Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of evidence

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July 2016

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Table of Contents

Executive summary

This evidence review was commissioned by the Government Equalities Office (GEO) to identify the nature of inequality and relative disadvantage experienced by lesbian, gay, bisexual and transgender (LGB&T) people in the UK. Its purpose was to support the development and targeting of policies intended to remove barriers to LGB&T equality. It builds upon three previous reviews[1] to critically assess the nature, robustness and strength of evidence in order to highlight differences among and between LGB&T groups, as well as other relevant comparators.

The review takes a systematic approach, scoping and critically reviewing published and unpublished literature from 2008 onwards. It covers empirical research for the UK and its constituent parts, and focuses on nine policy areas. These are:

- education;
- safety, including hate crime and domestic violence;
- health and access to healthcare;
- access to and experience of services;
- employment;
- LGB&T families, adoption and fostering;
- homelessness and access to housing provision;
- participation in civic society; and
- 16-19 year olds not in education, employment or training (NEETs).

It also reviews evidence in regard to particular LGB&T groups, including older and younger LGB&T people, and gay and lesbian asylum seekers.

All relevant representative, quantitative evidence identified is included in the review. Ideally the review would have included only representative evidence with adequate sample sizes to make comparisons between and within LGB&T and non-LGB&T groups. However, a lack of such evidence in many policy areas made it necessary to include some research with small sample sizes and no comparisons. The limitations of such evidence are made clear throughout the report.

Main findings:

The evidence base

The review finds the evidence base for an effective assessment of inequality and relative disadvantage by sexual orientation and gender identity is deficient and has major gaps. To a large extent this stems from a shortage of robust, representative data, as well as a failure of research to disaggregate disadvantage into single LGB&T groups. In particular, the report identifies a dearth of evidence on inequality by gender identity, and finds evidence on inequality between LGB&T groups to be lacking. The report shows across policy areas how a lack of representative quantitative research data precludes a comprehensive and reliable assessment of the extent of disadvantage for LGB&T people in the UK.

[1] Mitchell *et al*., 2009; Mitchell and Howarth 2009; Communities Analytical Services, 2013

Education

Homophobic, biphobic and transphobic (HBT) bullying remains a major problem in schools and, to an extent, in further and higher education. A number of measures, such as directly addressing incidents of HBT bullying, are thought by teachers to be effective but there is evidence that these measures fail to be universally implemented. Heterosexism and heteronormativity are prevalent in educational institutions reinforcing feelings of alienation among LGB&T students and leaving their specific support needs largely unaddressed. The evidence also finds teachers in need of leadership and support, including training.

The evidence in relation to discrimination in education is weak, based on non-robust studies and with little comparison between groups. There is no reliable evidence on the extent of perceived or expected discrimination, and little reliable evidence on inequalities between groups. However, there is evidence that expectations of discrimination are higher amongst transgender people than LGB people.

Safety

Evidence finds LGB&T people at greater risk of being victim to hate crime compared to heterosexual people, with recorded incidences increasing over time. Certain LGB&T groups are found to be at particular risk of hate crime – notably gay men, young people and those from black and ethnic minority groups. Some survey-based research suggests significant under-reporting of incidences of hate crime and that this may be explained by unsatisfactory treatment from services.

The prevalence of domestic violence among LGB&T people is unclear, as well as which groups are most at risk. Some limited evidence suggests LGB&T people are discouraged from using generic domestic violence services. This has been explained by fear of potential homophobic, biphobic, and/or transphobic treatment from service providers and other service users, as well as expectations of inadequate staff diversity, knowledge and skills.

Health

More research has been conducted into LGB people's health than other policy areas. Much of the research, however, does not adjust for standard mediating factors such as age and class and may therefore misidentify health inequalities. There is evidence that LGB people's general health worse than that of heterosexual people. It was unclear whether this results from a higher incidence of mental health problems amongst LGB people, evidenced in the review, or also of physical health problems, for which there was no evidence.

More LGB&T people than heterosexual people are dissatisfied with health services. Experiences of discrimination, heteronormativity, and a lack of information and/or staff knowledge on LGB&T people's health needs are identified as main sources of dissatisfaction. Mental health services are the most often perceived to be discriminatory. Research evidence in the area of health is lacking for transgender people. In respect of mental health, there is some evidence of 'pathologisation' (i.e. attributing mental health problems to their transgender status). There is evidence of a lack of mental health inpatient provision for transgender people, restricting access to mental health care. There is also evidence of long waiting times in first referral to a gender identity clinic, with consequences for mental health. The evidence points to some possible improvements to service provision by gender identity clinics.

Access to and experience of services

Heteronormative assumptions as well as experiences and/or fears of discrimination prevent LGB&T people from accessing mainstream services. For this reason, LGB&T people have a preference for and are more engaged with specialist LGB&T organisations. There is some evidence that LGB&T people may be disproportionately negatively affected by spending cuts on voluntary and community sector (VCS) services, which are poorly funded. Evidence suggests services do not routinely monitor the sexual orientation and/or gender identity of their staff and/or service users, nor are LGB&T people routinely involved in consultative processes.

Employment

There is, at best, weak, inconsistent evidence of inequality of employment outcomes by sexual orientation. Much of this evidence points towards higher employment rates, occupational levels and earnings for LGB people than for heterosexual people. However, some of these differences disappear when other characteristics are taken into account. Lack of data prevents a view on the relative performance of transgender people in the labour market.

There is evidence of discrimination in recruitment, in promotion, deployment and access to social networks within particular occupations. The workplace remains LGB&T-unfriendly for many LGB and even more so for transgender people, with many experiencing harassment and bullying, impacting onjob choice, reduced progression and inability to openly identify at work.

LGB&T families, adoption and fostering

There is evidence of familial rejection of LGB&T children and young adults, impacting on mental health and resulting in homelessness. There is no evidence of either detrimental effects or, beneficial effects on mental health and gender adjustment among children raised by same-sex parents. While children of same-sex couples do not view having same-sex parents as problematic, they experience negative responses by others, including through homophobic bullying at school. LGB people expect to encounter barriers to adoption and fostering because of their sexual orientation.

Homelessness and access to housing provision

Despite claims in the research evidence that LGB&T people are at increased risk of homelessness, supporting evidence is weak and non-comparative. HBT abuse has been identified as the most prolific cause of homelessness, with young people in the process of coming out thought to be at particular risk. Consistent evidence finds LGB&T people experience and expect discriminatory practice from housing services. There is also some evidence that the needs of LGB people may not be being adequately addressed within housing services.

Civic society

Fear of HBT abuse, as well as expectations of discrimination, have been identified as barriers to engagement in public and political life. For transgender people, there is evidence of an additional barrier in lack of recognition of transgender issues in the formation of government policy and amongst LGB&T groups themselves. Overall,

evidence points to an improvement in general public attitudes on the acceptability of LGB people in public positions.

Public attitudes

Evidence suggests that the UK has become more accepting of LGB people in recent years and the public increasingly supports legal equality. This support varies by issue, with adoption by same-sex couples, for example, being viewed less positively than same-sex marriage.

Asylum

No evidence is available on the experiences of transgender or bisexual people seeking asylum. Qualitative research has found lesbian and gay asylum seekers subjected to inappropriate questioning by staff from the UK Border Agency (now known as UK Visas and Immigration). Evidence of the impact of this on approval of refugee status based on sexual orientation is mixed. There is evidence that lesbian and gay asylum seekers face additional barriers to securing suitable housing, employment and financial stability as a direct result of their sexual orientation.

Young people

Evidence from across all the policy areas covered by the review shows young LGB&T people face a hostile environment - in education, at home and in wider society - at a stage in their lives when they are particularly in need of support and approbation. Young people are subject to extensive homophobia, biphobia, transphobia, greater mental ill health and unwanted and risky sex. Experiences at this age have life-long implications for mental health and resilience. There is little evidence on the inequalities experienced by young transgender people, and no evidence was found on young LGB&T young people who were not in education, education or training (NEET).

Older people

Evidence from across all the policy areas covered by the review shows older LGB people, compared with older heterosexual people, are more concerned about the implications of ageing in relation to care needs, independence and mobility, health, housing and mental health. Research suggests that LGB people are more likely than heterosexual people to be concerned about having to move into residential accommodation as they age, because of fears of homophobia and heteronormativity. Evidence is, however absent on the actual experiences of older LGB&T people in residential homes.

Conclusions

The key issues identified in this review, which apply across all policy areas, are:

- LGB&T people continue to face discrimination, harassment, disadvantage and inequality in the UK in a number of different policy areas.

- Heterosexism and heteronormativity are prevalent, leaving the needs of LGB&T people frequently unaddressed, which in turn lead to dissatisfaction with services.

- Fears and experiences of homophobia, biphobia, transphobia and/or heterosexism lead to reluctance amongst some LGB&T people to engage in many different

aspects of public and political life, as well as a disinclination to make use of various services and/or be open about their sexual orientation and/or gender identity.

In light of the high levels of disadvantage and inequality identified by this report, the largest gap in evidence is on **how best to effect change**: not just which policies and practices are needed, but how they can be effectively implemented. There is a pressing need to identify effective ways to address HBT bullying, particularly in schools. There is equal urgency to address inequality in service provision and delivery, particularly in health. While evidence is incomplete, it would seem transgender people suffer particularly high levels of inequality. As such, better understanding the nature and ways to address inequality by gender identity across all policy areas should be a priority for the future.

Glossary

Cisgender	A person whose gender identity matches that society regards as appropriate to their sex, i.e. someone who is not transgender
Heterosexism / hetronormativity	The assumption of heterosexuality in the treatment of people and the provision of services.
Transsexism / transnormativity	The assumption of cisgender in the treatment of people and the provision of services.

1 Introduction

1.1 Background

In 2009, the Equality and Human Rights Commission (EHRC) published two evidence reviews to provide a comprehensive picture of evidence relating to lesbian, gay and bisexual people (Mitchell *et al*., 2009) and to transgender people (Mitchell and Howarth, 2009) in Britain. In 2013, the Scottish Government published an evidence review of LGB&T people in Scotland (Communities Analytical Services, 2013)[2]. These reviews showed that **LGB&T people continued to face substantial discrimination, harassment, disadvantage and inequality in major aspects of life** (for example education, health and care, services, victimisation, employment).

The reviews also identified gaps in evidence. The EHRC Sexual Orientation Research Review found a need for research which:

- *"moves beyond needs to developing a greater understanding of the organisational factors that prevent those needs from being met;*
- *systematically maps targeted provision for LGB people across services and sectors at both national and subnational levels;*
- *evaluates the impact of mainstream policy and practice on outcomes for LGB people in health, education and other areas."*

All three reviews emphasised the **lack of representative quantitative data, which precluded reliable identification of the extent of disadvantage for LGB&T people** and of differential effects for different types of **people**. The reviews found a severe lack of evidence, and reliance on small scale studies, particularly on gender identity issues. The EHRC Transgender Research Review identified the need for research to establish the size and prevalence of the transgender population and a quantitative and qualitative study of their economic situation.

Since the EHRC Reviews, a number of legislative changes have been made which extend equal rights by sexual orientation and gender identity in Britain. Since 2008, laws around hate speeches and inciting hatred based on sexual orientation[3] or gender identity[4] have been introduced. The Equality Act 2010 extended discrimination law to make discrimination because of gender reassignment by schools unlawful. The Marriage (Same Sex Couples) Act 2013 introduced marriages of same-sex couples and also allowed couples to remain in a marriage when one member transitions to a new legal gender. In respect of sexual orientation, legal changes have mainly related to family formation: allowing same-sex marriage, equal access to IVF and surrogacy naming of both LGB partners on birth certificates and, in Scotland, equalising the right to adopt (already equalised in England and Wales in 2002). Although civil partnerships

[2] Hereafter, these reviews are referred to as the EHRC Sexual Orientation Research Review, the EHRC Transgender Review and the Scottish Evidence Review, respectively.
[3] Laws against hate speech based on sexual orientation have been in place since 2008 in England and Wales. No such laws currently exist in Scotland and Northern Ireland.
[4] Law against hate speech based on gender identity have been in place since 2009 in Scotland. No such laws currently exist in England, Wales and Northern Ireland.

had been introduced prior to the reports (implemented in 2005), much of the research reviewed was prior to civil partnerships.

Against this background, the Government Equalities Office (GEO) wished to examine the current situation for LGB&T people in the UK.

1.2 Aims and scope

The review was commissioned to identify the nature of relative disadvantage experienced by LGB&T people in order to help the GEO to inform policy development. The review was to identify and critically assess evidence of *relative* disadvantage and inequality faced by LGB&T people. It was to highlight differences among LGB&T groups and between LGB&T groups and other relevant comparators in key policy areas.

The review was to synthesise and update the evidence from the EHRC Sexual Orientation Research Review, the ESRC Transgender Research Review and the Scottish Evidence Review, with a focus on nine policy areas, namely,

1. Education;
2. Safety, including hate crime and violence;
3. Health and access to healthcare;
4. Access to and experience of services;
5. Employment
6. LGB&T families, adoption and fostering;
7. Homelessness and access to housing provision;
8. Participation in civic society;
9. 16-19 year olds not in education, employment or training (NEETs).

The key objectives of this research were to:

- critically review and synthesise evidence on discrimination, disadvantage and inequality among and between different LGB&T groups and comparator groups;
- effectively integrate evidence from 2008 with the findings from EHRC Sexual Orientation Research Review, the EHRC Transgender Research Review and the Scottish Evidence Review, to produce an assessment about the current research to produce a well-structured, robust and coherent report on evidence of inequality facing lesbian, gay, bisexual and transgender groups in the UK;
- systematically identify and map evidence gaps in relation to LGB&T groups and policy areas.

The research was to take a systematic approach and to critically review the nature, robustness and strength of evidence on disadvantage and inequality among different LGB&T groups relative to other comparator groups in the UK. It was to build on the EHRC Sexual Orientation Research Review, the EHRC Transgender Research Review and the Scottish Evidence Review, and so would have a focus on evidence from 2008 onwards.

1.3 Overview of method

The review was conducted as follows. A full description of the method is given in the Appendices.

Scoping review. A search was conducted of evidence available since 2008, using pre-identified search engines, databases and organisations for studies which provided empirical evidence relating to the UK or its constituent parts. Key words related to sexual orientation and gender identity were used in the search[5].

Using the document title and abstract (if any) the documents identified were classified by policy area, by group to which they related (e.g. LGB or T) and by broad research method (e.g. quantitative, qualitative, review; whether comparative). The method of many studies was not clear from their title and abstract. The method of these studies was then checked using the full document.

The scoping review provided an overview of the extent and quality of evidence available for each policy area.

Critical review. As a main aim of the study was to assess *differences* by sexual orientation and gender identity, the plan had been to include only *comparative* (and, particularly, quantitative comparative) evidence in the critical assessment. However, the scoping review found little comparative evidence (and in some policy areas, little evidence at all). Therefore the methodological criterion for inclusion in the critical review was extended to cover all quantitative evidence and, for some, policy areas, all evidence.

A critical assessment of the selected literature was conducted. Evidence which did not meet basic reliability criteria was excluded. However, it had been recognised at the start of the study that the quality of evidence would be low, as LGB&T research is hampered by data and sampling difficulties. For example, most quantitative data within LGB&T research suffers from sample bias and rarely provides evidence representative of the population. Therefore some non-representative evidence was included in the report. This, as well as their limitations, is made clear throughout.

The critical review included evidence from previous reviews. The scope and time constraints of the study did not allow us to go to original sources to check the methodological quality of referenced studies. Similarly, owing to time constraints we were not able to follow up all possible references.

1.4 Structure of the report

The rest of the report is structured as follows. The next chapter provides an overview of the evidence base. The following eight chapters focus on each of the policy areas identified by the GEO in turn. The ninth policy area, NEET, for which no evidence was identified, is excluded.

In reviewing the evidence, evidence on two other policy issues were identified (asylum and public attitudes). These are discussed in Chapter 11. Much of the evidence presented in Chapters 3 to 10 has an age element and evidence relating to young LGB&T people and to older LGB&T people outside the nine policy areas was also identified. Therefore, Chapter 11 brings together issues relating to young people and to older people. The final chapter identifies research gaps.

[5] It had been planned to use key words relating to the policy areas (e.g. school), along with sexual orientation and gender identity key words. However, the small number of documents identified meant that policy key words were not necessary (nor efficient). Dropping the policy-related key words had the advantage of ensuring other important areas for LGB&T people were not excluded.

Within each chapter, the evidence base is described before discussing the findings from the previous reviews and from the documents identified.

2 Overview of the evidence base

Key points

- The evidence base for an assessment of inequality and relative disadvantage by sexual orientation and gender identity is deficient and there are major gaps in relation to assessing inequality.
- The policy areas best covered are health, employment and education.
- There is a dearth of evidence on inequality by gender identity. Evidence on inequality between LGB&T groups is also lacking.
- The deficiencies stem from the relative paucity of robust, representative data which disaggregates disadvantage to single LGB&T groups.

2.1 Introduction

The evidence base for each policy area is described in each corresponding chapter. In this chapter, the focus is the comparative weight of evidence across policy areas. The study was focussed on inequality and comparative disadvantage. Therefore, comparative evidence, particularly quantitative, more generally was of most interest.

2.1.1 Process for assembling the evidence base

The scoping review identified 391 documents which, potentially, contributed to the evidence base for this study (Table 2.1). Classification of relevance was based on title and, if available, abstract, which left many documents unclassified by method.

At this stage, for each policy area, quality criteria for inclusion in the critical review were drawn up based upon the amount of literature identified for that policy area. For policy areas with greater amounts of evidence, the critical review was restricted to quantitative evidence and comparative evidence. At the other end of the spectrum, for policy areas with little evidence, there was no methodological restriction (i.e. qualitative evidence was included), although quality criteria (relevant to the method) were still applied. All documents where the method had not been classified were also reviewed. Once the full documents were read, some were found not to be relevant[6] and so were rejected. Once these and those not meeting methodological quality criteria were rejected, 102 documents remained, which were used in the critical review (Table 2.2).

2.1.2 Key considerations of quality for assessing the evidence base

Essential for assessing inequality and comparative disadvantage is that the evidence compares between groups by sexual orientation or gender identity (whether between LGB&T groups or between heterosexual or cisgender and others). This requires representative, quantitative data for the groups being compared.

Representativeness

For surveys, representativeness depends on the sample (how people are selected for the survey and their response rate). National published surveys (such as the Labour Force Survey) take extensive measures to ensure representativeness. However, few

[6] As well as methodological quality, reasons for rejection included the empirical evidence did not relate to the UK, the paper was discursive (and contained no empirical evidence), the paper did not address relevant subject matter and the paper had appeared in one of the three previous reviews.

of these gather information on sexual orientation or gender identity. The surveys which focussed on LGB&T issues (hereafter called *ad hoc* surveys) used various approaches. Some used sampling approaches unlikely to provide representative samples, being drawn from activist sources, community group members or, frequenters of gay bars, for example, rather than the general population[7]. A sample being large does not overcome these problems. Few documents indicated survey response rate. Moreover, for gender identity, additional problems arise over how one defines oneself. One set of *ad hoc* surveys which did not use the above sampling approaches, were those conducted by YouGov, which used their pre-existing sample of the general population, although, here, bias was likely to be introduced due to the survey being conducted on line.

Some surveys used sample sources and survey methods likely to result in representative data and so provided the basis for high quality evidence. These included surveys with samples based on all children in selected schools and all people attending a sexual health clinic, for example. Finally, some of the studies used administrative data, which avoided the sample bias issues and so also provided the basis for high quality evidence.

Appropriate comparators

For some of the evidence, an important consideration of quality was the degree to which the groups being compared were similar in respect of key factors affecting the issue under consideration, and whether this had been standardised for. For example, an important factor affecting women's earnings is whether they have children; lesbians and bisexual women are less likely to have children than heterosexual women (Stonewall, 2010a); therefore, in a comparison of earnings between lesbians/ bisexual women and heterosexual women it is important to adjust (standardise) for children.

However, the evidence base does not rely solely on the quality of each individual piece of evidence: it depends on the evidence across documents. In particular, where a number of studies have differing sample biases, but have broadly the same findings, the sum of evidence is better than its constituent parts. In these cases, whilst the **general message may be robust, the measures of incidence should not be considered accurate.**

[7] This is not intended to criticise these 'unrepresentative surveys'. Representative surveys are expensive and such resources have not been available for surveys on sexual orientation or gender identity.

Table 2.1 Number of documents identified: policy areas by method

	Policy area															
		GEO-specified policy areas									Other policy areas						
	Total	Education	Safety	Health	Other Services	Employment	Families, Adoption & Fostering	Homelessness & Housing	Civic society	NEET	Asylum	Public Attitudes	Identity	Criminal Justice	Media and Literature	Legal	Other
Methods - Quantitative	**73**	20	20	24	9	18	8	2	1	0	1	7	1	2	2	2	2
Method - Qualitative	**133**	24	15	30	9	27	22	4	4	1	4	10	22	5	7	2	5
Method - Review	**57**	14	18	25	13	11	12	2	0	1	0	5	8	5	5	1	2
Method - Legal	**15**	0	0	0	0	0	2	0	0	0	9	0	0	0	0	8	0
Method - Unspecified	**136**	6	9	25	3	17	18	0	5	1	1	4	23	2	4	8	10
All Documents	**391**	**54**	**55**	**102**	**25**	**70**	**60**	**7**	**10**	**3**	**14**	**22**	**52**	**12**	**18**	**21**	**20**
Of which:																	
Comparative - Quantitative	**17**	2	3	6	0	6	3	2	0	0	0	5	0	1	0	0	1
Comparative – Qualitative	**9**	0	0	2	0	3	3	0	1	0	0	0	0	0	0	0	0
Comparative - Unspecified	**17**	0	1	0	0	1	5	0	0	0	0	0	5	0	0	0	0
Comparative - All	**42**	**2**	**4**	**7**	**0**	**10**	**11**	**2**	**1**	**0**	**0**	**5**	**5**	**1**	**0**	**0**	**1**

Table 2.2 Number of documents meeting quality criteria: policy area by methods

		GEO Policy Areas									Additional	
	Total	**Policy Area One: Education**	**Policy Area Two: Safety**	**Policy Area Three: Health**	**Policy Area Four: Services**	**Policy Area Five: Employment**	**Policy Area Six: Families**	**Policy Area Seven: Homelessness and Housing**	**Policy Area Eight: Civic Society**	**Policy Area Nine: NEET**	**Asylum**	**Public Attitudes**
Methods - Quantitative	**72**	13	12	25	9	18	6	4	5	0	0	11
Methods - Qualitative	**23**	1	5	1	5	1	6	2	1	0	5	0
Methods - Review	**11**	4	2	2	4	1	1	1	1	0	0	0
Methods - Legal	**1**	0	0	0	0	0	0	0	0	0	1	0
All Documents	**102**	**17**	**18**	**28**	**16**	**20**	**12**	**6**	**7**	**0**	**6**	**11**
Of which:												
Comparative - Quantitative	**18**	2	4	9	0	7	2	2	0	0	0	5
Comparative - Other	**3**	0	0	0	0	0	2	0	1	0	0	0
Comparative - All	**18**	**2**	**4**	**9**	**0**	**7**	**2**	**2**	**1**	**0**	**0**	**5**

2.2 The relative extent of the evidence base

This section considers the relative extent in terms of the nature and quality of evidence, as well as its range. It first discusses the number of documents identified in each policy area and their methodological approach. However, to more fully understand the relative evidence base, requires a greater appreciation of the quality of the evidence and its coverage of the range of issues within each policy area. These are discussed in detail in the policy chapters. Here a broad picture is presented of the issues and relative performance.

2.2.1 Quantity of evidence by empirical method

It is apparent from Table 2.1 and Table 2.2 that the evidence base varies substantially across policy areas. Health had the largest number of documents, including quantitative and quantitative comparative evidence. Employment, education and safety were next. Whilst a large number of documents were identified in relation to services and families, little or none (for services) was comparative and little was quantitative. Homelessness, whilst being addressed by relatively few documents, was evidenced in two quantitative, comparative studies. Civic society and NEET were least well covered, with no evidence identified in relation to NEET, but some quantitative evidence on civic society.

2.2.2 Quality considerations

The quality of the evidence varied across policy areas, with representativeness of the data used the key consideration. Health, employment and education were the policy areas with the best evidence in this respect. Whilst not all the evidence in health was representative, much of it was, particularly in respect of incidence of diseases, mental health problems, sexually transmitted diseases (STIs) and use of health support. Some of the evidence on employment also was high quality, based on representative data. In this policy area, additional attempts had been made to use representative data sets, in which a proxy measure was used for sexual orientation/identity based on household composition (i.e. a household comprising two people of the same sex was assumed to be lesbian or gay. Such evidence has its limitations and should be treated with caution, but is fairly robust. Education had few representative studies, but the evidence on bullying and harassment, in particular, might be regarded as robust, based on the consistency of evidence from differing sources and types of evidence (rather than the representativeness and robustness of each study).

In the other policy areas, robust evidence on safety was limited to hate crime. On other services, LGB&T families, homelessness and housing, and civic society, there was very little robust evidence (and, most was not judged fully robust) and this addressed only very limited range of issues of policy concern.

2.3 Specific groups

The aim of the study was to identify inequality and *relative* disadvantage.

The evidence allowing assessment of the relative disadvantage of transgender people was severely lacking. Most of the evidence mentioning transgender issues either grouped transgender people with LGB people, or were qualitative and/or based on non-representative samples

In respect of sexual orientation, much evidence grouped people by sexual orientation (e.g. LGB; gay and bisexual men; lesbians and bisexual women) or into LGB&T. This restricted the ability to provide an assessment of differences in equality between LGB&T groups, rather than to provide evidence on specific issues. More often evidence allowed comparison of LGB and heterosexual people.

2.4 Conclusions

For all policy areas, the evidence base for an assessment of inequality and relative disadvantage is deficient. As such there are major gaps in relation to assessing inequality.

The evidence base provides reasonably robust evidence in respect of a range of issues for health, employment and education and, for safety, on hate crime. This evidence mainly identifies inequality between LGB and heterosexual people, with a greater lack of evidence on inequality between LGB&T groups. For other policy areas, the evidence base is severely lacking. No reliable evidence was found for one policy area: NEET (16-19 year olds not in education, employment or training).There is little evidence on inequality in relation to transgender people.

The deficiencies stem from the relative paucity of robust, representative data which disaggregates disadvantage to single LGB&T groups. There is little evidence which provides reliable information on incidence (and relative incidence). This is because few national datasets collect information on sexual orientation (and none do on gender identity), whilst the sampling approaches of bespoke surveys tending to lead to unrepresentative samples (particularly, biased towards activists or users of selected facilities (e.g. gay bars and clubs). However, whilst such surveys and other evidence may not be able to provide accurate estimates of incidence and relative incidence, where large-scale surveys (and other evidence) show consistent patterns we do place some reliability on the generality of their findings[8]. At the same time, we have considered, our reporting of the findings takes into account this lack of representativeness.

[8] For example, we do not doubt that many LGB&T pupils fear homophobic bullying, although none of the evidence on this is representative of all LGB&T pupils.

3 Education

Key points

- The evidence base for inequality in education was greater than for most other policy areas, with some robust evidence, mainly allowing identification of inequality between LGB and heterosexual people. There is relatively more evidence on transgender inequality in education compared with other policy areas. However, none of the evidence is robust or representative of the transgender population.
- The evidence on inequality in relation to discrimination was weak, based on non-robust studies and with little comparison between groups. This meant that there was no evidence on the extent of perceived or expected discrimination, and little evidence on inequalities between groups. However, there was evidence that expectations of discrimination were higher amongst transgender than LGB people. The evidence showed that expectations of discrimination were more common than reported perceived discrimination.
- There was evidence that homophobic, biphobic and transphobic bullying, harassment and language remain a major problem in education. Such behaviours are particularly common in schools, but also present in universities and colleges. There was evidence that more transgender people than LGB were bullied and harassed at university; there was no evidence of this inequality in schools.
- There was robust evidence of bullying being a cause of the greater emotional distress experienced by LGB young people. There was less robust evidence of other impacts on mental health, suicidal thoughts and school achievement.
- There was limited evidence that 'gender inappropriate' behaviour, including selection of subjects largely pursued by the opposite gender, was a prompt to LGB bullying and harassment.
- The evidence suggests that bullying in relation to sexual orientation had decreased over time.
- A number of measures (such as teachers always addressing incidents of homophobic and transphobic bullying, harassment and language and incidents being dealt with quickly) were thought by teachers to be effective in tackling the alienating environment for LGB&T students. However, these measures failed to be implemented universally in most schools. Policy approaches to increase their implementation would be useful. In common with effective implementation of equal opportunities practices generally, training and emphasis on leadership is likely to be an important part of this. Research into how to drive the implementation of effective practice to combat in schools might be useful.
- Heterosexism and heteronormativity is prevalent in educational institutions. This affects inequality in a number of ways: it reinforces the alienation of LGB students, fails to check homophobia and biphobia and leaves the support needs specific to LGB students unaddressed. The evidence suggested that teachers need leadership and support, including training, to address heterosexism and heteronormativity. However, there was a gap in the evidence on how universities might tackle this. No evidence on transphobia or transnormativity was identified.

- There is robust evidence which indicates that gay men and lesbians are more highly qualified than heterosexual men and women, respectively.
- Very little is known about inequality in experience by sexual orientation and gender identity in colleges and, in particular, on differences by subject and qualification.
- There is very little robust evidence on education issues in relation to transgender students and gender identity.

3.1 Introduction

This chapter focuses on the evidence on inequality in employment by sexual orientation and gender identity. After a discussion of the evidence base, the chapter presents evidence on discrimination in education in general, followed by specific types of discrimination (first heterosexism and then bullying and harassment) before turning to evidence on inequality of outcomes. The final section presents our conclusions.

3.2 The evidence base

Education was one of the policy areas where a relatively large number of documents were identified in the scoping review. Fifty-four documents met our initial inclusion criteria of relevance and quality, including 20 documents with quantitative evidence, 24 qualitative, 14 reviews and six had unspecified methods. Given the quantity of evidence identified, the review was then confined to quantitative evidence which met our quality criteria and reviews of evidence. This resulted in 17 documents being used in the review. Five of these contained quantitative comparative data.

The focus of research has continued broadly the same as found in the previous three reviews. Bullying and harassment received the greatest coverage in the literature. Evidence on discrimination, negative treatment, heteronormativity and heterosexism was also identified, together with a small amount of evidence on educational outcomes. Research most frequently related to schools. Further education was only covered in one new study identified and this related wholly to Modern Apprenticeships. Since the previous three reviews, there had been some growth in interest in university education, although the amount of evidence was still fairly small.

Whilst the evidence reported met our quality criteria, only three studies were considered to provide robust, representative evidence. These were on victimisation (Robinson *et al.*, 2014), on educational outcomes (Powdthavee and Wooden, 2014; Ellison and Gunstone, 2009) and on career choice (Ellison and Gunstone, 2009). Powdthavee and Wooden (2014) and Robinson *et al.*, (2014) avoided sampling bias by using datasets which were not focussed on LGB&T issues. Ellison and Gunstone (2009) largely avoided sampling bias through use of a YouGov on-line panel. The remaining quantitative evidence had sampling approaches or response rates which were highly likely to result in biased samples, suffered from too small sample size or the quality could not be judged due to a lack of methodological information. Nevertheless, evidence from these studies is presented, as it provides some indication of the extent and nature of inequality by sexual orientation and gender identity.

With the exception of Robinson *et al.* (2014), the evidence on bullying, harassment and discrimination relies on interviewees' perceptions of treatment or their hypothetical expectations about treatment. The consistency of findings across the various surveys

of inequalities in perceived treatment suggests to us that the evidence provides a reasonable indicator of comparative disadvantage, even if the exact percentages suffering disadvantage should not be relied upon. The evidence based on hypothetical expectations of treatment is reported because they indicate the extent to which LGB&T young people (or in some cases parents) become disadvantaged by the negative treatment of LGB&T people. They should not be interpreted as indicating levels of discrimination, bullying and harassment.

There is relatively more evidence on transgender inequality in education compared with other policy areas. However, none of the evidence is robust or representative of the transgender population.

3.3 Discrimination

The evidence identified on discrimination in education examined perceived discrimination and expectations of discrimination. The former relates to whether a person felt they had been discriminated against whereas the latter relates to whether a person would expect to be discriminated against in certain, hypothetical, circumstances. Neither indicates *actual* discrimination, which is impossible to measure[9]. Irrespective of the extent of actual discrimination, both perceived and expected discrimination indicate disadvantage, i.e. they are an indicator of inequality. They are likely to affect behaviour. In respect of education, this may include, for example, affecting educational outcomes and choices.

Four studies on perceived discrimination were identified (with two using the same survey) and one on expected discrimination. None were likely to be representative, due to sample bias.

3.3.1 Perceived discrimination

The evidence on perceived discrimination in education suggested inequality between LGB&T people and heterosexual people, and that disadvantage was greatest for transgender people.

A Scottish study found that education was the environment in which LGB&T young people felt they faced most discrimination, with colleges and universities 'slightly' better than schools[10] (Scottish Evidence Review).

Within a UK survey in 2012, 15 per cent of LGB&T students and LGB&T parents of students believed they had been discriminated against by school or university personnel on the basis of their (or their child's) sexual orientation or gender identity (European Union Agency for Fundamental Rights (FRA), 2014b)[11]. Perceived discrimination was much higher amongst transgender students and transgender parents (22 per cent) (European Union Agency for Fundamental Rights (FRA),

[9] This is because survey evidence relates to the unsubstantiated reports of alleged victims, which may under- or over-report actual discrimination. An alternative, tribunal cases, identify only unlawful discrimination which has satisfied a tribunal test of evidence.

[10] This was based on an unrepresentative survey of 350 LGB&T students, conducted by LGB&T Youth Scotland (2012).

[11] Respondents were LGB&T students at school or university or LGB&T parents who had children at school or university. Respondents were recruited primarily through LGB&T-related online media and social media, as such it is unlikely to be representative of all LGB&T people. The survey achieved a sample of 93,079 LGB&T people across Europe and 6,759 in the UK. It was conducted in 2012.

2014a)[12]. (These were both slightly lower than the European averages of 18 per cent of LGB&T students and LGB&T parents of students and 24 per cent of transgender students and transgender parents.)

At university, direct discrimination by tutors and lecturers was perceived to be rare by LGB students (Valentine *et al*., 2009[13]). However, this might be, in part, due to the low percentage of students who were out to their tutors and lecturers (Section 3.6.2). For transgender students in this study, a small but not negligible minority reported direct discrimination from tutors and lecturers in respect of marks awarded (two per cent) and less support with their studies (three per cent).

3.3.2 Expectations of discrimination

The evidence suggested that expectations of discrimination were more common than the reported perceived discrimination. Expectations of discrimination were higher amongst transgender than LGB people.

Stonewall Scotland (2014)[14] conducted a study, in Scotland, of LGB&T adults' expectations of whether they would be discriminated against in various circumstances, i.e. it was hypothetical. The study covered expectations in respect of college, university and modern apprenticeships. It also covered LGB&T parents' expectations of discrimination (against themselves) by schools. The study found many LGB&T adults expected they would face discrimination at college, university or in a modern apprenticeship. Most often, they expected they would face discrimination from other students (23 per cent of LGB&T people believed they would face discrimination from other students at college or university). This figure rose to 54 per cent for transgender people. In addition, 13 per cent of LGB&T students expected to face discrimination from teaching staff. Expectations of discrimination varied with subject and gender[15]. Across all subject areas, transgender people were most likely to expect discrimination[16].

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[12] The report uses the transgender sub-sample of the European Union Agency for Fundamental Rights (FRA), 2014b survey of LGB&T, as such it is unlikely to be representative of all transgender people. The survey achieved a sample of 6579 transgender people across Europe and 802 in the UK. It was conducted in 2012.

[13] Survey of 2704 LGB&T students in higher education institutions in England, Wales and Northern Ireland. Whilst respondents were drawn from a high percentage of HEIs, the representativeness of the survey was unclear. The study also included qualitative research.

[14] Total sample size was 1,043 LGB adults from across Scotland. The survey was conducted using an online interview administered to members of the YouGovPlc GB panel of 350,000+ individuals who have agreed to take part in surveys. Additional open recruitment through Stonewall Scotland was used to achieve the full sample.

[15] At college and university, construction and engineering and sports subjects seen as most problematic (48 per cent and 44 per cent of LGB&T people expected to experience discrimination in these subjects, respectively). Gay and bisexual men more often than lesbians and bisexual women expected discrimination in construction and engineering and in sport subjects and the reverse for hair and beauty. In modern apprenticeships, expected discrimination was highest for construction and engineering (54 per cent expecting discrimination) followed by youth work (31 per cent); gay and bisexual men more often expected discrimination than lesbians and bisexual women in traditionally 'male' jobs (e.g. agriculture, construction and engineering) with the converse for 'female' jobs (e.g. social care and hair and beauty. More gay and bisexual men, than lesbians and bisexual women, expected to be discriminated in modern apprenticeship in sport and youth work.

[16] Across all subject areas, transgender people were most likely to expect discrimination. In college and university, for example, 69 per cent expected discrimination in construction and engineering, 62 per cent in sport and 40 per cent in hair and beauty. In Modern Apprenticeships, expectations of

LGB&T parents expected to be discriminated against in relation to their child's schooling, with 20 per cent expecting discrimination from a head teacher when enrolling their child in a primary or secondary school (Stonewall Scotland, 2014). Even more expected discrimination if they tried to be more formally involved in school life: 42 per cent expected discrimination if they applied to become a member of the Parent Council[17] at their child's school, increasing to 60 per cent for transgender people.

3.4 Heterosexism, transsexism and heteronormativity

3.4.1 Introduction

Heterosexism, transsexism and heteronormativity are forms of discrimination against LGB&T people: they make invisible LGB&T people's sexual orientation and result in a failure to cater to needs that differ from those of non-LGB&T people.

There was evidence of heterosexism, transsexism, heteronormativity and transnormativity in education. The evidence on schools related to heterosexism and heteronormativity. The evidence on universities also included transsexism. However, all evidence relied on non-representative studies.

3.4.2 Heterosexism and heteronormativity in schools

The EHRC Sexual Orientation Research Review presented evidence of heterosexism in schools, including schools failing to teach about and/or provide information on LGB issues, as well as failing to provide support to young LGB pupils recognising their sexual orientation. Not only were LGB pupils disadvantaged in comparison to heterosexual pupils in that they did not receive sex and relationship education pertinent to their needs, but the EHRC Sexual Orientation Research Review reported evidence that heterosexism in schools alienated and marginalised LGB pupils. The EHRC Sexual Orientation Research Review identified this as disadvantaging LGB pupils at an early age: it stated that many young people knew they were LGB by the age of eleven or twelve, but did not come out until they are 15 or 16 and that evidence pointed to the importance of support for LGB children over these intervening years.

School policies on LGB issues

According to teachers, heteronormativity was enshrined in policy: for example, (Guasp *et al*., 2014[18]) found 39 per cent of primary school teachers said their school did not allow them to teach about lesbian, gay or bisexual issues and a further 37 per cent did not know if they were allowed. This is despite Ofsted inspections assessing of how

discrimination were highest in construction and engineering and sports subjects (67 per cent each). They were also very high in youth work and agriculture (56 per cent and 54 per cent, respectively). Forty-six per cent expected discrimination in a hair and beauty modern apprenticeship and 31 per cent in food and hospitality.

[17] A Parent Council is a consultative body which promotes dialogue between parents and schools. In Scotland, legislation requires education authorities to promote their establishment and support their operation.

[18] This report presents the findings from the 1832 primary and secondary school respondents across Britain, a subsection of the total sample of 2163 teaching and non-teaching staff in schools and colleges surveyed by YouGov. The survey was conducted in December 2013 to January 2014. Eighty per cent of primary and secondary respondents were teachers and 20 per cent were non-teaching staff. Twenty one per cent work in faith schools. The survey was conducted using an online interview administered to members of the YouGov plc GB panel of more than 425,000 individuals who had indicated that they worked in schools or colleges. The figures have been weighted to GB regions.

well primary schools include same-sex families in their teaching (Guasp *et al.*, 2014). (For secondary schools the percentages were 11 per cent and 29 per cent, respectively.)

Careers education, information, advice and guidance (CEIAG)

Although research on CEIAG needs of LGB&T pupils is sparse and contradictory (Hutchinson *et al*, 2011)[19], there is some evidence that they may differ to those of heterosexual students. One in five of the LGB&T young people surveyed said that there were some jobs that they either would not or had not considered because of their sexual orientation (Ellison and Gunstone, 2009[20]). The police service, armed forces, teaching and manual trades were negatively associated with homophobia and avoided.

Based on a survey of young people's careers service providers in the public sector in Britain, Hutchinson *et al* (2011) found that careers services' approach, in respect of equality, focused on gender, race and disability, rather than other aspects, such as sexual orientation and gender identity. This was despite many having equality policies which mentioned sexual orientation. Few policies were identified to mention gender identity. Furthermore, few monitored by sexual orientation or transgender status, whilst most monitored by gender, ethnicity and disability.

Sex and relationship education (SRE)/Personal, social, health and economic education (PSHE)

The evidence suggested that LGB&T-appropriate sex and relationship education is of particular importance for LGB&T young people, both in order to address issues of their sexuality and also because of the high rates of risky sexual behaviour amongst young gay and bisexual men (see Section 5.3.6).

In their survey of LGB young people, Guasp (2012a)[21] found only one third of the sample of LGB pupils had discussed LGB issues in Personal, Social, Health and Economic (PSHE) lessons, and fewer in sex and relationship education (SRE) or in other classes. Moreover, only 34 per cent who had been taught about LGB issues at school said this had been in a positive way. Eighty-five per cent said they were never taught about biological or physical aspects of same-sex relationships at school and 81 per cent said they were never given information on where to seek advice and help. This lack of information extended to discussion of civil partnerships and having children. Moreover, 17 per cent of pupils who had received information about LGB issues said this had been addressed negatively. In such schools, a much higher percentage of LGB students reported bullying. Twelve per cent of LGB young people reported that the information they were given was inaccurate or misleading. Formby

[19] Based on 18 online survey responses from 'Connexions', 'Young People's Services' in England, 'Careers Scotland' and 'Career Wales'. 'Career Scotland' and 'Careers Wales' regional chief executives opted to complete one questionnaire representing the views of their respective careers services as a whole.

[20] Initial samples were drawn from the You Gov on-line panel of 240,000 people: 5,567 of the 75,000 who had previously identified as LGB (or other or prefer not to say) plus a random sample of 3995 who had identified as heterosexual. The achieved sample was about half, with a lower response rate for heterosexual people.

[21] Sample of 1,614 LGB&T young people, aged 11 to 19, in Britain, conducted November 2011 to February 2012. Representativeness is unclear, as no information on the sampling process is given.

(2011)[22] found young LGB people felt they were invisible in SRE, with same-sex relationships not discussed. Moreover, the lack of discussion extended to safe sex.

School libraries, information and clubs

Evidence suggested it was important both for LGB children and children of same-sex parents that the range of sexual orientations, gender identities and families were included and subsequently normalised within teaching and available information.

In primary schools, Guasp *et al.* (2014) found that only 40 per cent of teachers had included families with same-sex parents in their teaching, despite 86 per cent saying it should be addressed in schools. The main reasons primary school teachers gave for not doing so centred around beliefs that the children were too young, that it was not relevant, and because the teacher had not thought about it. A small percentage felt they did not know how to do this or that parents would not be supportive. Moreover, around one fifth felt they would not know how to respond if a child asked questions about sexual orientation.

In a survey of some Birmingham school students (both LGB&T and heterosexual) only 26 per cent said that they had talked about different types of people in their classroom with their teacher (e.g. families with same-sex parents) (Barnes, 2013[23]). Thirty-eight per cent said they had not learnt the definitions of lesbian, gay, bisexual and transgender at their school, whilst 62 per cent said they did not learn about all types of relationships (including those of lesbian, gay, bisexual and transgender people).

This lack of recognition of LGB&T people and relationships in schools extended to school libraries (35 per cent of LGB pupils said their school had no books or information on LGB people and issues and 50 per cent did not know whether it did) and to computer use (34 per cent said they could not use school computers to access information on LGB issues and 36 per cent did not know if they could) (Guasp, 2012a).

Lack of equal provision to meet needs was also found in social provision. Despite demand from LGB young people for LGB-specific clubs (see Section 11.3.5), 72 per cent of students were in schools without a club specifically for LGB pupils and their friends (Guasp *et al*., 2012a).

The lack of support for LGB&T young people from schools was illustrated by 54 per cent of LGB&T young people who reported that they felt they had no adult at school whom they could talk to about their sexual orientation (Guasp, 2012a). This may have been related to heteronormativity and lack of visibility of diversity of sexual orientation, as young people who reported school policies related to LGB&T issues were more likely to feel there was an adult at school they could talk to. In addition, pupils who knew an openly gay teacher were more likely to speak to a teacher about being gay than those who did not (41 per cent and 26 per cent, respectively). (Only 32 per cent said they knew an openly gay teacher.)

[22] Based on three small studies in England including: a short-self competed online questionnaire of young people aged 13-20, supplemented by three focus groups of 32 participants; and two consultative projects on sex education and sexual health, one with gay, bisexual men and MSM, and one with lesbians, bisexual women and women who have sex with women.

[23] Findings based on a survey of 674 children in all key stages in schools in Birmingham. Sampling and recruitment process not disclosed.

3.4.3 Heteronormativity, heterosexism and inclusiveness in universities

Evidence from a small-scale survey of students suggested that universities were polarised in the extent to which they addressed the needs of LGB&T students, with 39 per cent of LGB&T students surveyed feeling that their university thoroughly addresses campus issues[24] related to sexual orientation/gender identity and 37 per cent feeling they did not (Ellis, 2009[25]). Seventy-five per cent saw the climate of their classes as accepting of LGB&T people and 58 per cent thought their university provided visible resources. However, few saw LGB&T issues and perspectives adequately represented within the curriculum (18 per cent).

3.5 Bullying, harassment and language

3.5.1 Introduction

The evidence on the incidence and nature of bullying and harassment of LGB&T young people in education comes from surveys of young people and of teachers. Both point to a high level of bullying and harassment and use of homophobic, biphobic and transphobic language. However, only one of these studies (Robinson *et al.*, 2014) was judged to present reliable, representative findings. The other evidence is likely to be unrepresentative, suffering from sample bias. This means that the extent of bullying may differ from that reported. However, we would expect the general messages (e.g. that bullying is widespread and the relative incidence of bullying) to be accurate. The section draws particularly from two studies (Guasp, 2012a and Guasp *et al.*, 2014), which provide much greater detail on the nature and incidence of bullying in schools. The former is based on a survey of school students and the later on staff in schools.

The following first presents evidence on the incidence and nature of bullying and harassment in education, followed by evidence on factors which prompt such bullying, and finally evidence on measures taken to address such bullying and harassment. Bullying includes verbal, physical and sexual abuse (Public Health England, 2014)[26]. Evidence on homophobic, biphobic and transphobic language is included. The evidence on the consequences of bullying is reported in Section 3.6.1 and of other aspects of homophobia, biphobia or transphobia in Section 3.6.2.

3.5.2 Incidence of bullying and harassment in education

The previous three reviews and later evidence pointed to bullying and harassment on the grounds of sexual orientation and gender identity as being widespread in schools, affecting a high percentage of LGB&T school students. The evidence suggested that bullying was less widespread in higher education.

As far as possible in this section, we have separated bullying in respect of sexual orientation and of gender identity and bullying from discrimination. However, the differing approaches taken by studies means this has not always been possible.

[24] The issues covered were perceived harassment and discrimination, perceptions of the campus climate towards LGB&T people, whether they felt the need to hide being LGB or T and LGB&T inclusiveness.

[25] A survey of 291 LGB&T students from 42 UK universities. The sample was highly skewed towards pre-1992 universities. The sample was gathered mainly through student unions.

[26] Referring to Youth Chances Summary of First Findings: the experience of LGB&TQ young people in England [Internet]. Metro; 2014 [cited 2014 May 20]. Available from: http://www.youthchances.org/wpcontent/uploads/2014/01/YC_REPORT_FirstFindings_2014.pdf

Evidence relating to schools has been presented first, followed by evidence on bullying in higher education.

Bullying of LGB young people at school

In Guasp's survey (2012a), 55 per cent of LGB young people reported that they had experienced homophobic bullying at school. Young gay and bisexual males (67 per cent and 60 per cent respectively) were more likely than young lesbians and bisexual females (53 per cent and 43 per cent, respectively) to encounter bullying, as were those who were out.

The evidence suggested the extent of homophobic bullying in schools and colleges varied between different types of institutions. A survey of teachers found that bullying was more common in secondary schools than in sixth form colleges and further education colleges (Guasp, 2012a). It also found no difference in reported bullying between state and independent schools, nor between faith and non-faith schools. Based on a survey of school pupils, the extent of bullying in primary schools appeared to vary by region and was more common in Scotland and least common in London[27] (Guasp *et al*., 2014). However, reported bullying by children at secondary schools in Scotland was similar to that in Britain (52 and 55 per cent, respectively) (Stonewall, 2012, referred to in the Scottish Evidence Review and Guasp, 2012a).

Bullying of LGB pupils was identified to be more common than bullying of heterosexual pupils (EHRC Sexual Orientation Research Review). This was corroborated by more recent evidence that found that LGB young people were about twice as likely to be bullied as heterosexual young people in secondary school (Robinson *et al*, 2013[28]).

The evidence suggests a decline in homophobic bullying in schools. Guasp (2012a) reported that homophobic bullying (although not homophobic language) in schools had declined since 2007. Although the decline (from 65 per cent to 55 per cent of LGB young people reporting bullying) may not be statistically significant, this should be seen in the light of decreased peer victimisation of young people in general (including LGB young people) between 2004 and 2010 (Robinson et al., 2013). However, the decline was smaller for LGB young people (Robinson et al., 2013), i.e. the relative decline in bullying of LGB young people has been slower than for bullying of heterosexual young people and remains widespread (Public Health England, 2014)[29].

Bullying of transgender young people at school

The Scottish Evidence Review reported evidence from Whittle *et al.*, (2007)[30] on bullying of transgender young people at school. This found extensive bullying of transgender pupils, including bullying by teachers and other staff, as well as by pupils. However, the percentages are not reported here, due to concerns over the sample size and sampling method.

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[27] According to primary school teachers' reports, frequent bullying was more common in Scotland (reported by 11 per cent) than in London (reported by four per cent), the rest of the south (two per cent) and the Midlands, Wales and the north (three per cent each).

[28] Based on analysis of the Longitudinal Survey of Young People in England (LSYPE), for the cohort aged 13 to 14 in 2004. Analysed annually till 2010 (aged 19 to 20). Sample size was 4135 (187 LGB) and is nationally representative.

[29] Referring to Youth Chances Summary of First Findings: the experience of LGB&TQ young people in England [Internet]. Metro; 2014 [cited 2014 May 20]. Available from: http://www.youthchances.org/wpcontent/uploads/2014/01/YC_REPORT_FirstFindings_2014.pdf

[30] The data was drawn from an online survey of 129 transgender people of all ages.

Homophobic, biphobic and transphobic language in schools

The use of homophobic, biphobic and transphobic language is part of the bullying and harassment of LGB&T people. A number of studies examined their incidence in schools. Homophobic pejorative language had been found to be very common by the EHRC Sexual Orientation Research Review.

Guasp (2012a) found 99 per cent of LGB young people had heard homophobic language at school. A series of local surveys of school pupils (LGB&T and heterosexual) has been conducted under the NUT/Schools Out umbrella. The most recent, for Birmingham, found 66 per cent of respondents had used the word 'gay' negatively (Barnes 2013). Moreover, 83 per cent knew that using the term negatively was offensive. The degree of use of LGB language offensively was very common: 56 per cent of respondents heard people being called 'gay' at school on a daily basis and 58 per cent heard the term used negatively on a daily basis. Outside school the figures were 33 per cent and 32 per cent, respectively (Barnes 2013). The figures fell for the offensive use of 'lesbian' at school (22 per cent at least daily).

Whilst nearly all LGB&T students had heard homophobic remarks at school, the evidence suggested that remarks were not confined to students[31] (Guasp, 2012a).: 17 per cent of LGB&T students said that teachers and other school staff made homophobic comments. This reached 22 per cent for pupils in faith schools. This was corroborated by teachers, with 29 per cent of primary school teachers reporting having heard homophobic language or negative remarks about LGB people from other school staff (Guasp *et al*., 2014).

Evidence from teachers corroborated that homophobic bullying and language was common (Guasp *et al*., 2014). Teachers' reports suggested the problem was greater in secondary than primary schools[32] (Guasp *et al*., 2014). Within primary schools, teachers reported homophobic remarks to be greater amongst older pupils (aged 8 to 11). There was evidence of some improvement in primary schools, with fewer teachers reporting hearing homophobic remarks in 2011/12 than in 2009 (Guasp *et al*., 2014).

Homophobic language and bullying were closely linked, with the rate of homophobic bullying almost double in schools where pupils frequently heard homophobic language (Guasp, 2012a). Moreover, 70 per cent LGB&T students who reported that most students made homophobic remarks reported that they had themselves had experienced homophobic bullying at school.

Bullying, harassment and language in higher education

The evidence pointed to a lower incidence of LGB&T bullying, harassment and use of offensive language in higher education institutions (HEIs) than in schools. Valentine *et al.* (2009) found that LGB&T students thought HEIs much less oppressive in respect of their sexual orientation or gender identity than schools, providing a space in which they could be themselves. Nevertheless, many experienced of homophobia and transphobia.

[31] Thirty-one per cent of LGB&T students said that most students made homophobic remarks and 45 per cent said some students made homophobic remarks. Twenty-four per cent said such remarks came from just a few students.

[32] With 86 per cent of secondary school teachers and 45 per cent of primary school teachers saying pupils in their schools had experienced homophobic bullying and, for hearing homophobic language, 89 per cent and 70 per cent in secondary and primary schools, respectively.

The homophobia experienced was predominantly from other students: 50 per cent of LGB students surveyed felt they had been treated negatively because of their sexual orientation, 47 per cent had received homophobic comments and 31 per cent homophobic verbal abuse (in addition to some receiving threatening behaviour or physical or sexual abuse), These findings are presented in Table 3.1 (Valentine *et al*., 2009). A much smaller percentage reported such behaviour from tutors and lecturers or other staff (for example, from tutors and lecturers, ten per cent felt they had been treated negatively and nine per cent received homophobic comments). Only 13 per cent felt they had been bullied or discriminated against since starting university. A higher proportion of students reported homophobia in Wales and Northern Ireland, in rural HEIs and post-1992 universities[33]. LGB students aged 16 to 25 were more likely than those over 25 to report experiences of negative treatment because of their sexual orientation (homophobic/biphobic comments and verbal abuse, threatening behaviour and physical and sexual abuse). However, those aged over 25 were more likely to report that they had been treated negatively by lecturers/tutors.

Table 3.1 LGB&T students experience of negative treatment in Higher Education Institutions

	Percentage of LGB students who experience negative treatment by:			Percentage of transgender students who experience negative treatment by:		
	students	tutors/ lecturers	other HEI workers	students	tutors/ lecturers	other HEI workers
Had been treated in a negative way because of their sexual orientation/transgender status[a].	50	10	11	47	29	25
Had received homophobic/ biphobic/transphobic comments[a].	47	9	9	43	19	17
Had encountered homophobic/ biphobic/transphobic verbal abuse[a].	31	3	4	30	13	12
Had encountered threatening behaviour.	15	1	2	23	6	8
Had experienced physical abuse.	7	1	1	11	5	5
Had experienced sexual abuse.	4	1	1	9	5	5

[a] Throughout LGB students were asked about sexual orientation and homophobia/biphobia and transgender students were asked about transgender status and transphobia.

Source: Valentine *et al.* (2009)

LGB students' perception of homophobia (as evidenced through their reports of comments and verbal abuse by lecturers and tutors) varied with subject[34] (Valentine *et al*., 2009).

[33] Institutions which became universities in and after 1992, most of which had been polytechnics.

[34] It was statistically significantly higher in medicine and dentistry; veterinary sciences; agriculture and related subjects; engineering; business and administration studies; European languages; literature and related subjects; and education, compared with other subjects.

A similar percentage of transgender students as LGB students reported other students treating them negatively, making transphobic comments or being verbally abusive, Table 3.1. However, the percentages reporting threatening behaviour (23 per cent), physical abuse (eleven per cent) and sexual abuse (nine per cent) from other students was higher than for LGB students (Valentine *et al*., 2009). Moreover, a much higher percentage of transgender students reported transphobic treatment by tutors and lecturers and other staff.

Further evidence on the extent and nature of bullying and harassment comes from a much smaller survey of LGB&T students examined the frequency of homophobic stereotyping, negative remarks and offensive 'jokes' directed toward LGB&T people. Three per cent of LGB&T students reported these as occurring quite often or frequently from tutors and lecturers, 29 per cent quite often or frequently by their friends (at university) and 31 per cent quite often or frequently from other students generally (Ellis, 2009). Damage to property and verbal abuse due to being LGB&T was thought to be rarely experienced (with 90 per cent and 70 per cent of LGB&T students saying this would be seldom or rare. Nevertheless, 23 per cent had feared for their safety since going to university because of their sexual orientation or gender identity and 54 per cent had concealed their sexual orientation or gender identity to avoid intimidation.

3.5.3 LGB&T parents' expectations of bullying

No evidence reported LGB&T parents' experience of bullying (by schools or pupils), nor reported experiences of children being bullied due to having LGB&T parents. However, there was evidence of parents' expectations of bullying.

Stonewall Scotland (2014) examined LGB&T parents' expectations of their and their children's treatment at school. Expectations of bullying were high: 67 per cent expected their child to be bullied because of their parents' sexual orientation or gender identity and this rose to 76 per cent for children in secondary school.

Whilst expectations of bullying do not indicate the incidence of bullying, as discussed above (Section 3.3) expectations of poor treatment is a disadvantage and may affect how parents and their children interact with education providers. In addition, there was evidence from pupils that having LGB&T parents could result in bullying of pupils (see next section).

3.5.4 Prompts to homophobic and transphobic bullying in schools

Whilst anyone may be subject to homophobic and transphobic bullying (irrespective of their sexual orientation or gender identity), a number of prompts to bullying were identified in the literature.

Guasp *et al.*'s (2014) survey of primary school teachers (referred to in section 3.5.2), found that, of those teachers aware of homophobic bullying, 20 per cent said pupils being seen as lesbian, gay or bisexual were bullied in their school. However, many more teachers linked homophobic bullying to contravening gender stereotypes, particularly for boys: 49 per cent of those surveyed said boys who 'behave or act like girls' were subject to homophobic bullying, whilst 15 per cent said girls who 'behave or act like boys' were bullied. For boys, not liking sport led to homophobic bullying (36 per cent of teachers which were surveyed attributed homophobic bullying to this), whilst 14 per cent said boys who performed well at school were subject to homophobic bullying. Barnes (2013) found that 34 per cent of school pupils in their survey of

Birmingham schools said that people who behaved outside their gender stereotype were often or always made fun of or targeted for hurtful behaviour. Only 21 per cent of pupils surveyed said that this never happened.

In primary schools, pupils having LGB parents or friends led to homophobic bullying according to teachers. Twelve per cent of primary school teachers surveyed who were aware of homophobic bullying said pupils whose parents or carers were LGB were bullied as a result, and seven per cent said those who had LGB friends or family members were bullied (Guasp *et al*., 2014).

3.5.5 Action to address bullying and harassment

Evidence was identified on the extent and nature of action taken in education to address bullying and harassment. The evidence pointed to many schools failing to address homophobic bullying and homophobic language adequately (Guasp, 2012a), but also to the importance of schools' policies to reduce homophobic and transphobic bullying and harassment. For example, in schools with policies stating that homophobic bullying or language was wrong, homophobic bullying was lower (48 per cent compared with 67 per cent reporting such bullying and similar figures for a policy on language) (Guasp, 2012a).

Whilst the evidence suggests that the existence and effectiveness of policies directed against homophobic and transphobic bullying and harassment will affect inequality between LGB&T students and others, here we focus on evidence of inequality in the incidence of policies and practices to address homophobic and transphobic bullying and harassment compared those addressing other forms of bullying and harassment[35]. The evidence base for this was more sparse, with little research making comparisons.

Only one third of LGB pupils said their school responded quickly to homophobic bullying (in contrast to 90 per cent for racist bullying (Guasp, 2012a). The percentage reporting a quick response fell to 24 per cent in faith schools. In schools which reportedly responded quickly to homophobic bullying, 49 per cent of LGB pupils in the survey said they had been bullied. This contrasts with 77 per cent of LGB pupils in other schools saying they were bullied.

For schools under local authority control, the local authorities provided mixed levels of support to address homophobic and transphobic bullying and harassment. Almost all local authorities (97 per cent) recommended that their schools record bullying related to race or ethnicity, however, this fell to around four-fifths for bullying related to sexual orientation and 65 per cent in relation to gender identity (the recording of which is not required by law) (Tippett *et al*., 2010)[36]. Whilst over 75 per cent of local authorities said they had evidence on the prevalence of racist bullying in schools, this figure dropped to just below 40 per cent for sexual orientation and 12 per cent for gender identity. This lack of emphasis on sexual orientation and gender identity was also seen in local

[35] For evidence on the incidence and nature of policies and practices to address homophobic and transphobic bullying see, for schools, Guasp, 2012a; Guasp *et al*., 2014; Public Health England, 2014; Mitchell *et al.*, 2014; and Barnes, 2013; and, for higher education, Valentine *et al.*, 2009.

[36] Survey of Local Authorities in England, Wales and Scotland. Questionnaire was sent to all LAs in England (152), Scotland (32) and Wales (22). Response rate was 38 per cent for England, 24 per cent for Scotland and 18 per cent for Wales, which, although lower than expected, is comparable to other large-scale surveys of LA performance.

authorities' provision of training for school staff, with only a small percentage offering this for sexual orientation and gender identity bullying.

In respect of local authorities having evidence of the prevalence of bullying of young people in the community (i.e. outside school), the figure dropped to just over 20 per cent for sexual orientation, but rose slightly to around 18 per cent for gender identity (for comparison, the figure was 32 per cent for race and ethnicity) (Tippett *et al*., 2010).

Sexual orientation was the second most common focus of local authorities' strategic partnerships established in schools (54 per cent) (Tippett *et al*., 2010). Similarly, sexual orientation featured relatively strongly in local authority-established strategic partnerships to tackle bullying in the wider community. However, there was evidence that a barrier to tackling bullying related to sexual orientation and gender identity was difficulty in engaging schools with the issue LGB&T. This was not reported as a barrier in relation to other identity groups. Tippett *et al.* (2010) asked local authorities how confident they felt about tackling bullying in relation to nine identity groups. The percentage lacking confidence was highest for gender identity (almost one-quarter) and amongst the lowest for sexual orientation (about ten per cent)

3.6 Consequences of homophobia, biphobia and transphobia in education

Seven studies identified consequences of homophobia, biphobia and transphobia in education. Most of the evidence was based on self-reported consequences, which is not a highly robust approach (as individuals may mistakenly attribute causality). However, the two studies on the consequences use more robust methods. Robinson *et al.* (2013) compare outcomes between LGB and heterosexual young people using a representative dataset of young people. Although the data used by Guasp (2012a) is unlikely to be representative of LGB young people, they compare outcomes of those who reporting being and not being bullied, a method which should reduce the influence of any sample bias.

3.6.1 Consequences of bullying and language in schools

The Scottish Evidence Review identified evidence of homophobic and transphobic bullying affecting physical and mental health (including adult mental health) and educational performance. Impacts included not feeling part of the school community, academic attainment, school attendance, absenteeism, emotional well-being and mental health impacts (including increased risk of suicide, self-harm and depression) (Scottish Evidence Review Review, 2012).

As described in Section 3.5, LGB&T young people are subject to higher levels of bullying at school. In their representative study of young people, Robinson *et al*. (2013) tried to separate out the effect of being victimised by one's peers and other factors which might affect wellbeing for LGB young people. They measured the effect of peer victimisation on 'emotional distress' (a measure based on three questions on: feeling unhappy or depressed, feeling worthless and feeling reasonably happy). They found

that being victimised by one's peers explained about half of the difference between LGB and heterosexual young people in respect of emotional distress[37] .

Guasp (2012) investigated a range of effects of bullying in school. Although the survey sample is likely to be biased, this is unlikely to affect the differences in the effects identified between those who reported being bullied and those who did not. They found bullying at school was associated with higher risks of

- attempted suicide
- self-harm
- depression
- low self-esteem

Significantly, 41 percent of those who were subject to homophobic bullying at school said that it had led to them either attempting to kill themselves or thinking about it.

Guasp *et al.* (2012a) also found homophobic bullying was associated with LGB pupils feeling they did not belong at their school (64 per cent compared with 42 per cent of those who were not bullied), not feeling safe at school (29 per cent, compared with 10 per cent of those who were not bullied) and being unhappy at school (37 per cent compared with 18 per cent of those who were not bullied).

The evidence on attainment was unclear. More pupils who were bullied, compared with those who were not, said they were not achieving their best at school (43 per cent and 35 per cent, respectively), but the study did not report whether the difference was statistically significant (Guasp, 2012a). Three in five said homophobic bullying affected their school work. Unsurprisingly, it also led to young people missing school. Nine per cent of respondents said that homphobic bullying had led to them changing schools and 32 per cent changing their plans for further education.

3.6.2 Consequences of other aspects of homophobia, biphobia and transphobia in education

There was evidence of the effects of other forms of homophobia, biphobia and transphobia (e.g. discrimination, heterosexism and transsexism).

Alienation

Evidence of feelings of general alienation was presented in two studies. Guasp (2012a) found around half of LGB pupils felt they did not belong at their school and around half did not feel they could be themselves at school. Moreover 21 per cent reported that they did not feel safe at school. The European Union Agency for Fundamental Rights (FRA) (2014a) survey found that 47 per cent of transgender people in the UK reported a negative atmosphere towards LGB&T people while they were at school. This was higher than the EU average of 35 per cent. Only 18 per cent of transgender people felt the school atmosphere had been positive towards LGB&T people (compared with 24 per cent across the EU).

Direct discrimination

One study found evidence of the consequences of direct discrimination due to sexual orientation or gender identity, based on the reports of LGB&T students (Valentine *et*

[37] Emotional distress was an index constructed form three questions on feeling unhappy or depressed, feeling worthless and feeling reasonably happy.

al., 2009). Although such discrimination was, reportedly, rare, LGB students who believed they had suffered discrimination by their tutors and lecturers said it had led to stress and loss of confidence, affecting their ability to study. The evidence reported by transgender students was of lower marks being awarded (two per cent) and less support with their studies (three per cent). Although a higher than average percentage of LGB (20 per cent) and transgender (29 per cent) students took time out of their course, it was unclear whether this was due to homophobia in the HEI and what impact it had on educational outcomes.

Being out

The extent to which LGB&T people are out is an indicator of acceptance of LGB&T people. There was evidence both of the extent and with whom LGB&T students felt they could be out and of differences between LGB groups.

Fewer than half of LGB young people felt they could be open about their sexuality at school, college or university (Ellison and Gunstone 2009). Gay men and lesbian students were more likely than bisexual students to be open, with just over half of gay men and lesbians felt they could be open, compared with 30 per cent of bisexual men and 44 per cent of bisexual women.

The evidence on schooling specifically was retrospective, based on adults of all ages reporting on their experience at school. Thus this provides historical information. This found that 68 per cent of LGB&T respondents reported that they had always or often hidden or disguised being LGB&T during their schooling (European Union Agency for Fundamental Rights (FRA), 2014b).

At college, 16 per cent of LGB&T adults reported they would be uncomfortable being open about their sexual orientation or gender identity (Stonewall Scotland, 2014). The figure was around double for bisexual and transgender people (31 per cent and 33 per cent respectively). The reasons for this difference were unclear.

At university, the majority of LGB students were not out to their tutors, lecturers or accommodation staff (61 per cent, 64 per cent and 73 per cent respectively), although the percentage not out was lower after the first year (Valentine *et al*., 2009). However, 90 per cent of LGB students were out to their friends. Fear of homophobia (including affecting grades and career) was identified as a concern for LGB students (Valentine *et al*., 2009; Ellis, 2009). Certain situations were seen as more hostile, resulting in LGB students not being out. For example 63 per cent of LGB students were not out in sports societies. Older LGB students were identified to be less likely to be out to fellow students when compared to those who were younger, but more likely to be out to academic staff (Valentine *et al*., 2009).

Parental support

Being LGB&T can result in parents refusing to financially support students. Valentine *et al* (2009) found that parents had refused to provide financial support as specified by their local education authority assessment for five per cent of LGB student respondents and seven per cent of transgender student respondents. However, it was unclear whether this was greater than for non-LGB&T students.

3.7 Education outcomes

The three previous reviews reported mixed evidence on whether LGB&T people achieved better academic outcomes. Some studies have suggested that

discrimination and harassment have led to reduced attainment, whilst others suggested they have been a spur for LGB&T people to succeed. As the evidence presented by the previous three reviews suggested, data limitations may have biased findings, leading to the conflicting evidence.

The Transgender Research Review presented evidence by Whittle *et al.* (2007) of transgender people being more highly qualified than other people. However, both Whittle *et al*. and the Transgender Research Review authors suggested this was due to sample bias, with less-educated transgender people under-represented in the survey[38].

Two more recent studies suggested that LGB&T people, compared, variously, to heterosexual and/or cisgender people, were more highly qualified. Powdthavee and Wooden (2014)[39], used a representative survey of the UK population and found that gay men and lesbians were more likely to have a university degree than heterosexual people. Ellison and Gunstone (2009) found LGB people had higher qualifications than heterosexual people, with 29 per cent of heterosexual people having qualifications at NVQ4 and above, compared with 50 per cent of lesbians, 43 per cent of transgender people, 39 per cent of gay men and 36 per cent of bisexual men. No difference was found between bisexual women and heterosexual people.

Hutchinson *et al* (2011), based on a review of literature and stakeholder interviews on barriers to engagement and learning, suggested that some LGB&T young people may have underachieved because they chose to leave education to broaden opportunities for social networking. Hutchinson *et al* (2011) also suggested that concerns about one's sexual identity and parental acceptance may have adversely affected educational performance. Conversely, it is suggested that LGB&T young people may be motivated to get to university where they can develop their identities away from home (Haywood *et al*., 2009)[40].

3.8 Conclusions

The evidence base for inequality in education by sexual orientation and gender identity was better than for most other policy areas. However, little of the evidence is representative. Whilst much of the unrepresentative evidence provides an indication of the extent and nature of inequality by sexual orientation and gender identity, it cannot provide definitive statistics. This restricts identification of inequality to inequalities identified within a survey, i.e. comparisons cannot be made across surveys.

[38]. Whittle *et al.* (2007) suggested that the complexities of the transitioning process may mean that disproportionately fewer less-educated people transition, resulting in less-educated transgender people being under-represented in their survey. Alternatively the Transgender Research Review authors suggested that the survey itself, a half hour online survey, might have dissuaded less educated respondents from taking part, resulting in their under representation

[39] The paper uses wave 3 of the UK Household Longitudinal Study (UKHLS). 32,964 cases included, of which 1.4 per cent of the UK sample population report being gay or lesbian, 1.1 per cent bisexual, and 'other' 1.1 per cent.

[40] Based on a literature review of published and grey literature, and interviews with 10 key stakeholders in extending the learning of young people.

The evidence on inequality largely related to inequality between LGB people and heterosexual people, although there was some limited evidence on inequality between LGB groups and relating to transgender gender young people.

3.8.1 Discrimination

The evidence on inequalities in relation to discrimination was weak, based on non-robust studies and with little comparison between groups. This meant that there was no evidence on the extent of actual, perceived or expected discrimination, and little evidence on inequalities between groups. However, there was evidence that expectations of discrimination were higher amongst transgender people than LGB people.

Interestingly, the evidence showed that expectations of discrimination were more common than the reported perceived discrimination.

3.8.2 Bullying, harassment and language

One aspect of inequality identified in the evidence was due to homophobic, biphobic and transphobic bullying, harassment and language. In relation to sexual orientation, there was robust evidence of these being common in schools and, to a lesser extent universities. In relation to transgender students, there was no evidence for schools, but the evidence suggested bullying and harassment was relatively more common than for LGB students. There was evidence (based on robust and less robust research) that bullying in relation to sexual orientation had decreased over time.

There was robust evidence of bullying being a cause of the greater emotional distress experienced by LGB young people. There was less robust evidence of other impacts on mental health, suicidal thoughts and school achievement. There was no evidence on differences between LGB groups.

There was limited evidence that perceived ‘gender inappropriate’ behaviour (e.g. girls choosing to do science subjects and boys choosing to do caring subjects) could lead to LGB bullying and harassment. This has important implications for the reduction of gender stereotyping in education and employment.

3.8.3 Heterosexism and heteronormativity

The evidence showed that heterosexism and heteronormativity was prevalent in educational institutions. This affects inequality in a number of ways: it reinforces the alienation of LGB students, fails to check homophobia and biphobia and leaves the support needs specific to LGB students unaddressed. Integrating variations in sexual orientation and gender identity into educational institutions is important. The evidence suggested that teachers would need leadership and support, including training. Ways to alter this is in universities were not identified in the review. No evidence on transphobia or transnormativity was identified.

3.8.4 Educational achievement

There is robust evidence which indicates that gay men and lesbians are more highly qualified than heterosexual men and women, respectively. There is no robust evidence on this issue in relation to gender identity.

3.8.5 Other evidence gaps

There is very little robust evidence on education issues in relation to transgender students and gender identity. Very little is known about inequality in education in colleges related to sexual orientation and gender identity.

4 Safety

Key points

- There is a fairly large body of evidence in the policy area of safety. This includes a small amount of quantitative evidence allowing comparison with non-LGB&T people, together with (non-comparative) quantitative evidence examining incidence. However, little of the quantitative evidence could be judged robust, due to sampling methods, sample sizes or lack of information on methods.
- Analyses of data from the British Crime Survey suggest LGB people are at greater risk of being victim to hate crime when compared to heterosexual people. Due to a lack of comparative evidence it is not clear whether this is the case for transgender people.
- There has been an increase in recorded incidences of hate crime on the basis of sexual orientation in the UK since 2011. However, it is unclear whether this reflects a real rise in incidence, increased reporting by victims or improved police identification.
- Some evidence suggested certain LGB&T groups are at particular risk of hate crime: notably gay men, young people and those from black and ethnic minority groups.
- Some survey-based research suggested incidence of hate crime is significantly under-reported. When reported, unsatisfactory treatment from services is identified.
- Inconsistent findings from unrepresentative surveys meant that the prevalence of domestic violence amongst LGB&T people is unclear. It is also unclear which LGB&T groups are most at risk.
- Some limited evidence suggests LGB&T people are discouraged from using generic domestic violence services. This, in part, is due to fears of potential homophobia, biphobia, or transphobia from service providers and other services users, as well as expectations of inadequate staff diversity, knowledge and skills. As such research suggests LGB&T people have a preference for specialist LGB&T services.

4.1 Introduction

This chapter focuses on identifying and reviewing evidence on the prevalence and experiences of hate crime and domestic violence only. Evidence on homophobic bullying in schools and the workplace are addressed in Sections 3.5 and 7.5, respectively.

Following a discussion of the scope and quality of the evidence, the chapter presents the evidence first on hate crime and then on domestic violence. A final section draws conclusions on the best evidence on inequalities in respect of LGB&T safety issues.

4.2 The evidence base

The focus of research on the safety of LGB&T people post-2008 has remained largely consistent with that found in the previous three reviews. The prevalence of hate crime by sexual orientation and or/gender identity, and the extent to which it goes under-reported, has remained a primary focus. However, additional evidence has emerged

that considers the role of services in the prevention of hate crime in the UK. Similarly, research into domestic violence within same-sex relationships has remained a consistent point of interest. However, new evidence now explores bisexual and transgender people's experiences of abusive relationships and LGB&T people's use of non-specialist domestic violence services.

Based on the evidence from the scoping review, there is a fairly large body of evidence in the policy area of safety. This includes a small amount of quantitative evidence allowing comparison with heterosexual people, together with (non-comparative) quantitative evidence examining incidence. However, little of the quantitative evidence could be judged robust, due to sampling methods, sample sizes or lack of information on methods.

In the scoping review, 55 documents were identified in the area of LGB&T safety. Of these, four gave comparative empirical evidence and 20 were quantitative. Eighteen of these documents met our final inclusion criteria of relevance and quality. Eleven focused on the issue of hate crime and seven focused on the issue of domestic violence.

Of the eleven focussing on hate crime, two provided comparative evidence on the relative safety of LGB and non-LGB people. None provided any comparative evidence on the safety of transgender people. Five provided survey-based, non-comparative evidence on the safety of LGB people. These had various sample sizes, recruitment methods and focused on different subsections of the LGB&T populations. The remainder either provided reviews of evidence or provided qualitative evidence.

Of the seven focusing on domestic violence, the majority were survey-based. Two provided comparative evidence on the prevalence of domestic violence within two unrepresentative samples of LGB&T people. Neither provided any comparison to the prevalence of domestic violence amongst non-LGB&T people.

Whilst the evidence reported in this review met our quality criteria, it should not be considered robust. One study gave insufficient information to judge its quality (Guasp *et al.*, 2013). Otherwise, with four exceptions[41] (all of which focussed on hate crime), the sampling methods were liable to result in unrepresentative samples and, in several cases, were very small. (Sample size was of particular concern where studies presented evidence on the experiences of bisexual and transgender people. However, due to the paucity of research in this area on bisexual and transgender people these studies are presented below.) In addition to this, three of the identified studies that focused on the prevalence of hate crime in the UK utilised self-identification to define respondents' sexual orientation. This is often seen as problematic as many respondents fail to identify with the rigid categorisations offered.

4.3 Hate Crime

4.3.1 The prevalence of hate crime on the basis of sexual orientation

As it was not until 2010 that police data was disaggregated across the five monitored strands of equality, the prevalence of hate crime by sexual orientation and/or gender identity was unclear at the time of the first three reviews. The Scottish Evidence Review however, citing data from the Scottish Government's report *Hate Crime in*

[41] Botcherby *et al.*, 2014; Creese and Lader (2014); Ellison and Gunstone (2009); and Mahoney *et al.*, (2014).

Scotland 2011-12, identified that in 2011-12, 652 charges were reported with an aggravation of prejudice related to sexual orientation in Scotland, with an additional 16 relating to transgender identity. How these figures related to other forms of hate crime or to the experiences of the heterosexual population is unclear.

Despite the lack of pre-2010 data on homophobic and/or transphobic hate crime reported in the three previous reviews, evidence from small-scale survey and qualitative research suggested that LGB&T people experience high levels of hate crime. The types of hate crime identified included physical assault, the threat of violence, insults and harassment, vandalism against homes or property, burglary and unwanted sexual contact. Gay men were found to be two and half times more likely to be victim of a homophobic physical assault compared to lesbians, and lesbians experiences of hate crime were more likely to be committed by someone they knew. Evidence from small-scale survey research within the Transgender Research Review also identified that a high proportion of transgender people experience hate crime, particularly within public spaces.

Since the review, evidence on the safety of LGB&T people has continued to shed light on the prevalence and nature of hate crime on the basis of sexual orientation and/or gender identity in the UK. Ten per cent (4,622) of recorded hate crimes in England and Wales in 2013/14 were identified to be related to sexual orientation, with an additional one per cent (555) related to the victim being transgender (Creese and Lader, 2014[42]). These most recent figures reversed the trend of a decreasing rate of recorded hate crimes on the basis on sexual orientation.

Rates of recorded transgender hate crimes, on the other hand, were identified to have been steadily increasing (Creese and Lader 2014). In 2013/14 sexual orientation was recorded as the second most commonly reported hate crime by the majority of police forces (89 per cent of forces). Transgender identity hate crime was identified as the least common (Creese and Lader 2014). This may reflect the size of the transgender population rather than less incidence. Whether this increase in recorded hate crime reflects a real rise in incidence, greater reporting by victims or improved police identification was unclear.

For Scotland, 15 per cent (890) of charges recorded in 2013-14 with an aggravation of prejudice related to sexual orientation and under one per cent (25) related to gender identity (Scottish Government, 2015). Unlike in England and Wales, the figures for recorded charges with an aggravation of prejudice relating to sexual orientation had increased annually since 2012.

New research has continued to provide evidence on the increased likelihood of LGB people experiencing victimisation in comparison to heterosexual people in the UK. Botcherby *et al*.'s (2011) and Mahoney *et al*.'s (2014)[43] analyses of the British Crime Survey (2007 – 2010) identified lesbian, gay and bisexual people were more likely

[42] Statistical overview of hate crime in England and Wales, sourced from the Crime Survey for England and Wales (CSEW) and police recorded crime.

[43] Both Botcherby, *et al*. (2011) and Mahoney *et al*. (2014) make use of the BCS 2007-2010. The BCS is a national survey that measures attitudes and experience of crime in England and Wales. This includes crimes which may not have been reported to the police, or recorded by them. Annually, the BCS collects data from approximately 46,000 people. However, when trying to analyse these data by equality group, the resulting sample size can be too small for a reliable result. 5.4 per cent of sample identified as LGB.

than heterosexual people to be victimised from any and some specific crimes. Correspondingly, survey research by Guasp *et al*. (2013)[44] identified that more than eight out of ten respondents had experienced some sort of hate crime or incident in the last three years, with one in ten being physically assaulted, one in five being threatened and one in eight experiencing unwanted sexual contact.

Although research has continued to identify that LGB people overall experience higher levels of victimisation on the basis of their sexual orientation when compared to those who identify themselves as heterosexual, some studies suggested certain groups were at particular risk. Mahoney *et al*. (2011) identified that when compared to lesbians and gay men, bisexual people were consistently more likely to be victimised, notably by sexual attacks and household violence. Chakraborty *et al*. (2011a) cited evidence presented in the EHRC Sexual Orientation Research Review that black or ethnic minority lesbian women and gay men were three and a half times more likely than white people to have experienced unwanted sexual contact, and twice as likely to have experienced a sexual assault[45]. With 2,439 hate crimes in 2013/14 recorded as being associated with more than one of the five monitored strands of hate crime (i.e. race, religion, disability, sexual orientation, transgender), it is possible that intersectionality may increase the risk of hate crime (Creese and Lader 2014). However these claims have yet to be substantiated by UK empirical research.

Survey research continues to identify that the most common form of hate crime reported by LGB&T people was verbal abuse (Browne *et al*. 2011[46]; Ellison and Gunstone 2009[47]; Guasp *et al*. 2013; Turner *et al*. 2009)[48], and the most common place for such experiences were in public (Browne *et al*. 2011).

The paucity of comparative research on transgender people's experiences of hate crime means it is unclear whether transgender people are more at risk of victimisation than lesbians, gay men or bisexual people in the UK.

4.3.2 The under-reporting of hate crime

Evidence presented in the three previous reviews indicated hate crime was significantly under-reported. Common reasons cited in the research for under-reporting included a lack of faith in the criminal justice system, fear of discrimination

[44] Total sample size was 2,544 lesbian, gay and bisexual adults from across Britain. The survey was conducted using an online interview administered to members of the YouGov Plc GB panel of 350,000+ individuals. Thirteen per cent of respondents are from Scotland, seven per cent from Wales. Thirty nine per cent of respondents are bisexual. Sixty two per cent of respondents are male, thirty eight per cent female. The figures have been weighted by gender and age. Fieldwork was undertaken between February and March 2013.

[45] Dick, S. (2008) *Homophobic Hate Crime: The Gay British Crime Survey 2008* [Online]. Available at: http://www.stonewall.org.uk/documents/homophobic_hate_crime__final_report.pdf

[46] Unrepresentative survey of 819 self-identified LGB people in Brighton and Hove. Sample recruited though snowballing and purposive sampling via local and national LGB&T and mainstream media outlets.

[47] Initial samples were drawn from the You Gov on-line panel of 240,000 people: 5,567 of the 75,000 who had previously identified as LGB (or other or prefer not to say) plus a random sample of 3995 who had identified as heterosexual. The achieved sample was about half, with a lower response rate for heterosexual people.

[48] Online questionnaire of 2669 self-identified transgender people response from across Europe. Original survey was not focused on hate crime alone and may not have disproportionately drawn only those respondents who had experienced hate crime. Respondents categorised by language spoken, of which 1080 English.

from the police, and a fear amongst LGB&T of having to publically expose their sexual orientation and/or gender identity. Evidence presented in the Scottish Review on the experiences of transgender people who did report hate crime demonstrated many felt they were treated inappropriately and that many services lacked an understanding of transgender issues.

In common with the evidence presented in the three previous reviews, new studies have reiterated that homophobic and/or transphobic abuse is significantly under-reported in the UK. Evidence presented in Guasp *et al*. (2013) identified that of those respondents who were a victim of hate crime, two-thirds did not report it. Reasons for non-reporting were found to be consistent across studies: fear of repercussions and being 'outed' were identified as particular concerns (Chakraborty *et al*. 2011a[49]; Guasp *et al*. 2013), alongside a tendency for LGB&T people to normalise and/or ignore the abuse they faced (Browne *et al*. 2011).

Evidence of those who did report incidences of abuse indicated that significant proportions were dissatisfied with their experience of the police (Chakraborty *et al*. 2011a; Guasp *et al*. 2013).

4.3.3 The fear of hate crime

All three previous reviews identified how hate crime can have a profound effect on LGB&T people's quality of life. The fear of hate crime was recognised to create considerable anxiety and worry, which can result in poor mental health, additional stress, hyper-vigilance, self-harm and suicide. LGB people were identified to worry more about hate crime than any other minority groups. It is unclear whether this is also the case for transgender people.

New evidence provided by Botcherby *et al*. (2011) identified that LGB people report higher levels of worry about being insulted in public compared to heterosexual people, and have much higher expectations of harassment and/or intimidation. Guasp *et al.* (2013) identified how fear of crime forced a quarter of surveyed LGB people to alter their behaviour to avoid being victim of hate crime. Rivers *et al*. (2010)[50] identified how social support networks were important in reducing the trauma which LGB people experience after being victim to a hate crime. This is significant given that many LGB people find themselves isolated, particularly later on in life (Section 11.4.5).

4.3.4 Services preventing hate crime

New evidence provided by Chakraborty *et al*.'s (2011a) survey of 213 public authorities identified that although many public authorities monitor the prevalence of harassment, very few make use of this data in developing their policies/strategies. This, in turn, was identified to imply that the majority of policies and strategies currently being implemented by public authorities were not evidence led. In addition, Chakraborty *et*

[49] Contact databases were developed for public authorities throughout England, Scotland and Wales. All Local Authorities, Police Forces, Probation Services/Trusts and Passenger Transport Executives across Scotland, England and Wales were contacted. The great majority of RSLs in Scotland (226 out of 251) and Wales (42 out of 44) were also contacted. However, the absence of a complete, centrally accessible contact list for RSLs for England meant that 218 out of 1,861 RSLs in England. Final sample of 213.

[50] Findings based on a survey of 220 self-identified LGB people in England, Scotland and Wales. Data was collected over a 3-year period from LGB people who responded to a campaign of advertisements in local newspapers, online bulletin boards, community group websites, community group newsletters, as well as leaflets distributed to student organisations, gay venues and the organisers of Pride events.

al. (2011a) identified that a significant proportion of surveyed public authorities had not involved the people and groups who would be targeted and affected by harassment when developing their policies. This was recognised to be the case particularly for transgender people. However, the response rate achieved in this survey was too low to make broad generalisations about the national picture or to make comparisons between England, Scotland and Wales

4.4 Domestic Violence

4.4.1 LGB&T experiences domestic violence

Domestic violence amongst LGB&T people is a significantly under-researched area. Of the limited number of studies identified in the three previous reviews, all focused on LGB people only. No studies on transgender people in this area were identified. Survey research presented in the EHRC Sexual Orientation Research Review suggested that there is little difference in levels of domestic violence against lesbians and bisexual women compared to those who are heterosexual. Comparative data for men was not available.

The type of abuse that was most commonly cited amongst same-sex partners was emotional, although this was recognised to vary between men and women. Male perpetrators, of all sexual orientations, were identified to be predominately physically and sexually abusive, whilst female perpetrators, of all sexual orientations, tended to be emotionally abusive. In addition to this, the EHRC Sexual Orientation Research Review identified that many LGB people struggled to articulate their experience of abuse due to the assumed gender equality in same-sex relationships. For example, evidence was provided as to how lesbians often struggle to define abuse in their relationships as their understanding of gendered violence is framed within the context of the cultural and institutional stigmatisation of lesbians.

More recent research on LGB&T people's experiences of domestic violence sheds new light on lesbian and gay people's experiences of domestic violence, and has made substantial progress in better understanding the experiences of bisexual and transgender people in abusive relationships. Estimates of the prevalence of domestic violence amongst LGB&T people vary. Hester and Donovan's (2009)[51] UK-wide survey identified that approximately a third of respondents in a same-sex relationship had experienced domestic violence from partner, with similar rates of incidences reported amongst men and women. Stonewall (2011)[52], on the other hand, cited evidence of a higher incidences of abuse amongst men, with half of surveyed gay and bisexual men experiencing domestic violence from a partner, compared to just a quarter of lesbian and bisexual women.

The most common form of domestic abuse amongst LGB&T people was still identified to be emotional, with fears of being 'outed' prevalent amongst all LGB&T groups

[51] 800 survey respondents plus four focus groups and interviews with 67 individuals identifying as lesbian, gay, queer, bisexual, transgender, or heterosexual. Recruitment process unclear.
[52] Evidence from Stonewall (2008) *Prescription for Change: Lesbian and bisexual women's health check* and Stonewall (2011) *Gay and Bisexual Men's Health Survey.*

(Hester and Donovan 2009; Head and Milton 2014[53]; Scottish Transgender Alliance 2010[54]). Gay men were identified as being more likely than lesbians to be subjected to physical abuse and to be forced into sexual activity by a partner, while lesbians were reported to be significantly more likely to be affected by emotional or sexual abuse from a partner (Heston and Donovan 2009).

Evidence also suggested that sexual violence was prevalent amongst transgender people, with 47 per cent of survey respondents identifying that they had experienced some form of sexual abuse from a partner or ex-partner (Scottish Transgender Alliance 2010). How this compares to the experiences of cisgender, lesbian, gay or bisexual people is unclear. Risk of domestic violence among LGB people was identified to be higher amongst those under the age of 35, or in their first same-sex relationship (Hester and Donovan 2009).

4.4.2 The under-reporting of domestic violence

The EHRC Sexual Orientation Research Review provided evidence that domestic violence within same-sex relationships remains a largely hidden issue. This, in part, was identified to occur as a result of gay men feeling embarrassed to report incidents to the police. Whether this is the case for lesbians, bisexual people and transgender people is unclear. New evidence suggested domestic violence amongst same-sex couples continues to be largely under-reported. Stonewall (2011) cited evidence that only 81 per cent of lesbian and bisexual women, and 78 per cent of gay and bisexual men who had experienced domestic violence reported it to the police. How this compares to the levels of reporting or under-reporting among heterosexual men and women is unclear.

Research on the reasons for the under-reporting of domestic violence suggested that many LGB&T people were not aware that domestic violence could occur in same-sex relationships, and therefore had not recognised their experiences as abuse (Hester and Donovan 2009). Head and Milton (2014) found this be a particular issue for bisexual people, who were identified as lacking a frame of reference that helped them understand what a 'healthy' relationship was for a bisexual person. However, limited sample size and a far higher proportion of female participants than male in the sample raised some concerns regarding the representativeness of these findings.

4.4.3 Domestic violence services in the UK

Research provided by Harvey *et al*. (2014)[55] identified that LGB&T people experienced specific barriers when accessing domestic and sexual violence services in the UK.

[53] 10 respondents - eight females, two males. Eight participants lived in England, one in Scotland, and one in Wales. Calls for participants were distributed via LGB&T organisations, social media networks, and academic mailing lists.

[54] Access to an online survey was provided for a total of three months via matching webpages on the LGB&T Domestic Abuse Project and Scottish Transgender Alliance websites. The online survey was advertised by email and paper flyers amongst LGB&T and transgender networks specifically, although not exclusively, within Scotland. Paper versions of the survey were also distributed through several local transgender groups across Scotland. The sample is too small to make reliable statements about the transgender population as a whole – sixty respondents and seven interviews.

[55] 34 online submissions from LGB&T people, and 19 qualitative telephone interviews with professionals from voluntary and statutory services and community organisations across the domestic and sexual violence and LGB&T sectors in Wales.

With services being primarily designed with heterosexual, cisgender women in mind, the evidence suggests that LGB&T people are discouraged from their use, often unaware as to whether they are 'LGB&T-friendly'. This finding was reinforced by further research which found an identified lack of LGB&T outreach within domestic violence services (Harvey *et al*. 2014). In addition, Harvey *et al*. (2014) identified that many LGB&T people reported concerns of services having negative stereotypes of LGB&T people. Past experiences of homo-, bi-, or trans-phobia from service providers and inadequate staff diversity, knowledge and skills were identified as particular issues. Correspondingly, Mitchell *et al*. (2013)[56] identified a preference amongst LGB&T people to use LGB&T specialist services. However, some research suggests that such specialist services are currently under threat as a result of recent cuts in public spending (Mitchell *et al*. 2013; Colgan *et al*. 2014[57] see Section 6.7).

4.5 Conclusions

There is a fairly large body of evidence in the policy area of safety and LGB&T issues. However, there is a paucity of robust evidence allowing identification of inequality. Consequently, this chapter has used both robust and less robust evidence to understand LGB&T inequality in respect of safety.

The more-robust evidence shows that:

- LGB&T people are more often subject to hate crime than non-LGB&T people.
- LGB people are more likely to be victims of crime (of any sort) than are heterosexual people*;*
- More LGB people, than heterosexual people, are worried about being insulted in public and expect harassment and intimidation; and
- Bisexual people, compared with lesbians and gay men, are more likely to be subject to victimisation due to sexual orientation, sexual attacks and domestic violence.

There is less robust evidence to suggest that:

- Gay and bisexual men are more subject to domestic violence than are lesbians and bisexual women;
- There are inequalities in services to LGB&T people by domestic and sexual violence services;
- There are differences by ethnicity, with BME lesbians and gay men, compared with white lesbians and gay men, more subject to unwanted sexual advances and to sexual attack.

However, further research would be required to confirm these.

[56] Survey of 101 self-identified LGB&T people. Recruitment via email invitations with information leaflets were sent by UNISON to their LGB&T network and to a number of their contacts including members networks like the Transgender Members and Black LGB&T networks, UNISON's external LGB&T contacts and other stakeholders and advisory groups. Individuals were asked to forward the email to anyone else who they thought would have an interest in the research. Participants did not have to be a UNISON member to participate.

[57] Online survey of 184 LGB&T VCS organisations in England and Wales, with twenty one follow-up in-depth interviews. The survey was distributed and publicised by centred and by the Consortium of LGB&T Voluntary and Community Organisations.

Otherwise, there is a dearth of robust evidence on domestic violence, preventing the drawing of conclusions on inequality by sexual orientation or gender identity.

There is a dearth of robust evidence on transgender and safety, although the less robust evidence points towards transgender people being more subject to hate crime than LGB people. Due to sampling problems, it would be very difficult to fill this evidence gap.

5 Health

Key points

- Compared with other policy areas, more research has been conducted into LGB people's health. However, the evidence base could be improved: much of the research does not adjust for standard mediating factors (such as age and class) and, as such, may misidentify health inequalities.
- Little robust evidence is available on inequalities in respect of gender identity and there is a bias in the research towards research on gay and bisexual men, with far less research on lesbians and bisexual women. Most research examining inequalities within LGB&T groups is not robust, as it tends to use non-representative samples.

- There is evidence of inequalities in health outcomes, with LGB people's general health worse than that of heterosexual people. It was unclear whether this was a result of a higher incidence of mental health problems amongst LGB people (which was evidenced in the review) or also of physical health problems (for which there was no evidence).
- Evidence continued to show higher rates of mental health problems amongst LGB people, compared with heterosexual people. The evidence was weak on differences between lesbians, gay men and bisexual people. Mental health problems included attempted suicide, self-harm, anxiety and depression, but extended to probably psychosis, obsessive compulsive disorders (OCD) and phobias. There was evidence that discrimination in society contributed to the higher incidence of mental health problems among LGB people. Mental health services were most often perceived to be discriminatory by LGB people.
- There was evidence that the incidence of specific diseases (as well as mental health problems) varied by sexual orientation, which means that differences in addressing specific diseases could result in inequalities in health provision by sexual orientation.
- The previous reviews found higher substance (drug, alcohol and tobacco) abuse amongst LGB people. More recent evidence related to gay and bisexual men only and provided robust evidence of higher alcohol use and of smoking. The only evidence on drug use, which showed higher usage, was not robust. However, use of certain drugs amongst gay and bisexual men was of particular concern because of their links to sexual practices which increase the risk of HIV transmission.
- Substantial provision has been made to address HIV and other sexually transmitted diseases (STIs) for gay and bisexual men, particularly focussed on HIV testing and safe sex information. The groups who continue to be at greatest risk of contracting HIV are younger men, and men with lower educational attainment.
- Other than in respect of HIV and men's sexual health, LGB&T people's experience of health provision is less good compared with heterosexual people's and cisgender people's experiences and also, where needs differ between LGB&T and other people, there are gaps in NHS staff's knowledge and provision.
- The evidence suggests that the sexual health of lesbians and bisexual women is neglected, both in terms of prevention of sexually transmitted diseases and of sexual fulfilment.
- Dissatisfaction with health services is higher amongst LGB people than heterosexual people. Experience of discrimination (including lack of recognition of one's partner; reaction to a patient saying they are LGB), invisibility of LGB people and information on their health needs and lack of knowledge on LGB health needs contribute to this. A minority of LGB people are reluctant to be open about their sexual orientation in a health context, which can exacerbate problems in securing appropriate treatment.
- For transgender people, research evidence on health inequalities was lacking. However, what evidence there was tended to show similar problems to those experienced by LGB people, but experienced by a much higher percentage.
- In respect of mental health, there was some evidence (from transgender people) of pathologising transgender people: attributing mental health problems

to a person being transgender and referring those who presented with mental health problems to gender identity clinics, rather than to general psychiatric services. Lack of mental health inpatient provision for transgender people was reported as reducing access to mental health care.

- The evidence pointed to some improvements which might be made in respect of gender identity clinics to improve patient satisfaction. There was evidence of long waiting times in first referral to gender identity clinics as impacting on mental health. Reducing waiting times was therefore identified as beneficial.
- There was criticism of the medical approach towards gender identity, which was seen as too often taking a narrow 'one size fits all' approach, and not recognising the diversity of transgender people's experience. This meant that some transgender people ignored their own experience and had to fit with health specialists' expectations.
- The lack of research evidence which examines differences by standard mediating factors, such as socio-economic status, may result in a failure to identify some of the drivers of differential health outcomes. (Powdthavee and Wooden (2014) refer to US evidence where differences disappeared once this was taken into account.)
- There is a gap in research into how better to reduce homophobia and heteronormativity in the delivery of health services.

5.1 Introduction

This chapter focuses on the evidence on inequality in health by sexual orientation and gender identity. After a discussion of the evidence base, the chapter presents evidence separately for LGB people and transgender people. This is because of substantial differences in the evidence identified for the two populations. Evidence relating to LGB and transgender people jointly is discussed in the LGB sections (as the samples are dominated by LGB people). Within each section general and physical health issues, substance abuse, mental health, sexual health, maternity and paternity provision, access to health services and health care policy are discussed in turn. A final section covering both inequalities by sexual orientation and by gender identity concludes.

5.2 The evidence base

Health, including differences in health needs and access to health care, has received more research attention than most of the other policy areas. There is evidence of differences in physical health needs, in the incidence of mental ill-health, of a higher incidence of behaviour liable to harm health (i.e. substance abuse) and of inequalities in access to health care, by sexual orientation and gender identity. There has been extensive research into sexual health, very largely focussed on gay and bisexual men in relation to HIV.

The scoping review identified 102 documents, including seven with comparative evidence and six of these were quantitative. Overall 24 documents were identified with quantitative evidence, 30 qualitative, 25 reviews and 25 had unspecified methods.

Because of the extent of comparative and quantitative evidence, the evidence review was able to focus on these types of evidence. However, one qualitative and two review documents were included, because these addressed some gaps in the quantitative

evidence. This resulted in 28 documents being used in the review. Nine of these contained quantitative comparative data.

Seven of the documents reviewed and some of the evidence referred to in the literature reviews presented representative evidence, mainly due to use of published national datasets which focussed on health or other policy areas and not on sexual orientation. This included evidence on general health inequalities (Powdthavee and Wooden, 2014; Ellison and Gunstone, 2009), on mental health inequalities (Chakraboty *et al.*, 2011b; Lewis, 2009; Pesola *et al.*, 2014, Ellison and Gunstone, 2009), on substance abuse (Pesola *et al.*, 2014), sexual health (Madden *et al.*, 2011; Parkes *et al.*, 2011) and health care provision (Ellison and Gunstone, 2009; Madden *et al.*, 2011). These studies primarily provided evidence on inequalities related to sexual orientation. The evidence presented by these studies should be seen as reliable.

The rest of the quantitative data did not provide representative findings, due to reliance on surveys with biased sampling approaches. Nevertheless, evidence from these studies is presented, as it provides some indication of the extent and nature of inequality by sexual orientation.

In common with the rest of the review, robust evidence of inequalities by gender identity was not found. Most of the evidence purportedly relating to gender identity was aggregated with LGB. However, some non-representative survey evidence was found.

5.3 The health of LGB people

5.3.1 General health issues

In the previous reviews, there was no evidence of general health differing between LGB and heterosexual people (the Scottish Evidence Review and EHRC Sexual Orientation Research Review). However, self-reported health was less good for bisexual people, with fewer likely to report being in good or very good health (evidence for Scotland from the Scottish Evidence Review).

New research since the EHRC Sexual Orientation Research Review and the Scottish Evidence Review, suggests LGB people's health is worse than that of heterosexual people (Powdthavee and Wooden, 2014[58][59]).

5.3.2 Physical health conditions

There was evidence of the prevalence of some physical diseases differing by sexual orientation, suggesting differing health needs by sexual orientation.

- ***Cancer***. Compared with heterosexual men, gay men were more likely to develop anal and prostate cancer (EHRC Sexual Orientation Research Review). Compared with heterosexual women, lesbians and bisexual women were more likely to develop breast cancer, but less likely to develop cervical cancer (EHRC Sexual Orientation Research Review). At the same time lesbians were less likely than heterosexual women to conduct breast self-

[58] The paper uses wave 3 of the UK Household Longitudinal Study (UKHLS). 32,964 cases included, of which 1.4 per cent of the UK sample population report being gay or lesbian, 1.1 per cent bisexual, and 'other' 1.1 per cent.

[59] Survey of 6861 gay and bisexual men in Britain, conducted in 2011. Representativeness is unclear, as no information on the sampling process is given.

examination (Fish and Wilkinson, 2003, referred to in the EHRC Sexual Orientation Research Review).

- ***Effects of HIV medication on health.*** Ward *et al.* (2010) referred to increasing recognition of the long-term effects of HIV medication on health (including blood disorders, kidney problems and sexual dysfunction).
- ***HIV*****.** Evidence identified HIV to be more prevalent amongst gay and bisexual men, which increases the risk of various other diseases, including cardiovascular disease, metabolic disorders, cancer and cognitive impairment (Public Health England, 2014).

Evidence was contradictory in respect of:

- ***Diabetes***. The Scottish Evidence Review reported lesbians and gay men had a lower prevalence of diabetes than the national average, but the EHRC Sexual Orientation Research Review report this not to be the case, particularly for lesbians.

Evidence identified no difference by sexual orientation in the following:

- ***Limiting physical disabilities.*** (Ellison and Gunstone, 2009)[60]. However, this may have been because of sample bias, as the LGB&T sample was younger than the heterosexual sample (and younger people are less likely to have limiting physical disabilities).
- ***Obesity and being overweight*** (The Scottish Evidence Review, for Scotland)
- ***Cardiovascular disease*** (The Scottish Evidence Review, for Scotland)
- ***Dental health.*** (The Scottish Evidence Review, for Scotland)

Prejudice and discrimination linked to sexual orientation was seen as causing physical health problems by six per cent of gay men and lesbians (Ellison and Gunstone, 2009). The figures were approximately half for bisexual men and women. No evidence was identified in respect of being transgender.

5.3.3 Substance abuse

The evidence points to higher substance abuse (drug, alcohol and cigarette) amongst LGB than heterosexual people.

The EHRC Sexual Orientation Research Review reported the results of a systematic review and meta-analysis of LGB mental health, which found alcohol and substance misuse 1.5 times higher amongst LGB people compared with heterosexual people. However, this did not identify differences by types of substance abuse. Other evidence by type of substance abuse is presented below.

Alcohol abuse

The evidence pointed to higher rates of alcohol abuse. Public Health England (2014[61]) reported double the rate of alcohol dependency for gay and bisexual men, compared with heterosexual men. In particular, young gay and bisexual men (aged 18 to 19)

[60] Initial samples were drawn from the You Gov on-line panel of 240,000 people: 5,567 of the 75,000 who had previously identified as LGB (or other or prefer not to say) plus a random sample of 3995 who had identified as heterosexual. The achieved sample was about half, with a lower response rate for heterosexual people.

[61] Referring to King M, Semlyen J, See Tai S, *et al*. A systematic review of mental disorders, suicide and deliberate self-harm in lesbian, gay and bisexual people. BMC Psychiatry. 2008; 8 (70): 1-17.

were twice as likely to drink twice a week or more (Public Health England, 2014)[62]. Other evidence showed higher levels of hazardous and harmful levels of drinking amongst LGB people, compared with heterosexual people (for Scotland, the Scottish Evidence Review), whilst the EHRC Sexual Orientation Research Review found this particularly high for lesbians and bisexual women.

Stonewall (2010a) in its survey of LGB (and heterosexual) people aged over 55 found older LGB people were more likely to drink more alcohol than their heterosexual peers (35 per cent of older gay and bisexual men, 20 per cent of older heterosexual men, 19 per cent of older lesbians and bisexual women and 15 per cent of older heterosexual women drank alcohol at least five days per week) (Stonewall, 2010a). For older LGB people, higher alcohol abuse was concentrated amongst higher social classes (A, B and C1) and amongst those in a relationship, with no corresponding concentration amongst heterosexual people.

Causes of higher alcohol usage

Pesola *et al* (2014)[63], using a representative survey investigated the reasons for higher alcohol use amongst LGB than heterosexual of young people (aged 15 to 18)[64]. They found not only that higher rates of depression resulted in higher alcohol use, but that sexual orientation itself directly affected alcohol use. This direct effect they suggested might be due to a greater importance of alcohol in socialisation for LGB young people compared with heterosexual young people, but the dataset precluded investigation of this hypothesis. They found no gender differences.

Smoking prevalence

Higher rates of smoking were found amongst LGB than heterosexual people (Public Health England, 2014[65], Scottish Evidence Review and EHRC Sexual Orientation Research Review). In particular, young gay and bisexual men (aged 18 to 19) were 2.4 times more likely to smoke than heterosexual men (Public Health England, 2014)[66]. The higher rates of smoking increased the risk of lung, colon, anal and cervical cancer and the risk of heart disease and stroke (Scottish Evidence Review and EHRC Sexual Orientation Research Review).

Stonewall (2010a) in its survey of LGB (and heterosexual) people aged over 55 found no difference in smoking by sexual orientation in aggregate. However, differences were found by sexual orientation once social class and partnership status were taken

[62] Referring to Hagger-Johnson, G, Taibjee R, Semlyen J, *et al*. Sexual orientation identity in relation to smoking history and alcohol use at age 18/19: cross-sectional associations from the Longitudinal Study of Young People in England (LSYPE). British Medical Journal Open. 2013; 3(8): 1-9.

[63] Findings based on an analysis of the Avon Longitudinal Study of Parents and Children (ALSPAC). Sample included 3,710 self-identified sexual minority young people between the ages of 15 and 18.

[64] They referred to evidence of higher alcohol use with reference t: Corliss H. L., Rosario M., Wypij D., Fisher L. B., Austin S. B. Sexual orientation disparities in longitudinal alcohol use patterns among adolescents: findings from the Growing Up Today Study. Arch Pediatr Adolesc Med 2008; 162: 1071–8; Marshal M. P., Friedman M. S., Stall R., King K. M., Miles J., Gold M. A. *et al*. Sexual orientation and adolescent substance use: a meta-analysis and methodological review. Addiction 2008; 103: 546–56; Marshal M. P., Friedman M. S., Stall R., Thompson A. L. Individual trajectories of substance use in lesbian, gay and bisexual youth and heterosexual youth. Addiction 2009; 104: 974–81.

[65] Referring to King M, Semlyen J, See Tai S, *et al*. A systematic review of mental disorders, suicide and deliberate self-harm in lesbian, gay and bisexual people. BMC Psychiatry. 2008; 8 (70): 1-17.

[66] Referring to Hagger-Johnson, G, Taibjee R, Semlyen J, *et al*. Sexual orientation identity in relation to smoking history and alcohol use at age 18/19: cross-sectional associations from the Longitudinal Study of Young People in England (LSYPE). British Medical Journal Open. 2013; 3(8): 1-9.

into account: for older LGB people, smoking was concentrated amongst lower social classes (C2, D and E) and amongst single people; for older heterosexual people there was no such concentration (Stonewall, 2010a).

Recreational drug use

Recreational drug use was reported to be higher amongst each LGB group compared with heterosexual people (EHRC Sexual Orientation Research Review).

Gay men's methamphetamine use has been of concern because of its physical and psychological harms and its association with sexual-risk behaviour (Bonell *et al*., 2010)[67]. Contrary to assumptions that use was highly concentrated in London, Bonell *et al*. (2010) found use of methamphetamine high elsewhere, although below the eight per cent use in London. Use was highest amongst 30-49 year olds. Use rose with number of sexual partners in the previous year and was higher amongst those having unprotected anal intercourse with a partner of a different HIV status. Nitrite (poppers) use is discussed under sexual health below.

Stonewall (2010a) in its survey of people aged over 55 found older LGB people were more likely to take drugs compared to heterosexual people. Nine per cent of older LGB and two per cent of older heterosexual people had taken drugs in the previous year (Stonewall, 2010a), with similar rates for those over 55 (Public Health England, 2014). Drug use amongst older people was concentrated amongst lower social classes for LGB, but not for heterosexual people (Stonewall, 2010a).The EHRC Sexual Orientation Research Review raised doubt on the reliability of some of the studies showing higher recreational drug use, as many drew samples from bars and clubs. Nevertheless, the EHRC Sexual Orientation Research Review suggested that one type of 'LGB lifestyle', revolving around clubs and bars and adopted by some LGB people, encouraged alcohol and drug use. At the same time, unhealthy lifestyles may be a result of the stress of coping with discrimination and low self-esteem.

5.3.4 Other aspects of lifestyle

Evidence was also found on other aspects of lifestyle which may affect health inequalities and differences in health needs.

- ***Exercise.*** There was evidence that older LGB people (aged over 55) were more likely than their heterosexual peers to exercise and to exercise more frequently[68] (Stonewall, 2010a)[69].
- ***Consumption of fruit and vegetables.*** The EHRC Sexual Orientation Research Review found no significant difference in the consumption of fruit and vegetables by sexual orientation.
- ***LGB communities.*** Formby (2012)[70] investigated the importance of LGB&T communities for LGB&T people's health and wellbeing. Although the definition

[67]Based on the findings of a self-completed survey of 6155 self-identified gay, bisexual, MSM, and/or non-heterosexual men. Questionnaire distributed to 107 community-based agencies in various settings.
[68] 87 per cent of LGB and 72 per cent of heterosexual people did some exercise; 35 per cent and 28 per cent, respectively, exercised at least five days per week.
[69] An unrepresentative survey of 2,086 people over the age of 55, approximately half each heterosexual and LGB, across England, Scotland and Wales throughout October 2010. The main sample was drawn from the YouGov Plc GB panel of over 320,000 individuals, with additional open recruitment through Stonewall for LGB respondents.
[70] Findings based on a short online survey of 627 LGB&T people, supplemented by a series of in-depth interviews and discussion groups (44 participants). Recruitment and sampling processes unclear.

of a community varied across respondents, LGB&T respondents' tended to see belonging to an LGB&T community as affecting their health positively: 36 per cent said it affected their physical health. Examples of how this process worked included community effecting healthy social activities (e.g. participation in LGB&T sporting activities and walking groups). A small percentage (four per cent) saw LGB&T communities as having a negative effect on physical health. This related to communities with high drug and alcohol use, promiscuity and risky sex, cliquey and exclusionary behaviour.

5.3.5 Mental health

Mental health conditions

A number of studies pointed to higher incidence of mental health conditions amongst the LGB population compared with the heterosexual population.

The two previous reviews presented differing and potentially contradictory evidence on inequalities in mental health by sexual orientation. For Scotland, the Scottish Evidence Review reported that, based on a survey of the population, gay men, lesbians and heterosexual people had similar mental well-being, but that the mental health of bisexual people was slightly lower. Other reported studies suggested mental health problems were higher for bisexual people, young LGB people and BME LGB people (EHRC Sexual Orientation Research Review).

Chakraboty *et al.* (2011b[71]), using the Adult Psychiatric Morbidity Survey 2007 (APMS 2007), found that LGB people had higher rates of mental health problems (unhappiness, neurotic disorders overall, depressive episodes, generalised anxiety disorder, obsessive-compulsive disorder, phobic disorder, probable psychosis, suicidal thoughts and acts, self-harm and alcohol and drug dependence). For young people, Pesola *et al.* (2014) found higher rates of depression amongst LGB young people (aged 15 to 18) than heterosexual young people. For people aged over 55, Stonewall (2010a) found similar percentages of LGB and heterosexual people reporting poor mental health (eight per cent each). However, a higher percentage of LGB people compared with heterosexual worried about their mental health (49 per cent compared with 37 per cent, respectively)

Ellison and Gunstone (2009) found a higher incidence of limiting mental health conditions amongst LGB&T people than heterosexual people (nine per cent of gay men and 14 per cent of bisexual men, compared with three per cent of heterosexual men; 16 per cent of lesbians and 26 per cent of bisexual women, compared with eight per cent of heterosexual women). Around one in five gay and lesbian respondents reported suffering from mental health problems at some stage of their lives, compared with just six per cent of the sample overall.

A cross country meta-study (of the USA, UK, Austria and the Netherlands), which included a non-representative survey for the UK, found comparatively high rates of

[71] Findings based on an analysis of the Adult Psychiatric Morbidity Survey (2007). Sample comprised of 7403 individuals, representative of the population living in private UK household.

mental health problems in the UK for both LGB and heterosexual people, but a smaller differential between these groups compared with other countries (Lewis, 2009[72]).

A systematic review and meta-analysis of LGB mental health found, compared with heterosexual people, a 'two-fold excess' in suicide attempts amongst LGB people, and depression and anxiety disorders 1.5 times higher (EHRC Sexual Orientation Research Review).

LGB&T young people were at greater risk for depressive symptoms and suicidal ideation compared with other adolescents (Public Health England[73]). Gay and bisexual men were twice as likely to be depressed or anxious compared with other men (Public Health England[74], 2014). Sherr *et al* (2008)[75] found suicidal ideation was high amongst HIV clinic attendees (31 per cent), but that it was almost three times as high for heterosexual men attending HIV clinics compared with gay men or women.

Factors affecting mental health

A small number of studies examined the link between sexual orientation and mental health.

Mental health problems for LGB people were identified as stemming, in part, from homophobia and heterosexism (EHRC Sexual Orientation Research Review). Chakraboty *et al* (2011b), using the Adult Psychiatric Morbidity Survey 2007 (APMS 2007), found that discrimination on the grounds of sexual orientation predicted certain neurotic disorder outcomes, even after adjustment for potentially confounding demographic variables. Other evidence relies on LGB people's perceptions of the effects of discrimination and so is not robust. Ellison and Gunstone's (2009) study suggests the effect may be less for bisexual than lesbian and gay men. Sixteen per cent of gay men and 21 per cent of lesbians attributed their own mental health problems to prejudice and discrimination linked to their sexual orientation. The rates were approximately 50 per cent less for bisexual men and women. A large minority of gay men and lesbians reported that prejudice and discrimination had caused them stress (42 per cent of gay men and 47 per cent of lesbians) and low self-esteem (42 per cent of gay men and of lesbians). Bisexual men and women reported about half these rates.

Differences in social support structures for LGB and heterosexual people were identified as leading to differences in mental health (EHRC Sexual Orientation Research Review). Presented evidence suggested many LGB people do not have the same level of social support from family and community of origin as heterosexual people, as many LGB people move away to be more open about their sexual orientation. However, this can be counteracted by the development of new support

[72] Findings based on a meta-analysis of surveys in USA, Austria, the Netherlands and UK. UK survey from King, M., McKeown, E., Warner, J., Ramsay, A., Johnson, K., Cort, C., Wright, L., Blizard, R., Davidson, O., (2003) 'Mental health and quality of life of gay men and lesbians in England and Wales', *British Journal of Psychiatry 183*, 552–558. Sample comprised of 1086 self-identified lesbian and gay people, and 1093 self-identified heterosexual people.

[73] Referring to 2014 referring to Almeida J, Johnson RM, Corliss HL, Molnar BE, Azrael D. Emotional distress among LGB&T youth: the influence of perceived discrimination based on sexual orientation. Journal of Youth Adolescence. 2009; 38:1001-14.

[74] Referring to McFall, SL. Understanding Society: Findings 2012. Colchester: Institute for Social and Economic Research [Internet]. University of Essex. 2012 [cited 2014 may 20]. Available from https://www.understandingsociety.ac.uk/research

[75] Findings based on a survey of 776 HIV clinic attendees in London and the South East of England.

structures. Formby (2012), in her investigation of LGB communities and health, found a large majority of LGB respondents saw belonging to (their definition of) an LGB&T community as having a positive effect on their mental health and emotional well-being (74 per cent). The impact was seen as coming through feeling supported, reducing isolation and not feeling different.

HIV, including the stigma, was identified to affect mental health amongst gay and bisexual men as it led to higher rates of moderate/severe depression and anxiety (Public Health England, 2014)[76]. Low self-esteem was also very common (Public Health England, 2014)[77]. How this compares to the experiences of lesbian or bisexual women, transgender people and heterosexual people is unclear.

Use and experience of mental health services

Irrespective of the incidence of mental health problems, LGB people's use of mental health services was higher compared with heterosexual people (EHRC Sexual Orientation Research Review; Chakraborty *et al.*, 2011b). Stonewall Scotland (2014)[78] also found relatively high levels of mental health service use (11 per cent of LGB&T people, compared with three per cent of the general population).

Nevertheless, there was some evidence of mental health needs being less well met, with few health professionals being aware of the higher incidence of self-harm amongst LGB people (EHRC Sexual Orientation Research Review). Moreover, there was some evidence of health professionals pathologising LGB patients' sexual orientation. In one survey of LGB&T people in Scotland, a quarter of LGB&T people reported that they felt they received poor treatment from mental health services (Stonewall Scotland 2014).

5.3.6 Sexual health

The EHRC Sexual Orientation Research Review, the Scottish Evidence Review and our scoping study found sexual health research was strongly focussed on sexually transmitted diseases (STIs), in general, and on gay and bisexual men, and on HIV, in particular. Concerns in respect of provision focussed on testing for HIV (getting people to test and the appropriate frequency of testing) and on risky sexual behaviour. Gay and bisexual men had a higher incidence of STIs than did any other group by sexual orientation; lesbians and bisexual women had a lower incidence (EHRC Sexual Orientation Research Review). The needs of lesbian and bisexual women are relatively neglected in the research.

Because of the importance for health inequalities and the extent of research, the section first presents evidence about HIV and STIs for gay and bisexual men. It then turns to inequalities in relation to other sexual health issues for gay and bisexual men, and then to inequalities in sexual health issues for lesbians and bisexual women.

Gay and bisexual men, HIV and sexually transmitted diseases (STIs)

A number of studies were identified in relation to sexually transmitted diseases (STIs) and gay and bisexual men. These included the latest of a series of studies based on

[76] Lampe *et al*. (2013) referred to in Public Health England (2014).
[77] Van Griensven *et al*. (2009) referred to in Public Health England (2014).
[78] Total sample size was 1,043 LGB people from across Scotland. The survey was conducted using an online interview administered to members of the YouGovPlc GB panel of 350,000+ individuals who have agreed to take part in surveys. Additional open recruitment through Stonewall Scotland was used to achieve the full sample.

surveys into gay men's sexual behaviour which have been conducted since April 1993. The latest reported study was conducted in 2008 (Hickson *et al*., 2010[79]). Whilst the survey is unrepresentative, it gives a useful indication of gay and bisexual men's sexual health and is referred to extensively in this section.

Given the higher incidence of HIV/AIDS amongst gay and bisexual men (compared with the rest of the population) (see below), non-HIV/AIDS STIs are of particular importance for health inequalities due to their link to HIV/AIDS. The transmission of non-HIV/AIDS STIs is an indicator of risky sexual practices which can lead to HIV/AIDS. Moreover, for people who are HIV negative, STIs can increase the likelihood of infection with HIV and, for those who are HIV positive, they can increase infectivity (Hickson *et al*., 2009[80]).

Incidence

The EHRC Sexual Orientation Research Review had reported seven per cent of gay and bisexual men being HIV/AIDS positive. For 2012, the reported estimate was lower, five per cent (and eight per cent in London) (Public Health England, 2014). Incidence of HIV varied across groups: lower educational qualifications, being black or of non-British white ethnicities and living in London or the North West were associated with higher rates of HIV (Hickson *et al*., 2010). Amongst younger gay and bisexual men, the number of new diagnoses rose by 30 per cent between 2008 and 2014 (Public Health England, 2014[81])

Older gay men (aged 50 and over) were more likely to be diagnosed late than those aged 15 to 49 (Ward *et al*, 2010[82]) and twice as likely as those aged under 25 (Public Health England, 2010). Late diagnosis greatly increases the mortality rate ten-fold compared with those diagnosed promptly (Public Health England, 2014[83]).

Gay and bisexual men are identified as being at much higher risk of contracting STI's when compared to heterosexual men. Public Health England have estimated that although in 2013 only approximately three per cent of the population are gay or bisexual men[84], 81 per cent of syphilis, 63 per cent of gonorrhoea, and 17 per cent of chlamydia diagnoses were reported within this group(Public Health England, 2014)

[79] Findings based on a survey of 8716 self-identified gay and bisexual men in 2007. Questionnaires were distributed by gay and HIV promotion agencies, and were available online.
[80] Findings based on a survey of 8716 self-identified gay and bisexual men in 2007. Questionnaires were distributed by gay and HIV promotion agencies, and were available online.
[81] Referring to Aghaizu A, Brown AE, Nardone A, Gill ON, Delpech VC & contributions. HIV in the United Kingdom 2013 report: data to end 2012. London: Public Health England; 2013.
[82] Referring to Elford, J., Ibrahim, F., Bukutu, C. and Anderson, J. (2008) Over fifty and living with HIV in London. *Sexually Transmitted Infections,* 84, 6, 468-472.
[83] Delpech *et al*. (2013) referred to in Public Health England (2014).
[84] The size of LGB population is contested. The ONS Integrated Household Survey, for example, found that 1.6% of the UK population identified as LGB in 2013. This was based upon a measure of self-reported identity, behaviour and attraction (ONS 2014).

[85,86]. Gay and bisexual men are also at higher risk of anal and possibly other cancers, as well as hepatitis B and C (Public Health England, 2014 [87,88]).

Public Health England (2014) reported that the rate of diagnosis of new STIs had risen sharply in recent years. Young people were particularly at risk (Public Health England, 2014) [89].However, older gay and bisexual men continued to have a higher rate of infection than heterosexual men (Public Health England, 2014). Hickson *et al*. (2010) found 11 per cent of gay and bisexual men in their survey had acquired an STI in the previous year, including 28 per cent of those who were HIV positive. There was no difference by age, ethnicity or educational qualifications, although younger men were more likely to have had an STI in the previous year.

Testing

Testing, and frequent testing, is important in HIV prevention. As described below, sexual (and risky) behaviour is affected by one's own and partner's perceived HIV status. Moreover, antiretroviral therapies reduce infectivity (Hickson *et al.*, 2010). Health Protection Agency data showed 20 per cent of men with HIV were diagnosed at a late stage when highly infectious (reported in Hickson *et al*., 2010). The EHRC Sexual Orientation Research Review had found evidence of a lack of access to health care and support for gay and bisexual men with HIV/AIDS, owing to their reluctance to be tested. This was attributed to fear of a positive result. African-Caribbean men, despite their higher incidence of HIV, were less likely than others to use outpatient services. Later evidence showed growing, but still too low, rates of testing. In one survey, just under half of respondents had been tested for HIV in the previous year (Hickson *et al*, 2010. In another, 30 per cent had never had a test (Guasp, 2012b). Testing was lower amongst those with less education and those in the younger and older age groups. Younger people (aged under 20) were least likely of all age groups to have had an HIV test in the previous year (70 per cent had not had a test). This was despite younger men being more likely to have had an STI in the previous year, i.e. subject to higher risk (Hickson *et al*., 2010). McDaid *et al.* (2013) also found younger people (aged under 25) were less likely to have had an HIV test. For those aged 50 and over, 66 per cent had not been tested. This compares to 47 per cent for those in their 20s (Hickson *et al*., 2010).

Risky behaviour

The evidence on sexual behaviour which increased the risk of HIV and other STI transmission, examined who was subject to risky behaviour and the nature of risky practices.

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[85] Referred to Youth Chances Summary of First Findings: the experience of LGB&TQ young people in England [Internet]. Metro; 2014 [cited 2014 May 20]. Available from: http://www.youthchances.org/wpcontent/uploads/2014/01/YC_REPORT_FirstFindings_2014.pdf

[86] Referred to Hughes G, Alexander S, Simms I, *et al*. Lymphogranuloma venereum diagnoses among men who have sex with men in the U.K.: interpreting a cross-sectional study using an epidemic phase-specific framework. Sexually Transmitted Infections. 2013: 89(7); 542-7.

[87] Referring to Nyitray AG1, Carvalho da Silva RJ, Baggio ML, Lu B, Smith D, Abrahamsen M, Papenfuss M, Villa LL, Lazcano- Ponce E, Giuliano AR. Age-specific prevalence of and risk factors for anal human papillomavirus (HPV) among men who have sex with women and men who have sex with men: the HPV in men (HIM) study. Journal of Infectious Disease. 2011;203 (1):49-57.

[88] Referring to Gilson R, Brook MG Hepatitis A, B and C. Sexually Transmitted Infections 2006;82(35-39).

[89] Referring to Sexually Transmitted Infectious Annual Data [Internet]. Public Health England; 2013 [cited 2014 May 16]. Available at: http://www.hpa.org.uk/stiannualdatatables2._STI_data_tables.

In respect of risky sexual behaviour, studies of gay and bisexual men showed an increase in high risk sex at the beginning of the 21st century (EHRC Sexual Orientation Research Review). High risk sexual practices also appeared more common for bisexual men, owing to difficulties obtaining condoms. Later evidence showed unprotected sex remained common among gay and bisexual men (participated in by more than half of respondents) (Hickson *et al*., 2010). A particularly risky form of behaviour (unprotected anal sex) had grown; the first growth in more than a decade (Wallace *et al*., 2014). Risky behaviour was higher amongst men with lower levels of education (Hickson *et al*., 2009). Men with HIV were much more likely to engage in high risk sex with large numbers of partners (Hickson *et al*., 2009). Gay and bisexual men under the age of 20 were most likely to engage in behaviour risking acquiring HIV, whilst those in their 30s were most likely to engage in behaviour risking passing on HIV. Older gay men were as likely to report unsafe sex as other ages (Ward *et al*., 2010, referring to Elford *et al.,* 2008).

To reduce risk, some gay and bisexual men only had unprotected sex with partners thought to be of the same HIV status as themselves (Hickson *et al*., 2010). However, unprotected sex was still common with men of unknown status.

Inability to refuse unwanted sex or specific actions increased the risk of transmission of HIV and other STIs. One-in-four gay and bisexual men found it difficult to decline unwanted sexual approaches, perhaps due to a combination of lack of interpersonal skills and a high expectation and social norm for easy sexual contact on the gay scene (Hickson *et al*., 2010). Single men were particularly vulnerable. Whilst comparable figures for heterosexual men (and other groups) on unwanted sex were not available, the higher incidence of STIs amongst gay and bisexual men (compared with other groups) makes this an equality issue.

In respect of teenage boys, Parkes *et al.,* (2011)[90] found that boys with a same-sex partner (compared with those with a female partner and compared with girls of any sexual orientation) were more vulnerable to unwanted full sex, reporting greater partner pressure and regret than their exclusively heterosexual counterparts. However, Parkes *et al.,* (2011) acknowledge that regret may have been due to boys' greater disapproval of gay male relationships. However, they found little evidence of condom attitude or skills deficits, and sexual health knowledge was higher among the bisexual group (male and female).

Drug use is a concern in respect of sexual health. Use of nitrites (poppers) during anal sex is thought to increase the risk of HIV by a factor of three (Hickson *et al*. 2010[91]). Hickson *et al*. (2010) found widespread use of nitrites (poppers) (amongst 30 per cent of respondents during anal sex and 16 per cent during unprotected anal sex). They also found that less than half of respondents were aware that poppers increased risk. Use of methamphetamines has been discussed in the mental health section above.

Health care and support

This section examines evidence on formal health care support for prevention of HIV and STIs and for treatment. The evidence indicates the extent of health care support

[90] Analysis of longitudinal survey RIPPLE and SHARE. Sample comprised of 10,500 young people (aged 14 to 16) living in Scotland. Data collected via questionnaire being distributed to 27 schools in Scotland.

[91] Referring to Macdonald N, Elam G, Hickson F, Imrie J, McGarrigle CA, Fenton KA, Baster K, Ward H, Gilbart VL, Power RM, Evans BG. (2007) Factors associated with HIV seroconversion in gay men in England at the start of the 21st century. Sexually Transmitted Infections, 84(1), 8-13.

and differences in usage by subgroups of gay and bisexual men. Whilst the evidence does not provide information on both needs as well as usage (which would provide a clear indication of inequalities), given the higher incidence of HIV/AIDS and STIs amongst gay and bisexual men, the failure to meet health care needs suggests disadvantage for gay and bisexual men and for some subgroups.

The EHRC Sexual Orientation Research Review found a substantial emphasis on health provision for gay and bisexual men in relation to HIV/AIDS (EHRC Sexual Orientation Research Review). It was unclear whether this adequately reflected the greater needs for such provision or, indeed, led to relative over support.

The evidence on sources of social support and information on HIV and safer sex was mixed, perhaps because of differences in studies in relation to the inclusion of informal support. Guasp (2012b) found 44 per cent of gay and bisexual male respondents had never discussed sexually transmitted diseases with a health care professional. On the other hand, Hickson *et al*. (2010) found only one in ten men had no one to turn to discuss concerns, although fewer felt they had access to the information they needed. Despite these findings, Hickson *et al*. (2009) found inadequate knowledge about HIV post-exposure prophylaxis (PEP), including of its limitations and how to access it. Evidence pointed to knowledge about HIV being particularly poor amongst young men, with those aged 16 to 24 knowing less about HIV than those aged 25 to 54 (Public Health England[92]). At the other end of the age scale, Ward *et al* (2010[93]) found that poor primary care support was a particular problem for older people with HIV.

There was evidence that gay and bisexual men who frequented gay clubs, saunas, bars and similar were more frequently likely (compared with those who did not) to have contact with HIV prevention activities (safer sex information, free condoms and similar) (McDaid and Hart, 2010)[94]. McDaid and Hart (2010) interpreted contact with the gay scene as raising the risk, with the implication that those at higher risk were more likely to receive health support, thus lessening possible health inequalities.

A study of community health care use amongst people in the North West of England who were HIV positive found that community health care usage was higher amongst gay and bisexual men than amongst heterosexual people (Madden *et al*., 2011[95]). It also found that use of both clinical and community support, irrespective of sexual orientation, was particularly high amongst those who were most disadvantaged, including those non-UK nationals, refugees, migrant workers, temporary visitors and for those living in the most deprived areas. However, it was lower amongst those aged under 34 or 55 and over.

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[92] Referring to 30 years on yet public knowledge of HIV stuck in the past [Internet]. National AIDS Trust; 2014 [cited 2014 April 23]. Available from: http://www.nat.org.uk/News-and-Media/Press-Releases/2014/April/30%20years%20on%20yet%20public%20knowledge%20of%20HIV%20stuck%20in%20the%20past.aspx

[93] Referring to Power, L., Bell, M. and Freemantle, I. (2010) A National Study of People Over 50 Living with HIV. London: Joseph Rowntree Trust, http://www.jrf.org.uk/publications/ over-50-living-with-HIV.

[94] The 2008 MRC Gay Men's Survey, an unrepresentative survey of 1318 men visiting commercial gay venues in Glasgow and Edinburgh in April/May 2008.

95 Data extracted from the routinely collected data of all HIV-positive persons accessing treatment through clinical and community care settings between 1 January and 31 December 2005 in the North West. (Routinely collected by the North West HIV/AIDS Monitoring Unit (Centre for Public Health, Liverpool John Moores University)) The total was 4195 records of individual PLWHIV.

A small study of Enhanced Sexual Health Services (ESHS) in the south east of England (based on 17 primary care trusts) examined provision for gay and bisexual men, and compared these with published standards (Dabrera *et al.,* 2013[96]). All PCTs identified at least one genitourinary medicine clinic and 13 identified at least one ESHS commissioned for their population. However, no single ESHS was found to provide the full range of essential services for gay and bisexual men.

Lack of vaccinations against hepatitis B (which can be sexually transmitted) was also of concern. Hickson *et al* (2009) found 48 per cent of gay and bisexual men vulnerable to hepatitis B (i.e. had not been vaccinated against it or naturally immune). This is a potentially important source of health inequality, given the higher incidence of risky sexual behaviour amongst gay and bisexual men.

Sexual fulfilment health support for gay and bisexual men

In respect of health support and sexual fulfilment, evidence points to specific needs of gay and bisexual men, including those with HIV. Moreover, issues around being out to health professionals (discussed above) will cause problems in seeking health care, although no research into this on sexual fulfilment was found.

For gay and bisexual men with HIV, the incidence of unmet sexual health problems is high. Analysis of administrative data found that 71 per cent had had one or more problems with sex in the previous year (with no difference by age or time since diagnosis) (Bourne *et al*., 2012[97]). Qualitative analysis suggested therapeutic support to increase self-esteem and confidence, clarity on criminalisation of HIV transmission, the tackling of HIV related stigma and help to achieve a higher quality (as opposed to quantity) of sex would be useful (Bourne *et al*., 2012[98]).

Sexual health of lesbians and bisexual women

Lesbians and bisexual women had their own specific sexual health needs, but there was a general lack of recognition of these (EHRC Sexual Orientation Research Review). In part, this stemmed from lack of recognition of the high percentage who had had sex with men (and so were subject to STIs through heterosexual sex) and also lack of knowledge (including amongst health professionals) of the transmission of STIs through lesbian sex. As a consequence, lesbians and bisexual women were less likely than heterosexual women to be screened for STIs or to have a cervical smear, leaving them at greater risk of cervical cancer and damage from STIs (EHRC Sexual Orientation Research Review).

There was little new evidence on sexual health for lesbians and bisexual women. This suggests there has been no change in the 'invisibility' of sexual health issues for lesbians and bisexual women.

In small surveys of LGB people in a northern city, Formby (2011) identified lesbian and bisexual women's concerns about lack of visibility of LGB&T in sexual health information and lack of availability of safe sex items, with the implication that the sexual health needs of this group was being less well served. She also identified gaps in their

96 A small study of Enhanced Sexual Health Services (ESHS) in the south east of England (based on 17 primary care trusts)

97 Survey of 1217 self-identified gay and bisexual men living with HIV. Study undertook convenience sampling through charitable AIDS service organisations, genitourinary medicine clinics and local authority agencies.

98 Survey of 1217 self-identified gay and bisexual men living with HIV. Study undertook convenience sampling through charitable AIDS service organisations, genitourinary medicine clinics and local authority agencies.

knowledge about sexual health. The same issues did not arise for gay and bisexual men. The majority reported having been assumed to be heterosexual and less than half reported receiving sexual health information suitable to lesbian and bisexual women. Many were concerned about confidentiality if they disclosed their sexual orientation to health workers, as well as about judgemental attitudes, ignorance and homophobia.

Lesbians and bisexual women expressed some confusion, about their risks of STI and also of cervical cancer, and also the actions they should take (Fish and Bewley, 2010[99]). This was identified to largely be due to the information they had received, or indeed a lack of information. The implication was that consistent information should be made generally available on these issues.

In respect of bisexual teenage girls, Parkes *et al* (2011) found that bisexual behaviour in teenage girls (and also boys) was associated with greater sexual risk-taking than exclusively heterosexual behaviour, including a more than threefold increase in pregnancy/partner pregnancy odds. However, as stated in the sub-section on risky behaviour above, there was little evidence of attitudes to condoms or skills deficits and sexual health knowledge was higher among the bisexual group.

Sexual fulfilment health support for lesbians and bisexual women
The sexual health needs of lesbian and bisexual women extend beyond STIs and include unwanted conception, '*enforced celibacy, absence of sexual fulfilment, unequal and abusive sexual relationships, difficult and painful sex, relationship disruption, and feelings of low self-worth and sexual health'* (EHRC Sexual Orientation Research Review). But these needs were considered to be neglected in health provision.

The scoping review did not find new evidence in relation to these issues, finding that it continued to be a neglected area.

5.3.7 Maternity and paternity provision, including assisted conception

The previous two reviews did not cover issues relating to maternity and paternity (fertility treatment and maternity services). The scoping review identified four articles which covered this issue (Hammond, 2014; Wallbank, 2010; Peel, 2010 and Brown, 2008). Only Peel (2010) was included in the critical review because the others had little evidence on the UK, or did not present empirical evidence. This suggests an important gap in the research evidence.

In her study of miscarriage, Peel (2010)[100] suggested higher support needs for lesbians and bisexual women, compared with heterosexual women, who miscarried This was because the investment made in conceiving (over 80 per cent had used donor sperm) which resulted in a greater sense of loss.

5.3.8 Satisfaction with health care and discrimination

The previous sections have examined differences in health care needs and possible inequalities stemming from those differences. This section considers evidence on

[99] Findings from an online survey of 5.909 self-identified lesbian and bisexual women. Participants were recruited via a purposive sampling strategy from across the four countries of the UK. This included targeting older, younger, disabled, black and minority ethnic, and rural LB groups; promotional materials in the gay and mainstream media; and other distribution channels.
[100] Qualitative online survey data from 60 non-heterosexual, mostly lesbian, women from the UK, USA, Canada and Australia. Used strategic, opportunistic sampling.

general satisfaction with health care provision. It also considers heterosexism and discrimination by sexual orientation in the delivery of the service, as factors affecting satisfaction. These two factors are important in respect of inequality in health care, with the previous two reviews finding evidence of LGB people's access to health care being limited by fear of discrimination, actual discrimination and heterosexism within health provision (EHRC Sexual Orientation Research Review). A consequence of discrimination and fear of discrimination is concealment of one's sexual orientation. The Sexual Orientation Research Review found non-disclosure prevented appropriate health care, where this was related to sexual orientation. Therefore this section also considers evidence on the extent to which LGB people were out to health care workers. The section concludes with evidence on the possible consequences of discrimination, fear of discrimination and heterosexism for health care inequality by sexual orientation.

Satisfaction with health care

The EHRC Sexual Orientation Research Review and the Scottish Evidence Review presented no reliable evidence on inequality in satisfaction with health care services by sexual orientation[101].

More recently, in their survey of LGB&T and heterosexual people in Scotland, Stonewall Scotland (2014) found evidence of greater dissatisfaction with some health services amongst LGB&T people compared with heterosexual people. In particular, nine per cent of LGB&T people who had been to their GP in the last year (compared with two per cent of heterosexual people) rated their experience as poor or extremely poor. This rose to 17 per cent for LGB&T people aged 18-24. Dissatisfaction was also higher amongst those who had accessed accident and emergency services (17 per cent and 12 per cent rating service as poor or extremely poor respectively).

Discrimination, perceptions of discrimination and heterosexism

Section 3.3 discussed the difficulties of identifying actual discrimination and the use of evidence based on perceptions of discrimination. Here, as an indicator of how well health services serve LGB people, evidence on reported inappropriate responses to one's sexual orientation and heterosexism in service delivery, as well as expectations of discrimination, are reported. The EHRC Sexual Orientation Research Review reported discrimination based on evidence of inappropriate responses to disclosure, homophobia amongst health workers including affecting provision and attribution of mental health problems to one's sexual orientation. It also presented evidence of a large minority of LGB people having perceived discrimination in their treatment by health care workers.

More recently, in their survey of LGB&T and heterosexual people in Scotland, Stonewall Scotland (2014) found a minority of LGB&T respondents expected to be discriminated against because of their sexual orientation or gender identity. These expectations were greatest in respect of mental health services (18 per cent), compared with expectations of discrimination by their GP (10 per cent), by a doctor or nurse in a hospital if admitted for a routine procedure (10 per cent) and by a nurse at a sexual health clinic (14 per cent).

[101] The only evidence was the 2010 Inpatient Experience Survey, which identified differences between heterosexual patients and LGB patients in their experience in hospitals (The Scottish Evidence Review). However, the Scottish Evidence Review concluded that the patterns of response combined with data problems should preclude placing any reliability on these results.

At the same time, Guasp (2012b) found that 34 per cent of gay and bisexual male respondents who had accessed health care in the previous year had had a negative experience related to their sexual orientation, including homophobic remarks and assumptions about sexual behaviour and HIV status.

Amongst older people (aged over 55), a similar percentage were concerned about GPs and other health services meeting their needs (17 per cent felt they would not, compared with 13 per cent of heterosexual people). A very high percentage (43 per cent) were not confident that mental health services would understand and meet their needs (Stonewall, 2010a). This compared with 33 per cent of heterosexual people of the same age.

Most commonly, negative experiences and feelings of discrimination arose from heterosexism (Stonewall Scotland, 2014; Peel, 2010; Fish and Bewley, 2010; and Peel, 2010). The most frequently reported problem was NHS staff making incorrect assumptions about sexual orientation or gender identity (55 per cent of LGB&T respondents in the survey) (Stonewall Scotland, 2014, for Scotland). Lesbians and transgender people were most likely to experience this (75 per cent and 60 per cent respectively). Other aspects of heterosexism identified in the evidence included: lack of information relevant to their sexual orientation or gender identity[102]; inappropriate questioning about sexual health; and lack of recognition of treatment needs (e.g. suggesting that, as a lesbian, a smear test was unnecessary) (Stonewall Scotland, 2014, for Scotland).

A lack of images of same-sex couples and families made LGB people feel unwelcome within health services. For example, in Guasp's (2012b) survey of gay and bisexual men, only 21 per cent said their GP's surgery displayed an equal opportunities statement on the grounds of sexual orientation. Only nine per cent felt that their GP's surgery was welcoming to gay and bisexual men (e.g. through displaying images or same-sex couples or relevant health promotion information). These approaches were seen by lesbians and bisexual women respondents') as being useful to make them feel included and to improve the service they received (Fish and Bewley, 2010). Heteronormativity was a problem in health care services for lesbians and bisexual women, with assumptions of heterosexuality (particularly around sexual health) resulting in feelings of invisibility and difficulties over disclosure (Fish and Bewley, 2010).

In some cases problems arose from lack of acknowledging and involving a partner (Stonewall Scotland, 2014; Peel, 2010; and Stonewall, 2010a). Peel (2010) in a small-sale, multi-country study of miscarriage for lesbians and bisexual women identified health care workers ignoring one's partner. In their survey of LGB respondents aged over 55, Stonewall (2010a) found 14 per cent of lesbians and bisexual women and eight per cent of gay and bisexual men had been excluded from a consultation or decision-making process with regard to their partner's health or care needs. This compared with six per cent of heterosexual people.

A further indication of LGB people's greater lack of confidence in medical services, was their concern about medical professionals taking decisions if they were unable to: 43 per cent of LGB people aged over 55 (compared with 38 per cent of heterosexual

[102] 37 per cent of LGB&T people in the Stonewall Scotland (2014), and one quarter of gay and bisexual men in Guasp, (2012b)

people) were not confident that medical professionals would identify and consult the right person to make decisions about their care (Stonewall 2010a). Concern was concentrated amongst single older LGB people, with 50 per cent not confident. There was no corresponding rise for single older heterosexual people.

Being out to health care workers

Being out to heath care workers is an indicator of confidence of a lack of discrimination and homophobia. It also helps to break down heterosexism in delivery, particularly assumptions of heterosexuality. The EHRC Sexual Orientation Research Review reported fear of discrimination led to non-disclosure of LGB people's sexual orientation. It reported that only half of gay men and of lesbians were out to their GP[103], with non-disclosure higher amongst young and older LGB people and amongst bisexual people.

A more recent survey, for Scotland, found 22 per cent of LGB&T respondents were uncomfortable being open about their sexual orientation or gender identity with NHS staff (Stonewall Scotland, 2014). This rose to 35 per cent for bisexual people, 28 per cent for lesbians, but only 17 per cent for gay men. Amongst LGB people aged over 55, 33 per cent reported feeling uncomfortable disclosing their sexual orientation to hospital staff and 18 per cent for their GP (Stonewall, 2010a). Other studies found higher rates of non-disclosure. For example, Ellison and Gunstone (2009) found that fewer than half of bisexual men and women (43 per cent and 48 per cent respectively) felt they could be open about their sexual orientation without fear of prejudice or discrimination in their local health practice or hospital. Similarly, only 52 per cent of lesbians felt they could be open, although the figure rose to 72 per cent for gay men. As a consequence, some would describe themselves as heterosexual to doctors or health professionals (30 per cent of bisexual respondents). Guasp's 2012b, found that 34 per cent of gay and bisexual men were not out to their GP or health care professionals in 2011, and 15 per cent had said there had been no chance to discuss their sexual orientation.

Consequences for inequality of health care provision

A consequence of LGB&T people's experience and expectations may be differences in access to health. Certainly, the pattern of use of services differed between LGB&T and heterosexual people. LGB&T people were less likely to access some key health services (76 per cent used GP surgeries, compared with 90 per cent of the general population[104]), but were more likely to have used accident and emergency services and minor injuries clinics (18 per cent and 12 per cent respectively) (figures for Scotland, Stonewall Scotland, 2014). It is not possible to determine whether this indicates inequality of accessing health care or whether it is due to differences in health care needs between LGB&T and heterosexual people.

However, the need for health services may be greater amongst LGB people. Because of their more limited familial support networks (see Section 10.3), LGB people are more likely than heterosexual people to expect to have to get help from formal sources if they were ill and needed help around the home: amongst those aged over 55, twice as likely (Stonewall, 2010a). This included 18 per cent who expected to have to turn to their GP for help, compared with 10 per cent of heterosexual people.

[103] Keogh *et al.* (2004), referred to in the EHRC Sexual Orientation Research Review.

[104] General population figures form the Patient Experience Survey of GP and Local NHS Services 2011/12.

The bias due to differences in health care needs by age was avoided, to a large extent, in a survey of older LGB people (aged over 55) (Stonewall, 2010a). Respondents were asked whether they had neglected to access health care services they felt they needed in the previous year. The survey found little difference between LGB and heterosexual older people, but differences were apparent for some subgroups. Older disabled LGB people were less likely than older heterosexual people to have accessed health care services they had felt they had needed in the previous year (37 per cent and 28 per cent respectively); the difference was particularly high for mental health services (23 per cent and six per cent, respectively). Older people from lower social classes (classes C2, D and E), LGB people were less likely than heterosexual people to have accessed health services they had felt they had needed in the previous year (25 per cent and 15 per cent, respectively). In respect of mental health services, the percentages were 14 per cent and four per cent, respectively, of heterosexual people.

5.3.9 Health care policy and practice

The EHRC Sexual Orientation Research Review found that health policies and strategies varied in the extent to which they took into account sexual orientation. The EHRC Sexual Orientation Research Review reported that NHS equality policies (e.g. challenging discrimination within the NHS Plan, 2002) tended to make limited reference to sexual orientation. Although policy coverage had been good for gay and bisexual men in respect of STIs and HIV, lesbians' needs tended to be overlooked. Consideration of sexual orientation in respect of mental health policies was also identified as poor (despite the evidence that LGB people have relatively high mental health needs). Consequently, the EHRC Sexual Orientation Research Review supported Creegan *et al.*'s (2007, p.59) general claim that "*the needs of lesbian, gay and bisexual people are often ignored in policy development in relation to inequalities in health and social care*".

At the same time, the EHRC Sexual Orientation Research Review identified health (along with social) care as the area with the most good practice guidance and resources targeted at LGB people, service providers and practitioners. Nevertheless the evidence on fear of discrimination, actual discrimination and heterosexism in health care, identified in this review (see particularly Section 5.3.8), suggests that such guidance and resources might need to be better implemented.

The need for training of health care staff

The EHRC Sexual Orientation Research Review suggested there was the need for better training of health care workers, and saw lack of training to meet LGB health needs as a problem across all levels of health workers.

More recent evidence suggests that NHS staffs' lack of knowledge and skills continued to be a problem. A lack of knowledge about lesbians and bisexual women's sexual practices amongst health care staff could result in inadequate treatment (e.g. being told one was at low risk of STIs or did not need a smear test) (Fish and Bewley, 2010). Lesbians and bisexual women reported problems of health staff behaving inappropriately when they came out to them, e.g. being embarrassed, asking inappropriate questions.

Bartlett *et al.* (2009)[105] surveyed health professional members of the main United Kingdom psychotherapy and psychiatric organisations about their willingness to help a client who requested to change their sexual orientation (e.g. from gay to heterosexual). Although only four per cent said they would comply with this, 17 per cent reported having done so in the past (and there was no indication of a decline over time). Bartlett *et al.* comment that, despite there being no evidence that a client's sexual orientation can be changed and that attempts may be harmful, some had complied with their client's request because of the negative social attitudes to same-sex relationships. Others had complied because of their client's confusion about their sexual orientation, despite such confusion being reported by the researchers as a common developmental feature of coming out.

5.4 Transgender and health

The EHRC Transgender Research Review and the Scottish Evidence Review identified a lack of evidence on many aspects of health for transgender people. This included: the incidence of HIV/AIDS; changing needs with age in respect of having transitioned; and differences in physical health. They also found that most evidence was based on small scale studies or unrepresentative data. The scoping review found that the evidence on transgender people and health remained very limited. Because of the lack of evidence on transgender and health, all relevant evidence found in the scoping review is reported, irrespective of its quality.

5.4.1 Physical health

No reliable UK evidence on differences in physical health between transgender people and others was reported in the EHRC Transgender Research Review or the Scottish Evidence Review. However, the level of transphobic violence may have increased health needs (EHRC Transgender Research Review).

Only one more recent study was found which examined transgender people's physical health. This found much higher rates of transgender people not working for health reasons, compared with heterosexual respondents (*sic*) (19 per cent and five per cent respectively) (Ellison and Gunstone, 2009).

5.4.2 Substance abuse

The only evidence on transgender people, specifically, and substance abuse was reported in the EHRC Transgender Research Review. This reported that the risk of alcohol and drug abuse was considered to be higher for transgender people. This was believed to stem from isolation, discrimination and transphobia. No subsequent research on this issue was identified.

5.4.3 General health issues

The importance of health for transgender people was identified in a survey in 2011, which identified it as of the issue of most concern to transgender people (Scottish Evidence Review).

[105] Postal survey of 1406 mental health professionals were who were members of British Psychological Society, the British Association for Counselling and Psychotherapy, the United Kingdom Council for Psychotherapy and the Royal College of Psychiatrists.

5.4.4 Mental health

Evidence suggested that the incidence of mental health problems was very high for transgender people (EHRC Transgender Research Review and Scottish Evidence Review). For example, one survey found that 88 per cent of respondents had suffered from depression, 80 per cent from stress and 75 per cent from anxiety at some time (the Scottish Evidence Review); and rates of self-harm (EHRC Transgender Research Review) and of attempted suicide were high (EHRC Transgender Research Review). Isolation, discrimination and transphobia were thought to contribute to this (EHRC Transgender Research Review).

The delay in access to gender identity clinics was perceived by transgender people as contributing to a decline in mental or emotional well-being (Scottish Evidence Review). There was evidence that self-reported mental health improved with transitioning (Scottish Evidence Review). For the few reporting a decline in mental health after transitioning, this was attributed to a lack of appropriate support, losing family and loved ones, or for reasons which respondents felt were unrelated or 'not directly related' to the transition, such as employment or cultural/environmental issues.

No new evidence was found on the incidence of mental health problems for transgender people. Instead the studies investigated perceived causes of mental health issues and the treatment of transgender people within the health system.

Based on an unrepresentative survey, one third of transgender respondents believed they had suffered stress and suffered low self-esteem because of prejudice and discrimination linked to their transgender status (Ellison and Gunstone, 2009). This proportion is less than gay men and lesbians attributed to stress and low self-esteem because of prejudice and discrimination linked to their sexual orientation (see Section 5.3.5).

Discrimination

The evidence suggested a high percentage of transgender people (46 per cent) expected to be discriminated against by mental health services (figures for Scotland, Stonewall Scotland, 2014). This compares with 18 per cent of LGB&T people as a whole.

Whilst the perception of discrimination was prompted by similar issues affecting LGB people, a major additional issue was the perceived conflation of transgender and mental health. In a large, but unrepresentative survey of transgender people, a large minority of respondents reported that mental health services perceived their gender identity as a symptom of mental ill health or that their mental health issues were due to them being transgender (evidence for Scotland, the Scottish Evidence Review, referring to McNeil *et al.*, 2012). Some transgender people reported GPs to attribute mental ill health to being transgender, and that transgender people with mental health issues should be referred to a gender identity clinic rather than to general psychiatric services (Lim and Browne, 2009[106]). Such pathologisation was regarded as disempowering, leading to transgender people not being seen as able to make judgements about their own treatment. The placement of treatment in the hands of

[106] Findings based on a large-scale questionnaire of 819 self-identified LGB&T respondents in Brighton and Hove, and 20 focus groups that had 69 participants. Two focus groups were specifically transgender groups (composed of nine people in total).

psychiatrists (rather than, for example, endocrinologists) was seen by some as reinforcing the idea of transgenderism as a mental health issue.

5.4.5 Sexual health

Neither of the two reviews reported reliable UK evidence on differences in sexual health between transgender people and others, although the EHRC Transgender Research Review suggested levels of HIV were higher amongst the transgender population, compared with the general population. No new evidence relating to transgender people and sexual health was found.

5.4.6 Maternity and paternity provision

The previous review did not cover issues relating to maternity and paternity (fertility treatment and maternity services). The scoping review did not find any articles covering these issues. This suggests an important gap in the research evidence.

5.4.7 Transitioning health needs and provision

For transgender people, health care specific to transitioning is a major issue. GPs' resistance, delays in accessing gender identity clinics, problems in the clinics and the medical approach taken to transgender treatment could all be problematic.

In a large, but unrepresentative survey, around a third of GPs were identified as resistant to assisting patients to transition (Whittle, 2007, referred to in the EHRC Transgender Research Review). However, this was a substantial improvement compared with 15 years previously. The 2007 survey also found that about half of transgender respondents thought their GPs did a good job, although awareness raising for GPs both on gender reassignment (including long-term medical care and updating of records) and general health care for transgender people was needed (Scottish Evidence Review).

In a 2012 large, but unrepresentative, survey long delays were found in accessing gender identity clinics (with only 60 per cent of respondents seen within a year) (Scottish Transgender Alliance's 2012 survey of transgender people's mental health reported in the Scottish Evidence Review). The EHRC Transgender Research Review suggested that waiting times (and access to treatment) had varied with general (rather than trans-specific) changes in health care policies.

Once seen in a clinic, many transgender people encountered difficulties (ranging from administrative errors to problematic attitudes towards transitioning) (EHRC Transgender Research Review). Qualitative research pointed to the need for improved knowledge amongst psychiatrists involved in assessment for gender transition treatment (EHRC Transgender Research Review).

In contrast with the previous reviews, only one study was identified on transitioning and health. This examined patient satisfaction with gender identity clinics (GICs) and with related local service provision (i.e. GP services, local psychiatric services and speech therapy) (Davies *et al*., 2013)[107]. Based on a representative survey of users of GICs, this research examined satisfaction with a number of aspects of treatment and the administration of treatment. Twenty per cent were dissatisfied with the level of support for others close to the patient. Thirty-one per cent were dissatisfied with local

[107] Findings based on a survey of 282 users of two gender identity clinics in the UK. Questionnaires distributed at the gender identity clinics, and conducted April/May 2011.

psychiatric services. Twenty-seven per cent were dissatisfied with the wait for the first appointment.. Nevertheless, 94 per cent said they would recommend the services if a friend or relative had a gender-related problem. The most notable area for improvement was the interface between GICs and local psychiatric services.

A further problem, identified in qualitative research, was in the reported commonly standardised medical approach and a lack of recognition of the diversity of experience of transgender people (EHRC Transgender Research Review). This was reported to force transgender people to adopt the prevailing medical treatment discourse to gain treatment, whether or not it matched their lived experience and needs. Moreover, as with mental health (see Section 5.4.4) medical professionals involved in transitioning were seen as tending to pathologise the transgender experience.

The EHRC Sexual Orientation Research Review identified different health care needs of male to female and female to male people.

5.4.8 Satisfaction with health care

Beyond transitioning and pathologising the transgender experience, a large minority of transgender people believed their gender identity affected their health care experience negatively (EHRC Transgender Research Review). Issues included being placed on inappropriate hospital wards and the provision of medical treatment relevant to one's sex (e.g. transgender women being asked about their periods or given smear tests; and not being offered breast and prostate screening, as appropriate).

A high percentage of transgender people (44 per cent) felt uncomfortable about being open about their gender identity with NHS staff (figures for Scotland, Stonewall Scotland, 2014). This compares with 22 per cent of LGB&T people as a whole.

5.4.9 Health care policy and practice

The EHRC Sexual Orientation Research Review described government policy and good practice guides aimed at the health care needs of transgender people. However, no evidence was presented on their implementation or effectiveness. Further evidence was not identified in the scoping review.

5.5 Conclusions

5.5.1 The evidence base

Whilst many studies in relation to inequalities in health by sexual orientation are not robust, the evidence base overall provides useful evidence for the development of policy. However, the evidence base could be improved.

Much of the research does not adjust for standard mediating factors (such as age and class) and, as such, may misidentify health inequalities. Moreover, there are gaps in robust evidence on inequalities in provision (outside STI provision) (as opposed to differences in health), including in relation to assisted fertilisation and maternity provision. These gaps include evidence on inequalities between LGB&T groups; between LGB&T groups and heterosexual people; and between subgroups (such as age groups and social class). Gay and bisexual men have received far more research interest than lesbians and bisexual women and little of the research examining inequalities between LGB&T groups is robust. This is owing to the difficulties gaining a representative sample.

The evidence base is less useful for the identification of inequalities relating to gender identity, although the evidence on satisfaction with treatment and provision provides strong indicators of inequalities in specific areas.

5.5.2 Health inequalities

There was evidence of inequalities in health outcomes, with LGB people's general and mental health being identified as worse than that of heterosexual people. There was no evidence on inequalities in physical health alone.

In respect of mental health, there was evidence of a higher incidence of attempted suicide, self-harm, anxiety and depression amongst LGB people compared with heterosexual people, and, possibly, of psychosis, OCD and phobias. Evidence was weak on differences between lesbians, gay men and bisexual people. There was evidence that discrimination contributed to the higher incidence of mental health problems. Mental health services were the service most often seen to be discriminatory.

There was some, non-robust, evidence from transgender people of pathologisation (i.e. attributing mental health problems to a person being transgender) and referring those who presented with mental health problems to gender identity clinics, rather than to general psychiatric services. Lack of mental health inpatient provision for transgender people was reported as reducing access to mental health care.

There was evidence that the incidence of specific diseases (as well as mental health problems) varied by sexual orientation, which means that differences in addressing specific diseases could result in inequalities in health provision by sexual orientation.

5.5.3 Substance abuse

The previous reviews found higher substance (drug, alcohol and tobacco) abuse amongst LGB people. More recent evidence related to gay and bisexual men only, and provided robust evidence of higher alcohol use and of smoking. The only evidence on drug use, which showed higher usage, was not robust. However, use of certain drugs, notably nitrates (poppers), amongst gay and bisexual men was of particular concern because of their links to sexual practices, which increase the risk of HIV transmission (Hickson, 2010).

5.5.4 Health service provision

There was evidence of inequalities in health service provision. Differences in provision arise due to substantial provision being made to address HIV and other sexually transmitted diseases (STIs) for gay and bisexual men, particularly focussed on HIV testing and safe sex information. The groups who continue to be at greatest risk are younger men and men with lower educational attainment. As such, improvements in policies and practices for these groups would be particularly beneficial.

However, in other areas of health, provision appears to less well serve LGB&T people. Certainly, there is evidence of dissatisfaction with health services being higher amongst LGB people than heterosexual people: experiences of discrimination, invisibility of LGB people and information on their health needs and lack of knowledge on LGB health needs contribute to this. There was evidence of gaps in NHS staff's knowledge and provision. The evidence suggested that the sexual health of lesbians and bisexual women was neglected, both in terms of prevention of sexually transmitted diseases and of sexual fulfilment health support.

There was non-robust evidence on service by gender identity clinics. However, it was not possible to assess whether this was evidence of inequality in provision. There was evidence of long waiting times in first referral to gender identity clinics as impacting on mental health. Reducing waiting times would therefore be beneficial.

There was criticism of the medical approach towards gender identity, which was seen as too often taking a narrow 'one size fits all' approach and not recognising the diversity of transgender people's experience. This meant that some transgender people ignored their own experience and had to fit with health specialists' expectations.

The evidence suggested a need for training amongst health service providers, to cover general policies (e.g. visibility), awareness and acceptance of different sexual orientations and knowledge on health care differences, amongst other issues. Health service workers also needed to be made more aware of the lesbians and bisexual women's sexually transmitted disease risks and also of their sexual practices.

A key evidence gap is how better to reduce homophobia and heteronormativity in the delivery of health services.

6 Access to and experience of services

Key points

- The evidence base for judging inequality by sexual orientation and gender identity in services was poor, with only one study assessed to provide fairly reliable results.
- Despite equality legislation, evidence suggests LGB&T people still face discrimination when accessing some services.
- Heteronormative assumptions and both the experience and fear of discrimination prevents LGB&T people from accessing mainstream services. Research therefore suggests LGB&T people have a preference for and are more engaged with specialist organisations.
- Evidence suggests services do not routinely monitor the sexual orientation and/or gender identity of their staff and/or service users, nor are LGB&T people routinely involved in consultative processes. This poses a significant barrier to the engagement of LGB&T people in the design of services for the future.
- Some limited research suggests LGB&T people would mostly be happy to provide services with information regarding their sexual orientation and/or gender identity to improve monitoring.
- Some evidence suggests LGB&T people may be disproportionally negatively affected by spending cuts on Voluntary and Community Services (VCS).
- A key evidence gap is how best to reduce homophobia and heteronormativity in the delivery of services. The issue of care (including residential) services for older people seems to be particularly important.

6.1 Introduction

This section focuses on identifying and reviewing evidence on the services which are not discussed in other chapters (i.e. other than health, housing, education and services related to safety).

Following a discussion of the evidence base, the chapter presents evidence first on LGB&T experiences of services and barriers to their use. This is followed by a discussion of monitoring and engaging LGB&T people in service provision. Section 6.6 presents evidence on the demand for services and Section 6.7 on the effects of cuts in spending. The final section draws conclusions on the best evidence on inequalities in respect of LGB&T service issues.

6.2 The evidence base

In line with the evidence presented in the three previous reviews, new research continues to focus on LGB&T people's experiences of and access to public and private services in the UK; highlighting both experiences and fears of discrimination and heterosexism. In addition to this new research has made substantial progress in better understanding LGB&T people's demands for specialist services and those that provide social care later on in life. New research has also begun to identify some evidence of certain services failing to appropriately monitor and include LGB&T people in their delivery. New research has also provided evidence that LGB&T people may be being

disproportionately negatively affected by the impact of public spending cuts on VCS services.

The scoping review identified 25 documents relevant to this policy area. None provided evidence allowing comparison with heterosexual people. Nine were quantitative and 13 contained literature reviews. Sixteen studies met our final inclusion criteria of relevance and quality: nine provided quantitative evidence, five provided qualitative evidence and four provide reviews of existing evidence (both quantitative and qualitative).

One of the quantitative studies (Stonewall, 2013) appeared to have a fairly robust survey approach, although the sample would suffer from some bias due to being conducted online. Nevertheless, it appeared likely to provide fairly representative evidence on LGB people across Britain. The sampling methods of other quantitative studies were liable to result in biased, unrepresentative samples, and often suffered from small sample sizes. Some were also geographically restricted.

Thus, overall, the evidence base for judging inequality by sexual orientation and gender identity in services was poor.

6.3 Experiences of services

The three previous reviews provided very little evidence on LGB&T people's access to and experience of services, other than those associated with an already identified policy area.

All three reviews identified evidence of discrimination on the grounds of sexual orientation or gender identity, as well as heteronormative practices within services. The EHRC Sexual Orientation Research Review cited evidence of lesbian, gay and bisexual people being denied equal access to public services, and of local authorities being institutionally homophobic.

The EHRC Transgender Research Review presented evidence that five per cent of surveyed transgender people had experienced being refused services in a place such as a bar or restaurant because of the gender identity, while 10 per cent reported being discriminated against when using changing rooms in shops.

Since the reviews further research has been conducted on LGB&T people's experiences of services in the UK. Research conducted by McGlynn and Browne (2011)[108] identified that although some of surveyed LGB&T respondents in Hastings, Rother and East Sussex felt that public services were generally 'LGB&T-friendly', many had had negative experiences of staff being heteronormative and/or homophobic. In Scotland, 16 per cent of LGB&T people felt they had received poor treatment because of their sexual orientation or gender identity in accessing public services in the previous three years (Stonewall Scotland, 2014[109]). Twelve per cent stated having negative experiences related to their sexual orientation or gender

[108] This study not only has a small sample size of 174, but was conducted in a small geographic area (Hastings, Rother, Wealden and East Sussex). Data collected via an online questionnaire, with four drop-in sessions for those who did not have computer access. Sampling was targeted through the contact lists and networks maintained by LGB&T forum members.

[109] Total sample size was 1,043 LGB people from across Scotland. The survey was conducted using an online interview administered to members of the YouGovPlc GB panel of 350,000+ individuals who have agreed to take part in surveys. Additional open recruitment through Stonewall Scotland was used to achieve the full sample.

identity when accessing sport and leisure facilities and 15 per cent had had a negative experience when using parks or open spaces (Stonewall Scotland, 2014). The study did not specify the cause of the negative experience, so it is not known whether this stemmed from service providers or other service users. More transgender people reported having experienced discrimination in these situations, 33 per cent and 35 per cent respectively.

As described in Section 5.3.8, for older people (aged over 55), Stonewall (2010a)[110] found 14 per cent of lesbians and bisexual women and eight per cent of gay and bisexual men felt that they had been excluded from a consultation or decision-making process with regard to their partner's health or care needs. This compared with six per cent of heterosexual people.

Little evidence was found in respect of private services. Winkler *et al* (2009) cited evidence of low levels of satisfaction with financial services from LGB people living in Wales [111]. How this compares to non-LGB people is unclear.

Evidence suggested that transgender people may have particularly negative experiences of services. Stonewall Scotland (2014) identified transgender people to have had more negative experiences across several services compared to those who were lesbian, gay or bisexual. However these findings should be approached with care owing to the small sample size – only five per cent of the 1043 respondents identified as transgender.

Qualitative research on the experiences of LGB&T people with care responsibilities for partners or family members also identified experiences of heterosexism and homophobia from care services, most often in the form of inappropriate questioning and assumptions (Price 2010)[112]. Similarly, qualitative evidence from Willis *et al*. (2011)[113] identified how LGB&T carers often felt unable to disclose their sexuality and/or gender identity to health and social care service providers, and therefore felt unsupported by services and isolated from social networks.

6.4 Barriers to using services

Evidence provided by the three previous research reviews on the barriers LGB&T people face in accessing services fell under three main themes: fears of discrimination; experiences of discrimination; and heterosexism. The EHRC Transgender Research Review and Scottish Evidence Review provided evidence of LGB&T people avoiding services, such as the tube or leisure facilities, in fear of harassment and/or abuse.

In the one study cited by the Scottish Evidence Review that looked at the experiences of LGB people using social care services, 62 per cent of LGB people stated they felt

[110] An unrepresentative survey of 2,086 people over the age of 55, approximately half each heterosexual and LGB, across England, Scotland and Wales throughout October 2010. The main sample was drawn from the YouGov Plc GB panel of over 320,000 individuals, with additional open recruitment through Stonewall for LGB respondents.

[111] Williams, M.L. and Robinson, A.L. (2007) *Counted In*. Cardiff: Stonewall: Cymru.

[112] Based on 21 interviews with LGB&T people, all of whom care, or cared for, a person diagnosed with dementia. Initial recruitment occurred through a contact within the Alzheimer's Society and word of mouth then accounted for the majority of other respondents. The work was also advertised using leaflets, a dedicated phone line, journal articles and conference presentations.

[113] The small sample size within this study raises some questions regarding the representativeness of its findings 10 participants took part in two focus groups. Participants comprised of LGB&T carers, academics and representatives of LGB&T support organisations.

that all or most staff treated them with respect as a LGB person. Evidence on the expectations and/or experiences of transgender people in social care was not identified.

In addition to this, in light of the finding that LGB people are less likely to have family members to provide informal care (Section 8.3), the EHRC Sexual Orientation Research Review provided evidence of a concern amongst LGB people that residential care services would be heterocentric by making assumptions regarding services users' sexuality. As such evidence suggested LGB people would experience homophobia and isolation (EHRC Sexual Orientation Research Review). The EHRC Sexual Orientation Research Review also identified concerns about care staff assuming LGB people were either asexual or heterosexual. This was identified as an assumption that was thought to be frequently unchallenged, particularly by older LGB people who would have lived through homosexuality being criminalised. However, due to a lack of research that focused on the experiences of older LGB people in care, all three research reviews provided very little confirmation as to whether these fears were actualised in residential care services settings.

New research on the barriers LGB&T people faced in accessing services reinforced many of the findings found in previous reviews. Many studies identified that the anticipation of homophobic, biphobic, or transphobic abuse from staff and/or other service users was a significant barrier to accessing services.

Qualitative research by Knocker (2012)[114] identified that older LGB people had a fear of using mainstream housing and support arrangements (particularly home care or residential care), with concerns about safety, cultural appropriateness of support, discrimination and becoming disconnected from their communities and friendship networks. Similarly, evidence provided by Stonewall (2010a) identified that LGB people were less happy about the prospect of going into a care home compared to heterosexual people, and were more likely to feel as if they could not be themselves in a residential setting. Stonewall Scotland (2014) reinforced these findings, identifying that 41 per cent of LGB&T respondents reported that they would expect to be discriminated against at a residential home. One-third of LGB&T respondents stated that they would be uncomfortable being open about their sexual orientation or gender identity with social care staff (Stonewall Scotland, 2014). Amongst LGB people aged over-55, this rose to 47 per cent for disclosing to care home staff, 36 per cent for housing providers, 36 per cent to a paid carer and 31 per cent to a social worker (Stonewall, 2010a). These findings however do not include a heterosexual comparator. Accordingly, evidence cited by Ward *et al.* (2010) identified that some older LGB people with support needs delayed their uptake of social care services for as long as possible[115] (also see Section 11.4.8).

Very few studies focused on the barriers transgender people faced when accessing services, other than those associated with health. One exception was the Scottish

[114] Findings based: in-depth interviews of eight older (aged 64-81) self-identified LGB people; 23 survey responses to a questionnaire distributed by Age UK's Lesbian and Bisexual e-network; 120 survey responses of members of the Age UK Opening Doors project, a specialist project for LGB people in central London.

[115] River, L. (2006) *A feasibility study of the needs of older lesbians in Camden and surrounding boroughs.* London: Polari.

Transgender Alliance (2008)[116] which identified 46 per cent (33/71) of the survey respondents stated that they had never used any sport and leisure services in Scotland predominately due to concerns about transphobic harassment.

As a result of the barriers which LGB&T people faced when accessing mainstream services, many studies identified a preference amongst LGB&T people for using specialist LGB&T services (Scottish Transgender Alliance 2008; McGlynne and Browne 2011; Colgan *et al*. 2014[117]). Correspondingly, in a survey of 101 LGB&T people, Mitchell *et al*. (2013)[118] identified that LGB&T people were thought to rely more heavily on specialist LGB&T support services, such as those offering help around housing and welfare, unemployment, workplace discrimination, education, hate crime and a range of health issues.

6.5 Monitoring and engaging LGB&T people

Since the reviews some new research has been conducted on the extent to which LGB&T people are monitored by and engaged with public and private services in the UK.

In interviews with 303 social care providers, the Equality and Human Rights Commission (2010)[119] identified that few routinely monitored the sexuality and/or transgender status of their service users and/or staff. Similarly, Willis *et al*. (2011) identified the opinion amongst care managers that the monitoring of sexual orientation and/or gender identity was not appropriate, as the associated issues had little bearing on the provisions of support to those both providing and in need of care[120].

In an unrepresentative survey of 96 public services, Rankin *et al*. (2011)[121] identified that although many public services adhered to equality schemes, few adequately monitored equality outcomes for transgender people. Rankin *et al*. (2011) also identified that public authorities recognised a lack of local level baseline data as the main barrier to monitoring the progress of equality outcomes for transgender service users. Surveys have suggested that LGB&T people were willing to give details about

[116] Data collected by online survey via matching webpages on the LGB&T Domestic Abuse Project and Scottish Transgender Alliance websites. The online survey was advertised by email and paper flyers amongst LGB&T and transgender networks specifically, although not exclusively, within Scotland. Paper versions of the survey were also distributed through several local transgender groups. The sample is too small to make reliable statements about the transgender population – sixty respondents and seven interviews.

[117] Online survey of 184 LGB&T VCS organisations in England and Wales, with twenty one follow-up in-depth interviews. The survey was distributed and publicised by centred and by the Consortium of LGB&T Voluntary and Community Organisations.

[118] Survey of 101 self-identified LGB&T people. Recruitment via email invitations with information leaflets were sent by UNISON to their LGB&T network and to a number of their contacts including members networks like the Transgender Members and Black LGB&T networks, UNISON's external LGB&T contacts and other stakeholders and advisory groups. Individuals were asked to forward the email to anyone else who they thought would have an interest in the research. Participants did not have to be a UNISON member to participate.

[119] Findings based on 403 telephone surveys and 303 interviews with providers and commissioners of advocacy services in England, Scotland and Wales. Fieldwork conducted between October 2009 and March 2010.

[120] It was not identified what proportion of social care providers adopted this view.

[121] Findings are based on the analysis of 36 telephone interviews with and 60 online survey responses from a cross-section of English, Scottish and Welsh public bodies.

their sexual and/or gender identities for monitoring purposes (McGlynn and Browne, 2011[122]; Stonewall, 2013[123]). However, as participants in such surveys wholly consist of those willing to indicate their sexual orientation, they are unlikely to be representative of all LGB people. Evidence identified that, if asked, two in three of 2092 surveyed lesbian, gay and bisexual people would have offered their views and experiences to local service providers. Nine out of ten LGB people (Stonewall 2013) and 80 per cent of LGB&T people in Scotland (Stonewall Scotland 2014) stated that they had thus far never been asked to do so. In light of this evidence of services' lack of initiative to engage, Ward (2008)[124] suggested LGB people were often silenced by policy and practice rather than choice.

6.6 Demand for services

New research identified evidence that older LGB people may be more reliant on social care services than heterosexual people: because of their more limited familial support networks (Section 8.3), LGB people are more likely than heterosexual people to expect to have to get help from formal sources if they were ill and needed help around the home: amongst those aged over 55, twice as likely (Stonewall, 2010a). This included 22 per cent who expected to have to turn to social services for help (13 per cent for heterosexual people), 12 per cent who expected to have to turn to a paid carer (seven per cent for heterosexual people) and six per cent who expected to have to turn to charitable services (two per cent for heterosexual people).

At the same time, there was some evidence of failure to use social care services amongst some groups of LGB people. For older LGB people, aged over 55, a survey found that 19 per cent of disabled LGB people, compared with ten per cent of disabled heterosexual people, had failed to access social care services they felt they needed in the previous year; eleven per cent of LGB people from lower social classes (C2, D and E) had also failed to access, compared with six per cent of heterosexual people from the same social classes (Stonewall, 2010a).

6.7 Impact of spending cuts on LGB&T services

In light of the finding that LGB&T people had a preference for LGB&T specialist services, new research has suggested that the availability and quality of such specialist services is under significant risk.

Colgan *et al*. (2014) identified that under recent spending cuts LGB&T organisations, which predominantly rely on public/statutory funding, faced serious challenges. With only 0.05 per cent of all registered charities in 2009/10 in England and Wales identifying LGB&T people as a 'beneficiaries', these cuts are thought to significantly impact on both the availability and quality of already limited provisions (Women's Resource Centre 2010[125]). This provided some evidence that cuts to public spending

[122] Based on a survey of 128 LGB&T people.
[123] Online survey of 2,092 self-identified LGB people across England, Scotland and Wales. Sample from members of the YouGov Plc GB panel.
[124] Findings based on a comparison of two participative projects involving older lesbians and gay men in London and the South-East.
[125] Findings based on a review of existing research up until July 2010 on LBT women's experiences of services in the UK and consultations with a variety of LBT organisations and their members.

may have disproportionately impacted upon LGB&T people compared to the heterosexual population.

In a survey of 101 LGB&T people, Mitchell *et al*. (2013) identified that participants felt that there was a widespread lack of recognition of their needs which would mean specialist LGB&T services were at particular risk of spending cuts, and of being de-prioritised (Sections 4.4.3 and 9.3). This was reinforced by a view that a shift from specialist to more generic services was inevitable given reductions in public spending. Mitchell et al. (2013) identified that an increased sense of anxiety about the availability of services to LGB&T people meant that some LGB&T people had begun to see themselves as an afterthought to policy makers and councils. There were also concern from LGB&T people that a reduction in spending would begin to have an effect on increasing discrimination as a result of there being fewer non-scene LGB&T friendly spaces and support groups. This in turn was identified to result in LGB&T people feeling marginalised and invisible.

With respect of gender identity, public sector bodies were found to be unsure how to best include transgender equality in their equality schemes (whether as part of gender equality, part of LGB&T or standalone) and few appeared to have introduced actions to implement their policies (Rankin *et al*, 2010).

6.8 Conclusions

The evidence on inequality in respect of other services is poor and lacks reliability. There is a lack of robust evidence on where problems, in terms of differences in service provision, discrimination, heterosexism and expectations of discrimination lie, or of inequalities within these. Only one study was found which provided any quantitative comparative data of an adequate quality to assess inequality. However, this provided only limited information on other services. Thus it is not possible to identify the extent of inequality in different services, nor which groups are least well served. The evidence is not very useful for policy development.

Nevertheless, the evidence does point towards inequality in two policy areas:

1. there is likely to be inequality in the quality of care provision between LGB&T people and others. It is unclear whether any problems may be due to actual inequality in treatment or due to expected homophobia, biphobia and transphobia. The evidence suggests this may reduce access to care and unwillingness to enter care homes by LGB&T people. It would be useful to conduct more robust research into this area; and
2. too few public sector service providers may ensure their services meet the needs of LGB&T people equally (and equally with others) and that there is a need for increased engagement with LGB&T people, as well as a need for more monitoring of service provision by sexual orientation and gender identity.

There is a clear need for further more-robust research across a range of services to identify the incidence of inequality by sexual orientation and gender identity across service areas and the reasons for such inequality.

7 Employment

Key points

- Employment was one of the policy areas with a relatively better evidence base and robust evidence was identified in relation to a number of major aspects of employment. However, little evidence was found in relation to gender identity and most which referred to transgender people provided evidence which was aggregated with LGB.
- There is, at most, weak evidence of inequality of employment outcomes by sexual orientation. In fact, much of this evidence points towards employment rates, occupational levels and earnings for LGB people being higher than that of heterosexual people. However, some of the evidence finds these differences disappear when other characteristics are taken into account.
- Lack of data prevents a view on the relative performance of transgender people in the labour market.
- Evidence suggests discrimination in recruitment of LGB&T people and there is occupation-specific evidence of discrimination in promotion and deployment and access to social networks.
- No evidence was found on differences in access or treatment in respect of maternity, paternity or parental leave.
- The evidence suggested that the workplace remains LGB&T-unfriendly for many LGB and, particularly, transgender people, with many experiencing harassment and bullying at work.
- The evidence suggested that consequences of discrimination, harassment and bullying included restricted job choice, reduced progression and inability to be out at work.
- The limited evidence on employers' policies and practices suggest LGB&T employees may receive too little support in the face of discrimination, harassment and bullying.

7.1 Introduction

This chapter focuses on the evidence on inequality in employment by sexual orientation and gender identity. After a discussion of the evidence base, the chapter presents evidence on the pattern of employment, in terms of the rate of employment, the type of jobs held and self-employment. The following section discusses evidence on differences in pay by sexual orientation and gender identity. Section 7.5 turns to issues of unequal treatment: bullying, harassment and discrimination. The following section examines evidence on employers' policies and practices to counter disadvantage suffered by LGB&T people. The final section presents our conclusions.

7.2 The evidence base

Employment was one of the policy areas with a relatively better evidence base. The previous three reviews focussed on three areas: jobs; discrimination, harassment and bullying; and for lesbian and gay men, earnings. Little evidence was presented by the previous evidence reviews on the nature of occupations for LGB&T people. None was found by the scoping review in relation to transgender people.

The scoping review identified 70 documents, including ten with comparative evidence and six of these were quantitative. Overall 18 documents were identified with quantitative evidence, 27 qualitative, eleven reviews and 17 had unspecified methods.

Because of the extent of comparative and quantitative research, the review was able to focus on these types of evidence. However, one qualitative and one review document were included, because these filled major gaps in the quantitative evidence. This resulted in 20 documents being used in the review. Seven of these contained quantitative comparative data.

The quality of the quantitative evidence used in the review varied. Six documents were judged to provide representative findings (Drydakis, 2014; European Commission, 2009; Ellison and Gunstone, 2009; Jones *et al.*, 2011; Li *et al.*, 2008; and Powdthavee and Wooden, 2014). Four of these studies used major national and international datasets (the British Crime Survey, the General Household Survey, the UK Household Longitudinal Survey and Eurobarometer) which should provide representative findings. The others used a field experiment (Drydakis, 2014) or their survey sampling approach was judged to be likely to provide reasonably representative findings (Ellison and Gunstone, 2009). The other quantitative evidence had sampling approaches or response rates which were highly likely to result in biased samples. Nevertheless, evidence from these studies is presented, as it provides some indication of the extent and nature of inequality by sexual orientation.

A major difficulty which has faced quantitative research into LGB&T people and employment has been that that most major national datasets used for labour market analysis did not identify respondents' sexual orientation. This has improved slightly more recently. Moreover, prior to the introduction of Civil Partnerships and same-sex marriage sexual orientation could not be identified for couples using partnership or marital status. This led to researchers focussing research on cohabiting couples and treating those of the same sex as lesbian or gay and comparing this group with others (married or cohabiting different sex couples and/or single people). Obviously, such an approach has dangers and limitations, in that sexual orientation will be misidentified and cohabiting couples are not representative of the general population. Moreover, this approach does not identify bisexual and transgender people. Some of the evidence presented below used this approach to proxy for sexual orientation. The introduction of Civil Partnerships and same-sex marriage, together with some major datasets seeking information on sexual orientation will allow more robust research to be conducted in the future.

Like the previous three reviews, little evidence was found in relation to gender identity and most which referred to transgender people provided evidence which was aggregated with LGB.

7.3 Employment patterns

7.3.1 Employment rates

Research has been conducted into differences in the employment rate between LGB and heterosexual people. Most recently, Powdthavee and Wooden (2014)[126], using

[126] The paper uses wave 3 of the UK Household Longitudinal Study (UKHLS). 32,964 cases included, of which 1.4 per cent of the UK sample population report being gay or lesbian, 1.1 per cent bisexual, and 'other' 1.1 per cent.

the nationally representative UK Household Longitudinal Survey (in which respondents identify their sexual orientation), found no statistical difference in employment rates between LGB people and heterosexual people. This concurs with earlier research, also based on nationally representative data, but limited to comparing same-sex couple households with heterosexual couple households (Li *et al.*, 2008[127]). Li *et al* (2008) found that the employment rate of men (87 per cent) and women (84 per cent) living in same-sex couple households were higher than the national average of men (77 per cent) and women (67 per cent). Once differences in education (and a range of personal characteristics) were taken into account, these differences disappeared (i.e. the higher LGB rates of employment were due to differences in education and personal characteristics by sexual orientation, including, for example, the propensity to have children). However, there is some evidence of higher employment rates amongst older LGB people compared with heterosexual people. Stonewall (2010a)[128] found, for those aged 55 to 59, 67 per cent of LGB people, compared with 52 per cent of heterosexual, were employed and, for those aged over 70 15 per cent were employed, compared with six per cent of heterosexual people (but this research did control for other factors).

For transgender people, Ellison and Gunstone (2009)[129] found full-time employment to be high, 64 per cent (compared with 57 per cent of heterosexual men and 34 per cent of heterosexual women) although a high percentage 19 per cent were not working for health reasons, compared with five per cent of heterosexual respondents[130].

7.3.2 Nature of employment

There is evidence of lesbians and gay men being disproportionately in higher level jobs, although not always of progressing proportionately in all professions.

Using national representative data for 2004/05, Li *et al.* (2008) found for both men (59 per cent) and women (59 per cent) living in same-sex couple households were more likely to be in the highest occupational level (professional, administration or managerial employees) than were heterosexual men (40 per cent) and heterosexual women (37 per cent) respectively. It is not clear to what extent this is true for all LGB people or just to those in same-sex households.

Ellison and Gunstone (2009) found gay and lesbian respondents over-represented in public administration and in financial and business services compared with heterosexual men and women, respectively, and under-represented in manufacturing and construction. The distribution of bisexual people in the labour market was more similar to the heterosexual population, but bisexual people were also under-

[127] Analyses based on the General Household Survey (GHS); the Labour Force Survey (LFS); the Home Office Citizenship Survey (HOCS); and the British Household Panel Survey (BHPS). Throughout, the analyses focused on men aged 16-64 and women aged 16-63, resident in Great Britain at the time of interview – except for the HOCS data which are restricted to England and Wales only.

[128] An unrepresentative survey of 2,086 people over the age of 55, approximately half each heterosexual and LGB, across England, Scotland and Wales throughout October 2010. The main sample was drawn from the YouGov Plc GB panel of over 320,000 individuals, with additional open recruitment through Stonewall for LGB respondents.

[129] Initial samples were drawn from the You Gov on-line panel of 240,000 people: 5,567 of the 75,000 who had previously identified as LGB (or other or prefer not to say) plus a random sample of 3995 who had identified as heterosexual. The achieved sample was about half, with a lower response rate for heterosexual people.

[130] Ellison and Gunstone compare 'transgender people' with 'heterosexual people', although transgender is not a sexual orientation.

represented in manufacturing and construction. On the other hand, the Sexual Orientation Research Review reported evidence, based on a survey of academics, of gay and bisexual men being less likely to achieve senior positions.

For transgender people, the EHRC Transgender Research Review reported one study which found that transgender people were disproportionately in higher occupational classes (compared with the national average). A second study found that transgender people were employed well below levels commensurate with their educational qualifications. These need not be contradictory, if transgender people tend to be more highly qualified than cisgender people. Interestingly, one survey found that, compared with pre-transition, post-transition people were much more likely to work in the public sector. No evidence on the nature of employment for transgender people was found in the scoping review.

7.3.3 Self-employment

Only one paper was found investigating self-employment amongst LGB&T people. This was a small-scale qualitative study of eleven gay entrepreneurs (Galloway, 2012[131]). The paper drew parallels with research into female entrepreneurship and identified that, for some gay men, homophobia in employment was one factor in encouraging self-employment. It also showed that homophobia was experienced by some gay men in their business.

7.4 Pay and benefits

7.4.1 Pay of LGB people

For earnings, the EHRC Sexual Orientation Research Review and Scottish Evidence Review presented evidence comparing the earnings of cohabiting couples[132] based on analysis of robust, representative surveys. The results of the studies varied but tended to suggest that lesbians earned substantially more than heterosexual women (35 per cent more in one study). The results for gay men compared with heterosexual men ranged between earning slightly less to slightly more. However, once differences in characteristics (such as having a degree) were taken into account, gay men earned less than heterosexual men and the advantage for lesbians over heterosexual women fell, but were still significantly higher.

The two reviews were somewhat cautious about the findings on earnings owing to data problems, and because they do not take into account some factors known to have a strong influence on earnings (e.g., for women, having children).

There has been little further research on LGB&T earnings published since the three reviews..

Li *et al.* (2008), using nationally representative data for 2004/05, compared the earnings of same-sex couple households with heterosexual couple households. They found no significant difference for men. Although lesbians living in same-sex couple households had higher weekly earnings (£437) than those of heterosexual women (£293), this difference disappeared once differences in various characteristics,

[131] Interviews with 11 self-identified gay men. Sample recruited via extended personal contacts and snowballing.

[132] This is because national datasets do not identify respondents'' sexual orientation, but do allow same-sex couples to be identified.

including education, were taken into account. This contrasts with Ellison and Gunstone's (2009) findings, that the earnings of gay men and lesbians were higher than that of heterosexual men and women respectively even once educational levels had been taken into account. The difference between the findings of the two studies may be due to Li *et al.*'s analysis covering same-sex couples only, whereas Ellison and Gunstone's covers those who identify themselves as LGB. However, it may also be due to the survey for former, but not the latter, being nationally representative.

The other evidence comes from a study of academic and administrative staff in universities and focussed on the effect of having a partner[133] on earnings (Booth and Frank, 2008[134]). It used data from a 2000-2001 survey of university staff (i.e. before the civil partnership legislation). Partnership (and, particularly, marriage) had a positive effect on earnings for heterosexual men, but no significant effect for heterosexual women or LGB people. Booth and Frank (2008) put the marriage earnings premium for heterosexual men down to employer preferences for married heterosexual men. They questioned whether the same preference would apply to married gay males. They also attributed the differences between LGB and heterosexual men to a more equal division of household labour in the former.

Thus, the additional research since the previous reviews leaves knowledge on earnings tenuous, suggesting a penalty for gay men and either a possible pay advantage or lack of difference for lesbians.

7.4.2 Pay of Transgender People

No evidence on the earnings of transgender people was presented in the previous review nor found in the scoping study.

7.4.3 Other benefits

No evidence relating to other benefits (e.g. maternity and paternity leave and pay or pensions) was presented in the previous reviews nor found in the scoping study. Given the evidence that older LGB people expect to be reliant on pensions in their retirement (compared with heterosexual people) (Stonewall, 2010a[135]), but a lack of evidence on how this occurs, it would be useful to have evidence on employer pensions.

7.5 Discrimination, bullying and harassment

Discrimination, bullying and harassment at work were the most prominent in the literature and high levels of perceived discrimination, bullying and harassment in employment were reported by LGB and, particularly, by transgender people.

The evidence based on surveys is of two types: evidence of absolute incidence and of comparative incidence (with heterosexual people). Because the surveys suffer from unrepresentative samples, absolute incidence cannot be reliably identified. However,

[133] Partnership in the survey was not defined.

[134] Analyses based on the self-reported earnings of 706 university academic and administrative staff (self-identified LGB&T and heterosexual). Data collected via an online survey of six representative British universities between December 2000 and February 2001.

[135] An unrepresentative survey of 2,086 people over the age of 55, approximately half each heterosexual and LGB, across England, Scotland and Wales throughout October 2010. The main sample was drawn from the YouGov Plc GB panel of over 320,000 individuals, with additional open recruitment through Stonewall for LGB respondents.

comparative incidence is more reliable and should be seen as a better indicator of disadvantage. In the following, evidence of comparative incidence is reported between LGB&T people and heterosexual people (*sic)* (for bullying) and between LGB&T groups.

7.5.1 Bullying and harassment

The evidence shows that LGB&T people suffer much higher levels of bullying and harassment at work than do heterosexual people: twice as high for gay and bisexual men or four times as high for LGB people according to different studies (Public Health England, 2014[136] and Fevre *et al*., 2009[137], respectively). These concur with previous review evidence which found the reported rate of bullying and harassment at work was more than double for LGB respondents than for all people (23 per cent and 10 per cent respectively). Jones *et al*. (2011)[138], based on a representative quantitative survey conducted in 2007-08, found that significantly more gay or bisexual[139] respondents (16 per cent of the total 3979) reported violence at work compared to heterosexual respondents (5 per cent).

For transgender people, the previous review reported evidence of very high perceived levels of discrimination and harassment at work (up to 50 per cent of transgender respondents reporting it) and one study found much higher rates for transgender respondents than LGB respondents. Qualitative evidence reported in the previous review found that bullying was conducted by managers, peers and juniors.

One in ten primary school teachers responding to one survey (ten per cent) said staff had been the target of homophobic language or remarks from pupils and one in ten (ten per cent) said teachers had been on the receiving end of these remarks by other members of staff (Guasp *et al*., 2014) [140].

7.5.2 Discrimination

The evidence on discrimination comprises one study testing for discrimination in recruitment, evidence of public attitudes towards LGB people in certain jobs and LGB&T people's perceptions of discrimination.

Discrimination in recruitment

Evidence of discrimination comes from four studies, all limited in their occupational reach. Drydakis (2014)[141] tested discrimination against gay men and lesbians in recruitment in relation to third year undergraduate job applications. This found that

[136] McFall (2014) referred to in Public Health England (2014).

[137] Using the BIS Fair Treatment at Work Survey, 2008 and having adjusted for workplace, job and individual characteristics. The survey achieved 200 responses from an initial sample of 4000 current or recent employees. The reliability of these findings is open to question, given the poor response rate.

[138] Analyses based on the British Crime Survey 2007. Sample comprised of 3979 individuals with experience of employment in the two previous years.

[139] It was unclear whether this terminology included lesbians or not and, if not, how lesbians were treated in the analysis.

[140] This report presents the findings from the 1832 primary and secondary school respondents (both gay and heterosexual) across Britain, a subsection of the total sample of 2163 teaching and non-teaching staff in schools and colleges surveyed by YouGov. Eighty per cent of primary and secondary respondents were teachers and 20 per cent were non-teaching staff. Twenty one per cent work in faith schools. The survey was conducted using an online interview administered to members of the YouGov plc GB panel of more than 425,000 individuals who had indicated that they worked in schools or colleges. The figures have been weighted to GB regions.

[141] Field experiment consisting of 144 jobseekers and their correspondence with 5,549 firms

those identifiable as lesbian or gay had a five per cent less chance of being interviewed and that the jobs to which they were invited for interview paid 1.9 per cent less (gay men) and 1.2 per cent less (lesbians). The degree of discrimination varied with the nature of the job. Gay men were less likely to be interviewed in male-dominated occupations and for jobs in which masculine (feminine) personality traits were highlighted, compared with heterosexual men. A similar pattern was found for lesbians. Both did relatively worse at firms that did not provide written equal opportunity standards.

Discriminatory attitudes

Further evidence on discrimination comes from studies of people's views of LGB people in certain jobs. Ellison and Gunstone (2009), using a non-representative sample from their 240,000 online research panel, found that 62 per cent of heterosexual (or sexual orientation unidentified) respondents were happy to be treated by a doctor they knew to be LGB; 60 per cent reported that they were happy to have a manager who was openly LGB. Few gay men or lesbians had a problem with either scenario, although bisexual men were somewhat less positive. Fewer women and non-religious people (than men and religious people) appeared to have a problem with either scenario but the report did not indicate whether the differences were statistically significant.

Only a small minority of LGB respondents (five per cent) said they would not be happy with an openly LGB manager at work, with fewer being unhappy to be treated by an LGB doctor (Ellison and Gunstone, 2009).

Perceived discrimination

The Scottish Evidence Review and the EHRC Sexual Orientation Research Review found high levels of perceived discrimination (over 40 per cent in one study) and fear of discrimination.

A 2012 EU-wide non-representative survey of 93,079 LGB&T people identified the percentage of people who felt discriminated against at work (in the 12 months prior to the survey) because they were LGB&T (European Union Agency for Fundamental Rights (FRA), 2014b[142]). In the UK, 19 per cent of the 6,759 respondents felt discriminated against at work because they were LGB&T; this figure was equal to the average for the EU. An interesting comparison for the extent of discrimination was that 11 per cent of people in the general population in the UK felt that being LGB would disadvantage a person in applying for a job (European Commission, 2009)[143]. This was much lower than the EU average of 18 per cent.

A much higher percentage of transgender people than LGB people in the UK felt discriminated against at work (31 per cent) and 40 per cent had felt discriminated against when looking for a job (both slightly higher than the EU average) (European Union Agency for Fundamental Rights (FRA), 2014a). Despite this, 61 per cent of transgender respondents reported a positive LGB&T work atmosphere (compared

[142] Respondents were LGB&T students at school or university or LGB&T parents who had children at school or university. Respondents were recruited primarily through LGB&T-related online media and social media, as such it is unlikely to be representative of all LGB&T people. The survey achieved a sample of 93,079 LGB&T people across Europe and 6,759 in the UK. It was conducted in 2012.

[143] Based on the Eurobarometer Survey 2009, which draws a representative sample of people aged 16 and over, using random probability sampling. The UK sample, of 1,317 people, were interviewed May-June 2009.

with 17 per cent a mixed atmosphere and 22 per cent a negative atmosphere). This was amongst the highest for a positive atmosphere amongst EU countries. Other estimates include McNeil *et al*.'s (2012)[144] unrepresentative of survey of 889 transgender people, in which 52 per cent reported experiencing problems at work, including 19 per cent who reported discrimination or harassment; 18 per cent reported being turned down for a job.

Valentine *et al*. (2009)[145], in their non-representative survey of 4,205 LGB higher education staff, found that compared to LGB women, LGB men were more likely to consider they had experienced various forms of discrimination due to being LGB (for example, denied promotion, a pay rise or bonus or treated negatively by colleagues, in terms of homophobic comments and verbal abuse, threatening behaviour and physical abuse). In part, this might be due to the higher percentage of LGB men, compared with women, who were out at work in the sample. Perceived discrimination on the basis of sexual orientation in the workplace was higher amongst those working in rural areas, on campus-based HEIs and in Northern Ireland. Respondents who were transgender staff were much more likely than LGB staff to have experienced bullying, higher levels of physical and verbal abuse and discrimination in appointment and promotion.

Based on an unrepresentative survey, Jones and Williams (2015)[146] investigated 836 LGB police officers' perceptions of discrimination (on any basis, not only on the basis of sexual orientation) as a result of sexual orientation[147] at work and compared this with Burke's previous research into LGB police officers (Burke 1993; Burke, 1994). More than three-quarters of respondents were out at work, but only 17 per cent believed they had suffered discrimination in the workplace: 10 per cent in deployment, nine per cent in training and four per cent in promotion. It was notable that less than one-quarter (24 per cent) of those who felt they had been discriminated against had officially reported the perceived discrimination. However, given the unrepresentativeness of the sample, the value of the study lies not in these specific figures, but in differences in levels of perceived discrimination by officers' employment and personal characteristics.

Perceived discrimination was higher for police officers in small and in large police forces, for senior police officers and for gay men and Black and Minority Ethnic (BME) LGB people. Compared with LGB white officers, LGB BME officers were over ten times more likely to believe they had been discriminated against in training and six times more likely in deployment (Jones and Williams, 2015).

Gay officers were three times as likely to believe they had suffered discrimination in training and twice as likely in deployment compared with lesbian and bisexual officers (Jones and Williams, 2015). Those who were out at work and those who were members of LGB police groups were more likely to believe they had been

[144] Participants mainly recruited via snowballing. Transgender support groups, online forums and mailing lists with UK members were contacted and other equality and health groups, and professional networks with potential links to transgender groups were all contacted.

[145] Findings based on ECU research of 4,205 responses from two online surveys: a survey of 2,704 LGB&T students, a survey of 1,501 LGB&T staff.

[146] Findings based on an online survey of 836 serving LGB officers from the 43 police services in England and Wales. Surveys distributed via the Bristol Survey Online Tool.

[147] It appeared that respondents were asked about 'discrimination' not 'discrimination on the grounds of sexual orientation'.

discriminated against. Although concluding that further research was required to understand the differences in discrimination by force size, Jones and Williams (2015) suggested that it might be linked to the degree of supervisory discretion, with perceived discrimination higher in larger forces and in relation to deployment. It is not clear from the research whether this is linked to differences in actual or perceived discrimination.

Over 40 per cent of 60 transgender survey respondents identified having experienced extremely poor service from HR/Personnel Departments (Scottish Transgender Alliance (2010))[148].

Nature of discrimination

Alongside the types of discrimination described above, the nature of discrimination included lack of recognition of same-sex partners (e.g. on marriage, for partner's illness and invites to dinner parties) and, for transgender people working in universities, employers' and students' lack of recognition of their gender and employers' lack of understanding of their responsibilities under the Gender Recognition Act (2004) (Valentine *et al*., 2009). Valentine *et al*. (2009) also found that LGB&T people felt excluded from workplace social networks because of their sexuality or transgender status: 14 per cent of LGB staff and 30 per cent of transgender staff reported that they felt this.

7.5.3 Consequences of discrimination, harassment and bullying

A number of consequences of perceived and expected discrimination, bullying and harassment on the basis of sexual orientation were identified in the literature.

LGB&T people's perception of the treatment of LGB&T people in some jobs led to restricted job choice. Thirty-nine per cent of gay men and 33 per cent of lesbians said there were jobs they would not consider because of their sexual orientation (Ellison and Gunstone, 2009). This had less effect on bisexual men (13 per cent) and bisexual women (10 per cent). The jobs most frequently mentioned as being avoided were: the armed services, policing and manual/blue-collar jobs (because of their perceived inherent culture of masculinity and a poor image of homophobic behaviour) and working with children, including teaching (because of the way some sections of society and the media view gay and lesbian influences on children and young people).

Concern about harassment and discrimination meant that only around 70 per cent of gay men and lesbians felt able to be open about their sexuality at work. The figures for bisexual men and women were much lower (23 per cent and 30 per cent, respectively) (Ellison and Gunstone, 2009). An even higher differential between bisexual and lesbian/gay people being out was found in the organisations taking part in the Stonewall *Workplace Equality Index 2010* with 55 per cent of bisexual employees not out to at least someone at work, compared with seven per cent of lesbians and gay men (Stonewall, 2010b)[149]. Valentine *et al* (2009) in their non-representative survey of 1501 staff in higher education found that 89 per cent of

[148] 34 online submissions from LGB&T people, and 19 qualitative telephone interviews with professionals from voluntary and statutory services and community organisations across the domestic and sexual violence and LGB&T sectors in Wales.

[149] Survey distributed by employers taking part on the Workplace Equality Index 2010 to their employees. 7,200 employees form 273 organisations participated. The organisations participating are likely to be biased towards those which are more LGB-friendly.

LGB&T respondents were out to at least some people at work, with 39 per cent out to all and 31 per cent out to most. Those in the younger age group (under 35) and on temporary contracts were less likely to be out than older staff. Some of the concerns expressed about being out related to bullying, discrimination and abuse, including impeding career progression and being lectured on one's lifestyle (Ellison and Gunstone, 2009). In the higher education setting, additional concerns about being out at work included fear of non-renewal of contracts, employer hostility to fulfilling pastoral roles and hostility from students (Valentine *et al*, 2009). In some cases, respondents considered homophobia to be institutional (Valentine *et al*, 2009).

For transgender people, McNeil *et al*. (2012) found that 16 per cent of 889 respondents had not applied for a job due to expected harassment and discrimination. Nine per cent had not provided references for their job applications because of their gender history. Qualitative evidence reported in the previous review found that bullying affected employment choices (including retention), productivity and wellbeing, as well as whether to be out at work or not.

7.5.4 Public attitudes towards anti-discrimination legislation

Thirty-eight per cent of people said they would be totally in favour of measures to provide equal opportunities for everyone on the basis of sexual orientation in the field of employment (European Commission, 2009).

7.6 Employer policies and practices

There was some evidence of the need for improved employer practice to support LGB&T employees.

Valentine *et al*. (2009), in their non-representative survey of 1501 LGB&T staff in higher education, found a lack of awareness amongst LGB&T staff of policies and practices to address homophobia and transphobia in their workplace (ranging from more than one-third not knowing if their institution had a written policy addressing discrimination against LGB staff, to nearly two-thirds not knowing if there were a procedure for reporting transphobic discrimination or harassment). This deterred those experiencing discrimination, harassment and bullying from seeking help. Despite 32 per cent of LGB staff having experienced negative treatment because of their sexual orientation from their colleagues, 19 per cent from students and 25 per cent from other members of staff (and similar percentages reporting homophobic/biphobic comments by each), only three per cent of LGB staff had made a complaint (since 2003). A higher percentage of transgender staff, eight per cent, had made a complaint since 2003, but transgender staff were also more likely to have experienced negative treatment (due to their transgender status) and transphobic comments (with around 40 per cent experiencing negative treatment from colleagues, from students and from other staff each; and around 30 per cent experiencing transphobic comments from each). In addition, transgender respondents experienced verbal or physical threatening behaviour from colleagues, students and other staff (from 20 to 25 per cent of each group). Where a complaint had been made, some of these felt they were not taken seriously by their union or employer. As part of this, no respondents had received information on changes in the equality regulations, whilst over half felt that equality issues related to sexual orientation were treated less seriously than race or disability.

Senyucel and Phillpott (2010)[150] conducted a case study of a Local Authorities' sexual orientation employment policies and practices. This provided views from 102 managers and 21 non-managerial LGB employees. This showed the standard divergence between managers and disadvantaged employees' perceptions of the support provided by the organisation. Moreover, despite the overt commitment of the organisation to diversity, it identified managers' uncertainty over dealing with issues as they arose and feelings of lack of support. The study identified the importance of promotion of knowledge and policies and practices to improve support for LGB staff, including through training, and, particularly for managers.

Finally, the difficulty of employers' monitoring to contribute to reducing discrimination, given the degree of perceived harassment and lack of employer trust was highlighted by Ellison and Gunstone (2009). In their non-representative survey, they found found that 25 per cent of gay men and lesbians and 34 per cent of bisexual people would not answer a sexual orientation monitoring question on applying for a job. Ellison and Gunstone (2009) also found that 13 per cent of gay men and lesbians and 26 per cent of bisexual people would not do so for staff monitoring in their current job.

7.7 Conclusions

Whilst the evidence base for inequality in employment by sexual orientation is better than for many policy areas, it cannot be consider comprehensive. Moreover, some evidence is conflicting, perhaps due to different methods of using proxy data to identify respondents' sexual orientation in national datasets. With more national datasets identifying sexual orientation, in particular, and with the possibility of identifying people in same-sex marriages or civil partnerships, there is scope to extend the evidence base.

Research suggests, at most, weak evidence of inequality in aggregate employment outcomes by sexual orientation. It (weakly) suggests employment rates, occupational levels and earnings for LGB people to be higher than those of heterosexual people. However, the evidence suggests this may be due to differences in characteristics by sexual orientation, as some studies found differences disappeared once other characteristics were taken into account.

Nevertheless, the evidence identified discrimination in recruitment and some occupational-specific evidence of discrimination in promotion, deployment and access to social networks. It also identified bullying and harassment due to sexual orientation and, particularly, for transgender people. The evidence suggested that consequences of discrimination, harassment and bullying included restricted job choice, reduced progression and inability to be out at work. This raises the question of how to reconcile the findings on inequality in employment (rates, occupational levels and earnings) with the findings that LGB&T people face inequality of opportunity and experience at work. However, there remains a gap in the evidence on aggregate outcomes, recruitment and promotion, particularly evidence which standardises for other characteristics.

The limited evidence on employers' policies and practices suggested that LGB&T employees may receive too little support in the face of discrimination, harassment and bullying.

[150] Findings based a survey of 102 managers of councils in the UK, and 21 non-managerial LGB staff.

In addition to the research gaps identified above, there was no evidence on differences in access or treatment in respect of maternity, paternity or parental leave and there was a lack of evidence on the relative performance of transgender people in the labour market.

8 LGB&T families, adoption and fostering

Key Points

- The evidence base for identifying inequality by sexual orientation and gender identity in relation to families is poor. Very little robust evidence was identified and only a small number of issues of policy interest were addressed at all.
- Family and friendship support networks differ between LGB&T people and other people, although it is less clear whether there are differences between LGB&T groups. The differences may have implications for LGB&T adults requiring care, with a greater reliance on formal care due to a lack of informal care provided by family; however, there remains a gap in the evidence establishing, reliably, whether there are differences in needs.
- The evidence pointed to familial rejection of LGB&T children and young adults because of their sexual orientation or gender identity, resulting in greater mental health needs and homelessness, and, consequently, inequality in mental health and housing outcomes (between LGB&T and others).
- Although research suggested there were no detrimental effects (and possibly beneficial effects) on mental health and gender adjustment of being brought up by same-sex parents, the evidence is not robust.
- Whilst the evidence suggests that children of same-sex couples do not see having same-sex parents as a problem, wider responses to it (e.g. homophobic bullying) potentially are ; however, the research is not robust.
- LGB people expect to encounter barriers to adoption and fostering because of their sexual orientation.
- No evidence could be found on:
    - The experiences of LGB compared with non-LGB foster parents and adopters.
    - LGB&T people's experience of adopting or fostering pre- and post- the Children and Adoptions Act 2002, and what impact, if any, this legislation has had on LGB&T people who wish to adopt.
    - The impact of LGB fostering and adoption specifically from the perspective of the children and young people who have been fostered or adopted.

8.1 Introduction

In this chapter the evidence on LGB&T families is presented. Following a discussion of the evidence base, the chapter presents evidence in turn on: the nature of and support networks within LGB&T families; the impact on children of having a lesbian or gay parent or parents; LGB&T adoption and fostering; and same sex marriage and civil partnership formation. The chapter would also have covered assisted conception. However no evidence of adequate quality was identified on this issue (see the next section).

8.2 The evidence base

The evidence base for identifying inequality by sexual orientation and gender identity in relation to families is poor. As identified in the EHRC Sexual Orientation Research

Review, the absence of baseline statistics on patterns of same-sex relationships and LGB families in the UK prevents robust contextualisation and comparison of LGB people's experiences of same-sex relationships, households, experiences of family life and LGB parenting (EHRC Sexual Orientation Research Review). Accordingly the majority of evidence identified within this policy area is qualitative, and non-comparative. In addition to this it should be noted that there was a distinct lack of evidence on bisexual and transgender peoples' experiences of family.

The scoping review identified 60 documents relevant to this policy area. These included ten which were comparative, eight quantitative, 22 qualitative, twelve reviews and 18 where methods were unclear. However, once fully examined, only 12 documents met quality and relevance criteria. Of these three were comparative (one of which was quantitative). Four, in total, were quantitative, including one which provided robust comparative evidence on marriage and civil partnerships, based on administrative data (Ross *et al.*, 2011). Another, Stonewall (2013) appeared to have a fairly robust survey approach, although the sample was likely to suffer from some bias due to being conducted online. Nevertheless, it appeared likely to provide fairly representative evidence on LGB people across Britain. The other two quantitative studies suffered from biased sampling approaches, i.e. the findings were unlikely to be representative.

In addition, the scoping search covered evidence in relation to fertility treatment (including egg and sperm donation and IVF), getting pregnant through male-female intercourse, surrogacy and co-parenting. Three relevant documents were identified. None however met the quality criteria for inclusion in the evidence review.

Four studies provided evidence on the impact having lesbian or gay parents had on children. Two provided mixed-methods, comparative research. The other two studies provided non-comparative qualitative research.

8.3 LGB&T support networks and 'families of choice'

Of the twelve studies identified in this policy area, three provided evidence on LGB&T families and support networks. Of these three studies: one provided non-comparative, survey-based evidence; one provided qualitative evidence; and one provided a review of evidence.

Evidence presented in the EHRC Sexual Orientation Research Review and EHRC Transgender Research Review identified LGB&T people can sometimes have difficult relationships with their biological families due to cultural and religious expectations about family life and family responsibilities. As such both reviews provided evidence of LGB&T people being rejected by their families and kin.

Both the EHRC Sexual Orientation Research Review and EHRC Transgender Research Review identified how being rejected by families can be extremely detrimental to LGB&T people, particularly while they were young. The EHRC Transgender Research Review, for example, identified how family support was crucial in affirming transgender people's sense of identity and good mental health, and in enabling them to fully accept their transgender experience and identity. Accordingly, parental non-acceptance was identified to have potentially devastating effects, particularly for transgender children. Similarly, the EHRC Sexual Orientation Research

Review identified evidence that a lack of support whilst 'coming out' contributed to young LGB&T people being overrepresented amongst the homeless in the UK. New evidence identified via the scoping review reinforced this finding on the importance of family support, identifying how a lack of family support potentially leads to young MSM making unsafe choices about drugs, alcohol and their sexual relationships (Public Health England 2014[151]).

In light of this evidence on the difficult relationship some LGB&T people may have with their families, and the detrimental effect this can potentially have on LGB&T people's safety and wellbeing, both the EHRC Sexual Orientation Research Review and EHRC Transgender Research Review identified how many LGB&T people develop affirming 'families of choice', i.e. construct a family based on ties of intimacy, care and support rather than biological connection. Evidence suggests these often comprise of friends, lovers, ex-partners and trusted biological relatives (Willis et al. 2011)

There was a lack of evidence on the impact 'families of choice' had on young people in both the three previous reviews and within the literature identified via the scoping review. However a significant body of evidence was present on the importance of 'families of choice' for LGB&T people later on in life.

The EHRC Sexual Orientation Research Review identified evidence that 'families of choice' were important in the provision of emotional and physical support for older LGB&T people, as well as those living with HIV/AIDS. Stonewall (2010a)[152] identified LGB people aged over 55 were much less likely to live with their children or other family members compared to non-LGB people (seven per cent compared with 16 per cent). Familial isolation extends beyond household composition, with LGB people less likely to be in regular touch with their family[153]. Being alone is most common for gay and bisexual men, who are much more likely to be single and to live alone and much less likely to have had children than heterosexual men[154] (Stonewall, 2010a). For women, there is no difference by sexual orientation in being single or living alone. However, fewer lesbians and bisexual women have had children (49 per cent, compared with 87 per cent of heterosexual women). Living alone is more common for LGB people in lower social classes (C2, D and E), with 53 per cent, compared with 29 per cent of heterosexual people, living alone.

Therefore 'families of choice' are suggested to be an important resource for LGB&T people within the three previous reviews as well as within identified literature (Willis *et al*. 2011[155]). Of those studies identified via the scoping review that did refer to 'families

[151] Referring to Recommendations for Promoting the Health and Wellbeing of Lesbian, Gay, Bisexual and Transgender Adolescents: a position paper of the Society for Adolescent Health and Medicine. Journal of Adolescent Health. 2013; 52 (4): 506-10.

[152] An unrepresentative survey of 2,086 people over the age of 55, approximately half each heterosexual and LGB, across England, Scotland and Wales throughout October 2010. The main sample was drawn from the YouGov Plc GB panel of over 320,000 individuals, with additional open recruitment through Stonewall for LGB respondents.

[153] Less than a quarter of lesbian, gay and bisexual people see their biological family members at least once a week compared to more than half of heterosexual people (Stonewall, 2010a). One in eight lesbian, gay and bisexual people see their biological family members less than once a year compared to just 1 in 25 heterosexual people.

[154] Single: 40 per cent and 15 per cent, respectively. Living alone: 41 per cent and per cent and 28 per cent, respectively. Children: 28 per cent and 88 per cent, respectively.

[155] The small sample size within this study raises some questions regarding the representativeness of its findings 10 participants took part in two focus groups. Participants comprised of LGB&T carers, academics and representatives of LGB&T support organisations.

of choice', discussion was predominately associated with the increased likelihood of non-related people providing care for LGB&T people later on life, and the need for families of choice to be consulted in the treatment of LGB&T in health and social care settings (Ward *et al*. 2010). The evidence on the importance of families of choice and older LGB people is discussed at greater length elsewhere in this report (Sections 8.3 and 11.4.5). Similarly, associated issues with older LGB people needing care later on in life is explored in Sections 6.4 and 9.5.

Despite the qualitative evidence presented in the three previous reviews and within the small amount of literature identified via the scoping review, the distinct lack of statistical information available regarding patterns of support and care found among LGB households relative to heterosexual households presents a danger of assuming that LGB people are isolated.

The EHRC Sexual Orientation Research Review presented mainly qualitative evidence regarding the nature of LGB parenting and the extent to which this impacts on child development. The evidence cited showed no detrimental impact on children (and sometimes a small positive impact) of being brought up by LGB parents compared with heterosexual parents. However this research on the impacts of LGB parenting had been subject to methodological criticism, particularly owing to small or non-representative samples.

Literature since the three reviews adds to the body of evidence that being brought up by lesbian or gay parents is not detrimental to psychological health or gender adjustment, although still suffers from using limited samples[156]. Golombok and Badger (2010)[157], a study based on 83 families, compared young adults who had been brought up by lesbian mothers, by heterosexual single mothers and heterosexual two-parent families. They found the psychological wellbeing of the young adults who had been brought up in lesbian and in single heterosexual mother households to be no different (in terms of anxiety, depression, hostility and problematic alcohol use and self-esteem), but better compared with heterosexual couples. Golombok and Badger (2014)[158] compared adopted children aged 3-9 years in two-parent gay families with two-parent lesbian families and with two-parent heterosexual families. They found more positive parenting and child adjustment in gay families than heterosexual and no difference between gay and lesbian families. They also found no differences by family type for psychiatric disorder. However, reliance on self-report questionnaires administered to convenience samples, and either the absence of a comparison group of heterosexual adoptive families or the wide age range of children studied, limit the conclusions that may be drawn from this study.

[156] Golombok and Badger (2010) a sample of 83 families and for Golombok *et al*. (2014) a sample of 130 families.

[157] Findings based on standardized interviews and questionnaires with 27 families headed by lone-parent heterosexual mothers, 20 families coupled lesbian mothers, 36 two-parent heterosexual families.

[158] Findings are based in standardized interviews, observations and questionnaires with 41 gay father families, 40 lesbian mother families and 49 heterosexual parent families, all with an adopted child aged 3-9.

Further new research identified that children with lesbian or gay parents did not feel that having lesbian or gay parents was a problem in itself (Fairclough, 2008[159]; Guasp, 2010b[160]). However, some young children had to come to terms with their parents being 'different' (Fairclough, 2008). Some had to deal with bad reactions from people outside their family (Fairclough, 2008), although this was not a universal problem (Guasp, 2010b). These studies identified that coping with homophobia in a wider society was the driver of problems for young people in lesbian or gay parented families, including, at school, the use of 'gay' as an insult and homophobic bullying because of their parents (Section 3.5.4). Lack of teachers' response to these aggravated the problem for the children. Other issues were lack of understanding or awareness of gay and lesbian people generally, resulting in some children having to cope with questions about their family, which occurred every time they were with new people and a feeling of invisibility when LGB was never mentioned in school (Guasp, 2010b). Finally, conflicting norms between, on the one hand, living within a LGB&T family, and, on the other hand, wider society was identified as problematic for some children (Fairclough, 2008).

8.4 LGB&T adoption and fostering

Three identified studies explored adoption and fostering by LGB&T people in the UK, all of which were non-comparative. Two were based on unrepresentative survey research, and one was qualitative.

Only the EHRC Sexual Orientation Research Review provided any evidence on LGB people's experience of adoption and fostering. All the studies identified in this area were qualitative, and focused on the experiences of LGB foster parents and adopters. No research was identified to make reference to the experiences of bisexual or transgender people, or of the children or young people who have been fostered or adopted. Overall the research in this review provided positive accounts of lesbians and gay men who have fostered and adopted, and emphasised the lack of evidence supporting the view that a person's sexual orientation precludes effective parenting. This review also identified evidence that professionals may require guidance in how to appropriately conduct assessments of LGB people's suitability to adopt or foster, and on how to support LGB people whilst going through the adoption process.

Since the review, there has been very little research on LGB people's experiences of adopting or fostering in the UK, and none on those who are transgender. The little evidence identified related to LGB people's expectations of their treatment should they wish to adopt or foster (i.e. it was based on expectations not experience).

In light of the Children and Adoption Act 2002, which made it possible for adoption orders to be made in favour of single people, married couples and, for the first time,

[159] Based on analysis of 67 young people's (aged 13 and above) life stories These included experiences in the USA and New Zealand, as well as the UK, and details were not given of the sample size by country.

[160] Findings based on interviews and focus groups with children of lesbian, gay and bisexual parents. Between October 2009 and February 2010, researchers interviewed 82 children and young people between the ages of 4 and 27. Researchers recruited participants across England, Scotland and Wales. Participants were spread geographically across the country.

unmarried couples including same-sex couples, Mitchell *et al*. (2009)[161] conducted 47 interviews with same-sex couples to explore whether the rights provided by the Act impacted upon their perceptions of and inclinations to adopting and or fostering in the UK. The evidence was mixed, with respondents expressing concerns that they would still have to work harder to prove their capabilities as parents compared to heterosexual couples and that cultural attitudes may lag behind legal rights. The possibility of children being potentially exposed to prejudice of others as a result of being adopted by LGB or T parents was identified as a particular issue.

These findings were reinforced by Stonewall Scotland (2014)[162] which identified that almost half of LGB or T people surveyed thought they would face discrimination from fostering and adoption agencies. Correspondingly, findings from Stonewall (2013)[163] identified that eight in ten lesbian, gay and bisexual respondents in England, Scotland and Wales would expect to face barriers if they applied to become foster parents in the UK, while almost half (46 per cent) would expect to be treated worse than a heterosexual person by an adoption agency if they wanted to adopt a child.

8.5 Marriage and civil partnerships of same-sex couples

At the time of the EHRC Sexual Orientation Research Review very little research had explored the discrimination and inequalities faced by same-sex couples entering a civil partnership. As such many of the studies referred to in the EHRC Sexual Orientation Research Review were speculative rather than based on empirical research. Those studies that were cited identified 'mixed' feelings amongst gay men and lesbians regarding the formal recognition of same-sex partnerships in the UK. Concerns were identified to be predominately based on pragmatic concerns such as recognition for taxation or pension purposes, or recognition of next of kin in the context of a health or social care setting. In addition to this the EHRC Sexual Orientation Research Review also identified some evidence of discrimination regarding same-sex ceremonies, with some studies identifying incidences of venues trying to refuse conducting civil partnership ceremonies or refusing same-sex partners facilities, such as hotel rooms.

The first civil partnership took place in December 2005 and the first marriage of a same-sex couple in March 2014. Therefore it is not surprising that the scoping review found little evidence on the former and none on the latter. Given changes are recent (and that responses to civil partnerships, for some, would have been affected by considerations of inequality until same-sex marriage was legalised), recent evidence is unlikely to indicate longer-term trends.

Only one study that explored civil partnerships met our inclusion and quality criteria. Ross *et al*. (2011)[164] examined patterns of civil partnership. After the expected initial spike in civil partnership formation (as long-term partners formalised their status), by

[161] 47 in-depth qualitative interviews with members of same-sex couples who had been in their relationship for at least two years. Participants were recruited by a variety of means, including via Registars, and purposively selected to ensure a diverse sample.
[162] Total sample size was 1,043 LGB people from across Scotland. The survey was conducted using an online interview administered to members of the YouGovPlc GB panel of 350,000+ individuals who have agreed to take part in surveys. Additional open recruitment through Stonewall Scotland was used to achieve the full sample.
[163] Online survey of 2,092 self-identified LGB people across England, Scotland and Wales. Sample from members of the YouGov Plc GB panel.
[164] Using administrative data.

2010, the rate of formation of civil partnerships seemed to have settled at 0.5 per cent of the male and of the female adult population. Those entering civil partnerships tended to be older (by about four years) and partners' age gap larger (although the large majority were of people of similar ages), than opposite sex couples entering marriages. The dissolution rate in the first five years of civil partnership seemed to be lower than for heterosexual marriage, although this may have been distorted by the number of people entering civil partnership after being in very long-term relationships.

8.6 Conclusions

The evidence base for identifying inequality by sexual orientation and gender identity in relation to families is poor, with a lack of robust quantitative comparative evidence.

Within the four areas examined, the following conclusions can be drawn.

Firstly, it seems clear that the nature of family and friendship support networks differ between LGB&T people and non-LGB&T people, although it is less clear whether there are differences between LGB&T groups. This may have implications for LGB&T adults requiring care, with a greater reliance on formal care due to a lack of informal care provided by family. If so, given the cost and quality of formal care provision, this would result in inequality between LGB&T and others. However, it was unclear whether friendship networks replaced family support. Given the ageing population, the extent and role of support networks for LGB&T people and how this affects the ability to meet care needs represents an evidence gap.

Secondly, the evidence pointed to familial rejection of LGB&T children and young adults because of their sexual orientation or gender identity, resulting in greater mental health needs and homelessness, and, consequently, inequality in mental health and housing outcomes between LGB&T and non-LGB&T people).

Thirdly, the lack of robust comparative evidence meant that reliable conclusions could not be drawn on:

a. the effect having LGB&T parents has on children and any consequent inequalities. This is predominately due to a lack of comparative research; however, it is unclear whether there is a need for such research, as opposed to research into whether differential treatment of LGB&T parents and of children of LGB&T parents leads to inequality;
b. inequalities in the treatment of LGB&T people who wished to adopt or foster; however, there is evidence that LGB&T people expect discrimination; this perception may lead to inequality between LGB&T and others (for example in applying to adopt);
c. The service received in respect of fertility treatment (including egg and sperm donation and IVF), surrogacy or the treatment or recognition of LGB&T co-parents; robust research in this area would be useful to understand how LGB&T people experience these services and any issues in service provision.

There was a dearth of evidence on bisexual and transgender peoples' experiences of family.

Thus, the evidence is not very useful for policy development in respect of robustly identifying inequalities in relation to families or adoption and fostering for LGB&T people. There is a clear need for further more-robust research, including in relation to the issues identified above.

9 Homelessness and Access to Housing Provision

Key Points

- The evidence identified for judging inequality by sexual orientation and gender identity in housing was poor.
- Despite claims in the research evidence that LGB&T people are at increased risk of homelessness, supporting evidence is weak and non-comparative.
- Homophobic and/or transphobic abuse was identified as the most prolific cause of homelessness within the LGB&T population, with young people 'coming out' thought to be at particular risk.
- Consistent evidence suggests LGB&T people experience and expect discriminatory practice from housing services.
- Having to move into residential accommodation with old age is a greater concern amongst LGB then heterosexual people, due to fears of homophobia, heteronormativity and being unable to be oneself. Other issues include being able to be with one's partner and physical contact. However, no evidence was found on the actual experience of older LGB&T people in residential homes which represents an evidence gap.
- Evidence is unclear as to whether changes in legislation have led to any reduction in the discrimination of LGB&T people within housing services. Evidence also suggests the needs of LGB people may not be being adequately addressed within housing services.
- Effective ways for reducing homophobia and heteronormativity in the delivery of housing services, particularly for residential homes represents a gap in the evidence base.

9.1 Introduction

Building upon the evidence identified in the three previous reviews, this chapter will explore three main areas: homelessness; access to suitable housing; and expectations of housing later on in life.

9.2 The evidence base

The scoping review identified very little research in this policy area (seven documents). Because of the lack of evidence, all studies which met the relevance criteria were included in the review. Thus six were reviewed: these included four quantitative studies, of which two had comparative data. Two studies gave qualitative evidence and one included a review.

Only one study was judged to provide fairly representative data. Stonewall (2013) appeared to have a fairly robust survey approach, although the sample would suffer from some bias due to being conducted online. Nevertheless, it appeared likely to provide fairly representative evidence on LGB people across Britain. The sampling methods of the other quantitative studies were liable to result in biased, unrepresentative samples. Two also suffered from small sample size.

The quantitative evidence on housing was drawn from studies based on surveys covering a range of issues. One quantitative and one qualitative study focused on LGB

people needing care later in life. Studies that focused on housing tended to consider the experiences of LGB people only. Only in more general survey research were findings relevant to the experiences of transgender people identified.

Thus, overall, the evidence identified for judging inequality by sexual orientation and gender identity in housing was poor.

9.3 Homelessness

Evidence presented in the EHRC Sexual Orientation Research Review and the Scottish Evidence Review suggested that most LGB&T people who experienced homelessness did so as a result of a range of causes that were similar to those of non-LGB&T people. These included family breakdown, disruptive parental behaviour, physical and sexual abuse, leaving care and religious and cultural expectations.

All three reviews identified homophobic and/or transphobic abuse as the most prolific cause of housing problems for the LGB&T population. 'Coming out' whilst still living in the family home was identified as a particular issue, and was seen to contribute to young LGB&T people being overrepresented amongst the homeless (Section 8.3). LGB&T people from some minority ethnic groups were identified to be at particular risk.

Despite the advancements made by the Civil Partnership Act (2004) and the Equality Act (Sexual Orientation) Regulations (2007), the EHRC Sexual Orientation Research Review also identified evidence that LGB people may still have faced difficulties regarding the succession of tenancy agreements following the death of a partner, potentially resulting in homelessness. Research in this area was limited, but crucial to ensure whether legislation has led to a reduction of discrimination and a greater inclusion of the needs of LGB people in housing services.

Only two studies relating to LGB&T people's experience of homelessness since the previous reviews were identified, both of which were based on unrepresentative samples. Mitchell *et al*. (2013)[165] concluded that LGB&T people were at greater risk of homelessness, particularly if they were young. McNeil *et al*. (2012)[166] found seven per cent of the 171 transgender respondents who provided information about having to leave a home, left their parental home due to people's reactions to finding out that they were trans, or that they had a transgender history. Six per cent had left a home shared with a partner and four per cent had left a home that was shared with other people as a result of other people's reactions to their transgender status. Three per cent had had to leave their own home which they lived in alone due to others' reactions to their transgender status. The same study identified that of the 542 participants who provided historic information regarding their housing status, 19 per cent reported having been homeless at some point, and eleven per cent reported having been

[165] Survey of 101 LGB&T people and service providers. Recruitment via email invitations with information leaflets were sent by UNISON to their LGB&T network and to a number of their contacts including members networks like the Transgender Members and Black LGB&T networks, UNISON's external LGB&T contacts and other stakeholders and advisory groups. Individuals were asked to forward the email to anyone else who they thought would have an interest in the research. Participants did not have to be a UNISON member to participate.

[166] A non-representative, online survey of 889 self-identified transgender people. Participants mainly recruited via snowballing. Transgender support groups, online forums and mailing lists with UK members were contacted and other equality and health groups, and professional networks with potential links to transgender groups were all contacted.

homeless more than once. However, due to an absence of an identifiable base from which a sample of the UK transgender population can be drawn, the findings of this survey are unlikely to representative.

In addition, Mitchell *et al*. (2013) identified a concern amongst survey respondents that the closure of specialist LGB&T housing services and recent changes to housing benefit may be putting young, homeless LGB&T people in significant danger of not being able to find safe, suitable accommodation (Section 6.7). These concerns were predominately associated with those under-35 and single only being eligible for a shared accommodation rate or for bedsit accommodation, and the difficulties young LGB&T may have in finding safe and comfortable shared accommodation with flatmates accepting of their sexuality or gender identity.

9.4 Accessing suitable housing

Although the EHRC Sexual Orientation Research Review considered it unlikely that specific housing needs would arise from a person's sexual orientation, evidence presented in all three reviews suggested LGB&T people were likely to face problems when accessing suitable housing provision. Services were found often to adopt a heteronormative attitude and to overlook issues regarding sexual orientation and/or gender identity when assessing the need for and allocation of suitable housing. This included not considering potential issues associated with sexual orientation and/or gender identity when issuing or re-issuing of a home, and failing to address potential problems LGB&T people may face when in temporary and/or shared accommodation, such as a lack of privacy and potential homo-, bi- or transphobia from housemates.

These failures to provide equitable services, alongside LGB&T service users' fears of homophobic and/or transphobic abuse from staff, were identified to have a negative effect on LGB&T people's ability to reveal their sexual or gender identity to housing officers (EHRC Sexual Orientation Research Review).

With regard to accessing housing provisions, Stonewall (2013)[167] identified one in five (18 per cent) lesbian, gay and bisexual respondents agreed that they expected to be treated worse than heterosexual people when applying for social housing. This figure rose to one in four (25 per cent) among gay respondents aged over-65. Correspondingly, in a survey conducted by Stonewall Scotland (2014)[168] in Scotland, two out of five respondents reported feeling that housing services did not provide enough information relevant to LGB&T issues, and a third of those who used housing services stated they had experienced staff making incorrect assumptions about their sexual orientation or gender identity. Consequently, more than a quarter (27 per cent) stated that they would expect to face discrimination from a housing officer were they to apply for social housing. This rose to 48 per cent of transgender people and to 40 per cent for disabled LGB&T people.

Thirty-two per cent of LGB&T people who responded to this survey reported that they felt they would be uncomfortable in being open about their sexual orientation or gender

[167] Online survey of 2,092 self-identified LGB people across England, Scotland and Wales. Sample from members of the YouGov Plc GB panel.

[168] Total sample size was 1,043 LGB people from across Scotland. The survey was conducted using an online interview administered to members of the YouGov Plc GB panel of 350,000+ individuals who have agreed to take part in surveys. Additional open recruitment through Stonewall Scotland was used to achieve the full sample.

identity when accessing housing services (Stonewall Scotland, 2014). This rose to 52 per cent for transgender people.

9.5 Housing into old age

The EHRC Sexual Orientation Research Review provided some evidence that older LGB people have fears regarding housing later on in life. Many of these identified fears were common amongst both LGB&T and non-LGB&T people, e.g. loneliness; and difficulties forming long-lasting relationships. However some were identified to be specific according to sexual orientation, such as having to rely on residential services that may be heterocentric, and having to experience homophobia and isolation.

This section draws heavily on Stonewall (2010a)[169], a study of older (aged over 55) LGB people. Stonewall (2010a) identified that the loss of independent living was more often a worry for LGB people than for heterosexual people: 50 per cent of older (aged over 55) LGB respondents worried about their future housing arrangements compared to 39 per cent of heterosexual respondents (Stonewall, 2010a). Worries regarding independent living stemmed from, for example, ability to live at home with declining health and because of renting. These were then overlaid with worries about alternatives, including, for those with partners, whether they would be able to remain together if they could no longer look after each other without assistance. However, the extent to which these issues are more of a concern for LGB people than heterosexual people is unclear.

Given the differences in lifestyle and in expectations of homophobia, acceptable solutions to housing later on in life differed for LGB people compared with heterosexual people. Ninety-five per cent of older (aged over 55) LGB respondents wanted to remain in their own home (Stonewall, 2010a). However, no comparable data for non-LGB respondents was available for this question. Similar percentages of LGB and heterosexual respondents found the idea of sheltered housing or retirement communities attractive (60 per cent). Living with friends was more appealing for LGB than heterosexual respondents (attractive to 55 per cent of lesbians and bisexual women respondents, 41 per cent of gay and bisexual men respondents and 16 per cent of heterosexual respondents). Residential homes were regarded as an unattractive option to slightly more LGB people than heterosexual people (89 per cent and 84 per cent, respectively). Irrespective of type of residence, many saw living with other LGB people as important in order to ensure they could socialise in an integrated way. Many LGB respondents identified fears of isolation, being ostracised and experiencing prejudice from service providers and other service users within a residential setting.

The level of concern about being treated with dignity and respect in a care home was slightly higher amongst LGB than heterosexual respondents (76 per cent and 71 per cent respectively). However, other concerns about residential homes differed by sexual orientation: not being able to be oneself (70 per cent, compared with 61 per cent of heterosexual people), having to hide things about oneself (65 per cent, compared with 52 per cent of heterosexual people), not being able to have a

[169] An unrepresentative survey of 2,086 people over the age of 55, approximately half each heterosexual and LGB, across England, Scotland and Wales throughout October 2010. The main sample was drawn from the YouGov Plc GB panel of over 320,000 individuals, with additional open recruitment through Stonewall for LGB respondents.

comfortable degree of privacy (70 per cent, compared with 61 per cent of heterosexual people), not being able to be affectionate with their partners or to maintain a sexual relationship (52 per cent each, compared with 43 per cent and 45 per cent, respectively, of heterosexual people) (Stonewall, 2010a).

Stonewall (2010a) identified that LGB respondents were less happy about the prospect of going into a care home compared to heterosexual respondents (89 per cent compared to 84 per cent). LGB respondents were more likely to feel as if they could not be themselves in a residential setting (70 per cent compared to 61 per cent of 61 of heterosexual respondents). Stonewall Scotland (2014) reinforced these findings, identifying that in Scotland, 41 per cent would expect to be discriminated against at a residential home. One third of LGB&T respondents stated that they would be uncomfortable being open about their sexual orientation or gender identity with social care staff (Stonewall Scotland, 2014). Amongst LGB people aged over 55, this rose to 47 per cent for disclosing to care home staff, 36 per cent for housing providers, 36 per cent to a paid carer and 31 per cent to a social worker (Stonewall, 2010a). Correspondingly, Knocker (2012)[170] identified that older LGB people's fear of using mainstream housing and support arrangements (particularly home care or residential care), was a significant barrier to their use.

The above is based on people's expectations of residential homes. No evidence was found on the actual experiences of older LGB&T people in residential homes. Research into this would therefore be useful.

9.6 Conclusions

The evidence base on housing is small and little is robust. Nevertheless, the evidence strongly suggests the following.

- There is inequality in addressing housing needs by sexual orientation, with LGB people and transgender people in particular less well served than other people. At minimum, the inequality stems from LGB&T people's expectations of discrimination, including an unwillingness to be open about one's sexual orientation or gender identity, which may affect usage of services, the quality of service experienced and the provision of appropriate services. However, there is also evidence of discrimination on the basis of sexual orientation and gender identity. It is unclear which LGB&T groups, and to what extent, are most affected by this inequality.
- There is inequality in respect of residential care for older people[171]. The evidence shows LGB people are more concerned about having to enter residential care than other people and that this relates to expectations of homophobia, biphobia, heteronormativity and being unable to be oneself. Whether well-founded or not, this is likely to affect equality of access and quality of service. The evidence of inequality relates to expectations of treatment. No evidence was found on the actual experience of older LGB&T people in residential homes. Research into LGB&T people's experience in accessing and

[170] Findings based: in-depth interviews of eight older (aged 64-81) self-identified LGB people; 23 survey responses to a questionnaire distributed by Age UK's Lesbian and Bisexual e-network; 120 survey responses of members of the Age UK Opening Doors project, a specialist project for LGB people in central London.

[171] Although the evidence relates to older people, it would seem applicable to LGB&T people of all ages requiring residential care.

residing in care homes would be useful, both to clarify whether there is unequal treatment and to help identify ways to address inequality in expectations as well as any inequality in treatment.

Despite claims that LGB&T people are at increased risk of homelessness, supporting evidence is weak and non-comparative. There is not robust research in this area to identify whether this is, indeed, an area of inequality and, if so, which groups are most affected and ways to reduce inequality. Similarly, there is no robust evidence on how best to reduce homophobia and heteronormativity in the delivery of housing services, particularly for residential homes.

10 Civic Society

Key Points

- The evidence base on LGB&T participation in civic society is scant and does not identify the extent of participation across a wide range of activities (e.g. involvement with local decision making bodies, community based volunteering, becoming a school governor, local councillors etc.)
- Whilst some of the evidence suggests that LGB&T people are less likely to hold public office than other people, there is a dearth of robust evidence which identifies the pattern and the nature of demand by LGB&T people to stand for political office as politicians, councillors and MPs.
- Limited evidence suggests differences in participation in public office between LGB&T groups, with transgender people least likely to participate, followed by bisexual people, then lesbians and gay men. However, further evidence would be required to verify this.
- Fears, negative preconceptions and expectations of homophobic and transphobic abuse were identified as barriers to engagement in public and political life; for transgender people, an additional barrier may be the lack of recognition of transgender issues in the formation of government policy and amongst LGB&T groups.
- Evidence points to an improvement in general public attitudes on the acceptability of LGB people in public positions.
- Robust evidence on patterns of civic participation (including in public and political life, volunteering, donating, membership of activist groups) by sexual orientation and gender identity and barriers to accessing the mainstream mechanisms for civic and community engagement at the local and national level is not available.

10.1 Introduction

In the GEO research specification participation in civic society was defined as engagement in activities such as volunteering, political office and school governance. Evidence on participation in civic society is very limited, and even more so regarding these particular types of activities. As a result, in light of the research available in this policy area, this section will predominately explore evidence on reasons for LGB&T people's disengagement from what is broadly referred to in the literature as 'public and political life', which encompasses a variety of activities such as participation in formal democracy, donating, volunteering activism and school governance.

10.2 The evidence base

The three previous reviews identified very little research that explored LGB&T people's experiences of participation in civic society. Of those studies that were identified, the majority took the form of general survey research. No research was identified to consider transgender people's experiences of public and political life. However, some more-general research on transgender people's experiences of discrimination provided some insight into potential reasons for disengagement.

The scoping review identified nine documents. Seven met the relevance and quality criteria for inclusion on the review: one literature review, one qualitative study and the rest quantitative. Two of these presented evidence, based on robust national surveys, on public attitudes to LGB people holding public office. Of the other three quantitative studies, one, Stonewall (2013), appeared to have a fairly robust survey approach, although the sample would suffer from some bias due to being conducted online. Nevertheless, it appeared likely to provide fairly representative evidence on LGB people across Britain. The sampling methods of the other quantitative studies were liable to result in biased, unrepresentative samples.

None of the studies provided any comparative evidence on LGB&T and non LGB&T participation in public and political life. The qualitative study did, however, provide comparative evidence on the experiences of active and non-active LGB&T people.

These new studies reinforce many of the findings found in the three previous reviews regarding the barriers LGB&T face when seeking to participate in public and political life. However, this new research could not provide confirmation of varying levels of engagement and types of engagement between LGB&T and non LGB&T people, nor within or between different lesbian, gay, bisexual and transgender groups. New research does however offer some fresh insight into LGB&T experiences of civic society and public attitudes towards LGB&T in public positions.

10.3 Disengagement from formal democracy

Evidence cited in the EHRC LGB and Scottish reviews suggested LGB participation in formal democracy was low in comparison to the heterosexual population, resulting in minimal representation in public appointments (EHRC Sexual Orientation Research Review and Scottish Evidence Research Review). No evidence in the three previous reviews provided confirmation as to whether this was also the case for transgender people. Similarly, the scoping review provided no comparative evidence that could either confirm or disprove any difference between LGB&T and non-LGB&T people's engagement in formal democracy.

10.4 Barriers to engagement

In the three previous reviews, the reasons for low rates of participation in formal democracy amongst LGB people were strongly linked to experiences and expectations of discrimination. As part of this, the EHRC Sexual Orientation Research Review provided evidence of a belief amongst LGB people that government policy was not concerned with LGB issues. This was linked to LGB people disengaging from formal politics and perceiving barriers to participation, such as seeking selection by political parties. Evidence provided by the EHRC Sexual Orientation Research Review suggested that one of the most fundamental barriers to LGB participation was the difficulty which local governments have in identifying LGB communities. Correspondingly, the paucity of large-scale surveys which record individuals' sexual orientation/ gender identity was identified as one of the most significant obstacles local governments' face in developing comprehensive action plans to better integrate LGB people in public and political life.

Ryrie *et al*. (2010)[172] qualitatively explored LGB&T people's involvement in public and political life and their perceived barriers to increasing participation. Reinforcing many of the findings found in the three previous reviews, this study identified how most respondents feel LGB&T people were not adequately represented, and how concerns about homophobia, biphobia and transphobia were a primary barrier to participating in public and political life. Similarly, Stonewall (2013)[173] identified that a significant number of surveyed LGB people fear they would face discrimination if they sought to play an active part in politics, with 76 per cent believing that LGB politicians are subject to greater scrutiny, including by the media, compared to heterosexual politicians. This study also identified that expectations of discrimination varied according to political party allegiance.

In addition to a lack representation, Ryrie *et al*. (2010) identified how the increased public visibility that comes with being politically active acted as a barrier to participation for many LGB&T people. Fears of society having negative perceptions of LGB&T people were recognised to make many LGB&T people sensitive to the effect public or political participation could have on themselves and their significant others. Findings from respondents within this study who were currently active in public and political life suggested perceptions of fear and abuse were frequently greater than what is actually experienced. These respondents cited positive consequences as a result of their engagement, including increased confidence, improved wellbeing and opportunities to gain new skills.

Expectations of discrimination were also identified to potentially reduce LGB&T parents' formal participation in school governance: 42 per cent of LGB&T parents in a Scottish survey reported expecting discrimination if they were to apply to become a member of the Parent Council[174] at their child's school (Stonewall Scotland, 2014)[175]. This rose to 60 per cent for transgender people.

10.5 Informal engagement

Despite the reviews identifying LGB people as being disengaged from more formal means of participation in public and political life, the EHRC Sexual Orientation Research Review and EHRC Transgender Research Review provided some evidence of high participation through other mediums. Donating, volunteering and activism were considered to be high amongst the LGB population (EHRC Sexual Orientation Research Review), and the increasing use of online communities was identified as an

[172] Qualitative research with 59 politically active and 20 non-active LGB&T people. Twenty-four of the interviewees were recruited through LGB&T organisations. The Consortium of Lesbian, Gay, Bisexual and Transgender Voluntary and Community Organisations negotiated access to eight organisations/groups (four in England and two in Scotland and Wales), half of which had a national profile and half a local profile. Once access had been negotiated, staff worked with each organisation to support the identification and sampling of individuals against the quotas.

[173] Online survey of 2,092 self-identified LGB people across England, Scotland and Wales. Sample from members of the YouGov Plc GB panel.

[174] A Parent Council is a consultative body which promotes dialogue between parents and schools. In Scotland, legislation requires education authorities to promote their establishment and support their operation.

[175] Total sample size was 1,043 LGB people from across Scotland. The survey was conducted using an online interview administered to members of the YouGovPlc GB panel of 350,000+ individuals who have agreed to take part in surveys. Additional open recruitment through Stonewall Scotland was used to achieve the full sample.

emerging gateway for transgender people to develop a sense of community (EHRC Transgender Research Review). None of the evidence identified by the scoping review provided any additional information in this area.

10.6 Experiences of participation

Evidence cited by the Women's Resource Centre (2010)[176] suggested gay men are more likely than lesbian women to be involved in governing bodies within LGB&T organisations, with bisexual and transgender people being significantly under-represented. Correspondingly, unrepresentative survey research from Browne and Lim (2010)[177] identified how transgender people perceived it to be much harder to get involved in public or political life compared to LGB people. The main reason for this was identified to be a lack of recognition of transgender issues in the formation of government policy, and within the LGB&T groups. This in turn was identified to foster a misunderstanding of the diversity within LGB&T lives and communities, and subsequently discourage transgender people from engaging.

10.7 Public Attitudes towards LGB&T representatives

In 2009, only 45 per cent of people in the UK said they would be totally comfortable having someone who was lesbian or gay in the highest elected political position in the UK (European Commission, 2009)[178]. Compared with the rest of the EU these findings were positive (with an average of 27 per cent; and third only to Sweden, 67 per cent, and Denmark, 65 per cent). Clements and Field (2014)[179] identified a significant change in public opinion on homosexual people holding public positions in the UK, with 90 per cent thinking it was acceptable in 2011/12 compared to 53 per cent in 1983.

10.8 Conclusions

The evidence base for identifying inequalities by sexual orientation or gender identity in participation in civic society is poor. There is very little evidence and there is yet less robust evidence. Moreover, the scope is fairly limited and mainly relates to participation in public office.

The evidence does appear to show that expectations of homophobia, biphobia and transphobia are barriers to standing for public office. Part of the issue is fear of greater media scrutiny and the effect of this, and also expectations of discrimination in selection. Whilst this might be expected to translate into proportionately fewer LGB&T

[176] Donahue, K. Opportunities for All: LGB&T Volunteering and Infrastructure Engagement in Greater London (2007) LGB&T Consortium: London. Report is no longer available. Therefore the robustness of this research is unclear.

[177] Survey of 819 self-identified LGB people in Brighton and Hove. Sample recruited via snowball and purposeful sampling through local and national LGB&T and mainstream media. 43 out of 819 respondents in this research identified as trans. 5% of the total sample

[178] Based on the Eurobarometer Survey 2009, which draws a representative sample of people aged 16 and over, using random probability sampling. The UK sample, of 1,317 people, were interviewed May-June 2009.

[179] This finding was based on an analysis of British Social Attitudes survey data 1983 to 2010. Participants select by a random probability sample of the PAF. Samples comprised of 1,761 in 1983 and 1,099 in 2011/12.

people holding public office and therefore represents inequality, the evidence for this is lacking. Limited evidence also suggests there may be inequality in the proportions of LGB&T people holding public office, with participation greatest amongst gay men, followed in declining order by lesbians, bisexual people and transgender people. Gaps remain in the evidence to identify the degree, nature and pattern of homophobia, biphobia and transphobia in relation to a range of public offices. Furthermore, no robust evidence exists on the pattern of public office holding by sexual orientation and gender identity.

The evidence also points to an increase in public acceptability of LGB people in public office, although the level of acceptability is less clear.

In relation to other issues, such as volunteering, donating, membership of activist groups and nature of activity, there is an evidence gap on patterns of participation by sexual orientation and gender identity and barriers to accessing the mainstream mechanisms for civic and community engagement at the local and national level.

11 Other themes

The previous chapters have covered policy areas identified by the GEO in their research specification. In conducting the evidence review, other themes were identified: public attitudes, asylum, young LGB&T people and older LGB&T people. These cut across the GEO policy areas. In this chapter, the evidence on these themes from previous chapters and other evidence identified in the review are brought together.

11.1 Public attitudes

11.1.1 Key points

- National survey research indicates that the UK has become more accepting of LGB people overtime, and is increasingly in support of legal equality.
- Due to questions regarding transgender people not being included in national surveys, it is unclear whether attitudes have changed towards transgender people.
- Attitudes toward LGB people vary according to certain socio-demographic characteristics, including age, gender, religion, ethnicity.
- Attitudes toward LGB people are also issue-dependent, with same-sex adoption being viewed less positively than same-sex marriage.

11.1.2 Introduction

In addition to the policy areas highlighted by the GEO, the scoping review identified changes in public attitudes as important when discussing the disadvantages and inequalities faced by LGB&T people in the UK.

This section refers to eleven studies, all of which are based on survey research. Five provide comparative analyses of non-LGB&T people's opinions and attitudes towards LGB&T people over time, and how these vary according to individuals' different socio-demographic statuses and by issue. The remaining four studies explore attitudes towards LGB&T specifically within the context of sport, and provide evidence on the extent to which homo-, bi- and trans-phobia exists. This research also explores the opinions of both LGB&T and non-LGB&T people, but offers no comparative analysis.

11.1.3 The evidence

Public attitudes towards LGB&T people were an area that was covered extensively in the three previous reviews. The EHRC Sexual Orientation Research Review identified evidence that there had been a positive change in attitudes towards LGB people amongst the general population. It also provided evidence that certain socio-demographic characteristics were associated with people holding discriminatory attitudes towards LGB people. To varying extents, these included being older, having fewer educational qualifications, being male, not having children, being partnered, being in higher social classes and living outside London. The EHRC Sexual Orientation Research Review also identified evidence that negative attitudes toward LGB people were perceived to be perpetuated by television and the media.

The EHRC Transgender Research Review identified similar evidence of positive change in the general populations' attitudes towards transgender people. However,

large proportions of the British population were identified as holding negative and discriminatory views towards transgender people. Evidence linked these negative views to sexism, heterosexism, and a belief in a rigid division of sex or gender.

The new evidence identified by the scoping review reinforced the finding that, over time, the UK has become more accepting of lesbian, gay and bisexual people. Very little evidence was found which explored attitudes towards transgender people.

Park, *et al*. (2013)[180] identified that, whereas in 1983, 50 per cent of surveyed people thought homosexuality was "always wrong", in 2012, only 22 per cent took this view, with nearly half (47 per cent) thinking it not wrong at all (Park, *et al* 2013). Similar findings were provided by Stonewall (2012)[181], which identified more people to have a positive opinion of LGB people in 2012 than in 2007.

In addition to higher levels of public approval, Stonewall (2012) identified greater support for legal equality for LGB people in UK in 2012 compared to 2007, with 81 per cent of respondents supporting civil partnerships and 58 per cent supporting same-sex adoption. Similarly, evidence provided by the European Commission identified thirty-eight per cent of people said they would be totally in favour of measures to being adopted to provide equal opportunities for everyone on the basis of sexual orientation in the field of employment (European Commission, 2009[182]) (Section 7.5.4).

Clements and Field (2014)[183] identified that a significant change in public opinion on homosexual people holding public positions in the UK, with 90 per cent thinking it was acceptable in 2011/12 compared to 53 per cent in 1983 (Section 10.7).

Attitudes towards LGB people varied according to socio-demographic background. When asked whether same-sex couples should be able to get married, Ross *et al*. (2011)[184] identified significant differences in opinion according to respondents' age. Similarly, when asked whether participants would be happy to have openly LGB people as close friends, Ellison and Gunstone (2009)[185] identified attitudes vary according to religious and ethnic background, age and educational attainment. Likewise, when asked whether they would be happy to be treated by a doctor or have a manager who was LGB, responses varied according to the respondents' religion and gender[186] (Section 7.5.4).

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[180] British Social Attitudes 30. Sample selected via random probability sample of the PAF. Questions were asked of either of the full sample (3,248 respondents) or of a random third or two-thirds of the sample.

[181] Findings based on a survey of 2,074 adults from across England, Scotland and Wales. The figures have been weighted and are representative of all adults in Britain. Sample from YouGov PLC.

[182] Based on the Eurobarometer Survey 2009, which draws a representative sample of people aged 16 and over, using random probability sampling. The UK sample, of 1,317 people, were interviewed May-June 2009.

[183] This finding was based on an analysis of British Social Attitudes survey data 1983 to 2010. Participants select by a random probability sample of the PAF. Samples comprised of 1,761 in 1983 and 1,099 in 2011/12.

[184] Attitudinal data collected the British Attitudes Survey 1983-2007.

[185] Initial samples were drawn from the You Gov on-line panel of 240,000 people: 5,567 of the 75,000 who had previously identified as LGB (or other or prefer not to say) plus a random sample of 3995 who had identified as heterosexual. The achieved sample was about half, with a lower response rate for heterosexual people.

[186] It was not reported whether these findings were statistically significant.

Attitudes were identified to be issue-dependent. Ross *et al*. (2011) identified that fewer people agreed with the prospect of same-sex adoption that same-sex marriage, even amongst the youngest of respondents who were found to be generally more supportive of LGB equality.

Stonewall (2012) found evidence of the opinion amongst a representative sample of adults from across England, Scotland and Wales that parents, the media and schools had the greatest role to play in tackling prejudice against gay people in the UK.

In addition to providing evidence on public attitudes towards LGB people generally in the UK, some studies specifically explored changing attitudes toward LGB&T people participating in sport. Cashmore and Cleland (2012)[187], in a survey of 3,500 fans and professionals involved in association football identified that, many thought homophobia amongst fans of football in the UK was decreasing[188]. However, evidence provided by Stonewall (2009)[189] found 70 per cent of surveyed football fans who attended a match in the last five years had heard anti-gay language and abuse. Similarly, Equality Network (2012)[190] (cited in the Scottish Evidence Review) reported 62 per cent of respondents had witnessed or experienced homophobia and/ or transphobia at sporting events. Stonewall (2013)[191] found that 63 per cent of gay and bisexual men, and 38 per cent of lesbians and bisexual women would expect to experience homophobia if they took part in team sport and were open about their sexual orientation. (See Section 6.3 for further evidence on homophobia, biphobia and transphobia in sport.)

11.2 Asylum

11.2.1 Key points

- All the evidence identified on inequality relating to asylum was qualitative. This prevents reliable identification of inequality in the asylum process, as well as trends overtime. However, the evidence suggests potential inequality and of a nature which would confer substantial and serious disadvantage.
- No evidence on the experiences of transgender or bisexual asylum seekers was identified.
- Qualitative evidence identified some UK Borders Agency (UKBA) staff[192] asked inappropriate, sexual questions to lesbian and gay asylum seekers, and made use of stereotypes when assessing the credibility of claimants' claims of being homosexual.

[187] Findings based on 3,500 responses from fans and professionals involved in association football to an anonymous online survey posted from June 2010 to October 2010.
[188] No reference is made to transphobia.
[189] Findings based on a survey of 2,005 football fans across Great Britain. Sample comprised of 1502 heterosexual and 503 LGB participants. Data was weighted by sexual orientation to ensure that LGB respondents were not over-represented in the overall figures. The survey was conducted using an online interview administered to members of the YouGov plc GB panel of 250,000 individuals who indicated they were football fans.
[190] Findings are based on 48 interviews with individuals who were part of 24 separate Scottish LGB&T sport groups, clubs and teams, and a survey result of 1,722 self-selected respondents. Survey was advertised through the Equality Network's database and social media, as well as through organisations such as sportscotland and the Scottish Sports Association.
[191] Online survey of 2,092 self-identified LGB people across England, Scotland and Wales. Sample from members of the YouGov Plc GB panel.
[192] Now known as UK Visas and Immigration.

- Evidence provides mixed conclusions on the extent to which these behaviours are correlated with lesbian and gay asylum seekers being approved refugee status.
- Some evidence suggests lesbian and gay asylum seekers face additional barriers to securing suitable housing, employment and financial stability as a direct result of their sexual orientation.

11.2.2 Introduction

The scoping review identified the issue of asylum as important when discussing the disadvantages and inequality faced by LGB&T people in the UK. The issue of asylum was not covered in the three previous reviews.

Due to a total lack of identified evidence regarding the experiences of bisexual or transgender people in this area, this section deals with the experiences of lesbian and gay asylum-seekers only. Six studies are referred to in this section, all of which provide qualitative, non-comparative evidence.

Given the nature of the evidence, it is not possible to determine that there is inequality in the asylum process by sexual orientation (or gender identity). However, the evidence presented suggests there may be and, if there is, it would confer substantial, serious disadvantage.

11.2.3 The evidence

Despite the UK providing some of the most extensive rights to lesbian and gay asylum seekers and their families in Europe (European Union Agency Fundamental Rights (FRA) 2010), evidence suggests lesbian and gay people seeking asylum in the UK experience disadvantage in two ways: inequitable treatment during the asylum seeking process, and increased risk of deprivation once having achieved refugee status.

Inequitable treatment during the asylum seeking process

Regarding inequitable treatment, evidence provided by Miles (2013)[193] suggested many lesbian and gay asylum-seekers were 'fast-tracked' and subsequently detained in what was described as often hostile and homophobic environments.

Evidence also suggested that due to a lack of appropriate training some staff from the UK Borders Agency (as it was when the research was conducted) asked highly sexualised, inappropriate questions to asylum-seekers making claims on the basis of sexual orientation (Miles, 2013; Bennett and Thomas, 2013[194]; and Micro Rainbow Foundation, 2013 [195]). These studies also identified some staff of the former UKBA to make use of stereotypes when assessing the credibility of asylum seekers' sexual

[193] Findings based on qualitative interviews with lesbian, gay and bisexual asylum-seekers, legal professionals, asylum support workers and UK Visas & Immigration (UKVI) (formerly UK Border Agency) staff. Sample size not disclosed.

[194] Findings based on repeat individual interviews with eleven lesbian women seeking asylum in the UK over a period of six months. Respondents came from Jamaica, The Gambia, Uganda, Nigeria, Pakistan and Saudi Arabia.

[195] Findings based on interviews with fifty lesbian and gay refugees. The sample was selected through the support of project partners (UKLGIG and LISG). People were interviewed in London and Manchester over seven months, from December 2012 to July 2013.

orientation. Evidence provided by the Independent Chief Inspector of Borders and Immigration (2014)[196] corroborated the findings of these qualitative studies.

The extent to which the evidence indicated that these types of behaviour affected outcomes of gay and lesbian people's claims for asylum on the basis of sexual orientation varied. Whereas Bennett and Thomas (2013) suggested the use of stereotypes affected the outcomes of lesbian women's asylum applications, the Independent Chief Inspector of Borders and Immigration (2014) found no correlation between inappropriate questioning or perceptible use of stereotypes during interviews and the refusal of refugee status. However, it was unclear what proportion of cases reviewed by the Independent Chief Inspector of Borders and Immigration were of lesbian women's claims for asylum in the UK. As a result, it was also unclear whether lesbian asylum seekers were disproportionately affected by the use stereotypes regarding sexual orientation compared with gay men, for example.

In addition to research questioning the ability of some staff of the former UKBA to appropriately assess the credibility of claims for asylum on the basis on sexual orientation, some studies suggested lesbians and gay men were disadvantaged during the asylum seeking process compared to heterosexual asylum seekers due to the difficulties they faced in disclosing their sexual orientation. Miles (2013) identified that immediate disclosure of sexual orientation was vital in order for claims for refugee status to be seen as credible in the UK. However, this approach was suggested to disadvantage both lesbian and gay asylum seekers as they often found it difficult to disclose their sexual orientation given the shame, stigma and trauma they often experienced in their countries of origin (Micro Rainbow International 2013; Miles *et al*. 2013; Johnson 2011[197]). Evidence from the Independent Chief Inspector of Borders and Immigration (2014), however, offered contradictory findings, suggesting nearly all reviewed applicants had disclosed their sexual orientation before or at the screening interview. This was therefore taken to indicate that claimant reluctance to disclose sexual orientation did not negatively impact their ability to obtain refugee status in the UK (Independent Chief Inspector of Borders and Immigration 2014).

Increased risk of deprivation once having achieved refugee status

New evidence suggested that, once having secured refugee status, lesbians and gay men often faced barriers in securing suitable housing, employment and financial stability as a direct result of their sexual orientation. Micro Rainbow International (2013) identified that lesbian and gay refugees could be left with no financial support once they entered the UK because they were ostracised by their families and co-nationals as a result of their sexual orientation. This in turn was found to increase their risk of poverty and serious deprivation. Micro Rainbow Foundation (2013) found LGB refugees felt particularly vulnerable after disclosing their sexual orientation to potential employers when attempting to access the job market or when already within the workplace. However, since this research is non-comparative it was unclear whether difficulties in disclosing sexual orientation were also common amongst lesbians and gay men not seeking asylum specifically upon the basis of sexual orientation. Additionally, it was also unclear whether being ostracised and financially unsupported

[196] Review based on 117 asylum cases which had been 'flagged' as being based on sexual orientation and where a first asylum decision had been made in 2013, and 18 randomly-selected separately sampled cases, where a first asylum decision had been taken in the last quarter of 2013 and the claims were based on sexual orientation but had not been 'flagged' as such.

[197] Findings based on interviews with ten solicitors and barristers, six NGO groups and three to four months of observing Asylum and Immigration Tribunals at Taylor House in Islington (London).

was an issue generally experienced by asylum-seekers in the UK, rather than just those who were lesbian or gay.

11.3 Young people

11.3.1 Key points

- The evidence showed that young LGB&T people faced a hostile environment (including in education, at home and in wider society) at a stage in their lives when they are particularly in need of support and approbation. The evidence showed young people subject to extensive homophobia, greater mental ill health and unwanted and risky sex. It also showed experiences at a young age having life-long implications for mental health and resilience.
- There is little evidence on the inequalities experienced by young transgender people.

11.3.2 Introduction

The policy chapters on education, health and family have identified inequality by sexual orientation and gender identity for young people specifically. However, the scoping review identified evidence of inequality for LGB&T young people in other spheres. This section reports on this evidence and refers to the evidence discussed above to provide a fuller view of the inequalities facing LGB&T young people.

Unlike the policy chapters, an overview of the evidence base is not given. This is because of the extensive use of evidence from other chapters. However, for each study referenced, information indicating quality is footnoted.

11.3.3 Bullying and harassment

Young LGB&T people grow up in a very hostile environment. In school, homophobic language is ubiquitous and homophobic bullying and harassment are common (Section 3.5). In the wider community, homophobic hate crime seems likely to be more common for young LGB&T people (Section 4.3.1).

Experience at a young age is crucial as it shapes future lives. As Public Health England (2014) stated,

> *"The earlier life stages in particular are fundamental for the development of good mental health and resilience. However, the development of a same-sex attraction among young people carries with it the risk that acceptance and support may be withdrawn by those closest to them. Family support helps young MSM[198] to make safe choices about drugs and alcohol and their sexual relationships"[199].*

And yet there is evidence that over half of young LGB&T people had no adult at school, and one quarter had no adult anywhere, they could talk to about their sexual

[198] Men who have sex with men.

[199] Referring to Recommendations for Promoting the Health and Wellbeing of Lesbian, Gay, Bisexual and Transgender Adolescents: a position paper of the Society for Adolescent Health and Medicine. Journal of Adolescent Health. 2013; 52 (4): 506-10.

orientation (Guasp, 2012a[200]). For some, coming out led to familial rejection and was seen to contribute to young LGB&T people being overrepresented amongst the homeless (Chapters 8 and 9). Closure of specialist LGB&T housing services and recent changes to housing benefit may have put increasing numbers of LGB&T young people at risk (Chapter 9; Mitchell *et al*., 2013[201]).

No evidence was found on the extent to which LGB&T people felt able to be open about their sexual orientation by age. Amongst students (school, college and university) almost half of lesbian and gay men were not open about their sexual orientation, rising to 56 per cent for bisexual women and 70 per cent for bisexual men (Section 3.6.2). Given than reported homophobia was higher in schools than in university, it might be expected that being open was particularly low in school and much higher in university.

Robinson *et al*, 2013[202], using a representative survey, found a decline in victimisation with age for LGB women and a rise with age for LGB men: after secondary school, lesbians and bisexual young women were no more likely to be victimised than heterosexual young women. However, the relative likelihood of victimisation rose for gay and bisexual young men.

11.3.4 Health

Against this background, it is unsurprising that mental ill health is particularly high amongst LGB&T young people. The evidence shows that while ill mental health is substantially higher amongst LGB&T people than heterosexual people generally, the relative differences in incidence is yet greater for young LGB&T people (Section 5.3.5). Young LGB people are at greater risk of depression, suicidal thoughts and self-harm than their peers. Substance abuse is also higher, with young LGB people more likely to smoke and to drink more than their heterosexual peers (Section 5.3.3).

When compared to other LGB people, young LGB people, and particularly young gay and bisexual men, are at higher risk of contracting HIV and sexually transmitted diseases. Furthermore young gay and bisexual men are more likely to be subject to unwanted sex (compared with heterosexual young men and to young women) (Section 5.3.6). The evidence also shows that gay and bisexual young men are at higher risk of contracting STIs and HIV when compared with older gay and bisexual men. STIs had been increasing for gay and bisexual young men, as had HIV diagnoses. Knowledge about HIV appeared to be particularly poor amongst young men (compared with other ages). HIV testing was lower for young gay and bisexual men than other age groups, despite the rate of STI transmission being higher amongst young gay and bisexual men, indicating a particularly high need for testing. As has been said above, the importance of testing and diagnosis is for the health of the individual, but also for reducing transmission (because treatment reduces infectivity).

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[200] Sample of 1614 LGB&T young people, aged 11 to 19, in Britain, conducted November 2011 to February 2012. Representativeness is unclear, as no information on the sampling process is given.

[201] Survey of 101 self-identified LGB&T people. Recruitment via email invitations with information leaflets were sent by UNISON to their LGB&T network and to a number of their contacts including members networks like the Transgender Members and Black LGB&T networks, UNISON's external LGB&T contacts and other stakeholders and advisory groups. Individuals were asked to forward the email to anyone else who they thought would have an interest in the research. Participants did not have to be a UNISON member to participate.

[202] Based on analysis of the Longitudinal Survey of Young People in England (LSYPE), for the cohort aged 13 to 14 in 2004. Analysed annually till 2010 (aged 19 to 20). Sample size was 4135 (187 LGB) and is nationally representative.

Risky sex was also identified as more common for bisexual young women (compared with their heterosexual peers), resulting in a much higher risk of pregnancy.

Evidence on other health issues by age was not found. However, it might be assumed that the reported neglect of health support for sexual fulfilment and the concerns raised in respect of provision for lesbians in respect of sexually transmitted diseases (Section 5.3.6) are likely to impact particularly on young LGB people.

For young people, access to health care is of concern. Young LGB people were less likely than others to be open about their sexual orientation with their GP (Section 5.3.8). Non-disclosure can reduce the appropriateness of health care. Dissatisfaction amongst LGB&T people (of all ages) is higher than amongst heterosexual people, particularly in relation to mental health services (section 5.3.8). The only way in which young people differed was in greater dissatisfaction with their GP.

11.3.5 Socialising

There is evidence that formal facilities for LGB&T young people to socialise are lacking.

LGB youth groups seem to be attractive to LGB young people but are not widespread. Only ten per cent of young LGB respondents in one survey reported that they go to a youth group for gay young people and their friends[203] (Guasp, 2012a). Amongst those who attend such clubs, 94 per cent were found to have had an adult they could talk to about their sexual orientation (although it was not clear from the research the extent which this was causal) (Guasp, 2012a). It was clear that general youth clubs did not provide adequately for LGB young peopling, although 21 per cent did go to such clubs (Guasp, 2012a). However, half of these felt they could not be open about their sexual orientation at their club (Guasp, 2012a).

Alternatives to formal facilities for LGB&T young people to socialise include gay pubs and clubs and the internet. Gay pubs and clubs were used by 62 per cent of 18 to 19 year old LGB respondents and also by 13 per cent of those under 18 (Guasp, 2012a). Whilst social media was seen as a useful social medium, reducing isolation, it was also seen as entailing risks (cyber-bullying, unrealistic or over-sexualised representations of same-sex relationships and sexual exploitation) (Public Health England, 2014)[204]. The internet was used by 63 per cent of young LGB people to meet other LGB people (Guasp, 2012a). Moreover, 10 per cent of aged under 18 and 33 per cent aged 18 to 19 had used dating websites for gay adults. Furthermore 59 per cent of LGB&T young people had created a sexual photo or video of themselves with 47 per cent sending it to someone they had not met (Public Health England, 2014)[205]. There were no comparative rates provided for heterosexual and cisgender young people.

[203] Seventy-two per cent of young people were unaware of any local LGB youth groups and the same percentage say there school has no club for gay pupils; 50 per cent of young LGB people said they would like to go to such a club if there were one.

[204] Referring to Stonewall (2014) Staying Safe Online [Internet]. [cited 2014 May 20]. Available at: http://www.stonewall.org.uk/at_school/education_for_all/quick_links/9460.asp

[205] Referring to Stonewall (2014) Staying Safe Online [Internet]. [cited 2014 May 20]. Available at: http://www.stonewall.org.uk/at_school/education_for_all/quick_links/9460.asp

11.3.6 Conclusions

The evidence suggests LGB&T young people face a particularly hostile environment and difficulties because of their sexual orientation or gender identity. Inequality is greater for this group over a range of areas: LGB&T young people face greater disadvantage than comparatively older LGB&T people and compared with non-LGB&T young people. In particular, the evidence shows that:

1. LGB&T young people experienced a highly hostile environment within school, with high levels of bullying, harassment and homophobic language due to their sexual orientation; after secondary school, some inequalities diminished for young women (with victimisation rates by sexual orientation equalising for women) but inequality in victimisation grew for young men (with gay and bisexual young men rates of victimisation growing disproportionately).
2. The evidence shows inequality in risk of harm to young LGB&T compared with other young people and older LGB&T people. This risk of harm is in terms of emotional damage, mental health, victimisation and STIs.
3. The evidence shows inequality in terms of support for LGB&T young people compared with other young people, in areas of emotional, medical and social support. Young LGB&T people have greater need for support both to cope with bullying and harassment and with coming to terms with their sexual orientation or gender identity but the evidence suggests that LGB&T young people are less likely to receive the support than other young people and less likely to receive the support required by their needs.

11.4 Older LGB&T people

11.4.1 Key points

- There is no evidence specifically on older transgender people, their needs and experiences and whether this differs from younger transgender people.
- Compared with heterosexual people, LGB people are more likely to receive a pension. This suggests LGB people may be financially better off in their old age than heterosexual people. However, there is no evidence to verify this.
- There is evidence of inequality, disadvantaging older LGB, compared with heterosexual people, due to homophobia, biphobia and heterosexism, affecting both LGB people's anxiety about ageing and support provision. This is particularly apparent in respect of concerns over care provision, and in respect of HIV testing and mental health.
- There was some evidence that older LGB people, compared with heterosexual people, were more concerned about the implications of ageing in respect of major areas: needing care, independence and mobility, health, housing and mental health. Contributing to these greater concerns were that more LGB older people (specifically, gay and bisexual men) live alone, they are more reliant on friendship than family support (including fewer have had children), and their expectations of homophobia and heteronormativity in the provision of services.
- There is a gap in the evidence on the role of friendship networks in providing care and support for older LGB&T people and how support might be enhanced (including through formal public support and services).

- There is a gap in evidence on the actual experiences of LGB&T people in residential homes and how to ensure provision is LGB&T-friendly. Evidence is also lacking in relation to care for people with dementia and end of life care, areas of provision on which no research was found.
- The evidence on HIV testing and older gay and bisexual men showed they are less likely to be tested and are more likely to be diagnosed late. Not only does this lead to far more older (than other aged) gay and bisexual men dying within a short period of diagnosis, but also means they have been at greater risk of infecting others. There is a gap in the evidence on how to increase HIV testing amongst older gay and bisexual men.

11.4.2 Introduction

Older LGB&T people have similar needs and preferences to older heterosexual people and to comparatively younger LGB&T people. But there are differences, largely stemming from a lifetime experiencing homophobia, discrimination and heteronormativity (Ward *et al*., 2010). Similarly, older LGB&T people's needs differ from younger LGB&T people's, not only because of their current interests, but because older LGB&T people have grown up during a period of greater hostility (and, for some, illegality), affecting their lifestyle and well-being.

The policy chapters on health, other services, family and housing have identified inequality by sexual orientation and gender identity for older people specifically. However, the review identified a number of issues which did not fit neatly into the separate policy chapters above. These included older LGB&T people's general concerns about ageing, their lifestyle and support structures and finance. These are discussed in turn below. The section then summarises the issues for older LGB&T people identified in the previous chapters in respect of health and of social and residential care.

11.4.3 The nature of the evidence identified

Unlike the policy chapters, an overview of the evidence base is not given. This is because of the extensive use of evidence from other chapters. However, for each study referenced, information indicating quality is footnoted.

One report is referred to extensively: Stonewall (2010a)[206]. This report focussed on older LGB people (aged over 55) and provided evidence over a range of issues. The evidence is based on a survey of LGB and heterosexual people aged over 55. However, due to the sampling approach for LGB participants, the findings may not be representative.

The review did not identify evidence relating to older transgender people (except that based on surveys in which transgender people formed a small or unidentified part of the sample and analysis was conducted on LGB and transgender people jointly). This highlights a major and important evidence gap.

[206] An unrepresentative survey of 2,086 people over the age of 55, approximately half each heterosexual and LGB, across England, Scotland and Wales throughout October 2010. The main sample was drawn from the YouGov Plc GB panel of over 320,000 individuals, with additional open recruitment through Stonewall for LGB respondents.

11.4.4 LGB older people's concerns about ageing

Although similar percentages of LGB and heterosexual people may not feel positive about ageing, there was evidence that concerns were greater amongst LGB people than heterosexual people (Stonewall, 2010a) More LGB people than heterosexual people were concerned about major issues related to ageing: needing care (72 per cent and 62 per cent, respectively), independence and mobility (70 per cent and 58 per cent, respectively, each), health (70 per cent and 59 per cent, respectively), housing (50 per cent and 39 per cent, respectively) and mental health (46 per cent and 34 per cent, respectively).

Moreover, 48 per cent of LGB people felt that their sexual orientation had, or would have, a negative effect on getting older. In part, this was due to expectations of discrimination, lack of family and support structures (Stonewall, 2010a). Anxiety about the future was greater amongst those without a partner and those who had not had children. It was unclear whether anxiety was similar for heterosexual people in these situations. However, it was important to note that far more LGB than heterosexual people are single and have no children.

11.4.5 Family and social networks

Increasing frailty and dependence, as well as loneliness, means that family and friendship networks become increasingly important as a source of practical support, as well as for the quality of life, in old age, and affect the degree of dependence on formal support services. In this context, differences in family and friendship structures by sexual orientation are important.

As described in Section 8.3, traditional family structures are less common for LGB people and they are "*more likely to face the prospect [of ageing] either alone or without as much personal support as their heterosexual counterparts*" (Stonewall, 2010a). As a consequence, many older LGB people experience an increased sense of vulnerability and are more anxious about ageing. They also see maintaining social networks with other LGB people as an important part of support in later life.

With the lack of family support, friendship networks are of greater importance, with '*my family is my friends'* a common view[207] (Stonewall, 2010a). Friends were much more often seen as a source of support during illness and needing assistance[208]. However, friendship networks often comprise people of the same generation and so may be less able to provide support with age, due to friends' own dependency and death. Despite the differences in family structures, older LGB and heterosexual people were equally likely to have caring responsibilities, around one quarter each (Stonewall, 2010a).

The importance of friends for LGB people raises the issue of structures supporting friendship. Qualitative research suggested a concern amongst LGB older people that gay groups were focussed on younger age groups, and that generic social groups and networks for older people tended to predominately comprise of heterosexual people (Stonewall, 2010a, responses to open-ended questions). Nevertheless, 25 per cent LGB people over 55 regularly accessed LGB groups; 31 per cent of gay and bisexual

[207] 81 per cent of lesbian and bisexual women, compared with 60 per cent of heterosexual women and 69 per cent of gay and bisexual men, compared with 48 per cent of heterosexual men, viewed their friends as family (Stonewall, 2010a).

[208] 52 per cent of lesbian and bisexual women (compared with 19 per cent of heterosexual women) and 42 per cent of gay and bisexual men (compared with 14 per cent of heterosexual men) said they would turn to a friend if they were ill and needing help around the home (Stonewall, 2010a).

men and 17 per cent of lesbian and bisexual women attended gay pubs at least weekly or monthly.

11.4.6 Finance

Finance is a major concern for older people and a similar percentage of older LGB and heterosexual people worried about finances (Stonewall, 2010a). However, sources of future finance differed by sexual orientation, as LGB people were identified to more likely to have planned for their future financial needs.

Research by Stonewall (2010a) found that pensions were more often reported to be an important source of income in old age for LGB people than heterosexual people. The differential was greatest for women[209]. Financial support from one's partner was more often reported to be important in old age for heterosexual women than for lesbians and bisexual women (42 per cent and 31 per cent, respectively) (with no difference by sexual orientation for men). These patterns are likely to reflect gender inequality in access to pensions for women in general, together with differences in rates of motherhood by sexual orientation. They also suggest differences either in job level (i.e. access to occupational pensions) or financial planning by LGB people compared to heterosexual people. In addition, although the evidence on differences in employment rate by sexual orientation was conflicting, greater access to pensions by LGB people lends support to the evidence on higher employment rates between LGB people and heterosexual people.

The other sources of finance explored in Stonewall (2010a) were family members (other than one's partner) and housing (as a financial asset). Family members were not seen as an important source of finance by many people in old age and they were less often seen as an important source by LGB people compared with heterosexual people (five per cent and eleven per cent respectively). Fewer LGB people than heterosexual people saw their home as an important asset for their financial future.

Moreover, employment rates may be higher amongst older LGB people compared with older heterosexual people. Stonewall (2010a) found, for those aged 55 to 59, 67 per cent of LGB people, compared with 52 per cent of heterosexual people, were employed and, for those aged over 70, 15 per cent were employed, compared with six per cent of heterosexual people. No evidence was found for the reasons for the higher employment rate. However, the main reasons for working beyond pension age were identified to be due to reported enjoyment of work and financial need. The evidence on pensions and on pay and occupations presented in Sections 7.3.2 and 7.4 suggest it may be due to the former.

The greater access to pensions by LGB people suggests that their incomes in old age may be higher than that of heterosexual people, although the review found no robust evidence on relative incomes in retirement to verify this.

11.4.7 Health

Chapter 5 identified health issues for LGB&T people and included information by age where this was available. This section brings out the main similarities and differences between older and comparatively younger LGB people and between older people by sexual orientation. No evidence specifically on older transgender people, their needs

[209] 84 per cent of gay and bisexual men, compared with 73 per cent of heterosexual men; 79 per cent of lesbians and bisexual women, compared with 58 per cent of heterosexual women having a pension as a major source of income in old age.

and experiences, and whether this differs from younger transgender people, was identified.

Health and needs

Compared with heterosexual people more older LGB people were concerned about their health (and about consequent dependence and care needs with decline) (Section 11.4.4). However, none of the evidence identified examined physical health for older LGB people, i.e. whether this differed from that of heterosexual people (Section 5.3.2). One issue, largely of greatest pertinence to gay and bisexual men, is the long-term effects of HIV medication on health (Section 5.3.6).

For mental health, the evidence pointed towards both an improvement with age and a decline in difference by sexual orientation (Section 5.3.5). The relatively higher incidence of mental health issues for LGB people than heterosexual people, reduced with age and some evidence pointed to the difference disappearing, although more robust evidence would be needed to be confident that the extent of mental health needs were no different for older LGB people than heterosexual people.

Contributing to poorer health, older LGB people, like comparatively younger LGB people, were more likely to take recreational drugs (around nine per cent) and, possibly, to consume more alcohol than heterosexual people (Section 5.3.3). The evidence on the latter was inconsistent and some differences found were small. The incidence of smoking among older people did not appear to differ by sexual orientation. However, older LGB people were more likely to exercise than their older heterosexual peers, which should contribute to better health (Section 11.4.4).

HIV testing

Issues were identified around HIV testing for older gay and bisexual men.

Late diagnosis of HIV was more common for older gay and bisexual men compared with other gay and bisexual men (Section 5.3.6). Late diagnosis is serious both for the patient, as the mortality rate is higher, and for the spread of the disease (given sexual practices being related to beliefs about one's and one's partner's HIV status; and treatment reduces infectivity). Older gay and bisexual men are less likely to be tested for HIV (compared with gay and bisexual men from other age groups), despite being as likely to have unsafe sex as other age groups.

There was no direct evidence on the reasons for older gay and bisexual men being less likely to be tested. Contributing to this may be greater reluctance of older gay and bisexual men (compared with gay and bisexual men from other age groups) to be open about their sexuality (although this is not reliably evidenced)Evidence on the experience of older people with health support suggests that it may also be due to health care responses to them.

Health care access and support

There was evidence of less trust in health services and professionals amongst older LGB people compared with heterosexual people (Section 5.3.8).

Research by Stonewall (2010) found that a higher proportion of older LGB people were concerned that GPs and other health services would not meet their needs compared with their heterosexual peers. This was particularly stark for mental health, 43 per cent

compared with 33 per cent of heterosexual people (Stonewall, 2010a)[210]. More LGB people than heterosexual people were not confident that medical professionals would identify and consult the right person to make decisions about their care if they were unable to make their wishes known themselves, with more single LGB people concerned. At the same time, there was no evidence that this affected access to general health care, although there was limited evidence that older people with HIV were less likely to access health support services and to be poorly served at the primary care level (Section 5.3.6).

It was unclear whether disclosure of sexual orientation to health care professionals continued to be a greater issue for older people or not. Non-disclosure prevents appropriate health care, where this is related to sexual orientation. The previous reviews had found evidence of greater non-disclosure to health professionals by older LGB people (compared with other ages). Some evidence suggested that disclosure of sexual orientation, in society generally, may have risen. Nevertheless 33 per cent of older LGB people reported feeling uncomfortable disclosing to hospital staff and 18 per cent to their GP (Stonewall, 2010a).

Ward *et al.* (2010) identified a lack of evidence on LGB&T people and dementia care and end of life care. Given the fears of LBG people about residential care, as well as health and care services, these would seem a pertinent evidence gap.

11.4.8 Social and residential care

Loss of independence and the need for care by others are major concerns for older people (Stonewall, 2010a). For LGB older people, their sexual orientation influences their concerns. The difference in social support structures (and, particularly, fewer LGB people with familial support) result in LGB people being more likely to be dependent on formal forms of social care (Section 11.4.5). Moreover, potential discrimination and homophobia (from providers and other service users) make LGB older people concerned about being reliant on social care. As with health support, a substantial minority of LGB people are concerned about being open to care providers, particularly in a residential care setting.

Whilst there was evidence of problems throughout care provision, the focus of recent research relating to older people has been residential care. The evidence suggests that LGB people are more concerned than heterosexual people about the prospect of residential care (Section 11.4.5). Concerns include the inability to be oneself, privacy, safety, cultural appropriateness of support, discrimination and becoming disconnected from their communities and friendship networks.

An identified consequence of these concerns about social care provision was LGB people delaying their access to needed social care.

11.4.9 Conclusions

There is evidence of inequality, disadvantaging older LGB people, compared with heterosexual people, due to homophobia, biphobia and heterosexism, affecting both LGB people's anxiety about ageing and support provision.

[210] An unrepresentative survey of 2,086 people over the age of 55, approximately half each heterosexual and LGB, across England, Scotland and Wales throughout October 2010. The main sample was drawn from the YouGov Plc GB panel of over 320,000 individuals, with additional open recruitment through Stonewall for LGB respondents.

Loss of independence, the need for care support and residential care present a complex picture for assessing inequality by sexual orientation. Firstly, it is apparent that there is inequality in *expectations* of how well needs will be met by care services (including residential care); this alone is a source of inequality. However, there is little evidence on whether there is *actual* disadvantage in care provision, including residential care. This is an important research gap. Secondly, differences in familial support by sexual orientation is assumed to result in *differences in need* for formal care. At the same time, the evidence suggests friendship support networks are stronger for LGB&T people. It is therefore unclear whether there is a greater need for formal care by LGB&T people. This is also an important evidence gap. It would be useful to understand further the role of friendship networks in providing care and support for older LGB&T people and how support might be enhanced (including through formal public support and services).

There is an issue around HIV testing and older gay and bisexual men: they are less likely to be tested and are more likely to be diagnosed late. Not only does this lead to a greater number of older gay and bisexual men dying within a short period of diagnosis (compared with those from other age groups), but also means increased risk of infecting others. Research on how best to increase HIV testing amongst older gay and bisexual men represents an evidence gap.

12 Evidence gaps

12.1 Key points

- High quality quantitative research into issues related to sexual orientation has been hampered, and for gender identity blocked, due to a lack of representative surveys identifying sexual orientation and transgender status. However, some nationally representative datasets could be used further and other new datasets should offer additional opportunities. Nevertheless, for many issues, more accurate quantification is not necessary for policy development.
- There is a paucity of evidence on the experiences of transgender people and into addressing their disadvantage. Evidence indicating the size and prevalence of the transgender population, public attitudes towards transgender people and all policy areas covered is missing. However, we are unsure about the practicality of including gender identity in quantitative surveys, the obstacles to which are yet greater than for sexual orientation.
- There is a dearth of evidence on the experiences of bisexual men and women.
- In many policy areas, we would suggest that the main inequality issues are known and that evidence gaps exist in relation to effecting change: not only the policies and practices required, but also how to achieve effective implementation of these.
- There is a dearth of evidence on LGB&T people who are minorities in other equality groups, notably, minority ethnic and religious groups and also who are disabled people.

12.2 Introduction

Throughout the report gaps in the evidence base have been highlighted. We have been parsimonious in this: there are many areas where further evidence would contribute to understanding about LGB&T policy, not only because of the relatively limited quantity of research, but also because of the quality of quantitative research. The evidence gaps highlighted are those which seem to us important in policy terms (to address major detriment or expected detriment, where major is in terms of numbers affected and degree to which people are affected), and where the body of research (irrespective of the quality of individual studies) does not appear to provide enough evidence for policy development. In particular, whilst many quantitative studies do not provide representative data, this does not mean they cannot provide enough information to guide policy development.

In this chapter, we first discuss the issue of quantitative evidence on sexual orientation and transgender status in general. We then discuss three cross-cutting issues where there are major evidence gaps: effective policy and practice, transgender and multiple disadvantage. The final section summarises and maps the evidence gaps identified in Chapters 3 to 11.

12.3 Quantitative data

All three previous reviews emphasised the lack of representative quantitative data, which precluded reliable identification of the extent of disadvantage for LGB&T people, and of differential effects for different types of people. This remains the case.

The problems of quantifying the experience of LGB&T people have been frequently repeated (see the three previous research reviews, for example). National and administrative datasets have not held data on sexual orientation or transgender status, and therefore do not provide a means of examining LGB&T experience using reliable, representative data. Instead, research has had to rely on bespoke surveys, the main problem with which is the way in which samples are drawn, precluding confidence that they are representative of LGB&T people generally. Such surveys often lack a heterosexual or gender conforming comparison sample, preventing identification of difference by sexual orientation or gender identity. This does not mean, however, that national and administrative data sets would be perfect, due to problems of accurate reporting of sexual orientation and transgender status and sample sizes precluding detailed analysis.

Much of the quantitative evidence presented in the report has relied on non-representative surveys. For many issues the survey evidence is consistent, even if the exact numbers differ (e.g. homophobic bullying is greater in schools than in universities). In these cases, whilst representative data would be nice to have, we have assumed this would not be a priority for policy. Where evidence conflicts over major issues (e.g. employment and pay gaps), there is more justification for pursuing representative data. However, this still depends on the policy importance and usefulness. This means that we have highlighted little research which replicates existing research but using better datasets.

A number of existing datasets provide the opportunity to examine a range of issues for LGB people. For example,

- *Understanding Society*, a major longitudinal dataset which addresses a wide range of social issues, identifies sexual orientation, but has been little used in this respect (e.g. only one study identified in this report).
- The *Adult Psychiatric Morbidity Survey* (2007) has been used by studies referred to in this report to investigate mental health. However, the survey covers a much wider range of issues of interest, including employment, family structure, general health and care. The survey is conducted every seven years, with the latest in 2014.
- The decennial *National Survey of Sexual Attitudes and Lifestyles* was conducted in 2010-12 and extended the oldest people sampled from 44 to 74.

It would be useful to consider how these datasets could be used more widely to expand our knowledge and inform policy development. The same would apply to any further representative datasets identifying LGB&T people covering social and health issues which become available. Ward *et al* (2010)[211] reported that, in Scotland, plans had been announced to add a standard question on sexual orientation to major national surveys. It is unclear whether similar plans are being considered for the UK as a whole.

12.4 Evidence gaps in cross-cutting issues

Transgender

Whilst it is clear that transgender people suffer discrimination, harassment, bullying and violence, and services are unlikely to provide them with the same level of support

[211] Referring to (NHS, Scotland 2010).

as other people, there is a lack of evidence for the policy areas addressed in this report. The EHRC Transgender Research Review and the Scottish Evidence Review found a severe lack of evidence, and a reliance on small-scale studies.,. Throughout this study, we have identified little or no further evidence relevant to the policy areas.

The EHRC Transgender Research Review identified a need for research to establish the size and prevalence of the transgender population and a quantitative and qualitative study of their economic situation. However, we would add to this all the other policy areas covered in this report. In short, given the dearth of evidence, we find it difficult to identify specific gaps. We are unsure about the practicality of quantitative surveys, the obstacles to which are yet greater than for sexual orientation.

As discussed below, adding transphobia to surveys of public attitudes would be useful.

Bisexuality

There is a significant evidence gap on the inequalities experienced by bisexual men and women in all the policy areas considered. There is limited evidence (for example in relation to STIs) that the equality issues facing bisexual people differ from those facing lesbian and gay men. Nevertheless, there was a dearth of evidence that specifically focused on the experiences bisexual men or bisexual women alone.

Effective policy and practice

We would concur with the EHRC Sexual Orientation Research Review that an important evidence gap in respect of sexual orientation is on **what works** (rather than on needs). Although not identified explicitly in the previous chapters, this runs through our evidence review, for example, what policies and practices would reduce homophobic bullying in schools, discrimination in employment, and heteronormativity in the provision of health services? Whilst we may not have a full understanding of the experiences, disadvantages and needs of LGB people, the body of evidence points less to the need to know more about these and more to the need to make changes. At the same time, there is little evidence on how best to secure these changes.

LGB&T people who are minorities in other equality groups

We were struck by the paucity of evidence relating to LGB&T people who are in other minority equality groups. A small amount of literature was identified which related to BME, Muslim, Christians and disabled LGB people and to class. Studies were largely very small-scale qualitative research.

In respect of BME and Muslim LGB people, the research identified focussed on issues of identity, on reconciling culture/religion and their sexual orientation, and on coming out. It also related to a very small number of ethnic groups. The evidence identified greater conflict and difficulties for some BME and Muslim LGB people than other ethnic groups. Lack of understanding of how experiences for LGB&T people differ by ethnicity and religion remains a major gap.

The dearth of research on disabled LGB&T people makes it more difficult to identify specific evidence gaps. Major evidence gaps include disabled LGB&T people and health and social care services and also sexual health, employment, education and bullying.

12.5 Summary of evidence gaps identified in Chapters 2 to

10

For each policy area, the evidence gaps identified in previous chapters are summarised in tabular form below. Further information about each gap is then given. The cross cutting issues for research discussed in the previous section are additional to those identified by policy area.

Table 12.1 Summary of evidence gaps by policy area

	Focus of research								
Policy area	**Policies to address bullying and harassment**	**Patterns of inequality**	**Inequality in service provision by sexual orientation and gender identity**	**Research taking into account standardly mediating factors**	**The impact of participant on service provision**	**Support needs to reduce inequality**	**Barriers to equality**	**Policies to address heterosexism and homophobia in service delivery**	**Transgender people**
Education	x								
colleges									
Safety									
Hate crime		X							
Domestic violence		X	x						
Health				x				x	
HIV testing and older men							x		
Services					x			x	
Care provision			x						
Employment		X		x					
Families									
Foster parents and adopters		X							
Impact on children of having LGB&T parents		X							
Friendship networks and support to dependent LGB&T adults		X				x			
Homelessness and Housing								x	
Residential care			x					x	
Civic Society		X							
NEET									
Asylum									x
Public Attitudes									x
Young people						x			

x – indicates an evidence gap.

12.5.1 Education

- There was no reliable evidence on the extent of perceived or expected discrimination in education, and little reliable evidence on inequalities between groups.
- There is a lack of evidence on ways to address homophobic and transphobic bullying, harassment and language, in education, particularly in schools. This includes evidence on effective measures, and how to improve implementation of measures, including ways to ensure that teachers address incidents.
- Very little is known about sexual orientation and gender identity in relation to colleges, including evidence on differences by subject and qualification.
- There is very little robust evidence on education issues in relation to transgender students and gender identity.

12.5.2 Safety

- Despite an increase in recorded incidences of hate crime, there is a gap in our understanding of it is unclear whether this reflects a real rise or improved police identification. Continued analysis of recent data would therefore be desirable.
- Some evidence suggests certain LGB&T groups are at particular risk of hate crime – notably gay men, young people and those from black and ethnic minority groups. More extensive analyses of comparative data would be useful.
- Inconsistent findings from unrepresentative surveys mean that the prevalence of domestic violence amongst and between LGB&T people is unclear, as is which LGB&T groups are most at risk. In addition, limited evidence suggests LGB&T people are not making use of domestic violence services. Further research to clarify these issues would be useful to improve support for LGB&T at risk of domestic violence.

12.5.3 Health

- Little of the research evidence examines differences by standardly mediating factors, such as socio-economic status. This leaves a major gap in our understanding of the drivers of differential health outcomes by sexual orientation and gender identity. (Powdthavee and Wooden (2014) refer to US evidence where differences disappeared once this was taken into account.)
- There is a lack of evidence on how better to reduce homophobia and heteronormativity in the delivery of health services.

12.5.4 Access to and experience of services

- There is a lack of evidence on how cuts in public expenditure impact on LGB&T services and equality work.
- There is a lack of evidence on how better to reduce homophobia and heteronormativity in the delivery of services. The lack of information on care (including residential) services for older people seems to be particularly important.

12.5.5 Employment

- There is a gap in the evidence on inequality of employment outcomes (notably, employment rates, occupational levels and earnings) by sexual orientation, with evidence inconsistent. In particular, the evidence does not sufficiently take into

account factors which may differentially affect outcomes by sexual orientation. Recent improvements in datasets allow these gaps to be reduced.

- Lack of data prevents a view on the relative performance of transgender people in the labour market.

12.5.6 LGB&T Families, adoption and fostering

- There is a lack of knowledge on differences in the experiences of foster parents and adopters by sexual orientation.
- Evidence of the impact, if any, on children and young people of having LGB&T parents (including adoptive and foster parents) is lacking.

12.5.7 Homelessness and Access to Housing Provision

- Having to move into residential accommodation with age is a greater concern amongst LGB then heterosexual people, due to fears of homophobia, heteronormativity and being unable to be oneself; other issues include being able to be with one's partner and physical contact. However, no evidence was found on the actual experience of older LGB&T people in residential homes and research into this would be useful.
- There is a lack of evidence on how better to reduce homophobia and heteronormativity in the delivery of housing services, particularly for residential homes.

12.5.8 Civic society

- There is a lack of evidence on patterns of civic participation (including in public and political life, volunteering, donating, and membership of activist groups) by sexual orientation and gender identity and of any inequalities in the civic participant process.

12.5.9 NEET (young people not in employment, education or training)

- No evidence was found on young LGB&T people who were NEET. Whilst this identifies an evidence gap, it provides no direction as to the focus of research needed.

12.5.10 Other themes

Public attitudes

- National survey research into attitudes towards LGB people has identified improving attitudes over time. It would be useful to include in future surveys attitudes towards transgender gender people, first, to establish the extent of negative attitudes, secondly, to identify issues of greatest concern and thirdly to enable the monitoring of change.

Asylum

- There is a lack of evidence on the experiences of transgender asylum seekers.

Young people

Gaps in evidence in relation to young people have been identified elsewhere (particularly in education). In addition,

- Young LGB&T people face a hostile environment at a stage in their lives when they are particularly in need of support and approbation. They are already subject to extensive homophobia, greater mental ill health and unwanted and

risky sex. Experience at this age has life-long implications for mental health and resilience. However, there is a gap in the evidence base on approaches to support young people.
- There is little evidence on the inequalities experienced by young transgender people.

Older people

- There is no evidence specifically on older transgender people, their needs and experiences and whether this differs from younger transgender people.
- There is a gap in our understanding of the reasons for the lower rate of HIV testing amongst older gay and bisexual men and of policies to improve testing.
- There is a dearth of evidence on the experiences of LGB&T people in residential homes and how to ensure provision is LGB&T-friendly. This also applies to evidence on the care of LGB&T people with dementia and those needing end of life care.
- There is a gap in our knowledge of the role of friendship networks in providing care and support for older LGB&T people and how informal support might be enhanced (including through formal public support and services).

13 Conclusion

13.1 Introduction

The review was commissioned to identify the nature of relative disadvantage experienced by LGB&T people in key policy areas for the GEO in order to help the GEO to inform policy development. This chapter describes the most important inequalities identified, where 'most important' are those inequalities which seem to the authors to suggest greatest impact on quality of life.

The inequalities largely relate to inequality between LGB (and sometimes transgender) and heterosexual people owing to the lack of evidence in relation to inequalities between LGB&T groups.

13.2 Key policy issues

The evidence pointed to **bullying and harassment** based on sexual orientation being an important source of inequality for young LGB people, compared with heterosexual people and that this might be greater for boys than girls. The importance was related to both its pervasiveness and its identified effects on mental health. The degree of inequality was greater in schools, than in universities (evidence on bullying in colleges was lacking). The use of homophobic, biphobic and transphobic language was a part of this harassment.

A wider issue of the inequality in addressing **LGB&T young people's needs and the heteronormativity of service provision** was identified in the literature. This ranged from lack of provision to socialise in an LGB&T-friendly atmosphere to lack of provision of support (an adult to speak to, issues being addressed in school) in relation to one's sexual orientation or gender identity.

In respect of general safety, the evidence on **hate crime** points to gay men, young people and those from black and ethnic minority groups being more at risk than LGB people from other ethnic groups and compared with heterosexual people.

Inequalities in **health outcomes and satisfaction** with health provision between LGB and heterosexual people were identified by the evidence. In respect of health outcomes, it was unclear whether the inequality was limited to mental health. Certainly, LGB people compared with heterosexual people were more subject to mental health problems and the evidence pointed to discrimination against LGB people as contributing to this. The evidence on satisfaction, pointed to inequality in health service provision, with LGB&T people feeling less well supported than heterosexual people. An important area identified was in **sexual health for lesbians and bisexual** women and in **sexual satisfaction for LGB people** more generally. The lack of robust evidence in relation to assisted fertilisation and to maternity meant that conclusions could not be drawn on inequalities in this field. Limited (non-robust) evidence pointed to inequality being greatest for transgender people, including due to **dissatisfaction in the way in which gender identity issues are conceptualised by the medical profession**.

A related inequality was in **substance abuse**, with the evidence showing gay and bisexual men more prone to smoking and alcohol use than heterosexual men. (There was a lack of evidence in respect of drug abuse and of other LGB&T groups.) The evidence suggested that the cause of this inequality related, at least in part, to gay

and bisexual men's lifestyles. However, how and whether lifestyles and substance abuse related to homophobia, biphobia and heteronormativity was not identified in the evidence and would be an important in informing how this inequality might be addressed.

The evidence pointed to an **inequality in recruitment for those identifiable as LGB (due to discrimination)** when compared with heterosexual people. Evidence of harassment and bullying in the workplace was also identified. The evidence suggested that consequences of discrimination, harassment and bullying included restricted job choice, reduced progression and inability to be out at work. Whilst the evidence base did not identify relative disadvantage for LGB in respect of employment and earnings outcomes, this was potentially due to lack of adequate evidence (including failure to standardises for differences in characteristics between the LGB and heterosexual population and lack of robust evidence on the impacts on restricting career choice). In the light of the strength of evidence on **discrimination, harassment and bullying**, these seem to be relatively important areas of inequality.

In respect of housing services, the evidence on satisfaction pointed to inequalities in the delivery of services. However, there was a lack of robust evidence on whether this resulted in inequality in access to housing or homelessness. **Residential care** was an area identified by the evidence as an area of inequality, albeit, due to differences in expected treatment by care homes. However, the consequent effects this concern is likely to have on stress and access to needed services will result in inequality. It therefore seems important that the evidence gap on actual **treatment in care homes** and any identified inequalities are addressed. The evidence pointed to issues in relation to care of older people more widely (i.e. in the community). Whilst there was limited evidence based on expectations of unequal treatment, the issue also revolved around possible **differences in need for formal care**; stemming from differences in household and kinship patterns between LGB&T and heterosexual people. The evidence questioned whether the assumed lesser access to informal care for LGB&T people compared with heterosexual people might be erroneous, with friendship support networks replacing kinship support networks. Given the aging of the population, it seems important to establish whether there is any inequality in the extent of needs (including differences in support needs of between familial and non-familial carers), as well as to establish whether fears about homophobia and heteronormativity in provision are well-founded and, if so, to address these inequalities.

There was no robust evidence on inequalities in the incidence of **domestic violence**. However, there was limited evidence of inequality in domestic violence support services, with LGB&T possibly less well served.

Although the evidence is not comprehensive, evidence of inequality between LGB&T groups was identified in civic participation, with transgender people least likely to participate. The evidence pointed to **fear of homophobic and transphobic abuse and expectations of discrimination as barriers to engagement in public and political life.**

The evidence review pointed to **inequality in the treatment of sexual orientation as a basis for asylum claims**. The evidence was qualitative. However, given the seriousness of the impact of denial of an asylum claim, the evidence suggested that this was an important area for policy consideration.

There was very little robust evidence on inequalities in other service provision, on families (**including adoption and fostering**) or on the treatment of LGB&T people in respect of **maternity and childcare provision at work**.

13.3 Inequality by gender identity

Inequality by gender identity featured very little in the discussion of key policy issues. This is not because there is no inequality, but because there is very little robust evidence of inequality. Although the study did cover some less-robust evidence on gender identity, this was by no means comprehensive. On the basis of the evidence we found, we would suggest that **some transgender people suffer particularly high levels of inequality**, including in respect of hate violence and harassment, mental health outcomes, health service treatment (both in respect of transitioning and general health needs) and employment discrimination, amongst other areas.

Appendix 1 Method

Introduction

The initial stage of the study to identify evidence of inequality among lesbian, gay bisexual and transgender group in the UK was a quick scoping review. The purpose was to identify the extent and nature of evidence available since 2008 for pre-identified policy issues, as well as other potential areas of interest.

This section of the report describes the review process and outlines its outcomes.

Initial Review Process

A research protocol (see Appendix 2) was drawn up and searches conducted.

The process departed from the original protocol in a number of ways.

Firstly, the search technology available for each dataset or search engine varied substantially. In some cases, this prevented adequate refinement of search, sometimes resulting in hundreds of thousands of documents being identified and no way to reduce/sift the documents, other than manually. The main problems related to searching for UK evidence (with search engines which identified all documents published in the UK); interpretation (or reading of) 'gender identity' as gender (therefore identifying all documents examining gender differences); and government documents pre-May 2010 (with all such documents having been centrally archived with a simplistic search function, which resulted in searches producing multiple references to many documents, inability to restrict the search to research evidence, inability to restrict by date and so forth). Where search technology was inadequate to hone in on documents of interest, the dataset or search engine was dropped. We would expect that the range of search engines and databases used meant that few documents would have been missed, with one exception: government research documents pre-May 2010. (We did start looking on individual departmental websites, but this did not produce any results.) The omission of such documents is likely to be a loss, but, unless the GEO knows of alternative ways to identify these documents quickly, given the government method of archiving, this is an unavoidable loss.

Secondly, as described in the protocol, we had intended to include policy area search terms. However, these proved unnecessary, as, for databases/search engines with adequate search technology, the number of documents identified using sexual orientation and gender identity terms (together with dates and geographic restrictions) was small enough without using policy area terms[212]. The advantage of not using these terms was the breadth of our search: there was no possibility that our policy key words might have restricted the findings.

Thirdly, the technology of the search for each database/search engine in some cases meant that the search could not be conducted exactly as proposed. For example, some predefined search dates, the areas in which the search was conducted (e.g. title, abstract, key words) varied (as important consideration for searching for UK research to avoid all UK publications).

[212] Note that using policy terms would not have overcome the problems with inadequate search engines producing too many irrelevant results.

Fourthly, owing to the expected shortage of evidence on transgender, all documents which specified transgender alone related to legal and social issues were included.

The searches conducted, terms used and restrictions are given in Appendix 2. This also describes the number of documents identified from the initial search (i.e. prior to sifting for relevance).

Initial Review Outcomes

Once searches had been manually sifted for meeting the relevance criteria (based on the title and, if available, the abstract) and duplicates removed, a total of 391 documents remained.

Of these, we identified (Table 2.1):

- 17 comparative quantitative
- 9 comparative qualitative
- 17 comparative, method unspecified
- 136 method unspecified.

Second Review Process

Having completed the initial review process a further assessment of the identified evidence took place. This initially included (a) assessing the quality and relevance of the 42 documents which use comparative methods and (b) checking the method of the 136 documents that were unspecified in order to identify whether any used comparative methods, with the intention inclusion of those that did in further assessment for quality and relevance.

However, due to the limited number of comparative studies identified, and the bias their use had toward certain policy areas, this process predominately only provided evidence relating to ***gay men*** and ***lesbians*** (Table A. 1) and for the identified policy areas of ***education, safety, health*** and ***employment*** Table 2.1, as well as the additional areas of ***families, identity and young people***.

Therefore, in order to sufficiently address all the policy areas identified by the GEO, and adequately identify any additional areas of interest, all documents, whether comparative or not, were categorised according to their method Table 2.1. This allowed a better understanding of the nature of evidence for each policy area, and ensured each policy area was adequately addressed.

Having categorised by method, the next stage of the review process was to identify which studies should be assessed for inclusion in the report. Given that there was such an unequal distribution of comparative studies throughout the identified policy areas, it was identified as important to set different inclusion criterion to each.

These criteria were individually determined for each policy area, and were dependent upon the relative amount of evidence, the number of comparative studies identified, and the methods most commonly used.

Consequently for **education, health** and **employment**, where a relatively large number of studies were identified, and the majority of the comparative studies were found, only comparative and quantitative studies were assessed for inclusion in the report.

For **safety**, where a relatively large number of studies were identified, of which some were comparative, all identified studies were assessed for inclusion in the report.

For **services**, where a relatively large number of studies were identified but none were comparative, all studies were assessed for inclusion in the report. This was in part due to the wide range of services addressed within the literature.

For **adoption and fostering**, **homelessness and housing**, **civic society** and **NEET**, where a limited number of studies were identified, of which only one was comparative, all studies were assessed for inclusion in the report.

For the **additional policy areas**, where a limited number of studies were identified for each, and very few were comparative, all studies were assessed for inclusion in the report. However, given the many different additional policy areas identified and the high amount of crossover between policy areas, only the documents within the most relevant areas were assessed. These were **families**, **asylum**, **public attitudes** (which included **media and literature**), **ageing** and **young people**.

Second Review: further assessment of quality and relevance

The identified documents were further assessed for relevance and quality. When assessing the quality and relevance of the identified evidence a standardised approach was used, including appraisal of:

- the use of comparative method in identifying evidence of discrimination, disadvantage, and inequality among and between different LGB&T groups and comparators groups, where relevant;
- the approach used, including whether: the sample size was adequate for the nature of the analysis; appropriate analytical methods have been applied; the study gave an explicit account of the research process;
- the quality of data including factors such as reliability and representativeness;
- the definitions and measures used, including how the study measured disadvantage and or inequality, and the consequences of this for interpretation of the evidence.

In all cases, regardless of method, if the quality of the evidence was judged as too poor it was not included in the review. The robustness of the evidence included is commented upon throughout the report.

Once the inclusion criterion had been applied, a total of 102 documents remained (Table 2.2). The evidence from these documents were all included in the report.

Table A. 1 Number of documents identified: research population by methods

		Research Population[a]								
	Total	Unspecified[a]	Transgender	MSM[b]	Gay	Lesbian	Bisexual (unspecified)	Bisexual (Women)	Bisexual (Men)	Transvestite
Methods - Quantitative	73	39	13	4	16	11	3	1	1	0
Method - Qualitative	133	64	13	1	42	24	3	1	3	2
Method - Review	57	38	11	3	4	7	4	1	1	1
Method - Legal	15	5	4	0	5	5	0	0	0	0
Method - Unspecified	136	59	14	7	16	20	2	3	0	1
All Documents	391	187	47	15	81	65	12	6	5	4
Of which:										
Comparative - Quantitative	17	5	1	0	7	8	3	0	0	0
Comparative – not quantitative	9	2	0	0	4	4	0	0	2	0
Comparative - Non-Specified	17	5	0	2	3	7	1	0	0	1
Comparative - All	42	12	1	2	14	19	4	0	2	1

[a] Documents which referred to 'LGB&T', 'sexual orientation' or 'LGB' were classified as 'unspecified', unless it was clear whether specific groups within lesbian, gay bisexual and transgender were identified. From knowledge of the literature, we would expect few of these to provide evidence in relation to transgender and some to disaggregate within sexual orientation, at least to gay and lesbian.

[b] Men who have sex with men – a term largely used in medical- and public health-related literature (particularly in relation to sexually transmitted disease).

Appendix 2 Scoping Review Research Protocol

Focus

The focus is the identification of the largest (in terms of numbers affected or extent of impact) areas of disadvantage and inequality for lesbian, gay bisexual and transgender people currently.

Inclusion criteria

geographic	Research (wholly or in part) conducted in relation to the UK or parts of the UK.
timescale	Published (or disseminated) in 2008 or later
publication status	Published or pending publication, including working papers
language	English
research method	For quantitative evidence, the research must either a) be comparative (either between LGB or T and heterosexual groups or within LGB&T groups) or b) intrinsically lack a heterosexual comparator (e.g. homophobic bullying) or c) be easily comparable with heterosexual groups or d) provide evidence on causes of difference by sexual orientation/gender identity For qualitative evidence, the research must provide evidence on the causes of any differences by sexual orientation/gender identity.

Main search terms

Given the expectation of little research evidence, our initial approach will be to use broad terms. Thus, for education, we have suggested four general terms which should capture finer issues (e.g. educational achievement and performance). Should the number of irrelevant hits be high, the approach may need to be changed.

Lesbian gay bisexual transgender transsexual “sexual orientation” homophobic “gender identity” LGB&T	
AND	
“United Kingdom” England Scotland Wales	
AND	
Subject area	**Search terms**
Education, including bullying;	education school college university

Safety, including hate crime and violence;	safety “hate crime” crime violence attack police assault murder homophobia transphobia
Health, and access to healthcare with focus on wellbeing and mental healthcare	health healthcare wellbeing “health service” “mental health” “self-harm” suicide
Access to and experience of services (including. monitoring of sexual orientation and gender identity);	“local authority” “social services” finance “legal support” caring “residential care” “domiciliary care” “social security” “criminal justice” prisons training
Employment/workplace equality – particularly identifying any evidence that demonstrates the impact of workplace equality/inequality on workforce productivity and economic growth; pay gap, unemployment.	employment work job pay productivity unemployment “training programme” “unemployment programme”
Adopting and fostering;	adoption fostering
Homelessness and access to housing provision;	housing homeless
Participation in civic society i.e. volunteering, political office, school governors;	“civic society” governance volunteer “political participation” voting councillor “member of parliament” “school governor” union “union representative” societies clubs
16-19 year olds not in education, employment, or training (NEETs).	NEET (otherwise included in education and in employment)
other	children family “media portrayal” “media coverage” discrimination stereotyping bullying harassment monitoring hostility inclusive

Search process and methods

A search will be conducted with the above search terms and inclusion criteria using each of the following search engines and databases. A search of the other sources for publications will made.

Given the expected small amount of literature, for each search engine/database, we will start with a search using sexual orientation and country key terms and date only. The exact search approach will vary across search engines and databases due to differences in their search technology. Subject specific key terms will be used if the number of hits is unmanageably high. Again, depending on the engine’s search technology, other approaches to reduce the number of irrelevant hits will be used if appropriate (e.g. eliminating historical and literary literature) may be used if more efficient that using the subject key terms.

For each search engine or database the total number of hits and of broadly relevant hits (i.e. which relate to the subject matter, irrespective of research approach and quality) will be recorded. For the other sources, the total number of relevant publications by subject matter will be recorded.

Using title and abstract (if given on the search engine/database), the documentation found will be categorised in terms of the policy areas (and subsets of policy areas) addressed, the groups covered (LGB or T), geographic coverage and general approach (quantitative descriptive, quantitative analytical, process). The evidence within the two 2009 EHRC research reviews and the 2013 Scottish Government review of equality outcomes will be included in this assessment.

Search engine/database	
IBSS	
JSTOR	
Social Science Research Network SSRN	
IZA Discussion papers	
ProjectMuse	
PubMed	Health only
Google scholar	
Academic Search Complete	
Scopus	
ISI Web of Science	
ECONLIT	
Education Resources Information Center (ERIC)	Education only
EPPI-Centre database of education research	Education only
Higher Education Empirical Research Database	Education only

Other sources	
Government departments	DWP EHRC Equality Challenge Unit GEO DfE DCLG DH Welsh Government Scottish Government
International Organisations	EC The European Agency for Fundamental Rights – LGB&T Stream http://fra.europa.eu/en/theme/LGB&T?page=publications OECD ILO UN
Research institutes/departments	Centre for Interdisciplinary Gender Studies - University of Leeds http://www.gender-studies.leeds.ac.uk/research/ Centre for Education and Inclusion Research – LGB&T Wellbeing Sheffield Hallam University http://www.shu.ac.uk/research/ceir/our-expertise/LGB&T-wellbeing Kings College London – LGB&T Mental Health Research Group http://www.kcl.ac.uk/ioppn/depts/psychology/research/ResearchGroupings/LGB&T-Mental-Health.aspx NATCEN – Sexual Orientation Stream http://www.natcen.ac.uk/our-research/categories/equality-diversity/sexual-orientation/ LGB&TQ Research at UCL http://www.ucl.ac.uk/LGB&Tq-research/research/current LGB&T Queer Life Research Hub – The University of Brighton http://arts.brighton.ac.uk/projects/LGB&T

Research organisations	JRF Nuffield Kings Fund Equality and Diversity Forum
Other	Stonewall http://www.stonewall.org.uk/about_us/ Press for Change http://www.pfc.org.uk/index.html The Fenway Institute: Centre for Population Research in LGB&T Health http://LGB&Tpopulationcenter.org/about-the-center/ IGLA-Europe http://www.ilga-europe.org/home/about_us/what_is_ilga_europe

Appendix 3: Searches conducted

The following lists the search engines and databases used, together with the number of documents identified by the search terms and the number after sifting for relevance (based on title and abstract, if given) (i.e. relating to the UK, 2008 onwards and social research on LGB or T).

Pubmed 14 January 2015 15:48;40

Search (((((((((Lesbian OR gay OR bisexual OR transgender OR transsexual OR “sexual orientation” OR homophobic OR “gender identity” OR LGB&T))) AND (United Kingdom[Title/Abstract] OR England[Title/Abstract] OR Scotland[Title/Abstract] OR Wales[Title/Abstract])) AND ("2008/01/01"[PDat] : "2015/12/31"[PDat])))) AND ("2008/01/01"[PDat] : "2015/12/31"[PDat]))) Sort by: Author Filters: Publication date from 2008/01/01 to 2015/12/31; Humans

180

As a check, including health research terms resulted in only 22 fewer:

Search (((((((Lesbian OR gay OR bisexual OR transgender OR transsexual OR “sexual orientation” OR homophobic OR “gender identity” OR LGB&T))) AND (United Kingdom[Title/Abstract] OR England[Title/Abstract] OR Scotland[Title/Abstract] OR Wales[Title/Abstract])) AND ("2008/01/01"[PDat] : "2015/12/31"[PDat]))) AND (health OR healthcare OR wellbeing OR “health service” OR “mental health” OR “self-harm” OR suicide)) AND ("2008/01/01"[PDat] : "2015/12/31"[PDat])) Filters: Publication date from 2008/01/01 to 2015/12/31; Humans

158

Pubmed 19 January 2015 17:30

Search (((((((((Lesbian OR gay OR bisexual OR transgender OR transsexual OR “sexual orientation” OR homophobic OR “gender identity” OR LGB&T))) AND (Britain[Title/Abstract])) AND ("2008/01/01"[PDat] : "2015/12/31"[PDat])))) AND ("2008/01/01"[PDat] : "2015/12/31"[PDat]))) Sort by: Author Filters: Publication date from 2008/01/01 to 2015/12/31; Humans

195 – 36

IBSS (using Proquest) 14 January 2015 17:17

(Lesbian OR gay OR bisexual OR transgender OR transsexual OR "sexual orientation" OR homophobic OR "gender identity" OR LGB&T) subject= United Kingdom, England, Wales, Scotland, London. 2008 onwards

Limited to: Journals, books, chapters (i.e. excludes reviews); English

214

Main reasons for deletion: research in history or literature, Northern Ireland.

(Lesbian OR gay OR bisexual OR transgender OR transsexual OR "sexual orientation" OR homophobic OR "gender identity" OR LGB&T) AND AB("United Kingdom" OR England OR Scotland OR Wales) 2008 onwards

74

ERIC: 14:30 14 January 2015

(Lesbian OR gay OR bisexual OR transgender OR transsexual OR “sexual orientation” OR homophobic OR LGB&T) AND (abstract: (“United Kingdom” OR England OR Scotland OR Wales) OR descriptor: (“United Kingdom” OR England OR Scotland OR Wales) OR title: (“United Kingdom” OR England OR Scotland OR Wales)) Used limitations: ‘Since 2006’ and ‘foreign countries’

Homosexuality: 45 – 17 once removed non-UK, pre-2008 and other irrelevant

Sexual Identity: 34 – 7 once removed non-UK, pre-2008 and other irrelevant

Sexual orientation: 26 – 4 once removed non-UK, pre-2008 and other irrelevant

Google scholar

Restricted all words to the title (alternative is ‘all’, which gives everything published in UK)

Lesbian gay bisexual transgender transsexual homophobic LGB&T AND:
United Kingdom 13 - 9
England 20 - 6
Scotland 13 - 11
Wales 7 - 3
Britain 17 - 7

Higher Education Empirical Research Database

Lesbian gay bisexual transgender transsexual “sexual orientation” homophobic “gender identity” LGB&T

2008-2015

3

EPPI-Centre database of education research

Lesbian gay bisexual transgender transsexual “sexual orientation” homophobic “gender identity” LGB&T

0

JSTOR

19 January 2015 10:30-10:47

7 total

(Lesbian OR gay OR bisexual OR transgender OR "sexual orientation") AND ab:"United Kingdom" AND (ti:"United Kingdom" OR tb:"United Kingdom") 9 – 1

(Lesbian OR gay OR bisexual OR transgender OR "sexual orientation") AND (ti:Britain OR tb:Britain) AND ab:Britain AND la:(eng OR en) 24 – 2

(Lesbian OR gay OR bisexual OR transgender OR "sexual orientation") AND (ti:England OR tb:England) AND ab:England AND la:(eng OR en) 40 – 5

(Lesbian OR gay OR bisexual OR transgender OR "sexual orientation") AND (ti:Scotland OR tb:Scotland) AND ab:Scotland AND la:(eng OR en) 5 – 0

(Lesbian OR gay OR bisexual OR transgender OR "sexual orientation") AND (ti:Wales OR tb:Wales) AND ab:Wales AND la:(eng OR en) 9 – 4 (all identified for England

(((homophobic OR LGB&T) AND ti:(“United Kingdom” OR England OR Wales)) AND ab:(“United Kingdom” OR England OR Wales)) AND la:(eng OR en) 0

(((homophobic OR LGB&T) AND ti:(Britain OR Scotland)) AND ab:(Britain OR Scotland)) AND la:(eng OR en) 0

SSRN

18 January 2015 10:50-11:50

All restricted to English language and 2008 onwards

Transgender “United Kingdom” 4 – all legal

Transgender England 22 - all “New England”

Transgender Britain 2 – not research

Transgender Scotland 0

Transgender Wales 0

“Sexual orientation” “United Kingdom” 13 - 5

“Sexual orientation” Britain 6 - 1

“Sexual orientation” England 8 – 1

“Sexual orientation” Scotland 0

“Sexual orientation” Wales 3 – 0

Bisexual “United Kingdom” 4 – 3 (all already found)

“Sexual orientation” England 0

“Sexual orientation” Britain 0

“Sexual orientation” Scotland 0

“Sexual orientation” Wales 0

Lesbian “United Kingdom” 8 – 7

Lesbian Britain 2 – 2

Lesbian England 11 - 5

Lesbian Scotland 0

Lesbian Wales 6 - 3

Gay “United Kingdom” 18 - 8

Gay Britain 9 - 2

Gay England 18 - 5

Gay Scotland 1 -0

Gay Wales 12 -4

ProjectMuse

Search technology precluded useful search

IZA discussion papers

18 January 2015 11:50-12:10

Lesbian gay bisexual transgender transsexual “sexual orientation” homophobic “gender identity” LGB&T

Looked at first 70: 4 relevant

Government departments

Publications since May 2010

https://www.gov.uk/government/publications?keywords=Lesbian+gay++bisexual++transgender++transsexual++%E2%80%9Csexual+orientation%E2%80%9D++homophobic++%E2%80%9Cgender+identity%E2%80%9D++LGB&T&publication_filter_option=research-and-analysis&topics%5B%5D=all&departments%5B%5D=all&official_document_status=all&world_locations%5B%5D=all&from_date=&to_date=

Lesbian gay bisexual transgender transsexual “sexual orientation” homophobic “gender identity” LGB&T

All publication types, all topics, all departments, all locations (NB: UK reduces to 0)

147 – 13

Statistical publications since May 2010

https://www.gov.uk/government/statistics?keywords=Lesbian+gay+bisexual+transgender+transsexual+homophobic+LGB&T+%E2%80%9Csexual+orientation%E2%80%9D&topics%5B%5D=all&departments%5B%5D=all&from_date=01%2F01%2F2008&to_date=22%2F01%2F2015

Lesbian gay bisexual transgender transsexual homophobic LGB&T “sexual orientation” (“gender identity” was excluded as it increase the number to 287, as it includes many related to gender)

52 - 4

Tried searching The National Archives for pre-May 2010, but the search technology is very primitive and resulted in hundreds of thousands of results. Therefore started to look at each department separately, in case anything remained on their websites. This was possible for the DWP, but others resulted in redirection to the National Archives only.

DWP – pre 2010

http://webarchive.nationalarchives.gov.uk/20130314010347/http://research.dwp.gov.uk/asd/asd5/

Searched in each type of report for each of the following separately: sexual orientation, gay, homosexual, lesbian, transgender. This searched titles only.

0

EHRC

Searched through relevant reading lists (sexual orientation and trans: 49 relevant) and all research reports since 2008, examining the content of the report for population and subject coverage and for method (21 relevant).

Equality Challenge Unit

Searched reports: 1 relevant

Academic Search Complete 15 January 2015 11:56

Search Lesbian OR gay OR bisexual OR transgender OR transsexual OR “sexual orientation” OR homophobic OR “gender identity” OR LGB&T.

Limiters:

Published Date: 20080101-20151231

Sources Type: Academic Journals (i.e. excludes magazines, newspapers, trade pulblications)

Geography: Great Britain

385 identified

29 relevant

Scopus 15 January 2015 15:13

TITLE-ABS-KEY (lesbian OR gay OR bisexual OR transgender OR transsexual OR "sexual orientation" OR homophobic OR "gender identity" OR LGB&T) AND PUBYEAR > 2007 AND (LIMIT-TO (AFFILCOUNTRY , "United Kingdom")) AND (LIMIT-TO (LANGUAGE , "English"))

2104 identified

Removed “gender identity”

TITLE-ABS-KEY (lesbian OR gay OR bisexual OR transgender OR transsexual OR "sexual orientation" OR homophobic OR LGB&T) AND PUBYEAR > 2007 AND (LIMIT-TO (AFFILCOUNTRY , "United Kingdom")) AND (LIMIT-TO (LANGUAGE , "English")

1479 identified

Remove “sexual orientation”

TITLE-ABS-KEY (lesbian OR gay OR bisexual OR transgender OR transsexual OR homophobic OR LGB&T) AND PUBYEAR > 2007 AND (LIMIT-TO (AFFILCOUNTRY , "United Kingdom")) AND (LIMIT-TO (LANGUAGE , "English"))

1302 identified

Search technology too crude for search to be useable (produces large number of irrelevant documents).

Web of Science 15 January 15:49

Search Lesbian OR gay OR bisexual OR transgender OR transsexual OR “sexual orientation” OR homophobic OR “gender identity” OR LGB&T)
Refined by: COUNTRIES/TERRITORIES: (UK)
Timespan: 2008-2015.
Language: English

176 identified

15 relevant

Centre for Interdisciplinary Gender Studies 16 January 17:03

51 associated staff.

Publication lists searched

No relevant publications.

Sheffield Hallam University – LGB&T Wellbeing 16 January 20:20

http://www.shu.ac.uk/research/ceir/our-expertise/LGB&T-wellbeing

5 identified

3 relevant

Kings College London – LGB&T Mental Health Research Group 16 January 20:56

http://www.kcl.ac.uk/ioppn/depts/psychology/research/ResearchGroupings/LGB&T-Mental-Health.aspx

9 centre publications identified

No relevant publications.

NATCEN – Sexual Orientation Stream 19 January 08:52

http://www.natcen.ac.uk/our-research/categories/equality-diversity/sexual-orientation/

8 identified

5 relevant

LGB&TQ Research at UCL 19 January 09:20

http://www.ucl.ac.uk/LGB&Tq-research/research/current

5 associate staff identified

Publication lists searched

3 relevant publications.

Brighton LGB&T Queer Life Research Centre 19 January 10:17

http://arts.brighton.ac.uk/projects/LGB&T/associates

11 associated staff identified

Publication lists searched

5 relevant publications

JRF - 19 January 11:52

http://www.jrf.org.uk/publications

Internal Website Search

>Publications

Search Terms:

"LGB"; "LGB&T"; "Lesbian"; "Gay"; "Bisexual"; "Transgender"; "Transexuality"; "Sexual Orientation"; "Gender Identity"; "homophobic"

2 relevant publications

Nuffield Foundation – 19th January 12:14

http://www.nuffieldfoundation.org/

Internal website search

>Publications

"LGB"; "LGB&T"; "Lesbian"; "Gay"; "Bisexual"; "Transgender"; "Transexuality"; "Sexual Orientation"; "Gender Identity"; "homophobic"

No relevant publications.

The Kings Fund – 19th January 12:32

http://www.kingsfund.org.uk/publications

Internal website search

>Publications

“LGB”; “LGB&T”; “Lesbian”; “Gay”; “Bisexual”; “Transgender”; “Transexuality”; “Sexual Orientation”; “Gender Identity”; “homophobic”

No relevant publications.

Stonewall – 19th January 12:42

http://www.stonewall.org.uk/what_we_do/2583.asp

Internal website search

>Publications

63 identified

21 relevant publications

Press for Change – 19th January 14:07

http://www.pfc.org.uk/Research.html

Internal Website Search

>Research/Archives

1 relevant publication

The Fenway Institute: Centre for Population Research in LGB&T Health – 19th January 14:15

http://LGB&Tpopulationcenter.org/research-projects/

Internal Website Search

>Research Project

No relevant publications

IGLA Europe – 19th January 2014 14:44

http://www.ilga-europe.org/home/issues

Internal website search

>Publications

>> Reports and Other Materials

23 post-2008 publications identified

4 relevant publications

>>Policy Papers

25 post-2008 publications identified

1 additional relevant publication

The European Commission – 20th January 2015 10:02

>> directed toward the ERA LGB&T Stream

OECD – 20TH January 2015 14:10

http://www.oecd.org/

Internal website search

>"LGB&T" "lgb" "lesbian" "gay" "bisexual" "trans"

41 documents –

No relevant publications.

Google search

"oecd LGB&T" "oecd lgb" "oecd lesbian" "oecd gay" "oecd bisexual" "oecd trans" "oecd sexual orientation" "oecd homophobic" "oecd gender identitiy"

No relevant publications

Scottish Transgender Alliance – 20th January 2015 14:33

http://www.scottishtrans.org/our-work/research/

4 documents identified

3 relevant publications

ERA – LGB&T Stream 20th January 13:30

http://fra.europa.eu/en/theme/LGB&T?page=publications

Internal website search

>publications

16 publications identified –

6 relevant publications

ILO – 20th January 2015 14:49

http://www.ilo.org/Search4/search.do?sitelang=en&locale=en_EN&consumercode=ILOHQ_STELLENT_PUBLIC&searchWhat=LGB&T&searchLanguage=en

Internal website search

>"LGB&T"

16 documents identified

>"gay"

37 documents identified

No relevant publications

>”lesbian”

20 documents identified

No relevant publications

>”bisexual”

20 documents identified

No relevant publications

>”transgender”

29 documents identified

No relevant publications

UN – 20th January 2015 15:09

http://www.un.org/en/

internal website search

> lesbian gay bisexual transgender transsexual "sexual orientation" "homophobic" "gender identity" LGB&T”

3654 publications identified

>lesbian gay bisexual transgender transsexual "sexual orientation" "homophobic" LGB&T”

3614 publications identified

>lesbian gay bisexual transgender transsexual "homophobic" LGB&T”

2989 publications identified

>lesbian gay bisexual transgender transsexual LGB&T

2982 publications identified

> *exact phrase* (”UK”) *with at least one of the words* (Lesbian gay bisexual transgender transsexual LGB&T) *in the text of the page*

393 publications identified

> *exact phrase* (”UK”) *with at least one of the words* (Lesbian gay bisexual transgender transsexual LGB&T) *without the word* “radio”; *in the text of the page*

265 publications identified

> *exact phrase* (”UK”) *with at least one of the words* (Lesbian gay bisexual transgender transsexual LGB&T) *without the word* “radio” “Africa”; *in the text of the page*

47 publications identified

No relevant publications

Eurofound – 20th January 2015 15:29

http://www.eurofound.europa.eu/publications

internal website search

>”Lesbian OR gay OR bisexual OR transgender OR transsexual OR “sexual orientation” OR homophobic OR “gender identity” OR LGB&T”

No publications identified

>”LGB&T”

No publications identified

>”lesbian”

No publications identified

>”gay”

No publications identified

Google search

“eurofound LGB&T”

No relevant publications found

The Equality and Diversity Forum – 20th January 2015 16:02

http://www.edf.org.uk/blog/?tag=sexual-orientation

internal website search >”sexual orientation” stream

95 publications identified

12 relevant publications

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