

# LGBT Foundation and the AHSN Network: LGBT Health Inequalities in the UK Literature Review

**February 2021**

## Forewords

*Richard Stubbs, Chair of the AHSN Network's Equality and Diversity Group and Chief Officer of Yorkshire and Humber AHSN.*

When we published our [national diversity pledges in 2019](#); and with them, [our first report](#) looking at issues people of colour face, and how health innovation can play its part in tackling these, we were clear in our statement of intent: our NHS should represent and reflect the communities we serve.



As innovation organisations, how AHSNs (Academic Health Science Networks) support the development and adoption of healthcare innovation and technology must be based around our core mission to serve all our population, and to ensure that the transformation of our health service reduces, and not widens, health inequalities.

Like People of Colour and other marginalised communities in England, the LGBTQ+ community is disproportionately affected by ill health, social pressures and healthcare inequalities. These inequalities have complex and multifaceted histories and factors contributing to their continued presence.

Today, in 2021, we have joined forces with LGBT Foundation to collate a comprehensive compilation of evidence, which outlines the huge range of healthcare inequalities LGBTQ+ people face today; and lead a call out which seeks innovation to help address these.

From lesbian women facing unconscious bias and assumptions with fertility services, lack of health services available to young trans people; through to increased likelihood of drug and alcohol use and mental health crisis; and higher probability of suffering complex long-term conditions, the full healthcare spectrum is more acute and severe for LGBTQ+ people. When you intersect this with ethnicity, gender, age, and alternative sexualities and gender, the issues become more stark and severe. Our review also touches on older members of the LGBTQ+ generation – ageing well and care homes – a community whose needs are arguably often forgotten.

And now the world faces a health crisis like no other. Like other marginalised groups, LGBTQ+ people are being more heavily impacted by the COVID-19 pandemic and social distancing measures more than their heterosexual and cis counterparts.

It is because of these varied and stark inequalities that we have partnered with LGBT Foundation to call out to health colleagues, academics, researchers, innovators, small-to-



medium businesses, and partners – searching for innovations, best practice, and improvement programmes to help address health inequalities facing this community.

Our aim is to showcase this work nationally, supporting best practice to be adopted more widely across health and care services.

By combining the expertise of LGBT Foundation, the reach of the AHSN Network (and our partners), and by amplifying the good work and innovation already being developed, we hope to be able to help change healthcare services for LGBTQ+ people and continue to serve our communities in an equitable and inclusive way.



*Rob Cookson, Deputy Chief Executive LGBT Foundation*

In 2021, LGBT people still experience a range of inequalities throughout their lives, at LGBT Foundation we know this all too well as every day we support people who have faced discrimination, rejection, isolation and who have felt as if their identity is invisible.

However the extent of these inequalities are often not fully recognised, there are myths that LGBT health inequalities are limited to HIV and sexual health, as well as the belief that the UK is now a place where LGBT people have achieved full equality. In order to dispel these myths and bring to light the true nature of LGBT inequalities in the UK today, last year we undertook a significant piece of work which aimed to bring together all of the most recent and relevant research on LGBT health inequalities in the UK. The final [Hidden Figures](#) report made for difficult reading, it revealed the depth and breadth of inequalities that LGBT people still face today, from homelessness, to access to healthcare, to isolation in later life. Inequalities are particularly stark in certain groups within LGBT communities, such as LGBT People of Colour, disabled LGBT people and trans and non-binary people.



In 2021 we worked with the AHSN Network to look for additional research that had not been included in the Hidden Figures report, this work revealed a plethora of further academic and community research that reinforced and expanded on the findings in the Hidden Figures report.

When we wrote the Hidden Figures report at the start of 2020 we had no idea that life for many LGBT people was suddenly going to get a lot harder. The COVID-19 pandemic has exposed deep-rooted inequalities and has demonstrated that these inequalities can have horrendous and even fatal consequences. The pandemic has also widened existing inequalities, before the pandemic LGBT communities already faced pernicious health inequalities so it is likely that they are being disproportionately affected by the crisis in many ways. A range of research, including reports by [LGBT Foundation](#), [UCL and the University of Sussex](#) and [The Guardian](#) have uncovered some of the wide-ranging and profound effects the pandemic has had on the lives of LGBT people.

Despite these difficult times, it is important that we are also able to focus on the positives, there is a huge range of incredible work that is being carried out to address LGBT health inequalities. From volunteer led community groups, to large corporations, there are individuals and organisations across the country undertaking inspiring and innovative work. The COVID-19 pandemic has turbocharged innovation, with people coming up with new ideas to tackle new problems every day. The AHSN Network and LGBT Foundation want to highlight and promote some of this amazing work and help others to learn from, and be inspired by, these examples of great practice. We are therefore asking anyone who is carrying out innovative work to address LGBT health inequalities and improve the lives of LGBT people to share this amazing work with us so it can potentially be included in our brand new Innovation<sup>2</sup> and LGBTQ+ Health Inequalities guide.

## **1. Starting Well**

### **1.1 LGBT Fertility, Parenting and Early Years**

Research carried out in 2015, which looked into lesbian's experiences of fertility services, found evidence in the literature that lesbians have different experiences compared to heterosexual women when accessing fertility treatments. For example lesbian women were found to experience heterosexism (the assumption that everyone is heterosexual) from service providers. Lesbian women often access fertility clinics for different reasons to heterosexual couples as lesbians and heterosexual women are usually unable to get pregnant for different reasons. Some in the study said that they did not want to be presumed infertile and medicalised, as would usually happen with heterosexual women accessing fertility services.

The study recommended that lesbians may benefit from specific treatment pathways rather than a 'one a one-heterosexual-size-fits-all approach'. The study also noted that some lesbians who had fertility issues struggled to get the publically funded treatment they were entitled to and had to resort to legal action.<sup>1</sup>

**“ My biggest issue has been the lack of support for trying for a child. [...] We are stable and financially comfortable. We made enquiries about foster and never got a response on 2 occasions. And despite the tremendous support from my GP it has been made clear the NHS will not help us have a family resulting in us having to look at private clinics which looks financially not viable. Woman, lesbian, 25-34, North West<sup>2</sup>**

### **1.2 Out at School - Being Young and LGBT**

A 2016 Metro survey of 7,126 young people (aged 16-25), including 6,514 LGBT young people, revealed that 65% of LGBT respondents believed that their schools supported their students badly around sexual orientation and gender identity. The survey also found that the school was the place that LGBT young people were least likely to seek support.<sup>3</sup>

A 2020 Diversity Role Models survey of students, parents and carers, staff and governors from 90 schools in England, found that there is still a lot of work that needs done to make schools safe for LGBT pupils. 27% of secondary school students thought that it would be safe for LGBT people to come out at their school. 42% of students in year five and six and 54% of students in secondary schools said that homophobic, biphobic and transphobic language was common at their school. 25% of parents and carers thought that staff would properly support LGBT students.<sup>4</sup>

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<sup>1</sup> Priddle, H. 2015. *How well are lesbians treated in UK fertility clinics?* Human Fertility (Cambridge, England), 18(3), 194–199.

<sup>2</sup> Government Equalities Office. 2018. *National LGBT Survey*. Available at: <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report>

<sup>3</sup> METRO. 2016. *Youth Chances: Integrated Report*. Available at: <https://metrocharity.org.uk/sites/default/files/2017-04/National%20Youth%20Chances%20Intergrated%20Report%202016.pdf>

<sup>4</sup> Diversity Role Models. 2020. *Pathways to LGBT+ Inclusion: Report*. Available at: <https://www.diversityrolemodels.org/media/1473/pathways-to-lgbtplus-inclusion-report.pdf>

### 1.3 Being Young and Trans

A study of 13 trans and non-binary people and their families in England, published in 2021, found that participants faced a number of issues when accessing NHS support. These issues included long waiting lists, a lack of nearby services, a lack of recognition of the importance of family expertise and insufficient clinical knowledge. Families often found they had to access private care, which they struggled to afford. Participants all felt that affirmative treatment had improved their mood, which had led to other benefits such as improved school attendance and increased involvement in society.<sup>5</sup>

“ ***It seems that gender identity clinics do not have the resources and funding they need. This lack of support has seriously affected my mental health and quality of life.*** Trans woman, bisexual, 18-24, South West<sup>6</sup>

An American study of 20,619 trans adults found that, among people who wanted to access to puberty blockers, people who were able to access puberty blockers during adolescence were significantly less likely to experience suicidal ideation.<sup>7</sup>

### 1.4 An LGBT Inclusive Education

An American study, published in 2020, found that LGBT pupils in schools with more positive environments, that promoted good mental health, were less likely to have depressive symptoms and were at lower risk of suicide in compared to those in to schools with more negative environments.<sup>8</sup>

A 2020 Diversity Role Models survey of students, parents and carers, staff and governors from 90 schools in England, found that 20% of secondary school students said that their school taught about LGBT identities and LGBTphobic bullying.<sup>9</sup>

### 1.5 Mental Health and Young LGBT People

A 2019 literature review found that that gender diverse children and young people were more likely to exhibit self-injurious thoughts and behaviour compared to the general population.<sup>10</sup>

A 2018 study carried out 29 semi-structured interviews with LGBT youth (aged 13-25) and an online questionnaire that had 789 responses. The study found that those who were

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<sup>5</sup> Carlile, A., Butteriss, E. and Pullen Sansfaçon. 2021. *“It’s like my kid came back overnight”: Experiences of trans and non-binary young people and their families seeking, finding and engaging with clinical care in England.* International Journal of Transgender Health.

<sup>6</sup> Government Equalities Office. 2018. *National LGBT Survey.* Available at: <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report>

<sup>7</sup> Turban, J., King, D., Carswell, J. and Keuroghlian, A. 2020. *Pubertal Suppression for Transgender Youth and Risk of Suicide Ideation.* Pediatrics, 145.

<sup>8</sup> Ancheta, A., Bruzzese, J. and Hughes, T. 2020. *The Impact of Positive School Climate on Suicidality and Mental Health Among LGBTQ Adolescents: A Systematic Review.* The Journal of School Nursing : The Official Publication of the National Association of School Nurses

<sup>9</sup> Diversity Role Models. 2020. *Pathways to LGBT+ Inclusion: Report.* Available at: <https://www.diversityrolemodels.org/media/1473/pathways-to-lgbtplus-inclusion-report.pdf>

<sup>10</sup> Mann, G., Taylor, A., Wren, B., & de Graaf, N. 2019. *Review of the literature on self-injurious thoughts and behaviours in gender-diverse children and young people in the United Kingdom.* Clinical Child Psychology and Psychiatry, 24(2), 304–321



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transgender, disabled and/ or affected by abuse were more likely to have planned or attempted suicide compared to LGBT people in general.<sup>11</sup>

A 2016 Metro study of 7,126 young people (aged 16-25), including 6,514 LGBTQ young people, found that 52% of LGBT respondents had self-harmed, in comparison to 35% of participants who were both heterosexual and cisgender. 44% of LGBT respondents had thought about suicide, in comparison to 26% participants who were both heterosexual and cisgender.<sup>12</sup>

The 2010-2015 RaRE Study that interviewed 58 people and carried out a survey that had 2078 responses, found that 69.9% of LGB young people had thought about suicide, compared to 48% of heterosexual young people. This figure was 88.9% among trans young people and 59.4% among cisgender young people. 33.9% LGB young people had made at least one suicide attempt, compared to 17.9% of heterosexual young people. This figure was 48.1% for trans young people and 26.2% for cisgender young people.<sup>13</sup>

LGBT awareness training is able to improve the levels of care staff are able to provide to LGBT people. However a 2016 study of 133 mental health staff who supported young people, found that just 35.4% staff had attended LGBT awareness training.<sup>14</sup>

“**I had a psychologist who was treating me for depression. I wanted to tell him about my trans issue, but he was treating me like ‘one of the lads’ like I was a ‘proper chap’. He had no idea I had such an issue about my gender because he was trying to build my confidence by complimenting my ‘male’ gender, which, was actually damaging.**” Charlie, trans woman from the East Midlands, 21<sup>15</sup>

## 2. Living Well

### 2.1 LGBT People of Colour

A survey of 289 LGB people, published in 2019, found that People of Colour were significantly more likely than white participants to experience rejection, discrimination and internalised homophobia. This resulted in People of Colour being less likely to be out.<sup>16</sup>

<sup>11</sup> McDermott, E., Hughes, E. and Rawlings, V. 2018. *The social determinants of lesbian, gay, bisexual and transgender youth suicidality in England: a mixed methods study*. Journal of Public Health (Oxford, England), 40(3), e244.

<sup>12</sup> Metro. 2016. *Youth Chances: Integrated Report*. London: METRO Charity. Available at: <https://metrocharity.org.uk/sites/default/files/2017-04/National%20Youth%20Chances%20Integrated%20Report%202016.pdf>

<sup>13</sup> Nodin, N., Peel, E., Tyler, A. and Rivers, I. 2015. *The RaRE Research Report: LGBT Mental Health - Risk and Resilience Explored*. London: PACE – Project for Advocacy Counselling and Education

<sup>14</sup> McDermott, E., Hughes, E. and Rawlings, V. 2016. *Queer Futures, understanding lesbian, gay, bisexual and trans (LGBT) adolescents’ suicide, self-harm and help-seeking behaviour*. Available at: <http://www.queerfutures.co.uk/wp-content/uploads/2016/06/Queer-Futures-Final-Report.pdf>

<sup>15</sup> Metro. 2016. *Youth Chances: Integrated Report*. London: METRO Charity. Available at:

<https://metrocharity.org.uk/sites/default/files/2017-04/National%20Youth%20Chances%20Integrated%20Report%202016.pdf>

<sup>16</sup> Jaspal, R., Lopes, B. and Rehman, Z. 2019. *A structural equation model for predicting depressive symptomatology in Black, Asian and Minority Ethnic gay, lesbian and bisexual people in the UK*. Psychology & Sexuality.



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## 2.2 Being Disabled and LGBT

A study of 789 LGBT young people, published in 2016, found that participants who were trans or unsure about their gender identity were 2.23 times more likely than cisgender participants to say that they had had a disability, chronic illness and/ or impairment.<sup>17</sup>

A 2016 analysis of the third National Survey of Sexual Attitudes and Lifestyles (carried out 2010-2012) found that men who have sex with men (MSM) were likely to report that they had a long-standing illness, disability and/or infirmity compared to men who only have sex with women.<sup>18</sup>

## 2.3 Being Bisexual

A Stonewall survey of over 5,000 LGBT people, carried out in 2017, found that bisexual people face a number of disadvantages and are often worse affected than their lesbian and gay counterparts.

16% of bi men and 14% of bi women experienced a hate crime or incident, which they said was motivated by their sexual orientation, in year preceding the survey. 12% of bi men, 13% of bi women, and 17% of bi non-binary people faced abuse from a partner in the previous year. This compares to 11% of all LGBT respondents. 13% of bi respondents experienced unwanted sexual contact compared to 7% of lesbian/ gay people. 42% of bi respondents thought that their sexual orientation could have been a motivating factor in their experiences of sexual violence.

27% of bi women and 18% of bi men have experienced discrimination from others in LGBT communities. This compares to 9% of gay/ lesbian women and 4% of gay men.

59% of bi people said they had experienced depression compared to 46% of gay/ lesbian people.

28% of bi people would feel confident reporting to their employer if they experienced bullying compared to 41% of gay/ lesbian people.

Bi people are less likely to be out compared to lesbian/ gay people. 36% of bi people reported being out to all of their friends and 20% reported being out to all their family. In comparison 74% of gay/ lesbian people reported being out to all of their friends and 63% reported being out to all their family. 23% of bi students reported being out to everyone at their university compared to 44% of gay/ lesbian students. 40% of bi men and 29% of bi women are not out to anyone when seeking healthcare, this compares to 10% of gay men and 11% of gay/ lesbian women.

**“ Having lived as a straight man all my life, it is virtually inconceivable that I would admit to my family that I am bisexual.”<sup>19</sup>**

<sup>17</sup> McDermott, E., Hughes, E. and Rawlings, V. 2016. *Queer Futures, understanding lesbian, gay, bisexual and trans (LGBT) adolescents' suicide, self-harm and help-seeking behaviour*. Available at: <http://www.queerfutures.co.uk/wp-content/uploads/2016/06/Queer-Futures-Final-Report.pdf>

<sup>18</sup> Mercer, C. H., Prah, P., Field, N., Tanton, C., Macdowall, W., Clifton, S., Hughes, G., Nardone, A., Wellings, K., Johnson, A. M. and Sonnenberg, P. 2016. *The health and well-being of men who have sex with men (MSM) in Britain: Evidence from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)*. BMC Public Health, 16, (525).

<sup>19</sup> Melville, S., Stonborough, E. and Gooch, B. 2020. *LGBT in Britain: Bi report*. Stonewall and YouGov. Available at: [https://www.stonewall.org.uk/system/files/lgbt\\_in\\_britain\\_bi.pdf](https://www.stonewall.org.uk/system/files/lgbt_in_britain_bi.pdf)

## 2.4 Alcohol

A 2020 analysis of Waves 3 and 7 of the UK Household Longitudinal Study found that LGB older women were almost two times as likely as heterosexual women to have harmful drinking habits.<sup>20</sup>

In a 2013 analysis of a sample of over 7,600 young people aged 18/19 in England, lesbian and gay identity was associated with higher rates of drinking consumption and engaging in risky single occasion drinking.<sup>21</sup>

## 2.5 Drugs

Analysis of the third National Survey of Sexual Attitudes and Lifestyles (carried out 2010-2012) found that MSM were more likely to report substance use compared to men who exclusively have sex with women.<sup>22</sup>

A survey of 299 MSM, 3215 heterosexual men, 122 women who have sex with women (WSW) and 1,336 heterosexual women revealed that WSW and MSM were more likely to take illicit drugs compared to their heterosexual counterparts. MSM were more likely than heterosexual men to use drugs associated with chemsex (injected and non-injected mephedrone and injected and non-injected ketamine). MSM were also more likely to use inhaled solvents, cocaine, speed, injected methedone and ecstasy. WSW were more likely than heterosexual women to use non-injected mephedrone, injected and non-injected ketamine, injected methadone, injected and non-injected cocaine, crack, benzodiazepines or ecstasy, inhaled solvents and cannabis.<sup>23</sup>

“ [Drug use among gay men in London is] Rampant. It’s just everywhere [...] I mean I can’t think of anywhere I’ve not seen drugs being taken Yeah, that’s the reality.<sup>24</sup> ”

## 2.6 Smoking

Higher smoking rates are a particular concern for LGB women. 2020 research that examined changes in smoke prevalence over time found that smoking prevalence has stayed higher among sexual minority (SM) women, compared to SM men and heterosexual women. Urban areas have seen decreases in smoking prevalence, however these decreases have been less pronounced among SM women compared to SM men.<sup>25</sup>

<sup>20</sup> Becares, L. 2020. *Health and socio-economic inequalities by sexual orientation among older women in the United Kingdom: Findings from the UK Household Longitudinal Study*. Ageing and Society.

<sup>21</sup> Hagger-Johnson, G., Taibjee, R., Semlyen, J., Fitchie, I., Fish, J., Meads, C. and Varney, J. 2013. *Sexual orientation identity in relation to smoking history and alcohol use at age 18/19: cross-sectional associations from the Longitudinal Study of Young People in England (LSYPE)*. BMJ Open, 3(8), e002810.

<sup>22</sup> Mercer, C. H., Prah, P., Field, N., Tanton, C., Macdowall, W., Clifton, S., Hughes, G., Nardone, A., Wellings, K., Johnson, A. M. and Sonnenberg, P. 2016. *The health and well-being of men who have sex with men (MSM) in Britain: Evidence from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)*. BMC Public Health, 16(5).

<sup>23</sup> Heinsbroek, E., Glass, R., Edmundson, C., Hope, V. and Desai, M. 2018. *Patterns of injecting and non-injecting drug use by sexual behaviour in people who inject drugs attending services in England, Wales and Northern Ireland, 2013-2016*. The International Journal on Drug Policy, 55, 215–221.

<sup>24</sup> Bourne, A., Reid, D., Hickson, F., Torres Rueda, S. and Weatherburn P. 2014. *The Chemsex study: drug use in sexual settings among gay & bisexual men in Lambeth, Southwark & Lewisham*. London: Sigma Research, London

<sup>25</sup> Davies, M., Moon, G. and Lewis, N. M. 2020. *Trends in smoking prevalence over time and space: A comparison between sexual minority and heterosexual populations*. Health & Place, 65.





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In a sample of over 7600 young people aged 18/19 in England, lesbian and gay identity was associated with higher rates of smoking.<sup>26</sup>

## 2.7 Chemsex

In a survey (carried out between 2013 and 2016) of 2328 MSM in Scotland, Wales, Northern Ireland and the Republic of Ireland, 48.8% of participants had ever taken illicit drugs, 18% had engaged in chemsex drug use in their lifetime and 8.2% had engaged in chemsex drug use in the last year. 72.9% of men who used chemsex drugs in the last year reported sexualised drug use. People who were aged 36-45 years, men, HIV positive, reported high-risk sex, or had sex in exchange for goods other than money were significantly more likely to have engaged in chemsex in the previous year.<sup>27</sup>

A 2018 literature review found a range of estimates for people engaging in chemsex, such as 17% among MSM attending sexual health clinics, 31% in HIV-positive MSM inpatients and 41% among MSM attending sexual health clinics for HIV post-exposure prophylaxis (PEP).<sup>28</sup>

## 2.8 Being LGBT at Work

A 2016 evidence review found the workplace is still LGBT unfriendly with many experiencing harassment and bullying at work. Trans people are particularly likely to be affected. This negative treatment leads to restrictions in job choice, reduced progression and people feeling that they can't be out at work.<sup>29</sup>

In depth interviews with 24 LGBT people at work, published in 2020, revealed that most participants came out later in their careers because they thought that coming out could harm their progression. People who were not out at work reported that this had resulted in significant psychological strain and harmed their productivity.<sup>30</sup>

## 2.9 The Wage Gap

A 2014 research review found that gay men were more likely to experience poverty compared to heterosexual men and are more likely to be in receipt of income support, housing benefit and council tax benefit. Bisexual men were four times as likely to be behind on household bills and twice as likely to receive income support compared to heterosexual men. Bisexual women were also slightly more likely to be in poverty compared to heterosexual women and were more likely to be behind on their household bills.<sup>31</sup>

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<sup>26</sup> Hagger-Johnson, G., Taibjee, R., Semlyen, J., Fitchie, I., Fish, J., Meads, C. and Varney, J. 2013. *Sexual orientation identity in relation to smoking history and alcohol use at age 18/19: cross-sectional associations from the Longitudinal Study of Young People in England (LSYPE)*. *BMJ Open*, 3(8), e002810.

<sup>27</sup> Frankis, J., Flowers, P., McDaid, L. and Bourne, A. 2018. *Low levels of chemsex among men who have sex with men, but high levels of risk among men who engage in chemsex: analysis of a cross-sectional online survey across four countries*. *Sexual Health*, 15(2), 144–150.

<sup>28</sup> Edmundson, C., Heinsbroek, E., Glass, R., Hope, V., Mohammed, H., White, M. and Desai, M. 2018. *Sexualised drug use in the United Kingdom (UK): A review of the literature*. *The International Journal on Drug Policy*, 55, 131–148.

<sup>29</sup> Hudson-Sharpe, N. and Metcalf, H. 2016. *Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of evidence*. National Institute of Economic and Social Research. Available at:

[https://www.niesr.ac.uk/sites/default/files/publications/160719\\_REPORT\\_LGBT\\_evidence\\_review\\_NIESR\\_FINALPDF.pdf](https://www.niesr.ac.uk/sites/default/files/publications/160719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf)

<sup>30</sup> The Good Side. 2020. *Building more open business*. Available at: <https://www.frc.org.uk/getattachment/19f3b216-bd45-4d46-af2f-f191f5bf4a07/The-Good-Side-x-Financial-Reporting-Council-Buidling-more-open-business-2011.pdf>

<sup>31</sup> Uhrig, SC. 2013. *An Examination of Poverty and Sexual Orientation in the UK*. Institute for Social and Economic Research University of Essex. Available at: <https://www.iser.essex.ac.uk/research/publications/working-papers/iser/2014-02.pdf>



## 2.10 Hate Crime and Safety

A Citizens UK survey of 1030 people found that 88.5% of trans people and 81.8% of gay and lesbian people reported that they had experienced a hate crime, compared to 46% of all respondents. 53.6% of trans and non-binary people said they were frequently targeted by hate crime perpetrators.<sup>32</sup>

## 2.11 Sexual Violence

An analysis of the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) found that MSM were more likely than men who exclusively have sex with women to have experience of attempted non-volitional sex.<sup>33</sup>

In a 2018 LGBT Foundation survey of over 2000 WSW, 42% of participants reported that they had experienced sexual violence and a further 8% were unsure as to whether they had experienced sexual violence. This rises to 55% of people from any Asian background and 52% of people from any black background. Of those who had experienced sexual violence just 7% said their need for support was met by the service they had accessed. Participants also reported a lack of recognition around sexual violence that has been perpetrated by women:

“ *In order to receive support for sexual violence, I (and we as a society) need to be believed that to be raped by a woman is rape... I would not feel able to access support until this is given the same level of disgust, intolerance and sympathy that penis rape gets. To be told "oh but you weren't actually raped, just assaulted" is really insulting and devalues everything* <sup>34</sup>

## 2.12 LGBT People Seeking Asylum and Refuge

A 2016 evidence review found staff from the UK Borders Agency (now UK Visas and Immigration) asked inappropriate and sexualised questions to asylum-seekers who were making claims based on their sexual orientation. Some staff relied on stereotypes to assess asylum claims that were based on sexual orientation. This was largely due to lack of proper staff training.<sup>35</sup>

Micro Rainbow International research from 2013 found that that LGB refugees can end up with no financial support once they have arrived in the UK due to being rejected by their

<sup>32</sup> Samanani, F. and Pope, S. 2020. *Overcoming everyday hate in the UK: Hate crime, oppression and the law*. Citizens UK. Available at:

[https://d3n8a8pro7vhm.cloudfront.net/newcitizens/pages/3760/attachments/original/1599728331/Academic\\_Report\\_V.6\\_-\\_web\\_compress\\_3.pdf?1599728331](https://d3n8a8pro7vhm.cloudfront.net/newcitizens/pages/3760/attachments/original/1599728331/Academic_Report_V.6_-_web_compress_3.pdf?1599728331)

<sup>33</sup> Mercer, C. H., Prah, P., Field, N., Tanton, C., Macdowall, W., Clifton, S., Hughes, G., Nardone, A., Wellings, K., Johnson, A. M. and Sonnenberg, P. 2016. *The health and well-being of men who have sex with men (MSM) in Britain: Evidence from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)*. BMC Public Health, 16 (525).

<sup>34</sup> Cunningham, A. 2020. *It's a Question of Sex*. LGBT Foundation. Available at: <https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/fccfbf7-6dfa-4115-933c-d666d9a13fee/lt%27s%2520A%2520Question%2520of%2520Sex%2520Community%2520Report.pdf>

<sup>35</sup> Hudson-Sharpe, N. and Metcalf, H. 2016. *Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of evidence*. National Institute of Economic and Social Research. Available at: [https://www.niesr.ac.uk/sites/default/files/publications/160719\\_REPORT\\_LGBT\\_evidence\\_review\\_NIESR\\_FINALPDF.pdf](https://www.niesr.ac.uk/sites/default/files/publications/160719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf)

families and co-nationals because of their sexual orientation. This leaves LGB refugees at higher risk of experiencing poverty.<sup>36</sup>

### 2.13 LGBT Carers

The LGB&T Partnership 2014 Adult Social Care survey, which had responses from over 250 LGBT people and their carers, found that only 4% of LGBT respondents thought that they could balance their caring role and responsibilities with their own quality of life and wellbeing. The survey found that only 10% of respondents were in receipt of a personal budget or direct payment for their own benefit or for someone they were caring for.

Some parents of trans children felt they had a carer's role and fears around how their child would be treated were so great that they were also concerned about their own physical and mental health:

“ ***My son is transgender and I have found little or no support from the NHS for myself or for him. My quality of life is affected due to the anxiety I have for him and his future given his mental state*** <sup>37</sup>

### 2.14 Physical Health and Long-Term Conditions

A 2020 review of data sources found that among men aged 50+, being gay, bisexual, or another non-heterosexual orientation is associated with a heightened risk of long-term illness and health-related limitations.<sup>38</sup>

Data from a survey of 5799 gay and bisexual men, was analysed to look at inequalities among different groups within the gay and bisexual male population. This data was published in 2017. The study found that, compared to GB men in general, older GB men were more likely to be overweight and drink alcohol frequently but were less likely to smoke and use illicit drugs. Asian GB men were more likely to not exercise regularly but less likely to smoke. Men living in London were more likely to smoke and use illicit drugs but less likely to be overweight. Lower education was associated with being overweight, frequent alcohol use, low exercise levels and smoking.<sup>39</sup>

A 2018 Public Health England evidence review found strong evidence to show that lesbian and bisexual women have higher rates of asthma than heterosexual women.<sup>40</sup>

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<sup>36</sup> Micro Rainbow International. 2013. *Poverty, Sexual Orientation and Refugees in the UK*. Available at: <https://microrainbow.org/pr-poverty-so-refugees-uk/>

<sup>37</sup> National LGB&T Partnership. 2015. *The Adult Social Care Outcomes Framework Lesbian, Gay, Bisexual and Trans Companion Document*. Available at: <https://nationalgbtpartnershipdotorg.files.wordpress.com/2015/08/ascof-companion-piece.pdf>

<sup>38</sup> Kneale, D., Thomas, J., & French, R. 2020. *Inequalities in Health and Care Among Lesbian, Gay, and Bisexual People Aged 50 and Older in the United Kingdom: A Systematic Review and Meta-analysis of Sources of Individual Participant Data*. The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, 75(8), 1758–1771.

<sup>39</sup> Bourne, A., Davey, C., Hickson, F., Reid, D. and Weatherburn, P. 2017. *Physical health inequalities among gay and bisexual men in England: a large community-based cross-sectional survey*. Journal of Public Health (Oxford, England), 39(2), 290–296.

<sup>40</sup> Public Health England. 2018. *Improving the health and wellbeing of lesbian and bisexual women and other women who have sex with women*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/723557/improving\\_health\\_and\\_wellbeing\\_LBWSW.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/723557/improving_health_and_wellbeing_LBWSW.pdf)

## 2.15 Cervical Screening

A 2010 study of lesbian and bisexual women's health inequalities found that professionals were often unable to provide LB women with advice relevant to their health risks and sometimes LB women were wrongly refused healthcare. Cervical screening was given as an example of something that some women had been refused:

**“ I was told by a nurse once that I didn't need a smear as I was gay, even though in my past I had slept with men but didn't at the time of the smear. She refused to give me a smear saying I didn't warrant one.<sup>41</sup>**

## 2.16 LGBT People and Cancer Experiences

A survey of 258 UK oncologists revealed that 8% said they were confident in their knowledge of LGBT health needs. Just 5% routinely inquired about sexual orientation, this was 5% when it came to gender identity and 3% around preferred pronouns. 68% agreed that their postgraduate training should include mandatory training on LGBT healthcare.<sup>42</sup>

A 2015 review of the research on LGB cancer care experiences revealed a number of concerning findings. For example services were reported to be discriminatory and there were gaps and inequalities in the provision of care and support.<sup>43</sup>

**“ ‘After I was diagnosed with prostate cancer and had keyhole surgery I lost any sexual function. I feel I had to keep a brave face and I didn't even have the confidence to ask for help. Being gay, I didn't have the guts to talk to my GP. I felt I had an old man's cancer and there was no one of my age to talk to. Being gay made it even tougher.’ Simon, 38<sup>44</sup>**

A 2020 systematic review looking at primary research on psychosocial support (support that addresses both mental health and social conditions) for LGBT people both during and after treatment found that more needs to be done to better support LGBT cancer patients. The key findings were that there was a lack of LGBT inclusive support groups, discrimination was present within healthcare services and there were gaps in healthcare professional's knowledge and education. The review concluded that 'healthcare providers are failing LGBT cancer patients in psychosocial support resulting in unmet needs.'<sup>45</sup>

In-depth interviews with fifteen LGB cancer patients (published 2020) further highlighted the need to do more to improve cancer care for LGBT people. Participants experienced some direct and explicit discrimination but often discrimination was experienced in the form of micro-aggressions and heteronormative practices. People did not always feel that disclosing

<sup>41</sup> Fish, J. and Bewley, S. 2010. *Using human rights-based approaches to conceptualise lesbian and bisexual women's health inequalities*. Health & Social Care in the Community, 18(4), 355–362.

<sup>42</sup> Berner, A. M., Hughes, D. J., Tharmalingam, H., Baker, T., Heyworth, B., Banerjee, S. and Saunders, D. 2020. *An evaluation of self-perceived knowledge, attitudes and behaviours of UK oncologists about LGBTQ+ patients with cancer*. ESMO Open, 5(6).

<sup>43</sup> Hill, G. and Holborn, C. 2015. *Sexual minority experiences of cancer care: A systematic review*. Journal of Cancer Policy, 6, 11–22.

<sup>44</sup> Macmillan. 2014. *The Emerging Picture. LGBT People with Cancer*. Available at: [https://www.macmillan.org.uk/\\_images/lgbt-people-with-cancer\\_tcm9-282785.pdf](https://www.macmillan.org.uk/_images/lgbt-people-with-cancer_tcm9-282785.pdf)

<sup>45</sup> Webster, R. and Drury-Smith, H. 2020. *How can we meet the support needs of LGBT cancer patients in oncology? A systematic review*. Radiography.



their LGB identity was easy and comfortable. These experiences meant respondents felt alienated from mainstream psychosocial cancer support.<sup>46</sup>

An analysis of the 2013 UK National Cancer Patient Experience Survey (68,737 responses, 0.8% of whom identified as LGB) found that LGB people experienced inequalities in cancer care, with bisexual people being particularly likely to experience these inequalities. Inequalities existed in the provision of person centred care and LGB people were more likely to experience isolation as a result of cancer. It was also found that healthcare professionals needed better training and resources to eliminate heteronormative approaches in care.<sup>47</sup>

## 2.17 Mental Health

A 2020 evidence review found that GB men aged 50+ were twice as likely to report that they had attempted suicide in their life compared to heterosexual men.<sup>48</sup>

A survey of 5,799 men who are sexually attracted to other men (data published 2017) found that 21.3% were depressed, 17.1% were anxious, 3.0% had experienced attempted suicide and 6.5% had self-harmed in the 12 months preceding the survey. Younger people, people with lower education levels and lower income were more likely to report poor mental health. People in ethnic minority groups and people who were sexually attracted to men as well as women were more likely to report experiences of depression.<sup>49</sup>

A 2016 analysis of 12 UK population health surveys found that LGB adults are more likely to have poor mental health and low wellbeing compared to heterosexual adults. These inequalities were found to be more profound among younger and older LGB adults.<sup>50</sup>

A 2019 study looked at the outcomes of 85,831 women (1.5% lesbian, 1.2% bisexual) and 47,092 men (3.7% gay, 0.8% bisexual) who had accessed England's Improving Access to Psychological Therapies (IAPT) service. The study found that, compared to heterosexual women, lesbian and bisexual women had higher final-session severity for depression, anxiety, and functional impairment and increased risk of not achieving reliable recovery and improvement in depression/anxiety or functioning.

Additionally compared to gay and heterosexual men, bisexual men had higher final-session severity for depression, anxiety, and functioning and increased risk of not achieving reliable recovery and improvement.<sup>51</sup>

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<sup>46</sup> Fish, J. and Williamson, I. 2018. *Exploring lesbian, gay and bisexual patients' accounts of their experiences of cancer care in the UK*. European Journal of Cancer Care, 27(1), n.

<sup>47</sup> Hulbert-Williams, N. J., Plumpton, C. O., Flowers, P., McHugh, R., Neal, R. D., Semlyen, J. and Storey, L. 2017. *The cancer care experiences of gay, lesbian and bisexual patients: A secondary analysis of data from the UK Cancer Patient Experience Survey*. European Journal of Cancer Care, 26(4), n.

<sup>48</sup> Kneale, D., Thomas, J., & French, R. 2020. *Inequalities in Health and Care Among Lesbian, Gay, and Bisexual People Aged 50 and Older in the United Kingdom: A Systematic Review and Meta-analysis of Sources of Individual Participant Data*. The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, 75(8), 1758–1771.

<sup>49</sup> Hickson, F., Davey, C., Reid, D., Weatherburn, P. and Bourne, A. 2017. *Mental health inequalities among gay and bisexual men in England, Scotland and Wales: a large community-based cross-sectional survey*. Journal of Public Health (Oxford, England), 39(2), 266–273.

<sup>50</sup> Semlyen, J., King, M., Varney, J. and Hagger-Johnson, G. 2016. *Sexual orientation and symptoms of common mental disorder or low wellbeing: combined meta-analysis of 12 UK population health surveys*. BMC Psychiatry, 16, 67.

<sup>51</sup> Rimes, K. A., Ion, D., Wingrove, J. and Carter, B. 2019. *Sexual orientation differences in psychological treatment outcomes for depression and anxiety: National cohort study*. Journal of Consulting and Clinical Psychology, 87(7), 577–589

“ *I feel like people didn't take my mental health seriously because I am trans or didn't take me being trans seriously because of my mental health.*<sup>52</sup> ”

## 2.18 Sexual Health

A 2020 survey of 3507 people found that trans participants were less likely to attend a sexual health clinic compared to cis participants. 49% of trans people had had an HIV test in their life, compared to 64% of cis people. Half of trans participants who had engaged in condomless anal intercourse had never had an HIV test.<sup>53</sup>

A 2016 analysis of data from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) revealed that compared to men who have sex with exclusively women (MSEW), MSM were more likely to report harmful sexual health behaviours, such as condomless sex with two or more partners in the year preceding the survey. MSM were also more likely than MSEW to report an STI diagnosis in the previous year. Almost 20% of MSM reported using drugs to assist sexual performance in the past year compared to 6.5% of MSEW.<sup>54</sup>

A 2018 Public Health England evidence review found evidence to suggest that there are higher rates of some types of STIs, primarily bacterial vaginosis, in WSW. It also found evidence in the grey literature that suggested that LB women and WSW were less likely to have had an STI test compared to heterosexual women.<sup>55</sup>

“ *'I was told at uni not that long ago that wsw don't need to worry about sexual health risks and I've never experienced lesbian/queer sex education outside of my university space.'* (Lesbian, aged 35-34, has sex with women only, gender identity same as that assigned at birth)<sup>56</sup> ”

## 2.19 HIV

A 2014 survey of 15,388 gay and bisexual men living in England found that black men were significantly more likely than white British men to report a diagnosis of HIV in the 12 months preceding the survey. Men in Asian, black and all other ethnic groups were more likely than

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<sup>52</sup> LGBT Foundation. 2020. You build your own family, that's how you get through it. Available at: [https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/32a71f66-5a1e-4436-a757-692c0e86431f/LGBT%2520Foundation\\_You%2520build%2520your%2520own%2520family.pdf](https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/32a71f66-5a1e-4436-a757-692c0e86431f/LGBT%2520Foundation_You%2520build%2520your%2520own%2520family.pdf)

<sup>53</sup> Hibbert, M. P., Wolton, A., Weeks, H., Ross, M., Brett, C. E., Porcellato, L. A. and Hope, V. D. 2020. *Psychosocial and sexual factors associated with recent sexual health clinic attendance and HIV testing among trans people in the UK*. *BMJ Sexual & Reproductive Health*, 46(2), 116–125.

<sup>54</sup> Mercer, C. H., Prah, P., Field, N., Tanton, C., Macdowall, W., Clifton, S., Hughes, G., Nardone, A., Wellings, K., Johnson, A. M. and Sonnenberg, P. 2016. *The health and well-being of men who have sex with men (MSM) in Britain: Evidence from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)*. *BMC Public Health*, 16, 525.

<sup>55</sup> Public Health England. 2018. *Improving the health and wellbeing of lesbian and bisexual women and other women who have sex with women*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/723557/improving\\_health\\_and\\_wellbeing\\_LBWSW.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/723557/improving_health_and_wellbeing_LBWSW.pdf)

<sup>56</sup> Cunningham, A. 2020. *It's a Question of Sex*. LGBT Foundation. Available at: <https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/ffc6bf7-6dfa-4115-933d-d666d9a13fee/It%27s%2520A%2520Question%2520of%2520Sex%2520Community%2520Report.pdf>



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the white British men to say that they had anal intercourse that was not protected by a condom with more than one non-steady partner.<sup>57</sup>

In depth interviews in 2014 with 25 black men who have sex with men (BMSM) in 2014 looked at motivations and barriers to accessing pre-exposure prophylaxis (PrEP). The study found that BMSM who had social groups that were made up of a diverse range of people found that talking about sexual health was often challenging as a result of the ethnicity, family history and religion of people in their social groups. For example one participant said:

“ ***But just from my background, it’s kind of a prudish background, but you never really talk openly about sex.*** (22-year-old bisexual man, Black British African, PrEP naïve)

For BMSM with these mixed social groups, conversations about sexual health and PrEP were often only had with their gay male friends. However BMSM also reported that they were excluded from both online and offline gay male spaces. This exclusion was a result of racism as well as a lack of representation of black men in gay culture:

“ ***‘If I go to the gay scene, I don’t really see representation of black or African men. That’s a big reason [for not going]. In that sense as well, I feel like I don’t fit in there. I feel like I’m a minority within another minority.’*** (25-year-old gay man, Black British Caribbean, PrEP naïve)

This exclusion may be limiting BMSM’s exposure to messages and information about PrEP.

BMSM reported being hypersexualised and stereotyped as being promiscuous by others in the gay community. These stereotypes were mirrored among PrEP users, who were stereotyped as being ‘deviant, out of control and reckless’. Therefore for some BMSM taking PrEP would lead to additional stigmatisation, on top of the existing stigma people face for being black and gay/ bisexual.

“ ***[PrEP] seems to be something you take when you engage in very illicit non-safe sex activity with multiple men, which isn’t something that I tend to do. Hence the reason I don’t do PrEP.*** (31-year-old gay man, Black British African, PrEP naïve)<sup>58</sup>

A 2016 study of 700 MSM in Scotland found that PrEP awareness was higher among people living in large cities, people with higher levels of education attainment, people with higher sexual health literacy and people who regularly visited the commercial gay scene.<sup>59</sup>

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<sup>57</sup> Hickson, F., Melendez-Torres, G. J., Reid, D. and Weatherburn, P. 2017. HIV, sexual risk and ethnicity among gay and bisexual men in England: survey evidence for persisting health inequalities. *Sexually Transmitted Infections*, 93, 508-513.

<sup>58</sup> Witzel, T. C., Nutland, W. and Bourne, A. 2019. *What are the motivations and barriers to pre-exposure prophylaxis (PrEP) use among black men who have sex with men aged 18-45 in London? Results from a qualitative study.* *Sexually Transmitted Infections*, 95(4), 262–266.

<sup>59</sup> Frankis, J., Young, I., Flowers, P. and McDaid, L. 2016. *Who Will Use Pre-Exposure Prophylaxis (PrEP) and Why?: Understanding PrEP Awareness and Acceptability amongst Men Who Have Sex with Men in the UK--A Mixed Methods Study.* *PloS One*, 11(4), e0151385.

## 2.20 Barriers to Accessing Healthcare Services

A 2016 review by the Race Equality Foundation found that trans and non-binary People of Colour face 'extreme barriers in accessing physical and behaviour health care.' Part of this is due to prevalent transphobia and racism when accessing healthcare. The report also concluded that a lack of research on the experiences of trans and non-binary People of Colour means that the extent of these inequalities are not fully known.<sup>60</sup>

A study of the 2012-2014 English General Practice Patient Surveys found that lesbian women were 0.803 times less likely than heterosexual women to have seen family practitioner in the previous three months.<sup>61</sup>

A 2019 review of research on health experiences of sexual minority women (SMW) in the UK found a number of inequalities in healthcare. SMW faced a number of barriers including negative responses to coming out, heteronormative assumptions, prejudice and a lack of knowledge from healthcare professionals and barriers when trying to complain or raise concerns. There was also found to be a lack of available information on health issues facing lesbian, bisexual and trans women. The report concluded that there is clear evidence to show that healthcare professional's education around SMW's health issues needs to be improved.<sup>62</sup>

A study of 40 LGBT people facing advanced illness in the UK (published in 2018) found that participants faced a number of issues when accessing healthcare. These included the presence of heteronormative assumptions as well as homophobic and transphobic behaviours in healthcare services. Invisible stressors were also present, this included historical experiences where LGBT identities were criminalised and pathologised as well as past experiences of discrimination and a fear of facing discrimination. Past experiences of discrimination were carried into future care interactions and these stressors made some people more reluctant to access healthcare. The report concluded that 'despite recent legislative change, experiences of discrimination and exclusion in health care persist for LGBT people.'<sup>63</sup>

## 2.21 Out in Healthcare

A 2018 evidence review found that barriers to disclosing LGB identity in a healthcare setting were widespread. The most significant factors that determined whether someone would disclose their sexual orientation were, people feeling like their sexual orientation was not relevant to the care they were receiving and fears of poor or unequal treatment as a result of disclosure. The communication skills and language used by the healthcare professional

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<sup>60</sup> Kattri, S., Whitfield, D., DeChants, J. and Alvarez, A. 2016. *Better Health Briefing, Issue 41. Barriers to health faced by transgender and non-binary black and minority ethnic people*. Race Equality Foundation. Available at: <https://raceequalityfoundation.org.uk/health-care/barriers-to-health-faced-by-transgender-and-non-binary-black-and-minority-ethnic-people/>

<sup>61</sup> Urwin, S. and Whittaker, W. 2016. *Inequalities in family practitioner use by sexual orientation: evidence from the English General Practice Patient Survey*. *BMJ Open*, 6(5).

<sup>62</sup> Meads, C., Hunt, R., Martin, A. and Varney, J. 2019. *A Systematic Review of Sexual Minority Women's Experiences of Health Care in the UK*. *International Journal of Environmental Research and Public Health*, 16(17).

<sup>63</sup> Bristowe, K., Hodson, M., Wee, B., Almack, K., Johnson, K., Daveson, B., Koffman, J., McEnhill, L. and Harding, R. 2018. Recommendations to reduce inequalities for LGBT people facing advanced illness: ACCESSCare national qualitative interview study. *Palliative Medicine*, 32(1).



were also very important with heteronormative language and unfriendly body language making people less likely to disclose.<sup>64</sup>

## 2.22 Covid-19

Due to existing LGBT health inequalities some sections of LGBT communities may be more at risk of getting seriously ill from Covid-19. These inequalities include higher smoking rates,<sup>65</sup> lower levels of physical activity,<sup>66</sup> higher prevalence of long term conditions<sup>67,68</sup> and higher rates of homelessness.<sup>69,70</sup> However due to a lack of monitoring and a lack of research there is currently no robust evidence to demonstrate that LGBT people in the UK are more likely to catch Covid-19 or that mortality rates are higher in LGBT communities.

**“ I am queer, black and disabled and I am really worried about the health inequalities I will face if I get ill. I do not want to die because of structural oppressions. ”<sup>71</sup>**

The 2020 Queerantime study of 398 LGBT people during the Covid-19 pandemic found that:<sup>72</sup>

- 69% of respondents had depressive symptoms.
- 16.7% had experienced some form of discrimination based on their LGBT identity since the start of the pandemic.
- People who had experienced harassment based on their LGBT identity were three times more likely to experience significant depressive symptoms.
- Trans and gender diverse people had the highest scores for perceived social or depressive symptoms.

LGBT Foundation’s Covid-19 survey of 555 LGBT people living in the UK has found that:<sup>73</sup>

<sup>64</sup> Brooks, H., Llewellyn, C. and Nadarzynski, T. 2018. *Sexual orientation disclosure in health care: a systematic review*. The British Journal of General Practice: The Journal of the Royal College of General Practitioners, 68(668), e187–e196.

<sup>65</sup> Office for National Statistics. 2018. *The Odds of Smoking by Sexual Orientation in England, 2016*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/adhocs/009373theoddsfsmokingbysexualorientationinengland2016>

<sup>66</sup> The National LGB&T Partnership. 2016. *Lesbian, Gay, Bisexual & Trans People and Physical Activity: What You Need To Know*. Available at: <https://nationalelgbtpartnershipdotorg.files.wordpress.com/2016/02/lgbt-people-and-physical-activity-whatyou-need-to-know.pdf>

<sup>67</sup> Beach, B. 2019. *Raising the Equality Flag*. International Longevity Center UK. Available at: <https://ilcuk.org.uk/wp-content/uploads/2019/05/ILC-Raising-theequality-flag.pdf>

<sup>68</sup> Mercer, C. H., Prah, P., Field, N., Tanton, C., Macdowall, W., Clifton, S., Hughes, G., Nardone, A., Wellings, K., Johnson, A. M. and Sonnenberg, P. 2016. *The health and well-being of men who have sex with men (MSM) in Britain: Evidence from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)*. BMC Public Health, 16, (525).

<sup>69</sup> Bachmann, C. and Gooch, B. 2018. *LGBT in Britain. Home and Communities*. Stonewall and YouGov. Available at: [https://www.stonewall.org.uk/sites/default/files/lgbt\\_in\\_britain\\_home\\_and\\_communities.pdf](https://www.stonewall.org.uk/sites/default/files/lgbt_in_britain_home_and_communities.pdf)

<sup>70</sup> Albert Kennedy Trust. 2017. *LGBT Youth Homelessness: A UK National Scoping of Cause, Prevalence, Response & Outcome*. Available at: <https://www.akt.org.uk/Handlers/Download.ashx?IDMF=c0f29272-512a-45e8-9f9b-0b76e477baf1>

<sup>71</sup> LGBT Foundation. 2020. *Hidden Figures: The Impact of the Covid-19 Pandemic on LGBT Communities*. Available at: <https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/7a01b983-b54b-4dd3-84b2-0f2ecd72be52/Hidden%20Figures-%20The%20Impact%20of%20the%20Covid-19%20Pandemic%20on%20LGBT%20Communities.pdf>

<sup>72</sup> Kneale, D. and Becares, L. 2020. *The mental health and experiences of discrimination of LGBTQ+ people during the COVID-19 pandemic: Initial findings from the Queerantime Study*. MedRxiv.

<sup>73</sup> LGBT Foundation. 2020. *Hidden Figures: The Impact of the Covid-19 Pandemic on LGBT Communities*. Available at: <https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/7a01b983-b54b-4dd3-84b2-0f2ecd72be52/Hidden%20Figures-%20The%20Impact%20of%20the%20Covid-19%20Pandemic%20on%20LGBT%20Communities.pdf>



- 42% would like to access support for their mental health at this time. This rises to 66% of LGBT People of Colour, 48% of disabled LGBT people, 57% of trans people and 60% of non-binary people.
- 30% are living alone at this time. This rises to 40% of LGBT people aged 50+.
- 25% would like support to reduce their isolation, such as a befriending service.
- 18% are concerned that this situation is going to lead to substance or alcohol misuse or trigger a relapse. This rises to 20% of LGBT People of Colour, 23% of disabled people, 22% of trans people and 24% of non-binary people.
- 8% do not feel safe where they are currently staying. This includes 9% of LGBT People of Colour, 15% of disabled LGBT people, 17% of trans people and 17% of non-binary people.
- 16% had been unable to access healthcare for non-Covid related issues. This rises to 22% of LGBT People of Colour, 26% of disabled LGBT people, 27% of trans people, 27% of non-binary people, and 18% of LGBT people aged 50+.
- 34% have had a medical appointment cancelled. This rises to 39% of LGBT People of Colour, 42% of disabled LGBT people, 38% of trans people, 37% of non-binary people, and 42% of LGBT people aged 50+.
- 23% were unable to access medication or were worried that they might not be able to access medication. This includes 37% of LGBT People of Colour, 36% of disabled LGBT people, 45% of trans people, 21% of non-binary people, and 21% of LGBT people aged 50+.

LGBT Foundation’s helpline has seen a huge increase in calls about discrimination, compared to the three weeks prior, the period from 23rd March - 12th of April saw a 450% increase in calls about biphobia, a 100% increase in calls about transphobia and a 52% increase in calls about homophobia.

### **3. Ageing Well**

#### **3.1 Finances**

A 2016 analysis of the English Longitudinal Study of Ageing (5442 respondents, including 260 LGB respondents), found that older LGB people were significantly less likely to own their home.<sup>74</sup>

#### **3.2 Isolation and Mental Health of Older LGBT People**

A 2016 analysis of Understanding Society data found that older LGBT people had kinship networks that were significantly weaker compared to heterosexual adults. The additional support that some LGBT people get from others in their LGBT communities was found to not go far enough to make up for these weaker kinship networks. The reported proposed that this lack of support networks ‘increases the likelihood of receiving little or no social contact and informal support which may have implications for their physical and mental well-being.’<sup>75</sup>

<sup>74</sup> Kneale, D. 2016. *Connected communities? LGB older people and their risk of exclusion from decent housing and neighbourhoods.* Quality in Ageing and Older Adults 17(2), 107-118.

<sup>75</sup>Green, M. 2016. *Do the companionship and community networks of older LGBT adults compensate for weaker kinship networks?* Quality in Ageing: Policy, Practice and Research 17(1), 36-49.



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A 2016 analysis of the English Longitudinal Study of Ageing (5442 respondents, including 260 LGB respondents), found LGB older people were significantly less likely compared to non-LGB people to have reported that they had seen a friend the previous day.<sup>76</sup>

A 2014 analysis of the UK Household Longitudinal Study found that 52% of gay men aged 50+ live alone compared to 19% of heterosexual men aged 50+.<sup>77</sup>

### **3.3 Health and Healthcare**

A 2015 evidence review found that LGBT older people face a number of difficulties, which limit their ability to fully access mainstream health and social care services. These include discrimination from staff, bullying and exclusion from service users and staff not being supported in their attempts to address discrimination.<sup>78</sup>

There are still gaps in the research around LGBT older people's health. For example a 2020 review of the health of LGB older women, concluded that is 'one of the of the most neglected research areas in UK gerontology' (gerontology is the study of the aging process and the problems that older people might encounter).<sup>79</sup>

### **3.4 Planning for Future Care**

A 2020 LGBT Foundation survey of 349 people found that 74% didn't know how they would pay for care in the future and 43% didn't know where they would get care and support in the future.<sup>80</sup>

### **3.5 LGBT Awareness in Care Homes and End of Life Services**

A 2020 LGBT Foundation survey of 349 people found that 51% would be uncomfortable in non-LGBT specific care home.<sup>81</sup>

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<sup>76</sup> Kneale, D. 2016. *Connected communities? LGB older people and their risk of exclusion from decent housing and neighbourhoods*. *Quality in Ageing and Older Adults*, 17(2), 107-118.

<sup>77</sup> Uhrig, S. 2015. *Sexual Orientation and Poverty in the UK: A Review and Top-line Findings from the UK Household Longitudinal Study*. *Journal of Research in Gender Studies*. 5(1), 23-72.

<sup>78</sup> Edinburgh Voluntary Organisation's Council. 2015. *"The same, yet different": a review of the evidence of the needs of older lesbian, gay, bisexual and transgender (LGBT) people and access to health and social care services*. Evaluation Support Scotland. Available at: [http://www.evaluationsupportscotland.org.uk/media/uploads/resources/same\\_yet\\_different.pdf](http://www.evaluationsupportscotland.org.uk/media/uploads/resources/same_yet_different.pdf)

<sup>79</sup> Becares, L. 2020. *Health and socio-economic inequalities by sexual orientation among older women in the United Kingdom: Findings from the UK Household Longitudinal Study*. *Ageing and Society*. 1-19.

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<sup>81</sup> LGBT Foundation. 2020. *Housing Ageing and Care*. Available at: [https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/8f229162-0589-4d8f-be67-cee5c610edc5/Housing%2c%2520Ageing%2520%2b%2520Care%2520\(4\).pdf](https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/8f229162-0589-4d8f-be67-cee5c610edc5/Housing%2c%2520Ageing%2520%2b%2520Care%2520(4).pdf)