



Hidden Figures:

LGBT Health Inequalities in the UK

LGBT
foundation

WE'RE HERE IF YOU NEED US

lgbt.foundation

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We are LGBT Foundation.

We believe in a fair and equal society where all lesbian, gay, bisexual and trans people can achieve their full potential.

Our work started in 1975 and we've been changing the lives of LGBT people ever since. Over the last five decades, we've provided information, services and support for LGBT people who've had nowhere else to turn. We've been at the forefront of the social and legal changes that mean LGBT people in the UK have more rights than ever before.

Our work is as vital and urgent as ever. LGBT people still face persecution, discrimination and stark health inequalities. Through our services we reduce isolation amongst our communities, help people feel more confident and in control of their lives, and enable people to flourish.

Every year we serve 40,000 people - amplifying people's voices, providing support and offering hope.

We work in partnership with others to build strong, cohesive and influential LGBT communities and promote attitude change in society, reaching 600,000 people online each year.

Together, we can secure a safe, healthy and equal future for all LGBT people.

Until then, we're here if you need us.





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Foreword from LGBT Foundation Chief Executive

To the casual observer, it may seem that there has never been a better time to be lesbian, gay, bisexual or trans (LGBT) in the UK. There are laws against discrimination, same-sex marriage is legal, and inclusion appears to be growing across society. Representation of LGBT identities is increasing in the media, there are more openly LGBT celebrities and sports stars, and slowly but surely, rights for trans people are advancing. For some, LGBT issues seem to no longer be issues at all.

Yet the results from the UK Government's National LGBT Survey, released in 2018, overwhelmingly demonstrate that there are still significant barriers faced by LGBT people in the UK today.¹ The survey confirmed much of LGBT Foundation's own research and service data: that growing up LGBT in an intolerant society, experiencing prejudice and rejection, can exacerbate health inequalities and have a negative impact on health outcomes compared to the general population. Health inequalities are the unjust and avoidable differences in people's physical and mental health. They are not random, but socially determined by circumstances largely beyond an individual's control, and can limit their chances to live longer, healthier lives.

Evidence suggests that discriminatory attitudes towards LGBT people are still commonplace, with a 2019 survey revealing that 1 in 5 people said being LGBT was 'immoral or against their beliefs' and 1 in 10 people saying that being LGBT could be 'cured'.² In addition, a 2017 British social attitudes survey showed that 19% of people said that prejudice against trans people was 'rarely' or 'never' wrong.³ This, coupled with the perception that 'the job is done' when it comes to LGBT equality, can hide the true extent of the health inequalities experienced by LGBT communities.

Over the last five years LGBT Foundation, which serves more LGBT people than any other charity of its kind in the UK, has seen a significant growth in demand for its services. We are seeing people with increasingly complex needs and are supporting more people in crisis than ever



before. This has been coupled with significant financial pressures on the voluntary organisations delivering these specialist services. A funding landscape made up of short-term contracts, a postcode lottery of commissioning, and the fact that voluntary organisations often feel compelled to compete for funding, rather than collaborate to deliver services, means finding a strategic approach to ending these inequalities is challenging.

We do, however, see many opportunities to address these inequalities. In the NHS Long Term Plan, published in 2019, we particularly welcomed the commitment to developing a comprehensive model of person-centred care, because we know that when people's identities are recognised and valued, their patient experience is better. A 2017 LGBT Foundation survey found that 21.4% more LGBT people who disclosed their sexual orientation or trans status to their GP felt that their GP met their needs as an LGBT person compared to those who did not. We also welcomed the renewed focus on ending the health inequalities faced by some populations, and the appointment of the National Advisor for LGBT Health to ensure that the specific health inequalities faced by LGBT people, such as poorer mental health, loneliness and isolation, and access to appropriate health screenings, are addressed. The renewed commitment to invest in primary and community health services will make it easier for LGBT people, who often face barriers when accessing

healthcare, to get support and treatment closer to them.

In addition, we welcomed the commitment in Public Health England's 2020-2025 strategy to narrow the health gap, recognising the need to do more for those with protected characteristics including LGBT people. Finally, the upcoming reforms to the Public Sector Equality Duty, making it more outcomes-focussed and evidence based, promises opportunities to tackle systemic discrimination, including that experienced by LGBT communities.

Central to all of these solutions must be the commitment to put people at the centre of their own health and wellbeing. By working with the voluntary and community sector to co-design solutions, and by listening to what matters to people, these changes can be made with, and not just to, the people the services are designed to serve. Decision makers should utilise population health approaches which take into account the needs of communities of identity who need to be recognised not only geographically but through shared identities whose health needs might not be adequately addressed locally. This might be because they find accessing services difficult, or because there is a risk that their needs are overlooked or ignored. This report therefore aims to capture the needs of one such community, but also acts as a model for other communities of identity. We hope that commissioners and decision makers will use the information in this report to update and refresh Joint Strategic Needs Assessments and health and wellbeing plans.

Whilst this report outlines the best available evidence available to us currently, we remain acutely aware that a lack of systematic monitoring of sexual orientation and trans status prevents us from being able to fully compare the experiences of LGBT people to those of the general population across all life course areas. We know that if we're not counted, we don't count, and whilst we're pleased to see more and more recognition of the implications of a lack of effective monitoring data, more action needs to be taken to remedy this. There should also be a more concerted effort to promote the implementation of the NHS Sexual Orientation Monitoring Information Standard, which was

introduced in 2017, to support the effective implementation of sexual orientation monitoring across all health and social care services. This is particularly pertinent because questions on sexual orientation and gender identity will be asked in the 2021 United Kingdom Census and the rest of the public sector must not lag behind.

Employers, voluntary and community sector service providers, health and social care providers and researchers should be monitoring sexual orientation and trans status whenever possible, in order to produce extensive and diverse research on LGBT communities in the UK. Subsequently, there can be real progress made in targeting resources to better meet the needs of LGBT people. We are hopeful that going forward, the quality of evidence will only further improve, as data collection about LGBT people becomes more standardised across all services for the public.

Ultimately, we want to ensure that no LGBT person is left behind. There is always a risk that people at the margins who experience discrimination, rejection, and multiple barriers, are not visible, and end up even more excluded. We want to shine a light on their experiences and ensure that their needs are recognised in the services of the future which focus on people, how they live their lives in their communities, and support them to achieve their aspirations.

By publishing this report, which includes unpublished evidence, data and stories from LGBT Foundation's 40,000 service users that we serve each year, we hope that commissioners and decision makers can see the true extent of the health inequalities affecting LGBT people. By taking remedial action to give LGBT people more control over their own destinies and removing the structural barriers that many of our communities face, together we can achieve a fair and equal society in which all LGBT people can achieve their full potential.



Paul Martin OBE
Chief Executive



Look how far we've come!
LGBT foundation

Look how far we've come!
25 years of free condoms and lube
LGBT foundation

Look how far we've come!
LGBT foundation

MANCHESTER'S GAY VILLAGE

EQUALITY WINS
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EQUALITY WINS
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EQUALITY WINS
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Foreword from National Advisor for LGBT Health

Whilst we continue to make progress in the UK towards LGBT equality, LGBT individuals still face considerable barriers to leading happy, healthy and fulfilling lives. Stigma, discrimination, harassment and bullying on the streets, in education, in health and in the workplace are still realities for many people; whilst both mainstream and social media perpetuate homophobic, biphobic and transphobic views. It is in this context and through this lens that we need to consider and address LGBT health inequalities.

The evidence that LGBT people have disproportionately worse health outcomes and experiences of healthcare is both compelling and consistent. With pretty much every measure we look at LGBT individuals fare worse than others. LGBT people face discrimination, feel their specific needs are not being met, report poorer experience and often have major concerns about accessing healthcare that should be a right for all. This is unacceptable and we need to increase our efforts to address these health inequalities.

Whilst, as this report demonstrates, the inequalities are pretty universal mental health is consistently raised as a particular concern. LGBT individuals are more likely to experience depression, anxiety, eating disorders, substance misuse, self-harm and suicide and yet report real difficulty in accessing the mental health services they need. The problems are often worse for trans and non-binary individuals who may be struggling with mental health problems, finding it difficult to access the support they need and enduring unacceptably long waits to be seen in Gender Identity Services. I am making this one of the key focusses of my role and working with colleagues across the NHS to improve the situation.

Having said all of this, there are many examples around the country of where the NHS and community organisations deliver services and projects that provide incredible support and care to LGBT communities and I want to work to ensure we share this best practice throughout the NHS, so all can benefit from equally high quality, inclusive services.



There are some essential areas that we need to work on. We need to ensure that, when engaging with the NHS, LGBT individuals are asked simple and appropriate questions about how they define their gender and sexuality. We cannot begin to address the problems and improve experience until we collect robust data about all populations, understand the inequalities and have reliable measures that evaluate the impact of what we do. We need to embed the LGBT health equality agenda at every level of training of the NHS workforce and ensure that all services are inclusive and accessible with healthcare professionals who are able to use appropriate language and recognise and understand the diverse needs of the LGBT community.

This report is an important contribution to our understanding of LGBT health inequalities and the 'cradle to grave' narrative is a powerful reminder of the range and extent of the problems. I hope it will be a useful tool for policy makers, commissioners and service providers to support our work to address these health inequalities and to improve the health and wellbeing of LGBT communities.

A handwritten signature in black ink, appearing to read 'M Brady', written in a cursive style.

Dr Michael Brady
National Advisor for LGBT Health,
NHS England and NHS Improvement

Introduction

What is this document?

This document presents our assessment of the health inequalities faced by LGBT communities. Health inequalities arise at different stages of people's lives, and LGBT people often experience specific further discrimination and marginalisation when accessing services to address these health inequalities. This report therefore uses a life course approach to highlight the importance of these stages and their cumulative impact on health and wellbeing. It also attempts to showcase the unique inequalities faced by LGBT people throughout the entirety of their lives, from cradle to grave.

As such, this report is designed to showcase how multiple health inequalities across a lifespan can impact sequentially and can lead to significantly worse health outcomes. It also touches on the wider determinants of health as well as some of the persistent causes of poor health experienced by LGBT people.

The information contained in this document is a summary of relevant research, papers, surveys, and NHS and Government data and statistics. It also contains a range of data on LGBT Foundation's services and insights from LGBT Foundation service users. These have been gathered through analysis of the wide range of community services offered by LGBT Foundation, such as the Substance Misuse programme and our Domestic Abuse programme. It intends to broadly summarise key statistics, needs and experiences and as such, it is not an exhaustive systematic review.

The information has been compiled using broad quality assessment criteria to ensure that the information presented in this document is largely representative and unbiased. It is worth noting that LGBT communities have a very wide range of experiences and therefore the information presented here may not reflect the experiences or profile of every individual within the category presented. We have endeavoured to include all the major data available to us as of February 2020 but a document of this nature (essentially a summary of a large body of evidence) inevitably requires regular review to ensure that it remains up to date. To that end,

we will be reproducing sections of this report as downloadable fact sheets and aim to update these as and when possible.

Finally, this report aims to succinctly outline the health and wellbeing inequalities experienced by LGBT people. LGBT Foundation has developed services and support in order to address many of these inequalities, as have many other LGBT organisations and groups across the UK. It does not, however, detail these services and in particular their positive impact on the lives of LGBT people, partially for brevity and partially because services adapt and change to meet the emerging needs of LGBT communities at a significant rate of change. The LGBT charity sector consists of 0.04% of the entire charity sector across the UK, so it's really clear to see that it consistently punches above its weight in terms of its impact. Details of our services and their positive impact can be found on our website and via our other communications channels. Details of the LGBT charity sector in the UK can be found on the Consortium website: www.consortium.lgbt

Who is this document for?

This document is intended for commissioners and decision makers, those working with and supporting LGBT people, and those conducting research or writing media articles about the needs of LGBT people. We set out to make this document accessible, relevant and easy to navigate. Each section of the report may be pulled out as a stand-alone fact sheet, offering insight into a particular inequality area facing LGBT people.

We have deliberately decided not to make any recommendations. Rather, we are providing an insight into the lives of LGBT people and the issues affecting them, as evidence to support improved access to services, and evidence to support a range of campaigning and lobbying activity for LGBT equality.

LGBT Health Inequalities at a Glance

Below are ten key statistics which we believe most clearly evidence the sequential and significant impact of experiencing inequality over the life course. Where possible, these have been compared to the general population.

- **In 2017, 21% LGBT people reported that they had experienced a homophobic, biphobic or transphobic hate crime in the previous 12 months, with this rising to 41% for trans people.⁴**
- **23% of LGBT people have at one time witnessed anti-LGBT remarks by healthcare staff.⁵**
- **In 2017, 1 in 6 LGBT people reported drinking almost every day in the last year, this compares to 1 in 10 adults in the general population who report drinking alcohol on five or more days per week.⁶**
- **45% of trans young people (aged 11-19) and 22% of cis LGB young people have tried to take their own life. Among the general population the NHS estimates this figure to be 13% for girls and 5% for boys aged 16-24.⁷**
- **24% of homeless people aged 16-24 are LGBT and 69% of these people believe parental rejection was a main factor in becoming homeless.⁸**
- **42.8% of LBT women said that they had experienced sexual violence compared to an estimated 20% of all women in the UK.⁹**
- **55% of gay, bisexual and trans men were not active enough to maintain good health, compared to 33% of men in the general population.¹⁰**
- **In 2017, 52% of LGBT people reported experiencing depression in the previous year. This includes 67% of trans people and 70% of non-binary people.¹¹**
- **In 2017, 40% of trans people who had accessed or tried to access public healthcare services reported having experienced at least one negative experience because of their gender identity in the previous 12 months.¹²**
- **93% of LGBT specialists and service users consider that more work needs to be done to improve end of life services for LGBT people.¹³**



WHERE THERE IS

Colour in the flags using the numbers as a guide!

Inclusive Rainbow Flag

Trans

Starting Well

Research consistently shows that LGBT parents are as fit and as capable as heterosexual and cis parents, and their children are as psychologically healthy and well-adjusted as those raised by heterosexual parents. Yet LGBT parents still face unacceptable levels of prejudice, discrimination and stigma. LGBT identities and issues affecting LGBT people are rarely included as part of the school curriculum,

leading to young LGBT people feeling that their identity is not valid or that society does not accept them. We know that prejudices and discriminatory attitudes are learned before adulthood. For many children who are lesbian, gay, bisexual or trans, an education without an inclusive culture can have lasting effects on their mental health both during childhood and into their adult life.



Growing up gay under Section 28 was incredibly difficult and isolating – I felt like there was no one else out there like me. Even though I had loving parents who made it clear that I would be accepted, not hearing this message from outside of the home led me to believe that I wasn't 'normal' and there was something inherently wrong with me. The shame I experienced during this time has left a lasting impact, and I have spent a long time trying to overcome the effects of this.



- Joe, gay man, 30, Manchester.

LGBT Fertility, Parenting and Early Years

There are an estimated 20,000 dependent children living in same-sex families in the UK,¹⁴ yet a third of the public think heterosexual couples¹⁵ make better parents than same-sex

couples. LGBT people considering becoming parents therefore experience a number of real and perceived barriers to becoming parents, which are detailed below.

Among lesbian, gay and bisexual people:¹⁶

79% consider society's attitudes to gay parenting to be a barrier to becoming a parent.

39% consider their own family's attitude to be a barrier to becoming a parent.

46% expect to be treated worse than a heterosexual person by an adoption agency

80% expect to face barriers if they applied to become a foster parent.

74% consider bullying of children with gay parents at school as a barrier to becoming a parent.

Funding decisions around gamete storage and fertility treatments by local Clinical Commissioning Groups (CCGs) in England act as barriers to trans people wanting to become parents.

A March 2019 a court ruling stated that NHS England does not have to make it compulsory for CCGs to offer gamete storage to trans people who are taking medication

or undergoing procedures that will harm their fertility.¹⁷ Therefore, some CCGs will fund treatment and others will not. Obtaining gamete storage privately can cost upwards of £4,000, and parents who use surrogacy services can also be stigmatised. Trans fathers also have to register as mothers on the child's birth certificate and are subjected to significant amounts of stigma.

Discrimination Starts Early

Even before reaching secondary school, prejudice and discrimination can have a profound impact on young LGBT people. Stereotypical views about gender and expected behaviours for young boys and girls remain.

Among primary school teachers who are aware of homophobic bullying in school, 49% report that boys who 'behave or act like girls' are bullied.¹⁹ 42% of primary school teachers say they do not challenge

homophobic bullying every time they hear it.²⁰ This evidence of the experiences of LGBT future and existing parents, discrimination faced whilst accessing parental or fertility services, and the experiences of LGBT children from a very young age paints a picture which appears to endure throughout the life course - that LGBT people are treated differently to the general population, experience exclusion and discrimination in mainstream services, and from a young age begin to experience the damaging effects of LGBTphobia.

7 in 10 primary school teachers have heard children say phrases like **"that's so gay"**.¹⁸

Out at School - Being Young and LGBT

Until very recently, school curricula rarely included awareness of LGBT communities or issues affecting LGBT people. For decades, schools were tightly restricted by law with regards to teaching about LGBT identities, most notably the pernicious Section 28 legislation from 1988-2003. Adolescence is arguably the most important developmental time for a young LGBT person. As legislation enshrining LGBT rights in law have advanced, young people are now more likely to feel accepted and recognised, with 67% of those in education in the 2016/17 academic year having experienced only positive reactions or no reaction to them being LGBT or being thought to be LGBT.²¹

In this formative period, LGBT adolescents face a range of health and wellbeing inequalities, ranging from discrimination at school when coming out, through to struggles accessing transition related healthcare.

- 86% of secondary school teachers say that pupils in their school have experienced homophobia.²²

- 19% of LGBT pupils do not feel safe at school, and 43% of LGBT pupils do not feel able to be themselves at school.²³
- 40% of pupils who experience bullying because they are LGBT are truanting as a result.²⁴
- Bullying is not restricted to other pupils. In the 2016/17 academic year, although 88% of incidents were by other pupils, 9% of the perpetrators were teachers.²⁵
- 45% of LGBT pupils who experience bullying based on their sexual orientation or trans status never tell anyone about it, with 39% of these people saying it was because they believed teachers would not do anything about it.²⁶
- 31% of LGBT pupils in faith schools and 22% of LGBT pupils in non-faith schools say teachers never challenge homophobic, biphobic and transphobic bullying.²⁷
- 53% of pupils said that there is not an adult at school that they can talk to about being LGBT.²⁸

45% of LGBT pupils, including 64% of trans pupils, are bullied for being LGBT at school.²⁹



LGBT pupils



Trans pupils





I felt like whatever I was doing was worthless. Even if I did well in school, it wouldn't matter to people because all they would care about is me being gay.

- Zoe, 12, secondary school (England).³⁰



Being Young and Trans

For young trans people specifically, bullying and abuse is commonplace.

51% of trans young people (aged 11-19) have been bullied for being trans at school and 13% of trans young people experienced physical abuse at school.³¹

A significant number of people may be transitioning while they are still at school, government statistics indicate that 84% of trans men had started transitioning by the age of 24, compared to 44% of trans women and 78% of non-binary people.³²

However, for those who transitioned at school: 46% of trans men, 41% of trans women and 21% of non-binary people said that their school was very or somewhat supportive of their specific needs.³³

Impact of Bullying

The bullying experienced by young LGBT people in school has a significant impact: ³⁴

52% of bullied LGBT pupils feel that homophobic, biphobic and transphobic bullying has had a negative effect on their plans for future education.



LGBT pupils who have been bullied for being LGBT are more likely to deliberately harm themselves than those who haven't been bullied (75% compared to 58%).

LGBT pupils who have been bullied for being LGBT are more likely to attempt suicide compared to those who hadn't been bullied (37% compared to 17%).

An LGBT Inclusive Education

The discriminatory attitudes and behaviours outlined above may be partially explained by a fundamental lack of comprehensive education about LGBT identities, families, and relationships. 77% of young LGBT people have never been taught about or discussed gender identity or what 'trans' means.³⁵

Just 1 in 5 LGBT pupils learnt about contraception and safer sex in relation to same-sex relationships, with this figure dropping to 1 in 10 for students in faith

schools.³⁶ With legislation coming into place from September 2020 that requires schools to teach inclusive relationship and sex education, there is hope for the future that this may change. Recent protests surrounding the introduction of LGBT inclusive relationship education shows that battles previously won around Section 28 are resurfacing. Schools are under pressure and facing intimidation for implementing the government guidance on creating an inclusive school curriculum.

Mental Health and Young LGBT People

The sustained impact of experiencing discrimination at a young age is indicated by the poor mental health outcomes for many young LGBT people.

For LGBT people aged 11-19:³⁷

61% of cis LGB young people have deliberately harmed themselves at some point, this figure is 84% for trans young people. This compares to NHS estimates that one in ten young people in the general population have deliberately harmed themselves.

70% of cis LGB young people have thought about taking their own life, this figure is 92% for trans young people. Young Minds estimates that one in four young people in the general population have had these thoughts.

22% of cis LGB young people have tried to take their own life, this figure rises to 45% of trans young people. Among the general population the NHS estimates this figure to be 13% for girls and 5% for boys aged 16-25.

For many, poor mental health is linked to adverse experiences in childhood. 1 in 3 adult mental health conditions in the general population relate directly to adverse childhood

experiences.³⁸ Whilst the data is missing for LGBT people, it is likely that the impact on later life for many LGBT people will be considerable.

Young LGBT People Accessing Support

Poor experiences at school and in wider society indicate a need for additional support for young LGBT people. This may be health or wellbeing related, or simply providing spaces in which young LGBT people feel safe to be themselves.

Over a third of LGBT Foundation's service users are under 25 and the most common issues encountered when speaking to young LGBT people (16-25) are:³⁹

- Coming out, which features in 1 in 4 of LGBT Foundation's contacts via the helpline, and 'pop in' visits.
- Sexuality & sexual orientation, which both feature in 1 in 5 of calls with young people.
- Homophobia, biphobia, or transphobia, which feature in 1 in 5 of calls with young people.
- Issues around mental health, including anxiety and depression also feature in 1 in 5 of calls with young people. This is echoed by the counselling service, where 2 in 5 young people seek help related to their mental or emotional health.

LGBT Foundation data, based on those accessing our services, also indicates a wider picture of low uptake of services, and high levels of substance misuse among young people (aged 25 and below):

- 1 in 8 of LGBT Foundation's young LGBT service users said that they couldn't remember what happened as a result of drinking on a monthly or weekly basis.⁴⁰
- 1 in 5 of LGBT Foundation's younger LGBT service users felt that they weren't able to perform their daily tasks as expected as a result of their drinking.⁴¹

The long term impact of bullying, discrimination, or simply a lack of understanding and recognition of LGBT identities can therefore already be seen in adolescence and early adulthood. LGBT Foundation's own data is reflective of those young LGBT people who have felt able to seek out help and support - what may be even starker and more concerning is the experiences of those who have not felt able to seek support.

Family Rejection and Homelessness

Home can be a sanctuary from bullies in school, yet for some, coming out can lead to family rejection, abuse and homelessness. This has many effects on long term health, including increased issues related to substance misuse, and risk of being affected by crime or being forced into sex work.

- 24% of homeless young people (aged 16 to 25) are LGBT.⁴²
- 77% of homeless young LGBT people stated that being LGBT was a causal factor in rejection from home.⁴³

A survey by akt revealed that a significant proportion of adults would not fully accept their child's LGBT identity. Among UK adults polled:⁴⁴

- 26% disagreed that they would feel 'proud' to have an LGBT child.
- 11% would feel uncomfortable living at home with their child if they came out as LGBT.
- 28% would not be willing to change the pronouns they used for their child if they came out as trans.

Young LGBT Carers

There is very little evidence on LGBT carers, however a 2016 study in Scotland found that:⁴⁵

- 83% of young LGBT adult carer respondents had experienced bullying in school, making them three times more likely to experience bullying compared to young carers overall and more likely compared to young LGBT people in general.
- 54% of those who experienced bullying said it negatively impacted on their education.

- Almost 2 in 3 said there was no person at their educational institution who recognised them as a young LGBT carer and helped them.
- 88% reported to have, or have had, poor mental health.

The report concluded that young LGBT adult carers did not feel they were receiving holistic support or services - this in part was due to the fact they were assumed to be either LGBT or a carer but not both.

Young LGBT People in the Care System

A national survey in England found that only 5% of local authorities had specific LGBT care policies for young people. Local authorities did not monitor the number of young LGBT people in care - this was due in part to concerns about intrusiveness and also because central government does not require this data.⁴⁶

Interviews with young LGBT people in the care system found that there was widespread homophobia, biphobia and transphobia. Furthermore, many young people tried to conceal their sexual orientation; this meant young people were not able to access support and information related to their LGBT identity that they might otherwise have been able to.⁴⁷

There is a lack of published evidence on the experiences of LGBT care leavers.



I have experience being in foster-care from 2013 to present and have noticed recently that the care system isn't sure how to support children who identify as non-binary. I have had my identity labelled as confusion or as something I am trying to change. I feel that this subject could be approached better, as well as the implementation of it into reports (e.g. the use of different pronouns such as they/them). Overall I think there should be extra training aimed at this subject, for people such as social workers working with young people in care and the local authority.

- Non-binary person, 'other' sexual orientation, 16-17, South East⁴⁸







Living Well

The largest section of this report is dedicated to the wide range of health issues and wider determinants which impact health outcomes facing LGBT throughout their adult lives, including physical health, mental health, substance use and domestic abuse. Although there is a significant amount of data and evidence to draw from, it is this section in which data gaps become most noticeable. The first part of this chapter is therefore dedicated to reviewing the available evidence on those LGBT people with multiple protected characteristics - mostly notably BAME LGBT people and disabled LGBT people, where a lack of dedicated research hinders a more complete understanding of the particular challenges of these communities.

It also outlines the available data and evidence related to emerging identities and communities - the experiences, for example, of non-binary, genderfluid, and queer people.

As the overall number of LGBT people in the UK increases (the Government Equalities Office tentatively estimates that there are approximately 200,000-500,000 trans people in the UK⁴⁹ and Office for National Statistics data estimates that there 1.1 million people aged 16 years and over identifying as LGB in the UK),⁵⁰ it will be ever more critical to implement more consistent monitoring of sexual orientation and trans status of the UK population.



People are afraid to sit next to me on trains. They will stare at my face, chest and genitals to ‘work out my gender’. I get shouted at every single time I leave my house and threatened at least once a week. I try to closet myself from my family because I’m so close to getting kicked out. I can’t access hormone replacement therapy without going private. I’m disabled. It’s a lot to deal with and I’m crumbling under the stress but I consider myself a warrior. But really, something needs to change.

- Stevie, 21, Wales.⁵¹



Pride and Prejudice

For many people, coming out means being welcomed into the LGBT community through social and support groups, community spaces and queer culture. Sadly, some LGBT people still face discrimination within the broader LGBT community, especially those who are further marginalised and who have multiple protected characteristics under the Equality Act 2010, such as being disabled or BAME (black, Asian, minority ethnic).

In addition, those with multiple protected characteristics face exacerbated inequalities. The theory of minority stress,⁵² which describes the chronically high levels of stress faced by members of stigmatised minority groups, would suggest that these experiences and inequalities are related. Minority stress can be caused by a number of factors, but the most well understood causes are interpersonal prejudice and discrimination, with an emphasis on the cumulative impact of such experiences.

A 2018 Stonewall reported outlined the particular experiences of those with multiple protected characteristics within LGBT communities and spaces:⁵³

- 51%** of BAME LGBT people face discrimination based on their ethnicity from within LGBT communities. This figure rises to 61% of black LGBT people.
- 26%** of disabled LGBT people face prejudice in the LGBT community because of being disabled.
- 12%** of LGBT people of faith face prejudice from the LGBT community because of their faith.

Racism Within LGBT Communities

A report from the Equality Network reported that some BAME LGBT people “are put in a position where they feel that they do not belong to either the LGBT community or the

ME [minority ethnic] community and are forced to express one part of their identity at the expense of the other.”⁵⁴



I have a number of experiences when out with (all white) women/non-binary friends on Canal Street. Gay white men appeared to approach me more often – without consent – and dance with me, saying random words not in English (often Spanish or Italian...). Similar to non LGBT spaces, I have received the question of “Where are you from?”... “Where are you really from?” which is draining when you’re just in a space wanting to socialise and not have to explain away your skin colour!⁵⁵



Being BAME and LGBT

The particular needs and experiences of BAME LGBT people have historically been hidden within separate and often generalised approaches to BAME communities and LGBT communities. However, available evidence shows notable disparities between BAME LGBT people and the general LGBT

population in areas such as employment, safety, and mental health. Where relevant, the particular experiences of these communities have been outlined in individual sections of this report, a few examples of such disparities are included below:

19% of BAME LGBT people have experienced some form of unequal treatment from healthcare staff because they’re LGBT, compared to 13% of LGBT people overall.⁵⁶

- BAME LGBT people were more likely to have experienced a negative / inappropriate incident (e.g. verbal insults, violence, coercive behaviour) inside of the home in the last 12 months. Only 47% of BAME trans people said they hadn’t experienced any negative or inappropriate incidents, compared to 66% of BAME cis LGB people, and 71% of white LGBT respondents.⁵⁷
- Only 56% of BAME trans people and 76% of BAME cis LGB people had a paid job in the last 12 months, compared to 80% of white LGBT people across the UK.⁵⁸

Being Disabled and LGBT

The experiences of disabled LGBT people are often invisible due to lack of data collection. With associated services and support failing to acknowledge that people have multiple intersecting identities, there is a lack of attention paid to issues affecting people

who are both disabled and LGBT. Where data exists, this has been integrated in this report, but most notably, the mental health and wellbeing of disabled LGBT people is markedly poor.

A 2018 Stonewall study found that:⁵⁹

8%

of disabled LGBT people made an attempt to take their own life in the year preceding the survey, compared to less than 1% of the general UK population.

59%

of disabled LGBT people felt life was not worth living at some point in the year preceding the survey, compared to 31% of LGBT people who aren't disabled.

19%

of disabled LGBT people experienced some sort of addiction in the year preceding the survey, compared to 7% of LGBT people.

LGBT Foundation Case Study

Sam* has struggled sustaining a job for most of his life due to his mental and physical health. He believes that he is a borderline case for Incapacity Benefits or PIP because he has a range of physical and mental health problems that when combined are very detrimental. His physical health problems include Type 1 diabetes, a skin condition and bladder condition - all of which he is taking medication for. He suffers from depression and anxiety and has done for most of his life. He has been taking antidepressants for the last 6 months. His depression has got worse with work, losing work and going for interviews. Being unemployed really gets him down but his mental health also causes a lack of motivation.⁶⁰

**name changed for anonymity.*



Learning Disabilities

There is very little publicly available research that looks at the needs and experiences of LGBT people with learning disabilities. It is likely that many from these communities are still feeling the effects of Section 28, which

prevented all local authority employees, including support workers, from discussing issues affecting LGBT people for fear that they would be ‘promoting homosexuality’.

The LGBT Health Inclusion Project conducted a roundtable for LGBT people with learning disabilities, the key findings were:⁶¹

- There is a lack of support around sex and relationships in general, with it often being assumed that all people with learning disabilities are asexual. Being LGBT creates further barriers around this topic.
- Stigma means that people were often reluctant to disclose to LGBT services that they have additional needs and reluctant to disclose they are LGBT to support workers.
- There is a lack of spaces for LGBT people with learning disabilities to socialise and access peer support services.

Queer for All?

In 2018, LGBT Foundation surveyed nearly 500 people to gather insight into how people felt about the word ‘queer’ and its uses and meanings.⁶²

- 54% of overall respondents reported they would feel positively if LGBT Foundation was to use the word to address some of the communities we engage with.
- 10% felt either negative or very negative towards the use of the word.

Using the term ‘queer’ to describe either themselves or those around them was most commonly reported amongst those who

identified as non-binary or who chose ‘other’ in relation to gender identity, suggesting a positive correlation between those who feel comfortable identifying as queer and those who also identify their gender to be outside of gender binaries.

Whilst there is some evidence around the health inequalities of people identifying as non-binary, there is very little evidence on the specific health and wellbeing needs of those identifying as queer, which, when used in a positive sense, can be considered to be a term that encapsulates a sometimes fluid range of minority gender and sexual identities.

Being Bisexual

The experiences of bisexual people are often invisible due to inadequate data collection. A high percentage of research into the experiences of LGBT people fails to identify that the experiences of bisexual people may be different to those of lesbian and gay people. Where data exists, this

has been integrated in this report, but most notably, bisexual people in particular feel unable to be open about their identities with friends and family and face a worryingly high level of discrimination from within LGBT communities.

According to a 2018 study by Stonewall: ²⁴⁷

- 30% of bi men and 8% of bi women say they cannot be open about their sexual orientation with any of their friends, compared to 2% of gay men and 1% of lesbians.
- 27% of bi women and almost one 18% of bi men have experienced discrimination or poor treatment from others in their local LGBT community because of their sexual orientation, compared to 9% of lesbians and 4% of gay men.

A 2015 study by Equality Network found that:²⁴⁹

- 66% of respondents feel that they have to pass as straight and 42% feel they need to pass as gay or lesbian when accessing services.
- 48% have experienced biphobic comments and 38% have experienced unwanted sexual comments about them being bisexual while accessing services.
- 61% have experienced multiple discrimination. Respondents said that the types of biphobia they experience depend on other aspects of their identity.



Being bisexual means finding yourself excluded by gay people and straight people in social settings. I only tell my friends about my sexuality, meaning it is hidden from my family and my work colleagues. Bisexuality is a hidden sexuality through people's lack of acceptance.

- Kendra, 32 (Scotland)²⁴⁸



Beyond the Binary

The best available figures indicate that at least 0.4% of the total population identify as non-binary.⁶³ 7% of LGBT people who responded to the National LGBT Survey 2018 identified as non-binary.⁶⁴ This shows that emerging non-binary communities represent a significant portion of the wider LGBT community, and more research and insight into their specific needs is needed.

In 2019, LGBT Foundation conducted a small-scale survey of non-binary service users which received 161 responses. The survey revealed new evidence related to the interface between trans and non-binary identities, which traditionally have been grouped together in evidence and research. It showed that only 46% of non-binary people

aged 40 and over defined themselves as trans, whilst 23% never defined themselves as trans. In a younger age bracket, 58% of non-binary people aged 21 and under defined themselves as trans and 13% have never defined themselves as trans.⁶⁵

Most non-binary people who reported they were not trans said they did not define themselves as such because they didn't feel the term 'trans' fitted with their gender identity. However, most non-binary people who were unsure if they defined themselves as trans or partially defined themselves as trans felt they did not have the right to define themselves as trans because they had not 'struggled enough' or that they didn't feel they were 'trans enough.'⁶⁶



It is almost a daily occurrence that I am either misgendered, cannot change my title or have no choice to use the title Mx when applying for a tick-box job online. Being on benefits I cannot identify as Mx as it isn't recognised by law and they must title me as my gender at birth. Just yesterday I was literally forced to choose Male or Female in a store when returning an item. Had I not chosen I wouldn't have been able to receive a refund. It's a very daily, very draining and exhausting thing.



- Anonymous respondent⁶⁷

Other findings from the survey include:⁶⁸

- 71%** of non-binary people who identify as trans are out as their gender identity to their workplace and a further 4% are out as a different non-cis identity.
- 35%** of non-binary people who identify as trans some or none of the time are out at their workplace.
- 55%** of non-binary people who identify as trans are out as their gender identity to their school, sixth form or university, and a further 20% are out as a different non-cis identity.
- 54%** of non-binary people who identify as trans some or none of the time are out at their school, sixth form or university.
- 38%** of disabled non-binary people are out as a different non-cis identity to their own, twice the amount of non-disabled non-binary people.
- 41%** of BAME non-binary people are out as a different non-cis identity to their own, compared to 25% of white non-binary people.

The available data indicates that those who identify as non-binary and not trans are less likely to be 'out' as their own gender identity, with further barriers to coming out for those with multiple protected characteristics. It is therefore necessary to conduct further research in this area to better understand why

this is, and what changes can be made to build understanding. This understanding can then be used to decide what policy change is needed to better include non-binary people in both public services, healthcare provision and LGBT groups and organisations.

Substance Misuse and Smoking

The night-time economy and party scene has been associated with LGBT life long before the first brick was thrown outside the Stonewall Inn in 1969. In more recent times, LGBT quarters and venues, such as Manchester's world-famous Gay Village, have offered a safe and welcoming space for many to freely express their identity, meet others, and feel accepted for who they

are. However, the prevalence of alcohol and other substances in many traditional LGBT venues, combined with the long-term impact of minority stress, means that alcohol and drug consumption rates are significantly higher than the general population. This can have a lasting and significant effect on physical health, mental health and overall life expectancy.

Alcohol

We know alcohol consumption to be notably higher amongst LGBT communities, with a 2018 Stonewall report finding that 1 in 6 LGBT people drank alcohol almost every day in the 12 months preceding the survey. In comparison, 1 in 10 adults in the general population drink alcohol on five or more days in the week.⁶⁹ A 2012 study found that 62% of trans people were dependent on alcohol or engaging in alcohol abuse.⁷⁰ LGBT Foundation's Part of the Picture research revealed that binge drinking is around twice as common in GB men compared to men in general, and almost twice as common in LB women compared to women in general.⁷¹

LGBT Foundation's more recent service data showed that of the LGBT people that accessed LGBT Foundation's community centre:

- 34% reported that they drank alcohol multiple times a week.⁷²
- 1 in 9 people reported that they are unable to remember as a result of drinking on a monthly or weekly basis.⁷³
- 42% of those who consumed alcohol reported consuming over the daily recommended allowance on a monthly, weekly or daily basis within the last year.⁷⁴ For a broad comparison, the NHS' 'Statistics on Alcohol, England, 2018' report stated that only 15% of the general population had consumed more than the daily recommended allowance within the last week.⁷⁵

LGBT Foundation Case Study

Paul* contacted LGBT Foundation as his husband had said that he would leave him if he did not seek help for his drinking. Paul had been binge drinking, and when he drinks he does things he wouldn't usually do and things that he does not remember - but that causes confrontation within his relationship. Paul said that he would like to be able to use alcohol in a safer and more controlled way.⁷⁶

**name changed for anonymity.*

Drugs

Research suggest that drug use is higher in LGBT communities,⁷⁷ and that LGBT people are also often early adopters of certain new drug trends such as ‘club drugs’ and psychoactive substances.⁷⁸

The 2013/14 Crime Survey for England and Wales found that:⁷⁹

- 28.4% of LGB adults had taken drugs in the last year, including 33% of GB men and 22.9% of LB women. This compares to 8.1% of heterosexual adults.
- This higher prevalence was also true for Class A drug use with 10% of LGB adults compared with 2.7% of heterosexual adults having taken Class A drugs in the previous year.

The Crime Survey for England and Wales did not measure drug use in trans communities and there is very little research on the subject. A study into the trans population of Greater Manchester found that 15.4% reported using recreational drugs at the time around the survey was taken and a further 46.2% had used recreational drugs in the past.⁸⁰ The 2012 Trans Mental Health Study found that 24% of participants had used drugs in the 12 months preceding the survey.⁸¹

LGBT Foundation’s data shows that 27% of LGBT people accessing LGBT Foundation’s community centre reported that they used drugs at least once a month.⁸² In comparison, 8.5% of the general population (aged 16-59) took an illicit drug in 2016/17.⁸³

Of LGBT Foundation service users who reported drug use:⁸⁴

- 15%** said that either they or another person had been hurt as a result of their drug taking.
- 50%** stated that they used more than one type of substance on at least a monthly basis.
- 22%** stated that they experienced the feeling of being unable to stop.
- 19%** stated that they had experienced the need to use drugs in the morning.

LGBT Foundation Case Study

Kelly* came to the (substance misuse) service following a period of drinking heavily and using a large amount of cocaine daily. She was concerned that use had gone from recreational to using at home in isolation and with partner who has a problem with alcohol dependence. Kelly wished to abstain from alcohol and cocaine, identifying cocaine as the biggest problem but alcohol as a strong trigger. Kelly shared that she had come out as trans and left her family around three years ago, suffered discrimination at work and had a number of poor experiences with healthcare services in terms of her transition.⁸⁵

**name changed for anonymity.*

Smoking

Tobacco smoking increases the risk of contracting a wide range of diseases, many of which are fatal. Smoking rates are significantly higher among the LGB population - 18.8% of heterosexual people smoke, this compares to:⁸⁶

- 27.9% of lesbian women.
- 30.5% of bisexual women.
- 23.2% of gay men.
- 26.1% of bisexual men.

A 2012 study of trans people in the UK and Ireland found that 19% were current smokers.⁸⁷ Research indicates that 32% of trans people in Northern Ireland smoke.⁸⁸ However, primarily due to a lack of routine trans status monitoring, there is no up to date and accurate figure for smoking rates among the UK trans population.



Self-medicating [with smoking] like I am with anxiety is common for trans people because medical professionals routinely discriminate us and abuse us.



- Trans person. ⁹⁰

Services and Cessation

The reasons for higher alcohol consumption, drug use and smoking rates in LGBT communities are complex. Contextual factors are likely to include the fact that many LGBT spaces focus on, or include, alcohol consumption. In addition, these 'safe' spaces (such as Manchester's Gay Village) may attract people exploring or being open about

their sexual orientation or gender identity for the first time. Minority stress is also likely to be a factor, as people self-medicate with alcohol, drugs or smoking to cope with feelings of discrimination or rejection from wider society. One survey found that stress was the most commonly cited smoking trigger among LGBT people.⁸⁹



Chemsex

Chemsex is a term that is used when people are having sex in combination with the use of one or several drugs (chems). These drugs are typically crystal meth, GHB and mephedrone. People take part in chemsex for a number of different reasons, some find it increases

sexual stimulation, for other people it can reduce their inhibitions.

6.6% of men who have sex with men in England have used any one of the three chemsex drugs in the last 4 weeks, this rises to 21.9% of MSM living with HIV.⁹¹

Furthermore 43% of chemsex users have reported non-consensual sex.⁹²



Over a third of LGBT Foundation attendees to Substance Misuse clinics presented with chemsex related issues. In addition, 10% of LGBT Foundation's sexual health clinic service users said they engaged in chemsex.⁹³

Of those that said they engaged in chemsex:⁹⁴

- 3 in 4 said they had unprotected vaginal or anal sex within the last three months.
- 15% had 10 or more sexual partners within the last 3 months / 35% had sex with 5 or more partners within the last 3 months.
- Just over 2 in 5 said they used condoms less than half the time or not at all.

LGBT Foundation has seen an emerging impact of chemsex on trans communities, and particularly trans women, with an increasing number of trans women accessing LGBT Foundation's chemsex support service. The chemsex support group that was previously only for gay and bisexual men has now been opened up to support all LGBT people affected by chemsex. However, there is no available published evidence on chemsex in trans communities as yet.

Wider Determinants of Health – Social Attitudes, Employment, Housing, Safety and Hate Crime

In addition to experiencing significantly poorer health outcomes, LGBT people's overall health and wellbeing can be deeply impacted by a broad range of wider life determinants - some caused by, and some the outcome of, these health inequalities. Broader public attitudes set the context for many LGBT people's perceptions of their validity to be themselves in the world, leading to feelings of isolation, low self-esteem, or withdrawal from services that many take for granted. Subsequently, poorer physical or mental health can affect an LGBT person's ability to find or retain stable

employment. Young LGBT people are more likely to need to access housing services, due to the high percentage of homeless young people who are estimated to be LGBT. In both public and private spaces, LGBT people can be subjected to hostility, harassment, and abuse, often linked to their sexual orientation or trans status. It is just as important, therefore, to consider the impact of these wider determinants in shaping the health and wellbeing outcomes of all LGBT people. The most significant of which are detailed here.

Social Attitudes

Over the last four decades we have seen a positive shift in attitudes towards LGBT people,⁹⁵ however it must not be forgotten

that we still have a long way to go as homophobic, biphobic and transphobic attitudes are still prevalent in society.

A 2019 Galop survey found that:⁹⁶

- 1 in 5** people said being LGBT was 'immoral or against their beliefs'. Perhaps surprisingly, this rose to 1 in 4 among 18-24 year olds, higher than other age groups.
- 1 in 10** people thought that LGBT people were 'dangerous' to other people.
- 1 in 10** people said that being LGBT could be 'cured'.
- 1 in 5** people showed reluctance to the idea of having LGBT neighbours, this rose to more than 1 in 4 for trans neighbours.

The 2017 British Social Attitudes survey found that:⁹⁷

- Only 4 in 10 people believed that a suitably qualified trans person should 'definitely' be employed as a police officer or primary school teacher.
- Only 53% said prejudice against trans people was 'always wrong'. 15% said it was 'sometimes wrong' and a further 4% said it was 'rarely' or 'never' wrong.

Being LGBT at Work

Being comfortable to be yourself at work is a prerequisite for a happy and successful career and life. But not every LGBT person feels supported by their employer. Many employers do not routinely monitor the sexual orientation or trans status of their employees, meaning they have little to no insight about the needs or experiences of their LGBT staff. Many LGBT employees still face anti-LGBT discrimination at work, and levels of sexual harassment and abuse faced by LGBT staff are alarmingly high.

Despite protective legislation such as the Equality Act 2010, LGBT people still experience widespread discrimination whilst at work.

- A 2018 report found that 18% of LGBT employees had been the target of negative comments or conduct from work colleagues in the preceding year because of being LGBT.⁹⁸
- 12% of LGB people said that they would not feel comfortable reporting homophobic or biphobic bullying to their employer, this rises to 22% of LGB people aged 18-24.
- 21% of trans people would not report transphobic bullying in the workplace.⁹⁹
- 30% of LGBT people report not being open with any senior colleagues. This rises to 57% with customers or clients.¹⁰⁰

A 2019 TUC survey of LGBT employees revealed that an incredibly concerning proportion of LGBT people have experienced sexual harassment at work:¹⁰¹

68% of respondents reported being sexually harassed at work.



12% of LGBT women and **7% of GBT men** reported serious sexual assault or rape.



2 in 3 of these people did not report the most recent incident to their employer, and **1 in 4 who** did not report were prevented from doing so due to a fear of being 'outed' at work.



This research found that 68% of LGBT people had experienced sexual harassment at work. In comparison to the general population, the TUC research found that 52% of women experienced some form of sexual harassment

in the workplace¹⁰² and a 2017 poll by the BBC found that 53% of women and 20% of men reported experiencing sexual harassment at work.¹⁰³



Touching my breasts on a work night out... trying to kiss me... it was related to turning me straight and trying to show me what I am missing.

- Lesbian, woman, 36-45.¹⁰⁴



As with more generalised experiences of discrimination, harassment and abuse, such experiences can potentially mean poorer mental health and higher stress levels. 3 in 10 LGB people have reportedly missed work in the last 12 months due to stress.¹⁰⁵

An alternative UK study suggests this may be higher than among the general population. This study found 1,800 cases of work-related stress, depression or anxiety per 100,000 workers in 2018/19.¹⁰⁶

Employment Rates

Amongst LGBT Foundation service users, lesbians had the highest rate of unemployment, with 1 in 4 reporting themselves to be unemployed, and were 4.1 times more likely to be unemployed than the general population. Over the last three years, a third of the LGBT people that accessing LGBT Foundation services who reported

themselves to be unemployed were over 45 years of age. Just under half of the people accessing LGBT Foundation's Domestic Abuse service (49%) were unemployed, suggesting that financial independence could be a significant factor for those who suffer from domestic abuse.¹⁰⁷

Trans People in Employment

Despite 35% of trans people holding a university level degree compared to 27% of the general population, only 63% of trans people had a paid job at any point in the last 12 months.¹⁰⁸ There is a large body of evidence suggesting that trans people are repeatedly overlooked or not treated fairly in the workplace:

- 29% of trans people have faced discrimination in the job recruitment

process as a result of being trans.¹⁰⁹

- 36% of trans people have left a job because the environment was unwelcoming.¹¹⁰
 - 24% of trans people say they did not get a promotion they were up for at work in the past year because they were LGBT.¹¹¹
- LGBT Foundation's data supports this evidence, with 50% of people accessing the Trans Advocacy service reporting being unemployed.

1 in 3 employers say that they are 'less likely' to employ a trans person.¹¹²



LGBT Foundation Case Study

Alex* identifies as trans and non-binary which has severely impacted their confidence and mental health over the years. They were diagnosed with depression in 2010 and prescribed antidepressants but taking them can trigger their epilepsy and cause seizures. They were diagnosed with severe anxiety in 2013. Alex recently self-harmed and has ongoing suicidal thoughts that are very intense and impact their everyday life. Alex's mental health problems have prevented them from applying for jobs or going to job interviews over the years - they've never had a job. The one and only job offer Alex has received was a transphobic experience where they asked Alex to look more 'male'.¹¹³

***name changed for anonymity.*

The Wage Gap

A 2019 survey found that LGBT employees in the UK take home on average **£6,703** less per year compared to non-LGBT people, which equates to a pay gap of 16%.¹¹⁴ It also found that trans employees took home **£5,340**

less, which equates to a 14% pay gap. This significant financial disparity between LGBT people and the general population has a negative impact on LGBT people's health and wellbeing.

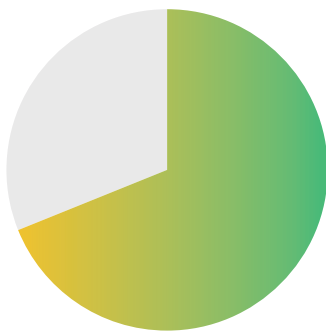
Housing and Homelessness

Homelessness is an issue that disproportionately affects LGBT people. A report by Stonewall Housing reported that LGBT people were reluctant to approach mainstream services and LGBT services because of the stigma around being homeless or because they believe the organisations do not have the expertise or resources to help.¹¹⁵

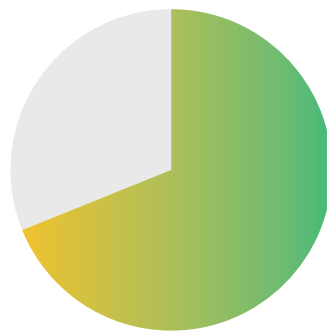
18% of LGBT people have been homeless at some point in their lives. This includes 28% of disabled LGBT people, 25% of trans

people, 24% of non-binary people, 20% of LGBT women and 15% of LGBT men.¹¹⁶ Trans people may be particularly adversely affected by homelessness as temporary shelters are often single-sex and may not be respectful of people's gender.

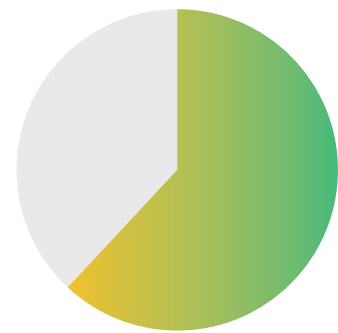
Issues of parental abuse or rejection play a significant role for young LGBT people. 24% of homeless young people identify as LGBT.¹¹⁷ The top three reasons for LGBT young people being homeless are reported as being:¹¹⁸



69% Parental rejection



69% Abuse within the family
(physical, emotional, sexual)



62% Aggression / violence in the family

As well as being at a higher risk of homelessness, 18% of LGBT people still expect to receive worse treatment when applying for social housing.¹¹⁹

Furthermore a 2018 report found that:¹²⁰

- Over a third of LGBT people in social housing do not feel safe in their neighbourhood, this includes two thirds of trans people.
- Nearly 50% of LGBT people living in social housing do not feel a sense of belonging in their local community and over 25% report felt lonely in the area they live.
- 34% of LGBT people felt that housing providers have more work to do in dealing effectively with complaints about harassment and some felt that complaints were not taken seriously.
- 25% felt uneasy with their landlord entering their property, with 20% of gay men reporting that they changed their home to hide their sexual orientation (for example hiding books or DVDs) 'always' or 'most of the time' when being visited by their landlord or a repairs person.

Safety, security and stability remains an issue once in housing. A London based study of services users of LGBT organisations found that for a third of respondents, ensuring safety at home is a constant or significant challenge.¹²¹

Anecdotally there is evidence to suggest that LGB people may be more likely to rent rather than buy their home, with a number of factors feeding into this, including earning lower salaries compared to the general population.¹²²

Furthermore, a 2017 report found that 10% of LGBT people who were looking for a house or flat to rent or buy in the previous year were discriminated against because of their sexual orientation and/or trans status, this includes 24% of BAME LGBT people and 25% of trans people.¹²³



My partner and I were looking to rent a property. There was also another couple interested in renting, whom were given the tenancy of the house. When my partner and I enquired as to why we did not meet the rental criteria, the estate agent said ‘the landlord decided to let the ‘normal’ couple have it’.

- Ceri, 43, (Wales)¹²⁴



Hate Crime and Safety

Experiencing hate crime and hate instances can have a severe and long-lasting impact on people’s health, wellbeing and freedom to live their everyday lives. Levels of homophobic, biphobic and transphobic hate crime are still incredibly high. According to a recent Guardian report, the rate of LGBT hate crime per capita rose by 144% between 2013-14 and 2017-18.¹²⁵

In 2018, new figures were released by the UK Government revealing that over two thirds of LGB people said they avoided holding hands in public with a same-sex partner for fear of a negative reaction.¹²⁶

81% of those who experienced LGBTphobic hate crimes and incidents did not report it to the police.¹²⁸ The National LGBT Survey 2018 found that 38% of those who had reported a ‘serious incident’ that happened outside of the home to the police thought that the police were ‘not helpful at all’ or ‘not very helpful’.¹²⁹

1 in 5 LGBT people reported that they had experienced a hate crime based on the fact they were LGBT in the last 12 months, this rises to 2 in 5 of trans people.¹²⁷

Transphobic Hate Crime

Trans people's experiences of hate crime reveals a worrying picture and increased severity of crimes and incidents. The National LGBT Survey 2018 found that in

the 12 months preceding the survey, a high proportion of trans people faced incidents outside the home based on being LGBT:¹³⁰

37%

experienced verbal harassment or hurtful comments.

5.3%

experienced physical harassment or violence.

22.3%

had someone disclose they were LGBT without their permission.

8.5%

reported the most serious incident they experienced outside the home.

Fear of Transphobia

The fear of experiencing transphobia has a significant impact on the mental health and wellbeing of many trans and non-binary. This fear prevents them from being able to live their lives openly, and feel comfortable accessing public spaces that many take for granted.

A 2018 Survey found that:¹³¹

- 34% have been discriminated against because of their gender identity when visiting a café, restaurant, bar or nightclub in the year preceding the survey.
- 44% avoided certain streets as they do not feel safe there as an LGBT person.
- 48% do not feel comfortable using public toilets.

Online LGBTphobia

Many LGBT people use the internet as a 'safe' place to explore their identity and meet others in their community, yet online discrimination and homophobic, biphobic and transphobic language is commonly experienced by LGBT people, but appears to particularly impact upon those with multiple protected characteristics.

Reporting mechanisms are unclear and decision-making on banning perpetrators appears arbitrary, and reporting rates of online hate crime is low. A 2017 Galop report found 72% of respondents who had experienced online hate crime had not reported their most recent experience. Nearly half of those that did report online hate crime said they did not find it easy to report.¹³³

A 2017 Stonewall survey found 10% of LGBT people experienced online homophobic, biphobic and transphobic abuse or behaviour directed at them personally in the month preceding the survey. This includes:¹³²

- 26% of trans people who experienced transphobic abuse or behaviour.
- 23% of LGBT people aged 18 to 24.
- 20% of BAME LGBT people.
- 26% of non-binary people.

Additionally, 45% of LGBT people witnessed homophobic, biphobic and transphobic abuse or behaviour online that was directed towards other people in the month preceding the survey. This rises to 66% for BAME people.



Domestic Abuse

When people think about domestic abuse, quite often there is an assumption only cis people within heterosexual relationships experience it. However, recent research has shown that LGBT people are as likely, if not more likely, to have experienced domestic abuse.¹³⁴ Seeking help can be incredibly challenging for all who experience domestic abuse, however, there may be additional challenges for LGBT people experiencing domestic abuse. Perpetrators may threaten to 'out' victims, victims may not want to disclose their sexuality, and services may be ill-informed when it comes to the specific needs of LGBT people affected by domestic abuse.

Recent evidence suggests that LGBT people are more likely to suffer from domestic abuse with more than 1 in 10 LGBT people (11%) having faced domestic abuse from a partner in the last year in comparison to 6% of women and 3% of men in the general population who experienced domestic abuse from a partner in the past year.¹³⁵

LGBT people suffering domestic abuse may also experience a greater risk of other disadvantages. 50% of LGBT people accessing LGBT Foundation's domestic abuse service stated that they were unemployed and eligible for benefits.¹³⁶

There is evidence that mainstream domestic abuse services are not adequately responding to the needs of LGBT people. In 2017/18, 71.5% of people accessing LGBT Foundation's Domestic Abuse service had not thought about accessing support before. The three most common reasons for this were:

- Mainstream services not being inclusive.
- Mainstream services being difficult to access.
- Wanting to access LGBT specific support that understood their LGBT identity.¹³⁷

Recent evidence suggests that LGBT people are more likely to suffer from domestic abuse with more than 11% of LGBT people having faced domestic abuse from a partner in the last year in comparison to 6% of women and 3% of men in the general population who experienced domestic abuse from a partner in the past year.

LGBT Foundation Case Study

Bob*, who is a 63-year-old male, was one of the first clients to enter our domestic abuse support service through a referral from LGBT Foundation's intake service. Bob was in a heterosexual marriage for a second time with a female, although he self-identified as a gay male. Bob had been through various traumatic life events prior to accessing the service and was struggling with suicidal thoughts due to the abuse he was experiencing at home. Bob was out of area but regularly visited Manchester to attend support and social groups, some being accessed at LGBT Foundation. The abuse manifested itself through constant humiliation, stalking and harassment, homophobic insults, and threats to his physical harm. Bob suffered this abuse for over twenty years. He considered accessing services for domestic abuse previously, however did not due to feeling unworthy, blaming himself for the abuse, and worrying about the consequences of seeking support.

**name changed for anonymity.*

For Lesbian and Bisexual Women

Recent research found that 13% of bisexual women and 12% of lesbian women had experience domestic abuse from a partner in the previous year.¹³⁸

- A 2018 report found that in the previous year 10.9% of bisexual women reported having been sexually abused by a partner, compared to 8.2% of lesbians and 6% of heterosexual women.¹³⁹
- Of those who had experienced domestic abuse, 4 in 5 LB women had never reported incidents to the police. Half of those who did report an incident to the police were not happy with how the police dealt with the situation.¹⁴⁰

For Gay and Bisexual Men

Recent research found that 12% of bisexual men and 7% of gay men had experience domestic abuse from a partner in the previous year.¹⁴¹

- A 2003 report revealed that 29% of respondents who were gay men had experienced physical, mental or sexual abuse or violence from a regular same-sex partner. Of those who has been abused 22% had been sexually abused or forced to have sex, and 54% had been physically attacked or hit.¹⁴²

- In 2018/19, 57% of people who accessed LGBT Foundation's Domestic Abuse service were men, demonstrating a lack of mainstream domestic abuse support for GBT men.¹⁴³

For Trans People

A research report into trans people's experience of domestic abuse in Scotland found that:¹⁴⁴

- 80% had experienced emotional, physical or sexual abuse from a current or former partner, although only 60% of these recognised this behaviour as domestic abuse.
- The type of domestic abuse most frequently experienced by the respondents was transphobic emotional abuse, with 73% of respondents experiencing at least one type of transphobic emotionally abusive behaviour from a current or former partner.
- 47% of respondents had experienced some form of sexual abuse from a current or former partner.
- 24% did not tell anyone and a further 18% told only a friend.

Sexual Violence and Women

In 2018, LGBT Foundation conducted a survey on the sexual wellbeing of women who have sex with women, which received over 2,500 responses. The findings revealed worryingly high levels of reported sexual violence, coupled with low levels of people accessing support. When support was accessed, the majority of respondents reported that services did not meet their needs:¹⁴⁵

- 42.8% of respondents said that they had experienced sexual violence and just under 10% were unsure. For non-binary people, this figure was 57.5%. The Crime Survey of England and Wales estimates that 20% of women and 4% of men have experienced

some type of sexual assault since the age of 16.¹⁴⁶

- 74% of those who had experienced sexual violence did not access support.
- Only 8% of all respondents said the service met their needs, and 2% of non-binary respondents said it met their needs.
- 55% of all respondents reported that they would be more likely to access services if there was LGBT-specific support available. 72.3% of trans women and 65.3% of non-binary people said that they would be more likely to access services if there was LGBT-specific support available.

LGBT People Seeking Asylum and Refuge

There is very little statistical evidence available on the experiences of LGBT people seeking asylum and refuge, and the impact this may have on their lives.

In 2010, UK Lesbian and Gay Immigration Group exposed that 98-99% of lesbian and gay asylum seekers had been refused asylum in comparison to 73% for other claims.¹⁴⁷

A qualitative study published by the UK Lesbian and Gay Immigration Group and Stonewall on the experiences of LGBT asylum seekers in detention found that:¹⁴⁸

- LGBT asylum seekers face discrimination and harassment in detention centres.
- Trans asylum seekers face particular threats of violence in detention centres.
- LGBT asylum seekers had medication confiscated, for example trans people reported having their hormones confiscated, people living with HIV had retroviral medication confiscated and those with depression had anti-depressants confiscated.
- Detention centre staff fail to protect LGBT asylum seekers from abuse.
- Detention had serious ill-effects on the mental health of LGBT claimants.
- Healthcare staff aren't equipped to respond to the specific needs of trans people in detention centres.
- LGBT asylum seekers cannot fairly pursue their legal claim while being detained.



The guy grabbed me saying he's going to break my soul. I had to press the buzzer. I can't stay in this place. The officer that came down, said there's nothing he can do. We had to deal with it. That was another nightmare for me.



- Achebe, Nigerian asylum seeker¹⁴⁹

A study by Refugee Support in 2009 on LGBT Asylum Seeker Housing and Homelessness found:¹⁵⁰

- 60% of respondents relied on friends and partners for accommodation.
- Nearly two thirds (63%) experienced homophobic or transphobic discrimination in government accommodation.
- There was an absence of adequate policy, procedures and staff training for dealing with LGBT harassment.

The report found that the accommodation situation for LGBT asylum seekers was “exceedingly precarious and totally reliant upon the goodwill and favourable financial situation of friends, partners, family members and acquaintances”. It also found that “LGBT asylum seekers are at a distinct disadvantage because their sexuality or gender identity is often the cause of their transience and determines whom they rely upon for support.”¹⁵¹

Conversion Therapy

The term 'conversion therapy' related to pseudo-scientific activities and therapies that are performed on LGBT people in an attempt to change their sexual orientation or gender identity to that which conforms to a cis- and heteronormative view of society.

These practices can have extremely detrimental effects to a person's sense of self, mental health and wellbeing.

The 2018 National Faith & Sexuality Survey found that of those who had undergone efforts to change their sexual orientation:²⁴⁶

- 68.7%** reported having suicidal thoughts.
- 59.8%** experienced anxiety and depression requiring medication
- 41.3%** experienced anxiety and depression, not requiring medication
- 40.2%** said they had self-harmed
- 24.6%** said they had suffered from eating disorders

The National LGBT Survey 2018 found that 2% of LGBT people in the UK had undergone conversion therapy, and a further 5% has been offered it. For cis LGB people:¹⁵²

- Older cis respondents were more likely to have undergone or been offered conversion therapy than those in younger groups, with 10% of those aged 65+ compared to 8% of cis people aged 16-17 and 7% of cis people aged 18-34.
- Cis men were more likely to have undergone or have been offered conversion therapy (8%) than cis women (6%).
- 13% of cis Black / African / Caribbean / Black British people, 14% of cis Asian / Asian British people had undergone or been offered conversion therapy compared to 7% of cis white people.
- Cis Muslim respondents were the most likely to have undergone or been offered conversion therapy at 19%, with the least likely being those with no religion/belief at 6%.
- There was little variation in those who had undergone or been offered conversion therapy by respondents' place of residence, although those in Northern Ireland (12%) and London (8%) were more likely than respondents living in other places to have undergone or been offered conversion therapy.

Trans respondents were much more likely to have undergone or been offered conversion therapy (13%) than cis respondents (7%).¹⁵³ For trans people:¹⁵⁴

- Older trans respondents were more likely to have undergone or been offered conversion therapy than those in younger groups, with 20% of trans people aged 65+ compared to 14% of trans people aged 16-17 and 13% of trans people aged 18-34.
- There was no discernible difference in the total percentage of those who had undergone or been offered conversion therapy when looking at trans women, trans men and non-binary people.
- 28% of Black / African / Caribbean / Black British trans people and 27% of Asian / Asian trans British people had undergone or been offered conversion therapy compared to 11% of white trans people.
- Muslim trans respondents were the most likely to have undergone or been offered conversion therapy at 43%, with the least likely being those with no religion/belief at 11%.
- There was little variation in those who had undergone or been offered conversion therapy by respondents' place of residence, although those in Northern Ireland (17%) and London (16%) were more likely than respondents living in other places to have undergone or been offered conversion therapy.

LGBT People in the Justice System

There is very little published evidence on LGBT people's experiences in prison.

A 2013 report found that many LGBT prisoners had no information about LGBT support that they could access and had no LGBT groups or consultation forums. The report also found that homophobia was still prevalent in prisons, and that staff routinely

failed to address homophobic abuse. In some cases, homophobic abuse had been perpetrated by prison staff. Very few of the prisons inspected in the year prior to the release of the report had effective strategies in place for combating homophobia. The report concludes that "failure to tackle homophobia amounts to complicity in the abuse of LGBT prisoners".¹⁵⁵

“

Once I was comfortable with saying 'I am gay' out loud I came out to my personal officer on the wing. That was not such a good idea as he was homophobic and told the whole wing. I cannot explain the hatred that some prisoners and staff had for me. Everyday I was told I am a disgrace to my culture and that I should kill myself. Unfortunately, I got very depressed and tried to kill myself, but thankfully I didn't succeed. I still get threatened every day but I will never let them get to me again. I am a gay man and I am proud of it no matter what they do to me. I will never be ashamed of how I am again.

- Pedro, gay man in prison writing for Bent Bars newspaper.¹⁵⁶

”



Trans People in Prison

The official policies surrounding the placement of trans prisoners are unclear and subject to misunderstandings. The NOMS Prison Service Instruction on Care and Management of Transsexual Prisoners states that prisoners must be located according to their gender as recognised under UK law, however it also states that if a trans prisoner is “sufficiently advanced in the gender reassignment process” they can be placed “in the estate of their acquired gender, even if the law does not yet recognise they are of their acquired gender”.¹⁵⁷

This is unclear, and therefore existing policies are often misunderstood and, in many cases, ignored.¹⁵⁸

A lack of data on trans people in prison and their experiences is limiting the extent to which the situation can be addressed.¹⁵⁹

The 2015 death-in-custody of trans women Vicky Thompson and Joanne Latham and the case of Tara Hudson, a trans woman who was placed in a male prison and then moved to a female prison after a national campaign, demonstrates that the prison system is still routinely failing trans people.¹⁶⁰

The Bent Bars Project, an LGBT prisoner advocacy group, have reported that many trans prisoners are “[...]systematically denied the right to wear appropriate clothing, misinformed or lied to about their rights and not given access to appropriate medical treatment. In at least one case, a prisoner was led to believe that the prison had been trying to make appointments with the NHS Gender Identity Clinic, only to discover on release that no contact whatsoever had been made by the prison at all.”¹⁶¹

Physical Health, Cancer and Long-Term Conditions

There is a lack of comprehensive research on the rates at which LGBT people experience ill health and disease, making it sometimes difficult to draw comparisons to the general populations. However, we know that some LGBT people, particularly trans people, are routinely denied access to preventative health screenings, and are more likely to experience barriers to accessing health services. Barriers to accessing general healthcare or wellbeing services means prevention, diagnosis and treatment of potential health problems is less likely, and late diagnosis of serious conditions is common.

In addition, LGBT communities experience a higher prevalence of risk-factors linked to the development of long-term health conditions, including higher levels of smoking, alcohol consumption, which can be exacerbated by minority stress. All of these have been linked to the development of long-term health conditions such as diabetes and cancer.

Physical Activity

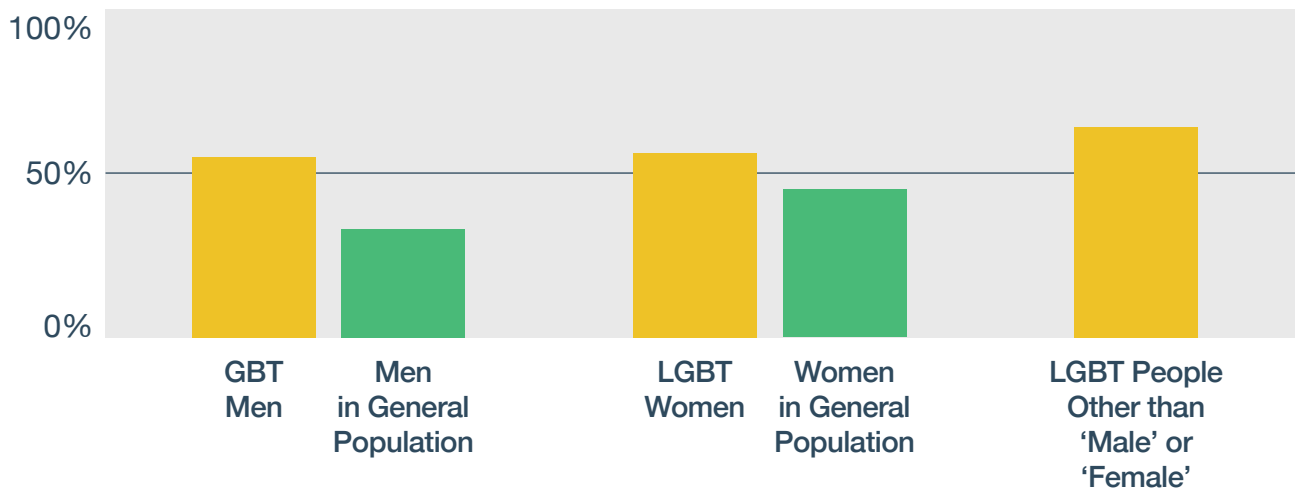
Physical inactivity is now responsible for 1 in 6 deaths in the UK and up to 40% of many long-term conditions.¹⁶² Available evidence suggests lower levels of physical activity amongst LGBT communities in comparison to the general population, suggesting a greater risk of developing a long-term condition.¹⁶³

- **55% of GBT men** were not active enough to maintain good health, compared to **33% of men in the general population**.
- **56% of LGBT women** were not active enough to maintain good health, compared to **45% of women in the general population**.

- **64% of LGBT people** who identified as something other than male or female (e.g. genderfluid or genderqueer) were not active enough to maintain good health.

In addition, the prevalence of homophobia, biphobia and transphobia in sports means that significant barriers to participation still exist, with changing rooms and gendered facilities being a significant barrier to trans people accessing leisure centres and sports clubs.

Percentage people who are no active enough to maintain good health



Cancer Screening

Due to many of the health inequalities faced earlier in life, LGBT people's cancer outcomes and experiences are poorer than those for the general population. We know that cancer risk factors including higher rates of smoking and drinking, and lower rates of physical activity, suggest that LGBT patients are at higher risk of cancer diagnoses.

One of the most significant strategies to address this are age related screenings offered by the NHS. Breast, cervical, abdominal aortic aneurysm (AAA) and bowel screenings are all routinely offered to people within certain age brackets. However, available evidence indicates that a lack of knowledge, misinformation, and even people being turned away from screenings, is preventing some LGBT people from accessing these potentially life-saving services.

Cervical Screening

15% of LB women over 25 have never had a smear test compared to 7% of women in general.¹⁶⁴

1 in 5 LB women who have not attended a smear test have been told by a health worker that they are not at risk, and 1 in 50 have even been refused a test.¹⁶⁵

Nearly half of LB women who hadn't had a cervical screen test said they were 'scared' to have the test.¹⁶⁷ One factor which could be contributing to testing being lower may be that people who don't have penetrative sex may find the procedure more uncomfortable and invasive.

To reduce this discomfort, LB people may need a smaller speculum, however they may be reluctant to discuss this with healthcare professionals. In 2017, 53% of LB women did not share their sexual orientation with healthcare staff.¹⁶⁸

There is limited evidence on take-up of cervical screening amongst trans men. However, a small-scale US study found half of trans men had not had a test in the previous 3 years.¹⁶⁹



I put off going as at least three nurses over the years have said you don't have sex with men you don't need a test. As I was really scared of going this made me decide not to bother.

- Jo, 45¹⁶⁶



Breast Screening

The evidence is more limited in terms of breast screening coverage among LB women. A 2008 Stonewall survey found that 80% of lesbians over the age of 50 have had a breast screening test, which is roughly the same to women in general.¹⁷⁰ However, among women over 40, 80% of heterosexual women would go to the doctor within a week of finding a lump, compared to 75% of lesbians and 68% of bisexual women.¹⁷¹

There is a perception that healthcare professionals do not have adequate knowledge surrounding screening and LB women. Only 37% of lesbians, thought that appropriate attitudes of healthcare professionals contributed to a good experience of breast screening compared to 69% of heterosexual women. Trans men and women should consider breast cancer screening, but there is no evidence on coverage of breast screening¹⁷² among trans people.



Bowel & Abdominal Aortic Aneurysm Screening

There is no evidence of LGBT people's uptake of bowel screening services or abdominal aortic aneurysm screening services. Implementing sexual orientation and trans status monitoring across all NHS

services would ensure there is up-to-date and comprehensive evidence on LGBT communities' experiences of healthcare, including cancer screening coverage.

LGBT People and Cancer Experiences

A literature review by Macmillan Cancer Support¹⁷³ found that when diagnosed with cancer, LGB people are less likely to receive the information and support they need and less likely to receive information about self-help and support groups for people with cancer compared to heterosexual people with cancer. They were also less likely to be given written information about the type of cancer that they have.

Shockingly, the report found that LGB people with cancer are less likely than heterosexual people with cancer to say that they believe that hospital staff always did everything they could to control their pain.

The report also found that 93% of LGBT specialists and service users consider that more work needs to be done to improve end of life services for LGBT people with cancer.



I found myself having to think about the information that's there that fits with you and your life. You need to go back a few steps and work things out for yourself. It's trying to find out about things that would be very difficult to explain to a straight person. The information is there but it doesn't always say your name.

- Sophie, cancer services user¹⁷⁴



Type 2 Diabetes

Data on type 2 diabetes rates within LGBT communities is severely lacking, however international evidence suggests that LB women have a 27% higher risk of developing the condition following a new 24-year study.¹⁷⁵

There is a possibility that this is linked to the disparity in rates of physical activity considered above, meaning early assistance with diet, for example, could be extremely beneficial in the longer term.

Dementia

There is no comprehensive evidence about the rates of LGBT people and dementia, however the Alzheimer's Society suggests that some typical symptoms of dementia may be experienced differently for those who are LGBT.¹⁷⁶ For example, as dementia progresses, older memories are likely to stay with someone longer than newer memories, meaning that some people, particularly those who are older, may recall many memories from a time before they were out. Some LGBT people with dementia

may also experience memory problems, making it harder to recall who they have or have not disclosed their sexual orientation or trans status to.

Some people can also become confused about their sexuality or gender, just as people of any sexuality or gender may be about other matters such as recognising partners or children. Sadly, some carers can use this confusion as a reason to ignore LGBT patients' gender or sexuality.



When I was diagnosed [with dementia] I felt alone and I did not know where to turn. Services didn't suit a young gay man with dementia. I didn't, and still don't, have a partner to help support me. The concept of family can really differ for LGBT+ communities. People like me have no long-term partner or family close by to support them, and we rely on our network of friends.

- Patrick, Manchester



Mental Health

LGBT people experience mental health issues at disproportionate rates compared to the general population - with LGB people being 2 to 3 times more likely to report having a psychological or emotional problem compared to their heterosexual counterparts.¹⁷⁷ Poor mental health is commonplace amongst LGBT communities,

with suicidal ideation being particularly high, especially amongst trans communities. LGBT people are more likely to have experienced barriers to accessing support, and services are often ill-equipped to deal with LGBT people's specific needs, which frequently results in LGBT people seeking help at a point of crisis.

A 2018 Stonewall report revealed that:¹⁷⁸

52% of LGBT people said they've experienced depression in the last year.

13% of LGBT people aged 18-24 said they've attempted to take their own life in the last year.

46% of trans people have thought about taking their own life in the last year.

31% of cis LGB people thought about taking their own life in the last year.

41% of non-binary people said they harmed themselves in the last year compared to 20% of LGBT women and 12% of GBT men.

Furthermore, evidence shows that trans people and those with multiple protected characteristics are more likely to experience suicidal thoughts, or to attempt suicide when compared to the broader LGBT population:¹⁷⁹

- 12% of trans people attempted to take their life in the last year compared to 2% of LGB people who are not trans.
- This figure is at 11% for non-binary people and 8% for BAME LGBT people.
- 8% of disabled LGBT people made an attempt to take their own life in the last year (research from NHS Digital found that fewer than 1% of the population attempted to take their life in the last year).
- 59% of disabled LGBT people have felt life was not worth living at some point in the last year, compared to 31% of LGBT people who aren't disabled.

In addition, getting access to timely and effective mental health support services which are affirmative of LGBT identities can also be challenging. The National LGBT Survey 2018 found that:¹⁸⁰

- 24% of LGBT respondents had accessed mental health services in the 12 months preceding the survey.
- 72% of those who had accessed or tried to access mental health services said it had not been easy.
- 51% of respondents who accessed or tried to access mental health services said they had to wait too long.



I have suffered with chronic depression and anxiety for years, stemming from my experiences as an LGBT person, and have not been able to access support services. I was once on a waiting list for CBT [cognitive behavioural therapy] for a year, only to find the resulting therapy completely unhelpful and my therapist ill-equipped to talk about sexuality. I have explored options with specialised LGBT services and local free counselling, but similarly the waiting lists have been too long to be helpful, resulting in a failed suicide attempt and severe worsening of my conditions. The support services aren't just difficult to access – it seems a lot of the time that they simply don't exist.



- Woman, lesbian, 18-24, (Yorkshire and the Humber)¹⁸¹

LGBT Foundation's data suggests that LGBT people are unfortunately only belatedly getting help at the point of crisis - when taking into consideration the prevalence of acute levels of depression and anxiety at the point of referral.¹⁸²

- Over the past year, 50% of people entering LGBT Foundation's counselling service presented with moderately severe or severe levels of depression.
- 41% of those entering LGBT Foundation's counselling service presented with severe levels of anxiety, the highest category as stated by the GAD7 scale (the scale used to determine severity of General Anxiety Disorder).
- The overwhelming majority (88%) of people self-refer to LGBT Foundation's counselling services, with only 7.7% of people referred by their GP or other healthcare services, highlighting the need for greater integration and cross referral of services.

Sexual Health

Sexual health is an important part of our overall health and wellbeing. There is still significant stigma attached to discussing sex, gender and relationships, and with little coverage of LGBT sex and relationships as part of sex education at schools, it can be difficult for younger people to

access good quality, sex-positive advice and information. Mainstream sexual health services may lack awareness of the specific needs of LGBT communities, or lack confidence and knowledge in providing advice that is affirmative of someone's sexual orientation or their trans status.

HIV

Reducing the rate of new HIV diagnoses remains high on public policy agenda, but access to preventative medications such as PrEP remains limited. Despite 13,000 additional places being made available on the PrEP

Impact Trial, universal access to PrEP would prevent HIV transmissions whilst increasing awareness about HIV, HIV prevention and HIV treatment to the wider public.

In 2017, 4,363 people were newly diagnosed with HIV in the UK, with 53% of these being among gay and bisexual and other men who have sex with men (MSM).¹⁸³

Globally, trans women are estimated to be 49 times more likely to be living with HIV compared to the general population.¹⁸⁴

The number of new HIV diagnoses reported among gay and bisexual men decreased by 71% between 2012 and 2018.¹⁸⁵ This demonstrates that awareness work around regular testing, and access to preventative medication such as PrEP is having an encouraging impact.

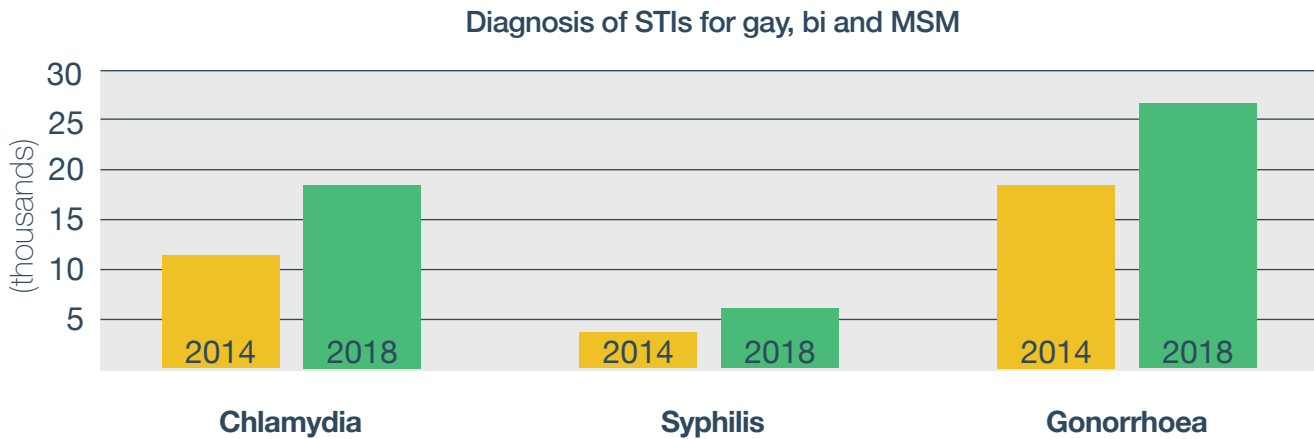
HIV populations with markedly lower health-related quality of life include trans and non-binary populations.¹⁸⁶

LGBT Foundation's service user data indicates the need to do more to reduce stigma and raise awareness about available preventative medication:

- 54% of sexual health clinic attendees did not know their partner(s) HIV status and 22% of clinic attendees said they did not ask their sexual partner(s) about their sexual health.¹⁸⁷
- 1 in 4 clinic attendees did not know about PEP or PrEP.¹⁸⁸
- 27% of people reported that their last HIV test was over 1 year ago.¹⁸⁹
- One person living with HIV reported that they were made to have the last dental appointment of the day as the dentist felt they posed a risk to other patients due to their HIV status.¹⁹⁰

Sexually Transmitted Infections

Gay, bisexual and MSM have seen large increases in diagnoses of STIs in recent years. Between 2014 and 2018, there were large increases in diagnoses of chlamydia (61%; from 11,760 to 18,892), syphilis (61%; from 3,527 to 5,681), and gonorrhoea (43%; from 18,568 to 26,574).¹⁹¹



Since 2008, syphilis diagnoses have risen by 148% (from 2,874 to 7,137). 78% of syphilis diagnoses in 2017 were among gay, bisexual or other men who have sex with men (MSM).¹⁹²

In 2015, 12.5% of new STI diagnoses were among MSM, an increase of 10% since 2014, despite a 3% decrease on the previous year for all STI diagnoses.¹⁹³

Less than half of lesbian and bisexual women have ever been screened for sexually transmitted infections, and half those who have been screened had an STI. Many LB women do not access testing as they do not think they're at risk.¹⁹⁴

Sexual Wellbeing and Women

A 2018 survey conducted by LGBT Foundation on the sexual wellbeing of women who have sex with women (WSW) revealed that women who were trans and those who had multiple

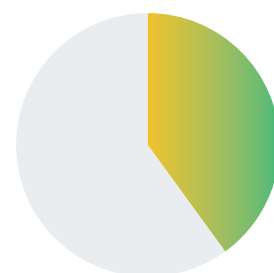
protected characteristics under the Equality Act 2010 felt that other parts of their identity, other than their gender, had a significant impact on their sexual wellbeing:¹⁹⁵



68.3% of trans WSW say that their trans status affected their sexual wellbeing.



43.7% of older WSW (over 45) said that being older affected their sexual wellbeing.



40.1% of disabled WSW said that being disabled affected their sexual wellbeing.

Barriers to Accessing Healthcare Services

Due to the range of significant health inequalities experienced by LGBT people throughout their life course, they are more likely to need to access healthcare services. However, health inequalities are often further exacerbated by the barriers that people face when accessing services to treat or support them. This includes things such as discrimination or a perception of potential discrimination based on sexual orientation or trans status, or a lack of understanding and training on how to adequately treat the person. Such barriers can lead to a disengagement from services altogether - which can have severe and lasting consequences on an individual's health and wellbeing, as well as being more costly when a person who could have been helped with prevention or early treatment presents for emergency, crisis, or chronic care.

The 2018 National LGBT Survey found:¹⁹⁶

- 80% of LGBT people had accessed public healthcare services in the last 12 months.
- 24% of LGBT people accessed mental health services in the last 12 months and 8% had tried to access them but had been unsuccessful. This includes 36% of trans people who have accessed mental health services and 14% who had tried but were unsuccessful.
- Of LGBT people who had accessed mental health services in the 12 months preceding the survey, 22% rated the services they had used as mainly or completely negative.

A 2018 survey by Stonewall found that:¹⁹⁷

- 23% of LGBT people have at one time witnessed anti-LGBT remarks by healthcare staff.
- 14% of LGBT people have avoided treatment for fear of discrimination because they're LGBT.
- 13% of LGBT people have experienced some form of unequal treatment from healthcare staff because they're LGBT.

The 2017 LGBT Foundation Primary Care Survey found that:¹⁹⁸

- 10% of LGBT people reported not being registered with a GP and almost 40% of LGBT people reported not accessing dentistry, optometry or community pharmacy.
- 33% reported that their GP did not meet their needs as an LGBT person.
- LGBT people who shared their sexual orientation with their GP were 21.4% more likely to feel their GP met their health needs as an LGBT person than patients who did not disclose.
- Across all primary care services just over half (53.4%) of people had a positive or very positive response when they disclosed their sexual orientation and just under half (44.4%) had a positive or very positive response when they disclosed their trans status.
- 62% mentioned the importance of improving LGBT visibility in healthcare, for example having LGBT literature and posters, or a Pride in Practice award (LGBT Foundation's quality assurance and social prescribing programme that strengthens and develops the relationship of primary care services with their LGBT patients) displayed in primary care practices.

Out in Healthcare¹⁹⁹

19%

of LGBT people are not out to anyone about their sexual orientation when seeking general medical care. This number rises to 40% of bisexual men and 29% of bisexual women.

7%

of cis LGB people have been outed without consent by healthcare staff in front of other staff or patients.

15%

of LGBT disabled people have outed without consent by healthcare staff in front of other staff or patients.

25%

of LGBT people have experienced inappropriate curiosity from healthcare staff because they're LGBT. This figure is 48% for trans people and 36% for non-binary people.

30%

of lesbians have experienced inappropriate curiosity compared to 23% of bi women and 17% of gay and bi men.

The 2018 LGBT Foundation Pride in Practice Patient Survey also found that:²⁰¹

- LGB patients were 24% more likely to share their sexual orientation with healthcare professionals and trans patients were 21% more likely to share their trans status when services displayed LGBT posters.

- Patients using a pharmacy displaying LGBT posters were 10% more likely to have their needs met as an LGBT person.

“

Make it far clearer that they are an LGBT friendly practice through displaying posters and making literature available. I feel this would be very beneficial for the multicultural community that accesses the surgery as I am personally aware that it is difficult to be 'out' in some communities.

- Gay man, Manchester²⁰⁰

”



Look how far we've come!

LGBT Foundation

PRIDE WINS
LGBT foundation

Trans Healthcare

Trans people face a range of barriers to accessing mainstream services, and often avoid accessing services altogether. 80% of trans people experience anxiety before accessing hospital treatment due to fears of insensitivity, misgendering and discrimination, with intimate care causing the most concern.²⁰²

In addition, most trans people are reliant on access to highly specialist services. NHS guidelines say 18 weeks is the limit from referral to treatment. In reality, the average waiting times for first appointments with Gender Identity Clinics is 18 months.²⁰³ When accessing transition-related care, long waiting lists and a complex care pathways can make accessing these services challenging to secure and navigate.

Experiences of General Healthcare as a Trans Person

40% of trans people had experienced at least one negative experience when accessing or trying to access public healthcare services.²⁰⁴

- 21% had reported that their specific needs had been ignored or not taken into account.²⁰⁵
- 18% had avoided treatment for fear of a negative reaction.²⁰⁶
- 18% had received inappropriate curiosity.²⁰⁷
- 41% had experienced poor understanding of trans health needs by staff when accessing general healthcare services in the last year.²⁰⁸
- 89% of trans people admitted to hospital were not consulted on what gendered ward to be placed on.²⁰⁹
- 1 in 5 have been pressured to suppress their gender identify when accessing healthcare services.²¹¹
- 44.4% had a positive or very positive reaction when they shared their trans status.²¹²
- Trans people are 5 times more likely to consider anonymity when registering at their GP practice compared to cis people.²¹³
- 87% of the nurses who have cared for a trans person felt they were unprepared to deliver care.²¹⁰

Transition-Related Healthcare

There has been an increase in the number of trans people presenting to specialist Gender Identity Services with the intention to undergo transition-related treatment through NHS and private providers in recent years, with clinics reporting a 240% increase in the 5 years up to

2018.²¹⁴ However, with the increasing numbers of trans people accessing services, many trans and non-binary people have reported numerous barriers to them accessing timely, appropriate and local services.

Of those who had accesses or tried to access specialist Gender Identity Services -

80% said that accessing them had not been easy

with 68% saying they had to wait too long to access them²¹⁵

- 51% of people in the North West said accessing Gender Identity Services was difficult as the services were not close enough, this figure was 33% for the whole of the UK.²¹⁶
- 31% of trans people in the North West said their GP had not known where to refer them to, this figure was 25% for the whole of the UK.²¹⁷
- Timely access to appropriate transition-related healthcare is vital for trans people as rates of depression, anxiety and suicide reduce markedly when people access the appropriate medical services.²¹⁸



The waiting lists are excruciatingly long on the NHS to the point I feel I'm not mentally strong enough to wait this long, and hormones/surgery are incredibly difficult to get hold of but are something that will greatly improve my mental wellbeing.

- Dominic, 24 (North West)²¹⁹





Ageing Well

Many older LGBT people have grown up in a world which is hostile to their identities. Some will have come of age before the partial decriminalisation of homosexuality in 1967, or before trans identities were legally recognised and protected by law. Many have lived in fear of discovery, and may have experienced significant prejudice and discrimination. Sexual orientation is often not discussed in relation to age, perhaps

due to the mistaken assumption that older people do not have a sexuality. Evidence suggests that older LGBT people are at a much greater risk of experiencing isolation, with some having no one to call in times of crisis. Access to safe and secure housing is also an issue, as some people are forced 'back into the closet' when accessing social care services.



In hospital it is constantly assumed I'm heterosexual with medics looking for my husband. It wastes time, is distressing and so annoying. Doctors often say 'I'm sorry' and I reply 'I'm not sorry – I'm very happy in fact'. They get so embarrassed when I correct them - and some even shudder when I mention I have a wife. There is so much more work and awareness raising to do.

- Rosie, LGBT Foundation Community Organiser



Isolation and Mental Health of Older LGBT People

Research conducted by LGBT Foundation revealed high levels of isolation and poor mental health amongst LGB people aged over 50 in Greater Manchester:²²⁰

- Only 12% said that they had never experienced a mental health issue.
- Over half had experienced depression or low self-esteem, and just under half had experienced feelings of isolation.
- Half of respondents said that they live alone, and 40% were single.
- 12% said that they had no one they could turn to if they needed support.

Families, Relationships and Isolation

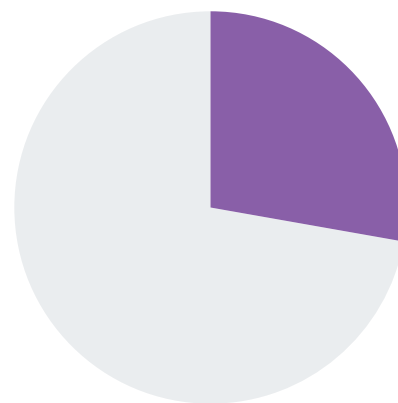
A Stonewall report on LGB people over 55 found that:²²¹

- 40% of GB men were single compared to 15% of heterosexual men.
- 49% of LB women and 28% of GB men had children compared to 88% of heterosexual men and 87% of heterosexual women.
- 23% of LGB people saw members of their biological family at least once a week compared to 57% of heterosexual people.
- 6% of LGB people said they had no biological family compared to 1% of heterosexual people.

41% of LGB people lived alone compared to 28% of heterosexual people.



LGB people



Heterosexual people

'Logical Families'

LGBT people are more likely to see their friends as their family or 'logical family', as Armistead Maupin said in his memoir, and turn to them for support in times of need. Among over 55s, 52% of LB women and 42% of GB men would turn to a friend if ill and needing help around the home. This compares to just 19% of heterosexual women and 14% of heterosexual men. Furthermore, 81% of LB women and 69%

of GB men say they view their friends as family compared to 60% of heterosexual women and 48% of heterosexual men.²²²

A different study found that 76% of lesbian women and 84% of gay men felt that friendships had become more important as they got older.²²³



I have gained a close and caring group of friends through being gay. I have no close family and no children for help and support.

- Stephen, 61, West Midlands²²⁴



However, there are limitations to relying on friends:



I have a strong number of friends around me, but as I get older they too will die and I may be left isolated'.

- Karen, 55, South East²²⁵



Isolation from LGBT Communities

Many LGBT specific spaces are seen to primarily cater to younger people which can lead to older LGBT people feeling excluded from their own communities.²²⁶

- 21% of LGBT people aged 55-64 and 28% of LGBT people aged 65+ have experienced discrimination or poor treatment because of their age in the local LGBT communities.
- Among people over 50, 21.6% of LB women and 32.9% of GB men reported feeling isolated from other LGB people and most had little or no access to community support. This was primarily due to a lack of other LGB people where they lived.²²⁷
- 34.3% of LB women and 53.7% of GB men had felt that they had become less welcome in LGB spaces as they got older.²²⁸



I am in sheltered accommodation in a small village (...) it is very 'primitive' in terms of access to any other gay contacts. Because I have to be very careful about money, it is not easy to travel to any of the cities where I might meet other gay men.



- Roger, older gay man²²⁹

People also felt less included by LGBT communities as they aged:



I feel the entire gay scene is aimed at those in their 20s. I don't feel the gay community in my city caters for older gay people at all. I'm a 48-year-old lesbian and my best friend is a 45-year-old gay man. Neither of us feel we're welcome in the gay bars and clubs.

- Francesca, 48, North East²³⁰



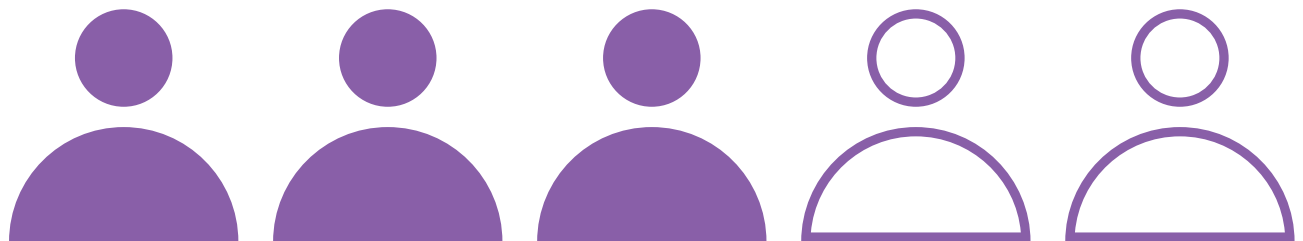
The most common topics discussed by service users accessing LGBT Foundation's helpline service centre around issues of isolation, sexual orientation and coming out:²³¹

- A third of older LGBT people discussed issues around isolation or a desire to meet others.
- Almost a quarter of older LGBT people sought help around their sexual orientation.
- 1 in 6 older LGBT people sought help with coming out.
- 1 in 10 of those accessing our Substance Misuse Programme in the last 18 months were aged 50 or over.

Health and Healthcare

A 2019 analysis of existing research found older LGBT people face a range of inequalities related to health and healthcare.²³²

- Older LGBT people are more likely to engage in harmful health behaviours such as drug use, frequent alcohol consumption and smoking.
- LGBT people were 20% more likely to rate their health as 'poor' in comparison to heterosexual people.
- Non-heterosexual men are more likely to be living with a long term illness.
- Non-heterosexual men aged 50+ have lower life satisfaction.
- Older LGBT people face difficulties accessing healthcare that appropriately deals with their sexual orientation. For example, one study found that 18% of older LGBT people would feel uncomfortable discussing their sexual orientation with their GP.
- Past negative experiences with healthcare providers have shaped the way that older LGBT people access healthcare services.



3 in 5 older LGBT people were not confident that support and social care services, for example paid carers, would be able to understand and meet their needs. More than 2 in 5 had the same concerns about mental health services, and 1 in 6 had them about their GP and other health services.²³³

Among LGBT people over 55, 48% thought their sexual orientation had, or will have, a negative effect on getting older.²³⁴

Older Trans People

In a study carried out by Manchester City Council and LGBT Foundation, 59.4% of trans people in Manchester felt that not being able to access appropriate care that is 'trans-friendly' is a concern for care in later life.²³⁵ For trans people, lack of research on the

long-term impact of hormones and surgery is also a concern. Some fear there may be complications that both they themselves are unaware of as well as health services, and therefore such services will not be prepared to provide relevant care.²³⁶

Older LGBT People Living with HIV

LGBT communities have been disproportionately affected by HIV. Effective treatment for HIV was only established in the 1990s, and as a result there are still many unknowns for older people living with HIV. However, early research for people living with HIV aged 50+ shows:²³⁷

- People experience almost twice as many long-term conditions as their peers.
- People were less likely to be economically active.
- People were more likely to be in council housing or rented accommodation.
- There was widespread concern surrounding potentially having to go into a care home or sheltered housing as it was felt that these environments are not usually supportive of people living with HIV.
- LGB people living with HIV felt that these environments may also be homophobic.

End of Life Care

Dying is a universal part of life's journey, and the importance of good care in the last years, months, days and hours of life cannot be overestimated. While approximately 22,000 LGBT people die every year, there is a deficit in provisions and knowledge of LGBT specific concerns within end of life services.²³⁸

The quality of care for some people at the end of their life is still not good enough. Older LGBT people are often concerned that they will be treated with hostility, misgendered and that their loved ones will not be respected or recognised as their next of kin.

LGBT Awareness in Care Homes and End of Life Services

Research from the University of Nottingham and the University of Manchester found that:²³⁹

- 78% of care home staff had not had any LGBT specific training in their current workplace.
- 9% of respondents said their care home made LGBT specific literature available and only 8% said that their home had any contact with LGBT organisations.
- 2 in 3 care home staff said that not even one resident had disclosed their sexual orientation. According to the report, most staff said, "we don't actually have any".



I couldn't imagine going back into that way of living and hiding who I am. My worst nightmare would be being in an old people's home (...) The thought of going back into the closet really, into a heterosexual environment, would be awful at the end of your life.

- Sandra, lesbian, 60²⁴⁰



Palliative Care

In 2016, Marie Curie published evidence that concluded LGBT people access palliative care services later than non-LGBT people because they anticipated discrimination. Palliative care services and end of life care improves quality and length of life, reduces emergency admissions to hospital and the likelihood of dying in hospital. Marie Curie therefore concluded that it is likely that LGBT people have a significantly worse experience of dying than non-LGBT people.²⁴¹ It is also likely that this reluctance to access palliative care means there is increased pressure on the informal carers of LGBT people.

The Marie Curie report also found:²⁴²

- There is anecdotal evidence to suggest that LGBT patients, their partners and families may not have their religious / spiritual needs addressed in the same way as other patients. Concerns were raised that church-affiliated providers may treat them with hostility.

- LGBT people are concerned that their loved ones will not be respected and recognised as next of kin.
- LGBT partners often feel unsupported during bereavement because of their sexual orientation.
- LGBT people are under-represented in images and language in information leaflets and posters which can make LGBT people feel excluded and may be contributing towards perpetuating stereotypes that hospices are only for white middle-class families.

Furthermore, an additional study found that 93% of LGBT specialists and service users consider that more work needs to be done to improve palliative care services for LGBT people.²⁴³

Planning for End of Life

A 2015 study found that LGBT people had a number of concerns related to end of life experiences and care needs:²⁴⁴

Trans people were concerned that they would be buried under the gender they were assigned at birth.

- Respondents felt advance care planning and being able to nominate 'important others' as next of kin was particularly important for many LGBT people.
- Some issues distinct to LGBT people were highlighted such as providing protection to partners who might not otherwise be recognised.
- 82% agreed that it was particularly important for LGBT people to make and record plans for future care.
- Respondents also raised concerns that they did not know who to nominate in decision making roles due to the people closest to them being the same age as them or due to the fact they were socially isolated.
- A particular concern that was raised was people were concerned that their wishes were not going to be respected after their death, for example having their partners / friends excluded from their funerals.



I do think there is a difference, you can't be as open. But then having experienced the death of my father years ago, it's death that people struggle with, and if you then add a layer about somebody's sexuality, I think that makes it even more complicated for people because they're not sure how to respond.

- Melanie, 54, bereaved partner of a lesbian woman who died of ovarian cancer²⁴⁵





Glossary

BAME

Abbreviation of the term Black, Asian and Minority Ethnic

Biphobia

Prejudice and discrimination towards, fear, and/or dislike of someone who is bisexual or who is perceived to be bisexual, based on their sexual orientation

Bisexual / Bi

Someone who is attracted to people of the same gender and other genders

Cis / Cisgender

Someone who identifies with the gender they were assigned at birth; someone who is not transgender

Chemsex

Chemsex is a term that is used when people are having sex in combination with the use of one or several drugs (chems). These drugs are typically crystal meth, GHB and mephedrone. People take part in chemsex for a number of different reasons, some find it increases sexual stimulation, for other people it can reduce their inhibitions.

Coming out

The disclosure of one's LGBTQ+ identity to someone else. Coming out is rarely a once-in-a-lifetime event as many LGBTQ+ people may want or need to come out to each new person they meet or may realise different facets of their LGBTQ+ identity over time which they might then choose to disclose

Conversion Therapy

Activities and therapies that are performed on LGBT people in an attempt to change their sexual orientation or gender identity to that which conforms to a cis- and heteronormative view of society

Equality Act (2010)

In the UK, this refers to the Equality Act 2010, which provides people with protection from discrimination and ill-treatment based on sexual orientation, gender, gender reassignment and 6 other protected characteristics

GB

The abbreviation of gay and bisexual

GBT

The abbreviation of gay, bisexual and trans

Gay

Someone who is almost exclusively romantically, emotionally or sexually attracted to people of the same gender. The term can be used to describe anyone regardless of gender identity but is more commonly used to describe men

Gender

The socially constructed and reinforced divisions between certain groups (genders) in a culture including social norms that people in these different groups are expected to adhere to, and a person's sense of self relating to these divisions

Gender Assigned at Birth

The gender that a person is assumed to be at birth, usually based on the sex assigned at birth

Gender Fluid

Someone whose gender is not fixed; their gender may change slowly or quickly over time and can switch between any number of gender identities and expressions, as each gender fluid person's experience of their fluidity is unique to them

Gender Identity

A person's internal feelings and convictions about their gender. This can be the same or different to the gender they were assigned at birth

Gender Neutral

Something that has no limitations to use that are based on the gender of the user

Genderqueer

Someone whose gender is outside or in opposition to the gender binary. Often viewed as a more intentionally political gender identity than some other non-binary genders, through the inclusion of the politicised 'queer'

Gender Reassignment

The protected characteristic which trans people are described as having, or protected characteristic group they are described as being part of, with reference to the Equality Act 2010. A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex

Heterosexual

Someone who is romantically or sexually attracted to someone of a different gender, typically a man who is attracted to women or a woman who is attracted to men

HIV/AIDS

Stands for Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome. HIV is a virus which attacks the immune system. It is not curable but is treatable and someone with HIV can now be expected to have a normal life expectancy. Advances in medication mean that someone who is HIV positive cannot transmit the virus while taking medication correctly. It is usually associated with MSM but also has higher than normal prevalence in Black, Asian, and Minority Ethnic communities. HIV progresses to AIDS without treatment. While the person will not die of AIDS itself, the compromised immune system as a result of AIDS means the body is susceptible to infection and unable to fight it, leading to death

Homosexual

A term used to describe someone who is almost exclusively attracted to people of the same gender. Some consider this word too medical and prefer the terms 'gay', 'lesbian or 'queer'

Homophobia / Homophobic

Prejudice and discrimination towards, fear, and/or dislike of someone who is, or who is perceived to be attracted to people of the same gender as themselves, based on their sexual orientation

Intersex

A person whose biological sex characteristics, don't fit into the binary medical model of male and female. This can be due to differences in primary and secondary sex characteristics including external and internal genitalia, hormones, and/or chromosomes

LB

The abbreviation of lesbian and bisexual

LBT

The abbreviation of lesbian, bisexual and trans

Lesbian

A woman who is largely or exclusively emotionally, sexually, and/or physically attracted to other women

LG

The abbreviation of Lesbian and gay

LGB

The abbreviation of lesbian, gay and bisexual

LGBT

The abbreviation of lesbian, gay, bisexual and trans

LGBTphobic / LGBTphobic

Prejudice and discrimination towards, fear, and/or dislike of someone who is LGBT or who is perceived to be LGBT, that is based on their LGBT identity

Glossary

LGBTQ+

The acronym for lesbian, gay, bisexual, transgender and queer (sometimes also used to refer to questioning, usually when working with younger age groups).

Minority Stress

Minority stress describes chronically high levels of stress faced by members of stigmatized minority groups. It may be caused by a number of factors, including poor social support and low socioeconomic status, but the most well understood causes of minority stress are interpersonal prejudice and discrimination

Misgender

The act of referring to someone as the wrong gender or using the wrong pronouns (he, she, boy, sister, etc.). This usually refers to intentionally or maliciously referring to a trans person incorrectly, but of course can also be done accidentally

MSM

Stands for men who have sex with men/men loving men. Men who have sex with men is used as a term within sexual health and other services to make these services more inclusive to men who have sex with other men but may not identify as LGBTQ+

Non-binary

Used to describe those whose gender does not fit into the gender binary. The term can be used by some as an identity in itself and is also used as an overarching term for genders that don't fit into the gender binary, such as genderqueer, bigender and gender-fluid

Outing / Out

Disclosing someone else's sexual orientation or gender identity without their consent

Pansexual / Pan

Someone who is emotionally, sexually, and/or physically attracted to others regardless of gender identity

PEP

Stands for Post Exposure Prophylaxis. This is medication taken up to 72 hours after exposure to HIV to minimise the risk of infection. A 28-day course is taken after exposure

PrEP

Stands for Pre-Exposure Prophylaxis. This is medication that may be taken on an ongoing basis or as event-based dosing as a measure to prevent HIV. It is usually taken by MSM or other at-risk group members.

Pride

Having a positive view of membership of the LGBTQ+ community. Also, a celebration of LGBTQ+ cultures, protest at discrimination currently faced, and a reminder of past crimes and discrimination against the community

Protected Characteristic

Under the Equality Act 2010 It is against the law to discriminate against someone because they have a protected characteristic. These are outlined under the act, and comprise: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation

Queer

An overarching or umbrella term used by some to describe members of the LGBTQ+ community. The term has been reclaimed by members of the community from previous derogatory use, and some members of the community may not wish to use it due to this history. When Q is seen at the end of LGBTQ+, it typically refers to queer and, less often, questioning

Sex

The scientific and/or legal classification of a person as male, female or intersex. A person's sex is usually determined by a combination of primary and secondary sex characteristics including chromosomes, hormones, and internal and external reproductive organs

Sexual Attraction

Desiring sexual contact with a specific other person or group of people

Sexual Orientation

How a person feels sexually about different genders. The term describes who they are most likely to pursue a sexual relationship with. Sexual activity does not indicate sexual orientation, so people who have sexual relations with someone of the same gender may not necessarily identify as LGBTQ+. This is why terms such as MSM are used in some contexts. Sexual orientation is a protected characteristic under the Equality Act 2010

Sexuality

Sexuality is a holistic term for someone's sexual behaviours, attractions, likes, dislikes, kinks, and preferences. Sexual orientation makes up a part of someone's sexuality, and sexuality is sometimes used interchangeably with sexual orientation, but it covers more than just who a person is attracted to. Sexuality is what you enjoy and how you enjoy it, whether that be partners or activities

Trans / Transgender

An umbrella term to refer to anyone whose gender identity doesn't completely match the gender they were given at birth. This includes, but is not limited to, trans women, trans men, and non-binary people

Trans Man

A man who is trans. Somebody whose gender identity is man and who was assigned female at birth

Trans Woman

A woman who is trans. Somebody whose gender identity is woman and who was assigned male at birth

Transition / Transitioning

Transition relates to the process a trans individual undertakes to align themselves with the gender they are, as opposed to that which they have been assigned at birth. Transition includes some or all of the following cultural, legal and medical adjustments; telling one's family, friends and/or co-workers, changing one's name and/or sex on legal documents; hormone therapy and possibly (though not always) some form of surgical gender affirmation. This is a deeply personal process that may involve medical interventions but does not have to.

Transphobia / Transphobic

Prejudice and discrimination towards, fear, and/or dislike of someone who is trans or who is perceived to be trans, that is based on their trans identity

Transsexual

An older and medicalised term used to describe someone living as a different gender than the one assigned at birth. This is sometimes used exclusively to describe trans people who have medically transitioned i.e. undergone hormone replacement therapy and/or gender affirmation surgery. The term is still used by some transgender people but has widely been replaced by trans or transgender, as it is nowadays often considered offensive or exclusionary due to its medical and pathologising context

WSW

Stands for women who have sex with women/ women loving women. Women who have sex with women is used as a term within sexual health and other services to make these services more inclusive to women who have sex with other women but may not identify as LGBTQ+

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