"Are You Being Served?"

Barriers To Accessing Services for Lesbian, Bisexual and Gay Young People

Research designed, carried out and written by

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Contents

1. Executive Summary

2. Glossary of Terms

3. Review of the literature

4. Research Proposal

5. Respondents

6. Findings
   • 6.1 Section One: The Effect of Bullying on Young people
   • 6.2 Section Two: Young People – Access to Services

7. Discussion

8. Ways Forward

9. Conclusion
Figures:
1) Gender of Respondents
2) Ethnicity of Respondents
3) Ethnic Composition: Blackburn with Darwen
4) Sexual Identity of Respondents
5) Bullying Rate by Sexual Identity
6) Reasons People Were Bullied
7) Frequency and Duration of Bullying
8) Services Accessed by Young People Responding
9) Specific Issue Contacts Made With Services
10) Seeking Information on Particular Issues
11) Variance of Views between LGB and Heterosexual Young People
12) Barriers to Supporting LGB Young People
13) Reducing Inequalities

Tables:
1) Age Structures of the Research Sample
2) Places Bullied
3) Relationships between the Bully and the Person Bullied
4) Contacts with Services by Stated Sexual Identity

Appendix:
Questionnaire
ARE YOU BEING SERVED?
Barriers To Access; Lesbian, Bisexual and Gay Young People.

1. EXECUTIVE SUMMARY

The research undertaken focussed upon issues which may prevent young people who identify themselves as lesbian, gay, bisexual, or uncertain of their sexual identity accessing the range of services available to young people within Blackburn with Darwen. 168 young people responded to a questionnaire which sought information from them about things which may influence access to services.

1.1 The methods used:
- Provided opportunities for all young people questioned to supply information about their personal experiences obtaining help from or access to services
- Provided an insight into difficulties faced as a result of bullying
- Illuminated areas where services are unable to cater for the needs of young lesbian gay and bisexual people.

1.2 Findings
- Issues such as bullying were all found to be relevant factors in preventing young people accessing services.
- The participants identified the bullying experienced to be due to a wide range of issues including sexual orientation, disability, ethnicity, race and religion.
- High levels of homophobic bullying targeted at young people who identify themselves as lesbian, gay or bisexual were observed.
Over 50 percent of those responding, irrespective of sexual identity have experienced a form of bullying. Many were found to endure months or years of persistent bullying. This is likely to have a major impact on their personal confidence and ability to access services. **Bullying is therefore a major obstacle in the way of young people who seek to realise their full potential as individuals.** The research also examined difficulties young people may face in accessing services due to issues such as accessibility or the ability of existing services to meet the full range of needs. Of particular note were the following findings:

- Obtaining specialist advice around drug or sexual health was almost always easy to obtain for young people in Blackburn with Darwen.
- 33% of young people seeking support / advice around sexual identity, find difficulty obtaining the support they require.
- Existing generic service provision is not able to support young people in the area of sexual identity.
- Frequently young people are not referred to agencies that could provide appropriate support.
- Heterosexual young people are frequently unsure if lesbian, gay or bisexual young people face additional difficulties accessing services.
- Young lesbian gay and bisexual people are clear in the view that sexual identity is a major barrier to obtaining access to the full range of services available to young people.

1.3 The findings of the research suggest that there is a need to improve the awareness of heterosexual young people about the needs of young lesbian, gay or bisexual people. Crucially, services need to review their position in relation to providing for the needs of all young people within Blackburn with Darwen. This includes issues such as:

- Prevention of bullying.
- Effective responses to prevent repeated bullying.
• Improving services for young people to account for differences in sexual identities of young people.
• Staff training to meet identified need.
• Policies and professional practice which reflect commitment to meet the needs of all young people.

It is clear that many young lesbian gay or bisexual people perceive additional difficulties in accessing services, particularly in relation to issues concerning sexual identity.
2. **GLOSSARY**

For the purposes of the report, the following definitions have been used.

Lesbian: A woman who identifies herself as being primarily attracted emotionally and/or physically to other women.

Gay: A man who identifies himself as being primarily attracted emotionally and/or physically to other men. Some women who have same sex relationships prefer to describe themselves as gay women.

Homosexual: A man or woman who is attracted emotionally and/or physically to a person of the same sex.

Bisexual: A man or woman who is attracted emotionally and/or physically to people of both genders.

Heterosexual: A man or woman who is attracted emotionally and/or physically to people of the opposite gender.

Homophobia: A fear or hatred of LGB people, and can be expressed (aimed at LGB people) through verbal, physical or emotional abuse.
Heterosexism: The assumption that everyone is heterosexual, unless they indicate otherwise. Often underwritten with the view that heterosexuality is “normal” and that LGB identity is therefore “abnormal.” This affects LGB people as well as heterosexual people.

Coming out: A process by which a LGB person self identifies, and indicates to others that they are lesbian, gay or bisexual.
3. LITERATURE REVIEW

“It is now realised that issues around sexual orientation may preoccupy a significant proportion of young people during adolescence. Same gender attraction is common in both young women and men, and is clearly not a single gender experience (Moore and Rosenthal 1998). For any young person it can be a confusing occurrence, and sources of support and acceptance are crucial. Unfortunately, peers can be critical of any behaviour that is outside the norm and “homophobic bullying” can result (Biddle and Forrest-Grant 1997: Warwick, Oliver and Aggleton 2000).… The need for all young people’s services to be sensitive to issues of sexuality is also clear (Warwick et al 2000).”


3.1 Introduction

The above report makes clear that there has recently been an increased awareness that sexual orientation is a significant part of young people’s development. This understanding has been fed by a small but growing body of research around young people’s sexuality.

The vast majority of research around sexual orientation, however, tends to focus on the adult LGB community. A wide range of topics are covered, from identifying possible genetic and other causative factors (Stevens 1992) to recognising the needs of older lesbians and gay men (Age Concern, 2001).

For the purposes of the present report a selection of each will be discussed to provide a valuable background. The scope of this review, however, is limited to two main areas; the experience of young lesbian, gay and bisexual (LGB) people in accessing (or attempting to access) services: other research that is
pertinent to LGB youth, and which may have a bearing on their ability or otherwise to access information and support services.

The following key issues were noted whilst completing the review.

- Very little research has been done on how young lesbian, gay and bisexual people access services.
- Earlier 20th Century research focussed on treating or curing homosexuality when identified in young people.
- Historically legislation sought to protect young people from being homosexual and the influence of homosexual adults.
- There has been a recent shift in attitudes towards lesbian, gay and bisexual people. This is demonstrated through a growing body of research that aims to tackle the inequalities experienced by many LGB people.
- There are aspects of young peoples’ sexual development that society continues to stigmatise.
- Researching LGB young people remains a difficult and sensitive area.
- The small body of research that has been completed tends to focus on the difficulties that many LGB young people face with regards to health and well-being.

3.2 LGB young people

Adolescence and young adulthood is a time of change, growth and development for young people, “but this can also be a time of uncertainty and pressures. Young people need support to fulfil their potential.” (Home Office, 2000).

Young lesbian, gay and bisexual young people are likely to have the same life difficulties and support needs as their peers. They face additional difficulties however, due to perceived and experienced homophobia.
3.2.1 Identity development process

Developing self identity is a complex part of becoming an adult. There are many aspects that contribute to self identity and sexuality is just one of these. Several pieces of research have attempted to map the process that LGB young people go through when developing their sexual identity. Troiden (1988) proposed a model that has been used in subsequent research when trying to understand the needs of young LGB people (Sanford 1989, and Woods 1999).

<table>
<thead>
<tr>
<th>Homosexual Identity Development</th>
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<tbody>
<tr>
<td><strong>1. Sensitisation</strong> – Feeling of being different or marginalized. Can occur from 3 years to puberty.</td>
</tr>
<tr>
<td><strong>2. Identity Confusion</strong> – Awareness of same sex attraction. Unsure how to define or explain identity. Identity in conflict with what is ‘normal’ i.e. heterosexuality, this can cause a lot of dissonance.</td>
</tr>
<tr>
<td><strong>3. Identity Assumption</strong> – Identity is established by sharing information with others. Self definition may occur after first sexual contact.</td>
</tr>
<tr>
<td><strong>4. Commitment</strong> – Positive sexual identity is established. Confidence in accepting who you are internally and externally.</td>
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Richard Troiden (1988)

The stages represent the process of developing a lesbian, bisexual or gay identity. It has been noted that the process is not as structured as the linear model would suggest (Woods 1999). Just because someone is committed to and comfortable with their assumed sexual identity, does not necessarily mean that they will disclose their identity in every situation. Often there is a process of cost benefit analysis that occurs. LGB people assess whether or not a situation is high risk or likely to result in a negative response if they disclose their sexual orientation. The more likely a negative response is the less likely LGB people are to disclose.
Troiden (1988) states that LGB young people often disclose their identity in order to help the process of identity development; for example to try and find out where to meet other LGB young people. The process becomes more difficult and can have a significant impact on health and well-being, if there is a negative response to disclosure (Corteen and Scraton 1997, Paroski 1987).

3.2.2 Negative attitudes

Many LGB young people perceive that society holds a Negative attitude towards homosexuality - termed as *cultural homophobia*. When these attitudes are expressed by an individual (*interpersonal homophobia*), or an organisation (*institutional homophobia*), they can have a detrimental effect on positive identity development and the well-being of LGB young people.

In 1992 the Lesbian Information Service carried out research with young, lesbian women in the Darwen and Blackburn area (Bridget, J. 1992). A total of 17 young women (under 25) were identified, and ten agreed to be interviewed. The vast majority of those interviewed reported receiving negative messages from family, school and their peers about lesbians and homosexuality. The response to this negativity often involved hiding their sexuality from others as a self protective measure. This can create a cloak of invisibility that is difficult to penetrate and can fool services into thinking that LGB young people don’t access them.

Local services were also contacted as part of the above research. A total of 37 agencies were asked if they provided any specific support for young lesbians. None of the agencies contacted provided such a service as they didn’t perceive there to be a need.
3.2.3 Homophobic Bullying

Some LGB young people experience negative attitudes towards their sexuality through bullying. Bullying is taken to mean; verbal abuse and name calling; harassment, including being threatened, blackmailed, people experiencing damage to their property; physical assault or assault with a weapon.

Much of the research available on bullying suggests that it is widespread and often remains un-dealt with (GALOP, 1998. Ofsted, 2003). Young LGB people are not alone in being bullied but there are a number of issues connected to homophobic bullying which are relevant to this review. These issues appear to have a significant impact on the ability of young lesbian, gay and bisexual people to access services.

**Prevalence**

*Queerbashing – a National Survey of Hate Crimes Against Lesbians and Gay Men* (Mason, A. Palmer, A. 1996) found that; 48% of respondents under 18 had experienced violence. 61% had been harassed, and 90% had been called names, because of their sexuality. 50% of violent attacks involved fellow students and 40% actually took place at school. Similarly high figures are borne out by other research (Douglas N, et al, 1997. Rivers I, 1996).

Rivers (1995) notes that homophobic bullying is usually perpetuated by groups of peers rather than individuals. This may be because of the perception that anyone who defends a person who is being bullied runs the risk of becoming a target themselves, or being labelled “queer” (Duncan, 1999).
Levels of Reporting

Levels of reporting of homophobic bullying also vary, but research suggests that this form of bullying is significantly less likely to be reported than other forms of bullying (GALOP 1998, Rivers, I 1995). In Rivers pilot study, although 10 pupils (out of a sample of 44) had told a teacher, only 4 stated the reason for the bullying. The reasons for lower levels of reporting are complex but appear to be based on; the fear of the perceived consequences of disclosure; that reporting the matter will make the bullying worse; the fear of being labelled as lesbian or gay by others in school (Duncan N 1999).

Issues around confidentiality external to the school may also be an issue. Most young people would expect their parents to be informed if they were being bullied in school or its environs. However Ian Rivers (1995) reveals that 20 of the 44 respondents who stated they had been bullied had told their parents, but only seven gave the reason for the bullying. This might be because young LGB people are not “out” to their family, or they anticipate a negative reaction. This is especially important when young people are still financially dependant on their parents.

Families are not always supportive of their young lesbian, gay or bisexual members. Research by Stonewall, the LGB campaigning organisation, found that 5% of attacks on people under the age of 18 involved parents or family. 14% of under 18’s had been harassed by their parents or family, and 19% had been called names by parents or family. (Mason and Palmer, 1996).

There are also potential long-term implications for people who have suffered homophobic bullying at school, which may extend into early adulthood or beyond. These include self-harm and contemplation of, or attempting suicide (Rivers, 1995).

Bullying can happen anywhere, not just in school. However, there is a legal requirement for schools to have a bullying policy, which should specifically
mention bullying related to sexual orientation (Dfes circular 10/99 Social Inclusion; pupil support).

Responding to homophobic bullying

None of this is meant to suggest that schools or teachers specifically, are deliberately ignoring bullying. Research suggests that the need to address issues around sexual orientation and sexuality is what causes concern and confusion within schools (Douglas N, et al 1997).

The factors listed by staff that would prevent them tackling homophobic bullying through targeting resources were:

- parental disapproval;
- a lack of experienced staff;
- absence of policy.

Policy and guidance is available at a national level, and through schemes such as the Healthy Schools Initiative. It appears, however, that staff do not feel confident at a “grass roots” level. This is clearly noted in the Ofsted report (2003);

“Staff in the schools visited showed rather less certainty in dealing with name calling and other verbal abuse about sexuality than any other matters.”

The pack developed for schools, *Bullying; don’t suffer in silence* (Smith P, Dfes, 2002) highlights the need for:

- a whole school approach (including staff);
- policies to be inclusive of homophobic bullying;
- monitoring and evaluation,
Nationally, monitoring of homophobic incidents appears to be patchy. As far as can be ascertained, no schools within Blackburn with Darwen currently monitor incidents of homophobic bullying.

3.3 Impact on Health and Well-being

Many LGB young people seek to protect themselves from the prejudice and discrimination by withdrawing from social contact. Brown (2002) terms this withdrawing as *social silence* and states that it can often lead to *'self harming behaviours including substance abuse, indiscriminate and unsafe sexual practices, running away and even suicide'* (p.3).

Aggleton et al (2000) states that the mental health issues faced by LGB young people, are common amongst other young people who also face forms of discrimination. A key issue is whether LGB youth are able to access support and what their experience of that support is.

He suggests that it is perhaps more relevant to compare the experience of young lesbian, gay and bisexual people with LGB adults than with other minority groups. A pertinent question might be how lesbian gay and bisexual people attempt to minimise the impact of that discrimination and protect themselves. He adds that most young LGB people go on to experience the impact of prejudice and discrimination throughout their adult lives (Aggleton et al, 2000).

Key Issues

- Can LGB young people access the services that they need?
- Is their experience in accessing these services positive?
- How do LGB young people minimise the impact of perceived and experienced prejudice?
3.4 Access to services

3.4.1 Healthcare

A fair proportion of research carried out on issues relating to homosexuality on healthcare provision and can be broken down into two categories: service providers experience and service user’s experience, (Steven and Hall 1991). Both of these perspectives are affected by the historical treatment of homosexuality by the medical profession.

Homosexuality and ‘Medicine’

Much of the research carried out during the early and middle part of the twentieth century was of a clinical or medical nature. This often focused on defining, or describing the treatment of, homosexuality as a specific psychiatric illness, predominately amongst adults (Stevens & Hall, 1991). Research about LGB young people addressed the prevention of homosexuality as a treatable psychiatric illness (Doyle 1967). Service providers were advised to look out for early clues to homosexuality in order that they could intervene and prevent “the guilt, misery and unhappiness that sexual perversion and homosexuality cause,” (Doyle 1967, p.40).

The “medical model” (viewing sexuality within a medical rather than social context) of homosexuality persisted, especially in the field of Psychiatry, and in 1975 the British Medical Journal contained an article discussing different treatments for homosexuality, including hormone therapy.

Homosexuality was de-classified as a mental illness by the World Health Organisation in 1992 – only just over ten years ago. The medical labelling of homosexuality as a psychiatric disorder has long term consequences, adding to homophobic attitudes which can take a long time to resolve. Many LGB young people are still labelled by the medical profession as mad, bad, dangerous or just plain old confused.
Accessing Mental Health Support

In common with most young people, there are times when lesbians, gay men and bisexual people need support or help with their mental health. This may be a fairly general “need to talk” to someone about life issues affecting them. E.g. exam pressures, problems with siblings or friends (Aggleton et al 2000). Sometimes it may be a more severe problem requiring professional or clinical support and intervention (Brown 2002).

Access to mental health service for LGB people has always been difficult. Historically mental health services have treated lesbians, gay men and bisexual people as “sick”, perceiving their sexual orientation itself as the main cause of mental ill-health (MIND, undated). There appears to be little in the way of research about the experiences of lesbian, gay and bisexual youth accessing clinical mental health services.

Bridget and Lucille (1996) state that providing appropriate help and support for young people coming to terms with their sexuality, can reduce many of the mental health problems that they face. Access to this support is often difficult as LGB young people are wary of disclosing their identity to service providers because they perceive a potentially negative reaction (Sanford 1989).

Accessing Sexual Health Services

The provision of sexual health services to the gay community has traditionally focussed on HIV prevention, targeting adult gay men. There appears to be very little sexual health care provision for lesbian and bisexual women, (Woods 1999). By focussing on HIV and targeting predominantly gay men sexual health services have failed to meet the diverse sexual health needs of many LGB young people (Sanford 1889).
The HIV Prevention Team of the Jarman Centre conducted research with gay and bisexual men (of all ages across East Lancashire) using public places for sexual and social contact with other men. The research aimed to get an understanding of the sexual health needs of the men contacted.

A number of young men were identified (< age 18) who were unaware of the legal consequences of their actions; being under the then current age of consent; having sex in a public place. There was also confusion about the exact meaning of accepting a caution if arrested, with some men not realising that this could result in a criminal record.

The vast majority of men interviewed (all ages) stated that their biggest fear was being arrested for their activity, because of; the risk of exposure by the press and other local media; their family and friends finding out; the risk they might lose their job; getting a criminal record.

A significant minority had little knowledge of local services, or more potentially safe and legal ways in which they could establish social contact with other gay and bisexual men.

3.4.2 Access to Justice

Homosexuality and the law

Homosexual relations between men over the age of 21, and in private, were decriminalised in England and Wales in 1967.

The age of consent for gay men in England and Wales was reduced to age 16 in 2001. The age of consent for lesbians is not specifically stated in legislation, but is usually taken as being 16, in line with that for heterosexual women. **This means that there are young lesbian, gay and bisexual people attending schools and colleges who now have the same rights to sexual relationships as their heterosexual peers.**
**Reporting homophobic related crime**

It appears that legislation historically sought to protect the public from homosexuals and homosexuality. This resulted in unequal legislation such as Gross Indecency which does not apply to heterosexual behaviour and only applies to sex between men. As a result of this previous history the LGB community has traditionally been suspicious of contacting the police about crime committed against them. This leads to a self perception amongst the community that LGB people are seen by the police as perpetrators of crime and not victims.

During a recent local project a number of men asked stated that they would not report being a victim of hate crime, assault or robbery to the police. Their fear centred around perceived consequences of disclosure about their sexual orientation; because the risk of, or experience of hate crime was viewed in part as “my own fault” or occupational hazard. (BLUSH ll, 1997/98).

Presently the police are developing a number of initiatives in order to improve on their relationship with LGB communities. These have included:

- Policy and guidance around providing services which are sensitive to the needs of lesbian, bisexuals and gay men.
- Consultation with LGB communities.
- Consultation with LGB agencies.
- Training and development on issues regarding sexuality.
- Active recruitment from LGB communities.

Efforts have not been without success. The figures in some areas show an increase in willingness of the LGB community to access police support.
3.4.3 Schools

In conducting this review it became obvious that schools remain a significant and potentially difficult place for young lesbians, gay men and bisexual people. As Duncan (1999) argues “After the family, schools are the most powerful socialising influence in our society and arguably the most normalising.”

As far as can be discovered, there appears to have been no research conducted in school on issues relating to LGB youth within Blackburn with Darwen.

Homophobic Bullying

Schools are an important setting due to the occurrence of homophobic bullying and as a potential access point for information and support for young LGB people. However the research suggests that there are a number of factors at play, which may prevent those young people getting the support they require.

Section 28

Section 28 of the Local Government Act (1988) states;

A Local Authority shall not (a) intentionally promote homosexuality or publish material with the intention of promoting homosexuality; (b) promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship. Nothing in (the above clauses) shall be taken to prohibit the doing of anything for the purpose of preventing the spread of disease.

Two important points were subsequently made clear in the DFE Circular 5/94.
- The legislation does not cover education about HIV and AIDS
- Individual schools, governors or teaching staff are not affected by the legislation, since it affects only Local Authorities. Local Authorities have only been able to advise schools on sex education curriculum and teaching, since Education (No 2) Act 1986.

The legislation has never been tested in Court in England or Wales. Despite this, there is research evidence that strongly suggests that a significant number of teachers and schools believe that they are not permitted to discuss homosexuality in a dispassionate manner in the classroom, deal with homophobic bullying, or respond positively to the needs of LGB pupils (Epstein, D. 2000).

This is supported by the findings of research conducted with young LGB people about the low levels of open discussion about, or even mention of, homosexuality within their school (Bridget, 1992.)

Out of 2,408 LGB people questioned about the content of their sex education;
  - 82% said that male homosexuality had not been included;
  - 89% said that lesbianism had not been included.

(Palmer, A. 1994).

Research conducted among teaching staff identified that 82% of respondents would value clarification about Section 28 in their school (n= 283) (Douglas N, et al, 1997).

With the development of Sex and Relationships Education (SRE) and Personal, Social, Health and Citizenship Education (PSHCE) in the curriculum it is to be hoped that this situation might have changed more recently. The Ofsted Report ‘Sex and Relationships’ (2002) notes that;
“pupils felt that there were aspects of sex and relationships that they would want to discuss that appeared to be ‘no-go areas’ for some teachers. These aspects included the classroom-based discussion of homosexuality. As a year 10 boy from an all boy’s school reported: ‘we never talk about homosexuality. There are over a thousand boys in this school and it must be an issue for some of them. But the staff seem scared to talk about it.’ (Ofsted, 2002)

It is difficult to say with any certainty to what degree the impact of Section 28 has had in deterring schools or Local Authorities in offering information, education and support to young LGB people.

3.5 Conclusion

The vast majority of the research around LGB people generally, and young people specifically, seems to fall mainly in to two camps; identifying people as victims of homophobia or discrimination; the impact on the mental health of LGB people from homophobia.

There appears to be a lot of research around issues which may present barriers to service access, but little in the way of developing an understanding of what actually enables young lesbians, bisexuals and gay men to access services freely and without complication.

This may be, in part, due to the perceived continuing need to identify what the needs of LGB people are; “Need that is not just ignored, or marginalized – need that is invisible” (McFarlane, 1998). There are still real gaps, for example, in our knowledge of the extent of homophobic bullying in British schools, due to a lack of incidents being monitored.

Services are unlikely to know if they are serving the needs of LGB people while they remain invisible as a client or customer base. The document
“Transforming Youth Work – Planning for the Local Authority Youth Service: 2003-04 Guidance” (Connexions, 2002) asks that “Data and information systems (are) in place to collect and analyse ethnic, gender, and disability information for staff and users of the service.”

This does raise the question of how agencies are to identify lesbian, gay and bisexual staff employed by them, and LGB young people using their service.

The main barriers to accessing generic services identified by the above research appear to be a mixture of:

- Ignorance of the availability of services.
- Perception of the relevance of services to LGB young people.
- The perception that the staff/service ethos will be “heterosexual.”
- Fear of the perceived consequences of disclosure to services.
- To minimise the possibility of rejection or negative response, many LGB young people will “hide” their sexual orientation, even when it is precisely relevant to their enquiry or need for support.
- Fear that the person’s sexual orientation will be perceived as “the problem” and not the problem/enquiry they are presenting.
- Previous experience of services.
- Isolation and the impact of prejudice.
3.6 Present Research Proposal

The current research proposes to:

1. Investigate the difficulties which young gay, lesbian and bisexual people may face in accessing the full range of services available for young people in the area.
2. With this information inform the process of overcoming the barriers identified.

In addition the present research hopes to contribute to both the local and national body of knowledge by exploring service access from the point of view of LGB young people.
4. RESEARCH DESIGN

This research was undertaken between February and May 2003, within the Blackburn with Darwen Unitary Authority area. It followed a request by Lancashire Friend (formerly the East Lancashire Gay and Lesbian Switchboard) for an investigation to discover difficulties which may face young gay, lesbian and bisexual people in accessing the full range of services available for young people in the area. The research has been supported by Connexions Lancashire (Blackburn with Darwen).

In view of the time constraints placed upon the research, it was decided that the most effective method to collect relevant data would be to design a questionnaire and focus upon specific issues which are likely to influence how services are accessed. This would encompass questions relating to difficulties respondents may have faced in the past, as well as seeking their views about how they perceive access to services by young people who may be disabled, from a different ethnic background to themselves or be lesbian gay or bisexual.

4.1 Key issues

Several key areas developed during the design phase of the study. Firstly, the questionnaire would not be specifically aimed at young people purely on the basis of their sexual identity. After consultation with services, it was felt a broader remit would be more acceptable to those in close professional contact with young people. Opportunities to contribute would become available for a wide range of young people within the borough. Additional benefits to the research were also likely to emerge as a result of the coverage to be obtained. Information about gender, ethnicity and sexual identity of respondents would be key factors in gaining an overall picture of how young people access services, and more importantly obstructions they face which impede access. This would be of importance because:
• Young lesbian, gay or bisexual people would have been very difficult to reach as a single research cohort.
• Opportunities would develop from sampling to compare the perceptions of young people with differing sexual identities about additional difficulties young lesbian gay and bisexual people may face when wishing to access services.
• Relationships between gender, sexual identity and issues which hinder access to services could be examined.
• The research would have the potential to reach young people of South Asian heritage who may be lesbian, gay or bisexual.

In other words the structure of the research sample would allow potentially marginalized young people to express their feelings around issues which adversely affect their opportunities to access the full range of services available. They would also provide information which would be of use in identifying gaps within service provision which may have an effect upon the lives of some young people.

The consultation process with partner organisations led to the conclusion that bullying should be considered as a potential impediment to service access for lesbian gay and bisexual young people. As a consequence, the design of the questionnaire would incorporate questions to assist in gauging the knock-on effect of bullying. Coupled with this, it would ask questions and seek responses about difficulties young people have in accessing services.

A subset of questions would also offer opportunities to obtain personal perspectives about the reasons why services have been unable to meet the need of individual young people. Question design would allow sampling to view different issues which may contribute to difficulty. These would include

- The nature of services and of particular importance.
- How easy or difficult is it for young people to obtain support or help concerning issues of sexual identity.
The result of this process would mean the research would have two major strands.

**Bullying**
- Levels of bullying reported
- Reasons for bullying
- Frequency of bullying
- Duration of bullying
- Responses to reported bullying

**Services**
- Levels of Access by different groups of young people
- Difficulties identified in accessing services
- Perception of difficulties faced by lesbian gay or bisexual young people
- The views of heterosexual young people about difficulties faced by their peers who are lesbian, gay or bisexual

In questioning young people about their experiences and views in these areas, information would be obtained to assist the future development of services. This could help to ensure that services meet the needs of young people who may otherwise become marginalized and encourage services to be inclusive and accessibility to all young people. Service planners utilising information from the findings would be provided an opportunity to address issues of concern which may be illuminated. It would also provide opportunities for re-visiting or developing polices around inclusion, such as equality issues and strategies to improve social cohesion within environments mainly used by young people.

### 4.2 Sampling
**Identifying the Communities**

There are a number of difficulties in trying to define and identify LGBT communities, not least that many individuals remain hidden and may not be “out” (open) to others about their sexual orientation.

There appears to be almost no research on the lives and experiences of British lesbian, gay and bisexual people from South Asian communities, with
the possible exception of studies involving HIV and Sexual Health (Naz Project, 1999). There are no services identified in Lancashire which offer targeted support to young lesbian, gay and bisexual people from South Asian communities.

There has been surprisingly little research to identify the extent and make up of the LGB communities in the West, particularly in the UK (Kinsey, 1945-52; Janus and Janus, 1992; M Johnson, K Wellings et al, 1994, 2002). Current estimates of the LGB population vary between 2% (NATSAL, 1994) and the oft-quoted figure of 10% from Kinsey.

Using the above percentages, and the population figures from the 2001 census for Blackburn with Darwen (137,471 population) means that the number of lesbian, gay and bisexual people living in Blackburn with Darwen ranges from approximately 2,748 to 13,747.

With this in mind the sampling of the present research was designed to provide opportunities to discover the view of:

- Difficult to reach young lesbian gay and bisexual people.
- Young people broadly representing the demographic constituency of Blackburn with Darwen.
- Heterosexual young people for comparative analysis of views and experiences.

Following the design of the questionnaire, it was circulated for further comment to services involved in the process of design, who are working with young people across Blackburn with Darwen. Consequently, several statutory and non statutory organisations within Blackburn offered assistance in circulating the questionnaires amongst young people they were working with. However, at this stage in the process, Blackburn with Darwen Local Education Authority decided schools should not take part in the collection of data.
The organisations who did move to this stage were SELHAL (a young women’s housing organisation), Nightsafe (a homelessness organisation for young people), Blackburn Foyer Project (a housing organisation for young people), Brook (an advice service for young people) and Blackburn with Darwen Youth Service. Without the support from these organisations, the research would not have been possible within the allotted time scale.

Organisations who were involved in the distribution of the questionnaire provided both staff and young people with a great deal of support. This included discussions in staff meetings and awareness work with young people. Young people were also offered help filling in the information requested.

4.3 Data Collection

Each participating organisation arranged a collection point within their buildings where young people could take a questionnaire to complete before returning anonymously. For their involvement in the research, participating organisations would be given cinema tickets to distribute amongst the young people who had completed the questionnaire.

Organisations involved returned to the Jarman Centre 168 completed or partially completed questionnaires. This represents a return rate of 56%. The following section of the report provides statistical data relating to the responses made, with brief interpretation of the findings.
5. Respondents

5.1 Gender Composition of Respondents

The following chart describes the gender composition of the young people who have completed or partially completed the questionnaire. As can be seen, a ratio of slightly less than 2:1 (female to male) was observed in this sample.

Figure 1

Of those responding, the ethnic composition of the sample is shown below.
5.3 Ethnicity

The proportion of young people from different ethnic backgrounds established in the research sample is a fairly close fit to the overall population of Blackburn with Darwen. The exact ethnic population composition of Blackburn with Darwen (1991 UK Census) is shown at figure 3.

In terms of the age ranges represented, similar numbers were observed in each of the age range groups, as shown in table 1 below. This does not
account for those who did not state their age when completing the questionnaire.

5.4 Age Structures of the Research Sample

Table 1

<table>
<thead>
<tr>
<th>Incidence</th>
<th>Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>87</td>
<td>13-16</td>
</tr>
<tr>
<td>79</td>
<td>17-19 (or above)</td>
</tr>
</tbody>
</table>

5.5 Sexual Identities

From information provided by respondents, it was possible to discover the range and proportion of people identifying themselves as having a specific sexual identity at the time of completing the questionnaire.

A simple explanation was given beside each category on the questionnaire to clarify for respondents what was meant by terms such as heterosexual, gay, lesbian and bisexual this definition can be observed within the questionnaire (appendix I)
The following chart details the proportion of young people who identified themselves within particular categories for current sexual identity.

Sexual Identity of Respondents by Percentage Rate

From the information gathered, it appears that in the age ranges covered, almost one in ten young people are uncertain of their sexual identity. Almost a quarter of young people did not provide any answer to the question of their current sexual identity. This suggests that for many young people providing information about sexual identity is of concern to them.
6. FINDINGS

6.1 Levels of Bullying

Questions were asked to discover levels of bullying amongst those returning questionnaires. Initially respondents were provided with a simple definition of bullying (appendix ii). This would help their understanding of the term in relation to their own experiences.

In response to the question of ‘have you been bullied?’

*More than 52% of respondents stated they had been or are being bullied.*

6.1.1 Bullying: Sexual Identity and Gender

Of those respondents who identified themselves as heterosexual, together with males who did not state their sexual identity less than 50% reported having been bullied.

The highest rates found were amongst bisexual young women (all reported having been bullied). **High levels were also found amongst young gay men (80%), lesbian young women (70%) and young women who are presently uncertain of, or questioning their sexual identity (83%).**
When the bullying rates are compared on a basis of gender and sexual identity:

- Young gay men have a bullying rate 52% greater than their heterosexual peers.
- Young lesbian women have a rate 28% greater than their heterosexual peers.
- Young bisexual women have a bullying rate 58% above that for heterosexual young women.

When comparing bullying rates by gender, young women appear to be far more likely to be bullied than young men.

- 73% of young women reported being bullied

- 45% of young men reported being bullied

There is also a slight difference in rates of bullying between young people aged between 13-16 (55.7% bullying rate observed) and those aged 17 or over (54.4% bullying rate observed).
6.1.2 Reasons Involved in Reported Incidents of Bullying

Most bullying occurred within the school environment, often by people who were known to the person bullied. 23% of bullying was for a reason not disclosed. High levels of bullying were found to occur relating to family, disability, religion, sexuality or race (proportionately, between 17% -10% of all cases). 11% reported being subjected to homophobic bullying (relating to lesbian, gay or bisexual identity).

Over half of the young people who identified themselves as lesbian, gay or bisexual have been subjected to homophobic bullying.

Figure 6

The study findings also show that a percentage of the homophobic bullying is experienced by self identified heterosexual young people.
### 6.1.3 Place Bullied

<table>
<thead>
<tr>
<th>Place</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>46%</td>
</tr>
<tr>
<td>Street</td>
<td>19%</td>
</tr>
<tr>
<td>Other</td>
<td>16%</td>
</tr>
<tr>
<td>Home</td>
<td>9%</td>
</tr>
<tr>
<td>Club</td>
<td>3%</td>
</tr>
<tr>
<td>College</td>
<td>3%</td>
</tr>
<tr>
<td>Work</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

Table 2

As most bullying reported occurred within school, this suggests levels of bullying are high and are not falling, with more than 1 in every 2 school-aged young people being subjected to bullying.

### 6.1.4 Who Were the Bullies?

In terms of the person or persons who were responsible for the reported bullying, the results indicated that:

- 77% of incidents, the bullies were known by the person bullied.
- Almost one in every six incidents involved an adult as the stated bully.
6.1.5 Frequency and Duration of Bullying

In terms of frequency and duration of bullying, the results, expressed as percentages, were collated from the responses given. These are shown at figure 7.

Figure 7

The results indicate that the most common type of bullying is sustained for months on a more than daily basis.

- 20% of those bullied have experienced years of torment at the hands of the bully.
- 28% of those responding were bullied for months.
- 28% being bullied more than daily during the period of bullying.

This indicates that despite positive efforts to reduce bullying, a significant number of young people continue to suffer greatly as a result of characteristics the bullies appear to lock onto.
6.1.6 Reporting and responding to Bullying

- Of those being bullied, the majority reported the bullying to a person in authority. This was most frequently to a teacher, sometimes via a parent or carer.
- Occasionally young people employed the help of friends to assist in resolving the problem.
- 72% of those reporting being bullied believed the bullies were dealt with in some way.

Although 75% of those questioned were happy with the help provided, this is somewhat at odds with the fact that bullying often continued despite interventions. As 25% of young people were not happy with the intervention, many young people would remain uncertain about the benefit of reporting continued or new bullying because of past experiences.
6.2 Young People and Access to Services

Amongst the 168 young people responding, 444 contacts had been made by them with a range of services or concerning particular issues. The proportion of service contacts for specific services is shown in figure 8.

6.2.1 Contacts with Specific Services

As demonstrated, contacts were evenly proportioned between School, Youth and Connexions services. This indicates that young people in the main initially seek the help of services either directly accessible to them (School) or those they understand as provided ‘for them’, such as the Youth Service.
6.2.2 Reasons for Contacts

The following chart (figure 10) demonstrates the range and proportion of issues for which help or advice was sought.

Issues Attracting Service Contacts

Figure 10

<table>
<thead>
<tr>
<th>Specific Issue Contacts Made with Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gen health issues, 38, 17%</td>
</tr>
<tr>
<td>Sex ident / orient, 19, 8%</td>
</tr>
<tr>
<td>Homelessness / Social Sup., 44, 20%</td>
</tr>
<tr>
<td>Drug issues, 48, 22%</td>
</tr>
<tr>
<td>Sex health issues, 70, 33%</td>
</tr>
</tbody>
</table>

Considering that 20% identified themselves as gay, lesbian, bisexual or uncertain of their sexual identity only **8% of respondents had sought advice around sexual identity.** This statistic may reflect the difficulty young people face in gaining appropriate support and advice around this issue.

The young gay population, however, appear to have a greater need in terms of the number of service contacts per person. The young gay, lesbian and bisexual people in the population sample had a service access ratio of 3.05 :1 (3.05 contacts per person), the heterosexual young people 2.5 :1 , young people uncertain of their sexual identity 1.8 : 1
6.2.3 Difficulties When Contacting Services

Respondents were asked if they had found difficulties accessing any services, or if they had difficulties accessing information about specific issues.

Figure 10

Issues related to sexual identity were clearly the most difficult area in which to obtain help or support for the young people in the sample. This type of enquiry produced a difficulty rating of 33% percent, meaning that one in every three young people may expect difficulties with enquiries or help seeking in this area. This compares to a difficulty rating of less than 3% (3 in 100) for obtaining help concerning drug issues and sexual health issues.

Difficulties accessing help from specific services showed very little difference between them according to the experiences of respondents. Only 3% - 5% of respondents found difficulty with Connexions or Youth Services, both below the mean service average of 8.9%. Schools had a difficulty rating slightly above the mean at 9.2%. The Police were also above the mean with a difficulty rating of 10.5%.
6.2.4 Do Young People Feel That They All Have the Same Difficulties Accessing Services?

Respondents were asked if they agreed that all young people experience the same difficulties in accessing services, or did groups face additional difficulties due to disability, ethnicity or sexuality? The following bar chart shows the variance in views of heterosexual and lesbian, gay or bisexual young people who answered this question.

Figure 11

The previous chart demonstrates that young lesbian gay and bisexual people feel strongly that they face additional difficulties when accessing services. They also had a clear view that disabled people face additional difficulties accessing services. However, they were less clear about additional problems which may be faced by young people from minority ethnic communities.

The heterosexual group were much less clear about the difficulties all minority groups face in accessing services. However, there were similarities between heterosexual and lesbian, gay or bisexual young people in that both were clear that not all young people have the same difficulties when accessing
services. This was expressed by the fact that less than 26% in each group believe all young people face the same difficulties accessing services.

The most striking difference between the opinion of heterosexual and lesbian, gay or bisexual young people is when they were asked if they were unsure whether people face additional difficulties due to disability, ethnicity or sexuality:

- Over 40% of young heterosexuals were not sure if lesbian, gay or bisexual young people face additional difficulties in accessing services,
- Less than 20% of young lesbian gay or bisexual young people were not sure if lesbian, gay or bisexual young people face additional difficulties in accessing services.
7. DISCUSSION

7.1 Summary of findings

The main remit of the research was to ascertain if and why young people, in particular lesbians, gay and bisexual (LGB) young people were accessing services. Young people were also asked if they experienced any barriers to accessing the information, help and support that they sought.

The Initial pilot found that for many LGB young people homophobic bullying greatly impacted on their confidence when accessing the help and support that they needed. It was felt that this required further investigation and was built into the final questionnaire as a key area.

The findings demonstrate that for many young people bullying has a serious impact on health and well being. The highest rates for bullying were found amongst young people who identified themselves as LGB or described their sexuality as uncertain/unknown. Though some of the bullying that was reported was dealt with it appears that in many cases the bullying continued.

Homophobic bullying is detrimental to both mental and physical well-being, especially if left unchallenged. The message received by young people if homophobic bullying is left unchallenged is that being lesbian, bisexual or gay is wrong and disclosure may reinforce this view.

LGB young people were also more likely than the other respondents to access generic services for varying degrees of help and support. Many of the contacts made with services seeking information about sexuality were, however, reported as being unsatisfactory. This suggests that services find particularly difficulty in supporting young people around issues of sexuality. This is probably due to a lack of understanding of the issues and lack of awareness of the help and support that is available.
If an interaction is not successful LGB young people are more likely to choose not access generic services or disclose their sexual identity to these services. This may increase the perception that young people who are lesbian, bisexual or gay do not access generic services adding to the invisibility of this client group. Not having reason to change, i.e. not perceiving their services as being accessed by LGB young people, agencies continue to provide services that are perceived as being for heterosexual young people.

7.2 Discussion of findings

A model emerges from the research findings (Figure 12) which is an adaptation from a previous piece of research (Woods, A. 1999). The discussion of the main findings summarised above will be based upon this framework.

![Figure 12](image_url)
7.2.1 Negative Stereotypes

Much of the bullying that was reported continued in spite of intervention. Homophobic bullying that remains unchallenged, or is challenged unsuccessfully, perpetuates the idea that being lesbian, bisexual or gay is bad. Other LGB young people pick up this message and are therefore less likely to disclose their sexuality in order to protect themselves. Not disclosing can lead to LGB young people isolating themselves from others and potential sources of information and support.

The respondents often appeared fatalistic about the fact that the bullying episodes continued. The potential difficulty with the apathy demonstrated by the respondents is that it may perpetuate a person’s sense of worthlessness, i.e. that because they are lesbian, bisexual or gay they do not deserve to be treated fairly. Often if a minority group such as LGB young people are apathetic, speaking out and demanding services can be difficult. This in itself could be a definite barrier to service access and provision.

These are typical of the comments made by other young people who had suffered sustained bullying over long periods of time.

“Told police, teacher, youth worker - nothing happened [to the bullies]”.

“Told parent and teacher. They talked with them [bullies] and me and I went to counselling; but it is still going on”.

Confidence of the bully to continue their behaviour may grow if reported incidents do not result in the situation being successfully resolved by appropriate intervention.
### 7.2.2 Heterosexuality as a Dominant Culture

Over half of the young people who identified themselves as lesbian, gay or bisexual had been subjected to homophobic bullying, a high percentage of this occurred in schools. Challenging homophobic bullying in schools has historically been made more difficult with the introduction of Section 28 of the Local Government Bill (1988). Many schools adopted a stance of self-censorship as a result of the bill being enacted.

Challenging homophobia and discussing homosexuality in school continues not to be a priority. The absence of such challenge and discussion leads to many heterosexual young people being hostile to LGB young people. This hostility usually stems from a lack of awareness. Only 24% of heterosexual respondents believe that young lesbian gay or bisexual young people do not experience additional difficulties in accessing services. Heterosexual young people will remain unclear about the needs of their peers who have different sexual identities to themselves unless sexuality is openly discussed in schools.

### 7.2.3 Negotiating disclosure

Withholding their identity protects LGB young people from the perceived hostile responses to the disclosure of their sexual orientation. This hostile behaviour often manifests itself as episodes of bullying. The less confident a person is about their identity the more unlikely it is that they will chance disclosing their sexual orientation in case of receiving a negative response. This is especially the case with LGB Young people as the following comment demonstrates.

> "I was scared to say I was gay [and] did not know where to go [or] how to find help."
7.2.4 Access

Young people appear to find it easier to obtain the type of support they want when accessing services not directly connected to their school. These tend to be services designed specifically for their needs (Youth and Connexions Services). LGB young people probably avoid accessing help and support from school due the lack of discussion about homophobia and homosexuality within the school environment.

Though 90% of respondents were happy with the services they accessed, many young people who identified as lesbian, bisexual or gay, or were uncertain about their sexual orientation, experienced difficulties. Services were less likely to be able to direct LGB young people to relevant agencies or offer advice and information on issues related to sexuality. The following viewpoints were expressed by LBG young people who had found difficulties in accessing support or help.

“They didn’t [help] and they didn’t know where I could go for more information”.

“I went to a few places but I went to social services and they could not help me”.

“I felt unwelcome”.

“They were helpful but couldn’t tell you where to go for more help”

Sensitivity to negative responses and expectation of stigmatisation prevents LGB young people disclosing their identity when accessing services. As a result the interaction may be less honest and could prevent a service giving out information, support and advice which may be of value to LGB young people. As a result on not feeling able to safely disclose sexual identity LGB young people tend to isolate themselves from sources of information which
are freely and safely sought out by their peers. The comment below illustrates this.

“Everyone assumes that I am straight. So to get the information I want I have to disclose my sexuality which can sometimes be hard.”

7.2.5 Impact on Health and Well-being

The disclosure of personal information is an important aspect of developing identity and building relationships with other people. Being fearful about the potential reaction they may receive prevents LGB young people disclosing personal information, particularly if it is in relation to their sexuality. Holding back this information can often hinder the help seeking process. LGB young people sometimes choose not to disclose relevant information that would help services refer them for appropriate information support and advice. When the LGB young people who took part in the study did disclose their sexual orientation to service providers they were frustrated by the lack of knowledge and support demonstrated. This is clear in the comments below.

“I felt unwelcome or unsure if they could help”

“They were not understanding and did not offer me any help which was helpful to me”

This reinforces the message that services are not able to providing information, advice and support for LGB young people. Future interactions with a service are less likely if the young person does not feel that their needs have been met. Not accessing appropriate points of help and support can be detrimental to both physical and mental health. Other research has shown that Lesbians and Gay men are less likely to access critical support and information if previous interactions have been unsuccessful. Reagan (1981) stated that 25% of lesbians in her research delayed accessing health care through fear of a negative response.
LGB young people are more likely than their heterosexual counterparts to experience suicidal tendencies, difficulties with drugs and alcohol misuse and a lack of awareness about their sexual health. By choosing not to access support and help in order to protect their identity LGB young people place themselves at an increased risk.

LGB young people are careful about disclosing their identity in many situations due to a fear of adverse reactions. In some cases LGB young people find themselves homeless as a result of disclosing their identity to their families. This was particularly true in the case of one respondent who reported that she was bullied at home by her father because of her sexual identity. This became so intolerable that she was forced to leave the family home. In such cases, LGB young people will be particularly vulnerable when issues such as homelessness are added to the equation. The report sadly found that homelessness and sexuality were two key issues that young people often experienced greatest difficulty in finding information and support.
8. WAYS FORWARD – Providing Services for LGB Young People

The findings of this report combined with other academic research provides a sound understanding of the barriers to accessing services for lesbian, bisexual and gay young people. The research suggested that barriers to access to services for LGB young people are dominated by issues related to homophobia and heterosexism, however unwitting.

Personal experience appears to lead to LGB young people being more aware of problems faced when accessing services. The responsibility, however, to come up with the solutions does not necessarily lie with them.

Dealing with homophobia requires a multifaceted response as it occurs on several levels, personal, interpersonal, cultural and institutional. Through this understanding the framework below has been developed (figure 13). This would provide momentum within services and enable them to work towards equality of access for all young people.
8.1 Building policy and procedure that is equitable

In a society that recognises diversity on many levels (gender, disability, race and culture) lesbians, bisexual and gay men are still left off many public agenda. Malos and Hague (1997) suggest that the reason for this omission is that governments still place emphasis on the traditional family when creating public policies.

Leaving LGB issues off the public agenda encourages the invisibility of this group. For example, few organisations monitor the sexual orientation of their service users and have no actual idea if LGB individuals are accessing their service. In recent years, it has become common place to monitor gender disability and race. Targets are set by the Government and others, in terms of organisations being accessed by specific groups, but again LGB people are usually omitted.
Clear policy and procedures offer protection and support for staff, and this is important in an area where the law and social views towards lesbian, gay and bisexual young people are perceived as ambiguous.

The inclusion of lesbians, bisexuals and gay young people in policy and organisational procedure is central to reducing the barriers to accessing services.

8.2 Training and Raising Awareness for Services

The research suggested that the lack of awareness demonstrated by some agencies acted as a barrier to LGB young people accessing the help that they need.

Training around, and raising awareness of issues related to sexuality can help staff to understand the process of delivering services to LGB young people and implementing their agency policy e.g. Equal Opportunities.

Often the needs of LGB young people are not dissimilar to their heterosexual counterparts but the process through which their needs are met can be very different. Having an understanding of this process can aid staff in delivering services that meet the needs of LGB young people. Knowledge of other more specialist agencies is also important in a seamless delivery of services.

8.3 Education and awareness and young people

Providing services where LGB young people feel comfortable disclosing their sexuality is not as easy as putting up “gay friendly” posters on a wall in a waiting room. Getting young people to access the service is an important initial step. Once they do, giving LGB young people the message that a service is not only sympathetic to their needs but also is able to meet their needs is crucial.
It is clear that people will not access services if they perceive the agencies not to be relevant to them. Equally, people need to be aware of services to access them.

The research also suggested that school can be a difficult environment for many young LGB people some of whom experience homophobic bullying. Awareness raising with other young people can help break the cycle of bullying and encourage young people to challenge bullying behaviour.

8.4 Community consultation and action for change

The research discovered little or no evidence of young LGB people being consulted about their needs, and the kind of services they would like to access.

The difficulties experienced in reaching young LGB people for this and other research, suggests that there is little community cohesion or structure for them to access easily. As an “invisible community” young LGB people are likely to feel dis-empowered to affect change or the development of services and support that could help them.

8.5 Creating supportive environments

Tackling the negativity surrounding homosexuality is crucial if the health and well-being of LGB young people is to improve. Being able to access information, support and advice is an essential part of developing a positive identity. Too often, access to this type of help is haphazard. This can leave many LGB young people floundering from service to service, until they become so disillusioned they stop accessing altogether.

Specific or targeted services provided for the LGB communities are often patchy and unequally distributed. It appears that the momentum for providing
these services often comes from individuals within agencies, rather agencies themselves.

Generic services can and do work with young lesbian, gay and bisexual people. Staff may not always be aware that they are serving LGB youth, nor is it always relevant. However, there may be little understanding of how much sexuality impinges on, or affects many other areas of a person’s life.

Young LGB people seem only too aware that accessing general advice and support may mean disclosing sexual orientation if they want information which is relevant to them.

It is demonstrable that many young people face difficulties in accessing services to help them with issues around sexual identity.

Communication between schools, youth services, and specialist services for lesbian, gay, bisexual young people, or people questioning their sexual identity needs to be strengthened. This will help break down existing barriers or lack of knowledge about how to signpost such young people to specialist services such as Lancashire Friend, or the Young Gay Women’s Group.

**8.6 Recommendations**

- The creation of a Young LGB Person’s Advocate, or named person with responsibility for developing LGB awareness, training and education in services such as Connexions.

- Developing peer awareness of additional difficulties young people who are LGB may face in accessing services. This may be linked to curriculum activity within schools when discussing issues such as equality and the impact of discrimination.
• Improved communication and understanding of each others needs as a focus for Youth Agencies work with young people.

• Issues of staff training will also arise from such discussion. Service planners need to develop links with organisations or individuals skilled at delivering specialist training in areas which would not be considered mainstream.

• Improved sign posting and promotion amongst other service providers should also be an aim of services catering specifically for the needs of disabled, ethnic, lesbian, gay or bisexual communities.

• Improve the support available to young people who are bullied.
• Improve staff awareness of issues around homophobic bullying through specialised training programmes
• Improve communication channels between young people and teachers
• Encourage peer led initiatives, such as involvement of young people in planning, review and development of anti bullying policy
  Increased curriculum space for educating young people about the impact of bullying

### 8.7 Further research

**Recommendations**

• Further research to examine how improvements could be made to reduce bullying rates within schools. This could include monitoring of homophobic bullying to develop a base line knowledge of prevalence
• Local research to focus specifically upon the views of young LGB people to gain a more detailed view of what their needs are, and how these could be met by service providers.

• Further research to be undertaken, specifically examining sexual identity issues and service access which impact upon people who are from South Asian communities.

• Further research to be undertaken, specifically examining sexual identity issues and service access which impact upon people with a disability.

9. CONCLUSION

There are many positive activities taking place already (including the willingness to examine how services are meeting the needs of young people as exampled by this research). The progressive aim for service providers should be one which makes Blackburn with Darwen an area noted for excellent provision and unhindered access to services to enable all young people to fully develop their potential.
It is hoped that the present research will help provide momentum within services and enable them to work towards equality of access for all young people.
Appendix
Thanks for taking the time to complete this questionnaire. Please answer each question as honestly as you can. Please return the completed form by post in the pre-paid envelope that came with this. Your answers will be treated in the strictest confidence. This form will not be shown to anyone else.

1) Are you: male / female
   (please circle the one that applies to you)

2) Please circle the age group you are in at present: 13-16 17-19

3) What is your ethnic origin? E.g. Asian, South Asian, White, African, etc. (Please use this space)

The following questions are about bullying. Bullying includes physical attacks, name calling or deliberate hurtful behaviour towards you from another person or persons. It also includes being tormented or put in fear for your safety.

4) Have you ever been bullied? Yes (use the box below) Please circle your answer. No (go to question 8)

<table>
<thead>
<tr>
<th></th>
<th>Please tick next to any of the things (below) which you think the bullies used as a reason for the bullying</th>
<th>Please write in the space(s) below where the bullying happened e.g. in the street, at a club, at school, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Your family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Being lesbian or gay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Your name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Other reason(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please go on to the next page.
5) Who did the bullying?

Please tick next to any of the things that apply to the person (or people) who bullied you.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a) A stranger, someone you didn’t know?</td>
<td></td>
</tr>
<tr>
<td>b) Someone you knew?</td>
<td></td>
</tr>
<tr>
<td>c) Someone the same age or younger than you?</td>
<td></td>
</tr>
<tr>
<td>d) A young person older than you?</td>
<td></td>
</tr>
<tr>
<td>e) An adult?</td>
<td></td>
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</tbody>
</table>

6) How many times were you bullied? Please tick the box.

<p>| | | | | |</p>
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</thead>
<tbody>
<tr>
<td>a) Once only</td>
<td>b) Once a month</td>
<td>c) Once a week</td>
<td>d) Once a day</td>
<td>e) More than once a day</td>
</tr>
</tbody>
</table>

f) Over how long a period did the bullying last? Please circle your answer.

Days / Weeks / Months / Years

7) If you were bullied – for any reason and by anyone – did you tell a person in authority or other adult? Please circle your answer

Yes / No If yes, who did you tell? (Parent, Carer, Teacher, Youth Worker, Police Officer, etc).…………………………………………………………

<p>| | |</p>
<table>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Did they help? Yes / No</td>
<td></td>
</tr>
<tr>
<td>c) Were the bullies dealt with? Yes / No</td>
<td></td>
</tr>
<tr>
<td>d) Were your parents or carers told about what happened? Yes / No</td>
<td></td>
</tr>
<tr>
<td>e) Were you happy about the help you were given? Yes / No</td>
<td></td>
</tr>
</tbody>
</table>

Please go on to the next page
8) At the present time do you consider yourself to be:

a) **Questioning/ Unsure** of your sexual orientation (e.g. not completely sure if you are currently more attracted towards males or females) Yes / No

b) **Gay** (male person attracted more towards other males rather than females) Yes / No

c) **Lesbian** (female attracted more towards other females rather than males) Yes / No

d) **Bisexual** (male or female attracted towards both males and females) Yes / No

e) **Heterosexual** (male or female attracted towards people of the opposite gender) Yes / No

9) Have you ever tried to get help, advice or counselling from any of the following types of services? Please circle your answer.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) School</td>
<td></td>
</tr>
<tr>
<td>b) Police</td>
<td></td>
</tr>
<tr>
<td>c) Youth Service</td>
<td></td>
</tr>
<tr>
<td>d) Connexions Service / Careers Service</td>
<td>Yes / No</td>
</tr>
<tr>
<td>e) General health advice or consultation</td>
<td>Yes / No</td>
</tr>
<tr>
<td>f) Information about safer sex / sexual health / pregnancy</td>
<td></td>
</tr>
<tr>
<td>g) Information about drug use issues</td>
<td></td>
</tr>
<tr>
<td>h) Homelessness or other social support issue (including DSS and Social Services)</td>
<td></td>
</tr>
<tr>
<td>i) Information about sexual identity / sexual orientation</td>
<td></td>
</tr>
<tr>
<td>j) Telephone help-line advice for any issue</td>
<td></td>
</tr>
</tbody>
</table>
If in question number 9 you said you had tried to get help or use any service, please answer the following questions. Otherwise move on to question number 11.

10) Have you ever found it hard or difficult to get the type of help or support you needed from any of the services you went to?

   Yes / No

If yes, please say what happened in the box below. You can tell us the type of service(s) that you were trying to get help from.

Here are some examples that may help

- It was too far away or not open when you needed help
- You felt unwelcome or unsure if they could help
- They were sympathetic but not able to help you much
- They were helpful but couldn’t tell you where to go for more help

a)
If young people have problems in getting the help they need, do all young people have the same or similar problems? Or do you think some people have more, or different, problems than others?

11) Please read each of the following statements, and circle whether you agree, disagree or are not sure if you agree.

a) All young people have the same difficulties in using services
   I agree / I disagree / I’m not sure

b) There are additional difficulties for young people with disabilities in using services
   I agree / I disagree / I’m not sure

c) There are additional difficulties for young people from Asian and other ethnic minority communities in using services
   I agree / I disagree / I’m not sure

d) There are additional difficulties for young people who are lesbian, bisexual, gay or questioning their sexual orientation (identity).
   I agree / I disagree / I’m not sure

Thank you for filling out this questionnaire.
References

Age Concern. (2001). *Opening Doors*. Age Concern


Health Education Authority. (1997). *Mental Health Promotion; A Quality Framework*. Health Education Authority


