



LESBIAN AND BISEXUAL

WOMEN'S HEALTH: COMMON CONCERNS, LOCAL ISSUES



ILGA is a worldwide network of lesbian, gay, bisexual and transgender organizations working for human rights and against sexual orientation and gender identity discrimination

FOREWORD

It gives me great pleasure to introduce the ILGA Report on Lesbian and Bisexual Women's Health. A great deal of hard work and dedication has gone into making this publication; and we take this opportunity to thank Novib and Hivos for supporting our vision and the Belgian Foundation against Cancer, Astraea and Mama Cash for sponsoring the project. Our thanks also go to the many individuals and organizations that have contributed to make this publication possible.

Most LGBT and women's health research does not take lesbian and bisexual women's specific issues into consideration. ILGA has collected material from organizations and individuals worldwide to share this information and to describe what is being done for the mental and physical wellbeing of lesbian and bisexual women.

The report contains a compendium of information ranging from health-specific topics, such as HIV/AIDS and sexually transmitted infections, to addressing the political and social problems of forced marriage, rape, and domestic violence. Of particular interest is the interview of the United Nations Special Rapporteur on Health, Paul Hunt, who underlines how organizations can address their concerns to the various UN agencies. Also included are an overview of the results of the ground-breaking LGBT health survey conducted by ILGA-EUROPE and the Modidi Survey of Italian women.

Recognizing that the organizations using this report may be searching for financial and organizational support themselves, we hope that the list of funders supporting women and lesbian, gay, bisexual and transgender projects throughout the world will be useful.

ILGA will disseminate the information contained in this report to organizations and professionals who are concerned with the lives of lesbian and bisexual women.

We wish for the future to further develop the project on lesbian and bisexual women's health. In the meantime, we hope you will enjoy discovering the present report.

Sincerely,

Rosanna Flamer-Caldera
Co-Secretary General
ILGA

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Index

LESBIAN AND BISEXUAL WOMEN'S HEALTH: COMMON CONCERNS, LOCAL ISSUES

Foreword

Index

Introduction

UN Human Rights Mechanisms: putting women's health on the agenda	06
- An interview with Special Rapporteur on Health, Paul Hunt	
- United Nations Population Fund and their work on women's health	
Control over Women's Bodies	12
- Rape as a form of control over women	
- Women's control over their sexual lives	
- Forced marriage	
Sexually transmitted infections and HIV/AIDS	18
- Sexually Transmitted Infections (STIs)	
- HIV/AIDS and gender-based violence	
- Material from local organizations	
Breast and Gynecological Cancer	26
- Getting the care you deserve	
- A war against women	
- Material from local organizations	
Violence against Women	34
- Taking same sex domestic violence seriously	
- Material from local organizations	
Mental Health	40
- The slippery nature of lesbian health	
- Material from local organizations	
Health Care Provision	46
- A survey conducted by ILGA-Europe	
- The first broad research on the health of lesbian and bisexual women in Italy	
- Material from local organizations	
Sexual Pleasure	54
- Sexual education	
- Women's body and pleasure: a chancy encounter	
- Material from local organizations	
Funders	58
Findings and Recommendations	66
Acknowledgements	67



Introduction

Lesbian and bisexual women's health is a concern for many women worldwide, but the information available on the subject is not as widely spread as one would expect it to be. When, in June 2005, I issued a call for material on ILGA's website and disseminated it to LGBT and women's organizations, I did not imagine that I would receive such a response.

It was a positive surprise to receive so much material: prevention campaigns, training seminars, studies, publications, articles, leaflets, postcards from countries all over the world, some of which I would not have expected, challenged my own stereotypes.

The present report reflects the material we received and does not claim to be exhaustive. From the material gathered, we highlighted issues that seem to be of concern for a majority of lesbian and bisexual women's organizations, issues such as breast and uterus cancer. We also tried to address subjects that are still a taboo, such as same sex domestic violence.

It was especially important to me to give the opportunity to women in each region who sent some outstanding material to illustrate their initiatives and speak about a specific health issue, either by replying to an interview or by writing a text. Some are university researchers, others activists or women's project coordinators. All of them are committed to the fight for lesbian, bisexual and - more broadly - women's rights to health and wellbeing.

Though some of the material and articles are of interest for transgender women, their specific health problems would deserve a separate report in itself. We decided, this time, to focus on lesbian and bisexual women's health; and we hope to have the opportunity to issue a similar report for transgender women in the future.

When doing this project I searched in vain for an international platform that would gather the work done for lesbian and bisexual women's health. It is a pity, considering the great value of the results achieved by women locally for their community. This report is meant to act as a platform and facilitate the dissemination of the information collected.

I hope that LGBT and women's organizations will use ILGA's report as a reference and that they will communicate with each other to learn, share information, experience and, why not, replicate and be inspired by the valuable initiatives that have been undertaken by others locally.

I personally learnt, enjoyed, dropped some stereotypes and, above all, strengthened my faith in women's capacity to be creative in order to fight for our own wellbeing. I hope you will get as much pleasure in reading the texts as I did, and that you will realize that local health issues are indeed common concerns for all of us.

Patricia Curzi

Women's Project Coordinator
ILGA





UN Human Rights Mechanisms: putting women's health on the agenda

In 1973 the American Psychiatric Association removed homosexuality from the Diagnostic and Statistical Manual of Mental Disorders. But it was only on 17 May 1990, that the General Assembly of the World Health Organization removed homosexuality from its list of mental disorders, paving the way for an enhanced understanding of health in the context of homosexuality. Much remains to be done both with regard to health promotion and protection among LGBT people and in addressing sexuality as a public health issue. Though discrimination on the grounds of sexual orientation and gender identity are not specifically addressed by a UN Resolution, several UN independent experts and agencies address women's health issues in their work, such as the World Health Organisation, UNIFEM, UNAIDS, the United Nations Population Fund. Women's health has become an important issue, so much so that two of the eight Millennium Development Goals refer to it.

AN INTERVIEW WITH SPECIAL RAPPOREUR ON HEALTH, PAUL HUNT

"THE ADOPTION OF A HUMAN RIGHTS-BASED APPROACH TO HEALTH MAY BE ESPECIALLY EMPOWERING FOR LESBIAN AND BISEXUAL WOMEN, A GROUP THAT CONTINUES TO SUFFER FROM DOUBLE DISCRIMINATION". PAUL HUNT, UN SPECIAL RAPPOREUR ON THE RIGHT OF EVERYONE TO THE ENJOYMENT OF THE HIGHEST STANDARD OF PHYSICAL AND MENTAL HEALTH.

In 2002, the Commission on Human Rights adopted a resolution in which it decided to appoint a Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. ILGA talked with Mr. Paul Hunt, Special Rapporteur since 2002.

What is the mandate of the Special Rapporteur on the right to health; and how does it reflect the right to health of women, including lesbian and bisexual women?

The resolutions 2002/31 and 2005/24 set out the mandate of the Special Rapporteur, requesting him to gather, request, receive and exchange information related to the right to health from all relevant sources, including Governments, intergovernmental organizations and non-governmental organizations; develop a regular dialogue and discuss possible areas of cooperation with all relevant actors, including Governments, relevant United Nations bodies, specialized agencies and programmes, in particular the World Health

Organization and the Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, as well as non-governmental organizations and international financial institutions; report on the status, throughout the world, of the right to health, including on laws, policies, good practices and obstacles; and make recommendations on appropriate measures to promote and protect the realization of the right to health, with a view to supporting States' efforts to enhance public health. Both resolutions request the Special Rapporteur to, inter alia, apply a gender perspective. The resolutions do not specifically talk about the right to health of bisexual and lesbian women. However, the right to health proscribes discrimination on various grounds, including on grounds of sexual orientation. Together, the Commission's request and the prohibition of discrimination on grounds of sexual orientation firmly mandate the Special Rapporteur to address the right to health of lesbian and bisexual women.

In the context of your work as Special Rapporteur, on which occasions have you addressed the right to health of women, and in particular the right to health of lesbian and bisexual women?

Since my appointment as Special Rapporteur in 2002, I have endeavored to integrate a gender perspective throughout my work, including in my thematic reports to the Commission on Human Rights (CHR) and the General Assembly (GA), during formal country missions, and in communications to States. I have addressed the

right to health of lesbian and bisexual women on a number of occasions in these contexts. My thematic reports to the CHR and GA mainstream a gender perspective in analysis of issues from the Millennium Development Goals to mental disability. The reports also include chapters on issues that often particularly affect the right to health of women and sexual minorities. For example, in 2004, my report to the CHR focused on sexual and reproductive health rights. In that chapter, I observe that a lack of support or protection in the face of violence and discrimination impedes the realization of sexual and reproductive health rights for sexual minorities, including lesbian and bisexual women, and that sexual and other health services must also be available to them. During country missions, I have given particular attention to the right to health of women. I have made it a practice to meet with staff from the women's ministry as well as from the ministry of health and other ministries, and I routinely meet with inter-governmental organizations and civil society groups working on women's health issues. My mission reports reflect the right to health issues of concern to women's groups in these countries – whether this is access to health information for Roma women in Romania or maternal mortality in Mozambique. In accordance with my mandate, when I receive reliable information alleging a violation of the right to health, I may respond to this information by sending a communication to the Government concerned. Communications normally invite comments on the allegation in question, seek clarification and remind the Government of its international human rights obligations. I have taken up several communications about violations sustained by women and sexual minorities. In 2004, for example, I sent a joint urgent appeal, together with other Special Rapporteurs, to the Government of Nepal in response to allegations that had been received concerning the arrest of 39 members of the Blue Diamond Society, a non-governmental organization working with sexual minorities and sexual health in Nepal. However, the great majority of requests for communications have been made with respect to violations against men. I would welcome receiving greater information about violations of the right to health of women, including bisexual and lesbian women.

How can the observations made in your reports be used in practice by local women, lesbian and bisexual women's organizations to

raise their health concerns with their national Governments?

My reports may assist local women's organizations, including lesbian and bisexual women's organizations, in two practical ways. Firstly, the reports may be useful as an educational tool to encourage women, including lesbian and bisexual women, to consider their health in terms of human rights. The adoption of a human rights-based approach to health may be especially empowering for lesbian and bisexual women, a group that continues to suffer from double discrimination and whose health concerns are very often marginalized. Secondly, the reports may help local organizations hold Governments to account if they fail to fulfil their obligations regarding the right to health of women, including lesbian and bisexual women. One important caveat is that, in many countries, women and organizations may encounter severe practical obstacles if they raise concerns about the right to health of lesbian and bisexual women. Fears of being ostracized, physically attacked or prosecuted may deter lesbians and bisexuals from advocating on these issues; and local human rights organizations may be reluctant to pursue such controversial issues, which they may perceive as jeopardizing public support for their other human rights work. Such silencing of public debate is an example of how discrimination against lesbian and bisexual women may impede the enjoyment of their right to health.

How can local women, lesbian and bisexual women's organizations raise their concerns regarding their sexual and reproductive health with UN bodies? To which UN body or agency should they submit information and raise their concerns?

There are two types of UN human rights bodies to which concerns regarding the health of lesbian and bisexual women may be addressed, namely treaty bodies and charter bodies. Firstly, provisions relating to the right to health are included in several of the core international human rights treaties, each of which is monitored by a treaty body comprised of a committee of experts. Some of the treaty bodies monitoring women's right to health, including sexual and reproductive health rights and discrimination against lesbians and bisexuals, include the Committee on Economic, Social and Cultural Rights; the Committee on the Elimination of

Discrimination Against Women and the Committee on the Rights of the Child. One of the ways in which these treaty bodies perform their monitoring role is by examining and commenting on periodic reports which States are obliged to submit concerning their compliance with the treaty. However, treaty bodies also encourage non-governmental organizations to submit accurate and independent "shadow reports" to supplement the official State report and to identify gaps in a State's compliance with its treaty obligations. Therefore, local women's organizations, including lesbian and bisexual women's organizations, can play a vital role in the treaty-monitoring process by submitting such a shadow report to the relevant treaty body at the appropriate reporting time. Secondly, the relevant charter bodies include the Commission on Human Rights. The Commission has appointed a number of thematic Special Rapporteurs, of which I am one. Several Special Rapporteurs have addressed issues related to the health of women, including lesbian and bisexual women. For example, the Special Rapporteur on Violence against Women has examined linkages between women's right to health and issues including forced marriages, trafficking of women and girls, rape and female genital mutilation. She has relied heavily on input from non-governmental organizations in fulfilling her mandate. Lesbian and bisexual women have an important role to play in feeding reliable independent data to Special Rapporteurs, including but not limited to the Special Rapporteurs on the Right to Health and on Violence against Women.

Are you open to receiving information about the health of the most vulnerable groups of women, and how could local organizations support your work in looking at the health of those most vulnerable groups of women?

I am definitely open to receiving such information. The health of the most vulnerable groups of women falls within two broad themes that I have chosen for my work: the right to health in the context of poverty and the right to health from the perspective of discrimination and stigma. The right to health of lesbians and bisexuals is often particularly relevant within the context of the latter theme. Secondly, I rely on local organizations for accurate and independent data to contextualize the official information that I receive from Governments. For example, part of my mandate involves conducting fact-fin-

ding country visits called country missions. On country missions, it is important that I meet not only with Government officials, but also with independent non-governmental organizations. These organizations provide me with information necessary for me to obtain an accurate picture of the state's compliance with its right to health obligations and of the impediments to the enjoyment of the right to health by vulnerable or marginalised groups such as lesbian and bisexual women. Thirdly, as I previously mentioned, I also receive information, alleging violations of the right to health, which I may take up by sending a communication to the appropriate Government. I would welcome receiving information about violations of the right to health of women, including lesbian and bisexual women.

Additional information concerning Paul Hunt's work as Special Rapporteur, including annual reports and country missions, is available at

www.ohchr.org/english/issues/health/right/index.htm
www2.essex.ac.uk/human_rights_centre/rth.shtm

UNITED NATIONS POPULATION FUND (UNFPA) AND THEIR WORK ON WOMEN'S HEALTH

"INFORMATION ON SEXUAL ORIENTATION IS VERY OFTEN NOT COLLECTED IN OFFICIAL STATISTICS".

"UNFPA works to help empower women, improve their reproductive health, provide education, support equal rights to economic opportunity and to eliminate gender violence" writes Ms Safiye Cagar, Director of UNFPA's Information, Executive Board and Resource Mobilization Division. But the UN agency only assists properly accredited NGOs that conform to the National Aids plan... A procedure that may rule out campaigns targetting lesbian and bisexual women.

Most people connect the United Nations' health issues only with the World Health Organization. How does UNFPA work in cooperation with other UN bodies, such as WHO, UNIFEM and UNAIDS?

UNFPA programmes are developed jointly with Governments, in consultation with other UN agencies and organizations present in a country. UNFPA supports quality reproductive health services on the basis of individual decisions. Key elements include: meeting the need for family planning; ensuring maternal health and reducing infant mortality; preventing and

managing sexually transmitted and reproductive tract infections, and preventing HIV/AIDS; and eliminating traditional practices such as female genital cutting that are harmful to women's reproductive health and wellbeing. The Fund works with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank and many others, particularly at the local level. UNFPA is one of the co-sponsors of UNAIDS.

The special Rapporteur on Health, Paul Hunt, linked discrimination based on sexual orientation with sexual and reproductive health and rights. What impact does his reports have on the work of UNFPA?

UNFPA policies and programmes are derived from the Programme of Action of the 1994 Cairo International Conference on Population and Development (ICPD) and decisions of the UNDP/UNFPA Executive Board and the United Nations General Assembly. UNFPA assists health care in line with the right of all individuals to enjoy the highest attainable standard of physical and mental health, including the right to sexual and reproductive health as stated in the ICPD Programme of Action. Mr Hunt's report can only reinforce UNFPA's commitment to its mandate to support health care for all persons.

How do you collect data on groups of women, such as lesbians and bisexual women?

UNFPA gets and uses data collected by other United Nations bodies such as United Nations Statistical Division, the Population Division and others, such as WHO. Other data come from Demographic and Health Surveys, Management Information Systems of Health Ministries, Knowledge, Attitudes and Practices studies and socio-cultural research; but information on sexual orientation is very often not collected in official statistics.

How do you target lesbians and bisexual women in your actions, especially in the context of the Millennium Development Goals number 3 "Promote gender equality and empower women" and number 6 "Combat HIV/AIDS, malaria and other diseases"?

UNFPA takes a rights-based approach to reproductive and sexual health. This includes support for reproductive health services that protect a

woman's general health and well-being, that allow for well-informed decisions, and are respectful of individual decisions, without coercion or discrimination. UNFPA works with a broad spectrum of organizations, at national and local levels, to help empower women, improve their reproductive health, provide education, support equal rights to economic opportunity and to eliminate gender violence. The Fund seeks the help and guidance of national authorities and establishments in identifying groups of women living in high-risk contexts so that interventions can address their health needs.

UNFPA is dealing with Governments but also with non-governmental organizations. How do you work with local women, lesbian and bisexual women's organizations?

UNFPA provides assistance to national NGOs, including women's NGOs, on the basis of a country-level accreditation process under the guidance of the UNFPA representative or country director. The process certifies that the NGO has provided UNFPA with information such as the names on its governing bodies and senior executives; information on its population-related work; its constitution; and the legal authority under which it operates. UNFPA assistance may then be provided to properly accredited NGOs. UNFPA's representatives or country directors work on projects with a wide range of national and local NGOs. In submitting requests for assistance, NGOs provide all necessary information to justify the request: purpose, objectives, work plan, expected results and budget. Proposals at the national level are submitted to the UNFPA representative or country director of the nations concerned. Working within this framework in Honduras, UNFPA supports the National AIDS Forum, a national NGO, which provides grants to strengthen the capacity of several groups, including the Coalition of Gay and Lesbian Organizations, to work in HIV/AIDS prevention and implement HIV/AIDS prevention campaigns among people living in high-risk contexts. Assistance is extended to projects that conform to the National AIDS Plan.

DEFINITION OF HEALTH

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Preamble to the Constitution of the World Health Organization (7 April 1948).

www.who.int

THE MILLENNIUM DEVELOPMENT GOALS

In September 2000, at the United Nations Millennium Summit, world leaders composed of 191 heads of State and Government, agreed to a set of goals and targets for combating poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women.

1. Eradicate extreme poverty and hunger / 2. Achieve universal primary education
3. Promote gender equality and empower women / 4. Reduce child mortality
5. Improve maternal health / 6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability / 8. Develop a global partnership for development

A SHORT HISTORY OF LESBIANS IN THE UNITED NATIONS

Mexico 1975 : The World Conference of the International Women's Year fuels the lesbian movement. The lesbian caucus raises the question of the exclusion of lesbian issues from the agenda of the conference.

Copenhagen 1980 : The organizing committee of the Forum for the World Decade for Women approves five proposals for workshops on lesbian issues. Lesbians throughout the world dedicate themselves to the task, working in networks.

Nairobi 1985 : The International Lesbian Information Service organizes seven workshops on education, employment, health, networking, etc. The lesbian caucus comes to the conference with specific demands. To protect them from the local authorities, the head of the Forum has the lesbian workshop tent taken down, an act that puts lesbian issues in the spotlight.

Cairo 1994 : For the first time, the term "sexual rights" is placed in an official intergovernmental document for the Conference on Population and Development. Even though the term is withdrawn, the debate on sexuality is vigorous.

Beijing 1995 : An international campaign manages to have lesbian issues included in the official agenda, and a lesbian "tent" is set up throughout the conference. The official Conference Committee discusses the term "sexual orientation".

Canada 1998 : 150 NGOs come together in the Global Forum for Human Rights and produce a document dealing with sexual orientation and including in its final report recommendations from LGBT groups.

New York 2000 – Beijing + 5 : Session of the General Assembly of the United Nations aiming to follow up the Beijing Platform for Action. At the Millennium summit of the UN the eight Millennium Development Goals are established.

New York 2005 – Beijing +10 : UN Commission on the Status of Women conducts the ten-year review and appraisal of the Beijing Platform for Action.



Control over Women's Bodies

Some health issues are common to all women regardless of their sexual orientation. The desire to control women's behaviour, especially their sexual behaviour, is unfortunately all too common in all four corners of the world. Lesbian and bisexual women suffer even more due to the multiple discriminations that they face, first from traditional gender discrimination and second due to their sexual orientation. Those coming from social, cultural, religious or ethnic minorities suffer even more. Discrimination and violence towards those perceived as being different occur even in supposedly protected environments such as family and friends' circles. Lesbians are specifically targeted for rape, sometimes even organised by families to rectify women's sexual orientation or to punish them. Women are often forced into marriage, which is considered a way to hide their real sexual identity, or even worse treated as not having any choice over their sexuality. In many parts of the world forced marriage is still common, often with tragic consequences for women's health.

Just like in most places around the world Nigeria is a patriarchal system, male dominated. The dominant value under which people are assessed, judged, formed, modelled is male dominated. The only sexual agent is a masculine. Even if you are a female, heterosexual, you do not have control over your body. You do not have any say in decisions over matters that may concern you even directly, such as how to manage the menstrual cycle, when to have sex, if at all to have sex, who to have sex with, limits in negotiating relationships, choosing a partner, having children. Those are not controlled by a woman even when she is heterosexual. There is a perpetuation of low value in assessing who a woman should be, we do not have the same rights if we have any at all, whether or not we are heterosexual, it does not matter. (...) In this context it is difficult to be different as a woman.

From Dorothy Aken'ova's speech at ILGA panel at the 61st UNCHR in March 2005 "Lesbian and bisexual women: suffering multiple discrimination". Dorothy is a linguist, a feminist and a sexual rights activist. She founded and heads the International Centre for Reproductive Health and Sexual rights (INCRESE), an NGO that works for a favourable environment and expands access to sexual reproductive rights and health information and services.

RAPE AS A FORM OF CONTROL OVER WOMEN

SOUTH AFRICA:

10% OF BLACK LESBIAN WOMEN AND 4% OF WHITE LESBIAN WOMEN HAD EXPERIENCED SEXUAL ABUSE IN THE PERIOD 2002-03

One of the oldest gay and lesbian organizations in South Africa, OUT focuses its work on three areas: direct services, research, and mainstreaming of lesbian and gay issues. OUT works within a human rights framework, underscored by values of non-racism, non-sexism and social justice for all. Its lesbian-specific publications focus on lesbian women living in a patriarchal society and on sexual and mental health issues. Toni Kruger, Senior Project Officer, tells us more about the work carried out on rape and about a brochure entitled "How to Survive Rape" which targets under-resourced lesbians and gays. What is rape? What to do if you are raped? How should you deal with the police? How can you prevent it?

South Africa is one of the few countries in the world that is encouraging women to declare to the police that they have been raped. As a consequence, it is one of only a few countries with a good record concerning this plague. How much do official statistics reflect the reality of rape and, in particular, the rape of lesbians?

I would not consider South Africa a country with a good record on rape. The Executive Director of GenderLinks, a South African NGO working on women's issues, recently went on record as saying that probably the 55,000 cases of rape

reported in 2004 reflect only a quarter of all the rapes that actually occurred. The South African Police Service Statistics for 2004/05 show that the incidence of all violent crimes has decreased with the exception of rape. Even when rape is reported, many rape charges are subsequently withdrawn due to family pressure. In addition the conviction rate on rape cases stands at a ludicrously low 7%. With reference to lesbian rape, the picture becomes even darker. Official figures do not reflect the sexual orientation of the complainant. To my knowledge the OUT levels of empowerment survey (conducted in 2003-04) provides the only available quantitative data on levels of sexual abuse experienced by lesbian women. Unfortunately we did not specify rape versus sexual abuse in the survey. Based on this data, 10% of black lesbian women and 4% of white lesbian women had experienced sexual abuse in the period 2002-03. There are no figures available for determining the overall prevalence of rape among lesbian women, but there is a great deal of anecdotal evidence which leads us to believe that the figure may be as high as one in three black lesbian women has been raped by the age of 25. Zanele Muholi of the Forum for the Empowerment of Women (FEW), a black lesbian organization based in Johannesburg, is tracking rape of black lesbian women in Gauteng, a province of South Africa, by conducting interviews with women who have been raped. To date she has conducted nearly 50 interviews.

Can you explain what "curative rape" is and how it is used to keep control of women and, in particular, of lesbians?

A hate crime is a crime committed because of the perpetrator's prejudices. It is a crime in which the perpetrator's conduct is motivated by hatred, bias or prejudice, based on the actual or perceived race, religion, national origin or ethnicity, gender, sexual orientation or the gender identity of another individual or group of individuals. "Curative rape" is such a crime. In the case of lesbian women, and particularly butch lesbian women, rape is used to demonstrate that as women they are subject to the power of men over their lives. "Curative rape" is motivated by the belief that lesbian women are attempting to "pretend" to be men and is designed to "prove" that they are women. The idea that all lesbian women need to become heterosexual "thanks to" heterosexual intercourse is very prevalent in

some communities in South Africa. The OUT levels of empowerment study has shown that the high prevalence of hate crimes leads to high levels of fear of victimization which in turn tends to control which behaviours women feel safe to engage in. This can influence freedom of movement, dress code and social interactions. "Curative rape" can force lesbian women into hiding even in their homes, families and communities.

"The idea that all lesbian women need to become heterosexual "thanks to" heterosexual intercourse is very prevalent in some communities in South Africa".

Why did a lesbian and gay organization such as "OUT" decide to deal with rape by developing the brochure "How to Survive Rape?"

Lack of access to post-exposure prophylaxis (PEP) after rape is an important sexual health issue in South Africa, given our high HIV prevalence rates. In general there is a significant lack of knowledge about rape and about dealing with the consequences, including the need to access PEP, in the communities in which we work. This is particularly troubling given the high incidence of rape of gay and lesbian people. The OUT rape booklet is a first step in addressing these issues, and is focused specifically on gay and lesbian people. To our knowledge it is the only LGBT-specific material about rape available in South Africa today. One of the primary barriers to accessing services and rights in South Africa is knowledge of what those services and rights are. We have a wonderful constitution which, in theory, protects us from discrimination on the basis of sexual orientation. Unfortunately, in practice, on the ground, there is still a great deal of homophobia. It is therefore vitally important that people should be aware of what their rights are and where to access what kinds of services. The OUT levels of empowerment study showed that only 40% of respondents had reported cases of rape or sexual abuse to the police. Some of the reasons given are: 75% felt that the police would not take them seriously; 50% had previous negative experiences with the police; 42% felt that by reporting hate crimes they would be making themselves vulnerable to abuses by the police. The same study also indicated that 6% of the sample had been refused treatment for an ailment by a healthcare provider on the basis of their sexual orientation and a further 12% of the sample had delayed seeking treatment for an

ailment for fear of discrimination. In the case of PEP many people are not well informed about it and do not know what it is, what it does, or where to get it. This means that many LGBTI people will not find out within the 72 hour time limit that there is medication that can be taken to prevent infection with HIV. Therefore we feel that it is vitally important that people should be informed of the existence of the medication and where to access it. This knowledge may also potentially promote seeking treatment and support after a rape.

OUT is based on values of non-racism, non-sexism and social justice for all. How are these values being presented in a brochure about rape?

In general, in South Africa, of all LGBTI people, black lesbian women are subject to the highest levels of discrimination and victimization. This is particularly true when women show more masculine gender identities. Black gay men, particularly those in under-resourced contexts also experience high levels of discrimination and victimization. OUT believes that inequalities cannot be addressed solely by the provision of material and for this reason we engage in various activities including mainstreaming programmes with service providers such as the Department of Education. These programmes are aimed at increasing LGBTI people's access to rights and appropriate services. OUT also produces a variety of materials addressing issues such as safer sex, for a variety of target groups. The rape booklet is intended to serve a broad population, but the groups which are most at risk from rape or other forms of gender-based violence are black lesbian women and black gay men in under-resourced contexts. For this reason the rape pamphlet is specifically targeted at these groups. This is reflected in the kinds of referrals given as well as in the types of information provided. In general when we refer to gays, we mean gay men, and use the word lesbian to refer to lesbian women. The booklet was not targeted exclusively at lesbian women, but at gay and lesbian people generally.

Do you work with other organizations in South Africa on rape, and how do local authorities perceive the work you are carrying out?

The Forum for the Empowerment of Women (FEW) is a black lesbian organization, based

in Johannesburg. FEW runs a campaign against hate crimes, including rape, called "The Rose has Thorns". We have participated with them in various activities of this campaign, and are also linked with FEW and other gay and lesbian organizations in South Africa through the Joint Working Group, an informal group of registered non-profit organizations providing services to LGBTI people across South Africa. More generally we are beginning a mainstreaming project with the Victim Empowerment Programme, a group of trauma and government service providers. The project aims to equip and influence mainstream trauma service providers to provide better, more relevant services to gay and lesbian people. In general we have had an extremely positive response to the rape booklet from various quarters.

"Poverty and disempowerment need to be dealt with more adequately before a real difference will be seen in the incidence of rape".

In a patriarchal society rape is used to keep control over women's lives, and collective rape of women is being used as retaliation in various war conflicts in the world. Do you think that an awareness-raising campaign against rape could help reduce violence against women?

Awareness-raising campaigns are valuable in that they bring certain issues into the light. However, I have serious doubts about the efficacy of awareness campaigns on their own to change the behaviour of a society. In my opinion we, in South Africa, need to put significant resources into improving the structure and availability of services and access to justice. This applies to the treatment provided for survivors, but also to the police and the judicial system. Improving these structures would reduce the incidence of rape, as well make it more likely to be reported. I also think that there are systemic reasons for the high incidence of rape in South Africa, and that these systemic issues (e.g. poverty, disempowerment) need to be dealt with more adequately before a real difference will be seen in the incidence of rape. With specific reference to gay and lesbian people, I think that the homophobia and heterosexism in our society contribute significantly to increasing

their risk of rape. The interventions run by various organizations are addressing these issues, although it is a very slow process of change.

www.out.org.za

WOMEN'S CONTROL OVER THEIR SEXUAL LIVES

SEXUAL AUTONOMY IS AN INDIVISIBLE PART OF DEMOCRACY, AND THE DEFENCE OF THIS RIGHT IS BY EXTENSION A DEFENCE OF DEMOCRACY. YET THIS AUTONOMY HAS OFTEN BEEN QUESTIONED, EVEN PUT DOWN, AS BEING 'UN-AFRICAN'.

A recent study undertaken in Windhoek on sexual and reproductive autonomy shows most women in Namibia are not free to make their own decisions about their sexual and reproductive lives. The researchers found that factors such as poverty, social and gender inequality, sexual violence and culture all restrict women's freedom of choice when it comes to matters of sex and reproduction. [...] The study found that sexuality and fertility were not matters of individual or even rational choice. Instead, women's rights with regard to autonomy over their bodies are embedded in a complex set of social, economic and cultural relationships which make these rights difficult to enforce. In a truly democratic society, women should have the right to make their own decisions about their sexual life. It can be said that the right to sexual autonomy is an indivisible part of democracy, and the defence of this right is by extension a defence of democracy. Yet this autonomy has often been questioned, even put down, as being 'un-African'. The evidence suggests that only very few, privileged women have sexual and reproductive autonomy. For most (particularly poor) women, these rights are denied due to patriarchal cultures and/or difficult socio-economic circumstances. The study confirmed the findings of other studies done in Namibia and elsewhere: that high levels of inequality in our society prevent women from exercising control over their own bodies. Women's sexual and reproductive health is connected to social and cultural issues, the statistics startlingly amplify women's lack of autonomy over their bodies. In the case of extreme forms of violence, such as rape, the victim has no control. But there are other more subtle forms of control over women's bodies. These include certain cultural

practices, women's economic dependency and the patriarchal regulation of women's sexuality and fertility. Some of these forms of control are seen as natural and unchangeable, particularly those which are linked to culture and tradition. African women are therefore often unwilling to challenge these forms of control because they do not want to be labelled 'un-African'.

By Lucy Edwards, Sociology Department of the University of Namibia. From an article published by Sister Namibia, October 2005, Vol. 17 n.3

FORCED MARRIAGE IN SOME CASES MARRIAGE CAN BE A DEATH TRAP.

"We have to educate our young girls that marriage is an option, a choice and not a must. Young women and women are taught that marriage is the only way through which a female can gain status in the community. Marriage is considered to be a "safe haven" where people are supposedly faithful to each other. However, in Namibia one group of women who are severely affected by HIV and AIDS are young married women. In some cases marriage can be a death trap. We have to educate our young girls that marriage is an option, a choice and not a must, and that both as single and as married women they have sexual rights, i.e. the right not to be raped, the right to choose contraceptive methods and the right to demand the use of condoms by their partner or husband."

"Other forms of forced marriage take place when a woman is forced to marry her deceased sister's husband, or when a widow is forced to marry her brother-in-law or another relative of her deceased husband; again to keep the wealth within the extended family."

"In some communities women have to kneel before husbands and other males, for example when they are serving them food. We call this practice 'enforced worshipping of men and enslavement of women'. There is a need to debate the consequences of this practice and the effect that it has on women and girls in terms of their dignity, humanity and equality."

From a Press statement issued by Women's Leadership Centre, Namibia,
24 November 2005

COMMON MYTHS ABOUT RAPE IN SOUTH AFRICA... AND ELSEWHERE

- Rape occurs between strangers in dark alleys.
- Women and gay men provoke rape by the way they dress or act.
- Women and gay men secretly want to be raped.
- Women and gay men who drink alcohol or use drugs are asking to be raped.
- Rape is a crime of passion.
- If s/he didn't scream, fight or get injured, it wasn't rape.
- You can tell if s/he's "really" been raped by how s/he acts.
- Only gay men get raped
- Only gay men rape men (as opposed to all men).
- Lesbians can be "fixed" by being raped.
- Husbands cannot rape their wives.

www.out.org.za

FORUM FOR THE EMPOWERMENT OF WOMEN

www.mask.org.za/JWG/few.htm

A networking, empowerment and support organization of and for black lesbians, FEW's aim is to "provide safe social and other spaces for black lesbians to be free to express themselves and interact in healthy, non-threatening ways; develop, empower and skill black lesbians; ensure political representation of the interests of black lesbians". FEW is running "The Rose has Thorns" campaign against hate crimes directed at black lesbians, particularly those living in townships. The organization supports, counsels and offers advice to victims of violence (rape and assault due to sexual orientation) but also to the police and other services on how to deal with these crimes. The campaign is lobbying for action against gender-based violence and in favour of hate crimes legislation aimed at criminalising hate speech and other hate-motivated oppression.

SISTER NAMIBIA

sister@africa.com.na

This non-governmental women's human rights organization works "towards a society liberated from patriarchal domination in which all people have equal rights and opportunities and live in peace, prosperity and dignity". Its goals are to increase awareness among women of the ways in which political, social, cultural, legal and economic systems of power control and oppress girls and women; oppose and challenge sexism, racism, homophobia; promote the full protection of the human rights of all girls and women.



Sexually transmitted infections and hiv/aids

Lesbian and bisexual women began working with gay, bisexual and transgender men as part of the community of sexual minorities in a more significant way when the latter started working on AIDS and HIV issues. Although lesbian and bisexual women were active in the AIDS campaigns, they were cast mainly in a supporting role, because lesbians were supposed to be the least vulnerable to the risk of this disease. But this attitude did not take into consideration the fact that in many parts of the world most women, whether they are lesbians or not, have to be married simply to survive. Hence, the same level of risk to get the virus. While concern for men's health rose with worldwide attention to AIDS, the health needs of lesbian and bisexual women had little support and received no interest from the public. Even today there is little research on transmission of HIV virus and other sexually transmitted infections – STI – between two women, as compared to the research made for gay men. This leads to belief amongst lesbian and bisexual women themselves that they are immune to contracting sexually transmitted infections when having sex with another woman. Although there is no unanimity on this issue, some women and lesbian organizations have started to raise awareness and educate their community in order to get one message across: HIV and STIs can also be transmitted between two women.

Women comprise about half of all people living with HIV worldwide. In sub-Saharan Africa, where the epidemic is worst, they make up 57% of people living with HIV; and three quarters of young people infected on the continent are young women aged 15-24. In unprotected heterosexual intercourse, a female is about twice as likely as a male to contract HIV from an infected partner. Furthermore, in addition to their higher biological vulnerability, girls and women are made particularly vulnerable to HIV by conditions of gender inequality. Economic and social dependence on men often limits women's power to refuse sex or to negotiate the use of condoms. And inadequate access to education and employment opportunities encourages many women to sell or barter sex to survive. Sexual inequality endangers women's lives, and gender issues must be taken into consideration in the design of HIV prevention and care programmes.

Unaid 2004
www.unaids.org

SEXUALLY TRANSMITTED INFECTIONS (STIs)

PRAZER SEM MEDO. AN INTERVIEW WITH MÍRIAM MARTINHO.

Um Outro Olhar is an information network for lesbians, created in 1989, and is the oldest civil society organization defending lesbian rights in Brazil. They work on health issues and human rights of women and sexual minorities through two main approaches: information, education and communication as well as behavioural intervention. The organization produced a brochure called "Prazer sem medo" (Pleasure without fear), which aims at spreading information within the lesbian and bisexual communities on the importance of health care in general and gynaecological care in particular. It describes how to perform breast examination on one's own, how to practice safer sex and gives basic tips on having an active approach towards health.

Your organization is defending lesbian rights, namely human rights, in Brazil. Why work specifically on lesbian health issues?

There is a lot of misinformation with regard to women's health, specifically the health of women who have sex with other women. This was the main reason for us to launch our projects around the health of lesbians and for lesbians. We were the first lesbian group to do this in

Brazil, beginning in 1995, with the support of the Health Department. Um Outro Olhar has two main lines of work: health and human rights. We address them separately for practical reasons, but obviously they are intertwined. The right to health is a basic human right. In our country, access to health services is difficult for the majority of the population, not to speak of socially discriminated people like lesbians. We seek to inform the lesbian community and people in general about the specific nature of lesbian health needs, in order to prevent prejudice from undermining the quality of health care for lesbian patients.

In the title of your brochure "Prazer sem medo" you link health and sexual pleasure. Why did you connect those two subjects together?

As from the 1980's, with the AIDS pandemic, there was a widespread fear of catching an illness through sexual contact. Although lesbians consider themselves immune to AIDS, the discussions raised around HIV also called for the discussion of STI; lesbians then became interested and concerned. No one wants to give up pleasure in erotic-emotional relationships; but we do want to enjoy in a healthy way, feeling safe. The title of our brochure "Prazer sem medo" is meant to stress the fact that it is possible to have both things (pleasure and health) together.

How was this brochure welcomed among the Brazilian lesbian communities?

It was warmly welcomed. The two printed versions "sold out"! We are printing the third edition in 2006. With around 1300 visitors a day, the digital version in our website is widely used. Some organizations ask us for printed versions for them to use in workshops and lectures. We did not have problems of any kind with the authorities. On the contrary, both printed editions were sponsored by governmental agencies; this will also be true for the third edition.

What other types of information campaigns on health do you envisage?

Another interesting campaign on lesbian health would be one targeted to physicians, especially gynecologists. The government shows interest in the health topic, but we don't know if it is in

its plan to provide funding for this campaign for the lesbian community. It is currently giving priority to more vulnerable groups, such as the people with AIDS and women in poverty.

www.umoutroolhar.com.br

HIV/AIDS AND GENDER-BASED VIOLENCE

WHEN GENDER-BASED VIOLENCE IS COMBINED WITH HIV/AIDS, THESE TWO SCOURGES ARE EVEN MORE LETHAL THAN EACH WHEN VIEWED AS MUTUALLY EXCLUSIVE.

Engender is a South African NGO engaged in research and capacity building in the areas of genders and sexualities, justice and peace. Its objective is to provide participatory research and facilitation services directly to communities of people, in particular the women's and peace movements, for their self-empowerment. Its founding Director, Bernedette Muthien explored the intersections between gender violence and HIV/AIDS in South Africa and identified the services available, if any, to address both problems. More importantly, she details the impact of HIV/AIDS on female survivors of gender violence (rape/sexual assault and domestic violence), and talks about the needs of these women and how they can be met. Below are a few extracts that speak for themselves:

"Southern Africa is at present confronted with two key epidemics: HIV/AIDS and gender-based violence. When gender-based violence is combined with HIV/AIDS, these two scourges are even more lethal than each when viewed as mutually exclusive. Since the prevalence of HIV/AIDS in South Africa is at least 10% of the population nationwide, it can be assumed that women (and less frequently children and men) who are subjected to coercive sexual intercourse, from stranger rape to sexual intercourse in relationships subject to domestic violence, are at greatest risk of being infected with HIV, in part due to their lack of power to negotiate safer sex practices."

"[Due to] the perception that HIV does not affect dykes - there is minimal literature on HIV and dykes. But because of gender-based violence, dykes are at higher risk, especially specifically [if violated] on the basis of [their]

sexuality. (...) we need to repackage the issue and encourage women to test for HIV, perhaps as a sub-issue to why they come in. Broadly, women are very susceptible to [HIV] infection, but they are always referred to heterosexual organizations. The organization needs to create understanding. Lesbians who have sex with men are also a huge issue."

"(...) "It is worse for lesbians in every sphere, for example medical treatment. (...) Intersectionality of oppressions is important since it compounds one's experience of oppressions, for example they love you on the stage as an artist, but they don't want you as part of the family". The issue of lesbianism is further exacerbated by the large-scale invisibility of women in general."

"Since services are geared towards heterosexual women, lesbians and bisexuals face not only the silence and stigma about their sexuality, but also about their experiences of gender-based violence. (...). Homophobic paranoia is even worse than for HIV. Lesbian sexuality is an even greater threat for women's sexuality, with the false belief that lesbians are a danger to children - what they [shelter residents escaping domestic violence] fear is that lesbians would sexually molest their daughters and/or sexually molest other shelter residents. So, for example, they won't go into the bathroom if a lesbian is there already. The biggest fear of moms is of their boys being feminine."

"Strategic Interventions:
Intersections between Gender-Based Violence & HIV/
AIDS" by Bernedette Muthien / Engender
www.engender.org.za

GENDER, HEALTH AND AIDS

NEGOTIATING SAFER SEX IS OFTEN NOT A REALISTIC EXPECTATION

The issue of women and AIDS is centred on empowerment and training women to negotiate for safer sex, for their bodily integrity. Often women do not have much choice and are not in a position to negotiate in developing countries. If lesbians and bisexual women are at risk at all, it is from having relations still with a man because of the unequal status of women. In a developing country, negotiating is often not a realistic expectation. When a woman negotiates for safer sex or refuses sex, she can become a victim of violence. The Philippines is one of the biggest suppliers of labor in the world. Most of them are domestic helpers and seafarers. Seafarers' wives do not see their husbands for years. When the men return, sex is on demand and unprotected. The women presume that their husbands had been celibate. Many HIV cases have arisen due to the situation wherein a woman gets a sexually transmitted infection from her husband who demands unprotected sex. (...) The difference between the way men and women behave in sex is that women are conditioned to be celibate or monogamous while men are allowed many partners. Even men having sex with men feel a sense of entitlement whether to have safe or unsafe sex. Gay men must also look into women's issues, these being an issue of disempowerment or disenfranchisement. The lower status of women must be addressed.

Anna Leah Sarabia. From the workshop held on Gender,
Health and Aids at the 22nd ILGA World Conference, November 2003, The Philippines.

HARMFUL CULTURAL PRACTICES AND HIV/AIDS

WHAT IS A NAMIBIAN WOMAN’S CHANCE TO SURVIVE THE HIV/AIDS PANDEMIC?

“Young women are given away to uncles and cousins, usually men who are much older than themselves. Young women in these communities do not have a choice; parents and other clan members decide to whom they will be given into marriage. This is done in order to keep the wealth in the extended family. This harmful practice violates young women’s rights to choice and freedom of association, and puts them at risk of HIV and AIDS.”

“The practice of ‘dry sex’, in which women use herbs to dry out the vagina and thereby enhance the sexual pleasure of men, leads to the tearing of the wall of vagina and exposes women further to infection with HIV.”

“A ‘good marriageable woman’ is believed to be silent, obedient and shy. Our girls are raised not to challenge and demand, but to obey. This is further reinforced by different religions that teach women to obey their husbands at all costs. What is a Namibian woman’s chance to survive the HIV/AIDS pandemic? Discussions of sex are seen as dirty and taboo, and men are seen as the ones who are supposed to take the initiative in sexual matters. How can women and young women confront boys and men in such situations? Moreover, divorce is out of question for many women, who have to endure domestic violence, including the violation of becoming infected by a promiscuous husband ‘until death do us part.’ ”

“Some traditional healers encourage men to sleep with babies and virginal young girls to cure themselves from HIV/AIDS.”

From a Press statement issued by Women’s
Leadership Centre, Namibia, 24 November 2005



ACON

www.acon.org.au

It is an Australian health promotion organization based in the gay, lesbian, bisexual and transgender communities with a central focus on HIV/AIDS. It provides HIV prevention, health promotion, advocacy, care and support services to members of those communities. ACON developed and produced a campaign around HIV and STI prevention for lesbian and gay people called "Mates look after each other".

AIDE SUISSE CONTRE LE SIDA

www.aids.ch

The Swiss AIDS Federation is active in the fight against the spread of HIV/AIDS and other sexually transmitted infections and is committed to ensuring quality of life for those infected. The website provides general information about HIV/AIDS in English, French, German and Italian.

The manual "La santé: Parlons-en!" (Let's talk about health) is intended for lesbian and bisexual women. Among others, the booklet talks about gynecological examinations, menopause, HIV/AIDS, violence towards women and among same-sex couples. The last chapter gives a list of Swiss lesbian, women and AIDS organizations. The manual is available in German and in French on www.aids.ch/shop/e.

EQUAL

www.equalonline.co.uk

Equal was set up when several organizations agreed to work jointly to promote and enhance the sexual health information available to the lesbian, gay and bisexual community in the West of Scotland, UK. A three-year campaign was launched in 2004 featuring advertising that tackles lesbian and gay sexual health issues so that people can enjoy more fun and fulfilling sex lives, regardless of whether you have no partner or lots of partners! The ads have been designed to take on a slightly more humorous

approach than traditional sexual health advertising. Equal is keen to promote the different ways to have safer sex, including mutual wanking and using sex toys. All the images are real lesbians that live in Glasgow.

STIs are the domain of gay men and heterosexuals right? Wrong. Oral and other kinds of sex carry a risk for lesbians, too; and it's worth knowing about them. Nicky Coia, Senior Health Promotion Officer, of NHS Greater Glasgow said: "One challenge with the women's work has been issues of how women choose to be represented visually without falling into stereotypes, and also about how risque language could be used. A small number of women really didn't like the headline in STI image, although by far and away the majority did. This has been difficult to balance with the needs of other women who have berated us for not daring to use the word c*nt to describe vagina!"

EURO-MEDITERRANEAN UNIVERSITIES OF HOMOSEXUALITIES (UEEH)

www.ueeh.org

The Euro-Mediterranean Universities of Homosexualities take place every year in July when several hundred LGBT people meet in Marseille, France. The UEEH is a place for exchange, debates, discussions, conferences, workshops, exhibitions.

In 2005, a workshop on lesbian safer sex was proposed by Faina Grossman and Clotilde Genon. The content of this workshop included prevention of STI for lesbians, such as the various types of STI contamination; awareness raising; how to protect yourself; the link between alcohol, drugs and prevention; the risk of hierarchisation of sexual practices; exclusion of those considered sick; access to the various means of protection; how to facilitate discussion on lesbian sexuality. The workshop was for lesbians, women and transgender women only.

FREEDOM AND ROAM UGANDA (FAR)

www.faruganda.4t.com

This lesbian association was established in 2003 by a group of lesbians who were constantly harassed, insulted and discriminated against by a misinformed society in Uganda. Its objective is the attainment of full equal rights of lesbians, bisexuals and transgender women, as well as the removal of all forms of discrimination based on sexual orientation.

The organization has a regular radio talk show aimed at raising awareness about the existence of LGBT people in Uganda and informing, educating, as well as calling lesbians to join forces and support the struggle. It also offers counseling services to lesbian, bisexual and transgender women. The FAR team also participates in the formulation of the Uganda HIV/AIDS policy and works hand in hand with Sexual Minorities-Uganda (SMUG), an alliance of LGBT organizations in Uganda.

GENDERDOC – M

www.gay.md/lesbi/eng

The Informational Center on Gender Studies is the only organization for gays and lesbians in Moldova with a juridical status. The main goals of the organization are to promote health and sexual education for youth, help them in their transition from adolescence to adult life, support those representatives of sexual minorities who are discriminated against and help them find justice.

In November 2004 GenderDoc organised a one-day seminar on lesbian and bisexual women STIs and safer sex practices. It was managed by a team of lesbian activists: Faina Grossman, Lada Pascari and Olesea Bondarenko. Participants discussed different issues in relation to STIs: what is safer lesbian sex, the degree of danger in transmitting HIV/AIDS among female lovers, the issue of trust between long-time partners, vaginal infections that are not transmitted du-

ring sex, the necessity of open dialogue between partners in relation to STIs and sexual practices.

GenderDoc produced a brochure on STIs and safer sex practices for lesbian and bisexual women. The brochure covers the following issues: information about STIs; vaginal infections and HIV/AIDS, including their symptoms; probability of transmission to women having sex with women; preventative measures and treatment; safer sex practices and measures of protection while using different types of lesbian sex (fingering, cunnilingus, penetrative sex, anal sex, using sex toys, etc). The brochure is distributed free of charge among the lesbian and bisexual women community in Moldova and is available in Russian and Romanian.

LABRIS

www.labris.org.yu/en/

A Serbian lesbian human rights group, Labris works on the elimination of all forms of violence and discrimination against lesbians and women of different sexual orientation. Labris' goals are to support lesbians and women of different sexual orientation in accepting their identities, promote the right to lesbian existence and reduce public homophobia, cooperate with lesbian groups from former Yugoslavia and lesbian and gay groups in Serbia and Montenegro, work on the change of legislation that would acknowledge the rights of the same-sex oriented people, lobbying non-governmental and governmental organizations to acknowledge lesbian rights as part of human rights.

"Sigurniji Lezbejski Sex" (Lesbian safer sex). This brochure is intended for women who identify themselves as lesbians and for women who have sex with other women. It includes detailed information about HIV/ AIDS; describes the anatomy of a vagina (called "inside story"); and lists different types of lesbian sex practices, including the use of dental dams, sex toys, dildos and anal toys. It explains how to negotiate sex and protection, how to take preventive measures and

how to deal with artificial insemination. A special section is dedicated to prostitution and advices for those using drugs and sharp instruments, piercing and tattoos. It also mentions lighter subjects, such as sports and other recreational activities and gives listings of venues where one can buy protective devices and sex toys. There is a dictionary of terminology, the contact details of different groups and an SOS line. The brochure is distributed free of charge among the lesbian communities in Serbia and Montenegro, Slovenia, Croatia, Macedonia and Bosnia.

LECRIPS

www.lecrrips.net/L/

This French website offers various documents and brochures that can be easily printed out and disseminated. The brochure dedicated to gynecological follow up describes how a gynecological visit is usually carried out and why it is important to have preventive visits. The STI brochure describes the various infections than can be contracted during sexual intercourse with women, but also with men. The brochure on sexual orientation describes coming out and negative and positive myths about homosexuality. The website also proposes a game to be played in couple or among friends to push people to talk freely about sexuality.

LOTHIAN GAY & LESBIAN SWITCHBOARD

www.lgls.co.uk

A help and support organization for the LGBT community within the Edinburgh and Lothian area and those living in other parts of United Kingdom. It provides assistance to families, friends and other supporting organizations. Main services include telephone and email support and information on a range of issues, including sexuality, relationships and coming out.

The Lothian Lesbian Line is a volunteer run community service, part of Lothian Gay & Lesbian Switchboard. The helpline has been in existence for over 30 years

and provides emotional support, sexual health promotion and information to women. Lesbian line is for women and staffed by women who are lesbian. Many of their calls are about coming out, sexual identity in general, sexual health, relationships, isolation and other health and emotional matters.

The leaflet "Lesbian Sex - Are you as safe as you think?" describes how lesbians are at risk of STI, it is not what you do but the way you do that can put you at risk is its main message. It details how STI can be transmitted and how to protect yourself. This brochure has been distributed to women's organizations and counselling centres.

MIXANGES

mixanges@yahoo.fr

Mixanges gathers a group of French artists who carry out prevention projects, namely via exhibitions. The organization created STI/AIDS prevention postcards specifically targeted at young lesbians to make up for the lack of STI/AIDS prevention information for young lesbians and bisexual women. The reverse side of the postcards can be adapted and customised by any organization that wishes to use them for prevention purposes.

OUT

www.out.org.za

The pamphlet "Woman loving woman and STI" provides information to both lesbian women and gay men on HIV and STIs in South Africa. It is targeted at younger, under-resourced gay and lesbian people. It deals with variations in women who have sex with women (WSW); myths about the sexual health of WSWs; STIs, including common symptoms; what to do if you have an STI; transmission of STIs, including HIV; dealing with rape; safer sex strategies.



SENSOA

www.sensoa.be

Sensoa is the Belgian Flemish expert organization on sexual health and HIV. Its strategy is determined by five target group programmes: children, young people and their parents; adults; homosexuals, lesbians and bisexuals; migrants; and people with HIV.

The organization published an article in its 2005 yearbook on the health needs of lesbians in Flanders. The article contains an analysis based upon a literature overview, a questionnaire taken amongst lesbians and interviews with experts. It compares heterosexual to homosexual and gay male to gay female health problems and behaviours. Female cancers, domestic violence, alcohol addiction, relational problems with health care professionals and institutions seem to be different for lesbian and bisexual women. Motherhood, menopause and aging also seem to have a different course specific to lesbians. But above all, the article underlines that ignorance concerning homosexuality and absence of items specific to homosexual men and women in the usual statistical collections contribute to the lack of reliable data.

Risico's van onzichtbaarheid - Seksuele, lichamelijke en emotionele aspecten van de gezondheid van lesbische vrouwen in Vlaanderen (Risks related to lack of visibility - Physical, psychological and sexual aspects specific to female homosexual health in Flanders) - by Mark Sergeant.



THE YOUNG WOMEN'S HEALTH PROJECT

www.likt.org.uk

This British organization is run by and for young lesbian and bisexual women. It works to improve young lesbian and bisexual women's health by promoting activities which address six areas of well-being: physical, emotional, intellectual, spiritual, occupational and social/community. The organization also issues a quarterly magazine called LIK:T.

The organization created a "Guide to sex and relationships" to encourage positive attitudes to being lesbian or bisexual. The guide contains safer sex information, but also a quiz on assertiveness, and information on relationships.




THE WOMEN'S SUPPORT GROUP

www.wsglanka.com

This organization supports lesbian, bisexual and transgender women in Sri Lanka. They regularly hold workshops on sexual health, sexual rights and sexuality. The purpose of having these workshops is to raise awareness on women's issues regarding sexuality and to give knowledge about women's health related to STI/HIV, etc.

The Women's Support Group has undertaken a series of workshops in the rural areas of the country, with women leaders of the communities. The main aim is to raise visibility of the organization as a support group for lesbian, bisexual and transgender women. In most instances, they have held these workshops for women community workers who are leaders in their own villages and districts. By addressing these women, they wish to bring attention to the stigma and discrimination faced by LGBT people in their own surroundings. In their activities they focus on gender awareness in relation to society, as sexuality and gender are intrinsically connected.



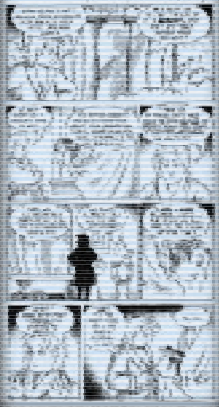


LEBBY BREAST HEALTH PROJECT

[illegible]

1. The first step is to identify the problem.
 2. The second step is to define the problem.
 3. The third step is to analyze the problem.
 4. The fourth step is to develop a solution.
 5. The fifth step is to implement the solution.
 6. The sixth step is to evaluate the solution.
 7. The seventh step is to monitor the solution.
 8. The eighth step is to maintain the solution.
 9. The ninth step is to improve the solution.
 10. The tenth step is to document the solution.

• **Besting English language learners:** Students are provided all of your materials and all support.



At last, a smear campaign aimed at lesbians.


$$E_{\text{eff}} = E_0 \left(1 - \frac{\alpha}{\beta} \right) \quad (1)$$


Breast and Gynecological Cancer

Research shows that lesbian and bisexual women do not regularly see a gynecologist. Most may feel that visiting one is relevant only in cases of contraception and motherhood. The fear of a lesbophobic reaction from health care providers and a reluctance to share “private matters” with a stranger also play a role. Many organizations are trying to raise the awareness among lesbian and bisexual women of the importance of seeing a gynecologist, namely for prevention purposes of the types of cancer that have a higher incidence among this community: breast cancer and uterus cancer. There is no scientific unanimity on the frequency for preventative cancer screenings; and we wanted to illustrate various and sometimes diverging or even opposite opinions, from the medical to the activist point of view. But one thing seems to be unquestionable to us: the earlier cancers are detected, the higher the chance they can be cured.

GETTING THE CARE YOU DESERVE

WHAT SORT OF ROUTINE SCREENING EXAMS DO YOU NEED?

You should have the same screenings as any other woman. The problem is that we don't have the research to tell us whether you need more or less than other women. Until we can document that lesbians are at greater or lesser risk for various diseases, you should follow the same screening schedules as are indicated for heterosexual women. Your provider may require some reminding on this point; a recent study showed that unless women complained of relevant symptoms, women who partner with women were not screened for common infections such as bacterial vaginosis and chlamydia.

STD Screen :

Whenever you have a new partner, and before you and your partner discuss safe sex practices.

Pap Smears :

Begin screening at age 18 or when you become sexually active. Have yearly Paps until you've had three consecutive negatives; after discussing your risk factors with your provider, you may then be able to have Paps every 2-3 years. Keep in mind that more recent research is indicating that women may acquire new strains of Human Papiloma Virus from new partners, so a new partner may be a reason to revert to yearly Paps.

Mammograms :

Every two years starting at age 40 and yearly at age 50 and older. Get an annual breast exam by a health care provider starting at age 30. Consult your provider if you have a family history of breast cancer (mother or sisters with it), and especially if they developed the disease prior to age 50. Keep up-to-date with published lesbian research. We may find lesbians require more frequent screening.

Follow published frequencies for other exams. Remember that if you smoke or are overweight, you may need more checkups.

From University of Washington National Center
of Excellence in Women's Health.

This organization aims at improving multiple aspects of women's health within the Pacific Northwest Region of the US. Their five key objectives are to improve health care delivery to underserved women by augmenting resources available to providers; educate women regarding issues relevant to underserved communities; enhance professional training in women's health; improve research coordination and opportunity within the region; foster academic women in the health sciences.

www.depts.washington.edu/uwcoe/

BREAST CANCER IS THE MOST COMMON CANCER AMONG WOMEN

Cancer is the second main cause of death in Europe, after circulatory diseases. One in three men and one in four women will be directly affected by cancer in the first 75 years of life. Colorectal cancers are most common cancer for all sectors of the population, but incidence of the most common cancers varies greatly with age and sex.

Breast cancer is the most common cancer among women. Men have a higher incidence rate for every other type of cancer.

www.europeancancerleagues.org

Code n. 9

Have a cervical smear regularly. Participate in organised screening programmes for cervical cancer. In many developing countries, the uterine cervix is one of the most prevalent sites for cancer, comprising about 25% of all female cancers. In industrialised populations, the disease is less common.

Code n. 10

Check your breasts regularly. Participate in organised breast screening programmes if you are over 50. To reduce the burden of breast cancer mortality in the European Union attention must therefore be focused on secondary prevention through early detection. The general aim of early detection is to identify breast cancers when they are smaller and at an earlier stage.

From the European Code Against Cancer - For women



WHAT CAN SELF-HELP BRING US? LET'S GET BACK TO BASICS!

In most countries around the world, 90% of women detect their tumour themselves. Far from being bad news, it is encouraging since palpation is an easy exam to perform and is cheap and harmless. However, in modern medical practice, palpation is no longer taught. Let's get back to basics: our two hands or the four-handed piano if you prefer. The self-help approach is collective. If we have to stand alone, we will soon be overwhelmed with the amplitude of the tasks and brought down by our helplessness or our dependence on medication and pharmaceutical lobbies. There wouldn't have been ecological progresses if it weren't for the powerful population movement. There wouldn't have been progress in the face of challenge of women's cancers without a new movement regrouping health, solidarity amongst health workers and women who fight for their autonomy and the quality of their lives. Lesbians have a role to play in the health of their own community and for all women.

By Rina Nissim

A WAR AGAINST WOMEN

90% OF BREAST CANCERS ARE CAUSED BY ENVIRONMENTAL FACTORS

"I have often said, shockingly, 'I don't care if you're one-breasted or no-breasted or two-breasted - this is a two-fisted fight.'". When talking of breast cancer, Rina Nissim likes to quote Bella Abzug, former president of Women's Environment and Development Organization. A naturopath and co-founder of the women's health Centre in Geneva, Rina Nissim is author of several books on women's health. She is a member of the Swiss lesbian organization Lestime.

These days most women are not suffering or dying from SARS or avian flu, but from gynecological tumors and breast cancer. After cardio-vascular illnesses, these cancers are one of the largest causes of mortality amongst women. When I started working as a nurse, then as a naturopath, breast cancer affected one woman out of thirty. Today it is one in ten who are affected in Europe, and as many as one in eight in the United States. This cruelly resembles a war against women. Today it isn't only women aged between 45 and 55 who are affected, but also younger women. Women from impoverished and emerging countries are of course also susceptible to such cancers. Western society has largely exported its unwanted

toxins, some of which are carcinogenic beyond acceptable limits. This has been the case for cigarettes, pesticides such as DDT, wastes containing dioxin and nuclear wastes. Some of the richest countries perform their nuclear tests in Polynesia, on the Marshall Islands or even in the Sahara desert without worrying about the wellbeing of the local population. These affected countries are then invited to purchase expensive medication, sold by the polluting countries, to treat their people.

An urgent need for gynecological health amongst lesbians

As lesbians, are we also concerned by these cancers? One of the reasons for the increased frequency of such illnesses is related to the prolonged use of hormones. Of course, lesbians are also concerned, because even if they don't take the contraceptive pill, they are susceptible to taking hormone substitutes during menopause. Hormones can also be found in food, such as veal and chicken, even though these are prohibited in Europe. Toxic substances can also be found in the water we drink, as well as non-bio vegetables, predominantly in the form of pesticides and xeno-estrogens. Most women, hetero- or homo-sexual, are not keen on gynecological controls. The use of contraception does however entail a more regular gynecological control of heterosexual women.

Lesbians often have a harder time finding people providing sympathetic and unconditional care, in particular as to why they do not take the pill. Finally, gynecological exams can be perceived by some as being invasive, and possibly violent. Studies on the health of lesbians would be very useful. The only one available to our knowledge has been performed by Marie Lou Baldacci at the CEL in Marseille, France. Due to the above mentioned points, lesbians are often diagnosed far too late. The only cancer that can be diagnosed in a preventive fashion is cervical cancer. Its screening, as for other cancers, is less accessible to lesbians and for women from impoverished countries. Treatments subsequently used are therefore often traumatising. The cancer industry is in full development. In addition to surgery, fortunately more and more conservative, we are now being offered overdosed and expensive medication. The wig industry has also benefited, with the forthcoming loss of hair following treatment (*), as has the prosthesis industry, in particular following breast cancer. The most ironic of all "after sales" services is breast reconstruction, where plastic surgeons propose more beautiful breasts than nature can give us, even if it hides a potential relapse. We still assist in the banalisation of violence that women have to succumb to - physical violence not only due to the illnesses, but also from the treatments and destruction of the self image (fatigue, loss of hair, loss of breast, etc). Even if anti-mitotic molecules are good, chemotherapy as a whole is a bad treatment (1). Why isn't primary chemotherapy offered more often - ie prior to surgery, to reduce the size of the tumour and, therefore, minimising future treatment and testing its efficiency? Why don't we take the time to increase the immune defence mechanisms prior to the treatment, taking into account the strengths and weaknesses which could contribute to avoiding the aggravation of pre-existing illnesses? Complementary medicines are an excellent alternative for medium to long term treatment, contrary to allopathy (modern Western medicine) which only proposes screening. Complementary therapies, such as anthroposophy, the Solomides products, as well as their founders Tubery and Belgjanski are not only unknown to most people but are often incriminated, such as in France. Their proposals are however interesting. These researchers have allowed Europe to discover

African plants such as desmodium - a stimulant of the immune system and hepatic function. They have also worked on scorpions and the plant ginkgo biloba - the only animal and plant, respectively, that survived Hiroshima and all of its carcinogenic destruction.

The importance of environmental factors

The best screening and best treatments do not ultimately replace prevention. This means that we need to seriously take into account environmental factors since it is known that 90% of breast cancers are caused by environmental factors. Instead of this, the pharmaceutical industry concentrates itself on genetic research, which is certainly more lucrative. Why do governments and foundations concentrate solely on the financing of mammographies, which only nourishes the cancer industry? It is known that mammographies are not very reliable for women under 50. It is possible to detect for small tumors early on, but it is not certain if these are malignant. For example, micro-calcifications are often a sign of a resolved process. The natural process of resolution of a tumor can also be encystion. Following autopsies on elderly people, a number of encysted tumors have been found which were not the causes of death. If these people had been diagnosed and treated, they may have died at an earlier age. Screening mammographies, performed too frequently, are also slightly carcinogenic due the X-rays. It is for this reason that the screening programmes are now proposed every two years rather than every year. Sceptical, the pharmaceutical industry proposes hormones, then the early screening, biopsies and overdoses treatments, bringing about overall fatigue to the women. Some of these women do not die of breast cancer, but due to the violence of the treatments.

Prevention

In the domain of actual prevention, it is essential to talk about the harmful effects of underwire bras, which cut the lymphatic circulation towards the armpit and prevents it from "breathing". Let's adopt soft and elastic bras, or even better no bras except for those with larger breasts. Let's avoid deodorants which block armpit pores, one of the important lymphatic drainage areas. Breast massages are highly beneficial not only for drainage of the

breast, but also because nipple stimulation for instance induces oxytocin secretion, promoting a natural stimulation. Posture also needs to be worked upon to avoid the sagging and subsequent squashing of the breasts. Singing, sports and other diverse approaches working on the posture can be very useful (see Meziere and Feldenkrais). It is not possible to talk about prevention without mentioning the importance of healthy eating. From "Dresse Kousmine" to Dr Seignalet, the principle of eating living food, in particular vegetables, has been developed (2). In a preventative approach, it is necessary to understand that the tumor even if benign already necessitates ground work. We think too often that a benign tumor is nothing and that a malignant tumour is ... well, death. All illnesses are the body's way of trying to rebalance its equilibrium when faced with stress. If we can take this into account, then we may be able to improve our health. Using naturopathy, one takes into account emotional, hormonal, feeding and environmental factors. In addition, it is essential to not live the sickness and the huge stress brought on by isolation.

Lestime : www.lestime.ch

Lestime works on the recognition of lesbians' rights at social, cultural and political levels in Switzerland. It is also a documentation centre, dealing exclusively with subjects pertaining to female homosexuality. Once a month it provides legal advice responding to any query linked to homosexuality.

- 1) Barbier Geneviève, La Société Cancérigène, Ed. La Martinière, 2004
- 2) Seignalet Jean, L'alimentation Ou La 3ème Médecine, Ed. François-Xavier De Guibert, 1999.

* In the 1990s, the main countries exporting natural hair for the production of wigs was India and Brazil

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According to the European Code against Cancer:

- Women from the age of 25 years should undergo cervical screening.
- Women from the age of 50 years should undergo breast screening.

Take care of yourselves!

**This is an advice
of the Foundation
against Cancer**



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EQUAL

www.equalonline.co.uk

Smear test. Contrary to popular opinion, women who have sex with women still need to go and have a smear test. Lesbians are still at risk of cervical cancer despite assumptions of immunity or low risk. When researching the sexual health information requirements, the Equal team was surprised to find out that most lesbians thought that cervical cancer and smear testing was irrelevant for them.

LESBIANS AND BREAST CANCER PROJECT

<http://dawn.thot.net/lbcp/>

The report "Coming Out about lesbians and cancer" summarises and analyses results from the Lesbians and Breast Cancer Project, a community-based participatory study that was conducted in Ontario, Canada in 2003. Demographic information about women can be found on the last page of this report. The report, in English, can be found at <http://dawn.thot.net/lbcp/report.html>

RED INFORMATIVA DE MUJERES EN ARGENTINA

www.rimaweb.com.ar

The site promotes exchange between women, mainly from Latin America, through the use of new communication and information technologies. One of its pages, "Safo piensa", is a discussion forum and information resource for and by lesbian feminists. It is, furthermore, supporting the publication of books, namely "Educación sexual y prevención de la violencia" by Liliana Pauluzz, on sexual education and violence prevention. It offers a list of addresses and telephone lines for assistance to victims of domestic and sexual violence. The website dedicates one chapter to health issues: the description of the most common risks and illnesses in women, from basic information on the most fre-

quent types of cancer in women to information on osteoporosis and anorexia. It includes a didactic presentation, images and explanatory text, on how to carry out a breast self examination (www.rimaweb.com.ar/salud/autoexamen-senos.html), and why it is important that we perform it regularly as part of our routines.

SHERBOURNE HEALTH CENTRE

www.sherbourne.on.ca

The Canadian Sherbourne Health Centre offers comprehensive health care to diverse communities - lesbian, gay, bisexual, transgender, transsexual, two-spirited, intersex, queer, or questioning. A team of physicians, nurse practitioners, counsellors and health promoters is committed to providing sensitive and respectful services, including medical and nursing care, wellness care, counselling for individuals, couples and families, information, workshops and group support, partnerships with other organizations, community health initiatives.

"Making Us Visible: Promoting Access to Breast Health and Breast Cancer Services for Lesbian and Bisexual Women"

The activities of this project include work with lesbian and bisexual women to create culturally appropriate educational resources that recognise their relationships, particular risk factors and alienation from the health care system from a lesbian and bisexual women's perspective. The project includes a support group for lesbian and bisexual women living with breast cancer and a training programme for health care providers to use to ensure that lesbian and bisexual women and their partners do not have to struggle with homophobia.

"Busting Out: Breast Health for Lesbian and Bisexual Women" is a kinky, provocative and gutsy breast health brochure and poster for lesbian and bisexual women. It answers many questions on breast cancer and is available in English and in French on the website of the

Centre. Sherbourne provides a one day training session called "Breasts are Beautiful", where naturopathic tips are given for lesbian, bisexual and queer women to promote breast health. The aim is to learn strategies to increase health and vitality and decrease cancer risks.

THE MAUTNER PROJECT FOR LESBIANS WITH CANCER

www.mautnerproject.org

The goal of the Mautner Project is to improve the health of lesbians and their families by conducting primary research about lesbian health; advocating for public and private sector research on lesbian health; promoting lesbian health advocacy and activism at the national, state and local levels; and educating policymakers, the press, and the general public about lesbian health.

The organization created a Lesbian Breast-Self-Exam Shower Cards called "Touch Yourself". With an informative and funny comic by Alison Bechdel on one side and further information and instructions on the other side, this card reminds lesbians to check their breasts monthly for lumps.

Other useful links

Lesbians and Breast Cancer Project
Selected Resources - www.cbcn.ca/english/news.php?show&307

Lesbians and Breast Cancer -
A Review of Refereed Literature
www.safeguards.org/content/lit/breastcancer.pdf

Cancer in Women Who Have Sex With
Women - www.gayhealthchannel.com/wswcancer/

Violence against Women

Human Rights organizations have been raising awareness on the specificity of violence perpetrated against women, including domestic violence. Domestic violence within same sex couples, however, is a taboo. It can take many forms: physical violence, sexual assault, emotional abuse or social or financial control. The fear of stigmatisation from the heterosexual world, the perception of the lesbian couple as the only refuge from a discriminatory society, and also the self image of the lesbian as a strong Amazon, have a major influence on underestimating or ignoring this problem even among lesbian communities or in the LGBT community at large. As for lesbophobic attitude, various organizations have started studying it as a double discrimination based on gender and on sexual orientation. Because of its double nature, research needs to be conducted separately from gay men and homophobia.

"Then I got pushed up against the door frame and was getting punched and kicked in the crotch. It really freaked me out, here I was being held and battered, and there was nothing I could do. Then I got thrown to the ground, and she was on top of me banging my head on the floor."

(from a lesbian disclosing her experience of abuse
from her partner of 4 years - Walsh, 1996)

TAKING SAME SEX DOMESTIC VIOLENCE SERIOUSLY

A LARGELY UNRECOGNIZED SOCIAL PROBLEM

"It is about time that we recognize same sex intimate violence as a serious social problem and attend to it within the unique social context of gay and lesbian relationships" says Mira Alexis P. Ofreneo, a teacher, psychologist and researcher who has been advocating for LGBT issues in the classroom, the clinic, and the academic. The current President of the lesbian organization Can't Live in the Closet, Inc. (CLIC), Philippines has been counselling lesbian and bisexual women survivors of violence for 5 years: "1 out of every 4 same sex couples experience intimate violence. We can no longer remain silent".

Over the past 30 years, "women organized and politicized around the issue of domestic violence, defining it as a crime against women". Once a private matter, domestic violence has become a public human rights issue and a recognized legal, social, and psychological problem. Though the dominant feminist analysis legitimized domestic violence as "violence against women", it consequently left behind the parallel issue of partner violence in gay

and lesbian relationships as well as heterosexual female-to-male violence. The idea that domestic violence is fundamental to men's power over women in society precluded the possibility that women could be violent or that men can be violated. And yet the few studies examining the prevalence of same sex intimate violence indicate that intimate violence in gay and lesbian relationships is as severe as heterosexual domestic violence. Studies of lesbian couples show that estimates of rate of partner abuse vary, from a low of 17% to a high of 73% ; with generally higher reported rates of emotional abuse, 65% to 90%, compared to physical abuse, 8% to 60%, and sexual violence, 5% to 57%. Studies on gay men showed that reported physical violence ranged from a low of 11% to a high of 47% and reported sexual violence from a low of 12% to a high of 55%. A summary of the heterosexual domestic violence literature concludes that 25% to 33% of heterosexual women are battered by their male partners; the research on gay and lesbian intimate violence indicates equal or greater prevalence rates as heterosexual domestic violence. Thus, same sex intimate violence occurs frequently enough to not be considered an "anomaly" or an "exception" to the general pattern of heterosexual male-to-female violence. Partner abuse is believed to be the third largest health problem facing gay men, second to substance abuse and AIDS.

Heterosexism Hides Same Sex Intimate Violence

Despite its prevalence and severity, same sex intimate violence remains a largely unrecognized social problem. Reports of domestic violence incidents involve mostly men battering

their wives or girlfriends; domestic violence laws do not explicitly protect or may even clearly exclude gays and lesbians, with domestic violence resources (e.g., organizations, shelters, agencies, services) primarily directed towards battered women in heterosexual relationships. Law enforcers, medical personnel, mental health professionals, and social service workers also fail to give adequate support to gay and lesbian couples dealing with intimate violence. "The mainstream domestic violence movement still adheres to gender-based, heterosexist theories of battering that preclude the possibility of male victims or female perpetrators of violence". Hence, gay and lesbian couples have generally been excluded from intervention efforts. Heterosexist gender norms dictate that men can never be vulnerable and that women can never be violent. As such, a man is expected to be able to defend himself against another man, precluding the possibility of gay partner abuse. On the other hand, a woman is expected to be nurturing and not exhibit violence toward a woman or a man, likewise precluding the existence of lesbian partner abuse. Heterosexist gender norms have also contributed to the myth of "mutual battering" or that both parties participate equally in violence in a same sex relationships. The gay and lesbian community for a long time remained silent on the issue of intimate violence for fear that this will be used by the homophobic majority against it. "Denial, minimization, and rationalization about abuse has been the community's way of protecting itself from a society that is looking for reasons to condemn lesbians and gays as sick and perverted".

"The mainstream domestic violence movement still adheres to gender-based, heterosexist theories of battering that preclude the possibility of male victims or female perpetrators of violence".

The Unique Context of Intimate Violence In Lesbian and Gay Relationships

Though there are similarities between same sex and heterosexual intimate violence, several important differences have been found. Most distinct and apparent is the role of heterosexism and homophobia; the unique form of abuse referred to as "outing" and the minority status of same sex couples leading to relative

social isolation. External homophobia limits lesbian and gay individuals' access to help and support (e.g., services, police, therapists) and maintains a general lack of awareness of gay and lesbian issues. Lesbian and gay individuals fear having their sexual identity revealed. As such, they may not seek help from traditional domestic violence resources. They may also be reluctant to report cases of abuse for fear of the negative consequences of publicly revealing their sexual orientation. A unique form of abuse in same sex relationships is the threat of "outing" or revealing a person's

"Heterosexist gender norms have contributed to the myth of "mutual battering" or that both parties participate equally in violence in a same sex relationships".

sexual orientation to others without that person's permission. The threat of outing a partner's sexual orientation to family, friends, employers, neighbours, or community in general can be used as a form of control. Outing can result in the loss of a job, support systems, and even child custody. The threat of outing also keeps a partner to remain in an abusive relationship. Individual gays' and lesbians' own internalized homophobia also affects the same sex abusive situation, whether homophobia is on the part of the abuser or the abused. Clinical observation shows that majority of gay males who behave abusively manifest a negative self-concept related to internalized feelings of hate and fear over one's homosexuality. For the abused gay or lesbian, homophobia may make them feel that abuse is part of an inherently 'sick' relationship. Another complicating factor to same sex couples is the relative isolation of the marginalized gay community, to which both victims and batterer belong. As such, the decision to leave a violent partner has repercussions on one's social life or community as well, with the possibility of increased isolation. The members of the community also face dilemmas dealing with both the "victim" and "batterer" and the gay or lesbian couple may have lost the support of families and friends because of their sexual orientation, adding to their isolation.

MYTHS AND FACTS ABOUT SAME SEX DOMESTIC VIOLENCE

Myth

Women aren't violent and men can't be victims of domestic violence

Fact

Domestic violence happens in same sex relationships.

We know from research and the personal stories of those who have experienced it that women are capable of committing violence against their partners and men can be victims of violence in relationships.

Myth

Violence between same sex partners is a mutual fight

Fact

An abusive relationship will almost always involve a number of forms of abuse. Physical violence will only be one of those. Being able to fight back, however, does not mean the person isn't being abused.

Myth

Drugs make him/her violent

Fact

Some drugs (especially amphetamines) may trigger violent behaviour in some people. However if the person uses the drug knowing they may become violent and/or the violence is targeted towards their partner then this is domestic violence and they are responsible for their actions.

From the pamphlet "There is no Pride in Domestic Violence", Acon. The Australian NGO has also published "Another Closet". This booklet underlines how domestic violence can happen in all types of relationships: gay, lesbian or heterosexual; monogamous, open or three-way; dating, new relationships or long-term; live-in or not, across all communities, social classes, ages, cultural backgrounds and geographical areas. It details the unique aspects of same sex domestic violence and gives hints on what to do if you are experiencing domestic violence or if a friend or family member is experiencing abuse or violence.

www.acon.org.au

LESBOPHOBIA

FRENCH STUDY SHOWS HIGH INCIDENCE OF LESBOPHOBIA EXPERIENCED IN A MEDICAL ENVIRONMENT

Fighting against any form of homophobic discrimination and aggression, SOS Homophobie maintains a phone counselling service for victims or witnesses of homophobic acts or discriminations. Only one of five calls to denounce homophobia received by the French NGO comes from a woman.

End 2003, the association’s Lesbophobia Commission managed to lead an inquiry into the subject among France’s lesbians. The first results are already available and reveal that 57% of lesbians surveyed report having suffered lesbophobic discrimination. Most of them suffer from it outside of their home (43%), within the family (44%), and at work (26%). One of the most striking facts coming out of the study is the high incidence of lesbophobia experienced in a medical environment as 44.38% said it happened during visits to the gynecologist.

This study draws the same conclusion as others conducted in Belgium, Canada, Moldova, according to which health care provision is not adapted or even hostile to LGBT people. SOS Homophobie has published various material on the specific subject of lesbophobia.

To see the results of the survey, visit
www.france.qrd.org/assocs/sos/





DAPHNÉ

www.lesbians-against-violence.com or www.lesben-gegen-fewalt.de

This international project is a gathering of various European lesbian associations. It addresses various issues such as violence against lesbians, accessibility to health services and domestic violence.



GARANCE

www.garance.be

This Belgian association works at strengthening the capacity of women and girls to defend themselves in all aspects of their daily lives. By means of prevention, it fights against violence, organising educational activities that help women and girls learn how to control their emotions, how to recognise their limits and how to defend themselves both verbally and physically. Its website provides information on violence among same sex couples but also violence against lesbians in public.

Garance produced a report entitled "Ça arrive dans les meilleures familles..." (It happens in the best of families...). It details the various forms of violence among same sex relationships: physical, emotional, verbal, economic, etc..., and describes some of the reasons why this issue is such a taboo. The Brussels-based association also produced a campaign under the name "Between visibility and invisibility: lesbians confronted in public by violence". Here are some of the slogans of its posters against lesbophobia:

"I do not have anything against lesbians, BUT..."

"... they are not really normal"

"... not my daughter"

"... a child needs a father"

"... no man wanted her"



TALLER LESBICO CREATIVO

tallerlc@aol.com

The Puerto Rican Taller Lesbico Creativo (Creative Lesbian Workshop) develops interactive workshops on same sex domestic violence, using various theatre and artistic techniques. It also provides workshops on sexuality, lesbophobia, diversity and health. Though their activities are mainly aimed at lesbian and bisexual women, the organization also cooperates with various non-LGBT organizations targeting a more general public.



Mental Health

Many people still believe that lesbian, gay and bisexual people are “mentally ill”; we should not forget that homosexuality was considered a mental disorder until 1973 by the American Psychiatric association and until 1990 by the World Health Organization. We are all raised and live in a homophobic and heterosexist world. Some of us still have to cope with internalised lesbophobia and bi-phobia. In some cases, we cannot rely on the support of family and have broken with the culture and lifestyle of origin. Added to that, lesbians’ social life and opportunities to meet others are often linked to clubs and nightlife where alcohol, smoking and drugs are present. All those factors have a detrimental effect on wellbeing and health and are an additional source of stress that can contribute to depression and mental health problems.

“I think the road to good health for many lesbians is a bit slippery, and it can be easy to fall off the path”. M. Mahamati, Acon, Australia.

THE SLIPPERY NATURE OF LESBIAN HEALTH

WHAT IS SO DIFFERENT ABOUT LESBIAN HEALTH?

Acon, an Australian NGO working on lesbian health has explored how lesbophobia and assumption of heterosexuality are barriers for lesbians seeking optimal health. “Heterosexism and homophobia can erode our mental and emotional wellbeing” says M. Mahamati, Acon’s Senior Lesbian Health Project worker.

ACON is an LGBT organization with a central focus on HIV/AIDS. So, why are you launching campaigns targeted at lesbians or, more broadly, women dating women, about health issues ranging from breast cancer to mental health?

ACON began as a gay community response to the HIV/AIDS epidemic twenty years ago, to both care for people living with HIV/AIDS and promote safe sex to prevent further transmission of the virus. Many lesbians worked in paid or voluntary capacity in this field as nurses and care providers and other support focused roles. Some lesbians were attracted to this work within the gay community; and when opportunities arose, usually in conjunction with a range of community development programmes, lesbian health issues were also addressed. However, this was in an ad hoc manner. It was usually unfunded work and was heavily reliant on volunteer time and the goodwill of related services and agencies. The Lesbian Health project

began formally in 1999 after a comprehensive community consultation about ACON’s future directions and a more planned approach to lesbian health matters was put in place as part of a broadening of the organization’s focus towards LGBT health. ACON now views itself as a health promotion agency, serving the LGBT community with a particular emphasis on HIV/AIDS. ACON employs one full time lesbian health worker in Sydney and part time workers in our four regional offices. So far it has proven more difficult for ACON to attract funding for lesbian projects than originally envisaged. Therefore, much of this work is funded by self-generated sources. Currently ACON is unable to provide the same range of services and resources for lesbian health as for gay men, due to significant funding generated from HIV/AIDS grants. While some of our work in lesbian health is driven by what funding is available, research informs specific needs are to be addressed. The high incidence of breast cancer in women (1 in 7) and the higher risk factors for many lesbians (not having children, not having breastfed, high alcohol consumption, high smoking rate) make our risk factor for developing breast cancer, some suggest, as high as 1 in 4. The rates of domestic violence in lesbian relationships have shaped the formation of ACON’s Anti-Violence project, for which we are able to obtain funding from the Attorney General’s department. Heterosexism and homophobia can erode our mental and emotional wellbeing, and groups which decrease social isolation and foster friendships and networks can assist our coping mechanisms. At different times in the life of the Lesbian Health project issues such as safer sex and sexual health have taken priority. Some directions for the project have come about by particular skills and interests of the project workers of the time.

You published a brochure called “The slippery nature of lesbian health”. What do you find so slippery?

Well, I think the road to good health for many lesbians is a bit slippery, and it can be easy to fall off the path. As a group our community seems to have less frequent appointments with doctors or health care professionals, especially if we don't have children, which may put us in contact with the medical establishment more frequently. Many of us perceive or experience a negative reaction when disclosing our sexuality, or keep silent about this and resign ourselves to sitting through questions about contraception and other issues assuming heterosexuality. For some these experiences are enough to deter anything other than emergency medical treatments, and regular screenings for cervical cancer and mammograms can slip by the wayside. I think that the name, Slippery Nature, was a bit of a play with words by the contributors who were alluding to those warm, moist, slippery aspects of lesbian sex.

In another brochure, “Opening the window – A general guide to lesbian health”, you include alcohol, smoking, drugs and even gambling. Don't you think these are social rather than health issues?

In inner city Sydney, the lesbian scene and opportunities to meet others most often involves clubs and pubs where alcohol, smoking and drugs are prevalent. Many lesbians conduct their whole social life in this atmosphere; and our higher use of alcohol, smoking and drugs has a detrimental effect on health. For many of us our way of interacting socially has a direct impact on your health. ACON tries to provide alternative meeting opportunities away from the scene. While I don't know of any research which cites gambling as a larger problem in the lesbian community more than the general community, it could be that when Opening the Window was written, it was thought that our potential for addiction might also transfer to gambling, especially as so many of the pubs have rows of machines installed just waiting for a taker. ACON takes a holistic view of health wherever possible; and a focus on drug and alcohol use within the LGBT community, particularly in terms of harm reduction, has been a long-standing priority for the organization. Furthermore, it's no secret that smoking has

far-reaching negative health consequences and that smoking occurs at much higher rates among lesbians than the general community. ACON has run smoking cessation courses to address this issue.

The same brochure has a separate chapter on emotional and mental health, and a good part is dedicated to depression. Why would lesbian or bisexual women be more subject to depression than heterosexuals?

I believe lesbian and bisexual women are more subject to depression because we live in a homophobic and heterosexist world where our lives are often discounted and diminished. An Australian 2005 Roy Morgan poll which interviewed 24,718 Australians over 14 years of age showed that 43% of men and 27% of women believed homosexuality to be immoral. Living among such judgments can be very stressful. Some lesbians may have been rejected by their family of origin in their coming out process, may have experienced rejection from significant people in their lives when disclosing their sexuality and have not found significant others for support. Lesbian role models have not been easy to find, and they have not inherited a road map of “how to be lesbian”. Many have not resolved issues of internalized homophobia and have not easily accepted their sexuality as an integral, vibrant, OK part of themselves. If they have been brought up in a culture which is harsh and condemning about sexuality, it is difficult to let those messages not have a negative impact. The old saying of Jesuit's... “give me a child until he/she is 7” demonstrates the idea that beliefs held in early years are difficult to dislodge. Many lesbians have lost a great deal when coming to terms with their sexuality: family, friends, church, culture and a lifestyle or dream they had of their future.

Lesbian role models have not been easy to find, and they have not inherited a road map of “how to be lesbian”

In all your brochures and campaigns you picture women from various ethnic origins. What are the specific mental health concerns for those lesbian and bisexual women with a minority ethnic background?

For many lesbians from a minority ethnic background the issue of culture plays a huge role. In communities where lesbians are condemned, they face a choice of keeping their sexuality secret and always needing to be on guard for fear of discovery or losing meaningful and important aspects of their lives if they move

away and live openly as a lesbian. They not only face the possible loss of family and friends, but their very way of being. Racism is sometimes experienced when venturing into the lesbian community; and rosy dreams of finding a place of acceptance, comfort and support can be shattered. ACON desires to portray women of different racial backgrounds enjoying mutually satisfying relationships, both sexual and non sexual.

www.acon.org.au

A SURVEY BY ILGA-EUROPE

SUICIDAL THOUGHTS AND SUICIDE AMONG LGBT POPULATION IN HUNGARY

Mental health is one of the most vulnerable issues for the LGBT people. Reporting on stress, 88.4% of the respondents reported being frequently stressed, 79.3% anxious, and 46.2% think that they are depressed. Of those who answered these questions, 32.9% are of the view that their stress, anxiety or depression is related to their sexual orientation. Only 28.5% of these have turned to a mental health service provider for help, including the help-lines operated by NGOs. 71.5% have never sought help. This can be understood in part by a lack of trust in the doctor's confidentiality, since it is necessary to come out to the doctor/psychologist if someone is seeking treatment for related mental problems. When asked within same Hungarian survey about suicidal thoughts, 56.2% of the respondents report having such thoughts and 18.3% have attempted suicide. Among those who have attempted suicide, 65% viewed it as related to sexual orientation and gender identity. Abuse, harassment and violence are factors which can have an impact on health in general and on mental health in particular. Only 33.8% of Hungarian respondents report not experiencing any of our listed forms of abuse. We see also that well over one half (59.2%) of responses were for name calling as a form of abuse. 21.1% of the responses related to the threat of physical violence.

	Yes	No	No Response
Have you ever had suicidal thoughts?	56.2%	43.8%	0%
If yes, have you ever attempted suicide?	18.3%	81.7%	0%
If yes, do you feel this was in anyway due to your own or other people's feelings in relation to your sexual orientation or gender identity?	65%	35%	0%

From ILGA-Europe LGBT health survey. If you would like to read the full report, please visit ILGA-Europe's web-site at: www.ilga-europe.org.

TOBACCO USE

While there has been no large scale study on tobacco use among the LGBT community, there are a number of studies which point to a higher prevalence than in the heterosexual population. A review of the literature on the impact of homophobia in Canada (1), posited that in the LGBT community there were twice the number of deaths due to smoking than in the heterosexual community. According the American Magazine CLASH, the lesbian and gay community has become the third community for the tobacco industry to target, after African Americans and women.

(1)Bank, C. The Cost of Homophobia: Literature Review of the Cost of Homophobia in Canada, Canada 2003

From ILGA-Europe LGBT health survey. If you would like to read the full report, please visit ILGA-Europe’s web-site at: www.ilga-europe.org.



ACON**www.acon.org.au**

"The slippery nature of lesbian Health – What is so different about lesbian health?". This brochure details the impact of invisibility and it describes some general experiences of health as lesbians. It includes contacts for care and support of lesbians in Australia.

"Opening The Window – A guide to Lesbian Health" provides some good tips to lesbian and bisexual women for maintaining health and wellbeing. It details the most common risks and diseases, and gives an ample space to issues related to mental health such as alcohol, smoking, other drugs abuse, gambling, how to deal with relationships when breaking with partners or lovers. It describes what emotional health is and how important it is to be able to talk to someone. It also gives advice on ways to plan ahead when thinking about your health and wellbeing and what you might like to have in place in the case of serious illness or death.

ALCOHOL ADVISORY COUNCIL OF NEW ZEALAND (ALAC)**www.alac.org.nz**

It was established in 1976 following a report by the Royal Commission of Inquiry into the Sale of Liquor. The Commission recommended establishing a permanent council whose aim was to encourage responsible use and minimise misuse of alcohol. The ALAC project was an attempt at targeting the lesbian community about drug and alcohol abuse. Posters and postcards were distributed throughout the country in lesbian and gay centres as well as women's health centres. Such distributions contributed to the general discussion about drug and alcohol abuse in the community as well as informed some health care workers to the fact that some of their clients would be lesbian or gay.

ASSOCIATION STOP SUICIDE**www.stopsuicide.ch/5/homo-sexualite**

This Swiss organization is concerned by the high level of attempted suicides among young people who say they are lesbians or gay. Its website provides useful information about this issue.

GRIFFIN CENTRE**www.griffin-centre.org**

The Griffin Centre is a non-profit organization providing a range of responsive community mental health services to youth and adults with complex needs.

The Youth Arts Project (YAP!) is a weekly arts-based sexual health drop in for queer youth under 25. The group recently created a poster, magazine and outdoor mural related to sexual health.

NEXUS RESEARCH**<http://ireland.iol.ie/nexus/>**

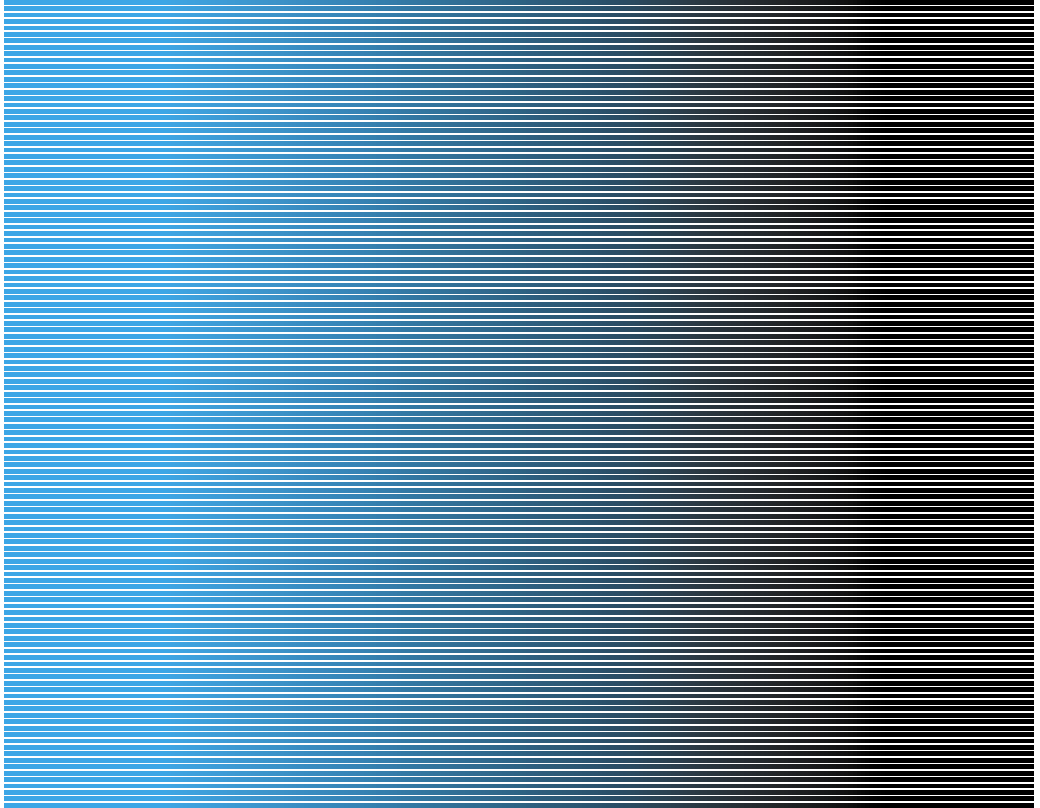
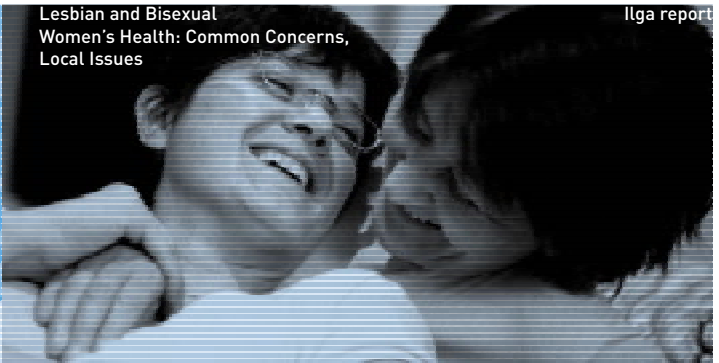
A non profit research co-operative based in Dublin, Ireland, Nexus has developed extensive expertise in a number of areas, including supporting local and community development, empowerment, exclusion and social issues, information society and communications, programme and project evaluation. It has completed work in social issues relating to various groups in Ireland that are excluded in different ways from main opportunities and benefits of development. These have included among others, the lesbian and gay community and women's groups in disadvantaged areas.

"Mental Health, Lesbians and Gay Men – Developing Strategies to Counter the Impact of Social Exclusion and Stigmatisation" - By Brian Dillion and Eoin Collins, Nexus Research Co-operative, Dublin
This report solely concentrates on the experience of lesbians and gay men with regard to mental health in Ireland. Its aim is to support development at local and national level to address the mental health needs to the lesbian and gay community and increase the understanding of the key issues with regard to sexual orientation and mental health.



Lesbian and Bisexual
Women's Health: Common Concerns,
Local Issues

Ilga report



Health Care Provision

Research carried out in many parts of the world demonstrates that lesbians, gays, bisexual and transgender people feel uncomfortable talking about their sexuality with health care providers, even when this is linked to their health. They fear hostile and homophobic reactions - and - indeed, it can be the case. Experience of discrimination, lesbophobia or feeling invisible as a lesbian can mean that we might not look for treatment when needed. Health care providers, for their part, are not immune from prejudice. The overview presented shows that there is lack of knowledge and sensitivity of the specific needs of lesbians and of LGBT people in general. Particularly worrying are some findings related to the interaction between lesbian and bisexual women with gynecologists and psychologists: in those cases where sexual orientation has a clear impact on health, patients do not disclose their sexual orientation, while health providers assume automatically the heterosexuality of their patients.

The lack of studies in the field of lesbian health points to an institutional refusal to acknowledge that lesbians might differ in their health needs to heterosexual women.

A SURVEY CONDUCTED BY ILGA-EUROPE

INTEGRATING LGBT HEALTH ISSUES INTO THE STATE HEALTH POLICY IN CENTRAL AND EASTERN EUROPE

ILGA-Europe conducted a survey on LGBT health in five Central and Eastern European countries in close cooperation with its partners: ACCEPT, Romania; Habeas Corpus, Hungary; GenderDoc-M, Moldova; Egal, Macedonia and Organization Q, Bosnia and Herzegovina. We have asked Maxim Anmeghichean, ILGA-Europe's Programmes Director, to summarise the major findings of the survey with a special attention to the situation of lesbian and bisexual women.

There are barriers to accessing health care that are specific to LGBT people. Those barriers experienced by other populations, e.g. lack of resources, geographic and social isolation, lack of information about and/or fear of medical procedures, etc. may also pertain to LGBT people. However those which are specific to many LGBTs include the fear of discrimination and stigma, which act to prevent them from seeking care for themselves or their families. Once in care, LGBT people may withhold personal information that health care providers need in order to be able to give appropriate care. In addition, if a member of the LGBT community experiences homophobia and/or discrimination or feels that their needs are not being recognised or addressed, this less-than-satisfactory experience

can result in their not going back for needed further care. Research shows that there is a high degree of ignorance on the part of health care providers, not only of the specific health needs of LGBT people, but also of the need to be aware of the sensitivities involved when LGBTs engage with a system which is viewed by them with fear and suspicion.(...) Unfortunately, implementation of the survey proved that lesbian and bisexual women are a harder-to-reach target group. Only 15,6% of respondents were women in Romania, 24,7% in Hungary and 30,6% in Moldova. A major concern in relation to health care and lesbians is the fact that lesbians do not access the health care system in the same way as heterosexual women, because birth control and family planning services are not priority issues for lesbians. There is research evidence that shows that lesbians are less likely to get regular PAP smears or breast examinations, both important preventative measures (1). A study on lesbian health in Ireland (2) notes the lack of research in this area, which in turn points to an institutional refusal to acknowledge that lesbians might differ in their health needs to heterosexual women.

“Once in care, LGBT people may withhold personal information that health care providers need in order to be able to give appropriate care”.

For LGBT inclusive policies...

In order to eliminate barriers to health care, two steps must be taken. First, at the level of the health care system, it is necessary to build awareness of LGBT people's needs and to develop the skills needed to meet these needs.

Secondly, at the individual level, it is necessary to encourage self-confidence and self-esteem as well as developing advocacy strategies. Because individuals were unaware that they have the right to health care and did not know what institutions and services could help them secure their rights, very few people were aware of the lack of services. The health care system must be structured and promoted as an inclusive and non-discriminatory environment for LGBT people so as to increase the trust of LGBT clients. The most important aspect is to ensure confidentiality of client data, including information about sexual orientation and (trans)gender identity.

(1) Dallas Women's Health Survey, 1988.

(2) Dillon, A. Status of Lesbian Health, Dublin 2002

To read the full report, visit www.ilga-europe.org.

THE FIRST BROAD RESEARCH ON THE HEALTH OF LESBIAN AND BISEXUAL WOMEN IN ITALY

"MODIDI", WHAT IT MEANS TO BE LESBIAN OR BISEXUAL WOMEN IN ITALIAN HEALTH SERVICES

Through the use of a widely disseminated questionnaire, the research MODIDI gathered statistical data on a number of major themes: health status, social visibility, access to institutional resources in terms of prevention and wellbeing and in terms of social life. Margherita Graglia, a psychologist, a psychotherapist and member of Arcigay, summarises the outcome of the study in relation to lesbian and bisexual women.*

"Only 15% of female respondents were in fact entirely "out", i.e. they did not hide their sexual orientation in any social environment".

Self definition and coming-out

The majority of the 2084 women who responded to the questionnaire reside in the North of the country. Most of these women were young, with an average age of 29. The picture emerging from the first analysis of the research on 2084 women has two sides. Just under half, 40.7 %, defined themselves as "lesbian". Of the remaining women, 6.5% defined themselves as "homosexual", 4.5% as "gay", 13.3% as bisexual and 28.2% did not use any definition at all. Another 4.2% responded "other" and the remaining 2.6% responded "I don't know" or

"heterosexual". If certain aspects of the results of the research show a more positive reality than expected, especially with regard to motherhood (20.5% of lesbian respondents over 40 years had at least one child), other aspects such as visibility to the family, colleagues or service providers still show a socially difficult situation. Only 15% of female respondents were in fact entirely "out", i.e. they did not hide their sexual orientation in any social environment (with friends, family or with colleagues at work or fellow students). 4.1 % of the women had never talked about their sexual orientation with anyone. The atmosphere in which it seems most easy to "come out" is with friends who were, in 5.7% of the cases, already aware of it. Informing the family seems more complicated as only 38.9% of interviewees had revealed their homosexuality to all or almost all of their closest family members, while 30% had never talked about it to any member of their family. However, the most difficult situation to "come out" is undoubtedly the work environment, where only a minority of respondents share this information with their colleagues; and 36.5 % admit never having mentioned it. The visibility of the sexual orientation of the respondents seems to be particularly linked to their age and geographic zone of residence: responses show that the youngest women and women living in the South are more reluctant to be public about it.

Gynecologists

As far as the relationship with psychological and health services is concerned, it is important to highlight how, despite a proactive use of the existing services, the percentage of respondents who had had a gynecological examination is far more than the average indicated by the national statistics. This is in contrast to international studies where evidence has shown that pap-test and mammography have been less requested by women who have sex with women (WSW). Only a minority of the women in the study declared their sexual orientation to health professionals. In fact, only 13.2 % of respondents have talked about their sexual orientation with their general practitioner treating them, while 29.7 % had revealed it to their gynecologist. These numbers can perhaps be partially explained by the fact that 34.5 % of participants are in very much agreement or considerably agree with the following

statement: "I am afraid I will receive worse treatment from doctors or nurses because of my sexual orientation"; 54.1 % agree little or completely disagree with this statement, while 11.4% answered that they don't know. Therefore, while 69.3 % of respondents declared that they thought it was very important for the gynecologist to be aware of one's sexual orientation, only 23.5 % have in fact communicated this information. The perception of interviewees is that, after having revealed this part of their identity to the doctor or the gynecologist, the relationship remained unchanged or even became slightly better. Only very few indicated that the relationship became worse. The revelation does not seem to change the relationship; does that mean that the awareness of the sexual orientation of a patient does not seem to be considered as an important element for a gynecologist? Participants were also asked what they would answer to the gynecologist's question: "Do you use contraception?" From the emerging data it became clear that such a routine question is not generally used by patients as an opportunity for "coming out". In fact 30% of respondents generally declare not using any contraceptives without referring to the motive for their not doing so, namely their sexual orientation. It should be noted that this question indicates a presumption of the patient's heterosexuality without asking in the first place the sexual orientation or the sexual behaviour of the patient.

...and psychologists

The research also revealed interesting information regarding declarations made to a psychologist: 21.3 % of respondents declare that their psychologist was not aware or did not know about their sexual orientation. Isn't it surprising that in this context of sharing confidential information about one's person, such aspects are not revealed? The patient could well be worried about what the therapist thinks about her, anticipating, for example, a negative reaction. This hypothesis is confirmed by the response of 10.8 % of participants who declared that their therapist had negative thoughts about homosexuality.

"10.8 % of participants declared that their therapist had negative thoughts about homosexuality".

Invisibility

According to the epidemiological data, 1 person in 20 has, in the course of her life, occasional or continuous sexual relations with persons of the same sex. Nevertheless this study has shown that, despite this situation, the majority of lesbian and bisexual women do not reveal their sexual orientation to their doctor (general practitioner, gynecologist ...). Doesn't this complicate the encounter between women who have sex with women (WSW) and health operators? The difficulty for lesbian and bisexual women in revealing their identity on one hand and the presumption of heterosexuality of patients in the mind of health professionals on the other hand create genuine communication obstacles. This invisibility in health situations can have important consequences on the psychophysical wellbeing of WSW. If health professionals systematically underestimate the number of these patients, their specific health risks and problems remain unnoticed; and WSW lose the opportunity to communicate their specific problems and be comfortable in this situation.

* MODIDI, the title of the research is "a play on words". It refers to "Modi di" which translates to "Ways of..." doing, of being a lesbian, of taking care of yourself...

The research team was composed of Margherita Graglia, Raffaele Lelleri, Luca Pietrantoni, Luigi Palestini, Cristina Chiari and Davide Barbieri.

The whole report can be consulted on

www.modidi.net

TEN THINGS LESBIANS SHOULD DISCUSS WITH THEIR HEALTH CARE PROVIDERS

1. Breast Cancer : Lesbians have the richest concentration of risk factors for this cancer than any subset of women in the world. Combine this with the fact that many lesbians over 40 do not get routine mammograms, do breast self-exams, or have a clinical breast exam, and the cancer may not be diagnosed early when it is most curable.

2. Depression/Anxiety : Lesbians have been shown to experience chronic stress from homophobic discrimination. This stress is compounded by the need that some still have to hide their orientation from work colleagues, and by the fact that many lesbians have lost the important emotional support others get from their families due to alienation stemming from their sexual orientation.

3. Gynecological Cancer : Lesbians have higher risks for some of the gynecologic cancers. What they may not know is that having a yearly exam by a gynecologist can significantly facilitate early diagnosis associated with higher rates of curability if they ever develop.

4. Fitness : Research confirms that lesbians have higher body mass than heterosexual women. Obesity is associated with higher rates of heart disease, cancers, and premature death. What lesbians need is competent advice about healthy living and healthy eating, as well as healthy exercise.

5. Substance Use : Research indicates that illicit drugs may be used more often among lesbians than heterosexual women. There may be added stressors in lesbian lives from homophobic discrimination, and lesbians need support from each other and from health care providers to find healthy releases, quality recreation, stress reduction, and coping techniques.

6. Tobacco : Research also indicates that tobacco and smoking products may be used more often by lesbians than by heterosexual women. Whether smoking is used as a tension reducer or for social interactions, addiction often follows and is associated with higher rates of cancers, heart disease, and emphysema — the three major causes of death among all women (Emphysema is a condition in which the walls between the alveoli or air sacs within the lung lose their ability to stretch and recoil. Symptoms of emphysema include shortness of breath, cough and a limited exercise tolerance).

7. Alcohol : Alcohol use and abuse may be higher among lesbians. While one drink daily may be good for the heart and not increase cancer or osteoporosis risks, more than that can be a risk factor for disease.

8. Domestic Violence : Domestic violence is reported to occur in about 11 percent of lesbian homes, about half the rate of 20 percent reported by heterosexual women. But the question is where do lesbians go when they are battered? Shelters need to welcome and include battered lesbians and to offer counseling to the offending partners.

9. Osteoporosis : The rates and risks of osteoporosis among lesbians have not been well characterized yet. Calcium and weight-bearing exercise as well as the avoidance of tobacco and alcohol are the mainstays of prevention. Getting bone density tests every few years to see if medication is needed to prevent fracture is also important.

10. Heart Health : Smoking and obesity are the most prevalent risk factors for heart disease among lesbians; but all lesbians need to also get an annual clinical exam, because this is when blood pressure is checked, cholesterol is measured, diabetes is diagnosed, and exercise is discussed. Preventing heart disease, which kills 45 percent of women, should be paramount to every clinical visit.

LESBIANS, HEALTH AND HUMAN RIGHTS
THE LATIN AMERICAN PERSPECTIVE

Several lesbian and feminist collectives from Latin America collaborated, through discussions and sharing of experiences, on the elaboration of a document presented at the 9th International Women’s Health Meeting (August 12-16, 2002, Toronto, Canada).

The authors call for the beginning and follow up of the dialogue between the lesbian, women and feminist movements and the movements for health and human rights in the region and abroad. This document, a clear and representative synthesis of the main health issues for the lesbian community in Latin America, lists the following topics to be addressed: a) being in or out of the closet, b) domestic violence, c) cervix-uterus cancer and breast cancer, d) alcoholism and smoking, e) sexually transmitted diseases and HIV/AIDS, f) reproductive rights and g) mental health.

Five main obstacles for lesbians in Latin America to fully live their right to health were detected: poverty and poor local health systems; prejudice and lesbophobia among the medical staff, especially gynecologists and mental health specialists; prejudice and lesbophobia in the legal system and among those professionals dedicated to combat domestic and sexual violence; prejudice and ignorance among the lesbian community itself; and other problems affecting lesbian organizations.

Authors: Laura Eiven (Argentina), Alejandra Sarda (IGLHRC, Mexico), Veronica Villalba (GAG-L, Paraguay
www.convencion.org.uy/menu8-038.htm (in Spanish)



THE CANADIAN WOMEN'S HEALTH NETWORK (CWHN)

www.cwhn.ca (English),
www.rcsf.ca (French)

The aim of this organization is to improve the health and lives of girls and women in the world by collecting, producing, distributing and sharing knowledge, ideas, education, information, resources and strategies. The network takes an active stance to prevent discrimination based on gender, race, religion, sexual orientation, age, ability, language and geographic region.

Its website includes a chapter on health which targets lesbians, bisexual and transgender women, covering issues such as breast cancer, domestic violence, motherhood. An overview of the various books is given: Lesbian and bisexual women's health project: tip sheet for health care providers; Lesbians and health care; A community report on the health concerns of the lesbian, gay, bisexual, and transgendered communities; Access to care: exploring the health and wellbeing of gay, lesbian, bisexual and two-spirit people in Canada; Caring for lesbian and gay people: a clinical guide; Caring for lesbian health: a resource for Canadian health care providers, policy makers and planners.

COLECTIU LAMBDA

www.lambdavalencia.org

This Spanish collective is dedicated to improving the awareness and acceptance of sexual diversity. It provides information and trainings for school and university teachers on sexual diversity and how to combat homophobia and transphobia. The website features a calendar of events, links, articles and discussion forums on topics such as homoparentality and HIV/AIDS prevention, as well as a directory of services for the LGBT community in Spain. A publication of the collective "Full Lambda" is available on-line. Colectiu Lambda conducted a survey on "Sexual Identity and Health Practices" to create awareness among lesbian and bisexual women about their health and health risks and to fight against lesbophobia and ignorance within the health care system.

GAY AND LESBIAN ASSOCIATION (GLMA)

www.glma.org

This North American NGO works to end homophobia in health care. It aims at ensuring equality in health care for LGBT people and health care professionals. On their website you can find a whole range of articles related to LGBT Health, namely, Scientific Workshop on Lesbian Health proceedings, Guidelines for Care of Lesbian, Gay, Bisexual and Transgender Patients, Smoking Among Lesbians, Gays and Bisexuals: A Review of the Literature.

GENDERDOC – M

www.gay.md/lesbi/eng

GenderDoc Moldova organised a seminar for medical workers, "Sexual and reproductive health of lesbian and bisexual women", in June 2005. The aim was to give doctors working directly with women information about the general aspects of homosexuality and about the special needs of lesbian and bisexual women related to sexual health. Part of the seminar was dedicated to the health related problems of lesbian and bisexual women. The participants discussed the particulars of lesbian and bisexual women's behavior and related risks.

HETERONORMATIVITY IN A NURSING CONTEXT

ATTITUDES TOWARD HOMOSEXUALITY AND EXPERIENCES OF LESBIANS AND GAY MEN

The research can be found
on [www.diva-portal.org/diva/
getDocument?urn_nbn_se_uu_
diva-5730__fulltext.pdf](http://www.diva-portal.org/diva/getDocument?urn_nbn_se_uu_diva-5730__fulltext.pdf)

This thesis by Gerd Röndahl, Uppsala University, Sweden describes the situation of lesbians and gay men in a nursing environment by studying the attitudes of nursing staff and students and reporting the experiences of gay nursing staff in their work environment and of gay patients and partners in their encounter with nursing in Sweden.

LEARNING TO GROW UP

MULTIPLE IDENTITIES OF YOUNG LESBIAN, GAY MEN AND BISEXUAL PEOPLE IN NORTHERN IRELAND - NORTHERN IRELAND HUMAN RIGHTS COMMISSION

This report by Dr Christine Loudes (July 2003) focuses on the multiple identities of young lesbian, gay and bisexual people. It highlights that young LGB people in Northern Ireland when accessing health care services are often exposed to prejudices, human rights abuses and lack of structures tailored to their needs. The report confirms some of the literature findings around the invisibility of lesbian and bisexual women and encourages health professionals, schools and decision-makers to give more weight to the multiple identities of young LGB people when designing their services.

LESBIAN AND GAY AGING ISSUES NETWORK (LGAIN)

www.asaging.org/lgain

LGAIN works to raise awareness about the concerns of LGBT elders and about the unique barriers they encounter in gaining access to housing, health care, long-term care and other needed services in the US. LGAIN seeks to foster professional development, multidisciplinary research and wide-ranging dialogue on LGBT issues in the field of aging through publications, conferences, and cosponsored events. A number of useful resources are available on its web page, especially under the LGAIN Web Guide, where one can find relevant rubrics on "Caregiving", "Education & training", "Health", "Needs assessments" and "Women". The guide lists websites dealing with LGBT aging, including links to organizations and reports focusing on health issues for older lesbian and bisexual women.

LESBIAN HEALTH RE- SEARCH CENTER (LHRC)

www.lesbianhealthinfo.org

The Center is located within the Institute for Health and Aging, School of Nursing, University of California, USA.

The health care status and needs of lesbians, bisexual women, and transgender people remain largely unstudied by researchers of women's health and aging. As a consequence, little research-based information exists to direct the practices of health care providers that serve these populations. One of the key goals of the Center is to provide easy-to-find information about health matters of interest to lesbians and their friends and families. The exhaustive website covers topics such as How to communicate with your Health care Provider, Ask a Doctor, Access to Care, Breast Care, Cardiac Health, Depression, Parenthood, Hormone Replacement, Sexual Health, Substance Abuse, Weight.

LGBT PARENTING NETWORK

www.fsatoronto.com/programs/lgbtparenting.html

The Lesbian, Gay, Bisexual, Trans Parenting Network in Canada provides resources, information and support to LGBT parents and their families. Through the network, LGBT parents provide each other support, share information and advocate for their rights. The organization developed and produced a series of brochures (available on their website): LGB Parenting for Family and Friends; Transsexual / Transgender Parenting; Co-Parenting; Choosing a Sperm Donor: Known or Unknown; Information for New Lesbian Parents in Ontario; Insemination procedures.

MAGENTA, SANTÉ ET PROMOTION DE LA SANTÉ,

DIVERSITÉ DES ORIENTATIONS SEXUELLES ET QUESTIONS DE GENRE
www.magenta-asbl.be

This Belgian NGO works on health and its promotion, sexual diversity and gender issues. It brings the subject of lesbian and bisexual women's health to the attention of politicians and of general practitioners. The Center offers a wide range of services, such as psychosocial support; therapies; discussion groups for homosexual, bisexual and transsexual people, those questioning their sexual orientation, their families, friends

and their caregivers. Magenta has also collaborated to the European project Daphné (2001-2004).

ONTARIO PUBLIC HEALTH ASSOCIATION (OPHA)

www.opha.on.ca

The mission of this Canadian non-profit association is to provide leadership on issues affecting public health and to strengthen the work of people who are active in public and community health in the province of Ontario. It provides educational opportunities and information in community and public health. "Improving the Access and Quality of Public Health Services for Bisexuals", a position paper by Cheryl Dobinson gathers information from bisexuals themselves about their health and wellness needs and experiences, underlines existing gaps in health care services, as well as the barriers bisexuals face with regard to obtaining appropriate services and support. The OPHA voted a resolution to improve accessibility of health services for bisexual people.

«PAZIENTI IMPREVISTI. PRATICA MEDICA E ORIENTAMENTO SESSUALE»

Team «Pazienti imprevisti» - c/o Arcigay - National Italian LGBT association - salute.glb@libero.it

"Unexpected patients. Medical practice and sexual orientation" is a guide for health care providers written by Margherita Graglia, Luca Pietrantoni and Raffaele Lelleri. It aims at attaining a non discriminatory medical practice towards gay, lesbian and bisexual patients.

RÉSEAU QUÉBÉCOIS D'ACTION POUR LA SANTÉ DES FEMMES (RQASF)

www.rqasf.qc.ca

This Canadian network is working in a feminist perspective for the improvement of women's health and wellbeing. A research project on the access lesbians have to social and health services resulted in the publication of the report "Telling it... making social and health services more accessible for lesbians",

available on the website in French and English. On the website you can find a series of articles on lesbian health that have been published in their quarterly bulletin: Adapting social and health services to the needs of lesbians; What lesbians won't do to be healthy!; Sensitivity to lesbian needs; Lesbian health, the invisible health; Discrimination and lesbian health; Discrimination as violence: impact on lesbian health; Lesbians are at risk, but...; Lesbians and HIV: are we concerned?; Neither seen nor known: the relationship between lesbians and health services; Lesbians in middle age (menopause); Lesbian difference; Heterosexism and lesbians.

THE SANGINI TRUST

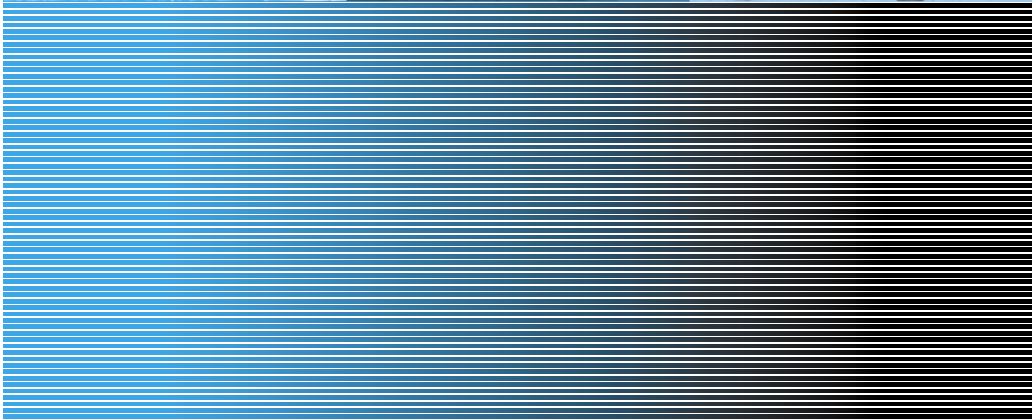
www.sanginii.org

Sangini's mission is to create, disseminate and redefine knowledge on women's sexual and reproductive health and rights; it provides safe and supportive spaces to women dealing with issues around their sexuality and sexual rights. The Indian NGO offers services such as a telephone helpline; face to face counseling service; a support group; referral services to 'lesbian-friendly' service providers, such as lawyers, gynecologists, therapists, other health professionals. It has started online counseling services for women who cannot afford to call up the helpline or who feel more comfortable in terms of their anonymity, or for other reasons want to avail online counseling.

UNISON

www.unison.org.uk/out

Britain's biggest trade union with more than 1.3 million members. UNISON recognises the importance of its LGBT members and its responsibility for paying particular attention to their needs. Its commitment to equality and to tackling discrimination is written into the union's rules. The London-based trade union published a "best practice" guide intended for health care providers. Entitled "Not 'just' a friend", it provides information to health care workers on how health services can give confidence to lesbian, gay and bisexual service users.



Sexual Pleasure

Women's sexuality is a "recent" discovery of the 1960's when the fight for women's rights became more visible. But a lot still needs to be learnt as many women themselves still believe that they are not supposed to be interested in "this kind of thing"... If lesbian and bisexual women have benefited from the disclosure of this taboo, the heterosexual stereotype that a woman with another woman does not really have sex is still very strong. Some organizations are campaigning for self-esteem and outpower, pushing for "Lesbian is beautiful". Others are linking the positive impact that sexual pleasure can have on domestic violence, be it heterosexual or homosexual. The work on sexual pleasure made available by many lesbian organizations on their websites is simply amazing! A visit is worthwhile as you can even discover some of the many erogenous parts of your own or her body that can be explored with trust and respect. This report on health would not have been complete without a chapter on sexual pleasure. It is a positive note showing that women are powerful, brave, imaginative. Women can and do have pleasure. Enjoy!

I became a lesbian because of women, because women are beautiful, strong, and compassionate.

Rita Mae Brown, author, screenwriter.

SEXUAL EDUCATION

CHALLENGING NIGERIA'S SEXUAL TABOOS

The BBC World Service "I Challenge" series looks at individuals around the world who have challenged authority, traditions and beliefs in the face of enormous odds. In the midst of Nigeria's law reform to ban what they call "Same sex amorous relationship and its publicity", we asked Dorothy Aken'ova if we could publish this well-titled article where her work as sexual health worker is pictured. Dorothy, the founder of the International Centre for Reproductive Health and Sexual Rights, INCREASE, is a firm advocate of sex education as a mean to reduce domestic violence and discrimination in her country.

Fundamental to Dorothy's approach to sexual health is a commitment to teaching people about sexual pleasure. Her collection of sex toys and aids has a very serious intent: she believes that enhancing sexual pleasure not only improves communication but, crucially, also minimises domestic violence. "If people want and believe in sexual pleasure", she says, "they will know that battering a woman is certainly not romantic and isn't one of the ways of achieving pleasure. So, teaching sexual pleasure may be one way of ensuring women aren't beaten in their own homes". [...]

In INCREASE, Dorothy has created a unique organization. Apart from teaching the young people who flock to the INCREASE centre in Minna from all ethnic and religious communities and doing outreach work in places like Paiko, Dorothy is committed to challenging taboos. Nothing is off-limits. So, there are workshops on unsafe abortion, seminars on rape, discussions about teenage pregnancy. And recently she created a network for bisexual women and lesbians. There are no public meeting places in Nigeria, like cafes or bars, for women who are attracted to other women, and nowhere their health needs can be addressed. Through INCREASE, Dorothy has chosen to challenge the prevailing silence around homosexuality. So far, she has organised three secret meetings in a hotel in Abuja. (...) I was introduced (says journalist Linda Pressly) to some of the women who had met in Abuja. Fortune, a 20-something student from Lagos, told me how wonderful it was to be with other women like her in a safe environment, and to get reliable information about sexuality. Pamela described how her self-esteem had risen as a result of being part of the network. These women feel safe in Dorothy's company. She throws her head back and laughs uproariously at their stories; but her mission is deadly serious: to challenge the inequalities she believes exist in Nigeria, and to fight for an end to discriminatory practices.

From an interview to the BBC World Service
"I Challenge" by Linda Pressly.

Are there many things in this cool-hearted world so utterly exquisite as the pure love of one woman for another?

Mary MacLane, The Story of Mary MacLane by Herself

WOMEN'S BODY AND PLEASURE: A CHANCY ENCOUNTER THE SWEETEST TABOO

Marie-Paule Lolo is a psychoanalyst. She is a board member of the French group "Sans Contrefaçon" as well as a board member of the Euro-Mediterranean Universities of Homosexualities in France. She wrote for us a text on self pleasure.

We recall the look of mothers when they concentrate all their attention and care on their little boys and cover them with tender compliments about their sex. "It is beautiful; it is the most marvellous thing; it is big," etc. So many compliments will leave him feeling confident about this part of his body, which he will have mastered by the time he reaches puberty. In contrast, girls get compliments about their eyes, their "small" arms, their "small" legs and their pretty mouth – but when it comes to their sex – nothing is mentioned. The taboo sets in. A woman must not speak about her own sex and, thus, neither about her daughter's. As a little girl and later as a woman, she must carve her path out through the upheavals set by society, culture, belief and prohibitions before she can encounter the very spot of her pleasure, her "cunt".

Opening your eyes, Taming fears

When reading books and essays written by women, we are presented with many different suggestions and experiments for undertaking the sensitive and unknown road to pleasure. All of them agree that this road has the big advantage of remaining as unique as the bodies in which these writers live. On their road to pleasure they are accompanied by the discovery and appreciation of their body. Every woman will have to discover it in its uniqueness and in what are commonly called body "defects". The continuous devaluation of the female body has rooted in the mind of each of us a kind of complex which comes out with different levels of intensity. This complex blocks the road to pleasure like a Greek chorus reminding us of the trench that we can dig between the real and the ideal body. Women's encounter with their own body is one of the highest taboos. Patriarchal societies have curbed, oppressed and denied women's pleasure and, even more violently, the pleasure of those who envisage it without men, lesbians. Information documents about sexual

lity targeting young people very rarely mention to their female readers the existence of a sexuality other than the one practiced by the majority. This brings in a silence which increases even more the feelings of guilt of these women who, because they will not be able to find a socially acceptable model, find themselves relegated to the category of strange persons threatened implicitly with exclusion. From difference thus arises the mortification of the person, of her body.

Before Finding your way to the Self

Discovery, by means of caresses of the sweetest places, remains the main element of this research to tame fears. Taboos that are subconsciously assimilated might then pop up to remind them of "how wrong it is" and that "Hell is at hand". Nobody should let these taboos or these fears win the battle, but try to find the way which leads to the Self. Every woman must find the most appropriate moment when she is intellectually and physically disposed. Some of them will choose the bath, others the shower, the bed, the couch, in the daytime, at night. Whatever the moment or the place, it is important to feel at ease and available; what matters is to respect what you feel. If at times discomfort, pain or absence of feeling occur, it is better to put an end to such feelings and delay the moment. Waiting patiently until the desire of discovery and the response to these caresses are in harmony will avoid turning the self-induced pleasure into a traumatising experience and will open the horizon to the privileged pleasure resulting from the relationship with your own body free from cultural restraints.

You can sometimes be scared by images that the mind produces to accompany the arm which leads to pleasure. These images are not necessarily reality; and they will sometimes stay what they basically are, products of imagination. What matters when having solitary pleasures is the realization of what you like, what you want or what leaves you indifferent. Later, and at a pace in tune with these encounters with yourself, it will be possible to share this experience with the companion of your choice, the one with whom you want to share other experiences, other feelings, other games.

Sans Contrefaçon : <http://sans.contrefacon.free.fr>

The purpose of the association is to support, advise and build the capacity of transsexual, transgender and intersexual women and men, to work for their acceptance by their families and society – and to fight against all forms of discrimination (transphobia) targeting them. It also works for the creation of conditions favourable to the empowerment of these persons in their socio-cultural and occupational environments.

BAGDAM ESPACE LESBIENwww.bagdam.org

The association's activities are driven by the desire to be present regionally, nationally and internationally and by its ambition not only to transform the daily lives of lesbians, but also to impose their recognition by society. In addition to being the scene of militant visibility, it is also the scene of feminist, antiracist and antifascist activity. The organization is a member of the Coordination lesbienne en France (French Lesbian Federation), the federation of the majority of lesbian associations in France.

Since January 2003, Bagdam organises a series of studies, "The School for Lesbians" (history, theories, culture, experiences). From 14 to April 17, 2006, it will hold in Toulouse the 5th International Symposium of Lesbian Studies, entitled "All about Love". Such subjects as "The Heterosexual Version of Love" and "Lesbian Breakups and Catastrophies" will be discussed.

CENTRO DE INVESTIGACION Y PROMOCION PARA AMERICA CENTRAL DE DERECHOS HUMANOS (CIPAC)www.cipacdh.org/salud.htm

The aim of this Costa Rican organization is to promote LGBT rights, with a special attention to health. Its website offers a variety of articles related to lesbians, namely to sexuality; a full chapter is dedicated to health and another one specifically to HIV/AIDS. An interesting article on masturbation describes the taboos surrounding this practice and underlines the importance of knowing our own body. The tone of all articles is positive and empowering.

LGBT YOUTH SCOTLANDwww.lgbtyouth.org.uk

LGBT Youth Scotland is a national youth organization committed to the inclusion of lesbian, gay, bisexual and transgender young people in the life of Scotland, UK. It provides a range of services and opportunities for young people, families and professionals aiming to increase awareness and confidence, as well as reducing isolation and intolerance.

"Coming Out! Young Women's Guide" was put together by a group of young women aged between 14 and 25. It describes issues such as coming out to yourself, to your friends, to school, family. A chapter is dedicated to the British legislation on discrimination on the grounds of sexual orientation in employment, as well as new legislation around civil partnership.

The brochure "Girlz Girlz Girlz" is the result of a group of young women at LGBT Youth Scotland who felt that there was a lack of good health information for young women, particularly those who were lesbian, bisexual or transgender. Girlz Girlz aims to investigate the physical, emotional and sexual health needs of LGBT young women in Edinburgh and to explore how those needs can be met. The brochure can be downloaded from the website.

MUJER X MUJERwww.mujerxmujer.com

This Spanish website dedicated to lesbian and bisexual women has sections on sexuality and health, on bisexuality, on lesbians, and a section on violence against women. Under the Health chapter, a series of original articles is dedicated to sexual pleasure that challenge stereotypes on sex among women and are written in a very cheerful and positive way. You can find articles on erogenous zones of women, zones of pleasure that some ignore, how to cuddle, advice on how to awaken desire, myth and reality of women's sexuality. They also propose an exhaustive article on menopause.

MUYER Y MUJERwww.mujerymujer.com

A website for the lesbian community in Costa Rica. There are articles on the most varied themes, such as self-esteem, gossips and taboos, and spirituality. A detailed chapter is dedicated to health and one to sexuality. There are interesting texts on aromatherapy, massages, reiki, risotherapy, on how to reach orgasm and on the most unknown erogenous parts of our body. The whole website is meant to de-dramatise, demystify taboos and empower lesbians.

OUTwww.out.org.za

The Lesbian Power posters. This South African Organization produced these posters for Pride 2005. They are part of a larger project dealing with issues of lesbian women and social power. The project involves interviews about their experiences of power, with a representative selection of lesbian women.

SCHORER FOUNDATIONwww.schorer.nl

This Dutch organization offers several services for women: books, brochures, health discussion groups, international activities and websites. People with questions about health and well-being for gay men and lesbians can turn to its Gay & Lesbian Switchboard.

"Sex is fun - but not always self-explanatory" is the concept behind "Lesbische seks - een praktisch handboek" (Lesbian sex - a practical handbook), a manual cosigned by Mirjam Hemker and Mariette Hermans. It deals with all aspects of sex you may encounter if you as a woman are attracted to women. It discusses flirting, seduction, being in love, the body, romantic relationships, jealousy, identity, how to communicate and discuss romantic relations with one's partner, and how to negotiate sexual relations. The manual is an excellent aid to physical and mental good health.