

LGBTQ+ YOUTH

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School

Almost all LGBTQ+ youth hear homophobic & transphobic remarks on a daily basis at school (up to 25 times a day!). Half of all LGBTQ+ youth are bullied at school, and over half do not have an adult they can confide in. Most schools do not include same-sex relationship education in curricula and a third block access to LGBTQ+ resources for young people. A quarter of all trans youth have been physically attacked at school.

Home

Over a quarter of all LGBTQ+ youth who 'come out' to their parents are forced to leave home. As a result, 25% of homeless youth in the UK are LGBTQ+. Half of all trans young people are physically, emotionally and/or sexually abused at home.

Healthcare Settings

Most healthcare professionals receive little or no training on the needs of LGBTQ+ people, particularly those of young people. Only half of Scottish young people feel safe & supported with their sexuality & gender identity in the NHS.



Healthcare Inequalities

Lesbian, gay, bisexual, transgender & queer (LGBTQ+) people face inequalities in their access to and experience of healthcare and healthcare systems. These inequalities also apply to young people, as well as LGBTQ+ parents. As an organisation delivering a public service, the NHS is bound under the Equality Act of 2010 to "consider the needs of different groups" and "commit to tackling inequality". Remote and rural communities present further unique challenges (as well as benefits!) for young people when it comes to sexuality and gender identity.

Definitions: Sex, Sexuality & Gender

Sex is a biological categorisation, usually assigned at birth, although is not a clear binary (e.g. there are a number of





Sexual Health

LGBTQ+ youth are at increased risk for sexually transmitted infections, including HIV. Sexual health education in schools is usually very poor at being inclusive, and leaves young people at risk.

- Lesbian & bisexual girls have a higher rate of teenage pregnancy compared to heterosexual peers
- Gay & bisexual boys in rural areas are three times more likely to have a pregnancy involvement compared to their urban peers
- LGBTQ+ youth are at higher risk of sexual abuse & assault compared to heterosexual and non-transgender peers.

Sexual health advice from GPs and paediatric doctors often assumes heterosexuality and therefore does not meet the specific needs of LGBTQ+ youth.

At least 1 in 10 gay boys under 18 years of age use apps to meet other men online for sex, despite the significant risks involved. This number is likely under-reported.

It is important to remember that sexual behaviour is different to sexual identity, and will not always match.

intersex conditions). Biological sex relates to DNA and chromosomes, hormones, genitalia and gonads, and secondary sex characteristics such as hair distribution and fat deposition.

Gender describes someone's identity and does not have to match their natal sex. This is also not a binary, and there are a range of gender identities, including gender fluidity and agender or non-gender. Gender expression is how an individual expresses their identity, which can also be fluid, and usually relates to dress, appearance and behaviour.

Transgender youth have a gender identity that does not match the sex that was assigned to them at birth. Medical and surgical transition is not required for someone to identify as transgender. Some people will not use the term 'transgender' to describe their gender.

Gender dysphoria is the extreme distress symptoms experienced by people, particularly youth, who are transgender. This differs from gender non-conformity which describes behaviour contrary to commonly held gender norms (e.g. a boy playing with dolls). Gender dysphoria can be present at any age, and will usually significantly worsen around puberty.





Eating Disorders

There is an increase in prevalence of disordered eating in LGBTQ+ youth, including fasting, use of diet pills or laxatives, and purging. LGBTQ+ have higher rates of eating disorders than their peers. Binge eating and obesity is also a significant issue.

Sports & Exercise

There are significant barriers in access to sports team & exercise facilities for LGBTQ+ youth, and many are actively put off participating in regular sports & exercise because of perceived homophobic/transphobic environments.

Drugs & Alcohol

LGBTQ+ youth are more likely to use drugs and abuse alcohol than their heterosexual peers. Areas with schools who are affirmative of LGBTQ+ youth see fewer heavy episodic drinking episodes across all youth, regardless of identity. The highly dangerous practice of 'chemsex', where illicit drugs are used for sex, often with multiple partners simultaneously, is on the rise.

Sexuality is the romantic and physical attraction felt by an individual towards others. There are a wide range of identities, including bisexuality, asexuality and pansexuality. It is important to remember that sexuality and gender are entirely separate, and that a transgender girl, for example, can be straight, lesbian, bisexual or any other sexuality.

Mental Health

Mental health issues are disproportionately present in LGBTQ+ youth compared to heterosexual and cisgender peers. Over half of all LGBTQ+ pupils who experience bullying have symptoms consistent with depression and anxiety. There is little done about homophobic and transphobic bullying of students in schools as teachers often have had little or no training.

Over half of all LGBTQ+ children self-harm, rising to over 80% for black and minority ethnic youth. Three quarters have had regular suicidal thoughts, and a quarter of lesbian, gay and bisexual young people have attempted suicide. Due to the poor acceptance of differences between biological sex and gender identity in society, transgender young people often face extreme social isolation, discrimination, and victimisation. This is often compounded by the extreme distress of gender dysphoria. As a result, 48% of transgender youth have attempted suicide.

Help-seeking and Risk Factors

A recent report (Queer Futures) explored LGBTQ+ adolescents' suicidal feelings, self-harm and help-seeking. Most young people only look for help when at crisis point. The most common reason for not seeking help is not wanting to be seen as 'attention seeking'. Not wanting to reveal their sexuality/gender identity is also a significant contributor.



Inclusive Language

This is a way of communicating that is free of words and phrases that reflect stereotype, prejudice or discrimination, and avoids assumption and exclusion of minority groups.

Example would be replacing 'girlfriend/boyfriend' with 'partner', and not assuming the identity of a patient based on their appearance or expression.

Asking transgender or gender variant patients which pronouns they use is also helpful. Pronouns can be he/him, she/her or others such as xe/xim or they/them.

Visibility

Visibility of LGBTQ+ staff in healthcare settings is important & can reassure patients. Posters & other materials from LGBTQ+ organisations could be available in public areas, and protective policies could be prominently displayed reassuring safety. Rainbows and other pride symbols (e.g. in the form of badges or stickers) can also help to identify LGBTQ+ affirmative environments and staff.



Help is most often sought from friends and the internet, with only a third of young people accessing their GP, and a fifth NHS mental health services. Only half of those seeking help from their GP actually found the experience helpful. Online communication is far preferred to face-to-face for LGBTQ+ youth in general, and particularly at times of crisis.

Specific LGBTQ+ Youth Groups are significantly protective for self-harm and suicide, and are often the place young people turn to in crisis, favoured over NHS services.



Inclusive Healthcare

Most LGBTQ+ youth are not 'out' to their doctors, although the majority would be open to discussing gender and sexuality with doctors.

The use of inclusive language for all patient interactions is simple and

effective. Not making assumptions about patients' identities, and adapting the way we listen and speak, will reduce both experienced and perceived discrimination in healthcare.

LGBTQ+ patients present to healthcare in different ways, and many preference attending A&E for regular health issues over visiting their GP. Creating more welcoming and visibly safe primary care environments will help reduce inequalities faced by all LGBTQ+ patients, including young people.

Adapting approach to practice set-up may also prove beneficial. The use of text and online communication may improve relationships with LGBTQ+ youth and provide a lifeline in times of crisis. Specific LGBTQ+ clinics, or GPs visiting LGBTQ+ Youth Groups have also been successful outreach options in other parts of the UK.

Providing inclusive advice, for example sexual health education, and signposting where appropriate to LGBTQ+ resources and charities is important and easy to adopt in everyday practice.



Remote & Rural Life

The small communities of remote & rural Scotland can be both a positive & negative influence on the wellbeing of LGBTQ+ youth.

Isolation is a significant contributive factor to depression. Hiding identity creates continuous stress, prevents presentation, and limits help-seeking.

Tight communities can also be protective. Affirmative communities can help to reduce stigma by shunning those who discriminate.

Religion has historically been a significant contributor to oppression and abuse of LGBTQ+ people. Religious reasons are often cited for peoples' negative views towards gender & sexuality.

- Doctors can work with religious groups to advocate and protect LGBTQ+ youth
- Equality laws in the UK should not be trumped by religious freedom laws, and the health & wellbeing of LGBTQ+ people must always be a priority

LGBTQ+ Youth are often forced to leave rural life for more accepting or anonymous urban areas.

Signposting & Resources

Charities & Organisations

Stonewall Scotland

www.stonewallscotland.org.uk

LGBT Youth Scotland

www.lgbtyouth.org.uk

LGBT Health Scotland

www.lgbthealth.org.uk

Gendered Intelligence

www.genderedintelligence.co.uk

Mermaids Gender

www.mermaidsuk.org.uk

GIRES

www.gires.org.uk

Reports & Further Reading

Trans Mental Health Study

www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf

Stonewall's School Report

www.stonewall.org.uk/sites/default/files/The_School_Report__2012_.pdf

Unhealthy Attitudes

www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf

Life In Scotland for Young LGBT People

www.lgbtyouth.org.uk/files/documents/Life_in_Scotland_for_LGBT_Young_People_Health_Report.pdf

Queer Futures Report

www.queerfutures.co.uk

RGPAS TOP TIPS

Five Things To Do Right Now

1. Display a poster in your waiting room stating your practice policy on promoting access to services for LGBTQ+ young people. You can use the one provided at ruralGP.scot/lgbtq-plus
2. Speak to your local youth group leader and find out how you might be able to engage with youth group work. Consider inviting LGBTQ+ young people to your Patient Participation Group, or for a meeting with GP and practice manager
3. Spend some time at your next practice meeting highlighting the facts in this guide - including definitions within LGBTQ+ - and generate 5 specific actions for your practice to work on
4. Proof-read (or ask one of your PPG/LGBTQ+ patients to proof-read) your practice website and leaflet to check for inclusive language
5. Consider signing your practice up to the LGBT Youth Scotland charter of rights: <https://www.lgbtyouth.org.uk>

