



Equal and unequal?

**The living conditions and wellbeing of
gay and lesbian people, bisexuals and
transgenders in Denmark**

July 2009

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Translated into English by Serena Rose Blossom



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<http://www.casa-analyse.dk>

ISBN: 978-87-92384-36-2

This report is funded by:

TrygFonden



KØBENHAVNS KOMMUNE



**Ministry of Science
Technology and Innovation**

Foreword

In 2008 the National Association for Gay and Lesbian People in Denmark (LBL) contacted CASA with the intention of conducting a survey on the living conditions of gay and lesbian people, bisexuals and transgenders (LGBT) in Denmark.

The idea was to conduct a representative survey on the wellbeing and living conditions of this group. A representative study of the Danish LGBT community and the conditions under which they live has, until now, not been undertaken. CASA is very pleased to be able to contribute to this innovatory knowledge in such an important field.

Clarifying the financial side of the project has been a long and difficult process. LBL, World Outgames and CASA have put much effort into this side of the project in the form of applications. Numerous funds, ministries and local authorities have been contacted. In doing so we have discovered that a survey with regard to sexual minorities and gender identity, is not a subject many are interested in supporting. As a result it has, unfortunately, not been possible to raise enough money for a thorough analysis. We have chosen, therefore, to present a descriptive report. Of course the possibility exists that other researchers, at a later date, will be able to use this collected data for a closer analysis via the Danish Data Archives.

The institutions funding the survey are: Trygfonden, Københavns Kommune, Det Kriminalpræventive Råd and the Ministry of Science, Technology and Innovation. We are very grateful, both for their financial and their moral support.

We would also like to thank LBL, World Outgames, STOP AIDS and other organizations for their support and for sharing with us their extensive knowledge on the subject. Also a big thank you to all of those who have taken part in test groups, focus groups and those who have drawn attention to the survey through their network.

Also thank you to the advisory group – Christian Graugaard, Vibeke Nissen, Mads Ted Drud Jensen, Bodil Pedersen, Ole Møller Markussen, Jens Thygesen, Søren Lauersen, René Lyngfeldt Skov and Merete Djurhuus – who have given the report a lift with regard to critical commentaries and reflections, both on the analysis and the writing of it. And thank you to Tina Thranesen, Tatjana and Erik who have contributed with their knowledge of transgenders and the conditions under which they live.

This report is written by Leyla Gransell and Henning Hansen.

CASA,
July 2009

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1 Introduction

You now hold in your hand the first representative study on the wellbeing and living conditions of gay and lesbian people, bisexuals and transgenders (LGBT) in Denmark. We will start by presenting some milestones in the history of gay and lesbian people in Denmark, as well as some former studies in this area.

Over the years there have been changes in the Danish legislation and this has given gay and lesbian people increased rights and more recognition in the society.

1981 – The National Board of Health strikes the diagnosis “homosexuality” off the official list of diseases.

1987 – An anti-discrimination law is passed. Amongst other things, this law states that discrimination of gay and lesbian people is illegal.

1989 – A law is passed concerning registered partnerships. This law *almost* ranks couples of the same gender along side with married couples.

1996 – A law is passed forbidding discriminatory practice in the job market. Sexual orientation is included.

1997 – A law is passed concerning artificial insemination. The law prohibits treatment of single women and lesbians.

1999 – The Danish law is modified. Registered partners can now adopt each others children by means of the stepchildren adoption legislation. Also, a foreign citizen who has been a resident in the country for two or more years can now enter into a registered partnership.

2004 – The legislation concerning citizenship in connection with entering into a registered partnership is adjusted.

2004 – Adjustments of “burden of proof” in connection with discriminatory practice.

2004 – Adjustments of the penal code. If a crime has taken place on the assumption of the victims’ sexual orientation the sentence can now be increased.

2006 – Artificial insemination of single women and lesbians is no longer prohibited by law.

2008 – A joint agency for complaints is established. This agency can process complaints from all areas, including sexual orientation.

2009 – The adoption law is adjusted. Stepchildren adoption is now valid from the time of birth¹.

Although these legislations have helped open up in connection with the recognition of same-gender relationships, there is still a long way to go before total equality is achieved in this area.

With regard to questions concerning gender identity, in Denmark transgender is characterized as a sexology diagnosis in compliance with the WHO ICD-10 classification. In Sweden some of the subcategories that belong to the transgender concept have, from January 1st 2009, been removed from the official list of diseases, e.g. transvestite, gender identity disorder as a child, and fetish transvestite. Trans sexuality is still on the official list of diseases in Sweden. This enables a person to undergo a gender change operation through the health system.

1.1 Former studies

Two surveys in connection with gay and lesbian people have previously been undertaken in Denmark. Catinét Research completed a survey in 2002 in cooperation with Axel Films². The result was eight TV-programs about gay and lesbian people. In 2005 another survey was conducted by Catinét and Axel Films, this time on gay and lesbian people in Danish workplaces³. The problem in connection with these surveys is, they refer only to gay and lesbian people and not to the LGBT community as a whole.

Three nationwide surveys on living conditions have been undertaken in Denmark – 1976, 1986 and 2000⁴. None of these surveys have incorporated questions concerning sexual orientation or gender identity. In 2005 and 2007 Statens Institute for Folkesundhedsvidenskab (The State Institute for Public Health Science) conducted a SUSY survey⁵ in which a few questions dealt with sexuality. However, this survey can only be used as a basis for how gay and lesbian people and bisexuals fare when it comes to health. Also, results concerning sexual orientation from these two surveys have as yet to be published.

¹ Vibeke Nissen and Inge Lise Paulsen, *Handling gi'r forvandling – Klip af homobevegelsens historie i Danmark*, Lambda Nordica, 2-3, 2000. Samt Søren Lauersen.

² A questionnaire on the internet with 1.612 replies from gays and lesbians in Denmark. These results can be compared with two different studies implemented for the total Danish population.

³ An internet based questionnaire with replies from 1.198 gay and lesbian people on discrimination in the workplace.

⁴ Erik Jørgen Hansen was in charge of the study on living conditions in 1976 and 1986, whilst Bjarne Hjorth Andersen was in charge of the study in 2000 in collaboration with SFI and The Institute for Sociological Studies.

⁵ SUSY: Health and Sickness Survey.

Surveys on the wellbeing and living conditions of LGBT⁶ people in Norway (1999)⁷ and Sweden (2005)⁸ showed that the wellbeing and living conditions of these groups is not as good as for heterosexuals. The Norwegian survey from 1999 concludes, amongst other things, that young gay and lesbian people do not fare as well as young heterosexuals in Norway. The Swedish survey from 2005 shows that the mental welfare of LGBT people in Sweden is not as good as the rest of the Swedish population. It also shows that bisexuals and transgenders are those within the LGBT group who thrive the worst. Additionally the survey shows that suicidal thoughts and attempts are much more common among LGBT people than among the rest of the population. We have in connection with the layout of our questionnaire been inspired by the Swedish survey of 2005. They studied, as we have, the LGBT community as a whole. Because the same questions have been asked with regard to sexual orientation and gender identity we have, in certain cases, been able to compare results.

1.2 Living conditions

The first survey on living conditions in Denmark was conducted in 1976. The intention of this survey was – for the first time ever – to study living conditions with regard to health, education, family circumstances, leisure, housing, employment, work environment and economy. Two similar surveys on living conditions followed but in connection with these a few questions have either been eliminated or formulated in a different way. Also new questions have been added because, in the course of years, conditions in a society change. These surveys supplied us with knowledge of some vulnerable groups in the society, groups experiencing worse circumstances than the population as a whole⁹.

When the latest survey was conducted in 2000, still no questions were asked concerning sexual orientation and transgender. We decided, therefore, to take a closer look at the various Health and Sickness Surveys (Sundheds- og Sygelighedsundersøgelserne) SUSY. The intention of these surveys is to describe the conditions of health and sickness in the population as a whole. The most recent survey was conducted in 2007 but the report has as yet to be published. We have therefore chosen to use the SUSY survey from 2005. This was published as a report in 2007.

In comparison to the surveys conducted on standard living conditions and on health and sickness we have decided not to include questions on the work environment in our report, the reason for this being, we have found it necessary to limit our study. We have, in compliance with the survey on Danish living condi-

⁶ LGBT stands for: Lesbian, Gay, Bisexual and Transgender.

⁷ Hegna, Kristinn, Kristiansen W, Hans, Moseng Ulstein, Bera, *Levekår og livskvalitet blant lesbiske kvinner og homofile menn*, Norsk Institut for forskning om opvekst, velferd og aldring (NOVA), 1999.

⁸ Roth, Niklas, Boström, Gunnel & Nykvist, Karin, *Hälsa på lika villkor? Hälsa och livsvillkor bland HBT-peroner*, Statens Folkhälsoinstitut, Stockholm, 2006.

⁹ Hjorth Andersen, Bjarne, *Levevilkår og levekår 1976-2000*, i *Udviklingen i befolkningens levekår over et kvart århundrede*, SFI. 2003. s.30-34.

tions, asked questions about health, education, family circumstances, leisure, housing, employment and economy. In accordance with the SUSY survey we have asked questions on illness, use of the health service and social relationships. To enable us to achieve a better insight as regards sexual orientation and gender identity, we have also asked questions on openness and sexuality.

Chapter 13 in the report is concerned with groups in the study who are more exposed to poor living conditions than others. Their bad living conditions have been defined by variables such as bad mental health, suicidal thoughts, suicide attempts, a low self-assessed health, prolonged illness, a low level of activity, poor social relationships, a lack of trust in societies institutions, bad economy, sedentary leisure time, employment problems, little or no education, diverse abuse problems and exposure to discrimination and violence.

1.3 Methods

The choice to conduct a comprehensive study of LGBT people despite their diversity stems from the fact that there are many mutual traits. It makes sense to study them both as a group and separately because they transgress all traditional ideas about gender and gender identity and in this way verify the heterosexual norm which defines the society¹⁰.

A survey on the wellbeing and living conditions of the LGBT community involves some specific problems, the reason being, sexual orientation and gender identity are taboo subjects. In other words, the collecting of a random sample for a survey on living conditions which will give generalisable results can be difficult. There are two reasons for this. The first reason is, the “true” picture of the population’s sexuality is not known. The second is, many LGBT people will not admit to their sexuality in a sociological survey. A survey on living conditions can, at the most, minimize these problems but in no way surmount them completely.

A difficult though important thing in this study has been obtaining a representative sample. One method in which representativity can be insured is to conduct a survey of the population. The most satisfactory picture of the Danish population as a whole is to be found in the extensive population survey made by the State Institution for Public Health (SUSY). Both in the 2000 and the 2005 survey, a few questions were asked concerning sexuality. Unfortunately the results from the analysis on sexuality and sexual orientation have as yet to be published.

The risk when addressing a target group only through associations and networks is that these people are already organized and, as such, are very open as regards their sexual orientation. This, of course, gives a lopsided picture of the living conditions and wellbeing of the LGBT community. It has been our intention to establish a “true” picture of how the Danish population is positioned when it comes to gender and sexuality. To enable us to do this we have entered into a partnership

¹⁰ Larsson, Lilja, Fossum, *Vem får man vara i vårt samhälle? Om transpersoners psykosociala situation och psykiska hälsa*, Statens Folkhälsoinstitut, Stockholm, 2008, s. 64-65. *More on this in chapter 2.*

with Catinét Research. Catinét has access to a representative composite panel of the Danish population. The panel has been recruited via national representative telephone interviews or face-to-face interviews. In other words self-recruiting is not involved. The panel is representative of the Danish population in variables such as gender, age and geography. For each interview the members of the panel receive points. These points can be used on Catinét's web shop or be given to charity.

To give us the possibility of working with a larger data material than Catinét could supply, we have chosen as a supplement, a so-called banner study. This study involved contacting a range of relevant home pages targeting LGBT people. This study, we thought, would supply us with a larger number of respondents and therefore give us a better foundation on which to make comparisons. However, the banner study differed from the representative survey with regard to many aspects. We have, therefore, chosen Catinét's survey as being the most representative for the whole population. Those who have responded to the banner study are apparently more open and extrovert than respondents in the representative survey. Also they do not fare as well as those in the representative survey. We have decided that the representative survey is the most accurate when it comes to a description of living conditions and the wellbeing of the LGBT community in Denmark. Therefore most references in our report are taken from the representative survey. In spite of this we have decided to include the banner study in our analysis. The banner study should be perceived as a study of the "environment", in other words, a study of a chosen group of LGBT people who are, generally speaking, open and extrovert. They do not, however, represent a comprehensive picture of the LGBT community.

Because all part-studies were thought of as on-line studies, we needed to be sure that people of over 60 years of age would not be disqualified. This could happen due to the fact that not all elder people have access to the internet. We decided, therefore, to conduct focus group interviews with people over 60 to ensure that their voice was also heard.

The complete study consists, therefore, of three different online questionnaire surveys, two of which are conducted with the help of the public opinion pollsters Catinét, and three focus groups among LGBT people over 60 years of age.

1.3.1 Data material

Catinét implemented, as mentioned above, a survey of LGBT people and a control survey with heterosexuals via their panel system. To begin with a mail was sent to members of the panel announcing the survey. These members then must "click" themselves into the electronic questionnaire.

Results of the LGBT survey and the Heterosexual control survey

| | LGBT survey | Heterosexual survey |
|---|-------------|---------------------|
| Total panel sample | 27.323 | 1.334 |
| <i>Hereof:</i> | | |
| No response | 11.967 | 747 |
| "Clicked" onto the survey | 15.356 | 587 |
| Partial filling in of questionnaire | 1.192 | 39 |
| Did not belong to the target group..... | 70 | 0 |
| Filled in the questionnaire | 946 | 512 |

Survey

The questionnaire was sent out to 27.323 panel participants. After the material had been cleared of faults there were 946 valid answers left. The target group was gay and lesbian people, bisexuals and transgender persons. Henceforth this will be called the survey. The response rate was 56 %.

The size of the LGBT group

An interesting question is: Seen as a percentage, how many adult Danish people belong to the LGBT group? Unfortunately we are not able to answer this question satisfactorily. On the one hand we can calculate the percentage as being 3.5 % (946/27.323). This is so if we assume that everyone in Catinéts' panel has received and read the mail, and subsequently made up their minds as regards to belonging to the target group or not. In other words, those who have "clicked" into the survey belong to the target group. On the other hand the percentage can be calculated as being 6.2 % (946/15.356). This is so if we assume that all those who were in the panel and received the mail telling of the survey have not necessarily read the mail and have, therefore, not made up their minds whether they belong to the target group or not. Or, maybe do not want to admit to belonging to the LGBT group.

The "truth" probably lies somewhere in between these two percentages – 3,5 % and 6,2 %. It is possible that some of Catinéts' panel have not read the mail about the survey for many different reasons. It could be they were out of the country, had moved, had changed their mail address etc. At the same time, some members of the panel can have read the mail telling about the survey, decided they were not in the target group and therefore decided not to "click" onto the questionnaire, even although they could earn some points by doing so.

The Swedish representative survey concluded that 2 % of the adult population belonged to the LGBT group. This number is lower than the lowest number (3.5 %) in our survey. The reason for this can be that the two surveys have not defined a LGBT person in the same way. In our LGBT survey we have included all transgender persons. This was not the case in the Norwegian or the Swedish survey. In these surveys transgenders were not represented.

Heterosexual control survey

To be able to compare the LGBT group with the rest of the population, a control group comprised of heterosexuals who were not transgenders was established. There were 512 answers to the questionnaire – approximately 44 %. In the report

we have chosen to call this survey for the heterosexual survey or heterosexual control survey.

Banner study

The final study was also conducted on-line. It was directly addressed to a target group through networks, home pages and facebook groups. We received 2.416 answers. In the report we have chosen to call this study the banner study¹¹.

Focus group

Because many older people are not connected to the internet we chose to establish a focus group for people over 60 years of age. This group is divided into three groups – a lesbian/bisexual group, a gay/bisexual group and a transgender group.

Invitations were sent out to different groups and networks with the intention of recruiting people who wished to take part in the survey. This was not easy, but we did find three participants for each group. Three participants is a low number when it comes to a focus group, but the ensuing interviews were experienced as being constructive for both the analysis and for the interviewees.

Invitations to the different groups were sent out via different associations mailing lists. In other words, we have only come in contact with those who have access to a computer and the internet. With regard to method, it would have been better to make contact pr. telephone or personally with the different groups. Quotes from these focus groups will be presented throughout the report¹².

1.3.2 Design of questionnaire

The surveys questionnaire is designed to enable us to compare our results with other surveys. Firstly, it has been our intention to compare parts of the Danish survey on LGBT living conditions with the results of the Swedish survey. Secondly it has been our intention to compare our results with the living conditions of the rest of the Danish population as shown in the SUSY survey of 2005. These surveys have been conducted regularly by SIF (The State Institute for Public Health) since 1987. Finally the Criminal Preventive Council wish to compare our results with Danish victim studies concerning violence and threats. These studies have been conducted over the past few years. For this reason the Criminal Preventive Council has given economical support to this report¹³.

The questionnaire is compiled of 124 questions. These questions are divided into different themes. To be able to compare with the SUSY survey of 2005 we have chosen to copy verbatim some of the questions on health, health related behavior, illness, use of the health system and social relationships. At other times we have chosen to phrase the questions differently or use completely different questions. Questions concerning threats and violence are taken directly from the Criminal Preventive Councils' questionnaire.

¹¹ For further details see the extensive online report in Danish.

¹² Quotes from focus group interviews can be read in the extensive report which can be found on the internet.

¹³ Balvig, F. og Kyvsgaard, B.: *Udsathed for vold og andre former for kriminalitet. Of-ferundersøgelserne 2005-2008*. April 2009.

In connection to questions on openness, sexual orientation and transgender we have chosen to directly translate questions from the Swedish survey of 2005.

1.3.3 Representativity

To be able to study living conditions and the wellbeing of the LGBT community we have made use of a random sample study but the question arises, does such a survey represent all LGBT people in Denmark? The answer: We are not sure. The problem is we do not know how the population is composed with regard to sexual groups and transgenders. Sexuality and transgender is regarded as being very personal information and is, therefore, not publicly registered.

We anticipate, however, a certain degree of representativity because of the participation of LGBT people from Catinéts panel. This panel is representative of the Danish population in many areas. In spite of this we cannot be certain that “distortions” in connection with sexuality do not occur in the survey. On the other hand one could ask oneself, why should LGBT people be less inclined to take part in Catinéts’ panel than heterosexuals? We do not believe this is the case. We hope and believe that LGBT people have wanted to take part in this survey, a survey which is conducted anonymously and electronically. We have not received any notification with regard to “distortions” and Catinét assesses that the survey is representative for LGBT people.

When it comes to the banner study we are not so sure of its representativity because the respondents have been selected in quite a different manner. The respondents have primarily established contact with the study via different homepages. This means that respondents must first have looked for a homepage and here found the advertisement concerning participation in the study. Furthermore some associations and networks which have connections with LGBT people have campaigned for the banner study and encouraged their members to fill out the questionnaire. This probably means a lopsided combination of LGBT people have taken part in this study, e.g. only those who have visited homepages or those who belong to a certain network. Probably these people are more open concerning their sexuality than the average, conservative LGBT person.

Significance

Numbers that are significant are presented in the analysis. If these numbers are not statistically significant it will be apparent in the text.

1.3.4 Statistical uncertainty

Random samples always involve statistical uncertainty. This means that the numbers in the survey are really only approximate numbers. If, for example, the survey shows that 25 % of a certain group is in bad health, the number could just as well be 23 % or 27 %. In other words the uncertainty margin is ± 2 %. The uncertainty margin is dependent on N, i.e. the number of respondents in percent basis. The bigger N is, the less statistical uncertainty there will be.

Uncertainty level in connection with different percentage levels of N (number of respondents in percent basis)

| | N – Number of respondents in percent basis | | |
|------------------|--|-----------|-----------|
| | 100 | 500 | 1000 |
| 10 % level | +/- 5,9 % | +/- 2,6 % | +/-1,9 % |
| 25 % level | +/- 8,5 % | +/- 3,8 % | +/- 2,7 % |
| 40 % level | +/- 9,5 % | +/- 4,3 % | +/- 3,0 % |

2 Definition of concepts

2.1 Sexual orientation

We have chosen to study generally known concepts for sexual orientation such as gay and lesbian, heterosexuality and bisexuality. To help us achieve a better perspective on the concept of sexual orientation we have included two variations. These variations are heterosexuals with a touch of gay or lesbianism (the “predominantly” heterosexual), and gay and lesbian with a touch of heterosexuality (the “predominantly” gay or lesbian). In the report we have chosen to call these variations for the “predominantly” group. These two groups have been coupled together as one.

When answering the questionnaire the respondents themselves have defined their own sexual orientation. The choice has been influenced by two things – the feeling of attraction and the actual choice of partner.

2.1.1 Heterosexuality – Heteronormativity

Heterosexuality and homosexuality are relatively new concepts and are strongly connected to each other. Without the one, the other would not exist.

If one wishes to understand the word homosexuality then one has to understand how the word heterosexuality is constructed¹⁴. The word homosexuality came into being in Germany in 1869 but not until the German-Austrian psychiatrist – Richard von Krafft-Ebing – wrote the book *Psychopathia Sexualis* did the word, together with the word heterosexuality, become known as a concept. The book became so popular that other doctors and also laymen began to use these concepts¹⁵. To begin with, both heterosexuality and homosexuality were regarded as being sexual deviations. Homosexuality was considered an illness and the word heterosexuality was used to describe certain forms of fetishism which took place outside the marital frame. But by the end of the nineteenth century the word heterosexual was no longer used to convey a sexual deviation. By this time reproductive marital sexuality was emphasized as being natural sexuality. Homosexuality was now seen as the opposite of “pure” heterosexuality and still considered an illness¹⁶. Originally, the term homosexuals only, this study uses the terms gay (for male) and lesbian (for female) homosexuals.

“Hetero normativity is, simply understood, an assumption that everyone is heterosexual and the natural way to live is to be heterosexual” writes Tina Rosenberg in her book *Queerfeministisk agenda* from 2002. Heteronormativity builds on a foundation of binary gender perception in which sexual desire is directed toward the opposite gender. Everything that falls outside of the heterosexual norm is considered a sexual deviation and is therefore, conceived as being wrong. The punishment for falling outside of the norm can, in some cases, be prison or violence.

¹⁴ Rosenberg, Tina, *Queerfeministisk agenda*, Atlas, Stockholm, 2002. s. 87.

¹⁵ Krafft-Ebing, Richard V, *Psychopathia sexualis*, mit Beiträgen. Matthes & Seitz Verlag, München, 1984.

¹⁶ Rosenberg, Tina, *Queerfeministisk agenda*, Atlas, Stockholm, 2002. s. 89-91.

Other punishments involve marginalization, invisibility, stereotyping, cultural dominance and homophobia¹⁷. Gay and lesbian people, bisexuals, the “predominantly” group and transgenders challenge hetero normativity, at the same time verifying it. It therefore makes good sense, not only to study LGBT people as a whole but also in connection with each other.

2.1.2 Homosexuality

In the middle of the nineteenth century both homosexuality and heterosexuality were considered a sin but by the end of the nineteenth century homosexuality was also branded as an illness. The normalization of heterosexuality in which it became “pure” - in other words free of sin and shame - demanded an opposite, something that could verify its’ normalcy. Homosexuality became this opposite¹⁸. Not until 1981 did the Danish health administration withdraw homosexuality as a diagnosis for an illness from the official list of illnesses.

2.1.3 Bisexuality

At the end of the nineteenth century the concept bisexuality meant either being androgynous or being a hermaphrodite. In other words, in the beginning a bisexual was considered as being both man and women at the same time. In the first part of the twentieth century the word bisexuality became, with the help of psychoanalyst Sigmund Freud and sexologist Havelock Ellis, a word that described a gender comprehension stating that everybody is a composite of man and woman and also, that there exists a double sexual attraction to both genders¹⁹.

In the middle of the twentieth century the American sexuality researcher, Alfred C. Kinsey, conducted a study in the USA in which he used a seven-step scale for graduating sexual behavior. Kinseys’ study revealed that between 37 % and 50 % of the American male population at some time or other in their life had been in sexual contact with someone of the same gender. He was convinced that sexual response to both genders is a natural continuum within an individual’s lifespan²⁰. The scale he used was a floating scale which went from 0 – meaning being strictly heterosexual, to 6 – meaning being strictly gay or lesbian. In between were five different variations. Bisexuality was not mentioned but the five variations can be seen as being expressions of variations of bisexuality.

The critique of the model has been that it describes bisexuality as a continuum of being either heterosexual or of being gay or lesbian. In other words, bisexuality is not accepted as a category in itself²¹. One could say we have chosen to make use of Kinseys’ scale in that we have included a category we have called the “predominantly” group. At the same time we have chosen to regard bisexuality as a category in itself. In the questionnaire bisexuality is defined as a sexual orientation with a preference to more than one gender. In both the survey and the banner study more people consider themselves as being in the “predominantly” group

¹⁷ Ibid, s. 100-101.

¹⁸ Ibid.s 91.

¹⁹ Gustavson Malena, *Blandade känslor, bisexuella kvinnors praktik och politik*, Kabusa Böcker, Göteborg. 2006. s. 77-89.

²⁰ Ibid.

²¹ Ibid. s. 89.

than as being bisexual. Bisexuality as an identity may be considered by some, as someone who focuses on sex. It can, therefore, be more provoking as an identity than other identities. Maybe we can assume there is more status in being “predominantly” heterosexual, gay or lesbian than being part of the vague category bisexuals often are placed in.

2.1.4 The ”predominantly” group

It was important for us to come in contact with people who did not see themselves as belonging to one particular sexual category, but instead had a vaguer sexual orientation. On the one hand we have borrowed Kinseys’ scale, in that we have included the ”predominantly” group in our study. The ”predominantly” group were either gay and lesbian people with a touch of heterosexuality or heterosexuals with a touch of gay or lesbianism. Because we were open in our acceptance of a vague sexual orientation, we have come into contact with many people who usually are not included in studies concerning sexual orientation and gender identity.

Critique

The choice of studying only accepted sexual orientations can have an affect on the representation of transgenders in the survey. After the survey began a number of transgenders have taken contact with us. It was important for them to call attention to the fact that they do not see themselves as having a clear sexual orientation. Some even see themselves as being asexual or even not sure of their sexual orientation. In a future study of transgenders or the LGBT group as a whole, it could be an idea to include asexuality or a category called “unsure of sexual orientation”.

2.2 Gender

In our society it is important to quickly determine the gender of those whom we meet. At birth we are given a biological gender determined by our sexual organs. In the event of a child being born with ambiguous sexual organs, a decision concerning which sex the child should be is taken almost immediately. But apart from biological gender, gender can be created through social and cultural codes of practice as well as roles. *Social gender* can, for example, be founded on how a society expects femininity or masculinity should be expressed in order to be perceived as a woman or as a man. On the other hand, *gender identity* is a persons own experience of which gender they perceive themselves to be. However, there is often accordance between a persons’ biological gender and their gender identity. But this is not always the case²².

We have in our study inquired into the biological identity which was given at birth (boy, girl, neuter) but also into gender identification. Answer possibilities were: *See oneself as a man. See oneself as a woman. Included in these categories. Not included in these categories.* In the report we have chosen to call this category “another gender”. In the analysis we refer to self-experienced gender.

²² Larsson, Lilja, Fossum, *Vem får man vara i vårt samhälle? Om transpersoners psykosociala situation och psykiska hälsa*, Statens folkhälsoinstitut, Stockholm. 2008, s. 65.

2.3 Transgender

Transgender or trans-person is a comprehensive term for people who, in different ways, transcend the accepted categories of sexuality, biological gender and social gender²³. Transgender is not in itself a gender identity. Rather, it is a way in which one relates to ones gender identity²⁴. It is important to mention that transgender people do not have a specific sexual orientation. They make their own choice.

Transgender is an umbrella word, a word which incorporates many different ways of being transgender. In the study we have given the respondents the possibility to describe how they see themselves as being transgender. The answer possibilities were 10 different predetermined definitions. It was permitted to choose more than one definition.

Table 2.1: Number of transgenders in the different groups

| | Survey Number | Banner Number |
|------------------------------|------------------|------------------|
| Transgender past | 2 | 8 |
| Transsexual | 4 | 40 |
| Transvestite | 4 | 63 |
| Transgender | 4 | 25 |
| FtM (Female to Male) | 24 | 20 |
| MtF (Male to Female) | 34 | 49 |
| Cross-dresser | 9 | 38 |
| Drag Queen/King | 1 | 16 |
| Transvestite fetishist | 15 | 26 |
| Other trans concepts | 5 | 30 |

The following is a very simplified and short definition of the different concepts. The descriptions have been taken from Larsson, Lilja og Fossums book, p. 112-119.

1. *Transgender past*: is often a transsexual, who has completed a sex change operation and therefore now describes him/herself as a man or a woman and not as transgender. It can also be those who, for political reasons, dissociate themselves from the definition transgender.
2. *Transsexual*: is a person who, throughout their whole life, has experienced discomfort from living in their biological gender body and who has the wish to change to the opposite gender. Transsexual persons often apply for a sex change operation.
3. *Transvestite*: is a person who dresses in the opposite genders clothing, but seldom wishes for a sex change operation.
4. *Transgender*: is a person who lives as the opposite gender without having partaken of a sex change operation.

²³ Ibid. 61.

²⁴ Roth, Niklas, Boström, Gunnel & Nykvist, Karin, *Hälsa på lika villkår? Hälsa och livsvillkår bland HBT- peroner*, Statens Folkhälsoinstitut, Stockholm, 2005. s.14.

5. *FtM (Female to male)*: is a way to clarify which gender a person has or had biologically, and which gender a person experiences having at the present moment.
6. *MtF (Male to Female)*: is a way to clarify which gender a person has or had biologically, and which gender a person experiences having at the present moment.
7. *Cross-dresser*: is another name for the concept transvestite.
8. *Drag Queen/King*: are often gays or lesbians who dress in the opposite genders clothing. It can also be women or men who imitate the opposite gender, often in the context of entertainment.
9. *Transvestite fetishist*: is a person who dresses in the opposite genders clothing with the intention of becoming sexually aroused. It is not important for this person – compared to a transvestite – to be understood by the public as the opposite gender.
10. *Other trans concepts*: there are, besides these 9 different concepts many more ways of describing transgender. This category can be seen as an open possibility for other trans concepts.

In the survey most FtM and MtF were transgender, whilst in the banner study they were divided a little more evenly throughout the categories. Most people in the banner study were transvestites.

These concepts were not described in the questionnaire, nor could the respondents go back and change their answers. This resulted in some misunderstanding of the different concepts. Some heterosexual people in the representative survey had not understood the word transgender and therefore had answered that they were FtM. These people had understood the question as meaning being a woman who is attracted to a man. These respondents have been filtered out of the survey.

There were no people in the survey who, at the time the survey was being conducted, were undergoing treatment at the sexology clinic at Rigshospitalet (State hospital). One had undergone treatment in 1990 and a few wanted to. Neither were there any who had undertaken a sex change operation. Two people want to. One person in the survey is being treated by their own doctor with sex hormones, and three people want to be treated.

The banner study shows that 13 are, at the present time, undergoing treatment at the sexology clinic. 16 have already undergone this treatment but have now stopped. 23 people want to undergo the treatment. 29 people were being treated with sex hormones and 45 want to undergo this sort of treatment. 4 people in the banner study have already undergone the whole or parts of a sex change operation in Denmark. 5 people have undergone this operation in another country. 43 people want to undergo a sex change operation.

2.3.1 Legal gender change

The question of legal gender change was researched with the help of the following question: *Do you wish that you, without medication, could change your gender legally?* With the following answer possibilities.

Table 2.2: Transgenders who wish to undertake a legal sex change. Percentage. Survey. Banner

| | Survey | Banner |
|--|--------|--------|
| Yes, I wish to change both name and CPR*.. | 9 | 46 |
| Yes, I wish only to change CPR* | 0 | 2 |
| Yes, I wish only to change name..... | 6 | 9 |
| No | 85 | 44 |
| Total..... | 100 | 100 |
| Number (N) | 94 | 197 |

* Central Personal Registration number (translators note)

In the survey the biggest portion of transgenders are not interested in the possibility of a legal gender change, whilst transgenders in the banner study are much more positive in connection with this idea. Many in the banner study would like to have the option of changing both name and CPR* number without having first to undergo surgical procedure. First and foremost it is women who mostly want this possibility.

The banner study shows that the possibility for a legal gender change is not as important for cross dressers as for transsexuals and MtF.

In the background variables it is possible to see how transgenders are apportioned in connection with sexual orientation. In the report transgenders are analyzed as one group being compared with gay and lesbian people, bisexuals and the “predominantly” group. In other words, in this report they are excluded from all questions concerning sexual orientation.

3 Sexual life

The concern of this chapter is sexual life among LGBT people. In precisely this area LGBT people differ from the rest of the population. The chapter deals with who one is attracted to as a sexual partner and who it is one has had sex with. It will also deal with the question of sexuality and satisfaction.

3.1 Sexual attraction and sexual partners

The question of sexual attraction and sexual partners was researched with the help of the following questions. *Which description best suits the persons you have felt sexually attracted to since the age of 15? Which description best suits your sexual partner(s) since the age of 15?*

Table 3.1: Which gender have you been sexually attracted to since the age of 15, categorized by sexual orientation, transgender and gender. Percentage. Survey

| | Only people of the opposite gender | Mostly people of the opposite gender | Approx. equal numbers of both genders | Mostly people of my own gender | Only people of my own gender | Have never felt sexually attracted to anybody | Total | Number (N) |
|-----------------------------------|------------------------------------|--------------------------------------|---------------------------------------|--------------------------------|------------------------------|---|-------|------------|
| <i>Gay and lesbians:</i> | | | | | | | | |
| Men | - | 3 | 5 | 33 | 59 | - | 100 | 109 |
| Women | - | 7 | 7 | 48 | 35 | 2 | 100 | 54 |
| <i>The "predominantly" group:</i> | | | | | | | | |
| Men | 26 | 62 | 7 | 5 | 1 | - | 100 | 172 |
| Women | 12 | 77 | 5 | 6 | 0 | 0 | 100 | 315 |
| <i>Bisexuals</i> | | | | | | | | |
| Men | 22 | 42, | 30 | 6 | 0 | - | 100 | 64 |
| Women | 11 | 65 | 16 | 7 | 0 | 0 | 100 | 81 |
| <i>Transgen- ders:</i> | | | | | | | | |
| Mand | 66 | 29 | 2 | 0 | 3 | - | 100 | 59 |
| Kvinde | 67 | 26 | 4 | 0 | 0 | 4 | 100 | 27 |
| <i>Heteroseksuel</i> | | | | | | | | |
| Men | 94 | 5 | 0 | 0 | 0 | 1 | 100 | 270 |
| Women | 90 | 9 | 0 | 0 | 0 | 1 | 100 | 253 |

Table 3.1 shows that it is gay and lesbian people who mostly expect to be sexually attracted to persons of their own gender but it also shows that some gay and lesbian people, at least at one point in their life, have been sexually attracted to someone of the opposite gender. Bisexuals have mostly been sexually attracted to persons of the opposite gender but some have been sexually attracted as much to the one gender as the other. The "predominantly" group have clearly been sexually attracted mostly to persons of the opposite gender. Transgenders have mostly been sexually attracted to persons of the opposite gender but some have also been

sexually attracted to persons of the same gender. Finally the table shows that a few heterosexuals have been sexually attracted to persons of the same gender.

The table also shows that men and women in the various groups differ when it comes to sexual orientation, i.e. except for transgenders. Amongst gay and lesbian people 59 % men have *only* been sexually attracted to people of the same gender. For women the percentage is “only” 35 %. On the other hand 48 % lesbians have answered that they have *mostly* been sexually attracted to people of the same gender, whereas “only” 33 % gay men have been *mostly* sexually attracted to persons of the same gender.

In the “predominantly” group 77 % women have *mostly* been sexually attracted to the opposite gender, whilst this is the case for “only” 62 % of the men. On the other hand 26 % men from the “predominantly” group have *only* been sexually attracted to people of the opposite gender, despite the fact that they describe themselves as belonging to the “predominantly” group. The same applies to 12 % women in this group. Approximately the same gender difference is to be found amongst bisexuals. 65 % bisexual women have *mostly* been sexually attracted to the opposite gender. In the case of bisexual men 42 % have been *mostly* sexually attracted to the opposite gender. A picture emerges of women answering more “in between” the categories than men. In other words, men answer more in the extreme.

The results of the banner study with regard to the same question resemble those in the survey, although the banner study does show that gay and lesbian people to a larger degree, are only sexually attracted to persons of the same gender. Much points to the fact that gay and lesbian people from the banner study are mostly sexually attracted to people of the same gender, whilst the survey incorporates a more nuanced group.

Table 3.2: Which gender have your sexual partners been since the age of 15 categorized by sexual orientation, transgender and gender. Percentage. Survey

| | Only people of the opposite gender | Mostly people of the opposite gender | Approx. equal numbers of both genders | Mostly people of my own gender | Only people of my own gender | Have never had a sexual partner | Do not wish to answer | Total | Number (N) |
|----------------------------------|------------------------------------|--------------------------------------|---------------------------------------|--------------------------------|------------------------------|---------------------------------|-----------------------|-------|------------|
| <i>Gay and lesbians:</i> | | | | | | | | | |
| Men | 17 | 3 | 3 | 23 | 50 | 3 | 0 | 100 | 124 |
| Women | 21 | 5 | 10 | 37 | 24 | 2 | 2 | 100 | 67 |
| <i>The “predominantly” group</i> | | | | | | | | | |
| Men | 50 | 39 | 4 | 5 | 1 | 2 | 0 | 100 | 172 |
| Women | 53 | 40 | 2 | 2 | 1 | 2 | 1 | 100 | 315 |
| <i>Bisexuals</i> | | | | | | | | | |
| Men | 27 | 41 | 20 | 9 | 2 | 2 | 0 | 100 | 64 |
| Women | 26 | 61 | 10 | 3 | 0 | 1 | 0 | 100 | 81 |
| <i>Transgeders:</i> | | | | | | | | | |
| Men | 73 | 22 | 0 | 2 | 2 | 0 | 2 | 100 | 59 |
| Women | 85 | 11 | 0 | 0 | 0 | 4 | 0 | 100 | 27 |
| <i>Heterosexuals:</i> | | | | | | | | | |
| Men | 92 | 4 | 0 | 0 | 0 | 4 | 0 | 100 | 270 |
| Women | 92 | 2 | 0 | 0 | 0 | 6 | 0 | 100 | 253 |

On the whole table 3.2 shows that the various groups have had sexual partners consistent to those they are attracted to – cf. table 3.1. However, it should be noted that 17 % gay men and 21 % lesbians have *only* had sexual partners of the opposite gender.

Half of the “predominantly” group has *only* had sexual partners of the opposite gender, whilst approx 40 % *mostly* have had partners of the opposite gender. There is no significant difference between men and women from the “predominantly” group. Bisexuals resemble the “predominantly” group but only 25 % bisexuals have *only* had sexual partners of the opposite gender. 41 % bisexual men have *mostly* had partners of the opposite gender, whilst 61 % bisexual women have *mostly* had partners of the opposite gender.

The majority of transgenders have *only* had sexual partners of the opposite gender, whilst nearly none of them have had a sexual partner of the same gender. Gender difference among transgenders has no statistical significance.

Almost all heterosexuals have *only* had a sexual partner of the opposite gender, but a few have answered “*mostly*” with the opposite gender. Approx. 5 % have never had a sexual partner. There is no significant difference between men and women.

The results of the banner study correspond to the results of the survey. The only notable difference is, the banner study shows that a larger number from the "pre-dominantly" group have had sexual partners of the same gender. Also that trans-genders, to a much larger degree than in the survey, have had sexual partners of both genders.

The report shows that sexual attraction is mostly in accordance with the sexual group the respondents have placed themselves in. This is not so concerning the question of sexual partners. This can be interpreted as meaning a number of people have not practiced their sexual orientation to the extent they, in all probability, wish to. Another reason can be, some peoples' sexual orientation is not fixed.

3.2 Sexual intercourse and sexual urge

This section is concerned with the respondent's sexual activity and the question of whether or not the sexual urge is satisfied.

3.2.1 Sexual intercourse

The question of sexual intercourse was researched with the help of the following question. *How often, within a period of 12 months prior to the survey, have you had sexual intercourse?* The answer possibilities were as follows. *Every day. 3-6 times a week. 1-2 times a week. 1-3 times a month. Less than once a month. Not at all during the past 12 months. Do not know. Do not wish to answer.*

Table 3.3: How often have you had sexual intercourse within a period of 12 months prior to the survey? Percentage

| | LGBT-survey | LGBT- banner study | Heterosexuals |
|--|-------------|-----------------------|---------------|
| Every day..... | 1 | 1 | 1 |
| 3-6 times a week..... | 9 | 12 | 7 |
| 1-2 times a week..... | 26 | 24 | 21 |
| 1-3 times a month..... | 29 | 27 | 26 |
| Less than once a month..... | 18 | 23 | 22 |
| Not at all during the past 12 months..... | 13 | 10 | 16 |
| Do not know..... | 1 | 2 | 3 |
| Do not wish to answer..... | 3 | 1 | 4 |
| Total..... | 100 | 100 | 100 |
| Number (N)..... | 909 | 2.412 | 516 |

Table 3.3 shows that only 1 % has had sexual intercourse every day. Roughly 10 % have had sexual intercourse 3-6 times a week and a quarter of the respondents 1-2 a week. At the other end of the scale roughly a third of the respondents have had sexual intercourse less than once a month. Sexual activity is approximately the same in the three surveys, the differences being statistically insignificant.

Among both LGBT people and heterosexual people sexual activity declines with increasing age. Among LGBT people the frequency of sexual intercourse is dependant on whether or not the person lives with a partner. Those without a partner tend to have less sexual intercourse than those with a partner.

Figure 3.1: Those who have had sex at least once a week within 12 months prior to the survey, categorized by gender, age, sexual orientation and transgender. Percentage. Survey.

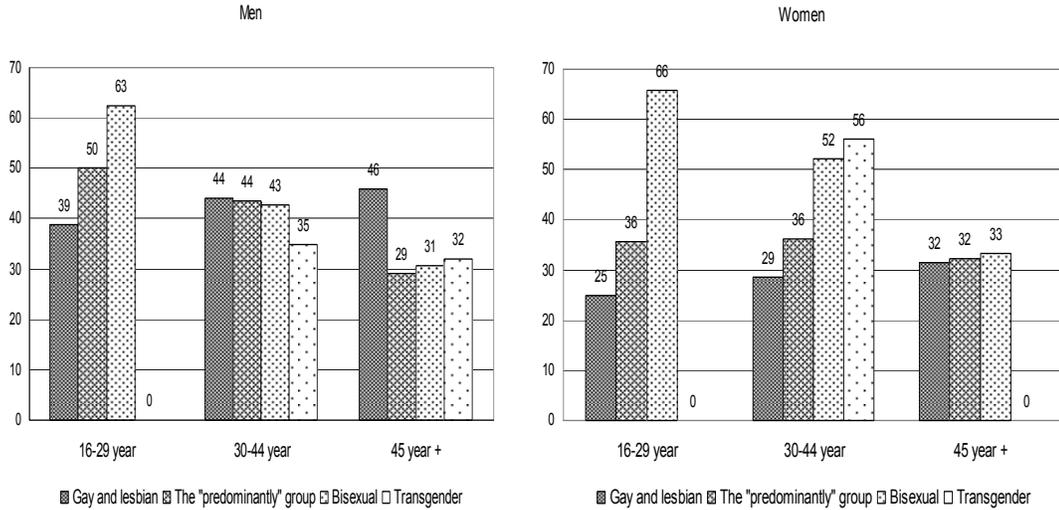


Figure 3.1 shows a clear picture of which groups have a high- and which groups have a low sexual activity rate among women, but not among men. Lesbians have a lower activity rate than the "predominantly" group, who again have a lower activity rate than bisexuals and transgenders. Amongst young gay and lesbian people the same pattern can be found with regard to men and women. The figure also shows that older gay men have a higher sexual activity, than other LGBT people in the same age group, i.e. sexual intercourse a few times a week. Because there are so few transgender between the ages of 16-29, this age group does not appear in this figure.

The banner study asked the same question as the survey but the results from the banner study show no clear pattern. It is therefore not possible to ascertain if a specific group with a different sexual orientation stands out from the rest as being particularly sexually active.

3.2.2 Fulfillment of the sexual urge

In spite the fact respondents have different sexual activity rates, it is possible that they have fulfilled their sexual urge. Sexual urge is, of course, individual. In both the survey and the banner study the question of satisfaction has been researched with the help of the following question: *To which degree have you, within a period of 12 months prior to the survey, fulfilled your sexual urge?* The answer possibilities were: *Completely. Almost completely. Partially. A little. Not at all. Have had no sexual desire. Do not know. Do not wish to answer.*

Table 3.4: Have you satisfied you sexual urge within a period of the past 12 months? Percentage

| | LGBT-survey | LGBT-banner | Heterosexual |
|--------------------------------|-------------|-------------|--------------|
| Completely..... | 10 | 10 | 13 |
| Almost completely..... | 27 | 27 | 26 |
| Partially..... | 30 | 31 | 28 |
| A little..... | 16 | 18 | 11 |
| Not at all..... | 9 | 10 | 7 |
| Have had no sexual desire..... | 3 | 2 | 6 |
| Do not know..... | 2 | 1 | 4 |
| Do not wish to answer | 3 | 1 | 5 |
| Total..... | 100 | 100 | 100 |
| Number (N)..... | 946 | 2.412 | 516 |

Table 3.4 shows that roughly 10 % have completely satisfied their sexual urge, whilst roughly 25 % have almost completely satisfied their sexual urge. At the other end of the scale 10 % have not at all satisfied their sexual urge, whilst roughly 15 % have satisfied their sexual urge just a little. There are no statistical differences between LGBT people and heterosexuals.

Again, amongst LGBT people it is more common that those with a partner have more often satisfied their sexual urge than those without a partner.

To get an impression of how groups with different sexual orientations have satisfied their sexual urge, we have in the following figure 3.2 shown the percentages of those who have satisfied their sexual urge just a little, and those who have not at all satisfied their sexual urge within a period of 12 months prior to the survey.

Figure 3.2: Those who have satisfied their sexual urge “just a little” within a period of 12 months prior to the survey, and those who have “not at all” satisfied their sexual urge, categorized by gender, sexual orientation and transgender. Percentage. Banner study

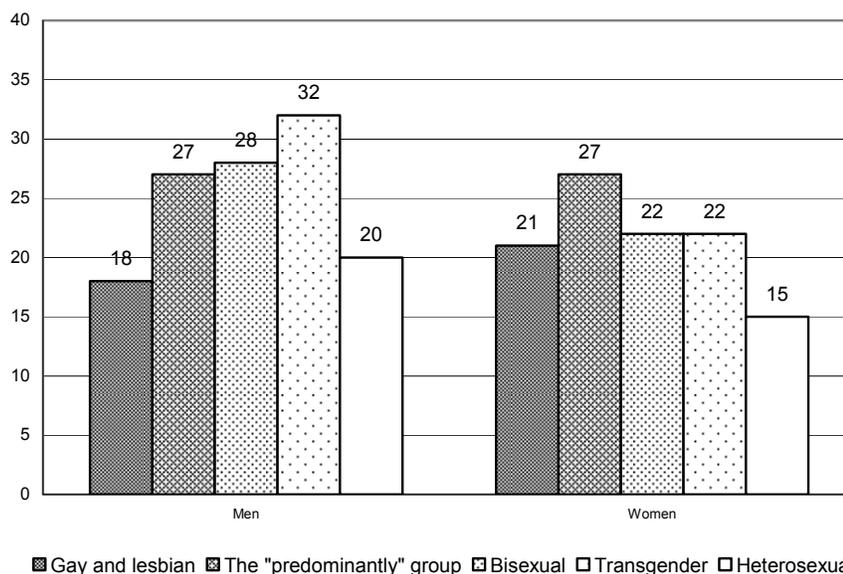


Figure 3.2 shows that transgender men do not fulfill their sexual urge, in that 32 % have answered “not at all” or “just a little”. Gay men and heterosexual men are those who have satisfied their sexual urge most. Among women there is not so big a difference in the percentage of those who have not satisfied their sexual urge, although heterosexual women do have a lower percentage than the other groups. The figure shows no significant difference between the genders.

3.3 Reduced sexual desire

The final question on sexual life deals with reduced sexual desire. The question on reduced sexual desire was researched with help of the following question: *Have you, within a period of 12 months prior to the survey, experienced the lack of, or reduced sexual desire?* The answer possibilities were: *Yes, all the time. Yes, often. Yes, sometimes. Yes, but seldom. No, never.* The respondents who answered “yes” were then asked: *Is the lack of or reduced sexual desire a problem for you?*

Table 3.5: Have you, within a period of the past 12 months, experienced the lack of or reduced sexual desire? Percentage

| | LGBT-survey | LGBT-banner | Heterosexual |
|----------------------------|-------------|-------------|--------------|
| Yes, all the time | 5 | 2 | 3 |
| Yes, often | 12 | 9 | 11 |
| Yes, sometimes | 26 | 22 | 24 |
| Yes, but seldom | 29 | 30 | 19 |
| No, never | 27 | 35 | 40 |
| Do not wish to answer..... | 2 | 1 | 3 |
| Total | 100 | 100 | 100 |
| Number (N)..... | 909 | 2.412 | 516 |

Table 3.6: Is the lack of or reduced sexual desire a problem for you? Percentage

| | LGBT-survey | LGBT-banner | Heterosexual |
|-----------------|-------------|-------------|--------------|
| Yes | 37 | 33 | 24 |
| No..... | 63 | 67 | 76 |
| Total | 100 | 100 | 100 |
| Number (N)..... | 677 | 1.546 | 290 |

Table 3.5 shows that 10-15 % of the respondents have “often” or “all the time” experienced lack of or reduced sexual desire within a period of 12 months prior to the survey, whilst approximately half have experienced “sometimes” or “seldom”. More heterosexuals than LGBT people have experienced “never” having a lack of, or reduced sexual desire.

Table 3.6 shows that among the respondents who have experienced lack of or reduced sexual desire, 37 % LGBT people have a problem with this, whilst only 24 % heterosexuals have a problem with it. These results show that LGBT people as a whole have a bigger problem with lack of or reduced sexual desire than heterosexuals.

Transgender women and women from the "predominantly" group, together with bisexual men, experience the lack of or reduced sexual desire as a bigger problem than other LGBT people.

3.4 The buying and selling of sexual favors

The final section of this chapter deals with the buying and selling of sexual favors. This is a subject to which there is attached many different opinions and emotions. The respondents were asked the question: *Have you ever bought or sold sexual favors?*

Figure 3.3: Those who have bought or sold sexual favors. Percentage. Survey

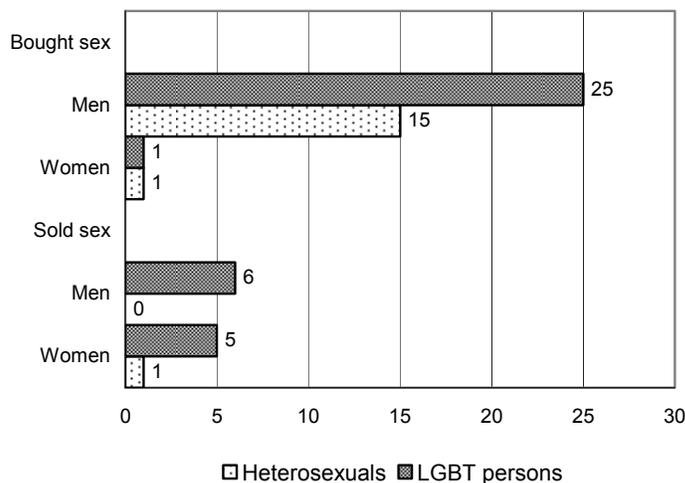
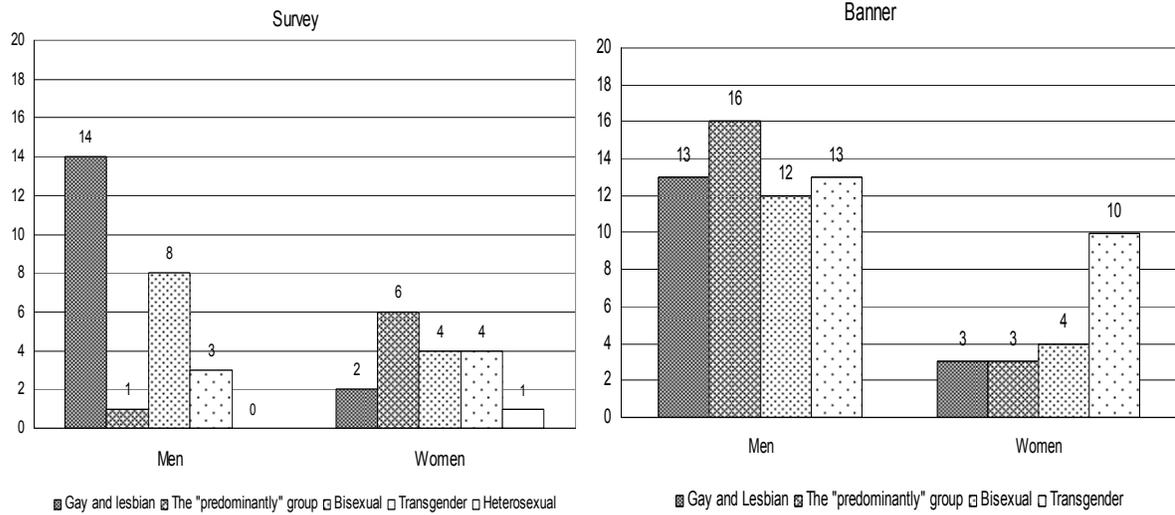


Figure 3.3 shows that LGBT people have both bought and sold sexual favors to a larger degree than heterosexuals. There is, however, no difference between heterosexual women and lesbians when it comes to buying sex. LGBT men and heterosexual men are those who mostly buy sex, but when it comes to the selling of sex this group differs tremendously. 6 % LGBT men have sold sex, whilst there are absolutely no heterosexual men in the survey who have sold sex. 5 % LGBT women have sold sex, whilst only 1 % heterosexual women have sold sex.

The banner study, in comparison to the survey, shows that there are more LGBT men who have sold sex (13 %). On the other hand, there are fewer men who have bought sex.

The *selling* of sexual favors among LGBT men, according to the survey, is interconnected with education. There is a larger portion of people with either a technical, or with little or no education who sell sexual favors. Those with a long or higher education do not sell sex to such a degree as those with a short education.

Figure 3.4: Those who have sold sexual favors, categorized in age, sexual orientation and transgender. Percentage. Survey. Banner study



In figure 3.4 we can see that the survey shows that gay men have more often sold sex than other LGBT persons. Men from the “predominantly” group and heterosexual men have seldom sold sex. Among women the survey shows that there is no significant difference between the different sexual groups, except for the fact that lesbians and heterosexual women have very seldom sold sex.

The banner study shows no significant difference between the various sexual groups. Among LGBT women in the banner study it is only transgenders who differ, in that 10 % have sold sex. The difference is not statistically significant.

It should be mentioned that especially young gay and lesbian people (16-29) – according to the survey – have sold the most sex, and more men than women. In the banner study transgenders are those who have sold the most sex.

Figure 3.5: Those who have bought sexual favors, categorized in age, sexual orientation and transgender. Percentage. Survey. Banner study

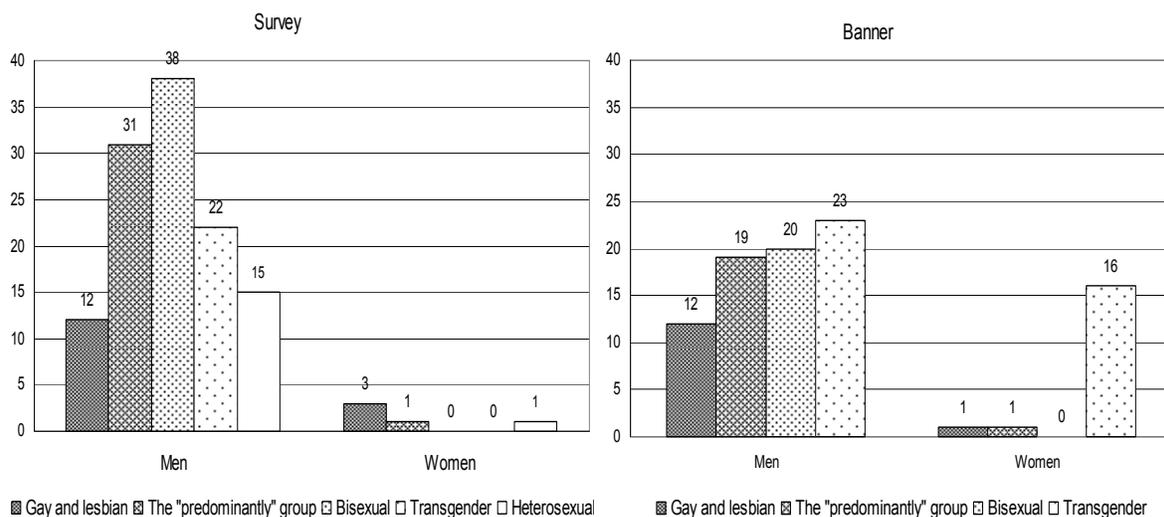


Figure 3.5 shows that there is a very big difference in connection with how much sex men in the various sexual groups have bought. The survey shows the 38 % bisexual men have bought sex. In comparison only 15 % heterosexual men have bought sex. The survey also shows that almost no women in any of the groups have bought sex.

In the banner study the picture is different. Gay men are still the group among men who have bought the least sex (12 %), whilst the three other sexuality groups resemble each other. 19-23 % of these men have bought sex. Both according to the survey and to the banner study, almost no women have bought sex, i.e. except for transgender women. 16 % of these women have bought sex.

It should also be mentioned, that the buying of sexual favors among LGBT persons in the survey does increase with age. The banner study confirms this. That which separates the banner study from the survey in connection with this question is the fact, that considerably more transgenders – according to the banner study – buy sexual favors. The banner study also shows that considerably more singles buy sex in comparison to those with a partner.

3.5 Summary

Sexual attraction and sexual partners

Both the survey and the banner study show that a particular sexual orientation does not necessarily mean a limited attraction to a certain gender. The boundaries are much vaguer. For example, the report shows that even although gay and lesbian people are mostly attracted to partners of their own gender, some have also been attracted to, and have had sexual partners of the opposite gender. In the survey bisexuals have mostly been attracted to people of their own gender, whilst the banner study shows that they are attracted just as much to the one gender as to the other. The "predominantly" group have, according to the survey, mostly been at-

tracted to and have had sexual partners of the opposite gender. The banner study shows the opposite result. Transgenders in the survey have been almost exclusively attracted to and have had sexual partners of the opposite gender, whilst the banner study shows they have had partners of both genders.

Sexual intercourse and sexual urge

Generally speaking, more bisexual women have had sexual intercourse at least once a week than any other group of LGBT people, and older gay men are those who have the most sex. Gay men have more sex the older they get. In all other groups the urge for sex diminishes with age.

According to the survey, when it comes to not satisfying ones sexual urge or not having sexual intercourse there is no significant difference between LGBT people and heterosexuals. The banner survey shows that a larger portion of older transgender men definitely do not experience their sexual urge as being satisfied. Between the age of 30- 44 it is transgender women who most of all among LGBT people, experience their sexual urge as not being satisfied.

Reduced sexual desire

Both among LGBT people in the survey and the heterosexual control group a larger portion of women than men have experienced a decline in their sexual desire during the past few years. Both surveys show that the desire for sex declines with age both for LGBT people and for heterosexuals, but it is LGBT people who mostly experience this as a problem. The survey shows that compared to heterosexual women, LGBT women experience this as a bigger problem. The survey also shows that it is transgender women and women from the "predominantly" group who mostly lack the desire for sex. Among men, it is bisexual men who experience the lack of desire for sex as a problem. In the banner study it is especially bisexual women who see the lack of desire for sex as a problem.

The buying and selling of sex

LGBT people have both bought and sold sexual favors to a higher degree than heterosexuals, although there is no significant difference between LGBT women and heterosexuals when it comes to the buying of sex. Among LGBT people and heterosexuals it is men who buy the most sex. When it comes to the selling of sex there is among LGBT people no difference in connection to gender, whilst among heterosexuals more women sell sex than men. The banner study shows that more LGBT men than heterosexuals have sold sex (13 %), whilst fewer LGBT men than heterosexuals have bought sex.

Gay men have more often sold sex than other groups of LGBT men, especially the young gay man. Amongst women in the survey there is no significant difference between sexuality groups.

According to the results of the survey bisexual men to a higher degree have bought sex, whilst the banner study shows that it is transgenders who have bought the most sex. The buying of sex increases with age, and it is the young who most often sell sex.

4 Cohabitation and children

4.1 Home-life situation

In this chapter we have attempted to draw a picture of the home-life situation of LGBT people. Also in connection with them having children or not. We have asked the questions: *Do you live alone? If not, with whom do you live together with (for the most part of the week)? Are you in a permanent relationship?* Heterosexuals were asked the same questions with the following answer possibilities.

- Live alone.
- Live alone together with a child/children.
- Live together with a partner, no children.
- Live together with a partner, together with children.
- Other e.g. together with parents, together with siblings.

Figure 4.1: Persons in various sexual groups, transgenders and heterosexuals, categorized by home-life situation. Percentage. Survey

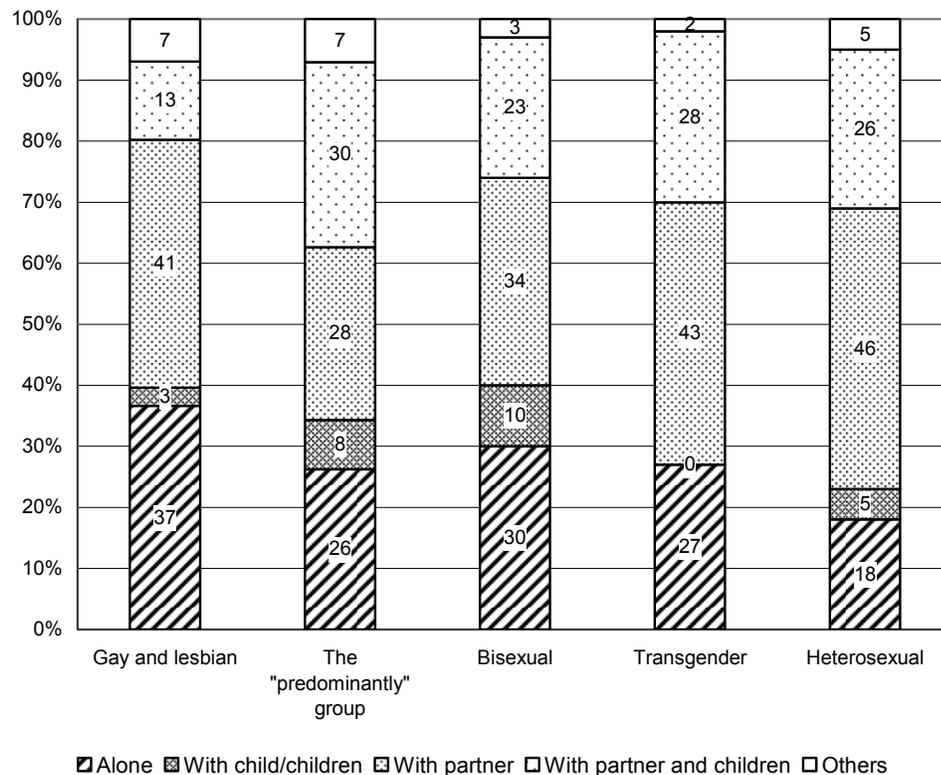


Figure 4.1 shows that gay and lesbian people are the group who most often live alone, followed by bisexuals. Those who most often live in a partnership are heterosexuals. Figure 4.1 also shows that the biggest portion of bisexuals live alone with one or more children.

One can also ascertain that in all groups it is most common to live together with a partner, most of all for transgenders. People from the "predominantly" group also, relatively often, live together with a partner and children.

Notable is, in comparison with the other groups, fewer heterosexuals live alone. Otherwise, when one compares the home-life situation, there is not so much difference between the LGBT group and heterosexuals.

If one compares the LGBT group with the heterosexual group and also with a comparative group of people from the Danish population as a whole (Danmarks Statistik) it becomes clear that the distribution of LGBT people in connection with different forms of cohabitation does not differ considerably from the rest of the population. However, it is not possible to make a complete comparison because there is a difference when it comes to definitions.

The banner study shows a marked difference in family patterns and cohabitation. Firstly, considerably more people from the banner study live alone, and also more live with their parents. This is because many more very young people have taken part in the banner study than in the survey. It follows then, that fewer people in the banner study live together with partners or have children. In other words, there is a significant difference between the data material from the survey and the data material from the banner study. We have chosen, therefore not to take the results from the banner study into account.

One can expect a difference between age groups but also between genders. Generally speaking, men and women tend to differ when it comes to establishing a family. The question is, is this also the case amongst LGBT people. In the following tables we have looked both at people who live alone and those living with children.

Table 4.1: Different sexual groups who live alone categorized by gender and age. Percentage. Survey

| | Gay and lesbian | "Predominantly" | Bisexual | Trans-gender | Heterosexual |
|-------------------|-----------------|-----------------|----------|--------------|--------------|
| <i>Gender:</i> | | | | | |
| Men..... | 42 | 25 | 34 | 22 | 18 |
| Women | 27 | 26 | 25 | 29 | 18 |
| <i>Age group:</i> | | | | | |
| 16-29 years..... | 33 | 30 | 37 | (25) | 25 |
| 30-44 years..... | 31 | 18 | 15 | 23 | 15 |
| 45 years + | 43 | 32 | 33 | 25 | 17 |
| Everybody..... | 37 | 26 | 29 | 24 | 18 |

Table 4.1 shows primarily a difference in gender when it comes to gay and lesbian people and bisexuals in connection with living alone. Relatively more men than women live alone. The gender difference shown in the other groups is not statistically significant. There is also an age difference. The table shows that it is the youngest and the eldest who mostly live alone, in comparison to the middle group

(30-44). This is particularly the case in connection with bisexuals and the "predominantly" group.

An important aspect with regard to living conditions is, whether one lives together with children or not. This is shown in table 4.2.

Table 4.2: Different sexual groups who live together with children categorized by gender and age. Percentage. Survey

| | Homo- sexual | Predomin- antly | Bisexual | Trans- gender | Hetero- sexual |
|-------------------|-----------------|--------------------|----------|------------------|-------------------|
| <i>Gender:</i> | | | | | |
| Men | 6 | 33 | 23 | 29 | 30 |
| Women | 34 | 41 | 41 | 25 | 33 |
| <i>Age group:</i> | | | | | |
| 16-29 years..... | 4 | 13 | 15 | (13) | 15 |
| 30-44 years..... | 27 | 60 | 56 | 57 | 64 |
| 45 years +..... | 9 | 32 | 31 | 19 | 22 |
| Everybody..... | 16 | 38 | 33 | 28 | 31 |

Table 4.2 shows that women more often than men live together with children, i.e. except transgenders. Notable is, the gender difference among heterosexuals is very small and not statistically significant.

There is also a marked age difference in that the 30-44 year olds more often live together with children than the 16-29 year olds and the over 45 year olds. This, of course, interconnects with the fact that 30-44 is the typical age in connection with conceiving children.

4.2 How did they acquire children?

All respondents who have children have been asked the question: *How did you acquire your children?* With the following answer possibilities.

- Sexual intercourse
- Home insemination
- IVF/ artificial insemination
- Insemination at a clinic with an unknown doctor
- Insemination at a clinic with a known doctor
- Know the father, but are not partners
- Know the mother, but are not partners
- Adopted
- Stepchild adoption of partners child/children
- Other methods

Most people have acquired their children through intercourse, although among gay and lesbian people there is a marked difference. Many more gay and lesbian people than other groups have used other methods than intercourse to become parents. The other groups resemble heterosexuals. The banner study supports the

survey results in this area, although there are fewer people in the banner study who have children.

Table 4.3: People with children, who have used different methods to acquire children categorized by sexuality group and gender. Percentage. Survey

| Percent | Gay and lesbian | “Pre-dominantly” | Bi-sexual | Trans-gender | Hetero-sexual |
|--|-----------------|------------------|-----------|--------------|---------------|
| <i>Men:</i> | | | | | |
| Sexual intercourse | 69 | 97 | 100 | 96 | 96 |
| Home insemination | - | - | - | - | - |
| IVF/artificial insemination | 4 | - | - | - | 1 |
| Insemination clinic/unknown donor | 4 | 1 | - | - | - |
| Insemination clinic/known donor | - | 1 | - | - | 1 |
| Know mother/not partner | - | - | - | - | - |
| Adopted | 12 | 2 | - | 2 | 2 |
| Stepchild adoption of partners child ... | - | 2 | 2 | 2 | 2 |
| Other methods | 12 | 1 | - | - | - |
| <i>Women:</i> | | | | | |
| Sexual intercourse | 43 | 94 | 86 | 95 | 95 |
| Home insemination | 10 | - | - | (-) | - |
| IVF/artificial insemination | - | 2 | 5 | (-) | 1 |
| Insemination clinic/unknown donor | 33 | 1 | 7 | (-) | 0 |
| Insemination clinic/known donor | 3 | 1 | - | (5) | 2 |
| Know father/not partner | 7 | 1 | - | (-) | - |
| Adopted | - | 2 | 2 | (-) | 2 |
| Stepchild adoption of partners child ... | 23 | 1 | - | (-) | 1 |
| Other methods | 7 | 1 | - | (-) | - |

Table 4.3 shows that nearly all men had sexual intercourse in connection with becoming a parent, although among gay men it is “only” 69 % who have had sexual intercourse in connection with becoming a parent. Among women the same pattern can be seen, although “only” 43 % lesbians have had sexual intercourse with a man in order to become pregnant. 86 % bisexual women have had sexual intercourse in order to become pregnant.

Home insemination occurs amongst only 10 % lesbians

IVF/artificial insemination has only been used by a very few percent.

Insemination at a clinic is more widespread, especially insemination with the help of an unknown donor. 33 % lesbians have been inseminated at a clinic with the help of an unknown donor. 7 % bisexual women likewise. Other sexuality groups have used this method only to a very little extent.

Adoption has been used by 12 % gay men.

Stepchildren adoption of a partners' child is widespread among lesbians (23 %) This method is seldom used by other groups.

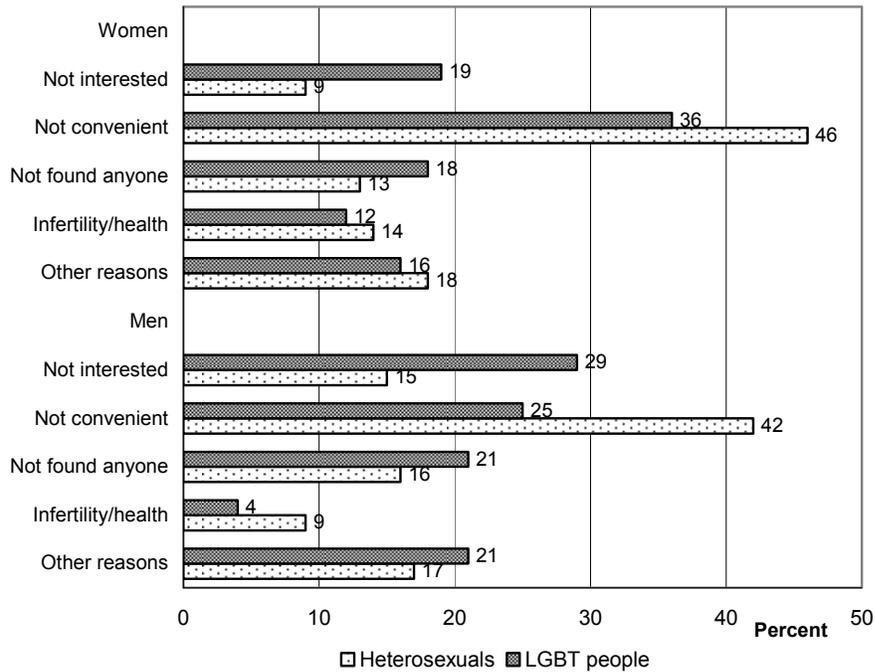
Finally 12 % gay men and 7 % lesbians have acquired their children with the help of other methods. These methods are not specified in the survey.

4.3 Why do they not have children?

47 % LGBT people do not have children. They were asked: *Why do you not have children?* with the following answer possibilities.

- Because of the law, e.g. no possibility for adoption, donor anonymity.
- Not interested in having children
- It is not convenient right now
- Because of infertility
- Other health issues
- Have not agreed on form of family
- Have not found anyone to start a family with
- Other reasons

Figure 4.2: People without children with different reasons for not having children. Percentage



The most frequent reason respondents have no children is, it is not convenient right now. Especially women answer in this way. 36 % LGBT women answer thus, whilst “only” 25 % men answer that it is not convenient right now. Heterosexuals – both men and women – answer more often than gay and lesbian people, that it is not convenient to have children right now. 46 % heterosexual women and 42 % heterosexual men give this reason as being the main reason.

Especially men say they are not interested in having children. 29 % LGBT men and 19 % LGBT women answer they are not interested in having children. The percentage is notably higher than among heterosexuals, although the majority of LGBT people without children are interested in having children.

Additionally, quite a few state that they, as yet, have not found anybody with whom they would wish to establish a family. Others are not able to have children. There is no significant difference between heterosexuals and LGBT people in connection with this issue.

Among the different sexuality groups we do find any difference with regard to the reason for not having children. The most frequent reason gay and lesbian people do not have children is, they are not interested. The main reason why the "predominantly" group do not have children is because it is not convenient right now or because they have not yet found someone to establish a family with. Among bisexual women the reason is, it is not convenient right now and among bisexual men the reason is, they have not as yet found someone to establish a family with.

4.4 Summary

Approximately 30 % LGBT people live alone, whilst this is the case with "only" 20 % heterosexuals. Especially gay and lesbian people live alone, whilst the group who most often live alone together with children is bisexuals. The majority of LGBT people live together with a partner and approximately a quarter of them live together with a partner and children. Furthermore, the survey shows that 27 % of those who live alone have children who they do not live together with. 42 % of those who live with a partner have children who they do not live together with.

The majority have acquired their children by sexual intercourse. The most important exception is gay and lesbian people. 45 % gay and lesbian people have acquired their children in other ways. 27 % gay and lesbian people with children have used insemination, and in most cases the donor is unknown. 18 % gay and lesbian people have adopted and especially with the help of the stepchildren adoption law. Finally 13 % gay and lesbian people with children have used other methods e.g. natural insemination. In these cases the father or mother is known but is not the partner.

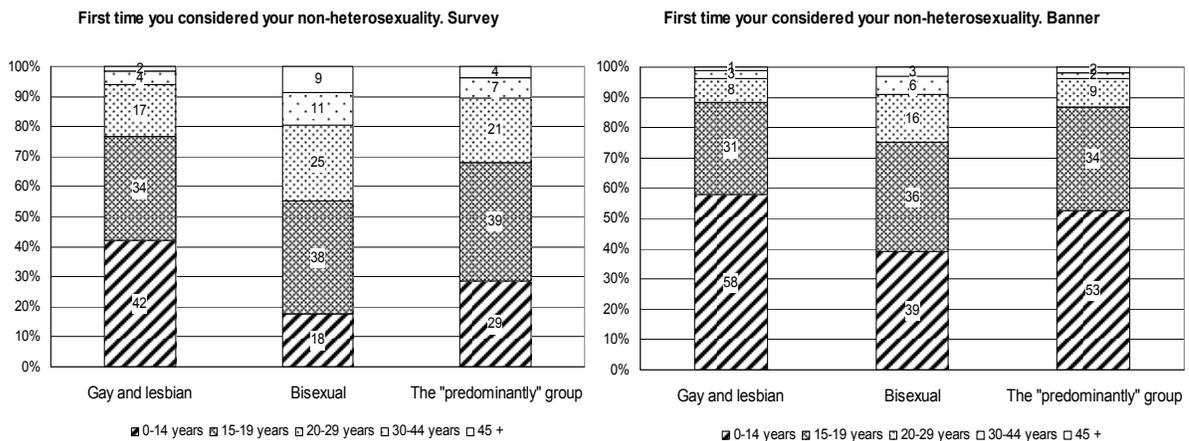
47 % of LGBT people do not have children, whilst only 25 % heterosexuals do not have children. The most frequent reason for this is, it is not convenient at the present time. Especially women give this reason – 36 % LGBT women. 25 % LGBT men say that it is not convenient at the present time. Especially men say that they are not interested in having children. Furthermore quite some numbers say that they have not, as yet, found someone with whom they wish to establish a family. Others are not able to give birth to children.

5 Openness

When one belongs to a sexual minority group, a group which has been surrounded by many taboos and much suppression, the question of openness plays an important role. Firstly, a person must “come out” before they can live openly in connection with their sexuality or as a transgender. This chapter deals with how many LGBT people have told others about their sexuality or transgender and when it happened.

5.1 Considering and talking about sexual orientation

Figure 5.1: First time consideration in connection with not being heterosexual, categorized by sexual orientation and age. Percentage. Survey and banner study



The survey shows that gay and lesbian people typically took their sexual orientation into consideration for the first time between the age of 0-14 but chose not to discuss it with anyone until between the ages of 15-19 years of age. 7% gay and lesbian people in the survey have never told anyone.

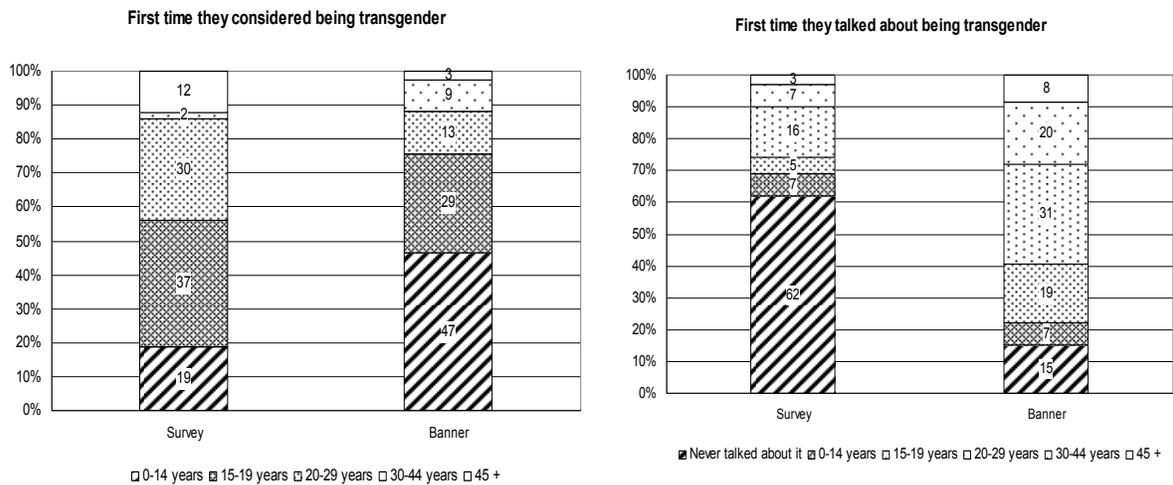
Bisexuals reached the age of 15-19 before they began considering their sexual orientation, and the majority discussed this openly with others during the same period. 16 % have never spoken openly about their sexuality. Twice as many bisexuals in comparison with gay and lesbian people have never discussed their bisexuality with anyone (16 %). A larger portion of men (21 %) than women (14 %) have never told anybody about their sexual orientation. More men than women chose to wait until late in life before they discussed their sexual orientation with others. Predominantly gay and lesbian people often reached the age of 15-19 before considering if they were gay or lesbian, and first shared this with others between the ages of 20-29. In other words, they were older than both gay and lesbian people and bisexuals before they discussed their sexual orientation with any-

body. However 21 % have never discussed their sexual orientation with anybody (Figure 5.1)²⁵.

The banner study supports the survey in many ways although there is a difference. In the banner study the percentage of people who have chosen never to discuss their sexual orientation with others is notably lower than in the survey. People taking part in the banner study are, to a much higher degree, open as regards their sexual orientation.

Gender identity

Figure 5.2: When did transgenders first consider not being heterosexual for the first time, categorized by age. Percentage. Survey. Banner study



The survey shows that a majority of transgenders first contemplated their sexuality between the ages of 15-19. The banner study shows that this happened between the age of 0-14. The survey shows that 62% have never disclosed the fact that they are transgender, whereas the banner study shows that only 15% have kept it a secret. Both surveys reveal that this knowledge was first shared with others between the ages of 20-29 (Figure 5.2).

5.2 Openness in connection with family

Only gay and lesbian people, bisexuals, predominantly gay and lesbian people and transgenders have been asked questions about openness. In this section of the report, gay and lesbian people and the "predominantly" group are combined into one group. In other words, in the analysis of sexual orientation only gay and lesbian people and bisexuals are represented.

²⁵ For tables that show how many have discussed or never discussed their sexuality, see the extensive online report in Danish: Table 6.1 and 6.2.

With regard to openness in connection with family, gay and lesbians were asked the following question: *Does your family know you are gay and lesbian/bisexual?* Answer possibilities: *Yes. No. Do not know.* With regard to openness in connection with family, transgenders were asked the following question: *Does your family know that you are transgender?* Answer possibilities: *Yes. No. Do not know.*

Figure 5.3: Gay and lesbian people and bisexuals who are open in connection with family, categorized by gender. Percentage. Survey. Banner study

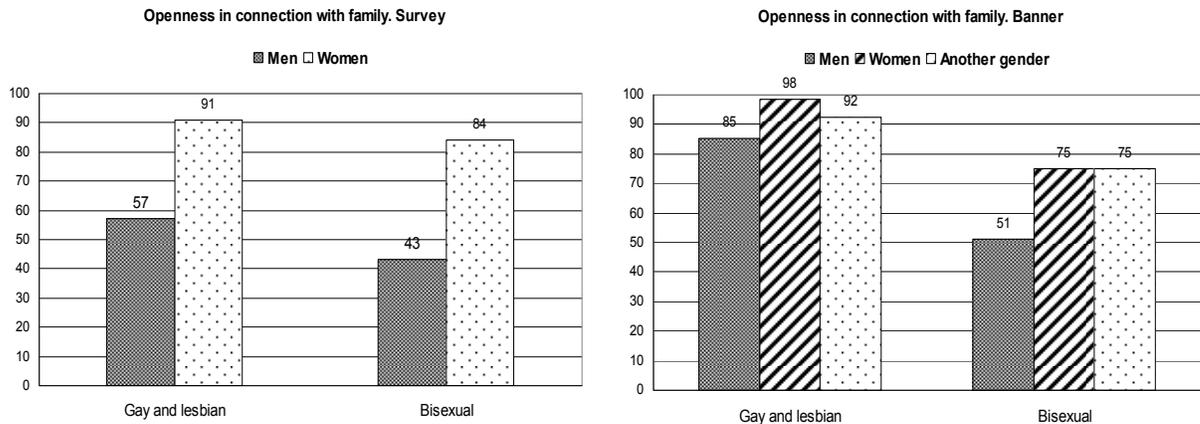


Figure 5.3 shows that bisexual men in the survey are less open in connection with family than gay and lesbian people and bisexual women. Women are, generally speaking, more open about their sexual orientation in and around Copenhagen than in the rest of Denmark.

The banner study shows that bisexual men are the least open, and that women are the most open in connection with family (Figure 5.3).

Gender identity

Figure 5.4: Transgenders who are open in connection with family, categorized by gender. Percentage. Survey. Banner study

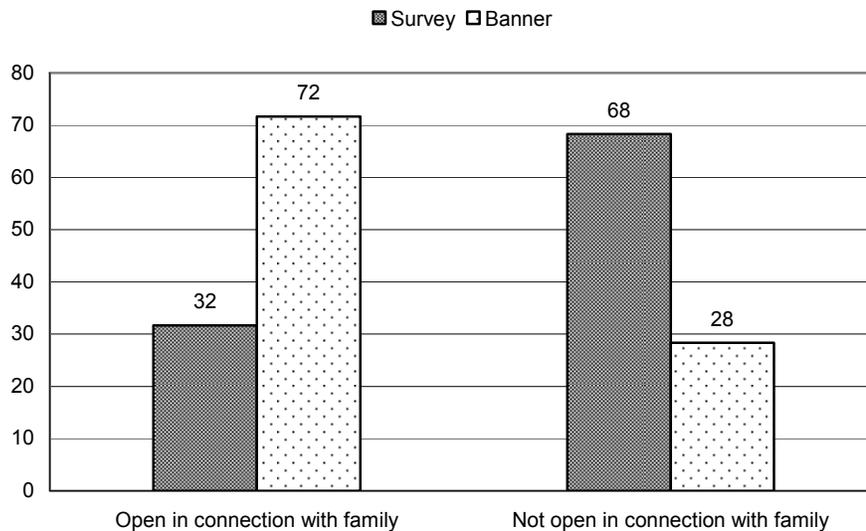
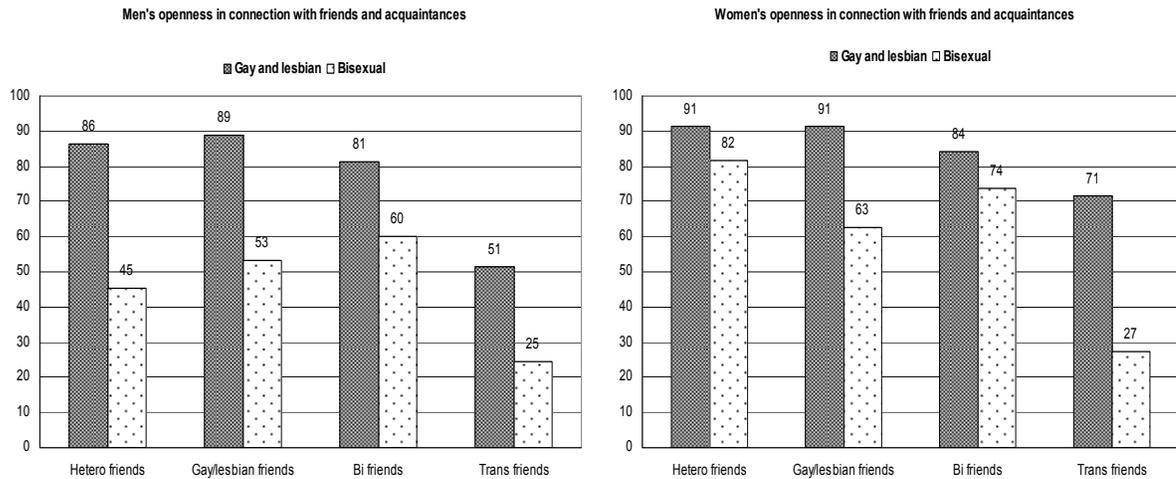


Table 5.4 shows that there is a big difference between transgenders in the survey and in the banner study as regards openness in connection with family. The survey shows that transgenders are less open in connection with family. However transgenders in the banner study are very open in connection with family. Among the transgenders in the banner study it is especially FtM who are the most open in connection with family.

5.3 Openness in connection with friends

With regard to openness in connection with friends, work and school the question asked was: *Do people in your immediate surroundings know of your sexual orientation/transgender?* There were six sub-questions, dealing with friends, work and school. The answer possibilities were: *Everybody/most people. Some. None. Don't know.* Answers in the category: "Everybody", "Most people" and "Some" have been interpreted as "open in connection with friends, work and school".

Figure 5.5: Gay and lesbian people and bisexuals who are open in connection with friends and acquaintances, categorized by gender. Percentage. Survey



When it comes to openness in connection with friends, bisexual men are less open than gay men and bisexual women. Men born in 1940 and 1950 are less open in connection with heterosexual friends than men born in 1960-1980 (Figure 5.5).

Single bisexuals are more open in connection with their sexuality than bisexuals who have partners.

When “friends” are considered as one group, then openness is proportional with the size of the town the respondent lives in. Those living in Copenhagen and other large towns are considerably more open in connection with friends than those living in smaller towns or villages. The banner study confirms that bisexuals are less open in connection with friends than gay and lesbian people are, and that bisexual men are the least open.

Gender identity

As regards the openness of transgenders there is again a big difference between the results in the survey and in the banner study. The banner study shows a considerably higher percentage of openness among transgenders in connection with friends.

If we look at the type of friends heterosexuals, gay and lesbian people, bisexuals and transgenders are most open in connection with, transgender women are more open in connection with heterosexuals and transgender friends than transgender men are. Transgenders who are single are more open in connection with gay and lesbian and transgender friends than transgenders who have partners.

Among transgenders the banner study shows that it is fetish transvestites and FtM who are the least open in connection with their friends.

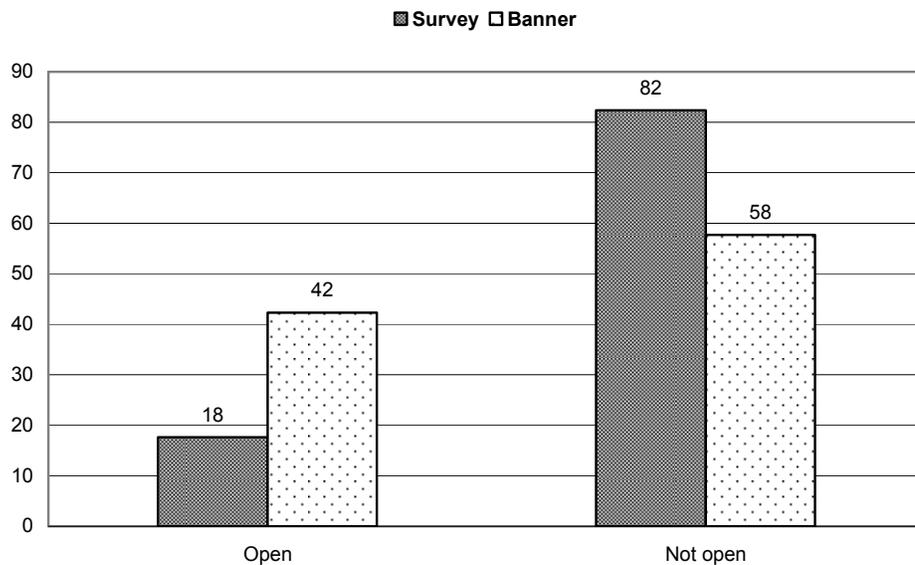
5.4 Openness in connection with the workplace and school

Those LGBT people who have a partner and who live in and around Copenhagen are most open in connection with the workplace and school. However, those people who are single and have had no education or only a short education are those who are the least open in connection with the workplace and school.

Gay and lesbian people are more open than bisexual men and women in connection with the workplace and school. Among bisexuals it is the men who are the least open. The banner study ascertains that gay and lesbian people have a larger portion of openness in connection with work and school than bisexuals. Also, bisexual men are those who are the least open, more so than gay and lesbian people, bisexual women and those with another gender.

Gender identity

Figure 5.6: Transgenders who are open in connection with work/school, categorized by gender. Percentage. Survey. Banner study



The banner study shows more openness amongst transgenders at the workplace and in school than the survey shows. When one compares general openness as regards family and friends with that in connection with the workplace or school, one can see that transgenders are more closed in connection with the workplace and school. Transgender women (35 %) are more open than transgender men (14 %) (Figure 5.6).

Among transgenders in the banner study it is the transsexuals who are the most open in connection with the workplace and school. Cross dressers and fetish transvestites are the least open in connection with the workplace and school.

5.5 Positive reaction from family, friends and the work or school

We have researched the reactions of family, friends, the workplace or school with the help of the following question: *How did your acquaintances, friends and closest family react when they found out that you are homo/bisexual or transgender?* The answer possibilities were: *Predominantly positive. Somewhat positive. Somewhat negative. Predominantly negative.* Those who have received at least one “predominantly positive” or “somewhat positive” answer have been defined in the analysis as receiving positive reactions.

Most people have experienced only positive reactions from their environment as regards openness in connection with their sexual orientation. The banner study, however, shows a difference between gay and lesbian people and bisexuals. The banner study shows that bisexuals experience a smaller portion of positive response from family, the workplace and school than gay and lesbian people.

The banner study shows that positive reactions from the workplace and school are dependent on gender. Those who see themselves as being “another gender” have received less positive response than men and women have.

Gender identity

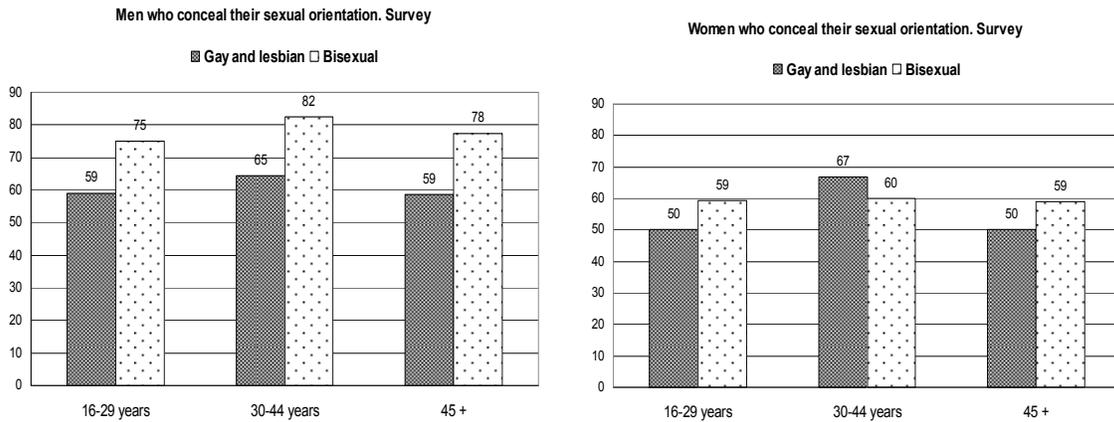
In comparison to the reaction gay and lesbian people and bisexuals have received, transgenders have received a smaller portion of positivism, but on the whole they have experienced positive reactions when they have chosen to be open.

The location where there has been a larger portion of negative reactions is the workplace and school. Transgenders with a partner (100 %) experience a larger portion of positive reactions from workplace and school, than transgenders without a partner (62 %).

5.6 Keeping the secret

The question was asked: *Do you conceal your sexual orientation?* The answer possibilities were: *Yes, always. Yes, sometimes.*

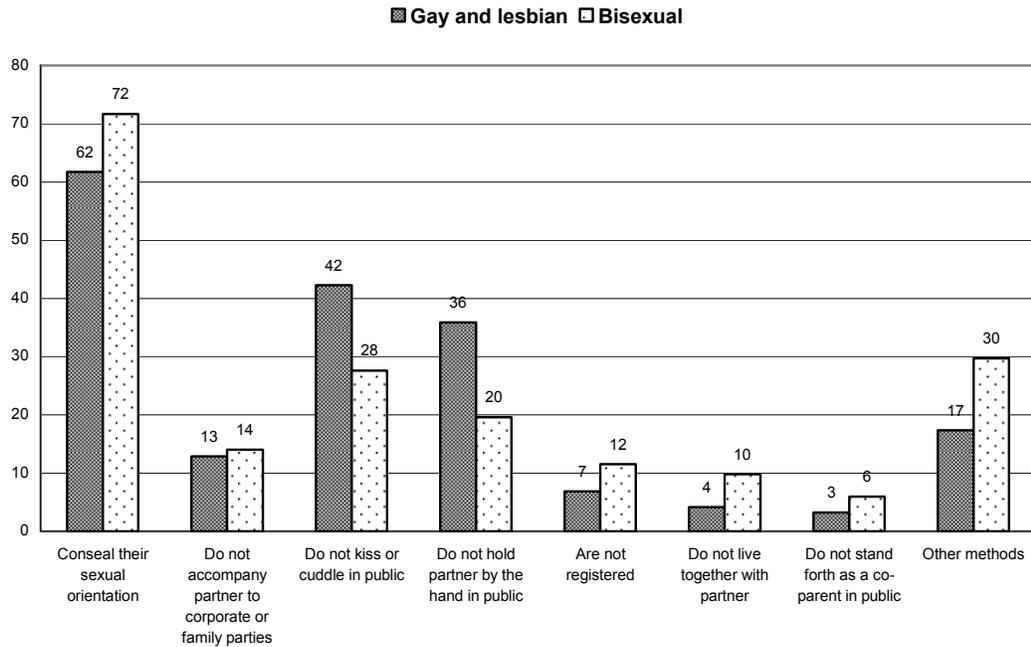
Figure 5.7: Gay and lesbian people and bisexuals who sometimes or always conceal their sexual orientation, categorized by gender and age. Percentage. Survey



The survey shows a significant difference between gay men and bisexual men when it comes to “at an earlier date” or “sometimes” keeping their sexual orientation a secret. A larger portion of bisexual men than gay men tend to conceal their sexual preferences (Figure 5.7).

The banner study confirms this. Proportionally bisexual men of all age groups conceal their sexual orientation more than gay men. If gay men conceal their sexual identity it is during the early years. Later in life they live more openly. Both groups try to keep their sexual identity a secret either by not disclosing the fact (largest portion) or by not kissing and cuddling in public.

Figure 5.8: Gay and lesbian people and bisexuals different ways of concealing their sexual orientation. Percentage. Banner study

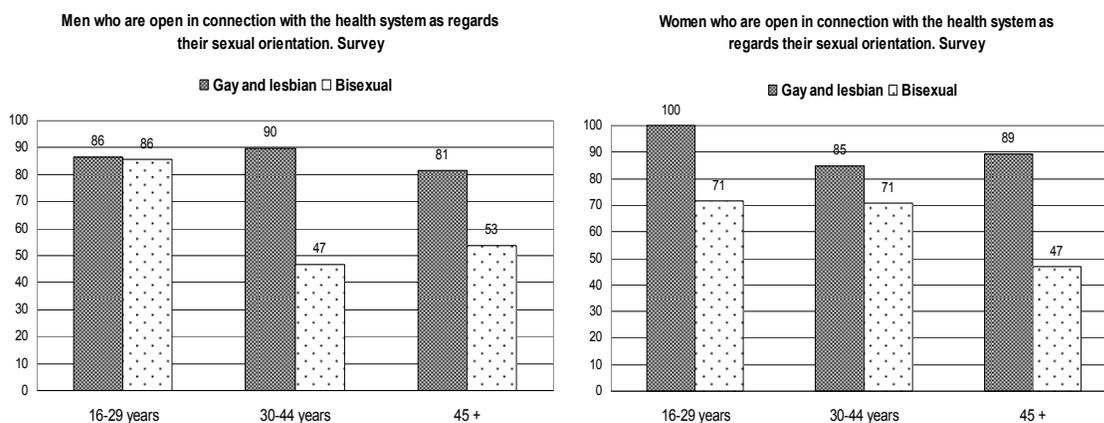


The banner study shows that a larger portion of gay and lesbian people kiss, cuddle and hold their partners hand in public than bisexuals. A larger portion of bisexuals, in comparison to gay and lesbian people, are less open as regards talking about their sexual orientation, do not register with a partner, do not choose to live with a partner or choose not to stand forth as a co-parent (Figure 5.8).

5.7 Openness and reception in connection with the health system

Those LGBT people who have a partner, live in a town with over 40.000 inhabitants and who have a higher education tend to be the most open in connection with the health system as regards their sexual orientation.

Figure 5.9: Gay and lesbian people and bisexuals who have been open in connection with the health system as regards their sexual orientation, categorized by gender and age. Percentage. Survey



Lesbians have a larger portion of openness in connection with the health system between the ages of 16-29 than bisexual women of the same age. Between the ages of 30-40 there is a significant difference between gay men and bisexual men. Gay men are more open in connection with the health system than bisexual men are. Late in life bisexuals are, generally speaking, more closed as regards their sexual orientation in connection with the health system than gay and lesbian people (Figure 5.9).

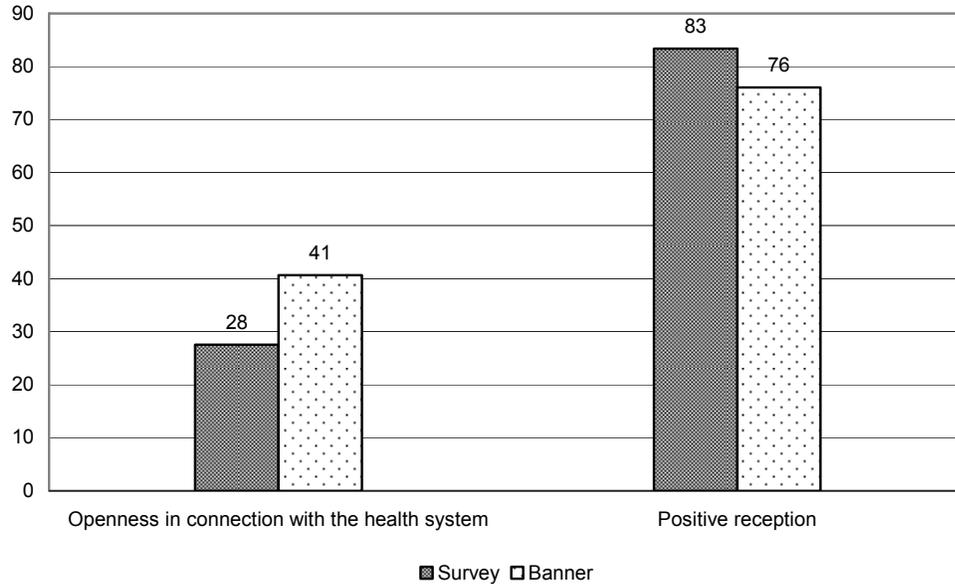
The banner survey shows that gay and lesbian people, generally speaking, are more open in connection with the health system than bisexuals. Bisexual men are less open in connection with the health system than bisexual women. Bisexual women become more open the older they get.

The survey shows there is no difference between gay and lesbian people and bisexuals as regards reception by health care personnel. In the banner study bisexuals have experienced a lesser portion of positive reception than gay and lesbian people. Between 16-44 years of age bisexual men are not received by health care personnel as well as gay men of the same age. Late in life it is bisexual women who have not experienced as big a portion of positive response from health care personnel as lesbians of the same age.²⁶

²⁶ Figure showing positive reception by health care personnel, categorized by gender. Banner study. See the extensive online report in Danish. Figure 6.3 Appendix, Table 6.3 sexual orientation.

Gender identity

Figure 5.10: Transgenders who have been open in connection with the health system and who have received a positive reception from health care personnel. Percentage. Survey. Banner study



Transgenders are less open in connection with the health system than gay and lesbian people and bisexuals are. However, in comparison with the survey, the banner study shows that twice as many transgenders are open in connection with the health system. Those who are open have experienced the reception they received as being predominantly positive. This coincides with how gay and lesbian people and bisexuals experience health care personnel (Figure 5.10).

The banner study shows that openness in connection with the health system depends on transgenders social status. Those who are single are more open in connection with the health system than those who have a partner.

The banner study also shows that amongst transgenders it is cross dressers who are the least open and transsexuals who are the most open in connection with the health system.

5.8 Summary

Considering and talking about ones sexual orientation/transgender

The survey shows that gay and lesbian people were considerably younger than both bisexuals and the "predominantly" group when they, for the first time, considered talking about their sexuality.

A much larger portion of the "predominantly" group have never talked with anybody in connection with sexual orientation than gay and lesbian people and bisexuals, Also, to a larger degree than gay and lesbian people and bisexuals, the "predominantly" group chose to wait until later in life before they talked to anyone in

connection with their sexual orientation. The banner study supports the surveys results.

The banner study shows that transgenders first contemplated their sexual orientation later in life than transgenders who took part in the survey. The survey shows a much larger portion of transgenders who have never discussed being transgender (63 %) with anyone. In the banner study the percentage is 17 %.

Openness and reactions among family, friends, at the workplace and in school

Generally speaking LGBT people who have partners and who live in and around Copenhagen are more open in connection with family, friends, the workplace and school. The survey shows that larger portion gay and lesbian people than bisexuals are open. Bisexual men are those who are the least open in connection with family, friends, the workplace and school, and also they are notably more closed with regards to their heterosexual friends than gay and lesbian people and bisexual women. Bisexuals who are single are more open in connection with friends than those who have a partner. The banner study confirms the results of the survey.

The majority have experienced positive reactions from family, friends, the workplace and school when they have chosen to be open as regards their sexual orientation.

The survey shows that only a third of transgenders have been open in connection with family and friends, and only a fifth have been open in connection with workplace and school. The banner study shows a different picture. Many more transgenders have been open about being transgender and when they have chosen to be open they have predominantly received a positive reaction. However, there has been a larger portion of negativity in connection with workplace and school than in connection with family and friends.

Concealing oneself

Both the survey and banner study show that bisexual men, to a larger degree than gay men and women and bisexual women, try to conceal their sexual orientation. The methods they use are neglecting to tell others about their sexual orientation and not kissing or hugging in public.

Openness in connection with and response from the health system

Gay and lesbian people are, generally speaking, more open in connection with the health system than bisexuals. They also receive more positive response from health care personnel. Bisexual women between the ages of 16-29 are less open than lesbians of the same age. Bisexual men are less open between the ages of 30-40 than gay men.

Transgenders are less open than gay and lesbian people and bisexuals in connection with the health system.

6 Discrimination

In this chapter we will deal with discrimination of LGBT people. In both the survey and the banner study many questions were asked about discrimination. The survey on heterosexuals, on the other hand, had no questions concerning discrimination.

Question asked: *Did you know that in compliance with Danish law it is forbidden to discriminate on the grounds of sexual orientation?*

The results show that almost all (91 %) gay and lesbian people and bisexuals know that discrimination is forbidden. Only 7 % answered they did not know this. Moreover 2 % have reported a crime concerning discrimination.

Another question dealt directly with the experiencing of discrimination.

Have you within a period of 12 months prior to the survey, felt you have been discriminated because of your sexual orientation, transgender or any other grounds?

Answer possibilities were: *Yes, because of my sexual orientation. Yes, because of my transgender. Yes, other grounds.*

6.1 Overall discrimination

The survey shows that 15 % LGBT people have felt they have been discriminated within a period of 12 months prior to the survey. Of the 15 %, 6 % have felt discriminated because of their sexuality, whilst 9 % have felt discriminated because of other reasons. Unfortunately we do not know what the expression “other reasons” covers. Possibly it means discrimination because of ethnical background, religion, race, gender or age.

Figure 6.1: Persons who have felt discriminated within a period of 12 months prior to the survey. Percentage. Survey

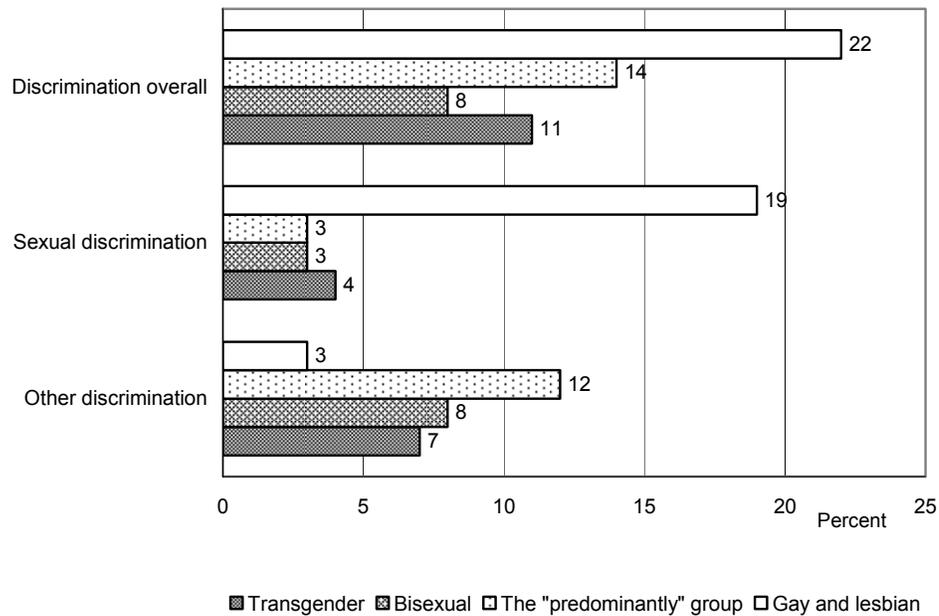


Figure 6.1 shows that the group who mostly feels they have been discriminated is gay and lesbian people. 22 % have felt discriminated on the whole, and 19 % have felt discriminated especially in connection with their sexuality. Only 3-4 % of the respondents from the other groups have felt they have been discriminated because of their sexuality.

A specific question was asked in connection with the discrimination of transgenders. We can ascertain that 4 % transgenders have felt discriminated because they are transgender and 4 % ha felt discriminated because of their sexuality.

The same questions concerning discrimination were asked both in the survey and in the banner study. The banner study shows a substantial degree of discrimination in comparison with the survey. The following figures and tables are based on results from the survey, as we see this as being the most representative. See chapter 1.3.3.

Figure 6.2: LGBT people who have felt discriminated within a period of the past 12 months. Percentage. Survey

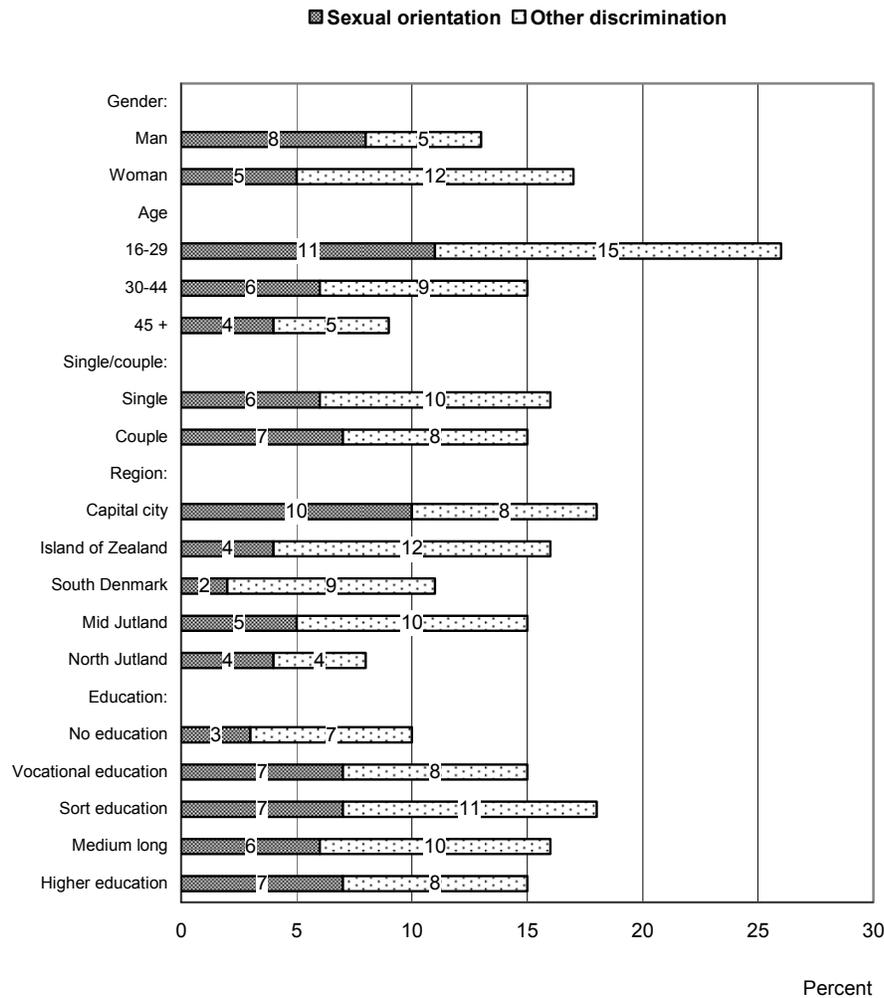


Figure 6.2 shows there is a difference between sub groups of LGBT people when it comes to discrimination. The most obvious difference relates to age. 26 % young LGBT people feel they have been discriminated, whilst only 9 % older people feel they have been discriminated. The young also experience more discrimination because of their sexual orientation than older people do.

Figure 6.2 also shows that women as a whole more often feel they are discriminated than men, but when it comes to sexual orientation men experience more discrimination.

In connection with region, LGBT people experience more discrimination in the capital than they do in the north of Jutland. (Translators note: The main land.) As regards discrimination in connection with sexual orientation, LGBT people experience less discrimination in the south of Denmark than they do in and around Copenhagen.

Notably, the survey shows only a minimal difference as regards discrimination in answers relating to education and being single or a couple. However, people with

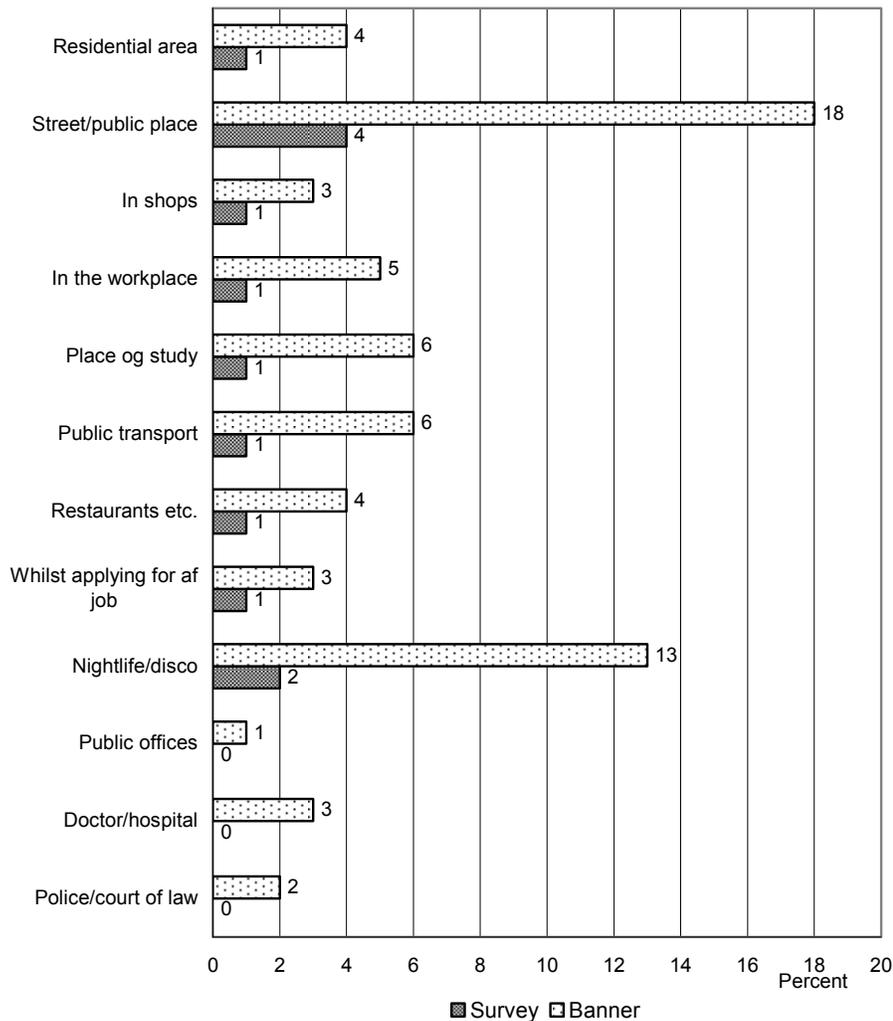
no education seldom experience discrimination because of their sexual orientation.

There is no notable or significant difference between men and women when it comes to discrimination in relation to sexual orientation. However, the young feel considerably more often sexually discriminated than the elder generation. This is not the case in connection with the "predominantly" group.

6.2 Where is it one experiences discrimination?

The question of discrimination is connected, to a large degree, with location. The respondents have therefore been asked, where it is they have experienced discrimination.

Figure 6.3: LGBT people who have experienced being discriminated in different localities because of their sexual orientation, within a period 12 months prior to the survey. Percentage, Survey. Banner study



The survey shows that LGBT people relatively seldom feel they have been discriminated on the street and in public places because of their sexual orientation, and also not during nightlife and at discos. (Figure 6.3) The banner study shows that 18 % of the LGBT group has experienced being discriminated on the street and in public places, whilst 13 % has experienced being discriminated during nightlife or at discos. The banner study also shows that approximately 5 % of LGBT people have felt they have been discriminated because of their sexual orientation within a period of 12 months prior to the survey.

It should be noted, there is only a minimal amount of discrimination in connection with public offices, doctors, hospitals, the police and the court of law. Only a few percent have experienced discrimination in connection with these localities.

At the same time figure 6.3 shows that there is a systematical difference between the results of the survey and the results of the banner study. All in all the banner study shows a higher percentage of discrimination than the survey. This indicates that respondents in the banner study are a more outgoing group than those in the survey and most likely they are more active in connection with nightlife.

In the following we discuss discrimination as a result of sexual orientation on streets, in public places, during night life and at discos. These are the two places LGBT people experience the most discrimination.

6.2.1 On the street and in public places

Figure 6.4: Men and women of different sexual groups who have felt they have been discriminated because of their sexual orientation on the street and in public places. Percentage. Survey. Banner study

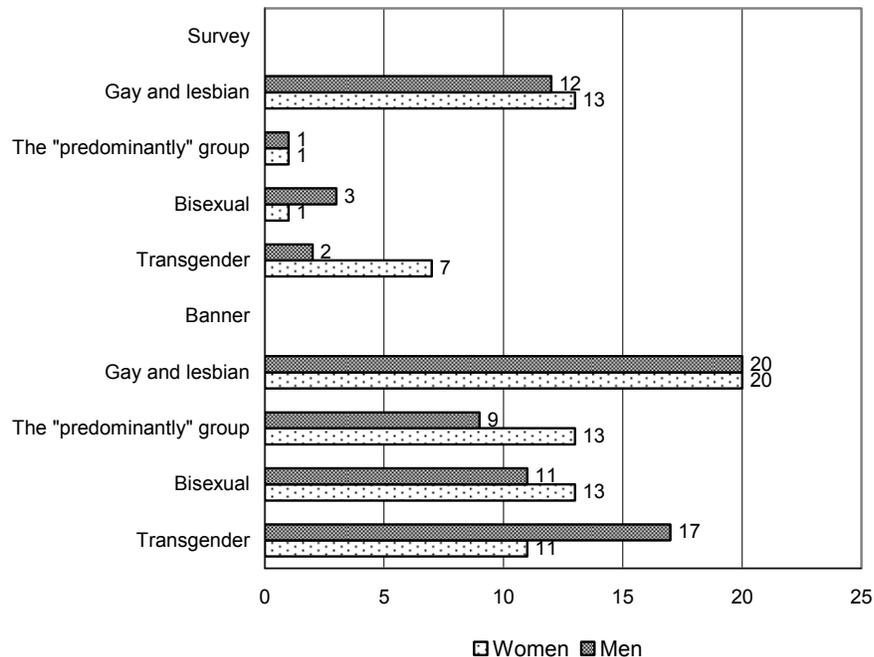


Figure 6.4 shows that it is gay and lesbian people who have experienced most discrimination on the streets and in public places. In the survey 12 -13 % gay and lesbian people feel discriminated. There is no difference between gays and lesbians. In the banner study 20 % gay and lesbian people feel they have been discriminated on the streets and in public places. Again there is no difference between gays and lesbians.

The survey shows that bisexuals, the "predominantly" group and transsexuals nearly never feel discriminated because of their sexual orientation on the streets and in public places, while discrimination is more widespread (approx. 10 %) according to the banner study results. There is no significant difference between men and women, i.e. except for transgenders. When comparing the survey and the banner study, gender difference amongst transgenders is reversed. The survey shows that transgender men experience the most discrimination, whilst the banner study shows that transgender women mostly feel they are discriminated because of their sexuality.

6.2.2 During nightlife and at discos

Figure 6.5: Men and women of different sexual groups who have felt they have been discriminated because of their sexual orientation during nightlife and at discos. Percentage. Survey. Banner study

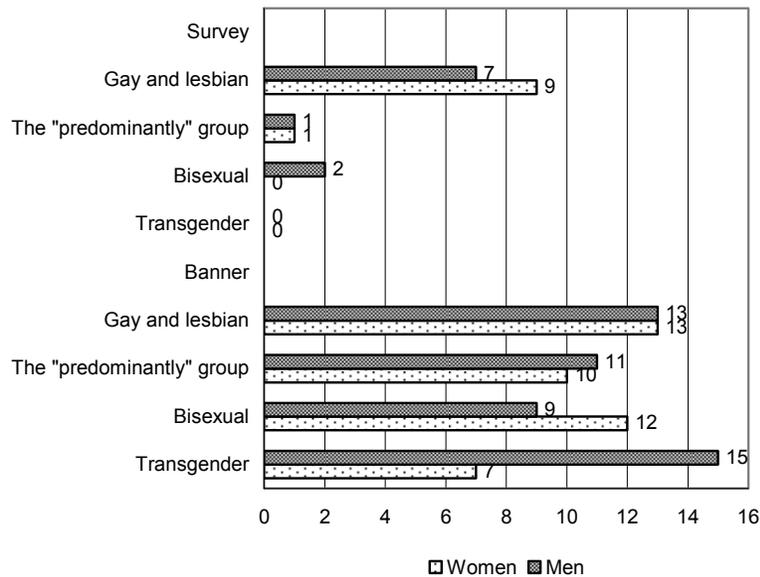


Figure 6.5 shows the extent of discrimination during nightlife and at discos amongst people of the different sexual groups. The survey shows that it is mostly gay and lesbian people who experience discrimination during nightlife and at discos. 7-9 % have experienced being discriminated because of their sexual orientation. There is no significant difference between men and women. Other sexual groups have as good as never been exposed to discrimination during nightlife.

If we, on the other hand, use results from the banner study, a completely different picture emerges. 10-15 % in all groups have felt they have been discriminated

within a period of 12 months prior to the survey during nightlife because of their sexual orientation. There is only a marginal difference between the different sexual groups, and gender difference is not significant. The only transgression is, transgender men more often experience discrimination than transgender women.

6.3 Transgenders

The survey shows that transgenders have not been exposed to any large extent to discrimination because of their sexual orientation. The banner study shows that this form of discrimination is considerably more widespread. In addition, transgenders have been asked if they have experienced discrimination because they are transgender. Figure 6.6 shows specifically the relationship between different types of discrimination and transgenders according to the banner study.

Figure 6.6: Transgenders who have felt they have been discriminated because they are transgender, or other forms of discrimination within a period of 12 months prior to the survey. Percentage. Banner study

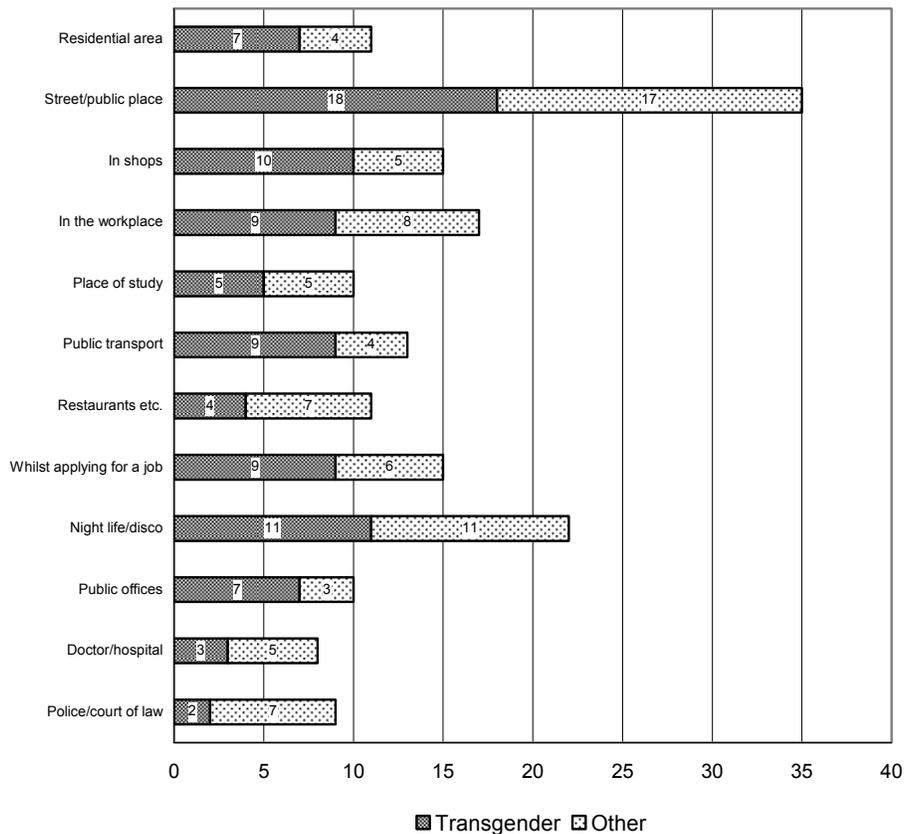
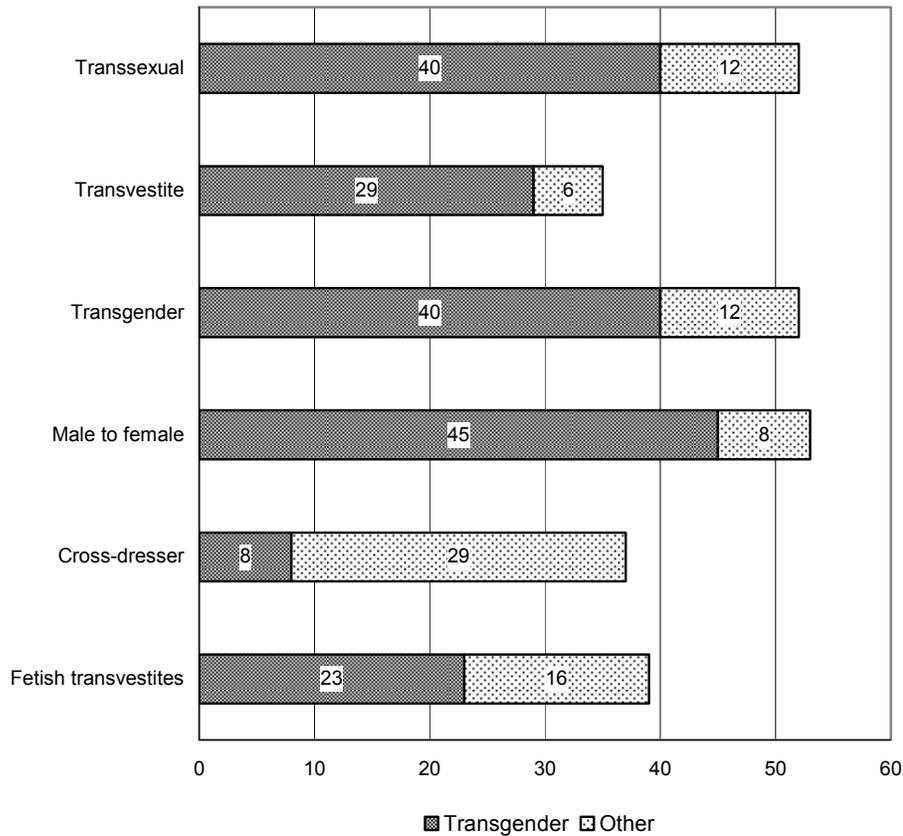


Figure 6.6 shows that transgenders are especially exposed to discrimination on the streets and in public places, also during nightlife and at discos. They experience that they have been discriminated both because they are transgender and because of their sexual orientation.

All sub-categories of being transgender have been asked if they feel they are discriminated because they are transgender. Some categories consist of too few res-

pondents. These and are therefore omitted because of their statistical uncertainty. Our criterion for taking part in the analysis is min. 25 respondents.

Figure 6.7: Transgenders who have felt they have been discriminated because they are transgender, and other forms of discrimination within a period of 12 months prior to the survey. Percentage. Banner study



The three groups of transgenders who are most exposed to discrimination are transsexuals, transgenders and Male to Female (MtF). More than half of the people in this group have felt they have been discriminated within a period of 12 months prior to the survey. Transvestites, cross-dressers and fetish transvestites have, to a lesser degree, felt they have been discriminated (35-40 %).

Additionally, figure 6.7 shows that cross dressers have experienced discrimination because of their sexual orientation, whilst it is more seldom the case with transvestites or Male to Female (MtF).

6.4 Discrimination of children and parents

Respondents with children were asked some specific questions. *Have you experienced being discriminated or mobbed as a parent because of your sexual orientation?* And *“Have your children been discriminated or mobbed because of your sexual orientation?”*

The survey shows that only 1-2 % of parents and children feel that they have been discriminated or mobbed because of their sexual orientation.

The results of the banner study show a higher percentage of parents who feel they or their children have been discriminated or mobbed because of their sexual orientation. 18 % have experienced this as a parent and 13 % state that their children have experienced discrimination or mobbing because of their parents sexual orientation. It is seldom the professional personnel who discriminate or mob, but “other people” and in some cases also authorities.

6.5 Summary

The survey shows that sexual minorities are discriminated to a certain extent. 15 % LGBT people as a whole have felt they have been discriminated within a period of 12 months prior to the survey. 6 % have felt they have been discriminated because of their sexual orientation, whilst 9 % have felt they have been discriminated for other reasons. Additionally some people (2 %) have reported cases of discrimination to the police.

Gay and lesbian people have most often felt they have been discriminated because of their sexual orientation (19 %). In the rest of the LGBT group only 3 % have felt they have been discriminated because of their sexual orientation. Furthermore 4 % transgenders have felt they have been discriminated because of their sexuality.

The place where the LGBT group has most often experienced discrimination is on the streets and in public places. In these locations 7 % LGBT people have felt they have been discriminated within a period of the past 12 months. Additionally, 4 % have felt they have been discriminated during nightlife and at discos. 3 % have experienced discrimination whilst applying for work, in shops, at places of study and the workplace. It is notable, that in connection with public offices, doctors, hospitals, the police and in the court room as good as nobody has experienced discrimination.

The banner study shows that transgenders are especially exposed to discrimination on the streets, in public places, during nightlife and at discos. Here they have experience being discriminated both because they are transgender and because of their sexual orientation. But there are also cases of discrimination of transgenders – but to a lesser degree – in many other localities, e.g. shops, public transport, and in residential areas. However very little discrimination is experienced in connection with public offices, doctors, the hospital, the police and the court room.

Three groups of transgenders are the most exposed for discrimination: transsexuals, transgenders and Male to Female. More than half have experienced discrimination within a period of 12 months prior to the survey. Additionally three other groups of transgenders have experienced discrimination to lesser degree: transvestites, cross dressers and fetish transvestites (35-40 %).

7 Health

This chapter contains results of a number of questions in connection with the physical state of health of the respondents. Primarily, respondents have been asked to assess their own health in accordance with the SUSY survey of 2005. The question has been taken directly from SF – 12 which is a standard questionnaire. In its entirety it is used to describe the quality of health in the population as a whole with the help of 12 questions. We have chosen to use only 3 of these. It is therefore not possible to compare the quality of health in the same way as SUSY. We are only able to compare the questions individually.

7.1 Self assessed health

Self assessed health is a well known concept which has been used in a number of surveys in connection with the general health of the population.

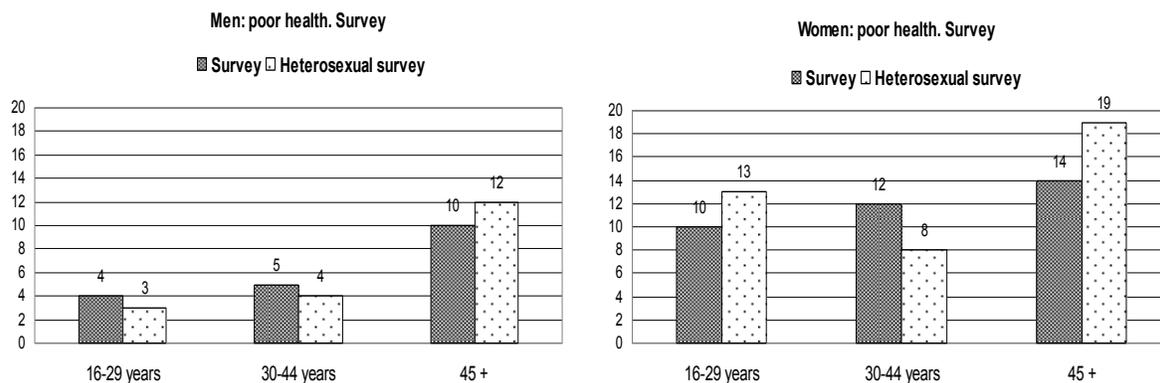
Table 7.1: Self assessed health. Percentage

| | Survey | Banner study | Heterosexual survey | SUSY 2005 |
|---------------------|--------|--------------|---------------------|-----------|
| Excellent..... | 15 | 23 | 17 | 13 |
| Extremely good..... | 42 | 44 | 39 | 40 |
| Good..... | 33 | 26 | 34 | 36 |
| Not so good | 9 | 7 | 9 | 9 |
| Poor..... | 2 | 1 | 1 | 2 |
| total..... | 100 | 100 | 100 | 100 |
| Number (N)..... | 946 | 2.412 | 523 | 11.238 |

Self assessed health has been researched with the help of the following question: *How do you, as a whole, assess your health?* The answer possibilities were: *Excellent. Extremely good. Good. Not so good. Poor.* Those who answered excellent, extremely good or good were evaluated as having good self assessed health. Those who answered not so good or poor were evaluated as having poor self assessed health.

In connection with the first question on self assessed health there was a significant difference between how the different groups have answered. On the whole LGBT people have just as good self assessed health as the rest of the population. The survey shows a significant difference only in regards to gender and age (Table 7.1).

Figure 7.1: Self assessed health, categorized by gender and age. Percentage. Survey. Heterosexual survey



The survey shows a larger percentage of LGBT women between the ages of 30-44 who have assessed their health as being not as good as that of heterosexual women. Otherwise there is no significant statistical difference in the numbers (Figure 7.1).

Amongst LGBT people it is those with a partner, the young and those with a higher education who, to a higher degree, assess their health as being good. Generally speaking more men among LGBT people assess their health as being good.

In the survey there is no connection between sexual orientation and gender identity as regards the question of self assessed health.

That which separates the banner study from the survey is the fact that it is mostly those with “another gender” who assess their health as being poor.

7.1.1 Summary

LGBT people in the survey have generally speaking good self assessed health. They have, according to the SUSY survey, generally speaking, better self assessed health than the rest of the population. Between the ages of 30 – 44 LGBT women have a higher percent portion with poor self assessed health than heterosexual women.

7.2 Physical health

Physical health has been researched with the help of questions concerning the occurrence of pain and prolonged illness.

7.2.1 Pain or discomfort

In the questionnaire there were 11 questions on pain or discomfort. The questions concerning pain and discomfort were: *Have you, within a period of the past 14 days, been troubled by the stated forms of pain or discomfort?* This question was followed by 11 different forms of pain or symptoms. The answer possibilities were; *Yes, very much. Yes, a little. No.* In the analysis we have focused on the answer *Yes, very much.*

LGBT women in the survey have, generally speaking, a higher occurrence of much discomfort and symptoms, within a period of 14 days prior to the survey, than men. This is in accordance with the SUSY survey of the population as a whole. Also here it is clear that women have a higher occurrence of discomfort and symptoms than men. (SUSY2005 p. 156). LGBT women between the ages of 25-44 have experienced, to a higher degree and within a period of 14 days prior to the survey, the biggest portion of discomfort and symptoms in comparison to women as a whole in the rest of the population²⁷.

Only in connection with questions concerning discomfort in the form of anxiety, nervousness and unease or despondency, depression and feeling distraught did LGBT people and heterosexuals differ.

Figure 7.2: Those who have suffered much inconvenience in connection with anxiety, nervousness and unease, categorized by age. Percentage. Survey. Heterosexual survey

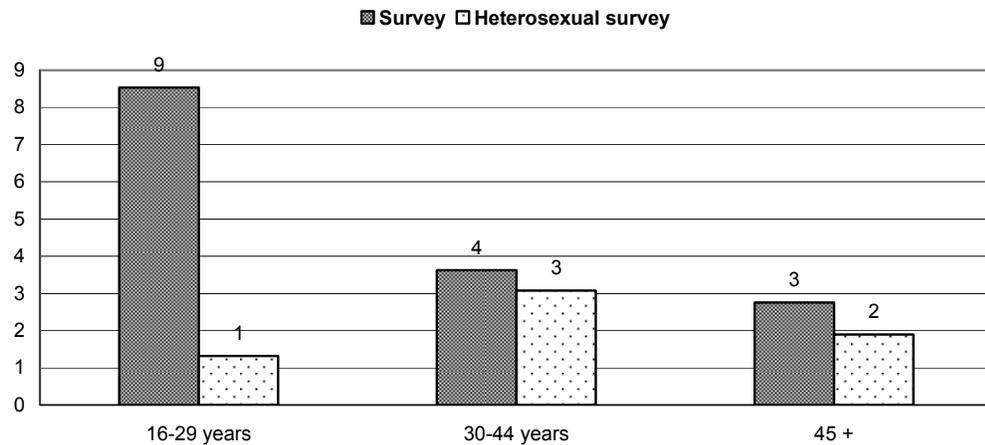


Figure 7.2 shows there is a big difference between how much anxiety, unease and nervousness young LGBT people (9 %) experience in comparison to young heterosexuals (1 %). In connection with gender and with the older age group there is no significant difference. The Swedish survey of 2006 also shows that the LGBT group has a larger portion of nervousness, unease and anxiety than the rest of the population²⁸.

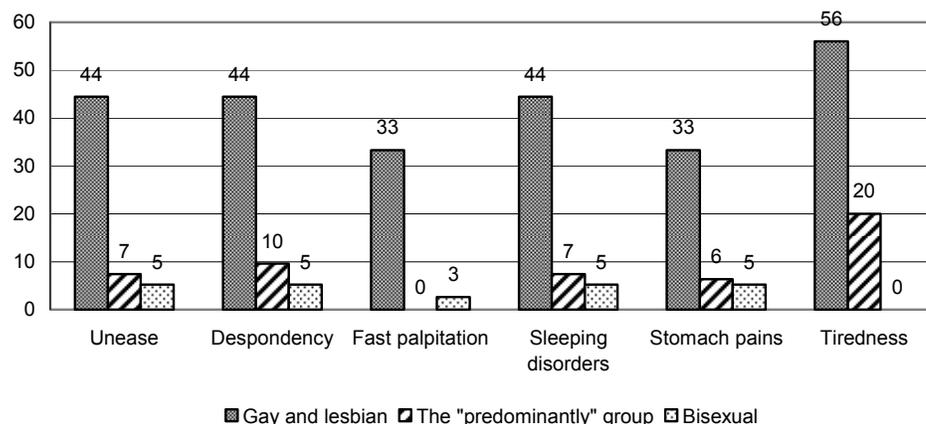
In answer to the question on despondency, depression and feeling distraught within a period of 14 days prior to the survey, the statistical analysis shows that LGBT men who are 45 + have experienced more inconvenience with this than other men²⁹.

²⁷ For further details see the extensive online report in Danish. Table 8.1.

²⁸ Roth, Niklas, Boström, Gunnel & Nykvist, Karin, *Hälsa på lika villkår? Hälsa och livsvillkår bland HBT- peroner*, Statens Folkhälsoinstitut, Stockholm, 2006.s.28.

²⁹ (29) For table showing elder mens' despondency and depression see the extensive online report in Danish, Table 8.2

Figure 7.3: Women between the ages of 16-29 who have much pain and discomfort, categorized by sexual orientation. Percentage. Survey



Lesbians between the ages of 16-29 have experienced a larger percentage of pain and discomfort, within a period of 14 days prior to the survey, than other women and men in the LGBT group. They have more unease, are more despondent, have a faster palpitation rate, more sleeping disorders, more stomach pains and are more tired.

Transgenderers are not represented in this group because there are too few transgenderers in this age group to be of any statistical significance (Figure 7.3).

Bisexual men between the ages of 30-44 are those who have experienced the largest portion of neck pain, headaches and breathing disorders, within a period of 14 days prior to the survey. However, this result is taken from a relatively small portion of men. Transgender women over the age of 45 have experienced a bigger portion back pain within a period of 3 months prior to the survey than other women and men amongst the LGBT group.

The banner study apportioned pain and discomfort differently. (For more information we refer to the online Danish version of this report).

7.2.2 Prolonged illness

Prolonged illness has been researched with the help of the following question. *Do you have a prolonged illness, prolonged after-effects of injuries, a handicap or other prolonged ailments?* The answer possibilities were: *Yes. No.*

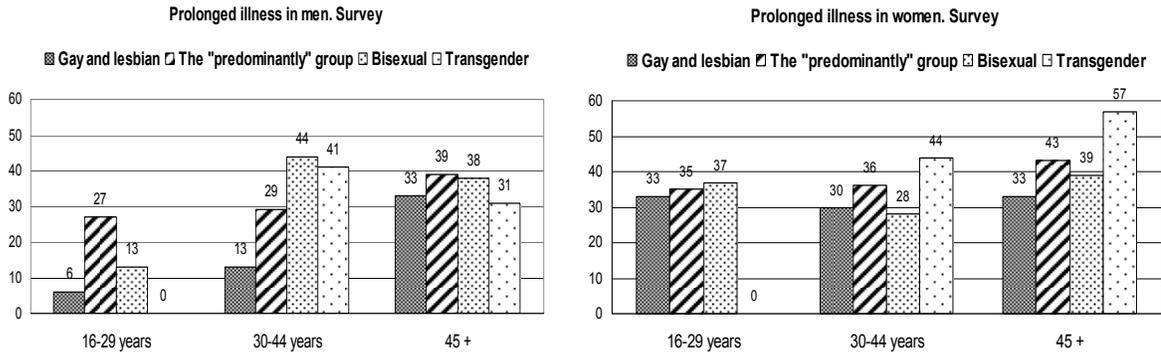
There is no significant difference between LGBT people and heterosexuals in connection with prolonged illnesses or injuries. There is also no difference in comparison to the rest of the population³⁰. The Swedish survey shows that amongst LGBT in Sweden prolonged illness is more common than in the rest of the population. Our survey cannot verify that this is the case in Denmark³¹.

³⁰ For further details see the extensive online report in Danish. Table 8.3.

³¹ (31) Roth, Niklas, Bostrom. Gunnel & Nykvist, Karin, *Halsa på lika vilkår? Halsa och livsvilkår bland LGBT people*. Statens Folkhälsoinstitut, Stockholm 2006 p.38.

Amongst LGBT people in the survey it is mostly women who have had a prolonged illness or a handicap. Other surveys show that it is elder people and those with only a short education who are most exposed to prolonged illnesses.

Figure 7.4: Those who have a prolonged illness, after-effects of injuries, a handicap or other prolonged ailments, categorized by sexual orientation, gender and age. Percentage. Survey



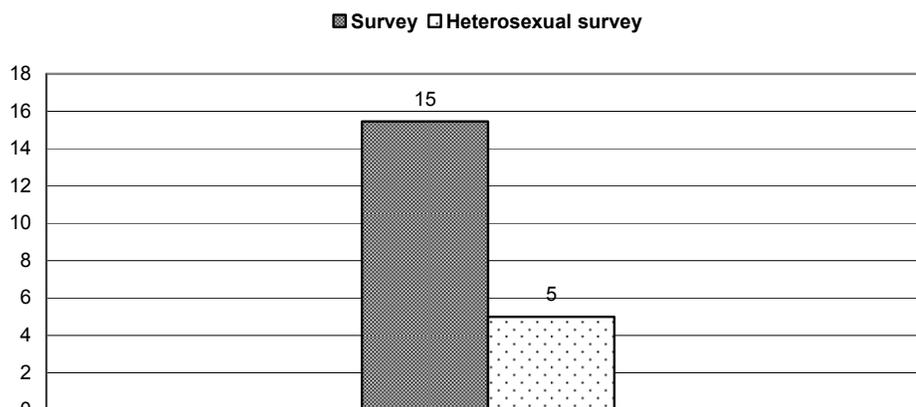
Amongst LGBT people it is bisexual men between the ages of 30-44 who have a larger portion of prolonged illness, whilst gay and lesbian people have the smallest portion of prolonged illness (Figure 7.4). The banner study shows that transgender men in the same age group have a larger percentage of prolonged illness than any other group.

7.2.3 Contact with doctors or other practitioners

The only significant difference between the survey and the heterosexual survey is in connection with contact to alternative practitioners within a period of 3 months prior to the survey. LGBT people in the survey have, to a higher degree than heterosexuals, made use of alternative practitioners. In comparison with the rest of the population, the heterosexual control panel shows a much larger portion of people who have been in contact with practitioners within the health service than those who have taken part in the SUSY survey. Because the participants in the survey resemble those in the heterosexual control panel in connection with contact to the health service, it implies that LGBT people have also had contact with the health service to a larger degree than the rest of the population³².

³² See appendix Table 8.5.

Figure 7.5: Women between the ages of 30-44 who have contacted alternative practitioners within a period of 3 months prior to the survey and the heterosexual survey. Percentage



If we look at gender and age in connection with visiting an alternative practitioner, the survey shows that LGBT women between the ages of 30 – 44 have, in comparison to heterosexual women, to a larger degree been in contact with alternative practitioners (Figure 7.5).

Amongst LGBT people, bisexuals to a larger degree have been in contact with a medical specialist, whilst the "predominantly" group have to a larger degree been hospitalized. Transgenders have to a larger degree been in contact with a community nurse than any other group, i.e. more than once during a period of 3 months prior to the survey.

The banner study shows some differences in connection with how much each group has been in contact with the health system.

7.2.4 Cervical smear test

In 1986 the Nation Board of Health in Denmark (Sundhedsstyrelsen) recommended that organized cervical smear test should be made every third year³³. The Danish health system offers therefore, all women between the ages of 23-59 a cervical smear test every third year. This enables the screening for cancer in the uterus. Nordic surveys have proven that the number of occurrences and also the mortality rate fell after this organized screening program began³⁴.

Cervical smear test was researched with the help of the following question: *When have you last had a cervical smear test?* Answer possibilities: *Within the last year. 1-3 years ago. More than 3 years ago. Never. Do not wish to answer.*

³³ Lyng E. Screening for kræftsygdomme. International viden og dansk praksis. Ugeskrift for Læger, 2002;164:2892-7.

³⁴ Ibid.

Table 7.2: Those who have undergone a cervical smear test. Percentage

| | Survey | Banner study | Heterosexual survey | SUSY 2005 |
|------------------------------|--------|--------------|---------------------|-----------|
| Within the past 12 months .. | 30 | 22 | 23 | 33 |
| Between 1-3 years ago | 36 | 32 | 36 | 39 |
| More than 3 years ago | 14 | 10 | 12 | 14 |
| Never | 13 | 33 | 22 | 13 |
| Do not wish to answer | 6 | 3 | 7 | 1 |
| Total | 100 | 100 | 100 | 100 |
| Number (N)..... | 543 | 719 | 257 | 5.271 |

Those who have answered they have no uterus or their womb has been removed have been coupled together – i.e. in the group “Do not wish to answer”.

There is no significant difference between LGBT women and the rest of the population as regards frequency of cervical smear tests undergone within a period of 3 years or less. On the other hand, the heterosexual control survey shows that many more heterosexual women have never undergone a cervical smear test in comparison to both LGBT people in the survey and the SUSY survey of 2005 (Table 7.2).

Closer examination of these figures shows that education plays an important role when it comes to the cervical smear test. Women without any education or with only a short education tend more often not to undergo a cervical smear test than women with a longer education³⁵.

Figure 7.6: Women who have never undergone a cervical smear test, categorized by age. Percentage. Survey. Heterosexual survey

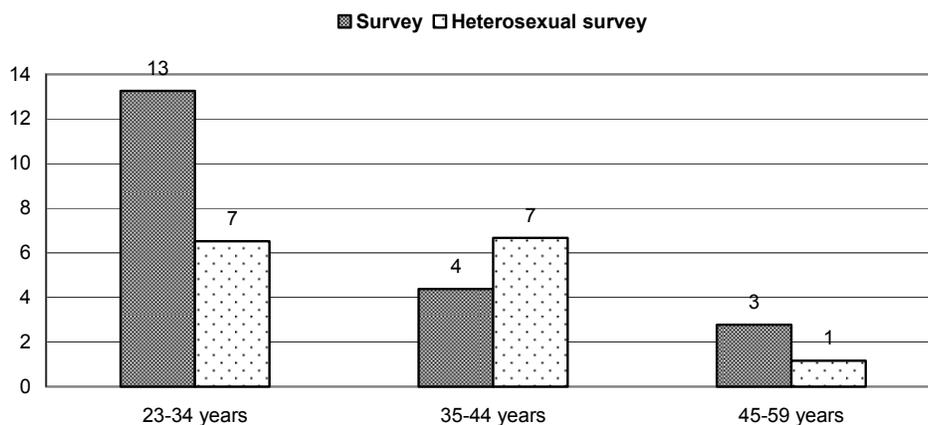


Figure 7.6 shows that a larger portion of young LGBT women in comparison with heterosexual women of the same age have not taken up on the offer of a cervical smear test. According to a Swedish survey, a larger portion of lesbian and bisex-

³⁵ For further details see the extensive online report in Danish. Table 8.6.

ual women (16 %) have taken up on the offer of a cervical smear test than heterosexual women (10 %)³⁶.

Both the survey and the banner study show that there is no significant statistical difference as regards sexual orientation and gender identity in connection with those who have never undergone a cervical smear test. Both reports show that it is women between the ages of 23-34 who have never undergone a cervical smear test. The survey shows that a larger portion of women who live in Århus, Odense and Aalborg have never undergone a cervical smear test, whilst the banner study shows that it is especially women with a short or a practical education who have never undergone a cervical smear test.

7.3 Summary

Pain or discomfort

Only in connection with two of the questions on pain and discomfort did LGBT peoples' answers differ from heterosexuals. In connection to the question on anxiety, nervousness and unease, young LGBT people between the ages of 16-29 have a higher portion discomfort than heterosexuals. Elder LGBT men are more despondent, depressed and feel more distraught than elder heterosexual people.

The survey shows that among LGBT people women, generally speaking, have a higher portion of pain and discomfort than men. This is in accordance to the SU-SY survey. It is the young lesbian between the ages of 16-29 who has the highest portion of pain and discomfort as regards unease, despondency, fast palpitation, sleeping disorders and stomach pains. Bisexual men between the ages of 30-44 have a higher portion of neck pain, headaches and breathing disorders than other LGBT people.

Prolonged illness

There is no significant difference between LGBT people and heterosexuals in the survey as regards prolonged illness. Among LGBT people in the survey, bisexual men between the ages of 30-44 are those who often have a prolonged illness.

Contact with doctors and other practitioners

The survey shows that LGBT women have, to a larger degree, been in contact with alternative practitioners than those in the heterosexual control survey. In connection with sexual orientation and gender identity, bisexuals to a higher degree have been in contact with medical specialists, whilst the "predominantly" group have, to a higher degree, been hospitalized. Transgenders have to a higher degree than other groups been in contact with a community nurse more than once during a period of 3 months prior to the survey.

³⁶ 36 Moegelin, Lena, Parmhed, Sule, Mottagning för lesbiska i Stockholms läns landsting och RFSL, *Seminarium om lesbiska och bisexuella kvinnors hälsa- 2005-05-13*, Stockholms läns landsting och RFSL. Stockholm. 2005. Eller se på: <http://www.sll.se/Handlingar/HSU/2006/2006-02-16/06mBilaga2.PDF>, s. 17.

Cervical smear test

There is no difference between LGBT women in comparison to women from the rest of the population as regards use of cervical smear tests. However, both the survey and the banner study show that many young women between the ages of 23-34 have never undergone a cervical smear test. A closer examination shows that education plays a role in this, in that women with no education or with only a short education tend more often not to undergo a cervical smear test.

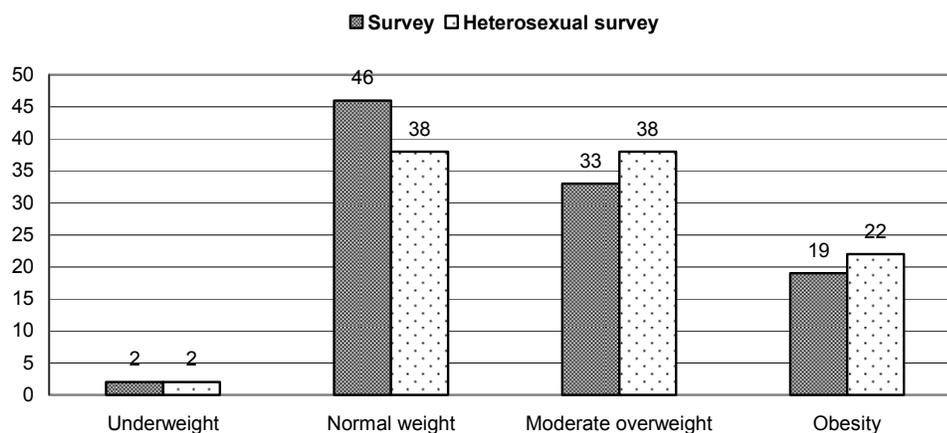
8 Health behavior

This chapter deals with health behavior, in other words, over- and under weight, smoking, alcohol, illegal drugs and exercise.

8.1 Obesity, overweight and underweight

Obesity is fast becoming a public health hazard throughout most of the western world. For example, overweight can increase the risk for type 2 of diabetes, be the cause of cardiovascular disease, high blood pressure, various cancers and strain on the musculoskeletal system³⁷. Overweight and underweight has been researched by the help of a BMI calculation³⁸ in connection with the questions: *How tall are you? How much do you weigh?*

Figure 8.1: Overweight and underweight. Percentage. Survey. Heterosexual survey



LGBT people, to a minor degree than heterosexuals, are less overweight (Figure 8.1). The Swedish survey shows similar results i.e. LGBT people in Sweden are slightly less overweight than the rest of the Swedish population³⁹. The SUSY survey shows that 11 % of the Danish population suffers from obesity⁴⁰. In other words, those who have taken part in the heterosexual control survey have a bigger portion of overweight than the rest of the population.

Among LGBT people in the survey there is a larger tendency to overweight if the person is in a partnership, has no or only a short education or lives in a town with

³⁷ Sundhed og sygelighed i Danmark 2005 og udviklingen siden 1987, Statens Institut for Folkesundhed, København, 2006 s. 114.

³⁸ BMI is calculated with the help of the formula kg/m^2 . We have used WHO's definition of weight groups: Underweight $\text{BMI} < 18,5$, Normalweight $18,5 \leq \text{BMI} < 25,0$, Moderat overvægt $25,0 \leq \text{BMI} < 30,0$, Svær overvægt $\text{BMI} \geq 30,0$.

³⁹ Roth, Niklas, Boström, Gunnel & Nykvist, Karin, *Hälsa på lika villkår? Hälsa och livsvillkår bland HBT-personer*, Statens Folkhälsoinstitut, Stockholm, 2006 s.38.

⁴⁰ Sundhed og sygelighed i Danmark 2005 og udviklingen siden 1987, Statens Institut for Folkesundhed, København, 2006 s. 114.

under 20.000 inhabitants in the north of Jutland. The survey shows no statistical difference in connection with sexual orientation or transgender.

The banner study shows that among LGBT people transgenders who are 45 years and more are those who are the most overweight. Also those who live on the island of Zealand in comparison with other regions are, to a larger degree, overweight.

8.2 Smoking

Smoking is one of the biggest risk factors in connection with the mortality rate in Denmark. Smoking also increases the risk of contracting a long list of illnesses e.g. lung cancer and cardiovascular disease. Heavy smokers die approx. 8-10 years earlier compared to those who have never smoked.

Smoking has been researched with the help of the following question: *Do you smoke on a daily basis?* Answer possibilities: *No. Yes, less than 15 times a day. Yes, more than 15 times a day.* Those who have smoked more than 15 times a day are calculated as being heavy smokers⁴¹.

Table 8.1: Those who smoke on a daily basis. Percentage. Survey, Banner study. Heterosexual survey. SUSY 2005

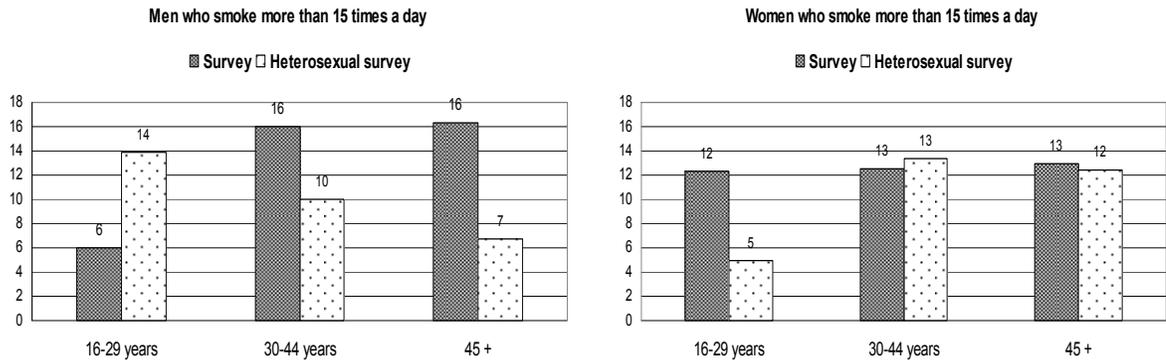
| | Survey | Banner study | Heterosexual survey | SUSY 2005 |
|---|--------|--------------|---------------------|-----------|
| No..... | 69 | 68 | 77 | - |
| Yes, on an average less than 15 times a day | 18 | 15 | 12 | - |
| Yes, on an average more than 15 times a day | 14 | 17 | 11 | 17 |
| Total | 100 | 100 | 100 | 17 |
| Number (N)..... | 946 | 2.412 | 523 | 14.566 |

Table 8.1 shows that LGBT people in the survey (14 %) are, to a higher degree than the heterosexual control group, heavy smokers. In the population as a whole SUSY 2005 shows that 17 % are heavy smokers (Table 8.1). In other words, LGBT people who have taken part in our survey do not smoke as heavily as the rest of the population.

The survey shows that amongst LGBT people it is often those without a partner and also those who have no education or only a short education who smoke the most.

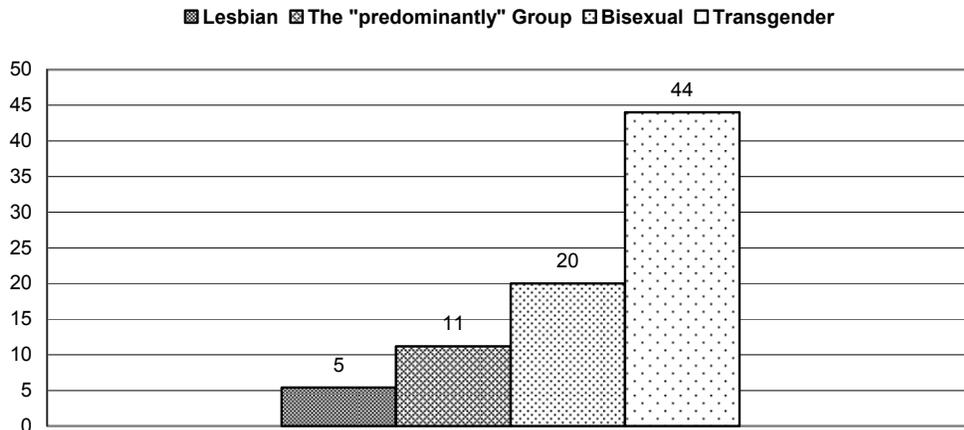
⁴¹ Ibid. P. 76. SUSY 2005 has asked questions concerning smoking in a different manner than we have. The consequence of this is, we are not able to compare the two studies.

Figure 8.2: Men and women who smoke more than 15 times a day, categorized by gender and age. Percentage. Survey. Heterosexual survey



Young LGBT women between the ages of 16-29 smoke more than young LGBT men in the same age group. LGBT men 45 years of age or more smoke twice as often more than 15 times a day than heterosexual men in the control group (Figure 8.2). However, heterosexual men smoke less than men in the rest of the population. This means that LGBT men do not smoke more than men in the rest of the population⁴². The Swedish survey also showed that LGBT people on a daily basis, smoke to a greater extent than the rest of the population⁴³.

Figure 8.3: Women between the ages of 30-44 who smoke more than 15 times a day, categorized by sexual orientation. Percentage. Survey



The survey shows that it is transgender women between the ages of 30-44 who are often the heaviest smokers. The banner study confirms that it is transgender women who are the heaviest smokers amongst LGBT people (Figure 8.3). The banner study shows that it is transgender women who live with a partner who are the heaviest smoker.

⁴² For further details see the extensive online report in Danish. Table 9.1.

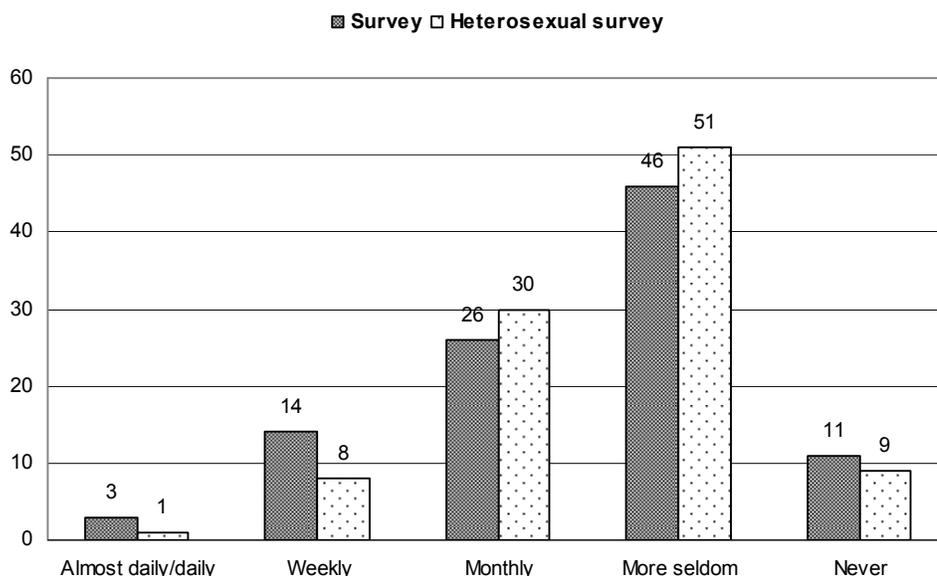
⁴³ (43) Roth, Niklas, Boström, Gunnel & Nykvist, Karin, *Hälsa på lika villkår? Hälsa och livsvillkår bland HBT- peroner*, Statens Folkhälsoinstitut, Stockholm, 2006 s. 51.

8.3 Alcohol

Consumption of alcohol was researched with the help of the following questions: *How often do you drink something that contains alcohol? How many units do you typically drink when you drink alcohol? How often do you drink 5 or more units at one time?*

On the basis of the three variables which measure the consumption of alcohol in this survey, we have measured how many people are in the high-risk group in connection with their alcohol consumption. Those who are included in this high-risk group are those who have answered Yes to at least two of the three following statements: *They drink alcohol 3-7 times a week. They drink typically 5-10 or more units when they drink. They drink 5 or more units daily or weekly.* According to the AUDIT test⁴⁴ these people are in the risk group in connection with detrimental alcohol consumption.

Figure 8.4: How often do they drink five or more than five units when they drink alcohol? Percentage. Survey. Heterosexual survey



Research has proven that the pattern of drinking plays a part in how alcohol affects illness and mortality. If one has a small but steady alcohol consumption, alcohol related mortality is less than if one drinks large amounts of alcohol at a given time – so-called “binge drinking”⁴⁵.

The drinking pattern in the LGBT survey and the heterosexual control survey differs in that LGBT people drink less often 1-3 units a month than heterosexuals. However, when LGBT do drink, they drink 5-10 units at a time. The heterosexual control survey shows that heterosexuals drink more often than LGBT people but

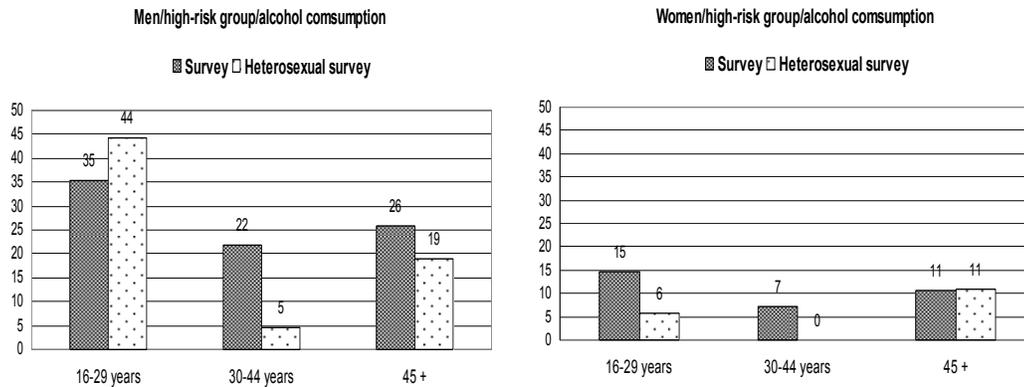
⁴⁴ <http://www.psyknet.dk/tidligere%20emner/Alkoholtest/alkoholtest.htm>

⁴⁵ Kjølner, Juel og Kamper-Jørgensen, Folkesundhedsrapporten Danmark, Statens Institut for Folkesundhed, Syddansk Universitet, København, 2007, s. 212.

they drink not as many units each time. This means that LGBT people, to a higher degree, practice “binge drinking” than the heterosexual control group.

Figure 8.4 shows that when LGBT people drink, they more often drink more than 5 units at a given time than heterosexuals. In the rest of the population 10 % drink more than 5 units at a given time when they drink.

Figure 8.5: Men and women in the high-risk group in connection with their alcohol consumption, categorized by age. Percentage. Survey. Heterosexual survey



In both surveys men are, generally speaking, those who have the greatest tendency to be in the risk group in connection with their alcohol consumption. Amongst LGBT men between the ages of 30-44 there is a much larger portion in the high-risk group than amongst heterosexuals of the same age in the control group (Figure 8.5). The Swedish survey showed also that LGBT people have a bigger risk-consumption of alcohol than the rest of the Swedish population⁴⁶. Their survey showed a significant difference as regards to alcohol consumption between young LGBT women and the rest of the population, whilst our survey shows that it is LGBT men between the ages of 30-44 who have the highest risk- consumption.

8.4 Illegal drugs

The use of illegal drugs has been researched with the help of the following question: *Have you ever tried one or more of the following drugs?* The answer possibilities were: *No. Yes, within a period of the past month. Yes, within a period of the past 12 months. Yes, earlier.* In this analysis we have concentrated on those who have used drugs within a period of 12 months prior to the survey.

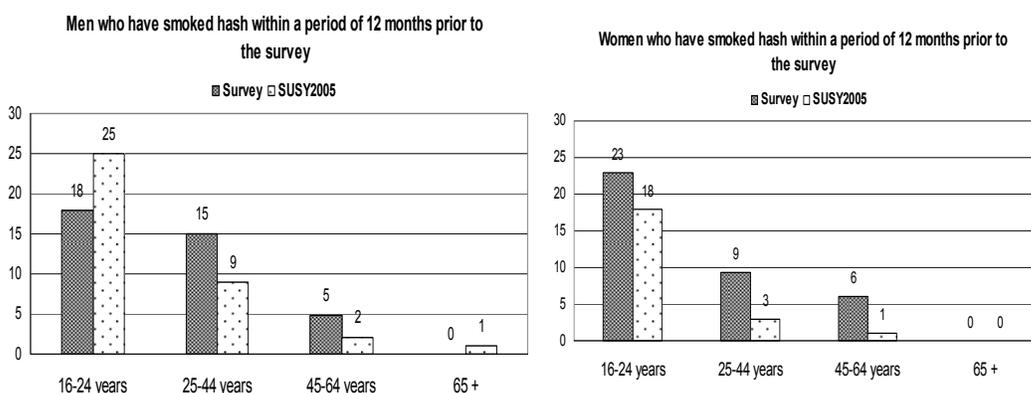
⁴⁶ Roth, Niklas, Boström, Gunnel & Nykvist, Karin, *Hälsa på lika villkår? Hälsa och livsvillkår bland HBT- peroner*, Statens Folkhälsoinstitut, Stockholm, 2006 s. 56-57.

Table 8.2: Those who within a period of 12 months prior to the survey have used one or more of the following drugs. Percentage

| | Survey (Age 16-44) | Banner study (Age 16-44) 1.788 pers. | Heterosexual survey (Age 16-44) | SUSY 2005 (Age 16-44) |
|----------------------|-----------------------|--|---------------------------------------|--------------------------|
| Hash* | 10 | 23 | 9 | 8 |
| Amphetamine | 1 | 5 | 2 | 1 |
| Ecstasy | 0 | 4 | 0 | 1 |
| Cocaine | 2 | 7 | 2 | 2 |
| LSD | 0 | 1 | 0 | 0 |
| Heroin | 0 | 0 | 0 | 0 |
| Psilocybin mushrooms | 0 | 1 | 0 | 0 |
| Other drugs* | 1 | 4 | 0 | 0 |

There is no significant difference between the survey and the heterosexual control survey. The two categories in which LGBT people differ a little from the other groups are hash smoking and other drugs. LGBT people have smoked a bit more hash than heterosexuals and the rest of the population, and have also taken other drugs within a period of 12 months prior to the survey. The banner study shows that a much higher percentage have used drugs within a period of 12 months prior to the survey than the rest of the population and those in the survey. They have used hash, ecstasy and cocaine to a much larger extent (Table 8.2).

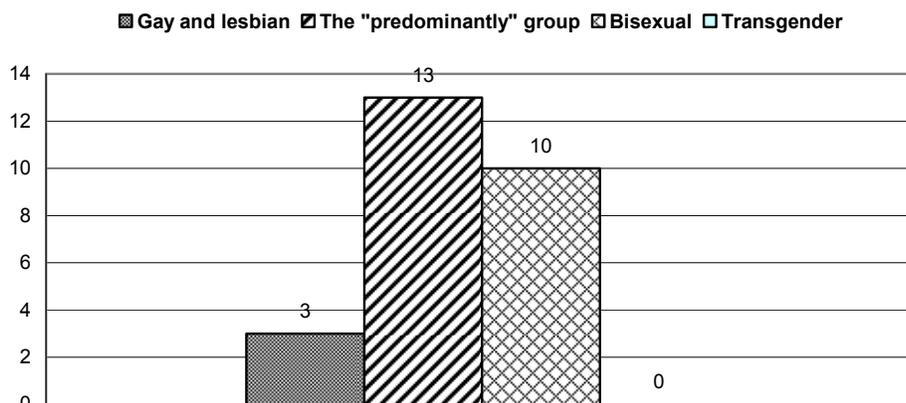
Figure 8.6: Men and women who have smoked hash within a period of 12 months prior to the survey, categorized by age. Percentage. Survey. SUSY 2006



There is a significant difference between how much hash LGBT women smoke in connection with the rest of the population. Between the ages of 16-64 LGBT the survey shows that women smoke hash to a higher degree than women in the rest of the population. LGBT men between the ages of 16-24 smoke more hash than the rest of the population⁴⁷. Amongst LGBT people in the survey there is a larger tendency toward smoking hash in the young years. Also people who are single and live in and around Copenhagen smoke more hash.

⁴⁷ Sundhed og sygelighed i Danmark 2005 og udviklingen siden 1987, Statens Institut for Folkesundhed, København, 2006 s. 121.

Figure 8.7: LGBT women who have smoked hash within a period of 12 months prior to the survey, categorized by sexual orientation. Percentage. Survey



Amongst LGBT people the survey shows that it is the "predominantly" group who have most often smoked hash within a period of 12 months prior to the survey (Figure 8.7). The "predominantly" group and bisexuals smoke most in the young years. Their consumption decreases with age. In the other groups there is no connection between consumption and age. The banner study shows that it is women who smoke the most hash, but survey shows that bisexual women smoke the most hash.

8.5 Physical activity

Physical activity has been researched with the help of the following question: *Within a period of 12 months prior to the survey, which description best matches your leisure activities?*

Table 8.3: Leisure activities within a period of 12 months prior to the survey. Percentage

| | Survey | Banner study | Heterosexual survey | SUSY 2005 |
|------------------------------|--------|--------------|---------------------|-----------|
| Inactive..... | 22 | 20 | 25 | 13 |
| Light exercise | 42 | 44 | 46 | 60 |
| Recreational athletics | 24 | 28 | 22 | 22 |
| Competition athletics | 6 | 8 | 7 | 4 |
| Total | 100 | 100 | 100 | 100 |
| Number (N) | 946 | 2.412 | 523 | 14.566 |

In accordance with the rest of the population, the majority of LGBT people take part in light exercise, e.g. walking or cycling to and from work etc. However, there is a difference between LGBT people and the rest of the population when it comes to being inactive. LGBT people tend to be more inactive than the rest of the population, although the heterosexual control survey does show as much inactivity during leisure time as with LGBT people. In other words our results differ substantially from the SUSY 2005 survey results (Table 8.3). It is difficult to say

why. The problem can lie in the methodic. On the other hand, maybe people in Catinéts panel are more inactive in connection with their free time.

The survey shows that amongst LGBT people, it is most often those who live in towns with more than 40.000 inhabitants who tend to be the most inactive during their leisure time. Those who live in cities such as Copenhagen, Odense and Aalborg are the least inactive in their leisure time.

As regards physical activity, neither the survey nor the banner study shows a significant difference in connection with sexual orientation, transgender, gender or age.

8.6 Summary

Obesity, overweight and underweight

LGBT people have a smaller portion overweight than heterosexuals. Amongst LGBT people, the survey shows that it is bisexual men between the ages of 30-44 who have the largest portion of overweight. The banner study shows that it is transgender men, 45 years or more and who lives on the island of Zealand who has the largest portion of overweight.

Smoking

A larger portion of LGBT people compared to the heterosexual control group are heavy smokers. This is not the case when LGBT people are compared with the rest of the population. Amongst LGBT people in the survey, a bigger portion of young women are heavy smokers in comparison to heterosexual women in the control survey. The survey shows that it is transgender women between the ages of 30-44 who most often are heavy smokers. The banner study confirms the surveys results. It also elaborates on transgenders. Those who live in a partnership smoke more than singles.

Alcohol

LGBT people have a larger portion of alcohol consumption than heterosexuals. The survey shows that LGBT people tend more to “binge drink” than heterosexuals. LGBT people in the survey have a larger consumption of alcohol than heterosexuals in the control survey.

Illegal drugs

Both the survey and the banner study shows that it is more common amongst LGBT people than among heterosexuals to smoke hash. In all age categories LGBT women smoke more hash than heterosexual women. The other three surveys show that the smoking of hash is dependant on age. These surveys show that hash is smoked in the younger years but the use of hash decreases with age. The survey shows that it is those women from the “predominantly” group who smoke the most hash. The banner study, on the other hand, shows that it is bisexual women. The banner study shows that LGBT people use hash, ecstasy and cocaine to a much higher degree than the rest of the population.

Physical activity

The survey shows that LGBT people tend to be more inactive during leisure time than the rest of the population. A bigger portion of those who live in towns with 40.000 inhabitants are more inactive in their leisure time than those who live in cities such as Copenhagen, Odense and Aalborg. These LGBT people are those who are least inactive in their leisure time.

9 Mental health

This chapter deals with mental health. This includes a long list of questions on wellbeing, vitality, stress, suicidal thoughts and attempted suicide.

9.1 Mental wellbeing and vitality

In connection with this question we have made use of two scales from SF-36 which have also been included in the SUSY survey 2005⁴⁸.

Poor mental wellbeing has been researched by comparing the following questions and answer possibilities:

Within a period of the past four weeks have you

- *been very nervous? All the time. Most of the time. Some of the time?*
- *felt so low, that nothing could cheer you up. All the time. Most of the time. Some of the time.*
- *experienced despondency? All the time. Most of the time. Some of the time.*
- *been at ease and relaxed? Most of the time. Some of the time. Not at all.*
- *been happy and content? Most of the time. Some of the time. Not at all.*

Low vitality has been researched by comparing the following questions and answer possibilities:

Within a period of the past four weeks have you

- *been cheerful and vivacious? Most of the time. Some of the time. Not at all.*
- *been energetic? Most of the time. Some of the time. Not at all.*
- *been tired? All the time. Most of the time. Some of the time.*
- *felt worn out? All the time. Most of the time. Some of the time.*

In the analysis we have included those who have answered in the extreme, i.e. totally good or totally poor mental wellbeing, low or high vitality. Those who have answered “in between” have not been included in the analysis.

⁴⁸ We have compared the two scales with the exception of the question “some of the time”. This question did not figure in our survey.

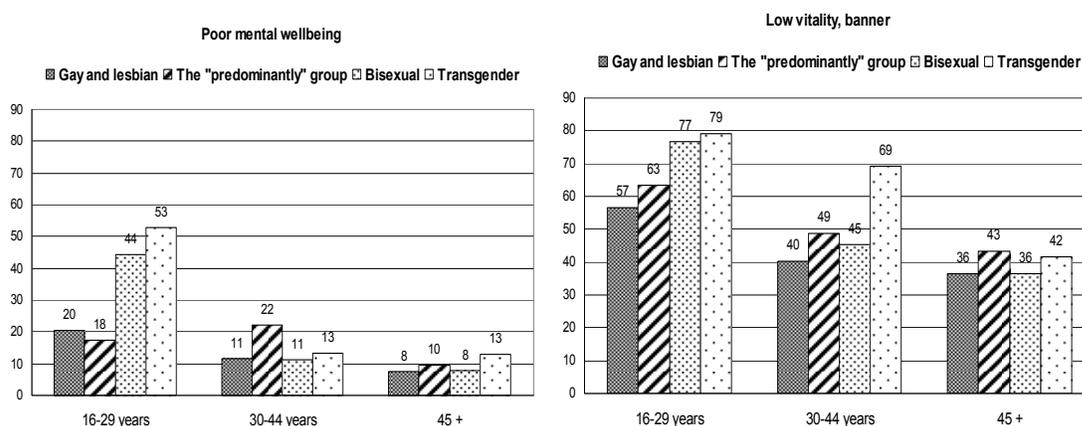
Table 9.1: Those with a totally good or totally poor mental wellbeing plus those with a low or a high vitality. Percentage

| | Survey | Banner study | Heterosexual survey | SUSY 2005 |
|-----------------------------|--------|--------------|---------------------|-----------|
| Good mental wellbeing | 45 | 42 | 51 | 52 |
| Poor mental wellbeing..... | 5 | 8 | 4 | 3 |
| High vitality | 24 | 24 | 33 | 35 |
| Low vitality | 20 | 22 | 12 | 15 |

Generally speaking, in all four surveys many have assessed their mental wellbeing and vitality as being good. However, more LGBT people than heterosexuals, both in the survey and in the banner study, have assessed their mental wellbeing as being poor and their vitality as being low (Table 9.1). When a comparison is made between SUSY or the heterosexual control survey, no difference is apparent as regards gender but when it comes to age more LGBT people between the ages of 16-29 experience a larger portion of low vitality in comparison to heterosexuals in the control survey.

Among LGBT people in the survey, women and the young experience the poorest mental wellbeing and the lowest vitality. Older LGBT people, men and those living in and around Copenhagen experience the best mental wellbeing and the highest vitality. Amongst the LGBT group it is the "predominantly" group who experience the lowest vitality, whilst transgenders experience the highest vitality.

Figure 9.1: Those with poor mental wellbeing and those with low vitality, categorized by age and sexual orientation. Percentage. Banner study



The survey shows no significant difference between sexuality groups in regards to mental wellbeing. On the other hand, the banner study shows that transgenders and bisexuals between the ages 16-29 have the biggest portion of poor mental wellbeing. Also, transgenders between the ages of 16-44 have the biggest portion of low vitality. The banner study also shows that it is young people who experience a lower vitality and a poorer mental wellbeing than all other age groups.

9.2 Stress

Stress has been researched with the help of the following question: *Are you stressed in your everyday life?* Answer possibilities: *Yes, often. Yes, sometimes. No (almost never).* The analysis includes those who have experienced stress in the daily life.

Table 9.2: Those who feel stress in their everyday life. Percentage

| | Survey | Banner study | Heterosexual survey | SUSY 2005 |
|------------------------|--------|--------------|---------------------|-----------|
| Yes, often | 8 | 11 | 8 | 9 |
| Yes, sometimes | 42 | 46 | 35 | 34 |
| No, almost never | 49 | 43 | 57 | 57 |
| Do not know | 0 | 1 | 0 | 0 |
| Total | 100 | 100 | 100 | 100 |
| Number (N)..... | 946 | 2.412 | 523 | 14.566 |

The survey shows that LGBT people are more stressed in their everyday life than heterosexuals who have taken part in the control survey (Table 9.2). The Swedish survey, however, showed a marked difference in stress between LGBT people and the rest of the Swedish population. LGBT people experienced stress proportionally four times more than the rest of the Swedish population.

A closer analysis shows that women more often are stressed in their everyday life than men. The difference is not big enough to be statistically significant. There is, however, a connection between stress and urban districts, in that those who live in and around Copenhagen are those who experience the most stress in their everyday life in comparison to those who live in small towns.

9.3 Suicidal thoughts

Suicidal thoughts and attempted suicide have been researched with the help of two questions. These questions have also been used in the SUSY 2005 survey. Suicidal thoughts have been researched with the help of the following question: *Have you, within a period of 12 months prior to the survey, thought about taking your own life even although you actually would not do so?* Answer possibilities: *Yes. No. Do not know.*

Table 9.3: Those who have had suicidal thoughts within a period of 12 months prior to the survey. Percentage

| | Survey | Banner study | Heterosexual survey | SUSY 2005 |
|-------------------|--------|--------------|---------------------|-----------|
| Yes | 16 | 25 | 11 | 7 |
| No..... | 82 | 72 | 88 | 89 |
| Do not know | 2 | 3 | 1 | 4 |
| Total | 100 | 100 | 100 | 100 |
| Number (N)..... | 946 | 2.412 | 523 | 11.238 |

The survey shows that twice as large a portion of LGBT people have considered taking their own life within a period of 12 months prior to the survey than the SUSY 2005 survey shows. The banner study shows that three times as large a portion of LGBT people have considered taking their own life within a period of 12 months prior to the survey in comparison to the SUSY 2005 survey shows (Table 9.3).

Figure 9.2: Men and women who have had suicidal thoughts within a period of 12 months prior to the survey, categorized by age. Percentage. Survey. Heterosexual control survey

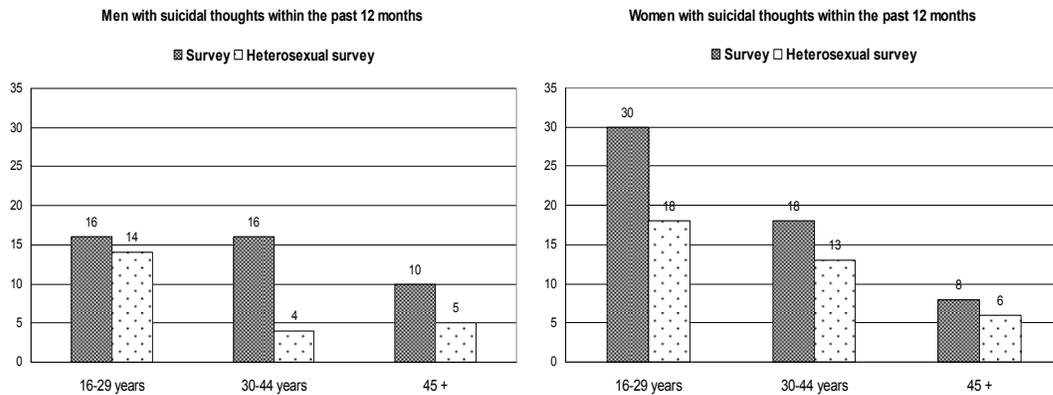
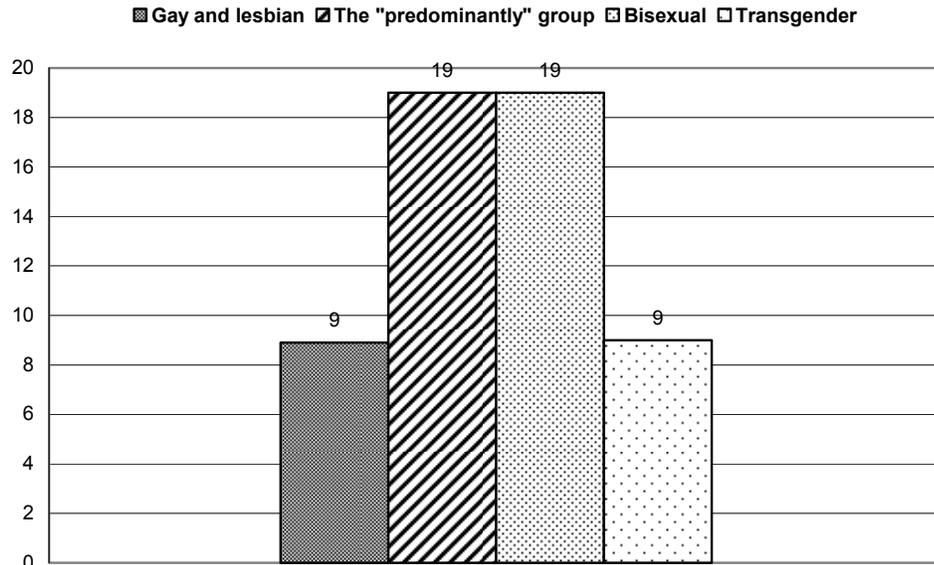


Figure 9.2 shows that in all age groups and among both men and women, the percentage that have had suicidal thoughts within a period of 12 months prior to the survey is higher among LGBT people than among heterosexuals. This is the case in all three surveys. The difference is most apparent among men between the ages of 30-44 and among women between the ages of 16-29. Furthermore, the percentage of those who have suicidal thoughts decreases with age both among LGBT people and heterosexuals.

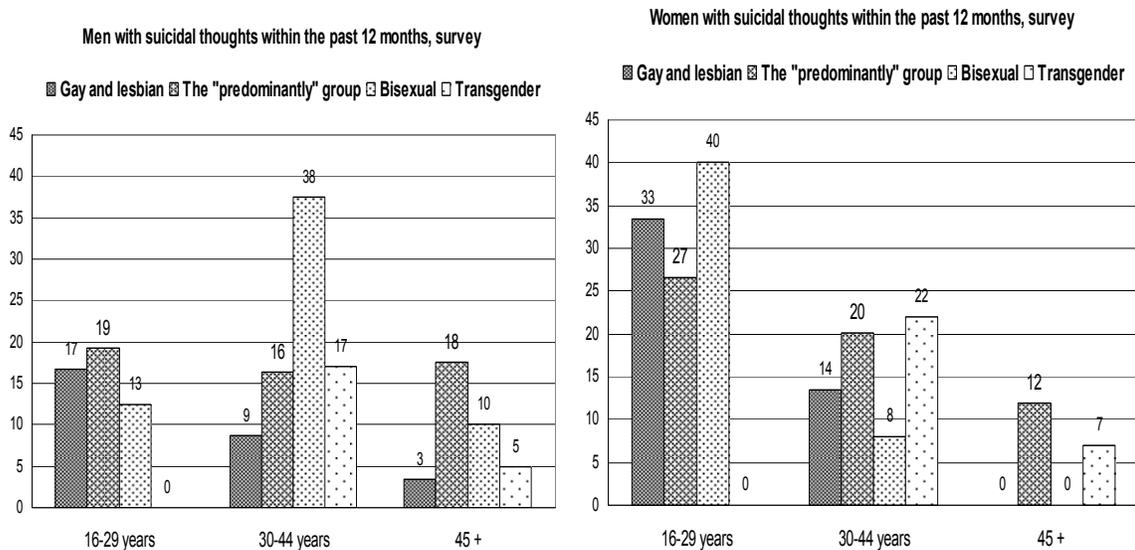
Among LGBT people in the survey those who do not have a partner have, to a higher degree, experienced suicidal thoughts.

Figure 9.3: Those who have had suicidal thoughts within a period of 12 months prior to the survey, categorized by sexual orientation. Percentage. Survey



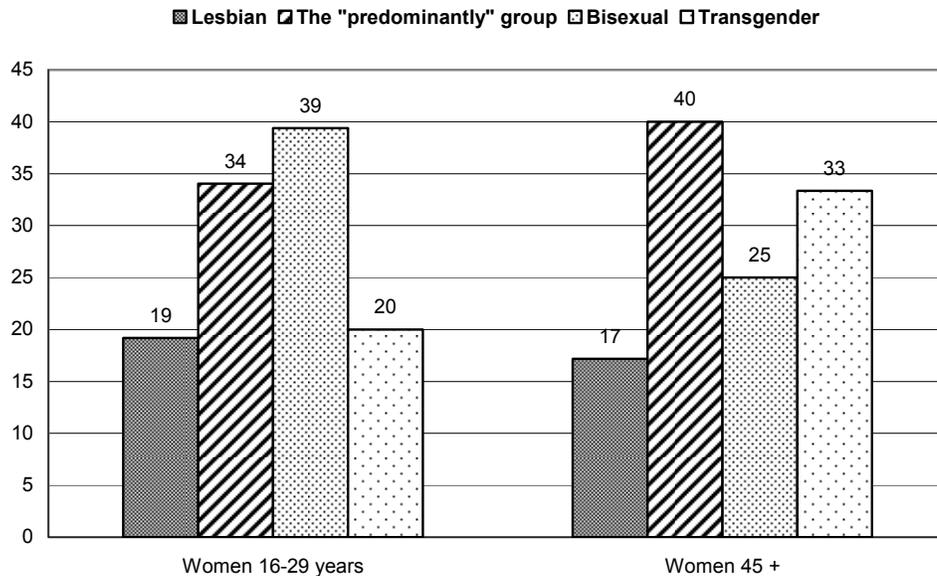
Transgenders and gay and lesbian people are those amongst the LGBT people in the survey who have had the least amount of suicidal thoughts within a period of 12 months prior to the survey, whilst bisexuals and the "predominantly" group are those who have had the highest amount of suicidal thoughts (Figure 9.3). The banner study confirms the results of the survey.

Figure 9.4: Those men and women who have had suicidal thoughts within a period of 12 months prior to the survey, categorized by age and sexual orientation. Percentage. Survey



The survey shows that amongst the LGBT group it is men from the "predominantly" group who are 45 years or more who have had the largest portion of suicidal thoughts within a period of 12 months prior to the survey. Among bisexuals there is a marked difference in the amount of suicidal thoughts between men and women. Bisexual men between the ages of 30-44 have had four times as large a portion of suicidal thoughts than bisexual women in the same age group (Figure 9.4).

Figure 9.5: Women who have had suicidal thoughts within a period of 12 months prior to the survey, categorized by age and sexual orientation. Percentage. Banner study



The banner study shows that it is young bisexual women (16-29) who have the largest portion of suicidal thoughts together with those who have "a touch of" and are 45 years or more.

9.4 Attempted suicide

The previous section dealt with suicidal thoughts. This section deals with attempted suicide, i.e. the respondents have endeavored to kill themselves without succeeding. Attempted suicide was researched with the help of the following question: *Have you, at any time in your life, tried to take your own life?* Answer possibilities: *No. Yes, within a period of 12 months prior to the survey. Yes, earlier in my life. Do not wish to answer.*

Table 9.4: Those who have attempted suicide. Percentage

| | Survey | Banner study | Heterosexual survey | SUSY 2005 |
|--|--------|--------------|---------------------|-----------|
| No..... | 87 | 85 | 93 | 95 |
| Yes, within a period of the past 12 months | 1 | 1 | 1 | 0 |
| Yes, earlier in my life | 11 | 12 | 5 | 3 |
| Do not wish to answer..... | 1 | 2 | 1 | 2 |
| Total | 100 | 100 | 100 | 100 |
| Number (N)..... | 946 | 2.412 | 523 | 11.238 |

Table 9.4 shows that LGBT people have twice as large a portion of attempted suicide in comparison with respondents in the heterosexual control survey, and four times as large a portion in comparison with respondents from the SUSY survey, i.e. the whole population. The banner study shows an even higher portion of attempted suicide.

Figure 9.6: Men and women who have attempted suicide, categorized by age. Percentage. Survey. Heterosexual survey

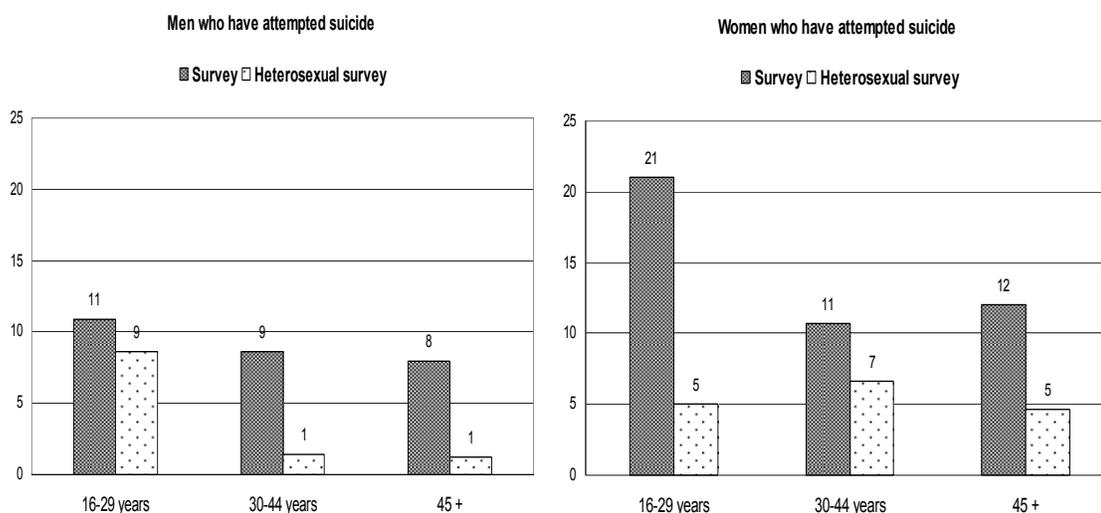


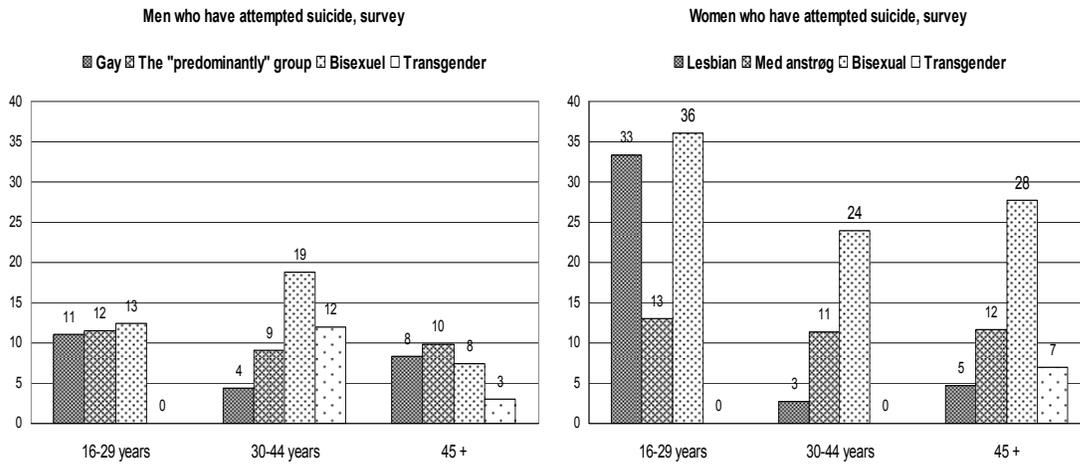
Figure 9.6 shows that in all age groups and among both men and women, the percentage of attempted suicides is higher among LGBT people than among heterosexuals in the heterosexual control survey. The analysis shows a significant difference between young LGBT (16-29) women and heterosexual women of the same age, and between older LGBT women and heterosexual women (45+) in connection with attempted suicide. However, the difference among middle aged women (30-44) is not statistically significant. LGBT men of 30 years of age or more have a bigger portion of attempted suicide than heterosexual men.

In both surveys there is a marked difference between men and women in connection with attempted suicide. Women have twice as large a portion of attempted suicide than men (Figure 9.6). This pattern is consistent with the Center for Selv-

mordsforskning (Centre for Suicidal research) statistics, which show that women more often attempt suicide than men⁴⁹.

Among LGBT people in the survey, it is mostly women and the young who have attempted suicide. Also, those with no or only a short education have, to a higher degree, attempted suicide.

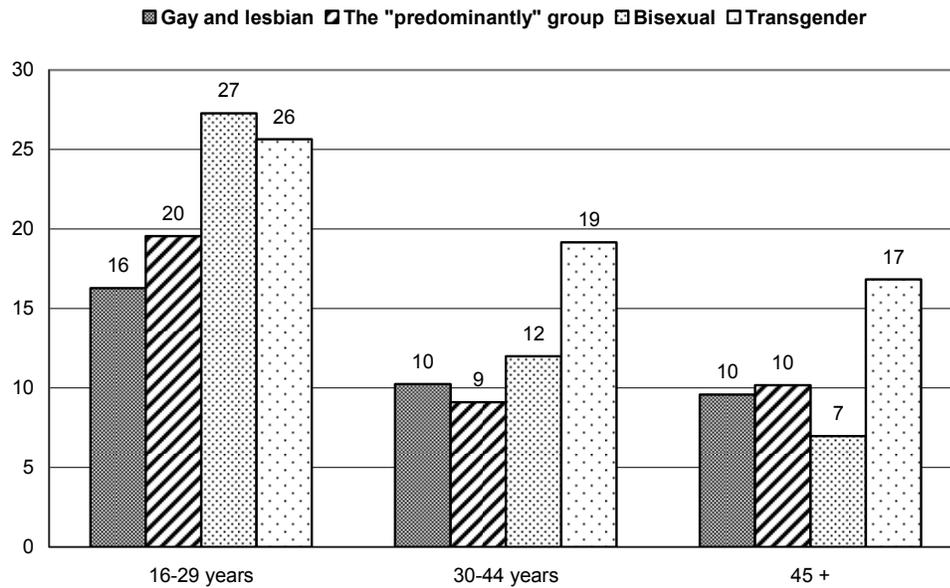
Figure 9.7: Men and women who have attempted suicide, categorized by age and sexual orientation. Percentage. Survey



The survey shows that bisexual women are those who most often have attempted suicide. Young bisexual women have the largest portion of attempted suicide. Also many young lesbians have attempted suicide (Figure 9.7).

⁴⁹ Folkesundhedsrapporten, Denmark 2007. p. 126.

Figure 9.8: Those who have attempted suicide, categorized by age and sexual orientation. Percentage. Banner study



The banner study shows that it is transgenders and bisexuals who most often have attempted suicide. Amongst the young (16-29) it is bisexuals who have the largest portion of suicide attempts (Figure 9.8). Transgender men of 30 years of age and more have a substantially higher portion of attempted suicide than other sexuality groups.

The number of attempted suicides among transgenders is not affected by geography, i.e. where the respondent lives, whether or not there is a partnership or by education and age. Only in connection with gender does the analysis show a marked difference. It is transgender men who have the largest portion of attempted suicides.

As regards other sexual orientation groups, the number of attempted suicides is affected by education and by age, i.e. those with no education or only a short education have attempted to commit suicide to a much higher degree.

9.4.1 Age in connection to the first attempted suicide

An interesting question is, when did the first attempted suicide take place. This clarifies when in life serious personal crises began.

Figure 9.9: Suicide categorized by the age when the first attempted suicide took place. Percentage. Survey. Banner study. Heterosexual survey

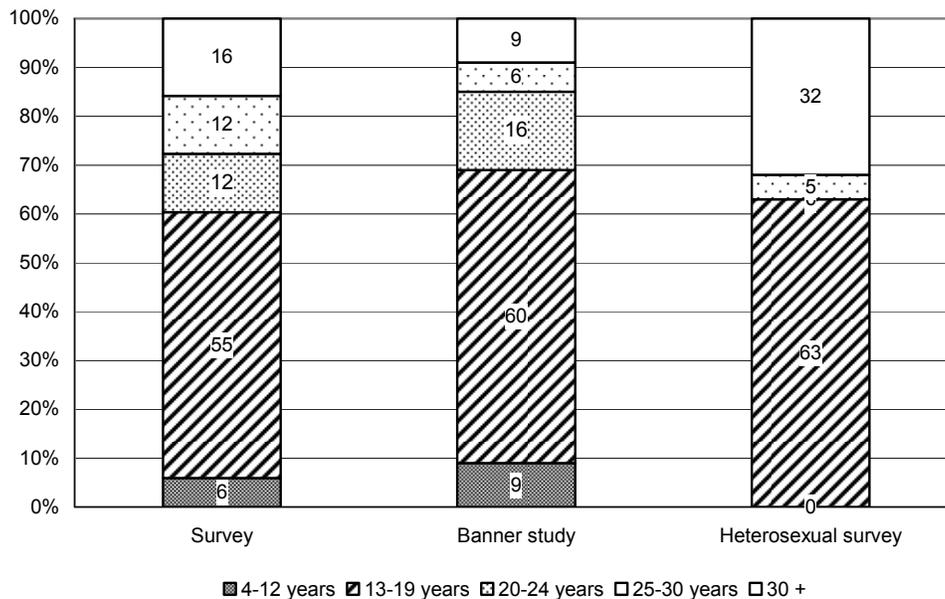


Figure 9.9 shows that most attempted suicides were carried out between the ages of 13-19. This result can be seen in all three studies. However, the survey and the banner study do show a larger portion of attempted suicides between the ages of 4-12 than the heterosexual survey.

9.5 Summary

Mental wellbeing and vitality

The survey shows that a larger portion of LGBT people experience poor mental wellbeing and low vitality in comparison to the heterosexual control survey. There is a larger portion of young people between the ages of 16-29 who experience low vitality in comparison to other young people in the control group. It is women and the young who have the largest portion of poor mental wellbeing and low vitality. The banner study shows that it is transgenders who have the largest portion of poor wellbeing amongst the young (16-29) and also low vitality between the ages of 16-44.

Stress

There is a significant difference between LGBT people in the survey and people in the heterosexual control group when it comes to often feeling stressed. The biggest portion of LGBT people who feel they are stressed live in and around Copenhagen. The banner study shows that it is transgenders, those with “another gender”, those who have no education and those who are between the ages of 16-29 who experience the highest degree of stress in their everyday life.

Suicidal thoughts

There is twice as large a portion of LGBT people in the survey and three times as large a portion of LGBT people in the banner study who have had suicidal thoughts within a period of the past 12 months prior to the survey compared to the rest of the population. Among LGBT people it is women who, generally speaking, most often have suicidal thoughts. Bisexual men between the ages of 30-44 have, however, had a considerably larger portion of suicidal thoughts than bisexual women in the same age group. Men from the "predominantly" group over the age of 45 have a larger portion of suicidal thoughts than other LGBT men in the same age group. The banner study shows that within a period of the past 12 months prior to the survey bisexuals and the "predominantly" group have most often had suicidal thoughts.

Attempted suicide

LGBT people have four times as large a portion of attempted suicide in comparison to the rest of the population. Bisexual women have the largest portion. The banner study shows that it is bisexuals between the ages of 16-29 and transgenders of 30 years or more who have the largest portion of attempted suicide. All three surveys show that the largest portion of attempted suicides have taken place between the ages of 13-19. Notable is, both the survey and the banner study show that 6-9 % of attempted suicides took place between the ages of 4-12. The heterosexual control survey shows that no attempted suicides have taken place at such an early age.

10 Social relationships and leisure time

This chapter deals with social relationships, leisure time and whether or not LGBT people trust in various public institutions. These aspects of living conditions are often overseen but play an important part in the lives of most people.

10.1 Social relationships

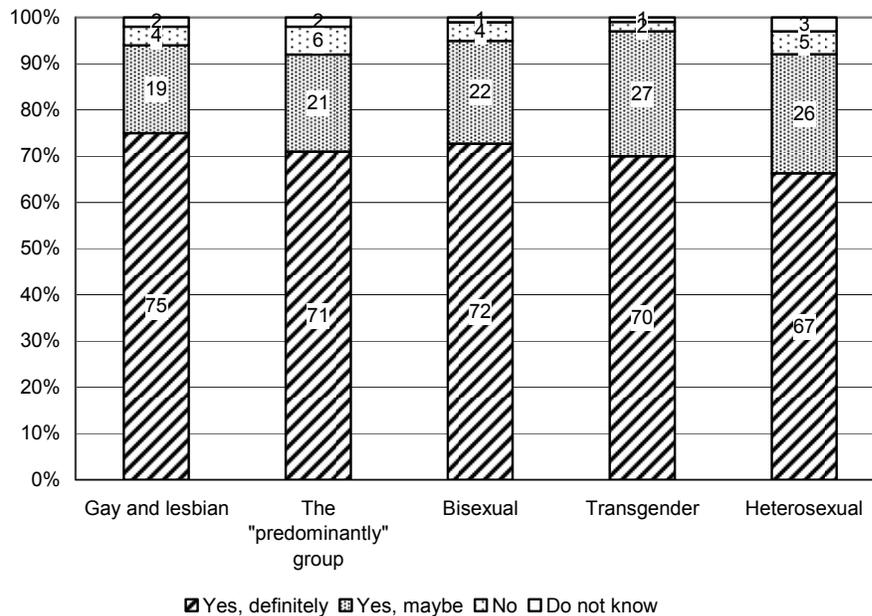
Social relationships have been researched with the help of the following questions regarding respondent's practical and emotional network and also loneliness.

- *Have you been ill and have been in need of help in connection with practical problems and can you be sure that you will receive this help?*
- *Does it ever happen that you are alone, even although you would rather be together with others?*
- *Do you have someone to talk with if you have problems or are in need of support?*

Answer possibilities: *Yes, definitely. Yes, maybe. No. Do not know.*

These three questions, collectively, help us draw a qualitative picture of the social relationships of the respondents.

Figure 10.1: LGBT people and heterosexuals categorized by, if they can receive practical help when in need. Percentage. Survey



There is no significant difference between the different sexuality groups. 70-75 % have answered that they are completely sure that they will receive practical help, whilst 20-25 % have answered "Yes, maybe." Only 4 % have answered that they did not think they would receive practical help when in need. In the SUSY 2005 survey 5.7 % of the population as a whole answered they did not think they would

receive practical help. In other words, the results in this survey coincide with the results from SUSY 2005.

Figure 10.2: LGBT people and heterosexuals, categorized by if they are lonely (undesirably lonely). Percentage. Survey

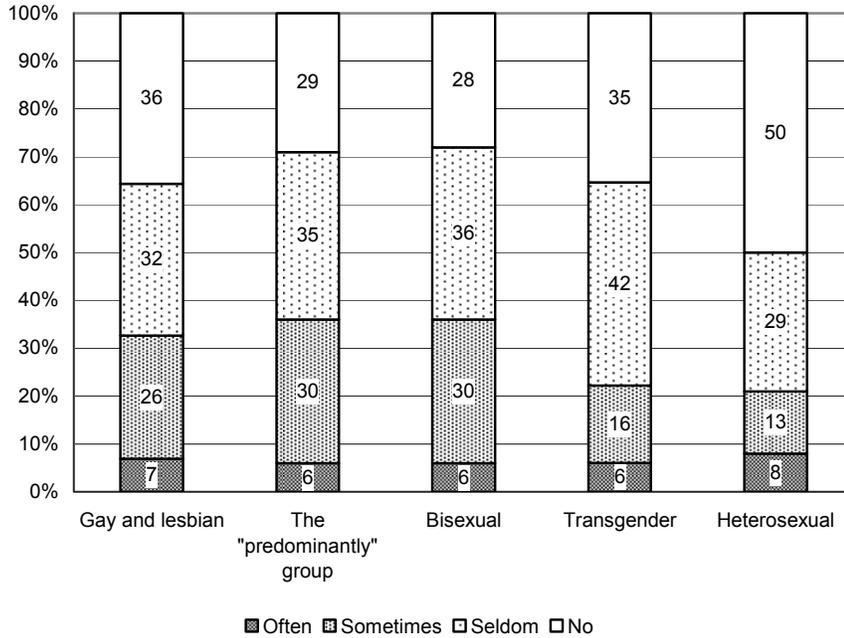
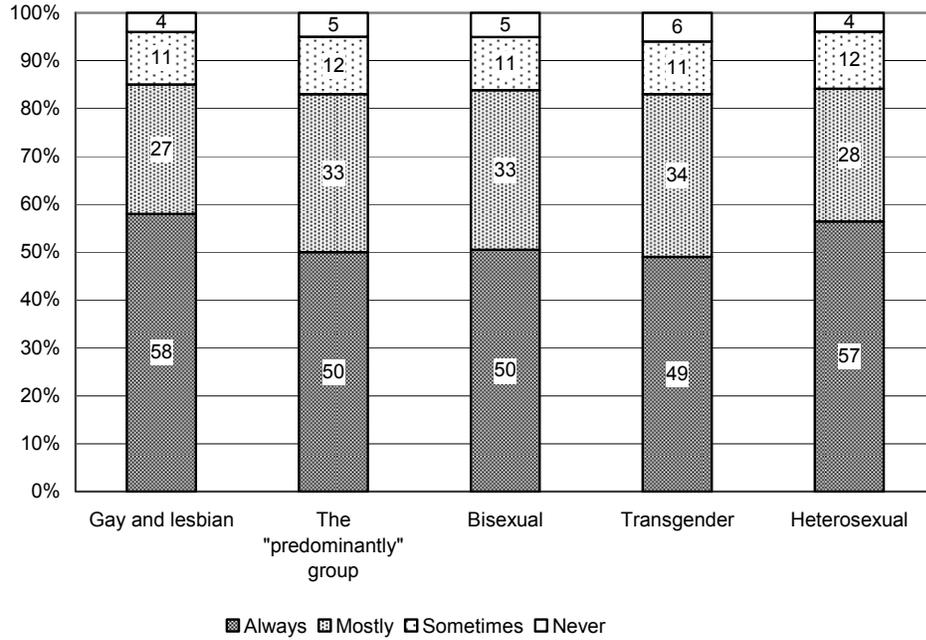


Figure 10.2 shows there is a difference between the different sexuality groups as regards loneliness. All LGBT people are significantly lonelier than heterosexuals. Transgenders are those among LGBT people who are the least lonely.

In the SUSY 2005 survey 3.2 % of the whole population answered they are “often” undesirably lonely. The results of our survey as regards this question are somewhat higher. In other words, LGBT people experience more loneliness than the rest of the population.

Figure 10.3: LGBT and heterosexuals categorized by, if they have someone they can talk to if they need help or support. Percentage. Survey



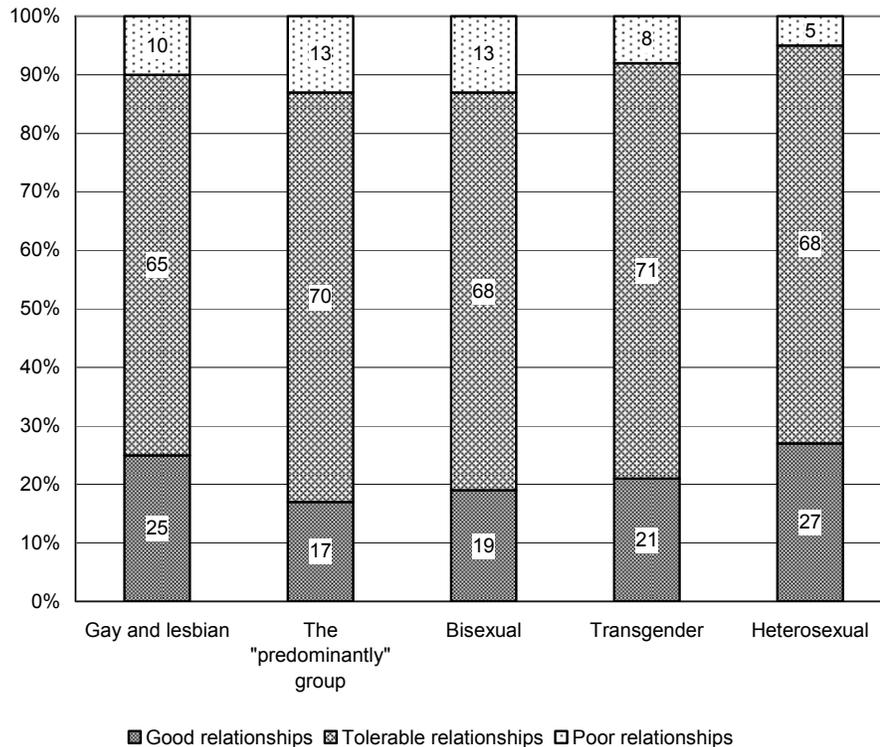
There is no significant difference between the answers concerning having someone to talk with if there are problems. Half of the respondents have answered “Always”, whilst one third have answered “Mostly”. 15 % have answered “Sometimes” or “Never”. People in the LGBT group and heterosexuals have the same answer pattern. The only deviation is gay and lesbian people more often have someone to talk with than other groups. This difference is not statistically significant.

Comprehensive target for social relationships

On the basis of the three questions asked, we have chosen to construct a comprehensive target for social relationships. This combines the following categories.

- **Good relationships.** “Practical help: Absolutely sure of”. “Loneliness: No”. “Someone to talk with: Yes, always”.
- **Poor relationships.** “Practical help: Maybe or No”. “Loneliness: Often or Sometimes”. “Someone to talk with: Mostly, Sometimes or No”.
- **Tolerable relationships.** All others.

Figure 10.4: LGBT people and heterosexuals categorized by, if they have good or poor relationships. Percentage. Survey



As regards our definition of good social relationships 25 % LGBT people have good relationships, with a minor variation – 17 % among the "predominantly" group and 27 % among heterosexuals.

As regards our definition of poor social relationships 10 % have poor relationships with a variation of 5 % among gay and lesbian people and 13 % among bisexuals and the "predominantly" group.

Figure 10.4 shows no clear or significant difference between the different sexuality groups. Although heterosexuals do have better social relationships than LGBT people. This difference is significant if the respondents are divided into only two groups: LGBT people and heterosexuals.

The question now arises: Is there a specific group within the LGBT group who has good or poor social relationships.

Figure 10.5: LGBT people with good or poor social relationships, categorized by gender, age, region, cohabitation and education. Percentage. Survey

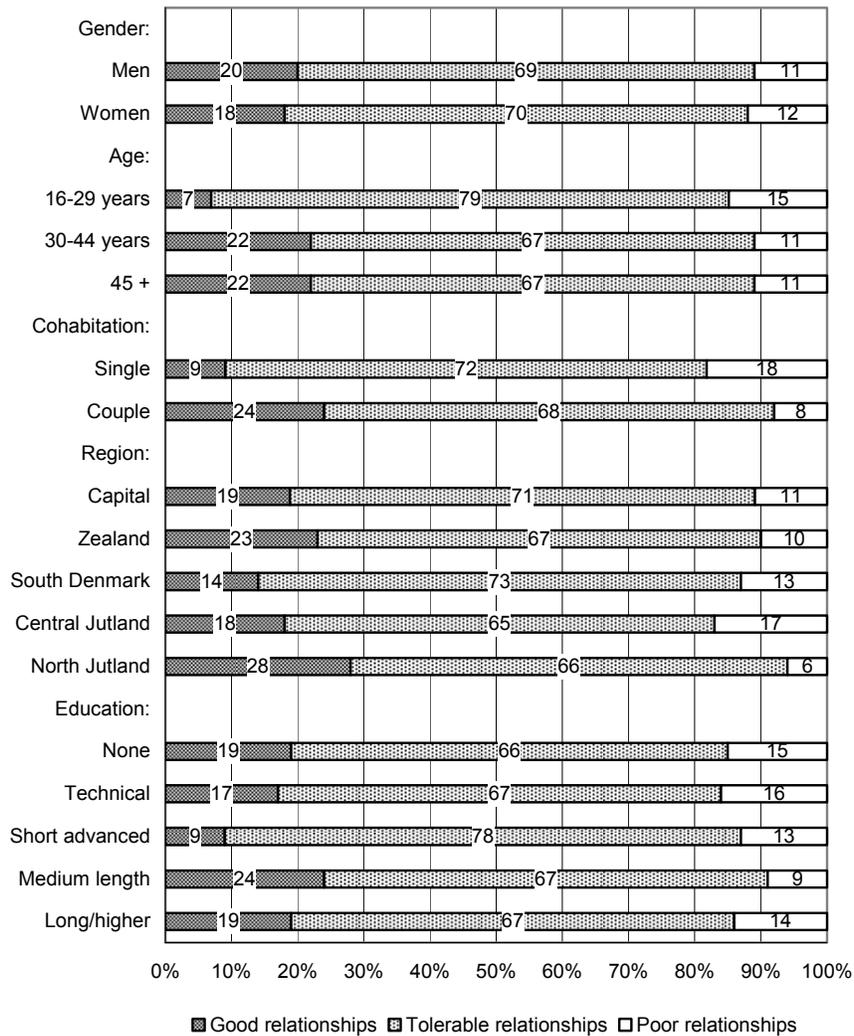


Figure 10.5 shows that there is no significant difference between LGBT men and LGBT women as regards social relationships. However, there is a difference when it comes to age. Young people under 30 years of age have poorer relationships than those who are older. Singles have poorer relationships than those who live as a couple. As regards education there is also a little difference, however no clear picture emerges. This is also the case with regards to LGBT people and the region in which they live.

The results of the banner study resemble the survey, although respondents in the banner study are, generally speaking, in a worse situation than respondents in the survey. This is especially so as regards transgenders and also, to a minor degree, as regards bisexuals and gay and lesbian people. We have, however, chosen not to include these results from the banner study.

10.2 Participation in different leisure activities

To achieve a picture of which activities LGBT people take part in, the respondents have been asked to state which activities from the following list they have taken part in within a period of 12 months prior to the survey. This is a very brief statement. For example, it has not been asked how often or how many times respondents have taken part in the various activities. These activities differ very much from each other.

- *Education. For example, evening school, courses in connection with work*
- *Political activities. For example, union meetings, demonstrations, the writing of letters to the editor*
- *Cultural activities. For example, theater/cinema, art exhibitions, sports events, public events (night clubs, concerts)*
- *Religious activities*
- *Café visits*
- *Volunteer work*
- *Private parties and family events.*

The survey shows no apparent difference between the different sexuality groups as regards which activities respondents take part in. However, some differences and nuances should be named.

Gay and lesbian people relatively often take part in: courses in connection with the workplace, work in connection with associations, demonstrations, theater/cinema, art exhibitions, religious get-togethers and café visits. On the other hand they relatively never take part in sports events and volunteer work.

The "predominantly" group relatively often take part in: courses in connection with work, evening school/courses, union meetings, art exhibitions, public events, café visits, private parties and family events. There is nothing which this group specifically does not take part in.

Bisexuals relatively often take part in only one thing – public events. On the other hand, they relatively never take part in courses in connection with the workplace, work in connection with associations, sports events and religious get-togethers.

Transgenders relatively often take part in: work in connection with associations, sports events and volunteer work. On the other hand, they quite relatively never take part in nearly all other types of activities.

Heterosexuals relatively often take part in: sports events, religious activities, private parties and big family events. There is nothing they relatively never take part in.

In the light of this survey we can conclude that gay and lesbian people and the "predominantly" group are clearly the most active in comparison to bisexuals and transgenders with regard to a wide spectra of activities.

If one compares the results for the survey and the banner study, it is clear that respondents in the banner study are generally more active than respondents in the

survey. They are especially more active when it comes to participation in public events, café visits, art exhibitions, writing letters to the editor and demonstrations. The only activities respondents from the survey are more active in than respondents from the banner study are courses in connection with work and union meetings.

Women are, generally speaking, a little bit more active than men, especially in connection with the following activities: evening school/courses, theater/cinema, public events and café visits. Only in connection with work in connection with associations are men more active than women.

When it comes to age, the young are more active than those who are older in connection with the following activities: theater/cinema, public events, café visits and private parties. The older person is more active than the younger person when it comes to courses in connection with work, union meetings, work in connection with associations, writing letters to the editor and religious get-togethers.

10.3 Religion and beliefs

A special aspect of living conditions has to do with religious activity and recently this aspect has become more prominent in the public debate. In the previous section we saw that 12 % have taken part in religious get-togethers within a period of 12 months prior to the survey. The question now arises, how often does this happen?

Table 10.1: LGBT people and heterosexuals categorized by religious activity. Percentage. Survey

| | LGBT-people | Heterosexuals |
|----------------------------|-------------|---------------|
| Every day..... | 4 % | 6 % |
| A few times a week..... | 2 % | 2 % |
| A few times a month | 6 % | 5 % |
| A few times a year | 32 % | 31 % |
| Never | 54 % | 56 % |
| Do not wish to answer..... | 1 % | 0 % |
| Total | 100 % | 100 % |
| Number (N)..... | 1.005 | 523 |

A smaller group (6 %) is active in connection with religion on an everyday basis or a few times a week. A comparable group (6 %) is active a few times a month. In other words, one can say 12 % of the LGBT community is active in connection with religion. At the other end of the scale, 54 % of LGBT people are absolutely not active when it comes to religion, whilst 32 % are active in connection with religion a few times a year. When one compares LGBT people and heterosexuals, religious activity amongst heterosexuals is a little bit higher than amongst LGBT people but the difference is too small to be of any statistical significance.

It should also be noted that 27 % LGBT people are not connected to any belief system or direction, whilst 65 % are members of the Church of Denmark. The remaining 8 % are connected to other religious communities.

Amongst the different sexuality groups there is no significant difference as regards religious activity. Heterosexuals do not differ from people in the LGBT group.

10.4 Trust in public institutions

The questionnaire contains one special question concerning trust and faith in different public institutions in the Danish society. This is an interesting question because, in some cases, sexual minorities can be in conflict with laws and legislations. Furthermore, they can also be exposed to discrimination and poor service.

Trust in public institutions has been researched with the help of the following question: *How much trust do you have to the following public institutions?*

Table 10.2: How much trust do LGBT people have in the different public institutions? Percentage. Survey

| | Complete trust | A lot of trust | A little trust | No trust | Do not know | Total |
|--------------------------|----------------|----------------|----------------|----------|-------------|-------|
| Health system | 10 | 63 | 25 | 1 | 1 | 100 |
| School..... | 8 | 57 | 30 | 1 | 4 | 100 |
| Police..... | 14 | 56 | 27 | 2 | 1 | 100 |
| Social authorities | 4 | 41 | 46 | 6 | 3 | 100 |
| Job centre*..... | 2 | 22 | 46 | 12 | 17 | 99 |
| Legal system..... | 18 | 54 | 21 | 2 | 5 | 100 |
| Political system | 7 | 44 | 39 | 6 | 4 | 100 |
| Unions*..... | 9 | 48 | 34 | 5 | 4 | 100 |

* Only the employed

Table 10.2 shows that LGBT people are not in agreement as regards trust in the various public institutions. They have most trust in the law system, followed by the police, school and the health system. At the other end of the scale are the job centre, social authorities and the political system. These institutions are those they trust the least in. In the following we will look more closely at those who “completely trust” and those who have a “lot of trust” as an indicator for comprehensive trust in the various public institutions.

Table 10.3: Sexual groups who have complete trust or a lot of trust in the various public institutions. Percentage. Survey

| | Gay and Lesbian | “Predominantly” | Bisexual | Transgender | Heterosexual |
|--------------------------|-----------------|-----------------|----------|-------------|--------------|
| Health system..... | 77 | 74 | 72 | 72 | 71 |
| School..... | 69 | 64 | 72 | 65 | 73 |
| Police..... | 74 | 70 | 68 | 68 | 71 |
| Social authorities | 57 | 41 | 45 | 46 | 45 |
| Job centre* | 25 | 24 | 25 | 24 | 20 |
| Legal system | 75 | 75 | 69 | 67 | 73 |
| Political system..... | 55 | 53 | 45 | 46 | 53 |
| Unions* | 61 | 56 | 55 | 55 | 57 |

Only the employed

Table 10.3 shows that gay and lesbian people are those who, generally speaking, have most trust in the various public institutions. The other sexuality groups show similar results. This also applies to heterosexuals. No difference can be ascertained between LGBT people and heterosexuals.

Generally speaking men have more trust in public institutions than women, i.e. except for unions. Women believe more in unions. As regards age, only in connection with the job centre can there be seen a significant difference. Young people trust more in the job centre than older LGBT people do.

The results from the banner study are very similar to the results from the survey when one compares LGBT people and the ”predominantly” group. However, there is a divergence when it comes to bisexuals and transgenders. The banner study shows that respondents in these two groups have notably less trust in the various public institutions than respondents in the survey.

10.5 Summary

This chapter contains many different aspects of living conditions which have to do with social relationships, leisure activities, religious beliefs and trust in various public institutions. It is, in other words, a mixed bag. However it does deal with some important aspects in the lives of many people.

Social relationships

Heterosexuals have better social relationships than LGBT people have. However, there is no significant difference between LGBT men and LGBT women as regards social relationships. There is, on the other hand, a difference between young and older LGBT people, in that young people under 30 years of age do not have as good a social network as those who are older. Singles are worse off than those who live as a couple when it comes to social relationships.

The banner study results are similar to the surveys results, although the banner study shows that respondents are, generally speaking, in a worse situation in comparison to respondents in the survey.

Leisure activities

Participation in leisure activities includes: education, political activities, culture, religious activities, café visits, volunteer work and private parties etc. in other words, a large range of activities.

The survey shows that gay and lesbian people and the "predominantly" group are clearly more active than bisexuals and transgenders. This applies to a wide range of activities.

If one compares the results of the survey with the banner study, it is apparent than respondents in the banner study are, generally speaking, more active than respondents in the survey. They are especially more active when it comes to taking part in public events, visiting cafés, art exhibitions, writing letters to the editor and taking part in demonstrations. The only activities in which respondents in the survey are more active, are courses in connection with work and union meetings.

Religion

As regards religion one can characterize 12 % of the LGBT community as being active in connection with religion. At the other end of the scale 54 % of LGBT people have never been active in connection with religion, whilst 32 % of the LGBT group are active, at the most, one or two times a year. Notable is the fact, 27 % of LGBT people are not connected to any belief system, whilst 65 % are members of the Church of Denmark. The remaining 8 % are connected to various other religious communities.

Trust

As regards questions of trust in various public institutions, LGBT people are divided. They trust mostly in the law system, followed by the police, school and the health system. At the other end of the scale is the job centre, social authorities and the political system. LGBT people trust the least in these institutions. Gay and lesbian people are, generally speaking, the group who has the most trust in the various institutions, and the remaining sexuality groups are very similar to each other and to heterosexuals when it comes to in the various institutions. In other words, there is no significant difference between heterosexuals and LGBT people as regards trust in various public institutions.

11 Being exposed to violence and threats

Both in the survey and in the banner study a whole range of questions have been asked concerning violence and threats of violence. These questions have been formulated by the Criminal Preventive Council (Det Kriminalpræventive Råd) and are also valid in other studies⁵⁰. It should be noted that these questions adhere to the victim and not the perpetrator.

11.1 Fear of violence

Security is an important aspect in connection with living conditions and wellbeing. There are many different types of security, e.g. economical security, personal security, etc. In this survey we have chosen to concentrate on physical security. In other words, the feeling of security connected to the risk of violence and threats. We have asked two questions.:

- *How often do you think about the risk of being exposed to violence and threats?*
- *Do you ever refrain from doing something you want to do, simply because you fear being exposed to violence and threats?*

These two questions reflect different aspects of fear and violence. The one relates to a latent fear of violence and the other to behavioral patterns.

⁵⁰ Flemming Balvig og Britta Kyvsgaard.: *Udsathed for vold og andre former for kriminalitet*. April 2009.

Figure 11.1: Fear of violence and threats. Percentage. LGBT people. Heterosexuals. Survey

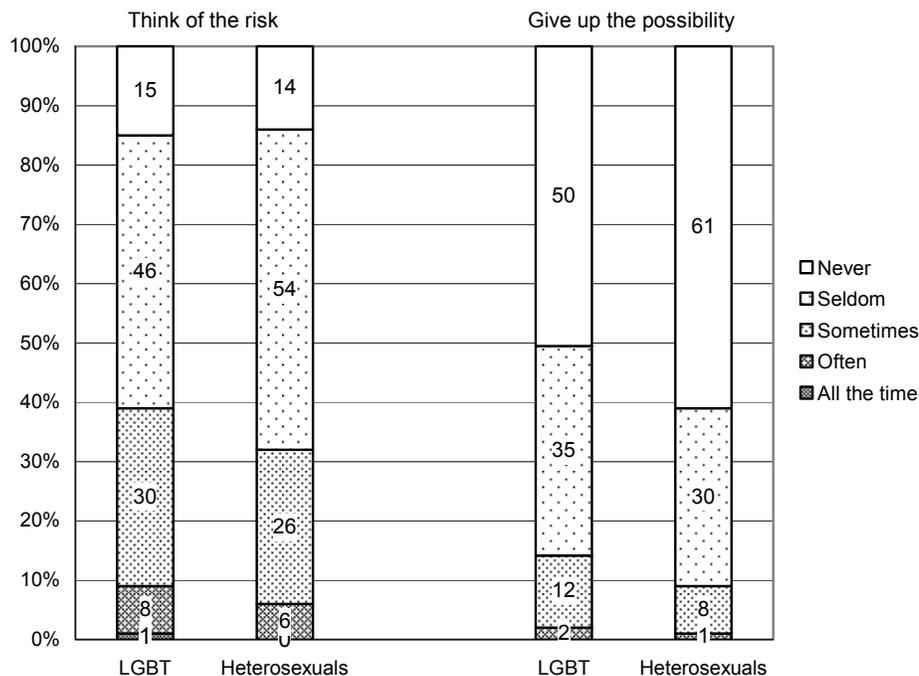


Figure 11.1 shows that 9 % of the LGBT group “often” or “all the time” are thinking about the risk of being exposed to violence. 14 % LGBT people “often” or “all the time” refrain from doing something they want to do because of their fear of being exposed to violence or threats. The answers to these questions contain a big overlap. At the other end of the scale, 60 % LGBT people “never” or “seldom” think of the risk of being exposed to violence and 85 % have “never” or “seldom” refrain from doing something they want to because of their fear of being exposed to violence.

Figure 11.1 also shows a comparison between LGBT people and heterosexuals. In comparison, LGBT are a little bit more afraid of being exposed to violence and threats than heterosexuals. However, the difference is insignificant.

The Victim Study (Balvig and Kyvsgaard 2009) contains a question concerning fear of criminality. This question is similar to our question, but different because our question is specifically about violence and threats. The victim study asks a broader question concerning criminality, i.e. being robbed, experiencing vandalism etc. The latest victim study showed that 19 % of the adult population in Denmark “nearly all the time” or “always” think about the risk of criminality, whilst 22 % “never” think about it.

As mentioned there is a big overlap in connection with answers to these questions. We have therefore found it relevant to construct a comprehensive variable which involves both questions simultaneously.

- **Very concerned:** i.e. "often" or "all the time" think about the risk of being exposed to violence. And "often" or "all the time" refrain from doing something they want to do, because of their fear of being exposed to violence or threats.
- **Not concerned:** i.e. "never" or "seldom" think about the risk of being exposed to violence or threats. And "never" or "seldom" refrain from doing something they want to do because of their fear of being exposed to violence or threats.
- **Somewhat concerned:** i.e. all those who are neither "very concerned" nor "not concerned".

Figure 11.2: Comprehensive fear of violence and threats. Percentage. LGBT people. Heterosexuals. Survey

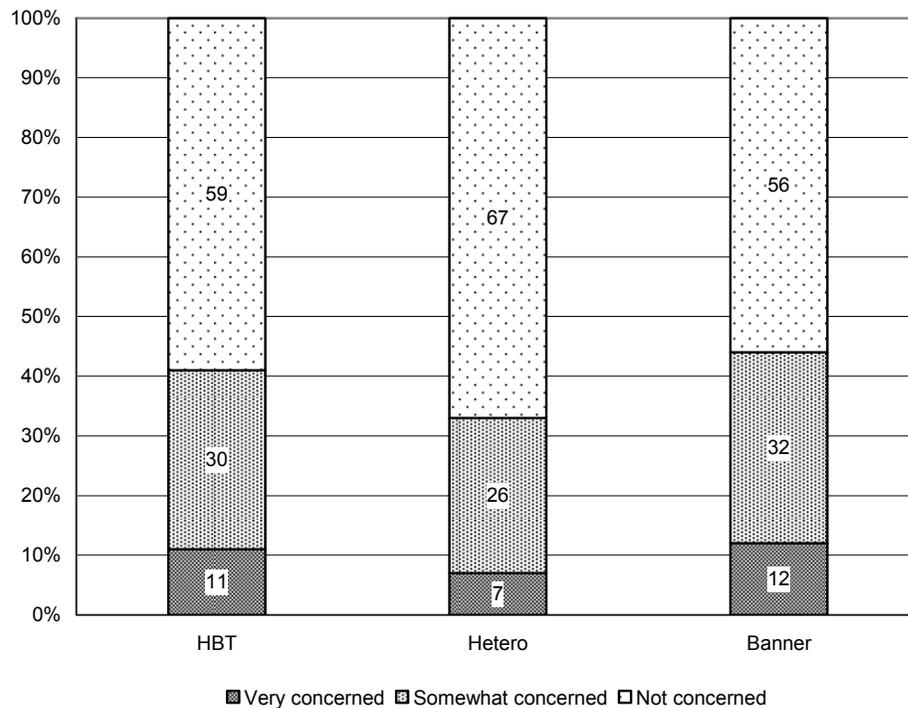


Figure 11.2 shows that LGBT people are, as a whole, more concerned for violence and threats than the heterosexual control group. 11 % LGBT people are “very concerned” and 30 % are “somewhat concerned”. In comparison 7 % heterosexuals are “very concerned” and 26 % are “somewhat concerned”. These are significant differences. Figure 12.2 also shows that there is no significant difference between LGBT people in survey and in banner study.

There is no significant difference in connection with fear of violence and threats as regards the different sexuality groups and transgenders, although the survey does show that women are more concerned than men and that young people are more concerned than older people. These differences are statistically significant. Apparently there is also a difference when it comes to the region in which people live. People who live in and around Copenhagen are those who are the most concerned and those who live in North Jutland are those who are the least concerned. These differences are not significant. Finally, people without any education are more concerned than people with an education and the longer the education is, the least concerned they are. These differences are significant.

11.2 Victims of violence and threats

We have asked two questions in connection with being a victim of violence. The one refers to a 12 month period prior to the survey, whilst the other has no time limit.

- *Have you ever been exposed to violence or threats?*
- *Have you, within a period of 12 months prior to the survey, been exposed to violence and threats, which were so serious that you were afraid? (Violence can also include sexual abuse.*

Figure 11.3: Have you ever been exposed to violence or threats? Percentage. LGBT people. Heterosexuals. Survey. Banner study

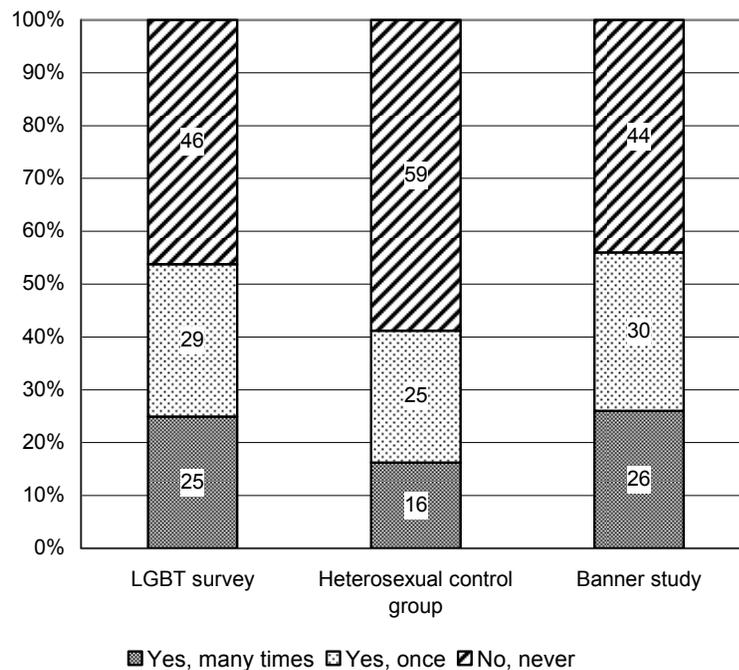


Figure 11.3 shows that LGBT people have notably more often been exposed to violence and threats than heterosexuals. 25 % of the LGBT group has been exposed to violence and threats many times and 29 % have been exposed once. In comparison “only” 16 % heterosexuals have been exposed many times and 25 % have been exposed once. At the same time figure 11.3 shows that there is no significant difference between LGBT people in the survey and in the banner study. It should be noted, the question asked was “have you ever” i.e. your whole life until now. Because this answer is based on the respondent’s memory, an uncertainty can occur but this uncertainty factor should be consistent in all groups.

The second question on violence and threats has narrowed down the time period to 12 months prior to the survey. This should give a larger certainty as regards results.

Figure 11.4: Those who have been exposed to violence and threats within a period of 12 months prior to the survey. Percentage. Survey. Banner study

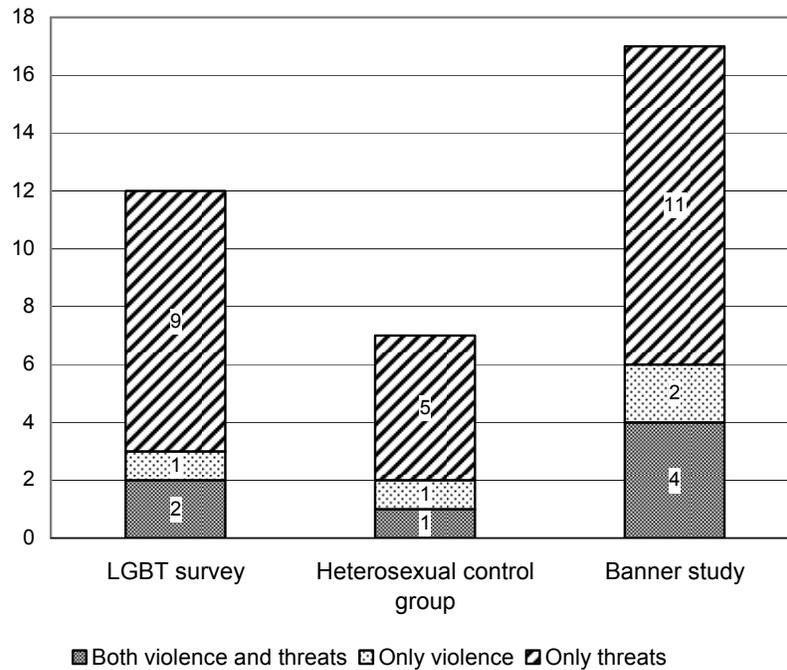


Figure 11.4 shows the occurrence of violence and threats within a period of 12 months prior to the survey. All in all 12 % LGBT people have been exposed to violence or threats, whilst only 7 % heterosexuals have been exposed to violence or threats in the same period. This is a statistically significant difference. The banner study shows that 17 % LGBT people have been exposed to either violence or to threats within a period of 12 months prior to the survey.

However, if we separate threats from violence it becomes apparent that LGBT people are more often exposed to threats than heterosexuals. There is no significant difference between these two groups when it comes to violence. 11 % LGBT people have been exposed to threats against 6 % heterosexuals and 3 % LGBT people have been exposed to violence against 2 % heterosexuals. The banner study shows that 15 % LGBT people have been exposed to threats and 6 % have been exposed to violence within a period of 12 months prior to the survey.

Other victim studies (Balvig og Kyvsgaard, 2009) have posed the same question to the Danish population as a whole between the ages of 16-74.

Table 11.1: Have you within a period of 12 months prior to the survey been exposed to violence or threats which were so severe that you were afraid? Percentage. Survey. Victim survey

| | LGBT group survey | Victim survey, 2007 |
|----------------------------------|-------------------|---------------------|
| Violence..... | 3 % | 1,8 % |
| Threats | 10 % | 3,3 % |
| Neither violence or threats..... | 88 % | 95,5 % |

It is notable that LGBT people have been more exposed to threats than the rest of the population as a whole cf. the victim study of 2007. The victim study shows that 3.3 % of the population as a whole have been exposed to threats whilst 10 % LGBT in the survey have been exposed to threats. This is a significant difference.

On the other hand LGBT people have not been more exposed to violence than the population as a whole. The victim study shows that 1.8 % of the population⁵¹ has been exposed to violence whilst 3 % LGBT in the survey have been exposed to violence. This has no statistical significance.

It should also be noted that the percentage of those who have been victims of violence and threats according to the victim study has been relatively constant in the period 1995 – 2008, i.e. except for 2007 when the percentage of threats was lower.

In the following tables we have combined the two questions with the following results:

- *Exposed to violence and threats within the past 12 months – 11% of the LGBT group.*
- *Exposed to violence and threats many times but not within the past 12 months – 16 % of the LGBT group.*
- *Exposed to violence and threats once, but not within the past 12 months – 25 % of the LGBT group.*
- *Have never been exposed to violence and threats – 48 % of the LGBT group.*

One can ascertain that nearly half of the LGBT group has never been exposed to violence and threats. 25 % have been exposed to violence and threats once in their lives. Among the remaining group (approximately 25 %), 11 % have been exposed to violence and threats within a period of 12 months prior to the survey.

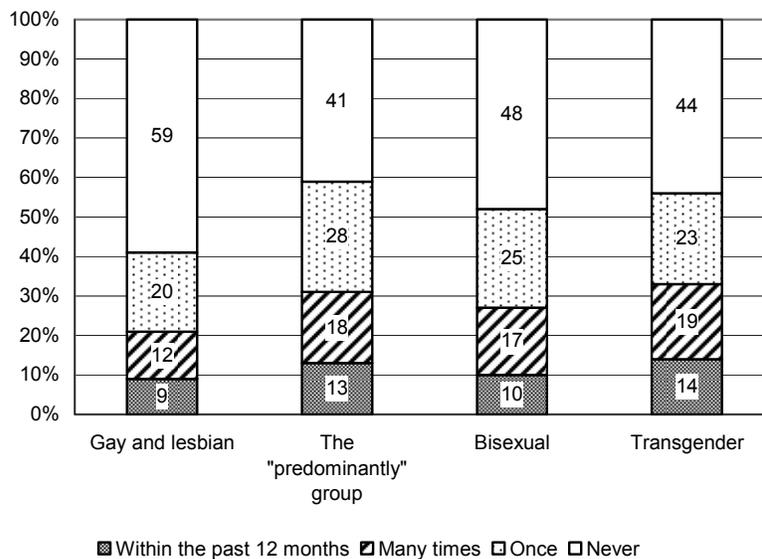
⁵¹ In 2008 the number was 2 %.

Table 11.2: Exposed to violence and threats both within the past 12 months and earlier in life. Percentage. Survey

| | LGBT-gruppen | Heterosexuals |
|-----------------------------------|--------------|---------------|
| <i>Within the past 12 months:</i> | | |
| Both violence and threats | 2 % | 1 % |
| Only violence | 1 % | 1 % |
| Only threats | 9 % | 5 % |
| total..... | 12 % | 7 % |
| <i>Earlier in life:</i> | | |
| Many times | 16 % | 12 % |
| Once | 24 % | 21 % |
| Never | 48 % | 60 % |
| total..... | 100 % | 100 % |
| Number (N) | 946 | 523 |

If we compare the LGBT group with the heterosexual control group, it is clear that people from the LGBT group are more exposed to violence and threats than heterosexuals. The difference is not very big but still statistically significant. The differences are distributed evenly among all the answer possibilities. The question arises, is there a difference between the different sexuality groups and transgenders?

Figure 11.5: Victims of violence and threats in the different sexuality groups/transgenders. Percentage. Survey



If we compare the different sexuality groups and transgenders in figure 11.5 we can see that apparently it is transgenders and the "predominantly" group who most often have been exposed to violence and threats. They are followed by bisexuals, whilst gay and lesbian people are the group who has been the least exposed to violence and threats.

Figure 11.6: Those who have been a victim of violence and threats among LGBT people. Percentage. Gender. Age. Single/couple. Region. Education. Survey

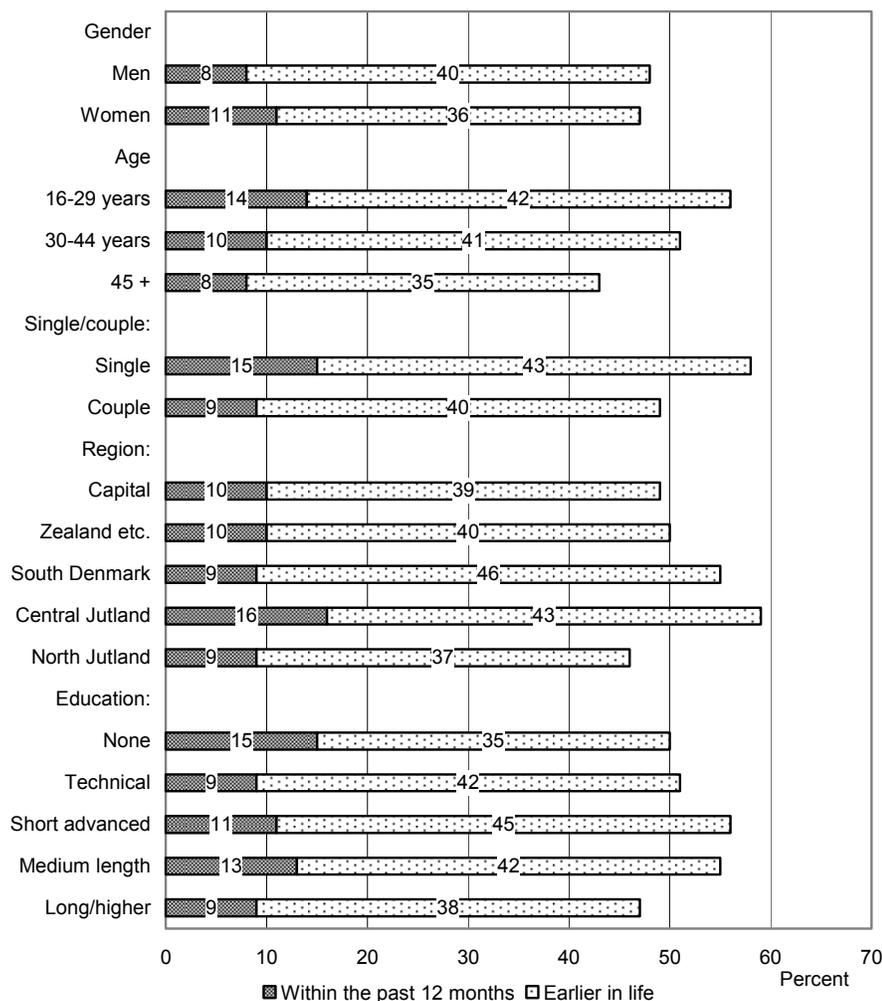


Figure 11.6 shows the results of the question about violence and threats in connection with the LGBT group as regards some important background variables such as gender, age, single/couple, region and education.

Women have experienced a little bit more violence and threats than men, but the difference is too little to be of any statistical significance.

There is a connection between age and being exposed to violence and threats. Young people are those who are mostly victims of violence and threats, whilst older people have not been so exposed. The differences are not statistically significant.

Singles are more often exposed to violence and threats than those living as a couple. This difference is significant.

As regards the region in which respondents live, there are only small differences, and these differences are not statistically significant. However Central and north

Jutland do differ a little. In central Jutland more LGBT people have been exposed to violence and in north Jutland relatively few LGBT people have been exposed to violence and threats.

Finally, there is a small difference between those with and those without an education. But these differences are without any significance.

Comprehensively, one can conclude, there is almost no difference in how often the various groups of LGBT people have been exposed to violence or threats.

Figure 11.7: Those who have been exposed to violence and threats, categorized by sexuality groups and transgenders. Percentage. Survey. Banner study

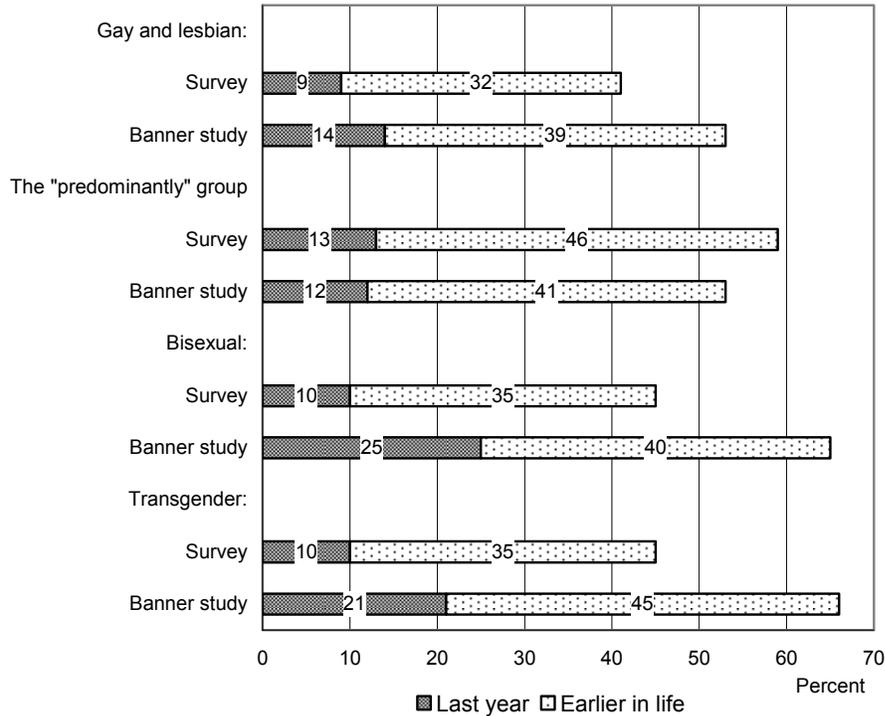


Figure 11.7 shows that respondents in the banner study have more often been exposed to violence and threats than respondents in the survey. This is the case regardless of the sub group, i.e. except for the "predominantly" group. In the survey the "predominantly" group have more frequently been exposed to violence and threats.

We assess that the banner study maybe overestimates the problem of violence and threats amongst LGBT people due to the fact that those who have taken part in the banner study are more out-going people. It should be noted that there are relatively many young LGBT respondents in the banner study.

11.3 Summary

With regards to violence and threats this survey shows that 9 % of LGBT people “often” or “all the time” think about the risk of being exposed to violence and 14 % of the LGBT people “often” or “all the time” refrain from doing something they would like to do because they are afraid of being exposed to violence and threats. All together 11 % are “very concerned”, whilst 30 % are “somewhat concerned”. 59 % of the LGBT group are “not concerned” as regards violence and threats. In comparison with the heterosexual control group, LGBT people have a little more – but significant – fear of violence and threats. There is, however, no significant difference in connection with fear of violence and threats as regards the different sexuality groups.

Women are more concerned than men, and the young are more concerned than those who are older. These differences are statistically significant. Furthermore, a person with no education is more concerned than a person with an education and those with a longer education are those who are the least concerned.

Two questions were asked concerning being a victim of violence. One refers to a 12 month period prior to the survey, whilst the other has no time limit.

- 12 % of the LGBT group has been exposed to violence or threats within a period of 12 months prior to the survey.
- 16 % of the LGBT group has been exposed to violence or threats but not within a period of 12 months prior to the survey.
- 25 % of the LGBT group has been exposed to violence and threats once in their lives but not within a period of 12 months prior to the survey.
- 48 % of the LGBT group has never been exposed to violence and threats.

If we compare LGBT people with the heterosexual control group then it is clear that LGBT people are more exposed to violence and threats than heterosexuals. The difference is not particularly big but statistically significant. The differences are evenly distributed among all answer possibilities.

Other victim studies have used the same questions in connection with the population between the ages of 16-74. In comparison it is clear that LGBT people have more often been exposed both to violence and to threats than the population as a whole.

A comparison between the different sexuality groups and transgenders shows that it is transgenders and the “predominantly” group who have most often been exposed to violence and threats. Succeeding them are bisexuals, whilst gay and lesbian people are those who have been the least exposed to violence and threats.

The same questions were asked in the banner study. Respondents taking part in this study have more often been exposed to violence and threats than respondents taking part in the survey. This is the case in connection with all groups except for the “predominantly” group. The survey shows that this group has more often been exposed to violence and treats than other groups. We assess that the banner study maybe overestimates the problem of violence and threats amongst LGBT people due to the fact that those who have taken part in the banner study are more out-

going people. It should be noted that there are relatively many young LGBT respondents in the banner study.

12 Good and poor living conditions

In the previous chapters we have dealt with the different aspects of living conditions included in our survey, e.g. physical health, social relationships and violence. In this chapter we will concatenate the different aspects of living conditions in order to show a comprehensive picture. This will give us the possibility of studying whether certain groups of LGBT people have generally good or generally poor living conditions. In other words, do some LGBT people experience poor living conditions in connection with some or all categories, whilst other LGBT people experience good living conditions in connection with some or all categories.

12.1.1 Problems in connection with living conditions

We have chosen a range of questions which will reflect poor living conditions in areas such as individual resources, social relationships and social network together with the respondents' position in the economical and physical environment. We have employed the following 12 variables. These have been divided into "poor" and "not-poor".

- Poor health (self assessed health and prolonged illness).
- Poor wellbeing (both poor mental wellbeing and low vitality).
- Suicide (thoughts and attempts).
- Abuse (high alcohol abuse, use of illegal drugs and heavy smoking).
- Low activity rate in connection with exercise (sedentary leisure time).
- Poor relationships (practical and emotional support, loneliness).
- Low activity rate in connection with the society (leisure time and culture).
- Low trust in public institutions.
- Exposed to violence.
- Discrimination.
- Economical problems.
- Low level of education.

Table 12.1: Those who have problems in connection with living conditions, categorized by sexuality groups and transgenders. Percentage. Survey

| | Gay and lesbian | "Predominantly" | Bisexual | Transgender | Heterosexual |
|-----------------------------|-----------------|-----------------|----------|-------------|--------------|
| Poor health | 18 | 26 | 29 | 35 | 28 |
| Poor wellbeing | 19 | 21 | 19 | 19 | 12 |
| Suicide | 15 | 25 | 32 | 13 | 16 |
| Abuse | 32 | 30 | 32 | 34 | 33 |
| Low exercise rate | 20 | 22 | 19 | 24 | 25 |
| Poor relationships | 20 | 21 | 23 | 21 | 24 |
| Low activity | 17 | 14 | 21 | 28 | 30 |
| Mistrust | 21 | 26 | 30 | 29 | 27 |
| Exposed to violence | 22 | 31 | 28 | 33 | 20 |
| Discrimination | 22 | 14 | 8 | 13 | - |
| Economical problems | 23 | 37 | 30 | 35 | 22 |
| Low level of education | 9 | 6 | 12 | 20 | 38 |

Table 12.1 shows different problems in connection with the various sexuality groups and transgenders with regard to living conditions but it only gives a very vague picture. There is no one group who is systematically placed in a poorer situation than any other group. Furthermore, in many situations individual groups are very similar. We cannot, therefore, conclude that one sexuality group is particularly better or worse off than other groups.

However, table 12.1 also shows that transgenders have poorer health than the other groups and that transgenders together with the "predominantly" group are those who have been most exposed to violence. They have also the biggest economical problems. Bisexuals are those who have had most problems with suicidal thoughts and suicide attempts.

12.2 A comprehensive measure for living conditions

To enable us form a comprehensive picture of which sub groups have many and which have few problems in connection with living conditions, we have constructed a comprehensive but relatively primitive measure for living conditions. We have then summarized the 12 problems in connection with living conditions and counted how many problems each group has. We have then formed three groups.

- **Good living conditions:** those who have no problems in connection with the 12 areas.
- **Average living conditions:** those who have problems in connection with 1 – 4 of the 12 areas.
- **Poor living conditions:** those who have problems in connection with 5 of the 12 areas.

Table 12.2: Those who have good, average or poor comprehensive living conditions, categorized by sexuality groups/transgender and gender. Percentage. Survey

| | Gay and lesbian | “Predominantly” | Bisexual | Transgender | Heterosexual |
|-----------------------------|-----------------|-----------------|----------|-------------|--------------|
| <i>Men:</i> | | | | | |
| Good living conditions..... | 16 | 8 | 17 | 10 | 7 |
| Average living conditions | 72 | 77 | 60 | 73 | 78 |
| Poor living conditions..... | 12 | 15 | 23 | 17 | 14 |
| Total | 100 | 100 | 100 | 100 | 99 |
| Number (N)..... | 124 | 172 | 64 | 59 | 299 |
| <i>Women:</i> | | | | | |
| Good living conditions..... | 16 | 16 | 10 | (7) | 9 |
| Average living conditions | 66 | 63 | 74 | (52) | 72 |
| Poor living conditions..... | 18 | 21 | 16 | (41) | 18 |
| Total | 100 | 100 | 100 | 100 | 100 |
| Number (N)..... | 67 | 315 | 81 | 27 | 217 |

Table 12.2 shows that among bisexual men relatively less have good living conditions and relatively more have poor living conditions. Otherwise there is no significant difference among men in the various sexuality groups.

Among women, transgenders deviate from the other groups. There are, however, too few respondents in this group to be of any statistical significance. The difference between other sexuality groups is relatively small and therefore of no statistical significance.

Table 12.3 shows a distribution of “good” and “poor” living condition among LGBT people in the various groups, categorized by gender, age, region, single/-couple, occupation and education.

Table 12.3: Good and poor living conditions among various sub-groups of LGBT people. Percentage. Survey

| | Good living conditions | Average living conditions | Poor living conditions | Total | Number (N) |
|---|------------------------|---------------------------|------------------------|-------|------------|
| <i>Gender:</i> | | | | | |
| Men..... | 12 | 72 | 16 | 100 | 419 |
| Women | 15 | 64 | 21 | 100 | 490 |
| <i>Age:</i> | | | | | |
| 16-29 years | 10 | 66 | 24 | 100 | 210 |
| 30-44 years | 16 | 64 | 19 | 99 | 350 |
| 45 years + | 12 | 72 | 16 | 100 | 386 |
| <i>Single/couple:</i> | | | | | |
| Single..... | 12 | 66 | 22 | 100 | 337 |
| Couple | 14 | 69 | 17 | 100 | 609 |
| <i>Region:</i> | | | | | |
| Capital..... | 15 | 67 | 18 | 100 | 423 |
| Zealand etc. | 7 | 72 | 20 | 99 | 108 |
| South Denmark..... | 11 | 68 | 21 | 100 | 168 |
| Central Jutland..... | 15 | 63 | 22 | 100 | 191 |
| North Jutland | 8 | 83 | 9 | 100 | 53 |
| <i>Education</i> | | | | | |
| None | - | 55 | 45 | 100 | 91 |
| Technical | 12 | 66 | 22 | 100 | 175 |
| Short advanced..... | 8 | 71 | 21 | 100 | 128 |
| Medium length | 16 | 71 | 13 | 100 | 319 |
| Long advanced | 19 | 69 | 12 | 100 | 191 |
| <i>Occupation:</i> | | | | | |
| Employed..... | 17 | 71 | 12 | 100 | 601 |
| Supported employment..... | - | 54 | 46 | 100 | 33 |
| Student | 9 | 68 | 23 | 100 | 136 |
| Unemployed..... | 10 | 53 | 37 | 100 | 30 |
| Early retirement/disability pension | - | 53 | 47 | 100 | 57 |
| Old age pension..... | 8 | 79 | 13 | 100 | 52 |
| Other..... | 5 | 49 | 46 | 100 | 37 |
| Everybody..... | 13 | 68 | 19 | 100 | 946 |

Table 12.3 shows some notable differences in living conditions among LGBT people but, generally speaking, the differences are very small and not statistically significant.

On the whole there are both educational differences and occupational differences. First and foremost, relatively many unemployed, early retirement or disability pensioners and people with supported employment have poor living conditions. The same is the case for those without any education. People with a long or higher education and people who are employed have, generally speaking, better living

conditions than those with a short or no education, or those who are not incorporated in the job market.

Table 12.3 shows only a vague picture when it comes to differences between the genders and age differences. These differences are, therefore, not significant. Neither is there a significant difference between people living in different regions nor among those who are single and those who live as a couple.

12.3 Factor analysis

In a survey such as this – one that includes many different types of questions – it can be difficult to obtain an overview of the various patterns that emerge and how they connect with each other. In the previous chapters we have primarily made analyses in connection with so-called background variables, e.g. gender, age, education and cohabitation, but these background variables cannot pinpoint other patterns and connections in the data material. In a factor analysis, however, it is possible to examine the connection between large amounts of variables simultaneously by means of a series of correlation analyses. We will not go deeper into this here⁵².

With the help of factor analyses we have uncovered four different groups in which some factors correlate more than others. We have chosen to name these four groups after the factor which correlates most within the group. We have named them:

- The lonely
- The physically weak
- The extrovert
- The inactive.

Now follows an account of the various groups. First, which variable do they correlate with? Second, a more descriptive picture and finally, a short comment on who the group consists of in connection with gender, gender identity, sexual orientation, age, education and region.

The lonely

In this group poor social relationships, poor physical wellbeing, suicidal thoughts and attempts, low activity, mistrust and economical problems correlate with each other. Another correlation is, they do *not* have problems with abuse.

This is a group having very poor social relationships. If they have problems they have no one to talk to and are, therefore, often lonely. In connection with practical or emotional problems or in the case of them becoming ill, they cannot be sure of receiving help. They very seldom leave their homes and do not take advantage of the different possibilities that are on offer, e.g. cafés, cinemas, museums etc. They do not trust in people or in public institutions, i.e. social authorities, the law system or the health system etc. They have poor mental health and have, during the

⁵² For further details see the extensive online report in Danish. Table 13.1.

past year, been tormented by suicidal thoughts and have previously attempted suicide. In spite of poor mental wellbeing we do not find any connection between this group and problems of abuse. Their economical situation is poor, i.e. they have had, for some months during the previous year, difficulties paying their bills.

In this group we find the largest portion of bisexual and transgender women. They are young (16-24) and have only a short or no education. For the most they are single and live on the island of Zealand.

The physically weak

In this group poor health, problems with employment and a short education correlate with each other.

The physically weak assess their health as being poor. They have either a prolonged illness or a handicap which has limited both their ability to work and their everyday pursuits. Their poor health has resulted in them not being included in the workforce, i.e. unemployed, in supported employment or a disability pensioner. Their physical ability is impaired and they suffer from various abuser problems. This can include a high alcohol consumption, heavy smoking or use of other drugs.

In this group we first and foremost find transgenders and bisexuals. Gender is not the cause of any significant difference. On the other hand, age does make a difference. It is mostly the elder who belong to this group. They have little or no education, no partner and often live in the south of Denmark.

The extrovert

In this group violence and discrimination correlate strongly with each other. There is also a correlation with problems in connection with suicide, poor mental wellbeing and poor economy. Furthermore, there is also a correlation with higher education.

This group is often exposed to violence and discrimination. They feel insecure and have experienced suicidal thoughts and attempts. This may be a result of insecurity and exposure. They have a well functioning social network, are usually well educated and they actively participate in social life with everything that this offers i.e. parties, art exhibitions, public events. They are also active in connection with various associations. There is evidence of economical problems, i.e. they have had, for some months during the previous year, difficulty paying their bills. It is unknown if this is one of the consequences of their active social life.

This group has a high social activity and, therefore, is not as withdrawn as the lonely group. Maybe they are also more open in connection with their sexual orientation and gender identity. This could be the reason why they are more exposed to violence and discrimination than other people.

In this group we find an overrepresentation of women from the "predominantly" group. They are young (16-39). They are often well educated and live in Copenhagen or in Central Jutland. They are often single.

The inactive

In this group lack of exercise and abuse correlate with each other. There is also a correlation with low activity, poor mental wellbeing and physical health problems. Furthermore, there is a correlation with suicidal thoughts.

This group is inactive and sedentary. They do not take part in any form of exercise and in their everyday life they do not go out very much. They spend much time at home, presumably watching television or on the computer. Their mental wellbeing is poor and their vitality low. In this group there is no indication of suicidal thoughts or attempts. Poor mental wellbeing is presumably experienced more as sadness and the lack of joy in life since there is no correlation with suicide. They feel tired and overworked and they are generally dissatisfied with their existence.

In this group we find transgenders and gay and lesbian people, first and foremost men who are 55 years of age or more. They do not have a partner and have no or only a short vocational education. Geographically they are to be found on the island of Zealand and in north Denmark.

12.4 Summary

In this chapter we have undertaken a general analysis of good and poor living conditions seen comprehensively. Among LGBT people, bisexuals experience both better and poorer living conditions than the rest of the LGBT group and heterosexuals. This difference is, however, not significant.

It is first and foremost the unemployed and those who only have little education who experience poor living conditions. In connection with factors such as gender, age, cohabitation and region we have found no differences.

With the help of a factor analysis we have uncovered four groups in which good or poor living conditions correlate with each other. These groups are named: the lonely, the physically weak, the extrovert and the inactive. A short summary of these groups follows:

The lonely are socially lonely people who seldom take part in social functions and who have little or no trust in other people or the society. They are tormented by suicidal thoughts and have attempted suicide. In this group we find to a high degree of bisexuals and also transgender women. They are young (16 – 24) with a short or little education. Most of them are single and live on the island of Zealand.

The physically weak are in poor health, i.e. with a prolonged illness or a handicap. This has influenced their ability to find employment. They often have problems with abuse in the form of alcohol or other drugs. In this group we find the elder bisexual and transgenders. They have little or no education, no partner and most probably live in the south of Denmark.

The extroverts are very much exposed to violence and threats and have many suicidal thoughts and attempts. However, they do have a good social network. In this group we find women from the "predominantly" group. They are young (16 – 39)

and often have a higher education. They are often single and live in Copenhagen or Central Jutland.

The inactive are sedentary. They very seldom leave their homes and are unsatisfied with their lives. They feel sad and lack joy in life. Amongst this group we find elderly transgenders and gay men. They have no partner, a short vocational- or no education and geographically are to be found on the island of Zealand or in north Denmark.

13 Summary

This is a presentation of the results of the first major inquiry into the wellbeing and living conditions of LGBT people in Denmark. The results are based on a three-part study:

- A survey with 946 respondents based on a random sample of the Danish population conducted by the public opinion pollsters, Catinét. This panel is not self-recruiting.
- A heterosexual survey with 512 respondents also sampled via Catinét's panel.
- A banner study or "environment" study with 2.416 respondents addressed specifically to a LGBT target group. This group was selected with the help of home pages and advertisements.

The heterosexual survey was conducted to provide a solid framework of reference for the LGBT survey. To enable us make a comparison with the Danish population as a whole we have, when possible, compared our study with the Health and Sickness Survey of 2005 and the Victim Survey of 2008.

We have employed a random sample survey to study the living conditions and wellbeing of LGBT people in Denmark. The question then arises: Are these results representative of all LGBT people in Denmark? Because we do not know beforehand how the Danish population is composed with regard to sexual groups and transgender we cannot be sure that this is the case. Sexuality and being transgender is considered very personal information and it is forbidden to register this information in any public register. However, we do expect the survey to be fairly representative due to the fact that we have screened LGBT people from Catinét's panel. This panel is a reasonable representation of the Danish population and it is not self-recruiting. Also we expect that LGBT people have wanted to take part in this survey, which has been conducted anonymously and electronically. We anticipate, therefore, that the survey is representative of the LGBT community.

With regard to the banner study we are not as convinced of its representativity. This is because the respondents have been selected in a very different way. Respondents have primarily come into contact with the survey via various homepages. Here they have found an advertisement searching for participants to take place in the survey. Furthermore some associations and networks in connection with LGBT people have campaigned for the survey and have recommended that their members fill out the questionnaire. Because of this, it is possible that the banner study shows a lop-sided composition of LGBT people. In other words only those who have visited relevant homepages or who belong to certain networks.

The results of the LGBT survey and the banner study differ in many cases. In these cases we have chosen the LGBT survey as being the most representative. But in many other cases the results of the banner study are relevant and help give a reliable picture of the environment of the LGBT community.

13.1 LGBT

LGBT is an abbreviation for Lesbian, Gay, Bisexual and Transgender. In this report we have also chosen to include people who either consider themselves heterosexual with a touch of gay or lesbian (predominantly heterosexual) or who consider themselves gay or lesbian with a touch of heterosexuality (predominantly gay or lesbian). This group we call the “predominantly” group. As a result, the LGBT group has been enlarged and become more nuanced. The representative LGBT survey shows that the largest group is the predominantly heterosexual group. It is also this group who is least inclined to talk openly about their sexual orientation. In other words, we have been in contact with LGBT people who normally do not live openly as regards their sexual orientation but choose to keep it to themselves. The banner study, being addressed directly to the “environment”, has clearly pinpointed open and outgoing LGBT people.

13.2 Sexuality and gender identity

This inquiry has shown us that sexuality, sexual attraction and sexual orientation is not a simple subject, e.g. in regards to such questions as: “Are gay and lesbian people *only* attracted by persons of the same gender?” The inquiry shows there are many nuances. Sexual orientation is not synonymous with a specific sexual attraction or sexual practice with a specific gender. The boundaries are vague. Some gay men, for example, can be attracted to women, and some lesbians can be attracted to men. Some bisexuals are only attracted to persons of the same gender, and those from the ”predominantly” group can find persons of the same gender attractive, but still perceive themselves as being heterosexual. The opposite can also be the case. In other words, there is no definition of how sexual attraction, sexual practice and sexual identity fit together.

The same applies to an understanding of gender. Also here the boundaries are being softened up. What is gender? Should we only look at a person’s physique – e.g. sexual organs? Or should we take into consideration a person’s own experience of gender and identity? In this report we have chosen to listen to individuals and their own perception in connection with both gender and sexual orientation.

With regard to the question of gender, it has become apparent that more people than we had expected experience themselves as having “another” gender, i.e. other than the accepted “man” or “woman”. They do not see themselves as being one or the other gender, as being “a little bit of both”, and not even as being a third gender. The LGBT survey shows that 4 % experience they have “another” gender. The banner study shows 8 %. The experience of having “another” gender is not the same as being transgender. The banner study shows that

20 % gay and lesbian people, bisexuals and the ”predominantly” group who are not transgender, experience they are “another” gender. In the case of transgenders 42 % experience having “another” gender.

13.3 What is it like to be a LGBT person in Denmark?

In the survey we have asked a number of questions on how respondents experience the physical, mental, social and economical aspects of life. We found it important to compare the results of the LGBT survey with results from surveys conducted in connection with the Danish population as a whole to see if there are any similarities. We were also interested in finding out if there are any differences with regard to the wellbeing and living conditions within the LGBT population as a whole in connection with these questions.

The analysis shows both positive and negative results as regards the wellbeing and living conditions of the LGBT group.

Positive results

Generally speaking, 80 % LGBT people assess their health as being relatively good. This is in accordance with the rest of the Danish population. The report also shows that there are no divergences between the LGBT group and the rest of the population when it comes to physical health e.g. different types of bodily pain, discomfort or prolonged illness. Likewise, LGBT do not tend to be heavier smokers than the rest of the population. On the other hand, there are fewer people in the LGBT group who are obese than in the rest of the population.

People from the LGBT group take as much part in all kinds of leisure activities and have as much trust in various public institutions as the rest of the population. They are just as active when it comes to visiting cinemas, cafés or restaurants and have as much trust in institutions such as the health system, the police and the political system as the rest of the population. With regards to fear of exposure to violence, the survey shows no significant difference between heterosexuals and LGBT people.

A positive aspect is, LGBT people who have been open with regard to their sexual orientation and gender identity have experienced very positive response from family, friends, the workplace or school and health personnel.

Negative results

A less positive result is, LGBT people experience more problems in connection with health behavior, threats, violence, mental wellbeing and social welfare than heterosexuals and the rest of the population as a whole.

Starting with health behavior, the report shows that LGBT people have a greater tendency to binge-drink than heterosexuals and the rest of the population. Binge-drinking involves drinking a large amount of alcohol during a short period of time. LGBT people more often drink more than the recommended 5 units of alcohol at one given time than do heterosexuals and the rest of the population.

When it comes to illegal drugs, the report shows that only in connection with hash smoking is there a difference between LGBT people and the rest of the population. LGBT women have a tendency to smoke more hashish than heterosexual women.

The report also shows that LGBT people are more often exposed to threats and violence than heterosexuals and the population as a whole. 54 % LGBT people have, at one time or another in their lives, experienced threats and violence in comparison to 40 % heterosexuals. When asked about being exposed to threats and violence within a period of the last few years prior to the survey, the report shows that 10 % of the LGBT group has been exposed to threats compared with 3 % of the population as a whole. With regards to violence within a period of 12 months prior to the survey, there is no significant difference between LGBT people and the population as a whole.

An interesting difference is, LGBT people have both bought and sold sex to a greater extent than heterosexuals.

The report also shows that LGBT people often have poorer social relationships than heterosexuals. For example, LGBT people in comparison to heterosexuals, to a lesser degree receive help in connection with practical or emotional issues. Also LGBT people more often feel lonely in their everyday life than heterosexuals.

A malfunctioning social network is one of the factors that influences the mental wellbeing of LGBT people. The report shows that young LGBT people – 16 to 19 years of age – often have more bouts of anxiety, nervousness and unease than young heterosexuals in the same age group. As regards despondency, feeling miserable or depressed within a period of two weeks prior to the survey, older HBT men – 45 years and more – find life more difficult than heterosexuals in the same age group. Periods of anxiety, unease and depression can be a sign of mental instability. This has been confirmed in connection with answers concerning suicidal thoughts and attempts. In comparison with the rest of the population, twice as many LGBT people have considered suicide within recent years and four times as many LGBT people have, at one or more time in their life, tried to commit suicide. Of these 6-9 % attempted to take their own life for the first time when they were children between the ages of 4-12. The heterosexual control survey shows that no child in this age group has tried to commit suicide. These results agree with Swedish and Norwegian surveys.

13.4 A short summary of themes from the report

Now follows a short summary of the various themes from the report. The results presented have been taken primarily from the survey.

Sexual life

The survey shows no difference between LGBT people and heterosexuals concerning the frequency of sexual intercourse. Amongst LGBT people it is bisexual women who practice the most sex. Generally speaking the frequency of sexual intercourse among LGBT people declines with increasing age except in the case of gay men. In this case it increases. LGBT people, as a whole, experience the decline in the desire for sex as being more of a problem than heterosexuals. Transgender women and women from the "predominantly" group most often experience a decline in the desire for sex. Bisexual men often experience such a decline as being problematic.

The buying and selling of sexual favors

LGBT people both buy and sell sexual favors to a greater extent than heterosexuals, although there is no difference between LGBT women and heterosexual women when it comes to buying sex. Very few women in the survey have bought sex. Gay men, especially young men, have sold sex more often than any other category of men. Bisexual men have bought more sex than any other category. The buying of sex increases with age, while it is the young who often sell sex. In the LGBT group both men and women (5-6 %) buy and sell sex.

Establishing a family

The biggest difference between LGBT people and heterosexuals with regard to the family situation lies in the fact that a larger percentage of LGBT people live alone without a partner and without children. It is mostly gay men who live alone. A little more than 50 % of the LGBT people in the survey have children and most of these children are the result of sexual intercourse, although gay and lesbian parents have more often than heterosexual parents used other methods. Lesbians have, to a larger extent than others, used insemination with the help of an unknown donor to become pregnant.

Openness

Generally speaking LGBT people are very open as regards their sexuality. LGBT people who have partners and live in or around Copenhagen are, generally speaking, the most open. Gay and lesbian people are those who are the most open about their sexual orientation in connection with friends, the workplace, school and the health system. Bisexual men are those who are the least open and who, on the whole, regard their sexual orientation as being a private affair. Gay and lesbian people and bisexuals who have chosen to be open in connection with their sexual orientation have nearly always experienced positive reactions from their surroundings.

Transgenders are, as a whole, less open than gay and lesbian people and bisexuals when it comes to sexual orientation, and especially in connection with the workplace or school. It is mostly in these situations that transgenders have experienced negative reactions. Family and friends have reacted positively.

Discrimination

15 % LGBT people have experienced discrimination within a period of 12 months prior to the survey. 6 % of this 15 % – mostly gay and lesbian people – have experienced being discriminated as a result of their sexual orientation. This discrimination took place mostly on the streets and in other public places and mostly in the vicinity of Copenhagen. Amongst transgenders 8 % have experienced discrimination within a period of 12 months prior to the survey and half of them experience being discriminated because they are transgender.

Self assessed health

LGBT people assess their health in accordance with the rest of the population, except for women between the ages of 30-44. These LGBT women assess their health as being poorer than heterosexual women of the same age.

Physical health

The survey shows no difference between LGBT people and the rest of the population with regard to the percentage of people suffering from prolonged illness. Neither is there a difference when it comes to taking a cervical smear test. LGBT women do, however, differ from heterosexual women in that they more often visit alternative practitioners.

Mental health

Young LGBT people have experienced more problems than young heterosexuals in connection with anxiety, nervousness and unease. Also, during a short period prior to the survey, older LGBT men have experienced more problems concerning despondency, depression and unhappiness than the older heterosexual man.

Amongst LGBT people it is young lesbians, 16-29 years of age, who have experienced most problems with anxiety, despondency, palpitations, sleeping disorders and stomach pains. Bisexual men between the ages of 30-44 are those who experience a larger portion of headaches, neck pains and breathing disorders than other LGBT people.

Overweight and underweight

There is a smaller portion of people who are overweight among LGBT people than among heterosexuals. In the LGBT group it is bisexual men between the ages of 30-44 who have the largest portion of overweight.

Smoking

There is no significant difference between LGBT people and the rest of the population when it comes to being a heavy smoker. Amongst LGBT people it is bisexual men between the ages of 30-44 who most often are the heaviest smokers.

Alcohol

LGBT people use alcohol in a different way than heterosexuals. LGBT people on a day to day basis or a few times a week drink more than the recommended 5 units of alcohol at one given time. In other words, LGBT people (17 %) tend to binge drink in comparison to heterosexuals (9 %). The use of alcohol is more prolific among men and people who live in larger towns or cities e.g. Copenhagen.

Illegal drugs

Within a period of 12 months prior to the survey it was more common for LGBT people to smoke hash than heterosexuals. The smokers are mostly single people, young people and people living in and around Copenhagen. 10 % of LGBT women of all ages have smoked hash whereas only 2 % of heterosexual women have done so. Amongst LGBT people, it is women from the "predominantly" group who smoke the most hash.

Physical activity

LGBT people have a bigger tendency to sedentary leisure time than the rest of the population. A larger portion of LGBT people living in towns with 40.000 or more inhabitants are less active in their free time, whereas those living in the larger cities, e.g. Copenhagen, Århus, Odense and Aalborg are more active.

Mental wellbeing

There is no significant difference between LGBT people and the rest of the population when it comes to experiencing stress in the day to day life. However a bigger portion amongst LGBT people experience poor mental wellbeing and low vitality than amongst heterosexuals.

Suicidal thoughts and attempted suicide

Suicidal thoughts within a period of 12 months prior to the survey were more common amongst LGBT people than the rest of the population. Also it is more common for LGBT people to have tried to commit suicide at least once in their life. Within a period of 12 months prior to the survey more than twice as many LGBT people (16 %) have considered suicide. In the rest of the population 7 % have had suicidal thoughts. Attempted suicide is also more common than in the rest of the population. Four times as many LGBT people (12 %) have, at one or more time in their life, tried to commit suicide than in the rest of the population (3 %). Women from the "predominantly" group and bisexual women, generally speaking, more often have had suicidal thoughts within a period of 12 months prior to the survey. Bisexual women are those who have most often attempted suicide. Amongst LGBT people there are some who have tried to commit suicide as a child, between the ages of 4-12. The heterosexual control survey shows that no child in this age group has tried to commit suicide.

Social relationships

With regard to having a social network, LGBT people (22 %) are on the whole in a worse situation than heterosexual people (15 %), the reason being, they do not receive as much practical and emotional support as heterosexuals. Also, they are often lonely. Single people often have poorer social relationships than those who live in a partnership.

Leisure time

There is no significant difference with regard to which free time activities LGBT people and the rest of the population take part in, although we have ascertained that gay and lesbian people and those "with a touch of" are more active than bisexuals and transgenders.

Beliefs

12 % of LGBT people are active in connection with religion. At the other end of the scale, 54 % LGBT people have never considered any religious activity, whilst 32 % are active only once or twice a year. This differs in no way from how active heterosexuals are in connection with religion.

Trust

There is no significant difference with regard to trust in connection with public institutions (the health system, the police, and the political system) between LGBT people and heterosexuals. Amongst LGBT people, generally speaking, gay and lesbian people have most trust in the various public institutions.

Violence and threats

LGBT people have to a greater degree been exposed to threats and violence than heterosexuals. Amongst LGBT people 54 % have, at one point in their life, been exposed to threats and violence in comparison to 40 % heterosexuals. It is worth noting that 10 % LGBT people have experienced threats within recent 12 months in comparison to only 3 % of the population as a whole. However, there is no significant difference in the percentage of those who have been exposed to violence within recent year. Amongst LGBT people who have experienced threats, 10 % experience this as being in connection with their sexual orientation. Gay and lesbian people experience, to a greater degree than other groups, that they are being threatened in connection with their sexual orientation.

Good and bad living conditions

We have tried to consolidate “living conditions” into one measure – i.e. physical health, mental health, social relationships, violence, threats, discrimination, economy and leisure activities. When one looks at the comprehensive picture, there are only relatively small differences between LGBT people and the heterosexual control group.

First and foremost it is the unemployed and those with little or no education who experience the poorest living conditions. As regards gender, age, partnerships and region the survey shows no significant difference.

4 groups

We have attempted to define “living conditions” with the help of a factor analysis. This analysis shows that within the LGBT group there are four different groups of people: *the lonely*, *the physically weak*, *the extrovert* and *the inactive*.

The lonely are socially lonely people with a low rate of activity when it comes to taking part in social functions. Also, they do not trust in society or in other people. They are tormented by suicidal thoughts and have, at least once in their lives, attempted suicide. In this group we find, to a larger degree, bisexuals and transgender women. They are young – 16 to 24 years of age – and have a short or no education. Most of them are single, without a partner, and live on the island of Zealand (exclusive Copenhagen).

The physically weak suffer from bad health in the form of a prolonged illness or a handicap. This has affected their employment potential. Generally speaking, they have problems concerning the misuse of alcohol or drugs. In this group we find elder bisexuals and transgenders. They have a short or no education, no partner, and live mainly in the south of Denmark.

The extroverts are often exposed to threats and violence and have considered suicide or attempted it numerous times. They have a well functioning social network. In this group we find women from the ”predominantly” group between the ages of 16 and 39. They have, generally speaking, a higher education and are often single. They live either in and around Copenhagen or in central Jutland.

The inactive are sedentary and seldom leave their homes. They are dissatisfied with their lives and often feel unhappy and discontented. Amongst this group we

find elder gay men and elder transgenders. They have no partner, little or no education and no profession or vocational training. They live on Zealand and in the north of Jutland.

13.5 Internal comparison of LGBT peoples' living conditions

One of the interesting things in connection with this survey is, we have had the possibility of comparing LGBT people with each other. This can be of interest to organizations or institutions that work with or come into contact with LGBT people. We have posed the question: Is any one group – gay and lesbian people, bisexuals, the "predominantly" group or transgenders – more exposed than other groups? The survey shows that on the whole there is no significant difference between these groups when it comes to good or bad living conditions. However, when it comes to specific aspects of living conditions, there are some differences. The following is a short summary of good or bad aspects that differ in the various groups of LGBT people. We have sub-divided these groups into masculine and feminine as gender can have an influence on living conditions.

Gay and lesbian people

On the whole gay and lesbian people have faith in society's institutions. They are also more open and more active in connection with society. Gay and lesbian people are those amongst LGBT people who feel the most discriminated and who are most often exposed to threats of violence. However, they are those who encounter the least violence. Gay and lesbian people, more often than other LGBT people, live alone.

Gay men:

- Gay men often feel they are subjected to threats because of their sexual orientation.
- Young gay men (16 – 29) sell more sex than other LGBT people.
- Elder gay men (45 +) have, to a larger degree, visited hospital outpatient wards within three months prior to the survey.
- With regard to sexual life, older gay men (45+) most often have sex several times a week compared to other older LGBT men.
-

Lesbians:

- Lesbians are more open in connection with their family.
- Young lesbians (16-29) have more often had difficulties concerning unease, despondency, palpitations, sleeping disorders and stomach pains than other young LGBT people.
- Young lesbians (16-29) are, amongst LGBT people, those who have in their early years had the highest portion of suicide attempts.

The "predominantly" group

The "predominantly" group are, together with gay and lesbian people, those who are most active in society, although they speak less – and later in life – of their sexual orientation than both gay and lesbian people and bisexuals. However, the "predominantly" group are also those who have been most exposed to violence.

Men:

- Older men (45 +) have, within a period of 12 months prior to the survey, had more suicidal thoughts than other men in the same age.

Women:

- Women from the "predominantly" group have smoked more hash.
- Women from the "predominantly" group have less interest in sex.

Bisexuals

Bisexuals are less open about their sexual orientation in connection with their family, the workplace or school and the health system than gay and lesbian people. Bisexuals more often live alone with their children than other LGBT people.

Men:

- Bisexual men are the least open about their sexual orientation. More often than gay men they choose to hide the fact that they are bisexual.
- Bisexual men buy more sex than other LGBT people

Bisexual men between the ages of 30 – 44 have some problems which other LGBT people of the same age do not have.

- They more often have suicidal thoughts.
- They more often have a prolonged illness.
- Within a period of two weeks prior to the survey they had a bigger portion of neck pain, headaches and breathing disorders.
- The lack of desire for sex is a bigger problem for them than for other LGBT people.

Women:

- Bisexual women have a bigger portion of attempted suicide than other LGBT people.
- Within a period of three months prior to the survey they have, to a larger degree, visited a specialist.
- Generally speaking they have more sex.

Transgenderers

In the survey we have chosen to keep transgenderers in a category for themselves. In other words, we are interested in them because they are transgenderers, not because of their sexual orientation.

Transgenderers are less open about their sexual identity than other LGBT people. This is mostly in connection with the workplace or school. Here they encounter the least positive reactions. Transgenderers together with the "predominantly" group are those who are most exposed to violence among LGBT people. They are also heavy smokers.

Men:

- Young transgender men are those who have most often been in contact with the casualty ward in a period of three months prior to the survey.

- Older transgender men have more often than other LGBT people visited a psychologist.
- Older transgender men experience more difficulty in satisfying their sexual needs than other LGBT people.

Women:

- A high percentage of transgender women have lost their desire for sex.

13.6 The banner study

The banner study differs from the LGBT survey in that we have been in contact with a large number of respondents who are men, young, well educated and who are very open in connection with their sexual orientation. These LGBT people, to a much higher degree than those in the LGBT survey, take part in society. They are also more active when it comes to public functions, café visits etc. than those in the survey. On the other hand they have experienced more negative responses in connection with openness and, generally speaking, they do not thrive as well as LGBT people in the survey when it comes to mental wellbeing, health behavior and being exposed to violence and threats. Within a period of 12 months prior to the survey, this group considered suicide more often than people in the LGBT survey but did not attempt suicide more often than LGBT people in the survey. Also, a higher percentage attempted suicide at an early age than people in the survey.

In connection with health behavior, people taking part in the banner study have more often used illegal drugs such as hash, amphetamine, cocaine and ecstasy.

They have also experienced discrimination to a much higher degree than LGBT people in the survey. The locations where they have experienced the most discrimination are on the streets, in other public places and also during the nightlife. Because violence often takes place on the streets, in squares and in other public places, this can be the reason they have experienced more threats and violence within a period of 12 months prior to the survey than other LGBT people.

13.7 Final comments

This report has aimed at conducting a descriptive analysis of the wellbeing and living conditions of gay and lesbian people, bisexuals and transgenders in Denmark. It has not been our intention to come with concrete suggestions as to how the wellbeing and living conditions can be improved. In spite of this, we have given this issue some thoughts.

The survey has shown that LGBT people do not thrive as well as the rest of the population in connection with mental and social welfare, and there are also problems concerning discrimination and threats. In these areas especially there is need for improvement. It is important that initiatives be taken, both on a structural and on an individual level. On the structural level, a bigger effort is called for when it comes to openness and acceptance of all that does not fall within the norms of a

hetero society. Among other things, this calls for LGBT people becoming more visible in areas such as kindergartens, schools and the health system.

Initiatives on the individual level should be focused on areas and authorities that work with suicide – both considered and attempted – alcohol, illegal drugs, discrimination etc. It is important that LGBT people are taken into consideration when planning work in these areas.

We know that the National Association for Gays and Lesbians in Denmark (Landsforeningen for Bøsser og Lesbiske) will keep on working within these areas. We refer to them for more information and additional analysis. We have decided that this summary would not be complete without airing some ideas from the LGBT group themselves. The following are comments on what should be changed to improve the wellbeing and living conditions of the LGBT community. These comments have been taken from one of the open questions on the questionnaire.

What do you think should be changed to improve the wellbeing and living conditions of gay and lesbian people, bisexuals or transgenders?

“Generally speaking more openness surrounding homo/bisexuality and transgender. There should be much more focus on this in the schooling system.”

“A much clearer indication in schools about various sexual orientations with emphasis on the fact that, no matter which group you belong to, you are an equal.”

“Better networking possibilities for the young with gay, lesbian and bisexual tendencies. This should not be date- or sex orientated, but a possibility to talk with other people who have been in the same situation in connection with family and the outside world.”

“There is not enough information on bisexuality. It is often described, both by heterosexuals and by gay and lesbian people, as being the stage in which one is confused about ones sexuality.”

“An acceptance of bisexuality as a sexual orientation in itself and not just a step on the way to being heterosexual, gay or lesbian.”

“A more nuanced picture of gender showing that there are not only 3 genders but many different genders.”

“Being transgender should be struck off the list of mental illnesses. More education in connection with this subject in schools is very important.”

“Marriage on equal terms”

“The society and the individual must show an understanding and acceptance of the fact that the sexual universe is not just black or white. In other words there are many gradual transitions and variations of sexuality.”

“The focus should be on the fight against hetero normativity.”

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