

community summary resource pack

count me in too



researching LGBT lives in Brighton & Hove

ACKNOWLEDGEMENTS

We would like to thank the many individuals, organisations and services that have helped make Count Me In Too such a success.

Thank you to everyone who completed a questionnaire or attended a focus group for your time and trust. Your stories will make a lasting difference.

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Contact information

To download the full academic reports or learn more about Count Me In Too visit:

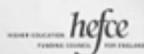
www.countmeintoo.co.uk or contact Dr. Kath Browne at:

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University of Brighton

spectrum



INFORMATION FOR TEACHERS & EDUCATORS

Count Me In Too is dedicated to working with individuals, communities, organisations and services to gather and present evidence to promote positive changes for lesbian, gay, bisexual and trans (LGBT) people.

The project has published findings, reports and summaries on a wide range of topics concerning LGBT lives. These are all available for download at: www.countmeintoo.co.uk

Educators might find this summary pack and other Count Me In Too publications useful in developing resources relating to the following QCA Schemes of Work:

- Citizenship Key Stage 1 &2, Unit 05: Living in a diverse world
- Citizenship Key Stage 3 Unit 4: Britain a diverse society
- Citizenship Key Stage 3 Unit 16: Celebrating Human Rights
- Citizenship Key Stage 4 Unit 01: Human Rights
- Citizenship Key Stage 4 Unit 03: Challenging racism
- Citizenship Key Stage 4 Unit 07: Taking part planning a community event
- Geography Key Stage 3 Unit 24: Passport to the world
- History Key Stage 3 Unit 22: The Role of the individual for good or ill

Count Me In Too seeks to promote use of its findings in education contexts and we would like to hear about how the project resources are used. We would really appreciate it if you can tell us how you use Count Me In Too material in your teaching and learning practice by emailing Dr. Kath Browne at: k.a.browne@brighton.ac.uk.

COMMUNITY SUMMARIES OF FINDINGS REPORTS

Count Me In Too is a ground-breaking research project that explores what it is like to be LGBT (lesbian, gay, bisexual and trans) and to live, work or socialise in Brighton & Hove.

Count Me In Too built on learning from the Count Me In research project in 2000 and other local research into the experiences of local LGBT people. The project invited all LGBT people in the city to take part in a survey. The project has worked with identity groups within the LGBT collective who are less frequently engaged by research studies and who may not feel part of 'LGBT Brighton'.

The research has been carried out by Dr Kath Browne at the University of Brighton with Spectrum, Brighton & Hove's LGBT Community Forum, working with LGBT people, LGBT groups and service providers including NHS and council services, to identify local LGBT needs and plan how to address these.

The research tools were designed by a community steering group of LGBT people facilitated by the researchers, and included questions put forward by service providers and members of LGBT community groups.

Data was gathered from LGBT people who live, work and socialise in Brighton & Hove. In 2006 819 people completed questionnaires and 69 people discussed issues in focus groups. These included LGBT people with shared identities, such as older people, young people, Black & Minority Ethnic people, parents, hate crime survivors, Deaf people.

The data was initially analysed by a group of LGBT people and initial findings were published in June 2007 in an academic report with a parallel community report.

In the past two years, the project has produced 9 detailed reports with LGBT people and local service providers on a range of themes. Additional themed analyses reports have reported on Domestic Violence and Abuse, Safety, Housing, Mental Health, General Health, Bi people and Trans people. They have recommendations on how to address issues and needs identified from the data.

This series of community summaries provides a 'taster' of each additional themed analysis report.

All the reports published by this project and further information about the project, can be accessed at our website:

www.countmeintoo.co.uk

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WHAT IS LIFE LIKE FOR LESBIAN GAY BISEXUAL AND TRANS PEOPLE IN BRIGHTON & HOVE?

Key issues in the Count Me In Too research were identified by an Action Group of local LGBT people who worked with researchers to carry out initial analysis of the data. The Count Me In Too Initial Findings Report and the associated community report includes information about what it is like to live as an LGBT person, and what life is like for LGBT people in Brighton and Hove.

It is clear that while some lesbians and gay men experience acceptance, there are significant disparities amongst those who identify as LGBT.

There are benefits gained from equalities legislation.

One day my boss just called me into his office and said, 'there's no easy way to say this: are you going for a sex change?' I thought I was going to get a P45, but I wasn't really going to live a lie anymore so I said 'Yes'. He just said, 'Get a letter from your GP saying you're undergoing gender reassignment, we'll support you 100%'. That's because a policy had just been developed and had addressed trans issues following legislation.

Perceptions of Brighton & Hove amongst LGBT people were broadly positive and acknowledged the strengths and improvements in the City, as well as opportunities for development. Most people found it easy or very easy to live in Brighton & Hove (76% of our sample but this varies by identity). More than half of respondents who didn't live there said that they would like to.

It's [Brighton] a fabulous place. The sea definitely keeps me here and the Downs, the countryside and I do love all of that. It has a big LGB community and that's a very important part of my staying.

There are also persisting common issues and needs that affect the majority of LGBT people and **experiences of the city as tolerant, safe and supportive vary between LGBT people**, some of whom said that they found living in Brighton & Hove difficult or very difficult because of their identities: e.g. 59% of people on low incomes found it difficult to live in Brighton & Hove as a LGBT person on a low income.

There were accounts of **prolonged experiences of abuse and violence** within their local neighbourhood, for some people living in the city.

They were hassling me – putting like lit matches through my door, food through my door, writing DYKE right across the landing, getting shouted out on the balcony as you are walking down the road, 'Oh you fucking puff' and 'Go back to Lesbos land'. It went on for about six years.

Participants talked of gaps in support, and of the **immense value of some of the local LGBT services**. Almost two thirds of respondents who didn't live in Brighton and Hove said they would like these services where they live.

Without Mind Out [a LGBT specific mental health service] we'd be completely isolated. Mind Out has been a saviour to me. I tired of getting rejected, rejected, rejected, rejected and it is the one place that I haven't been rejected. I keep waiting for it [laughter]. I wait for it but it hasn't happened.

Marginalisation had a significant impact on the feelings, life experiences and life choices of some LGBT people, who commonly experienced abuse and other kinds of harassment and discrimination. Different aspects of identity can lead to people feeling marginalised: over 80% of Black and Minority Ethnic LGBT people, around 60% of bisexual and trans people, around 40% of disabled people, and over 30% of Deaf people felt marginalised by their identity.

Sometimes I feel shunned, when I come out to people as Bi. ... I think they would feel more comfortable if I said I was gay.

LGBT parents and their children frequently experienced exclusion and discrimination, both from other LGBT people and from the wider community. Half of parents did not know where to get advice and support around being an LGBT parent.

I think there's real difficulties in our communities about lesbians and gay men who have children. We can't really deal with [people's] children and their lesbian and gay identity at the same time.

LGBT people are willing to give information about their identity so that services can plan better but this has particular provisos. 85% of LGBT people said they were willing to give information about their sexual and gender identities on an anonymous and confidential basis, and if they believe the service to be LGBT friendly.

There can be no doubt that in the 21st century equalities legislation has had an important impact on many lesbian, gay, bisexual and trans people's lives. Brighton & Hove is seen as a place that exemplifies this acceptance and tolerance.

Count Me In Too heard stories of **empowerment, survival, community, hope and passion**. However, there continue to be **clear areas of need related to gender and sexual difference, as well as multiple marginalisation**.

Discrimination is a word that sounds like something very active that somebody does to you and actually oppression. I prefer to speak about is like a soup that you are sitting in. It is in your eyes and you nose and it is everywhere so it isn't something that you can say well that person did that thing to me. You can identify those events but they are like the carrots in the soup, they are like the big bits that you can grab hold of... but the rest of the soup is there all the time. And you know that is actually what life is like when you are a woman, you are a Lesbian, you are Asian, you are Muslim, you are all of those things that I am.

To find out more details about the results of the research the full report can be downloaded for free from :

www.countmeintoo.co.uk

DOMESTIC VIOLENCE & ABUSE AND LGBT LIVES

The Count Me In Too Domestic Violence and Abuse report explores the experiences and opinions of LGBT people who answered yes to the question: 'have you experienced abuse, violence or harassment from a family member or someone close to you?' This includes but does not limit Domestic Violence and Abuse to partnered violence and the introduction to the report explains this definition.

Almost a third of LGBT respondents had experienced domestic violence or abuse. The most common perpetrator was a partner or ex partner (16% of the entire sample), and 13% of all respondents had experienced this kind of abuse from a family member or dependent. 13% of the total sample had experienced partner abuse from same-sex partners. Perpetrators also included friends, carers, visitors, neighbours and others. Around a fifth of people who had experienced abuse from any one perpetrator category had also experienced abuse and violence from someone else. Over 10% of respondents had experienced abuse or violence as a child, almost half of whom later experienced abuse from a partner.

The report comments that experiences of multiple perpetrators suggest ongoing experiences of violence and abuse and point to particular vulnerabilities to further violence and abuse. Details of the demographics of domestic violence and abuse can be found in chapter 2.

Trans-, bi-, disabled- or deaf people, women, people who defined their ethnicity as 'other' and people with poor mental health are more likely than other LGBT people to have experienced domestic violence or abuse. See chapter 3 for more about

different LGBT experiences of domestic violence and abuse.

Less than a quarter of those who experienced domestic violence or abuse reported it. Just over half of those who did so reported it to the police. You can read more about reporting in chapter 4.

Key needs in terms of services identified by LGBT domestic violence and abuse survivors included: an LGBT-specific support and counselling service; an LGBT-specific police officer to report to; and awareness training for domestic violence and abuse services. Chapter 9 includes discussions of services.

Interviews and focus groups revealed a lack of support for troubled LGBT relationships. Chapter 5 examines relationships and sex.

So, she's had problems. Had problems, and she didn't address them and we did ask for counselling for her and even me, I said that I would like to go with her maybe, to help her see what's wrong with her and to help her understand herself. But there wasn't enough things open to us as being a lesbian couple.

A third of those who had experienced domestic violence and abuse had also experienced homelessness.

Problems can arise when LGBT people try to access domestic violence refuges.

there was mostly straight people in there. Well, all straight people. I was the only gay person there... They thought it was more important for man and woman, because it's just a cat fight basically, they see it as.

60% of domestic violence and abuse survivors wanted to see LGBT-specific safe temporary housing. See chapter 6 for more.

Compared to the rest of the LGBT community, those who have experienced domestic violence or abuse are more likely to feel afraid at home and outside, during the day and at night. They are also more likely to avoid their homes, neighbourhoods, public transport, education, public services, work and the LGBT scene. This avoidance is not only due to the fear of hate crime based on sexual and gender identities. Safety fears and LGBT survivors of domestic violence and abuse is discussed in chapter 7.

My safety fears are only due to me not reporting the abuse so I live in fear of bumping into my abusers (which has happened) but as far as homophobia goes I feel safe and able to defend and stand up for myself if need be.

Mental health and isolation are significant issues for survivors of domestic violence and abuse. 12% of domestic violence and abuse survivors say that no-one supports them on a regular basis. Compared to those who have not experienced domestic violence and abuse, they are less likely to have support from their families of origin and much more likely to feel isolated, and to have had serious suicidal thoughts in the past 5 years. Chapter 8 looks at these and other risk factors.

The analysis group recommended that:

- the capacity of statutory and voluntary service providers be extended, via training and awareness-raising around LGBT issues, domestic violence and abuse issues, and LGBT-specific domestic violence and abuse issues.
- training should recognise the diversity of the LGBT communities and the differences within this collective.
- the underreporting of domestic violence and abuse from within LGBT communities be addressed.
- further research into LGBT domestic violence and abuse be undertaken locally, nationally and globally.

To find out more details about the results of the research and recommendations (including accessing and engaging LGBT survivors of domestic violence and abuse, chapter 10), the full report can be downloaded for free from :

www.countmeintoo.co.uk

COMMUNITY SAFETY AND LGBT LIVES

The Count Me In Too Community Safety report explores the experiences and opinions of LGBT people with regard to safety and hate crime. Respondents were asked about incidences of violence, abuse and discrimination because of their sexual/gender identity. Hate crime for this report is experiences of verbal abuse, physical violence, criminal damage, harassment, sexual assault, negative comments, teasing and bullying. Safety, however, is seen as more than an absence of abuse, harassment and violence; it also incorporates the ability to live without the fear of these. Chapter 1 of the findings report explains the report's approach to hate crime and safety.

Hate crime continues to be extensively perpetrated against LGBT people and some LGBT people are more likely to experience it than others. 73% of respondents said that they had experienced abuse related to their sexual identity and/or gender identity in the past five years. Trans, bi and queer people, those who identified their sexual identity as 'other', young people and isolated people were more likely to have experienced hate crime.

Of the 596 people who had experienced some form of hate crime, just 40 had *only* experienced verbal abuse/negative comments from strangers in the street. Chapter 3 includes a full discussion of the range of hate crimes, and similarities and differences in the experiences of different identity groups within the LGBT collective.

Fear of crime impacts on the ability of LGBT people to be themselves and live lives that are free not only from violence and abuse, but also from the fear of violence and abuse. Trans people, people who are

isolated, people with mental health difficulties and people from certain neighbourhoods both *fear* and *experience* more hate crime than other LGBT people. Chapter 2 recognises that hate crimes are often ignored, tolerated and remain unnamed, but have emotional impacts. Hate crimes can both impact on, and result from, vulnerabilities around mental health and isolation.

Some LGBT people said that they had learned to accept prejudice and discrimination as normal.

It is so common and expected that you learn to live with it... The unchallenged use of the term 'gay' to mean anything crap, rubbish, pathetic, etc. within schools and amongst kids doesn't help.

There are clear indications that avoidance strategies are used by LGBT people in relation to these fears and experiences. 73% of LGBT people avoided public displays of affection at times. More than half said that safety concerns led them to avoid going out at night at some point during the past 5 years, and more than three quarters of respondents said that there are places in Brighton where they do not feel safe. Chapter 5 explores issues of fear and avoidance in more detail.

Although I go out there and I'm myself and I'm bugged really if the world's going to not allow me to be who I am, but there is a cost isn't there, there's an emotional [cost] I think.

Only a quarter of those who had experienced abuse, reported an incident. When asked why the incident was not reported, the most common response was that it was not serious enough. Over half of those who reported a hate crime did so to the police. See chapter 4 for more on the reporting of hate crimes.

One or two comments from people in the street in passing is not going to be taken as serious homophobic abuse and there is no chance of the perpetrators being 'caught'. I normally just say something to challenge the taunt and leave it at that. This happens to LGBT people every day, the number of homophobic abuse incidents reported really IS just the tip of the iceberg.

LGBT people had both positive and negative experiences and perceptions of police and safety services. See chapter 8 for more.

We know there's massive homophobia still within the police force but we know that they're trying to do something about it.

The report argues for a broad definition of safety that is not only about not experiencing hate crime, but also takes into account the emotional and mental cost of hate crime. This includes raising awareness of acceptable behaviours, equalities initiatives, and broader community engagements.

'Safety' to me doesn't just mean being safe from verbal/physical harassment. I want to feel comfortable that I'm not going to be subject to a range of annoying behaviour from 'jokes' and unwanted sexual advances to 'funny' looks and whispers. This may seem unrealistic and would require massive shifts in social attitudes.

The analysis group recommended that:

- local agencies and fora agree a shared definition of safety, and move beyond reducing hate crime. This definition should be widely publicised to raise awareness of acceptable and unacceptable behaviours that LGBT people experience.
- a common hate crime reporting framework is created and used across a range of services and groups.
- dedicated specialist LGBT safety case workers are appointed to work across agencies to provide an accessible reporting point and to develop expertise in case resolution.
- hate crime hotspots are identified and monitored, and that targeted work be carried out there to improve safety in these areas.

To find out more details about the results of the research and recommendations (including housing and community safety, chapter 6; and monitoring and consulting with LGBT people, chapter 7), the full report can be downloaded for free from:

www.countmeintoo.co.uk

HOUSING AND LGBT LIVES

The Count Me In Too housing report explores the housing experiences of LGBT people in Brighton & Hove.

48% of LGBT respondents lived in privately owned housing, 30% in privately rented housing, and 9% in social housing. A quarter of respondents said they had difficulties in obtaining accommodation – 86% of these people suggested it was due to the cost. See chapter 3 for more on obtaining and maintaining accommodation in Brighton & Hove.

32% of respondents living in social housing were not happy with it. 17% of these respondents said they cannot use, or choose not to use, certain services which are designed to meet their needs. **A number of people described discrimination from housing services.**

We are still getting the worst treatment and they automatically still believe that gay guys like us must be going out every single weekend, must be having parties, must be causing trouble, must be annoying the neighbours. When in fact it's actually the people who are in a much older age bracket and straight and married with kids who cause the most mess and fuss and noise.

You can read more about LGBT people and social housing in chapter 4

8% of respondents had specialist housing needs – these were mostly people who were disabled, who had mental health difficulties, who were HIV positive or over 46 years of age.

62% of older respondents would be interested in LGBT-specific sheltered housing, extra-care housing or residential care.

71% of younger respondents desire housing schemes specifically for younger LGBT people. For more on specialist housing needs, see chapter 6.

I would like to see more, if not training, just more kind of actual LGBT services rather than mainstream because if they can't actually deal with LGBT people properly then maybe we need our own services to deal with it.

22% of LGBT respondents have been homeless at some point in their lives. Those more likely to have experienced homelessness include trans-, bi- and queer people, people who identified their sexual identity as 'other', disabled people, people who were HIV positive, people on low incomes and people with mental health difficulties. Chapter 5 includes a full discussion of homelessness.

'I was homeless in the sense I had no permanent address. Parents were unhappy about sexuality so I had to get other housing ASAP – hence why I am in supported housing now.'

8% of LGBT people have had sex or made themselves available to have sex in order to have somewhere to stay.

Although the majority of respondents said that Brighton & Hove was a good place to live, 77% stated that there are places in Brighton where they do not feel safe. 69% of these respondents said that housing estates on the outskirts were where they felt less safe. The main reasons for not feeling safe were homophobia, biphobia and transphobia. Further details can be found in chapter 7.

I had that in my old flat, there were these two people they were hassling me putting lit matches through my door, just writing Dyke right across the landing.

The 2005 Civil Partnerships Act was a key issue for those who live with a partner. More than a third of people who live with their partners felt that they did not have enough information regarding civil partnerships.

I know the up sides, but not the down sides.

Didn't realise there could be financial implications.

Don't know how it applies to foreign citizens

Over a quarter of those who reported their civil partnership to relevant agencies experienced financial loss. The average loss was £246 per month. This could have serious consequences for some LGBT people.

No notice, no transitional relief, £400 a month worse off and a Council determined to have us evicted and living in a bed n' breakfast in Whitehawk because they don't understand this issues of trans people and the need to live in a safe area.

The analysis group recommended that:

- The breadth of housing services are promoted to LGBT people, particularly those who are vulnerable or new to Brighton & Hove, emphasising that these services are not just for council housing applicants. It is proposed that this includes a specialist LGBT Housing Options Officer within the council and a local service guide for LGBT people in housing need.
- Safety needs of LGBT people are accounted for in housing decisions.
- There is a need to improve the awareness of rights and what actions can be taken by the council or other bodies where incidents of abuse or discrimination against LGBT people in social and private rented accommodation.
- All housing services continue to engage with LGBT service users to use their views and experiences to guide service improvement.
- Services continue to improve systems and processes, and monitor services to LGBT people, with consideration for needs of specific groups within the LGBT collective including trans people, bi people, older people, and youth homelessness.

To find out more details about the results of the research and recommendations (including the sample of those living in Brighton & Hove, chapter 2; LGBT health and support needs, chapter 8; domestic violence and abuse, chapter 10; and monitoring and consultation, chapter 11), the full report can be downloaded for free from :

www.countmeintoo.co.uk

MENTAL HEALTH AND LGBT LIVES

The Count Me In Too Mental Health report explores the experiences and opinions of LGBT people who reported that, during the last five years, they had experienced difficulties with **depression, anxiety, significant emotional distress, suicidal thoughts, panic attacks, problem eating, fears/phobias, addictions/ dependencies, anger management, and/or self harm**. These respondents were asked questions about their mental health difficulties within the last five years, regardless of whether they have received a diagnosis or used mental health services.

Historically LGBT practices and identities have been seen as psychological abnormalities. This study once again shows that mental health difficulties are not caused by LGBT identities, but mental health difficulties can result from the discrimination that LGBT people experience.

Mental health is a huge issue for the community I think, because you grow up in a heterosexual society then, you know, that's going to have some mental health ramifications basically.

Being an LGBT person with mental health difficulties can result in multiple issues of marginalisation which include discrimination, prejudice and isolation from LGBT people, networks and spaces. Chapter 1 of the findings report explores this issue in more detail.

Almost one in five respondents described their mental and emotional health as poor or very poor over the last twelve months, and only one fifth of respondents had **NOT** experienced difficulties with one or more of these issues in the past five years. Of

these 643 respondents, 46% stated that their mental health had been good/very good in the past year. This illustrates how experiences of mental health difficulties can change over time. The details of this are in chapter 2.

People of other more marginalised identities more frequently reported experiencing mental health difficulties, including bisexual-, queer-, trans- and black and minority ethnic people, those who feel isolated, and those on a low income. Chapter 4 gives more information about differences between LGBT people and experiences of mental health difficulties.

Almost a quarter of respondents say that they have had serious suicidal thoughts.

I might act... you know, look alright, but deep down I'm not. I'm actually... very suicidal, but not that suicidal to actually do anything.

7% of respondents had attempted suicide in the past five years. Identity groups that are more likely to have had suicidal thoughts and attempted suicide include bisexual-, queer- and trans people, disabled people and those living with a long-term health impairment, isolated people, young people and those on a low income. In chapter 3 you can read more about suicide and suicidal distress.

LGBT people with mental health difficulties are more likely to have experienced teasing, bullying, harassment and/or physical violence than other LGBT people.

When you start talking to people and you explain to them that you've got a mental health, they seem to disappear. You are classed as a nutter, as soon as you say you've got a mental health problem, oh you're a nutter'.

More than a third of people with mental health difficulties said that they had been discriminated against by/within the LGBT community. Chapter 10 includes a full discussion of safety issues.

The research indicates that feeling isolated is a key issue for some LGBT people and that there is a link between multiple marginalisation and feelings of isolation. Respondents noted the role of the LGBT commercial scene in creating and maintaining feelings of isolation from some people (see more in chapter 6).

Isolation is a massive factor and most people with mental health problems suffer isolation at some time and I have. If on top of being mentally ill and isolated, or depressed and isolated, you're also LGBT and you only feel safe in certain spaces, that's exacerbated. If the LGBT spaces don't feel safe to you, you can find yourself with nowhere to go.

While two thirds of people who use NHS mental health services rate them as good/very good, 42% rate them as poor or very poor and almost a third of people with mental health difficulties could not find the support they needed.

I'd love there to be a refuge in Brighton that you can go to when you are feeling shit.

Respondents said that long waiting times, and a lack of understanding of mental health issues experienced by LGBT people, impact on the effectiveness of support from services. People who have thought about and attempted suicide in the past 5 years, and people who have experienced particular mental health difficulties more frequently say that council and public services are not LGBT friendly. They are also more likely to feel excluded from mainstream services. Chapter 11 of the report discusses in depth the experiences LGBT people with mental health difficulties have with services.

The analysis group recommended that:

- LGBT-specific mental health work is extended,
- Statutory mental health services improve the extent to which their services are welcoming to LGBT people
- Specific work is undertaken focusing on prevention of suicide by LGBT people,
- Training for staff and monitoring of use of services by LGBT people are put in place to support change,
- Further research is undertaken exploring themes identified in this research.

To find out more details about the results of the research and recommendations (including about domestic violence and abuse, chapter 5; general health, chapter 8; managing mental health difficulties, chapter 7; and housing, chapter 9), the full report can be downloaded for free from:

www.countmeintoo.co.uk

HEALTH ISSUES AND LGBT LIVES

The Count Me In Too General Health report explored the experiences and opinions of LGBT people with regard to a variety of health issues. The research contended that LGBT health issues are concerned with more than sexual health, and examined various aspects of physical health, and identities that have been 'medicalised': trans health (also chapter 9); deaf identities and experiences (also chapter 10); living with physical disability and long term health impairments (also chapter 10). These were included due to their histories and contemporary place within health services.

The report covers:

- Smoking (chapter 3);
- Physical activity (chapter 4);
- Sex, and sexual health and knowledge (ch. 5 & 6);
- Living with HIV (chapter 7);
- Sex work and taking payment for sexual acts (ch. 8);
- GP services and a Health Living Centre (chapter 11);
- Monitoring and future services (chapter 12).

Separate community summaries are dedicated to Deaf LGBT lives, Disability & LGBT lives, and Trans lives.

Most respondents rated their overall health as good or very good, although this was lower than comparable general population figures. Some groups were less likely to rate their health as good or very good, including those who identified as trans, deaf, disabled/long-term health impaired or HIV positive, who were older, on low incomes, in temporary/council housing or who had mental health difficulties. More detailed information on general physical health is provided in chapter 2.

A quarter of those who wanted to quit smoking said that an LGBT-specific service would encourage them to do so. A third of LGBT respondents said that they smoked cigarettes. Men were more likely to smoke than women.

Most LGBT respondents wanted to be more physically active. 10% of men wanted men-only space for physical activity, and 22% of women desired women-only space. 11% suggested a lack of LGBT-specific facilities was a problem.

7% of respondents were HIV positive, and did not necessarily identify as disabled or long-term health impaired. HIV positive LGBT respondents had specific needs, and were more likely to use voluntary support services in a time of crisis than other LGBT people.

Although a key health issue, sex was not only examined in the context of sexual health. The majority of respondents had had sex in the past three years, and of those who had not, more than a half consciously chose not to. 65% of those who had not had sex in the past three years said that not having sex was not respected in LGBT culture.

Most young LGBT respondents reported some anxiety regarding sex. It could be difficult for young LGBT people to access appropriate sex education.

One in ten respondents had taken part in sex work at some point, and over the past five years 4% have made themselves available for sex in order to have somewhere to stay

Although 71% of respondents thought that information on sexual health was readily available, around half did not agree it was appropriate to their sexual practices and/or their sexual and gender identity. The report indicated that diversification is needed to cater more fully for the breadth of LGBT people.

A quarter of LGBT respondents had never had a sexual health check-up, but those who are the most sexually active are the most likely to have had one.

The vast majority of respondents wanted an LGBT healthy living centre in Brighton & Hove, to provide a range of health and community services.

I mean it's the biggest gay community in Europe and we don't have what you might call our own place.

However, an LGBT healthy living centre, or LGBT specialist GPs, should not lead to ghettoisation where LGBT people are segregated from using mainstream services.

You need specialist centres that can do the research and carry things forward and advise the frontline people, but the frontline service should be able to cater for everyone.

The LGBT-friendliness of GPs was a key health issue. 60% of respondents said that they were out to their GPs, but fewer than half were sure of not being discriminated against by them. Those who identified as disabled, who were isolated or who had mental health difficulties were more likely than others to want an LGBT-specific GP service.

anything from mental health to physical health to social activities, they're all in one place so that there's an interest in me being a gay man, rather than having to go somewhere and tell them who I am and then [they] try and engage with me.

The analysis group recommended that:

- Relevant findings and recommendations from this research be built into the individual (and proposed city-wide) Single Equality Scheme LGBT action plans being developed by the NHS Trusts and Brighton & Hove City Council (BHCC).
- Continued funding be provided by Brighton & Hove Teaching Primary Care Trust (PCT) and BHCC for key LGBT services and groups.
- All primary care related services obtain knowledge and understanding of LGBT lives and issues through their continuing professional development.
- The PCT should support an LGBT healthy living centre, to address health in a broad range of contexts and support those who are most marginalised in LGBT communities.
- Services should understand that LGBT health is not simply located in sexual health, and that discrimination can occur through the association of sexuality with sex.

To find out more details about the results of the research and recommendations the full report can be downloaded for free from :

www.countmeintoo.co.uk

DEAF LGBT LIVES

Chapter 10 of the Count Me In Too General Health report describes the particular issues that emerged as significant for identify as deaf, hard of hearing, deafened or deaf-blind LGBT people. 28 people (4% of respondents) identified themselves within this category.

The term deaf is used in exploring the experiences of auditory difference, while recognising that many respondents did not feel that the term 'deaf' captures their identity. We use the term 'deaf' (in lower case) for this summary, as directed by the steering group, while recognising its limitations.

This chapter showed that issues of multiple marginalisation are key to understanding deaf LGBT people's lives and experiences. These pertain to both deaf communities not accepting LGBT people, and LGBT people marginalising deaf people.

18% of deaf LGBT respondents said that they had experienced bullying, abuse, discrimination or exclusion from mainstream venues and events, and 11% from LGBT venues and events.

I am not accepted by deaf people because I am Gay and I am not accepted by LGBT because I am deaf.

One third of deaf LGBT respondents felt marginalised by their LGBT identity.

I don't necessarily feel more marginalised by mainstream society than straight deaf people, but I do feel marginalised by straight deaf people!

Only 25% of respondents said they found it easy or very easy to be an LGBT deaf person in Brighton & Hove. This compared to 76% of the overall sample in the research when they were asked just about LGBT identities.

LGBT deaf people experienced difficulties with services, health, safety and housing.

47% of deaf respondents found it easy or very easy to access services specifically for LGBT deaf people, while 11% found it very difficult. There were also particular difficulties in accessing health services.

... in huge capital letters "HE IS DEAF" is there, right on the folder. But they don't do anything with that information. Still it's the same service as hearing people, so there's no addition.

42% of deaf respondents said that they had experienced domestic violence or abuse and there were indications that they were more likely than non-deaf people to have been abused by people other than partner or family members.

46% of deaf respondents found it difficult or very difficult to find deaf-friendly LGBT pubs, clubs or organisations in Brighton and Hove. None said it was very easy.

For many deaf LGBT respondents, LGBT communities and spaces were inaccessible because of assumptions regarding the normality of hearing. As a result, these people felt excluded from such communities and spaces.

From the deaf community's perspective, the LGBT community is a hearing community. So deaf LGBT person can still see the LGBT community as primarily hearing and therefore different to 'me'.

More than a third of deaf respondents found it difficult or very difficult to find information about what help or assistance is available to them.

Deaf people can have problems accessing support services and even knowing which ones are available. Support has to come from deaf friendly people and can't be accessed only through the phone. For example, police didn't have communication access and so that service could not be used.

It was not just mainstream services that were inaccessible for deaf people. The research found evidence that deaf services could also be antagonistic towards LGBT people.

There's the Sussex Deaf Association, which is our sort of local association, but I wouldn't go there because it's a very church-led organisation... and has a real sort of history of being quite discriminatory against LGBT people... they're the service, the provider that the council would first look to if they wanted to access the deaf community for Brighton, and yet they're not welcoming for LGBT people.

When deaf LGBT people were asked about what they would like to **change in Brighton & Hove** there were five clear categories:

- **less prejudice** and more understanding;
- **less loud music** in venues;
- **better access** in general;
- more and better **information**;
- wider use of **British Sign Language**.

The analysis group recommended that:

- services commissioned and provided for deaf people should be LGBT friendly as a condition of funding, and that achievement in this area should be monitored.
- issues identified in this research by the deaf LGBT community be taken to the cross-sector City Disability Equality Scheme Steering Group.
- deaf LGBT people continue to be encouraged to join the City Disability Equality Scheme Steering Group, to work with health providers to ensure that improvements are made.
- LGBT communities, voluntary groups and businesses should work to become more deaf friendly and provide inclusive spaces.

To find out more details about the results of the research and recommendations the full report can be downloaded for free from :

www.countmeintoo.co.uk

DISABILITY AND LGBT LIVES

Chapter 11 of the Count Me In Too General Health report outlines the key findings for those LGBT people in the study who identify as having disabilities or long-term health impairments. 119 people, making up 15% of the sample, responded 'yes' to the question 'are you or do you identify yourself as having a long-term health impairment or physical disability?'. Some respondents indicated these labels did not describe their experiences and conditions, or that they rejected these labels as stigmatising their condition. This may contest understandings of who sits within the 'disabled' category used by services and other people.

Over a third of those with a disability/long-term health impairment found living in Brighton & Hove easy/very easy. A quarter found it difficult/very difficult.

There was evidence of positive experiences in Brighton and Hove with LGBT specific services, venues and spaces being valued and enjoyed.

I belong to a group for lesbians with ME – a good space. On the whole the networks I'm in are reasonably good around this.

However, there were significant difficulties with isolation, exclusion and access issues.

I can't work or participate in many social activities. I am very poor, living off benefits, which affects all aspects of my life. I have trouble getting appropriate care from my GP and I do not have the energy to fight for it. My housing opportunities are limited.

Experiences of prejudice, suicidal thoughts, domestic violence and abuse, discomfort using services, and housing issues were more likely to affect LGBT people who are disabled or long term health impaired, compared to other LGBT people.

People with a disability/long term health impairment reported having experienced bullying, abuse, discrimination or exclusion in employment (21%); and from health services (19%) and they felt more uncomfortable using services because of their gender/sexual identity than other LGBT people.

They were more likely to have had serious thoughts of suicide, to have exchanged sex for payment, and half of respondents with a disability/long-term health impairment had experienced domestic violence and abuse. They were also less likely than other LGBT people to feel safe, both at home and outside. 18% did not feel safe inside LGBT venues.

They were also over twice as likely (48%) to struggle getting accommodation as those who do not identify as disabled or as having a long-term health impairment (21%).

LGBT people with disabilities/long-term health impairments could be marginalised by both their disability/health impairment and their LGBT identity. More than half of these respondents said they did not fit well or at all into disabled activities, events and groups in Brighton & Hove. 38% said they did not fit well or at all into LGBT activities, groups and events, while another 38% said they did fit well or very well into LGBT activities, groups and events.

Having to stand around when I need to sit, being physically pushed around at venues because I cannot rush around (LGBT venues). Seen as a bit of a pain – not just a dyke, but one with extra needs!

Almost half of the LGBT disabled people in this research regularly participated in national LGBT groups. This figure was much less for local disabled groups and local LGBT groups, indicating that these were not available or accessible. The absence of a local LGBT disabled space was perhaps why national organisations were relied upon.

Access to LGBT spaces was revealed to be a key issue for many respondents with disabilities / long-term health impairments.

The support services are extremely poor and underfunded. I feel isolated and alone because I cannot join in a lot of LGBT activities.

I can't afford to socialise on the gay scene.

I think Brighton is... it has a huge gay population and yet I can't think of a venue that is accessible apart from Cafe 22 at most but I mean most of the pubs/clubs have got steps so if people aren't visible then people are not going to get used to it.

Almost a quarter of disabled / impaired LGBT respondents reported bullying, abuse, discrimination or exclusion by other LGBT people.

You can't see the stick in the sauna. When I'm dressed and going out and they see the stick, you can see the look of absolute horror. [They] think oh I've had sex with a cripple, you see that look which makes me laugh! I met somebody who wouldn't go to a gay club because people were staring at him because he had a stick.

People with disabilities / long term health impairments were invited to offer suggestions as to what could change to make them feel more included in LGBT and/or disabled communities, activities and events and groups in Brighton and Hove. Some indicated they had no desire for special provision, while others requested improved accessibility, acceptance, understanding and information.

Brighton and Hove Council and the LGBT community both tend toward an emphasis on the city as the place for young people who are fit, healthy and always up for going clubbing at night!... the city's diversity does encompass many more people who deserve more funding into alternative means of socialising, clubs and alcohol-free activities. We have such beautiful surroundings and parks- I'd like to meet the LGBT community out there too!

The analysis group recommended that:

- services commissioned and provided should recognise the multiple and diverse needs of LGBT people who have long-term health impairments and physical disabilities. This includes cross-service working.
- local LGBT spaces for disabled people are provided that do not rely on the limited resources of disabled people, but are still run by LGBT disabled people.
- LGBT communities, venues and businesses to make these spaces are made accessible for LGBT people with disabilities.
- the Federation of Disabled People explore the possibility of adding LGBT-friendly accessible venues to their web-based City Guide.

To find out more details about the results of the research and recommendations the full report can be downloaded for free from :

www.countmeintoo.co.uk

BISEXUAL LIVES

The Count Me In Too Bi People report explores the experiences and opinions of respondents who identify as bisexual. For the purposes of this research, 'bisexual' is treated as an identity with which respondents align themselves. 6% of respondents identified as bisexual. Further details are provided in chapter 2.

'Bisexual' and 'bi' can be used for self-identification, but they are complicated terms. Bisexual respondents in this research frequently described their identities in terms of their relationships, their appearance and their practices. Chapter 3 of the findings report explains the report's approach to bi identities.

Open to people of varying sexualities. Queer, dyke-y, comfortable with relating to/socializing with both men and women.

Bisexual people identified 'greedy' and 'untrustworthy' as common negative stereotypes about bisexuals. However, almost four fifths of bisexual and queer respondents said they usually have monogamous relationships.

There tends to be a bias in the lesbian community against Bisexuals as they are considered "untrustworthy" and unable to "choose what they want"

Most respondents who identified as other than gay or lesbian said they used LGBT commercial venues and events. 59% said they enjoyed doing so

compared with 79% of gay men and 68% of lesbians. It is not only that the venues themselves are unwelcoming to bisexual people in relationships with opposite-sex partners, but also patrons of the venues can make them feel uncomfortable and regulate their behaviour

I've got a boyfriend, we are both as gay as each other, you know, we've been out as queer, gay, whatever you want to call it, for years and years... we've got a queer history as everybody else in the pub. ... Sometimes we're like getting filthy looks from people like.. "what's that straight couple doing in here?" I have to regulate my behaviour to gay pub.

Being bisexual can result in multiple issues of marginalisation which includes discrimination, prejudice and isolation from straight and LGBT people, networks and spaces.

Gay people fit in the gay scene and services, straight people fit in the mainstream world. I often feel like I'm bouncing between the two and don't feel like I can settle as long as I am true to myself. In rare events such as bi specific events, I finally feel like I am at home and can be truly "me" and not have to hide any aspect of my identity or background.

Almost a third of bisexual respondents had experienced bullying, abuse, discrimination or exclusion from LGBT people. Chapter 4 explores this issue in more detail. Bisexual and queer people were also more likely than lesbians and gay men to have experienced harassment, negative comments, teasing or bullying. Issues of safety are covered in chapter 8.

It's made me feel uneasy about disclosing my sexual orientation, as a gay man who was the manager of a big lgbt nightclub in Brighton asked me to leave the club after he overheard that I was bisexual.

there are two issues for me really – the homophobia I experience from straight people and the biphobia I experience from both straight and LG people.

Bisexual and queer respondents are more likely than lesbians or gay men to have thought about and attempted suicide in the past five years.

Half of all bisexual respondents said that experiences of discrimination and exclusion keep them isolated.

Bisexual respondents, queer respondents, and those of other sexual identities than lesbian or gay, were more likely to have had mental health difficulties than lesbians or gay men. Focus groups revealed that there was a perception that support for LGBT people with mental health difficulties may not accommodate bisexual people. See chapter 6 for more on mental health, suicide and suicidal distress.

39% of bisexual respondents didn't think that Brighton & Hove had sexual health information relevant to their sexuality. In chapter 5, you can read more about sexual and physical health.

I have sex with bi women, bi men, lesbian women, straight men. I would like safer sex info appropriate to all these groups in one place so I don't have to hunt it all down in different places!

A third of bisexual people said that they had experienced homelessness. See chapter 7 for more.

23% of bisexual people have experienced sexual / gender identity-based discrimination when trying to access goods, services or facilities. Chapter 9 includes a full discussion of the problems bisexual people can face when trying to access services.

The analysis group recommended that:

- 'biphobia' is always included and considered when discussing issues of discrimination, prejudice and abuse against LGBT people.
- awareness of the need for bi-inclusivity is developed among LGBT businesses and their staff.
- statutory services conduct gap analyses of their services with regard to their accessibility for bi people.
- bi-focused social space be funded and established.

More details about the results of the research and recommendations can be found in the full report which you can download for free from:

www.countmeintoo.co.uk

TRANS LIVES

The Count Me In Too Trans People report explores the experiences and opinions of respondents who identify as trans. For the purposes of this research, trans is treated as an identity with which respondents align themselves. 5% of those who completed Count Me In Too questionnaires identified as trans. Chapter 2 has more details. There were also two focus groups for trans people.

Trans respondents have various and complex relationships with the identity 'trans' and also with the identity 'LGBT'. **The report highlighted a need for the complexity of trans identities to be recognised, and for trans needs and identities to be better understood in the context of the LGBT grouping.** Chapter 3 includes a discussion of trans identities.

It's the best we have at this time and will do. Most of the time I am just myself, but use trans if I need to describe that part of me to others.

I have no problem with the word trans... If you are talking about using it within the 'lgbt' banner, then I guess being as inclusive as possible is best. Not that I think trans issues should really be lumped in alongside gay issues. It's not really about sexuality at all.

We're the smallest community out of the LGBT community, but we're dotted all the way through, you know, because... we [can be] gay... or lesbian or or bisexual.

Some trans people described positive things about living in Brighton and Hove as a trans person.

I've had a few verbal abuses, which I've dealt with in the way I felt was best, but that's a lot, lot less than other places where I've been, so I find very, very little of that in Brighton.

It's a very open town and ...being trans for me is not an issue here at all. So that's good.

42% of trans respondents said that they enjoyed LGBT venues and events.

Trans people in focus groups revealed that some trans people experienced hate crime on an almost daily basis, particularly where trans people didn't 'pass'. Only a third of trans people felt safe or very safe at home. See chapter 8 for more about safety issues.

You just get worried about walking down the street, and am I passing you know? Do you recognise me as a man or a woman and if I feel uncomfortable in myself am I going to get hit by these people?

Regarding both straight and LGBT venues, events and people, 58% felt marginalised due to their trans identity. You can read more about prejudice and discrimination in chapter 4.

I think that being transgendered has been a continual process of exclusion, pain and suffering.

They [a Brighton & Hove gay magazine] did a thing about transsexuals being on the scene and they interviewed a few people and, some of them, they just didn't like us at all. Didn't understand us, but didn't like us. I wrote to the editor, sent a letter about some of the comments. He said that was just the ones he could publish. He said, some of it was quite hostile. It's deeply ingrained to dislike us. Don't matter that a lot of us are in same sex or bisexual relationships.

25% of trans people had experienced hate crime in an LGBT venue.

Finding a non-prejudiced GP was key to trans people's experiences.

GPs act as an important initial point of contact when seeking to transition, and bad experiences can result in trans people disengaging from services that are there to support them.

It's rather like playing Russian Roulette and... twice I got shot in the head and maybe an equal amount of times I got lucky.

More than two thirds of trans people said that the quality of care received at NHS Gender Identity Clinics (which support people who seek to transition) was poor or very poor. Many spoke of bad experiences of health services that were harmful to the management of their mental health.

The system that's in place now damages people, quite extensively. It isn't even that we are not cared for. We are damaged by the system.

The report discusses gaps in services: a local centre to support trans people and transition, specialist GP services and ongoing (potentially lifetime) support. Chapter 5 includes an extensive discussion of general health issues for trans people.

This is a life long thing, this goes on till the day you die, you know.

Trans people were more likely to have experienced mental health difficulties than non-trans people. Trans people were five times more likely than non-trans people to have attempted suicide in the past year. Chapter 6 discusses trans people's experiences with mental health difficulties, suicide and suicidal distress.

More than a third of trans people have experienced homelessness. Housing issues for trans people are explained in chapter 7.

The analysis group recommended that:

- statutory services, community groups and individuals should work together to establish a city-wide trans strategy in dialogue and cooperation with trans communities, including a local gender identity clinic.
- statutory organisations develop positive and comprehensive understandings of the diversity of trans identities, experiences and needs.
- Relevant services take action in response to transphobic hate crime and support needed with health, housing and employment issues.
- a local trans resource guide be produced in dialogue and cooperation with trans communities. This guide should include trans-friendly GPs, as well as social groups, meeting places and housing providers that are trans-friendly.

To find out more details about the results of the research and recommendations, (including about relationships and sex, chapter 9; and use of services and monitoring, chapter 10) the full report can be downloaded for free from:

www.countmeintoo.co.uk

DRUGS, ALCOHOL AND LGBT LIVES

The Count Me In Too drugs and alcohol report explores the lives of LGBT people in Brighton & Hove. Respondents were asked questions about use of illegal drugs or legal drugs without prescription / medical advice in the past five years and drinking alcohol.

Half of LGBT respondents had taken illegal drugs, or legal drugs without prescription or medical advice. 85% of respondents said that they drink alcohol.

LGBT people were far more likely than other people to use drugs. See chapter 3 for more details on the use and consumption of drugs and alcohol and comparisons with general population estimates.

Some LGBT people said that **using drugs and alcohol could be a 'coping mechanism'** in response to **discrimination**. It could also **create a sense of belonging, as a part of the LGBT scene**. Chapter 4 discusses drugs, alcohol and LGBT venues and events.

I think a lot of people go out and get hammered at weekends because it's the only way that gay men can meet each other.

57% of LGBT respondents had, at some point, been concerned about how much they drink. 10% of those who had used illegal drugs, or legal drugs without a prescription or medical advice, said that they would like more control over their drug use. A further 10% were unsure whether they would like more control or not. You can read more about concern and control in chapter 5.

Of those respondents who had used drugs in the past five years, most got information about drugs from friends (48%) or the internet (33%). However, **18% said they hadn't found any information**.

57% of respondents who used drugs in the past five years said that **Brighton & Hove should have LGBT drug campaigns**. Suggestions for these campaigns included focusing on the effects and risks of drug use, harm and risk reduction, and information on specific drugs. Chapter 6 deals with drug and alcohol information.

Giving clear information about what the drug is, its effects, including negatives, health implications, how to use safely i.e. where/what not to buy, what not to do, what to do in case of problems.

2% of those who had used drugs had also used drugs services in Brighton & Hove. Similarly, 2% of those who drink alcohol had used alcohol services in Brighton & Hove.

58% of who drank and didn't use alcohol services **were not aware of a service that could help them if they needed it**. The vast majority of LGBT people (91%) wanted an LGBT healthy living centre. For more on service use, see chapter 8.

The research identified specific issues for **those who did not drink alcohol**. It also found **specific differences between those who used drugs in the past 5 years and those who didn't**.

People who **did not drink** alcohol were more likely to have experienced **hate crime** than those who drink alcohol. They are also more likely to have experienced difficulties with **mental health, suicide** and **homelessness**. This was also **true for those who have used drugs**, compared to those who did not.

Respondents who have used drugs were more likely to say that **no-one supports them** on a regular basis than those who have not used drugs. Yet, they were more likely than to say they were 'out' to an accepting family and supported by lovers and LGBT friends than those who have not used drugs

Those who **did not drink** alcohol were **less likely to be supported by friends and family** than those who did. They were also less likely to feel safe in Brighton & Hove, and less likely to be in good physical health.

The analysis group recommended that:

- Drug and alcohol **use be recognised across the LGBT community**, including queer, bi and trans people, those of no or another gender, and younger LGBT people.
- In addressing harmful/hazardous drinking amongst LGBT people, consideration is given to **social and support systems** that may be **reliant on taking drugs/drinking** alcohol.
- Cross-service working between treatment providers, commissioners, statutory, community and voluntary services and organisations is established that **promotes healthy messages to all LGBT people**, including LGBT young people. This should encompass mainstream and LGBT organisations.
- **LGBT specific education and awareness campaigns** are developed that understand and reflect the specificities of LGBT people's lives, and address the effects and risks of drug use, and harm and risk reduction (including risks beyond only health risks - for example, safety and sexual health).

To find out more details about the results of the research and recommendations (including the sample of those living in Brighton & Hove, chapter 2; LGBT experiences of drug use, advice and support, chapter 8; safety, chapter 9; health and well-being, chapter 10; housing, chapter 11; relationships and support, chapter 12; and monitoring and consultation, chapter 13), the full report can be downloaded for free from :

www.countmeintoo.co.uk

FEEDBACK AND FURTHER INFORMATION

We welcome any comments and suggestions.

Please email your feedback to us at:

comments@countmeintoo.co.uk

For further information regarding the project, or to request permission to quote or use any of the findings or reports published by Count Me In Too, contact Dr Kath Browne at:

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