Impact of COVID-19 on Birmingham’s LGBT Communities

A report by Birmingham LGBT
Impact of COVID-19 on LGBT Communities

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Birmingham LGBT is the city’s leading charity advocating for and supporting lesbian, gay, bisexual and trans communities in Birmingham and beyond. We offer a range of services focused on improving the health & wellbeing of individuals.

We also believe passionately that Birmingham should be one of the best places in the UK for Lesbian, Gay, Bisexual and Trans (LGBT) people to live, work and socialise, and we work to enable a thriving, visible and PROUD LGBT community in the city.

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Foreword

Covid-19 has hit every community in Birmingham, and as we continue to face the challenges of this ongoing pandemic, it is essential that we understand the impact on specific communities as well as the general population, and don’t make generalised assumptions. The City Council commissioned a series of community partners to support us in establishing ongoing two-way dialogue with communities through the first phase of the pandemic, to inform and shape our response.

Birmingham LGBT is one of the community partner organisations working with us in this partnership, focusing specifically on the experiences and issues affecting the lesbian, gay, bisexual and trans community in Birmingham. Birmingham is proud to have a diverse and multi-cultural LGBTQ+ community, and the community is an important part of our city’s heritage, identity, economy and culture. Coming into the pandemic, we were already aware of the significant health inequalities affecting the LGBT communities, especially in terms of mental ill-health and wellbeing. Like many other communities, we anticipate these inequalities being exacerbated by the isolation of lockdown and the impact of Covid-19 directly. This survey and the engagement through Birmingham LGBT has been an essential part of helping us understand how the pandemic is affecting our LGBTQ+ residents in both the short and longer-term and allows us work with the community to mitigate issues and respond to them as part of the next phase of the Covid-19 pandemic.

Dr Justin Varney
Director of Public Health, Birmingham City Council
Executive Summary

This report outlines the findings of an online survey conducted during July 2020 by Birmingham LGBT. It was designed to gain an understanding of the impact that COVID-19, and the public health response to it, was having on LGBTQ+ people who live, work, or socialise in Birmingham, England.

To create the data set, an online survey was disseminated widely through email and social media channels. 146 people met the filtering criteria (being LGBTQ+ and living, working or socialising in Birmingham), completed the survey, and their responses have subsequently been used to compile this report.

The survey consisted of 114 questions, exploring respondents’ experiences of the coronavirus pandemic through themes of staying connected, perception of risk, impacts on employment, mental health, sexual health, general health, physical health, bereavement, domestic violence & hate crime. It also sought to understand their perceptions about the efficacy of infection control measures, and whether they had accessed statutory health and/or community support services.

This report forms part of a broader project commissioned by the Public Health Division of Birmingham City Council, to develop a communication and engagement campaign which aims to:

- Further understand specific issues around COVID-19 faced by LGBT communities
- Work with Public Health to develop appropriate messages to tackle the spread of COVID-19 and provide the most appropriate wellbeing advice
- Use effective and appropriate culturally sensitive methods, which do not rely on face to face engagement, to get these messages out into these communities.

The survey responses indicate a significant impact on mental health with people reporting feeling anxious, depressed, lonely, and suicidal. At the time of surveying, people’s main concerns were health, isolation, and their financial future. Reporting also indicated some increases in the use of alcohol, recreational drugs, and tobacco, coupled with less healthy eating and reduction in exercise during the lockdown. The pandemic will likely exacerbate pre-existing mental health and broader wellbeing inequalities within the community.
Key Findings

- At the time of surveying, people’s main concerns were health, isolation, and their financial future.

- People reported staying connected with those outside of their household by using a variety of mediums, with the most popular being the telephone, video calling, and social media apps.

- Those aged 19-24 years represented the highest proportion of people who indicated that lockdown measures had “impacted their ability to be their most authentic self when considering online privacy”.

- A majority of people’s employment status had not changed since lockdown, but nearly a third reported reduced household income. People were evenly split on the question of readiness to return to work, with a majority indicating they had not been consulted about returning to work or offered individual risk assessments.

- Almost three-quarters indicated that they felt their mental health had been affected since the start of the pandemic, with a high percentage experiencing depression, anxiety and/or loneliness. However, a majority thought they been able to take care of their mental health over the last month.

- People also reported difficulty sleeping and focusing on daily tasks. A minority of people indicated they had felt suicidal.

- Nearly half of people felt their diet was less healthy since the start of lockdown, with a minority indicating increased use of recreational drugs, alcohol, and tobacco use.

- People perceived that other people were at more risk than themselves from exposure to coronavirus and felt that the various government infection control measures had been effective in reducing the spread of COVID-19. Most people indicated they did not need further information about minimising the risk of contracting or transmitting COVID-19.

- Of those who needed it, most people reported being able to access COVID and non-COVID related healthcare, although a significant percentage of people reported having medical appointments cancelled because of COVID since lockdown started.

- A quarter of people reported they had lost someone due to COVID-19 or another cause during the lockdown.

- Over half of people indicated they were undertaking less physical activity than before lockdown, with walking the most popular form of exercise. The overwhelming majority of people reported easy access to greenspace.

- Around half of people had a good level of awareness of the culturally competent services available to the LGBT community through Birmingham LGBT, along with knowledge of community groups.
Top three concerns

People were presented with a list of common concerns associated with the current Covid-19 crisis in the UK, and asked to select their top three. The listed concerns were health worries, isolation, job security, financial future, relationships, housing, being your authentic self and other.

Respondents’ top three concerns were:
1. Health worries
2. Isolation
3. Financial future

Those were followed by
4. Relationships
5. Job security
6. Being your authentic self
7. Housing

(n=146)

Other concerns identified were very much focused on individual circumstances, and included issues around schooling, the stress associated with frontline healthcare, caring responsibilities, and general fear about the long-term consequences of the pandemic on society. One respondent was also worried about being identified correctly if they were to die.

When broken down by sex, those identifying as female were more concerned about health
worries, job security, and their financial future than those identifying as male. The deepest concern of those identifying as male was isolation, followed by health worries and their relationships.

Those not identifying as the gender they were assigned at birth were most concerned about health worries, followed by isolation and their financial futures.

Those aged between 55 and 64 were most worried about their health, followed by those aged 45 to 54. Those aged over 65 were most concerned about isolation. Those most concerned about financial futures were aged 35 to 44, while those most concerned about job security were aged 19 to 24 and 45 to 54.
Section 1. About You

This section outlines demographic data and the living arrangements of survey respondents.

When asked ‘Who do you live with?’:
- 34% of respondents lived with a partner or spouse
- 34% of respondents lived on their own
- 13% lived with family
- 10% lived with friends or housemates

Separately, 14% of those who responded lived with a pet.

When asked if their living arrangements had changed since lockdown started the majority (85%) responded ‘no’, while 15% answered ‘yes’. (n=146)

Of those surveyed, 45% indicated they were single, whilst 54% were in a relationship. Of those in relationships, 26% were cohabiting, 15% were married and 6% were civilly partnered. (n=144)

2 respondents were pregnant, while 2 more were recent mothers.

A broad range of ages were represented by respondents, with the highest proportion (26%) being 25 to 34.

Most respondents (n = 146) identified as white British, white Irish, white European or white other (90%). 4% identified as Black British or Black African. 4% were of mixed ethnicity. 2% identified as Asian British, Asian Indian, Asian Pakistani.

38% identified their sex as female, 59% as male, while 3% identified as other or preferred not to say (n=146). 90% of respondents identified as the gender they were assigned at birth, while 9% did not. 1% preferred not to say. (n=145). Those who did not included those who identify as non-binary, gender queer, trans man, trans woman, and other.
Just over half of respondents identified as gay at 53% - this included one person who identified as female. The rest of the responses broke down as lesbian 24%, bisexual 16%, queer 9%, with 5% stating unsure or other – (n=146)

28% of respondents (n=145) considered themselves to have a disability, with just over half of those just over half indicating mental health, 28% invisible/hidden and 20% mobility impairment (n = 40).

Over 50% of respondents reported having no religion or belief or being atheist, while a further 10% were agnostic. Christianity (19%) was the most followed faith by respondents. (n=144)
Section 2. Staying Connected

The survey asked which methods of communication people were using to stay connected during the pandemic. Options to choose from were: telephone, email, letter, video calling, social media apps, and chat apps.

The responses indicate people using multiple forms of communication, with the most common being telephone (87%), video calling (82%) and social media apps (78%) (n=146). Chat apps and email were also widely used. A smaller number of people (10%) reported using letters to stay in touch, with those identifying as women being the majority using this method. One person reported in-person visits while following guidelines.

The majority of respondents (77%) reported not making any new friends or support networks during the lockdown, while 23% reported that they had. (n=146)

When asked if they had internet access, only one respondent reported they didn’t. (N.B. this was an online survey carried out during lockdown, so it would be assumed that the vast majority of people completing it would have access to the internet). When asked how they accessed the internet, a majority of respondents reported using smartphones (90%) and laptops or tablets (86%). 3 people reported having no Internet access at home. (n=146)

The survey asked if people felt lockdown measures had impacted on their ability to be their ‘most authentic self’ when considering online privacy. Just over a quarter of respondents answered ‘yes’. The highest instance of people answering ‘yes’ were seen in the age group 19 to 24 (60%), while 33% of those identifying as male responded ‘yes’. (n=145)

Some people over 55 reported not owning a
smartphone, and using desktop PCs. Further research may be needed on digital exclusion within the LGBTQ+ community.

When asked what digital platforms had been helpful to them, the overwhelming majority of respondents reported that ‘Social Media’ and ‘Video Platforms’ (such as Zoom and Skype) were most helpful. A lower number of people (24%) identified chat/hook-up apps. Forums and blogs were found useful by a smaller percentage of respondents. (n=137)
Section 3. Employment

The survey asked about employment status before the lockdown. The majority of respondents (70%) indicated that they were ‘employed by someone else’. 13% were retired, 8% were self-employed, 5% were long-term sick, 5% were unemployed, and 1% were in full-time education. (n=144)

When asked if their employment status had changed since the beginning of lockdown, the majority of respondents (88%) said it had not - however, of those, 11% felt that their job was insecure. 4% stated that they had lost jobs, while 5% were placed on the furlough scheme. (n=138). In comments, people reported reduced hours, loss of freelance work, redundancy consultation, and one person reported restarting sex work.

The survey asked what employment sector people worked in, and responses reflected employment in a broad range of industries. The largest concentration of employment by sector was in the NHS and health (32%). With significant representation in the public (18%) and third sectors (20%). (n=116)

When asked how much they agree with the following statement, 'I am more worried about my financial situation now than I was at the beginning of 2020.' 60% of people agreed/agreed strongly. 22% disagreed or disagreed strongly, and the remaining 18% were neutral on the question. (n=146)

While 54% of respondents report no change in household income between the beginning of 2020 and the time of the survey, 32% report lower household income. 14% report it is now higher (n=145). There is a strong correlation between reduced household income, being worried about the future, and those who reported feeling their mental health had been impacted since the start of the pandemic.
When asked if they were currently working from home, 53% indicated they were, and 47% were not. When asked if the situation around COVID-19 has affected their employment in some way, 46% of respondents reported that it had, with 54% saying it had not (n=142). Common themes emerging included: redeployment, reduced income, business closures, increased workload, working from home, decreased job opportunities, changed hours, new working arrangements and procedures, and work-related stress.

61% of respondents reported that their employer has not included them in return to work risk assessment consultation, and 78% reported that their employer has not yet carried out individual COVID-19 related risk assessments. Of those who indicated they were not working from home (n=63), 70% had not been offered individual risk assessments.

When asked if they felt ready to go back to work, respondents were evenly split between yes and no. (n=136)
Section 4. Mental Health

Nearly three-quarters of respondents to the survey indicated that they felt their mental health had been affected since the start of the COVID-19 outbreak. However, 47% of respondents thought that they had been able to take care of their mental health over the last month. 27% disagreed or disagreed strongly that they had been able to take care of their mental health over the last month (n=146). Some respondents who neither ‘disagreed nor agreed’ that their mental health had been significantly affected by the pandemic, also reported feelings of depression, anxiety, and loneliness over the last month.

People were asked to indicate if they had been depressed, anxious, lonely, suicidal, or had thoughts of self-harm over the last month as a result of the pandemic. The majority of people responding to this question reported feeling anxious, depressed, and lonely (over 60%), while a smaller proportion reported suicidal thoughts (14%) and self-harming thoughts. (n=131)

When asked if they had difficulty sleeping over the last month, 87% of respondents indicated that they had. Of those, 50% indicated ‘sometimes,’ 26% ‘most days’, while 11% did ‘every day’. 13% reported having no difficulty sleeping in the last month. (n=146)

When asked if they had struggled to focus on everyday tasks in the last month the overwhelming majority, 91% of respondents indicated they had. 54% ‘sometimes’, 23% ‘most days’ and 14% ‘every day’. 9% of respondents reported not struggling to focus on everyday tasks (n=146).

When asked if they felt like they had someone to talk to over the last month, the majority of respondents (68%) agreed or agreed strongly. (n=146)
Section 5. Lifestyle

The survey asked if people felt their diet was healthier, less healthy, or about the same compared to before lockdown. Nearly 50% of people stated less healthy, with 32% saying it was about the same. 18% of people said their diet had become healthier. 10 people reported accessing a food bank or food sources other than those directly purchased from a shop during the lockdown (for example, emergency food packages), half of them for the first time. Only 15% of respondents reported eating 5 or more portions of vegetables a day during the lockdown. This is lower than the 28% figure\(^1\) for UK adults reported by NHS Digital in 2018 (n=146). When asked how many glasses of water they had drunk in the last 24 hours, 17% indicated between 6 and 8 glasses, with the majority drinking less, and 15% indicating 0 glasses. (n=146).

When asked about changes to recreational drug use during the lockdown, the majority of those who the question applied to reported ‘no change’. However, 1/3 indicated increased use of recreational drugs (ns=30)

When asked about alcohol consumption during the lockdown, the majority of respondents who drank reported ‘no change’. However, nearly 40% of those who drank reported increased alcohol consumption (n=112).

Of those who report using tobacco products (n=27), three quarters indicated they were consuming more since lockdown. There were no significant changes in smoking methods reported during the lockdown.

When asked about gambling behaviours during the lockdown, the majority of respondents either did not gamble or reported no change in behaviour. A small proportion of respondents indicated they were gambling more frequently.

\(^1\) (Fruit & Vegetables, 2018)
Section 6. Safety

When asked to indicate how serious a threat people thought COVID-19 was to their health, respondents scored it 6 on a scale of 1 to 10 (10 being the most serious). Respondent scored the threat to their wellbeing at 6 also.

When asked to indicate how serious a threat people thought COVID-19 was to other people’s health, respondents scored it 8 on a scale of 1 to 10 (10 being the most serious). Respondents scored the threat to their wellbeing at 8 also.

When asked if they had felt worried in last month about contracting or transmitting COVID-19 a majority (80%) reported they had (n=146).

Over half of respondents reported knowing someone that has had COVID-19. Of 146 respondents to the survey, a quarter reported knowing someone who had died.

Respondents were asked to rate on a scale of 1 to 10 how helpful various infection control measures had been in reducing the spread of COVID-19 (10 being the most beneficial).

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying at home</td>
<td>9</td>
</tr>
<tr>
<td>Social distancing</td>
<td>8</td>
</tr>
<tr>
<td>Self isolation</td>
<td>9</td>
</tr>
<tr>
<td>Shielding</td>
<td>9</td>
</tr>
<tr>
<td>PPE</td>
<td>7</td>
</tr>
</tbody>
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Responses suggest a perception that infection control measures have been helpful in reducing the spread of COVID-19 (n=146).

When asked if they faced any difficulties or barriers in accessing telephone online support, most people (90%) stated they did not. 10% reported difficulties or barriers and common themes were privacy concerns, long wait times due to overstretched services, deaf or hard of hearing, anxiety and autism spectrum disorders making phone conversations difficult (n=146).

When asked if they would be interested in gaining further information about how to minimise the risk of contracting or transmitting COVID-19, most people responded ‘no’. However, 21% of people would be interested in that information (n=145).

When asked if they had any further concerns relating to the pandemic not covered by the survey, the following themes emerged:

- People felt the government guidance was confusing or conflicting.
- Concerns for the future, including more waves of infection and economic impacts
- loss of LGBT safe spaces where people can be themselves, e.g. Gay Village
  Lack of social contact with friends, family and work colleagues, as well as reduced sexual contact.
- Disinformation and its impact on our recovery from the crisis
- Digital exclusion
• Lack of trust in the UK government and their ability to safely manage future waves of infection
• Disparate levels of adherence among the general population to infection control measures
Section 7. Sexual Health & Wellbeing

Respondents were asked to rate their current sexual health and wellbeing as either ‘excellent’, ‘good’, ‘could be better’ or ‘not so good’. The majority of respondents (70%) responded ‘good’ or ‘excellent’. A quarter of respondents said their sexual health and wellbeing could be better, while only a small proportion said not so good (n=146).

When asked if lockdown and required social distancing has affected their sexual health and wellbeing, a majority of respondents answered ‘no’. However, nearly 40% of respondents indicated it had (n=146).

When asked if they were aware they could order online STI kits from Umbrella Health, a majority of respondents (61%) said they were aware, with 37% being unaware (n=145). When asked if they knew Birmingham LGBT offered free HIV testing kits with online guidance if required, 52% were not aware and 48% were (n=143).

When asked if they’d experienced any sexual health symptoms during the lockdown, the vast majority of respondents said ‘no’ with only 5% answering ‘yes’ (n=145). The majority of people were aware that treatment was available from Umbrella Health if they needed it, with 37% not being aware. The majority of people (56%) were not aware they could still access PEP from Umbrella Health (n=144).

People were asked what online ‘chat apps’ they currently used to connect with others. Three-quarters of respondents reported not using any. Of those who did report using apps, Grindr and Scruff were the most commonly used.

When asked if they had experienced any forms of prejudice on chat apps the vast majority (66%) reported they had not. However, a significant minority of people reported experiencing body shaming and racism, as well as discrimination based on their sexual orientation or gender identity. 11% of people reported experiencing hate crimes and hate language on chat apps (n=125).

When asked about their awareness of individual wellbeing support available during the pandemic through Birmingham LGBT, just over half of respondents (52%) were aware of the service (n=146).

People were asked if they knew that Birmingham LGBT offered sexual health and wellbeing one-to-one support sessions by email, phone, and Zoom. 55% of survey respondents answered the question, of those the majority knew they could access services by phone and email, while somewhat less responded they were aware of the option of Zooming (n=81).

When asked what concerns they have about their sexual health and wellbeing, both now and in the future, the following themes emerged:

- Access to healthcare provision, both sexual health and general health
- Funding cuts, privatisation of services, lack of specialist knowledge, and prejudicial attitudes
- Being separated from who partners live far away.
- Fear of disclosure of STI and HIV
• Lack of sex life due to social distancing shielding, leading to depression and loneliness
• Security and continuity of HIV treatments
• The trend of not using condoms leading to greater risk
• Issues around self-esteem and sex
• More significant stress due to current situation affecting libido and impacting on relationships
Section 8. General Health

The survey asked if respondents had been able to access healthcare support for COVID-19 symptoms easily during the outbreak. 68% replied they had ‘not needed it’. Of the 32% of those who had needed it, 20% were able to access healthcare, while 12% were not (ns=47)

When asked if they be able to access healthcare support for non-COVID-19 related health issues during the outbreak. 34% replied they had ‘not needed it’. Of the 66% who needed to access non-COVID related healthcare support during the outbreak, the majority 47% were able to. However, 19% reported being unable to (ns=97).

People were asked if there was any medication that they had not been able to access or if they were worried they might not be to able access. The majority of respondents who the question applied to reported ‘NO’, 11% responded ‘YES’ (ns=105)

When asked if they had had any medical appointments cancelled because of COVID since lockdown started, the highest proportion of respondents (41%) indicated they had. While 32% said, ‘NO’ and 26% said ‘not applicable’ (n=145).

Of those respondents receiving social care support through the council before COVID-19, the majority reported no change in their support. While 23% indicated a change (ns=17).
Section 9. Death & Bereavement

When asked if they had lost someone due to COVID-19 or any other cause during the lockdown, three-quarters of respondents indicated they had not (n=145). Of those who had lost someone, 7% had lost family member/s, 14% friend/s, 6% relative/s, 3% neighbour/s (ns=37)

When asked if they currently had any emotional support, those who had lost someone since the outbreak, 60% indicated they had ‘no’ support (ns=37).

Of the people who indicated they did have some form of emotional support, the majority ticked ‘not applicable’ when presented with a list of common types of support services. It’s possible that these respondents have informal emotional support from friends, family and partners, or may have accessed types of services that were not listed in this survey.

Of those who had lost someone and used the common types of support services, the responses are listed below with the number of respondents utilising them noted in brackets:

One-to-one health and wellbeing support (1)
Bereavement counselling (0)
Counselling (3)
GP support (2)
Religious spaces chaplaincy (1)

When asked how they were coping, the majority of those who indicated they had emotional support were coping ‘well’ or ‘very well’. Of those who indicated they did not have any emotional support, 40% indicated they felt ‘not so good’ or ‘really struggling’. 60% were coping ‘well’ or ‘very well’ (ns=22).

Those who reported a bereavement since the outbreak indicated that their primary challenges since the loss had been loneliness and isolation, followed by jobs and finances, and then housing (ns=37).

Comments included:

‘Not being able to be consoled physically or face to face or touch a person.’
‘It was horrible not being allowed to see my mother in her coffin and have closure that way.’
‘Worry about the future a lot.’
Section 10. Physical Health

The survey asked if respondents felt they had been able to take care of their physical health over the last month. 45% agreed strongly agreed they had been able to, while 34% indicated they had not. 21% neither agreed nor disagreed. When asked if they’d been able to exercise regularly in the last month, 42% indicated they had been able to while 38% had not. When asked if they had been able to eat a balanced diet, the majority of people, 56%, indicated they had. 27% of respondents thought they had not had a balanced diet, with 17% neither agreeing nor disagreeing (n=146).

People were asked how many days they had undertaken 30 minutes or more physical activity, enough to raise their breathing rate. This could include sport, exercise, and brisk walking or cycling, recreation, or to get from places, but excluded housework or physical activity that was part of their job. The majority of respondents indicated they were doing 3 days or less physical activity per week, while nearly 20% undertook none. When asked if this was more or less than they were doing before lockdown, the majority (58%) indicated they undertook ‘a bit less’ (19%) or ‘a lot less’ (38%) (n=146).

People were asked to indicate which physical activities they had undertaken in the past week from a list. 75% of respondents ticked ‘walking for leisure or travel’ which was by far the most popular response. Other activity included cycling, running or jogging, home fitness activity, informal play, and other sport. 14% of respondents indicated they had done no physical activity in the past week (n=146). When asked who joined them for physical activities (in person, not online) the majority of respondents (58%) indicated they undertook them alone. 22% were with people from their own household, and 12% were with people from outside their household.
lockdown, of those undertaking physical activity, 54% of respondents indicated there was less variety, while 30% suggested no change. 16% thought there was more variety (ns= 135).

When asked how much they agreed with the statement ‘Outside of my own home or garden, I can easily access green space to spend time in.’ The majority of respondents, 82%, agreed or agreed strongly. However, 13% disagreed or disagreed strongly, with 5% being neutral on the statement (n=146)

When asked to comment, people responded as follows:

‘I live in south Birmingham where there are tons of parks and canal paths etc.’

‘I have missed sports activities which are part of LGBT social groups’

‘With the LGBT centre closed I don't have access to anywhere I can be relaxed enough to be healthy. I would never risk a straight fitness group for fear of their treatment of me as a pansexual.’

‘I live in a tower block, so we don’t have green space.’
Section 11. Domestic Abuse & Hate Crime

7% of respondents reported experiencing a hate crime since the start of the pandemic (n=144)

5% of respondents indicated they had experienced domestic abuse from a current or ex-partner or family member since the start of UK lockdown, while the majority indicated that they had not (n=144).

Of those who had experienced domestic abuse since the start of UK lockdown, they reported experiencing the following types of abuse:

- Emotional abuse (6 out of 7)
- Coercive control (3 out of 7)
- Harassment (2 out of 7)
- Sexual abuse and violence (2 out of 7)

Respondents were asked if they had been able to access support services around domestic abuse/crime during the pandemic. Of those to whom the question applied (ns=16), just over half indicated they could not access services, and just under half indicated they could.
Section 12. Birmingham LGBT Services & Community Activity

Respondents were asked if they had accessed any services from Birmingham LGBT during the lockdown. A tick list of services was provided: one-to-one health and wellbeing support, counselling, sexual health services, domestic violence services, Ageing Better, and transport. 88% of respondents had not accessed any services. Of those who had (ns=19) 6% access one-to-one health and wellbeing support, 4% Ageing Better, 3% sexual health and one individual reported accessing counselling.

When asked to rate their overall experience of the services they accessed, the majority reported ‘good’, ‘very good’ and ‘excellent’. When asked to rate their overall experience of the services they accessed, the majority reported ‘good’, ‘very good’ and ‘excellent’. A small number of those responded reported their experience was ‘poor’ or ‘very poor’.

User comments included:

‘Without hype, Birmingham LGBT has saved my life. I was at a point of attempting suicide, regular self-harm and in a very bad place. Then I stumbled on the LGBT centre. They helped me so much over the last few years. I can’t imagine life without it.’

‘Dannii has really been helping me work through a lot. Usually, I internalise my thoughts but the support offered has helped me changed my previous “coping” mechanisms’

‘Have not accessed but seen plenty of information to share with others.’

‘My girlfriend has been struggling to access the gender identity clinic, and it is having a strong effect on her wellbeing.’

When asked if they were aware of current community events/groups that were available to the LGBTQ+ community during the pandemic, there was a relatively even split between those who were knowledgeable (46%) and those who were not (54%) (n=145)

When asked to indicate which groups or events they had attended, the majority of respondents skipped the question (82%) (n=146). Of the 18% who indicated they had participated in group activity, the most popular activity was the E-café and quizzes, followed by mindfulness. When asked to rate their experience, the majority of respondents reported ‘very good’ or ‘good’.

Respondents were asked if they would like to find out more about LGBTQ+ support services and advice available to them. There was an almost even split between those who wanted to find out more 48%, and those who didn’t 52% (n=141)

Respondents were asked to leave comments and suggestions as to the type of groups and events they would like Birmingham LGBT to consider.

A common theme was for a desire for the LGBT Centre to reopen as soon as was safe, as people reported missing what they considered to be a safe space.

Specific suggestions included:
Respondents were asked to give any additional information on how they felt the pandemic had affected their life as an LGBT person, 44 people left comments.

While some people didn’t think that their LGBT identity meant the pandemic had impacted them differently to other people, other people reported they felt it had. Some people reported being in heteronormative family environments where they felt unable to be themselves, and people reported feeling a cultural dislocation through not being able to socialise and interact with other LGBT people. A common theme was a sense of loneliness and isolation (which heterosexual people would have experienced) compounded by the lack of community and LGBT peer interaction. Other people note discriminatory language on social media and chat apps.

Comments included:

‘Even more trapped and socially cut off than before the lockdown.’

‘I don’t live in the city, but my entire social life was based in the city and included singing. So with bars, pubs, clubs, restaurants and choirs all shut I haven’t been with those who accept me for who I am for months.’

‘Is lonely. The support of the scene and social groups is missing, some of the groups haven’t transferred to the COVID world.’

‘I have felt very alone and unable to be who I truly want to be.’

‘rude and racial comments on Grindr’