

A person with curly hair, seen from the back, wearing a rainbow-colored t-shirt. They are looking out a window. The background is a bright, slightly blurred outdoor scene. The text is overlaid on the left side of the image.

HIDDEN FIGURES:

**THE IMPACT OF THE
COVID-19 PANDEMIC
ON LGBT COMMUNITIES
IN THE UK**

MAY 2020 - 3RD EDITION

LGBT
foundation

WE'RE HERE IF YOU NEED US lgbt.foundation 0345 3 30 30 30

We are LGBT Foundation.

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

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

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

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

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

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

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



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Executive Summary



The Covid-19 pandemic has had a significant impact on the lives of everyone in the UK, however, this impact has been far from equal. The crisis has laid bare the stark inequalities faced by certain demographics. For example, the Office for National Statistics has reported that those living in the most deprived of England and Wales are dying at twice the rate of those in the most affluent areas.¹ Death rates from Covid-19 are also significantly higher in black, Asian and minority ethnic (BAME) communities in the UK. Analysis by the Institute of Fiscal Studies (IFS) has shown that, after accounting for age and geography, Pakistani per-capita deaths are 2.9 times higher, and black African per-capita deaths are 3.7 times higher, than white British per-capita deaths.² The IFS has warned that BAME people will be harder hit by the economic effects of the crisis.³ The IFS has also stated that young people, lower paid people and women are likely to be hit hardest by business closures.⁴ Disabled people, older people and people with long term health conditions are other groups that have been widely reported to be particularly burdened by the impacts of the crisis- both from the virus itself, and government measures to reduce its spread.

However, while the impact that the crisis is having on certain minority groups has been more widely recognised, lesbian, gay, bisexual and trans (LGBT) communities have been absent from much of the narrative. LGBT communities already face a wide range health inequalities throughout their lives⁵ so will likely be disproportionately affected by the crisis in many ways. This report seeks to redress this lack of information and recognition and demonstrate why it is essential to consider the specific needs of LGBT communities during, and beyond the pandemic.

When the pandemic emerged earlier this year, immediately we wanted to better understand how lesbian, gay, bisexual and trans (LGBT) communities were being affected. We wanted to understand what support and services we could provide as an organisation, and how the wider health and care system could take account of LGBT people's needs and experiences.

So we launched an online survey to ask our communities about their experiences during the crisis. The survey was opened on 4th April and paused on 11th May for analysis to be carried out. At the time of analysis 555 valid responses had been collected. This is the third analysis of the survey data that we have undertaken, so these statistics may differ from previously circulated survey results from April 2020.

A culmination of the findings from this survey, existing research on LGBT health inequalities, and LGBT Foundation's unpublished service user data has revealed a range of ways in which the Covid-19 crisis is impacting LGBT communities.

This research has uncovered some of the wide-ranging and profound effects the pandemic has had on the lives of LGBT people across the country. To give you a snapshot of this impact, we have pulled together some of the key findings from the survey data. This is then followed by a detailed analysis of key thematic areas, where you will hear directly from LGBT people about their real-life experiences of living through the pandemic. We recognise that this research will need to be continually reviewed so that we may measure of LGBT people's needs and experiences change throughout the pandemic, as restrictions lift and change.

We are certain that whatever lies ahead, the impact of Covid-19 will be with us for years. Our commitment is to continue to understand how this is affecting our communities, to share that evidence to ensure that LGBT people and our needs are not forgotten, and to be here for every single LGBT person who needs us.



Paul Martin, OBE
Chief Executive, LGBT Foundation

Survey Demographics

Among the survey respondents:

- 26% identified as lesbian
- 42% identified as gay
- 13% identified as bisexual
- 1% identified as heterosexual
- 6% identified in another way, including as queer or pansexual

- 44% were men
- 41% were women
- 10% were non-binary
- 4% identified in another way

- 23% were trans.
- 3% were intersex.
- 8% were black, Asian or minority ethnic.
- 27% were disabled.
- 24% were aged 50 or over.

Key Findings from the Survey

LGBT Foundation's Covid-19 community survey of LGBT people living in the UK has found that:

42% would like to access support for their mental health at this time.

This rises to 66% of BAME LGBT people, 48% of disabled LGBT people, 57% of trans people and 60% of non-binary people.

30% are living alone at this time. This rises to 40% of LGBT people aged 50+.

25% would like support to reduce their isolation, such as a befriending service.

18% are concerned that this situation is going to lead to substance or alcohol misuse or trigger a relapse.

This rises to 20% of BAME LGBT people, 23% of disabled people, 22% of trans people and 24% of non-binary people.

8% do not feel safe where they are currently staying

This includes 9% of BAME LGBT people, 15% of disabled LGBT people, 17% of trans people and 17% of non-binary people.

16% had been unable to access healthcare for non-Covid related issues

This rises to 22% of BAME LGBT people, 26% of disabled LGBT people, 27% of trans people, 27% of non-binary people, and 18% of LGBT people aged 50+.

34% have had a medical appointment cancelled

This rises to 39% of BAME LGBT people, 42% of disabled LGBT people, 38% of trans people, 37% of non-binary people, and 42% of LGBT people aged 50+.

23% were unable to access medication or were worried that they might not be able to access medication

This includes 37% of BAME LGBT people, 36% of disabled LGBT people, 45% of trans people, 21% of non-binary people, and 21% of LGBT people aged 50+.

64% said that they would rather receive support during this time from an LGBT specific organisation

This rises to 71% of BAME LGBT people, 69% of disabled LGBT people, 76% trans people and 74% of non-binary people.

“ I can't be myself, I can't come out & is hurting inside. Prior to the covid19 crisis I was due to move out into supported living where I can gain access with my mental health but now this lockdown I'm stuck in limbo.”

“ As an lgbt Muslim family relationships are already strained so relying on family during this time can be difficult if not impossible ”

“ I can no longer speak with my friends in a safe environment about any mental health issues I have. Being transgender in a household that doesn't accept me is difficult but before isolation I could escape to a friends house for support. That is no longer an option.”

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

“ Temporarily living with my parents mean that I can't be as open about who I am. Although living in the city has allowed me to be free, going back to my parents' house has meant I have had to censor myself in ways.”

“ I'm not able to contact my family and don't know if they are well or not due to their reluctance to speak to me because of my identity.”

“ I am not out to my mum so having her staying with me is rather a strain ”

“ I came out as trans only a month before the crisis started and had to cancel some social plans that were really important; reconnecting with old friends I'd disassociated from. Life now feels a bit like a new closet, and I hadn't really got used to being out in the first place.”

“ Dysphoria seems to be running my life again. Feeling that I'll never get to live my life without dysphoria. Physical transition put on hold. Afraid I'll die and have the wrong gender on death certificate.”

Key Issues Faced by LGBT Communities During the Covid-19 Pandemic

The pandemic is having a profound impact on many people's mental health and wellbeing, with the World Health Organisation warning that this impact is likely to be far reaching and long lasting. LGBT people may be particularly affected, as they are more likely to experience poor mental health,⁶ partly as a result of ongoing discrimination and marginalisation. This is further exacerbated in LGBT communities, as phone and online support is simply not an option for those who are unable to speak freely in front of others about their identity, as they are not out or are living in an unaccepting household.

LGBT people are already more likely to use drugs,⁷⁸ and drink everyday⁹ - often substance use is used to cope with the impact of lifelong discrimination, marginalisation and isolation. There has been significant coverage of an increase in substance misuse in the general population during the pandemic, an issue that has been worsening as this crisis continues. For people in recovery this crisis may be an incredibly challenging time and we know that some of these individuals have relapsed as a direct result of the pandemic. LGBT Foundation's [Substance Misuse Programme](#) has seen previous service users who no longer needed support return to the service as a result of the crisis.

The UK has seen a shocking rise in domestic abuse since social distancing measures were introduced. Many LGBT victims are unable to access support as there is a lack of support provided for trans women and men who have been affected by domestic abuse. There is little mainstream recognition of domestic abuse that occurs outside of opposite sex relationships, which reduces LGBT people's ability to see themselves as victims and feel that support services are for them.

LGBT people have had to isolate at home with LGBTphobic households. Abuse and discrimination has meant that people have had to go back into the closet or avoid coming out entirely to those who they live with. These experiences will further heighten feelings of stress, anxiety and isolation as well as making people feel as though they are losing part of their identity. Additionally, there have been instances of people being made homeless during the crisis after their families have found out they are LGBT.

Many LGBT people rely on LGBT communities and spaces for vital support, understanding and friendship. Therefore a lack of access to LGBT specific spaces and a reduction in people's ability to socialise with other LGBT people is heightening isolation in these communities and making people feel that their LGBT identity is becoming invisible.

Isolation is particularly affecting older LGBT people, who were more likely to be isolated before the lockdown began, and are less likely to have children and be in contact with their biological families.¹⁰ LGBT older people who have lived in a world hostile to their identities may be reluctant to access support due to fears of encountering discrimination, further exacerbating this isolation and lack of support. LGBT people often rely on their friends or 'chosen families' for support. This may be a particular problem for LGBT people who may rely on a support network of people who are the same age as them and so are unable to provide support at this time.

LGBT people are more likely to report barriers to accessing healthcare and feel that services do not meet their needs.¹¹ The huge impact that this crisis is having on how we access healthcare and what healthcare we are able to access may be creating further barriers for LGBT communities. Already we know that trans and non-binary communities have been particularly adversely affected. Many gender identity services, which provide essential services to a huge number of trans and non-binary people, have suspended all their services, with many people unable to even speak with a clinician on the phone or online. This is particularly distressing for many, as people wait on average of a year and a half for an appointment with a gender identity service.¹² Trans and non-binary people may wait for years to have gender confirmation surgeries, all of which have been cancelled or postponed, with people unsure if they will be placed back on a long waiting list after the crisis ends. Trans and non-binary people have faced issues accessing hormones and many are concerned that access will be reduced as the crisis goes on.

1. The Impact of the Virus

This report focuses on the impact of measures introduced to slow the spread of the virus, rather than the impact of the virus itself. However, it is important to note that based on risk factors for Covid-19, such as smoking and certain long term conditions, there are a number of reasons to suggest that LGBT people may be more likely to be severely affected if they catch Covid-19.

LGBT people are more likely to smoke, with particularly high rates among bisexual women.^{13 14} Older LGBT people are more likely to have long term health conditions and to have poor self-rated health.¹⁵ LGBT young people are more likely to be homeless, with homeless people more likely to be in poor health and less able to access healthcare.¹⁶ Gay, bisexual and men who have sex with men are significantly more likely to have HIV, and although most people living with HIV will not be at higher risk, those with a CD4 count of under 50, or people who have been diagnosed with an opportunistic infection in the last 6 months have been advised to shield by the British HIV Association.¹⁷

Due to a lack of routine sexual orientation and trans status monitoring it is likely that the that number of LGBT people who die from Covid-19 in the UK will never be known.

For more information on the impact of the Covid-19 virus on LGBT people, please visit www.lgbt.foundation/coronavirus/impact

2. Mental Health

The Covid-19 crisis is having a profound impact on the general population's mental health and wellbeing. It is causing significant stress, anxiety, isolation, financial uncertainty and disruption to support services. The profound and lasting impact on mental health is being recognised as the World Health Organisation has warned of a global mental health crisis and stated that mental health is a 'priority to be addressed urgently.'¹⁸

This is likely to particularly affect LGBT communities as there is extensive research to show that LGBT people are more likely to experience poor mental health in general. For example, a 2018 study found that 31% of cis LGB people and 46% of trans people had thought about taking their life in the previous year.¹⁹ In comparison NHS Digital reports that 1 in 20 adults in the general population had thought about taking their own life in the same time period.

37% of survey respondents stated that decreased mental wellbeing was one of their top three concerns at this time.

“ Like many LGBT people, I have experienced a sustained period of chronic depression before, in which I almost never left my house and was cut off socially. I know how this situation is different for me, but it is similar enough to be upsetting.”
- survey respondent

“ The situation has had a severe effect on my mental health which has led to a resurgence in my historical self-harming habit.” - survey respondent

“ I have already had a meltdown during isolation that led to suicidal ideation. I am hoping that living with my partner will improve the situation. I have apparently been referred for counselling but I have yet to receive more details about this.”
- survey respondent

The profound impact that the crisis is having on mental health can also be seen from LGBT Foundation's helpline data. In the period 23rd March to 12th April, there was a 50% increase in calls about mental health, compared to the three weeks prior. Throughout the crisis mental health has been consistently the most common issue discussed in our helpline calls.

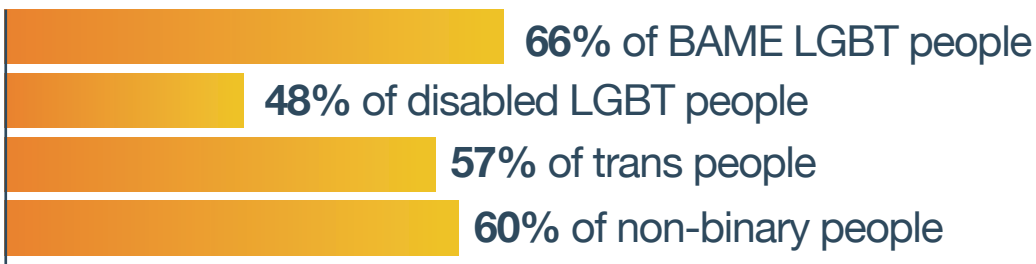
LGBT Foundation Case Study

Jay* rang the helpline as he has been finding lockdown very difficult, he has anxiety and depression and has not left his house for weeks. He lives with an elderly relative and is afraid to go out in case passes the virus onto them. He is LGBT and does not have any friends who are LGBT, but he would like some. He felt that some support around decreasing his isolation would be helpful and may help to improve his mental health.

**name changed for anonymity.*

42% of survey respondents said that they would like to access support for their mental health at this time, making it the type of support that the most people wanted.

This figure rises to:



It is likely that mental health services will see a continuous rise in demand for months, if not years to come, as people seek support for the damage done to their mental health during lockdown. On top of this many people will be unable to seek mental health support at this time, as they cannot access confidential support, or they may not feel that phone or video call support will be helpful, and therefore may be waiting until they can access face to face support.

3. Isolation

Social distancing measures mean that many of us feel more isolated than ever and the survey revealed that this is true for a significant number of LGBT people.

Older LGBT people are likely to be particularly affected, as even before the crisis they experienced disproportionately higher levels of isolation. The impact on older gay men may be particularly profound as a 2014 analysis of the UK Household Longitudinal Study found that 52% of gay men aged 50+ live alone compared to 19% of heterosexual men aged 50+.²¹

40% of LGBT survey respondents aged 50+ said they were living alone at this time compared to 30% of all LGBT respondents.

With older people particularly at risk from the virus it is likely that these groups will continue to face isolation even after social distancing measures begin to be loosened for the majority of the population.

“As a trans poc [person of colour] who is [in] older life [and] is already quite isolated and this time does increase the amount of isolation I experience.”
- survey respondent

Isolation is key concern for many LGBT people and is not just an issue affecting older LGBT people.

27% of all respondents said that increased isolation was one of their top three concerns related to the crisis.

25% said that they would like some support to reduce their isolation such as a befriending service.

Although isolation is something that will be affecting most people, LGBT people are specifically affected in a number of different ways. LGBT people are more likely to have a ‘chosen family’, which describes people viewing their close friends as their family, often due to family rejection. People may be less likely to live with their chosen family compared to their biological family so may be separated from those closest to them at this time. This may be presenting a particular challenge for older LGBT people whose support networks may consist of friends who are the same age as them, and who therefore will be unable to provide practical support such as collecting shopping and medication due to shielding.

One person who wanted to receive support to reduce their isolation explained why they were feeling particularly alone at this time:

“ I think many LGBT have “pub mates” which means we don’t have phone numbers / contact details / surnames for people so it’s difficult to make those connections when things changed so suddenly and so quickly. Also the casual hookup culture means that true depth of friendship doesn’t happen. And less of us being in relationships / having familial networks etc.” - survey respondent

Additionally something that many LGBT people are finding difficult is being isolated away from others in LGBT communities and being unable to access LGBT specific spaces.

“ Not being surrounded by other lgbtq people feels isolating and at times almost invalidating of my own experience.” - survey respondent

“ I think the issues around isolation can be harder - can feel more invisible at this time. As a single parent I feel my identity as an LGBT person is not generally recognised and usually I rely on a network of friends to keep me connected to my identity - this has disappeared.” - survey respondent

“ Really missing LGBTQ community and the particular kind of support available there - free of homophobia, stigma, etc.” - survey respondent

“ I really miss seeing other queer women regularly, as it helped my confidence within my identity, and I feel I am definitely losing that with being alone.”
- survey respondent

It is also important to recognise that there are a significant number of people who don't have access to the internet, severely limiting their ability to connect with people, groups and services at this time. This survey was carried out online so it is likely that the experiences of these people were not captured.

“ On-line services are OK when you have the opportunity to see friends, but not for everybody. I have five friends in their 70’s or 80’s who are LGBT who live by themselves and don’t have smart phones or computers. Two of them also don’t have a TV. We have to rely on landlines.” - survey respondent

Substance and alcohol misuse are something that many people are struggling with at this difficult time as they look for coping mechanisms to deal with the increased stress and anxiety caused by the pandemic.

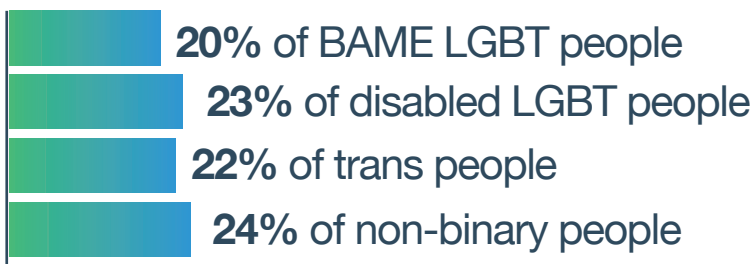
4. Substance Misuse

Even before the crisis, LGBT Foundation's substance misuse team found that boredom and loneliness are the two most common triggers for relapsing, so for many with substance misuse issues, lockdown is an incredibly challenging time.

LGBT people are more likely to use illicit drugs,^{22 23} and drink alcohol every day²⁴ so they may be particularly affected. Additionally substance misuse is often linked to poor mental health, which is also something that LGBT people are more likely to experience.

18% of LGBT respondents are concerned that this situation is going to lead to substance or alcohol misuse or trigger a relapse.

This figure rises to:



“ I worry about this affecting my mental health. I was diagnosed with depression before and a symptom of this was not leaving my house for days at a time. I worry that not being able to go out will send me back to unhealthy sleeping habits and am worried about self-medicating with alcohol.” - survey respondent

“ I am drinking regularly in the evening, by myself. This is not something I have done in the past, and I shouldn't do it as alcohol and one of my medications does not mix well with alcohol. I am using alcohol to deal with the isolation and the stress of having my children all day with no options to do our usual activities.”
- survey respondent

“ I am two years into recovery again and this has added a lot of stress to my home situation. My usual stress management strategies are not available due to lockdown and so I am becoming less stable. It's frightening.” - survey respondent

“ I am already a drug addict. Was getting on top of my addiction before this. But spending every day at home with nothing to do has driven me back to drug dependency.” - survey respondent

“ Sheer boredom will make me slip back into alcohol abuse.” - survey respondent

There are concerns that as social distancing measures are loosened there will be a huge increase in triggers to drink and use substances as everyone 'celebrates' lockdown being over and rushes to newly opened bars, pubs and clubs.

5. Eating Disorders

Although the survey did not specifically ask about eating disorders, the question on substance and alcohol misuse elicited a number of responses around eating disorders. Disordered eating and problems around body image are issues that particularly affect LGBT communities.²⁵ Disruption to routines, a lack of access to usual support, reduced activity levels and changes in access to food are all contributing factors to worsening these kinds of conditions. These conditions are also often linked to poor mental health.

“ My depression and anxiety is spiking more often and I’m also still trying to recover from trauma and an eating disorder on my own so I worry I may slip into old damaging habits.” - survey respondent

“ Been fighting intrusive thoughts, especially eating disorder thoughts, more. Increased focus on gaining weight in isolation and removal of usual support group means I’m considering more kinds of self-harm (e.g. denial of food, hitting myself, urge to work out in excess, urge to take larger doses of substances).”

- survey respondent

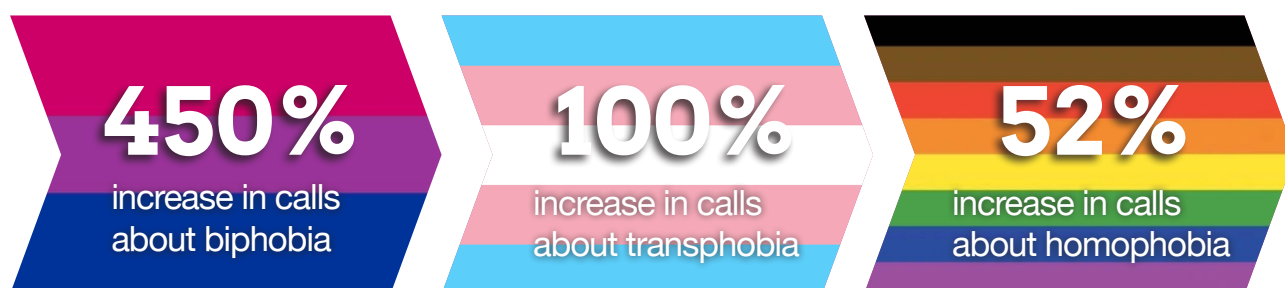
“ i am relapsing in my eating disorder recovery. id just finished a twenty week cbt course, and now am about to leave the programme. worst timing.”

- survey respondent

6. Safety

For many LGBT people, this time is being made even more difficult as they are experiencing discrimination and in some instances feeling unsafe.

LGBT Foundation's [helpline](#) has seen a huge increase in calls about discrimination, compared to the three weeks prior, the period from 23rd March - 12th of April saw a:



8% of survey respondents said that they do not feel safe where they are currently staying. This includes 9% of BAME LGBT people, 15% of disabled LGBT people, 17% of trans people, and 17% of non-binary people.

There are a number of factors which have led to so many LGBT people currently feeling unsafe. These are outlined in the following sections.

6.1 LGBTphobic Family or Housemates

One reason why people do not feel safe is because they are isolating at home with people who are homophobic, biphobic or transphobic. This is unfortunately unsurprising as a 2019 study by [akt](#) found that 11% of parents surveyed said they would feel uncomfortable living at home with an LGBT child.²⁶

“ My grandparents do not know I’m gay, I believe they would throw me out, be unhappy, hurt & upset, so it is no happy place to come out.” - survey respondent

“ I’m transgender but not out, my parents are transphobic, having to pretend to be someone i’m not all the time is physically, mentally, emotionally and spiritually exhausted.” - survey respondent

“ Unable to be myself without risking being kicked out.” - survey respondent

LGBT Foundation Case Study

Jade* lives with her family who look after her as she has additional needs. She has a difficult relationship with her family members, which has been exacerbated by Covid-19. Her family does not support or understand her trans identity. She would like to be able to explore her gender through clothes and make up, but says that she is scared her parents might harm her if they caught her doing this.

**name changed for anonymity.*

Others have reported having to go back into the closet or hide parts of themselves:

“ We decided to care for my wife’s mother during the pandemic but it has meant that I am back in the closet. I’m trans.” - survey respondent

“ Whilst I am physically safe, it isn’t really a safe space for me to be open about my identity - my parents are not accepting of my sexuality, and so I hide parts of myself for the sake of harmony at this difficult time.” - survey respondent

Many people who are isolating with LGBTphobic people will be unable to access support due to fear of outing themselves or causing further conflict. Therefore it is likely that LGBT organisations will be under increased pressure once social distancing measures are loosened and people are able to access face to face confidential support.

6.2 Domestic Abuse

It has been widely reported that levels of domestic abuse have been rising in the UK since lockdown measures were brought in. LGBT people are more likely to face domestic abuse in their lifetime,²⁷ something which is exacerbated by a lack of recognition of LGBT victims and a lack of LGBT specific domestic abuse support.

LGBT Foundation’s [Domestic Abuse Programme](#) has seen unprecedented demand for support since lockdown measures were introduced. This includes:



“ My partner has mental health and alcohol abuse issues, she can be abusive towards me. My only recourse is the police which creates more problems than it solves. ” - survey respondent

“ Partner is abuse’ [He] is already abusing alcohol. He doesn’t cope well being cooped up in a small area and disconnected from people. ” - survey respondent

LGBT Foundation Case Study

Tristan* lives with a roommate, who has coerced him into performing a sexual act and has continued to try and initiate unwanted sexual contact. The roommate is homophobic and Tristan believes that he assumes Tristan wants to have sex with him just because Tristan is LGBT. The roommate can get aggressive, however due to Covid-19 there is nowhere else available for him to stay at the moment.

*name changed for anonymity.

The lack of support provided for LGBT domestic abuse victims is becoming increasingly apparent during this crisis. Currently there is a lack of male refuges and refuges which will accept trans women, making LGBT victims disproportionately disadvantaged. Due to this lack of support LGBT Foundation's domestic abuse team is already seeing victims going back to their unsafe homes with alleged perpetrators and losing trust in services.

The proposed national strategy to house victims of Domestic Abuse in hotels during the pandemic omits LGBT victims and focuses on cis straight women and their children. This has the result of not only increasing the risk to LGBT victims by denying them access to the provision, but also has a detrimental effect on how the victim sees themselves and also how the victim perceives the domestic abuse sector with the lack of acknowledgment and support around their abuse.

It is likely that domestic abuse services will continue to see an increased demand as it can take time for victims to acknowledge that they need support and many victims may delay accessing support until they feel they are able to leave the house.

6.3 Hate Crime

LGBT people are also feeling unsafe outside of the home, and are being subjected to hate crimes and discrimination.

“ As a Trans woman I’m getting abuse when I go shopping. As shopping times mean I can’t go early to miss everyone. ” - survey respondent

“ I have been subject to a much greater increase of online bullying and transphobia during lock down and I worry people may trace my address. ”
- survey respondent

“ Outdoors there is more hate crime than ever. ” - survey respondent

People also reported LGBTphobic abuse from neighbours and people in their local areas, something that may be worse at the moment as people are spending significantly more time at home.

“ Violent neighbours who threaten us and other people and shout homophobic/transphobic abuse at us. ” - survey respondent

“ 2 x incidents from neighbours relating to COVID 19 and homophobia. ”
- survey respondent

“ Homophobic jobs outside often yelling abuse in street. ” - survey respondent

“ I don’t normally spend that much time in my local area which isn’t known for being very queer friendly. So walking around as a queer person is a bit nerve wracking. ” - survey respondent

LGBT Foundation Case Study

Alex* has been a regular caller since the Covid-19 crisis began. They called the helpline asking for numbers for housing support as they are continuing to experience abusive language from neighbours. They have had contact with the police, who were unable to help. They also have a support worker, but the support worker doesn't know that they are LGBT and they don't feel supported by them.

**name changed for anonymity.*

There have been instances of same-gender couples finding that people assume they are not from the same household and so believe that they should not be in public together.

“ I have found that while walking my dog with my girlfriend, people have made comments that we shouldn't be walking together as they do not assume we are a couple, they seem to think we are two friends breaking the social distancing rules to go for a walk together. ” - survey respondent

LGBT Foundation Case Study

Sayed* called the helpline seeking emotional support and advice following discrimination based on his sexual orientation at the supermarket. He and his male partner were repeatedly denied entry after the security guards said that they were only allowing people from the same household to enter together and were allowing opposite-gender couples to enter together.

**name changed for anonymity.*

[Galop](#), the LGBT+ anti-violence charity, received a report of an incredibly concerning incident:

“ The perpetrator aggressively stated words to the effect of ‘It's your fault, you gays spread COVID19 just like you spread AIDS before’. The perpetrator approached him with his face almost touching the victim's and said he was going to get his golf club and ‘beat the shit out of him.’ ”

Internationally there have been incidences of LGBT people being scapegoated for the spread of Covid-19, for example in South Korea new cases of Covid-19 have been linked to Seoul's nightclub district, including some LGBT venues. This has led to a shocking homophobic backlash in newspapers and online.²⁸ It is incredibly worrying that similar narratives may start to gain more traction in the UK. Additionally for many older LGBT people this may resurface traumatic memories of the HIV epidemic.

7. Financial Impact

The crisis is having a more profound effect on people in lower socio-economic groups, with lower paid people more likely to be hit by the economic consequences of the crisis.²⁹

Although there is a lack of data on poverty and deprivation levels in LGBT communities, the research that exists suggests that groups within LGBT communities are more likely to be worse off financially. Analysis of the UK Household Longitudinal Study found that gay and bisexual men experience greater material disadvantage compared heterosexual men while bisexual women experience greater material disadvantage compared to heterosexual women.³⁰

The National LGBT Survey 2018 found that employment rates are considerably lower for trans and non-binary people. 63% of trans and non-binary respondents had a job in the 12 months preceding the survey, falling to 56% of BAME trans people.³¹ This compares to an employment rate of 75% at the time.³² Additionally 60% of trans people stated that they earned less than £20,000 per year.

Of our survey respondents, 9% said that the Covid-19 crisis has meant that they have had to claim financial support from the government that they wouldn't usually claim.

12% stated that they needed financial support but had not received any.

This includes 11% of BAME LGBT people, 19% of disabled LGBT people, 21% of trans people and 16% of non-binary people.

“ Not eligible for anything. I'm on my own! ” - survey respondent

“ Applied for many things but have received nothing at all. ” - survey respondent

11% 11% would like assistance accessing financial support provided by the government.

8. Homelessness

LGBT people are disproportionately more likely to be homeless with 24% of homeless young people (aged 16 to 25) being LGBT. 77% of homeless young LGBT people stated that being LGBT was a causal factor in rejection from home.³³

18% of LGBT people have been homeless at some point in their lives, rising to 25% of trans people.³⁴ Being homeless at this time makes people particularly vulnerable to Covid-19 as homeless people are more likely to be in poor health, are less likely to be able to self-isolate effectively, and many will face barriers to accessing primary care without a fixed address.

Many homeless people have been temporarily housed and there are concerns that they will end up back on the streets after the worst of the pandemic is over.³⁵

We know that many in LGBT communities are concerned about housing as in the time period 23rd March -12th April LGBT Foundation's helpline saw an **88% increase in calls about housing compared to the three weeks prior.**

“ I live in temporary accommodation as my cancer made me homeless. I am in a single room bedsit between a violent and disruptive drug dealer and a loud pentecostal christian speaking in tongues and frequently shouting about burning in hellfire.” - survey respondent

“ homeless prior to COVID-19 starting and need a fixed address so I can start self employment. I am disabled so can't work key worker jobs ” - survey respondent

9. Access to Healthcare

LGBT people face a number of negative experiences when accessing healthcare, including discrimination, services not meeting their needs, and having to deal with inappropriate questions or unwarranted curiosity about their identity. The National LGBT Survey found that 16% of LGB people and 40% of trans people had experienced at least one negative experience based on their LGBT identity when accessing or trying to access public healthcare services in the 12 months preceding the survey.³⁶ These experiences can increase reluctance to access healthcare; a 2018 [Stonewall](#) survey found that 14% of LGBT people have avoided treatment for fear of discrimination because they're LGBT.³⁷

At a time when our ability to access healthcare, and the way we access healthcare has substantially changed, those who faced barriers prior to the crisis may be particularly affected.

The survey revealed that respondents had been affected by changes to healthcare, with BAME people, disabled people and people aged 50+ more likely to be affected (access to healthcare for trans and non-binary communities is covered in the next section).

16% had been unable to access healthcare for non-Covid related issues, rising to 22% of BAME LGBT people, 26% of disabled LGBT people and 18% of LGBT people aged 50+.

34% of people had a medical appointment cancelled, rising to 39% of BAME LGBT people, 42% of disabled LGBT people and 42% of LGBT people aged 50+.

23% said that they were unable to access medication or were worried that they might not be able to access medication, including 37% of BAME people, 36% of disabled LGBT people and 21% of LGBT people aged 50+.

27% of people who said that there was medication that they couldn't access or were worried that they wouldn't be able to access, mentioned access to anti-depressants or other medication to help manage poor mental health.

“ on antidepressants and my dosage has not been available for over a month. (response provided on 4th May) had to have smaller dosage and take double the amount. concerns me that they may run out of that dosage too, and then where will it leave me.” - survey respondent

“ I had to go without sertraline for depression for over a week as pharmacy stock had run out.” - survey respondent

“ Paroxetine, queued for 3 hours to get prescription to be told they had none.” - survey respondent

“ I am experiencing extreme anxiety and have a telephone consultation booked in with my GP, but worry that I may not be able to get any medication to help me get through this difficult period and the often disabling effects of my anxiety.” - survey respondent

9.1 Trans and Non-Binary Specific Healthcare

Before the pandemic, healthcare provision for trans and non-binary people was often inadequate, with average waiting lists for an initial appointments at a Gender Identity Service being a year and a half, hugely exceeding NHS legal guidelines of 18 weeks.³⁸ Additionally 80% of people who had tried to access Gender Identity Services saying that doing so had not been easy.³⁹

These problems have been worsened during this crisis with services suspending face-to-face appointments, not accepting new referrals, redeploying staff to support the Covid-19 crisis and in many cases freezing waiting lists. This is incredibly distressing for people who have had to wait years to get an appointment.

“ Porterbrook gender identity clinic cancelled my appointment. They said I have to go to it physically and so can't give me a timescale to when it will be rearranged to. I had been waiting for this for nearly 5 years and I can't bear more of a wait.” - survey respondent

“ Was told second assessment at GIC not possible over the phone so appointment is being rescheduled and after nearly 3 years of being on the waiting list my access to transition-related healthcare has been delayed further.” - survey respondent

“ Knowing my gender surgery is going to be delayed, but unable to talk to anyone about it or even voice my concerns to anyone because people are dying and it’s an emergency so why am I so selfish to care about ‘cosmetic surgery’. I just feel desperate because the waiting lists are already so long and I’ve waited a decade already and I was finally on the list for lower surgery and now I’ll be lucky to have it in the next five years and my life is just slipping away.” - survey respondent

“ The waiting times for the GIC are only getting longer. Knowing this has made my dysphoria so much more unbearable. Life feels utterly hopeless.”
- survey respondent

The survey findings indicate the extent to which trans and non-binary communities have been particularly affected by these disruptions to healthcare. 27% of trans respondents and 27% of non-binary respondents said that they were unable to access healthcare for non-Covid related issues, compared to 16% of all LGBT respondents. 38% of trans respondents and 37% of non-binary respondents had a medical appointment cancelled.

“ While I am able to access some other medication and healthcare via my GP, I am unable to access transition related healthcare due to GICs closing and unable to access trans related healthcare with my GP due to lacking Gender services.”
- survey respondent

“ All remaining trans surgery [has been cancelled] because it was left unfinished and my GIC want me to get re-referred and even start the whole thing again! Was meant to be sent to surgeon but now told I have to go to the GIC, they refused to see me, then years of waiting and appeals, not hearing anything, complaints not dealt with. Each attempt to contact the GIC got worse and made the situation worse. 15 further years of delays from the GIC and health board. No apologies. Now all trans treatment/appointments cancelled. They won’t even do the basic admin stuff of following up my unprocessed/lost referrals.” - survey respondent

Disruptions to hormone access is something that is causing a great deal of concern in trans communities.



45% of trans respondents said that they were unable to access or worried that they might not be able to access medication, compared to



23% of all LGBT respondents.

Of these trans respondents who have concerns about access to medication, 61% mentioned hormones as a medication they were unable to access or worried that they may not be able to access.

“ being post op transsexual I need my hormones I am worried that I wont be able to get them both through the virus and C19 virus for me that wouldn't be worth living ” - survey respondent

“ Supply of HRT patches is slow/poor at the moment. Worse than it has been and it has been poor for months. Still waiting for my latest prescription. ”
- survey respondent

“ I'm worried I won't be able to get prescribed testosterone because the gender identity clinic has postponed all appointments. ” - survey respondent

Due to ongoing issues with inadequate healthcare provision for trans people many trans people feel that their healthcare is being viewed as 'non-essential', creating huge concerns that access to trans specific healthcare medications will be one of the first things to be reduced or even stopped in response to the crisis.

“ I am worried about being able to access my hormone medication due to it being viewed as 'non-essential', even though it will have a massive effect on my physical and mental health if I am unable to get it. My HRT is affected by supply shortages quite regularly anyway, and so I'm worried this might get worse due to Covid-19. ”
- survey respondent

“ I am concerned that testosterone (HRT) might not be considered “essential” enough at some point. ” - survey respondent

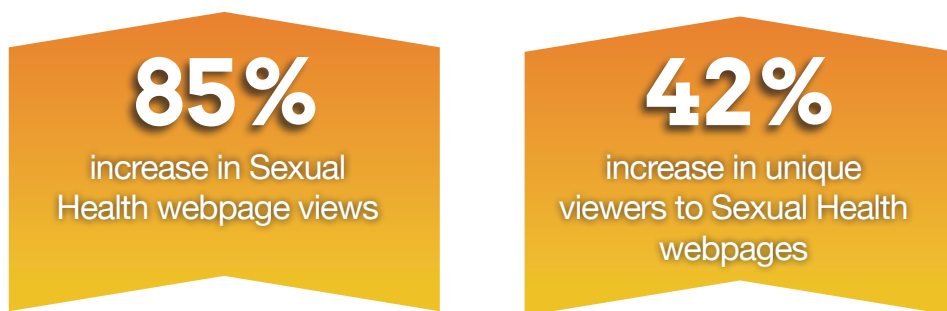
“ I've been fine so far but I'm a little worried that if things continue/get worse my testosterone shots might be viewed as non-essential and stopped to free up the NHS for more important COVID matters. ” - survey respondent

9.2 Sexual Health

LGBT Foundation's [Sexual Health Programme](#) has found that there is limited knowledge that people can still access sexual health services and which sexual health services are still available. This means that people are not accessing services despite urgently needing to.

“ I was trying to get to sexual health clinic and couldn't find any services. ”
- survey respondent

Since lockdown measures were introduced, LGBT Foundation has seen a:



The [British Association of Sexual Health and HIV \(BASHH\)](#) has reported that sexual health clinics are currently operating at 20% capacity. It is likely that service will be slow to resume normal business so there are concerns that after lockdown measures are lifted sexual health clinics may be unable to cope with a sudden increase in demand.

Anecdotally we are aware that people are still engaging in chemsex, despite their own efforts to abstain. However some people are finding it difficult, particularly those who are having a challenging time dealing with the effects of the crisis, and are therefore turning to chemsex as a method of coping and so they do not have to be alone. LGBT Foundation has supported people who have engaged in chemsex and feel incredibly guilty and ashamed and feel they aren't entitled to support as they have broken lockdown rules.

There have been mixed messages shared around PrEP, with some people being given longer prescriptions, some people being given shorter prescriptions and others being told they should stop taking it. [Prepster](#) has advised that anyone on the waiting list for the PrEP IMPACT trail should buy it online instead. This will be not financially possible for many people.

Some HIV/ STI testing and clinical services have reported that ‘Stay at Home’ messaging is making people worried and confused about whether they are permitted to leave the house for the purpose of accessing PEP. This is permitted as PEP is an essential medication.

The survey has revealed that people have had difficulty accessing PrEP and PEP.

“ I’m not sure yet how I will be able to access my three monthly prep supplies due next month.” - survey respondent

“ I have already been unable to obtain both PrEP and PEP due to sexual health clinics being closed to face to face appointments.” - survey respondent

“ I have had accidental unprotected sex and needed PeP urgently. I was unable to access it as all the local clinics are closed.” - survey respondent

“ PrEP is taking longer to arrive by post ” - survey respondent

Many people living with HIV have also received text message alerts from the NHS recommending shielding for 12 weeks, when for the majority of people living with HIV this is not necessary. This has led to unnecessary stress and confusion.

“ I am living with HIV and I have received conflicting information about my need to ‘shield’ during this time.” - survey respondent

“ I am HIV+ and have previously had a heart attack. I have not received a letter saying that I should be ‘shielded’ but am unsure if I should ”- survey respondent

Experts have said that social distancing measures have created a unique opportunity to make huge progress in the work to eradicate HIV infections. This relies on people being able to access at home tests before social distancing measures are lifted further and more people begin to have sex outside of their household. However there are currently variations in provision of self-tests kits across the country, meaning many will face challenges in accessing self-testing.⁴⁰

10. Accessing Support

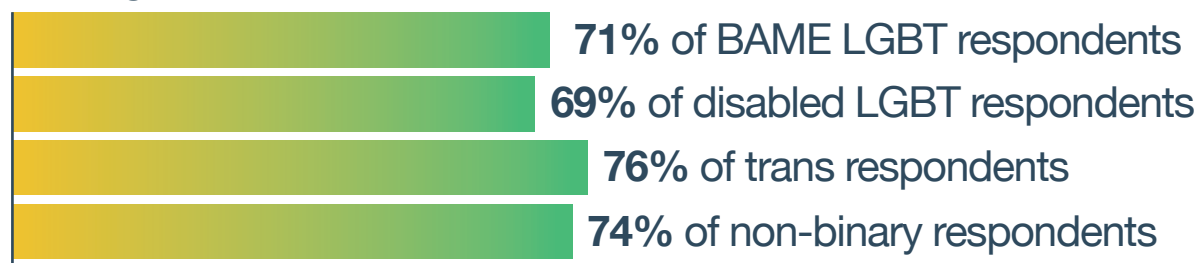
10.1 Need for LGBT Specific Support

Ensuring that communities receive the appropriate support and service to meet their specific needs is fundamental in mitigating the disproportionate effects of the pandemic. This disproportionate impact could be further exacerbated by the barriers that LGBT people face when accessing healthcare and support services. These barriers include things such as discrimination, or a perception of potential discrimination, based on sexual orientation or trans status, or a lack of understanding and training on how to adequately support that LGBT people.

For many LGBT people this means having access to an LGBT specific support service, where they will not be met by lack of knowledge, negative assumptions and discrimination.

64% said that they would rather receive support during this time from an LGBT organisation.

This figure rises to:



People who would rather access LGBT specific organisations explained why this was the case.

“ This is a vulnerable time and LGBT specific organisations make me feel safer. ”
- survey respondent

“ Mainstream providers are usually ill-equipped and lack knowledge to be able to provide the best care for LGBT communities. If I’m accessing services at an LGBT charity, I would feel safer because I know they will get the challenges I’m facing, without having to educate mainstream professionals. ” - survey respondent

“ It feels like there’s so much explaining to do if we approach mainstream organisations. ” - survey respondent

“ I would always prefer an LGBT/Trans specific service whether or not we are in lockdown as transphobia (whether deliberate or just general ignorance) is still common and I don't want to have it as a worry when accessing support. If support was only available from a mainstream service I probably would not use it because I do not want to risk transphobia and I know it would happen as it does about 90% of the time when I use mainstream services. ” - survey respondent

“ I feel like my situation is just...more specifically experienced by LGBT people. Having a history of substance misuse, addiction, trauma, mental illness, gender-feels etc is so much more common (sadly) in the queer world, and I find that straight people do not relate to it as much/ find it quite shocking when it feels very normal. ”
- survey respondent

A number of free text responses also revealed that people are struggling as they are unable to access LGBT community spaces. This further demonstrates the importance of LGBT organisations and groups.

“ I feel very cut off from community spaces right now, for obvious reasons! (...) The lack of outlet for my sexuality is difficult, especially because I am in lockdown alone, and I feel like there isn't a lot of talk about the emotional impact of that. ”
- survey respondent

“ Cannot access LGBT community spaces or events for general peer support that cannot be gained form even the most well intentioned family or straight allies. ”
- survey respondent

LGBT people have also been affected by the cancellation of Pride events over the summer:

“ Most of the prides have been cancelled, along with all the other summer festivals and events I was planning on going to. This makes it extremely hard to have any motivation to work, as all the rewards I work for have been taken away. ”
- survey respondent

“ Was hoping to go to a Pride event for the first time this year. Feeling more isolated as I can't do this now. ” - survey respondent

LGBT Foundation Case Study

Graham* phoned the helpline very upset that he was unable to attend his first pride event this year. He had been looking forward to it for a while and viewed it as a big step on his coming out journey and felt that he has been robbed of this. He was hoping to use Pride as a chance to meet others in his community as he doesn't have many LGBT friends. He was also hoping to meet someone and start a relationship.

**name changed for anonymity.*

10.2 Concerns About Accessing Community Support

Many people, particularly those who are older or who have underlying health conditions, will be having to increasingly rely on support from others. For some this may be the first time in their lives that they have to rely on such support. For many LGBT people having to rely on support from others can be incredibly anxiety inducing as those providing support may not be accepting of LGBT identities. This is particularly concerning for older LGBT people who have grown up in a world hostile to their identities.

Due to the fact that the crisis unfolded very quickly, and that more people than ever are now in need of support, many people are relying on more informal support such as from local mutual aid groups and from neighbours. For some LGBT people, having to rely on more informal support leaves them more vulnerable to LGBTphobic abuse as people will not have had checks such as a DBS that would be essential for registered organisations, and therefore cannot be held accountable for their actions by an employer. These concerns may be preventing some people from accessing support.

Survey respondents outlined this concern:

“ Neighbours suddenly being neighbourly is potentially dangerous for trans folks.”
- survey respondent

“ If they find out I’m trans this could make my life very unsafe.”
- survey respondent

“ This time means that we have to rely on new networks such as neighbourhood whatsapp groups - rather than friends/work colleagues who we know are not homo/bi/trans phobic. Whilst I don’t experience homophobia usually (because I construct my life not to include people with these prejudices), I have been shocked through my new ‘networks’ – i.e. the street - to experience two separate people sharing with me they don’t agree with same sex relationships. recently, I have had two experiences form neighbours since this time.” - survey respondent

10.3 Impact on the LGBT Sector

These findings reveal that now, more than ever, it is essential that LGBT organisations are able to support their communities.

However, the huge financial impact that the crisis is having on LGBT organisations is limiting their ability to keep up with this demand for their services.

Initial research from [Consortium's](#) Insight Report, has demonstrated the financial impact that the crisis has had on LGBT organisations:⁴¹

- 47%** of LGBT sector organisations reported an immediate loss of earnings, with consequences such as cutting staff hours and reducing services.
- 38%** have seen a reduction in donations or forecast a loss.
- 20%** are concerned that they will have to close due to the financial impact of the pandemic.

10.4 LGBT Communities and Sector Response

Although LGBT people and organisations have been severely affected by the pandemic there have been a number of examples of new initiatives that aim to support LGBT communities during this crisis.

[Queercare](#) has launched a mutual aid network which has allowed people within LGBT communities to help each other at this time, for example by delivering essentials such as food and medication.

LGBT Foundation has launched [Rainbow Brew Buddies](#), a telephone befriending scheme for isolated LGBT people in Greater Manchester. LGBT Foundation has also launched a free condom and lube postal delivery scheme to ensure that LGBT people have access to safer sex resources during this time.

Many LGBT groups and organisations are running events, social and support groups online to so reduce isolation and connect LGBT people to each other. For example [Proud2Be](#) has an online social every Saturday and [Spectra](#) has launched online social groups for trans and non-binary people.

[Stonewall](#) has compiled a resource on how LGBT inclusive organisations are providing help and support at this time, which can be found [here](#).

Glossary

BAME

Abbreviation of the term Black, Asian and Minority Ethnic

Biphobia

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

Bisexual / Bi

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

Cis / Cisgender

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

Chemsex

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

Coming out

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

Conversion Therapy

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

Equality Act (2010)

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

GB

The abbreviation of gay and bisexual

GBT

The abbreviation of gay, bisexual and trans

Gay

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

Gender

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

Gender Assigned at Birth

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

Gender Fluid

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

Gender Identity

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

Gender Neutral

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

Genderqueer

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

Gender Reassignment

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

Heterosexual

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

HIV/AIDS

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

Homosexual

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

Homophobia / Homophobic

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

Intersex

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

LB

The abbreviation of lesbian and bisexual

LBT

The abbreviation of lesbian, bisexual and trans

Lesbian

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

LG

The abbreviation of Lesbian and gay

LGB

The abbreviation of lesbian, gay and bisexual

LGBT

The abbreviation of lesbian, gay, bisexual and trans

LGBTphobic / LGBTphobic

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

LGBTQ+

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

Minority Stress

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

Misgender

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

MSM

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

Non-binary

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

Outing / Out

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

Pansexual / Pan

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

PEP

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

PrEP

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

Pride

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

Protected Characteristic

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

Queer

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

Sex

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

Sexual Attraction

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

Sexual Orientation

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

Sexuality

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

Trans / Transgender

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

Trans Man

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

Trans Woman

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

Transition / Transitioning

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

Transphobia / Transphobic

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

Transsexual

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

WSW

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

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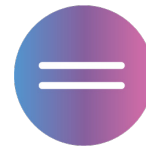
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**Promoting
Safety**



**Encouraging
Wellbeing**



**Achieving
Equality**

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

This report can be made available in large print if you need it. Please contact us on **0345 3 30 30 30** or email **info@lgbt.foundation**

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