

"I Exist"



**Findings from the "I Exist"
survey of lesbian, gay and
bisexual people in the UK**
The Lesbian & Gay Foundation,
2012



Reg. Charity No. 1070904

Introduction

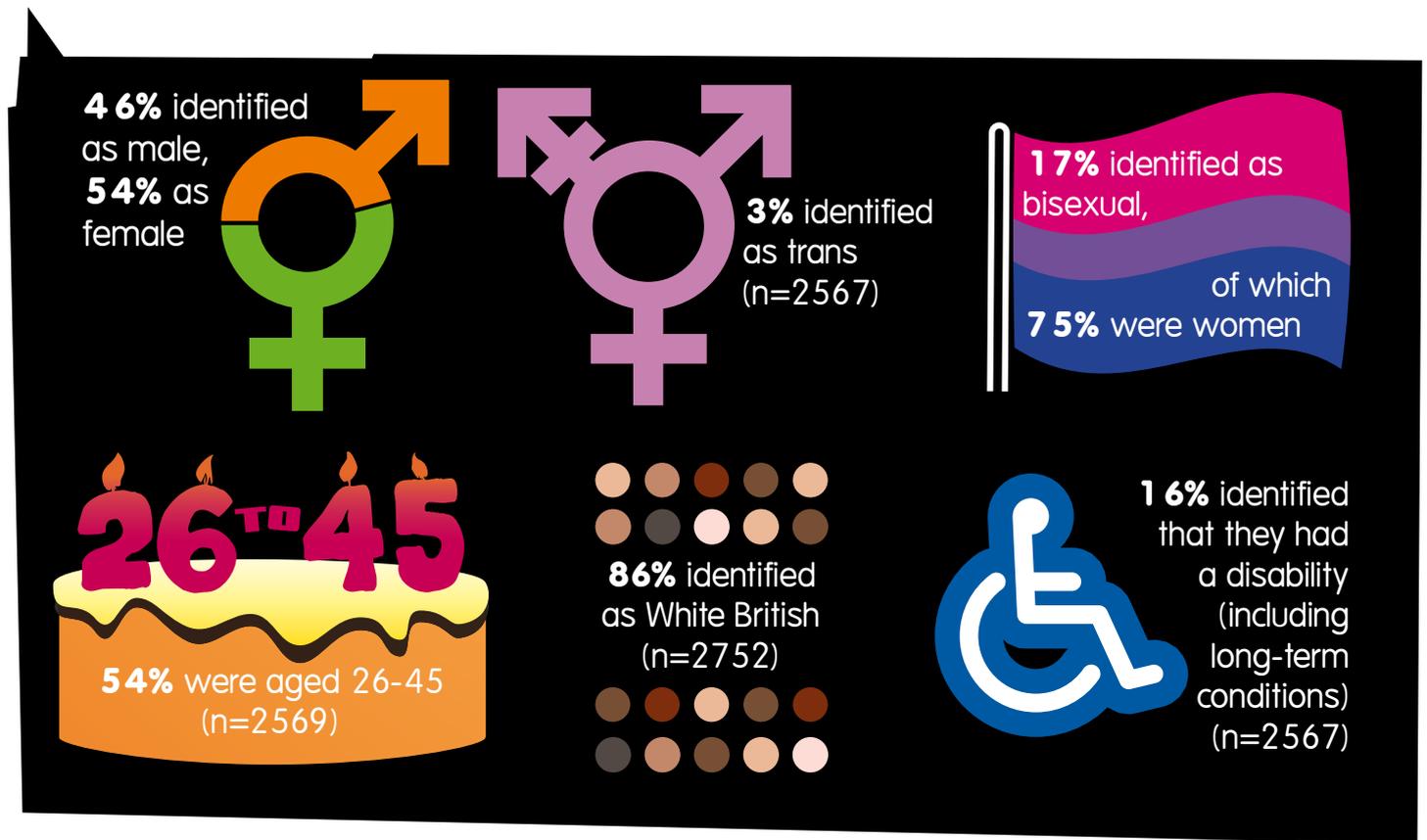
This summary report presents key findings from The Lesbian & Gay Foundation's "I Exist" survey for lesbian, gay and bisexual (LGB) people living in the United Kingdom. While the findings should be treated as indicative, they suggest that LGB people are disproportionately affected by hate crime, discrimination and bullying, mental health issues, cancer risk factors such as smoking, potential sexually transmitted infections, and time off work due to stress and substance use.

The data also suggests that LGB are actively involved in their communities, out to many people about their sexual orientation, and able to take advantage of increased social acceptance and legal protections.

Methodology

The "I Exist" survey was available online at www.lgf.org.uk/iexist from July-November 2011, and also in an alternative format on request. A direct link to the survey was promoted through various digital formats, and promotional cards were given out through community engagement activity across the region.

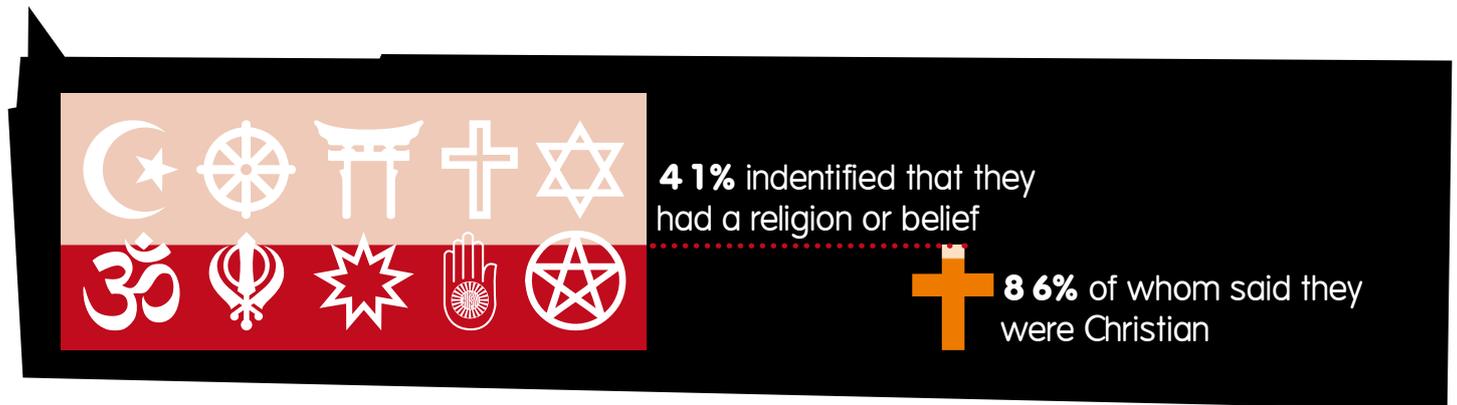
The total valid sample size is 2,580, although sample sizes differ per question, and this is stated when applicable (as n=x). The sample characteristics were:



There are limitations to the sample in that it is biased towards younger people. The data should therefore be treated as indicative. The data has not been weighted as there is currently no reliable data on the demographic make-up of the UK's LGB population. However, this is a relatively large sample and its indicative findings are an important contribution to the national LGB evidence base.

Profile

41% identified that they had a religion or belief, 86% of whom said they were Christian (n=2370). 19% of those with a religion or belief were currently practicing. These figures are lower than in the general population, where over a fifth do not identify with a religion.¹

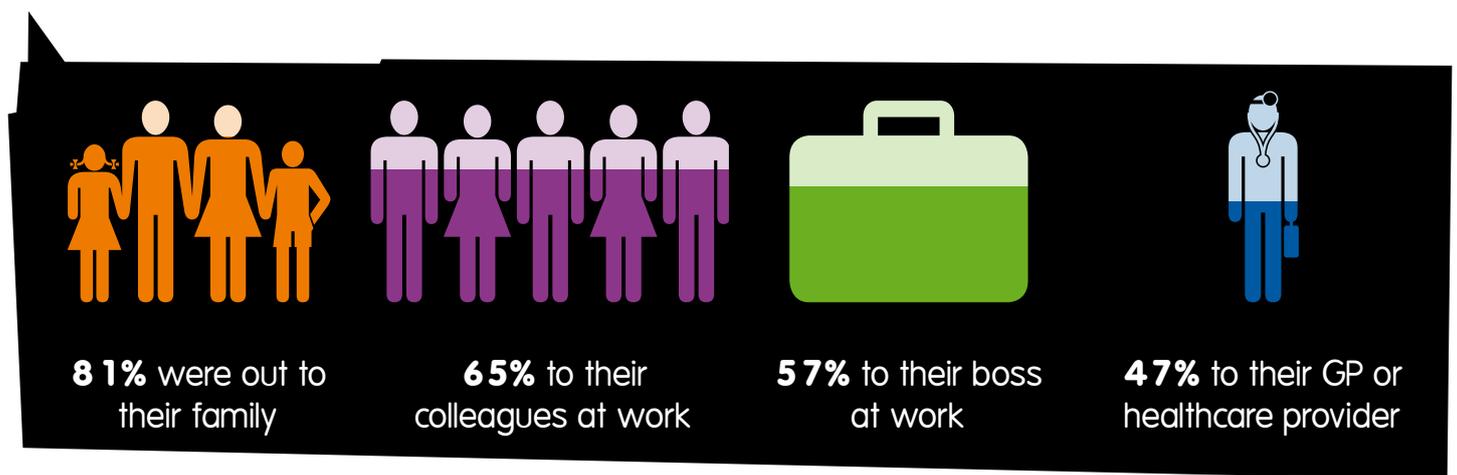


68% (n=732) of respondents aged 16-65 were employed, similar to the general population, where the employment rate for those aged from 16 to 64 is 70%.² This suggests that LGB are not more likely to be in employment than the general population.

1 in 10 (n=2508) identified themselves as carers, providing unpaid care to someone, whether a relative, friend or neighbour, who couldn't manage without help because they are ill, elderly, disabled or have an addiction. This is the same as in the general population, where it's estimated that 1 in 10 people are carers.³

Coming out

Most respondents (42%, n=2553) said they had realised they might be LGB between the ages of 13-15, but only 14% (n=2552) had come out at that age. By age 25, a quarter had not yet come out. 3% of all respondents had never come out.



While most respondents said they had come out aged 16-21, there were still some respondents who were coming out in their 20s and 30s. 14% of those aged 22-25 had come out while aged between 22-25; 23% of those aged 26-30 had come out while aged between 22-30; 38% of those aged 31-35 had come out while aged between 22-35; and 47% of those aged 36-40 had come out while aged between 22-40.

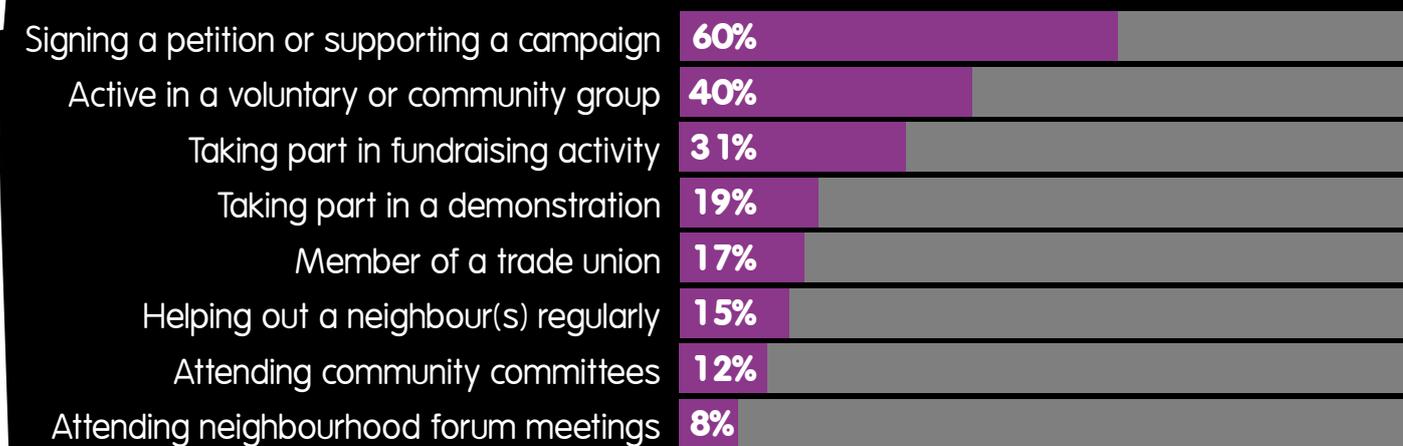
¹ Office for National Statistics, *Integrated Household Survey April 2010 to March 2011: Experimental Statistics (Statistical Bulletin: People and Places)* (London: ONS, 2011)

² Office for National Statistics, *Statistical bulletin: Labour Market Statistics, May 2012* (London: ONS, 2012)

³ Buckner, Lisa and Sue Yeandle, *Valuing Carers 2011 Calculating the value of carers' support* (Leeds: University of Leeds and Carers UK, 2011)

Community involvement

Most respondents had been actively involved in their local community over the last 12 months, the most popular methods being:



Two fifths agreed or strongly agreed with the statement, "I can influence decisions affecting my local area." 66% said it was important or very important to be able to influence decisions affecting their local area. This is similar to the general population, where 38% felt they could influence decisions in their local area and 74% said it was important for them to be able to influence local decision making.⁴

Homophobia in education

Homophobic bullying, both verbal and physical, and discrimination were most commonly experienced from other students while at school and college aged 16-18.

Half of respondents had experienced verbal bullying, nearly 1 in 3 physical bullying and 44% discrimination from other students at school. 11% had experienced verbal bullying and 16% had experienced discrimination from teachers or other staff while at school.

Bullying and discrimination due to sexual orientation were less common at higher levels of education, although verbal bullying and discrimination from other students at college had each been experienced by just under a fifth of respondents, and 1 in 10 had experienced discrimination from other students at University.

The negative effects on respondents' ability to participate in life as a result of homophobic bullying and discrimination were as follows:



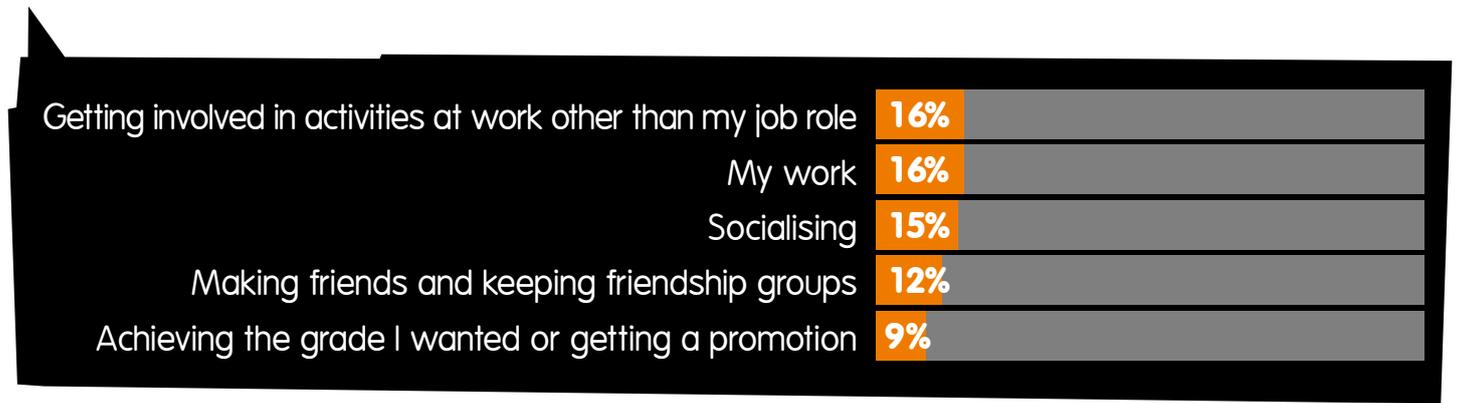
⁴ Crowhurst, Emma, *Citizenship Survey: 2010-11 (April 2010 – March 2011), England* (London: Department for Communities and Local Government, 2011)

Homophobia in the workplace

Homophobic verbal bullying and discrimination in the workplace were most commonly experienced from colleagues, with each reported by around 1 in 3 respondents.

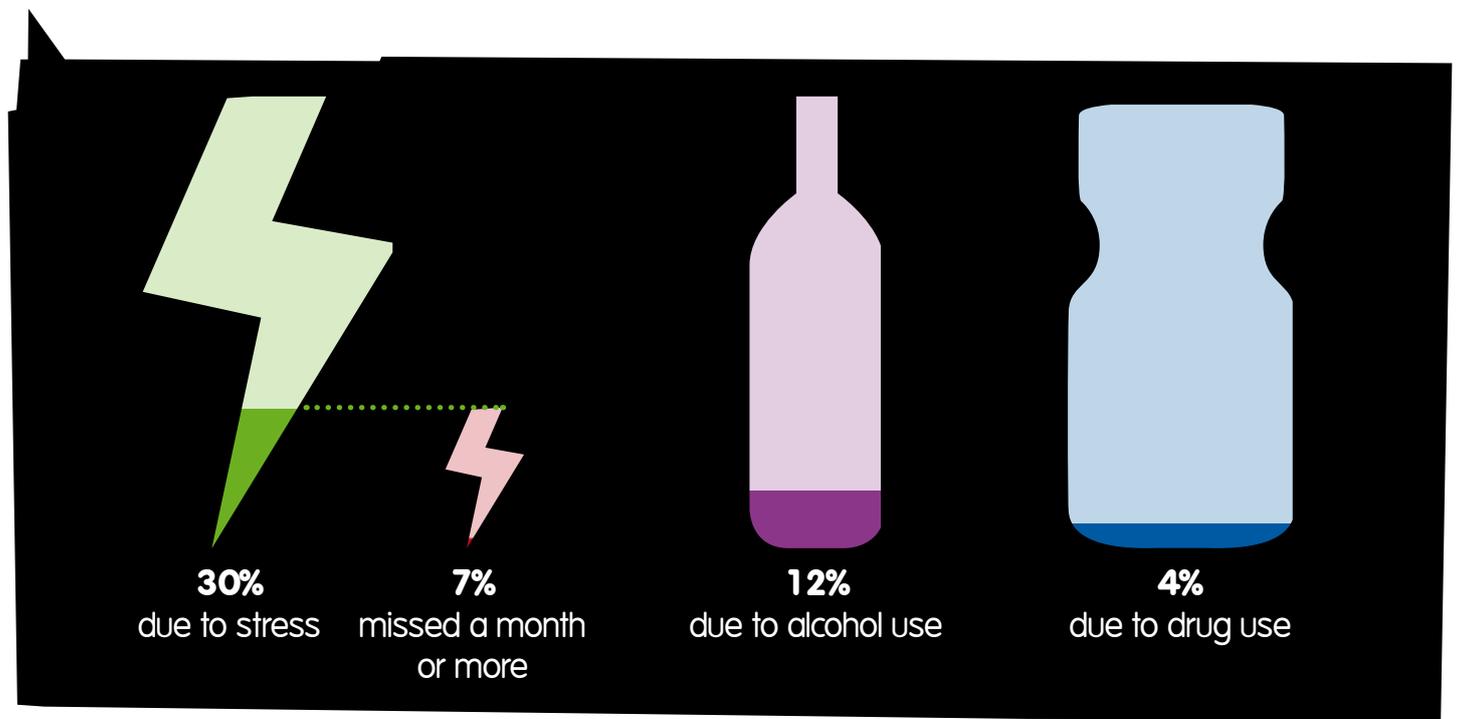
13% had experienced verbal bullying and 18% had experienced discrimination from their boss, while 15% and 13% had experienced these from customers at work. Physical bullying in the workplace was much less common.

The negative effects on respondents' ability to participate in life as a result of homophobic bullying and discrimination were as follows:



Work missed

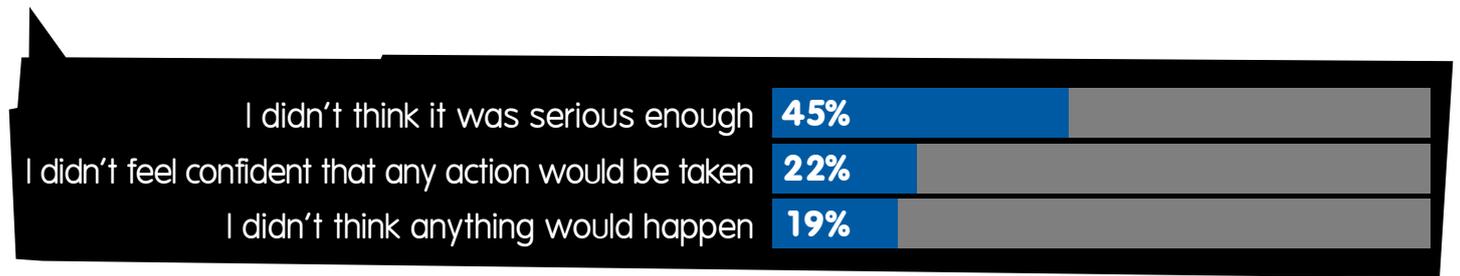
Three in ten (n=2129) respondents had missed work in the last 12 months due to stress and 7% had missed a month or more. Over 1 in 10 / 12% (2033) of respondents had missed work due to their alcohol use, and 4% (n=2017) had missed work due to their drug use.



Homophobic hate crime

43% (n=2580) had experienced a homophobic hate crime or incident. Of those, 2 in 10 had last experienced it less than 6 months ago and a third had last experienced it in the last year.

64% of those who experienced a hate crime or incident did not report it. The most common reasons for not reporting it were:



Smoking

LGB people over 16 are more likely to be current smokers, less likely to have never smoked, and less likely to have given up smoking than the general population (women respondents n=1196, men respondents n=1013):



26% of gay and bisexual men are current smokers compared to **22%** of men generally



22% of lesbian and bisexual women are current smokers compared to **20%** of women generally



46% of gay and bisexual men and lesbian and bisexual women have never smoked compared to **49%** of men generally and **57%** of women generally who have never or occasionally smoked



27% of gay and bisexual men are ex-smokers compared to **29%** of men generally

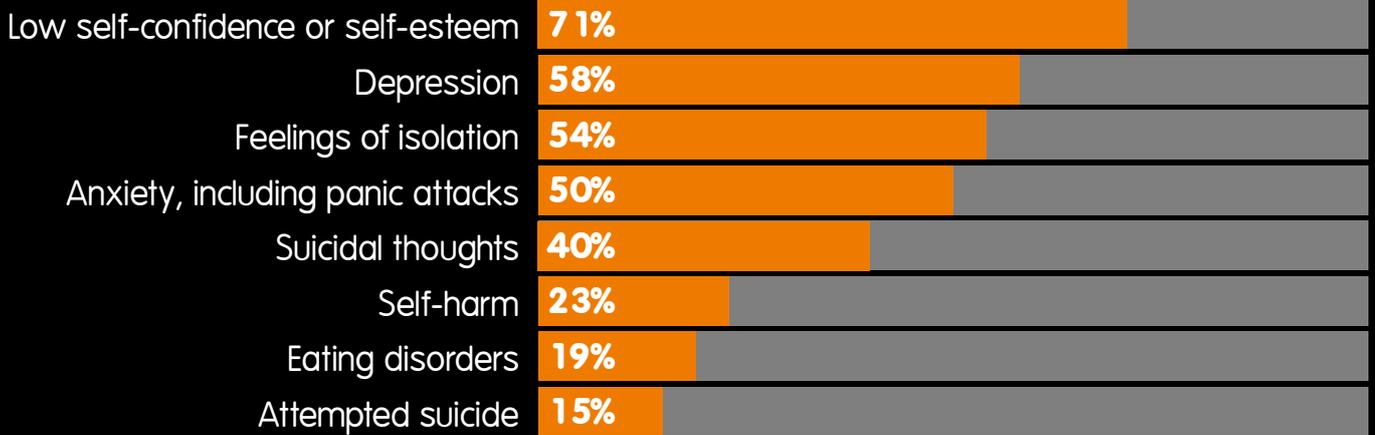


32% of lesbian and bisexual women are ex-smokers compared to **23%** of women generally⁵

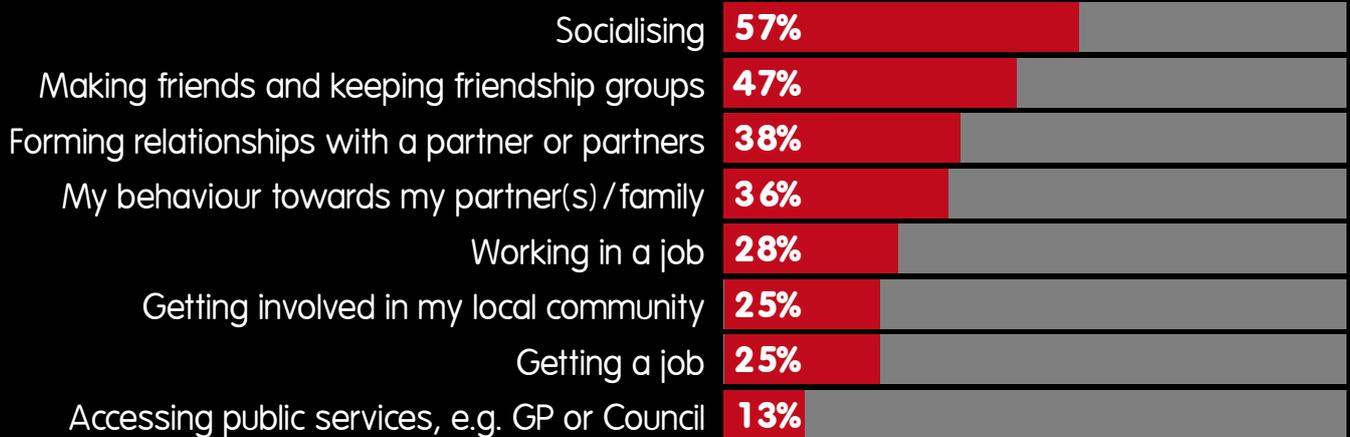
⁵ Office for National Statistics, *General Lifestyle Survey, 2009* (The Health and Social Care Information Centre, 2011)

Emotional wellbeing

7% of respondents said they had never experienced a mental health problem, compared to an estimated 1 in 4 people in the general population who will experience a mental health problem in any given year.⁶ 59% said they had experienced 3 or more mental health problems. The mental health problems experienced were:



The negative effects on respondents' ability to participate in life as a result of these mental health problems were as follows:



Nearly three in ten did not access any support for these mental health problems. Of those who did access support, accessing a GP was the most common form, chosen by two fifths of respondents. 17% said they had accessed friends and/or family. Between 39-77% of those experiencing mental health problems in the general population will access their GP for support (Mind, 2011).⁷

Over half of those who had accessed support for their mental health problem said they would have preferred to have accessed a support service that was LGB specific. Those who had not experienced any mental health problems were asked if they would prefer to access a support service that was LGB specific, were they to experience an emotional wellbeing issue. Over seven in 10 respondents said that they would.

⁶ Mind, "How common are mental health problems?" *Mind* website (2011)
http://www.mind.org.uk/help/research_and_policy/statistics_1_how_common_is_mental_distress

⁷ Mind, "How common are mental health problems?" *Mind* website (2011)
http://www.mind.org.uk/help/research_and_policy/statistics_1_how_common_is_mental_distress

Sexual health: gay & bisexual men

Gay or bisexual men respondents were asked a series of questions about their sexual health. 27% (n=986) last tested for HIV in the last 1-5 years, which was the most common response, and 37% had tested in the last year. Estimates for HIV testing in the last year vary from 7% among the general population to 36% among men who have sex with men.⁸

Last tested:



29% in the last 1-5 years



41% in the last year

28% of respondents had never had an HIV test. Of those, 58% had not tested because they had never had unprotected sex. 13% (n=670) test after they have unprotected sex rather than testing regularly.

8% (n=995) of respondents were HIV positive (these were not included in the analysis of HIV testing), and a fifth did not know their status. This is roughly equivalent to the proportion of men who have sex with men living with HIV in London.⁹

Sexual health: lesbian & bisexual women

Lesbian, gay or bisexual women respondents were asked a series of questions about their sexual health. Nearly half of respondents (n=1204) had never had a sexual health screening. Of those, 43% said "I do not think I need one because I have never had unprotected sex" and 18% said, "I have thought about it, but have never arranged one".

43% (n=620) said they usually go for a sexual health screening every 1-5 years, but a quarter wait until they have symptoms before going for a screening.

Go for a screening:



43% every 1-5 years



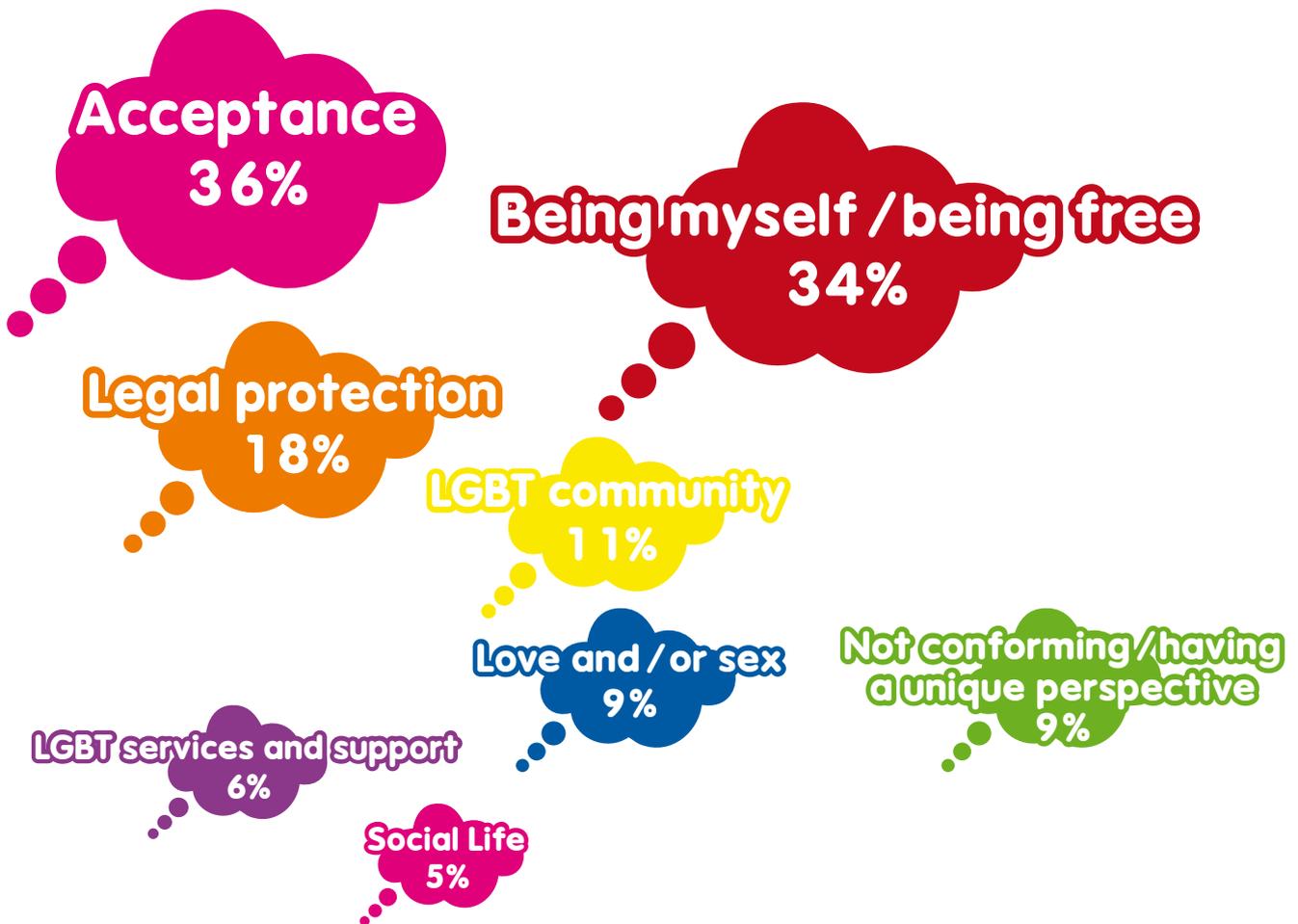
25% wait for symptoms

⁸ Health Protection Agency, *HIV in the United Kingdom: 2011 report* (London: HPA, 2011) and Weatherburn, P., et al, *Vital Statistics* (London: Sigma Research, 2010).

⁹ Health Protection Agency, *HIV in the United Kingdom: 2011 report* (London: HPA, 2011)

And finally...

Respondents were asked what they think is the best thing about being a lesbian, gay or bisexual person today, and provided with a free text box. These were grouped into themes, and the most commonly occurring were:



A flavour of some responses:

"Having legal status and protection from discrimination."

"Being gay makes you more open to other ways of being. You can make your own rules rather than conform. The world is your oyster."

"Being allowed to be yourself and not hiding behind something else. More acceptance within society and the fact that as gay, lesbian and bisexual people we are treated or afforded in most cases the same respect as those they class as normal!!"

"I love my community, its strength to tackle issues head on and not to be intimidated by anyone."

Conclusion

The Lesbian & Gay Foundation has been working for a number of years to increase the lesbian, gay and bisexual (LGB) evidence base and improve the knowledge and engagement of policy and decision makers and the LGB voluntary and community sector around LGB issues and needs. The findings from the “I Exist” survey for LGB people living in the UK set out in this report show:

- LGB people are significantly more likely to suffer a range of mental health problems, including higher rates of self-harm and suicide.
- LGB people are more likely to smoke, which is a significant risk factor for ill health.
- Gay and bisexual men test for HIV relatively regularly. However, there is a proportion who do not test until they have unprotected sex.
- Lesbian gay and bisexual women are less likely to have regular sexual health screenings and many have never tested.
- LGB people experience homophobic bullying and discrimination at all levels of education and in the workplace, especially in education up to the age of 18. This has effects on confidence, performance and social ability.
- Worklessness affects LGB communities, and discrimination at work, drug and alcohol use and mental health issues may all impact negatively on LGB people’s working lives.
- LGB people regularly experience homophobic hate crime, and are unlikely to feel confident in reporting it.

The above issues are likely to contribute to a reduced life expectancy and reduced healthy life expectancy for LGB communities in the UK when compared to the wider population.

However, there were also more positive findings from the research:

- LGB are likely to be out about their sexual orientation to a wide range of people,
- LGB people are actively involved in their communities and feel it is important to be able to influence local decisions.
- Despite the continued presence of homophobia and discrimination, LGB people are able to take advantage of increased social acceptance, legal protections, and a vibrant and visible LGB&T community

Historically, there has been a lack of data available on lesbian, gay and bisexual people, both from large-scale surveys and from organisational monitoring data. This lack of knowledge has led to LGB people’s needs being a relatively low priority in health and social care policy. While the “I Exist” data should be treated as indicative, it is consistent with the existing evidence base on LGB needs and experiences, much of which is available via The Lesbian & Gay Foundation’s free information resource, the Evidence Exchange.

It is clear from these sources that LGB needs must be made a priority for policy-makers and service-commissioners in national and local government and in the health service, in order to meet the needs of this diverse community and to ensure equality for all, independent of their sexual orientation.

Acknowledgements

The Lesbian & Gay Foundation would like to thank the following for making this report possible:

- The Equality & Human Rights Commission for funding the project
- Staff and volunteers from The Lesbian & Gay Foundation who promoted the survey
- The 2,827 lesbian, gay and bisexual people across the UK who gave up their time to take part in the survey

Further information

For information on the data contained within this report, please contact Heather Williams, Policy & Research Co-ordinator at The Lesbian & Gay Foundation:

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For access to LGB&T statistics on a range of topics, visit The Lesbian & Gay Foundation's Evidence Exchange:

www.lgf.org.uk / evidence

For a best practice guide to implementing sexual orientation monitoring, commissioned by NHS North West please visit:

www.lgf.org.uk / SOM

See the *Part of the Picture* report for further research into drug and alcohol use by LGB people:

www.lgf.org.uk / part-of-the-picture

Sign up to our weekly eBulletin, to be informed about a wide range of topics every Tuesday:

www.lgf.org.uk / register

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We believe in a fair and equal society where all lesbian, gay and bisexual people can achieve their full potential.



Published in December 2012.

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