

LGBT Intersections: A Charity Perspective

Responding to the safety needs of LGBT Londoners who are older, have mental health issues or are and from diverse cultural or religious backgrounds

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Overview

The movement for lesbian, gay, bisexual and trans (LGBT) equality is often thought of as separate to struggles for race, gender, disability, age, class or faith equality. In fact, the rights of LGBT people are sometimes portrayed as competing with other groups such as people of faith. However, that ignores the fact that LGBT people exist within every community, identity group, faith and background; and that people from all those groups exist within LGBT communities. Many people with intersectional identities live happy and fulfilled lives but the fact remains that many face heightened discrimination and exclusion. For instance, they may face homophobia, biphobia or transphobia from family, racism within LGBT spaces and both at work, in public or online.

Intersectionality is a vast subject which one short report cannot do justice to, so we have focused specifically on the experiences of three LGBT intersectional groups; people with mental health issues, older people and people from diverse cultural or religious backgrounds. This was primarily because our service regularly works with those groups and not because we consider them to be more important than any other groups that make up London's diverse LGBT communities.

About Galop

Galop is London's LGBT community anti-violence and abuse charity. We provide independent advice, support and advocacy to people who have experienced hate crime, domestic abuse, sexual violence or have questions about the criminal justice system. To find out more about our work visit www.galop.org.uk.

LGBT people with mental health issues

Over half of the LGBT people we help with safety issues have a learning, mental health or physical disability. That high figure is likely to be an indication of need among this group combined with their alienation from mainstream services. Often when they contact us they have already tried and failed to get help from a range of agencies such as police, council or housing provider.

LGBT people with mental health issues who experience domestic abuse face additional difficulties. For example, it is common for mainstream agencies to have difficulty identifying which same sex partner is abusing the other due to fabricated abuse claims by the perpetrator and the abused partner minimising the abuse they experience. Perpetrators sometimes exploit this confusion by emphasising the mental health issues or other complex needs of the survivor to persuade criminal justice agencies that the survivor is making up or imagining the abuse claims. It is also common for domestic or sexual abusers to move from one

vulnerable partner to another, seeking people to control who lack confidence, self worth or the ability to speak up to authorities about abuse. Very often the people targeted are those with chaotic or complex lives with a range of intersectional identities and needs around mental health, physical disability, being trans, drug use, low self esteem or learning differences.

Many of our clients struggle with mental health issues such as anxiety, depression, self harm or suicidal thoughts. For many these are longstanding issues but for others it is a temporary reaction to hate crime, domestic abuse or sexual violence. These feelings often exacerbate their risk of re-victimisation by further isolating them from support networks and reducing their confidence and self worth. When combined lack of family support and alienation from services that many LGBT people experience, it leaves this group with a shrunken safety net.

In our experience LGBT disabled people often face a battle to be believed by statutory agencies. For instance, the police often decide they cannot help with a crime report once they realise the victim has a history of mental health issues. While it is true that some people with mental health issues feel targeted by abuse which is not objectively happening, a large remaining portion of those experience abuse are left without help. For example, we helped a gay man with mental health issues in social housing who was being targeted by a group of street drinkers. They had been making homophobic threats to him near his home for years and calling him a paedophile. He had tried to tell his housing officer and police on numerous occasions but he was not believed because of his history of hallucinations, leaving him feeling desperate and trapped. When he came to us we found that the threats were real and had escalated to the point where the street drinkers had been putting lit paper through his letterbox and a neighbour believing him to be a paedophile had threatened him with a knife. We helped him gather evidence, access support and got security installed in his home before we helped him move. Galop research shows that his experience was not unusual as LGBT disabled people experience higher levels of repeat abuse near their home than LGBT people in general. ¹

We also see a significant minority of LGBT disabled people who are marginalised in a number of ways and experience significant abuse, but are unable to get what they need from social care and other services. For instance, one of our clients was a trans woman with mental health issues and a learning difference. She experienced serious neglect as a child and in later life she was financially exploited by family members who targeted her because of her health related benefits. She was also frequently the target of transphobia in public. She was also trapped in a situation of serious sexual abuse. Because she was isolated, experienced transphobic attitudes from police and her needs were not considered high enough to get much help from social care, she had fallen through the cracks and without support from Galop she would have struggled to end those situations.

LGBT older people

¹ Filling In The Blanks, Galop, 2008

Older LGBT men and women face multiple layers of prejudice and barriers to accessing services. Many grew up in an environment where their sexual or gender identity was considered an illness and where having a sexual relationship was a crime. Therefore trusting a doctor, police officer or other public servant with details of a problem they are facing does not often come naturally.

We help older LGBT people with a range of safety and policing issues but the most common ones are those arising from poor policing practices that lasted until the late 80's. This usually involves us helping gay and bisexual men who have convictions for consensual sexual activity which has caused them problems at work over the intervening years. They were usually illegally entrapped by the police and arrested on suspicion of having sex in a public place. They usually describe being told by police that they did not need a solicitor to defend them, threatened with being outed to their family, employer or the media if they did not admit their guilt and targeted with homophobic verbal or physical abuse by officers. For instance, one of our clients was outed while in the Navy during the 50's. He was arrested and beaten up by police officers until he admitted he was gay. He was fired and convicted of a sexual offence which excluded him from many jobs. He found it hard to trust agencies because of his experiences and only recently managed to get the offence removed from his record with our help.

Isolation is a problem faced by many older people but for LGBT people its impact is often more severe. Research shows that LGB older people are three times more likely to be single than heterosexual people, are twice as likely to live alone and half as likely to see their family regularly.² While a large number of older peoples services exist to help isolated older people, some of which have made strides toward LGBT inclusive, many have not. Therefore, people from sexual or gender minorities face perceived or actual barriers to accessing support, befriending or help. Many LGBT people across the age spectrum are socially isolated, but ageing can exacerbate the issue by cutting off people from their community because much of LGBT culture is focused on youth and socialising in bars and clubs.

We see low self-worth and hesitancy to seek help in a portion of our older clients. Often they will put up with prolonged abuse for years without alerting safety services. For instance, we helped a client who had been blackmailed into handing over many thousands of pounds by a man he had previously had a sexual relationship with. The man would persistently telephone and ring his doorbell until he was let in and given money to prevent him telling the police and our clients family that he was gay. This persisted for years until he finally made contact with us and we helped him obtain legal help to prevent the man contacting him.

It is also important to remember the impact of HIV on older generations. By the early 80s LGBT culture was starting to find a voice and to win the battle for recognition. Then suddenly whole social networks were wiped out as LGBT people

² LGB people in late life, Stonewall, 2010

died of AIDS. As its cause was unknown, people were afraid to touch gay or bisexual men or even share the same bathroom. That experience left many older LGBT people with the trauma and survivor guilt of losing so many of their peers. Although improved HIV treatments mean that people now live longer, those HIV positive older people who survived or were infected later face major health issues in addition to the normal health problems of ageing. These can include mental impairment, cancers, changed body or facial shape, low bone density and kidney problems.

LGBT people from diverse cultural or religious backgrounds

LGBT people are part of every culture and faith and all cultures and faiths are represented in our diverse LGBT community. However, many still experience racism, anti religious prejudice and fear of difference inside LGBT culture; in addition to anti-LGBT prejudice from family, religious institutions and community.

One major issue we see is people facing exclusion and abuse inside their family and communities they grew up in (though it is worth noting the homophobia, biphobia and transphobia exist in all racial and national backgrounds including white British cultures and that race/faith communities are the target of prejudice themselves). This leads to a decreased safety net to help with temporary housing and support after relationship break up or job loss. Combined with high private rents in London and low council housing stocks this means our clients are sometimes forced to sofa surf for long periods or to go home with people for sex as a way of securing somewhere to stay for the night.

Family can also be a cause of homelessness in itself. Conflict at home or anti-LGBT abuse from family members is still a major cause of homelessness for young LGBT BME people. While faith is a source of strength for many young people, it can also play a part in shaping negative views of family leading up to a LGBT young person leaving or being thrown out of home. That can involve visits from religious figures, restriction on their dress/movement to prevent them socialising with other LGBT people, or prayers by the local community to 'cure' them. For instance, we helped a young African trans man who was homeless after being excluded by his religious family after he refused to accept help from a pastor with his identity. He was also facing transphobic violence from a gang he used to be part of. His isolation and transition made it difficult for him to find friends to sofa surf with. We worked with partner organisations to help secure social housing for him away from the threats he faced.

Galop research examining the safety needs of BME LGBT people found that many respondents had experienced negative reactions to their identity from family.³ One Somali man who was interviewed said "Because in my community it is taboo, if they know I am gay my mother and my brother will kill me". An African woman said "When I came out to my mother her response was it would have been better if I was dead".

Forced marriage is another issue facing the young LGBT people we work with. This

³ The Low Down, Galop, 2001

can range from excessive pressure to marry an opposite sex partner, to being deceived into taking a family holiday abroad which turns out to be their wedding. Honour violence is another issue facing young people who dress or act in a way that expresses their sexual or gender identity in a way that conflicts with their families wishes.

LGBT culture and spaces are also a source of prejudice and unhelpful stereotypes in the form of racism, islamaphobia, anti semitism, anti-migrant prejudice etc. Galop research found that over half of BME LGBT respondents had experienced racism within LGBT spaces.⁴ A number of respondents also commented that the mainstream LGBT community was no different from the population at large when it came to racism. One Indian woman who was interviewed said "People feel justified in being racist because they are gay and they see all black people as homophobic". An African gay man said "White gay men treat me with contempt. I'm either a sex object or I'm invisible – there is no in between".

This prejudice against people of different faith, nationality or race can be overt such as islamaphobic or anti-migrant comments on LGBT online fora. It can also be cultural, for instance LGBT magazines including 'exotic' images of BME LGBT people. It can also include unhelpful stereotypes such as being assumed to be heterosexual or cisgender because of being BME, having trouble getting into a club or being asked for drugs.

Immigration issues and language or cultural barriers can also a source of difficulty in accessing help. For instance, a migrant who experiences a hate crime, but grew up in a country where the police still target LGBT people may feel unsafe reporting it to police. Many immigrants also worry about the impact a counter allegation would have on their visa or asylum decision if they report a crime. Additionally, those with an insecure immigration status have no way of safely reporting a crime, however extreme. We often see abusive partners using this insecurity to commit crimes against current or ex partners in the knowledge they will not be reported and to control them by threatening to get them deported. For instance, we helped a young gay BME man who was facing domestic abuse. He was tied to his abusive partner by a spousal visa and had mental health issues. He was unable to access help from the police as when he had reported it in the past they had believed his partner who said his reports were a symptom of his mental illness. His partner was also threatening to get him deported if he left the relationship.

Sources of assistance

While those with intersectional identities face many barriers, they many also be able to seek help from a wider number of sources. For example, London's LGBT organisations are few and over-stretched with a total income that only accounts for 0.038% of the London charity sector as a whole,⁵ meaning those LGBT people alienated from mainstream services struggle to secure assistance. Being able to access better resourced support services for older people, physical disabilities,

⁴ The Low Down, Galop, 2001

⁵ The almanac, Centred, 2012

mental health or women's services can offer a higher level of assistance. However, in reality many people experience barriers to accessing both LGBT and other specialist diversity organisations, which underlines the need for all equality organisations to recognise and address the diversity within their target group.

Best practice

There are steps that all services can take to better address the needs of LGBT people within their client group, and which LGBT services can take to fulfil the needs of our diverse LGBT community. It is vital to ask confidential demographic monitoring questions about service users identities including sexual orientation and gender identity, which should then be analysed. Guidance is available on LGB⁶ and T⁷ monitoring from the Equality & Human Rights Commission. Displaying an equality statement on your website and in public spaces can encourage service users to feel comfortable disclosing sensitive information. An equality policy is useful as long as everyone is aware it exists, as is an equality plan which identifies some achievable actions each year. Informing and empowering staff and volunteers through talks, circulating guidance or training can also be helpful. Partnering with an equality organisation to learn about each other's client group and to audit each other's promotional material can also be useful.

Our resource 'shining the light'⁸ includes information about becoming a trans inclusive organisation and intersectional needs within the trans community. The final report of the LGBT refugee and migrant project 'double jeopardy' which Galop took part in outlines a range of activities to improve inclusion of this groups needs. 'Working with older LGB people' offers guidance for care and support services.⁹

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⁶ Improving sexual orientation monitoring, EHRC, 2010

⁷ Collecting information on gender identity, EHRC, 2012

⁸ Shining the light, Galop, 2011

⁹ Working with older LGB people, Stonewall, 2012