

**OVERALL RESEARCH FINDINGS ON
LEVELS OF EMPOWERMENT AMONG LGBT PEOPLE
IN THE WESTERN CAPE,
SOUTH AFRICA**

**A research project conducted by
Triangle Project
in collaboration with the
UNISA Centre for Applied Psychology (UCAP)**

**Commissioned by
The Joint Working Group**

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MANAGER: RESEARCH
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INTRODUCTION

This document reports on the findings of a research process conducted by Triangle Project, in collaboration with the UNISA Centre for Applied Psychology, over the period 2005 – 2006.

BACKGROUND AND RESEARCH AIMS

Discrimination on the basis of sexual orientation was prohibited by the inclusion of the Equality Clause in the South African Constitution (Hoad, 1998). However, prejudice and homophobia are still widespread within our society and it appears that the protection offered by the Constitution exists 'only on paper' (Cock, 2002, p. 41); gay and lesbian people continue to experience incidents of victimisation and discrimination in all aspects of their lives. Since the changes in the Constitution there has been little research into lesbian, gay, bisexual and transgender (LGBT) issues carried out in South Africa to discern whether the new legal reforms have actually had an impact on the lives of gay and lesbian people (Wells, 2006).

A need for research within the South African context was discussed at two workshops hosted by *OUT LGBT Well-being*, a health and mental health service provider for gay and lesbian people in Pretoria, South Africa and the *Schorer Foundation*, an expert centre for health care for gay and lesbian people in the Netherlands (Polders & Wells, 2004)¹. From these early beginnings, a research study was undertaken in the Gauteng Province, informed by both theory and the needs of the gay and lesbian organisations in South Africa, to investigate the following:

- Socio-demographic information of LGBT² participants
- Social lifestyles
- Discrimination within the educational system
- General victimisation experienced
- Experience of the police and/or criminal justice system

¹ The *Joint Working Group* was formed as a result of these two workshops.

² Although the term LGBT (Lesbian, Gay, Bisexual, Transgender) is used throughout this report this sample did not include any transgender participants.

- Health service satisfaction
- Substance use and abuse
- Well-being
- Religious interests and discrimination
- Political interests and voting behaviour.

This study was subsequently repeated in Kwa-Zulu Natal (KZN) and adjustments were made where necessary. Despite the changes in the South African Constitution, findings from both the Gauteng and Kwa-Zulu Natal studies highlighted the fact that there is still widespread discrimination against LGBT people. Few lesbian and gay people have confidence in the criminal justice system and the level of reporting of incidents of victimisation remains very low. Many lesbian and gay people continue to have fears in relation to their interaction with the health care system and delay or avoid necessary medical treatment for fear of possible prejudice or discrimination. The education system continues to avoid dealing with LGBT issues within the classroom with the result that many individuals experience their schooling years as traumatic and stressful.

The study was repeated in the Western Cape, and the questionnaires used in both the Gauteng and KZN studies were adapted to suit the provincial demographic requirements and to address potential problems which had occurred in the two earlier studies. The process of questionnaire refinement was undertaken jointly by *Triangle Project*, a Cape Town-based organisation specialising in mental and physical health services for the LGBT community and the oldest LGBT service organisation in Africa, and a research team from the *Centre for Applied Psychology* at UNISA. Administration of the questionnaire and data collection was managed by *Triangle Project*, while data analysis and reporting was undertaken by the *UNISA Centre for Applied Psychology*. Throughout this process there was close cooperation between the two organisations involved.

This report provides the overall findings of the study conducted in the Western Cape³.

³ A comparative study of findings in Gauteng, Kwa-Zulu Natal and Western Cape is planned for the next stage of this research.

SAMPLING OF RESPONDENTS

As in the Gauteng and KZN studies, the method of sampling used was purposive quota sampling to target LGBT people living in the Western Cape. Clusters were identified according to sex, race, and age (refer to table 1.1). The aim was to recruit at least 30 participants for each cluster.

Fieldworkers recruited by *Triangle Project* were briefed on how to administer the questionnaire and were also directed on which group to 'target', according to their own social networks or particular interests. Additional fieldworkers were recruited and trained by the organisation in order to gain access to specific groups.

Other target groups included students from the University of Cape Town, Stellenbosch University and the University of the Western Cape. Youth were also targeted through *Triangle Project's* support group for young gay men (*GABYS*) and the LGBT student body on the University of Cape Town campus. Muslim participants were reached through *The Inner Circle*, a Muslim LGBT support group, and LGBT church groups were similarly targeted. Specific women's groups were accessed through social networks, while diverse informal networks and interest groups were targeted in order to reach specific population groups.

Triangle Project's four outreach staff administered questionnaires in geographical areas where their outreach programme operate, including Gugulethu, Khayelitsha, Langa, Nyanga, Atlantis, Delft, Retreat, Ocean View and Hout Bay.

Questionnaires were, furthermore, disseminated by post and by e-mail. A batch of questionnaires was sent to a volunteer in Oudtshoorn by courier.

All questionnaires were accompanied by an unmarked, sealable envelope and respondents were given the option of sealing their questionnaires in the envelope provided and placing it in a container at *Triangle Project's* premises, posting completed questionnaires to the organisation or submitting completed questionnaires to the outreach staff and volunteers working in the afore-mentioned geographical areas.

In addition, the questionnaire was placed online on the *Triangle Project* website and on the *Gay, Lesbian and Bisexual Expert's* forum on the popular website *Health24.com*, which facilitated broad exposure of the study.⁴ The majority of respondents on the online questionnaire were white, better-educated and middle class. This is likely due to the fact that other race groups and socio-economic levels of respondents do not have access to this technology.

Indian participants were not included in the sample. According to population statistics for the Western Cape (Statistics South Africa, 2003), Indian/Asian people make up only one percent of the provincial population. Through the *Inner Circle*, a gay and lesbian Muslim support group that makes use of *Triangle Project's* facilities, a Muslim subset was initially targeted. However, only 22 responses (2%) were elicited from Muslim individuals overall so that subset was included in the coloured cohort. An Indian sample will be included in the comparative study planned between the Gauteng, Kwa-Zulu Natal and Western Cape provinces, at a future time.

After data-cleaning, a sample of 958 was retained out of the original sample of 1146⁵. Of 522 online responses received, 367 were retained after data cleaning. Reasons for rejecting 155 online respondents were as follows:

- Respondents were from a province other than the Western Cape
- Intersex⁶ respondents (seven respondents) were not included in the study
- Indian respondents (see above) were not included in the sample.
- Insufficient or incorrect information given in the questionnaires. Generally, discretion was used but questionnaires were not retained if more than a third of vital information was missing or it was obvious to the researcher that questions were not being answered correctly.

A total of 624 hardcopy questionnaires were received, of which 34 were rejected for similar reasons as stated above. Five-hundred and ninety-one of the hardcopy questionnaires were retained for this study. Altogether, 62% of the total questionnaires utilised were hardcopy and 38% were online.

⁴ Of 367 on-line participants, 303 were white and 230 were female. One hundred and ninety-three were between the ages of 25-40 and a further 88 were older than 40 years. Two hundred and forty-four were employed and 164 had a degree.

⁵ Many of the rejected questionnaires will still be utilised in the planned comparative study between Gauteng, Kwa-Zulu Natal and the Western Cape.

⁶ Intersex individuals were previously referred to as hermaphrodites, describing people who exhibit physical and other characteristics of both sexes to varying degrees.

RESULTS

1. SOCIO-DEMOGRAPHIC INFORMATION

Profile of Participants

The final data set consisted of 958 participants. Unless specified otherwise, n = 958⁷.

The breakdown in terms of sex, race and age can be seen in table 1.1.

- Forty-nine percent of the sample was female and 51% was male.
- There were 22% black, 26% coloured and 51% white participants. One percent stated they were from another racial group.
- Fifty percent of participants were between the ages of 25-40, 29% were between the ages of 16-24 and 21% were between the ages of 40-75.
- Language of the participants was mixed. The majority (48%) were English, followed by Afrikaans (30%) and IsiXhosa (18%). One percent of the participants stated that they spoke both English and Afrikaans equally.
- A total of 89.5% of participants (n=944) are primarily attracted to the same sex with the remaining 10.5% self-identifying as bisexual (n=99).

The decision to categorise people according to race is a controversial issue not only in South Africa, but in many other countries in the world. According to Pali Lehohla, South Africa's Statistician-General, it has been found that while some people do object to being asked to specify a racial identity when completing a census or questionnaire, the vast majority usually complete the question on race or population group (Statistics South Africa – News, 2006). Results of the South African Census 2001 indicate that factors of underdevelopment such as labour skill, income, access to electricity and telephones, is still generally attached to people who regard themselves as African (Statistics South Africa – News, 2006). This position of historic disadvantage has implications for programme planning. For the purposes of this study, it was therefore necessary to retain the present racial grouping. Only black participants in the sample are representative of the total population of the Western

⁷ At times throughout this report numbers may not add up due to missing data.

Cape, which is 54% coloured, 27% African (black), 18% white and one percent Asian/Indian. Forty-eight percent of the participants in this study speak English and 30% speak Afrikaans, which is not representative of the Western Cape where the dominant language of the general population is Afrikaans (55%) followed by IsiXhosa (24%) and English (19%) (Statistics South Africa, 2003).

Gender Role Preference

Gender role preference refers to the manner in which a person displays his/her gender identity, as either masculine or feminine. Individuals who adopt an opposite-sex gender role may also dress, speak and display mannerisms of the opposite sex. Gender role preferences is summarised in table 1.2 below:

- Three hundred and twenty-six participants (34%) have no preference of gender role. Forty-seven females (10%) present in a masculine way and 70 males (15%) present in a feminine way. Adoption of opposite-sex gender role is more prevalent among black participants.
- Less than one percent of white males present in a feminine way as compared to 25% of coloured males and 29% of black males. The difference between the white male group and the black and coloured groups was statistically significant.
- Four percent of white women present in a masculine way as compared to 21% of black women.

Employment Status

The employment status of the sample is depicted in table 1.3 below:

- Black male participants have a considerably higher unemployment rate than males from the other two race groups. Thirty-seven black males (37%) are unemployed compared to 24 coloured males (15%) and eight white males (4%).
- Nineteen black females (19%) are unemployed as compared to six white females (2%).
- Sixty-one percent females are employed compared to 54% males.
- Fifteen percent of females and 13% of males are students.
- Fifty-six black participants (28%) are unemployed as compared to 35 coloured (14%) and 14 white participants (3%).

- Of the 135 students (14%) who participated in this study, 19 are black males (19%) and 32 are black females (31%).

The Western Cape has the lowest unemployment rate in the country. The official unemployment rate is 26.1% (Statistics South Africa, 2003). The unemployment rate of this sample was only 11%, which is significantly lower than that of the general population. This finding may be due to the fact that the majority of respondents who responded to the online questionnaire were white, better-educated and middle class and thus not necessarily a reflection of the LGBT community as a whole. Occupations of this sample varied from professionals to farm labourers.

Table 1.1: Frequencies of participants in each cluster (n=958)

Age (n=957)	Race (n=958)	Female (n=468)	Male *(n=487)	Total (n=955)
16-24	Black	51	47	98
	Coloured	29	58	87
	White	51	43	94
25-40	Black	54	49	103
	Coloured	44	74	118
	White	144	104	248
40+	Black	1	5	6
	Coloured	17	27	44
	White	70	75	145

* 12 respondents stated their race as 'other'. This varied from Irish, Spanish and German to 'South African'; five of these were male and seven were female so numbers do not add up

Table 1.2: Gender role preference by gender and race groups (n=947)

	Females (%)			Males (%)		
	Black(n=103)	Coloured(n=90)	White(n=262)	Black (n=99)	Coloured (n=157)	White (n=222)
Feminine	50%	51%	49%	29%	25%	1%
Masculine	21%	17%	4%	50%	46%	68%
No preference	29%	32%	48%	21%	29%	31%

Table 1.3: Employment status (n=951)

Employed	57%
Unemployed	11%
Student / scholar	14%
Pensioner	0.6%
Self-employed	15%
State grant/ disability	1%
Other	0.6%

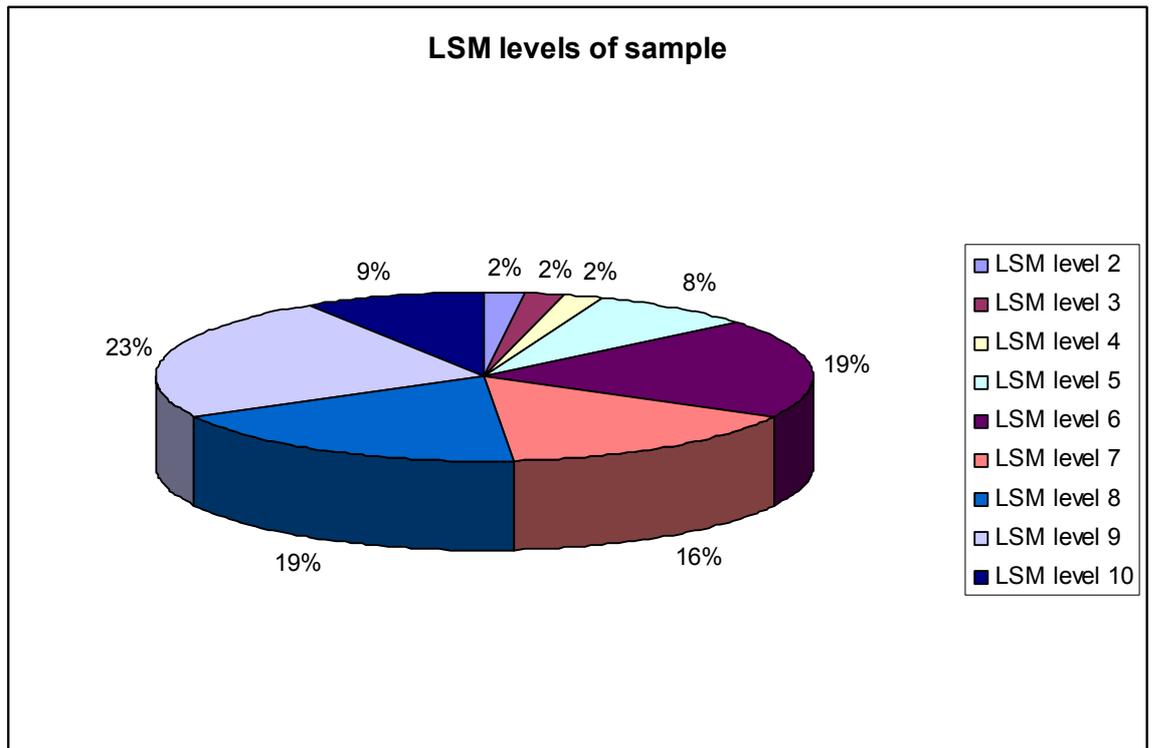
Financial Resources

The South African Advertising Research Foundation Living Standards Measure (SAARF LSM) was the research tool used to determine the socio-economic level of participants. It is the most widely used marketing research tool in Southern Africa, which divides the population into 10 LSM groups and is a unique way of segmenting the South African population. It categorises people according to their standard of living and thus cuts across race and other obsolete methods of grouping people and instead divides them according to their standard of living (South African Advertising Research Foundation, 2005). The tool consists of 29 variables such as having access to a flush toilet, washing machine and cell phones. The lowest level is LSM 1 and the highest is LSM 10.

Figure 1.1 (below) depicts the percentage of participants in each LSM level.

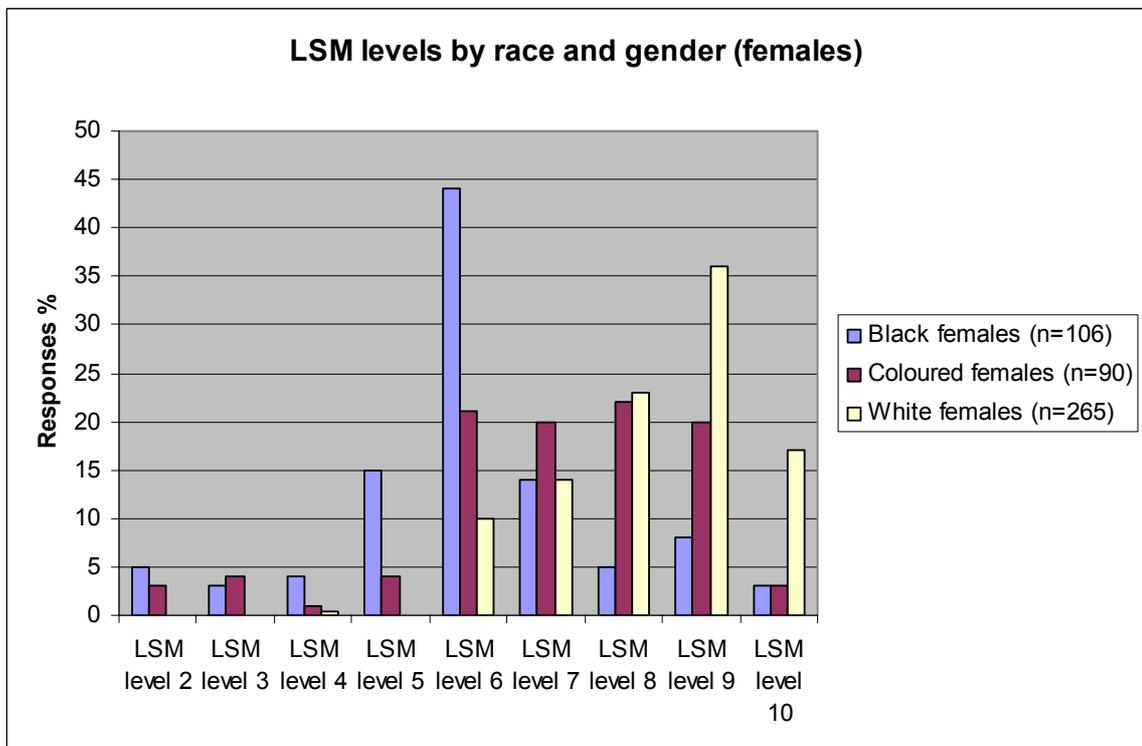
- Five hundred and twenty participants (53%) fall within LSM levels 6-8.
- White participants dominate the higher levels. One hundred and seventy-three white participants (35%) are in LSM level 9.
- Five percent black respondents are in LSM level 2, while there are less than one percent of the other race groups in this level.
- There is a significant difference between the race groups in relation to LSM levels.

Figure 1.1: LSM levels of total sample (n=957)



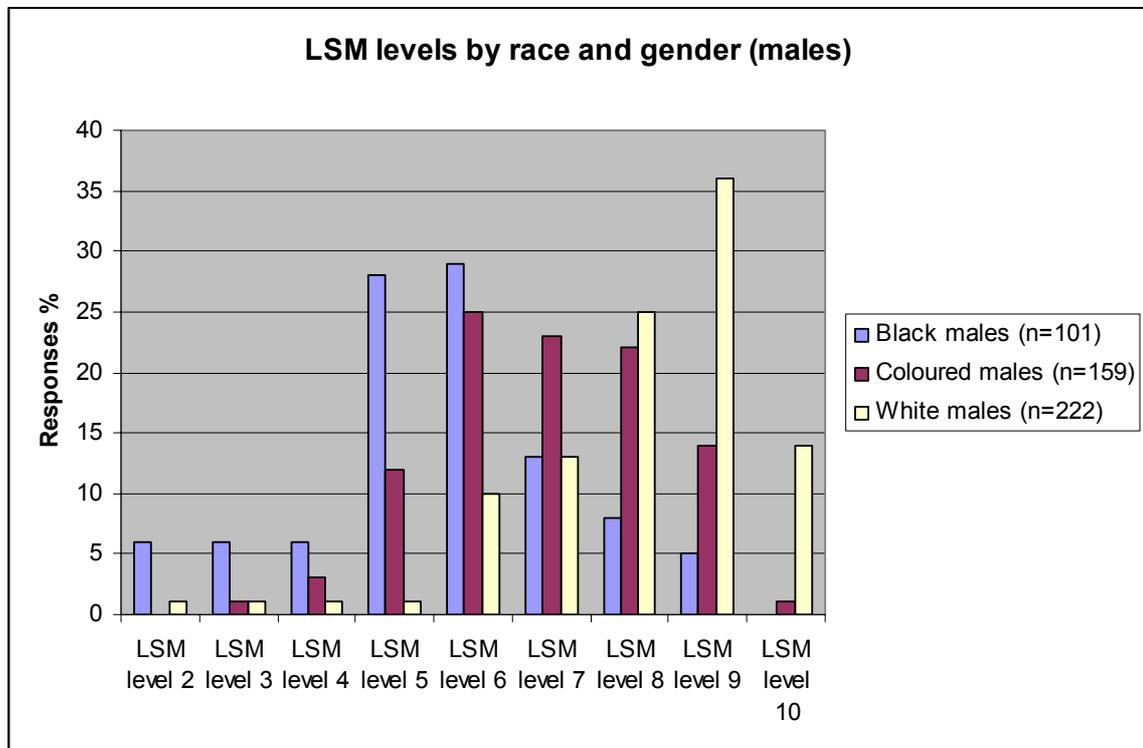
Figures 1.2 and 1.3 (below) represent the breakdown of LSM levels by race and gender.

Figure 1.2: LSM levels by race and gender (females)



- Seventy-six percent of white females are in LSM levels 8-10 as compared to 45% of coloured and 16% of black females.
- Seventy-three percent of black females are in LSM levels 5-7 as compared to 45% of coloured and 24% of white females.
- Twelve percent of black females are in LSM levels 2-4 as compared to 8% of coloured females and only one white female.
- One hundred and seventy-five females (37%) are in LSM levels 9 and 10 as compared to 138 males (28%). The difference between males and females as regards LSM levels is statistically significant, which again may be due to the majority of female online participants.

Figure 1.3: LSM levels by race and gender (males)



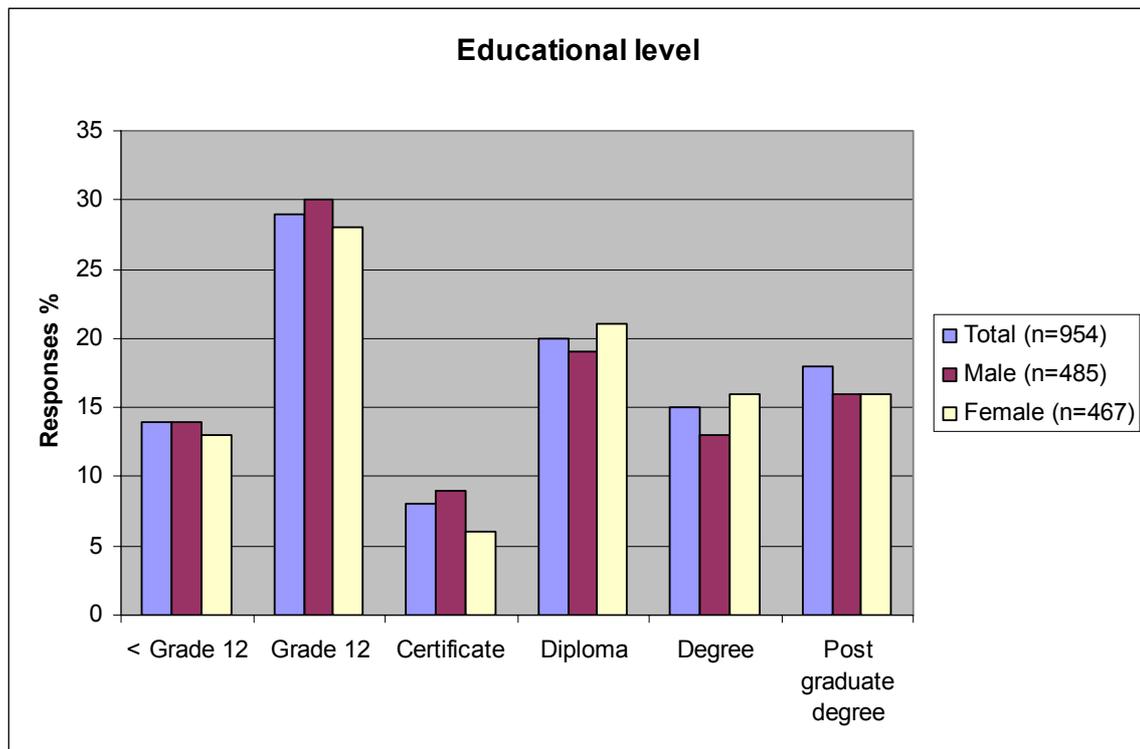
- Seventy-five percent of white males are in LSM levels 8-10 as compared to 37% of coloured and 13% of black males.
- Seventy percent of black males are in LSM levels 5-7 as compared to 60% of coloured and 24% of white males.
- Eighteen percent of black males are in LSM levels 2-4 as compared to four percent of coloured and two percent of white males.

Statistics indicate that white individuals (74%) dominate LSM levels 9 and 10 and LSM levels 1-5 are almost exclusively black (95%) throughout South Africa. Males dominate all levels except for LSM levels 1-5 where there are slightly more females. Over half of people in LSM levels 6-8 live in Gauteng or the Western Cape; slightly more than 50% have a grade 12 qualification (or higher) and 28% are Afrikaans speaking. LSM levels 9 and 10 consist of people who are mainly in professional, technical, clerical, sales, administrative and managerial professions. Seventy-five percent have a grade 12 qualification or more and 48% speak English and 43% speak Afrikaans as their home language. (Eighty 20, 2005).

Level of Education

The educational level of the sample is detailed in figures 1.4 and 1.5, below.

Figure 1.4: Educational level by gender (n=954)

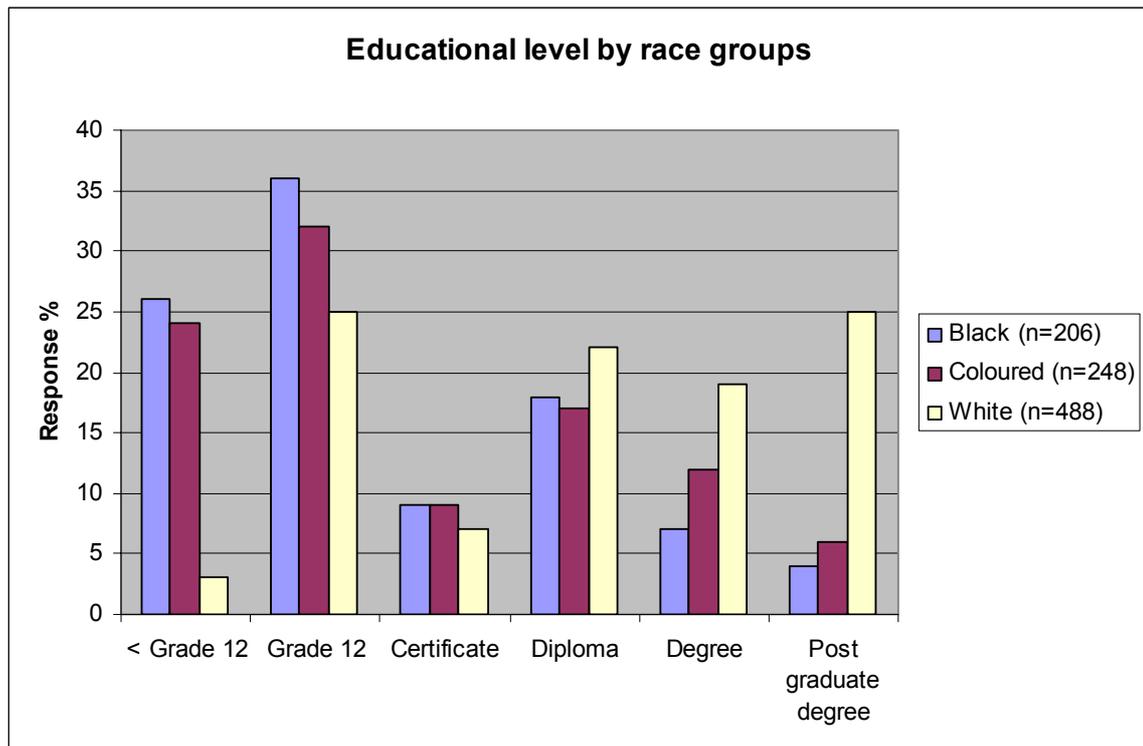


- Two hundred and seventy-three participants (29%) in this study have completed high school.

- One hundred and twenty-nine participants (14%) have less than a Grade 12 education.
- Two hundred and ninety-one participants (31%) have a university education, of which 152 have a post-graduate qualification (16%).
- Generally the female participants are marginally better educated than the male participants but this difference is not significant.

According to Statistics South Africa (2003), only 11% of the Western Cape population aged twenty years and older have an educational level above grade 12, and six percent have had no schooling. In the general population only six percent of males and six percent of females have an educational level above grade 12.

Figure 1.5: Educational level by race groups (n=954)



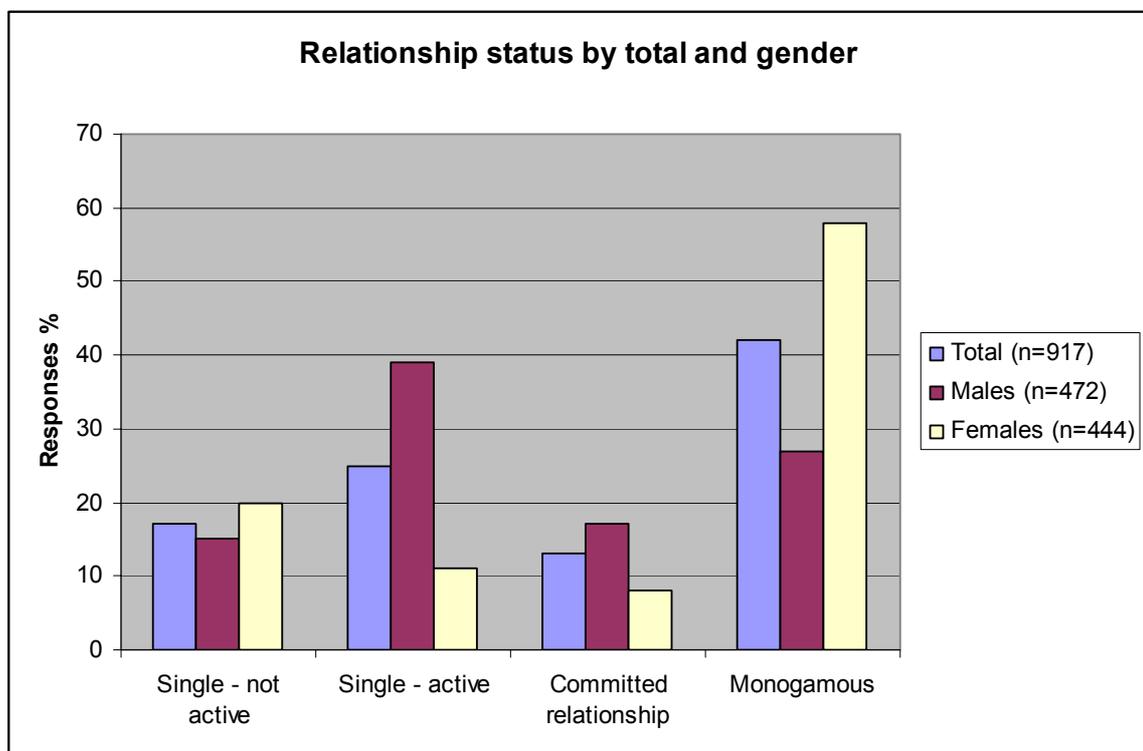
- Marked educational differences can be seen at both ends of the educational spectrum. Two hundred and fourteen white participants (44%) compared to 44 coloured (18%) and 24 black participants (12%) have a university education.
- Fifty-three black participants (26%) have not completed high school compared to 60 coloured (24%) and 16 white participants (3%).

- There is a statistically significant difference between the race groups in terms of level of education.

Relationships

Fifty-seven percent of the sample is involved in a relationship. Figure 1.6 below details the relationship status of respondents:

Figure 1.6: Relationship status by gender (n=917)

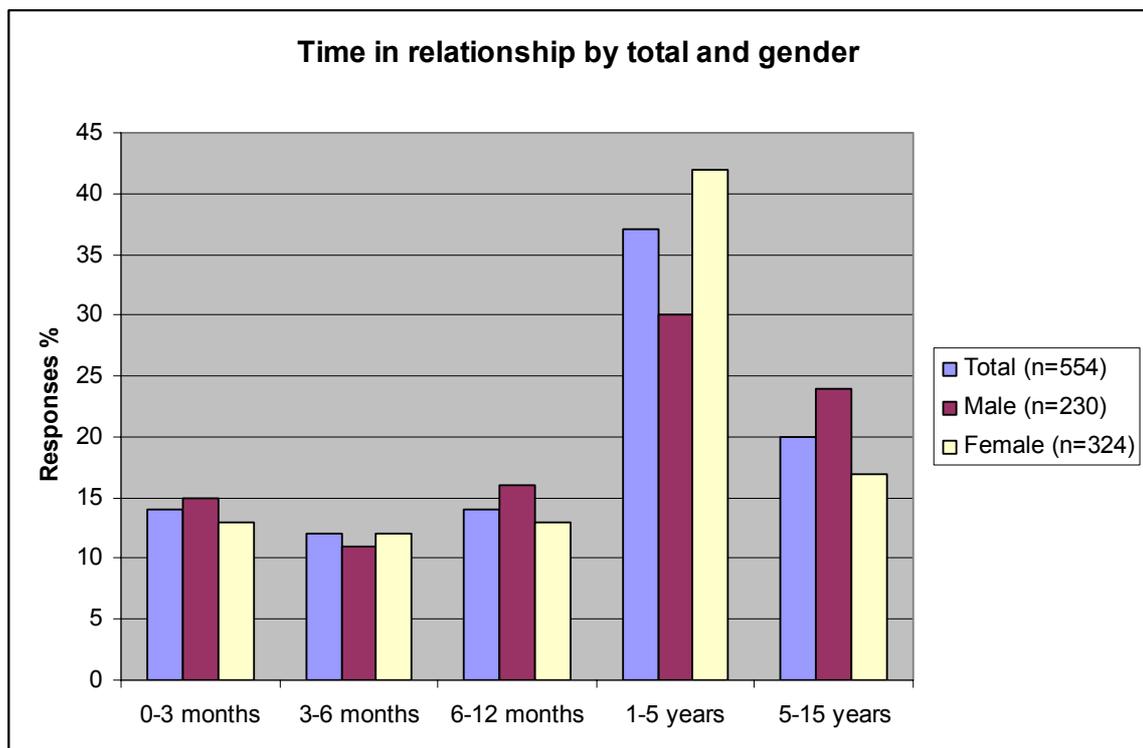


- Forty-two percent of participants are involved in a monogamous relationship and 25% are single but sexually active.
- Fifty-eight percent of females compared to 27% of males are in a monogamous relationship - this finding was statistically significant.
- Fifty percent of white participants are in a monogamous relationship compared to 35% of black and 34% of coloured participants.
- Eighty-four coloured (35%), 106 white (22%) and 40 black participants (22%) are single but sexually active.

- Twenty-nine percent of black participants are in a committed relationship but having casual sex, compared to 11% coloured and eight percent white participants in such circumstances.
- Age and relationship status bear a significantly positive correlation, which suggests that the older an individual becomes the more stable his or her relationship becomes.

Figure 1.7 below details the time participants have spent in a current relationship:

Figure 1.7: Time in relationship by gender (n=554)



- One hundred and thirty-eight participants (26%) have been in a relationship for less than six months.
- Forty-nine individuals with a degree (56%) have been in a relationship for 5-15 years as compared to 27 with a diploma (22%) and 20 with a grade 12 certificate (13%). Educational level and relationship time are significantly correlated, which suggests that individuals with a higher level of education appear to sustain longer lasting relationships.
- Twenty-eight percent white participants have been in a relationship for 5-15 years compared to ten percent coloured and ten percent black participants.

Same-sex marriages are still a relatively new concept in South Africa; it is therefore difficult to compare homosexual relationships with those of the heterosexual population. Nineteen percent of participants in this study have been in a relationship for 5-15 years and a further four percent have been in a relationship for more than 15 years. The majority (40%) have been in a relationship for less than a year. Oetjen and Rothblum (2000) found that regardless of the relationship status of the women in their study, the risk for depression increased if the participant was dissatisfied with her relationship status. In the current study there are significantly more females than males in a monogamous relationship and 11% of females are single but sexually active compared to 39% males.

2. SOCIAL LIFESTYLE

Level of 'Outness'⁸

The mean age the participants came 'out' was 20 years (SD = 7). Table 2.1 details the mean age of 'coming out' along gender and racial lines:

Table 2.1: Average age of coming out by gender and race groups (n=906)

Age in years	Sex		Race Groups		
	Male (n=456)	Female (n=448)	Black (n=196)	Coloured (n=233)	White (n=465)
Mean	19	21	17	19	21
*Mode	19	18	15	18	19

*Mode refers to the most frequent measure of scores – therefore although the average age of 'coming out' for this sample was 20 years, most black participants 'came out' at 15 years.

- The average age for males to 'come out' was 19 years as compared to females at 21 years. This result was statistically significant, which indicates that females tend to 'come out' at a later stage than males.
- The average age for black participants to 'come out' was 17 years as compared to white participants at 21 years. Race and the age of 'coming out' bear a statistically significant correlation, which suggests that the white race group appear to come out at a later stage.

⁸ Level of 'outness' refers to the extent people have disclosed their sexual orientation to others.

Table 2.2: LSM Levels and mean age of 'coming out'

LSM 10	21 years
LSM 9	21 years
LSM 8	21 years
LSM 7	20 years
LSM 6	19 years
LSM 5	18 years
LSM 4	16 years
LSM 3	15 years
LSM 2	19 years

- It is interesting to note that the higher the LSM level, the older the average age for 'coming out'. This could indicate that individuals in higher LSM levels find it more difficult to 'come out'. This result bears a significant positive correlation. It is important to note that the decision to 'come out' is dependent on many factors, one of which is the level of social and economic support to which the individual has access (Green, 2000).

Levels of 'outness' to family, friends and colleagues are represented in Table 2.3, following:

Table 2.3: Level of 'outness' to family, friends and colleagues

	Total sample			
	None	Some	Most	All
Family (n=951)	12%	22%	23%	42%
Friends (n=951)	2%	14%	19%	65%
* Work (n=875)	19%	21%	14%	47%

* 27% of sample consists of students, unemployed, pensioner and 'other' which is likely to affect the 'Level of outness to work colleagues'. However, many participants within these groups answered the questions so it is assumed they are referring to a period when they were employed.

- Eighty-four percent of participants are out to 'most' and 'all' friends.
- Sixty-five percent of participants are out to 'most' and 'all' family members.
- Sixty-one percent of participants are out to 'most' and 'all' colleagues.
- The older one is the more likely one is to be 'out' to family, friends and colleagues.
- White participants are more 'out' than coloured participants with black participants being the least 'out'. The difference between the race groups on levels of 'outness' was found to be significant.

The family of origin is often the last to be told of the orientation of the individual and this may be due to a fear of losing such a valued relationship (Brown, 1989, as cited in Nel & Joubert, 1997). Most participants in this study are least 'out' to work colleagues and most 'out' to friends. A positive correlation was found between level of 'outness' to family and age, which suggests that the older an individual becomes the more confident s/he feels with her/his identity.

According to Nel and Joubert (1997, p.27), 'The acceptance of one's homosexuality as part of one's identity is central to mental health.' In this study a positive correlation was found between level of 'outness' and self-esteem, which suggests that when individuals come 'out' they no longer feel isolated and unsupported and feelings of unworthiness may lessen.

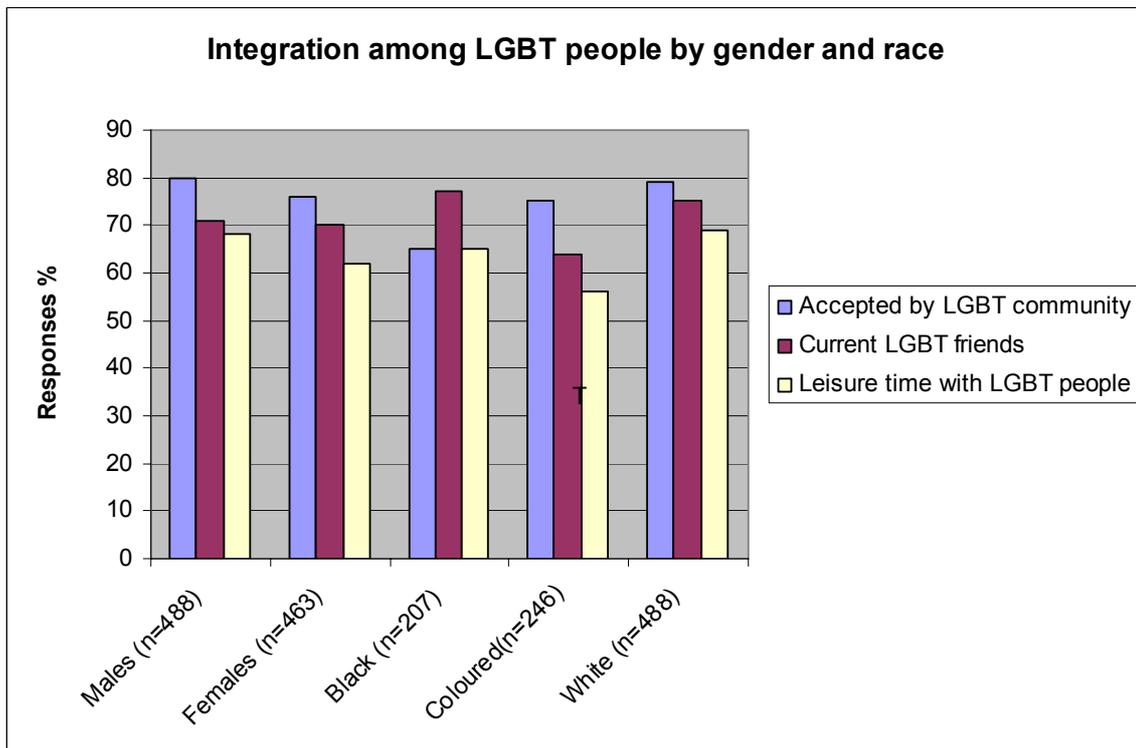
Integration into LGBT community

Only 22% of the sample (n=953) did not feel part of the LGBT community while the majority (46%) felt they were well accepted. A further 30% felt that they were popular or very popular socially.

- Forty percent spent most or all of their time socialising with LGBT individuals.
- Twenty-five percent said they had only a few LGBT friends.
- Four percent said they had no LGBT friends.

Integration into the LGBT community is depicted in Figure 2.1 along gender and racial lines:

Figure 2.1: Integration into LGBT community by gender and race (n=953)



- Seventy-six percent of participants feel they are well accepted and/or popular when with LGBT people and 22% of participants do not feel they are known or part of the LGBT community.
- Seventy-one percent of participants state that they have ‘about half’, ‘most’ or ‘all’ LGBT friends while 29% of participants state that they have ‘none’ or ‘only a few’ LGBT friends.
- The difference between the sexes on all three aspects of integration into the LGBT community was found to be statistically significant. Three hundred and thirty-one males (66%) and 286 females (62%) state they spend ‘about half’ or a ‘most’ or ‘all’ of their leisure time with LGBT people.
- There was a significant difference between the coloured race group and the other two race groups on the amount of LGBT friends they have and the time spent with LGBT people, which may suggest a need for integrating this race group more fully into the LGBT community.

Table 2.4 details the various areas of socialisation utilised by LGBT people:

Table 2.4: Areas of socialisation (n=958)

	Almost never	Sometimes	Often
LGBT bars/clubs/taverns	20%	43%	15%
LGBT restaurants	25%	40%	7%
LGBT religious organisations	14%	13%	5%
LGBT events	19%	41%	13%
LGBT social clubs	18%	20%	6%
LGBT homes	9%	38%	41%
*Steam baths	14%	14%	5%
Other LGBT places	11%	20%	9%

* Steam baths generally have a 'men only' policy but 47 female participants stated they have socialised in steam baths 'almost never', 'sometimes' or 'often'.

- Participants did not differ greatly in the various LGBT venues they choose to socialise in.
- The majority of individuals socialise mainly at LGBT homes, LGBT events and clubs/taverns/shebeens.
- The least favoured socialising venues are steam baths and religious organisations.

Table 2.5 (below) details the LGBT organisations of which the participants are aware of and/or utilise. Many LGBT individuals do not appear to be aware of the organisations available to them for support.

Many LGBT individuals have for so long been denied equality that they live with a sense of 'separateness, isolation and a strong sense of being outsiders' (Nel & Joubert, 1997, p. 21). Social support from gay friends and LGBT organisations has been found to reinforce a positive sense of gay identity and leads to positive self-esteem and well-being (Luhtanen, 2003). This means that individuals who spend time with people, with whom they feel an affinity, are less likely to have low levels of self-esteem or suffer from depression. However, the majority of participants in this study appear to be unaware of the various LGBT organisations available to them and Triangle Project appeared to be the most utilised organisation within the Western Cape.

Luhtanen (2003) found that involvement with LGBT people, visibility and a positive LGBT identity was positively correlated with indicators of well-being. Forty percent of participants in the current study state that they spend most or all of their time socialising with LGBT individuals and it was also found that self-esteem was positively correlated and depression negatively correlated with the time spent with LGBT friends. Significant differences were also found between the levels of self-esteem of those individuals who feel accepted when amongst LGBT groups and those who do not, with the aforementioned having higher self-esteem, which confirms the need for lesbian and gay individuals to have access to this type of support. According to Mail and Safford (2003), it is up to all LGBT communities and individuals to work together for positive health and well-being so that they may present a positive picture of the LGBT community to the world at large and also act as role models for the youth.

Table 2.5: LGBT organisations of which participants are aware of and/or utilise. (n=955)

Name of organisation	Aware of	Utilise
ATTIC	4	0
Behind the Mask	19	4
Women's Bookclub	2	3
Book Benders	3	2
Bronx	3	2
COGS	6	3
Forum for Empowerment of Women (FEW)	4	2
GABYS	3	1
GALA	31	8
Gaza	4	1
Gay Business Network	3	2
Gay Games/sport	4	2
Gay & Lesbian Film Festival	2	0
Cape Town Pride Festival	46	10
Gender Dynamix	1	1
GLAAD	1	0
Good Hope Metropolitan Community Church (GHMCC)	15	8
IAM	8	1
Inner Circle	12	3

Lesbigay	11	7
LGBT Hiking group	5	3
Lipstick	3	2
Lush	8	5
National Equality Project	28	5
OUT	36	5
Out in Africa	17	8
Older Wiser Lesbians (OWLS)	4	4
Pink Loerie Festival	4	2
Triangle Project	*631	421

* This number should be the total of participants as all filled in the questionnaire. Presumably some participants felt they were being asked for names of LGBT organisations other than Triangle Project.

3. VICTIMISATION AND DISCRIMINATION

Fear of Victimization

Table 3.1 below details the fear of victimisation experienced by LGBT people due to their sexual orientation. Physical and verbal abuse is the most intensely feared form of abuse/victimisation and domestic violence⁹ is the least feared.

Table 3.1: Fear of victimisation by gender (n=947)

Kind of victimisation	Total sample	Sex	
		Male (n=481)	Female (n=464)
		* AFRAID	
Verbal abuse / harassment (n= 947)	55%	56%	56%
Physical abuse / assault (n=947)	58%	61%	54%
Sexual abuse (n =946)	54%	49%	58%
Domestic Violence (n =946)	33%	34%	32%
Attacks on property (n = 943)	50%	54%	47%

⁹ Domestic violence was not defined as referring to victimisation by any family members, so participants may have understood the term to mean only violence from a partner.

*'Afraid' is a combination of 'A little afraid', 'Afraid' and 'Very Afraid'. As respondents were not given a 'neutral' option these findings should be viewed with caution as the inclusion of 'A little afraid' substantially changes the results.

- Fear is experienced on slightly higher levels for males than females with the exception of sexual assault. Two-hundred and seventy females (58%) fear sexual assault as compared to 237 males (49%). The difference between the groups is statistically significant.
- A significant negative correlation exists between age and fears of victimisation. As age increases so fears of victimisation decreases. The youngest age group was the most afraid of all forms of abuse and the 40+ age group was the least afraid.
- Negative correlations were found between self-esteem and fear of verbal and physical abuse, which indicates that self-esteem decreases as fear of abuse increases.
- A positive correlation was found between suicide ideation and the fear of verbal and physical abuse, which indicates that as fear of verbal and physical abuse increases there is an increase in thoughts of suicide.

Fear of victimisation for males and females of different race groups is represented in Table 3.2, below.

- Fear of victimisation is overall much higher for black than coloured or white participants, but black females have the highest levels of fear of all groups.
- Apart from the fear of sexual abuse, white females have the lowest level of fear of all groups, followed by white males.

Table 3.2: Fear of victimisation by gender and race groups (n=947)

	Females %				Males%		
	Black	Coloured	White		Black	Coloured	White
Verbal abuse (n=106,89,262)	69%	52%	52%	Verbal abuse (n=99,157,220)	64%	56%	51%
Physical abuse (n=106,89,263)	76%	56%	46%	Physical abuse (n=99,156,220)	72%	63%	55%
Sexual abuse (n=106,89,263)	86%	65%	44%	Sexual abuse (n=100,154,263)	74%	58%	32%
Domestic violence	67%	35%	16%	Domestic	65%	39%	18%

(n=106,88,262)				violence (n=100,156,220)			
Attacks on property (n=106,88,262)	70%	49%	37%	Attacks on property (n=99,155,219)	73%	56%	44%

It appears that the prevalence of domestic violence in same-sex relationships is as high as it is in heterosexual relationships (Rodriguez Madera & Toro-Alfonso, 2005). However, care should be taken with such findings as it is important to first define and verify what is meant by 'domestic violence' as many homosexual individuals may experience violence from family members or casual partners and not from their committed partner. In the present study, domestic violence was the least feared of all types of victimisation by participants and yet a high percentage of attacks took place in the home (refer figure 3.3), which would suggest that there is a higher percentage of family/partner violence than is being reported.

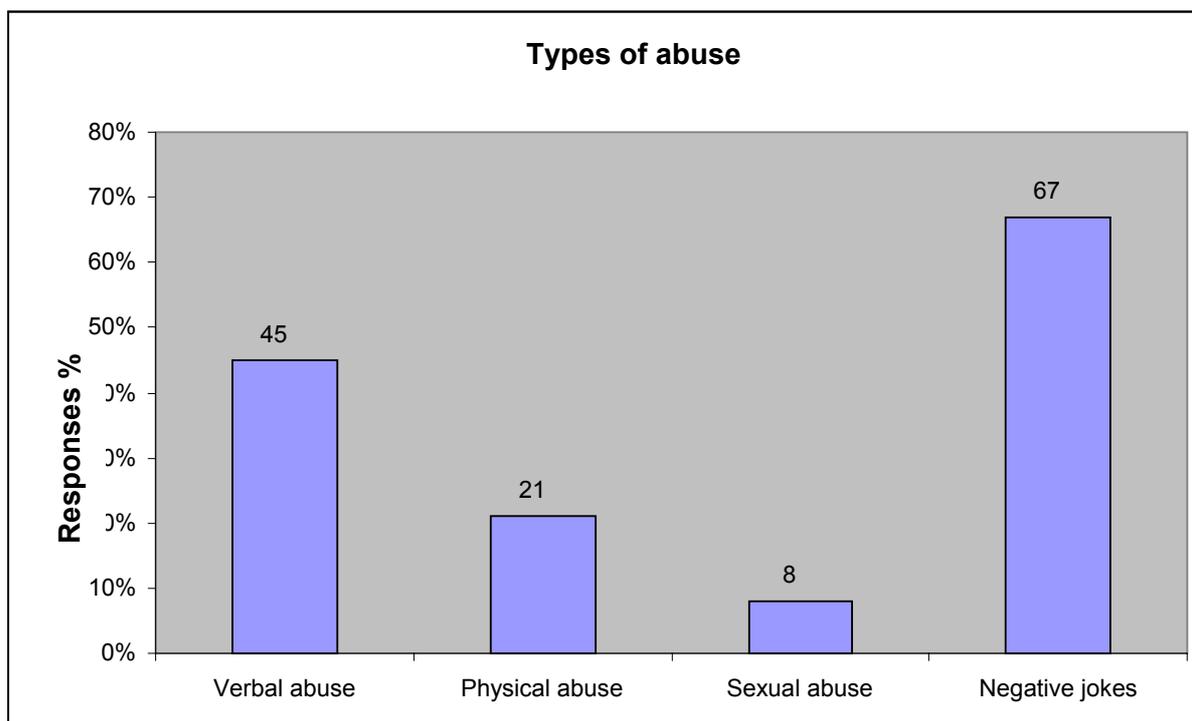
Victimisation at School

- Twenty one percent of participants were open about their sexual orientation at school.
- Sixty-six percent of participants were not open.
- Thirteen percent were unsure about their sexual orientation whilst at school.

Many participants stated that they were not open about their orientation at school as they themselves were not aware of their sexual orientation at that stage of their lives. The results indicate that victimisation of learners is still widespread, highlighting the importance of interventions to combat homophobic victimisation in schools.

Figure 3.1 below details the types of abuse experienced by participants at school.

Figure 3.1: Victimization experienced at school; 'Almost never', 'Sometimes' or 'Most of the time' (n=925)



*'Victimization experienced' is a combination of 'Almost never', 'Sometimes' and 'Most of the time' responses. As participants were not given a 'neutral' option, these results should be viewed with caution as the inclusion of 'Almost never' substantially changes the results.

- Six hundred and nineteen participants (67%) experienced high levels of negative jokes at school and 418 participants (45%) experienced incidents of verbal abuse.
- One hundred and ninety participants (21%) experienced incidents of physical abuse and 78 participants (8%) experienced incidents of sexual abuse/assault.

Table 3.3: Victimization experienced at school: 'Almost never', 'Sometimes' or 'Most of the time'

	Females %				Males %		
	Black	Coloured	White		Black	Coloured	White
Verbal abuse (n=104,88,253)	29%	29%	25%	Verbal abuse (n=98,153,217)	39%	73%	68%
Physical abuse (n=104,88,249)	13%	14%	8%	Physical abuse (n=98,152,215)	18%	36%	34%
Sexual abuse (n=103,87,252)	8%	2%	6%	Sexual abuse (n=98,153,214)	17%	12%	8%

Negative jokes (n=103,88,252)	50%	49%	63%	Negative jokes (n=99,155,217)	52%	85%	80%
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- Generally males have slightly higher levels of fear of abuse than females and they also experience higher incidences of abuse at school. This result is statistically significant.
- White males experience significantly higher levels of verbal and physical abuse than black males.
- Coloured males appear to experience the highest level of abuse in all categories except for sexual abuse, which was slightly higher in the black population.
- Eighty-five percent of black participants have never experienced physical abuse at school as compared to 80% of white and 73% of coloured participants. There is a significant difference between the coloured and black race groups on this variable.

Victimisation by Learners, Teachers and Principals (n=830)

The main source of victimisation came from other learners (61%) while 17% of victimisation was by teachers and six percent by principals.

- Three hundred and thirty-nine participants (36%) stated that LGBT issues were raised in the classroom and 213 (65%) of this group felt these issues were dealt with in a negative way.
- LGBT issues were raised spontaneously 69% of the time and formally 31% of the time.
- Results indicate that LGBT issues are raised more frequently with today's youth than was experienced by past generations. Fifty-three percent of the 16-24 year age group stated that LGBT issues were raised at school as compared to 21% of the 40+ age group.
- The younger age group also indicated that they felt the issues were dealt with in a positive manner (38%) most of the time as compared to the 40+ age group who felt issues were raised in a positive manner only 27% of the time.
- Black participants stated that LGBT issues were raised much more frequently in their classrooms and issues were more positive and formally dealt with compared to the other race groups. We are unable to determine if these participants went to predominantly white or black schools.

Schools are often unsafe places for lesbian and gay adolescents and teachers are also often responsible for bullying homosexual pupils (Buston & Hart, 2001). In the present study, a large number of participants stated they were victimised by fellow students, teachers and principals. Buston and Hart (2001) maintain that it is imperative to develop strategies to educate teachers on the unacceptability of homophobic comments as teachers would often condone and not challenge such comments. According to Buston and Hart (2001), homophobic attitudes are not pervasive and typical and pupils are 'considerably more tolerant of the *principle* of homosexuality than they are about the possibility of their peers being gay or lesbian'. One of the participants in the current study stated that, "When they know they change towards you," and another commented, "It was traumatic; I went deeper into the closet."

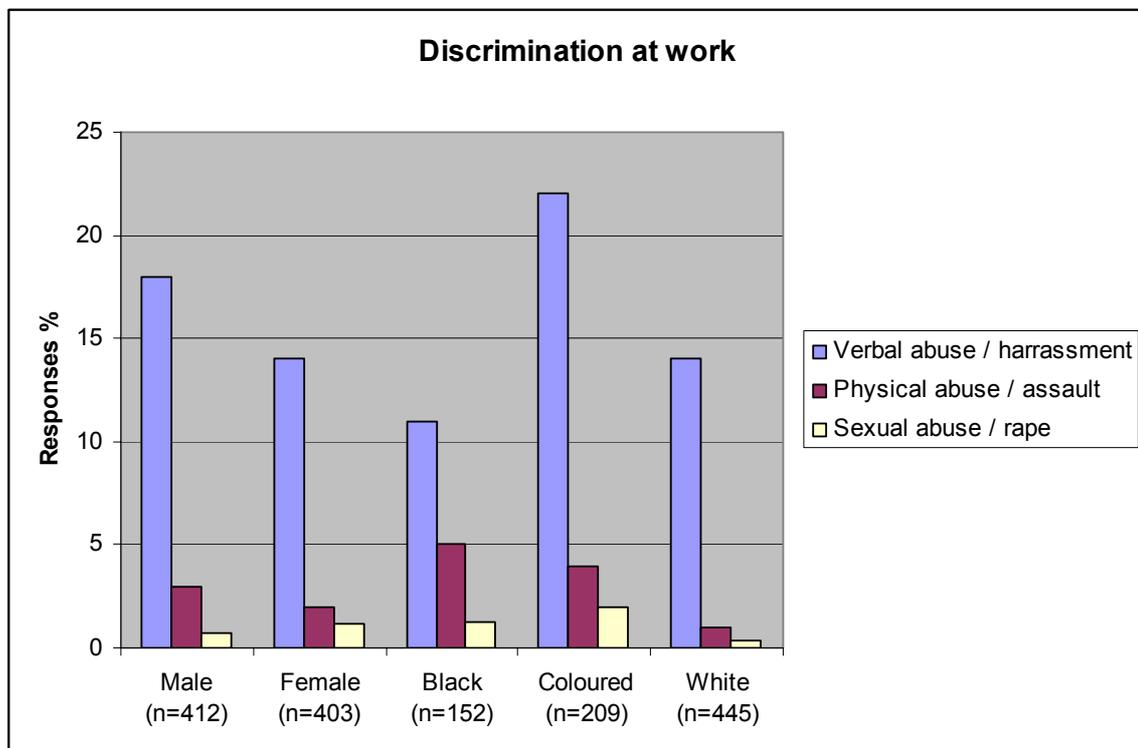
Only 21% of participants were open about their orientation during their school years and 13% stated that they 'were unsure' about their orientation at that stage of their development. One female participant stated that, "I wasn't aware of my sexuality at school, although I had crushes on women teachers." Many lesbian and gay adolescents deny their sexual identity and internalise the homophobia they experience from society. The individual incorporates into her/his own self-image the negative attitudes regarding homosexuality, which results in feelings of self-hatred and self-destructive behaviour (Maylon, 1982, as cited in Wilson, 1999). Another participant in the present study admitted that, "I used to make fun of them at school. I didn't realize I was an LGBT person." According to Mail and Safford (2003), the well-being of LGBT youth is dependent on safe schools and it is a possible goal if all individuals who see diversity in communities as a positive factor, work together to achieve universal acceptance of differences in others.

Workplace Discrimination/Victimisation

Although it appears as if the majority of people are not discriminated against on the basis of sexual orientation in the workplace, 129 participants (16%) have experienced verbal abuse, 16 participants (2%) have experienced physical abuse and eight participants (1%) have experienced sexual abuse during a 24 month period (2004/2005).

Figure 3.2 below, depicts victimisation experienced within the work place.

Figure 3.2: Discrimination experienced in work place by race and gender (n=817)



*'Victimisation experienced in the workplaces is a combination of '1-5 times', '6-10 times' and 'More than 10 times' responses.

- Forty-seven coloured participants (22%) have experienced verbal abuse at work as compared to 62 white (14%) and 17 black participants (11%). There was a significant difference between all race groups found on this variable.
- Ninety-nine percent of white participants have never experienced physical abuse at work compared to 96% of coloured and 95% of black participants. This difference is statistically significant.
- Similar to victimisation at school, as earlier indicated, males seem to experience slightly higher incidents of abuse in the workplace than women. Fifty-six females (14%) state they have experienced verbal abuse at work compared to 73 males (18%). This finding was statistically significant.
- It must be noted that 11% and 14% of participants are unemployed or studying, respectively, so are not currently in the workplace.

Table 3.4 below, illustrates experiences of discrimination in the workplace during a 24 month period (2004/2005). The percentages indicated refer to the participants that answered 'Yes' to given statements.

Table3.4: Discrimination in workplace (2004/2005) by race and gender (n=817)

	Females%			Males %		
	Black	Coloured	White	Black	Coloured	White
Refusal to allow same sex partner benefits such as medical aid	6%	8%	6%	7%	3%	4%
Refusal / discouragement to allow same-sex partner at company events	6%	7%	10%	7%	7%	7%
A LGBT friendly workplace/employer	31%	33%	53%	19%	49%	60%
Diversity workshops that include sexual orientation awareness	8%	7%	6%	11%	14%	10%
Refusal / reluctance to award deserved bonuses	3%	3%	5%	4%	14%	5%
Refusal / reluctance to award deserved promotions	4%	7%	7%	7%	8%	4%

*57% of the sample (n=951) are currently employed. A further 15% are self-employed

- Seventy-three participants (8%) state they have been refused a job due to their sexual orientation and a further 130 participants (15%) are unsure.
- Eleven percent state they were awarded a job due to their sexual orientation and nine percent are unsure.
- Significant negative correlations were found between education and all forms of discrimination which suggests that individuals who are better-educated are able to find employment in an environment which will not tolerate discrimination.
- Three hundred and sixty-six participants (47%) agree that they enjoy an LGBT-friendly workplace, with white males significantly more satisfied in this regard.

In the current study 23% of coloured participants have experienced verbal abuse in the workplace. Significant negative correlations were found between level of education and all forms of discrimination, which suggests that as the majority of coloured participants do not have a higher level of education, they are unable to find employment in an environment where abuse is not tolerated. Eighteen percent of the coloured group have a degree compared to 44% of the white group, and 24% have less than grade 12 as compared to three percent of the white group. Black participants experienced lower levels of verbal abuse than white participants, but

their level of physical abuse (11%) experienced was the highest of all three race groups.

According to Ragins and Cornwall (2001), LGBT individuals are less likely to experience incidents of victimisation in the workplace when organisations have written policies forbidding the discrimination against employees on the basis of their sexual orientation. The welcoming of same-sex partners to a company event sends a strong message to both heterosexual and homosexual employees that discrimination will not be tolerated within the workplace (Ragins & Cornwall, 2001). Only 47% of participants in the current study feel they enjoy a LGBT-friendly workplace.

Experiences of Victimisation in the past 24 months¹⁰

Participants were asked how frequently they experienced various types of victimisation because of their sexual orientation in the previous two years. Table 3.5 indicates prevalence rates of victimisation for all participants in this sample:

Table3.5: Victimisation experienced 2004/2005

	Percentage	Frequencies
Verbal abuse/harassment (n=952)	37%	355
Physical abuse/assault (n=950)	8%	76
Sexual abuse/rape (n=948)	2%	21
Domestic violence (n=949)	6%	55
Attacks on property (n = 948)	8%	78

- Verbal abuse or 'hate speech' is the most common form of victimisation experienced by all participants followed by physical abuse/assault and attacks on property.

Table 3.6 (below), indicates the rates of victimisation experienced by different race and gender groups.

Table 3.6: Victimisation experienced 2004/2005 by gender and race groups (n=952)

	Females %		Males %

¹⁰ Participants were asked for experiences of victimisation over the last 24 months. It is likely the figures would be higher if they had been asked to report on incidents of abuse experienced over a longer period.

	Black	Coloured	White		Black	Coloured	White
Verbal abuse (n=106,90,263)	27%	35%	37%	Verbal abuse (n=100,156,222)	36%	51%	33%
Physical abuse (n=106,90,265)	3%	13%	3%	Physical abuse (n=99,156,222)	14%	17%	7%
Sexual abuse (n=106,90,265)	1%	3%	2%	Sexual abuse (n=101,159,223)	5%	5%	1%
Domestic violence (n=105,90,263)	4%	9%	3%	Domestic violence (n=100,155,222)	10%	10%	3%
Attacks on property (n=106,90,265)	6%	10%	4%	Attacks on property (n=100,155,220)	14%	14%	6%

- Consistent with the findings related to victimisation at school and in the workplace, males generally experience higher incidents of victimisation than females and the verbal and physical abuse and attacks on property experienced by males, as compared to women, is significantly different.
- Overall, coloured participants of both sexes appear to experience higher levels of abuse on all levels compared to the white and black race groups. This result is statistically significant.

Places in which victimisation occurs

Victimisation of LGBT people occurs in various settings. The majority of attacks take place at the following areas, which links with favoured areas of socialisation (refer:

Table 2.4):

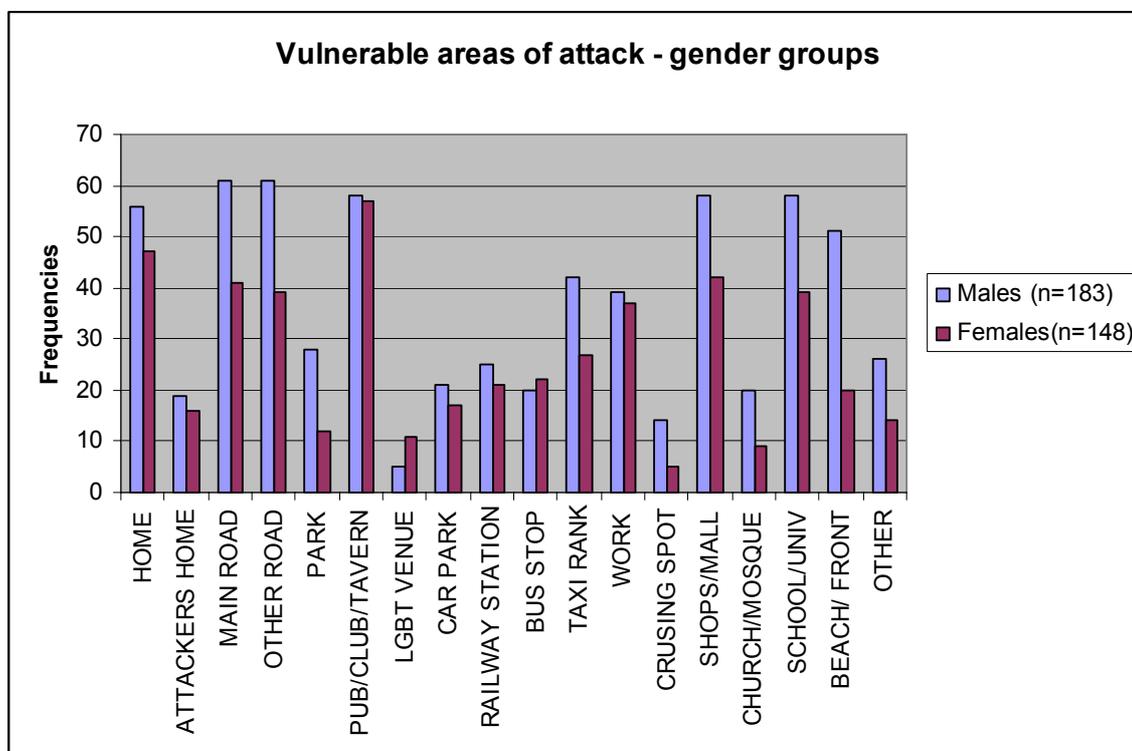
- Pubs/ taverns/shebeens (36%)
- Home (33%)
- Main road (32%)
- Other road (31%)
- School / university (30%)
- Work (24%)
- Taxi rank (22%)

The least amount of attacks take place at the following areas:

- Church venues (9%)
- Cruising spots (6%)
- LGBT venues (5%).

Figure 3.3 highlights the places where LGBT females and males are most vulnerable:

Figure 3.3: Places where victimisation has occurred by gender (n=331)



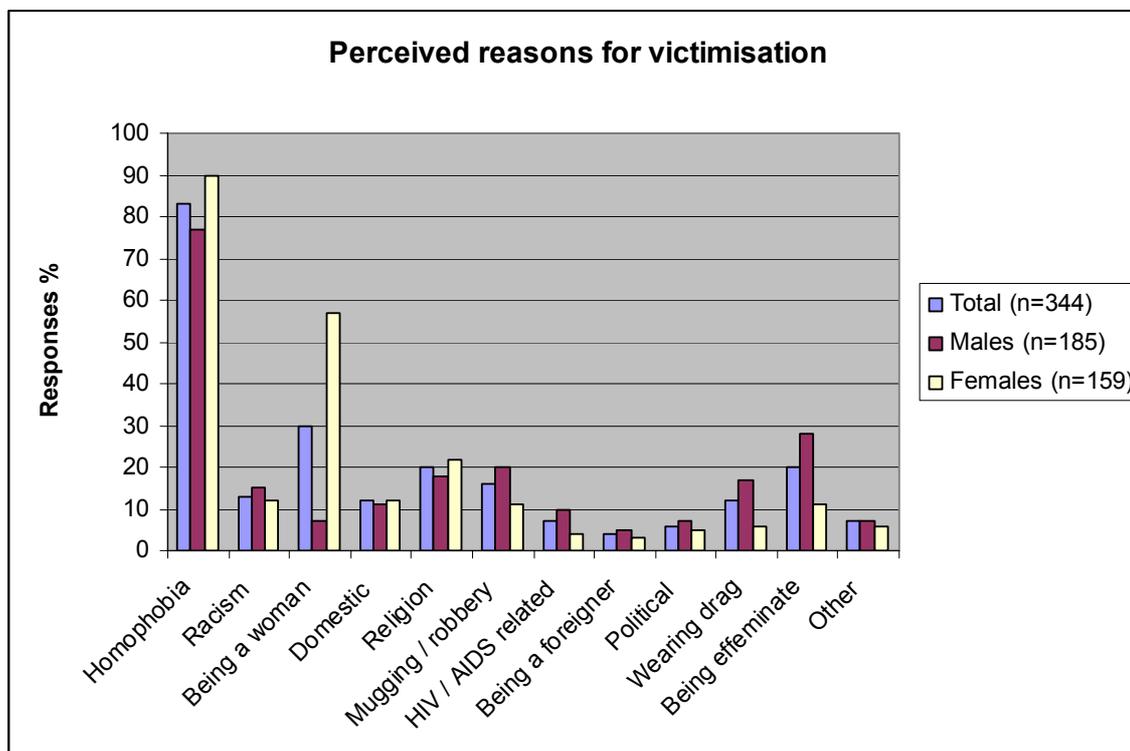
*Other included parents' home, restaurant, gym and Pride events

- Black and coloured participants experienced higher rates of attacks than white participants in places associated with public transport, such as taxi ranks and bus stops, which is likely due to the fact that they are more reliant on this mode of transport, due to financial reasons.
- Twenty-nine black participants (46%) experienced high incidents of attacks at school/university as compared to 34 coloured (32%) and 33 white (21%) participants.
- The 16-24 year age group is most likely to be assaulted at the pub (43%), other road (35%), at home (34%) or at the shops (30%).
- The 40+ age group is most likely to be assaulted at home (40%) or at work (30%).

Perceived Reasons for victimisation

Figure 3.4, below, depicts respondents' perceived reasons for incidents of victimisation.

Figure 3.4: Perceived reasons for victimisation incidents by gender (n=344)



Homophobia was the most frequently cited reason for incidents of victimisation (83%). Other reasons in order of frequency were:

- Being a woman (30%)
- Being effeminate (20%)
- Religion (20%)
- Females of all three race groups felt that homophobia was the main reason for victimisation followed by 'being a woman'.
- Males of all three race groups cited homophobia as the main reason for victimisation.
- Black and coloured males felt that 'being effeminate' and 'wearing drag' were other common reasons for victimisation.

Gonsiorek (1993) defines homophobia as 'an irrational and distorted view of homosexuality or homosexual persons' (as cited in Wilson, 1999, P. 555).

Homophobia was the most frequently cited reason for incidents of victimisation (83%) in the present study, by both males and females and all race and age groups. Patriarchal societies, where male dominance is highly valued, places increased burdens on lesbian women and gay men who are seen to 'pose a strong subversive threat to the patriarchal ideals of aggression and dominance' (Nel & Joubert, 1996, p. 20). When individuals do not conform to the behaviour and expectations of the dominant group they become targets for abuse.

Herek, Gills and Cogan (1999) found that LGBT people experience high levels of victimisation due to their sexual orientation and hate crimes¹¹ were more prevalent for gay men and individuals who were more open about their sexual orientation. Individuals who were more 'invisible' and did not frequent LGBT bars and clubs appeared to be at less risk for victimisation. In the current study, the majority of incidents of victimisation did take place in pubs/clubs and in the main roads, but the number of incidents which took place in the home, shops, schools and university were also high.

Victims of hate crimes have been found to suffer heightened levels of psychological distress compared to victims of similar crimes which are not motivated by prejudice. These incidents also have an effect on the whole LGBT community as it engenders awareness of their vulnerability should they become 'visible' (Herek, Cogan & Gillis, 2002). In this study males experience higher incidents of abuse than females and the difference between the groups is significant. This may possibly be due to the fact that females may be more 'hidden'.

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

When the respondents were asked whether they thought that the Criminal Justice System is providing for LGBT rights, it appears to be significant that only 30% felt that it is. Thirty-five percent felt that the Criminal Justice System is not providing for LGBT rights and a further 35% stated that they were unsure.

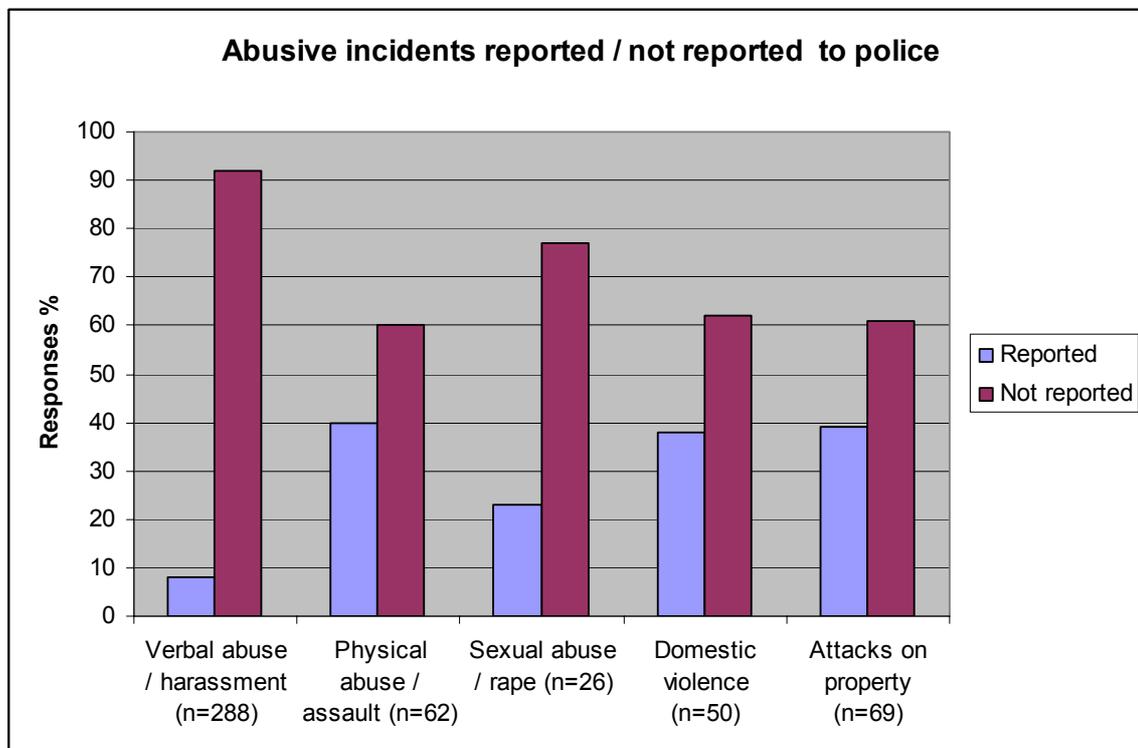
¹¹ Hate crimes refer to acts of violence against individuals, property or organisations because of the group they belong to or identify with. The differentiation between hate crimes and other violent crimes is the prejudice of the perpetrator. As yet, hate crime is not a recognised crime category in South Africa (Nel, 2005).

Incidents Reported to the Police

Findings indicate a low prevalence rate of reporting incidents of victimisation to the police. Linked with previously reported findings, verbal abuse is most commonly experienced and least often reported. Interestingly, sexual abuse is the next category least often reported, which is possibly due to social stigma associated with this crime. Harm done by physical abuse and attacks on property are the most visible forms of abuse and interestingly, also most often reported.

Figure 4.1, below, depicts incidents of victimisation that were and were not reported to the police:

Figure 4.1: Abusive incidents reported/not reported to police (n=336)



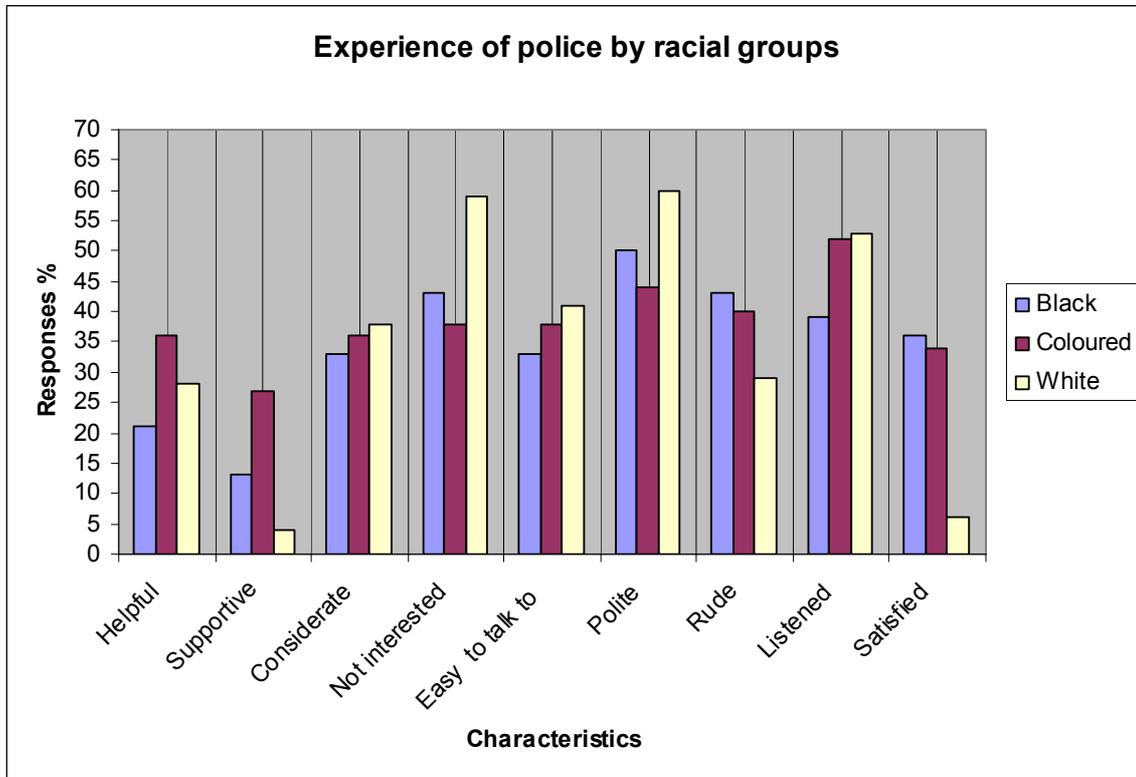
* Results must be treated with caution as most of sample sizes are very small

The experience of the Police Services

Reports were mixed with regard to experiences of interfacing with the South African Police Services (SAPS). Only 19 participants were satisfied with the service they received from the police.

Figure 4.2 below, indicates the way the participants experienced the police services, in instances where they reported incidents of victimisation to the SAPS.

Figure 4.2: Experience of SAPS by race groups (n=68)



* Please note that this graph is in % and the sample sizes are very small so results must be treated with caution and cannot be generalised. Black (n=14) Coloured (n=33) White (n=17)

- Generally white participants experience with the police appeared to be the most positive and yet they were the group most dissatisfied overall with the services / responses by the SAPS. Only one white participant stated he/she was satisfied with the SAPS as compared to five black participants reporting a positive response.
- Eighteen males found the police to be helpful compared to four females.

Reasons for *not* reporting incidents to the Police

The table below details the reasons participants gave when asked why they did not report incidents of victimisation to the police.

Table 4.1: Reasons for NOT reporting incidents to the police¹² (n=285)

	%	Frequency
Report would not be taken seriously (n=286)	66%	190
Police couldn't do anything (n=285)	67%	190
Police would not understand (n=282)	58%	163
Did not want police to know about orientation (n=283)	25%	71
Incident not serious enough to report (n=286)	65%	187
Couldn't be bothered (n= 286)	40%	115
I was drunk/drugged (n=283)	10%	27
No experience with police (n= 282)	26%	73
Friend had bad experience with police (n=279)	33%	91
Embarrassed about incident (n=281)	20%	56
Unable to get to police station (n=282)	7%	19
Don't like police (n=282)	25%	71
Afraid of being abused by police (n=282)	22%	61
Incidents happen often (n=282)	32%	89
*Other (n=279)	7%	19

*Responses here included "I handled it myself" and "How do I explain my mental abuse?"

- Most people (67%) did not report incidents to the police as they felt the police couldn't do anything or the report would not be taken seriously (66%).
- Of concern is the fact that 65% of participants felt the incident was not serious enough to report and 58% of participants did not think the police would understand.
- Forty-two males (28%) and 29 females (22%) wanted to keep their sexual orientation secret.
- Twenty black females (74%) felt the police would not understand compared to 40 white females (55%).
- Nineteen coloured males (32%) as compared to 13 white males (22%) have had a poor experience of the police.
- Seventy-four percent of white participants felt the incident was not serious enough as compared to 60% of the coloured and 55% of the black participants.
- Thirty-one percent of coloured participants are afraid of the police compared to 14% of white participants.

¹² Participants gave more than one reason as to why they did not report incidents to police.

The above findings indicate that the experiences of LGBT people with the police are often not positive. According to a study by Bernstein and Kostelac (2002), police officers admitted that it was unlikely that gays and lesbians would receive fair treatment from the justice system and their complaints would not be treated as seriously as the complaints of heterosexuals. In the present study, 66% of the participants did not report incidents to the police as they felt they would not be taken seriously.

In the current study, participants varied in their experiences of the police but overall they did not feel satisfied with the service they received. The fact that 65% of LGBT individuals who have experienced some form of victimisation stated that the incident was not serious enough to report, further highlights the fact that victims themselves do not acknowledge the severity of hate crimes. Although the Draft Prohibition of Hate Speech Bill 2004¹³ prohibits people from publicly expressing prejudices or hate, it does not specify hate speech which focuses on sexual orientation and may be another reason why both victims and police officers undervalue the significance of hate crimes.

The former *Lesbian and Gay Equality Project*, the *Forum for the Empowerment of Women* (FEW), and others have worked towards having hate crimes and the criminalisation of hate speech recognised as a separate category within the law (Isaack, 2003; Smith, 2004; as cited in Nel, 2005). Because hate crimes are still not recognised as separate categories of crime within the law, there is uncertainty as to what actually constitutes such an act. Many victims and others mistakenly still believe that 'only extreme and violent cases qualify' (Nel, 2005, p. 245) and the result is a significant under reporting of such incidents. It is important to understand the severity of the emotional and physical impact of such incidents on both the victim and the marginalised group to which he/she belongs. In the current study, a positive correlation was found between suicide ideation and fear of verbal and physical abuse and a negative correlation was found between self-esteem and fear of verbal, physical and sexual abuse, which indicates that thoughts of suicide increase as fear of verbal and physical abuse increase and the level of self-esteem lowers as the fear of abuse rises.

¹³ This Bill is still in draft form and was first circulated for comment in 2004 (Nel, 2005)

5. HEALTH CARE SATISFACTION

Consultation with Health Care Practitioners

Table 5.1 (below) indicates the percentage of respondents who consulted health care practitioners at least once during the period 2004/2005.

The following trends are noted with regard to health care practitioners consulted:

- Males and females are very similar in which health care practitioners they consult and 373 of the female participants (82%) have consulted with private doctors as compared to 364 of male participants (78%).
- There is a significant positive correlation between LSM level and consulting a private doctor.
- Eighty black participants (40%) as compared to 40 white participants (8%) have not consulted a private doctor during the preceding two years.
- Fifty percent of black participants as compared to 12% of white participants have consulted a government doctor during the preceding two years.

Experiences with Health Care Practitioners

Table 5.1 below, indicates the percentages of respondents that agree with specific statements about the health care practitioners (HCP) they have consulted in the two years in question:

Table 5.1: Total health care practitioners visited

Private doctors (n=926)	77%
Government doctors (n=859)	25%
Nurses/ clinics (n=865)	34%
Psychologists (n=871)	28%
Social workers (n=852)	9%
Traditional healers (n=838)	5%
Other (n=247)	18%

Table 5.2: Perception of health care practitioners by different gender and race groups (n=835)

	Females%				Males %		
	Black	Coloured	White		Black	Coloured	White
HCP are aware of my sexual orientation (n= 93,77,246)	45%	43%	59%	(n=84,133,214)	42%	57%	65%
HCP ask about my sexual orientation (n=92,75,244)	40%	23%	24%	(n=84,127,211)	38%	41%	32%
HCP openly discuss concerns related to my sexual orientation (n=91,74,246)	40%	34%	37%	(n=82,129,212)	46%	47%	51%
HCP make me feel comfortable (n=91,75,244)	69%	63%	81%	(n=82,127,210)	46%	47%	51%
HCP ask questions which imply heterosexual is only way to be (n=90,75,244)	26%	28%	19%	(n=80,126,208)	31%	19%	15%
HCP assume I am heterosexual(n=92,76,246)	38%	61%	45%	(n=83,128,209)	48%	32%	37%
HCP uphold confidentiality (n=90,72,245)	64%	67%	76%	(n=82,128,208)	57%	68%	77%

- Females of all race groups are made to feel more comfortable by their HCP compared to males of all race groups. There was a significant difference between the sexes on most of the above statements.
- Forty-six percent of females state that their HCP assume they are heterosexual as compared to 38% of males which may indicate that females are more 'hidden'.
- All races and both sexes appear to feel that the majority of HCPs uphold confidentiality.

Satisfaction with Health Care Providers

It is clear from the above findings that while not all health care practitioners provide a safe and accepting environment for LGBT people the majority do appear to be supportive and uphold confidentiality. Overall 78% of participants state that they are satisfied with the health service and 17% remain neutral.

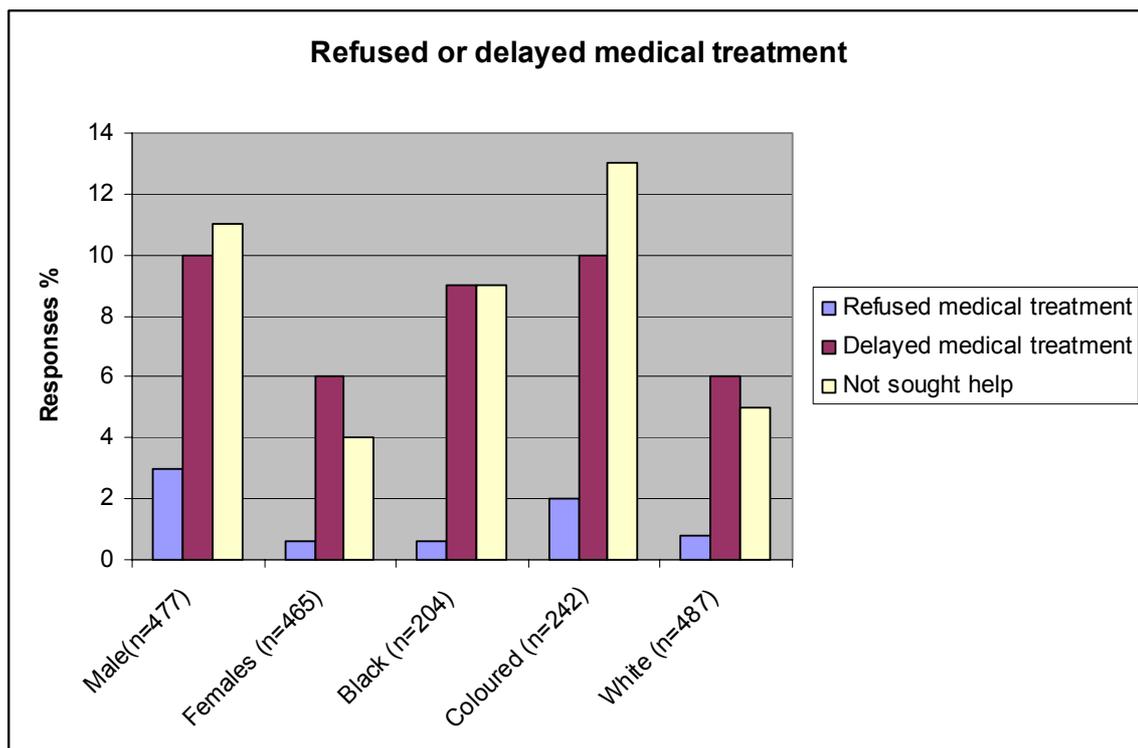
Discrimination by the Health Care System

Findings indicate that some LGBT people face overt homophobia when consulting with a minority of health care practitioners:

- Fifteen participants (2%) indicated they were refused treatment by health care practitioners because of their sexual orientation. A further 25 (3%) were unsure, which may suggest that these individuals received covert messages that were not openly verbalised.
- Seventy-two participants (8%) delayed seeking health-related treatment as they were afraid of possible discrimination and a further 73 participants (8%) did not seek medical help.

Figure 5.1 depicts discrimination by health care practitioners experienced by different gender and racial groups:

Figure 5.1: Discrimination by health care practitioners by gender and race groups (n=940)



- Six black males (3%) were refused treatment as compared to five coloured (2%) and four white males (1%).
- Only three females of all races felt they were refused treatment which may be due to the fact that females are more 'invisible' as regards their sexual orientation.

- Females were less likely to delay seeking treatment and were more likely to seek help than males. This result was statistically significant.
- More coloured participants than any other race group were likely to be refused medical treatment, or delayed and/or did not seek medical assistance.

In a study exploring the experiences of gay and bisexual men with primary health care it was found that some participants refrain from 'coming out' to their doctors as they fear that their medical records might be made available to agencies such as insurance companies and they would thus experience further discrimination (Cant, 2002).

Studies indicate that gay men are less likely to seek preventative care than heterosexual men and lesbians are less likely to seek preventative care including mammograms and Papanicolaou tests than women in the general population (Rankow & Tessaro, 1998; Wadsworth & McCann, 1992; as cited in Bonvicini & Perlin, 2003). Female participants were much more comfortable with their HCPs than the male participants and the difference was significant. This could possibly be due to the fact that females are less 'visible'.

6. HEALTH STATUS

Perception of own Health

- Eighty-six percent of participants rated their health as 'good' (44%) or 'excellent' (42%).
- Only 17 participants (2%) rated their health as 'poor' or 'very poor'.
- Ninety-one percent of black participants rated their health as 'good' or 'excellent' compared to 87% of white and 82% of coloured participants.

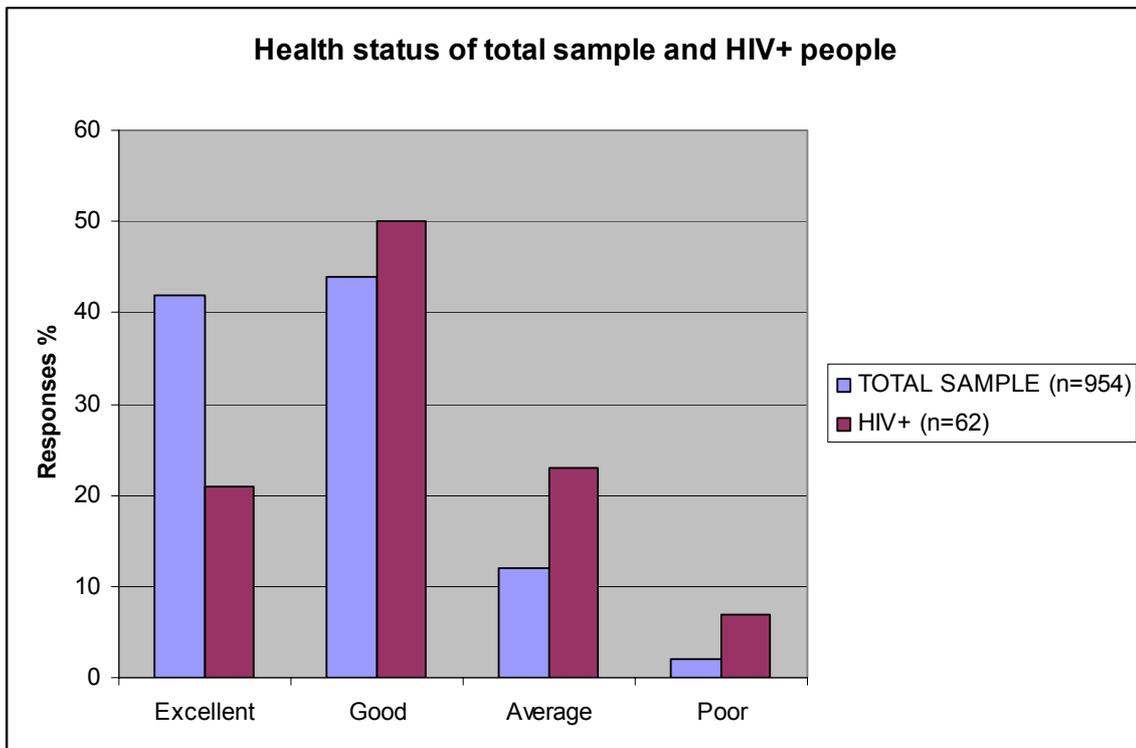
Only 6.5% (62) of the total sample (n=948) reported being HIV positive. According to a report compiled by the Department of Health in 2003, the general population of the Western Cape had the lowest prevalence of HIV of all provinces. Only 13.1% of people in the Western Cape are HIV+ compared to 37.5% in Kwa-Zulu Natal (Cape gateway, 2006). Below is a table depicting how these HIV+ individuals currently rate their health:

Table 6.1: HIV positive and health status (n=62)

	HIV positive
State of health	
Excellent	21%
Good	50%
Average	23%
Poor	7%
Very poor	0

Figure 6.1 illustrates the differences between the health status of HIV+ and HIV- participants:

Figure 6.1: Comparison of health status of total sample (n=954) and HIV+ people (n=62)



- Forty-four of the HIV+ participants (71%) rate their health as 'good' or 'excellent'.
- Only four HIV+ participants rate their health as 'poor'.

Sexually Transmitted Infections (STI)

Table 6.2 details the rate of sexually transmitted infections experienced by participants broken down into gender and racial groupings:

Table 6.2: Sexually transmitted infections by gender and race groups (n=954)

	TOTAL Sample	Race			Race		
	(n-954)	Females (n=460)			Males (n=485)		
		Black (n=106)	Coloured (n=90)	White (n=264)	Black (n=101)	Coloured (n=157)	White (n=222)
Sexually Transmitted Infection	10%	9%	8%	3%	15%	15%	15%
Unsure	4%	4%	3%	2%	4%	6%	33%
Received Treatment	79%	67%	86%	89%	100%	100%	100%

A total of 96 participants (10%) have had a sexually transmitted infection (STI) in the past 24 months and a further 33 participants (4%) are unsure.

- Ninety-two infected participants sought treatment.
- Seventy-one males (15%) had an incidence of STI as compared to 25 females (5%).
- Thirty coloured (12%) and 24 black participants (12%) had an STI compared to 42 white participants (9%).
- Nine black (9%), seven coloured (8%) and nine white females (3%) had an STI.

HIV Testing Practices

The HIV testing practices of the sample are detailed in figures 6.2 – 6.5, following.

- Seventy-three percent of participants have tested for HIV and 28% have tested more than a year ago.
- Thirty-one percent females and 23% males have never tested for HIV.
- Fifty-nine participants (46%) with less than a grade 12 education have never tested for HIV, as compared to 21 participants (14%) with a post graduate qualification.

Figure 6.2: HIV testing practices by gender (n=947)

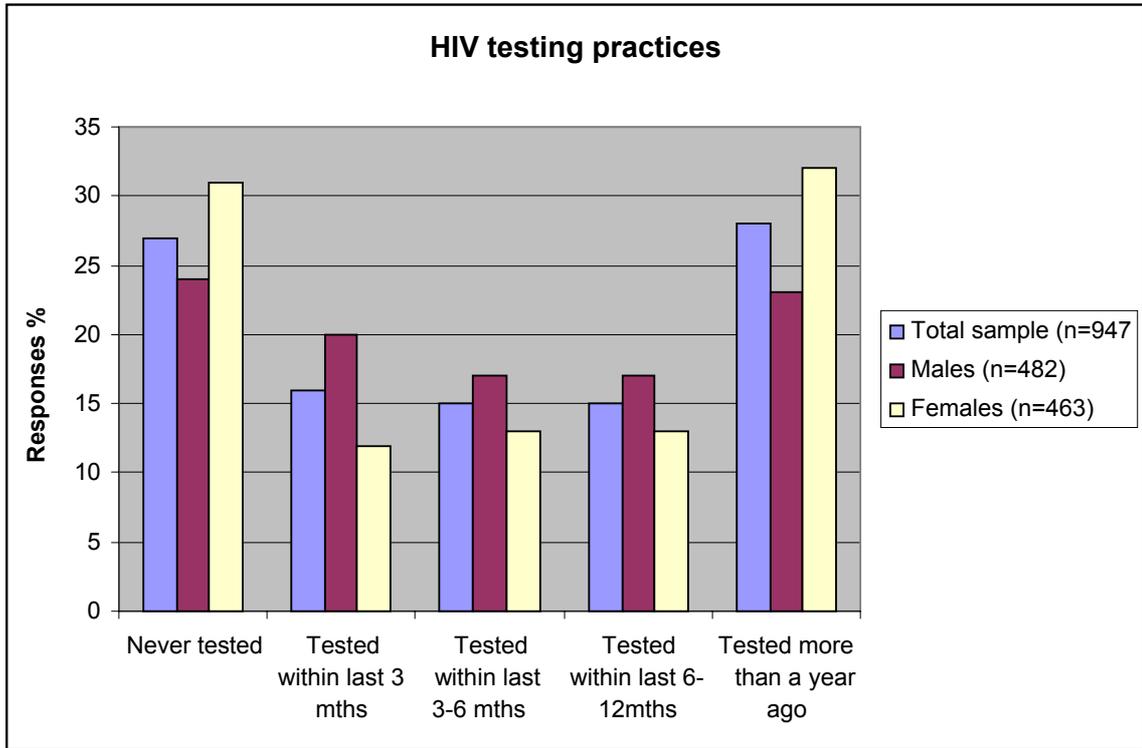
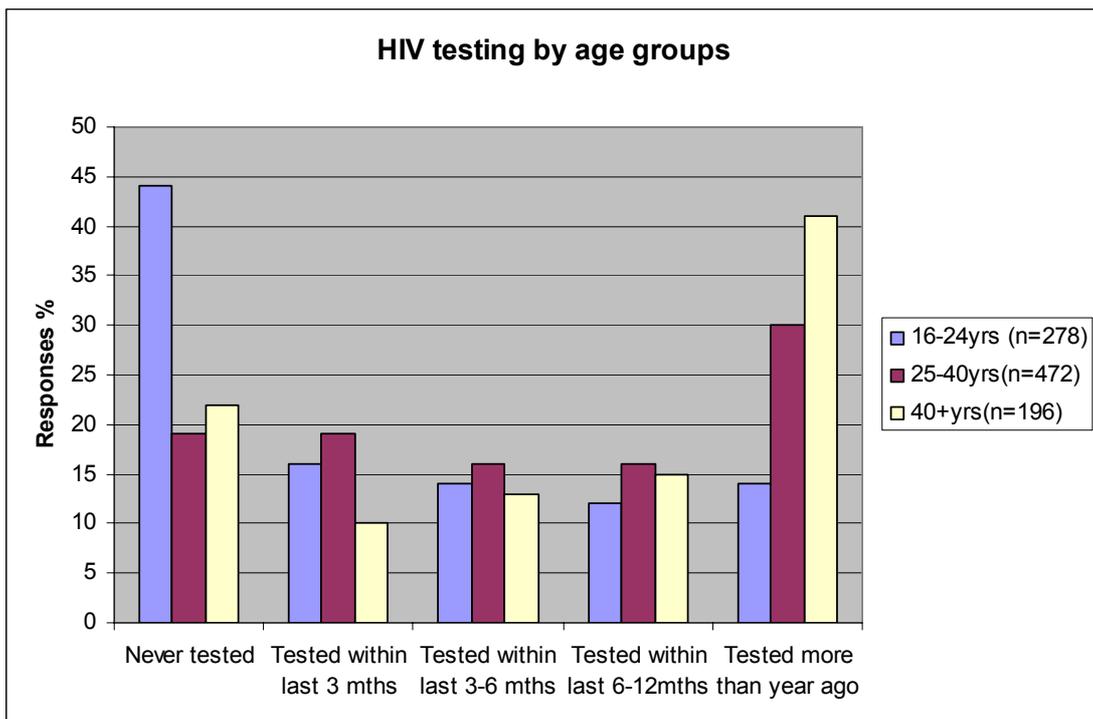
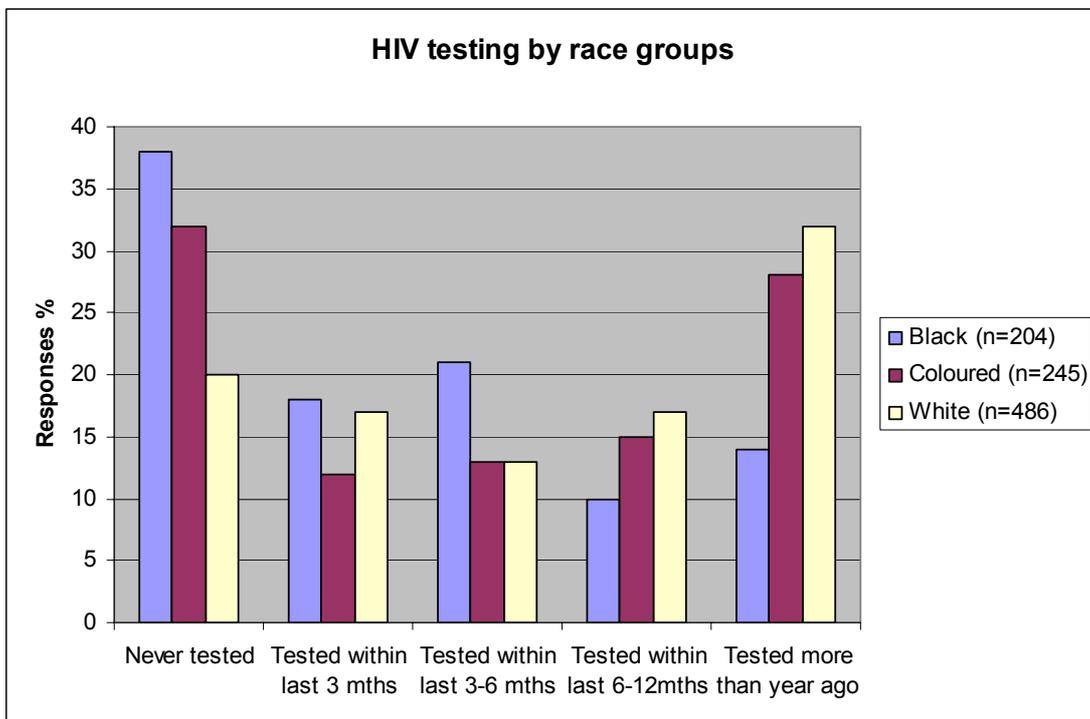


Figure 6.3: HIV testing practices by age groups (n=946)



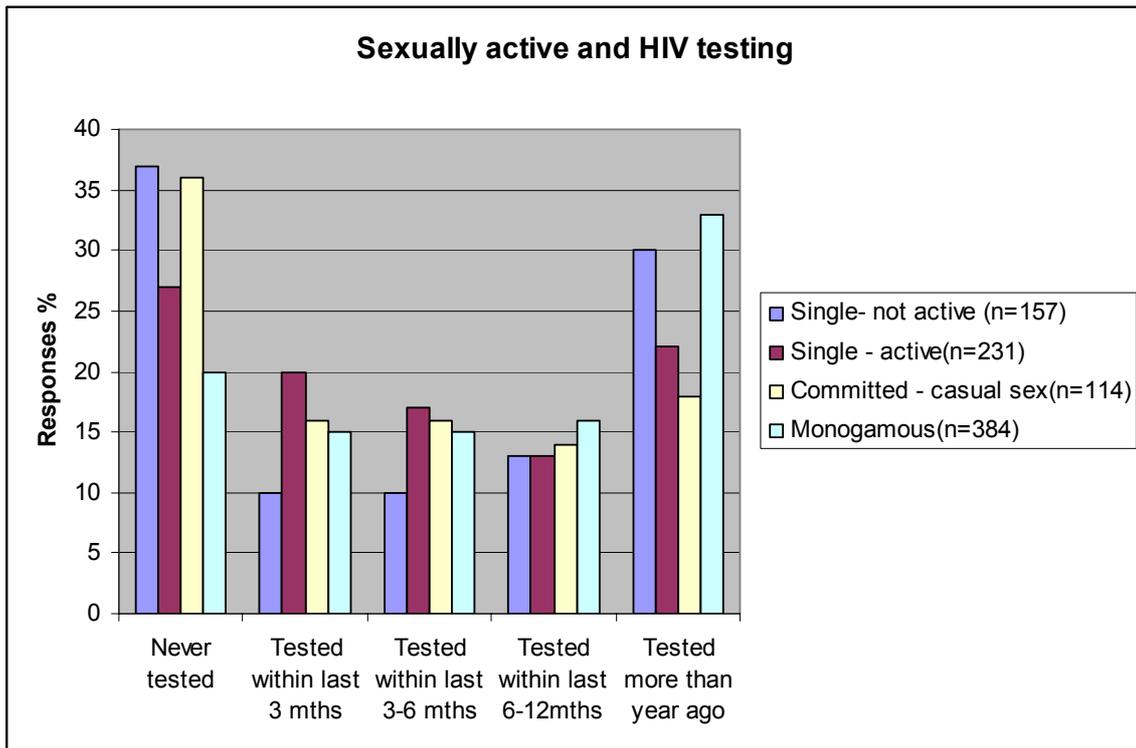
- Forty-four percent of participants in the 16-24 age group have never tested for HIV as compared to 22% of the 40+ age group, which may indicate a need for stronger educational programs aimed at younger LGBT people focusing on this issue.
- Forty-one percent of the 40+ age group have tested more than a year ago as compared to 30% of the 25-40 age group and 14% of the 16-24 year age group.

Figure 6.4: HIV testing practices by race groups (n=935)



- Eighty percent of white, 66% of coloured and 62% of black participants have tested for HIV. This result was found to be statistically significant. This could possibly be due to the fact that the white population has more access to resources than the black and coloured groups and this would have an effect on their decision to go for regular testing.
- Thirty-eight percent black participants have never tested for HIV as compared to 32% of coloured and 20% of the white participants.

Figure 6.5: HIV testing practices by different relationships (n=886)



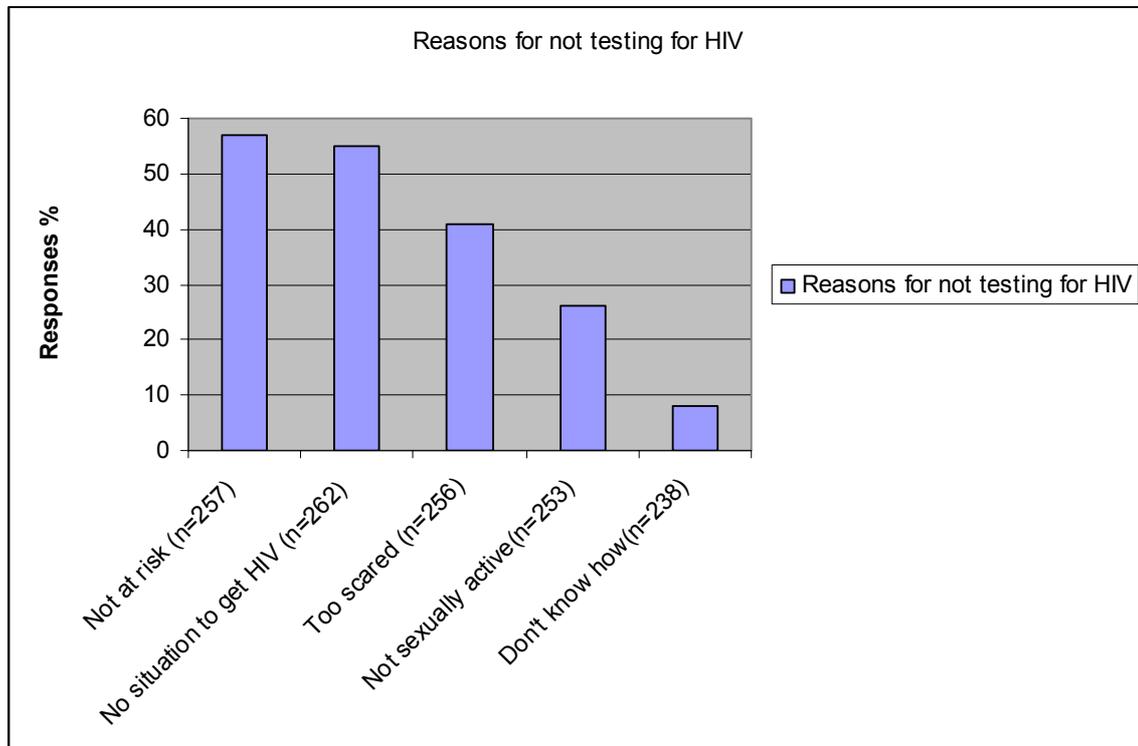
- Fifty-eight participants (37%) who are single and NOT sexually active have never tested for HIV compared to 41 participants (36%) in a committed relationship but having casual sex.
- One hundred and twenty-six participants (33%) who are in a monogamous relationship have not tested for over a year compared to 51 participants (22%) who are single but sexually active and 21 participants (18%) in a committed relationship but having casual sex.

Reasons for not being tested

Two hundred and sixty-two participants (28%) of the total sample have not tested for HIV and many state that the reason is they are either too scared or they are not at risk for contracting HIV. One hundred and eleven (59%) participants who have never been tested for HIV do not inform new partners.

Figures 6.6 – 6.9, following, detail the reasons for not undergoing an HIV test.

Figure 6.6: Reasons for not testing for HIV¹⁴ (n=262)



- Fifty-seven percent of the 262 participants who have never tested for HIV feel they are not at risk to contract HIV and 55% state they have never been in a situation to contract the disease.
- Forty-one percent state they are too scared to get tested.
- Twenty six percent state they are not sexually active.
- Eight percent state they do not know how to get tested.
- Seventy-one percent of females feel they are not at risk for contracting HIV compared to 44% of males.
- Seventy-two percent of females feel they have never been in a situation to contract HIV compared to 33% males.
- Nine females (7%) and ten males (9%) do not know how to get tested.

¹⁴ Participants had the option to give multiple reasons for not testing for HIV.

Figure 6.7: Reasons for not testing for HIV by gender (n=253)

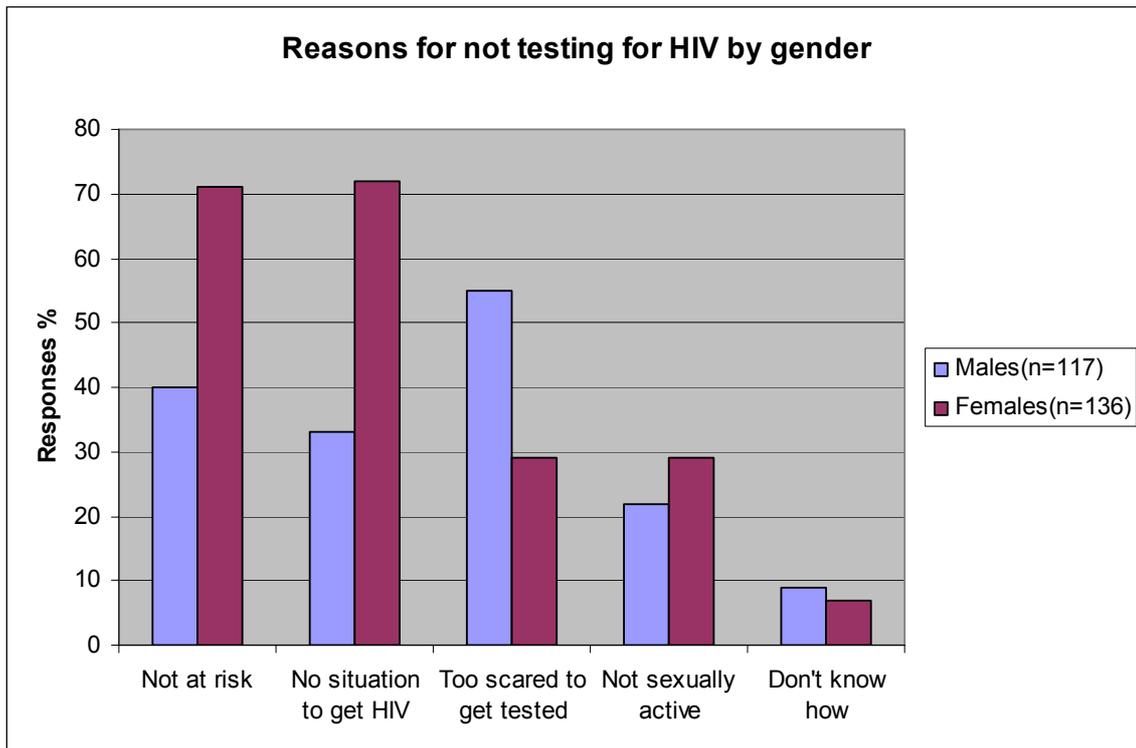
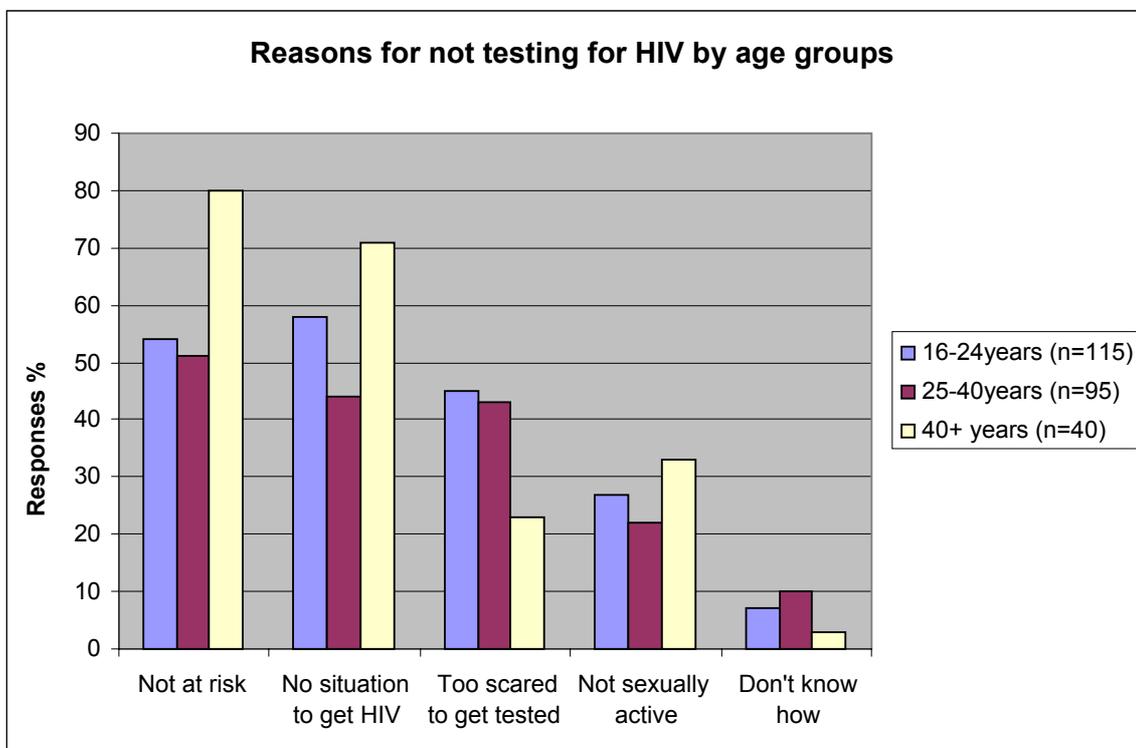
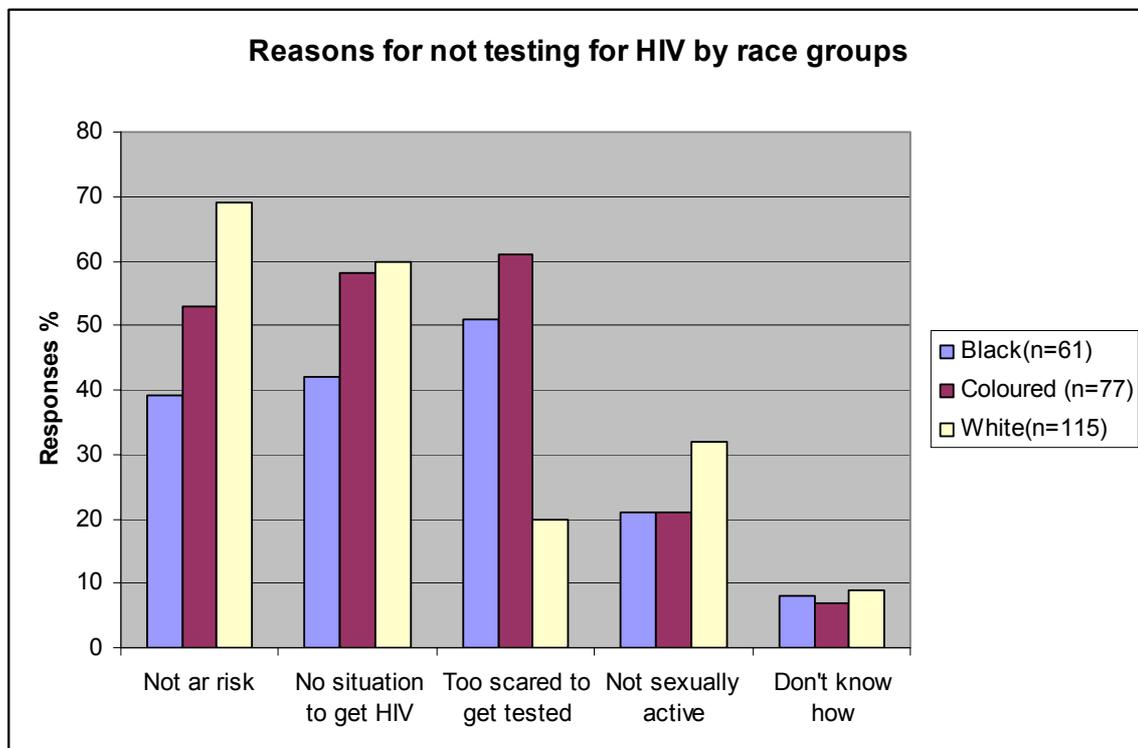


Figure 6.8: Reasons for not testing for HIV by age groups (n=250)



- Of the 262 participants (28%) who have not been tested for HIV, 37 participants (80%) of the 40+ age group feel they are not at risk for HIV compared to 61 participants (54%) of the 16-24 year age group and 49 participants (51%) of the 25-40 year age group.
- Forty-five of participants in the 16-24 year age group are too scared to get tested compared to 23% of the 40+ age group.
- Nine participants (10%) in the 25-40 year age group, eight participants (7%) in the 16-24 year age group and one participant (3%) of the 40+ age group do not know how to test.

Figure 6.9: Reasons for not testing for HIV by race groups (n=253)



- Sixty-nine percent of white participants feel they are not at risk for contracting HIV compared to 53% of coloured and 39% of black participants.
- Sixty-one percent of participants in the coloured race group are scared to be tested as compared to 51% of the black and 20% of the white race groups.
- Nine white, five black and five coloured participants do not know how to get tested.

HIV Status

The following results refer to percentage of the TOTAL sample (n=948). It is important to bear in mind that HIV is still largely stigmatised and therefore these figures may be underreported.

- Five females (1%) are HIV+ as compared to 56 males (12%). According to a 2003 survey by the Department of Health, 3.1 million women and 2.4 million men (aged 15 to 49 years) in South Africa were HIV+ (Cape Gateway, 2006).
- Thirty-four white males (15%) are HIV+ compared to nine black (9%) and 13 coloured (8%) males.
- Four black females (4%) are HIV+ compared to one coloured (1%) female.
- Seven participants (0.7%) did not fetch results.
- Two hundred and sixty participants (28%) were last tested more than a year ago.

Participants (n= 835) were asked if they reported their HIV status to a new (potential) partner and 62% stated that they do reveal their status. Of the 62 participants who are HIV+ the following information emerged:

- Nineteen individuals (32%) are single and sexually active.
- Fourteen individuals (23%) are in a committed relationship but having casual sex.
- Twenty individuals (33%) are in a monogamous relationship.
- Fifteen individuals (42%) are in a relationship of 5-15 years.
- Thirty-one individuals (52%) tell their partner their status and 19 individuals (32%) tell them 'sometimes'.
- Six individuals (32%) who are single and sexually active tell their partners their status and nine individuals (47%) tell them 'sometimes'.
- Six individuals (43%) who are in a committed relationship but having casual sex tell their partner their status and five individuals (36%) tell them 'sometimes'.

Table 6.3, following, details respondents' reported HIV status.

Table 6.3: HIV test results (n=948)

HIV Positive	7% f=62
HIV negative	66% f=623
Not fetch results	0.7% f=7
Not understand results	0.2% f=2
Never tested	27% f=255

Table 6.4 and the following discussion refers to details of the HIV+ participants (n=62).

Table 6.4: HIV positive by gender, race and age groups (n=62)

SEX		RACE			AGE		
Male	Female	Black	Coloured	White	16-24 years	25-40 years	40+ years
92% f=56	8% f=5	21% f=13	23% f=14	56% f=35	9% f=11	57% f=35	26% f=16

- Six participants who are HIV+ do not tell new partners their HIV status.
- Fifteen participants who are HIV+ have been in a relationship for 1-5 years.
- Six participants who are HIV+ do not tell new partners of their HIV status and 19 tell them 'sometimes'.
- Future research should focus on issues of safer sex and disclosing HIV status to potential partners as 19 participants (8%) who are single and sexually active and 14 participants (12%) in a committed relationship but having casual sex are HIV+.

Seventy-three percent of the sample has tested for HIV and of those 6.5% is HIV positive. This number appears to be exceptionally low if international statistics are compared so caution should be taken when interpreting these results. HIV is still largely stigmatised and it is likely that the actual figures are under reported. The Public Health Laboratory Service maintain that since the year 1990, the number of

gay and bisexual men infected with HIV in England each year stands at around 1500 (Public Health Laboratory Service, 2000, as cited in Cant, 2002).

One hundred and five participants (41%) in this study who have not tested for HIV state that the reason they have not tested is that they are 'too scared' and it is possible that future educational programmes should focus on this area.

According to figures released after a 2005 countrywide survey commissioned by the Nelson Mandela Foundation, the current HIV infection rate in people two years of age and over is 10.8%, with a higher rate in females (16.9%) than males (4.4%). The prevalence in the 15-49 age group increased from 15.6% in 2002 to 16.2% in 2005. Females in the 15-24 age group are four times more likely to be HIV positive than males of the same age group. One unexpected finding of this study (which is being treated with caution until further analysis of the data can be undertaken) is that there was a significantly lower rate of HIV infection recorded for white and coloured people in the Western Cape area (Media releases, 2005). If these findings are confirmed it may help explain the lower figures in the present study.

7. ALCOHOL AND SUBSTANCE ABUSE

Alcohol Use

Self perceptions of alcohol use

Results indicate that 88% (n=949) of participants use alcohol to varying degrees, with 82% considering themselves users, four percent abusers and one percent as alcoholics. Tables 7.1 and 7.2 below, detail alcohol use for this sample:

Table 7.1: Alcohol use by gender and race groups (n=949)

	Females%				Males %		
	Black	Coloured	White		Black	Coloured	White
Teetotaler (n=104,89,264)	22%	16%	7%	(n=100,157,221)	19%	13%	9%
Alcohol user (n=104,89,264)	72%	80%	87%	(n=100,157,221)	72%	78%	87%
Alcohol abuser(n=104,89,264)	4%	2%	4%	(n=100,157,221)	2%	8%	5%
Alcoholic(n=104,89,264)	2%	2%	2%	(n=100,157,221)	1%	1%	0%

- There is very little difference between the sexes and reported alcohol use.
- Ninety-two percent of white participants use alcohol to varying degrees as compared to 86% of coloured and 79% of black participants. The difference between white and black race groups on this variable was significant as it appears that members of the white race group consume more alcohol more regularly than members of the black group.
- Forty-eight of employed participants use alcohol as compared to nine percent of those who are unemployed. This is likely due to financial reasons.
- Twenty percent of individuals in LSM level 9 use alcohol compared to one percent in LSM level 1 and two percent in LSM levels 3 and 4. This again is likely due to financial reasons.

Frequency of Alcohol Use

Table 7.2: Frequency of alcohol use (n=949)

	Never	2x week or less	3x week or more	Everyday
Frequency of alcohol use	12%	44%	18%	5%
Frequency of getting drunk	27%	20%	6%	

The following trends were also noted:

- Nine percent of females and 17% of males used alcohol three times a week or more but there was no significant difference found between the sexes use of alcohol.
- Twenty-two percent of white, 18% of black and 11% of coloured participants use alcohol three times a week or more. The differences between the race groups were statistically significant, which is possibly due to financial reasons.
- Sixteen percent of black, seven percent of coloured and one percent of white participants get drunk three times a week or more which may suggest that while white participants drink more regularly, black participants may not be as used to alcohol and therefore get more drunk when they do have the financial means. Another possibility is that white participants may drink for reasons of self medication rather than recreation.

- A positive correlation was found between frequency of alcohol use and age and a negative correlation found between frequency of getting drunk and age. This suggests that although older people drink more frequently than younger people they do not get as drunk.

Cigarette Use

Results indicate that 48% (n=947) smoke cigarettes to varying degrees. Table 7.3 details the number of cigarettes smoked regularly by this sample:

Table 7.3: Frequency of cigarette use (n=947)

Never	5 cigarettes a day	6-10 cigarettes a day	11-20 cigarettes a day	> 20 cigarettes a day
52%	18%	12%	15%	4%

The following trends are seen with regard to tobacco use:

- Sixty percent of coloured participants smoke compared to 45% of white and 45% of black participants. This result was statistically significant.
- Forty-eight percent of females smoke as compared to 49% of males.
- Only 40% of the 40+ age group smoke as compared to 52% of the 16-24 year age group.

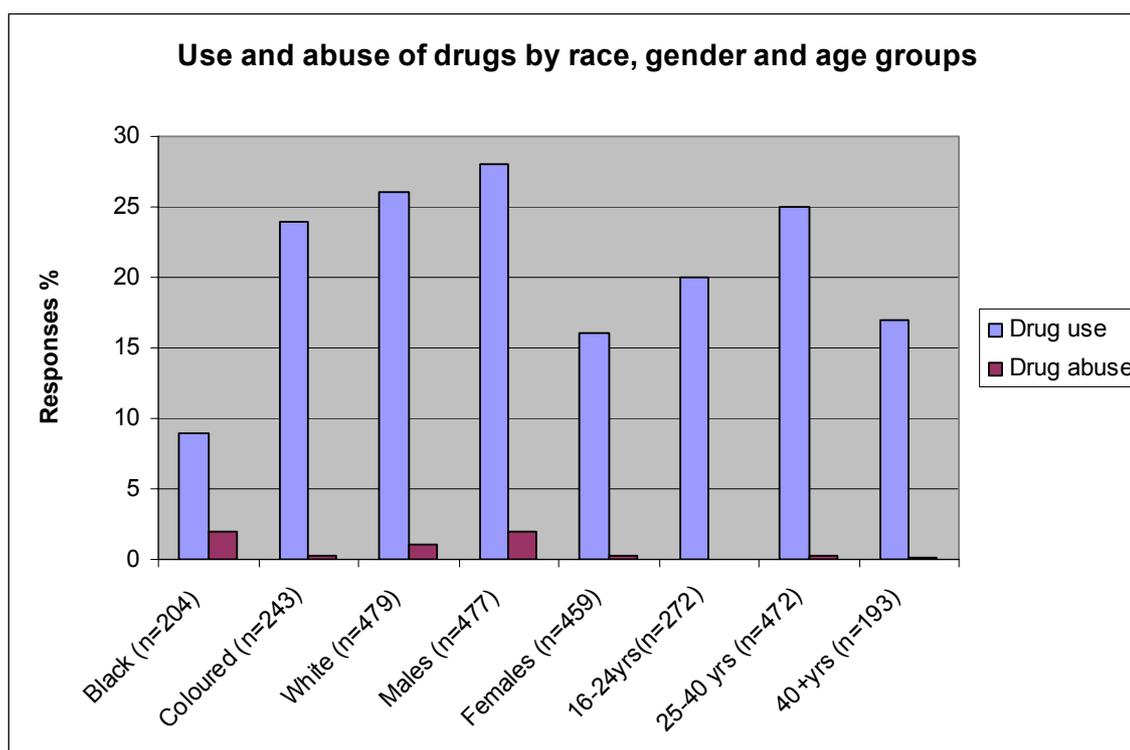
Drug use

Self perception of drug use

Two hundred and twenty participants (24%) admitted to taking recreational drugs. Of this group, 204 participants (93%) considered themselves to be users, ten participants (5%) consider themselves to be abusers, and six (3%) state they are dependent on drugs¹⁵. Interestingly, some participants who admitted to regular usage of drugs did not always consider themselves 'users'. The use and abuse of recreational drugs is illustrated in figure 7.1, following.

¹⁵ It is highly likely that these figures are underreported due to fear of disclosure because drug use is illegal.

Figure 7.1: Recreational drug use by race, gender and age groups (n=938)



The following trends emerge with regard to recreational drug use:

- Thirty percent of males use drugs compared to 16% of females. This result was statistically significant.
- Twenty-seven percent of white participants use or abuse drugs compared to 26% coloured and 11% black participants. The difference between the black race group and the white and coloured groups was significant.
- Twenty-five percent of the 25-40 year age group use drugs to varying degrees as compared to 17% of the 40+ age group.

Frequency of drug use

The frequency and type of drugs that respondents use are indicated in Table 7.4, following.

Table 7.4: Frequency and types of drug use (n=945)

	Never	Almost never	At least 1X a month	Weekly	Daily
Dagga / dope	61% f=573	22% f=203	8% f=75	5% f=51	4% f=42
Ecstasy (e)	84% f=791	12% f=114	3% f=32	0.1% f=1	0%
Acid (LSD)	97% f=913	3% f=24	.2% f=2	.1% f=1	0%
Coke/ cocaine	85% f=803	10% f=96	4% f=34	.6% f=6	.1% f=1
Heroin	99% f=926	1% f=9	.2% f=2	.2% f=2	0%
Kat	90% f=850	7% f=60	2% f=15	1% f=12	.2% f=2
Speed, crystal	95% f=888	4% f=36	1% f=8	.6% f=6	.2% f=2
GHB	95% f=896	3% f=29	2% f=14	.1% f=1	0%
Viagra (for recreational purposes)	97% f=909	2% f=20	.4% f=4	.4% f=4	0%
Glue	91% f=849	6% f=57	2% f=15	1% f=13	.4% f=4
Poppers (Amyl)	92% f=862	5% f=44	2% f=14	1% f=13	0%
Mandrax	95% f=892	3% f=31	1% f=7	.5% f=5	.1% f=1
Tik (methamphetamine)	90% f=842	5% f=43	2% f=22	2% f=17	1% f=13
Diet pills (appetite suppressants)	92% f=721	4% f=33	1% f=10	.4% f=3	2% f=13

*Other responses included cialis, anti-depressants, gym supplements and tranquilisers

According to Ebrahim Rasool, Premier of the Western Cape, substance abuse by the youth of the Western Cape is an escalating problem. The latest statistics from the Medical Research Council states that Cannabis/Mandrax is still the most common illicit drug of choice, but Tik (Methamphetamine) has become the primary substance of abuse since 2005. Six out of every ten people arrested for crimes such as housebreaking, test positive for an illegal substance and 25% of people in drug treatment centres are under 20 years old (Cape Gateway, 2006).

Cannabis (dagga) appears to be the most commonly used drug by participants in this study and the youngest age group appear to be the highest drug users. Nine percent report regular (weekly/daily) use of dagga followed by three percent who regularly use Tik. Coke, ecstasy and kat are used irregularly (once per month) by four percent, three percent and two percent respectively. Drug, alcohol and cigarette use was positively correlated with levels of depression and drug and alcohol use was negatively correlated with self-esteem which indicates that use of these substances increase the risk of depression and has a negative affect on levels of self-esteem of the individual.

8. WELL-BEING

Well-being was assessed through questions that probed feelings of anxiety, rejection and suicidal ideation. The two scales used to measure levels of self-esteem and risk for depression to attempt to determine the overall well-being of participants was developed by the researchers of the Gauteng and Kwa-Zulu Natal studies and was again utilised in this study. The items on the self-esteem scale were adapted from Rosenberg's self-esteem scale (1965). Items used to assess depression were adapted from Berger (1982). The scale assessed symptoms of depression and is therefore an indicator for the *risk* of depression and not a measure of depression (Wells, 2006).

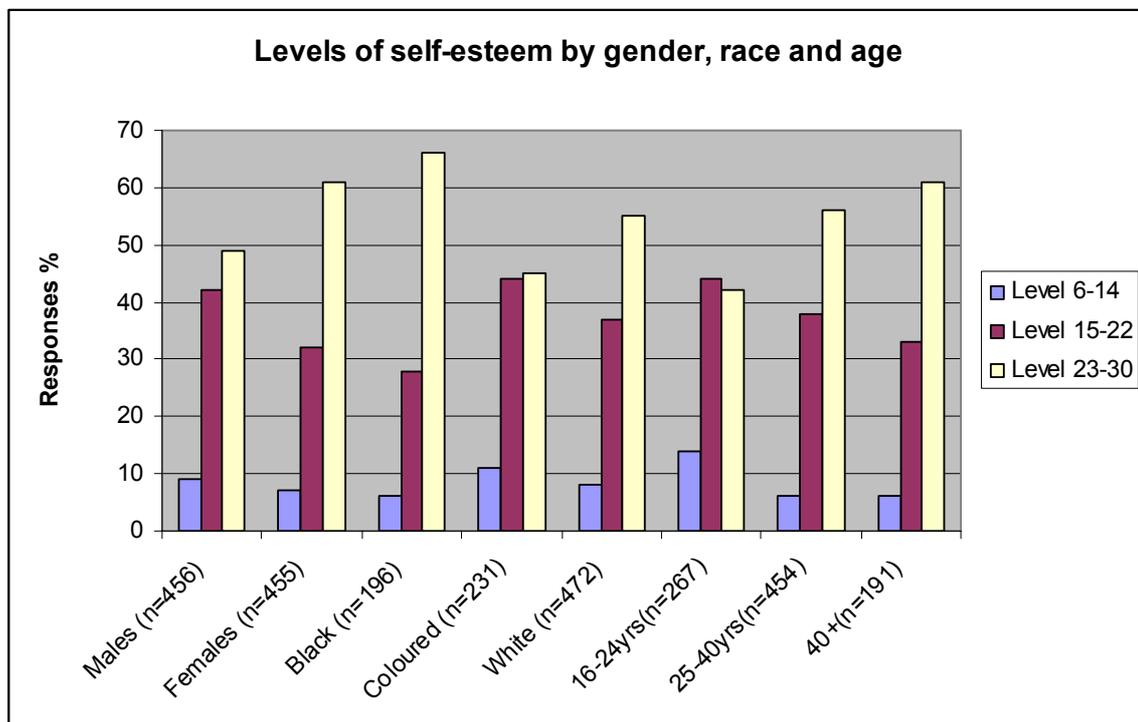
Self-Esteem

* Self- esteem was measured on a scale with scores ranging between 6 (low self-esteem) and 30 (high self-esteem). The mean of the research population is 22.6 (SD =5.3) indicating that the average participant has satisfactory levels of self-esteem.

* Refer Appendix A for an explanation of the self-esteem scale.

Figure 8.1 illustrates the different levels of self-esteem of this sample.

Figure 8.1: Levels of self-esteem by gender, race and age groups (n=913)



- Sixty-one percent of females and 49% males are in the level 23-30. There is a significant difference between the sexes and level of self-esteem which seems to suggest that females have a higher level of self-esteem overall than males.
- Sixty-six percent of black participants have high self-esteem compared to 55% of white and 45% of coloured participants.
- Self-esteem was found to bear a significant positive correlation with age, which indicates that self-esteem improves as an individual gets older.
- There is a significant difference between the self-esteem of individuals who are discriminated against by the church and have a conflict with their spirituality and those who are not discriminated against and have no/little conflict with their spirituality.
- There is a significant difference in self-esteem of those participants who make use of LGBT organisations compared to those who do not. It is likely that individuals who make use of LGBT organisations feel more supported than those who do not.

- Sixteen percent of individuals in the lowest LSM levels have poor self-esteem as compared to seven percent of those individuals in the highest levels.

Self-esteem was found to have a significant positive correlation with the following variables, which indicate that self-esteem rises when one or more of these variables are present:

- Education
- 'Out' to family, friends and colleagues
- Time spent with LGBT friends
- An intimate relationship
- LSM level
- Age.

Self-esteem was found to have a significant negative correlation with the following variables, which indicate that self-esteem decreases when one or more of these variables are present:

- Experience of all types of abuse at school, work and socially
- Alcohol and drug use
- Suicidal thoughts
- Risk for depression
- HIV status.

In a study examining self-esteem and satisfaction with support systems as predictors of emotional distress, Grossman and Kerner (1998) found significant differences between levels of self-esteem and emotional distress scores. High self-esteem was found to be a moderate predictor for males of low emotional distress, but a strong predictor for females.

Overall, females in this current study have higher levels of self-esteem than males, but still appear to be at a significantly slightly higher risk for depression, as will become apparent in the next discussion. Self-esteem was found to have a significantly negative correlation with drug use and suicidal thoughts and depression had a significantly negative correlation with suicide attempt. Grossman and Kerner (1998) also found that there were significant differences in the emotional distress scores of participants who do/do not use drugs, have/have no suicidal thoughts and those who have/have not attempted suicide.

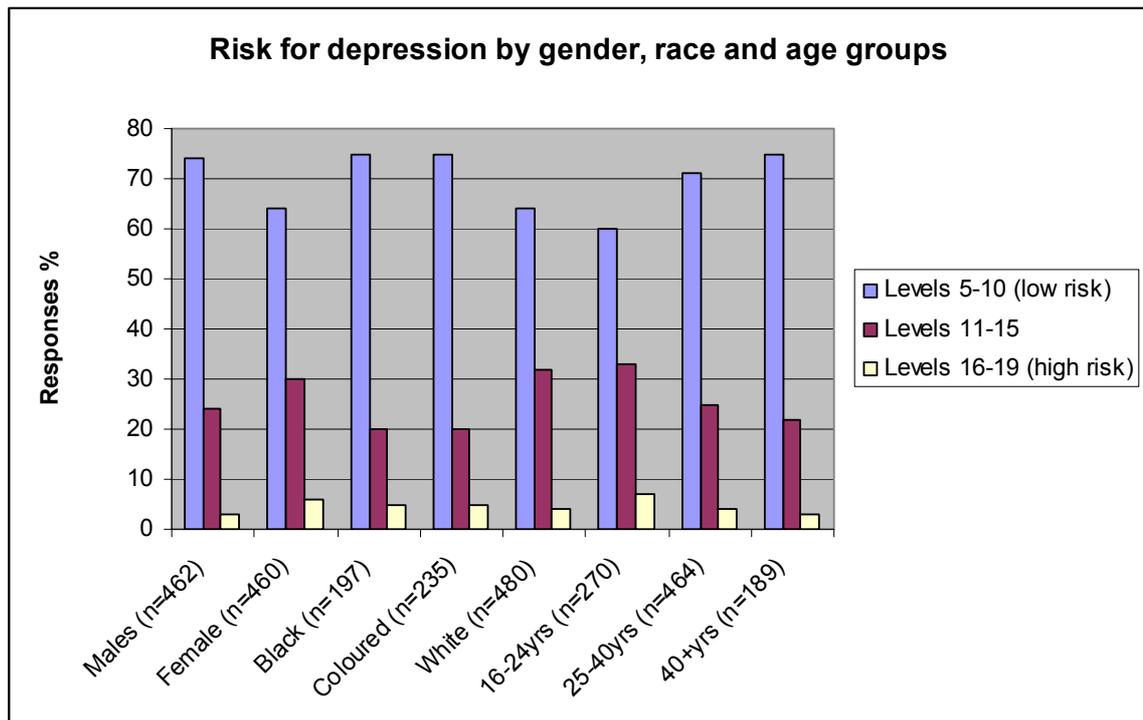
Risk for Depression

* Risk for depression was measured on a scale with scores ranging from five (low risk) to 19 (high risk). The mean for the sample was 9.2 (SD = 3.1), which indicates that the majority of the sample are not at high risk for depression.

* Refer to Appendix A for explanation of Risk for depression scale.

Figure 8.2 illustrates the risk for depression for this sample:

Figure 8.2: Risk for depression by gender, race and age groups (n=924)



- Seventy-three percent of males are at low risk for depression as compared to 64% of females. There is a statistically significant difference between the sexes, which seems to suggest that women are more prone to depression.
- Sixty-eight percent of alcohol users are at low risk for depression and five percent are at high risk.
- One hundred and thirty-one participants (61%) who admit to using drugs are at low risk for depression and 15 participants (7%) are at high risk.
- Thirty-eight participants (66%) who are HIV+ are at low risk for depression and five participants (9%) are at high risk.

- Relationships and commitment was not found to be a protection against depression.

Risk for depression was found to have a statistically significant positive correlation with the following variables:

- Race – white participants appear to be slightly more at risk for depression than the other two race groups.
- Experience of all types of abuse in that as individuals experience more incidents of abuse, their risk for depression increases.
- Alcohol and drug use appears to lower participant's self-esteem and increase the risk for depression.
- Suicidal thoughts in that as incidents of abuse increase, so do the suicidal thoughts of the individual.

Depression was found to have a statistically significant negative correlation with the following variables:

- Age – As individuals get older it appears that their sense of worth increases and risk for depression decreases. Sixty percent of the 16-24 age group are at low risk for depression compared to 75% of the 40+ age group.
- Time spent with LGBT people appears to allow individuals to gain a sense of acceptance and support. There is a significant difference in levels of depression of those participants who spend significant time with LGBT people compared to those who do not, which suggests that this support is very important to self-esteem and risk for depression.
- Low levels of self-esteem appear to increase risk for depression.

Herek et al., (1999) found that lesbian women and gay men who had been the victim of a hate crime within the last five years displayed higher levels of traumatic stress, anxiety, anger and symptoms of depression than individuals who were victims of non-bias crimes. Individuals who had experienced general victimisation within the last two years were found to 'manifest elevated psychological distress', but victims of hate crimes had more symptoms of depression, anxiety and anger (Herek et al., 1999, p. 950). In the current study, 24 participants (7%) who have experienced incidents of verbal abuse or 'hate speech', are at high risk for depression compared to 19 participants (3%) who have never experienced verbal abuse. Fifty-six percent

of participants who have experienced incidents of verbal abuse are at low risk for depression as compared to 72% of participants who have not experienced incidents.

There is an increased risk of depression in those groups that are marginalised from the mainstream (McGrath et al., 1990 as cited in Luhtanen, 2003). Risk for depression in this study was found to bear a statistically significant negative correlation with time spent with LGBT people. This suggests that time spent with LGBT people does not appear to have an effect on an individual's risk factors for depression. However, support and acceptance from heterosexual friends and colleagues was found to be significantly associated with lower scores on depression and higher levels of self-esteem (Luhtanen, 2003).

According to McDaniel, Purcell and D'Augelli (2001) there is inconclusive evidence that drug and alcohol abuse is any worse in the LGBT community than it is in the population at large. In the present study, alcohol and substance abuse was significantly positively correlated with risk for depression. Seven percent of participants who admit to using recreational drugs were at high risk for depression as compared to four percent of participants who do not use drugs. However, five percent of participants who do not use alcohol are at high risk for depression as compared to four percent who do use alcohol.

Suicide

Suicide ideation

Thoughts of suicide (suicide ideation) were experienced by 323 participants (34%). Only 66% never experienced suicidal thoughts. Table 8.1 below, details the differences found between gender and race groups regarding suicide:

Table 8.1: Suicidal thoughts and suicide attempts (n= 941)

	Females%				Males %		
	Black	Coloured	White		Black	Coloured	White
* Suicidal thoughts (n=105,88,263)	22%	32%	40%	(n=100,153,218)	21%	33%	39%
Attempted suicide (n=105,86,264)	20%	17%	25%	(n=98,154,218)	15%	25%	17%

** Care must be taken when interpreting these results as participants were given the option of answering 'Never', 'Seldom', 'Often' and 'Always'. The inclusion of 'Seldom' substantially changed results.*

- White males and females seem to experience the highest level of suicidal ideation. The difference between the race groups was statistically significant.
- Forty percent of white participants have suicidal thoughts compared to 32% of coloured and 21% of black participants.
- Fifty percent of HIV+ participants have suicidal thoughts compared to 33% HIV- participants.
- Forty-four percent of participants who have 'about half' or 'most' LGBT friends never have suicidal thoughts while only 17% of individuals who have 'none' or 'only a few' LGBT friends never have suicidal thoughts which suggests that the support of LGBT people is crucial to well-being.
- A negative correlation was found between age and suicidal thoughts which suggest that as one gets older such thoughts lessen.
- Sixteen percent of individuals who experienced religious discrimination had suicidal thoughts and 11% of these attempted suicide.
- There was no correlation between 'outness' and suicidal thoughts or attempts.

Significant positive correlations were found between suicide ideation and:

- Risk for depression
- Experience and fear of abuse at school, at work and in social interaction
- Drug use
- Alcohol use

Significant negative correlations were found between suicide ideation and:

- Self-esteem
- Education
- Time spent with LGBT people

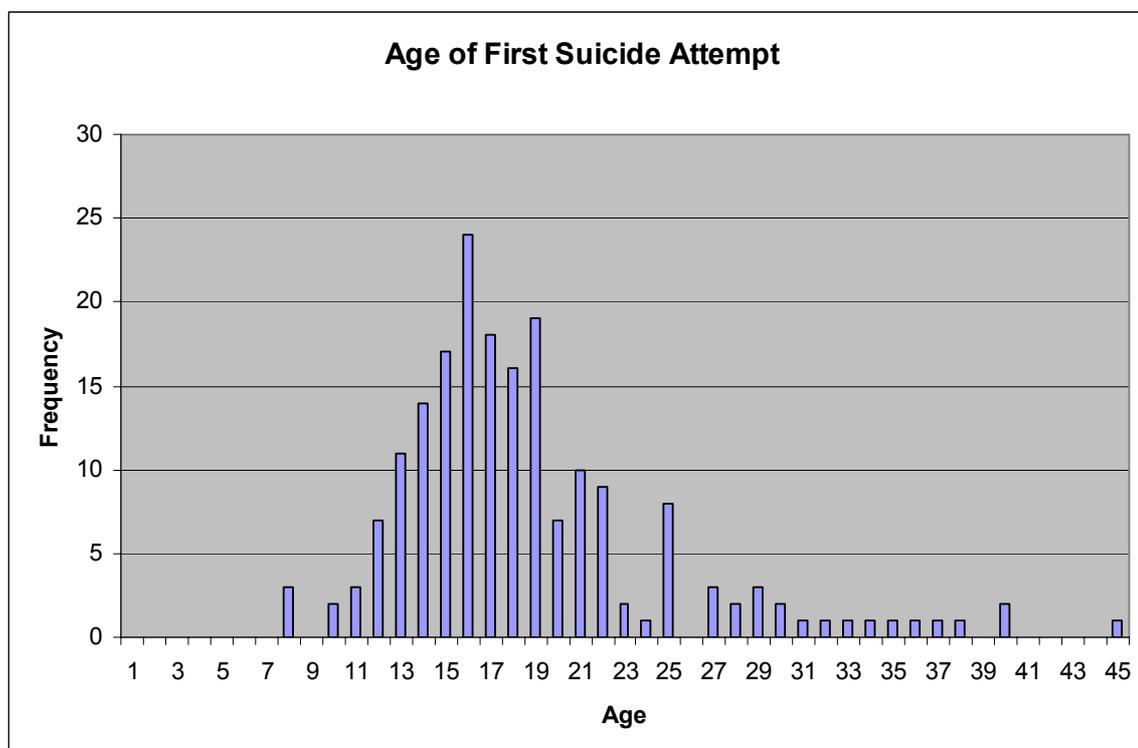
Suicide attempts

One hundred and ninety-three participants (21%) in this study have attempted suicide and of these, 87 (47%) have made multiple attempts. Data on attempted suicides in the general population is difficult to collect due to the social stigma associated with the action. According to a report of the National Injury Morta

Surveillance System, (1999), there were 14 829 non-natural deaths in 1999 in the general population and of these 1157 (8%) were due to suicide. Professor Schlebusch of the Department of Behavioural Medicine at the Nelson R. Mandela School of Medicine, University of Natal, states that six to eight thousand people commit suicide in South Africa every year and nine percent of deaths in young people, especially black youth, are due to suicide (Health24.com, 2006).

Figure 8.3 illustrates the average age of the first suicide attempt of this sample:

Figure 8.3: Age of first suicide attempt (n=188)



- The mean age of first suicide attempt is 18 years.
- The youngest age at which suicide was attempted for the first time was eight years and the oldest was 45 years.
- One hundred and three white (21%), 53 coloured (22%) and 36 black (18%) participants have attempted suicide.
- One hundred and two females (22%) and 91 males (19%) have attempted suicide.
- Fifty-five participants (6%) who have 'none' or 'only a few' LGBT friends have attempted suicide.

- Surprisingly, 128 participants (13%) who have 'about half' or 'most' LGBT friends have attempted suicide, but it was possibly at a time in their lives before they were involved in the LGBT community.
- Twenty participants (33%) who are HIV+ have attempted suicide compared to 124 participants (20%) who are HIV-.
- Findings would suggest that relationship status does have a positive effect on suicidal thoughts and attempts, in that self-esteem and relationship status were significantly correlated. Forty percent of individuals who are single and not sexually active have suicidal thoughts compared to 30% who are in a committed relationship.

The majority of LGBT individuals do not attempt suicide, although there is increasing evidence suggesting a link between the risk for suicide and homosexuality in young males (McDaniel et al., 2001). Slightly more females (22%) than males (19%) in the present study have attempted suicide, but the difference between the two groups was not significant. The mean age for attempting suicide for the first time was 18 years and the mean age of 'coming out' was 20 years, which seems to suggest that there is a connection between the two. The majority of participants (24) attempted suicide when they were 16 years of age when it is likely that conflict around sexual identity was high. Cochran (2001) feels that this is potentially a vulnerable period in the lives of young people when they are often rejected by family members, teachers and friends, which is then a contributing factor to the high risk of suicide attempts. Out of 193 individuals in this study who attempted suicide, 143 (74%) experienced incidents of negative jokes at school. Four hundred and eighteen participants (45%) of the total sample experienced incidents of verbal abuse at school and 147 (35%) of those attempted suicide. These findings highlight the importance of including sexual orientation as grounds of prohibition of hate speech in the proposed Prohibition of Hate Speech Bill.

Studies appear to agree that both homosexual and heterosexual youth who attempt suicide share similar risk factors, such as dysfunctional family backgrounds and alcohol or substance abuse. However, homosexual youth have the added stressor of coming to terms with their sexual orientation and possible rejection from family and society, which substantially increases the risk factors (Lebson, 2002). Out of 190 participants in this study who have attempted suicide, 173 (90%) are 'out' to 'some',

'most' or 'all' family members but we are unable to determine if these participants were 'out' when they attempted suicide.

9. RELIGIOUS INTERESTS

Religious Preference

The majority of the sample, 58% (575) reported being Christian, 24% (226) being Atheist/Agnostic, 2.7% (25) Buddhist, 2.4% (23) Muslim, 1.2%, Jewish, and 'Other' was noted by 9.3%. Surprisingly, there were more Buddhist than Muslim participants, although the Muslim population was specifically targeted for the purpose of this study. The table below details the percentages of the sample that have been discriminated against by religious authorities due to their sexual orientation.

Discrimination by Religious Authorities

Table 9.1: Discrimination by religious authorities (n= 945)

	Females%				Males %		
	Black	Coloured	White		Black	Coloured	White
Discrimination by church (n=105,87,262)	14%	36%	50%	(n=99,158,220)	27%	35%	43%
Asked to leave church (n=105,87,257)	3%	6%	11%	(n=98,155,220)	4%	8%	10%
Conflict with religion (n=104,88,259)	21%	39%	27%	(n=98,157,219)	27%	35%	30%

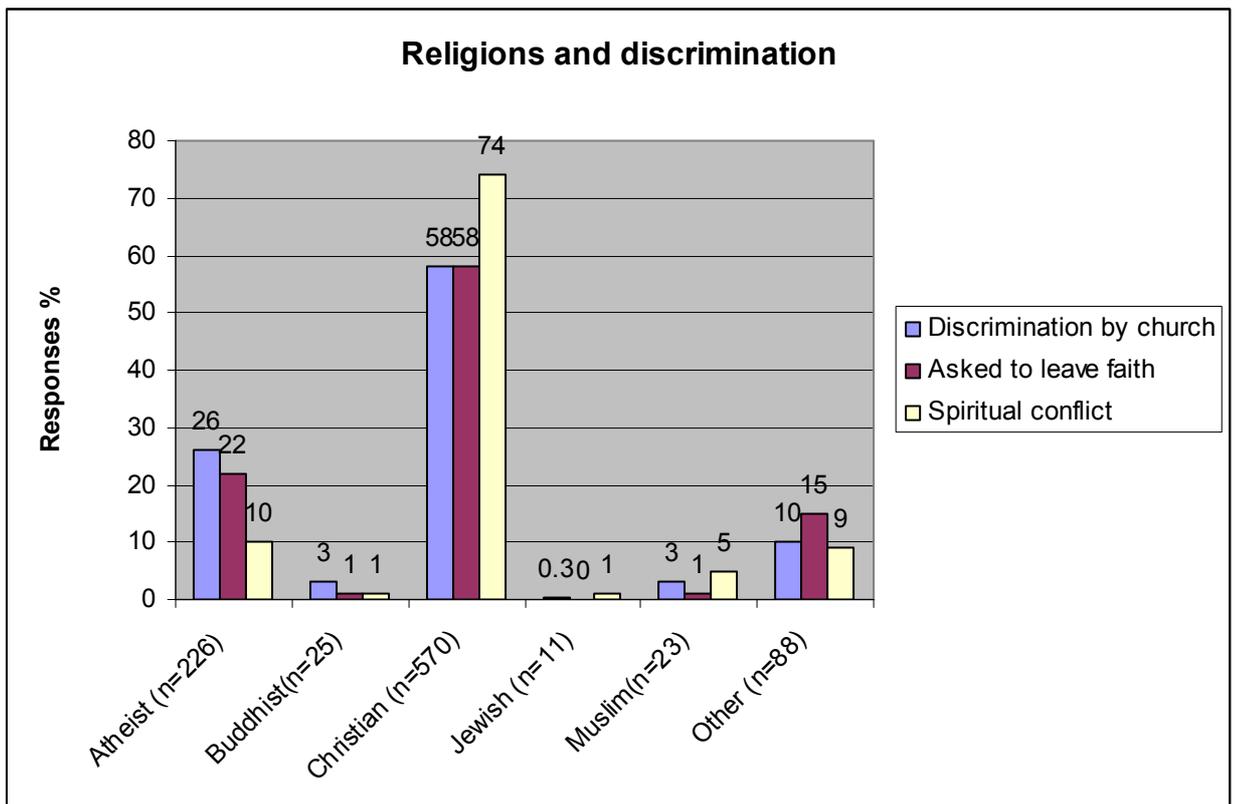
- Overall 359 participants (38%) have been discriminated against by religious authorities, 74 participants (8%) have been asked to leave their church and 277 participants (30%) are experiencing conflict regarding their religion/spirituality and their sexual orientation.
- More white (47%), than coloured (36%) and black (21%) participants have experienced discrimination by religious authorities. The differences between the groups were significant.
- There was no difference between males and females experiencing discrimination or being asked to leave their faith.
- Coloured participants (36%) seem to experience the most conflict within themselves regarding their religion/spirituality and sexual orientation,

compared to white (29%) and black (24%) participants. There is a significant difference between the coloured and black groups.

- There is a significant difference in the level of self-esteem of those participants who are experiencing conflict with spirituality and discrimination by the church and those who are not in that those who experience conflict have lower levels of self-esteem.
- There is a significant difference in the risk for depression of those who are experiencing conflict with spirituality and discrimination by the church and those who are not in that those who do experience discrimination are at higher risk for depression.

Figure 9.1 depicts discrimination experienced by participants by various religions:

Figure 9.1: Religions and discrimination (n=945)



- Thirty-six percent of Christians (n=544) have experienced discrimination within their church as compared to 12 Buddhists (48%) (n=25).
- Eight percent of Christians have been asked to leave their church as compared to four percent Muslim and zero percent Jewish people.

- Thirty-seven percent (n= 543) of Christian participants experience spiritual conflict regarding their sexual orientation as compared to 14 (61%) Muslims and three (27%) Jewish and three (12%) Buddhist participants.

Gramick, (1992, p. 9) states that the Catholic Church 'teaches that prejudice against lesbian and gay persons is a greater infringement of the Christian moral norm than is homosexual activity.' However, the church still expects all lesbian women and gay men to abstain from sexual behaviour as it treats homosexuality as a 'violation of "moral" and "natural" law' (Fone, 2001, p. 412). One of the participants in this study commented that she was, "taught in religious studies at school that homosexuality was a sin".

While some church and reformed Jewish groups are supportive of LGBT rights, conservative Protestants and Orthodox Jews, like conservative Catholics, condemn homosexuality (Fone, 2001). Many participants noted that though they were not officially asked to leave their church they were 'forced out' by the attitude of the church leaders and the community who made their aversion known in both subtle and obvious ways. As reported, religious organisations were one of the least favoured areas of socialisation for participants in this study, with only 18% socialising at church venues 'sometimes' or 'often'. Regular church attendance and a sense of belonging to a congregation contribute to emotional and spiritual health. In the United States, there has been the rise of many affinity groups within different faiths. The United Fellowship of Metropolitan Community Churches is a special ministry founded to meet the needs of LGBT people and it is one of the fastest growing denominations in the world (Mail & Safford, 2003). Generally, few of the participants in the current study felt comfortable socialising at church venues, but the Good Hope Metropolitan Community Church in Cape Town was a LGBT organisation that was a favoured venue of socialisation by a certain number of participants.

10. POLITICAL INTERESTS

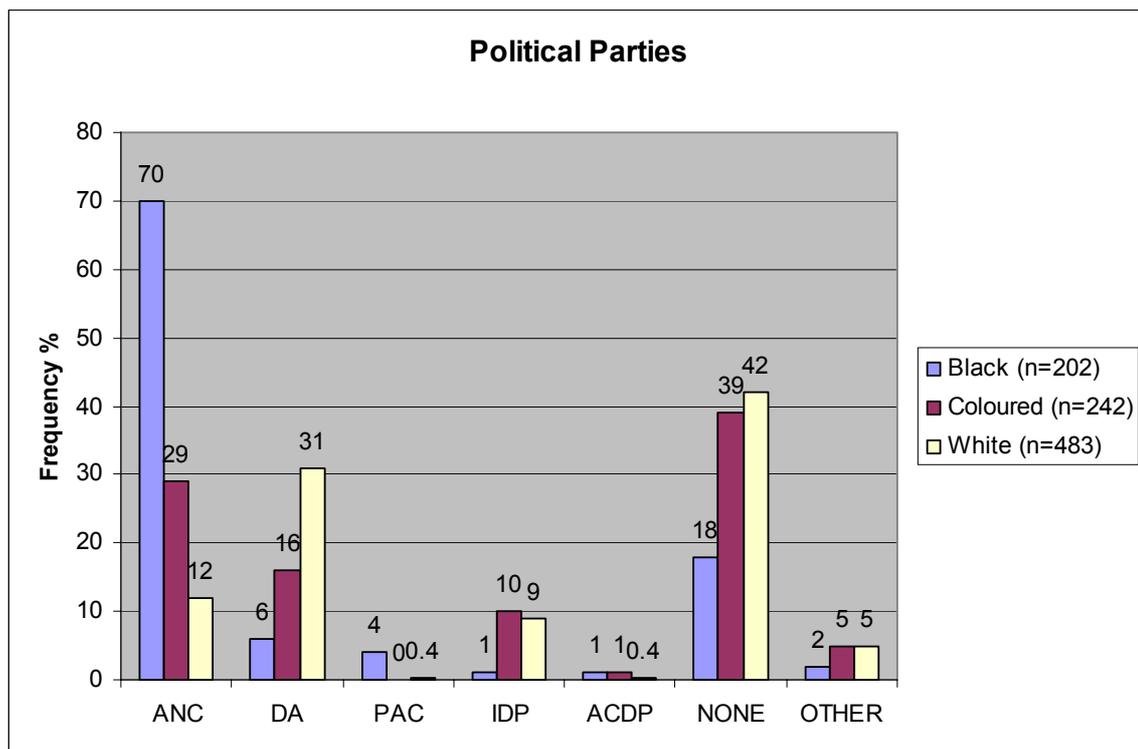
Political Affiliation

The majority of the sample (29%, n= 939) support the African National Congress (ANC) with 21% supporting the Democratic Alliance (DA), eight percent supporting the Independent Democratic Party (IDP), one percent the Pan African Congress

(PAC) and 0.6% supporting the African Christian Democratic Party (ACDP). A significant 36% state they do not support any political party and the remaining four percent state they support 'other' political parties.

The above information is displayed in figure 10.1, according to race.

Figure 10.1: Political parties by race groups (n=939)



Voting behaviour

Sixty-five percent of the sample has exercised their right to vote. Twenty-five percent agree that they vote on the basis of their sexual orientation and 12% are unsure. Only 30% agree that their constitutional rights are being put into practice by those in a position of power. Table 10.1 shows a breakdown along gender and racial lines:

Table 10.1 Voting behaviour by gender and race groups (n=940)

	Females%				Males %		
	Black	Coloured	White		Black	Coloured	White
Exercise right to vote (n=105,89,262)	69%	53%	65%	(n=99,153,219)	72%	60%	67%
Vote re sexual orientation (n=73, 50,176)	25%	22%	26%	(n=72,198,149)	22%	20%	28%
Agree Constitutional rights protected(n=106,86,261)	37%	30%	23%	(n=101,153,218)	24%	35%	34%

- Seventy percent of black participants exercise their right to vote as compared to 66% of white and 57% of coloured participants.
- Twenty-seven percent of white participants vote on the basis of their sexual orientation as compared to 23% of black and 21% of coloured participants.
- Sixty-six percent of males exercise their right to vote as compared to 63% of females.

Constitutional Rights

A number of questions were posed to respondents regarding improvements since the changes in the Constitution.

Thirty percent of the sample feels that their constitutional rights are being put into practice, while 35% disagree and 35% are unsure. A number of questions were posed to respondents who did not feel as if their constitutional rights were being practiced. The results are indicated in table 10.2, below.

Table 10.2: Participants' feelings about constitutional rights in practice (n=939)

	Black		Coloured		White	
	Agree	Unsure	Agree	Unsure	Agree	Unsure
In general, people's attitude towards LGBT people has not improved since the change in the constitution	37%	41%	42%	31%	25%	30%
In general, people still see heterosexual (straight) people as normal and LGBT people as abnormal	69%	20%	79%	17%	77%	16%
People are less likely to discriminate against LGBT people now that the Constitution has changed.	35%	42%	30%	42%	47%	34%
I feel more comfortable to be open about my sexual orientation now that the Constitution protects my rights	51%	33%	52%	29%	64%	22%

- Forty-seven percent of white participants agreed that now that the Constitution has been changed there is less likely to be discrimination as compared to 30% of coloured participants. There was a significant difference between these two groups.
- All age, race and sex groups overwhelmingly feel that homosexuality is still regarded as abnormal.
- Sixty percent of males compared to 55% of females feel more comfortable to be open about their sexual orientation now that the Constitution protects their rights.
- Seventy-nine percent of females and 72% of males feel that only heterosexual people are still perceived as normal.
- Sixty-six percent of the 40+ age group state that they now feel more comfortable to be open about their sexual orientation compared to 47% of the 16-24 age group.

In comparison to the reported 65% of LGBT people, 73% of people within the general population of the Western Cape exercised their right to vote in the 2004 Provincial elections (Independent Electoral Commission, 2004). The majority of votes in the Western Cape go to the African National Congress (ANC) (46%) and a further 27% support the Democratic Alliance (DA). As reported, 21% of participants in this study support the DA and 29% support the ANC. Seventy percent of black participants in the study support the ANC compared to 12% whites.

The policy of the ANC is a commitment to human rights, but the African Christian Democratic Party (ACDP) strongly opposes gay rights. The party objected to the insertion of the Equality Clause into the Constitution mainly on religious grounds, but also because they felt gay activists were attempting to gain from the anti-apartheid civil rights movement (Hoad, 1998). The ACDP continues to work against gay rights and recently issued a media statement on 23 March 2006 stating that same-sex relationships should not be recognised as four year old Jandre Botha was murdered at the hands of her lesbian step parent. Only 0.6% of the sample in the current study voted for the ACDP.

Many individuals feel that the *National Coalition for Gay and Lesbian Equality* (NCGLE) played an important role in the achievement of the Equality clause but there is concern that the early gains of the movement 'are fragile and in danger of

being swamped by other issues such as AIDS and poverty' (Cock, 2002, p. 45). Cock (2002, p. 44) further states that it is essential to continue fighting for equality while 'resisting the notion that equality equals sameness'.

CONCLUSION

The results of this study confirm the findings of the Gauteng and Kwa-Zulu Natal studies that prejudice and discrimination against LGBT people is still rife in many sectors of South African society. Although the Constitution of South Africa has been amended to protect the rights of LGBT individuals, only 30% of participants agree that their rights are provided for, 35% disagree and 35% are unsure whether their rights are being catered for.

Hate crimes are motivated by the prejudice of the perpetrator and refer to acts of violence against individuals, property or organisations because of the group they belong to (Nel, 2005). Fear of victimisation due to sexual orientation is very high among all LGBT people in this study. Fifty-nine percent of participants fear physical abuse and 55% fear verbal abuse or hate speech, while only 33% fear domestic violence. Overall, males experience higher levels of fear than females although more females than males fear sexual assault. A negative correlation was found between self-esteem and fear of verbal and physical abuse, which indicates that self-esteem decreases as fear of victimisation increases. A positive correlation was found between suicide ideation and fear of verbal and physical abuse, which indicates that as fear of abuse increases, so do suicidal thoughts. Black LGBT people experience the highest level of fear of all race groups and white females experience the lowest level of fear overall. These findings serve to emphasise the importance of challenging the fact that sexual orientation, as a grounds for protection against hate speech, is not yet included in the proposed Prohibition of Hate Speech Bill. It is necessary for hate crimes to be officially distinguished from other non-bias crimes and be acknowledged as a separate crime category to ensure that LGBT individuals no longer have to fear this type of victimisation.

In the two year period, 2004-2005, 37% of participants have experienced incidents of verbal abuse, eight percent have experienced incidents of physical abuse and two percent have experienced incidents of sexual abuse/rape due to their sexual orientation. The majority of attacks have taken place in pubs/taverns/shebeens

(36%), a home (33%) and a main road (32%). Nine percent of attacks have taken place at church venues and a further five percent have taken place at LGBT venues. Generally males experience higher levels of verbal and physical abuse than females and coloured participants of both sexes appear to experience the highest level of abuse and victimisation overall.

Homophobia was the most frequently cited reason for incidents of victimisation (83%), followed by 'being a woman' (30%) and religion (20%). Black and coloured males felt that 'being effeminate' and 'wearing drag' were other common reasons for victimisation.

Patriarchy refers to a 'historic system of masculine dominance' (Nel and Joubert, 1996, p.20). In such a society, there is less value placed on women than men and individuals who belong to marginalised groups due to their sexual orientation are frequently discriminated against. Herek, Gills and Cogan (1999) found that victimisation was experienced more frequently by LGBT people who are open about their sexual orientation while more 'invisible' LGBT individuals were less at risk. Therefore, individuals who do not conform to the expectations of the dominant group as regards their behaviour or manner of dress, have increased likelihood of being targeted for abuse.

Schools are still unsafe places for many LGBT learners, although there seems to be slight improvements over recent years. Many participants stated they were not open about their sexual orientation while at school as they themselves were unsure of their orientation at that stage of their development. Altogether, 67% of participants have experienced negative jokes at school, 45% have experienced incidents of verbal abuse and 21% have experienced incidents of physical abuse. Generally, males experienced higher levels of abuse than females while at school and coloured participants experienced the highest level of abuse in all categories except sexual abuse, which is slightly higher in black participants. Twenty-seven percent of coloured, 20% of white and 15% of black participants have experienced physical abuse at school.

When LGBT issues are raised in the classroom, it is still in a predominantly negative way (63%). However, the 16-24 year old age group felt that LGBT issues are raised more positively and frequently in today's classrooms and black participants felt that

LGBT issues are raised more frequently and dealt with more positively than participants from the other race groups.

While the majority of participants have not been discriminated against in the workplace, 16% have experienced verbal abuse, two percent have experienced physical abuse and one percent has experienced sexual abuse while at work. Males have experienced slightly higher levels of abuse in the workplace than females, and coloured participants (22%) have experienced the highest level of verbal abuse in the workplace (compared to 14% of white and 11% of black participants). There was a negative correlation found between educational level and experience of abuse which suggests that individuals who have a low level of education may find it more difficult to find employment in an environment where discrimination will not be tolerated.

Generally, reports were mixed with regard to experiences of reporting incidents of abuse to the South African Police (SAPS) and the majority of participants were not satisfied with the service they received. Most participants (67%) did not report incidents as they felt the police could do nothing or the report would not be taken seriously (66%). Of concern is that 65% of participants felt that the incident was not 'serious enough' to report. This finding further highlights the fact that the victims themselves do not acknowledge the severity of hate crimes. The high level of suicide ideation due to incidents of victimisation/abuse underlines the importance of not negating the severity of the emotional and physical impact of such incidents on the victim and also on the marginalised group to which he/she belongs.

Thirty-four percent of the sample has experienced thoughts of suicide at some stage of their lives, and 21% have attempted suicide. Forty-seven percent of those who have attempted suicide (87 participants) have made multiple attempts. The youngest age of first suicide attempt was eight years, and the oldest was 45 years, while the mean age is 18 years. Slightly more females (22%) than males (19%) have attempted suicide.

The average age that participants came 'out' was 20 years, which suggests that conflict with sexual identity is likely to be a contributing factor to suicide attempts at this period of their lives when adolescents are often rejected by family and friends. The majority (84%) of participants are most 'out' to friends and least 'out' to colleagues. A positive correlation was found between level of 'outness' and self-esteem, which suggests that when individuals come 'out' they no longer feel isolated.

Only 22% of participants state they do not feel part of the LGBT community while 76% state they feel well accepted.

Seventy-seven percent of this sample has consulted with a private doctor in the past two years. There was very little difference between the type of practitioner consulted by males and females but more black participants have consulted a government doctor than white or coloured participants. Although the findings suggest that some LGBT people continue to face both overt and covert homophobia when consulting with a minority of Health Care Providers (HCPs), 78% of participants in this study state that they are satisfied with the service they receive. Less than two percent have been refused treatment by an HCP due to their sexual orientation, eight percent have delayed seeking treatment and eight percent did not seek treatment due to fears of discrimination due to their sexual orientation. Females are more likely to seek help than males and only three females of all races were refused treatment, which may be due to the fact that females are more 'invisible'.

Eighty-six percent of this sample state that they enjoy very good health and only two percent state that their health is 'poor'. Sixty-two participants (6.5%) are HIV+ and 71% of these feel that they enjoy good health. Only four HIV+ participants rated their health as 'poor'. Altogether, ten percent of this sample has had a sexually transmitted infection (STI) in the 24-month period, from 2004-2005 and a further four percent are 'unsure'. More males (15%) than females (5%) have had an STI.

Seventy-three percent of participants have tested for HIV and 28% have tested more than a year ago. More females (31%) than males (23%) have not tested for HIV. More black (38%) than coloured (34%) and white (20%) participants have never tested for HIV and this result was statistically significant and may possibly be due to differing educational levels. Reasons for not testing vary from being too scared, to feeling that they are not at risk for contracting HIV, or they do not know how to get tested. Fifty-nine percent of participants who have never been tested for HIV do not inform new partners. Overall, 62% of the sample state they do reveal their status to new partners but of concern is the fact that individuals who are single but sexually active (8%) and who are in a committed relationship but having casual sex (12%) are HIV+ and not all of these individuals inform new partners of their status.

Eighty-two percent of the sample considers itself to be alcohol users and five percent considers itself to be alcoholics or abusers of alcohol. More white participants (92%)

use alcohol than black participants (79%) and this difference was found to be statistically significant. Forty-eight percent of participants also smoke cigarettes to varying degrees and more coloured participants (60%) smoke than participants from the white (45%) and black (45%) race groups. Twenty four percent of this sample admitted to using recreational drugs and a further 16 (2%) participants consider themselves to be 'abusers' or dependent on drugs. Interestingly, some individuals who admitted to regular usage of drugs did not consider themselves to be 'users'. As drug use is illegal in South Africa, it is highly likely that these figures are underreported especially as the use of certain drugs such as Tik (Methamphetamine) has become an escalating problem in the Western Cape.

Drug and alcohol use was negatively correlated with self-esteem which indicates that the use of these substances may increase the risk for depression and has a negative effect on the self-esteem of users. Self-esteem was positively correlated with level of education, time spent with LGBT friends, LSM level, age and 'outness' and negatively correlated with experience of all types of victimisation, alcohol and drug use, HIV status and suicidal thoughts. A significant difference was found between the self-esteem of those groups who are discriminated against by the church and/or have a conflict with their spirituality and those who do not, in that those individuals who experience no conflict or discrimination generally have higher levels of self-esteem.

Generally, males appear to be at a low risk for depression compared to females even though females generally have higher levels of self-esteem. Risk for depression was found to have statistically significant positive correlation with race, experience of all types of victimisation, alcohol and drug use and suicidal thoughts. A negative correlation was found between risk for depression and age, time spent with LGBT people and low levels of self-esteem.

Sixty-one percent of this sample reported to be Christian and 24% stated they are Atheist/ Agnostic. The remaining individuals are Buddhist (2.7%), Muslim (1.3%), Jewish (1.2%) and 'other' (9.3%). Overall, 38% of individuals have been discriminated against by religious authorities, eight percent have been asked to leave their church and 30% are experiencing conflict regarding their religion/spirituality and their sexual orientation. More white than coloured participants have experienced discrimination from church authorities and yet coloured participants seem to experience the highest levels of conflict within themselves regarding their religion/spirituality. A significant difference was found between the risk for depression

for those participants who experience conflict regarding their religion and those who do not.

The majority (29%) support the African National Congress (ANC) while 21% support the Democratic Alliance (DA). Only 65% have exercised their right to vote and 25% agree that they vote on the basis of their sexual orientation. Forty-seven percent of white participants compared to 35% black and 30% coloured participants agree that now that the Constitution has been changed there is less likely to be discrimination against them on the grounds of their sexual orientation. All age, race and gender groups overwhelmingly feel that homosexuality is still regarded as abnormal.

For all people of South Africa to live in a society free from discrimination it is necessary for the LGBT movement to develop a strong united leadership to work towards attaining their goals. Interventions such as the Joint Working Group, as well as the Draft Prohibition of Hate Speech Bill 2004, which restricts people from 'publicly expressing their stereotypes, prejudices or hate' (Nel, 2005, p. 252), ideally with the inclusion of sexual orientation, will aid the fight for equality but there are still many areas that need focus and direction. The results of this study have confirmed the findings of the Gauteng and KZN studies that LGBT people continue to suffer discrimination and victimisation due to their sexual orientation. Hopefully the publication and dissemination of these results to the public at large will raise awareness of the issues faced by LGBT people and will encourage relevant communities, educators, spiritual leaders and policymakers to work towards a truly democratic and fair society.

APPENDIX A

Self -Esteem

Self- esteem was measured on a scale with scores ranging between six (low self-esteem) to 30 (high esteem).

The reliability of a scale indicates how free it is from random error (Pallant, 2001). The scales internal consistency is of vital importance and is the extent to which the items that make up the scale 'hang together' and are all measuring the same underlying construct (Pallant, 2001). Cronbach's alpha coefficient is one of the most commonly used indicators of internal consistency and should be above 0.7. The Cronbach's alpha coefficient is 0.84 for the self-esteem scale included in the questionnaire of the current study which can therefore be considered reliable for our sample.

The scale for self-esteem was made up of the following six items.

- a. 'I feel like I have two lives'
- b. 'I feel like I do not belong'
- c. 'I am in control of my life'
- d. 'I often feel rejected'
- e. 'I am not as happy as others seem to be'
- f. 'I feel that I have a lot to be proud of'.

Participants answered on a five-point Lickert scale ranging from 'strongly agree' to 'strongly disagree'. Before the scale could be tested for reliability items c and f had to be reversed to ensure an accurate total score could be calculated on this scale. This is done to ensure that all items are scored so that high scores indicate high levels of self- esteem.

Risk for Depression

Risk for depression was measured on a scale with scores range from five (low risk) to 19 (high risk).

The scale for depression was made up of the following five items:

- a. 'I think about committing suicide'

- b. 'I have trouble getting to sleep or staying awake'
- c. 'I get headaches or pains in the head'
- d. 'I do not feel like eating or I eat too much'
- e. 'I find it difficult to get up in the morning'.

Respondents answered on a four-point Lickert scale ranging from 'never' to 'always'. The mean for the sample was 9.2 (SD = 3.1). The Cronbach's alpha coefficient is 0.78 for the depression scale included in the questionnaire of the current study, which can therefore be considered reliable for our sample.

APPENDIX B

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