who have sex with women (WSW) are a diverse group with variations in sexual identity, sexual behaviors, sexual practices, and risk behaviors. Recent studies[5] indicate that some WSW, particularly young women, and women with both male and female partners, might be at increased risk for STIs and HIV as a result of certain reported risk behaviors.

For gay and bisexual men, HIV, hepatitis, and other STIs are of particular concern. For example, the rate of new HIV diagnoses among MSM is more than 44 times that of other men, while the rate of primary and secondary syphilis among MSM is more than 46 times that of other men.[6]

Many factors contribute to the higher rates of HIV and STIs among gay and bisexual men compared to the general population of men. These factors include high prevalence of HIV and other STIs among MSM, which increases the risk of disease exposure, complacency about HIV risk, particularly among young gay and bisexual men and difficulty in consistently maintaining safe behaviors with every sexual encounter over the course of a lifetime. Lack of awareness and accurate data contribute to complacency and ignorance of the risk, especially in young people who might have never received any information about prevention.

3.4 - Obesity, Diabetes, Metabolic and Eating disorders

Research[7] has pointed to lesbian and bisexual women having many positive predictors for obesity and adult onset diabetes mellitus (or type II diabetes). A 2008 survey[8] showed that lesbian and bisexual women don't exercise as much as their heterosexual counterparts. A Boston based survey in the same year, also showed more obesity within the lesbian community but also that they are more likely to accept that body image. Another study shows that polycystic ovary syndrome (PCOS) is in higher prevalence in the lesbian population. A 2004 UK based survey found that 34% of lesbian participants suffered from PCOS unlike the 14% of heterosexual women. This is important as PCOS is a leading cause of infertility and causes different metabolic disorders.[9]

These studies also found that minority stress, depression, anxiety and homophobia were major factors and barriers for changing unhealthy behaviours, and called for a more 'lesbian friendly' approach when it came to educational efforts on healthy nutrition and the need for exercise.[10]

A 2012 study in the US confirmed that gay and bisexual men are more drawn to lean and muscular bodies, and a 2011 study showed higher body image issues. These unfortunate circumstances may lead to eating disorders

[5] Goodenow C, Szalacha LA, Robin LE, et al. Dimensions of sexual orientation and HIV-related risk among adolescent females: evidence from a statewide survey. Am J Public Health 2008;98:1051–8

[6] Goodenow C, Szalacha LA, Robin LE, et al. Dimensions of sexual orientation and HIV-related risk among adolescent females: evidence from a statewide survey. Am J Public Health 2008;98:1051–8

[7] Fredriksen-Goldsen KI, Kim HJ, Barkan SE, Balsam KF, Mincer SL. Disparities in health-related quality of life: a comparison of lesbians and bisexual women. Am J Public Health. 2010 Nov;100(11):2255-61

[8] Brittain DR, Baillargeon T, McElroy M, Aaron DJ, Gyurcsik NC. Barriers to moderate physical activity in adult lesbians.Women Health. 2006;43(1):75-92

[9] Agrawal R, Sharma S, Bekir J, Conway G, Bailey J, Balen AH, Prelevic G. Prevalence of polycystic ovaries and polycystic ovary syndrome in lesbian women compared with heterosexual women. Fertil Steril. 2004 Nov;82(5):1352-7

[10] Ulrike Boehmer, PhD, Deborah J. Bowen, PhD, and Greta R. Bauer, PhD, Overweight and Obesity in Sexual-Minority Women: Evidence From Population-Based Data, Am J Public Health. 2007 June; 97(6): 1134–1140

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and were connected with decreased condom use in gay men.[11]

LGBTQI youth, are often in the key stages of learning and developing attitudes towards diet and exercise, at a time where minority stress may be heightened. However, a lack of awareness can mean that young people do not recognise these risks, and if preventive and screening work does not recognise them either, LGBTQI young people may develop unhealthy behaviours which they continue into adulthood.

3.5 - Cardiovascular diseases and cancer

For the last two decades, cardiovascular diseases have remained the number one cause of death globally. Unfortunately, most of the research has shown that LGBTQI people are at greater risk for cardiovascular problems than their heterosexual counterparts.

Research from 2006 showed that gay men who are not "out" have higher blood pressure than the rest of the community that is "out", which puts them at higher risk for cardiac arrest, stroke and other problems.[12]

Additionally, as previously discussed, high prevalence of smoking and alcohol abuse, the lack of exercise, emotional stress, victimization, skipping breakfast and different eating disorders that occur within LGBTQI youth puts this population at even higher risk of developing behaviours and attitudes that can contribute significantly to cardiovascular issues.

Lesbian and bisexual women have risk factors for developing breast and gynaecological cancers than any other group and regular gynaecological exams are vital for women's health. However, feeling uncomfortable or a lack of awareness can lead to these exams being skipped.

Gay and bisexual men have been reported as being more at risk with prostate, testicular and colon cancers.[13]

Poor awareness, lack of information and being unable to discuss sexual orientation and gender identity openly with medical professionals can mean that LGBTQI young people are exposed to greater health risks than the general population, now and in their adult lives.

3.6 - Transgender youth health and wellbeing

Young transgender people and often have distinct issues when it comes to healthcare and wellbeing. As trans people often need or desire medical intervention, unbiased health care and appropriate treatments are extremely important for these young people. Health care providers often don't have a good grasp on the subject of gender identity of trans people, and therefore may react in a discriminatory manner. This leads to avoiding doctors as much as possible in fear of inappropriate behaviour.[14]

Trans young people are not usually given all of the medical and social options available to them and information that the social gender system is not a binary. A young person disclosing their feelings to a healthcare practitioner might only be given the option to transition fully to the opposite sex, as the practitioner only understands the binary system of gender.

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[11] Moskowitz, Seal. "Revisiting obesity and condom use in men who have sex with men" Arch Sex Behav. 2010 Jun;39(3):761-5

[12] Cole SW, Kemeny ME, Taylor SE, Visscher BR. Elevated physical health risk among gay men who conceal their homosexual identity. Health Psychol. 1996;15(4):243-51

[13] 'Ten Things Gay Men Should discuss with Their Healthcare Provider', Gay and Lesbian Medical Association, http://glma.org/index.cfm?fuseaction=Page.viewPage&pageID=690

[14] FRA: "Homophobia and Discrimination on the grounds of sexual orientation and gender identity in the EU member states" Part II- The social situation, p.122

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Transsexuality is a medical term, describing people who do not feel adequately described by their birth sex and desire to correct it medically and judicially. This diagnosis in terms of the ICD-10 and DSM-IV- implies a physical sex and body change within the binary system. Medical support is needed in all stages of the transition, such as hormonal treatment and its monitoring, mastectomy, sex reassignment surgery (phalloplasty or vaginoplasty etc.) and aftercare. Transsexual people may or may not take hormones or have surgeries.

In all but two European countries (Spain and Portugal), individuals must be diagnosed with gender identity disorder before receiving any medical intervention, including hormone therapy. Requiring such a diagnosis under the psychiatric medical system imparts stigmatization that can negatively affect the lives of trans people, which may lead to self-administering illegally bought hormones without medical supervision that can have serious ramifications.

In most European countries, trans individuals are required to undergo sterilization before receiving medical transition. All reproductive material is destroyed. Such requirements are extremely dehumanizing, and create social stigma through medicalization.

Professional organizations are still not unanimous when it comes to helping young trans people. While some will say that sex reassignment surgery is best performed before puberty (in order to minimize the psychological trauma) others will argue that there is still little to no knowledge about the long-term effects of hormonal therapy. Whilst this debate continues, young trans people are unable to get the proper health care that they deserve, or receive clear guidance from medical professionals.

The whole transition process is very sensitive and framed by medical supervision and supply. It is essential that medical workers support trans young people throughout this process, but do not categorize or marginalize them. Thus they need to be well informed and aware of the emotional needs of trans youngsters to provide the best holistic support and treatment.

3.7 - Intersex youth health and wellbeing

In society and in the healthcare system, male and female are still seen to be the “adequate categories” which are used to describe bodies. The variety of number and shape of chromosomes (karyotypes), gonadal differentiation and genital morphology as well as the configuration of the internal reproductive organs are ignored or in case of an obvious deviation are pathologised. Here, the medical sector has been and is still the defining authority, which interprets and categorises bodies.

Even though medical professionals, ethic committees and institutions are slowly opening up to these critics, in order to improve the current situation, intersex people do still suffer from stigmatization and harmful treatments in a binary shaped medical system. The extent of awareness differs broadly across Europe.

It is important to note that both parents of intersex children and intersex young people themselves have the right to receive considerate and respectful care regardless of age, gender, race, national origin, religion, medical condition or disabilities. Parents and children should be treated as equal partners in making decisions about the child’s care.

As a part of general health care standards intersex youth as well as their legal guardians have the right to receive information about their condition that is fully understandable and complete. This includes information about the possible risks and benefits of the recommended treatment and to be told about possible alternative treatments, including non-treatment.[15]

[15] http://aiclegal.files.wordpress.com/2010/02/know-your-rights-final.pdf

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4. An overview of the barriers to accessing healthcare

While LGBTQI people are as diverse and varied a group as heterosexual people, these patients can face a number of barriers to receiving a quality health service.

Discrimination or the perception of discrimination in healthcare settings leads to alienation of LGBTQI young people and an inability to ask for treatment and support which in turn can have devastating consequences, leaving LGBTQI youth extremely vulnerable. They are financially dependent, less educated and susceptible to victimization and discrimination and its consequences such as social exclusion by peers, running away from home, homelessness etc.
Assumptions from healthcare professionals that patients are heterosexual and information that is not inclusive of different sexual orientations or gender identities can exclude LGBTQI youth and deny them access to the information and support they require to maintain health and wellbeing and access appropriate treatment.

Not all professionals working in healthcare have an understanding of LGBTQI health issues. It was noted by research in Poland and Croatia that around 30% of respondents were treated less favorably by medical doctors after they found out their sexual orientation. Not surprisingly most research on the subject of knowledge about homosexuality in students of medical fields has shown low knowledge levels.[16]The Health Working Group of IGLYO is currently working on an international survey of medical students to see the overall situation of LGBTQI health in the medical curriculum.

LGBTQI youth can feel uncomfortable discussing their sexual orientation or gender identity because they fear or have previously experienced a negative reaction when disclosing their sexual orientation. A recent study carried out in Croatia where 80% of the respondents did not disclose their sexual orientation to their GP, while 59% reported feeling discriminated, and 8% reported being refused proper medical care by healthcare professionals when asked for help.

Concerns over confidentiality and privacy can make it difficult for LGBTQI young to disclose their sexual orientation and gender identity in fear that the doctor will violate ethical obligations and disclose private details to a young person's family members. Furthermore, inability to disclose one's sexual orientation or gender identity impacts on access to relevant information.

Moreover, many LGBTQI young people do not have access to comprehensive education on health. Throughout Europe, there is a tendency to either silent on issues of sexual orientation and gender identity, or worse, biased against non-conventional sexual orientations and gender identities.

4.1. - Barriers in access to health care for transgender youth

In addition to the barriers described in the previous section, there are specific barriers for transgender youth when accessing health care.
The fact that transgender identities are still a part of medical classification plays a role in objectification within the medical field, therefore taking away their right to autonomy when deciding about their bodies. Since medical classifications are currently necessary for justification and access to medical treatment we believe alternative classifications are needed and should be done in consultation with trans organizations. From a human rights perspective it is not necessary for a mental illness to be diagnosed in order to give full access to health care and trans specific treatment.[17]

[16] http://www.ravnopravnost.hr/web/wp-content/uploads/2012/04/under-rug-swept-discrimination-of-LGBTIQ-patients-in-Croatia.pdf, http://www.iglyo.com/resources/iglyo-on
[17] Human Rights and Gender Identity Issue Paper, The High Commissioner for Human Rights, July 2009

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5. Addressing Inequalities in Health Care

5.1 – LGBTQI young people can access appropriate health care without fear of discrimination or confidentiality being breached

Equal health is a basic human right. This is clearly outlined in the Universal Declaration of Human Rights, article 25 that states:

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.[18]

However, the apparent inequalities of health care for LGBTQI people and especially youth have been recognized by LGBTQI organizations worldwide. This was observed by the International Commission of Jurists and the International Service for Human Rights, who have put a clear emphasis on health as a basic human right for LGBTQI people in the Yogyakarta Principles. Two main principles (17 and 18)[19], but also five other principles speak of the need for equal treatment of LGBTQI people in health care.

IGLYO believes that the right to health and adequate healthcare is one of the most important staples of human rights. LGBTQI young have to be able to reach the appropriate segments of healthcare systems, without the fear of discrimination or wrongful treatment by unsympathetic and uneducated health care professionals. Medical professionals must ensure that the dignity of patients is of highest consideration and that sexual orientation and gender identity are not, as themselves, medical conditions and are not to be treated.

Young people should be assured of their right to privacy when consulting a physician or medical practitioner. Access to health care and the topics discussed with a healthcare provider should be treated the utmost confidentiality.

5.2 – Health care providers have knowledge of the health needs and issues affecting LGBTQI young people and how to meet these

Greater understanding of health issues for LGBTQI is needed, and further research should be undertaken to ensure that healthcare provision is based on profound knowledge of the individual situation. IGLYO believes that a better understanding of the issues and educational efforts are the basis for changing inequalities in LGBTQI healthcare.

We implore medical organizations, professional medical groups, governments, ministries of health and social services to develop and implement educational programs to battle prejudice, discrimination and stereotypes based on gender identity and sexual orientation. It is important that such programs address the inequalities in healthcare that first have to be recognized within the countries themselves.

It is of highest importance to ensure that no person is subjected to medical abuse, and that forced sterilization, institutionalization and medicalization on the basis of gender identity and sexual orientation are considered medical abuse.

Special care must be given to the protection of children, especially intersex children that are unable to give consent to treatment and surgical procedures early in life. Whilst some medical procedures are necessary early

[18] http://www.un.org/en/documents/udhr/index.shtml#a25
[19] http://www.yogyakartaprinciples.org/

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on, we strongly support that the parents of the child in question should have access to the full extent of psychological, medical, ethical and social help and education to make sure that they are fully aware when giving consent to any form of treatment.

We strongly suggest that representatives of regional LGBTQI organizations are asked to give educational materials and relevant answers if the health care professionals cannot provide them. It is of highest priority that no child is a subject of medical abuse of any kind.

Some educational guidelines for organizations as well as health care professionals are outlined in the IGLYO on Access issue. The Health Workgroup remains and is available to offer advice and answers on questions.

IGLYO applauds the work of our member organizations in the field of medical education as reported successful in Kyrgyzstan and Croatia, as well as the UK and Sweden, and fully supports the efforts of the WHO and the UNAIDS in their efforts to develop guidelines for medical professionals on addressing health needs of LGBTQI people.

5.3 – Transgender and intersex young people can make choices about their health and health care

We advocate for the most complete and comprehensive healthcare for transgender and intersex people, with competent medical professionals, who respect the decisions of the patient and give patient-centered care.

The situation for transgender people is complex, however addressing the interdependence between the medical and juridical sector would improve the freedom to make individual healthcare choices. Broadening of medical structures, increasing the knowledge of medical professionals and ensuring consistent services for transgender youth is key in ensuring choice and quality healthcare.

It is crucial that knowledge and awareness of gender identity issues is increased so that medical professionals are equipped to care for patients and provide accurate information. However, we recognise that there are many areas, which require additional research, such as a long term study on the side effects of hormonal treatment, so that patients can make informed choices, before and during treatment.

Additionally, IGLYO advocates for the depathologization of trans identities, without compromising access to healthcare.

For intersex people there are also a number of complex barriers to overcome. The decision on early medical intervention for intersex children is a complex field. Being able to decide about healthcare intervention and bodily autonomy is a basic human right, though in some cases early intervention is needed in an intersex child's life, if the situation endangers its life and well-being.

Although one could argue that some medical needs in an intersex child life must be met in very early ages, this does not automatically justify medically unnecessary genital surgery, which can be very harmful to the intersex person's psychological wellbeing.
IGLYO supports young intersex people and their diverse needs, and advocates for a human rights approach that respects dignity and bodily integrity. We call for more research so that we can better understand the needs of intersex people and in general, IGLYO advocates strongly for the removal of a gender binary healthcare system, especially concerning intersex people who do not fit into the biological paradigms that are applied in the medical profession.

5.4 – LGBTQI young people are supported and empowered to make positive choices in relation to their health and wellbeing

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Feelings of self-worth, confidence and self-esteem have a marked impact on LGBTQI young people's health. As LGBTQI young people are often at greater risk of poor self-perception they are at risk of developing bad practices that compromise their overall health and well-being. Promoting healthy and healthful lifestyle choices for young LGBTQI people is vital in helping reduce the incidence of harmful health practices in the LGBTQI communities.

Work to promote the health and wellbeing of LGBTQI young people must acknowledge sexual orientation, gender identity and age as multiple health determinants and the consequence of these in terms of health inequalities.

IGLYO firmly believes that improving health and wellbeing of LGBTQI youth is rooted within the broader agenda of challenging discrimination and working to ensure that LGBTQI youth are included and valued at all levels of society.

5.5 – LGBTQI young people have access to information that supports their health and wellbeing

Health care providers, and those involved in health promotion must ensure that information is available to allow LGBTQI young people to make informed choices about their health and wellbeing, remembering the educational duty that health car professionals have. This includes all aspects of health and wellbeing, however is particularly pertinent in awareness and education on sexual and reproductive health.

LGBTQI young people need access to educational and awareness materials that focus on the particular risks of same-sex sexual activity.

Information relating to the health of LGBTQI people should always be factual and evidence-informed to ensure that LGBTQI young people receive the correct and most up to date information.

Information should be inclusive in terms of language and content, recognising the full spectrum of sexual orientations, gender identities and expressions. The tone should be accessible for young people and should avoid language that is heteronormative or maintains gender binary. IGLYO believes that involving LGBTQI youth, as experts in their own lives, in the development of resources is essential in ensuring that information is authentic and meets their needs.

The internet can provide a valuable sources of information on health issues for LGBTQI young people.[20] Concerns over lack of confidentiality or discrimination, can lead LGBTQI young people to seek information from other sources, including online. Whilst this provides great opportunities, there are challenges for LGBTQI young people navigating online information safely and provides the potential of receiving inaccurate and ultimately harmful information. A range of reliable online sources for information must be available and the internet and social media should be utilised fully to ensure that there are opportunities for LGBTQI young people to access accurate information in this way.

Many young people, report friends as being a key source of information about health and wellbeing[21], 2002 therefore it is vital that young people are informed and aware of health issues and health care services and are empowered so that they can act as multipliers amongst their peers. Providing safe and supporting environ-

[20] IGLYO on Social Media, 2012, http://www.iglyo.com/resources/iglyo-on/

[21] Shepherd J, Garcia J, Oliver S, Harden A, Rees R, Brunton G, Oakley A (2002)*Barriers to, and facilitators of the health of young people: a systematic review of evidence on young people's views and on interventions in mental health, physical activity and healthy eating. Volume 1: Overview and Volume 2: Complete report*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

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ments for LGBTQI youth to meet and develop networks is key in supporting LGBTQI health. IGLYO is committed to supporting the network of LGBTQI youth activists to enable the sharing of information and experience.

6. Recommendations

IGLYO calls on the Council of Europe to:

- Strengthen the implementation of its Recommendations on combating discrimination on grounds of sexual orientation and gender identity, particularly Article VII: Health;
- Mainstream sexual orientation and gender identity and expression in its work on health, ensuring access to health care in all Council of Europe member states, regardless of sexual orientation and gender identity;
- Provide funding streams to collect data on the specific health-related needs of LGBTQI young people.

IGLYO calls on the European Commission to:

- Allocate financial support to quantify and analyze issues faced by young LGBTQI people and health;
- Promote the passage of the Horizontal Equal Treatment Directive with the strongest language available to protect from discrimination on the basis of sexual orientation and age in accessing health care and other services;
- Mainstream issues relating to sexual orientation and gender identity and expression in the 'Common values and principles in European Union Health Systems';
- Include sexual orientation and gender identity as discrete data points in all activities carried out by DG SANCO to ensure that the needs of LGBTI people are understood and addressed.

IGLYO calls on national governments to:

- Enforce existing laws prohibiting discrimination on the basis of sexual orientation and gender identity in regards to health care;
- Pass new legislation to further protection from discrimination in healthcare;
- Require continuing education for medical professionals so that everyone has the capacity to discuss issues regarding sexual orientation and gender identity;
- Require medical curriculum to address issues of sexual orientation and gender identity for all medical students;
- Remove any requirements for trans people that go against liberty and an individual's ability to self-determine gender with respect to bodily integrity;
- Remove the diagnosis of 'gender identity disorder' from national medical texts;
- Provide comprehensive sexual and reproductive health education in schools.

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IGLYO calls on its Member Organisations to:

- Provide resources on healthful living for their LGBTQI young people
- Identify LGBTQI friendly medical practitioners and refer its members;
- Provide safer sex materials when they are not otherwise provided by medical practitioners or state services;
- Collect information and conduct research on the situation in their particular contexts, so that concrete data can be provided to policy maker;
- Share learning and best practice relating to LGBTQI youth health.

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7. Glossary

Bisexual – when a person is emotionally and/or sexually attracted to persons of more than one sex

Civil society is composed of the totality of voluntary social relationships, civic and social organizations, and institutions that form the basis of a functioning society, as distinct from the force-backed structures of a state (regardless of that state's political system) and the commercial institutions of the market

Council of Europe – Europe's oldest political organization, founded in 1949. It groups together 47 countries. The Council of Europe's headquarters are in Strasbourg, France.

Discrimination: is the prejudicial treatment of individuals based on a membership in a certain group or category. Usually it involves negative behaviours (excluding from different opportunities) towards a group and its members that are available to others. As such it can be direct and indirect, where direct means that an individual or a group is blatantly discriminated (e.g. not hiring women) while indirect means that everybody has the same rights but some individuals or groups cannot use those rights because of some other problem (e.g. height requirements for a job).

Eating Disorder A group of disorders characterized by physiological and psychological disturbances in appetite or food intake.

Gay – a person who feels sexual and/or emotional desire exclusively or predominantly for persons of her or his own sex. The term has however been misused to cover all gay men and lesbians (and sometimes even bisexuals). This has been widely discussed, and gay should therefore only be used when it is referring to men are emotionally and/or sexually attracted to other men. If the intention is to cover all without intentional excluding any sexual orientation or gender identity/expression, then it is recommendable not to use only the term gay, and instead use LGBTI (lesbian, gay, bisexual, trans and intersex people)

Homophobia – the fear, unreasonable anger, intolerance or/and hatred toward homosexuality. Homophobia can appear in various ways:
Internalised Homophobia – when lesbian women, gay men and bisexual people are considering and accepting heterosexuality as the correct way of being and living.
Institutionalised Homophobia – when governments and authorities are acting against equality for LGB people. This can be hate speech from public elected persons, ban on pride events and other forms of discrimination of LGB people.

Human Immunodeficiency Virus (HIV) - a virus that causes Acquired Immuno def ciency Syndrome (AIDS). HIV belongs to the retrovirus family and is identified in two types: HIV-1 and HIV-2. HIV-1 is responsible for most HIV infections throughout the world, whereas HIV-2 is primarily found in West Africa.

Intersex - a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male.[22]

Lesbian – a woman who is sexually and emotionally attracted to women.

MSM: is an acronym meaning "men who have sex with men" or "males who have sex with males". The term was coined in the early 1990's by scientists who were at the time investigating the HIV/AIDS epidemic. Scien-

[22] http://www.isna.org/faq/what_is_intersex

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tist, at the time, realised that some people, who were having same sex intercourse, did not identify themselves as being homosexual or bisexual. Therefore, a term was created that emphasises behavioural aspects rather than sexual identity. Some problems are present with the term, especially in connection with transgender individuals as some refer transwomen and intersex individuals that have sex with men as MSM (which is not necessarily correct).

Pathologization: or medicalization is a process by which different human conditions are defined as medical problems and conditions and therefore are subjected to scrutiny by medical professionals who study, diagnose, prevent and finally treat such a condition. There are number of reasons for this, one of them being social prejudice; e.g. for most of human history homosexuality and bisexuality were considered to be a mental illness however today this is not so. However, this is still not a case with transexuality, which is still considered to be a mental health issue.

Queer – has become an academic term that is inclusive of people who are not heterosexual - includes lesbians, gay men, bisexuals and trans. Queer theory is challenging heteronormative social norms concerning gender and sexuality, and claims that gender roles are social constructions. For many LGBTI persons, the term "queer" has negative connotations as it was traditionally an abusive term, however many LGBTI persons are now comfortable with the term and have "reclaimed" it as a symbol of pride.

Safer Sex Sexual activity engaged in by people who have taken precautions to protect themselves against sexually transmitted diseases (STDs) such as AIDS. It is also referred to as *safer sex* or *protected sex,* while *unsafe* or *unprotected sex* is sexual activity engaged in without precautions. Some sources prefer the term *safer sex* to more precisely reflect the fact that these practices reduce, but not completely eliminate, the risk of disease transmission. In recent years, the term *sexually transmitted infections* (STIs) has been preferred over *STDs* as it has a broader range of meaning; a person may be infected, and may potentially infect others, without showing signs of disease.

Sex reassignment surgery (SRS) is a term for different surgical procedures by which a person's biologically given physical appearance and function is altered to match the persons gender identity. It involves several different surgical procedures that vary individually as well as the use of hormonal therapy. SRS can also be performed on intersex people usually at an very early age, without their given consent which has been proven to be an ethical and clinical problem.

Substance abuse also known as **drug abuse** and **substance use disorder,** refers to a maladaptive of use of a substance that is not considered dependent. The term *drug abuse* does not exclude dependency, but is otherwise used in a similar manner in non-medical contexts. The terms have a huge range of definitions related to taking a psychoactive drug or performance enhancing drug for a non-therapeutic or non-medical effect. All of these definitions imply a negative judgment of the drug use in question. Some of the drugs most often associated with this term include alcohol, amphetamines, barbiturates, benzodiazepines (particularly temazepam, nimetazepam, and flunitrazepam), cocaine, methaqualone and opiods. Use of these drugs may lead to criminal penalty in addition to possible physical, social and psychological harm. Other definitions of drug abuse fall into four main categories: public health definition, mass communication and vernacular usage, medical definitions, political and criminal justice definitions.

Transgender - an umbrella term for people whose gender identity and/or gender expression differs from the sex assigned to them at birth. This term can include many gender identities such as: transsexual, transgender, crossdresser, drag performer, androgynous, genderqueer, gender variant or differently gendered people.[23]

Transphobia refers to negative cultural and personal beliefs, opinions, attitudes and behaviours based on prejudice, disgust, fear and/or hatred of trans people or against variations of gender identity and gender ex-

[23] http://www.teni.ie/page.aspx?contentid=139

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pression. Institutional transphobia manifests itself through legal sanctions, pathologization and inexistent/inadequate mechanisms to counter violence and discrimination. Social transphobia manifests itself in the forms of physical and other forms of violence, hate speech, discrimination, threats, marginalization, social exclusion, eroticization, ridicule and insults.

8. References

http:// www.aiclegal.org Advocates for informed choices
http://www.mckinley.illinois.edu/handouts/lesbian_gay.htm
http://www.lgbt.ie/information.aspx?contentid=11
http://www.cdc.gov/msmhealth/for-your-health.htm
http://www.cdc.gov/std/treatment/2010/specialpops.htm#wsw
http://www.avert.org/lesbians-safe-sex.htm
http://glen.ie/attachments/f795935e-0235-4666-9348-13aa1771f391.PDF
http://www.nhs.uk/Livewell/LGBhealth/Pages/Mentalhealth.aspx
http://www.apa.org/monitor/feb02/newdata.aspx
http://www.lgbthealth.org.au/mental-health
http://www.clam.org.br/uploads/arquivo/Diversity_in_School.pdf
http://www.nhs.uk/Livewell/LGBhealth/Pages/Addictionandalcohol.aspx
http://www.recoveryconnection.org/guides/what-to-look-for-when-seeking-lgbt-friendly-addiction-treatment.pdf
http://www.teni.ie/page.aspx?contentid=139
http://www.isna.org/faq/what_is_intersex
http://www.iglyo.com/resources/iglyo-on/
http://www.un.org/en/documents/udhr/index.shtml#a25
http://www.yogyakartaprinciples.org/
http://www.ravnopravnost.hr/web/wp-content/uploads/2012/04/under-rug-swept-discrimination-of-LGBTIQ-patients-in-Croatia.pdf
http://aiclegal.files.wordpress.com/2010/02/know-your-rights-final.pdf
http://www.cdc.gov/msmhealth/substance-abuse.htm
http://glma.org/index.cfm?fuseaction=Page.viewPage&pageID=690

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