



LGBTQ+ Adult Workshop

1st Isle of Wight LGBT Conference

2nd February 2018

Introductions

- Anna Murray- Age UK IW LGBT Domestic Violence, Abuse & Hate Crime Support
- Funded by the Police & Crime Commissioner for Hampshire & the Isle of Wight
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Workshop topics

- Highlight some of the issues for LGBT adults
- Impact of historical experiences
- Substance misuse
- Domestic Abuse
- Transgender specific support

Complex needs

LGBTQ+ population significantly more likely to:
have substance misuse or mental health issues
have previously attempted suicide & self harm

Complex need	LGB	National dataset
Disclosed issues with drugs	19%	6%
Disclosed issues with alcohol	32%	10.5%
Disclosed issues w/ mental health	49%	29%
Have previously attempted suicide	33%	18%
Have previously self harmed	35%	15%
Have financial issues	29%	26%

LGBTQ+ clients

- More likely to have had or have current issues with substance use/dependency & mental health issues, homelessness & suicidal ideation
- **Twice as likely to rely on external services**
- Historical experiences of being poorly treated over sexual or gender identity- stay hidden
- More likely to engage when explicitly included

Where are they all?

Historically

- LGBTQ+ is a hidden population- still is today
- Social activities/connections traditionally through gay pubs/clubs/societies & networks
- Often revolved around alcohol use- either due to location or for 'courage' to attend etc
- Drug use similar- to change how someone feels or to lower inhibitions
- Certain "scenes" revolve around drugs/risks

What is so 'special' about Older LGBT People?

While they will face many of the same issues as their heterosexual peers as they age, gay, lesbian, bisexual & trans people ARE different in some very important ways:

- 2 ½ times more likely to live alone
- twice as likely to be single
- four-and-a-half times more likely to have no children
- 20% of OLGBT people indicate that they have nobody to call on in times of crisis or difficulty (ten times higher than the general population)
- <25% see biological family at least once a week, compared to 50% for heterosexuals

Care/service needs

- People go 'back in the closet' when they get older and/or are accessing care/services, even in their own homes
- Experiences of being preached to with bible passages & removal of clients wishes/choices for clothing/presentation
- Poor LGBTQ+ visibility- become invisible service users & needs are not fully met

Stonewall Unhealthy Attitudes

UNHEALTHY ATTITUDES

YouGov research for Stonewall of 3,001 health and social care staff reveals unhealthy attitudes towards lesbian, gay, bi and trans people...



1 IN 4

patient-facing staff have heard their colleagues making homophobic or biphobic remarks

!#?



1 IN 5

have heard colleagues make transphobic remarks such as 'tranny' and 'she-male'



3 IN 5

staff with direct responsibility for patient care don't believe sexual orientation is relevant to healthcare



26%

of lesbian, gay and bi staff say they have been bullied or discriminated against by colleagues

1 IN 10

staff with direct responsibility for patient care have heard their colleagues express the belief that someone can be 'cured' of being lesbian, gay or bi. **In London,**

that number rises to

1 IN 5



28%

of doctors aren't confident that they're able to respond to the specific care needs of trans patients

15%

of doctors say they don't feel confident in their ability to meet the specific care needs of lesbian, gay and bi patients



FIND OUT MORE ABOUT THE REPORT AT www.stonewall.org.uk/unhealthyattitudes

Stonewall

Barriers to engaging openly

- Historic experiences of poor treatment from services, forced treatment or criminalised
- Reluctance to be open in case of discrimination
- Fear of being “outed” or information being used against them in the future
- General lack of equality & diversity training amongst professionals around LGBT issues

Historical Hangovers....

- Criminalised for consensual sex between adults- impacting on careers & whole lives
- Forced treatment- chemical castration, aversion therapy, counselling, conversion therapy, exorcised etc
- Forced marriages/relationships or pressured into marriages/relationships for safety or to hide their true gender/sexual identity
- Removed from schools/colleges/churches

Family issues

- LGBTQ+ make up 24% of homeless in UK- 7 times over-represented in homeless population
- Often disowned by family & friends for being LGBTQ+ even today
- Breakdown in relationships- denied access to children once “out” or “outed”
- Not full legal recognition- still some inequality legally, especially involving pensions.
- Denied inheritance, property, belongings, even denied access to see loved ones in hospital, care or funerals

Domestic Abuse

- Can include family members controlling/threatening people because of sexual or gender identity
- Is harder for LGBT people to access services for fear of reactions to coming out or mistreatment
- National lack of LGBT specific support
- If someone has lost their friends and family to be with same sex partner it is even harder to access support & help. May be their only real connection with someone, even if unhealthy.

Domestic abuse LGBTQ+ barriers

- Same frequency & severity as in heterosexual population
- Vastly under reported UK MARAC- 1.1% cases
- A fear that airing of the problems among the LGBT population will take away from progress toward equality or fuel anti-LGBT bias.
- Domestic violence shelters are typically female only- transgender people may not be allowed entrance into shelters or emergency facilities due to their gender/genital/legal status

Transgender Domestic Abuse Issues

- using offensive pronouns such as “it” to refer to the transgender partner
- ridiculing the transgender partner’s body and/or appearance
- telling the transgender partner that he/she is not a real man/woman
- ridiculing the transgender partner’s identity as “bisexual,” “trans,” “femme,” “butch,” “gender queer,” etc.
- denying the transgender partner’s access to medical treatment or hormones or coercing him/her to not pursue medical treatment.

HIV/AIDS & Domestic abuse

The presence of HIV/AIDS in an abusive relationship may lead to specific forms of abuse, which include:

- “Outing” or threatening to tell others that the victim has HIV/AIDS
- An HIV+ abuser suggesting that she or he will sicken or die if the partner ends the relationship
- Preventing the HIV+ partner from receiving needed medical care or medications
- Taking advantage of an HIV+ partner’s poor health status, assuming sole power over a partner’s economic affairs, creating dependency on the abuser
- An HIV+ abuser infecting or threatening to infect a partner.

Substance misuse

- Lots of different factors for LGBT population & substance misuse
- Dependency stemming from poor mental health, low self esteem & isolation
- Using substances to escape from their true feelings/identity, to mask it or to perform
- Using as part of sub group or community
- Internalised homophobia & hatred

MSM & Chemsex

- Men who have sex with men
- Don't necessarily identify as being gay
- Don't always see themselves as having drug issues or dependency
- Largely connected to apps like Grindr, Gaydar, BBRT (Bareback Real Time) & Scruff
- Hook ups, sex parties & more- whole scene evolving more since closure of LGBT venues

Chemsex

- Specific term that refers to use of particular substances immediately preceding and/or during sexual session
- 3 substances used- individually or mixed;
- Mephedrone- Meow Meow, MCAT, Plant food
- GHB/GBL- G Gina, liquid ecstasy
- Crystal meth- Ice, Crystal, Tina, T
- Specialist services in London

Trans specific issues

- 45% experienced family breakdowns
- Almost half lose contact with children
- 37% excluded from family events
- 73% experience harassment when in community
- M2F transition more often aged 40+
- Suicidal ideation reduced by 75% when supported by family

Transgender support

- Long waiting lists for referral to Tavistock (London) GIC (Gender Identity Clinic)
- Currently minimum 14 months from referral to offer of initial appointment.
- No longer needs mental health assessment for referral- relevant health professional/GP can make the referral.
- Accept adult (17 years and 6 months or older) referrals from all over the UK

Transgender support (2)

- Speech & Language Therapy
- Counselling psychology – one to one & group
- Endocrinology - hormones
- Gender reassignment -options including surgeries
- Remember- not everyone needs/wants to take hormones or “pass”. You don’t have to have surgery, but for some it’s the only way for inner peace & authenticity (to transition).
- Some people do self medicate with hormones purchased illegally.

Gender Recognition Certificate

Changing your gender legally (by obtaining a GRC) is a personal decision. This is not required by gender identity clinics, employers or other institutions.

Once you obtain a GRC **it is illegal for people who know that you once had a different gender (having obtained that information in an official capacity) to pass that information on**, unless for very specific purposes such as the detection of a crime or for relevant medical purposes. Even then, it is good practice to seek your consent.

Once you have a GRC you will be able to obtain a replacement birth certificate with your new legal gender on it. Your pensionable age will be the same as your legal gender, and all of your legal rights and responsibilities will correspond to your legally updated gender.

Transgender IW specific support

Breakout Youth

Trans Pamper events (Contact Anna at Age UK IW or Hampshire Constabulary LAGLO officers)

Time for T – Trans social group/support

Age UK IW LGBT Domestic Abuse & Hate Crime service

Mermaids

Trans 21 (Facebook Group)

Equal Treatment

Consider for a moment what “the same” means....

The same as what?

- Sexuality & gender identity is part of a person’s culture and life experience, and not simply a descriptor of sexual activity. As such, LGBTQ+ people will, and do, experience society from this perspective.
- Providing care for an individual should take into account that individual person’s experiences, expectations and needs.

“I don’t need to know she’s a lesbian to provide care services”

- Would you feel the same about an older woman who was reminiscing about her husband or some other aspect of her life that indicated she was heterosexual?



Things you can do

- Gender neutral toilets!
- Ask for more training- it is available
- See person as individual and allow them to inform you on their own gender/sexual identity
- Ask- how would you like me to address you?, which pronouns would you like me to use?
- See gender and sexual identity as separate factors
- If you make a mistake apologise & move on!
- Check your policies & procedures are inclusive
- Celebrate the stuff you are doing- so people know & build up trust/relationships

Contact Information

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