

'Evidence for Change'

Bristol Lesbian, Gay, Bisexual and Trans
Health and Wellbeing Research Report
September 2016

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Executive Summary

The aim of this report is to improve access to health services in the Bristol area for Lesbian, Gay, Bisexual, Trans and LGBT+ communities. The programme was funded through the Healthwatch Community Pot, and the Diversity Trust were commissioned to carry out a Health Needs Assessment, focusing on the specific health inequalities experienced by LGBT+ communities.

Between 2012 and 2015 the Diversity Trust has asked over 1100 Lesbian, Gay, Bisexual, Trans and LGBT+ people across the West of England region about their experiences of health and wellbeing, and about their experiences accessing and receiving healthcare services.

We have carried out the following LGBT+ Health Needs Assessments:

- In Somerset (2012 and 2015) with 250 participants
<http://www.diversitytrust.org.uk/news/2015/03/02/engaging-better-with-lesbian-gay-bisexual-and-trans-communities/>
- In Bath and North East Somerset (2014) with 330 participants
<http://www.diversitytrust.org.uk/news/2014/11/27/lesbian-gay-bisexual-and-trans-health-and-wellbeing-in-bath-and-north-east-somerset/>
- In South Gloucestershire (2014 and 2015) with 125 participants
<http://www.diversitytrust.org.uk/news/2014/09/05/south-gloucestershire-lgb-and-trans-health-and-wellbeing-needs-assessment-report-published/>
<http://www.diversitytrust.org.uk/news/2015/01/29/LGBT+-young-people-in-south-gloucestershire/>

Bristol Research

The Bristol research was carried out between July 2014 and July 2015. A total of 400 people took part in our research study. We had 271 people take part in our online survey. A further 130 people took part in consultation and engagement events, in interviews, discussion and focus groups and in a short paper-based qualitative survey. A further 100 participants took part in briefing sessions for health professionals which ran between July 2015 and February 2016.

Contents

- The findings from the Bristol LGBT+ Health Needs Assessment
- Recommendations for NHS health service providers
- Pledges made by participants from the health briefing sessions.

Headlines

- 61% of participants had sought help for anxiety or depression
- 32% had hurt or injured themselves (known as self-harm)
- 20% were feeling unhappy and depressed in recent weeks
- 59% had thought about suicide or tried to kill themselves
- Most people would seek help from friends (54%) or a partner (52%) when they are unwell
- 35% stated they had a physical health condition expected to last 12 months or more
- 34% stated they had a mental health condition expected to last 12 months or more
- 68% said they had felt discriminated against because of their gender identity and / or their sexual orientation
- 55% of participants had experienced discrimination on the streets, 48% whilst at work, 44% in bars and clubs and 37% whilst at school
- 67% were “out” in their local area and 25% weren’t “out”
- Participants were most likely to be “out” in social spaces, at work and when volunteering
- We found that participants feared discrimination and prejudice, or a lack of understanding from health care professionals, directly relating to their gender identity and / or their sexual orientation
- Awareness of LGBT+ issues, as well as making assumptions and stereotyping LGBT+ people, among some health care professionals was a concern for many participants
- Assumptions that LGBT+ people are cisgender and / or heterosexual. “What about your [opposite sex] husband / wife?” is a common question, particularly for lesbians and gay men in same-sex relationships
- Some LGBT+ people do not “come out” when accessing a range of services, because they fear being treated negatively or experiencing poor service as

- a result. For example, they may have experiences of receiving homophobia, biphobia and / or transphobia from professionals or fear that this might take place
- A lack of understanding and awareness from health professionals of issues for trans patients relating to gender identity was a concern for many of the trans participants
 - LGBT+ people fear holding their (same-sex) partner's hand in public for fear of attack, especially when on the streets.

Recommendations

We recommend the following to health and social care service providers based on the findings from this research report.

Recommendations: Culture Change

Culture change is at the core of how to improve the experience of LGBT+ patients accessing health services. Our respondents told us of their experiences of the assumptions some professionals make, and of discriminatory behaviour which has often gone unchallenged. Culture change can best be achieved through a programme of interventions including:

- Face to face (classroom based) equality and diversity training, with a focus on working with LGBT+ patients and communities
- Effective gender identity and sexual orientation equality monitoring
- Analysis and understanding and application of gender identity and sexual orientation equality monitoring data
- Gathering feedback from LGBT+ communities, especially patients and service users
- An increasing presence of representative images of LGBT+ people in all communications, especially online and via social media. This should include representation of same-sex couples in communications (such as posters, web pages, social media sites etc.)
- Increased availability of LGBT+ information, especially in GP surgeries, reception areas and waiting room areas
- A public equality mission statement, with reference to the protected characteristics, including gender identity and sexual orientation
- LGBT+ Champions roles from within and across management boards, management, frontline workers, patient representatives and volunteers
- Engaging LGBT+ patients in conversations about when and how to discuss their gender identity and / or sexual orientation, identifying when it is and isn't relevant

Our culture change recommendations above are made to all services including: health services, education, mental health services, social care services, sexual health services and substance misuse services.

Recommendations: Mental Health Services

- Adoption of all culture change recommendations above
- Increased engagement with LGBT+ groups and organisations by mental health services
- Ensuring availability of out LGBT+ therapists and counsellors as well as LGBT+ affirmative counsellors
- Increased cultural competence of staff working in mental health services of the diverse needs of the intersectional identities within LGBT+ communities

Recommendations: Sexual Health Services

- Adoption of all culture change recommendations above
- Increased access to and visibility of information to LGBT+ people, in particular LGBT+ young people, about locations, uses and availability of sexual health services
- Improved standards of anonymity and confidentiality within sexual health services. This was raised as a concern by several research participants who had accessed local sexual health and HIV testing and treatment services
- Increased awareness and acknowledgment of LGBT+ and same-sex relationships and identities and experiences of sexual health.
- Increased access to relevant sexual health information and services for lesbian and bisexual women, trans women and trans men and non-binary patients
- Increased cultural competence of staff working in sexual health services of the diverse needs of the intersectional identities within LGBT+ communities, for example the experiences of pansexual people.

Recommendations: Substance Misuse Services

- Adoption of all culture change recommendations above.
- Development of specific outreach programmes targeting LGBT+ venues and events
- Provisions of services outside working hours. Many LGBT+ people using drugs and / or alcohol are recreational users, are often highly functioning and in full-time jobs and unable to access services during the working day
- Action to raise awareness about substance misuse services, and drugs and their effects, in LGBT+ venues, at LGBT+ events and within LGBT+ communities
- Employing out / open LGBT+ staff and volunteers within substance misuse services to create a safe space for LGBT+ people to access information and support
- Ensuring increased understanding and awareness of the links between health inequality, minority stress factors, mental health and substance misuse and the impact on LGBT+ individuals and communities, for staff and service users

- Ensuring increased cultural competence of staff working in substance misuse services of the diverse needs of the intersectional identities within LGBT+ communities.

Recommendations: Older People's Services

- Adoption of all culture change recommendations above
- Domiciliary and residential care service providers should ensure adequate staff training covering LGBT+ within core equality and diversity training programmes
- Consideration of the sex and relationship needs of older LGBT+ people
- Consideration of the needs of (LGBT+) people in same-sex relationships in domiciliary and residential settings
- Increased profile of LGBT+ within the Bristol Ageing Better (BAB) programme
- Increased cultural competence of staff working in domiciliary and residential services of the needs of the intersectional identities within LGBT+ communities.

Recommendations: Education and Younger People's Services

- Adoption of all culture change recommendations above
- Schools and colleges have a duty of care to LGBT+ young people and increased work should be done in schools to challenge homophobic, biphobic and transphobic bullying, harassment and victimisation
- Schools should engage with LGBT+ services, particularly local LGBT+ youth provision
- Increased provision for Trans youth, for parents of Trans youth and for youth with a Trans parent
- Homelessness agencies should be mindful that LGBT+ youth can experience homelessness following coming out to their families
- Increased cultural competence of staff working in schools of the needs of the intersectional identities within LGBT+ communities.

Recommendations: Intersecting Identities

Consideration of intersecting identities; for example the additional levels of oppression Black and Minority Ethnic (BME) and Disabled LGBT+ communities, as well as older and younger LGBT+ people, experience should be acknowledged, understood and additional research carried out.

Recommendations: Celebrate!

Organisations can celebrate a calendar of events which take place throughout the year celebrating LGBT+ communities including:

- LGBT History month (February)
- Trans Day of Visibility (31 March)
- International Day Against Homophobia, Biphobia and Transphobia – IDAHOBIT (19 May)
- LGBT Pride Festivals (June/July)
- National Coming Out Day (11 October)
- Spirit Day (17 October)
- Transgender Day of Remembrance – TDoR (20 November)
- World Aids Day (1 December)

This engagement raises the profile of the organisation with LGBT+ communities, increases engagement with communities, increases cultural competence of staff and will increase the number of LGBT+ people accessing services.

Recommendations: Improving Access for Trans Patients

- Ensure the availability of education and training for health care professionals on working with trans patients and on improving knowledge of gender identity
- Information on the health needs of trans patients available to GPs and other NHS health service providers
- Increased access to facilities and funding to remove facial hair, other than by laser depilation, for trans patients
- Increased awareness and implementation of the trans referral pathway direct to Gender Identity Clinics (GIC) by GPs
- Improved confidentiality of gender identity when booking into GP surgeries, and in other health care settings
- Improvements in confidentiality when discussing trans patients and not outing them during conversations with colleagues
- Increase in awareness and understanding, and specific health needs, of non-binary and intersex patients
- Increase in awareness of the requirement for GPs to provide long-term prescriptions for Trans patients after discharge from GIC services

Recommendations: Monitoring Sexual Orientation

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

LGBT+ people have told services, and employers, that they want gender identity and sexual orientation to be monitored. In other research by Diversity Trust, we found over 80% (n=200) of people 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 LGBT+ communities;
- Stop LGBT+ people from feeling invisible;
- Support LGBT+ employees to feel an employer is less prejudiced;
- Send a clear message that steps are being taken to meet the needs and to protect LGBT+ people from being discriminated against, harassed and / or victimised.

Example of Monitoring Sexual Orientation

Which of the following options best describes your sexual orientation?

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

Tip!

Avoid the use of the word “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.

Recommendations: Monitoring Gender Identity

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.

It is also worth noting that many Trans people will be afraid to admit to being Trans for fear of discrimination.

We do have a good idea of the number of LGBT+ people in the population, and that the results of monitoring can be seen as a measure of how safe patients feel about coming out as LGBT+ when accessing a service.

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.

For additional guidance on monitoring gender identity http://www.equalityhumanrights.com/sites/default/files/documents/research/rr75_final.pdf

For a useful plain language guide for patients on why equality monitoring is important <https://www.stonewall.org.uk/sites/default/files/wigtdwm.pdf>

Sources: Diversity Trust, GIRES and the National LGBT Partnership

Working to Support the Recommendations

To support these recommendations we have been working with the local Healthwatch towards a culture change within the local NHS by:

- Carrying out local LGBT+ health needs assessments
- Delivery of face to face (classroom-based) LGBT and gender identity awareness training for health professionals
- Development of local LGBT+ Health and Wellbeing strategies

Domestic Abuse Services

We have published a report on domestic abuse services and access for LGBT+ communities. The report is available online from http://www.diversitytrust.org.uk/system/assets/157/original/MA4362_LGBT_Report_March2016.pdf

Substance Misuse Services

We have published a report on substance misuse services and access for LGBT+ communities. The report is available online from http://www.diversitytrust.org.uk/system/assets/105/original/ROADS_3.pdf



Background

There has been a significant increase in the visibility and profile of LGBT+ communities throughout society. More LGBT+ role models are appearing in the media every day. This increase in visibility has the very real potential to impact on the wellbeing, particularly of LGBT+ young people, in a very positive way. This report highlights the health inequalities which exist for LGBT+ people, inequalities often based on experiences of homophobia, biphobia and transphobia which are still present throughout society. More work needs to be done to tackle these health inequalities and we hope this report, and the recommendations it contains, will help in some way to overcoming inequalities for LGBT+ communities.

It is clear from both the findings in this report, and from other national and local health needs assessments, that despite legislative changes including the Equality Act 2010 and the Public Sector Equality Duty 2011 further work needs to be done to remove the barriers and stigma LGBT+ people experience when accessing a range of services.

Legal Context

The Public Sector Equality Duty, which came into force in 2011 and is a key part of the Equality Act (2010), places an obligation on all 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. Gender reassignment [we refer to gender identity] and sexual orientation are two of the nine 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 gender reassignment and sexual orientation, including: providing a service which is less accessible or of lesser quality than is provided to those who do not share the same protected characteristic.

At the time this report was written the Trans Parliamentary Inquiry report was published stating:

“The NHS is letting down trans people, with too much evidence of an approach that can be said to be discriminatory and in breach of the Equality Act.”

Source: UK Parliament 2015

Public Health Context

Evidence suggests that LGBT+ communities are more likely to experience health inequalities in relation to public health and preventing premature mortality. (Public Health England, 2013)

- LGBT+ people often 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. (Public Health England, 2013)
- Local and national research, and needs assessments of LGBT+ communities, have repeatedly demonstrated higher levels of health risk behaviours, such as alcohol use, drug use and smoking, as well as higher levels of self-harm. (Public Health England, 2013)
- LGBT+ people are less likely to engage with generic health interventions and screening programmes. (Public Health England, 2013)
- Gender-specific screening can present particular challenges for Trans and a-gendered / non-gendered patients. (Scottish Trans Health Report, 2012)
- LGBT+ communities have higher levels of need for health intervention and more targeted support. (Public Health England, 2013)
- There's significant evidence showing high rates of suicide attempts amongst LGBT+ people. (Journal of Homosexuality, 2012).

A study published in the BMC Psychiatry in 2016 concludes:

“In the UK, LGB adults have higher prevalence of poor mental health and low wellbeing when compared to heterosexuals, particularly younger and older LGB adults. Sexual orientation identity should be measured routinely in all health studies and in administrative data in the UK in order to influence national and local policy development and service delivery. These results reiterate the need for local government, NHS providers and public health policy makers to consider how to address inequalities in mental health among these minority groups.”

Bristol LGBT+ Health Survey

Little is known about the size of the LGBT+ population in Bristol. Current estimates vary. One estimate suggests 1.5% LGB (Office for National Statistics, 2011), but the National Sexual Attitudes and Lifestyle Survey (NATSAL 3, 2013) 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'. The Department of Trade and Industry in preparation for the Civil Partnerships Act (2005) estimated between 5-7% of the population are LGB. The resident population of Bristol is approximately 442,500 (Bristol City Council, 2015). This would give an LGB population range of somewhere between 6,600 and 26,500 LGB people living in Bristol.

The Gender Identity Research and Education Society (GIRES), estimates the number of Trans people in the UK at 1% of the population defined as being on a "gender variant spectrum". This would give a population of over 4400 Trans people living in Bristol (GIRES, 2009).

Research Methods

This analysis focuses on health orientated questions in the LGBT+ survey to which 271 people responded. However, not all responders answered all questions so the sample size for each question varies. Other relevant information was gathered from responders such as gender identity, sexual orientation and age.

The same analyses were performed for each question by two demographic factors separately: gender identity and sexual orientation.

- A frequency table of the number of people responding to the different options in the question broken down by factor.
- A table of the share of the response for each level of factor.
- A chart of the share of the response for each level of factor.
- A mosaic plot of the share of the response for each level of factor.
- A frequency table of the number of people responding to the different options in the question broken down by factor and age.
- A log-linear model was fitted to the frequency table of factor and age and the effects of the factor, age and the factor by age interaction was tested for significance using a chi-square test. A summary of p-values were collated for easy comparison.

Similar tables and graphs were generated for the three demographic factors i.e. Gender Identity by Sexual Orientation, Gender ID by Age and Sexual Orientation by Age.

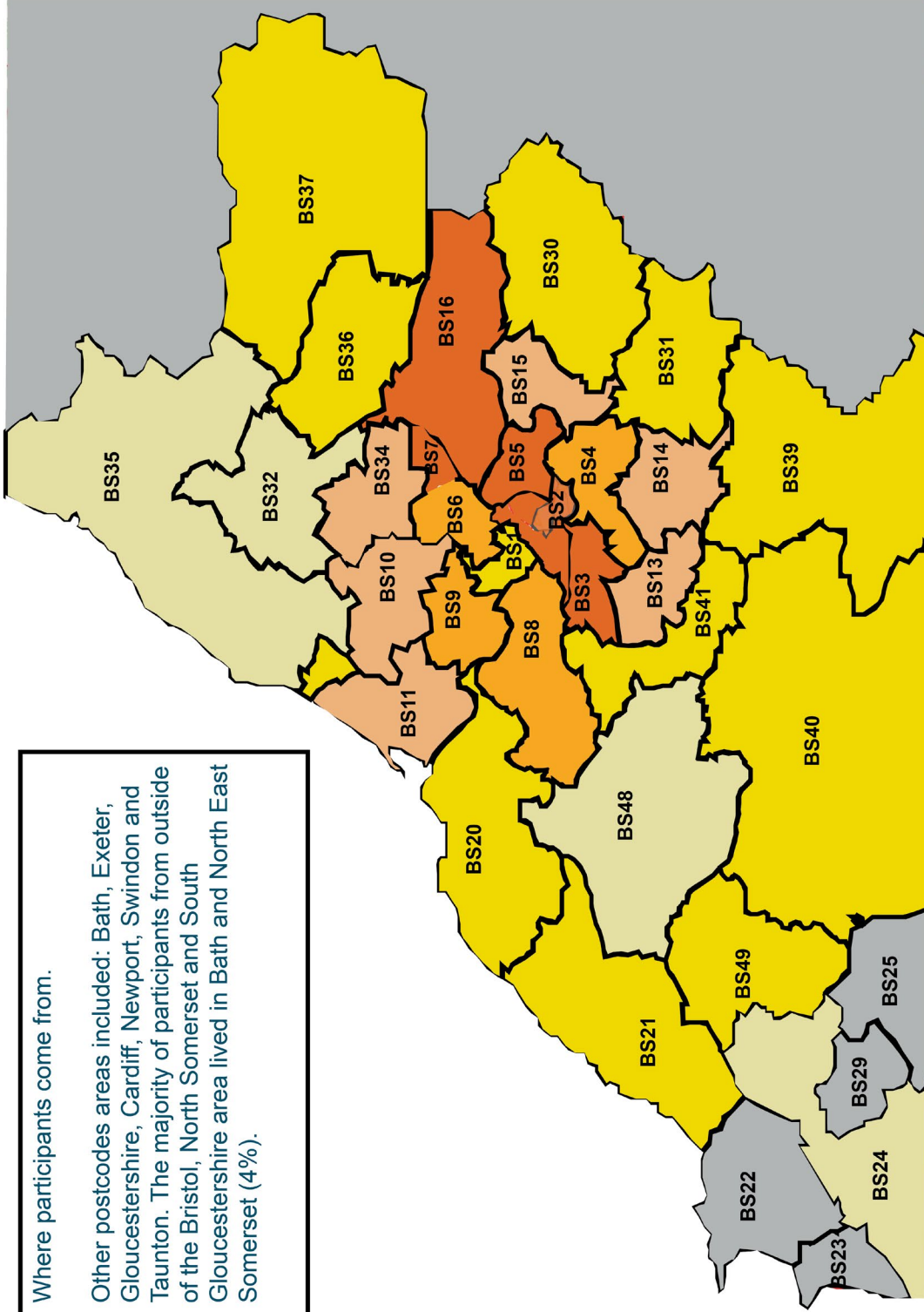
The whole data set of questions were analysed together in a Principal Components Analysis (PCA) to assess how the questions were correlated with each other and whether there was any grouping of people in the way they answered the questions.

Percentage of participants by Bristol post code

BS5	10.0%
BS3	9.6%
BS2	7.6%
BS7	7.2%
BS16	7.2%
BS6	6.8%
BS4	6.0%
BS8	5.6%
BS9	4.0%
BS10	2.8%
BS34	2.8%
BS15	2.4%
BS11	1.2%
BS14	1.6%
BS13	1.2%
BS1	0.8%
BS20	0.8%
BS21	0.8%
BS30	0.8%
BS31	0.8%
BS36	0.8%
BS37	0.8%
BS40	0.8%
BS41	0.8%
BS49	0.8%
BS24	0.4%
BS26	0.4%
BS28	0.4%
BS32	0.4%
BS35	0.4%
BS48	0.4%

Where participants come from.

Other postcodes areas included: Bath, Exeter, Gloucestershire, Cardiff, Newport, Swindon and Taunton. The majority of participants from outside of the Bristol, North Somerset and South Gloucestershire area lived in Bath and North East Somerset (4%).



Gender Identity and Sexual Orientation are very strongly correlated and so it is likely that similar results will be seen in both analyses.

The test for the effect of age in the two analyses measures the same thing and therefore should produce very similar outcomes.

There was some very statistically significant results for age (physical health). Physical health (Q5) had an unsurprising very strong trend of increasing prevalence of physical health conditions lasting 12 months or more with age. Self-harm (Q9) had a very strong trend of decreasing prevalence of “self-harm” with age.

66 statistical tests were performed. If a false positive rate of 0.05 (5%) is used to assess statistical significance we would expect approximately 3 statistically significant results by chance. There were 8 tests with $p < 0.05$.

The test for the interaction between factor and age is compromised by the number of cells where there are less than or equal to 5 responses. There should be fewer than 20% of cells with < 5 responses. A larger overall sample size is required for such a test to have much meaning.

The PCA indicated that there were two distinct groups of questions. Firstly, Q1 to Q4 were correlated with each other reflecting the underlying theme of recent health (acute). So individuals tended to answer Q1 to Q4 in the same way depending on their recent acute health. Secondly, Q5 to Q10 were correlated with each other reflecting the underlying theme of long term/on-going health (chronic). So individuals tended to answer Q5 to Q10 in the same way depending on their chronic health. Note that Q11 is correlated with both the chronic and acute health groups of questions indicating that those that had felt discriminated against were also likely to also have generally poorer health. There were no clear groupings of people with respect to the three demographic factors investigated.

We found examples of statistical significance in 8 areas of our Bristol research sample and a further 7 approaching levels of statistical significance. The tables below are coded red, amber and yellow according to the level of significance. The red areas demonstrate ‘high levels’ of statistical significance, the amber demonstrate ‘moderate’ levels of statistical significance and the yellow are ‘approaching’ levels of statistical significance. We applied tests to age, gender identity and sexual orientation.

GenderID, Test for Effects, P-values.

	Q1	Q2	Q3	Q54	Q5	Q6	Q7	Q8	Q9	Q10	Q11
	In the past few weeks have you been able to enjoy your normal day-to-day activities?	In the past few weeks have you been feeling unhappy and depressed?	In the past few weeks have you been losing confidence in yourself?		Do you have any physical health conditions or illnesses lasting or expected to last for 12 months or more?	Do you have any health conditions or illnesses which affect you and interfere with your normal activities?	Do you have any mental health conditions or illnesses lasting or expected to last for 12 months or more?	Have you ever gone for medical help for anxiety or depression?	Have you ever hurt or injured yourself on purpose? This is sometimes called 'self-harm'.	Have you ever thought about or tried to kill yourself?	Have you ever felt discriminated against because of your gender identity and / or sexual orientation?
GenderID	0.359	0.692	0.282	0.34	0.454	0.024	0.02	0.767	0.074	0.594	0.265
Age	0.641	0.174	0.085	0.179	<.001	0.644	0.072	0.062	<.001	0.402	0.495
GenderID by Age interaction	0.984	0.947	0.999	1	0.811	0.909	0.601	1	1	0.985	0.988

Key

p<0.001

0.05>p>0.001

0.1>p>0.05

Very strong statistical significance

Statistical significance

Approaching statistical significance

- We found that older Trans participants were more likely to have experienced poor physical health and younger Trans participants were more likely to have self-harmed.
- We found that Trans participants had an increased likelihood of having a physical health conditions or illnesses which affected their day-to-day lives. We also found that Trans participants were more likely to have had a mental health conditions expected to last 12 months or more.
- Trans participants were also more likely to have been losing confidence in themselves recently and to have sought help for anxiety and depression.



Sexual Orientation, Test for Effects, P-values.

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
	In the past few weeks have you been able to enjoy your normal day-to-day activities?	In the past few weeks have you been feeling unhappy and depressed?	In the past few weeks have you been losing confidence in yourself?	In the past few weeks have you been feeling reasonably happy, all things considered?	Do you have any physical health conditions or illnesses lasting or expected to last for 12 months or more?	Do you have any health conditions or illnesses which affect you and interfere with your normal activities?	Do you have any mental health conditions or illnesses lasting or expected to last for 12 months or more?	Have you ever gone for medical help for anxiety or depression?	Have you ever hurt or injured yourself on purpose? This is sometimes called 'self-harm'.	Have you ever thought about or tried to kill yourself?	Have you ever felt discriminated against because of your gender identity and/or sexual orientation?
Sexual Orientation	0.113	0.389	0.364	0.088	0.481	0.093	.0.81	0.903	0.014	0.544	0.384
Age	0.811	0.178	0.102	0.306	<.001	0.624	0.058	0.034	<.001	0.575	0.558
Sexual Orientation by Age interaction	0.998	0.999	0.999	0.999	0.976	0.906	0.587	1	1	0.988	1

Key

p<0.001

0.05>p>0.001

0.1>p>0.05

Very strong statistical significance

Statistical significance

Approaching statistical significance

- We found that older LGB participants were more likely to have experienced a physical health condition expected to last 12 months or more and younger LGB participants were more likely to have self-harmed.
- We found that all LGB participants were generally more likely to have sought help for anxiety and depression and to have self-harmed.
- We found that LGB participants were less likely to be feeling happy, more likely to have a health condition affecting their day-to-day lives, and more likely to have a mental health condition expected to last for 12 months or more.

The first component (x-axis) indicates the general health of the individual as all indicators regardless of whether acute/chronic are positive on the right of the graph and negative on the left of the graph. The second component (y-axis) indicates the difference between chronic and acute health questions. On the right of the graph where individuals are in good health the positive chronic indicators are higher than the positive acute indicators, which means those individuals high on the y-axis have better chronic health than acute health. On the left of the graph where individuals have poor health, the negative acute indicators are higher than the negative chronic indicators which again means that those individuals high on the y-axis have better chronic health than acute health.

Participants' Health and Wellbeing

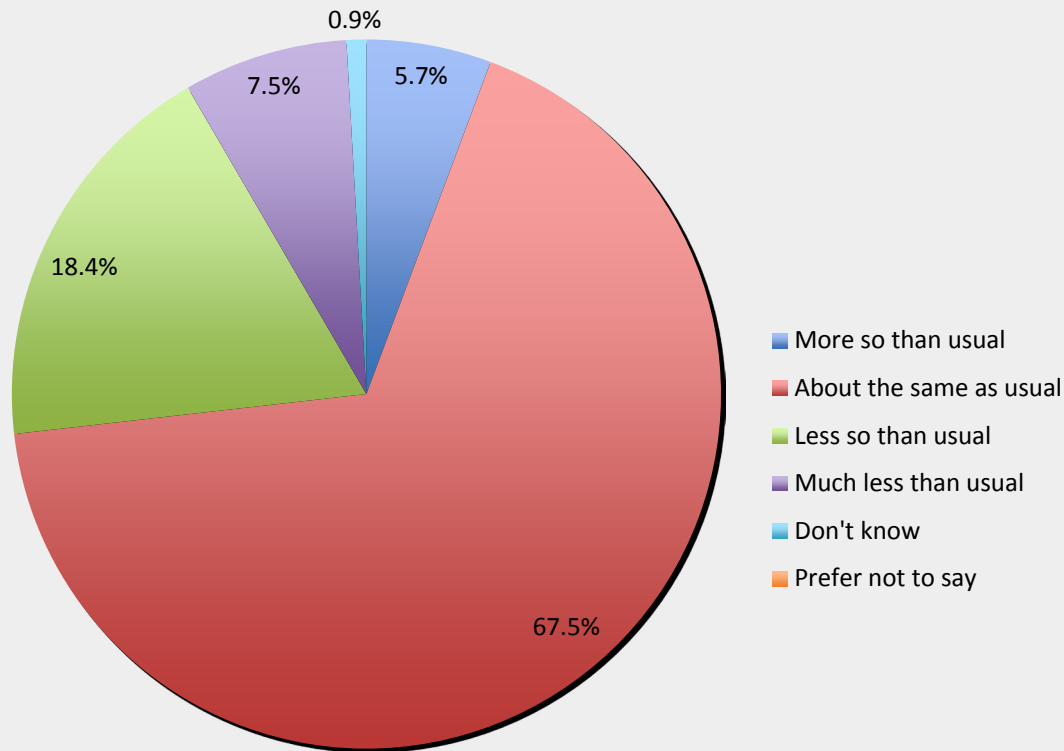
We asked participants a series of questions about their health and wellbeing. We asked questions about short-term and long-term health and wellbeing, about physical health and mental health.

When asked about enjoying day-to-day activities the majority - 67% (n=154), said they had been able to enjoy normal activities, a further 18% (n=42) said they had been enjoying their day-to-day activities less than usual with a further 7% (n=17) saying they had been enjoying their regular activities much less than usual.

In the past few weeks have you been able to enjoy your normal day-to-day activities?

Answer Options	Response Percent	Response Count
More so than usual	5.7%	13
About the same as usual	67.5%	154
Less so than usual	18.4%	42
Much less than usual	7.5%	17
Don't know	0.9%	2
Prefer not to say	0.0%	0
Other, please specify if you wish	9	
answered question	228	
skipped question	43	

Enjoying Day to Day Activities



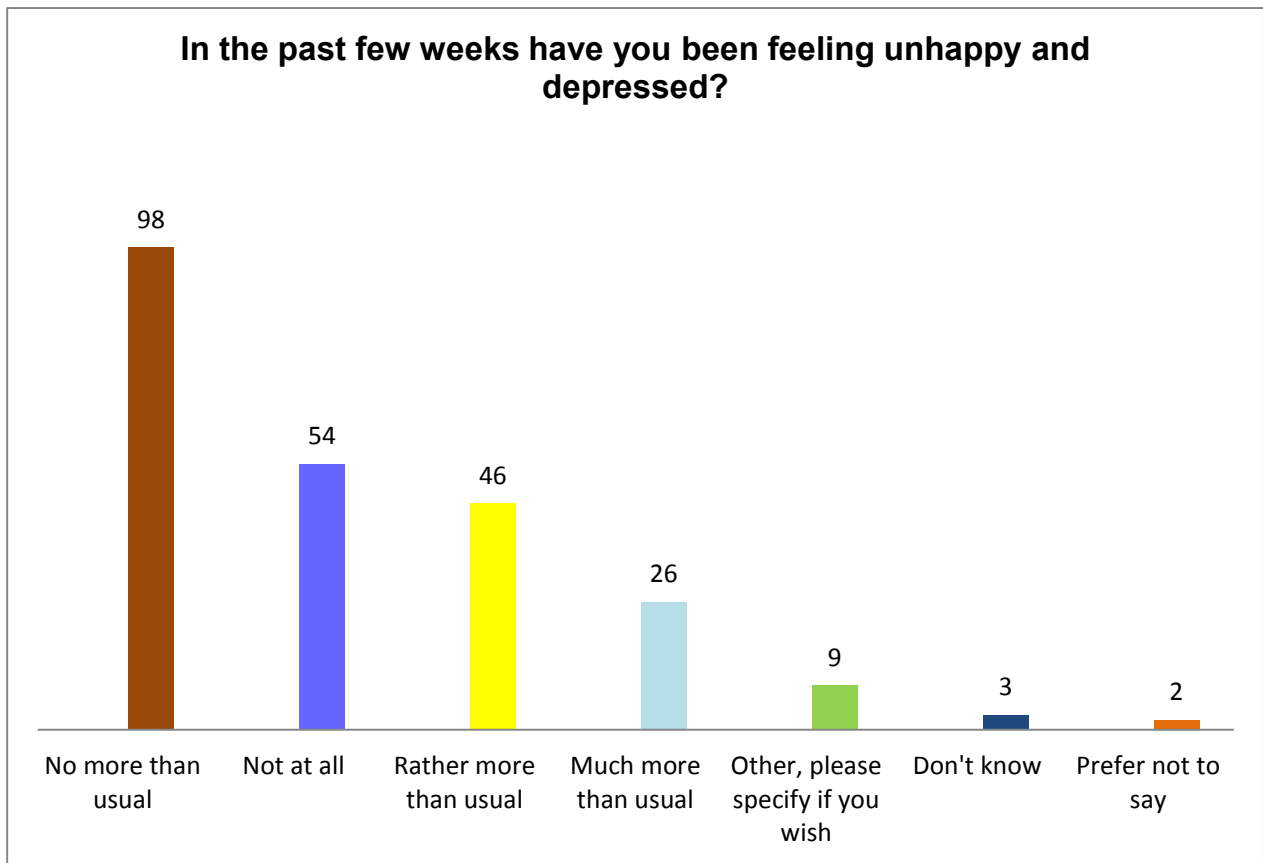
“I suffer with severe depression on an on-going basis.”

Gay man, aged 41-45, BS10

We asked participants if they had been feeling unhappy or depressed in recent weeks. The majority, 43% (n=98), said they were feeling no more unhappy or depressed than usual with a further 21% (n=46) saying they were feeling more unhappy and depressed than usual and a further 11% (n=26) saying they were feeling much more unhappy and depressed than usual.

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

Answer Options	Response Percent	Response Count
Not at all	23.6%	54
No more than usual	42.8%	98
Rather more than usual	20.1%	46
Much more than usual	11.4%	26
Don't know	1.3%	3
Prefer not to say	0.9%	2
Other, please specify if you wish	9	
answered question	229	
skipped question	42	



“I am struggling to feel accepted by people.”

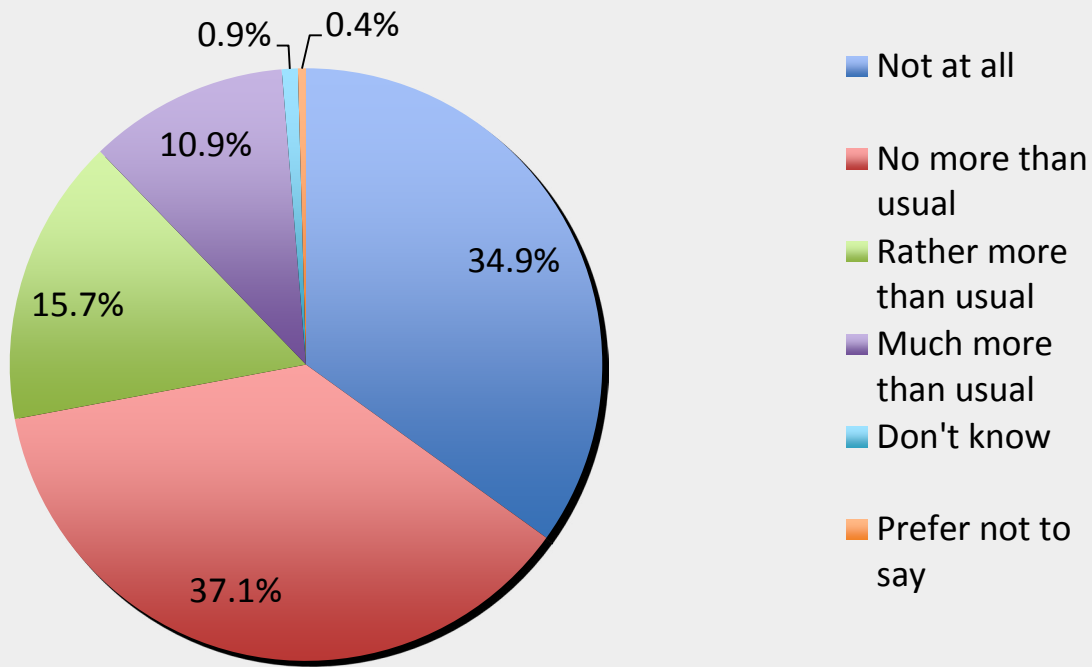
Cisgender female, aged 31-35, BS15

We asked participants to tell us how confident they had been feeling in the last few weeks. Most people, 37% (n=85), said they felt as confident as they usually do with a further 16% (n=36) saying they had been losing confidence in themselves more than usual and a further 11% (n=25) saying they had been losing confidence in themselves much more than usual.

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

Answer Options	Response Percent	Response Count
Not at all	34.9%	80
No more than usual	37.1%	85
Rather more than usual	15.7%	36
Much more than usual	10.9%	25
Don't know	0.9%	2
Prefer not to say	0.4%	1
Other, please specify if you wish	3	
answered question	229	
skipped question	42	

Losing Confidence



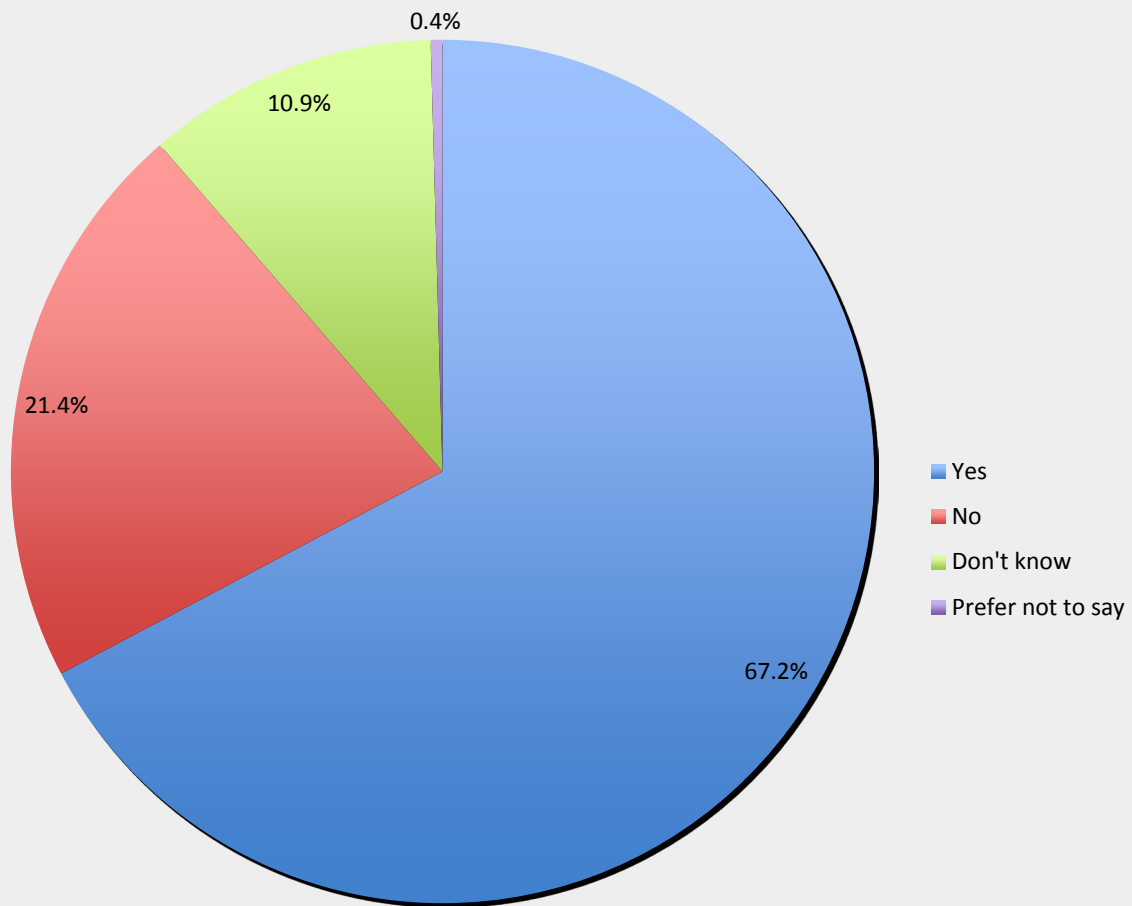
“My problems are all external but adversely consequential nonetheless.”
Gay man, aged 71-75, BS10

We asked participants if they had been feeling reasonably happy, all things considered. Most people, 67% (n=154), said they were feeling reasonably happy with a further 21% (n=49) saying they were feeling unhappy.

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

Answer Options	Response Percent	Response Count
Yes	67.2%	154
No	21.4%	49
Don't know	10.9%	25
Prefer not to say	0.4%	1
Other, please specify if you wish	5	
answered question	229	
skipped question	42	

Feeling Happy



“Mainly up but some really significant downs.”

Lesbian, aged 31-35, BS9

One participant spoke about the pressure she felt as a single woman, living alone.

“I am unhappy being single and the pressure of living and managing a life on my own.”

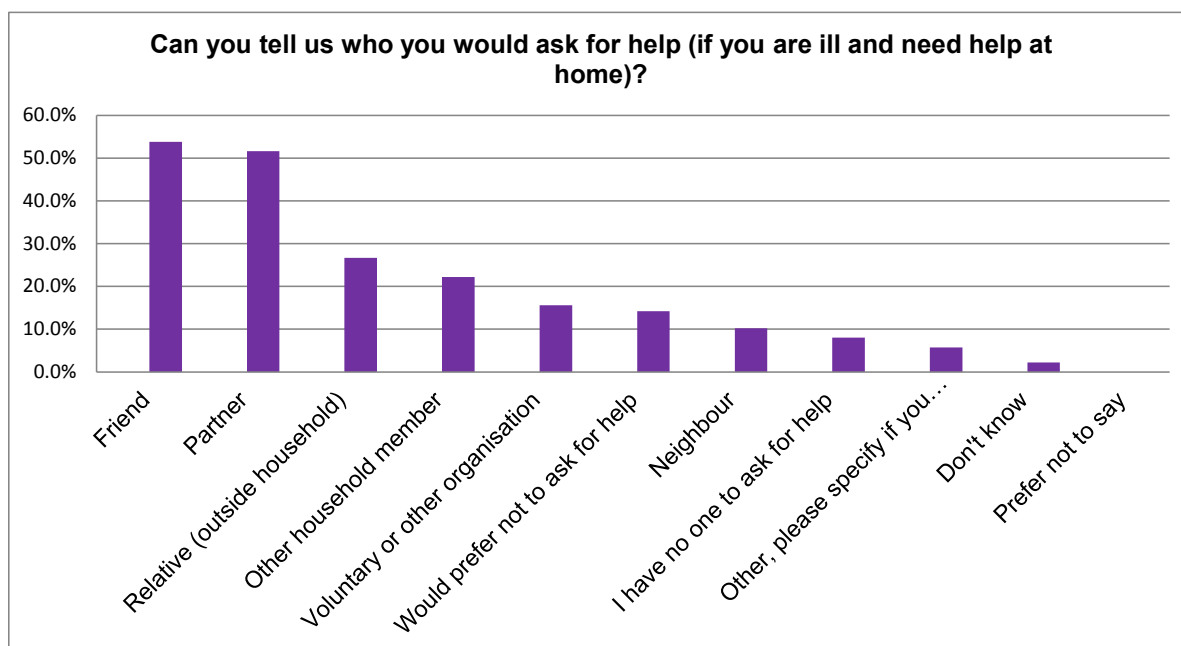
Lesbian, aged 41-45, BS6

Participants' Help Seeking

We asked participants who they would ask for help from if they were ill and needed help at home. Most participants said they would ask for help from a partner, 51%, (n=116) or a friend, 53%, (n=121).

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

Answer Options	Response Percent	Response Count
Partner	51.6%	116
Other household member	22.2%	50
Relative (outside household)	26.7%	60
Friend	53.8%	121
Neighbour	10.2%	23
Voluntary or other organisation	15.6%	35
Would prefer not to ask for help	14.2%	32
I have no one to ask for help	8.0%	18
Don't know	2.2%	5
Prefer not to say	0.0%	0
Other, please specify if you wish	13	
answered question	225	
skipped question	46	



One participant spoke about the isolation they were experienced.

“I don't have many people I can ask for help.”

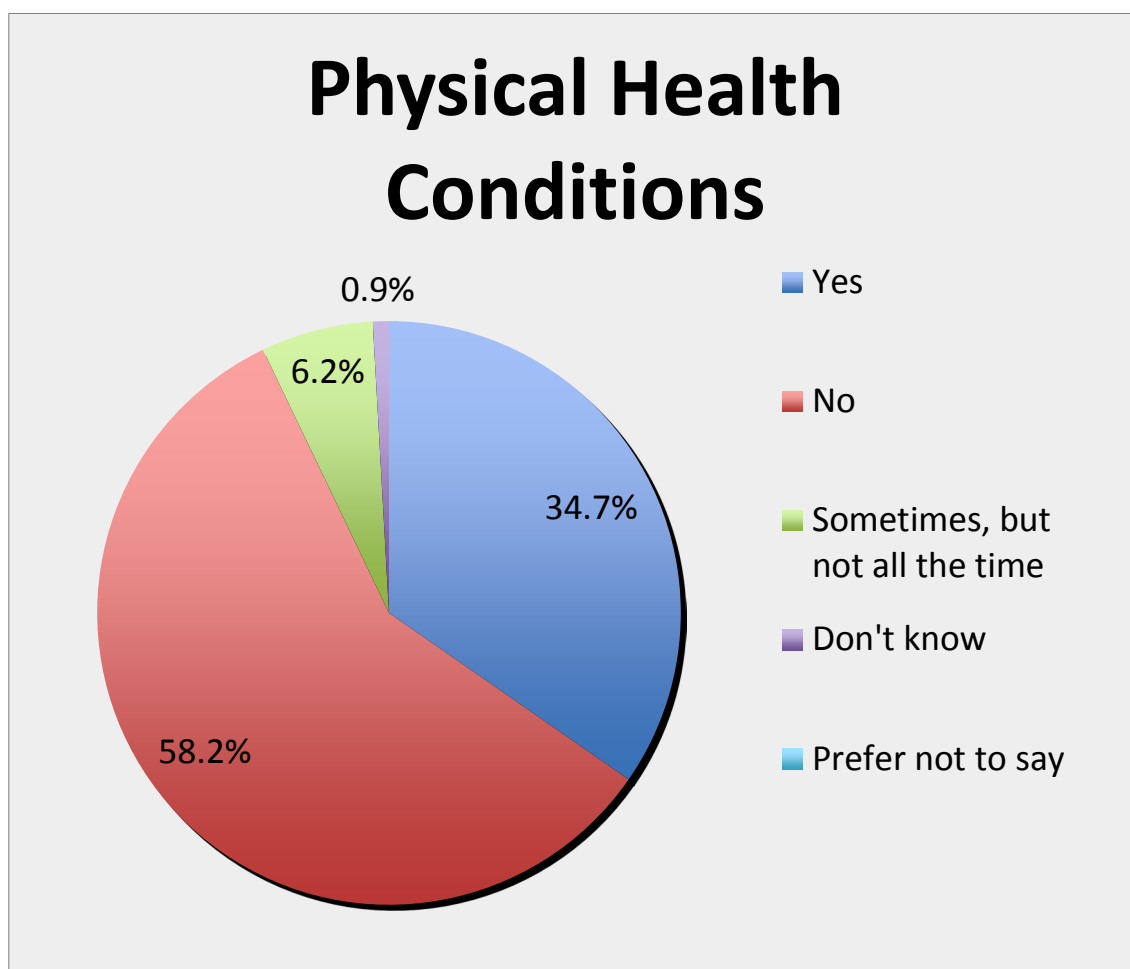
Lesbian, aged 41-45, BS6

Participants Physical Health

We asked participants to tell us about their physical health. We asked if participants had any physical health conditions expected to last 12 months or more. Most people, 58% (n=131), in the sample said they did not have a physical health condition expected to last 12 months or more with a further 35% (n=78) saying they did have a physical health condition expected to last 12 months or more.

Do you have any physical health conditions or illnesses lasting or expected to last for 12 months or more?

Answer Options	Response Percent	Response Count
Yes	34.7%	78
No	58.2%	131
Sometimes, but not all the time	6.2%	14
Don't know	0.9%	2
Prefer not to say	0.0%	0
Other, please specify if you wish	8	
answered question	225	
skipped question	46	



One trans participant spoke about her treatment for her gender identity.

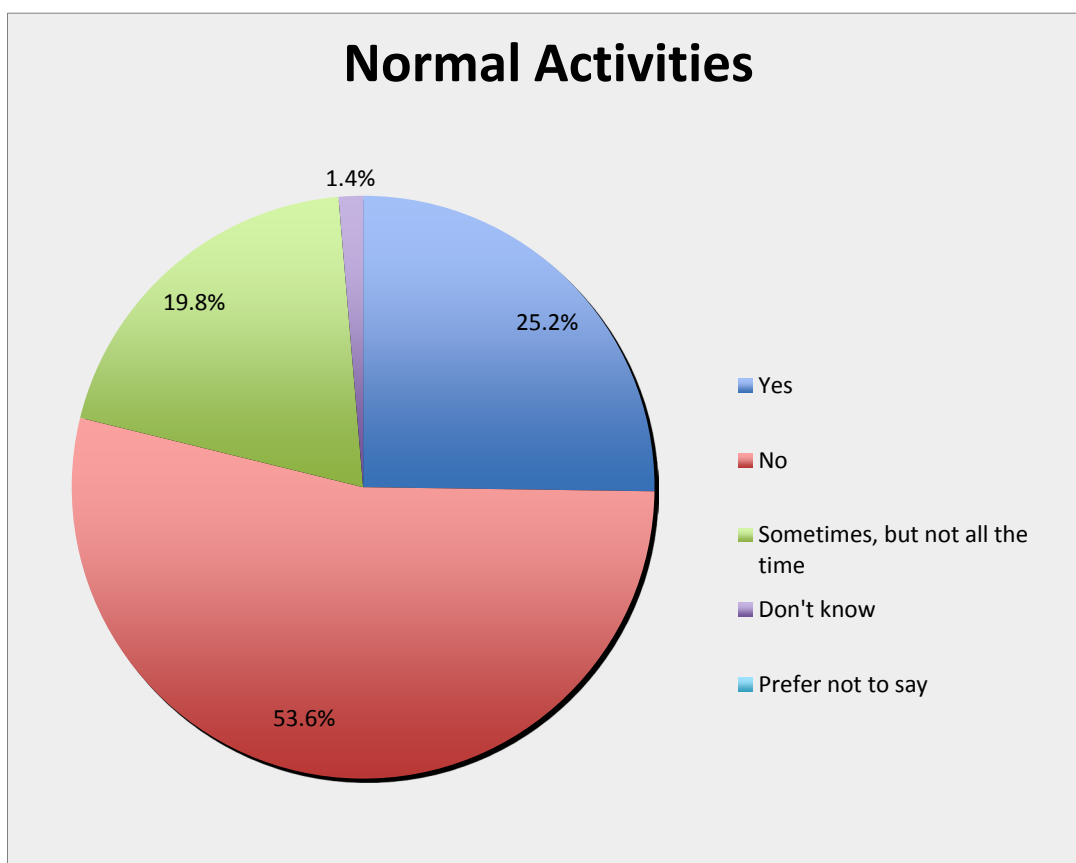
“I am trans post-op so I need life-long medication.”

Trans woman, aged 56-60, BS14

We asked participants if they had a health condition or illness which affected their normal activities. Most participants, 53% (n=119), said that they did not have a health condition which affected their normal activity, with a further 25% (n=56) stating they did have a condition which affected activity and a further 20% (n=44) stating they sometimes have a condition which affected their activity.

Do you have any health conditions or illnesses which affect you and interfere with your normal activities?

Answer Options	Response Percent	Response Count
Yes	25.2%	56
No	53.6%	119
Sometimes, but not all the time	19.8%	44
Don't know	1.4%	3
Prefer not to say	0.0%	0
Other, please specify if you wish	14	
answered question	222	
skipped question	49	



“I feel ill and depressed for a few days every month. I have learnt to cope with it.”

Lesbian, aged 31-35, BS7

“Undiagnosed but I feel I occasionally suffer from anxiety.”

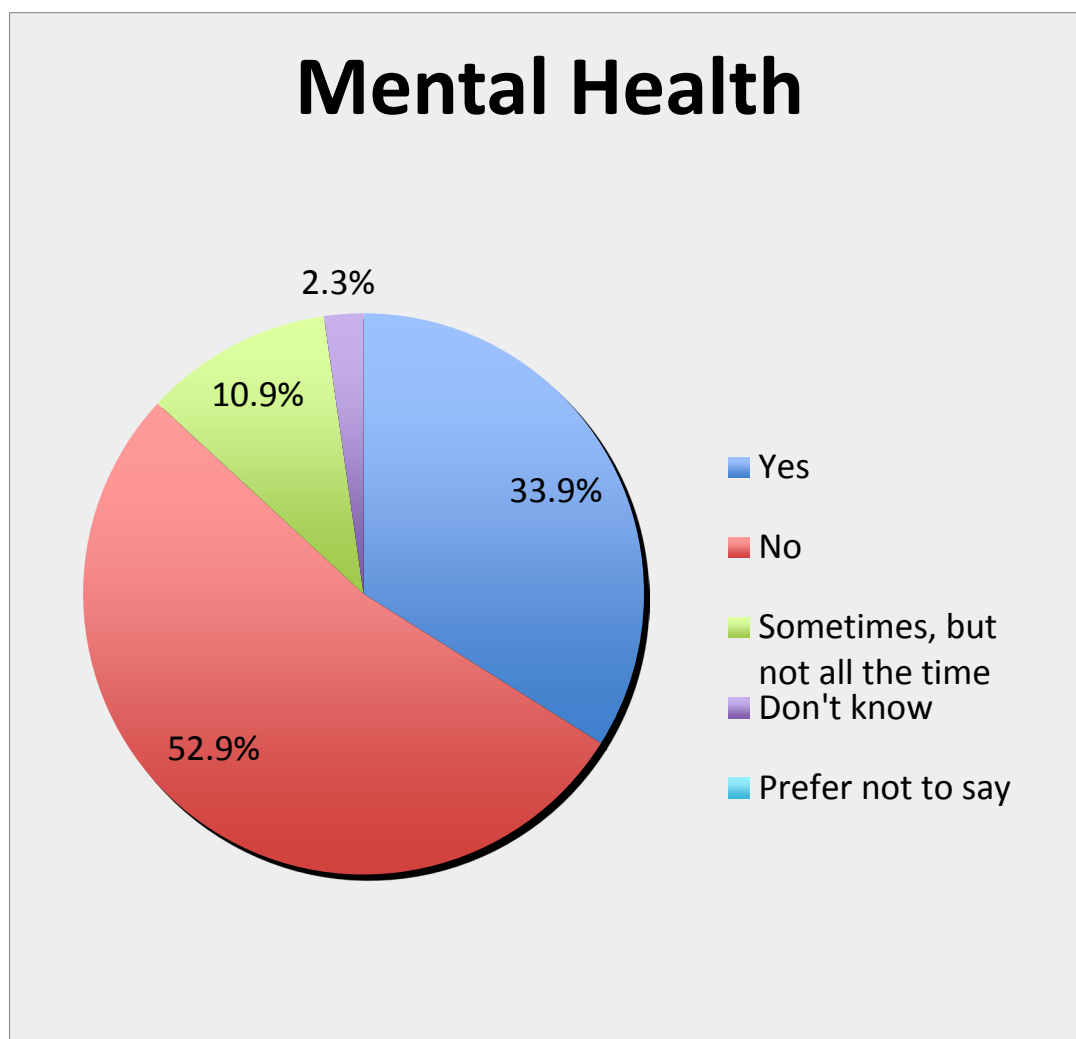
Lesbian, aged 41-45, BS3

Participants' Mental Health

We asked participants if they had a mental health condition or illness expected to last 12 months or more. Most people, 53% (n=117), stated that they did not have a mental health condition expected to last 12 months or more. However, 34% (n=75) stated they did have a mental health condition expected to last 12 months or more.

Do you have any mental health conditions or illnesses lasting or expected to last for 12 months or more?

Answer Options	Response Percent	Response Count
Yes	33.9%	75
No	52.9%	117
Sometimes, but not all the time	10.9%	24
Don't know	2.3%	5
Prefer not to say	0.0%	0
Other, please specify if you wish	12	
answered question	221	
skipped question	50	



“I’m not diagnosed with any mental health conditions, but I do experience some periods of feeling down and take (over the counter self medication) when I feel I need this.”

Bisexual woman, aged 25-30, BS2

“I have recovered from an eating disorder. Although I consider myself ‘recovered’ and have always been able to live a ‘normal, happy life’ it is always a threat.”

Lesbian, aged 31-35, BS7

“I am diagnosed with obsessive-compulsive disorder and occasional periods of depression. I have received support for this from primary and secondary health services and remain under the watchful eye of my GP and local health centre. I have been out to my psychiatrist and other mental health professionals when I have been assigned them and experienced no homophobia from the NHS mental health system.”

Gay man, aged 41-45, BS14

“To date - All trans* people seeking help from the NHS, are classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM) - So Yes - According to the psychologists, we trans* peeps are mentally ill!”

Trans woman, aged 56-60, BS16

We asked participants if they had ever gone for help for anxiety or depression. Over 60% (n=137) or participants had gone for help for anxiety or depression with 37% (n=85) stating they had not sought help for anxiety or depression.

Have you ever gone for medical help for anxiety or depression?

Answer Options	Response Percent	Response Count
Yes	60.9%	137
No	37.8%	85
Don't know	0.4%	1
Prefer not to say	0.9%	2
If you wish to tell us more please do.	17	
answered question	225	
skipped question	46	

“I have been suffering from anxiety for more than a couple of years now yet, I’ve never been to get any medical help.”

Pansexual, aged 16-24, BS1

“When I was aged 19-25, I was in the mental health system. I was sectioned twice during this time.”

Lesbian, aged 46-50, BS8

“I tried to access counseling via [named service], following a telephone assessment I was told the waiting list was too long and not to bother. I could probably still do with counseling.”

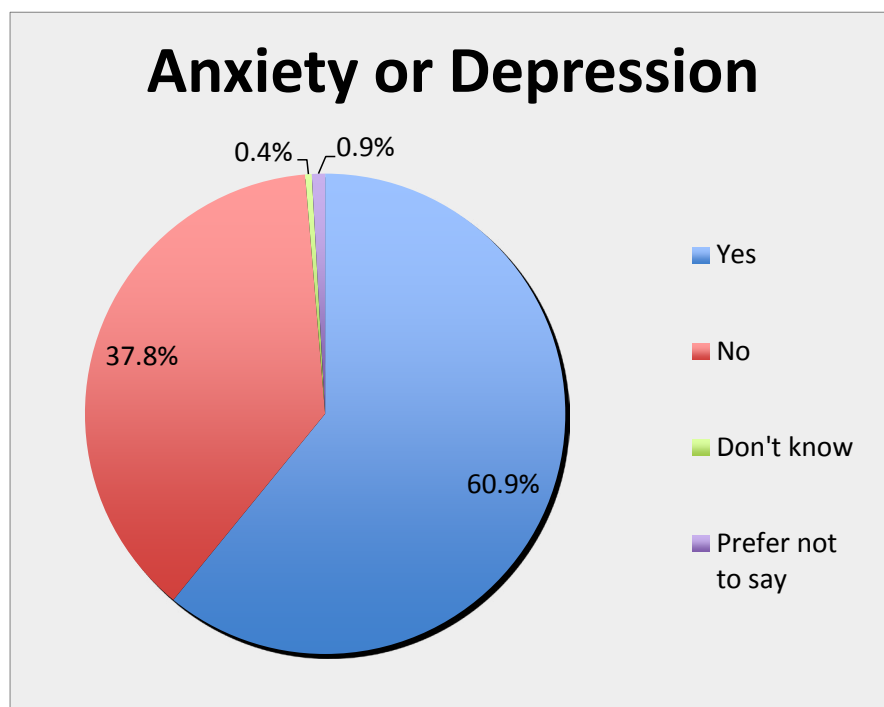
Pansexual woman, aged 25-30, BS2

“I have taken medication for my illness for many years and have found it to be productive, although there are side effects to the meds that I have had to live with and accommodate in my daily life.”

Gay man, aged 41-45, BS14

“I did have to see a Clinical Psychologist after I sought NHS help from my GP, in order to get medical help to help transition - He declared me sane!”

Trans woman, aged 56-60, BS16

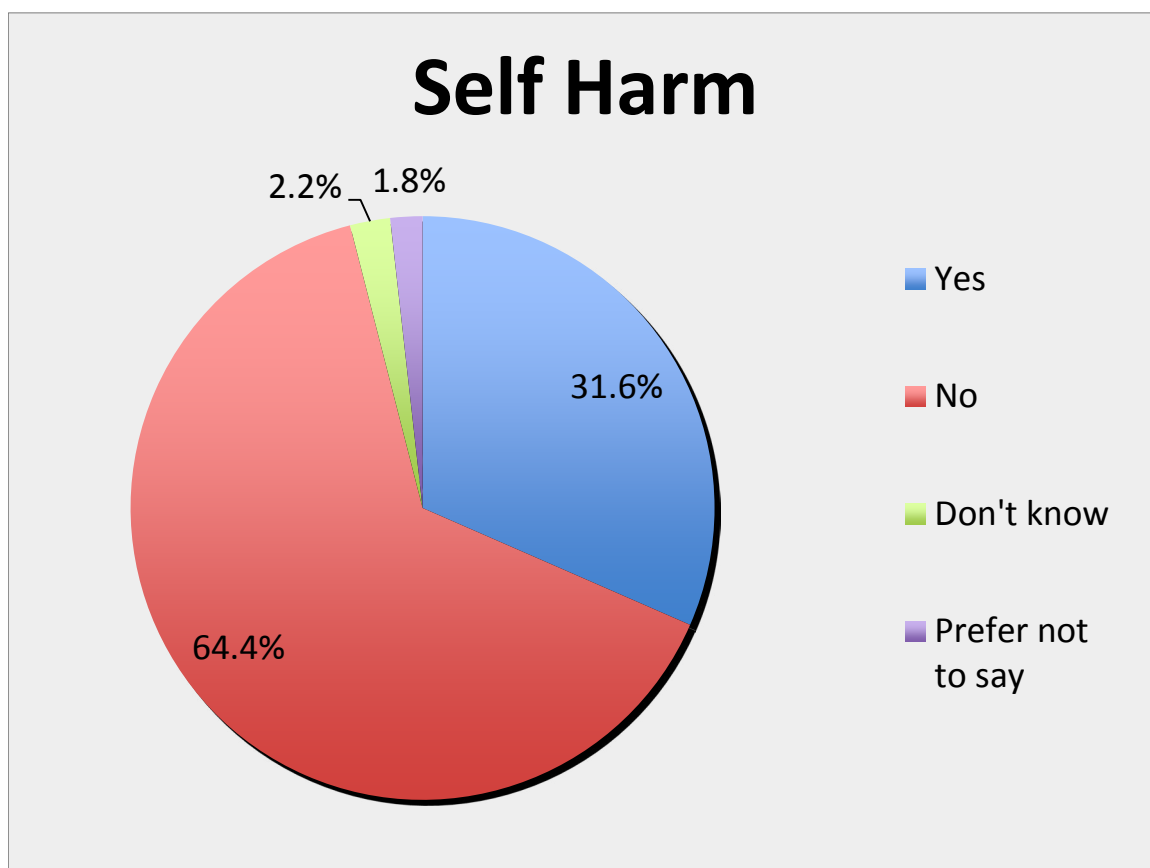


Participants' Self Harm

We asked participants if they had hurt or injured themselves, a phenomenon known as self-harm. Over 31% (n=71) of participants said they had hurt or injured themselves with 64% (n=145) stating they had not self-harmed.

Have you ever hurt or injured yourself on purpose? This is sometimes called 'self-harm'.

Answer Options	Response Percent	Response Count
Yes	31.6%	71
No	64.4%	145
Don't know	2.2%	5
Prefer not to say	1.8%	4
If you wish to tell us more please do.	8	
answered question	225	
skipped question	46	



“Even If I am bipolar and feel suicidal at some point, my self-harm background comes from the fact I hate my body. My female body. It was just thinking that if I was hurting that body, I would have a ... “Real” reason to hate it, not just “bad female body, bad!”

Trans man, aged 16-24, BS1

“I started self-harming when I was 14. Mostly it was due to body hatred.”

Gender queer (assigned female at birth), aged 25-30, SN4

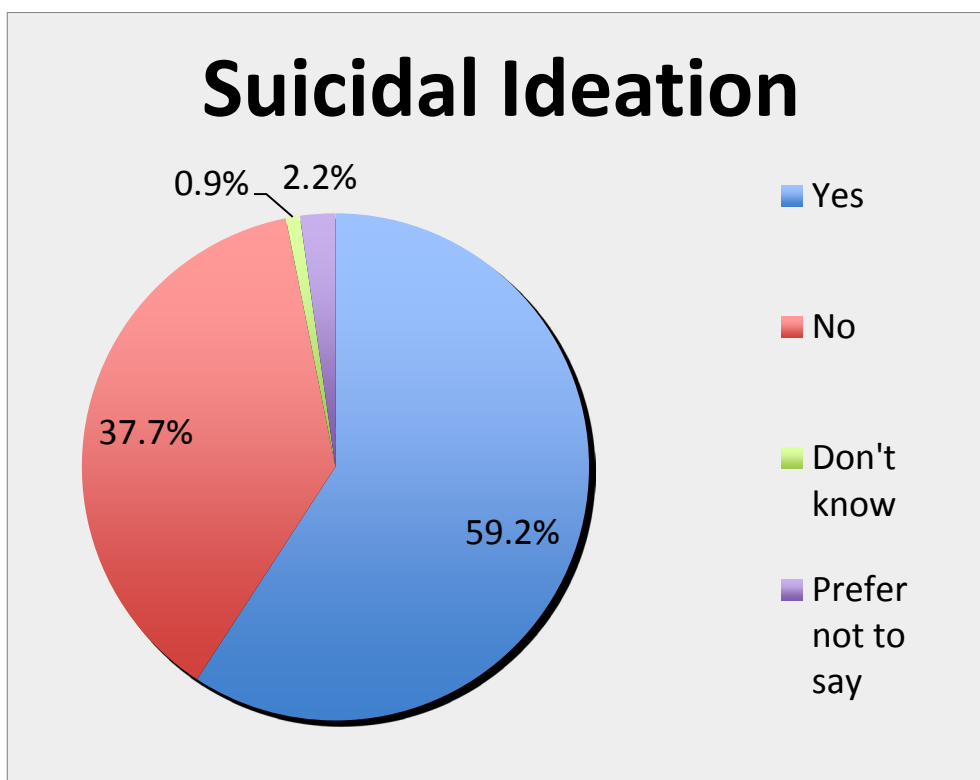
“I was a regular and severe self-harmer for 10 years, from 12 - 22. I still struggle with thoughts of wanting to hurt myself sometimes, but haven’t done it for 9 years.”

Lesbian, aged 31-35, BS9

We asked participants if they had ever thought about or tried to kill themselves. Almost 60% (n=132) of participants had thought about or tried to kill themselves, and a further 37% (n=84) had not thought about or attempted suicide.

Have you ever thought about or tried to kill yourself?

Answer Options	Response Percent	Response Count
Yes	59.2%	132
No	37.7%	84
Don't know	0.9%	2
Prefer not to say	2.2%	5
Other, please specify if you wish	13	
answered question	223	
skipped question	48	



“When a teenager and struggling to understand what is now known as Gender Dysphoria I thought of ending my life.”

Trans other, aged 66-70, BS9

“I often wish I never existed, because life can be hard and I sometimes struggle to enjoy my life, but I don’t wish to kill myself.”

Gay man, aged 36-40, BS6

“Seriously considered it at one point but that was a wake up call for me to act on my situation and change things for the better.”

Gay man, aged 16-24, BA2

“Suicide attempt at age 19 with regards to my sexuality.”

Gay man, aged 46-50, BS9

Participants Access to Health Services

We asked participants what they valued or liked about the health services they had accessed. There were many responses to these questions (n=133) and below is a sample of some of the responses participants shared.

As we have found in other areas, having representative images of LGBT+ people, not making assumptions about a patient’s gender identity and / or sexual orientation (cisgenderism and heterosexism), and inclusive equality monitoring were important to participants.

“Having info available which is openly inclusive (e.g. pictures of [same-sex] couples on literature) health professionals taking an interest in my life / relationships and not treating me like I’m [heterosexual] straight.”

Lesbian, aged 25-30, BS31

One gay man in his early 40’s talked about barriers he had experienced in accessing sexual health clinics.

“I have always received a good service from the staff at the sexual health clinic, but it is hard to get an appointment that fits in with my work schedule as I work away a lot and it’s hard to guarantee I can get an appointment on the days I am there. I usually end up going to the drop in on Saturday when I just want a health check.”

Gay man, aged 41-45, BS2

Another participant talked about his positive experience accessing the NHS and in particular the sexual health drop-in service offered by THT.

“I’ve asked the NHS for help a few times since I moved to Bristol and generally the service has been really first class. Also, the [Terrence] Higgins Trust is a really good pop-in STD facility.”

Queer man, aged 46-50, BS2

For one woman the difference was really made from an affirmation of her partner and her relationship by a health care professional.

“I have had a good service from [local GP surgery] - all the GPs have treated me well. Recently I was pleased when a nurse asked me if it was my partner (I am lesbian) who was waiting for me in the waiting room. This is the first time I felt that a nurse had actually taken notice that I am gay.”

Lesbian, aged 46-50, BS8

One Trans participant spoke about their positive experience of health care providers using the right name and gender pronouns making a real difference for them when accessing health services.

“My GP was really good, looking stuff up about the process of transitioning and when I go to my [...] clinic sessions, they’re always respectful of names and pronouns.”

Gender queer, aged 25-30, SN4

Another Trans participant spoke of their positive experience throughout their transition from their GP to the Gender Identity Clinic.

“A GP, who when I eventually worked up the courage to seek help and went to [...] about five years ago, knew about gender dysphoria and what I was talking about in relation to my suspecting I was transgender. All the practice staff who have been thoroughly professional in my dealings with them during transition from MtF [male towards female], helping with change of name and gender on NHS records, etc. My psychotherapist and doctor at the Gender Identity Clinic, who have transformed my life into one I am enjoying as my true self.”

Trans man, aged 66-70, BS9

This Trans man’s experience was of low knowledge levels, especially amongst local GP’s of the needs of Trans patients and competency around gender identity as he describes.

“I am lucky and a very progressive GP, but still he has little or no idea of my needs as a trans man and is reliant on me for information when I may be at a point of great need. More primary information to transgender needs should be openly available to our GPs and medical service providers so they are able to keep informed.”

Trans man, aged 46-50, SN2

Being caring and listening, as well as having an open mind and sensitivity, was really appreciated by this participant. This gave them assurance in being able to speak about LGBT+ issues with a health care professional.

“The GP I see regularly is caring and good at listening to what I need; good continuity of care; from an LGBT+ perspective. The fact that she is consistently open-minded and sensitive makes me feel that if I did need to talk about something related to being LGBT+, she would be supportive / sensitive about it - (...) doctor at the student health service was really happy to talk to me about learning more about LGBT+ people.”

Asexual female, aged 16-24, BS6

One participant described an approach from her GP which she valued and appreciated, acknowledging that identity and behaviour are different aspects of a person's experience. Her GP not making assumptions was the key to what made this interaction positive for her.

“My GP is really non-judgmental and supportive. She asks straightforward questions. I identified myself as a lesbian but she still asked me whether I had had sex with a man in the last 12 months; I appreciated her direct approach and her care for my health. She did not equate my identity with my sexual activity, which I thought was responsible. In terms of mental health my GP has always been very supportive.”

Queer female, aged 25-30, BS5

One participant talked about their experience of feeling invisible in equality monitoring when accessing health services.

“When you ask about my gender, race and disability status but not my sexual orientation I feel like you don't care. I feel invisible. I feel like you don't want to know or talk about things that matter to me.”

Lesbian, aged 31-35, BS9

This participant highlighted the importance of seeing LGBT+ representation on leaflets at the point of accessing a service. This simple change can really make a difference for LGBT+ people.

“I saw an ‘LGBT’ health booklet on the desk of my counselor, which reassured me [they] would be OK with me discussing my sexuality.”

Pansexual female, aged 16-24, BS8

This participant spoke about her experience, the importance of respect and dignity, and acknowledgement of same-sex relationships during her partner's terminal care.

“They respected my relationship with my partner when she was being treated for a terminal condition.”

Lesbian, aged 51-55, BS7

We asked participants what they least liked about the health services they had used. We had 125 individual responses to this question. A significant number (n=37) spoke about waiting times, out-of-hours services, and the general (in-) accessibility of services. Another concern raised by participants was the lack of confidentiality at reception areas.

Assumptions of cisgender and heterosexual identities were raised by many participants, as a barrier to accessing services, as described by this participant.

“When health workers assume I am straight e.g. ‘do you use contraception?’ when I see or hear health professionals make discriminatory comments or show a bad attitude towards LGBT people.”

Lesbian, aged 25-30, BS31

A lesbian participant spoke about their experience over time of accessing health services and the changes she had experienced in confidence levels of health care providers to be able to engage with her health. She also highlights a gap in provision.

“It was only in my late twenties that I felt able to be ‘out’ to [my] GP etc. In terms of sexual health, my sexuality has always been assumed as ‘straight’, meaning that I’ve needed to explain to the health practitioner. Health practitioners have definitely become less awkward and more confident to talk about lesbian sexual health & their approach has improved meaning that introductory conversations are better structured to capture LGBT+ sexuality at the start of an appointment. Knowledge of lesbian sexual health however is still quite poor.”

Lesbian, aged 31-35, BS7

Assumptions about sex, sexual identity and sexual behavior, and (inappropriate) questions being asked, had led to frustration for another participant.

“The assumption that I am heterosexual even though I have told my GP practice that I am gay / lesbian. The assumption that I am having a sexual relationship - I have a long-term partner but we only have sex extremely rarely! And the assumption that I am having heterosexual sex. This is despite me always having been open about my sexuality with my GP practice. This has cropped up quite a bit as I had several (...) infections and I had to keep answering questions about sex - the nurse seemed to be convinced that I must have caught the infection through sex and asked if I had a new partner who may have caused it. In the end I had to stop the questions by saying “I don’t have sex!!!”

Lesbian, aged 46-50, BS8

One participant spoke about his concerns in relation to confidentiality when accessing HIV treatment at a local clinic.

“Ability to not protect my confidentiality, have huge issues with HIV clinic, funneled and herded into a row of 8 chairs where you all know why you are there, for your HIV review, hate this part as it is very exposing, and shameful. I don’t want to reveal my HIV status to anyone, yet when I am there (every 4 months), it is the worse thing when you bump into people you know that do not know your HIV status, very bad, you know why they are there, and they know why you are.. Please help! I have considered going in wearing a disguise.”

Gay man, aged 41-45, BS5

Another participant spoke about his frustrations with getting appointments for a sexual health check.

“The waiting times for the drop-in STI testing service at the [sexual health clinic] and extreme difficulty in obtaining a timed appointment.”

Queer man, aged 31-35, BS2

Another participant spoke about the barriers she experienced in accessing sexual health checks because of the limited hours the clinics are open.

“Long waits and poor opening times, for example the central sexual health clinic is mostly only open during working hours which is not useful for those working full-time.”

Bisexual female, aged 25-30, BS5

For some trans respondents frustrations with the processes around Gender Recognition Certificates (GRC's) and experiences with Gender Identity Clinics (GIC's) proved sometimes to be difficult.

“Insistence on having a GRC and me having surgery before my gender is changed on my records is unlawful and distressing and has to stop. Transphobic [doctor] who ended a telephone conversation abruptly at the mention of testosterone.”

Pansexual other, aged 31-35, BS1

Put simply by one trans participant.

“Being misgendered.”

As this participant describes there is still a need for training for front-line health care providers on working with trans patients.

“There's still a huge gap in education about it. I had to go into my initial GP appointment for my transition and explain about the process to the doctor and also inform them of where I wanted to go.”

Genderqueer, aged 25-30, SN4

The scarcity of gender identity clinics in the UK was cited as problematic for this participant.

“The need to travel a nearly 200 mile round trip to my Gender Clinic. The lack of facilities or funding to remove facial hair other than by laser depilation, in my opinion a very necessary part of transitioning from MtF [male towards female].”

Pansexual other, aged 66-70, BS9

This participant talked about their difficulties in accessing NHS talking therapies.

“When referred to see a councilor for stress / anxiety as a result of my transgender issues, was referred to a local ‘general’ councilor, with no experience of transgender issues. It was weeks before I could see [them] and as a result, had been forced into solving most of the issues myself, before the consultations. Anxiety is an immediate crisis not something that can wait weeks. Then on being told by the councilor to contact and come back any time, after skipping a couple of months the anxiety returned and I couldn't get another appointment.”

Bi-gender, aged 56-60, BA14

The need for training for front-line health care providers in using the right language and terminology, especially [gender] pronouns, was highlighted by one participant.

“Administration staff have treated me with a fair bit of discrimination such as insisting on using incorrect titles, name and pronouns. This has got to stop!”

Trans man, aged 46-50, SN2

Assumptions made by some health care providers, especially in relation to sexual health, have caused unnecessary distress for a number of participants as described here.

“The assumptions that you’re straight unless you are sexually active with same-sex partner(s).”

Lesbian, aged 41-45, BS3

One participant describes their experience of professionals’ lack of understanding of intersex conditions.

“Hard to get any kind of understanding most people don’t have a clue that intersex is possible. Never mind [a] reality for me an[d] others. I feel like I’m being judged by every professional I see.”

Queer, Intersex, aged 25-30, BS5

Another participant spoke of misgendering throughout their access to health care services in a number of different settings.

“Whilst at the hospital due to mental illness, I was [mis]gendered as a woman by a doctor speaking to other doctors about me audibly; I did not identify as trans at the time, but now that I am questioning my gender, this is something that would make me really uncomfortable on top of the discomfort of being talked about as if I wasn’t there. At GP surgery, having to announce your sex / gender upon entry; the way that gender / sex are conflated, and non-binary gender isn’t acknowledged; also intersex not acknowledged (i.e. signs and posters etc. only mention ‘male’ and ‘female’, and assume the genitalia you’ll have if you’re a man/woman). Mental health services: the sense that they can only offer low level help that gathers a shallow sense of your issues - therapists not understanding queer issues; for example, asexuality being commented as something that I will ‘grow out of’.”

Bi-romantic, asexual woman, aged 16-24, BS6

One participant spoke of the need for training for staff, in this case sexual health services, on the different identities and relationship choices LGBT+ people make.

“Sexual health services weren’t very understanding about being pansexual, I feel some training could be useful for staff. People shouldn’t feel like they have to fit into a category; gay, straight, bi..”

Pansexual female, aged 25-30, BS2

Another participant spoke about how they felt they were treated differently because they were bisexual when accessing gynecological appointments.

“I’ve had gynecologists who treated me differently for being bi. I’ve been made to do an HIV test every time I go, even if it is under the 6 [month] period & I am not in any of the risk groups.”

Bisexual female, aged 16-24, BS6

Put simply assumptions are made, and this has a negative impact on the way LGBT+ patients experience accessing health services.

“Assumptions of sexual orientation.”

Queer female, aged 51-55, BS5

Another participant spoke of the frustration of having to explain they have a same-sex partner to health professionals.

“Having to explain that my partner is male.”

Gay man, aged 46-50, BA3

One participant spoke about a lack of a consistent approach in equality monitoring with some protected characteristics being missing from equality monitoring forms.

“Equal opps forms that don’t reflect all protected characteristics. Being told that civil partnerships aren’t on the form so I should just put single.”

Lesbian, aged 31-35, BS9

There is also evidence of frustration in accessing appropriate treatment and the risks, particularly some Trans patients make, in the use of self-medication.

“Gate-keeping, long waiting lists, finding a GP who is willing and able to look after trans, cross-hormone treatment is difficult. That’s why so many of us still prefer [to] self-medicate.”

Asexual, Trans woman, aged 56-60, BS16

There is widespread frustration about health care professionals’ lack of understanding of LGBT+ issues.

“They don’t understand gay issues.”

Gay man, aged 61-65, BS8

This participant spoke of his barriers in accessing sexual health services as the service is not ‘bookable’ and so he describes how he has to take time off of work to access sexual health services.

“Lack of a working booking facility at the [...] sexual health centre. The place operates as a same day ‘drop-in’ centre, which means you have [to] sit there for hours to be seen - and therefore cannot arrange time out from work to attend. When I visit my GP or dentist I can get a telephone appointment in advance, and I am not expected to take the whole day off work and sit there for 3 or 4 hours until I am seen. I do not understand why the centre does not take advance bookings for employed people who do not have time to waste (or do not have flexible employers). The ‘text booking’ appointment system at the centre never works. The current “booking system” setup at the centre discourages people from attending regularly and is counter productive.”

Gay man, aged 31-35, BS3

One participant spoke about his concerns about confidentiality and assumptions when accessing health care.

“I don’t feel I can trust health workers such as my GP with disclosure on my sexuality and fear being treated differently or making assumptions that my illness is caused by being gay.”

Gay man, aged 31-35, BS7

A lack of confidentiality in relation to accessing front-line services was described.

“Receptionist ask what the problem is, as a means to decide if you can make an appointment with a GP. Expecting you to reveal to them, potentially in front of other people, what you problem might be.”

Pansexual male, aged 25-30, SN14

Changes to Health Services

We asked participants what changes they would like to see in relation to accessing health services. We had 98 completed responses to this question. There were many different themes emerging from the feedback from participants including:

- Taking a person-centred approach to health and social care
- Taking a holistic approach to health and social care
- Improving access to services
- Having an integrated service
- Having services available outside working hours
- Having the availability of more staff and shorter waiting times
- Services required more adequate funding
- Having continuity of care; participants spoke of seeing a different person every time they accessed a service
- Improved privacy in waiting rooms, especially in HIV and sexual health clinics
- Extended opening times, especially in sexual health services
- Accessible, affordable and local health services
- Increase in funding for mental health services

In relation to being LGBT+ participants wanted to see:

- Less assumptions being made about gender identity and / or sexual orientation when treating patients
- Increased training for health and social care staff in relation to gender identity and sexual orientation and in particular working with Trans patients
- Having an increased visibility of LGBT+ staff
- Improved openness of LGBT+ issues generally within services
- Less stigma around gender identity and sexual orientation
- Improved awareness of diversity, especially in relation to LGBT+
- Information for lesbian and bisexual women, and trans women and men, on sexual health, and sexual health services

Missing Health Services

We asked participants if there were any health care services missing and to make suggestions for where there were any gaps in services, especially for LGBT+ people. A summary of the suggestions made by participants is listed below.

- Lack of availability of LGBT+ specific counseling services
- Lack of HIV awareness and of educational material, especially in GP surgeries and health centres
- Make LGBT+ leaflets available in waiting rooms
- Lack of sexual health information for lesbians
- Lack of Trans specific youth services
- Lack of LGBT+ specialist domestic violence and abuse services
- Low knowledge levels amongst some GPs of the care pathway for trans patients, especially the direct referral to gender identity clinics
- Increase in openly LGBT+ staff will add to an increase in the cultural competence of services
- Increase in the understanding and specific health needs of non-binary people
- Increase in availability of LGBT+ support groups, including improving emotional health and wellbeing groups and groups to increase self-confidence
- Specialist LGBT+ mental health training for professionals

Some participants in the research felt that they weren't treated any differently by health care professionals than their cisgender-heterosexual peers, and this was seen as a good thing. However, others talked about their own direct experience of discrimination and the difficulties they have encountered when accessing health care services.

Substance Misuse Services

We asked participants, who had accessed them, about their experiences of accessing drug and alcohol treatment services, known as substance misuse services. Just under 8% (n=17) of our sample said they had needed support to address their drug or alcohol use, legal high use or the misuse of over-the-counter medication.

“I've never gone for professional help but I have had problems with alcohol in the past and that required help from family to get out of that.”

Genderqueer, aged 25-30, SN4

“I haven't accessed support but sometimes I think that I might need it. At the moment drug and alcohol use is embedded in my lifestyle and everyone I know is doing the same things so it doesn't feel like 'misuse' but sometimes I wonder...”

Queer Female, aged 25-30, BS5

We asked participants who had needed support for substance misuse, if they would know where to go to get more support. Just under 60% (n=13) of those who had said they had needed support knew where to go to get more support, while just over 18% (n=4) said they did not know where to go to get further support for drug or alcohol misuse.

“The Anonymous fellowships have saved my life.”

Lesbian, aged 41-45, BS6

“I did but am clean now, don't know where people would go today.”

Gay man, aged 51-55, BS6

We asked participants who had needed support and had gone on to access support if the service met their support needs. We found that 33% (n=5) had their support needs met, 20% (n=3) neither met nor unmet their support needs and just over 13% (n=2) did not get their support needs met. The remaining 33% selected the “other” option.

“I went for help to [alcohol agency] about my father’s alcoholism which was helpful. Doing this also made me address my own alcohol use. In the past I have taken cannabis and LSD but I have not had or needed any services to help me to stop using or reduce. I found my own way of stopping abusing drugs and alcohol.”
Lesbian, aged 46-50, BS8

We asked if the treatment services were able to meet the support needs of LGBT+ communities. About 10% (n=2) said they were able to meet the support needs and 25% (n=5) said they were not. The remaining 65% (n=13) either did not know or preferred not to say.

“Walking into drug services is scary, having an outreach programme that worked with LGBT+ people would be beneficial. It’s important to have something open outside working hours (9-5) as there are many functioning drug and alcohol users that could probably do with support. Also raising awareness about services, and drugs and their effects could be better in LGBT+ venues.”
Pansexual Female, aged 25-30, BS2

“Not enough people from the LGBTQIA community employed in the service to make it a safe space for any of us.”
Queer other, aged 25-30, BS5

“I wouldn’t feel comfortable being out and I think that some of my mental health needs (which have led to drug and alcohol use) are specifically to do with my gender identity and sexuality. I wouldn’t feel that a heterosexual person would actually understand that.”
Queer Woman, aged 25-30, BS5

“I think there is still massive stigma around being gay. I don’t feel comfortable being ‘out’ as far as the general public is concerned. I used to attend 12-step meetings, but never felt safe enough to talk about being gay.”
Gay Woman, aged 66-70, BS6

Changes to Substance Misuse Services

We asked participants what changes local drug and alcohol services can make to meet the treatment needs of LGBT+ people. Participants made suggestions relating to the development of specialist LGBT+ services, as well as having an increased profile of “out” LGBT+ workers in existing generic services, as well as an increased presence of generic services at LGBT+ events and in LGBT+ venues.

“I would say having specialist LGBTQIA staff from within the community to deal with this issue would [be] the way to combat this issue. As many people feel that the lifestyle is under scrutiny when in contact with any form of medical person. This leads to many people omitting information that could actually be useful to working out coping strategies. This [is] why I feel former drug/alcohol [users] from with the LGBTQIA community would be better suited to helping others who are seeking help.”

Queer, non-gender specific, aged 25-30, BS5

“More of a presence at LGBTQ events and venues. Often when you rebrand part of a service to be LGBTQ specific more people will attend. I previously worked for the LGBTU drug service in [other area] and the majority of the people accessing services were in employment and had never accessed services before.”

Pansexual, Female, aged 25-30, BS2

“Provide some kind of meeting forum specifically for us.”

Gay Man, aged 51-55, BS6

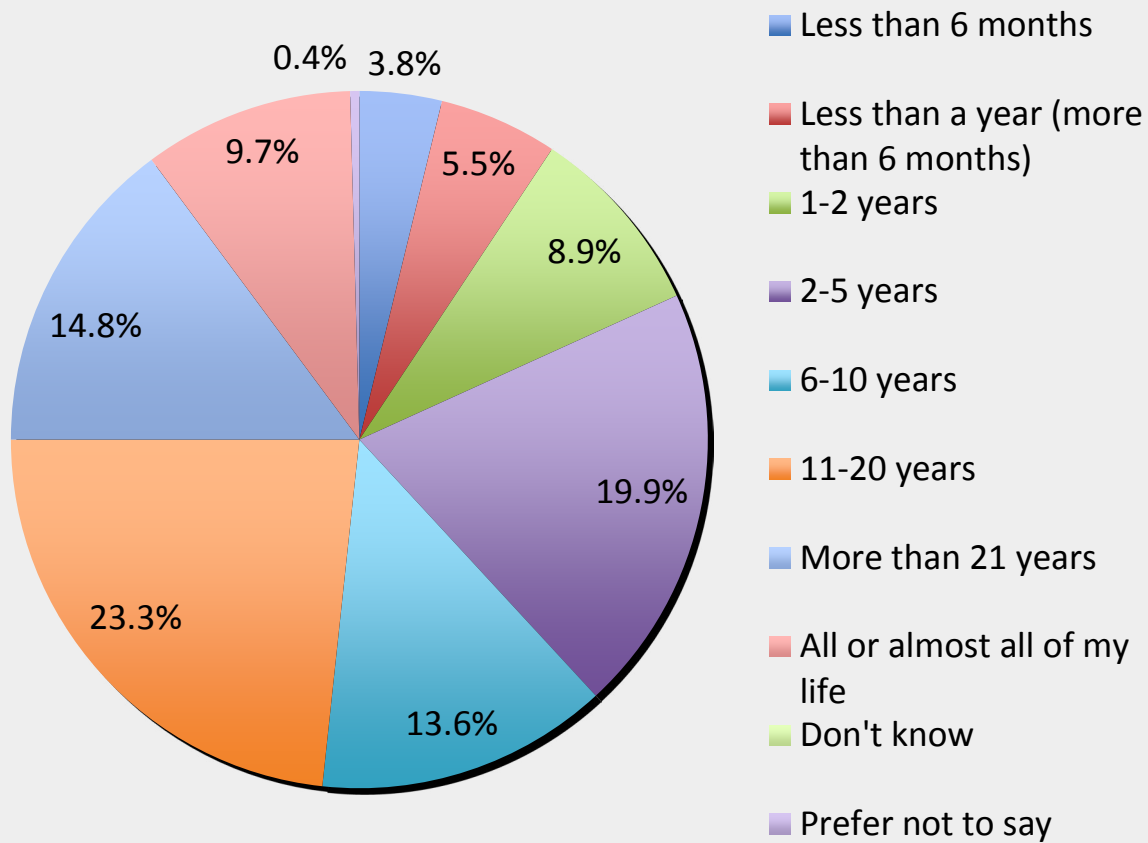
Living in Bristol

We asked participants to tell us how long they had lived in the Bristol area. The table below shows a majority (23%) had lived in the area for between 11-20 years.

How long have you lived in this area?

Answer Options	Response Percent	Response Count
Less than 6 months	3.8%	9
Less than a year (more than 6 months)	5.5%	13
1-2 years	8.9%	21
2-5 years	19.9%	47
6-10 years	13.6%	32
11-20 years	23.3%	55
More than 21 years	14.8%	35
All or almost all of my life	9.7%	23
Don't know	0.0%	0
Prefer not to say	0.4%	1
Other, please specify if you wish	1	
answered question	236	
skipped question	35	

Lived in Area



We asked people to tell us if they were “out” in their local area; were they living openly as LGBT.

The majority of participants, 67% (n=151), said they were “out” in their local area. A further 25% (n=57) said they were not out in their local area.

Do you live openly in your neighbourhood as an LGBT+ person (i.e. are you ‘out’ and open about your gender identity and/or your sexual orientation)?

Answer Options	Response Percent	Response Count
Yes	66.8%	151
No	25.2%	57
Don't know	8.8%	20
Prefer not to say	0.9%	2
Other, please specify if you wish	19	
answered question	226	
skipped question	45	

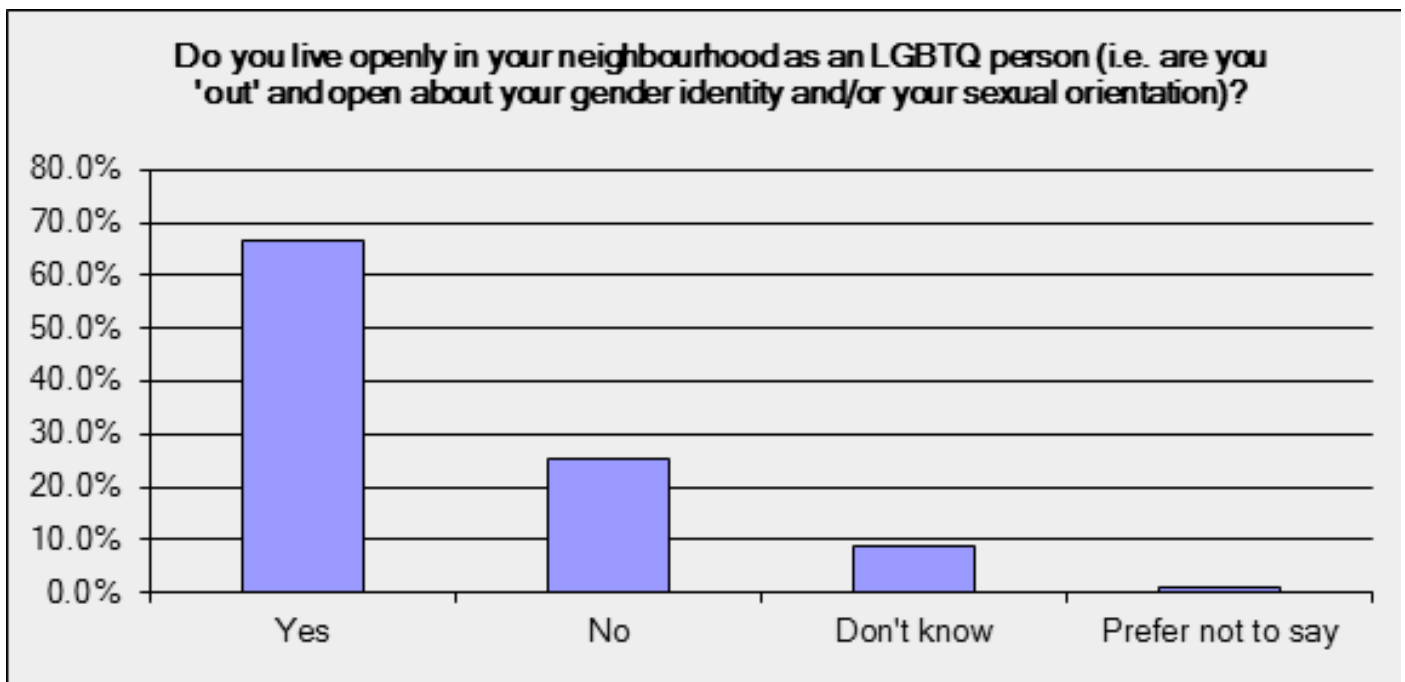
“I am out to my family and friends and to one neighbour, but otherwise no I’m not out. I enter and leave home in either gender, but I do not present openly to my neighbourhood.”

Bi-gendered, aged 56-60, BS14

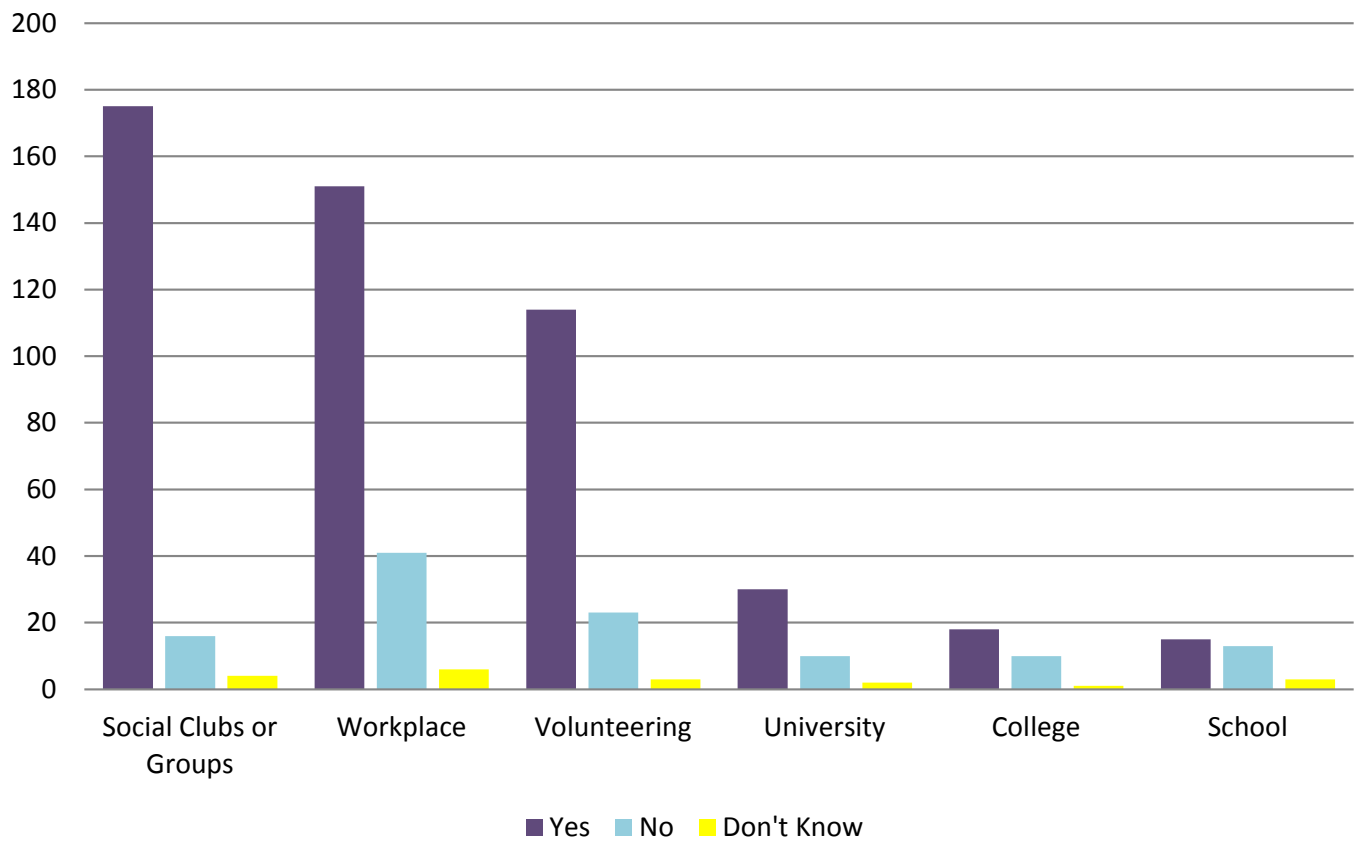
We asked people if they were open in their day-to-day life, for example at work and in social situations. The majority of people, where it was applicable, were out at work, when volunteering or in social situations. However a significant number were not out in the workplace.

**Are you open (“out”) as an LGBT+ person in your day-to-day life?
Please select answer.**

Answer Options	Not Applicable	Yes	No	Don't know	Prefer not to say	Response Count
School	180	15	13	3	0	211
College	182	18	10	1	0	211
University	167	30	10	2	0	209
Social Clubs or Groups	29	175	16	4	0	224
Volunteering	79	114	23	3	0	219
Workplace	41	151	32	6	1	231
Other, please specify if you wish	15					
answered question	236					
skipped question	35					



Are you open ("out") as an LGBTQ person in your day-to-day life? Please select answer



“I can’t be out with my family because some keep insisting my sex and gender are the same, denying my trans status.”

Pansexual, aged 31-35, BS1

“I am out and it’s a continuous process, not a one off. I’ve just moved to the area and getting to know people, starting a new job, making friends, using public toilets (when people mistake me for a man because I have short hair.”

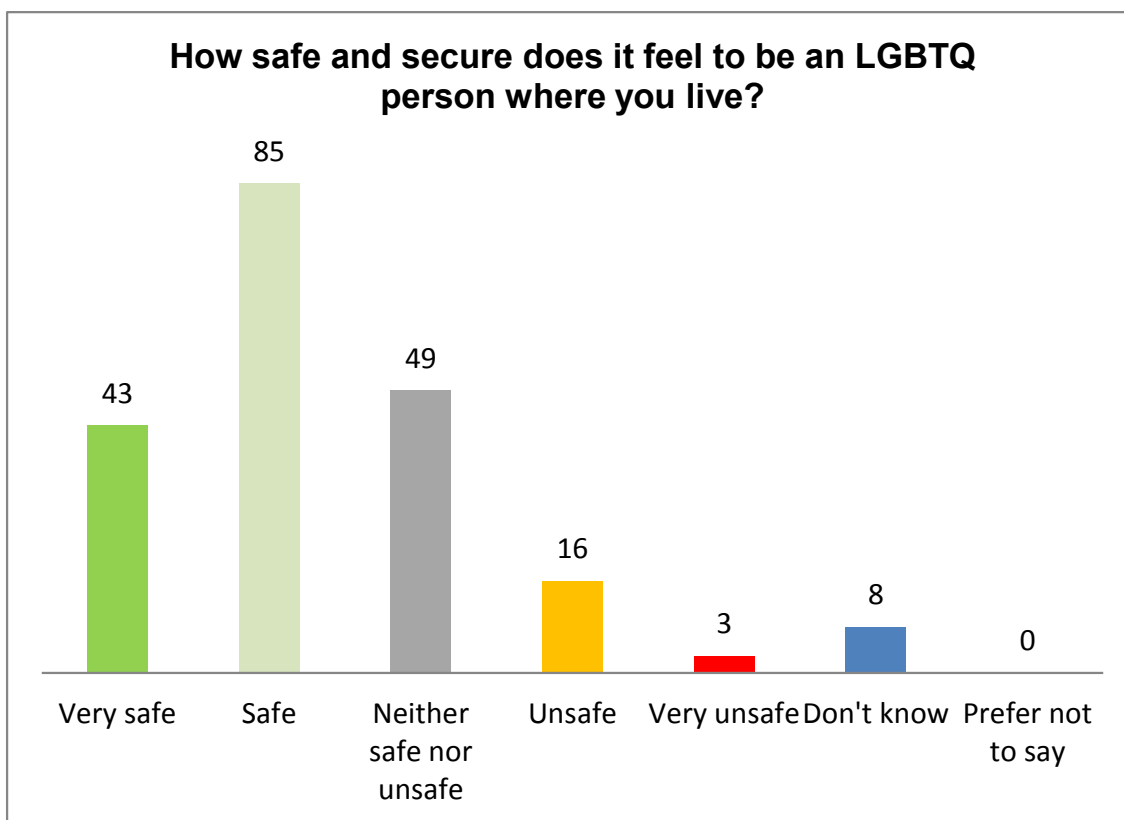
Lesbian, aged 31-35, BS9

“I am partially out at work as I don’t feel 100% safe and want to avoid gossip and ridicule.”

Lesbian, aged 41-45, BS6

Feeling Safe and Secure

We asked participants a range of questions about how safe and secure they felt where they lived. The majority said they felt safe where they lived (n=85) or very safe (n=43), some participants said they felt neither safe nor unsafe (n=49) with some (n=16) feeling unsafe or very unsafe (n=3) where they lived. The following charts illustrate how participants felt where they lived.



How safe and secure does it feel to be an LGBT+ person where you live?

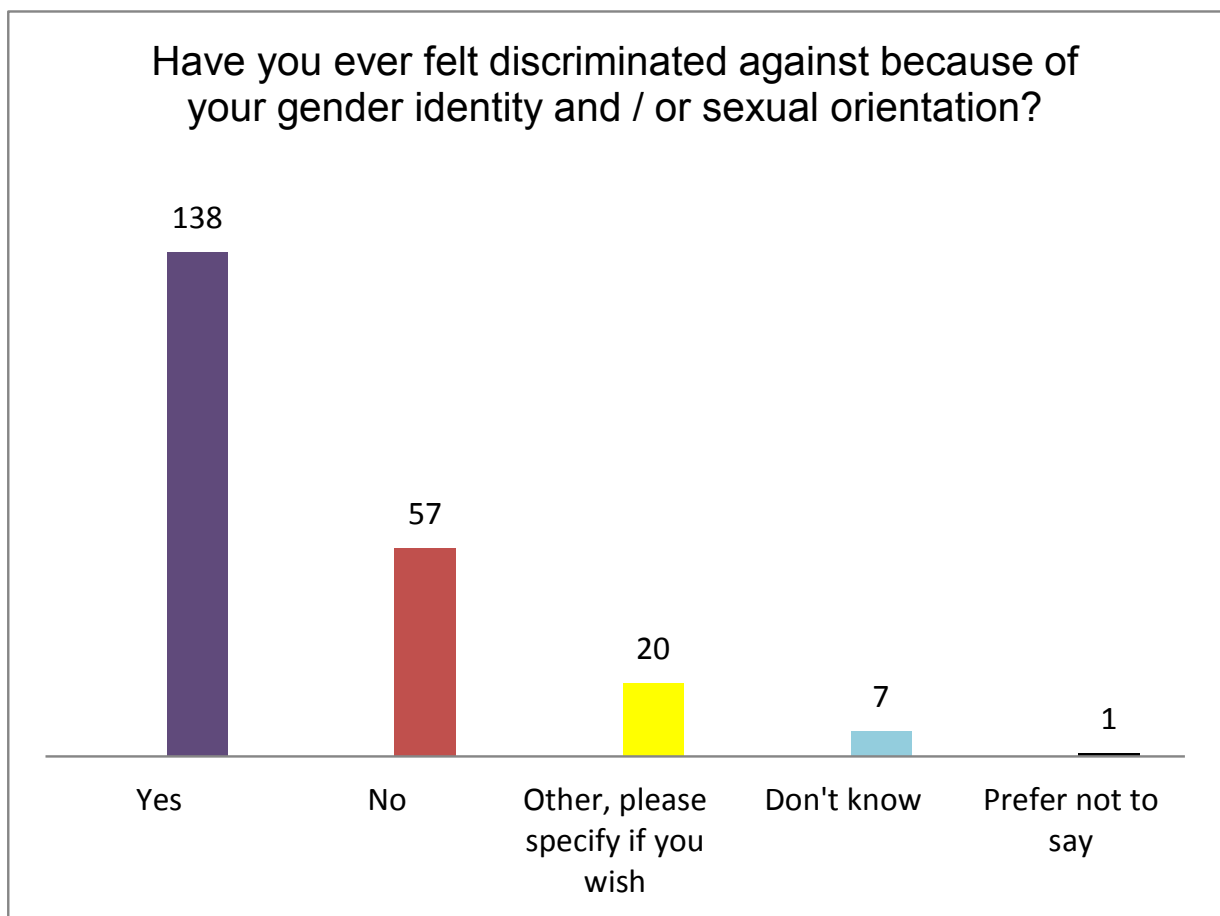
Answer Options	Very safe	Safe	Neither safe nor unsafe	Unsafe	Very unsafe	Don't know	Prefer not to say	Rating Average
	43	85	49	16	3	8	0	2.39
Other, please specify if you wish								

Experiences of Discrimination

We asked participants if they had ever experienced discrimination and where this discrimination took place. 68% of our sample (n=138) said they had been discriminated against for being LGBT+. A further 28% (n=57) said they had not been discriminated against for being LGBT+, a further 3.4% (n=7) said they did not know if they had been discriminated against and 1 participant chose not to answer the question.

Have you ever felt discriminated against because of your gender identity and / or sexual orientation?

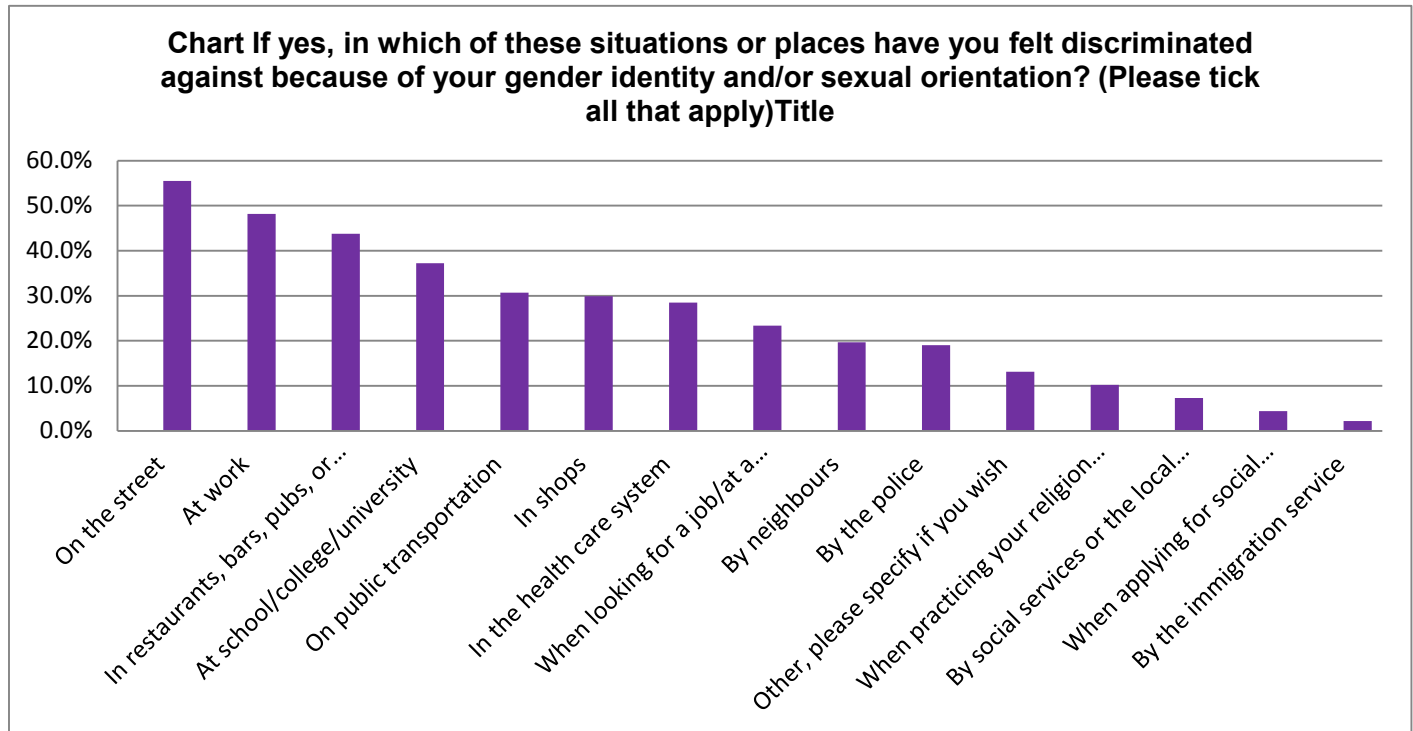
Answer Options	Response Percent	Response Count
Yes	68.0%	138
No	28.1%	57
Don't know	3.4%	7
Prefer not to say	0.5%	1
Other, please specify if you wish	20	
answered question	203	
skipped question	68	



Participants raised a number of concerns over where they had experienced discrimination which included:

- Whilst at work
- Within and between the LGBT+ community, particularly biphobia directed towards bisexual people and sexism from gay men towards lesbians
- People assuming heterosexuality [also known as heteronormativity]

We asked participants where the discrimination they experienced in relation to their gender identity and / or their sexual orientation took place.



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)

Answer Options	Response Percent	Response Count
By neighbours	19.7%	27
On the street	55.5%	76
At school/college/university	37.2%	51
At work	48.2%	66
When looking for a job/at a job interview	23.4%	32
In the health care system	28.5%	39
When applying for social housing	4.4%	6
By social services or the local authority	7.3%	10
By the immigration service	2.2%	3
By the police	19.0%	26
When practicing your religion or belief	10.2%	14
On public transportation	30.7%	42
In shops	29.9%	41
In restaurants, bars, pubs, or clubs	43.8%	60
Other, please specify if you wish	18	
answered question	137	

The majority of participants told us the discrimination they experienced took place on the streets, 55.5% (n=76); whilst at work, 48.2% (n=66); when out and about in bars, clubs or pubs, 43.8% (n=60); and whilst at school, college or university, 37.3% (n=51).

People's experience of discrimination was also linked to people feeling comfortable to be "out" or not, particularly whilst at work.

"I don't think so, but then my sexuality isn't obvious, so I would only be 'out' to people I feel I could trust - within an inclusive workplace etc."

Lesbian, aged 31-35, BS7

"Very occasionally - but you always get that niggling doubt was it or wasn't it?"

Trans woman, aged 66-70, BS2

"Sometimes, there is always going to be someone who thinks they can judge others. It's not nice but what we really need is a support network in how to deal with discrimination."

Trans man, aged 46-50, SN2

"I was once the victim of constructive dismissal - I could never prove it was due to my sexuality."

Gay man, aged 41-45, BA2

"I am lucky in that I work in a voluntary sector [...] organisation, with a lot of liberal minded people, I read the centre left press and watch TV programmes which are non-tabloid, so I do not come across naked homophobia that frequently in my day to day life. Occasionally though, it does hit you in basic things like policing oneself rather than holding hands with one's partner in a city street."

Gay man, aged 41-45, BS14

"Regularly. More overtly because of sexual orientation, and more regularly but in smaller ways because of my gender identity - and not fitting societal gender norms (for example I am a woman who feels more comfortable in men's clothing, but I don't identify as trans)."

Lesbian, aged 31-35, BS9

"Getting a job/housing is not easy if you're trans*, without passing privilege."

Trans woman, aged 56-60, BS16

"I deliberately avoid certain situations with work or socialising."

Gay man, aged 41-45, BS8

"Fired from high-paid jobs, refused health care, abused in the street, rejected by family, deliberately misgendered, regular articles in broadsheet newspapers attacking people like me, TV comedy full of jokes about people like me. Need I go on?"

Trans woman, aged 56-60, BA14

Social and Support Groups

We asked participants to tell us if they had used any local LGBT+ groups which they found to be helpful. A number (n=32) said they had not found any LGBT+ support groups or had been able to access. For a list of the local support groups and organisations participants accessed please see Appendix.

Whilst some participants felt well networked into LGBT+ life in Bristol others felt isolated and without support from the community. A range of responses included factors relating to participants age, location and access to transport.

“I haven’t found any LGBT specific organisations where I live- if you don’t live near to the centre of Bristol then there isn’t much.”

Lesbian, 25-30, BS31

“No. I feel entirely isolated.”

Bisexual woman, aged 46-50, BS3

“I don’t use any currently but I am always glad to know that they exist should I need them.”

Lesbian, 46-50, BS8

“Support groups aren’t suitable because transphobia and disablism wasn’t treated fairly or appropriately when I experienced it there. But the [...] club has introduced gender neutral toilets, trans events and put signs in the toilets dissuading people from questioning someone’s gender.”

Pansexual other, aged 31-35, BS1

Other participants spoke of the value they got from the local support groups and organisations they had accessed.

“The LGBT fitness class [...] has been brilliant for general health and fitness, as well as providing a sense of community for many.”

Queer man, aged 31-35, BS2

“I run a trans-support group which when I became a member saved my life as I had no one to help me. Our mission is to provide peer support to anyone under the transgender umbrella.”

Trans man, aged 46-50, SN2

“When I was younger I used Off the Record which was useful. I was also involved in Pride for a few years. Although this isn’t specifically a support thing it is SO VALUABLE to have spaces where one can be open and talk about issues that face the LGBT+ community.”

Queer woman, aged 25-30, BS5

“I have found Gay West to be particularly supportive and a source of mutual friendship and companionship. I am sure that there are lots of other LGBT+ groups which fulfill a similar niche for other people.”

Gay man, aged 41-45, BS14

“The fact there is an LGBT+ Society at my University [...] has been helpful, to know that I’m not alone.”

Pansexual woman, aged 16-24, BS8

“I value the range of groups now available to enable social / community interaction e.g. LGBT choirs, history group, reading group etc. These are essential to people’s sense of worth and wellbeing and how we operate as a community.”

Gay man, aged 51-55, BS4

“Terrence Higgins Trust were brilliant and I have recommended them to friends who need support as well.”

Gay man, aged 46-50, BS2



Appendix 1: Additional Comments: Improving Health Services

Below are some of the ideas for changes and improvements which participants shared with us about how to improve access to health services for LGBT+ communities.

“Make the HIV Clinic [...] better. They don’t need to change any of the building, just the process they use, for example, instead of herding everyone down to a row, why not call people in [one] at a time, when the nurses are ready, and the nurse see’s you in and out all the way through the process and then takes you back to the main area, much better than how it is currently. It really really upsets me to a point I have considered going to Cardiff or Bath because I don’t feel my confidentiality is protected. I feel guilty and shameful enough about having HIV, I wish I did not have to have it, I feel a burden to the NHS, and I live with that on a day-to-day basis, the guilt of knowing I made a mistake somewhere, that somewhere I was not careful once.”

Gay man, aged 41-45, BS5

“Easier access to the HIV clinic and a less clinical environment in the waiting area - far too impersonal and it feels like you are just a number being processed (apart from the staff who deal as THEY make the difference).”

Gay man, aged 51-55, GL9

“Feeling that I can discuss matters related to my sexuality without being judged.”

Bisexual woman, aged 46-50, BS3

“Ensure all GPs and frontline staff have a better understanding of and empathy towards LGBT+ people. It can still be a huge challenge for people to be out to healthcare staff, particularly in areas of sexual or mental health. That first encounter is key.”

Lesbian, aged 31-35, BS7

“Being asked my opinion about how I would like my sexuality to be discussed or when I would like it to be raised.”

Lesbian, aged 25-30, BS7

“A much better awareness of staff that some of their patients or clients are LGBT. That not everyone is having sex even if they are in a partnership. If it is relevant, to just ask their patient or client whether or not they are in a sexual relationship. To remember if a patient has already told them that they are LGBT. To stop automatically assuming that their patients are heterosexual. To stop calling me “Mrs” when I am not.”

Lesbian, aged 46-50, BS8

“My gender on my records being changed at my request without insistence with a deed poll as per the guidance. Being told the waiting times for the GIC and that they are average rather than absolute waiting times for each treatment. Asking me before disclosing my trans status to anyone. Avoidance of passing on gender clinic notes to local mental health team without my permission and without my seeing them 1st (as these don’t relate to my primary mental health problem).”

Pansexual other, aged 31-35, BS1

“Decisions about asking for referral to a Gender identity Clinic are only for those hell bent on immediate transition. I’m trying to continue in limbo between genders and can’t see that they can support me. I would like [a] referral for them to help me but I can’t [yet].”

Asexual other, aged 56-60, BA14

“More LGBT posters, information and messages in the surgery. Better connections with the Terrence Higgins Trust to promote sexual health screening. Having a more holistic approach rather than just tackling a singular problem, such as offering social prescriptions. For social care - recognising that people with disabilities or elderly people, [...] may still have sex and relationship needs - again looking at the whole person and all their needs, not just their social care needs. I think all health workers need equality & diversity training, and have this as part of their job descriptions, so everyone’s wishes are met while being treated with dignity and respect during a health or social care service. This may help limit health workers bringing their own prejudices and assumptions into the workplace.”

Gay man, aged 36-40, BS6

“As someone getting into old age bracket - I would like providers of sheltered care to take into account the needs of same sex couples who might like to share a flat in all the info/leaflets and magazines about these sheltered / retirement housing places - LGBTQI are not represented.”

Lesbian, aged 61-65, BS2

“Increased availability of mental health care in general. A more flexible approach to patients and offering treatment suited to each patient rather than short-courses of CBT only. Need to be able to have treatment for much longer than 6-week limit. Also, it would be really good if treatment felt less scarce and rigid in general - as an LGBT+ person, this would enable me to for example change therapist more easily to be able to talk to someone who could understand my issues.”

Bi-romantic, asexual, aged 16-24, BS6

“If [doctors] were better educated regarding LGBT+ & what it actually means or relates to.”

Bisexual woman, aged 16-24, BS6

“Making sure social care understand that when you sometime come out to family, they do not accept it and may kick you out and you sometimes need help with finding someone where to live or to go.”

Gay man, aged 16-24, BS10

“A general acceptance from ALL staff that you are not necessarily heterosexual. Assumptions are made and this is difficult.”

Lesbian, aged 36-40, BS10

“I would like somewhere to go to talk about the social challenges of being gay / lesbian with other LGBT+ people - but I don’t know where to go.”

Lesbian, aged 41-45, BS6

“For me as a healthy person in the first stage of retirement the most important things relate to the wider determinants of health. Transport, parks, leisure facilities, crime reduction for instance. In addition much [LGBT+] organisations are focused on younger people. Those for older people tend to operate without any funds or organisational support. I have recently been reading about an initiative related to aging better in Bristol. There is no mention I can find of [LGBT+] issues, nor any representation within the partnership structure.”

Lesbian, aged 56-60, BS3

“I use the [...] coil to control my periods. I had a hell of a time getting this fitted for the 3rd time, as I did not need a coil for contraceptive purposes. Upon referral to the sexual health centre they declined the referral the first time around. Upon a second referral they took me when the circumstances were explained by my doctor. However, when I got to the clinic the Doctor did not want to hear about the fact I did not need it for contraceptive purposes, and told me not to tell her I had not slept with a bloke for 14 years. This was bizarre. She proceeded with the coil fitted, and put me down as bisexual so that there wasn't any political fall-out. This upon reflection was the wrong thing to have done and to have recognised my sexuality.”

Lesbian, aged 36-40, BS10

“I don't feel as though any health or social care services are geared towards me. I don't need any public health support e.g. obesity or smoking and I don't qualify for any support such as benefits or housing help. I have infrequently used voluntary services but find this very hard to do when working full-time as nearly all services are open 9-5. I would like support for anxiety and some other mild mental health problems but would not go to my GP for this as it isn't that problematic but would probably go to a support service - [...] I can't get to these during the day.”

Lesbian, aged 25-30, BS31

“I feel there's little specifically to address the needs of bisexual women in particular. Men who have sex with men (however they identify) are very much at the forefront of minds when it comes to health education. The need and the method of protection from sexually transmitted diseases etc. are well publicised and it seems to be relatively easy to talk about with one's doctor. Gay women have different needs and again, this is a relatively straightforward topic to broach. But for bisexual women, who 'cross boundaries' it's hard to talk about and they have very different needs. Assumptions are often made about lifestyle because of outward appearances, fear of being judged also plays a part, and sensitive topics like this are never broached by either party. I also feel that support for people coming to terms with their sexuality is entirely lacking. There are no leaflets in waiting rooms pointing to appropriate support groups etc.”

Bisexual woman, aged 46-50, BS3

“Domestic Abuse services including refuges are not available for trans [women].”

Trans woman, aged 36-40, BS9

“Services that deal with the well being of the younger community of LGBT+ people are severely lacking. They need more education and support and information advice and guidance on remaining safe in the community.”

Gay man, aged 16-24, BS7

“Everyone in statutory and voluntary / community sectors needs to work together to remove stigma and create normalisation.”

Bisexual woman, aged 41-45, BS4

As [I am] in the closet [...] I feel I am unable to access sexual health services in [my local area].

Bisexual man, aged 51-55, GL54

“Wouldn’t it be nice to be able to specify [LGBT+] care staff in the same way that we can specify gender, or specify someone with appropriate cultural knowledge. Law makers decided that I, as a woman, am allowed to be bothered about gender when it comes to personal care, but no-one asked me what factors do actually bother me.”

Lesbian, aged 51-55, BS7

“I have been advised to try counselling and couples therapy but feel uncomfortable seeking this because there are no couples counsellors who clearly advertise themselves as welcoming to LGBT+ clientele.”

Gay man, aged 31-35, BS8

“I think sexual health services for queer women are massively lacking. I mean, I have no idea of my specific risks and I can’t believe there aren’t any. Also, [...] I am [...] shocked that there aren’t trans specific services.”

Queer woman, aged 25-30, BS5

Pansexual woman, aged 25-30, “I haven’t seen anything promoting LGBT+ fostering, this was a big thing in [other location].”

BS2

“A [...] pool of LGBT+ and positive health and social care workers who have an existing insight into LGBT+ life, living and experiences.”

Queer woman, aged 51-55, BS5

“LGBT+ [sexual health] clinics - I’ve no idea if there are any in this area but I’d be much more likely to attend as I’ve not had positive experience at non LGBT clinics.”

Lesbian, aged 31-35, BS9

“When working with older people particularly - failing to explore same sex relationships which may be significant to a service user but may be presented as or construed as [only] friendships.”

Lesbian, aged 45-50, GL5

“In my experience, I am generally out in all aspects of my life but for some reason, I just don’t feel comfortable in being out regarding the health service. They jump to the usual stereotype questions regarding pregnancy etc. which automatically puts you in an uncomfortable position. GP’s also don’t have time to build a rapport with their patients, so I don’t know when you are supposed to feel comfortable with discussing topics that may be specific. The whole process starts again with the different GP’s you see.”

Gay woman, aged 41-45, BS4

“I have friends who are dependent on social care services and friends who work in this field and neither are out to the other for fear of discrimination.”

Lesbian, aged 66-70, BS6

“No support for older people - sexuality seems less and less important in older age in the eyes of the medical professionals while it actually becomes more important in some ways. Ovarian cancer [is] a big killer yet it is assumed if you are a lesbian it is less likely to get ovarian cancer while it is actually more likely.”

Lesbian, 56-60, BS4

“As an ageing population there is a huge issue around accessing services without assumptions and or discrimination.”

Lesbian, aged 56-60, BS3

“Better LGBT+ mental health services. I feel often an LGBT+ person should be referred to someone who has particular understanding of LGBT+ issues and its effect on mental health.”

Gay man, aged 56-60, BS5



Appendix 2: Additional Participant Comments – Living Locally

We asked participants if they had anything to add about their experience of being LGBT+ and living in their local area. We had a range of experiences from people who felt comfortable to be out (as LGBT+) living in their local area through to people who felt they couldn't come out about being LGBT+ and remaining safe living in their local area. For some lesbians and gay men, particularly those living in same-sex relationships, fitting in to society is seen as relatively easy. For many participants who were from a gender and sexual minority (GSM), for example, such as many trans, queer, intersex, pansexual and those who don't fit into binary gender roles, including those who are gender fluid and gender queer, fitting into society and being accepted within their local area was perceived as difficult. GSM participants feared discrimination from neighbours and from the wider community and felt the threat of this whilst out and about.

“I would like to network with more LGBT people without having to go into the centre of Bristol to do so. I would like to do more in my local area to support other LGBT people.”

Lesbian, aged 25-30, BS31

“If I came out I would be ostracised. It is a very religious family and area.”

Lesbian, aged <16, BS3

“No one seems educated about what it means to be gay, bisexual etc. Many think its a choice, many think you can't be gay if you're not really feminine.”

Gay man, aged 16-24, BS11

“I think Bristol is a very positive place to live as a gay man. My area is diverse and I can live openly without concern for safety.”

Gay man, aged 41-45, BS2

“Moved [two] years ago from outskirts of the city to a village a couple of miles away. Totally accepted in the village along with my partner - no issues - no prejudice and totally accepting - a little surprising for a “conservative” rural area and more comfortable than on the edge of the city.”

Gay man, aged 51-55, GL9

“People appear to be totally accepting.”

Gay man, aged 46-50, BS2

“I experience verbal abuse most times I express my gender identity in public.”

Trans man, aged 41-45, CF64

“Bristol is a fantastic city and has a thriving queer scene. However, once one passes a certain age, it's easy to become isolated, particularly when on the few occasions one does venture out, one's sexuality is largely discounted by a significant section of the LGBT community.”

Bisexual woman, aged 46-50, BS3

“I live in a very open minded area. I know lots of people who are gay or bisexual who live in my area.”

Bisexual woman, aged 25-30, BS2

“Even 6 years ago there would be a lot more staring or name calling if I held hands with my partner in public. With Pride & more visible LGBT+ lives in the media and the city, things have become more accepted & ‘usual’ very quickly in central Bristol.”

Lesbian, aged 31-35, BS7

“Compared to other places I have lived I feel safer but I still have a small anxiety when out with my partner about if anyone will say anything.”

Lesbian, aged 25-30, BS7

“All schools should teach their children the difference between boys and girls but avoid mentioning body parts. Transphobia in schools has to stop.”

Trans other, aged 31-35, BS1

“Social groups / networks have been absolutely vital to my mental, social and economic wellbeing and security.”

Lesbian, aged 36-40, BS3

“There has been a big increase in the past year or so, where people know more about LGBT++ issues and they’re more respectful.”

Gender queer, aged 25-30, SN4

“While I have had the odd “dirty” or confused look from others. I have never been openly discriminated against due to my trans-identity. Even though on several occasions that I have revealed myself as such. Including, in classes at my local college, while applying for jobs etc.”

Trans man, aged 25-30, SN14

“No help at all for people who come out at an older age. Bullying by lesbians because come out at an older age and have a trans child.”

Lesbian, aged 51-55, BS2

“I am happy in [local area], feeling quite safe to be out locally. This was not the case when I lived in [other area].”

Lesbian, aged 66-70, BS20

“I can only be the woman I am in private or in a Bristol based trans group.”

Trans woman, aged 66-70, GL13

“I am very fortunate to live in friendly, mostly relaxed area of Bristol but I have friends who live in other areas who have very different experiences.”

Lesbian, aged 61-65, BS2

“Will this [survey] make a real big changes? I hear this all before, there need to be real big changes on the ground not paper work. I yet to see survey make real changes, if any very little.”

Gay man, aged 46-50, BS15

“There are not many places to meet [like] minded people in Bath - I need to go to Bristol for that.”

Gay man, aged 41-45, BA2

“There is a big queer women’s community in [local area] which I really appreciate. I feel safe expressing myself. The diversity of people, sexuality, religions and races is really wonderful.”

Queer woman, aged 25-30, BS5

“Will never feel comfortable with it personally.”

Female, aged 31-35, BS15

“In terms of living, I live on an estate at the edge of Bristol, which is not nearly as diverse or relaxed as the more hipster ish places nearer to the city centre. We have a small problem with the extremist vote on this estate, with the BNP polling third in the 2006 Council elections, but since losing groups to UKIP. There is occasional homophobic, anti-Semitic and racist graffiti marked on bus stops by the National Front (probably the work of their lone activist), which has been reported to the City Council and local councillors, who have been very attentive at getting this material and vandalism removed. Other wise, I live quietly amongst [...] a mostly retired group of people in my local area and feel reasonably well integrated.”

Gay man, aged 41-45, BS14

“There is not enough support for young trans people and their families.”

Trans man, aged 16-24, BS6

“I am out to those who need to know, beyond that I wouldn’t openly advertise the fact I am gay.”

Gay man, aged 36-40, BS10

“I never push my sexuality - I just am who I am, and mostly am very lucky that people treat me the same as anyone else.”

Lesbian, aged 51-55, BS15

“It’s a very small minority that are upset by it- on the whole Bristol is one of the best & most accepting places to be openly LGBT+.”

Bisexual woman, aged 16-24, BS6

“I recognise that I could never show affection to a partner in public, as heterosexual partners can, I have to accept that, which is a shame.”

Lesbian, aged 46-50, BS16

“I tell people I trust that I am gay. But certainly don’t feel able to be open about it generally.”

Gay woman, aged 66-70, BS6

“Lots of bad traditional views.”

Bisexual woman, aged 16-24, BS15

“There is fear of coming out entirely as some male based communities feel their masculinity threatened and disapprove of lesbians. There have been reports of corrective rapes, beatings, sexual harassments in the area.”

Lesbian, aged 36-40, BS5

“My partner and I rarely allow ourselves to show any displays of affection outside of the house and I certainly find myself checking how lesbian I look sometimes before I leave the house, all through a fear of attracting discrimination or verbal abuse.”

Queer woman, aged 51-55, BS5

“I live in a diverse area and within the area people could have very different experiences according to who their immediate neighbours are. I think there is a difference between whether you privately own your home, live in social housing or privately rent. Also depending on your lifestyle - where you go and what you do - you will meet different people some who are tolerant but some are not. With my life I have not encountered any issues being gay but I avoid places I do not think would be friendly / safe e.g. certain pubs and the places I do go to have more likeminded people. If I went to different places and had different interests my experiences of the same area would be different.”

Gay man, aged 36-40, BS5

“Gender specific places can be really challenging when you don’t fit social norms. It’s great if you can provide a gender neutral alternative.”

Lesbian, aged 31-39, BS9

“There is a lack of lesbian events in Bristol most facilities are for gay men.”

Lesbian, aged 41-45, BS6

“In [area] I don’t feel like it’s something I would be open about on the street. I think people may be shocked to see same-sex couples around here. But I definitely wouldn’t feel in danger.”

Pansexual woman, aged 16-24, BS8

“I have received street harassment as a woman. I have found it hard to meet other queer people.”

Queer woman, aged 25-30, BS5

“I come from [area]. Having lived in Bristol now for many years has made me realise how bad the services were in [area]. Bristol is far better, more forward thinking than [area]. The services are friendly and helpful.”

Gay man, aged 31-35, BS5

“My area is diverse and accepting and [I] do not feel my identity is inhibited in any way, or anyone’s identity.”

Gay woman, aged 41-45, BS4

“Most of the time there is not noticeable discrimination, however there are situations when I tend to avoid confrontation because of the fear of discrimination or abuse, whereas I would feel more confident in these situations if I were heterosexual.”

Gay man, aged 46-50, BS49

“I have lived in Bristol for 25 years and up until I moved to my current area had never been abused or threatened because of my sexuality. This is our [third] amount of abuse in 5 years by different people and have found the experience very unsettling and depressing. Due to my physical disability I have difficulty in accessing the correct housing for my needs and feel that although some people and organisations are very helpful, others are not. It seems the initial help happens very quickly then it tails off and you’re left wondering how to carry on.”

Gay man, aged 56-60, BS5

“One of the main reasons why I don’t live in Bristol is that I can’t afford to live anywhere that I would feel safe.”

Trans woman, aged 56-60, BA14

“Despite being in a ‘Gay Quarter’ of town [local area] there is still a large element of verbally abusive women and ‘macho’ men.

The influence of drink makes encounters worse.”

Gay man, aged 56-60, BS2

Appendix 3: Experiences of Discrimination - Additional Quotes

We asked participants to tell us more about the discrimination they experienced. To give us more details about, for example, where and when the incidents took place. Below are some of the experiences participants shared through our research.

“I experienced homophobic taunts by colleagues in a provincial town civil service office, even though I made no mention of being gay, [I] was not out, the suspicion was enough. Individually I could make connection[s] with a lot of work mates, but in group situations it felt as though people needed to be blatantly homophobic as the expected social norm[s] ... Examples of behaviour: speculating about “the faggot” within my earshot, asking if I was normal etc. Open hatred towards gay icons in the media. In Bristol the pressure [is] much less, people weren’t as curious, no questions [asked] about [my] private life.”

Gay man, aged 46-50, BS5

“Mainly stems from ignorance - more could be done to educate people on LGBT+.”

Lesbian, aged 16-24, BS6

“I was brought up in [area] and somehow the police knew who was gay or not, they questioned me about who was or wasn’t gay.”

Gay man, aged 66-70, BS16

“From names to rocks thrown at me, from “it is your fault, you should look less gay” to “you should all die”, to having friend turning their back because they were afraid I could hit on them to other wanting to make me go back ‘in the right pass’ by sexually harassing me. Sadly, I would describe all of it as...usual discrimination[...].”

Trans man, aged 16-24, BS1

“I have been blocked from attending churches, participating in church activities and volunteering for the church. I was unable to marry my wife in a church. I have been treated badly by many Christians. I see derogatory and offensive comments daily on the internet.”

Lesbian, aged 25-30, BS31

“Glares, stares, shouting, jeering, teasing, bullying, calling names like faggot or lesbo or bender, stereotyping.”

Lesbian, <16, BS3

“Forced out of a job when I was ‘outed’ at work. Homophobic boss made sure I was isolated and ‘frozen out’ - humiliating me by making sure I didn’t have vital information to do my job and then looking foolish in meetings. Another job (with a supposed 5* anti-discrimination policy) I was humiliated and put upon and made the butt of jokes.”

Gay man, aged 51-55, GL9

“Being spat at, nasty comments, and being afraid to hold hands in public because of discrimination.”

Lesbian, aged 51-55, TA9

“Refusal to accept that we were (are) a couple. In the B&B, the proprietors didn’t even acknowledge that my partner existed; they would only speak to me directly and continued to ask if I had a wife. It was a very odd situation.”

Pansexual male, aged 36-40, BS3

“I remember talking with my boss in a previous job. She used hushed tones to talk about an openly gay colleague and said it would be better for him to ‘keep quiet about it’. I said that was a bit of a shame that in this day and age he couldn’t be himself in the workplace. She told me that like it or not it would seriously damage his career prospects. I never felt able to talk about my own sexual orientation for fear of being judged similarly. We later had some more gay members of staff join us and we naturally gravitated together. I noticed the ‘same ‘hushed tones’ being used about me, querying why I went out socially with them etc.”

Bisexual woman, aged 46-50, BS3

“I’ve been harassed, called homophobic and other names, and generally feel intimidated sometimes.”

Bisexual man, aged 51-55, BS11

“It’s not extensive as I’m not out, but it’s the general comments that you hear from other people about it that generally tend to make you feel unsafe and unable to ever come out. It’s discouraging.”

Asexual woman, aged 16-24, BS13

“From name calling to threats to assault to sexual assault.”

Bisexual woman, aged 36-40, BS9

“Never “straight” [direct] discrimination, but I’ve been declined for jobs for an invented reason that has had nothing to do with the job at hand, shortly after disclosing [my] trans status.”

Trans woman, aged 16-24, BS34

“All well in the past comments shouted in the street. Was held to higher standards than everyone else at work. Have come across several bigoted policemen in the past but also some very supportive non-discriminatory ones.”

Gay man, aged 56-60, BS4

“Mostly girls say that it’s weird to like other girls and say it’s selfish to like both genders.”

Bisexual, intersex, aged 16-24, BS16

“Asked if I am a man, asked if my children are mine, stared at, shouted at, grabbed, sworn at.”

Lesbian, aged 36-40, BS8

“Bus driver saw me and my partner and wouldn’t let us on! Bars especially straight bars don’t like groups of men... so when I go out with, my friends we are turned away.”

Gay man, aged 16-24, BS7

“Verbal unpleasantness in a cinema.”

Gay man, aged 25-30, BA3

“I was working in a school and I was told not to talk about my partner with the children. Other members of staff would discuss their home lives as we were working with children with attachment and social issues and self-disclosure often helped with the relationship.”

Lesbian, aged 25-30, BS7

“I am agnostic but I sometimes go into churches or to events they hold. Knowing that the Church of England and other churches are often homophobic or do not believe in equality for LGBT people or for women, I always feel somewhat uncomfortable going into anything organised by a church.”

Lesbian, aged 46-50, BS8

“Being told to “put up with” being misgendered by my university until I reminded them of their trans policy which they later implemented and resolved. Being told “you cant get everything you ask for” when trying to access long term pain meds and then being abruptly cut off when I mention testosterone. Being shouted at for being in the ‘wrong toilets’. Being talked about in a derogatory and disablist way.”

Pansexual other, aged 31-35, BS1

“Verbal abuse / rude comments, dirty looks, questioning whether I want to go somewhere as it is a “gay” place e.g. - bus driver interrogating me about going to [area].”

Lesbian, aged 36-40, BS3

“General verbal discrimination and abuse, occasional threats of violence. All from males, some of them drunk.”

Queer man, aged 31-25, BS2

“A feeling of being disliked, having people ignore you because you are trans.”

Trans woman, aged 61-65, GL20

“At school and college there was huge amounts of homophobic bullying. Also, I did performing arts at college and at university as well, I was refused auditions because I am transgender. On the streets, there is verbal abuse. In toilets, there are comments made or I am told I am in the wrong bathroom. I only use gender neutral loos now because of this.”

Genderqueer, aged 25-30, SN4

“Mis-gendered by a seemingly dis-interested male search operative at [airport] and searched inappropriately in what verged on sexual assault. This resulted in my making an official complaint to the airport authority, the response to which was completely unsatisfactory. Further representations to the Department of Transport by my MP led to the airport authority being told to change their procedures as they were not in line with [Department of Transport] guidelines on searching transgender passengers. A recent search, deliberately provoked to test whether procedures had indeed been changed, has been satisfactory with a female operative carrying out the search.”

Pansexual other, aged 66-70, BS9

“Using public bathrooms is the main problem as I can no longer use a ladies room as I have a beard and pretty much pass as male, unfortunately as I am open with my transition to help and empower other trans folk, verbal abuse happens.”

Trans man, aged 46-50, SN2

“Homophobic bullying by course leader.”

Lesbian, aged 51-55, BS2

“Insulted on the street for appearing to be gay.”

Gay man, aged 31-35, BS8

“Neighbours pulling small children away from us, comments in the streets etcetera. At work snide remarks overheard.”

Lesbian, aged 66-70, BS20

“I work part-time as a fitness instructor. During my [...] instructing training the classroom banter sometimes included gay insults. I was also about to run a fitness class in a studio gym, as soon as the owners friended me on Facebook and saw my LGBT connections they stopped liaising with me.”

Gay man, aged 36-40, BS6

“In a hairdressers- the manager was making remarks to the assistant - (who had been cutting my hair) that I was ‘chatting her up’ (not true’ I was just trying to have a friendly chat!) but it felt very unpleasant and unsettling to be wrongly accused- not to my face- of being predatory. And done in a lighthearted, flippant way which - had I challenged it - would be seen as - ‘oh we were just having a laugh’. But no - they were being prejudiced - at least the Manager was.”

Lesbian, aged 61-65, BS2

“I was refused to be served in a pub restaurant once. I also offered to give blood to a blood bank at my employers, but was declined as I had to disclose my sexuality- even though I have been in a monogamous relationship for the last six years.”

Gay man, aged 41-45, BA2

“Walking down the street on holiday in Spain hand in hand with my partner, a comment was made about us. I very robustly challenged the individual who made the comment. Walking round a National Trust property several years ago at a function one evening when a middle aged, middle class drunk man made a derogatory comment about my partner and I, again holding hands. I am a Police Officer so identified myself dealt with the male who I suspect bitterly regretted ever having met us!”

Gay man, aged 46-50, BA11

“I had to report DV [domestic violence] to the police and they acted notably different towards me once they realised my partner was a woman. I felt as though I wasn't taken seriously. There was another incident with the police when they were called because I was going through a psychotic episode. Once they found out I was queer they made insulting, undermining comments about lesbians and I was left. I strongly feel as though they should have had a duty of care over me at that time. I was a danger to myself and others.”

Queer woman, aged 25-30, BS5

“Name called in front of work mates and customers - alright lezzie, here's the carpet muncher.”

Female, aged 31-35, BS15

“Everything was going very well until my partner was revealed as a man, gay friends experienced the same with the same company at interviews.”

Gay man, aged 46-50, BS16

“It is not common I have experienced direct discrimination or prejudice, because I mix in consciously liberal circles and I have been selective with contacts and friends for a long time. But one does occasionally hear homophobic attitudes on the bus, or in the street or in comments from people in shops. These are not commonly directed at me, because I would estimate that I do not conform to what the homophobic mindset would see as a gay person, so I go (to borrow a term from my transgender friends) “stealth” in some respect.”

Gay man, aged 41-45, BS14

“Comments made about me and my girlfriend, being told that holding hands was offending people, men openly staring at us in public spaces, homophobic language used in the workplace which means I don't feel safe to be out.”

Queer woman, aged 25-30, BS5

“A homophobic temp was employed at my work. Have been attacked in the street in the past.”

Gay man, aged 41-45, BS3

“As a young woman, rape and sexual assault; domestic violence. As an [older] woman, no major incidents but disregard in public. As a lesbian, was once (only) threatened and was (once) sneered at when holding hands with girlfriend.”

Lesbian, aged 66-70, BS7

“In clubs, men will often ask if they can watch or join in. At work I was forced into a really uncomfortable conversation about whether lesbian sex should class as ‘real sex’ in front of everyone. At school I was referred to as a ‘dyke’. I’ve had abuse shouted at me on the streets and from car windows.”

Bisexual woman, aged 16-24, BS6

“Being ignored or overlooked where non-identified LGBTQ persons have taken president. Been called names or received derogatory remarks, being stared at / sniggered at / shown disdain when with partners, and given twin beds when specifically asked for double in hotels, response from hotels have been that we are two females, assumed mistake over the beds and no alternative rooms available. As I travel a lot, this has been an issue on quite a few occasions.”

Lesbian, aged 46-50, BS16

“Being called names, being beaten up, being treated like dirty by police.”

Gay man, aged 16-24, BS10

“Nurse advising me that lesbians did not get STI’s [sexually transmitted infections] such as HIV and dismissing a requests for tests.”

Lesbian, aged 36-40, BS5

“Very dirty looks, attitude, threats, being beaten up and being sacked from work on the grounds that I am gay.”

Gay man, aged 16-24, BS10

“Verbal abuse and outing in the street. Harassment in a bar for kissing partner. Some neighbours felt they had a right to spit at me and my female partner as we held hands going to local restaurant.”

Queer woman, aged 51-55, BS5

“In treatment male / female partners were allowed in room where treatment was being carried out but my [same-sex] partner had to be insistent that he was accompanying me.”

Gay man, aged 46-50, BA3

“Hissing and shouting in the street.”

Gay man, aged 51-55, BS2

“I’ve felt fear of discrimination which has meant that I have not been ‘out’ (e.g. haven’t shown affection to my partner) which has meant that on the whole I’ve not been discriminated against but the fear is there. I have been shouted at on the street. I have been given dirty looks and made to feel unwelcome in a predominantly male gay bar when going for drinks with gay friends which I actually found even more hurtful than if it had been straight people doing it. I’ve spoken to female friends (straight and lesbian) who have had the same experience.”

Lesbian, aged 25-30, BS3

“Calling out in the street, not getting tables in restaurants or served in bars. The never ending “Toilet Disputes” (trans peeps have to have large bladders!). Job interviews - lame excuses, as to why they won’t employ you. GPs unwilling to help - Had to leave the practice and find another - Which was just as bad. Sniggers behind your back. Elephant in the room syndrome. Rooms going quiet when you enter them. The general acceptance of trans* people in society is poor. We are just tolerated - But definitely, not accepted.”

Trans woman, aged 56-60, BS16

“I was walking along the street holding hands with my girlfriend and a [...] tourist taunted us in [area]. At work homophobic jokes were told in the workplace before I had had a chance to come out. I was frightened to come out, felt trapped and ended up being off sick. This ruined the job and I ended up leaving this career. I have had difficulty getting a [...] coil as a lesbian as it has not been for contraceptive purposes. Also I had difficulty getting an MMR as a grown up as the nurse said I should have been screened during pregnancy (I have never been pregnant). And thirdly, my ex-partner and I were denied fertility treatment due to our sexual status when trying for a baby. In shops I have been mistaken for a man on several occasions despite having boobs that stick out. They are size 30G so I’m not sure what planet these people have been on.”

Lesbian, aged 36-40, BS10

“Name calling when walking hand in hand with my wife. I will sometimes deliberately stop holding hands if I anticipate / fear a bad reaction.”

Lesbian, 46-50, GL5

“There is the obvious discrimination, such as having drunken men yell abusive and derogatory language at my wife and I when we were walking in town, or the double takes that I receive when we go out. To the other end of the scale where there is the casual discrimination of informative literature, for example pension leaflets that only have pictures of heterosexual couples.”

Lesbian, aged 46-50, BS3

“I have been spat at.”

Lesbian, aged 25-30, BS3

“By the intrusive questions they were asking (when I came out to them) I felt like I didn’t belong, that I was somehow ‘exotic’ and strange, and that I should be something different to what I am.”

Pansexual woman, aged 16-24, BS8

“Over the past 35 years I’ve noticed a change - I hope no-one would threaten to glass me if I kiss another woman in a pub any more- but these days it tends to be when there’s a noticeable change in people’s friendliness / helpfulness. Openness when I drop something into the conversation that helps them understand I’m not straight.”

Lesbian, aged 51-55, BS7

“Having my knowledge and capabilities doubted by older men. Receiving patronising language and attitudes. Being looked over for strategic and logic based tasks, assuming that as a female I will be better at communication and outreach work. Being touched up in pubs & clubs by men who assume that because I am dancing on my own I must be ‘available’. By not seeing female role-models I feel there may not be a place for me in senior roles in professional groups and on campaigning platforms.”

Queer woman, aged 25-30, BS5

“A culture of “don’t tell, don’t ask”. Other associated verbal problems.”

Gay man, aged 31-35, BS3

“Blatant homophobia, sexism and discouraging remarks are tolerated e.g. on the Bristol [...] scene.”

Lesbian, aged 51-55, BS7

“I didn’t feel discriminated against, I WAS discriminated against, verbally and physically.”

Gay man, aged 51-55, BS6

“I had to leave my secondary school because the bullying was so constant and intense that my head of year acknowledged there was nothing they could do to protect me. I’ve had slurs shouted at me regularly in public, and have had doctors become very strange with me when discussing my sexual history, and medical staff treat me poorly when they found out I’m trans.”

Queer trans man, aged 16-24, BS16

“Looks, poor service, no service, usually happens if in a small group or couple that don’t comply with the norms looks wise. A night out in town on a Friday or Saturday, usually involves some verbal abuse, usually from men, but has also happened when walking past men in a pub in the suburbs.”

Gay woman, aged 41-45, BS4

“Ranging from name calling and poor service, to being hounded out my home by a National Front next door neighbour.”

“The sense of random intimidation, comments from strangers when in public used to be fairly extreme at times... maybe 20-30 years ago. That experience has lessened though not disappeared. Cases of random violence / aggression are still regular, though not in my own experience.”

Gay man, aged 51-55, BS4

“Having to fill in intrusive questionnaires and having to take [two] separate HIV tests. Questions etc. asked and generally made me feel uncomfortable and made giving blood difficult whilst other colleagues seem to find it an easy process.”

Gay man, aged 46-50, BS49

“People’s general reactions to being out as [bisexual] and the comments that are then made.”

Bisexual woman, aged 31-35, BS5

“Physically attacked outside [a gay] pub.”

Gay man, aged 41-45, BS10

“Because of homophobic harassment, physical abuse and social media abuse.”

Gay man, aged 56-60, BS5

“Verbally abused, comments made at work, physically assaulted.”

Gay man, aged 31-35, BS7

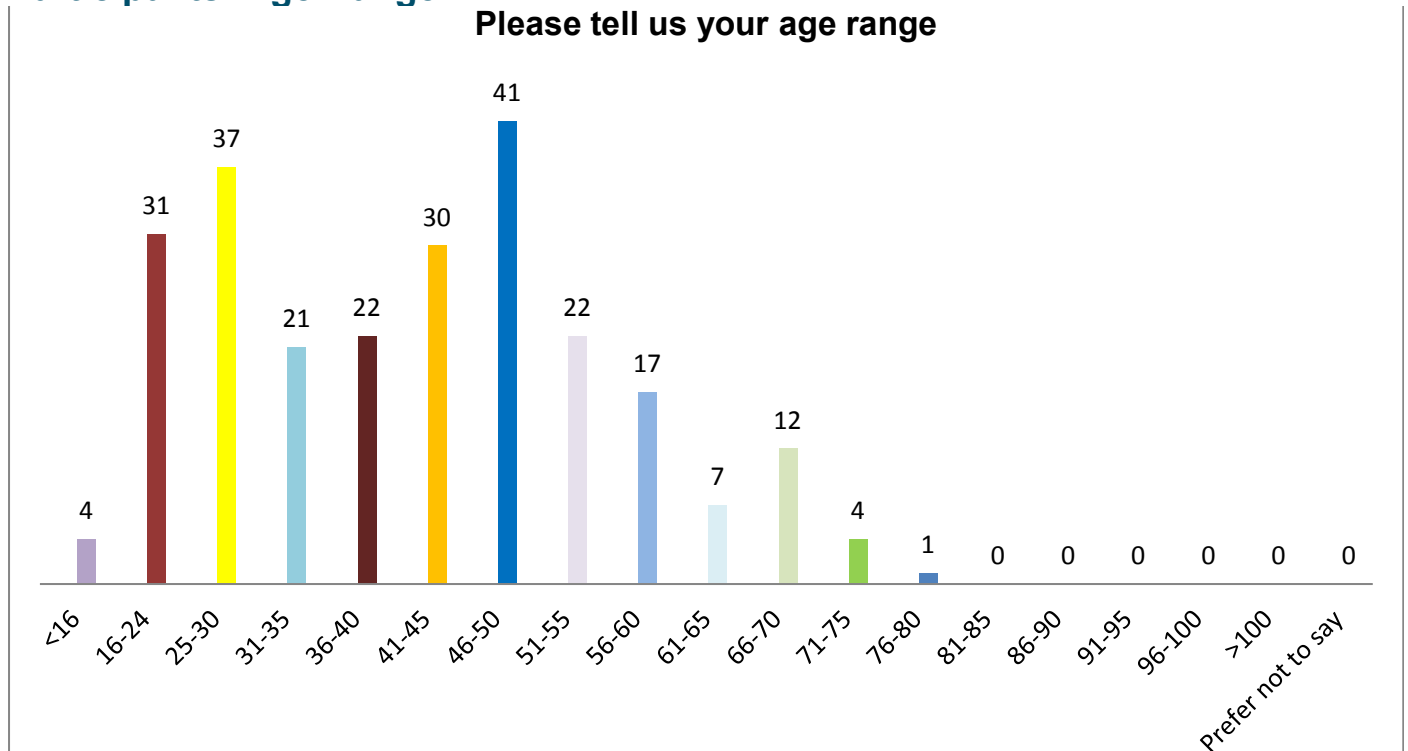
“Because a large proportion of the population hates and fears trans people. This is not surprising given the constant media barrage encouraging them to do so.”

Trans woman, aged 56-60, BA14

Appendix 4: About Our Sample

Below are the demographic breakdowns of survey participants by protected characteristic.

Participants: Age Range



The majority of our online survey sample were aged between 16 and 75 years with spikes in age ranges at 46-50 years (16.5%) and 25-30 years (14.9%).

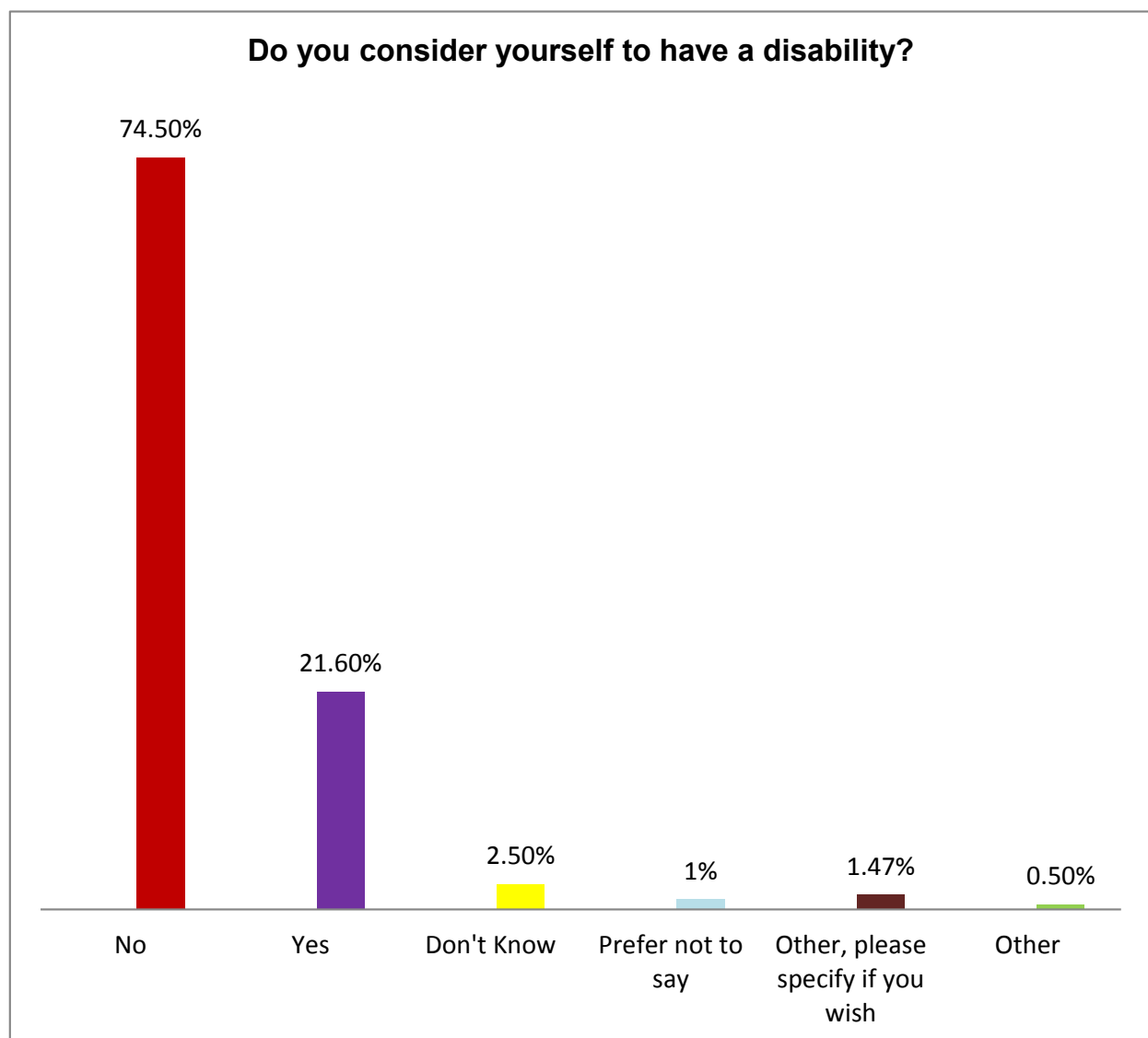
Answer Options	Response Percent	Response Count
<16	1.6%	4
16-24	12.4%	31
25-30	14.9%	37
31-35	8.4%	21
36-40	8.8%	22
41-45	12.0%	30
46-50	16.5%	41
51-55	8.8%	22
56-60	6.8%	17
61-65	2.8%	7
66-70	4.8%	12
71-75	1.6%	4
76-80	0.4%	1
81-85	0.0%	0
86-90	0.0%	0
91-95	0.0%	0
96-100	0.0%	0
>100	0.0%	0
Prefer not to say	0.0%	0
answered question	249	
skipped question	22	

Participants: Disability

We asked our participants if they had a disability. Over 74% (n=152) said they did not have a disability and over 21% (n=44) said they did have a disability.

Do you consider yourself to have a disability?

Answer Options	Response Percent	Response Count
Yes	21.6%	44
No	74.5%	152
Don't know	2.5%	5
Prefer not to say	1.0%	2
Other	0.5%	1
Other, please specify if you wish	3	
answered question	204	
skipped question	67	



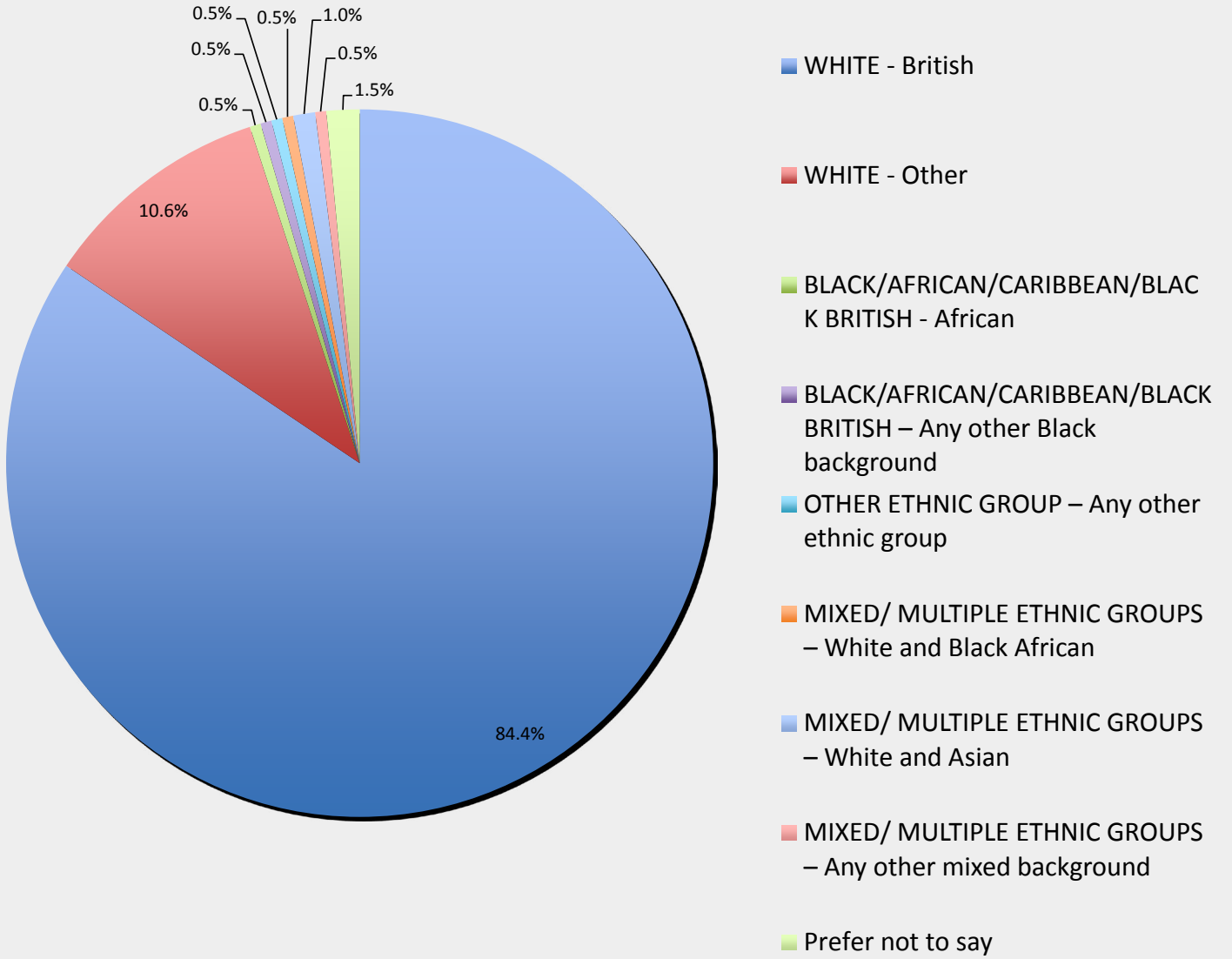
Participants: Ethnicity

We asked our participants about their ethnicity. We matched this to the Census data set on ethnicity. The majority, 84.4% (n=168), identified as White British, with a further 10.5% (n=21) as other White ethnicities, and 3.5% (n=7) as Black and Minority Ethnic

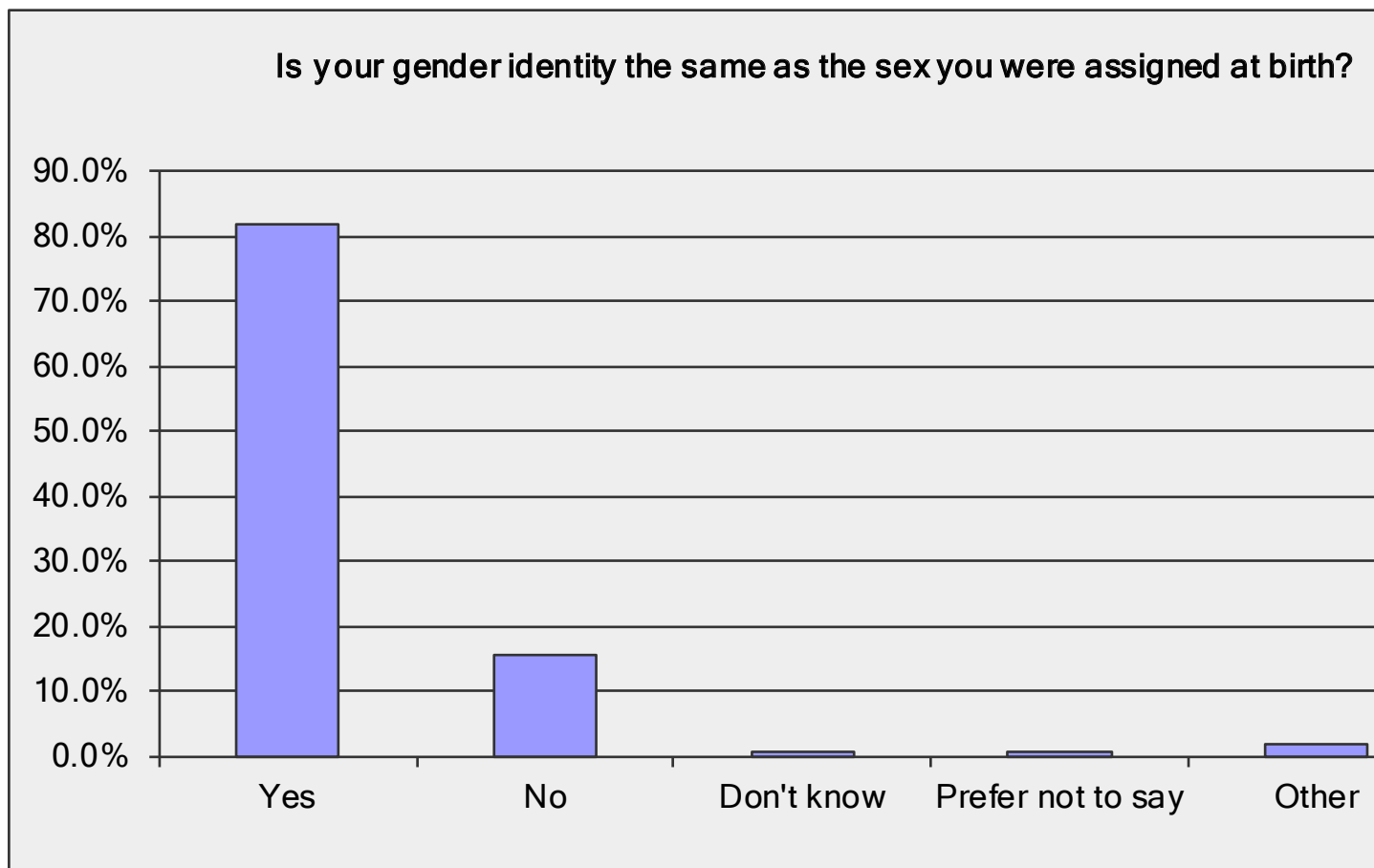
How would you define your ethnic group?

Answer Options	Response Percent	Response Count
WHITE - English/Welsh/Scottish/Northern Irish/British	84.4%	168
WHITE - Irish	1.5%	3
WHITE – Eastern European	1.0%	2
WHITE – Gypsy or Irish Traveller	1.0%	2
WHITE – Mixed European	5.0%	10
WHITE – Any other White background	2.0%	4
BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH - Caribbean	0.0%	0
BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH - African	0.5%	1
BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH – Any other Black background	0.5%	1
ASIAN OR ASIAN BRITISH – Indian	0.0%	0
ASIAN OR ASIAN BRITISH – Pakistani	0.0%	0
ASIAN OR ASIAN BRITISH – Bangladeshi	0.0%	0
ASIAN OR ASIAN BRITISH – Chinese	0.0%	0
ASIAN OR ASIAN BRITISH – Any other Asian background	0.0%	0
OTHER ETHNIC GROUP - Arab	0.0%	0
OTHER ETHNIC GROUP – Any other ethnic group	0.5%	1
MIXED/ MULTIPLE ETHNIC GROUPS – White and Black Caribbean	0.0%	0
MIXED/ MULTIPLE ETHNIC GROUPS – White and Black African	0.5%	1
MIXED/ MULTIPLE ETHNIC GROUPS – White and Asian	1.0%	2
MIXED/ MULTIPLE ETHNIC GROUPS – Any other mixed background	0.5%	1
Don't know	0.0%	0
Prefer not to say	1.5%	3
Other	0.0%	0
Other, please specify if you wish	5	
answered question	199	
skipped question	72	

Ethnicity



Participants: Gender Identity



We asked our participants if their gender identity matched the sex they were assigned at birth. This question is used as best practice in capturing the number of Trans people in a survey sample.

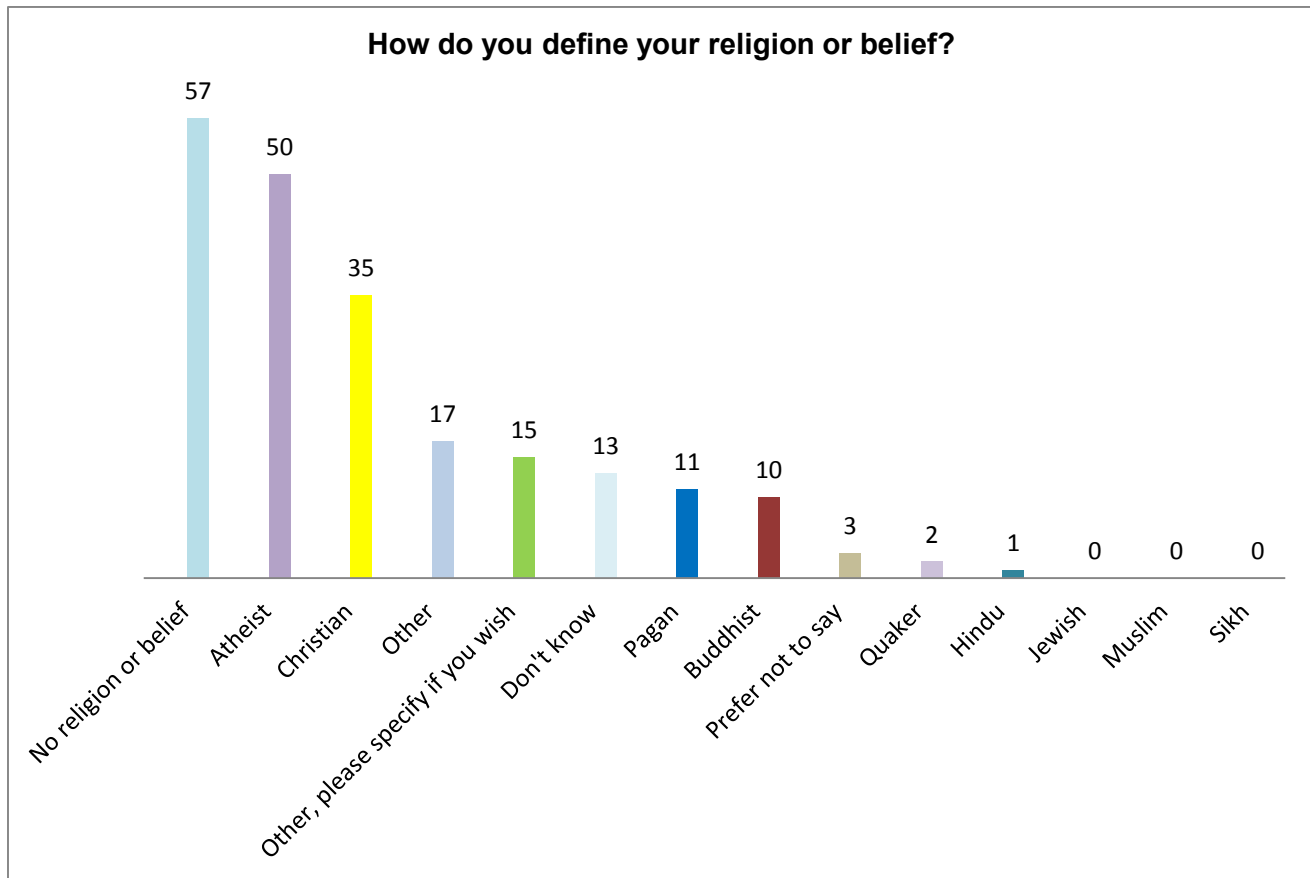
Is your gender identity the same as the sex you were assigned at birth?

Answer Options	Response Percent	Response Count
Yes	82.0%	201
No	15.5%	38
Don't know	0.8%	2
Prefer not to say	0.8%	2
Other	2.0%	5
Other, please specify if you wish	6	
answered question	245	
skipped question	26	

Over 82% (n=201) answered “yes” their gender identity matched the sex they were assigned at birth and 15.5% (n=38) answered “No” their gender identity was not the same as the sex they were assigned at birth. This gave a cohort of 38 Trans people taking part in our survey.

Participants: Religion or Belief

We asked our participants how they identified their religion or belief. We gave participants a range based on Census and gave an additional field for self-identification. The majority, 28.8% (n=57) stated they had no religion or belief, a further 25.1% (n=50) stated they were Atheist and 17.6% (n=35) were Christian.



How do you define your religion or belief?

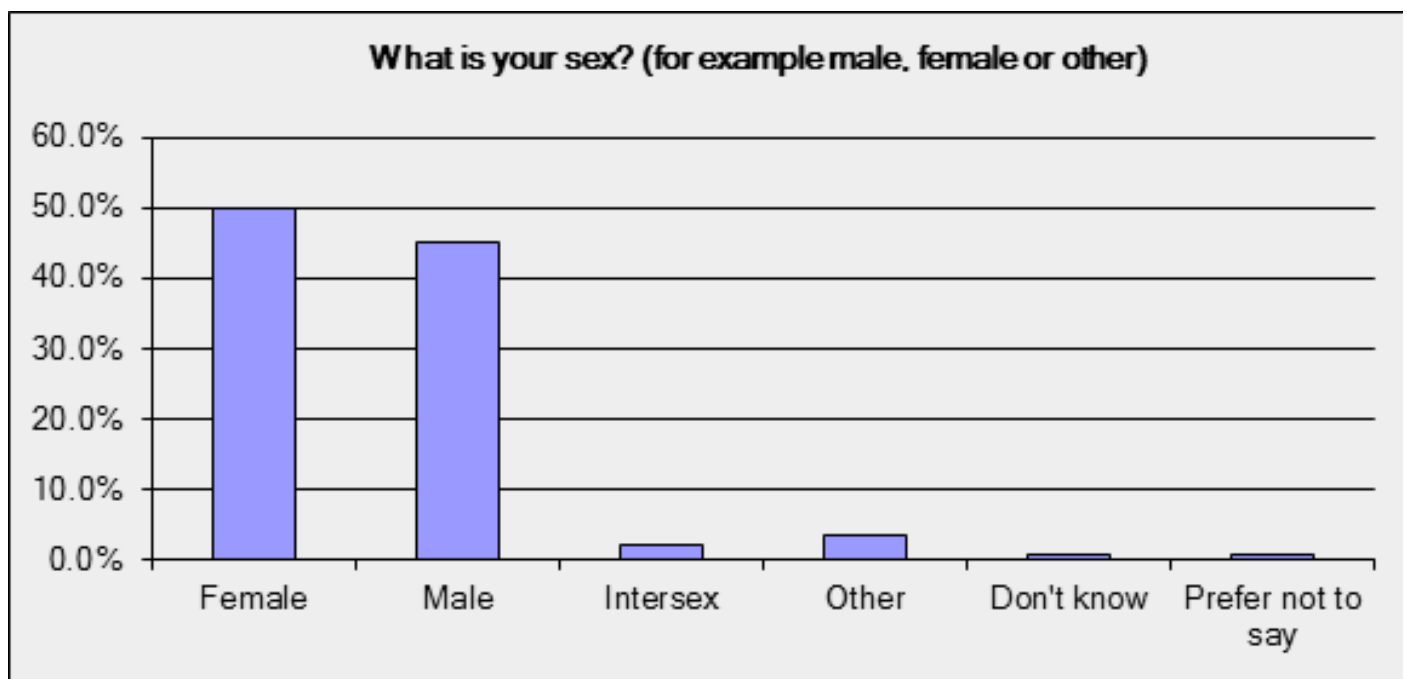
Answer Options	Response Percent	Response Count
Atheist	25.1%	50
Buddhist	5.0%	10
Christian	17.6%	35
Hindu	0.5%	1
Jewish	0.0%	0
Muslim	0.0%	0
Pagan	5.5%	11
Quaker	1.0%	2
Sikh	0.0%	0
No religion or belief	28.6%	57
Don't know	6.5%	13
Prefer not to say	1.5%	3
Other	8.5%	17
Other, please specify if you wish	15	
answered question	199	
skipped question	72	

Participants: Sex

We asked participants what is your sex, for example male, female or other. 49.8% (n=123) identified as female, 45.3% (n=112) as male and 2% (n=5) as intersex. A further 3.6% (n=9) identified as other including:

What is your sex? (for example male, female or other)

Answer Options	Response Percent	Response Count
Female	49.8%	123
Male	45.3%	112
Intersex	2.0%	5
Other	3.6%	9
Don't know	0.8%	2
Prefer not to say	0.8%	2
Other, please specify if you wish	6	
answered question	247	
skipped question	24	



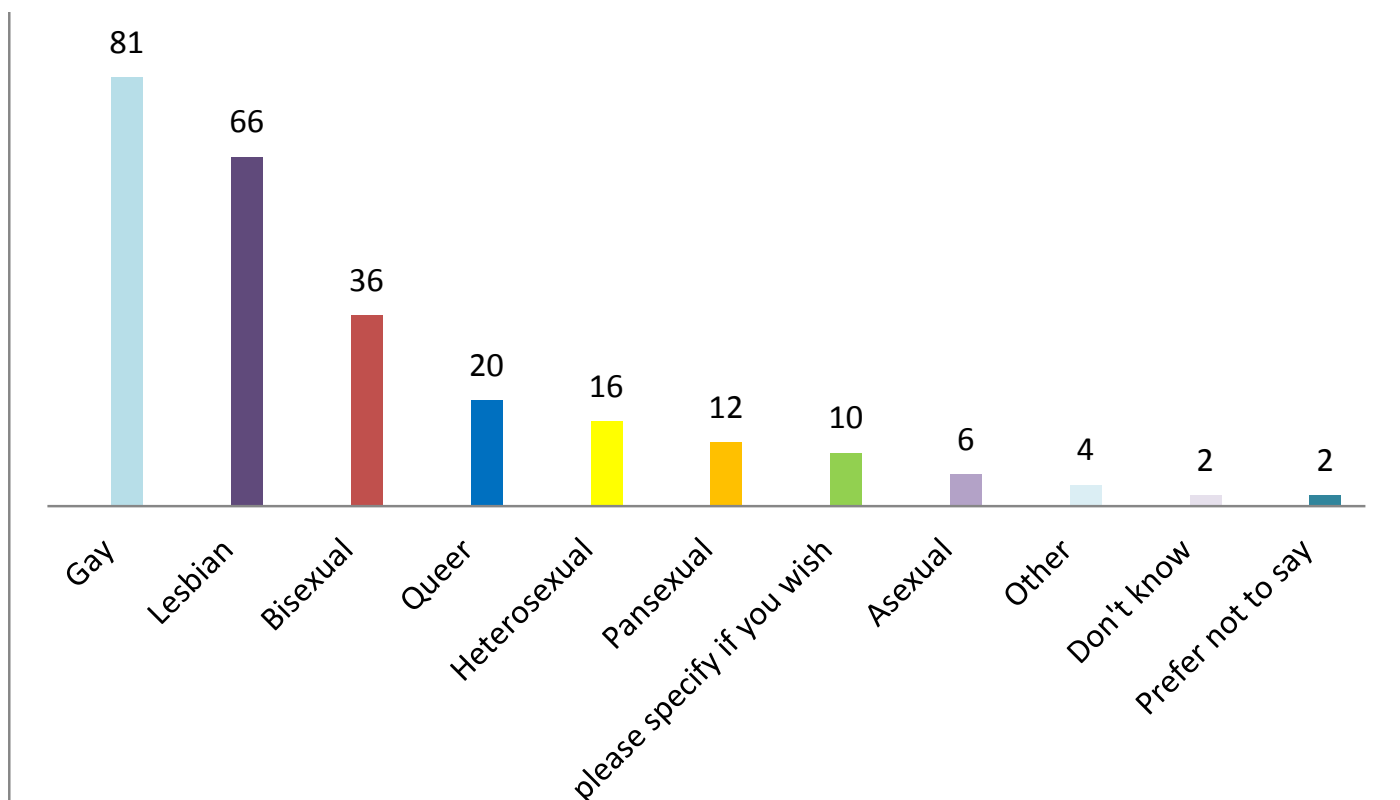
Participants: Sexual Orientation (Input Sexual Orientation charts)

We asked people what they identified as their sexual orientation. The majority identified as Gay 33.1% (n=81), 26.9% (n=66) as Lesbian, 14.7% (n=36) as Bisexual, 8.2% (n=20) as Queer, 6.5% (n=16) as Heterosexual, 4.9% (n=12) as Pansexual and 2.4% (n=6) as Asexual.

Sexual orientation

What do you identify as your sexual orientation?

Answer Options	Response Percent	Response Count
Asexual	2.4%	6
Bisexual	14.7%	36
Heterosexual	6.5%	16
Gay	33.1%	81
Lesbian	26.9%	66
Pansexual	4.9%	12
Queer	8.2%	20
Don't know	0.8%	2
Prefer not to say	0.8%	2
Other	1.6%	4
Other, please specify if you wish	10	
answered question	245	
skipped question	26	



Appendix 5: Pledges from Health Professionals

The following pledges were made by health professionals, who took part in the LGBT+ briefings between July 2015 and February 2016, throughout the Avon and Somerset areas.

Information

“Compile info packs on LGBT+ info resources e.g. websites, support agencies, awareness, liaise with equality team. Chemsex questionnaire’s, self-harm stats and info.”

“A port on the website with information regarding LGBT+ services. Have same-sex toilets.”

“Ensure database has all relevant LGBT services/orgs.”

“Use rainbow flag on LGBT health pledge.”

“Engage with local LGBT orgs - is there anything we’re missing or could do better?”

“I pledge to ensure our promotional materials have same sex and trans images. Encourage more volunteers from LGBT communities. Speak to the centre about having gender neutral toilets.”

“Will aim to share information e.g. support available for LGBT+ people with other health professionals / practices.”

“To review literature / leaflets with rainbow glasses. To re-introduce LGBT organisations when I’m signposting at health assessments.”

“Will review paperwork in light of M/F classification and info re parents/carers. Will review literature given to young people, parents and carers.”

“Find local resources to be readily available and specific for our service users.”

“I will get positive, welcoming, inclusive messages on first point of contact (leaflet/website). I will get staff team trained in LGBT+, also do service development session on promoting diversity of LGBT+.”

Gender Identity

“I’m going to ask specific questions of myself, colleagues and the rest of the organisation when we’re commissioning services, especially those that are gender specific, to try to ensure that people don’t fall through the gaps (e.g. services are not ‘able’ to support someone who is transitioning, recognising that sex workers can be male or female etc.).”

“Gender awareness training - trans focus booked, all staff and volunteers invited.”

“Don’t make assumptions about a caller’s gender orientation based on their voice.”

“Be careful to not make assumptions about somebodies gender (for example) based on the sound of the voice on the telephone!”

“To look into changing the gender identity questions on our referral forms.”

Pronouns and Language

“Always asking for preferred pronouns and gender identity beforehand. Discussing confidentiality and of course ensuring it.”

“I pledge to provide advocates with gender identity information when training e.g. preferred pronouns. Actively look for LGBT orgs and groups and ensure [our database] is properly populated.”

“Next time in therapy with young people, instead of asking “binary”, say “I used to ask people if they liked boys / girls, but now I know there’s a much wider conversation to be had!” Use my own ignorance as a starting point.”

Signposting

“I will signpost to groups and resources for others in my organisation to be able to access information. Be part of broadening the diversity and our work with residents. Accessing new people / communities. Listening and learning to understand their needs. Keep [equality and diversity] on the agenda!”

“I will report back at our team meeting and discuss ways of improving our service to the LGBT groups. Regarding sending out our letters. Giving them the opportunity and space to disclose information to us so that we could point them in the direction of the right support if that is what they are needing.”

“Just to continue reaching out to organisations and communities about this work. To take the lead on LGBT communities.”

Equality and Diversity Training

“To incorporate Equality Act 2010 (even more so) into training of staff! Open discussion. To attend more events.”

“Receptionists are frontline so make sure all have up to date training and awareness around LGBT+. I will make sure mini workshops are provided to reception team re all the slides and info provided today.”

“Add info about LGBT+ into equalities training.”

“Encourage colleagues to attend LGBT+ awareness training. Look at how we gather data - are we asking the right questions in the right way. Are we really accessible for LGBT+ people.”

“Include LGBT+ examples when designing training packages. Have a variety of scenarios.”

“I will update existing resources and ensure new resources are representative of LGBT+ groups e.g. include scenarios in foster carer training about young people’s gender identity or foster carers sexual orientation. I will include positive images of LGBT+ families.”

“I will find out what provision is available for LGBT+ patients on the ward and what training ward staff have received. I will also find out how I can help promote LGBT+ equality within [the hospital].”

Championing and Engaging Communities

“Contact organisations to seek champion volunteers from LGBT+ communities.”

“In the future to invite someone from the LGBT to come and talk about their experiences.”

“I will be making contact with the LGBT organisations to create lasting relationships and to raise mental health awareness. I will also be running LGBT awareness within my own organisation.”

“I am going to make engagement from LGBT groups more genuine and useful.”

“Go to Gay West café to run a ‘Know Your Blood Pressure’ event (if they want it!).”

“I intend to research the possibility of running a smoking cessation group for LGBT.”

Monitoring Gender Identity and Sexual Orientation

“I pledge to review our equalities monitoring form by consulting with staff, volunteers, equalities group representatives and DoH guidance.”

“Consult service users and relevant groups re wording of our registration form to be more inclusive over gender. Make changes to registration form.”

“My pledge is to speak to my team and managers about including monitoring/E&D questions on our initial assessment paperwork, and to find out referral rates to local LGBT support.”

Positive LGBT Images

“Liaise with my Comms Manager in regards to positive LGBT images on the new website and also be aware not everyone can be put into a box regarding gender so if this can be put into the website too.”

“Continue to use more inclusive images in our communications, I feel like this is very significant in terms of not putting anyone off becoming involved / engaged.”

Avoiding Assumptions

“I pledge to take forward the information learned and use it to combat some small assumptions I may have when interacting with the LGBT+ community at events. Also to be able to identify any discrimination the training mentioned and appropriately signpost.”

“I will feedback information from today to my team to share the knowledge and information regarding being inclusive and not making assumptions.”

“Review information / letters given to clients to check language that is used on them does not make assumptions about sexuality. Also, discuss learning from this event / training at our team clinical meeting.”

“Promote the use of more inclusive language and raise awareness amongst my team of LGBT+ diversity issues to promote engagement and avoid assumptions.”

“I will share the information with other team members. I will be aware to use more appropriate terms such as “partner” not assume husband or wife.”

Addressing Inequalities

“I will review all our paperwork and be more aware of risk that LGBT may be a risk factor for increasing drug intake.”

“Reflect on health inequalities that LGBT community is facing and how to feed that back in our Health Inequalities Assurance Process.”

“I will talk to my community about homophobia and how this affects all of us.”

Keeping LGBT+ on the Agenda

“I pledge that we will use the Equality and Diversity space on staff meetings agenda. Although I think [organisation] is quite good on equality and diversity there is a risk we could get complacent and highlighting this would hopefully deter us from that. I also pledge we will have more presence (physical, marketing, social media (in LGBT communities.”

“I will work with my team to consider ways in which we could promote the normalisation of equalities within our organisation - removing fear and a need to shy away from equalities and inclusion for fear of “getting it wrong”. Also ensuring that as commissioners we don’t simply pay lip service to EIA’s.”

“I will ensure the Bristol LGBT health needs assessment is promoted to operational managers and to support them in using the intelligence to undertake meaningful EIA’s to inform service delivery.”

“I will share the information I have gathered today with my colleagues at our next team meeting to raise awareness.”

Designing an Inclusive Service

“We think we are inclusive, and say we are, but are we really? Predominantly heterosexual men and women! Info about what is available in [local area] and interaction with.”

“Will take this all back to my team and other [...] teams (and encourage others to attend LGBT+ training). Will look at our monitoring forms. Will engage with LGBT+ groups / organisations to promote our service. Will talk to manager re putting rainbow logo on our website. And put links on our professionals website.”

“Look at language that my team uses (such as monitoring / literature. Ask colleagues to do LGBT training online. Consider intersecting. Consider contacting LGBT groups about our services.”

“Feedback to new LGBT group in-house. Speak to LGBT people externally. Needs analysis / views. Have marketing/training/monitoring in place and continuing.”

LGBT+ Young People

“To research organisations re LGBT+ in relation to foster carers and young people in care. Talk and discuss ways forward with colleagues who also came on training.”

“I will help support members of staff that work with LGBT+ young people in secondary schools / 6th Form and youth groups to feel more confident in challenging [homophobia, biphobia and transphobia] and making a more supportive environment for these young people to ensure they access sexual health services etc.”

Appendix 6: Case Study – The Care Forum

During Autumn 2015 and Spring 2016, 19 staff from The Care Forum attended briefings on the health needs of the Lesbian, Gay, Bisexual and Transgender (LGBT+) community provided by the Diversity Trust. The staff attending represented services from across the organisation, including advocates, volunteer support officers, senior management, Healthwatch development staff and members of the research and evaluation team.

Two of The Care Forum's key values are:

- Equalities and the principle of inclusion – the belief that every individual has a right to make informed choices and to have equal access to services and opportunities
- Empowerment - The Care Forum provides support to individuals and community groups so that they can express their views, make their needs understood and participate in decision-making.

The Care Forum has recently been awarded a gold Equality Standard in recognition of the ongoing work that is done across the organisation to uphold these values. Training, such as the LGBT+ briefing from The Diversity Trust, is a vital part of helping us to stay abreast of best practice and ensure that the services we provide are accessible by all.

The briefings gave an overview of the experiences that members of the LGBT+ community have had when accessing health and social care services in the Bristol, B&NES, South Gloucestershire and Somerset areas, taken from the health needs assessments that The Diversity Trust has carried out.

It was really useful to understand people's experiences in order to help us to assess our own individual practice and that of our organisation. As a provider of four Healthwatch contracts, it was also useful for us to understand how local health and social care services support the LGBT+ community so that we can identify areas for improvement and/or best practice to share with other service providers.

At the end of the LGBT+ training participants were asked to make pledges, including changes to their own practice, the practice of their team and their organisation based on what they have learnt. Following the training, all of the pledges that staff from The Care Forum had made were collated into a briefing paper which went to The Care Forum's Strategy and Business Group in March.

The key themes were:

- recruitment and representation - ensuring that The Care Forum's staff, trustees and volunteers are reflective of the population that it serves. This will be taken forward by The Care Forum's recruitment working group, which is reviewing the organisation's approach to recruitment, selection and representation
- increasing organisational awareness through training and self-assessment to ensure that we are an inclusive organisation / employer. In addition to the recruitment working group, The Care Forum also has a training group that oversees the annual workforce development programme and identifies new opportunities for staff in order to support their work and the organisation's values
- communication - ensuring that all marketing materials The Care Forum produces include images reflecting the diverse community in which we live and work. The communications and marketing team has already done a lot of work on this, we are now working to make sure that our website is up to date too
- provide a supportive environment for staff and volunteers to be able to champion best practice regarding awareness of the LGBT+ community. The Care Forum is creating a resource space for staff and volunteers to enhance their knowledge, understanding and confidence when approaching equalities topics, including guidance on terminology and language
- Equalities checklists are a standard tool used for all projects The Care Forum runs, these will be updated to reflect the pledges that have been made and will be reviewed regularly through organisational meetings and staff supervision.

At an individual level, staff from The Care Forum reported finding the training incredibly valuable, providing a level of insight and understanding of the LGBT+ community that they did not have before. This training has inspired us to review our practice and work towards making The Care Forum a truly inclusive organisation.

Appendix 7: Literature Review

There is a growing body of evidence that LGBT+ people experience a wide range of health inequalities. The local Healthwatch, working with the Diversity Trust, wanted to investigate the experiences of local LGBT+ people, to gather their experiences when accessing health services and to compare those experiences with other areas across the country and with other available health research data.

- LGBT people have significantly higher levels of anxiety, depression, self-harm and suicidal ideation (The Trans Mental Health Study, 2012, Public Health England, 2013).
- LGBT people, who also have other protected characteristics, are at even greater risk. For example the inequalities experienced by Black and Minority Ethnic (BME) LGBT and Disabled LGBT people (Public Health Devon, 2014).
- Men who have sex with men are a public health priority group for HIV prevention and early diagnosis (Public Health England, 2015).
- Sexual health for Lesbians, Trans women and Trans men is often an invisible and poorly addressed area of health need (Public Health Devon, 2014).
- Rates of smoking in LGBT people are significantly higher than in the general population (Ash Scotland, 2011).
- Levels of alcohol and substance misuse are significantly higher in LGBT people than in the general population (London Friend, 2014).
- LGBT young people face rejection and abuse from their own families (Albert Kennedy Trust, 2014).
- Young LGBT people are more likely to suffer from anxiety, depression, self-harm, suicidal ideation and experience higher levels of alcohol, smoking and substance misuse (NIMHE, 2015).
- Homophobic, biphobic and transphobic bullying is common in schools and can be aimed at anyone who does not conform to a gender or sexual orientation identity 'norm' (Stonewall, 2012 and 2014).
- Older LGB people are not confident that healthcare services are able to provide for their needs in a culturally competent and sensitive way (Stonewall, 2011).
- Older LGB people are less likely to have children and more likely to live alone (Stonewall, 2011).

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Appendix 8: Glossary of Terms (Gender Identity)

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, some Trans people post-transition would not identify with the identity Trans.

Note on gender/sex: in this document, sex is used to refer to a person's physical sexual characteristics, and gender to refer to their identity.

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, behaviour, relationship, or community.

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

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 Queer a person who does not identify as either male or female ("the gender binary"), or may identify as different genders at different times. Gender Queer people do not usually want to transition physically to a different sex from the one they were assigned at birth.

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) an umbrella term for those people whose gender identity differs from the sex they were assigned at birth, whether that be transsexual, genderqueer etc.

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.

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 so on. As with any umbrella term, there is some disagreement as to who and what should be included. For example, some people from non-Western backgrounds such as Two Spirit people or Hijra may reject Trans as being a Western concept that does not fit with their culture.

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 Man is a subset of Man.

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. Trans Woman is a subset of Woman.

Note. Pronouns of Choice

If you are unsure how to identify a person in relation to their gender identity or sexual orientation, it is acceptable to ask which term they would prefer you to use to describe them.

Appendix 9: Glossary Of Terms (Sexual Orientation)

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 (for example, a woman in a relationship with a man, who identifies as a lesbian instead of bisexual).

Asexual a person whose identity is non-sexually oriented. They may have 'emotional orientations,' or romantic feelings, towards same-sex or different sex others, 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 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' another way of denying that bisexuality is 'real'.

Bisexual a person who has an intimate (emotional/sexual) attraction toward more than one gender.

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

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

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

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

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 authorities (e.g. doctors, police, the media) to refer to an individual who has an intimate (sexual/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.

Lesbian a woman who has an intimate (emotional/sexual) attraction to other women.

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

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).

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

Appendix 10: Support Groups and Organisations

This is a summary of the groups and organisations accessed by research participants.

Beaumont Society – help and support for the transgender community - <http://www.beaumontsociety.org.uk>

Bisons Rugby – the South West’s inclusive gay friendly rugby team - <http://www.bisonsrfc.co.uk>

Bivisible Bristol – an informal network for anyone who has ever fancied more than one gender - <http://www.bivisiblebristol.co.uk>

Brigstowe Project – working to improve the quality of life for people living with or affected by HIV - <http://www.brigstowe.org>

Bristol Centre for Reproductive Medicine (BCRM) at Southmead Hospital – offering a full range of fertility services - <https://www.nbt.nhs.uk/bcrm>

Bristol Crossroads – a website designed for the transgender community, partners and family - <http://www.bristol-crossroads.org.uk>

Bristol Hate Crime Services – providing a comprehensive service to victims of hate crime - <http://www.bristolhatecrimeservices.org>

Bristol Mind – raising awareness, reducing stigma and promoting good emotional and mental health - <http://www.bristolmind.org.uk>

Bristol Pride – organisers of the annual Bristol Pride event and other events throughout the year - <http://bristolpride.co.uk>

Broken Rainbow – the national LGBT domestic violence charity - <http://www.brokenrainbow.org.uk/help/helpline>

Brook – health and wellbeing services, including sexual health services, for young people - <https://www.brook.org.uk/find-a-service/regions/bristol>

Changes – providing support groups for people suffering mental distress - <http://www.changesbristol.org.uk>

Freedom (LGBT+) – LGBT+ service for young people aged 13-19 - <http://www.otrbristol.org.uk/what-we-do/>

Gay West – provides social and supportive groups for LGBT people in Bath & Bristol and the surrounding areas - <http://gaywest.org.uk>

GIRES (Gender Identity Research and Education Society) - working to improve the lives of trans and gender non conforming people - <http://www.gires.org.uk>

Gloscats (Gloucester Transgender Education and Support) – social support for trans people in Gloucestershire - <http://www.gloscats.org.uk>

Indigo Network – business and social networking for women - <http://www.indigonetwork.co.uk>

LGBT Bristol / LGBT Forum – working in partnership with Bristol City Council to empower LGBT people across the city - <http://lgbtbristol.org.uk>

LIFT Psychology – improving access to psychological therapies - <http://iapt.awp.nhs.uk>

Off the Record (Bristol) – provides free and confidential mental health support for young people aged 11-25 <http://www.otrbristol.org.uk>

Pink Herrings – social group for lesbians - <http://lgbtbristol.org.uk/pink-herrings/>

Rainbow Group – self-organised group for LGBT staff within Bristol City Council - <https://www.bristol.gov.uk/people-communities/lesbian-gay-and-bisexual-support-groups>

ShoutOut Bristol – the South West’s biggest LGBT radio show - <http://shoutouradio.lgbt>

Sing Out Bristol – the South West’s award winning LGBT choir - <http://singoutbristol.com>

Survive – working towards freedom from domestic abuse - <http://survivedv.org.uk>

Terence Higgins Trust (THT) – local office for the national HIV charity - <http://www.tht.org.uk/sexual-health/Clinics-and-Services/Browse-For-Services/HIV-and-STI-testing/HIV-testing/HIV-testing/HIV-testing-Bristol>

University of Bristol LGBT+ Society – <http://lgbtplusbristol.org.uk>

UWE LGBT+ - UWE LGBT+ Network - <https://www.thestudentsunion.co.uk/network/UWELGBTPlus/>

For a comprehensive online directory of groups and organisations supportive of LGBT+ communities, and LGBT+ community led groups and organisations, visit the LGBT Bristol website <http://lgbtbristol.org.uk>

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Diversity Trust

The Diversity Trust is a non-profit organisation, which aims to influence social change to achieve a fairer and safer society. The Trust works across all sectors: corporate, public and social purpose. The Trust are equality, diversity and inclusion specialists, working across key equality legislation and policy areas. The Trust provides consultancy, research and training in equality, diversity and inclusion.

Twitter <http://twitter.com/DiversityTrust>

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