

Lesbian, Gay,  
Bisexual and Trans  
**RESEARCH  
REPORT**

Prepared for the  
**BRISTOL RECOVERY ORIENTATED  
ALCOHOL AND DRUGS SERVICE**

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## ABOUT THE AUTHOR

Berkeley Wilde is the Founder/Director of the Diversity Trust. Since 2004, Berkeley has been an equality, diversity and inclusion specialist working across the 'Protected Characteristics' and groups covered by Equality and Human Rights legislation including the Equality Act (2010), the Public Sector Equality Duty (PSED), the Human Rights Act (1998) and the NHS Equality Delivery System (EDS2).

Berkeley is a specialist in consultation and engagement, as well as qualitative research, with a wide range of equalities communities.

Berkeley is the Chair of LGBT Bristol and he works as a collaborative partner in the delivery of hate crime services in Bath and North East Somerset, Bristol, North Somerset and South Gloucestershire.

## ABOUT THE DIVERSITY TRUST

The Diversity Trust (The Trust) is a social enterprise influencing social change to achieve a fairer and safer society. The Trust works across all sectors: corporate, public and social purpose. The Trust are equality, diversity and inclusion specialists, working across key equality legislation and policy areas. The Trust provides engagement, research and training.

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## INTRODUCTION

Gender reassignment and sexual orientation are often overlooked as a significant factor in health outcomes, and as a result there is a lack of data in this area. It is an area that is not routinely monitored in service provision and in most health and social care related research.

Current estimates the percentage of Lesbian, Gay and Bisexual (LGB) people ranging between 1.5% (Integrated Household Survey, 2011), and 5-7% (UK Government 2005) of the population.

The resident population of Bristol is 437,500<sup>1</sup>. This would give an LGB population range between approximately 6,500 and 26,000 LGB people living in Bristol.

The Gender Identity Research and Education Society (GIRES), estimates the number of Trans people in the UK at 1% of the population being on a “gender variant spectrum”. This would give a population of approximately 4375 Trans people living in Bristol.

The primary aim of this research report is to explore the need for targeted and specialist substance misuse treatment / interventions and support services for Lesbian, Gay, Bisexual and Trans (LGB and Trans) communities in Bristol.<sup>2</sup>

## RATIONALE

Gender reassignment and sexual orientation are ‘Protected Characteristics’ in the Equality Act 2010. Section 29 of the Equality Act 2010 prohibits discrimination in the provision of goods and services on the basis of gender reassignment or sexual orientation; it includes addressing the provision of services which are less accessible or of lesser quality than is provided to those who do not share a ‘Protected Characteristic’.

In 2009, the Bristol City Council (BCC) Substance Misuse Team (SMT) commissioned the Trust to carry out a needs assessment with LGB and Trans communities in Bristol. This document is called ‘Sorted Out’ [Click here for a summary](#).

There was a clearly identified need for more current research to take place and as a result in 2014 the Avon & Wiltshire Mental Health Partnership Trust (AWP), part of the Bristol Recovery Orientated Alcohol and Drugs Service (Bristol ROADS), funded this research.

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1 Office for National Statistics (ONS) 2011.

2 ‘Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution’. Reed, B., Rhodes, S., Schofield, P. and Wylie, K. Gender Identity Research in Education Society. Surrey. (2009)

## METHODOLOGY

This research was carried out between January and October 2014; and included:

- Surveys of providers;
- Follow up interviews with targeted and specialist service providers;
- Table-top/desktop literature review.

The Trust was asked to find out, and report on, what targeted and specialist interventions were being delivered in other areas of the country including: identifying where there was innovation.

We promoted our research through various methods including: social networks, social media and other online media such as Facebook, LinkedIn and Twitter. We also used LGB and Trans specific social media. Organisations such as the National Consortium of LGBT Voluntary Organisations, the National LGB and Trans Partnership and the Lesbian and Gay Foundation (LGF) sent our survey out through their membership newsletters.

The Trust looked at:

- Interventions targeted at same-sex relationships and substance misuse.
- Steroid use amongst gay and bisexual men.
- Gay and bisexual men injecting for 'chem sex', for example 'poly drug' use such as methamphetamine and crystal meth.
- Interventions targeting LGB and alcohol misuse.
- Interventions aimed at Trans communities and alcohol/substance misuse.
- Vulnerabilities of LGB and Trans children and young people and substance misuse.

From June and October 2014, the survey and interviews used a variety of methods to engage and question participant including; face-to-face, telephone calls and an online questionnaire. For a list of the questions please see the Appendix 2 (page 22).

Up to 40 people took part in the survey from a variety of agencies.

We followed this up with interviewing a number of individuals representing different service providers who were providing targeted and / or specialist support to LGB and Trans communities.

These agencies included:

- ADS Manchester
- Age UK
- Bristol City Council
- Lancashire LGBT
- London Friend
- Opening Doors London
- Outreach Liverpool
- Rainbow Head, London Borough of Barnet
- Women's Link Hertfordshire and Wandering Women Hertfordshire

**KEY**

**FINDINGS**

## KEY FINDINGS

### NATIONAL RESEARCH

The Lesbian, Gay, Bisexual & Trans Public Health Outcomes Framework Companion Document published by Department of Health in 2013 found a range of health inequalities experienced by LGB and Trans people.

These inequalities included, but are not limited to higher levels of; anxiety and depression, self-harm, suicidal ideation, domestic violence and abuse (DVA), and substance misuse. In short a 'Toxic Trio' of Suicidal Ideation, Mental Health and Substance Misuse.

Successive studies have shown that LGB and Trans people are more likely to misuse alcohol and drugs than the general population. However, due to a lack of consistent monitoring of gender identity and sexual orientation across drug and alcohol services, there is very little data on successful completion of alcohol and / or drug treatment by protected characteristics of gender identity and sexual orientation.

A summary of the key findings from the Public Health Outcomes Framework, 2013 include:

- Higher levels of health risk behaviours, such as alcohol misuse, substance misuse and smoking.
- LGB and Trans people are less likely to engage with generic interventions and services.
- LGB and Trans communities have higher levels of need for interventions and targeted support.
- LGB and Trans communities are more likely to experience health inequalities in relation to public health areas and preventing premature mortality.
- LGB people demonstrate a higher likelihood of being substance dependent, dependence is highest amongst gay men and bisexual men and women.
- 24% of Trans people have used drugs within the last 12 months.
- 10% of trans people indicated signs of severe drug abuse using the Drug Abuse Screening Test.
- LGB and Trans people may have different patterns of substance use.
- LGB and Trans substance users may use a wider range of illicit drugs not recorded in the British Crime Survey.

These findings are supported by additional surveys and reports. For more detailed information on the Public Health Outcomes Framework findings please see Appendix 1 (page 18-21).

Further evidence found from other sources includes:

- The British Crime Survey 2013 shows that LGB people are three times more likely to have taken illicit drugs than heterosexual respondents. LGB people are more likely to take a Class A drug and five times more likely than the general population to use stimulant drugs such as



cocaine, ecstasy, amphetamines and amyl nitrate.

Lack of cultural competence of support agencies means LGB and Trans people believe generic services aren't appropriate for them.

In the report by London Friend "Out of Your Mind" found that:

*“Higher levels of both drug and alcohol use have been reported within LGBT populations, although these groups report being less likely to engage in traditional substance misuse services, citing lack of understanding of the substance use and cultural needs amongst the barriers.”*

Accessed online <http://londonfriend.org.uk/wp-content/uploads/2014/06/Out-of-your-mind-executive-summary.pdf>

## TARGETED INTERVENTIONS

The Trust asked participants in the survey if they were delivering targeted interventions on substance misuse with LGB and Trans communities:

- 2 out of 16 respondents said they were delivering targeted interventions;
- 1 said they had a specific programme for LGB and Trans;
- 2 said they occasionally come across LGB and Trans people in their work who are using substances;
- 9 respondents said they are not delivering targeted services.

One of the respondents added that:

*“Interventions need to be evaluated properly, for example using cluster randomised trials, so that we know whether they work or not. We don't want unproven interventions wasting yet more time and worsening people's lives.”*

(Catherine Meads, Reader in Health Technology Assessment, Brunel University)

## MEETING LGB AND TRANS NEEDS

The Trust asked participants in the survey 'to what extent they think services effectively meet the identity and / or holistic needs of LGB and Trans service users?':

- 3 out of 8 respondents said they thought that LGB and Trans needs were 'Very unmet';
- 2 thought that needs were 'Unmet';
- 2 thought that needs were 'Neither met no unmet';
- 1 preferred not to say.

Several respondents provided additional comments:

*“Trust, discrimination, most mainstream service staff are completely unaware of the LGBT community and LGBT specific needs, the fear of all of the above is also a huge barrier.”*

(Jen Fidai, Director, Rainbow Head)

*“The most common barriers are that LGB&T people expect discriminatory treatment, or feel that their needs will not be understood.”*  
(Anonymous)

*“With gay men there are a lot of body issues that aren't addressed and since the services are only catering for straights (heterosexuals), they miss the target. For lesbians, there are no specific alcohol abuse services and the straight services are making assumptions about lesbians that aren't true and its putting lesbians off. In some places alcoholics anonymous is the only service offered and that's religious based and many lesbians are atheists so won't go. For trans people the main services are catering for transitioning but not looking at other health needs and health behaviours. Other service users make life difficult for trans people and these aren't challenged by the service providers.”*  
(Catherine Meads, Reader in Health Technology Assessment, Brunel University)

*“Often LGBT do not come out when accessing generic/inclusive services. Having to come out might actually stop them - we have conducted some local surveys as have Liverpool Mental Health Consortium, which bare this out. Generic services often do not ask about sexuality and in terms of monitoring some services (e.g. CAB - OUTreach Liverpool is a project of North Liverpool CAB) are very bad at capturing info on sexuality and gender identity so are invisible in terms of services. Confident, out, professionals / middle class LGBT people tend to like generic services, but the most disadvantaged LGBT people seem to want and benefit from specific LGBT services or services that are linked to or grounded in local LGBT communities. When in crisis, especially if isolated and lonely, LGBT people want LGBT-specific services and often to talk to someone of the same sexuality and/or gender identity.”*  
(Joe Lavelle, Projects Coordinator, OUTreach Liverpool/North Liverpool CAB)

*“I think it varies enormously. As there's nothing specific it must be a bit of a lottery. Also even with 'out' LGBT workers like myself, there are generational issues to consider. I'm 57. When I was active on the commercial Gay Scene, drug-taking was more hidden and mostly what I witnessed was Poppers and Cannabis smoking. The whole Gym-related drug scene is a world I know little about.”*  
(Jane Mowat, Floating Support Worker, Sanctuary Supported Living)

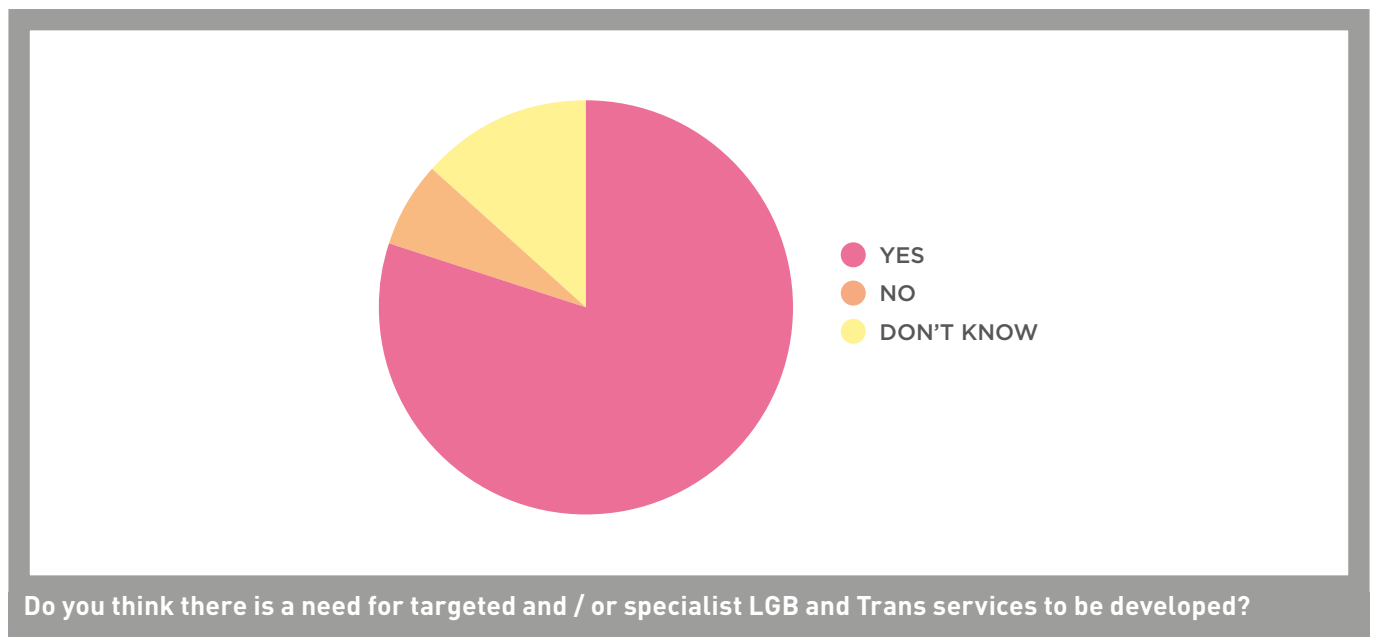
*“Our experience is that many generic services are not LGBT competent, in both awareness of the drugs LGBT people are more likely to be using, the harms associated with these (e.g. dependency on GHB/GBL) or the contexts in which they use. LGBT people tell us they feel unable to be fully open about their lives and their behaviour in these services. Some have told us they have been restricted to services only in their local area, or have had to change services if they have been rehoused in a new area, and have experienced varying levels of LGBT competence. An additional barrier is services not fully championing LGBT equality or believing they can improve service provision by one-off training alone; improvement is better achieved if a provider engages with this in a more strategic way.”*  
(Monty Moncrief, Chief Executive, London Friend)

## SPECIALIST SERVICES

The Trust asked participants “Do you think there is a need for targeted and / or specialist LGB and Trans services to be developed?”:

→ 12 out of 16 respondents said there is a need for targeted and / or specialist services.

**Chart:1 Need for Targets or Specialist service**



In the report “Out of Your Mind” by London Friend found that:

*“A strong desire was expressed for access to specialist LGBT services, which were felt to offer an emotionally and physically safer environment, and which were felt to better understand the differing support needs related to service users sexual orientation or gender identity. Many who had used generic services felt they had been unable to fully disclose or explore their issues; sensitive topics such as sexualised using were felt difficult to disclose, particularly in group settings.”*

Accessed online <http://londonfriend.org.uk/wp-content/uploads/2014/06/Out-of-your-mind-executive-summary.pdf>

The Chief Executive at London Friend in an interview said:

*“Our experience is that many generic services are not LGBT competent, in both awareness of the drugs LGBT people are more likely to be using, the harms associated with these (e.g. dependency on GHB/GBL) or the contexts in which they use. LGBT people tell us they feel unable to be fully open about their lives and their behaviour in these services. Some have told us they have been restricted to services only in their local area, or have had to change services if they have been rehoused in a new area, and have experienced varying levels of LGBT competence. An additional barrier is services not fully championing LGBT equality or believing they can improve service provision by one-*

*off training alone; improvement is better achieved if a provider engages with this in a more strategic way.”*

(Monty Moncrief, Chief Executive, London Friend)

He went on to say:

*“Our research indicates a strong preference by a majority of LGBT people to access specialist support. LGBT people have told us they feel safer in specialist settings, and that they have more confidence in the service if it is targeting them. In substance misuse this can be about understanding the drugs that are more prevalent within these populations, but also about understanding the contexts in which they use and the reasons for using. Some service users have said they would not attend mainstream services, sometimes based on the perception of prejudice or having experienced this from other services. Whilst some LGBT people prefer to access mainstream services there is still a need to improve LGBT awareness within these, and also essential that those who require specialist support have access to it. Specialism can work in different ways from separate stand-alone LGBT provision to some time through the week allocated to LGBT sessions.”*  
(Monty Moncrief, Chief Executive, London Friend)

The Trust asked our participants which types of services this applies to with many highlighting a need for more than one services:

- 9 felt the need for specialist domestic abuse services;
- 10 felt the need for specialist sexual violence services;
- 10 felt the need for specialist services for sexual exploitation;
- 10 felt the need for specialist substance misuse services.

One of the respondents added that:

*“When LGBT people are facing crises they often want to have a connection to LGBT communities. Mainstreaming or inclusive services are great in principle, but some LGBT people are anxious when they have to talk in detail about their sexuality or come out to strangers who represent some form of authority. This is especially the case for people who express intersectionality in terms of their identity – e.g. gay and black, disabled and lesbian, trans with a mental health issue, etc. We work with many LGBT people who simply do not access non-LGBT services because of stigma about sexuality, drug/alcohol use, mental health, lifestyle, HIV status and other aspects of life/identity.”*  
Joe Lavelle, Projects Coordinator, OUTreach Liverpool / North Liverpool CAB

# CASE STUDY:

# ANTIDOTE

Antidote is a specialist LGB and Trans drug and alcohol treatment service. Antidote provides assessment, key working, relapse prevention, peer support, complementary therapies and counselling. Where clients require support other than psycho-social interventions (e.g. detox, prescribing) they work in partnership with the CNWL Club Drug Clinic or local services. Antidote also provide satellite outreach in sexual health settings and GUM clinics, targeting people using drugs for sex.

## **“Chemsex”**

*(the sexualised use of drugs by gay, bisexual and other men who have sex with men - MSM)*

Antidote were the first service in the UK to identify this trend and have been providing services to clients and training to professionals on this for a number of years. Work around chem sex now accounts for the majority of Antidote’s work with a high prevalence of injecting.

*“The three main presenting drugs are now mephedrone, crystal methamphetamine and GHB/GBL. Increasingly MSM users seeking support report injecting and use of these drugs in sexualised contexts with multiple partners. Concern has also been raised at the role use of these drugs may play in HIV transmission, with the number of new infections amongst MSM rising.”*

## **Lesbian and Bisexual Women**

Antidote run a monthly clinic targeting lesbian, bisexual and trans women. It has been difficult to engage with this group though, the vast majority of Antidote services users are men.

## **Trans Women and Men**

Specialist support is available through Antidote, and Antidote are a partner in cliniQ, a specialist trans health and wellbeing clinic offering sexual health, drugs, alcohol, counselling, advocacy, housing etc. from one central London location in a GUM service.



Many LGB and / or Trans people report feeling 'invisible', therefore access to services is often framed by a general lack of awareness or understanding either about gender identity and / or sexual orientation.

Depending on issues such as attachment to LGB and Trans communities, being "out" in the environment, being resilient when accessing services will all depend on how LGB and / or Trans people feel when accessing support.

*“The most disadvantaged sections of the LGBT community will always need LGBT-specific services that link them to the LGBT community. The more affluent, self-assured, LGBT people may not require LGBT services at all.”*

(Joe Lavelle, Projects Coordinator, OUTreach Liverpool / North Liverpool CAB)

# RECOMMENDATIONS FOR PROVIDERS



From this research report we recommend that Bristol ROADS providers:

- Give consideration for the development of an LGB and Trans specialist / targeted service in Bristol. This could include outreach, inreach, group work and counselling as well as the development of targeted resources to promote the specialist service;
- Ensure the development of specialist / targeted LGB and Trans services is supported by research, is evidence based and evaluated;
- Providers should take a strategic approach; include the needs of Lesbian, Gay, Bisexual and Trans populations in service design and delivery; including development of an LGB and Trans substance misuse inclusion plan;
- Use different approaches for different groups. For example, the needs of lesbian and bisexual women; the needs of gay and bisexual men and the needs of Trans women and Trans men can be different;
- Drug and alcohol use amongst lesbian and bisexual women is higher than the general population of women. Specialist and / or targeted support and intervention is required with lesbian and bisexual women;
- Provide training on LGB and Trans and substance misuse for staff;
- Ensure consistent and effective monitoring of gender identity and sexual orientation across Bristol ROADS;
- Ensure policies and procedures are LGB and Trans friendly;
- Ensure built environments are LGB and Trans friendly; carry out an audit built environments;
- Ensure good customer feedback from LGB and Trans clients;
- Ensure good engagement and outreach with LGB and Trans communities;
- Identify LGB and Trans equality champions within agencies;
- Develop a range of resources, targeting LGB and Trans communities (especially MSM), with harm reduction messages on alcohol and substance misuse.

**RECOMMENDATIONS  
FOR  
COMMISSIONERS**

- The Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy should include the specific health needs of gay, bisexual and other men having sex with men (MSM); lesbian and bisexual women; Trans women and Trans men; including the specific substance misuse needs of these populations;
- Collection of sensitive gender identity and sexual orientation monitoring data should be consistent;
- Further research is required with Trans communities and substance misuse to better understand the prevalence amongst Trans communities;
- Service specifications should address LGB and Trans specific needs and outcomes;
- Carry out an LGB and Trans audit of providers.

# APPENDICES

## APPENDIX 1: Literature Review Summary

- Local and national research, and needs assessments, of LGB and Trans communities have repeatedly demonstrated higher levels of health risk behaviours, such as alcohol, substance misuse and smoking. (Public Health Outcomes Framework, 2013)<sup>3</sup>
- LGB and Trans people are less likely to engage with generic interventions and services. (Public Health Outcomes Framework, 2013)<sup>3</sup>
- LGB and Trans communities have higher levels of need for interventions and targeted support. (Public Health Outcomes Framework, 2013)<sup>3</sup>
- LGB and Trans people are less likely to access support through generic substance misuse services, with just over 5% accessing drug treatment services and just over 6% accessing alcohol treatment services. Although just under 30% accessed support through their GP.<sup>4</sup>
- LGB and Trans people are more likely to access drug and alcohol information online, over 71%, and through informal social networks, through family and friends, just under 50%.<sup>4</sup>
- Evidence suggests that LGB and Trans communities are more likely to experience health inequalities in relation to public health areas and preventing premature mortality. The higher prevalence of alcohol, smoking and substance misuse, and the lower uptake of screening programmes, are likely to contribute to increased risk of preventable ill health. (Public Health Outcomes Framework, 2013)<sup>3</sup>
- Across all age groups LGB people are much more likely to use drugs, with 35% of LGB people having taken a recreational drug (excluding alcohol) in the last month. (Public Health Outcomes Framework, 2013)<sup>3</sup>
- Comparable data suggests LGB people are 7 times more likely to be using a recreational drug than the general population. Among LGB people aged 16-24, this likely to be 2.5 times higher than the general population of the same age. (Public Health Outcomes Framework, 2013)<sup>3</sup>
- Use of all drugs by LGB people is much higher than the general population and current use of all drugs, apart from cannabis, is significantly higher amongst LGB males than females. (Public Health Outcomes Framework, 2013)<sup>3</sup>
- LGB people demonstrate a higher likelihood of being substance dependent, with between 4% and 13% of drug users scoring as dependent. Dependence is highest amongst gay men and bisexual men and women. (Public Health Outcomes Framework, 2013)<sup>3</sup>
- 24% of Trans people have used drugs within the last 12 months, the most common being cannabis, poppers and ecstasy. (Public Health Outcomes Framework, 2013)<sup>3</sup>

- 10% of trans people indicated signs of severe drug abuse using the Drug Abuse Screening Test. (Public Health Outcomes Framework, 2013)<sup>3</sup>
- There is some evidence to suggest that LGB and Trans people may have different patterns of substance use, such as using drugs in a club environment or combination drug taking. (Public Health Outcomes Framework, 2013)<sup>3</sup>
- Poly-drug use increases the possibility of mental or physical health problems and many drug fatalities result from poly-drug use. In addition, LGB and Trans substance users may use a wider range of illicit drugs or use club drugs such as GHB (Gamma-hydroxybutyrate) that are not recorded in the British Crime Survey. (Public Health Outcomes Framework, 2013)<sup>3</sup>
- Whilst the use of Heroin and Crack Cocaine remains low amongst MSM, the use of Crystal Meth and GHB/GBL is significantly higher. <sup>5</sup>
- The Chemsex Study (Sigma Research, 2014) with MSM in the London Boroughs of Lambeth, Southwark and Lewisham found that about 90% (range 88-93%) of men had used alcohol in the past four weeks, with over half drinking within the previous 24 hours. Alcohol was found to be the substance of most concern to the men in the study.<sup>6</sup>
- LGB people are twice as likely to binge drink than the general population. <sup>4</sup>
- Men who took part in the Chem Sex study felt comfortable accessing drug information and harm reduction services in sexual health settings, both clinical and community based. <sup>4</sup>
- LGB people, who are substance dependent, are more likely to seek help, but they are less likely to seek help from generic treatment services and are more likely to seek help from informal networks: friends, partners and family, online, through leaflets and the media. <sup>4</sup>
- Confidentiality is a main concern amongst LGB people who are substance dependent as a barrier to them seeking help for treatment services. <sup>4</sup>
- LGB and Trans people value clear, honest and nonjudgmental information about how to use drugs safely.
- Lesbians, Bisexual women have lower prevalence levels of substance misuse than gay and bisexual men but they are still more likely to be using alcohol and drugs than women in the general population.
- There is little data on the prevalence of substance misuse amongst Trans women and men.
- The continuing of homophobia, biphobia and Transphobia in society impacts on the likelihood of LGB and Trans people being increasingly vulnerable to developing problematic relationships with alcohol and / or drugs. <sup>4</sup>

- One third of gay and bisexual men (34%) who have accessed a health service received negative treatment because of their sexual orientation. <sup>7</sup>
- Half of lesbian and bisexual women received negative treatment when accessing healthcare services. Half of lesbian and bisexual women aren't out to their GP. <sup>8</sup>
- One third (29%) of Trans people felt their gender identity negatively affected the way they were treated when accessing healthcare services. Most often gender identity was perceived to be the support need even when this wasn't connected. <sup>9</sup>
- The Trans Mental Health Study found that 29% of participants did not have their gender identity taken seriously when accessing services and 65% received negative responses about their gender identity when accessing general health services. <sup>10</sup>

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3 <http://www.lgf.org.uk/policy-research/the-lgbt-public-health-outcomes-framework-companion-document/>

4 <http://www.lgf.org.uk/policy-research/part-of-the-picture/>

5 <http://londonfriend.org.uk/outofyourmind/>

6 <http://www.sigmaresearch.org.uk/projects/project59>

7 [http://www.stonewall.org.uk/documents/stonewall\\_gay\\_mens\\_health\\_final.pdf](http://www.stonewall.org.uk/documents/stonewall_gay_mens_health_final.pdf)

8 [http://www.stonewall.org.uk/documents/prescription\\_for\\_change.pdf](http://www.stonewall.org.uk/documents/prescription_for_change.pdf)

9 <http://www.pfc.org.uk/pdf/EngenderedPenalties.pdf>

10 [http://www.gires.org.uk/assets/Medpro-Assets/trans\\_mh\\_study.pdf](http://www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf)

## APPENDIX 2: RESEARCH AIMS AND METHODS

Through our research we have identified interventions targeted at LGB and Trans communities in relation to substance misuse. We explored models of innovation through a table-top literature review.

### ONLINE SURVEY

Our survey was also online between June and October 2014 and 40 people took part in the survey from a variety of agencies. We followed this up with interviews with service providers who were providing specialist and / or targeted support to LGB and Trans communities.

Agencies taking part included:

- ADS Manchester
- Age UK
- Bristol City Council
- Lancashire LGBT
- London Friend
- Opening Doors London
- Outreach Liverpool
- Rainbow Head, London Borough of Barnet
- Women's Link Hertfordshire and Wandering Women Hertfordshire

We promoted our research through social networks, social media and other online media such as Facebook, LinkedIn and Twitter. We also used LGB and Trans specific social media. Organisations such as the National Consortium of LGBT Voluntary Organisations, the National LGB and Trans Partnership and the Lesbian and Gay Foundation (LGF) sent our survey out through their membership newsletters, so we could reach more organisations supporting LGB and Trans people.

We issued news releases to increase the reach of our research and we included these on our website and through our social media.

### TABLE-TOP LITERATURE REVIEW

To support our research we carried out a table-top literature review of the grey literature published nationally and internationally of evidence and trends supporting LGB and Trans populations and substance misuse.

### RESEARCH ETHICS

- We worked to ensure ethical considerations were made throughout the research;
- We gave participants the right to withdraw from the research at any time;
- We used special software to ensure confidentiality was maintained online.



## APPENDIX 3: SURVEY QUESTIONS

1. Please tell us about your service, for example, the location and sector where you work.
2. Are you delivering targeted interventions on substance misuse with the LGB and Trans communities?
3. Are you delivering interventions targeted at same-sex relationships and substance misuse?
4. Are you delivering targeted interventions on steroid use amongst gay and bisexual men?
5. Are you carrying out work with gay and bisexual men on injecting for 'chem sex', for example 'poly drug' use such as methamphetamine and crystal meth?
6. Are you carrying out interventions targeting LGB and alcohol misuse?
7. Are you delivering interventions aimed at Trans communities and alcohol/substance misuse?
8. Are you delivering interventions around the vulnerabilities of LGB and / or Trans young people, substance misuse, sexual violence and sexual exploitation?
9. Are you carrying out interventions targeting domestic violence and abuse aimed at Lesbian, Gay, Bisexual and Trans women and men?
10. Do you think there is a need for specialist LGB and Trans services to be developed?  
If so what would they be?
11. Do you think LGB and Trans people do or don't access generic support services for substance misuse, i.e. existing alcohol and drug services?  
If not, can you share the reasons why you think people don't access these services?
12. How do you think services should be developed in the future to improve accessibility to the LGB and Trans communities?
13. Is there anything missing or anything which could be improved in the delivery of services with LGB and Trans communities?
14. Is there anything you would like to add?

## APPENDIX 4: MONITORING GUIDANCE

Many service providers do not collect, or do not have enough data, on LGB and Trans communities. If service providers don't collect data on gender identity and / or sexual orientation they are unable to know if their services are engaging and reaching LGB and Trans communities.

LGB and Trans people have told services, and employers, they want gender identity and sexual orientation monitored. We found over 80% (n=200) of people, in another study felt confident about being asked about their gender identity and / or sexual orientation for anonymous equality monitoring purposes. (Sorted Out, 2009)

Monitoring sexual orientation and gender identity can:

- Raise the profile of Lesbian, Gay, Bisexual and Trans communities;
- Stop LGB and Trans people from feeling "invisible" in services;
- Support LGB and Trans employees to feel an employer is less prejudiced;
- Send a clear message that steps are being taken to meet their needs and to protect them from being discriminated against, harassed and / or victimised.

### A Model Example of Monitoring Sexual Orientation

Which of the following options best describes your sexual orientation?

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Other
- Prefer not to say

### A Bad Example of Monitoring Sexual Orientation

Which of the following options best describes your sexual orientation?

- Heterosexual
- Homosexual
- Other
- Prefer not to say

As well as being perceived as pathologising (regarded or treated as psychologically abnormal) the term "homosexual" when monitoring sexual orientation doesn't count Lesbians and / or Bisexual Women and Men for example.

## Monitoring Gender Identity

### A Model Example of Monitoring Gender Identity

Do you identify:

- As a man?
- As a woman?
- In some other way?
- Prefer not to say

Does your gender identity match completely the sex you were registered at birth?

- Yes
- No
- Prefer not to say

You can use the examples above together as best practice in monitoring gender identity.

### A Bad Example of Monitoring Gender Identity

Are you Transgender?

- Yes
- No
- Other
- Prefer not to say

Many Trans / Transgender people, including people living either “post-operatively” or post hormone therapy, do not necessarily identify as Trans or Transgender, so they may not answer this question.

Source: National LGB & Trans Partnership

## APPENDIX 5: GLOSSARY OF TERMS

The following definitions are offered as guidance to supplement the report. Please note the definitions of some of these terms can vary, according to the context and source, and are used here only as a guide.

**Bisexual** a woman or man who has an emotional and/or sexual attraction toward more than one gender.

**Coming out** refers to the experiences of some, but not all, LGB and Trans people as they explore/ disclose their sexual orientation and / or gender identity.

**Cultural Competence** evidence engagement with LGB and Trans communities; knowledge and awareness; and satisfaction from LGB and Trans communities of the services provided.

**Discrimination** detrimental treatment experienced on the grounds of some aspect of a person's identity or presentation.

**Equalities Communities** relates to the 'protected characteristics' defined in the Equality Act (2010). For the purpose of this report specifically gender identity (or gender reassignment) and sexual orientation.

**Gay** "Gay" most commonly refers to men who have an emotional and/or sexual attraction to other men. However, some Lesbians identify as "Gay" or "Gay Woman" / "Gay Women".

**Heterosexism** the belief that heterosexuality is the only "natural" and "normal" expression of sexual orientation and that it is inherently superior (and healthier) to other types of sexual orientation. This often gives rise to the idea that services tailored for heterosexuals will be suitable for everyone (see Cultural Competence).

**Heterosexual** an individual who has an emotional and/or sexual attraction to persons of the opposite sex. Heterosexuals are sometimes referred to as "Straight." Some people find this term offensive as it may imply the opposite of "Bent" or "Bender".

**Homophobia** the response of other members of society that results in Lesbian, Gay and Bisexual people experiencing discrimination, harassment, hatred and / or victimisation.

**Homosexual** this is the term which was mostly used by external authorities (e.g. doctors, police, the media) to refer to an individual who has a sexual and / or emotional attraction towards persons of the same sex. This term is often now rejected by LGB people as being too clinical and the terms "Lesbian" or "Gay" are preferred. If you are unsure how to identify a person in relation to their sexual orientation or gender identity, it is acceptable to ask which term they would prefer you to use to describe them.

**Lesbian** a woman who has an emotional and/or sexual attraction to other women.

**LGBT/LGBTQ/LGBTQI** acronyms for Lesbian, Gay, Bisexual and Trans. Increasingly including 'Q' for "Questioning" and / or "Queer", "I" to include "Intersex", "A" to include "Asexual" and "P" to include "Pansexual".

**Questioning** usually refers to young people who may be experiencing Lesbian, Gay, Bisexual, and/or Trans feelings or urges, but have not yet identified their gender identity or sexual orientation.

**Trans\*** an umbrella term for people whose gender identity and / or gender expression diverges in some way from the sex they were assigned at birth, including those who identify as transsexual people, those who identify as non-binary gender people, and cross-dressing people.

**Trans** (without the asterisk) is best applied to Trans men and Trans women (see definitions), while the asterisk makes special note in an effort to include all non-cisgender gender identities, including transgender, transsexual, transvestite, genderqueer, genderfluid, non-binary, genderless, agender, non-gendered, third gender, two-spirit, bigender, and trans man and trans woman. Sometimes referred to as 'T'.

**Trans Man (FtM)** a person who was assigned female at birth but has a male gender identity and therefore proposes to transition, is transitioning or has transitioned to live as a man, often with the assistance of hormone treatment and perhaps various surgical procedures.

**Trans Woman (MtF)** a person who was assigned male at birth but has a female gender identity and therefore proposes to transition, is transitioning or has transitioned to live as a woman, often with the assistance of hormone treatment and perhaps various surgical procedures.

## APPENDIX 6: FURTHER RESOURCES

The following groups and organisations are able to provide further advice, information and resources on LGB and Trans matters.

### Local LGB Organisations

#### **Educational Action Challenging Homophobia (EACH)**

A charity supporting people affected by homophobia and transphobia.

Website <http://www.each.education>

#### **Freedom Youth (Off The Record Bristol)**

Freedom Youth is Bristol's longest running LGBTQ youth group. Freedom Youth meets every Tuesday night in central Bristol. Freedom is a safe, social space for LGBTQ young people to meet each other, discuss issues important and have their voices heard.

Website <http://www.4ypbristol.co.uk/blog/services/freedom-youth/>

#### **LGBT BRISTOL**

Working in partnership with Bristol City Council, empowering lesbian, gay, bisexual and transgender people to become actively involved in community life.

Website <http://lgbtbristol.org.uk>

#### **LGBT HEALTH FORUM BRISTOL / LGBTQ EMOTIONAL WELLBEING PROGRAMME**

Improving the mental health of LGBTQ people in Bristol.

Website <http://www.lgbthealthforumbristol.co.uk/>

### National LGB Organisations

#### **Broken Rainbow**

Website <http://www.brokenrainbow.org.uk>

National helpline for victims of domestic abuse.

#### **Consortium of LGBT VCO**

National membership organisation focusing on the development and support of LGB and Trans groups, projects and organisations.

Website [www.lgbtconsortium.org.uk](http://www.lgbtconsortium.org.uk)

#### **Lesbian and Gay Foundation (LGF)**

The Lesbian & Gay Foundation (LGF) is a Manchester based charity with a wide portfolio of well-established services aimed at meeting the needs of lesbian, gay, bisexual and trans people.

Website <http://www.lgf.org.uk>

## **Lesbian and Gay Switchboard**

Provides support 24 hours a day about love, life and safer sex.

Website [www.llgs.org.uk](http://www.llgs.org.uk)

## **London Friend**

Established in 1972 London Friend is the UK's oldest Lesbian, Gay, Bisexual and Trans charity. There to support the health and mental well-being of the LGB&T community in and around London.

Website <http://londonfriend.org.uk>

## **Stonewall**

Stonewall working for equality and justice for lesbians, gay men and bisexuals.

Website [www.stonewall.org.uk](http://www.stonewall.org.uk)

## **Local Trans Groups**

### **Avon Trans Women**

Avon Trans Women is a new developing self help group for pre & post operative male-to-female transsexuals and people who are undergoing, contemplating undergoing or have undergone complete male-to-female gender reassignment.

Website [www.avontranswomen.org.uk](http://www.avontranswomen.org.uk)

### **Crossroads**

Website designed for the Transgender community, partners and family.

Website <http://www.bristol-crossroads.org.uk>

### **Trans Bristol**

Trans Bristol creates a safe space where trans identified people in the Bristol area can share ideas, provide support and plan things.

Website <http://transbristol.wordpress.com>

## **National Trans Organisations**

### **Gender Identity Research Education Service (GIRES)**

Research and education on gender identity.

Website [www.gires.org.uk](http://www.gires.org.uk)

### **Mermaids**

Family and individual support for teenagers and children with gender identity issues.

Website [www.mermaidsuk.org.uk](http://www.mermaidsuk.org.uk)

### **Press For Change**

UK's leading experts in Transgender law.

Website [www.pfc.org.uk](http://www.pfc.org.uk)

**Trans Bare All**

TBA works to promote health and wellbeing for trans people.

Website [www.transbareall.co.uk](http://www.transbareall.co.uk)

**Trans Media Watch**

Guidance on Trans issues for the media and Trans people.

Website [www.transmediawatch.org](http://www.transmediawatch.org)







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