

Out and about: LGBTQIA+ experiences of active travel

SRP9



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Executive Summary

This report explores the experiences and perceptions of LGBTQIA+ people in Scotland regarding active travel. It draws on qualitative research with a diverse range of LGBTQIA+ individuals. This project was funded by Transport Scotland through the Scottish Research Programme and carried out by Sustrans.

Key findings

LGBTQIA+ people experience many of the same barriers to active travel as the wider population; however, their experiences are often compounded by structural barriers. Safety concerns are a common theme uniting many experiences of active travel. Beyond the typical traffic-related safety concerns, these stem from LGBTQIA+ people having to navigate spaces where they may encounter transphobia, homophobia or biphobia. Identities such as ethnicity, class, and disability also intersect with LGBTQIA+ identities to influence feelings of safety. Individuals adopt various strategies to manage safety risks for example avoiding certain areas, times of day or travel modes, travelling in groups and reducing how visibly LGBTQIA+ they appear.

The research also explores the reasons why LGBTQIA+ people engage in active travel. We found that walking and cycling offer mental health benefits and are more affordable than public transport, both important given the higher levels of mental illness and financial insecurity within the LGBTQIA+ community. Active travel also provides opportunities for positive community interactions and visibility. Safety concerns, however, play a key role in these choices. Many feel safer cycling than walking, particularly at night, and fear of public transport can push some towards active travel. However, concerns over safety, especially after dark, can deter others from walking and cycling. Experiences and needs vary widely.

Recommendations

This research highlights that often the challenges LGBTQIA+ people face when travelling actively stem from pervasive discrimination, negative attitudes and harassment. Action on a societal level is thus needed to tackle many of the barriers identified in the report. Below are some specific recommendations for the active travel sector:

Design of streets and spaces

- Ensure a diverse range of LGTBQIA+ individuals participate in designing interventions.
- Prioritise personal safety in new walking and cycling infrastructure and ensure that LGBTQIA+ people are included in identifying solutions which target personal safety.
- Provide secure cycle storage, including free/low cost secure residential cycle parking.
- Involve LGBTQIA+ groups in creating LGBTQIA+ permanent symbols, signs and murals within public spaces as individuals can feel reassured by visible signs of LGBTQIA+ community presence. However, such activities should be backed up with concrete action to support the fostering of LGBTQIA+ inclusion and communities.
- Create action plans for dealing with vandalism of LGBTQIA+ symbols.

Behaviour change activities

- Offer walking and cycling activities tailored for LGBTQIA+ people of all abilities. Beyond that, activities and events should be explicit about their inclusivity of LGBTQIA+ people and their non-tolerance of discrimination.
- Activities aimed at LGBTQIA+ people could focus on the mental health and cost saving benefits of active travel.

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1. Introduction

1.1 Research aims

This report explores LGBTQIA+ experiences of active travel. In doing so, we aim to improve understanding of the challenges LGBTQIA+ individuals face when making active travel choices, and outline the benefits of active travel to LGBTQIA+ people. This report also makes recommendations for change, targeted to transport practitioners in Scotland and beyond.

The LGBTQIA+ community is not a monolithic group and so we aimed to include the widest range of sexualities, genders and experiences, and find out where differences arise within the community.

In this report LGBTQIA+ is used to designate people who are lesbian, gay, bisexual, trans, non-binary, queer, questioning, intersex, asexual or which otherwise may not fit into traditional categories of gender or sexuality.

This project engaged with LGBTQIA+ adults living in Scotland to understand:

- How they feel about active travel.
- Whether and how often they engage in active travel.
- Their experiences of active travel and any barriers that prevent them from engaging in active travel more, or at all.
- How active travel systems can be more inclusive for LGBTQIA+ people in Scotland and beyond.

1.2 What we already know

A full literature review was not conducted as part of this project, though we know that existing research specifically exploring LGBTQIA+ people's experiences of active travel, in Scotland and elsewhere, is limited.

We have, however, drawn-out key findings from three pieces of research that give context to the findings of this report. Together these emphasise that LGBTQIA+ people are a marginalised group, with further marginalised sub-groups within the community. Understanding the additional issues faced by LGBTQIA+ people provides important context for understanding, or explaining, why travel behaviours may be different for LGBTQIA+ people compared with the wider population. The research explored includes:

- A summary of the ways in which LGBT+ people in Scotland have worse health and wellbeing than the rest of the population. We list the areas of health and wellbeing that we think could affect travel choices.
- A UK government report showing the discrimination towards and negative experiences of LGBT people.
- Quantitative data from the Walking and Cycling Index showing that the modes people use differ between some LGBTQIA+ people and the rest of the population in Scottish cities.

1.2.1 Wellbeing of LGBTQIA+ people in Scotland

The Public Health Scotland and NHS health needs assessment of lesbian, gay, bisexual, transgender and non-binary people from 2022 evidenced that LGBT+ people face health inequalities on every measure of wellbeing (social, physical, mental and emotional, financial etc). This applies to all the

LGBT+ groups covered by the study¹, but non-binary and trans people consistently demonstrate the worst health and wellbeing indicators. Bisexual women also have particularly poor indicators for mental wellbeing.²

It's important to highlight aspects which may affect how LGBTQIA+ individuals travel, including being more likely to:

- experience loneliness and isolation
- experience discrimination and negative attitudes
- have Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)³
- have mental health problems
- smoke and use drugs and alcohol
- have worse physical health
- not participate in physical activity such as gyms, exercise classes and team sports
- have worse financial wellbeing.

1.2.2 Safety of LGBT people in the UK

The Government Equalities Office⁴ conducted a UK-wide survey of 108,000 LGBTQIA+⁵ people in 2017. Headline findings included those which expand on the experience of discrimination and negative attitudes listed above:

¹ The research did not explicitly cover intersex (also known as variation of sex characteristics or differences in sex development) or asexuality.

² NHS Scotland (2022) Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people: full research findings report.

³ The authors of this report do not view neurodivergence as having a disorder, whilst acknowledging that for some neurodivergent people quality of life is heavily impacted. We are using these terms as they are the current standard.

⁴ Government Equalities Office (2018) National LGBT Survey: research report.

⁵ Although the report uses the term 'LGBT', the survey included intersex and asexual participants, as well as participants of other minority sexual orientations and gender identities.

- “More than two thirds of respondents said they had avoided holding hands with a same-sex partner for fear of a negative reaction from others”⁶
- At least 2 in 5 respondents had experienced an incident because they were LGBTQIA+, such as verbal harassment or physical violence, in the 12 months preceding the survey. However, more than 9 in 10 of the most serious incidents went unreported, often because respondents thought ‘it happens all the time’.⁷
- “Generally, respondents with a minority gender identity had avoided expressing their gender identity in all contexts, but particularly when out in public (e.g. 68% avoided it on the street).”⁸

Not all of these incidents will have occurred in a public space, or have been perpetrated by people outside of their household, but it gives an idea of the considerations that LGBTQIA+ people make as they move through public spaces.

1.2.3 Travel of LGBTQIA+ people in Scotland

The Walking and Cycling Index (WACI) is the biggest ever survey of walking, wheeling, and cycling⁹. It looks at what people think about active travel in 23 urban centres across the UK and Ireland. A summary for eight Scottish cities¹⁰ has provided the data described here.

The survey asks questions about gender and sexual orientation. The 2023 report groups everyone who identified themselves as being in some way LGBTQ+. In terms of modes of transport used regularly the report shows that:

⁶ Government Equalities Office (2018) National LGBT Survey: research report, p. 11

⁷ Government Equalities Office (2018) National LGBT Survey: research report, p.3

⁸ Government Equalities Office (2018) National LGBT Survey: research report, p.12

⁹ Sustrans Walking and Cycling Index <https://www.sustrans.org.uk/the-walking-and-cycling-index/>

¹⁰ Aberdeen, Dundee, Dunfermline, Edinburgh, Glasgow, Inverness, Perth, Stirling

- LGBTQ+ people are more likely to **walk** (67% walk or wheel at least 5 days a week) than heterosexual cisgender people (56%).
- **Cycling** at least once a week is similar for LGBTQ+ people (19%) and heterosexual cisgender people (17%)¹¹.

There is also an online data explorer¹² that uses 2021 survey data and doesn't provide a category of LGBTQ+¹³. There is however data by sexual orientation which shows that¹⁴:

- Sexual orientations other than heterosexual are more likely to use **public transport** (38% use it at least once a week) than heterosexual people (30%).
- Sexual orientations other than heterosexual are much less likely to **drive** (49% never drive, compared to 29% of heterosexual people).

We know that car ownership correlates with wealth¹⁵, and we know that LGBTQIA+ people, especially trans and non-binary, have worse financial wellbeing¹⁶. This may suggest explanations as to differences in levels of driving.

All residents should feel welcome in their neighbourhood. However, WACI data reinforces the UK government equalities office survey previously summarised, and shows that the reality is that LGBTQ+ people in Scottish cities feel less safe:

¹¹ Sustrans (2024) Walking and Cycling Index 2023: Scotland report.

¹² <https://www.sustrans.org.uk/the-walking-and-cycling-index/walking-and-cycling-index-data-tool/what-people-do/>

¹³ The data explorer disaggregates by gender. However the sample size for those who described their gender in another way from male and female is very small. In 2021 there was not a question asking whether people are trans, so trans people would be grouped with whichever gender they identify.

¹⁴ The current WACI data tool uses 2021 data, but data from 2023 will be added later this year.

¹⁵ ONS (2019) Percentage of households with cars by income group, tenure and household composition: Table A47

¹⁶ NHS Scotland (2022) Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people: full research findings report.

- 69% of LGBTQ+ people **feel welcome and comfortable** walking, wheeling or spending time on the streets of their neighbourhood, compared to 75% of non-LGBTQ+ people¹⁷.

These headline statistics conceal the differences between minority groups within the markers of LGBTQIA+ and non-LGBTQIA+. WACI data shows that those from minority ethnic groups, women and disabled people all feel less welcome and comfortable than those of white ethnicity, men, and non-disabled people respectively. Intersections are likely to compound these inequalities.

1.3 Approach to the research

Our research intended to be exploratory, without a preconceived idea of what we might find. We determined that a qualitative approach would give us the richest data. It would help us to understand some of the differences we see between LGBTQIA+ and cis-gender heterosexual people in the WACI data, while also allowing us to hear from people living outside the main cities of Scotland.

We developed a topic guide for our qualitative data production that would provide data for each participant on:

- The context of the area they live in, and connection to their local area and LGBTQIA+ community.
- How they currently travel to places in their local area and why they travel in those ways.
- In what ways being LGBTQIA+ affects how they travel, and how they feel in public spaces.
- How other facets of themselves intersect with being LGBTQIA+ and affect the above.

We held one focus group with four members of Age Scotland's LGBTQ+ Scottish Older People's Network. We conducted

¹⁷ Sustrans (2024) Walking and Cycling Index 2023: Scotland report.

individual interviews with a further 18 people who we recruited via social media and posters in some LGBTQIA+ venues. We decided on our final sample using their responses to a largely demographic survey at the point they registered interest. All names of participants have been changed.

Over 130 people registered interest in taking part in the research¹⁸. In order to give everyone the chance to input, we sent a brief survey to the 110 that hadn't been selected for interview. The survey asked:

- How often being LGBTQIA+ affected how they travel around their local area.
- The choices they might make as a result of this.
- The impacts of being visibly LGBTQIA+, as that was a main theme emerging from the interviews.
- Intersectionality

The data was linked to demographics they had submitted already. We had 17 responses.

All data was coded by a team using a framework developed based on the topic guide, and then amended inductively once we had tested it with the data.

1.4 Who we heard from

We wanted to have the widest possible range of people take part in the research as interview and focus group participants, and our approach to recruitment was developed accordingly. Considering the diversity of identities and intersectionality's under the LGBTQIA+ umbrella, with our twenty-two in-depth participants we are unlikely to have captured the whole diversity of people identifying with this community. This does

¹⁸ See the methodology appendix for more detail on how we tried to identify genuine people as the recruitment process was disrupted by many fake submissions. We had 132 submissions that we felt reasonably confident were genuine.

not detract from the importance and usefulness of the findings of this report.

We asked people to use their own words to describe their gender and sexual and/or romantic orientation, and on the whole people stuck to using commonly understood terms so we were able to summarise the information. The terms that people use to describe themselves can change by context and over time, in addition to sexual and romantic orientations changing over time. Where a participant used more than one term (eg a difference between the registration form and during the interview) both terms have been included.

Table 1 shows how the gender of interview and focus group participants corresponded to their sexual and/or romantic orientation. There were eight men (seven cis and one trans) six of whom identified as gay; the other men identified as queer and (largely) asexual. There were five who could be grouped as non-binary people, four of whom identified as queer; the other used queer/asexual. For the nine women (seven cis and two trans) there was more of a spread across sexual identities, three identified as queer. We did not have any participants who identified themselves as intersex during the course of the research project¹⁹.

Eight participants described their sexual and/or romantic orientation as queer, which could mean either homosexual or polysexual.

¹⁹ At no point in the process did we ask an explicit question about whether a person was intersex (also known as variation of sex characteristics or differences in sex development), although we did state that intersex was part of our inclusion criteria.

Table 1: Distribution of gender and sexual and romantic orientation of interview and focus group participants in their own words.

Sexual and/or romantic orientation	Agender	Nonbinary	Non-binary/Agender	Queer	Trans man	Cis Man	Trans woman	Cis Woman
Asexual aromantic lesbian							1	
Bi								1
Bi / lesbian							1	
Gay						6		
Largely asexual					1			
Lesbian								1
Queer	1	2	1			1		3
Queer dyke								1
Queer/ asexual				1				
Very sexual and romantic								1

We also made sure to include:

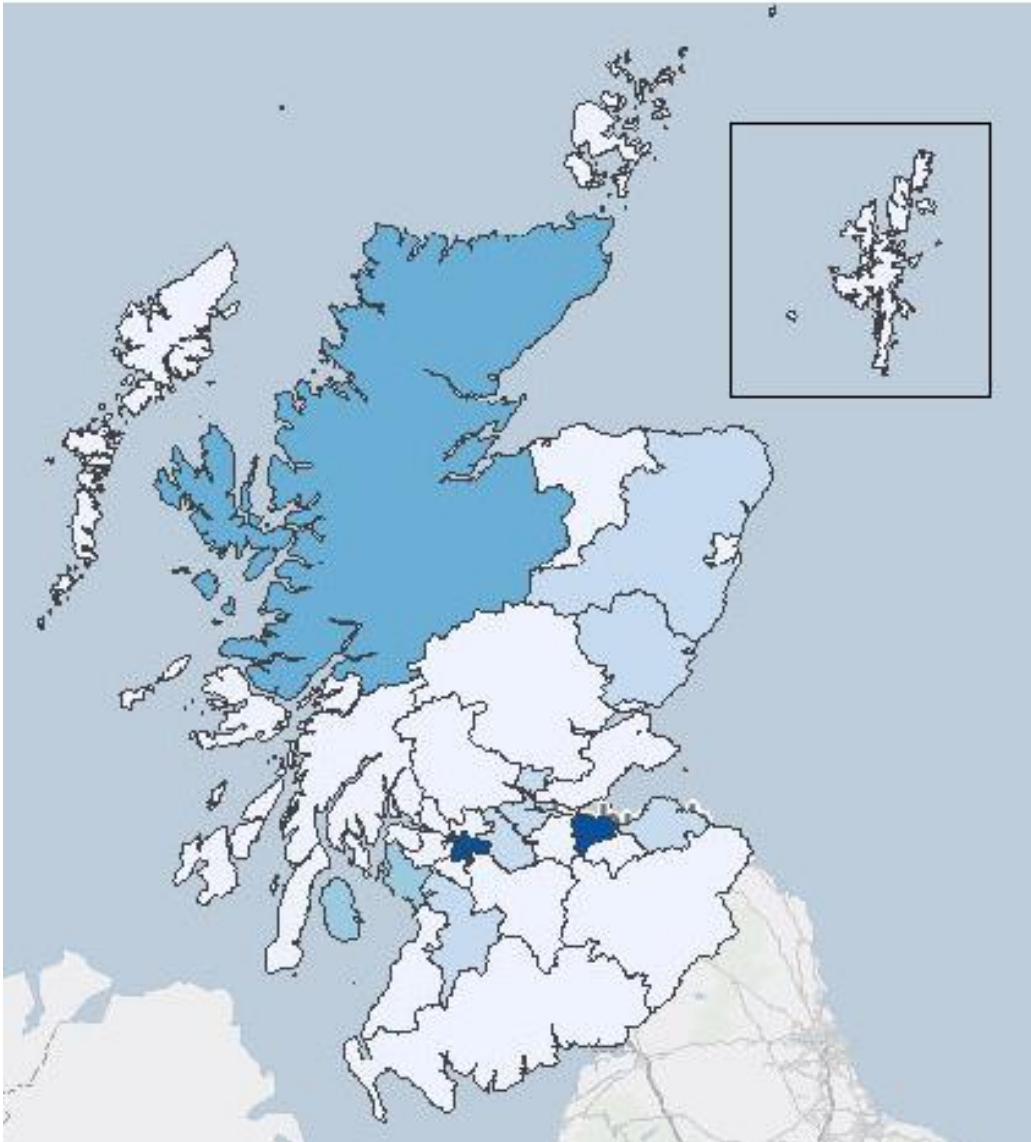
- Those from minoritised ethnicities.
- People living at addresses in a range of IMD²⁰ deciles.
- Urban and rural locations, spread across Scotland.
- Neurodivergence such as autism, ADHD and dyspraxia.
- Physical disabilities.
- Mental health conditions more common in LGBTQIA+ people e.g. depression, anxiety.
- Health conditions e.g. HIV, migraine.
- Range of occupations: a student, someone working unsociable hours, full-and part-time workers, retired, not working due to sickness or disability.
- People with children.
- A range of ages.
- Those who do and do not travel actively (more information in Figure 2).
- Those with potentially a different point of view, as expressed in their sign-up survey.

We tried to include the greatest possible range of demographics, rather than to match the demographic profile of Scotland. [Section 4.5](#) of the methodology contains more detail on each of these demographics.

Figure 1 shows how many interview and focus group participants were from each local authority area. We had five participants in Glasgow and in Edinburgh, with the rest largely spread across the central belt, Highlands and Aberdeenshire. One participant lived on an island.

²⁰ Index of Multiple Deprivation, which ranks areas from 1 (most deprived) to 10 (least deprived)

Figure 1: Locations of interview and focus group participants by number on each local authority area. Dark blue = 5 participants. Palest colour = 0 participants.



2. Findings

This section details the research findings. It begins by outlining the active travel habits of those involved in the research, to give context to the following discussion. The second section explores the theme of safety. This theme is given such prominence as it was a key concern running throughout the data, shaping how most participants experience active travel. This section outlines why participants felt unsafe and whose experiences of safety are particularly acute. It also explores what strategies participants use to feel safe and what factors contribute to feeling safe.

The third section examines the reasons why participants described choosing active travel relative to other modes of transport. In doing so, this section draws out the benefits that walking and cycling has for LGBTQIA+ people, and when modes other than walking, cycling, and wheeling may be chosen. The theme of safety continues to run throughout this section, demonstrating how safety impacts upon participants' travel choices.

It's important to note that whilst this project is focused on active travel, participants' narrations of their experiences often moved around from active travel to their more general experiences in public spaces, and on other modes of transport. We have chosen to include these experiences within our research given that they all affect how participants choose to travel, since traveling actively inherently means being in, and moving through, public space.

2.1 Active travel habits

2.1.1 Places people travel to in their local area

Interview and focus group participants were asked about their regular travel habits. As expected, LGBTQIA+ people have

lives and travel habits that are largely the same as other people living in Scotland:

- Going to work.
- Weekly food and household shopping.
- Travelling further to access more speciality shops (e.g. clothes) and other services such as solicitors.
- Parents travelling with children to school, nursery, and on errands.
- Catching up with friends and family.

There were also examples given of activities that we may again expect any adult living in Scotland to be traveling to, but LGBTQIA+ people often access specific LGBTQIA+ inclusive events, venues, etc, either instead of or in addition to these:

- Cultural activities such as cinema and galleries.
- Hobbies and activities, LGBTQIA+ examples being running / craft / gardening groups for LGBTQIA+ people.
- Nightlife and venues, LGBTQIA+ examples being gay bars, bookshops.
- Volunteering and community building, LGBTQIA+ examples being counselling men with HIV, organising and/or participating in Pride²¹ events.

Often participants described having to go outside of their immediate local area to access LGBTQIA+ specific versions of those listed above. Several of our participants never, or rarely, attended LGBTQIA+ specific activities or venues.

2.1.2 Modes of transport

As with locations, the participants as a group use the full range of commonly used modes of transport available to all: cars (both driving themselves and non-drivers traveling as passengers), taxis and rideshare, public transport (buses, trains, trams), cycling, and walking. However, participants had

²¹ [LGBT pride - Wikipedia](#)

different preferences for particular modes for reasons often related to being LGBTQIA+, as discussed in [section 2.3](#).

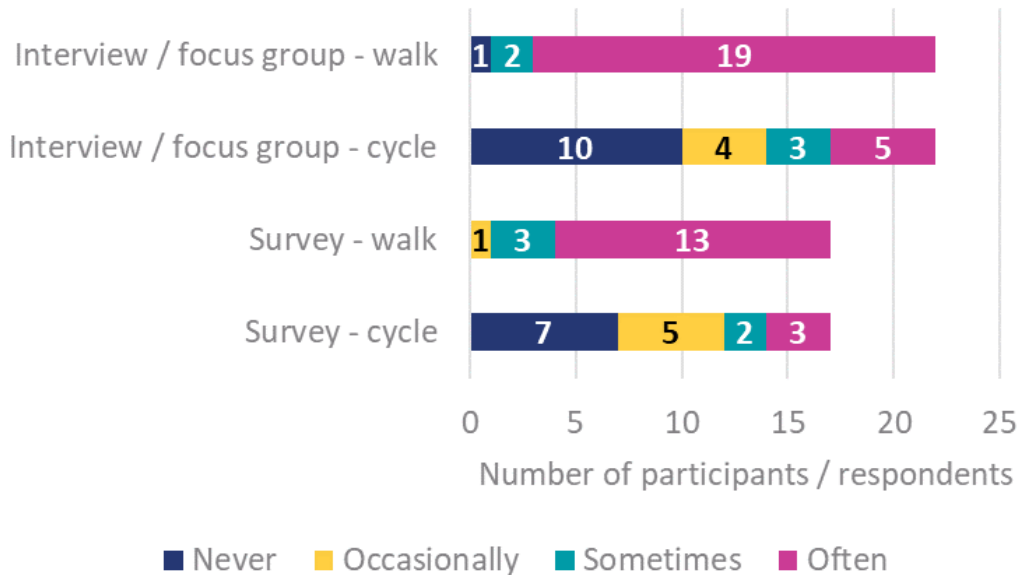
2.1.2.1 Walking and cycling

When registering interest in taking part, potential participants were asked how often they walked and cycled distances under 3 miles²². One of our criteria for selection was to provide a spread of active travel habits in the sample.

Figure 2 shows that most participants (32 of 39 participants) often walk. One person never walked, one person occasionally walked, and five people sometimes walked. The largest category for cycling was 'never', for both interview / focus group and survey participants (17 out of 39 participants). The remaining participants were spread across 'occasionally' to 'often' cycling.

²² The response categories of never, occasionally, sometimes and often were not defined, and it was up to the participant to decide which category to tick.

Figure 2: Walking of distances up to one mile and cycling of distances up to 3 miles done by interview and focus group participants (total 22) and survey respondents (total 17).



2.1.2.2 Wheeling and mobility aids

We did not have with any participants who explicitly said they use a specific mobility aid such as a wheelchair, although one participant, Richard, who lives in a city and has chronic fatigue syndrome described using his car as a mobility aid.

Richard, asexual transgender man, aged 55-64

“I [have] difficulty with walking distances and cannot cycle due to energy. I am not a wheeled user. I moved last year and have become aware that I am much more dependent on my car than I was previously, despite still living in a city.”

One participant had experience of their local town from the point of view of a wheelchair user due to their mother using one. They themselves are considering starting to use a stick because of leg pain when walking. Some participants had partners with restricted mobility.

2.2 Safety

The safety of LGBTQIA+ individuals in public spaces emerged as a concern among most participants. The experiences of many of our participants in public spaces were marked by a complex interplay of safety concerns and past traumas, impacting their wellbeing. Navigating streets, parks, and public transport can be fraught with anxiety and fear, stemming from the threat of harassment, discrimination, and violence. This ranged from a low-level background anxiety to a very present fear, among different participants and within different times and spaces. However, concern over the potential for incidents to occur was a thread that ran throughout most participants' narrations.

These challenges are deepened by the need to negotiate visibility and presentation, as individuals struggle with expressing their LGBTQIA+ identities while minimising the risk of negative reactions. The following sections delve into the overarching themes that emerged from the interviews, namely why people feel unsafe, strategies to keep safe, and factors that contribute to feelings of safety. In exploring these factors, this final section acknowledges that participants' experiences in public space were not universally marked by feeling unsafe and that there are certain spaces that at times they feel safe and comfortable being in and moving through.

2.2.1 Why people feel unsafe

Some people shared that they sometimes or often see physical evidence of hostility towards the LGBTQIA+ community in their local area. This was raised in the form of seeing supportive LGBTQIA+ stickers or décor that had been intentionally ripped down or picked off, and sometimes stickers that explicitly express transphobic sentiment. Erin told us that her friend who is a trans woman no longer takes the more convenient, and otherwise pleasant, route to get to work, because the amount

of “horrible TERF²³ stickers” makes the area feel hostile to her. Erin also spoke about how people from the LGBTQIA+ community tend not to be aware of the impact of seeing these stickers in the same way as those within the community, who are unsurprisingly left feeling less safe in their neighbourhoods when faced with physical evidence that transphobia exists in the local population.

Erin, queer cisgender woman, aged 35-44

“Sometimes it does feel that even though we’re walking on the same streets, we’re living in a parallel universe, where we see these things that are targeted towards us and towards our community and our friends.”

Outside of these experiences, many participants highlighted that most of the time when they do not feel safe or experience discomfort and anxiety in public, it is largely because of their perception of risk from people they are likely to be sharing spaces with – rather than being shaped by the physical characteristics of that space.

Heather, queer cisgender woman, aged 35-44

“The reality is, unfortunately, it all comes down to people. It’s not about the spaces [...] I feel like there is momentum gaining that is starting to make, not necessarily specific spaces safer, but just the entire community environment of this area feel more welcoming and safer in general, which I think is phenomenal but it’s all shifts in people as opposed to shifts in physical spaces.”

Past incidents of homophobia, transphobia and biphobia experienced firsthand, or by other members of their community, have left some participants hyperaware of their surroundings.

²³ TERF is an acronym for Trans-Exclusionary Radical Feminist and is often used to describe transphobic people who may or may not be radical feminists, or even feminists.

This fosters a sense of vulnerability which becomes more or less pronounced in different spaces and at different times. The following sections will delve deeper into these concerns over safety, particularly experienced when navigating public spaces alone, at night, in the presence of people under the influence of alcohol, on public transport, and when presenting oneself as visibly LGBTQIA+.

For example, Erin, a queer woman who lives in a city, recounted a disturbing incident where her friend was violently attacked simply for holding hands with his partner while walking.

Erin, queer cisgender woman, aged 35-44

“...one of my very good friends got beaten up [nearby] just holding hands with his partner, doing absolutely nothing.”

Anecdotes like this highlight the threat of physical violence and harassment faced by LGBTQIA+ individuals in everyday life. Notably, participants’ sense of safety and comfort while walking or cycling was intricately connected to their visibility and presentation as an LGBTQIA+ individual. Transgender and non-binary individuals are among those who felt the most vulnerable about their visibility. Several participants expressed concerns about being visibly transgender or non-binary, citing experiences of harassment and threats. For example, Penny, a transgender woman who lives in a small rural town, shared that:

Penny, transgender asexual aromantic lesbian woman, aged 35-44

"There's a lot of transphobics in the area who don't take kindly to me, to someone like me walking around. Being a trans woman seems to put a target on your back. One of the routes [I walk] is past the pub and it can be a bit unnerving, especially if it's busy. I've been hit on many times before and I've never liked it."

2.2.1.1 What makes people feel visibly LGBTQIA+

Given that many participants' feelings of safety were intimately tied to them being visibly LGBTQIA+, it's worth exploring participants' narrations of what they felt contributed to being 'visible'.

A key element of this for many participants was non-conformity to traditional expressions of gender. Participants described a variety of things that contributed to this non-conformity including clothing, hair, voice, body type, make-up and mannerisms. This was felt across participants with different identities and genders and is connected to people being read as not straight and/or cisgender. For example, being read as a lesbian was often felt more by masculine presenting women. However, those that felt most visible and vulnerable because of this were often non-cisgendered participants. This links back to Penny's comments about the transphobic abuse she regularly confronts. Although it is worth noting that for other transgender participants who felt they 'passed' as cisgender, this concern over safety was diminished.

Linda, bi / lesbian transgender woman, aged 55-64

"My pals say to me, yeah, you pass as a woman no problem, nobody would know, [...], everybody treats me like a woman, everybody talks to me like a woman, the people I live next to they all treat me like a woman; I don't have anything, not the slightest bit of bother."

Participants also described feeling conscious that decisions like putting on badges or wearing clothes with recognisable LGBTQIA+ symbols or statements would make them more visible, and they would consider this aspect when making that choice. Others commented that being with their partners in public spaces, doing things like holding hands, clearly made them noticeable as LGBTQIA+.

Amanda, bi cisgender woman, aged 35-44

“I don’t look that queer. Like I’ve got short hair but unless I’m holding hands with [partner] and stuff, I don’t think... I think people just generally get on with it.”

It was also noted that participants sense of visibility could be affected by a lack of other LGBTQIA+ people in certain areas, as they felt this increased how much they stood out as different.

Drew, queer agender person, aged 35-44

“being queer in rural Scotland... where I am is kind of really rural, it’s like the Highlands, the population density is really low, and the number of queer people in the area is just very low. I’ve thought about that quite a lot, in terms of you can’t help but be visible in the area”

2.2.1.2 Intersectionality and safety

Being LGBTQIA+ is only a part of participants’ identities. Factors such as race, disability, gender, body-type, and class intersect with people’s LGBTQIA+ identities to shape their experiences of safety in different ways.

A number of participants who are women, or feel that they are generally perceived as female, expressed feeling that this had a large impact on how safe they feel. This connects to the much wider body of literature on women’s personal safety and their increased feelings and experiences of vulnerability in public spaces, compared with men²⁴. This included people who may not identify as women, highlighting that anyone matching enough societal indicators of womanhood is at risk of experiencing misogyny.

Amanda, bisexual cisgender woman, aged 35-44

²⁴ E.g. Sustrans 2018; Skellington Orr et al. 2023 ; Scottish Women’s Budget Group 2023

“I think that being a woman definitely has a bigger impact in terms of travel [...] I’m more aware of it and that probably impacts on things more than being queer.”

Ash, queer asexual non-binary person, aged 25-34

“...when I used to be more female presenting, I’ve had situations where I perhaps wouldn’t take a certain route, but that was because I was female presenting to the outside world, not necessarily because I was queer presenting.”

Safety had different dynamics for those perceived as men. Whilst generally their gender impacted less on feelings of safety, several highlighted that they at times felt at risk of receiving violence from other men due to being perceived as male. This was explained by Richard, a transgender man, who experienced changes in his perception of safety after transitioning.

Richard, asexual transgender man, aged 55-64

“I think the only time I really did feel unsafe was in the early days of transitioning because there’s different expectations on men than women, and the safety issues for men and women are different. And the safety issue from a male perspective, I would say, is... it’s a strange one because women would say, but you’re safer, and in the way that women are concerned about, yes, you are safer, but in other ways you are not, and the risk is physical violence in a different way to what a woman is concerned about but, nonetheless, physical violence, and I do think the risk of that is actually higher, unfortunately.”

Furthermore, one of the participants emphasised the intersectionality of safety concerns, not only rooted in their LGBTQIA+ identity but also their body-type. This follows from the point above about experiencing violence from other men due to being perceived as male. In this instance, Monroe, a

queer non-binary person living in a city, felt unsafe with peak-time public transport due to the potential for conflict or harassment:

Monroe, queer non-binary person, aged 35-44

“And I think particularly being... so I’m physically bigger and I am not violent or confrontational in any way whatsoever, I’m the opposite of that, but it does mean that drunk guys on trains love to, do you want a fight?”

Race and ethnicity also shaped participants feelings of safety. Some white participants acknowledged the lack of impact that their race had on experiences of safety. Whereas participants from marginalised ethnicities described experiences compounding discrimination and safety concerns – adding to feelings of vulnerability and marginalisation.

Joey, gay cisgender man, aged 25-34

"One thing I want to point out is being Asian and being gay is like two of the big things people can be against you, so I always try to protect myself. "

Disability also played into some participants perceptions of safety. For example, Penny, described that her differences in sensory processing made it harder to find safe spaces to be in. This was linked to Penny’s disabilities including learning difficulties, possible neurodiversity and mental health conditions. These combined with Penny’s fear of transphobic violence to make some public spaces feel more difficult to be in:

Penny, transgender asexual aromantic lesbian woman, aged 35-44

“...whenever I’m walking, whenever I’m in really noisy areas and there’s nowhere for me to cope, or I’m over-stimulated when I’m out walking, there’s nowhere really

for me to go. I get over-stimulated if there's too much happening, it's a sensory overload. There's nowhere at all that's safe and there's no quiet space to go to. I've had to fight so many breakdowns and meltdowns"

Two participants drew insightful parallels between disability and LGBTQIA+ visibility. Richard, an asexual transgender man, noted that "by not being perceived as different, you are safe". He felt that like being visibly LGBTQIA+, having a visible disability potentially made individuals more vulnerable to discrimination or harassment than those with invisible disabilities. Although he noted that those with non-visible disabilities can face harassment due to people not believing that they have a disability.

2.2.2 Strategies to keep safe

In response to safety concerns, participants employed a range of strategies to mitigate risks. These include reducing their LGBTQIA+ visibility, planning or changing routes and/or travel modes, and travelling with others.

2.2.2.1 Reducing visibility

One common strategy participants took to increase their feelings of safety was to reduce how visibly LGBTQIA+ they appear. Here, invisibility can be seen as concealing or downplaying certain aspects of one's identity, in this case, their LGBTQIA+ identity, to avoid attracting unwanted attention. This included altering appearances, clothing and mannerisms.

For example, Christopher, a gay cisgender man aged 25-34 spoke about how he would not present himself as gender-nonconforming in an area where violent attacks had occurred.

Christopher, gay cisgender man, aged 25-34

"I definitely wouldn't have been brave enough to walk around wearing nail varnish, knowing that there would be this kind of attack happening immediately nearby."

Some participants shared that when travelling to LGBTQIA+ events such as Pride, they feel safer not expressing themselves as visibly LGBTQIA+ until they are at the event, purely to minimise the risk of potential harassment. Discussing attending a pride event with their friends, Erin, described:

Erin, queer cisgender woman, aged 35-44

“a lot of people who, when we went in, were wearing absolutely ridiculous outfits - we were very sparkly - a lot of people who knew they would have to travel home by themselves brought other clothes. Like my friend, who spent the day parading round in tiny gold hotpants, brought his jeans to put over [...] like absolutely no way he was taking the bus home by himself like that. It’s a real shame.

We found that for lots of participants, their strategies of visibility and invisibility are flexibly employed, depending on how comfortable they feel in, and moving through, particular spaces at particular times (see [section 2.2.3](#) for discussion of what makes people feel safe).

For example, Ash described how they and their partner can “modulate [their] queer vibes” depending on how ready they feel to open themselves up to potential safety concerns. This further demonstrates that visibility is a flexibly employed strategy.

Ash, asexual queer person, aged 25-34

“The biggest influence on how certainly queer I dress, or appear, on a given day is kind of my own mood. Essentially, how much I want to be openly queer to the world or how much I just want to not deal with any of it. I will dress more queer for queer events.”

Sadly, several participants also talked about how they feel safer when they limit or completely forgo displays of affection

towards their partners in some public spaces, such as holding hands, to reduce their visibility as an LGBTQIA+ relationship.

Joey, gay cisgender man, aged 25-34

“if I’m walking with my partner, [...] I wouldn’t be holding hands or anything, just want to eliminate the chance of getting into trouble. I don’t know if I would get into trouble in this area, but I like to be safe.”

This strategy of ‘invisibility’ highlights the profound impact of societal prejudice and discrimination on LGBTQIA+ individuals, who feel forced to compromise their authentic selves to navigate public spaces safely. It should also be noted that this is a strategy that is not available to all participants: for example, transgender people often cannot choose or alter what gender they are perceived as by others.

2.2.2.2 Planning and changing travel routes, modes and times

Participants also described carefully planning walking and cycling routes to avoid areas they felt unsafe within and avoiding travelling at night. This included avoiding areas of nightlife, where there may be drunk people, avoiding walking through dimly lit parks, and sticking to familiar routes. Participants also described staying on high alert when walking or cycling through areas they thought were high risk.

For example, Drew described the discomfort they experience walking past the local secondary school at the end of the school day, due to their past experiences of harassment from some young people. They explained that their personal approach was not to let this discomfort stop them from taking that route at that particular time, but that the feeling of nervousness was there nonetheless:

Drew, queer agender person, aged 35-44

“[I don’t] think teenagers from the high school are a big problem in and of themselves, as I’m aware that there’s

actually a significant proportion of the students at that school are LGBT themselves. I think what they kind of represent, as a big collective, coming out of the school, is a kind of unknown, so I know that some folks of that age have yelled things at me and my partner but I can't tell who's who from a big crowd like that.”

Linking into the point about intersectionality, the places avoided could also link to other facets of people's identities, such as ethnicity.

Survey respondent, lesbian cisgender woman, aged 25-34

“I am white so I feel fine on my own, however my partner is a woman of colour so when we are together this is something we think about more, for example we might avoid walking past a place flying the orange order²⁵ flag.”

Switching modes to, or from, active travel is an important strategy for safety, and different modes applied to different people at different times. [Section 2.3](#) goes into more detail on what modes are chosen when, and the LGBTQIA+ related pros and cons of each mode.

2.2.2.3 Travelling with others

Safety in numbers is another strategy employed, by participants choosing to travel with others. This was often expressed as a preference for being with fellow LGBTQIA+ community members, opting to travel collectively to enhance safety. Participants described feeling more comfortable travelling in their presence, due to a shared understanding of potential safety concerns that they face through being LGBTQIA+, although Frankie does make the point that a larger group might draw more attention:

Frankie, queer cisgender woman, aged 25-34

²⁵ The [Orange Order](#) is an international Protestant fraternal order based in Northern Ireland with lodges in Scotland.

“... if you’re in a group, then it’s always kind of safer, at least feels safer, even if you might draw more attention but still feel safer to go than if you’re just one or two people.”

Travelling as a group was also a strategy adopted when queer visibility was heightened, for example when travelling to or participating in Pride events, as it helped participants feel more confident and less exposed in their own visibility.

Ember, queer dyke, cisgender woman, aged 35-44

“I just don’t like to be that visibly LGBT, to be honest, just because of risk of a hate incident, basically, especially if I’m alone. If I’m with other people it’s very different but if I’m alone. I think it’s hard enough existing for me in the street; I’m quite anxious.”

2.2.3 Factors that contribute to feeling safe

Whilst the previous sections have described what made participants feel unsafe when in, or travelling through, public spaces, and the strategies they employed to keep safe, this section moves on to thinking about spaces that participants felt safer and more comfortable in. In analysing these experiences, it draws out a range of factors that participants described as contributing to feelings of safety. These include the visible presence of LGBTQIA+ community, the time of day and areas with more diversity of people.

2.2.3.1 Presence of LGBTQIA+ community

Many participants described feeling ‘reassured’ by visible signs of LGBTQIA+ community presence, in the form of pride flags hanging in public spaces and painted on infrastructure including park benches and bridges. Erin, a queer woman, highlighted that with incidents of transphobia increasing even within the LGBTQIA+ community itself, there is a need to explicitly demonstrate inclusion of the whole LGBTQIA+

community through use of the Progress Pride flag, or inclusion of the trans pride flag alongside a standard rainbow flag.

However, several participants highlighted that the presence of Pride flags alone is not always enough to create a feeling of safety when travelling through public space. Simply seeing other people visibly similar to themselves in terms of being LGBTQIA+, but also in other aspects of their identity such as age or ethnicity, was a source of comfort to participants who may otherwise have felt hyper-visible in their own 'otherness'. For several participants who had initially been cautious about their own safety, seeing other visibly LGBTQIA+ people participating fully in public life without any apparent negative consequences also enabled them to feel more confident about travelling through and engaging in public space. In general, being surrounded by signs of queerness in the people and places around them helped individuals to feel less alone and vulnerable in their own visibility, reassuring them that they would not stand out even if they look 'different'.

Riley, queer non-binary agender person, aged 25-34

“If I see people around [...] who look queer, then I’m like okay, it’s fine here. It is that visibility. If I see something [...] even just little stickers in a shop window or on a lamppost or whatever, then I’m like it’s okay, I feel comfortable, I do feel safe here. But if there’s not, then it’s like oh I’m not so sure. Am I going to stand out like a sore thumb? It’s really to do with the visibility around here.”

2.2.3.2 Time of day

Many participants mentioned feeling safer in the day compared to at night. Spaces and routes that people may avoid at night often feel safe to be in during the day. The presence of other people during the day contributed to feelings of safety, as participants felt they may be less likely to face harassment or violence when there were more people around.

Amanda, bi cisgender woman, aged 35-44

“I’m a parent, I don’t have that exciting a life. I’m not out that late. [...] So I think maybe if I was [...] out later at night and stuff, I’d be thinking more about how I travel but it’s generally daylight, school hours, lots of people about”

2.2.3.3 Diversity

Several participants also mentioned feeling safer in spaces which were more diverse in terms of not just sexuality and gender, but other factors including age and ethnicity. For these participants, diversity seemed to be associated with an element of anonymity, with people minding their own business and not paying attention to how others may dress or behave:

Daniel, gay cisgender man, aged 18-24

“My sexuality is an important part of my identity but being part of the neighbourhood and seeing the different types of people that live in the area, sexuality is not the first thing that comes to my mind because I feel very integrated and I live here and I go about and do my own thing, and I don’t feel that anybody else has got an issue with that”.

2.3 Why LGBTQIA+ people choose to travel actively

This section explores what influences participants choice of travel mode, with a particular focus on decisions to travel actively. In doing so, it draws out the specific influence that being LGBTQIA+ has on active travel choices. The theme of safety continues to run throughout this section, exploring how concerns over safety affect how individuals choose to travel. This section first outlines the benefits of walking and cycling which participants described – including mental health benefits, increased safety, having affirming experiences on the basis of being LGBTQIA+ when travelling actively and the cost of active travel. It then outlines some of the reasons participants

described for choosing to not travel actively, this focuses on decreased safety and cycle equipment, storage and theft.

Before delving into this, it's important to note that several participants said that they felt that being LGBTQIA+ did not influence how they travel. This links to the wider point that throughout the research, participants gave numerous examples of enablers of, and barriers to, active travel that were less linked to their LGBTQIA+ identity. These are well established in the literature and therefore are not explored in depth in this section. Rather they are summarised in a table in section 2.3.3. This shows that many of the barriers and enablers to active travel experienced by the wider population are also experienced by LGBTQIA+ individuals.

2.3.1 Benefits of walking and cycling:

2.3.1.1 Mental health

Almost all participants mentioned the mental health benefits of walking. For example, Drew described that:

Drew, queer agender person, aged 35-44

“Walking allows you to not have to concentrate so you can just let your mind wander a little bit, so there's really a mental health wellbeing aspect to that.”

These mental health benefits were reiterated by Ken, a focus group participant, as he described walking around the community he had moved to a few years ago:

Ken, cisgender gay man, aged 65-74

“to me it is a rebalancing. [...] I've really suffered with mental health problems since I came here, loneliness in particular, and not belonging to a community, and you're reminded that there's a bigger, wider world than just the

wee world that you've got here that for me is tremendously valuable.”

A smaller proportion of our participants cycled regularly, compared with walking. Those who did cycle also mentioned its mental health benefits. Compared with taking public transport, which was perceived by many as stressful, walking or cycling enabled participants to de-stress, breathe fresh air and be in control of their own mobility.

Ember, queer dyke, cisgender woman, aged 35-44

“With social anxiety, being on a bike makes me feel... it's more fun, it's a nicer way to move and there's something about the sensory experience of holding the bike, knowing the bike's here. I don't know why, I just feel much better, and I think it's something about... I associate the bike with a lot of freedom.”

While this experience is not unique to LGBTQIA+ people, it is of particular significance to this group given that over half of LGBTQIA+ people in Scotland report mental health problems such as depression, anxiety or stress, as stated in the introduction of this report. This suggests that there is potential for active travel to play a role in improving the health and wellbeing of LGBTQIA+ people in Scotland and beyond. However, given the significant concerns over safety, improvements to personal safety will need to be addressed before the full benefits of this can be realised.

2.3.1.2 Increased Safety

Concerns around safety shaped participants' decisions to travel actively in a number of ways, with some participants reporting feeling safer engaging in active travel than traveling by other modes.

Some participants explained that they chose to cycle as it felt safer for them than walking, particularly at night.

Frankie, queer cisgender woman, aged 25-34

“I think on a bike in the middle of the night, I would be okay cycling because you go faster than if there’s anything around. So cycling always feels safer in that sense because you can get away faster to get from A to B.”

Additionally, fears around safety on public transport were described as sometimes pushing participants towards active travel. Janet’s comment resonates here, as she shares:

Janet, lesbian cisgender woman, aged 55-64

“I would encourage people who feel vulnerable to get out and walk and cycle, because you’re probably a damn sight safer than you are on public transport [...] you’re not trapped in an enclosed space with other people, and trapped somewhere that you can’t get off [...] if you’re out walking, or cycling, or whatever, at least there’s a means of escape.”

Others also appreciated not feeling confined when walking as compared to being on public transport. Erin highlighted that although it’s not necessarily something that she consciously considers when deciding to walk, she does feel that having the ability to “**duck into a shop**” when walking is a benefit in terms of safety.

2.3.1.2.1 Public transport and safety

Multiple participants described public transport as a space in which they felt particularly unsafe and therefore it is worth briefly exploring these experiences here. A few participants, particularly trans and non-binary people, felt insecure traveling on buses or trains for fear of being in an enclosed area, citing incidents of harassment and the lack of supportive intervention by staff or drivers. Participants described feeling like they had limited control over their surroundings, leading to concerns about being unable to escape potential harassment. Erin, a queer woman shared:

Erin, queer cisgender woman, aged 35-44

"So, one thing that I dislike about buses and trams is you're kind of stuck there...."

Monroe, another queer participant reiterated the same idea of feeling "trapped" in public transport. Further, the constant awareness of potential danger and fear of encountering homophobic or transphobic behaviours on public transport contributes to significant stress. Monroe highlights how they are conditioned to experience this stress even on journeys where they don't encounter any harassment or discrimination:

Monroe, queer non-binary person, aged 35-44

"... it doesn't mean that every time I get on the bus I'm experiencing homophobia, and stuff like that, but it might mean that once or twice a year that happens, but I'm thinking about that every time I get on the bus."

Furthermore, it appears that how busy or quiet the train, tram, or bus is can either increase or decrease feelings of safety depending on circumstances. Janet said that it's a "really scary thing" to be alone with only one other person for a relatively long time between stations. Others had had experiences on public transport or witnessed times when other passengers intervened, but said that sometimes they made themselves targets as well by doing so. In response to these anxieties, participants opted for walking and cycling, even after dark. They felt a greater sense of security and control when engaging in active travel compared to being confined in public transport.

2.3.1.3 Being 'out and about'

Compared with driving or taking public transport, walking and cycling was, for several, an opportunity to be 'out and about', seeing and interacting with other people, such as Nathan, who lives in a city:

Nathan, queer cisgender man, aged 45-54

“You’re kind of seeing people as you’re walking by and trying to maybe engage, or even smile, or just that kind of feeling of just being out and about and being around other people who are doing the same thing, whether that be walking or cycling.”

This is particularly important for LGBTQIA+ people, who are more likely than the wider population to experience social isolation²⁶. Another participant discussed how walking in their local area specifically enabled them to notice other LGBTQIA+ people and to feel part of the LGBTQIA+ community:

Riley, queer non-binary agender person, aged 25-34

“Sometimes it’s nice to walk around and see other people that are like queer as well and it’s like, ah community.”

Walking and cycling can therefore provide an opportunity for mutual recognition of shared membership of LGBTQIA+ community, as well as engagement with the wider community. While participants’ own visible queerness was a safety concern for many participants while travelling through public space as previously described, many also described being seen and recognised as queer by others as a positive and affirming experience. One interviewee chose to wear a ‘Dykes on Bikes’ t-shirt while cycling as a visible identifier to other queer people and as a way of bringing together two important aspects of her identity. Participants mentioned receiving positive comments from, or connecting with, LGBTQIA+ community members and allies based on their own queer visibility when walking or cycling through public space, as described by Drew who lives in a rural area:

Drew, queer agender person, aged 35-44

²⁶ NHS Scotland (2022) Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people: full research findings report.

“I pass a lot of people when I’m out and about... I would say that there’s probably more people who look at us with a kind of sparkle [...] they’re pleased to see some diversity, or I’m holding hands with my partner and we get a big smile and a hello from a stranger, and that experience, here, is much bigger than the kind of negative side.”

2.3.1.4 Gender affirmation

Walking and cycling could also be affirming of participants’ LGBTQIA+ identities in other ways. For example, Riley described feeling that different forms of transport expressed different gender performances; they described feeling particularly affirmed in the more masculine side of their gender when cycling:

Riley, queer non-binary person, aged 25-34

“I can say for myself, I feel a lot more of the masculine kind of way, like the masculine energy. I feel much more of that when I’m on the bike because I don’t feel any kind of femininity with it. Whereas walking is a bit more... it’s weird how these... like walking is feminine, bike cycling is masculine. I know it’s not but it’s like in my head it feels like that and I don’t know, I feel much more like I’m a lad on my bike kind of thing.”

Although Riley says the gendered nature of cycling and walking is ‘in [their] head’, this is supported by data from WACI and many other sources, which shows that many more men cycle than women.

2.3.1.5 Being cost free

A few participants acknowledged that the cost of public transport or driving makes them more inclined to walk or cycle so that they don’t have to spend money to get where they are going. This would appear to be a significant benefit as

LGBTQIA+ people in Scotland tend to have lower levels of financial wellbeing than the overall population ²⁷.

2.3.2 Disbenefits of walking and cycling

This section explores the various challenges and barriers that prevent people from walking and cycling. Despite the numerous benefits of active travel outlined in the previous section, participants in our study shared insights into the disbenefits they encounter, shedding light on the nuanced considerations that influence their travel choices.

2.3.2.1 Decreased safety

Participants, including some of those who overall felt safe or safer walking, wheeling, or cycling than any other mode, emphasised that their feelings of safety fluctuated with various factors. The one that came up most frequently was people feeling more reluctant to travel actively at night than they would during the day. A few participants, whose primary mode of travel was walking, avoided going out after dark due to concerns around safety. Others would still make the journey, but by public transport if it was a feasible option for them, or a few participants shared that they would opt for a taxi or use a rideshare service instead and some said they would choose to drive.

Daniel, gay cisgender man, aged 18-24

“[in] the daytime I would probably be more inclined to walk. I think if it was nighttime I would definitely get the bus or would maybe an Uber, to be honest, or a taxi. I wouldn't say I'd do that all the time, necessarily, but if I was again it would be... the kind of safety component.”

Only one survey respondent described choosing to drive, over active modes of transport, for their everyday journeys due to

²⁷ NHS Scotland (2022) Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people: full research findings report.

concerns over safety. This concern over safety was also combined with the accessibility of active travel and public transport.

Survey respondent, lesbian cisgender woman, aged 35-44

“...my partner is physically disabled, impacting their ability to walk far. I'm autistic and can get anxious in noisy spaces like buses. Combined with fear of homophobia and transphobia when I'm with my partner makes for an interesting mix. I'm also not native British and have an accent. This makes me not wanting to speak out in fear of being called names as a migrant. Misogyny is alive and kicking too, making me the target of unwanted male attention. This leaves me feeling vulnerable and powerless very often. I'd love to lead a more sustainable life with lowered carbon footprint, more bus and walking but the car is definitely the safest option.”

2.3.2.2 Cycle equipment, storage and theft

Participants described a range of barriers to cycling related to equipment, storage and theft. This included a lack of practical and secure cycle storage space, particularly for those who live in blocks of flats or tenements. This issue may disproportionately affect the LGBTQIA+ community, as 2021 census data showed that LGBT+ people are particularly concentrated in large urban areas²⁸. Data also shows that LGB+ people are more likely to live in privately rented accommodation than their heterosexual counterparts and less likely to be homeowners²⁹. Both of these factors are likely to impact negatively upon access to secure cycle storage within/outside of homes.

Some participants also commented upon the prohibitive cost of cycles and cycling accessories, as well as fear of bike theft. As has already been mentioned, LGBTQIA+ people in Scotland tend to have lower levels of financial wellbeing than the overall

²⁸ House of Commons Library (2023)

²⁹ Matthews (2022)

population ³⁰. This may suggest that concerns over the financial impact of buying or replacing cycling equipment may particularly affect this community.

2.3.3 Additional enablers and barriers

Multiple other factors were highlighted by participants as things that increase or reduce their inclination to walk or cycle. These are by and large things that are not specific to LGBTQIA+ people, but they could certainly be amplified or felt more acutely due to various factors. These were often influenced by participants intersecting identities, including disability and economic status. These are well established in the literature and therefore, are not explored in depth here, rather they are summarised in Table 2.

Table 2: Additional enablers and barriers to walking and cycling

Theme	Benefit / Enabler	Disbenefit / Barrier
Time and effort	<ul style="list-style-type: none"> • Faster than taking public transport or driving. • More flexibility and control over timings and routes. 	<ul style="list-style-type: none"> • Distance is too far to walk/cycle. • Steep hills. • Need to carry belongings or shopping.
Infrastructure	<ul style="list-style-type: none"> • Safe cycling infrastructure. <ol style="list-style-type: none"> 1. Pleasant and scenic walking routes. 	<ul style="list-style-type: none"> • Lack of general maintenance of streets and roads resulting in unevenness and hazards such as potholes. • In some rural locations, no pavements or path alongside the road. • Seasonal factors such as whether a route is reliably gritted throughout winter or prone to flooding. • Accessibility issues, like poor provision of drop kerbs or pavement parking.

³⁰ NHS Scotland (2022) Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people: full research findings report.

Theme	Benefit / Enabler	Disbenefit / Barrier
		<ul style="list-style-type: none"> • Walking and cycling routes that are generally not pleasant or enjoyable. • Lack of secure cycle storage around destinations • Lack of safe cycling infrastructure, and fear of drivers being careless and unsafe or even outright aggressive towards cyclists on roads.
Weather	<ul style="list-style-type: none"> • Wanting to be outside in good weather. 	<ul style="list-style-type: none"> • Not having high quality clothing and equipment for walking/cycling in bad weather. • Not having cycle accessories like panniers and mudguards.
Confidence and habits	<ul style="list-style-type: none"> • Having walked/cycled for a long time, building up everyday travel habits. • Coming from a cultural background where cycling is more common e.g. Germany 	<ul style="list-style-type: none"> • Lack of knowledge to be confident acquiring a bike • Lack of cycling confidence in general, compounded by lack of access to support and/or training to increase confidence and inclination to cycle. • Low confidence that other road users will reliably follow rules to keep everyone safe when walking/cycling.
Additional motivators	<ul style="list-style-type: none"> • Benefits for physical health • Desire to travel by environmentally sustainable modes 	

3. Conclusion

3.1 Summary of findings

Throughout this study, we have explored the multifaceted experiences of LGBTQIA+ individuals regarding active travel. Our findings show that LGBTQIA+ people experience many of the same barriers as the wider population when it comes to engaging in active travel; however, their experiences are often compounded by additional structural barriers.

Despite the diversity of LGBTQIA+ people interviewed, a common theme emerged from our participants' travel narratives: a pervasive concern around safety. This concern extends beyond the typical considerations around road safety and traffic conditions and stems from LGBTQIA+ people having to navigate spaces where they may encounter transphobia, homophobia, and biphobia, resulting in harassment or violence. These safety concerns became particularly pronounced when navigating public spaces alone, at night, in the presence of people under the influence of alcohol, on public transport, and when presenting oneself as visibly LGBTQIA+. Furthermore, identities such as race, class, disability, gender, and body-type intersected with participants' LGBTQIA+ identities to influence their sense of safety in different ways.

Throughout the discussions, participants articulated various strategies that they employed to mitigate safety risks. For instance, participants avoided certain areas or times of day, travelled in groups and switched travel modes, although there was not a clear consensus around the safest mode. Many (but not all) felt safer engaging in active travel compared to using public transport, citing concerns over harassment, and feeling trapped in enclosed spaces. For some, cycling offered a sense of security, particularly at night, as it allowed them to navigate swiftly through their surroundings. They also adjusted their LGBTQIA+ visibility based on perceived risk. Here, it is worth

highlighting the correlation between feelings of vulnerability and visibility as an LGBTQIA+ individual. Non-conformity to gender norms, reflected in clothing, appearance, mannerisms, and partnership rendered individuals more visible, and hence more susceptible. In contrast, participants highlighted specific factors that contributed to their sense of safety while walking or cycling. These included the presence of LGBTQIA+ community symbols (e.g. Pride flags) and other visibly LGBTQIA+ people, which were felt to be reassuring and fostered a sense of belongingness.

The research also identified the factors influencing participants' choice of travel mode beyond safety. Participants emphasised the mental health benefits of walking and cycling as well as the relative low cost of active travel compared with public transport. Although not unique to LGBTQIA+ people, these benefits are particularly relevant given the low levels of financial and mental wellbeing for this group. This suggests that there is a role for active travel to play in improving health and wellbeing for LGBTQIA+ individuals, but concerns over personal safety need to be addressed before the full benefits of this can be realised. Walking and cycling also provided opportunities for LGBTQIA+ individuals to be 'out and about' in their community, seeing and interacting with others, as well as being recognised and celebrated for their own LGBTQIA+ visibility.

In conclusion, LGBTQIA+ individuals face a complex interplay of barriers to, as well as enablers of, active travel. While some of these barriers are experienced by the wider population, many stem from structural inequalities and experiences of discrimination and harassment faced by LGBTQIA+ people. By creating safer and more inclusive environments, we can empower LGBTQIA+ people to fully embrace active travel and foster healthier, more sustainable communities for all.

3.2 Recommendations

This report highlighted that many of the challenges LGBTQIA+ people face when travelling actively stem from pervasive

discrimination, negative attitudes and harassment. Action on a societal level is thus needed to tackle many of the barriers discussed within this research. However, there are specific recommendations for the active travel sector that have come from this report:

Design of streets and spaces

- When designing interventions, it should be ensured that a diverse range of LGBTQIA+ individuals are actively consulted and involved to maximise the inclusivity of the final product.
- Improving personal safety should be a key outcome of new walking and cycling infrastructure. This is likely to include measures such as lighting, increasing passive surveillance and escape points, however, a diverse range of LGBTQIA+ people should be engaged in the co-design of infrastructure to ensure measures to improve safety are inclusive of this group.
- When designing streets and spaces, safety audits should be conducted with a diverse range of LGBTQIA+ individuals to identify and address safety issues that are pertinent to this demographic.
- Provision of secure cycle storage should be a priority, including free/low cost secure residential cycle parking particularly in urban areas and/or areas with high levels of social and privately rented housing.
- Those designing streets and spaces should involve LGBTQIA+ groups, organisations, businesses and individuals in the creation of LGBTQIA+ symbols, signs and murals within public spaces. These should be inclusive of all LGBTQIA+ identities, such as using the full progress pride flag, and be permanent rather than just for events such as pride month. However, such activities should be backed up with concrete action to support the fostering of LGBTQIA+ inclusion and communities such as supporting LGBTQIA+ businesses and organisations.
- Action plans should be devised to consider what happens when LGBTQIA+ symbols, signs and murals in public

spaces are vandalised, acknowledging that they may be at increased risk of this.

Behaviour change activities

- Walking and cycling activities aimed specifically at LGBTQIA+ people should be provided. These should be aimed at a range of abilities. This would support LGBTQIA+ people to feel safer and more welcome to attend and to go to unfamiliar spaces and would support the building of LGBTQIA+ communities.
- Where this is not possible, activities and events should be explicit about their inclusivity of LGBTQIA+ people and their non-tolerance of discrimination.
- It should also be ensured that any LGBTQIA+ walking and cycling events are accessible and inclusive of people's wider identities, including disability and neurodiversity - allowing everyone within the LGBTQIA+ community to participate.
- Activities aimed at LGBTQIA+ people could focus particularly on the mental health and cost saving benefits of walking and cycling, given these were key benefits experienced by participants in our research.

Research and data

- When collecting data regarding walking and cycling, sexuality and gender questions (including gender modality³¹) should be included, to allow disaggregation of quantitative data and improve insight of the impact on the LGBTQIA+ population. Caution should be taken when working with small sample sizes where disaggregated data may not remain anonymous.
- Further research could follow-on from this report, which takes a participatory approach to exploring the design of

³¹ Gender modality refers to how a person's gender identity relates to the gender they were assigned at birth. The best-known gender modalities are 'cisgender' and 'transgender', but the term allows for other possibilities. See <https://www.nature.com/articles/d41586-024-01719-9>

streets and other walking and cycling infrastructure with diverse LGBTQIA+ communities.

4. Methodology

4.1 Topic guide

We developed a topic guide for use in semi-structured interviews and focus groups. We identified discussion topics from:

- Themes in the broader literature exploring LGBTQIA+ people's experience of public space.
- Marginalised groups' experiences of active travel.
- The research team's own experiences as LGBTQIA+ individuals, and anecdotal evidence from LGBTQIA+ people we know.

We then conducted two pilot interviews with LGBTQIA+ members of Sustrans staff to inform a review of the interview format and the topic guide structure and content.

4.2 Sampling and participant recruitment

4.2.1 Online

We recruited participants through Twitter and Facebook posts from Sustrans Scotland accounts which went live on 26th October 2023 and were amplified through Scottish LGBTQIA+ organisations shortly after they went up, then shared by a member of the research team into a number of relevant Facebook groups throughout November 2023.

Amplifying organisations:

- LGBT Health & Wellbeing
- LEAP Sports Scotland

Facebook groups / pages:

- LGBTQ SCOTLAND
- SCOTLAND LGBTQ+
- LGBT Scotland
- Rainbow Families Scotland UK - LGBTQ Parents
- Perth LGBT+ Friends - Perth, Scotland
- SHETLAND LGBT LGBTQ
- Transgender Scotland
- Fife LGBT+ Community
- LGBT People with Disabilities in Scotland
- LGBT GROUP Glasgow + Surrounding Cities
- LGBT Aberdeen (Scotland)
- Highland Pride LGBT+ community
- Edinburgh LGBTI+ Community
- LGBT Dundee / Angus
- Dumfries and Galloway LGBT Plus

This selection of Facebook groups was intentionally chosen to cover as much of Scotland's local authorities / regions as possible. Where available we also intentionally shared it into two groups that cover the whole of Scotland, but are specifically for transgender people and LGBTQIA+ people with disabilities, to try to encourage engagement from these sub-groups.

4.2.2 Offline

We also printed a poster and put it up in some LGBTQIA+ community venues in Edinburgh and the Highlands, with a QR code to direct people online and a telephone number for people without internet access. We did not receive any phone messages from people wanting to take part.

4.2.3 Screening and sample selection

We asked potential participants to complete an initial screening survey which asked about demographics, their postcode so they we could look at location, rurality and Index of Multiple

Deprivation, levels of walking/wheeling and cycling, and why they wanted to take part.

Artificial intelligence bots

Recruitment efforts were significantly hampered by bots accessing the screening survey via social media and using Artificial Intelligence (AI) technology to complete multiple false entries in the hope of increasing chances of securing a financially rewarded interview.

We identified suspicious entries based on a combination of factors. If all factors indicated the likelihood of a real person they were given a green flag and then verified through an internet search (e.g. does someone of that name live in that postcode according to 192.com, or did their name generate results showing they are LGBTQIA+ and/or live in Scotland).

If all factors pointed towards an AI generated response that entry was given a red flag and excluded. If there were a mix of seemingly genuine and fake factors the entry was given an amber flag. We sent an email to four amber flagged people that we were interested in including because of their demographics. We received two replies both of which were obviously AI generated.

The bot attack possibly made it harder to recruit participants of colour. The fake entries were highly skewed towards claiming to be of Black ethnicity (the Scotland population is 0.7% Black). This resulted in Black ethnicity becoming one of the markers used to identify AI generated responses. It was never used to filter out potential participants unless it co-occurred with several other red flags. But due to this being our first experience of screening out AI generated entries we may have got the balance wrong.

We used purposive sampling to select participants for interview based on two priority criteria: gender and sexual and/or

romantic orientation. We then balanced all the other demographics and included people if their reasons for wanting to take part sounded interesting. The demographics of the participants are summarised in [section 4.5](#).

Due to low numbers of people of minoritised ethnicities applying to take part, we tried to use snowballing to recruit further participants of colour from within existing interviewees' social networks. When this did not generate any applicants, we asked Sustrans staff to ask within their social networks, which was successful.

4.3 Data production

Interviews were carried out by three research and evaluation experts working for Sustrans who themselves are LGBTQIA+ because we felt this would generate more authentic data. There are limitations to data production through a researcher / participant dynamic, and when other power imbalances are present, such as gender, ethnicity and class. The interviewer of the only Black participant was white and has low understanding of LGBTQIA+ culture and issues in the participants home country. This likely had an impact on the data generated.

4.3.1 Focus group

We conducted an online focus group lasting about an hour and a half in December 2023 with four members of Age Scotland's LGBTQIA+ network. One facilitator asked questions from a pre-prepared topic guide and another facilitator supported with time keeping, note taking and technology support. The focus group was recorded and professionally transcribed.

We sent focus group participants a £45 supermarket shopping voucher of their choice.

4.3.2 Interviews

We conducted eighteen individual semi-structured interviews using the participant's preference of Microsoft Teams, Zoom or

telephone in January and February 2024. Interviews generally lasted around an hour. We made notes of any demographic or other interesting information supplied during signup so that we could ask about it in the interview. The interviews were recorded and professionally transcribed.

We sent interview participants a £30 supermarket shopping voucher of their choice.

4.3.3 Survey

To achieve a broader and more diverse sample, and give more people a chance to participate in the research, we sent a survey link to all 105 potential participants with a green flag (see box above on AI bots for a description of what this means) who had not been invited to interview in February 2024.

The questions were:

- How often does being LGBTQIA+ affect how you travel around your local area?
- Could you tell us what choices you might make as a result of this? Particularly if it affects whether you walk or cycle compared to other modes of transport.
- If you felt visibly identifiable as LGBTQIA+ would this affect how you travel around your local area?
- Would you like to tell us more about this?
- Are there intersections between your gender / sexual identity and other facets of yourself (e.g. Water21Guardisability / ethnicity / social class / body-type) that are important when considering how you travel around your local area?

We received 17 responses which was a 16% response rate. We linked these responses with the demographic data we already knew about these people.

We sent six randomly selected survey respondents a £25 supermarket shopping voucher of their choice.

4.4 Analysis

Focus group and interview transcripts were checked against the original recordings to ensure accuracy and then imported into NVivo qualitative analysis software. Four researchers collaborated on a thematic analysis of the interview and survey data using a coding framework based on the broad themes in the topic guides and other topics which were raised by participants during interviews and focus groups. Intercoder reliability checks were conducted to ensure consistency in coding and to refine the coding framework.

4.5 Sample composition

[Section 1.4](#) shows the spread of sexual and romantic orientations and genders of the focus group and interview participants. Table 3 shows the spread of the same in the survey participants.

Table 3: Distribution of gender and sexual and romantic orientation of survey participants in their own words.

Sexual and/or romantic orientation	Queer	Transmasc, non-binary	Trans man	Cis Man	Cis Woman
Bisexual					4
Bisexual, polyamorous					1
Bisexual/queer/pansexual			1		
Gay				5	
Lesbian					3
Pansexual/Bisexual/Queer					1
Queer	1	1			

The following charts and tables give a summary of the other demographics we considered.

Figure 3: Age profile of research participants.

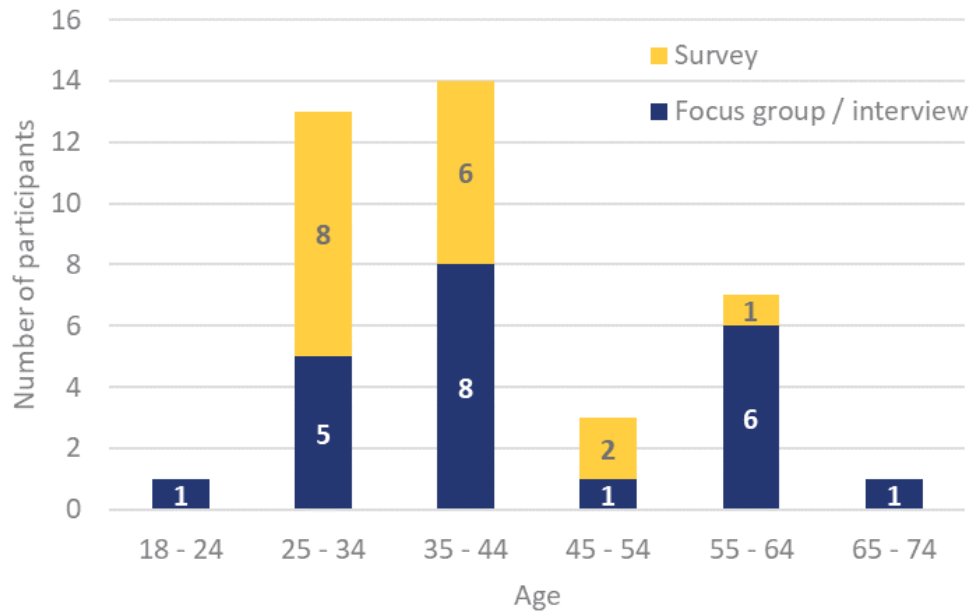


Figure 4: Employment status of research participants.

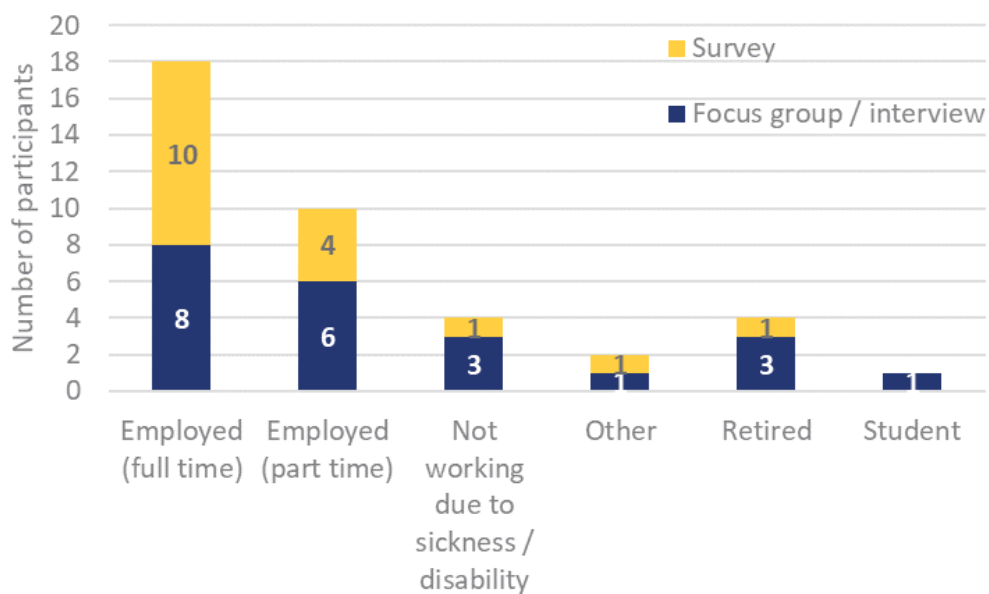


Figure 5: Whether research participants have an impairment, disability or long-term health condition (mental health and/or physical health)

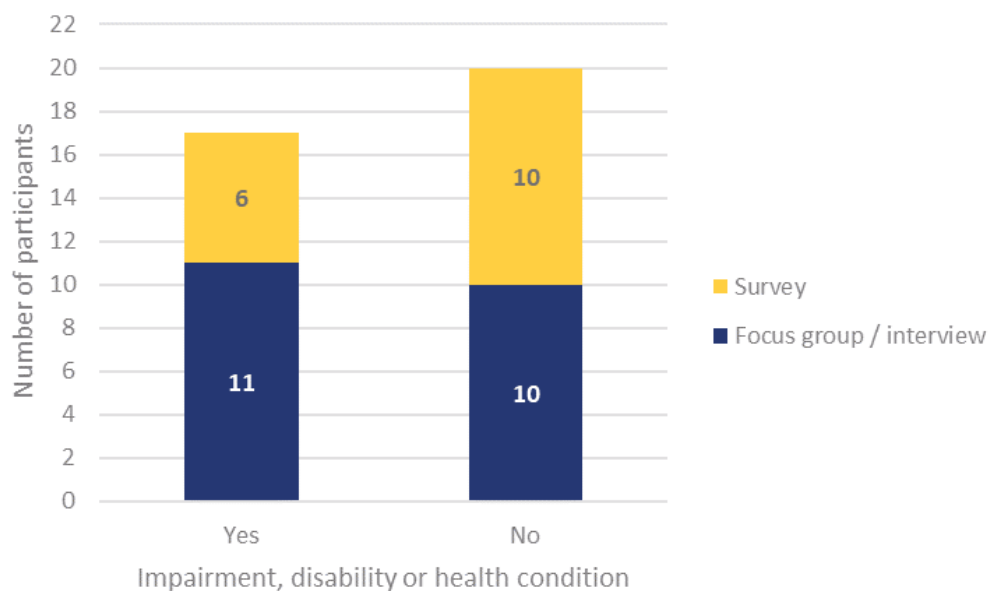


Table 3: Impairments, disabilities or long-term health conditions

As listed by participants
ADHD & Autism
Anxiety and depression
Autism, ME/CFS
Back issues
Chronic back pain
Chronic migraine, general anxiety disorder
Complex PTSD
C-PTSD
Depression, Anxiety Disorder, Back pain
Mental health, learning difficulties, pain
Dyspraxia
Mental Health and HIV+

Figure 6: Ethnicity of research participants.

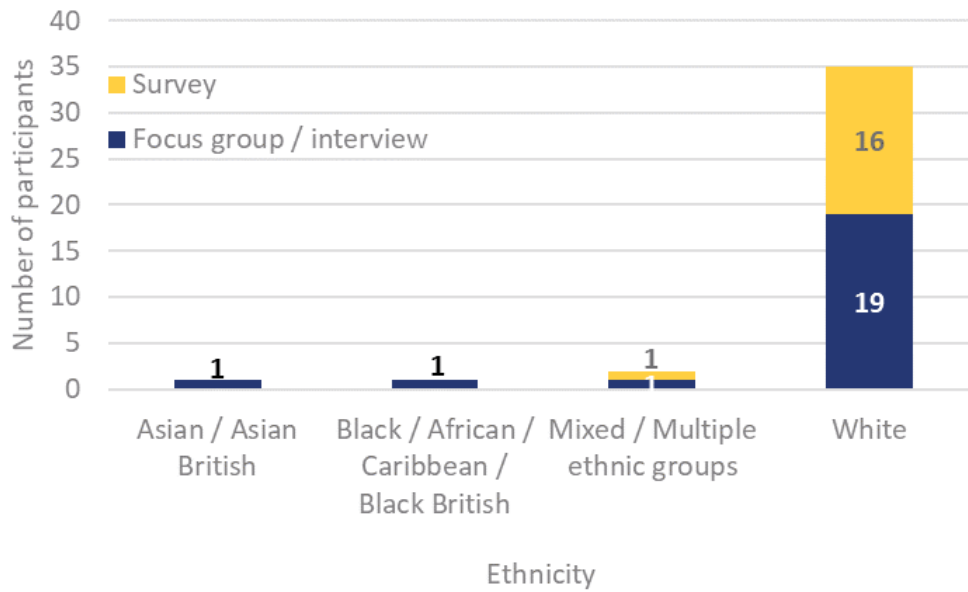


Figure 7: Religion of research participants.

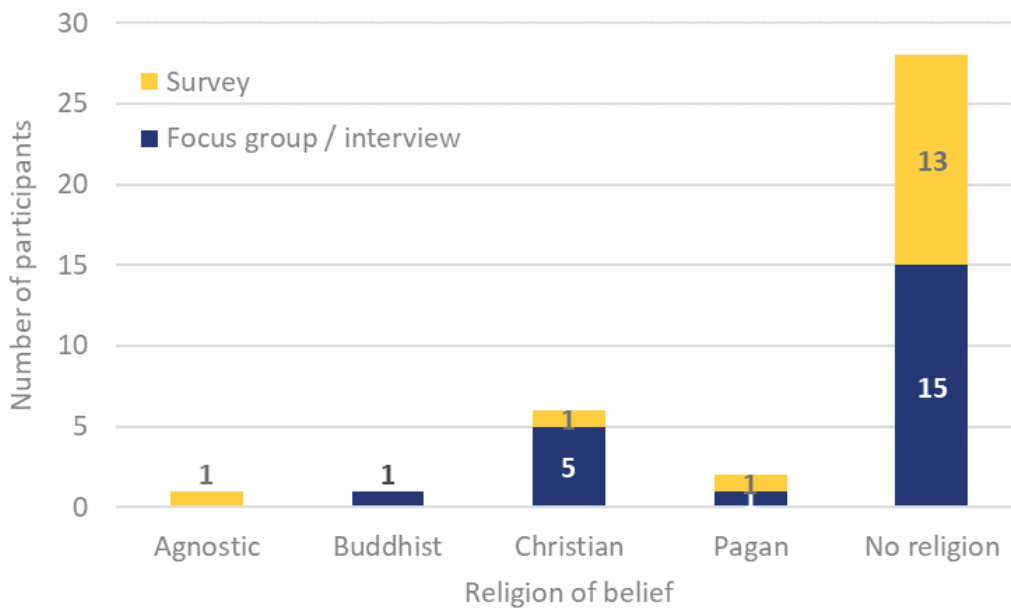


Figure 8: Index of Multiple Deprivation decile of research participants' postcodes (1 is most deprived).

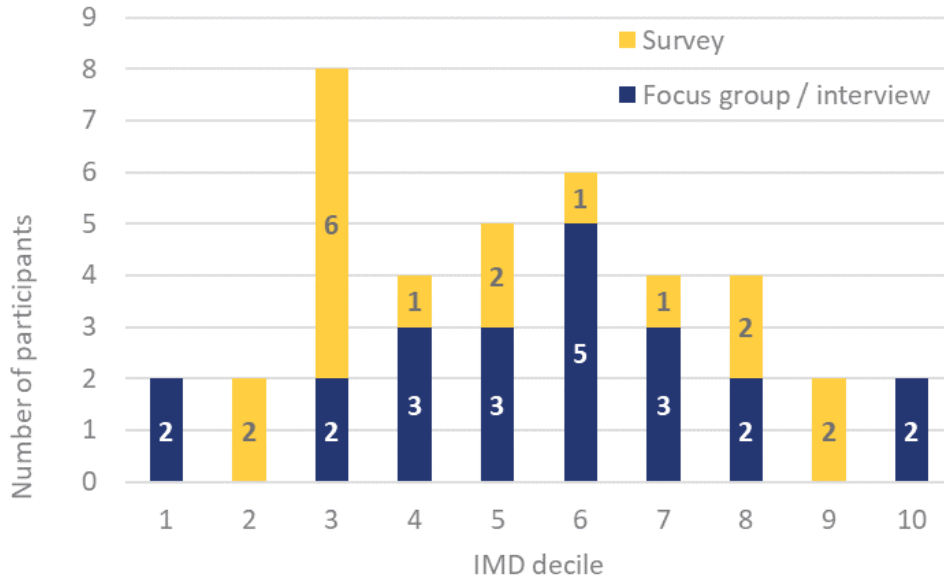


Figure 9: Location (local authority) of research participants.

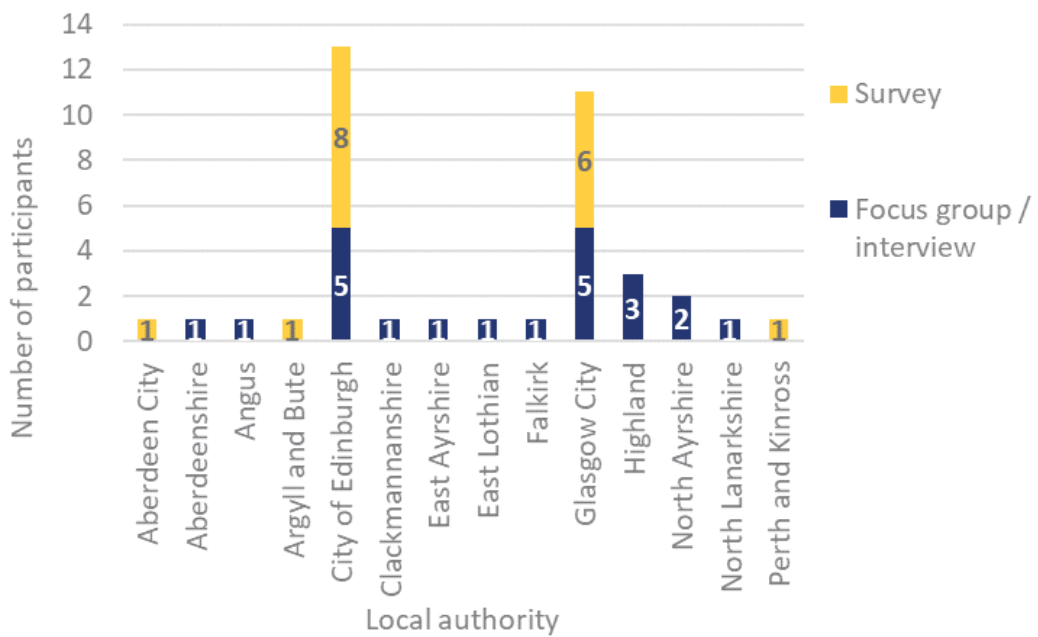
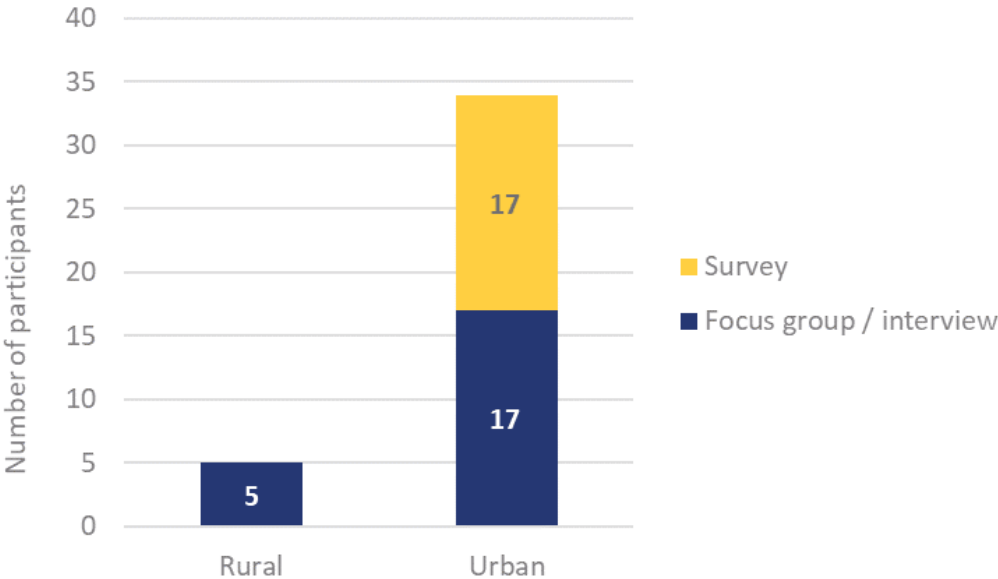


Figure 10: Urban / rural location of research participants.



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