

Somerset Gay
& Bisexual Men's

RESEARCH REPORT

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By Berkeley Wilde



Berkeley Wilde
Director
Diversity Trust
PO Box 5189
Somerset, BA6 0BN

Phone 0844 800 4425

Email info@diversitytrust.org.uk

Web www.diversitytrust.org.uk

Twitter twitter.com/DiversityTrust



ABOUT THE AUTHOR

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

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

He is the Chair of LGBT Bristol and works in collaborative partnerships in the delivery of advocacy, domestic abuse, hate crime and recovery services in Bath and North East Somerset, Bristol, North Somerset, Somerset and South Gloucestershire.

ABOUT THE DIVERSITY TRUST

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

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Introduction

In November 2012 we published a research report on the health and wellbeing needs of Lesbian, Gay, Bisexual and Trans (LGB and Trans) communities across Somerset called Delivering Equality. This report made a number of recommendations including:

→ Further investigation of the support needs of older gay and bisexual men.

The county and district councils across Somerset wanted to know more about the experiences of older gay and bisexual men living in the area and commissioned the Diversity Trust to carry out specific research into the experiences and views of older local gay and bisexual men's communities.

Research Methods

Between April and October 2014 we spoke to 32 gay and bisexual men across Somerset. We spoke to men from Bruton, Frome, Ilminster, Montacute, Queen Camel, Street, Taunton, Yeovil, Wedmore and Weston-Super-Mare. 20 men took part in four focus/discussion groups and 12 men took part in interviews. The focus groups and interviews were audio recorded and transcribed and some of the anonymised quotes are included in this report.

The majority of the gay and bisexual men we spoke to were aged in their 40's to 60's. The youngest man we spoke to was in his early 30's and the oldest man was in his late 70's.

Rationale

Evidence suggests that somewhere between 1.5%¹ and 6%² of the population are gay or bisexual. This would give a population range of somewhere between 8000 and 32,000 gay and bisexual people living in the county.³

Sexual orientation is a protected characteristic in the Equality Act 2010. Section 29 of the Equality Act 2010 prohibits discrimination in the provision of goods and services on the basis of sexual orientation. It includes addressing the provision of services which are less accessible, or of lesser quality, than is provided to those who do not share a protected characteristic.

Health Inequalities

The Public Health Outcomes Framework Lesbian, Gay, Bisexual and Trans Companion document published by the Department of Health and Public Health England in 2013 as well as national

1 Integrated Household Survey published by the Office of National Statistics in 2013.

2 UK Government estimate in 2005 in preparation for the Civil Partnerships Act

3 Somerset Intelligence access online <http://www.somersetintelligence.org.uk/census2011/>

research published by Stonewall have found a range of health inequalities experienced by gay and bisexual men.

- Local and national research, and needs assessments, of LGB and Trans communities have repeatedly demonstrated higher levels of health risk behaviours, such as alcohol, substance misuse and smoking.⁴
- LGB and Trans people are less likely to engage with generic interventions and services.⁴
- LGB and Trans communities have higher levels of need for interventions and targeted support.⁴
- 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.⁴
- One third of gay and bisexual men (34%) who have accessed a health service received negative treatment because of their sexual orientation.⁵

HIV and Sexual Health

HIV treatment and care has developed significantly in the last few years, yet it still remains a key issue for gay and bisexual men, particularly presentation at a late stage of infection.⁶

- 1 in 10 men who have sex with men (MSM) is living with HIV;
- 1 in 3 HIV positive men (in major UK cities) have undiagnosed HIV infection;
- 3 in 10 gay and bisexual men have never had an HIV test in spite of early diagnosis now being a public health priority;
- Community-based approaches to HIV testing have been shown to be acceptable and effective for gay and bisexual men;
- Safer sex programmes promoting condom use and HIV testing remain a priority for MSM (men who have sex with other men) to reduce ongoing transmission and undiagnosed infection.

Local Research

In addition, and similarly to the national picture, our own research has found higher levels of anxiety and depression, suicidal ideation (suicidal thoughts and feelings) and self-harm amongst LGB and Trans communities.⁷

- Over 50% received medical help for anxiety or depression.

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

5 http://www.stonewall.org.uk/documents/stonewall_gay_mens_health_final.pdf

6 Public Health Outcomes Framework [Accessed online] <http://www.lgf.org.uk/policy-research/the-lgbt-public-health-outcomes-framework-companion-document/>

7 <http://www.diversitytrust.org.uk/news/2014/11/27/lesbian-gay-bisexual-and-trans-health-and-wellbeing-in-bath-and-north-east-somerset/>

- Over 30% self-harmed or self-injured themselves.
- Over 40% had thought about suicide or tried to kill themselves.

“When I go into a black phase that’s it you know everything closes in and I just want to curl up and die and that’s what I tried to do.”



We have produced a number of reports on the experiences of LGB and Trans people living in Somerset including [Delivering Equality](#) and a [review of sexual health services with LGBTQ young people](#)

Summary Findings

- Participants told us they often travel out of the county, for social and support opportunities, as there is no specialist or targeted support available in the county.
- Most of the gay and bisexual men we spoke to used the internet to find out information and use social media and geo-spacial networking apps to meet others.
- Many gay and bisexual men told us that they got their information through “word of mouth” and that this informal network helped gain support from other gay and bisexual men.
- The absence of social meeting spaces in the county was perceived by participants as a significant gap.
- People perceived the need for gay specific social meeting spaces as still being important, feeling safe and secure.
- Many of the participants mentioned the closure of gay social meeting spaces, especially in Taunton over recent years, as being a loss to the gay community.
- Changes in attitudes in recent years had made an impact on the way gay and bisexual men felt living in the county.
- Concerns were expressed by participants for men under 25 years and men over 65 years in age as this may impact on social isolation for these groups. For example, access to travel and transport links.
- The MSM (men who have sex with men) we interviewed told us that they were not “out” in their day-to-day lives and this impacted on their ability to access social and support opportunities, and how they went about meeting other gay and bisexual men.
- Older men, aged 50 plus, told us that they had developed a social / support network for themselves. This network was essential for their wellbeing and gave them a sense of belonging to community.
- Whilst advances have been made in terms of legislation, many gay and bisexual men still feel unable to show affection to a same-sex partner in public.
- Gay and bisexual men adapt their behavior, for example not holding their partners hand in public, for fear of attack and abuse.



- Gay and bisexual men in Somerset reported experiencing homophobia and hate crime whilst in a range of different settings. These attacks were sometimes reported but often were left unreported.
- The gay and bisexual men we spoke to told us of their concerns about retirement, and later life, and going into residential care homes where staff attitudes can sometimes be hostile to gay people.
- Our interviewees spoke about the need for staff training to better understand the needs of older / elder LGB and Trans people especially in residential care.
- Participants spoke of the need for health and social care service providers to be trained to provide improved services.
- Participants also spoke of the promotion of services to the local LGB and Trans communities as a way to increase and improve access.
- The need for an openly LGB and Trans friendly counseling service in the area to be promoted.
- Training for teachers in schools was highlighted as a need to address the fears our participants had of another generation of young gay and bisexual men experiencing homophobia and biphobia and the impact that has on mental health, self-esteem and suicidal ideation.

Living in Somerset

Most of the gay and bisexual men we spoke to had chosen to live in the county, this was perceived as a positive choice by these men, and that choosing to live in a rural, and sometimes isolated way, was a choice for them. This was often true for the gay couples we interviewed.

Perceptions of these choices were mixed and raised concerns around isolation for some participants as this one interviewee commented.

“A guy that I met that now lives just outside Ilminster and from what he was like before to seeing him now, I would not have pictured him like he is now. Because he’s living out in the sticks, there’s nothing...this is a guy that used to go down the pub nearly every weekend. Now he goes out once a month with his partner and he works from home so he’s very isolated. I’ve wondered at times why has he done this because it is completely different to what he was like before. I honestly couldn’t say what it would be like for them living like that.”

Local gay and bisexual men told us they often travel out of the county for a social life and support, as there is no specialist or targeted support, apart from HIV and sexual health, or social spaces available to the men in the county. Many of the gay and bisexual men we spoke to accessed cities such as Bristol, Exeter and London for social and support opportunities.

“Well I don’t really have a gay social life in Somerset. I have to go out of the county for a gay social life, to places like Bristol or Exeter.”

Different areas of Somerset felt different in terms of access to social networks. Central and South Somerset seemed to have more going on for the gay community, those in the North of the county reported access to the cities of Bristol and Bath making a difference to them. Those in the West of the county reported a sense of having nothing available to access in terms of a social life or for support.

“If you’re in the west of the county there’s a gap. It’s very hard to connect with other people. That’s not because I don’t want to be friends with other people in the community it’s just meeting them is more difficult, so I have to travel.”

People also spoke about intersectionality within the LGB and Trans community. How there are perceived “gay spaces” and “lesbian spaces” but that for some particularly bisexual people, they feel they cannot integrate with the community.

“There isn’t much ‘LGBT’ in many places. There’s gay men places and there’s lesbian places but I don’t think being bisexual is often very welcome.”

Participants described a sense of differences in 'belonging to community' with a group, of mostly openly gay men, having a strong sense of belonging to community, well networked and accessing social and support. Whilst some closeted gay, bisexual and MSM spoke of a distance from a sense of community as highlighted by our case study.

Case Study: Tony's Story

Tony is a 56-year-old married man. He lives with his wife, of 30 years, in the west of the county and he identifies himself as a gay man. His wife doesn't know about his identity. Tony told us his story.

"About 8 or 9 years ago I got close to suicide. I phoned the Samaritans, I didn't know where else to go. I made a call to them, I told them my predicament and I said if my wife comes home I'm going to put the phone down and she did so I put the phone down. I never got to establish what the Samaritans could or couldn't have done for me."

"I was in denial, I didn't admit to myself that I was gay. I did have occasional encounters with other men. I would beat myself up afterwards and I would convince myself it would never happen again. It was an anomaly and it wasn't really me and I would get back to being a 'normal' person again. I managed to forget about it but then it happened again and then again and again and so on."

"How I managed to convince myself for so many years that I wasn't gay I don't know. There just aren't many good things about being closeted. I don't have much outlet for my sexuality or affection. I feel I need that and so sometimes I need support to vent my frustration or just to have a hug."

"I had a complete breakdown and I got really depressed. I remember almost consciously trying not to fool myself anymore. Fooling myself had enabled me to retain self-respect which otherwise I wouldn't have had. When I got really depressed self-respect seemed a bit pointless."

"I had so many questions that I wanted to ask other gay people and I didn't know any other gay people."

"I went to my doctor and said I need to see a psychiatrist. The doctor told me that I meant a psychotherapist and that the NHS couldn't provide this but referred me to a counseling service. I ended up having CBT (Cognitive Behavioural Therapy) and the therapist listened as I talked and talked and talked. It really helped but I did want him to say something, to

challenge me or judge me, but he didn't he just listened, but it helped me."

"It would have made a big difference right from the start if I knew the counseling service was 'gay friendly'."

"I remember one day thinking to myself "I'm gay". After that I began to recover from depression. I was being honest with myself for the first time. Even if I couldn't be honest with other people."

"The major part of my recovery from depression was making gay friends and discovering that "ordinary" people are gay, that nice people are gay and also that I wasn't the only one. Particularly that I wasn't the only married man that is gay. I have met an awful lot of people who are gay and married or have been married and gay. I thought I was the only one."

"Just in the nick of time I found support and friendship and through those friendships I found other friends and so forth. I now have people who care for me."

"I feel responsible for my wife. She married me in good faith not knowing that I was gay. You could say I didn't know I was gay either. It's not her fault. She is a few years older than me and she is financially dependent on me and she is very heavily invested in our marriage. It would be a very cruel thing to do to her to end the marriage. I am not prepared to do that. If she were to be run over by a bus I certainly wouldn't get married to a woman again. I would be very likely to investigate the possibility of having a relationship with a man. I am obviously not hoping for that to happen because I do care for her. She's my wife. I don't have the option to change things so I will just put up with it. Sometimes it makes me sad."

Social Meeting Spaces

The absence of gay social meeting spaces in the county was perceived by participants as a significant gap in what was available. People have to travel out of the county to access social meeting spaces.

“Living here in Somerset, especially being a gay man, when I first came out it was different than what it is now. Back then we had one club night a fortnight which was usually on a Tuesday and it was the only place you could go and be yourself without fear of prejudice or violence.”

People we also interviewed perceived the need for gay specific social meeting spaces as still being important, to promote feelings of safety and security, even though changes in attitudes in recent years had made an impact on the way gay and bisexual men felt living in the county.

“We’ve got no safe haven to go out for a good night to be yourself without the fear of prejudice. I feel it’s got worse for a gay man as there isn’t any other service apart from the sexual health clinic. I don’t know of any other services offered to gay and bisexual men in Somerset.”

“Would I go out to a local pub the answer would be no. The majority of the local people here, their horizons aren’t very wide. I wouldn’t want to get myself into a position where, especially if they are drunk, you get jeered at, I wouldn’t put myself into that position.”

“I could have found myself so much more quickly had there been something that was accessible. They have tried in the past to set up clubs and bars in Taunton and in Yeovil. The pub there had a gay night but they weren’t very terribly well supported. There was a lot of fear going on in those days. People were terrified of being ‘outed’ when it still was a big challenge and I don’t think now the business of coming out is such a big deal.”

“If there was a gay pub like they have in London say within 20 miles of here that was open all day, day and evening, I would go. If it had a café air about it, something that was non-threatening. If there was a pub like that and where straights could also go in but it was known as being a gay pub and if you could go there and see another gay man in there.”

One participant spoke of an idea he had had for a social meeting space for gay and bisexual people in the area.

“You could meet other people that are gay/lesbian/bisexual and share your experiences with them. They might have had the same experiences that you’ve had but they’ve managed to deal with it or they know somebody that can help.”

“It would be nice if there were a gay friendly coffee shop or something like that.”

Many of the participants mentioned the closure of previous gay social meeting spaces, especially in Taunton, over recent years as being a loss to the county.

“If I ever won the lottery I would buy a pub and turn it into a straight-friendly pub and I would advertise it as a straight-friendly pub, gay pub, whatever, and I’d have the (rainbow) flag out the front.”

One of our MSM interviewees spoke of his concerns for the concept of “gay” or “straight” bars and clubs.

“I think it’s a mistake to call a club or pub “gay” or “straight” because it sets up an automatic divide. There aren’t areas where nobody cares and it doesn’t matter. We are not terribly cosmopolitan around this neck of the woods. You need to go to London or Bristol or perhaps Exeter.”

Participants talked about informal gay social groups they accessed such as walking and

rambling groups and other informal groups including supper clubs.

“There are a few clubs, there's like a rambling club, a motorcycle club and things like that but I haven't really been integrating myself that heavily into those sort of groups but I'll probably be looking to join some of them in the future. But really there isn't that much of a gay support network here in Somerset.”

One MSM mentioned how when he found the Somerset Gay Outdoor Club (GOC) he found both friendship and invaluable support through the other members of the group.

“I went online and searched the terms “Gay” and “Somerset”. GOC was the first support that I found. Mainly the individual members of the GOC who have become my friends, have become my best and frontline support. They were wonderful.”

Belonging to Community

The men we interviewed felt that they were connected to a sense of community, and that this was facilitated through social networks, and people questioned how other men would find these social networks and this could impact on isolation in the county for some gay and bisexual men. This is perhaps particularly true for men that don't identify as gay or bisexual and who don't live openly as gay or bisexual men. We have called these men “MSM” defined as “men who have sex with other men”.

“It would be nice to be able to talk to more like minded people because whilst I haven't had to put up with it or suffer it a lot of gay people are anti-straight people. In the same way as some straight people aren't necessarily violent but they are anti-gay. It would be nice if people minded their own business and thought live and let live. You walk in and everyone stops talking if I walk in with my girlfriend.”

Concerns were also expressed by participants for men under 25 years and men over 65 years in age as this may impact on social isolation for these groups of men. For example, access to travel and transport links.

“There's nothing here for young gay and bisexual men. There was a young lad and he had trouble when he was coming out. He said to me ‘There's nothing here is there?’ and I said ‘No’. Now he's living up in Manchester...he went to Brighton, Blackpool, set up in Manchester and he said he'd never come back to Taunton. I think that's why a lot of them have moved on is because there's nothing down here.”

“I expect there are some young gay men living out here in the sticks who are isolated and lonely and are terrified to come out and they've got nowhere to go. There is nowhere for youngsters to go.”

“ I went out on New Years Eve with friends and there were some older men probably about late 60s, early 70s, nursing a pint, not looking as if they'd come out for a night in a club. They weren't really engaging with anybody or they just sat on their own and I thought 'Isn't that sad?'. You know on a New Year's Eve they've come out to a gay club where people were predominantly our age maybe and younger, there wasn't that many younger, but I just thought 'well that's quite scary really'. I don't know where they came from it might not have been local people, they could've been Somerset people, but on a New Year's Eve, family and friends they choose to come out to a gay club and be quite lonely. It really quite upset me. I think why haven't we got stuff that would be more age appropriate.”

The MSM we interviewed told us that they were not “out” in their day-to-day lives and this impacted on their ability to access social and support opportunities and therefore how they met other gay and bisexual men.

Many gay and bisexual men told us that they got their information by “word of mouth” and that this informal network helped them gain support from other gay and bisexual men.

Older men, aged 50+, told us that they had developed a social / support network for themselves. This network was essential for their wellbeing and gave them a sense of belonging to community.

Internet and Social Media

Most of the gay and bisexual men we spoke to used the internet to find out information, and used social media and geo-special networking apps to meet others. People used one site called “[Out Everywhere](#)” as an online resource to access information and social opportunities.



“ The only way I connect with people in Somerset is via the internet. I can't think of any local gay pubs or clubs that one could go to in Somerset. I don't think that there are any within Somerset...some of that is down to the fact that the internet is so pervasive nowadays and that people tend to choose not to go to a pub or club to meet somebody. A lot of the younger generation tend to use the internet or their mobile phone as a method of social communication.”

“ When I moved to Somerset I really wasn't that interested in the gay scene or really finding a relationship as I'd come out of a relationship. I was more interested in developing other sides of my nature, my spirituality, than getting into a relationship. I've had a period of illness in my life and only in the last couple of years have I become fit enough and have enough self-worth to think that I might just dip my toe back in the water again.”

Hate Crime and Harassment

Research published by Galop in 2013 showed there are just under 100 homophobic attacks each week in the UK.⁸ Stonewall also reported in the Gay British Crime Survey in 2013 that 75% of victims of homophobic attacks don't report attacks.⁹

Gay and bisexual men in Somerset reported experiencing homophobia and hate crime whilst in a range of different settings. These attacks were sometimes reported but often were left unreported.

“A friend of mine was walking back along the canal from town. He had a guy follow him back to the end of his street. This guy had an iron bar shoved up his sleeve just waiting for my mate to reach for his phone.”

One gay man, whilst in a hospital, told us about his experiences of staff not knowing what to do when confronted by homophobia.

“This guy turned up and started being really homophobic and he was being nasty about it. I ended up calling the police myself because the hospital staff were incapable of sorting it out.”

The existence of LGBT Liaison Officers within the police was perceived as a positive move but that access to support can sometimes be varied and frustrating.

“People are aware that there are LGBT police liaison officers but wouldn't necessarily know how to contact them or where to find them in some cases. I rang up and asked for the LGBT liaison officer, they said 'He's on holiday today. Would you like somebody else?'”

A focus group participant spoke about their frustrations with reporting anti-social behaviour on their own estate.

“I experienced an incident on my estate and I didn't report it. The housing officer told me that I could report it and they said 'the police are pretty good here'. The reason I didn't report it was... 'what are they going to do anyway?' because in my particular incident it was a bunch of kids. I just didn't know what they were going to be able to do whether it would actually be of any help at all.”

Whilst advances have been made in terms of legislation, many gay and bisexual men still feel unable to show affection to a same-sex partner in public.

⁸ <http://www.galop.org.uk/wp-content/uploads/2013/08/The-Hate-Crime-Report-2013.pdf>

⁹ https://www.stonewall.org.uk/documents/hate_crime.pdf

“At lunch time you’ve got people walking around with their girlfriends, holding hands. They’ve been at work, they meet up for a little lunch holding hands, little kisses and you think ‘quite sweet’. But you don’t see two guys being able to do that. If they did they’d get shouted at by the preacher in the middle of town ‘go to hell’ and it makes national news. I think that’s the issue; it’s almost like we’ve moved on and it’s ok but just don’t shove it in our faces.”

“I go to other places and see guys holding hands and I actually think that’s really nice’ but it wouldn’t happen here and that is a real shame.”



“I think for me it would be you might get away with it but it’s what people say behind your back, maybe 20 paces down behind you. And in actual fact in life none of us really want confrontation so that there is that element of even if you did do it, you wouldn’t be entirely comfortable with it. So you’re doing it because actually you’re in love with each other or whatever that may be but actually that’s marred by the fact that someone might say something either to your face or just in earshot or out of earshot. So it spoils what should just be a natural thing.”

“Sometimes I feel quite jealous when I see other people holding hands. I think wouldn’t it be nice if I could do that without any judgment. It’s just like a normal thing.”

Gay and bisexual men adapt their behavior, for example not holding their partners hand in public, for fear of attack and abuse.

In another example a gay couple talked about how they spoke to their lodger, who was himself heterosexual, about how he would be judged and perceived living in a “gay” household.

“We had a lodger move in and we said to him “you are going to be judged”. If you can live with that that’s alright. But because you are living here people are going to think that you are gay too and we said if you cant cope with that then you’ve got to find somewhere else to live. There are some very naive and narrow minded people that don’t understand and what they don’t understand, it’s a great shame really.”

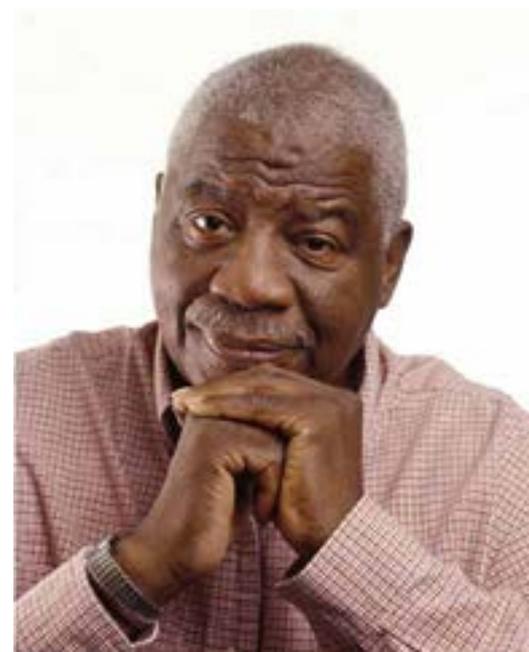
One of our MSM interviewees spoke about his experience of being invited himself to take part in “queer bashing” when he was growing up.

“I came from a working class background. My friends were quite rough and ready. I was asked on several occasions if I actually wanted to go “queer bashing”. I obviously wasn’t very keen. When people talk about “benders”, “queers” and all of that. It makes you feel lonely. It makes you feel like you’re a square peg trying to fit into a round hole.”

Retirement and Later Life

The gay and bisexual men we spoke to told us of their concerns about retirement, and later life, and going into residential care homes where staff attitudes can sometimes be hostile. There is mixed evidence to support this with some older gay and bisexual men reporting positive experiences living in residential care and the support they receive.

Researchers at Kingston University London published research in 2011 about LGB and Trans people having to go “back into the



closet” when going into residential care for fear of being discriminated against by staff, other residents and visitors.¹⁰

“ I think that is an issue in terms of if you just think of the training of staff. I think with all the horror stories you hear around some of these care homes I think there’s huge training needs particularly in terms of sexual identity and how that you know might be for someone that’s in that home. Because not only have they got the staff they’ve got all the other residents as well. At the moment if you’re sort of 70 and the others are between 70 and 80 they’re probably going to have very old school views on homosexuality and you’ve put yourself into...it’s almost like the lion’s den potentially. I think you talk about that sort of isolation again and not being able to be yourself, I think that’s quite awful. So it’s a real worry for the future.”

One participant spoke of the opportunities now from the changes in legislation, such as the Equality Act 2010 and the Marriage (Same Sex Couples) Act 2014, and the changing attitudes towards gay and bisexual men within society.

“ I read an article recently, and it does say that because we are becoming more and more socially accepted and integrating ourselves within society, one does sometimes think ‘Do we need to have separate groups because there is so much less stigma with the fact of being a gay man. But we are getting to the point where what’s the point of having a support group if we are no longer seen as a minority? I think it’s gone past a point where I have to go to a Pride march and fight for my rights to be a gay man because it’s just accepted nowadays and it’s not a big deal. I’m ‘Steve’ first and foremost, my sexuality shouldn’t be...I don’t want people putting me in a box and saying ‘Oh you’re a gay man’ and therefore stereotyping me in some way. First and foremost see me as a unique individual person that I am but I just happen to be gay and it should be irrelevant and that’s what I hope we’re moving more towards.”

One of our interviewees opened up about his own feelings of loneliness and isolation living in the county and how he overcomes these feelings.

“ I think in Somerset there’s probably a lot of those people who are out there, there’s probably some older gay men who are quite isolated and lonely. I think for me, you know I’m a busy guy, I’ve got a good job, I’m quite happy, I’ve got a nice house – I’ve just moved house – but actually at times I feel quite lonely. I don’t have a partner so I keep myself busy with other things but the bottom line is you think ‘well if I didn’t have all of that what would I be doing?’. I would not be in a good place.”

¹⁰ <http://www.kingston.ac.uk/news/article/479/25-oct-2011-gay-people-risk-going-back-into-the-closet-in-old-age-sociologists-find/>

Awareness Training

Our interviewees spoke about the need for training to better understand LGB and Trans people and identities particularly in schools.

“Positive education in school that gay, bisexual, transgender and lesbian relationships are healthy and they should be educated through children at school that they are healthy. You are less likely to have someone prejudiced and bigoted to enter society. In the end it will save the taxpayer a lot of money. It will reduce violence and it will reduce bullying at school. Children at school who're bullied because they are brave enough to come out and express their sexuality at a much earlier age than I ever did and it's great that they feel they can do but I think that there's also a lot of persecution of children at school. I do know that there are teenagers that tragically take their own lives because of bullying.”

One bisexual man spoke about the difficulties he has of finding acceptance for his bisexuality even within his own community.

“I find a lot of people have got really negative attitudes. I mean probably a lot of that is just what they've picked up at home. I don't know what is like in schools now in terms of tolerance and normalising. I'm aware there is probably some stuff about normalising with regards to gay men and lesbians but bisexual and trans people? Probably less so which is probably partly why people still, partners and families and stuff, still end up feeling so isolated as it still feels 'weird', it still feels different.”

Other participants spoke about the need for training in health and social care and amongst other service providers.

“I think we do need to have more money spent on educating GPs and other support networks. Adult Social Care for example, they're not very aware of how to deal with someone who is a gay man and that our requirements are slightly different from a straight person. Not a huge amount but a little bit of knowledge and recognition not just 'Oh' and 'Hmm'. It's quite often that... So therefore some education at that level.”

“Whether or not I feel comfortable enough to divulge that I am a gay man is maybe a bit more of an issue. For example my GP doesn't know that I'm gay. I've never felt that there's been a need to let them know.”

Participants spoke of the potential for service providers to be trained to provide improved services and promoted to the local LGB and Trans communities as a way forward to increase access to services.



“I think what might be useful is I have come across GP’s that don’t particularly have a great knowledge how to deal with or understand a person with a gay lifestyle and they find it embarrassing if someone comes in and talks about matters quite frankly. I think there needs to be training at the hospital level but I think more importantly at the GP level. I’d be interested to find out how much training GPs get on dealing with sexuality issues or medical issues that are relating to gay and bisexual men. I doubt if they get any training at all on that.”

“Because ultimately your first point of contact is going to be your GP. So your GP should maybe be saying ‘these are the therapists that you want to be looking for.’”

Training Resources

We have developed a dedicated website for information and advice on accessing LGBT awareness training. Please visit the website <http://www.lgbt-training.org.uk>

Monitoring Sexual Orientation

Participants spoke of their concerns about monitoring of sexual orientation. People spoke about how they would feel cautious over revealing their identity to services. Whilst participants didn’t say monitoring shouldn’t take place, they strongly emphasised the need for confidentiality and anonymity when services do monitor sexual orientation.

The Future

We asked participants what they thought the future might look like and this was summed up by one MSM interviewee.

“We are in the 21st Century and people’s sexual orientation shouldn’t be important, it probably isn’t important to the majority of people. I think if it continues down that path it will be good. There won’t be a need to “come out” because you will have never been “in”. I think the momentum of change, of acceptance, it can only be for the good.”

Recommendations

From this research into the access, support and information needs of gay and bisexual men in Somerset we make the following recommendations to service commissioners and service providers.

1. Communications

We know from our own research, and research carried out by others, that gay and bisexual men are more likely to access advice and information online.

Gay and bisexual men have told us if a service doesn't reflect them, through the use of "positive images" reflecting gay and bisexual men's lives, they are less likely to engage with the service.

- Ensure messages about gay and bisexual men are included in online communications;
- Ensure campaigns and communications utilise social media as a good engagement tool for reaching gay and bisexual men;
- Avoid the use of the word "homosexual" as this is seen as pathologising and isn't inclusive. Use instead the words "Gay", "Bisexual" or "MSM". See the Glossary of Terms at the back of the report for more information.

2. Advice, Support and Information

Gay and bisexual men told us that they were more likely to seek advice and information through a range of different media including online, through social media and geo-spatial networking apps.

- Use language and imagery that reflects the lives of gay and bisexual men in campaigns;
- Include gay and bisexual men in the design and delivery of campaigns;
- Don't make assumptions about sexual orientation; challenge heterosexism and heteronormativity;
- Organisations that create an atmosphere of acceptance and celebration are more welcoming to people from all protected characteristics including gay and bisexual men;
- Challenge homophobic and biphobic attitudes and behaviours;
- Explore the use of language, for example, switch to using "partner" when gender identity and / or sexual orientation isn't known;
- If you are unsure about language or pronouns relating to gender identity and / or sexual orientation it's ok to ask;
- Development of a counselling or psychotherapy service which is LGB and Trans friendly.

3. Monitoring Sexual Orientation

Confidential and anonymous sexual orientation monitoring of staff and service users should be included in equalities monitoring and the data used to improve access to services. For advice and



guidance on monitoring sexual orientation please visit our website
<http://www.lgbt-training.org.uk>

Please also see [Appendix 2 \(Page 25\)](#) for examples of monitoring gender identity and sexual orientation.

4. Support for Gay, Bisexual and MSM

Gay, bisexual and MSM seek support, and there is support available, both online and through existing organisations and groups. For a list of resources see [Appendix 4 \(Page 29\)](#).

5. Built Environments

Gay and bisexual men have told us about the lack of visibility when accessing services.

→ Use posters and displays to communicate positive images and messages aimed at gay and bisexual men.

6. Health Settings

Gay and bisexual men told us they often access GP surgeries for advice and information.

→ Ensure targeted information is made available at GP surgeries.

APPENDIX 1: RESEARCH QUESTIONS

We asked participants about:

1. The support systems gay and bisexual men currently use.
2. What gay and bisexual men know about what is going on across the county for support.
3. What gay and bisexual men think needs to be done and how this can be achieved.

Research Ethics

- We used audio recordings which were transcribed and the quotations were anonymised.
- Any personal information given to us by participants was held in accordance with the Data Protection Act (1998) and would not be shared with third parties.
- Participants had the right to withdraw from the research, for any reason, at any time.
- You can read more about our Data Protection policy on our website www.diversitytrust.org.uk

APPENDIX 2: MONITORING GUIDANCE

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

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

Monitoring sexual orientation and gender identity can:

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

Example of Monitoring Sexual Orientation

Which of the following options best describes your sexual orientation?

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

Avoid the use of “homosexual” in equality monitoring forms. As well as being perceived as pathologising (regarded or treated as psychologically abnormal) the term “homosexual” when monitoring sexual orientation doesn’t count Lesbians and / or Bisexual Women and Men.

Monitoring Gender Identity

A Model Example of Monitoring Gender Identity

Do you identify:

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

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

- Yes
- No
- Prefer not to say

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

NB. Many Trans people, including people living either post-operatively or post hormone therapy, do not necessarily identify as Trans or Transgender, so they may not answer a question which asks directly if they are Transgender.

Source: National LGB & Trans Partnership

APPENDIX 3: GLOSSARY OF TERMS

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. It is also important to be aware that people may not choose to use a particular term to identify themselves, even if they fit within the definition (for example, a man who has sex with men may not identify as gay), and some people may identify with a particular term even if they do not entirely fit within the definition.

Asexual a person whose identity is non-sexually oriented. They may have 'emotional orientations,' or romantic feelings, towards same-sex or opposite sex people, or not. This is a contemporary and emerging self-identification. Asexual is not the same as celibate; an Asexual person does not generally feel sexual attraction, while a celibate person may feel sexual attraction but not act upon it.

Biphobia a common stereotype of bisexuality is that it is 'a phase' on the way to a 'mature' lesbian, gay or heterosexual identity. Some recent research has 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 person who has an emotional, sexual or romantic attraction toward more than one sex/gender.

Closet or closeted are adjectives for LGB and / or Trans people who have not disclosed their gender identity and / or their sexual orientation.

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

Discrimination

There are four definitions of discrimination included in the Equality Act 2010:

- ➔ Direct discrimination: Someone is treated less favourably due to their protected characteristics.
- ➔ Indirect discrimination: The unintended consequence of a policy disadvantages a particular equalities community or someone with a protected characteristic.
- ➔ Discrimination by association: Someone is discriminated against and/or treated less favourably because they associate with a person with a protected characteristic
- ➔ Discrimination by perception: Someone is discriminated against because others think they have a protected characteristic.

Gay most commonly refers to men who have an emotional, romantic or sexual attraction to other men. Some Lesbians identify as "Gay" or "Gay Woman" / "Gay Women".

Hate Crime a crime committed on the basis of the actual or perceived: age, disability, ethnicity, gender identity, religion or belief, sex or sexual orientation of a person. Some hate crime definitions include covering identities such as “Goths” or “Emo’s”.

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). See also “Heteronormative”.

Heteronormativity denoting or relating to a world view that promotes heterosexuality as the normal or preferred sexual orientation.

Heterosexual an individual who has an emotional, romantic 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 is 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 authorities (e.g. doctors, police, the media) to refer to an individual who has a sexual, romantic or emotional attraction towards someone of the same sex. This term is often rejected by LGB people as being too clinical/medical and the terms “Lesbian”, “Gay” or “Bisexual” 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.

Intersectionality people from protected groups (e.g. age, disability, ethnicity, gender identity, religion or belief, sex and sexual orientation etc.) experience oppression in varying ways and in varying degrees of intensity. Cultural patterns of oppression are not only interrelated, but are bound together and influenced by the intersectional systems of society. See also heteronormativity and heterosexism.

LGBT/LGBTQ/LGBTI 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”.

MSM (men who have sex with men) men who engage in sexual activity with members of the same sex, regardless of how they identify themselves; many MSM do not identify as gay or bisexual. The term MSM is often used in social research to describe men as a group for research studies.

Outing (or being outed) is the act of disclosing a persons gender identity or sexual orientation.

APPENDIX 4: FURTHER RESOURCES

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

Local Groups and Organisations

2BU Somerset

2BU is a Somerset based youth support group for LGBT young people.

Website <http://www.2bu-somerset.co.uk>

Eddystone Trust

The Eddystone Trust is an independent organisation providing information and support for anyone affected by HIV or sexual health across the South West.

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

THT Somerset

This service is for everyone living in Somerset, living with or affected by HIV, as well as those in the LGBT community.

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

National Groups and Organisations

Broken Rainbow

National helpline for LGBT survivors and victims of domestic violence and abuse.

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

Lesbian and Gay Switchboard

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

Website www.llgs.org.uk

Stonewall

Stonewall working for equality and justice for Lesbians, Gay men and Bisexuals.

Website www.stonewall.org.uk



Prepared by The Diversity Trust
PO Box 5189, Somerset BA6 0BN
0844 800 4425

www.diversitytrust.org.uk
info@diversitytrust.org.uk