



Towards a Healthier LGBT Scotland

INCLUSION Project
Working for Lesbian, Gay, Bisexual and Transgender Health

October 2003

Copies of this report will be available on-line from November 2003

www.lgbthealthscotland.org.uk

Large print version and other formats are available on request

INCLUSION Project

Working for Lesbian, Gay, Bisexual & Transgender Health
11 Dixon Street
Glasgow
G1 4AL

t: (0141) 204 0746

e: info@lgbthealthscotland.org.uk

Developing a new patient focus in the delivery of health services must involve a recognition of the diversity of patient needs and preferences. Clearly needs are likely to vary and whatever the individual circumstances of people's lives, including age, gender, disability, ethnicity, sexual orientation, religion, mental health, economic or other circumstances – they need access to the right health services. This is central to our commitment to social justice and the need to bridge the opportunity gap for all. A patient-focused health organisation will be aware of and responsive to the diversity of needs of the people it serves, and take action to ensure that the NHS in Scotland is a truly responsive and culturally competent service.

I am delighted to present this report 'Towards a Healthier LGBT Scotland', which provides the collation of much-needed evidence into the health and wellbeing of Scotland's lesbian, gay, bisexual and transgender population. This report provides a statement of our commitment to address the health needs identified within it.

While we are committed to developing a 'LGBT friendly' health service, we acknowledge that until the root causes of LGBT health inequalities are addressed, we will not be able to tackle the concerning health statistics raised in this report. There is no place for discrimination in the NHS in Scotland.

I fully support the findings from this report and look forward to the recommendations being implemented across the NHS.



Malcolm Chisholm
Minister for Health and Community Care

The INCLUSION Project, working for Lesbian, Gay, Bisexual & Transgender (LGBT) Health, was launched in October 2002, a partnership between Stonewall Scotland, representing Scotland's LGBT communities and the Scottish Executive Health Department (SEHD). This work is in parallel with a range of other initiatives, as part of a broader NHS / SEHD Diversity agenda.

The project has been gathering available evidence, undertaking new research, co-ordinating demonstration activity and supporting LGBT community capacity building, to identify the support needed by local NHS services to better meet the needs of individuals from LGBT communities.

'Towards a Healthier LGBT Scotland' explains why LGBT people have particular health needs and provides the available evidence from Scottish research as well as transferable evidence from other studies. It considers current gaps, activity and initial recommendations that will be useful for health workers, policy makers and Scotland's LGBT population.

Evidence from the available literature shows that LGBT people experience significant problems related to both their mental and physical health. Discrimination and social exclusion are seen to be major causes of ill health for people in these communities. However, a review of both health inequalities theory and policies in the NHS in Scotland reveals that the health of LGBT people is largely ignored. Of additional concern is the discrimination some LGBT people face when accessing NHS services.

'Towards a Healthier LGBT Scotland' reports on current levels of discriminatory attitudes towards LGBT people across Scotland and provides evidence of how these issues impact directly on the health of LGBT people. Health issues reported include:

Health Service Access

- ★ 25% of respondents in a Scottish survey of LGBT people had experienced inappropriate advice or treatment due to sexual orientation or gender identity and 24% had experienced homophobic staff

Mental Health

- ★ Research investigating the link between suicide and sexual orientation suggests unusually high rates of attempted suicide

Sexual Health

- ★ High levels of risk-taking amongst gay men and limited knowledge and information about lesbians' sexual health

Reproductive Health

- ★ Scottish survey reveals a third of lesbians have children, yet limited service provision or targeted information are available

HIV

- ★ Gay men in Scotland are less likely to test for HIV than anywhere else in the UK

Addictions

- ★ High levels of alcohol, drug and tobacco use across the LGBT population

Eating Disorders

- ★ Gay men and heterosexual women are similar in disordered eating patterns

Transgender Health

- ★ Many health professionals confuse Transgender issues with sexual orientation
- ★ Mental health problems are a serious concern, but no targeted service provision

Domestic Violence

- ★ Same sex domestic violence is as common as domestic violence in heterosexual relationships

Other key social determinants

- ★ Socio-economic status, age, disability, ethnicity and geographic location also impact on the health of Scotland's LGBT population

'Towards a Healthier LGBT Scotland' also reports in detail on what NHS Boards across Scotland are currently doing to address the health of LGBT people and the important role that LGBT organisations have in addressing the social factors that impact on LGBT people's health. Initial recommendations are made that fall under 3 key headings:

- 1) **Challenging discriminatory attitudes towards LGBT people in Scotland**
- 2) **Improving accessibility and appropriateness of mainstream services**
- 3) **Developing and supporting specialist services**

The report concludes that while we are committed to developing an NHS that is accessible and appropriate to the needs of Scotland's LGBT community, if we are to address the health

problems that LGBT people face, it is vital that all agencies work together to address the root causes of LGBT health inequalities: homophobia, transphobia, heterosexism and social exclusion.

Acknowledgements

The INCLUSION project acknowledges the contribution of the following agencies, groups and individuals in the production of this report.

Ali Jarvis, Susan Douglas-Scott and Colin Lumsdaine (co-authors); the INCLUSION Project Steering Group; Hector Mackenzie, Charlie McMillan, Laura Ross & the Involving People Team, Health Planning & Quality Division, Scottish Executive Health Department; LGBT Health Forum; Louise Scott; UK Gay Men's Health Network; Nick Laird, Laura Aston & Andrea Rowe; Grace Cardozo and LGBT Youth Scotland; Aberdeen Lesbian / Bisexual Women ('Because We're Worth It' working group); Fife Men; Equality Network; LGBT Centre for Health and Wellbeing, Edinburgh; Roy Kilpatrick, HIV Scotland; fpa Scotland; Niki Kandirikira, SHST; Lindsay Johnson, Glasgow Caledonian University; Alan Ross; Gregor Henderson, Director of the National Programme for Improving Mental Health and Wellbeing; NHS Health Scotland; Dr Phil Wilson, University of Glasgow; the countless others who have supported the project to date.

Thanks also to the Ministerial Advisory Committee on Gay and Lesbian Health, State of Victoria, Australia for their innovative report 'Health & Sexual Diversity' (see references). The significant overlap in context and approach to our own work has allowed us to use their report as a blueprint for 'Towards a Healthier LGBT Scotland'.

Alastair Pringle, principal author, INCLUSION Project Manager

WHY...	is this an issue?	7	Glossary of terms	8-9			
	Glossary of terms	8-9					
	Background	10					
	INCLUSION Project	11					
	Scotland's LGBT Community	12					
	Health Inequalities	13-15					
	Social Attitudes	16-18					
WHAT...	have we found out?	19	Background	10			
	Introduction	20-21					
	Health Service Access	22-23					
	Mental Health	24-25					
	Addictions	26-27					
	Sexual Health	28-29					
	HIV	30-31					
	Reproductive Health	32					
	Eating Disorders	33					
	Transgender Health	34-35					
	Domestic Violence	36-37					
	Other Key Social Determinants	38-40					
	WHAT...	are we currently doing?			41	INCLUSION Project	11
		Taking stock in the NHS			42-46		
LGBT organisations		47					
Demonstration Projects		48					
WHAT...	next?	49	Scotland's LGBT Community	12			
	Conclusions	50					
	Initial recommendations	51					
	Resources & Agencies	52					
	References	53-55					
			Health Inequalities	13-15			
					Social Attitudes	16-18	

BISEXUAL

A person who is sexually and emotionally attracted to people of both sexes.

COMING OUT

An accepted phrase that describes LGBT people's experience of disclosing their sexuality. In this report 'coming out' is also used to describe the process through which Transgender people come to recognise and publicly acknowledge their gender identity. As the coming out process is never over for LGBT people, this is an ongoing, sometimes daily decision and can cause the person significant stress.

GAY

Refers to a person whose primary sexual attraction is to people of the same sex. The term is more commonly applied to men who self-identify as same sex attracted, rather than men who have sex with men but do not self-identify as gay. While many women identify as gay, the term lesbian is commonly used to describe same sex attracted women.

GENDER IDENTITY

A person's sense of identity defined in relation to the categories of male and female. In this report, the term is primarily used to describe people whose gender identity does not match their biological sex at birth. However, it is important to note that not everybody identifies exclusively with one sex or the other. Some may identify as both male and female, while others may identify as male in one setting and female in another.

HETEROSEXISM

The belief that heterosexuality is naturally superior to homosexuality or bisexuality. This belief justifies

domination and the imposition of values and beliefs.

HOMOPHOBIA

An irrational fear and dislike of lesbian, gay and bisexual people, which can lead to hatred resulting in verbal and physical attacks and abuse.

HOMOSEXUAL

A person whose primary sexual attraction is toward people of the same sex. This term is primarily used to medicalise and / or stigmatise and is a term LGBT people rarely use to define themselves.

INTERNALISED HOMOPHOBIA

For many people, regardless of sexual orientation, homophobia can be internal and not always recognised by the individual. However, internalised homophobia can and does cause many negative effects for lesbian, gay and bisexual people. It can affect the way people see themselves and the way others (heterosexual society) treat them. Internalised homophobia often leads to denial of one's true sexuality in situations that are threatening or require the individual to "come out".

LESBIAN

A women whose primary sexual attraction is to other women. This term often refers to women who are same sex attracted rather than women who have sex with other women but do not self-identify as lesbian.

ORGANISATIONAL OR INSTITUTIONAL HOMOPHOBIA, TRANSPHOBIA & HETEROSEXISM

This is systematic discrimination of LGBT people by government, business, employers, public services and other organisations. This includes issues such

as invitations to a company event for an employee and their husband or wife, which explicitly excludes same sex relationships or family membership to a fitness club that only mentions opposite sex partnerships. This exclusion is not necessarily deliberate but means that institutions have not considered same sex partners as an option. In schools this can emerge in sex and relationships education sessions which tend to focus on heterosexuality as the accepted norm for all students.

SOCIETAL OR CULTURAL HOMOPHOBIA, TRANSPHOBIA & HETEROSEXISM

This relates to the general assumption of heterosexuality and gender norms in society. This means that social and cultural norms promote discrimination against LGBT people. Homosexuality is always considered as "different" to be welcomed, tolerated, or despised. The media, film, TV, books, holiday brochures, insurance companies, religious institutions and schools all back this up.

TRANSGENDER

Transgender is an inclusive, umbrella term used to describe the diversity of gender identity and gender expression. The term can be used to describe all people who do not conform to common ideas of gender roles, including transsexuals.

TRANSPHOBIA

An irrational fear and dislike of Transgender people, which can lead to hatred resulting in verbal and physical attacks and abuse.

TRANSSEXUAL

Transsexual is a term used to describe people who are born into the wrong physical sex - this includes

pre-operative, post-operative and non-operative female-to-male (FTM) and male-to-female (MTF) transsexuals.

¹Some of these definitions are open to debate within and outwith the LGBT community, reflecting the fluidity of sexual and gender identities and the importance marginalised or excluded groups attach to the process of self-definition and redefinition.

In the recent White Paper for Health 'Partnership for Change', the Minister for Health and Community Care committed to:

"...extend the principles set out in Fair for All across the NHS to ensure that our health services recognise and respond sensitively to the individual needs, backgrounds and circumstances of people's lives."¹

The INCLUSION Project, working for Lesbian, Gay, Bisexual & Transgender (LGBT) Health, was launched in October 2002, a partnership between Stonewall Scotland, representing Scotland's LGBT communities and the Scottish Executive Health Department. The development of this project follows on from a series of meetings between LGBT organisations, the Scottish Executive's Equality Unit and then Health Minister Susan Deacon, which identified key priorities and issues that impact on LGBT people's health and wellbeing.

Funded by the Health Planning & Quality Division, under the 'Patient Focus Public Involvement' umbrella, INCLUSION's aim is to ensure that the health needs of Scotland's LGBT population are addressed by the health service. A steering group of specialists in health service planning and provision and the Health Department supported LGBT Health Forum, which includes representation from LGBT organisations, the Scottish Executive Health Department and the NHS, provide project guidance and support.

This programme of activity is being undertaken in parallel with the work of the National Resource Centre for Ethnic Minority Health on Fair for All² and similar initiatives addressing disability, faith,

age & gender, as part of a broader 'Diversity' agenda. Recommendations from this work will be, wherever possible, tied into this diversity agenda for the Health Department and the NHS in Scotland.

This report, 'Towards a Healthier LGBT Scotland', pulls together evidence from the first year of the INCLUSION project and provides some direction and early recommendations on taking this agenda forward.

In particular 'Towards a Healthier LGBT Scotland' explains why LGBT people have particular health needs and provides the available evidence from Scottish research as well as transferable evidence from other studies. It considers current gaps, activity and initial recommendations that will be useful for health workers, policy makers and Scotland's LGBT population. A full set of recommendations and guidance will be available at the end of the project in October 2004.



In order to pull together existing evidence on the health needs and health service experiences of Scotland's LGBT population and to identify mechanisms for catalysing change across the NHS, the following areas of activity are being undertaken by the INCLUSION project and its partners:

- ★ **Literature Review.** While focusing on the experiences of the Scottish LGBT population, the limited research available has necessitated extending this search to include studies from throughout the UK and beyond. The literature review was undertaken by a research partnership.
- ★ **New Research.** Where the gaps in available evidence would make it impossible to meet the needs of particular groups e.g. Transgender people's health needs, rural LGBT issues etc., new research has been undertaken.
- ★ **NHS Stocktake.** A 'taking stock' of NHS employment issues, planning, funding and service provision in relation to both LGBT employees and LGBT service users has recently been completed.
- ★ **LGBT Organisations.** An audit of the range of health related services provided by Scotland's non-statutory LGBT organisations is vital to ensure this vast array of work is acknowledged and to support partnership work between statutory and non-statutory sectors in addressing LGBT health needs.



- ★ **Demonstration Projects.** Work began in June 2003 with 5 NHS Boards, looking at a range of health planning to identify mechanisms for developing more accessible and appropriate service provision for LGBT people and supporting NHS staff.

'It's often very easy to count the things that don't matter and very hard to count the things that do'

Albert Einstein

Because of the discrimination LGBT people face in Scotland, and the fear of homophobia from 'standing up and being counted', it is difficult to determine the size of our LGBT population. In many respects this is a pointless question, as equality should not be a numbers game. However 5 - 10% of any given population being lesbian or gay is a commonly accepted average of the wide number of studies that have been undertaken. This doesn't include those who may have same sex experiences at some point in their lives and who may experience similar issues as people who identify as LGBT.

Numbers in relation to Scotland's Transgender population are significantly lower, with the wide range of definitions and identities (e.g. transsexual, biological intersex conditions, transvestism) making it difficult to quantify. What we do know is that in the region of half a million of Scotland's population are LGB or T.

LGBT people are as diverse a cross section of the Scottish community as any other group that happen to share one personal characteristic (e.g. those who have brown hair). LGBT people are present throughout society: irrespective of gender, race, social class, education, age, ability, geographical location, marital or parental status, religion, political belief or any other characteristic.

LGBT people are born and brought up in every corner of Scotland, from Inverness to Inverclyde, Gairloch to Glasgow – this is an issue for all of us.

For LGBT people (just as for heterosexuals) sexuality is a part of who they are as individuals rather than the sole element to define them. This is an important point in that one of the ways that discrimination and prejudice against LGBT people has been justified and maintained is through the perpetuation of misinformation and stereotypes. Whilst LGBT people can be marginalised by wider society as somehow "different" or "other" then it can seem reasonable (to some) to maintain or introduce different rules or norms. As it becomes more widely realised that the only real differences lie in who a person is attracted to or how they experience gender then unequal treatment cannot be justified.

In Scotland, achieving better health for all the population is set against a backdrop of social justice, which "means a sustained attack on inequality, social exclusion and poverty" (Towards a Healthier Scotland 1999³).

Introduction

LGBT people have long been among the most marginalised minorities in the UK. They frequently face problems caused by multiple disadvantage – linked to both their sexual orientation and other identity factors, such as their race, disability, faith, economic or asylum status.

Although significant work remains to be done before we redress the social exclusion many LGBT people face, we can now at last see that over recent years the social and legislative climate is changing and equal citizenship and social inclusion is starting to become a believable possibility.

The influence of the European Convention on Human Rights, changing internal political frameworks (most notably devolution in Scotland and Wales) and the increasing recognition in some arenas that diversity is a positive attribute in society has brought a greater focus on the core issues of equal opportunities and social inclusion in Scotland than ever before. This widening of the scope of the broader equalities agenda has meant that there is the opportunity for issues of inclusion and non-discrimination for lesbian, gay, bisexual and transgender people to be built into the legislative and policy backdrop against which society operates.

Recent Scottish Executive announcements about proposed same sex civil partnerships; the Gender Recognition Bill; the repeal in 2002 (in Scotland, 2003 in England & Wales) of Section 28 (clause 2A) which banned the promotion of homosexuality in schools and various other shifts in legislation, mean LGBT people have greater rights and more equal status in Scottish society. However, while some aspects of society have improved, evidence shows that discrimination against LGBT people is deep-rooted and continues to have a detrimental impact on their health and other aspects of their lives. These issues will be more fully explored in the next section.

A Social Model of Health

The World Health Organisation (WHO) defines health 'as a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity'. Health and illness are effects of how physiological and psychological processes are influenced by and interact with wider social, economic and cultural factors.

A social model of health demands that health planning and service delivery take into account the broader contextual factors that influence patterns of health and illness including public policies, environmental factors and different socio-cultural practices and values⁴.

Historically, Scottish society is characterised by inequalities in health between various groups, based on different factors such as socio-economic status, gender, ethnicity and age. In this sense the focus of the NHS (and other health organisations) has shifted dramatically, moving away from concentrating only on illness and a prevention of disease, to a broader health improvement and health promotion agenda.

Tackling inequalities in health is a primary goal for the NHS.

Of particular relevance to this report is the focus on the relationship between social exclusion, social inequalities and health status. In Scotland, achieving better health for all the population is set against a backdrop of social justice, which "means a sustained attack on inequality, social exclusion and poverty"⁵.

Evidence from the available literature shows that LGBT people experience significant problems related to both their mental and physical health. Homophobia, transphobia, heterosexism and social exclusion are seen to be major causes of ill health for people in these communities. However, a review of both health inequalities theory⁶ and policies in the NHS in Scotland (see section 'Taking stock in the NHS' p42) reveals that the health of LGBT people is largely ignored. Of additional concern is the discrimination some LGBT people face when accessing NHS services.

Health, Education and Social Justice policies need to respond better to the needs and experiences of LGBT people by developing accessible and appropriate services, which includes challenging homophobic, transphobic and heterosexist attitudes throughout health, education and local authorities. In particular a response is needed by education to develop rigorous anti-bullying policies⁸ that will explicitly target homophobia and transphobia.

Although some of this work has begun, unless we address both the root causes and learn to deal better with LGBT inequalities, we will continue to perpetuate the exclusion of Scotland's significantly large minority groups.

Before looking at specific health issues, it is important to describe the social context in which LGBT people are currently living their lives in Scotland.

"It got to the stage where I was scared to come to school...after they dragged me out and stoned me I got them in big trouble with the head teacher, so they kinda backed off. I don't think they realised how 'hurting' what they were doing to me was. The head teacher knew everything that was happening to me at school...I think he was scared to act because of section 28."

Exploring Health Inequalities, the views of young people, Tayside (2001)⁷

The Economic Cost of Homophobia

Work undertaken in Canada⁹ to highlight the economic impact of homophobia summarised that, without the existence of homophobia, LGB people and the heterosexual population would have equivalent rates of health and social issues. Estimates of the annual cost of homophobia were developed based on five and ten percent base rates of LGB population.

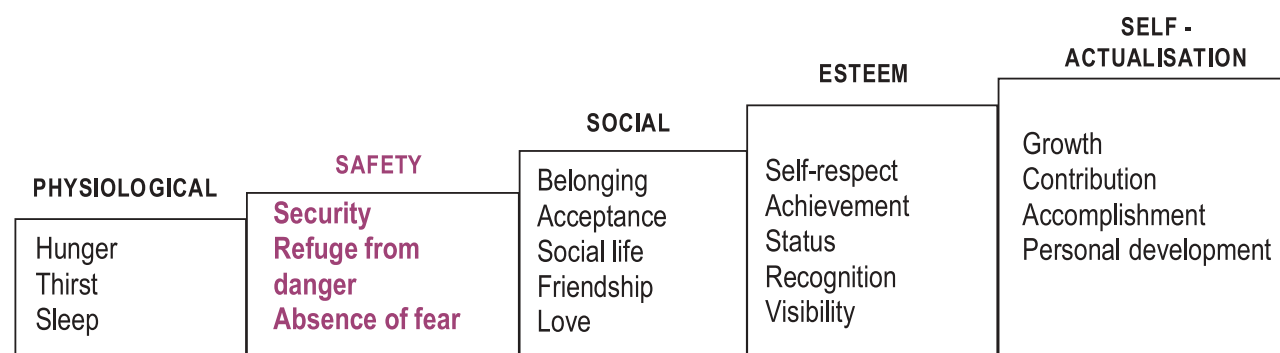
- ★ Suicide = \$695 to \$823 million
- ★ Smoking = \$281 to \$623 million
- ★ Alcohol Abuse = \$0.29 to \$4.1 billion
- ★ Illicit drug use = \$119 to \$221 million
- ★ Depression = \$0.54 to \$2.3 billion

Based on the levels of physical violence, social hostility, ignorance and the self-styled 'moral' disapproval that are still used as weapons against LGBT people, this group remains one of the most stigmatised minorities in our society.

Whilst changing attitudes to LGBT people and greater awareness of the issues and levels of discrimination facing them are to be welcomed, the pace of this change remains slow and all too many people still experience marginalisation, discrimination and even violence on a daily basis.

One of the most significant ways in which LGBT people are disadvantaged is in respect of physical and psychological safety. Under Maslow's hierarchy of needs (see below) once the basic physiological requirements of hunger, thirst and sleep are met then physical safety and security of a person are the primary life conditions that must be satisfied before they can address other more advanced needs, such as social contact, esteem and self-actualisation.

Maslow's hierarchy of needs¹³



★ Experience of violence and harassment of gay men in Edinburgh 2001 commissioned by the Scottish Executive¹⁰ found that 57% reported experience of harassment within the previous year and 26% were the victim of an incident involving physical violence (when adjusted for gender and age this sample proved to be 4 times the national average)

★ NHS Greater Glasgow needs assessment of young LGB people, "Something to tell you" (2002)¹¹ – 80% of young people in sample had experienced discrimination and most had experienced more than one kind in more than one context

★ UK National taskforce on policing lesbian and gay communities report "Breaking the chain of hate" (1999)¹² found that 66% of over 2500 respondents reported being a victim of a homophobic incident – only 18% of these reported the incident to the police

Based on the levels of physical violence, social hostility, ignorance and the self-styled 'moral' disapproval that are still used as weapons against LGBT people, it is possible to see that against Maslow's model, this group remains one of the most stigmatised minorities in our society - frequently deprived of anything beyond the most basic physiological level of need. Such social attitudes and behaviours have been reinforced in the past by harsh laws that criminalised, penalised and/or discriminated against individuals in almost every aspect of their lives. These factors combine to induce an ongoing level of fear that is present at least on some occasions in almost all LGBT people, leading to perceived and actual threats to personal safety being a primary concern and all too often an unmet need. This is reflected in the findings from the Beyond Barriers survey of the LGBT community in Scotland 'First Out'¹⁴, which found that:

★ 68% of respondents had been verbally abused or threatened by someone who assumed they were LGBT; 35% had experienced this type of abuse in the last year

★ 23% has been physically assaulted; 5% in the last year

★ 61% had felt unsafe in the street; 30% in their own home or neighbourhood; 20% at school / college / university; and 16% at work

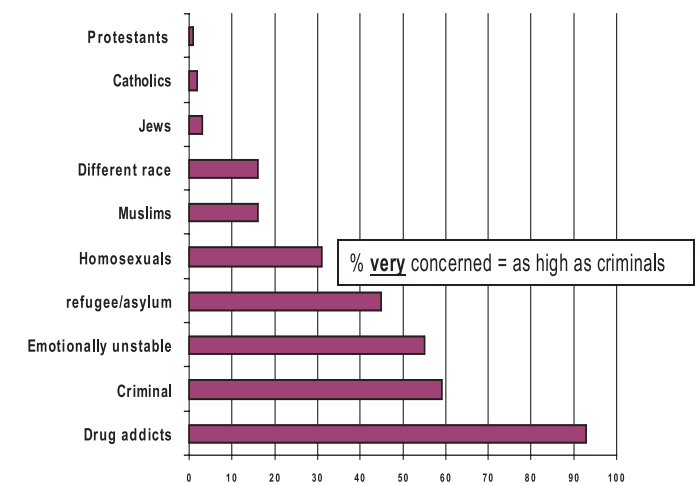
'I have been spat on by somebody when they realised I was gay and I've got a number of friends who have been physically attacked'

fpa Scotland, Challenging Homophobia¹⁵ (2002)

A Glasgow city council survey on sectarianism¹⁶ carried out in January 2003 amongst 1000 representative respondents found surprisingly low evidence of sectarian prejudice, but revealed significant undercurrents of homophobia and racism. The number of people who would be 'very concerned' if someone who was lesbian or gay moved in next door was amongst the highest expressed and was similar to those who would feel the same if people with a criminal record became their neighbours.

How concerned would you be if the following people lived next door to you?

(bars represent total respondents saying 'concerned' and 'very concerned')



This is not a local or regional problem. The 2002 Scottish Social Attitudes survey¹⁷, which carried out a series of questions with 1665 respondents, shows that this level of discriminatory attitude is Scotland-wide:

Have attempts to give equal opportunities to gay men and lesbians in Scotland gone too far or not gone far enough? Too far 19%

Leaving aside what party they were in, would you prefer to have an openly gay or lesbian MSP, an MSP who is not openly gay or lesbian, or, would you not mind either way? 18% prefer non-gay MSP

Do you personally think it is wrong or not wrong for two men to have a sexual relationship? 41% always / mostly wrong

How suitable are gay men and lesbians for the job of primary school teacher? 27% fairly / very unsuitable

Gay or lesbian couples should have the right to marry one another if they want to? 30% disagree

The next section will consider how living in a discriminatory Scotland impacts on the health and wellbeing of our LGBT population.

Introduction	20-21
Health Service Access	22-23
Mental Health	24-25
Addictions	26-27
Sexual Health	28-29
HIV	30-31
Reproductive Health	32
Eating Disorders	33
Transgender Health	34-35
Domestic Violence	36-37
Other Key Social Determinants	38-40

Over 150 research papers, policy and practice documents from both UK and international sources have been reviewed by the INCLUSION Project research partnership to evidence the health needs of Scotland's LGBT population. Where possible reference is made to Scottish data, however, this is sometimes limited as highlighted in the next section.

The review of literature has shown that the health of many LGBT people is affected by a set of factors, which feature in youth and adulthood, that have a cumulative effect across the person's life-course.

The significant barriers that LGBT people face in using existing health services that impact on their health and wellbeing are also reported in this section.

Where the INCLUSION Project and its partners have begun to respond to some of the specific health issues raised next, a summary of current activity will be included at the end of the section.

The available evidence demonstrates that low self-esteem, anxiety and depression are common experiences for many LGBT people. These in turn can be linked to other health concerns including higher than average rates of suicide and self-harm, homelessness, often associated with prostitution, and academic underachievement are also linked. Furthermore, problems associated with homophobia and transphobia in early life such as bullying and low self-esteem, can continue into adulthood and have serious, long-term negative health and social consequences for individuals affected. The relatively high incidence of HIV infection amongst young gay men, the resurgence of other sexually transmitted infections (STIs) in gay and bisexual men and increasing incidence of certain STIs in lesbian and bisexual women are also of concern.

Before detailing the specific health issues that impact on the lives of LGBT people, it is important to identify the limitations of the current evidence base:

- ★ Significant gaps due to health research being driven primarily by legislation or national priorities; to date LGBT people's health needs have been absent from both
- ★ Difficulty of undertaking representative research on a subject that is seen by many to be sensitive. It is often those who are 'out' and confident with their sexuality that are researched and not those who are closeted, who don't access services and may be more vulnerable to poor health. A history of discrimination and exclusion act as additional barriers to participating in research
- ★ Large gaps in available research - in particular a lack of information on the health needs of Scotland's older LGBT population, people living in rural and remote areas, lesbians' health and the Transgender population
- ★ Population-wide surveys e.g. census, don't currently ask about sexual orientation or gender identity as this is seen as too sensitive a subject – it is important to remember that the same was said of black and ethnic minority 'monitoring' a few years ago

Sexual orientation research is the subject of two recent reports published by the Social Research Unit. These reports are in response to the 'lack of clarity within the Executive, and elsewhere, about what data needs exist in the Scottish Executive and which methods would be most effective in providing data on LGBT communities,'

The first of these reports¹⁸ reviews methodological approaches to research with LGBT communities and surmises that there is a need to balance between ensuring LGBT people are consulted and involved in the development of research agendas and processes, with the potential overburdening of a community with limited resources and capacity. Wide dissemination of LGBT research is seen as a priority. The second¹⁹ reports on research carried out with LGBT organisations in Scotland which focused on: identifying policy areas where LGBT research is lacking, understanding the types of research needed on these topics and identifying the barriers and responding solutions to research on LGBT issues in Scotland.

"I was then sent to see a psychiatrist, who told me that I was probably just gay and it was a phase I was going through"

Transgender participant in INCLUSION Project Focus Group, Glasgow, 2003

Prejudiced attitudes of health care providers

The NHS is one of Scotland's largest employers, with some 136,000 staff providing healthcare across a wide variety of settings. These health service staff reflect the general Scottish population. When considering the attitudes prevalent across Scotland reported in the first section of this report, it is not surprising that discrimination and prejudice exist within the NHS.

- ☆ Smith (1993), in Wells (1997)²⁰ found that 77% mental health nurses were moderately (57%) to severely (20%) homophobic
- ☆ A 1993²¹ study of medical students in the UK showed that 1 in 2 thought 'homosexual activity' was unacceptable in terms of lifestyle
- ☆ A study reported in Nursing Times (1994) showed that 10% of nurses believed that gay men with HIV 'deserved it'; 10% were less tolerant of gay men, and; 43% would not condone homosexual practices
- ☆ 25% of respondents in Beyond Barriers LGBT Scotland survey²² had experienced inappropriate advice or treatment due to sexual orientation or gender identity and 24% had experienced homophobic staff

Communication with health care providers

Out of 866 respondents to the Beyond Barriers survey of LGBT people in Scotland, over a third had not disclosed their sexual orientation or gender identity to their GPs.

A US study²³ showed that lesbians who had 'come out' to their health care providers were more likely to seek preventative health care, such as breast screening or smears, than lesbians who had not. Non-disclosure is common, as we can see from the Beyond Barriers survey, due to fear of negative responses and reduced standards of care.

If the underlying reasons for seeking health services are related to sexual orientation or gender identity e.g. mental health support, it is important that LGBT people feel safe and supported to disclose their identity to ensure appropriate services. As disclosure enhances health outcomes for LGBT people the NHS has a duty of care to ensure appropriate and accessible services that are responsive to individuals needs.

Limited knowledge of LGBT issues by health care providers

What is apparent from the stocktake exercise undertaken across the NHS (see p42) is that there is willingness to address LGBT health needs, but a general lack of knowledge and awareness among NHS staff of both the social issues that impact on LGBT people's health and how to respond to these at a service level.

The vast majority of health service providers, from clinicians to nursing staff, have received minimal, if any, training on human sexuality, let alone LGBT issues. This is particularly true for areas of specialist provision e.g. Gender Reassignment, where services are limited and fragmented across Scotland, with limited resources and poor infrastructure to share expertise.

Delayed attendance & reduced screening

The issues raised above – discriminatory attitudes, low disclosure of orientation or identity and limited knowledge of service providers – result in LGBT people using health services less than the general population. Those Transgender people who do access services, tend to use them more, due to ongoing health care needs²⁴.

International surveys show LGBT people are likely to attend after specific problems arise and present later in an illness when it is potentially more difficult to treat.

A lack of targeted health promotion and poor information on the risk of certain conditions can lead to reduced screening for LGBT people on a range of issues.

These include:

- ☆ Smoking related cancers– due to higher rates of smoking in LGBT population
- ☆ Cervical & Breast screening – potentially higher levels of risk due to lifestyle issues & lower protective factors e.g. oral contraception
- ☆ Prostate screening – for male-to-female transgender people
- ☆ Anal cancer screening – anal cancer is significantly more common in gay men

There is currently limited information available on a range of other early screening issues e.g. diabetes in lesbians, due to potentially higher levels of obesity²⁵.

INCLUSION Update

☆ Issues of Health Service Access are core to the demonstration projects that we are carrying out across Tayside, Lothian, Lanarkshire, Western Isles and Greater Glasgow NHS Boards

Demonstration Projects will consider:

- ☆ Staff training in relation to knowledge, awareness and attitudes of LGBT issues
- ☆ Investigating the impact of service policy, planning and provision on LGBT people
- ☆ Consideration of specialist provision for LGBT people
- ☆ Involvement of local LGBT service users, organisations and individuals in demonstration activity, to ensure that local needs are heard

Anxiety, depression, self-harm, suicide and attempted suicide have all been linked with the combined effects of the experience of prejudice and discrimination and internalised negative feelings. Low self-esteem can be implicated in a wide range of health problems for LGBT people.

- ★ Concerns over levels of LGBT people attempting suicide and self-harm
- ★ Higher levels of LGB people reporting psychological distress
- ★ 'Gay' now the most commonly used term of abuse in the school playground
- ★ Most young LGB people in Scotland have experienced discrimination

From an early age LGBT people face a huge number of barriers, challenges and discrimination because of their sexual orientation or gender identity. Hiding such a significant part of their identity is one of the first things many young LGBT people learn to do, which naturally impacts on self-identity and self-esteem.

Family disruption and rejection from the family home is a common experience for young LGBT people who reveal their identity in an unsupportive environment. Isolation from their peer group and significant levels of homophobic bullying, both verbal and physical, are also particular to the early experiences of young LGBT people. 'Gay' is now the

most commonly used term of abuse in the school playground. Young LGBT people often leave school early and fail to meet their academic potential due to such negative experiences.

Ian Rivers at The University of Luton²⁶ has conducted various pieces of research into bullying and its impact on the mental health and wellbeing of gay and lesbian youth. Findings reveal that the bullying which lesbians and gay men experienced in school was more severe in nature than general bullying. In later life some of those bullied said that they experienced nightmares or flashbacks related to the bullying. Others said that they tended to avoid social situations due to fear of experiencing a panic attack.

One UK survey²⁸ of 4000 LGB people found that 34% of men and 24% of women had experienced violence because of their sexuality. 32% had been harassed in the last five years, and 73% had been called names.

Anxiety, depression, self-harm, suicide and attempted suicide have all been linked with the combined effects of the experience of prejudice and discrimination and internalised negative feelings. A recent report (2003) on the mental health and social wellbeing of LGB people in England and Wales²⁹ by MIND (National Association for Mental Health) reveals higher levels of reported psychological distress amongst LGB people compared to heterosexual people. Higher levels of substance abuse and eating disorders have also been attributed to societal discrimination.

Remafedi^{30,31} (cited in Bagley & Tremblay 1997) reviewed a range of research studies examining the link between suicide and sexual orientation, which suggest unusually high rates of attempted suicide, in the range of 20 – 42%. He cites 6 population-based controlled studies published since 1997 that corroborate these findings. All have found a clinically and statistically significant association between suicide attempts and homosexuality and that this is strongest amongst men. Results from the Glasgow 'Something to Tell You' study reveal a similar picture.

Whilst not all LGBT people suffer poor mental health, attempt suicide, or turn to alcohol or drugs to escape the discrimination they face, research clearly demonstrates a large percentage of LGBT people do experience poor mental health and wellbeing.

INCLUSION Update

- ★ The Director for the National Programme for Improving Mental Health and Wellbeing has met with the LGBT Health Forum and has identified a range of activity to ensure LGBT people's mental health needs are met by current and future policy and strategy recommendations within the National Programme
- ★ Local 'Choose Life' Suicide Prevention Planning will be reviewed in relation to the impact on local LGBT people
- ★ The National Programme for Improving Mental Health and Wellbeing has contributed £5000 towards new Scottish Transgender Research to better understand the mental health needs of this population (see p34)

SOMETHING TO TELL YOU²⁷ – NHS GREATER GLASGOW (2002) YOUNG LGB PEOPLE'S HEALTH NEEDS ASSESSMENT

- ★ The mental health of young LGB people is of particular concern - suicidal ideation was up to 2 to 3 times higher amongst respondents
- ★ 80% had experienced some form of discrimination
- ★ Verbal abuse was most common discrimination, experienced mainly at school or in the street
- ★ Almost all felt schools had not provided adequate information
- ★ A substantial proportion believed their academic performance had been affected because of their sexuality
- ★ Following on from school, young people had also experienced discrimination at work

- ★ 98% of gay / bisexual men drink compared to 93% of the general population
- ★ 50% of isolated lesbian / bisexual women have serious alcohol related problems (1993)
- ★ 49% of lesbian / bisexual women drink more than 14 units per week, 17% drink more than 22 units per week (1995)
- ★ 75% gay men under 36 yrs have tried drugs compared to 47% general population
- ★ 38% of Glasgow study said they had an addiction to some form of drug (59% lesbian / bisexual women, 41% gay men)
- ★ 80% lesbian / bisexual women stated they had been affected by their own drug / alcohol use or someone close to them

Source Sheffield Centre for Sexual Health & HIV³²

"It's the only escapism that I've still got left. It's just the only way you can cope"

Young woman, *Something to Tell You*

As the gay scene tends to be predominantly pub and club based, this combined with the issues of homophobia, transphobia and discrimination discussed so far, may result in increased consumption of alcohol, tobacco and drugs by LGBT people^{33,34,35}.

Problem drinking and other substance abuse within the LGBT community is reported by many to be of concern^{36,37}. Various links are made to chronic stress, lack of positive events to buffer this stress and internalised homophobia leading to increasing use and abuse of alcohol and drugs³⁸.

A recent study³⁹ on alcohol and drug use in LGBT populations highlights the following patterns:

Lesbian / bisexual women

- ★ Fewer lesbian than heterosexual women abstain from alcohol
- ★ Even when rates of heavy drinking between lesbian and heterosexual women are reasonably comparable, lesbians report more alcohol-related problems
- ★ The relationship between some demographic characteristics and drinking behaviours differ for lesbian and heterosexual women e.g. problem drinking declining with age

Gay / bisexual men

- ★ Wide range of findings, which showed more frequent levels of drinking by gay men, but also more abstinence. Higher levels of certain drugs e.g. poppers, E, amphetamine etc amongst younger gay men and a higher than general lifetime use of cannabis and cocaine

Other recent research, however, suggests that gay men are not at a significantly higher risk of drinking heavily or for developing drinking problems than heterosexual men. As elsewhere in LGBT health research, there are limitations and concerns about accuracy.

Though the research appears to provide conflicting evidence, it is clear that LGBT people drink either at least the same or to a greater extent than the general population, therefore health, and in particular addiction services need to be able to respond.

Research suggests that LGBT people may be reluctant to enter alcohol treatment services because of prior experiences with or anticipation of alienation, discrimination, misunderstanding and mistreatment from or by staff or other service users. Anecdotal evidence suggests they may be more amenable to treatment by LGBT staff or LGBT-sensitive services⁴⁰.

Overall it is clear that more information about substance use within LGBT communities is needed that includes effective ways for health services to support people to reduce these risk-taking behaviours, with the aim of improving longer-term health. Further research is also needed into the levels of smoking amongst LGBT communities.

National addiction agencies and health promotion initiatives need to consider how they target the needs of LGBT people.

- ★ HIV has dominated the health of the LGBT population at the expense of broader sexual health and wellbeing
- ★ Recent increase in risk-taking behaviour in gay men
- ★ Lesbians' risk of acquiring Sexually Transmitted Infections (STIs) not widely understood
- ★ Limited information targeting LGBT sexual health and wellbeing needs
- ★ Limited information and knowledge of Sexual Health issues for Transgender people

Over the past 15 years the health needs and in particular sexual health and wellbeing needs of the LGBT community has been dominated by HIV / AIDS. While gay men remain the group at highest risk of acquiring HIV infection, this HIV Prevention response by the health service, in effect 'disease control', has ignored the broader sexual health needs of both gay men and LBT people.

The sexual health and wellbeing of LGBT people is at risk from many of the issues raised earlier in this report in relation to discrimination, poor mental health and health service access, in particular:

- ★ Issues of low self-esteem means that some people may value themselves so poorly they see no reason to take precautions
- ★ The effects of higher levels of alcohol and drug use in the LGBT population
- ★ Poor information on same sex sexual relationships, making it difficult to negotiate safer sex
- ★ Limited knowledge from mainstream health services on issues broader than HIV
- ★ Sexual health promotion generally targeted at gay men & HIV, neglecting broader LGBT sexual health
- ★ Heterosexist approach to school-based sex and relationships education excludes young people who are same sex attracted

Lesbian / Bisexual Women's Sexual Health

Contrary to popular belief, there is emerging data showing similar prevalence of STIs in lesbians, compared to women who have not had sex with women. Studies suggest that some viral infections, such as herpes simplex virus, can be particularly high in lesbians⁴¹.

Accessing information about the sexual health and wellbeing of lesbian and bisexual women is much more difficult compared to gay men, probably reflecting their marginalisation in society more generally. Assumptions that lesbians have not had or are not engaging in heterosexual intercourse have been shown to be erroneous and anecdotal information suggests that young lesbian and bisexual women may be more likely to engage in unprotected heterosexual intercourse than straight young women, thereby putting themselves at increased risk from STIs. Clearly if young lesbian and bisexual women are having sex with men then they have the same risk of contracting STIs and experiencing unplanned pregnancy as their heterosexual counterparts.

Lesbians in Scotland, as elsewhere, may also be at increased risk of cervical cancer⁴² and ovarian cancer⁴³ due to factors such as non-use of oral contraception and not giving birth. Lesbians wishing to have children are often refused treatment by clinics (see section on Reproductive Health p32). Furthermore studies consistently reveal that lesbian and bisexual women feel unable to disclose their sexuality to healthcare providers due to homophobia and heterosexism⁴⁴.

Transgender People's Sexual Health

Even less attention has been paid to the sexual and general health of transgender people. This view is backed up by the Scottish Needs Assessment Programme Report⁴⁵ (2001) on transsexualism and gender dysphoria, which states that access to services for treatment and support is haphazard, for example there are no funded services for any aspect of gender reassignment or treatment in Scotland.

Gay / Bisexual Men's Sexual Health

As stated above, gay men's sexual health has been dominated by HIV for the past 15 years. One positive outcome from this has been the impact on the broader sexual health of gay men, with an increased uptake of condoms in the 1980s producing a dramatic reduction in the transmission of certain STIs among gay men⁴⁶. There has, however, been a recent increase in STI transmission amongst gay men, notably an outbreak of syphilis occurred among gay men in Glasgow in 2001/2. There were 8 cases in 2001 and 23 new cases reported in 2002⁴⁷.

In the Medical Research Council Gay Men's Sexual Health Surveys, over three quarters of men surveyed in Glasgow and Edinburgh gay bars reported anal intercourse in the previous year and over a third reported unprotected anal intercourse (UAI). The proportion of men reporting UAI with casual partners increased significantly from 11% in 1996 and 1999 to 19% in 2002; and the proportion reporting UAI with more than one partner increased significantly from 8% in 1996 (9% in 1999) to 14% in 2002⁴⁸.

The next section will consider current HIV issues in more detail.

- ★ Gay / bisexual men continue to be at greatest risk of acquiring HIV
- ★ Growing recognition of the emotional impact of HIV on gay / bisexual men
- ★ Gay / bisexual men in Scotland are less likely to test for HIV than anywhere else in the UK

Introduction

Data regarding HIV infection in the UK shows that gay / bisexual men continue to be the group at greatest risk of acquiring the virus. In the UK in March 2003 a cumulative total of 29,291 men who have sex with men had been diagnosed with HIV since statistical data collection began in this area.

In 1999, 57 new infections were reported among gay/bisexual men in Scotland, compared to an annual average of 77 between 1995 and 1998. It is notable that 12 (21%) of these cases were probably acquired outside Scotland. Such imported infections were as high as 33% in 1998 and 32% in 1997. The majority of cases continue to come from Lothian and Greater Glasgow Health Board areas. The prevalence of HIV among gay men tested in Scotland is currently around 4%, the highest of any transmission group.

Impact of HIV among gay / bisexual men

There is growing recognition of the emotional impact of HIV among gay / bisexual men – both in relation to a personal positive diagnosis and what has been termed 'multiple loss syndrome' which describes the effect of dealing with multiple bereavements of friends and partners⁴⁹. This was particularly prevalent in the 1980s and 1990s before AIDS related deaths were slowed down by the introduction of anti-retroviral drug therapy.

Many of the factors discussed elsewhere in this report e.g. low self-esteem, alcohol consumption and substance use are implicated in HIV research as factors that may impair decision-making processes in relation to gay men's ability to keep themselves safe⁵⁰. Williamson⁵¹ highlights three key areas in the role of internalised homophobia in relation to HIV:

- ★ HIV prevention and safer sex decision-making processes
- ★ Coping strategies of sero-positive gay men
- ★ Whether internalised homophobia has any effect upon viral progression

Further research is required to fully understand these important issues.

Preventing transmission among gay men

The prevention of HIV amongst gay men in Scotland represents a major challenge. Although there is reason to believe there is less risk-taking (that is, through engaging in unprotected anal intercourse) among gay men in Scotland than fifteen years ago, to a great extent the conditions for transmission still exist. There is a good deal of "repeat testing" by many gay men, which suggests that significant numbers are engaging in unprotected anal intercourse. Those gay men most at risk of HIV may represent, however, a distinct group capable of being targeted effectively with prevention efforts⁵².

What is of particular concern is that gay men in Scotland are less likely to test for HIV than anywhere else in the UK, which already has low rates of testing compared internationally. Healthy Gay Scotland has undertaken research into 'Testing Barriers'⁵³ which include the stigma attached to being HIV positive and the fear of discrimination within both the gay community and health services.

It is widely believed that safer sex has been incorporated into the culture and language of the gay community. Gay men have been at the forefront of HIV work and especially prevention throughout the course of this epidemic. In relation to some of the wider issues raised throughout this report, the interface between LGBT people, the non-statutory sector and the health service is probably at its best when individuals are being treated for HIV. However, where HIV positive individuals use services outwith direct HIV care e.g. general practice, dental appointments etc., this may not be the case.

INCLUSION Update

- ★ The chair of the Sexual Health Strategy Group had met with the LGBT Health Forum to discuss LGBT sexual health concerns. It is anticipated that the forthcoming Sexual Health and Relationships Strategy for Scotland will be set within a context of understanding the diverse needs of the Scottish population
- ★ NHS Health Scotland Sexual Health Network are contributing £5000 towards new Scottish Transgender research to better understand the sexual health needs of this population

- ★ 31% of women and 13% of men had children
- ★ 37% stated that their children lived with them
- ★ 85% of children were from heterosexual relationships
- ★ 9% were from self-insemination
- ★ 17% plan to raise a child in future

'First Out'⁵⁴ survey of LGBT people in Scotland, Beyond Barriers 2002

There have been two recent surveys of the 101 registered fertility clinics in Britain. Saria⁵⁵ received a response rate of 44%, half of which said they would not offer their services to clients if they were revealed to be lesbians. Puri⁵⁶ received a response rate of 81%; of these only 16% said they would offer their services to lesbian couples and 23% to single lesbians. The organisation Pink Parenting report that only two of the eight registered fertility clinics in Scotland have been found not to discriminate on grounds of sexual orientation⁵⁷, although this may be improving.

Obviously it is still a challenge for lesbians to access fertility services in Scotland and across the UK. Clinic insemination allows guaranteed access to donor sperm without concerns about sexually transmitted infections, HIV or involvement of a man in the life of the child^{58,59}.

Most clinics are private and therefore expensive, and even NHS clinics usually require some payment. Lesbians who approach clinics usually seek insemination for social rather than medical reasons. As most clinics deal mainly with infertility issues, investigations into fertility may be routinely offered to lesbians without adequate indication⁶⁰. This practice risks viewing women as patients rather than clients, subjecting women to unnecessary investigations and "over-medicalising" the procedure of insemination. For lesbians with infertility problems, these investigations are more useful and may lead to in vitro fertilisation (IVF) being offered rather than donor insemination⁶¹.

The issue of same sex reproductive health services is currently being considered at both a European level and across Scotland. There is obviously a need for clearer guidance and co-ordination of the fragmented information and provision currently available on this issue.

The Civil Partnerships Bill that is presently being considered in the Scottish Parliament will also have implications for the rights of same sex partners wishing to parent.

A further area of LGBT health concern relates to body image and the associations with this to eating. While bulimia nervosa mostly affects heterosexual women, a significant number of gay men present with it. One study⁶² compared the food-related attitudes and behaviours of heterosexual men and women in contrast with those of lesbians and gay men, attempting to find whether sexual orientation may contribute to differential risk. It concludes that women are less satisfied with their appearance and their weight and expressed more negative feelings after bingeing than men did. Gay men and heterosexual women were similar in disordered eating patterns contrasting with lesbians and heterosexual men.

Significant differences have been evidenced between gay and heterosexual males in levels of recurrent binge eating (25% and 10% respectively) and purging (11.7% and 4.4% respectively)⁶³. Gay men also report higher levels of body image disturbance compared to their heterosexual counterparts. While many studies suggest that being LGBT is a risk factor for disordered eating patterns, the limited research available makes it unclear whether this is a specific or general risk factor.

Russell & Keel⁶⁴ found that measures of disordered eating were highly correlated with depression and poor self-esteem, expressions of social stigmatisation considered elsewhere in this report. Participants recording less comfort with their sexual orientation reported more depression, poorer self-esteem, more anorexic symptoms and greater body dissatisfaction.

Once again, research in this area is limited. Other issues that have been raised include levels of obesity in lesbians and the potential link to diabetes⁶⁵. Diet and nutrition services need to consider how they target the needs of LGBT people in Scotland.

- ★ Many health professionals confusing Transgender issues with sexual orientation
- ★ Mental health problems are a serious concern, but no targeted service provision
- ★ Social prejudice and discrimination are a common experience
- ★ Treatment and support services are fragmented
- ★ Sexual health needs are ignored

As mentioned earlier in this report, the health needs and service experiences of Scotland's Transgender population remain one of the most neglected areas of research in relation to LGBT health. This reflects the marginalisation of Transgender individuals and groups in Scotland.

The SNAP report⁶⁶ 'Transsexualism and Gender Dysphoria in Scotland' (2001) which focused on service provision for Scotland's Transsexual population, identified in the region of 300 Transsexual people known to be in treatment in Scotland.

Access to treatment services were described as 'haphazard' and the report recommends that, with increasing evidence of good outcomes from treatment, the establishment of a Managed Clinical Network is important.

Another issue that has been raised is in relation to the current discussions on the elimination of mixed sex hospital wards where Transgender people will need to be considered in planning and provision.

'I was then referred to a psychiatrist who told me it was just a phase I was going through and I was probably gay'

Focus Group participant, Glasgow 2003

INCLUSION Update

- ★ As part of the INCLUSION projects commitment to ensure that the Transgender population's health needs are met we have undertaken a range of initiatives to better understand the health needs and experiences of Transgender people in Scotland
- ★ The INCLUSION Project has been instrumental in bringing together a multi-agency group of academics, health professionals, Transgender groups and individuals to steer a Scotland wide survey into Transgender people's health needs and service experiences, led by the Dr Phil Wilson at University of Glasgow. This proposal is the first of its kind internationally and will provide an essential evidence base. Findings from this research will be available next year. The INCLUSION Project will provide £10000 towards this study
- ★ To ensure some of the broader social issues that impact on Transgender people's health are included in this work we are also currently funding Participatory Appraisal research with Transgender groups across Scotland. Several key issues have been revealed from initial groups:

The term transgender as an all-encompassing umbrella term was viewed as being problematic because there is a huge range of diversity even within the transsexual label. It was felt that the categories of transsexual and transvestite being put together under transgender did not help with the understanding of any of the issues because both categories are very different from each other.

Some of the most significant health related issues for Male-to-Female (MTF) transsexuals included alcohol abuse, suicidal feelings, constantly feeling stressed about gender and disgust with body parts.

Some of the most significant health related issues for Female-to-Male (FTM) transsexuals included anxiety, fear of what people would think / say, suicidal feelings and distress about body parts.

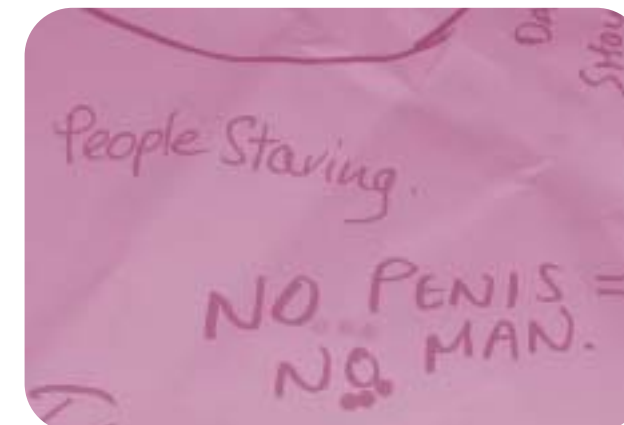
Self-harm and depression were also significant for MTF and FTM transsexuals.

Transsexuals can experience difficulties because of people making assumptions about sexuality and sexual expression.

Transsexuals can experience difficulties because in general people have very fixed ideas about what a man / woman should be like, i.e. 'not a real man'.

Some of the most significant issues with health services for MTF transsexuals included GPs with no knowledge of transsexual issues, psychiatrists with no understanding of transsexuals and having to pay for electrolysis.

Some of the most significant issues with health services for FTM transsexuals included difficulties getting good chest surgery, a psychiatrist giving the wrong information and a complete lack of information in health centres and for GPs.



The issue of domestic abuse within the LGBT population has, like many of the issues raised in this report, been largely invisible to date. There is currently no mainstream service provision for LGBT people experiencing domestic abuse relationships.

There is no reliable data in the UK on the extent of the problem within the LGBT population, but this does not mean it doesn't occur. With no appropriate services and fear of discrimination and prejudice, few people report the incidents. Broken Rainbow⁶⁷, a Forum of London-based agencies, estimate the situation for LGBT people is similar to that experienced by heterosexual women: at least one in four, or 1.5 million LGBT people in the UK, experience domestic abuse from family members, partners and ex-partners.

How do LGBT people experience domestic abuse?

While the majority of issues will be the same for same sex / Transgender domestic abuse as for heterosexual people e.g. undermining self-esteem, violence etc., there are a range of other ways that perpetrators attack and abuse LGBT people with whom they have a family, partner or other intimate relationship.

Verbally abusive control

- ★ Threats to 'out' someone
- ★ Undermining sexual orientation
- ★ Belittling transgender (not a real man / woman) and encouraging others to do the same

Lifestyle control

- ★ Forcing someone to act 'straight'
- ★ Controlling levels of 'outness', preventing being 'out'

Emotional & psychological control

- ★ Placing blame for sexuality (you made me lesbian / gay)
- ★ Blame for loss of family / friends
- ★ Threatening to seek custody of children because of sexual orientation / gender identity

Physical abuse and control

- ★ As with heterosexual domestic abuse physical violence, sexual violence and threatening behaviour

The effects and consequences of domestic abuse

As with other sufferers of domestic abuse, the effects and consequences for LGBT people may include

- ★ Self harm or suicide
- ★ Fear
- ★ Denial
- ★ Withdrawal
- ★ Fear of contact with family or friends
- ★ Barrier to emotional growth
- ★ Long-term effects on emotional, physical and mental health
- ★ Unable to form close relationships and bonds

Additionally, LGBT people may begin to identify abuse with sexual orientation or gender identity (internalising the idea that this is what an LGBT relationship is like), which can be supported by a societal view (what do you expect if you are going to be LGBT?). There is also the potential loss of children due to homo/transphobic co-parent, family, judicial system.

INCLUSION Update

The issue of same sex domestic violence has been raised at the LGBT Health Forum and subsequently the INCLUSION Project is involved in the development of an information resource for health service staff.

As mentioned earlier, LGBT people living in Scotland are not a homogenous group and their sexual orientation and gender identity interact with a range of other social determinants that can influence health outcomes.

As present there is limited research evidence available on these interactions, though we are working with a range of partners to consider how to address these gaps.

SOCIO-ECONOMIC STATUS

The link between poverty and poor health has been at the centre of Scotland's work on health inequalities. The earlier section on health issues identified how homophobia and transphobia may impact on educational attainment and career opportunities. Similarly social exclusion and rejection from family can impact on an individual's economic status.

Anecdotal information suggests that many Transgender people are forced to leave their jobs following gender reassignment and many people living with HIV and AIDS live in poverty.

Homelessness

Parental or sibling rejection of an LGBT person's sexual orientation or gender identity can result in many LGBT people experiencing serious family disruption including forcible expulsion from the family home^{68,69}. Unsurprisingly then levels of homelessness among LGBT people (especially young people) are a problem. Data from three North American studies⁷⁰ show that LGBT runaways account for up to 40% of the total. This paper also identifies that homelessness and prostitution are often overlapping experiences, and suggests that as

many as 65% of gay male teenagers and 57% of lesbian teenagers living on the streets are engaged in 'survival sex'. Older LGBT people living in Glasgow also report experiences of extensive discrimination in relation to housing, including vandalism to property, physical violence from neighbours and harassment by landlords⁷¹.

GENDER INEQUALITY

Issues of gender inequality are experienced by all women, regardless of sexual orientation. Women are the primary carers, receive lower rates of income and are more often the victims of domestic abuse. Gender inequality is also likely to impact on the health of male-to-female transgender people, though there is no available research concerning these interactions.

PEOPLE FROM ETHNIC MINORITY COMMUNITIES

Sexual orientation and gender identity may have particularly high levels of stigma attached in some ethnic minority communities. In Scotland these issues remain hidden as research methodologies for collating such evidence is particularly difficult because of the small numbers and sizes of communities.

The issue of racism within the LGBT community and homophobia or transphobia within some ethnic minority communities form significant barriers for LGBT people from these communities to disclose their orientation or identity.

INCLUSION Update

We have held discussions on these issues with the National Resource Centre for Ethnic Minority Health and are currently supporting work in partnership with the Scottish Human Services Trust to undertake new research that will investigate the specific challenges for people from Black or Minority Ethnic communities in relation to sexual orientation.



When my parents did finally find out that I'm gay, not through me initially, but rather through evidence I had left lying about the house, they confronted me and started telling me the rights and wrongs of my behaviour..... They didn't have a clue how to handle the situation with me. They just wanted to keep their community reputation intact but at the end of the day, whether you're straight or gay, the only reason you're frightened of coming out is because of izzat (family honour) - what people might say.

Imran 2003⁷²

GEOGRAPHIC LOCATION

Many of the factors that impact on the health of LGBT people in Scotland can be exacerbated by living in rural and remote parts of Scotland. Many LGBT people have to leave their home area because of these issues and move to urban centres. Key issues for LGBT people living in rural and remote areas include:

- ★ Lack of LGBT friendly services
- ★ Access to social support groups
- ★ Access to information
- ★ Isolation
- ★ Fear of confidentiality in disclosing orientation or identity
- ★ Increased levels of homophobia and transphobia
- ★ Fewer health service providers with knowledge or expertise in related health issues

INCLUSION Update

These issues were reflected by participants in recent participatory research events held in Aberdeen and Kirkcaldy, which gathered evidence specifically on issues for LGB people living in rural areas. Full copies of these reports are available on request.

DISABILITY

9% of respondents to Beyond Barriers 'First Out'⁷³ report of LGBT people living in Scotland identified as disabled, yet there is very limited evidence on the experiences of disabled LGBT people. Obviously the shared experiences of living with heterosexism and the widely shared prejudices that disabled people have no sexual identity will have a significant impact on health and wellbeing. The issue of discrimination within the LGBT community has also been raised and could impact on an individual's self-identity as well as other aspects of their health and wellbeing.

Further research is required to better understand the experiences of disabled LGBT people.

AGE

The experiences of both younger and older LGBT people are also important in understanding the impact of social determinants on health.

Some of the issues raised anecdotally and from research include:

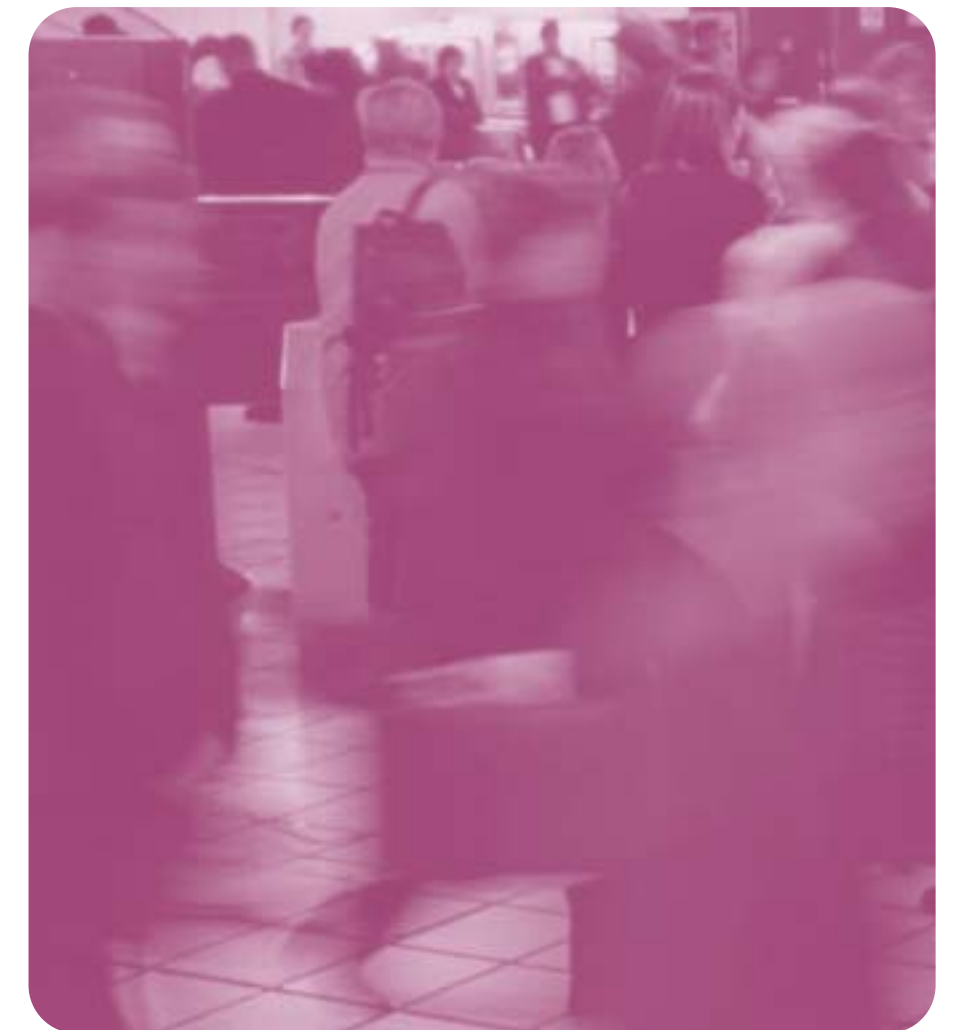
- ★ Ageism in LGBT communities
- ★ Exclusion from youth orientated 'gay scene'
- ★ Invisibility in the aged care sector
- ★ Discrimination in institutional care

INCLUSION Update

The INCLUSION Project recently co-funded an event in Stirling, organised by LGBT Youth Scotland, to consult with young people on their views and experiences of health and health services. LGBT Youth Workers were trained in Participatory Research techniques and supported to design interactive workshops with young people on the day. A report will be available in the near future.

The Equality Network is working in partnership with Age Concern to engage with older LGBT people to hear their views and experiences. More information is available on www.equality-network.org

Taking stock in the NHS	42-46
LGBT organisations	47
Demonstration Projects	48



'A patient-focused health organisation will be aware of and responsive to the diversity of needs of the people it serves, and take action to ensure that the NHS in Scotland is a truly responsive and culturally competent service.'

Anne Jarvie, Director of Patient Focus Public Involvement, SEHD

In May 2003, each NHS Board in Scotland nominated a LGBT lead to undertake a 'Stocktake' of current planning and provision of LGBT targeted services. The stocktake also incorporated employment issues for LGBT staff and raised the importance of the forthcoming EU Employment Directive (Dec 2003) that will, for the first time, provide full workplace protection on the basis of sexual orientation.

This is the first time that any national health service has undertaken an initiative of this kind, either at a UK or European level, to work to address the health needs of their LGBT population. There was no expectation that issues beyond sexual health and HIV would currently be addressed by NHS agencies. What was particularly encouraging was the level of willingness and enthusiasm to address these issues by the majority of respondents. What has also been encouraging is the level of enquiry from throughout the NHS for advice, support and information on taking this agenda forward.

At the time of this audit NHS Boards were in the process of moving from separate Trusts and Boards to new unified Boards and therefore responses were received in some areas from both Trusts and Boards and in others newly unified Boards.

We received an 80% response rate, only 6 out of 31 agencies were unable to complete.

The 4 areas of inquiry addressed in the stocktake exercise were:

- ★ Employment issues within the NHS that relate to LGBT individuals
- ★ Activities currently undertaken in geographical areas that relate to LGBT communities and populations
- ★ LGBT inclusive health policy developments and service planning
- ★ Support for NHS Boards in promoting equality and effective delivery of accessible and appropriate services for LGBT people

Analysis was undertaken by a researcher at Glasgow Caledonian University.

Gaps in the data

It is important to note that there were a number of significant gaps in responses across the 4 areas of inquiry covered within the questionnaire. In some instances over a third or higher proportions of respondents did not provide any response whatsoever. This probably reflects the lack of information and support that has been available to date to address the broader health needs of LGBT people.

Employment issues within the NHS that relate to LGBT individuals

The majority of respondents reported that sexual orientation and/or gender identity was explicitly included within Equal Opportunities (EO) and/or Harassment policies. Only 1 of the respondents went on to indicate that information on sexual orientation and/or gender identity was used to monitor EO at recruitment.

When asked how Human Resources Departments (HR) were currently preparing to meet Article 13 of the European Union Employment Directive a third stated that there were current preparations or focus, with a small number stating that current progress and future focus was planned. Most others reported that there would be future focus on meeting this requirement.

Half of respondents reported that within their designated service employees who had completed a NHS wide staff survey (2000) had indicated they felt discriminated against because of their sexual orientation. In some Board areas this was as high as 9% of all staff that completed.

When asked about what action would be taken to address discrimination against LGBT staff most provided responses. These ranged from vague responses to very specific programmes to tackle discrimination (including the use of confidential contacts, the employee counselling service, diversity/awareness raising training and following general grievance and harassment procedures). Developing future plans to tackle discrimination were also mentioned.

Issues relating to training support identified by respondents included a need for general awareness raising, best practice guidance, the opportunity to use general EO training for diversity issues and a need for additional funding and supportive legislation. Other suggestions to address this issue included relevant literature, expert input, statistics, websites and information on legislation.

Activities currently undertaken in geographical areas that relate to LGBT communities and populations

There were over 100 specific or mainstream activities underway to meet the needs of the LGBT population across the NHS.

While a quarter of all activity related specifically to sexual health, 14% of activities were NHS funding allocations to LGBT voluntary organisations and 15% of reported activities were carried out specifically by LGBT voluntary sector services.

Examples of innovative and good practice included:

- ★ Needs assessment carried out for LGBT young people
- ★ A project focussing on awareness of LGBT people who self-harm
- ★ The inception and development of the LGBT Centre for Health & Wellbeing (Edinburgh)
- ★ Healthy Gay Scotland Initiative
- ★ Gay Men's Health including regionally funded posts and secondments
- ★ An LGBT Youth pilot project focusing on mental health and esteem
- ★ The development and dissemination of the FPA "Challenging homophobia" resource pack

★ **The range of work carried out by Reach Out Highland**

★ **The completion of a recent NHS Board Transgender needs assessment**

Information regarding the funding source of each activity was much sparser and often incomplete. The main budgets allocating LGBT activity funding were reported as Blood Borne Virus, HIV and Health Promotion budgets.

Over half of respondents stated there was some degree of LGBT involvement in the design, development and delivery of activities. One respondent stated there was no involvement because of the isolated and rural nature of the community and stigma issues.

NHS Lothian reported significantly more involvement across a range of services than any other Health Board area. This was followed by NHS Greater Glasgow and NHS Tayside. NHS Highland are also notable for the range and inclusivity of their work, highlighting the fact that LGBT people live in every part of Scotland and are able to be included in service development. The nature of involvement ranged from formal and informal links with LGBT voluntary organisations and groups and also extended to considerable partnership working in a minority of cases.

Challenges to Developing Services

Nearly all respondents identified challenges for their agencies in developing appropriate and accessible health service provision for LGBT populations. Challenges identified included:

- ★ A lack of information on LGBT health needs
- ★ Heterosexist perceptions at cultural (society) and institutional (health service) levels
- ★ Staff training needs
- ★ A lack of resources
- ★ Issues relating to confidentiality and anonymity (particularly in rural, island areas and in young peoples services)
- ★ Specific issues for rural and island areas included accessing LGBT people, unwanted exposure and magnified stigma and religion

Given the level of challenge identified, only a small number of respondents identified support needs to address these challenges. These included:

- ★ Increased funding to services and training to improve responses to LGBT health needs
- ★ National moves to clamp down on homophobia and increase awareness raising
- ★ Media support
- ★ Strategic health service accountability for LGBT needs
- ★ Evidence and examples of best practice in engaging LGBT communities
- ★ Good practice to help tackle homophobic attitudes

LGBT inclusive health policy developments and service planning

Very few policy and planning areas specifically target the needs of LGBT people. Those that did were mainly related to Sexual Health, Men's Health and HIV. Whilst a continued focus on HIV is extremely important, it does reveal that that policy and planning still have a narrow medicalised focus on gay men's sexual health.

Opportunities to support LGBT organisations to participate in planning and policy structures across NHS services were identified by the majority of respondents. Opportunities included through existing Board and Trust consultation mechanisms, Sexual Health and Patient Focus Public Involvement (PFPI) frameworks, as well as through local e.g. Reach Out Highland, and national LGBT e.g. PHACE Scotland, organisations.

Obstacles to including LGBT organisations were identified by many of the respondents. These included: a lack of staff knowledge of LGBT issues and how to engage people effectively, homophobia being present in group settings, a shortage of funding and staffing resources and LGBT representation in rural / isolated communities is difficult and stigma is very severe.

Most respondents identified ways to support improvements to policy and planning within the NHS. These included: national guidelines / legislation from the Scottish Executive, training, good practice in the inclusion and diversity process for LGBT people, information on LGBT health needs and organisations, advice and support from the Inclusion Project.

Support for NHS Boards in promoting equality and effective delivery of accessible and appropriate services for LGBT people

Most respondents requested further information on a wide range of issues including:

- ★ More information on specific needs beyond sexual health
- ★ Database of information and contact details of organisations to promote communication and consultation
- ★ Strategies on working with young LGBT people and families
- ★ Better statistical information
- ★ Risk factors for LGBT communities
- ★ Examples of good practice
- ★ How to integrate LGBT needs into the Inclusion and Diversity agenda

When asked to identify the best routes of communicating this information, both Strategic and Operational routes were identified.

Strategic routes included: national research from the Scottish Executive, information provided through web-based resources (including through a dedicated SHOW site), a national database giving information on activities and contacts could be set up. Also it was suggested that NHS Boards could co-ordinate approaches to Inclusion and Diversity issues and properly inform policy developments.

Operational routes included: General Managers of LHCCs & Community Mental Health Teams could communicate examples of good practice and relevant information, staff consultation days / seminars / workshops could be used, as could written information (including email), and training support.

Finally respondents were asked to identify where support was required in order to effectively engage LGBT people in the design, development and delivery of services. 4 key areas were identified:

Guidelines / Strategic support

Participants' suggestions included utilising the PFPI action plan, Performance Assessment Frameworks and the Involving People Team as well as reviewing current local and national policies. National guidance on how to access hard to reach groups locally was suggested.

Resources

Support identified in terms of resources included: library and web-based information and services, better provision of training and clear funding structures for health promotion and prevention work targeting LGBT needs.

Training

Training issues included: education and awareness for staff and the general public on homophobia and discrimination as well as training for staff to better facilitate engagement with LGBT communities. An increased knowledge for health service staff to prevent excluding people was also cited, as was the need for general information and advice.

Community Development issues

Specific community development issues raised in relation to effectively engaging LGBT people included an acknowledgement that LGBT needs should be represented in local Equality Forums and local plans must also reflect LGBT people's needs. Seeking advice and guidance in order to work effectively with isolated rural and remote LGBT populations was also raised. Also, linking into national organisations that can help identify or set up local individuals and groups. Boards that served isolated rural communities voiced concern over visibility issues for LGBT people.

Many of the issues raised in this section will be central to the INCLUSION demonstration projects and additionally will help to shape the project's final guidance and recommendations, particularly in relation to developing a resource for NHS Boards.

The INCLUSION Project is working towards sustainable models of good practice that not only develop more appropriate and accessible health provision for the LGBT population, but also support the LGBT community's capacity to actively engage with this health inclusion agenda.

In partnership with Beyond Barriers and LGBT Youth Scotland a survey was developed to create a map of all LGBT work being done in Scotland. A section of the survey was aimed at gathering information on health related work. The information gathered will be used to respond to the needs and priorities of LGBT groups and organisations both regionally and nationally. A full report of the survey will be available in late 2003.

At the time of writing only a small number of responses have been received. Responses so far show that 30% of LGBT organisations undertake health related activity with some funding provided by NHS boards. Some of the work being undertaken includes:

- ★ Health Promotion
- ★ HIV Prevention and gay men's sexual health
- ★ Work to challenge stigma
- ★ Work to challenge discrimination and homophobia

The survey asked what support would help LGBT organisations and groups to engage more with the Health Inclusion Agenda. The responses included:

- ★ Information on structures and mechanisms within NHS Boards, including more information on how it's all linked
- ★ Information and training on health issues for LGBT people
- ★ Resources on engaging communities

LGBT organisations report a willingness to be supported to engage in NHS service design, development and delivery. In reviewing the variety of LGBT organisations that exist across Scotland it is also obvious that many of them provide a broad range of support, advice and information that impact on broader social aspects of LGBT people's health e.g. lesbian and gay switchboards, support groups. When considering how to meet local LGBT people's needs it is essential that the NHS and LGBT organisations work together. It is especially important to consider and/or review the levels of funding local LGBT organisations receive to undertake this work.

This report clearly demonstrates the link between the homophobia, transphobia, heterosexism and social exclusion experienced by many LGBT people and health inequalities. What it also highlights is the lack of knowledge and awareness of LGBT people's health issues across the NHS and other issues that impact on health service access.

5 NHS Boards – Tayside, Western Isles, Greater Glasgow, Lanarkshire, Lothian - representing urban, rural and remote communities, have been engaged in demonstration activity to identify ways of supporting the NHS to address the health needs of LGBT people living in their area. Demonstration activity will focus on different aspects of NHS planning, development and delivery of services, including Mental Health Services, Local Health Care Co-operatives (LHCCs) / GP Practices, NHS Board area-wide planning functions, Hospitals and Human Resources.

Multi-agency planning groups in each area will undertake a range of activity in relation to their specific area of service provision. Activity will include:

- ★ **Staff training in relation to knowledge, awareness and attitudes of LGBT issues, how these relate to their area of service planning and / or provision and how to improve appropriateness and accessibility for LGBT people**
- ★ **Investigating the impact of service policy, planning and provision on LGBT people and the level to which information and procedures are inclusive of LGBT people**
- ★ **Consideration of specialist provision in relation to the particular demonstration area**
- ★ **Engagement of local LGBT service users, organisations and individuals in demonstration activity, to ensure that local needs are heard. We will work to ensure sustainability of relationships between local NHS Boards and their LGBT communities**

Scottish Human Services Trust will undertake an assessment of the impact of this activity across all five Board areas, providing us with a range of guidance and recommendations on developing a NHS responsive to LGBT people's needs.

Recommendations and guidance from these projects will be available late 2004. More information is available from the INCLUSION Project.

Conclusions	50
Initial recommendations	51
Resources & Agencies	52



This report provides a range of evidence on the effects of homophobia, transphobia, heterosexism and social exclusion on Scotland's LGBT population.

This evidence represents another major challenge for the NHS and health policy makers in Scotland in relation to Patient Focus and Public Involvement. While it is important that we address the particular health concerns of the LGBT population, this should be considered as part of a broader diversity agenda, which will ensure health services that are responsive to all groups within our communities.

While we are committed to developing an NHS that is accessible and appropriate to the needs of Scotland's LGBT community, if we are to address the health problems that LGBT people face, it is vital that all agencies work together to address the root causes of LGBT health inequalities: homophobia, heterosexism and social exclusion.

The INCLUSION Project will be working over the next year to address many of the issues raised within this report as well as working with as broad a range of partners across all sectors to address issues outwith the scope of the Health Department and NHS.

This report provides evidence of LGBT people's health needs. The following are some initial suggestions and recommendations that have been drawn together during this first evidence-gathering phase.

The 3 key areas for action are:

Challenging Homophobia and Transphobia

- ★ Continue campaigning for positive changes in legislation
- ★ Mass media work
- ★ Anti-homophobic / transphobic bullying policies in school and workplace
- ★ Include sexual orientation and gender identity in population data gathering e.g. census
- ★ All public sectors need to consider the role they can play

Improving accessibility and appropriateness of mainstream services

- ★ Improving information for LGBT people
- ★ Improving information for NHS staff
- ★ Web-based 'virtual' Centre for LGBT Health
- ★ Address the research gaps
- ★ Broadening Equality work to be inclusive of LGBT people and other minority and excluded groups
- ★ Engage local LGBT organisations in shaping and delivering services
- ★ Develop partnerships with local and national LGBT agencies on key areas of service delivery
- ★ LGBT inclusive literature, advertising, e.g. posters in public spaces
- ★ LGBT-proofing / Diversity-proofing to consider the impact of all service design, development and delivery on LGBT and other excluded or minority groups

- ★ Targeted Health Promotion across all key health issues
- ★ Other public sector and national agencies e.g. Addictions agencies, need to consider their role

Development & support for specialist services

- ★ Improving funding for local LGBT organisations e.g. Lesbian & Gay Switchboard
- ★ NHS LGBT staff Network
- ★ Consider findings from INCLUSION Project demonstration work into other areas of specialist provision
- ★ More research is needed into a range of LGBT sub-groups to be able to consider specific needs e.g. LGBT people from black and ethnic minorities, mental health needs, older LGBT people, LGBT people living in rural or remote areas
- ★ See recommendations from HIV Health Promotion Strategy Review Group
- ★ See recommendations from Scottish Needs Assessment Programme report on services for Transsexuals

A directory of Scotland's LGBT organisations (by region), information, training, news etc. are available from Beyond Barriers on www.beyondbarriers.org.uk. For hard copies of this directory or further information

t: 0141 574 0242
text: 0141 574 0240
e: info@beyondbarriers.org.uk

Other useful resources & agencies include:

- ★ Fpa Scotland, 'Equality, Diversity, Inclusion: Challenging Homophobia' training pack. Fpa also provide experienced trainers to run tailored courses. For further information call (0141) 576 5088, e: adrienneh@fpa.org.uk
- ★ For information on same sex domestic violence www.lgbt-dv.org
- ★ Press for Change have information on a broad range of Transgender issues www.pfc.org.uk
- ★ The Equality Network undertake campaigning and consultation work on a variety of issues with LGBT communities <http://www.equality-network.org>
- ★ LGBT Youth Scotland (formerly Stonewall Youth) provides a range of services and opportunities for LGBT young people (under 26) <http://www.lgbtyouth.org.uk>
- ★ Gay and Lesbian Association of Doctors and Dentists www.GLADD.org.uk
- ★ Families and Friends of Lesbian and Gay people www.fflag.org.uk

- ★ Lesbian Information Service www.lesbianinformationservice.org
- ★ For research on LGBT issues www.queertheory.com
- ★ For a UK-wide directory of services www.queery.org.uk
- ★ MIND have a range of information on diversity and mental health www.mind.org.uk
- ★ Stonewall Scotland campaign for lesbian and gay equality, in particular policy and legislative change www.Stonewall.org.uk

For health and NHS specific issues, advice or information, the INCLUSION Project has a wide range of research and practice information available – please contact
t: 0141 204 0746
or e: info@lgbthealthscotland.org.uk

- 31 Bagley C & Tremblay P (1997) Suicidal Behaviours in Homosexual and Bisexual Males *Crisis* 18 (1) pp24-34
- 9 Banks C (2001) The Cost of Homophobia. Literature Review of the Economic Impact of Homophobia on Canada *available from* www.glhs.ca
- 14,22, 54,73 Bell N, Morgan L (2003) First Out *Beyond Barriers* www.beyondbarriers.org.uk
- 58 Cameron S & Welford R (1992) On the attitudes to and willingness to pay for artificial insemination *Int J Social Policy*. 123 pp58-64
- 42 Carr S, Scoular A, Elliot L, Ilett R, Meager M (1999) A community based lesbian sexual health service – clinically justified or politically correct? *British Journal of Family Planning* 25 pp93-95
- 7 Christie E, Snowsill F, Redman J (2001) Exploring Health Inequalities, the views of young people on young gay and lesbian issues *Tayside Health Promotion*
- 11,27 Coia N, John S, Dobbie F, Bruce S, McGranachan M, Simons L (2002) Something to Tell You. A Health Needs Assessment of Young Gay, Lesbian and Bisexual people in Glasgow *Greater Glasgow NHS Board*
- 24 Diamant AL, Wold C et al. (2000) Health behaviours, health status and access to and use of healthcare: a population-based study of lesbian, bisexual and heterosexual women *Arch Fam Med* 9(10): 1043-051
- 40 Donald A & Bux Jr (1996) The Epidemiology of Problem Drinking in Gay Men & Lesbians: A Critical Review *Clinical Psychology Review* 16 (4) pp277-298
- 38 Flowers P & Buston K (2001) "I was terrified of being different" exploring gay men's accounts of growing up in a heterosexist society *Journal of Adolescence* 24 pp51-65
- 53 Flowers P, Church S, Knussen C (2001) Testing Barriers *Healthy Gay Scotland, Glasgow Caledonian University*
- 15 fpa Scotland (2002) Equality, Diversity, Inclusion: Challenging Homophobia. *Training pack* for more information contact adrienneh@fpa.org.uk
- 33 Hart G & Flowers P (2001) Gay and Bisexual Men's General Health in *Promoting Men's Health: A guide for Practitioners* eds Davidson N and Lloyd T Bailliere Tindall/ RCN London
- 36 Hart T & Heimberg RG (2001) Presenting Problems among Treatment-Seeking Gay, Lesbian & Bisexual Youth *Psychotherapy in Practice* 57(5) pp615-627
- 28 Health Education Authority (1998) World Mental Health Day, "Sexual Identity"
- 37,39 Hughes TL & Eliason M (2002) Substance Use and Abuse in Lesbian, Gay, Bisexual and Transgender Communities *The Journal of Primary Prevention* 22 (3) Spring pp263-298
- 34 Institute for Public Strategies (San Diego) (2001) Promoting Health and Safety in the LGBT Community *Newsletter* November
- 69,71 John S, Patrick A (1999) Poverty and social exclusion of lesbians and gay men in Glasgow *Glasgow Women's Library* (unpublished)
- 46 Johnson AM and Gill ON (1989) Evidence for recent changes in sexual-behaviour in homosexual men in England and Wales *Philosophical Transactions of the Royal Society of London Series B-biological sciences*, 325, 153-161

- 29 King M, McKeown E (2003) Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales *MIND* www.mind.org.uk
- 6 Lumsdaine C (2002) Health Inequalities in lesbian, gay, bisexual and transgender communities in Scotland – fact or fairy tale? *MSc study, NHS Lothian* (unpublished)
- 44 Mancunian Health Promotion Specialist Service (1997) A survey of lesbian health in Manchester (unpublished)
- 41 Marrazzo JM (2000) Sexually transmitted infections in women who have sex with women: who cares? *Sexually Transmitted Infections* 76 pp330-332
- 21 McColl P (1994) Homosexuality and Mental Health Services (Editorial) *British Medical Journal* Feb 308 pp550-1
- 61 McKay L (2003) Lesbian and Bisexual Women's views on conception issues in Glasgow (unpublished)
- 4,25, 65 Ministerial Advisory Committee on Gay and Lesbian Health (2003) A Health and Wellbeing Action Plan for Gay, Lesbian, Bisexual, Transgender and Intersex Victorians *Department of Human Services, State of Victoria*
- 17 National Centre for Social Research (2003) Scottish Social Attitudes Survey (published September 2003)
- 12 National Advisory Group (1999) Breaking the Chain of Hate. A national survey examining levels of homophobic crime and community confidence towards the police. *UK Police National Advisory Group*
- 72 NAZ Project London website www.naz.org.uk, cited in Douglas-Scott, S., Pringle, A., Lumsdaine, C. (2003) Danger, Homophobia can Damage Your Health *UK Gay Men's Health Network* (unpublished)
- 16 NFO Social research (2003) Sectarianism in Glasgow *Glasgow City Council* (unpublished)
- 50 O'Brien O & Power R (1996) HIV and a Migrant Community: The Irish in Britain *Publisher Action Group for Irish Youth*
- 57 Pink Parents. <http://www.pinkparents.org.uk>
- 56 Puri R (1997) Survey of fertility clinics *Women's Health Newsletter* 32; 21
- 30 Remafedi G (1999) Suicide and sexual orientation: nearing the end of controversy? *Archives of General Psychiatry, American Medical Association* 56 pp876-885
- 26 Rivers I & Duncan N (2002) Understanding homophobic bullying in schools: building a safe learning environment for all pupils *Youth & Policy* 75 Spring pp30-41
- 64 Russell CJ & Keel PK (2002) Homosexuality as a Specific Risk Factor for Eating Disorders *International Journal of Eating Disorders* April 31 (3) pp 300-306
- 59 Saffron L (2001) Decision making among lesbians wishing to get pregnant *Journal of Fertility Counselling* 82 pp31-36
- 60 Saffron L (2001) It's a Family Affair – the complete lesbian parenting book *Diva Books* London
- 55 Saria K (2000) Lesbian couples and single women: discrimination and UK licensed fertility clinics. *Dissertation LLB Honours Degree 2000, School of Law, Manchester Metropolitan University*
- 62,63 Schneider J, O'Leary A, Jenkins S (1995) Gender, Sexual Orientation and Disordered Eating *Psychology and Health* 10 pp113-128
- 3,5 Scottish Executive Health Department (1999) Towards a Healthier Scotland *The Stationery Office*
- 10 Scottish Executive (2000) The Experience of Violence and Harassment of Gay Men in the City of Edinburgh *Central Research Unit*
- 2 Scottish Executive Health Department (2001) Fair for All *The Stationery Office*
- 1 Scottish Executive Health Department (2003) Partnership for Change *The Stationery Office*
- 52 Scottish Executive (2003) Report of the HIV Health Promotion Strategy Review Group
- 18 Scottish Executive (2003) Sexual Orientation Social Research Phase 1: A Review of Methodological Approaches. *The Stationery Office* (www.scotland.gov.uk/socialresearch)
- 19 Scottish Executive (2003) Sexual Orientation Social Research Phase 2: The Future of LGBT Research – Perspectives of Community Organisations. *The Stationery Office* (www.scotland.gov.uk/socialresearch)
- 45,66 Scottish Needs Assessment Programme (2001) Transsexualism and Gender Dysphoria in Scotland *Public Health Institute Scotland*
- 32 Sheffield Centre for HIV and Sexual Health (2003) from training on 'Sexual Orientation and Primary care', *references weren't available at time of going to press*
- 68 Stonewall Youth Project (2000) Out in the cold, (unpublished)
- 35 Turner G & Mallet L (1998) A Second Survey of the Health Needs of Gay and Bisexual Men in Southampton & SW Hampshire *Southampton Gay Men's Health Project*
- 8 Warwick I & Douglas N (2000) Safe For All, A Best Practice Guide to Prevent Homophobic Bullying in Secondary Schools. *Citizenship 21, Stonewall*
- 49 Watney (1998) Counselling gay men with multiple loss syndrome and survival problems *Aids Care* 10(1) pp57-63
- 20 Wells A (1997) Homophobia and nursing care *Nursing Standard* 12 (6) Oct pp41-42
- 70 Wells SA (1999) Health beliefs, values and practice of gay adolescents *Clinical Nurse Specialist* 3(2)
- 43 White J, Levinson W (1995) Lesbian health care: What a primary care physician needs to know *Western Journal of Medicine* 162 pp 463-6
- 23 White JC & Dull VT (1998) Room for improvement: communication between lesbians and primary health care providers *Journal of Lesbian Studies* 2(1): 95 – 110.
- 51 Williamson IR (2000) Internalised homophobia and health issues affecting lesbians and gay men *Health Education Research, Theory & Practice* 15 (1) pp97-107
- 48 Williamson LM, Hart GJ (2003) Changes in HIV-related sexual risk behaviour among gay men in Scotland, UK. *6th International AIDS Impact (Biopsychosocial Aspects of HIV Infection) Conference, Milan, Italy, July 2003.*
- 47 Winter, Redman et al. (2003) *SCIEH Weekly Report* Vol 37, January 03.
- 67 www.lgbt-dv.org
- 13 www.maslow.com

