

# Count Me In Too



LGBT Lives in Brighton & Hove  
Initial Findings: Academic Report

June 2007

Report written by

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in consultation with:  
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# 1 Executive summary

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## 1.1 Background

Count Me In Too is a participatory action research project that seeks to identify contemporary LGBT need in Brighton & Hove. It is designed to include those who are normally not 'counted' in survey research. Brighton & Hove is sold as the 'gay capital' of England and many local service providers have expressed an interest in knowing the diverse needs of LGBT people in the city.

## 1.2 Research engagements and methods

The project is the result of two years of engagements with numerous stakeholders. It has been shaped by LGBT individuals in Brighton & Hove who took part in a community steering group and an action group.

There were 20 focus groups and 819 people completed the questionnaire (which contained 238 questions).

The research was analysed by the action group and the initial key findings are outlined in this report as part of an ongoing process.

Further reports will provide detailed findings on specific issues including older people, young people, bi people, trans people, health issues, drugs and alcohol, mental health and wellbeing, safety, and more.

## 1.3 Sample characteristics

The questionnaire respondents -

- 86% of the sample lived in Brighton & Hove and the remaining did not live in the city but 14% worked or used services in Brighton & Hove.
- 34% of the sample identified most closely as lesbians and gay women, 53% gay men, 6% bisexual, 3% queer. Questioning, unsure and heterosexual added up to under 2% of the sample and 'other' just over 2%.
- 5% of the sample were trans.
- 56% of the sample were male, 41% female with 3% defined as other gender categories.

- 60% of respondents were aged between 26 and 45, 15% (n. 122) were defined as young people (under 26) and those over 55 (10%, n. 78) were classified as older people.
- Just under 3% of the sample identified as BME and just over 3% identified as an 'other' (i.e. non white and not BME) ethnicity category.
- 15% of the sample had a disability. 3% of the sample identified as being deaf, deafened, hearing impaired or deaf blind. 7% of the sample had tested positive for HIV.
- 16% were parents or closely related to young children.
- 10% of the sample earned under £10,000 (here classed as low income), with 12% earned over £40,000 (high income).

The focus group participants were asked to identify their own social labels.

- 29 focus group participants identified as gay men, 20 lesbians and gay women and 8 as bisexual. 31 identified as males and 30 as females.
- 23 participants claimed disability allowances or identified as disabled.
- 21 were employed, 7 retired and 10 unemployed with 3 on incapacity benefits.
- 10 were aged between 16 and 25, 40 between the ages of 26 and 55, and 9 over 55.

## 1.4 Findings

Many of the findings in the executive summary vary by identity category and these differences are explored in the main report.

### 1.4.1 Brighton & Hove

- 74% of the sample thought that Brighton was better than other places they lived. Only 3% had not lived anywhere else. 76% stated that it was easy to live in Brighton & Hove as an LGBT person.
- 14% of the sample did not live in the Brighton & Hove but worked or used services there, and of these, 52% would like to live in the city.
- 90% of respondents have attended Pride in Brighton & Hove. This varied by identity.
- 62% of the sample currently undertake volunteer work or would like to do so.

## 1.4.2 Home, Neighbourhood, Homelessness

- 17% of the sample lives in St James Street and Kemptown.
- Focus groups highlighted incidents of bullying and abuse experienced by those who live in certain areas of the city. This was perpetrated both from outside and within the LGBT communities.
- Some focus group participants felt stigmatised by other LGBT people because of the area they lived in, and 20% of questionnaire respondents who lived neighbourhood renewal areas did not tell other LGBT people where they lived.
- A variety of living arrangements were identified. 39% lived with same-sex partners, 30 % lived alone, 11% with gay / lesbian friends and 7% straight / hetero-sexual friends.
- 25% of the sample stated they have problems getting accommodation. 6% of these related this to the cost of housing.
- 21% of respondents have been homeless. 93% were homeless for less than 18 months and nearly a third were homeless for under a month.
- 18% of respondents who have been homeless have used sex to have somewhere to stay, compared with 5% of those who have not been homeless.

## 1.4.3 Relationships, civil partnerships, families

- 85% of questionnaire respondents usually have monogamous relationships, 14% choose other arrangements.
- Opinions regarding Civil Partnerships varied in the focus group data. The proportion of questionnaire respondents who state that they 'have or might want a civil partnership' ranges from 50% to 90% for different identity groups.
- 31% of those in a relationship do not have enough information about civil partnerships. 24% of those living with a partner have notified all the relevant agencies, 19% do not know why they should report their relationship. Of those who have reported their relationship status, 23% have experienced financial loss because of civil partnerships, and 15% are unsure whether they have experienced financial loss.
- 28% of parents said their child has been bullied or taunted because of their sexuality. In focus groups LGBT parents described incidences of exclusion and discrimination, both from other LGBT people and from the wider community. Half of the parents did not know where to get advice and support around being a parent, or the civil partnership act.
- 71% of respondents currently have good / very good relationships with their family of origin. Others have experienced rejection, and focus groups noted the importance, and difficulties of, family backgrounds and current relationships.

#### 1.4.4 Going out

- 62% of respondents feel comfortable socialising in straight venues.
- 73% enjoy going to / using LGBT venues and events in Brighton & Hove. In contrast 42% of trans respondents and 55% of older people said they enjoyed going to / using the scene. Issues for young and bisexual people were also highlighted in focus groups.
- There was a demand for alternative LGBT social venues in focus groups and in the qualitative aspects of the questionnaire.
- There was a perception that Brighton & Hove lacked a central information source for LGBT people.

#### 1.4.5 Difference, discrimination, exclusion

- 25% said they had experienced direct or indirect discrimination in the provision of goods, services or facilities. There was evidence, however, that equality legislation can have a valuable effect.
- Negative experiences and everyday oppressions were not always labelled 'homophobic / biphobic / transphobic'.
- 73% of respondents recorded experiencing some form of abuse related to their sexual or gender identities in the past five years. Experiences of prejudices influenced their life choices.
- LGBT people have different experiences of discrimination; different experiences of life in Brighton & Hove, and differing perceptions of the city (i.e. as easy to live in / difficult to live in). These can be related to these varied experiences of prejudice and oppression.
- There is evidence of discrimination perpetrated by LGBT people on other LGBT individuals and groups. Questionnaire respondents in specific marginalised groups were asked to cite examples of bullying, discrimination and abuse: in all cases, LGBT people, venues and events were more cited as sources of their experiences than other sources such as employment, education and housing.
- 34% of respondents reported that they felt isolated. Those more marginalised were more likely to say that they felt isolated.

#### 1.4.6 Safety

- Although 73% of respondents reported experiencing some form of abuse classified as LGBT hate crime, 25% of respondents reported these incidents, and of these, 55% reported to the police.
- 31% of respondents had experienced domestic violence and abuse. Of these 22% reported these incidents.



- 63% of respondents were aware of the police community liaison officer, 19% knew about the community partnership community safety team, but 21% did not know of any safety initiative.
- There was a mixed response to the police and other safety services. The police were cautiously praised for recent initiatives in focus groups, with some recognition that past negative experiences continue to influence reporting and other engagements with this service. Of those who reported LGBT hate crime, 43% said the response was good, 32% said it was poor. Of those who reported domestic violence, 42% said the response was good, and 32% said the response was poor.
- The three priorities for future safety initiatives were: increased police presence in hate crime hotspots (73%); increased publicity for convictions of hate crime (66%); and LGBT awareness training for police and service providers (65%).

### 1.4.7 Health and wellbeing

- 10% of the questionnaire respondents experienced poor *physical* health in the last 12 months, 20% experienced poor *emotional* wellbeing. Particular identity groupings were significantly more likely to rate their emotional wellbeing as poor or very poor.
- 1 in 5 respondents reported that they had experienced no mental health difficulties in the past 5 years. The incidences of mental health difficulties varied by identity groupings.
- Of those who indicated that they had experienced the mental health difficulties listed, 54% said that they needed help and support around their mental health difficulties. 32% of these respondents were unable to find the help and support they needed.
- 23% of the sample had serious thoughts of suicide in the past five years; of these 26% have attempted suicide.
- 85% of the sample drinks alcohol and 33% smoke. 50% said that they had taken illegal drugs, or used legal drugs without a prescription or medical advice, in the last five years. Focus groups pointed to the use of drugs and alcohol as a coping mechanism for social and emotional difficulties by LGBT people.
- 57% of those who used drugs in the past five years agreed that there should be LGBT focused campaigns and information about drug use in Brighton & Hove.
- 79 questionnaire respondents (10% of respondents) have taken payment for sex.
- 60% of the sample are out to their GP's. Focus groups discussed the experiences of discrimination, fear of attending unfriendly GP's, and strategies used to find friendly GP's.
- The focus groups identified the lack of specialist knowledge about LGBT health, beyond gay male sexual health, in Brighton & Hove.

- 45% of respondents want a specialist GP service for LGBT people, 33% do not.
- 85% of the sample supported an LGBT Healthy Living Centre and those who earn under £10,000, who are isolated or have mental health difficulties are even more supportive. There were clear concerns voiced that this should not replace efforts to ensure that LGBT friendly mainstream (not LGBT specific) services are also available.
- Mental health (47%), sexual health (41%), drug use (38%) and alcohol use (36%) were the top health priorities for LGBT people in Brighton & Hove.

#### 1.4.8 Support, services, monitoring

- The majority of respondents give and receive support from friends, family partners and / or families. 11% said that no one supports them on a regular basis.
- 33% are uncomfortable using mainstream services.
- 33% of respondents said that their sexual and gender identities are unimportant when using services. This varies by social difference: gay men, who are not disabled or trans, are most likely to say that their sexuality / gender identity is unimportant when using services. In focus groups, concerns about LGBT specific services responding appropriately to some identity groups were identified.
- 86% of respondents will give monitoring information when services are considered LGBT friendly. Issues of confidentiality were highlighted in focus groups.
- 61% would like to see consultations undertaken by questionnaires, 47% by open public meetings and 38% by LGBT community forums.
- In both the qualitative data provided on questionnaires and in focus groups, there was a desire to see action on the findings of consultations.

# 2 Introduction

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## 2.1 Outline of the research

Lesbian, gay, bisexual<sup>1</sup> and trans<sup>2</sup> (LGBT)<sup>3</sup> individuals and communities have long been regarded as sexual and gender 'dissidents', resulting in their marginalisation and exclusion. This prejudice has led to legislation such as section 28, a dearth of appropriate services (see Platzer and Cull, 2006), along with more personal tragedies such as hate crimes and high suicide rates amongst this grouping (see Johnston *et al.*, 2007).

Count Me In Too is a community led participatory action research project examining marginalisation, exclusion, disenfranchisement and need amongst the lesbian, gay, bisexual and trans people (LGBT) in Brighton & Hove. During 2006 the 'Count Me In Too' project gathered information about needs, views and experiences from lesbian, gay, bisexual and trans people (LGBT people) who live, work, socialise and use services in Brighton & Hove about what they need and want. Recognising the changing political and social climate and the specific features of Brighton & Hove, the project sought to examine multiple forms of marginalisations and address the under-engagement of some individuals and groups within LGBT communities. It is a joint project involving the University of Brighton and Spectrum<sup>4</sup>, supported by Brighton & Sussex Community Knowledge Exchange with funding also provided by Brighton & Hove City Primary Care Trust and Brighton & Hove City Council.

The project was directed by a community led approach using volunteers from LGBT communities, who made up a steering group working on project design, and an action group engaging in data analysis. Five stakeholder

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<sup>1</sup> Sexual identity, rather than orientation, is addressed in this research. This of course excludes those who do not identify as lesbian, gay, bisexual and/or trans, however, it avoids the dubious categorisation of behaviours and 'desires' inherent to assessing 'orientation'. Sexual identity presumes a self awareness and understanding that is usually associated with processes of 'coming out'. The study did not preclude those who identified as heterosexual and trans, or heterosexual and had sex with members of the same sex.

<sup>2</sup> Gender variance is also a difficult concept. The complexity of this is homogenised under the term trans, however, there is a multiplicity of identifications and experiences. These are not essentialised to body composition or transitional 'stages' in this research. Consequently trans is the preferred term rather than transgender or trans sexual (see West, 2004; Whittle *et al.*, 2007).

<sup>3</sup> The term LGBT is used for ease and understandability. The author/s recognise the difficulties of categorising sexualities and gender identities in this way. The term includes those who are questioning, unsure and do not identify with particular sexual or gender identities.

<sup>4</sup> Spectrum is Brighton & Hove's Lesbian, Gay Bisexual & Transgender Community Forum established in 2002 to provide infrastructure and community development support to LGBT communities and promote partnership work and community engagement in the planning of services and policy. [www.spectrum-lgbt.org](http://www.spectrum-lgbt.org)

meetings were also held at which individuals, statutory services and community and voluntary sector groups were invited to identify priority issues and themes for research, to interpret findings and evolve responses. From this community led approach, the research gathered information about diverse aspects of the lives and experiences of Brighton & Hove's estimated 35,000 LGBT residents and those who socialise, work or use services in the city. This participatory approach will continue, with a variety of dissemination activities.

## 2.2 Background

Count Me In Too builds on the award-winning 'Count Me In' survey carried out in 2000, which led to a 5 year LGBT Community Strategy 2001-2006 that was actioned by Brighton & Hove City Council, the local Primary Care Trust, and other local service providers and LGBT groups. Count Me In Too is much more than an updated repeat of the original Count Me In survey. As well as providing detailed, up-to-date statistics that can be compared with the 2000 findings, it also looks at newly emerging issues such as the impact of and opinions about Civil Partnerships. The survey has been designed to explore the perspectives of LGBT people from marginalised groups within the LGBT communities who are usually overlooked in social surveys due to 'insignificant numbers' taking part, a lack of understanding of their specific issues, and the challenges of facilitating access with people who do not access / complete questionnaires (such as young people who were under-represented in Count Me In), and use different means of communication e.g. British Sign Language.

During the summer of 2006, the Count Me In Too project gathered information about the needs, views and experiences of lesbian, gay, bisexual and trans people (LGBT people) who live, work, socialise or use services in Brighton & Hove, through a questionnaire which used routed sections to collect in-depth information about specific groups (e.g. bi people) and experiences (e.g. homelessness), and through 20 focus groups, most of which brought together people with common backgrounds / experiences (e.g. BME people, LGBT parents, Hate Crime victims, Deaf LGBT people).

Further examination of the data is planned, looking in more detail at themes including older people, young people, bi people, trans people, health issues, drugs and alcohol, mental health and wellbeing, safety, and more. A series of themed dissemination events are planned involving local statutory and voluntary services, who are looking to use this opportunity to evaluate and plan their activities, and to assess changes since the Count Me In survey carried out in 2000.

### 2.2.1 Marginalisation and intersecting social differences

The conceptualisation of Count Me In Too differed from Count Me In. This was in part recognition of the success that had been attained from Count Me In and also due to the very different political climate, which saw the introduction of civil partnerships in December 2005 and the equalities bill in April 2007. Specifically Count Me In Too began from the premise that alongside welcome legislative and local changes, prejudice and

discrimination are still significant aspects of LGBT lives in Brighton & Hove. However, this may not solely be attributable to sexualities, and there is a need to explore multiple and mutually informing forms of discrimination, prejudice and exclusion, such as age, race and disability. However, it should be recognised that this research is sensitive and potentially divisive. There may be a fear that the gains made could be lost if there is too much emphasis on the negative aspects of LGBT lives, and a backlash against specific individuals or groups. In addition, there continues to be homophobia, transphobia and biphobia and prejudice manifest in institutions as well as in everyday life.

Nevertheless, there is a lack of research that engages with multiple forms of marginalisation. Moreover, this is the first study to engage with LGBT need and marginalisation in Brighton & Hove since Count Me In, and the first study to address the local and national changes to LGBT rights since 2000.

## 2.2.2 Specificities of Brighton & Hove

The city of Brighton & Hove has a rich and diverse history of embracing (and policing) diverse sexualities, some of which is recorded by the Brighton Ourstory Project ([www.brightonourstory.co.uk](http://www.brightonourstory.co.uk)). There is however little or no discussion of bisexual and trans histories of the city. Currently the city boasts a 'large' LGBT population with current estimates peaking at 35,000 people, 14% of the city's population.

The city sells itself as diverse, alternative and vibrant. Incorporated into this image are the 'gay capital' and 'Britain's number one gay resort' assertions ([Gay.brighton.co.uk](http://Gay.brighton.co.uk), accessed 30<sup>th</sup> April 2007). These are associated with the 'diverse scene' and the unofficial 'gay village' of Kemptown. The council website sells 'gay Brighton' in relation to its clubs, bars, shops, saunas, beaches and services (including estate agents, local voluntary groups and the police). The city is also promoted by its large Pride event which happens annually in the city on the first weekend of August.

Recently (since early 2000) the statutory services such as the council, police and primary care trust have been further engaging with LGBT communities and financially supporting organisations such as Pride in Brighton & Hove, Spectrum and other local community groups. Count Me In Too is the result of the collaborative partnership work that has been developed by Spectrum and others. It also addresses the desire by certain statutory services to engage with local 'communities of interest' and find out about their needs. Spectrum, the community partners in this project, are seeking to engage further with services and the voluntary sector, in order to ensure that the needs identified in this and further analysis lead to lasting social change in the city.

## 2.3 Purpose and outline of the Academic Report

This report presents the key findings as designated by the action group. These will be developed and explored in further analysis and participatory dissemination events. The report structure follows that of the community report and the purpose of this academic report is to provide further detail

regarding the issues outlined in the community report. In contrast to the community report, this report does not offer comment or detailed interpretations. The academic report and the community report do not offer recommendations, and follow the partnership ethos of the project which engages with ongoing work.

The next section of the report details the research process, including the data analysis, data collection and the partnership work that has been central to the construction of this research.

In the findings chapters, the report initially addresses where and how participants live in Brighton & Hove (Brighton & Hove; Home, neighbourhoods and housing; Relationships, civil partnerships, families; Going out; Difference, discrimination, exclusion) before moving on to discuss services and support (Safety; Health and wellbeing; Support, services, monitoring). The contents of each findings section are summarised in the table of contents at the front of this document.

# 3 The Research Process

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## 3.1 Introduction

This chapter will briefly introduce the process used to identify research priorities, before outlining the subsequent stages on which the project was based. This research used a participatory action research approach incorporating a number of stakeholders, community groups and individuals in the planning, design and implementation of the research. The process took over two years to complete, and at the time of publication, this process is ongoing.

## 3.2 Stage 1: Identifying priorities

Initial discussions concluded that Spectrum could not represent the diversity of the Brighton & Hove LGBT communities and this role would be better served by a **steering group** made up of LGBT people from minority groups, identified through Spectrum's existing contacts or who volunteered themselves. We sought to engage a range of people who identified with and potentially offered contacts in more marginal sectors of the LGBT communities. This process enabled us to tap into specialist knowledge of steering group members to:

1. Identify 30 groups of disengaged LGBT people who were invited to take part in focus groups (see table 3.3 a).
2. Design the questions for the focus groups.
3. Make decisions regarding the structure and issues examined in the questionnaire.
4. Recruit participants in focus groups.
5. Run a pilot focus group made up of steering group members who were able to comment on the process as well as the questions. This resulted in some changes to how the focus groups ran and the questions asked.
6. Promote the questionnaire.

## 3.3 Stage 2: Data Collection

Data collection involved a questionnaire and a series of focus groups. The questionnaire aimed to identify LGBT needs in general, along with the specific needs of marginalised groups.

The design of the **questionnaire** was based on a participatory process, resulting in its extension beyond the original vision of a 40 question questionnaire, to one that replicated the process of the original Count Me In.

The online questionnaire was supplemented with a paper version in order to increase access. This led to a much longer questionnaire (over 240 questions including routed sections). Individuals, community groups and statutory services were invited to submit questions that they could usefully employ in their work with LGBT people. In December 2005-January 2006 over 400 questions were submitted. These were then reviewed, grouped together and gaps identified (such as questions for trans people). The researcher and the community partner contacted stakeholders who would be able to advise on specific sections and questions. The steering group reviewed the questions, and reduced the number of questions, and changed the wording where appropriate. This process took considerable time and lasted until March 2006. In April 2006 the questionnaire was piloted with stakeholders (all those who had submitted questions and other interested individuals). A stakeholder meeting was held to ensure there were realistic expectations of the project and to get feedback on the process. As a result of this process, many drafts of the questionnaire were prepared over a six month period prior to its launch in May 2006.

The questionnaire ran from May 2006 until 17<sup>th</sup> October 2006 and there was both an online version (launched on May 17<sup>th</sup>) and a paper version (launched in June and available in Café 22, through phoning the University of Brighton and in Brighton & Hove city libraries). Those who had difficulty completing the questionnaire were offered the opportunity to seek help from University of Brighton staff. The questionnaire had 238 questions and had a series of routings which allowed different experiences and identities to be explored in more depth. So, for example, those identifying as trans were asked a set of specific questions and people who indicated that they drink alcohol were asked more questions about this.

The publicity for the questionnaire included email communications, flyers and posters, the Count Me In Too website, newspaper articles, radio interview on Juice FM, as well as a link generously provided on the REALBrighton.com website. Word of mouth was also an important way of publicising the questionnaire. 819 valid responses were received from the questionnaire. This provides an immensely rich data, set due to the length of the questionnaire, and the use of routings to explore in-depth the experiences of LGBT people in general, and some marginalised groups.

Table 3.3a: **Groups identified as disenfranchised by the steering group and public consultations**

Young people	People on low incomes
Older people	People with mental health difficulties
Disabled people	People on isolated estates
LGBT Parents	People in prison + ex-prisoners
Deaf people	People in supported accommodation
Trans people	People in residential / institutional care
Bi people	Asylum seekers / refugees
Sex workers	Substance + alcohol users
Overseas students	People with learning difficulties
Carers	People of faith
Homeless people	Survivors of domestic violence
BME people	Women who don't access mixed spaces
Celibate people	Men who have sex with men
Travellers	People coming out later in life
Hate crime victims	New to Brighton



The **focus groups** ran from February 2006 to December 2006 and their aim was to explore LGBT voices and needs that were often not included in large scale questionnaires. Table 3.3 a outlines some of the groups identified as disenfranchised from the mainstream LGBT communities in Brighton & Hove. This was drafted by the steering group and served as a guide in convening focus groups. In order to ensure that everyone who wanted to participate in a focus group could do so, two 'general' focus groups were held. This ensured that those who had missed a particular group or who were the only one who came forward in their identity category were heard. In order to ensure people's multiple areas of marginalisation were acknowledged, participants were invited to attend any focus group with which they identified, regardless of their attendance at other groups. This ensured that participants could discuss the breath of their experiences in appropriate and supportive environments. For some, this was the first time they had shared experiences with people 'like them'.

There were 19 focus groups and 1 interview in all. Each group lasted between 1 hour and 4 hours. These had 68 participants (see table 3.3 b) and each of these participants was asked to complete a brief questionnaire giving details of age, sexual identity and other key social characteristics (these are outlined in chapter 4.3).

Table 3.3 b: **Focus group details**

<b>Focus group</b>	<b>Number of participants</b>
1. Bisexual	7
2. Black and Minority Ethnic group 1	3
3. Black and Minority Ethnic group 2	2
4. Deaf	2
5. Disabled	5
6. Domestic Violence Survivors	1 (interview with support)
7. Elderly	4
8. First generation immigrant	3
9. General focus group1	4
10. General focus group 2	2
11. Hate Crime Survivors	6
12. Mental Health	2
13. People living on an outlying estate	4
14. Parents	2
15. Pilot	3
16. Trans group 1	4
17. Trans group 2	3
18. Women's	2
19. Young People group 1	6
20. Young People group 2	3

The focus groups were facilitated mainly by Kath Browne, Arthur Law facilitated two groups and Leela Bakshi facilitated one focus group. The Domestic Violence interview was carried out by trained support workers in this field. The groups were recruited using the Count Me In Too and RealBrighton.com websites, along with publicity in local newspapers

(including GScene, 3Sixty, the Argus, the Leader). The focus groups discussed complex issues of multiple marginalisation, and personal experiences. The aim therefore, as with most qualitative social research of this kind, was to keep the groups small (between 3 and 6 people). This enables people to recount experiences and have their voices heard in a meaningful way that is unhurried. The details of each focus group are shown in table 3.3b.

Due to the sensitive (and assumed individual and private) nature of housing and relationships questions, it was deemed inappropriate to address these issues in focus groups. A confidential questionnaire about these issues was designed specifically for completion by focus group participants after the group discussion had finished. Questions were mainly open ended to encourage in-depth answers. They are referred to in the findings section of this report as 'housing and relationship questionnaires'. These questionnaires were handed out to participants in all the focus groups with a stamped addressed envelope. They could be completed after the focus group by hand or by verbal interview with the researcher. No one chose to complete the questionnaire by interview after the focus group, although some did fill out the questionnaire before leaving the focus group venue and handed it to the researcher. 17 of these additional questionnaires were returned out of the 68 participants.

Other ethical considerations were also central to the research process. The questionnaire questions were reviewed by experts in the area particularly where these were sensitive for example regarding domestic violence. Where they existed helplines were put on the [www.countmeintoo.co.uk](http://www.countmeintoo.co.uk) website. However, it was noted by the steering group that this could be disempowering where groups did not exist and expectations of support and help were not met. The option of contacting the researchers was given on the website. The researcher and the community partners' details were placed on the questionnaire. There was an opportunity to sign up to find out about further dissemination events. At each focus group clear guidelines were given to each group. These were drafted by the steering group and further guidelines were requested at each group. Each participant was given an information sheet and a consent form when they joined the focus group or at the earliest possible occasion. Before the consent form was signed the project was explained to them and an opportunity given for them to leave. The option was given to all participants to receive their parts of the transcript (not the entire transcript) and a brief outline of the main points of the focus group in which they participated. Some participants took this option. In this report and in the community findings no identifying details are included and pseudonyms are used in this report in order to protect anonymity.

There is a further ethical and moral responsibility on both Dr. Kath Browne and Spectrum to ensure that the data is used for the purposes intended and not misused by individuals, groups, business, services or the media. Consequently, the questionnaire databases and primary data is owned and managed by Dr. Kath Browne and Spectrum. This includes this report and the community report and both parties see this control as necessary to ensure that the trust placed in the researchers by those who were involved in this research is honoured.

## 3.4 Stage 3: Data Analysis

The 'action group' was conceptualised by one of the steering group who applied for funding from Brighton & Hove city council to pay for an appropriate meeting venue, and refreshments and volunteer expenses. It began in October 2006 after the steering group was thanked and disbanded, and includes 5 people who were part of the steering group and three volunteers new to the project. The aim of the action group was to begin the initial top level analysis of the data, and identify key findings for the initial report and dissemination event.

In addition, a second stakeholder event was held in December 2006, attended by representatives from a wider range of groups and organisations than the first stakeholder event. The information presented at this event was also posted on the Count Me In Too website. Stakeholders were updated on processes and time-scales for the remainder of the project, and invited to submit questions to be examined in the data analysis.

The action group analysed the findings over a number of Saturdays between February and June 2007. Their remit was to highlight the key findings for this initial report and accompanying dissemination event. They examined pooled focus group data and the quantitative data from the questionnaires. The focus group data was collated into key points and key quotes by the lead researcher. The anonymised points and quotations were given to the action group to read: these comprised of over 200 pages. The initial findings from the questionnaire were also given to the action group, along with cross tabs (that is, checking for significant relationships between different variables, for example are trans people more / less likely to experience mental health difficulties) for a number of questions. For a large proportion of questions, the action group requested that differences between the LGBT communities be explored. Therefore questions were cross tabulated on the basis of 10 identities, viewed by the action group as significant (see table 3.4).

Table 3.4: **Identities that the action group labelled as significant and that are used as categories for quantitative analysis**

<b>Category</b>	<b>Definition</b>
Sexual identity	The question used as the basis of this category asked for the sexual identity with which the respondent most closely identified. Those who defined as gay and female were recoded into the lesbian / gay woman category.
Trans	These were respondents who identified as being trans. Two of those who answered yes to the question 'Do you identify yourself as being trans or have you ever questioned your gender identity?' were removed from this category as they argued in comments sections that they were not trans but had questioned their gender identity.
Ethnicity	The question used for this category asked for ethnicities with which respondents most closely identified. Respondents were given four choices: White, BME (Black and Minority Ethnic), gypsy traveller and other

Deaf, hard of hearing, deafened or deaf-blind	The question used as the basis of this category was 'Are you or do you identify yourself as being deaf, hard of hearing, deafened or deaf-blind?'
Disability	This category includes those who answered yes to the question: 'are you or do you identify as having a long term health impairment or a physical disability?'
Age	This was done in numerically with the following categories used: young people were defined as those under 26 and older people defined as those over 55.
Income	Income levels were measured in categories that asked for income before deductions.
Isolation	Isolation was measured by those who answered yes / sometimes to the question 'Do you feel isolated in Brighton & Hove?' The figure was broken down into Yes / sometimes and no (the small category unsure (1.9%) was removed to ensure statistical significance). This captured current perception, and therefore was chosen over the question that asked about 'isolation' under mental health difficulties experienced in the past 5 years.
Mental Health	The 'mental health' category in this report refers only to those who ticked that they had difficulties with any of the following: depression, anxiety, significant emotional distress, suicidal thoughts, panic attacks, problem eating / distress, fears / phobias, addictions / dependencies, anger management and self harm. The question also asked about stress, insomnia, confidence / self esteem and isolation but these categories were excluded because they included large proportions of the sample. Moreover, comments were written in the questionnaires such as - "sometimes not being able to sleep or getting stressed does not mean one has mental health difficulties' (questionnaire 74). These suggested that this question was read as 'have you ever experienced', rather than have you ever experienced difficulties. These issues caused the action group to rethink the category of 'mental health difficulties' for the purposes of this report, and particularly in the cross tabulating with other identity categories. This category may be reconsidered in further dissemination events but a robust category was thought to be most appropriate for this report.
HIV positive	This category was comprised of those who answered that their most recent HIV test result had been positive.

The majority of the questionnaire data was analysed in SPSS (statistical package for social scientists) and tested for statistical significance using chi-squared and t-tests. The significance level used is  $p < .05$ : when  $p$  is less than 0.05, the result is statistically significant. This means that the chances

of a random occurrence of the data are 1 in 20. Where counts in cells were too small to obtain a significant result, the variable was either removed or the test considered insignificant. However, where the counts of 0 were important (for example no trans people have tested positive for HIV), these results were used.

## 3.5 Stage 4: Writing the reports

From the key findings identified by the action group, this initial findings report was drafted by Kath Browne and then reviewed by Andrew Church, Leela Bakshi, and Petra Davis.

During this process the community report was constructed, which offers some interpretations of the findings. The community report was drafted by Leela Bakshi, checked and commented on by the action group, and re-drafted with help from Kath Browne, Petra Davis and Julie Nichols, with some input from Arthur Law. The community report was then approved by the action group.

This report is specifically designed to report key results. To this end, it does not offer detailed interpretations of the findings, or recommendations for future actions. Rather, the report is designed to offer further information and figures that can be used to progress positive social change for LGBT people. It is envisaged that specific data will be used by statutory and voluntary services, as well as those interested in LGBT needs in Brighton & Hove, nationally and internationally. Please note, however, the copyright points at the start of the document about seeking permission to use the data.

## 3.6 Stage 5: Ongoing dissemination

This is the *initial* findings report. It is conceived as initiating the dissemination process rather than concluding it. It concentrates on the quantitative data from the questionnaire, and much of the rich qualitative data from focus groups and open ended questionnaire sections will be considered in future reports. There are a series of dissemination events planned around specific identities and areas of need, enabling the rich findings to be interrogated by diverse groups and agencies (see table 3.6). Dissemination events will be co-hosted by Spectrum and partner organisations to ensure that the research engages the services it sought to influence and those which it is supposedly representing. The Count Me In Too findings will be used to inform each event. It is anticipated that this dissemination process will take at least 6-12 months and there will be one event a month.

There will also be a series of academic papers published from these findings and the research process. There are also plans to write a book that addresses LGBT lives and the 'gay city'. This would include Count Me In Too results but will not be limited to these findings.

Table 3.6: Further planned themed analyses

Themes	potential partners	timescale
Domestic Violence & Abuse	LGBT DV&A Working Group, Domestic Violence Forum, Sussex Police, PCST, BHCC Housing, Supporting People	May 2007
Health & Wellbeing	PCT, LGBT groups and services (LGBT Health & Wellbeing Working Group)	June
Housing & Support	LGBT Housing & Support Working Group, BHCC Housing, Hove YMCA,	July
Community Safety	PCST, Sussex Police, (LGBT Community Safety Working Group)	August
Older people	Older LGBT Working Group, BHCC, PCT, Age Concern, Carers Centre,	September
Young people	Hove YMCA, Allsorts, CYPT, LGBT Anti-bullying Working Group, (LGBT Young People's Working Group)	October
Trans people	Bi & Trans Working Group, Gender Trust, Clare Project, BHCC	November
Mental Health	PCT, Sussex Partnership Trust, MindOut, LGBT Suicide Prevention Working Party	December
Bi people	Bi & Trans Working Group, Brighton Bothways, BHCC	January 2008
Drugs & Alcohol	Pride, THT, Brighton Oasis, DAAT, CRI, PCT, (LGBT Drug & Alcohol Working Group)	February

## 3.7 Outcomes to date

The project has already changed some people's lives in reducing isolation amongst some of the most marginalised sectors of the LGBT population, through recognising and championing the concerns of individuals previously marginalised by aspects of their identity, recognising and supporting existing networks, and bringing together isolated individuals who met at focus groups and steering groups. The results highlight further areas of exclusion and marginalisation, some of which will be targeted by Spectrum in further community development work.

Count Me In Too has helped Spectrum to enhance their engagement with voluntary bodies and statutory agencies who are required to engage with their communities. Perhaps most importantly the City Council, the Police and the Primary Care Trust have been able to engage with the LGBT communities of Brighton & Hove through the potential of the evidence Count Me In Too will provide. This has resulted in Dr. Kath Browne as well as Spectrum and other invited parties meeting with senior officers in the council, the Chief of Police for Brighton & Hove and other leading officials to discuss the implications of Count Me In Too and the plans for actioning the results. Although these relationships are not limited to Count Me In Too and address other issues, this project has played a significant part in developing these interactions.

# 4 Sample composition

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## 4.1 Introduction

This chapter outlines the sample composition starting with the statistical data from the questionnaire, and concluding with the more qualitative insights enabled by the focus groups.

## 4.2 Sample composition from questionnaires

### 4.2.1. General details

A total of 819 valid questionnaires were completed, 712 (87%) online and 107 (13%) paper versions of the questionnaire. One quarter (202) of those who filled in the survey had completed the Count Me In questionnaire in 2000. In the tables below some frequency counts do not total 819: this is due to missing variables (In other words people not answering some questions).

### 4.2.2. Live, work, socialise and use services in Brighton & Hove

Most of those who completed the questionnaire lived in Brighton & Hove (86%). 79% of the entire sample socialised regularly in the city, 59% worked in Brighton & Hove. Those who ticked 'none of these' and who did not later claim to live in Brighton & Hove were removed from the sample.

### 4.2.3. Sexuality

Table 4.2 a: **Sexuality**

	Frequency	Valid Percent
Lesbians / gay women	280	34.1
Gay	431	52.6
Bisexual	47	5.7
Queer	28	3.4
Questioning	2	0.2
Unsure	6	0.7
Straight / heterosexual	7	0.9
Other	18	2.2
Total	819	100

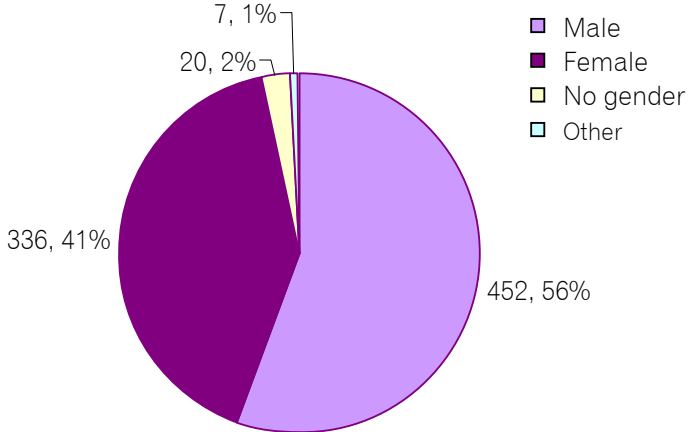
As with most lesbian and gay (sic) surveys, gay men form the majority of this sample. Here the breakdown of the sample is 53% gay male, 34% lesbians / gay women (i.e. those who defined as either lesbians or gay and identified as female in the gender question), bisexual 6% and queer 3%. 'Questioning' and 'other' added up to just under 1%: and so in some cross tabulations these are combined with 'queer' in order to create a category suitable for statistical analysis. However, this category has limited internal coherence and often respondents in this category had polarised responses.

Straight / heterosexuals were only included in the overall sample if they indicated that have sex / relationships with members of the same sex, or were trans. When this was not the case, they were removed from the sample.

### 4.2.4. Gender

The majority of the sample identified as male (56%) with female gender identities accounting for 41% of the sample (see figure 4.2.a). The categories 'no gender' (2%) or 'other' (1%) were combined in order to make cross tabulations statistically significant.

Figure 4.2 a: Gender identifications



### 4.2.5. Trans

The question which read 'Do you identify yourself as being trans or have you ever questioned your gender identity?' was found to be problematic, as some who questioned their gender identity did not feel they fitted the category 'trans'. Consequently, after some consultation, the category 'trans' was defined by those who answered the trans questions and / or identified themselves as trans later in the questionnaire. This resulted in only 2 people being removed from the trans category. Table 4.2b shows that 5% of the sample identified as trans.

Table 4.2 b: Trans respondents

	Frequency	Percent	Valid Percent
Yes	43	5.2	5.3
No	739	90.1	91.8
Unsure	23	2.8	2.9
Total	805	98.2	100



Nine people who identified as trans also identified as male, with the majority (29) identifying as female. Four people chose no gender or other. 1 trans person did not answer the gender question.

Table 4.2 c: Breakdown of trans respondents by gender

	Frequency	Percent
Male	9	20.9
Female	29	67.4
No gender	1	2.3
Other	3	7.0
Total	42	97.7

## 4.2.6 Age range

Table 4.2 d: Age range

	Frequency	Percent	Valid Percent
16 - 25	122	14.9	14.9
26 - 35	242	29.5	29.6
36 - 45	250	30.5	30.6
46 - 55	126	15.4	15.4
56 - 65	58	7.1	7.1
66 - 75	16	2.0	2.0
76 +	4	0.5	0.5
Total	818	99.9	100

There were no respondents under 16. The majority (60%) of respondents were aged between 26 and 45. 15% (122) are defined as young people (under 26) and the 10% or respondents over 55 are classified together into the older age group category for subsequent analysis.

## 4.2.7 Ethnicity

Table 4.2 e: Ethnic identifications

	Frequency	Percent	Valid Percent
White	765	93.4	93.9
Black & Minority Ethnic (BME)	21	2.6	2.6
Gypsy traveller	1	0.1	0.1
Other ethnicity	28	3.4	3.4
Total	815	99.5	100
Missing	4	0.5	
Total	819	100	

The proportion of BME people (6%) appears similar to that for Brighton & Hove in the 2001 Census of Population (see table 4.2 e). However, the ethnicity data for Count Me In Too was collected using slightly different categories to the census. This was because the steering group noted the inadequacies of the multiple ethnic categories in the census and adapted some census categories. This led to the inclusion of an 'other' category that was chosen by 3.4% of respondents. This may reflect dissatisfaction

with census type categories amongst respondents, but unfortunately also leaves some uncertainty concerning the ethnicity of 3% of respondents.

#### 4.2.8. Deaf, deafened, hard of hearing

4% of the sample identified as deaf (see table 4.2 f) and the 28 people along with 2 in the focus groups offered useful insights into this identity.

Table 4.2 f: those who identify as being deaf, deafened, hard of hearing or deaf blind

	Frequency	Percent	Valid Percent
Yes	28	3.4	3.5
No	778	95.0	96.5
Total	806	98.4	100

#### 4.2.9 Disability

15% of the sample identified as having a long term health impairment or disability. Of the 56 who indicated they had tested positive for HIV (see section 4.2.10), 26 did not identify as disabled or as having a long term health impairment. Not all who identified as having mental health difficulties (see section 11.2) identified as disabled or as having a long term health impairment.

Table 4.2 g: Those who identified as having a long-term health impairment or physical disability

	Frequency	Percent	Valid Percent
Yes	119	14.5	14.9
No	681	83.2	85.1
Total	800	97.7	100

#### 4.2.10 HIV Status

7% of the sample had tested positive for HIV (table 4.2 h), 45% had not been tested and 47% had tested negative. There were no trans people, lesbians / gay women who had tested positive for HIV. 16% of gay men had tested positive for HIV, 1 bisexual respondent and 3 respondents who defined as queer.

Table 4.2 h: What was your most recent HIV test result? (valid % only includes those who have been tested, missing variables relate to not being tested)

		Frequency	Percent	Valid Percent
Valid	Positive	56	6.8	12.6
	Negative	387	47.3	87.4
	Total	443	54.1	100.0
Not tested		376	45.9	
Total		819	100.0	

## 4.2.11 Relationship status

61% of people are currently in relationships. 35 people have never been in a relationship. 34% have been in a relationship / partnership in the past and are currently single (see table 4.2 i).

Table 4.2 i: **Current relationship status**

	Frequency	Percent
No	280	34.2
Yes - same gender / sex	465	56.8
Yes - opposite gender / sex	24	2.9
Yes - different gender / sex	8	1.0
Yes - with more than one person	7	.9
<b>Total</b>	<b>784</b>	<b>95.7</b>
Never been in a relationship	35	4.3
<b>Total</b>	<b>819</b>	<b>100.0</b>

## 4.2.12 Parents

16% of the sample are parents, guardians or closely related to a young person. Table 4.2j outlines how this differs by sexual identity. There is a significant statistical relationship between sexual identity and being a parent, guardian or closely related to a child or young person ( $p < .05$ ). 26% of lesbians / gay women and 24% of bisexuals identify in this parental category and 9% of gay men. There is a significant statistical relationship between trans identity and being a parent, guardian or closely related to a child or young person ( $p < 0.05$ ). 31% of trans people are in this category compared to 15% of non trans individuals.

Table 4.2 j: **Parents, guardians or closely related to a young person by sexual identity**

		Lesbian	Gay	Bisexual	Queer	Otherwise coded	Total
Yes	No.	72	33	11	5	7	128
	%	26.1	7.9	23.9	20	24.1	16.1
No	No.	204	387	35	20	22	668
	%	73.9	92.1	76.1	80	75.9	83.9
Total	No.	276	420	46	25	29	796
	%	100	100	100	100	100	100

## 4.2.13 Income

20% of the sample earned under £10,000, with the highest proportion earning between £10,001 and £20,000 before deductions. Those earning over £50,001 numbered 43 and formed 5% of the sample. Where necessary, these are combined with those who earned between £40,001 and £50,000 to create a category suitable for statistical analysis.

Table 4.2 k: **Income**

	Frequency	Percent	Valid Percent
Less than £10,000 a year	160	19.5	19.8
£10,001 to £20,000 a year	248	30.3	30.6
£20,001 to £30,000 a year	191	23.3	23.6
£30,001 to £40,000 a year	118	14.4	14.6
£40,001 to £50,000 a year	50	6.1	6.2
More than £50,001 a year	43	5.3	5.3
Total	810	98.9	100

Table 4.2 l illustrates that younger and older people earn less than those aged between 26 and 55. Young people are the most likely to earn under £10,000, (41%) and 32% of those over 55 are also in this income bracket. There is a significant statistical association between age and income ( $p < 0.0005$ ).

Table 4.2 l: **Income by age**

		Under 10k	10k - 20k	20k -40k	Over 40k	Total
Under 26	No.	50	54	16	1	121
	%	41.3	44.6	13.2	0.8	100
26-35	No.	26	69	120	23	238
	%	10.9	29.0	50.4	9.7	100
36-45	No.	35	70	105	39	249
	%	14.1	28.1	42.2	15.7	100
46-55	No.	25	31	47	23	126
	%	19.8	24.6	37.3	18.3	100
Over 55	No.	24	24	21	7	76
	%	31.6	31.6	27.6	9.2	100
Total	No.	160	248	309	93	810
	%	19.8	30.6	38.1	11.5	100

There is a significant statistical association ( $p < 0.05$ ) between sexuality and income. Gay men in the sample were more likely to have higher incomes than those in the other sexuality categories. The majority of respondents identifying as gay (58%) had an income of over £20,000 whilst most lesbians / gay women in the sample had an income of less than £20,000 (54%). Those identifying as bisexual were more likely to have an income less than £20,000 (68%) whilst only 22% of those in the other sexuality categories had an income of over £20,000 a year. However, when further analysis was undertaken to explore the statistical relationship between age, income and sexuality, a statistically significant relationship was only found for the younger age groups (under 46  $p < 0.0005$ ), whilst this is not the case for the older age groups (46+).

There was also a statistically significant difference in income by trans identification ( $p < 0.0005$ ). Trans respondents were over 3 times as likely to have an income of less than £10,000 a year and over 11 times less likely to have an income of over £30,000 a year: (see figure 4.2c).

Figure 4.2 c: Income by trans identity



#### 4.2.14 Employment and qualifications

As with other surveys of lesbian and gay populations, this sample was well educated and had high levels of economic activity. 56% of the sample were in full time employment, 12% self employed and 11% part time (see table 4.2 m). The comparable proportions for the 16-74 age group in Brighton & Hove in the Census of Population were 38%, 10% and 11%. The 'other' and 'not employed / not looking for work' categories includes respondents whose other answers suggested they were students, as well as seasonal workers, casual workers and cash in hand. 'Unable to work' can include a range of people including sick who are sick, disabled or carers.

Table 4.2 m: Employment breakdown

	Total	
Employed full-time	No.	456
	%	55.9
Employed part-time	No.	91
	%	11.2
Self-employed	No.	94
	%	11.5
Retired	No.	38
	%	4.7
Other	No.	26
	%	3.2
Not employed and looking for work	No.	29
	%	3.6
Not employed and not looking for work	No.	30
	%	3.7
Unable to work	No.	52
	%	6.4
<b>Total</b>	<b>No.</b>	<b>816</b>
	<b>%</b>	<b>100</b>

13% of the sample had GCSE qualifications or below (including no educational qualifications in table 4.2n), with 38% having at least a first degree or professional qualification (see table 4.2 m). 2% had no educational qualifications compared to the figure of 22% for Brighton & Hove residents aged 16-74 in the 2001 Census of Population.

Table 4.2 n: **Highest educational qualification**

	Frequency	Percent	Valid Percent
I have no educational qualifications	18	2.2	2.2
GCSE (grades D-G)	21	2.6	2.6
GCSE (grades A-C)	65	7.9	8.0
A or AS Level	96	11.7	11.8
Vocational	93	11.4	11.4
Foundation Degree, HND etc.	58	7.1	7.1
First Degree	184	22.5	22.6
Higher Degree	134	16.4	16.5
Professional	123	15.0	15.1
Other	21	2.6	2.6
Total	813	99.3	100
Missing	6	0.7	
Total	819	100	

### 4.3 Sample composition from focus groups

The focus groups were asked to identify their own words to describe their specific identity categories, and include extra detail if they wished to. Table 4.3 a outlines the words and phrases used and their frequency. For confidentiality reasons these are not attributed to specific focus groups at this stage, but rather listed (and collated where appropriate) in relation to the information requested. Numbers indicate how many times this phrase was used. The brackets beside phrases are where additional information / explanation was offered, and the number of times this phrase was used.

Table 4.3 a: **Descriptions of focus group sample**

Category	Terms used
Area where you live / housing status	Hove x 15 (home owner x 2, tenant / rent x 7, with my mum x1, council x 3) Kemptown x 7 (flat tenant, council x 2, private let) Hangelton x 4 (living with parents x2 & partner, 2 bed x 2, council tenant) Near / Bevendean x 3 Shoreham x 2 Seven Dials x 3 (private rent, renting w/ partner) Worthing x2 (with parents) Hollingdean x 4 (owner-occupier x 2) Brighton, renting x 3 Elm Grove Preston Park, tenant Saunders Park Central Brighton, live alone Rented

Preston Park / council tenant  
 Coldean  
 West Hove  
 Outer suburbs, sheltered housing  
 Tarnier estate, council house  
 Brighton suburbs, private rent  
 Queens Park x2 (Home owner, Council flat)  
 Saltdean  
 Western Road, renting

Whitehawk x3  
 Hanover , own flat  
 BN2 owner occupier

Sexuality	<p>Gay x 29 (drag)          Lesbian x 20          Bisexual x 8 (in a lesbian relationship)          Queer / Bisexual x 3          Dyke          Gay (female)          Queer          Unsure          Bi (frustrated transsexual) transvestite          SM Bi          I identify as a lesbian now but have been married x 2 &amp;          2 children</p>
Gender	<p>Male x 31 (drag)          Female x 30 (TS, transgendered)          Mine          Female born woman          Female-ish          Woman x 2          Female mostly</p>
Disability and disability allowance	<p>Yes x 23          (Deaf in right ear, some loss in left ear, Mental Health x 2, DLA)          No x 35          Dyslexic</p>
Employment / economic status	<p>Director of own company          Employed / working x 16 (£15k graduate)          Employed but poor          Full time- minimum wage          Full time professional          Full time job          Unemployed x 10 (on benefits, disabled)          On incapacity benefit x 3          On benefits          On sick          Income support          Not working / poor          Part time employed / worker x 4          Various part time jobs x 2          Pension, work and state          Retired x 7          Self employed f / t x2          Student x 5          School          Full time postgrad student          Unemployed / volunteer fundraising</p>

	Editor Carer / benefits Cleaner / drag artist Mother
Immigration status	UK / British / English born / citizen / national / passport / resident x 32 Irish N. Irish
Anything else	Considerable time spent volunteering in the LGB community Muslim, South Asian, middle class Mixed heritage Jewish and Bengali Indian Christian, Jewish / Romany background Care-giver

In relation to sexuality and gender identities, most defined themselves in relation to prevailing categories: lesbian, gay, bisexual and queer. Age was also most often described numerically. Table 4.3 b is the collation of age categories using categories that were used in the questionnaire.

Table 4.3 b: Descriptions of Age / stage of life

Age	Frequency / other explanation
16 - 25	10
26 - 35	15
36 - 45	12
46 - 55	12
56 - 65	4
66+	3
Other	Retired + bus pass 60+ 50 Going on a relic 40+



# 5 Brighton & Hove

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## 5.1 Introduction

This chapter reports on the findings regarding people's feelings about the city and their engagements with Pride and volunteering in the city. It locates the project within the city and offers the many positive things said by respondents about Brighton & Hove for LGBT people.

## 5.2 Living in Brighton & Hove

The focus groups were asked what keeps people in Brighton & Hove. This elicited a range of responses mainly positive explorations of the city, its surroundings and the ease of living here as an LGBT person compared to other areas of the United Kingdom.

*Susan*<sup>1</sup>: **It's [Brighton] a fabulous place. The sea definitely keeps me here and the Downs, the countryside and I do love all of that. But probably, well, it's my home, really, it is my home. ...it has a big LGB community and so that's clearly a very important part of my staying.**

(Women's focus group)

*Luce*: **It's got everything I need here and I feel like really supported here. I've got all my friends here. It is easier to be out than anywhere else in the country, I'm sure pretty much**

(General Focus group 2)

From the questionnaire sample, 86% of respondents lived in Brighton & Hove, the majority of these have lived in the city for under 10 years (see table 5.2). One third of those who live in Brighton have lived here for more than 10 years.

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<sup>1</sup> All names are pseudonyms

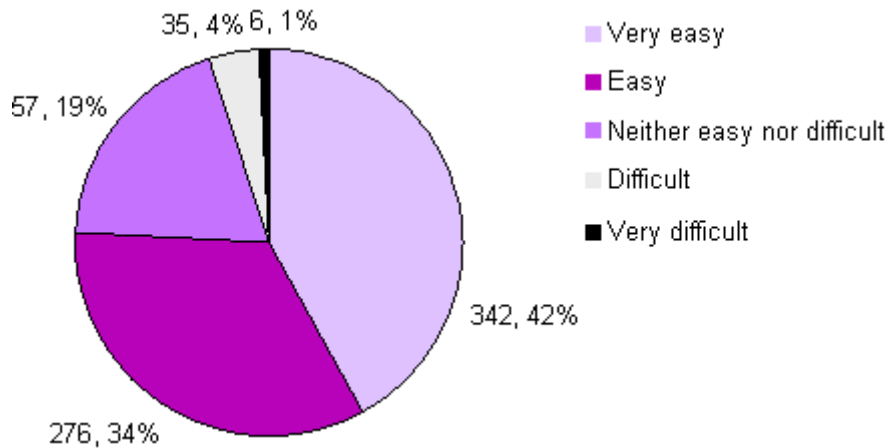
Table 5.2: Length of time living in Brighton & Hove (% only those who live in Brighton & Hove)

	Frequency	Percent	Valid percent
Less than a year	58	8.2	8.3
1-5 years	252	35.6	35.9
6-10 years	158	22.3	22.5
10 + years	234	33.1	33.3
Total	702	99.2	100.0
Missing	6	.8	
Total	708	100.0	

3% of the sample said they have never lived elsewhere. Of those who have lived elsewhere, 74% thought that Brighton was a better place to live, 5% felt that Brighton was worse than elsewhere, and just under 18% suggested that the city was neither better nor worse than elsewhere.

These findings are reflected in the answers to the question that asked about ease of living in the city as an LGBT person. 76% of those who answered the question found it easy / very easy to live in Brighton & Hove. Figure 5.2 shows that only 5% of people declared Brighton & Hove a difficult or very difficult place to live.

Figure 5.2: Is Brighton & Hove an easy place to live in as an LGBT person?



This data should be read in conjunction with the less positive experiences of discrimination and abuse considered in Section 9.

## 5.3 Not living in Brighton & Hove

14% of the sample did not live in the Brighton & Hove but worked or used services in the city. Of these 52% would like to live in the city, 20% said that they would not like to live in the city with 17% unsure if they would like to live in Brighton & Hove. Table 5.3a indicates 62% of those that do not live in Brighton & Hove would like the LGBT services they use in Brighton & Hove to be available where they live, with 7% saying that they would not like to see these services and 32% unsure.

Table 5.3 a: **Would you like the LGBT services available in Brighton & Hove to be also available where you live?**

	Frequency	Percent	Valid percent
Yes	55	52.4	61.8
No	6	5.7	6.7
Unsure	28	26.7	31.5
Total	89	84.8	100.0
Missing	16	15.2	
Total	105	100.0	

These figures indicate some use of services in Brighton & Hove by those who live outside the city. 44% of those who do not live in Brighton & Hove use LGBT services and groups in the city because they are not available where they live (Table 5.3 b) but the same percentage answered 'no' this question..

Table 5.3 b: **Do you use specialist LGBT services / groups in Brighton & Hove because they are not available where you live?**

	Frequency	Percent	Valid percent
Yes	39	37.1	43.8
No	39	37.1	43.8
Unsure	11	10.5	12.4
Total	89	84.8	100.0
Missing	16	15.2	
Total	105	100.0	

## 5.4 Pride

Over 90% of people have attended Pride in Brighton & Hove with only 2% saying they have never been and do not want to go (see table 5.4).

Table 5.4: **Have you attended Pride in Brighton & Hove in the last 5 years?**

	Frequency	Percent	Valid percent
Yes, every year	361	44.1	44.6
Yes, 2 to 4 times	284	34.7	35.1
Yes, once	79	9.6	9.8
I have not been yet	69	8.4	8.5
I have never been and do not	16	2.0	2.0
Total	809	98.8	100.0
Missing	10	1.2	
Total	819	100.0	

In the extra comments space at the conclusion of the questionnaire, Pride was mentioned unprompted four times. One described Pride as one of the 'greatest successes' (questionnaire 402) of the city.

**Frank: We've all had challenging lives and stuff, but there has been progress, there's been a huge amount of progress in the city and Pride is the example of that. There are 150,000 people who are going to descend on Brighton in two weeks time. The Pavilion will be pink, everyone will be up for it. I think is a fantastic thing. From those early days when there were a few hundred of us dodging missiles around Churchill Square and trying to chant, 'We're here, we're queer, we're not going shopping' and trying to miss the bullets.**

(General focus group 1)

10% of trans people and 2% of non trans people have never been and do not want to go to Pride. 24% of trans people said they had not been yet, compared to 8% of non trans people. Similarly, only 66% of trans people had attended Pride, compared to 90% of non trans people.

Those who are younger are the most likely ( $p < 0.05$ ) to say they have not been to Pride yet (26%). No younger person or person aged between 36-45 said they do not want to go to Pride, compared to 11% of older people.

Those who earn less than £10,000 are more likely (5%) to say they have not been to Pride and do not want to go. They are also more likely to say that they have yet to attend Pride (26%- although this may be due to the lower age range of this sample).

From focus groups there was mixed views of Pride. Some wanted Pride everyday, and the young people's focus group commented on the importance of their experiences with the Allsorts float and tent. Similarly, the access tent was praised for allowing people to experience the park. For some this is the only way that they can get to the park. The Deaf focus group pointed to the importance of the visibility of signers. Others however noted the lack of accessibility of Pride (including one participant who was unable to get to disabled parking), the absence of politicisation of Pride, and the loss of its activist roots. Some respondents also perceived the council's interest in the LGBT community to be solely related to the revenue that Pride brings to the city.

## 5.5 Volunteering in Brighton & Hove

60% of people have volunteered or have wanted to volunteer in the last 5 years, and of these 63% have or would like to volunteer for an LGBT organisation. 14% said they would not or have not volunteered for an LGBT organisation (table 5.5a) with 23% unsure.

Table 5.5 a: **Do you now or would you want to volunteer with an LGBT group or service?** (% only includes those who have volunteered or have wanted to volunteer in the past five years)

	Frequency	Percent	Valid percent
Yes	298	61.7	62.5
No	68	14.1	14.3
Unsure	111	23.0	23.3
Total	477	98.8	100.0
Missing	6	1.2	
Total	483	100.0	

The most popular reasons for wanting to volunteer are service to others and the community (75%), personal development (54%) and social reasons (53%).

Table 5.5 b: **What did you or do you want to get out of volunteer work?**

	Frequency	Percent
Social reasons (e.g. meet new people, get to know the area)	256	53.0
Employment reasons (e.g. move back into work / career progression)	119	24.6
Service to others and the community (e.g. to make a difference / giving something back / sense of LGBT pride / community)	361	74.7
Personal development (including training / learning new skills)	262	54.2
Other	30	6.2

There were some negative experiences recounted in focus groups and in the qualitative questions on the questionnaires, commenting that volunteering for LGBT groups could be a 'poisoned chalice':

**Few people have to do a huge amount of work and are pilloried for doing so. I have useful talents and am committed to volunteering for our community - but do I need the crap?**

(questionnaire 268)

# 6 Home, neighbourhoods and housing

## 6.1 Introduction

This chapter will address where the sample lived in the city, and both discrimination in particular neighbourhood areas and stigmatising of LGBT residents of those areas by other LGBT people. The section then moves onto household formations and satisfaction with accommodation. Finally the section addresses homeless-ness and the use of sex for somewhere to stay.

## 6.2 Distribution of neighbourhood areas

Although 17% of respondents live in St. James's street and Kemptown, the majority (57%) do not live there or in any of the neighbourhood areas listed (see table 6.2). These areas were provided to the researchers by a stakeholder in the research who supplied these as a list of the 'priority Neighbourhood Renewal Areas identified by Brighton & Hove City Council'.

Table 6.2: Which area do you live in?

	Frequency	Percent	Valid per cent
North Portslade	11	1.3	1.4
Hangleton & Knoll	12	1.5	1.5
Brunswick (East)	44	5.4	5.6
Hollingbury	7	.9	.9
Hollingdean	8	1.0	1.0
Saunders Park	3	.4	.4
St Peters	40	4.9	5.1
Tarner (South Hanover)	8	1.0	1.0
St James Street & Kemptown	134	16.4	17.1
Bristol Estate	6	.7	.8
Bevendean	4	.5	.5
Moulsecoomb	13	1.6	1.7
Whitehawk & Manor Farm	18	2.2	2.3
Queens Park & Craven Vale	28	3.4	3.6
None of these areas	447	54.6	57.1
Total	783	95.6	100.0
Missing	36	4.4	
Total	819	100.0	

## 6.3 Living in neighbourhood areas

29% of those who lived in the neighbourhood areas listed above have experienced discrimination on the basis of their sexuality / gender identity. Given the routing in the questionnaire, it is not possible to calculate comparable data for other parts of the city. Particular neighbourhoods were also mentioned in the focus groups and experiences of abuse and violence recounted:

**Tracy: There were these two people, they were hassling me - putting like lit matches through my door, food through my door, just writing DYKE right across the landing, getting shouted out you know like on the balcony as you are walking down the road, 'Oh you fucking puff' and all that and 'Go back to Lesbos land'. It went on for about six years.**

(Mental Health focus group)

Similar to Tracy above 13% of those who lived outside of Kemptown / St. James Street (5% in this area) said that they were not out about their sexuality or gender identity in their neighbourhood, and there was a statistically significant relationship between area of residence and being out ( $p < 0.05$  table 6.3a). One quarter of those in neighbourhood areas suggested that they were sometimes out in their neighbourhood and this figure was slightly smaller for those in other areas (24%). Those who lived in Kemptown and St. James Street were most likely to be out about their sexuality / gender identity (67%). As one respondent who lived in Kemptown said in response to the question 'are you out where you live':

**Brighton is an easy place to be out in**

(Housing and relationship questionnaire 10)

Table 6.3 a: **Are you out about your sexuality / gender identity in your neighbourhood by neighbourhood area?**

		Kemptown and St James Street	All other neighbourhood areas identified	None of these areas	Total
Yes	No	88	109	221	418
	%	66.7	55.3	51	54.9
No	No	6	26	60	92
	%	4.5	13.2	13.9	12.1
Sometimes	No	22	50	102	174
	%	16.7	25.4	23.6	22.8
Unsure	No	7	2	22	31
	%	5.3	1	5.1	4.1
Not applicable	No	9	10	28	47
	%	6.8	5.1	6.5	6.2
Total	No	132	197	433	762
	%	100	100	100	100

### 6.3.1 Stigma / discrimination experienced by those in neighbourhood areas

Those who lived in particular neighbourhood areas identified stigma from other LGBT people related to where they live. 14% of questionnaire respondents had received negative reactions from LGBT people because of where they live. Others in focus groups had particular coping mechanisms for this form of prejudice:

**Jim: People say 'I'm not coming back with you because you live at Whitehawk.'... So I say I live at East Brighton.**

(Outlying estate focus group)

The negative experiences of those in this focus group from other LGBT people was also reflected in the quantitative data which found that 22% of those who live in priority neighbourhood renewal areas do not tell people on the scene where they live (table 6.3 b).

Table 6.3 b: Do you tell people on the scene where you live?

	Frequency	Percent	Valid percent
Yes	254	75.6	77.9
No	72	21.4	22.1
Total	326	97.0	100.0
Missing	10	3.0	
Total	336	100	

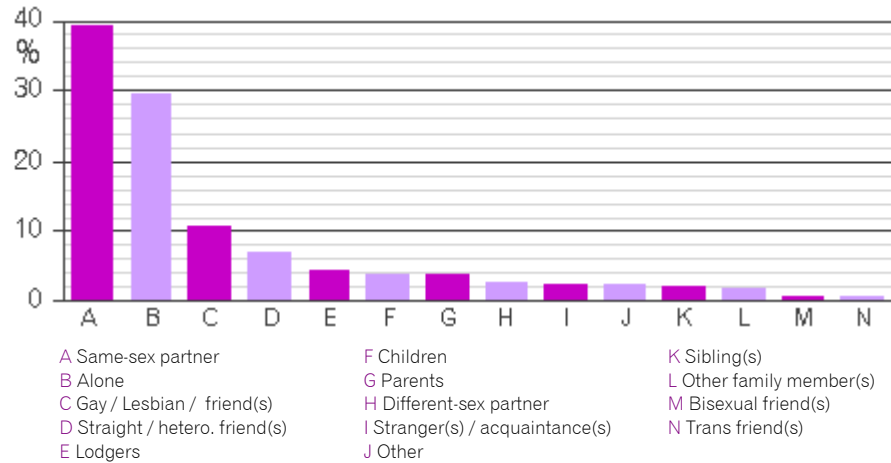
## 6.4 LGBT household formations

The biggest proportion of the sample lived with same-sex partners (39%). Almost a third of the sample lived alone, with ten percent living with gay / lesbian friends and 7% living with straight / heterosexual friends (see figure 6.4).

Lesbians / gay women formed the highest proportion of respondents living with a same-sex partner (52%). 38% of gay men lived with a same sex partner. Just over a quarter of those who defined as queer and 17% of those who defined as bisexual lived with a same sex partner. Non-trans people were more likely to live with a same sex partner (59%) than trans people (41%). The proportions of those over 55 (26%) and those under 26 (25%) living with a same sex partner were lower than for the 26-55 age group (44%). Those who felt isolated or sometimes felt isolated (27% lived with a same sex partner) were less likely (statistical significance  $p < .05$ ) to live with a same sex partner than those who did not feel isolated (48%). Similarly, those who had mental health difficulties were less likely (statistical significance  $p < .05$ ) to live with same sex partners (35%) than those who had not experienced mental health difficulties in the past 5 years (51%).



Figure 6.4: Who do you currently live with?



16% of the sample have children (or a close relation with a child). Within this group, 23% live with children. 7% of lesbians / gay women live with children. 28% of lesbians / gay women who have children or are closely related to a child, live with children.

There was a statistically significant ( $p < .0005$ ) difference by age amongst those who live alone. Those over 55 (49%) were more likely to live alone than those under 26 (8%). Those who lived alone were also statistically ( $p < .05$ ) more likely to describe themselves as isolated. 39% of those who are isolated live alone, compared to 26% of those who are not isolated.

26% of those who defined as queer lived with gay and lesbian friends compared to 12% of gay men, 11% of bisexuals and 9% of gay women or lesbians. None of those who are otherwise coded lived with gay / lesbian friends. 5% of those aged over 55 lived in this arrangement compared to 20% of those under 26

Those who are trans are significantly ( $p < .05$ ) were more likely to live with a different sex partner (18%) than those who are not trans (2%). Those who are under 26 (22%) were significantly ( $p < .001$ ) more likely to live with straight / heterosexual friends than those over that age. The figure varies from 9% of those aged between 26-35 to 3% of those aged over 55.

Only 2% of the sample lived with stranger(s) / acquaintance(s), but 4% of those who felt isolated or sometimes felt isolated lived in this arrangement compared to 1% of the rest of the sample ( $p < 0.05$ ).

## 6.5 Accommodation satisfaction and areas of difficulty

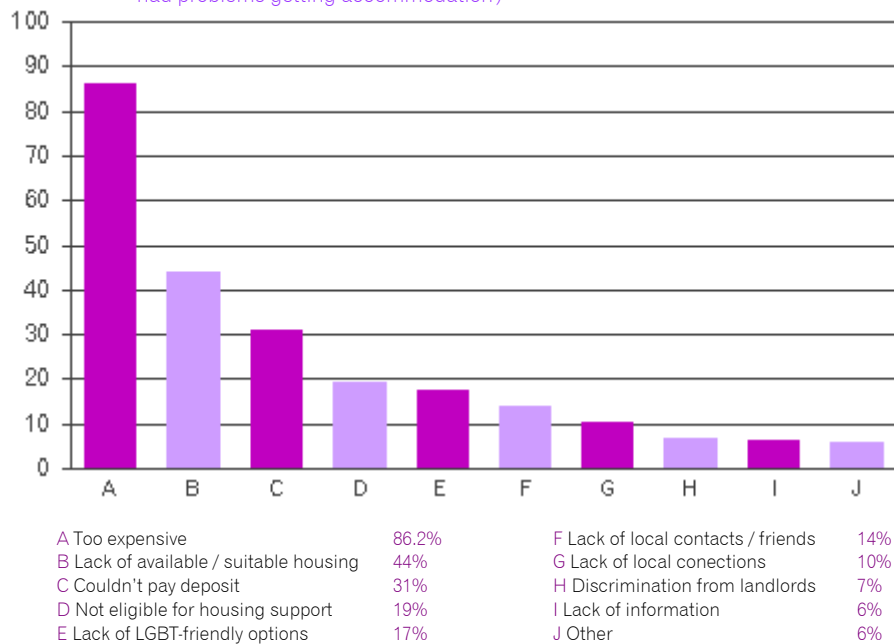
Over 80% of the sample were happy with their accommodation, with 14% saying that they were not happy with where they lived. However, 25% had problems getting accommodation (see table 6.5). Figure 6.5 points to some of the reasons for these difficulties. The majority of those found Brighton &

Hove too expensive, 44% said that there was a lack of suitable housing. 17% said that the lack of LGBT friendly options was problematic.

Table 6.5: **Have you had problems getting accommodation in Brighton & Hove?**

	Frequency	Percent	Valid percent
Yes	195	23.8	25.2
No	579	70.7	74.8
Total	774	94.5	100.0
Missing	45	5.5	
Total	819	100.0	

Figure 6.5: **I struggled to find accommodation because...** (% who answered 'yes' to 'have you had problems getting accommodation')



One person in the housing and relationship questionnaires mentioned the problems she was having with accommodation and expense:

**We rent, £500 per month each (there are two of us) and it is taking half my monthly wages. So I am living beyond my means. I am just coping but I keep thinking I may have to get a second job or move**

(Housing and relationship questionnaire)

## 6.6 Homelessness

Just under a quarter (22%) of the sample had been homeless. This was almost evenly split between those who had been homeless in Brighton & Hove and those who were homeless elsewhere (see table 6.6). Four people in the housing and relationship questionnaires spoke of being homeless (see also Platzer and Cull, 2006).

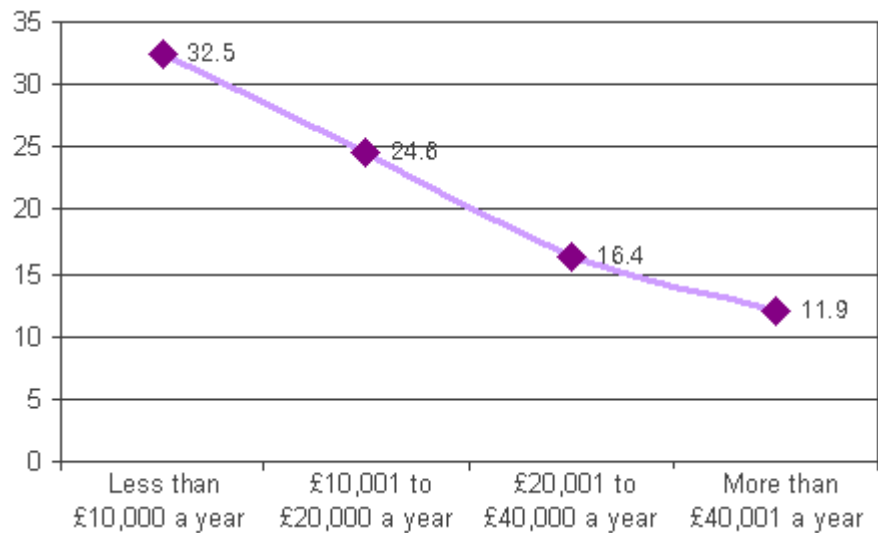
Table 6.6: Have you ever been homeless?

	Frequency	Percent	Valid percent
Yes, while in Brighton & Hove	92	11.2	11.5
Yes, while elsewhere	80	9.8	10.0
No	629	76.8	78.5
Total	801	97.8	100.0
Missing	18	2.2	
Total	819	100.0	

A third of those who defined as bisexual, queer and otherwise coded were have experienced homelessness, compared to 22% for lesbians / gay women and 19% for gay men. 36% of trans people experienced homelessness compared to 21% of non trans individuals, however this result is slightly above the significance level used ( $p=0.055$ ). One third of those who defined as disabled have been homeless compared to 20% of those who are not disabled.

Income was also a factor in experience of homelessness. Overall a third of those earning under £10,000 have been homeless compared to 12% of those earning above £40,000 (see figure 6.6). The proportion who have been homeless decreases relative to the income grouping, with 25% of those earning between £10,001 and £20,000 and 16% of those earning between £20,001-40,001.

Figure 6.6: Experience of homelessness by income



34% of those who feel isolated and sometimes feel isolated in Brighton & Hove have experienced homelessness (34%) compared to 15% of those who do not feel isolated (15%).

26% of those who have experienced mental health difficulties have also experienced homelessness, compared to 9% of for those who have not experienced mental health difficulties (statistically significant  $p<.0005$ ).

Those who have tested positive for HIV are more likely (29%,  $p < .05$ ) to have experienced homelessness than those who have received a negative test result or who have not been tested (22%).

However definitions of homelessness vary and one respondent shared her experiences and lack of identification with this category:

**When I came out, when I got together with my first partner (neither) family would have had each of us live at home but her parents wanted me to stay away from her house & street, and my parents were hostile to her. We often didn't know where we were going to stay next week and sometimes that night. We stayed in very temporary accommodation and slept on floor / sofa / 'housesat' for friends. It was years before I thought of this as being homeless, because we had a roof over our head. We contacted several lesbian / gay housing support services but they were full to capacity. The lack of a place to go was massively stressful. Due to stressful fall outs with family, even more stressful. My partner started getting panic attacks and I know my mental health was not good. This made it harder to enter house-shares as we obviously didn't come across as easy going housemates. We house-shared with people from China, Eritrea, Malaysia who perhaps didn't recognise our stress and I know didn't initially recognise that we were a couple. One person who sublet to us told us to leave when a friend visited her & I think pointed it out we were a couple. We lived together for 9 months in a house with 'no boyfriends after 10pm' rule. When housemates worked out we were sleeping together, they giggled a lot but didn't make problems.**

(Housing and relationship questionnaire, 7)

This quote highlights the complicated interactions between families of origins and other housemates that can result in negative reactions to same sex relationships. In this instance these reactions resulted in homelessness. This highlights the possibilities of under-reporting of homelessness in the questionnaire.

## 6.7 Length of homelessness and council assessment

Most of those who were homeless, were homeless for less than 18 months (93%).

Table 6.7: **How long were you homeless for? (% who answered 'yes' to 'have you ever been homeless?')**

	Frequency	Percent	Valid percent
Under a month	52	30.2	32.3
1 to 3 months	54	31.4	33.5
3 to 18 months	44	25.6	27.3
19 months or more	11	6.4	6.8
Total	161	93.6	100.0
Missing	11	6.4	
Total	172	100.0	

16% of those who have been homeless (n.23) had the council conduct a housing and care assessment with them. Eight of these 23 people said that it had taken into account LGBT issues but 14 felt that it did not take into account LGBT issues.

In the housing and relationship questionnaires, Brighton Housing Trust was mentioned as providing for those who were homeless, or who had the potential to become homeless. In one questionnaire Brighton Housing Trust were described as 'very helpful' with the staff looking 'a little shocked but were courteous', when one woman registered for social housing as trans, bisexual and with 'mental health illness'.

## 6.8 Current homelessness

8% of those who said they had been homeless were currently sleeping rough, living in temporary accommodation, staying in a hostel or with friends, or sofa-surfing (see table 6.8). This is 1.6% of the total sample.

Table 6.8: **Are you now sleeping rough, living in temporary accommodation, staying in a hostel or with friends, or sofa-surfing? (% who answered 'yes' to 'have you ever been homeless?')**

	Frequency	Percent	Valid percent
Yes	13	7.6	7.9
No	152	88.4	92.1
Total	165	95.9	100.0
Missing	7	4.1	
Total	172	100.0	

92% of those who have been homeless but are now not now sleeping rough, living in temporary accommodation, staying in a hostel or with friends, or sofa-surfing, said that they are in suitable accommodation. 9% said they are not now in suitable accommodation.

## 6.9 Using sex for somewhere to stay

4% of the sample have had sex or made themselves available to have sex so that they had somewhere to stay (see table 6.9 a).

Table 6.9 a: Have you ever had sex or made yourself available to have sex with someone so that you had somewhere to stay within the last five years?

	Frequency	Percent	Valid percent
Yes	31	3.8	3.9
No	728	88.9	92.5
Yes, not within last 5 years	28	3.4	3.6
Total	787	96.1	100.0
Missing	32	3.9	
Total	819	100.0	

There is a statistically significant relationship between homelessness and having sex for somewhere to stay ( $p < .0001$  see table 6.9b). 18% of those who have been homeless had sex or made themselves available to have sex in order to have somewhere to stay (12% in the last 5 years, 6% outside the last 5 years) compared to 4% of those who have not been homeless (2% in the last 5 years, 3% outside the last 5 years).

Table 6.9 b: Homelessness by have you had sex or made yourself available to have sex with someone so that you had somewhere to stay within the last 5 years

		Never been Homeless	Experienced Homelessness	Total
Have made themselves available (last 5 yrs)	No.	11	20	31
	%	1.8	11.8	4.0
Have made themselves available (not in the last 5 yrs)	No.	16	11	27
	%	2.6	6.5	3.5
Did not make themselves available (last 5 yrs)	No.	586	138	724
	%	95.6	81.7	92.6
Total	No.	613	169	782
	%	100	100.0	100

# 7 Relationships, civil partnerships and families

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## 7.1 Introduction

This chapter addresses respondents' relationship forms, and examines civil partnerships, information regarding these and reporting of relationships. The chapter finishes with a consideration of parents and families of origin.

## 7.2 Relationship type

82% of those who have had relationships usually have one person monogamous relationships and 14% of respondents do not usually have committed relationships or have open / polyamorous relationships (see Table 7.2 below).

Table 7.2a: I usually have relationships with (% is of those who have ever had a relationship)

	Frequency	Percent	Valid per cent
One person in monogamous relationship	406	80.6	82.4
I don't usually have committed relationships or I am polyamorous or I usually have open relationships.	71	14.1	14.4
Other	16	3.2	3.2
Total	493	97.8	100.0
Missing	11	2.2	
Total	504	100	

## 7.3 Civil partnerships

79% of people have already or would possibly enter a civil partnership (table 7.3a) with those identifying as lesbian (79%), gay (81%) and bisexual (91%) more likely to want to enter into civil partnerships than those identifying as queer (57%) or other (56%).

Table 7.3a: Have you or would you enter into a civil partnership?

	Frequency	Per cent	Valid per cent
Yes or possibly	639	78.0	79.0
No	85	10.4	10.5
Don't know	85	10.4	10.5
Total	809	98.8	100.0
Missing	10	1.2	
Total	819	100.0	

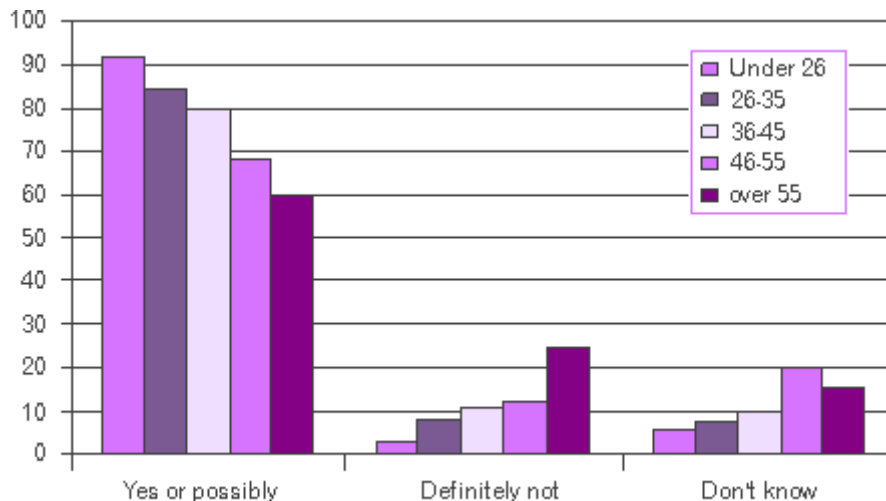
It should be noted that this varies by age - 90% of young people stated they have entered or would possibly enter a civil partnership compared to 50% of older people (figure 7.3a). Only 52% of those with trans identities have or would enter into civil partnerships.

Those in higher income brackets are more likely to have entered into or considered entering civil partnerships. 83% of respondents earning £20k plus entered into or considered a civil partnership compared to 70% for those earning under £10k.

Those wanting to engage in civil partnerships also varies by trans identities (52% have or would possibly like to enter into civil partnerships) and deaf people are the least likely to want to enter into a civil partnership with 30% saying definitely not!

Those who identify as having a disability or as having a long term impairment are more likely to want to engage in civil partnerships are more likely to have entered into or considered entering civil partnerships ( $P < 0.05$ ).

Figure 7.3a: Have you or would you ever enter into a civil partnership by age



In the focus group data there were mixed views on civil partnerships. Some understood it as a positive change that reduces homophobia, others as recreating differences between straight and LGB people. The following quotes exemplify the ambiguity of feeling about this legislation.



*Frank:* I think it's progress. My ex-partner and I talked about making our relationship more solid in some way. It was basically that the house we lived in was mine and I knew that if I went under a bus the next day that there'd be quite a squabble within the family about the assets. There wasn't any means at the time other than a will. So I kind of welcome it. I know it's not the real deal, that's hopefully going to come in the future, but it is a bit of progress. I think the numbers of people doing it sort of speaks volumes and it means something quite significant to them. It's just a nice, nice thing in the gay world that isn't just about, you know, shagging and taking pills really. Commitment isn't really talked about an awful lot, I don't think.

(General focus group 1)

*Lee:* I'm quite looking forward to the point where teenagers or the people who [are] coming out and have some contact with kind of queer society for the first time [are] going to see couples who've been together for a long time, and know that's an option there.

(General focus group 1)

*Matt:* I think it's pathetic, I mean, we're [gay people] always going to be different, so why suddenly do we want to rush to be the same? I mean being gay is the biggest excuse you're ever going to have in your life to be different. You've been different from an early age and you're family and the trouble you've had with your friends and the place you live. Then suddenly you're at a certain age and you want to get married. I mean, no I disagree with that, I think it's a load of rubbish.

(Hate crime focus group)

In the hate crime focus group Matt argues that the assimilation of civil partnerships negates the feelings of difference that result from gay lives. The focus groups explored some of the key issues including progress regarding inheritance tax on a partners assets and being the next of kin, the legislation not being 'the real deal' of marriage, the public legitimisation of older same sex couples, the assumption that everything is 'ok' with LGBT people with the advent of civil partnerships, the appreciation of other rituals for LGBT people outside the scene, the dangers of marriage for 'tying people down' and the potential for civil partnerships to challenge prejudices and discrimination on the basis of sexual identity.

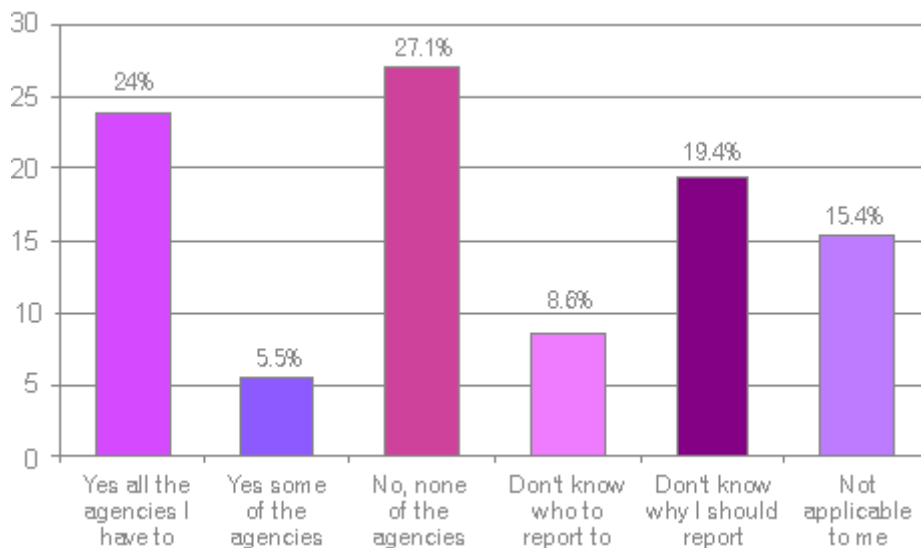
### 7.3.1 Civil partnerships and reporting partnerships

As the quotes from focus group above indicate, civil partnership has affected different parts of the LGBT communities differently. Nevertheless, one third of people who live with their partners do not feel they have enough information about how civil partnership affects them (table 7.3 b).

Table 7.3 b: **Do you have enough information about how the Civil Partnership Act affects you?**  
(figures only include those who live with a partner)

	Frequency	Percent	Valid percent
Yes	148	45.0	48.2
No	103	31.3	33.6
Don't know	56	17.0	18.2
Total	307	93.3	100.0
Missing	22	6.7	
Total	329	100	

Figure 7.3 b: **Have you reported your partnership to all the relevant agencies?**  
(figures only include those who live with a partner)



29% of people who live with a partner have reported this to all or some of the relevant agencies (Figure 7.3 b). 27% have not reported that they live together to any agency with 34% unsure as to why they should report it, or feel that this isn't applicable to them.

Out of those who had reported, 23% had experienced financial loss as a result of the civil partnership act, with 15% unsure whether they had lost money. 58% of those who had reported said that they did not experience any financial loss as a result of civil partnerships.

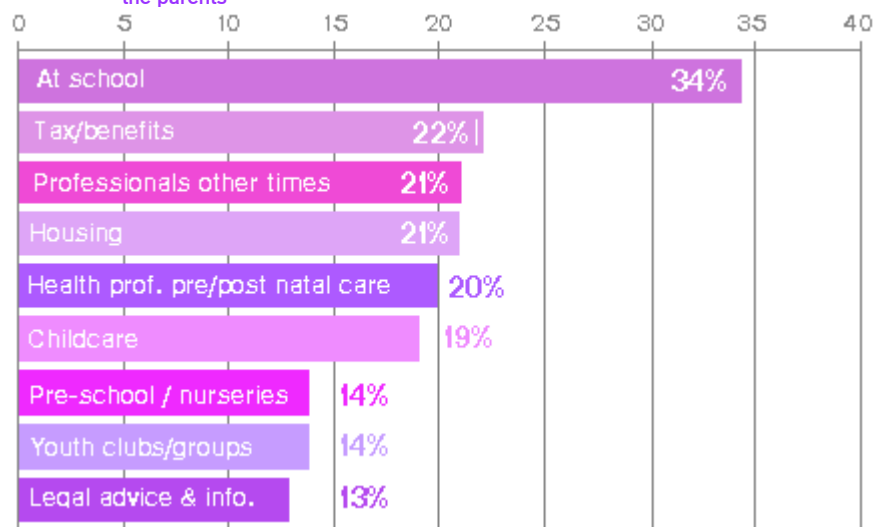
Of the respondents who were parents, half did not know where to get advice and support regarding being an LGBT parent, or the implications of the civil partnership act.

## 7.4 Parenting

16% of the sample were parents with lesbians / gay women (26%) and bisexuals (24%) parenting more often than gay men (8%). Trans (31%), Deaf (33%) and disabled people (24%) were also more likely to be parents.

28% of parents described their child as bullied or taunted because of their sexuality. School was also the place most cited for problems related to gender and sexuality (see figure 7.4).

Figure 7.4: Percentage of respondents who experienced regular difficulties or sometimes had difficulties that were seen to be directly related to sexuality / gender identities of the parents



Focus group data (see below) also identified the fear and experiences of school.

**Andy: My situation's of an 11 year old going on 19, but no one actually knows at the school. She knows, but even she has issues when I'm with my partner. There's this thing about a gay at the moment, "You're such a gay" and it's all very funny but when it's seriously, when I'm actually with someone I don't. At the school some of them wouldn't know. I'm sure they'd be fine but I don't know what a relationship would be like. Because I think for her.**

*Researcher: What's your fear about?*

**Andy: What's my fear? It's just for her more that she'd just be abused in school. That'd she'd be bullied because there are a lot of people that think it's quite, it's quite... I mean some of her friends that I think they kind of know, they must do by now and I just fear that they'll go and tell other people who might not be as tolerant as they are for 11 year olds. So my fear is that she'd be bullied**

(Outlying estate, focus group)

Focus groups also discussed fitting in with straight parents and at times of not coming out as LGBT when using children's groups or services. There was one significant area of concern for parents that moved beyond schools and other traditionally problematic areas:

***Kali:* I think there's real difficulties in our communities about lesbians and gay men who have children. A lot of people say that they don't want children, but then when you mention you know a lesbian or gay couple that have children, there's this real sort of like 'they're not the same as us' type feeling. We can't really deal with children and their lesbian and gay identity at the same time.**

(BME focus group 1)

***Yasmin:* I think that you experience another level of oppression from the LGBT community, that parents have some sort of exclusion going on there.**

(BME focus group 1)

There was some discussion of how LGBT parents who are unsupported by LGBT communities and also find that mainstream services are not well placed to support them. In the quantitative research half of parents did not know where to get advice and support regarding being an LGBT parent or the implications of the civil partnership act (these elicited just over 50% responses, n. 57 in both questions).

## 7.5 Families of origin

**We all get on really well and they're completely gay friendly**

(Housing and relationship questionnaire, 11)

Similar to this comment from a focus group participant, 74% of questionnaire respondents defined their relationship with their family of origin as very good / good, with 13% defining it as poor / very poor (see Table 7.5 a).

Table 7.5 a: **How would you describe your current relationship with members of your family of origin?**

	Frequency	Percent	Valid percent
Very good	319	38.9	40.2
Good	268	32.7	33.8
Neither good nor poor	105	12.8	13.2
Poor	52	6.3	6.5
Very poor	50	6.1	6.3
Total	794	96.9	100.0
Missing	25	3.1	
Total	819	100.0	

Table 7.5 b: **Are you out to your family of origin about your sexual / gender identities?**

	Frequency	Percent	Valid percent
Yes - they are very supportive	296	36.1	37.3
Yes - they accept it	347	42.4	43.6
Yes - they do not like it	98	12.0	12.3
No - I think they will be supportive if I tell them	32	3.9	4.0
No - I will never tell them	32	3.9	4.0
Other	52	6.3	6.6
I don't have a family of origin	14	1.7	1.8

As table 7.5 b shows most respondents are out to their families (this was a multiple answer question and therefore the figures calculate over 100%).

For some their families of origin rejected them because of their sexual identity or gender identity. One trans respondent said:

**They completely rejected me and have requested I make no further contact with them.**

(Housing and relationship questionnaire, Brighton, 8)

**Vicky: It's not fair that they feel they can sort of push me away because (I am gay), because that's who I am.**

(Young People's Focus group 1)

As the quote below suggests some respondents with 'supportive families' did not really feel supported because of their sexual identity

**Divya: (It's) painful because there is this 'We want you in the family, but we don't actually want you'. This is how I put it in my head: they want me, their daughter, in the family, but they don't want all of me.'**

(BME focus group 2)

# 8 Going out

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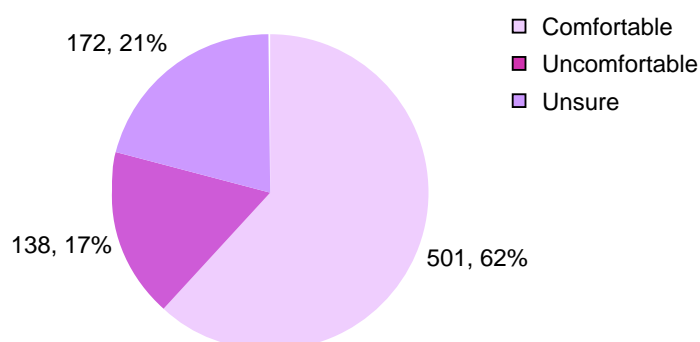
## 8.1 Introduction

This chapter addresses the use of straight and LGBT venues and events. It looks at the ease of use of straight venues before moving on to whether respondents enjoyed using LGBT venues and events. The chapter then looks at the desire for alternative LGBT spaces and the absence of a coherent LGBT information source for Brighton & Hove.

## 8.2 Straight / heterosexual venues

Straight venues were described as 'comfortable' for 61% of respondents with 17% feeling 'uncomfortable' in heterosexual venues (see figure 8.2a)

Figure 8.2 a: **How comfortable do you feel being LGBT in straight venues in Brighton & Hove?**



In most focus groups, participants said that socialising took place in 'straight' restaurants, cinemas and the live music scene was recognised as welcoming and friendly, with some enclaves of 'queer culture'.

**Clare: I go to straight pubs a fair bit because a lot of my friends are straight, and I want to socialise with them.**

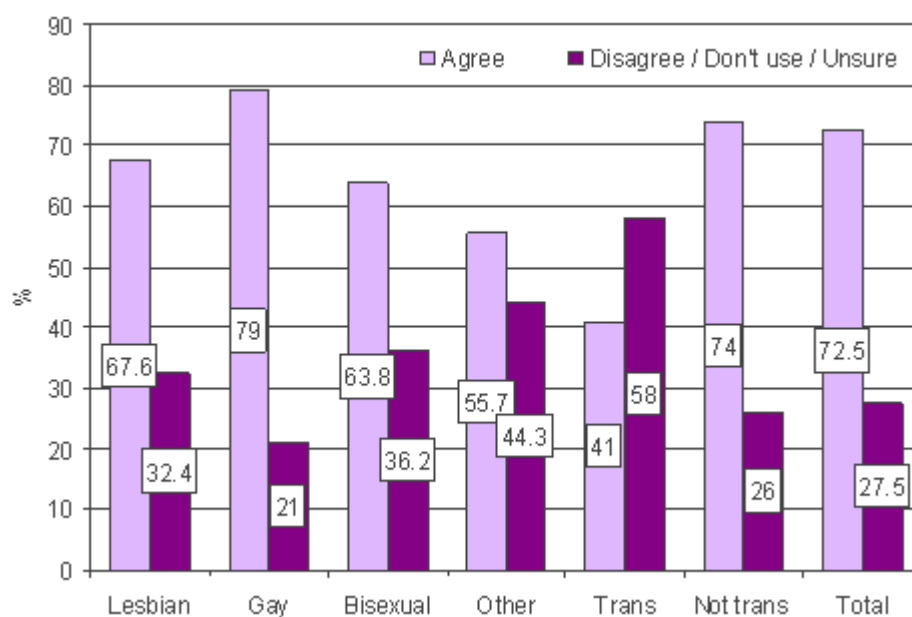
(Bisexual focus group)

Those who identified as bisexual were asked about straight venues and services in the routed section of the questionnaire. 49% agreed that when in relationships with same-sex partners, straight venues / services are welcoming. 20% disagreed with this statement.

## 8.3 Use of LGBT venues and events in Brighton & Hove.

The majority of those who answered the questionnaire said that they enjoyed using / going to LGBT venues and events in Brighton & Hove (73%). This varied by sexuality, gender identity and age.

Figure 8.3a: Enjoying LGBT venues and events by sexual identity



79% of respondents in the gay men category agreed they enjoyed LGBT venues and events compared to 68% of lesbians and gay women, 64% of bisexuals and 41% of trans respondents.

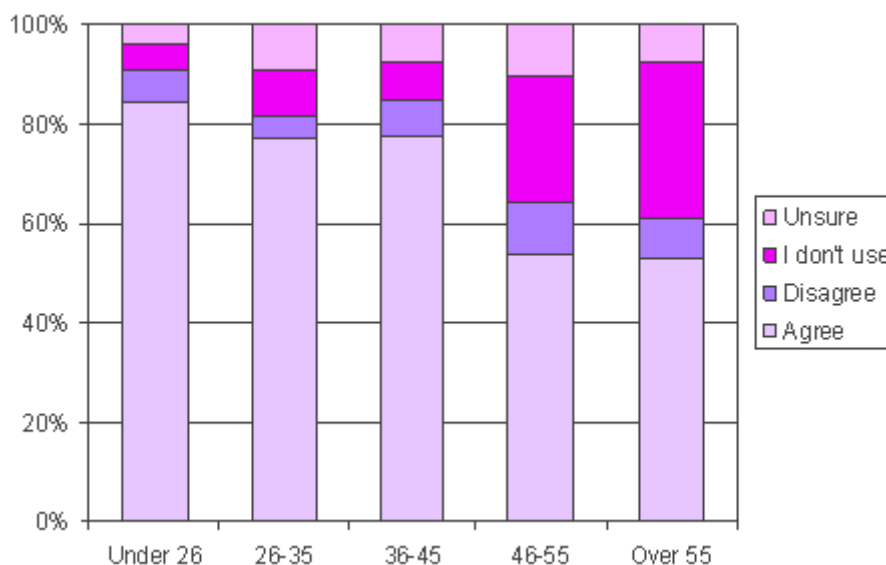
**Dave: I'd probably go to gay bars about 90%, 10% straight. So usually I go I'm on the gay scene, that's where I feel more comfortable. I'm not so comfortable when I'm in straight places, not 100%, no. I think there's few places in the world that has so many choices for gay people as Brighton. I think for a good gay lifestyle I think it's great.**

(Deaf focus group)

The use of the term 'gay scene', rather than LGBT scene, is reflected in the quantitative data. Less than half (42%) of trans people agreed that they enjoyed using / going to LGBT venues and events. Lesbians / gay women (68%), bisexuals (64%) and those who define with other sexual identities (56%) stated that they agreed with the statement.

Those who smoke were more likely to enjoy the scene. 80% of those who smoked enjoyed using the scene, compared to 69% of those who didn't. 14% of those who don't smoke don't use the scene, compared to 10% of those who do.

Figure 8.3 b: I enjoy using LGBT venues and events by age



As figure 8.3b illustrates, those in the youngest age group (under 26) are most likely to agree they enjoy LGBT venues and events (84%), whilst those in the oldest age group (over 55) are least likely (53%) to agree. There is little difference in response however, between the 26-35 and 36-46 group or between the 46-55 and over 55 group. In focus groups, however, some participants noted that LGBT venues and events often only catered for those over age with young people barred from most LGBT space:

**Robbie:** A lot of bars, like some places will only accept people who are over 21, and then some places will accept over 18...I've noticed that there are some particular places that are very awkward about letting young people in because they just think, 'Oh, trouble'.

(Young people's focus group 2)

**Vicky:** You can't go to pubs because you're under age and you can't go to clubs, it's quite hard to sort of interact with people... You can't just go up to someone and say 'You wanna date?'

(Young people's focus group 1)

For young people, finding LGBT spaces in which to interact and potentially find a relationship is not possible where LGBT spaces only cater for those over 18. The suggestion of alcohol free events targeted at young people was suggested. However, even where age is not a restricting factor LGBT venues and events can be seen as catering for particular groups to the exclusion of others.

It is not only the businesses but also those who use the venues who can make the venue 'uncomfortable':



*Ruth: I've got a boyfriend, we are both as gay as each other, you know, we've been out as queer, gay, whatever you want to call it for years and years and years, and he comes down here and we wanna go out and going to a straight venue it just doesn't cross our minds. It's just, you know, "Where shall we go? Shall we go to the Marlborough? Shall we go to the Queen's Head, Queen's Arms?" We've got a queer history as everybody else in the pub. [But] when we go out to these places we can't be affectionate with each other and we can't kiss and cuddle and be obviously together like you would same sex couples in the same place and it feels uncomfortable. Sometimes we're like we're getting filthy looks from people like, you know, "What's that straight couple doing in here?" I have to regulate my behaviour to gay pub.*

(Bisexual focus group)

Some data in the questionnaire supported this view. For example, 36% of bisexual people agreed with the statement that when they were in relationships with partners of different sexes, lesbian and gay scene venues were welcoming with 38% of bisexuals disagreeing with this statement.

The questionnaire also showed that a significant proportion of respondents felt they did not fit in at some LGBT commercial venues. Table 8.3 shows that of respondents who agreed that they enjoy using the 'scene' (LGBT venues or events), the majority (77%) only feel comfortable in 'some places' or in a 'few places'. Only 18% feel comfortable everywhere and 3% feel comfortable nowhere. This suggests that most of those who use the scene do find places where they feel they 'fit', as well as places where they do not.

Table 8.3: **Do you feel that you fit in the LGBT commercial venues and events in Brighton & Hove?** (% is only those who agreed they enjoyed going to LGBT venues or events)

	Frequency	Valid Percent
Yes, everywhere	105	17.7
Yes, in some places	283	47.8
Yes, in a few places	171	28.9
No, nowhere	16	2.7
Unsure	17	2.9
Total	592	100

## 8.4 Alternative LGBT social spaces

Throughout the focus groups and in the qualitative sections of the questionnaire, respondents continually asked for 'non-scene' social space. 37% (n. 303) of respondents said that there were social spaces / venues missing. The qualitative data on the questionnaire asked for a variety of

inclusive social spaces, including an LGBT centre. Twelve people asked for an LGBT history archive - all in the paper versions of the questionnaire.

**Luce: Having a social centre to go to that doesn't revolve around like drinking and smoking would be really good.**

(General focus group 2)

**Shane: That's a lot of pills to be popping that weekend and that's a lot of alcohol to be drinking and actually in part I think it's because there's nothing else to do. I mean really, how else are you gonna meet people, where else are you gonna hang out with people?**

(First generation immigrant focus group)

**Alf: It just annoys me I think that you can't have pubs that are from the 18 year olds up to the 80 year olds. For our sort of generation the idea of going to the pub was a little social gathering, wasn't it? It was a social club.**

(Older people's focus group)

Other options and possibilities were fondly remembered:

**Steve: I can remember in the last five years [one thing] that happened that wasn't club driven or Pride driven or something. It was somebody I knew who used to go out clubbing a lot and was actually trying to kick quite a serious habit and was frustrated that there wasn't any means for him to socialise other than clubs or whatever. So he set up a series of picnics that happened in Queens Park. It was really nice because people just came along, it was a nice sunny day, brought food along, they shared food and they just hung out in the sunshine, chatting, playing rounders, whatever. It was just really nice and everyone was welcome, you know, dogs, cats, people, kids everything, it was really nice; and that sort of thing doesn't happen enough, because it is all about going out and partying, which is lovely but it's difficult to socialise in any other way.**

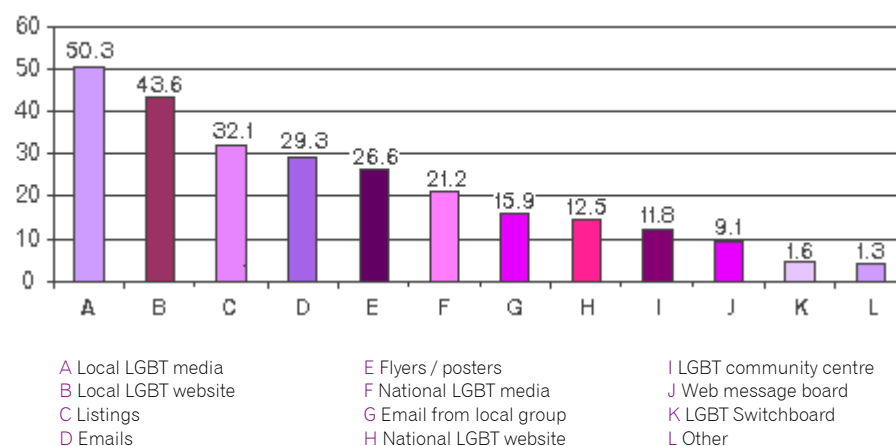
(General focus group 1)

Alternative venues, scenes and events were clearly desired but the lack of financial viability noted. It was clear that the only LGBT socialising option involved drinking and other substances in part because there is nothing else to do. The segregation of these scene venues was also seen as something to be addressed outside the market forces that drive LGBT businesses.

## 8.5 Information about LGBT services, groups and activities

The questionnaire data suggested that respondents would most like to access information on Local LGBT news and events from LGBT local media (50%), with 44% favouring a local LGBT website. 12% suggested that they would like this information to come from an LGBT community centre (See figure 8.5a).

Figure 8.5 a: How would you prefer to get information on local LGBT news / events?



By contrast, some focus group participants spoke clearly of the desire for a central physical space:

**Asha: It would be incredibly useful to have one website, one phone number, one office, and actual physical space to be able to go in somewhere and pick up information and talk to people. It means you're kind of making the first step in getting to know people and it didn't matter if [people] used computers or whatever the internet or read gay magazines or whatever, it would be much more accessible for everyone.**

(Bisexual focus group)

Throughout the focus groups there was an assertion that Brighton & Hove lacked a hub that offered coherent and connected information about LGBT services, life and activities in Brighton & Hove. Those who identified as disabled in focus groups argued for accessible spaces both physically and virtually (including making physical and virtual spaces Deaf and hard of hearing friendly). This would ideally be an accessible physical space, but it would also engage in outreach to schools, doctors surgeries etc. pointing to support, advice and services. It could also service a website portal, which would link to all LGBT friendly groups and services, LGBT officers as well as offering adverts for social events, networking, possibilities of connecting people and information about the scene and other LGBT activities.

*Dave: It would be nice to have a community centre, one place, one-stop shop where everything was there, where you could go for information, support, advice.*

(Deaf focus group)

Accessing information was also an issue for those who were blind. Support in this area is seen as low priority for services and friends are relied on for support in order to know about LGBT activities, services and events. The desire for, and concerns about, a LGBT physical space is explored further in the health and wellbeing section 11.7. Although this report is not designed to offer recommendations, it was clear that this area requires further research.

# 9 Difference, discrimination and exclusion

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## 9.1 Introduction

This chapter firstly considers recent legislation before moving on to examine the difficulties of naming discrimination. The chapter then goes on to outline the prevalence of discrimination and abuse before addressing the impact of this abuse. The chapter then examines different experiences of discrimination within the LGBT communities. The first part of this section addresses differences between LGBT experiences of marginalisation. The second section looks at discrimination from others within the LGBT communities. Finally the chapter looks at the frequency of isolation.

## 9.2 Legislation, discrimination and abuse against LGBT people

### Legislation and Equalities

A quarter of questionnaire respondents said that during the past 5 years they had experienced “direct or indirect discrimination in the provision of goods, services or facilities” (as defined in the Equality Act 2006, see table 9.2.)

Table 9.2: Experiences of direct or indirect discrimination from anyone providing services, goods or facilities on account of your sexual / gender identities in the last five years

	Frequency	Percent	Valid Percent
Yes / sometimes	201	24.6	24.9
No	531	64.8	65.8
Unsure	75	9.2	9.3
Total	807	98.5	100.0
Missing	12	1.5	
Total	819	100.0	

There was a recognition in focus groups that previous equalities legislation can have a valuable effect in tackling discrimination:

*Nicola:* One day my boss just called me into his office and said, ‘There’s no easy way to say this, are you going for a sex change?’ I thought I was going to get a P45, but I wasn’t really going to live a lie any more, so I said ‘Yes’. He just said ‘Get a letter from your GP saying you’re undergoing gender reassignment , we’ll support you 100%’. That’s because a policy had just been developed and had addressed trans issues following legislation.

(Trans focus group 1)

Table 9.2 a: Experiences of direct or indirect discrimination from anyone providing services, goods or facilities on account of your sexual / gender identities in the last five years

	Frequency	Percent	Valid Percent
Yes / sometimes	201	24.6	24.9
No	531	64.8	65.8
Unsure	75	9.2	9.3
Total	807	98.5	100.0
Missing	12	1.5	
Total	819	100.0	

### 9.3 Defining discrimination and abuse against LGBT people

Throughout the focus groups it was clear that incidents that could be defined as ‘homophobic’, ‘transphobic’ or ‘biphobic’ were not always being labelled or understood in this way. One focus group participant noted the problems with discussing oppression and the everyday nature of some forms of discrimination:

*Yasmin:* It is a very subtle thing you see because discrimination is a word that sounds like something very active that somebody does to you and actually oppression, which I prefer to speak about is ... like a soup that you are sitting in. It is in your eyes and you nose and it is everywhere so it isn't something that you can say well that person did that thing to me. You can identify those events but they are like the carrots in the soup, they are like the big bits that you can grab hold of and say ‘well I was walking along the Level and somebody hit me over the head without provocation and then proceed to racial abuse me’. So that to me is at the hunk of you know carrot or leek or whatever it is that's in the soup but the rest of the soup is there all the time. And you know that's life, that is actually what life is like when you are you know

**you are a woman, you are a Lesbian, you are Asian, you are Muslim, you are all of those things that I am ... I think in Brighton there is a kind of naivety, 'oh we are all very nice in Brighton and therefore we don't discriminate against anybody' and I think that's a problem. There is a kind of naïve collusion with institutional and other forms of what is soupy oppression, which people don't really recognise.**

(BME focus group 1)

This participant (along with others) said they had not experienced 'homophobia' in Brighton, yet negative experiences permeated through the focus groups. One participant who said she had not experienced homophobia went on to say:

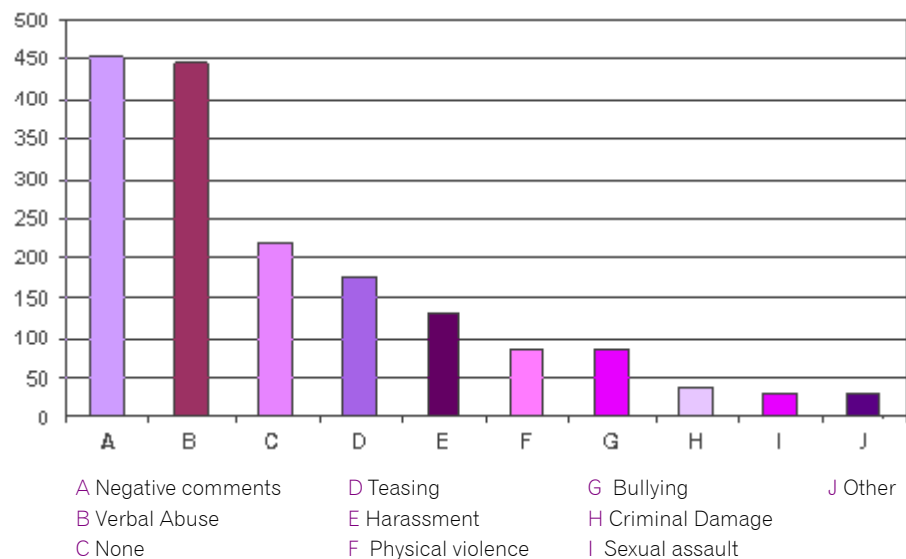
**Tracy: I was only sitting on the bus this afternoon and there was quite a lot of school kids going on about fucking lesbians and all that and I don't tolerate that situation so I could have told them to shut up but I didn't. I just sat there and just listened to them and, you know, that's really bad abuse at me because I'm a lesbian.**

(Mental Health focus group)

## 9.4 Prevalence of discrimination and abuse

Although there are difficulties in naming discriminations and insidious experiences of oppression, questionnaire data can indicate the extent of particular recognised forms of abuse and violence. Just under three quarters (73%) of respondents reported having experienced some form of abuse in the past five years because of their sexual or gender identities. The most common forms, reported as experienced by the majority of respondents were negative comments (55%) and verbal abuse (54%).

Figure 9.4: Have you experienced any of the following in the last five years that was due to your sexual or gender identities?



Most of the abuse happened in the street (n. 426) and strangers (n. 468) were most likely to be the perpetrators.

## 9.5 Marginalisation, discrimination and life choices

*Divya:* **I would have said ten years ago that being different was really hard and I didn't like it and I would like to be less different, but now I'm entirely the other way, and being queer and being British Asian and being a combination of the two is who I am and not many people are and that doesn't make me better than anyone else, but it means that my experience is something that's valuable because not many people share it and it's part of my life, I guess, and I can see the ways in which being queer and being British-Asian separately and together have made me good at things that I am happy that I'm good at [and] are part of the qualities about myself that I like.**

(BME focus group 2)

In focus groups, as well as feeling positive about being 'different', participants talked about how negative responses to their identity left them feeling angry, hurt and hopeless, or disadvantaged at work and in education. This influenced their life choices: they spoke about the need to balance pride and safety, and not to over-estimate their ability to fight discrimination.

*Nicola:* **I wish we could just go out, down to the pub or wherever without being stared at.**

(Trans focus group 1)

*Jackie:* **When you think about safety, one probably thinks about physical hurt, being beaten up. But...even if it's a 10 year old that shouts abuse at you, it hurts a hell of a lot and even if you don't consciously think about it, the whole week you're probably affected by that, very depressed just because of that little thing."**

(First generation immigrants focus group)

### 9.5.1 Workplace discriminations

The results from focus groups highlighted contrasting experiences in the workplace. Some respondents outlined positive experiences at work which included accepting employers, feeling empowered by self employment, and the possibility of being out at work. Workplaces were also mentioned as places where there continued to be problems in terms of discrimination.



**Phil: She's been threatened with disciplinary action if she comes out to an LGBT service user. It's a historical kind of things about being gay is unprofessional, that it's something you leave at home. It's not something that you can bring to inform your work.**

(General focus group 1)

**Natasha: In my current job I think I'm being kind of unfairly discriminated against for promotional purposes... I think they're kind of worried as to how the customers will react if I have position over of authority, if they were to call a manager to solve the situation and the manager is trans, I think that's where they're kind of really concerned, and because of that I'm being treated worse off.**

(Trans focus group 2)

Trans respondents in the questionnaire, were significantly more likely to have low incomes (3 times more likely to earn under £10,000,  $p < 0.05$ ) and were more likely to be unemployed. In this context, Natasha noted the lack of promotional opportunities and the prejudicial experiences she has to suffer in her current employment. There was also evidence of channelling into particular jobs and employment sectors in the qualitative data. Some participants spoke of choosing occupations that are likely to be more friendly to 'diverse' identities:

**Yasmin: An awful lot of us have come out of local authority or voluntary sector jobs because we are fed up with institutional racism, sexism, homophobia - decided to be our own bosses, because we felt that we had the talent and ability and intelligence to do that. I know I left a job that I loved because of racism and homophobia.**

(BME focus group 1)

Nevertheless, the quantitative data suggested a different story with regards to closeting or LGBT identities at work. 69% of respondents reported that they were out at work, with a further 13% sometimes out or unsure whether they are out (see table 9.5)

Table 9.5: **Are you out about your sexual / gender identities in Brighton & Hove at work?**

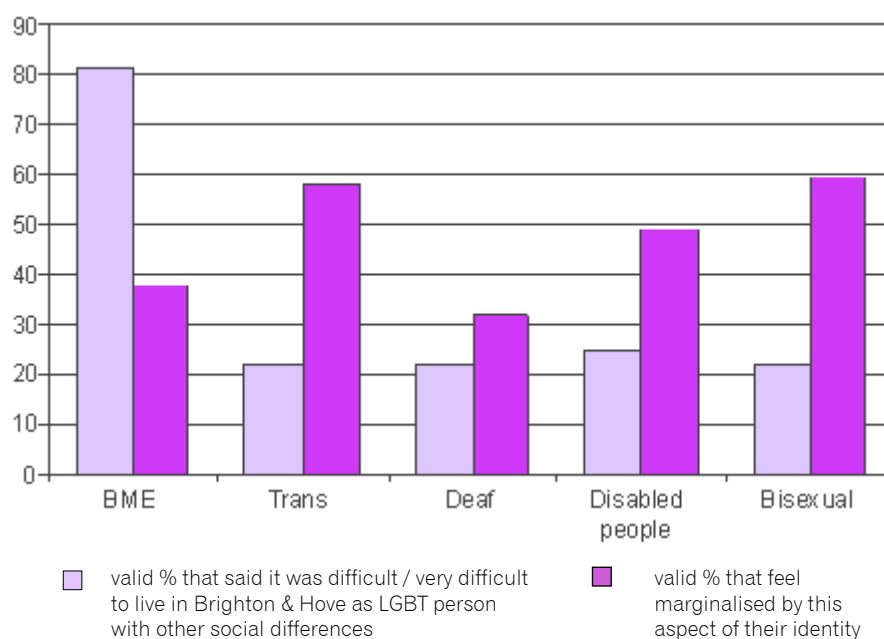
	Frequency	Percent	Valid percent
Yes	533	65.1	68.6
No	47	5.7	6.0
Sometimes	102	12.5	13.1
Unsure	5	.6	.6
Not applicable	90	11.0	11.6
Total	777	94.9	100.0
Missing	42	5.1	
Total	819	100.0	

## 9.6 Marginalisation and discrimination between LGBT people

### 9.6.1 Differences between LGBT experiences of marginalisation

The research also identified that certain groups within the LGBT communities felt marginalised by social differences other than their sexual / gender identities. Figure 9.6a illustrates perceptions by respondents of their marginalisation on the basis of other forms of social differences. Over 80% of BME respondents felt it was difficult to live in Brighton & Hove as an LGBT person with additional social differences, and 38% felt marginalised by their BME identity. 58% of trans respondents, 49% of disabled respondents and 30% of those who identified as deaf defined themselves as marginalised because of this aspect of their identities.

Figure 9.6 a: **Difficulty of living in Brighton with multiple identities and perceptions of marginalisation on the basis of particular identities**



In focus groups, however, some trans participants recognised the lack of understanding around particular issues, but also valued being part of the LGBT grouping:

*Nicola:* **There seems to be a great importance to kind of the lesbian and gay side of things because it's kind of like "Oh, we're doing the right thing for the lesbians and gays, so we must be doing the right thing for the bi and trans as well." And so there's kind of a lot of catch up, we've got to [do].**

*Maria: The city of Brighton & Hove generally, I think the trans group is being carried on the back of the vast numbers of lesbian and gay people in the city. So I think there's a general awareness that there is a lot of people here in that category and therefore there's a general acceptance and ease and relaxed about that being part of the Brighton culture and I think we're benefiting from that, generally. I also think at an individual level, people haven't got a clue what it means really to be trans-gendered.*

(Trans focus group 1)

Recognising that bisexual and trans people experience Brighton & Hove differently to lesbians and gay men, Nicola argues that at times these differences can be subsumed within LGBT. The tension between this and needing to be part of a large (and accepted) group is highlighted by Maria.

## 9.6.2 Marginalisation within the LGBT communities

Those who were routed through specific sections because of their identities were asked about their experiences of bullying, abuse, discrimination, exclusion from and / or been unable to access services in Brighton & Hove. From a list of eleven possible experiences, the three most common experiences for each social group are listed in table 9.6. For all groups, except young people, the three most common experiences included bullying, abuse, discrimination and exclusion stemming from other LGBT people. LGBT venues and events were also one of the top three sources of these experiences for bisexual, BME, deaf people, young people, older people, people with mental health difficulties and those living in neighbourhood renewal areas. Employment occurs as a source of these experiences in half of these lists.

Table 9.6: Sources of experiences of bullying, abuse, discrimination, and exclusion in Brighton & Hove in the last five years

### Bisexual people

LGBT people	30%
LGBT venues and events	19%
LGBT services and groups / Mainstream venues and events	11%

### Trans people

Employment / LGBT people	34%
Mainstream venues and events	26%
Housing / health	12%

### BME people

LGBT venues and events	34%
LGBT people	24%
Employment	14%

### Deaf people

Mainstream venues and events	18%
LGBT people	14%
LGBT venues and events	11%

### Disabled people

LGBT people	24%
Employment	21%
Health	19%

### Young people

Mainstream venues and service	15%
Education	14%
LGBT venues and events	12%
LGBT people	11%

### Person of faith

Mainstream venues & events	9%
LGBT people	8%
Employment	6%

### Older people

LGBT people	10%
LGBT venues and events / LGBT services and groups	5%
Employment	4%

### People with mental health difficulties

Health services	38%
Employment	38%
Other LGBT people	34%

### People living in Neighbourhood Renewal Areas

LGBT people	17%
Housing	12%
Mainstream (not LGBT) venues and services	11%

Generally LGBT services ranked quite low as a source of bullying, abuse, discrimination, and exclusion, although 14% of those identifying as having mental health difficulties and 11% of deaf and bisexual respondents cited these services as a source of these experiences.

The internal tensions and discriminations from other LGBT people were a constant theme in focus groups.

*Ruth: It is actually scary being out on the gay scene. Say if I'm chatting somebody up in the Marlborough or wherever, or chatting a female up, and it's all going well and I'm like 'Oh no, I've got to do the bisexual bit - now is this going to be the end of it, it's either going to go two ways, she's either going to go 'Great, fine, not a problem'; the other way she'll be like 'Bye!'.*

*Hayley: It's also contagious. An ex-girlfriend when she identified very strongly as a lesbian, when she started dating a bi woman all her lesbian friends ostracised her and she got chucked out of the lesbian scene for, you know, 'contamination'.*

(Bisexual focus group)

Other focus group participants claimed they may try to hide their difference in order to avoid negative experiences and stereotyping:

*Diane: When you start talking to people on the scene and you explain to them that you've got a mental health they seem to disappear, they just don't seem to want to know. You are classed as nutter, as soon as you say you've got a mental health problem, 'oh you're a nutter'.*

(Mental health focus group)

Diane in the mental health focus group spoke about the rejection that can be experienced from those on the LGBT scene because of mental health difficulties. She discusses how people 'can't cope', with her mental health diagnosis.

There were those who contested prejudices and internalised stigmas within LGBT communities. One example of challenging stereotyping within the LGBT communities was the Pride in Whitehawk float. This was seen as educating not just (potentially homophobic) people in Whitehawk, but also LGBT people:

*Andy: If you go to a [gay] pub and you say 'I'm from Whitehawk', and they're like, 'Well where's your Burberry?'. The Pride in Whitehawk float challenges that. So I think it's about having more positive imagery. It's challenging what they usually think about, about LGBT communities.*

(Outlying estate focus group)

Multiple social differences effect people's experiences of Brighton & Hove. Although the findings of the questionnaire continue to point to discrimination related to gender identities and sexuality by those outside LGBT communities, examinations of multiple social differences also demonstrate internalised tensions, prejudices and stigmas. For some it was about changing these:

*Eve: More awareness from the gay community really. You know, a bit more in the positive attitude.*

(Parents focus group)

## 9.7 Isolation

Table 9.7 shows that one third (33%) of the respondents reported that they felt isolated in Brighton & Hove (combined answers of Yes / sometimes).

Table 9.7: Do you feel isolated in Brighton & Hove?

	Yes	No	Sometimes	Unsure	Total
No.	50	527	217	15	809
%	6.2	65.1	26.8	1.9	100

There were clear differences in terms of feelings of isolation according to different social groups. There was a statistically significant difference ( $p < .0005$ ) by ethnicity. 75% of BME identified people and 50% of traveller and other ethnic groups stated that they felt isolated. The majority of respondents (57%) who were hearing impaired answered either 'yes' or 'sometimes' when asked if they felt isolated, compared to less than a third (32%) of respondents who were not hearing impaired ( $p < 0.003$ ). Those who had tested HIV positive were also more likely to state they felt isolated or sometimes did ( $p < 0.029$ ). The older the age group, the more likely the respondents were to state that they felt isolated. There was an association between low income and higher rates of feeling isolated ( $p < 0.0005$ ). Only around half (51%) of those in the lowest income bracket claimed they did not feel isolated, compared to 65% in the sample as a whole.

The data therefore shows a clear relationship between isolation and a range of social differences beyond sexual / gender identities. This is supported by the focus groups:

**Dan: Just recently there was two kiddies from across the road, they were standing there for well over an hour and half throwing stones at the car. The man knew his kids were doing it, he even threw one and it hit a bus. It's intimidation. I've had my car, damage done to my vehicle, they just plonk their arse, ram right up to the back of it. They take my disabled parking bay, half in and half out and block me in so I can't get out - but why? What have I done? I've only been there, what, 2 years. I hardly go out the house. I very occasionally see the neighbours and if I do go out it's usually late at night when they're all in bed.**

(Disabled focus group)

In the disabled focus group Dan discussed isolation and continued harassment and their feelings of uncertainty and helplessness. The link to isolation is made clearly here. For others in focus groups the feeling of not quite fitting LGBT groups can be isolating:

*Karen:* I wouldn't go along to the Women's Walking Group, and what tempers my enthusiasm is experiences all through my life of going to something like that and not fitting. It's not that I look different and people are horrible to me, it's the sort of things that people talk about and their attitudes to life are very different to me. Life experience has told me that probably I won't have anything in common with them and it won't lead to friendships and really is quite a negative experiences for me to feel like they're all having a good time and chatting making friends and [that] I can't be part of that something that fits with one layer [of my identity] isn't going to fit with the other layers.

(Pilot focus group)

Karen's narrative stresses the need to account for multiple social differences in explaining LGBT commonalities and the limits to these. She also highlights the potential isolations of multi-layered identities that may not be engaged with in social events or other networks.

# 10 Safety

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## 10.1 Introduction

The chapter outlines the reporting of crime related to gender and sexual identities. It then examines the prevalence of domestic violence and abuse and the reporting of these incidents. The chapter then moves onto knowledge of safety service initiatives in Brighton & Hove before examining police and safety service performance from the perspective of respondents. The chapter finishes by setting out the future safety priorities that respondents identified.

## 10.2 Reporting incidents of abuse, violence and harassment related to gender and sexual identities

Figure 9.4 indicated that 73% of respondents reported that they had experienced some form of abuse (ranging from verbal abuse to physical violence) in the past five years, because of their sexual or gender identities. Of these, a quarter (25%), said that they had reported one or more of these incidents, and of this quarter the majority of these (55%) reported the incident to the police. A small minority reported it to the Community Safety Team (7%) or True Vision (1%) but over third (37%) reported it elsewhere (see table 10.2 a).

Table 10.2 a: **If you reported the incident, who did you report it to?** (% of those who did not select 'no' to Q22 (i.e. who had experienced some form of sexuality / gender identity related abuse in the past five years))

	Frequency	Percent	Valid Percent
The police	83	14.0	55.3
The Community Safety Team	10	1.7	6.7
True Vision	2	0.3	1.3
Other	55	9.3	36.7
Total	150	25.3	100
Missing	444	74.7	
Total	594	100	

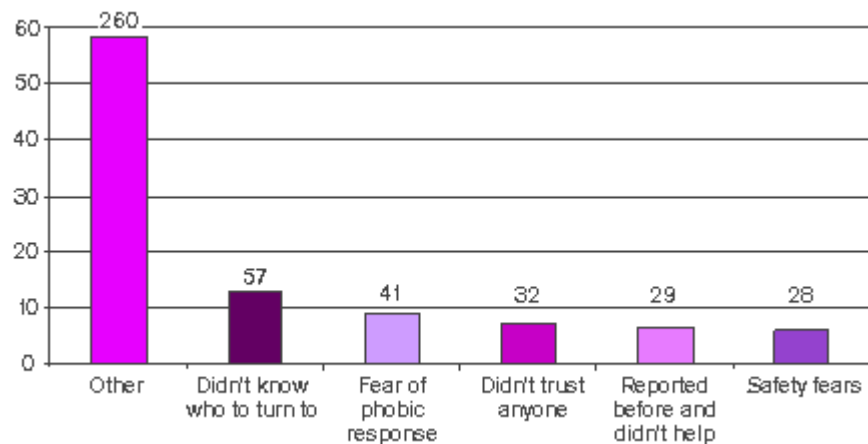
A large majority (85%) of those who reported an incident indicated that they also reported that the incident was related to their sexuality / gender identities (table 10.2 b).



Table 10.2 b: Did you tell them the incident was related to your gender identity or sexuality?

		Total
Told them it was related to gender identity or sexuality	No.	114
	%	85.1
Didn't tell them it was related to gender identity / sexuality	No.	20
	%	14.9
<b>Total</b>	No.	<b>134</b>
	%	100

Figure 10.2b: Why was the incident not reported?



Of those who gave reasons for not reporting an incident, over half (58%) indicated they this was for another reason to those offered on the questionnaire (figure 10.2). Respondents were least likely to indicate safety fears as a reason for their non-reporting (6.3%). The other reasons for not reporting will be explored in further themed analysis around safety.

Focus groups indicated continued fear regarding reporting hate crime alongside an acknowledgement that issues were beginning to be discussed in more positive ways.

**Andy: There's a lot more talking than there used to be, a lot more listening but I still hear about things going on. There's still people getting beaten up; you still hear stories of being verbally abused in the streets and it's those kind of things that would stop a mate of mine who would never come into town.**

(Outlying estate focus group)

Participants indicated that the concerns over reporting incidents to the police remain, sometimes being based on experiences some time ago.

*Andy: I was attacked outside Revenge and I had my mouth kicked in and stitches here, all because there was a person next to me who was being quite verbal and they thought it was me. But when the Police came it was just horrendous, they were crap. But that was going back a few years, about five years now. There's been a couple of situations since then, but on one occasion I didn't phone the Police but then on other times I have. It just depends how desperate it is, but there would be something at the back of my mind that thinks 'How would I be treated now?', because I thought it was quite appalling then.*

(Outlying estate focus group)

Andy's quote illustrates that whilst attitudes are changing towards the police and reporting incidents of hate crime, there continues to be a wariness related to past police actions.

## 10.3 Domestic violence and abuse

Just under one third (31%) of (244) respondents said that they had experienced abuse, violence or harassment from a family member or someone close to them (table 10.3a).

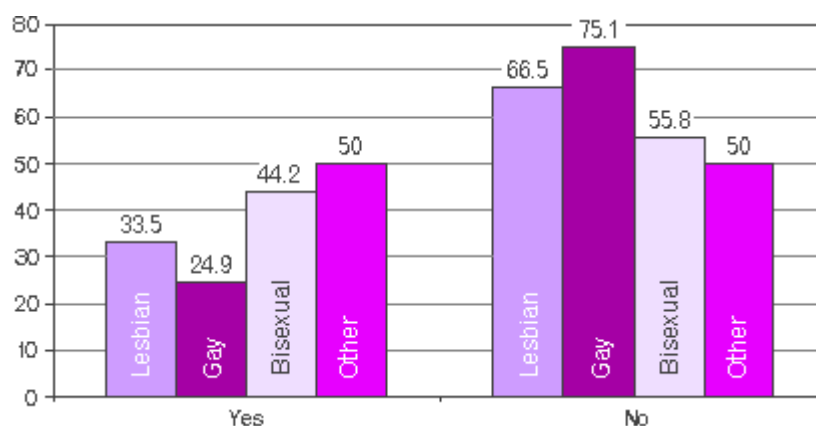
Table 10.3 a: **Have you ever experienced any abuse from a family member or someone close to you?**

	Frequency	Percent	Valid Percent
Yes	244	29.8	30.8
No	549	67.0	69.2
Total	793	96.8	100
Missing	26	3.2	
Total	819	100	

There was a statistically significant relationship ( $p < 0.05$ ) between sexual / gender identities and likelihood of having experienced some form of abuse, violence or harassment from a family member or from someone close. 64% of trans respondents had experienced this, compared to 29% of non trans respondents. Qualitative data from the questionnaire indicated that this abuse could be due to violent, aggressive and abusive reactions to trans identities.

Slightly under half of bisexuals (44%) and around a third of lesbians / gay women (34%) also stated they had experienced abuse, violence or harassment from a family member / someone close to them. Gay men were the least likely to have experienced this (25%) (see table 10.3 a).

Figure 10.3 b: Have you ever experienced any abuse, violence or harassment from a family member or someone close to you by sexuality?



There was a statistically significant relationship ( $p < 0.05$ ) between ethnicity and likelihood of indicating having experienced some form of abuse, violence or harassment from a family member or from someone close. Those in the 'Other' or traveller category were most likely to have indicated they had experienced this (54%), compared to a third (33%) of BME respondents and 30% in the White category.

Those who identified as disabled or having a long term impairment were more likely to have experienced abuse, violence or harassment from a family member / someone close to them ( $p < 0.05$ ). Half (51%) of those who defined as physically disabled or long term health impaired had experienced this compared to just over a quarter (27%) of those who did not identify in this category.

There was also a statistically significant relationship ( $p < 0.05$ ) between those who identified with particular mental health difficulties and those who have experienced some form of abuse, violence or harassment from a family member or from someone close. Over half (53%) of those with poor mental health in the last twelve months, and over a third (37%) of those who had experienced a mental health difficulty over the past five years indicated they had experienced abuse, violence or harassment from a family member or from someone close to them. This compared to 26% of those who had better mental health in the past year and 19% of those who had experienced no mental health difficulties with over the past five years

There was a statistically significant relationship between sense of isolation and likelihood of having suffered from abuse, violence or harassment from a family member / someone close. Less than a quarter (23%) of those who did not feel isolated indicated that they had experienced this, compared to over half of those who said that they did feel isolated (53%) and 45% of those who sometimes felt isolated.

Specific issues regarding domestic abuse, violence and harassment will be further analysed throughout May / June 2007 and reported after this time thanks to funding from the Community Partnership Safety Team.

### 10.3.1 Reporting domestic violence and abuse

Less than a quarter (22%) of those who experienced abuse, violence and harassment from a family member or someone close to them indicated that they had reported the incident. The majority of those who did report the incident (56%) reported it to the police (see table 10.3 b).

Table 10.3 b: **If you reported some form of abuse, violence and harassment from a family member or someone close to them, who did you report it to?** (% is of those who had experienced some form of violence, abuse and harassment from a family member or someone close to them.)

	Frequency	Percent	Valid Percent
The police	30	12.3	55.6
The Community Safety Team	3	1.2	5.6
Domestic violence agency	3	1.2	5.6
LGBT organisation	2	0.8	3.7
Other	16	6.6	29.6
Total	54	22.1	100
Missing	190	77.9	
Total	244	100	

There was some evidence that the police were not always respectful to survivors. This incident occurred outside of Brighton & Hove:

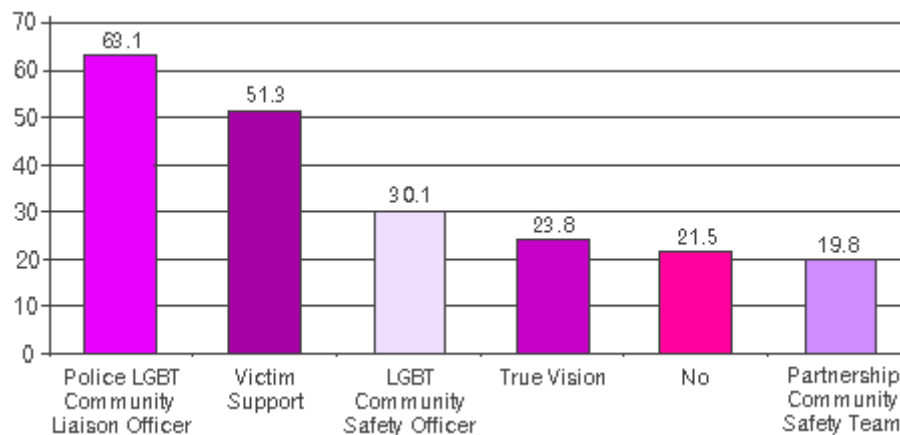
*Researcher: Do you feel they [the police, outside Brighton & Hove] were respectful to you?*

**Judith :No, they used to say ‘Oh, it’s you two dykes again. Oh, it’s yours two’. So yeah, that was a problem.**

(Domestic violence and abuse interview)

### 10.4 Knowledge of safety services

Figure 10.4: **Are you aware of the following services in Brighton & Hove?**



Over half of all respondents were aware of the Police LGBT Community Liaison Officer (63%) and Victim Support (51%). They were less likely to know about the partnership community safety team (19%) and true vision self reporting scheme (24%). 21% did not know about any LGBT safety services in Brighton & Hove (see figure 10.4). This test was validated by a fake initiative 'communities against violence'.

## 10.5 Police and safety service performance

Attitudes to police and safety services performance are complex. This section will look at perceptions of the police and other safety services and then explore how people viewed the response from the police when they reported incidents of hate crime and domestic violence.

### 10.5.1 Perceptions of Brighton & Hove Police and other Safety Services

The qualitative focus group data recorded praise for the police, their presence in the Pride parade and their initiatives including their community liaison officers and their signage outside John Street:

**Sean: They've got a base board outside (John Street) and it states quite specifically that homophobic crime is illegal, you know and stuff like that, and that at least indicates to me that they are not going to victimise me if I go in as a gay man and report some sort of crime. I hope, at least they say so on the outside."**

**Jude: I was very, very surprised (with the police presence in the Pride parade) because it is one of the things, it's like the Forces, they wouldn't dare admit it once upon a time, 'I'm gay'. You'd get thrown out, you know. I was amazed that there were actual police there who would admit to being gay."**

*Researcher: What difference did it make to your attitude to the police?*

**Sean: I'd be more inclined to confide in them over an issue.**

(Older People's Focus group)

Positive stories regarding police treatment of hate crime (in the BME focus group this related to racial abuse) were seen to be important in improving perceptions of this service.

58% of those who have lived in Brighton & Hove for over five years said that the police have improved in the last 5 years, 38% were not sure (see table 10.5). However, 21% of respondents agreed that there was prejudice against LGBT people from the police and 37% said that there wasn't.

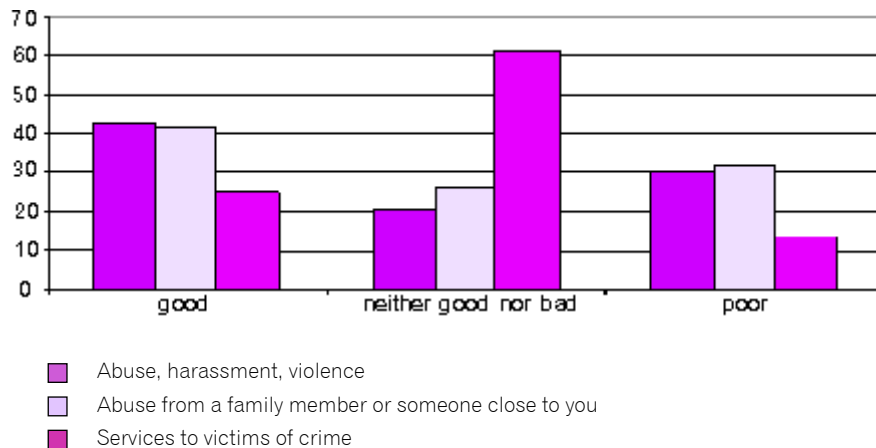
Table 10.5: **Have the police improved in the past five years** (only those who have lived in Brighton & Hove for over 5 years)

	Frequency	Percent	Valid Percent
Yes	225	57.3	58.0
No	15	3.8	3.9
Not sure	148	37.7	38.1
Total	388	98.7	100
Missing	5	1.3	
Total	393	100	

## 10.5.2 Response from safety services and police when reporting

For those who reported abuse, harassment, bullying or violence, 43% rated the response as good and 32% as poor. For those who reported some form of violence, abuse and harassment from a family member or someone close to them, 42% said the response was good and 32% indicated that it was poor. Opinions about services to victims of crime were ambiguous (see figure 10.5).

Figure 10.5: **Response from safety and police when reporting**



Of those who rated services to LGBT victims of hate crime, a quarter rated services as good, but the majority (61%) described it as 'neither good nor poor'. The police can help victims of hate crime with other services:

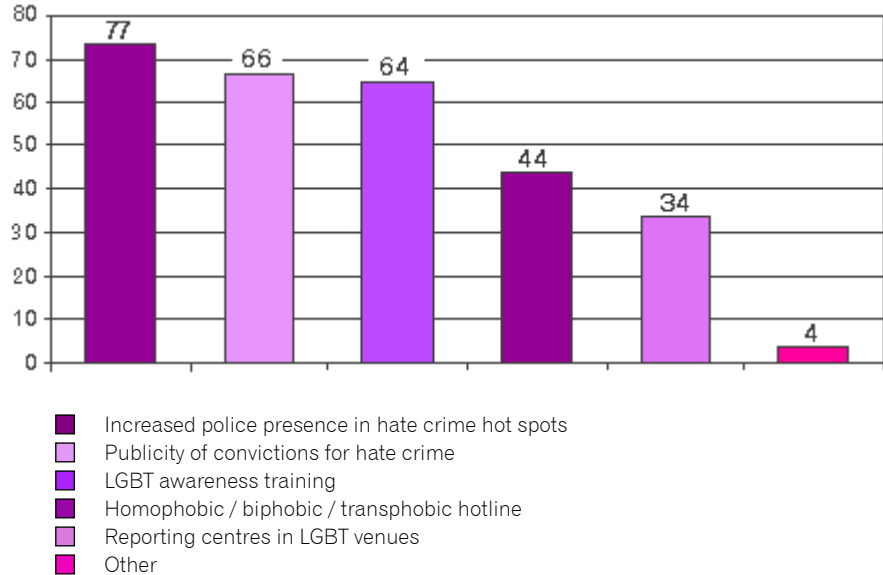
*Matt: The Police, I'm surprised, the Police have been great. To be honest, I thought the Police would be a bit awful, I thought the Council would be the better one. But the Police, they have got cases together, prosecutions ... [The council is] very good on paper and announcements but when it comes to actually doing anything actively, it all gets brushed under the carpet really. As soon as I'd given my statement the Council like don't need to do anything about it any more, and they've let him carry on. I never get any replies, none of my emails or letters are answered, phone calls that I'm promised I'll get by the afternoon just never turn up*

(Hate Crime Focus group)

## 10.6 Future priorities

The majority of respondents indicated they would like to see an increased police presence in hate crime hotspots (73%), increased publicity for convictions for hate crime (66%) and LGBT awareness training for police and service providers (65%) (see figure 10.6).

Figure 10.6: Which of the following would you like to see in the future?



# 11 Health and wellbeing

## 11.1 Introduction

This chapter begins by examining respondents rating of their mental health and wellbeing in the past 12 months and the prevalence of mental health difficulties in the sample. It will then address the support for those with mental health difficulties. The chapter also discusses those who have considered suicide before examining the prevalence of alcohol drinking, smoking and drug use. The use of GP's, views on specialist GP's and a Healthy Living Centre are also presented. The chapter presents data about respondents who have accepted payment for sexual acts and then finishes by laying out the priorities identified for the future.

## 11.2 Mental Health

Throughout the focus groups mental health repeatedly came up as one of the main LGBT health and wellbeing issues. In the questionnaire results, 75% respondents indicated they had good / very good physical health in the last twelve months, but only 62% described their mental and emotional health as good / very good in this time frame (see table 11.2a).

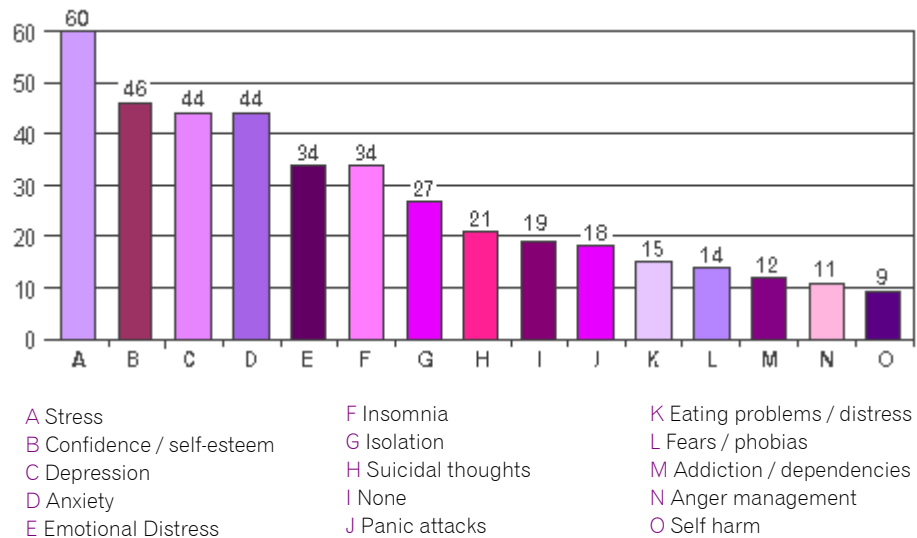
Table 11.2 a: **How would you describe your emotional and mental wellbeing over the last twelve months?**

		Frequency	Percent	Valid Percent
Valid	Very good	191	23.3	23.4
	Good	315	38.5	38.6
	Neither good nor poor	153	18.7	18.8
	Poor	127	15.5	15.6
	Very poor	30	3.7	3.7
	Total	816	99.6	100.0
Missing	System	3	.4	
Total		819	100.0	

Figure 11.2 a highlights only a fifth of respondents said they had not experienced any difficulties with emotional distress, depression, anxiety, anger management, fears / phobias, problem eating, panic attacks, self harm, addictions / dependencies, suicidal thoughts, stress, confidence / self-esteem, stress, insomnia in the last 5 years. Of those who had experienced these difficulties in the last five years, 46% stated their mental health had been good / very good in the past year. This illustrates how experiences of mental health difficulties can change over time.



Figure 11.2 a: Have you experienced difficulties with any of the following in the last five years?



Experiences of emotional and mental wellbeing and mental health difficulties varied by sexual identities. Lesbians / gay women (65%) and gay men (64%) were far more likely to describe their emotional and mental wellbeing as good / very good in the last 12 months compared to those identifying as bisexual (57%) and queer (48%). These sexual identities were statistically ( $p < 0.05$ ) also more likely to have experienced mental health difficulties in all categories identified in figure 11.2 except stress.

Trans people considered themselves to have significantly poorer emotional and mental wellbeing in the last 12 months than those who were not trans ( $p < .0005$ ). 26% of trans people described themselves as having good / very good emotional and mental wellbeing in the last 12 months compared to 62% of all respondents. 42% of trans respondents had poor or very poor emotional and mental wellbeing, compared to less than a fifth overall. Trans people were significantly ( $p < 0.05$ ) more likely to have had difficulties in the last five years with all the categories of mental health difficulties listed in Figure 11.2a, except confidence / self-esteem, problem eating / eating distress, self harm. 2 trans people (5%) had not experienced any of the difficulties listed.

No BME person said that they had not experienced any of the difficulties identified in the questionnaire in the last five years. The category other / traveller also experienced higher levels of problem eating and self harm in the last five years.

Age was also a factor both in the last 12 months experiences and experiences over the past five years. Older people's emotional and mental wellbeing in the past 12 months was poorer than the sample as a whole. Just over half (52%) of those aged over 55 considered it to be good or very good, compared to 62% overall. Over a quarter (27%) of over-55's considered it to be poor or very poor, whereas for the whole sample the proportion was less than a fifth (19%). However, older age groups were not significantly more likely to say that they had experienced the specific mental health difficulties identified in figure 11.2a.

Young people's emotional and mental wellbeing in the last 5 years was similar to the average score with no young people defining their mental health and wellbeing as very poor in the past twelve months. 13% of young people said they had experienced none of the mental health difficulties identified in figure 11.2a compared to 20% for the sample as whole. Young people were more likely, however, to have difficulties with confidence / self esteem, stress, problem eating / distress, self harm in the last 5 years.

Levels of emotional and mental wellbeing over the past 12 months varied markedly according to income. Where income was less than £10,000, only 41% of respondents claimed good or very good emotional and mental wellbeing, compared to 73% of those with incomes more than £40,000. Similarly, the proportion with poor or very poor emotional and mental wellbeing ranged from 37% in the lowest income bracket to 5% in the highest. The data on experiences of mental health difficulties also varied by income, with those earning over £20,000 being more likely to have not experienced the mental health difficulties listed in Figure 11.2a. Those earning under £10,000 were often more than twice as likely to have experienced all these difficulties. However, those in the highest income brackets and the lower income brackets experienced similar levels of stress and anxiety.

Feeling isolated is associated with poor or very poor emotional and mental wellbeing in the last 12 months ( $p < .0005$ ). 38% of those who feel isolated reported poor or very poor emotional and mental wellbeing, and only 33% of that group reported good or very good emotional and mental wellbeing. Where people do not feel isolated, the corresponding figures are 10.6% and 76%. A quarter of those who did not feel isolated had not, in the past five years, experienced any mental health difficulties listed in figure 11.2a, compared to just 4% of those who did feel isolated ( $p = .0005$ ). Those who did feel isolated were significantly ( $p < 0.05$ ) more likely to have experienced significant emotional distress, depression, anxiety, confidence / self esteem, anger management, insomnia, problem eating / distress, fears / phobias, panic attacks, self harm, addictions / dependencies, suicidal thoughts.

There is a significant relationship between HIV positive status and emotional and mental wellbeing ( $p < .02$ ). One third (33%) of those who have tested positive to HIV described their mental and emotional health as good / very good compared to 65% of those who have not been tested or have tested negative. This is not reflected in statistically significant differences in the mental health difficulties identified in figure 11.2a, except in the case of insomnia where 49% of those who have tested positive for HIV have experienced this compared to 34% of those who have not been tested or tested negative.

### 11.2.1 Support for those with mental health difficulties

Of those who said they had difficulties with emotional distress, depression, anxiety, anger management, fears / phobias, problem eating, panic attacks, self harm, addictions / dependencies, suicidal thoughts, stress, confidence / self-esteem, stress, insomnia in the last 5 years, 54% said that they felt they needed help / support around these issues. 32% of these were unable to find the help or support that they needed. The questionnaire did not ask respondents to state where this help came from, however, in the focus groups Mind Out was praised for its service:

**Rob: Without MindOut we'd be completely isolated.**

(Disabled focus group)

The praise for Mind Out related to the service and safe space it provided.

There was a need for a 24 hour out-of-hours service was mentioned:

**Diane: My problems tend to get worse in the evenings and at night, especially being on my own, and there is nothing at all around for after hours services. All you get told if you do phone up for out of hours service: 'Just go to A&E'. Now that's fine for normal people, when I say normal people I don't just mean straight people, I mean, I just mean people without mental health problems (Non-nutters basically). If I attend (A&E) daily I just get told to go straight home again.**

*Researcher: So if you're kind of feeling wobbly, shaky what do you do out of hours?*

**Diane: I usually end up taking an overdose. If there was somewhere at night out of hours where I could just go and talk to someone if I was feeling in crisis, it would help me out 100%. And stop me feeling suicidal, yeah, because there is nothing at the moment - there is a mental health line, but you can never get through, it is constantly engaged."**

(Mental health, focus group)

## 11.3 Suicide

30% of those who identified with any of the mental health difficulties listed have had serious thoughts of suicide in the past five years (see table 11.3 a). This is 23% of the overall sample but it should be noted that only those who identified with one or more of the mental health difficulties, including suicidal thoughts, were posed this question.

Table 11.3 a: Have you had serious thoughts of suicide in the last 5 years?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	192	23.4	29.8	29.8
	No	452	55.2	70.2	100.0
	Total	644	78.6	100.0	
Missing	System	175	21.4		
Total		819	100.0		

The proportion who had serious thoughts of suicide rose to 45% for bisexual respondents, 44% for queer (44%) and 48% for otherwise coded. Trans

people (56%) were almost twice as likely to have considered suicide in the last five years than non trans (28%) respondents who had mental health difficulties in the past five years. Those who identified as having a disability (54%) were over twice as likely as those without a disability (25%) to have had serious thoughts of suicide. Young people (46%) were also more likely to have had serious thoughts of suicide than any other age category, although the figure is also higher for older people (35%). Those on a low income (49%) are twice as likely as those on a higher income (17%) to have serious thoughts of suicide. Respondents who said that they felt isolated or felt isolated sometimes (47%) were also more than twice as likely to say that they had serious thoughts of suicide as those who did not feel isolated (20%).

**Tracy: I might act you know, look alright, but deep down I'm not. I'm actually very suicidal, but not that suicidal to actually do anything.**

(Mental health, focus group)

Clearly, these complex feelings, actions and emotions are beyond the scope of this study and some of these issues are addressed in Johnston *et al* (2007) and will be picked up in further analysis and dissemination events.

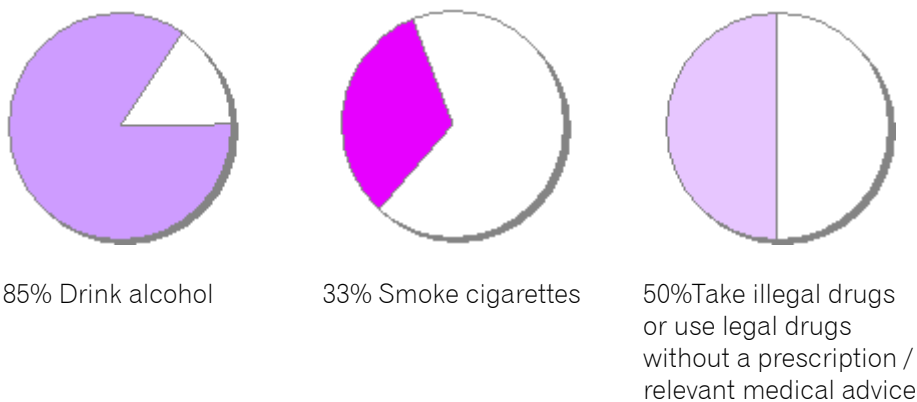
### 11.3.1 Attempted suicide

26% of those who have had serious thoughts of suicide in the last five years have attempted suicide (6% of the overall sample). 37% of these (3% of the sample) attempted suicide in the past year.

These findings should be read in conjunction with the suicide research project and the recommendations in this report (see Johnston *et al*, 2007).

## 11.4 Alcohol, smoking and drug use

Figure 11.4 a: Use of alcohol, cigarettes and drugs



### 11.4.1 Alcohol

The majority of the sample drank alcohol. Those respondents who identified themselves as trans are less likely to drink alcohol than others. Two thirds of trans respondents drink alcohol, compared to 85% overall. Eighty-five percent of white respondents drink alcohol, a larger proportion than the whole population. However, the difference is small because of the proportion of white respondents. Only three quarters (78%) of BME respondents and three fifths (61%) of traveller or other groups drink alcohol. Fewer than three fifths of those with a disability (58.6%) drank alcohol, compared with nearly ninety per cent (89.7%) of those with no disability. The proportion of respondents who drink alcohol decreases as age increases. Nearly all those aged less than 26 (94%) drink alcohol, and the consumption drops steadily to two thirds of those aged over 55.

Of those earning more than £20,000 a year, 89% drink alcohol. 76% of those earning less than £10,000 drink alcohol.

Just over a fifth (21%) of those who feel isolated did not drink alcohol, compared with just over a tenth (11.8%) of those who do not feel isolated.

Fewer than a tenth of those with no mental health difficulties (8.6%) reported that they did not drink alcohol. This compared to double the proportion (17.8%) of those with mental health difficulties.

### 11.4.2 Smoking

The majority of the sample did not smoke: one third of the participants smoked. Men are more likely to smoke than women (37% compared to 28%). Those aged between 26-45 are the most likely to be smokers. Those who have had difficulties with their mental health in the past five years were more likely to smoke (39%), than those that have not (23%).

## 11.5 Drugs

Just under half the respondents (n. 406) said that they had taken illegal drugs or used legal drugs without a prescription / relevant medical advice. A significantly higher proportion of people who described themselves as queer (85%) and slightly higher proportion of bisexuals (62%) had done this, compared with all other groups. Gay men were close to the average, at 51%. A smaller proportion of lesbians and other groups use drugs in these ways. As people age, they are less likely to use drugs. About two thirds of those under thirty-five have taken drugs in the last five years, and only a quarter of those aged over forty-five.

Figure 11.5 b shows that almost two thirds of those who have taken illegal drugs or used legal drugs without prescription have taken cannabis, with glue / aerosol only being used by 1% of this proportion of the sample.

Figure 11.5 b: **Drugs taken** (percentages represent those who have taken illegal drugs or used legal drugs without a prescription / relevant medical advice in the last five years)

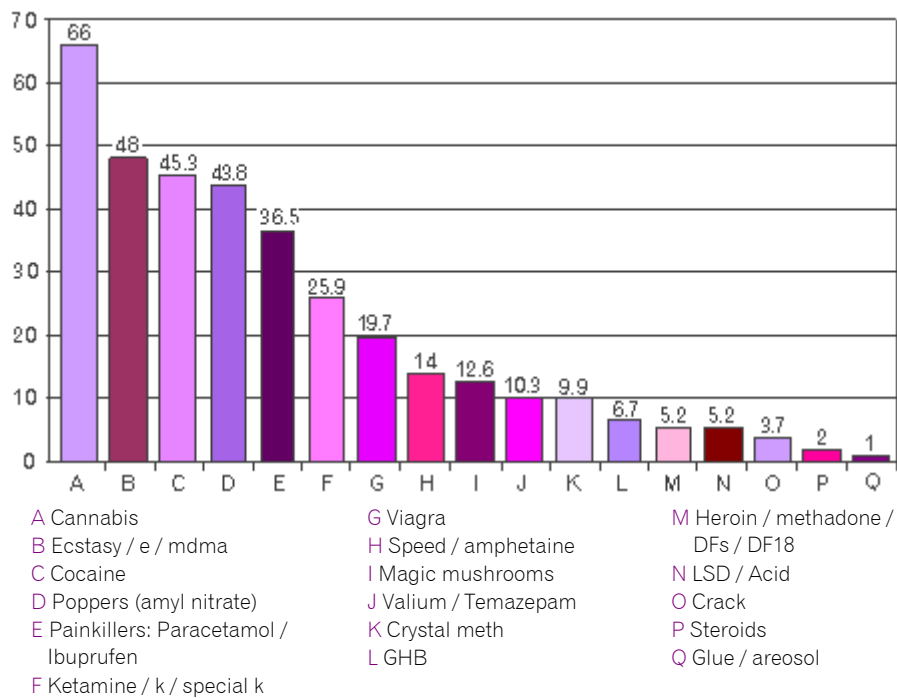


Table 11.5 d shows the frequencies with which people take the substances listed. Across all the substances, the highest proportion of respondents have taken these less than 11 times in the past 12 months.

Table 11.5 d: **How many times have you taken / used the following drugs listed in the past 12 months?** (% of those who have taken drugs)

	Total	More than once a week	Once or twice a week	Once or twice a month	Less than 11 times in past 12 months
Cannabis	66	11.8	4.4	13.1	36.7
Ecstasy / e / mdma	48	1	3.7	13.5	29.8
Cocaine	45.3	1.2	2.5	10.1	31.5
Poppers (amyl nitrate)	43.8	4.9	9.9	12.1	17
Painkillers: Paracetamol / Ibuprofen	36.5	6.2	5.4	15	9.9
Ketamine / K / special K	25.9	2	1.2	7.6	15
Viagra	19.7	0.2	1.7	6.2	11.6
Speed / amphetamine	14	0.5	1	3.4	9.1
Magic mushrooms	12.6		0.5	1.5	10.6
Valium or temazepam	10.3	1.2	1	2.2	5.9
Crystal Meth	9.9	0.2	0.5	1.2	7.9
GHB	6.7	0.5		1	5.2
Heroin / methodone / DFs / DF118	5.2	1.2	0.2	1	2.7
LSD / Acid	5.2	0.2		0.5	4
Crack	3.7				3.7
Steroids	2	0.5	0.2	0.5	0.7
Glue / aerosol	1	0.2			0.7

Within the focus groups it was argued that alcohol as well as drugs can be used as a coping mechanism in response to discrimination as well as helping people to 'feel more comfortable' and 'fit into the gay scene'. For some, drug use can be problematic and associated with using the 'scene' and 'fitting in':

**Frank: I think a lot of people go out and get hammered at weekends and stuff because it's the only way that gay men can meet each other, and drink does loosen you up, doesn't it, and makes you feel a bit more relaxed so you can, you know, take that step to go and be rebuffed or not rebuffed or whatever**

(General focus group 1)

**Hazel: I just got really drunk and like stoned in order to, kind of, like feel comfortable with myself, and I think maybe that's something that a lot of people do. I put myself in this state where I don't have to deal with it**

(Young People's focus group)

**Mark: I think stress certainly as a deaf person can build up over years and years and years of sort of knocks and feeling of oppression. It's like being in a rock and hard place really, as a deaf LGBT person, and I think alcohol is the place that people go to help resolve some of those problems. I think it's deaf-gay identity where there's oppression or a sense of discrimination from the hearing world and also from the straight community.**

(Deaf focus group)

Stories of oppressions and the use of alcohol and other substances to cope with discrimination were part of most focus groups. As Mark argues alcohol can be used to cope not just with being LGBT but also with isolation and a lack of support. This will be further addressed in future analysis.

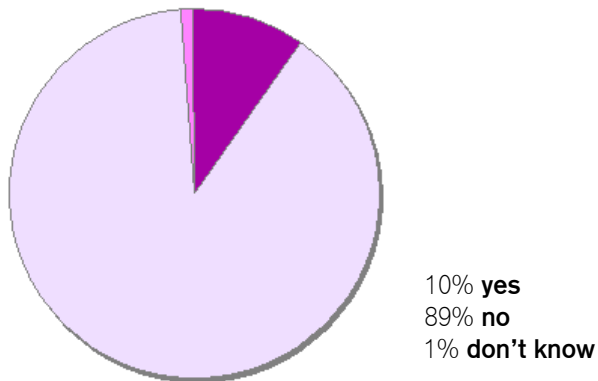
There was a demand throughout the focus groups and in the quantitative data for further factual information regarding drugs and drug use in Brighton & Hove. 57% of those who used drugs in the past five years agreed that there should be LGBT campaigns and information in Brighton & Hove about drug use. Their information sources at present were friends (40%) and leaflets from drug organisations (30%), with 18% saying that they hadn't found any information.

## 11.6 Payment for sex

10% of the sample (n. 79) had taken payments for sexual acts (see figure 11.6). Lesbians / gay women (4%, n. 10) were the least likely to have taken payment for sexual acts. Those who identified as queer (18%), gay men (13%) and those otherwise coded (13%) were more likely to have taken

payment. Those who had a disability were twice as likely (17%) to take payment for sexual acts than those who had no disability (8.6%). Similarly those who had mental health difficulties (12%) were twice as likely to have taken payments for sexual acts likely as those who did not have mental health difficulties. Those who were HIV positive were almost three times (34%) more likely to have taken payment for sexual acts than those who have not been tested or have tested negative.

Figure 11.6: Have you ever taken payment for sexual acts?



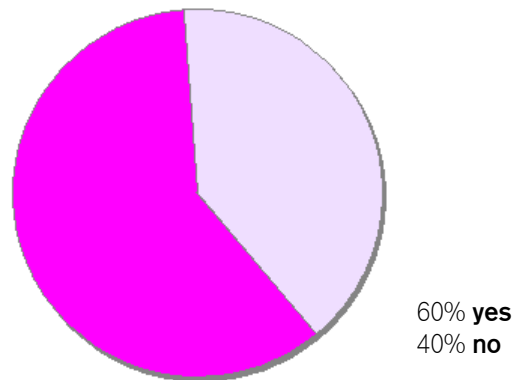
## 11.7 GP's, Specialist GP's and Healthy Living Centre

### 11.7.1 GP's

The majority of the sample have disclosed their sexual / gender identities to their GP's (60%) (figure 11.7 a). Those who described themselves as queer had the highest proportion, at 71%, followed by lesbians / gay women (68%). Fewer than a quarter of bisexuals (23%) had made this disclosure this compares to 58% of gay men. Almost the entire trans sample (88%) had disclosed their sexuality / gender identity to their GP's. Three quarters (76%) of those with a disability had disclosed their sexual identity to their GP, compared to just under three fifths of the whole sample. Young people are considerably less likely to disclose their sexual identity to their GP, with less than two fifths (38%) doing so, compared to three fifths overall. The likelihood rises with age, to 73% of 46 – 55 year olds doing so, and a slight drop in the over-55's, to 69 per cent. Those with mental health difficulties are also more likely to have disclosed their sexual / gender identities to their GP (62% compared to 54%). Those who are HIV positive (85%) are also more likely to have disclosed their identities to their GP's.



Figure 11.7a: Have you disclosed to your GP that you are Lesbian, Gay, Bisexual and / or Trans?



These disclosures by particularly vulnerable populations were discussed in the focus groups and strategies for finding 'safe' and 'friendly' GP's were identified. There were fears expressed regarding attending a GP that was hostile, unsympathetic, insensitive and / or generally unfriendly towards LGBT people. A number of male participants mentioned that there was no need to disclose their sexuality or gender identity to their GP, except around issues of sexual health - where the Lawson and GUM clinics were mentioned as an example of good practice (except for the stereotypical 'gay' music). However female and trans participants noted that they often have to come out to their GP, due to specific questions regarding transitioning or contraception.

**Rosa: When I go to GP surgery I had absolutely no choice at all of whether I can investigate, is this GP friendly to me or are they not friendly? It's rather like playing Russian Roulette. Twice, I got shot in the head.**

(Trans focus group 2)

The lack of choice and previous experiences of being 'shot in the head' often lead participants to use social networks to find LGBT friendly GP's. For those who had yet to create these networks the fear of their GP not being LGBT friendly meant that they did not disclose their sexual orientation to them. Along with a fear regarding the friendliness of GP's there was also a perceived lack of knowledge about specific LGBT issues and concerns.

**Susan: The only health issues that I really know about for lesbians are like breast cancer. I know little about that, but I do know that it's an issue for women who don't have children. I'm very ignorant, woefully ignorant, maybe that's an issue. If there was a poster on the wall (in my GPs surgery) saying 'look for a leaflet in our racks about your lesbian health', I would go and look for it.**

(Women's focus group)

The desire to be represented on the information racks at doctors offices was about more than gaining information, another focus group spoke of how these visible signs could make them feel welcome. While Susan comments on the lack of available information on issues that may affect lesbians / gay women, Ruth notes that there is nothing that specifically addresses her as a bisexual woman, because of the focus of sexual health on straight women with a limited amount of information on lesbian health.

***Ruth: I know the Claude Nichol - I've heard nothing but good about them. On top of that there's the Wilde Clinic for gay men. There isn't so much here but in London there was things specifically aimed at lesbians. But there's nothing aimed at bisexual people and that's a whole different thing on its own. I'm poly-amorous anyway, so I'm sleeping with people from both genders. There isn't any information that's specifically aimed at bisexual people and about the issues around that and it's like if you look at the stuff that's aimed at straight women it doesn't really mention herpes, the chances of like contact between say women and oral sex with herpes and that sort of thing, so it's like it gets ignored. You either go to a straight one or you go to gay one, there isn't anything in between.***

(Bisexual focus group)

For others LGBT identities may be important in their diagnosis and treatment:

***Rosa: I've got a whole part of mind stream which is not heterosexual, part of it that's bisexual, but there's a bit of it that's trans. So unless the health providers understand that and they understand the issues around that, it's very hard for them to diagnose what the hell's wrong with me. I think respect talks about do they take into account in their diagnosis, you know, the fact that I'm trans-gendered and that fits other parts of my health system. They don't take that into account and even when I tell them it's important they still don't take it into account.***

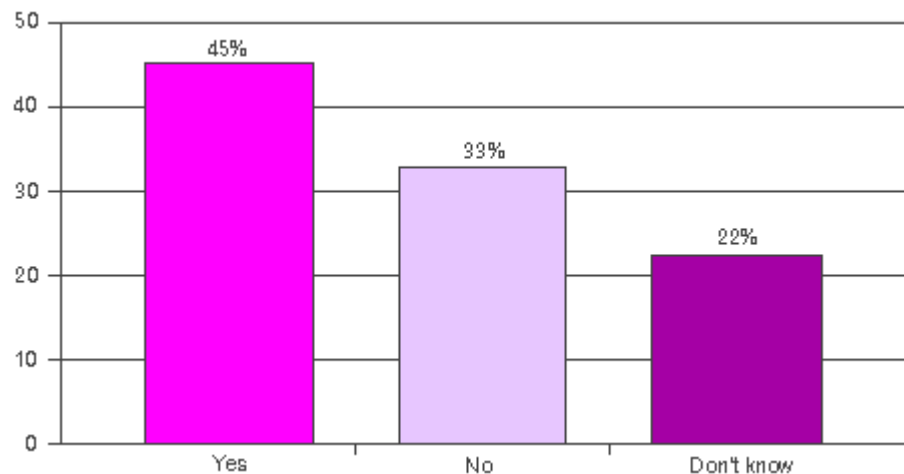
(Trans focus group 2)

Rosa highlights how trans needs should be taken into consideration where they are identified as important in the treatment of medical conditions. It should be emphasised however, Rosa and other trans participants did not want all their physical and mental health difficulties to be reduced to only to their trans status. They were clear that whilst this should be taken into account it should not be taken as the reason for all physical and mental health difficulties.

## 11.7.2 Specific LGBT service

Although 60% of people are out to their GP's, 45% would like a GP / clinic that was specifically for LGBT people, 22% were unsure and 33% said no (see figure 11.7b). Those who identify as long term impaired or disabled were more likely to prefer a clinic specifically for LGBT people than the sample as a whole, and less likely to be unsure. However, the proportions not preferring a specific clinic were similar for both those with a disability and those without. Half of those who feel isolated prefer a GP / clinic specifically for LGBT, compared to just over two fifths (42.5%) of those who do not feel isolated. Similar proportions of both groups did not express a preference. Almost half (49%) of those with mental health difficulties would prefer to use a GP / clinic specifically designed for LGBT people. Those with mental health difficulties were also more likely to express a preference.

Figure 11.7b: **Would you prefer to use a GP / clinic service that was specifically for you as an LGBT person?**



One focus group respondent expressed his support for LGBT facilities succinctly with the observation:

**Chris: Brighton should have a gay centre. They should have a centre to go to that specifically deals with your wellbeing, health. I mean it's the biggest gay community in Europe and we don't have what you might call our own place.**

(Disability Focus Group)

## 11.7.3 Healthy living centre

In contrast to the divided opinion regarding specialist GP's, the vast majority supported a LGBT healthy living centre with a range of LGBT health and community services (see table 11.7). 91% of those who answered the question (85% of the entire sample) would like to see such a centre. This varied by income with those earning under £10,000 almost unanimously

agreeing with the statement (97%), compared to those earning over £40,000 who were less supportive (87%). Those who are isolated (96%) are more likely to want a healthy living centre than those who are not (87%). Those with mental health difficulties (93%) are more supportive of this idea, than those who did not have mental health difficulties (85%).

Table 11.7 **Would you like a LGBT Healthy Living Centre providing a range of LGBT health and community services?**

	Frequency	Percent	Valid percent
Yes	697	85.1	90.5
No	73	8.9	9.5
Total	770	94.0	100.0
Missing	49	6.0	
Total	819	100.0	

Many of the focus groups enthusiastically embraced the idea of a healthy living centre, which would provide a range of services (including exercise, yoga, meditation, a welcoming café, safe space and a swimming pool!). There was also a clear link between this and the alternative social spaces and central information points that are seen to be needed in the city.

**Andy: Those services could be offered, anything from mental health to physical health to social activities, they're all in one place so that there's an interest in me being a gay man, rather than me having to go somewhere and tell them who I am and then [they] try and engage with me.**

(Outlying estate focus group)

However, those in the focus groups also expressed some caution about the ghettoisation of specialist services. The healthy living centre was understood to operate in addition to continued development of mainstream services that respond appropriately and effectively to LGBT needs. It was felt that the healthy living centre should offer some outreach and education to GP's and other service providers. This would work against the potential ghettoisation of LGBT people and also offer a centre of excellence that could reach nationally (and potentially internationally):

**Martin: You need specialist centres that can do the research and carry things forward and advise the frontline people, but the frontline service should be able to cater for everyone.**

(BME focus group 1)

The breadth of vision for a healthy living centre is clear in this quote. Yet Natasha highlights how these specialisations can result in mainstream services passing on clients to specialist services where available, and therefore being more difficult settings in which to raise LGBT issues. Healthy living in this sense is not simply about the delivery of health services, but about improving LGBT healthy living and social spaces outside the LGBT scene.

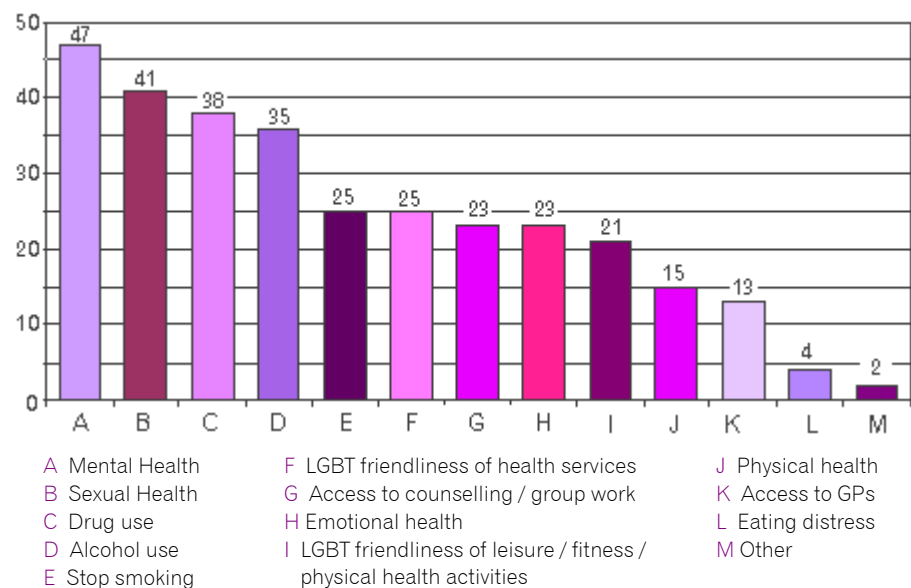
*Natasha: I think the idea of having something like this would be highly beneficial, but it shouldn't be something that we would have to rely upon. I think we should be able to go to, no matter where we are, our local GP and be able to receive the services that we need without having to be told 'Oh, well, if you go down to the community centre you'll be able to get yourself sorted out there'. Although it would be good to have it as a specialist kind of centre for health purposes and also for those people who kind of don't feel they can pluck up the courage to talk about these sorts of problems to their GP, but are able to go somewhere and talk about the problems that they face*

(Trans focus group 2)

## 11.8 Priorities for LGBT health and wellbeing in Brighton & Hove

Figure 11.8 shows respondents' opinions on priorities for improving health and well being for LGBT people. This supports the findings in the section: mental health (selected by 47% of the sample) is the most common 'top priority' for LGBT health and well being in Brighton & Hove. This was supported by the focus group data which consistently saw mental health and wellbeing as the key LGBT health priority. Figure 11.8 also shows sexual health prioritised above drugs, alcohol and smoking related services. The complexities and tensions around LGBT friendliness of health services are reflected by this issue ranking sixth on the list.

Figure 11.8: What in your opinion, should be the top 3 priorities for improving health and wellbeing for LGBT people in Brighton & Hove?



# 12 Support and Services

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## 12.1 Introduction

This chapter outlines who supports respondents regularly and in times of crisis. It also examines who they support on a regular basis and the support they receive in this role. The chapter moves on to cover how participants felt whilst using services and then addresses sexuality and gender identities in the use of services. This section outlines views on consultations and monitoring of LGBT communities.

## 12.2 Giving and Receiving Support

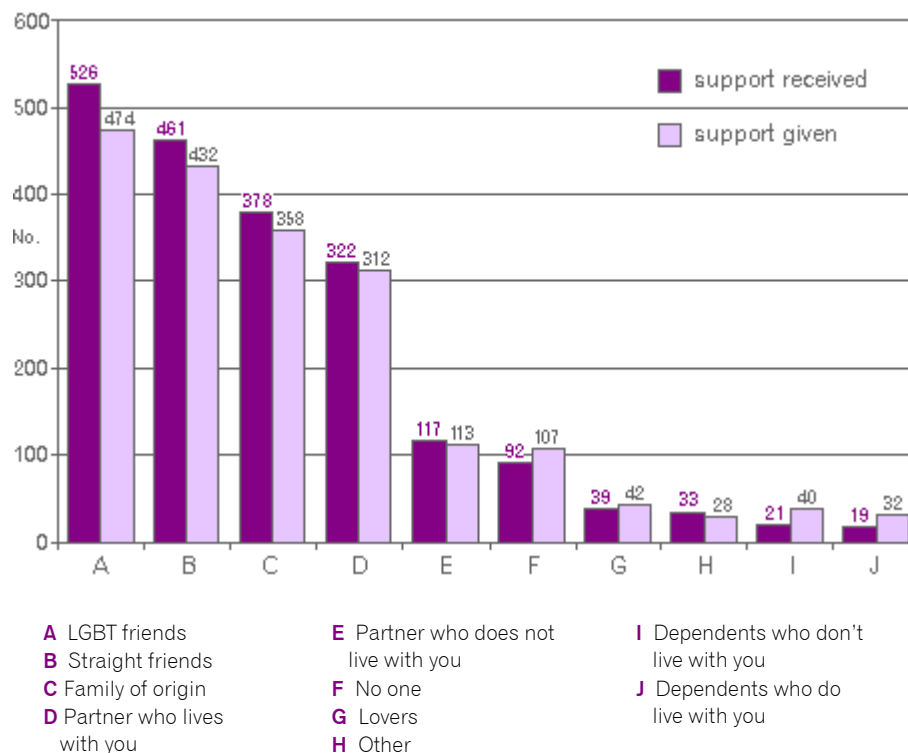
Friends are the ones most often relied on in a crisis (73%), with partners (47%) and family of origin (41%) also providing support (see Table 12.1 a) in these situations. 30% of the sample rely on their own resources.

Table 12.1a: **Who do you rely on in a personal crisis?**

	Frequency	Percent
Friends	594	72.5
Partners	385	47.0
Family of origin	342	41.8
My own resources	252	30.8
Professional services (e.g. counsellor)	109	13.3
Support groups	38	4.6
Internet groups / online groups	35	4.3
Voluntary services	34	4.2
Lovers	31	3.8
Other (please specify)	21	2.6
Children	19	2.3
Internet chatrooms	16	2.0
Other dependents (not children)	3	0.4

Moving from crisis points to regular support, this is also mainly provided by friends (LGBT, 64%, straight, 56%) and family of origin (46%). 11% of respondents said that no one supports them on a regular basis. Respondents indicated that they support their friends (58% LGBT, 52%, straight) on a regular basis. They also support their families (44%) and their partners (27%) (see figure 12.1a).

Figure 12.1a Giving and receiving support on a regular basis



The lack of regular support for some people was reflected in the focus group data:

*Researcher: who or what do you rely on for help, support and advice?*

*Phil:* **Myself. How sad is that?**

*Frank:* **And your friends surely, no?**

*Phil:* **What friends?**

*Frank:* **You must have friends.**

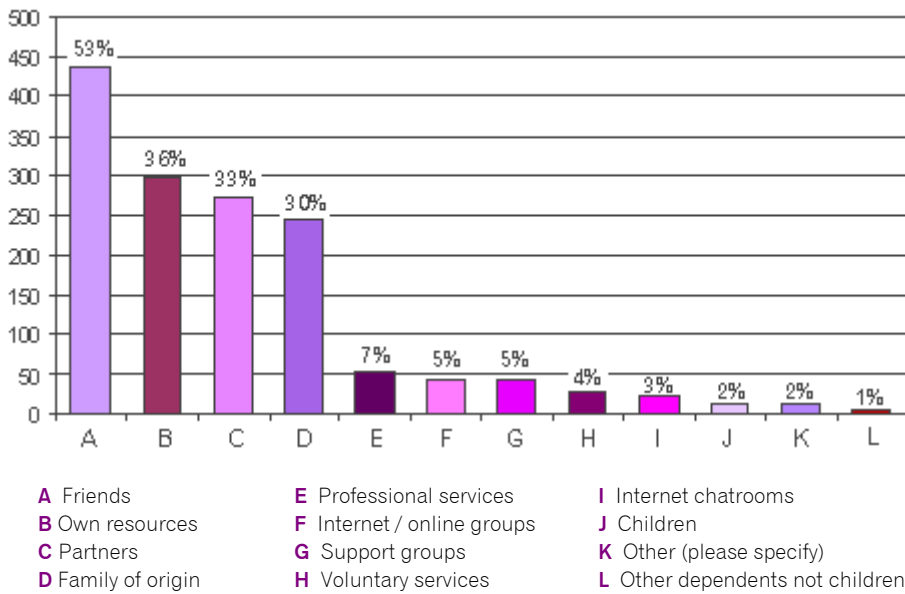
*Phil:* **I'm not looking for friends. I don't trust people, that's my problem.**

(General focus group)

Supporting roles were mentioned in the focus groups, with most suggesting that friends are key in their support networks. However within the focus groups there was also a feeling that elderly parents would rely on 'single' and 'childless' LGBT people to take on a caring role if needed.

The majority receive support from their friends (53%) with 36% saying that they rely on 'their own resources'. In supporting others, 8% (n. 53) of people get support from professional services, 4% from voluntary services, with internet groups and chatrooms providing support for 10% of people (see figure 12.1 b). Support from the internet for personal crises and other 'low periods' was also mentioned in the focus groups.

Figure 12.1b: **Where do you get support in your role in supporting others?** (Figures taken only from those who said that they supported others.)



## 12.3 Sexuality and gender identities and the use of services

*Eve: I'd like to imagine a clinic that the community can use that the staff, whether they are gay, straight or whatever, are aware of what the issues are in the communities specific to our needs.*

(Parents' focus group)

### 12.3.1 Attitudes towards the configuration of services in relation to gender and sexual identities

Most of the sample feels comfortable using mainstream services (see Fig. 12.3 a) but this varies by vulnerability.

Gay men, who are non-trans, not disabled and do not have mental health difficulties are more likely to feel comfortable using mainstream services, and to see their sexuality and gender identity as unimportant. Lesbians / gay women (22%); bisexual people (26%) and queer individuals (36%), trans people (36%) and those with mental health difficulties (20%) are more likely to feel uncomfortable because of their sexuality when using mainstream services.



Figure 12.3a: Do you ever feel uncomfortable using mainstream (public but not LGBT specific) services?

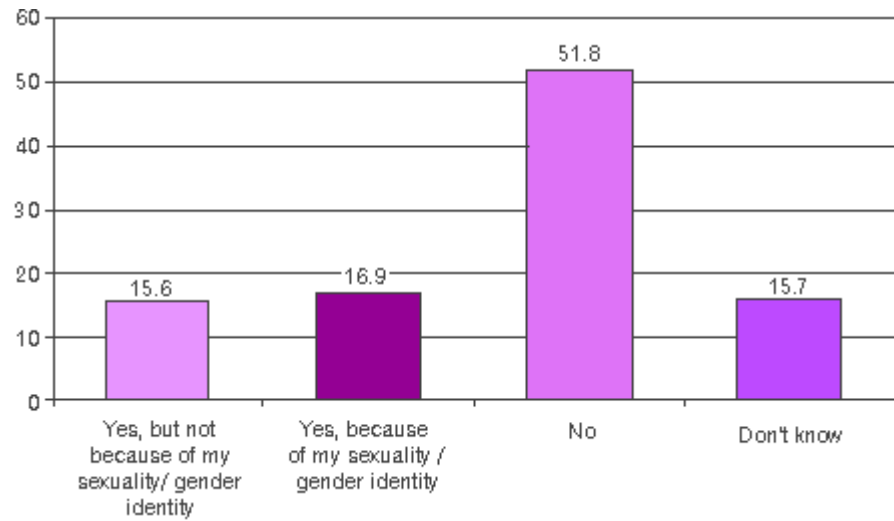


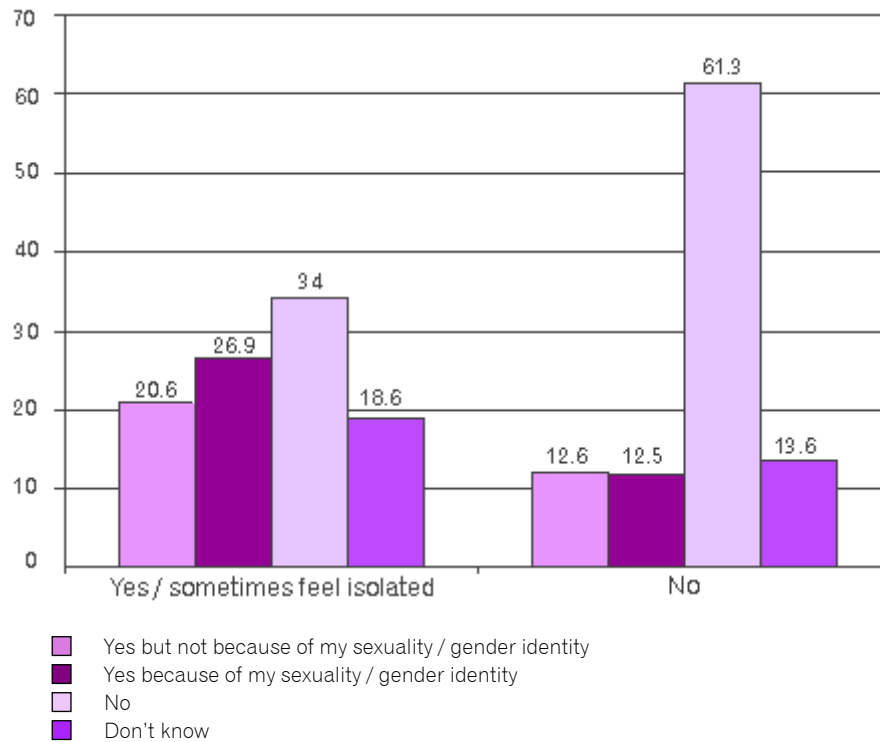
Figure 12.3 b illustrates the contrasts between those who are trans and those who are not trans, in their comfort in using services. Over half of those who are not trans say that they do not feel uncomfortable using mainstream services. In contrast 36% of trans people feel uncomfortable using mainstream services because of their sexuality / gender identity ( $p < 0.05$ ).

Figure 12.3b: Do you ever feel uncomfortable using mainstream (public but not LGBT specific) services by trans identity?



There is a significant relationship ( $p < 0.05$ ) between feeling isolated and being comfortable using mainstream services. It can be seen from figure 12.3c that 48% of those who feel isolated say that they feel uncomfortable using mainstream services. There is a split in this group between those who relate it to their gender and sexual identities (27%) and those that feel uncomfortable for reasons other than their sexual and / or gender identities (21%).

Figure 12.3c: Do you ever feel uncomfortable using mainstream (public but not LGBT specific) services by feeling isolated?



Those with a physical disability or who have long term health impairments feel uncomfortable using services because of their sexuality and gender identity (20%) and have higher feelings of discomfort for reasons other than their sexuality (29% compared to 13%).

### 12.3.2 Coming out to service providers

45% of people are out when using services in Brighton & Hove. 38% are out some of the time (see table 38%)

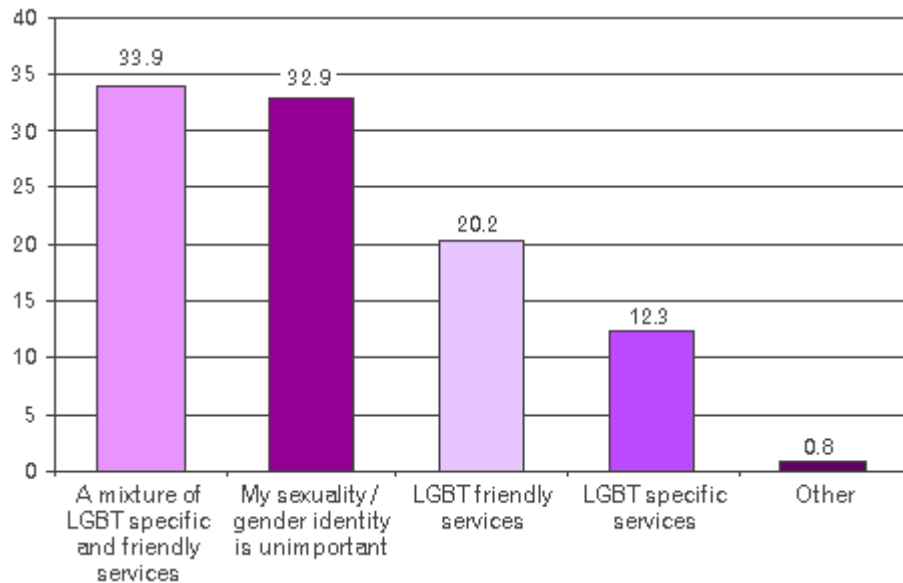
Table 12.3 a: Are you out about your sexual / gender identities in Brighton & Hove when using services?

	Frequency	Percent	Valid percent
Yes	353	43.1	45.1
No	62	7.6	7.9
Sometimes	298	36.4	38.1
Unsure	25	3.1	3.2
Not applicable	44	5.4	5.6
Total	782	95.5	100.0
Missing	37	4.5	
Total	819	100.0	

### 12.3.3 Importance of sexuality and gender identities to the use of services

A third of respondents indicated that their sexuality or gender identity was unimportant in their use of services. 67% of respondents want either a mixture of LGBT specific and friendly services (34%) or LGBT specific services (12%) or LGBT friendly services (20%) (see figure 12.3 d).

Figure 12.3d: Which type of services would you prefer to use?



Gay men (40%) are the most likely to consider their sexuality or gender identity as unimportant in their use of services ( $p < 0.05$ ). Those between the ages of 26 and 55 are more likely to state that their gender and sexuality is unimportant in their use of services ( $p < 0.05$ ). Disabled people and those with long term health impairments are twice as likely to want LGBT specific services (20% compared to 11%).

Those who identify as white are more likely to want LGBT specific services (12% compared to 5% of BME people). In the focus groups there was a fear that LGBT services would not be able to cater for diverse cultural needs:

*Karen: I did once try and go to occupational health through statutory services, but it was just such a negative experience, that since then I've just gone through lesbian and gay services and then had to talk about the BME issue. I wrote on the form that I wanted someone who was sensitive to BME issues. The woman who I worked with said that somebody volunteered in the group, and she said 'Do you have any experience of BME issues?' and he said, 'No, but I don't think that matters'. I think that says a lot about what the problem is.*

(Pilot focus group)

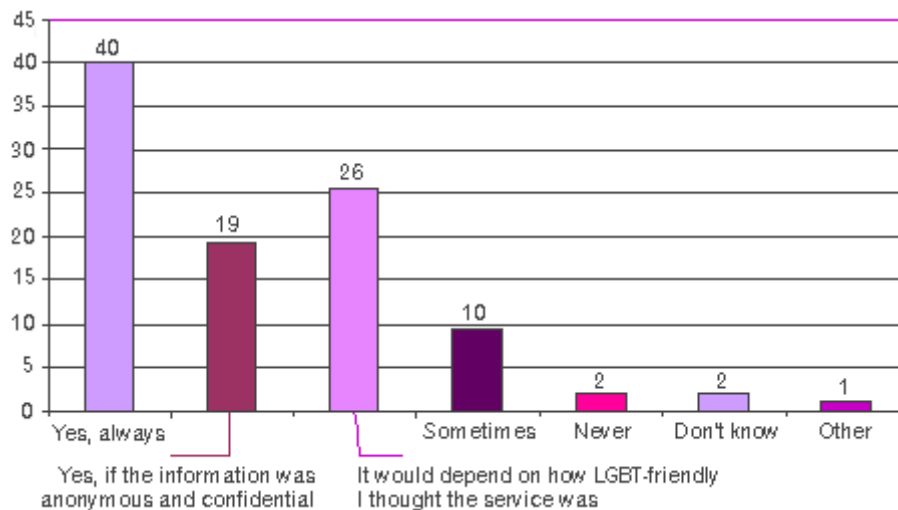
Karen highlights the potential lack of understanding of diversity between LGBT people by (in this case) lesbian and gay services providers. Yet these services are necessary where negative experiences in mainstream services make them inaccessible to LGBT people. In this case Karen sees herself as having to 'talk to' service providers about her BME identity and confronting the assumption that sexual identities and sameness around these erase other differences.

## 12.4 Monitoring and Consultations

### 12.4.1 Monitoring

60% of respondents will give information about their sexual and gender identities if this information is anonymous and confidential. This figure rises to 85% if the service is considered LGBT friendly (see figure 12.4a).

Figure 12.4 a: **Are you willing to give information about your sexual / gender identities when using or accessing services for monitoring services?**



Trans people are less likely to offer information unconditionally ( $p < 0.05$ ). 21% of trans people said that they would always give the information. This rises to 68% if the information is anonymous and confidential and the service is understood as LGBT friendly. Trans participants are more likely to say that they will sometimes give information about their sexual / gender identity (17% compared to 9%). This group is also significantly ( $p < 0.05$ ) more likely to say never, don't know or give another answer (12% compared to 5%).

There is a significant relationship between mental health difficulties and willingness to provide information ( $p < 0.05$ ). Those with mental health difficulties are more concerned that they are giving it to a recipient organisation that is LGBT friendly (27% compared to 22%). This group are twice as likely to only 'sometimes' give this information (14% compared to 7%) and almost twice as likely to say never, don't know or other (6% compared to 4%).

In the focus groups, there were clear warnings regarding the importance of the confidentiality of these enquiries:

*Marilyn: I recently filled in - I work for [names statutory service] - their survey, and it came back, you know, 'One bisexual'. Me. I think they feel more uncomfortable now I've sort of outed myself. Because I don't think there's no bisexuals, you know. I'm the first to perhaps say 'That's what I am' and I've done that to sort of try and make it the norm, so that they'll get used to that there's an alternative way of living.*

(Bisexual focus group)

## 12.4.2 Consultations

61% of respondents would like to see consultations by the police, council and NHS undertaken by questionnaire 61%, perhaps unsurprising as this was the tool used to collect this data. A smaller proportion would like to have open public meetings (47%), LGBT community forums (38%), community events (38%) and LGBT focus groups (36% see table 12.4 c). The citizen's panel was the least favourite (24%).

Table 12.4c: **How would you like service providers to consult with you?**

	Frequency	Percent
Questionnaires	500	61.1
Open public meetings	388	47.4
LGBT community forums	312	38.1
Community events	311	38.0
LGBT focus groups	294	35.9
Citizens panel	194	23.7
Don't know	87	10.6
Other	18	2.2

However, the qualitative data on the questionnaire also suggested internet chatrooms, surveys (this, again, may reflect the techniques use for Count Me In Too) and emailed surveys from LGBT groups would be positively viewed. There was a mention of the need for these 'consultations' to be co-operative such that authorities take 'proper notice of LGBT desires and wishes' (questionnaire 168). There was also a desire to consult broadly and beyond the 'usual suspects' and those who are most vocal in open meetings, perhaps through the internet and chatrooms.

In the focus group there was a clear desire to see consultations accompanied by positive action for LGBT communities:

*Peter:* **There is a lot of great words about LGBT in Brighton. They say a lot of things and they do include us in pamphlets but I think actions speak louder than words**

(Disabled focus group)

*Rosa:* **I'd like to see [Count Me In Too] actually turn into some fruition as opposed to end up as a bunch of statistics in some Council in-tray**

(Trans focus group 2)

# Conclusion

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Count Me In Too is an ongoing partnership research project. This initial findings report highlights some key areas of needs, and findings for dissemination, revealed by the research to date.

Count Me In Too gathered information from local LGBT people using focus groups and a large scale routed questionnaire. The focus groups and routing in the questionnaire were central to achieving the aims of the research as they enabled the project to engage with multiple marginalisations, exploring specific issues and identities. In addition focus groups added depth to the findings, as well as exploring unanticipated topics that were raised by the individuals who took part.

Perceptions of Brighton & Hove amongst LGBT people are broadly positive and acknowledge the strengths and improvements in the City, as well as opportunities for development. However, experiences of the city as a tolerant, safe and supportive environment vary between identity groups. It is clear that there are significant disparities amongst those who identify as LGBT, as well as persisting common issues and needs for the entire grouping.

Count Me In Too is an example of effective third stream work. Brighton and Sussex Community Knowledge Exchange initially facilitated collaboration between the university and community partner organisation, and committed start-up funding that enabled the project to secure further funding from local statutory services that have an interest in the needs of LGBT people in the city. Spectrum, the community partner, and the university researcher brought complimentary skills and knowledge to the project, which enabled productive engagements with many statutory, voluntary and community services, and LGBT groups and individuals. These formed the community of practice that designed the project, contributed information, and analyses data.

This initial report does not offer detailed interpretation or recommendations. Over coming months, Count Me In Too will engage with and support local service providers and interested individuals to examine data in more depth, and to use findings to guide responses to the identified needs of LGBT communities. Many more findings, and qualitative and quantitative data, will be explored and disseminated, augmenting the analyses outlined in this report. The partnership process will develop specific action points and areas of responsibility, owned jointly by service planners, service providers and those who use services. In this way the project aims to enable stakeholders to respond in a useful ways, and to progress positive social change for LGBT people.

# References

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*accessed 2007-06-01*





# Your feedback

We welcome any comments and suggestions.

Please email your feedback to us at:

[comments@countmeintoo.co.uk](mailto:comments@countmeintoo.co.uk)

or by post to:

Kath Browne, School of the Environment, Cockcroft Building, University of Brighton, Lewes Road, Brighton BN2 4GJ. or Count Me In Too, c/o Spectrum, 6 Bartholomews, Brighton BN1 1HG

Please also contact us if you are interested in supporting further analysis of the Count Me In Too data or being part of a Community Reference Group to oversee this continuing work.

[www.countmeintoo.co.uk](http://www.countmeintoo.co.uk)

Downloadable copies of this and other resources are available from the Count Me In Too website including a directory of local LGBT support organisations and groups.