

# Health needs assessment of lesbian, gay, bisexual, transgender and non- binary people

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## LITERATURE REVIEW

Prepared for:

NHS Greater Glasgow & Clyde and NHS Lothian

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## Abbreviations

AUDIT	Alcohol Use Disorders Identification Test
BME	Black and minority ethnic groups
GHB	Gamma-hydroxybutyrate (synthetic drug, known as a 'date-rape' drug)
GBL	Gamma-butyrolactone (synthetic drug similar to GHB– together GBH and GBL are often referred to as 'G')
GIC	Gender Identity Clinic
LGB	Lesbian, gay and bisexual
LGBO	Lesbian, gay, bisexual and other (used in population surveys to differentiate all those who selected their sexual orientation as anything other than heterosexual/straight)
LGBT	Lesbian, gay, bisexual and transgender
LGBTI	Lesbian, gay, bisexual, transgender and intersex
LGBT+	Lesbian, gay, bisexual, transgender and non-binary
MSM	Men who have sex with men
NHSGGC	NHS Greater Glasgow & Clyde
NPS	New Psychoactive Substances
SHS	Scottish Household Survey
WSW	Women who have sex with women

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# 1. Introduction

The Scottish Government has made a commitment to 'making Scotland a better, healthier place for everyone' and to tackle health inequalities. Health and wellbeing varies significantly according to many factors. In Scotland, those living in poverty and areas of deprivation are consistently shown to have poorer health outcomes for a range of indicators. Health inequalities are further compounded by differing experiences based on a person's identity including those characteristics protected under the Equality Act (2010). This includes those who identify as lesbian, gay, bisexual, those who are transgender and those who have a non-binary gender identity (LGBT+).

NHS Greater Glasgow & Clyde (NHSGGC) and NHS Lothian recognise that there are gaps in knowledge about the health and wellbeing of LGBT+ groups. In order to better inform approaches to public health for LGBT+ people, they have commissioned a comprehensive health needs assessment of LGBT+ people in both health board areas, equally differentiated for each of seven groups:

- Lesbian and gay women
- Gay men
- Bisexual women
- Bisexual men
- Trans women
- Trans men
- Non-binary identifying people

The health needs assessment will be conducted in three stages:

1. A literature review
2. Qualitative engagement with LGBT+ people and with staff directly involved in providing services for LGBT+ people
3. Health and wellbeing survey of LGBT+ people

Traci Leven Research has been commissioned to conduct the first two stages of the work. The survey will be commissioned separately. This document sets out the findings of the first stage (literature review) and this will inform the scope for the qualitative engagement.

## Scope

The brief for the literature review was to review published and grey literature from the last 10 years in the UK with a particular emphasis on Scotland. The review encompasses studies which include health and wellbeing components, including those conducted with LGBT+ populations and those with wider populations with sufficient sample size and details of LGBT+ status to allow an examination of differentiated results. The review includes measures of health and wellbeing outcomes, determinants of health and wellbeing, and experiences of engaging with health services.

It is recognised that much is already known about the needs of men who have sex with men (MSM) in relation to sexual health and HIV and this has been excluded from the scope of the literature review.

Where possible, relevant findings have been differentiated for each of the LGBT+ groups or aggregated sub-groups.

## Population Profile

Estimates are that around 5-7% of adults in Scotland have LGB identities (Gordon, Graham, Robinson, & Taulbut, 2010). Around 0.6%-1.0% of the population are transgender (GIRES, 2011). The non-binary population is harder to estimate due to national surveys (including the census) not including the identification of non-binary people.

Identifying the health needs and health inequalities of LGBT+ people compared to heterosexual and cisgender people is complex. The profile of LGBT+ people differs from heterosexual cisgender people, with LGBT+ people having a significantly younger age profile. Also, LGBT+ people are more likely to have a higher educational attainment, but despite this are more likely to be living in areas of deprivation (Gordon, Graham, Robinson, & Taulbut, 2010). Each of these factors is also a determinant of health.

## Sources

A full list of sources is found in the References section at the end of this document. However, some key Scottish sources referenced throughout the report are:

**NHSGGC Adult Health and Wellbeing Survey 2017/18** (Leven, 2019)<sup>1</sup> for which bespoke analysis was conducted as part of this review. The findings of the bespoke analysis comparing health indicators for heterosexual adults with LGBO adults is shown in **Appendix 1**.

**Key Findings in the NHSGGC Schools Surveys by Sexual Identity** (Leven, 2016)<sup>2</sup>: reports on analysis of the combined datasets of health and wellbeing surveys of secondary school pupils in four local authorities in the NHSGGC area – Inverclyde (2013), Renfrewshire (2013), Glasgow City (2014) and East Dunbartonshire (2014). The bespoke analysis investigated significant differences for LGB pupils compared to heterosexual pupils on a wide range of health and wellbeing indicators. The key findings are reported throughout this report, with the statistics summarised in tables in **Appendix 2**.

**Life in Scotland for LGBT Young People: Analysis of the 2017 survey for lesbian, gay, bisexual and transgender young people** (LGBT Youth Scotland, 2018): reports on a survey of 684 LGBT young people aged 13-25 in Scotland.

**The Scottish LGBT Equality Report: Lesbian, gay, bisexual and transgender people's experiences of inequality in Scotland**<sup>3</sup> (French, Magic, & Kent, 2015) which reports on an online survey of 1,052 people in Scotland (76% of whom had LGBT identities).

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<sup>1</sup> <https://www.stor.scot.nhs.uk/handle/11289/579938>

<sup>2</sup> [https://www.nhsggc.org.uk/media/241379/nhsggc\\_ph\\_schools\\_surveys\\_sexual\\_identity\\_report\\_2016.pdf](https://www.nhsggc.org.uk/media/241379/nhsggc_ph_schools_surveys_sexual_identity_report_2016.pdf)

<sup>3</sup> <http://www.equality-network.org/wp-content/uploads/2015/07/The-Scottish-LGBT-Equality-Report.pdf>

**LGBT In Scotland: Health Report<sup>4</sup>** (Bridger, Snedden, Bachmann, & Gooch, 2018) which reports on the 1,261 Scottish responses to a YouGov survey (on behalf of Stonewall) on questions relating to health.

**Gay and Bisexual Men's Health Survey Scotland<sup>5</sup>** (Stonewall Scotland, 2012) reports on the Scottish findings from a large-scale British survey of gay and bisexual men's health needs in 2011.

**UK Gay Men's Sex Survey – Scotland region of residence data report** (Reid, 2011) which present findings from Scotland for the UK Gay Men's Sex Survey, which is part of the European MSM Internet Sex Survey. This consistent of 1,252 men in Scotland who had sex with men in the last year or who had a gay, bisexual or queer identity.

**Social Media, Men who have sex with men Sexual and Holistic Health Study (SMMASH2)** (Frankis & Welsh, 2017)<sup>6</sup> – reports on a survey conducted via social media of 1,547 men who have sex with men in Scotland in 2017.

**Sexual Orientation in Scotland 2017: A summary of the evidence base<sup>7</sup>** (Scottish Government, 2017) brings together findings from a range of sources which compares statistics for lesbian, gay, bisexual and other (LGBO) adults compared to heterosexual adults. Sources include core questions from the Scottish Household Survey, Scottish Health Survey and Scottish Crime and Justice Survey.

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<sup>4</sup>[https://www.stonewallscotland.org.uk/sites/default/files/lgbt\\_in\\_scotland\\_-\\_health\\_report.pdf](https://www.stonewallscotland.org.uk/sites/default/files/lgbt_in_scotland_-_health_report.pdf)

<sup>5</sup>[https://www.stonewallscotland.org.uk/sites/default/files/Gay\\_and\\_Bisexual\\_Men\\_s\\_Health\\_Scotland.pdf](https://www.stonewallscotland.org.uk/sites/default/files/Gay_and_Bisexual_Men_s_Health_Scotland.pdf)

<sup>6</sup>[www.sandyford.org/smmash2](http://www.sandyford.org/smmash2)

<sup>7</sup><https://www.gov.scot/publications/sexual-orientation-scotland-2017-summary-evidence-base/>

## 2. Physical Health

### Self-Perceived Health

Evidence points to LGB people in Scotland generally having less positive views of their health than heterosexual people.

The NHSGGC Adult Health & Wellbeing Survey in 2018 showed that compared to heterosexual people with the same age profile, non-heterosexual people were less likely to have a positive view of their general health or their physical wellbeing (see Appendix 1).

The NHSGGC school surveys also showed that LGB pupils were less likely than heterosexual pupils to have a positive view of their health over the last year (see Appendix 2).

Comparing the core question from Scottish surveys on self-perceived general health in 2015 (Scottish Government, 2017), 71% of LGBO adults rated their health as good/very good, compared to 75% of heterosexual adults. When adjusted for differences in the age profile, the disparity increased from 4 percentage points to eight percentage points. Analysis of the 2012 Scottish Health Survey (SHS) which had not been adjusted for age profile differences showed that bisexual adults were significantly less likely to rate their health positively than other groups. However, age-standardised comparisons of the core questions in 2017 (Scottish Government, 2019) revealed no significant difference between LGBO and heterosexual adults for general health.

Meta-analysis of 24 surveys across the UK (Beach, 2019) found that LGB men and women were 1.2 times more likely than heterosexual people to experience self-rated poor health.

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) showed that 77% of gay and bisexual men in Scotland in 2011 described their health as good or very good. Although this was analogous to the overall rate of positive views of general health measured by the Scottish Health Survey in 2011, differences are likely to be masked by the different age profile (only 13% of respondents to the gay and bisexual men's survey were aged over 50, and younger respondents will have more positive views of their health).

A review of evidence from the UK (Hudon-Sharp & Metcalf, 2016) pointed to LGB people's general health being worse than heterosexual people.

A review of evidence relating to lesbian and bisexual women (Varney & Newton, 2018) pointed to evidence from the English GP Patients Survey which found that lesbian and particularly bisexual women were more likely than heterosexual women to describe their health as fair or poor (bisexual women 32%; lesbian 25%, heterosexual 21%).

### Illness and Disability

There are a number of sources which consistently show that LGBT+ people are more likely than others to have a long-term illness or disability.

The NHSGGC Adult Health & Wellbeing Survey 2017/18 (see Appendix 1) showed that LGBO people were much more likely to say they had a long-term condition or illness which limited what they could do and also much more likely to say they were receiving treatment for at least one illness or condition. (Note these were not necessarily physical health conditions – mental and physical illnesses/conditions were not differentiated).

Scottish Government analysis of Scottish core questions in 2017 (Scottish Government, 2019) showed that for age-standardised data, LGBO adults were more likely than heterosexual adults to have a limiting long-term condition (29% compared to 23%).

Analysis of data from the UK longitudinal household survey (Booker, Rieger, & Unger, 2017) also showed that non-heterosexual people were more likely than heterosexual people to have poor health. Gay/lesbian and bisexual people were more likely to report having a limiting long-standing illness. Bisexual people had the poorest health indicators – they alone were more likely than heterosexual people to have one or more disabilities and regression analysis showed that even after controlling for covariates, bisexual people had worse physical functioning scores than heterosexual people. Bisexual people were more than twice as likely than heterosexual people to report being in poor health.

Meta-analysis of 24 UK surveys (Beach, 2019) showed that LGBO men were more likely than heterosexual men to be living with a long-term illness.

The social media survey of men who have sex with men in Scotland (Frankis & Welsh, 2017) found that a third (34%) had a long-term physical or mental condition or illness.

One third (35%) of bisexual people in the UK who were surveyed in 2013 (Rankin, Morton, & Bell, 2014) said they had a disability.

Overall, one in four (25%) of the respondents to an LGBT primary care survey in the UK (LGBT Foundation, 2017) considered themselves to be a disabled person, but this was 42% for trans people compared to 17% of cis respondents.

A majority (58%) of transgender people who responded to the Trans Mental Health Study in the UK in 2012 said that they had a disability or chronic health condition (McNeil, Bailey, Ellis, Morton, & Regan, 2012). A significant proportion were sensory impaired – with 8.5% being deaf and 5% being blind or visually impaired. One in ten (10%) had a physical disability.

The survey of non-binary people in the UK (Valentine, 2016) had a particularly young age profile (55% were aged under 26), which would lead to an expectation of low levels of illness and disability. However, even with this very young age profile, nearly half (45%) of respondents considered themselves to be disabled or have a long term health problem.

## Cancer

### Prevalence

A collation of available evidence by MacMillan (MacMillan Cancer Support, 2014) concluded that there was no robust data on the number of LGBT people living with, or dying from, cancer in the UK.

A review of UK and international evidence (Varney & Newton, 2018) concluded that lesbian and bisexual women may be more likely than heterosexual women to develop certain types of cancer including mesothelioma, oro-pharyngeal cancer, stomach cancer and endometrial cancer. However, across all types of cancer, the study found that overall lesbian and bisexual women were as likely as heterosexual women to get cancer.

A study of evidence from two national patient surveys in England (Saunders, Meads, Abel, & Lyratzopoulos, 2017) concluded that the distribution of cancer sites does not vary substantially by sexual orientation, with the exception of some HPV- and HIV-associated cancers. Gay and bisexual men were more likely to have Kaposi's sarcoma, anal and penile

cancer. Lesbian and bisexual women were more likely to have oropharyngeal cancer. Some evidence from older sources than the scope for this research were referenced in the UK review (Hudon-Sharp & Metcalf, 2016) which suggested that lesbian and bisexual women were more likely to develop breast cancer but less likely to develop cervical cancer compared to heterosexual women.

### **Self-checking and screening for cancer**

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that only one in three (34%) gay and bisexual men check their testicles once a month as recommended, and 44% had ever had their testicles checked by a healthcare professional.

The same report showed that 10% of gay and bisexual men in Scotland had ever discussed prostate cancer with a health professional, 10% had discussed bowel cancer and 4% had discussed lung cancer. Among those aged over 50, 35% had had a discussion with a health professional about bowel cancer and 30% had had a discussion about prostate cancer.

Lesbian and bisexual women in the UK are less likely than heterosexual women to participate in breast or cervical cancer screening (Varney & Newton, 2018). Lower participation levels have been linked to 'heteronormative assumptions' about risk and eligibility – on the part of both professionals and patients. A study in the North West of England (Light & Ormandy, 2011) found that only 48% of LGB women aged 25-49 had accessed a cervical screening test within the last three years as recommended. Although most (91%) LGB women agreed that LGB women need to have cervical screening tests, 36% had not responded to a screening invitation and 28% had been told a screening test was not necessary. Evidence of lesbian women in Scotland being incorrectly advised by GPs that they did not need a smear test was also found in a 2014 survey (Stonewall Scotland, 2014).

### **Awareness of signs and seeking Help**

A 2010 survey of LGB adults in the UK (Gunstone, 2010) found that overall gay and bisexual men had a slightly higher awareness of the signs and symptoms of cancer at an earlier age compared to heterosexual men, but among those aged 40+, awareness was similar. Gay and bisexual younger men were more likely than heterosexual men to say they would seek help from healthcare if they experienced cancer symptoms. Among older men, bisexual men were more likely than either gay or heterosexual men to say they would present at healthcare within a week for a mole. Perceived barriers to presenting for cancer signs (e.g. concern over wasting doctor's time) were higher among heterosexual men than gay or bisexual men. Among women, young lesbians were the most likely to say they would present within a week of noticing signs of cancer, but among older women heterosexuals were the most likely to seek help within a week. Bisexual older women were more likely than lesbian or heterosexual older women to identify barriers to presenting for help. These included difficulties making appointments, being busy and having other priorities.

## **Heart and Circulatory Disease**

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that among gay and bisexual men in Scotland, 16% had ever discussed heart disease with a health professional and 12% had been tested for it; 20% had discussed high blood pressure and

27% had been tested for it; 21% had discussed high cholesterol and 31% had been tested for it.

A review of evidence from the UK (Varney & Newton, 2018) found no clear evidence of a higher risk of cardiovascular disease among lesbian and bisexual women.

## Diabetes

The NHSGGC schools surveys showed that LGB pupils were more likely than heterosexual pupils to have diabetes (see Appendix 2). However, there is no clear evidence among adult populations that LGBT+ adults are any more or less likely to have diabetes.

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that the 3% of gay and bisexual men in Scotland had diabetes. Similarly, the social media survey of men of who have sex with men in Scotland (Frankis & Welsh, 2017) found that 3% had diabetes. The Scottish Health Survey 2011 showed that overall 6% of men in Scotland had diabetes, but rates were much higher among men aged over 50 and the age profile of the two surveys is likely to distort the comparisons.

A review of evidence relating to lesbian and bisexual women in the UK (Varney & Newton, 2018) also found that there was overall no statistically significant evidence of differences in the prevalence of diabetes among lesbian and bisexual women compared to heterosexual women although the English GP patient survey did indicate that bisexual women may be more likely than others to visit their GP in relation to Type 2 diabetes.

## Musculoskeletal Conditions

The NHSGGC schools surveys showed that LGB pupils were more likely than heterosexual pupils to report having arthritis/painful joints (see Appendix 2).

A review of evidence (Varney & Newton, 2018) pointed to the English GP Patient Survey showing an increased prevalence of arthritis/long-term joint problems and long term back problems among both lesbian and bisexual women compared to heterosexual women, and this was supported by international evidence.

## Skin Conditions

The NHSGGC schools surveys showed that LGB pupils were more likely than heterosexual pupils to have skin conditions such as eczema or psoriasis. The literature found no evidence from the UK which investigated prevalence of skin conditions among LGBT+ adults. However, it should be noted that eczema and psoriasis can be linked with stress, and LGBT+ adults have a much higher prevalence of stress, anxiety and other mental health problems (see Section 3).

## Epilepsy

The NHSGGC schools surveys showed that LGB pupils were more likely than heterosexual pupils to have epilepsy. The literature review found no studies from the UK which specifically examined the prevalence of epilepsy among LGBT+ populations.

## Asthma

A review of evidence (Varney & Newton, 2018) points to a number of corroborating sources which show that lesbian and bisexual women have higher rates of asthma than heterosexual women. There are no recognised reasons for this difference.

## HIV

It is widely recognised that gay and bisexual men are at increased risk of contracting HIV, and this is not included in the scope for this literature review. However, it is recognised that HIV itself increases the risk of other diseases such as cardiovascular disease, metabolic disorders and cancer. Also, long-term use of HIV medication can cause effects such as blood disorders, kidney problems and sexual dysfunction. (Hudon-Sharp & Metcalf, 2016)

### Summary of Key Differentiated Findings for Physical Health

LGBO	Less likely to have positive views of health; more likely to have an illness or disability
Lesbian and bisexual women	More likely to develop some kinds of cancer (mesothelioma, oropharyngeal cancer, stomach cancer and endometrial cancer) Less likely to attend cervical screening than heterosexual women May be more likely to have skeletal/joint problems May be more likely to have asthma
Bisexual women	Among least likely to view their health positively May be more likely to have Type 2 diabetes
Gay and bisexual men/MSM	More likely to develop some kinds of cancer (Kaposi's sarcoma, anal and penile cancer) More likely to have physical health symptoms associated with HIV
Bisexual women and men	Among the most likely to have poor health and/or disability
Transgender men and women	Particularly likely to have an illness or disability
Non-binary	Particularly likely to have an illness or disability

### 3. Mental Health

#### General Mental Health

There is a wealth of evidence which indicates that LGBT+ people in Scotland are at much higher risk of mental health problems than heterosexual/cisgender people. Many studies have linked this with minority stress, but it is evidently compounded by experiences such as bullying, discrimination, hate crimes and social isolation (see Section 5).

The NHSGGC Adult Health & Wellbeing Survey 2017/18 showed that compared to heterosexual people, LGBO people were less likely to have a positive view of their general mental or emotional wellbeing, less likely to have a positive view of their overall quality of life, and less likely to feel in control of decisions affecting their life (see Appendix 1).

The NHSGGC schools surveys (Leven, 2016) showed a very marked difference in the occurrence of mental health/emotional illness for LGB pupils compared to heterosexual pupils, with more than one in five (22%) LGB pupils reporting this, compared to just one in 25 (4%) heterosexual pupils. Lesbian/bisexual girls were the most likely to report having a mental health/emotional illness (29%).

Life in Scotland (LGBT Youth Scotland, 2018) showed the vast majority of LGBT young people aged 13-25 had experienced mental health problems and associated behaviours – 84% overall, and 96% of transgender young people.

The LGBT in Scotland Health Report (Bridger, Snedden, Bachmann, & Gooch, 2018) also showed a high prevalence of mental health problems among all LGBT groups. Overall, 60% of Scottish LGBT people and 77% of Scottish trans people reported having experienced anxiety in the last year. Anxiety was more common among 18-24 year olds (75%), and was higher for bisexual women (72%) than gay men (57%), bisexual men (52%) or lesbians (51%).

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that as a snapshot at the time of the survey, 15% of gay and bisexual men in Scotland in 2011 were currently experiencing anxiety and/or depression. The 2017 social media survey of men who have sex with men in Scotland (Frankis & Welsh, 2017) found that 14% currently had a long-term mental health condition, with rates higher in Greater Glasgow & Clyde (17%) than Lothian (12%) or the rest of Scotland (13%). Moreover, the same study showed that one in three (32%) of the men who had sex with men had ever been diagnosed with a mental health problem by a doctor, with gay men more likely to report having been diagnosed (34%) than MSM who identified as bisexual or straight (26%). Those who had financial worries were much more likely to have been diagnosed (47%) than those without financial worries (22%). The survey also used the pHQ-9 scale to assess depression. This showed that more than half of MSM in Scotland exhibited symptoms of depression – mild (26.5%), moderate (12.4%), moderately severe (8.3%) or severe (6.0%).

A review of evidence relating to sexual minority women (Varney & Newton, 2018) found that population surveys in the UK consistently showed higher levels of mental health problems among lesbians and bisexual women compared to heterosexual women, and some showed that bisexual women had the highest rates of mental health problems. The same study explored findings from the English GP Patients Survey which showed that 12% of lesbian

women and 19% of bisexual women reported a longstanding psychological or emotional condition compared to 6% of heterosexual women.

Findings from peer research in Lothian (O'Brien, McKenna, & Rose, 2019) attributed mental health problems among MSM to anxiety around their identity/coming out, feelings of shame and stigma, pressures on physical appearance/body image (exacerbated by internet porn), and experiences of abuse.

A large scale study of indicators from 12 UK population health survey (Semlyen, King, Varney, & Hagger-Johnson, 2016) confirmed that LGB adults have a higher prevalence of poor mental health and low wellbeing compared to heterosexual adults, with the greatest disparity among younger and older LGB adults. Overall, LGB adults were twice as likely as heterosexual adults to report symptoms of poor mental health. Risk was highest among bisexual adults.

A survey of trans adults in the UK (McNeil, Bailey, Ellis, Morton, & Regan, 2012) showed that levels of mental health problems were high among trans people. Nine in ten (88%) felt that they had current or previous experienced depression, 80% had experienced stress and 75% had experienced anxiety. Three in five (58%) of all trans adults felt that they had been so distressed at some time that they had needed to seek urgent help or support. Mental health generally improved post-transition.

### Learning, Developmental, Emotional or Behavioural Differences

The NHSGGC schools surveys showed that LGB pupils were more likely than heterosexual pupils to have learning or developmental differences of dyslexia, Autistic Spectrum Disorder (ASD)/Asperger's, or Attention Deficit Hyperactivity Disorder (ADHD) (see Appendix 2)

The NHSGGC schools surveys also used the Strengths and Difficulties questionnaire (SDQ) which is used to measure emotional and behavioural problems in adolescence on five scales. For each scale, LGB pupils showed mean scores which indicated more difficulties with emotional symptoms, conduct problems, hyperactivity and peer problems, and were less likely to have prosocial strengths. Examining 'total difficulties' scores – LGB pupils were more than twice as likely than heterosexual pupils to have a total difficulties score which indicated a high level of difficulties (49% compared to 23%).

The social media survey of MSM in Scotland (Frankis & Welsh, 2017) found that 5% had a learning difficulty (e.g. dyslexia) and 2% had a developmental condition (e.g. autism or Aspergers).

A review of evidence relating to transgender young people and autism (Glidden, Bouman, Jones, & Arcelus, 2016) concluded that there was a higher prevalence of ASD among children and adolescents with Gender Dysphoria than among the general population. There is less evidence relating to autism among trans adults. However, one UK study in 2018 (Nobili, et al., 2018) measured autistic traits in transgender adults attending transgender health services compared to a comparable sample of cisgender people. The study found transgender adults assigned female at birth were twice as likely as cisgender females to have autistic traits. However, there was no significant difference for trans adults assigned male at birth and cisgender males.

A literature review of the experiences and support needs of people with intellectual disabilities who identify as LGBT (McCann, Lee, & Brown, 2016) identified the need for staff training for those caring for people with intellectual disabilities in order to improve confidence in discussing sexuality issues and addressing poor attitudes. There was evidence of a presumed

'asexual' status of intellectually disabled people. The review also found evidence that identified the need for appropriate education of people with intellectual disabilities with regards to sexuality and sexual identity.

## Eating Disorders

The NHSGGC schools surveys showed that LGB pupils were more likely than heterosexual pupils to admit to having eaten and made themselves sick in the last year, and this was particularly true for lesbian/bisexual girls – 44% of whom had eaten and made themselves sick in the last year, compared to 18% of heterosexual girls (Leven, 2016).

Life in Scotland (LGBT Youth Scotland, 2018) showed that overall 18% of LGBT young people had experienced eating disorders and among trans young people, this was 25%.

LGBT in Scotland Health Report (Bridger, Snedden, Bachmann, & Gooch, 2018) found that 8% of LGBT people in Scotland had experienced an eating disorder in the last year. Experience of eating disorders in the last year was much more common among non-binary people (23%) and trans people (16%).

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that 12% of gay and bisexual men in Scotland had a problem with their weight or eating in the last year. Among those who had ever had a problem with eating, the most common problem was binge eating (39%), followed by bulimia (17%) and anorexia (16%). A quarter (26%) of gay and bisexual men said they often felt they could not control what or how much they ate. Within the last three months, 12% had deliberately fasted for 24 hours and 4% had made themselves vomit in order to lose weight.

The social media survey of men who have sex with men found that 4% had been formally diagnosed with an eating disorder.

The survey of trans adults in the UK (McNeil, Bailey, Ellis, Morton, & Regan, 2012) showed that nearly one in four trans adults felt that had experience of having an eating disorder. While only 5% were currently or previously diagnosed with an eating disorder, a further 19% said they believed they had an eating disorder but had not been diagnosed.

A recent survey by Beat (Beat, 2019) found that although LGBT+ people were at a significantly higher risk of eating disorders, they were less likely than others to say they would feel confident seeking help for an eating disorder.

## Self-Harm

Self-harm appears to be common among LGBT+ people, particularly young people.

Life in Scotland (LGBT Youth Scotland, 2018) found that 43% of LGBT young people and 59% of trans young people had self-harmed. The School Report Scotland (Bridger, Dradlow, Gausp, & Jadva, 2017) found even higher levels of self-harm among Scottish school pupils, with 58% having self-harmed and among trans pupils nearly all (96%) had self-harmed at some point.

LGBT in Scotland Health Report (Bridger, Snedden, Bachmann, & Gooch, 2018) found that overall 16% of LGBT people in Scotland had deliberately harmed themselves in the last year. Rates of self-harm in the last year were highest for:

- Young LGBT people aged 18-24 (41%)
- Non-binary people (35%)

- Trans people (31%)
- Bisexual women (29% of bisexual women, compared to 13% of lesbians, 13% of bisexual men and 7% of gay men had self-harmed in the last year)
- Disabled LGBT people (26%).

The Gay and Bisexual Health Report Scotland (Stonewall Scotland, 2012) found that among gay and bisexual men in Scotland in 2011, 6% self-harmed in the last year (9% when limited to bisexual men). Among those who had self-harmed the most common means were cutting themselves (58%), swallowing pills or objects (29%) and burning themselves (13%).

The trans mental health survey (McNeil, Bailey, Ellis, Morton, & Regan, 2012) showed that more than half (53%) of trans adults in the UK had self-harmed at some point and 11% were currently self-harming.

## Suicidal Thoughts and Behaviours

Various sources demonstrate a very high prevalence of suicidal thoughts and behaviours among LGBT+ people.

Life in Scotland (LGBT Youth Scotland, 2018) found that half (50%) of LGBT young people had experienced suicidal thoughts or behaviours. This was even greater for transgender people (63%). The Stonewall survey of Scottish pupils in 2017 (Bridger, Dradlow, Gausp, & Jadv, 2017) found that 43% of trans and 24% of LGB pupils had actually attempted to take their own life at some point.

LGBT in Scotland Health Report (Bridger, Snedden, Bachmann, & Gooch, 2018), found that one in three (32%) LGBT people in Scotland had thought about taking their own life in the last year. Rates of suicidal thoughts were higher for:

- Trans people (52% compared to 29% of non-trans LGB people)
- Young LGBT people aged 18-24 (51%)
- Victims of hate crime (44%)
- Bisexual people (48% of bisexual women and 36% of bisexual men compared to 23% of lesbians and 26% of gay men)
- The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that 3% of gay men and 7% of bisexual men in Scotland said they had attempted to take their own life in the last year; 30% of gay men and 37% of bisexual men had thought about taking their life in the last year.

LGBT in Scotland Health Report also showed that 39% of LGBT people in Scotland felt that that life was not worth living at some point in the last year, and those more likely to have felt this way were:

- Young LGBT people aged 18-24 (67%)
- Trans people (61%)
- Disabled LGBT people (57%)
- LGBT people from lower income households (51%).

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) similarly found that 41% of gay and bisexual men had felt that life was not worth living in the last year.

In a review of findings relating to older LGBT people (Beach, 2019), meta-analysis of 24 UK surveys found that LGBO men aged 50 or over were more likely than heterosexual men in the same age group to have attempted suicide in their lifetime.

A small-scale qualitative study of Scotland's African community with African men who have sex with men (Baker, Baillie, Flowers, & Frankis, 2015) identified suicide as a particular risk due to family and community expectations and the associated issues of stigma, shame and fear of violent attack.

The survey of trans adults in the UK (McNeil, Bailey, Ellis, Morton, & Regan, 2012) found that most (84%) trans adults had thought about ending their lives at some time. Of these, 27% had thought about ending their own lives within the previous week. A third (35%) of all trans adults had made an actual suicide attempt and 25% had made more than one suicide attempt in their life. The study found that suicide ideation and attempts reduced after transition.

## Addictions

LGBT in Scotland Health Report (Bridger, Snedden, Bachmann, & Gooch, 2018) found that 8% of LGBT people and 15% of trans people in Scotland had experienced some form of addiction in the last year. Disabled LGBT people were twice as likely as non-disabled LGBT to have experienced addiction in the last year (12% compared to 6%).

Nearly one in four trans adults in the UK felt they had an addiction (either currently or previously) (McNeil, Bailey, Ellis, Morton, & Regan, 2012). While 5% had been diagnosed with an addiction, a further 18% believed they had an addiction but had not been diagnosed.

Further information about alcohol and drug use among LGBT+ people is provided in Section 4.

Gaming addiction may be a problem among a subset of transgender people. A 2017 study (Arcelus, et al., 2017) investigated anecdotal evidence that transgender people use the online world, including online video gaming, in order to experience their gender identity in a safe, non-critical environment, and sought to investigate the extent of problematic gaming behaviour. The study found that 63% of those referred to a transgender health service in the UK described themselves as gamers, but less than 1% had clinical scores which indicate an Internet Gaming Disorder.

## Worries

The NHSGGC schools surveys showed that LGB pupils were more likely than heterosexual pupils to have worries, and were particularly much more likely to worry about issues such as school, the way they look, relationships with friends, relationships with parents/carers, being bullied.

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that 33% of gay and bisexual men said they worried a lot about the way they eat, and 44% said they worried about the way they look and wished they could think about it less. One in three (34%) said they had been told they had problems with the way they felt about their body, and among these, 22% had sought help from a healthcare professional. Such worries may be linked with eating disorders (see above).

The survey in 2011 of people aged 55+ in the UK (Stonewall, 2011) found that LGB older people were more worried about a range of issues than heterosexual people the same age. These included their future care needs, independence, mobility, mental health and housing.

Half of LGB older people felt that their sexual orientation would have a negative effect on getting older.

## Experience of BME People and Asylum Seekers

A review of the needs of Minority Ethnic LGBT people in Scotland (Cowen, Rankin, Stoakes, & Parnez, 2009) identified particular confounding stresses. These included the higher risk of impact where LGBT+ people are alienated from families when they come from ethnic cultures where family plays a particularly vital role. Religious backgrounds vary for minority ethnic groups and some faith organisations are deemed to have negative reactions to LGBT identities. Further, belonging to two minority groups – both an ethnic minority and an LGBT identity could lead strong feelings of isolation, with people feeling apart from both their LGBT and ethnic communities.

As noted above, a small-scale qualitative study of Scotland's African community on African men who have sex with men (Baker, Baillie, Flowers, & Frankis, 2015) identified suicide as a particular risk for this group. Some African MSM in Scotland have experienced or witnessed violent attacks in their home country before arriving in Scotland. The importance of family in African cultures meant that when estrangement from families happened (due to intolerance of being gay or not pursuing a traditional family) it was especially traumatic for African men.

LGBT+ people from countries where LGBT+ people are persecuted have specific needs relating to, for example, a deep-rooted sense of shame and stigma and a reluctance to speak openly about their sexual orientation or gender identity (Miles, 2012). It is estimated that between 1,200 and 1,800 LGBT asylum seekers come to the UK each year, and that many face barriers to having their claims for asylum upheld compared to other groups (Karbon & Sirriyeh, 2015). Their reluctance to speak about their identity may negatively impact their asylum claim. The Stonewall report (Miles, 2012) also identified a number of misconceptions on the part of the UK Border Agency which may lead to LGBT+ people having legitimate claims denied. The Bisexuality Report (Barker, et al., 2012) points to bisexual asylum applicants having even more difficulty in proving their sexual identity to adjudicators. The study of African MSM in Scotland (Baker, Baillie, Flowers, & Frankis, 2015) identified the strain and frustrations for those who struggled with the asylum claim and the uncertainty of not knowing when or if they would be forced to leave the UK. A review of the mental health impacts on LGBT asylum seekers (Karbon & Sirriyeh, 2015) identified unique overlapping, interconnecting anxieties relating to pre-migration stress, migration stress and post-migration stress.

A 2011 study of LGBT asylum seekers and refugees in Scotland (Cowen, Stella, Magahy, Strauss, & Morton, 2011) identified some of the complex needs of LGBT asylum seekers and refugees who constitute 'a vulnerable group within a vulnerable group'. The study found that for many who had fled their home country from fear of persecution, an acute sense of fear remained when they arrived in Scotland and they often did not feel able to express themselves freely and they were afraid of being ostracised both from people from their home communities and from refugee networks and support systems in Scotland. This conforms to the UK wide findings (Karbon & Sirriyeh, 2015) which referenced the 'double jeopardy' of LGBT asylum seekers having restricted contact with people from their country of origin but also having a fear of being seen to be involved with LGBT organisations. At the time of the 2011 Scottish study, there was only one small dedicated helpline in Scotland for LGBT asylum seekers and service providers said they rarely encountered LGBT asylum seekers and refugees, but there was recognition that their needs differed from other service users. Language was frequently cited as a significant barrier to engaging with services. Many asylum seekers and refugees relied

on family, friends and community members as interpreters in many situations, but fears of how community and family members would react to their sexual orientation precluded their use of LGBT support services. There were also barriers to using professional interpreters with interpreters finding it difficult to translate English terms relating to sexual orientation or gender, and a distrust of interpreters who may have belonged to the same culture or region as the service user.

### Older LGBT+ People

As noted below in the sections on social connectedness and personal care needs, LGBT+ may be particularly isolated in later life. Further compounding their mental health, the Scottish report on LGBTI mental health (LGBT Health & Wellbeing, 2018) points to LGBT+ older people often experiencing the long-term effects of living through times when homosexuality was illegal and was not socially accepted, experiencing the social and cultural impact of the HIV epidemic of the 1980s, and being part of a generation which often still holds discriminatory views towards transgender people and same sex relationships.

## Summary of Key Differentiated Findings for Mental Health

LGBO	Less likely to have positive views of mental/emotional wellbeing or feel in control of their life; much more likely to have a mental health illness Young LGBO may be more likely to have ASD, dyslexia or ADHD; More likely to have eating disorders; More likely to self-harm; More likely to have suicidal thoughts and behaviours
Bisexual women	Among the most likely to have experienced mental ill health including anxiety
Bisexual women and men	At particular risk of poor mental health; Particularly likely to have suicidal thoughts and behaviours
Transgender men	May be the most likely to have autism/ASD
Transgender men and women	Among the most likely to have experienced mental ill health including anxiety, depression and stress; Among the most likely to have addictions; May be more likely to have autism/ASD; Much more likely to have an eating disorder; Particularly likely to self-harm; Particularly likely to have suicidal thoughts and behaviours
Non-binary	Particularly likely to have an eating disorder
Disabled LGBT	More likely to have addictions; more likely to have suicidal thoughts/behaviours
BME and Asylum Seeking LGBT	Particular issues include stigma/shame, impact of family breakdown, isolation from both BME and LGBT+ communities, stress of uncertainty of deportation
Older LGBT+ People	More likely to be isolated, more likely to experience long-term effects of harder times for LGBT+ people

## 4. Behaviours Impacting Wellbeing

### Smoking

Many sources show higher smoking rates for LGBT adults than for heterosexual/cisgender adults.

The NHSGGC Adult Health & Wellbeing Survey 2017/18 showed that LGBO people were more likely to smoke and more likely to be exposed to second hand smoke. In particular, they were also much more likely than heterosexual people to use e-cigarettes (see Appendix 1).

The analysis of core questions from Scottish surveys in 2017 (Scottish Government, 2019) showed that smoking was more common among LGBO adults (24%) than heterosexual adults (18%). However, the difference has significantly narrowed with smoking rates reducing much more sharply among LGBO adults than among heterosexual adults. Since 2012, smoking rates had reduced by 6.0 percentage points for the heterosexual group and by 11.5 percentage points among the LGBO group.

The NHSGGC schools surveys also showed that LGB pupils were much more likely than heterosexual pupils to smoke or to use e-cigarettes (see Appendix 2). Lesbian/bisexual girls were also more likely than heterosexual girls to live with someone who was a smoker.

Regression analysis of UK Longitudinal Household Study data (Booker, Rieger, & Unger, 2017) showed that gay/lesbian and bisexual people were almost twice as likely as heterosexual people to report being current smokers.

The Gay and Bisexual Men's Health Survey (Stonewall Scotland, 2012) found that in 2011, 28% of gay and bisexual men were smokers – slightly higher than the 24% of men in Scotland who were estimated to be smokers by the 2011 Scottish Health Survey.

A review of evidence relating to lesbian and bisexual women (Varney & Newton, 2018) pointed to UK population surveys and longitudinal cohort studies showing that lesbian and bisexual women are more likely than heterosexual women to smoke. Data from the Integrated Household Survey 2013 showed that 31% of lesbians and 22% of bisexual women smoked compared to 17% of heterosexual women. The same study pointed to evidence from Public Health England that showed that while smoking rates have fallen in England since 2013, there has been an increase in smoking among bisexuals.

A study in 2016 examined data from a cross-sectional English population survey (Shahab, et al., 2017) and concluded that although tobacco use was higher for gay, lesbian and particularly bisexual adults than heterosexual adults, this could be attributed to other sociodemographic variables. Logistic regression showed that variation in the LGB sample compared to heterosexual sample in terms of age, ethnicity, marital status (for women only), SES status and educational attainment explained the difference in smoking rates rather than sexual orientation itself.

A longitudinal study of more than 7,600 young people in England aged 18/19 (Hagger-Johnson, Taibjee, & Semlyen, 2013) showed that those with LGB identities were twice as likely as heterosexual young people to smoke.

A survey of trans adults in the UK (McNeil, Bailey, Ellis, Morton, & Regan, 2012) found that half of trans adults had ever smoked and 19% were current smokers.

## Alcohol

Numerous sources show that LGBT+ people are more likely to drink alcohol at high or problematic levels.

The NHSGGC Adult Health & Wellbeing Survey 2017/18 showed that LGBO people were more likely than heterosexual people to drink alcohol, and particularly more likely drink problematically: LGBO people were more than twice as likely than heterosexual people to have an AUDIT score<sup>8</sup> which indicated alcohol-related risk. Attitudes to alcohol tended to differ by sexual orientation: LGBO people were more likely to agree that “getting drunk is a perfectly acceptable thing to do” and more likely to agree that “it is easier to enjoy a social event if you’ve had a drink of alcohol”.

Analysis of the 2012 Scottish Health Survey (not adjusted for differing age profiles) showed that those who identified as lesbian or gay were more likely to drink at hazardous or harmful levels (34% gay/lesbian adults compared to 23% of all adults). Half (50%) of lesbian and gay adults and also 49% of bisexual adults exceeded recommended daily alcohol limits compared to 39% of all adults (Scottish Government, 2013).

The Gay and Bisexual Men’s Health Report Scotland (Stonewall Scotland, 2012) found that in 2011, 20% of gay and bisexual men in Scotland had been drunk or hungover when working, going to school or taking care of other responsibilities more than once in the last six months, and 13% had missed or were late for work, school or other activities due to drinking alcohol in the last six months. One in eight (12%) gay and bisexual men had sought help or advice from a healthcare professional about problems with drinking and 5% had drunk alcohol even though a doctor suggested they stop drinking.

Findings from Scotland from the Gay Men’s Sex Survey (Reid, 2011) found that 21% of gay/bisexual men reported concerns about their alcohol use.

The social media survey of men who have sex with men in Scotland (Frankis & Welsh, 2017) found that two thirds (68%) were ‘regular drinkers’. Three in four (76%) respondents ever exceeded eight or more standard drinks on one occasion, and one in four (24%) did so at least once a week. Overall, one in three (33%) were categorised as ‘hazardous’ drinkers using the FAST scale. Hazardous drinking was more common in Greater Glasgow & Clyde (39%) than Lothian (33%) or the rest of Scotland (28%).

The LGBT in Scotland Health Report (Bridger, Snedden, Bachmann, & Gooch, 2018) found that 14% of LGBT people drank alcohol almost every day over the last year. Older LGBT people were more likely to drink alcohol almost every day (24% of those aged 65+ compared to 9% of those aged 18-24). Although it is difficult to make reliable comparisons with national surveys, the Scottish Health Survey in 2017 showed that 9% of adults drank alcohol on five or more days per week in the previous week.

The NHSGGC schools surveys (Leven, 2016) showed that LGB pupils were overall more likely than heterosexual pupils to drink alcohol. However, among S5-S6 pupils, LGB pupils were as likely as heterosexual pupils to drink alcohol – the disparity was observed only among those

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<sup>8</sup> Alcohol Use Disorders Identification Test. See: <https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf>

in S1-S4, showing that LGB pupils were more likely than heterosexual pupils to start drinking at an earlier age.

The survey of people aged 55+ in the UK found that older LGB people were more likely than older heterosexual people to drink alcohol at least three or four days per week (Stonewall, 2011).

Regression analysis of UK Longitudinal Household Study data (Booker, Rieger, & Unger, 2017) showed that gay/lesbian and bisexual people tended to drink more alcohol than heterosexual people.

A large-scale study of young people in England aged 18/19 (Hagger-Johnson, Taibjee, & Semlyen, 2013) showed that lesbian and gay young people were nearly twice as likely as heterosexual young people to drink alcohol more than twice a week. Lesbian and gay young people were also 1.8 times more likely than heterosexual young people to report risky single occasion drinking. However, bisexual young people were as likely as heterosexual young people to drink more than twice a week or report risky single occasion drinking.

A study of data from a cross-sectional English population survey (Shahab, et al., 2017) which concluded that higher smoking rates for LGB adults could be attributed to sociodemographic differences, showed differences for alcohol consumption which could not be explained in the same way. Lesbian and particularly bisexual women were shown to have higher rates of hazardous alcohol use than heterosexual women, even after controlling for sociodemographic differences. The same was not true for men – higher rates of hazardous drinking among gay and bisexual men were shown to be attributed to sociodemographic characteristics.

A review of evidence relating to lesbian and bisexual women (Varney & Newton, 2018) concluded that there was consistent evidence demonstrating that alcohol misuse is a more significant issue for lesbian and bisexual women than heterosexual women, and that there may be different social norms around alcohol use for lesbians and bisexual women than for heterosexual women.

A survey of trans adults in the UK (McNeil, Bailey, Ellis, Morton, & Regan, 2012) showed high levels of problematic drinking among trans adults, with 62% having an AUDIT-C score of 3 and above which indicated alcohol abuse or alcohol dependency.

A study in 2014/15 investigated the social context of LGBT people's drinking in Scotland (Emslie, Lennox, & Ireland, 2016) and found that alcohol played a central role in the commercial gay scene and this contributed to heavy drinking. Further, alcohol, and particular types of alcohol, contributed to identity construction for LGBT people. Some also expressed the need for alcohol in order to find their confidence to participate in the gay scene. A recent participatory research study with MSM (Fairgrieve & McKenna, 2019) also confirmed the centrality of bars and other places selling alcohol in the gay scene. The study also found evidence of alcohol being used as a way to cope with discrimination, stress or other mental health problems and as a social enabler.

## Drugs

There are a number of sources of evidence which highlight higher use/misuse of illegal and controlled drugs among LGBT populations.

The LGBT in Scotland Health Report (Bridger, Snedden, Bachmann, & Gooch, 2018) showed that 11% of LGBT people in Scotland aged 18-24 took drugs at least once a month, dropping

to 4% for those aged 65 and over. Overall, 7% of trans people and 5% of LGB people took drugs at least once a month.

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that 44% of gay and bisexual men in Scotland in 2011 said they had taken drugs in the last year. This compares to 10% of all men in Scotland in 2010/11 who said they had taken drugs in the last year, as measured by the Scottish Crime and Justice Survey (Scottish Government Social Research, 2012).

The social media survey of MSM in Scotland (Frankis & Welsh, 2017) found that a majority had taken legal drugs, with 64% having tried poppers (and 45% having used them in the last year); 36% having tried erectile dysfunction medications (and 27% having used them in the last year); 13% having tried new psychoactive substances (which were legal at the time of the survey). Half (51%) of the MSM had ever taken illicit drugs, the most common being cannabis (47%), ecstasy (24%), cocaine (24%) and amphetamines (21%). Altogether, 14% of all men who responded had used any illicit drugs in the previous month; 8% had used any drugs other than cannabis in the last month. Greater Glasgow & Clyde had 18% of MSM who had used illicit drugs in the last year, compared to 15% in Lothian and 11% in the rest of Scotland.

Findings from Scotland from the Gay Men's Sex Survey (Reid, 2011) found that 4.4% of gay/bisexual men reported concerns about their drug use. Concerns about drug use were higher in Greater Glasgow & Clyde (6.3%) than Lothian (3.4%).

The NHSGGC schools surveys showed that LGB pupils were more likely than heterosexual pupils to have taken drugs (see Appendix 2). The disparity between LGB pupils and heterosexual pupils was greatest for those in S1-S4, showing that LGB pupils were more likely to start using drugs at an earlier age (Leven, 2016).

The Crime Survey of England and Wales (Office for National Statistics, 2014) showed that for combined data from 2011/12 to 2013/14, gay and bisexual men were three times more likely than heterosexual men to have used drugs in the last year (33% compared to 11%), and lesbian and bisexual women were more than four times more likely than heterosexual women to have used drugs in the last year (23% compared to 5%). Higher levels of use were observed for gay/bisexual men for most types of drugs, but the disparity was even greater for some – gay and bisexual men were five times more likely than heterosexual men to use any type of stimulants, and 15 times more likely to use methamphetamine. Most of the disparity between lesbian/bisexual and heterosexual women was accounted for by the prevalence of cannabis use (18% compared to 4%), but there were several other drugs which lesbian/bisexual women were more likely to use, including cocaine, ecstasy and amphetamines.

A review of evidence from across the UK (Varney & Newton, 2018) found consistent findings that lesbian and bisexual women were more likely than heterosexual women to use recreational drugs.

The survey of people aged 55+ in the UK found that older LGB people were much more likely than older heterosexual people to take drugs – one in 11 older LGB people had taken drugs in the last year compared to one in 50 older heterosexual people (Stonewall, 2011).

The survey of trans adults in the UK (McNeil, Bailey, Ellis, Morton, & Regan, 2012) showed that 24% of trans adults had used drugs within the last 12 months. Although a range of

drugs had been used, the most common were cannabis (11%), ecstasy (4%) and poppers (3%).

A review of the use of new psychoactive substances (NPS) in 2014 (DrugScope, 2014) reported that the Glasgow Drug Crisis Clinic (GDCC) had seen changes in presenting drugs, including NPS use, and that use of methamphetamine by a section of the gay community was emerging. Subsequent research for the Scottish Government (MacLeod, et al., 2016) highlighted that improving sex was a key motivator to NPS use among MSM. Use of NPS for chemsex among MSM led to disinhibition and unsafe sex practices. Drugs used for chemsex were usually crystal meth, mephedrone and GHB/GBL. The research showed that frequent use of NPS was often associated with negative impact on mental health including anxiety, paranoia, mood swings, depression and psychosis.

Chemsex represents a subset of MSM drug users. A study in London (Bourne, Reid, Hickson, Rueda, & Weatherburn, 2014) found that MSM who had tested positive for HIV were much more likely than others to use drugs and to be concerned about their drug use. Use of crystal meth, mephedrone, GHB/GBL and ketamine were associated with use of gay cafes, bars, clubs and saunas and backrooms/sex clubs. Crystal meth in particular was associated with private sex parties. While drugs were felt to facilitate sexual confidence, increase libido and improve sexual performance, they led to HIV/STI transmission risk behaviour and also negative experiences and harms. These included physical effects including overdose, fatigue and muscle wastage and mental health problems including paranoia. Crystal meth use was associated with tooth loss. Around half of those who engaged in chemsex described negative impacts on their ability to work or their career development.

## Diet

Findings from the NHSGGC Adult Health & Wellbeing Survey 2017/18 suggest that non-heterosexual people tended to have less healthier diets. Although there was no significant difference in the proportion who met the target of 5 portion of fruit/vegetables per day, LGBO people were more likely to report consuming sweets/chocolate, puddings/desserts, readymade meals and particularly shop-bought coffee/hot drinks (see Appendix 1).

The NHSGGC school surveys showed that LGB pupils were less likely than heterosexual pupils to eat breakfast. Although skipping lunch was rarer than skipping breakfast, LGB pupils were more than twice as likely as heterosexual pupils to skip lunch (13% compared to 5%) (see Appendix 2).

## Physical Activity

The NHSGGC schools surveys showed that LGB pupils were less likely to have been active for 60 minutes or more on at least one day in the previous week, and less likely to participate in sports/physical activities either in school or out of school, with the greatest difference observed for out of school activities (see Appendix 2).

By contrast, a study reviewing evidence relating to lesbian and bisexual women (Varney & Newton, 2018) explored the findings from the Active People Survey in England and this showed that lesbian and particularly bisexual women were more likely than heterosexual women to meet the target of being active for 150 minutes or more per week. This was consistently the case for the three years 2012/13 to 2014/15. The statistics for 2014/15 were: heterosexual women 51%; lesbian 60%; bisexual 70%.

A review of evidence relating to older LGBT+ people (Beach, 2019) also found evidence that among older people, those with LGBT+ identities were more likely to engage in regular exercise.

There is evidence of barriers to LGBT+ people participating in sports and accessing sports/leisure facilities.

A survey of LGBT people in Scotland in 2014 (Stonewall Scotland, 2014) found that overall 12% had had a negative experience which they felt related to their sexual orientation or gender identity when accessing sport and leisure facilities. However, this was a particular problem for trans people, with 33% reporting such negative experiences.

The NHSGGC schools surveys also showed that LGB pupils were less likely than heterosexual pupils to have visited a sports centre in the last year (55% compared to 73%).

Many trans people avoid places or situations due to fear or discomfort (e.g. fear of being harassed, identified as trans or outed). Public toilets and gyms are the most commonly reported problematic areas (McNeil, Bailey, Ellis, Morton, & Regan, 2012), proving a barrier to participation in physical activity. Gyms were more commonly problematic for trans men than trans women. For both men and women, those currently undergoing transition were more likely to avoid such places than those who had completed the transition.

Similar findings were revealed in the survey of non-binary adults (Valentine, 2016) which found that public toilets and gyms were frequently avoided by non-binary people because of fear of being harassed, being read as non-binary or being outed. Two in five (42%) said they avoided gyms for this reason, and one in three (33%) said they avoided other leisure facilities for this reason. Gender-segregated facilities such as changing rooms are particularly challenging for non-binary people. A quote from the survey was:

*"I don't use the gym or swimming pool as changing rooms scare me".*

Some non-binary people also pointed to the difficulty in engaging in sports, as sports were seen as having strict distinct gender binary rules.

The Stonewall survey in 2017 (Bachmann & Gooch, LGBT in Britain: Hate Crime and Discrimination, 2018) also found that overall 11% of LGBT people had been discriminated against while exercising at a fitness club or taking part in a group sport in the last year, rising to 28% for trans people.

Sport remains a sphere where homophobia remains prevalent. The UK element of the 'Out on the Fields' international study of homophobia in sport (Kitchen, 2015) found that 84% of sports participants in the UK had witnessed or experienced homophobia in sports and 83% believed that an openly gay person would not be very safe as a spectator at a sports event. Half (50%) of gay men and 53% of lesbians had personally been the target of homophobia in sport. The most common locations for homophobia in sports were spectator stands and school PE classes. Most (78%) felt that youth team sports were not safe for gay people in the UK. Among those who participated in youth sports, 83% of gay men and 63% of lesbians were completely or partially in the closet while playing youth sports.

The Stonewall survey in 2017 (Bachmann & Gooch, 2018) found that 10% of LGBT people in the UK who had attended a live sporting event in the last year had experienced discrimination because of their sexual orientation and/or gender identity. Experience of this was highest for

trans people (22%) and BME LGBT people (18%). More than two in five (43%) felt that sporting events were not a welcoming space for LGBT people.

A survey of bisexual people (Rankin, Morton, & Bell, 2014) also found examples of biphobic exclusion in sports and leisure facilities (e.g. being asked to change in a separate cubicle in the gym).

## Weight

Analysis of Scottish data from 2012 revealed no associated between sexual orientation and being overweight (Scottish Government, 2013).

Evidence from the UK suggests that lesbian and bisexual women are at no greater or less risk of having issues relating to being over- or underweight (Varney & Newton, 2018).

## Sleep

NHS recommendations are for 12-13 year olds to get at least 9 hours 15 minutes sleep and for 14-16 year olds to get at least 9 hours sleep. NHSGGC school surveys showed that most pupils failed to get nine hours sleep, but LGB pupils were less likely than heterosexual pupils to meet this target, with lesbian/bisexual girls being the least likely (Leven, 2016).

## Antisocial and Risk Behaviours

The NHSGGC schools surveys (see Appendix 2) asked about a number of anti-social and risk taking behaviours. LGB pupils were overall more likely than heterosexual pupils to admit to at least one of these, and specific behaviours for which LGB pupils were more than twice as likely than heterosexual pupils to admit to were:

- Losing control when angry
- Ending up in a situation where they felt threatened or unsafe
- Thinking about harming someone else
- Sending an inappropriate text they wish they had not
- Doing something sexual they wish they hadn't
- Posting something on social networking which they regret
- Carrying a weapon
- Shoplifting
- Drug dealing
- Breaking into a shop/school/house.

A risk index was calculated, which gauged the level of risk-taking for pupils, based on the gravity and frequency of risk-taking behaviours. LGB pupils were much more likely than heterosexual pupils to have a score which indicated a high level of risk behaviours (27% compared to 13%).

## Oral Hygiene

The NHSGGC schools surveys showed that LGB pupils were less likely than heterosexual pupils to brush their teeth at least twice a day or to have visited the dentist within the last six months.

## Summary of Key Differentiated Findings for Behaviours Impacting Wellbeing

LGBO	More likely to smoke or use e-cigarettes; more likely to drink alcohol at problematic levels; cultural influences in LGB drinking; more likely to use drugs
Lesbian and bisexual women	Much more likely to use drugs
Bisexual women	May be particularly likely to have hazardous alcohol use; may be the most likely to meet physical activity targets
Gay and bisexual men/MSM	Alcohol central to the gay scene, contributes to excessive drinking; alcohol use as a coping mechanism or as a social enabler Particularly likely to use drugs, particular patterns of use around stimulants/methamphetamine; subset of use relates to chemsex
Transgender men and women	High levels of problematic drinking; drug use not as high as LGB groups; barriers to participation in sport including discrimination
Non-binary	Barriers to participation in sport

## 5. Sexual Health

### Sexual Health and Relationships Education

The NHSGGC schools surveys showed that LGB pupils were less likely than heterosexual pupils to say they had received sexual health and relationships education (SHRE) at school (see Appendix 2). This may be due to a perception of a lack of *relevant* SHRE in schools for LGB young people. The Scottish LGBT Equality report (French, Magic, & Kent, 2015) highlighted LGBT perceptions of schools not addressing same-sex relationships or providing relevant sex education for LGBT pupils. *The School Report* (Bridger, Dradlow, Gausp, & Jadva, 2017) showed that 41% of LGBT pupils in Scottish schools said they are never taught anything about LGBT issues, and only 22% had learned about safe sex in relation to same-sex relationships.

### Early Relationships and Sexual Experiences

The NHSGGC schools surveys (Leven, 2016) showed that LGB pupils were more likely to form relationships and engage in sexual activity at a younger age than heterosexual pupils. While heterosexual pupils in S5/S6 were as likely as LGB pupils to currently have boyfriend/girlfriend, among S3/S4 LGB pupils were twice as likely as heterosexual pupils to have a boyfriend/girlfriend. LGB pupils were overall more likely than heterosexual pupils to have engaged in sexual intercourse or other activity, but the difference was much more marked among those in S3/S4 than S5/S6, with LGB pupils in S3/S4 being twice as likely than heterosexual pupils in the same age group to have engaged in sexual intercourse (24% compared to 11%). Among those who were sexually active, LGB pupils were more likely than heterosexual pupils to say that they were not ready when they had their first sexual experience or that they did not agree to their first sexual experience.

The NHSGGC schools surveys (see Appendix 2) showed that among all pupils who were sexually active, LGB pupils were much less likely than heterosexual pupils to use contraception/protection, particularly among girls. Among all pupils, 22% of LGB pupils said that they had done something sexual in the last year that they wished they hadn't, compared to 11% of heterosexual pupils. Overall 18% of LGB pupils said they had had unprotected sex in the last year, compared to 10% of heterosexual pupils.

### Pregnancy

Although overall lesbian and bisexual women in the UK are less likely than heterosexual women to become pregnant, among adolescent women, lesbian and bisexual women were significantly more likely to become pregnant. This was particularly true for bisexual adolescent women who are twice as likely than heterosexual adolescent women to become pregnant (Varney & Newton, 2018).

### Sexually Transmitted Infections

A review of evidence from the UK (Varney & Newton, 2018), from systematic reviews and population surveys, highlighted that women who have sex with women have higher rates of some types of sexually transmitted infections, primarily bacterial vaginosis. The same review pointed to evidence from grey literature that women who have sex with women are less likely to have undertaken testing for STIs than heterosexual women.

A review of need in London (Varney, 2015) cited that around half of lesbian and bisexual women have never had a sexual health check up despite evidence of risk irrespective of a partner's gender.

A study on trans people and HIV in the UK (NAT, 2017) pointed to poor data and a lack of research which prohibits reliable estimates of the risk of HIV for trans people, although gaps in data collection are beginning to be addressed. However, the study identified some risk factors such as hormone therapies increasing susceptibility to HIV, propensity to engage in anal receptive sex and trans people being more likely to engage in sex work.

**Summary of Key Differentiated Findings for Sexual Health**

LGBO	Less likely to receive relevant sexual health and relationships education at school; more likely to form relationships and engage in sexual activity at an early age; more likely to regret their first sexual encounter
Lesbian and bisexual women	More likely to contract some STIs, particularly bacterial vaginosis. But less likely to be tested for STIs.
Bisexual women	Particularly likely to become pregnant in adolescence
Transgender men and women	Some heightened risk of contracting HIV

## 6. Social Health

### Social Connectedness, Community and Family Support

The NHSGGC Adult Health & Wellbeing Survey 2017/18 showed that LGB people were more than twice as likely as heterosexual people to say they had felt lonely at least some of the time in the last two weeks. They were also less likely to feel they belonged to their local area, and particularly less likely to say they felt valued as a member of their community or that they valued local friendships (see Appendix 1).

A 2011 survey of people in the UK aged 55+ (Stonewall, 2011), found that LGB people were less likely than heterosexual people to have any forms of personal support in older age. LGB over 55s were more likely to be single. (40% of gay and bisexual men aged 55+ were single compared to 15% of heterosexual men). LGB older people were also more likely to live alone, less likely to have children and less likely to see a biological family member on a regular basis. Less than a quarter of older LGB people saw a family member at least once a week compared to more than half of heterosexual older people. A 2019 review (Beach, 2019) found that some cases of social isolation among older gay men could stem from the impact of the HIV epidemic and their loss of friends and partners, and also the view that commercial safe spaces were seen as being for younger people or actively ageist.

*Life in Scotland* (LGBT Youth Scotland, 2018) found that only 57% of LGBT young people in Scotland felt included in their families and 52% felt included in the wider community. Among trans young people, only 35% felt included in their wider community.

The Scottish LGBT Equality Report (French, Magic, & Kent, 2015) found that a third (33%) of LGBT people in Scotland said they felt isolated where they lived *because* they were LGBT. In rural parts of Scotland, this rose to 47%, compared to 23% in urban areas. Trans people were the most likely to say they felt isolated (71% in rural areas and 56% in urban areas). Feelings of isolation were also higher among disabled LGBT people (45%) and LGBT people aged under 25 (37%). Reasons given for feelings of isolation included few openly LGBT people in their area, lack of LGBT services and social groups and problems with prejudice and discrimination.

Peer research in Lothian in 2017-18 (O'Brien, McKenna, & Rose, 2019) highlighted the isolation and difficulties faced by MSM particularly in rural areas and in working class towns. However, feelings of isolation were common across MSM in Lothian and these were attributed to a lack of appropriate social spaces for MSM and difficulties making friends.

As shown in Section 3, the NHSGGC schools surveys showed that LGB pupils were likely to have a wide range of worries. However, LGB pupils were less likely than heterosexual pupils to say it was easy to talk to people about things that bother them – in particular they were less likely to find it easy to talk to their father, mother or grandparents (see Appendix 2). The Stonewall survey of pupils in Scotland (Bridger, Dradlow, Gausp, & Jadva, 2017) found that only 41% of LGBT pupils had an adult at home they could talk to about being LGBT and 45% said there was not an adult at school they could talk to about being LGBT.

The Stonewall survey in 2017 (Bachmann & Gooch, 2018) showed that less than half of LGBT adults in the UK felt able to be open about their sexual orientation or gender identity with everyone in their family. The survey found that most LGBT people had at least some friends who they could be open with, but 1% of lesbians, 2% of gay men, 8% of bisexual women

could not be open with any of their friends and this rose very significantly to 30% of bisexual men.

## Social Capital

The NHSGGC Adult Health & Wellbeing Survey 2017/18 showed that LGBO people were less likely to have a positive perception of reciprocity or trust in their area, and less likely to have a positive view of the availability of social support (see Appendix 1).

However, the NHSGGC Adult Health & Wellbeing Survey 2017/18 also showed that LGB people were twice as likely as heterosexual people to be actively engaged in volunteering and more than three times more likely to engage in social activism (Appendix 1). The Scottish Household Survey 2016-2017 also showed that LGBO adults were much more likely to have volunteered in the last 12 months than heterosexual adults (43% compared to 27%). The NHSGGC schools surveys also showed that gay and bisexual boys were more likely than heterosexual boys to have done voluntary work in the last year, and also more likely to have taken part in a charity event (Leven, 2016).

## Bullying, Discrimination, Victimisation and Hate Crimes

### **Bullying in education**

The NHSGGC schools surveys showed that nearly half (44%) of LGB pupils had been bullied in some way in the last year, compared to 20% of heterosexual pupils. Among victims of bullying, LGB pupils were less likely to report the bullying and particularly less likely to say that reporting bullying had made the situation better (see Appendix 2).

Life in Scotland (LGBT Youth Scotland, 2018) showed very high levels of bullying among young people, with 92% of LGBT young people and 96% of trans young people reporting having experienced homophobic, biphobic or transphobic bullying during their time in education. Bullying at school was more common than bullying at college or university. Most of those who had experienced bullying in education felt that it had negatively affected their education.

The School Report Scotland (Bridger, Dradlow, Gausp, & Jadvá, 2017) found that half of LGBT young people in Scottish schools were subject to bullying. For trans pupils, bullying was even more prevalent at 71%. More than half of those who had been bullied said that it had a negative effect on their plans for future education and two in five said they had skipped school because of bullying related to their LGBT identity. Three in five said they frequently heard homophobic language at school; half heard transphobic language and two in five heard biphobic language at school. However, most (91%) regularly heard language such as 'that's so gay' at school. Just under half (44%) of those who heard homophobic, biphobic or transphobic language at school said they never told anyone about it.

The School Report Scotland (Bridger, Dradlow, Gausp, & Jadvá, 2017) also showed that 44% of LGBT young people in Scotland had been the target of homophobic, biphobic or transphobic bullying online and nearly all (98%) had seen homophobic, biphobic and transphobic content online.

A survey of teachers across the UK in 2014 (Gausp, Ellison, & Satara, 2015) found that 86% of secondary school teachers and 45% of primary school teachers said that pupils in their schools had experienced homophobic bullying. Frequent homophobic bullying in primary schools was more commonly reported in Scotland than any other part of the UK.

A review of evidence from across the UK (Hudon-Sharp & Metcalf, 2016) concluded that LGB young people are much more likely to be bullied at school than heterosexual young people. Evidence from the UK suggests that homophobic bullying is less common in higher education than in schools.

### **Discrimination**

The NHSGGC Adult Health & Wellbeing Survey 2017/18 showed that LGBO people were seven times more likely than heterosexual people to say they had been discriminated against (by anyone, for any reason). The SHS 2016-17 (not adjusted for age differences) also showed that 20% of LGBO adults had experienced discrimination in the last three years compared to 6% of heterosexual adults. The SHS also showed that 20% of LGBO adults had experienced harassment in the last three years compared to 6% of heterosexual adults.

The Scottish LGBT Equality Report (French, Magic, & Kent, 2015) found that 81% of lesbians and 80% of gay men had personally experienced an incident of homophobic prejudice or discrimination in Scotland; 69% of bisexual people had experienced biphobic prejudice or discrimination and 59% of transgender people had experienced transphobic prejudice or discrimination in Scotland. The most common types of prejudice/discrimination experienced were prejudiced comments or attitudes (82%) and verbal abuse (68%), although 16% of LGBT people had experienced physical attack, 12% had experienced an attack on their property and 7% had experienced a sexual assault. The report also found that 24% of LGBT people in Scotland had personally experienced discrimination at work and 22% had experienced harassment at work.

The Bisexuality Report (Barker, et al., 2012) points to common forms of biphobia experienced by bisexual people including bisexual denial, bisexual invisibility, bisexual exclusion, bisexual marginalisation and negative stereotypes. A specific issue for bisexual people is 'double discrimination' where they can be discriminated against both by heterosexuals and by lesbian and gay people. Similarly, the survey of bisexual people in the UK in 2013 (Rankin, Morton, & Bell, 2014) found evidence of disenfranchisement of bisexual people from all three communities – bisexual, LGBT and straight communities.

One in three (35%) trans people in the UK suspected they had been turned down for a job because of their trans identity (McNeil, Bailey, Ellis, Morton, & Regan, 2012).

For minority groups within LGBT+ populations, there was evidence of common discrimination from within the LGBT+ community. The 2017 Stonewall survey (Bachmann & Gooch, 2018) found that half of BME LGBT+ people had experienced discrimination or poor treatment from others in their local LGBT community because of their ethnicity; 36% of trans people had experienced discrimination/poor treatment from their local LGBT community because they were trans; 26% of LGBT disabled people had experienced discrimination or poor treatment from their LGBT community because they were disabled.

### **Victimisation**

The NHSGGC Adult Health & Wellbeing Survey 2017/18 (Appendix 1) showed that overall non-heterosexual people were much more likely than heterosexual people to have been the victim of any of five types of crime in the last year (anti-social behaviour, theft/burglary, vandalism, domestic violence or physical attack).

## Hate Crime

The Stonewall survey in 2017 (Bridger, Bachmann, & Gooch, 2018) showed that one in five (20%) LGBT people in Scotland had experienced a hate crime or incident due to their sexual orientation and/or gender identity in the last 12 months. Broken down by group, trans people were much more likely to have experienced this – half (48%) of trans people had experienced a hate crime/incident due to their gender identity and 17% of LGB people had experienced a hate crime/incident due to their sexual orientation. The findings show a rise in such hate crime/incidents in Scotland between 2013 and 2017. Incidents were more common among younger rather than older LGBT adults. Most (87%) of those who experienced such incidents did not report them to the police.

A 2016 Scottish survey (Pearson & Magic, 2017) found that 65% of lesbian adults, 66% of gay male adults, 53% of bisexual adults, 80% of trans adults and 77% of intersex adults<sup>9</sup> had been the victim of a hate crime at some point in their lives. Among those who had been victims of hate crime, most (95%) had experienced verbal abuse, half (50%) had experienced physical attack and 21% had been the victim of sexual assault.

Life in Scotland (LGBT Youth Scotland, 2018) found that one in three (35%) LGBT young people aged 13-25 had experienced a hate crime or incident in the last year. Experience was higher for non-binary (51%) and trans (41%) young people. Seven in ten (71%) of those who had experienced hate crime had not reported any incidents to the police. Where reports were made to the police, only 41% were satisfied with the police response. Reasons for dissatisfaction included not being taken seriously and a lack of LGBTI awareness among police officers. A 2014 survey (Stonewall Scotland, 2014) found that 42% of LGBT people in Scotland were not confident in Police Scotland's ability to address homophobic and transphobic hate crime in their area. The proportion not confident in this was highest for trans adults (57%), BME LGBT people (56%) and disabled LGBT people (52%).

Findings from Scotland from the Gay Men's Sex Survey (Reid, 2011) found that half (51%) of gay/bisexual men felt that they had been stared at or intimidated in the last five years because someone knew or presumed they were attracted to men and 10% said this had happened in the last week. Half (48%) had had verbal insults directed against them in the last five years and 6% said this had happened in the last week. One in eight (13%) had been punched, hit, kicked or beaten in the last five years because of their sexual orientation.

A survey of trans people in the UK (McNeil, Bailey, Ellis, Morton, & Regan, 2012) revealed that experience of intimidation, discrimination and abuse was very common among trans adults. Nearly all (92%) had heard that trans people are not normal, four in five (81%) had experienced silent harassment and three in four (73%) had been made fun or called names for being trans. Two in three trans people said they had tried to pass as non-trans to be accepted.

In the last five years, nearly half (45%) of non-binary adults had experience of physical or sexual harassment, intimidation or assault for being non-binary (Valentine, 2016).

Fear of hate crime and abuse leads to a significant proportion of LGBT people avoiding certain places or situations. For example, the Stonewall survey in 2017 (Bridger, Bachmann, & Gooch, 2018) found that 26% of LGBT adults in Scotland avoid certain streets because they

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<sup>9</sup> There was a very small sample of intersex adults included in the survey

do not feel safe as an LGBT people there and 36% said they were not comfortable walking down the street holding their partner's hand.

The Stonewall survey in 2017 (Bridger, Bachmann, & Gooch, 2018) found that overall 8% of LGBT people in Scotland had experienced homophobic, biphobic or transphobic abuse or behaviour directed towards them personally in the last month. However, among trans adults in Scotland this rose to 23%.

Although it is recognised that most hate crimes will go un-reported, in the year 2017-18 there were 1,112 charges reported in Scotland related to sexual orientation aggravated crime (the second most common type of hate crime in Scotland after racial crime) (Crown Office & Procurator Fiscal Service, 2018). With the exception of the year 2014-15, there has been a year on year increase in sexual orientation aggravated crime charges reported in Scotland since the legislation for this type of crime came into force in 2010.

## Domestic Abuse

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that half (49%) of gay and bisexual men in Scotland had experienced at least one incident of domestic abuse from a family member or partner since the age of 16; 37% had experienced at least one incident of domestic abuse from a partner. Three in four (73%) of those who had experienced domestic abuse had never reported incidents to the police. Among those who had reported incidents, 25% said they were not happy with how the police dealt with the situation.

The social media survey of men who have sex with men in Scotland (Frankis & Welsh, 2017) found that 21% had experienced domestic sexual, physical or emotional abuse. (This figure is likely to underestimate the extent of domestic abuse because 9% of all respondents chose to skip the section on domestic abuse). Emotional abuse of different types were the most frequently reported, but 6% reported having been physically abused and 4% had been sexually abused. Overall, reports of abuse were more common among those aged under 45, and those who identified as gay were more likely to report experience of abuse (23%) than MSM who identified as bisexual or straight (15%). Also, experience of abuse was more likely to be reported by those who had financial worries (29%) than those without/occasional financial worries (15%).

The 2017 Stonewall survey (Bachmann & Gooch, 2018) found that 11% of LGBT people in the UK had faced domestic abuse from a partner in the last year, and this rose to 17% among BME LGBT people.

A small qualitative study of the experiences of bisexual victims of intimate partner abuse (Head & Milton, 2014) found some distinctive features for bisexual domestic abuse (in this case usually within mixed-gender relationships). These included – fear of a biphobic backlash/enhanced stigma if they spoke about their abuse; a lack of a 'frame of reference' to understand their experience of abuse as a bisexual person; controlling behaviour by an abusive partner which was linked to their bisexuality (e.g. being denied a monogamous closed relationship because of their bisexuality); and biphobia as a tool for undermining and controlling bisexual partners.

The UK survey of trans adults (McNeil, Bailey, Ellis, Morton, & Regan, 2012) found that 17% of trans people had experienced domestic abuse *because* they were trans. The Stonewall survey in 2017 (Bachman & Gooch, 2018) found that 28% of trans people in the UK who were

in a relationship in the previous year had faced domestic abuse from a partner. A Scottish study of transgender people's experiences of domestic abuse (Scottish Transgender Alliance, 2010) found that around half the trans people who related experiences which constitute domestic abuse did not recognise the experiences as domestic abuse. Emotional abuse was the type of abuse reported most frequently, but controlling behaviour and physical and sexual abuse were also common. Experience of domestic abuse was recognised by victims to have impacted on their wellbeing, usually psychological or emotional problems – and 15% of trans victims of domestic abuse said they had attempted suicide as a direct consequence. One in four (24%) trans victims of domestic abuse had not told anyone about their experience.

A study in Wales (Harvey, Mitchell, & Keeble, 2014) identified a number of barriers faced by LGBT people in accessing services to support victims of domestic abuse, stalking, harassment and sexual violence. These included lack of knowledge/awareness about LGBT-friendly services, self-blame, concerns that they would be 'outed' if they accessed services, and several barriers relating to the structure and culture of services – assumed heterosexuality within service provision, prevalence of gender-binary service provision (e.g. women-only services), inadequate levels of staff knowledge and skills, and service providers' minimisation of LGBT people's experiences of abuse.

## Childhood Experiences

The findings from the NHSGGC schools health and wellbeing surveys show that LGB pupils were less likely than heterosexual pupils to live with both their parents (see Appendix 2). They were more likely to live in single parent households and in care.

The survey of trans adults in the UK (McNeil, Bailey, Ellis, Morton, & Regan, 2012) showed that half (49%) of trans adults had experienced some sort of abuse in childhood. This included emotional abuse (40%), physical abuse (27%), sexual abuse (19%) and neglect (14%).

## Caring

The NHSGGC schools surveys (see Appendix 2) showed that LGB pupils were much more likely to live with a family member with a disability, long-term illness, mental health problem or drug or alcohol problem and LGB pupils were more likely than heterosexual pupils to be young carers. Among those who were carers, LGB pupils were more likely than heterosexual carers to say that their caring affecting them in some ways including making them tired, stressed, unable to do homework or making them late for school (but they were also more likely to report positive affecting such as learning new skills).

A study of LGBT young adult carers in Scotland (Traynor, 2016) highlighted particular difficulties faced by young LGBT carers including their being three times more likely to have been bullied than other young adult carers and also more likely to have been bullied than young LGBT people who were not carers. LGBT young adult carers were also much more likely to have a mental health problem and much less likely to rate their own health positively.

However, neither the NHSGGC adult health and wellbeing survey nor the analysis of core Scottish survey questions show any significant difference in the prevalence of caring responsibilities for LGBO adults compared to heterosexual adults.

A briefing paper by LGBT Health & Wellbeing points to women being more likely than men to be carers in the general population; however in the LGBT+ population men and nonbinary people are just as likely to be carers as women. Particular issues for LGBT+ carers can include a lack of support from their wider family (e.g. if they are not accepting of their LGBT+ identity)

and difficulties for carers describing their relationship with the person they are caring for, where they are caring for a partner where they do not wish to come out or feel they would be discriminated against by support services.

One in six (18%) transgender people in the UK who were surveyed said that they were carers (McNeil, Bailey, Ellis, Morton, & Regan, 2012).

## Parenting

A 2014 survey in Scotland (Stonewall Scotland, 2014) found that half (48%) of LGBT people thought they would face discrimination if they were looking to foster or adopt children. The expectation of discrimination was highest for transgender people (69%) while 54% of lesbian and bisexual women and 43% of gay and bisexual men thought they would face discrimination. There is no available research into the experiences of LGBT+ people who have adopted or fostered children to reveal whether the findings on expectations of discrimination are founded (Hudon-Sharp & Metcalf, 2016).

The 2014 survey also showed that one in five (20%) said they would expect discrimination from a headteacher if they were enrolling their child in school, and 79% said they would expect discrimination from a headteacher if enrolling their child in a faith school. Two in five (42%) said they would expect to face discrimination if they were to apply to become a member of the Parent Council at their child's school (rising to 60% for trans people). Bullying of the children of LGBT parents was thought to be prevalent in schools 67% thought their child would be bullied at primary school and 76% thought their child would be bullied in secondary school for having LGBT parents.

## Faith

The UK Stonewall survey in 2017 (Bachmann & Gooch, 2018) found that 32% of LGB people of faith and 25% of trans people of faith were not open about their sexual orientation/gender identity with their faith community. A minority (39%) of LGBT people of faith felt their faith community was welcoming of LGB people and a smaller minority (25%) felt their faith community was welcoming of trans people. Stonewall's Hate Crime and Discrimination report (Bachmann & Gooch, LGBT in Britain: Hate Crime and Discrimination, 2018) also reports that 28% of LGBT people in the UK who had visited a faith service or place of worship in the last year had experienced discrimination.

The peer research study of MSM in Lothian (O'Brien, McKenna, & Rose, 2019) found that it could be particularly difficult for those from religious families to come out or accept being gay.

## Summary of Key Differentiated Findings for Social Health

LGBO	More likely to feel lonely and less likely to feel part of their community, less likely to have family support (especially older and younger people) More likely to engage in voluntary/charity work and social activism Young LGBO people more likely to be carers
LGBT	Very high levels of bullying, prejudice, discrimination, hate crime, domestic abuse
Bisexual men	The most likely to say they could not be open about their sexual identity with any of their friends
Bisexual women and men	Particular experience of 'double discrimination' from both heterosexual and lesbian/gay populations. Specific contexts of bisexual domestic abuse, including controlling behaviour linked to bisexual identity
Transgender men and women	Particularly likely to feel isolated; particularly likely to be bullied at school; particularly high levels of hate crime; high levels of domestic abuse but often not recognised as such
Non-binary	Particularly high levels of hate crime
Disabled LGBT	Particularly likely to feel isolated; experience of discrimination within their LGBT community
BME LGBT	More likely to face domestic abuse from a partner; experience of discrimination within their LGBT community
Older LGBT+ People	Particularly likely to feel isolated

## 7. Financial Wellbeing

### Affordable Living Expenses

The NHSGGC Adult Health & Wellbeing Survey 2017/18 showed that non-heterosexual people were less likely to have a positive view of the adequacy of their household income, more likely to have difficulty meeting essential living costs, and more likely to have difficulty finding money to meet unexpected costs. They were particularly more likely to experience food insecurity (see Appendix 1).

The social media survey of MSM in Scotland (Frankis & Welsh, 2017) found that a third (35%) ever had difficulty meeting their basic financial needs – most of these (23%) said that this happened only occasionally, but 7.5% said this happened quite often and 4.6% said this happened very often.

### Deprivation

A deprivation index was developed from data in the NHSGGC schools surveys, using five indicators of deprivation (self-reported free school meal entitlement, living in a single parent family, not having a car/van in the household, not having a computer and not having their own bedroom). LGB pupils were more likely than heterosexual pupils to have a score which indicated moderate or high levels of deprivation (see Appendix 2)

The analysis of core questions from Scottish surveys in 2015 (Scottish Government, 2017) showed that LGBO adults were more likely than heterosexual adults to live in the most deprived data zones (27% compared to 19%) – a difference which was not explained by the different age profiles.

The social media survey of men who had sex with men showed that (of the minority of respondents who gave their postcode), respondents were fairly evenly dispersed across the five SIMD quintiles.

### Gambling

The NHSGGC Adult Health & Wellbeing Survey 2017/18 showed that non-heterosexual people were less likely than heterosexual people to spend money on gambling (see Appendix 1).

### Homelessness

A disproportionately high proportion of homeless people have LGBT+ identities.

An estimated one in four trans people in the UK have been homeless at some point in their lives (Bachman & Gooch, 2018).

A qualitative study in Scotland (Matthews, Poyner, & Kjellgren, 2018) cites weak evidence but various sources which estimate that LGBT+ young people make up around 25-40% of the youth homelessness population. The qualitative study discovered complex reasons for LGBT+ homelessness including the breakdown of family relationships/non-acceptance of LGBT+ identities, and LGBT+ people themselves struggling with their identities.

There are no official statistics which measure the extent of homelessness by LGBT+ identities in Scotland because sexual orientation is not collected during a homeless application (Scottish Government, 2018).

The difficulties faced by LGBT homeless people may be compounded by actual or expected discrimination by housing services. The 2014 survey in Scotland (Stonewall Scotland, 2014) found that 27% of LGBT people would expect to face discrimination from a housing officer if they applied for social housing. Among those who had used housing services, 40% felt that there was not enough information relevant to LGBT issues and 32% said that experienced staff in housing services had made incorrect assumptions about their sexual orientation or gender identity.

### **Summary of Key Differentiated Findings for Financial Health**

LGBO	More likely to have financial difficulties, particularly food insecurity; More likely to live in areas of deprivation
LGBT	More likely to experience homelessness

## 8. Personal Care Needs

### Personal Care

Due to LGB older people having diminished social networks, they have higher expectations of needing to rely on formal support services in their old age. The survey of people in the UK aged 55+ (Stonewall, 2011) found that LGB older people were nearly twice as likely as heterosexual older people to expect to rely on a services such as GPs, health and social care services and paid help in their old age. However, this is compounded by expectations that service providers will not be able to understand or meet their needs. Nearly half said they would be uncomfortable being out to care home staff and a third would be uncomfortable being out to a housing provider, hospital staff or paid carer.

A Scottish survey in 2014 (Stonewall Scotland, 2014) found that 33% of LGBT people would be uncomfortable being open about their sexual orientation or gender identity with adult social care staff (52% among trans people) and 41% would expect to be discriminated against by staff at a residential home for older people if they were a resident (61% among trans people).

A 2019 review of evidence in the UK (Beach, 2019) found frequent themes in various studies pointing to heteronormativity in social care settings including care staff refusing to acknowledge or miscategorising same-sex relationships, and LGBT people are less able to avoid homo/transphobia when in care settings, representing a loss of autonomy.

### End of Life Care Needs

A review of end of life care for LGBT people (Marie Curie, 2016) points to the Scottish Government's recognition and commitment to the end of life care needs of LGBT people and this exceeds the work done in other parts of the UK. The Scottish Strategic Framework for Action on Palliative and End of Life Care (Scottish Government, 2015) sets out the commitment that by 2021 everyone in Scotland who needs palliative care will have access to it and recognises the need to address the disadvantage of some groups including LGBT people. The Marie Curie review identified key issues affecting LGBT people facing the end of life. These included anticipated discrimination at end of life care, and assumptions about identity/family structure from care providers. There were also unique complexities around spiritual/religious needs. The review also recognises that LGBT people at the end of life may be more likely to choose to be supported by friends and support groups rather than (or as well as) biological family. LGBT people can have anxieties about their partner or others not being recognised as their next of kin, and partners can feel isolated and unsupported during bereavement. Because LGBT people may not access end of life care, or may access care at a later stage, there is increased pressure on partners and other informal carers.

The 2019 review of inequalities among older LGBT+ people in the UK (Beach, 2019) found that older LGBT people could have their bereavement at loss of a partner trivialised by care providers and others.

## 9. Experience of Health Services

### Accessing Health Services

A 2017 survey of LGBT people's use of primary care in the UK (LGBT Foundation, 2017) found that 10% of LGBT people were not registered with a GP and 40% did not access dentistry, optometry or community pharmacy. Bisexual people were less likely than gay or lesbian people to access dental care. Also, non-binary people were less likely than cisgender people to access dental care.

Life in Scotland (LGBT Youth Scotland, 2018) reported that many young people commented on the lack of local services and long waiting times, particularly for the Gender Identity Clinic and mental health services.

Evidence from the English GP Patient Survey (Urwin & Whittaker, 2016) showed that lesbian women were less likely than heterosexual women to have seen a family practitioner. However, gay men were more likely to have seen a family practitioner than heterosexual men. The evidence review relating to lesbian and bisexual women (Varney & Newton, 2018) links the lower GP consultation rates among lesbian and bisexual women to evidence of lower levels of trust, dissatisfaction with consultations and poorer communication experiences with healthcare professionals among lesbian and bisexual women compared to heterosexual women.

As noted above, 58% of trans adults in the UK had felt at some time that they had been so distressed that they needed urgent help or support (McNeil, Bailey, Ellis, Morton, & Regan, 2012). However, a third of these (35%) had avoided seeking urgent help due to their trans identity. The study found that avoidance was highest for those with variable or fluid gender identities. Those who did seek help were more likely to contact friends than professionals. Of all those who accessed urgent help/support when distressed, 30% contacted their GP, 24% called a non-LGBT helpline (e.g. The Samaritans), 13% used a trans online group, 10% called a transgender helpline and 10% called an LGBT helpline. A&E was used by 11% of people and 7% used other NHS services.

A study of the context of alcohol use among LGBT people in Scotland (Emslie, Lennox, & Ireland, 2016) found a number of barriers to LGBT people's participation in alcohol services. These included the perception that LGBT people were invisible to services which were inherently heterocentric, and the perception that services were aimed at, or used by, 'macho' people and those in disadvantaged areas which could be intimidating for LGBT clients. Some felt that alcohol services were aimed at 'white, straight men'; some pointed to a perceived religious dimension to services such as Alcoholics Anonymous which acted as a barrier to some LGBT people.

### Support from Health Services

Life in Scotland (LGBT Youth Scotland, 2018) showed that the majority of LGBT young people felt supported by health services. Overall, trans and non-binary young people were the least likely to feel supported by services, and mental health clinics and GP services which were least likely to make young LGBT people feel supported, as shown in the following table.

## Proportion of Young people Who Felt Supported by Health Services

	A&E	Gender Identity Clinics	Mental health clinics	Sexual health clinics	GP
Transgender	66%	80%	63%	75%	68%
Non-binary	81%	65%	67%	75%	57%
Gay/lesbian women	94%	92%	84%	94%	80%
Gay men	94%	95%	86%	98%	86%
Bisexual women	93%	92%	81%	85%	81%
Bisexual men	86%	78%	74%	94%	89%
LGBT overall	86%	84%	74%	83%	76%

Source: Life in Scotland (LGBT Youth Scotland 2018) N=441

## Discrimination in Healthcare

LGBT in Scotland Health Report (Bridger, Snedden, Bachmann, & Gooch, 2018) showed that overall 13% of LGBT people in Scotland felt that had received unequal treatment from healthcare staff because they are LGBT. Perceptions of unequal treatment were higher for trans people (26%). Lesbians (19%) were more likely than gay men (10%) bisexual women (9%) or bisexual men (9%) to say they had experienced unequal treatment from healthcare staff.

The same survey found that 23% of LGBT people had ever experienced inappropriate curiosity from healthcare staff because of their sexual orientation and/or gender identity, and 8% had experienced this in the last year. Trans people were the most likely to have experienced this ever (41%) or in the last year (24%). Others more likely to have ever experienced inappropriate curiosity from healthcare staff were lesbians (29%) and disabled LGBT people (29%). In total, 24% of LGBT people in Scotland said they had witnessed discriminatory or negative remarks against LGBT people by healthcare staff. Again, trans people were much more likely to report this (41%).

The Scottish LGBT Equality Report (French, Magic, & Kent, 2015) found that 21% of LGBT people in Scotland had personally experienced prejudice or discrimination from health services and 15% had witnessed prejudice/discrimination against LGBT people.

The primary care survey (LGBT Foundation, 2017) found that having to justify their sexual orientation or gender to health professionals was a barrier for some LGBT people which discouraged them from accessing primary care. Some patients reported that even after coming out, they continued to be treated by health professional as if they were heterosexual or cisgender and found their needs were ignored. One in five (21%) LGBT people said they had experienced homophobia, biphobia, transphobia, discrimination or unfair treatment based on their sexual orientation or gender identity from a primary care service. Non-binary people experienced the highest prevalence of discrimination across primary care settings, and trans people were more likely than cisgender people to report discrimination or unfair treatment at their GP. Bisexual people were more likely than gay or lesbian people to experience discrimination or unfair treatment based on their sexual orientation.

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that 34% of gay and bisexual men in Scotland who had used healthcare services in the last year had had a negative experience related to their sexual orientation. Another Scottish survey

(Stonewall Scotland, 2014) identified that gay men were sometimes inappropriately or unnecessarily questioned about their sexual health when attending unrelated health services.

A survey of bisexual people in 2013 (Rankin, Morton, & Bell, 2014) found that one in five (19%) bisexual people had experienced biphobia in the NHS in the last five years. Many of these related to mental health services.

The survey of trans people in the UK (McNeil, Bailey, Ellis, Morton, & Regan, 2012) showed that negative interactions were common when accessing general health and mental health services. Common types of negative interactions in general health care were staff using the wrong pronoun by mistake (55%) or on purpose (26%), being told that staff did not know enough about a particular type of trans-related care to provide it (54%), and staff asking questions about trans people which made the patients feel like they were educating staff (61%). Three in ten (29%) trans people said that general health staff had refused to discuss or address a particular trans-related health concern and 24% said that staff had used hurtful or insulting language about trans people. One in four (24%) said that general health care providers had thought the gender listed on their ID/forms was a mistake. The Stonewall survey in 2017 (Bachman & Gooch, 2018) found that 41% of trans adults in the UK said that staff in general healthcare services lacked understanding of specific trans health needs.

The survey of non-binary people in the UK (Valentine, 2016) found that many non-binary people avoided sexual health clinics due to the gendered assumptions that might be made about them. Non-binary people answered a set of questions relating to their experience in services (not necessarily limited to health services) and showed that 80% felt that they had to pass as male or female to be accepted. Two in three (67%) had the wrong name and pronoun used for them when using services. One in three (34%) had been told that services did not know enough about non-binary people to help them and one in nine (11%) had been refused service or had services stopped because they were non-binary.

## Confidentiality in Healthcare Settings

LGBT in Scotland Health Report (Bridger, Snedden, Bachmann, & Gooch, 2018) found that 9% of LGBT people in Scotland said that they had been outed without their consent by healthcare staff in front of other staff or patients, and this was much more likely among trans people (28%).

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that 15% of gay and bisexual men in Scotland were not sure what their GP's policy was on confidentiality, but 41% said they their GP had a clear policy on confidentiality.

The primary care survey (LGBT Foundation, 2017) found that trans people were much more likely than cisgender people to consider anonymity when registering at their GP practices and they suggested that if GP practices displayed their confidentiality agreement in reception and on their website that this would encourage more trans people to access GP services.

## Assumptions of Heterosexuality and Heterocentric Norms in Healthcare Settings

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that 15% of gay and bisexual men in Scotland said that in the last year healthcare professionals had assumed they were straight and 13% said there was no opportunity to discuss their sexual orientation with a healthcare professional.

A 2014 survey of LGBT people in Scotland (Stonewall Scotland, 2014) found that more than half (55%) had experienced NHS staff making incorrect assumptions about their sexual orientation or gender identity. This was highest for lesbians (75%) followed by trans people (60%), gay men (45%) and bisexual people (38%). The same survey found that 37% of LGBT people who have used NHS services did not feel that the NHS provides information that is relevant to their sexual orientation or gender identity.

Examples of heterosexist norms include the non-availability of suitable wigs for lesbian chemotherapy patients who did not want long or very feminine styles (Fish & Williamson, 2016), and the gendering of glasses in optical practices which represented assumptions about gender identity or gender stereotypes (LGBT Foundation, 2017).

The study of lesbian and bisexual women in the North West of England (Light & Ormandy, 2011) found that LGB women attending cervical screening described discriminatory practices and feelings of apprehension about having to explain their sexual orientation when they were asked heteronormative questions. This resulted in questions not being answered honestly and reluctance to attend future screening appointments.

A study of lesbian co-mothers' experiences of UK maternity healthcare services (Cherguit, Burns, Pettle, & Tasker, 2013) found that co-mothers felt excluded due to 'heterocentric organisational structures'. Nonetheless, co-mothers expressed positive experiences and felt that services were overall inclusive.

A particular problem for non-binary people is the language used on forms which often prohibits non-binary people being able to accurately describe their gender identity (Valentine, 2016). When asked what services could change about forms to make it easier to express their gender identity, the most common suggestions from non-binary people were allowing free-text responses to describe their identity, having a third 'other' gender tickbox option, and not asking questions about gender identity. However, some objected to the option 'other' as they found it non-inclusive. Most non-binary people said they had needed to describe their gender identity inaccurately on forms when using GPs, general NHS services and mental health services.

## Recognition of Same-Sex Partners/Next-of-Kin

A number of studies pointed to the lack of support or hostile reactions to declarations of a same-sex partner as next of kin. This included GPs (Stonewall Scotland, 2014), A&E, hospital wards (Stonewall Scotland, 2014) and cancer care (Fish & Williamson, 2016).

## Pressure to Access Services to Change/Suppress Sexual Orientation or Gender Identity

The LGBT in Scotland Health Report found that 4% of LGBT people had been pressured to access services to question or change their sexual orientation and 14% of trans people had been pressured to access services to suppress their gender identity while accessing healthcare services.

One in five (20%) trans people in the UK said they had been discouraged from exploring their gender by general health staff, and one in four (25%) had been discouraged from exploring their gender by mental health care providers (McNeil, Bailey, Ellis, Morton, & Regan, 2012). Three in ten (29%) said that when accessing mental health services their gender identity was treated as a symptom of a mental health issue.

## Being Out to Healthcare Providers

Life in Scotland (LGBT Youth Scotland, 2018) found that one in three (34%) LGBT people aged 13-25 had come out to their GP and 69% would feel comfortable doing so. Trans young people were more likely to have already come out to their GP (56%) and 75% would feel comfortable doing so.

The LGBT in Scotland Health Report (Bridger, Snedden, Bachmann, & Gooch, 2018) showed that 14% of LGBT adults in Scotland were not out to anyone about their sexual orientation when seeking general medical care. Bisexual people were the most likely to say they were not out to anyone providing medical care (31% of bisexual men and 24% of bisexual women compared to 10% of lesbians and 8% of gay men). Among trans people, 18% said they were not out to anyone about their gender identity when seeking medical care. A reason for non-disclosure for some bisexual people was their experience of bisexuality being misunderstood or subject to incorrect assumptions (e.g. where sexual identity was assumed based on the gender of their current partner).

A survey of LGBT adults in Scotland (Stonewall Scotland, 2014) found that 22% would be uncomfortable being open about their sexual orientation or gender identity with NHS staff. Trans people were the most likely to say they would be uncomfortable with this (44%), followed by bisexual people (34%), lesbians (28%) and gay men (17%).

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that 37% of gay and bisexual men in Scotland were not out to their GP or healthcare professionals, and that gay and bisexual men were more likely to be out to their manager, work colleagues, family or friends than their GP.

A survey of bisexual people in the UK (Rankin, Morton, & Bell, 2014) found that a only a minority of bisexual people usually felt comfortable sharing their sexual orientation with their GP (39%) general NHS services (29%) or mental health services (39%). Just over half (56%) said they usually felt comfortable sharing their sexual orientation with sexual health services. Many bisexual people reported feeling the need to pass as either straight or gay when accessing services.

Findings for lesbian and bisexual women from the 2017 UK national LGBT survey (James-Hawkins, Booker, & Bao, 2019) showed that bisexual women were much less likely than lesbian women to disclose their sexual orientation to healthcare providers. Overall, those least likely to disclose their identity were older women (aged 55+), single women and those with low incomes or lower levels of education.

A qualitative study of LGB cancer patients (Fish & Williamson, 2016) reported that despite being out in their everyday lives, LGB cancer patients were often 'pushed back into the closet' in cancer care, both in treatment and in survivorship support contexts. Reasons for non-disclosure of LGB identities included a lack of opportunity for disclosure, a perception that disclosure was not relevant to their treatment, and anticipated negative reactions.

The survey of non-binary adults (Valentine, 2016) found that in healthcare settings, non-binary people often felt uncomfortable about being open about their non-binary identity. Three in five (60%) said they never felt comfortable disclosing their identity in gender NHS services and half (50%) said they never felt comfortable disclosing their identity with GPs. A common assertion was that it was easier to present as a binary trans person and often non-binary people did not correct service providers who assumed they were binary trans; it was

felt that people had a greater understanding of the needs and identities of trans men and women.

The Primary Care survey report in 2017 (LGBT Foundation, 2017) showed that those who disclosed their sexual orientation, trans or non-binary status to their GP were much more likely to feel their GP met their needs than those who did not disclose. Across all primary care settings, half (53%) said they had a positive or very positive response when they disclosed their sexual orientation and 44% had a positive or very positive response when they disclosed their trans status. The survey found that gay and bisexual men were more likely than lesbian and bisexual women to disclose their sexual orientation to their GP and were more likely to report a positive response.

## Levels of Knowledge/Understanding of LGBT Issues among Healthcare Providers

The LGBT in Scotland Health Report also showed that 27% of LGBT people in Scotland said they had experienced healthcare staff lacking an understanding of specific lesbian, gay and bi needs, and 8% said they had experienced this in the last year. Among trans people, 59% said they had experienced healthcare staff lacking an understanding of specific trans health needs and 40% had experienced this in the last year.

The Scottish LGBT Equality Report (French, Magic, & Kent, 2015) reported that qualitative survey responses indicated concerns about health professionals not being adequately trained to understand issues affecting LGBT people. Examples given were nurses not knowing whether lesbian women should be given a smear test, a lack of understanding about gender reassignment and the appropriate way to treat transgender people, and staff not understanding that same-sex partners can be a next of kin.

The Gay and Bisexual Men's Health Report Scotland (Stonewall Scotland, 2012) found that one in four (25%) gay and bisexual men in Scotland said that healthcare workers had given them information relevant to their sexual orientation.

## Gender Identity Clinics

The Scottish LGBT Equality Report (French, Magic, & Kent, 2015) reported that many transgender respondents expressed dissatisfaction with the provision of gender reassignment services. Issues of concern were the distances required to travel to attend services, long waiting lists, and the inconsistency of NHS service provision across different parts of Scotland.

A survey of trans people in Scotland (McNeil, Bailey, Ellis, Morton, & Regan, 2012) found that 60% had been seen at the GIC within one year of first asking for support about being trans; 32% waited between one and three years and 8% had waited for more than three years. Long waiting times were felt to exacerbate mental health problems. The same survey showed that nearly half (46%) of those who had attended a GIC felt they had experienced difficulties obtaining the treatment or assistance they needed. Reasons included administrative errors, restrictive protocols, problematic attitudes and unnecessary questions/tests. More than one in four (27%) of those who had attended a GIC said they had either withheld information or lied about something to a clinician. Examples included people lying about their sexuality, their level of family support, sexual history etc. due to perceptions of what was expected of them and how their answers may affect their access to treatment.

The Stonewall survey in 2017 (Bachman & Gooch, 2018) found that 19% of trans people had not yet undergone any medical intervention for transition but wished it. This was lower than

the proportion in England (23%) or Wales (36%). The most common barriers to medical interventions for transition were the waiting time, financial barriers and fear of consequences for family or personal life.

The same survey found that a majority (62%) of trans people reported some type of negative interaction at a GIC including staff using terms for gender-associated body parts that made them feel uncomfortable (12%), using the wrong pronoun by mistake (11%) or on purpose (7%), telling them they were not really trans (8%) or using hurtful or insulting language about trans people (8%).

Life in Scotland (LGBT Youth Scotland, 2018) reported that rates of feeling supported at Gender Identity Clinics were lowest for non-binary young people and some young people perceived Gender Identity Clinics as only supporting those with binary identities (men and women). Incidents were reported of young people misidentifying themselves with a binary gender in order to access support.

## Mental Health Services

Two in three (66%) trans people in the UK had used mental health services for reasons other than access to gender reassignment medical assistance (McNeil, Bailey, Ellis, Morton, & Regan, 2012). Approximately half were satisfied with mental health services, and most reported being able, at least some of the time, to be open with mental health professionals about being trans, but 28% said they were not. Negative experiences of using mental health services included gender identity being treated as a symptom of mental health, being given inappropriate suggestions, and being asked questions about anatomy and/or gender identity which were felt to be irrelevant and made the patient feel uncomfortable.

Findings for lesbian and bisexual women from the 2017 UK national LGBT survey (James-Hawkins, Booker, & Bao, 2019) showed that bisexual women had less positive experiences of mental health services than lesbian women.

## Welcoming/Inclusive Environment

Only 12% of gay and bisexual men in Scotland in 2011 said that their GP surgery was a welcoming environment for gay and bisexual men by, for example displaying posters that included same-sex couple or relevant health promotion materials (Stonewall Scotland, 2012). One in four gay and bisexual men in Scotland said their GP surgery displayed a policy that they would not discriminate against people because of their sexual orientation.

The survey of non-binary adults in the UK found that only 3% of non-binary adults said that services were always or usually inclusive of non-binary people in the images and posters they display, the language that they in forms, information and leaflets, etc. The lack of non-binary visibility and inclusion in services was frequently felt to impact on users in ways such as them feeling that their gender identity was not valid, feeling more isolated or excluded, lowering self-esteem and negatively affecting mental health.

As noted above, the survey of primary care use among LGBT people in the UK (LGBT Foundation, 2017) found that access to dental care was lowest for bisexual and non-binary people. Both groups asserted they would feel more comfortable accessing dental services if dental practices displayed LGBT posters and leaflets and undertook diversity training.

## Summary of Key Differentiated Findings for Experience of Health Care

LGBT	Experience of discrimination in health care settings. Concerns about confidentiality in health services/need for policies to be publicised. High levels of incorrect assumptions made about sexual orientation/gender identity
Gay/lesbian women	Less likely to see a GP; More likely than other LGB groups to feel they had received unequal treatment or inappropriate curiosity in healthcare settings; The group most likely to report incorrect assumptions being made by healthcare providers about sexual orientation.
Lesbian and bisexual women	Lack of trust/poor experience with healthcare professionals; heteronormative questions at cervical screening was a barrier to engagement
Gay men	More likely to see a GP; some reports of being inappropriately questioned about sexual health
Bisexual women and men	Least likely to access dental care; at least one study showed bisexual people more likely than gay/lesbian people to experience discrimination/unfair treatment in primary care; reports of biphobia in NHS services
Transgender men and women	Evidence of avoiding urgent help/support when distressed; among the least likely to feel supported by health services; particularly likely to feel they had received unequal treatment in healthcare; particularly more likely to have experienced inappropriate curiosity or negative remarks from healthcare staff; common reports of being misgendered and lack of knowledge among NHS staff; the group most likely to be outed without their consent by healthcare providers; lack of accessibility and long waiting times for GIC
Non-binary	Particularly less likely to access dental care; among the least likely to feel supported by health services; particularly likely to report discrimination in primary care; avoidance of services including sexual health clinics; experience of being misgendered; lack of knowledge/understanding about non-binary people; forms prohibit expression of non-binary gender identity; least likely to feel supported by GIC; NHS services posters etc. very rarely included non-binary images
Disabled LGBT+	Particularly more likely to have experienced inappropriate curiosity from healthcare staff

## 10. Gaps in Evidence

The evidence presented here has been limited to sources from the UK since 2009. Some of the gaps in evidence identified include:

1. **Lack of evidence for Differentiated Groups** - in particular, there is little evidence relating to non-binary people. Also, although there was some evidence relating to the health needs of transgender people, very little was differentiated for trans men and trans women. Also, much of the evidence relating to LGB men and women is aggregate findings for MSM, lesbian and bisexual women, bisexual people, etc.
2. **Experience of parenting, adoption and fostering** - while one study pointed to expected discrimination in the adoption/fostering process and in education for the children of LGBT parents, there is no evidence of the actual experiences of LGBT+ parents/prospective parents in Scotland. No evidence was found about access and experience of reproductive and fertility services in Scotland, but a survey has very recently been undertaken by the Equality Network on this topic, and it is expected that findings from this will soon be available.
3. **Lesbian and bisexual women's sexual health** – there is little evidence on this topic since 2009.
4. **Disabled LGBT+ people** - there is sporadic mention of the differentiated findings of disabled LGBT people from surveys, which indicate that disabled LGBT+ people face a unique set of challenges and health needs. However, no studies were found which specifically examined the needs of LGBT+ disabled people in Scotland.

## Appendix 1 – Bespoke Analysis of NHSGGC Adult Health and Wellbeing Survey 2017/18

The following findings are from bespoke analysis of the NHS Greater Glasgow & Clyde Health and Wellbeing Survey 2017/18. The LGBO (lesbian, gay, bisexual or 'other') sample had a much younger age profile than the heterosexual sample. In order to make meaningful comparisons, the heterosexual sample was weighted so that it matched the age profile of the LGBO sample.

All the findings here show a **significant difference ( $p \leq 0.05$ )** between the heterosexual and LGBO samples.

For more information about the NHSGGC Health and Wellbeing survey and the full findings for NHSGGC, see <https://www.stor.scot.nhs.uk/handle/11289/579938>

### **Health and Illness**

	<b>Heterosexual (weighted to mirror LGBO age profile)</b>	<b>LGBO</b>
General health very good/good	86.6%	75.9%
Positive perception of physical wellbeing	89.7%	79.3%
Positive perception of general mental or emotional wellbeing	91.1%	71.4%
Definitely feel in control of decisions affecting your life (e.g. planning your budget, moving house or changing job)	72.0%	50.5%
Positive perception of overall quality of life	92.8%	86.6%
Has a long-term limiting condition or illness	13.8%	30.4%
Currently receiving treatment for at least one illness or condition	22.8%	42.9%

## Health Behaviours

	<b>Heterosexual (weighted to mirror LGBO age profile)</b>	<b>LGBO</b>
Exposed to second-hand smoke most/some of the time	30.9%	46.8%
Current smoker	21.6%	31.3%
Used an e-cigarette in the last year	6.4%	20.5%
AUDIT score indicating risk	17.1%	40.6%
Ever drink alcohol	65.0%	84.8%
Agree that getting drunk is a perfectly acceptable thing to do	37.3%	53.6%
Agree that it is easier to enjoy a social event if you've had a drink of alcohol	42.4%	56.3%
Consume sweets/chocolate at least weekly	71.3%	82.1%
Consume readymade meals at least weekly	34.0%	44.6%
Consume shop bought coffee at least weekly	37.1%	66.1%
Consume puddings/desserts at least weekly	36.0%	56.8%

## Social Health

	<b>Heterosexual (weighted to mirror LGBO age profile)</b>	<b>LGBO</b>
Felt lonely at least some of the time in the past two weeks	14.3%	30.4%
Feel they belong to the local area	76.2%	63.6%
Feel valued as a member of the community	64.0%	38.3%
Was discriminated against in the last year	5.4%	35.7%
Victim of crime in the last year	10.8%	26.8%

## Social Capital

	<b>Heterosexual (weighted to mirror LGBO age profile)</b>	<b>LGBO</b>
Positive perception of reciprocity	77.3%	58.9%
Positive perception of trust	79.0%	62.5%
Value local friendships	75.3%	59.8%
Positive perception of social support	85.1%	64.3%
Volunteered in the last year	19.7%	41.1%
Engaged in social activism in the last year	5.1%	17.9%

## Financial Wellbeing

	<b>Heterosexual (weighted to mirror LGBO age profile)</b>	<b>LGBO</b>
Positive perception of adequacy of household income	75.5%	63.3%
Ever have difficulty meeting essential living costs	35.0%	57.5%
Would have a problem meeting unexpected cost of £35	10.0%	22.3%
Would have a problem meeting unexpected cost of £165	50.2%	66.1%
Experienced any food insecurity in the last year	8.8%	25.0%
Experienced severe food insecurity in the last year	3.1%	10.2%
Gambled in the last month	24.0%	14.4%

## Demographics

	<b>Heterosexual (weighted to mirror LGBO age profile)</b>	<b>LGBO</b>
Live alone	8.6%	13.5%
Children in home	34.1%	9.9%
Live in owner-occupied home	43.7%	24.1%
Live in privately rented home	21.4%	49.1%

## Appendix 2 – Significant Differences from NHSGGC Schools Surveys by Sexual Identity

The following findings are from bespoke analysis of NHS Greater Glasgow & Clyde Schools Health and Wellbeing Surveys in Inverclyde (2013), Renfrewshire (2013), Glasgow City (2014) and East Dunbartonshire (2014). The bespoke analysis investigated significant differences for LGB pupils compared to heterosexual pupils.

All the findings here show a **significant difference ( $p \leq 0.05$ )** between the heterosexual and LGB pupils.

For more information about the analysis and the full findings see:

[https://www.nhsggc.org.uk/media/241379/nhsggc\\_ph\\_schools\\_surveys\\_sexual\\_identity\\_report\\_2016.pdf](https://www.nhsggc.org.uk/media/241379/nhsggc_ph_schools_surveys_sexual_identity_report_2016.pdf)

### Family Circumstances

	Heterosexual	LGB
Live in a two-parent family	63%	52%
Live with a family member with a disability	12%	18%
Live with a family member with a long-term illness	9%	13%
Live with a family member with a mental health problem	6%	14%
Live with a family member with a drug or alcohol problem	4%	9%
Live with a family member with any of these (disability, long-term illness, mental health problem, drug or alcohol problem)	24%	39%
Young carer	14%	21%
(Among carers): Caring has an effect on them	78%	86%

### General Health

	Heterosexual	LGB
Positive view of general health in last year	70%	50%
Has diabetes	0.8%	2.7%
Has eczema/psoriasis/skin condition	8.6%	13.4%
Has epilepsy	0.7%	3.0%
Has arthritis/painful joints	3.6%	6.2%
Has a limiting illness of disability	9%	16%

### Oral Health

	Heterosexual	LGB
Brush teeth twice per day	84%	77%

## Physical Activity

	<b>Heterosexual</b>	<b>LGB</b>
Underestimate guidance for physical activity levels	32%	41%
Not active for 60 minutes on any day in last week	5%	12%
Active for 60 minutes on every day in last week	12%	9%
Participate in sports/physical activities at school at least weekly	85%	75%
Participate in sports/physical activities out of school at least weekly	83%	67%

## Diet

	<b>Heterosexual</b>	<b>LGB</b>
Eat breakfast	70%	60%
Eat lunch	95%	87%

## Sleep

	<b>Heterosexual</b>	<b>LGB</b>
9+ hours sleep per night	28%	20%

## Mental, Emotional and Learning Difficulties/Disabilities

	<b>Heterosexual</b>	<b>LGB</b>
Have a mental health/emotional illness	3.9%	22.5%
Have dyslexia	6.2%	10.9%
Have ADHD	2.2%	4.8%
Have ASD/Aspergers	1.3%	5.1%

## Worries and People to Talk to

	Heterosexual	LGB
Worry about....		
Exams	61%	66%
The future	42%	57%
School	38%	57%
The way I look	33%	53%
Getting a job	31%	41%
Relationship with friends	24%	46%
Being alone	16%	36%
Relationship with parents/carers	12%	29%
Being bullied	10%	24%
Caring for a family member	9%	16%
Fear of violence/gangs	9%	14%
Any worries	84%	94%
Easy to talk to....		
Friends	87%	82%
Mum/female carer	80%	55%
Grandparents	67%	49%
Sister(s)	65%	54%
Dad/male carer	65%	39%
Club or group leader	57%	49%
Brother(s)	58%	43%
GP or nurse	52%	40%
Teachers	40%	31%
Neighbours	24%	19%

## Bullying

	Heterosexual	LGB
Bullied at school in the last year	14.7%	36.5%
Bullied elsewhere in the last year	5.7%	19.4%
Bullied online in the last year	6.8%	21.5%
Bullied anywhere in the last year	19.6%	44.4%
Of those who had been bullied...		
Did not report bullying	43.6%	50.9%
Reported bullying but it did not make the situation better	23.6%	27.7%
Reported bullying and it made the situation better	32.8%	21.4%
Bullied others in the last year	15%	21%

### Strengths and Difficulties

	Heterosexual	LGB
From Strengths and Difficulties Questionnaire - proportion with a score indicating high level of difficulties for:		
Emotional symptoms	19.8%	46.4%
Conduct problems	17.7%	30.7%
Hyperactivity	30.7%	37.1%
Peer problems	7.2%	22.2%
Prosocial scale	9.4%	12.9%

### Smoking and Exposure to Smoke

	Heterosexual	LGB
Current smoker	18.8%	6.2%
Tried e-cigarettes	12.0%	20.9%
Live with a smoker	39%	48%
Exposed to second hand smoke	67%	76%

### Alcohol and Drugs

	Heterosexual	LGB
Ever drink alcohol	44%	58%
Drink alcohol at least once a month	21%	30%
Ever taken drugs	11%	20%
Used gas/glue/solvents in the last year	9%	5%

### Sexual Health and Relationships (S3-S6)

	Heterosexual	LGB
Currently have a boyfriend/girlfriend	20%	32%
Engaged in sexual intercourse	21%	32%
Engaged in other sexual activity	25%	41%
(if sexually active) Always use contraception/protection	46%	37%
(if sexually active) did not feel ready when had first sexual experience	15%	21%
(if sexually active) did not agree to their first sexual experience	3%	7%

### Screen Time

	Heterosexual	LGB
Use Tumblr	15%	44%
Spend 8+ hours on screen-based activities on school days	30%	41%

## Risk Behaviours/Risk Clustering

	<b>Heterosexual</b>	<b>LGB</b>
Proportion engaged in specific activities in the last year:		
Skipped school	29.9%	41.3%
Lost control when you were angry	28.5%	47.4%
Eaten and made yourself sick	17.3%	36.8%
Ended up in a situation when you felt threatened or unsafe	15.9%	32.4%
Been in a fight	16.7%	23.8%
Thought about harming someone else	14.7%	29.7%
Sent an inappropriate text that you wish you had not	12.4%	27.0%
Done something sexual that you wish you hadn't	11.2%	21.7%
Posted something on social networking which you regret	10.3%	23.9%
Threatened someone	10.9%	19.0%
Had unprotected sex with someone	10.0%	17.7%
Carried a weapon	5.4%	12.2%
Vandalised property/graffiti	5.0%	9.7%
Shoplifted	4.4%	11.9%
Been charged by the police	4.5%	7.5%
Been involved in a gang fight	4.2%	7.6%
Drug dealing	2.8%	7.3%
Broken into a shop/school house	1.8%	5.1%
Any of the above	53.4%	73.9%
Risk index Score (see full report for details)		
No risk behaviours	36.5%	18.4%
Low risk behaviours	30.6%	25.7%
Moderate risk behaviours	20.0%	28.5%
High risk behaviours	12.9%	27.4%

## Positive Behaviours

	<b>Heterosexual</b>	<b>LGB</b>
Taken part in a drama/acting/singing/dancing group in the last year	29.8%	25.4%
Done voluntary work in the last year	37.3%	29.2%
Taken part in a charity event	36.1%	30.8%

## Culture and Leisure Facilities

	<b>Heterosexual</b>	<b>LGB</b>
Visited museum in the last year	43.7%	50.9%
Visited library in the last year	55.4%	62.5%
Visited sports centre in the last year	73.1%	54.6%

### Indicators of Financial Inclusion/Poverty

	<b>Heterosexual</b>	<b>LGB</b>
No cars in household	17.2%	25.9%
No family holidays in the last year	24.1%	32.4%
Moderate/high indicators of deprivation	61.3%	70.4%

### Post-School Expectations

	<b>Heterosexual</b>	<b>LGB</b>
Expect to go to further education/training	67%	72%

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