The Health and Social Care needs of Lesbian, Gay and Bisexual people in Leicester

Report to the Leicester Public Health Partnership, September 2006
(updated May 2007)

CONTENTS

1. Introduction

This report provides an assessment of the health needs of the lesbian, gay and bisexual people in Leicester. It brings together existing published evidence, reports and local surveys where these are relevant and available, and makes recommendations designed to improve access to, and the experience of, health and social care in Leicester. It is viewed by the Working Group as a working document, which will provide a guide to health needs, and to actions that will help improve health – a working document that will require updating as understanding of, and information about, the issues improves.

Background

The Chair and Board of Leicester City West Primary Care Trust agreed in 2004 that the health needs of the LGB population should be considered. It was felt that whilst awareness of, and progress in addressing, the needs of the LGB population was being made across the City, activity was piecemeal, largely focused on sexual health, and based on organisations individually tackling LGB issues. There was and is a tendency to see the health and social care needs of LGB people as relating only to sexual health strategies and plans and not to those concerned with health and social care more generally.

A group was brought together to work on the issue and in this it was recognised that Lesbian and Gay people:

a) are the subject of a growing body of national and local research evidencing specific health and social care needs
b) is likely to be significant in size within Leicester - whilst not readily identifiable, evidence suggests they comprise at least 2-2.5% of the general population
c) are a diverse group but their needs reflect the stratification of health and social care inequalities and are consistent with health and social care targets – and include
    i. greater exposure to the wider determinants of ill health
    ii. greater health and social care needs are exhibited in relation to older people, mental health, smoking, alcohol abuse, support in motherhood and child care
    iii. poorer experiences of hospital and residential care – with poorer respect of individual rights
    iv. poorer access to health and social care provision: gay men and women may be less likely to access primary care services than their heterosexual counterparts.
d) are particularly subjected to stigmatisation, discrimination and insensitivity.

From this it was agreed that:

a) the body of evidence needs drawing together to establish the priorities for LGB health and social care in the form of a rapid health needs assessment

b) effective changes in the planning and delivery of services for the LGB population would deliver greater health and social care benefits to the City.

c) progressing LGB issues effectively requires a substantial, senior executive partnership commitment towards the development of a strategy for the LGB population within the City. Key partners would be the Leicester City Council (corporate and social services); Eastern Leicester PCT and Leicester City West; Leicester Partnership Trust and University Hospitals of Leicester.

Before setting out to produce the assessment that follows the Leicester Health Partnership Executive Board was briefed on the project and that body agreed to consider a further report in due course.

Consultation

As part of the process of preparation an early draft of this report was considered and the results used to shape the direction of the work.Taking part in the consultation were:

Sue Batty, Service Manager, Leicester City Council
Jacqueline Day, Senior Lecturer, De Montfort University
Hugh Evans, Service Manager, Leicester City Council
Oliver Gilbody, Project Worker, TRADE
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Working Group

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Nick Broderick	Trade
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Rod Moore	Eastern Leicester and Leicester City West PCTs.

September 2007

2. Summary and Recommendations

Overall this report confirms that social assumptions of heterosexuality create difficulties for lesbian, gay and bisexual people of all social groups and at all life stages. Because of this

- Access to health and social care facilities and provisions is problematic, as is support from legal and police services

- Lack of awareness of LGB needs, alongside stereotypical assumptions of LGB social and sexual practices causes many screening and treatment needs to be negated or ignored

- Stigmas prevail that marginalize and exclude people and diminish social confidence, causing
  - higher likelihood of mental and physical ill health,
  - educational underachievement,
  - economic disadvantage.

- People can choose to identify with LGB community activity which, though often positive and supportive, can place people in situations potentially dangerous to health and well being

- People are subject to bullying and intimidation which can make them feel uncomfortable and unsafe, and which can be detrimental to physical and mental health and well being.

- LGB people are statistically as likely as the general population to use alcohol and other drugs and to misuse substances when young, but are more likely to maintain that level of use in later life.

- Higher tendency (when compared to the general population) amongst the LGB population to self-harm, attempted suicide and achieved suicide.

- Marginal groups such as older people and vulnerable people with learning and/or physical disabilities are assumed to be homogenous and asexual. This makes problematic
  - the evidence that vulnerable men with learning disabilities who have sex with men have a greater exposure to HIV infection
  - the fact that there are no social care services designed to meet the specific needs of older people who are LGB.

Recommendations

- That this report and recommendations be considered by directors of key organisations to secure a commitment to the design and implementation of a strategy for the provision of health and social care services for the LGB population of Leicester.

- Lesbian, Gay and Bisexual issues should be considered as an intrinsic part of the Equality and Diversity Strategy of health and social care organisations.

- That a policy is produced regarding Health and Social Care provision for the Lesbian, Gay and Bisexual population of Leicester.

- There should be training and awareness raising for all health & social care professionals about LGB people as a specific service user group, and about how LGB needs may differ from those of the general population.

- Guidelines should be devised to guide practitioners and staff who are working with vulnerable adults that those people have sexual identities which are import to them.

- More specific positive messages of commitment should be made to LGB service users and patients through transparent equality policies and health promotion methods.

- There should be a more overt commitment to confidentiality and the protection of patient/service user rights in recognition of the levels of anxiety that LGB people have over these issues.

- That the Department of Health be encouraged to issue national guidelines on health and social care provision for lesbian, gay and bisexual people.

3. The population of concern

Lesbians, gay men and bisexual people form a population whose size and demographic characteristics are largely unknown (Fish, 1999): there are only estimates of prevalence which range from 2% - 10% of LGB/ women in the US (Solarz, 1999) and 0.3% - 2.6% of women in the UK (Wellings *et al*. 1994 update). One of the popular stereotypes about the non-heterosexual population is that they are young, upwardly mobile and have large disposable incomes. Lesbians, in particular, are said to be better qualified than women in the population generally, but have lower incomes than heterosexual women who have similar qualifications. Lesbians, gay men and bisexual people, in fact, form every segment of the UK population including prisoners (Green et al., 2003; Linehan, 1993; McKee, Markova, & Power, 1995), older people, Black and Minority Ethnic people, disabled people, prisoners, asylum seekers, homeless people and people in poverty. There is some evidence to suggest that gay men may be more likely to live in large urban areas or smaller coastal towns (Bindel, 2004), while lesbians may be more evenly distributed between urban and suburban areas – a national survey received returns from lesbians living in all but five of the 122 postcode areas of the UK from Cornwall to the Outer Hebrides (Fish, 2002).

There is no universal agreement on the terminology relating to 'sexual orientation' and the language used has changed over time and amongst cultural groups. Moreover, LGB people themselves ascribe different meanings to their identity and behaviour. In the same way, for example, that a woman can describe herself as heterosexual even though she is not sexually active with, so too, some lesbians are not sexually active with women. There seems to be some consensus, at least amongst researchers, that sexual orientation can be defined along three dimensions: *socio-sexual identity* (i.e. self identification – I am a gay man/ I am a lesbian), *sexual behaviour* (i.e. I have sex with men/ I have sex with women) and *community participation* (I am a participate in gay or lesbian communities) and membership . The terminology used (e.g. identity versus behaviour) should be determined by the study outcomes. For example, if the study is concerned with the transmission of HPV, then women who have sex with women are likely to form a potential sample. If the study is about hospital visiting rights to a sick partner then LGB identity is likely to be a factor. For a rapid health assessment to consider health needs holistically then both identity and behaviour are likely to be important.

4. Access to healthcare

SCD Collings notes in the BMJ that "several studies have shown that lesbians and gay men have adverse experiences when consulting health professionals, especially mental health professionals. Such experiences include the health professional ignoring the effects of living as a stigmatised person, ascribing problems to the persons sexuality, focusing on sexuality when it is not the issue, and failing to acknowledge the importance of a persons' partner" (Collings, 2000).

i. National/International Information

The "Barriers to Healthcare" survey of lesbian, gay, bisexual and transgender people in Scotland found that the sample of 924 responses, 15% reported that they had experienced difficulties in accessing mainstream healthcare. The two main issues to emerge were inappropriate advice/treatment or lack of understanding/knowledge (25% of those responding to the question) and homophobic GP/practice staff (24%). Other issues mentioned in the survey included the presenter's partner not being recognised and the assumption of being HIV positive, and assumptions regarding sexuality by GP or health professional. The survey also sought information regarding positive experiences when accessing mainstream healthcare and 38% of all respondents reported positive experiences. The most commonly cited service provider was the GP and other health centre staff (nurses and receptionists) (by 46% of those who responded with positive experiences). Five percent of respondents reported that they had no positive experiences. The results of this survey show a mixed picture. 53% of respondents did not respond to the question regarding positive experiences of healthcare. The non-response rate to the question regarding difficulties in accessing mainstream healthcare is not given (Morgan & Bell, 2003).

The findings of the review by NHS Scotland and Stonewall "Towards a Healthier LGBT Scotland" (Pringle, 2003) found that the key factors were:

> ***Attitudes of healthcare providers***, including actual experience of homophobic attitudes and assumptions regarding sexuality by healthcare professionals. The fundamental fear is that LGB people will receive poorer treatment if they disclose their sexuality, or they may anticipate being made to feel judged or unwelcome in the consultation at a time when they are especially vulnerable. Out of 866 respondents to the "Beyond the Barriers Survey" of LGBT people in Scotland, over a third had not disclosed their sexual orientation or gender identity to their GPs (Morgan & Bell, 2003). A survey of lesbian health in Manchester showed that "for a significant number of women, disclosing their sexuality to health care professionals was an important part of their total concept of health" (Mancunian Health Promotion, 1998). A US study showed that lesbians who had "come out" healthcare providers are more likely to seek preventative healthcare, such as breast screening or smears, than lesbians who had not (cited in Pringle, 2003)
>
> ***Limited knowledge of LGBT issues by healthcare provider***. One BMJ review noted that "a lack of awareness among healthcare professionals about these needs may lead to ill-informed advice and missed opportunities for the prevention of illness" (Hughes & Evans, 2003). Towards a healthier LGBT Scotland notes that "the vast majority of health service providers, from clinicians to nursing staff

have received minimal, if any, training on human sexuality let alone LGBT issues" (Pringle,2003).

Delayed attendance The issues raised above – discriminatory attitudes, low disclosure orientation or identity and limited knowledge of service providers – results in LGB people using health services less or less effectively than they could. This extends also to the families of GLB people (Clark, Landers & Sperber 2001). International surveys show LGBT people are likely to attend after specific problems arise and present later in an illness when it is potentially more difficult to treat (Pringle,2003).

Reduced screening. A lack of targeted health promotion and poor information on the risk of certain conditions can lead to reduced screening for LGBT people on a range of issues. The "Beyond the Barriers" survey found that 22 – 28% of respondents had experienced problems accessing information on health, community, human rights or youth issues Female and transgender respondents were more likely to have experienced problems accessing information than male respondents (Morgan & Bell, 2003).

ii. Local Information

The Sexyouality Matters survey found that around 31% had disclosed their sexual orientation to a GP, while 33% had not. Around a third of the sample did not answer the question. 36% of the sample who identified their contact with a GU clinic indicated that they had disclosed their sexual orientation while 9% had not. Overall 47% said they would prefer to use a GP or Health Centre which were known to be LGB friendly

iii. Other issues

Concerns about confidentiality. Heterosexual patients disclose their heterosexuality. LGB people will often feel vulnerable to disclosure (and potential discrimination by third parties). Gay men have particular concerns about disclosure of their sexuality to insurance companies.

The "small effort, big change" guidance for general practice to work with gay and bisexual men, notes that the principle of negotiated record-keeping has been successfully piloted by some GPs in the initial pink triangle scheme in Leicester.

Clark, Lander & Sperber (2001) point to the importance of expanding appropriate data collection and GLBT-specific health–related research as an integral component of efforts to improve access to health care.

iv. Recommendations

- Increase awareness of LGB issues and provide opportunities for healthcare providers to examine attitudes through information and training.
- Re-establish the Pink Triangle scheme for health care services – indicating the adoption of standards of training and practices in areas such as confidentiality.

5. Children and Younger People

i. Introduction

The general research shows that society's widespread assumption of heterosexuality means that young lesbians and gay men frequently experience marginalisation within their families, at school and at work. Young people in this group are often confused by their emerging sexuality as most grow up in heterosexual families where they internalise homophobia. Many are cut loose from traditional family support; a significant number of respondents reported being assaulted or disowned by family members. The resulting self-hatred and loss of self-esteem is sometimes expressed in seriously self-destructive behaviour. Schools further shape young lesbian and gay men's lives by silencing sexualities, treating homosexuality as abnormal and allowing homophobia and bullying to go unchecked. People interviewed in the general research were very clear that Section 28 of the Local Authorities Act played a key role in closing down open discussion about sexuality. In addition, there is a lack of appropriate sex education and positive role models. This academic and social marginalisation contributes to a loss of self-esteem. As a result, educational under-achievement – particularly among working class lesbians and gay men – is common. When lesbians and gay men leave education, institutional homophobia can add to the process of marginalisation, particularly in the workplace. Many public and private institutions, including housing/youth/employment agencies and the police, fail to provide appropriate services and support for lesbians and gay men.

The bulk of the research confirms many of the findings from the wider literature field concerning the issue and needs of young lesbian, gay and bisexual people. Young people are reporting experiences that lead to feelings of isolation, having a lack of support, a need for information about lesbian, gay and bisexual lifestyles, and a request for more awareness and acceptance of their 'different' sexualities. They reported difficult experiences at school, and a need for local service providers to address their specific needs. These young people's experiences and issues often reflect or result from disadvantage, discrimination and oppression.

ii. Lesbian and gay communities

In the face of extensive homophobia, many young people form new commitments to lesbian and gay communities. Support groups can provide a safe space where young people can express themselves, while online and telephone services give access to information and advice. However, the gay scene is not without its dangers. Young gay men can be forced into unwanted, unsafe sex, while lesbians may rush into relationships and experience domestic isolation.

iii. Main issues nationally

- **Bullying**
  The literature shows an overwhelming fear of bullying within schools. A large majority of young people did not believe that school was a welcoming space for young gay and lesbian people. The health ramifications of this for individuals should not be underestimated.

- Self Harm
  There is clearly a very deeply concerning level of suicide potential in young LGB people. This raises a further question which is unable to be answered about the numbers of LGB young people who do actually commit suicide. The research however is unclear as to the extent of LGB attempted suicide in relation to heterosexual young people.

- **Mental Health**
  A lot of young LGB people did attribution depressive symptoms to life events and difficulties other than sexuality, indicating the similarity to the problems all young people face, but with the added burden of identity formation. However, it is also clear that all young people risk family relationships and friendships when disclosing their sexuality, an aspect of gay and lesbian adolescence probably unfamiliar to most heterosexual people.

- **Identity formation**
  Young LGB people will be expected to deal with feelings of difference, alienation and isolation from their peer group and having to pretend to conform to the heterosexist normality. The effect on young people's emotional and mental health is clear from the levels of mental distress generally experienced by the group.

- **Nicotine, alcohol and other substance misuse**
  Various across different surveys – generally higher than the general population but often similar for all young people.

- **Sexual health**
  Varies within the research. Some show low incidences of sexual health problems and a good understanding of risk awareness whilst others indicate a rise in sexual health problems. Most indicate a lack of awareness of sexual health services.

iv. Local information

(Sexuality Matters 2003 LLGB Centre & Loughborough University)

During your time in education (current or previous), have you ever experienced any problems in relation to your sexuality from?

55.5% (262) No-one
31.4% (149) Other students
10.5% (50) Teachers
5.9% (28) Other staff
2.9% (14) Lecturers

How would you describe your health over the past twelve months?

2.5% (12) Very poor
10% (48) Poor
23% (110) Average

37.4% (179) Good
24% (115) Very good

Aged under 20 were more likely than expected to report their health as average (35.5%).

Those aged under 21 are more likely than expected to be concerned about their level of smoking (28.3%).

Those with 'O' levels/GCSEs are more likely than expected to smoke (57.5%). Those with an NVQ are more likely to smoke than expected (83.8%) and more likely than expected to smoke 11 to 20 cigarettes a day (43.2%) and 20 or more (33%).

6. Parenthood

i. National / international information

- 22% of partnered lesbians have children in the home – 71% of these children are under 18 (US data – Black et al. 2000)
- 5% of partnered gay men have children – 76% of these children are under 18
- Adoption Act (2002) made it possible for lesbians and gay men to adopt jointly as a couple
- Donor insemination/ self insemination
- Coming out to children
- Homophobia at school

ii. Local information

The Sexyouality Matters survey found that around 14% of respondents had some responsibilities for children, two-thirds as biological parents and around a quarter as co-parents, foster parents or legal guardians. Altogether, these parents had responsibility for 119 children, two-thirds of whom were 16 years and under.

7. Older People

i. National / international information

Key issues for older gay men and lesbians:

- Older people often seen as a homogenous user group
- Greater invisibility/ assumptions that older people are not LGB
- Lack of inheritance and pension rights can present unanticipated housing problems in later life
- High proportion of older LGB live alone (Heaphy et al. 2003)
- Those who are closeted – less social support with ageing (Pugh, 2002)
- Older lesbians and gay men have vibrant social lives which involve mutual support (Pugh, 2002)
- Concerns about care provision and special housing
- Next of kin- issues about seeking and receiving appropriate care on behalf of a partner, consent to medical procedures, access to hospital bedside.
- Social care assessment and referral forms reflect heterosexist assumptions
- No specialist provision in residential care for older LGB – prospect of moving from a 'gay' environment to one that is heterosexual

ii. Local information

Not known

iii. Other issues/ implications for social care practice

- Local Authorities need to establish a written procedure for working with older gay men and lesbians. The procedure should cover issues such as home care, day centres, and residential and nursing care and set out the council's /SSD's positive attitude to older gay men and lesbians and its commitment to meeting their needs. It should give specific examples where necessary - e.g. gay couples sharing a room - of how it intends to tackle issues as and when they arise. The written procedure also needs to be part of the agreement with private sector care providers, whom the council contracts to provide services to older people on its behalf. (Kitchen, 2003).
- Training for staff in sexuality issues including respect for privacy, use of inclusive language when referring to relationships.
- Inheritance, many pension rights and next of kin issues will be legislated for in the new Civil Partnerships legislation (it was thrown out by the House of Lords at the beginning of July 2004).
- Age Concern England have reviewed evidence and experience relevant to older lesbians, gay men, bisexual and transgender persons which can be a useful resource to be drawn upon by any service provider.

8. Vulnerable adults

i. National information – literature review (limited).

- People with learning and physical disabilities have ‘second class’ status with health care professionals and systems due to individual and institutional discrimination. When coupled with the potential social differentiation and stigma that often accompanies ‘coming out’ as lesbian, gay or bisexual, people can be doubly disadvantaged.

- Lesbian, gay and bisexual people with disabilities tend to be of low economic status. In addition people with learning disabilities are educationally disadvantaged. Many who rely on benefits live in poor housing and have poor diets. All of these factors are general precursors of poor health.

- Legislative barriers prevent help and support being offered to vulnerable young people with disabilities who may be discovering their sexual identity

- Parental and institutional power over those reliant on care precludes recognition of, and learning about issues such as safe sex, and increases the likelihood of consequent covert and ‘illicit’ activity. This has potentially dangerous implications for sexual health, when considering the vulnerability to attack/abuse/exploitation, and also the increased potential for trouble with the law and family/care networks.

- People with learning and physical disabilities are frequently socially disempowered, and are not used to making important life choices regarding health and well being. Gay men with disabilities tend to be similarly powerless in relationships, and may not be able to insist on safe sexual practices.

- The language of educative health promotion materials is prohibitive for people with learning disabilities, and the content adheres to dominant social mores and avoids dealing with contentious issues. Cambridge (1996) argues for a ‘re-gaying’ of AIDS attitudes and literature alongside the production of materials that would address the issues to learning disabled people.

- The highest risk of HIV infection lies ‘…mainly with men with learning disabilities who have sex with men’. (Davidson-Paine, Corbett, 1995). This is an especially vulnerable group of people.

ii. Local information

Much anecdotal information exists from social and community support workers who have a lot of experience of work with lesbian, gay and bisexual people with disabilities. The majority of the information bears out the main points made above. Particular emphasis must be placed upon on the considerable lack of awareness of, or recognition of sexuality of any nature in disabled people. This unwillingness to recognise sexuality is prevalent in the medical profession, where anecdotal examples of people’s treatment at the hands of GPs and consultants is of concern.

It is additionally recognised that there is a high prevalence of 'cottaging' amongst men with learning disabilities, which activity poses numerous potential problems for vulnerable adults, as listed above.

9. Nutrition/Eating Disorders

i. National / international information

Concerns about body image and bulimia nervosa have usually been associated with heterosexual women; however, gay men may also be at risk for body dissatisfaction and the development of disordered eating. A disproportionate number of men seeking treatment for eating disorders are homosexual and studies of the general population have also suggested that gay men may be more vulnerable to the development of eating disorders than heterosexual men. Russell and Keel (2002) found that measures of disordered eating were highly correlated with depression and poor self esteem. The findings were not limited to young (college-aged) gay men. There were fewer differences between lesbians and heterosexual women although studies have suggested that lesbians are more likely to be overweight.

ii. Local information

The Sexyouality Matters survey found that 16% of the sample reported an eating disorder of some form.

iii. Other issues

There may be issues for diet and nutrition services for the services they provide to gay men.

10. Screening

i. National/international information

Risks for cervical cancer

- Lesbians are believed to be at low or no risk for cervical cancer because of the disease's association with heterosexual sex.
- Long latency period and pre-invasive stages of cervical cancer can last up to 15 years
- Risk may be premised upon lesbians' patterns of infrequent screening, ignorance of lesbian sexual practices or that (some) lesbians are not recognised in primary care because they have not disclosed their sexual identity.
- Lesbians who have never had sex with men have developed cervical abnormalities
- Some lesbians have had sex with men and some continue to do so.

- There are other risk factors for cervical cancer e.g. smoking, childbirth, exposure to DES and the possible hazards of a dirty workplace. (Some research has suggested that lesbians may be more likely to smoke than heterosexual women).

Risks for breast cancer

- Lesbians are believed to be at higher risk of breast cancer than heterosexual women.
- Risk factors - said to be more prevalent in lesbians: less likely to have children; more likely to delay childbirth beyond the age of 30; more likely to drink alcohol; more likely to be overweight and report more breast biopsies than heterosexual women.
- A recent population based study found that lesbians reported higher rates of breast cancer than did heterosexual women.

Experiences of health care

- Lesbians have consistently reported bad experiences of health care and are less likely to be satisfied with the care they have received than heterosexual women.
- Lesbians in a UK study were more likely to report bad experiences of cervical screening than were lesbians in a comparable US study (44% vs 26%) and much more likely than UK heterosexual women (12%).

ii. Local information

The Sexyouality Matters survey found that 62% of women in the sample reported attending cervical screening appointments in the previous five years and 60% indicated that they intended to continue doing so.

iii. Other issues

Participation in cervical screening

- Lesbians are explicitly told they do not need smears and are sometimes refused them.
- They are more likely to have never attended for smear tests
- They are more likely to have stopped attending for smears
- 17% of all women have not attended for smears in past 3-5 years.
- 12% of lesbians in national survey had never had a smear test and a further 18% no longer attended for smears.
- Assumptions of heterosexuality in sexual history/ contraception questions/ in practice

Practice of breast self-exam (BSE)

- UK lesbians are more likely to have never practised BSE than lesbians in comparable US studies
- It is suggested that lesbians have less opportunity to learn how to practise BSE because they are less likely to attend family planning clinics where heterosexual women are told how to practise.
- Lesbians are less likely to be shown how to practise BSE and may be less likely to receive a Clinical Breast Exam.

Participation in mammography

- Lesbians appear to attend for mammography at similar rates to heterosexual women (79% vs 83%).
- It is not clear whether their re-attendance rates are lower
- Poor relationships with practitioners and mistrust were reported by lesbians in one study – however these have not been common barriers among women in general.

11. Alcohol, Drugs and Smoking

Gay men and Drug use.

Anecdotally it has long being recognised that gay men as a group have higher rates of drug and alcohol use than their heterosexual counterparts and use drugs and alcohol over a longer period of time. Social exclusion and discrimination, together with the daily grind of living in a heterosexist and homophobic society, no doubt contributes to this situation, as does the mental turmoil experienced by many Gay and Bisexual men during their coming out process. Further, there are structural issues within the Gay communities, which are often centred on pubs and clubs and a concentration of alcohol and drug use.

Sigma Research carry out the national gay mens sex survey (GMSS) on an annual basis in partnership with health promoting agencies across the UK. During the GMSS in 1999 men were asked specific questions regarding drug and alcohol use, the following findings come from the Sigma report.

- Of the 9,322 gay and bisexual men surveyed during 1999 - 82% had recreationally used alcohol. 48% poppers (nitrates). 35.5% cannabis. 19.8% speed. 19.2% ecstasy. 15% cocaine. 6.6% acid. 5% ketamine. 3.4 GHB/GBH. 1.6% crack cocaine. 0.9% heroin. 3.6% viagra

- 20% of Gay and Bisexual men living in the Trent Health Region reported regularly using Ecstasy, Cocaine and other class A drugs.

- For every drug asked about, men who used the drug had, on average, significantly more sexual partners in the last year than men who did not use the drug

- A survey carried out by Project LSD suggests that 18 % of Gay and Bisexual Men use alcohol on a daily basis and 40% more than weekly. (Project LSD 1996).

A 1996 survey carried out by the readers of Gay Times found that –

- 76% had used cannabis, with over a third using it at least once a month.
- 48% had tried ecstasy, with 20% taking it at least once a month.
- 57% had taken speed
- 40% had tried coke with around half of these using it regularly.

Further evidence from the Sigma Gay Mens Sex Survey concluded that almost 12% of men were worried about their drug use. Men who use class A drugs were more likely to report having sex that wasn't as safe as they would wish and were more likely to be concerned about their alcohol use and more likely to report loneliness.

It is interesting to note that whilst younger Gay men and their heterosexual counterparts begin drinking at a similar age and drink similar amounts, drink intake declines in the heterosexual male population at around age thirty whereas in the Gay and Bisexual male communities alcohol intake remains high throughout their lives.

The Sexyouality Matters survey both men and women, found that 50% of the sample, smoked, 18% described their alcohol consumption as 'excessive', of whom a six consider that they binge drank, 37% used recreational drugs and 25% have health concerns related to substance use.

12: Mental Health

i. National Information

This section draws extensively on the findings of *Mental Health and Social Wellbeing of Gay Men, Lesbians and Bisexuals in England and Wales*, published by MIND in 2003 (King and McKeown).

Main findings

Psychological distress

- Gay men and lesbians reported more psychological distress than heterosexuals, despite similar levels of social support and quality of physical health as heterosexual men and women.

Substance use

- Levels of substance use disorders were higher among gay men and lesbians, who reported that they were more likely than their heterosexual counterparts to have used recreational drugs.
- Lesbians were more likely than heterosexual women to drink excessively.

- Results showed that bisexual men were likely than gay men to have recently used recreational drugs.

Violence and bullying in adult life

- Violence and bullying in adult life, for whatever reason, were more commonly reported by lesbians than heterosexual women, but there were few differences on these factors between gay and heterosexual men.
- Regardless of the prevalence of such events, gay men and lesbians often attributed the harassment or violence to their sexuality.
- Lesbians were no more likely than bisexual women to have been verbally assaulted but were more likely to attribute such verbal assaults they received to their sexuality.

Bullying at school

- Among men, bullying at school was reported no more often by gay than heterosexual men, but those gay men who had been bullied regarded their sexual orientation as the main provocation.
- Gay men and lesbians were more likely to have been insulted at school because of how their sexuality was perceived by others than by sexual men than women.

Comfort with own sexuality

- Gay men and lesbian women were found to be more at ease with their sexuality and more likely to have parents and siblings who were aware of their sexuality than their bisexual counterparts.
- Gay men and lesbians were also more likely than bisexual men and women to be open about their sexuality to parents, siblings, friends, colleagues, GPs and mental health professionals.
- Bisexual women were less likely than lesbians to report that their brothers and sisters had been positive about their sexual orientation.
- Bisexual men also reported more psychological distress than gay men.

Reported self-harm

- In reports of self-harm, gay men were more likely than bisexual men, and lesbians more likely than bisexual women to cite their sexuality as a reason for harming themselves.

Use of mental health services

- Gay men and lesbians were more likely than heterosexuals to have consulted a mental health professional in the past, regardless of current mental state.
- Up to a third of gay men, one-quarter of bisexual men and over 40% of lesbians recounted negative or mixed reactions from mental health professionals when being open about their sexuality. Bisexual women were

less likely than lesbians to report having received a positive reaction from a mental health professional when declaring their sexuality.

- One in five gay men and lesbians and a third of bisexual men recounted that a mental health professional made a causal link between their sexuality and their mental health problem.
- Gay men, lesbians and bisexuals indicated that problems in their encounters with mental health professionals range from instances of overt homophobia and discrimination to a perceived lack of empathy around sexuality issues on the part of clinician.
- Gay men and lesbians saw many advantages in being able to choose a LGB clinician. They were regarded to be potentially more understanding of the problems faced by LGB people.
- The study recognised that professionals may find it difficult to get the balance right with their LGB clients. In some of the accounts reported, they were regarded as insensitive if they played down sexuality in the clinical setting or if they placed too much emphasis on it.

ii. Local information

The Sexyouality Matters survey found that half of the sample reported experiencing depression, a third anxiety, and a quarter panic attacks. Around a third of the sample reported having' serious thoughts of self-harm' , and over half the sample reported seeking the help of a counsellor or therapist at some time.

iii. Recommendations

- The principle recommendation of this needs assessment is that the recommendations contained in *Mental Health and Social Wellbeing of Gay Men, Lesbians and Bisexuals in England and Wales* be fully considered by those responsible for planning and improving services in Health, Social, Education and Government sectors.

- These recommendations are:

  a. Core education/training and continuing professional development of health and social services professionals should cover:

     - The relationship between sexuality and mental wellbeing;
     - How sexuality fits into the wider context of a person's life experiences and mental health;
     - The increased risk of self-harm and suicide in LGB people;
     - The increased risk of substance misuse in LGB people;
     - How to respond appropriately to LGB people in mental health setting.

  b. This training should aim to ensure that LGB people receive help from professionals who are sensitive to LGB lifestyles and needs. In particular, professionals will need to strike a balance between the extremes of:

     - Regarding same-sex attraction as the underlying cause of psychological difficulties;

- Ignoring sexuality altogether;
- Displaying excessive curiosity about how LGB people live.

c. Health and social services agencies should monitor the particular experiences and satisfaction levels of LGB people as users of services, and put in place mechanisms to respond appropriately to feedback.

d. Health and social services agencies should proactively share good practice on working with LGB people in mental health settings.

e. Professionals working with children and young people, including teachers, youth workers and health and social services professionals, should receive specific training in:

   - How developing sexuality and related issues around "coming out" affects psychological development and mental wellbeing;
   - Strategies to support the prevention of self-harm and suicide in LGB people.

f. Agencies working with children and young people (including schools, youth services and health and social services) should develop policies around bullying and victimisation related to sexuality.

g. Campaigns to reduce substance misuse and agencies working on substance misuse issues or with people with dual diagnosis should ensure they address the particular issues relating to LGB people and target these communities. LGB community groups should be particularly proactive in this area.

The report makes a number of other recommendations which are appropriate at the national level and are not included here.

13. Community Safety

i. Introduction

There have been relatively few published documents or research conducted into the personal and community safety. However it is safe to acknowledge that LGB people have been the subject of all kinds of verbal, physical and other forms of abuse and discrimination because of their sexuality.

This paper gives a brief outline of 4 surveys conducted within the UK looking at LGB safety as well as a report from the Sexuality Matters research.

Violence, Sexuality and Space – Manchester 2000
Victim surveys have documented homophobic violence as an everyday feature of the lives of lesbians and gay men and promoted awareness of this social problem. These findings challenge the assumptions about the role of commercial gay space in providing spaces of safety, a haven from heterosexual violence. Rather it seems to

increase the perception and fear of danger, as if constantly under threat. This becomes more evident when we see that the most frequent users of the Village, gay men (37% of this survey respondents) worry most about safety. This was reinforced by the finding that those who live in closest proximity to the village also find it most unsafe. The focus group data suggests that lesbians and gay men have always taken major responsibility for their own safety and security. The advice given by the police on 'safety', tells them what they have already know. Being safe can also be oppressive. Policies of 'safe-keeping' forces lesbians and gay men to act as if invisible (e.g. the necessity of passing) this reinforces experiences of social injustice. Attempts by lesbians and gay men to get more involved in local safety initiatives, such as neighbourhood watch schemes, have met with hostility. It also found that 'comfort' not safety dominated the focus group discussions of responses to violence and the threat of violence. Feeling uncomfortable is to feel threatened and in danger. Loss of comfort threatens a sense of belonging and being, of being able to occupy the space. Comfort challenges traditional thinking about safety. Comfort refers to wider experiences of danger and insecurity than from physical violence. It is about who one can be when in public. Comfort is also a key aspect of community being associated with a sense of belonging, of 'being yourself'. The findings on comfort and community raise particular challenges for hate crime initiatives and policing

Problems and Prospects with Policing the Lesbian, Gay and Bisexual Community in Wales 2003
More than half of respondents (53 per cent) reported feeling unprotected by the law. Similar proportions of men (59 per cent) and women (51 per cent) experienced this form of discrimination at any severity level. The proportions of respondents who felt unprotected by the law did not vary according to their age or employment status.

With regard to physical victimization, more than 1 in 3 respondents reported being the victim of physical violence or bullying as a result of their sexual orientation.

First Out Scotland
Two-thirds of respondents (68%, 616 respondents) stated that they had been verbally abused or threatened by someone who has assumed that they were LGBT at some point in their lives. 35% (295 respondents) stated that they had been a victim of such abuse in the last 12 months.

Nearly a third of incidents occurred in the street (31%, 158 respondents) and 15% of respondents mentioned specific locations. 13% (69 respondents) had been verbally abused at school or university and 11% (59 respondents) at work.

It was depressing to see that one quarter of respondents (23%, 208 respondents) had been physically assaulted at some time by someone who had assumed that they were LGBT.

A number of specific locations were then tested with respondents regarding whether they had felt unsafe. The table below shows that the street is the place where most people have felt unsafe (61%, 519 respondents) at some point, followed by in or near a non-gay bar or club (47%, 386 respondents) and public transport (45%, 373

respondents).

Stonewall
Violence
34% of men responding and 23% of women responding had experienced violence because they were gay, lesbian or bisexual. 18% of male respondents, and 10% of female respondents, had been "hit, punched or kicked". 10% of male respondents, and 4% of female respondents, had been "beaten up". 5% of men, and 2% of women, had been "assaulted with a weapon".

Harassment
32% of respondents had been harassed in the last five years because of their sexuality. 12% of respondents had been threatened or blackmailed. 7% had had graffiti written about them. 6% had experienced vandalism. 4% had been sent hate mail. 12% had experienced some other kind of harassment.

Verbal abuse
73% of respondents had been called names at least once in the last five years because of their sexuality. 63% had been called names more than once. 29% had been called names six or more times.

Stormbreak – London
The research uncovered that as many as 45% of lesbian and gay Londoners had at some point experienced a homophobic crime.

Whilst for 39% of London gays this had amounted to verbal abuse only, 20% (or 1 in 5) had been victims of an actual physical assault.

The large majority (72%) of lesbian and gay Londoners also knew of friends or acquaintances who had experienced homophobic crime.

Consequently, it is not surprising that most lesbian and gay Londoners were found to take some form of preventative action in the course of their daily lives to avoid homophobic attack.

Sexuality Matters 2003 LLGB Centre and Loughborough University

65.5% (312) of respondents reported feeling unsafe to some degree in their local neighbourhood
42.6% of people reported changing their behaviour because of fear of homophobia – these included changing their appearance, friends avoiding same sex contact
49.9% of people reported experiencing verbal abuse because of their sexuality
14.3% of people reported experiencing physical abuse because of their sexuality
16% of people reported experiencing threats or intimidation because of their sexuality
5.5% reported experiencing sexual abuse because of their sexuality
16.5% reported theft or damage to property as a result of their sexuality

39.6% reported experiencing verbal abuse in the home
26.7% reported experiencing physical abuse in the home

37.9% reported experiencing emotional abuse in the home
13.4% reported experiencing sexual abuse in the home
16% reported experiencing financial abuse in the home

Conclusions

Homophobia and homophobic attacks in all their various forms are an everyday occurrence in the lives of LGB people. It would be unrealistic to underestimate the effects this can have on a persons physical, mental and emotional health. Health services in general should be equipped to deal with the after effects of homophobia.

14. Health and Housing Issues for LGB People

Contributed by Pat Hobbs, Leicester City Council, January 2007.

People of all ages are more likely to be inappropriately housed as an indirect result of their sexuality and in many cases their unwillingness to disclose this. Although a number of problems faced will be common, irrespective of age or sex, within certain age groups vulnerability is often likely to be higher.

Young People

Young people are more likely to become homeless because of rejection by family members because of their sexuality. This may be additionally compounded by lack of confidence and not being at ease or certain about their sexuality, which can often result in anxiety, depression and ultimately mental health problems. Indications of this are a higher level of drug use, smoking and higher than average suicide rates with under 25s.

Often people are unable to access appropriate housing as they do not want to disclose their sexuality to service providers because of fear of further discrimination. This can mean that they do not disclose any vulnerability, which would lead them to being assessed as intentionally homeless. As a result young people may become trapped in inappropriate situations where their vulnerability can often be exploited.

Where temporary accommodation may be offered again the environment may not be able to offer appropriate support, again leaving the individual in a vulnerable situation. There is a need for suitable and appropriate hostel provision and access to information about support services for LGB people. There are good examples in the UK of specific hostel provision being provided mainly in the voluntary sector by organisations such as Stonewall and the Albert Kennedy Trust.

General Needs Housing

The issues already outlined in the report such as the higher likelihood of mental and physical ill health, educational underachievement, economic disadvantage and general vulnerability may well lead to problems in accessing appropriate accommodation resulting in people living in poor housing.

A general fear of homophobia and discrimination will often lead to LGB people not reporting incidents of harassment that they perceive of being homophobic. Very often the location of social housing is also not conducive for people to be open or comfortable about their sexuality. This again can impact on people's general health and anxieties. There is a perception amongst LGB people that service providers will not take incidents of homophobic harassment seriously. This is equally applicable in instances of same sex domestic violence.

Older People

Often older LGB people are reluctant to obtain more appropriate housing designed for their needs, including warden assisted or supported accommodation schemes. This again is for similar reasons as has been previously highlighted in General Needs Housing, but this can often be compounded by the close proximity of the living environment. There is therefore a higher likelihood of older LGB people remaining in unsuitable accommodation that does not meet their needs. This is also applicable when older LGB people may need to access care homes.

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Organisations/ Relevant websites

Alzheimer's society Gay and Lesbian Carers Network
www.alzheimers.org.uk

Age Concern – Gloucestershire
Steering group formed to put older lesbian and gay housing issues on agenda
http://www.ageconcernglos.org.uk/openingdoors.htm

Berkshire Older Lesbian and Gay forum
http://www.bolgaf.org.uk/

Gay Homes in Retirement
Conducting a survey to establish the need for specialised retirement housing for the lesbian and gay community and what form it should take.
http://gayretirehomes.homestead.com/index.html

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