

Clinicians Rainbow pocket guide

ASK

Assess/ask

1. Ensure that questions you ask are open-ended, and non-assuming e.g. 'Do you have a partner at the moment?', instead of 'Are you married?'.
2. Demonstrate an openness and acceptance of diverse sexual orientation or gender. If the service users confirm they are in a relationship, you could ask without making assumptions, 'What does he or she do?'.
3. Acknowledge diversity, and ask about sexual orientation e.g. ask 'In terms of your sexuality, do you identify in any particular way?', or 'Are you attracted to men, women or both?', whilst also giving them the option not to answer.
4. Check gender identity: (especially if the service user has not completed the intake form), e.g 'We have you recorded on our form as male, is this right?', or, 'Is this how you would like your gender recorded?'. Ask what gender pronoun the person prefers.
5. Ask service users about a personal history of hate crimes/violence or homonegative trauma.
6. Undertake a thorough risk assessment (including sexual). Rainbow individuals have significantly higher rates of self harm and suicide.

Sensitivity and support

1. Avoid the assumption that service users are heterosexual just because they haven't told you otherwise. It may take time for Rainbow service users to trust you.
2. If a service user seems offended by something you've said, apologise and offer a brief explanation about why information is necessary to provide the best care possible. Ask what terminology the patient prefers.
3. Explain how the service user's confidentiality will be protected, and who will have access to the information.
4. Avoid making assumptions about a service user's sexual orientation, relationships or parental status based on a particular gender identity or expression, and allow time for them to provide information.
5. If a young person tells you he or she may be gay, lesbian, or bisexual, be open and supportive. Try to avoid the assumption that he or she is going through a phase. Be open to what support they may want or need (it may not be what the clinician views as the need).

Knowledge – know the facts, including:

1. Many service users fear the response of the clinician when disclosing sexual orientation or gender identity, and may have been discriminated against in the past.
2. Service users may experience internalised homophobia (e.g. shame and guilt).
3. Gender identity (e.g. male, female, and trans) is distinct from sexual orientation.
4. Trans people may feel uncomfortable about their bodies or life histories and the particularly difficult experiences they may have had in the healthcare environment.
5. Sexual orientation and gender identity/expression can change over time.
6. Sexual orientation and gender identity may be a very sensitive issue. If you are unsure at times, ask with respect how you can support them better.