

Bath & North East Somerset

Lesbian, Gay,  
Bisexual and Trans Health  
and Inequality

# RESEARCH REPORT

NOVEMBER 2014



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## FOREWORD

Bath & North East Somerset Council welcomes the results of the work carried out by the Diversity Trust on the assessment of health and needs of our local Lesbian, Gay, Bisexual and Trans populations. By grant funding this research report, the Council demonstrates its commitment to reducing health inequality in LGB & Trans people, and it will inform the creation of actions against which progress can be assessed and gaps in policy and services can be measured.

This research aimed to highlight areas where current health, and other public sector policies and practices, may be improved. It also aimed to take an inclusive view of gender identity and sexual orientation equality issues, with an exploration of the experiences of LGB & Trans people living in B&NES.

This report will help to underpin the Council's commitment to equality and diversity through the development of further positive working practices aimed at all people. Not only in efforts to eliminate discrimination and inequality and improve service delivery, but to promote social cohesion and engagement. These efforts do not end with the legal minimum—voluntary approaches to tackling discrimination, backed by information and awareness raising, but they set out a clear commitment to reducing inequality in our local communities.

**Councillor Simon Allen**  
**Cabinet Member for Wellbeing**  
**Bath & North East Somerset Council**  
**November 2014**

AUTHORS

## AUTHORS

### **Berkeley Wilde**

Director

Diversity Trust

### **Dr Ranji Devadason**

Senior Lecturer

Bath Spa University

## ABOUT THE AUTHORS

**Berkeley Wilde** is the Founder / Director of the Diversity Trust, a social enterprise working to influence social change. Since 2004 Berkeley has been an equality, diversity and inclusion specialist working across the protected characteristics and groups in the Equality Act (2010), the Public Sector Equality Duty and the NHS Equality Delivery System. He is a specialist in consultation and community 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 and South Gloucestershire.

**Dr Ranji Devadason** is a Senior Lecturer in Social Science, School of Society, Enterprise and Environment, Bath Spa University. Her research centres on the sociology of employment, inequality and divisions within globalizing cities and organisations; she has undertaken British Academy, ESRC and European-Commission funded research on these themes. She has expertise in research design and methods.

## ABOUT DIVERSITY TRUST

The Diversity 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. Equality, diversity and inclusion specialists, working across key equality legislation and policy areas. The Trust provides community engagement, research and training.

## ABOUT BATH SPA UNIVERSITY

Bath Spa University is a leading university for creativity, culture, enterprise and education. The university has strong commitment to promoting equality and diversity on campus. The university participates annually in the joint Equality Forum with the University of Bath, this year hosting the event, "Finding Common Ground", on 8 May 2014, as well as a "Community Empowerment Workshop" about this research on 14 November 2013. Researchers in the Department of Social Science, and across the university, are engaged in analysing the challenges facing diverse groups in society.

## BATH & NORTH EAST SOMERSET COUNCIL ACHIEVEMENTS

Bath and North East Somerset Council has made advances in achieving equality for its Lesbian, Gay, Bisexual and Trans (LGB and Trans) staff and residents. These achievements include;

- ➔ Stonewall Education Champions
- ➔ Challenging Homophobia Group
- ➔ E-Teams in Schools
- ➔ Early Years 'different families' work
- ➔ Bath University E-Mentoring scheme for LGB and Trans young people
- ➔ Support for the LGBT Workers Challenge Group
- ➔ Events to mark LGBT History Month and International Day Against Homophobia and Transphobia (IDAHOT)
- ➔ Production of the video 'B&NES a place to be yourself'

Bath & North East Somerset Council has achieved number 5 in the Stonewall Education Equality Index 2014 [http://www.stonewall.org.uk/at\\_school/education\\_for\\_all/local\\_authorities/stonewall\\_education\\_equality\\_index/default.asp](http://www.stonewall.org.uk/at_school/education_for_all/local_authorities/stonewall_education_equality_index/default.asp)

## BATH & NORTH EAST SOMERSET LGB and TRANS COMMUNITY

Bath and North East Somerset has some long established LGB and Trans social groups including Gay West and the 'Living Springs' Metropolitan Community Church (MCC). Bath has a small commercial "gay scene" and active LGBT Societies at Bath Spa University, the University of Bath, and at the City of Bath College.

Bath & North East Somerset has a publically funded LGB and Trans support group, for LGB and Trans young people, "Space YP", housed within Off the Record (B&NES).



# EXECUTIVE SUMMARY

## EXECUTIVE SUMMARY

Our report explores how some Lesbian, Gay, Bisexual and Trans (LGB and Trans) people experience a range of services in Bath and North East Somerset, which includes: health, education, local government and police services.

In response to the Public Sector Health Equality Duty, this health research report has been designed to capture the pressing needs and concerns of LGB and Trans residents and service users in B&NES. It was funded by the Community Empowerment Fund of B&NES Council. This research was conducted between July 2013 and July 2014; it was launched at the 2013 Bristol Pride.

Our survey data, interviews and discussion groups highlight the diversity of LGB and Trans experiences in Bath & North East Somerset. LGB and Trans residents experiences vary dramatically depending on their age and life stage (for example: being at school, university or in employment). Adult and employed participants being more established in their gender and / or sexual identity – expressed less need for ‘safe spaces’ or special provision to feel comfortable in the area.

## THE SAMPLE

330 people took part in our Bath & North East Somerset “LGB and Trans Needs Assessment”.

- Over 65% of our survey sample were either Lesbian (Over 20%), Gay (Over 24%), Bisexual (Over 12%) or identified as another minority sexual orientation including; Asexual (2%), Pansexual (2%), Queer (3%) or “Other” (2%) sexual orientation.
- Over 35% were young people aged 16 to 24.
- About 60% were “out” and about 30% weren’t “out” as an LGB and / or Trans person in their local area.
- Most people in our sample were either in full-time work (52%), in education (Over 26%) or in part-time work (Over 16%). The social context and life situation of respondents had a significant influence on their experience of living as LGB and / or Trans in B&NES.

## KEY FINDINGS

### Health and Mental health

- Almost a quarter of our sample (24%) had a long-term limiting illness expected to last 12 months or more. Gay men and people identifying with sexual minorities report having higher rates of ill health than lesbian women and heterosexual respondents.<sup>1</sup> However, our analysis suggests that LGB and Trans respondents are no more (or less) likely to encounter physical ill

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<sup>1</sup> The relatively small sample size (n=130) may have produced a non-significant result here (Type II error), despite the observable variation between groups. See D.Cramer (2003) Advanced Quantitative Analysis. Open University Press, p4.

health than heterosexual respondents.

- Just under 18% of our sample had a mental health condition expecting to last for 12 months or more. Respondents who identify with minority sexual orientations were more likely to say that they had a mental health condition than lesbian or gay respondents.
- Just over 50% of our sample had received help for anxiety or depression. Young respondents (aged 16-24) were significantly more likely to have sought medical help for anxiety and depression than older adults; and respondents identifying with minority sexual orientations are significantly more likely to have sought medical help for anxiety or depression.<sup>2</sup>

### **Self-harm and suicidal thoughts**

- Over 30% of our sample had harmed or injured themselves. LGB and Trans respondents are significantly more likely to have self-harmed in comparison with the heterosexual sample<sup>3</sup>. Younger respondents (16-24 year olds) are more likely to have injured themselves than older adults. Respondents who identify with minority sexualities and Lesbians appear to be more likely to self-harm than gay men.
- Over 40% of our sample had thought about or attempted suicide. LGB and Trans respondents are significantly more likely to have thought about trying to kill themselves than heterosexual respondents<sup>4</sup>.

### **Discrimination and visibility in B&NES**

- A third of LGB and Trans respondents encountered discrimination in their local area because of their gender identity and / or sexual orientation. Younger people (16-24 year olds) are more likely to report discrimination than older adults (for example: focus group respondents received abuse for 'holding hands' in certain areas).
- Some young people at school reported disapproval from some teachers and school nurses as well as from some of their peers. Several young people reported that the professionals who were supposed to support them in challenging bullying thought they were responsible for "targeting themselves".
- These incidences can have a profound effect on the mental health and wellbeing of LGB and Trans young people, contributing to isolation ("I do not go out much so they cannot do anything") and alienation ("They want us to die, and not have relationships or be gay").
- Awareness of LGB and / or Trans issues, as well as making assumptions and stereotyping, among some service providers and professionals, was a concern for LGB and Trans respondents.
- Some LGB and Trans people do not "come out" when receiving a range of services, because they fear being treated worse as a result, for example, experiencing negative attitudes, biphobia, homophobia and / or transphobia. Lesbians and gay men are more likely to be "out" in their neighbourhoods than respondents who identify with other sexualities.

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2 at a confidence level of 95%.

3 at a confidence level of 95%.

4 at a confidence level of 95%.

## Recommendations for Commissioners and Service Providers

From this health needs assessment we recommend that:

- ➔ Bath & North East Somerset Health & Wellbeing Strategy and Joint Strategic Research Report include the health and wellbeing needs of Lesbian, Gay, Bisexual and Trans populations in planning and service delivery.
- ➔ Bath and North East Somerset develop an LGB and Trans Health Improvement Strategy.
- ➔ Training for frontline staff on achieving cultural competence in delivering an inclusive service to LGB and Trans communities.
- ➔ Teachers, school nurses, health and social workers who have regular contact with young people should have training to be sensitive to the concerns of LGB and Trans young people.
- ➔ Ensure effective monitoring of gender identity and sexual orientation across services.

# THE RATIONALE

## THE RATIONALE

Local and national research into health needs of LGB and Trans people suggests they can experience poorer outcomes for example LGB and Trans communities have repeatedly demonstrated higher levels of health risk behaviours, such as smoking, alcohol and substance misuse, as well as higher levels of self harm. This research is designed to address and respond to the Public Sector Equality Duty, which came into force in 2011 as a key part of the Equality Act (2010), which places an obligation on public sector organisations to:

- Eliminate unlawful discrimination;
- Advance equality of opportunity, and;
- Foster good relations between those who share a protected characteristic and those who do not.

Sexual orientation and gender reassignment are “protected characteristics” under the Equality Act (2010). Section 29 of the Equality Act (2010) also prohibits discrimination in the provision of goods and services on the basis of sexual orientation or gender reassignment; it includes providing a service which is less accessible or of lesser quality than is provided to those who do not share the protected characteristic.

Sexual orientation and gender reassignment have often been overlooked as a significant factor in health outcomes, and as a result there is a lack of data in this area. Sexual orientation and gender reassignment are not routinely monitored in service provision and in most health research.

## RESEARCH AIMS

To understand the experiences of LGB and Trans people in Bath & North East Somerset in relation to health and public services.

## RESEARCH METHODS

- Using a mixed method approach, we used discussion groups and interviews, as well as consultation and engagement events, and surveys to help us better understand the health inequalities experienced by LGB and Trans communities in Bath & North East Somerset.
- We acknowledged the diversity of the LGB and Trans population through emphasis on accessing different communities and groups, including: older and younger LGB and Trans people, Lesbian and Bisexual women and Gay and Bisexual men, and Trans women and men.
- We worked with local LGB and Trans communities and existing groups; and with LGB and Trans young people through youth groups and societies.
- We worked with the local communities in B&NES to identify needs in respect of health and wellbeing with an emphasis on health inequalities.
- We focused on the health inequalities identified in our literature review.
- We carried out a survey of B&NES resident LGB and Trans people.

- ➔ We carried out a range of outreach activities including: advertising through community-based media, internal media, print, newsletters, notice boards, e-notice boards, e-bulletins, other local press/media, and social media.
- ➔ We carefully followed good research practice in asking research questions. For more details see Appendix 2 (Page 46).
- ➔ We carried out seven focus groups with different LGB and Trans groups. Our focus group participants were recruited from LGB and Trans social and support groups and from working in partnership with service providers including social landlords and the Universities.

## PUBLIC HEALTH CONTEXT FOR LGB & TRANS HEALTH NEEDS

A Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document has recently been published (2013),<sup>3</sup> which provides a useful overview of the current evidence base, set against the structure of the Public Health Outcomes Framework.

The Companion Document,<sup>3</sup> published by the Department of Health, found a range of health inequalities were experienced by LGB and Trans people. These include:

- ➔ LGB and Trans individuals experience discrimination and marginalisation which impacts on wider factors such as education, housing and perceptions and experiences of crime and violence. This indicates that these groups experience specific health inequalities as a result.
- ➔ LGB and Trans people are less likely to engage with generic health interventions and screening programmes. Gender-specific screening can present particular challenges for Trans and for non-gendered individuals.
- ➔ Therefore, LGB and Trans communities have higher levels of need for health intervention and more targeted support.
- ➔ 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.
- ➔ There's significant evidence showing high rates of suicide attempts.<sup>3</sup>

## HEALTH NEEDS ASSESSMENTS

In view of the Public Sector Equality Duty and the LGB and Trans Outcomes Framework Companion Document,<sup>3</sup> this health needs assessment has been designed to capture the pressing needs and concerns of LGBT residents and service users in B&NES. A health needs assessment has been described as a 'systematic method of reviewing the health needs and issues facing a given population leading to agreed priorities and resource allocation that will improve health and reduce inequalities.'<sup>4</sup> This report sets out the main findings from this research.

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<sup>3</sup> 'Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document', Williams, Varney et al. Department of Health, London (2013)

<sup>4</sup> 'Health needs assessment. A practical guide. National Institute for Health and Clinical Excellence'. Cavanagh and Chadwick (2005)

## LGB POPULATION

Little is known about the size of the LGB and Trans populations. The 2011 Census did not measure sexual orientation or gender reassignment, because of concerns over accuracy and sensitivity. There were concerns that underreporting would have a counterproductive effect on policymaking and service planning.

Current estimates range between 1.5% LGB (Integrated Household Survey, 2011), the National Sexual Attitudes and Lifestyle Survey<sup>5</sup> recorded a slightly higher proportion, with 2.8% of the male sample and 2.7% of the female sample identifying as Lesbian, Gay, Bisexual or 'Other', and the UK Government, in preparation for implementation of the Civil Partnerships Act (2005), estimated between 5-7% of the population are LGB.

The resident population of Bath and North East Somerset is 176, 000<sup>6</sup>. This would give an LGB population range between approximately 3000 and 13,000 LGB people in Bath & North East Somerset.

## TRANS POPULATION

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 1760 Trans people living in Bath & North East Somerset.<sup>7</sup>

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<sup>5</sup> 'Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal)'. Mercer et al. The Lancet - 30 November 2013, Vol. 382, Issue 9907.

<sup>6</sup> Office for National Statistics (ONS) 2011.

<sup>7</sup> '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)



# ABOUT THE SAMPLE

## ABOUT THE SAMPLE

### POSTCODES

Our sample is distributed across B&NES, although respondents are more concentrated within BA1 and BA2: 24% in BA1, 47% in BA2, and 13% in BA3, BA11, BA13 and BA14 (aggregated). The rest of our respondents live in Bristol (7%), Gloucester, Swindon and Taunton (←3%); the remainder preferred not to say.

### AGE

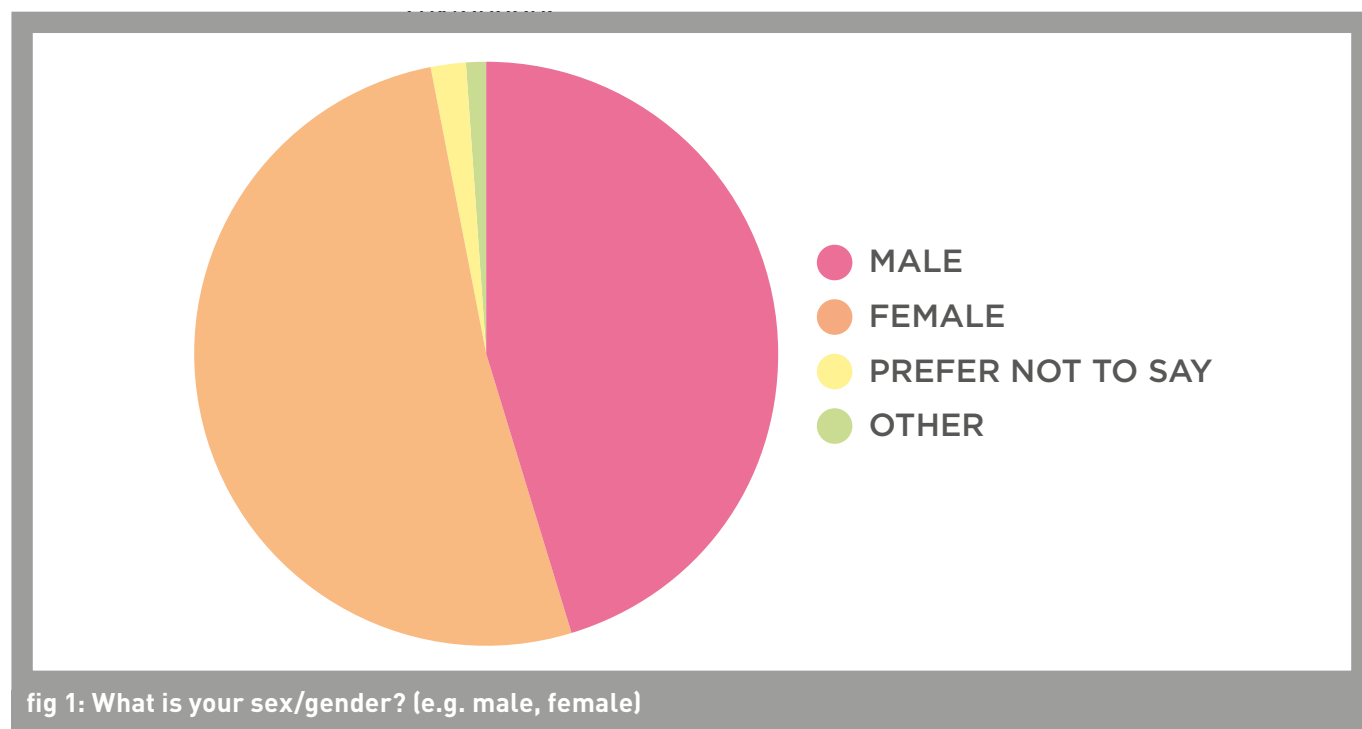
The majority of our sample is aged between 16-65 years, with the largest age-category being 16-24 year olds.

- 35% of respondents were aged between 16-24 years
- 31% aged 25-35 years
- 14% aged between 36-44 years
- 20% aged 45-65.

1 participant was under 16, and 3 participants aged over 65.

### SEX / GENDER

We asked everyone to identify their sex and / or gender (for example; male, female or “other”).



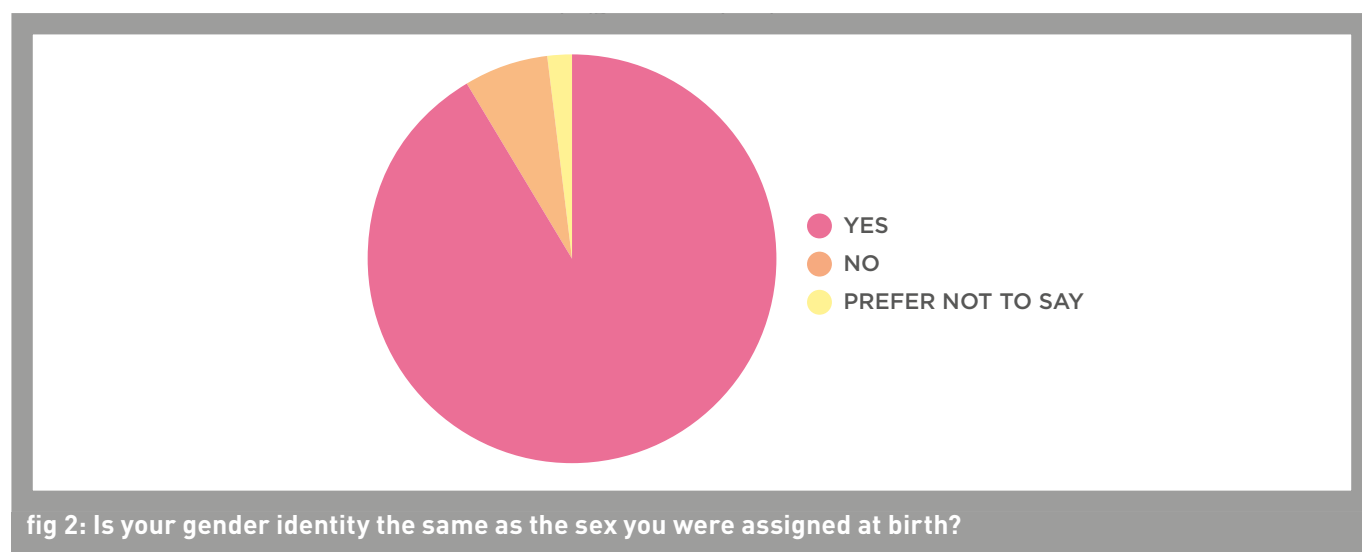
The majority identified themselves as “Female” (just under 52%) or “Male” (Over 45%);

A further (1%) identified themselves as “Other” and 2% preferred not to state their sex / gender.

## GENDER IDENTITY

We asked respondents if their gender identity was the same as the sex they were assigned at birth.

- The majority, over 91%, identified as cisgender. <sup>8</sup>
- Just under 7% identified themselves as Trans (or Transgender). <sup>9</sup>
- About 2% of our sample preferred not to tell us about their gender identity.



## SEXUAL ORIENTATION

Everyone identified themselves as either:

- Gay 24%;
- Lesbian 20%;
- Bisexual 12%;
- \*Heterosexual 31%;
- Pansexual 2%;
- Queer 3%;
- Asexual 2%.

Some people, about 4%, told us they “Don’t know” or they “Prefer not to say” their sexual orientation.

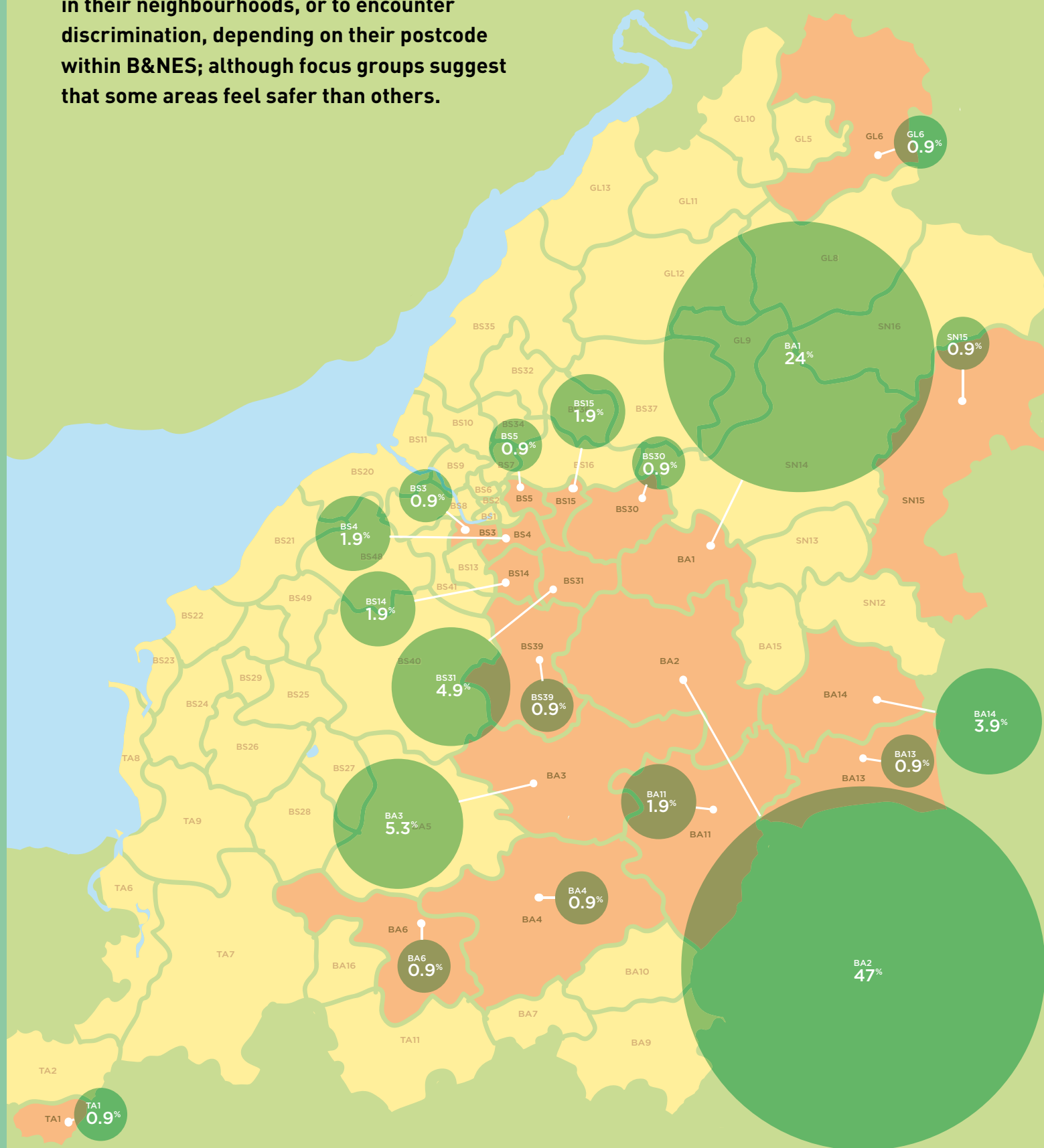
\*Some people in our sample, (about 3%), identified as Heterosexual and as either Trans women

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<sup>8</sup> Cisgender means gender identity is the same as the sex assigned at birth.

<sup>9</sup> Transgender means the gender identity is different to the sex assigned at birth.

Our survey analysis suggests that LGB and Trans residents are no more likely to be “out” in their neighbourhoods, or to encounter discrimination, depending on their postcode within B&NES; although focus groups suggest that some areas feel safer than others.



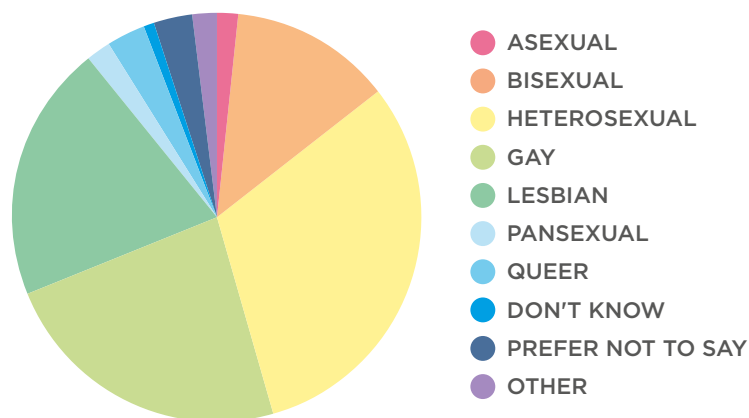


fig 3: What do you identify your sexual orientation as?

(MtF) or Trans men (FtM). A number of Heterosexual people, (about 24%) of the sample, who weren't Transgender, have been used as a "control group" for the purposes of this needs assessment.

Some other people, about 2%, told us they identified as "Other". These additional comments illustrate the ambiguities that some respondents felt when asked to 'define' themselves:

**“Although I've not transitioned yet, this is how I feel about myself currently.”**  
 (Lesbian, Trans woman, aged 16-24)

**“I find both men and women attractive.”**  
 (“Don't know”, Female, aged 16-24)

**“I don't tend to define my orientation simply because it is usually characteristics that I find attractive (or certain physical features like blue eyes) rather than judging by gender first. Also, I don't always find people sexually attractive although I might be attracted to them in other ways - mentally, physically etc.”**  
 (“Other”, Female, aged 31-35)

LIVING,  
WORKING  
AND  
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IN B&NES

## LIVING, WORKING AND STUDYING IN B&NES

Our survey analysis suggests that LGB and Trans residents are no more likely to be “out” in their neighbourhoods, or to encounter discrimination, depending on their postcode within B&NES; although focus groups suggest that some areas feel safer than others.<sup>10</sup>

### Being “out”, Visibility and Discrimination in B&NES

We asked respondents if they lived openly in their neighbourhood as an LGB and/or Trans person; that is, whether they were “out” about their gender identity and / or sexual orientation: 61% responded that they were “out”, 30% were not and a remaining 9% responded ‘don’t know’ or preferred not to respond.

The majority of our sample were out in their day-to-day lives, including: at work, when volunteering, to their neighbours and in their community. Some people, especially those under the age of 19, felt unsafe and felt they were not able to come out. The majority of adult participants (aged over 19) in the interviews, discussion groups and through our survey felt they were safe and able to be “out” in a range of places in their day-to-day lives.

The following responses highlight the ambiguities surrounding being “out” or not for different sets of people and in different contexts. They suggest that there are very varied experiences both across and between the different age-categories and genders.

**“With some people but not others. I am selective in who knows and who does not. However I do not make any attempts to hide or lie about my sexuality.”**

(Gay, Female, aged 16-24 survey participant)

**“If anyone asked I would announce myself quite proudly!”**

(Lesbian, Trans woman, aged 16-24 survey participant)

**“But it’s something that I neither promote or deny.”**

(Gay, Male, aged 41-45 survey participant)

Two respondents who describe themselves as heterosexual and bisexual, respectively, highlight the ambiguities that people who identify with minority sexualities often experience:

**“I am out to my friends but live in stealth as a trans man.”**

(Heterosexual, Trans man, aged 16-24 survey participant)

**“In ‘hetero’ relationship currently so its not obvious.”**

(Bisexual, Female, aged 36-40 survey participant)

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<sup>10</sup> Some postcodes are underrepresented or have a low score of 0.9%.

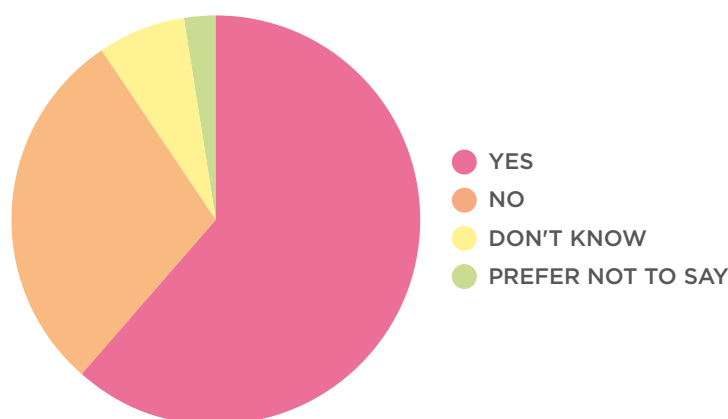


fig 4: Are you "out" in your local area?

### Are you "out" in your local area?

36% of our survey respondents who identify with minority sexualities report not being out, compared with no Lesbian respondents and less than 10% of Gay men.

Some gay men (aged 36-40) report extremely positive experiences, whereas older gay men (aged 51-55) report that although the situation has improved dramatically they have had some very negative experiences, and continue to encounter exclusionary processes:

**"I don't believe I've experienced any issues which a "straight" person wouldn't have experienced."**

(Gay, Male, aged 36-40 survey participant)

The following account of an older gay man suggests that society has become more inclusive in recent decades, however he continues to encounter hostility amongst his colleagues:

**"A lot has improved in the past decade. I think each person's experience will be different, but I have been open at work since the 1970s and I definitely feel safer and more integrated and respected now that at any other time in my life. I still travel a lot to other parts of the UK and the B&NES area is one of the safest places I have experienced, though I can't honestly say that I have ever felt truly safe and secure in any place...In general, women seem to be more accepted in my workplace - as an older gay man, few people want to be sociable with me, some will not even speak to me or work with me (and I work in local government). If the people in charge placed more emphasis on supporting people like me and addressing the behaviour of some hostile colleagues, life would be better. *It comes down to just not feeling valued or wanted, not being perceived as equal.* My hard work and skills are used, but I am not included in the group when nice things happen. At home things are relatively good because I have a nice private house which is secure in its own grounds. I would be afraid to live in local authority or housing association accommodation, and in fact moved out of Bath 20 years ago after facing constant abuse and attacks which were not addressed by landlords or police"**

(Gay, Male, aged 51-55 survey participant).



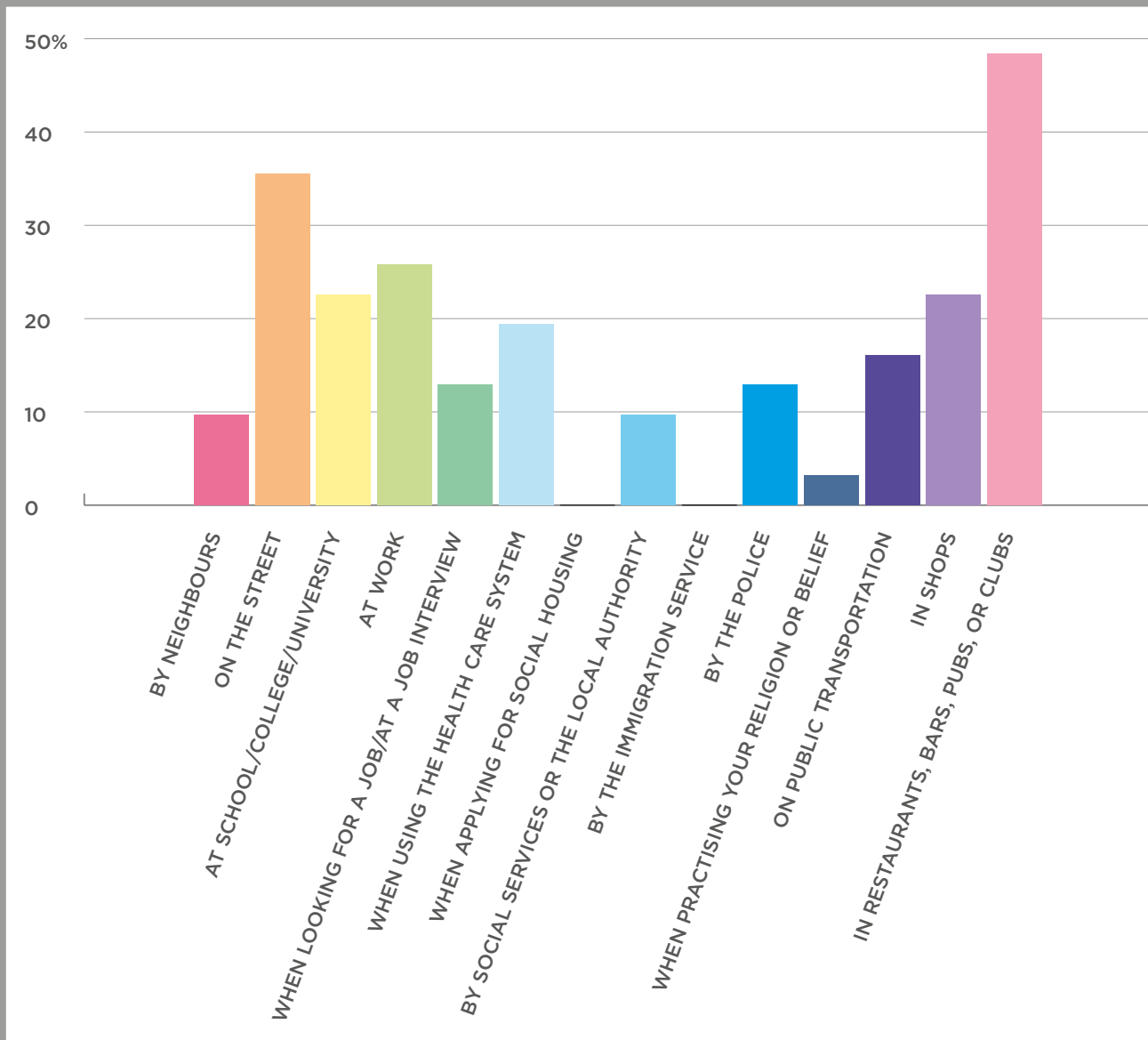


fig 5: In which of these situations or places have you felt discriminated against because of your gender identity and/or sexual orientation?

### In which of these situations or places have you felt discriminated against because of your gender identity and/or sexual orientation?

Being openly LGB and/or Trans can provoke hostile and homophobic and or Transphobic reactions from others. A third of LGB and Trans respondents in the sample have encountered discrimination in their local area because of their gender identity and / or sexual orientation.

Those answering that they had been discriminated against were asked 'In which situations or places have you felt discriminated against because of your gender identity and / or sexual orientation?' The most common responses were 'in restaurants, bars, pubs or clubs' (n=15), 'on the streets' (n=11) and 'at work' (n=8).

In addition, a number of respondents reported being discriminated against in public-service settings: 'the healthcare system' (n=6)', 'at school/college/university' (n=7) and 'on public transport' (n= 5).

Younger people (16-24 year olds) were more likely to state that they had been discriminated against than older adults. They are more likely to encounter hostility on the street and in pubs, clubs and bars because of their identities.

Some young people at school reported disapproval from some teachers and school nurses as well as from some of their peers. Several young people reported that the professionals who were supposed to support them in challenging bullying thought they were responsible for “targeting themselves”. The following excerpt, from a focus group with LGB and Trans young people aged 14-19, illustrates how exclusionary processes can lead to feelings of isolation amongst young LGB and Trans people:

**“Well, at school, like if we hold hands or something we get told off because we’re targeting ourselves...”**

**“Because its bad for the school?”**

**“Like showing that we’re in a relationship by holding hands.”**

**“On the weekend we also get into trouble because we’re holding hands and they say it’s bad for the school even though we’re not in our school uniform.”**

**“We were walking in town holding hands and then a teacher from our school came up to us and said “You shouldn’t be holding hands because its bad for the school”**

**“That made us feel like we’re targeted and how we’re not meant to be at the school or anything.”**

### **Focus group with young people aged 14-19**

Although, many LGB respondents in employment reported being positively accepted by colleagues in their working environment, others continue to be excluded and experience isolation, as the account of the gay man (aged 51-55) on the previous page illustrates.

## **Safety, Security and Policing**

We asked our sample how safe and secure they felt living in their local area: 78% of LGB and Trans residents felt “safe” or “very safe”, 15% felt “neither safe or unsafe” and 7% felt “unsafe or very unsafe”.

Our analysis shows that respondents who identified with minority sexualities were less likely to feel safe than Lesbian and Gay respondents.

26% of LGB and Trans respondents had been the victim of a hate crime where they live; but only

a quarter of these had reported the incident to the police (5 out of 20). The following quotation helps to explain why the level of reporting remains so low:

**“I did not see the point of reporting as in the past when I have been physically assaulted and had vandalism and break-ins at home in another region of the UK, police took no action and were condescending and made fun of me and my partner at the time, so I have never really trusted them since. Also friends in B&NES have had similar experiences, so my feeling is that nothing has changed.”**

**(Gay, Male, aged 51-55 survey participant)**

We asked our sample whether they felt that LGB and / or Trans residents were treated fairly by the police in Bath and North East Somerset. 37% of respondents thought that they were treated “fairly” or “very fairly”, whereas 7% thought they were treated “unfairly” or “very unfairly”, and 37% responded that they did not know.

Notably, non-heterosexual respondents were no more likely to respond negatively to this question than heterosexual respondents.

These additional comments confirm respondents varied perceptions, and experiences:

**“As a former Police Officer I can confirm that a lot of training and time was spent on race and diversity including persons who fall within the LGBT category.”**

**(Heterosexual, Male, aged 31-35 survey participant)**

Others suggest that though there has been a significant improvement over the past 10-15 years, mistrust of the police remains a concern:

**“It depends on the situation and the individuals involved. I have had some very good experiences but also some bad ones. I have observed and heard that trans people are treated with less respect and live in greater danger/fear than (for example) I and my friends have as gay men.”**

**(Gay, Male, aged 51-55 survey participant)**

**“Better than it used to be but still a fair amount of ‘isms’ generally.”**

**(Gay, Male, aged 61-65 survey participant)**

For some older respondents earlier negative experiences informed their mistrust of police, hence their decision not to report crimes against them. The following account shows how homophobic hate crime can contribute to feelings of isolation and alienation, as well as mistrust of the police:

**“30 years ago when at university I was badly beaten up in a street attack which was an anti-gay hate crime. Police took no action and I could not find much support when trying to recover. A lot of people thought it was my fault because of how I was dressed. I felt very low and it was**

hard to carry on each day as if I was ok, which is what was expected. At that time I struggled to find a meaning to my life and had some very dark and disturbing thoughts along the lines of 'it would make no difference if I wasn't here'... Now when people are threatening or just unpleasant with me, it takes me back to that experience. I still do not believe the police can or would want to help me."

(Gay, Male, aged 51-55)

Despite these negative experience and perceptions, when asked more generally about their lives and wellbeing in B&NES, many responded positively, as the next section shows.

## Neighbourhoods, Wellbeing and Community in B&NES

Respondents were asked: 'Overall, how satisfied or dissatisfied are you with your local area a place to live?' Almost half the sample responded that they were fairly satisfied, and a further 38% responded that they were 'very satisfied'. Our analysis showed that responses to this question did not vary by gender identity and / or sexual orientation.

On the question of happiness, our survey asked 'In the past few weeks have you been reasonably happy all things considered?' The responses were positive for the majority with more than 80% of lesbian, gay and heterosexual respondents answered 'yes'; however only 57% of people identifying with minority sexualities responded that they were 'happy, all things considered' (See sections on Mental Health, Anxiety and Depression).

Another way to measure the strength of a person's community and social ties is by the question: Can you tell us who you would ask for help if you were ill and needed help at home? We found that 60% of respondents answered 'partner', 32% another household member or a relative, 5% a friend or neighbour and 3% responded that they prefer not to ask (some categories have been aggregated due to the sample size). No respondents selected 'a voluntary or other organisation'.

This analysis suggests that lesbian and heterosexual respondents are more likely to rely on a partner in this situation (about 80%); whereas gay men are equally likely to rely on a partner as another household member/relative, 46% and 41%, respectively, or a friend, 13%. Sexual minority respondents answered: partner 47% or household member or other relative, 53%, and none answered a friend/neighbour. This variation is statistically significant. This analysis suggests that lack of social support beyond their immediate household and family maybe more acutely felt by people who identify as sexual minorities.

Young people (aged 16-24) are almost as likely to rely on partners (44%) as other household/family members (37%), whereas 25-44 year olds are much more likely to rely on their partners (80%). Respondents who were 45-65 were slightly less dependent on their partners (63%) and also had support from other household members/relatives (36%).

This analysis shows no significant variation by postcode<sup>11</sup>.

## POLITICAL REPRESENTATION AND INFLUENCE

Several focus group participants expressed concerns about the lack of acknowledgment of LGB and Trans issues within the local democratic process within the area.

**“There was no party interest in it and that’s true across most things that happen in Bath. There’s people that are accepting in that nice Radio 4 way within the city but if you haven’t got presence you’re also you know you’re not visible, you are invisible aren’t you? And people forget that we’re there. So people will automatically assume that you are straight.”**

**(LGB and Trans student aged 19 plus, focus group participant)**

Focus groups with young people (aged 14-19) and the students (aged 19-24) felt that awareness of LGB and Trans presence in the city needed to be raised. Public events, such as Gay Pride, leaflets in health centres and awareness raising campaigns on campus were thought to play a significant role in improving their experience of being LGB and / or Trans in the city. The students at Bath Spa University and the University of Bath were conscious of “living in a student bubble” which was outside the mainstream, and therefore less conservative.

**“I think it’s difficult to say like when you come from the student bubble because we kind of have created our own sort of comfort zone...I think growing up in Bath might be a different story but certainly I’ve never felt like it’s a bad place to be gay at all. I’ve never felt outwardly any discrimination. Maybe I’ve just been lucky.”**

**(LGB and Trans student aged 19+, focus group participant)**

**“I don’t think it’s too bad but when I started like going out with my girlfriend properly, we do like hold hands in public and people don’t necessarily say anything but they will stare, like openly state.”**

**(LGB and Trans student aged 19+, focus group participant)**

Students commented on the difference in culture between Bath and other cities, specifically, Bristol, Bournemouth and Brighton. They did not think the city, itself, was particularly inclusive - although many perceived it as an indifferent, rather than a hostile environment.

Although there was concern about ‘invisibility’ within the city, which reinforces cisgenderism<sup>12</sup> and heterosexism, the primary concern of many older LGB and / or Trans respondents was to be ‘accepted’ like anyone else without attracting particular attention. One participant notes that when they were younger they wanted specific recognition, but now;

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<sup>11</sup> Given the number of respondents living in BA3-BA14 it is not statistically reliable to disaggregate data within these postcodes.

<sup>12</sup> Cisgenderism is a prejudice similar to racism and sexism. It denies, ignores, denigrates, or stigmatises non-cisgender, Transgender, forms of expression, behavior, relationship, or community.

**“I would rather now just be, I’d rather not have a label at all.”**

**(LGB and Trans aged 30+)**

In the survey, we asked respondents whether they felt ‘able to influence the kinds of services they received as an LGB and / or Trans person?’ The majority of respondents answered ‘don’t know’ (48%); 34% answered ‘no’ and only 18% ‘yes’. Perception of influence in their area did not vary by sexual orientation or age.

The following quotation illustrates the barriers that many LGB and / or Trans residents perceive and encounter when accessing public services:

**“I would say a qualified ‘yes’ but it is always a battle as many opposers say we are looking for special treatment, but what we need is simple equality of access and respect – not to be treated as if we are lesser or have done wrong. People say ‘families’ should be the priority, but each of us has parents, brothers and sisters, and increasingly many of us are having our own children – we do not need to be set apart as a special case, but factored into the mainstream.”**

**(Gay, Male, aged 51-55, survey participant)**

The following narrative may suggest that some people believe that there is a long way to go with regard to equality and acceptance for LGB and, especially, Trans people:

**“I believe Gender Spectrum Awareness/Acceptance is in the Stone Ages of the Equalities realm. It has been left light years behind by race, colour, creed, ethnicity, belief, disability, accessibility, marital status, parenting, employment, etc. All of these are accepted (whether superficial or truly) in a way gender is not. All of these have in some way and at some point been forced and hammered home by law, by legality, by criminal consequences, by societal pressure, by public distaste, and yet none of these has successfully driven home gender awareness/acceptance. Even LG&B don’t sit comfortably with T at all times. There is a long way to go for society that no longer cares what religion you are, and walks past you oblivious to the colour of your skin, to simply walk past you oblivious to your looks/appearance/clothing/presentation. It is shameful, especially when elements like Sophie’s Law\* have simply not been driven home in the same way for example disability law has.”**

**(Unknown, aged 31-35, survey participant)**

## HEALTH AND MENTAL HEALTH

Almost a quarter of our sample (24%) had a long-term limiting illness expected to last 12 months or more. Gay men and people identifying with sexual minorities report having higher rates of ill health than lesbian women and heterosexual respondents. However, our analysis suggests that

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\* Following the death of Sophie Lancaster in 2007 calls were made for tighter sentences, in line with hate crime legislation, for crimes against people on the grounds of belonging to groups such as goths, emos and punks.

LGB and Trans respondents are no more (or less) likely to encounter physical ill health than heterosexual respondents.<sup>13</sup>

Gay men and people identifying with sexual minorities (bisexual, pansexual or other respondents etc.) have higher rates of ill health – that interferes with their normal activities – than lesbian women and heterosexual respondents in our study.

**fig 6: Do you have a health condition or illness that interferes with your normal activities?**

	<b>Yes</b> (% within category)	<b>Sometimes, but not all of the time</b> (% within category)	<b>No</b> (% within category)	<b>TOTAL</b> %	<b>N</b>
<b>Gay</b>	13	29	58	100	24
<b>Lesbian</b>	20	10	70	100	20
<b>Sexual minorities</b>	30	15	55	100	20
<b>Heterosexual</b>	24	6	71	100	17

Just under 18% of our survey sample had a mental health condition expected to last for 12 months or more. This figure for Lesbian and Gay respondents does not vary significantly from the heterosexual sample; however, respondents who identify with other sexual minorities (e.g. Asexual, Pansexual) were more likely to say they had a mental health condition.

**fig 7: Do you have any mental health conditions lasting or expected to last for 12 months or more?**

	<b>Yes</b> (% within category)	<b>Sometimes, but not all of the time</b> (% within category)	<b>No</b> (% within category)	<b>TOTAL</b> %	<b>N</b>
<b>Gay</b>	4	4	92	100	24
<b>Lesbian</b>	16	10	74	100	19
<b>Sexual minorities</b>	27	16	57	100	19
<b>Heterosexual</b>	29	6	65	100	17

## National Research Context

In the largest ever UK survey of Trans people, the Trans Mental Health Study (n=889), found extremely high levels of previous or current self-reported depression (88%), stress (80%) and anxiety (75%). The survey focused on how the process of transitioning (social and/or medical) impacted on people's mental health and wellbeing (McNeil et al, 2012). Our findings seem to

<sup>13</sup> The relatively small sample size (n=130) may have produced a non-significant result here (Type II error), despite the observable variation between groups. See D.Cramer (2003) Advanced Quantitative Analysis. Open University Press, p4.

support this national data about Trans people's mental health.

The relative health and mental health of the lesbian and gay respondents in our sample contrasts with findings from a large cross-sectional survey of England and Wales. It found that lesbians and gay men reported more psychological distress than heterosexuals, despite similar levels of social support and quality of physical health.<sup>15</sup>

## ANXIETY AND DEPRESSION

We asked our sample whether they had sought medical help for anxiety or depression. Half the sample responded that they had; analysis shows that Trans people and those identifying with minority sexualities were more likely to seek help for anxiety and depression than lesbian and gay respondents.<sup>16</sup>

## SELF-HARM AND SUICIDAL THOUGHTS

Our findings on self-harm and suicidal thoughts correspond with findings from a 2008 study by Stonewall. Researchers found that one in five (21%) Lesbian and Bisexual women said they had deliberately harmed themselves in some way, compared to 0.4% of the general population. Half of Lesbian and Bisexual women (50%), under the age of 20, had self-harmed, compared to one in fifteen (7%) of teenagers generally.

We asked our sample: whether they had 'ever hurt or injured themselves on purpose?' Over 30% of our sample had self-harmed or self-injured themselves. LGB and Trans respondents are significantly more likely to have self-harmed themselves in comparison with the heterosexual sample.

Younger respondents (16-24 year olds) are significantly more likely to have injured themselves than older adults. Respondents who identify with minority sexualities and lesbians appear to be more likely to self-harm than gay men.<sup>17</sup>

We asked our sample whether they had 'ever thought about or tried to kill themselves?'<sup>18</sup> Over 40% of our sample had thought about suicide or tried to kill themselves. LGB and Trans respondents are significantly more likely to have thought about trying to kill themselves than heterosexual respondents.

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15 'Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales'. King, M. and McKeown, E. Mind, London. [2003]

16 At a 95% confidence level

17 Given our sample size (n=130) and the number respondents within each category for this question (that is, no. of lesbian respondents = 20 and no. of minority sexuality respondents =20) we cannot be conclusive about this finding.

18 In the survey here, respondents were given contacts for organisations supporting people experiencing these thoughts.



## National Research Context

Stonewall found that one in fourteen (7%) of Gay and Bisexual men deliberately harmed themselves in the previous year, which included cutting themselves or swallowing pills or objects. Just 1 in 33 (3%) of men in general had ever deliberately harmed themselves.<sup>19</sup>

Younger gay and bisexual men have been found to be more at risk, in a recent study by Stonewall: one in five (21%) of Gay and Bisexual men age 16 to 19 had deliberately harmed themselves in the previous year. One in six (15%) Gay and Bisexual men aged 16 to 24 had deliberately harmed themselves in the previous year. Just 7% of men in general aged 16 to 24 had ever deliberately harmed themselves.

Suicidal thoughts, known as 'suicide ideation', has been found to be twice as high amongst lesbian, gay and bisexual people than amongst the heterosexual population.<sup>20</sup>

Our data suggests lesbian and trans respondents are more likely to self-harm than gay men, 40% and 60%, respectively, reported injuring themselves on purpose; whereas gay men and trans respondents are significantly more likely to have thought about and/or attempted suicide. 48% of gay men and 70% of trans respondents had thought about / attempted suicide.<sup>21</sup>

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<sup>19</sup> 'Gay and Bisexual Men's Health Survey'. April Guasp. Stonewall, London. (2012)

<sup>20</sup> 'Mental disorders, suicide, and deliberate self-harm in lesbian, gay and bisexual people'. King et al. (2008). BMC Psychiatry, 8:70, 2008.

<sup>21</sup> At a 95% confidence level

## HEALTH AND CARE SERVICES: ACCESS AND PROVISION

LGB and Trans people who took part in our focus groups, interviews and surveys told us that they wanted to be treated with the same respect and dignity as anyone accessing health and care services. For some people feeling unable to “come out” or talk openly about their gender identity and / or sexual orientation was of concern when accessing health services. This was particularly concerning when bringing a partner into a treatment situation, fearing the reaction from healthcare professionals. As this gay woman in her 30s describes.

**“I’m quite embarrassed when stating my partner is a woman, I’m worried what people’s attitudes are. I had surgery recently, I was very anxious and really struggled with what to do about kissing and hugging my partner on the ward before I was taken to theatre. I did it in the end in case I died, but I did hold back, I would have wanted a longer hug. I feel people do make assumptions about who you are. A statement of acceptance of people and their differences would be nice in places like waiting rooms at health centres would be nice. When you are going for treatment it would be reassuring to know that you can sit close for comfort and know that if people were rude staff would point out their behaviour was unacceptable.”**

**(Gay, woman, aged 31-35)**

This perspective was shared by some heterosexual participants who talked about the need to be more inclusive when providing health and care services as this heterosexual man describes.

**“Make it business as usual. Too many places seem to skirt around the subject and still want to treat LGB&T users of the service(s) differently. Obviously if it is specifically to do with problems relating to it, with things like hate crimes etc. It’ll have to be dealt with in a certain way, other than that the need and want and feeling of necessity to deal with them with kid gloves is not needed.”**

**(Heterosexual, Male, aged 25-30)**

Our sample of people in minority sexualities often spoke about the need for openness and acceptance of the range of gender identities and sexual orientations as this Pansexual Female describes.

**“Be more accepting, especially to bisexuals in straight relationships, as I often feel excluded from LGBT life.”**

**(Pansexual, Female, aged 16-24)**

Many people in our sample, especially lesbian and bisexual women, spoke about their concerns about the assumptions healthcare professionals made as this gay woman describes.

**“Assuming I have a boyfriend or male partner and I am sexually active. I am sexually active but that does not mean it is a male, or that I might be pregnant. I was not trusted when I said I was sexually active but could not possibly be pregnant.”**

**(Gay, Woman, aged 16-24)**

These assumptions can also impact on the children of LGB and Trans parents.

**“Sometimes they make presumptions about my child’s other parent, that he has a Dad.”**  
(Lesbian, aged 31-35)

The situation for many Trans respondents was of frustration when accessing gender identity treatment, especially when approaching GPs as this Bisexual Trans Man describes.

**“The system for trans medical care is in a complete shambles and, aside from the actual gender specialist, I have never met an NHS employee who had any training on trans issues whatsoever. Additionally, the mental health services seem totally incapable of dealing with people who have chronic or acute depression. I went to the doctor once having spent 6 days in a manic bipolar state, having tried to chew the paint off of a brick wall and having sliced my leg open with a steak knife - but made the mistake of seeing the doctor once I had calmed down (just enough to drive). The GP said, “Come back when you’re feeling bad.” From that visit, it was 9 months before I saw a counselor.”**

(Bisexual, Trans man, aged 16-24)

Respondents spoke about the impact homophobia and Transphobia has on LGB and Trans people as this “Other” Female describes.

**“I see very many gay people, men and women, with poor emotional health. In fact we have stopped going out ‘on the scene’ as so many people’s behaviour is difficult. There are issues around: managing distress, treating other people with respect, substance use, emotional regulation. I’d stop short of saying lots of people have borderline personality disorders but people come close, and think this is due to being gay and finding your place in the world, the culture and subsequent behaviour of the scene, lack of role models and too many others to mention.”**

(Other, Female, aged 31-35)

# CONCLUSION

## CONCLUSION AND RECOMMENDATIONS

This health research report of LGB and Trans residents of B&NES has examined:

- Health and mental health;
- Social ties, support, and perceptions of community;
- Encounters with discrimination, homophobia and transphobia, and hate crime; and the challenges of being “out” in B&NES;
- Access to and experience of health and social care services.

Since many LGB and / or Trans residents reported feeling ‘invisible’ within B&NES, their access to health and social care services is often framed by a general lack of awareness or understanding either about their gender identity and / or sexual orientation.

Given the anxiety and isolation that many LGB and Trans residents of B&NES experience, it's important that key health, education and other service providers are equipped to respond to their health and social needs sensitively and without prejudice. From this health research report we recommend that:

- Bath & North East Somerset Health & Wellbeing Strategy and Joint Strategic Needs Assessment include the health and wellbeing needs of Lesbian, Gay, Bisexual and Trans populations in planning and service delivery.
- Bath and North East Somerset develop an LGB and Trans Health Improvement Strategy.
- Training for frontline staff on achieving cultural competence in delivering an inclusive service to LGB and Trans communities.
- Teachers, school nurses, health and social workers who have regular contact with young people should have training to be sensitive to the concerns of LGB and Trans young people.

# APPENDICES

# APPENDIX 1

## ABOUT OUR SAMPLE IN DETAIL

### RELATIONSHIP STATUS

The majority were:

→ Single, 35%.

Followed by:

→ Partnered, 30%;

→ Married, 17%;

→ Co-habiting, 9%, or;

→ In Civil Partnerships, 9%.

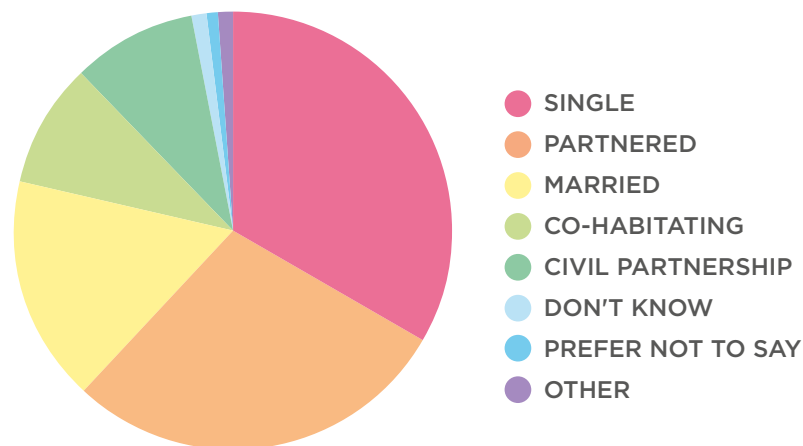


fig 8: What is your relationship status? (Please tick as many as apply)

### DISABILITY

When we asked people if they were disabled the majority answered:

→ "No", 86%, then some people answered;

→ "Yes", 12%, or;

→ "Prefer not to say" / "Other", 2%.

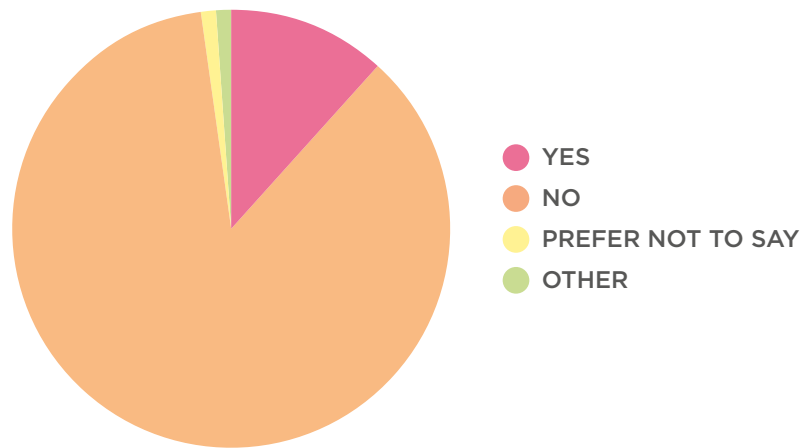


fig 9: Do you consider yourself to have a disability?

## ETHNICITY

The majority identified themselves as:

→ White British, 84%.

Then:

→ White Irish, 3%;

→ White, Mixed European, 2%;

→ Other White background, 4%;

→ Other ethnic group, 2%;

→ Mixed, multiple ethnic group, 3%.

A further 3% of our sample either preferred not to say their ethnicity. A small number described

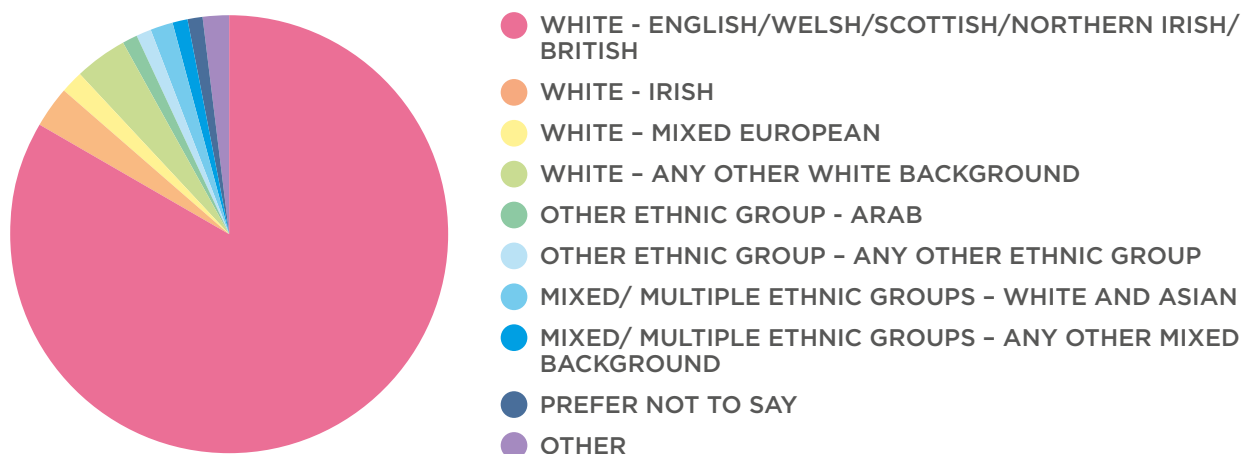


fig 10: How would you define your ethnic group?



their ethnicity in other ways including; “British-Latin American”, “Dual Heritage: Thai and British”, “Turkish” and “Queer Other”.

## RELIGION OR BELIEF

We asked our sample to describe their religion or belief, including if they had no religion or belief. The majority said:

- No Religion or Belief, 31%;
- Followed by Atheist, 29%; and;
- Christian, 21%.

Other Religion or Beliefs included:

- Buddhist, 3%;
- Pagan, 3%;
- Quaker, 1%;

Some people, about 12% of our sample, either “Don’t know” or “Prefer not to say” their religion or belief, or they had another religion or belief which they described themselves as either; “Agnostic” or in one case as an “Agnostic lapsed Catholic”.

Further comments from our sample on religion or belief included:

**“Not religious, but spiritual.”**  
(Gay woman, aged 31-35)

**“I am still looking for answers but I am quite inclined to Christianity as I was brought up as a Christian.”**  
(Lesbian, aged 16-24)

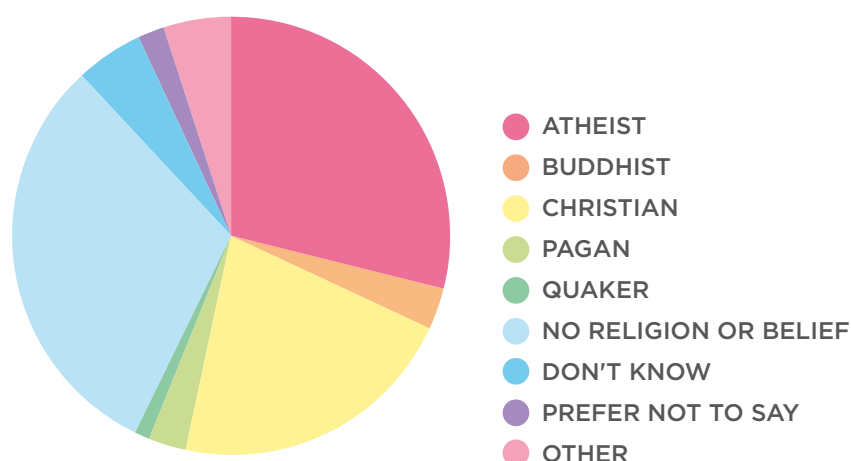


fig 11: How do you define your religion or belief?

## CONTACT WITH FRIENDS AND FAMILY

We asked respondents to tell us how much contact they had with their family and friends. The scores showed the amount of time they spent with a range of people, which included their; partners, parents, siblings, children, extended family and friends.

The majority were:

→ Once or twice a week, 34%.

Followed by:

→ Three or four times a week, 25%;

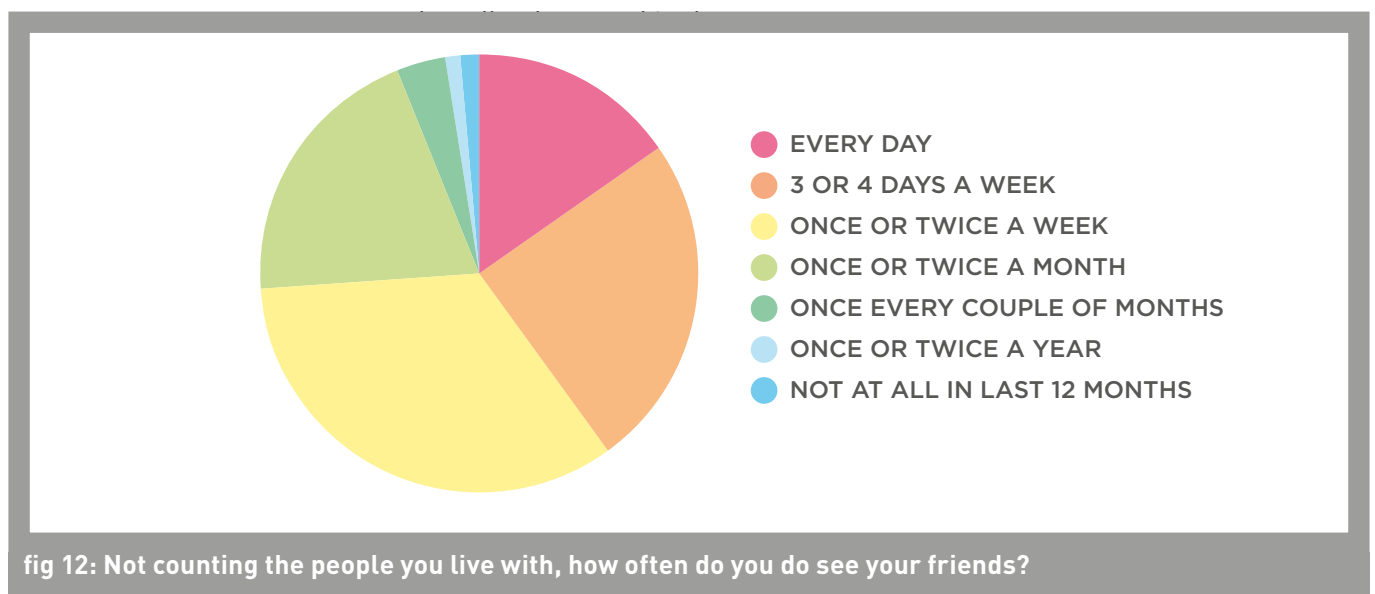
→ Once or twice a month, 20%;

→ Every day, 15%;

→ Once every couple of months, 4%;

→ Once or twice a year, 1%;

→ Not at all in the past 12 months, 1%.

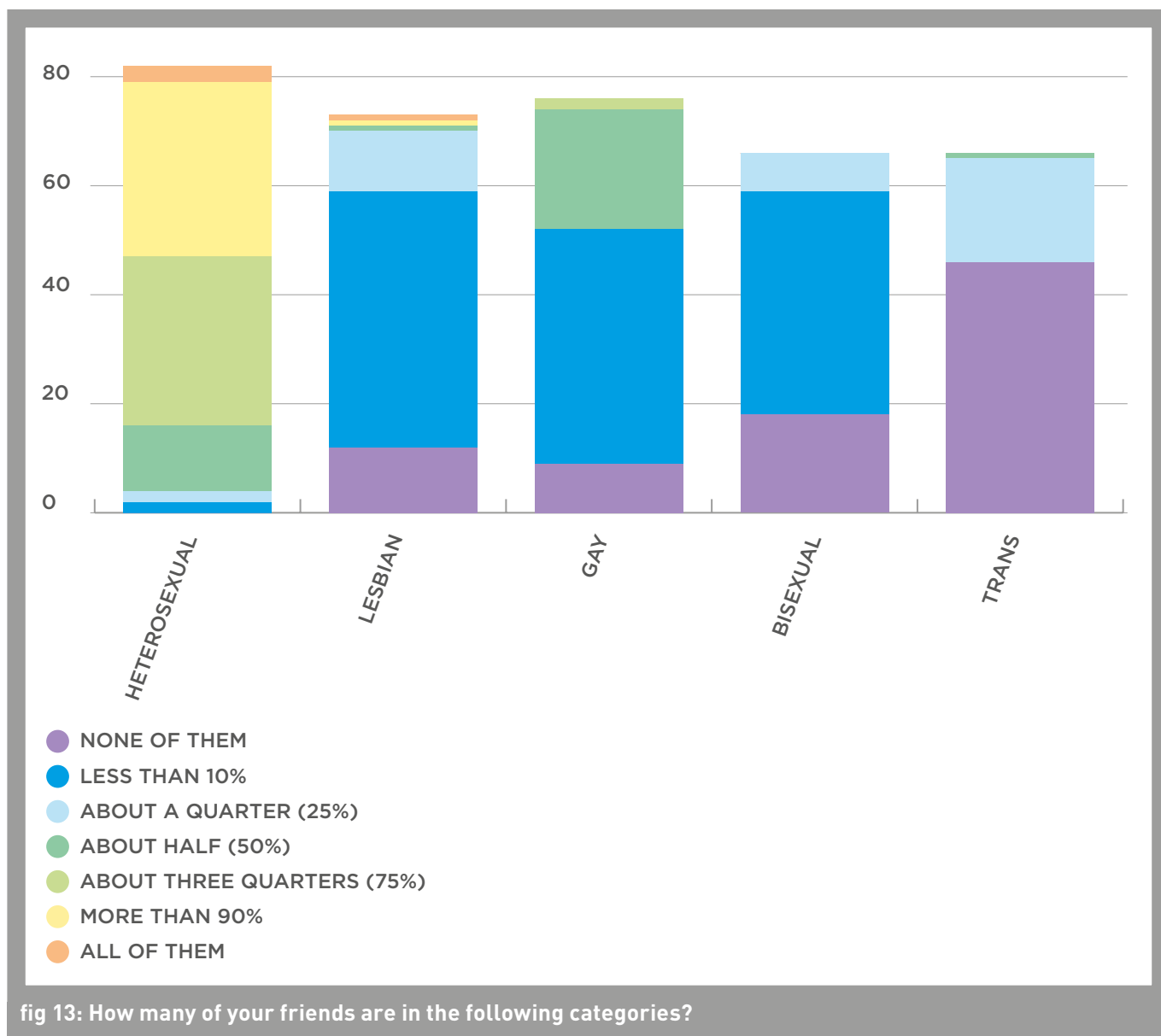


## FRIENDSHIPS

We asked our sample to tell us about their friends by their sexual orientation and gender identity. For example, how many Lesbian, Gay, Bisexual, Heterosexual and Trans friends they had.

**“My professional work means that I have a lot of connection with all categories - most of which are not classed as ‘friends’ of course.”**

**(Heterosexual, Trans Man, aged 51-55)**



## CONTACT WITH RELATIVES

We asked respondents to tell us how often they saw one or more of their relatives, not counting the people they lived with.

“Nieces and nephew = extended family above other extended family is once or twice a year or not in the last 12 months, the ones in Canada and Australia.”

(Gay, Male, aged 51-55)

“My immediate family live do not live in the UK, so the answers to this question largely reflect that rather than not seeing them from a discriminatory perspective. I don’t see my father or brother because of discrimination when I do go overseas, but I do see my sister, her family and my mother. My parents are divorced.”

(Heterosexual, Trans man, aged 51-55)

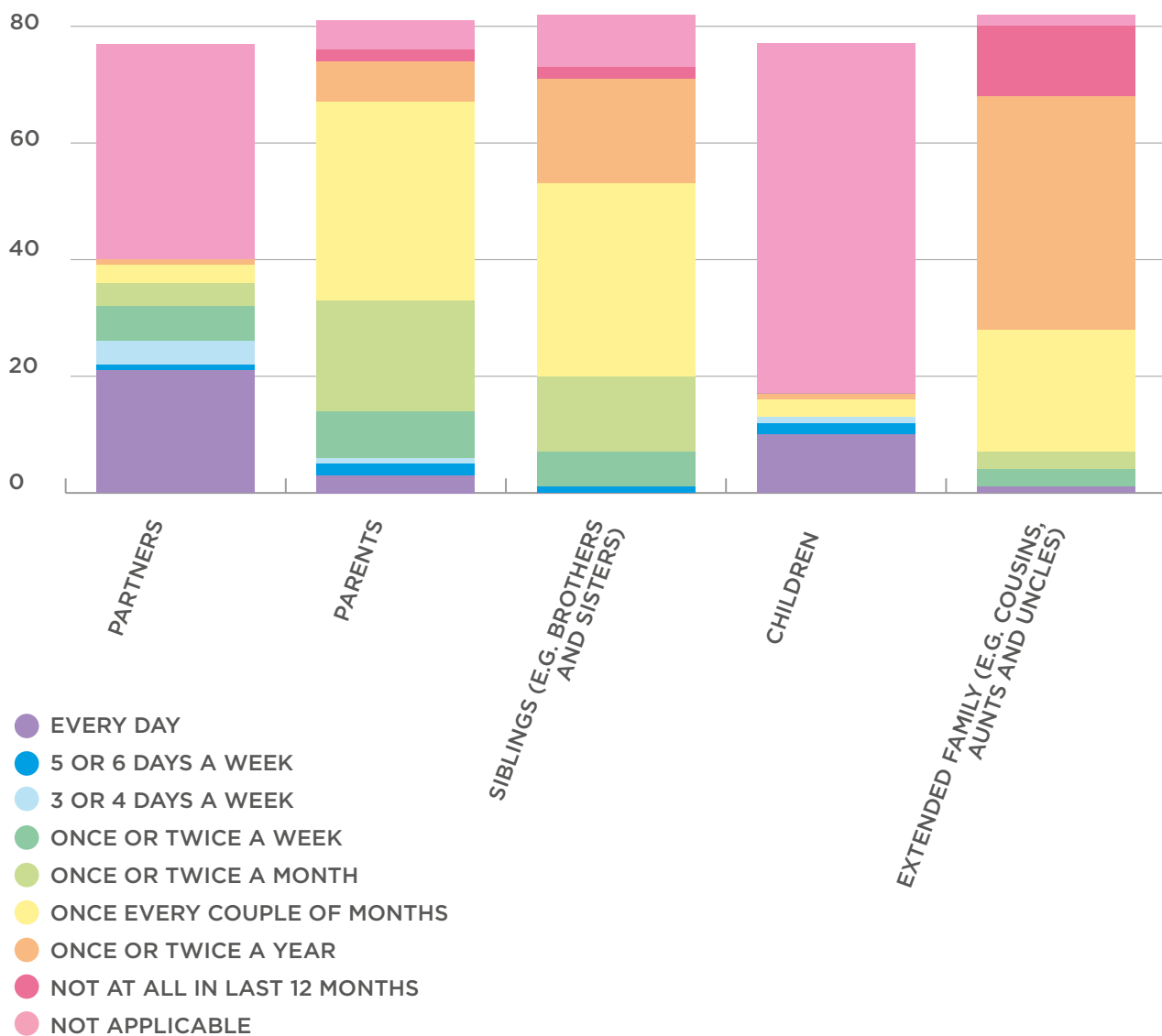


fig 14: Not counting the people you live with, how often do you see one or more of your relatives?

## LGB AND TRANS ACTIVITIES

We asked respondents to rate how much they use a range of activities aimed at LGB and / or Trans people. This includes; magazines, newspapers, groups, bars and clubs, sports groups, arts groups, websites and social media.

People tended to use websites and social media either:

- "Weekly", 20%;
- "Monthly", 17%.

People used bars and clubs either:

- "Weekly", 8%;

- “Monthly”, 22%;
- “Every couple of months”, 10%;
- “Annually”, 27%;
- “Not at all in the last 12 months”, 33%.

## Sports and Arts Clubs

- 89% used a sports or arts club less than once a year.

**“I run a transgender support group which meets twice weekly.”**

**(Bisexual, Trans Man, aged 16-24)**

**“I do a lot of this and have this type of contact because of my professional job.”**

**(Heterosexual, Trans Man, aged 51-55)**

## GENERAL ACTIVITIES

We then asked our sample to score how much they use general activities, not aimed specifically at LGB and/or Trans people. This included; social media, magazines, newspapers, social groups, bar and clubs, sports or arts groups.

- People tended to browse the web, 81%, and use social media, 76% on a daily basis.
- People tended to go to bars and clubs either once a week, 38%, or once a month, 30%.
- People tended not to go to sports/arts groups, 30%, or social/youth groups, 45%.

**“I go to bars and clubs mainly for work, other than that I sometimes go for a night out, a meal and a beer with friends but I don’t like crazy clubbing or getting wasted.”**

**(Lesbian, aged 16-24)**

## ENJOYING DAY-TO-DAY ACTIVITIES

We then asked our sample to tell us how much they had been able to enjoy their usual day-to-day activities.

The majority said:

- “About the same as usual”, 64%.

Followed by:

- “Less so than usual”, 18%;
- “Much less so than usual”, 9%;
- “More so than usual”, 8%;
- “Prefer not to say”, 1%.

## APPENDIX 2

### RESEARCH METHODS

Our seven discussion groups attracted 50 volunteers, which ranged from 3 to 8 people, and took place between July 2013 and March 2014. We recruited our discussion group volunteers from existing groups and networks. We focussed on Lesbians, Gay men, Bisexuals and Trans women and Trans men's experiences. Most of our discussion groups were mixed LGB and Trans. We carried out discussion groups with Gay and Bisexual men and a group made up of Lesbian and Bisexual women. We carried out a discussion group with young LGB and Trans people, aged 14-19, through a youth group and two other groups with young people aged 19-24, through the University's LGBT Societies. One of our groups had a Trans specific focus. We also ran groups that focused on mental health and one group through the support of a local social landlord. We ran our focus groups throughout Bath and North East Somerset.

All quotes in this report are anonymised and the descriptions of participants are by; sexual orientation, gender identity and age range or as a "participant".

We designed our survey with input from our partner organisations including; Bath and North East Somerset Council, Bath Spa University, Off the Record and Space YP.

We aligned our survey to the Bath and North East Somerset Council "Voicebox Survey". We did this so that it is possible to compare our findings to the findings of other surveys in Bath and North East Somerset.

Our survey was piloted with participants drawn from the target group, i.e. a sample of LGB and Trans individuals, and with members of the project steering group. The feedback was incorporated into the survey design.

### ONLINE SURVEY

Our survey was also online between October 2013 and January 2014 and 130 people completed the survey. We offered a £500 prize draw to encourage more people to do our survey. The £500 reward was drawn on Tuesday 31st December 2013. We told the lucky winner by email.

We promoted our research through popular 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 Bath Spa University LGBT Society, Gay West, Living Springs Metropolitan Community Church and the University of Bath LGBT Society sent our survey out through their membership, so we could reach more local LGB and Trans people with our research.

Bath and North East Somerset Council, Contact the Elderly and Curo Housing Association published articles about our research to increase the reach. Curo In-House magazine reaches

12,000 residents in Bath and North East Somerset and the Bath and North East Somerset Council Twitter feed reaches almost 8000 followers.

We printed 2000 postcards and these were given out at various events and displayed in various venues including; Bristol Pride, Mandalyns and Off the Record. We gave out the postcards promoting the research between July and October 2013.

We designed, printed and distributed a range of different posters to help to reach more LGB and Trans people in Bath and North East Somerset. These were distributed online and sent to our partner organisations for distribution.

We issued news releases with our partner organisations to increase the reach of our research.

We attended, or hosted, a range of events to promote our research project. These included:

- ➔ A "Community Empowerment Workshop" at Bath Spa University (in November 2013).
- ➔ Attending the 'Living Springs' Metropolitan Community Church and the Transgender Day of Remembrance event (in November 2013).
- ➔ Attending the Gay West coffee shop (in December 2013).
- ➔ Carrying out outreach on the Bath "gay scene", to promote our research projects, with our partners at S.A.R.I. (in December 2013).
- ➔ Attending the Bath LGBT History Month launch event at the Guildhall in Bath (in January 2014).
- ➔ Attending the LGBT Society meeting at the University of Bath (in February 2014).

We met with a range of professionals through various fora, meetings and events to promote our research including:

- ➔ Attending the Bath Independent Equalities Advisory Group in July 2013, October 2013 and January 2014.
- ➔ Meeting with Curo Housing to engage residents and staff (in August 2013).
- ➔ Attending Bath Police Station for an event with the Police Chief Constable, Nick Gargan and the Police and Crime Commissioner, Sue Mounsteven (in September 2013).
- ➔ Attending the launch of Healthwatch B&NES in Keynsham (in September 2013).
- ➔ Meeting with Sirona Health (in October 2013).
- ➔ Visiting Curo Housing to talk to staff about our research and the CEF programmes (in November 2013).
- ➔ Meeting with Lift Psychology (in January 2014).

We successfully piloted our "LGB and Trans Awareness" training module with a range of professionals from across Bath and North East Somerset in Keynsham in March 2014.

We have developed a database of 75 Bath and North East Somerset resident LGB and Trans people who have asked to be kept informed about the research and future work.

## ETHICS

- We worked with our collaborative partners at Bath and North East Somerset Council and Bath Spa University to ensure ethical considerations were made throughout the programme;
- We gave participants the right to withdraw from the research at any time;
- We used special software to ensure confidentiality was maintained online;
- We included helpline numbers whenever we asked sensitive questions. For example questions about anxiety and depression, or suicide and self-harm.



## APPENDIX 3

### SURVEY QUESTIONS

1. Please tell us your home postcode
2. Please tell us your age range
3. What is your sex/gender? (e.g. male, female)
4. Is your gender identity the same as the sex you were assigned at birth?
5. What do you identify your sexual orientation as?
6. What is your relationship status?
7. Do you consider yourself to have a disability?  
If you answered yes, please tell us about your disability.
8. How would you define your ethnic group?
9. How do you define your religion or belief?
10. Which of these descriptions best describes your situation in the last seven days? Please, select only one. If more than two categories apply please select the option that you spend more of your time doing in a typical week.
  - In fulltime paid work (more than 31 hours per week, employee, selfemployed, working for your family business, or away temporarily)
  - In parttime paid work (less than 31 hours per week, employee, selfemployed, working for your family business)
  - In education, (not paid for by employer) even if on vacation
  - Unemployed and actively looking for a job
  - Unemployed, wanting a job but not actively looking for a job
  - Permanently sick or disabled
  - Retired
  - In community or military service
  - Caring e.g. looking after, children under age 16 years, or other persons
  - Other, please specify if you wish

If in paid employment is your employment:

- Managerial and senior
- Professional
- Associate professional or technical
- Administration & secretarial

- Skilled Trades
- Personal services
- Sales and customer service
- Factory or machinery operations
- Unskilled or manual work
- Prefer not to say
- Other, please specify if you wish

Please, select only one. If more than two categories apply please select the option that best describes your education and qualifications.

11. Which of these qualifications do you have?

- Primary education
- GCSEs/Olevels (basic secondary education)
- Alevels/AS levels (postcompulsory secondary education)
- NVQs/GNVQs/other (postcompulsory, nontertiary education)
- Access to HE or HND/HNC (first stage of tertiary education not leading directly to an advanced HE qualification)
- Higher education degree (tertiary education from University or HE institute)
- Postgraduate education (Masters/PhD/other postgraduate professional qualification)
- Other, please specify if you wish

The next few questions we will ask you to think about 'your local area'. When answering, please consider your local area to be the area within 15 – 20 minutes from your home.

12. How long have you lived in this area?

- Less than 6 months
- Less than a year (more than 6 months)
- 1-2 years
- 2-5 years
- 6-10 years
- 11-20 years
- More than 21 years
- All or almost all of my life
- Don't know
- Prefer not to say
- Other, please specify if you wish

13. Overall, how satisfied or dissatisfied are you with your local area as a place to live?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

- Don't know
- Prefer not to say
- Other, please specify if you wish

14. To what extent would you agree or disagree that people in your local area pull together to improve the local area?

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Nothing needs improving
- Don't know
- Prefer not to say
- Other, please specify if you wish

15. Do you live openly in your neighbourhood as an LGB and/or T person (i.e. are you 'out' about your gender identity and/or sexual orientation)?

- Yes
- No
- Don't know
- Prefer not to say
- Other, please specify if you wish

16. Are you open ("out") as an LGB and/or T person in your daytoday life? Please select answer.

- School
- College
- University
- Social Clubs or Groups
- Volunteering
- Workplace
- Other, please specify if you wish
- Not Applicable Yes
- No Don't know
- Prefer not to say

17. How safe and secure does it feel to be an LGB and/or T person where you live?

- Very safe
- Safe
- Neither safe nor unsafe
- Unsafe
- Very unsafe
- Don't know
- Prefer not to say

18. Do you think you would feel more safe if you lived in another area in B&NES?
- Yes
  - No
  - Don't know
  - Prefer not to say
  - Other, please specify if you wish
19. Do you think LGB and/or T people are treated fairly by the police, or others responsible for protecting people's safety, in B&NES?
- Very fairly
  - Fairly
  - Neither fairly nor unfairly
  - Unfairly
  - Very unfairly
  - Don't know
  - Not applicable
  - Prefer not to say
  - Other, please specify if you wish
20. Have you ever felt discriminated against because of your gender identity and/or sexual orientation in your local area?
- Yes
  - No
  - Don't know
  - Prefer not to say
  - Other, please specify if you wish

If yes, in which of these situations or places have you felt discriminated against because of your gender identity and/or sexual orientation? (Please tick all that apply)

- By neighbours
- On the street
- At school/college/university
- At work
- When looking for a job/at a job interview
- In the health care system
- When applying for social housing
- By social services or the local authority
- By the immigration service
- By the police
- When practicing your religion or belief
- On public transportation
- In shops In restaurants, bars, pubs, or clubs
- Other, please specify if you wish

## Hate Crime

A Hate Crime can be:

- A physical attack like an assault or hitting
- Name calling, verbal abuse or bad gestures
- Threats, harassment, intimidation, humiliation or degradation
- Vandalism or criminal damage to your property
- Nasty offensive letters, leaflets, posters, graffiti
- Emails, cyberbullying, texts or phone calls

When someone commits a hate crime, they are motivated by prejudice against their victim's:

- Age
- Disability or Mental Health
- Ethnicity or Race
- Gender or Sex
- Gender Identity
- Marital or Pregnancy Status
- Religion or Belief
- Sexual Orientation

21. Have you been the victim of a hate crime where you live? If yes please give details.

- Yes
- No
- Don't know
- Prefer not to say
- Other, please specify if you wish
- 

22. Did you report the incident/s to the police or to another organisation?

- Yes
- No
- Not applicable
- Don't know
- Prefer not to say
- Other, please specify if you wish

If another organisation please tell us which?

23. How satisfied were you with the response you received when you reported the incident?

- Very satisfied
- Satisfied
- Neither satisfied nor unsatisfied
- Unsatisfied
- Very unsatisfied
- Other, please specify if you wish

The next few questions are about how often you see or speak to your friends and relatives.

24. Not counting the people you live with, how often do you see your friends?
- Every day
  - 3 or 4 days a week
  - Once or twice a week
  - Once or twice a month
  - Once every couple of months
  - Once or twice a year
  - Not at all in last 12 months
  - Other, please specify if you wish
25. How many of your friends are in the following categories?  
(Heterosexual, Lesbian, Gay, Bisexual, Trans)
- None of them
  - Less than 10%
  - About a quarter (25%)
  - About half (50%)
  - About three quarters (75%)
  - More than 90%
  - All of them
26. Not counting the people you live with, how often do you see one or more of your relatives?  
(Partners, Parents, Children, Siblings, Extended family e.g. cousins, aunts and uncles)
- Every day
  - 5 or 6 days a week
  - 3 or 4 days a week
  - Once or twice a week
  - Once or twice a month
  - Once every couple of months
  - Once or twice a year
  - Not at all in last 12 months
  - Not applicable
27. How much are you involved in the following activities? (A list of activities aimed at LGB and/or T people.)
- Reading an LGB&T magazine or newspaper
  - Going to an LGB&T youth, community or social group
  - Going to an LGB&T sport or arts group
  - Other, please specify if you wish
  - Going to an LGB&T pub, bar or club
  - Browsing the web (LGB&T websites)

28. How much are you involved in the following activities? (A list of activities aimed at all people, regardless of gender identity and/or sexual orientation, not just for LGB and/or T people).

- Using social media e.g. Facebook, Twitter etc.
- Reading a magazine or newspaper
- Going to a pub, bar or club
- Browsing the web
- Going to youth group or social group
- Going to a sport or arts group
- Other, please specify if you wish

Now we'd like to ask some questions about your health and wellbeing including questions about your physical and mental health.

Mental health can be described using words that are in everyday use; for example, 'depression' or 'anxiety'.

Although mental health problems are very common – affecting around one in four people in Britain – stigma and discrimination towards people with mental health problems is still very common.

For advice and support on mental health please [click here](#) We would like to know how you have been feeling in general over the past few weeks. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

29. In the past few weeks have you been able to enjoy your normal daytoday activities?

- More so than usual
- About the same as usual
- Less so than usual
- Much less than usual
- Don't know
- Prefer not to say
- Other, please specify if you wish

30. In the past few weeks have you been feeling unhappy and depressed?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual
- Don't know
- Prefer not to say
- Other, please specify if you wish

31. In the past few weeks have you been losing confidence in yourself?

- Not at all
- No more than usual

- Rather more than usual
- Much more than usual
- Don't know
- Prefer not to say
- Other, please specify if you wish

32. In the past few weeks have you been feeling reasonably happy, all things considered?

- Yes
- No
- Don't know
- Prefer not to say
- Other, please specify if you wish

33. Can you tell us who you would ask for help (if you are ill and need help at home)?

- Partner
- Other household member
- Relative (outside household)
- Friend
- Neighbour
- Voluntary or other organisation
- Would prefer not to ask for help
- Don't know
- Prefer not to say
- Other, please specify if you wish

34. Can you tell us who you would ask for help (if you are in financial difficulty and need to borrow money)?

- Partner
- Other household member
- Relative (outside household)
- Friend
- Neighbour
- Voluntary or other organisation
- Would prefer not to ask for help
- Don't know
- Prefer not to say
- Other, please specify if you wish

Now we'd like to ask some questions about your physical and emotional health and wellbeing. Support for people who are experiencing feelings of distress, despair or suicidal thoughts is available [click here](#)



35. Do you have any physical health conditions or illnesses lasting or expected to last for 12 months or more?
- Yes
  - No
  - Sometimes, but not all the time
  - Don't know
  - Prefer not to say
  - Other, please specify if you wish
36. Do you have any health conditions or illnesses which affect you and interfere with your normal activities?
- Yes
  - No
  - Sometimes, but not all the time
  - Don't know
  - Prefer not to say
  - Other, please specify if you wish
37. Do you have any mental health conditions or illnesses lasting or expected to last for 12 months or more?
- Yes
  - No
  - Sometimes, but not all the time
  - Don't know
  - Prefer not to say
  - Other, please specify if you wish
38. Have you ever gone for medical help for anxiety or depression?
- Yes
  - No
  - Don't know
  - Prefer not to say
  - Other, please specify if you wish
39. Have you ever hurt or injured yourself on purpose? This is sometimes called 'self harm'.
- Yes
  - No
  - Don't know
  - Prefer not to say
  - Other, please specify if you wish
40. Have you ever thought about or tried to kill yourself?
- Yes
  - No

- Don't know
- Prefer not to say
- Other, please specify if you wish

41. What can local agencies do to help LGB&T people in relation to their health and wellbeing?

The following questions are about health services and social care services.

Health services include: things like your GP or doctor, hospitals, clinics, physiotherapy etc.

Social care services include: things like a social worker, carers' services, care in the home, support worker, care assistants etc. You may not use health services or social care services please answer the questions if you can.

Please answer these questions from an LGB and/or T perspective.

If you haven't used local health or social care services please skip this page and go to question 49 on the next page.

42. What do you value/like most about the health services you have used?

43. What do you value/like most about the social care services you have used?

44. What do you least like about the health services you have used?

45. What do you least like about the social care services you have used?

46. What changes to services would make the biggest improvement for you in relation to your health, wellbeing and/or social care?

47. Do you think there are any health and/or social care services missing altogether for LGB and/or T people?

48. Are there any local groups or organisations you have used which you have found helpful as an LGB and/or T person?

Bath and North East Somerset Council is responsible for a range of services such as refuse collection, street cleaning, planning, education, social care services and road maintenance.

49. Overall, how satisfied or dissatisfied are you with the way the Council runs its services?

50. Do you feel able to participate in decisionmaking and democratic life in B&NES?
- ➔ As an LGB and/or T person
  - ➔ As a member of the community
  - ➔ Other, please specify if you wish
51. Do you feel you are able to influence the kinds of services provided in your area to ensure they address your needs as an LGB and/or T person?
- ➔ Yes
  - ➔ No
  - ➔ Don't know
  - ➔ Prefer not to say
  - ➔ Other, please specify if you wish
52. Is there anything you would like to add about your experience of your gender identity and/or your sexual orientation and living in your local area?

Thank you for taking part in the survey. Your answers will help the Diversity Trust and Bath & North East Somerset Council to improve future practices and services.

## APPENDIX 4

### 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.

**Asexual** a person whose identity is non-sexually oriented. They may have 'emotional orientations' towards same-sex or opposite sex others, or not. This is a contemporary and emerging self-identification.

**Biphobia** a common stereotype of bisexuality is that it is 'a phase' on the way to a 'mature' lesbian, gay or straight identity. Some recent research has even attempted to prove the non-existence of bisexuality, particularly male bisexuality, although these studies have been criticised as methodologically and theoretically flawed. Bisexual women are frequently regarded as 'just being bi-curious' and trying to titillate heterosexual men: another way of denying that bisexuality is 'real'.

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

**Cisgendered/Cisperson** a person whose gender identity is the same as the sex they were assigned at birth.

**Cisgenderism** is a prejudice similar to racism and sexism. It denies, ignores, denigrates, or stigmatises non-cisgender, Transgender, forms of expression, behavior, relationship, or community.

**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".

**Gender Identity Clinic (GIC)** is a specialist NHS service providing assessment for Trans people who are seeking hormone treatment and / or surgical gender reassignment procedures. They are usually run by consultant psychiatrists who may or may not have other types of NHS staff working with them.

**Gender Reassignment Surgery (GRS)** medical treatment to enable Trans people to alter their bodies to match their gender identity is highly successful and has been available through the NHS for several decades. The medical process is known as 'Gender Reassignment Surgery' or 'GRS'.

**Gender Variant (see also Trans / \*Trans)** an umbrella term for those people whose gender identity differs from the sex they were assigned at birth, whether that be transsexual, genderqueer etc.

**Hate Crime** a crime committed on the basis of the actual or perceived age, disability, ethnicity, gender, gender identity, religion or belief, or sexual orientation of a person.

**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.

**Intersex** is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. For example, a person might be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside. Or a person may be born with genitals that seem to be in-between the usual male and female types.

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

**LGB&T/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”.

**Pansexual** people are attracted to people regardless of their gender. Pansexual people can be attracted to anyone of any gender identity. The word pansexual comes from the Greek word ‘pan-’, meaning “all”. Pansexual people are part of the LGB and Trans community.

**Queer** a ‘reclaimed’ word used by some people to self-identify as part of a movement that may include LGB and Trans, A (Asexual) and I (Intersex). Queer tends to be defined by what it is not – i.e. not having a prescribed view of gender identity and / or sexual orientation. Queer is also sometimes used to indicate a commitment to ‘non-normative’ gender and sexual fluidity (rather than to fixed categories of person). If you are unsure about how to identify someone ask them which term they prefer you to use.

**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’.

**Transition** can have two elements, social and medical. Some Trans people transition through both, but others may only go through a social transition. Medical transition includes hormones, surgery, GPs - anything medical. Social transition involves social aspects, such as coming out, changing documents, names, clothing etc. Not everyone will do all the things in each category such as not having surgery or not having all surgeries available etc.

Transphobia a reaction of fear, loathing, and discriminatory treatment of people whose identity or gender presentation (or perceived gender or gender identity) does not “match,” in the societally accepted way, the sex they were assigned at birth. The response of other members of society that results in Trans people experiencing discrimination, harassment, hatred and victimisation.

**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 5

### FURTHER RESOURCES

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

#### Local LGB Organisations

##### **B&NES Council LGBT Workers Challenge Group**

Providing networking, support and advocacy for lesbian, gay, bi-sexual and trans staff working for Bath and North East Somerset Council and Sirona Care & Health in B&NES.

Email: [LGBT@bathnes.gov.uk](mailto:LGBT@bathnes.gov.uk)

Website: [www.bathnes.gov.uk](http://www.bathnes.gov.uk)

##### **Bath Spa LGBTQ Society**

For information on the Bath Spa University LGBT Society please visit Website <http://www2.bathspa.ac.uk/services/hr/for-staff/equality-and-diversity/sexual-orientation.asp>

Email [su-lgbtrep@bathspa.ac.uk](mailto:su-lgbtrep@bathspa.ac.uk)

##### **Challenging Homophobia and Transphobia Group**

C/o School Improvement and Achievement Service, B&NES Council. Telephone 01225 394502 or email [kate\\_murphy@bathnes.gov.uk](mailto:kate_murphy@bathnes.gov.uk)

##### **Gay West**

Gay West is the longest running group in the South West of England for gay men, lesbians, bisexuals and transgender people, providing a safe and supportive social group in Bath, Bristol and surrounding areas.

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

##### **Living Springs Metropolitan Community Church**

Living Springs MCC was founded in Bath in 1989 to serve Christians who were excluded from, or felt uncomfortable in, other churches for whatever reason, and now offers an open and vibrant spiritual home for people from many Christian traditions and none.

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

##### **Off the Record/Space YP**

Off the Record offers a weekly youth group for Lesbian, Gay, Bisexual and Trans (LGB and Trans) young people and young people questioning their gender identity and / or sexual orientation aged 13 to 21 years who live in the Bath and North East Somerset areas (B&NES).

Website <http://www.offtherecord-banes.co.uk/our-services/lgbt/>

### **University of Bath LGBT Society**

A friendly and supportive network for everyone and we also strive to make a difference in the South West for all LGBT people and friends.

Website: <http://people.bath.ac.uk/su4lgbs/>

### **National LGB Organisations**

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

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

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

#### **FFLAG**

Advice and support for parents, friends and families of LGBT people.

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

#### **Stonewall**

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

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

### **Trans Organisations**

#### **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>

#### **Gendered Intelligence**

Arts programmes and creative workshops to Trans youth from across the UK.

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

#### **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 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>

**Trans Media Watch**

Guidance on Trans issues for the media and Trans people.

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



Prepared by The Diversity Trust  
PO Box 5189, Somerset BA6 0BN  
0844 800 4425  
[www.diversitytrust.org.uk](http://www.diversitytrust.org.uk)  
[info@diversitytrust.org.uk](mailto:info@diversitytrust.org.uk)