

“Something To Tell You”

A Health Needs Assessment of Young Gay, Lesbian and Bisexual People in Glasgow

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Section 1: Introduction

This project was borne from an idea by Nicky Coia, Health Promotion Officer with Greater Glasgow Health Board Health Promotion Department's Youth Team. It was in response to published findings that the profile of the health of young gay, lesbian and bisexual (LGB) people is significantly different than young people in general. The need for local knowledge of the health needs of young gay, lesbian and bisexual people in Glasgow is essential to ensure that services are organised and developed to meet these needs.

The project was funded by the Health Improvement Fund from the Scottish Executive and was managed by a project steering group representing both statutory and voluntary agencies in Glasgow

Project Steering Group

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The aim of the project was to assess the health needs of young lesbian, gay and bisexual people in Glasgow. More specifically the project aimed to examine the difficulties young people face when coming to terms with their sexuality, the daily living problems faced by the group, the provision of services required to address the problems identified and to highlight areas requiring further research.

The project was aimed to elicit views from both young people who identify as LGB and those who do not, but participate in same sex relationships. Two methods were chosen to obtain insight into the lives of the young people in the target group. A questionnaire was used to gain views from a wide range of people. It was hoped this would target those who had not openly identified with a lesbian gay or bisexual (LGB) label. A series of interviews were planned to gain a more in-depth view of the experiences of young people in the target group.

Flowers and Butson (2001) present a process by which men had accounted for their gay identity formation. This process moves through a number of stages: feeling different, self reflection and inner conflict, alienation and isolation, living a lie, disclosure, and finally wholeness and integrity. Although their research was conducted with men, the similarity to the process

described to other theories of gay (lesbian) identity formation suggests that the process is similar for women. This process takes place in the context of homophobia and heterosexism, where heterosexuality is the norm and any deviation from this is judged as wrong and warrants punishment. This culture pervades public and private spheres such that for young LGB people identifying others within their minority group is difficult, leading to barriers to social support. The presentation of the data from the young people surveyed and interviewed for the project will reflect Flower and Butson's theory of gay identity formation and the context of a pervading heterosexist society.

Section 2: Method

The population targeted for the project was young people aged up to 25 years who either identified as LGB or who participated in same sex relationships.

2.1 Questionnaire

The questionnaire (see appendix I) was developed by the project steering group and other partners in the project (see introduction for members of the steering group and appendix II for other partners). The questionnaire covered demographic details, daily living arrangements, aspects of health; physical, sexual and mental, experience of discrimination and use of services.

A modified version of the self esteem measure used by the Scottish Council for Research in Education was used to assess the level of self esteem amongst the sample. Respondents are asked to indicate their agreement on a four point scale with a series of statements about themselves. In the version used the possible range of scores for self esteem were 9-37, with nine being the lowest possible perception of self esteem and 37 being the highest.

The measure of depressive symptoms also used by the Scottish Council for Research in Education was incorporated into the questionnaire. This is a six item questionnaire which asks if the respondent has experienced any of the six items during the last month. It is scored on a three point scale (3 = most of the time, 2 = sometimes, 1 = never) and the final score is calculated by taking the mean score and multiplying by 10. Any score of 21 or above indicates possible depression.

Two versions of the questionnaire were made available for young people to complete and return to the GGHB Health Promotion Department's Youth Team. Firstly, a conventional paper format questionnaire was placed at numerous sites across the city of Glasgow, including scene and non-scene venues, public places and agencies working with young people, both mainstream and LGB agencies (see appendix II). Some of the youth agencies had links with people outside the city area which enabled young people from Greater Glasgow to participate in the project. The second version of the questionnaire was placed on the internet with links from various gay related sites to the questionnaire (see appendix II). The completed questionnaires were then returned by email to the GGHB Health Promotion Department's Youth Team. A press release coincided with the launch of the questionnaires and was sent to the mainstream and LGB press (see appendix II).

In total, 158 completed questionnaires were returned. For technical reasons one internet returned questionnaire could not be transferred into a database and was disregarded, leaving 157 usable questionnaires, 83 paper and 74 internet. Once reviewing the completed questionnaires it was apparent that a number of the returns were from people over the upper age limit for the project. Thirty five questionnaires were returned from people aged 26 and over, 32 men and 3 women. Eleven of these questionnaires were the paper form and twenty four were the internet version. These questionnaires were

not included in the main results, therefore a sample of 122 questionnaires, comprising of 72 paper and 50 internet returns is reported here. As a number of people above the age range had been sufficiently motivated to complete the questionnaire a summary of the results from these are presented in appendix IV.

It was also apparent that a high number of questionnaires were returned from people living outside the Greater Glasgow area. Sixty five (53%) of the returned questionnaires were from people living in the Greater Glasgow area whilst, 42 (34%) were from people living outside Greater Glasgow (residence data was missing for 15 cases). People returned questionnaires from across the central belt of Scotland, including, Lanarkshire, Renfrewshire, Falkirk, Perth and Edinburgh. Similar numbers of both formats of questionnaires were returned by people outside Greater Glasgow (34% internet, 35% paper). As the paper questionnaires were only available in Glasgow venues it suggests that people from other areas use facilities, both LGB and mainstream, in Glasgow. It was decided to include these returns in the analysis as these people obviously had contact with Glasgow and may use the Glasgow based health services.

The questionnaire data was examined by gender as it was believed that importance differences would be reported by young men and women. Where differences existed the data has been presented separately. When no difference was demonstrated the data has been presented as a whole. To analyse for statistical differences two types of statistical test were used. For categorical data a chi-square test was used, with significance measured using a Fisher's exact test for 2x2 tables and a Pearson test for larger tables. For continuous data an independent two-tailed t-test was performed. In both cases significance is reported at the level of $p \leq .05$. SPSS was used to perform all the statistical analyses.

2.2: Interviews

To enrich the data from the questionnaires it was decided to conduct thirty face to face interviews with young people identifying as LGB or same sex attracted. One of the partner agencies in the project, Glasgow Women's Library, took the lead on this part of the project. Staff at the Women's Library had previously carried out face to face interviewing for a study of "Poverty and social exclusion of lesbians and gay men in Glasgow" and had skills in interview techniques. They also recruited a number of interviewers specifically for the project, who participated in a training programme before completing any interviews. Of the six interviewers recruited, four conducted the 30 interviews, 19 by one interviewer, seven by another, three by another and one by another.

A number of strategies were used to recruit participants for the interviews. Young people taking part in two services particularly for young gay men and lesbians, Bi-G-Les and LIPS were asked to participate and nominate other people who may be interested in participating (snowballing). A range of agencies were contacted by post and then follow-up telephone to recruit participants and finally posters asking for volunteers were displayed at

lesbian, gay and bi-sexual agencies and venues. The participants were given an incentive of £20 to take part. The aim was to recruit 15 men and 15 women to the interview project and a purposeful strategy was used to ensure certain vulnerable groups were represented in the project. At least two participants from the following groups were to be included; black and ethnic minorities, disabled people, people with a sensory impairment, people with experience of homelessness or supported accommodation, being in care, still at school and experience of selling sex. A 60-40 split was achieved in respect of gender with more women responding than men. All the targets for vulnerable groups were achieved except sensory impairment as only one participant reported having such. In the main the participants were recruited from the two youth services, Bi-G-Les and LIPS, (see table 2.1), although it was encouraging that seven participants responded to poster adverts for the project. Interviewees were also encouraged to complete a questionnaire although no attempt has been made to match interview and questionnaire cases. The interviews were semi-structured in that a schedule of topics was drawn up by the project steering group and used to guide the conversational type interviews (see appendix III). All the interviews were tape recorded, transcribed anonymously and analysed with the help of NUD*IST software.

The interview data was coded into a framework developed from the interview schedule and the first five interviews. This framework was revised as necessary during the coding of subsequent transcripts. Care has been taken to represent the themes apparent across the interviews and any divergent views or experiences.

In the results section of the report numeric descriptions are based on the questionnaire data, the term respondents has been used for the young people. Further exploration of the issues are presented from the interview data, the term interviewee has been used for the young people. In many cases, pseudonyms have been used for the young people, often picked by the young people themselves. No real names were used unless young people asked them to be.

Table 2.1: Sample characteristics for questionnaire and interviews

Characteristic	Questionnaire sample		Interview sample	
	Number (n= 122)	% ¹	Number (n= 30)	%
Gender				
Male	85	70	12	40
Female	37	30	18	60
Age				
Up to16	14	12	3	10
17-20	58	48	13	43
21-25	50	41	14	47
Sexuality				
Gay	70	57	11	37
Lesbian	19	16	13	43
Bisexual	19	16	4	13
Man who has sex with men	6	5	0	0
Woman who has sex with women	1	1	0	0
Unsure	1	1	1	3
Other	4	3	1	3
Unknown ²	2	2	0	0
Residence				
Greater Glasgow	65	53	26	87
Outside Greater Glasgow	42	34	3	10
Unknown	15	12	1	3
Ethnic origin				
White European	112	92	27	90
Jewish (religion not Ethnicity)	2	2	0	0
Chinese	1	1	0	0
Black African	2	2	0	0
Other	5	4	3	10
Disability				
Yes	5	4	3	10
No	111	91	26	87
Unknown	6	5	1	3
Referral				
LIPS	N/A	N/A	13	43
Bi-G-Les	N/A	N/A	9	30
Self referral from poster	N/A	N/A	8	27

¹ Percentages do not always sum 100 due to rounding

² although no sexuality was declared for 2 cases they were assumed to be non-hetrosexual

Section 3: Results

3.1: Coming out and identity

3.1.1 Identity formation

Most of the sample identified with a particular label with regard to their sexuality (see table 2.1). Gay, lesbian and bi-sexual identities account for 89% of the respondents' sexuality. All the stages in the process of LGB identity formation were represented by the experience of the interviewees. These are presented below following the stages described by Flowers and Butson (2001), except for disclosure which follows in the next section.

There was a strong sense of the young people being defined by difference from their peers at school.

when you're in 1st Year [school] and all the girls are into Take That [...] and later on Boyzone, as time progressed and I never got it, I never liked, I never fancied these guys, I didn't understand, you know

Frances

I kind of realised I was different when I was about 12, or younger, I kind of got teased a bit for being different, I think I was, well I was living in England at the time and I was getting teased

John

all my friends had this big thing, that you go into school you have to hug everybody, an' it's like 'oh, what did you do last night, blah, blah, blah,' an' I was just like dead standoffish, I was like, 'you're no' gettin' to hug me, don't hug me' and I had a big problem then, like, being close to anybody at all, and, everybody's like that 'oh, boyfriends this and boyfriends that' an' was like that, really nothing, there was just nothing that interested me at all, like that an' I was like 'right, ok, I've got a big problem here'

Sam

This last comment illustrates how the feeling of being different is a difficulty for the individual and the need to conform to the peer group would be more acceptable. The inner conflict and self reflection was shown by young people talking about feelings of guilt, shame and anger.

I don't think I even discussed it with anybody ever. It was something in my head but it wasn't something I could announce out of me, it was something that, I wasn't really going to talk about very much until I could actually be open about it

Christine

I just think because in my own head I wasn't really sure about, I didn't identify myself, although I was like having sex and stuff and whatever, but I didn't identify myself as being gay or (laughs) this sounds really silly but I just couldn't imagine myself being a gay person, I just, you know, I just kind of pushed it off.

Ben

Many of the interviewees had experienced feeling of isolation and alienation, described by some as 'not fitting in' to the peer groups around them.

Completely isolated, yeah, totally, I felt as though I was the only one, I was so unhappy and then I was on the internet once, talking to some guy and he's like 'yeah, I'm bi' whatever, and I was like 'how old are you?' and he was like 'I'm 15' and I was like, 'so am I!' I was like 'oh', big smile on my face and a' that (laughs), so eh, that was eh, I actually completely felt isolated, it was like totally terrible now that I think about it

Bruce

Yeah, 'cause I couldn't sit down with a straight person, and if they start talking about straight relationships I'm going, uh? And they're the same if I talk to them about a gay relationship

Deek

Some of the young people described how they had heterosexual relationships to fit into the heterosexist norm and to hide their differentness. There were also examples of young people having heterosexual relationships as they believed they were preventing their close relatives from learning about their sexuality.

Well I denied it 100% to myself. I always thought I was going through a phase and then I thought I was just, I didn't think about it, I just ignored it, em, and I was quite upset about it, I didn't want to tell anybody, and I just thought it would be the case that other people would stop talking to me and stuff if they found out, so I just played straight, went out with girls and stuff,

Alan

'Cause some of my flat mates in 1st Year [of university] were quite, kinda like, they were just, they were like so straight an' that, so it's as if I was doing it [sex with men] just to kinda prove to myself, if you know what I mean, that, but it didn't really work 'cause I wasn't, like enjoying it but... but if I did that then my mum didn't get suspicious and stuff.

Lynn

One young man describes how he wanted to be attractive to women implying that he wanted to 'fix' his perceived problem and fit into the accepted norms.

Y'know, and I tried always, ehm, different things to try and make myself attractive to women

Stavro

Trying to conform to the perceived norms was seen as particularly important at school in attempting to prevent any discrimination.

I don't know, you always, you always worry that people will, you know, you kinda go against it and act differently to kinda cover it up an' make it even look as if you're, you're more likely not to be gay.

Carl

Aye, but I just totally, y'know, this, you can't, you cannae do this, you just have to, if you're going to fancy someone you have to fancy guys and, anyone finds out, [that she is attracted to women] then, y'know, you'd get bullied so much,

Lynn

The stage of wholeness and integrity was also described by some of the young people. They gained relief from being able to be open about their identity and there was definitely a sense of wellbeing once they had disclosed their sexuality. This was also taken a step further with some of the interviewees who had very positive attitudes towards their sexuality and acknowledged openly that they have a right to be different from the perceived norms and any difficulty lay with other people's attitudes.

The people, you know people kept on telling me it was a choice, people don't wake up and decide they're going to choose to be straight and it was only then that I started to realise that I didn't have a choice in the matter and that, you know, I can have a life and I can have a good life and I can be happy and the things that I had always wanted, I can get

Charles

I never really had a problem saying, it was just, I didnae, if they didnae accept it then that was their problem, it's no' mine, I just don't, it's up to them what they want to think, it's no' ma problem really ...I don't really have any issues myself with my sexuality, if people, if other people do that's their problem really.

Simon

Oh, pals they don't give a fuck, if you're sitting with them then ma bird's sitting there tae, then I'm gonna sit and have a cuddle I'm no' going to sit an' fucking, try to sit and please you, I'm sorry but it's my flat, d'you know what I mean? An' you know what to expect when you come in, so if you don't want to come in, then don't come in

Shona

3.1.2 Disclosure

- the majority of the sample had also disclosed their sexuality to another person, 97% women and 92% men
- one respondent disclosed their sexuality at the age of 10
- the majority disclosed their sexuality to another between the ages of 15-20 (66%)
- women were more likely to have disclosed their sexuality at an earlier age

- 51% of women had disclosed to another by the age of 16 and almost 90% by the age of 20
- men were older when they disclosed their sexuality to another
- women were more likely to have disclosed their sexuality to significant people than men: mother, father, brothers and sisters, friends, in further education, and flatmates
- men are least likely to tell their fathers out of their family members
- men disclosed their sexuality more often than women at school and to neighbours although these differences were not statistically significant
- women had told on average 6-7 of the people listed in the questionnaire (see table 3.1)
- men had told on average 4-5 people

Table 3.1: Frequency of disclosing sexuality to key people/groups

Person/group out to	Women		Men		
	n (n=37)	%	n (n=85)	%	
Mother	27	77	44	56	p<.05
Father	25	69	30	39	p<.005
Brothers and sisters	21	60	30	40	NS
Other family member	18	50	32	44	NS
Friends	31	86	51	66	p<.05
Anyone at school	21	58	52	65	NS
Anyone at FE	23	68	33	46	p<.05
GP/health professional	20	59	34	46	NS
Anyone at work	18	50	33	46	NS
Neighbours	10	29	30	41	NS
Flatmates	16	44	15	21	p<.05
Youth worker	8	22	12	16	NS
Other	2	7	8	18	NS

3.1.3 Family

Not all the interviewees had disclosed their sexuality to members of their family. For a small minority of those that had disclosed their sexuality the response of the family was very positive. Parents were concerned that their children be well and happy and were prepared to accept their lifestyle. However this was only described by young women, indicating possible perceived differences between the acceptability of same sex attraction between sons and daughters.

Well my dad was fine and he bought me the Pink, well gave me the Pink Paper and bought me Diva and stuff (laughs) you know?...And my mum, I think my mum knew 'cause she asked me (laughs) but em, but she like went mental a wee bit ...She's fine with me, she's really fine. She's got a wee shrine of me and [interviewee's partner] in the kitchen

Carol

I had mentioned something about the Polo Lounge to both my mum and dad, and my mum didn't realise anything about the Polo Lounge but my dad works in Glasgow and he's kind of clicked onto it but not said anything, and then it was maybe a week later or whatever I was saying to my mum 'I need to tell you something' eh, so she's all in a panic 'you're going to tell me you're pregnant or something' and I told her that I was gay and she's kinda, not that surprised. I didn't actually tell my dad, my mum told my dad and what my dad said to me was 'you know, you're still you and we still love you the way you are' or whatever so, em, and he says 'you definitely seem a lot happier than you've ever seemed before, so that's who you seem to be'

Debbie

Many interviewees spoke about the difficulties in making the decision to disclose their sexuality. Some of the young people were uncertain what the reaction of people close to them would be and frequently spoke about the need to have trust in an individual before disclosing their sexuality. Some of the young people spoke about mixed reactions from a parent or sibling, initially accepting but then, perhaps due to a process of adjustment, there was conflict or strain in the relationship.

first of all I told my sister and she was ok at first, well she said she was but, afterwards I don't think she could cope with it very well and I got a lot of nasty remarks made then

Zoe

A number of young people believed that whilst their parents were aware of their sexuality there was a silence around the issue. It was not spoken about openly or their parents believed it was a phase which would pass.

He [father] knows, he's spoken to my girlfriend and he knows that she's my girlfriend, but as far as he's concerned we're just good friends

Jo

Because my dad, my dad thinks I'm confused right now but I know what I am

Greg

It's ok, I mean, my mum and dad, don't like, they sort of know I'm gay or anything but I think they still expect me to get married and stuff when I grow up

Stavro

Two young people thought that their parents made assumptions about their behaviour and dangers they would be exposed to because of their sexuality.

I feel my mum says to people, 'oh, I'm worried about [name], I don't know what he's doing' and stuff but I said to her 'if you want to know anything, ask me', I'll be happier if my mum asks me than someone else asking me

Christopher

She [mother] was judgmental in that she was concerned about the sexual health issues and she just assumed that too and I was saying like, I was out with girls that I was out with boys, em, and they tended to be a bit older than me, I was in my late teens and they'd probably be in their early twenties and she was concerned that I was doing things that put my sexual health at risk. I was a bit annoyed that she just assumed that and that I didn't know, you know, the ins and outs of things and, the information that she had was kind of, old information and would have been from when the government were doing the big Aids campaign and things and she was a nurse and you know

John

This second young man was particularly disappointed because his mother was a nurse and at the time was training to be a social worker and he felt she should have been more accepting and also should have more up-to-date information regarding sexual health issues.

One young man explained how his step father's own experiences of childhood sexual abuse had influenced his views towards same sex attraction.

I used to like him [step father], I used to like him so much, he used to make me laugh all the time and then I started working for him, he owns a restaurant and I started working for him and he was treating me like rubbish and, it's like now he knows about, he knows about me, he's had suspicions right, but see when my pal comes in, he goes, he shouts things like 'oh another one up the stairs' and a' that, he does that and he really annoys me and I don't like him at all ...I don't think he means it as bullied, because my mum said not to say anything right, but em, his brother, they used to share a bed right, and his brother was trying to do stuff to him and I think that's why he's like 'oh look, there goes' whatever

Greg

Two young women spoke about how family members found it hard to accept their sexuality because of their religious views.

quite traumatic, coming out to, you know just being, trying to be honest with my mum, in particular, you know, she's quite religious, em, hit the roof, ... being a Catholic, I don't know, I think she... oh, very emotional, very sane, an', was in denial of it, you know, more than anything I think, because it was quite uncomfortable for her to deal with, but em, yeah, but eh, now I'm in a relationship I mean it's heterosexual, where it fits in nicely with what you know, she would like me to be, I think in a way, 'cause it's a guy I'm going out with, but em, you know, I dunno, difficult for her, definitely

Maria

Three of my foster sisters are very very Christian and I mean it wasn't anything that was an overt negative reaction, but definitely, you know, didn't talk to them about it and so that was, that was probably a little more frightening when I brought my girlfriend home from university and had to actually warn my sisters 'oh yes, I'm bringing my girlfriend home, she's not just a friend who's a girl, yes she's going to stay in my room' ... It was one of the, I mean it was one of those things that, you know when I specifically said what I said to [sister] was, you know 'does it bother you that I'm talking about my girlfriend?' and she kind of said 'well, no, not really' in a kind of a 'yeah' (laughs) kind of a way.

Nancy

A number of the young people had lived with homophobia as the accepted norm in their homes. This had very clearly a profound effect on their decision not to disclose their sexuality within the family.

Basically because throughout the whole of childhood em, and in any context that they've had to anybody that's gay, eh, bisexual, transgender, whatever, they've, it's been derogatory, it's not been very positive and they've always, you know, something stupid like Lily Savage comes on tv, they turn the tv over em, Julian Clary, they hated him, they detested the guy and they would, the things, when he came on tv they would say, it just put me off ever trying to tell them.

Interviewer: Do you think that's had an effect on you?

Em, it took me a long time to, not so much come to terms with the fact that I was gay, I've always known I was gay, but it was more, em, realising that it wasn't wrong, and realising it wasn't dirty because that was the concept that I had, that it was dirty old men, who changed boys into being gay and that's certainly not how I felt em, even though everybody round about me was telling me that, and I didn't have anybody to talk to about it, em, so it was a very personal thing and it's, one of the worst feelings, you know, your mum's sitting there and you're crying and you can't tell her what you're crying about em, because you're scared that she'll never speak to you again

Charles

she's [mother] always kind of one of these, em, good job, family, 2 children, nice car, nice house, kind of people, em, and I think she just, she and also she always, she never talks to anybody gay or gay things and she always laughs at gay jokes on the tv, there was this one film that was on, em, I can't remember the name of it, and they were really nasty to these two gay men and it was like an old film, so it was allowed, and em, and I felt dead uncomfortable and my mum was pissing herself, so, that definitely decided me and I decided not to tell her

Alan

My dad is eh, he's like, when that Section 28 thing was all in the news, you know, that poll they send everyone a letter an' that, well he said he wanted it to stay the way it is, so he's obviously, homo, homo, what is it? homophobic yeah? My mum, see I've got a friend, I went to school, is gay and he, she's always saying you know about him, you know, about him, you know, always speaking, doing stupid things with his life being gay and all this, so, so, saying things like that, d'you know what I mean, about him, I don't think she would be very pleased if I told her, I don't think she would support me or anything because she's like that, ... she wouldn't have any time for me if I told her

Lynn

This young woman had her sexuality disclosed to her parents by another person, felt that her parents would not accept her because of their views towards gay people.

Well, actually it's quite hard too, 'cause my mum and dad, they really hate gay people an' that means they hate me obviously, that can't be very good. They vote Conservative

Lynn

One young man believed that if he disclosed his sexuality to his family they would use it as a way to be verbally abusive to him and as his relationship with his father had been physically violent in the past he also believed that his father would become physically abusive towards him again. Only one other young person reported physical violence within the family because of her sexuality. In this instance she had disclosed her sexuality to her mother and asked her mother not to tell her father, who she lived with (her parents were separated). Her father was verbally abusive when he learned of her sexuality but became physically abusive on another occasion when other family friends had learnt of her sexuality. She describes how it changed the relationship with her father.

I says 'I can't believe what you've done' because he's the only guy in the world I trust, trust not to hit me an' when he did, an' then he's like that 'no' he says an' he started crying an' he's like 'put your bags down and come and talk to me' an' he's only ever cried twice, he cried when he lost his dad, an' he cried that day, an' he's like 'I love you' he says 'you're my daughter' an' he says, he says 'just please don't leave' he never apologised for doing it, he just says 'don't go' an' I'm just like, 'alright then' an' I just stayed but I never, we never really spoke, he just kinda stayed out of my way for a while, an' we never spoke about it again, but then, when he's drunk, on several occasions after that he'll just start shouting the same things an' I'll just leave

Sam

3.1.4 Friends

A clear theme in the accounts from interviewees of disclosing sexuality to friends was being able to disclose to friend they knew to be gay also. Young people explained how they believed this was 'safe' and less threatening especially when disclosing their sexuality for the first time.

Well fine 'cause fortunately he was gay too (laughs). That makes him safe ...it was a kinda, safe risk

Nancy

one of, one of my mates at college, she, she, em, she phoned me up one night and said she was a lesbian, so, em, I told her about 2, 2 months after then, because I still wasn't happy wi', wi' telling anyone

Carl

my other pal was actually a young boy who em, who had been my boyfriend before em, before I sort of realised, well you know, sorta, as I was realising that was when we split up and stuff but he was really, em, really close to me, so we were good pals and he actually came out to me, you know just, a matter of months before I came out so I told him as well em, and he was quite pleased about that, being one of the first to know and stuff like that

Tracey

Other young people described how they also chose very carefully who to tell amongst their friends. One young man knew that his friend was non-judgemental because he was a youth worker and had spoken to him in the past about young people at his youth club that he thought were gay and the best way to approach them to support them. Another young woman spoke about her relief when friends were accepting of her sexuality.

Because I only told my close clique of friends from school and there was maybe, like close close ones there was about 5 that were in my year at school and I started off by telling one and eh, because I was closest to her and eh she was absolutely fine, she was really proud of me that I came out and after that I told the others and we (laughs) actually made sure I had a couple of drinks before I told them because I wasn't sure what their reaction would be and eh, so we were in a nightclub and they (laughs) were more concerned about getting back out to have another drink or whatever so it was very good, they didn't care, they were really happy for me, that I was I happy

Karin

In some cases the young person's friend had an idea that their friend was gay before the individual had disclosed this.

My ex-boyfriend...He's brilliant, well he actually said to me, I was breaking up with him and he said, '[name], do you think you're gay?' and I was like 'aye'

Zoe

In all the experiences above friends were very supportive and positive towards the young persons' sexuality. This was not a universal experience.

A number of young people had lost friendships when they disclosed their sexuality.

There was a rumour going about me at school ... I was like really hurt by the reactions that some of my male friends were taking to it, because I used to have a lot of male friends and they were a' like, moving away from me and not wanting to speak to me a lot, so, I was quite unhappy about that but, I was glad that I still had my other girl friends

Greg

I didn't know anybody gay and my friends were quite homophobic, like my two closest friends, I don't talk to any more, em, due to coming out, not because, I can go into that if you want, basically one of them was bisexual and he didn't want to em, people to know, so eh, he was uncomfortable with me coming out and the other one was just homophobic, so I just had to kinda ditch them

Alan

one of my closest friends, two of them, and they sort of took it the wrong way and that and eh, and I fell out with them for over a year and then, it's alright now but it's just not the same and eh, they ehm, they just got me in an awful state

Lynn

Two young women had experienced difficulty with their friends reactions to their sexuality because of religious beliefs.

Two of my closest friends, em, one of whom is like a committed Christian, em, she, well first of all she told me that I wasn't gay, it was just a phase that I'm going through, I'm definitely gay, and whatever, em, and, I don't speak to her an awful lot, but, when I do speak to her, it's not mentioned at all, she's married, she'd talk about her husband or whatever, but she won't acknowledge my other half kinda thing, and my other friend, em, also recently married, eh, now has two children, em, and I don't know if it's just circumstantial, rather than they're not talking to me, because of my sexuality, em, but, we rarely talk anymore, so I suppose I feel I've lost a couple of friends through it

Debbie

This young woman also highlighted how her partner was invisible to her friends although they would have conversations about their heterosexual partners. Two young women spoke about how their friends were initially hostile to their sexuality but because they saw that the individual was openly identifying and happy with lesbian identity they became more accepting.

I think over the years though with me being open about it, and other people like, respecting me for it and me respecting myself for it, she's sort of ah, grown out of that attitude [being scared of her sexuality] em, I suppose it's still there somewhere, you know what I mean?

Tracey

This woman also described, along with another woman, how her friends were anxious that she would make sexual advances towards them once they learnt of her sexuality.

It is also apparent that having a positive role model has been very influential in helping young people in their identity formation. One young man described how his sister believed he was gay and arranged for a gay friend of hers to take him out for the day to allow her brother to discuss sexuality with him. He went on to say how this had been a 'big help'.

She was really actually, she was really clever about it 'cause eh, she, she invited me over to London, where she lives and ehm, she was like 'oh I don't feel well, go to the Millennium Dome with Graham', I was like, 'I don't even know him' but its sort of I think, and he was talking to me about things

Stavro

3.1.5 School

The influence of experiences at school can not be underestimated for young people. Many attitudes are formed during school years and any experience at school can have a lasting effect on an individual. Table 3.1 shows that 58% of women and 65% of men had disclosed their sexuality to someone at school, this could be other students or teachers. The response of teachers to the interviewees' sexuality when out at school were varied. One young woman described how she picked up on the teachers ideas about sexuality by their behaviour. She felt some teachers implied their disapproval of her sexuality by laughing with or agreeing with homophobic comments by students.

Not at all, most of the teachers didn't talk about it at all, and if they did it was usually laughing or, just like, agreeing with what kids, if they said something, that was bad about it

Carol

She felt that another teacher was trying to support her and assure her that being a lesbian was acceptable but could only do this through indirect means such as praising her work writing about her sexuality.

Like the example above communication about sexuality in school appears to rely on indirect means or messages. One young man appeared to be expressing a desire to disclose his sexuality but his actions implied uncertainty about the consequences. He was also left uncertain as to whether the teacher has picked up on his cues.

Em, I think, I think I kind of told my guidance teacher but not actually said to him 'listen I'm gay', I just, I was dropping hints all the time, so I think he knows.

Greg

Two young people described how their sexuality was disclosed by other students at school. In both cases the individuals appeared to cope well. One young man described how he thought it best not to respond to comments

Em, ok, I didn't really deny it, I didn't really get any abuse from it, I didn't deny it and I didn't confirm it, I just kinda let it go, let them think what they wanted to think, so...

John

Overwhelmingly the reason given by interviewees for not disclosing their sexuality to any one at school was the fear of being bullied. Some of the interviewees described how they would see teachers or other students at their school being bullied, abused or discriminated against because of their sexuality or assumed sexuality. The young people were in fear they would have similar experiences if others were aware of their sexuality.

Yeah, there was one, yeah, there was one gay guy, he was totally open, he was in like two years above me and he was constantly, he was open camp, he had like, wee fag hag friends and everything, but em, all the big guys that I hung out with, were like 'fuckin' wee poof' an' a' that, they were likely totally disgusted wi' it and a' that and like, people would shove in his face wi' pure 'you wee fuckin' faggot' and shit but like, the minute his back was turned it was like 'oh, bitch, bitch, bitch' exactly, so I was just like, nah, screw him, I'm not telling him anything

Bruce

It was quite a... not like a really strict school, it was just, like, you would get bullied a lot, for it, 'cause there was, there was a guy, whether he was gay or not, but, he was quite effeminate and he got, you could see him gettin' the shit kicked out of him, basically every day, you know, even if I knew then I wouldn't've come out

Rebecca

Aye, aye, it was mostly, it was about, well, there was one particular teacher and everyone says 'she's a lesbian' an' she's goin' out wi' her in Business Studies', em, so, just I suppose from that, you would never ever, because of the fear of getting the same treatment from your peers, that, these teachers, and it's different, it's different slagging off teachers, 'cause they're there an' they don't really know about it or they're tough skinned or whatever, but, em, to have your classmates say that to you, em, I don't think I could have coped with that

Debbie

Some of the young people were able to talk about particular teachers who they thought would have been supportive of them if they had disclosed their sexuality to them, but they often held back from doing so.

he [guidance teacher] was really supportive because my mum had passed away and he was really supportive against that and everything and I was finding it quite hard to study and stuff, but yeah he helped me out big time,

and I believe if I was to have come out, I actually wish I did now that I think about it, 'cause it probably would have made things a lot easier for myself, but nah, I didn't do it, I believe that if I did come out I would just tell, he would have been really supportive about it and like the whole confidential stuff and all that, but like he'd be here to talk to me and all that because I didn't actually get round to talking to anyone about it 'til I was like, 18 and that was, 4 years down the line

Bruce

One young man, who was at a residential school, explained how the staff were supportive of his and another student's sexuality and enabled them to attend gay events. He also went on to explain how a member of staff at the school would take issue with any students who were abusive about his sexuality.

They were supportin' us, if we wanted to go, there were eh, places together they didnae care we just walked and went somewhere and like, like say when there where a.. say like Pride or somethin' was on we wanted to go tae that an' got a lift up tae it and then when that finished a member of staff stayed with us, like if we walked in the march, they would walk with us. But not beside us, type thing, like bein' a bouncer [...] they would walk, like a wee bit behind, tae gie us privacy

Deek

3.1.6 Parenting

1 women and 3 men were parents

3 of these (1 women and 2 men) had access to their children at the time of the study

we do not know whether these individuals were full time parents to the children

of the remainder of the respondents, 23 (68%) women and 36 (44%) men wanted to be parents at some time

26 respondents were unsure

Given the high number of respondents that wished to be parents it was clearly important to young gay and lesbian people to have this option open to them like all young people. Two of the female interviewees had children, of which neither currently had access to their children. One was in the process of trying to get custody of her son back again. The other had experienced a bitter court battle with the son's father over custody of her son. The father currently had custody as he had highlighted the young woman's drug use and involvement in the sex industry as reasons why she should not have custody. Her sexuality had not been an issue during the court cases.

One young woman was in a relationship with a woman who had two children. She felt very much that she had co-parenting responsibilities for the children. Herself and her partner had told the children about their relationship and had wanted to do this before they had picked up homophobic language from other children at school. The woman and her partner were aware that the children may become a target for bullying if other children at their schools become

aware of their relationship. She was hopeful that the school would be understanding and support the children through an anti-bullying policy. She believed that being open with the children and showing how happy their mother was in the relationship would help the children accept their lifestyle and that of other gay or lesbian people.

the youngest one was kind've a bit baffled and saying 'it's usually boys and girls' em, but they have taken it on board and I think they're eh, well they're 9 and 6, so they're, I think we've managed to sort of speak to them before they've got to the age where em, sexuality is an issue, em, you know before, like, kids at school or whatever have started using inappropriate words for gay people and, em, so it's not been a problem at the moment, I don't know in the future, if they might get hassle at school, em, 'cause on the one hand you're wanting them to feel that they can discuss it openly but on the other hand you're not wanting them to go into school and em, leaving themselves open to abuse

Debbie

3.1.7 Coming Out and Identity Summary

- young LGB people have followed a clear process of identity formation
- disclosure is a key part of this process
- over 90% of young LGB people had disclosed their sexuality to another
- young lesbian and bisexual women were more likely to disclose their sexuality at a younger age than young gay and bisexual men
- young lesbian and bisexual women were more likely to have disclosed their sexuality to a higher number of people than young gay and bisexual men
- young lesbian and bisexual women were more likely to have disclosed their sexuality to parents and friends
- young LGB people risk changes to important relationships, both family and friends by disclosing their sexuality
- some young LGB people face homophobic attitudes at home and within the family preventing disclosure and openness
- a very small number of LGB young people experienced verbal or physical abuse within the family
- knowing other LGB people and having a positive role model are important in identity formation
- fear of being bullied at school was overwhelmingly a key reason for not disclosing sexuality

3.2: Health

3.2.1: Physical Activity

Physical activity for the purposes of the questionnaire was defined as activity lasting for more than 20 minutes, raising the heart rate and producing hard breathing. Examples were running, cycling, sport or dancing. Eighty percent of the respondents stated they did take some physical activity (79% men and 81% women).

- 10% did some physical activity every day
- over 40% of these engaging in such activity 3-4 times a week
- 31% carried out activity once a week
- 15% were active monthly or less
- these proportions were similar for men and women

However, 35.9% of men and 30% of women are doing little or no physical activity.

For the women in the sample this is consistent with Scottish figures for mainstream women in the same age group (Scottish Health Survey 1998), however, for young men, this is more than double the amount of mainstream groups of men in the same age group.

The percentage of those people in the study who meet the recommended amount of physical activity is considerably lower than mainstream young people in the same age range. In mainstream young people 54% of young men and 32% of young women meet the recommended amount whereas in this study only 10% of young men and 7.5% of young women met the recommended amount. Significantly the number of young people meeting this recommended requirement is one fifth of the same number of young people in the mainstream study.

Around half the group (53%) doing physical exercise visited a gym and it would appear that most young people were comfortable doing so as only three respondents (1 woman and 2 men) stated that they did not use a gym because of reasons connected with their sexuality.

Two interviewees described situations where they felt uncomfortable with group changing and exercise facilities.

if it was all women and, for some reason they found out that I was gay, I might, you know, 'cause then, they might, they might feel, 'she's looking at me' or whatever, so, whereas they would probably go to a mixed gym and not care if the men looked at them

Debbie

No (laughs), I did last year, but then up to then, no nothing, I refused to take PE in school as well.

Interviewer: Why was that?

I wouldn't get changed in front of other girls.

Interviewer: And do you think that was because of how you were beginning to realise you felt about girls?

Aye, I think so, I couldn't be comfortable around them, and everybody thought I had a problem, or something, because I wouldn't hug any of my pals, they were just like that 'oh, just leave her, she's just, it's just the way she is', an' everybody just seemed to accept that.

Sam

Most other comments about exercise were connected with finding the time and money to do it. Interviewees described the types of activity they preferred including circuit type training at home, hill walking, swimming, gym, martial arts and dance. Some said they would like to do more or had done more in the past but didn't seem to have the time. One young man described how once he started going out on the scene he had less money for the gym membership and so his exercise had lapsed.

Another young man described his experiences of using a city centre gym.

I sit in the steam room, these guys just come in and they're like, pure looking at me and all that and I'm like 'no' (laughs). Same goes for em, when I'm actually having a workout, they're just like, I don't know if I've got a big sign on my ass or something that says, 'yeah, I'm up for it', or something, but I just get these people that follow me and, I'll go down to the changing room to get changed and have a shower and they'll be there and I'll be like, honestly it's completely filled with trawlers, it's...eughh...

Bruce

Although he appeared in this statement to be uncomfortable with the situation he went on to say how he actually quite liked the attention and did not feel threatened in any way whilst at the gym.

One young woman described discrimination she had experienced at the gym she used.

To the gym, I used to work out twice a day and that was ridiculous and then, em, took up various different sports, I learned to swim, em, but it's quite isolating as well, it can be quite isolating and I find at the gym I've really went off it because I didn't, em, I find it quite homophobic in my gym em...

Interviewer: Do you?

Yeah, I put out, em, I was working on a short film and I was looking for actors and I said to them 'can I put out flyers?' and em, they said 'yeah' and then when they found out what the flyers were for, the flyers didn't go up, you know, it's very very, it's very very very under, it's down toned you know, it's played down but I can see that, not as many people talk to me now and I

haven't come out to them, I just, as far as they knew it was a short film for Glasgay! em but I don't know, they've obviously made their own assumptions.
Zoe

As a result of this and her perception of the changed atmosphere in the gym she was now visiting the gym less often, although she had taken the decision to change her exercise regime for unrelated reasons at around the same time also.

3.2.2: Smoking

Over half the sample had never smoked tobacco or only tried it once or twice (54%), with the remainder either being current smokers (35%) or ex-smokers (7%) (data missing for 3% of respondents). The pattern of smoking was quite different for men and women.

- 62% of young women were either current or ex-smokers whilst 37% of young men were either current or ex-smokers.
- 14% of women had never tried smoking whilst 40% of men had never tried smoking
- these differences were statistically significant ($\chi^2 = 19.461$, 4df, $p < .001$).

However, of the current smokers all the women were light (1-15 cigarettes per week) or medium (20-70 cigarettes per week) smokers but over 50% of the men were heavy smokers (80+, max 200 cigarettes per week). This clearly presents a picture that young women were more likely to be (or have been) smokers whilst the young men who did smoke, were likely to smoke much more heavily.

This contrasts with the number of males who were heavy smokers in the Scottish Health Survey 1998 who formed only 6% of the male population who smoked.

Amongst the interviewees, two young women felt that they smoked more when they were out on the scene, as being out in a bar or club and drinking alcohol made them more likely to smoke. One young man described how he started smoking at an early age whilst at a residential school, he described how he could 'get hold of' cigarettes and alcohol at the school and his smoking had reduced since leaving school as he could not afford to buy as many cigarettes.

3.2.3: Alcohol

Table 3.2 details the alcohol consumption of the sample.

- similar proportions of men and women did not drink alcohol
- there is a slight trend for women to drink more often than men
- women were drinking slightly more heavily than men
- the average (mean) number of units of alcohol for men was 13 units per week and for women 15 units per week (excluding one case of 130 units of alcohol per week which was the highest reported level of drinking by 50 units)

Table 3.2: Alcohol consumption reported by the sample

Frequency of drinking alcohol	Male		Female	
	n = 85	%	n = 37	%
never	9	11	4	11
less than once a month	9	11	1	3
more than once a month, less than weekly	22	26	7	20
1-2 days per week	30	36	11	31
3-5 days per week	10	12	10	27
6-7 days per week	4	5	2	6
unknown	1		2	

The latest advice from Health Promotion (England) states that if men regularly drink more than four units a day and women more than 3 units a day there is an increased risk to health (HEA and Alcohol Concern 2000). Calculating the weekly amount was done by multiplying the daily amount by seven. Few of the respondents reported drinking over the advised level of alcohol a week.

- 3 (12%) women who reported their drinking habits drank above the 21 recommended units (including the one case of 130 units per week),
- 5 (9%) men drank over the recommended 28 units per week.
- 10 of the respondents (3 women and 7 men) believed that their alcohol intake was problematic
- 3 of these (2 women and 1 man) believed that it was a result of their own or other people's feelings in relation to their sexuality.

Three of the interviewees spoke about problematic drinking. One 20 year old young man spoke about how he started drinking when aged 10, following an incident of self harm, whilst at a residential school. He had continued to drink periodically since that time and had sought help from a Glasgow based agency but was unsure if the service met his needs. He did not appear overly concerned about his drinking and explained how he had always put aside money for food before spending money on drink.

A young woman of 22 years described how she had started drinking at 17 because she liked the feeling of confidence alcohol gave her. This developed into problematic drinking and she had twice been to a rehabilitation unit in an attempt to stop drinking. As well as her perceived benefits of gaining confidence when drinking she was also aware of the problems it had caused. She had gained weight which had an adverse effect on her confidence levels and she had on occasions been violent towards her partner when under the influence of alcohol. This young woman described unhappiness because of the family problems which she believed contributed to her drinking.

Another young woman of 24 years explained how drinking alcohol was part of her teenage years as herself and her friends would hang about in parks or on the streets drinking. However it was when she started going out on the scene that her drinking increased. She also described how she used alcohol to cope when she was feeling very down.

Absolutely, it's the only escapism that I've still got left. It's just the only way you can cope.

Interviewer: So it provides you with an escape route then?

Aye, it helps you forget

Sam

Other interviewees also described how their drinking increased when they were feeling down or depressed, although not to levels that they were concerned about. One young man of 15 spoke about drinking when out in pubs in Glasgow.

Em, if I, if I drink in pubs I don't have more than one drink because I don't like to show my age, 'cause I do get dead dead giggly and act dead young, so, I always make sure I watch what I'm doing but if I like go out, if I'd to go on a night out I'd probably get drunk, but em, generally, I usually, I have a wee drink in the house with some friends but we don't get drunk or anything, so...

Greg

3.2.3: Drug use

Table 3.3 details the drug use reported by the sample. With all drugs except cannabis the majority of the sample who reported their drug use have not used the listed drugs at all. A high number of these questions were left unanswered (see column 6 table 3.3) so it can not be assumed that these drugs were not used by those respondents. Cannabis was by far the most widely used drug, with 48% of the respondents ever having used this drug. However, 59% of this group were occasional users.

More women than men had used the five most commonly used drugs except poppers which more men had used (see below). However, the only drug for which this difference was significant was cannabis, $p < .001$.

- cannabis, 77% women and 42% men
- poppers, 24% women and 37% men
- ecstasy, 31% women and 19% men
- speed, 22% women and 16% men
- cocaine, 13% women and 12 % men

None of the respondents received any of the drugs on prescription, suggesting that none were being treated for drug dependency. However, five of the respondents (2 women, 3 men) felt that their drug taking was a problem. These five people all reported multi-drug use on a varying basis of weekly to occasionally, with two using cannabis daily and one using speed on a daily basis. Three of this group also reported drinking 6-7 days per week. Only one of the group believed that their drug use was due to their own or other people's feelings in relation to their sexuality. Perceived problematic

drug use did not appear to be related to the self esteem score (see section 3.4).

Three of the interviewees described how they had started using 'recreational' drugs when out on the scene.

Yes, well it's a smaller, it's a smaller scene and you know people, more people in it and eh you know who it is that can get you, can get you drugs or whatever. So yes, it's more readily available since I've been out.

Interviewer: So what sort of drugs are we talking about then?

Ehm, well, I personally have taken speed uhm, which scared the hell out of me the first time I took it, I've taken it twice, ehm, and it got me very paranoid the first time I took it and that scared me. That's the only sort of drug that I've really taken and it's not major hardcore so, other than that I know things that are easily accessible uhm is ecstasy, acid, ehm, just your mainline sort of drugs that you'll find in any nightclub or any pub in Britain.

Interviewer: Recreational drugs?

Yeah, yeah, uhu, so those are the ones that I know you can get your hands on, obviously ehm, dope, hash, is very readily available as well, but, yeah, I mean I occasionally I smoke grass, but I hear that's going to be legalised soon (laughs). Ehm, so that now and again is fine, I don't have a problem with that, if it makes people more chilled out then good luck to them, I'll do it occasionally, but it's not something that I'll do a lot.

Karin

Interviewer: Ok. What about drugs out on the scene, have you been offered drugs or taken any drugs while you've been out on the gay scene?

Aye, I've been offered them, but I've no' got into anything heavy, 'cause I'm no' a drug person, em...

Interviewer: So have you kind of dabbled a bit then?

Aye, I've tried it, I've experimented when I was in England and, you know, but I've never, like had, like and addiction wi' it.

Donna

Table 3.3: Drug use of the respondents

Drug	Never taken		Daily use		Weekly use		Monthly use		Occasional use		Used to use		Missing		Ever used	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Cannabis	53	43	6	5	10	8	6	5	35	29	2	2	10	8	59	48
Amyl/butyl nitrate (poppers)	71	58	0	0	7	6	4	3	24	20	1	1	15	12	36	30
Ecstasy	84	69	1	1	7	6	2	2	14	12	1	1	13	11	25	21
Amphetamine (speed)	89	73	1	1	1	1	0	0	16	13	1	1	14	12	19	16
Cocaine	94	77	0	0	2	2	0	0	10	8	1	1	15	12	13	11
LSD	97	80	0	0	0	0	0	0	6	5	0	0	19	16	6	5
Heroin	102	84	0	0	0	0	0	0	2	2	0	0	18	15	2	2
Temazepam	101	83	0	0	0	0	0	0	1	1	0	0	20	17	1	1
Solvents	101	83	0	0	0	0	0	0	1	1	0	0	20	17	1	1
Crack cocaine	100	82	0	0	0	0	0	0	0	0	0	0	22	18	0	0
Anabolic steroids	103	83	0	0	0	0	0	0	0	0	0	0	19	16	0	0

Em, I think the scene, through, an' I've been to loads and loads of clubs, whether it's straight or gay, I think the scene's the easiest place to get drugs. Absolutely without a doubt.

Interviewer: And what kind of drugs are we talking about, then?

E and speed mainly, but years ago when I first came out, acid was a big thing, an' that was just available anywhere you went, any of the gay pubs, or dances, an' I didn't even know straight people that could get it an' it was just always there, an' you knew exactly where to go an' who to talk to, an' it was the same with E an' the speed.

Interviewer: So did you take...?

I took them all, an' it was just, it was just, it was always available, it was always parties, an' that was all it was, was just like, like the people that just drank an' they went home at 3 o'clock, an' you'd people that went to the parties and I think people, part of the reason, I think we took a lot more drugs 'cause you missed the parties if you don't, because you miss, I don't know, you can go and be drunk, but it's a different kinda feeling, an' you're gonna fall asleep after being drunk all night, but if you start taking drugs, you're going to be able to keep up with it, you still forget probably (laughs) the next day anyway, but, you're, I don't know, you felt like you were missing out on a lot if you didn't take them.

Interviewer: So particularly for the after the pub parties?

Aye ... You couldn't go on the middle stage in the dancin' unless you were on drugs (laughs), 'cause that was the people that took drugs, at the dancing, or under the air vent, an' drunk people just weren't allowed there

Sam

These last comments describe particular behaviour codes on the scene associated with drugs. If the individual was not taking drugs then the implication was that they would not have been accepted into a group or crowd in certain parts of the scene.

The questionnaire asked about the respondents' experience of the scene and if they felt under pressure when using the scene to take drugs alcohol or to smoke. Ninety-three respondents (78%) reported using the gay scene, 30 (83%) of men and 63 (76%) of women responding to this question reported using the scene. Of those who indicated using the scene 30 (61%) felt pressure to take alcohol, 20 (41%) to take drugs and 14 (30%) to smoke cigarettes. Reported pressure was similar for men and women. Twelve of these respondents who reported using the scene were aged 15-17.

3.2.4 Chat rooms

- 77 respondents said they used chat rooms on the internet
- slightly more men than women used chat rooms, 17 women (46%) and 50 men (59%)
- 61% of the respondents using chat rooms reported having less than seven hours sleep on some nights due to use of chat rooms
 - 19 respondents (29%) losing sleep less than one night a week
 - 15 (23%) losing sleep between one and three nights per week
 - four (6%) losing sleep between four and seven nights a week
 - 2 (3%) respondents having less than seven hours sleep on every night.
- there was a slight trend for men to have more affected sleep because of their use of chat rooms, than women.

Information from the interviewees shows the wide range of reasons that young people use the internet for and is likely to be similar for the respondents. Two young men explained how they used the internet to look for information about gay related services and were able to find answers to specific sexual health related questions.

I went to a search engine, and I just found Bi-G-Les so I thought I'd go along...I've used the Healthy Gay Scotland site, just to look up what kind of things you can pick up, eh, through gay sex and stuff, oh yeah, there was the information box, I was wondering what would happen, if I, like through oral sex, it was good 'cause I could find out what, what kind of diseases you could pick up.

Starvo

Steve Retson's website, I've accessed that to find out a few things when I was going for hepatitis jags, I wanted to know a bit more about it, and I looked up what hepatitis was, what it would do to you, em, what the procedure was, so I used that, so, that was quite good.

Charles

Two young men also explained that they liked using the internet because it was anonymous and in one case that his family would not find out he had been looking for gay related material.

if you're like gay and none of your friends know, and in yourself, I could see how you could feel really alone and maybe not feel as if you could come here, so the internet would be a good, it's a good way of having information, 'cause nobody can really know you've looked at the sites.

Carl

Another young man described how he was feeling isolated and alone because of his feelings about his sexuality and by chatting on the internet helped him hugely. This quote is repeated from the identity formation section but is good illustration of how young people value the internet as a form of communication.

Completely isolated, yeah, totally, I felt as though I was the only one, I was so unhappy and then I was on the internet once, talking to some guy and he's like 'yeah, I'm bi' whatever, and I was like 'how old are you?' and he was like 'I'm 15' and I was like, 'so am I!' I was like 'oh', big smile on my face and a' that (laughs), so eh, that was eh, I actually completely felt isolated, it was like totally terrible now that I think about it (laughs).

Bruce

Other people told how they had used the internet and chat for many hours but had become bored with it and had since only use the internet for a specific reason, which was probably a common experience. One young man had been in one gay chat room but found that he did not enjoy the 'chat'.

I've used the internet a few times, but, I've only ever used one gay chat room, but it was boring, so, all's they could talk about was Steps, as usual, an' couldnae stand that, so, that was enough for me.

Simon

3.2.5 Health Summary

- The majority of the sample took some physical exercise however those that do mostly fall below the recommended amount required
- Some specific examples of homophobia or behaviour by others at gym facilities related to their sexuality was reported
- More young lesbian and bisexual women smoked cigarettes than young gay and bisexual men, however young gay and bisexual men tended to smoke more heavily
- Alcohol consumption for most respondents was under the recommended levels
- Young lesbian and bisexual women tended to consume more alcohol and consume more frequently than young gay and bisexual men
- A small number of young people reported problematic drinking and few related this to their sexuality
- Levels of illicit drug use amongst young LGB people was low
- Cannabis was the most widely used drug
- Few related problematic drug use to their sexuality
- Some young people reported drugs were more readily available on the scene
- An significant proportion of the sample felt pressure on the scene to use alcohol, drugs or tobacco
- Young LGB people are familiar with the internet and chat rooms
- Use of chat rooms disturbed the sleep patterns of a substantial number of young LGB people
- Young LGB people value the internet as a form of communication and information

3.4: Sexual Health

3.4.1 Sexually transmitted infections and blood borne viruses

- one of the respondents reported their HIV status as positive, this was a 20 year old male from Glasgow.
- 41% of young males are unaware of their HIV status suggesting they are untested.
- one third of the sample reported being tested for Hepatitis A and B, with slightly more males (Hep A 27 (33%), Hep B 29 (35%)) being tested than females (Hep A 8 (22%), Hep B 9 (25%))
- 18 respondents (15%) had been diagnosed with a sexually transmitted infection (see table 3.4), 6 women (17%) and 12 men (15%).

Table 3.4: Incidence of sexually transmitted infections in the sample

Infection type		%
Gonorrhoea	3	3
Chlamydia	2	2
Syphilis	1	1
Bacterial vaginosis	1	1
Trichonosis	0	0
Non-specific urethritis	4	3
Other	9	7

Forty eight percent of women had received a smear test. Three interviewees stated they had no need for smear test because they either didn't have heterosexual sex or classed themselves as virgins.

There was a high level of awareness of checking for any abnormalities connected with sexual health. Ninety two percent of women checked their breasts for abnormalities, 27% did this regularly. Two of the interviewees reported how their female partners had a better knowledge of their breasts and relied on them to inform them of any abnormality. Eight five percent of men checked their testicles for abnormalities, 26% did this regularly.

3.4.2 Safer sex

Respondents were asked about some of their sexual practices to ascertain their practice of barrier protection when having sex. Penetrative sex was defined as sex that involves the penetration of a women's vagina or a person's anus with a man's penis, someone's fingers or a sex toy. Oral sex was defined as sex involving a person's mouth in contact with genitals or bum. Barrier protection was defined as using a condom or femidom.

- 29 women (81%) and 64 men (77%) practised penetrative sex
- 17 women (57%) and 51 men (80%) used barrier protection for penetrative sex ($p < .05$)
- 30 women (86%) and 74 men (89%) practised oral sex
- 6 women (19%) and 10 men (14%) used barrier protection for oral sex

Unfortunately because of a discrepancy between the paper and internet versions of the questionnaire it was not possible to examine if use of barrier protection altered depending upon type of partner, i.e. long term partner versus casual partner.

Attitudes towards safer sex varied amongst the interviewees. Some reported that as they had a regular partner who they knew well there was no need to practise safer sex. Others also stated that they only had sex with another once they knew them well enough to make decisions about whether to practise safer sex or not. One young man stated that sexual health was not a concern as he was not intending to have sex until he was older but went on to describe how he had got 'physical' with another man on one occasion. Three women said how they had no need to practise safer sex because the risks associated with lesbian sex were minimal. One of these women was very forceful in her views.

No, you don't need to practice safe sex an' I'm going to tell you, you're a pure hypocritical here, because you don't, you're no' catch fuck all from a woman.
Shona

No, because, basically I think that having sex with a woman is safe enough, I know that's probably, some people would suggest that's not true but...
Nancy

Yeah, because, you do tend to think ok, because of Aids, you do think of condoms, not just because it's pregnancy or whatever, but, with women, you just tend to think, because you can't get pregnant, it just doesn't seem to be in the general consciousness that you could get anything from them because it is quite low risk, people think it's no risk and that's not true, but em, because you can get condoms for free, I've just always used that thing, where you can just basically cut them up and use them like that and not gone out and bought dental dams, but em, that's where I got the information from and then obviously on the other side you get lots of information on safe sex, but em, I think for women, it's quite difficult, because I mean I'd found this Library through a counselling service at the old em, Women's Centre for Health
Christine

The comment above described the difficulties of finding information about safer sex. One young woman was not aware of any safer sex practices for sex between two women. Two young men described how their information came from peers once they started mixing on the scene.

Em, I don't actually know anything about safe sex or anything, I'd say it was just more generally from the scene type of thing. Remember I was telling you the day I came here, I didn't know what it was, that was also the day I met my best friend [name], that was em his first day out ever at anything gay and 'cause it was his first time and my first time 'maybe we should, like stick together' and we have ever since that day, and he actually knows tons more about the scene and being gay compared to what I did, and he's two years younger than me, so he actually, he's the one that told me all about gay, like

safe gay sex or anything, 'cause I didn't, even still I hadn't had sex with a guy or anything like that, so yeah, that was it, and there was a more common knowledge thing as well and, I suppose, yeah coming to the group and everything, yeah.

Bruce

Em, it's not been because em, as I say when I first came out, the person that I kinda came out to was really good to me and stuff and was like, from the start, all the boring stuff that you go on about at Bi-G-Les about safe sex, he absolutely drummed it into me and I think he'd lost a few friends to AIDS and stuff and he was just like, aye, you got to, this is what you've got to do and this is how you've got to do it and you can't change your rules on how you do it, so I don't have any concerns.

Ben

Both of these men had also obtained information about safer sex from participating in a gay youth group. It was apparent that some young people were able to decide not to have sex if they were unhappy with a prospective partner's practises.

but once I was wi' somebody, an' I felt pressured into it, an' I just, I just says 'I'm goin' hame' an' I went hame, because, I wasnae sure if they were gonna use protection, so I just went hame.

Simon

However, it was also apparent that other young people who have awareness about safer sex have difficulty putting it into practice.

yeah, I just, no, I'm really stupid in that way, I just keep forgetting to use a condom. Och, I don't forget, I trust people too easily, I think... in fact I'm really stupid in that way, I should really eh, start using condoms, it's still quite stupid, yeah I know I'm really stupid but...

Stavro

3.4.3 Selling sex

Twelve (9%) of the questionnaire respondents, 2 women (6%) and 10 men (12%) had exchanged sex for some sort of payment. This could have been money, drink, food, drugs, consumer goods or a bed/roof for a night. These experiences were likely to be varied as those described by the interviewees who had exchanged money or other things for sex.

Two women described how they had sex with another person to get a bed for the night.

No (laughs) that's a kind of weird question. I suppose I've stayed at, I've had sex with people so I could stay at their house for the night... when I was younger and I never told my mum and dad where I was going, just saying I was staying at a friends and I had nowhere to crash, I had to just pick a random woman and...

Carol

I didn't have a place to stay one night and went home with someone and then proceeded to have sex with them, but that wasn't the deal when we left. Does that count?...So I don't know if that counts, but it seemed like a fair trade at the time.

Debbie

The second women said she had felt pressurised into having sex and although she enjoyed it she didn't feel like she was in a position to say no to the other person. Three other people had exchange sex for money.

One young man described how he had worked as a rent boy between the ages of 12-17, the main reason to get money for alcohol and for someone to buy it for him. Once he was old enough to go out drinking he had less need to sell sex.

I think it was because I was wanting money for drink, type thing, get the money, get someone to go for it, but when I just hit 16 I could have just gone into Austins the old Austins up in Hope Street and then, I would get served in there no problem.

Deek

One women told of how she started selling sex almost by accident, but was drawn in to continuing because of the amount of money she was making.

Stumbled on it, I was visiting a man in a gay bar, ...in the Gorbals, I walked over the bridge an' then ... an' this car stopped 'are you workin?' I says 'aye', I wisnae, I didn't know what he was talking about, an' then I said aye I was working, and he took me away up, he took me a run an' he went on it an' he gave me £60 for oral an' I thought 'oh, making easy money', I just went down every so often after that...an' I ended up with a' this money an' I didn't know what to dae wi' it.

Shona

This young women used a drop-in service for women working in the sex industry which provides health and legal advice, condoms and has a needle exchange. On the whole she found this service supportive.

3.4.4 Sexual Health Summary

- the incidence of diagnosed HIV, Hepatitis and STIs amongst the sample was low
- Of those who have penetrative sex, there is a significant proportion of young men (20%) and young women (43%) who do not use barrier protection.
- young people had a high awareness of self examination
- young gay and bisexual men were more likely to use barrier protection for penetrative sex than young lesbian and bisexual women
- young LGB people had low use of barrier protection for oral sex
- information about safer sex was learnt from the internet (see section 3.2.4), services, peers and the scene
- some young LGB people had gaps in their knowledge about safer sex and some had difficulty putting knowledge into practice
- some young people had experienced selling sex for money or were aware of exchanging sex for something e.g. a bed for the night

3.4: Mental Health

3.4.1: Self Esteem

The range of self esteem scores in the sample was 9-37. The mean score was 26, with an even distribution, as the median score was also 26. Table 3.5 details the self esteem scores grouped into low, medium and high, comparing men and women. As can be seen similar self esteem scores were reported by men and woman. Few of the sample had self esteem scores came into the low self esteem category. There was no clear relationship between self esteem score and the Carstairs deprivation category, with those people reporting low self esteem being represented in all districts.

Table 3.5 Self esteem scores from the modified scale developed by Scottish Council for Research in Education

Self Esteem Score	Men		Women	
	(n=85)	%	(n=37)	%
Low (9-18)	6	7	5	14
Medium (19-27)	41	48	18	49
High (28-37)	30	35	13	35
unknown	8	9	1	3
Total	85		37	

3.5.2: Depression

- the average (mean) score on the depression rating scale was 20
- similar average (mean) scores were reported for men and women
- 15 (41%) women and 26 (31%) men scored 21 or above which indicated a possible current depressive episode.
- this difference between men and women was not statistically significant
- In a study of mainstream similarly aged young people (Twenty-07 Study Youth Cohort) carried in 1992 by MRC (West and Sweeting), 6.2 % of females and 4.2 % of males scored similarly. This indicates that rates of possible depression are almost seven times higher in LGB young women and eight times higher in LGB young men.
- 16 women (43%) and 17 men (20%) reported ever having been diagnosed with depression
- this difference between men and women was significant ($p < .05$)
- possible cases of depression as shown by the depression scores were correlated significantly with a low self esteem score
- of the 11 respondents who scored a low self esteem score 10 of them scored 21 or above on the depression score ($p < .001$)
- 86% of the sample reported feeling stressed or anxious, 35 (95%) women and 69 (82%) men
- half of those who had felt stressed or anxious attributed this to their sexuality
- In the 1992 study of mainstream young people (West and Sweeting) 34% of young men and 46% of young women had felt stressed or anxious.

- This indicates LGB young people are 2-3 times more likely to feel stressed and anxious compared to mainstream young people.

Eleven of the interviewees had been either diagnosed or treated, with medication or psychological treatments, for mental health problems at some point. In all of these cases except one they were treated for depression. One young woman who had been admitted to hospital, had been diagnosed with manic depression and was the only participant with experience of a psychotic illness.

One other young woman had been admitted to hospital for 5 months because of the severity of the depression. She had been treated with anti-depressants for a while but felt that they had not helped her, until she was prescribed Prozac and this she felt was beneficial. She felt that the depression she experienced was partly due to her childhood experiences of sexual abuse but also because at the point she was in hospital she was confused about her sexuality and had not identified with a particular label.

Other interviewees described how their feelings about their sexuality were a contributing factor to their depression but often other factors also had influence on their mental health. One young woman described how numerous changes were happening in her life at the same time.

I was ehm, I was depressed, that was the eh, the sort of diagnosis I was given, I had been depressed for probably about a year before that, but, without knowing it, when I was at school and then when I went to university it was such a change in my life because so many things had just sort of happened one after the other. I came out, and then I found this great social life and eh moved out of home to go university, started university, everything just piled on top of me and I was quite unwell through the depression which then sort of led to anxiety but I'm better now, so that's why I'm going back to Uni, looking forward to it.

Karin

Two young people told of the difficulties they had to tackle at a young age within their families and how these contributed to their experience of depression.

Well just em, just when I was growing up, like alcoholism, well my mum, well mostly my mum had problems, she was an alcoholic, and then, em, I did love her an', obviously, she was a good mum, but it just, my dad worked away a lot as well, and he wasn't very supportive of my mum, and he wasn't very supportive of me, and she drank a lot, so that caused a lot of problems and then, and she became ill, she got cancer, and I looked after my mum an' that, I left school to look after my mum.

Carl

I was just really, really unhappy at the time, my mum and dad were going through a bad patch, my dad was basically working constantly, he works abroad sometimes, and he was working away all the time and my mum was

sorta, was drinking a bit too much an' I was having to put her to bed at night and then having to get up for school the next day, and I was just thoroughly unhappy kinda thing, you know.

Rebecca (this woman did receive treatment for depression)

One young woman believed that not receiving support from her family had been a contributing factor to her depression.

What my family's put through, what I've been through in my life and what [my partner's] putting me through and... that what's depressed me.

Interviewer: So do you think part of it is to do with your sexuality then, the depression, some of the stuff that you've been through with your family you said?

With my family, yeah. If I, if I was straight and my, my family knew that, they'd be happy with me, they'd still be talking to me, but, I'm happy the way I am, I'm happy being a lesbian, and I'm really happy this way.

Leanne

Another young woman described it was her disability, not her sexuality that was the main factor contributing to depression

I think my sexuality was a reasonably easy thing to deal with em, I think that the stuff with my knee, em, because it had been going on for a long time, they were, they knew what it was, but they couldn't tell us how long it was going to last, they didn't know why it was as bad as it was, they couldn't do anything for us, em, so I was feeling incredibly frustrated because I used to like going out, playing football and run around and stuff, em, so I was incredibly frustrated that I couldn't do that.

Jo

Two of the interviewees were reluctant to take medication. One woman who had been admitted to hospital did not want to be reliant on medication as she felt it would limit her career choices if prospective employees found out she had taken anti-depressants. Another described how she would prefer to be able to control or influence her behaviour rather than depend upon tablets, and that recognising when she felt depressed was key to being able to do something about it.

You just, your thoughts just get clouded wi' darkness, kinda thing, you know, you start to feel negative about things em, and it's just a matter, you know, it gets you down, it gets you down, it gets you down deeper, you know, but it's just a matter of like, if you can say to yourself, you know, just take a wee step back and look, and say 'ok, don't do this' d'you know what I mean, don't get yourself into all this, you know what I mean, just you know, don't think so bad about, control it, kinda thing.

Tracey

One young woman explained how the attitude of a counsellor changed once she disclosed her sexuality.

I remember going for a specific kind of counselling and once I told my story to the counsellor afterwards she said 'well I can't help you but why don't you go upstairs, there's lesbian counsellor up there' I said 'but my problem's aren't actually relating to do with anything with lesbians', but she was so uncomfortable with that she didn't want to deal with it, she said 'why don't you go up there because those people are like you'.

Christine

Some of the interviewees described episodes when they have been down, upset or experienced low mood but had not identified this as depression or had not sought treatment. One young man did not think he needed professional help but dealt with his feelings his own way.

I don't think that I needed any help, professionally, but I could see that if my character wasn't as strong, that I would have needed perhaps some help, because there's people who I know on the scene who wouldn't maybe have dealt with it the same way I dealt with it, 'cause it did take a lot and it did take a few nights getting totally drunk and forgetting about it.

Charles

Another young man explained that contact with a gay youth group had helped overcome his experience of depression

Before I came out I was really depressed, I don't know where I'd be if I didn't find Bi-G-Les, if I hadn't, I wouldn't know where I was at all, or, faced the scene at all.

Alan

One young man described his feelings of isolation and how that made him feel depressed.

I think maybe, because, like, I don't know anybody around my area that's like me, that's like, I can, associate wi', an' everybody around me are either fightin', takin' drugs or drinkin', an' that's, that's like the three only things, 'cause it's a like a rough area, they're always fightin' an' stuff, so there's naebody really I know in around that area, to be, that's why I like, I usually sit in and I get depressed.

Simon

3.5.3: Self harm and suicide

- 24 men (29%) and 24 women (65%) had self harmed
- this higher proportion of women was statistically significant ($p < .001$).
- 58% of those reporting self harm attributed this to their sexuality
- low self esteem score was positively correlated to self harm
- 9 of the 11 respondents with a low self esteem score had self harmed ($p < .05$)

- Although there is little statistical information available around levels of self harm, one Australian study (Association for Professionals in Services for Adolescents) revealed that 5.1% of teenagers had self harmed. In Armando Farvazza's survey of 500 American university students, 1 out of 8 (12%) said they had deliberately self harmed at least once in their life. He estimates approx 1400 out of every 100000 Americans self harm every year. (Marilee Strong, [A Bright Red Scream: self mutilation and the language of pain](#). London: Virago Press. 2000) 1 in 600 people in Britain self harm to the point of needing hospital treatment every year. (D. Tantum and J. Whittaker, 'Personality Disorder and Self-Wounding', British Journal of Psychiatry 161 (1992), pp.451-64)
This could suggest that LGB young people are between five and eleven times more at risk of self harming than mainstream groups of young people.
- the majority of the sample reported having thoughts of suicide at some time, 43 men (50%) and 29 women (80%)
- this difference between men and woman was significant ($p < .005$)
- In mainstream young people in the 1992 Twenty-07 Study Youth Cohort (West and Sweeting) 8.8% of the sample had thoughts of suicide. This suggests that suicidal ideation is eight times higher in LGB young women and six times higher in LGB young men
- Of those reporting suicidal thoughts, 12 women (32%) and 16 men (19%) have made an attempt at suicide. This compares with 3% in the mainstream study suggesting that LGB young people are between six to eleven times more likely to attempt suicide than mainstream groupings.
- 23 of those respondents (65.% of young men and 46% of young women) who have had suicidal thoughts felt that is was in some way due to their own or other people's feeling in relation to their sexuality
- a trend is seen in relation to self esteem and suicidal thoughts
- 9 of the 11 respondents with a low self esteem score report suicidal thoughts and more respondents with a medium self esteem score report suicidal thoughts than those with a high self esteem score, although the correlation just missed statistical significance.

Some of the interviewees reported incidences of self harm or attempted suicide. One young woman described how she had cut herself during an episode of depression, and this was a 'self relief' from the symptoms. She had also cut herself more recently after recovering from the episode of depression but whilst feeling anxious.

Yeah, I've done it more recently as well when I was having a hard time with my partner at the time, it's not my current partner. But I was very anxious, as I said, I suffer from anxiety and I was very anxious and she was more concerned about, you know other things that were going on, she didn't care about about the fact that I was feeling very shitty and I took a blade to myself to make myself feel better. And it helps for like two seconds and then it doesn't.

Karin

This woman also told how difficult it is for other people to understand self harm

Uh I didn't want to tell my partner, but I did, just cause I thought you know she should know and she completely freaked out, like I said, she doesn't understand (pause) and ehm, no, she, wanted me out of the house actually and then she sort of came to her senses and you know apologised.

Karin

One young man described severe self harm by burning himself with cigarettes and on one occasion sticking a knife right through his hand. He believes this behaviour is related to childhood rape and he was currently attending a specialist gay men's counselling service to try and deal with the associated difficulties.

One young women described how she would purposefully put herself into dangerous situations as she didn't care if she came to any harm.

I put myself into danger all the time, 'cause, I kept sleeping like, down at the river, in the hope that somebody would come along an' like kill me or something, and, I can't even think, I done something, I used to hit myself all the time, but (pause) I was always too weak to go through with it

Sam

She went on to say that now she had a lot of people around her that she cared about she no longer wanted to die.

3.5.4: Eating Disorders

The respondents were asked if they thought they ate healthily, which was specified as, eating a variety of foods including fruit and vegetables.

- 29 (80%) women and 56 (68%) men believed they did eat healthily
- just over half the women, 19 (53%), believed they had a problem with eating, less than one third of men, 24 (29%), had experienced some problems
- this difference between men and women was statistically significant ($p < .05$).
- Of those who reported eating problems, men and women reported similar types of difficulties with eating;
 - 27 (63%) had binged
 - 16 (37%) had constantly overeaten
 - 16 (37%) had purposefully vomited after eating
 - 23 (53%) had starved themselves
- 13 of the 43 (31%) who had experienced eating difficulties, felt it was in some way due to their own or other people's feeling in relation to their sexuality (7 women and 6 men)

A small number of interviewees described experiences of eating difficulties and this was commonly associated with a period of depression, low mood or

other life difficulty. Three of these were young women who identified their difficulty as an eating disorder. One young man described how when he was having difficulty with a relationship he found that he couldn't eat and was vomiting. He lost four stone in weight and took steps to conceal this from others.

It was, its was em, I can't describe the feeling, I was feeling sore inside and it was like, I didn't know what it was and I felt that if I ate I was going to throw it up, so I didn't bother eating. And it was like, I was always full, I couldn't feel like eating, so...

Interviewer: Did you never talk to anybody about that?

No I was always like wearing extra t-shirts underneath my shirt when I went to school and a' that so that I'd look the same.

Greg

3.5.5 Mental Health Summary

- a small minority of the respondents scored low on the self esteem measure
- prevalence of depressive symptoms in the sample was women 41% and men 31%
- the average (mean) score for the sample was one point below the cut off for depressive episode
- young lesbian and bisexual women were more likely than young gay and bisexual men to have been diagnosed with depression
- low self esteem was correlated with depressive symptoms
- the vast majority of the sample have felt stressed or anxious
- half of these young people attributed this to their sexuality
- some of the interviewees related depression to issues other than their sexuality
- young lesbian and bisexual women were much more likely to have self harmed than young gay and bisexual men
- more than half of those who had self harmed attributed this to their sexuality
- low self esteem is correlated to self harm
- young lesbian and bisexual women were more likely to have had thoughts of suicide than young gay and bisexual men
- More women than men believed they had a healthy diet
- Almost half of young lesbian women and one third of young gay men report problematic eating habits.
- Women more significantly were more likely to report problematic eating
- One third of those with problematic eating attributed it to their sexuality
- Some young people related problematic eating to a period of low mood or a life difficulty

3. 5 Discrimination

3.5.1 Types of discrimination

Table 3.6: Discrimination experienced by the sample

Type of discrimination	Women		Men	
	(n = 37)	%	(n = 85)	%
Name calling directed at you	25	68	66	78
Threatened with physical violence	13	35	35	41
Personal property damaged or destroyed	7	19	11	13
Objects thrown at you	9	24	23	27
Chased or followed	7	19	28	33
Spat at	6	16	13	15
Been left out or ignored deliberately	13	35	33	39
Punched, hit, kicked or beaten	8	22	18	21
Assaulted or wounded with a weapon	3	8	7	8
Sexually assaulted	4	11	6	7
Sexually harassed (without assault)	8	22	15	18
Raped	2	5	4	5
Harassed by the police without assault	2	5	6	7
Beaten or assaulted by the police	0	0	4	5
Other kind of discrimination	3	8	5	6
Never experienced any of the above	9	24	16	19

Table 3.6 shows the types of discrimination reported by the respondents when asked if they had experienced any of those listed because someone knew or presumed the respondent to be gay, lesbian or bisexual. As is shown a wide range of discrimination has been experienced and the levels are very similar for men and women. One fifth of the sample report not having experienced any discrimination.

The most commonly experienced discrimination is name calling with around three quarters of the sample having experienced this at some point. The experiences were similar to those of the interviewees who reported being shouted at in the street, for example,

More verbal abuse than anything, you know, just get it down the street, holding hands, you get grief from people, neds walking down... you know that was very common and in our home town, that was, you know even more so. Small town and people are even less open to those kind of things and more ready [to] vilify it, so, yeah, not violence as such, but violent verbal abuse, definitely, and that was on quite a regular basis (laughs), yeah

Maria

Em, there's been a few times when I've been holding my girlfriend's hand, walking down the street and then somebody's like, a gang, said something like 'effing lesbians' or, em, things like that, but there's never been anything more stronger than that.

Jo

I just basically stand outside a club, people shouting and bawling, people making comments that they don't really realise that they're making comments in the company of somebody that's gay, 'look at that poof', you know, but it's nothing to them, but it's something to you if you're gay

Charles

Over a third of the sample had been threatened with physical violence or deliberately ignored or left out. Around one quarter of the sample had objects thrown at them or been chased or followed. Around one fifth had been punched, hit, kicked, beaten or been sexually harassed.

As these figures suggest most individuals have experience of more than one type of discrimination. Sixty four percent of the sample had experienced 2 or more types of discrimination, with 29% experiencing 5 or more types of discrimination. Five individuals reported very high levels of discrimination with 10 or more types experienced.

Table 3.7: Locations of harassment or violence

Location	Women		Men	
	(n = 37)	%	(n = 85)	%
School	15	41	48	57
Youth club	1	3	7	8
College	5	14	6	7
University	4	11	4	5
Health Services	1	3	1	1
Workplace	4	11	7	8
Church/place of worship	6	16	6	7
In the street	14	38	43	51
Pubs/clubs/restaurant/hotel	6	16	17	20
The gay scene	5	14	4	5
Shops	4	11	11	13
Employment services	1	3	2	2
Housing provider	1	3	0	0
Home	5	14	6	7
Leisure/sports facilities	3	8	4	5
Cruising area	0	0	5	6
By email or text message	6	16	18	21
Other	2	5	1	1
Never experienced harassment /violence	9	24	19	22

The respondents were asked if they had experienced harassment or violence because of their sexuality in a number of locations (see table 3.7). Overall there were no important differences between men or women on the location of harassment or violence. By far most harassment or violence was experienced either at school (41% women, 57% men) or in the street (38% women, 51% men).

3.5 2 Discrimination at school

- 57% of the respondents stated that the school they either currently attended or had attended had an anti-bullying policy
- only six were aware that the policy specifically included young people who were gay, lesbian or bisexual
- 20% did not know if their school had an anti-bullying policy
- 86% believed their school had not seemed/did not seem a welcoming place for young LGB people or were unsure whether it was
- only two women and nine men had a more positive attitude towards their school and believed it was a place welcoming to LGB people
- few of the sample, 2 women and 5 men, knew that their school provided information or support to young LGB people
- 17% of the respondents were unsure whether the school provided information or support
- Of those seven that had information or support at school, 2 rated it as excellent, 3 as adequate, 1 as poor and 1 as very poor
- 45% (47% women and 44% men) believed that their academic performance at school or further education was affected by feelings associated by themselves or others to their sexuality

The interviewees had described their fear of bullying (see section 3.1.5). One young woman described how she left school early and did not complete all the examinations she had intended to. A contributing factor to this was the behaviour of one of her teachers towards another gay student

I ended up leaving em, in the middle of 5th year, because my teacher was really horrible ... he was picking on this guy that was like obviously gay.

Leanne

One young man described an example of very severe bullying at school. He received abuse from other students from the same ethnic background who believed that him being gay was particularly disgraceful because of his ethnic origin.

I do get quite a lot of name calling and stuff, especially the Asians actually, they've been coming up, eh, 'disgrace to your community'

Stavro

He described how if he was abused by pupils because of his ethnic origin the teachers acted on this but ignored any abuse directed at his sexuality.

Interviewer: What about teachers, do they intervene when people are name calling and things like that?

No, no, I can get called a poof or anything and the teachers won't do anything, but if I'm called, like a Paki or something, they will do something obviously.

Interviewer: They'll respond to that, but not to the fact that you've been called a poof.

A poof, no, they won't really, they won't do anything, they just stay quiet, which is, pretty appalling.

Stavro

The physical abuse by students towards this young man led to him staying away from school. He also felt that the teachers were not willing to address the reasons for the bullying and advised him to ignore it.

Yeah, but I started going a lot less, actually, I started taking a lot of days off, 'cause actually, yeah, 'cause there was like, a lot of, especially the Asians, they used to like hit me when I would go through the corridor...

...Interviewer: Did you talk to any of the teachers about it?

Well I tried once or twice, but they'd just say, 'well don't aggravate the situation and it'll be ok' and things, so I just didn't bother.

Stavro

Similarly another young man explained that when another student at his school was being bullied because of his sexuality the teachers did not acknowledge this was the reason.

He was getting support from, because he was being bullied, but it wasn't why he was being bullied, he used to say that, he'd, obviously go to the guidance teacher, and, it was never why he was being bullied, they knew why he was being bullied but that was never... the subject was never broached, he was just, it was obviously, the bullying did stop eventually but they never did say 'well why are you being bullied?', you know, but they obviously knew.

Rebecca

In one case teachers had not been able to support a young man when he approached them for help with a personal difficulty.

No, I had em, I had one problem at school, in my high school em, and I went to see my guidance teacher about it and there was another guidance teacher in the room, and I didn't want him to be there, but, in, you know, my guidance teacher said 'well, he's work to do and blah blah blah, he'll be there, and he'll not interrupt' and he kept interrupting what I was saying, and I just felt that I couldn't tell the guidance teacher exactly what was going on and even if I'd had of done, she wasn't the kind of person that would have been able to have given me the support that, they were always too busy, and, they were, em,

more involved in academic achievement, rather than personal problems, well that's how it came across anyway.

John

Young people clearly expressed a need for more information about sexuality to be available in schools. They did not simply want information about different sexualities but want to challenge the whole heterosexist approach to teaching and learning in schools.

it would have been good for the attitude of people as well, and it would've been good to sort of, at that age get you into the mindset, rather than when you were older, having to rearrange your mind like a lot of people and going 'oh no, but it is ok', it would be so much easier if, from when you were quite small, you can understand that, no you don't always have to have a guy and girl pairing off, you know, it, it is ok and it is culturally ok as well and it isn't just the sex thing, it's, it's there's a lot of prejudice and misconceptions that you could really get rid of at that age, I think that it's quite difficult, 'cause you've got so much else to sort out, that, this isn't really another thing that you need the hassle with.

Christine

I think that would have helped, em, because at school, that I think there is such a lack of education about it, you do end up with people being homophobic, basically because they're ignorant, they don't have an understanding of what it's about and that it, a lot of people think it's a choice and you choose to be that way, so you could actually be straight if you wanted to be, but you're choosing to be gay, em, and that, is you know, never the way, and I would always, I would always say, you know, if I could have been straight, if I could have chosen to be straight, it would have been a far easier life and I would have gone with that (laughs), but em, it goes against the grain

Debbie

I was angry and part of the anger wasn't just at the people that had bullied me it was a world, you know, as you perceived it at the time, the school world, that didn't tell me or that didn't help me or that you know didn't present more than one version of normality and expose you to more than one version of normality and that's not healthy because there's an awful large number of versions of normality and if you only get exposed to one as you do in schools then you feel like that that's the whole world and when you realise, that that's not and that you've been starved of that or you've been cheated of that experience and that valuable kind of ehm, that valuable kind of you know, education, and you know, security, that sense of security that might be provided by the awareness of different normalities then that's, that's when you get really angry like I did, you know, at everything, at people at schools that you know, systems that, you know, everything really, I really did feel let down, I think

Frances

3.5.3 Workplace discrimination

A small percentage of the respondents had experienced discrimination in the workplace (see table 3.7). Some of the issues related to sexuality and employment were discussed by the interviewees. Some felt that they had not disclosed their sexuality at work because they feared it could lead to dismissal or being held back from promotion/career progression.

I'm not out at work basically, because I think it would hold back my career opportunities, em, I've, I've done very well up to now em, and I think that's because no-one knows, I think if, people had known I was gay I certainly wouldn't be in the position I'm in just now, em, and I wouldn't have got the opportunities that I've been given

Charles

'cause my boss at work doesn't know, my supervisor doesn't know, so I'm quite cautious in work, I'm just frightened in case my boss finds out and, I know she couldn't sack me, but you know, they always say, they might not be able to sack you for this but they can find a way, and I don't think she's like that, 'cause I really like her and I get on with her really well, but I would just hate for anything like that to happen, so, that's another thing I'm scared about.

Alan

Another man believed that employers made assumptions about what aspects of a job he would enjoy on the basis of his sexuality.

I think at times in my working life, eh, I've worked in a number of companies, I always make a point of being out and being honest about things and I think there's in, in my job, there's areas in my job that people don't think I can do because I'm gay, if they're physical or mechanical, I've no' got any interest in doing them, but I don't like to be told that I can't do it, whether, do you know what I mean, being denied doing it because you're gay, you can't do that and stuff

Ben

One women described how the disclosure of her sexuality at work had led to male colleagues expressing fascination with her sexual behaviour and how the same colleagues had acted differently to a gay man.

Aye, totally out, because my brother worked before me, an' he thought it was fascinating to tell them loads of stories, so when I went, I was already the biggest lesbian in the world, and they're absolutely all fine about it, they'd have a problem if I was a guy, but, they're absolutely fascinated by it, an' just, they want to know what I do before they want to know what anybody else in the whole building does (laughs), like at the weekend.

Interviewer: But they would have a problem if you were a guy?

Aye, totally, 'cause they had a gay guy working there an' they just made his life hell.

Sam

One young woman had been sacked from a job once her employer learnt of her sexuality.

I lost one job. When I was 18. I told someone I was working with that I was lesbian and she went and told the boss and the boss just sacked me and I thought, that's really unfair, my sexuality hasn't got anything to do with the work I'm doing.

Leanne

3.5.4 Other experiences of discrimination

One young man had been closely involved in two different churches and found both groups unaccepting of his sexuality. Both groups believed it was important to 'convert' him to being straight. He was informed that the church was worried that he was influencing the behaviour of other young people and he should either leave the church or stop any homosexual behaviour. He did leave the church describing how hard he found this because he had been closely involved with the church and felt great loss when the association ended.

Fifteen of the respondents (3 women and 12 men) had experienced violence or assault from a partner in a same sex relationship. Two of the men had reported these incidents to another person or agency. Nine men and no women believed there were satisfactory support services for people experiencing violence in same sex relationships

3.5.5 Attitude to discrimination

When some interviewees reported episodes of verbal abuse in the streets they followed up their comments with their strategies for limiting the effect on themselves.

Just wee bits here and there, you just, flying comments and stuff, but I just, like most of it kinda washes over you, but, it's just ignorance with a lot of people, who don't know how to deal with it.

Sam

Och, well, I mean people, young guys down at the shops an' a' that, it they've seen me with my partner and that, they'll say stuff but I just ignore it 'cause it's no' important, em, but I wouldnae say I'd had anything major. No' yet.

Donna

Emotionally yeah, I mean, I don't think you can, anyone can go through something like that and not be affected, sort of adversely, but also, it strengthens your resolve in a way, you think, well you know, it's, it's their ignorance, and it's their handicap ultimately, you know?

Maria

3.5.6 Reporting discrimination

- 20% (7 women and 11 men) of those respondents who had experienced harassment or violence had reported it to someone
- the agencies and people discrimination was reported to were
 - teachers/school (7)
 - police (7)
 - employer/manager (3)
 - parents (2)
 - residence manager (1)
 - LGB convenor(1)
- five of those respondents who had reported harassment or violence believed that the response was satisfactory
- Of those not reporting any harassment or violence some respondents offered the reason why
 - did not think the harassment was serious enough (17)
 - nothing would be or could be done about the harassment (7)
 - because that would mean disclosing their sexuality (6).

There was a sense of strength from the comments as some respondents did not want to show they were affected by the discrimination and others believed they could take care of their own business. One person stated that they did not report harassment because of the homophobic attitude of the police.

One very difficult experience was recounted by a young woman. She had been raped when visiting one of the gay scene venues in Glasgow. She had been chatting to the perpetrator, who she believed to be a straight man who had not visited this venue before, earlier in the evening before the assault. When she took steps to report the assault to the staff in the venue they stated that the man had accused her of stealing his wallet earlier in the night. It also became apparent to her that he was a regular visitor to the venue. She reported how she felt in shock after the incident and that she was to blame in some way. She also thought that because she had been drinking alcohol she would appear less reliable to any authority. She had proceeded to report the case to the police the next day and at the time of the interview she just learnt that the case would not proceed to court because of lack of evidence. She believed that it was important to report such an assault to the police.

I would report it again, regardless of the outcome, em, various reasons for that, one of them being, that you've, that you've not got a claim for criminal injuries if you don't report it to the police, em, so, that's the probably the, I don't know the outcome of that yet, but you know that would be one positive thing and also as well the fact that he's had to go through being questioned and presumably that's had an impact on his em, lifestyle and relationships, work, I don't know, but, em, that's something, so for the last year and a half

while I've been going through this, he presumably too has been going through em, a difficult time, so em, whereas if I hadn't reported it he would've just got off scot-free and thought 'well, it's not going to be reported, so I can do it again', whereas now, he might think twice about it.

Debbie

3.5.7 Discrimination Summary

- around 80% of young LGB people had experienced discrimination and most had experienced more than one type
- the most common type of discrimination was name calling
- most discrimination experienced by young LGB people was at school or in the street
- whilst anti-bullying policies were widespread at school, few young LGB people were aware if such policies specifically included LGB people
- most young LGB people did not think their school was welcoming for young LGB people
- some teachers had been unable to respond effectively to bullying directed at young LGB people as a result of their sexuality
- almost all young LGB people thought their school had not provided adequate information for young LGB people
- young LGB people expressed a clear need for schools to challenge the heterosexist norm
- a substantial proportion of young LGB people believed their academic performance had been affected by their sexuality
- fear of discrimination on the grounds of sexuality prevented some young LGB people disclosing their sexuality at work
- young LGB people have faced homophobia at work
- there was a low level of reporting of discrimination as a result of sexuality
- young LGB people showed a willingness to stand up to discrimination on the grounds of sexuality

3.6: Services

3.6.1: General Practitioner Services

The vast majority of respondents were registered with a GP (93%). Of these six respondents (3 women and 3 men) had experienced problems at a general practice because personnel knew or presumed the individual to be gay, lesbian or bisexual.

The interviewees had mixed experiences with GP services. A small group thought they would feel comfortable seeing their GP for any sexual health matter and would disclose their sexuality if they thought it was relevant.

Em, if I felt, if I felt I needed to, if I thought I had some sort of STD or something, yes, I would, em, but I wouldn't go on my next appointment 'cause I had a sore throat and say 'oh by the way I'm gay', you know, but I would eh, if I was, it was something to do with, if I had a problem or anything.

Alan

Em, I would probably go to my GP, just because I'm absolutely comfortable doing that and why have medical histories and records all over the country, when, you can do it all in one place, but, I was in the Sandyford Initiative once just because it is in my neighbourhood, and I wandered in and thought it looks nice, em, but I, no I wouldn't, I don't think it would occur to me to go to a health clinic other than my GP

Nancy

Comments from one young woman who had been treated for depression illustrated that her GP was non-judgemental about her sexuality and the reason for the depression.

Ehm, she was fine, I was a bit concerned that both my GP and the psychiatrist would see that as the root of it and that was it, because some of them can be quite narrow minded that way but they were quite, they were quite open-minded actually, they were all right. I thought that was important to tell her though because you know, it might, like I said it earlier, it might have been one of the causes, it certainly (laughs) didn't help anyway. Ehm, but in general she was ok about it. She didn't rub it in my face and say 'oh alright, ok it's because of your sexuality', I was very scared she was going to do that and she didn't, so that was fine

Karin

Some of the young people had felt uncomfortable at the thought of disclosing their sexuality to the GP. One young man thought it was because he felt uncomfortable and not because of the attitude of the GP. One young person described difficulty in trusting health professionals. For one young man the fact that the GP had been the family doctor for some years made him reluctant to discuss his sexuality.

Some of the interviewees had experienced poor service from the GP. Not all these incidences were connected to their sexuality or sexual health.

One young man described how he felt the GP unable to deal effectively with a sexual health problem. He thought that he would attend specialist services in preference to the GP. Two other interviewees also stated they would prefer to visit specialist services for sexual health matters rather than consult the GP.

Interviewer: So was there, did you think he was relating it to assumptions about your sexuality or...?

No, no, he [GP] actually done it the other way round, I started to talk to him about it, em, I says I had a rash, and he started asking me very personal questions straight off, have I slept with any women, eh, unprotected sex, have I observed correct hygiene procedures during sex, have I em, it was very cold, clinical questions, em, and then his answer was 'well I'll make an appointment for you to visit your local GUM clinic, em, that'll come to you in the post' and he said 'can I see it?' he looked at it and it was, he says 'hmm looks like it could be a variance of this, it could be a variance of that' I didn't know what he was talking about it, didn't explain it to me, em, I went to Steve Retson, within two seconds the doctor had analysed, he says 'I'll take a sample, it looks as if you've changed your washing up powder or something, don't worry about it' and that was it.

Charles

One young woman described how her female GP made sexual advances towards her when she disclosed her sexuality. She appeared to have coped with the situation well but it raises serious questions about the conduct of the GP.

3.6.2 Sexual Health Services

With the exception of the Steve Retson Project and Sappho @ Sandyford, table 3.8 shows the use of and awareness of sexual health services by young people.

- there was a low use of sexual health services by the sample
- Family Planning has been used most by young women, followed by the Centre for Women's Health
- GUM has been used most by young men followed by The Place at Sandyford
- there was a high proportion of the sample who had not heard of a number of services
- 23 (62%) women had not heard of one or more of the sexual health services
- 60 (71%) men had not heard of one or more of the sexual health services

Many of the young men interviewed spoke about their experience when using the Steve Retson Project and these are detailed in section 3.6.4. In the main, the other comments about sexual health services were made by the young women. One young women spoke about when she used the GUM clinic and

how important their non-judgemental approach was not just to make the experience less threatening but also to promote confidence when approaching sexual health matters.

I remember having to go to the GUM clinic once, just for eh, recurring cystitis and em, they always go through this questionnaire which is so matter of fact, they're always very friendly but they do ask you, just in one breath, you know, 'who do you sleep blah blah blah blah, and they just go through this whole list, so they don't assume anything about you which I thought was just excellent because basically, they don't assume anything and they don't care, you could just basically tell them anything, because they need to be open, so I thought that was really really good, it definitely gives you a lot more confidence

Christine

Whilst one young woman had found that a particular aspect of the services offered at the Sandyford Initiative, psychosexual counselling, was in so much demand leading to difficulty accessing the service, another young woman expressed her satisfaction with the Centre for Women's Health at the Sandyford.

I use that [Centre for Women's Health] quite regular, they're really good, yeah, they're excellent actually, and the new centre's even better, you know', 'cause before I'd always found them really helpful. It's busy and it's, you know, (laughs) it's inundated with people because of where it is, city centre, an' it's got drop-ins, so yeah, you sometimes you find yourself waiting quite a lot, but, I think it's excellent all in all, the service they provide.

Maria

Another young woman spoke about how she would prefer a 'lesbian friendly clinic' because she believed staff at such a place would be more sensitive to her concerns about having a smear test carried out.

One young woman described an unpleasant experience at a Family Planning clinic and whilst this would stop her from using this service again she would still want to have regular smear tests.

She [family planning nurse] was just really nasty to me, as if I was like a whore or something, I don't know, she treated me as if I was a prostitute or something... She was asking me questions about my sexual health and things before she did the smear test and she just treated me as if it was terrible that I'd slept with women and, terrible that I'd slept with more than one person... she totally judged me.

Interviewer: Would that have put you off going to get another one do you think, or would you...?

No, I'll go and get another one... I don't know, the doctors or something

Carol

Table 3.8: Awareness and use of sexual health services³

	Women (n = 37)						Men (n = 85)					
	Used		Heard of but not used		Never heard of		Used		Heard of but not used		Never heard of	
	n	%	n	%	n	%	n	%	n	%	n	%
The Place at Sandyford Initiative	3	8	19	51	14	38	9	11	26	30	47	55
Family Planning	9	24	24	65	3	8	4	5	60	71	16	19
Genito-Urinary Medicine	3	8	15	41	18	49	10	12	36	44	34	40
Centre for Women's Health	6	16	18	49	12	32	1	1	32	38	45	53

Table 3.9 Awareness and use of gay and lesbian services

	Women (n = 37)						Men (n = 85)					
	Used		Heard of but not used it		Never heard of		Used		Heard of but not used it		Never heard of	
	n	%	n	%	n	%	n	%	n	%	n	%
Lesbian and Gay Switchboard	8	22	28	76	0	0	10	12	70	82	5	6
Bi-g-les youth group	14	38	17	46	6	16	16	19	41	48	27	32
LIPS/Lesbian Peer Support Project	11	30	10	27	15	41	2	2	19	22	59	70
Glasgow Gay and Lesbian Centre	20	54	14	38	3	8	41	48	33	39	10	12
Lesbian Archive	12	32	14	38	11	30	2	2	17	20	59	69

³ See separate sections for Steve Retson Project and Sappho @ Sandyford (formerly the Lesbian Health Service)

3.6.3. LGB services

Table 3.9 details the use and awareness of services specifically for LGB people in Glasgow. Two of these services are also targeted at young LGB people.

- a higher proportion of women had used the gay and lesbian services than men
- the most popular services for both men and women were the Lesbian, Gay, Bisexual and Transgender Centre, followed by the Bi-G-Les group, a youth group for young LGB people
- men were more likely to lack awareness of gay and lesbian services than women
- 65 (77%) men had not heard of one or more of the services
- 17 (46%) women had not heard of one or more of the services

It is also clear that respondents from outside the Greater Glasgow area were willing to travel to use Glasgow based services. The most often used service by people from outside Glasgow was the LGBT Centre, with 20 respondents from outside Greater Glasgow stating they had used this service. The Bi-g-les group had been used by eight people from outside Glasgow. Two people from outside Glasgow had used the LIPS project.

Most of the interviewees had some experience of the two services for young gay and lesbian people, which is as expected as the majority of the interview sample were recruited through Bi-G-Les or LIPS. As such it should also be borne in mind that the views expressed by the interviewees may not be representative of all the users of the services.

LIPS is a peer support project for young lesbian and bisexual women under 25 and provides a drop in, group meetings and activities, group and one to one support by trained workers. It was set up in June 2000 and is currently funded by Comic Relief until May 2003. The comments made by the young women were on the whole very positive towards the project. The project was described in the following terms: giving strength, supportive, wonderful, low pressure, friendly, feeling part of something, meeting other gay women, good fun. There were a small number of negative comments about the project, these were that a woman attending for the first time was unsure about the purpose of the group, another felt too old as she was about at the upper age limit for the group and another that the city centre location was a long distance for her to travel. One young woman described how being part of a lesbian support group was important for her.

I learned this when I was young, when I first started the youth group that I spoke about earlier, any kind of group, where people are coming together under the same kinda em, circumstances, or similar circumstances or similar aims and ideas, em, it helps you, it helps you be proud of who you are, you know, in a lot of ways because, just you know, you, people respect you, you respect other people, you know, em, and feeling part of something means that you're no' on your own, you're not facing things on your own, you know actually, it's there in black and white in front of you that you're no' the only lesbian in the whole world, d'you know what I mean, it's like, you've got, you've got other, you know that other folk are you know struggling on with their things as well, you know, it makes it a wee bit more, a wee bit less hard, you know, eh and it just, it also makes your time, you know that time in your life, more fun, being part of a group, you know, like-minded young folk.

Tracey

Other comments made by the women attending LIPS indicated that they preferred the range of activities they could become involved in and the group was not about simply sitting around and talking about their sexuality.

Although more female respondents than male had used the Bi-G-Les group (see table 3.9) the converse was true for the interviewees.

Bi-G-LES Youth was one of the UK's longest-running youth groups for lesbian, gay and bisexual young people. Though independently set up and run by its members, it was supported by PHACE West's Gay Men's Project until funding ran out in July 2001. The group folded shortly after, but it is hoped that with the help of Glasgow City Council, a new service for LGBT youth will be established in the near future.

There was a clear distinction with the experience of the young men and women interviewees and their experience of the Bi-G-Les group. The young men who had used Bi-G-Les described the positive things about it in similar ways to the way young women did about LIPS: social, making friends, meeting people the same age, fun, informative, run by members, exciting, not boring. Many of the users of Bi-G-Les were aware that the project was facing funding difficulties and felt that more services of this type should be available to all young gay and lesbian people.

I actually really enjoyed it and it was like, people my own age and all that, so I was like, yeah, I like it here, and the young ones, people new on the scene and all that, so I started coming, I used to come every Tuesday, but it was then I started work full-time, I couldn't find time to come

Bruce

I thought it [Bi-G-Les] was going to be the same as a youth club, I thought it was going to be older people looking after younger kids who would plan events for them, but when I came along and I found out it was actually a group that organised itself by people in it, em, that made it an awful lot easier, the fact that everybody was gay or bisexual or lesbian, em, a lot of the stuff that they do at the group em, meant that you had to socialise, meant that you had to intermingle with people, em, because it was, it was like fun things, it was like, games, stupid games that you'd maybe play at school, you know, stupid things that you'd want to do that you wouldn't structurally do in a group on your own but 'cause it was in an environment like this, it was laugh, it was a joke and it meant that you left this place with friends

Charles

This young man was also afraid that the Bi-G-Les group would lose funding to continue and was a keen advocate to ensure that young people in Glasgow had some kind of supportive group at the time when they are going through LGB identity formation, as he felt it was vital to assure young people that they were normal.

I think it's appalling that there's no support for gay people because from the age that everyone else is contemplating liking girls, you're contemplating liking boys and there's nothing there to tell you that you're ok and that you're not, you're not dirty and you're not wrong

Charles

Whilst one young man had found going to Bi-G-Les helpful and supportive he felt there was a lack of places for young LGB people to just socialise.

I actually think there could be a lot more, gay services for people under 18 and shit, I mean there's Bi-G-Les, but somewhere where they can socialise, like ehm, eh, they've got like for straight people, there's well, you know people there's eh, under-age clubs, like in Planet Peach and the Cathouse, I think they should have a gay night for young people that want to go out clubbing before five, five o'clock

Stavro

Most of the comments from the young women who had used the Bi-G-Les group focused on how they had found it difficult to fit in. Some found it 'male orientated', another that the group was too young for her. One woman felt the group had been cliquy and this had dissuaded her to continue attending. Another had found it difficult to speak in the group. One young woman had found Bi-G-Les an extremely helpful source of support when she was first coming out but had reservations about the influence the group could have on young people. She felt that the group was associated with drinking in city centre scene pubs and that put the young people in a vulnerable position especially with regard to other more experienced users on the scene. She felt that a more structured funding, management and accountable system would have allowed the group meet the needs of young people more appropriately.

the thing about Bi-G-Les is, it seems so good because it's like the only thing there is, almost, obviously apart from this project (LIPS) but I mean until recently, I mean it's been going for about 20 years hasn't it? But it desperately needs to be formalised, it desperately needs to be more formalised, formalised and regulated and more accountable to something ... they all end up in the pubs, this pisses me off, it pissed me off then and it pisses me off now, that 14 and 15 and 16 year - oh no I was 16, well they end up in pubs, in that environment, you know what I mean, automatically, that's like, it's almost like a kind of stepping stone to that and that's not on and the reason for that is because, it's because of these issues of like funding and accountability and management that are not being addressed appropriately within the group ... The money's not there, and if the money was there, then at least it would have to be, they'd have to be more accountable for it, you know ... but these boys just get caught up in it, they get swept away and then they end up potentially, potential targets for you know, older men, to take advantage of them and that's not protecting, you know, that's no good, but ehm, I mean Bi-G-Les is great because at least it's there, it's better than not being there because it makes a lot of difference to a lot of young peoples lives and makes them feel for the first time often, that they're not completely alone, they're not completely weird. But it does, but it does desperately need to be overhauled, you know, or replaced with something better

Frances

3.6.4. Steve Retson Project

All the young men were asked to complete a section about the Steve Retson Project (SRP). This project is a sexual health initiative for gay and bisexual men based at The Sandyford Initiative sexual health centre. Prior to moving to Sandyford, the service was

located at Glasgow Royal Infirmary. Out-reach clinics are also run at Glasgow LGBT Centre.

Fifty four (64%) of the men had heard of the SRP and of these 23 had used the service. The SRP had been used eight times at the Glasgow Royal Infirmary, 12 times at the Sandyford Initiative and 11 times at the Glasgow LGBT Centre. Of those that rated their experience of the project 95% thought it to be friendly, helpful and useful. However one man offered the comment that the project *'could have been a little more welcoming as it can be a bit intimidating at times'*. One person rated their experience of the project as unfriendly, unhelpful and not much use, going on to add that he *'had tests but felt scared to go back for the results'*. Unfortunately, this does not clarify whether it was the actual results he was scared of or he was scared because of the type of service he had received.

Respondents were asked to give comments if they had heard of the SRP but not used it. Twenty two men offered comments.

- 14 stated that they had not felt a need to use the project.
- 3 were unsure what the service offered
- 1 did not know where it was
- 1 had difficulties in getting time off work to attend.
- 1 disliked going to the LGBT Centre so did not use the SRP
- 1 knew the staff
- 1 was not in gay relationship

Respondents were asked about a new service being planned by the SRP specifically for gay and bi-sexual men aged under 25. This would include: HIV testing and counselling; screening and treatment for sexually transmitted infections; free condoms and lubricant; Hepatitis A and B immunisation; advisors and counsellors. All respondents believed this to be a useful service and 84% stated they would use such a service. Respondents were asked to indicate from a list other aspect of the service which should be provided.

These are presented in rank order below, with the percentage of men in agreement with the aspect being provided.

- support group with other young men (90%)
- welfare rights advice (77%)
- information about other groups (68%)
- relaxation classes (66%)
- courses on assertiveness (61%)
- information about educational opportunities (60%)
- physical exercise classes (55%)
- access to the internet (54%)

When asked to rate the most important aspect from the list, a support group with other young men was the most popular with 56% of those who answered the question rating this as the most important.

Many of the young men interviewed had used the SRP and in the main had very positive comments to make about the service. Most of the comments about why men used the service was because they preferred a specialised service to their GP for sexual health matters, they also felt that the service was less intrusive and non-judgemental. One young man had met staff from the SRP when they came to the Bi-G-Les group to talk about the project. He thought this was really useful because he then knew what to expect when he used the service. Another young man had not used the service until recently because he would not want anyone seeing him there. However a friend had asked him to go along for moral support and he had found himself making an appointment to go along for health screening and hepatitis inoculation.

Well, before I wouldn't have gone near any of those kind of places because I would be, I wouldn't, you know want to be seen going to them, em, but I did actually go yesterday for the first time, because I was, my pal asked me to go along with them, just 'cause, kinda support, so I went along with one of my pals yesterday, and em, he told me that I should really em, I shouldn't frightened of going to these, places, 'cause they're, they're there for you, so, em, I've got an appointment for next Tuesday for a Hepatitis jab, just to be on the safe side

Carl

3.6.5. Sappho @ Sandyford

All the women were asked to complete a series of questions about the Sappho@ Sandyford service. This is the service that was formerly named the Lesbian Health Service. Sappho @ Sandyford offers a wellwoman, reproductive health care service and counselling and groups on a variety of issues for lesbians. This is the only service of its kind in Scotland.

Twelve of the 37 young women had heard of the Sappho service and of these only one women had used the service. This young woman rated the service as helpful and useful, but did not indicate whether the service was friendly. Eight women offered comments on why they had not used the Sappho service. Four felt they had no reason to use the service, two had only just heard about the service and three felt they did not have enough information about the service, what it offered or where it was. One young woman stated that *'[her] GP provides a lovely service, which is more convenient'* adding *'I'm aware how lucky I am'*.

Twenty eight women thought that they would use a health service specifically for young lesbian and bi-sexual women. Four of the women who responded negatively to the question offered explanatory comments. One was the woman who was satisfied with GP services and another was happy with current services. One believed that at 23 she had little in common with younger lesbians and thought the service would be more relevant or essential to younger lesbians. Another was concerned that she would be judged as not *'dykey enough'* and wouldn't fit in. Those respondents that would use the service were asked to indicate from a list which aspect of the service they would like to see. These are presented in rank order below, with the percentage agreeing in brackets.

- support group with other young women (89%)
- information about other groups (86%)
- relaxation classes (79%)
- information about educational opportunities (75%)
- courses on assertiveness (75%)
- welfare rights advice (71%)
- physical exercise classes (64%)
- access to the internet (57%)

When asked to indicate which from this list would be the most important aspect of such a service, 60% rated support group with other young women as most important.

3.6.6. Other services

- 17 (47%) women and 27 (33%) men had attended a local youth group
- of these only 12 (27%) believed it was a welcoming place for young gay and lesbian people

There were a small number of experiences of other youth services being supportive towards the interviewees. One young man attended a local youth project in the Parkhead area of Glasgow and found that he was able to get information about gay services there.

I go to the youth project, they, they gave us a lot of information on the gay scene.

Interviewer And is that a gay, bisexual...

No it's just a youth project for youths in the Parkhead area, it's just a youth project for everybody but they dae have like, leaflets up for people who are gay an' that
Simon

One young woman had found that a local youth group was able to put her in contact with lesbian services where she had been able to access counselling services which had been greatly beneficial for her.

Glasgow Women's Library was one of the most popular services with young women, 20 (54%) of the female respondents had used the library, and 12 (32%) had heard of the library. Some of the interviewees had commented how useful the library was and in particular because the Library was the location of the LIPS group the two services benefited from increased awareness.

3.6.7. Homelessness and supported accommodation

- 6 (17%) women and 3 (4%) men had experienced homelessness
- this difference was statistically significant ($p < .05$) however this should be treated with caution due to the small numbers
- none of the sample were homeless at the time of the project
- 9 (27%) women and 12 (15%) men had left accommodation because of their sexuality.

Two of the interviewees were living in supported accommodation. Both of these young women had stayed in hostels prior to moving into supported flats. They both felt that the support they received was appropriate and were happy with their living arrangements. One young woman was out to her social worker and this was unproblematic whilst the other felt that she wasn't close enough to her support workers to disclose her sexuality.

'Cause when I was staying there [hostel], I was speaking to them and I said 'I don't want to get my own flat, I'm not ready for it, I'm still young, I've still got a lot to learn about having your own flat', then I got it and they just, I don't know, I'm worried about the bills, 'what do I pay?' and 'what do I not pay?', so at present I've got myself a social worker, a home maker, em, and they give me support and they talk to me about em, about benefits and my bill and how to manage them and that. So that was really good
Sally

3.6.8 Services Summary

- almost all young LGB people are registered with a GP
- few young LGB people had encountered difficulties with general practitioner services because of their sexuality
- some young LGB people were comfortable in disclosing their sexuality to health professionals
- some young LGB people prefer to use specialist services for sexual health matters
- there is a low use of sexual health services amongst young LGB people
- there is also a lack of awareness of sexual health services
- young LGB people value a non-judgemental approach by health professionals and services
- young lesbian and bisexual women are more likely than men to know about and to use LGB services
- young people from outside Glasgow travel to Glasgow to use LGB services
- young people value the support services developed specifically for young LGB people
- young lesbian and bisexual women believed Bi-G-Les was less suited to their needs than young gay and bisexual men
- there was a higher level of awareness about the Steve Retson Project than other sexual health services amongst young gay and bisexual men
- the SRP was rated highly by those who had used it
- the most important aspect of a new service form SRP specifically for young people was a support group with other young men
- there was a low level of awareness of Sappho @ Sandyford amongst young lesbian and bisexual women
- young lesbian and bisexual women indicated that a support group with other young women would be the most important aspect of a lesbian sexual health service
- few young people had experienced a supportive environment in mainstream youth services
- Glasgow Women's Library was a popular service with young lesbian and bisexual women
- a small number of young LGB people had experienced homelessness

- those young LGB people that had experience of supported accommodation felt it had met their needs

Section 4 Conclusions

This project has provided a breadth and depth of information about the health and wellbeing of young gay, lesbian and bi-sexual people in and around Glasgow. It is intended that this information will be a springboard for action to ensure that health and social care services in Glasgow are appropriate to young people's needs. There are a number of areas that stand out and this section will draw those areas together and suggest recommendations for action.

The process of identity formation described by the young people is similar to other processes and theories developed by other authors (Flowers and Buston 2001). Adolescence is a difficult time for many people, however young gay and lesbian people have added burdens. They will be expected to deal with feelings of difference, alienation and isolation from their peer group and having to pretend to conform to the heterosexist normality. The effect on young people's emotional and mental health is clear from the levels of mental distress experienced by the group.

The mental health of young gay and lesbian people was a key concern of the study. It was found that low self esteem was positively correlated to depressive symptoms, self harm and suicidal ideation, which is intuitive. However, in general the self esteem reported by the measure used in the study was good. There is a suggestion from the level of chat room use that this can be dependency forming in young LGB people, perhaps due to being some people's only tool for overcoming the sense of isolation they feel.

Young lesbian women report and have been treated for mental health problems at a higher rate than young men, which compares with the population in general where women have higher rates of depression than men. However, the findings also suggest that as young women are disclosing their sexuality at a younger age they are moving through the process of identity formation at an earlier age than young men. This could also be because it is culturally much more difficult and challenging of traditional notions of masculinity for young men to openly identify as gay or bisexual as than it is for young women to openly identify as lesbian or bisexual. Young women tend to reach levels of maturity at an earlier age than young men so may be able to process and manage the stages of identity formation younger. In general women report with higher rates of mental ill health than men do. If measures of ill health among young LGB women are higher this could well be due to the experience of the double discrimination of sexism and homophobia.

The young people in the study did attribute depressive symptoms to life events and difficulties other than sexuality, indicating the similarity to the problems all young people face, but with the added burden of identity formation. However, it is also clear that all young people risk family relationships and friendships when disclosing their sexuality, an aspect of gay and lesbian adolescence probably unfamiliar to most heterosexual people.

The final stage of the identity formation process, wholeness and integrity, it could be argued is the key to the emotional wellbeing of young people. It is very encouraging that the reported levels of self esteem in the study would indicate a large proportion of young people have reached this stage. It would also appear that younger generations

are able to achieve this at a younger age than previous generations, as in the previous study of gay men and lesbian women in Glasgow, age at disclosure was generally much older than this group (John and Patrick 1999).

One study in the US found that 27.3% of all school aged young people reported suicidal ideation, whilst 8% had attempted suicide in the previous year (Morrison and L'Heureux 2001). This compares with 50% of young men and 80% of young women in this study reporting suicidal ideation and 32% of women and 19% of men attempting suicide at some point in their lives. These findings are very similar to the comparison with Glasgow rates of mainstream young people included within the study. Therefore there is clearly a very deeply concerning level of suicide potential in young LGB people. This raises a further question which is unable to be answered about the numbers of LGB young people who do actually commit suicide.

There is very little statistical information on self-harming and eating disorders to run comparative data analysis. However, it could be that the impact of double discrimination is again being felt in terms of these issues. Part of the issue around eating disorders may well be about the "perfect body" fixation that seems to be experienced more intensely on the gay scene.

It is now widely recognised that eating disorders and self harm are responses to situations where people who have a sense of having little or no power or control over aspects of their own lives, use these harming techniques to regain a sense of control. Self harming is often described by those involved as a temporary release from extreme pressure. Given the massive level of discrimination, exclusion and anxiety around being LGB that young people have reported in this study, it is perhaps not so surprising, but certainly extremely concerning that these trends have emerged.

The pattern of smoking seen in young LGB people is similar to that of young people in general in that women are more likely to smoke or to have smoked in the past than men. However young gay men smoke more heavily than young women.

Young LGB people have a level of alcohol and drug use that seems to have a parity with mainstream groups of young people, and few have problems with alcohol or drug addiction. The previous study of gay men and lesbian women in Glasgow found a higher level of problematic drinking and drug use, suggesting that young people have a higher resilience to addiction (John and Patrick 1999). The gay scene in Glasgow is identified by young people as a place where they are likely to encounter alcohol and drugs and many feel under pressure to use alcohol or drugs

Young LGB people have a low incidence of sexual health problems. They demonstrate a high level of awareness of risks associated with penetrative sex but appear less concerned about risks associated with oral sex. What is unclear from this study is whether young people make assessments of the risks associated with particular sexual behaviours. This is indicated by the information from the interview study but firm conclusions can not be drawn. Along with the low level of sexual health problems reported there is a low level of use and awareness of sexual health services in general, however women had a higher awareness and use of sexual health services than men which is similar to young people in general. The exception to this was the awareness and use of the Steve Retson Project by young gay men. This was much

higher than other sexual health services in Glasgow, indicating that the SRP is reaching it's target population well.

Young lesbian women not only have more awareness and use of sexual health services, this pattern is replicated for services specifically for gay men and lesbian women. This could indicate that young women find these services more appropriate than young men. The vast majority of young gay and lesbian people expressed desire for peer support projects indicating the high value that these young people place on peer support. The Internet is also highly valued by young people as a way of communicating and an information source. This was demonstrated not only by the responses to questions about the internet but that over 40% of the questionnaires were completed and returned via the internet. This would suggest that the internet continues to be an appropriate way of disseminating information to young people.

Only 20% of the young people in the sample had never experienced discrimination in any form. As with other studies (cited in Thurlow 2001) name calling was the most commonly experienced form of discrimination. Also the most common place for discrimination to take place was school. A large majority of young people did not believe that school was a welcoming place for young gay and lesbian people. The ramifications of this for individuals should not be underestimated. Schools and Education Departments need to start addressing the level and consistency of information and direct support available to young people in schools. This will benefit young LGB people and their heterosexual peers. However there is also a need to address the whole school culture to create a welcoming environment where young LGB are treated equally and with respect. This can be facilitated through staff training and anti-discriminatory policies which allows LGB pupils to engage with their learning and also models the unacceptability of homophobia to the wider school population.

The fear of bullying felt by the young people in the study was almost tangible. However at the same time they wanted to challenge the heterosexist norms within schools and society. This has been highlighted by Savin-Williams (2001) who talks about the strength and resilience of young gay and lesbian people and this picture can be taken from the accounts of the young people in this study who have shown great determination to not allow discrimination to disrupt their lives.

Following on from discrimination at school the young people have experienced difficulties in the workplace. These young people clearly expressed the feeling that reporting discrimination would be futile as little action would be taken or the action would ultimately affect themselves.

This study has offered Glasgow and wider Scottish policy makers and service providers with a snapshot of the experiences of young LGB people and clear descriptions of the difficulties that they face. Given the deeply concerning findings, most notably in relation to mental health, there is a great and urgent need to start making a concerted effort to reduce the inequalities, stigma and widespread homophobia that young LGB people face.

This needs to start by normalising the very notion of being lesbian, gay or bisexual within families, schools, further education, workplaces and wider society. Services need to make more of a concerted effort to reach and offer support to young LGB

people in environments where they feel safe, welcome and included. Policies need to recognise as unacceptable the levels of stigma and discrimination faced by LGB people by outlawing homophobic expressions and acts and by taking the reporting of them seriously.

Some very strong recent legislation such as the equalisation of the age of consent for gay men, the removal of Section 2A in Scotland, and the ability of LGB men and women to legally join the armed forces has given some initial direction to the process of change. However, if young people represent our future, then we have to work harder to bring about the wider cultural changes to ensure that **all** our young people can take their place and grow up as equal, respected, happy and healthy citizens in a welcoming and safe society.

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Appendix 1

Greater Glasgow Health Board are carrying out a health survey of young people who are same sex attracted. The information we get back from this questionnaire will help us to understand what services and information we need to provide. We would greatly appreciate you taking some time to fill out this questionnaire, it shouldn't take longer than about twenty minutes.

You do not need to put your name on the questionnaire as it is anonymous. When you have completed it, please put it into the attached envelope and post it back to us or place it in the box where you picked it up.

Section 1 Daily Living

1) Are you?

- Female Male

2) What age were you on your last birthday? _____

3) What is the first part and first digit of your postcode (e.g. G73 5) _____

4) Please describe your ethnic identification

- | | |
|---|------------------------------------|
| <input type="checkbox"/> White European | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Other (please specify) _____ | |

5) Do you define yourself as a person with a disability or sensory impairment?

- Yes No *If no, go to Q6*

5a) If yes, are you registered disabled?

- Yes *If yes, go to Q6* No

5b) If no, why not? _____

6) Which of these best describes you?

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Gay | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> A man who has sex with men |

- Unsure A woman who has sex with women
 Other (please specify) _____

7) Have you told anyone?

- Yes No *If no, go to Q8*

7a) If yes, what age were you when you first told someone? _____

7b) Please tick any of the following people you have told

- Mum
 Dad
 Brother/Sister
 Other family members
 Friends
 Anyone at School
 Anyone at Further Education
 GP/Health Professional
 Anyone at Work
 Neighbours
 Flatmates
 Youth worker
 Other (please specify) _____

If any of these people's reactions caused you difficulty, please describe below

8) Have you ever been homeless?

- Yes No

9) Are you currently homeless?

- Yes No *If no, go to Q10*

9a) If yes, do you feel this is / was in anyway due to your own or other people's feelings in relation to your sexuality?

- Yes No

10) Have you ever had to leave home / accommodation due to your own or other people's feelings in relation to your sexuality?

- Yes No

11) Do you have children?

- Yes No *If no, go to Q11b*

11a) If yes, do you currently have access to your child/children?

- Yes No *Now go to Q12*

11b) If no, do you feel you would wish to be a parent at some time?

- Yes No Don't know

Section 2 Health

Physical activity is activity that lasts more than 20 minutes, raises your heart rate and produces hard breathing. This might be running, cycling, sport or dancing.

12) Do you take any kind of physical activity?

- Yes No *If no, go to Q13*

12a) If yes, how often?

- Daily
 3-4 times a week
 Once a week
 Once a month
 Seldom

12b) When taking part in physical activity do you use a sports facility such as a gym?

- Yes *If yes, go to Q13* No

12c) If no, do you feel this is / was in anyway due to your own or other people's feelings in relation to your sexuality?

- Yes No

13) Which of the following statements best describes you at present?

- I have never smoked tobacco
- I have only tried smoking once or twice
- I have given up smoking
- I smoke some days
- I smoke every day

13a) If currently a smoker, how many cigarettes a week do you smoke?

14) Do you feel that you eat healthily (i.e. a variety of food including fruit and vegetables)?

- Yes
- No

15) Have you ever had any problems with your eating ?

- Yes
- No *If no, go to Q16*

15a) If yes, have you ever done any of the following?

- Binged
- Made self sick after eating
- None of these
- Constantly overeating
- Starved yourself
- Other (please specify) _____

15b) If you have ever done any of the above, do you feel this is / **was in anyway** due to your own or other people's feelings in relation to your sexuality?

- Yes
- No

16) Which of the following statements best describes you?

- I never drink alcohol *go to Q17*
- I drink alcohol less often than once a month
- I drink alcohol more often than once a month, but not weekly
- I drink alcohol 1-2 days per week
- I drink alcohol 3-5 days per week
- I drink alcohol 6-7 days per week

1 unit of alcohol is a glass of wine, $\frac{1}{2}$ pint of beer or single measure of spirit

16a) How many units of alcohol do you drink per week? _____

16b) Do you feel that your intake of alcohol is a problem?

Yes No *If no, go to Q17*

16c) If yes, do you feel this is / **was in anyway** due to your own or other people's feelings in relation to your sexuality?

Yes No

17) How often do you take any of the following?

	Never	Daily	Weekly	Monthly	Occasionally
Speed (sulph)	<input type="checkbox"/>				
Acid (LSD)	<input type="checkbox"/>				
Jellies (temazepam)	<input type="checkbox"/>				
Cannabis (hash/dope)	<input type="checkbox"/>				
Heroin (smack)	<input type="checkbox"/>				
Ecstasy	<input type="checkbox"/>				
Crack	<input type="checkbox"/>				
Cocaine	<input type="checkbox"/>				
Anabolic steroids	<input type="checkbox"/>				
Solvents	<input type="checkbox"/>				
Poppers (amyl/butyl nitrate)	<input type="checkbox"/>				

If you have never taken any of the above drugs go to Q18

17a) Do you receive any of the above drugs on prescription?

Yes No *If no, go to Q17c*

17b) If yes,
what? _____

17c) Do you feel that your intake of drugs is a problem?

Yes No *If no, go to Q18*

17d) If yes, do you feel this is / **was in anyway** due to your own or other people's feelings in relation to your sexuality?

Yes No

18) Do you ever use the gay scene (pubs, clubs)?

- Yes No *If no, go to Q19*

18a) If yes, do you ever feel pressure to take any of the following?

- Alcohol Drugs Tobacco Don't feel any pressure

19) Do you regularly use gay chat rooms on the Internet?

- Yes No *If no, go to Q20*

19a) If yes, how often do you ever get less than 7 hours sleep a night because of your use?

- Never
 Less than 1 night a week
 Between 1 and 3 nights a week
 Between 4 and 7 nights a week
 Every night

20) How much do you agree with the following? (*for each statement please tick one answer on each line*)

	Strongly agree	Agree	Disagree	Strongly disagree
I am pretty sure about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often wish I was someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easy to like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a low opinion of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There lots of things about myself that I would like to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to do things well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I have a number of good qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21) In the last month have you felt any of the following (*for each statement please tick one answer on each line*)

	Most of the time	Sometimes	Never
I've felt too tired to do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had trouble going to sleep or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've felt unhappy, sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've felt hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've felt tense or nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've worried too much about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22) Do you ever feel stressed/anxious?

Yes No *If no, go to Q23*

22a) If yes, do you feel this is / **was in anyway** due to your own or other people's feelings in relation to your sexuality?

Yes No

23) Have you ever been diagnosed with depression?

Yes No *If no, go to Q24*

23a) If yes, do you feel this is / **was in anyway** due to your own or other people's feelings in relation to your sexuality?

Yes No

24) Have you ever hurt yourself on purpose? (*This might include cutting yourself or deliberately damaging a part of your body*)

Yes No *If no, go to Q25*

24a) If yes, do you feel this is / **was in anyway** due to your own or other people's feelings in relation to your sexuality?

Yes No

25) Have you ever had suicidal thoughts?

Yes No *If no, go to Q26*

25a) If yes, have you ever attempted suicide?

- Yes No *If no, got to Q26*

25b) If yes, do you feel this is / **was in anyway** due to your own or other people's feelings in relation to your sexuality?

- Yes No

Please remember this questionnaire is anonymous and confidential

26) What is your HIV status? Positive Negative Don't know

27) Have you ever been tested for Hepatitis A or B?

- Hepatitis A Yes No Don't know
Hepatitis B Yes No Don't know

28) Have you ever been diagnosed with a sexually transmitted infection?

- Yes No *If no, go to Q29*

28a) If yes, did you have any of the following?

- Gonorrhoea (the clap) Chlamydia Syphilis
 Bacterial vaginosis Trichonosis Non specific urethritis (NSU)
 Other (*please specify*) _____

29) If you are female have you ever had a smear test?

- Yes No

30) If you are female do you check your breasts for abnormalities (*i.e. lumps*)?

- Yes, regularly Yes, occasionally Never

31) If you are male do you self-examine your testicles for abnormalities (*i.e. lumps*)?

- Yes, regularly Yes, occasionally Never

Penetrative sex is sex that involves the penetration of a woman's vagina or a person's anus with a man's penis, someone's fingers or a sex toy

32) Do you have penetrative sex?

- Yes No *If no, go to Q33*

32a) If yes, do you use barrier protection (*i.e. condom, femidom*)?

- Yes, always
 Yes, only with casual partners
 No

33) Do you have oral sex (*mouth to genitals or bum*)

- Yes No *If no, go to Q34*

33a) If yes, do you use barrier protection (*i.e. condom, femidom*)?

- Yes, always
 Yes, only with casual partners
 No

34) Have you ever had sex with someone in exchange for some form of payment, such as

money, drink, food, drugs, consumer goods or a bed and a roof over your head for a night?

- Yes No

Section 3 Discrimination

35) Have you ever experienced any of the following because someone knew or presumed

you to be gay, lesbian or bisexual? **(Tick all that apply)**

- Name calling directed at you
 Threatened with physical violence
 Personal property damaged/destroyed
 Objects thrown at you
 Chased or followed
 Spat at
 Been left out or ignored deliberately

- Punched, hit, kicked or beaten
- Assaulted or wounded with a weapon
- Sexually assaulted
- Sexually harassed (without assault)
- Raped
- Harassed by the police without assault
- Beaten or assaulted by the police
- Other kinds of discrimination (*please specify*) _____

- Never experienced any of the above **go to Q36**

36) Have you experienced harassment / violence in any of the following settings because of your sexuality? **(Tick all that apply)**

- School
- Youth club
- College
- University
- Health service
- Workplace
- Church/place of worship
- Street
- Pubs/club/restaurant/hotel
- The gay scene
- Shops
- Employment services
- Housing provider
- Home
- Leisure/sports facility
- Cruising area
- By email or text message
- Other (*please specify*) _____

- Never experienced any of the above **go to Q37**

36a) Did you report this harassment / violence to anyone?

- Yes No *If no, go to Q36d*

36b) If yes, who did you report it to?

36c) Did you feel the response was satisfactory?

Yes No *Now go to Q37*

36d) If you didn't report it, please could you tell us why not?

37) Have you ever experienced violence / assault from a partner in a same sex relationship?

Yes No *If no, go to Q38*

37a) If yes, did you report it?

Yes No

38) Do you feel there are satisfactory support services for people who experience violence in same sex relationships?

Yes No Don't know

39) Did / does your school have an anti-bullying policy?

Yes No Don't know *If no/don't know, go to Q40*

39a) If yes, does it specifically mention young people who are gay, lesbian or bisexual?

Yes No Don't know

40) Did / does your school seem a safe and welcoming place for young people who are gay lesbian or bisexual?

Yes No Don't know

41) Did / does your school provide information or support to young people who are gay, lesbian or bisexual?

Yes No Don't know *If no/don't know, go to Q42*

41a) If yes, which of the following best describes the information or support you received?

- Very Poor Poor Adequate Good
 Excellent

42) Do you feel your academic performance at school or further education **was in anyway** affected by feelings you or other people had in connection with your sexuality? (*this might also include truanting or being an early school leaver*)

- Yes No

43) Have you ever attended a local youth club in your own area?

- Yes No *If no, go to Q44*

43a) If yes, do you feel it was a welcoming and safe place for young gay, lesbian and bisexual people?

- Yes No

Section 4 Services

44) The following section is about specialist services. *Please tick the boxes relevant to you*

	I have never heard of this service	I have heard of this service	I have used this service
Lesbian & Gay Switchboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bi-g-les Youth Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIPS/Lesbian Peer Support Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Place at The Sandyford Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glasgow Gay and Lesbian/LGBT Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glasgow Women's Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centre for Women's Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian Archive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45) Are you registered with a GP?

- Yes No *If no, go to Q46*

45a) If yes, have you experienced any problems due to your GP or anyone else in your GP's practice knowing or presuming you to be gay, lesbian or bisexual?

- Yes No

The Steve Retson Project

The Steve Retson Project is a sexual health drop-in service for gay and bisexual men. *If you are male please fill in the following section. If female go to Q52*

46) Have you heard of the Steve Retson Project?

- Yes No *If no, go to Q49*

47) Have you used the Steve Retson Project before?

- Yes No *If no, go to Q48*

47a) If yes, in which venue have you used it? **(Tick all that apply)**

- Glasgow Royal Infirmary
 The Sandyford Initiative
 The Glasgow Gay and Lesbian Centre/LGBT Centre

47b) What was your experience of the Steve Retson Project? **(Please tick one answer on each line)**

- Friendly Unfriendly
 Helpful Unhelpful
 Useful Not much use
 Other *(please specify)* _____

Now to go to Q49

48) If you have heard of the Steve Retson Project but never used it, could you tell us why not?

Currently The Steve Retson Project is planning a new service specifically for young gay and bisexual men under 25 years only. This service would provide all the things the current service provides including: HIV testing and counselling; screening and treatment for sexually transmitted infections; free condoms and lubricant; Hepatitis A and B immunisation; advisors and counsellors to talk over any worries or difficulties you might be having.

49) Do you think this service would be useful?

- Yes No

50) Do you think you would use this service?

- Yes *If yes, go to Q51* No

50a) If no, can you please state why you would not use this new service?

51) What other things do you think this service should provide?

- Access to internet
 Support group with other young men
 Welfare rights advice
 Courses on assertiveness
 Information about other groups
 Information about education opportunities
 Physical exercise classes
 Relaxation classes
 Other (*please specify*) _____

51a) From the list above what do you think would be the **most important** thing the service could provide?

Now go to Q57

Sappho@Sandyford (formerly, The Lesbian Health Service)

Sappho@Sandyford is a sexual health drop-in service for gay and bisexual women. If you are female please fill in the following section.

52) Have you heard of Sappho@Sandyford

- Yes No *If no, go to Q55*

53) Have you used the Sappho@Sandyford before?

- Yes No *If no, go to Q54*

53a) What was your experience of Sappho@Sandyford? (Please tick one answer on each line)

- Friendly Unfriendly
 Helpful Unhelpful
 Useful Not much use
 Other (please specify) _____

54) If you have heard of the Sappho@Sandyford but never used it, please could you tell us why not?

55) Do you feel you would use a specific health service for young lesbian or bisexual women?

- Yes *If yes, go to Q56* No

55a) If no, please could you tell us why not? (please specify)

56) What other things do you think this service should provide?

- Access to internet
 Support group with other young women
 Welfare rights advice
 Courses on assertiveness
 Information about other groups
 Information about education opportunities
 Physical exercise classes
 Relaxation classes
 Other (please specify) _____

56a) From the list above what do you think would be the **most important** thing the service could provide?

57) Please use this space to tell us anything else you feel you would like to let us know about.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

Could you now place the questionnaire into the attached envelope and post it. You do not need to put a stamp on it. If you also wish to enter the prize draw to win the recordable mini-disc walkman, please put your name and address on the competition form and enclose it in the attached envelope with the questionnaire. The questionnaire will be separated from the competition form when we open them and we will not refer to the nature of the questionnaire if you win the prize. Good luck!!!

If you have experienced any difficulties filling out this questionnaire and would like to talk to someone about it, you might find some of the following phone numbers useful

Strathclyde Lesbian and Gay Switchboard Tel 0141 332 8372
7pm till 10pm every night

Lesbian Line Tel 0141 354 0040
Wednesdays 7.30 till 10pm

National AIDS Helpline Tel 0800 567 123
24 hours

National Drugs Helpline Tel 0800 776 600
24 hours

Drinkline

Tel 0800 917 8282

Childline
24 hours

Tel 0800 1111

Samaritans
24 hours

Tel 0141 248 4488

Appendix II

Other advisors on project

Elizabeth Burtney	HEBS Research Officer, Sexual and Mental Health
Elizabeth Fraser	HEBS Research Officer
Graham Hart	MRC Assistant Director
Anne Lee	GGHB Health Promotion Dept Mental Health
Russell Jones	GGHB Dept of Public Health, Addictions
Yvonne Powell	GGHB Health Promotion Dept, Sexual Health
Rosie Illett	Project Co-ordinator of Centre for Women's Health
Jan Cresswell	GGHB Health Promotion Dept, Nutrition

Venues for Paper Questionnaire Distribution

The Sandyford Initiative
The Steve Retson Project
The LGBT Centre
Clone Zone
Centurion Sauna
Bi-g-les Group
LIPS Group
Phace West (Argyll and Clyde and Lanarkshire youth contacts)
Waterstones
Borders
H&M
The Tron
The 13th Note
City Centre Services
GFT - Lesbian and Gay Film Festival
Glasgow Women's Library

Online questionnaire hyperlinks

Queercompany
Equality Network
Gay Scotland
Gay Youth Uk
It's OK To Be Gay
Gay Glasgow
Gaycom
Gaydar

Press Release

The Pink Paper
The Big Issue
The List
The Metro
Scotsgay

Appendix III

Interview Schedule

Q 1 – 6 from the questionnaire should be asked at the start of the interview, 'off tape', written down in your note book, along with the pseudonym, and read onto the end of the tape after the interview. The transcriber will insert these details at the start of the transcript.

How old were you when you first realised you werelesbian / bi / gay ...however they have identified?

Are you out to anyone? Who?

When did you first come out to anyone? (What age?)

What kinds of reaction have you had? Bad? Good?

Family?

Friends?

At school?



Trigger



Thrown out of the house → homelessness

Started drinking a lot → substance abuse / health

Beaten up at school → violence / school experiences

Who are your friends?

Are you working / studying / unemployed / at school?

What is your housing situation?

(Experiences with flatmates / landlords / local council / HA / neighbours → any harassment?)

Have you ever been homeless?

Reason?

Experiences?

(Children / (co) parenting responsibilities – separation from children?)

If the participant has already disclosed a disability or sensory impairment – nature?
Impact on accessing support / the scene?

How is your health generally?

(Physical / mental / emotional / sexual)

Do you exercise?

Are you out to your GP? (experiences?)

Use of drugs / alcohol / tobacco eg, Do you drink? Details are important → links with the scene
Depression
Self harm
Eating disorders
Attempted suicide

Smear tests / breast examination / self examination of testicles
STDs

Safer sex practices (particularly lesbian) Do you practice safer sex?

Ever used / heard of the Steve Retson Project / Sappho Lesbian Health Service / the Centre for Women's Health or the Place? → experiences

Q34 exchanging sex for money or shelter → experiences

School / education. Out? Any support / materials → experiences

Work. Out? → experiences

Violence – verbal and physical / sexual → experiences

Violence and abuse within a same sex relationship? Support?

Reporting – Police / Rape crisis / Women's Aid → experiences

Discrimination / prejudice / oppression – What?

Do you feel that you are treated any differently because of your sexuality?

Social and cultural activities – Bi-G-Les / LIPS at GWL / the scene / youth clubs / other leisure → experiences

Appendix IV

Summary of questionnaire responses from people aged over the upper age limit for the project

Demographic characteristics

Characteristic	Number	%
Gender		
Male	32	91
Female	3	9
Age		
26-35 years	23	66
35 +	12	33
Mean age	33.6 years	-
Residence		
Within Greater Glasogw	17	49
Outside Greater Glasgow	13	37
Unknown	5	14
Ethnic origin		
White European	32	91
Jewish	1	3
Pakistani	1	3
Other	1	3
Disability		
Disabled	2	6
Not disabled	31	88
Unknown	2	6
Sexuality		
Gay	26	74
Lesbian	3	9
Bisexual	4	11
Man who has sex with men	1	3
unknown	1	3

Disclosure

31 people in the older age group had disclosed their sexuality to another person average age when disclosing their sexuality was 22 years old

People disclosed sexuality to

	Number	%
Mother	23	66
Father	20	57
Brothers/sisters	15	43
Other family	24	69
Friends	22	63

School	19	54
Someone in further education	12	34
GP/Health Professional	17	49
At work	20	57
To neighbours	22	63
Flatmates	17	49
Youth worker	2	6
other	2	6

Homelessness

- None of the group were currently homeless
- Two of the group had been homeless in the past
- Eight people had left accommodation because of their own or other people's feeling in relation to their sexuality

Parenting

- Four of the group had children, these were all men
- Two of these did not have access to their children
- Eight people wanted children, 2 women and 6 men

Health

Physical activity

- 24 (69%) of the group did regular physical activity
 - 5 daily
 - 7 3-4 times per week
 - 9 once a week
 - 1 once a month
 - 2 seldom
- 13 of the group used a gym
- none of the group had stopped using a gym because of their own or other people's feeling in relation to their sexuality

Smoking

	Number	%
Never smoked	5	14
Only tried once or twice	10	29
Given up smoking	8	23
Smoke some days	1	3
Smoke every day	9	26
unknown	2	6

Those who smoked reporting smoking between 15-140 cigarettes per week.

Eating habits

- 27 (77%) believed they ate healthily
- 16 (46%) believed they had problematic eating habits
 - 6 had binged
 - 5 had constantly over eaten
 - 2 had made themselves sick after eating
 - 4 had starved themselves
 - 4 had done none of these things
 - 4 had other types of problematic eating
- 5 attributed their problematic eating to their sexuality

Alcohol

	Number	%
Never drink alcohol	1	3
Drink alcohol less than once a month	2	6
Drink alcohol more then monthly but less than weekly	6	17
Drink alcohol 1-2 days per week	13	37
Drink alcohol 3-5 days per week	7	20
Drink alcohol 6-7 days per week	3	9
unknown	3	9

- The average units of alcohol drunk a week by those that drank was 13 (range 1-40)
- 4 believed their drinking was problematic
- 1 person believed their problematic drinking was due to their sexuality

Drugs

Drug	Never used		Ever used		unknown	
	N	%	N	%	N	%
Speed	28	80	5	14	2	6
LSD	30	85	3	9	2	6
Temazepam	30	85	2	6	3	9
Cannabis	21	60	11	31	3	9
Heroin	31	89	0	0	4	11
Ecstasy	25	71	8	23	2	6
Crack	31	88	2	6	2	6
Cocaine	29	83	2	6	4	11
Anabolic steroids	31	89	0	0	4	11
Solvents	31	89	1	3	3	9
Poppers	19	54	14	40	2	6

- One person received temazepam on prescription
- One other person believed their drug use was problematic. This individual used cannabis daily, poppers weekly, speed, LSD and cocaine occasionally
- They did not believed their drug use was related to their sexuality

Scene

- 28 (80%) people use the gay scene
- when using the scene, 11 felt pressure to take alcohol, 2 to take drugs and 4 to smoke
- 13 people reported not feeling pressured to do any of those

- 22 people used gay chat rooms
- 11 of these had less than seven hours sleep some nights because of using the gay chat rooms

Self esteem

Self esteem score	n	%
Low (9-18)	2	6
Medium (19-27)	13	37
High (28-37)	17	48
unknown	3	9

The average self esteem score was 27.

Depression

- the average score on the depression scale was 20
- 10 (29%) people scored above the threshold for a possible episode of depression.
- 13 (37%) of the group had been diagnosed with depression
- 8 attributed this to their sexuality
- 30 (86%) of the group had felt stressed or anxious
- 9 attributed this to their sexuality

Suicide and self harm

- 6 (17%) of the group had self harmed
- 2 attributed this to their sexuality
- 18 (51%) of the group had suicidal thoughts
- 11 (31%) had attempted suicide
- 8 attributed this to their sexuality

Sexual Health

- None of the group were HIV positive
- 19 (54%) were HIV negative
- 14 (40%) did not know their HIV status
- 21 (60%) had been tested for Hepatitis A
- 23 (65%) had been tested for Hepatitis B
- 11 (31%) of the group had been diagnosed with a sexually transmitted infection
 - 4 with gonorrhoea

- 3 with chlamydia
- 2 with syphilis
- 5 with non-specific urethritis
- 5 with other STIs
- 2 of the women in the group had a smear
- 2 women checked their breasts occasionally for abnormalities
- 12 (36%) of men checked their testicles for abnormalities on a regular basis, 15 (45%) occasionally and 4 never checked their testicles
- 24 (69%) practised penetrative sex
- 15 of these used barrier protection
- 31 (89%) practised oral sex
- 2 of these used barrier protection
- 7 (20%) of the group had exchanged sex for some form of payment

Discrimination

	n	%
Name calling directed at you	27	77
Threatened with physical violence	14	40
Personal property damaged or destroyed	6	17
Objects thrown at you	10	29
Chased or followed	10	29
Spat at	8	23
Been left out or ignored deliberately	15	43
Punched, hit, kicked or beaten	6	17
Assaulted or wounded with a weapon	3	9
Sexually assaulted	4	11
Sexually harassed (without assault)	8	23
Raped	4	11
Harassed by the police without assault	6	17
Beaten or assaulted by the police	2	6
Other kind of discrimination	5	14
Never experienced any of the above	5	14

Location	n	%
School	17	49
Youth club	4	11
College	4	11
University	5	14
Health Services	2	6
Workplace	13	37
Church/place of worship	6	17
street	17	49
Pubs/clubs/restaurant/hotel	5	14
The gay scene	3	9

Shops	2	6
Employment services	2	6
Housing provider	0	0
Home	6	17
Leisure/sports facilities	1	3
Cruising area	7	20
By email or text message	2	6
Other	2	6
Never experienced harassment /violence	8	23

- 5 of the group had reported any harassment or violence to another person or agency
 - 2 to the police
 - 1 to the union
 - 1 to colleagues
 - 1 to the Big Issue as the harassment was from a Big Issue vendor
- one person who had reported the harassment to the police believed the response was satisfactory
- the reasons given for not reporting harassment to another were as follows
 - believed reporting would be pointless (4)
 - harassment not serious (2)
 - ashamed of being gay (2)
 - believed others would be homophobic (1)
 - didn't want a fuss (1)
 - believed could handle self (1)
 - was harassed by the police (1)
- eight (23%) people had experienced violence in a same sex relationship
- one of these people had reported this
- four (11%) people believed there were satisfactory support services for people who experience violence in same sex relationships
- five people thought that their school had had an anti-bullying policy
- no one knew if this not specifically mentioned lesbian, gay or bisexual people
- one person believed their school was a safe and welcoming place for young gay and lesbian people
- one person stated that their school had provided information or support to young gay, lesbian and bisexual people
- 13 (37%) people believed their academic performance at school was affected because of their own or other people feelings in relation to their sexuality
- 12 (34%) people had attended a local youth club
- 3 believed this was a safe and welcoming place for young gay, lesbian and bisexual people

Services

	Never heard of		Heard of		Used		unknown	
	N	%	N	%	N	%	N	%

Lesbian and Gay Switchboard	1	3	19	54	15	43	0	0
Bi-G-Les youth group	13	37	16	46	2	6	4	11
LIPS	21	60	7	20	1	3	6	17
The Place at Sandyford Initiative	14	40	14	40	6	17	1	3
Glasgow Gay and Lesbian Centre	2	6	15	43	17	49	1	3
Glasgow Women's Library	17	49	11	31	0	0	7	20
Family Planning	1	3	25	71	3	9	6	17
GUM	5	14	21	60	8	23	1	3
Centre for women's Health	13	37	11	31	2	6	9	26
Lesbian Archive	20	57	7	20	0	0	8	23

- 34 (97%) people were registered with a GP
- one person had experienced problems with GP services because of their sexuality

Steve Retson Project

- 20 (62%) men had heard of the Steve Retson Project
- 14 (44%) had used the service
 - 11 times at the Glasgow Royal Infirmary
 - 5 times at the Sandyford initiative
 - 6 times at the Glasgow LGBT Centre
- of those that had used the service
 - 13 thought it was friendly
 - 12 thought it was helpful
 - 12 thought it was useful
 - 1 man thought it was unfriendly, unhelpful and not much use

As only three women in this group no value in presenting the data on Sappho @ Sandyford