RESEARCH

Levels of Empowerment among Lesbian, Gay, Bisexual and Transgender [LGBT] People in Kwa-Zulu Natal, South Africa

This research was commissioned by the Joint Working Group (JWG) and conducted by OUT LGBT Well-being in collaboration with the Durban Lesbian and Gay Community and Health Centre and the UNISA Centre for Applied Psychology.

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ABOUT THE JOINT WORKING GROUP

In 2003 a group of registered non-profit organisations and partners, which provide services to lesbian, gay, bisexual, transgender and intersex (LGBTI) people across South Africa, came together to form a working group with the following aim:

To strengthen the organised LGBTI sector to, maximise our response to LGBTI needs through partnership, collective use of resources, and drawing on the strengths of participating organisations.

This informal network, called the Joint Working Group (JWG), works at a national level, towards formulating a co-ordinated approach on LGBTI issues. The JWG comprises the following organisations but it intends to broaden its membership by including further organisations in the LGBTI field.

Behind the Mask (BTM)
Durban Lesbian and Gay Community and Health Centre
Forum for the Empowerment of Women (FEW)
Gay and Lesbian Archives (GALA)
OUT - LGBT Well-being (OUT)
Triangle Project
UNISA: Centre of Applied Psychology (UCAP)

The JWG is currently involved in a number of joint projects, including research, public education, publications and communications.

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Contents

Background and research aims 1
Sampling of the respondents 2

Results 3
1.Socio-demographic information 3
Profile of respondents 3
Employment status and financial resources 4
Level of education 4
Relationships 4

2.Life style 5
Level of 'outness' 5
Integration into the LGBT community 5

3.Victimisation and discrimination 6
Fear of victimisation 6
Victimisation at school 7
Experiences of victimisation in the past 24 months (2004/5) 7
Places in which victimisation occurs 8
Perceived reasons for discrimination 8
Workplace discrimination/victimisation 2004/5 9

4.Reporting practices to police & experiences of the criminal justice system 9
Incidents reported to the police 9
The experience of the police services 9
Reasons for not reporting incidents 10

5.Health care satisfaction 11
Consultation with health care practitioners 11
Experiences with health care practitioners (2004/5) 11
Discrimination in the health care system 11
Satisfaction with health care providers 11

6.Health status 12
Perception of health 12
Sexually transmitted infections (STIs) 12
HIV 12
Testing practices 12
Reasons for not being tested 12
HIV status 13

7.Alcohol and substance abuse 14
Alcohol use 14
Self perceptions of alcohol use 14
Frequency of alcohol use 14
Drug use 14
Self perception of drug use 14
Frequency of drug use 14
Venues for drug use 14

8.Well-being 15
Self-esteem 15
Risk for depression 15
Suicide 16
Suicide ideation 16
Suicide attempts 16

9.Religious interests 17
Religious preference 17
Discrimination by religious authorities 17
Internal conflict between religion and sexual orientation 17

10.Political interests 17
Political affiliation 17
Voting 17
Constitution rights 17

Conclusions and directions for further research 18

Background And Research Aims

The Equality Clause [Section 9(3)] in the South African Constitution prohibits discrimination on the basis of sexual orientation. However, little research into lesbian, gay, bisexual and transgender (LGBT) issues has been conducted in South Africa to monitor whether constitutional protection has indeed had an impact on the lives of gay and lesbian people.

Previous research in South Africa has been largely of a qualitative nature while very few quantitative studies addressing issues faced by people in South Africa have been conducted. Due to the difficulties in sampling this population, the few existing studies have focused primarily on white middle-class gay men thereby excluding black, lesbian and people of a lower socio-economic status (Index to South African Periodicals).

In order to begin to address this gap OUT LGBT Well-being (OUT), under the auspices of the Joint Working Group (JWG) undertook a study to assess levels of empowerment among LGBT people in Gauteng in 2003. The research aimed to provide expertise on LGBT issues as well as to inform programmes that are offered to support LGBT people by various organisations in South Africa.

The scope of this research project was extremely broad including both macro and micro issues to serve as indicators of empowerment[1]. The research was informed by both theory and the needs outlined by key LGBT and partner organisations in South Africa.

These included investigations into:

- social lifestyles;
- victimisation experienced;
- experience of the police and / or criminal justice system;
- health service satisfaction;
- health status;
- substance use;
- well-being;
- religious interests and discrimination;
- political interests; and
- socio-demographic information of LGBT participants[2].

The research was initially limited to metropolitan Gauteng, with the intention to conduct repeat studies at a later stage in at least two other provinces (Kwa-Zulu Natal and the Western Cape) where services for LGBT people are provided. These repeat studies would be conducted with adjustments to the original study where necessary.

The findings from the Gauteng study highlighted the fact that discrimination and victimisation are still prevalent amongst LGBT people, despite recent legal reforms. LGBT people appear to have little confidence in the criminal justice system which results in low instances of reporting of victimisation to the police.

The high levels of victimisation have implications for well-being, including the development of suicidal behaviour in this population. Health seeking behaviours are also affected by discrimination, since gay and lesbian people are frequently refused treatment or delay seeking treatment for fear of discrimination. This has serious implications for the transmission of HIV and other sexually transmitted infections (STIs).

The original study was repeated in Kwa-Zulu Natal (KZN) during 2005 by OUT in collaboration with the Durban Lesbian and Gay Health and Community and Health Centre, under the auspices of the JWG. It has the following aims in mind:

- to gather quantitative data on a sample of LGBT people living in KZN to assess levels of empowerment in this province;
- to use this information to inform programmes offered in KZN and to lobby for rights; and
- to combine data with that collected from Gauteng and the Western Cape[3] in order to begin to build a national picture with regard to LGBT issues and empowerment in South Africa.

This report will provide the overall findings of the study conducted in KZN. The interpretations provided are limited and care should therefore be taken not to read the results out of context.

[1] Empowerment in this context refers to matters that may impede / advance the acceptance and integration of LGBT people into mainstream society.
[2] Note that when LGBT is used in this report it refers mainly to gay, lesbian and bisexual people, with a smaller percentage of transgender people.
[3] A repeat study is currently underway in the Western Cape conducted by Triangle Project and the UNISA Centre for Applied Psychology under the auspices of the Joint Working Group.

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Sampling Of The Respondents

A method of purposive quota sampling was used to target LGBT people living in KZN, in order to ensure as representative a sample as possible. Clusters were identified according to sex, race, age and socio-economic status[4] (refer to Table 1). Ideally 30 participants per cluster are required to meet requirements for an in-depth analysis. Durban Lesbian and Gay Community and Health Centre service a predominantly black population of LGBT people, thus no problems were experienced in gaining access to black participants through the Centre as well as through friendship networks. Consequently, in some cases these clusters were over-sampled. Problems were however experienced in obtaining young white participants and Indian participants. Subsequent discussions with the Durban Lesbian and Gay Community and Health Centre led the researcher to believe that the Indian LGBT population in KZN is still largely hidden due to stigma associated with homosexuality among this population. This made accessing this group difficult.

Due to these sampling difficulties the separate clusters for Resourced and Under-resourced were not obtained and these groups were collapsed into one for the Indian participants. Although there are socio-economic differences in the Indian community as well as in the white population, it is thought that these differences are not as profound as in the black population. While socio-economic status (SES) was included as a variable and sampled for, missing data made analysis along SES lines unfeasible. It should be noted, however, that both the black and Indian groups did contain individuals of a lower SES. In addition, the individual clusters could not be reliably analysed according to age group due to the low numbers of respondents in the 16-24 year old white and Indian groups. In most cases results given in the report are provided for the sample as a whole, however when significant differences occurred for sex, race or age, these differences are highlighted.

Coloured participants were not included in the sample as according the South African Census data (1996), Coloured people only make up 1.4% of the population in KZN. A Coloured sample is included in the repeat study conducted in the Western Cape.

The final data set consisted of 410 respondents. The clusters that were identified, and the number of participants per cluster after data cleaning, are presented in Table 1 below:

Table1

Male Under-resourced Black 16-24 yrs 52 participants	**Male Resourced Black 16-24 yrs 20 participants**	**Male Resourced & Under-resourced Indian 16-24 yrs 14 participants**	**Male Resourced White 16-24 yrs 14 participants**
Male Under-resourced Black 25-40yrs 25 participants	**Male Resourced Black 25-40 yrs 31 participants**	**Male Resourced & Under-resourced Indian 25-40 yrs 22 participants**	**Male Resourced White 25-40 yrs 34 participants**
Female Under-resourced Black 16-40 yrs 50 participants	**Female Resourced Black 16-24 yrs 11 participants**	**Female Resourced & Under-resourced Indian 16-24 yrs 7 participants**	**Female Resourced White 16-24 yrs 6 participants**
Female Under-resourced Black 25-40 yrs 24 participants	**Female Resourced Black 25-40 yrs 41 participants**	**Female Resourced & Under-resourced Indian 25-40 yrs 7 participants**	**Female Resourced White 25-40 yrs 28 participants**

[4] Although it is a crude distinction, township areas were classified as being under-resourced areas since there are very little or no resources in these areas for gay, lesbian and bisexual people. Other metropolitan areas were classified as resourced.

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Results
1. Socio-demographic Information

Profile of Respondents

The final sample size consisted of 410 respondents:

Sexual Orientation:
- 78% identified themselves as lesbian or gay; and
- 22% identified themselves as bisexual.

Age:
- 45% were between 16-24 years, 53% between 25-40 years and 2% were older than 40 years[5].
- The mean age was 26 years (SD=6).

Sex:
- 46% female
- 54% male

Race:
- 66% black
- 13% Indian
- 21% white

Gender role preference:
- Refers to the manner in which a person presents or displays his or her gender identity as masculine or feminine. Individuals may adopt an opposite-sex gender role, assuming signifiers of the opposite sex such as dress, speech and / or mannerisms.
- 37% of the sample (n=390) adopted an opposite-sex gender role.
- The adoption of an opposite-sex gender role (see Table 2) is significantly more prevalent for black and Indian men than for white men.

Table 2: Gender Role preferences

	Females (%)			Males (%)		
	Black (n=128)	Indian (n=14)	White (n=37)	Black (n=125)	Indian (n=35)	White (n=48)
Adoption of opposite-sex gender role	38	43	32	42	46	19
Conform to same sex gender role	40	57	57	45	40	67
No preference	22	0	11	13	14	14

- Although Indian women have a higher incidence of adopting an opposite-sex gender role than black and white women, no significant difference exists[6].

Language:

- In accordance with the demographic profile of KZN, the majority of the sample spoke isiZulu (49%), followed by English (30%), isiXhosa (9%) and Afrikaans (4%).
- The remainder of the sample spoke Sotho, Setswana, Siswati, Tshivenda, isiPedi and isiNdebele.

[5]Although individuals over the age 40 years were not included in the sampling strategy, those who wished to participate were not refused and were thus included in the sample.
[6]It should be noted that the sample size was too small to ensure reliability

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Employment status and financial resources

The employment status of the sample is depicted in Table 3 below:

Table 3: Emplyment status (n=403)

Employed	40%
Unemployed	17%
Student	37%
Self-employed	5%
Other	1%

A relatively high proportion of the population are students. In part this can be accounted for by 45% of the sample being between the ages of 16 – 24 years. In addition, the sampling strategy included sampling individuals at a university. The majority of these students are black individuals. Thus it is important to note that the large student population may have the result that the rates of empowerment reported in this study are elevated. Black respondents have a considerably higher unemployment rate (22%) than Indian (10%) and white (5%) respondents. No significant differences were found between men and women. With regard to resources, approximately 30% of the sample owned property (house, flat or land) and 36% owned cars. White respondents were significantly more resourced in this regard than black or Indian respondents.

Level of education

The majority (78%) of participants had completed high school, with 38% having a university education. Clear differences along racial lines were observed on both ends of the education spectrum:

- 12% of black respondents' level of education was lower than grade 12, in comparison to Indian (6%) and white (2%) respondents.
- A higher proportion of white respondents have a university education than Indian or black respondents.

Relationships

More than half the sample (59%) was involved in a relationship of some kind. Table 4 details the type of relationships which the participants are involved in. The following trends are evident from the data:

- A positive correlation exists between age and relationship length, meaning older individuals' relationships tend to last longer.
- Monogamy is more prevalent amongst lesbian / bisexual women than gay / bisexual men.
- More gay / bisexual men (30%) are single and sexually active than lesbian / bisexual women (18%).
- 39% of the sample has been in a relationship for less than 6 months, 31% for 6-12 months and 40% for longer than a year.

Table 4: Relationships status (%)

Single no sex	15
Single and sexually active	2
In a relationship and having casual sex	29
Monogamous relationships	31
Other	0.7

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2. LIFESTYLE

Level of 'outness'[7]

Table 5 below details levels of 'outness' of the participants to various people. The following trends are seen with regards to disclosure of sexual orientation and race:

- White participants are more 'out' than black participants with Indian participants being the least 'out'[8].
- Levels of 'outness' to friends is highest for all clusters.
- Participants were least 'out' to their family and in the community.

The mean age at which participants came 'out' was 20 years (SD=4). A positive correlation exists between age and level of 'outness' - the older the individual, the more 'out' they are.

Table 5: Level of 'outness' (%)

	None	Some	Most	All
Family (n=391)	28	32	17	23
Friends (n=392)	11	29	22	38
Work (n=154)	24	21	22	33
Community (n=378)	26	37	23	15

Integration into the LGBT community

Approximately one third of the sample (n=403) did not feel part of the LGBT community. Nevertheless the majority perceived themselves to be well accepted or socially popular within the LGBT community.

- 56% indicated that half or more of their friends are LGBT people;
- 9% had no LGBT friends; and
- 34% spend most or all their time socialising with LGBT individuals.

Table 6 details the LGBT organisations to which participants belong.

Table 6: LGBT organisations to which participants belong (n=98)

Activate	1
Behind the Mask	1
Deo Gloria (LGBT Church)	7
Durban Lesbian and Gay Community and Health Centre	43
Friends for Life	1
G-Force (Durban)	1
Lesbian Socials	5
Light House Aid	1
OtherWays (Support group at University of Kwa-Zulu Natal for LGBT students)	26
OUT LGBT Well-being	2
Pinetown Lesbian and Gay organisation	1
Pietermaritzburg Gay and Lesbian Network	7
Triangle Project	1
UNIZULU LGBT Organisation (University of Zululand)	1

[7]Level of 'outness' refers to the degree to which people have disclosed their sexual orientation to others.
[8]This was evident in the difficulties in sampling the Indian population.

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3. VICTIMISATION AND DISCRIMINATION

International research has reported high rates of anti-gay victimisation, with D'Augelli (cited in Theron & Bezuidenhout, 1995) stating that gay and lesbian people are the most victimised of all minority groups. International studies reporting on prevalence rates differ significantly due to differences in the methodology used: verbal harassment 52-87%; physical assault 9-24%; vandalism 10-20%; assault with a weapon 4-10% (Berrill, cited in Otis & Skinner, 1996). South African studies conducted by Theuninck (2000) and Theron (1994) in a sample of predominantly white gay and bisexual men report similar figures. Verbal assault (also referred to as hate speech) and threats of assault followed by physical assault are the most common form of homophobic victimisation (D'Augelli, Harry, Levin & McDevitt, cited in Theron & Bezuidenhout, 1995; Otis & Skinner, 1996).

Fear of victimisation

The effects of hate crimes extend beyond the individual against whom the crime was committed. Fear is often felt by the community to which the individual belongs. These fears can have a debilitating impact on the personal freedom of LGBT people, making them afraid to go out, act in a certain way, wear certain clothing and so on. Table 7 below indicates the extent of fear of victimisation felt by LGBT people because of their sexual orientation:

Table 7: Fear of Victimisation (%)

	Little Afraid	Afraid	Very Afraid
Verbal abuse / harassment (n=402)	26	26	24
Physical abuse / assault (n=395)	21	27	31
Sexual abuse / rape (n=393)	14	22	37
Domestic violence[9] (n=390)	18	24	22
Attacks on property (n=386)	21	25	28

The above table highlights the extent of the fear felt by LGBT people due to their sexual orientation. Physical abuse / assault and sexual abuse / rape are the most intensely feared. Verbal abuse / harassment is also widely feared.

Further analysis revealed negative correlations between self-esteem and the fear of:
- verbal abuse / harassment
- physical abuse / assault
- attacks on property

Significant relationships were also found between suicide ideation and the fear of:
- verbal abuse / harassment
- physical abuse / assault
- sexual abuse / rape

The above results indicate that fear of victimisation has a negative impact on well-being decreasing levels of self-esteem and increasing thoughts of suicide.

Fear is experienced at similar rates for men and women with the exception of sexual abuse / rape which are more feared by women (84%) than by men (65%). The intersection between fear of abuse and race produced the following results:

- Fear of sexual abuse / rape is experienced at higher levels by black than white or Indian participants.
- Fear of domestic violence is experienced at higher levels by Indian than white or black participants.
- Fear of verbal abuse / harassment is experienced at higher levels by white than black or Indian participants.

[9]Domestic violence in this study refers to both abuse from a partner as well as from family members.

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Victimisation at school

The results indicate that victimisation of LGBT learners is widespread, highlighting the importance of interventions to combat homophobic victimisation in schools. The prevalence rates (a total of the scale ranging from 'almost never' to 'most of the time') are reported in Table 8.

Table 8: Victimisation experienced at school (%)

	Lesbian / bisexual women	Gay / bisexual men
Verbal abuse / harassment (n=391)	42	68
Physical abuse / assault (n=384)	29	39
Sexual abuse / rape (n=379)	19	20
Negative jokes (n=385)	63	76

From the above table it is evident that sexual abuse / rape is experienced at equal rates for women and men at school. Sexual assault is usually associated exclusively with women, yet in this study, the problem is equally rife amongst gay / bisexual men. With the exception of sexual abuse / rape, victimisation at school is experienced at higher rates by gay / bisexual men than by lesbian / bisexual women. Black and Indian respondents experienced higher levels of victimisation at school than white respondents.

The main source of victimisation came from other learners (65%), with 22% by teachers and 9% by school principals. A small percentage of respondents also experienced victimisation at the hands of other workers at school, for example the garden and / or security personnel.

Over half the sample (57%; n=379) indicated that LGBT issues had been raised in the classroom. In the instances where it was raised, 73% said that it was raised in a negative light, and 73% stated that it was raised as a spontaneous as opposed to a formal topic. Results indicated that LGBT issues are raised in the classroom more frequently than in the past, with 61% of respondents between 16-24 years indicating that LGBT issues were raised as compared to 52% of those aged 25 years and above.

The questions pertaining to victimisation at school were completed by the whole sample. Thus those participants who have completed their schooling had to look retrospectively at their past experiences of victimisation at school. Victimisation at school was more prevalent for those aged 16-24 years than for those aged 25 years and above. The levels may be under-representative of the true state of affairs as some individuals misinterpreted the question thinking that if they were not 'out' at school, it did not apply to them.

Experiences of victimisation in the past 24 months (2004/5)

Respondents were asked how frequently they experienced various types of victimisation because of their sexual orientation in the previous two years. Table 9 indicates prevalence rates of victimisation. Verbal abuse / harassment was the most common form of victimisation. Victimisation experienced because of sexual orientation did not stop at verbal abuse / harassment, but often took the form of physical assault / abuse, domestic violence and sexual abuse / rape.

Table 9: Victimisation experienced 2004/5 (%)

Verbal abuse / harassment	45
Physical abuse / assault	18
Sexual abuse / rape	7
Domestic violence	15
Attacks on property	18

It should be emphasised that these are reports of abuses within the last 24 months. When looking at lifetime experiences, the rates are likely to be much higher. Except for small differences in the prevalence rates of verbal abuse / harassment and physical abuse / assault, victimisation on the basis of sexual orientation was found to be similar for lesbian / bisexual women and gay / bisexual men. Black participants experienced higher rates of victimisation than both Indian and white participants.

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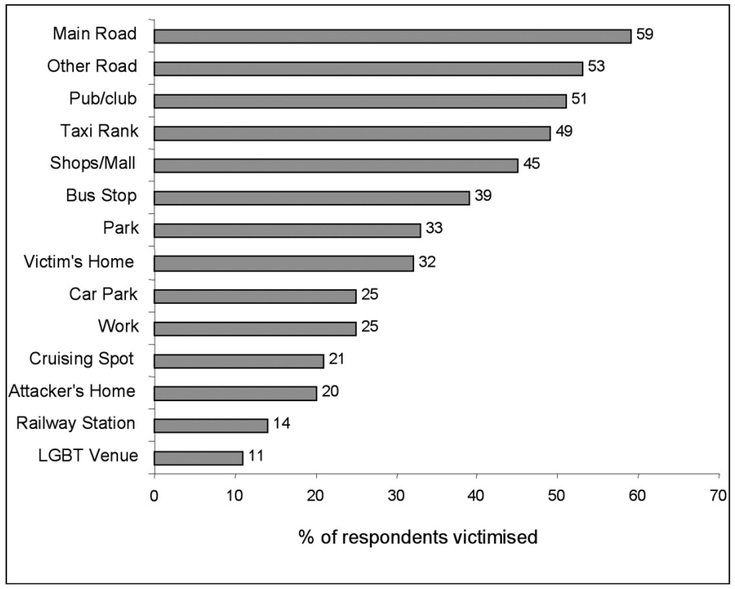
Places in which victimisation occurs

Victimisation of LGBT people occurs in various settings. Figure 1 highlights the places where LGBT people are most vulnerable.

Figure 1: Places where discrimination occurs



The results indicated similar rates for men and women, however, lesbian / bisexual women had higher instances of victimisation at their homes, taxi ranks and at work, and gay / bisexual men experienced higher instances at LGBT venues and in car parks. Black participants and to some extent Indian participants experienced higher rates of victimisation than white participants in places associated with public transport (e.g. taxi ranks, railway stations, bus stops) as well as cruising spots, parks and on the road.

Perceived reasons for discrimination[10]

Homophobia is by far the most frequently cited reason (87%) for the recent incidents of victimisation for all clusters. Other reasons in order of frequency were: mugging / robbery (45.8%), religion (42.8%), racism (41.2%), sexism (37%), HIV/AIDS related (28.4%) and domestic (28%).
There were higher rates for lesbian / bisexual women in perceiving the following reasons more strongly than for gay / bisexual men:

- Sexism
- Domestic reasons[11]
- Mugging/robbery

Similar rates are reported for clusters when splitting the sample along racial lines, however the following differences are worth mentioning[12]:

- Sexism, domestic reasons and HIV / AIDS related reasons were more frequently cited for black respondents than Indian or white respondents.

[10]Note that participants could select multiple reasons.
[11]Domestic reasons would include both discrimination / abuse by family on the basis of sexual orientation as well as problems experienced between partners that resulted in abuse.
[12]When splits are made, some of the groupings are small and therefore reliability of the data cannot be assured.

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Workplace discrimination / victimisation 2004/5

Although it appears as if the majority of people are not discriminated against on the basis of sexual orientation in the work place, 9% said that were refused a job due to their sexual orientation, with a further 9% being unsure (implying they could have been). It should be noted that this question imposed a timeframe of 24 months and thus figures are not indicative of lifetime discrimination.

Table 10 highlights experiences of discrimination in the workplace and the perceptions as to whether the workplace is LGBT friendly or not. It is interesting to note that experiences of overt discrimination are relatively low, however almost three quarters of the sample did not find the workplace to be LGBT friendly.

Table10: Discriminatiion in the Workplace 2004/5 (%)

Refusal to allow same-sex partner benefits such as medical aid	9
A refusal / discouragement to allow same-sex partners to attend company events	11
An LGBT friendly workplace/employer	27
Diversity workshops that include sexual orientation awareness	15

Verbal abuse / harassment was the most frequently experienced abuse in the workplace and was experienced by 21% of the sample in 2004/5. Lower rates of physical abuse / assault (4%) and sexual abuse / rape (1%) were experienced at work.

4. REPORTING PRACTICES TO POLICE & EXPERIENCES OF THE CRIMINAL JUSTICE SYSTEM

Incidents reported to the police

Findings indicate a low prevalence rate of reporting incidents of victimisation to the police. Table 11 indicates the percentage of participants who experienced homophobic victimisation in 2004/5, and reported these incidents to the police.

Table 11: Incidents reported to the police (%)

Attacks on property (n=183)	66
Physical abuse / assault (n=186)	56
Verbal abuse / harassment (n=172)	21
Domestic violence (n=186)	37
Sexual abuse / rape (n=186)	53

It should be noted that incidents in which it was not imperative to reveal one's sexual orientation were the most frequently reported to the police (e.g. attacks on property). Incidents of domestic violence and sexual abuse / rape were seldom reported to police. It is also worth noting that sexual abuse / rape was more frequently reported by women than by men in the sample.

The experience of the police services

Results were mixed with regard to experiences with the police. Only 22% of the sample (n=~100) was satisfied with the police service that they received. Negative experiences with police included experiencing the police as being rude (39%) and not interested (27%) when they reported their case.

Although some respondents did have positive experiences with the police when reporting incidents, with approximately one quarter of the sample agreeing that they found the police helpful, considerate and easy to talk to, it implies that a further 75% did not feel positively.

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Reasons for not reporting incidents

Respondents were asked to indicate the reasons for not reporting incidents of victimisation experienced to the police. These reasons are reported in Table 12 below in order of frequency.

Table 12: Reasons for NOT reporting to the police (%) [n=~125][13]

I felt that the report would not be taken seriously	75
I felt that the police couldn't do anything	74
I felt the police would not understand	68
I am afraid of being abused by the police	56
A friend had previously had poor experience with the police	52
I thought that the incident was not serious enough to report	52
I had previously had a poor experience with the police	48
These incidents happen so often that I am used to them	42
I couldn't be bothered	37
I don't like the police	32
I did not want the police to know about my sexual orientation	32
I was embarrassed about the incident and did not want my sexual orientation to become public knowledge	29
I was drunk/drugged	16
I was unable to get to the police station	12

The above results illustrate that gay and lesbian people have little confidence in being helped by police when they report cases of victimisation. It should be highlighted that:

- 48% had previously negative experiences with police;
- 52% reported friends that had previous poor experiences; and
- 56% were afraid of secondary victimisation at the hands of the police if incidents were reported.

Of concern is that a large percentage of respondents did not report incidents to the police as they felt that such incidents were not serious enough, or that victimisation occurs so often that they are used to it. This gives some indication of the lack of seriousness with which homophobic victimisation is still viewed in the police service.

Only 20% of the sample felt that the "Criminal Justice System (Police courts, Correctional services, etc) is providing for LGBT rights" while 48% indicated that they were unsure about the issue.

The above findings indicate that experiences with the police are not always positive. Past experience or perceptions of the police system has caused a large proportion of LGBT people not to report their cases and therefore not to receive recourse from the law if their rights have been infringed upon. These results highlight the need for sensitisation to LGBT issues within the criminal justice system so as to make services more accessible to LGBT people.

[13] Note that: respondents could give multiple reasons why they did not report incidents to the police.

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5. HEALTH CARE SATISFACTION

Consultation with health care practitioners

Table 13 below indicates the percentage of respondents who consulted health care practitioners, at least once, in 2004/5.

Table 13: Health care practitioners visited (%)

Private doctors	68
Government doctors	47
Nurses/ clinic	52
Psychologists	26
Social workers	13
Traditional healers	11

The study revealed that 14% of the sample had consulted with LGBT organisations regarding their health concerns.

Experiences with health care practitioners (2004/5)

Table 14 below indicates the percentage of individuals who agreed with the statements made in relation to doctors, nurses, psychologists or social workers:

Table 14: Perceptions and experiences with health care practitioners

	% Agreed
Are aware of my sexual orientation	50
Ask about my sexual orientation	42
Openly discuss concerns related to my sexual orientation	42
Make me feel comfortable	70
Ask questions which make it seem that being heterosexual is the only normal way to be	23
Assume that I am heterosexual	37
Uphold confidentiality	55

It is clear from the above findings that not all health care practitioners provide a safe and accepting environment for LGBT people. The following trends need to be noted:

- Almost a quarter of the sample indicated that health care practitioners ask heterosexist questions.
- Approximately half the sample felt that health care practitioners do not maintain confidentiality.
- 30% indicated that the health care practitioners whom they visited did not make them feel comfortable.

Discrimination in the health care system

In addition to more subtle forms of homophobia and heterosexism, findings revealed that LGBT people also faced overt homophobia at the hand of health care practitioners:

- 5% indicated that they were refused treatment by health care practitioners because of their sexual orientation. This was more common among gay / bisexual men and black respondents than among lesbian / bisexual women and Indian and white respondents.

Fear of discrimination and sexual orientation being discovered often prevented access to health care:

- 13% delayed seeking treatment due to the fear of discrimination by health care practitioners. Indian and black respondents were 3 and 4 times respectively more likely to delay treatment than white respondents.
- 16% did not seek treatment for fear of their sexual orientation being discovered. This was found to be particularly prevalent for gay / bisexual men and Indian respondents.

Satisfaction with health care providers

Although 78% of respondents were satisfied with the services they had received from health care practitioners in the last 24 months, almost a quarter of the sample were not. The majority of white respondents (90%), who tend to consult more frequently with private doctors than black and Indian participants, appear to be more satisfied with the health care practitioners whom they consulted than black (75%) and Indian respondents (70%), who tend to consult more frequently with government doctors and clinics.

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6. HEALTH STATUS

Perception of health

The majority of respondents (85%, n=404) rated their health as good or excellent.

Sexually transmitted infections (STI)

Respondents were asked if they had contracted an STI in the last 24 months (2004/5). The results showed that 14% (n=403) had an STI in the past 24 months and that 9% were unsure. Although gay / bisexual men indicated higher prevalence (16%) than lesbian / bisexual women (12%), more women (11%) than men (7%) were unsure whether they had had an STI. This highlights the need for more education around STIs and sexual health that is appropriate to the specific needs of lesbian and gay people. Due to the sensitive nature of this question, it is thought that these results may represent an underestimation of STI prevalence.

HIV[14]

Testing practices

60% of the sample had tested for HIV (n=389). Table 15 indicates how recently respondents had been tested.

Table 15: HIV testing practices (%) (n=392)

Never tested	37
Within the last 3 months	11
Within the last 3-6 months	14
Within the last 6 months -1 year	17
More than 1 year ago	20

Reasons for not being tested

Table 16 details the reasons for not having an HIV test. It is interesting to note that 6% of the sample did not know how to get tested for HIV and 44% were too scared to get tested.

Table 16: Reasons for not testing for HIV (%)

Not sexually active	28
Too scared	44
Don't know how	6
Not at risk for HIV	52
Never been in a risk situation	52

The following differences along racial lines were found with regards to the reasons for not testing for HIV

- Twice the number of black as Indian and white respondents were too scared to get tested.
- Twice the number of black as Indian and white respondents did not know how to get tested.
- Twice the number of white as Indian and black respondents felt that they were not at risk and had never been in a risky situation in which they could have contracted HIV.

[14]It is important to note that the HIV prevalence rates are self-reported by participants and are not based on tests results obtained by the researcher.

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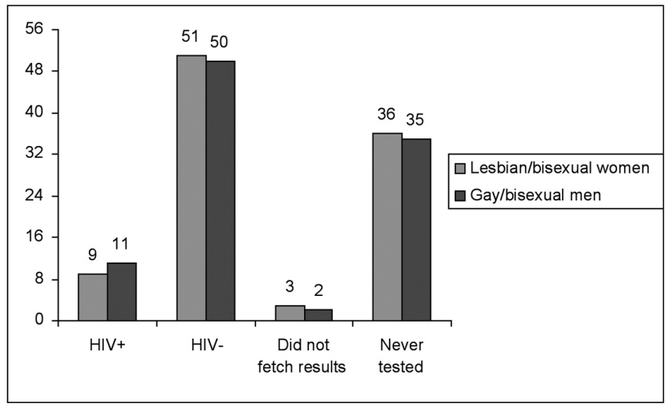
HIV status

The results of the respondents who reported being tested, indicate that 9% of the sample is HIV+. 3% of respondents did not collect their test results. HIV is still largely stigmatised, and as such these figure may be underreported. It is important to bear the following in mind when interpreting these results:

- 36% reported having never tested, many of whom are too scared to be tested, and thus may be HIV+ and unaware of their status.
- 20% of respondents reported having been tested more than a year ago and 17% had tested between six months and one year ago, and could have contracted HIV subsequently.

Figure 2 illustrates that rates for men and women are similar. The HIV+ prevalence rate for lesbian / bisexual women is high, challenging the belief that this group is at low risk with regard to HIV. The following factors could account for the high prevalence: lesbian / bisexual women could have bisexual partners, experience high incidence of rape and in some cases engage in transactional sex with men. Black respondents (13%) reported higher HIV+ rates than the Indian (8%) and white (5%) respondents.

Figure 2: HIV status (%) [n=392]



Respondents were asked whether they reported their HIV status to their new (potential) partners. Of those who are HIV+:

- 70% stated that they reveal their status
- 5% did not reveal their status
- 5% did not reveal their status but said that they always practice safe sex
- 19% did not know how to reveal their status

The fact that 5% did not reveal their status and 19% did not know how to, are causes for concern.

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7. ALCOHOL AND SUBSTANCE ABUSE

Alcohol use

Self perceptions of alcohol use

Results indicated that 73% of the sample (n=401) use alcohol in varying degrees, with 59% considering themselves as users, 8% as abusers and 6% as alcoholics. More gay / bisexual men reported alcohol use than lesbian / bisexual women:

- 61% of men perceived themselves to be users of alcohol, as opposed to 56% of women
- 9% of men perceived themselves to be abusers of alcohol, as opposed to 6% of women

Frequency of alcohol use

Results for frequency of alcohol use and getting drunk are as follows:

- 16% of the sample (n=397) reported consuming alcohol three times a week or more and 5% drank alcohol every day.
- 25% of the sample (n=400) got drunk twice a week or less, 13% three times a week or more and 2% got drunk every day.
- Twice as many men (17%) as women (8%) got drunk three times a week or more (8%).
- A negative correlation exists between age and getting drunk; the younger the individual the more frequently s/he gets drunk.

Drug use

Self perception of drug use

Of the respondents who admitted to taking recreational drugs, 25% perceived themselves to be users, 4% abusers and 0.5% as dependent on drugs (n=391).

Frequency of drug use

The frequency and types of drugs that respondents use is indicated in Table 17 below.

Table 17: Frequency and types of drug use (n=~380)

%	Never	Almost Never	At least once a month	Weekly	Daily
Dagga	68	7	11	9	5
Ecstasy	80	7	8	5	.3
Acid (LSD)	90	5	3	1	.8
Cocaine	72	9	8	8	3
Heroin	89	8	2	.5	0
Kat	94	5	1	0	0
Speed, Crystal	92	5	2	.5	0
GHB	94	4	2	0	.3

Dagga and cocaine are the most commonly used drugs and are also the most frequently used drugs on a weekly and daily basis, followed by Ecstasy which is used by 5% of the sample on a weekly basis.

Venues for drug use

Nightclubs were reported to be the venue where respondents most frequently took drugs (68%), followed by outdoor dance parties (58%) and at home (47%).

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8. WELL-BEING

Well-being was assessed on the basis of levels of self-esteem and by risk for depression. The items on the self-esteem scale were adapted from Rosenberg's Self-esteem Scale (1965) and assess positive self-regard and alienation both from society and within oneself.

Items used to assess depression were adapted from Berger (1982). This scale assessed symptoms of depression and, as such, can provide an indication of the risk for depression[15].

In addition, suicidal tendencies were investigated, and looked at both suicide ideation and suicide attempts.

Self-esteem

Self-esteem was measured on a scale with scores ranging between 7 (low esteem) to 35 (high esteem). The mean of the population is 20.6 (SD=5.2) indicating that the majority of respondents have average well-being. The following trends were found:

- Older respondents have higher levels of self-esteem.
- The longer that respondents had been in a relationship, the higher their self esteem.
- The more 'out' respondents were about their sexual orientation the higher their level of self-esteem. Linked to this, it was found that respondents who were more accepted and socially popular in the LGBT community had higher levels of self-esteem.
- Fear of verbal abuse / harassment, physical abuse / assault and attacks on property lowered respondents' self-esteem.
- Respondents with lower self-esteem were found to use alcohol and drugs more frequently and also get drunk more often.
- Risk for depression was found to be greater for those with lower self-esteem.

Risk for depression

Risk for depression was measured on a scale with scores range from 5 (low risk) to 20 (high risk). The mean for the sample was 8.6 (SD=3.2). Results indicated:

- As respondents got older, their risk for depression decreased
- Respondents who had experienced victimisation at school (verbal, physical, sexual and negative jokes against LGBT people) were at an increased risk for depression.
- A relationship exists between depression and experiences of sexual abuse / rape and domestic violence in the past 24 months. The more frequently individuals experienced these crimes the greater their risk for depression.
- A negative relationship is also apparent between depression and substance use. The more depressed an individual is, the greater the likelihood is of them using alcohol and drugs.
- Respondents whose risk for depression was greatest, were found to get drunk more often and use drugs more frequently, in particular cocaine and heroin.

[15]It must be noted that this is an indicator of depression not a measure of depression.

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Suicide

Suicide ideation

Thoughts of suicide (suicide ideation) were experienced by 27% of the sample (n=405) to varying degrees (2% always, 5% often and 20% seldom).

- Although overall rates were similar for men and women, the frequency with which gay / bisexual men often or always think about suicide (8%) is higher than for lesbian / bisexual women (5%).
- Similarly, although white respondents had higher prevalence rates of suicide ideation, black respondents (9%) thought about suicide more frequently than Indian (4%) or white respondents (4%).

The following factors were found to increase levels of suicide ideation:

- fear of verbal abuse / harassment, physical abuse / assault and sexual abuse / rape;
- physical abuse / assault and sexual abuse / rape experienced at school;
- verbal abuse / harassment, and sexual abuse / rape experienced in the last 24 months; and
- internal conflict between sexuality and religion.

In addition, a relationship was found between drug use and suicide ideation, with increased substance dependency leading to increased thoughts of suicide.

Of those who had thoughts of suicide:

- 6% of the sample said that these thoughts were "very related" to their sexual orientation;
- 29% stated that they were "related" to their sexual orientation; and
- 31% indicated that their sexual orientation was "a little" related to their thoughts of suicide.

Gay / bisexual men's thoughts of suicide were more closely related to their sexual orientation than was the case for lesbian / bisexual women. This trend is in line with international studies (Grossman, D'Augelli & Bontempo, 2001). White respondents' thoughts of suicide were more related to their sexual orientation than black or Indian respondents.

Suicide ideation was found to have a significant relationship with self-esteem. In other words, respondents that had a decreased self-esteem, had elevated levels of suicide ideation.

Suicide attempts

17% of the sample (n=347) had made a past suicide attempt or attempts. Of those who had attempted suicide 24% had made multiple attempts. The youngest age at which suicide was attempted was 13 years. No significant differences were found between age groups for attempted suicide.

Suicide attempts showed similar rates for men and women. Interestingly, although black individuals reported the highest frequency of "always" or "often" thinking about suicide, white respondents had a higher rate of attempts (22%) than black (16%) or Indian (12%) respondents.

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9. RELIGIOUS INTERESTS

Religious preference

The majority of the sample (75%, n=386) reported being Christian. 9% were Atheist, 5% Muslim, 3% Hindu, 3% Jewish, 1% Buddhist and the small remainder identified themselves as 'other'.

Discrimination by religious authorities

A large portion of the sample (36%, n=391) had experienced discrimination by religious authorities, with 13% being asked to leave their faith because of their sexual orientation.

The following trends were noted:

- More white participants (45%) than black (33%) and Indian respondents (33%) had experienced discrimination by religious authorities
- More Indian participants (16%) than black (14%) and white (11%) respondents had been asked to leave their faith community due to their sexual orientation.
- A higher number of gay / bisexual men (16%) were asked to leave their faith due to their sexual orientation than lesbian / bisexual women (11%).

Internal conflict between religion and sexual orientation

Over a third of the sample (38%, n=387) had experienced internal conflict regarding their religion and sexual orientation. This was particularly profound for Indian participants, with over half (54%) indicating that they experienced conflict between their religious beliefs and their sexual identity.

10. POLITICAL INTERESTS

Political affiliation

The majority of the sample (61%, n=350) were supporters of the African National Congress (ANC), with 21% supporting the Democratic Alliance (DA), 10% the Inkatha Freedom Party (IFP), 3% the Independent Democrats (ID), 1% the Pan African Congress (PAC) while the remainder selected 'other'.

Voting

72% of the sample (n=383) had exercised their right to vote. A third of the sample (n= 379) felt that sexual orientation is a 'political issue' and 31% were unsure whether it is a political issue or not. The latter response was most prevalent amongst white respondents. 35% indicated that they vote on the basis of their sexual orientation.

Constitution rights

Only a quarter of the sample (n=379) felt that their constitutional rights were being put into practice, and 46% indicated that they were unsure.

A number of questions were posed to respondents who felt that their constitutional rights were not being put into practice or were unsure whether their rights were being put into practice (n = ~250). The results are indicated in Table 18.

Table 18: Reasons why respondents felt that constitutional rights were not being put into practice (%)

	Agree	Unsure	Disagree
In general people's attitudes towards LGBT people have not improved since the change in the Constitution	49	35	16
In general, people still see heterosexual people as normal and LGBT people as abnormal.	68	25	7
People are less likely to discriminate against LGBT people now that the Constitution has changed	23	45	32
I feel more comfortable to be open about my sexual orientation now that the Constitution protects my rights	31	39	30

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CONCLUSIONS AND DIRECTIONS FOR FURTHER RESEARCH

South Africa is the first country to provide a legal framework that constitutionally protects LGBT people from discrimination and human rights abuses. Yet despite having one of the most progressive Constitutions in terms of equality and human dignity for all, the social climate in South Africa, as is evident in the results presented above, is still largely homophobic.

Homophobia manifests itself in hate crime victimisation against gay and lesbian people based on their sexual orientation. The prevalence of hate crimes experienced in 2004/5, as opposed to lifetime prevalence, was examined in order to assess the current levels of hate crimes for this population. The findings highlight the fact that LGBT people still suffer various forms of abuse because of their sexual orientation. Hate speech was found to be the most common form of victimisation, experienced by 45% of the sample. This rate is high and can be thought of as an indicator of the level of homophobia still present in contemporary South African society. Reddy (2002) argues that homophobia, externalised as hate speech, serves to pathologise homosexuality, maintaining the notion that homosexuality is not acceptable and is inferior to heterosexual behaviour. In addition, hate speech was also found to have a negative psychological impact, including suicide ideation. This intolerance has the potential of physical and sexual violence and even fatal repercussions (Reddy, 2002) and therefore, the impact of hate speech should not be underestimated.

In addition to actual experiences of hate crimes, fear of hate crimes for LGBT individuals was extremely high, with approximately 75% of the sample experiencing fear of homophobic abuses to varying levels. The levels of fear were significantly higher in KZN than in Gauteng, possibly indicating higher levels of homophobia in this province. These fears can have a debilitating effect on the personal freedom of LGBT individuals, making them afraid to go out, express aspects of themselves, wear certain clothing and so on. The effect of these abuses has a serious impact on the well-being of this population with fear of victimisation causing lower levels of self-esteem and victimisation experienced at school and in 2004/5 increasing risk for depression. A significant proportion of the sample (27%) was preoccupied with thoughts of suicide and in many instances (17%) had even attempted suicide. Results indicated that fear of abuse and actual abuse experienced, elevated levels of suicide ideation.

In addition to homophobic hate crimes, discrimination was also experienced when accessing services in the criminal justice and health care sectors. Many instances of hate crimes were not reported to the police for fear of secondary victimisation at the hands of the police should their sexual orientation become know or because of previous "poor" experiences with the police. Of those that had reported hate crimes, more than half the sample did not have positive experiences with the police and in some instances found the police to be rude and "not interested" in their cases.

Instances of discrimination by health care practitioners were also reported by participants. 5% of the sample was actually denied health care based on their sexual orientation. In other cases discrimination was more subtle, with 23% of participants reporting that heterosexist questions were asked and 37% indicating that health care practitioners assume they are heterosexual. The impact of discrimination in the health care system can result in individuals delaying seeking health care and living with certain conditions as was reported by 16% of the sample. This could potentially have an impact on the transmission of HIV and other STIs.

Discrimination was also experienced by 36% of the sample at the hands of religious authorities, with 13% actually being asked to leave their faith because of their sexual orientation. In over a third of the sample, participants experienced conflict between their religion and sexual orientation. This conflict could have serious implications for the mental health of gay and lesbian individuals and could lead to lower levels of self-esteem.

It is hoped that through this research initiative, levels of awareness around LGBT issues among the public and various sectors (e.g. health, education, criminal justice), will be raised so that discrimination based on sexual orientation can be challenged.

A repeat study is currently being conducted in the Western Cape by Triangle Project, in collaboration with the UNISA Centre for Applied Psychology. The new study is based on the original methodology, with changes to the questionnaire derived from lessons learnt in the Gauteng and KZN study. It is intended that the data collected from three provinces - Gauteng, Kwa-Zulu Natal and the Western Cape - be synthesised to provide a national picture of levels of empowerment of LGBT people in South Africa.

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