



Government  
Equalities Office

# NATIONAL LGBT SURVEY

**RESEARCH REPORT**

JULY 2018



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Any enquiries regarding this publication should be sent to us at:

Government Equalities Office  
Department for Education  
Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

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# 1 Introduction

The UK has made significant progress in recent years to further equality for LGBT people. From the partial decriminalisation of homosexuality 50 years ago to the introduction of same-sex marriage in 2013, successive governments have made remarkable progress in advancing equality for LGBT people. LGBT people can now enjoy the right to marry, to start a family, and to change their legal gender to match their identity. Equality in law, however, does not guarantee equality in everyday life. In 2016, the National Institute of Economic and Social Research (NIESR) reviewed existing evidence on the inequalities facing LGBT people in the UK, and revealed that LGBT people continue to face hate crime, higher inequalities in health satisfaction and outcomes, and discrimination, bullying and harassment in education and at work. NIESR also found that there was a lack of data disaggregated by sexual orientation and gender identity, and that the available data was neither robust nor representative enough.<sup>1</sup>

To address the remaining inequalities faced by LGBT people, it is important to know what affects them. The Government Equalities Office launched a national LGBT survey in July 2017 in order to develop a better understanding of the lived experiences of lesbian, gay, bisexual and transgender people, and people who identify as having any other minority sexual orientation or gender identity, or as intersex.

The survey was open for 12 weeks and received 108,100 valid responses through an anonymous online questionnaire that collected the experiences and views of individuals who self-identified as having a minority sexual orientation or gender identity, or as intersex, and were aged 16 or above and living in the UK.

The survey placed an emphasis on issues relating to personal safety, education, the workplace and healthcare. These were selected because existing evidence on the experiences of LGBT people and their life outcomes tells us that these are the main areas in which inequalities exist. The survey also sought to gather transgender respondents' experiences of transitioning and of accessing and using specialist gender identity services, as well as the experiences of intersex respondents. The findings of the survey are presented in this report.

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<sup>1</sup> National Institute of Economic and Social Research, 'Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence', July 2016

## 2 Methodology

The Government Equalities Office launched the national LGBT survey on GOV.UK in July 2017.<sup>2</sup> The survey was open for 12 weeks. The target group of the survey was defined as people who:

- self-identified as lesbian, gay, bisexual, transgender or as having another minority sexual orientation or gender identity, or as intersex
- were 16 years old or above
- lived in the United Kingdom

The survey covered a range of issues relating to the everyday lives of LGBT people, including personal safety, education, the workplace and healthcare.

### 2.1 Survey design and format

To design the survey questionnaire, the Government Equalities Office reviewed good practice guidance from various organisations and consulted policy experts from across government, civil society organisations, academics, and a number of other relevant stakeholders. The survey questionnaire was reviewed by some of these groups before the survey was launched publicly to ensure that it was easily navigable, understandable, and had an appropriate length.

The survey predominantly consisted of closed single-response and multiple-response questions; however, respondents also had the opportunity to provide further details about their experiences, views and perceptions as LGBT people in an optional free-text question at the end of the survey.

The Government Equalities Office chose to conduct an online survey as this presented an effective way of reaching as many LGBT people as possible. The lack of national and administrative datasets holding data on sexual orientation or gender identity meant that it was not possible to use standard sampling methods to gain a representative sample of LGBT people. Running the survey online also provided a way for respondents who were less open, or not open, about their sexual orientation or gender identity to share their experiences and views in an anonymous and confidential way. In addition, the provision of privacy and confidentiality sought to make respondents feel comfortable in providing details of sensitive or negative experiences.

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<sup>2</sup> Government Equalities Office, 'National LGBT Survey', last updated 26 September 2017

A shorter, 'easy read' version of the survey was also made available on GOV.UK to allow those with learning or other disabilities to participate.

In order to ensure that people who started the survey were eligible to proceed (i.e. identified as LGBT, were aged 16 or above, and lived in the UK), screening questions, in addition to a written reminder of the target group, were used at the start of the survey to verify respondents' age, location, sexual orientation and gender identity.

The full questionnaire is provided at the end of this report (Annex 2: Questionnaire).

## 2.2 Dissemination of the survey

The survey was promoted via stakeholders, at Pride events, through national media coverage, and through the Government Equalities Office's and other government social media channels. The launch of the survey was also publicised by the Minister for Women and Equalities during several television interviews and in an online video as part of national Pride celebrations.

## 2.3 Response to the survey

The survey received 108,100 valid responses, which included 32,715 responses to the optional free-text question at the end of the survey (Table 2.1).

A number of invalid responses, such as those by people who were under the age of 16 or who did not identify as LGBT, were made but excluded from the dataset.

In addition, a number of responses were made that were purposefully offensive, abusive, explicitly vulgar, or otherwise unreliable, such as responses admitting not being from someone who identified as LGBT or that were aimed at undermining the survey. These responses were identified by examining the responses to all questions with an 'other, please specify' option, as well as responses to the optional free-text question at the end of the survey.

**Table 2.1: Responses to the national LGBT survey**

	<b>Total (rounded)</b>
All responses	118,420
Not eligible, i.e. not LGBT, not 16 or above, or not living in the UK	7,360
Offensive, abusive, explicitly vulgar, or otherwise unreliable	2,970
<b>Valid responses</b>	<b>108,100</b>
Valid responses to the optional free-text question	32,720

## 2.4 Data processing and analysis

### 2.4.1 Quantitative data

Respondents were able to specify their own sexual orientation and gender identity if they wished in a free-text box. These responses were coded and the more common answers grouped into new categories. This process resulted in the creation of three additional sexual orientation categories to those originally listed on the questionnaire (asexual, pansexual and queer).

Any personally identifying information that was included in responses to questions with an 'other, please specify' option was removed in order to preserve the anonymity of the data.

Respondents were grouped according to their sexual orientation, gender identity and intersex status. For gender identity, respondents were included in the trans analysis if their responses indicated that their gender identity differed from the sex they were assigned at birth. Respondents who identified as a woman or a man but had a different assigned sex at birth were therefore included in the trans analysis as trans woman or trans man. This was done only for analytical purposes, to better understand the experiences of all trans respondents, including those who may have completed the transitioning process.

Analysis of each question was first conducted on all valid respondents. This group is referred to throughout as 'all respondents'. Respondents were then divided into two groups based on their gender identity ('trans' and 'cisgender') for further analysis. The trans group includes trans men, trans women and non-binary respondents, and the cisgender group includes men and women who identify as having a minority sexual orientation (Table 2.2; see also section 2.7 for details on how these terms are defined for this report).

This approach allowed us to understand the different issues and experiences for groups within the LGBT population. Respondents who said 'Don't know' or 'Prefer not to say' for their gender identity (1,260 respondents) or gave an 'other' response for gender identity (1,000 respondents) were not allocated to either sub-group but are included in the 'all respondents' analysis.

**Table 2.2: Analysis of the national LGBT survey**

<b>1</b>	<b>All valid respondents</b> Anyone who responded to the survey, excluding invalid responses	
<b>2</b>	<b>Trans</b> All trans men, trans women and non-binary respondents	<b>Cisgender</b> All men and women with a minority sexual orientation
<b>3</b>	<b>Sexual orientation</b> Lesbian, gay, bisexual, asexual, pansexual, queer, heterosexual, other, don't know, prefer not to say	<b>Sexual orientation</b> Lesbian, gay, bisexual, asexual, pansexual, queer, other, don't know, prefer not to say
<b>4</b>	<b>Gender identity</b> Trans men, trans women, non-binary	<b>Gender identity</b> Men, women

Respondents were asked if they had experienced a number of negative incidents in the 12 months preceding the survey in educational institutions, in the workplace and involving people they lived with and people they did not live with. In order to collect and examine information on perpetrators and reporting behaviour, respondents were asked to identify the most serious incident they had experienced in the preceding 12 months, and to identify who had committed it and whether it had been reported.

In many cases, the most serious incident had involved several different experiences. Responses were classified according to the most serious aspect of the incident; for example, if the most serious incident had involved physical harassment or violence and verbal harassment, it was classified as physical harassment or violence. Classification in this way allowed us to examine the reporting behaviour and perpetrators for these incidents. Responses were classified using the following priority:

1. Physical harassment or violence
2. Sexual harassment or violence
3. Threat of physical or sexual harassment or violence
4. Verbal harassment, insults or other hurtful comments
5. Someone disclosing that the respondent was LGBT without their permission
6. Exclusion from events or activities
7. Any other inappropriate comments or conduct not listed above

## 2.4.2 Optional free-text question

An optional free-text question at the end of the survey gave respondents the opportunity to provide any further details about their experiences or perceptions as LGBT people. Individual responses were limited to 500 words. Respondents could indicate whether they consented to having parts of their answer cited in an anonymous way in materials published after the survey closed.

Respondents were asked not to include any information that could identify them or anyone else. Any personally identifying information that was included in responses to the question was removed in order to preserve the anonymity of the data.

The Government Equalities Office commissioned Ipsos MORI to conduct the analysis of responses to the optional free-text question.

Due to the number and unstructured nature of the responses to the optional free-text question, a text analytics approach was adopted. Text analytics uses a combination of human coding and machine learning to replicate human coding decisions across large datasets in a time efficient manner. This specific piece of analysis used a combination of two main analytical techniques within the computer software package IBM SPSS Modeler:

- Keyword matching, using Modeler to identify instances of phrases and keywords chosen by Ipsos MORI research analysts
- Probabilistic matching, using Modeler to classify data into 'concepts' and 'categories' it identifies through natural language processing as common combinations of key nouns, verbs and adjectives, which are then grouped qualitatively into appropriate themes and sub-themes by Ipsos MORI research analysts

A number of quality assurance procedures were put in place to review data quality and mitigate errors. This included a manual review of sample data for each theme coded, peer review by multiple analysts per code frame, and a cyclical process of coding to build analysis iteratively.

Where appropriate, quotes from respondents have been used to help illustrate the narrative and to provide specific examples of the experiences and opinions of LGBT people aged 16 or above living in the UK. When labelling the quotes, we used respondents' self-reported gender identity.

## 2.5 Interpreting the findings

### 2.5.1 Quantitative data

The dataset obtained from the survey represents a self-selected sample and is not representative of all LGBT people in the UK. In addition, respondents were willing to self-identify as LGBT and may be different from, or have different experiences to, people who do not wish to disclose their LGBT status, even in an anonymous survey. As such, findings reported here apply to the respondents to this survey and not to the general LGBT population.

Due to the lack of data on the LGBT population, it was not possible to gross the survey findings to be representative of all LGBT people, nor was it possible to weight the data, for example for non-response, as it was not based on a sample. Similarly, confidence intervals and statistical testing were not appropriate because the data was not based on a representative sample.

The results presented in this survey nonetheless constitute the findings on the experiences and views of over 100,000 LGBT people, making it one of the largest collections of empirical evidence from this group to date.

### 2.5.2 Optional free-text question

It is important to note that the analysis of the free-text question responses is reflective of those who chose to provide a comment and that the views expressed may be different to the views of the rest of the respondents.

Text analytics allowed us to identify and group common threads together, capture the broad weight of opinion, and consider the relative weight of the most common themes. The technique helps us to identify the breadth of opinion, rather than the exact number of people who hold those views. As such, the results are intended to be illustrative rather than statistically reliable.

To help obtain a sense of the relative volume of comments on a particular issue, the overall number of responses to each category is provided. Importantly, these figures report the total number of respondents who have mentioned that category within their response, not the total number of times the category was mentioned across all respondents. Even a small number of responses may highlight an important issue; the number of responses does not necessarily reflect the gravitas of the category. Phrases such as 'a few' or 'some' are used to reflect views that were mentioned infrequently, and 'many' or 'most' when views were more frequently expressed. Any such proportions used in qualitative reporting should always be considered indicative, rather than exact.

The free-text question was non-specific, and respondents could comment on anything they liked within 500 words. This has had a number of implications for reporting:

- Firstly, the analysis is skewed towards breadth rather than depth. The average word count was 86, with respondents often making one or two short points rather than expanding in depth.
- Secondly, the comments made are likely to have been influenced in part by the content of the other questions in the survey. This may have prompted a focus on similar topics within responses to the free-text question; equally, however, respondents may have chosen not to comment on topics that they felt had already been covered.
- Thirdly, given the number of different points that respondents could make within the same response, it was challenging to use Boolean search logic (using AND or OR) to identify relevant data to a theme. This reduces the accuracy of some searches and limits the value of others that researchers had hoped to develop.

## 2.6 Methodological notes

- Findings are not reported in the text where there are fewer than 100 respondents in the base number.
- Small cell sizes (of 5 respondents or fewer) have been suppressed in tables and charts and base numbers rounded to the nearest 10 to prevent disclosure.
- For some questions, respondents were able to tick as many answer categories as applied. Percentages for these questions will not add up to 100%.
- Some totals may not add up to 100% due to rounding.
- The following symbols have been used in tables and charts:
  - \* Base number less than 100
  - † Category created from responses to a free-text 'other' option
  - Cell contains zero respondents
  - x Cell suppressed due to containing 5 or fewer respondents; for questions requiring a single response, the next lowest value is also suppressed to prevent disclosure

## 2.7 Terminology

For the purposes of this report:

- ‘Women’ has been used to refer to all self-identified women and girls, where they indicated that they were assigned female at birth.
- ‘Men’ has been used to refer to all self-identified men and boys, where they indicated that they were assigned male at birth.
- ‘Cisgender’ has been used as an umbrella term that includes all men and women as defined above.
- ‘Trans women’ has been used to refer to self-identified trans women and trans girls, or respondents who self-identified as ‘woman/girl’ but were assigned male at birth.
- ‘Trans men’ has been used to refer to self-identified trans men and trans boys, or respondents who self-identified as ‘man/boy’ but were assigned female at birth.
- ‘Non-binary’ has been used as an umbrella term that includes all respondents who self-identified as non-binary, genderqueer, agender or gender fluid.
- ‘Trans’ has been used as an umbrella term that includes all trans women, trans men and non-binary respondents as defined above.
- ‘LGBT’ has been used as an umbrella term to describe people who self-identify as lesbian, gay, bisexual, transgender or as having any other minority sexual orientation or gender identity, or as intersex.<sup>3</sup>

A glossary containing definitions of other terms used is included at the end of the report (Annex 1: Glossary).

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<sup>3</sup> The Government understands the various views regarding the inclusion of questions on the experiences of intersex people in an LGBT survey and recognises that some intersex people do not identify within the ‘LGBT’ umbrella term.

# Survey findings

# 3 Characteristics

## 3.1 Overview

In 2016, the Office for National Statistics estimated that 2.5% of the UK population aged 16 or above identified as lesbian, gay, bisexual or 'other' (almost 1.3 million people).<sup>4</sup> The Government Equalities Office estimates that there are between 200,000 and 500,000 trans men and trans women in the UK.<sup>5</sup>

The national LGBT survey gathered 108,100 responses from people who were aged 16 or above, were living in the UK, and who identified as lesbian, gay, bisexual, transgender, as having any other minority sexual orientation or gender identity, or as intersex. Respondents were asked to state their sexual orientation and gender identity, as well as to provide demographic information, such as age, ethnic group, religion or belief, level of education, relationship status, personal annual income, and whether they had a disability.

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<sup>4</sup> Office for National Statistics, 'Sexual identity, UK: 2016', Statistical bulletin, 4 October 2017

<sup>5</sup> There is currently no robust measure of the size of the trans population in the UK. Applying estimates of population prevalence from studies in other countries suggests that between 0.35% and 1% of the UK population might be trans, although this does not include non-binary people. This equates to between 200,000 and 500,000 people, rounded to the nearest 100,000. See Government Equalities Office, 'Reform of the Gender Recognition Act', Government Consultation, July 2018, Annex E.

### Key findings

- The survey gathered 108,100 valid responses.
- 61% of respondents identified as gay or lesbian, 26% as bisexual, 4% as pansexual, 2% as asexual, and 1% as queer.
- 49% of respondents were men (including 3% trans men), 42% were women (including 3% trans women), and 7% were non-binary.
- Younger respondents were more likely than older respondents to identify as bisexual, pansexual, asexual or queer, or to describe their sexual orientation as 'other'. They were also more likely to identify as non-binary than older respondents.
- 69% of respondents were aged under 35, compared to 31% of the general population.
- Respondents were relatively well educated, with 85% having completed some form of post-secondary education.
- London was the most common place of residence (19%), followed by the South East (15%) and the North West (12%).

## 3.2 Sexual orientation

Of all respondents, 61% identified as gay or lesbian, and 26% as bisexual. Less than 10% of survey respondents identified as pansexual (4%), asexual (2%), 'other' (2%) or queer (1%). Heterosexual respondents, all of whom had a minority gender identity or were intersex, made up 1% of respondents (Annex 3, Q7-9).

Trans respondents were much less likely to identify as gay or lesbian (23%) than cisgender respondents (68%), but much more likely to identify as bisexual (32%), pansexual (14%), 'other' (7%) or queer (5%). Four per cent reported that they did not know their sexual orientation, compared to 1% of cisgender respondents. Nine per cent of trans respondents identified as heterosexual (Annex 3, Q7-9).

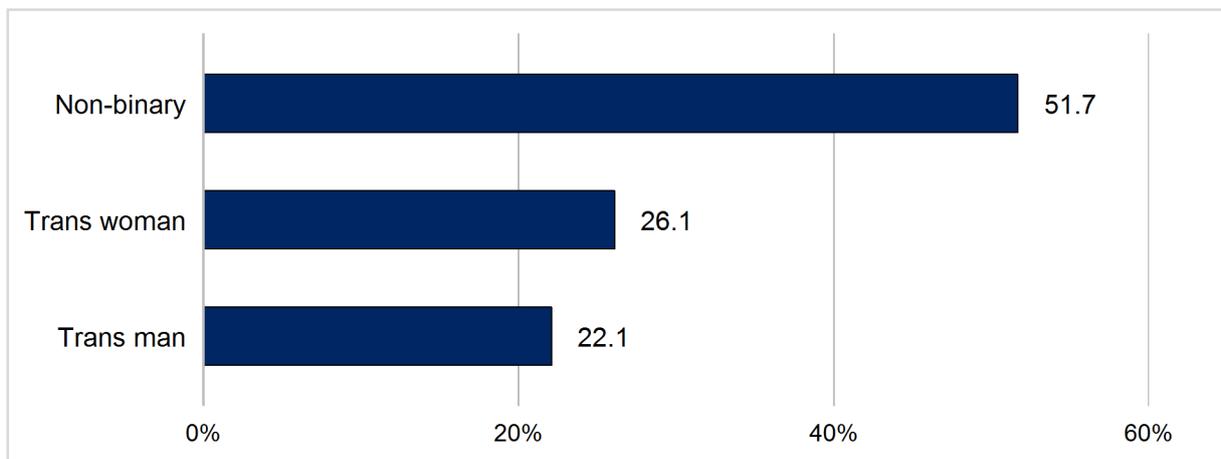
### 3.3 Gender identity

Cisgender respondents made up 85% of the overall sample, whilst trans respondents made up 13% of the sample. Of all respondents, 49% were men (including 3% trans men), 42% were women (including 3% trans women), and 7% were non-binary. The remaining respondents either had an 'other' gender identity (1%) or said that they did not know or preferred not to say (1%) (Annex 3, Gender identity).

Amongst cisgender respondents, 45% were women and 55% were men (Annex 3, Gender identity).

Amongst trans respondents, 52% identified as non-binary, 26% identified as a woman or trans woman, and 22% identified as a man or trans man (Figure 3.1).

**Figure 3.1: Trans respondents, by gender identity**



Base (rounded): 14,320 respondents.  
 Respondents: Trans respondents.  
 See Annex 3 (Gender identity) for data.

### 3.4 Intersex

1,980 respondents identified as intersex, constituting 2% of all survey respondents (Annex 10).

Intersex is neither a gender identity nor a sexual orientation, and intersex people can identify as having all types of sexual orientation or gender identity. There is no robust estimate on the population size of intersex people living in the UK. According to the Office of the United Nations High Commissioner of Human rights, it is estimated that between 0.05% and 1.7% of infants are born with varied sex characteristics, with some variation by country and by culture.<sup>6</sup>

Little is known about people's experiences of being intersex, and this is the first time the Government has developed a survey that specifically asks about the experiences of intersex people living in the UK.<sup>7</sup> See the Intersex chapter for findings on the experiences of intersex respondents.

### 3.5 Age

Sixty-nine per cent of respondents were aged under 35, whilst 6% were aged 55 or above (Annex 3, Q1). Compared to the general UK population, young people were overrepresented in the survey. The Office for National Statistics estimates that of the UK population aged 16 or above, those under 35 make up 31%, and those aged 55 or above make up 18%.<sup>8</sup>

In 2016, the Office for National Statistics estimated that 2.5% of the UK population identified as lesbian, gay, bisexual or as having an 'other' sexual orientation (approximately 1.3 million people). The young age profile of respondents, whilst likely to have been influenced in part by the survey being carried out online, also reflects findings by the Office for National Statistics that younger people are more likely than older people to identify as having a minority sexual orientation.<sup>9</sup> Respondents in younger age groups were much more likely than those in older age groups to identify as bisexual, asexual, pansexual, queer or 'other'. Respondents aged 75 or above, on the other hand, were more likely than respondents in any other age group to say that they did not know (8%) or that they preferred not to say (6%) what their sexual orientation was (Figure 3.2; Annex 3, Q7-9).

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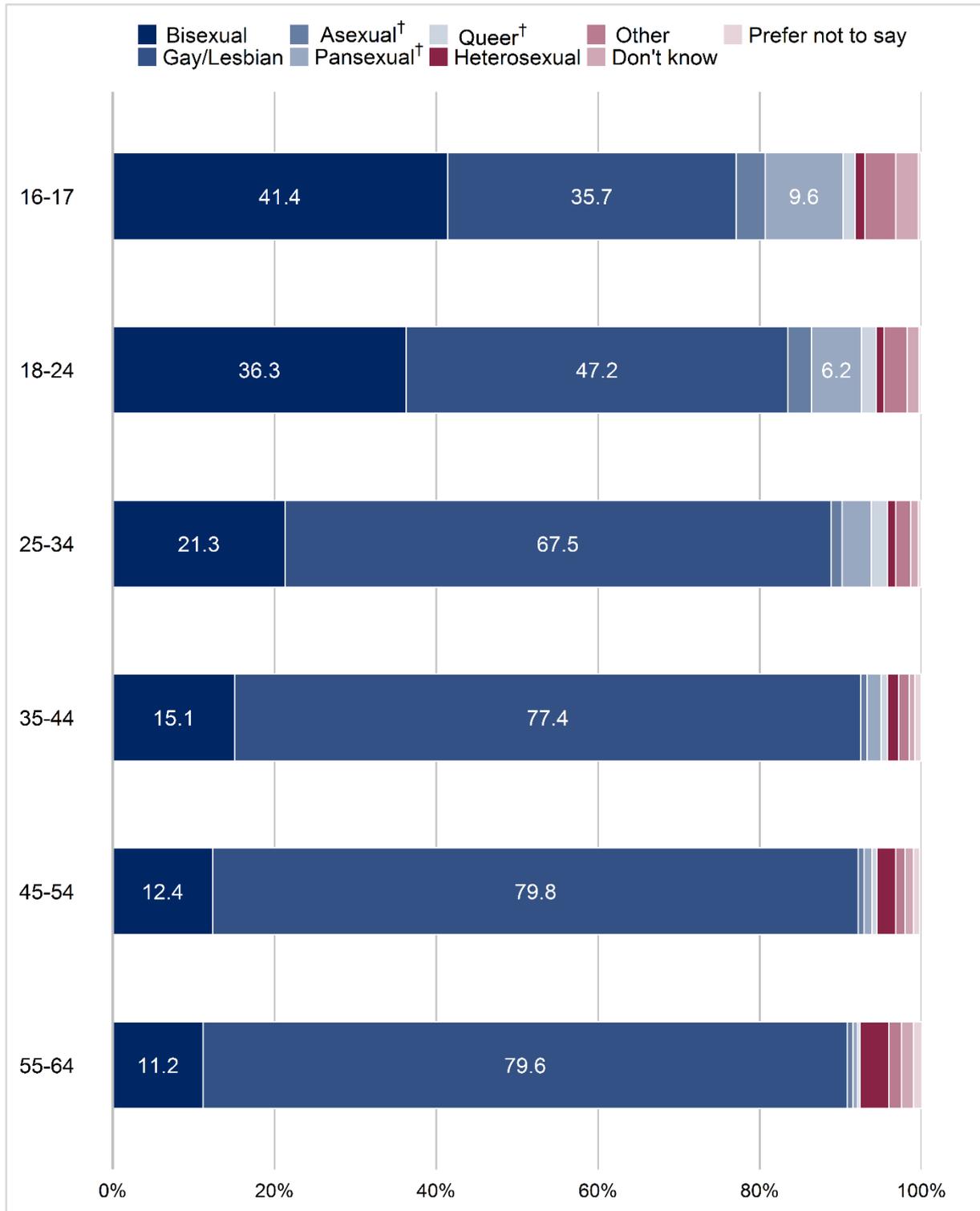
<sup>6</sup> United Nations Office of the High Commissioner for Human Rights, 'Fact sheet: Intersex', Free & Equal Campaign, 2015

<sup>7</sup> The Government understands the various views regarding the inclusion of questions on the experiences of intersex people in an LGBT survey and recognises that some intersex people do not identify within the 'LGBT' umbrella term.

<sup>8</sup> Office for National Statistics, 'Population Estimates for UK, England and Wales, Scotland and Northern Ireland', Dataset, 22 March 2018

<sup>9</sup> Office for National Statistics, 'Sexual identity, UK: 2016', Statistical bulletin, 4 October 2017

Figure 3.2: Sexual orientation of respondents, by age

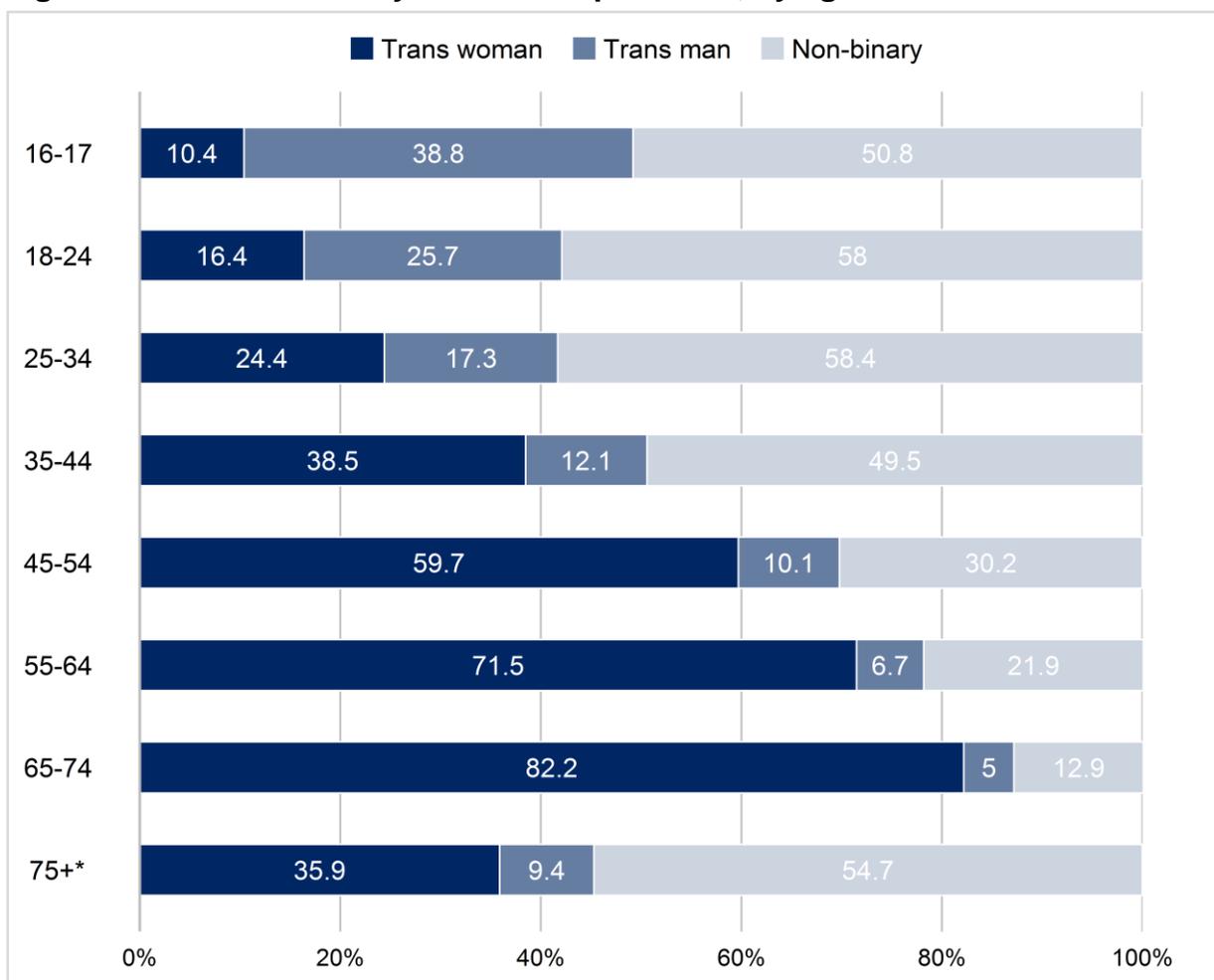


Note: Age '65+' not shown to maintain anonymity.  
 Base (rounded): 108,100 respondents.  
 Respondents: All respondents.  
 See Annex 3 (Q7-9) for data.

Amongst cisgender respondents, 85% of those aged 35 or above identified as gay or lesbian, compared to 60% of those aged under 35. In contrast, cisgender respondents aged under 35 were more likely to identify as bisexual, asexual, pansexual, queer or 'other' (39%) than those aged 35 or above (14%) (Annex 3, Q7-9).

Amongst trans respondents, those aged under 35 were more likely to identify as trans men (26%) than those aged 35 or above (10%). Trans respondents aged under 35 were also more likely to identify as non-binary (57%) than respondents aged 35 or above (36%). In contrast, trans respondents aged 35 or above were three times as likely to identify as trans women (54%) than those aged under 35 (17%) (Figure 3.3; Annex 3, Gender identity).

**Figure 3.3: Gender identity of trans respondents, by age**



Base (rounded): 14,320 respondents.  
 Respondents: Trans respondents.  
 See Annex 3 (Gender identity) for data.

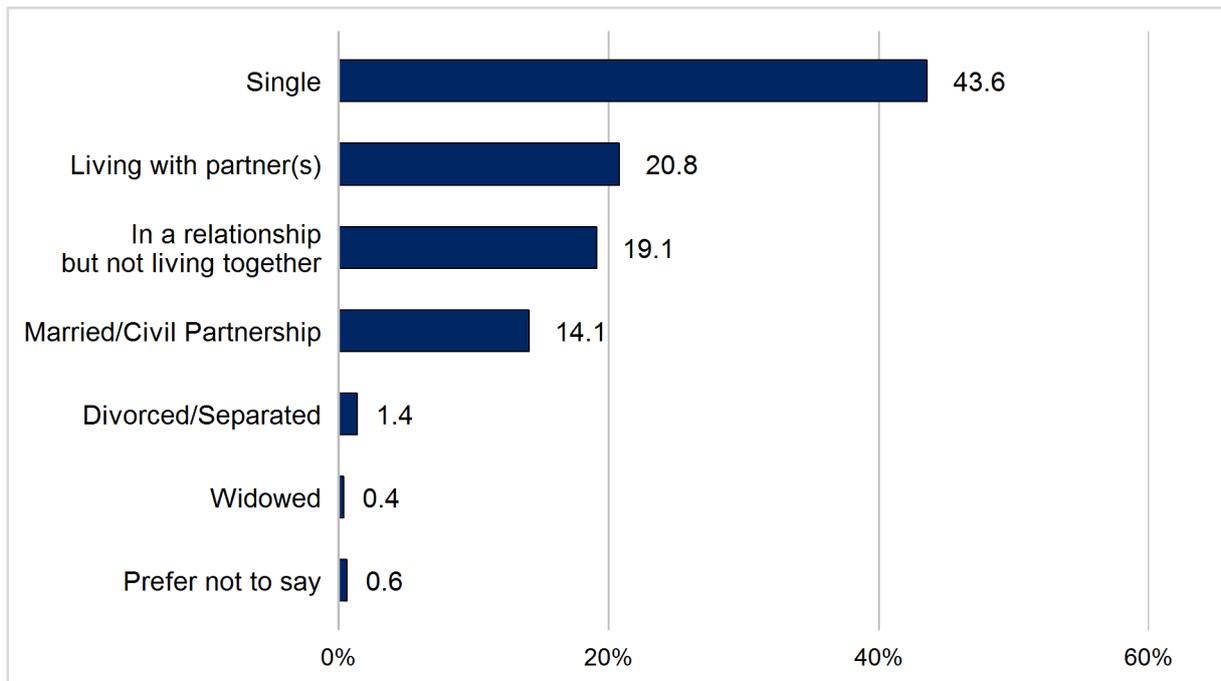
### 3.6 Relationship status

In 2016, Office for National Statistics data on the living arrangements of the England and Wales population aged 16 or above showed that 61% were living in a couple.<sup>10</sup> Further statistics showed that those in the general population who identified as lesbian, gay or bisexual were the most likely, at 71%, to be single or never married or civil partnered.<sup>11</sup>

Fifty-four per cent of respondents were in a relationship and 44% were single (Figure 3.4). Of those who were in a relationship, respondents were either married or in a civil partnership (26%), living with their partner(s) (38%), or in a relationship but not living together (35%) (Annex 3, Q10).

Trans respondents (50%) were more likely to be single than cisgender respondents (43%) (Annex 3, Q10).

**Figure 3.4: All respondents, by relationship status**



Base (rounded): 108,100 respondents.  
 Respondents: All respondents.  
 See Annex 3 (Q10) for data.

<sup>10</sup> Office for National Statistics, 'Population estimates by marital status and living arrangements, England and Wales: 2002 to 2016', Statistical bulletin, 13 July 2017

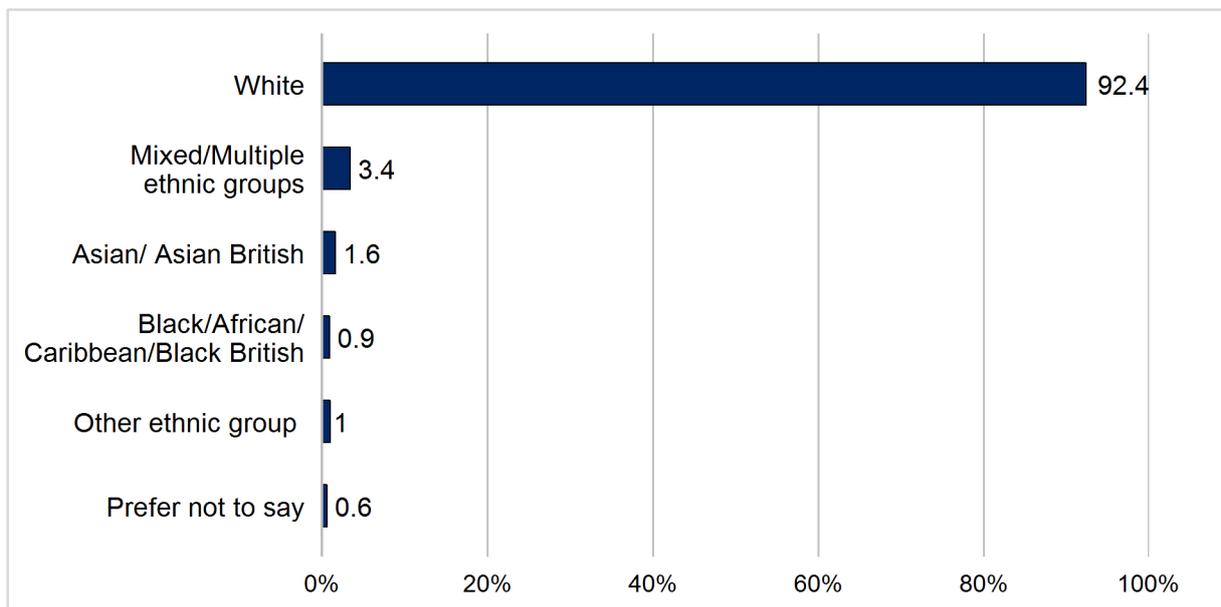
<sup>11</sup> Office for National Statistics, 'Sexual identity, UK: 2016', Statistical bulletin, 4 October 2017

### 3.7 Ethnic group

Ninety-two per cent of respondents were 'White', 3% belonged to a 'Mixed/Multiple' ethnic group, 2% were 'Asian/Asian British', and 1% were 'Black/African/Caribbean or Black British' (Figure 3.5). Overall, the proportions of respondents belonging to White, Mixed/Multiple and Black ethnic groups were similar to Office for National Statistics estimates of the general population, although Asian/Asian British people formed a smaller proportion of survey respondents (2%) than Office for National Statistics estimates (4%).<sup>12</sup>

Trans respondents were slightly less likely to be White (90%) than cisgender respondents (93%) (Annex 3, Q146).

**Figure 3.5: All respondents, by ethnic group**



Base (rounded): 108,100 respondents.  
 Respondents: All respondents.  
 See Annex 3 (Q146) for data.

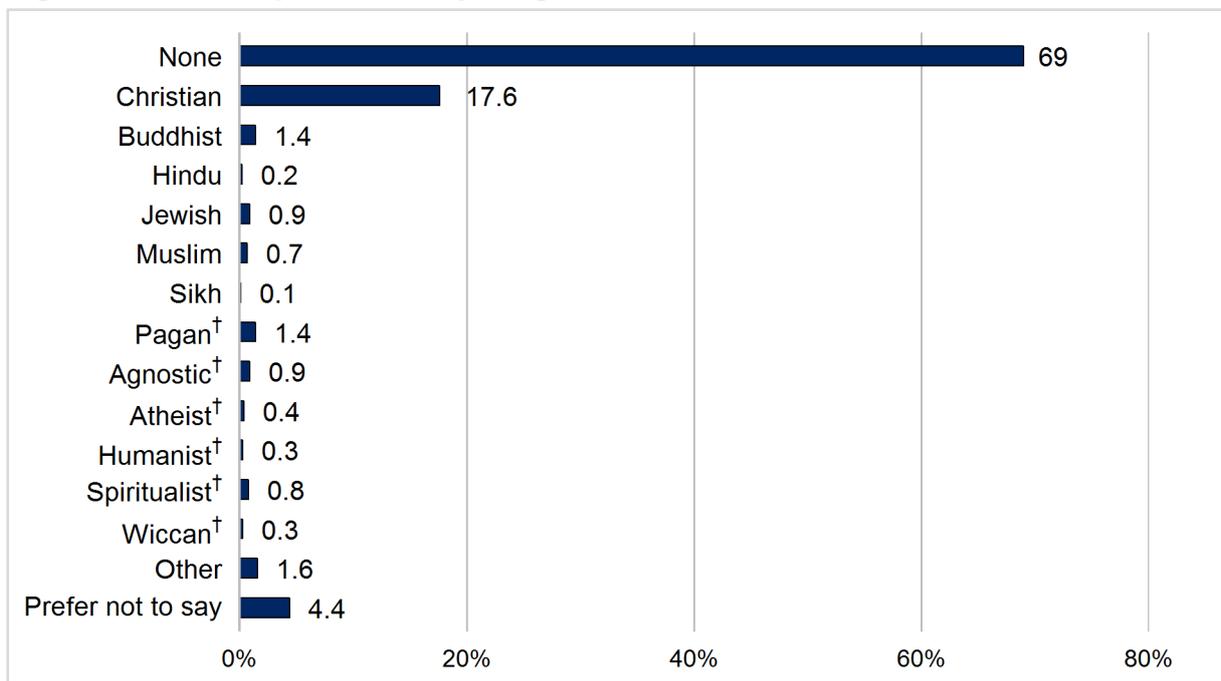
<sup>12</sup> As above

### 3.8 Religion or belief

Sixty-nine per cent of respondents did not have a religion or belief. Eighteen per cent of respondents were Christian. Four per cent preferred not to state their religion or belief (Figure 3.6). These figures differ from the 2011 Office for National Statistics Census that found that the population of England and Wales primarily identified as Christian (59%), followed by those identifying as not having any religion (25%) and those identifying as Muslim (5%).<sup>13</sup>

Trans respondents were less likely to identify as Christian (12%) than cisgender respondents (19%) (Annex 3, Q147).

**Figure 3.6: All respondents, by religion or belief**



Base (rounded): 108,100 respondents.  
 Respondents: All respondents.  
 See Annex 3 (Q147) for data.

<sup>13</sup> Office for National Statistics, 'Religion in England and Wales 2011', Article, 11 December 2012

### 3.9 Disability

Eighty-one per cent of survey respondents did not consider themselves to have a disability. Seventeen per cent said that they did have a disability and 2% preferred not to say (Table 3.1). This percentage is lower than the 22% of the general population who declared that they had a disability in 2016/17.<sup>14</sup>

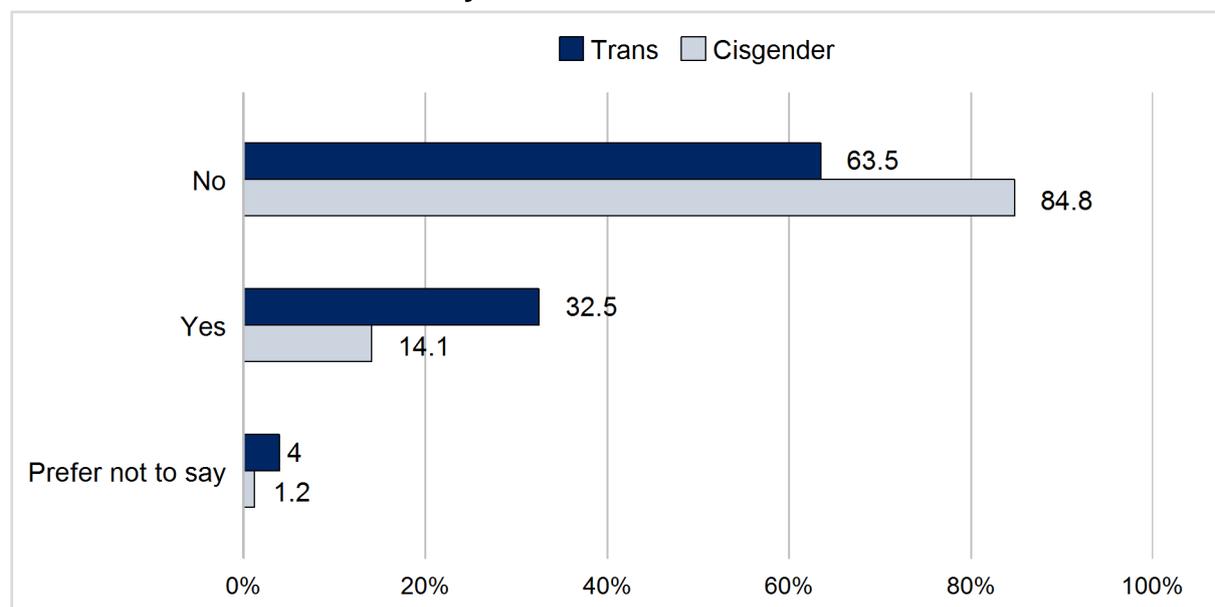
Trans respondents were much more likely to say that they had a disability (33%) than cisgender respondents (14%) (Figure 3.7).

**Table 3.1: Whether respondents considered themselves to have a disability**

	Total
Yes	16.8%
No	81.5%
Prefer not to say	1.7%
<b>Respondents (rounded)</b>	<b>108,100</b>

Respondents: All respondents.  
See Annex 3 (Q148) for data.

**Figure 3.7: Whether cisgender respondents and trans respondents considered themselves to have a disability**



Base (rounded): 105,790 respondents.  
Respondents: Cisgender respondents and trans respondents.  
See Annex 3 (Q148) for data.

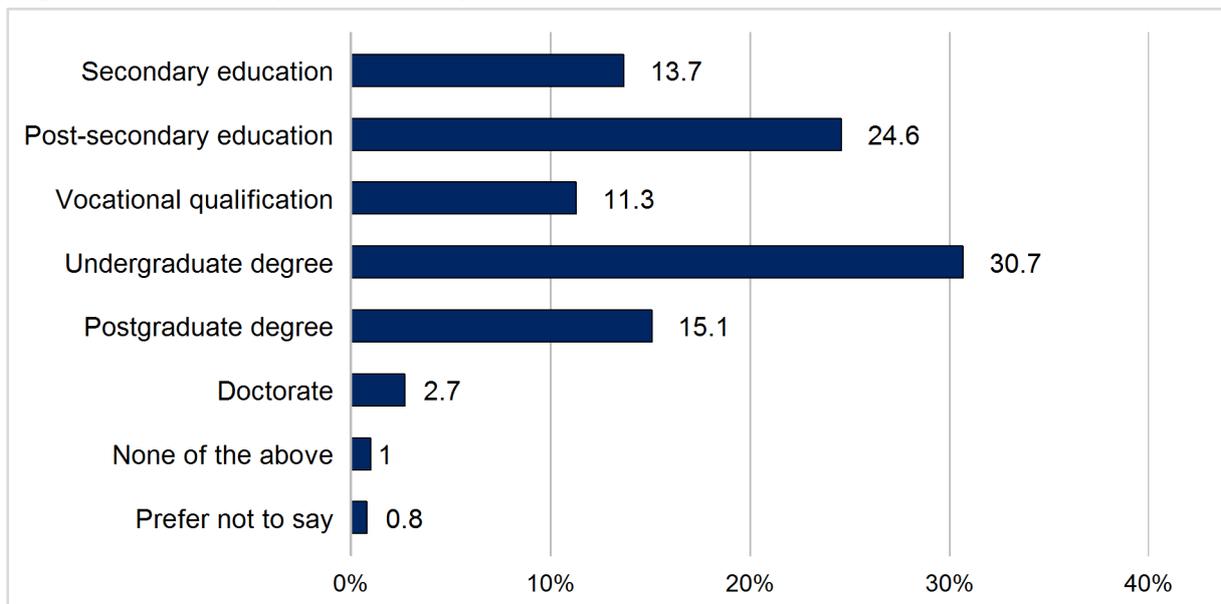
<sup>14</sup> Department for Work and Pensions, 'Family Resources Survey: financial year 2016/17', 22 March 2018

### 3.10 Education

Some form of post-secondary education had been completed by 85% of respondents. Thirty-one per cent said the furthest level of education they had completed had been an undergraduate degree, and 15% a postgraduate degree. (Figure 3.8). Survey respondents had therefore attained a higher level of education when compared to the general population; the 2011 Census found that, in England and Wales, 27% of usual residents aged 16 or above had achieved a Bachelor's degree or equivalent, or higher qualifications.<sup>15</sup>

Trans respondents were more likely to have left education once they had completed secondary education (20%) than cisgender respondents (13%). They were less likely than cisgender respondents to have completed some level of higher education, with 35% of trans respondents having an undergraduate degree or higher, compared to 51% of cisgender respondents (Annex 3, Q149).

**Figure 3.8: All respondents, by level of education**



Base (rounded): 108,100 respondents.  
 Respondents: All respondents.  
 See Annex 3 (Q149) for data.

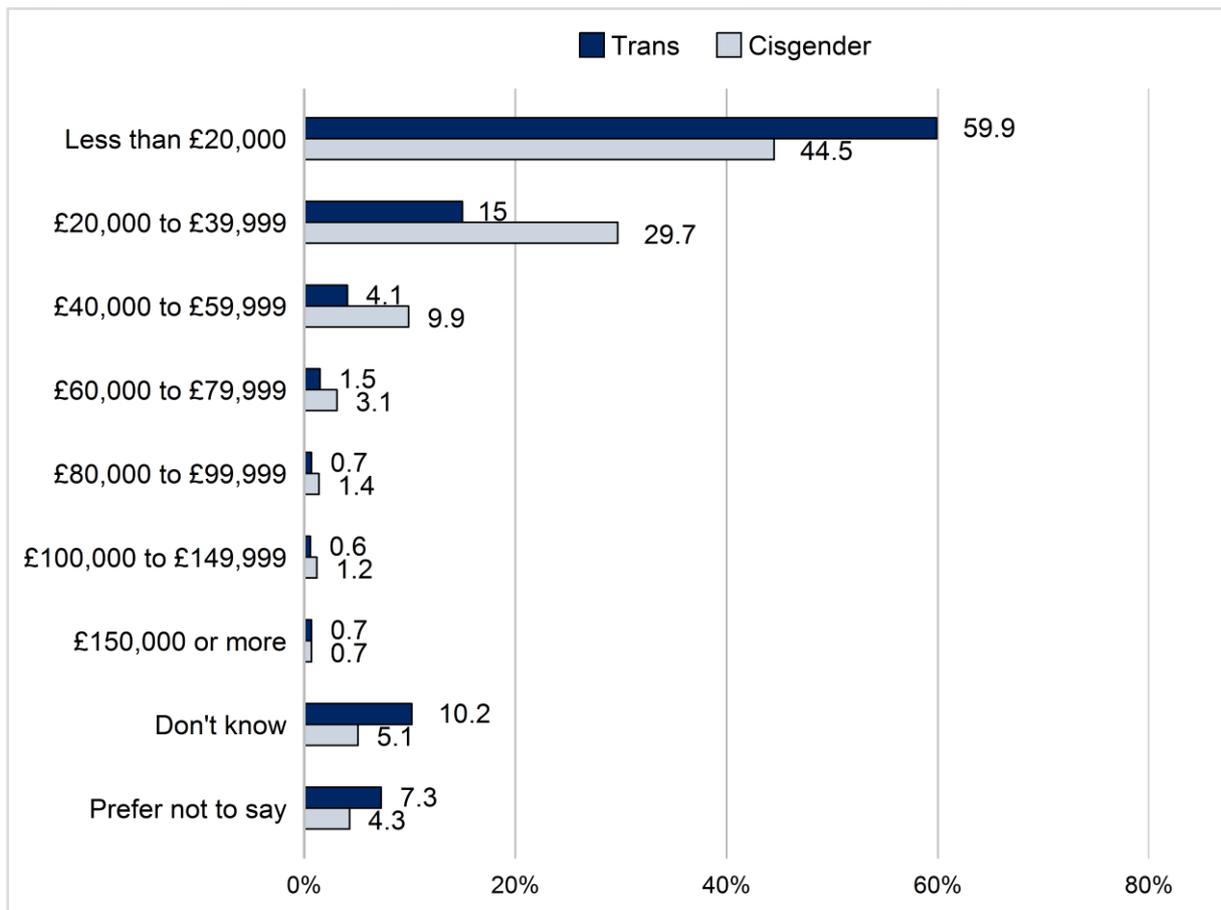
<sup>15</sup> Office for National Statistics, '2011 Census: Key Statistics for England and Wales', Statistical bulletin, 11 December 2012

### 3.11 Personal income

At the time of the survey, 47% of respondents were earning less than £20,000 a year. This likely reflects the relatively young age of the sample (see section 3.5). A further 27% were earning between £20,000 and £39,999 a year (Annex 3, Q150). The UK median annual income for all employee jobs in 2017 was £23,474.<sup>16</sup>

Trans respondents were more likely to earn less than £20,000 per annum (60%) than cisgender respondents (45%) and were much more likely to say that they did not know their personal income (10%) than cisgender respondents (5%) (Figure 3.9).

**Figure 3.9: Cisgender respondents and trans respondents, by personal income**



Base (rounded): 105,790 respondents.  
 Respondents: Cisgender respondents and trans respondents.  
 See Annex 3 (Q150) for data.

<sup>16</sup> Office for National Statistics, 'Age Groups - Annual Survey of Hours and Earnings: Table 6', Dataset, 26 October 2017

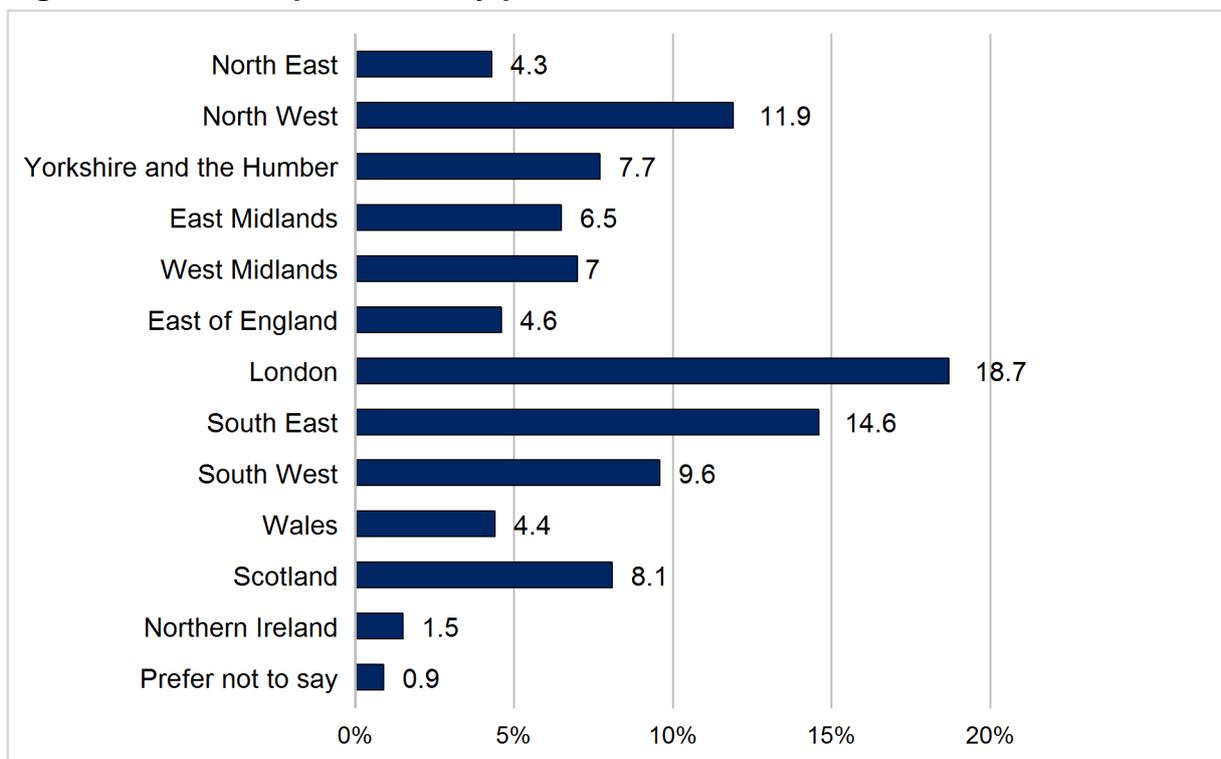
### 3.12 Place of residence

The largest proportions of respondents lived in London (19%), the South East (15%) and the North West of the UK (12%). Eight per cent of respondents were from Scotland, 4% from Wales, and 2% from Northern Ireland (Figure 3.10).

A larger proportion of cisgender respondents lived in London (20%) than of trans respondents (13%) (Annex 3, Q151).

The survey findings reflect those of the 2016 Office for National Statistics' Annual Population Survey, which showed that the highest proportion of people who identified as having a minority sexual orientation lived in London.<sup>17</sup>

**Figure 3.10: All respondents, by place of residence**



Base (rounded): 108,100 respondents.  
 Respondents: All respondents.  
 See Annex 3 (Q151) for data.

<sup>17</sup> Office for National Statistics, 'Sexual identity, UK: 2016', Statistical bulletin, 4 October 2017

# 4 Being LGBT in the UK

## 4.1 Overview

Respondents were asked to rate, on a scale from 1 to 10, how satisfied they were with their lives nowadays. Overall, respondents were less satisfied with their lives than the general UK population, scoring their life satisfaction on average 6.48 out of 10, compared to 7.66 for the general UK population.<sup>18</sup> Respondents were also asked how comfortable they feel being LGBT in the UK.

### Key findings

- Respondents were less satisfied with their lives than the general UK population.
- 56% of respondents scored their comfort being LGBT in the UK as 4 or 5 out of 5. How comfortable respondents felt being LGBT in the UK increased with age.
- Amongst cisgender respondents, gay and lesbian respondents were the most satisfied with their lives (averaging 6.88 out of 10) and the most comfortable being LGBT in the UK (63% scoring comfort as 4 or 5 out of 5). Asexual respondents were the least satisfied with their lives (averaging 5.88 out of 10) and the least comfortable being LGBT in the UK (49% scoring comfort as 4 or 5 out of 5).
- Trans respondents were less satisfied with their lives, scoring their life satisfaction on average 5.40 out of 10, than cisgender respondents, who scored their life satisfaction on average 6.67 out of 10. Trans respondents were also less likely to feel comfortable being LGBT in the UK, with 37% scoring their comfort as 4 or 5 out of 5, than cisgender respondents, 59% of whom scored their comfort as 4 or 5 out of 5.

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<sup>18</sup> Office for National Statistics, 'Personal well-being in the UK: Oct 2015 to Sept 2016', Statistical Bulletin, 13 January 2017

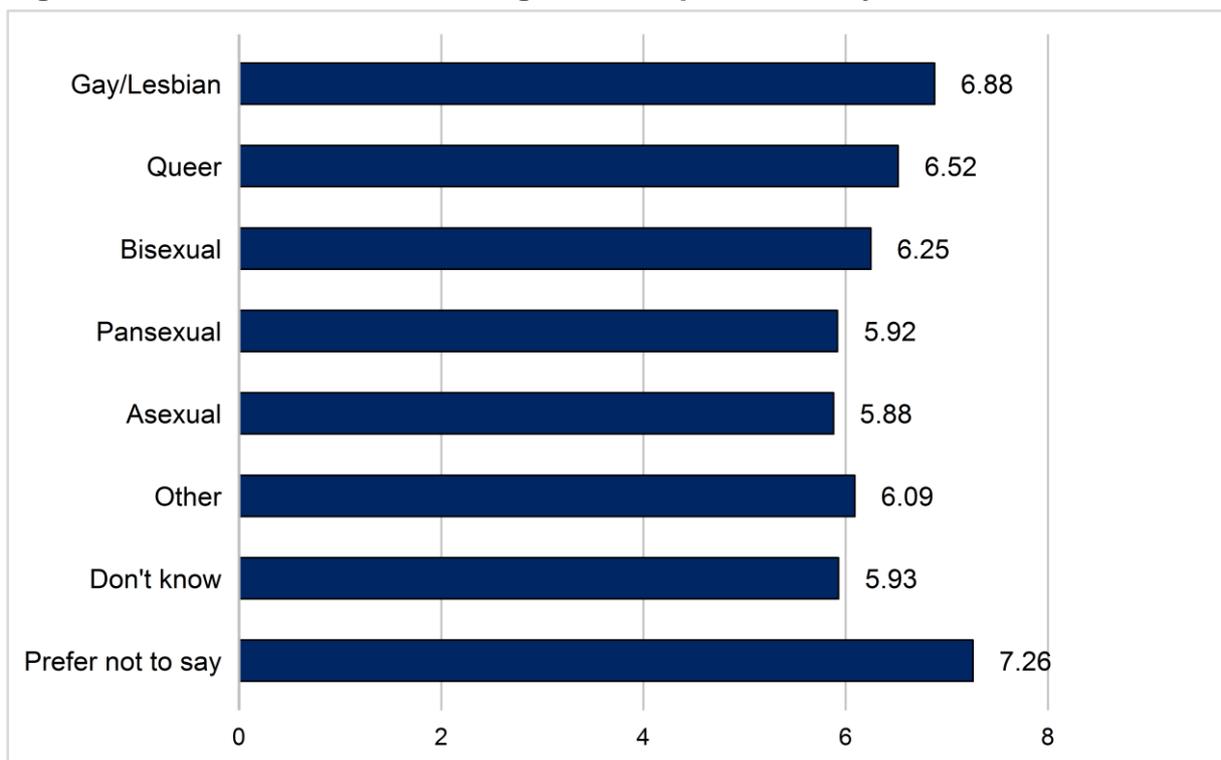
## 4.2 Life satisfaction

Respondents were asked to rate how satisfied they were with their lives nowadays, on a scale of 1 to 10, where 1 was 'not at all satisfied' and 10 was 'completely satisfied'. This question was asked to mirror the question used by the Office for National Statistics to measure personal wellbeing in the UK.<sup>19</sup>

Respondents were less satisfied with their lives than the general UK population. The average life satisfaction score for all respondents was 6.48, compared to 7.66 for the general UK population (Annex 4, Q152).<sup>20</sup>

Amongst cisgender respondents, gay and lesbian respondents were the most satisfied, compared to those with other sexual orientations, with an average rating of 6.88. Asexual and pansexual respondents were the least satisfied, with an average of 5.88 and 5.92 respectively (Figure 4.1).

**Figure 4.1: Life satisfaction of cisgender respondents, by sexual orientation**



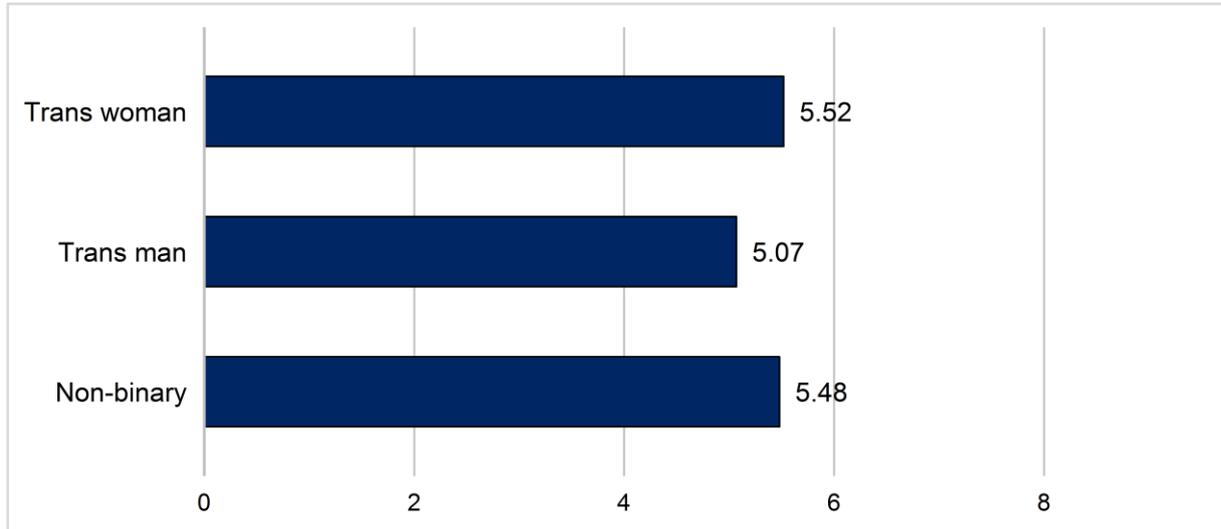
Base (rounded): 90,730 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say' (Q152).  
 See Annex 4 (Q152) for data.

<sup>19</sup> Office for National Statistics, 'Personal well-being in the UK: Oct 2015 to Sept 2016', Statistical Bulletin, 13 January 2017

<sup>20</sup> As above

Trans respondents had a lower life satisfaction, scoring it on average 5.40, than cisgender respondents, who scored it on average 6.67. Amongst trans respondents, trans men in particular were the least satisfied, scoring their life satisfaction on average 5.07 (Figure 4.2). Heterosexual trans respondents rated their life satisfaction the highest, scoring it on average 5.91, whilst asexual trans respondents rated it the lowest, scoring it on average 5.06 (Annex 4, Q152).

**Figure 4.2: Life satisfaction of trans respondents, by gender identity**



Base (rounded): 14,130 respondents.  
Respondents: Trans respondents.  
Excluded: 'Prefer not to say' (Q152).  
See Annex 4 (Q152) for data.

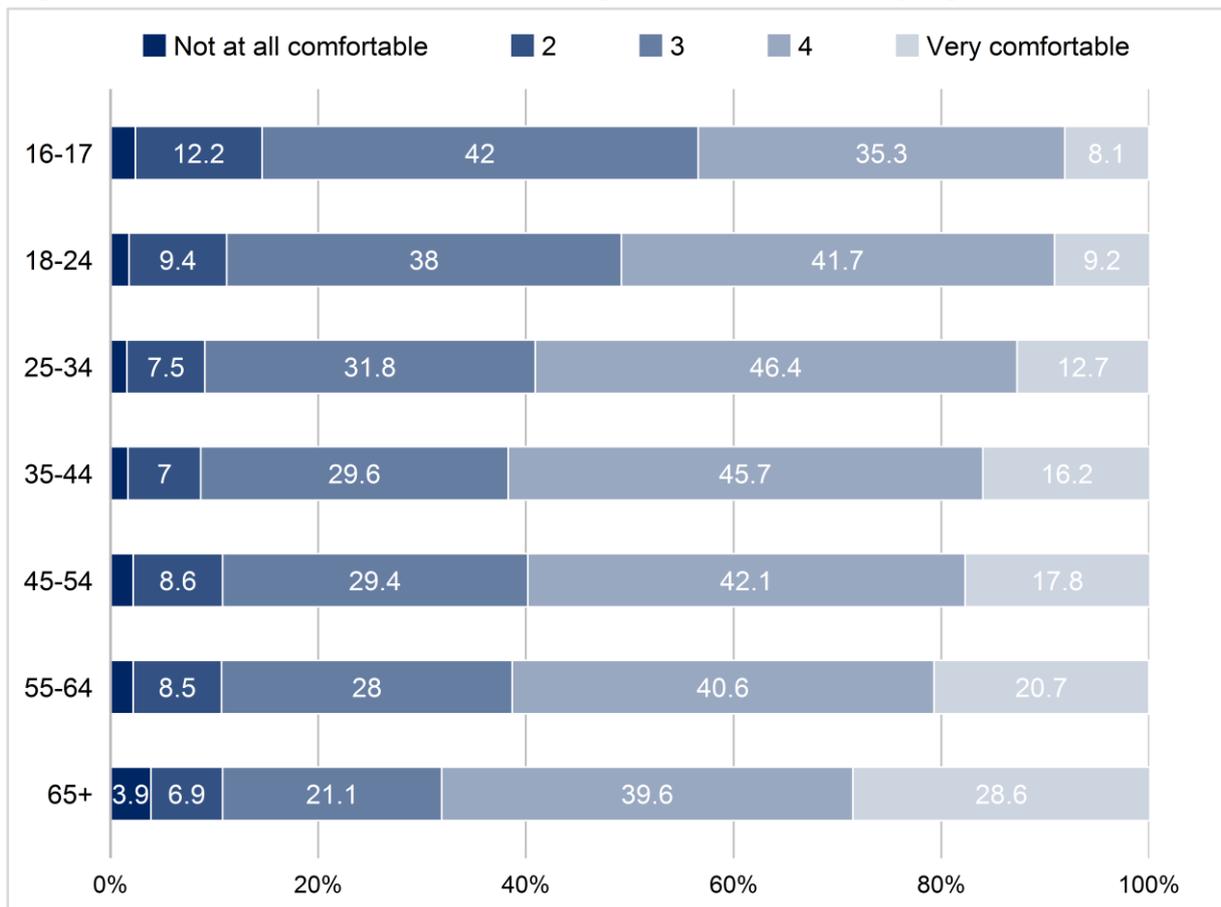
### 4.3 Comfort being LGBT in the UK

Respondents were asked to rate how comfortable they felt being an LGBT person in the UK, on a scale of 1 to 5, where 1 was 'not at all comfortable' and 5 was 'very comfortable'.

Fifty-six per cent scored their comfort being LGBT in the UK as 4 or 5 out of 5 (Annex 4, Q11).

Respondents' comfort generally increased with age; 43% of 16-17 year olds scored their comfort being LGBT in the UK as 4 or 5 out of 5, compared to 68% of those aged 65 or above (Figure 4.3). Given that societal attitudes towards same-sex relationships are becoming more positive over time,<sup>21</sup> this suggests that comfort may relate more to a personal process than to societal attitudes or context.

**Figure 4.3: Respondents' comfort being LGBT in the UK, by age**

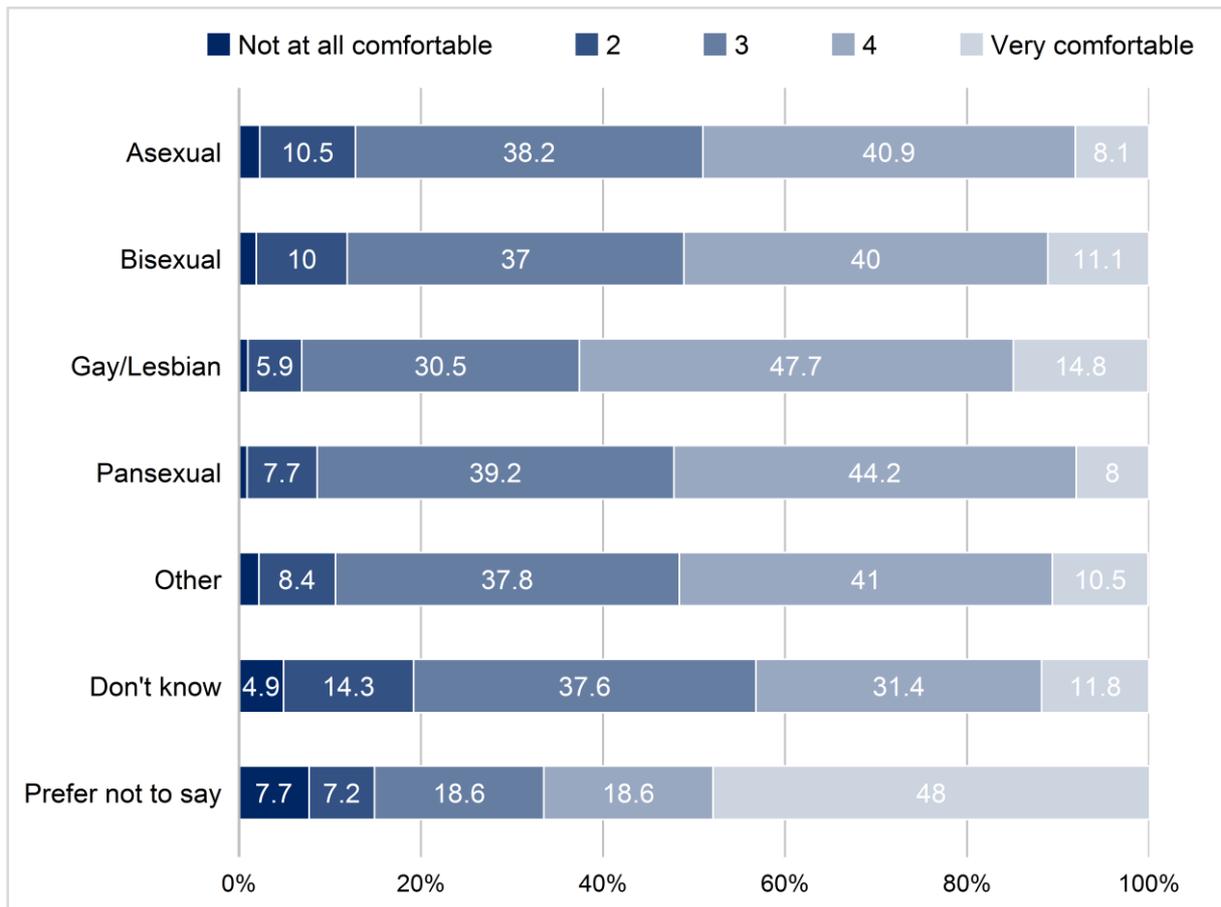


Base (rounded): 107,820 respondents.  
 Respondents: All respondents.  
 Excluded: 'Prefer not to say' (Q11).  
 See Annex 4 (Q11) for data.

<sup>21</sup> NatCen Social Research, 'Moral Issues: Sex, gender identity and euthanasia', British Social Attitudes 34, 2017

Amongst cisgender respondents, gay and lesbian respondents were the most likely to score their comfort being LGBT in the UK as 4 or 5 out of 5 (63%), whilst asexual respondents were the least likely (49%) (Figure 4.4). Cisgender men were more likely to score their comfort as 4 or 5 out of 5 (63%) than cisgender women (54%) (Annex 4, Q11).

**Figure 4.4: Cisgender respondents' comfort being LGBT in the UK, by sexual orientation**



Note: 'Queer' respondents not shown to maintain anonymity.  
 Base (rounded): 91,310 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say' (Q11).  
 See Annex 4 (Q11) for data.

Overall, trans respondents were much less likely to score their comfort being LGBT in the UK as 4 or 5 out of 5 (37%) than cisgender respondents (59%). Only 5% of trans respondents aged under 25 said that they felt very comfortable (scoring 5 out of 5), rising to 15% of those aged 55-64, and 31% of those aged 65 or above (Annex 4, Q11).

# 5 Safety

## 5.1 Overview

Existing evidence suggests that LGBT people are at greater risk of becoming victims of crime, with recorded incidences increasing over time, and the underreporting of hate crime a particular issue, especially when compared to heterosexual and cisgender people.<sup>22</sup> Data from the Crime Survey for England and Wales (CSEW), being published alongside this report for the first time, reveal that gay, lesbian and bisexual people are more likely than heterosexual people to be victims of all CSEW crime. In particular, bisexual people are almost three times more likely to be victims of violent crime than heterosexual people (Annex 11).

Some evidence suggests that LGBT people are discouraged from using victim support services due to fear of homophobic, biphobic or transphobic treatment from service providers and other service users, and often have expectations of inadequate staff knowledge of LGBT issues.<sup>23</sup>

We asked respondents how open they were with others about being LGBT, including people they know and live with, such as friends, family and partners, as well as with other people, such as neighbours and those in public spaces. We also asked questions about any negative incidents in the 12 months preceding the survey involving these groups of people, as well as any experiences of conversion therapy or so-called 'revenge porn'<sup>24</sup> in their lifetime.

We asked respondents about their openness and experiences in relation to healthcare, education and the workplace separately. The findings from these sections of the survey are covered in subsequent chapters.

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<sup>22</sup> National Institute of Economic and Social Research, 'Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence', July 2016

<sup>23</sup> As above

<sup>24</sup> Revenge porn refers to the sharing, either offline or online, of private sexual photographs or videos of another person without their consent, with the purpose of causing embarrassment or distress to the individual.

## Key findings

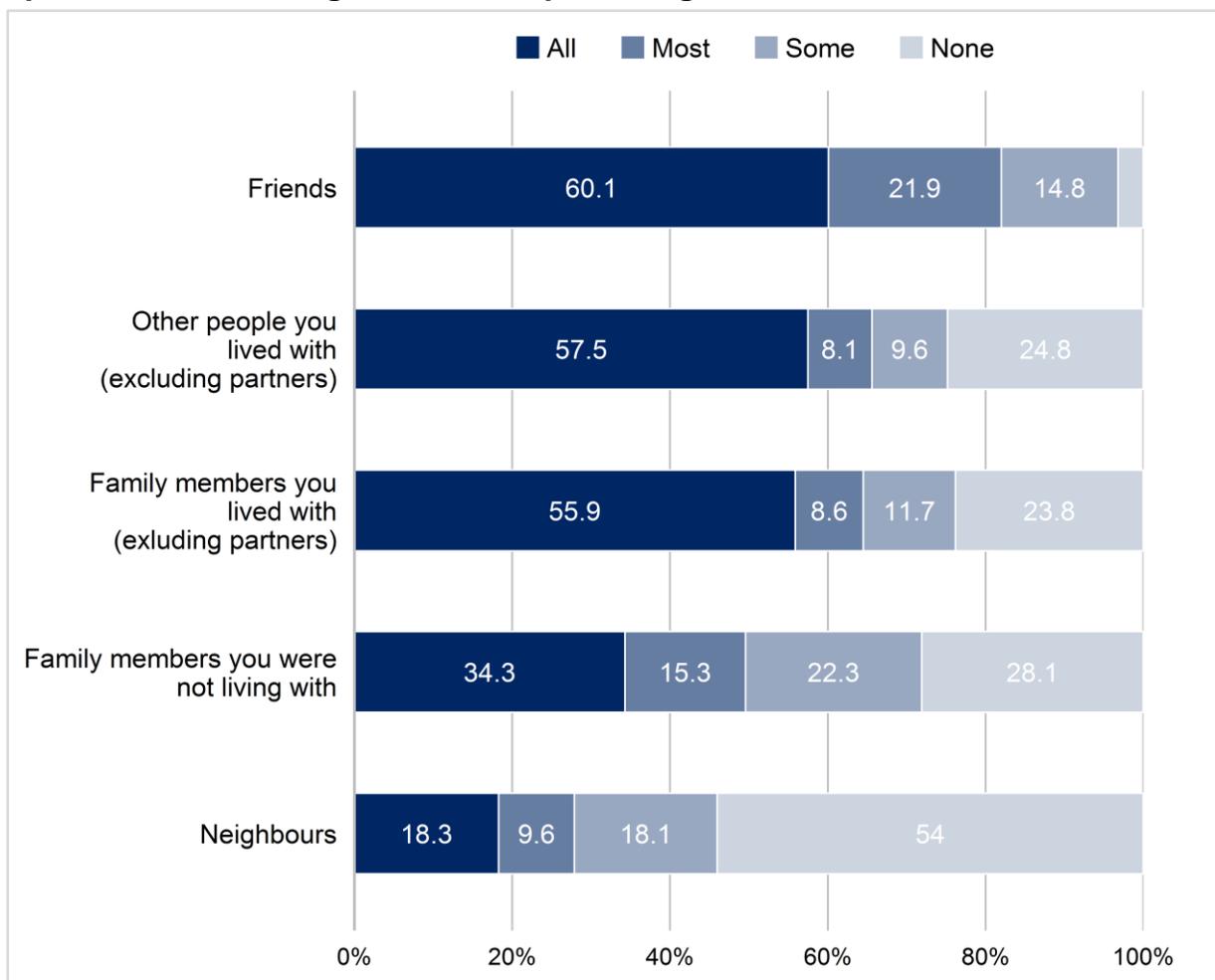
- Only 3% of respondents said they had not been open about being LGBT with any of their friends in the 12 months preceding the survey. Respondents were more likely to say, however, that they had not been open with any family members they lived with (24%) or any other cohabitants (25%), and even more likely to have not been open with any family members they did not live with (28%) or any neighbours (54%).
- 68% of respondents with a minority sexual orientation said they avoided holding hands with a same-sex partner in public.
- 70% of respondents with a minority sexual orientation said they avoided being open about their sexual orientation for fear of a negative reaction from others. The most commonly cited locations for this were on public transport and in the workplace.
- 67% of trans respondents said they avoided being open about their gender identity for fear of a negative reaction from others. Non-binary respondents were particularly likely to do so (76%).
- 40% of respondents had experienced a negative incident in the preceding 12 months involving someone they did not live with, due to being LGBT, or being thought to be LGBT. 29% had experienced an incident involving someone they lived with. The most frequently reported incidents involved verbal harassment, insults or other hurtful comments.
- 60% of respondents who had experienced an incident in the preceding 12 months involving someone they did not live with identified a stranger as a perpetrator of the most serious incident. 38% of those who had experienced an incident involving someone they did live with identified a parent or guardian as a perpetrator of the most serious incident.
- More than 91% of respondents said the most serious incident they had experienced in the preceding 12 months had not been reported. Low levels of reporting extended even to more serious incident types, such as physical and sexual harassment and violence.
- 11% of respondents had previously experienced someone sharing private sexual images or videos of them without their consent.
- 2% of respondents had previously undergone conversion therapy in an attempt to 'cure' them of being LGBT, and a further 5% had been offered it.

## 5.2 Openness in personal life

Respondents were asked how many friends, neighbours, family members, and cohabitants (excluding partners) they had been open with about being LGBT in the 12 months preceding the survey.

Overall, respondents had been more open with their friends and people they lived with, and less open with family members they did not live with and neighbours (Figure 5.1). Similar patterns were generally seen when comparing cisgender and trans respondents separately (Annex 5, Q93 & 114).

**Figure 5.1: How many friends, family members lived with, other people lived with, family members not lived with, and neighbours, respondents had been open with about being LGBT in the preceding 12 months**

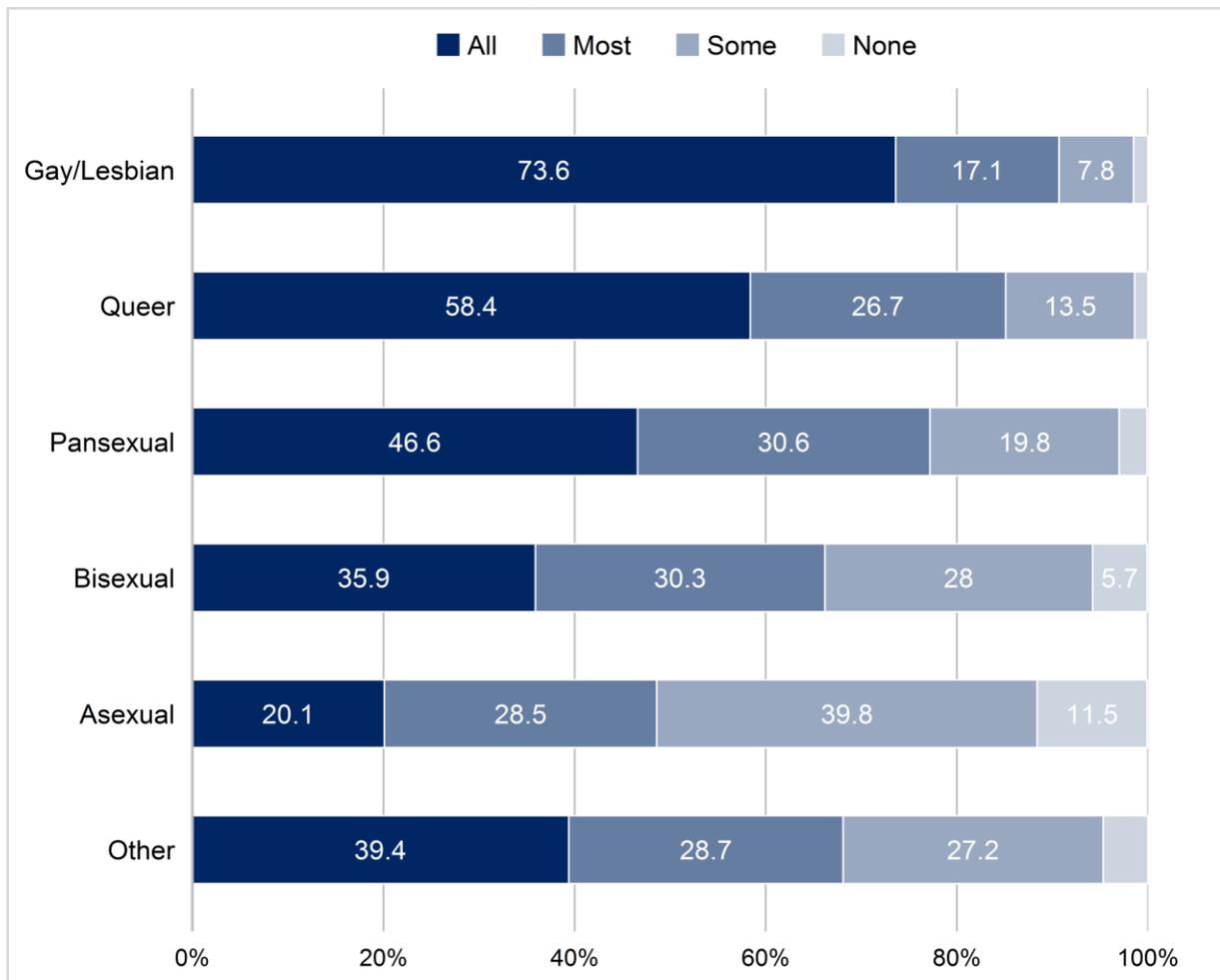


Note: Respondents answered for each group of people.  
 Base (rounded): Friends, 107,150 respondents; Other people you lived with, 67,090 respondents; Family members you lived with, 81,940 respondents; Family members you were not living with, 104,980 respondents; Neighbours, 99,020 respondents.  
 Respondents: All respondents.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q93, Q114).  
 See Annex 5 (Q93, Q114) for data.

## 5.2.1 Openness with friends

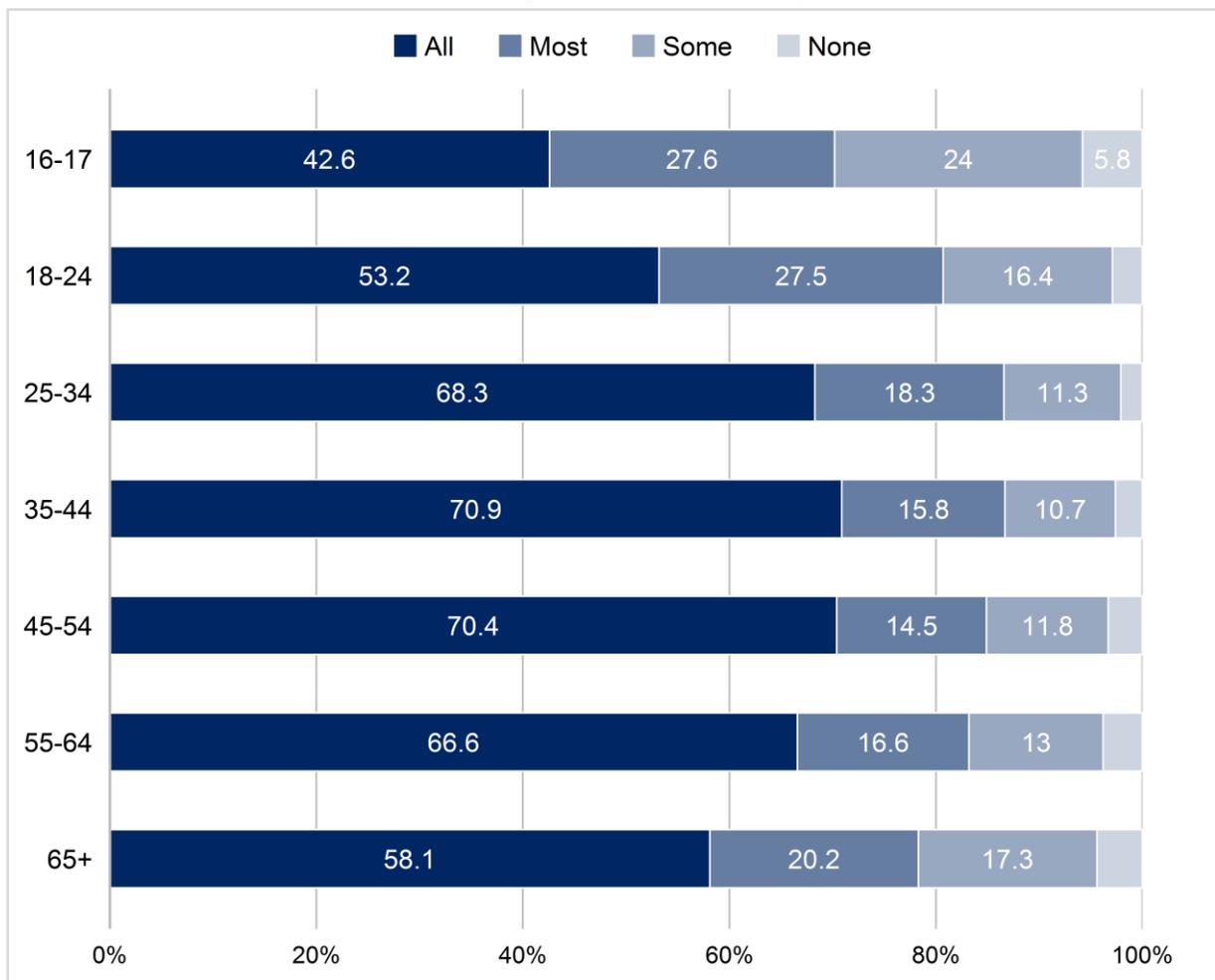
Amongst cisgender respondents, 62% had been open with all of their friends, and only 3% had been open with none (Annex 5, Q114 – Friends). By sexual orientation, only 2% of gay and lesbian respondents had been open with none of their friends, whilst 12% of asexual respondents had been open with none of their friends (Figure 5.2). By age, cisgender respondents in the middle age categories were the most open with their friends; 87% of 35-44 year olds had been open with all or most of their friends, compared to, for example, 70% of 16-17 year olds and 78% of those aged 65 or above (Figure 5.3).

**Figure 5.2: How many friends cisgender respondents had been open with about being LGBT in the preceding 12 months, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.  
 Base (rounded): 90,890 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q114).  
 See Annex 5 (Q114 – Friends) for data.

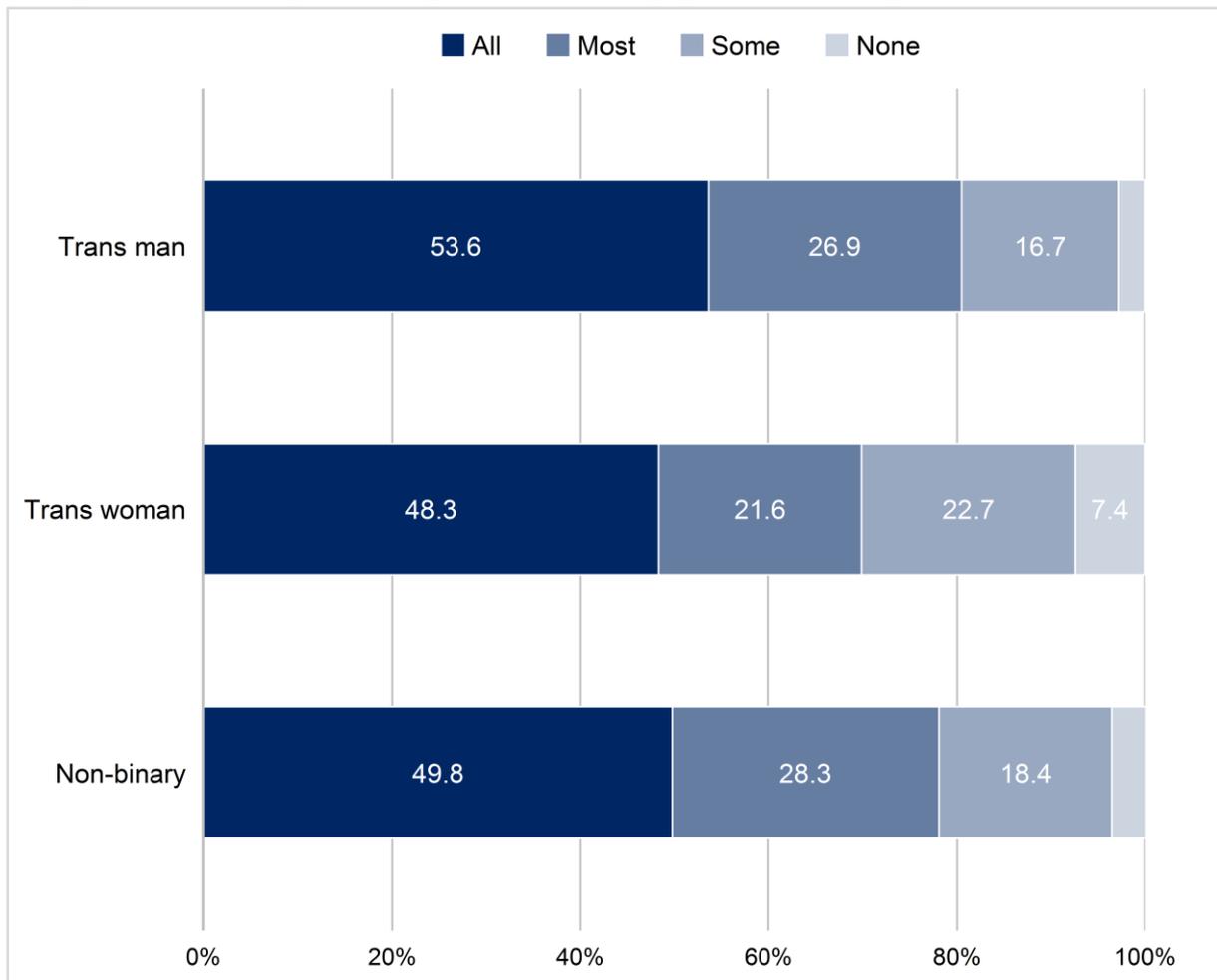
**Figure 5.3: How many friends cisgender respondents had been open with about being LGBT in the preceding 12 months, by age**



Base (rounded): 90,890 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q114).  
 See Annex 5 (Q114 – Friends) for data.

Trans respondents had been less open with their friends than cisgender respondents. Fifty per cent had been open with all of their friends, and 4% had been open with none. This did not vary substantially amongst trans men, trans women and non-binary respondents separately (Figure 5.4). By age, there was some difference with cisgender respondents. Openness with friends for trans respondents was higher for the younger age groups than the older: 3% of 16-17 year olds and 18-24 year olds had been open with none of their friends, compared to, for example, 13% of those aged 55-64 and 12% of those aged 65 or above (Figure 5.5).

**Figure 5.4: How many friends trans respondents had been open with about being LGBT in the preceding 12 months, by gender identity**



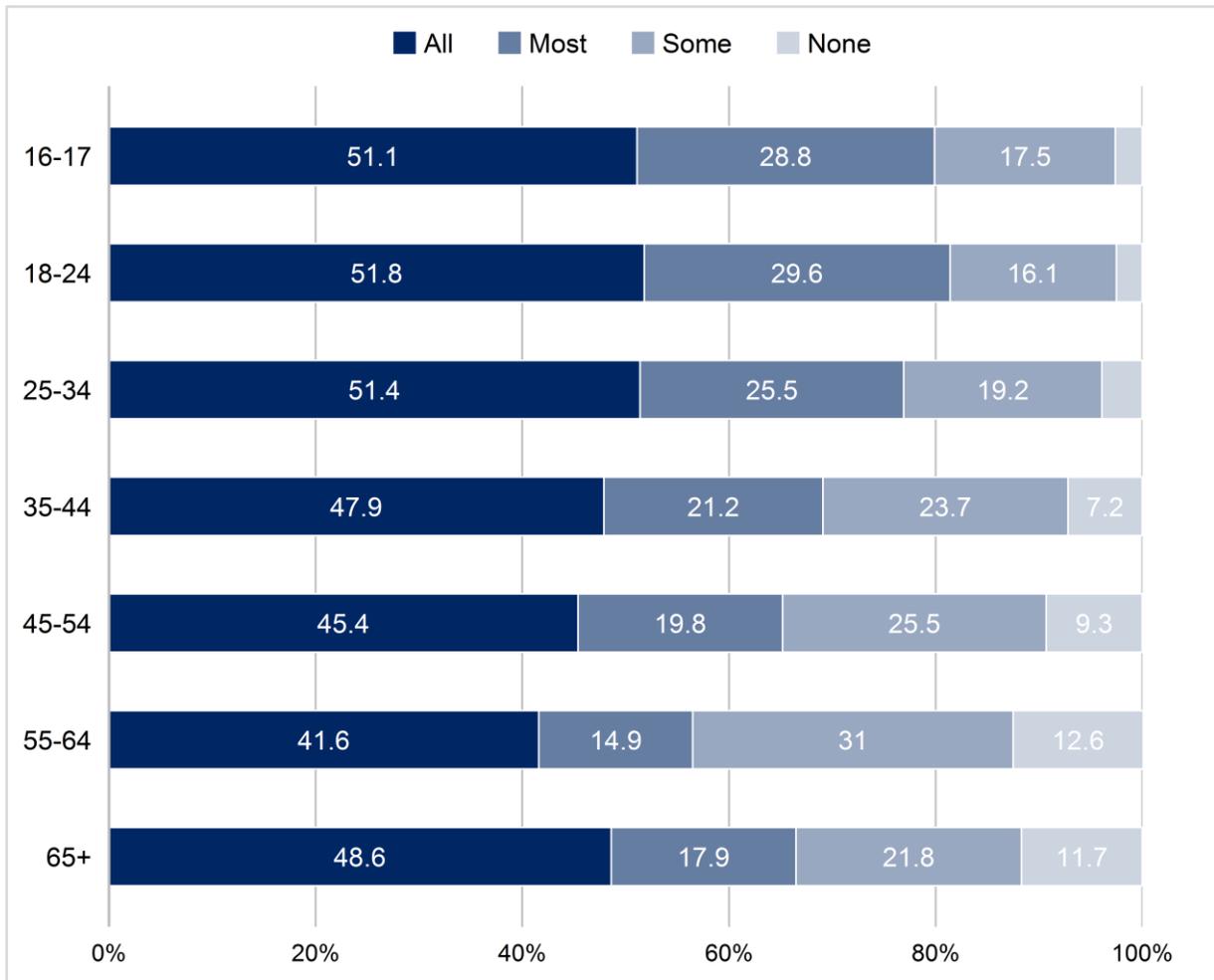
Base (rounded): 14,130 respondents.

Respondents: Trans respondents.

Excluded: 'Prefer not to say', 'Does not apply to me' (Q114).

See Annex 5 (Q114 – Friends) for data.

**Figure 5.5: How many friends trans respondents had been open with about being LGBT in the preceding 12 months, by age**

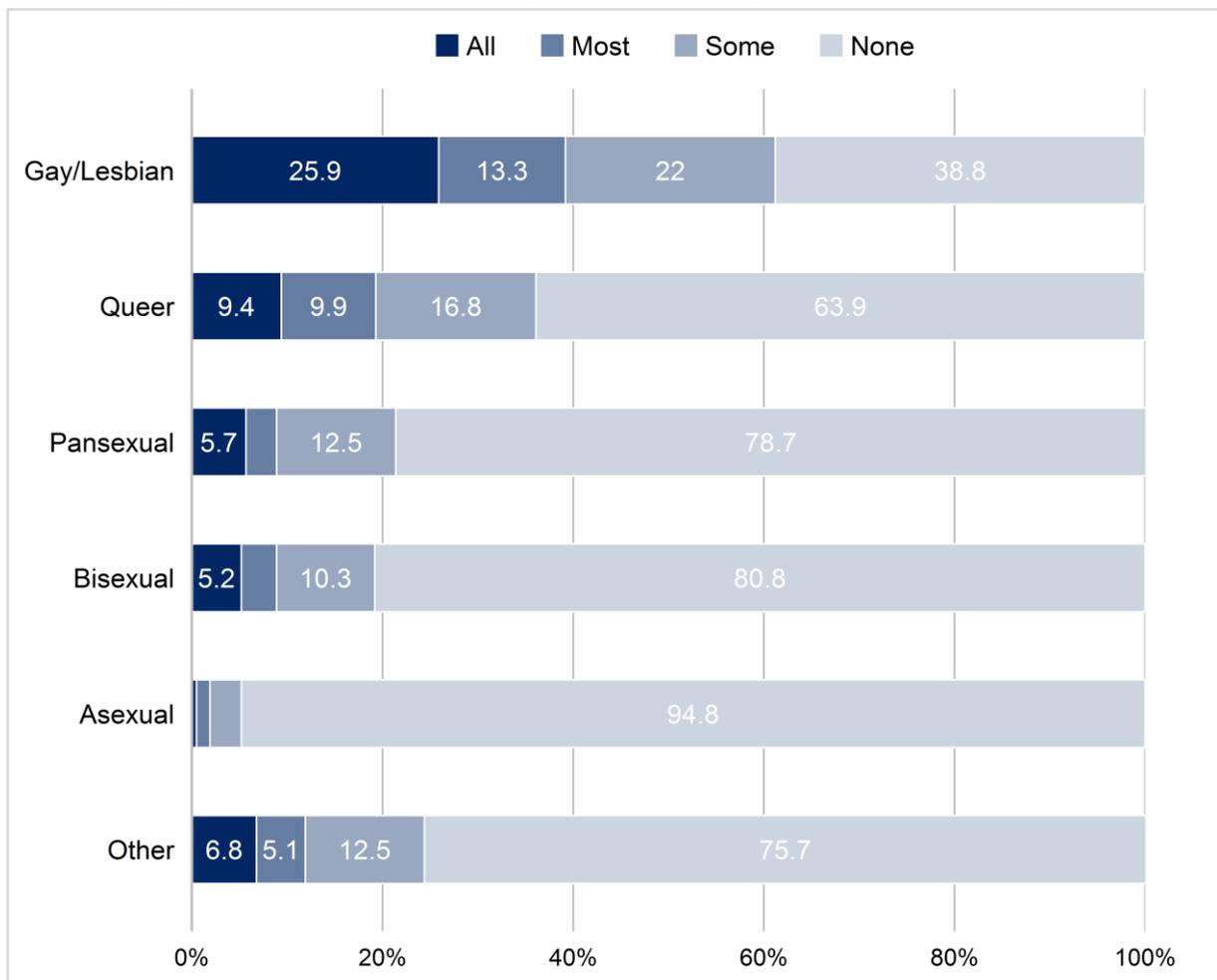


Base (rounded): 14,130 respondents.  
 Respondents: Trans respondents.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q114).  
 See Annex 5 (Q114 – Friends) for data.

## 5.2.2 Openness with neighbours

Amongst cisgender respondents, 19% had been open with all of their neighbours, whilst 52% had been open with none. Openness with neighbours was generally low across sexual orientations, ranging from 39% of gay and lesbian respondents to 95% of asexual respondents having been open with none of their neighbours (Figure 5.6). Across sexual orientations, men had generally been more open than women; for example, 47% of queer men had been open with none of their neighbours, compared to 69% of queer women (Annex 5, Q114 – Neighbours). By age, openness with neighbours increased by age group, with 86% of 16-17 year olds having been open with none, compared to 29% of those aged 65 or above (Annex 5, Q114 – Neighbours).

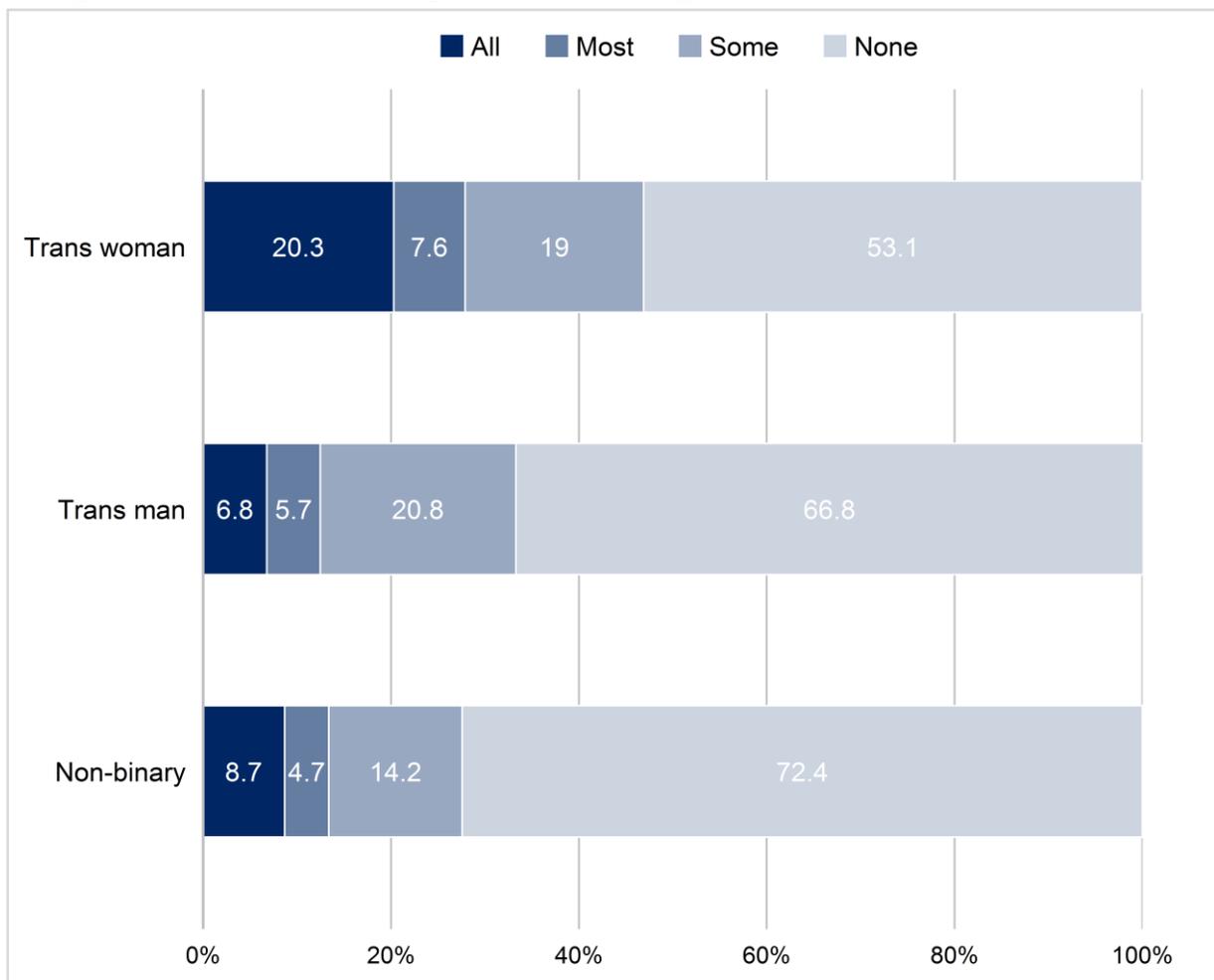
**Figure 5.6: How many neighbours cisgender respondents had been open with about being LGBT in the preceding 12 months, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.  
 Base (rounded): 83,850 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q114).  
 See Annex 5 (Q114 – Neighbours) for data.

Trans respondents were less likely to have been open with neighbours than cisgender respondents, driven by much lower rates for trans men and non-binary respondents. Fifty-three per cent of trans women had been open with none of their neighbours, compared to 67% of trans men and 72% of non-binary respondents (Figure 5.7). By sexual orientation and age, similar patterns were seen amongst trans respondents to those of cisgender respondents (Annex 5, Q114 – Neighbours).

**Figure 5.7: How many neighbours trans respondents had been open with about being LGBT in the preceding 12 months, by gender identity**



Base (rounded): 13,190 respondents.  
 Respondents: Trans respondents.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q114).  
 See Annex 5 (Q114 – Neighbours) for data.

### 5.2.3 Openness with family members and cohabitants

Patterns of openness with family members not lived with, family members lived with, and other people lived with, were similar to those observed for openness with neighbours (see section 5.2.2), albeit to varying extents. Overall, respondents had generally been more open with people they lived with, family or otherwise, than with family members they did not live with and neighbours. This applies both to cisgender respondents and to trans respondents (Annex 5, Q93 & 114; Q93 – Family living with; Q114 – Family not living with; Q93 – Other people living with).

## 5.3 Avoidance behaviours

Respondents were asked, where relevant, whether they ever avoided being open about their sexual orientation (see section 5.3.2) or gender identity (see section 5.3.3) out of fear of a negative reaction from others and, if so, where this occurred. Relevant respondents were also specifically asked whether they avoided holding hands with a same-sex partner (see section 5.3.1).

Aside from these questions, a large number of respondents (2,737) used the optional free-text question to discuss their feelings of safety and the physical spaces where LGBT people feel they can be open about being LGBT, or otherwise avoid doing so.

Many of the responses relating to crime included personal accounts of being a victim of abuse, including domestic abuse, rape and sexual assault, and the perceived threat of being a victim of abuse. It was common for respondents to discuss barriers to accessing support as an LGBT victim, as well as issues with reporting crime (see section 5.8). There were no responses directly related to perpetrating crime, other than respondents discussing recreational drug use, where there was a perception that this was more of an issue with LGBT people (see section 8.8), and sex work (see section 5.9).

Much of the discomfort I face around my sexuality is based in the looks, side-comments, jokes, rejection, alienation and heteronormative language I live with on a daily basis within my community, which impacts my feeling of safety and openness.

**Woman, bisexual, 25-34, South East**

Hate incidents, more commonly described by respondents as harassment, bullying, verbal and physical abuse or threats, were a prominent issue raised by many respondents (7,915). Common hate incidents described by respondents included:

- On-street verbal abuse from strangers
- Threats of rape, sexual assault and physical violence
- Groping and unwanted sexual advances in public spaces, such as pubs and clubs, particularly targeted towards lesbians and bisexual women
- Physical attacks, such as punching and kicking
- Damage of property, such as homes, cars and personal property
- Abusive chanting at sports grounds, commonly at football stadiums

- Online harassment, including publicly 'outing' people and threats of sexual violence

Social media makes me feel it is not safe to be out as LGBT – even though in mainstream media it is generally not socially acceptable to make homophobic comments, when people feel they can say what they really think online there is a lot of hateful content. I would say I see homophobic or transphobic comments or harassment on social media or online every day. This includes hateful comments, threats and use of slurs on news or content related to LGBT individuals.

**Non-binary person, bisexual, 18-24, South East**

A decline in the number of LGBT-friendly spaces was a key concern for some respondents, who commented on LGBT-friendly nightclubs and pubs having closed down in some areas, with others considering LGBT nightlife to have been 'invaded' by people who are not LGBT. This had a negative impact on some, who described feeling isolated and under threat from abuse when in public. As a result, some people reported having purposely changed or adapted their behaviour in public spaces so as not to be 'outwardly' LGBT.

I often will change what I wear so that I blend in more, and walk fast, and wear headphones in the street, so that at least when people are transphobic and insulting to me I don't hear it. (I know it still happens because when I don't do this, it does regularly happen).

**Trans woman, pansexual, 35-44, South East**

Larger urban areas were broadly considered safer than smaller towns and rural areas. Respondents described feeling less vulnerable to harassment or abuse from strangers on the street when in a city. Some had consciously moved to a large city where there was a substantial LGBT population in order to feel safe. London, Brighton and Manchester were mentioned as particularly 'gay-friendly' cities.

Public spaces considered unsafe and therefore sometimes avoided altogether by respondents included:

- Public transport, such as trains and buses
- 'Straight' bars and nightclubs
- Cafés and restaurants

- Changing facilities in sports centres, gyms and swimming pools

Being verbally harassed on public transport (in particular, the Underground) is an extremely common occurrence. At least once a month I feel unsafe or uncomfortable while using public transport.

**Man, gay, 25-34, London**

Some suggestions were made by respondents for improving LGBT people's feelings of safety in public spaces, including:

- Improved support from businesses, such as clothing stores for trans people to shop and try on clothes without discomfort
- Improved visibility of police in areas where people feel particularly vulnerable, such as public transport and sports grounds
- More visible LGBT-friendly social spaces, such as cafés and restaurants

There needs to be more safe spaces, not just the odd gay club or bar. A coffee shop, a miniature library etc. – encourage these kind of businesses. I can't meet fellow lgbt unless it's online or in places that serve alcohol.

**Woman, lesbian, age and location not given**

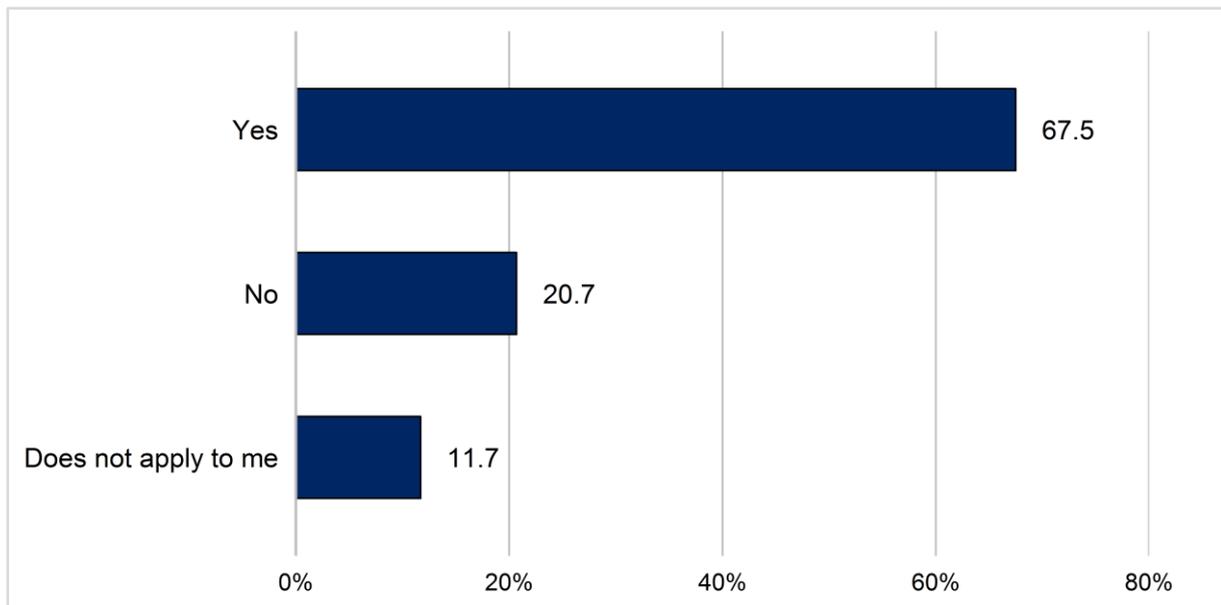
### 5.3.1 Holding hands with a same-sex partner in public

Sixty-eight per cent of all respondents with a minority sexual orientation said that they avoided holding hands in public with a same-sex partner for fear of a negative reaction from others (Figure 5.8). This issue also arose in responses to the optional free-text question:

I still wouldn't walk down my street holding hands for fear of attack, or kiss on public transport. Simple things that heterosexual people take for granted.

**Man, gay, 45-54, London**

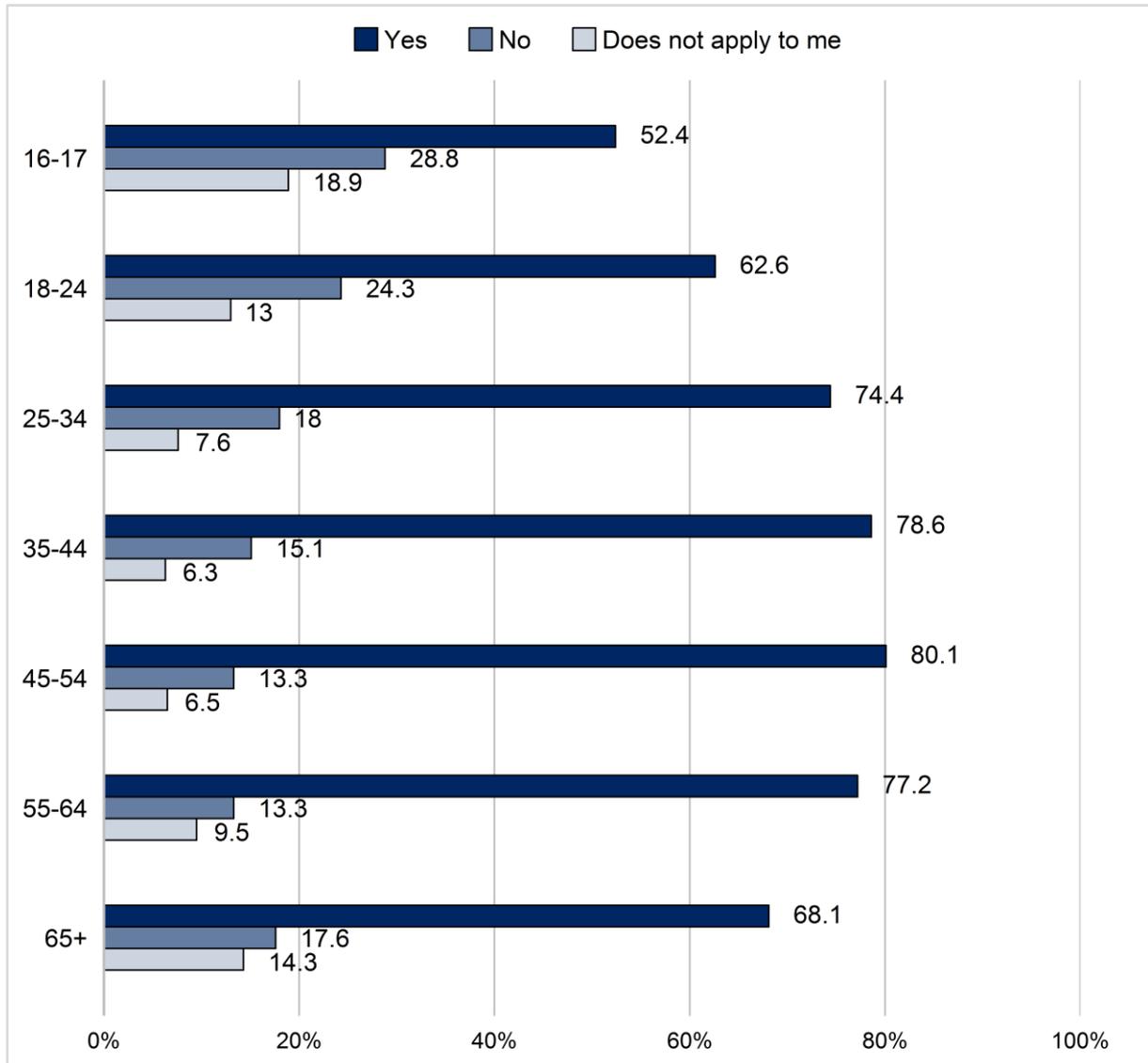
**Figure 5.8: Whether respondents with a minority sexual orientation avoided holding hands with a same-sex partner in public for fear of a negative reaction from others**



Base (rounded): 105,720 respondents.  
 Respondents: Those with a minority sexual orientation.  
 Excluded: 'Prefer not to say' (Q12).  
 See Annex 5 (Q12) for data.

Seventy per cent of cisgender respondents said that they avoided holding hands in public, and the likelihood of doing so generally increased with age (Figure 5.9).

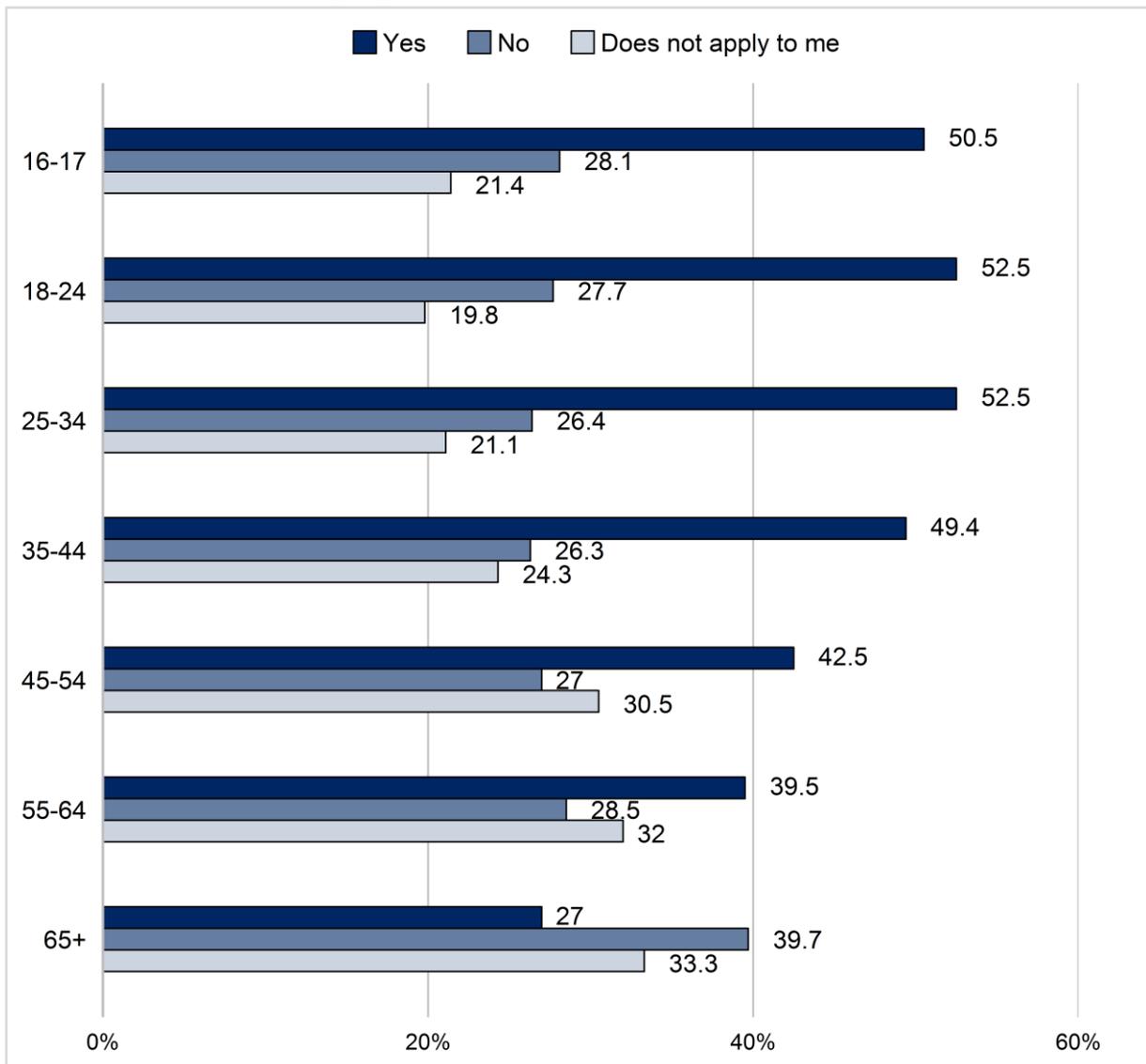
**Figure 5.9: Whether cisgender respondents avoided holding hands with a same-sex partner in public for fear of a negative reaction from others, by age**



Base (rounded): 90,910 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say' (Q12).  
 See Annex 5 (Q12) for data.

Trans respondents with a minority sexual orientation were much less likely to report avoiding holding hands with a same-sex partner in public (50%) than cisgender respondents (70%), although this is likely to be partially driven by trans respondents being more likely than cisgender respondents to say that this question did not apply to them. Older trans respondents were less likely to avoid doing so; for example, 53% of trans 18-24 year olds said that they avoided holding hands with a same-sex partner, compared to 27% of those aged 65 or above (Figure 5.10).

**Figure 5.10: Whether trans respondents with a minority sexual orientation avoided holding hands with a same-sex partner in public for fear of a negative reaction from others, by age**



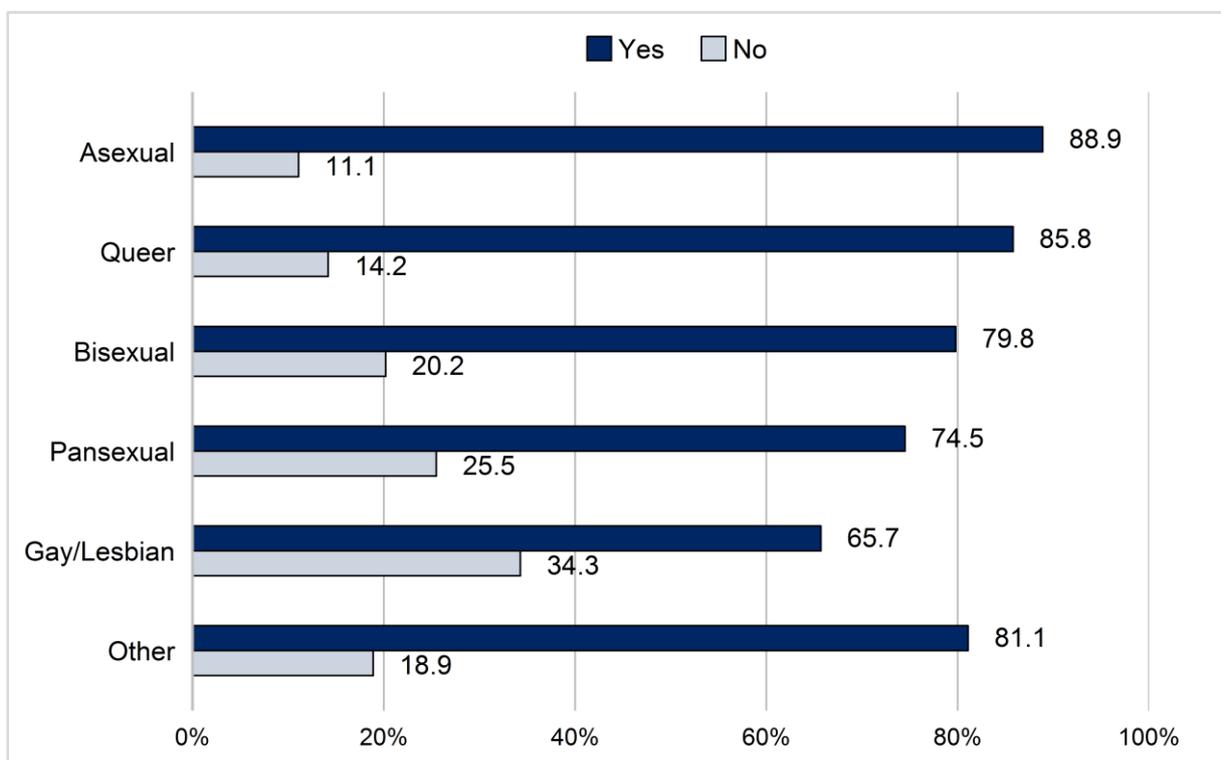
Base (rounded): 12,760 respondents.  
 Respondents: Trans respondents with a minority sexual orientation.  
 Excluded: 'Prefer not to say' (Q12).  
 See Annex 5 (Q12) for data.

### 5.3.2 Avoidance behaviours related to sexual orientation

Seventy per cent of all respondents with a minority sexual orientation said that they avoided being open about their sexual orientation for fear of a negative reaction from others (Annex 5, Q13).

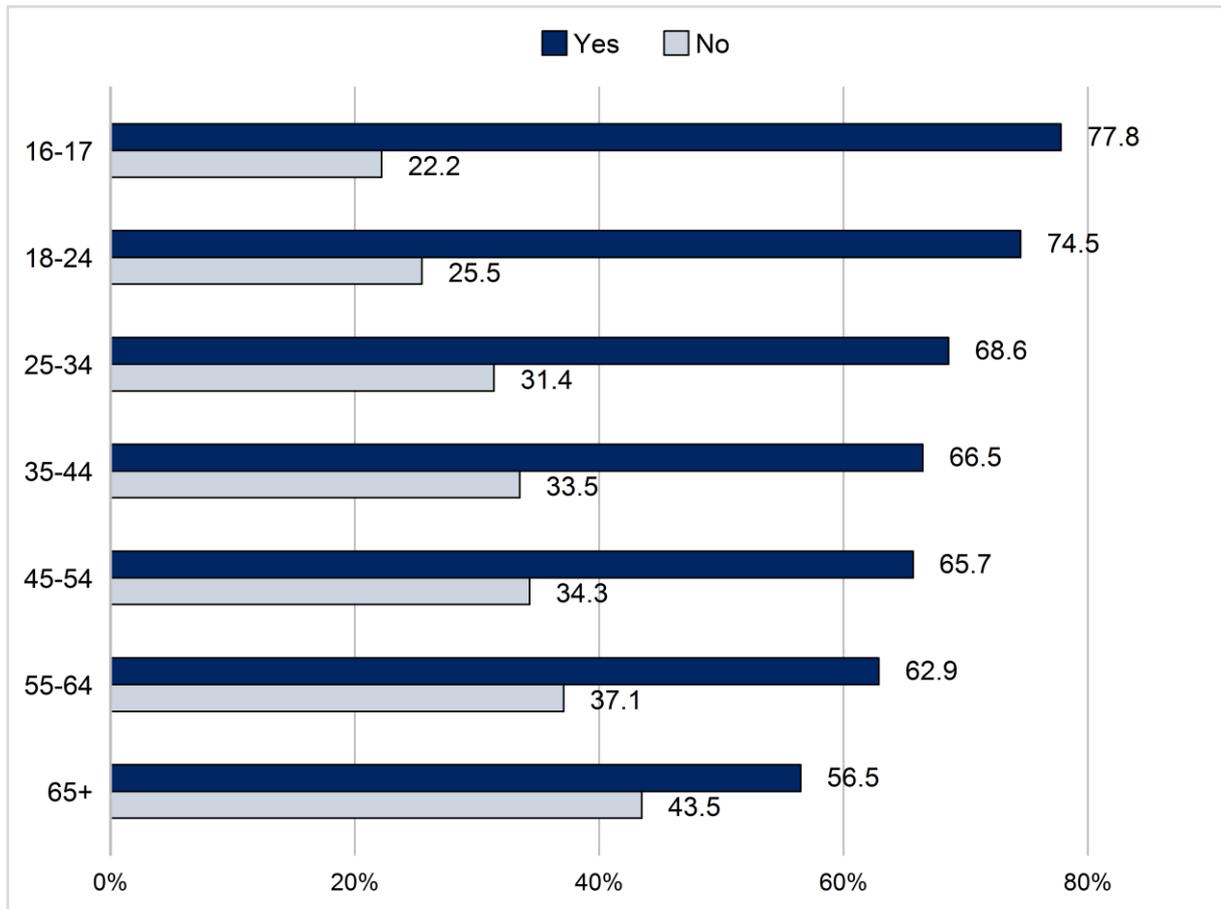
Amongst cisgender respondents, 70% said that they avoided being open about their sexual orientation. Broken down by sexual orientation, asexual respondents (89%), queer respondents (86%), and bisexual respondents (80%) were the most likely to avoid being open, compared to, for example, gay and lesbian respondents (66%) (Figure 5.11). Avoidance declined steadily with age amongst these respondents, from 78% of 16-17 year olds to 56% of those aged 65 or above (Figure 5.12).

**Figure 5.11: Whether cisgender respondents avoided being open about their sexual orientation for fear of a negative reaction from others, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.  
 Base (rounded): 91,050 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say' (Q13).  
 See Annex 5 (Q13) for data.

**Figure 5.12: Whether cisgender respondents avoided being open about their sexual orientation for fear of a negative reaction from others, by age**

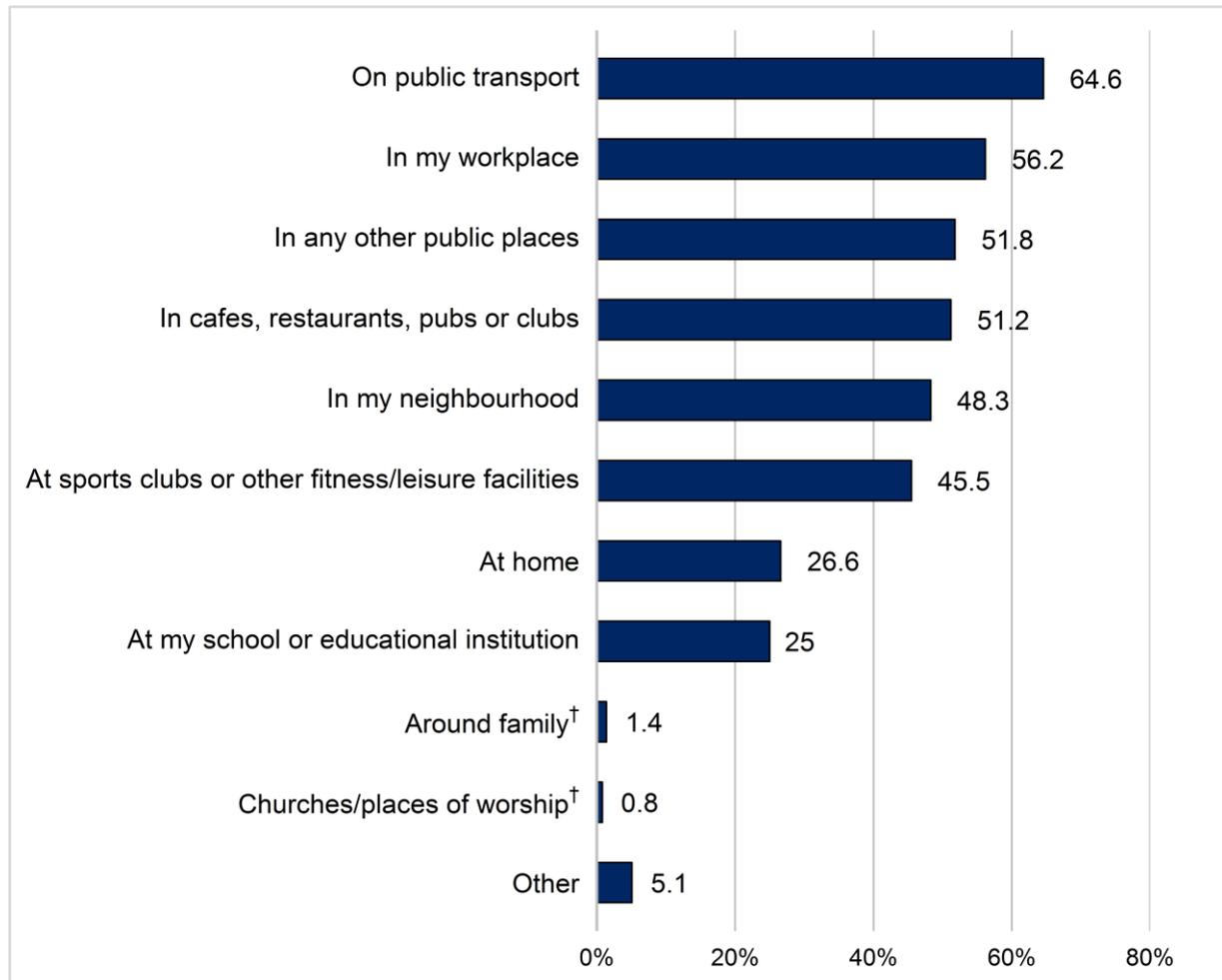


Base (rounded): 91,050 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say' (Q13).  
 See Annex 5 (Q13) for data.

Sixty-nine per cent of trans respondents with a minority sexual orientation said that they avoided being open about their sexual orientation for fear of a negative reaction from others. By sexual orientation and age, similar patterns were observed to those of cisgender respondents (Annex 5, Q13).

Amongst respondents who said that they avoided being open about their sexual orientation for fear of a negative reaction from others, the most frequently reported places in which they did so were public transport (65%) and the workplace (56%) (Figure 5.13).

**Figure 5.13: Where respondents avoided being open about their sexual orientation for fear of a negative reaction from others**



Note: Respondents could select as many places as applicable.

Base (rounded): 73,530 respondents.

Respondents: Those with a minority sexual orientation who avoided being open about their sexual orientation.

Excluded: 'Prefer not to say' (Q14).

See Annex 5 (Q14) for data.

There was substantial variation by sexual orientation amongst cisgender respondents. Fifty-eight per cent of asexual respondents said that they avoided being open about their sexual orientation at home, whereas only 14% of gay and lesbian respondents reported doing so. Some of this difference may reflect patterns of relationships and who lives with whom. Similar patterns were observed for schools and educational institutions. This, however, was reversed for other locations: gay and lesbian respondents were more likely to avoid being open about their sexual orientation, for example, on public transport (71%), in cafés, restaurants, pubs and clubs (57%), and in other public places (57%) than those with other minority sexual orientations (Annex 5, Q14).

For trans respondents with a minority sexual orientation, similar patterns were observed to those of cisgender respondents (Annex 5, Q14).

Within responses to the optional free-text question, some women described sexualised verbal abuse received on the street or in places such as shops, pubs and nightclubs as particularly threatening and something that made them feel physically unsafe in public spaces and therefore more likely to avoid displaying behaviours that outwardly 'displayed' their sexual orientation.

It's hard to go to straight venues because if I kiss my partner guys start shouting and staring. Suddenly an act of love becomes a sexual performance for their pleasure. It's a degrading experience that I do all I can to avoid. These kinds of behaviours are not against the law. You can't say "arrest him he stared at me" but there is nothing out there challenging this right now.

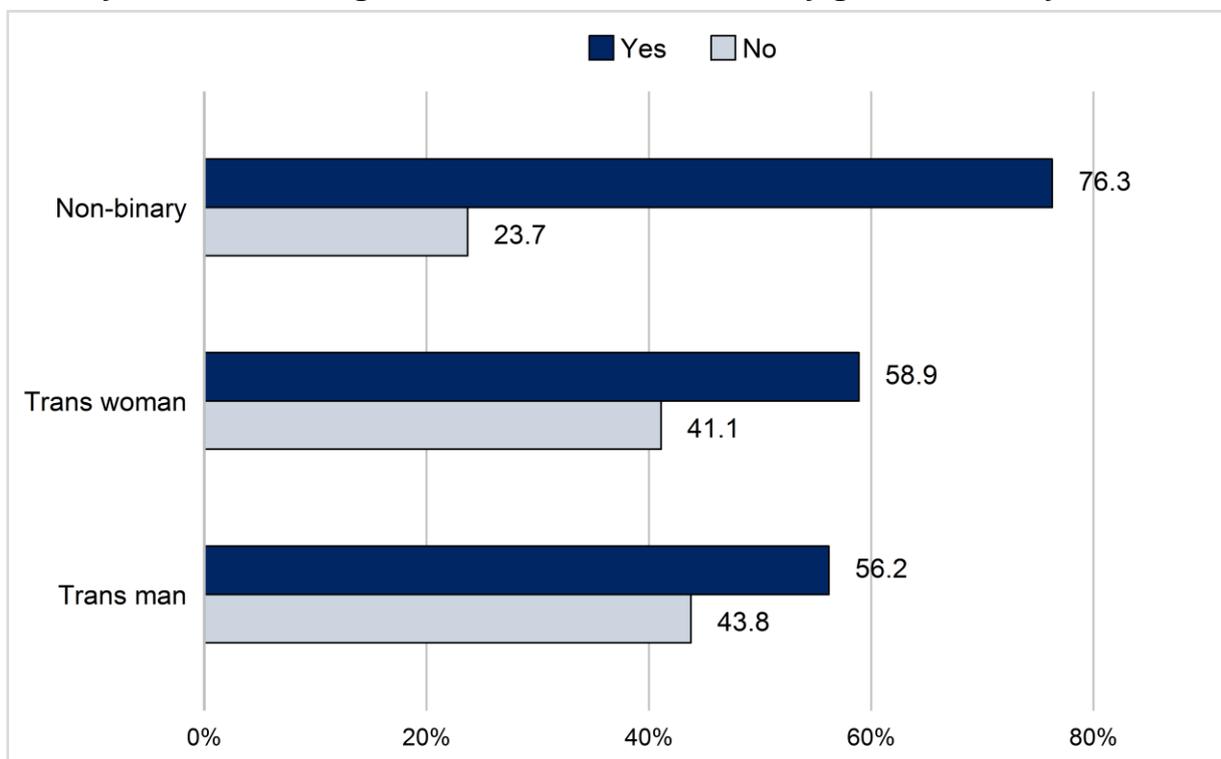
**Woman, 'other' sexual orientation, 25-34, London**

### 5.3.3 Avoidance behaviours related to gender identity

Sixty-seven per cent of trans respondents said that they avoided being open about their gender identity for fear of a negative reaction from others. Non-binary respondents were more likely to do this (76%) than trans women (59%) and trans men (56%) (Figure 5.14).

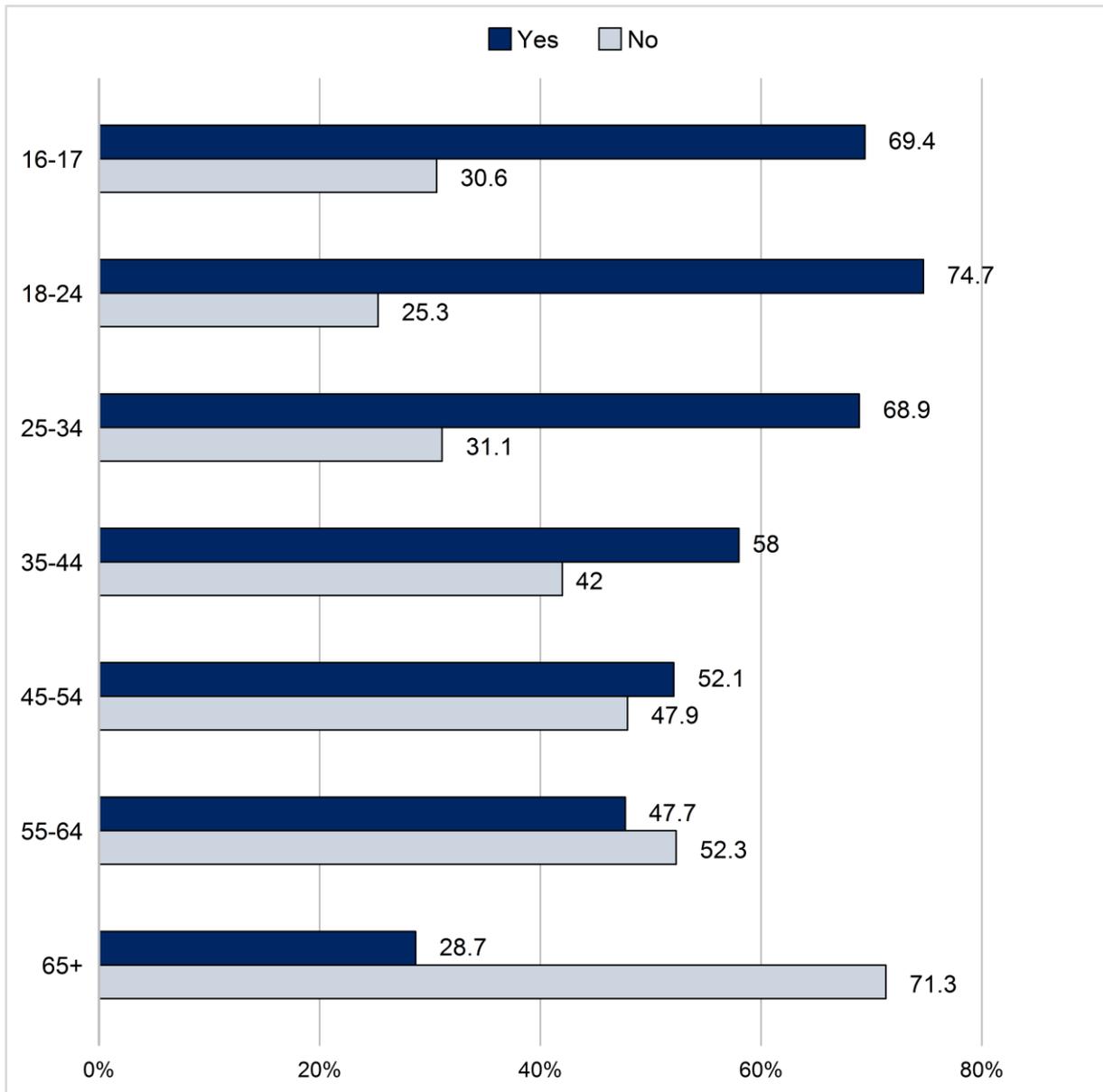
As with avoidance of being open about sexual orientation (see section 5.3.2), avoidance of being open about gender identity declined steadily with age amongst trans respondents, from 69% of 16-17 year olds to 29% of those aged 65 or above (Figure 5.15).

**Figure 5.14: Whether trans respondents avoided being open about their gender identity for fear of a negative reaction from others, by gender identity**



Base (rounded): 14,140 respondents.  
 Respondents: Trans respondents.  
 Excluded: 'Prefer not to say' (Q15).  
 See Annex 5 (Q15) for data.

**Figure 5.15: Whether trans respondents avoided being open about their gender identity for fear of a negative reaction from others, by age**



Base (rounded): 14,140 respondents.

Respondents: Trans respondents.

Excluded: 'Prefer not to say' (Q15).

See Annex 5 (Q15) for data.

Non-binary respondents were more likely to avoid being open about their gender identity at work (72%) than trans women (61%) and trans men (53%). They were also more likely to avoid being open across the majority of other listed places (Table 5.1).

**Table 5.1: Where trans respondents avoided being open about their gender identity for fear of a negative reaction from others, by gender identity**

	Trans woman	Trans man	Non-binary	Total
In any other public premises or buildings	67.6%	62.4%	69.7%	67.9%
On the street or in any other outdoor public places	68.1%	61.8%	69.5%	67.8%
On public transport	68.7%	58.7%	67.8%	66.3%
In my neighbourhood	68.5%	56.9%	68.1%	66.1%
In my workplace	60.6%	53.0%	71.7%	65.7%
At sports clubs or other fitness/leisure facilities	60.2%	63.1%	62.4%	62.1%
In cafés, restaurants, pubs or clubs	61.8%	57.5%	62.8%	61.6%
In the park	54.4%	46.2%	56.6%	54.2%
At my school or educational institution	35.1%	45.6%	51.3%	46.6%
At home	32.4%	38.9%	50.1%	44.0%
Other	9.0%	8.9%	7.4%	8.1%
<b>Respondents (rounded)</b>	<b>2,120</b>	<b>1,720</b>	<b>5,520</b>	<b>9,360</b>

Note: Respondents could select as many places as applicable.  
 Respondents: Trans respondents who avoided being open about their gender identity.  
 Excluded: 'Prefer not to say' (Q16).  
 See Annex 5 (Q16) for data.

Issues of safety in public were particularly salient for trans respondents in responses to the optional free-text question. In general, they felt under threat of verbal and physical abuse in public spaces more than other groups, particularly in gendered spaces, such as public toilets and changing facilities at sports centres. Many called for improved awareness of this issue and for more gender-neutral facilities to be made available.

I have felt unsafe in public toilets more than anywhere else but have never reported it as I don't feel I would be taken seriously and there's nothing that could be done. There needs to be more protection for trans people using gendered bathrooms.

**Trans man, gay, 18-24, London**

I have been dragged out of multiple club toilets and shouted at by people in the toilets as they believed I did not belong in the girls. As an assigned female at birth non-binary person there was no toilet available for me so I used the most appropriate for my sex. I feel very unsafe in toilets now and worry as I have been physically assaulted for it in the past.

**Non-binary person, bisexual, 18-24, South West**

Thirty-nine respondents commented on the proposed changes to the Gender Recognition Act as a perceived threat to women-only spaces. While some respondents recognised a need to be accepting and welcoming of trans women into women-only spaces, others said this had resulted in them feeling unsafe and vulnerable to potential abuse.

Access to female only spaces such as refuges, rape crisis centres, womens' prisons is being jeopardised by the possibility that biological males can access them solely by self-identifying as female. This is unacceptable and unsafe.

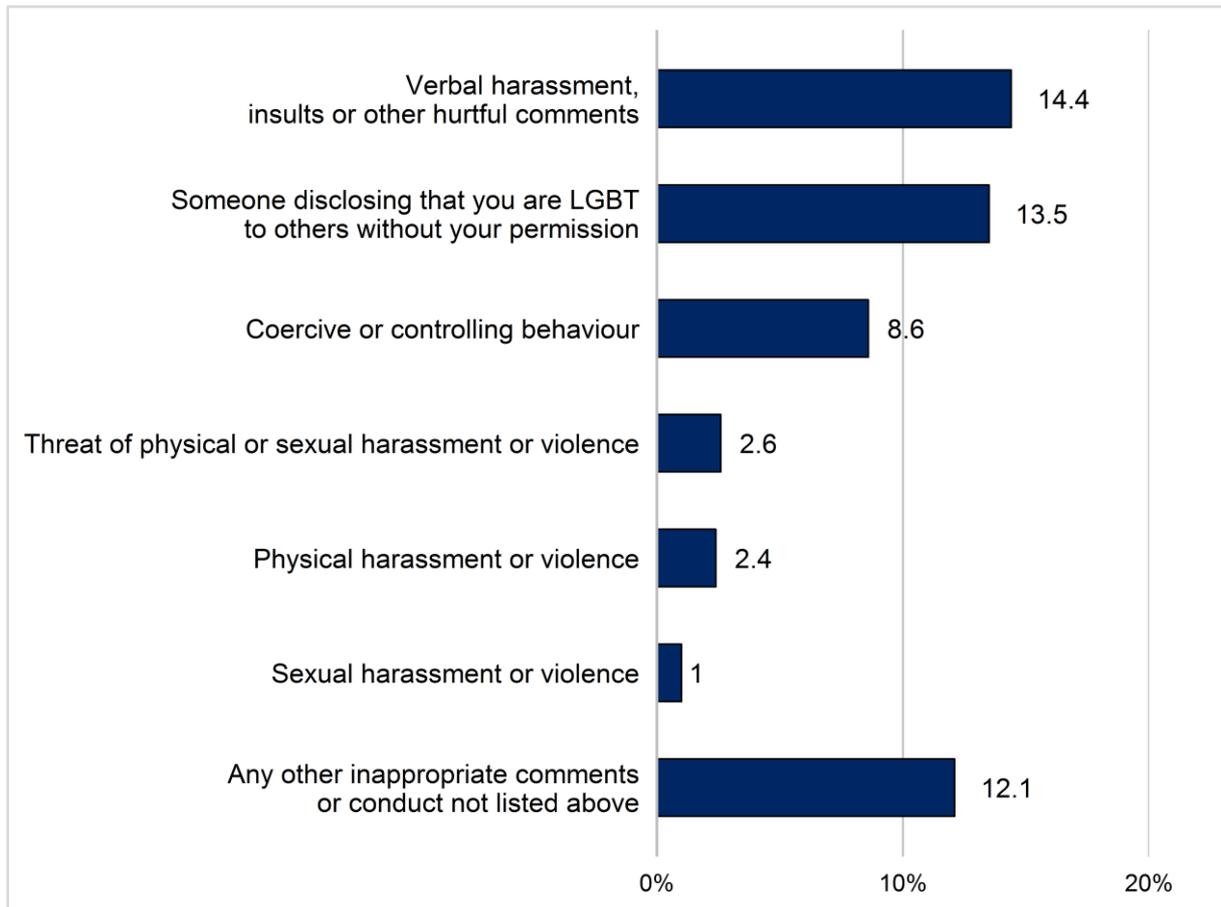
**Woman, sexual orientation not given, 35-44, London**

## 5.4 Experiences relating to people lived with

Respondents were asked whether they had experienced any negative incidents due to being LGBT, or being thought to be LGBT, involving someone they lived with in the 12 months preceding the survey.

Twenty-nine per cent of respondents reported having experienced at least one of the listed types of incident. The most common types of incident experienced were verbal harassment, insults or other hurtful comments (14%), someone disclosing that the respondent was LGBT without their consent (14%), coercive or controlling behaviour (9%), as well as other inappropriate comments or conduct not listed (12%) (Figure 5.16).

**Figure 5.16: Incidents involving people respondents lived with due to being LGBT, or being thought to be LGBT, in the 12 months preceding the survey**



Note: Respondents could select as many incidents as applicable; 'None of the above' not shown.  
 Base (rounded): 106,600 respondents.  
 Respondents: All respondents.  
 Excluded: 'Prefer not to say' (Q94).  
 See Annex 5 (Q94) for data.

Amongst cisgender respondents, the types of incident experienced did not vary remarkably by sexual orientation, although gay and lesbian respondents were the least likely to have experienced an incident (Table 5.2). Pansexual women notably had the highest declared rates of verbal harassment, insults or other hurtful comments or conduct (21%). Furthermore, women overall were notably more likely to have experienced any incident (31%) than men (21%), and were more likely than men to have experienced each type of incident in isolation (Annex 5, Q94).

**Table 5.2: Incidents involving people cisgender respondents lived with due to being LGBT, or being thought to be LGBT, in the 12 months preceding the survey, by sexual orientation**

	Gay/Lesbian	Bisexual	Pansexual	Asexual	Queer	Other	Total
Verbal harassment, insults or other hurtful comments	10.7%	15.6%	19.9%	15.4%	12.8%	17.0%	12.3%
Someone disclosing that you are LGBT to others without your permission	9.7%	15.0%	15.6%	12.0%	16.0%	15.0%	11.3%
Coercive or controlling behaviour	5.9%	8.4%	12.2%	8.8%	7.3%	9.6%	6.8%
Threat of physical or sexual harassment or violence	1.9%	2.4%	2.8%	1.4%	1.9%	2.0%	2.1%
Physical harassment or violence	2.0%	2.1%	1.9%	1.1%	1.3%	2.0%	2.0%
Sexual harassment or violence	0.6%	1.1%	1.3%	1.0%	1.0%	1.5%	0.8%
Any other inappropriate comments or conduct not listed above	7.9%	14.4%	17.9%	15.4%	15.0%	18.3%	10.1%
None of the above	78.2%	66.1%	61.8%	66.4%	69.0%	64.7%	74.3%
<b>Respondents (rounded)</b>	<b>61,920</b>	<b>22,290</b>	<b>2,320</b>	<b>1,110</b>	<b>770</b>	<b>1,230</b>	<b>90,480</b>

Note: Respondents could select as many incidents as applicable; 'Don't know' and 'Prefer not to say' sexual orientations not shown.

Respondents: Cisgender respondents.

Excluded: 'Prefer not to say' (Q94).

See Annex 5 (Q94) for data.

Trans respondents had much higher declared rates of most incident types (48%) than cisgender respondents (26%), particularly verbal harassment (27%), coercive or controlling behaviour (19%), physical harassment or violence (5%), and sexual harassment or violence (2%). Trans men were notably more likely to have experienced an incident (58%) than trans women (40%) and non-binary respondents (47%). In particular, 34% of trans men said that they had experienced verbal harassment involving someone they lived with, compared to 22% of trans women and 26% of non-binary respondents, and 6% of trans men said they had experienced physical harassment or violence, compared to 4% of trans women and 4% of non-binary respondents (Table 5.3).

**Table 5.3: Incidents involving people trans respondents lived with due to being LGBT, or being thought to be LGBT, in the 12 months preceding the survey, by gender identity**

	Trans woman	Trans man	Non-binary	Total
Verbal harassment, insults or other hurtful comments	22.2%	34.0%	25.6%	26.6%
Someone disclosing that you are LGBT to others without your permission	23.5%	38.5%	23.0%	26.6%
Coercive or controlling behaviour	18.2%	25.0%	17.5%	19.3%
Threat of physical or sexual harassment or violence	6.1%	7.0%	5.3%	5.9%
Physical harassment or violence	4.2%	6.1%	4.1%	4.6%
Sexual harassment or violence	2.1%	2.2%	2.5%	2.4%
Any other inappropriate comments or conduct not listed above	18.3%	29.4%	24.7%	24.1%
None of the above	59.5%	41.5%	52.7%	52.0%
<b>Respondents (rounded)</b>	<b>3,630</b>	<b>3,100</b>	<b>7,230</b>	<b>13,960</b>

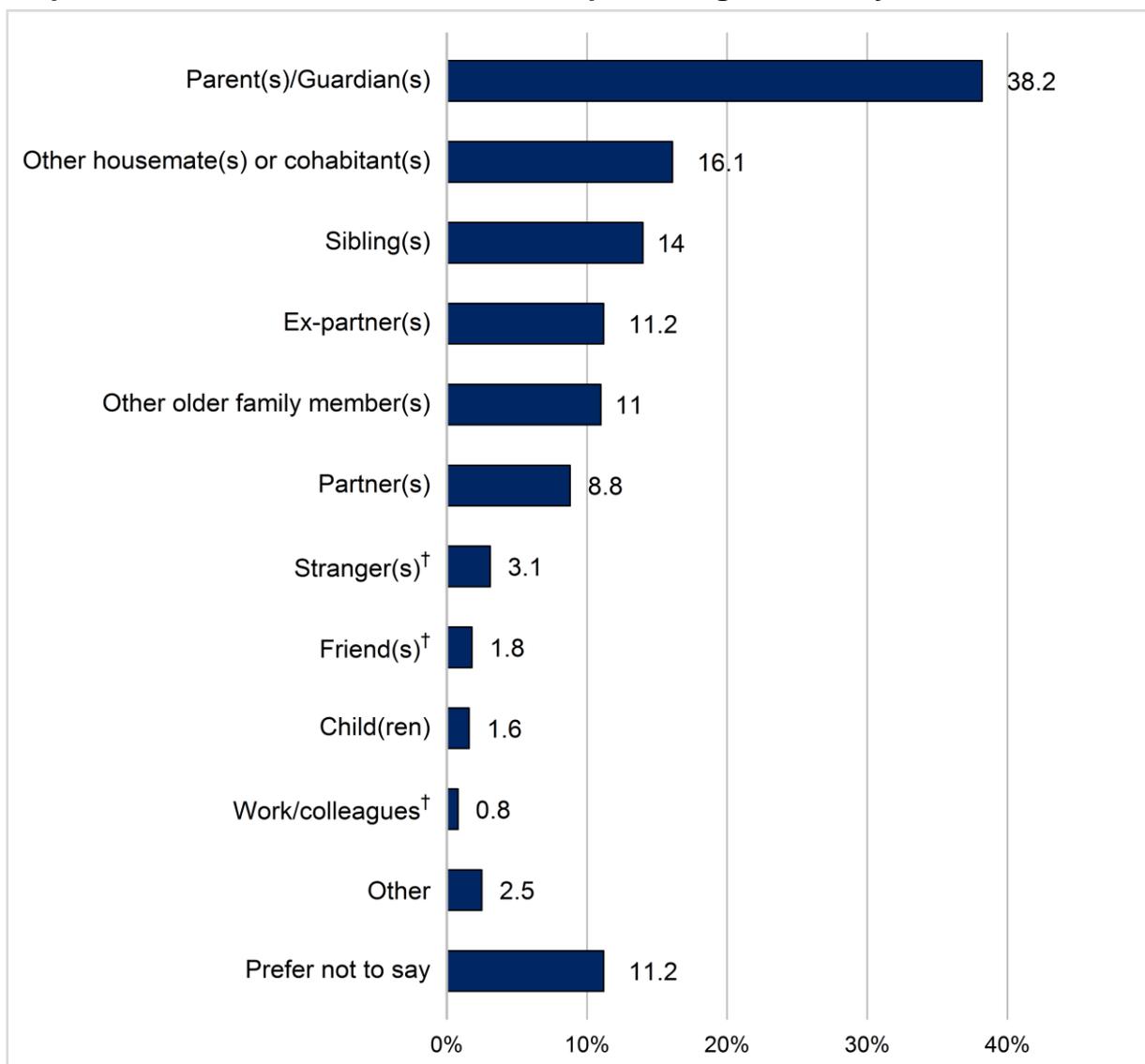
Note: Respondents could select as many incidents as applicable.  
 Respondents: Trans respondents.  
 Excluded: 'Prefer not to say' (Q94).  
 See Annex 5 (Q94) for data.

### 5.4.1 Perpetrators of incidents involving people lived with

Respondents who had experienced a negative incident due to being LGBT, or being thought to be LGBT, involving someone they lived with in the 12 months preceding the survey, were asked to identify the perpetrator, or perpetrators, of the most serious incident they had experienced.

The most frequently identified perpetrators were parents and guardians (38%), other housemates or cohabitants (16%) and siblings (14%) (Figure 5.17). This is likely to have been influenced by the larger overall proportion of respondents within younger age groups (see section 3.5).

**Figure 5.17: Perpetrators of the most serious incidents involving people respondents lived with in the 12 months preceding the survey**



Note: Respondents could select as many perpetrators as applicable.

Base (rounded): 30,810 respondents.

Respondents: Those who had experienced an incident in the 12 months preceding the survey involving someone they lived with due to being LGBT, or being thought to be LGBT.

See Annex 5 (Q96) for data.

For cisgender respondents, parents and guardians were by the far the most likely reported perpetrators of incidents involving verbal harassment (40%), disclosure that the respondent was LGBT without their consent (33%), and coercive or controlling behaviour (32%). Physical harassment or violence was most likely to have been committed by ex-partners (30%), parents and guardians (24%), and partners (22%). Sexual harassment or violence was most likely to have been committed by ex-partners (28%) and other housemates or cohabitants (17%), with a further 18% having been committed by undisclosed perpetrators (Annex 5, Q96).

The findings relating to trans respondents largely reflect those above for cisgender respondents (Annex 5, Q96).

#### **5.4.2 Reporting incidents involving people lived with**

Respondents who had experienced an incident due to being LGBT, or being thought to be LGBT, involving someone they lived with in the 12 months preceding the survey, were asked whether the most serious incident they experienced had been reported by themselves or by someone else. If so, they were also asked about their experiences with the incident being reported.

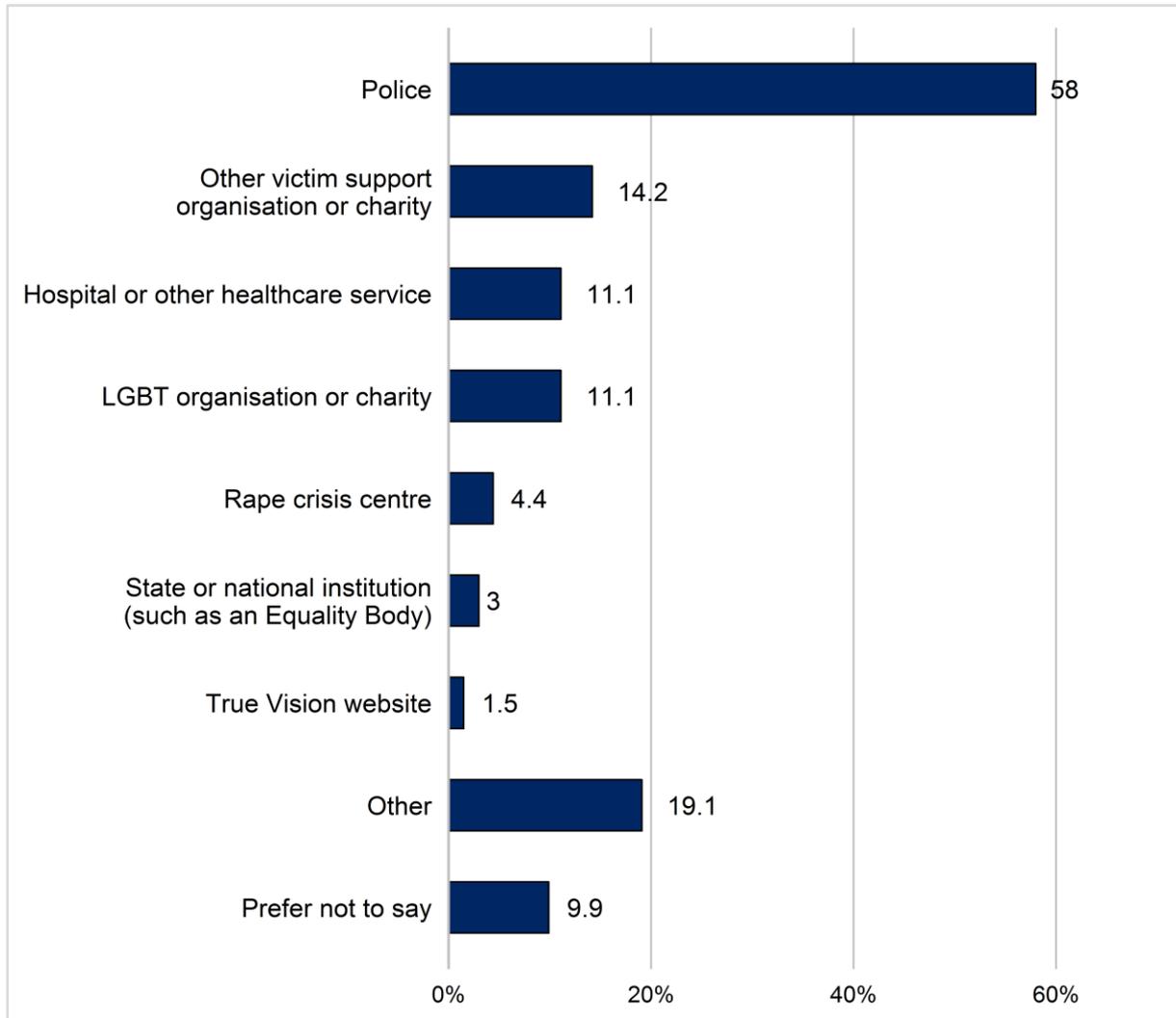
Ninety-four per cent of respondents said that the most serious incident they had experienced had not been not reported, either by themselves or by someone else (Annex 5, Q97). Incidents involving people the respondent lived with were therefore slightly more likely to go unreported than incidents involving people they did not live with (91%) (see section 5.5.2).

For cisgender respondents, reporting levels were relatively low, which extended to even the more serious incident types; for example, physical harassment or violence had not been reported in 75% of cases, and sexual harassment or violence had not been reported in 83% of cases. Disclosure that the respondent was LGBT without their permission had almost never been reported (1%). Of incidents reported, 81% had been reported by the respondent themselves and 19% by someone else (Annex 5, Q97).

There were similar findings on the reporting of incidents relating to trans respondents (Annex 5, Q97).

Incidents, when reported, had most commonly been reported to the police (58%); however, this was lower than for incidents involving people the respondent did not live with (66%) (see section 5.5.2). Reports had also been frequently made to LGBT organisations or charities (11%), other victim support organisations or charities (14%), and hospitals or other healthcare services (11%) (Figure 5.18).

**Figure 5.18: To whom the most serious incidents involving someone respondents lived with in the 12 months preceding the survey had been reported**



Note: Respondents could select as many options as applicable.

Base (rounded): 1,710 respondents.

Respondents: Those who had experienced an incident in the 12 months preceding the survey involving someone they lived with due to being LGBT, or being thought to be LGBT, and the most serious incident had been reported.

See Annex 5 (Q98) for data.

For cisgender respondents, physical harassment or violence (81%) and sexual harassment or violence (72%) were the most likely incident types to have been reported to the police. Sexual harassment or violence had also been frequently reported to other victim supporting organisations or charities (29%), rape crisis centres (18%), and hospitals or other healthcare services (14%) (Annex 5, Q98).

Similar observations were made in relation to incidents experienced by trans respondents (Annex 5, Q98).

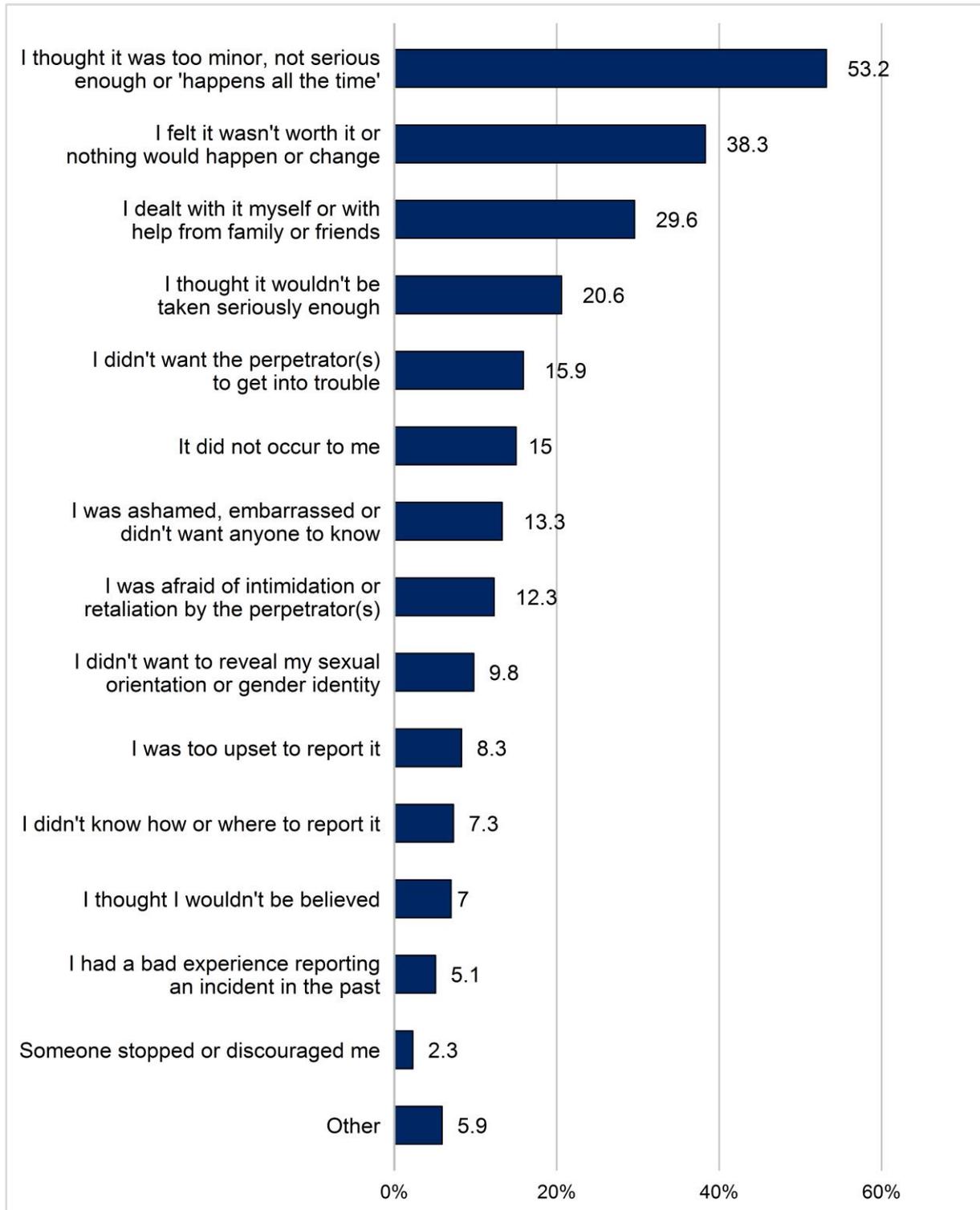
Where respondents indicated that an incident had not been reported to the police, they were then asked why this had been the case. The most serious incident experienced by a respondent was most likely to have gone unreported to the police because the respondent had thought it was too minor, not serious enough or

'happens all the time' (53%). Thirty-eight percent of respondents had felt reporting was not worth it, or that nothing would happen or change, and 30% had dealt with it themselves, or with help from family or friends (Figure 5.19).

Notably, for all respondents, physical harassment and violence, sexual harassment and violence, and threats thereof, were generally more likely to have gone unreported than other incident types for reasons reflecting feelings of shame or embarrassment, being upset, not thinking that reporting would be taken seriously, or for fear of retaliation.

Of cisgender respondents who had experienced physical harassment or violence, 39% said it had not been reported because they had felt it was not worth it, or that nothing would happen or change, followed by 36% who said that they had instead dealt with it themselves or with help from family or friends. Of those who had experienced sexual harassment or violence, 51% said it had not been reported because they had felt it was not worth it, or that nothing would happen or change, followed by 45% who said that they had felt it was too minor, not serious enough, or 'happens all the time' (Annex 5, Q99). Similar findings on reasons for not reporting to the police were observed in relation to incidents experienced by trans respondents (Annex 5, Q99).

**Figure 5.19: Why the most serious incidents involving someone respondents lived with in the 12 months preceding the survey had not been reported to the police**



Note: Respondents could select as many reasons as applicable.

Base (rounded): 27,730 respondents.

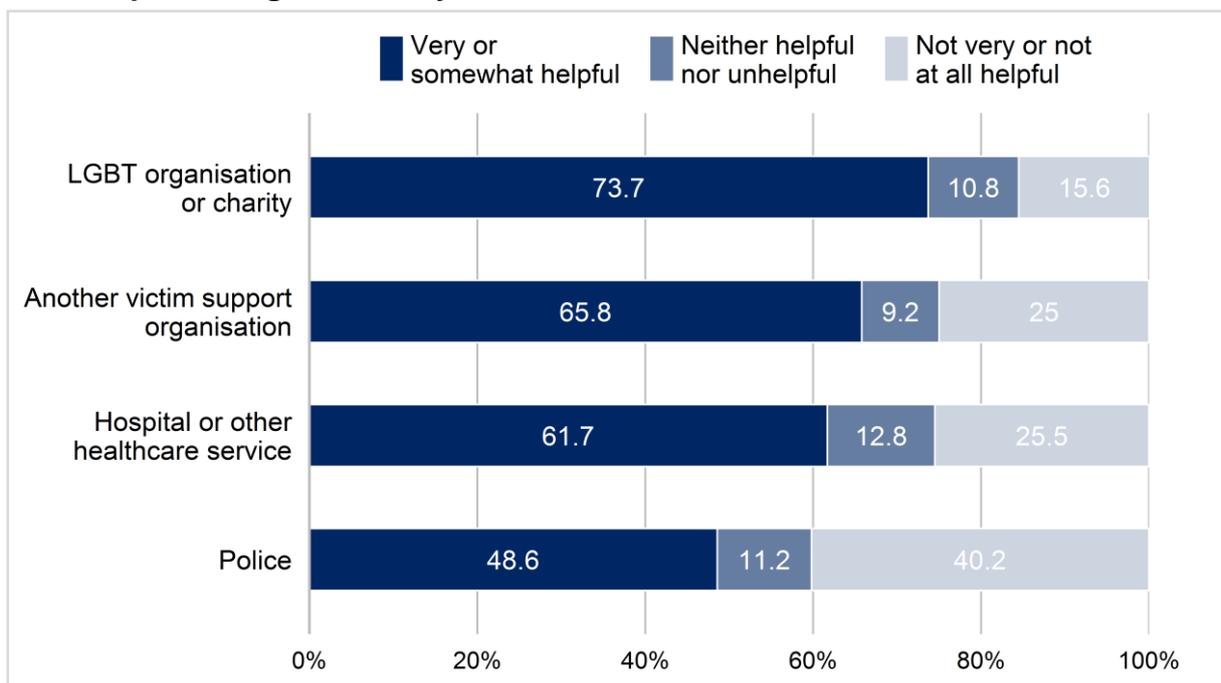
Respondents: Those who had experienced an incident in the 12 months preceding the survey involving someone they lived with due to being LGBT, or being thought to be LGBT, and the most serious incident had not been reported to the police.

Excluded: 'Prefer not to say' (Q99).

See Annex 5 (Q99) for data.

LGBT organisations and charities were viewed as the most helpful when handling the most serious incidents involving someone respondents lived with. Seventy-four per cent of those who reported to LGBT organisations or charities said that they had considered them very or somewhat helpful. Police were viewed as the least helpful when handling the most serious incidents experienced by respondents: 40% of those whose incident was reported to the police said that they had found them not very or not at all helpful (Figure 5.20). Similar results were found when respondents were asked how satisfied they had been with how organisations handled the most serious incident experienced (Annex 5, Q101-113).

**Figure 5.20: How helpful or unhelpful respondents had found organisations handling the most serious incidents involving people they lived with in the 12 months preceding the survey**



Note: Respondents answered for each of the individuals/organisations their incident had been reported to; 'State or national institution', 'Rape Crisis Centre' and 'True Vision website' not shown to maintain anonymity.  
 Base (rounded): LGBT organisation or charity, 190 respondents; Another victim support organisation, 180 respondents; Hospital of other healthcare service, 190 respondents; Police, 980 respondents.  
 Respondents: Those who had experienced an incident in the 12 months preceding the survey involving someone they lived with due to being LGBT, or being thought to be LGBT, and the most serious incident had been reported.  
 Excluded: 'Prefer not to say' (Q100-112).  
 See Annex 5 (Q100-112) for data.

A number of responses to the optional free-text question expressed dissatisfaction with the way the police handled incidents, such as by not recording offences or not supporting individuals appropriately (see also section 5.8).

Forty-six respondents discussed the provision of services to support victims of domestic abuse. Existing services were not considered to be LGBT-friendly or to take account of issues specific to same-sex abuse; for example, frontline staff would assume service users' sexual orientation as heterosexual. Experiences of accessing support often pointed towards a lack of understanding amongst, or not being taken seriously by, support services or the police when reporting domestic abuse. Reporting of crime and access to relevant services more generally is discussed in section 5.8.

Multiple experiences within [the] past five years of myself or others that I have supported (and been present when below comments have been made) being told, whilst attempting to report LGBT Domestic Violence and/or Rape to the Police force, that – “Men don't get raped” – “You can't be a victim of abuse”

**Non-binary person, queer, 25-34, London**

We do not report it as we are so used to homophobic behaviour that we keep our mouths shut. We are afraid of the police laughing at us. We are afraid of the humiliation of having to say we were raped by another woman. We are afraid that no-one will take us seriously.

**Woman, lesbian, 35-44, South West**

Some responses focused on concern that funding for LGBT domestic abuse support services were being withdrawn from some areas. This was considered to have a negative knock-on effect for those seeking LGBT-friendly routes to reporting abuse.

At these times PACE and GALLOP<sup>25</sup> were incredibly helpful and I also had a helpful response from a [...] Police LGBT officer who handled the case very well and the outcome led to me feeling a lot safer. I note that PACE has closed due to lack of funding and I feel very concerned about the lack of funding to same sex domestic violence services.

**Woman, lesbian, 35-44, London**

A higher proportion of those mentioning domestic abuse were lesbians, and most were between 22 and 44 years old. Female same-sex domestic abuse was not considered to be taken seriously by the police, with several responses providing accounts of police not recording or supporting domestic abuse offences appropriately.

When I was in [an] abusive relationship and I reported it to the police, they let my ex-partner off with just a caution. They didn't take it seriously as we were both women and we were both young (18-21). The police man also told me that it would have been different if we were husband and wife. [sic]

**Woman, lesbian, 18-24, South East**

I experienced domestic violence from my female partner. I was completely invisible to all support services and although I reported it to the police they did not follow up with me at all.

**Woman, lesbian, 35-44, North West**

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<sup>25</sup> PACE was a London-based charity that specialised in mental health services for LGBT people. It closed in 2016. Galop is an LGBT anti-violence charity that offers support and advice to people who have experienced hate crime, sexual violence and domestic abuse.

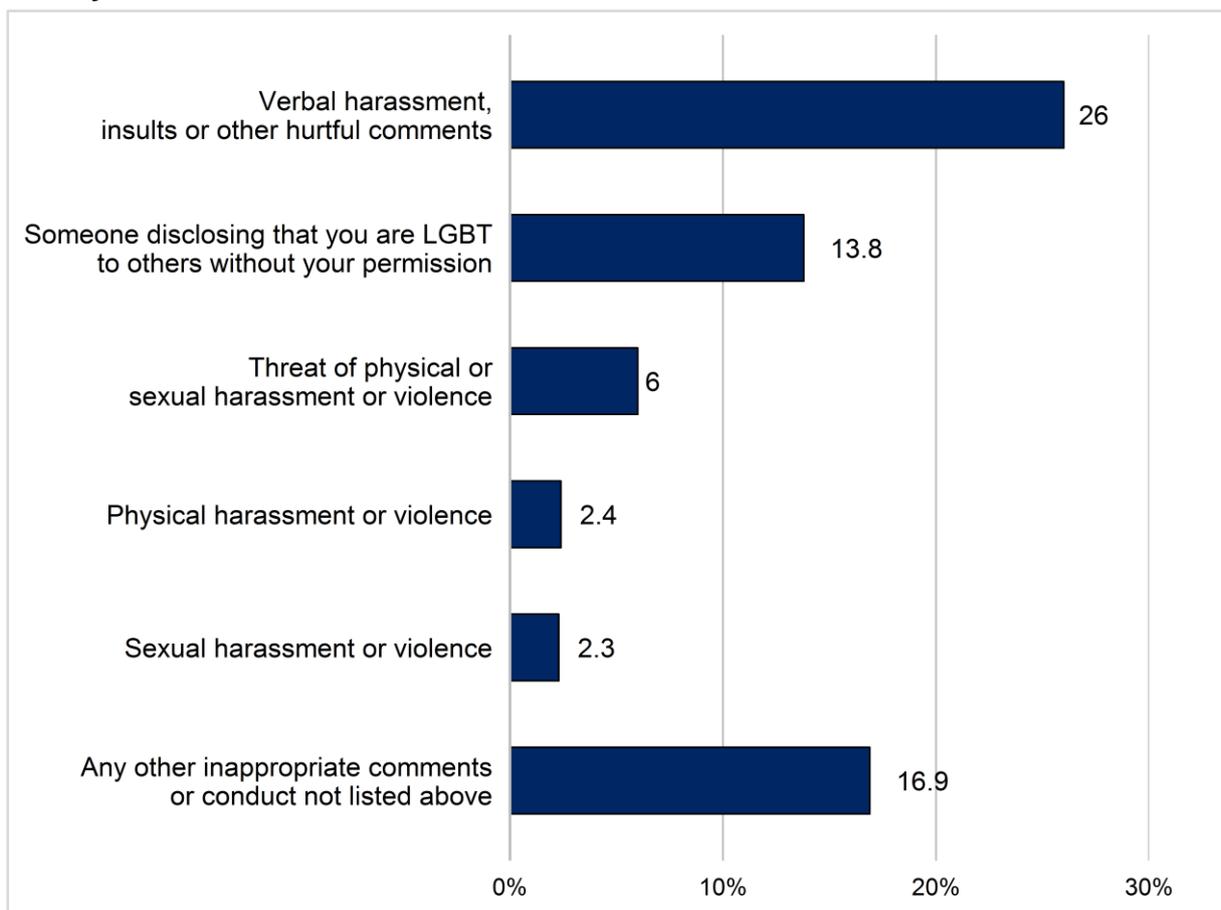
## 5.5 Experiences relating to people not lived with

Respondents were asked whether they had experienced any incidents due to being LGBT, or being thought to be LGBT, involving someone they did not live with in the 12 months preceding the survey.

Forty per cent of respondents reported having experienced at least one of the listed types of incident. The most common types of incident were verbal harassment, insults or other hurtful comments (26%), someone disclosing that the respondent was LGBT without their permission (14%), and other inappropriate comments or conduct not listed (17%) (Figure 5.21).

These types of incident were also frequently mentioned as part of free-text responses that referred to hate incidents (7,915), with many respondents detailing particular instances that they had experienced. In addition, incidents involving damage of property, such as homes, cars and personal property, were also a notable theme.

**Figure 5.21: Incidents involving people respondents did not live with due to being LGBT, or being thought to be LGBT, in the 12 months preceding the survey**



Note: Respondents could select as many incidents as applicable; 'None of the above' not shown.  
 Base (rounded): 106,400 respondents.  
 Respondents: All respondents.  
 Excluded: 'Prefer not to say' (Q115).  
 See Annex 5 (Q115) for data.

For cisgender respondents, there was considerable variation in the types of incident experienced across sexual orientations and gender. In particular, queer respondents were more likely to have experienced an incident (54%) than those with other minority sexual orientations (38%) (Table 5.4).<sup>26</sup> Queer women were the most likely to have experienced sexual harassment or violence (6%), and queer men were the most likely to have experienced physical harassment or violence (7%), compared to other cisgender respondents (Annex 5, Q115).

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<sup>26</sup> Excluding 'Don't know' and 'Prefer not to say' sexual orientations.

**Table 5.4: Incidents involving people cisgender respondents did not live with due to being LGBT, or being thought to be LGBT, in the 12 months preceding the survey, by sexual orientation**

	Gay/Lesbian	Bisexual	Pansexual	Asexual	Queer	Other	Total
Verbal harassment, insults or other hurtful comments	27.0%	17.3%	23.7%	14.1%	37.8%	22.2%	24.3%
Someone disclosing that you are LGBT to others without your permission	12.1%	13.1%	14.3%	10.7%	17.4%	13.2%	12.4%
Threat of physical or sexual harassment or violence	5.7%	3.4%	4.5%	2.3%	9.5%	4.4%	5.1%
Physical harassment or violence	2.3%	1.1%	1.1%	0.2%	3.5%	0.9%	2.0%
Sexual harassment or violence	1.6%	2.1%	3.0%	1.5%	6.0%	2.7%	1.8%
Any other inappropriate comments or conduct not listed above	15.6%	14.2%	19.0%	14.3%	26.6%	20.2%	15.4%
None of the above	60.4%	67.8%	61.1%	71.0%	45.6%	60.9%	62.4%
<b>Respondents (rounded)</b>	<b>61,860</b>	<b>22,250</b>	<b>2,320</b>	<b>1,110</b>	<b>780</b>	<b>1,230</b>	<b>90,380</b>

Note: Respondents could select as many incidents as applicable; 'Don't know' and 'Prefer not to say' sexual orientations not shown.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say' (Q115).  
 See Annex 5 (Q115) for data.

Trans respondents were considerably more likely to report having experienced at least one incident (53%) than cisgender respondents (38%) (Table 5.5). Queer trans respondents were particularly more likely to have experienced an incident (66%) compared to, for example, heterosexual trans respondents (46%). This is especially true for verbal harassment: 49% of queer trans respondents had been verbally harassed by someone they did not live with due to being LGBT, or being thought to be LGBT, in the 12 months preceding the survey, compared to 31% of heterosexual trans respondents (Annex 5, Q115).

**Table 5.5: Incidents involving people trans respondents did not live with in the 12 months preceding the survey due to being LGBT, by gender identity**

	Trans woman	Trans man	Non-binary	Total
Verbal harassment, insults or other hurtful comments	42.2%	36.0%	35.0%	37.1%
Someone disclosing that you are LGBT to others without your permission	24.6%	29.4%	18.2%	22.3%
Threat of physical or sexual harassment or violence	13.7%	10.5%	10.7%	11.4%
Physical harassment or violence	7.2%	5.6%	4.3%	5.3%
Sexual harassment or violence	6.1%	3.9%	4.7%	4.9%
Any other inappropriate comments or conduct not listed above	27.6%	25.8%	25.5%	26.1%
None of the above	43.8%	45.9%	49.8%	47.3%
<b>Respondents (rounded)</b>	<b>3,640</b>	<b>3,060</b>	<b>7,180</b>	<b>13,880</b>

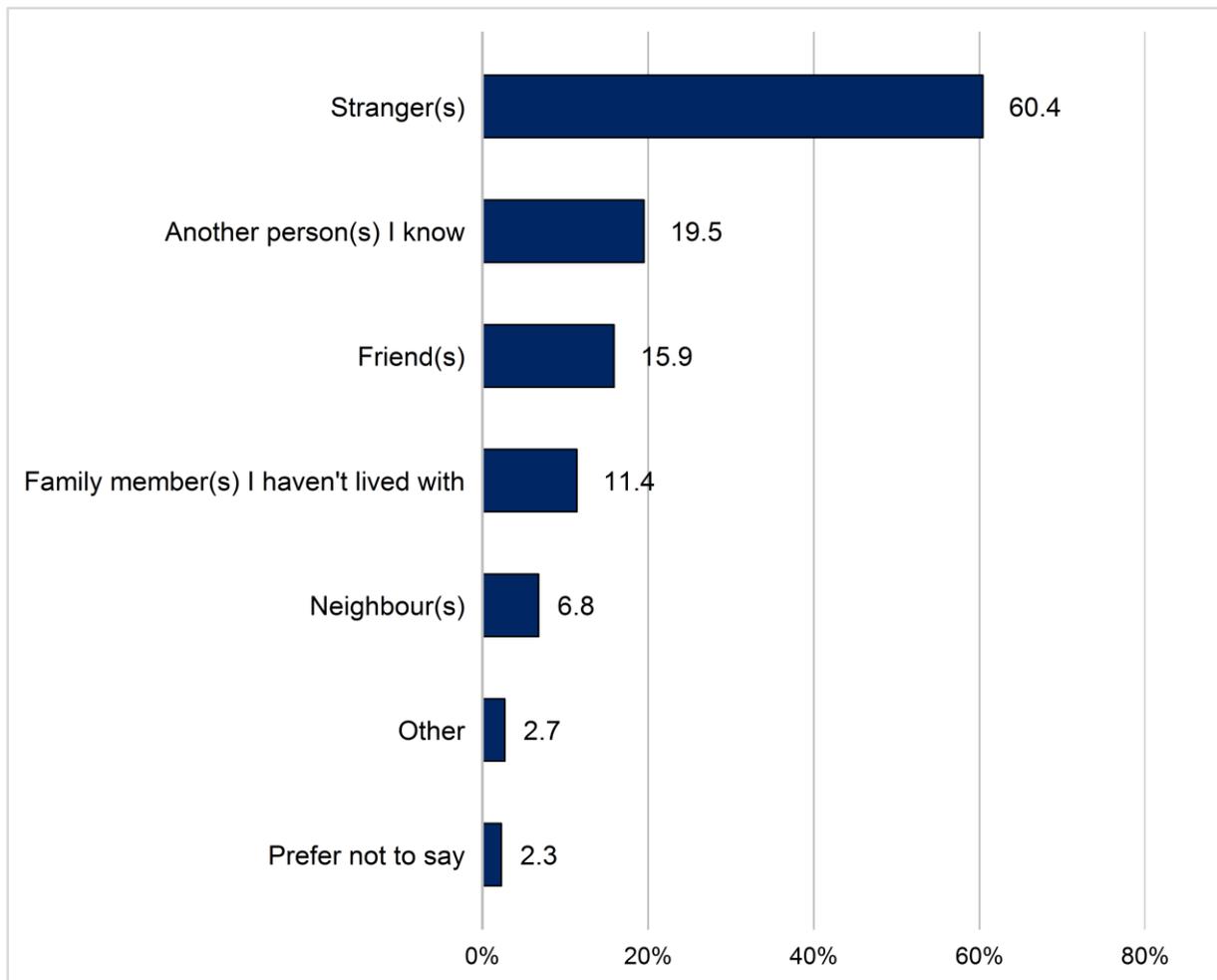
Note: Respondents could select as many incidents as applicable.  
 Respondents: Trans respondents.  
 Excluded: 'Prefer not to say' (Q115).  
 See Annex 5 (Q115) for data.

### 5.5.1 Perpetrators of incidents involving people not lived with

Respondents who had experienced a negative incident due to being LGBT, or being thought to be LGBT, involving someone they did not live with in the 12 months preceding the survey, were asked to identify the perpetrator, or perpetrators, of the most serious incident they had experienced.

The most frequently identified perpetrators were strangers (60%), other unspecified people known to respondents (20%) and friends (16%) (Figure 5.22).

**Figure 5.22: Perpetrators of the most serious incidents involving people respondents did not live with in the 12 months preceding the survey**



Note: Respondents could select as many perpetrators as applicable.

Base (rounded): 42,220 respondents.

Respondents: Those who had experienced an incident in the 12 months preceding the survey involving someone they did not live with due to being LGBT, or being thought to be LGBT.

See Annex 5 (Q117) for data.

For cisgender respondents, strangers were particularly likely to have been identified as the perpetrators of incidents involving threats of physical or sexual harassment or violence (82%), physical harassment or violence (79%), verbal harassment (74%) and sexual harassment or violence (70%). These findings are similar for trans respondents (Annex 5, Q117).

### 5.5.2 Reporting incidents involving people not lived with

Respondents who had experienced an incident due to being LGBT, or being thought to be LGBT, involving someone they did not live with in the 12 months preceding the survey, were asked whether they or someone else had reported the most serious incident they had experienced. If so, they were also asked about their experiences with the incident being reported. Reporting of crime and access to relevant services more generally is discussed in 5.8.

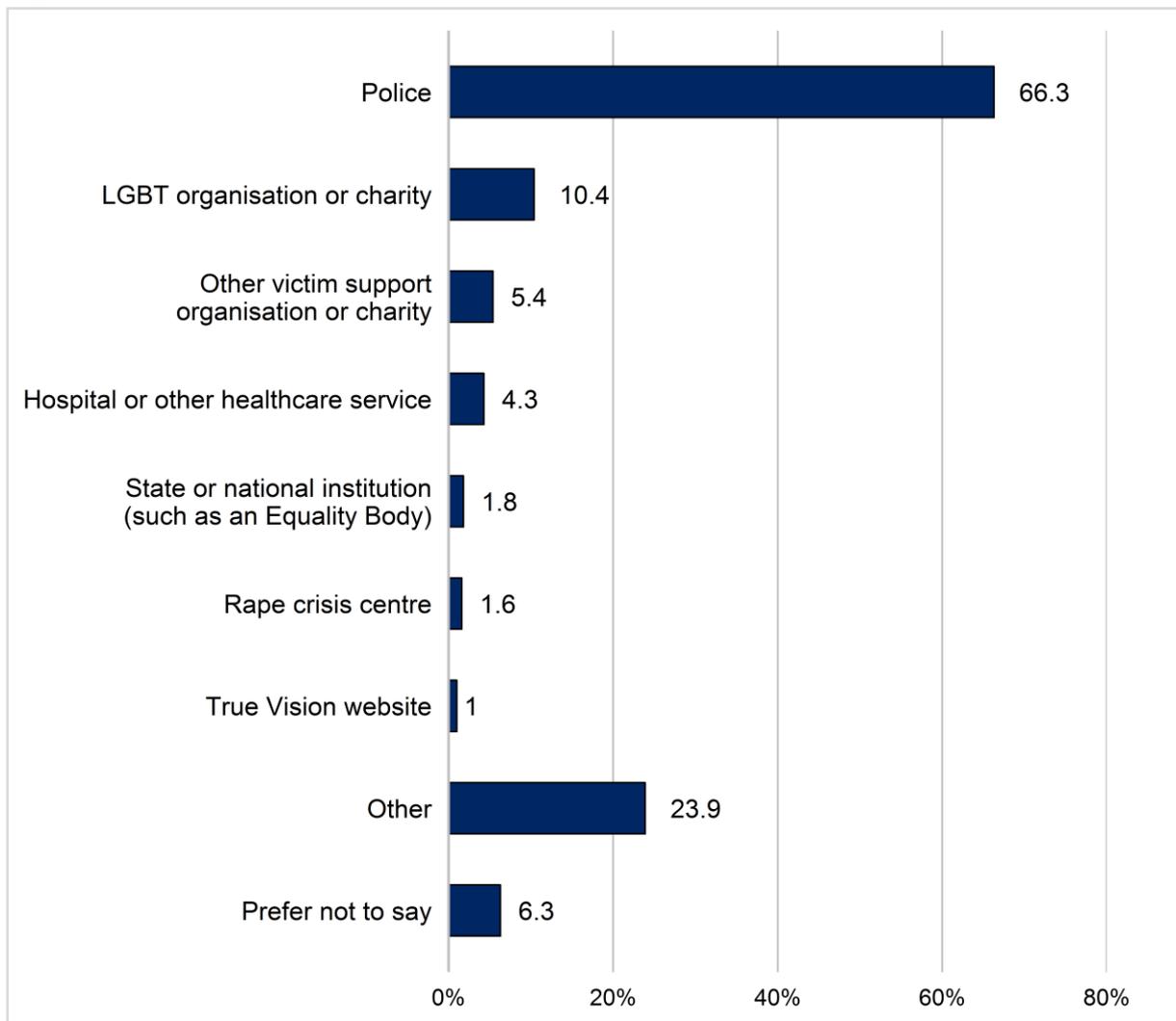
Ninety-one per cent of respondents said that the most serious incident they had experienced had not been not reported, either by themselves or by someone else. Of incidents reported, 83% had been reported by the respondent themselves and 17% by someone else (Annex 5, Q118).

For cisgender respondents, physical harassment or violence had the highest rate of reporting (37%), whereas sexual harassment or violence had been reported much less often (14%). Disclosure that the respondent was LGBT without their permission (2%) and verbal harassment (6%) had rarely been reported. (Annex 5, Q118).

There were similar findings on the reporting of incidents experienced by trans respondents (Annex 5, Q118).

Incidents, when reported, had been reported most commonly to the police (66%). This represents a higher rate of reporting than incidents involving people respondents lived with (58%) (see section 5.4.2), and was followed by 10% of reports having been made to LGBT organisations or charities (Figure 5.23).

**Figure 5.23: To whom the most serious incidents involving someone respondents did not live with in the 12 months preceding the survey had been reported**



Note: Respondents could select as many options as applicable.

Base (rounded): 3,550 respondents.

Respondents: Those who had experienced an incident in the 12 months preceding the survey involving someone they did not live with due to being LGBT, or being thought to be LGBT, and the most serious incident had been reported.

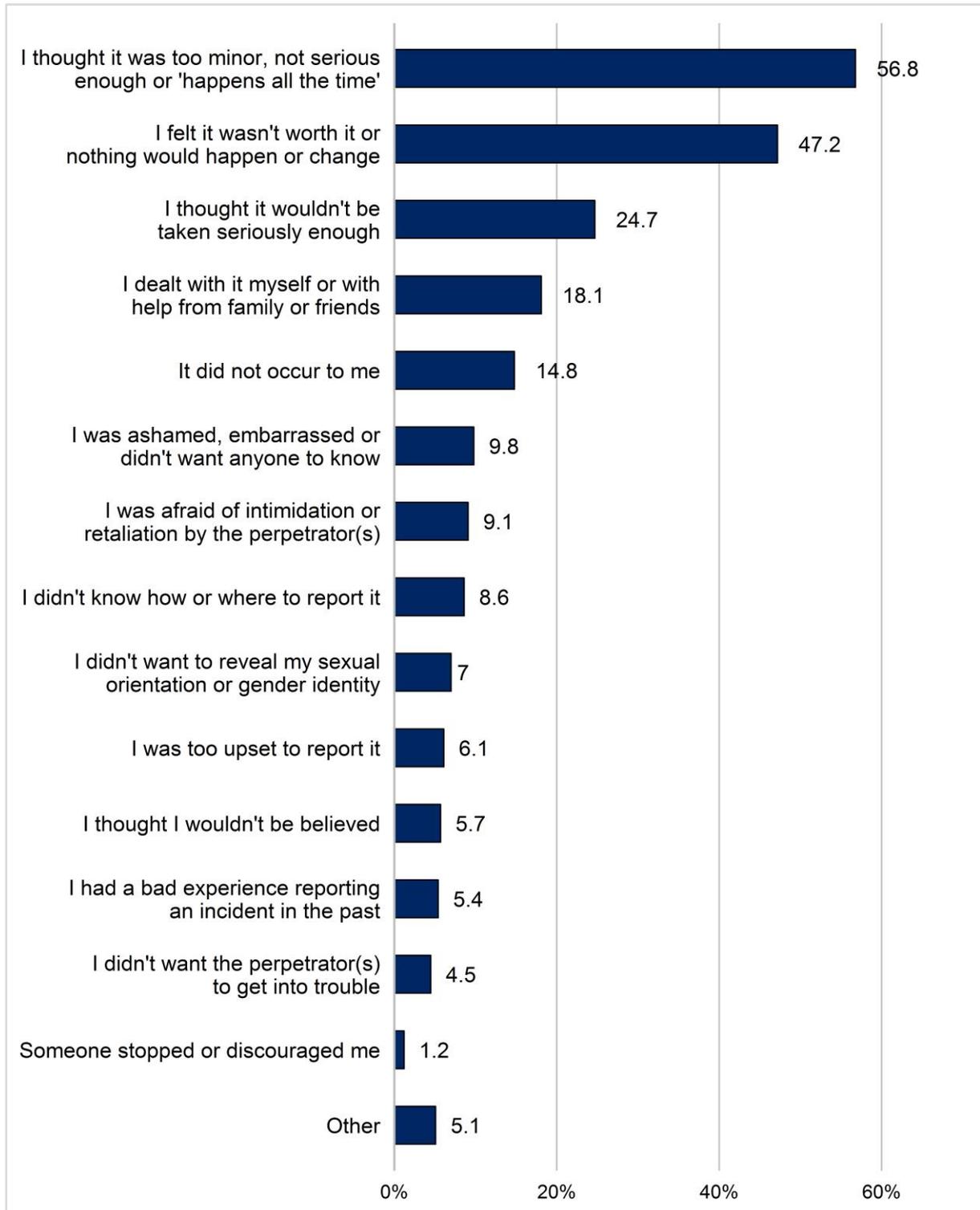
See Annex 5 (Q119) for data.

For cisgender respondents, physical harassment or violence (91%) and threats of physical or sexual harassment or violence (82%) were the most likely to have been reported to the police. Sexual harassment or violence was still most likely to have been reported to the police (60%), but it was also reported to rape crisis centres (11%) and other victim support organisations (11%) to notable extents (Annex 5, Q119).

Similar observations were made in relation to incidents experienced by trans respondents (Annex 5, Q119).

Where respondents indicated that an incident had not been reported to the police, they were then asked why this had been the case. The most serious incident experienced was most likely to have gone unreported to the police because respondents had thought it was too minor, not serious enough or 'happens all the time' (57%). Forty-seven per cent of respondents had felt reporting was not worth it, or that nothing would happen or change, and 25% had thought it would not be taken seriously enough (Figure 5.24).

**Figure 5.24: Why the most serious incidents involving someone respondents did not live with in the 12 months preceding the survey had not been reported to the police**



Note: Respondents could select as many reasons as applicable.

Base (rounded): 38,320 respondents.

Respondents: Those who had experienced an incident in the 12 months preceding the survey involving someone they did not live with due to being LGBT, or being thought to be LGBT, and the most serious incident had not been reported to the police.

Excluded: 'Prefer not to say' (Q120).

See Annex 5 (Q120) for data.

For cisgender respondents, threats of physical or sexual harassment or violence (63%) and actual physical harassment or violence (55%) were most likely to have gone unreported because respondents had felt it was not worth it, or that nothing would happen or change. Verbal harassment (59%) and sexual harassment or violence (52%) were most likely unreported because respondents had considered it too minor, not serious enough or that it 'happens all the time'. Notably, when compared to other incident types, physical harassment or violence (27%) and sexual harassment or violence (26%) had often gone unreported because respondents had felt ashamed, embarrassed or did not want anyone to know (Annex 5, Q120).

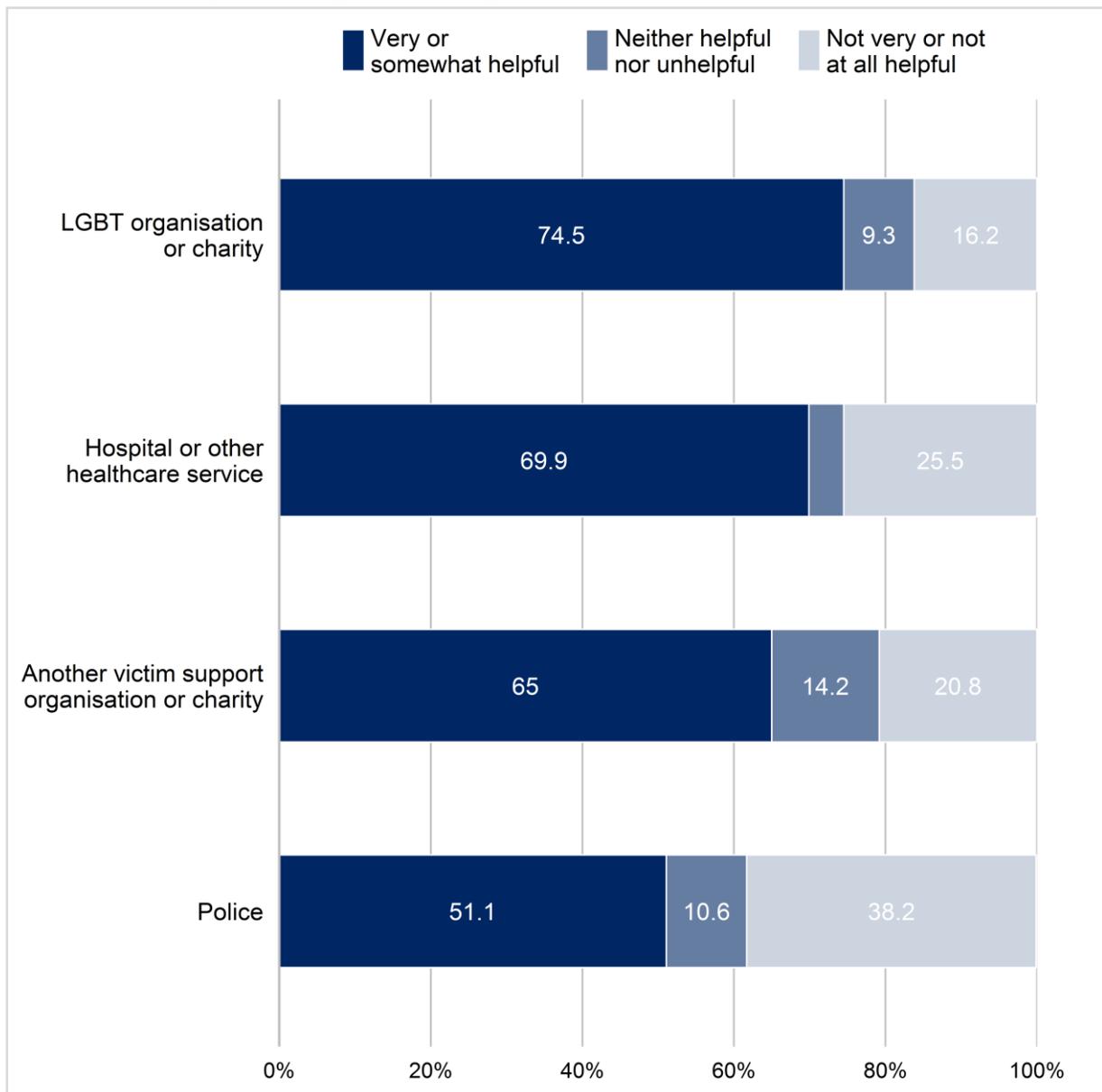
Similar patterns of reasons for not reporting to the police were observed in relation to incidents experienced by trans respondents; however, they were even more likely than cisgender respondents to have not reported physical harassment or violence (33%) and sexual harassment or violence (38%) due to having felt ashamed, embarrassed or not wanting anyone to know. Furthermore, trans respondents were more likely than cisgender respondents to have had a bad experience reporting physical harassment or violence (28%) and sexual harassment or violence (21%) in the past (Annex 5, Q120).

Within responses to the optional free-text question discussing reporting crime (202), many respondents described incidents that they experienced as 'normal' or 'something you put up with', and subsequently did not report the incidents described. Some were unsure where or to whom they would report incidents. Furthermore, some responses suggested that respondents were put off from reporting incidents due to a distrust of the police based on poor past experiences.

LGBT organisations and charities were viewed as the most helpful when handling the most serious incidents experienced by respondents in the 12 months preceding the survey. Seventy-five per cent of those who reported to LGBT organisations or charities said that they had considered them very or somewhat helpful. The police were considered less helpful, with 51% of respondents saying that they had been very or somewhat helpful (Figure 5.25).

Similar results were found when respondents were asked how satisfied they had been with how organisations had handled the most serious incident experienced (Annex 5, Q122-134).

**Figure 5.25: How helpful or unhelpful respondents had found organisations handling the most serious incidents involving people they did not live with in the 12 months preceding the survey**



Note: Respondents answered for each of the individuals/organisations their incident had been reported to; 'State or national institution', 'Rape Crisis Centre' and 'True Vision website' not shown to maintain anonymity.  
 Base (rounded): LGBT organisation or charity, 370 respondents; Hospital or other healthcare service, 150 respondents; Another victim support organisation or charity, 180 respondents; Police, 2,340 respondents.  
 Respondents: Those who had experienced an incident in the 12 months preceding the survey involving someone they did not live with due to being LGBT, or being thought to be LGBT, and the most serious incident had been reported.  
 Excluded: 'Prefer not to say' (Q121-133).  
 See Annex 5 (Q121-133) for data.

## 5.6 Private sexual images shared without consent

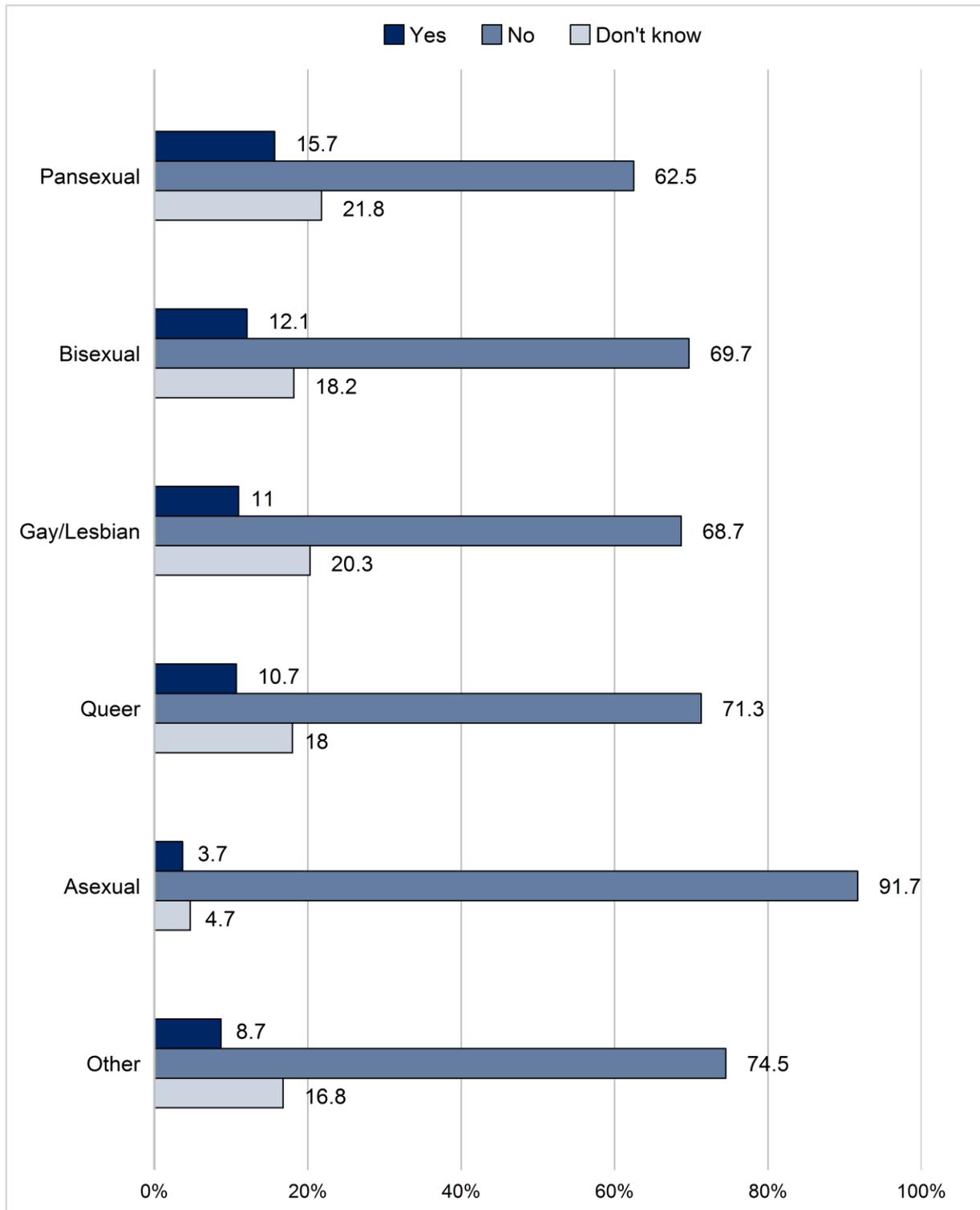
The sharing of private sexual photographs or videos of another person without their consent, with the purpose of causing embarrassment or distress to the individual, is a criminal offence under the Criminal Justice and Courts Act 2015. This is sometimes referred to as ‘revenge porn’ and applies to both online and offline material, including materials shared electronically, such as by uploading images to the internet, sharing them by text or e-mail, or by showing someone a physical or electronic image. The offence covers anything that could be considered sexual.

Respondents were asked whether they had ever had any private sexual images or videos shared of them without their consent and, if so, whether this had been reported.

Eleven per cent of all respondents had experienced someone sharing private sexual images or videos of them without their consent, and a further 19% said that they did not know whether this had occurred (Annex 5, Q135).

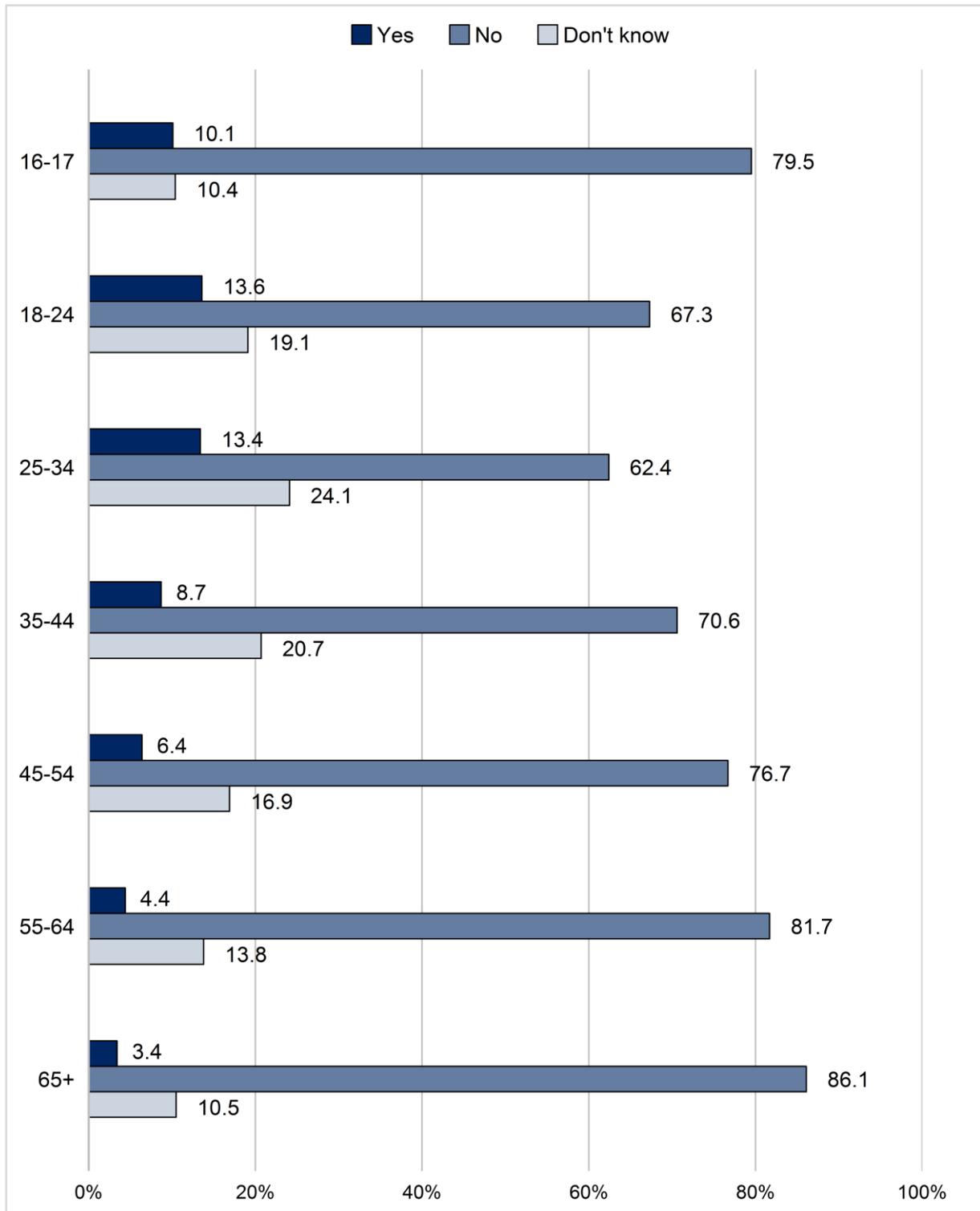
Amongst cisgender respondents, there was variation by sexual orientation, ranging from 4% of asexual respondents to 16% of pansexual respondents having experienced someone sharing private sexual images or videos of them without their consent (Figure 5.26). Men were more likely to have had images or videos shared without their consent (13%) than women (9%). This gender difference was particularly pronounced between gay men (14%) and lesbians (5%), and queer men (19%) and queer women (8%) (Annex 5, Q135). By age, prevalence was highest amongst younger cisgender respondents. In particular, 10% of 16-17 year olds, 14% of 18-24 year olds and 13% of 25-34 year olds reported having had private sexual images or videos shared without their consent, compared to, for example, 4% of 55-64 year olds and 3% of those aged 65 or above (Figure 5.27).

**Figure 5.26: Whether cisgender respondents had ever had private sexual images or videos of them shared without their consent, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.  
 Base (rounded): 91,260 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say' (Q135).  
 See Annex 5 (Q135) for data.

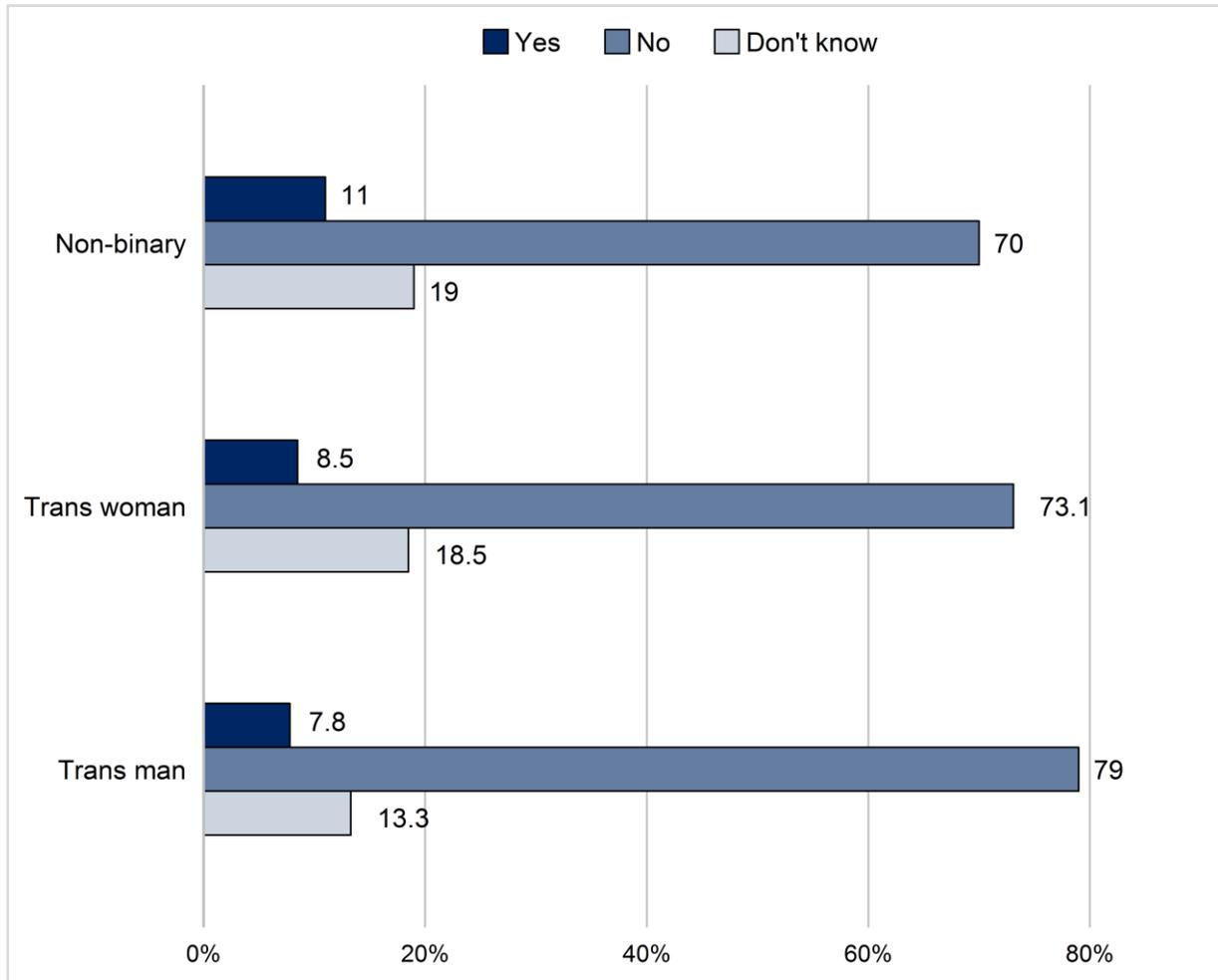
**Figure 5.27: Whether cisgender respondents had ever had private sexual images or videos of them shared without their consent, by age**



Base (rounded): 91,260 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say' (Q135).  
 See Annex 5 (Q135) for data.

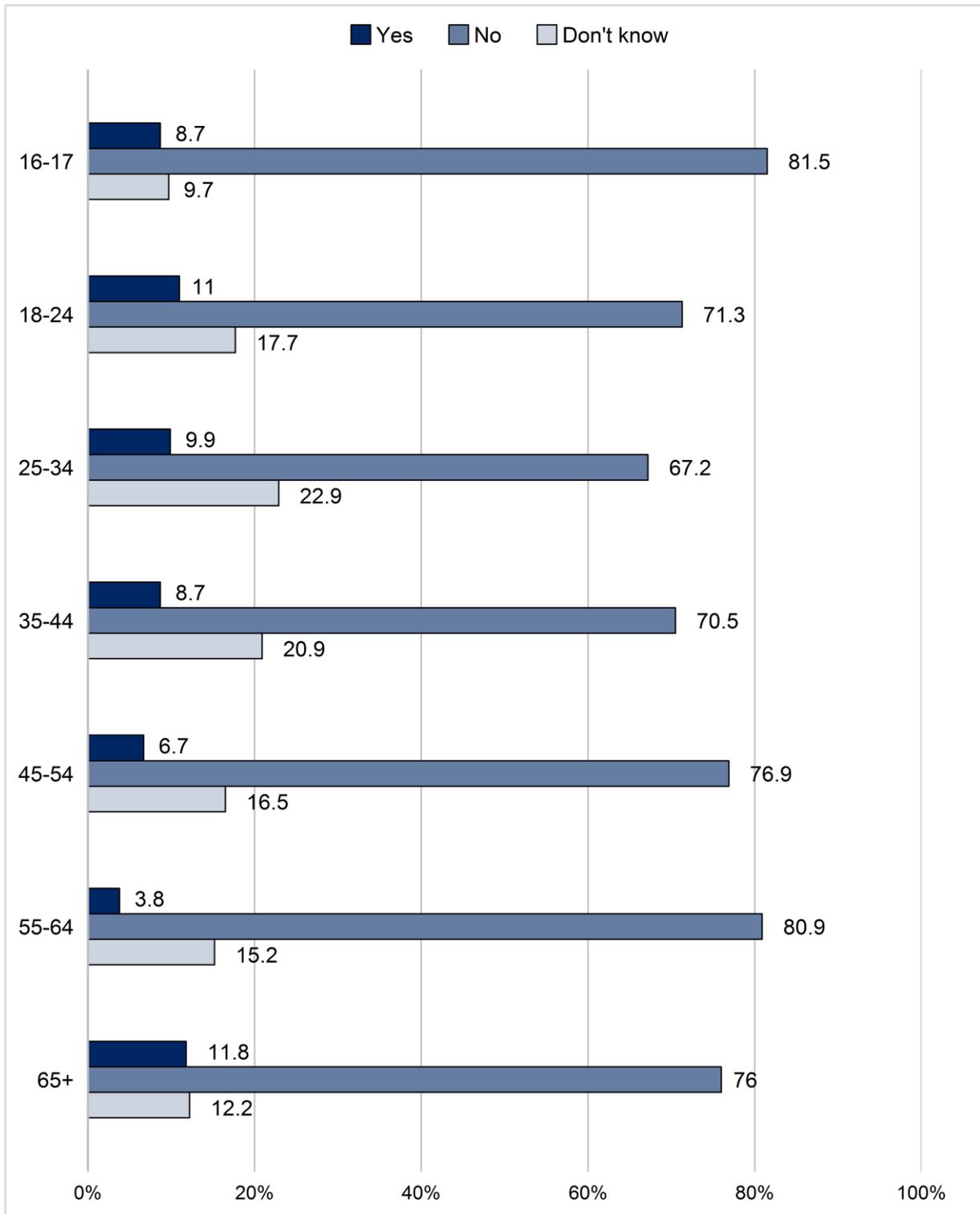
The findings for trans respondents are similar to those of cisgender respondents (Figure 5.28; Figure 5.29; Annex 5, Q135).

**Figure 5.28: Whether trans respondents had ever had private sexual images or videos of them shared without their consent, by gender identity**



Base (rounded): 14,250 respondents.  
 Respondents: Trans respondents.  
 Excluded: 'Prefer not to say' (Q135).  
 See Annex 5 (Q135) for data.

**Figure 5.29: Whether trans respondents had ever had private sexual images or videos of them shared without their consent, by age**



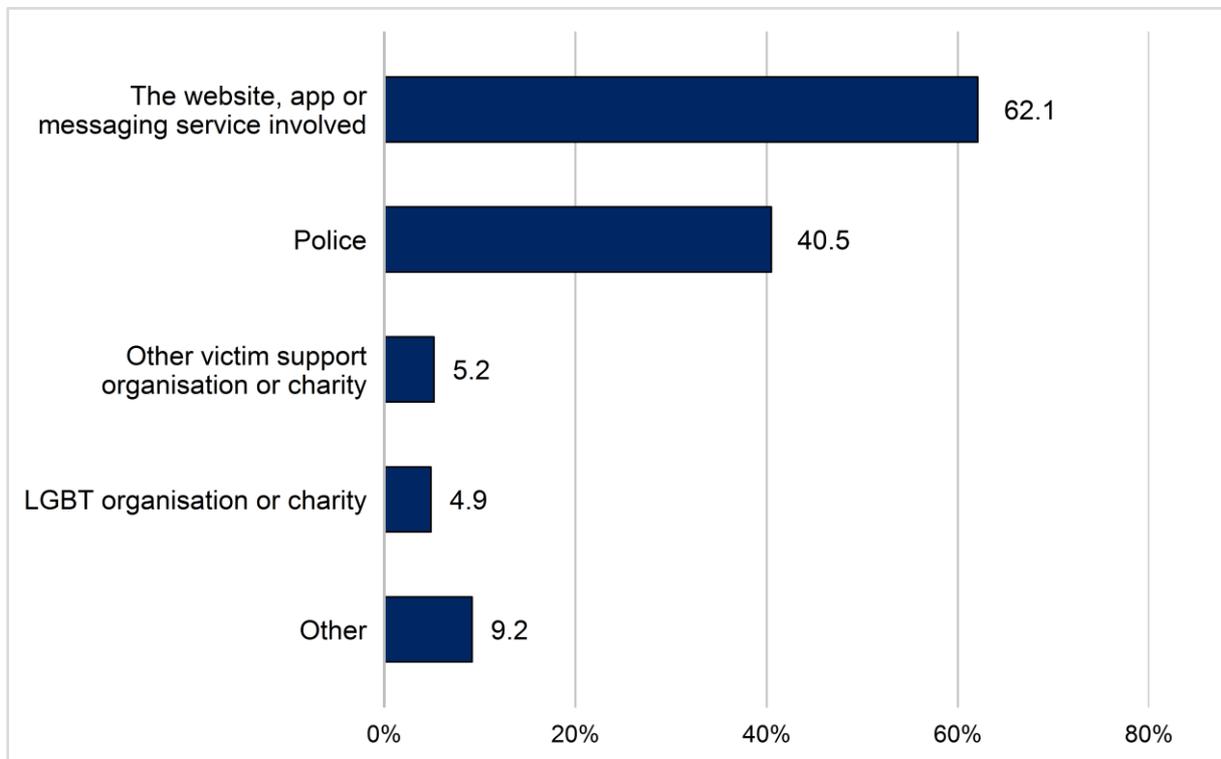
Base (rounded): 14,250 respondents.  
 Respondents: Trans respondents.  
 Excluded: 'Prefer not to say' (Q135).  
 See Annex 5 (Q135) for data.

### 5.6.1 Reporting private sexual images shared without consent

Of respondents who had previously had private sexual images or videos of them shared without their consent, only 11% said that this had been reported, either by themselves or by someone else. Reporting rates were slightly higher for trans respondents (14%) than for cisgender respondents (11%) (Annex 5, Q136).

When reported, this had mainly been done to the website, app or messaging service involved (62%) or to the police (41%), although trans respondents were more likely to have reported to the police (49%) and less likely to have reported to the relevant website, app or message service involved (50%) when compared to cisgender respondents (39% and 64% respectively) (Figure 5.30; Annex 5, Q137).

**Figure 5.30: Where sharing of respondents' private sexual images without their consent was reported**



Note: Respondents could select as many organisations as applicable.

Base (rounded): 1,280 respondents.

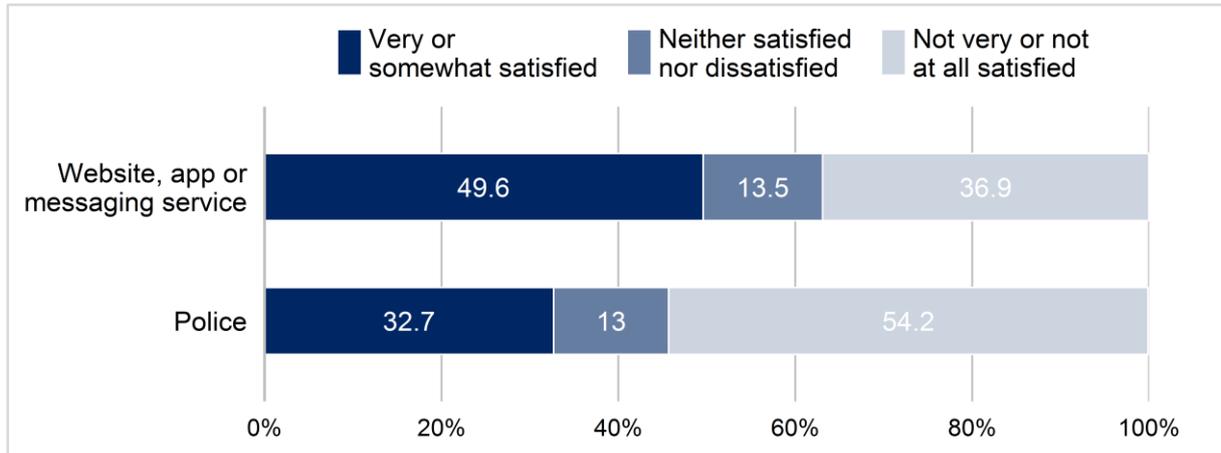
Respondents: Those who had experienced someone sharing private sexual images or videos of them, and it had been reported.

Excluded: 'Prefer not to say' (Q137).

See Annex 5 (Q137) for data.

Of those who had reported to the police, 33% said that they had been very or somewhat satisfied with how the police handled it. Of those who had reported to the website, app or messaging service involved, 50% had been very or somewhat satisfied with how it was handled (Figure 5.31).

**Figure 5.31: How satisfied or unsatisfied respondents had been with organisations' handling of non-consensual sharing of private sexual images**



Note: Respondents answered for each of the individuals/organisations their incident had been reported to; 'LGBT organisation or charity' and 'Another victim support organisation or charity' not shown to maintain anonymity.  
 Base (rounded): Website, app or messaging service, 790 respondents; Police, 510 respondents.  
 Respondents: Those who had experienced someone sharing private sexual images or videos of them, and it had been reported.  
 Excluded: 'Prefer not to say' (Q138-141).  
 See Annex 5 (Q138-141) for data.

## 5.7 Conversion therapy

So-called conversion therapies, sometimes also referred to as cure, aversion or reparative therapies, are techniques intended to change someone's sexual orientation or gender identity. These techniques can take many forms and commonly range from pseudo-psychological treatments to spiritual counselling. In extreme cases, they may also include surgical and hormonal interventions, or so-called 'corrective' rape.

Respondents were asked whether they had ever undergone or been offered any such intervention and, if so, who had conducted or offered it.

### 5.7.1 Who underwent or was offered conversion therapy

Two per cent of all respondents reported having undergone conversion therapy in an attempt to 'cure' them of being LGBT, and a further 5% reported having been offered it (Annex 5, Q142-143).

Amongst cisgender respondents, there was not much variation in who had undergone or been offered conversion therapy by sexual orientation. Bisexual respondents were the least likely to have undergone or been offered it (5%), and asexual respondents the most likely (10%) (Figure 5.32). Men were generally more

likely to have undergone or been offered conversion therapy (8%) than women (6%) (Annex 5, Q142-143).

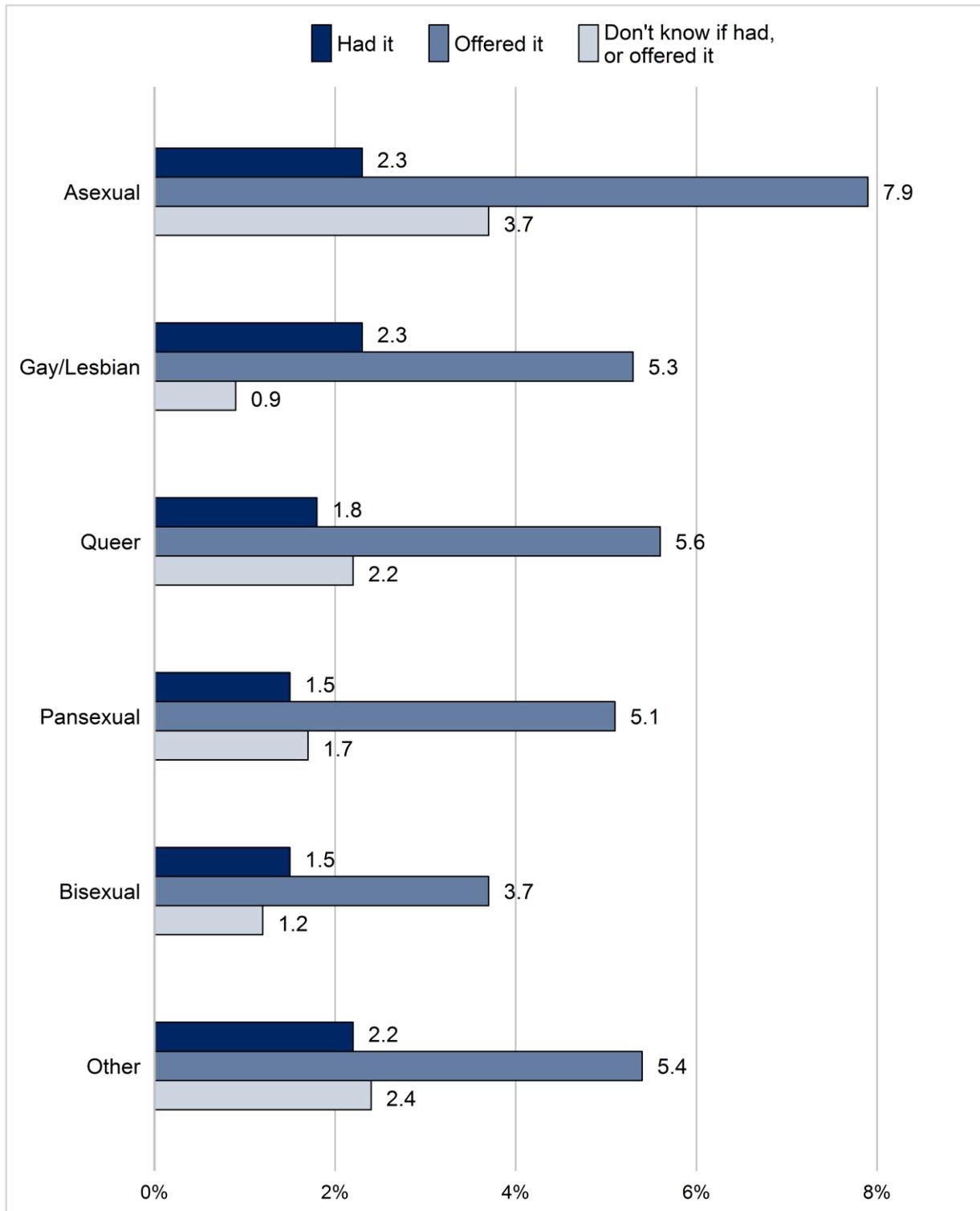
Older cisgender respondents were more likely to have undergone conversion therapy than those in younger age groups. There was a relatively consistent pattern, however, in terms of the proportions of respondents who had undergone or been offered conversion therapy amongst all of those aged 16-64, thereby suggesting that this is a live issue and not just one that affected older generations. Ten per cent of those aged 65 or above said that they had undergone or been offered conversion therapy, compared to 8% of 16-17 year olds and 7% of 18-34 year olds (Figure 5.33).

There was substantial variation by ethnic group amongst cisgender respondents in who had undergone or been offered conversion therapy.

Black/African/Caribbean/Black British (13%) and Asian/Asian British (14%) respondents, and respondents belonging to an 'other' ethnic group (15%), for example, were much more likely than White (7%) respondents to have undergone or been offered conversion therapy (Figure 5.34). Similarly, there was strong variation by religion/belief. Cisgender Muslim respondents were the most likely to have had or been offered conversion therapy (19%), whereas those with no religion/belief were the least likely (6%) (Table 5.6).

There was little variation in those who had undergone or been offered conversion therapy by cisgender respondents' place of residence, although those in Northern Ireland (12%) and London (8%) were more likely than respondents living in other places to have undergone or been offered conversion therapy (Annex 5, Q142-143).

**Figure 5.32: Whether cisgender respondents had undergone or been offered conversion therapy, by sexual orientation**



Note: 'Neither had nor offered' not shown; 'Don't know' and 'Prefer not to say' sexual orientations not shown.

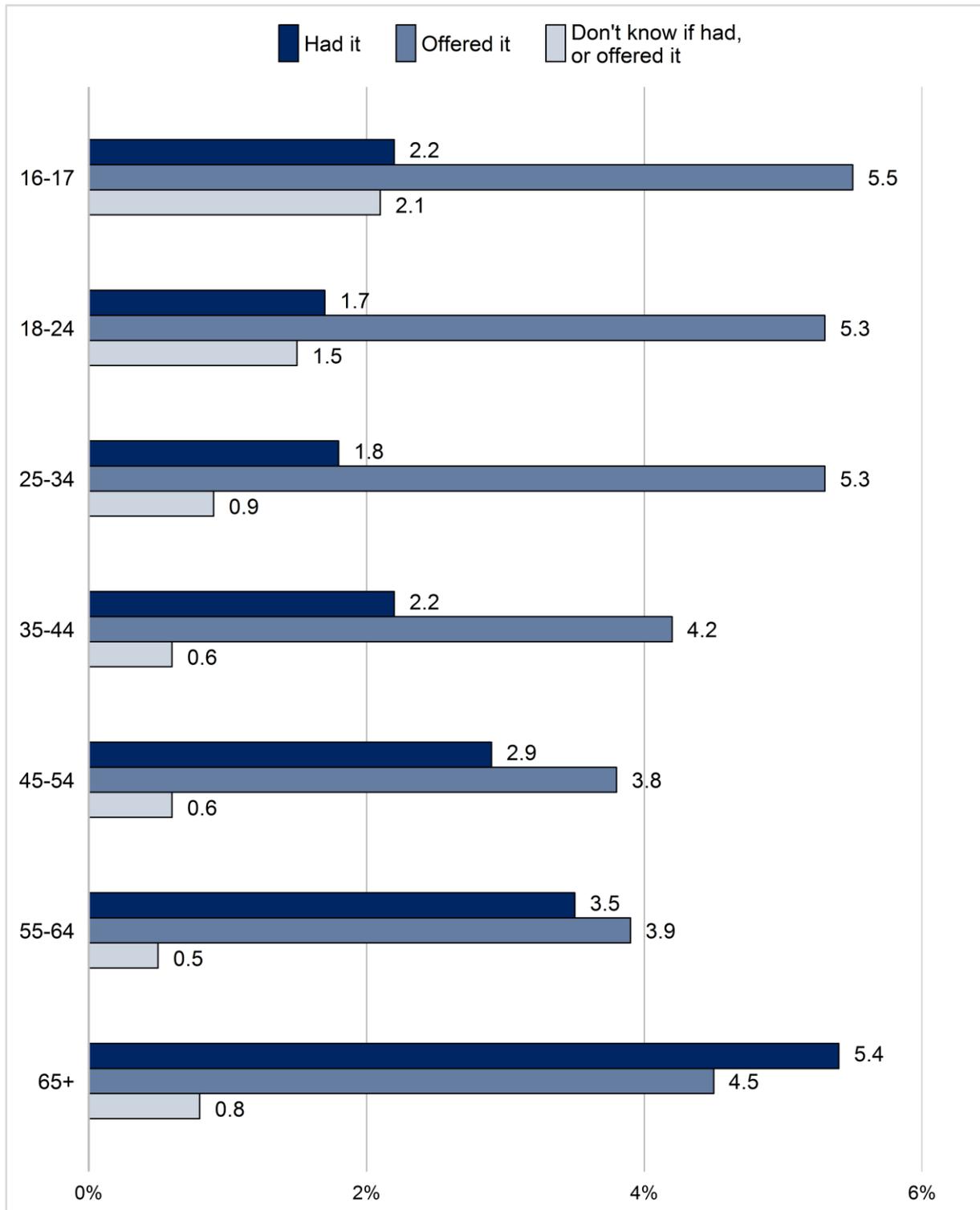
Base (rounded): 91,370 respondents.

Respondents: Cisgender respondents.

Excluded: 'Prefer not to say' (Q142-143).

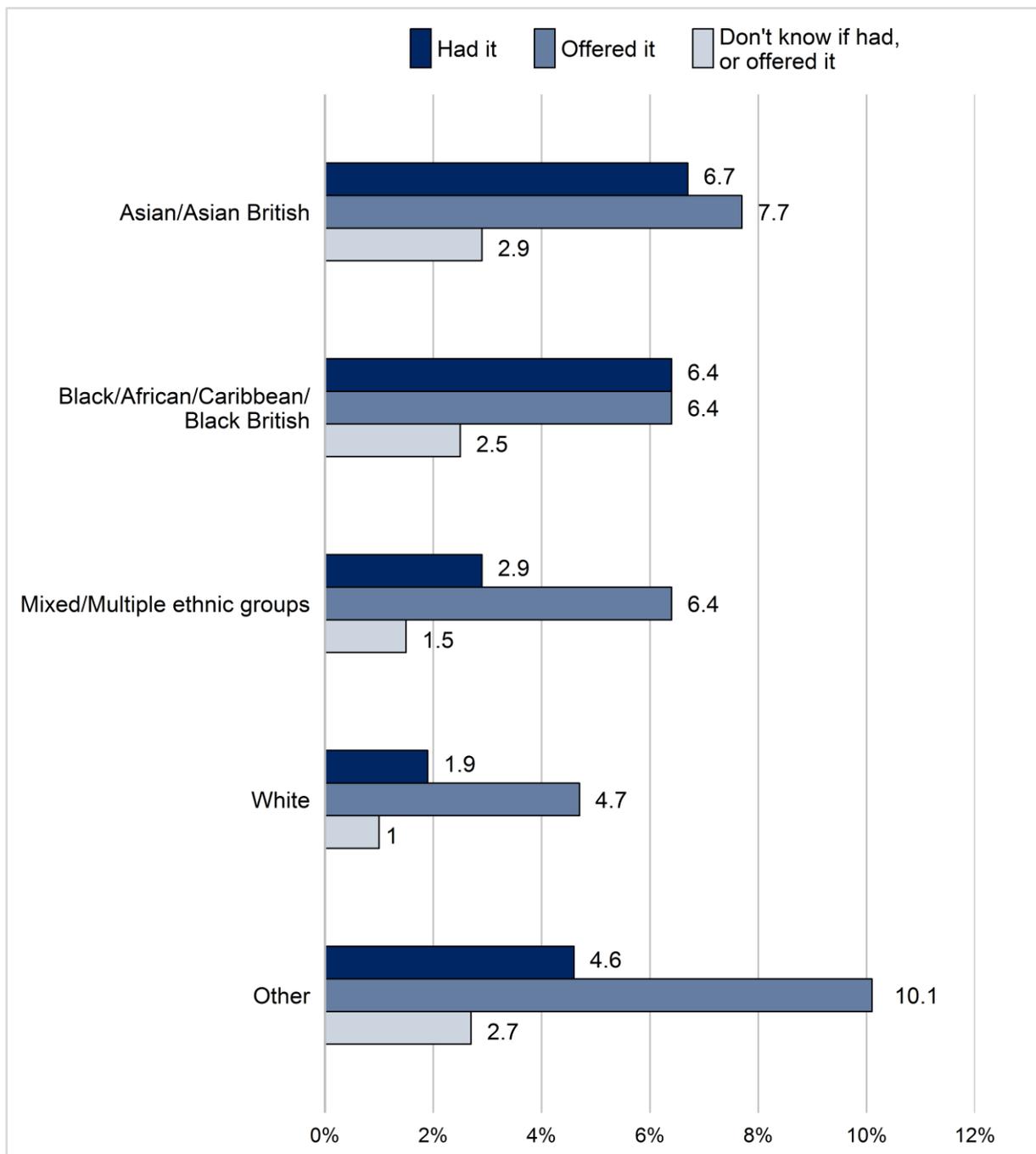
See Annex 5 (Q142-143) for data.

**Figure 5.33: Whether cisgender respondents had undergone or been offered conversion therapy, by age**



Note: 'Neither had nor offered' not shown.  
 Base (rounded): 91,370 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say' (Q142-143).  
 See Annex 5 (Q142-143) for data.

**Figure 5.34: Whether cisgender respondents had undergone or been offered conversion therapy, by ethnic group**



Note: 'Neither had nor offered' not shown.  
 Base (rounded): 91,020 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say' (Q142-143, Q146).  
 See Annex 5 (Q142-143) for data.

Table 5.6: Whether cisgender respondents had undergone or been offered conversion therapy, by religion/belief

	None	Christian	Buddhist	Pagan	Agnostic	Jewish	Spiritualist	Muslim	Atheist	Humanist	Hindu	Wiccan	Sikh*	Other	Total
Had conversion therapy	1%	4%	3%	2%	x	3%	2%	10%	x	x	8%	x	-	5%	2%
Have been offered conversion therapy	4%	6%	7%	7%	6%	10%	6%	10%	7%	6%	x	8%	x	8%	5%
Neither had nor have been offered	93%	89%	88%	89%	89%	86%	90%	77%	87%	91%	84%	89%	87%	85%	92%
Don't know	1%	1%	2%	1%	x	1%	2%	4%	x	x	x	x	x	3%	1%
<b>Respondents (rounded)</b>	<b>63,690</b>	<b>17,070</b>	<b>1,150</b>	<b>940</b>	<b>770</b>	<b>720</b>	<b>700</b>	<b>450</b>	<b>380</b>	<b>270</b>	<b>230</b>	<b>220</b>	<b>90</b>	<b>1,240</b>	<b>87,900</b>

Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say' (Q142-143, Q147).  
 See Annex 5 (Q142-143) for data.

Trans respondents were much more likely to have undergone or been offered conversion therapy (13%) than cisgender respondents (7%) (Table 5.7; Annex 5, Q142-143).

By age, ethnic group and religion, similar patterns of having undergone or been offered conversion therapy were observed amongst trans respondents to those amongst cisgender respondents, albeit to greater extents. Older trans respondents, particularly those aged 65 or above (20%), were more likely than those in younger age groups to have undergone or been offered conversion therapy with, for example, 14% of those aged 16-17 and 13% of those aged 18-24 having undergone or been offered it. Twenty-eight per cent of Black/African/Caribbean/Black British trans respondents and trans respondents belonging to an 'Other' ethnic group had undergone or been offered conversion therapy, followed by Asian/Asian British respondents (27%) and Mixed/Multiple ethnic groups (20%). As with cisgender respondents, Muslim respondents (44%) were the most likely to have had or been offered conversion therapy, whereas respondents without a religion/belief were the least likely (11%) (Figure 5.35; Figure 5.36; Table 5.8).

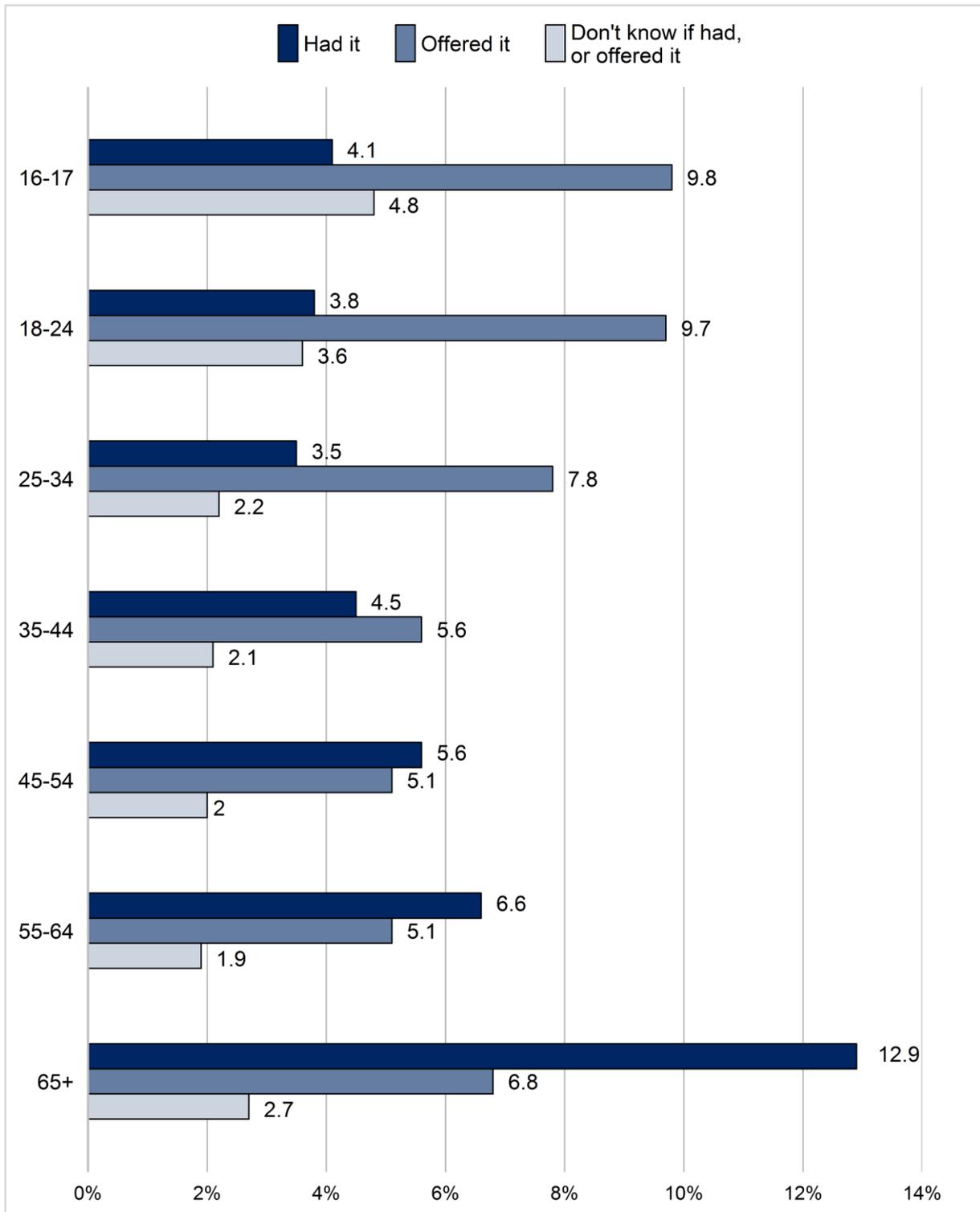
As with cisgender respondents, there was little variation by place of residence in which trans respondents lived, although those in Northern Ireland (17%) were the most likely to have undergone or been offered conversion therapy, followed by 16% of those living in London (Annex 5, Q142-143).

**Table 5.7: Whether trans respondents had undergone or been offered conversion therapy, by gender identity**

	<b>Trans woman</b>	<b>Trans man</b>	<b>Non-binary</b>	<b>Total</b>
Had conversion therapy	5.0%	4.1%	4.0%	4.3%
Have been offered conversion therapy	7.6%	9.3%	8.2%	8.3%
Neither had nor have been offered	84.8%	82.6%	84.7%	84.3%
Don't know	2.6%	3.9%	3.1%	3.1%
<b>Respondents (rounded)</b>	<b>3,720</b>	<b>3,160</b>	<b>7,380</b>	<b>14,260</b>

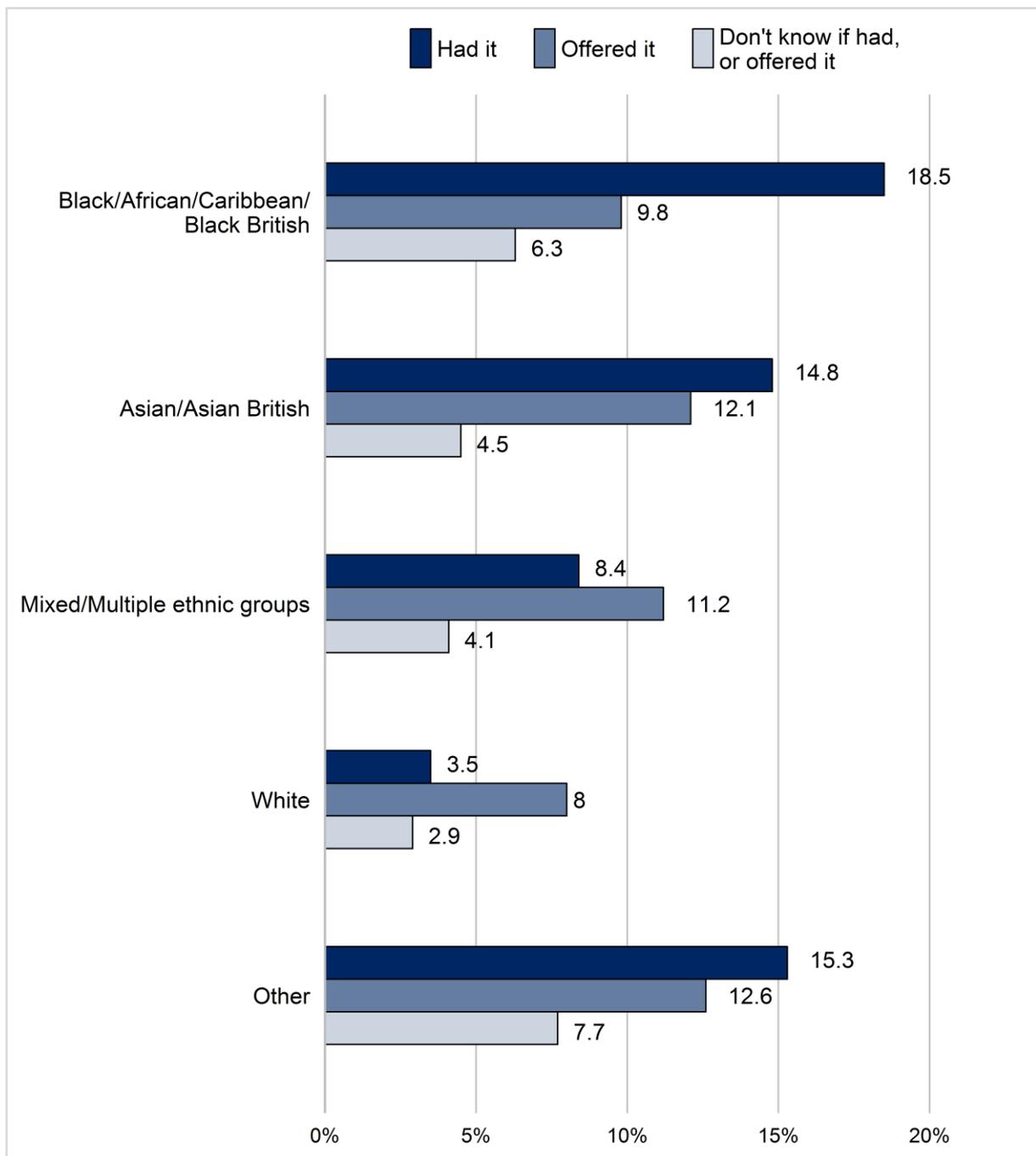
Respondents: Trans respondents.  
Excluded: 'Prefer not to say' (Q142-143).  
See Annex 5 (Q142-143) for data.

**Figure 5.35: Whether trans respondents had undergone or been offered conversion therapy, by age**



Note: 'Neither had nor offered' not shown.  
 Base (rounded): 14,260 respondents.  
 Respondents: Trans respondents.  
 Excluded: 'Prefer not to say' (Q142-143).  
 See Annex 5 (Q142-143) for data.

**Figure 5.36: Whether trans respondents had undergone or been offered conversion therapy, by ethnic group**



Note: 'Neither had nor offered' not shown.  
 Base (rounded): 14,100 respondents.  
 Respondents: Trans respondents.  
 Excluded: 'Prefer not to say' (Q142-143, Q146).  
 See Annex 5 (Q142-143) for data.

Table 5.8: Whether trans respondents had undergone or been offered conversion therapy, by religion/belief

	None	Christian	Pagan	Buddhist	Jewish	Muslim	Agnostic	Spiritualist	Wiccan	Atheist*	Humanist*	Hindu*	Sikh*	Other	Total
Had conversion therapy	3%	7%	5%	5%	13%	32%	2%	x	x	x	x	x	x	7%	4%
Have been offered conversion therapy	8%	9%	9%	11%	12%	11%	7%	10%	16%	10%	x	x	x	12%	8%
Neither had nor have been offered	87%	80%	83%	82%	70%	50%	87%	83%	76%	84%	88%	76%	x	75%	84%
Don't know	3%	4%	4%	3%	5%	7%	5%	x	x	x	-	x	-	5%	3%
<b>Respondents (rounded)</b>	<b>9,420</b>	<b>1,650</b>	<b>550</b>	<b>300</b>	<b>220</b>	<b>220</b>	<b>200</b>	<b>130</b>	<b>120</b>	<b>60</b>	<b>50</b>	<b>30</b>	<b>10</b>	<b>390</b>	<b>13,340</b>

Respondents: Trans respondents.  
 Excluded: 'Prefer not to say' (Q142-143, Q147).  
 See Annex 5 (Q142-143) for data.

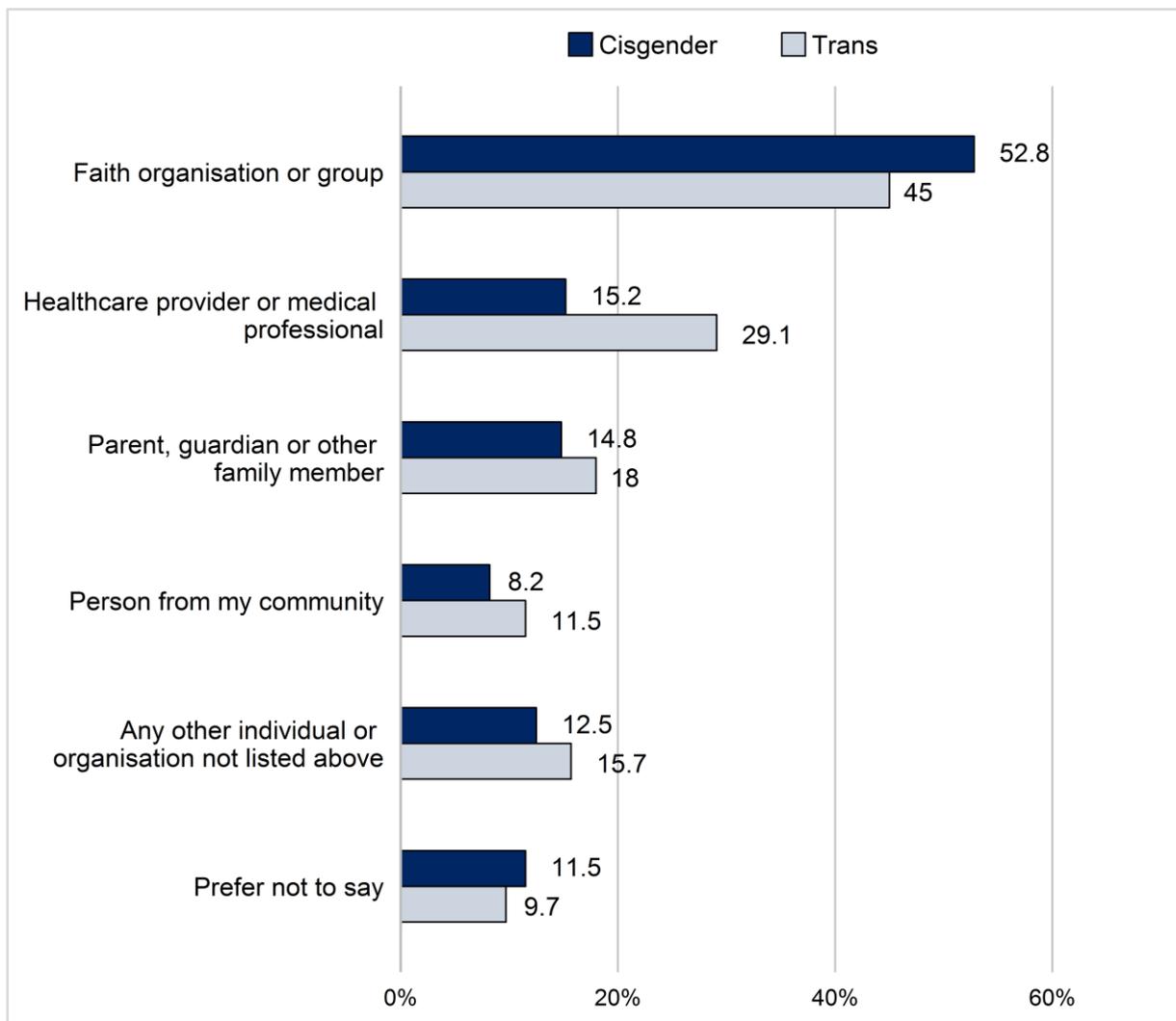
### 5.7.2 Who conducted or offered conversion therapy

Respondents were most likely to say that faith organisations had offered (53%) or conducted (51%) conversion therapy. Moreover, 19% of respondents said that the conversion therapy had been conducted by healthcare providers or medical professionals, and 16% said that it had been conducted by their parents, guardians or other family members (Annex 5, Q144; Q145).

A considerably higher proportion of trans respondents who were given conversion therapy said that it had been conducted by healthcare providers or medical professionals (29%) than cisgender respondents (15%). Trans respondents were slightly less likely to have been offered conversion therapy by faith organisations or groups (49%) than cisgender respondents (54%), but were more likely to have been offered it by parents, guardians or other family members (37%) than cisgender respondents (28%) (Figure 5.37; Annex 5, Q144; Q145).

Responses to the optional free-text question that discussed conversion therapy (230) often did so in the context of religion.

**Figure 5.37: Who had conducted cisgender respondents' and trans respondents' conversion therapy**



Base (rounded): 2,540 respondents.  
 Respondents: Cisgender respondents and trans respondents who had undergone conversion therapy.  
 See Annex 5 (Q145) for data.

## 5.8 Reporting crime and accessing support services

A number of responses (202) to the optional free-text question described experiences of reporting a hate incident to the police or another organisation, such as a third party reporting centre. There were some positive experiences of reporting, particularly those where investigations were led by police officers specifically trained in dealing with LGBT hate crime. Poor experiences of reporting, however, were more common. Respondents frequently described not being taken seriously and being made to feel as if the incident had been insignificant, unimportant, or not a matter for the police.

Many respondents, on the other hand, described verbal and physical abuse as 'normal', 'frequent', and 'something you put up with' as LGBT people. Subsequently, these responses made no link to reporting the incidents described, with some respondents unsure where or to whom they would report the incidents they faced.

I reported a hate crime and no further action was taken by the police. This information was passed to me in an ineffective way and the inability of the police to press charges was entirely due to poor understanding of LGBT issues by some of the investigating officers, a local PCSO [Police Community Support Officer] who was present for part of the crime and also ignorance of staff members in the store where the incident occurred. A threat of corrective rape is a very serious issue and I had to deal with this entirely on my own as an individual and the perpetrator had no repercussions, so I felt aggrieved because of the crime and aggrieved by how it was poorly dealt with.

**Woman, lesbian, 35-44, Yorkshire and the Humber**

I reported an online hate campaign that had been started by my neighbours when I moved in with my now wife. My step daughters have been bullied at school as a result of this. I have received countless threats, been physically attacked once and verbally attacked on a daily basis by neighbours. I reported this to the police who came out took a look at the online content and concluded they could do nothing about it as it was on Facebook and calling someone a dirty little tranny is okay apparently.

**Trans man, heterosexual, 25-34, South East**

Many respondents cited being put off from reporting incidents due to a distrust of the police based on poor past experiences. Moreover, a lack of visibility of arrests and retribution left many feeling that reporting was futile. There were a number of specific suggestions for tackling LGBT hate incidents and improving reporting. These included:

- Improved education in schools to tackle the casual homophobia and transphobia that respondents experienced in day-to-day life. Respondents felt that addressing issues of prejudice and discrimination in early life would help challenge the perceived normality of abuse that some LGBT people experience (see the Education chapter for further discussion).
- Police training to better identify and record LGBT hate incidents. Improved access and visibility of convictions was suggested as a way to improve reporting rates.
- Awareness raising and improved support for victims of hate incidents so that LGBT people are better informed about the range of support available. Many respondents described stress, anxiety and poor mental health caused by repeated victimisation.

## 5.9 Sex work

Forty-one responses to the optional free-text question discussed sex work as an essential source of employment. This was attributed to issues with maintaining steady work in 'mainstream' employment because of discriminatory and prejudicial views held by employers. Some suggested that they had 'fallen into' sex work as a means of a steady income after facing barriers to employment in early life. Personal safety was also often mentioned as a concern amongst these respondents.

[...] employers can of course still discriminate against LGBT people by refusing to hire us; just because they're not allowed to state that as the reason, doesn't mean it's NOT the reason so many of us are unemployed or employed in underground professions. Many of my LGBT friends are sex workers.

**Non-binary person, asexual, 18-24, South West**

Responses from trans respondents on this theme tended to be divided into two key issues. Firstly, waiting times for Gender Identity Clinics were considered too long by many, which had resulted in some undertaking sex work to pay for quicker private treatment. Secondly, the availability of gender identity services in the UK was also

called into question by some, which had meant some trans respondents who were sex workers had been led to pay for more costly treatment abroad.

I and many other trans people have had to engage in sex work to afford access to treatment.

**Trans woman, bisexual, 25-34, Wales**

Access to vital services such as electrolysis treatment is almost non-existent. Speaking for myself, I have struggled to make ends meet paying for private treatment and private medical care for transition. This means that poorer trans people see transition as a luxury they can't afford. This has to change. Finding jobs is also incredibly difficult and therefore, many of us seem to struggle financially which I believe leads far too many of my community into sex work and drugs. This needs immediate attention.

**Trans woman, heterosexual, 25-34, South East**

## 5.10 Online spaces

Online spaces for LGBT people were discussed in responses to the optional free-text question, and were generally viewed positively and as an accessible and safe way for people to meet, engage and support LGBT issues. However, some respondents were concerned that these online spaces had meant that physical LGBT spaces had diminished.

LGBT community seems to be breaking down and many queer spaces are closing for development as something else. Much of life seems to be conducted on the internet and rarely develops into anything meaningful.

**Man, gay, 35-44, North West**

Some online spaces, such as social media platforms, were considered by some respondents (203) as unsafe and as a vehicle for abuse and hate aimed at LGBT communities. This resulted in some respondents deliberately concealing their sexual orientation or gender identity online. A concern about online privacy was also evident across some submissions, perpetuated by a fear that they could be 'outed' online and have no control over the content shared.

[...] the complete lack of respect for online privacy and lack of even a basic understanding about encryption or online security is a serious threat to the LGBT community.

**'Don't know' sexual orientation, 'other' gender identity,  
18-24, East Midlands**

The internet is also discussed more generally in section 11.7.1.

## 5.11 Blackmail

Thirty respondents discussed the impact of being a victim of blackmail within their responses to the optional free-text question, drawing on both their personal experiences and those of others known to them. Commonly, blackmail was committed by a partner, ex-partner or employer who threatened to 'out' them if they did not agree to their demands. Of those who had direct experience of blackmail, experiences of reporting to the police were generally poor, with respondents feeling as though they had not been taken seriously and that the police had not recognised the impact of the threat being made. Respondents called for improved laws to protect victims of blackmail, as well as better training for police.

I was blackmailed into coming out to my parents by a partner, who threatened to call them and tell them that I was dating a man and send them photographs of us together if I didn't tell them myself. This was heart-breaking, as I knew my parents were homophobic.

**Man, bisexual, 25-34, North West**

Recently a man I met over Grindr threatened to release various sexual and non sexual images of me over the Internet unless I performed sexual shows for him over WhatsApp and eventually slept with him. I reported the incident to the [...] Police the morning after it happened and although I was questioned about it over the phone several times over a period of about two weeks, no action whatsoever was taken.

**Man, bisexual, 18-24, West Midlands**

# 6 Education

## 6.1 Overview

Existing research suggests that homophobic, biphobic and transphobic bullying remains a problem in schools. Furthermore, widespread assumptions in educational institutions that students are heterosexual and cisgender leave the specific support needs of LGBT students unaddressed.<sup>27</sup> There remains, however, a lack of robust evidence in relation to discrimination against LGBT individuals in education.

In the national LGBT survey, we asked respondents whether sexual orientation and gender identity had been discussed at school in lessons, assemblies or in any other part of their schooling and, if so, how well these discussions had prepared them for later life as LGBT people.

If respondents were in education in the 2016/17 academic year, we asked them how open they had been about being LGBT, whether they had experienced any negative incidents because of being LGBT, or being thought to be LGBT, and if so, whether they had been reported, to whom, and how they had been handled.

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<sup>27</sup> National Institute of Economic and Social Research, 'Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence', July 2016

### Key findings

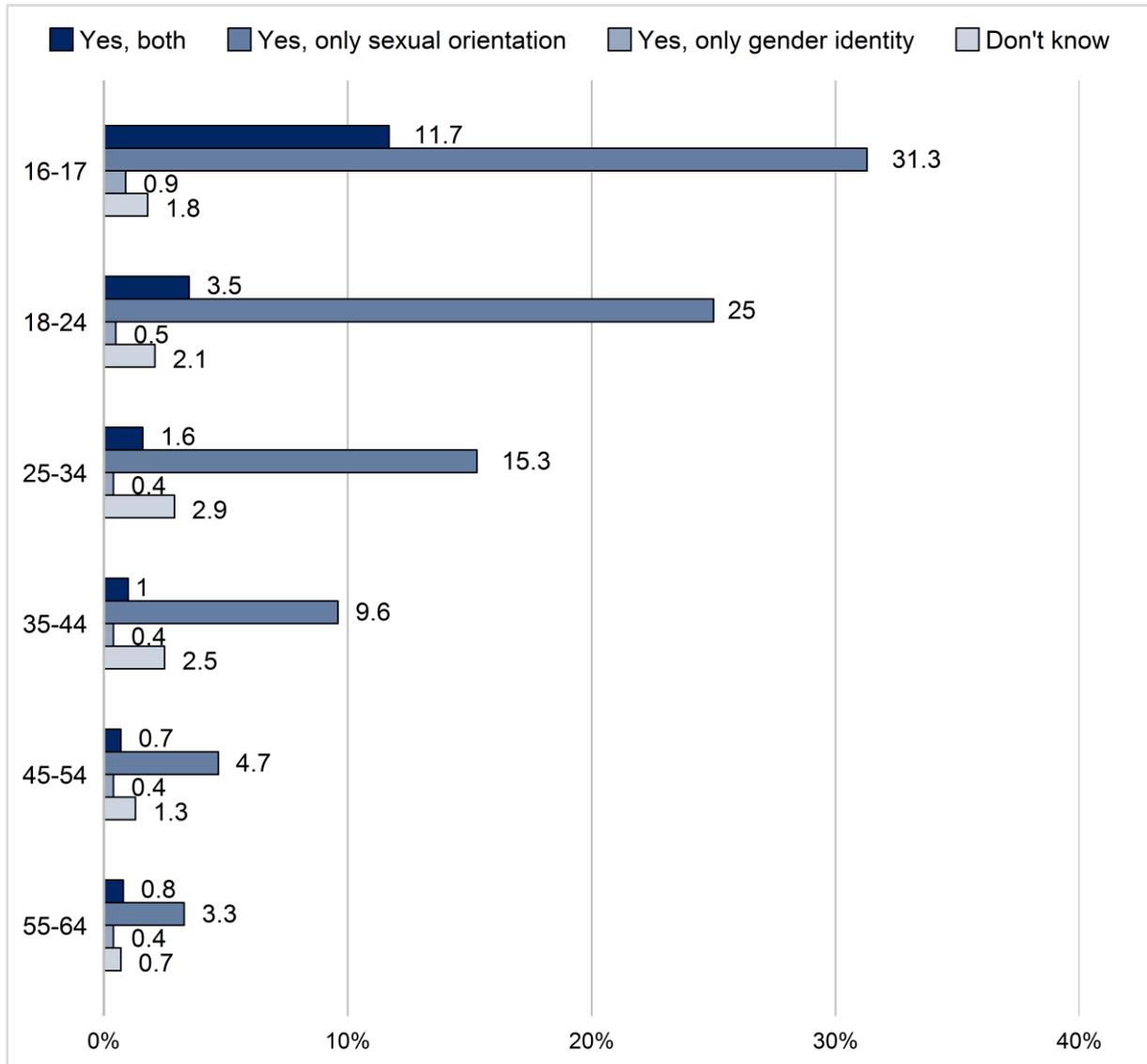
- 21% of respondents recalled discussion of sexual orientation, gender identity or both at school, with younger respondents much more likely to do so than older respondents. Of those who did, however, only 9% felt this had prepared them well for later life as LGBT people, which did not vary remarkably by age.
- Respondents who were in education in the 2016/17 academic year had been most open about being LGBT with other students. Only 10% said they had not been open with any classmates, but respondents were more likely to say they had not been open with any teaching (53%) or non-teaching (61%) staff.
- 33% of those in education in the 2016/17 academic year had experienced a negative or mixed reaction from others due to being LGBT, or being thought to be LGBT. The most common negative incidents experienced by respondents were someone disclosing that they were LGBT without their permission (21%) and verbal harassment, insults or other hurtful comments (19%).
- When asked about the most serious incident they had experienced during the 2016/17 academic year, the most frequently reported perpetrators were other students (88%), although this is likely influenced by the student population constituting a larger sample than the teaching population. Notably, 9% said that the most serious incident had been committed by teaching staff.
- 83% of the most serious incidents experienced by respondents in educational institutions had not been reported, primarily because respondents had considered them too minor, not serious enough or to 'happen all the time', or because they had felt that nothing would happen or change as a result.
- As a result of reporting, in 13% of cases the negative comments or conduct had stopped completely, and in 50% of cases it had stopped partially.

## 6.2 Sexual orientation and gender identity in education

Twenty-one per cent of respondents recalled sexual orientation, gender identity or both being discussed at school. Respondents, however, were much more likely to recall discussion of sexual orientation than of gender identity; 17% recalled sexual orientation alone being discussed, compared to only 3% who recalled both being discussed, and less than 1% who recalled gender identity alone being discussed (Annex 6, Q26).

Younger respondents were much more likely than older respondents to recall discussing either or both; 44% of 16-17 year olds, for example, recalled discussing sexual orientation, gender identity or both, at school, compared to 4% of those aged 55-64 (Figure 6.1).

**Figure 6.1: Whether respondents recalled sexual orientation and gender identity being discussed at schools in lessons, assemblies, or other parts of schooling, by age**

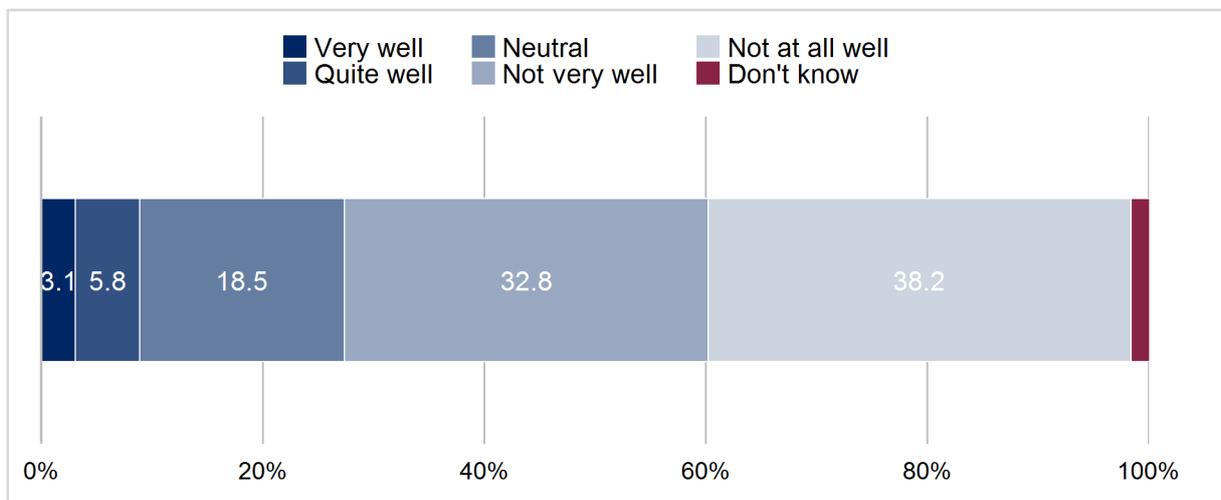


Note: 'Neither discussed' response not shown; Age '65+' not shown to maintain anonymity.  
 Base (rounded): 107,700 respondents.  
 Respondents: All respondents.  
 Excluded: 'Prefer not to say' (Q26).  
 See Annex 6 (Q26) for data.

Respondents who recalled discussion of sexual orientation, gender identity or both, at school, were asked how well they considered it to have prepared them for later life as an LGBT person.

Overall, a low proportion of respondents considered such discussion at school to have prepared them well for later life as an LGBT person. Nine per cent of respondents overall considered it to have prepared them very well or quite well. Although younger respondents were much more likely than older respondents to recall discussion of sexual orientation or gender identity at school, only 10% of 16-17 year olds and 8% of 18-24 year olds considered it to have prepared them very or quite well (Figure 6.2; Annex 6, Q27).<sup>28</sup>

**Figure 6.2: How well discussion of sexual orientation or gender identity had prepared respondents for later life as LGBT people**

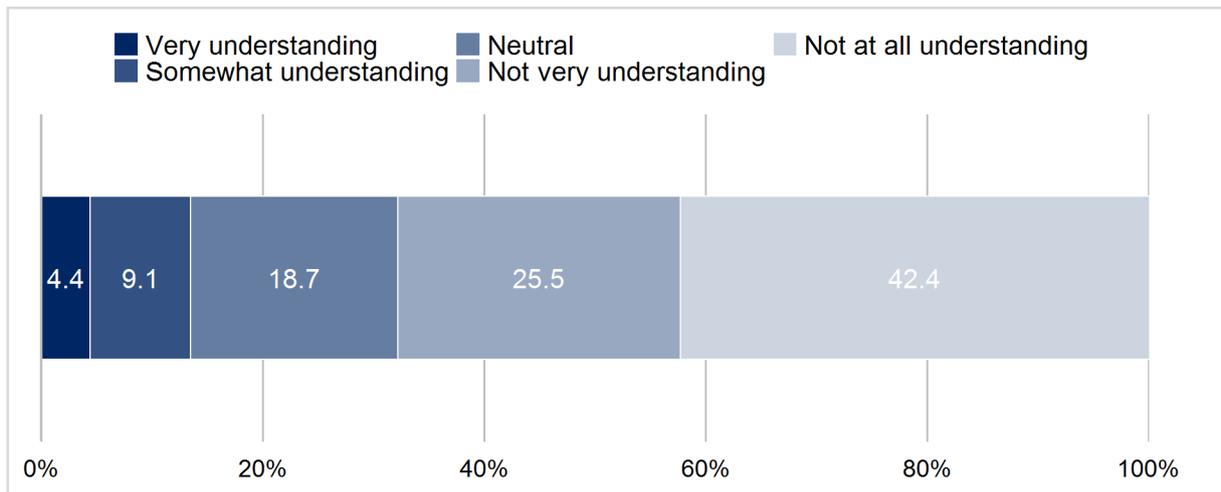


Base (rounded): 22,230 respondents.  
 Respondents: Those who recalled sexual orientation or gender identity being discussed at school.  
 Excluded: 'Prefer not to say' (Q27).  
 See Annex 6 (Q27) for data.

<sup>28</sup> Response rates to this question declined with age due to fewer respondents in older age groups reporting discussions of sexual orientation or gender identity overall. Older age group findings are therefore likely to be more variable.

All respondents with a minority gender identity were asked how understanding their teachers and other school staff had been of issues facing trans, gender fluid and non-binary pupils in general. Thirteen per cent said their teachers and staff had been very understanding or somewhat understanding, and 68% said they had been not very, or not at all, understanding (Figure 6.3; Annex 6, Q30).

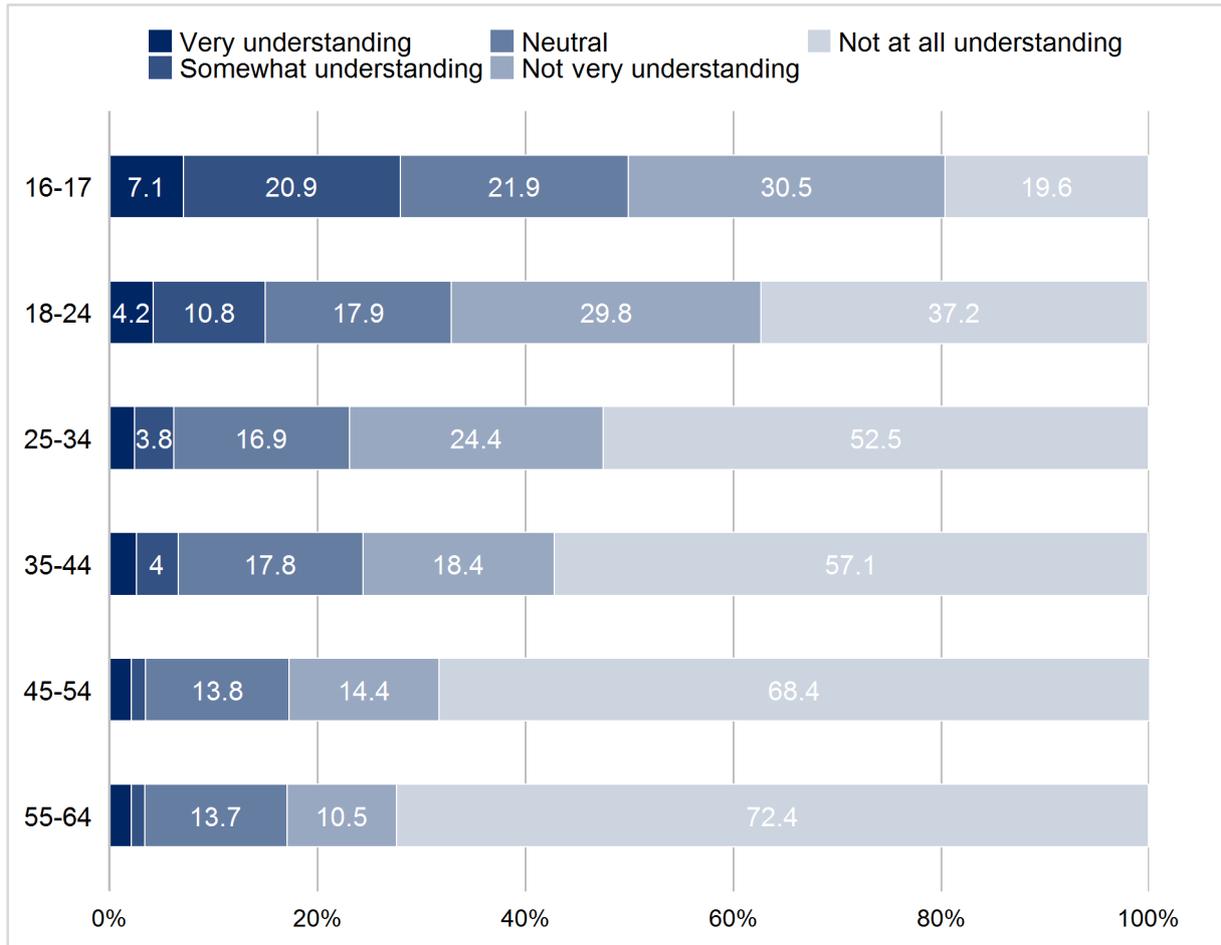
**Figure 6.3: How understanding respondents' teachers and other school staff had been of issues facing trans, gender fluid and non-binary pupils**



Base (rounded): 15,120 respondents.  
 Respondents: Those with a minority gender identity.  
 Excluded: 'Prefer not to say' (Q30).  
 See Annex 6 (Q30) for data.

Younger trans respondents were generally more likely than older trans respondents to say that their teachers and other school staff had been very or somewhat understanding of these issues. However, 50% of those aged 16-17 and 67% of those aged 18-24 said that their teachers and other school staff had been not very, or not all, understanding (Figure 6.4; Annex 6, Q30).

**Figure 6.4: How understanding trans respondents’ teachers and other school staff had been of issues facing trans, gender fluid and non-binary pupils, by respondent age**



Note: Age '65+' not shown to maintain anonymity.  
 Base (rounded): 13,160 respondents.  
 Respondents: Trans respondents.  
 Excluded: 'Prefer not to say' (Q30).  
 See Annex 6 (Q30) for data.

## 6.2.1 Relationships and sex education

In response to the optional free-text question, 918 respondents made explicit reference to relationships and sex education or personal, social and health education. The broader concept of better education in schools regarding sexual orientation, gender identity and being LGBT was the most discussed topic relating to education overall. When discussing sex education specifically, respondents noted that it is, or was, in their own experience heteronormative, with little-to-no information on any LGBT-specific education about sex and related topics. Some respondents noted accordingly that they had to find out about these things independently, particularly by using the internet (see also sections 5.10; 11.7.1). A further minority also discussed the need for better sex education more generally, LGBT or otherwise.

Why is LGBTQ+ sex education not on the compulsory schools curriculum along with a more modern approach to heterosexual sex education. [sic] Youngsters are finding it increasingly hard to navigate the complex sexual landscape caused by internet porn and need to be taught the difference between fantasy and real life sex.

**Man, gay, 18-24, London**

Too much focus on sex; teachers probably meet minimum requirements by telling us LGBT people exist but we get no sex education in sixth form, no information at all about gender variance. [sic] It is simply inadequate; the only reason I know my way around the LGBT community is due to the internet. A major area of education, LGBT history and culture and mental health is simply not being talked about to our young people. Schools do not take it seriously and although they hang posters about LGBT awareness and society, teachers still do not understand calling someone a 'faggot' is hate.

**Non-binary person, gay/lesbian, 16-17, West Midlands**

Education was/is poor, schools do not support LGBT sex education or resources and the topic is never discussed leaving myself and other LGBT individuals to find out about the dangers and STI's for ourselves. [sic]

**Woman, lesbian, 18-24, North West**

## 6.2.2 LGBT history

A small number of respondents (50) specifically mentioned the topic of LGBT history in schools in their response to the optional free-text question. This was generally discussed as an extension of a wider perceived need for greater LGBT education in schools. More specifically, respondents noted that the fight for LGBT rights was an important part of our history.

[...] I think LGBT history is something that needs more focus in education – and not just the history of gay men. LGBT kids need to know where we've come from, and that we are neither alone nor abhorrent– something Section 28 made so many of us believe.<sup>29</sup>

**Non-binary person, bisexual, 25-34, East of England**

[There is] a huge lack of education in this country when it comes to LGBT history and rights. A greater overall understanding of what LGBT people have gone through and are still going through would massively improve to the quality of life of LGBT people in this country.

**Woman, lesbian, 18-24, South East**

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<sup>29</sup> Section 28 of the Local Government Act 1988 prohibited local authorities from 'promoting' homosexuality and spending money on educational materials and projects perceived to promote a 'gay lifestyle'. It was repealed in Scotland in 2000 and in the rest of the UK in 2003.

### 6.2.3 LGBT issues in primary education

A small number of respondents (239) made specific reference to primary education, making the case for education on LGBT issues at this stage. Their broad argument was that challenging what they saw as the heteronormativity of these formative years would have a positive knock-on effect, both in supporting those who are not heterosexual or gender conforming, and in encouraging tolerance amongst their heterosexual peers by normalising it. Some participants also noted the long-term negative impact that bullying, discrimination and abuse during primary school had on their wellbeing.

We need LGBTQ+ education in school because it is either horrendous or non-existent. It needs to be included in sexual health education and the idea of LGBTQ+ should be introduced, spoken about and normalised with children from a young age in primary school. It shouldn't be seen as abnormal, inappropriate or unimportant. It should be normalised in the media, in books and should be discussed in the same depth as heterosexual and cisgender issues.

**Woman, bisexual, 16-17, East Midlands**

The most difficult part of being LGBT+ was the many years at primary and secondary school where I was mocked for my identity by many individuals. This was most pertinent in primary school and has left me with psychological issues to this day.

**Man, gay, 18-24, South East**

## 6.2.4 LGBT issues in secondary education

Some respondents (795) specifically cited secondary education in response to the optional free-text question. These respondents argued that there should be more LGBT-specific education within secondary schools and that it should become more nuanced by, for example, discussing the different kinds of sexual orientation in more overt terms, exploring the potentially fluid nature of gender identity, and exploring LGBT history and culture. They noted particularly that those who do not have 'mainstream' LGBT sexual orientations, for example those who identify as asexual, would be especially vulnerable if only presented with heterosexuality as the norm.

LGBT issues and gender identity needs to be taught in education too in secondary schools to allow more acceptance and more tolerance for LGBT youths and adults.

**Man, gay, 18-24, Wales**

My secondary school ... did not discuss sexual orientation or gender identity at all in any way targeted towards helping students. Sexual orientation (but not gender identity) was discussed in RE lessons in Year 11 as part of our Christian Ethics GCSE, and the experience of having LGBT people be discussed as if they were a hypothetical, as if there were none in the room, was very alienating. LGBT history was never discussed.

**Woman, bisexual, 18-24, South East**

### 6.3 Survey respondents in education

Respondents were asked whether they had been in education during the 2016/17 academic year, the last full academic year preceding the survey.

Thirty-six per cent of respondents had been in education during this time, including 98% of those aged 16-17 and 64% of those aged 18-24 (Annex 6, Q31).

Fifty-six per cent of those who had been in education in the 2016/17 academic year had been at university, or equivalent, and 29% had been in college or sixth form, or had been undertaking an apprenticeship or equivalent (Table 6.1).

**Table 6.1: Educational institutions attended by respondents in the 2016/17 academic year**

	<b>Total</b>
Secondary school, academy, or equivalent	14.0%
College, sixth form, apprenticeship, or equivalent	29.1%
University, university college, or equivalent	55.8%
Other	1.1%
<b>Respondents (rounded)</b>	<b>38,320</b>

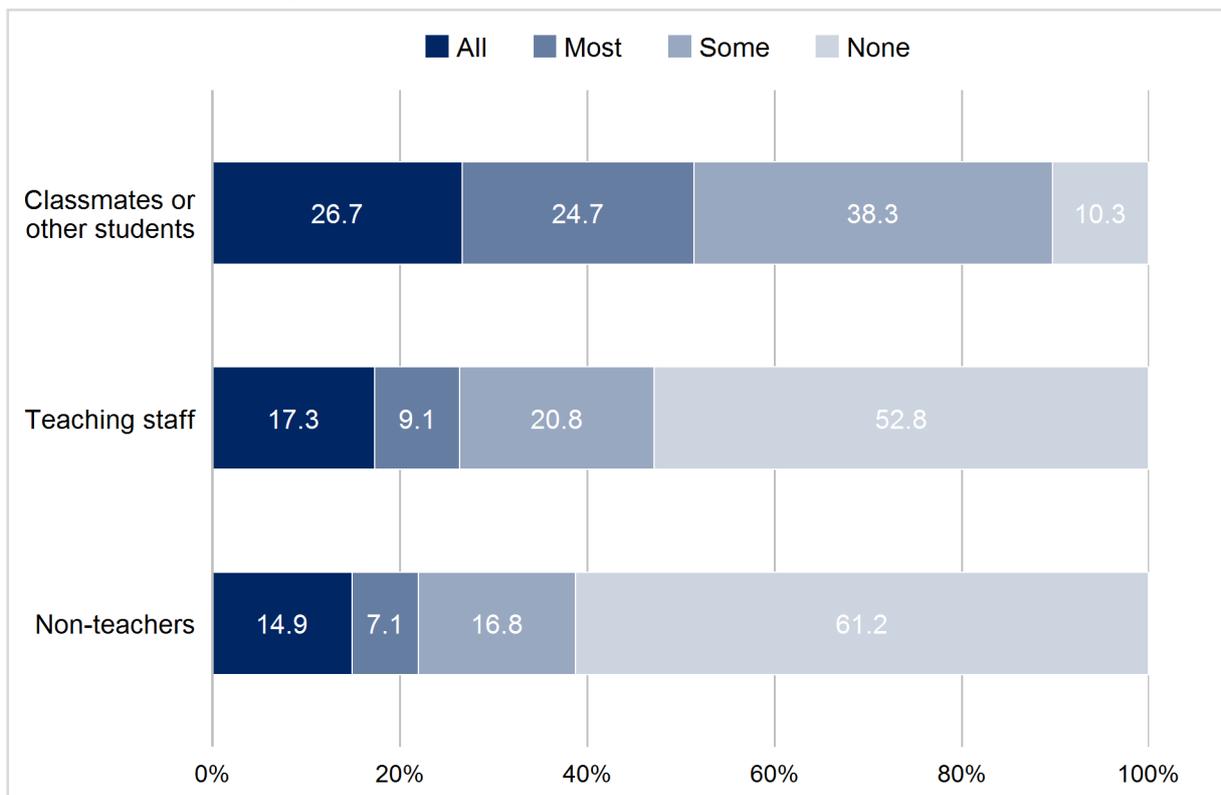
Respondents: Those in education in the 2016/17 academic year.  
 Excluded: 'Prefer not to say' (Q32).  
 See Annex 6 (Q32) for data.

## 6.4 Openness in education

Respondents who had been in education in the 2016/17 academic year were asked how open they had been about being LGBT with their classmates and other students, teachers and other teaching staff, and non-teaching staff.

Respondents had been most open with classmates and other students, with only 10% being open with none. Respondents had been less open with teaching staff, with 53% being open with none, and even less so with non-teaching staff, with 61% being open with none of this group (Figure 6.5). Similar patterns were generally seen amongst cisgender and trans respondents when looking at these groups of respondents separately (Annex 6, Q33).

**Figure 6.5: How many classmates and other students, teaching staff and non-teaching staff, respondents had been open with about being LGBT in the 2016/17 academic year**



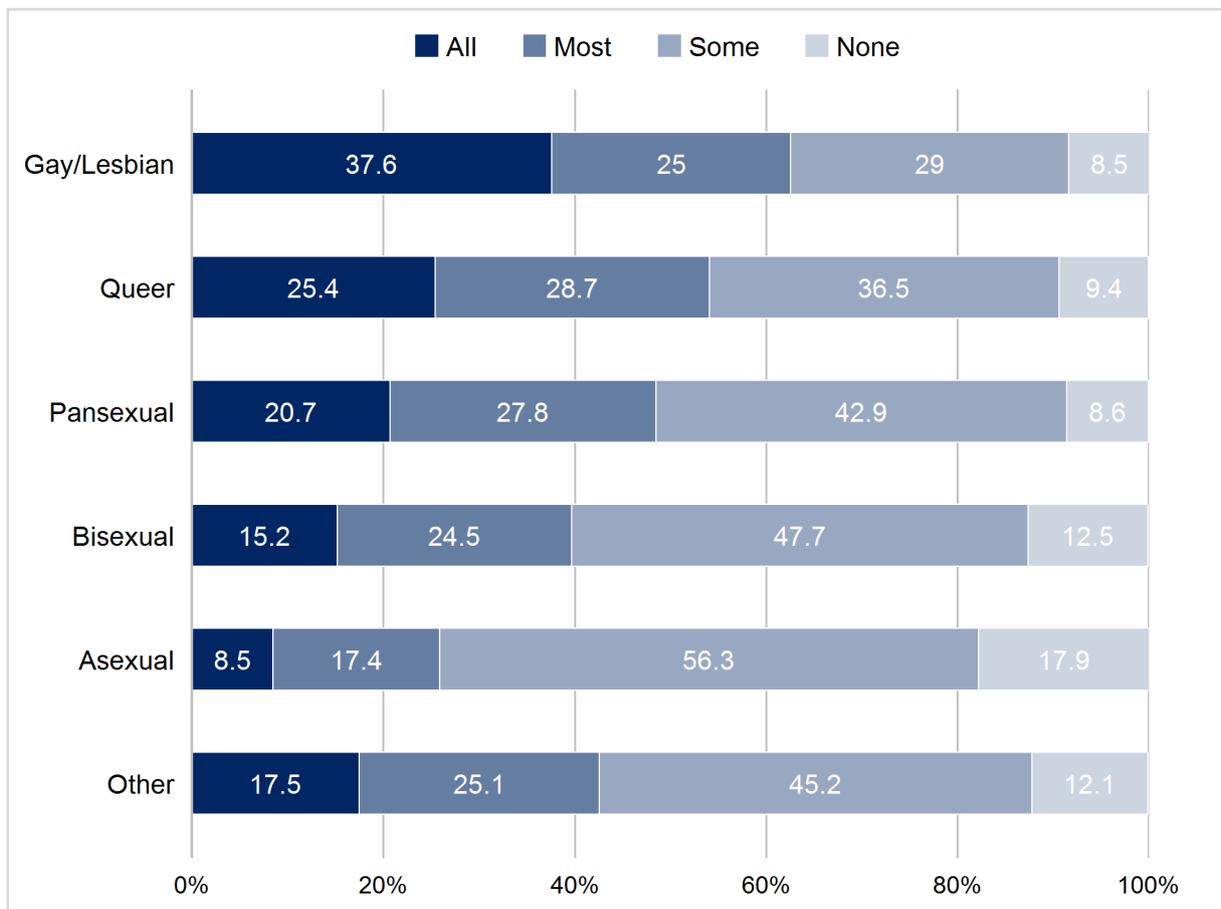
Base (rounded): Classmates or other students, 37,860 respondents; Teaching staff, 37,160 respondents, Non-teachers, 34,780 respondents.

Respondents: Those in education in the 2016/17 academic year.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q33).  
 See Annex 6 (Q33) for data.

### 6.4.1 Openness with classmates and other students

Amongst cisgender respondents, 10% had been open with none of their classmates or other students (Annex 6, Q33). Gay and lesbian respondents were the least likely to have been open with none of their classmates (8%) and asexual respondents the most likely (18%) (Figure 6.6). By gender, men (10%) were slightly less likely than women (11%) to have been open with none of their classmates or other students about being LGBT (Figure 6.7).

**Figure 6.6: How many classmates and other students cisgender respondents had been open with about being LGBT in the 2016/17 academic year, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.

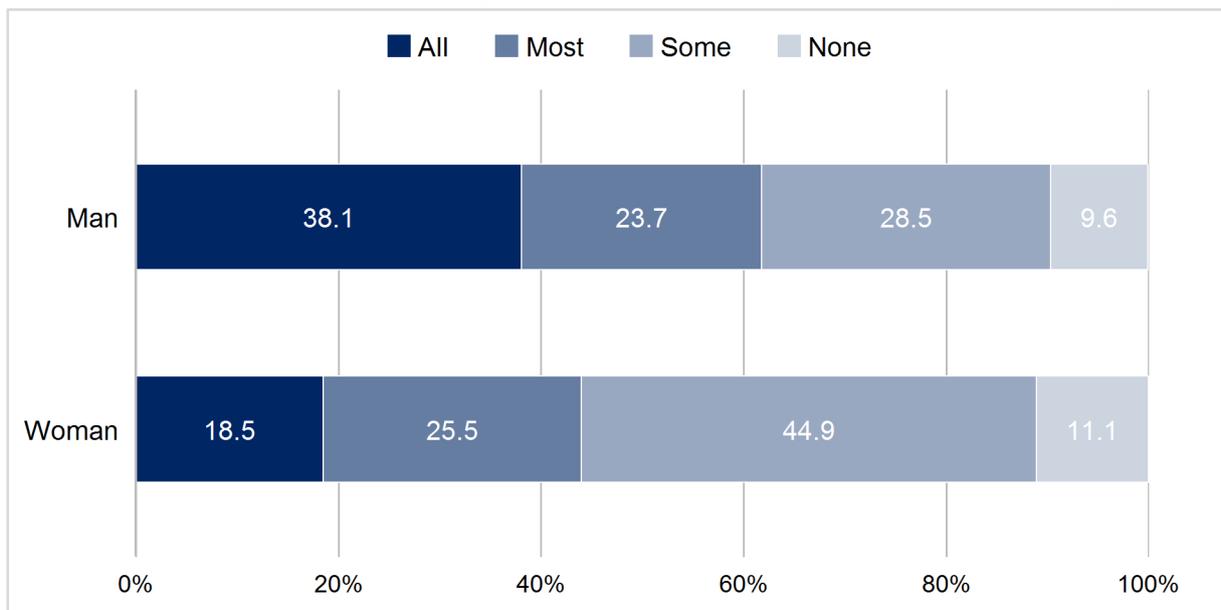
Base (rounded): 30,170 respondents.

Respondents: Cisgender respondents in education in the 2016/17 academic year.

Excluded: 'Prefer not to say', 'Does not apply to me' (Q33).

See Annex 6 (Q33 – Classmates) for data.

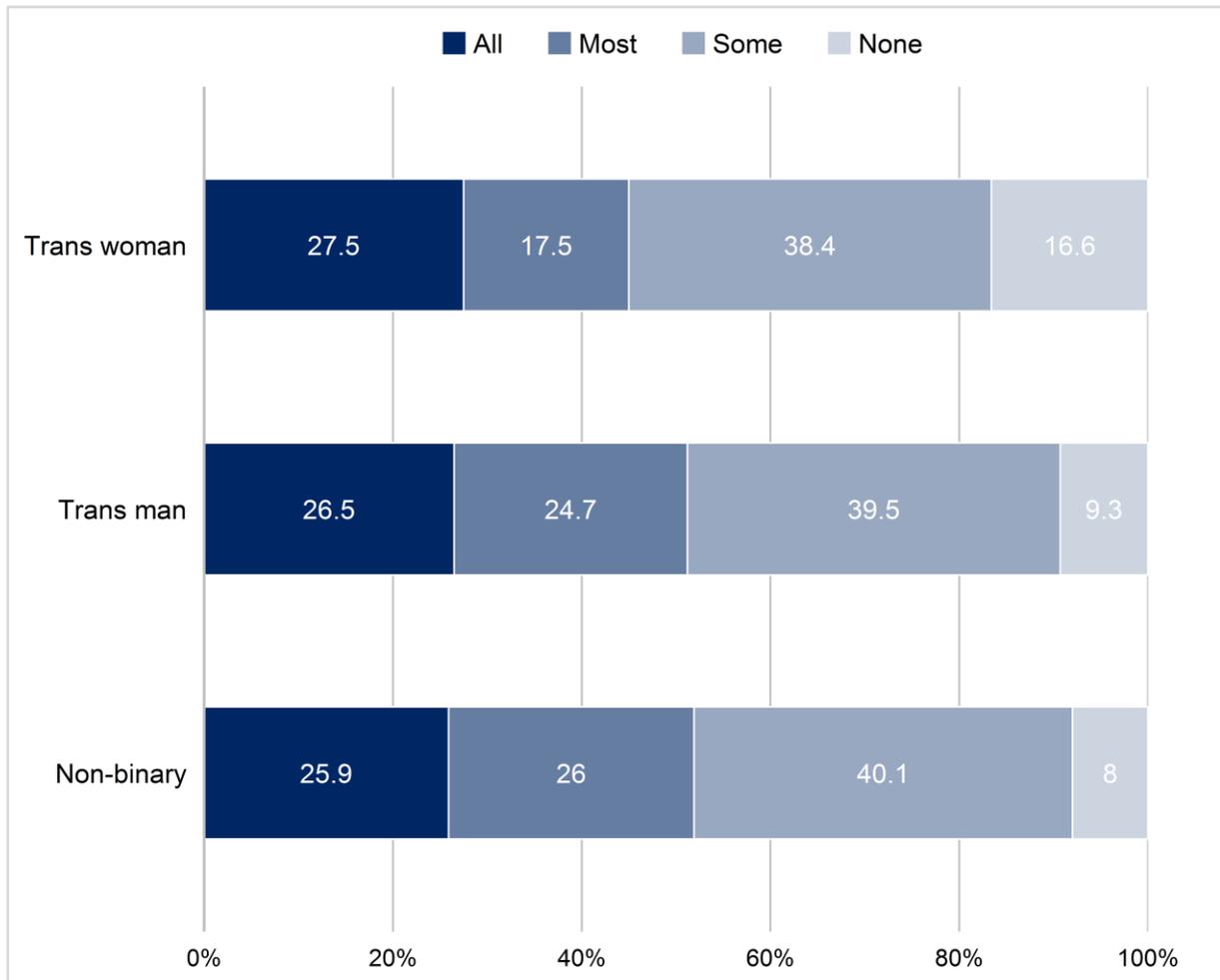
**Figure 6.7: How many classmates and other students cisgender respondents had been open with about being LGBT in the 2016/17 academic year, by gender**



Base (rounded): 30,170 respondents.  
 Respondents: Cisgender respondents in education in the 2016/17 academic year.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q33).  
 See Annex 6 (Q33 – Classmates) for data.

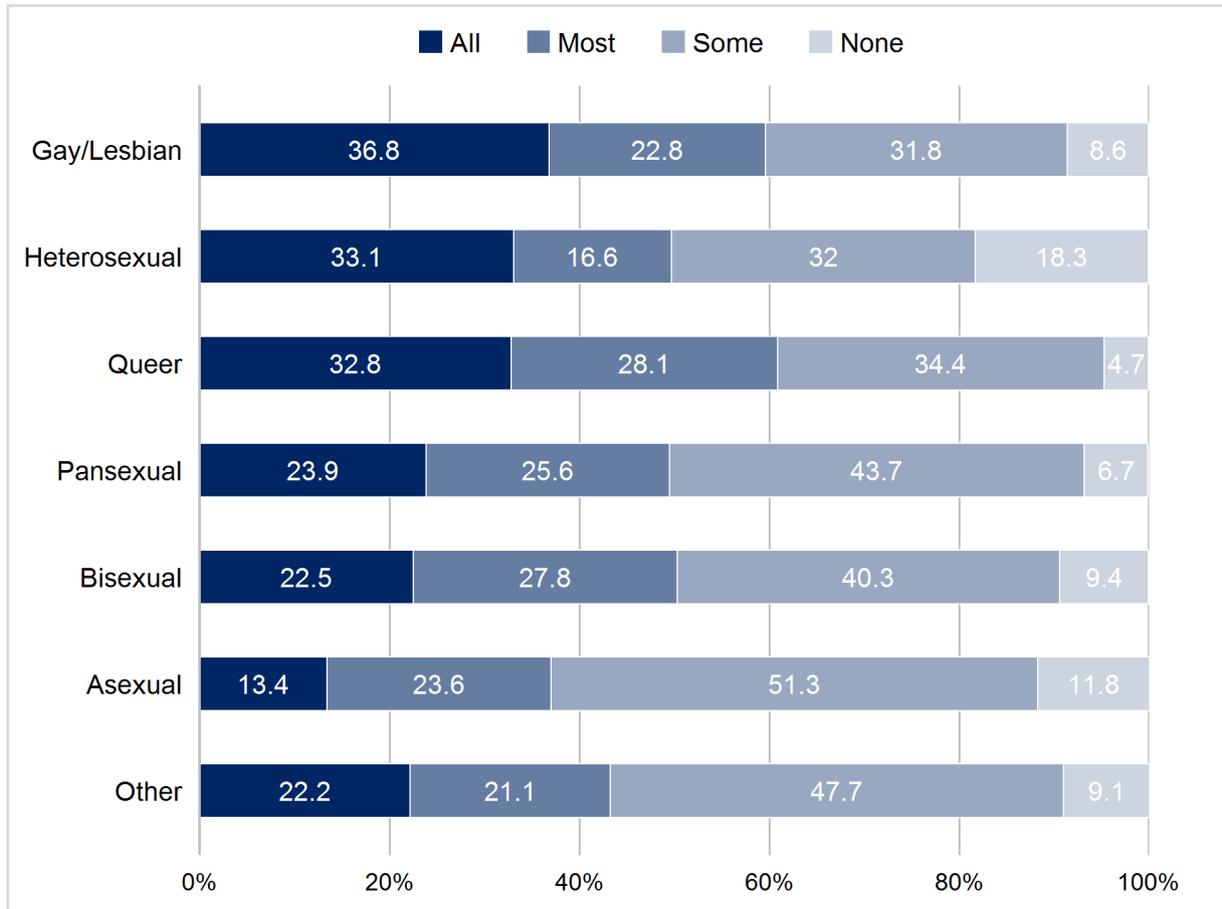
Of trans respondents, 10% had been open with none of their classmates or other students. Trans women (17%) were notably more likely than trans men (9%) and non-binary respondents (8%) to have not been open with any of their classmates or other students (Figure 6.8). By sexual orientation, heterosexual trans respondents were the most likely to have been open with none of their classmates (18%) and queer trans respondents the least likely (5%) (Figure 6.9).

**Figure 6.8: How many classmates and other students trans respondents had been open with about being LGBT in the 2016/17 academic year, by gender identity**



Base (rounded): 6,530 respondents.  
 Respondents: Trans respondents in education in the 2016/17 academic year.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q33).  
 See Annex 6 (Q33 – Classmates) for data.

**Figure 6.9: How many classmates and other students trans respondents had been open with about being LGBT in the 2016/17 academic year, by sexual orientation**

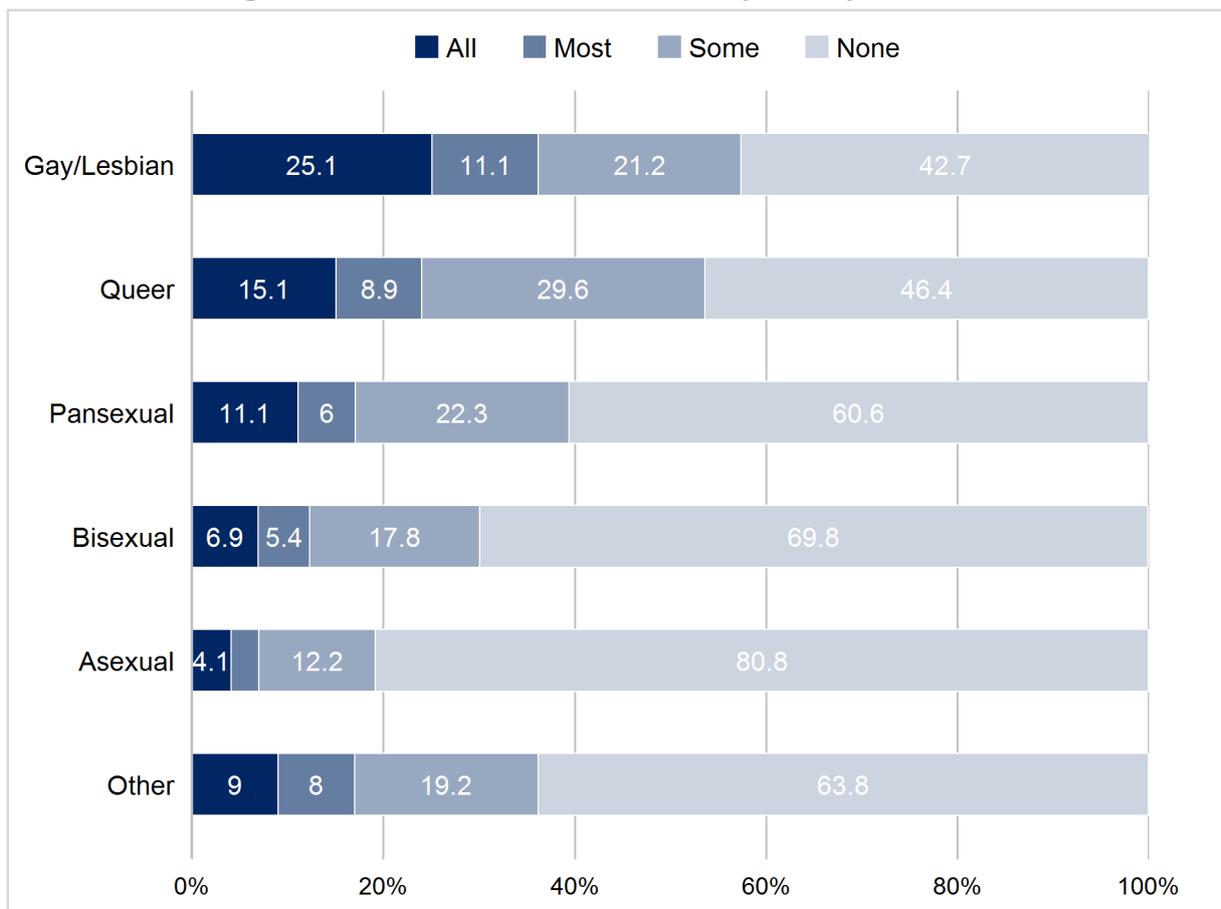


Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.  
 Base (rounded): 6,530 respondents.  
 Respondents: Trans respondents in education in the 2016/17 academic year.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q33).  
 See Annex 6 (Q33 – Classmates) for data.

## 6.4.2 Openness with teaching staff

Amongst cisgender respondents, 55% had been open with none of their teaching staff. Openness with all teaching staff was generally low amongst all sexual orientations, ranging from only 43% of gay and lesbian respondents to 81% of asexual respondents saying that they had not been open with any teaching staff (Figure 6.10). By gender, men (44%) were much less likely than women (64%) to have been open with none of their teaching staff (Figure 6.11).

**Figure 6.10: How many teaching staff cisgender respondents had been open with about being LGBT in the 2016/17 academic year, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.

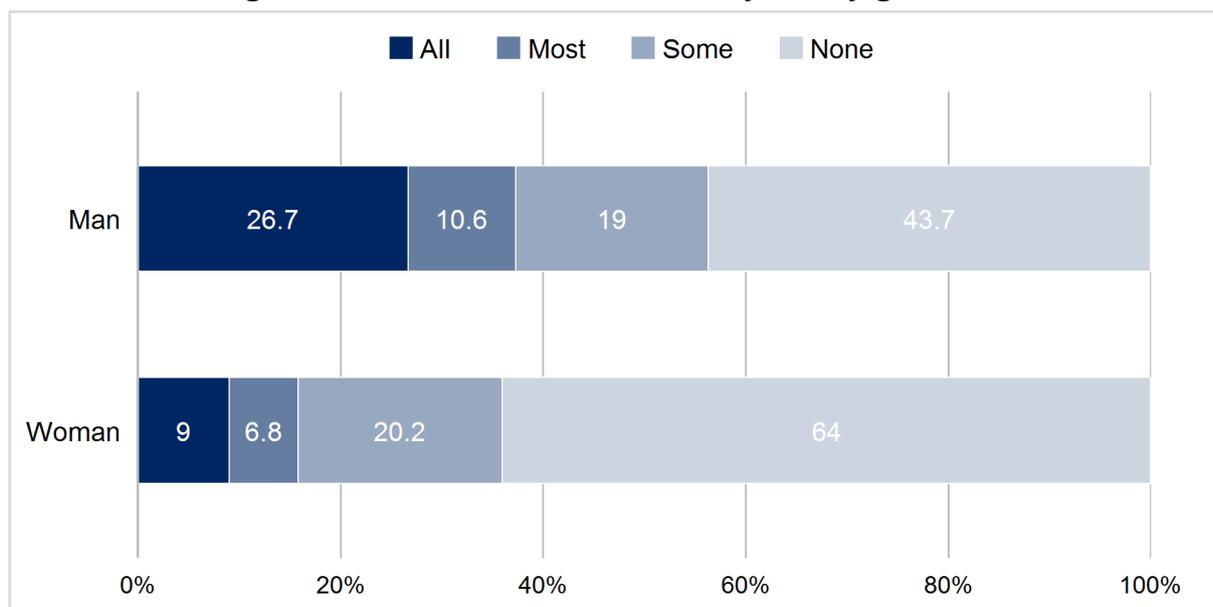
Base (rounded): 29,540 respondents.

Respondents: Cisgender respondents in education in the 2016/17 academic year.

Excluded: 'Prefer not to say', 'Does not apply to me' (Q33).

See Annex 6 (Q33 – Teaching staff) for data.

**Figure 6.11: How many teaching staff cisgender respondents had been open with about being LGBT in the 2016/17 academic year, by gender**



Base (rounded): 29,540 respondents.  
 Respondents: Cisgender respondents in education in the 2016/17 academic year.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q33).  
 See Annex 6 (Q33 – Teaching staff) for data.

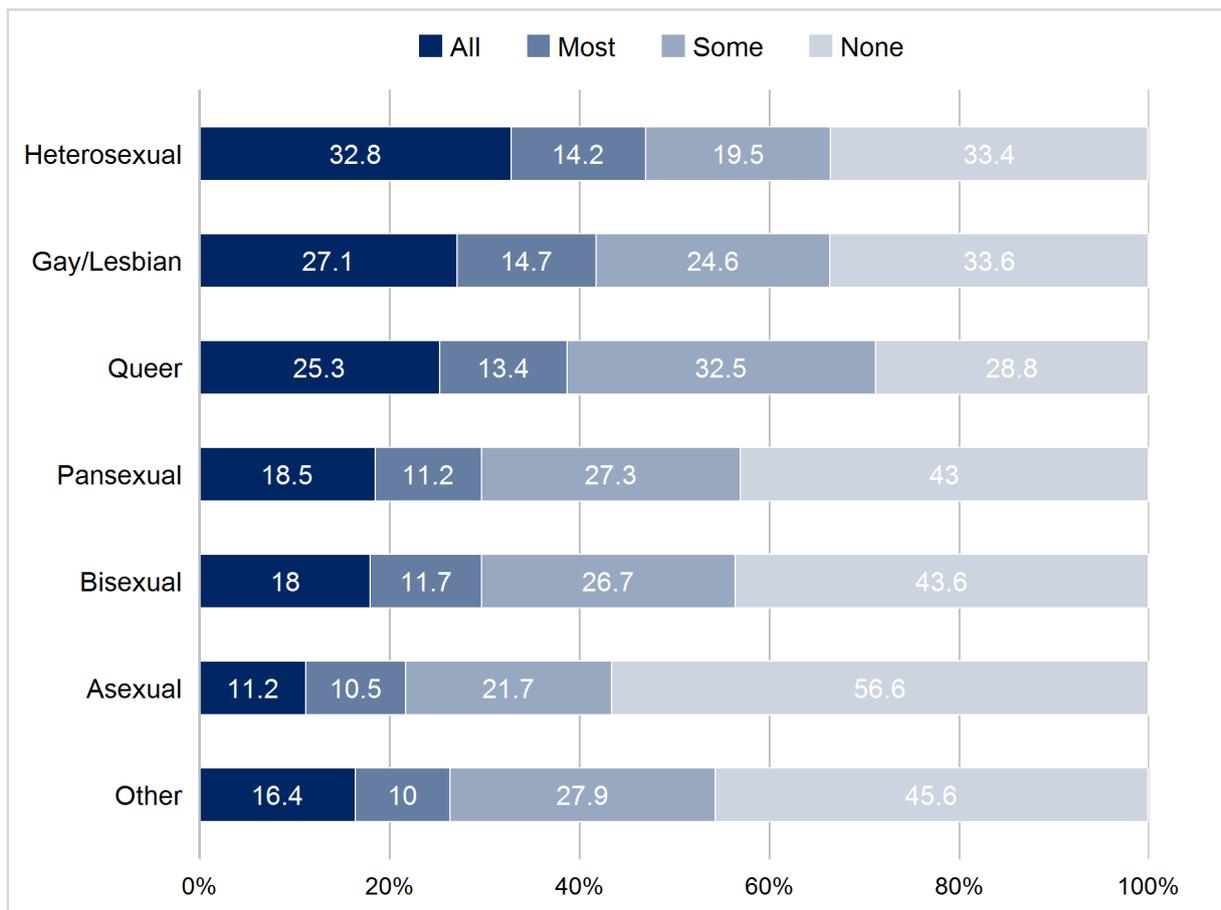
Of trans respondents, 41% had been open with none of their teaching staff. Non-binary respondents were more likely to have been open with none of their teaching staff (45%) than trans women (40%) and trans men (33%) (Table 6.2). By sexual orientation, asexual trans respondents (57%) were the most likely to have been open with none of their teaching staff (Figure 6.12).

**Table 6.2: How many teaching staff trans respondents had been open with about being LGBT in the 2016/17 academic year, by gender identity**

	Trans woman	Trans man	Non-binary	Total
All	27.2%	25.6%	16.9%	20.9%
Most	11.4%	14.9%	11.0%	12.2%
Some	20.9%	26.9%	26.8%	26.0%
None	40.4%	32.6%	45.3%	41.0%
<b>Respondents (rounded)</b>	<b>920</b>	<b>1,860</b>	<b>3,700</b>	<b>6,480</b>

Respondents: Trans respondents in education in the 2016/17 academic year.  
 Excluded: 'Don't know', 'Does not apply to me' (Q33).  
 See Annex 6 (Q33 – Teaching staff) for data.

**Figure 6.12: How many teaching staff trans respondents had been open with about being LGBT in the 2016/17 academic year, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.

Base (rounded): 6,480 respondents.

Respondents: Trans respondents in education in the 2016/17 academic year.

Excluded: 'Prefer not to say', 'Does not apply to me' (Q33).

See Annex 6 (Q33 – Teaching staff) for data.

### 6.4.3 Openness with non-teaching staff

Patterns of openness with non-teaching staff were similar to those observed for openness with teachers and other teaching staff (see section 6.4.2), albeit to varying extents, in that respondents had been generally less open with non-teaching staff than with teaching staff and classmates and other students. This applies both to cisgender respondents and to trans respondents (Annex 6, Q33 – Non-teaching staff).

## 6.5 Experiences in educational institutions

Respondents who were in education in the 2016/17 academic year were asked how others had reacted to them either being LGBT, or being thought to be LGBT, during that academic year.

Overall, 67% of those in education in the 2016/17 academic year had experienced only positive reactions or no reaction to them being LGBT or being thought to be LGBT, whilst 31% had experienced both positive and negative reactions, and 1% only negative reactions (Table 6.3).

**Table 6.3: How others had reacted to respondents being LGBT, or being thought to be LGBT, in the 2016/17 academic year**

	Total
Only positively	41.0%
Both positively and negatively	31.2%
Only negatively	1.3%
They did not react	26.5%
<b>Respondents (rounded)</b>	<b>37,390</b>

Respondents: Those respondents in education in the 2016/17 academic year.  
Excluded: 'Prefer not to say' (Q34).  
See Annex 6 (Q34) for data.

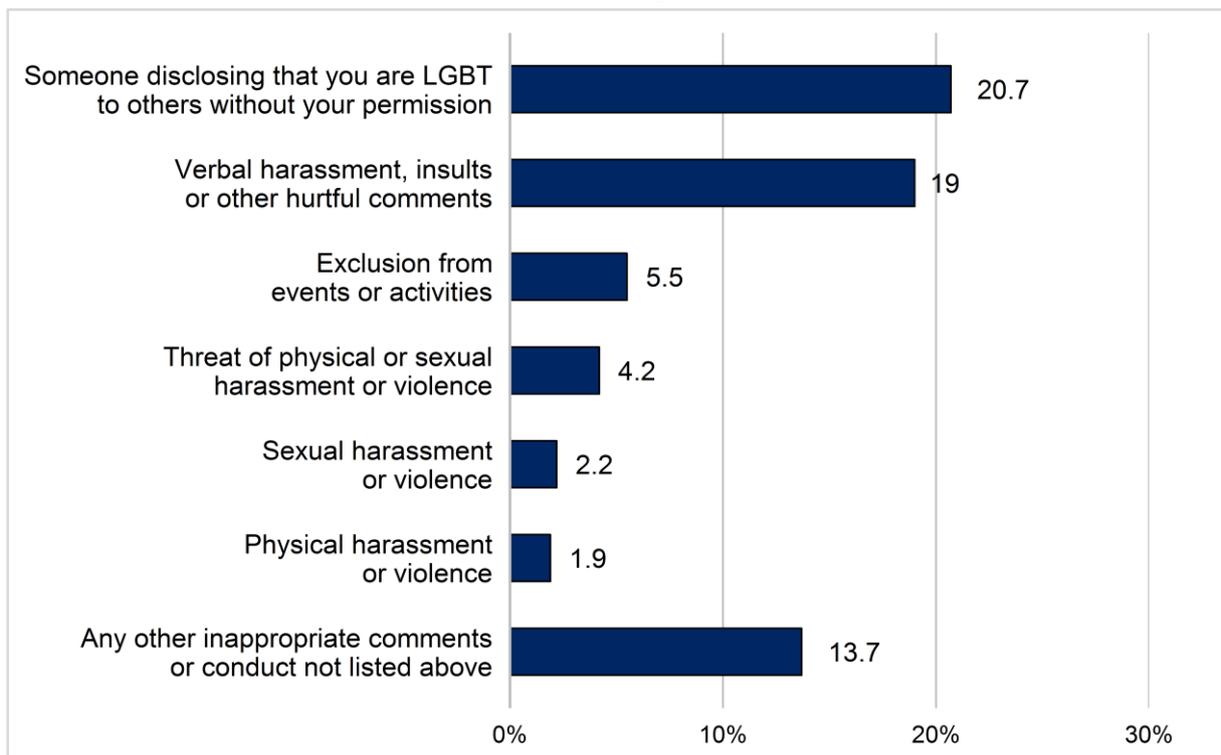
For cisgender respondents, the reactions of others to them being LGBT or thought to be LGBT varied by sexual orientation; 47% of gay and lesbian respondents reported only positive reactions, compared to, for example, 31% of asexual respondents. By gender, male respondents reported more positive reactions (47%) than women (41%) (Annex 6, Q34).

Trans respondents generally reported more negative reactions to being LGBT, or being thought to be LGBT, than cisgender respondents. Trans women had experienced only positive reactions (35%) to a slightly greater extent than trans men (29%) and non-binary respondents (30%). By sexual orientation, heterosexual trans respondents (34%) had experienced only positive reactions to a greater extent than those with minority sexual orientations, which ranged from 27% of pansexual respondents to 33% of gay and lesbian respondents (Annex 6, Q34).

Of all respondents in education in the 2016/17 academic year, 21% had experienced someone disclosing that they were LGBT without their permission, and 19% said that they had received verbal harassment, insults or other hurtful comments (Figure 6.13).<sup>30</sup>

<sup>30</sup> Only respondents who indicated that they had received a negative or mixed reaction in the 2016/17 academic year were asked which incidents they had experienced.

**Figure 6.13: Incidents experienced by respondents in education in the 2016/17 academic year due to being, or being thought to be, LGBT**



Note: Respondents could select as many incidents as applicable; only respondents who indicated having received a negative or mixed reaction (Q34) were asked which incidents they had experienced.  
 Base (rounded): 37,240 respondents.  
 Respondents: Those in education in the 2016/17 academic year.  
 Excluded: 'Prefer not to say' (Q34, Q35).  
 See Annex 6 (Q35 – All) for data.

Over 1,200 respondents cited bullying within education in their response to the optional free-text question. This included comments on a perception of high levels of bullying experienced by LGBT pupils in school today, and those who shared details of their own personal experiences of bullying and its long-term consequences. There was a consensus that the bullying of LGBT people is still common in schools, and that more could be done by government and schools to tackle it. Respondents linked their experiences of bullying directly to being LGBT, or being perceived to be LGBT, and a lack of understanding and acceptance amongst their peers. This was noted particularly in relation to 'old-fashioned' or 'rough' areas, all-boys schools and faith schools, where some felt particularly unsupported. In the majority of such comments, respondents felt that the way to tackle this issue is more education in schools on gender identity, sexual orientation, and being LGBT.

Worst experiences were during secondary education where I was repeatedly verbally harassed, outed and physically assaulted. Teachers did nothing to try to stop the bullying and accused me of bringing it on myself.

**Woman, bisexual, 25-34, South West**

Within the last year I have only just realised how widespread, and accepted by staff and other students, LGBT bullying was when I was at secondary school (2002 – 2008). I have now realised how much of a profound impact this had on my ability to be myself and come to terms with being gay. I believe this is now one of the reasons I struggle with negative mental health.

**Man, gay, 25-34, South East**

The education system doesn't do enough to protect its LGBT+ students and does nothing to stop homophobic and transphobic language being used in schools.

**Gender identity not given, bisexual, 16-17, Scotland**

### 6.5.1 Perpetrators of incidents in educational institutions

Respondents who had experienced an incident in the 2016/17 academic year due to being LGBT, or being thought to be LGBT, were asked to identify the perpetrator, or perpetrators, of the most serious incident they had experienced.

The most frequently reported perpetrators were classmates or other students (88%), followed by teachers or other teaching staff (9%) (Annex 6, Q37). This is likely due to the student population being a larger sample than the teaching population.

For cisgender respondents, the proportions of reported perpetrators were similar to those of respondents overall. Notably, teachers and other teaching staff were cited as perpetrators in 13% of cases of exclusion from events or activities and in 12% of cases of physical harassment or violence (Annex 6, Q37).

The findings relating to trans respondents largely reflect those for cisgender respondents above, although teachers and other teaching staff were notably more likely to have been reported as perpetrators of sexual harassment or violence by trans students (11%) than cisgender respondents (5%) (Annex 6, Q37).

### 6.5.2 Reporting incidents in educational institutions

Respondents who had experienced a negative incident in the 2016/17 academic year due to being LGBT, or being thought to be LGBT, were asked whether the most serious incident they had experienced had been reported. If so, they were also asked about their experiences with the incident being reported.

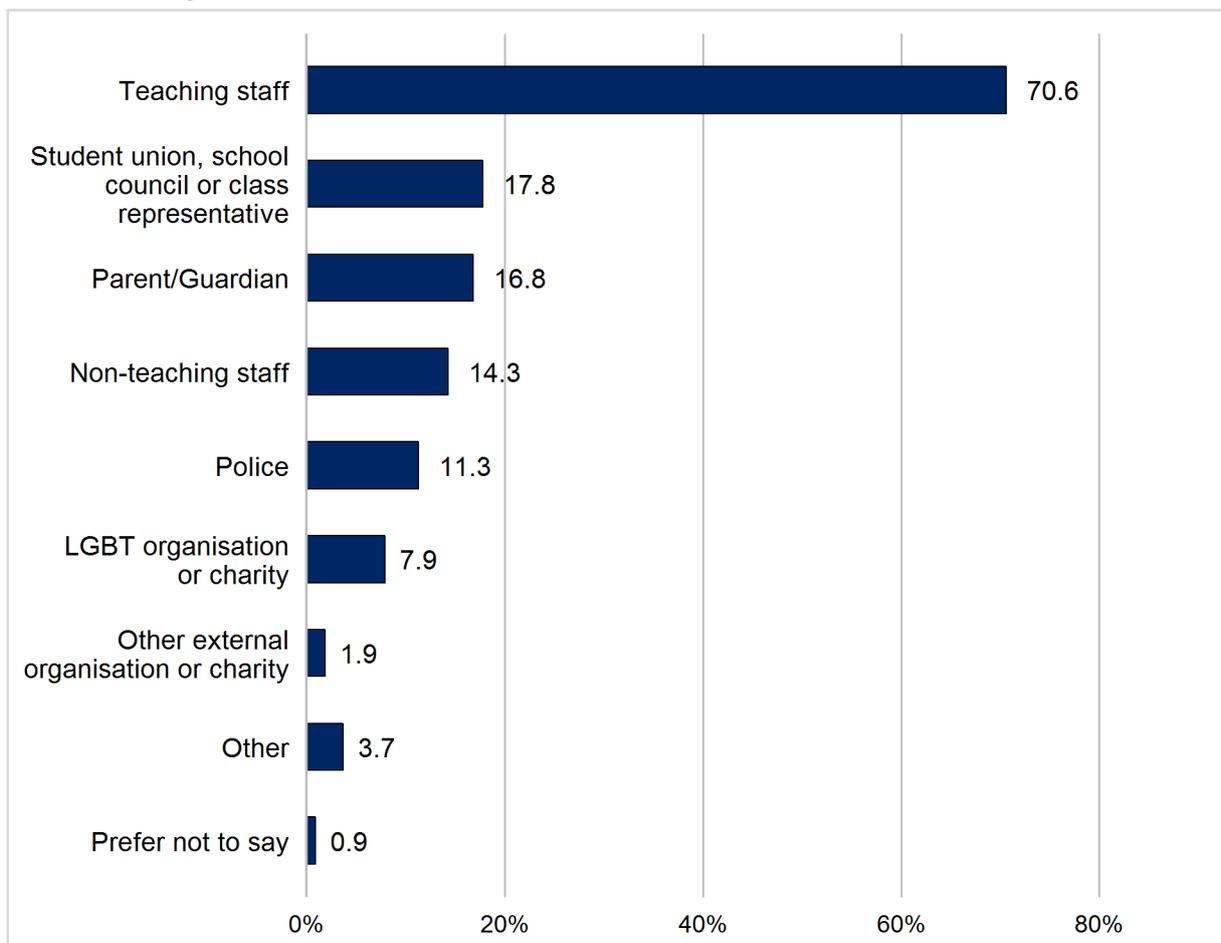
Eighty-three per cent of respondents said the incident had not been reported, either by themselves or by someone else. When incidents had been reported, 73% had been reported by the respondent themselves (Annex 6, Q38).

For cisgender respondents, physical harassment or violence had the highest rate of reporting (41%). Unpermitted disclosure that the respondent was LGBT was the least reported (4%). Respondents were more likely to say that an incident had not been reported if at least one of the perpetrators had been another student (86%) than if at least one perpetrator was a member of teaching staff (77%) or non-teaching staff (75%) (Annex 6, Q38).

There were similar findings on the reporting of incidents relating to trans respondents (Annex 6, Q38).

When the most serious incident experienced by respondents had been reported, this was most commonly to teachers or other teaching staff (71%), followed by student unions, school councils or class representatives (18%) (Figure 6.14).

**Figure 6.14: To whom the most serious incidents in the 2016/17 academic year had been reported**



Note: Respondents could select as many options as applicable.

Base (rounded): 1,620 respondents.

Respondents: Those in education in the 2016/17 academic year who had experienced a negative incident and the most serious incident had been reported.

See Annex 6 (Q40) for data.

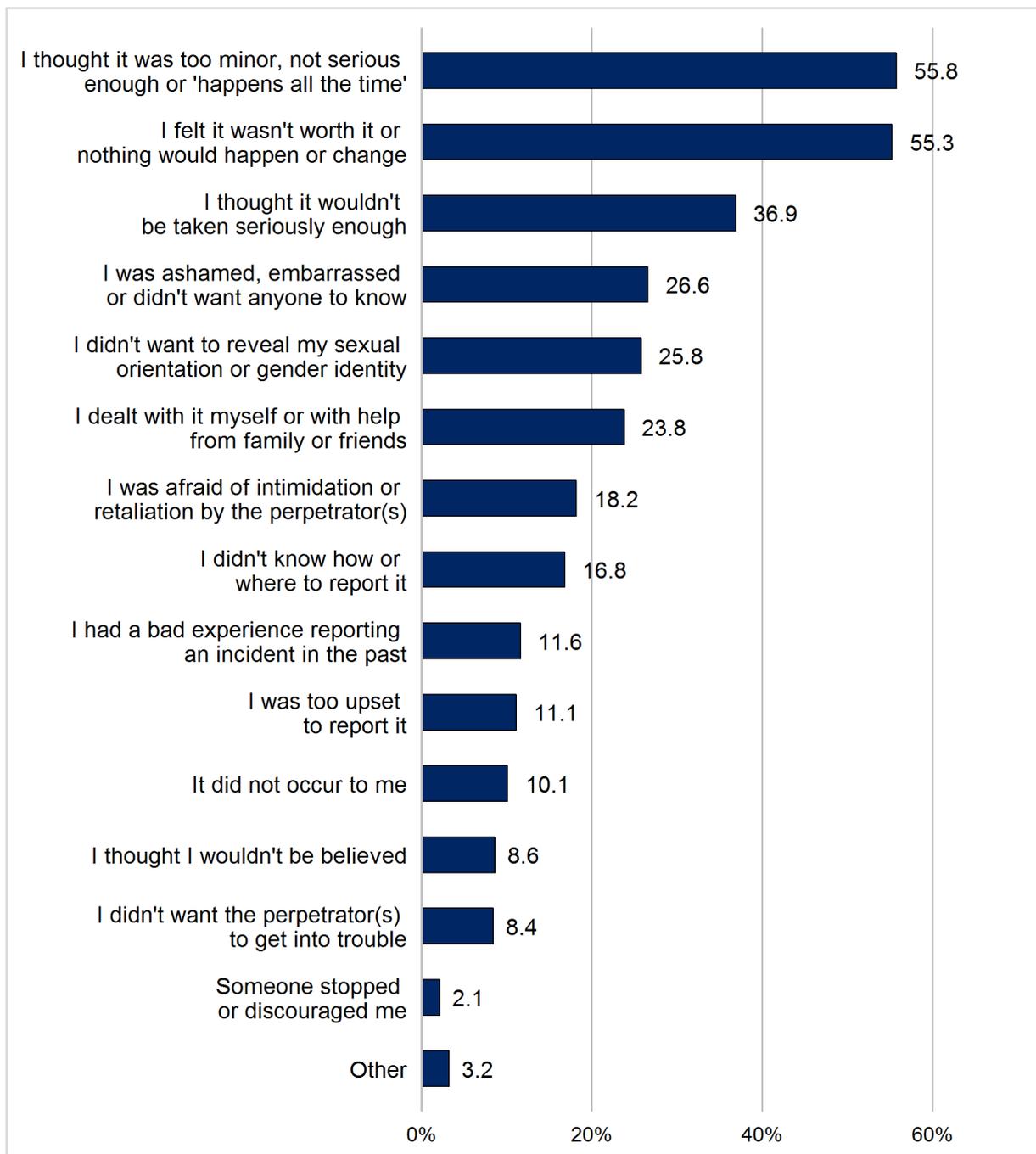
For cisgender respondents, physical harassment or violence (28%) was notably more likely than other incident types to have been reported to the police. Sexual harassment or violence (51%) was notably less likely than other incident types to have been reported to teaching staff in particular (Annex 6, Q40).

Similar observations were made in relation to incidents experienced by trans respondents (Annex 6, Q40).

Where respondents indicated that the most serious incident they had experienced had not been reported, they were then asked why this had been the case. Respondents' most serious incidents were most likely to have gone unreported because they were thought to have been too minor, not serious enough or something that 'happens all the time' (56%). Fifty-five percent of respondents had felt that reporting would not have been worth it, or that nothing would have happened or changed, and 37% had thought it would not be taken seriously enough (Figure 6.15).

For all respondents, both physical and sexual harassment and violence (actual and threatened) were generally more likely to have gone unreported than other incident types for reasons reflecting feelings of shame or embarrassment, being upset, thinking that reporting would not have been taken seriously, or for fear of retaliation (Annex 6, Q39).

**Figure 6.15: Why the most serious incidents in the 2016/17 academic year had not been reported**



Note: Respondents could select as many reasons as applicable.

Base (rounded): 8,750 respondents.

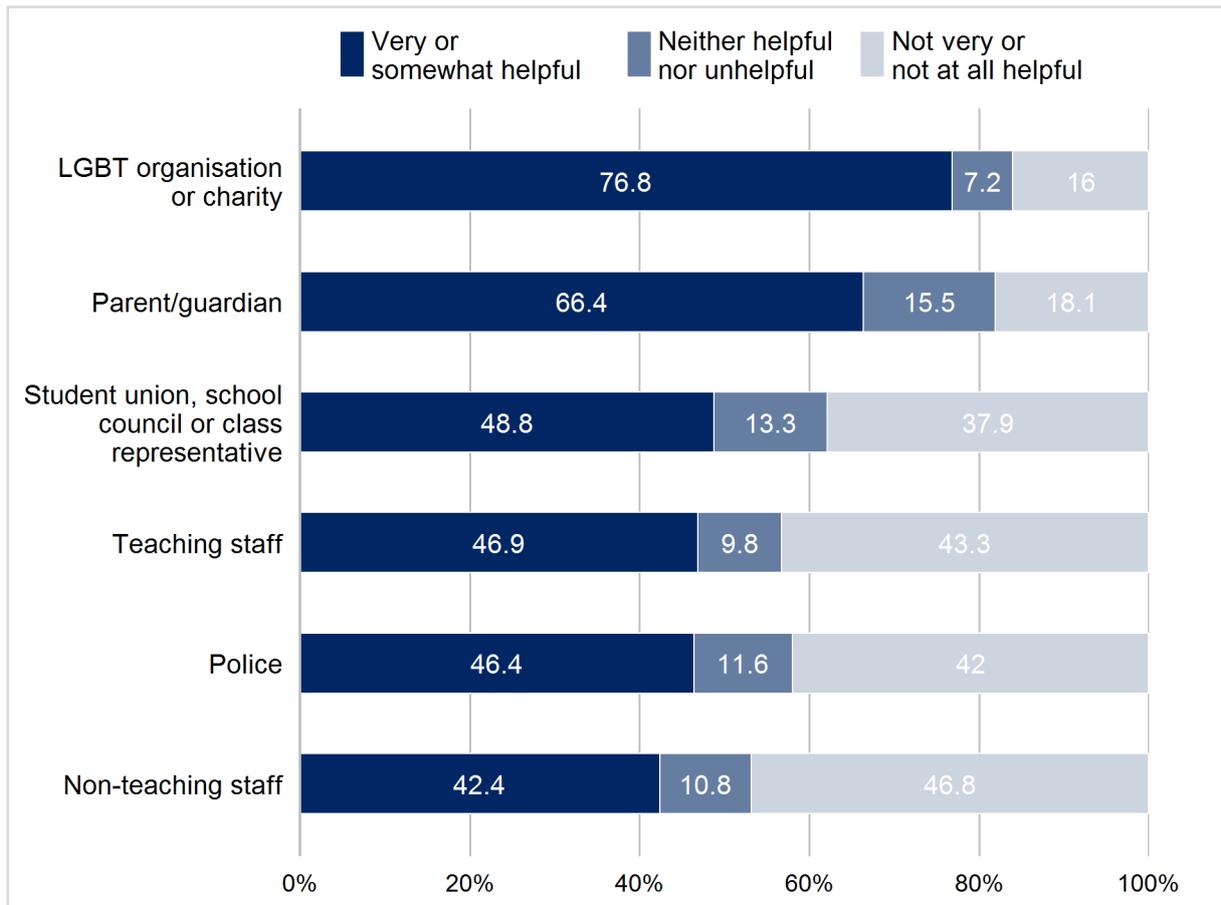
Respondents: Those in education in the 2016/17 academic year who had experienced a negative incident but the most serious incident had not been reported.

Excluded: 'Prefer not to say' (Q39).

See Annex 6 (Q39) for data.

LGBT organisations and charities, and parents/guardians, were considered most helpful when handling the most serious incidents experienced by respondents. Seventy-seven per cent of those whose incident was reported to an LGBT organisation or charity said that they had found them very or somewhat helpful, and 66% of those whose incident was reported to parents/guardians had found them very or somewhat helpful (Figure 6.16).

**Figure 6.16: How helpful or unhelpful respondents had found individuals/organisations handling the most serious incidents in the 2016/17 academic year**



Note: Respondents answered for each of the individuals/organisations their incident had been reported to; 'Another external organisation or charity' not shown to maintain anonymity.

Base (rounded): LGBT organisation or charity, 130 respondents; Parent/guardian, 270 respondents; Student union, 290 respondents; Teaching staff, 1,140 respondents; Police, 180 respondents; Non-teaching staff, 230 respondents.

Respondents: Those in education in the 2016/17 academic year who had experienced a negative incident and the most serious incident had been reported.

Excluded: 'Prefer not to say' (Q41-47).

See Annex 6 (Q41-47) for data.

After the incident had been reported, 13% of respondents said that the negative comments or conduct in question had stopped completely, whilst 50% said it had stopped partially (Annex 6, Q48).

## 6.6 Tertiary education

Tertiary education was discussed by a small number of respondents (874) in response to the optional free-text question, mainly focusing on the experience of university. For many, university provides, or provided, an improvement to their quality of life, especially in light of their generally negative experiences at school or home. At university, respondents commented on finding a more supportive community and noted that when deciding on tertiary education, they had researched which universities and institutions were considered particularly accepting of LGBT people.

I was bullied mercilessly in school, before I even knew I was gay, people would call me a fag, a dyke, a lesbo. I would be the target of being pushed over or having things thrown at me. In college I felt constantly judged by teachers, but now at Uni, I can be myself. There's still a constant fear when in public though, what if I get attacked, what if I get murdered for being gay? Why do I live in a society where who you love puts your life at risk?

**Non-binary person, gay/lesbian, 18-24, West Midlands**

Other respondents, however, noted instances of discrimination, abuse, and exposure to offers of conversion therapy (see also section 5.7), thereby challenging a wider perception of positive wellbeing of LGBT people at university. A number of respondents, for example, discussed feeling uncomfortable with the housemates they had been assigned to live with or nervousness about having to 'come out' all over again to new groups of people.

Whilst at university my partner was bullied out of her house for being gay, and we were both outed before we were ready.

**Woman, bisexual, 25-34, South West**

At my university, some people on my course don't even view me as a human being. They persistently refer to me as "that thing" and "it" to other people. One person said that they would rather go to our teacher and tell our teacher that they're transphobic and could they please be assigned somewhere else rather than be in the same place as me. Transphobia is so casual that I don't feel like there's any point in complaining about it. I informed a university counsellor and essentially got a "well there's nothing we can do" response from them.

**Trans man, 'other' sexual orientation, 18-24, South East**

## 6.7 Faith schools

Some respondents (304) discussed faith schools in their response to the optional free-text question. These discussions ranged from general disapproval of respondents' perceived poor support for LGBT pupils, to their own experiences of being LGBT in a faith school, including instances of teachers describing the difficulties of working in a faith school as an LGBT person. Of those who mentioned faith schools of a specific religion, a clear majority cited Catholic schools, again commenting on an unsupportive environment for LGBT students, with little-to-no LGBT-specific relationships and sex education (see also section 6.2.1).

I went to an all girl's Catholic school [...] and I came out as gay when I was about 12 [...]. My teachers phoned my parents and outed me against my will, I was punished by the school and told that I was a sinner, and my girlfriend at the time was put in to isolation with the nuns. These memories still affect me and I now suffer with severe social anxiety. We were not taught about same sex relationships because they were "wrong" and deemed inappropriate.

**Woman, lesbian, 18-24, West Midlands**

Working in a faith school has caused my depression to make a resurgence. I have been outed by 'friends' and probed by seniors about my love life. I am terrified of the senior team finding out that I am engaged to a woman, even though I know this fear is probably irrational.

**Woman, bisexual, 25-34, North East**

## 6.8 Special educational needs

Sixteen respondents discussed special educational needs in response to the optional free-text question. The majority described their own experiences, with some commenting on the needs of LGBT children with special educational needs as a particularly vulnerable group. Overall, respondents noted that the intersectionality of having special educational needs and being LGBT could be a very difficult experience, in that people may conflate the two, or may not sufficiently understand either. The specific special educational needs discussed were generally dyslexia, autism spectrum disorder (ASD), including Asperger's syndrome, and attention deficit hyperactivity disorder (ADHD), and how these needs compounded the difficulties they already faced as LGBT people in schools.

I have aspergers and the intersection with how society treats my sexuality and disability can make things very difficult. [sic]

**Woman, lesbian, 18-24, Scotland**

Education is everything. For me it's not just about that people find other people of the same sex attractive. It's about relationships, the emotional connection between people, and I don't think this will just benefit LGBT+ people, being able to talk to people face to face is difficult for young people due to the way we communicate through technology ... Sorry if this is not clear, I had the added bonus of being Dyslexic, so people use to focus on that more.

**Man, gay, 25-34, London**

## 6.9 Teachers

A large proportion of respondents (1,454) who discussed education in response to the optional free-text question specifically discussed teachers. Within this, comments focused predominantly on the importance of teachers in supporting young LGBT people, but also on how unsupportive respondents had found their teachers in school, with instances of:

- Involuntary outing
- Shaming
- Discrimination
- Inaction regarding bullying

- A more general lack of support

More than a third of the responses that discussed teachers also discussed abuse, harassment, homophobia, and negative comments. Overall, respondents discussing the role of teachers in young LGBT people's lives tended to feel that teachers need a greater understanding of LGBT issues, as well as what constitutes both appropriate and inappropriate language and behaviour.

Whilst at school I was bullied quite severely for my sexuality, this happened during lessons and outside of lessons, which distracted me from my learning. however what upset me the most is the fact that NONE of the teachers stuck up for me, sometimes laughing or just ignoring the bullies.

**Man, gay, 16-17, South West**

The school system in this country has terrible LGBT education programs. A teacher who knew I was gay called me out to ask about my experiences and it made me, and the rest of the class, highly uncomfortable. I also had a teacher who used 'gay' as a derogatory term and when I called them out about it, they said I was 'over reacting' and that I should 'shut up'. There is a distinct lack of respect and understanding in some teaching staff, and I think it should be mandatory that ALL teaching staff learn what is appropriate and inappropriate when they speak about these things.

**Man, gay, 16-17, Scotland**

On the other hand, a number of respondents commented that they felt that teachers may put themselves, and their jobs, at risk by being too 'pro-LGBT', and that it was this that hampered their support, rather than homophobia or transphobia.

I am a middle leader in a mid-sized secondary school. Education regarding LGBT issues is often avoided because senior leaders do not feel comfortable enough bringing it up, or they're afraid of "promoting homosexuality", a very outdated term. If raising issues about LGBT issues was in the curriculum and there was more guidance and resources, I feel that this would help raise awareness among young people.

**Man, gay, 25-34, Yorkshire and the Humber**

Furthermore, some respondents (170) commented specifically on their own experiences as LGBT teachers. Discussion ranged from the need for greater education on sexual orientation and gender identity in schools, to the difficulties, or sometimes lack thereof, they faced in either disclosing that they were LGBT or keeping it hidden. Difficulties with disclosure were linked by respondents to potential or actual issues with pupils, parents, colleagues and the wider public. In some cases, respondents stated that they had been 'forced' to leave their job due to their sexual orientation, at times at the request of senior leaders.

As a teacher, it is very difficult to be the LGBT role model I want to be, when I am constantly ridiculed and attacked for being one of the very few who is prepared to be 'out' to their pupils.

**Man, bisexual, 18-24, Wales**

[...] there were only a few ignorant slurs said against me mainly by strangers or students (I'm a teacher, another reason why I was worried about publically transitioning). Really though, on the whole, people seem quite accepting and are generally lovely about it, I feel that I've had it easy compared to some and I'm truly grateful for that.

**Trans man, bisexual, 35-44, East Midlands**

Teacher training taught us that we should introduce children to LGBTQ+ concepts from young and there are some great story books out there to help with that, however the practice seems to be completely different with schools almost acting as though section 28 is still forcing their hands.<sup>31</sup> Despite being advised that children should be introduced to LGBTQ+ concepts, I was advised that I should not be out at school, not with children and parents at least.

**Woman, 'other' sexual orientation, 25-34, South East**

<sup>31</sup> Section 28 of the Local Government Act 1988 prohibited local authorities from 'promoting' homosexuality and spending money on educational materials and projects perceived to promote a 'gay lifestyle'. It was repealed in Scotland in 2000 and in the rest of the UK in 2003.

# 7 Workplace

## 7.1 Overview

Existing evidence suggests that the discrimination, harassment and bullying that disproportionately affect LGBT people in various aspects of their lives continue to be an issue in the workplace for those with minority sexual orientations and even more so for those with minority gender identities. The consequences of this include restricted job choice, reduced progression, and an inability to be out at work. Furthermore, many LGBT people are deterred from seeking help due to a lack of awareness of how or where to raise a complaint, or whether policies and practices to address homophobia and transphobia even exist in their workplace.<sup>32</sup>

Respondents who had a paid job at any time in the 12 months preceding the survey were asked about their experiences in the workplace.

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<sup>32</sup> National Institute of Economic and Social Research, 'Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence', July 2016

## Key findings

- 19% of respondents with a job in the 12 months preceding the survey had not been open with any of their colleagues at the same or a lower level. Respondents were even more likely to say that they had not been open with any senior colleagues (30%) or any customers or clients (57%).
- 23% of those with a job in the 12 months preceding the survey had experienced a negative or mixed reaction from others in the workplace due to being LGBT, or being thought to be LGBT. 11% had experienced someone disclosing that they were LGBT without their permission, 11% had experienced unspecified inappropriate comments or conduct, and 9% had received verbal harassment, insults or other hurtful comments.
- When asked about the most serious workplace incident in the 12 months preceding the survey, 77% of respondents said it had not been reported, the main reason for which was that they had thought it would not be worth it, or that nothing would happen or change.
- Respondents who had reported the most serious incident experienced mainly did so internally in the workplace, but were more likely to say that external LGBT organisations and charities and trade unions had been helpful in handling the situation. As a result of reporting, in 22% of cases the negative comments or conduct had stopped completely, and in 47% of cases it had stopped partially.

## 7.2 Survey respondents in employment

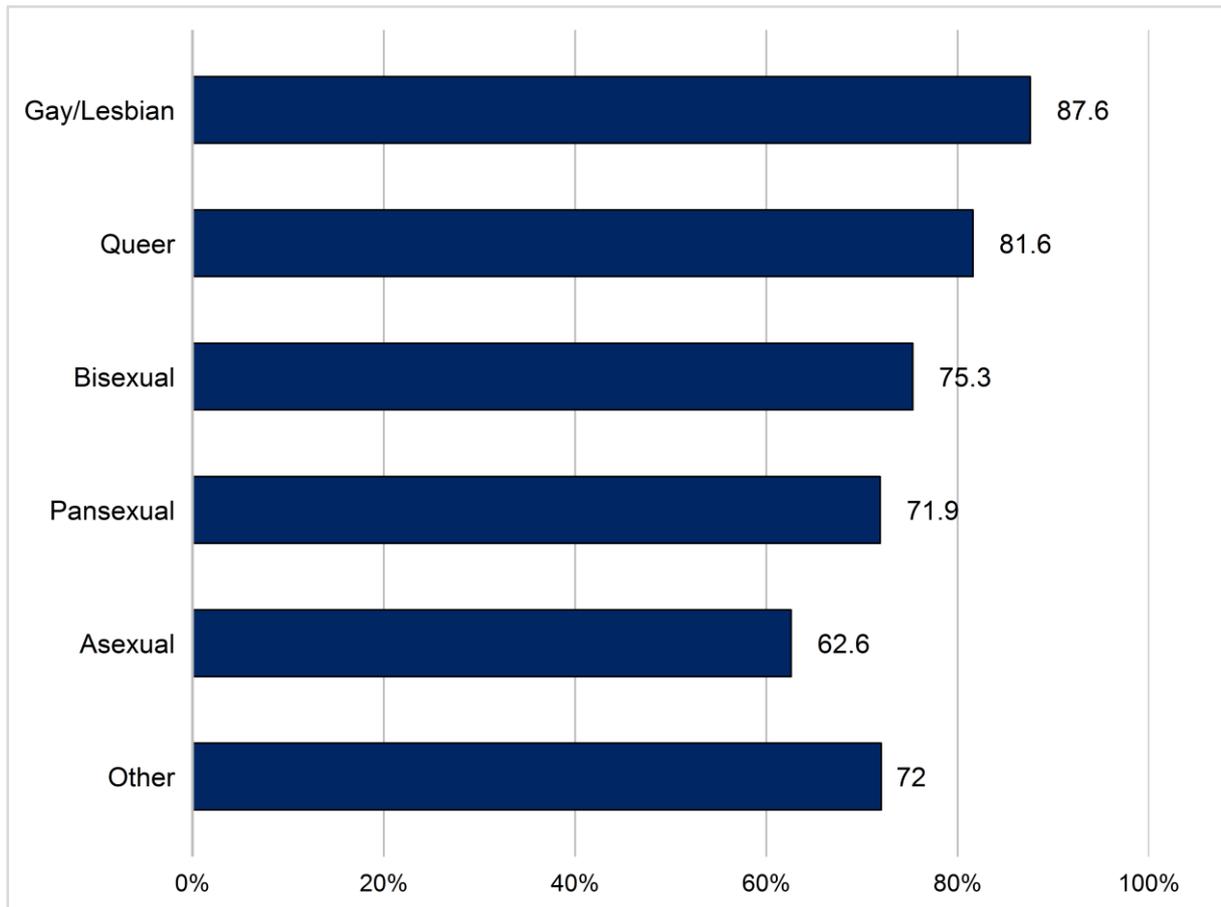
Respondents were asked whether they had been in paid employment at any time during the 12 months preceding the survey. Eighty per cent of respondents aged 16-64 had a paid job during this time (Annex 7, Q49). This is broadly consistent with the 2017 Labour Force Survey, which indicated an employment rate of 75% for the general UK population aged 16-64 years old.<sup>33</sup>

Amongst cisgender respondents aged 16-64 years old, there were notable differences in the rate of employment according to sexual orientation. The highest was that of gay and lesbian respondents (88%), and the lowest was that of asexual respondents (63%) (Figure 7.1). Men (87%) were more likely to have been in employment than women (79%) (Annex 7, Q49).

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<sup>33</sup> Office for National Statistics, 'Summary of labour market statistics', Dataset, 15 May 2018. The Labour Force Survey represents a snapshot; it should therefore be noted that as the national LGBT survey asked about employment at any time within the 12 months preceding the survey, the proportion of respondents in employment is likely to be higher than that of the Labour Force Survey.

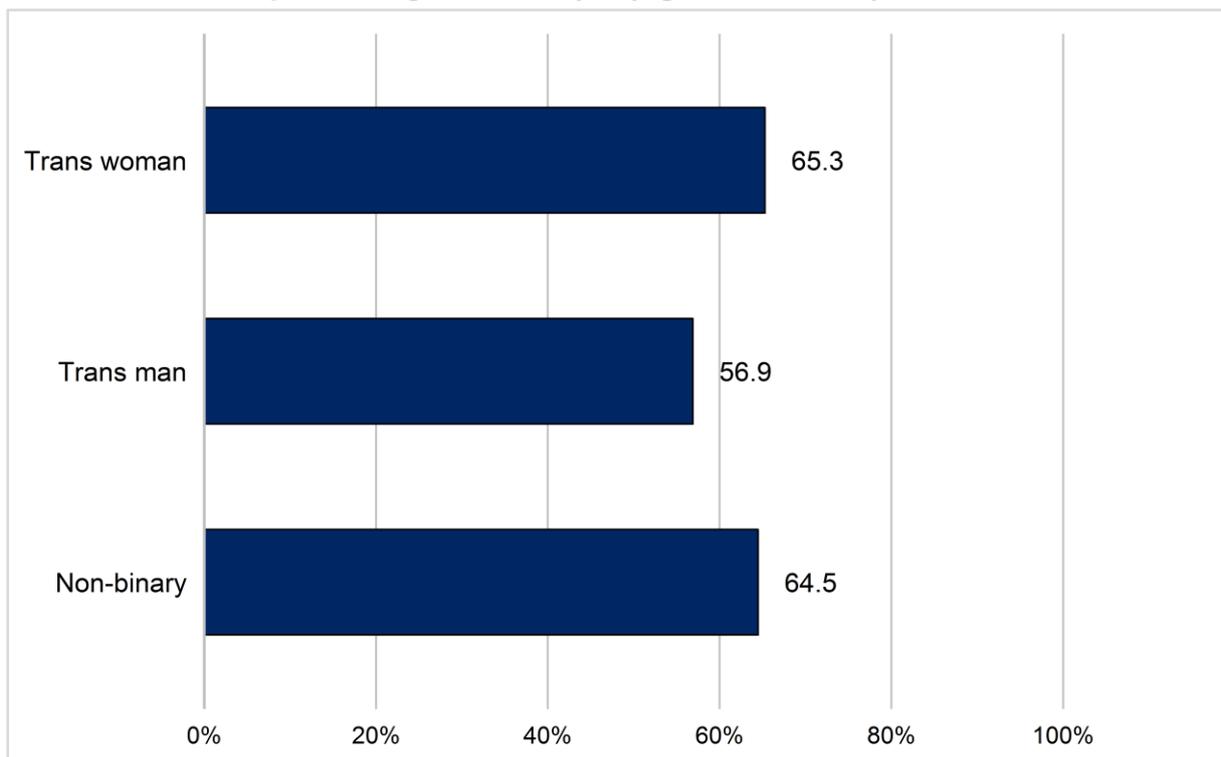
**Figure 7.1: Whether cisgender respondents, aged 16-64, had a paid job at any time in the 12 months preceding the survey, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.  
Base (rounded): 89,950 respondents.  
Respondents: Cisgender respondents aged 16-64.  
Excluded: 'Prefer not to say' (Q49).  
See Annex 7 (Q49) for data.

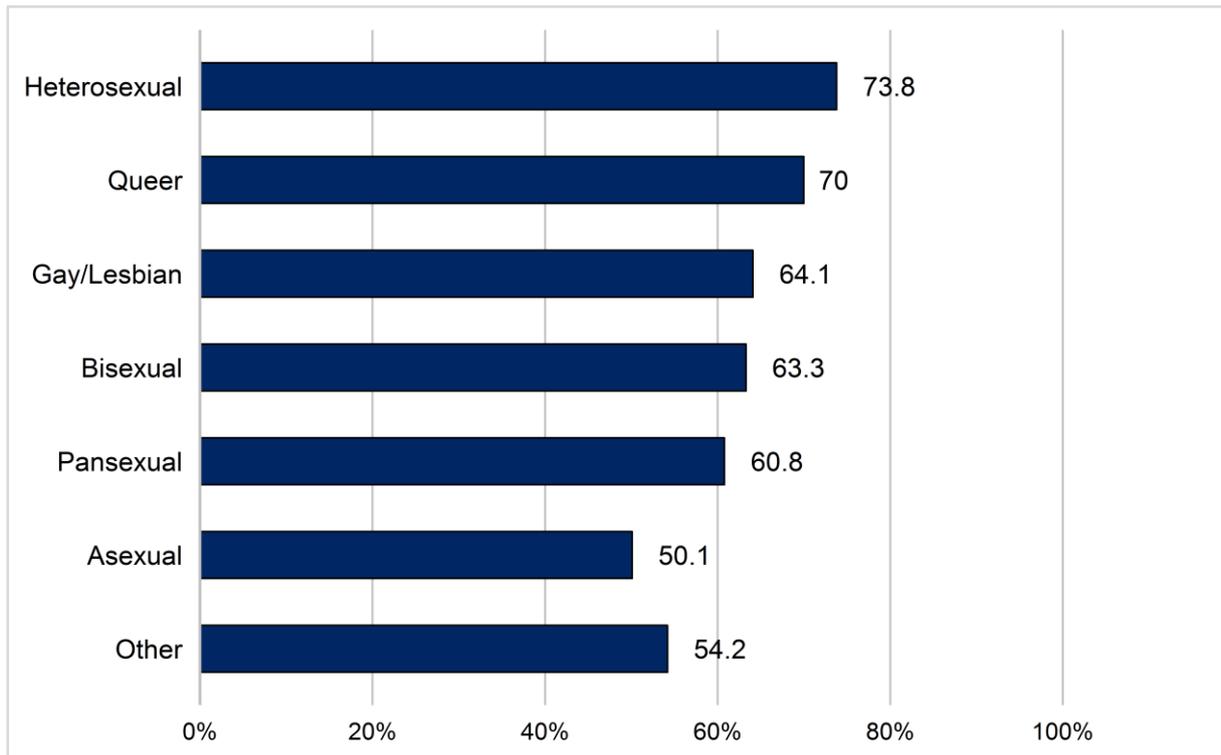
Trans respondents aged 16-64 (63%) were much less likely to have had a paid job in the 12 months preceding the survey than cisgender respondents (83%). By gender identity, trans men were the least likely to have been in employment, with 57% having had a paid job, compared to 65% of trans women and 65% of non-binary respondents (Figure 7.2). As with cisgender respondents, there were notable differences by sexual orientation; heterosexual trans respondents had the highest rate of employment (74%) compared to those with other sexual orientations, particularly asexual respondents (50%), those with an 'other' sexual orientation (54%), and pansexual respondents (61%) (Figure 7.3).

**Figure 7.2: Whether trans respondents, aged 16-64, had a paid job at any time in the 12 months preceding the survey, by gender identity**



Base (rounded): 13,880 respondents.  
 Respondents: Trans respondents aged 16-64.  
 Excluded: 'Prefer not to say' (Q49).  
 See Annex 7 (Q49) for data.

**Figure 7.3: Whether trans respondents, aged 16-64, had a paid job at any time in the 12 months preceding the survey, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.

Base (rounded): 13,880 respondents.

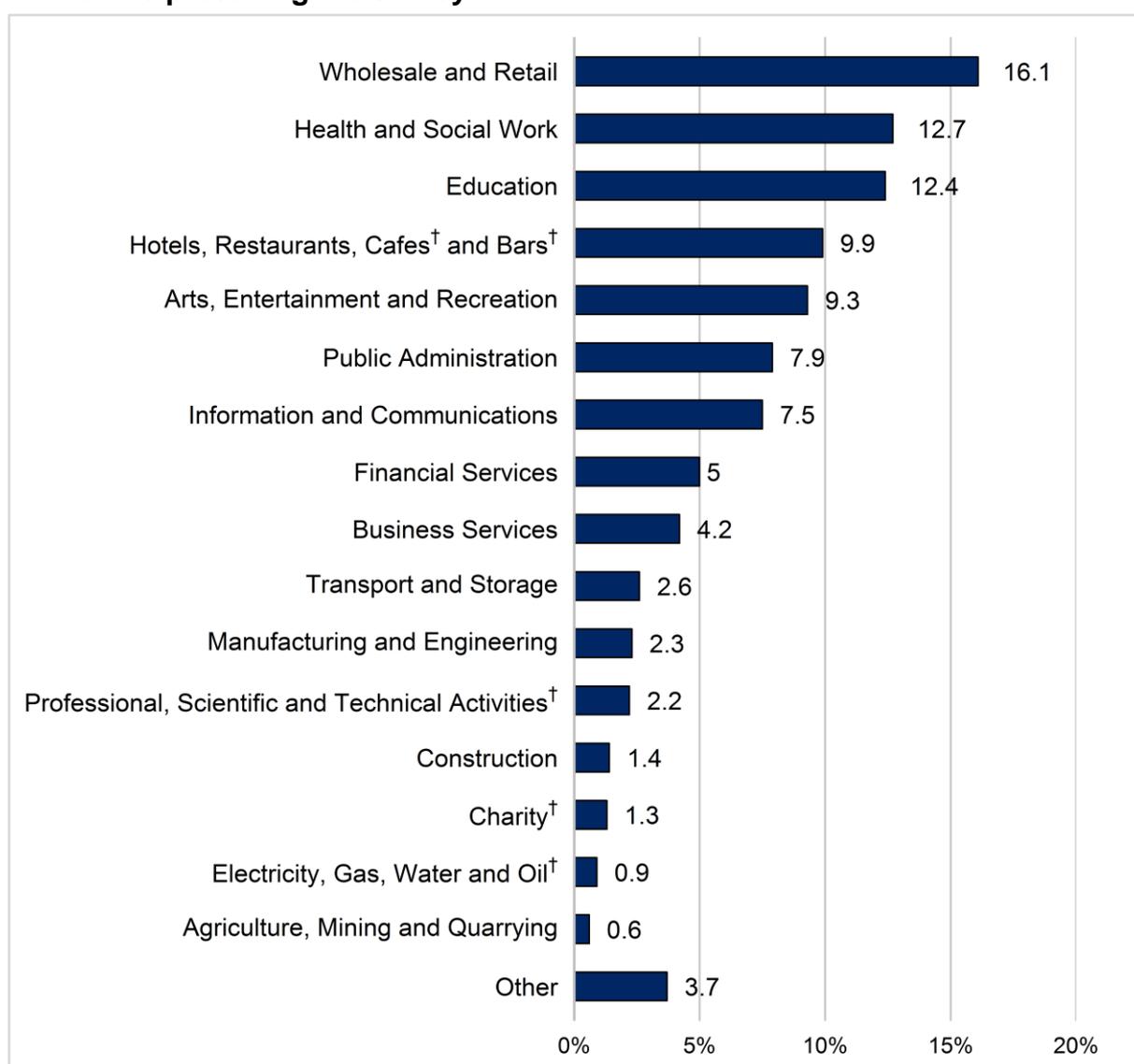
Respondents: Trans respondents aged 16-64.

Excluded: 'Prefer not to say' (Q49).

See Annex 7 (Q49) for data.

Of those who had a paid job in the 12 months preceding the survey, 16% were currently or most recently employed in the wholesale and retail sector, followed by 13% in health and social work, and 12% in education (Figure 7.4). Similar patterns can be observed when looking at cisgender respondents and trans respondents separately (Annex 7, Q50). Compared to the 2017 Labour Force Survey of the general UK population, survey respondents were particularly overrepresented in the 'Education', 'Arts, entertainment and recreation', 'Public administration' and 'Information and Communications' sectors, whilst particularly underrepresented in the 'Manufacturing and engineering', 'Professional, scientific and technical activities' and 'Construction' sectors.<sup>34</sup>

**Figure 7.4: Respondents' current or most recent sector of employment in the 12 months preceding the survey**



Base (rounded): 84,740 respondents.

Respondents: Those in employment at any time in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q50).

See Annex 7 (Q50) for data.

<sup>34</sup> Office for National Statistics, 'Summary of labour market statistics', Dataset, 15 May 2018

Respondents who discussed employment within their response to the optional free-text question often made reference to their sexual orientation or gender identity being a barrier to looking for, or maintaining, a job. Reasons for this included perceived discrimination by current or potential employers, fear of negative reactions, inappropriate questioning, and prejudiced views amongst colleagues, customers and clients.

At a recent job interview I mentioned my partner in passing. Towards the end of the interview I was asked by the manager, the interviewer, if my partner was male or female (purely out of curiosity, it seemed). I was so shocked at being asked such a personal and irrelevant question at a job interview that I didn't respond. I believe my lack of response and shocked expression told her that I identify as a lesbian and my partner is of course female. I didn't get the job. Up until she had asked me that question, she had said I was exactly what they were looking for and gave me the impression that I would be offered a job. I believe I was discriminated against because of my sexual orientation.

**Woman, lesbian, 35-44, East Midlands**

I am currently unemployed and looking for work and although I have not faced direct discrimination in my job hunt I do feel nervousness in general in applying for jobs as I do not hold a GRC [Gender Recognition Certificate] and fear that future employers will be able to find out my trans status.

**Trans man, gay, 25-34, West Midlands**

I am a former military nurse. I lost both military and medical careers to entrenched views and discriminatory management practice after coming out as trans gender in 2010. Since then despite my post graduate education level and management quals [qualifications] I have been in low paid retail jobs or unemployed. I am finding it incredibly hard to work at the level of my own professional competency since there are many pre-conceived ideas about trans people & trans women in particular. [sic]

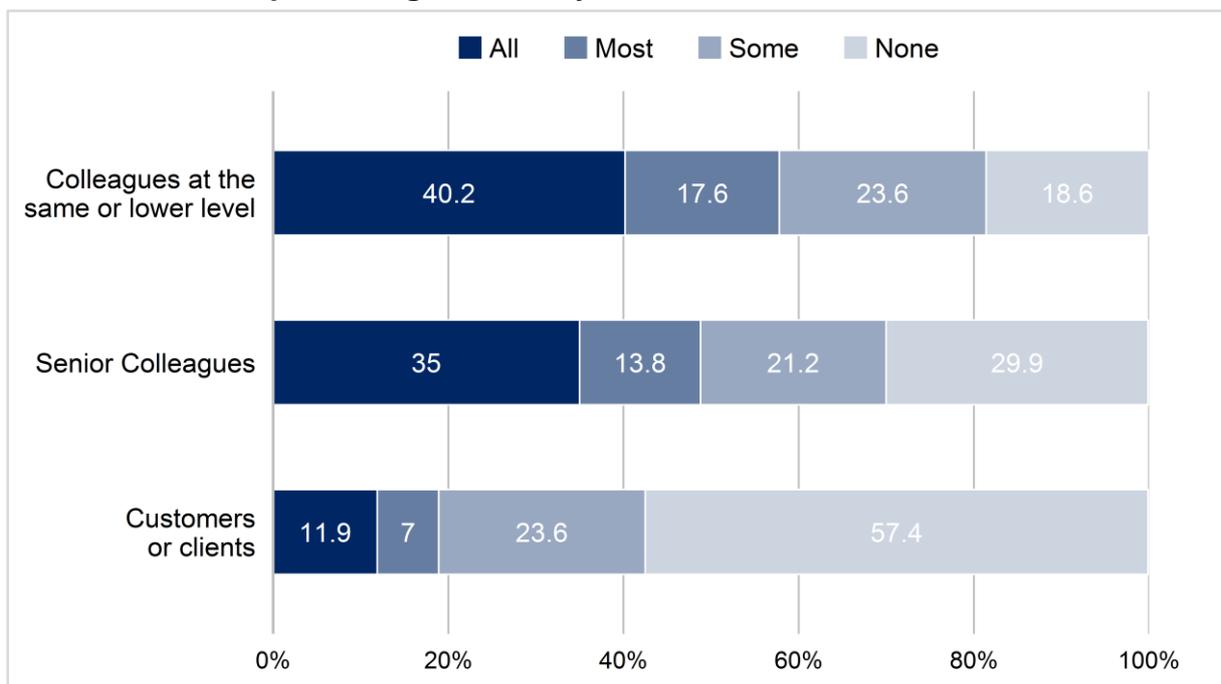
**Woman, lesbian, 35-44, North East**

### 7.3 Openness in the workplace

Respondents who had a paid job in the 12 months preceding the survey were asked how open they had been during that time about being LGBT with colleagues at the same level, junior levels and senior levels, as well as customers or clients.

Respondents had been most open with colleagues at the same level and junior levels, with 81% having been open with at least some of this group, 40% open with all, and 19% open with none. Respondents were less open with senior colleagues, with 30% having been open with none of this group, and even less so with customers or clients, with 57% having been open with none of this group (Figure 7.5).

**Figure 7.5: How many senior colleagues, colleagues at the same or lower level, and customers or clients, respondents had been open with about being LGBT in the 12 months preceding the survey**



Base (rounded): Senior colleagues, 83,190 respondents; Colleagues at the same or lower level, 83,460 respondents; Customers or clients, 76,300 respondents.

Respondents: Those in employment at any time in the 12 months preceding the survey.

Excluded: 'Prefer not to say', 'Does not apply to me' (Q51).

See Annex 7 (Q51) for data.

Similar patterns were generally seen amongst cisgender and trans respondents when looking at these groups of respondents separately, although trans respondents had been generally less open with all groups overall (Annex 7, Q51).

Some respondents discussed their openness in the workplace within their response to the optional free-text question, often contextualising their openness in relation to the sector or organisation they worked in, as well as describing their reasons for not being open in the workplace, whether at all or with certain people.

Whilst working as a contractor, after being unemployed for a while, I found it difficult to bond with a new team when they suspected I was gay. Members of the team who were more senior than me, but younger, were exceptionally rude and offensive towards an existing LGBT+ member of staff. This made me wary about coming out or talking naturally about who I was as a person. Eventually I decided to come out anyway, this is when other offensive comments were made, for example a senior manager came up to me and said I should go and slash my wrists and that I wasn't a real man... I ended up leaving that job as the stress from all of this was too much for me... I still feel very deeply that there's still a long way to go, especially in the development and construction industry, to ensure LGBT+ employees are treated fairly and equally in the workplace.

**Man, gay, 35-44, North West**

As a university academic, my lack of openness surprises a lot of people. Despite my institution's genuine efforts to create a friendly workplace for LGBT people, a couple of colleagues have been allowed to create a negative, homophobic atmosphere within my department. If their comments and attitudes were about race, rather than sexuality, they'd probably be sacked.

**Man, gay, 35-44, South East**

Whilst I have been open with fellow students and peers my own age about my sexual preferences, I have been incredibly uncomfortable with being open to older work colleagues or employers, not necessarily because said people have implied they are prejudiced against LGBT+ people, but because the topic in general is stigmatised as crude or private outside informal spaces [and] as something that happens behind closed doors due to its un-PC [non-politically correct] nature, and not appropriate for the workplace [...] which is mostly caused by misinformation and lack of education around LGBT+ cultures.

**Woman, bisexual, 18-24, West Midlands**

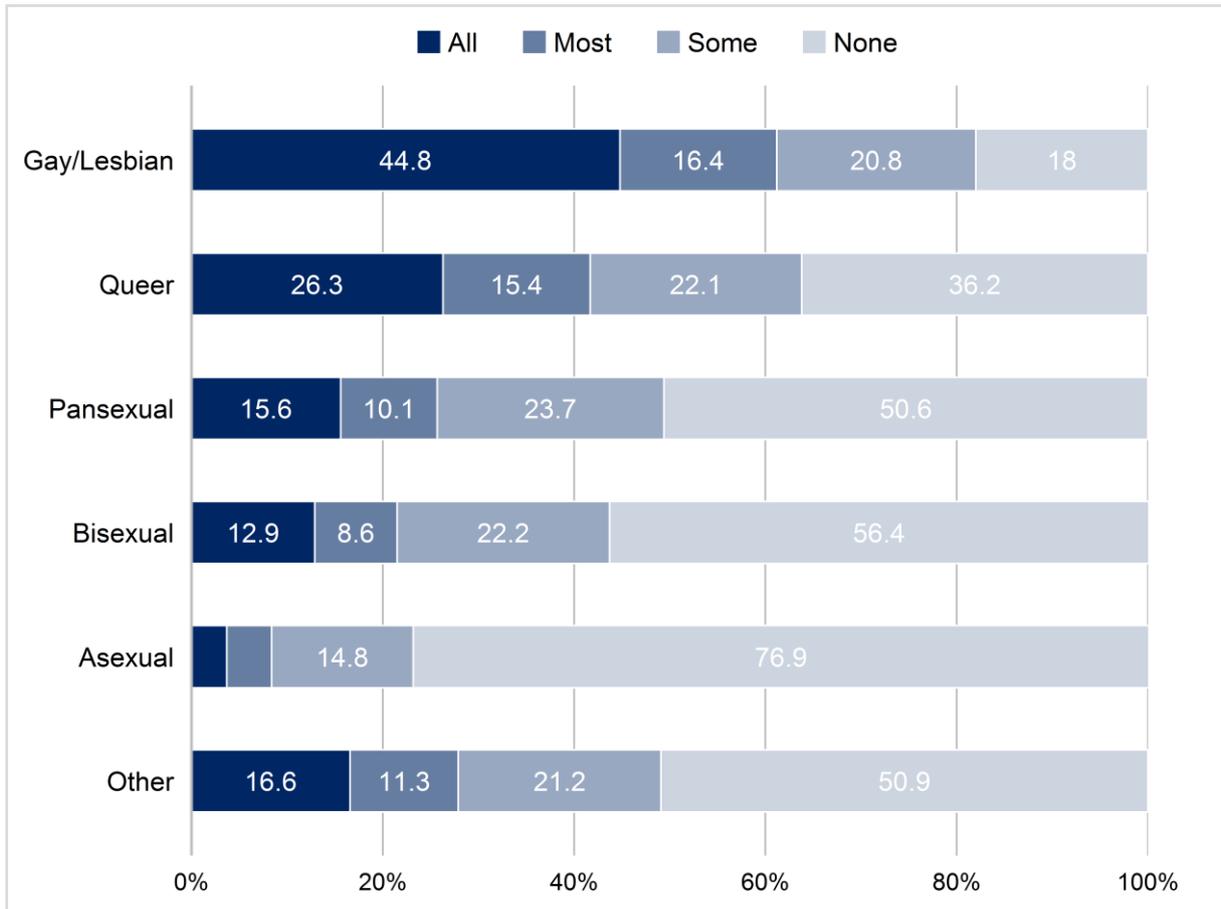
### 7.3.1 Openness with colleagues

Amongst cisgender respondents, 71% had been open with at least some of their senior colleagues, with 36% having been open with all. Twenty-nine per cent, however, had been open with none. Openness varied markedly by sexual orientation; gay and lesbian respondents had been most open, with 18% not having been open with any of their senior colleagues, compared to 77% of asexual respondents (Figure 7.6). By gender, men had been more open than women; 21% of men had been open with none of their senior colleagues, compared to 39% of women (Figure 7.7). Openness with all senior colleagues increased with age; 67% of 16-17 year olds had been open with none of their senior colleagues, compared to 18% of those aged 55-64 (Figure 7.8).

For cisgender respondents, openness with senior colleagues varied across job sectors. Forty-two per cent of respondents working in agriculture, mining and quarrying had not been open with any senior colleagues, compared to respondents working in the charity sector (16%), who were the most open group by sector (Annex 7, Q51 – Senior colleagues).

Patterns of cisgender respondents' openness with junior colleagues and colleagues at the same level were similar to those observed for openness with senior colleagues, albeit to varying extents, in that respondents had generally been more open with colleagues at lower levels and the same level than with those at more senior levels (Annex 7, Q51 – Same or lower level).

**Figure 7.6: How many senior colleagues cisgender respondents had been open with about being LGBT in the 12 months preceding the survey, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.

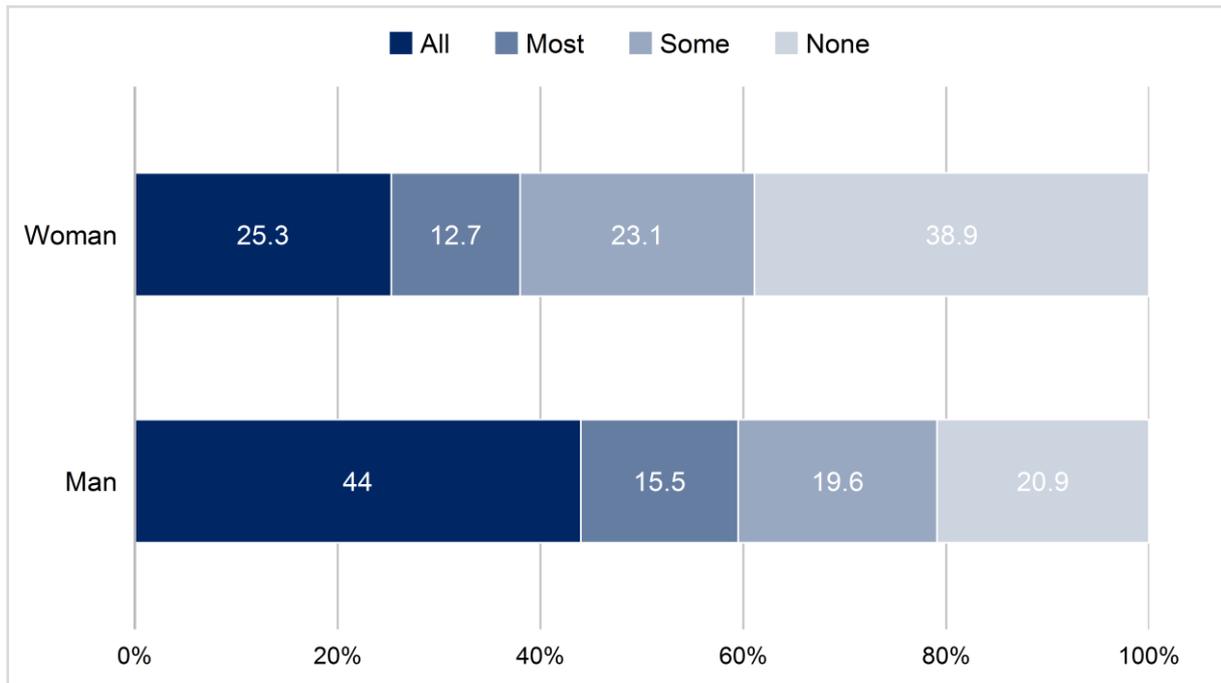
Base (rounded): 73,480 respondents.

Respondents: Cisgender respondents in employment at any time in the 12 months preceding the survey.

Excluded: 'Prefer not to say', 'Does not apply to me' (Q51).

See Annex 7 (Q51 – Senior colleagues) for data.

**Figure 7.7: How many senior colleagues cisgender respondents had been open with about being LGBT in the 12 months preceding the survey, by gender**



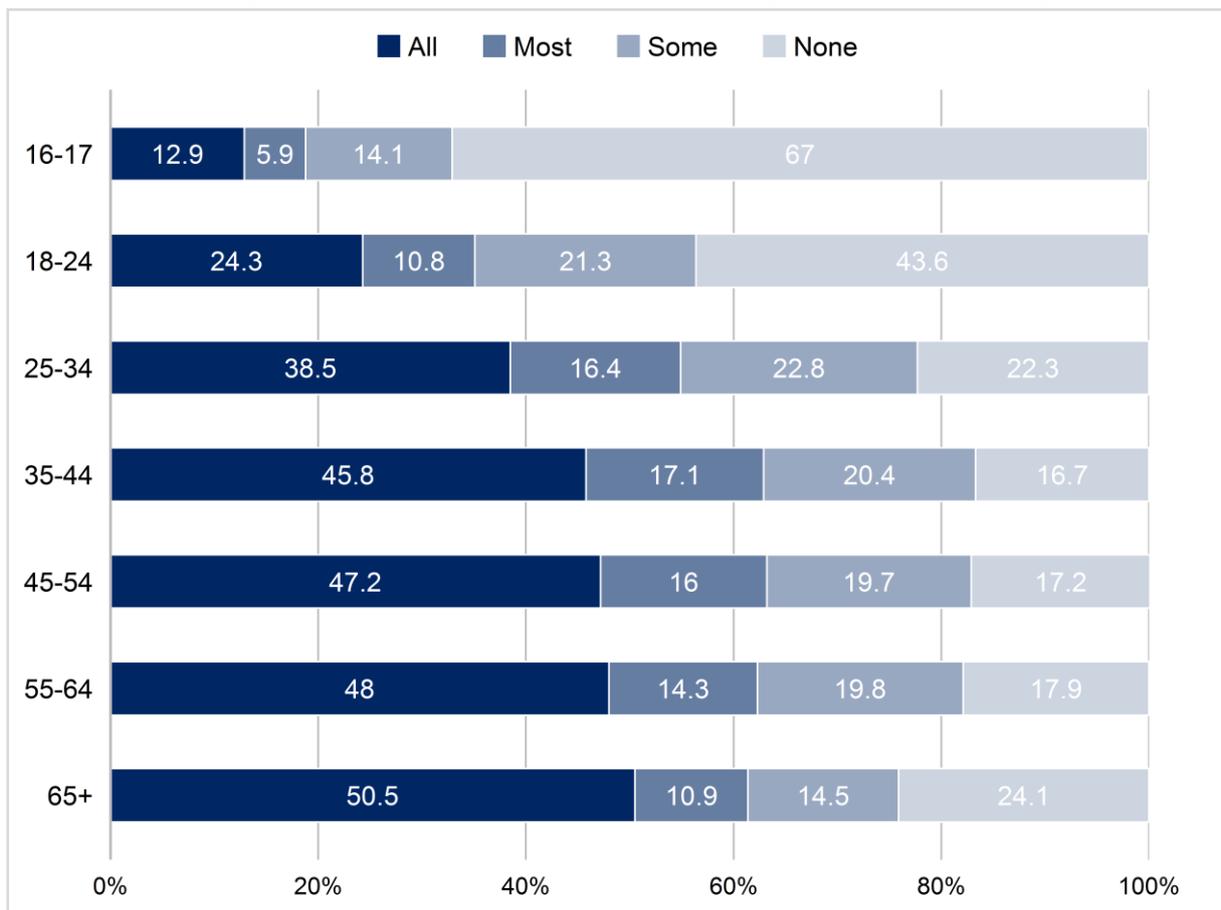
Base (rounded): 73,480 respondents.

Respondents: Cisgender respondents in employment at any time in the 12 months preceding the survey.

Excluded: 'Prefer not to say', 'Does not apply to me' (Q51).

See Annex 7 (Q51 – Senior colleagues) for data.

**Figure 7.8: How many senior colleagues cisgender respondents had been open with about being LGBT in the 12 months preceding the survey, by age**

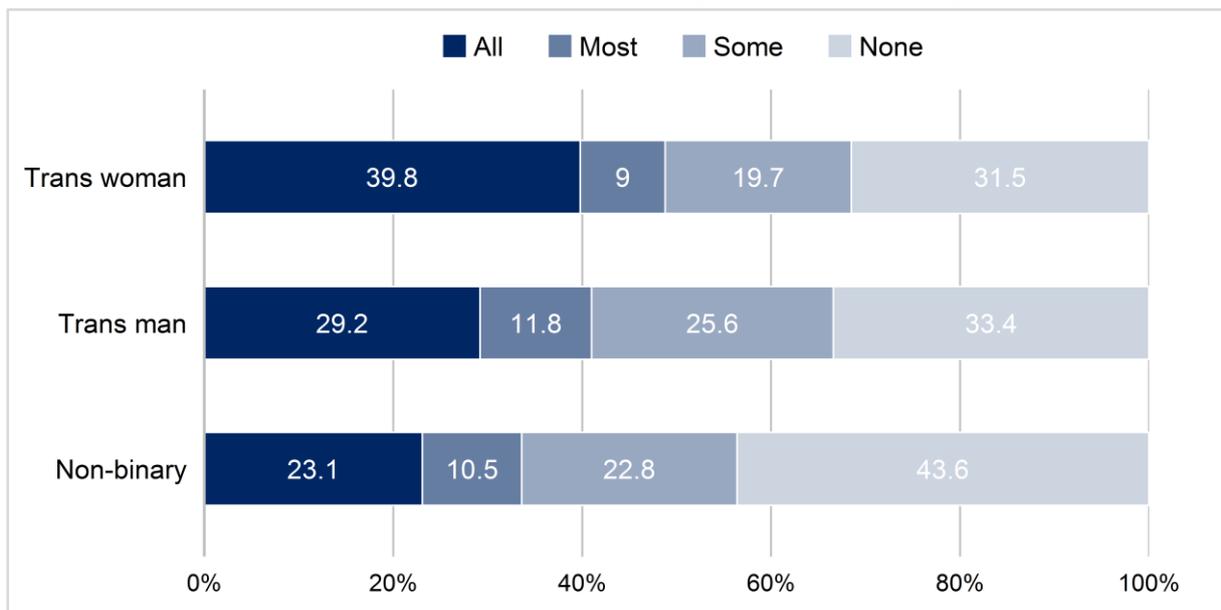


Base (rounded): 73,480 respondents.  
 Respondents: Cisgender respondents in employment at any time in the 12 months preceding the survey.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q51).  
 See Annex 7 (Q51 – Senior colleagues) for data.

Of trans respondents, 62% had been open with at least some of their senior colleagues, with 29% having been open with all. Thirty-eight per cent had been open with none. Non-binary respondents (44%) were more likely than trans women (32%) and trans men (33%) to have not been open with any of their senior colleagues (Figure 7.9). As with cisgender respondents, there was notable variation by sexual orientation. Gay and lesbian trans respondents were the most open group, with 27% not having been open with any of their senior colleagues, compared to 57% of asexual trans respondents (Figure 7.10). By age, similar observations were made to those of cisgender respondents, with openness increasing by respondent age group (Figure 7.11).

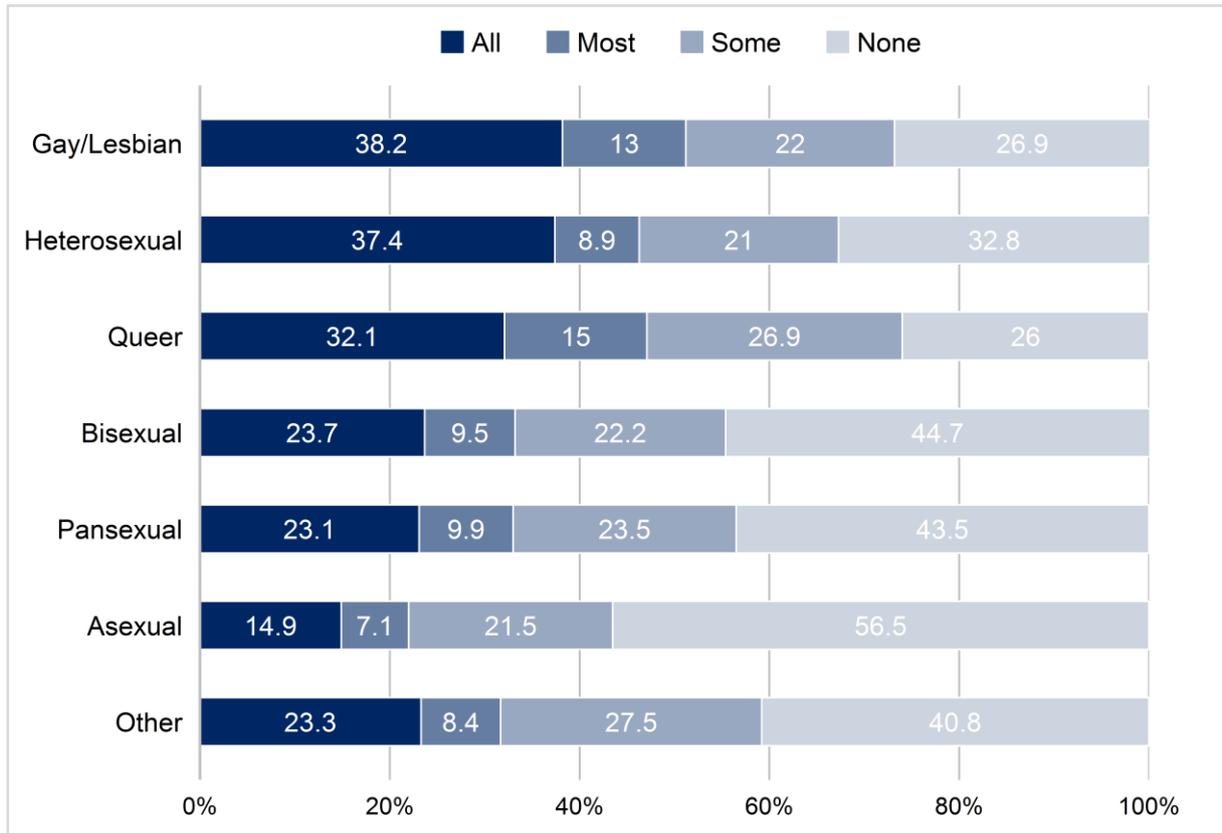
As with cisgender respondents, patterns of openness with junior colleagues and colleagues at the same level were similar to those of openness with senior colleagues, although respondents had been generally less open with senior colleagues (Annex 7, Q51 – Senior colleagues; Q51 – Same or lower level).

**Figure 7.9: How many senior colleagues trans respondents had been open with about being LGBT in the 12 months preceding the survey, by gender identity**



Base (rounded): 8,460 respondents.  
 Respondents: Trans respondents in employment at any time in the 12 months preceding the survey.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q51).  
 See Annex 7 (Q51 – Senior colleagues) for data.

**Figure 7.10: How many senior colleagues trans respondents had been open with about being LGBT in the 12 months preceding the survey, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.

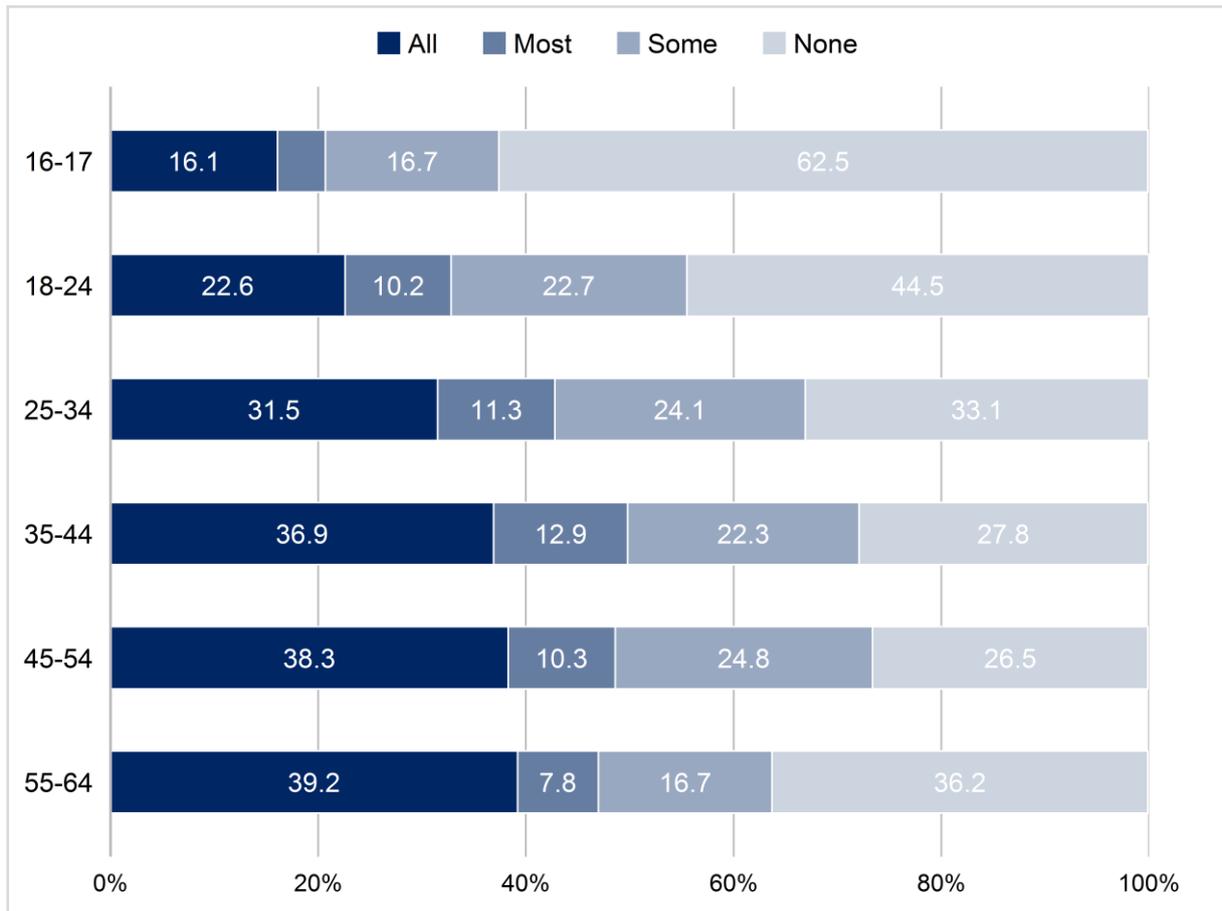
Base (rounded): 8,460 respondents.

Respondents: Trans respondents in employment at any time in the 12 months preceding the survey.

Excluded: 'Prefer not to say', 'Does not apply to me' (Q51).

See Annex 7 (Q51 – Senior colleagues) for data.

**Figure 7.11: How many senior colleagues trans respondents had been open with about being LGBT in the 12 months preceding the survey, by age**



Note: Age '65+' not shown to maintain anonymity.

Base (rounded): 8,460 respondents.

Respondents: Trans respondents in employment at any time in the 12 months preceding the survey.

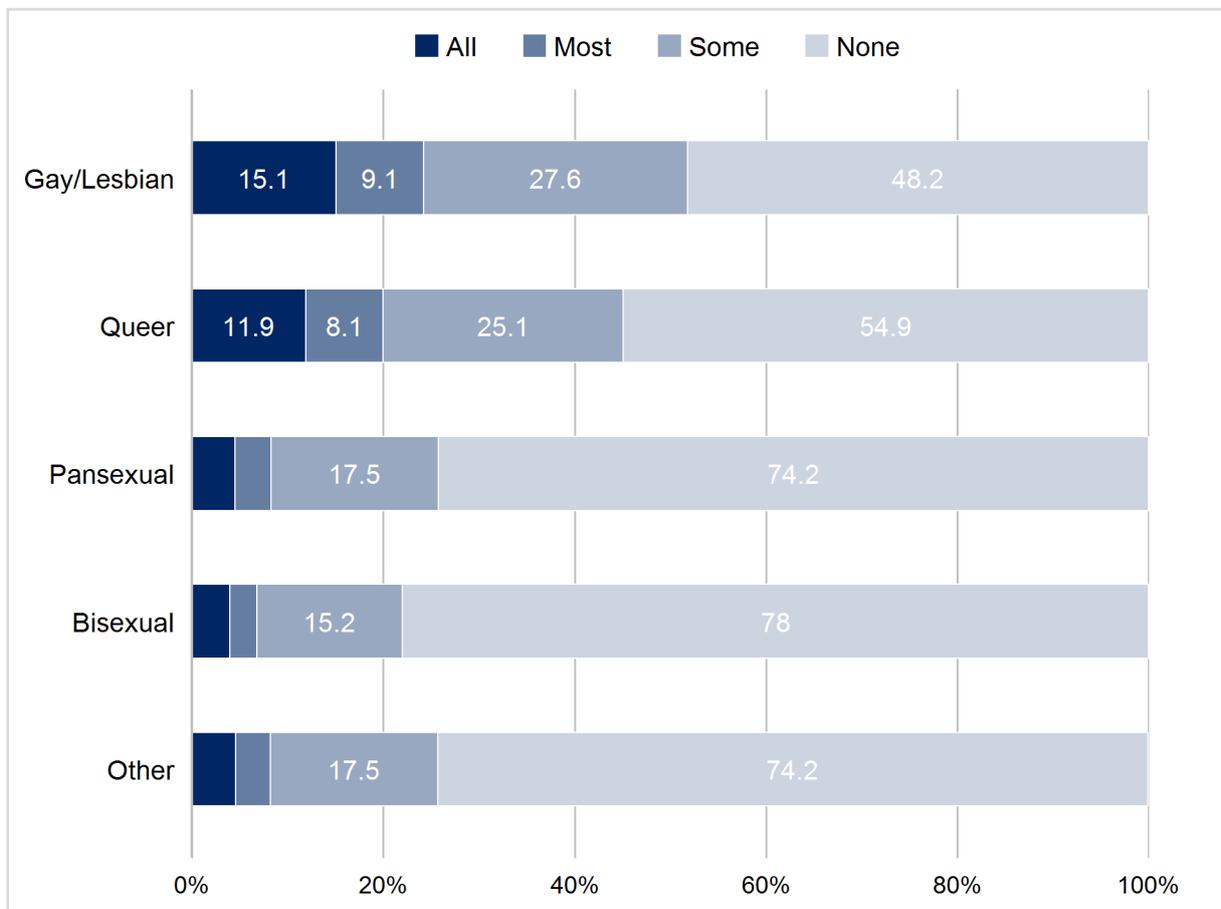
Excluded: 'Prefer not to say', 'Does not apply to me' (Q51).

See Annex 7 (Q51 – Senior colleagues) for data.

### 7.3.2 Openness with customers and clients

Amongst cisgender respondents, 43% had been open with at least some customers and clients, with 12% having been open with all. Fifty-seven per cent had been open with none. Openness varied remarkably by sexual orientation; gay and lesbian respondents were the most open, with 48% saying that they had been open with none of their customers and clients, compared to respondents with other sexual orientations (Figure 7.12).

**Figure 7.12: How many customers and clients cisgender respondents had been open with about being LGBT in the 12 months preceding the survey, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown; 'Asexual' respondents not shown to maintain anonymity.

Base (rounded): 67,240 respondents.

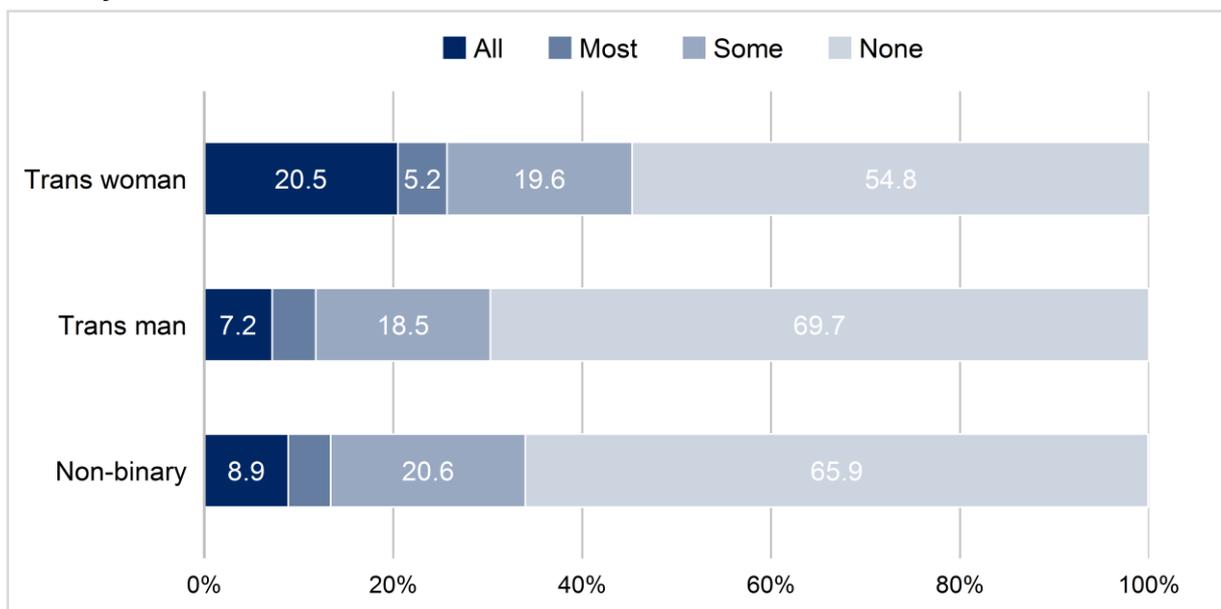
Respondents: Cisgender respondents in employment at any time in the 12 months preceding the survey.

Excluded: 'Prefer not to say', 'Does not apply to me' (Q51).

See Annex 7 (Q51 – Customers) for data.

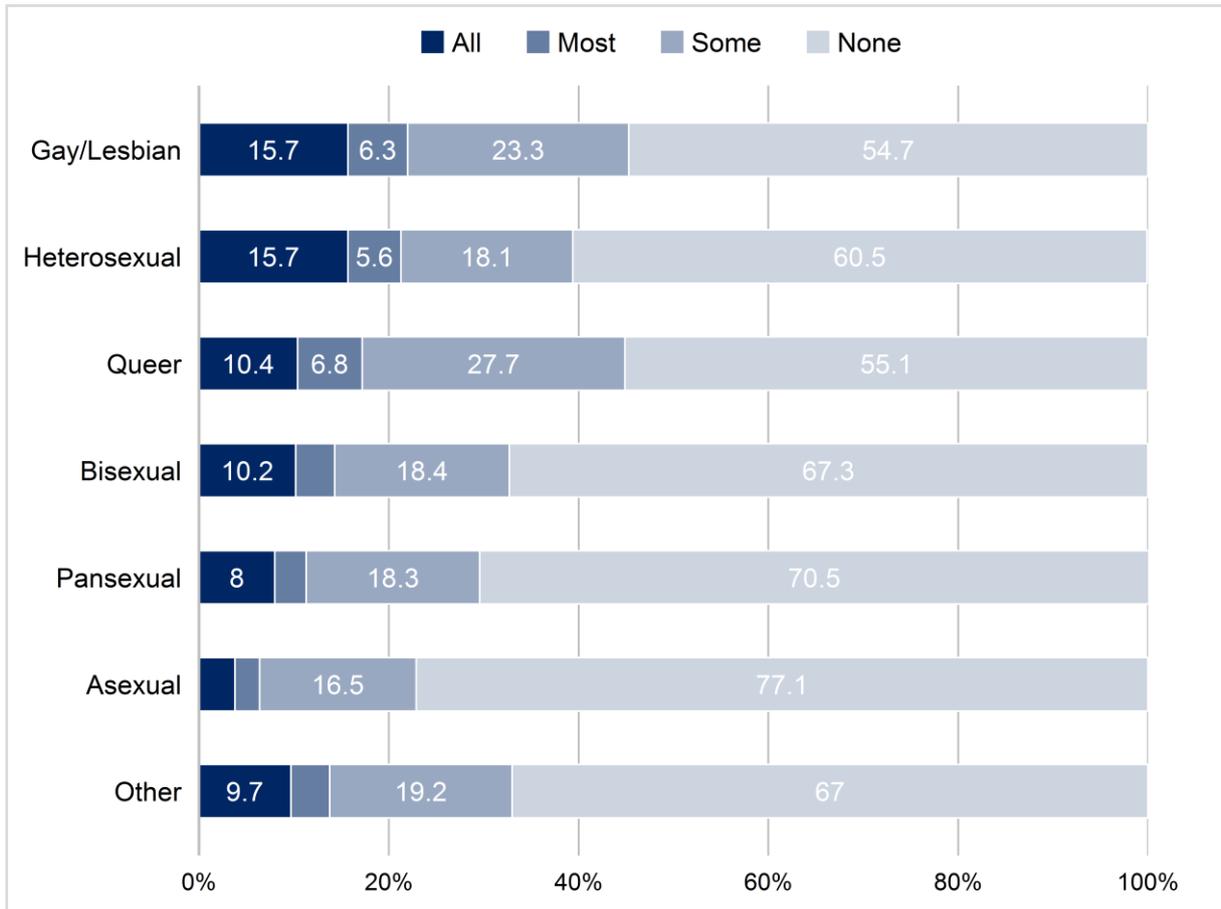
Of trans respondents, 36% had been open with at least some of their customers and clients, with 12% being open with all. Sixty-four per cent had been open with none. Trans women were the most open with all of their customers and clients, with 55% having been open with none, compared to 70% of trans men and 66% of non-binary respondents (Figure 7.13). As with cisgender respondents, there was notable variation by sexual orientation; 55% of gay and lesbian trans respondents, 55% of queer trans respondents, and 61% of heterosexual trans respondents had been open with none of their customers or clients, compared to 77% of asexual trans respondents (Figure 7.14).

**Figure 7.13: How many customers and clients trans respondents had been open with about being LGBT in the 12 months preceding the survey, by gender identity**



Base: 7,870 respondents.  
 Respondents: Trans respondents in employment at any time in the 12 months preceding the survey.  
 Excluded: 'Prefer not to say', 'Does not apply to me' (Q51).  
 See Annex 7 (Q51 – Customers) for data.

**Figure 7.14: How many customers and clients trans respondents had been open with about being LGBT in the 12 months preceding the survey, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.

Base (rounded): 7,870 respondents.

Respondents: Trans respondents in employment at any time in the 12 months preceding the survey.

Excluded: 'Prefer not to say', 'Does not apply to me' (Q51).

See Annex 7 (Q51 – Customers) for data.

## 7.4 Experiences in the workplace

Respondents who had a paid job at any time in the 12 months preceding the survey were asked how others in the workplace had reacted to them being LGBT, or being thought to be LGBT, during that time.

Overall, the majority of respondents had experienced either a positive or a neutral response. Forty-two per cent of those employed during the 12 months preceding the survey had experienced only positive reactions and a further 35% said that they had experienced no reaction. Twenty-one per cent had experienced both positive and negative reactions, and 1% only negative reactions (Table 7.1).

**Table 7.1: How others in the workplace had reacted to respondents being LGBT, or being thought to be LGBT, in the 12 months preceding the survey**

	Total
Only positively	42.3%
Both positively and negatively	21.5%
Only negatively	1.5%
They did not react	34.7%
<b>Respondents (rounded)</b>	<b>82,280</b>

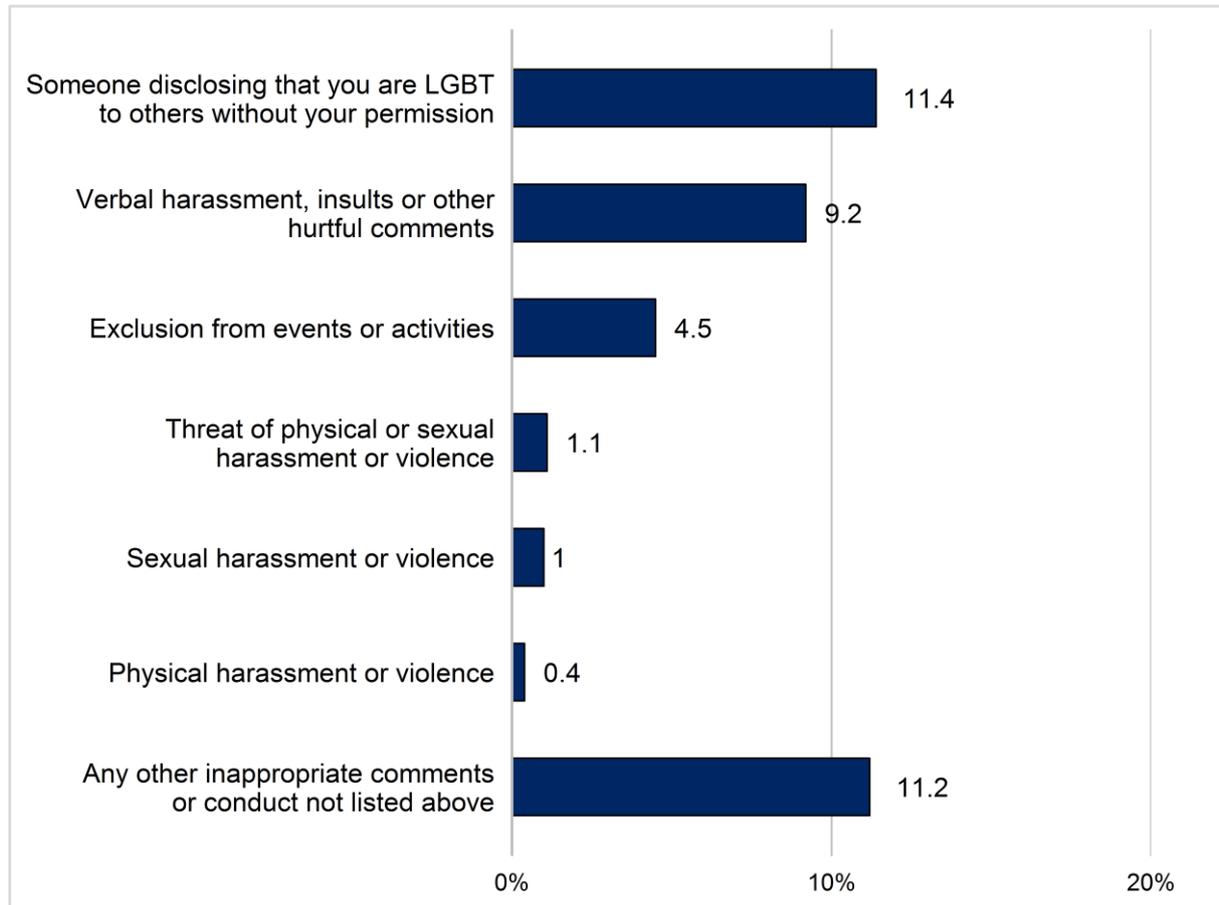
Respondents: Those in employment at any time in the 12 months preceding the survey.  
Excluded: 'Prefer not to say' (Q52).  
See Annex 7 (Q52) for data.

For cisgender respondents, the reactions of others in the workplace to respondents being LGBT or being thought to be LGBT varied considerably by sexual orientation; 48% of gay and lesbian respondents reported only positive reactions, compared to, for example, 20% of asexual respondents. By gender, more men (47%) reported purely positive reactions than women (38%) (Annex 7, Q52).

Trans respondents generally reported less positive reactions in the workplace to being LGBT or being thought to be LGBT than cisgender respondents. Trans men (36%) and trans women (35%) had experienced only positive reactions to a greater extent than non-binary respondents (30%). By sexual orientation, heterosexual trans respondents (39%) had experienced purely positive reactions to a greater extent than those with minority sexual orientations, which ranged from 22% of asexual respondents to 37% of gay and lesbian respondents (Annex 7, Q52).

Of those who had a job in the 12 months preceding the survey, the most common types of incident reported were someone disclosing that the respondent was LGBT without their permission (11%), other unspecified inappropriate comments or conduct (11%), and verbal harassment, insults or other hurtful comments (9%) (Figure 7.15).<sup>35</sup>

**Figure 7.15: Incidents experienced by respondents in the workplace due to being LGBT, or being thought to be LGBT, in the 12 months preceding the survey**



Note: Respondents could select as many incidents as applicable; only respondents who indicated having received a negative or mixed reaction (Q52) were asked which incidents they had experienced; 'None of the above' not shown.

Base (rounded): 82,050 respondents.

Respondents: Those in employment at any time in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q52, Q53).

See Annex 7 (Q53 – All) for data.

Trans respondents were more likely than cisgender respondents to have experienced all types of incident in the workplace, particularly threats of physical or sexual harassment or violence, and actual sexual or physical harassment or violence. Trans women (13%) were particularly more likely to have been excluded from events or activities than trans men (8%) and non-binary respondents (7%). Trans women (20%) also reported a higher incidence of verbal harassment than trans men (16%) and non-binary respondents (16%) (Table 7.2).

<sup>35</sup> Only respondents who indicated that they had received a negative or mixed reaction in the workplace in the 12 months preceding the survey were asked which incidents they had experienced.

**Table 7.2: Incidents experienced by trans respondents in the workplace due to being LGBT, or being thought to be LGBT, in the 12 months preceding the survey, by gender identity**

	Trans woman	Trans man	Non-binary	Total
Someone disclosing that you are LGBT to others without your permission	21.9%	21.5%	16.7%	19.1%
Verbal harassment, insults or other hurtful comments	19.6%	16.4%	16.0%	17.0%
Exclusion from events or activities	12.9%	7.8%	7.3%	8.9%
Threat of physical or sexual harassment or violence	3.8%	2.7%	2.6%	2.9%
Sexual harassment or violence	2.7%	1.4%	2.2%	2.2%
Physical harassment or violence	2.2%	1.1%	1.2%	1.4%
Any other inappropriate comments or conduct not listed above	21.0%	19.5%	18.5%	19.4%
None of the above	65.2%	69.4%	71.1%	69.2%
<b>Respondents (rounded)</b>	<b>2,150</b>	<b>1,670</b>	<b>4,360</b>	<b>8,180</b>

Note: Respondents could select as many incidents as applicable; only respondents who indicated having received a negative or mixed reaction (Q52) were asked which incidents they had experienced.

Respondents: Trans respondents in employment at any time in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q52, Q53).

See Annex 7 (Q53) for data.

Some respondents used the optional free-text question to describe their experiences of being LGBT in the workplace. Those describing negative experiences often gave examples of bullying and harassment, a general lack of training on, and awareness of, LGBT issues in the workplace, and the need for employers to do more to tackle these problems.

The workplace also doesn't do enough to tackle homophobia or any other kind of discrimination. I have been outed by staff at my own level and higher than me because they think it's okay, or being it's exciting. [sic] Another of my colleagues was introduced as 'the lesbian' to all her colleagues behind her back by her own manager.

**Woman, lesbian, 25-34, South West**

I have had my workplace attempt to refuse sick leave for necessary medical treatments. I have been harassed by customers in my workplace. I have had customers cancel their service because of my gender identity [...] I do not feel safe, respected or equal as a transgender woman.

**Trans woman, lesbian, 18-24, South East**

Conversely, some respondents described what they considered progress towards better LGBT inclusivity in the workplace, often contextualising this in relation to their own experiences.

I feel the situation for LGBT people has improved greatly since my teenage years & growing up under section 28 and other discriminatory laws.<sup>36</sup> It's harder to be in the closet now due to social media like Facebook. I generally feel the workplace situation is more secure with LGBT policies in place now. As more people are out now it has become less stigmatised. Exclusion can still happens (e.g. not being invited to play football or golf with male [colleagues]) but it depends on the team members. [sic]

**Man, gay, 35-44, North West**

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<sup>36</sup> Section 28 of the Local Government Act 1988 prohibited local authorities from 'promoting' homosexuality and spending money on educational materials and projects perceived to promote a 'gay lifestyle'. It was repealed in Scotland in 2000 and in the rest of the UK in 2003.

Since coming out as transgender three years ago and subsequently deciding to transition, on the whole I have received overwhelmingly positive and supportive reactions from friends, colleagues and professionals. [...] My employer has been 100% positive and helpful since I notified my intent to transition in the workplace and my line manager, HR and I are working together to produce a workplace transition plan.

**Trans woman, lesbian, 55-64, Yorkshire and the Humber**

I have been fortunate to have worked in the public Sector most of my life and have never had any workplace problems. I believe the public sector is generally accommodating of issues of equality and diversity. Feeling comfortable in the workplace impacts on the confidence to be yourself outside of it, coupled with a supportive family.

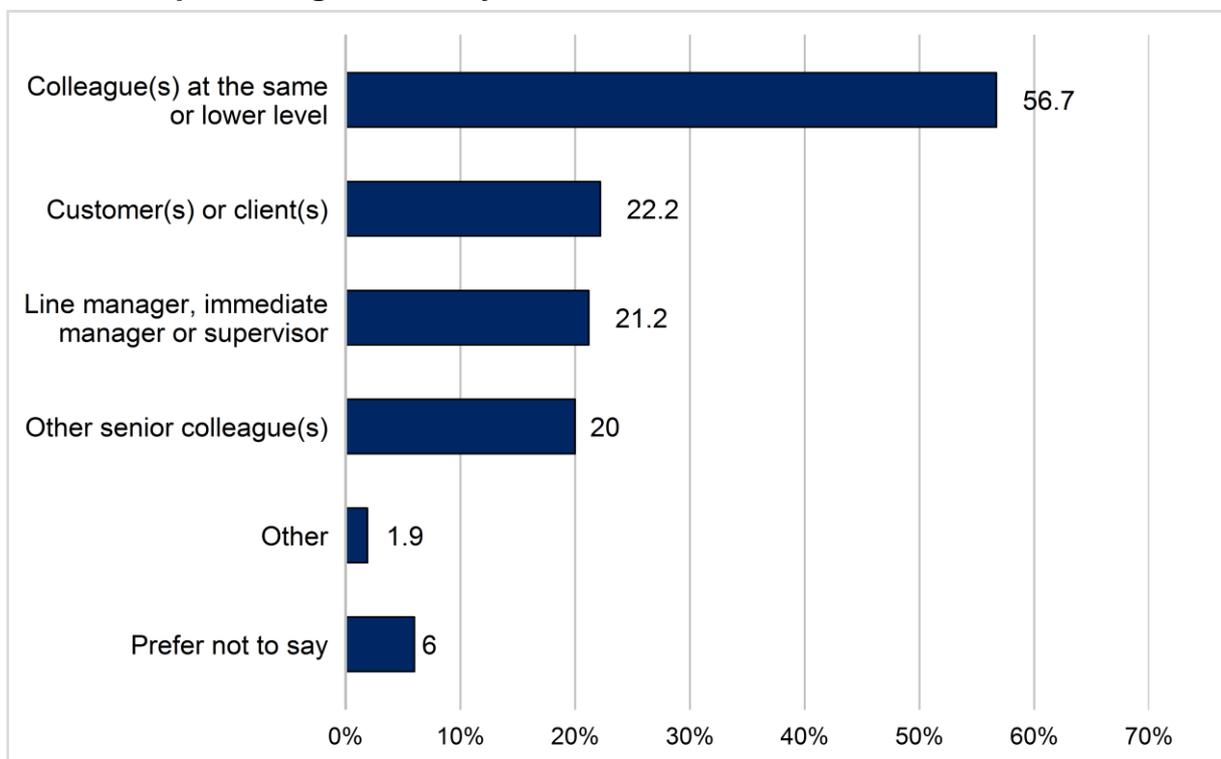
**Man, gay, 45-54, North West**

### 7.4.1 Perpetrators of incidents in the workplace

Respondents who had experienced an incident in the workplace in the 12 months preceding the survey due to being LGBT, or thought to be LGBT, were asked to identify the perpetrator, or perpetrators, of the most serious incident they had experienced.

The most frequently reported perpetrators were colleagues at the same level or a lower level (57%), followed by customers and clients (22%), line managers, immediate managers and supervisors (21%), and other senior colleagues (20%) (Figure 7.16).

**Figure 7.16: Perpetrators of the most serious incidents in the workplace in the 12 months preceding the survey**



Note: Respondents could select as many perpetrators as applicable.

Base (rounded): 15,670 respondents.

Respondents: Those who had experienced an incident in the workplace in the 12 months preceding the survey.

See Annex 7 (Q55) for data.

For cisgender respondents, the proportions of reported perpetrators were similar to those of respondents overall. Customers and clients were cited as the perpetrators in 47% cases of threats of physical or sexual harassment or violence, and 42% of cases of physical harassment or violence. Colleagues at the same or a lower level were cited the perpetrators of 72% of cases of disclosing that a respondent was LGBT without their permission (Annex 7, Q55).

The findings relating to trans respondents largely reflect those for cisgender respondents above, although line managers, immediate managers or supervisors were notably more likely to have been reported as perpetrators of sexual harassment

or violence by trans respondents (34%), than by cisgender respondents (26%) (Annex 7, Q55).

### **7.4.2 Reporting incidents in the workplace**

Respondents who had experienced an incident in the workplace due to being LGBT, or being thought to be LGBT, in the 12 months preceding the survey, were asked whether the most serious incident they had experienced had been reported by themselves or by someone else. If so, they were also asked about their experiences of reporting the incident.

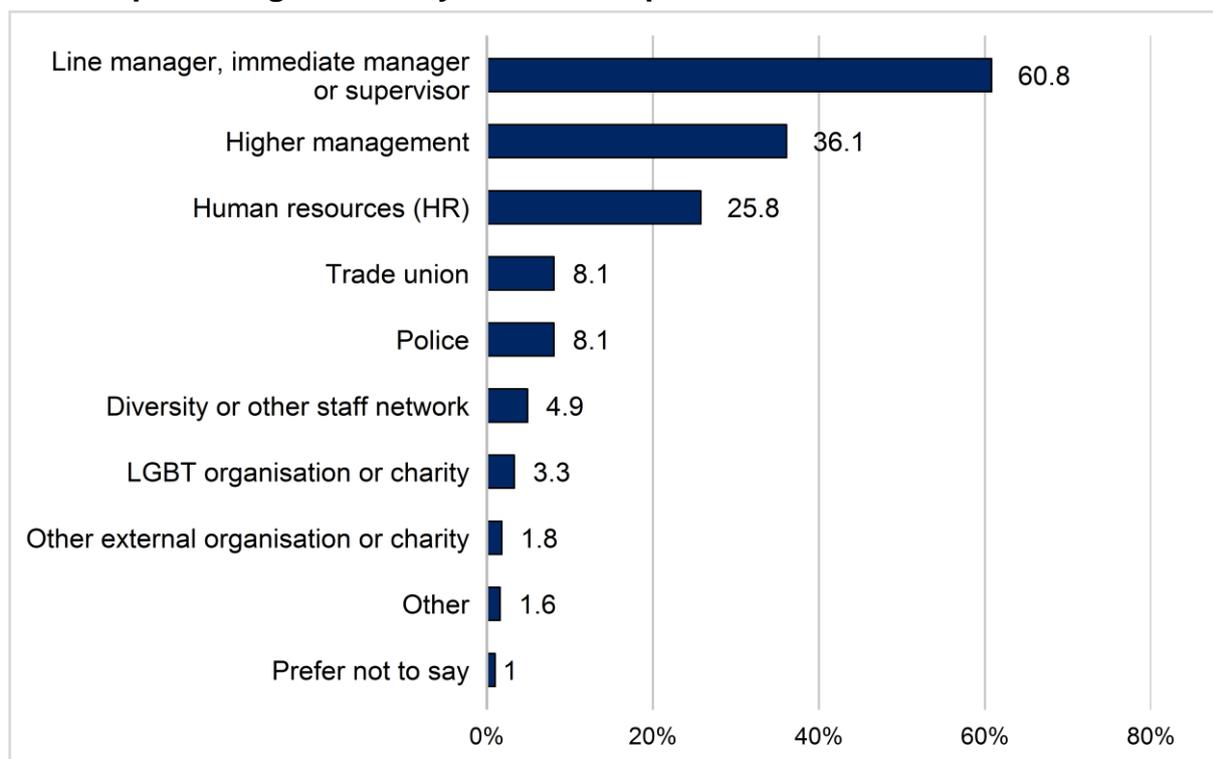
Seventy-seven per cent of respondents said that the most serious incident they had experienced had not been reported, either by themselves or by someone else. When incidents were reported, 82% of them had been reported by the respondent themselves (Annex 7, Q56).

For cisgender respondents, all types of incident were generally unlikely to have been reported. Physical harassment or violence had the highest rate of reporting (49%). Disclosure that the respondent was LGBT without their permission was the least reported (9%). Respondents were notably less likely to say that an incident had been reported if at least one of the perpetrators had been a colleague at the same or a lower level (18%) (Annex 7, Q56).

There were similar findings on the reporting of incidents relating to trans respondents, although incidents experienced by trans respondents in the workplace were more likely to have been reported (27%) than those experienced by cisgender respondents (21%) (Annex 7, Q56).

Incidents, when reported, were most commonly reported internally to a line manager or equivalent (61%), to higher management (36%), or to human resources (26%) (Figure 7.17).

**Figure 7.17: To whom the most serious incidents in the workplace in the 12 months preceding the survey had been reported**



Note: Respondents could select as many options as applicable.

Base (rounded): 3,310 respondents.

Respondents: Those who had experienced an incident in the workplace in the 12 months preceding the survey and the most serious incident had been reported.

See Annex 7 (Q58) for data.

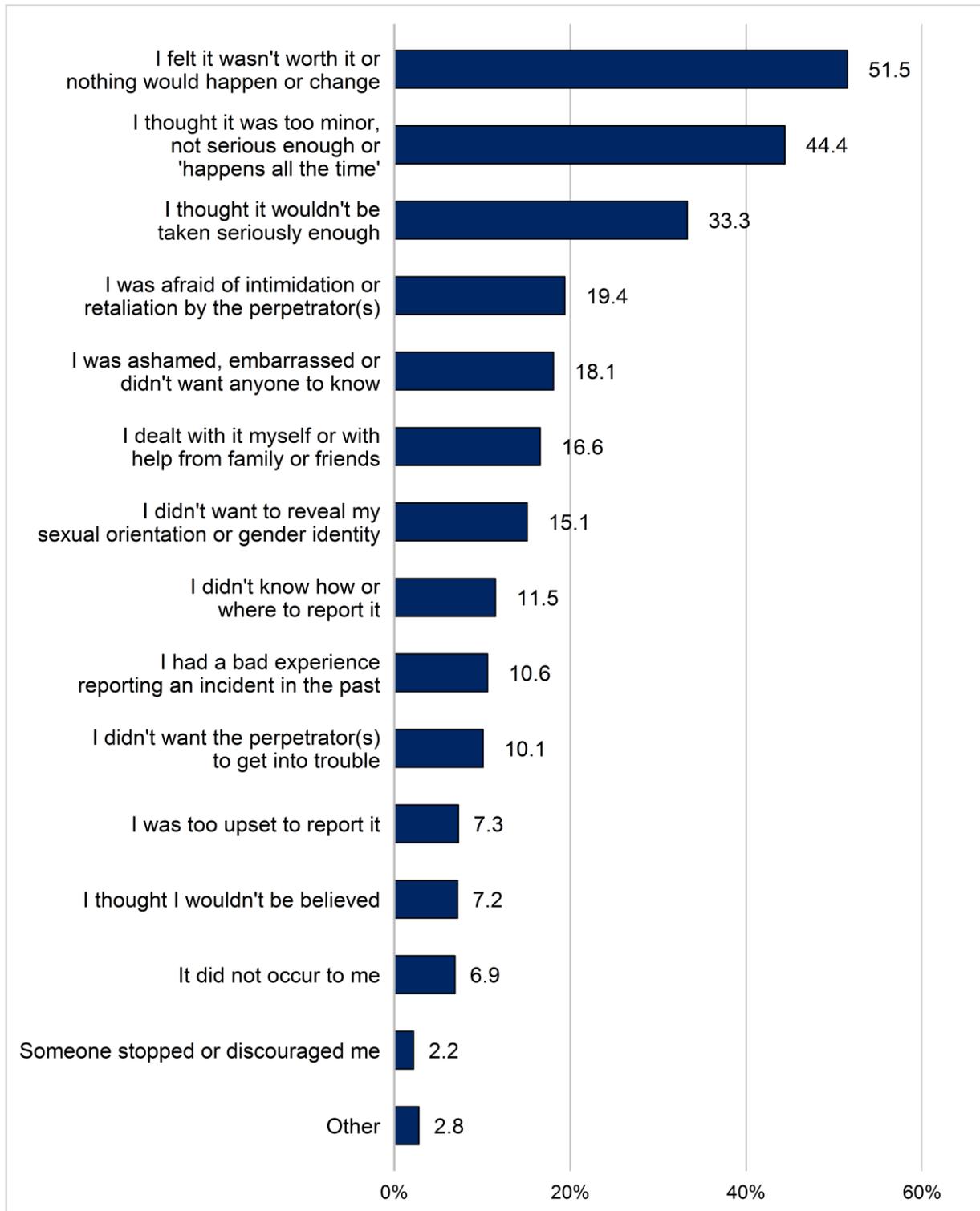
For cisgender respondents, internal reporting within the workplace was more likely than reporting externally, such as to the police or a support organisation, for all incident types. More serious incident types, such as sexual harassment and violence (14%), physical harassment and violence (33%), and threats (23%) were the most likely to have been reported to the police, although reporting rates were nonetheless generally low (Annex 7, Q58).

Similar observations were made in relation to incidents experienced by trans respondents (Annex 7, Q58).

Where respondents indicated that the most serious incident had not been reported, they were asked why this had been the case. The most frequently reported reason for not reporting was that the respondent had thought it was not worth it, or that nothing would happen or change (52%). Forty-four per cent had felt that the incident was too minor, not serious enough or 'happens all the time', and 33% had thought that it would not be taken seriously enough (Figure 7.18).

Notably, for all respondents, even more serious incident types, such as sexual harassment and violence, were likely to go unreported because respondents had considered the matter too minor, not serious enough or to 'happen all the time'. Respondents frequently also said that they had thought such incidents would not be taken seriously enough, or that they had been afraid of intimidation or retaliation by the perpetrators (Annex 7, Q57).

**Figure 7.18: Why the most serious incidents in the workplace in the 12 months preceding the survey had not been reported**



Note: Respondents could select as many reasons as applicable.

Base (rounded): 11,880 respondents.

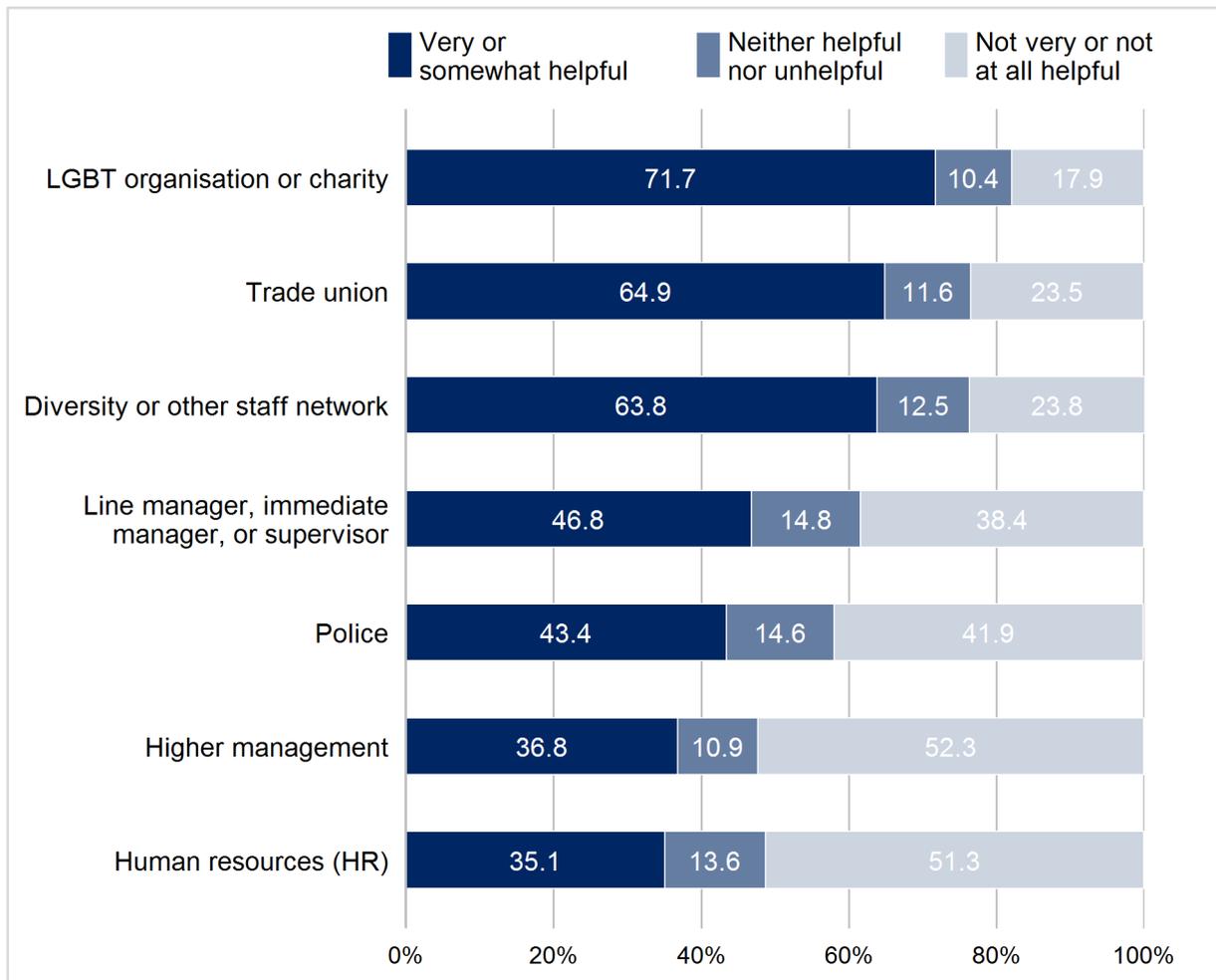
Respondents: Those who had experienced an incident in the workplace in the 12 months preceding the survey but the most serious incident had not been reported (Q57).

Excluded: 'Prefer not to say' (Q57).

See Annex 7 (Q57) for data.

LGBT organisations and charities (72%), trade unions (65%), diversity or other staff networks (64%), and other external organisations and charities (61%) were considered very or somewhat helpful to a greater extent than other individuals/organisations when handling the most serious incidents experienced by respondents in the workplace (Figure 7.19).

**Figure 7.19: How helpful or unhelpful respondents had found individuals/organisations handling the most serious incidents in the workplace in the 12 months preceding the survey**



Note: Respondents answered for each of the individuals/organisations their incident had been reported to; 'Another external organisation or charity' not shown to maintain anonymity.  
 Base (rounded): LGBT organisation or charity, 110 respondents; Trade union, 270 respondents; Diversity or other staff network, 160 respondents; Line manager, 2,010 respondents; Police, 270 respondents; Higher management, 1,180 respondents; Human resources, 850 respondents.

Respondents: Those who had experienced an incident in the workplace in the 12 months preceding the survey and the most serious incident had been reported.

Excluded: 'Prefer not to say' (Q59-66).

See Annex 7 (Q59-66) for data.

After the incident had been reported, 22% of respondents said that the negative comments or conduct in question had stopped completely, whilst 47% said it had stopped partially (Annex 7, Q67).

Some respondents who commented on the workplace in response to the optional free-text question referred to negative incidents that they had experienced and their experiences of reporting them.

I was stalked and sexually harrassed at work by a client. [sic] I reported it, in line with procedure and because I was gay, I was accused of encouraging this behaviour and 'courting it'. I was suspended, told I shouldn't work with vulnerable adults because of my sexuality and was a danger to vulnerable adults. This by the director of HR. I was treated like a sexual predator rather than the victim of a crime.

**Woman, lesbian, 25-34, North West**

I work in public transport, more specifically in Manchester which is by no means the worst place for LGBT to live in UK. I feel that the police do not take verbal abuse or threatened physical abuse at work seriously. I have always reported these to my workplace with a view of it being passed to police, but they seem to throw it under the general umbrella of "anti-social behaviour" and then it just becomes another statistic without recognising the issue.

**Man, gay, 25-34, North West**

# 8 Health

## 8.1 Overview

The National Institute of Economic and Social Research review of evidence on inequalities faced by LGBT people pointed to people with a minority sexual orientation having worse general health outcomes when compared to heterosexual people, including higher rates of mental health problems, attempted suicide, self-harm, anxiety and depression. For trans men and trans women, long waiting times for referral to Gender Identity Clinics are seen to adversely affect mental health. The review also found that LGBT people are more dissatisfied with health services in comparison to their heterosexual and cisgender peers. Sources of dissatisfaction include experiences of discrimination, heteronormativity, and a general lack of knowledge amongst healthcare staff about the specific health needs of LGBT people.<sup>37</sup> Furthermore, some service users with a minority sexual orientation are concerned about disclosing their sexual orientation to healthcare staff for fear of homophobia or breach of confidentiality.<sup>38</sup> Some evidence also suggests that the sexual health of lesbians and bisexual women is neglected when compared to the sexual health of gay and bisexual men.<sup>39</sup>

In the national LGBT survey, we asked whether respondents had accessed, or tried to access, public healthcare services, including mental health and sexual health services, in the 12 months preceding the survey, with a view to gathering their experiences of accessing and interacting with these services. We also asked respondents with a minority sexual orientation whether they had discussed or disclosed their sexual orientation with healthcare staff, and what effect they thought this had on their care.

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<sup>37</sup> National Institute of Economic and Social Research, 'Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence', July 2016, page 39

<sup>38</sup> As above, page 53

<sup>39</sup> As above, page 39

## Key findings

- 80% of survey respondents had accessed, or tried to access, public healthcare services in the 12 months preceding the survey.
- 40% of trans respondents who had accessed or tried to access public healthcare services reported having experienced at least one of a range of negative experiences because of their gender identity in the 12 months preceding the survey. 21% of trans respondents reported that their specific needs had been ignored or not taken into account, 18% had avoided treatment for fear of a negative reaction, and 18% had received inappropriate curiosity. Moreover, 7% had to change their GP, and 7% had faced unwanted pressure or being forced to undergo a medical or psychological test.
- 87% of cisgender respondents who had accessed or tried to access public healthcare services had not faced any such negative experiences due to their sexual orientation in the 12 months preceding the survey.
- 54% of respondents with a minority sexual orientation had disclosed or discussed their sexual orientation with healthcare staff in the 12 months preceding the survey. The main reasons for not having done so were that they had not thought it was relevant (84%) and that they had feared a negative reaction (14%). Of those who had disclosed or discussed their sexual orientation, 73% said it had no effect on their care, 18% said it had a positive effect, and 9% said it had a negative effect.
- 24% of respondents had accessed mental health services in the 12 months preceding the survey, whilst 8% had tried to access them but had been unsuccessful. 72% of those who had accessed or tried to access mental health services reported that it had not been easy (scoring ease of access as 1, 2 or 3 out of 5). 51% of those who had accessed or tried to access them said the wait had been too long, 27% had been worried, anxious or embarrassed about going, and 16% said their GP had not been supportive.
- 27% of respondents had accessed sexual health services in the 12 months preceding the survey, whilst 2% had tried to access them but had been unsuccessful. In contrast to mental health services, 74% of those who had accessed or tried to access sexual health services said that accessing them had been easy (scoring ease of access as 4 or 5 out of 5). 13% of those who had accessed or tried to access them, however, reported not having been able to go at a convenient time, and 13% also said the wait had been too long. Trans respondents were notably more likely to report feeling worried, anxious or embarrassed about going to sexual health services (14%) than cisgender respondents (6%).
- Overall, respondents had experienced better access and experiences in relation to sexual health services than mental health services.

## 8.2 Public healthcare

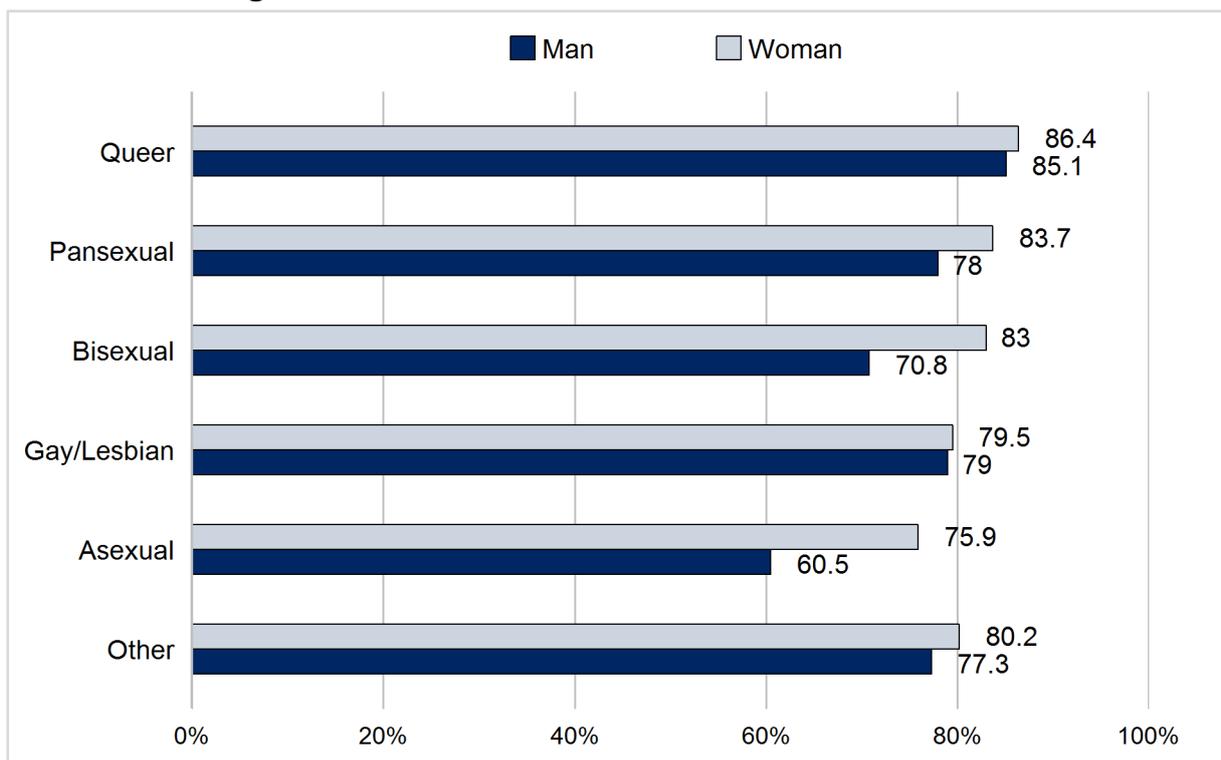
### 8.2.1 Accessing public healthcare services

In the 12 months preceding the survey, 80% of respondents had accessed or tried to access public healthcare services in the UK (Annex 8, Q68).

Amongst cisgender respondents, queer respondents (86%) were particularly likely to have accessed or tried to access healthcare services, whilst asexual respondents were the least likely to have done so (73%) (Annex 8, Q68).

Women (81%) were also marginally more likely than men (78%) to have accessed or tried to access healthcare services overall. There were gender differences within sexual orientation groups; for example, 83% of bisexual women had accessed or tried to access healthcare services, compared to 71% of bisexual men (Figure 8.1).

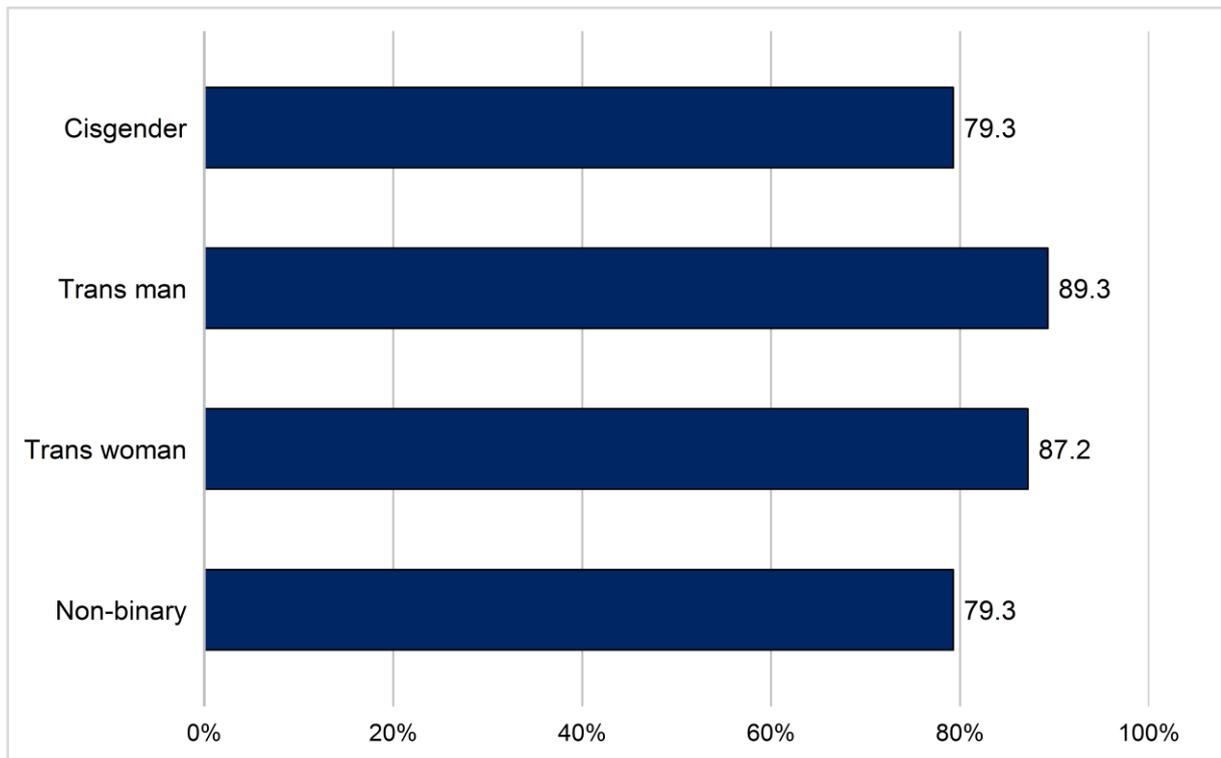
**Figure 8.1: Proportion of cisgender respondents who had accessed public healthcare services in the 12 months preceding the survey, by sexual orientation and gender**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.  
 Base (rounded): 91,090 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say' (Q68).  
 See Annex 8 (Q68) for data.

Overall, trans respondents (84%) were more likely than cisgender respondents (79%) to have accessed or tried to access public healthcare services in the 12 months preceding the survey (Annex 8, Q68). Amongst trans respondents, trans men (89%) and trans women (87%) were more likely than non-binary respondents (79%) to have accessed or tried to access these services (Figure 8.2).

**Figure 8.2: Proportion of cisgender respondents and trans respondents who had accessed public healthcare services in the 12 months preceding the survey**



Base (rounded): 105,240 respondents.  
Respondents: Cisgender respondents and trans respondents.  
Excluded: 'Prefer not to say' (Q68).  
See Annex 8 (Q68) for data.

## 8.2.2 Experiences of public healthcare services

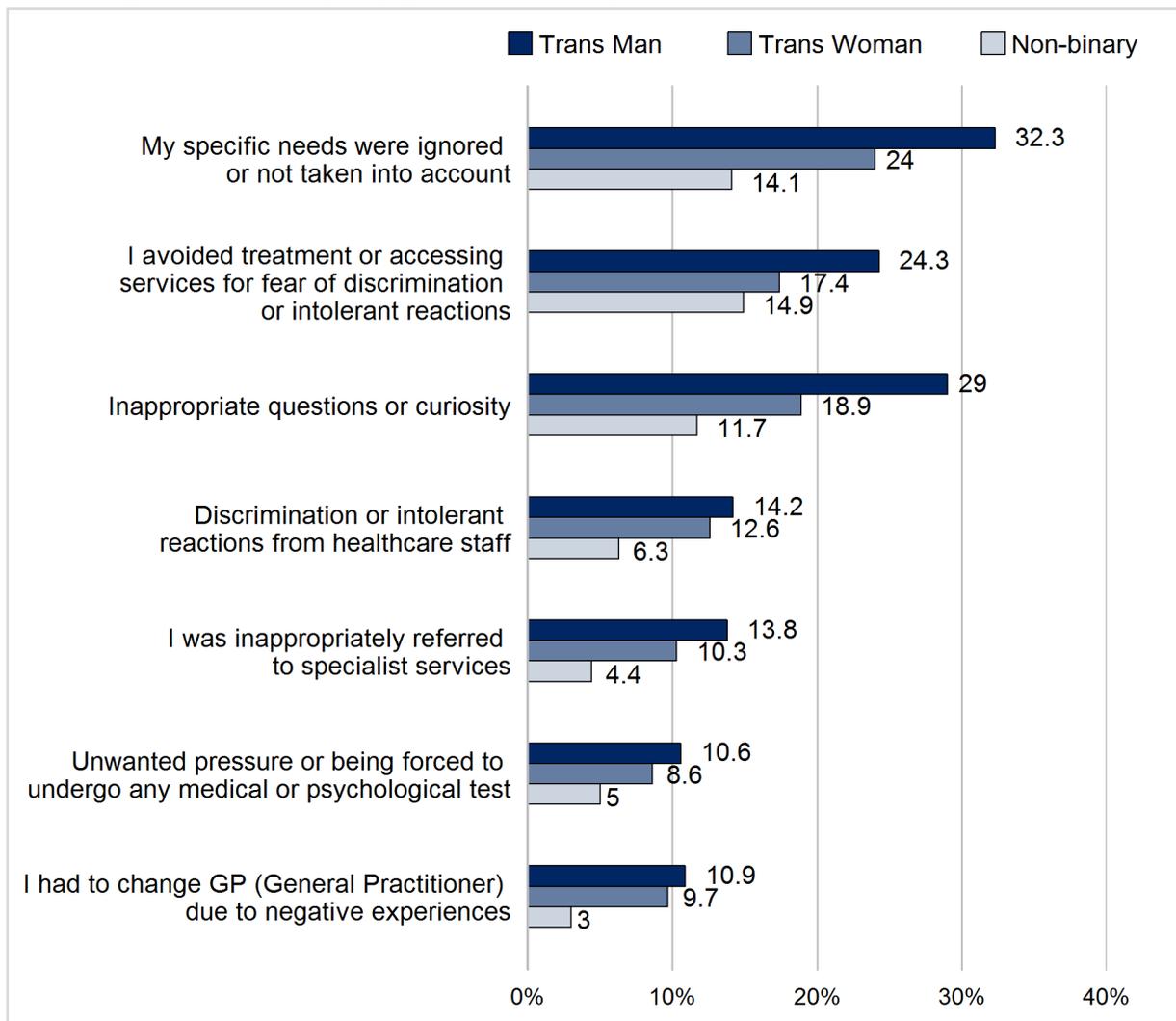
Respondents who had accessed or tried to access healthcare services in the 12 months preceding the survey were asked if they had faced certain negative experiences due to their sexual orientation or gender identity.

Amongst cisgender respondents, 87% had not faced any of the listed negative experiences due to their sexual orientation. The most common negative experiences cited were having received inappropriate questions or curiosity (6%), having had specific needs ignored or not taken into account (5%), and having avoided treatment or accessing services for fear of discrimination or intolerant reactions (4%). One per cent of cisgender respondents stated that they had to change their GP due to negative experiences in relation to their sexual orientation. Queer (23%) and asexual (21%) respondents were more likely to have experienced at least one of the listed negative experiences than gay and lesbian (14%), pansexual (14%) and bisexual respondents (11%) (Annex 8, Q72).

Amongst cisgender respondents, 87% had not faced any of the listed negative experiences due to their sexual orientation. The most common negative experiences cited were having received inappropriate questions or curiosity (6%), having had specific needs ignored or not taken into account (5%), and having avoided treatment or accessing services for fear of discrimination or intolerant reactions (4%). One per cent of cisgender respondents stated that they had to change their GP due to negative experiences in relation to their sexual orientation. Queer (23%) and asexual (21%) respondents were more likely to have experienced at least one of the listed negative experiences than gay and lesbian (14%), pansexual (14%) and bisexual respondents (11%) (Annex 8, Q72).

Trans respondents who had accessed or tried to access healthcare in the 12 months preceding the survey were asked if they had faced certain negative experiences because of their gender identity. Forty per cent of trans respondents reported having faced at least one of the listed negative experiences. The most commonly cited experiences were having specific needs ignored or not taken into account (21%), avoiding treatment for fear of negative reaction (18%), and receiving inappropriate curiosity (18%). Seven per cent had to change GP due to negative experiences and 7% reported having unwanted pressure or being forced to undergo a medical or psychological test (Annex 8, Q73). Amongst trans respondents, trans men (57%) and trans women (45%) were much more likely to report one of the listed negative experiences due to their gender identity than non-binary respondents (29%) (Figure 8.3).

**Figure 8.3: Experiences of trans respondents who had accessed or tried to access public healthcare services in the 12 months preceding the survey due to their gender identity, by gender identity**



Note: Respondents could select as many experiences as applicable; 'None of the above' not shown.

Base (rounded): 11,460 respondents.

Respondents: Trans respondents who had accessed, or tried to access, public healthcare services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q73).

See Annex 8 (Q73) for data.

Some responses to the optional free-text question reported a lack of understanding from NHS staff in regards to their specific needs and risks, especially when asking for post-exposure prophylaxes (PEP), a time-sensitive treatment aimed at preventing becoming infected with HIV:

At a hospital NHS walk-in centre, I have been told it is not possible to access information about / get prescription for PEP (which needs to be taken as soon as possible) on a Sunday. [...] I was also loudly asked in front of other people if my enquiry is about HIV because the nurse did not know what post-exposure prophylaxis is. In general, a fair number of NHS staff seem to have limited knowledge about LGBT+ related issues. The GUM clinics on the other hand are very well prepared and offer adequate service in my experience.

**Man, gay, 18-24, South East**

Some respondents commented on their generally positive experiences of healthcare services, referring to supportive healthcare staff and access to appropriate information and support.

Every encounter with health practitioners in my region has been positive and they also offered information that is more relevant to me as a gay man, and they did this voluntarily.

**Man, gay, 25-34, North East**

### 8.2.3 Disclosing or discussing sexual orientation with healthcare staff

Existing evidence suggests that services do not routinely monitor the sexual orientation or gender identity of their service users, whilst non-disclosure of sexual orientation is deemed to prevent appropriate health care.<sup>40</sup> A standard for monitoring sexual orientation was, however, introduced by NHS England in 2017.<sup>41</sup> Evidence also shows that service users are concerned about disclosing their sexual orientation to healthcare staff for fear of homophobia or breach of confidentiality.<sup>42</sup> In the national LGBT survey, we asked people with a minority sexual orientation who had

<sup>40</sup> National Institute of Economic and Social Research, 'Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence', July 2016, page 54

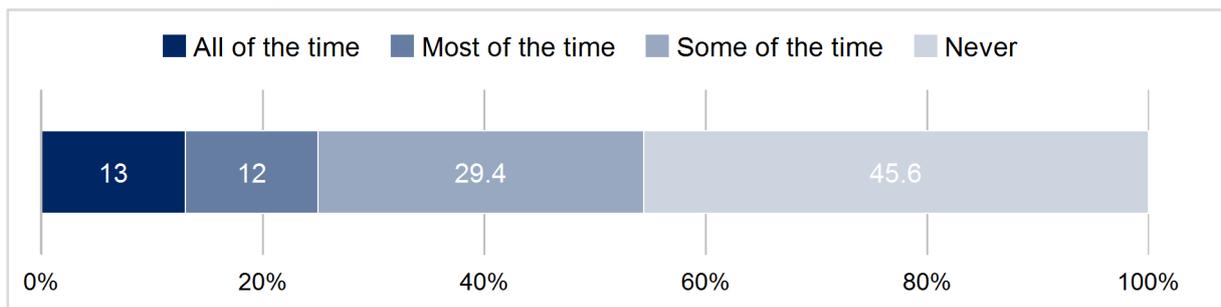
<sup>41</sup> NHS England, 'Implementation Guidance: Fundamental Standard for Sexual Orientation Monitoring', October 2017

<sup>42</sup> National Institute of Economic and Social Research, 'Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence', July 2016, page 56

accessed, or tried to access, public healthcare services in the preceding 12 months whether they had disclosed their sexual orientation to healthcare staff, or discussed it with them, and what effect they thought this had on their care.

Fifty-four per cent of respondents with a minority sexual orientation had disclosed or discussed their sexual orientation with healthcare staff some, most or all of the time in the 12 months preceding the survey (Figure 8.4).

**Figure 8.4: How often respondents with a minority sexual orientation had discussed or disclosed their sexual orientation with healthcare staff in the 12 months preceding the survey**



Base (rounded): 84,300 respondents.

Respondents: Those with a minority sexual orientation who had accessed, or tried to access, public healthcare services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q69).

See Annex 8 (Q69) for data.

Amongst cisgender respondents, gay and lesbian respondents were much more likely than those with other minority sexual orientations to have disclosed or discussed their sexual orientation with healthcare staff (Table 8.1). Men (62%) were more likely than women (45%) to have disclosed their sexual orientation to healthcare staff in the preceding 12 months. Within this pattern, there were some notable gender differences amongst bisexual, pansexual and queer respondents. For example, 59% of bisexual men had not disclosed their sexual orientation, compared to 70% of bisexual women (Figure 8.5).

**Table 8.1: How often cisgender respondents had discussed their sexual orientation with healthcare staff in the 12 months preceding the survey, by sexual orientation**

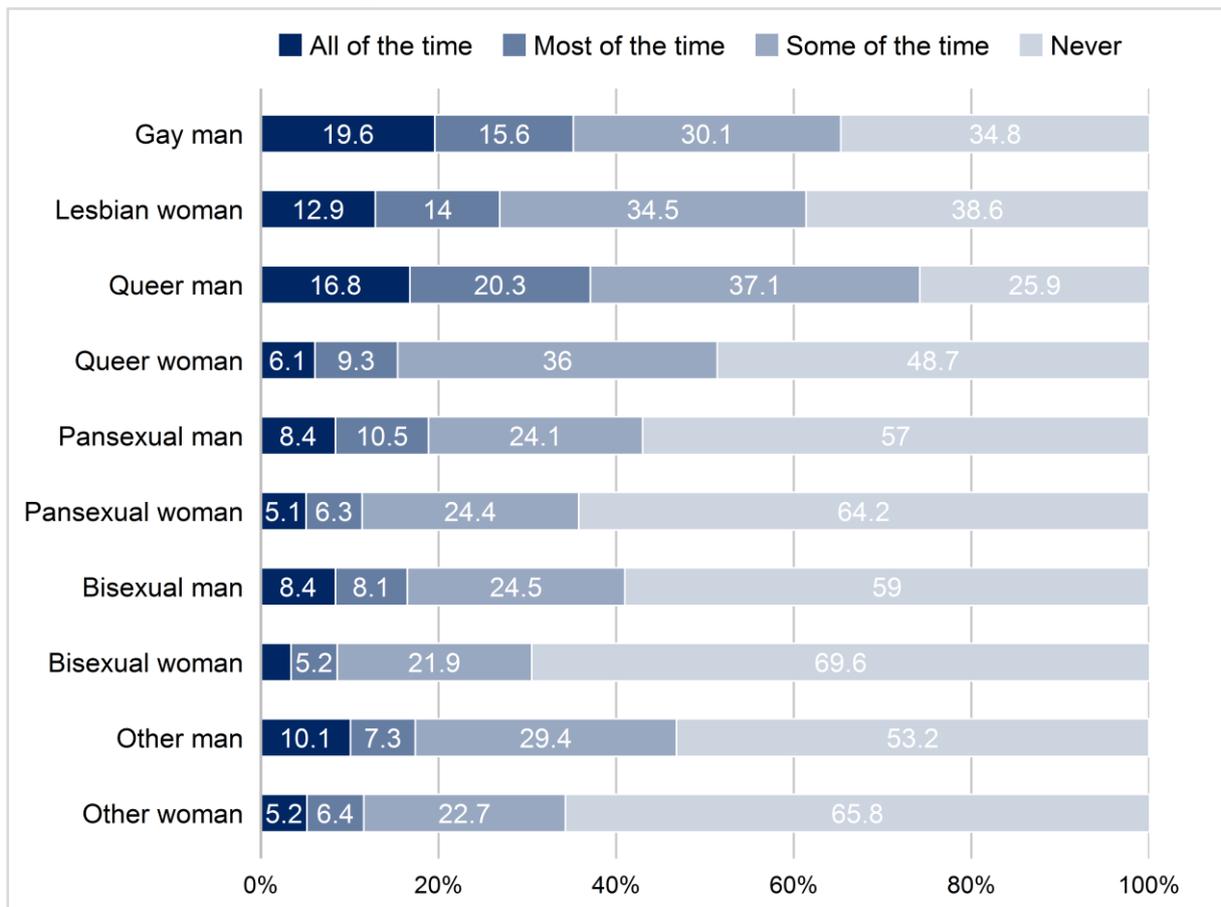
	Gay/Lesbian	Bisexual	Pansexual	Asexual	Queer	Other	Total
All of the time	17.5%	4.5%	5.6%	1.5%	8.3%	6.3%	13.5%
Most of the time	15.1%	5.8%	6.9%	3.0%	11.6%	6.6%	12.2%
Some of the time	31.4%	22.5%	24.3%	21.2%	36.2%	24.1%	28.7%
Never	36.0%	67.2%	63.2%	74.3%	43.8%	63.0%	45.6%
<b>Respondents (rounded)</b>	<b>49,150</b>	<b>17,950</b>	<b>1,940</b>	<b>820</b>	<b>670</b>	<b>990</b>	<b>72,100</b>

Respondents: Cisgender respondents who had accessed, or tried to access, public healthcare services in the 12 months preceding the survey; 'Don't know' and 'Prefer not to say' sexual orientations not shown.

Excluded: 'Prefer not to say' (Q69).

See Annex 8 (Q69) for data.

**Figure 8.5: How often cisgender respondents had discussed their sexual orientation with healthcare staff in the 12 months preceding the survey, by sexual orientation and gender**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown; 'Asexual' respondents not shown to maintain anonymity.

Base (rounded): 72,100 respondents.

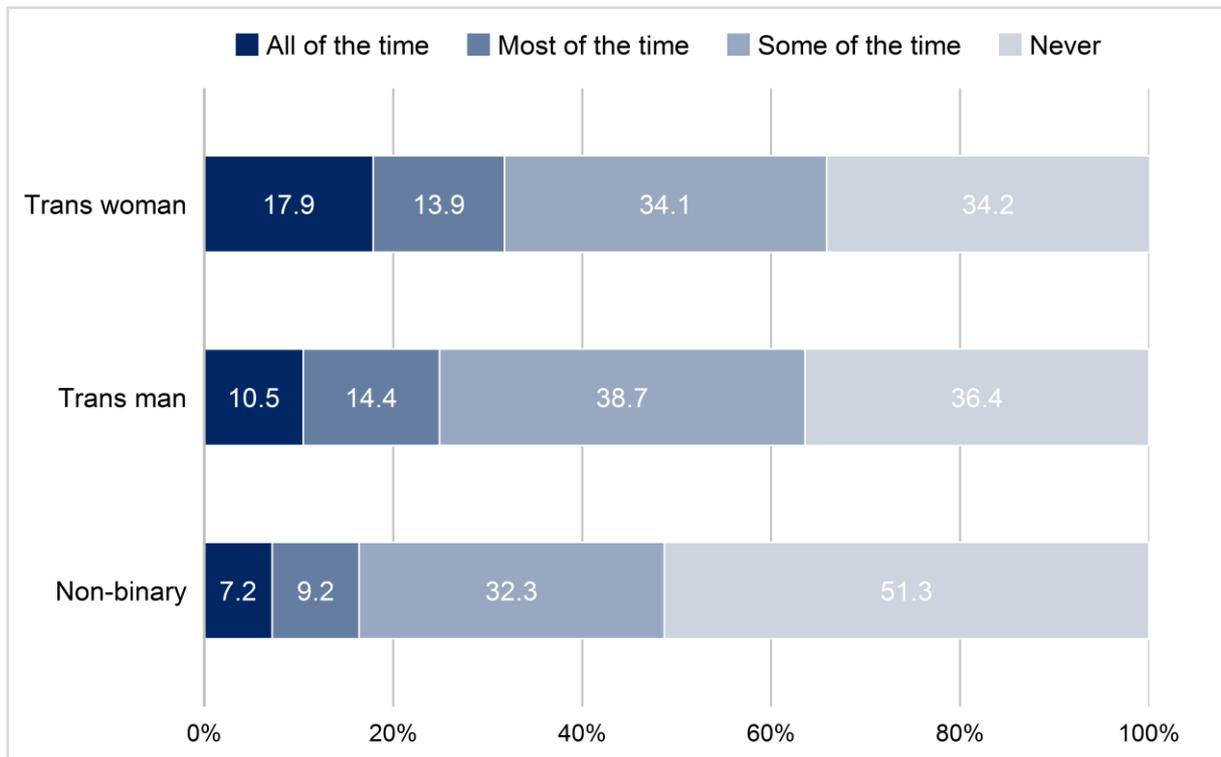
Respondents: Cisgender respondents who had accessed, or tried to access, public healthcare services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q69).

See Annex 8 (Q69) for data.

Amongst trans respondents, non-binary respondents (51%) were more likely to have never disclosed or discussed their sexual orientation than trans men (36%) and trans women (34%) (Figure 8.6).

**Figure 8.6: How often trans respondents had discussed their sexual orientation with healthcare staff in the 12 months preceding the survey**



Base (rounded): 10,640 respondents.

Respondents: Trans respondents with a minority sexual orientation who had accessed, or tried to access, public healthcare services in the 12 months preceding the survey.

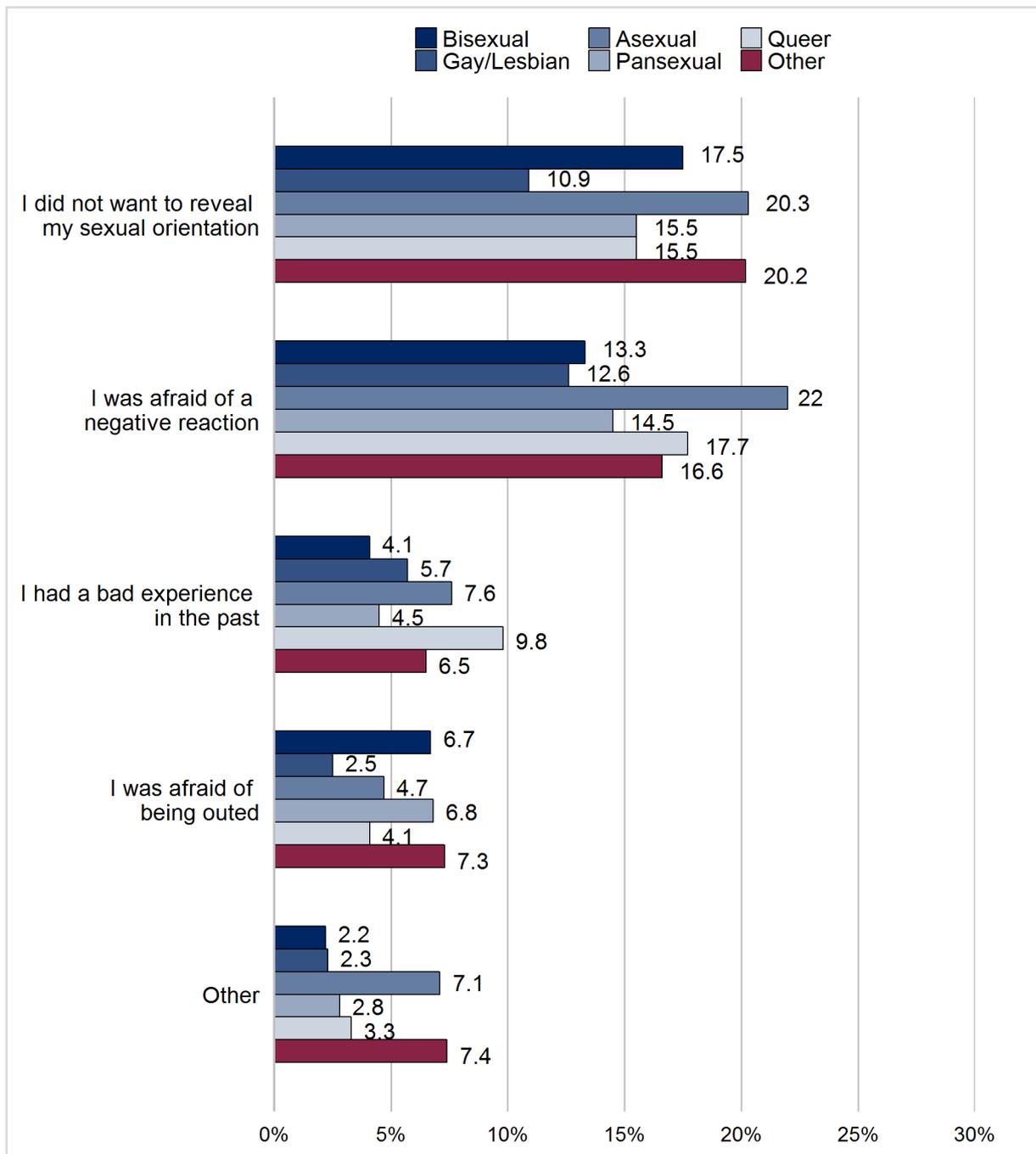
Excluded: 'Prefer not to say' (Q69).

See Annex 8 (Q69) for data.

### 8.2.3.1 Reasons for not disclosing or discussing sexual orientation

The most frequently stated reason for not having disclosed or discussed sexual orientation with healthcare staff was that respondents had not thought it was relevant (84%) (Annex 8, Q71). Amongst cisgender respondents, asexual (22%), queer (18%) and those identifying as having an 'other' sexual orientation (17%) were particularly likely to say that they had feared a negative reaction (Figure 8.7). Women were also more likely than men to have been afraid of a negative reaction (Figure 8.8).

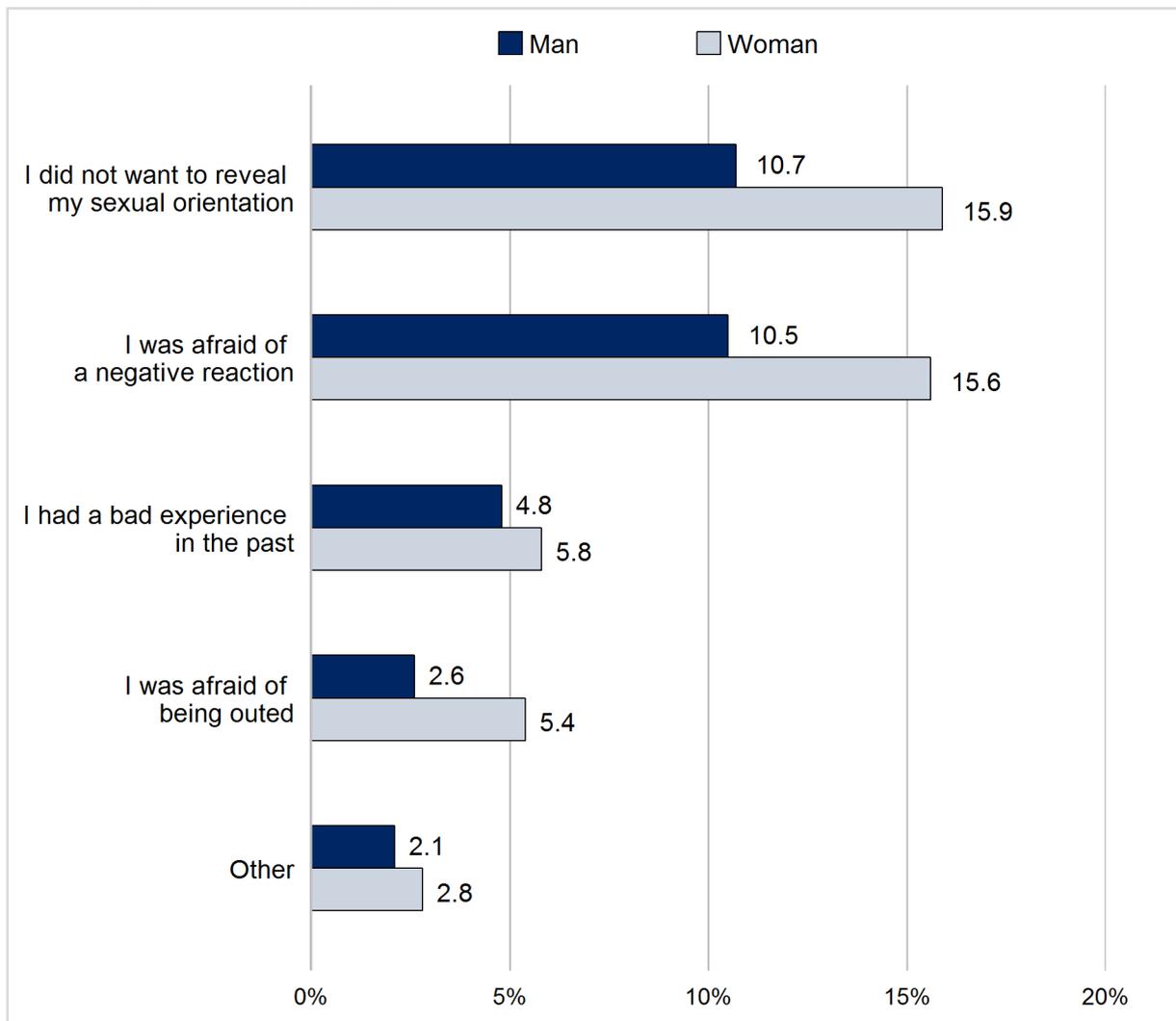
**Figure 8.7: Cisgender respondents' reasons for not having discussed or disclosed their sexual orientation with healthcare staff in the 12 months preceding the survey, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown; 'It was not relevant' not shown.  
 Base (rounded): 62,160 respondents.

Respondents: Cisgender respondents who had accessed, or tried to access, public healthcare services in the 12 months preceding the survey, and had not discussed or disclosed their sexual orientation with healthcare staff all of the time.  
 Excluded: 'Prefer not to say' (Q71).  
 See Annex 8 (Q71) for data.

**Figure 8.8: Cisgender respondents' reasons for not having discussed or disclosed their sexual orientation with healthcare staff in the 12 months preceding the survey, by gender**



Note: 'It was not relevant' not shown.

Base (rounded): 62,160 respondents.

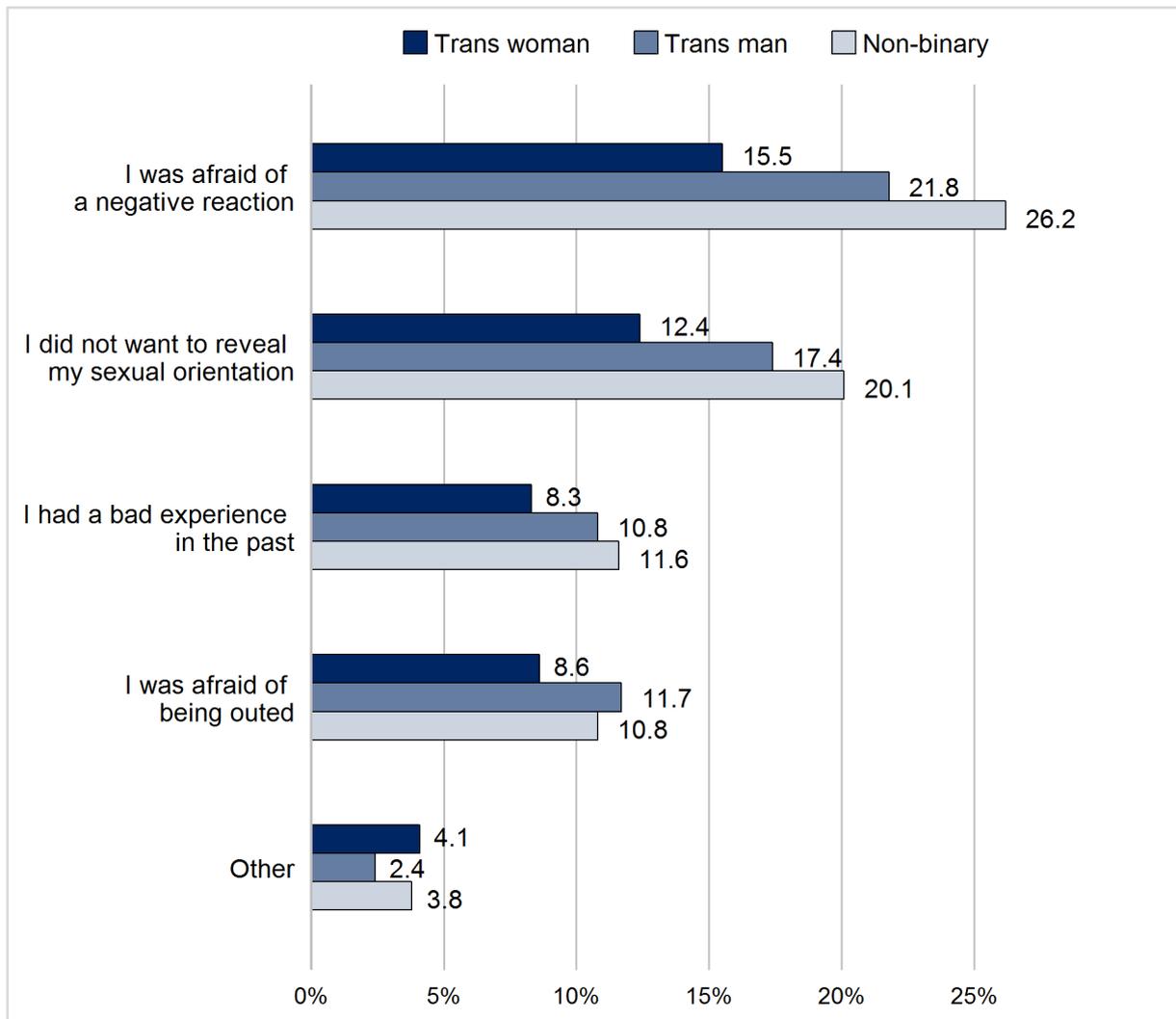
Respondents: Cisgender respondents who had accessed, or tried to access, public healthcare services in the 12 months preceding the survey, and had not discussed or disclosed their sexual orientation with healthcare staff all of the time.

Excluded: 'Prefer not to say' (Q71).

See Annex 8 (Q71) for data.

Trans respondents were more likely to have not disclosed their sexual orientation for fear of a negative reaction (23%) than cisgender respondents (13%) (Annex 8, Q71). Non-binary respondents (26%) and trans men (22%) were more likely to have not disclosed their sexual orientation for fear of a negative reaction than trans women (15%) (Figure 8.9).

**Figure 8.9: Trans respondents' reasons for not having discussed or disclosed their sexual orientation with healthcare staff in the 12 months preceding the survey, by gender identity**



Note: 'It was not relevant' not shown.

Base (rounded): 9,440 respondents.

Respondents: Trans respondents with a minority sexual orientation who had accessed, or tried to access, public healthcare services in the 12 months preceding the survey, and had not discussed or disclosed their sexual orientation with healthcare staff all of the time.

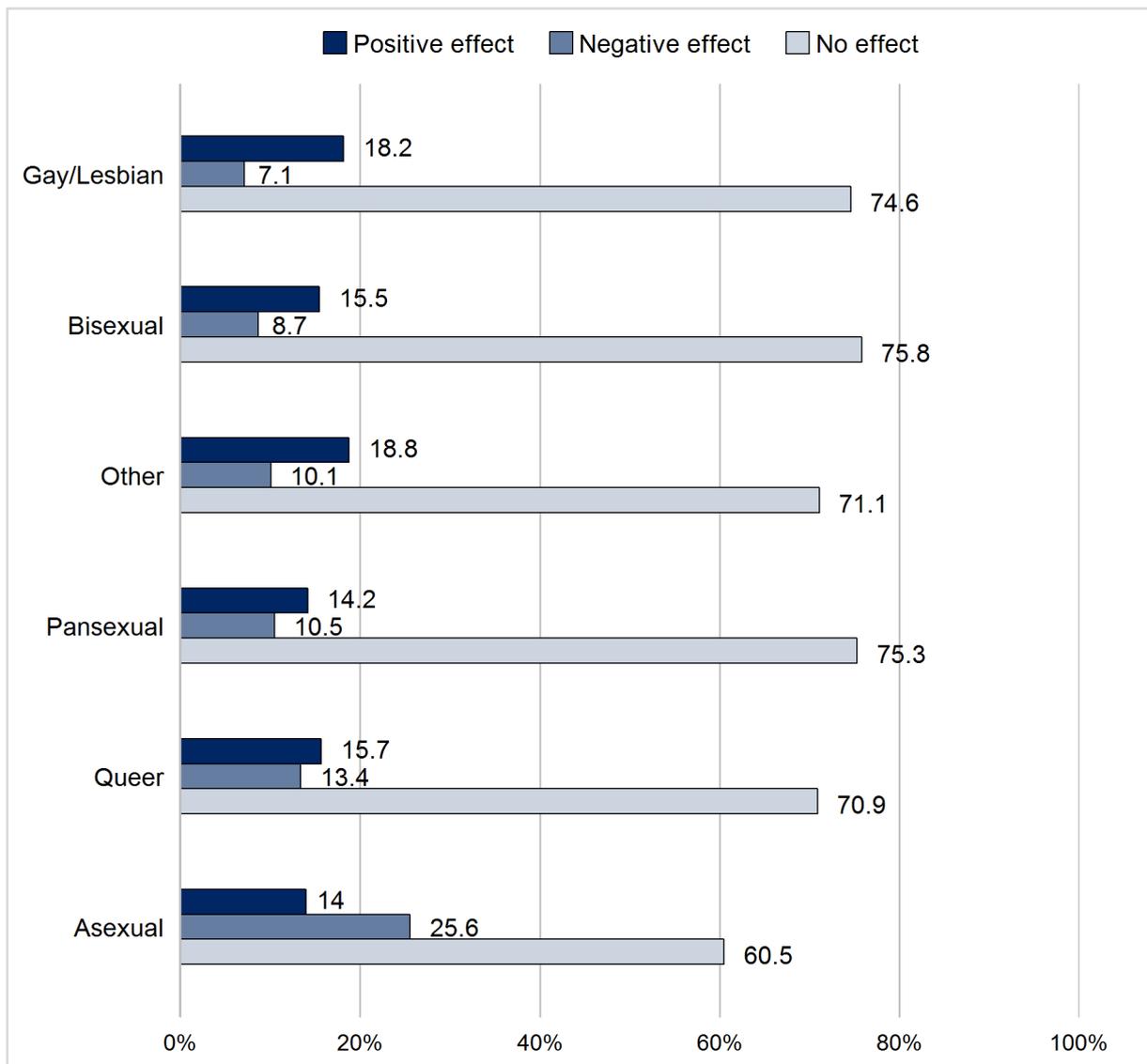
Excluded: 'Prefer not to say' (Q71).

See Annex 8 (Q71) for data.

### 8.2.3.2 Perceived effect of disclosing or discussing sexual orientation on care

Seventy-three per cent of those who had disclosed or discussed their sexual orientation with healthcare staff said that it had no effect on their care, whilst 18% said it had a positive effect, and 9% said it had a negative effect (Annex 8, Q70). Amongst cisgender respondents, those with less common sexual orientations were particularly likely to say that disclosing their sexual orientation had a negative effect on their treatment, with 26% of asexual, 13% of queer and 10% of pansexual respondents reporting this, compared to 7% of gay and lesbian respondents (Figure 8.10).

**Figure 8.10: Perceived effect on cisgender respondents' care after discussing or disclosing their sexual orientation with healthcare staff in the 12 months preceding the survey, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.

Base (rounded): 34,340 respondents.

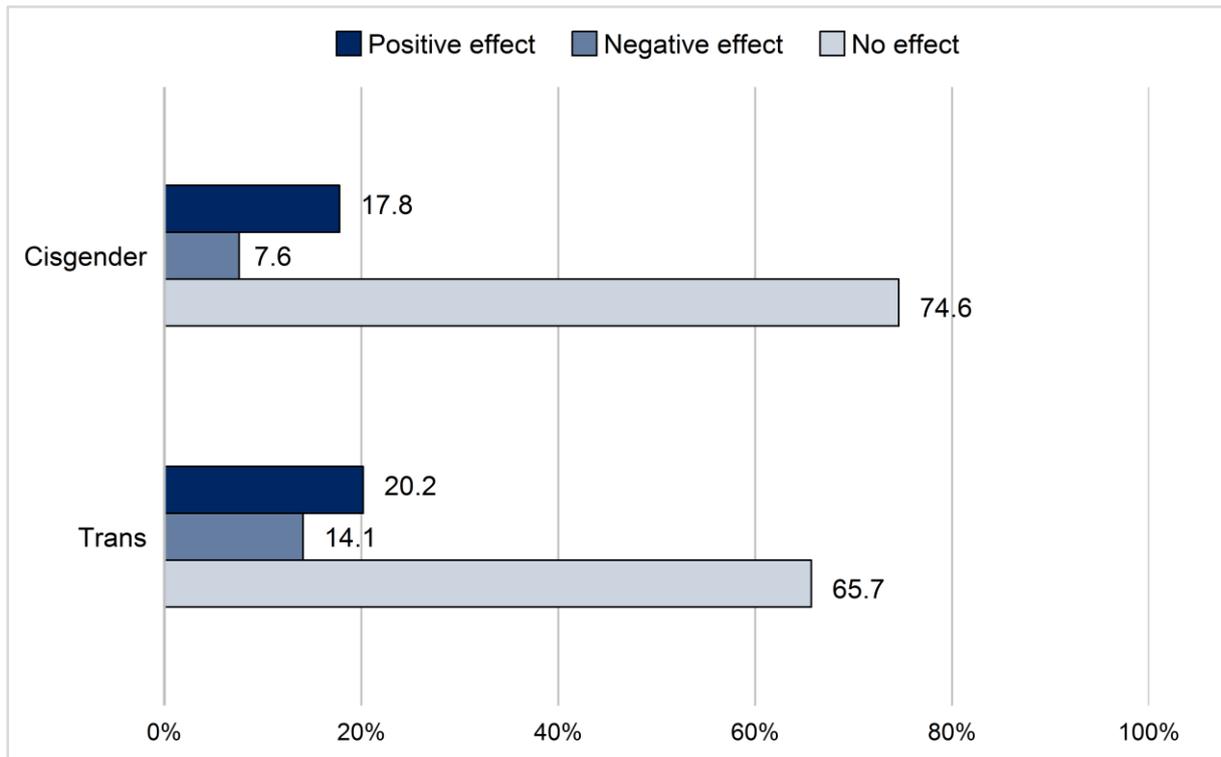
Respondents: Cisgender respondents who had accessed, or tried to access, public healthcare services in the 12 months preceding the survey, and had discussed or disclosed their sexual orientation with healthcare staff.

Excluded: 'Don't know' and 'Prefer not to say' (Q70).

See Annex 8 (Q70) for data.

Trans respondents (14%) were almost twice as likely as cisgender respondents (8%) to have felt that disclosing their sexual orientation had a negative effect on their treatment (Figure 8.11).

**Figure 8.11: Perceived effect on cisgender respondents' and trans respondents' care after discussing or disclosing their sexual orientation with healthcare staff in the 12 months preceding the survey**



Base (rounded): 39,130 respondents.

Respondents: Cisgender respondents and trans respondents with a minority sexual orientation who had accessed, or tried to access, public healthcare services in the 12 months preceding the survey, and had discussed or disclosed their sexual orientation with healthcare staff.

Excluded: 'Don't know' and 'Prefer not to say' (Q70).

See Annex 8 (Q70) for data.

### 8.2.3.3 Experiences of disclosing or discussing sexual orientation

A small number of respondents (48) to the optional free-text question discussed their experiences of disclosure. They cited examples of either assumptions that individuals are heterosexual or cisgender, which can be awkward or challenging for the patient to correct, or discriminatory treatment based on sexual orientation or gender identity. For instance, some gay and bisexual men reported that medical practitioners assumed that they engaged in risky sexual behaviour upon disclosing their sexual orientation. A number of lesbians described instances of what they felt was an ignorant or unsympathetic attitude from NHS staff when seeking the pill for reasons other than contraception. Overall, respondents discussing disclosure requested a more inclusive, less presumptuous and less heteronormative approach to healthcare.

Health care providers often just make an assumption of heterosexuality meaning that you have to disclose. For example, if you say ‘my partner...’ when discussing something, I always get the GP/mental health worker/counsellor/nurse saying ‘he’ in their response, automatically assuming it is a man, when it is a woman. This has been ongoing for years. Training needs to be provided to health care professionals to not make assumptions.

**Woman, queer, 25-34, South East**

## 8.3 Mental health

Existing evidence points to a higher prevalence of mental health issues amongst LGBT people, who are more prone to suicide attempts, self-harm, anxiety and depression than heterosexual and cisgender people.<sup>43</sup> It has also been demonstrated that long waiting times in first referral to Gender Identity Clinics adversely affect the mental health of trans people.<sup>44</sup>

Overall, the majority of survey respondents who had accessed mental health services had positive experiences; however, difficulties in accessing mental health services were widespread, with long waiting times cited as a particular barrier.

### 8.3.1 Accessing mental health services

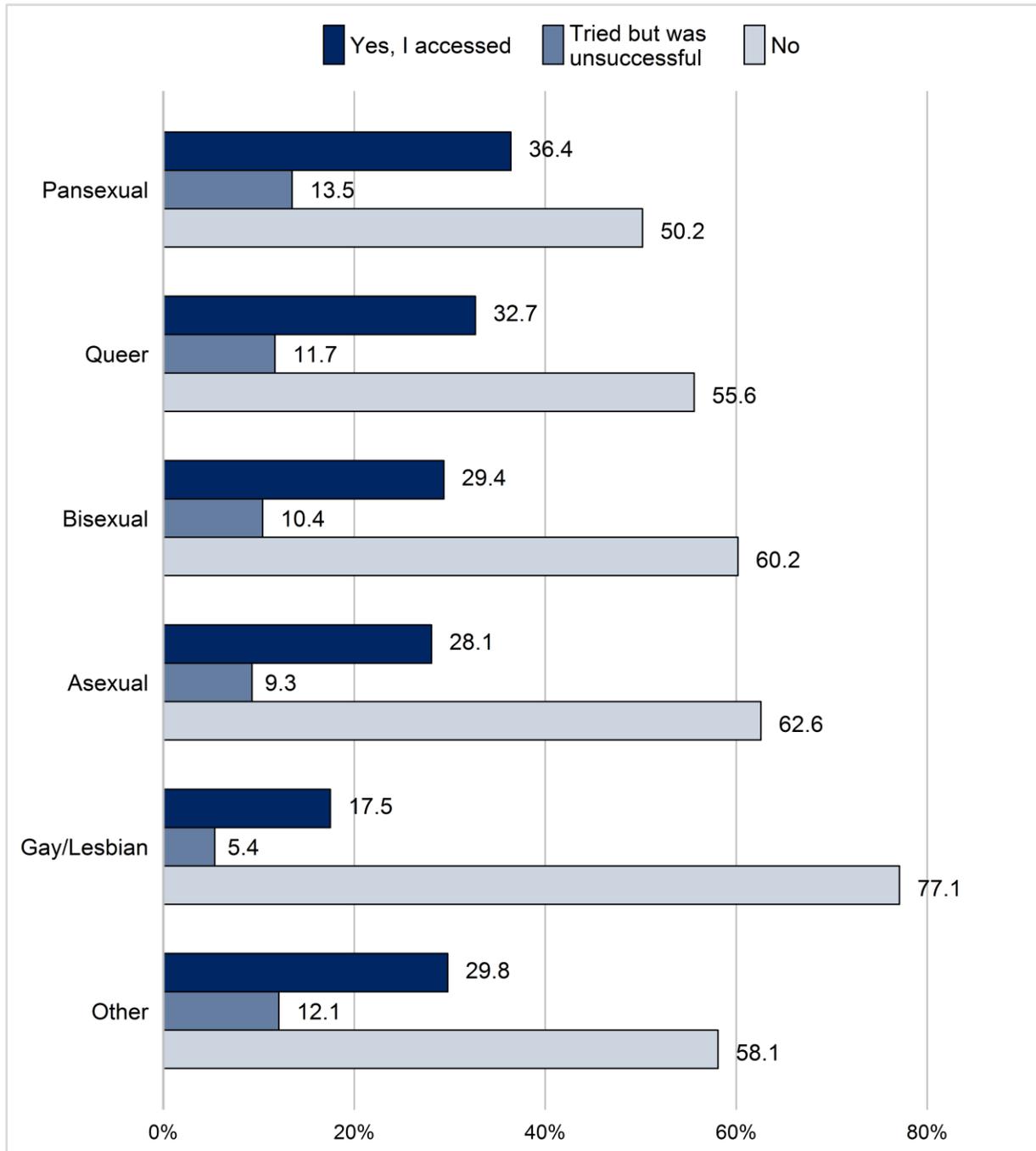
Twenty-four per cent of respondents had accessed mental health services in the 12 months preceding the survey, whilst 8% had tried to access them but had been unsuccessful (Annex 8, Q75).

Amongst cisgender respondents, people with less common sexual orientations were more likely to have accessed mental health services or to have tried but been unsuccessful. In particular, pansexual respondents were the most likely to have accessed mental health services (36%) or to have tried but been unsuccessful (13%). By contrast, gay and lesbian respondents were the least likely to have accessed mental health services (18%) or to have tried without success (5%) (Figure 8.12). Women were more likely to have accessed mental health services (28%) than men (16%), and were also more likely to have been unsuccessful in accessing mental health services (9%) than men (5%). This disparity is consistent across all sexual orientation groups (Annex 8, Q75).

<sup>43</sup> National Institute of Economic and Social Research, ‘Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence’, July 2016, page 39

<sup>44</sup> As above

**Figure 8.12: Proportion of cisgender respondents who had accessed or tried to access mental health services in the 12 months preceding the survey, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.

Base (rounded): 90,570 respondents.

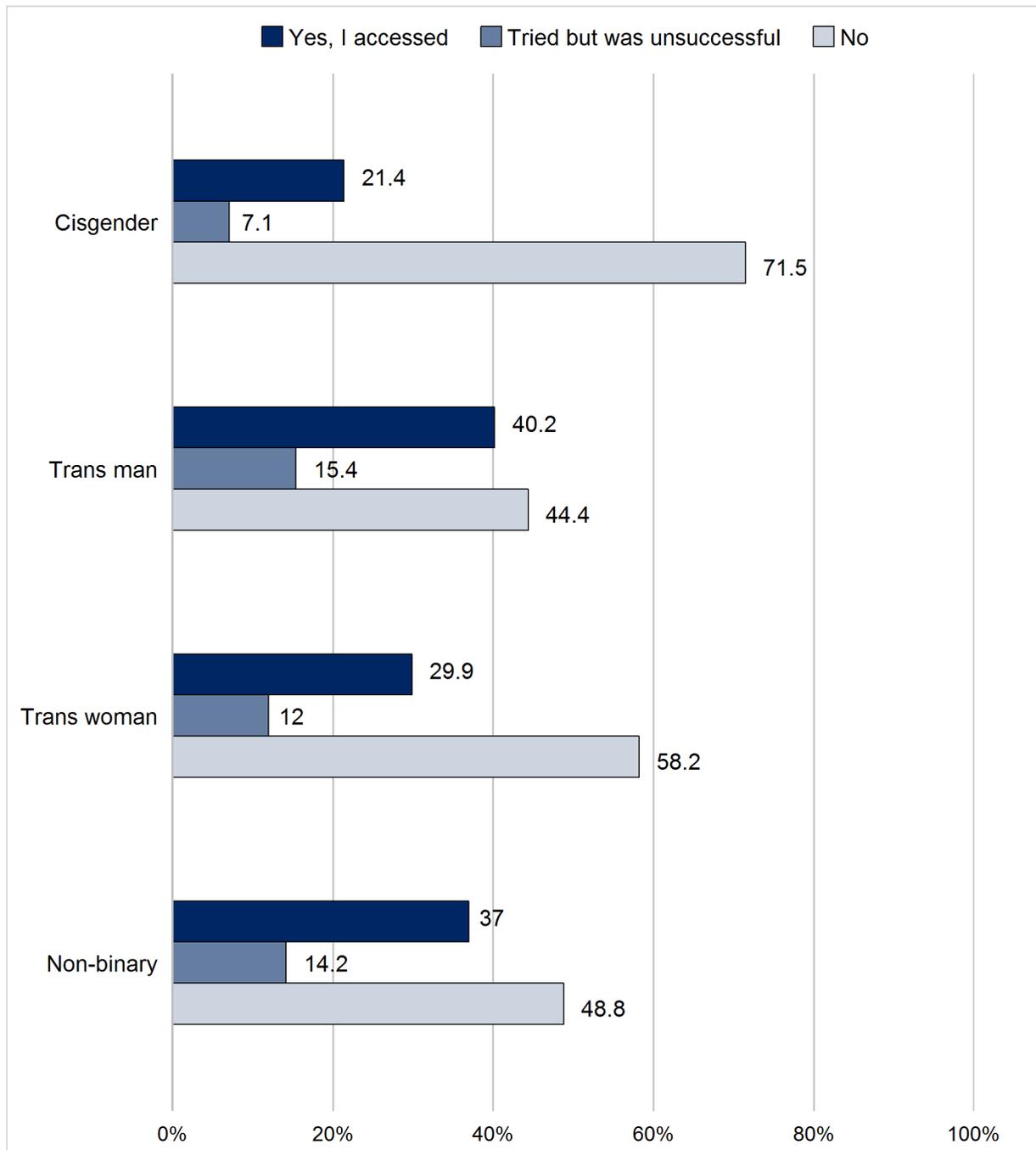
Respondents: Cisgender respondents.

Excluded: 'Prefer not to say' (Q75).

See Annex 8 (Q75) for data.

Trans respondents (36%) were much more likely than cisgender respondents (21%) to have accessed mental health services (Annex 8, Q75). Trans respondents (14%) were also more likely than cisgender respondents (7%) to have tried to access mental health services without success. Trans men (40%) and non-binary respondents (37%) were more likely to have accessed mental health services than trans women (30%) (Figure 8.13).

**Figure 8.13: Proportion of cisgender respondents and trans respondents who had accessed or tried to access mental health services in the 12 months preceding the survey**

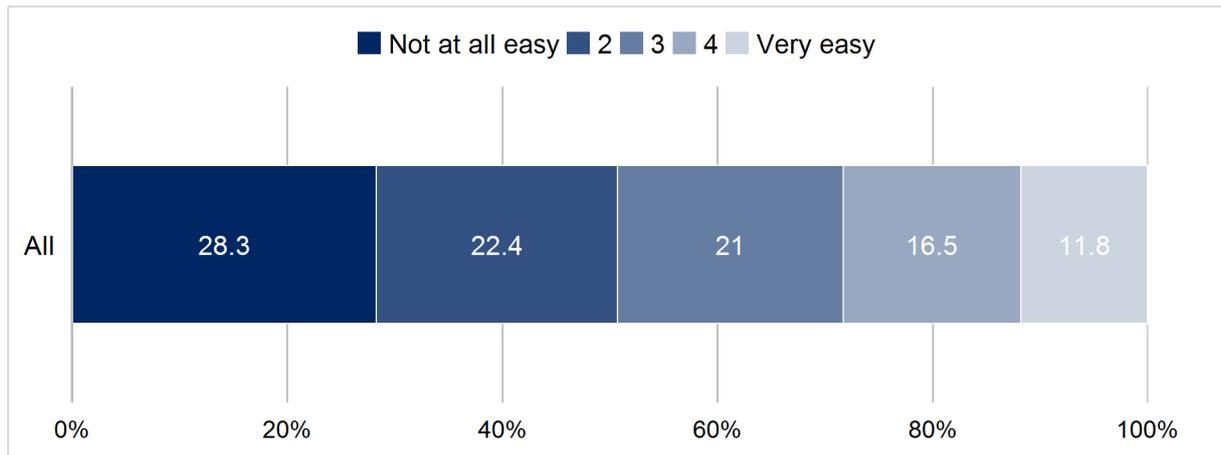


Base (rounded): 104,530 respondents.  
 Respondents: Cisgender respondents and trans respondents.  
 Excluded: 'Prefer not to say' (Q75).  
 See Annex 8 (Q75) for data.

### 8.3.2 Barriers to accessing mental health services

Respondents who had accessed or tried to access mental health services in the 12 months preceding the survey were asked how easy it was to access these services on a scale from 1 to 5, with 1 being 'not at all easy' and 5 being 'very easy'. Seventy-two per cent reported that it had not been easy (scoring 1, 2 or 3 out of 5 for ease of access) (Figure 8.14).

**Figure 8.14: Respondents' ease of access to mental health services in the 12 months preceding the survey**



Base (rounded): 33,440 respondents.

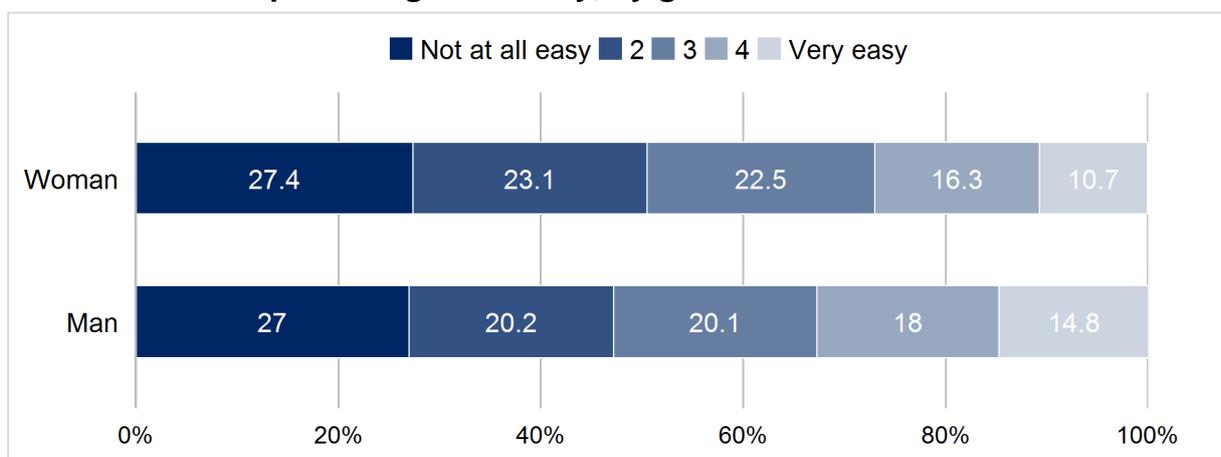
Respondents: Those who had accessed, or tried to access, mental health services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q76).

See Annex 8 (Q76) for data.

Amongst cisgender respondents, pansexual (77%) and queer respondents (76%) were particularly likely to say that accessing mental health services had not been easy (Annex 8, Q76). Women (11%) were less likely than men (15%) to rate access to mental health services 'very easy' (Figure 8.15).

**Figure 8.15: Cisgender respondents' ease of access to mental health services in the 12 months preceding the survey, by gender**



Base (rounded): 25,620 respondents.

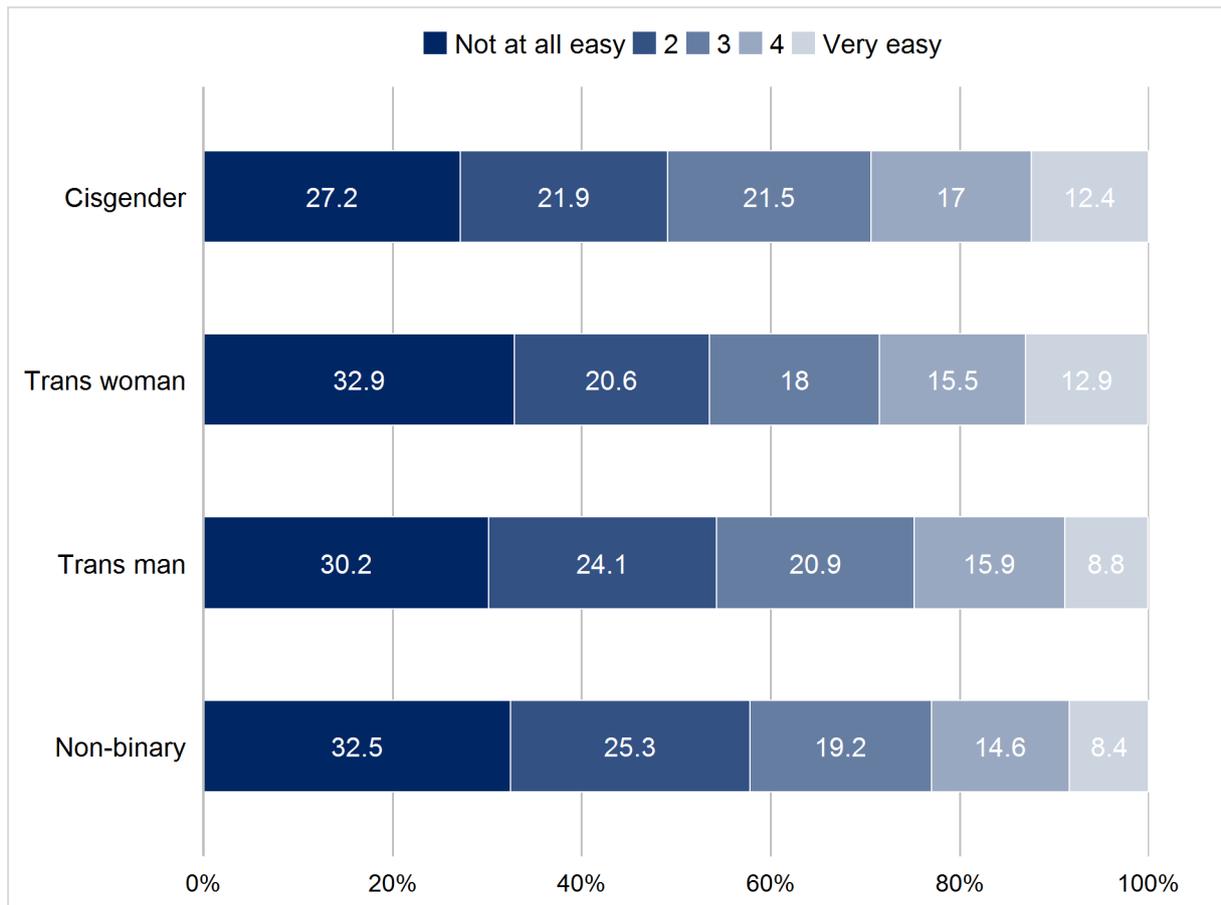
Respondents: Cisgender respondents who had accessed, or tried to access, mental health services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q76).

See Annex 8 (Q76) for data.

Trans respondents (75%) were more likely than cisgender respondents (71%) to have found access to mental health services not easy (Figure 8.16; Annex 8, Q76). Intersectionality is worthy of note in respondents' perception of access, as trans respondents who identified as heterosexual were more likely to rate access to mental health services 'very easy' (18%) than trans respondents with a minority sexual orientation, such as trans respondents who identified as queer (6%), pansexual (7%) and asexual (7%) (Annex 8, Q76).

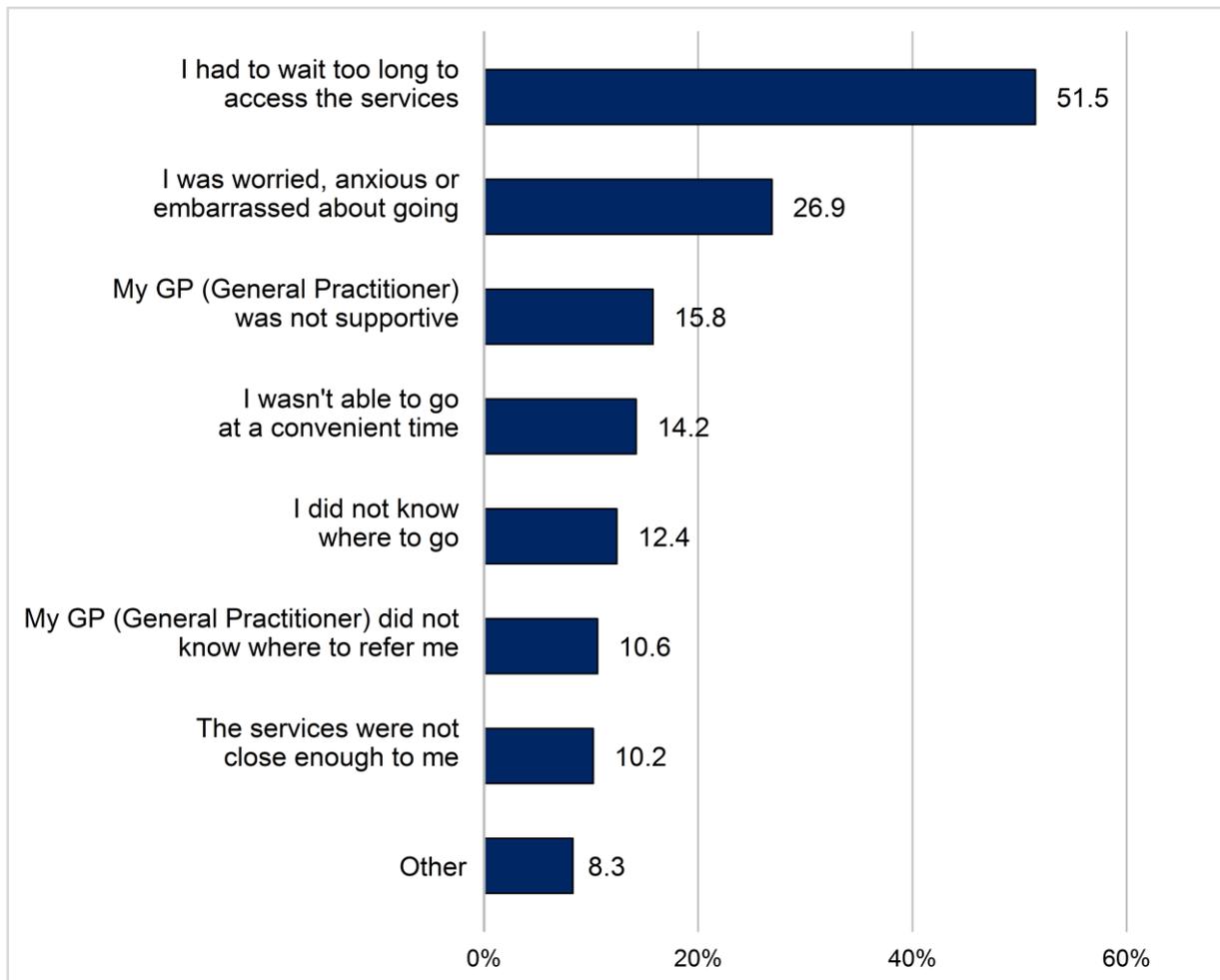
**Figure 8.16: Cisgender respondents' and trans respondents' ease of access to mental health services in the 12 months preceding the survey**



Base (rounded): 32,480 respondents.  
 Respondents: Cisgender respondents and trans respondents who had accessed, or tried to access, mental health services in the 12 months preceding the survey.  
 Excluded: 'Prefer not to say' (Q76).  
 See Annex 8 (Q76) for data.

Fifty-one per cent of respondents who had accessed or tried to access mental health services in the 12 months preceding the survey said that they had difficulty accessing the service due to having to wait too long, 27% because they were worried, anxious or embarrassed about going, and 16% because their GP was not supportive (Figure 8.17).

**Figure 8.17: Difficulties faced by respondents when accessing or trying to access mental health services in the 12 months preceding the survey**



Note: Respondents could select as many issues as applicable; 'Did not have difficulty' not shown; only respondents who rated their ease of access to mental health services as 1 (not at all easy), 2 or 3 out of 5 were asked Q77.

Base (rounded): 33,130 respondents.

Respondents: Respondents who had accessed, or tried to access, mental health services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q76, Q77).

See Annex 8 (Q77 – All) for data.

Amongst cisgender respondents, the reasons varied little by sexual orientation, but gay and lesbian respondents were less likely to report issues than those with other minority sexual orientations (Annex 8, Q77).<sup>45</sup>

The reasons for difficulty in accessing mental health services varied little between cisgender and trans respondents. The one exception was that trans respondents

<sup>45</sup> Only respondents who scored their ease of access to mental health services as 1 (not at all easy), 2 or 3 out of 5 were asked why they found accessing these services difficult.

(16%) were more likely than cisgender respondents (9%) to say that their GP had not known where to refer them. Non-binary respondents (20%) were especially likely to say that their GP had not been supportive, compared to trans men (13%) and trans women (12%). Trans men (30%) and non-binary people (33%) were also more likely than trans women (21%) to have been worried or anxious about going. By sexual orientation, heterosexual trans respondents were less likely to report having faced issues when accessing mental health services in the 12 months preceding the survey than trans respondents with a minority sexual orientation. In particular, they were less likely to say that they had been ‘worried, anxious or embarrassed about going’ (15%) than trans respondents with a minority sexual orientation (31%) (Annex 8, Q77).<sup>46</sup>

Many responses to the optional free-text question discussed access to mental health services, describing services that were geographically patchy and inconsistent, and limited access to specialist services. Long waiting times were also frequently mentioned as a key reason for difficulty in accessing mental health services (see also section 8.3.4).

[...] while it is relatively easy to access basic mental health services (counselling/CBT [cognitive behavioural therapy]) it has been difficult to access more specialist/intensive services. I am not at risk of causing myself or others immediate harm, and this pretty much stops you from being able to access anything heavy on the NHS.

**Man, gay, 25-34, London**

Services in rural communities are dire. Mental health services are hard to access, and even worse as an LGBT+ young person, as specialist services are thin. Referrals can take months on waiting lists, and buses to access services are few and far between.

**Woman, bisexual, 16-17, South West**

NHS provision of mental health services is [...] supremely underfunded. I had to wait 5 months to see a counsellor who was not well trained in LGBT matters. I have since paid privately for specialist counselling due to this. GPs are not well trained in LGBT matters.

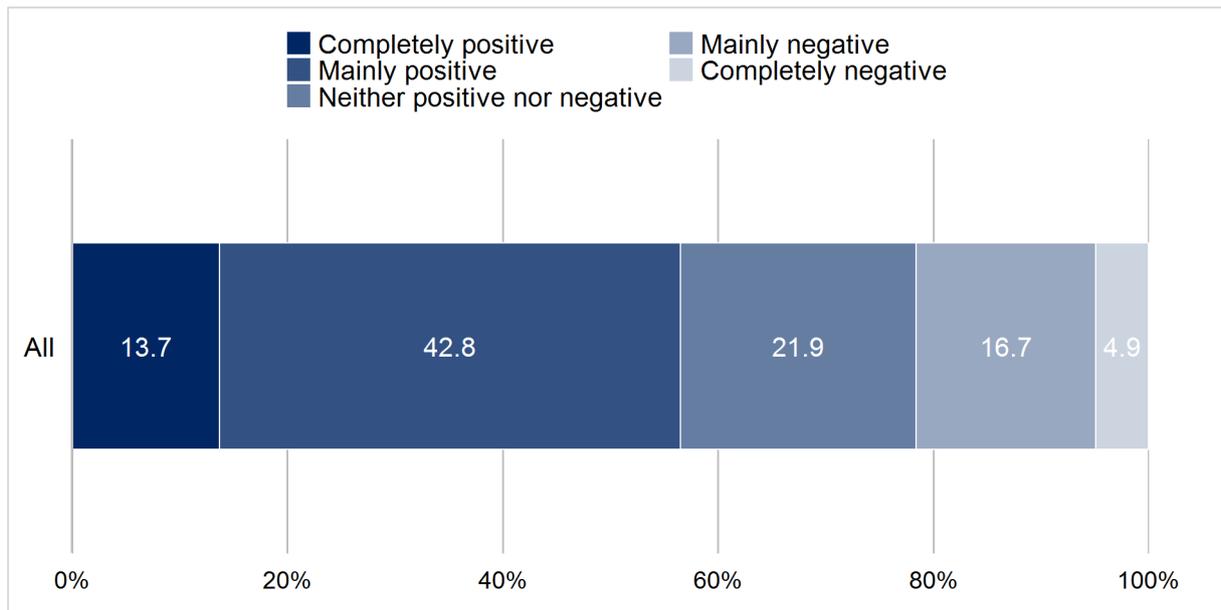
**Non-binary person, pansexual, 18-24, West Midlands**

<sup>46</sup> Excluding ‘Don’t know’ and ‘Prefer not to say’ sexual orientations.

### 8.3.3 Experiences of mental health services

Of the respondents who had accessed mental health services in the 12 months preceding the survey, 57% rated the services they had used as mainly or completely positive, whilst 22% rated the services they had used as mainly or completely negative (Figure 8.18).

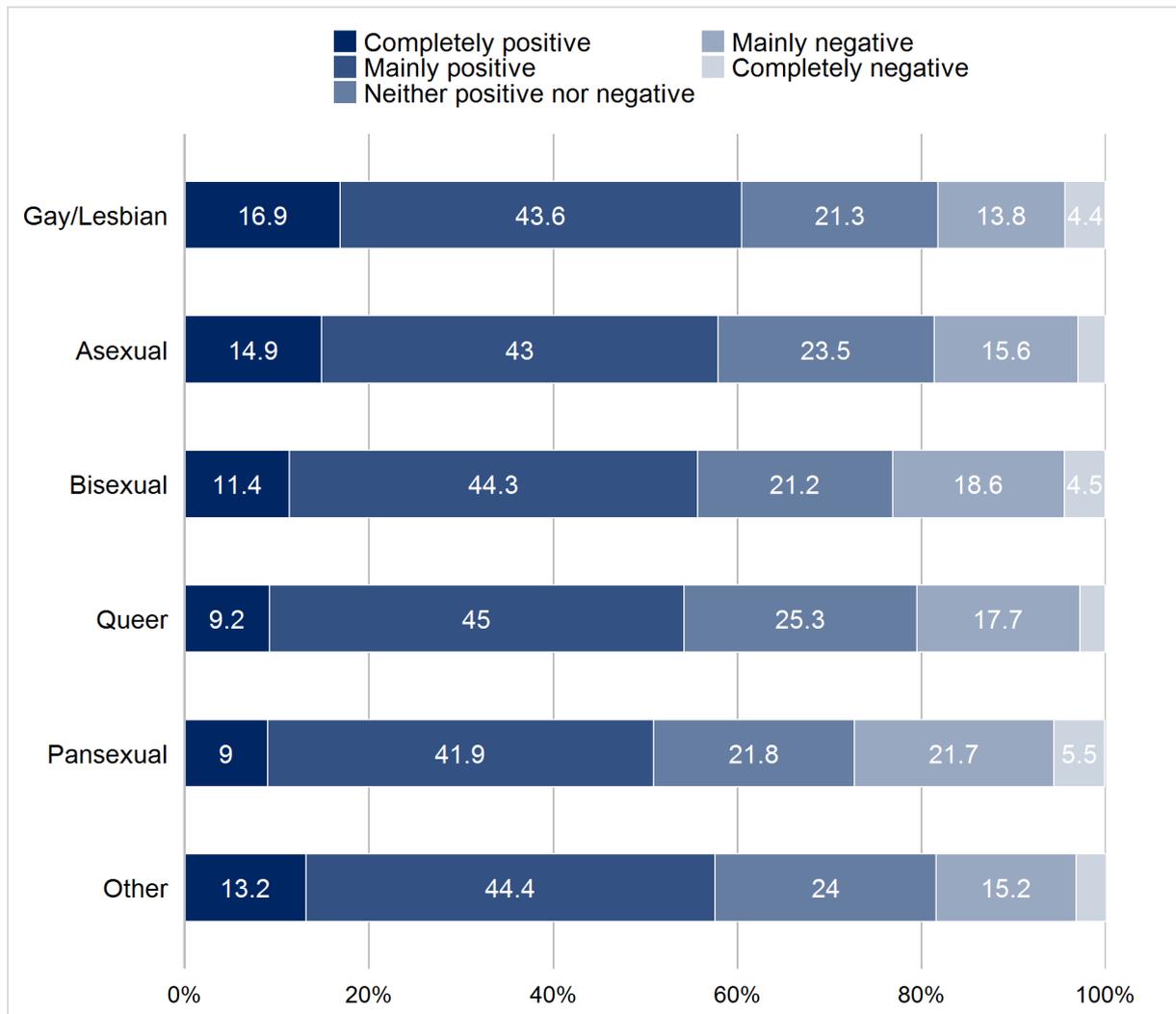
**Figure 8.18: Respondents' ratings of mental health services accessed in the 12 months preceding the survey**



Base (rounded): 24,720 respondents.  
 Respondents: Respondents who had accessed mental health services in the 12 months preceding the survey.  
 Excluded: 'Prefer not to say' (Q78).  
 See Annex 8 (Q78) for data.

Amongst cisgender respondents, gay and lesbian respondents (61%) were more likely than those with other minority sexual orientations (55%) to rate their experiences of mental health services as mainly or completely positive.<sup>47</sup> Pansexual respondents (27%), however, were particularly likely to rate their experiences with mental health services as mainly or completely negative (Figure 8.19). Women were also more likely to say their experiences had been mainly or completely negative (22%) than men (18%) (Figure 8.20).

**Figure 8.19: Cisgender respondents' ratings of mental health services accessed in the 12 months preceding the survey, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.

Base (rounded): 19,120 respondents.

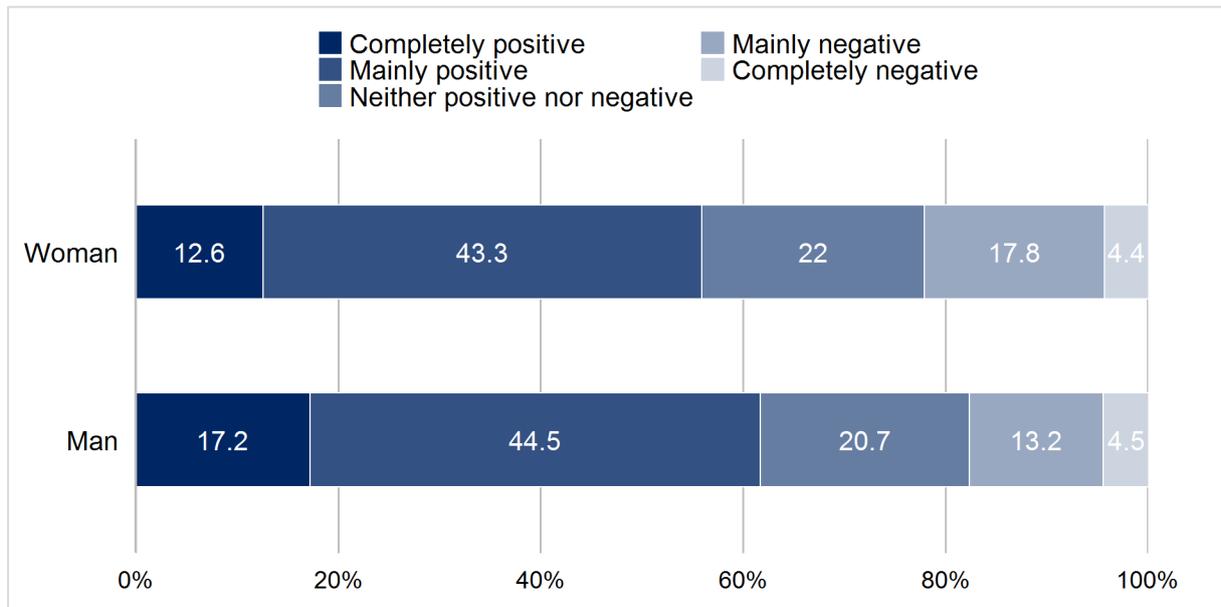
Respondents: Cisgender respondents who had accessed mental health services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q78).

See Annex 8 (Q78) for data.

<sup>47</sup> Excluding 'Don't know' and 'Prefer not to say' sexual orientations.

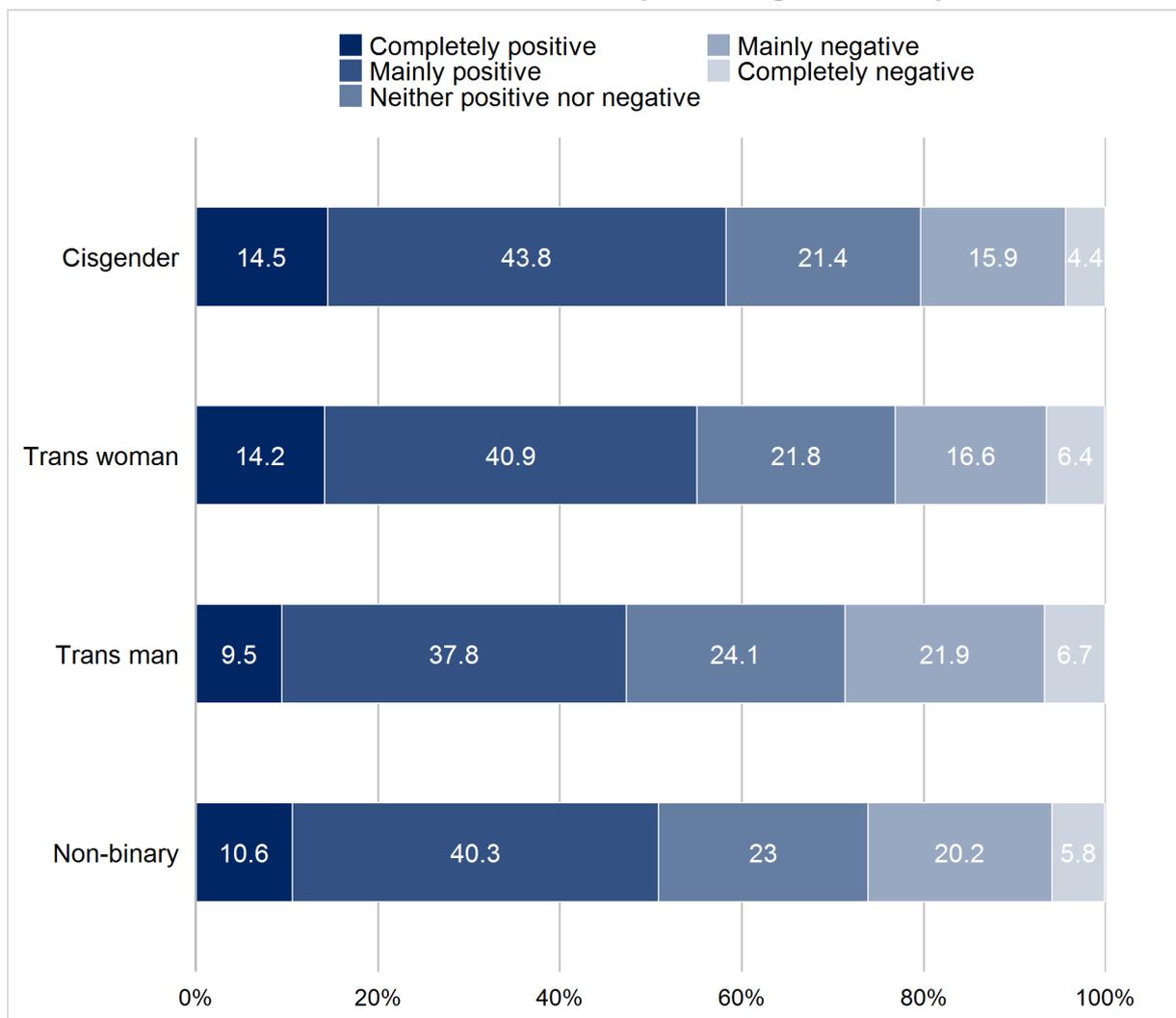
**Figure 8.20: Cisgender respondents' ratings of mental health services accessed in the 12 months preceding the survey, by gender**



Base (rounded): 19,120 respondents.  
 Respondents: Cisgender respondents who had accessed mental health services in the 12 months preceding the survey.  
 Excluded: 'Prefer not to say' (Q78).  
 See Annex 8 (Q78) for data.

Trans respondents were less likely to rate their experiences at mental health services as mainly or completely positive (51%) than cisgender respondents (58%). Trans men were less likely to rate their experiences as completely or mainly positive (47%) than non-binary respondents (51%) and trans women (55%) (Figure 8.21). Again, by sexual orientation, heterosexual trans respondents were more likely to have had better experiences of mental health services, with 61% of them rating their experiences as mainly or completely positive, compared to trans respondents with a minority sexual orientation (50%) (Figure 8.22).<sup>48</sup>

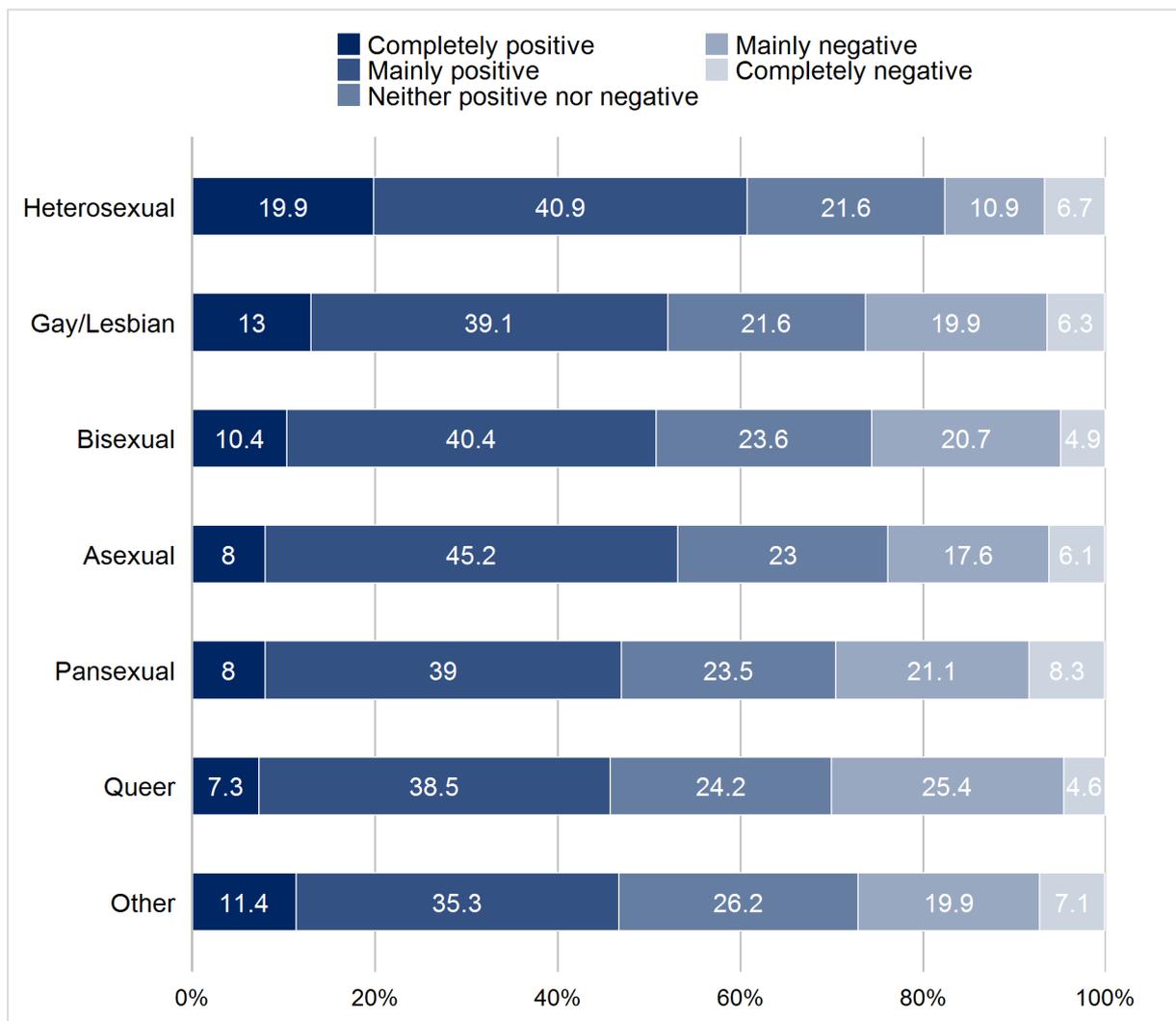
**Figure 8.21: Cisgender respondents' and trans respondents' ratings of mental health services accessed in the 12 months preceding the survey**



Base (rounded): 24,050 respondents.  
 Respondents: Cisgender respondents and trans respondents who had accessed mental health services in the 12 months preceding the survey.  
 Excluded: 'Prefer not to say' (Q78).  
 See Annex 8 (Q78) for data.

<sup>48</sup> Excluding 'Don't know' and 'Prefer not to say' sexual orientations.

**Figure 8.22: Trans respondents' ratings of mental health services accessed in the 12 months preceding the survey, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.

Base (rounded): 4,930 respondents.

Respondents: Trans respondents who had accessed mental health services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q78).

See Annex 8 (Q78) for data.

### 8.3.4 Mental health of LGBT people

Many responses (3,602) to the optional free-text question discussed topics relating to mental health. Those most likely to comment on mental health were typically younger respondents. A large number of respondents discussed their own experiences of poor mental health in relation to being LGBT. This included references to bullying, lack of support and discrimination. These were seen as factors in depression, suicidal thoughts and attempted suicide.

I have suffered with chronic depression and anxiety for years, stemming from my experiences as an LGBT person, and have not been able to access support services. I was once on a waiting list for CBT [cognitive behavioural therapy] for a year, only to find the resulting therapy completely unhelpful and my therapist ill-equipped to talk about sexuality. I have explored options with specialised LGBT services and local free counselling, but similarly the waiting lists have been too long to be helpful, resulting in a failed suicide attempt and severe worsening of my conditions. The support services aren't just difficult to access – it seems a lot of the time that they simply don't exist.

**Woman, lesbian, 18-24, Yorkshire and the Humber**

I think schools need to provide better sex education for gay/lesbian people - I don't recall it ever being mentioned when I was at school. Being transgender or intersex was definitely never mentioned in any class at school. I think we need to [...] make sex education less awkward/embarrassing [...]. My mental health problems stem from my sexuality and coming to terms with it etc. and although I know that services related to this exist in my area, I have never been referred to them by GPs or counselors and they haven't really been helpful when I've asked about it. I think it could really help me but I don't know how to access them myself and don't feel comfortable asking my parents to help with this. [sic]

**Woman, 'other' sexual orientation, 18-24, South West**

Trans respondents in particular noted the adverse effect of gender dysphoria and barriers to transitioning as especially damaging to mental health.

Access to healthcare frequently denied. Takes years to get gender treatment. Transphobia is rampant amongst doctors especially. Issues never taken seriously and am seen as a problem, not a patient. Going abroad and bankrupting myself to pay for surgery because no longer trust the NHS. Have developed suicidal impulses and panic attacks due to GP mistreatment. No support network as LGBT services are only for gay men and trans women.

**Trans man, asexual, 25-34, Yorkshire and the Humber**

## 8.4 Sexual health

Existing evidence suggests that the sexual health of lesbians and bisexual women is neglected, particularly when compared to gay and bisexual men's sexual health, both in terms of prevention of sexually transmitted infections and of sexual fulfilment.<sup>49</sup>

Respondents were generally positive in relation to accessing and using sexual health services, particularly in comparison to using and accessing mental health services. However, amongst cisgender respondents, women reported worse experiences than men.

### 8.4.1 Accessing sexual health services

Twenty-seven per cent of respondents had accessed sexual health services in the 12 months preceding the survey, whilst a further 2% had tried to access them but had been unsuccessful (Annex 8, Q79).

Amongst cisgender respondents, queer (37%) and pansexual (33%) respondents were the most likely to have accessed or tried to access sexual health services. In contrast, asexual respondents (10%) were the least likely to have accessed or tried to access these services, although this is likely to be driven by a lack of demand for these specific services (Figure 8.23).<sup>50</sup> Men were generally more likely to have accessed sexual health services (36%) than women (21%) (Annex 8, Q79).<sup>51</sup>

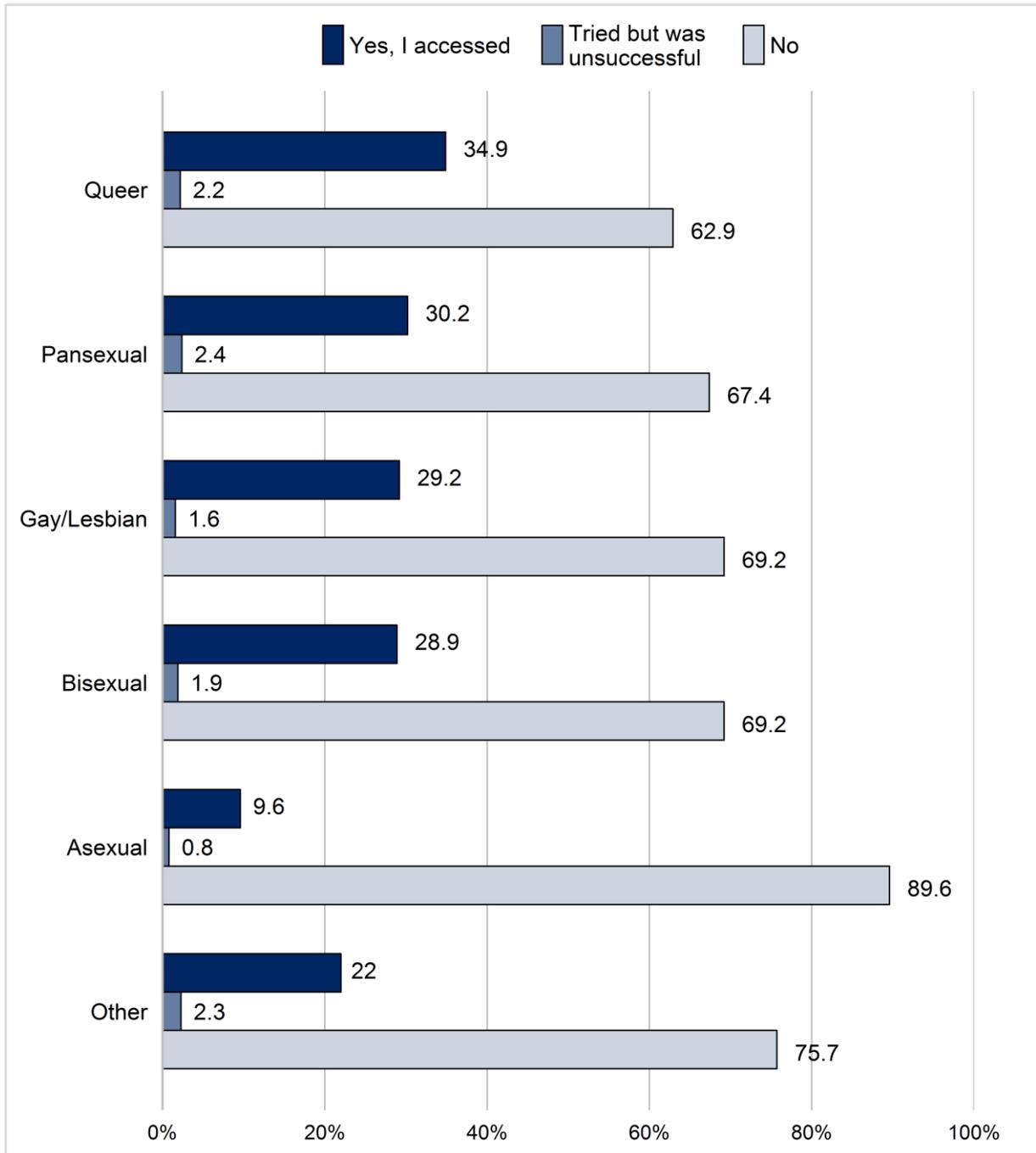
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<sup>49</sup> National Institute of Economic and Social Research, 'Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence', July 2016, page 39

<sup>50</sup> There is little existing evidence on asexual individuals' experiences of accessing health services.

<sup>51</sup> Excluding 'Don't know' and 'Prefer not to say' sexual orientations.

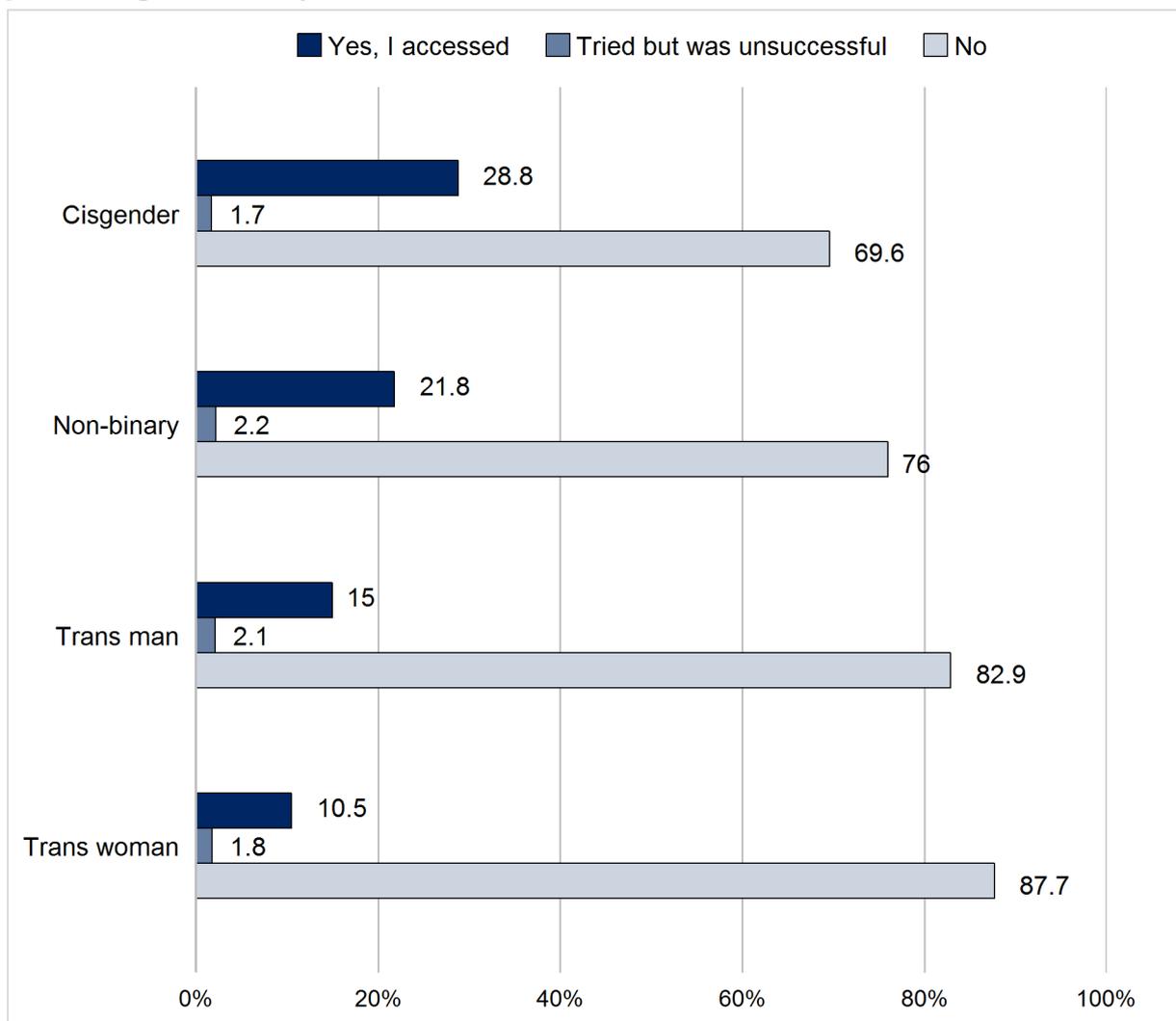
**Figure 8.23: Proportion of cisgender respondents who had accessed or tried to access sexual health services in the 12 months preceding the survey, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.  
 Base (rounded): 90,900 respondents.  
 Respondents: Cisgender respondents.  
 Excluded: 'Prefer not to say' (Q79).  
 See Annex 8 (Q79) for data.

Trans respondents (17%) were less likely than cisgender respondents (29%) to have accessed sexual health services, despite being as likely to have been unsuccessful if they tried to access these services (2%). In particular, trans men (15%) and non-binary respondents (22%) were more likely to have accessed sexual health services than trans women (10%) (Figure 8.24; Annex 8, Q79). Trans respondents who were asexual (7%) or heterosexual (12%) were the least likely to have accessed sexual health services, compared to trans respondents with another minority sexual orientation (19%) (Figure 8.25).<sup>52</sup>

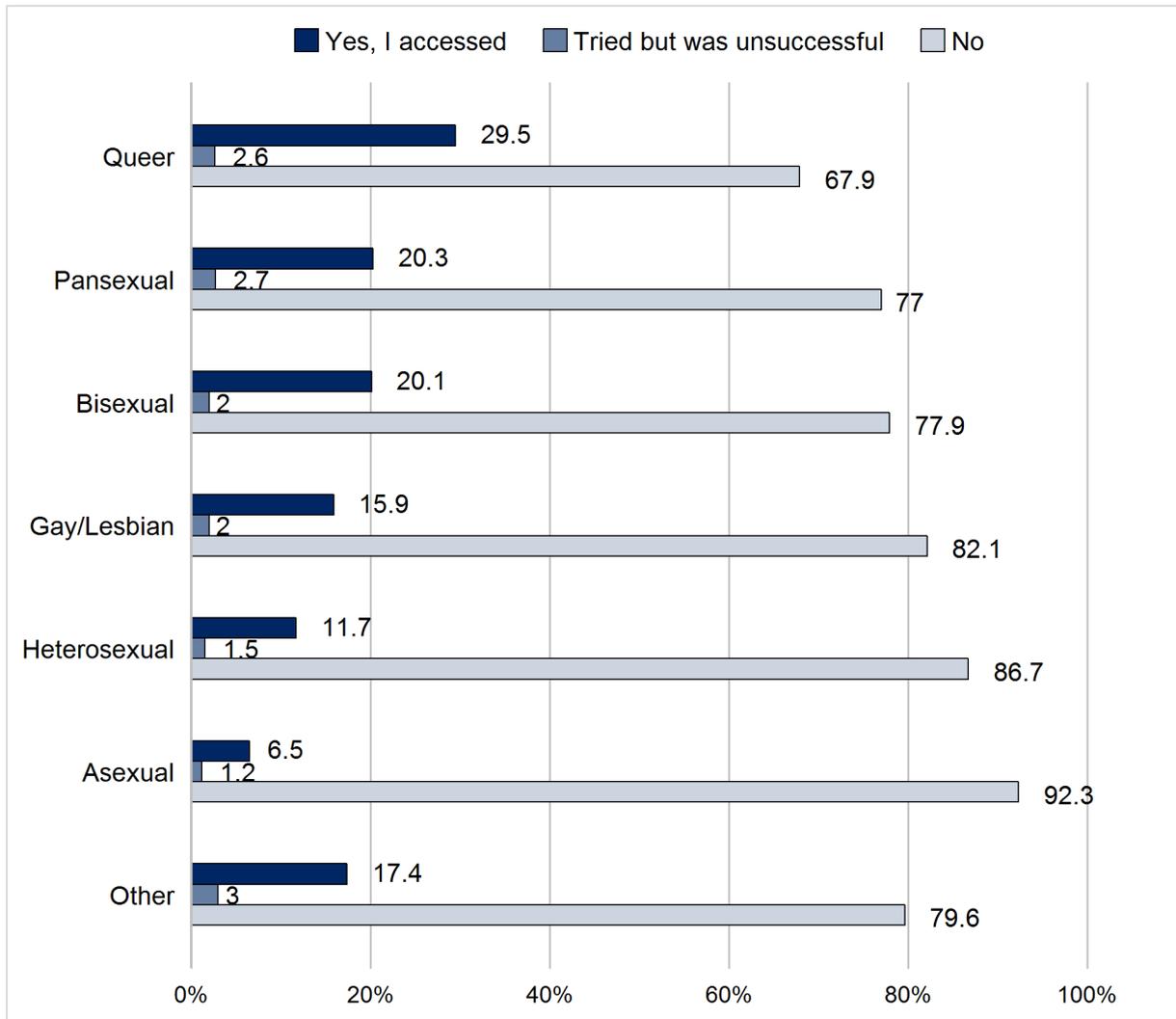
**Figure 8.24: Proportion of cisgender respondents and trans respondents who had accessed or tried to access sexual health services in the 12 months preceding the survey**



Base (rounded): 104,980 respondents.  
 Respondents: Cisgender respondents and trans respondents.  
 Excluded: 'Prefer not to say' (Q79).  
 See Annex 8 (Q79) for data.

<sup>52</sup> Excluding 'Don't know' and 'Prefer not to say' sexual orientations.

**Figure 8.25: Proportion of trans respondents who had accessed or tried to access sexual health services in the 12 months preceding the survey, by sexual orientation**

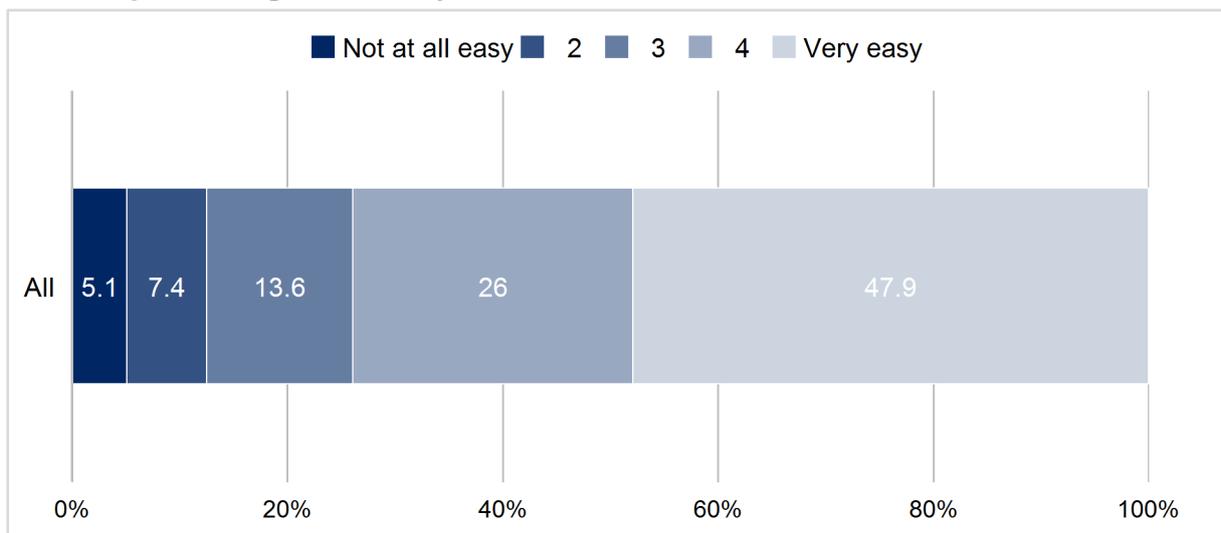


Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.  
 Base (rounded): 14,080 respondents.  
 Respondents: Trans respondents.  
 Excluded: 'Prefer not to say' (Q79).  
 See Annex 8 (Q79) for data.

### 8.4.2 Barriers to accessing sexual health services

Respondents who had accessed or tried to access sexual health services in the 12 months preceding the survey were asked how easy it had been to access these services on a scale from 1 to 5, with 1 being 'not at all easy' and 5 'very easy'. Seventy-four per cent of respondents who had accessed or tried to access sexual health services said it had been easy or very easy (scoring 4 or 5 out of 5), whilst 26% of them had not found it easy (scoring 1, 2 or 3 out of 5) (Figure 8.26).

**Figure 8.26: Respondents' ease of access to sexual health services in the 12 months preceding the survey**



Base (rounded): 30,770 respondents.

Respondents: Those who had accessed, or had tried to access, sexual health services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q80).

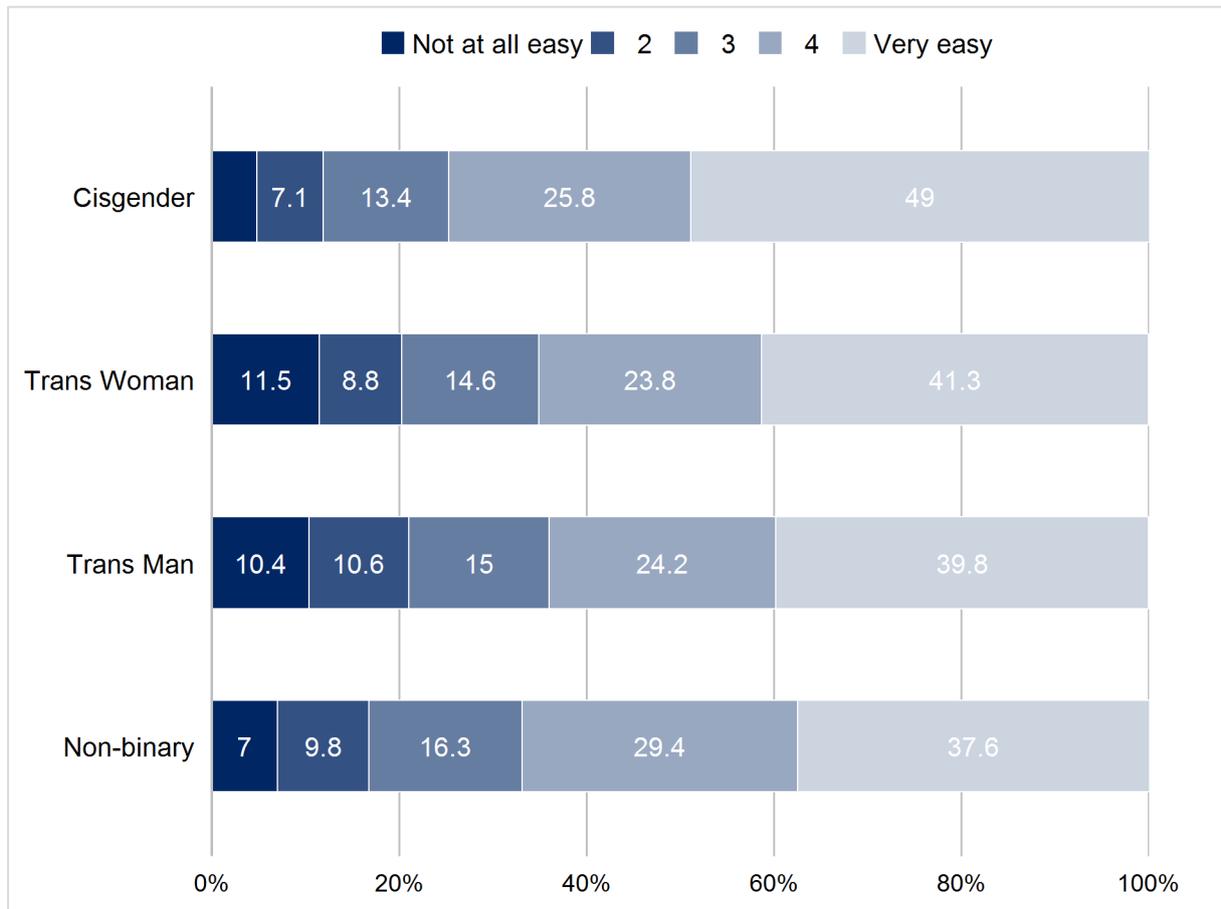
See Annex 8 (Q80) for data.

Amongst cisgender respondents, gay and lesbian respondents were more likely to say that accessing sexual health services had been 'very easy' (51%) than those with other minority sexual orientations (45%).<sup>53</sup> However, lesbians (31%) were more likely than gay men (24%) to have found access to sexual health services not easy (Annex 8, Q79).

Trans respondents were also less likely to find access to sexual health services easy or very easy (66%) than cisgender respondents (75%). Amongst trans respondents, trans men (36%) and trans women (35%) were more likely to find access to sexual health services not easy than non-binary respondents (33%) (Figure 8.27).

<sup>53</sup> Excluding 'Don't know' and 'Prefer not to say' sexual orientations.

**Figure 8.27: Cisgender respondents' and trans respondents' ease of access to sexual health services in the 12 months preceding the survey**



Base (rounded): 30,320 respondents.

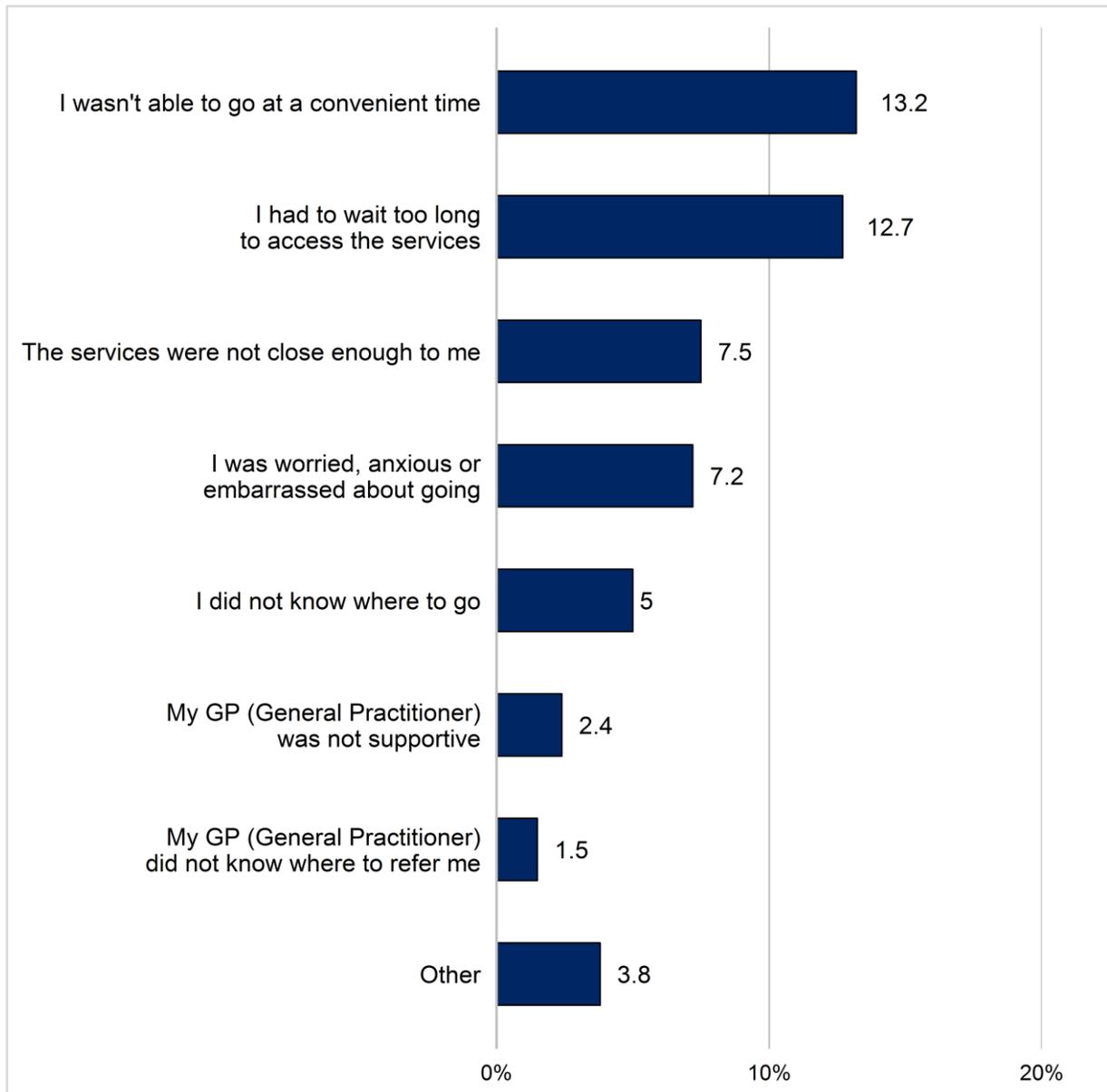
Respondents: Cisgender respondents and trans respondents who had accessed, or tried to access, sexual health services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q80).

See Annex 8 (Q80) for data.

Thirteen per cent of respondents who had accessed or tried to access sexual health services in the 12 months preceding the survey said they had difficulty accessing the services due to not being able to go at a convenient time, and 13% said that the wait had been too long (Figure 8.28).<sup>54</sup>

**Figure 8.28: Difficulties faced by respondents when accessing or trying to access sexual health services in the 12 months preceding the survey**



Note: Respondents could select as many issues as applicable; 'Did not have difficulty' not shown; only respondents who rated their ease of access to sexual health services as 1 (not at all easy), 2 or 3 out of 5 were asked Q81.

Base (rounded): 30,610 respondents.

Respondents: Respondents who had accessed, or tried to access, sexual health services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q80, Q81).

See Annex 8 (Q81 – All) for data.

<sup>54</sup> Only respondents who scored their ease of access to sexual health services as 1 (not at all easy), 2 or 3 out of 5 were asked why they found accessing these services difficult.

Amongst cisgender people, those with less common sexual orientations were particularly likely to say that they had been 'worried, anxious or embarrassed about going' to sexual health services ranging from 8% of bisexual respondents to 12% of asexual respondents, compared to 6% of gay and lesbian respondents. They were also notably more likely to say that their GP had not been supportive, ranging from 3% of bisexual respondents to 8% of asexual respondents, compared to 2% of gay and lesbian respondents (Table 8.2). Moreover, women were particularly more likely to say they had been 'worried, anxious or embarrassed about going' (9%) than men (5%). Women (4%) were also more likely than men (1%) to say that their GP had not been supportive (Figure 8.29).

**Table 8.2: Difficulties faced by cisgender respondents when accessing or trying to access sexual health services in the 12 months preceding the survey, by sexual orientation**

	Gay/Lesbian	Bisexual	Pansexual	Queer	Asexual	Other	Total
I wasn't able to go at a convenient time	13.4%	12.5%	12.5%	14.3%	12.3%	11.7%	13.1
I had to wait too long to access the services	13.0%	12.4%	12.0%	14.7%	14.0%	12.4%	12.8
The services were not close enough to me	7.0%	7.5%	7.9%	8.4%	5.3%	8.4%	7.2
I was worried, anxious or embarrassed about going	5.6%	8.1%	8.2%	8.7%	12.3%	9.0%	6.4
I did not know where to go	4.1%	5.7%	6.6%	5.6%	6.1%	5.0%	4.6
My GP (General Practitioner) was not supportive	1.5%	3.2%	4.6%	3.5%	7.9%	4.7%	2.1
My GP (General Practitioner) did not know where to refer me	1.0%	1.8%	2.6%	2.4%	x	2.0%	1.2
Other	3.4%	2.9%	4.2%	7.3%	x	7.0%	3.4
Did not have difficulty	75.4%	74.7%	74.3%	69.6%	71.9%	70.9%	75.1
<b>Respondents (rounded)</b>	<b>19,000</b>	<b>6,860</b>	<b>760</b>	<b>290</b>	<b>110</b>	<b>300</b>	<b>27,480</b>

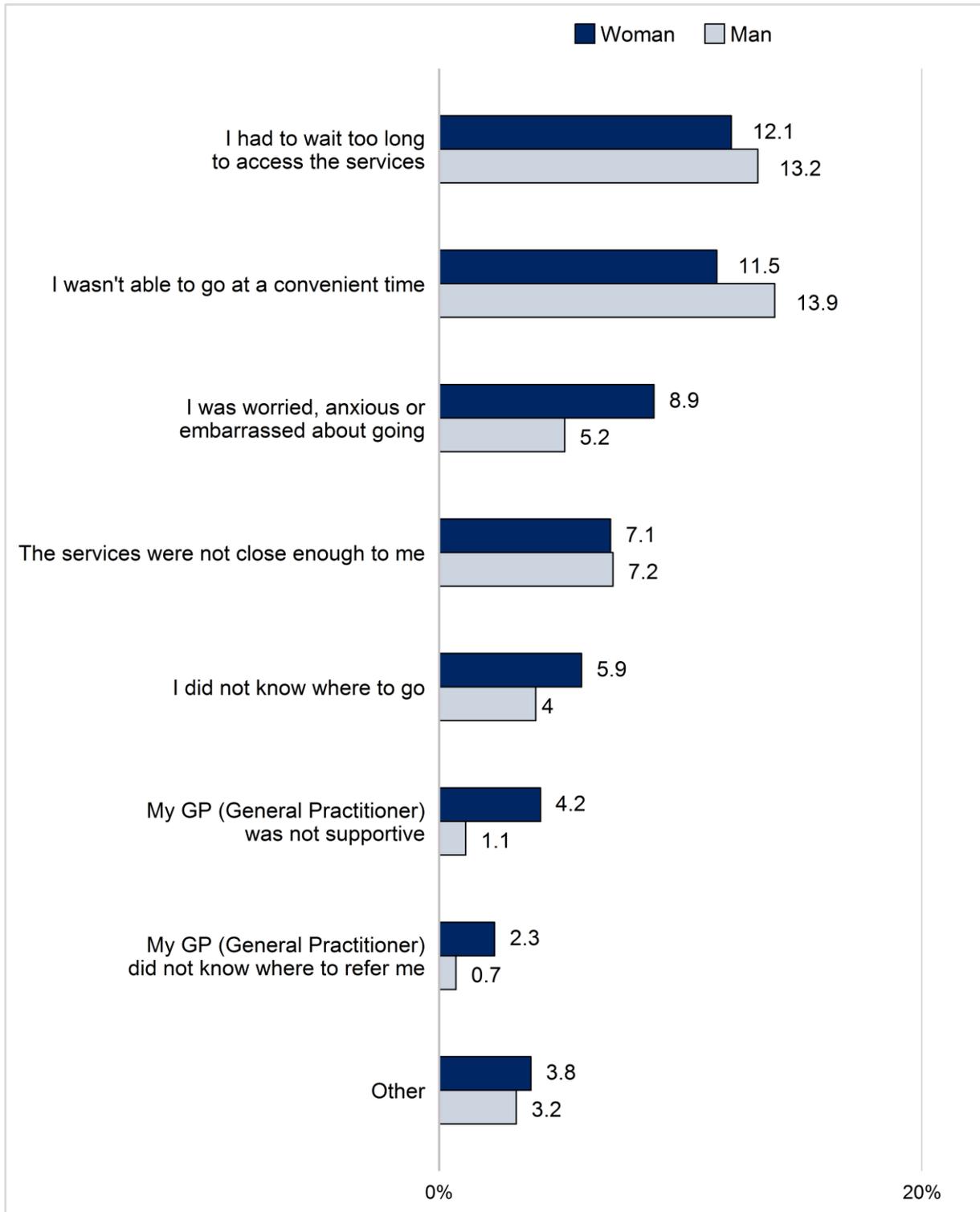
Note: Respondents could select as many issues as applicable; 'Don't know' and 'Prefer not to say' sexual orientations not shown; only respondents who rated their ease of access to sexual health services as 1 (not at all easy), 2 or 3 out of 5 were asked Q81.

Respondents: Cisgender respondents who had accessed, or tried to access, sexual health services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q80, Q81).

See Annex 8 (Q81 – All) for data.

**Figure 8.29: Difficulties faced by cisgender respondents when accessing or trying to access sexual health services in the 12 months preceding the survey, by gender**

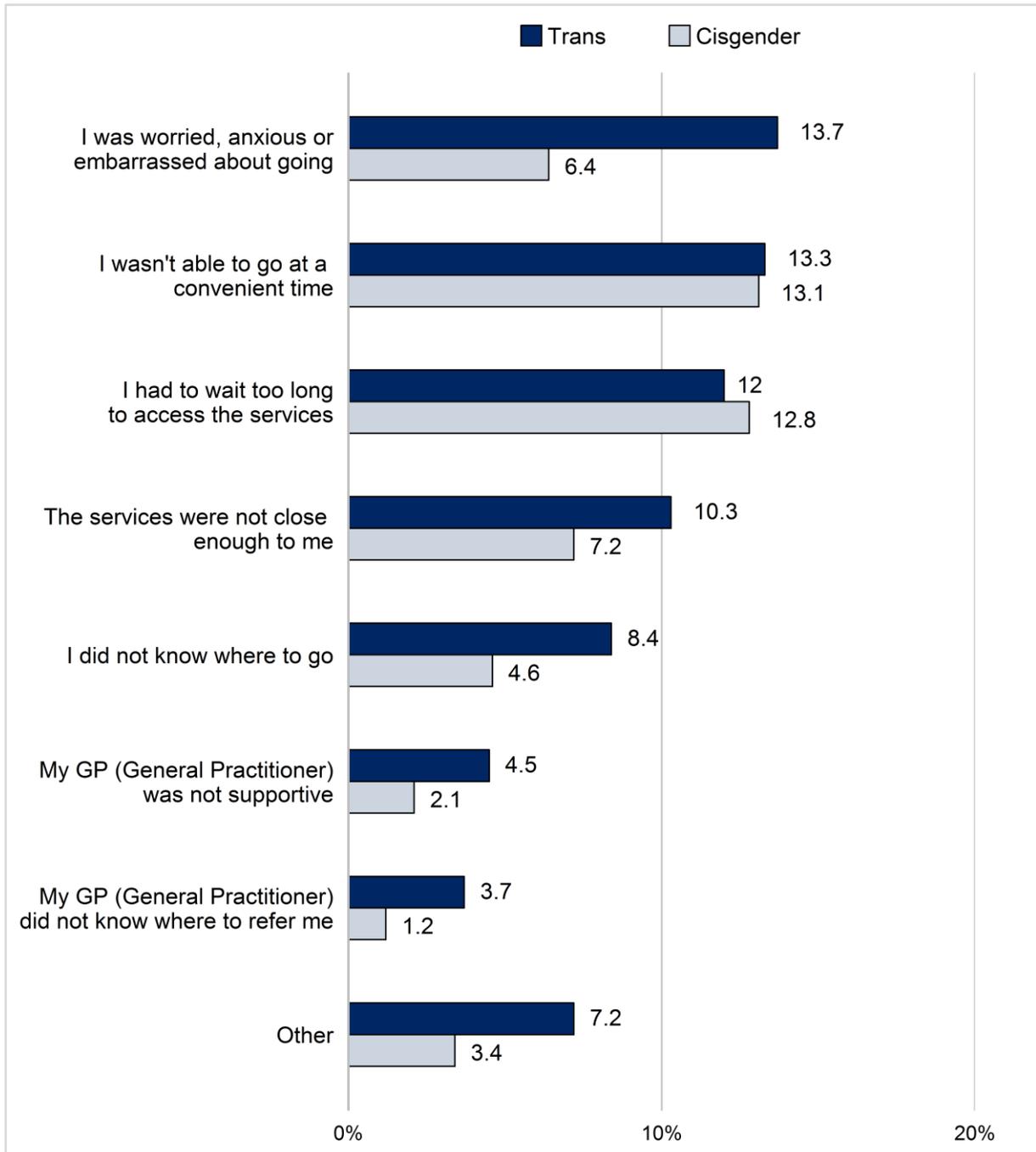


Note: Respondents could select as many issues as applicable; only respondents who rated their ease of access to sexual health services as 1 (not at all easy), 2 or 3 out of 5 were asked Q81.  
 Base (rounded): 27,500 respondents.

Respondents: Cisgender respondents who had accessed, or tried to access, sexual health services in the 12 months preceding the survey.  
 Excluded: 'Prefer not to say' (Q80, Q81).  
 See Annex 8 (Q81 – All) for data.

The reasons given by trans respondents for finding access to sexual health services difficult differed slightly from cisgender respondents. The most common reason given by trans respondents for difficulty in accessing sexual health services was that they had been worried, anxious or embarrassed about going (14%). Other reasons included not having been able to find a convenient time (13%), and having had to wait too long to access the services (12%). Trans respondents were also more likely to say that they had not found their GP supportive (4%) than cisgender respondents (2%), and were also more likely to say that their GP had not known where to refer them (4%) than cisgender respondents (1%) (Figure 8.30). In particular, trans men were more likely to have been worried, anxious or embarrassed about going (20%) than trans women (11%) and non-binary respondents (12%), whilst trans women (14%) and non-binary respondents (13%) were more likely to say they had to wait a long time to access sexual health services than trans men (9%) (Annex 8, Q81 – All).

**Figure 8.30: Difficulties faced by cisgender respondents and trans respondents when accessing or trying to access sexual health services in the 12 months preceding the survey**



Note: Respondents could select as many issues as applicable; only respondents who rated their ease of access to sexual health services as 1 (not at all easy), 2 or 3 out of 5 were asked Q81.

Base (rounded): 30,170 respondents.

Respondents: Cisgender respondents and trans respondents who had accessed, or tried to access, sexual health services in the 12 months preceding the survey.

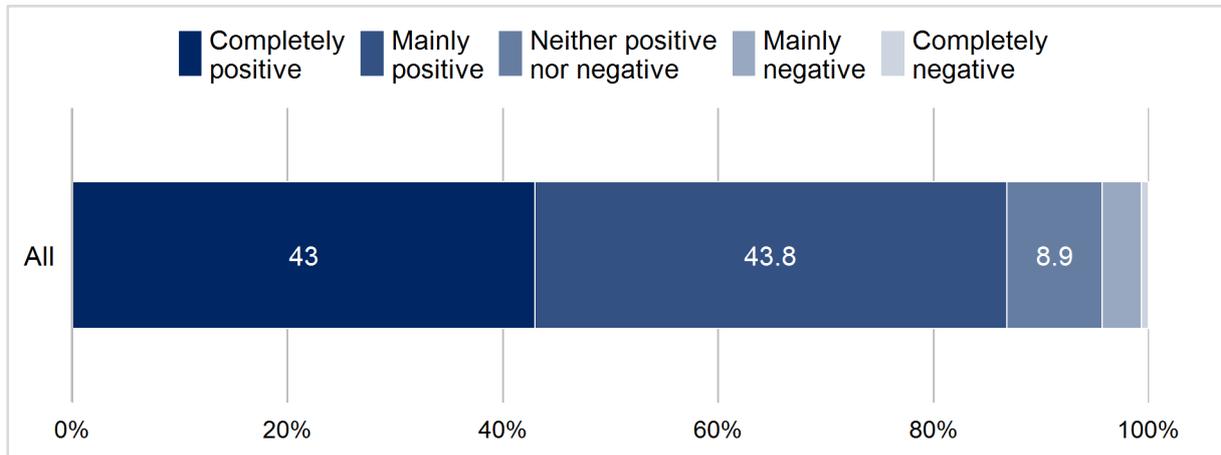
Excluded: 'Prefer not to say' (Q80, Q81).

See Annex 8 (Q81 – All) for data.

### 8.4.3 Experiences of sexual health services

Of the survey respondents who had accessed sexual health services in the 12 months preceding the survey, 87% rated the services they had used as mainly or completely positive (Figure 8.31).

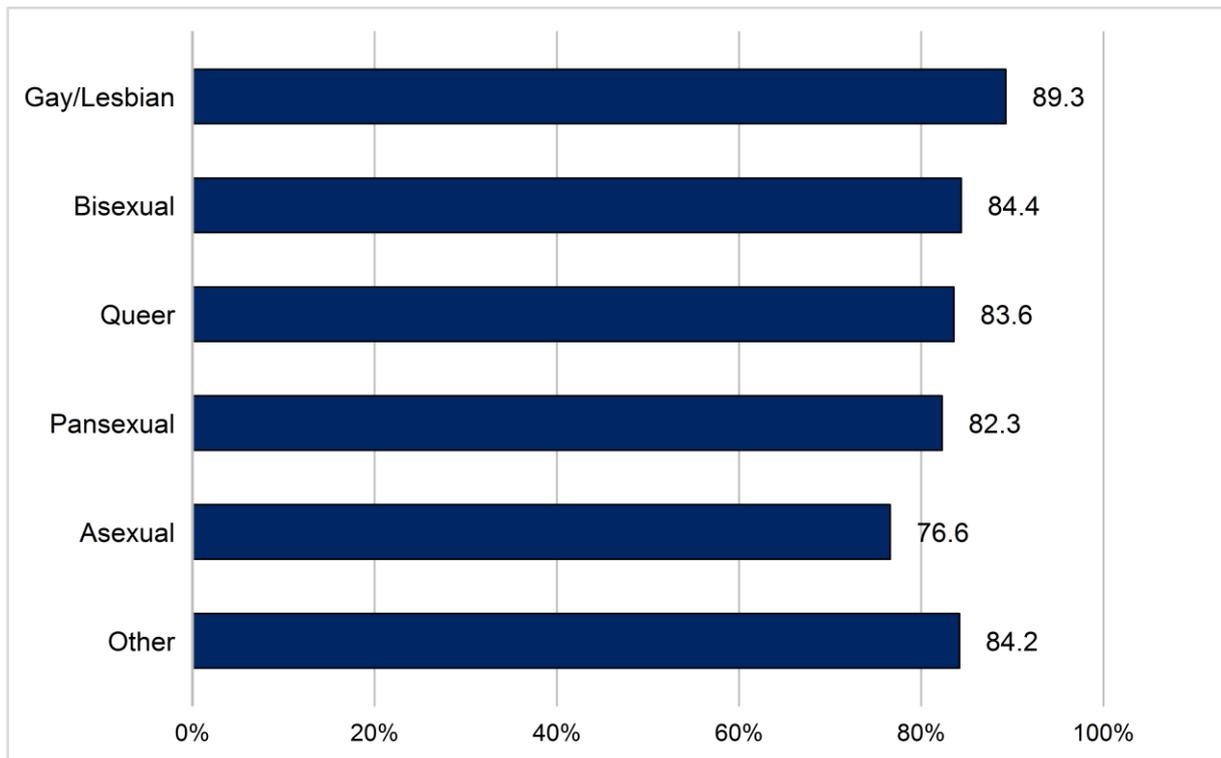
**Figure 8.31: Respondents' ratings of sexual health services accessed in the 12 months preceding the survey**



Base (rounded): 28,900 respondents.  
 Respondents: Respondents who had accessed sexual health services in the 12 months preceding the survey.  
 Excluded: 'Prefer not to say' (Q82).  
 See Annex 8 (Q82) for data.

Amongst cisgender respondents, gay and lesbian respondents were more likely to say their experiences at sexual health services had been mainly or completely positive (89%) than those with other minority sexual orientations (84%) (Figure 8.32).<sup>55</sup> Moreover, by gender, women (6%) were more likely than men (3%) to say that their experiences had been mainly or completely negative (Figure 8.33).

**Figure 8.32: Proportion of cisgender respondents who rated sexual health services accessed in the 12 months preceding the survey as mainly or completely positive, by sexual orientation**



Note: 'Don't know' and 'Prefer not to say' sexual orientations not shown.

Base (rounded): 26,090 respondents.

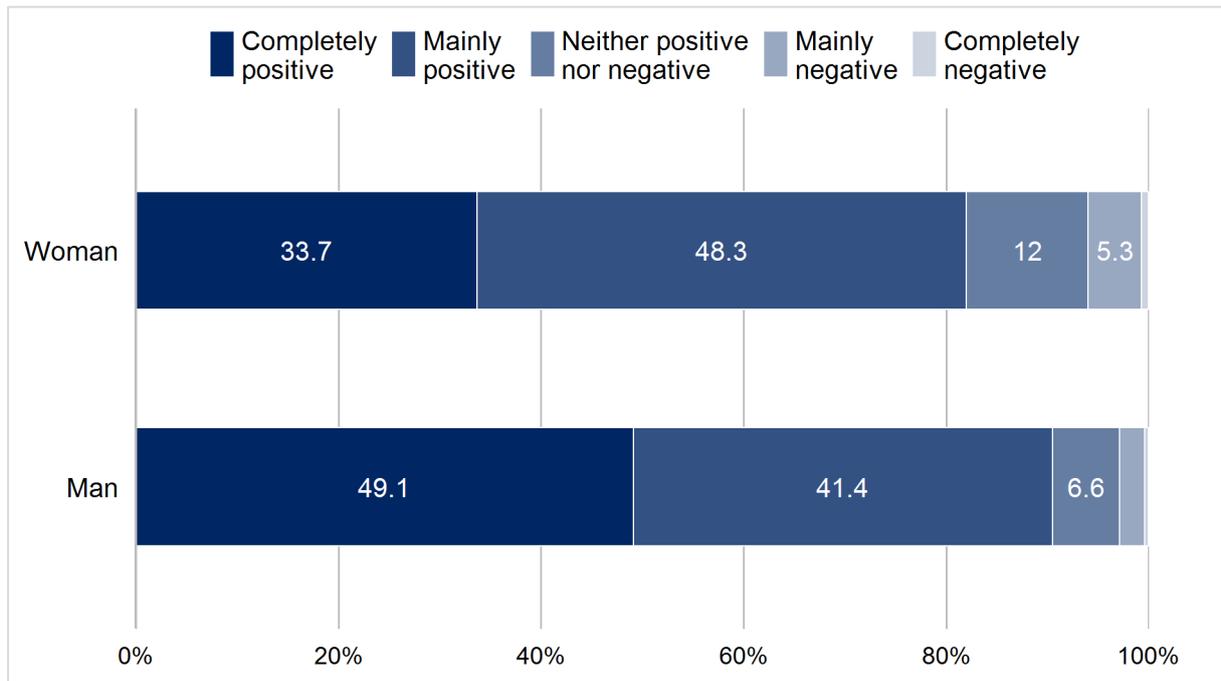
Respondents: Cisgender respondents who had accessed sexual health services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q82).

See Annex 8 (Q82) for data.

<sup>55</sup> Excluding 'Don't know' and 'Prefer not to say' sexual orientations.

**Figure 8.33: Cisgender respondents' ratings of sexual health services accessed in the 12 months preceding the survey, by gender**



Base (rounded): 26,090 respondents.

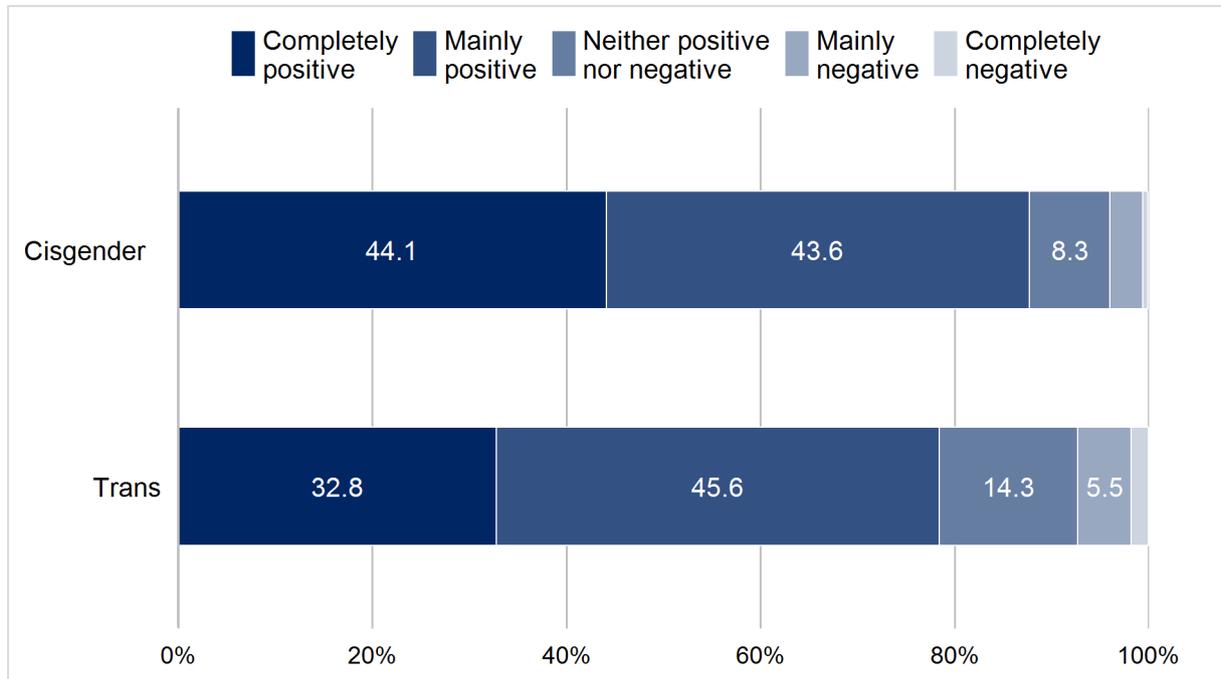
Respondents: Cisgender respondents who had accessed sexual health services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q82).

See Annex 8 (Q82) for data.

Trans respondents were more likely to rate their experiences at sexual health services as mainly or completely negative (7%) than cisgender respondents (4%) (Figure 8.34).

**Figure 8.34: Cisgender respondents' and trans respondents' ratings of sexual health services accessed in the 12 months preceding the survey**



Base (rounded): 28,510 respondents.

Respondents: Cisgender respondents and trans respondents who had accessed sexual health services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q82).

See Annex 8 for data.

Overall, respondents had better access to, and experiences at, sexual health services than mental health services. Respondents were more likely to have been unsuccessful in trying to access mental health services (8%) than to have been unsuccessful in trying to access sexual health services (2%). Respondents who had accessed sexual health services were more likely to rate their experiences as mainly or completely positive (87%) than respondents who had accessed mental health services (57%) (see section 8.3.3).

## 8.5 Elderly and youth in care

We asked survey respondents whether they had been in a care home or other form of institutional care in the 12 months preceding the survey and, if so, whether they had been open about being LGBT with care staff and other residents, and what effect they thought this had on their care during that time.

### 8.5.1 LGBT respondents in care

Less than 1% of survey respondents had been in a care home or other form of institutional care in the 12 months preceding the survey (Annex 8, Q89).

Older trans respondents were particularly likely to have been in a residential, nursing or care home for the elderly. Seven per cent of trans respondents aged 65 or above had been in a residential, nursing or care for the elderly in the 12 months preceding the survey, compared to less than 1% of cisgender respondents aged 65 or above (Annex 8, Q89).

### **8.5.2 Openness in care**

Seventy-two per cent of respondents who had been in care in the 12 months preceding the survey had been open about being LGBT with care staff and other residents, some, most or all the time (Annex 8, Q90). Amongst cisgender respondents, bisexual respondents were notably more likely to have never been open with care staff and other residents (44%) than gay and lesbian respondents (22%) (Annex 8, Q90).

Trans respondents were more likely to have been open about being LGBT with care staff and other residents some, most or all of the time (76%) than cisgender respondents (68%), although the question did not distinguish between being open about sexual orientation, gender identity or both (Annex 8, Q90).

#### **8.5.2.1 Reasons for not disclosing LGBT status in care**

The most common reasons for respondents not having been open with care staff and other residents were being afraid of a negative reaction (50%), not wanting to reveal their sexual orientation or gender identity (39%) and feeling it was not relevant (38%) (Annex 8, Q91).

Trans respondents were more likely to say that they had been afraid of a negative reaction (61%) than cisgender respondents (44%). They were also more likely to say that they had a bad experience in the past (41%) or that they were afraid of being outed (39%) than cisgender respondents (21% and 23% respectively) (Annex 8, Q91).

#### **8.5.2.2 Perceived effect of disclosing LGBT status on care**

Of those who had been open about being LGBT with care staff and other residents in the 12 months preceding the survey, 35% said that it had no effect on their care, 28% said that it had a positive effect, and 23% said that it had a negative effect (Annex 8, Q92).

Overall, cisgender respondents were more likely to say that being open had no effect on their care (42%) than trans respondents (24%). Trans respondents were more likely to say that being open had either had a positive effect (33%) or a negative effect (27%) on their care than cisgender respondents (26% and 19% respectively). (Annex 8, Q92).

### 8.5.3 Being LGBT in care

Views on LGBT people in care were discussed by a small number of respondents (36). Some were concerned that elderly care, such as in-home carers, supported and sheltered housing and care homes, were heteronormative spaces where elderly LGBT people were left 'invisible'. Elderly care services were considered by some as unsafe spaces in which people are unable to be open being LGBT.

I am very concerned about discrimination in care home provision when I am older. I am a gender non-conforming lesbian, and feel concerned that I will be made to fit more into stereotypes within a care-home setting.

**Woman, lesbian, 45-54, Yorkshire and the Humber**

Some respondents who had been in care described care staff as having poor knowledge and understanding of LGBT issues. Some described feeling unable to 'come out' or to discuss being LGBT with carers, notably because of a lack of LGBT role models.

I work with young people in care. I see how important identity is and as a young gay man who has little access to LGBT information, role models or positive images I believe it's crucial for all children to be given positive messages about all sexualities and diversity.

**Man, gay, 35-44, London**

I have experience being in foster-care from 2013 to present and have noticed recently that the care system isn't sure how to support children who identify as non-binary. I have had my identity labelled as confusion or as something I am trying to change. I feel that this subject could be approached better, as well as the implementation of it into reports (e.g. the use of different pronouns such as they/them). Overall I think there should be extra training aimed at this subject, for people such as social workers working with young people in care and the local authority.

**Non-binary person, 'other' sexual orientation, 16-17,  
South East**

## 8.6 Blood donation

The vast majority of comments (680) within responses to the optional free-text question that referenced blood donation strongly opposed the specific rules regarding men who have sex with men; namely, the fact that such rules exist at all, and more specifically the recently shortened 12-week pre-donation abstinence period.<sup>56</sup>

Despite changes to blood donation coming about, I still feel a deep sense of disappointment that I continue to be discriminated against by being unable to donate blood. [...] as a married gay man I can't donate because I have sex within my monogamous relationship but a straight man who has casual sex with a woman can even though he has engaged in more risky behaviours.

**Man, gay, 25-34, London**

UK blood donation rules continue to discriminate against LGBT [people]... I've been with my partner for 18 years... and have to abstain before donating for 3 months. My heterosexual neighbour can work his way through a nightclub over the weekend, yet still donate on Monday morning... Gov't [Government] continues to stigmatise and enforce disparity.

**Man, gay, 35-44, South East**

## 8.7 Fertility treatment

In response to the optional free-text question, a number of respondents (153), mostly women, discussed fertility treatment. For the most part, the view of those respondents was that the cost of treatment was too high and funding should be available via the NHS. Much of the discussion also centred on the ambiguity of what the NHS can and cannot provide, and how this may vary by location. Many respondents said that this led to them seeking treatment privately. Some respondents also noted experiences of poor care and instances of informal hostility or discrimination when trying to access fertility treatment in the NHS as same-sex couples.

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<sup>56</sup> In July 2017, the Government accepted the recommendations of the Advisory Committee on the Safety of Blood, Tissues and Organs to reduce the deferral periods for blood donation for men who have sex with men from 12 months to three months.

We are [...] currently going through fertility treatment privately because the lack of information around NHS offerings for LGBT couples, in specific areas, made us uncomfortable sharing and engaging with our local GP. We should have more transparent and available policies around fertility treatment which is consistent across the UK so that everyone can understand what is, and isn't, available.

**Woman, bisexual, 25-34, South East**

When accessing fertility treatment on the NHS with my wife, I was routinely ignored by members of staff, who only directed questions/information to my wife (she carried the baby but it was my donor egg). No eye contact from some nurses at all. I can only assume the majority thought I was her sister or something, but one doctor went as far as to ask why I was there.

**Woman, bisexual, 25-34, South East**

## 8.8 Substance abuse/misuse

Comments made in response to the optional free-text question regarding substance abuse/misuse (117) described it as an issue particularly prevalent amongst LGBT people, both in respondents' own experience and as more general commentary. Accordingly, they felt that there should be more targeted support and treatment. Many also suggested that it is the negative experiences of being LGBT, such as abuse, discrimination and marginalisation, that cause alcohol and drug abuse/misuse. As such, many called for tackling homophobia, biphobia and transphobia as a way of addressing substance abuse/misuse, rather than just treating the symptoms. Some trans respondents noted their own experiences of using alcohol or drugs as a coping mechanism to deal with the difficulties of transitioning, particularly in light of the long waiting times for accessing Gender Identity Clinics.

The closure of sexual health services, mental health services, drug and alcohol services, social services, pressure on the NHS in general etc. affects LGBT people specifically and the particular marginalised groups listed above [mentioned in the survey] can suffer in particular, in my experience, including greater levels of illness, self-harm, addiction, suicide.

**Man, gay, 25-34, London**

The waiting lists for GICs [Gender Identity Clinics] need genuine change. Many clinics have rushed through first appointments in order [to] meet targets, but allow a backlog to build for second appointments. The overall wait for HRT [hormone replacement therapy] is still well over a year long AT BEST. The only effective treatment for dysphoria is transition and leaving this untreated is killing people. I have personally used alcohol, cannabis, cocaine and self-harm to survive the last year and a half since referral, and I have now been told I will have to wait several more months because of the backlog.

**Trans man, heterosexual, 18-24, North West**

## 9 Gender transition, legal recognition, and gender identity services

**Note:** The term ‘trans’ refers to any person who has a gender identity that does not correspond with the sex they were assigned at birth. This includes trans men, trans women, non-binary, genderqueer, agender, and gender fluid respondents. The analysis in this section examines the experiences of all trans respondents and the experiences of intersex trans respondents compared to other trans respondents.<sup>57 58</sup>

### 9.1 Overview

Many trans people try to address the fact that the way they feel about their gender does not match the sex they were assigned at birth through a process called ‘transitioning’. There are three different types of transition: social, medical and legal. Social transition involves making changes to one’s social life and environment, such as by telling family, friends or work colleagues how they feel about their gender. Medical transition involves undergoing medical treatment to alter sex characteristics so that they match with one’s gender identity, such as by taking cross-sex hormones or undergoing surgery. Legal transition involves undergoing the process set out in the Gender Recognition Act 2004 to gain legal recognition of one’s acquired gender, notably obtaining a new birth certificate in that gender. A trans person may undertake one, two or all three of these types of transition, at the same time or at different stages of their lives.

The specific needs of a trans person in relation to their transition can change significantly depending on how old they are; however, there is little existing evidence about the age at which trans people tend to begin their transition, or how long it takes them to complete their transition. Trans respondents were therefore asked whether they had begun their transition (whether social, medical or legal) and, if so, the age at which this happened and how long it took.

Currently, a trans person can change their name, passport, driving licence and bank details without official approval. However, in order to update their birth certificate, a trans person needs to obtain a Gender Recognition Certificate. The Women and Equalities Select Committee found that the process required for obtaining a Gender

<sup>57</sup> Kreukels BPC, Köhler B, Nordenström A and others, ‘Gender Dysphoria and Gender Change in Disorders of Sex Development/Intersex Conditions: Results From the dsd-LIFE Study’, *The Journal of Sexual Medicines*, Volume 15, Issue 5, Pages 777–785, May 2018

<sup>58</sup> Monro S, Crocetti D, Yeadon Lee T, Garland F and Travis M, ‘Intersex, Variations of Sex Characteristics, and DSD: The Need for Change’, University of Huddersfield, October 2017

Recognition Certificate puts trans people off applying for one.<sup>59</sup> Since the system was introduced, 4,910 trans people have obtained a Gender Recognition Certificate,<sup>60</sup> out of an estimated trans population of between 200,000 and 500,000 people.<sup>61</sup> Trans men and trans women responding to the survey were therefore asked about their knowledge of the legal requirements for obtaining a Gender Recognition Certificate and their experiences, if any, of applying for one.

All trans respondents were asked about their experiences of accessing and using gender identity services. There is evidence of long waiting times for accessing Gender Identity Clinics, with consequences for mental and emotional wellbeing.<sup>62</sup>

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<sup>59</sup> House of Commons Women and Equalities Committee, 'Transgender Equality', First Report of Session 2015-16, 8 December 2015

<sup>60</sup> Ministry of Justice, 'Tribunals and Gender Recognition Statistics Quarterly: January to March 2018', 14 June 2018

<sup>61</sup> There is currently no robust measure of the size of the trans population in the UK. Applying estimates of population prevalence from studies in other countries suggests that between 0.35% and 1% of the UK population might be trans, although this does not include non-binary people. This equates to between 200,000 and 500,000 people, rounded to the nearest 100,000. See Government Equalities Office, 'Reform of the Gender Recognition Act', Government Consultation, July 2018, Annex E.

<sup>62</sup> National Institute of Economic and Social Research, 'Inequality among lesbian, gay, bisexual and transgender groups in the UK: a review of evidence', July 2016, page 59

## Key findings

- Of those who had started transitioning, 84% of trans men and 78% of non-binary respondents had started by the age of 24, compared to 44% of trans women.
- 66% of trans respondents who had completed their transition had done so in less than 4 years.
- Of those who were transitioning while at school, 46% of trans men and 41% of trans women said that their school was very or somewhat supportive of their specific needs, compared to 21% of non-binary respondents.
- 81% of trans men and trans women were aware of the process to apply for a Gender Recognition Certificate; however, knowledge of the precise requirements was mixed. For example, of those who were aware of the process but did not have a Gender Recognition Certificate, 15% mistakenly thought that surgery was a requirement and 43% thought an interview with a Gender Recognition Panel was needed.
- Amongst those who were aware of the process but did not have a Gender Recognition Certificate, the most frequently given reasons for not having applied for a Gender Recognition Certificate were not satisfying the requirements (44%), finding the process too bureaucratic (38%), and the process being too expensive (34%). Only 7%, however, said they were not interested in getting one.
- 26% of trans respondents had accessed specialist gender identity services in the 12 months preceding the survey. A further 10% had tried without success. Trans women (43%) and trans men (50%) were much more likely to have accessed specialist services than non-binary respondents (7%). 80% of those who had accessed or tried to access these services said it was not easy (scoring ease of access as 1, 2 or 3 out of 5) with 68% saying they had to wait too long to access them.
- 16% of trans respondents who had started or completed transitioning had used or paid for services or treatment outside of the UK to support their transition, with a further 50% saying they had considered it. 73% of these respondents cited Gender Identity Clinic waiting times as one of the reasons.

## 9.2 Transitioning

The survey asked whether trans respondents had begun their transition (whether social, medical or legal) and, if so, the age at which this happened and how long it took.

At the time of responding to the survey, 28% of trans women and 10% of trans men had completed their transition. Fifty-six per cent of trans women and 72% of trans men said that they were still transitioning.

Only 5% of non-binary respondents had completed their transition at the time of responding to the survey, and 27% were still transitioning. Sixty-six per cent said that they had not started transitioning, or that this was not relevant to them (Annex 9, Q17-18).

### 9.2.1 Age and duration of transition

Trans men and non-binary respondents had begun transitioning at a younger age than trans women. Of respondents who had started transitioning or had completed their transition, 84% of trans men and 78% of non-binary respondents had started by the age of 24, compared to 44% of trans women (Table 9.1). Trans intersex respondents were also likely to have started transitioning at a young age, with 67% of them having started by the age of 24 (Annex 9, Q17).

Of trans respondents who had completed their transition, it took 66% of them less than 4 years to do so. Transitioning was generally quicker for non-binary respondents, who were much more likely to have completed their transition in under 2 years (52%), compared to 21% of trans women and 16% of trans men (Annex 9, Q18).

**Table 9.1: Age that trans respondents started transitioning, by gender identity**

	Trans woman	Trans man	Non-binary	Total
Under 16	7.0%	27.4%	22.0%	18.1%
16-17	8.1%	25.6%	19.2%	17.1%
18-24	28.9%	30.9%	37.0%	32.0%
25-34	18.9%	9.5%	12.9%	14.1%
35-44	17.2%	4.7%	5.3%	9.6%
45-54	13.5%	1.3%	1.9%	6.1%
55-64	5.6%	0.3%	0.7%	2.4%
65-74	x	x	0.4%	0.4%
75 or above	x	x	0.5%	0.2%
<b>Respondents (rounded)</b>	<b>3,120</b>	<b>2,620</b>	<b>2,570</b>	<b>8,300</b>

Respondents: Trans respondents.

Excluded: 'I have not started transitioning', 'This is not relevant to me', 'Prefer not to say' (Q17).

See Annex 9 (Q17) for data.

## 9.2.2 Transitioning at school

Sixty-nine per cent of trans respondents who had started transitioning before the age of 18 said that they were transitioning while at school (Annex 9, Q28).

Of those who were transitioning at school, 41% of trans women and 46% of trans men said that their school was very or somewhat supportive of their specific needs. It was not clear what 'support' entailed, but it might be presumed to include things such as making toilets and changing rooms accessible and ensuring the correct pronoun and names were used. Non-binary respondents were less likely than trans women and trans men to say that their school was very or somewhat supportive (21%) (Table 9.2). Trans intersex respondents were also less inclined to say their school was supportive of their specific needs whilst transitioning (32%) (Annex 9, Q29).

**Table 9.2: How supportive trans respondents found their schools of their specific needs whilst transitioning, by gender identity**

	Trans woman	Trans man	Non-binary	Total
Very or somewhat supportive	41.1%	45.6%	21.0%	36.4%
Neither supportive nor unsupportive	14.1%	15.9%	24.5%	18.6%
Not very or at all supportive	44.9%	38.6%	54.5%	45.0%
<b>Respondents (rounded)</b>	<b>260</b>	<b>960</b>	<b>650</b>	<b>1,870</b>

Respondents: Trans respondents who were transitioning whilst at school.

Excluded: 'Prefer not to say' (Q29)

See Annex 9 (Q29) for data.

## 9.3 Gender recognition process

Trans people can apply for a Gender Recognition Certificate in order to change their birth certificate to reflect their acquired gender and for their acquired gender to therefore be legally recognised in the UK.<sup>63</sup> To do this, they currently need to:

- Obtain a medical diagnosis of gender dysphoria from a registered psychologist or medical practitioner
- Obtain a medical report from a registered psychologist or medical practitioner providing details of any treatment to modify their sex characteristics, including hormone treatment or surgery
- Provide evidence that they have lived in their acquired gender for at least 2 years
- Seek agreement from their spouse, if married
- Provide a statutory declaration that they intend to live in their acquired gender permanently until death
- Pay a fee of £140 to apply

### 9.3.1 Awareness and knowledge of the legal gender recognition process

Eighty-one per cent of trans respondents were aware of the legal gender recognition process allowing people to apply for a Gender Recognition Certificate. Awareness of the process was high and generally increased with age; those aged 16-17 had the lowest awareness at 63%. Trans intersex respondents were less likely to be aware of the legal gender recognition process (75%) than trans respondents overall (Annex 9, Q19).

In order to gauge awareness of the process of obtaining a Gender Recognition Certificate, trans respondents who did not already have one but were aware of the process were asked which of the following they thought were requirements:

- Minimum age of 18 (true)
- Diagnosis of gender dysphoria (true)
- Evidence of 2 years lived experience in acquired gender (true)

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<sup>63</sup> The analysis of the section on the legal gender recognition process includes trans men and trans women. In this section, 'trans respondents' is used to refer to trans men and trans women.

- Statutory declaration of the intention to live permanently in acquired gender (true)
- Interview with the Gender Recognition Panel (false)
- Gender reassignment surgery (false)
- None of the above (false)

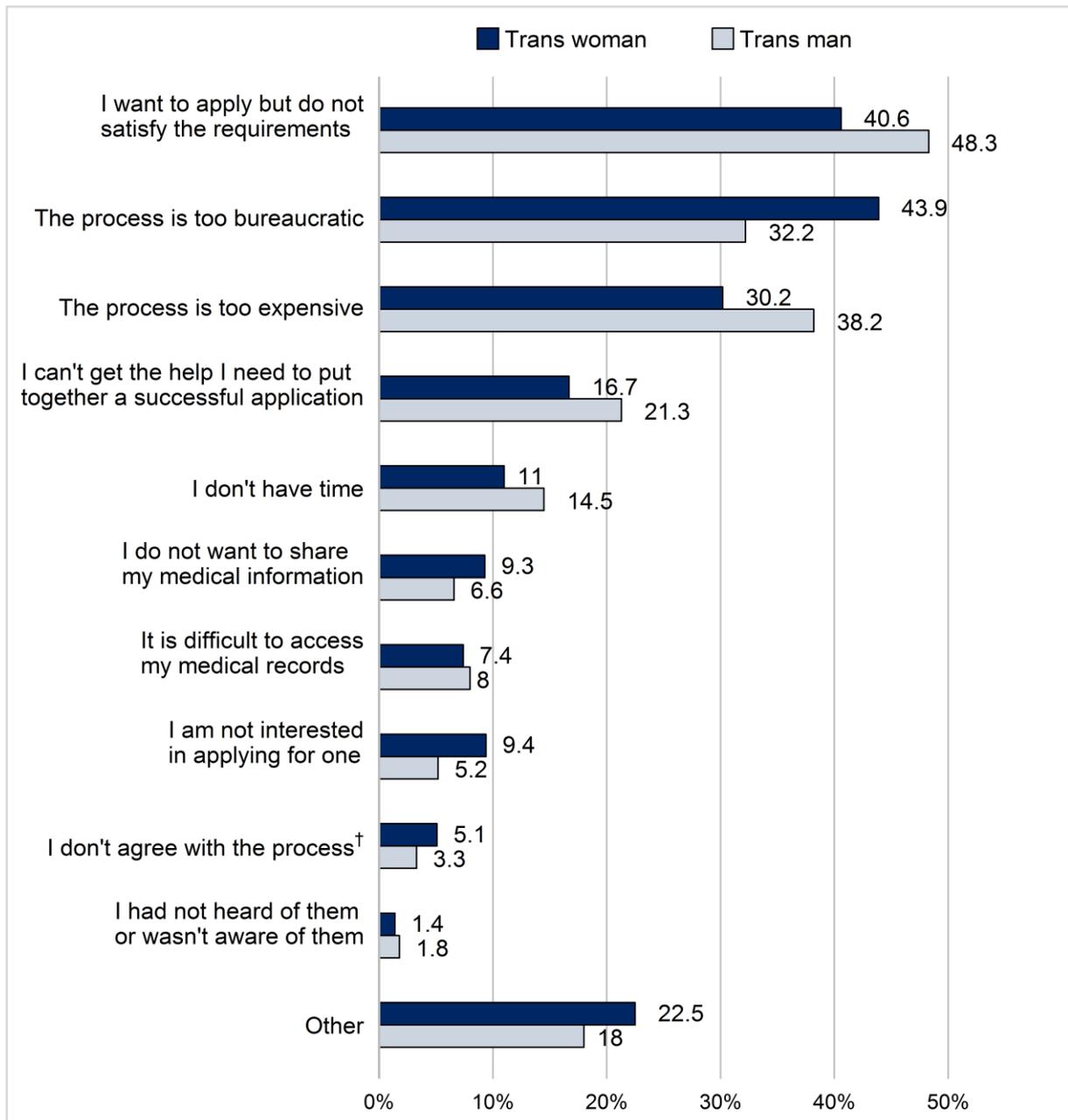
Sixty-one per cent correctly identified the minimum age of 18 to apply for a Gender Recognition Certificate, 80% correctly identified the gender dysphoria diagnosis, 77% correctly identified the evidence of 2 years lived in the acquired gender, and 68% correctly identified the statutory declaration.

Moreover, 43% incorrectly identified an interview with the Gender Recognition Panel as a requirement, and 15% incorrectly identified surgery as a requirement (Annex 9, Q21).

### **9.3.2 Demand for legal gender recognition**

Twelve per cent of trans respondents who had either started transitioning or had completed their transition at the time of responding to the survey said that they had a Gender Recognition Certificate. Of those who had completed their transition, 39% had a Gender Recognition Certificate. Seventeen per cent of trans intersex respondents had a Gender Recognition Certificate (Annex 9, Q19-20).

Of the trans respondents who did not have a Gender Recognition Certificate, 7% said that they had either previously applied for a Gender Recognition Certificate or were currently applying for one (Annex 9, Q19 & 22). Of those respondents who were aware of the legal gender recognition process, but did not have a Gender Recognition Certificate and had never applied for one, only 7% said that this was because they were not interested in getting one. The most frequently given reasons for not having applied for a Gender Recognition Certificate were not satisfying the requirements (44%), finding the process too bureaucratic (38%), and the process being too expensive (34%) (Figure 9.1).

**Figure 9.1: Reasons for not having applied for a Gender Recognition Certificate**

Note: Respondents could select as many reasons as applicable.

Base (rounded): 4,130 respondents.

Respondents: Trans respondents who were aware of the legal gender recognition process but did not have and had never applied for a Gender Recognition Certificate.

Excluded: 'Prefer not to say' (Q25).

See Annex 9 (Q25) for data.

Looking at trans intersex respondents who were aware of the gender recognition process but did not have, and had never applied for, a Gender Recognition Certificate, 13% said that they were not interested in getting one, compared to 7% of trans respondents overall. Twelve per cent said that it was because they did not want to share medical records, compared to 8% of trans respondents overall (Annex 9, Q25).

Some responses to the optional free-text responses also discussed the legal status and rights of intersex people.

I was born INTERSEX and surgically reassigned to “female”. I suffered for years due to gender dysphoria finally transitioning back to male. I have not yest managed to sort out a change to my BC [birth certificate] and a GR certificate [Gender Recognition Certificate]. My GP is very supportive, but is not expereinced with any other other intersex people. My main concern is that I have NO protection in law related to being intersex. [sic]

**Man, heterosexual, 45-54, North West**

### 9.3.3 Accessing legal gender recognition

Of the respondents who had a Gender Recognition Certificate, had previously applied for one, or were currently applying for one, 24% had received help with their application. This figure was higher for younger age groups, such as respondents aged 18-24 (34%), compared to respondents aged 45-54 (19%) and 55-64 (12%).

Of those who received help, respondents were most likely to say that they had received it from a Gender Identity Clinic (49%) or from friends or family (36%) (Table 9.3).

**Table 9.3: Who helped respondents to apply for a Gender Recognition Certificate**

	Total
Gender Identity Clinic (GIC)	49.0%
Friends or family	35.9%
My GP (General Practitioner)	23.5%
Gender Recognition Panel administration team	18.7%
LGBT organisation or charity	15.5%
Other organisation, charity or support group	11.6%
Other	6.0%
<b>Respondents (rounded)</b>	<b>250</b>

Note: Respondents could select as many sources as applicable.  
 Respondents: Trans respondents who had received help with their application for a Gender Recognition Certificate.  
 Excluded: 'Prefer not to say' (Q24)  
 See Annex 9 (Q24) for data.

Respondents who discussed Gender Recognition Certificates (339) in response to the optional free-text question generally cited the difficulty, cost and time involved in obtaining one. There was further discussion by a smaller number of non-binary respondents, who noted that the gender recognition process currently makes no provision for the recognition of a gender other than man or woman.

The biggest problem I have living as an LGBT+ person in the UK is that non-binary gender is not recognised as a legal gender. Every time I fill in a form, with a few notable exceptions, I am forced to choose a binary gender and title, which is incorrect and upsetting. [...] I would like to be able to get a GRC [Gender Recognition Certificate] for my gender identity and have an X on my passport and marriage certificate, rather than an M or and F, and I know that I am not the only one.

**Non-binary person, pansexual, 18-24, South East**

Some respondents also noted difficulties in getting consent from their spouse before getting a Gender Recognition Certificate. If the spouse does not give their agreement to the legal gender recognition process, the applicant receives an interim Gender Recognition Certificate until the marriage or civil partnership is annulled, which was perceived as a 'spousal veto' to legal transition by some respondents.

The 'spousal veto' in the GRA [Gender Recognition Act] as amended by the Same Sex Marriage Act is unacceptable and was the cause of my harassment by my spouse. At first she withheld her approval so I could only be awarded an interim GRC [Gender Recognition Certificate]. Further negotiation resolved the issue and she made the required statutory declaration and I was able to convert the interim GRC into a full GRC. I strongly believe that there are grounds for a time limited requirement for spousal consultation but NOT for the current veto. My identity is just that. Mine. Nobody but me should be able to police my identity.

**Trans woman, pansexual, 65+, Wales**

## 9.4 Gender identity services

Trans people have specific health needs in relation to gender dysphoria, gender reassignment or gender confirmation. These specific needs can be addressed by Gender Identity Clinics, which are specialised transgender health services offered by public health services. There are eight Gender Identity Clinics in England,<sup>64</sup> four in Scotland,<sup>65</sup> one in Northern Ireland,<sup>66</sup> and none in Wales. A referral from a General Practitioner (GP) is needed to access these specialist services.

Trans respondents were asked about their experiences of accessing and using specialist gender identity services in the UK in the 12 months preceding the survey. As with mental and sexual health services, this was confined only to public health services, such as those provided by the National Health Service (NHS) in England, Scotland and Wales, or Health and Social Care in Northern Ireland.

### 9.4.1 Experiences of accessing gender identity services

Twenty-six per cent of trans respondents had accessed specialist gender identity services in the 12 months preceding the survey. A further 10%, however, had tried to access specialist gender identity services but were unsuccessful. Trans intersex respondents were as likely to have accessed (26%) or to have tried to access (11%) gender identity services as trans respondents (Annex 9, Q83). Trans women (43%) and trans men (50%) were much more likely to have accessed these services than non-binary respondents (7%) (Table 9.4).

Respondents in higher age groups were more likely to have accessed specialist gender identity services, and respondents in younger age groups were more likely to have tried without success (Figure 9.2).

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<sup>64</sup> There are seven Gender Identity Clinics for adults and one Gender Identity Clinic for children and young people in England. See NHS, 'How to find an NHS gender identity clinic', last updated 31 March 2017

<sup>65</sup> National Gender Identity Clinical Network for Scotland, 'NHS Scotland Gender Identity Clinics', 2017

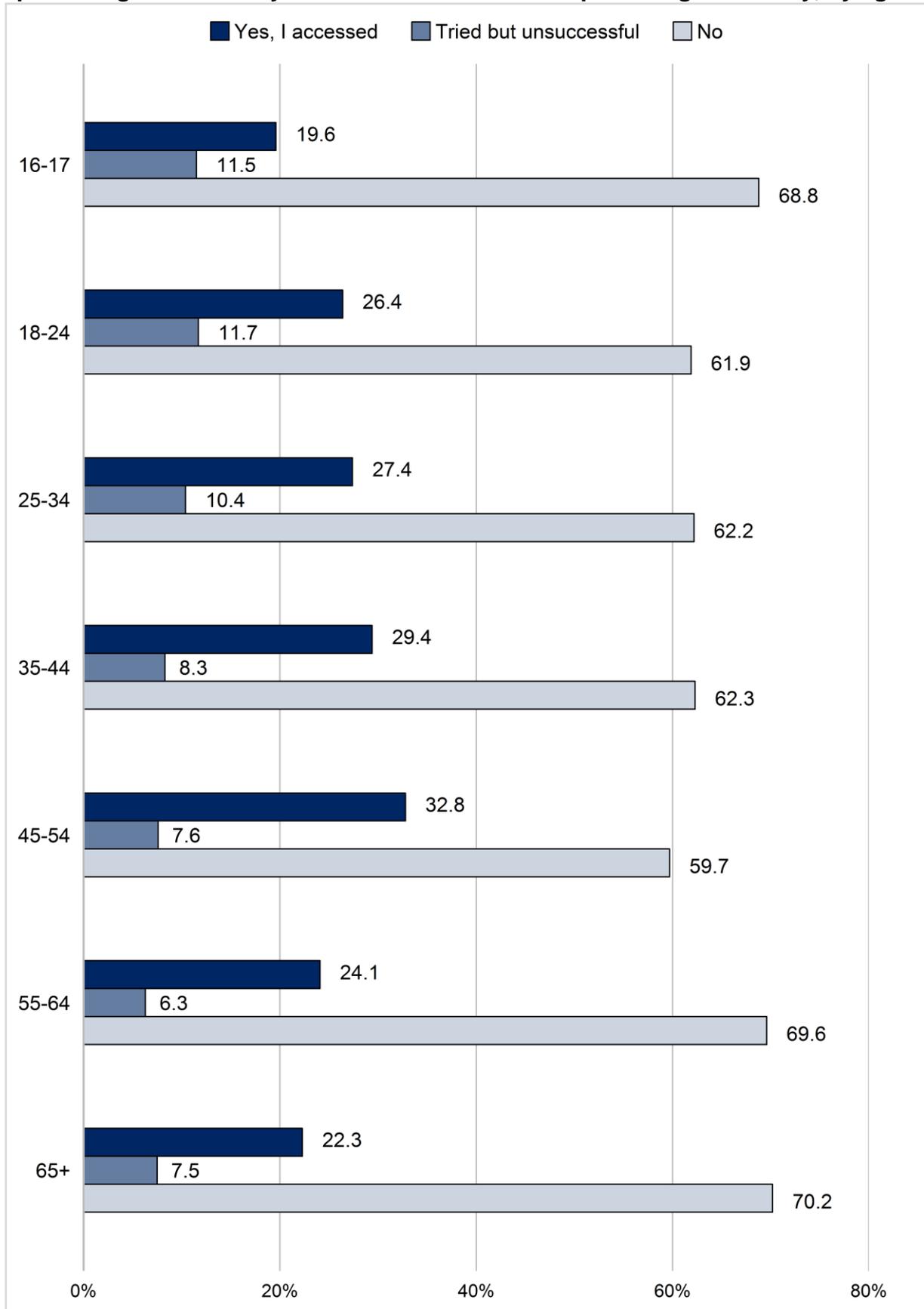
<sup>66</sup> Belfast Health and Social Care Trust, 'Brackenburn Clinic (Regional Gender Identity & Psychosexual Services)', last viewed on 30 May 2018

**Table 9.4: Proportion of trans respondents who had accessed or tried to access specialist gender identity services in the 12 months preceding the survey, by gender identity**

	<b>Trans women</b>	<b>Trans men</b>	<b>Non-binary</b>	<b>Total</b>
Yes, I accessed	43.4%	50.4%	7.3%	26.2%
Tried, but was unsuccessful	14.9%	16.0%	5.9%	10.5%
No	41.7%	33.6%	86.8%	63.3%
<b>Respondents (rounded)</b>	<b>3,700</b>	<b>3,140</b>	<b>7,360</b>	<b>14,200</b>

Respondents: Trans respondents.  
 Excluded: 'Prefer not to say' (Q83).  
 See Annex 9 (Q83) for data.

**Figure 9.2: Proportion of trans respondents who had accessed or tried to access specialist gender identity services in the 12 months preceding the survey, by age**



Base (rounded): 14,200 respondents.  
 Respondents: Trans respondents.  
 Excluded: 'Prefer not to say' (Q83).  
 See Annex 9 (Q83) for data.

Eighty per cent of trans respondents who had accessed or tried to access specialist gender identity services said that accessing them had not been easy (rating 1, 2 or 3 out of 5 for ease of access), compared to 20% who said that accessing them had been easy (rating ease of access 4 or 5 out of 5) (Table 9.5). Trans intersex respondents had found it easier to access gender identity services, with 30% of them saying it had been easy (rating ease of access 4 or 5 out of 5) to access them (Annex 9, Q84).

**Table 9.5: Ease of accessing specialist gender identity services in the 12 months preceding the survey, by age**

	16-17	18-24	25-34	35-44	45-54	55-64	Total
1 (Not at all easy)	82.5%	83.6%	82.8%	71.8%	68.9%	69.5%	80.0%
2							
3							
4	17.5%	16.4%	17.2%	28.2%	31.1%	30.5%	20.0%
5 (Very easy)							
<b>Respondents (rounded)</b>	<b>620</b>	<b>2,260</b>	<b>1,070</b>	<b>490</b>	<b>460</b>	<b>190</b>	<b>5,160</b>

Note: Age '65+' not shown to maintain anonymity.

Respondents: Trans respondents who had accessed or tried to access specialist gender identity services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q84).

See Annex 9 (Q84) for data.

Sixty-eight per cent of trans respondents who had accessed or tried to access specialist gender identity services in the 12 months preceding the survey said they had difficulty accessing the services due to having to wait too long.<sup>67</sup> This was followed by services not being close enough (33%), which was a particular problem for respondents living in Wales (54%) and the North West (51%), where no Gender Identity Clinics exist. Twenty-five per cent of trans respondents also said that their GP had not known where to refer them, which was a particular problem for trans respondents living in the North West (31%) and the West Midlands (30%). Twenty-one per cent of trans respondents said that they had found it too complicated in terms of bureaucracy, which was a particular problem for respondents living in London (29%), Wales (27%) and the South East (25%) (Table 9.6). Trans intersex respondents were more likely to say that their GP had not been supportive (18%) than trans respondents in general (13%) (Annex 9, Q85 – All).

<sup>67</sup> Only respondents who scored their ease of access to specialist gender identity services as 1 (not at all easy), 2 or 3 out of 5 were asked why they found accessing these services difficult.

**Table 9.6: Difficulties faced by trans respondents when accessing or trying to access specialist gender identity services in the 12 months preceding the survey, by place of residence**

	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland*	Total
I had to wait too long to access the services	61%	69%	69%	68%	64%	71%	69%	75%	69%	70%	62%	58%	68%
The services were not close enough to me	23%	51%	26%	27%	38%	40%	14%	37%	35%	54%	22%	20%	33%
My GP (General Practitioner) did not know where to refer me	25%	31%	26%	21%	30%	28%	24%	26%	23%	29%	17%	15%	25%
It was too complicated in terms of bureaucracy	12%	21%	19%	16%	20%	20%	29%	25%	18%	27%	16%	14%	21%
I was worried, anxious or embarrassed about going	11%	14%	13%	11%	14%	10%	14%	14%	14%	11%	16%	13%	14%
I wasn't able to go at a convenient time	11%	15%	14%	10%	14%	13%	12%	13%	14%	14%	13%	13%	13%
My GP (General Practitioner) was not supportive	12%	13%	12%	13%	14%	11%	15%	15%	10%	13%	10%	10%	13%
I could not afford them	5%	15%	8%	8%	11%	11%	11%	12%	10%	13%	6%	8%	10%
I did not know where to go	8%	11%	8%	7%	11%	5%	7%	8%	8%	10%	7%	x	8%
Other	5%	8%	8%	7%	8%	13%	11%	8%	8%	13%	10%	11%	9%
Did not have difficulty	31%	18%	18%	23%	21%	16%	19%	15%	20%	15%	28%	25%	20%
<b>Respondents (rounded)</b>	<b>240</b>	<b>550</b>	<b>450</b>	<b>420</b>	<b>390</b>	<b>240</b>	<b>540</b>	<b>840</b>	<b>650</b>	<b>230</b>	<b>440</b>	<b>80</b>	<b>5,080</b>

Note: Respondents could select as many issues as applicable; only respondents who rated their ease of access to gender identity services as 1 (not at all easy), 2 or 3 out of 5 were asked Q85.

Respondents: Trans respondents who had accessed, or tried to access, specialist gender identity services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q84, Q85, Q151).

See Annex 9 (Q85 – All) for data.

A large number of respondents (2,876) discussed gender transition and gender identity services within their responses to the optional free-text question. These comments largely expressed frustration, both with the Government and the NHS, particularly in relation to:

- Access to, and lack of funding for, gender identity services
- Gender Identity Clinic waiting times
- What was considered to be ill-informed, and sometimes discriminatory, GPs and other front-line NHS staff

Those who commented on gender identity services generally felt that they were underfunded and stretched, and as such did not always provide good care. In addition, GPs were seen as having little to no knowledge of the transitioning process.

Respondents who discussed referrals typically felt that the NHS guidelines advising seeing new clients within 18 weeks upon referral were ignored.<sup>68</sup> They also expressed the view that GPs were generally ill-informed and therefore unhelpful, even if well-intentioned, in relation to the referral process.

Responses also suggested that the long waiting times for Gender Identity Clinics had far-reaching effects, including on both physical and mental health, which had resulted in many respondents attempting to self-medicate or access services abroad (see also section 9.4.3).

The biggest issue I have faced is the ridiculous waiting times to access GICs [Gender Identity Clinics] in the UK. The NHS guideline is 18 weeks for referral but all clinics are way over a year for a waiting time and it's going to take two years for me to just have a first appointment. Something needs to be done about this as it has a serious impact on many trans people's quality of life.

**Trans man, 'don't know' sexual orientation, 16-17, North West**

<sup>68</sup> NHS England, 'Gender Identity Development Service (GIDS) for Children and Adolescents', Service Specification No. E13/S(HSS)/e, 1 April 2016

Waiting times for GIC clinics [Gender Identity Clinics] are far far too long, there is not enough of them which means more people are committing suicide whilst waiting or turning to overseas or online websites and dr's [doctors] to access hormones and drugs to help with transitioning before they get to see a GIC or medical professional in Gender Identity.

**Trans woman, lesbian, 45-54, South West**

The [Gender Identity Clinic] NHS system is a complete MESS... not enough doctors consultants... waiting 2.5 years from 1st referrall and 2nd appointment is unacceptable. [sic] This has put a block on career opportunities, and a strain on the planning within my company who are very very supportive, but cannot plan major projects as I'm a key worker.

**Trans woman, heterosexual, 55-64, East of England**

Gender dysphoria was also discussed in relation to how difficult it was to cope with and how this was compounded by the lack of access to gender identity services. Again, waiting times for Gender Identity Clinics were particularly emphasised.

The wait and bureaucratic hoops one must jump through is as dangerous, insulting and harmful as any intended hatred towards LGBT people. [...] Telling a severely dysphoric person that they need to prove they are trans is as outdated as asking someone who is gay to prove they are [...]. Its the heaviest and most taxing thing to be told you have an undescribed amount of years to wait [...] your whole life feels on hold and the dysphoria only gets worse and worse, with little to no care outside the set appointments once every few months to years.

**Trans woman, lesbian, 25-34, Yorkshire and the Humber**

The single biggest thing that would improve my life is easier access to healthcare. I need counselling to help me deal with past experiences, and I need access to top surgery asap to overcome my gender dysphoria so I can move on with my life.

**Man, 'other' sexual orientation, 18-24, Scotland**

### 9.4.2 Experiences of using gender identity services

Fifty-three per cent of trans respondents who had accessed gender identity services in the 12 months preceding the survey rated them as mainly or completely positive, compared to 23% who rated them as mainly or completely negative. By place of residence, respondents most likely to rate the services they used positively were those from the North East (65%) and the East Midlands (63%) (Table 9.7).

**Table 9.7: Ratings of specialist gender identity services accessed in the 12 months preceding the survey, by place of residence**

	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South East	South West	Wales	Scotland	Northern Ireland*	Total
Completely or mainly positive	65%	51%	53%	63%	49%	56%	53%	49%	52%	44%	59%	57%	53%
Neither positive nor negative	16%	25%	26%	19%	25%	18%	21%	23%	25%	28%	23%	28%	23%
Mainly or completely negative	19%	24%	21%	18%	26%	25%	27%	28%	22%	28%	18%	x	23%
<b>Respondents (rounded)</b>	<b>180</b>	<b>380</b>	<b>330</b>	<b>270</b>	<b>250</b>	<b>160</b>	<b>370</b>	<b>580</b>	<b>430</b>	<b>160</b>	<b>350</b>	<b>60</b>	<b>3,510</b>

Respondents: Trans respondents who had accessed specialist gender identity services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q86, Q151).

See Annex 9 (Q86) for data.

A few comments to the free-text question emphasised how Gender Identity Clinics provide the support that trans people needed.

In terms of the [Gender Identity Clinic], my gender therapist has transformed my life. She is the most important person who has ever entered my life, I am so thankful for her. It's been nearly 3 years now that I've been seeing her, again, I wouldn't have made it this far without her.

**Trans woman, Heterosexual, 35-44, South West**

### 9.4.3 Accessing services and medication abroad

Trans respondents who had completed their transition or were still transitioning were asked whether they had used, or paid for, healthcare services or medical treatment outside the UK in relation to their gender identity, such as by buying cross-sex hormones from other countries over the internet or by undergoing gender reassignment surgery overseas. Sixteen per cent said that they had done so, with a further 50% having considered doing so. Thirty-four per cent, however, said that they had not used, or paid for, such services or treatment abroad and would not consider doing so (Table 9.8). Trans intersex respondents were more likely than trans respondents overall to have used, or paid for, healthcare services or medical treatment outside the UK, with 26% having done so and 46% having considered it (Annex 9, Q87).

**Table 9.8: Whether trans respondents had used or paid for healthcare services or medical treatment outside the UK to support their transition**

	Total
Yes	16.0%
No, but I have considered it	49.5%
No, and I would not consider it	34.5%
<b>Respondents (rounded)</b>	<b>8,130</b>

Respondents: Trans respondents who had started transitioning or had completed their transition.  
Excluded: 'Prefer not to say' (Q87).  
See Annex 9 (Q87) for data.

The most commonly cited reason for going abroad for such services or treatment was that the waiting lists for local gender identity services had been too long (73%), this being a particularly prevalent reason amongst trans men (74%) and trans women (75%) when compared to non-binary respondents (58%). The second most frequently given reason was a better quality or choice of services available abroad (28%). Trans women (24%) and non-binary respondents (22%) were more likely than trans men (14%) to say that they had sought treatment abroad because the specific treatment or service they wanted had not been available in the UK. Non-binary

respondents (20%) were twice as likely as trans women (10%) and trans men (11%) to say that they had sought treatment abroad because they had not wanted to access services through their GP (Table 9.9). Trans intersex respondents (18%) were also more likely than trans respondents overall to seek treatment abroad because they did not want to access services through their GP (Annex 9, Q88).

**Table 9.9: Reasons for trans respondents having used or paid for healthcare services or medical treatment outside the UK to support their transition, by gender identity**

	Trans woman	Trans man	Non-binary	Total
Waiting lists were too long to access local gender identity services	74.9%	74.2%	58.5%	72.7%
There is a better quality or choice of services available abroad	29.3%	27.8%	23.9%	28.4%
The specific service or treatment I wanted was not available	23.6%	13.9%	22.0%	21.9%
The cost of treatment was too high in the UK	17.6%	16.0%	21.4%	17.9%
I did not want to access services through my GP (General Practitioner)	9.8%	10.8%	20.1%	11.3%
Other	17.6%	18.6%	28.9%	19.2%
<b>Respondents (rounded)</b>	<b>910</b>	<b>190</b>	<b>160</b>	<b>1,260</b>

Note: Respondents could select as many reasons as applicable.  
 Respondents: Trans respondents who had used or paid for healthcare services or medical treatment outside the UK in relation to their gender identity.  
 Excluded: 'Prefer not to say' (Q88).  
 See Annex 9 (Q88) for data.

Some respondents specifically discussed hormone treatment in response to the optional free-text question. These respondents generally cited difficulties in access to it, as this can only be obtained following assessment at a Gender Identity Clinic. Respondents discussed accessing hormone treatment privately, online and abroad as a result, and acknowledged the expense and risk associated with doing so.

The GIC [Gender Identity Clinic] system must be overhauled, the waiting times and hoops that trans people are expected to jump through to access healthcare are unacceptable. the system should be changed to something closer to an informed consent model, where GP can prescribe hormones and surgery is available with usual waiting times rather than years.

**Trans man, bisexual, 18-24, North East**

I had been self medicating using internet purchased hormones since 2002. I then found a private uk based GP to help and prescribe hormones and monitor my health. This was done as my wife did not want me to contact my own GP. Eventually I contacted my own GP as the expense was too much. [...] I asked for referral to [a] GIC [Gender Identity Clinic]. [...] I don't expect to have a first appointment for at least two and a half years.

**Trans woman, heterosexual, 45-54, North West**

# 10 Intersex

## 10.1 Overview

Intersex is an umbrella term used to describe a range of variations in a person's bodily characteristics that do not match strict medical definitions of male or female, such as atypical genitalia, different chromosome patterns, or secondary sex characteristics that do not develop at puberty. Within this discourse, the term 'varied sex characteristics' is also used as a descriptor. Intersex is neither a gender identity nor a sexual orientation, and intersex people can identify as having all types of sexual orientation or gender identity. There is no robust estimate on the population size of intersex people living in the UK. According to the Office of the United Nations High Commissioner of Human rights, it is estimated that between 0.05% and 1.7% of infants are born with varied sex characteristics, with some variation by country and by culture.<sup>69</sup>

Little is known about people's experiences of being intersex, and this is the first time the Government has developed a survey that specifically asks about the experiences of intersex people living in the UK. The focus of this chapter is on access to healthcare services because the existing evidence predominantly focuses on intersex people's interactions with healthcare service providers.<sup>70</sup> The targeting and design of the survey was not intended to gather robust data on intersex-specific issues because the survey was primarily targeted at people identifying as having a minority sexual orientation or gender identity. It is likely that intersex respondents who identify as such are overrepresented in the sample compared to the full intersex population. The Government is nonetheless keen to learn more about the experiences of intersex people and issues, such as legal protections, the availability of psychosocial support upon diagnosis, and the prevalence of 'cosmetic' surgery when children are born with atypical genitalia.

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<sup>69</sup> United Nations Office of the High Commissioner for Human Rights, Fact sheet: Intersex, Free & Equal Campaign, 2015

<sup>70</sup> Creightona SM, Michalab L, Mushtaq I and Yarond M, 'Childhood surgery for ambiguous genitalia: glimpses of practice changes or more of the same?', *Psychology & Sexuality*, 2014, Volume 5, No. 1, pages 34-43

**Key findings**

- Intersex respondents were more likely to have been unsuccessful when trying to access mental health services in the 12 months preceding the survey (13%) than non-intersex respondents (8%), and were also more likely to say that accessing them had not been at all easy (37%) than non-intersex respondents (28%).
- 11% of intersex respondents said that accessing sexual health services in the 12 months preceding the survey had not been at all easy, compared to 5% of non-intersex respondents. Of those who had accessed or tried to access sexual health services in the 12 months preceding the survey, 6% said their GP had not been supportive, compared to 2% of non-intersex respondents, and 5% said their GP had not known where to refer them, compared to 1% of non-intersex respondents.

**10.2 Intersex respondent characteristics**

1,980 respondents identified as intersex, constituting 2% of all survey respondents. It is not possible to ascertain whether the intersex respondents are representative of the intersex population as a whole as there is no robust national data on the intersex population with which to compare the survey findings. Furthermore, it was apparent from responses to the optional free-text question that at least some respondents used the terms 'intersex' and 'non-binary' interchangeably and described themselves as intersex in ways other than a strictly medical sense.

In terms of sexual orientation, 45% of intersex respondents identified as gay or lesbian, 28% as bisexual and 8% as heterosexual (Table 10.1). In terms of gender identity, 24% of intersex respondents identified as non-binary, 16% as trans women and 6% as trans men (Table 10.2).

**Table 10.1: Sexual orientation of intersex respondents**

	Total
Gay/Lesbian	44.8%
Bisexual	27.6%
Heterosexual	7.8%
Pansexual	6.8%
Asexual	2.1%
Queer	1.2%
Other	4.2%
Don't know	3.8%
Prefer not to say	1.7%
<b>Respondents (rounded)</b>	<b>1,980</b>

Respondents: Intersex respondents.  
See Annex 10 (Q7-9) for data.

**Table 10.2: Gender identity of intersex respondents**

		Total
Woman	Cisgender	22.1%
	Trans	15.5%
Man	Cisgender	25.8%
	Trans	6.4%
Non-binary		23.7%
Other		4.1%
Don't know		2.4%
Prefer not to say		
<b>Respondents (rounded)</b>		<b>1,980</b>

Respondents: Intersex respondents.  
See Annex 10 (Gender identity) for data.

Sixty per cent of intersex respondents were aged under 35 years old, 7% were aged between 55 and 64 years old, and 4% were aged 65 years old or above (Annex 10, Q1). Compared to the UK population, young people were overrepresented in the survey overall: the Office for National Statistics estimates that people aged 16-34 make up 31% of the UK population, those aged 55-64 make up 14%, and those aged 65 or above make up 22%.<sup>71</sup>

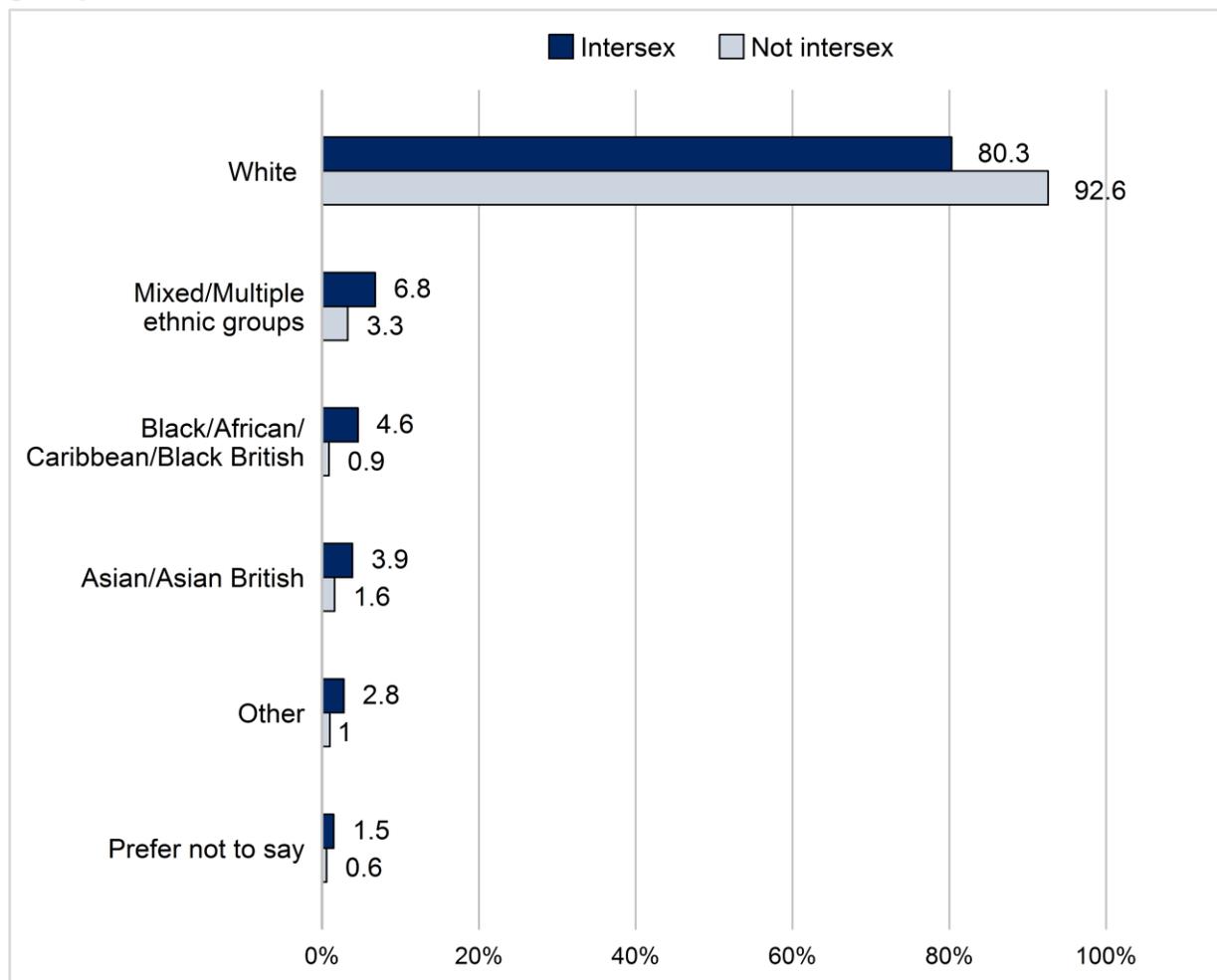
Fifty-three per cent of intersex respondents were currently in a relationship, whilst 40% were single. Of those in a relationship, 29% were either married or in a civil

<sup>71</sup> Office for National Statistics, 'Population Estimates for UK, England and Wales, Scotland and Northern Ireland', Dataset, 22 March 2018

partnership, 39% were living with their partner(s), and 32% were in a relationship but not living together (Annex 10, Q10). These figures correspond to the relationship status of survey respondents overall (see section 3.6).

Intersex respondents were more likely than non-intersex respondents to be from an ethnic minority group: 80% of intersex respondents were White, compared to 93% of non-intersex respondents (Figure 10.1). There is a lack of data on the prevalence of intersex people in different populations, so we do not know whether this higher number of intersex people within ethnic minority groups is a feature of our sample, or whether it is replicated in the general population.

**Figure 10.1: Intersex respondents and non-intersex respondents, by ethnic group**



Base (rounded): 108,100 respondents.  
 Respondents: All respondents.  
 See Annex 10 (Q146) for data.

Intersex respondents were also more likely than non-intersex respondents to have some form of religious belief (Annex 10, Q147). This may be in part reflective of the higher proportion of intersex respondents, compared to non-intersex respondents, who were from a minority ethnic group.

Intersex respondents were considerably more likely to report that they had a disability (31%) than non-intersex respondents (17%) (Table 10.3). This may be attributed to the fact that some intersex people have a medical diagnosis, such as congenital adrenal hyperplasia (CAH), which for some, and depending on the degree of severity, requires continual medical attention.<sup>72</sup>

**Table 10.3: Whether intersex respondents and non-intersex respondents considered themselves to have a disability**

	Intersex	Not intersex	Total
Yes	31.3%	16.6%	16.8%
No	66.3%	81.8%	81.5%
Prefer not to say	2.4%	1.7%	1.7%
<b>Respondents (rounded)</b>	<b>1,980</b>	<b>106,120</b>	<b>108,100</b>

Respondents: All respondents.  
See Annex 10 (Q148) for data.

For 20% of intersex respondents, secondary education was their highest level of academic attainment, while a further 73% had progressed on to some form of post-secondary education (Annex 10, Q149).

At the time of the survey, 49% of intersex respondents were earning less than £20,000 a year. This is likely reflective of the relatively young age of the sample. A further 23% were earning between £20,000 and £39,999 a year (Annex 10, Q150).

Intersex respondents were most likely to reside in London (18%), the South East (14%), or the North West (11%). Two per cent of intersex respondents were from Northern Ireland, 5% from Wales and 5% from the North East (Annex 10, Q151).

<sup>72</sup> People diagnosed with congenital adrenal hyperplasia (CAH) lack an enzyme that the body needs to make the hormones cortisol and aldosterone. Without these, the body produces more androgens (male sex hormones). For some people, CAH can lead to serious health issues, such as kidney problems. See NHS, 'Disorders of sex development', last updated 5 October 2016

### 10.3 Experiences of public healthcare services

Seventy-five per cent of intersex respondents had accessed, or tried to access, public healthcare services in the 12 months preceding the survey, compared to 80% of non-intersex respondents (Table 10.4).

**Table 10.4: Whether intersex respondents and non-intersex respondents had accessed public healthcare services in the 12 months preceding the survey**

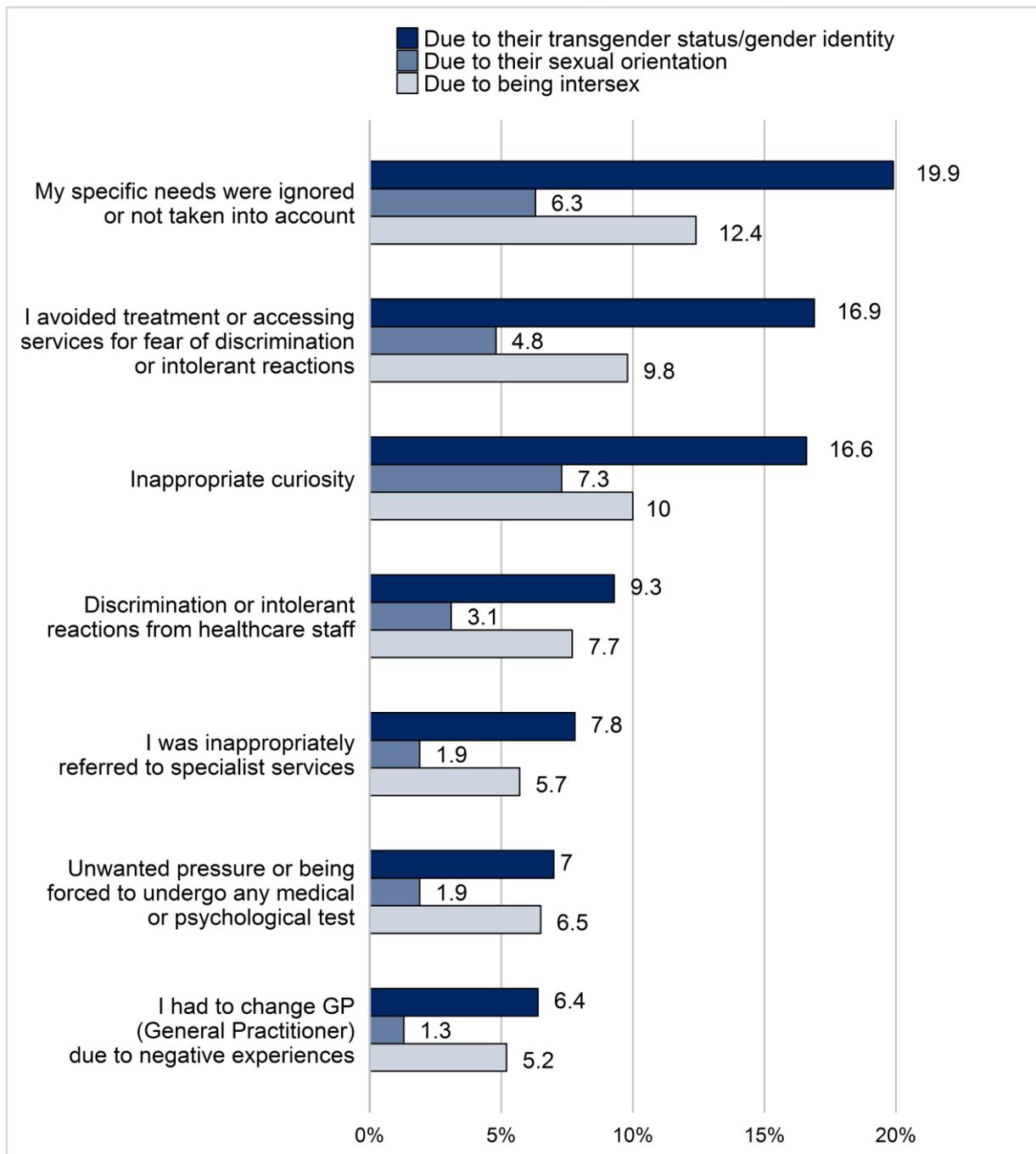
	Intersex	Not intersex	Total
Yes	74.5%	79.9%	79.8%
No	25.5%	20.1%	20.2%
<b>Respondents (rounded)</b>	<b>1,940</b>	<b>105,470</b>	<b>107,410</b>

Respondents: All respondents.  
Excluded: 'Prefer not to say' (Q68).  
See Annex 10 (Q68) for data.

Intersex respondents were asked whether they had faced a range of negative experiences, because of being intersex, when using public healthcare services in the 12 months preceding the survey.

The negative experiences most frequently reported by intersex respondents were the same as those reported by respondents on the basis of sexual orientation or gender identity; namely, having their specific needs ignored or not taken into account (12%), avoiding treatment or accessing services for fear of discrimination or intolerant reactions (10%), and inappropriate curiosity (10%) (Figure 10.2).

**Figure 10.2: Experiences of respondents who had accessed or tried to access public healthcare services in the 12 months preceding the survey, due to being intersex, or due to their sexual orientation or gender identity**



Note: Respondents could select as many experiences as applicable; 'None of the above' not shown.

Base (rounded): Intersex, 1,380 respondents; Sexual orientation, 83,670 respondents, Gender identity, 13,000 respondents.  
 Respondents: Those who had accessed public healthcare services in the 12 months preceding the survey and were intersex or had a minority sexual orientation or gender identity.

Excluded: 'Prefer not to say' (Q72-74).

See Annex 10 (Q72-74) for data.

The term 'intersex' was mentioned in 202 responses to the optional free-text question. The majority of these discussed experiences in relation to accessing and using healthcare services, as well as the legal status and rights of intersex people (see section 9.3.2). Many responses centred on respondents' poor experiences in relation to healthcare services.

NHS staff often do not know how to deal with my intersex condition, which makes accessing healthcare difficult.

**Woman, bisexual, 16-17, South West**

I am intersex. I am denied access to specialist services repeatedly over decades. I am stuck with seeing a diabetes consultant as my "specialist" and dealing with GPs who have no idea what my condition is or how to prescribe my medication. I feel like I am discriminated against.

**Woman, heterosexual, 35-44, East of England**

Some respondents discussed healthcare staff being unaware that they were intersex or having a general lack of awareness about intersex conditions, and recalled having relevant medical records withheld from them.

Every time I go to the doctors I have to tell them my whole life story as they never seem to know anything about my condition or that I have it, it makes me feel uncomfortable and awkward about going to see a doctor for anything and puts me off.

**Woman, heterosexual, 25-34, South West**

As a teenager I was not told I had been diagnosed as intersex (or why a medical student had laughed at the sight of my naked body) so I only found out when I was 28; some aspects of my health care were mishandled as a result. When I sought fertility treatment (unsuccessfully), doctors acknowledged my differences but talked around the subject as if it were shameful.

**Non-binary person, bisexual, 35-44, Scotland**

I was diagnosed intersex (Cais)<sup>73</sup> at age 17, but that was hidden from me until the age of about 35, when I was told by my GP. I feel female, I was assigned female and had been in long term relationships to that point. I've battled depression and loneliness since diagnosis but have found someone who accepts me. I have not disclosed my status to anyone other than close friends. One of them told her husband who then did not want me near their kids. That still hurts. I have not had any support from psychology for my diagnosis. Nor from being lied to for many years.

**Woman, 'don't know' sexual orientation, 45-54, Scotland**

Some intersex respondents also discussed having been 'forced' to choose a gender in order to receive medical treatment, as well as instances of healthcare professions conflating 'transgender' and 'intersex'.

Most public documentation only sees 2 genders. This is because culture and history has forced this. As an intersex person who was assaulted by the medical profession as a child so that I conformed to this binary, it's time that this changed.

**'Other' gender identity, bisexual, 35-44, East Midlands**

Because of my intersexedness and my odd as hell doctors I've been forced to use private services to get things done with regards to healthcare as my gps [GPs] are obstructive and treat me as a freak. It's unknown if I count as trans or not, my private psych and neuroendocrinologist say no, intersex woman. My nhs Gp [NHS GP] says 'man wants to be a woman and looks very convincing' and that I must use trans services (which are bad and I've waited 2 years for an appointment so far and any contact with services have been rude). [sic]

**Woman, lesbian, 25-34, East of England**

<sup>73</sup> Complete androgen insensitivity syndrome (CAIS) is one of two types of androgen insensitivity syndrome (AIS), a rare condition that affects the development of a child's genitals and reproductive organs. A child born with AIS is genetically male, but the external appearance of their genitals may be female or somewhere between male and female. See NHS, 'Androgen insensitivity syndrome', last updated 14 January 2016

## 10.4 Experiences of mental health services

Twenty-five per cent of intersex respondents had accessed mental health services in the 12 months preceding the survey. A further 13%, however, had tried to access mental health services but had been unsuccessful (Table 10.5).

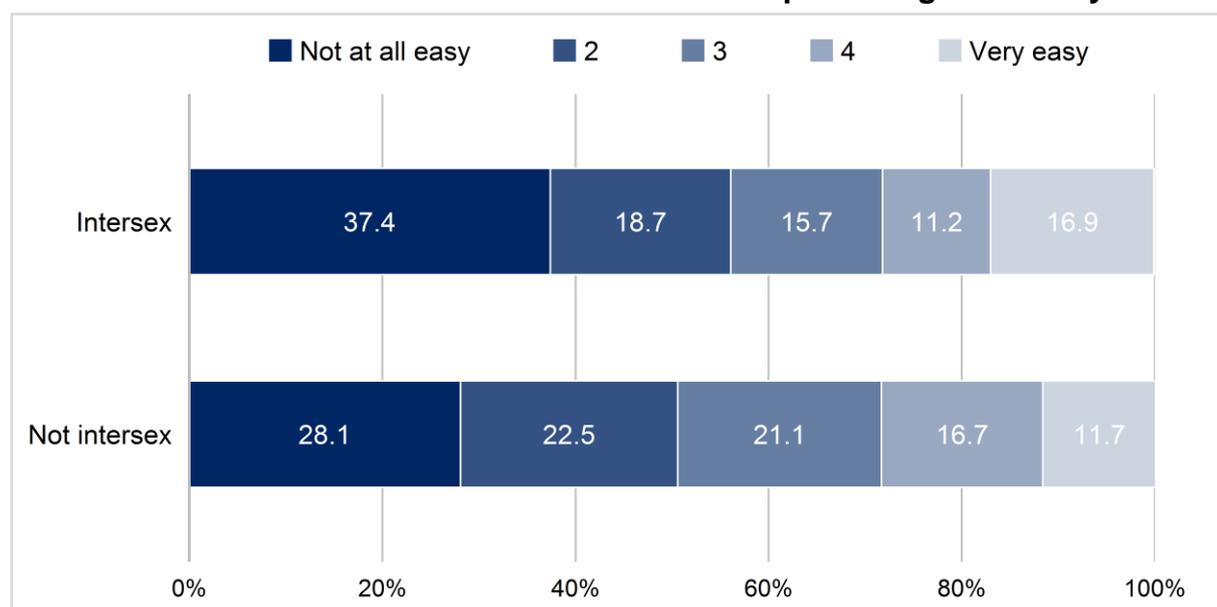
**Table 10.5: Whether intersex respondents and non-intersex respondents had accessed or tried to access mental health services in the 12 months preceding the survey**

	Intersex	Not intersex	Total
Yes, I accessed	25.5%	23.5%	23.0%
Tried but was unsuccessful	13.0%	8.0%	8.1%
No	61.5%	68.5%	68.4%
<b>Respondents (rounded)</b>	<b>1,920</b>	<b>104,740</b>	<b>106,660</b>

Respondents: All respondents.  
Excluded: 'Prefer not to say' (Q75).  
See Annex 10 (Q75) for data.

Intersex respondents were more likely than non-intersex respondents to have found accessing mental health services difficult. Thirty-seven per cent stated that accessing mental health services had not been at all easy, compared to 28% of non-intersex respondents (Figure 10.3).

**Figure 10.3: Intersex respondents' and non-intersex respondents' ease of access to mental health services in the 12 months preceding the survey**



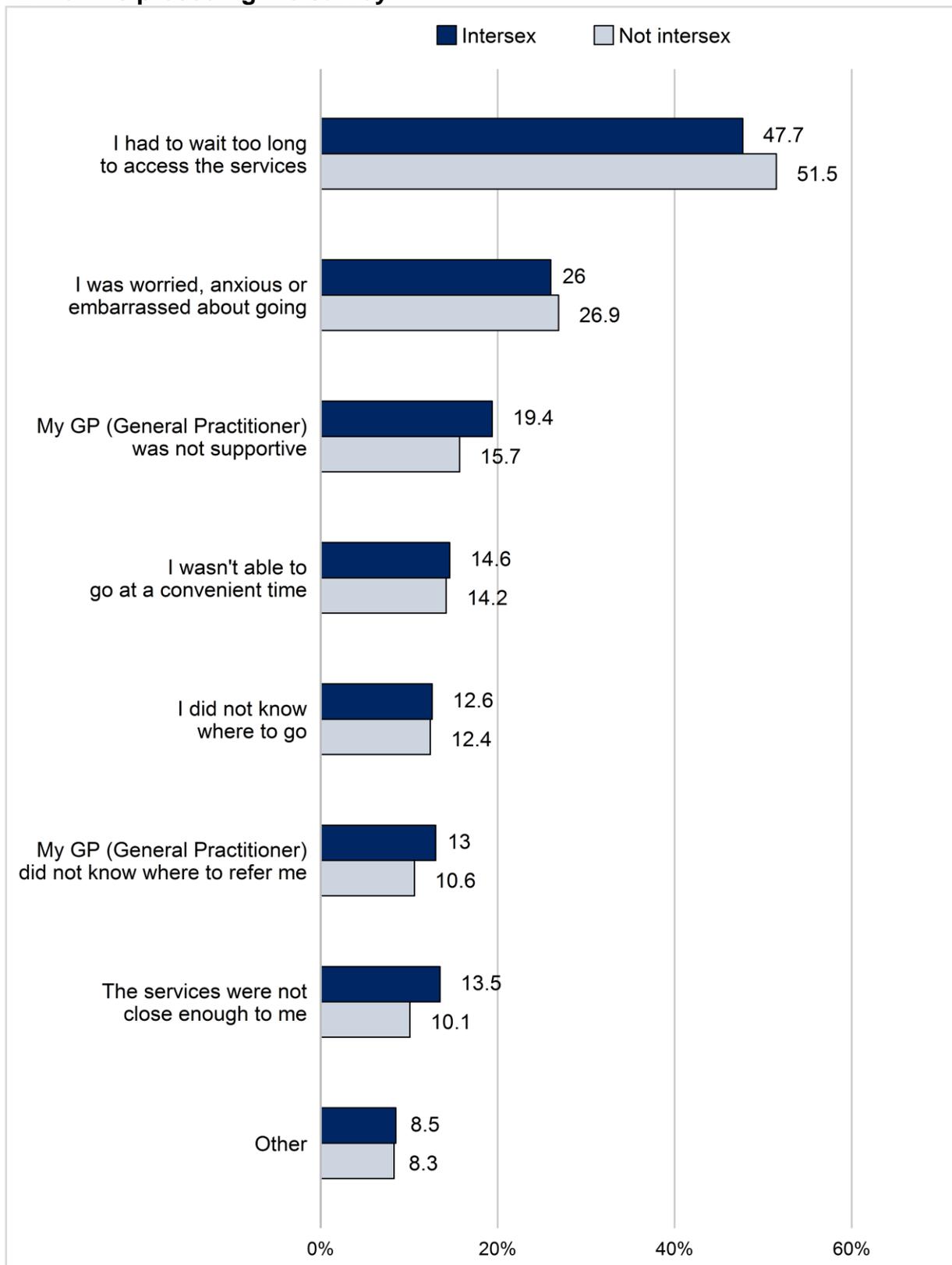
Base (rounded): 33,440 respondents.  
Respondents: Those who had accessed, or tried to access, mental health services in the 12 months preceding the survey.  
Excluded: 'Prefer not to say' (Q76).  
See Annex 10 (Q76) for data.

Issues facing intersex respondents' when accessing or trying to access mental health services were similar to those of non-intersex respondents. Forty-eight per cent had to wait too long to access the service and 26% had been worried, anxious or embarrassed about going. Intersex respondents were more likely to report that their GP had not been supportive (19%) than non-intersex respondents (16%), and also more likely to say that their GP had not known where to refer them (13%) than non-intersex respondents (11%) (Figure 10.4).<sup>74</sup>

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<sup>74</sup> Only respondents who scored their ease of access to mental health services as 1 (not at all easy), 2 or 3 out of 5 were asked why they found accessing these services difficult.

**Figure 10.4: Difficulties faced by intersex respondents and non-intersex respondents when accessing or trying to access mental health services in the 12 months preceding the survey**



Note: Respondents could select as many issues as applicable; 'Did not have difficulty' not shown; only respondents who rated their ease of access to mental health services as 1 (not at all easy), 2 or 3 out of 5 were asked Q77.

Base (rounded): 33,130 respondents.

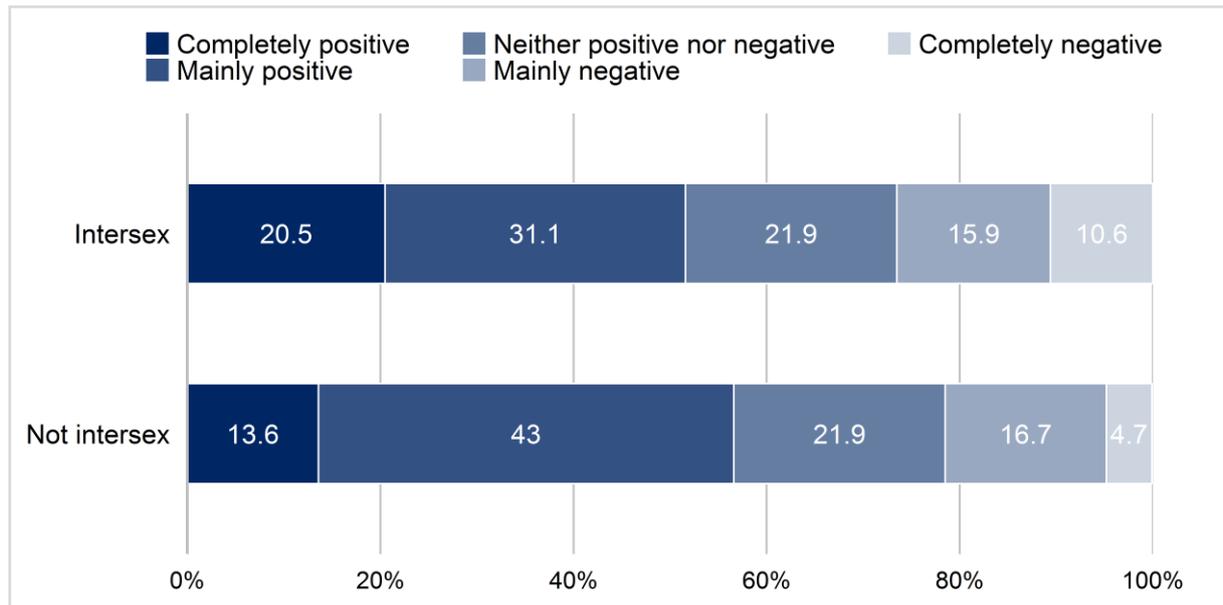
Respondents: Those who had accessed, or tried to access, mental health services in the 12 months preceding the survey.

Excluded: 'Prefer not to say' (Q76, Q77).

See Annex 10 (Q77 – All) for data.

Intersex respondents rated the mental health services they had accessed more negatively than non-intersex respondents. Twenty-seven per cent rated the mental health services they had accessed as mainly or completely negative, compared to 21% of non-intersex respondents (Figure 10.5).

**Figure 10.5: Intersex respondents' and non-intersex respondents' ratings of mental health services accessed in the 12 months preceding the survey**



Base (rounded): 24,720 respondents.  
 Respondents: Those who had accessed mental health services in the 12 months preceding the survey.  
 Excluded: 'Prefer not to say' (Q78).  
 See Annex 10 (Q78) for data.

Some intersex respondents discussed mental health services in response to the optional free-text question. As with those discussing general healthcare, these responses generally focused on experiences of accessing and using services, as well as a perceived lack of knowledge amongst staff of intersex conditions.

The other issue is with mental health services [...] I had few experiences that they have asked inappropriate and very much private questions regarding “the parts I have” and wether or not I am seeking attention or am trully trans! Mental services lack so much of education about LGBT and most importantly, being both intersex and trans! [sic]

**Man, asexual, 25-34, London**

## 10.5 Experiences of sexual health services

Twenty-four per cent of intersex respondents had accessed sexual health services in the 12 months preceding the survey. A further 3% tried to access sexual health services but were unsuccessful (Table 10.6).

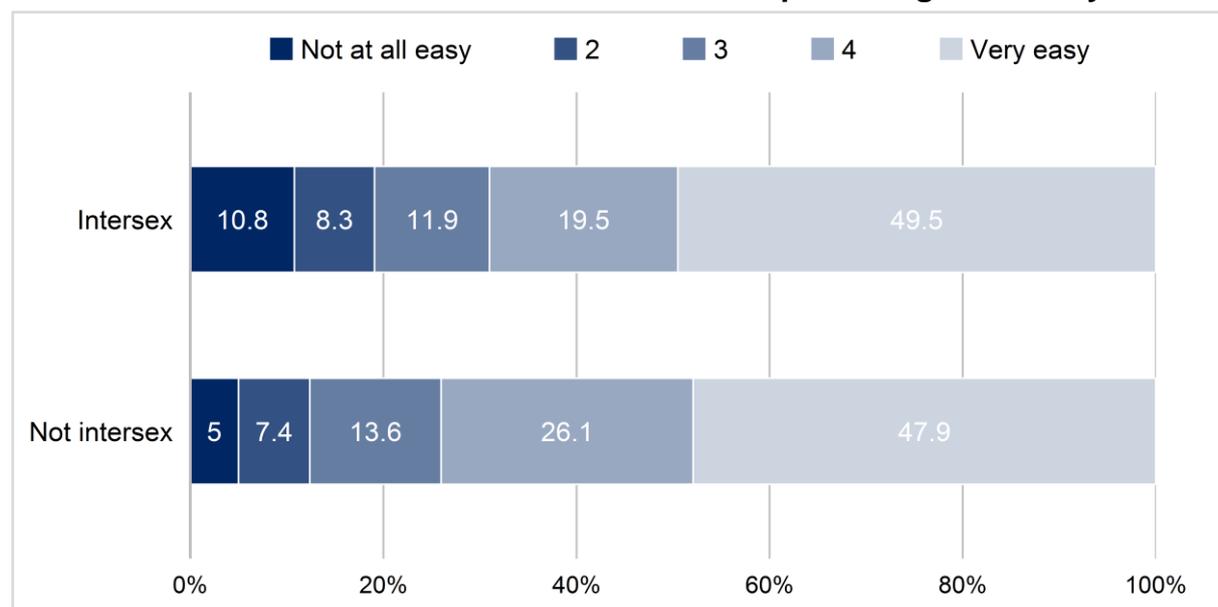
**Table 10.6: Whether intersex respondents and non-intersex respondents had accessed or tried to access sexual health service access in the 12 months preceding the survey**

	Intersex	Not intersex	Total
Yes, I accessed	24.1%	27.1%	27.0%
Tried but was unsuccessful	3.4%	1.7%	1.7%
No	72.5%	71.2%	71.2%
<b>Respondents (rounded)</b>	<b>1,930</b>	<b>105,200</b>	<b>107,130</b>

Respondents: All respondents.  
Excluded: 'Prefer not to say' (Q79)  
See Annex 10 (Q79) for data.

Intersex respondents were more likely than non-intersex respondents to have found accessing sexual health services difficult. Of those who had accessed sexual health services, or had tried but were unsuccessful, 11% stated that accessing sexual health services had not been at all easy, compared to 5% of non-intersex respondents (Figure 10.6).

**Figure 10.6: Intersex respondents' and non-intersex respondents' ease of access to sexual health services in the 12 months preceding the survey**



Base (rounded): 30,770 respondents.  
Respondents: Those who had accessed, or tried to access, sexual health services in the 12 months preceding the survey.  
Excluded: 'Prefer not to say' (Q80).  
See Annex 10 (Q80) for data.

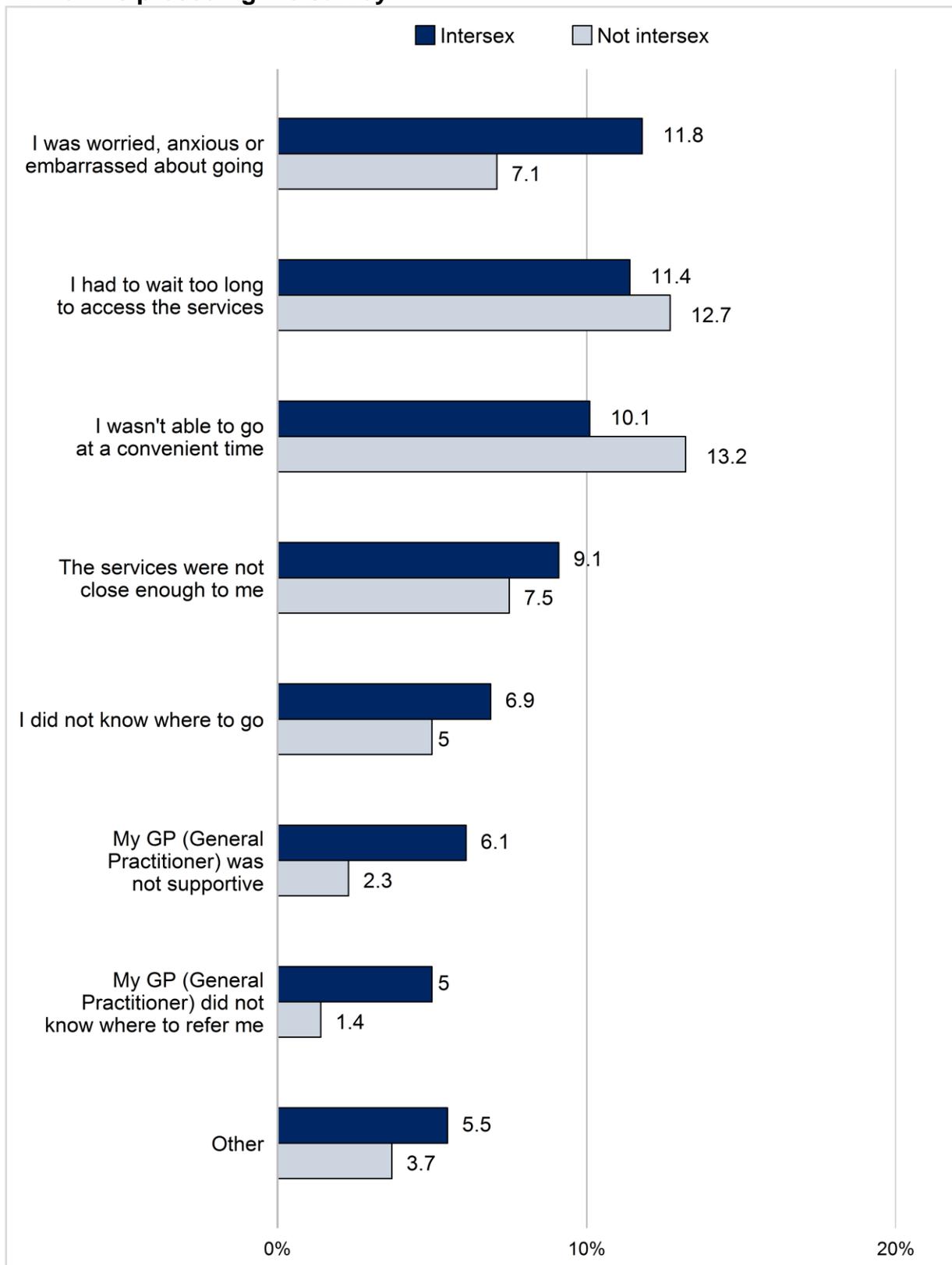
Twelve per cent of intersex respondents who had accessed or tried to access sexual health services in the 12 months preceding the survey said that they had difficulty in accessing the services due to being worried, anxious or embarrassed about going, which was notably higher than non-intersex respondents (7%). This was followed by having had to wait too long to access the services (11%) and not having been able to go at a convenient time (10%). Intersex respondents were notably more likely to say that their GP had not been supportive (6%) than non-intersex respondents (2%), and

also more likely to report that their GP had not known where to refer them (5%) than non-intersex respondents (1%) (Figure 10.7).<sup>75</sup>

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<sup>75</sup> Only respondents who scored their ease of access to sexual health services as 1 (not at all easy), 2 or 3 out of 5 were asked why they found accessing these services difficult.

**Figure 10.7: Difficulties faced by intersex respondents and non-intersex respondents when accessing or trying to access sexual health services in the 12 months preceding the survey**

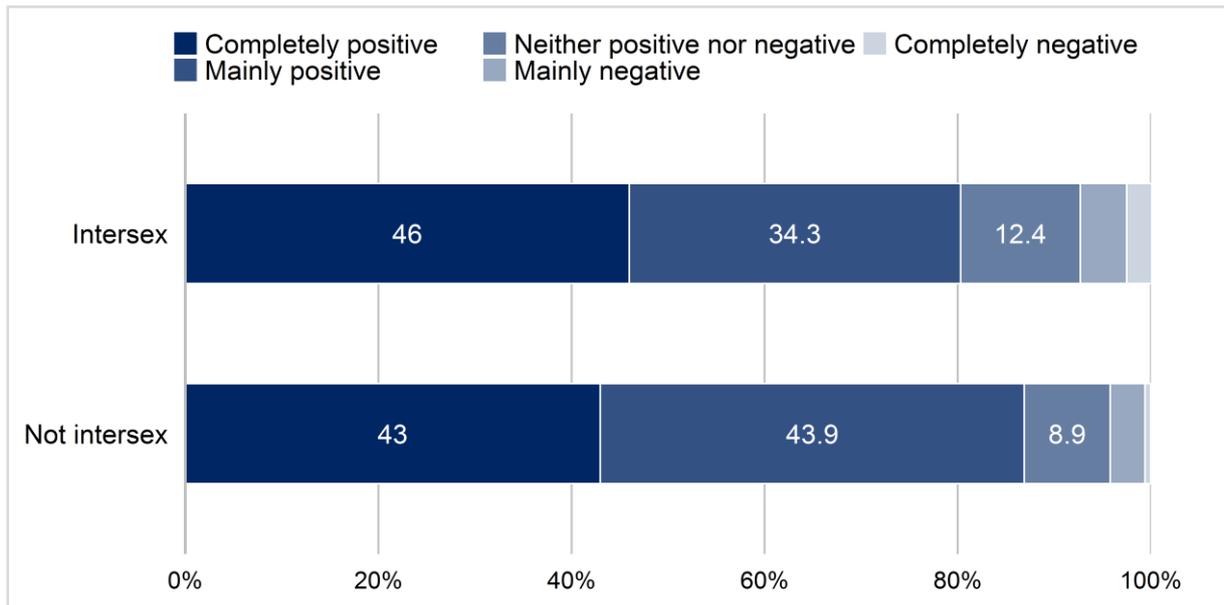


Note: Respondents could select as many issues as applicable; only respondents who rated their ease of access to sexual health services as 1 (not at all easy), 2 or 3 out of 5 were asked Q81. Base (rounded): 30,610 respondents.

Respondents: Those who had accessed, or tried to access, sexual health services in the 12 months preceding the survey. Excluded: 'Prefer not to say' (Q80, Q81). See Annex 10 (Q81 – All) for data.

Intersex respondents rated the sexual health services they had accessed slightly more negatively than non-intersex respondents. Seven per cent rated the sexual health services they had accessed as mainly or completely negative, compared to 4% of non-intersex respondents (Figure 10.8).

**Figure 10.8: Intersex respondents' and non-intersex respondents' ratings of sexual health services accessed in the 12 months preceding the survey**



Base (rounded): 28,900 respondents.  
 Respondents: Those who had accessed sexual health services in the 12 months preceding the survey.  
 Excluded: 'Prefer not to say' (Q82).  
 See Annex 10 (Q82) for data.

# 11 Free-text findings

## 11.1 Overview

The optional free-text question at the end of the survey gave each respondent an opportunity to share anything else they considered important or worth mentioning about their experiences or perceptions as an LGBT person.

Of the 108,100 valid responses to the survey, 30% (32,715) provided an answer to the optional free-text question. The key issues mentioned included safety (10,192), health (9,859) education (8,838) and workplace (3,644), most likely because these topics had already been covered by the survey. Comments relating to safety mentioned barriers to identifying and reporting hate crime, calls to improve awareness and training of frontline staff and police, and concern about future funding to tackle LGBT safety. Comments on health issues related to bad experiences of accessing healthcare, often citing ignorant or discriminatory staff with little-to-no understanding of LGBT-specific health needs. Comments on education were dominated by calls for 'better education' in general, but also included experiences of bullying, lack of support for students, and fear amongst LGBT teachers. Comments related to workplace focused on barriers facing LGBT people to finding good quality employment, to promotion and retaining a job.

However, the breadth of issues covered in response overall was extensive, and many respondents discussed themes that were distinct from those addressed elsewhere in the survey. This chapter examines the remaining major coherent themes that have not been addressed elsewhere in the report.

### Key findings

- 30% of survey respondents commented on the optional free-text question.
- Comments were most likely to focus on issues relating to safety, education and health.
- A wide range of other issues were discussed by survey respondents such as their rights and the laws affecting them, their perceptions of LGBT equality in the UK and abroad, access to public services, and specific experiences of being LGBT in the UK.
- Other themes included community and pride events, information, media coverage, visibility of LGBT issues, religion and sport, as well as some comments on the survey itself.

## 11.2 Rights and the law

Many responses (6,193) related to legislation. A large part of these constituted calls for the Government to do more across the areas discussed throughout this report, as well as on other issues and more general improvements and support for LGBT people. Comments typically focused on the difficulties that LGBT people face, and the perception of respondents that the Government should do more to help.

### 11.2.1 Marriage and civil partnership

A relatively large number of respondents (1,897) discussed marriage and civil partnership. A large proportion of these were simply contextualising respondents' personal circumstances, such as describing that they had previously been in an opposite-sex marriage before identifying as LGBT, or that they were currently in a civil partnership or same-sex marriage.

Most of these responses referenced the legalisation of same-sex marriage. Within these, discussion ranged from the positivity of legalisation, albeit with a consistent caveat of there still being 'a long way to go', to what they felt was the persistence of heteronormative assumptions around being married, as well as the difficulties faced by trans people in getting married.

You see people pretending to be OK with gay people as it gets them votes or liked but in reality you hear little comments (such as 'that is so gay') that really shows them up. People think that because we can get married there's equality, yet you have newspapers which print 'married' in inverted commas when describing gay or lesbian marriage.

**Man, gay, 35-44, North West**

When I came out [...] I never dreamt that one day I would be able to marry another woman. When I met my lifelong partner [...], we never thought that one day I could legitimately call her my wife. We are now happily married. Being lesbian and the views of straight people around me has changed beyond all measure in the 31 years since coming out to family and friends, for the better. [sic]

**Woman, lesbian, 45-54, London**

There was also a smaller group of respondents, typically either from or having lived in Northern Ireland, who discussed same-sex marriage specifically in the context of Northern Ireland. Respondents indicated that the fact same-sex marriage was not

legal in Northern Ireland was a sign of how much progress must still be made on LGBT rights, and typically called for it to be legalised there (see section 11.3.5).

There was also a small sample of respondents who did not believe in, or identify with, marriage. They argued that they and their partners, particularly those in long-term relationships, should be afforded similar rights and benefits as those who are married, regardless of sexual orientation.

### 11.2.2 Pensions

A small number of respondents (117) commented on pensions. A number of these expressed the view that those in civil partnerships should be afforded the same pension rights as those who are married, whilst some respondents cited difficulties in relation to losing a same-sex partner before the shift in law and attitudes driven by the legalisation of same-sex marriage, in that they had no way of accessing their partner's pensions, despite long-term, monogamous relationships. Other respondents noted improvements in job-based pension arrangements that have made them fair and consistent with those who are in opposite-sex relationships. Furthermore, some trans respondents noted the difficulties they face in getting a Gender Recognition Certificate, and how changing their name creates problems with accessing or updating their pensions.

When my late partner died suddenly in 1994, I realised I had no legal rights, not even when it came to deciding whether or not to turn off his life support system. I could not inherit his property, access his pension or even arrange his funeral.

**Man, gay, 55-64, North West**

When will the government provide equal pension rights for same sex civil partners in line with those available to heterosexual married couples?

**Man, gay, 55-64, West Midlands**

The speed of NHS services for those wishing to transition is too slow and very arrogant, i.e. you have to tick their boxes, rather than being allowed to control and direct your own life. An example is 'you must change your name before we can move forward' when doing that will cause massive legal complications and work in my ownership of Patents, Insurances, Pensions, etc, etc, when I am happy to keep my male name for legal purposes for the next few years!

**Trans woman, bisexual, 55-64, South East**

### 11.2.3 Adoption and fostering

A relatively small number of respondents specifically discussed adoption and fostering (159). Discussion generally centred on experiences of fostering and difficulties faced in trying to adopt, including the high costs of alternatives such as surrogacy. Some respondents felt that LGBT people were not encouraged to foster, despite being able to provide an invaluable and willing resource to the increasing demand for foster carers.

The main frustration is around the desire to start a family. My partner and I foster, but would love to start a family of our own. We have ruled out adoption, leaving the legally and financially complex process of surrogacy as the only viable option.

**Man, gay, 35-44, East of England**

My biggest issue has been the lack of support for trying for a child. [...] We are stable and financially comfortable. We made enquiries about foster and never got a response on 2 occasions. And despite the tremendous support from my GP it has been made clear the NHS will not help us have a family resulting in us having to look at private clinics which looks financially not viable.

**Woman, lesbian, 25-34, North West**

### 11.2.4 Equality

A large number of respondents (1,847) discussed issues relating to equality. Notably, a quarter of these also mentioned abuse, and a fifth mentioned discrimination. Discussion ranged widely, from comments that spoke of the difficult and lengthy

battle for equal rights fought by LGBT people and their advocates, to the current state of equality (or lack thereof), and the fact that the legalisation of same-sex marriage does not mean that the UK has achieved equality for LGBT people.

A number of respondents noted their own experiences of inequality, particularly in the context of employment (especially within healthcare and education sectors). Specifically, respondents noted the discrimination they had faced because of being LGBT, and how this demonstrated that equality for LGBT people had still not been achieved.

[I] worked for the NHS. Managers have no understanding of gay men. I was discriminated against to the point where [I am] currently awaiting to take them [to a] tribunal with union support. [...] [The] hospital trust [is] seriously lacking in equality and diversity to the point of being harmful and damaging to LGBT staff.

**Man, bisexual, 25-34, East Midlands**

A relatively small number of respondents, predominantly cisgender women, discussed their opposition to the development of gender identity laws. They felt that self-identification does not engender equality, but is in fact detrimental to the lives of women who fear the presence of male-bodied men who identify as women in women-only spaces. Conversely, a small number of respondents argued that self-identifying gender laws would be a move in the right direction for trans equality.

A small number of respondents discussed gender markers in passports, particularly an 'X' marker in addition to the male and female markers. These respondents were typically non-binary people. The majority felt that as people who already identify within a marginalised group (LGBT), they were even more 'ignored' as non-binary people. Comments were often linked to the belief that gender-neutral identifiers in official identification documents would greatly increase their quality of life.

Non binary folk should also have better legal rights and representation -eg gender marker X on passports, wider recognition certificate of Mx title etc. If the government take the steps to better this businesses and other organisations will have to follow suit and this will significantly improve many people's quality of life. [sic]

**Woman, pansexual, 25-34, Yorkshire and the Humber**

## 11.3 Home and abroad

LGBT rights and the quality of life of LGBT people were commonly compared with those in other countries. Whilst some respondents recognised that the UK is a comparatively progressive and accepting place to be LGBT, many responses suggested that a shift in more negative attitudes towards those with different sexual orientations and gender identities has surfaced in more recent years.

### 11.3.1 International comparisons

Some respondents (528) discussed LGBT rights and quality of life in comparison with other countries. Some people settling in the UK from other countries described this as a conscious decision because of discrimination and prejudice faced in their country of birth. There was recognition by some respondents that recent UK governments had made positive steps towards equality, such as by progressing trans equality and introducing same-sex marriage, which they said had supported a broad sense of acceptance.

I feel very comfortable being myself in the UK. I am unfortunately very aware this is not something all LGBTQ+ people can say.

**Woman, bisexual, 18-24, London**

I have travelled all over the world and the UK should be proud of its progress. It is one of the best places globally to be LGBT. Things are not perfect, but this is true of many areas of life and it takes time to change attitudes. Successive UK governments should take credit for what has been achieved even if it occasionally needed some pushing. It's important to think of that context.

**Man, gay, 45-54, North East**

Respondents, however, said that more work was needed to ensure that the UK continued to move towards improved equal rights, citing, for example, blood donation bans that have been lifted in other Western countries.

Gay men in other countries (e.g. Canada) don't face the same barriers and the approach [being] adopted is not risk based – as a married gay man I can't donate because I have sex within my monogamous relationship, but a straight man who has casual sex with a woman can even though he has engaged in more risky behaviours. Discrimination on the basis of sexual orientation alive and well in the UK.

**Man, gay, 25-34, London**

The wider international political landscape, such as the US government's introduction of a ban on most trans people from serving in the armed forces, was commented on by a few respondents in the context of the perception of a continued threat to LGBT rights.

A small number of respondents (86) generally focused on calling on the Government to do more to support LGBT asylum seekers, to ensure that they are not turned away and sent back to countries that discriminate against LGBT people.

### 11.3.2 Northern Ireland

Some respondents (394) referenced Northern Ireland in their comments. Amongst these, there was a view amongst some respondents that Northern Ireland lags behind the rest of the UK in terms of LGBT rights. Respondents living in Northern Ireland discussed the vulnerability they felt day-to-day on the street and how they took steps to conceal their sexual orientation or gender identity.

Living in Northern Ireland, LGBT people are automatically treated differently than in other areas of the UK. Our 'government' when functioning uses petitions of concern to block legislation that would bring equality to LGBT people. I face discrimination every day. It can be comments, looks or exclusion from things. Things are getting better in NI [Northern Ireland] but very slowly.

**Man, gay, 35-44, Northern Ireland**

## 11.4 Public services, funding and training

### 11.4.1 Public services

Discussion of public services garnered a large number of responses (502) but was perhaps the most wide-ranging of themes covered in this chapter. Respondents expressed a range of opinions, including:

- What some felt was discriminatory staff within public services, particularly the NHS
- The belief that provision of gender-neutral toilets was a necessary public service
- A perception that there is a poor understanding and lack of respect for trans and non-binary people through, for example, the incorrect use of pronouns
- What some felt were poorly informed GPs, particularly on trans issues
- The need for general improvement to public services, particularly in relation to education and health
- The perception that there was a continued heteronormativity in public services, despite positive shifts in LGBT rights more generally

[On public services] Hell, best avoided whenever possible. I'm always addressed by the wrong pronouns or title, even when the correct title is on record. Constantly having to describe, in unnecessary detail, the nature of my gender is utterly exhausting.

**Non-binary person, asexual, 18-24, Wales**

The access to public services and treatment particularly for things such as mental health related to LGBTQ is very restricted in certain areas and I know several people at serious risk who are not identified as appropriately vulnerable. I have known many LGBTQ people who have been failed badly by these services and ended up homeless, low income or have made suicide attempts due to lack of support.

**Woman, bisexual, 25-34, Scotland**

### 11.4.2 Funding

Discussion about funding (604) generally centred on the lack of funding for LGBT-specific services. Of these responses, the majority focused on wishes to increase funding in the healthcare sector. Many trans respondents, in particular, said that there was a need for better funding for Gender Identity Clinics in order to reduce what they perceived as poor and potentially harmful waiting times.

It seems that gender identity clinics do not have the resources and funding they need. This lack of support has seriously affected my mental health and quality of life.

**Trans woman, bisexual, 18-24, South West**

Though there's been significant improvements in meeting the needs of lgbtq people, there's still a lot more to do to ensure acceptance and inclusion in the world as to enable people who identify as lgbtq to have a positive experience and live a fulfilling life. More funding for local community organisations to provide specific services to support the lgbtq community and deliver local Pride events that are inclusive of all people.

**Man, gay, 45-54, East of England**

### 11.4.3 Training

Responses that referred to training (474) also generally did so in the context of healthcare, although a relatively high number of responses also discussed education. Respondents discussed training, and the need for more training within public services such as the NHS. Specifically, respondents discussed a need for training that would encourage staff to be more knowledgeable and sensitive of LGBT matters. Again, a relatively large proportion of respondents who discussed training were trans, and typically also noted what they felt was a lack of sensitivity from staff when accessing public services.

I think healthcare staff need more training about the LGBT+ community, particularly lesbian relationships. I have previously been told I do not need sexual health check-ups because I only have relationships with women.

**Woman, lesbian, 18-24, London**

## 11.5 Experiences of being LGBT

### 11.5.1 Discrimination in the workplace

Some respondents working in institutions such as the Army, the NHS and professional finance sectors described particular issues with coming out and being accepted by both colleagues and their employers. These types of professions in particular were considered to be institutionally homophobic and transphobic. Some responses described feeling 'forced out' of their profession and career due to being LGBT.

### 11.5.2 Bullying, victimisation and self-harm

Beyond victimisation discussed in previous chapters, bullying, particularly at school, was described as having had a major negative impact on the mental health of respondents who described such experiences. Issues of self-harm were also directly linked to bullying and repeated victimisation, and limited support in cases of self-harm was described.

### 11.5.3 Fear of coming out

Some respondents said that they had made the conscious decision to not 'come out' because of a fear of negative reactions from friends, family, work colleagues and people they encounter on a daily basis. This perception was sometimes based on poor experiences of telling individuals who reacted negatively.

### 11.5.4 Suicide and suicidal thoughts

Many respondents (618) discussed LGBT friends and acquaintances who had committed suicide due to depression and anxiety, and there was a general perception that the risk of suicide was higher amongst LGBT people. Suicide prevention and support specific to LGBT issues was felt to be inadequate. A small number of respondents described feelings of suicide and that their lives were not worth living because of issues they had faced due to being LGBT. Trans men and trans women were proportionately more likely to discuss suicide and suicidal thoughts.

### 11.5.5 Risk of homelessness

Responses referring to housing and homelessness (361) mentioned LGBT people being particularly at risk of homelessness without government and public service support, the experiences of those who have been homeless, and those who feared that they could become homeless as a result of being LGBT.

[I] was told by family members that I should not change my body otherwise I can't live with them. [I] fear that I could be left homeless due to my gender identity and sex change which I must go through with.

**Trans man, heterosexual, 18-24, London**

I chose to leave my family home when my mother discovered I was part of the LGBT community but i am lucky enough to be able to afford my own way. Unfortunately i know many members of the LGBT community who are homeless after being thrown out of their homes due to homophobic attitudes.

**Woman, lesbian, 18-24, London**

## 11.6 Community and pride

### 11.6.1 Being part of the LGBT community

Mentions of community were frequent among the responses (4,842), owing largely to discussion of 'LGBT community'. This ranged across all themes within the analysis, in that people typically contextualised their responses with phrases such as 'part of the LGBT community', 'this particularly affects the LGBT community', or 'within the LGBT community'. More specific references cited the importance of being part of the LGBT community or communities.

Conversely, a small minority of respondents, typically asexual people, noted the marginalisation of people with less common sexual orientations, such as asexuality or pansexuality. A similar sentiment was observed amongst a minority of respondents in relation to being intersex. Some respondents, particularly cisgender women, noted what they perceived as a problematic conflation of sexual orientation and gender identity in the label of LGBT.

Many submissions from bisexual respondents described feelings of not being part of either the heterosexual or the homosexual community. Respondents described having often faced discriminatory views and abuse from those both inside and outside of LGBT communities.

I have experienced biphobia at work on several occasions with ridiculous stereotypes being perpetuated and people telling me who I was 'allowed' to be attracted to, invalidating my attraction to women because I'm dating a man, saying I should pick a side and that bi people were greedy.

**Woman, bisexual, 25-34, East Midlands**

## 11.6.2 Pride events

Pride events specifically had a relatively large number of mentions (638). Sentiment within these was broadly positive, with a general view that pride events have helped to advance LGBT rights and that it was positive to have such a public celebration of LGBT people. There were some comments, particularly amongst some lesbians and asexual respondents, which expressed feelings of alienation from the LGBT community at such events because, in the view of the respondent, they were focused predominantly on celebrating being gay (men) and being trans.

Our local Pride is aimed at the young & in particular, men, so there are loads of drag acts & a drag stage, yet no women's area or tent. Women are still a side thought at Pride, and especially older women (who ironically, were the ones who fought for Pride & equality in the first place!).

**Woman, lesbian, 45-54, South West**

## 11.7 Information, media coverage and visibility of LGBT issues

### 11.7.1 Internet

A notable number of respondents (794) discussed the internet. Comments centred predominantly on its usefulness as a source of information, such as for people first discovering the LGBT community or their sexual orientation or gender identity, or as a medium through which to connect with other LGBT people.

Responses, however, also commented on the internet as a platform on which LGBT people may be subjected to abuse. Within references to abuse, responses discussed the need for more action by the Government to police online spaces and protect LGBT people from hate, abusive language and being outed without their permission.

Without social media, I would have no idea about any LGBT identities or issues, as the lack of awareness in our education system is shocking. As a child, I was desperately worried that I was broken because I liked both boys and girls and had no idea that bisexuality existed, and since I found the term online I've been much better.

**Woman, bisexual, 16-17, East Midlands**

It used to just be abuse from the odd idiot on the street or at work, now we can be subject to intolerance and abuse 24/7 on the internet and social media.

**Man, gay, 45-54, South West**

### 11.7.2 Media coverage

Discussion of media coverage of LGBT people and LGBT issues was fairly limited (230) and was mainly focused on what respondents felt was a generally poor standard of coverage. Specifically, respondents felt that a poor understanding of appropriate language, as well as references such as 'gay marriage', rather than simply 'marriage', were commonplace in reporting.

A small number of gay men noted what they felt was negative media coverage regarding pre-exposure prophylaxis (PrEP). These respondents said that they thought some news outlets were reporting the funding of PrEP as enabling or encouraging sexually irresponsible lifestyles at the expense of funding 'more important' treatment elsewhere in the NHS.

I'm sick of the media in this country leading everyone to believe that being trans is in any way a choice. I'm also sick of any media coverage about trans people centering on medical transition and also linking to things like gay rights which has nothing to do with trans people or issues surrounding us. [sic] I think that this nurtures the link many discriminatory/transphobic people incorrectly see between trans people and butch lesbians/camp gay men.

**Trans man, bisexual, 16-17, West Midlands**

Some respondents felt that negative views expressed in written and televised media only served to reinforce the notion of 'normal' associated with homophobic and

transphobic views. Respondents felt that there was not enough challenge of the media with respect to this, and called for improved transparency of complaints.

### 11.7.3 Visibility

Whilst some respondents recognised that the visibility of LGBT figures in public life had improved in recent years, the perceived underrepresentation and invisibility of LGBT role models was considered to have had a negative impact on some respondents' own self-esteem and sense of identity.

[My] main issue has been impact on self-esteem of growing up at a time when there were virtually no role models or positive examples of lesbian relationships.

**Gender identity not given, gay/lesbian, 55-64, North East**

## 11.8 Religion

Religion was discussed by respondents (1,320) in relation to a wide variety of other themes, chief amongst which was education. Outside of this, some respondents noted their own experiences of being both religious (mostly Christian) and LGBT. The experiences described were typically negative; however, there were a number of positive experiences described.

Beyond this, some respondents who did not identify as having a religion or belief took exception to the perceived intolerance of religious institutions, people and practices.

A small number of respondents who had worked within religious institutions themselves also noted their own experiences, such as being unable to be open about being LGBT, being discriminated against because of being LGBT, or, conversely, reporting a generally positive environment in which to be LGBT.

Working for [a church], I was told that I could continue my job as worship pastor so long as I was not in a same sex relationship, and was basically told to keep quiet about my sexuality.

**Woman, lesbian, 25-34, Wales**

My Muslim community has not yet learned to accept my transition. Please help make Muslims more trans-accepting. My family and community are always intolerant of who I am. I want to run away and leave Islam but I am afraid of retaliation.

**Trans man, 'other' sexual orientation, 18-24, West Midlands**

## 11.9 Sport

A relatively small number of respondents (165) discussed sport. Comments varied, although there were fairly consistent calls for more inclusivity of LGBT people in sport. Conversely, there was some suggestion, from a very small number of respondents, that self-identifying gender rules should not lead to non-segregated sport, both to keep the sport 'fair' and to keep women-only spaces free from what they described as 'male-bodied' people (see also section 11.2.4).

Further themes included the heteronormativity of sport and how respondents felt they had to conceal that they were LGBT. In contrast, some gay men described their enjoyment of sport, seeing it as a way to distance themselves from what they perceived as a restrictive 'camp' norm.

We need to work together to make sport a more inclusive environment. I play football and manage/coach and would like to see more done in this space. I'm really keen to get more involved in promoting this.

**Man, bisexual, 25-34, East of England**

## 11.10 The national LGBT survey

Comments on the national LGBT survey itself (1,522) primarily focused on:

- Elaborating or commenting on questions asked earlier in the survey
- Critique of the survey, specifically the way in which questions were asked and possible answers listed
- Gratitude to the Government for conducting the survey

Your work will be done when this type of survey isn't needed.  
Thanks for caring.

**Man, bisexual, 25-34, London**

A more general criticism made by some respondents was that they felt the survey did not ask questions on other important issues relevant to LGBT people, or that when it did, it did not provide enough capacity for more nuanced answers.

# Annex 1: Glossary

<b>Acquired gender</b>	The gender in which someone is living and identifies, where it is different from the sex recorded at birth. Legally, it can only be man or woman.
<b>Agender</b>	Someone who considers themselves to be without a gender.
<b>Asexual</b>	Someone who does not experience sexual attraction.
<b>Bisexual</b>	Attraction towards more than one gender or sex. Distinct from pansexual, which includes attraction towards people regardless of gender or sex.
<b>Biphobia</b>	Dislike or prejudice against bisexual people.
<b>Cisgender</b>	Used in this report to refer to people whose gender identity matches their sex assigned at birth, e.g. who are not trans.
<b>Coming out</b>	When a person first tells someone about their sexual orientation or gender identity.
<b>Conversion therapy</b>	Interventions aimed at changing someone's sexual orientation or gender identity. These take many forms. Also referred to as reparative therapy.
<b>Gay</b>	A term used to describe someone who has an emotional, romantic or sexual orientation towards someone of the same sex or gender.
<b>Gender Identity Clinic (GIC)</b>	Specialised health services for trans people, commissioned by the NHS.
<b>Gender Recognition Certificate (GRC)</b>	Shows that the holder has satisfied the criteria for legal recognition in their acquired gender, as set out in the Gender Recognition Act 2004. It means the holder's acquired gender becomes their gender for all purposes.
<b>Gender Recognition Panel</b>	A panel of legal and medical experts set up by the Gender Recognition Act to assess an application by a trans person for a Gender Recognition Certificate

<b>Gender dysphoria</b>	A medical diagnosis that someone is experiencing discomfort or distress because there is a mismatch between their sex and their gender identity. This is sometimes known as gender identity disorder or transsexualism. It is not a mental illness.
<b>Gender identity</b>	A person's internal sense of their own gender
<b>Gender expression</b>	A person's outward expression of their gender. This may differ from their gender identity or it may reflect it.
<b>Gender fluid</b>	Refers to someone who prefers to be flexible about their gender identity. They may fluctuate between genders or express multiple gender identities at the same time.
<b>Gender neutral</b>	Used to describe facilities or services that any individual can use regardless of their gender, such as gender-neutral toilets.
<b>Genderqueer</b>	An umbrella term for gender identities that are not exclusively masculine or feminine.
<b>Gender reassignment</b>	A protected characteristic under the Equality Act 2010. A person 'has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex'.
<b>Heteronormative</b>	Refers to the assumption that all people are heterosexual and that heterosexuality is normal and natural.
<b>Heterosexual</b>	Someone who is attracted to members of the opposite sex. Also referred to as straight.
<b>Homophobia</b>	Dislike or prejudice against homosexual people.
<b>Homosexual</b>	A term used to describe someone who has an emotional, romantic or sexual orientation towards someone of the same sex or gender. The term 'gay' is now generally more used.
<b>Intersex</b>	An umbrella term for people with sex characteristics (hormones, chromosomes and external/internal reproductive organs) that differ to those typically expected of a male or female.

<b>Lesbian</b>	A woman who is attracted to other women. Some lesbians may prefer to identify as gay.
<b>LGBT</b>	An abbreviation used to refer to lesbian, gay, bisexual and trans people. Often extends to other identities.  Used in this report to refer to all people who identify as lesbian, gay, bisexual, transgender or intersex, or as having any other minority sexual orientation or gender identity.
<b>Minority sexual orientation</b>	Used in this report to refer to anyone not identifying as heterosexual. This includes individuals identifying as gay, lesbian, bisexual, pansexual, asexual, etc.
<b>Minority gender identity</b>	Used in this report to refer to anyone not identifying exclusively as a man or woman (e.g. non-binary) or identifying as trans or anyone with a trans history.
<b>Non-binary</b>	An umbrella term used to describe gender identities where the individual does not identify exclusively as a man or a woman. There are many included within this, such as agender, genderqueer and gender fluid.
<b>Pansexual</b>	Attraction towards people regardless of gender or sex.
<b>Pronoun</b>	Words used to refer to people's gender in conversation, such as 'he' or 'she'. Some people prefer others to use gender neutral or other pronouns such as 'they'.
<b>Queer</b>	A term used mainly by people who identify with a minority sexual orientation or gender identity. In the past, was used as derogatory term for LGBT individuals.
<b>Questioning</b>	The process of exploring your own sexual orientation or gender identity.
<b>Revenge porn</b>	The sharing of private, sexual materials, such as photos or videos, of another person without their consent and to cause them embarrassment or distress.
<b>Sex</b>	Assigned by medical practitioners at birth based on physical characteristics. Sex can be either male or female. Assignment is based on hormones, chromosomes and genitalia.

<b>Sexual orientation</b>	Describes who a person is emotionally, romantically or sexually attracted to.
<b>Straight</b>	Someone who is attracted to members of the opposite sex. Also referred to as heterosexual.
<b>Trans, transgender</b>	Umbrella terms used to describe individuals who have a gender identity that is different to the sex recorded at birth. This might lead to gender dysphoria. Non-binary people may or may not consider themselves to be trans.
<b>Transitioning</b>	The steps a trans person may take to live in the gender with which they identify.
<b>Trans man</b>	Someone who was assigned female at birth but identifies and lives as a man.
<b>Transphobia</b>	Dislike or prejudice against trans people.
<b>Transsexual</b>	Used in the past to refer to someone who transitioned to live in the 'opposite' gender to the one assigned to them at birth. Many now prefer trans or transgender.
<b>Trans woman</b>	Someone who was assigned male at birth but identifies and lives as a woman.

# Annex 2: Questionnaire

## Welcome

This survey is for people who are:

- lesbian, gay, bisexual, transgender or intersex, or have a minority sexual orientation or gender identity
- 16 years old or over
- living in the UK

The survey should take around **15 minutes** to complete.

This is an anonymous survey. Please **do not** include any information that could identify you or anyone else. This includes names, dates of birth, addresses, email addresses, telephone numbers and social media handles. Any information of this kind will be deleted.

You can complete the survey in one go, or save your answers and come back later using the “Save and continue later” button. You will be sent an email link to return to your answers: your name and email will not be saved or linked to your answers after you complete the survey.

Do not use the forward and back buttons in your browser, or your answers might not be saved.

## About you

Let's start with a few questions about you. Please provide as much information as you can, as this will help us to make sure we ask you the right questions in the rest of the survey. Remember, we will not be able to identify you at any stage.

1. How old are you?
  - o Under 16 years old \* **SCREEN OUT**
  - o 16-17 years old
  - o 18-24 years old
  - o 25-34 years old
  - o 35-44 years old
  - o 45-54 years old
  - o 55-64 years old
  - o 65-74 years old
  - o 75 years or older
2. This question is about your gender identity. Do you identify as:
  - o Woman/Girl \* **GO TO 3**
  - o Man/Boy \* **GO TO 4**
  - o Transwoman/Transgirl \* **GO TO 5**
  - o Transman/Transboy \* **GO TO 5**
  - o Non-binary/Genderqueer/Agender/Gender fluid \* **GO TO 5**
  - o Don't know \* **GO TO 5**
  - o Prefer not to say \* **GO TO 5**
  - o Other (please specify):  \* **GO TO 5**

3. What was your assigned sex at birth?

- Female \* **GO TO 6**
- Male \* **GO TO 5**
- Don't know\* **GO TO 6**
- Prefer not to say \* **GO TO 6**

4. What was your assigned sex at birth?

- Female \* **GO TO 5**
- Male \* **GO TO 6**
- Don't know \* **GO TO 6**
- Prefer not to say \* **GO TO 6**

5. Do you identify as intersex?

Intersex is used as an umbrella term to denote a number of different variations in a person's bodily characteristics that do not match strict medical definitions of male or female.

- Yes
- No \* **SKIP 74**
- Don't know \* **SKIP 74**
- Prefer not to say \* **SKIP 74**

\* **GO TO 7**

6. Do you identify as intersex?

Intersex is used as an umbrella term to denote a number of different variations in a person's bodily characteristics that do not match strict medical definitions of male or female.

- Yes \* **GO TO 8**
- No \* **SKIP 74**
- Don't know \* **SKIP 74**
- Prefer not to say \* **SKIP 74**

\* **SKIP 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 28, 29, 30, 73, 83, 84, 85, 86, 87, 88**

\* **GO TO 9**

7. This question is about your sexual orientation. Do you identify as:

- Bisexual
- Gay/Lesbian
- Heterosexual/Straight \* **SKIP 12, 13, 14, 69, 70, 71, 72**
- Don't know
- Prefer not to say
- Other (please specify):

\* **GO TO 10**

8. This question is about your sexual orientation. Do you identify as:

- Bisexual
- Gay/Lesbian
- Heterosexual/Straight \* **SKIP 12, 13, 14, 69, 70, 71, 72**
- Don't know
- Prefer not to say
- Other (please specify):

\* **GO TO 10**

9. This question is about your sexual orientation. Do you identify as:

- Bisexual
- Gay/Lesbian
- Heterosexual/Straight \* **SCREEN OUT**
- Don't know
- Prefer not to say
- Other (please specify):

10. What is your current relationship status?

- Single
- Married/Civil Partnership
- Living with partner(s)
- In a relationship but not living together
- Divorced/Separated
- Widowed
- Prefer not to say

## Living in the UK

Thank you. We will now ask you a few questions about your general impressions and experiences of being an LGBT person living in the UK.

11. On a scale of 1 to 5, how comfortable do you feel being an LGBT person in the UK? If you would prefer not to answer, please leave blank.

Not at all comfortable	1	2	3	4	5	Very comfortable
	<input type="radio"/>					

12. Do you ever avoid holding hands in public with a same-sex partner for fear of a negative reaction from others?

- Yes
- No
- Does not apply to me
- Prefer not to say

13. Do you ever avoid being open about your sexual orientation for fear of a negative reaction from others?

- Yes
- No \* **GO TO 15**
- Prefer not to say \* **GO TO 15**

14. Where do you avoid being open about your sexual orientation for fear of a negative reaction from others?

- At home
- In my neighbourhood
- At my school or educational institution
- In my workplace
- In cafés, restaurants, pubs or clubs
- On public transport
- At sports clubs or other fitness/leisure facilities
- In any other public places
- Other (please specify):
- Prefer not to say

15. Do you ever avoid expressing your gender identity for fear of a negative reaction from others? For example, through your physical appearance or clothing.

- Yes
- No \* **GO TO 17**
- Prefer not to say \* **GO TO 17**

16. Where do you avoid expressing your gender identity (or your preferred gender) for fear of a negative reaction from others?

- At home
- In my neighbourhood
- At my school or educational institution
- In my workplace
- In cafés, restaurants, pubs or clubs
- On public transport
- At sports clubs or other fitness/leisure facilities
- In the park
- On the street or in any other outdoor public places
- In any other public premises or buildings
- Other (please specify):
- Prefer not to say

## Gender identity

We would now like to ask you some questions about you and your experiences specifically in relation to your transgender status or gender identity.

17. At what age did you start transitioning?

Transitioning refers to the steps a person may take to live in the gender with which they identify.

- Under 16 years old
- 16-17 years old
- 18-24 years old \* **SKIP** 28, 29
- 25-34 years old \* **SKIP** 28, 29
- 35-44 years old \* **SKIP** 28, 29
- 45-54 years old \* **SKIP** 28, 29
- 55-64 years old \* **SKIP** 28, 29
- 65-74 years old \* **SKIP** 28, 29
- 75 years or older \* **SKIP** 28, 29
- I have not started transitioning \* **SKIP** 28, 29, 87, 88 \* **GO TO** 19
- This is not relevant to me \* **SKIP** 28, 29, 87, 88 \* **GO TO** 19
- Prefer not to say \* **SKIP** 28, 29, 87, 88 \* **GO TO** 19

18. To the nearest year, how long did it take to complete your transition, or are you still transitioning?

- Less than 2 years
- 2-4 years
- 5-7 years
- 8-10 years
- More than 10 years
- I am still transitioning
- Don't know
- Prefer not to say

19. Are you aware of the UK's legal gender recognition process that allows people to apply for a Gender Recognition Certificate (GRC) in order to change their legal gender?

- Yes
- No \* **GO TO** 26
- Prefer not to say \* **GO TO** 26

20. Do you have a Gender Recognition Certificate (GRC)?

- Yes \* **GO TO** 23
- No
- Prefer not to say

21. Which of the following, if any, do you think are requirements of the UK's legal gender recognition process?

- Minimum age of 18
- Diagnosis of gender dysphoria
- Evidence of 2 years lived experience in acquired gender
- Statutory declaration of the intention to live permanently in acquired gender
- Interview with the Gender Recognition Panel
- Gender reassignment surgery
- None of the above
- Prefer not to say

22. Have you previously applied, or are you currently applying, for a Gender Recognition Certificate (GRC)?

- Yes
- No \* **GO TO** 25
- Prefer not to say \* **GO TO** 26

23. Did you receive help in making the application?
- Yes
  - No \* **GO TO 26**
  - Prefer not to say \* **GO TO 26**
24. Who helped you apply for a Gender Recognition Certificate (GRC)?
- Gender Identity Clinic (GIC)
  - Gender Recognition Panel administration team
  - My GP (General Practitioner)
  - LGBT organisation or charity
  - Other organisation, charity or support group
  - Friends or family
  - Other (please specify):
  - Prefer not to say
- \* **GO TO 26**
25. Why have you not applied for a Gender Recognition Certificate (GRC)?
- I am not interested in applying for one
  - I want to apply but do not satisfy the requirements
  - I had not heard of them or wasn't aware of them
  - The process is too expensive
  - The process is too bureaucratic
  - I don't have time
  - It is difficult to access my medical records
  - I do not want to share my medical information
  - I can't get the help I need to put together a successful application
  - Other (please specify):
  - Prefer not to say

## Education

We will now ask you one or two questions about your experiences at school **before the age of 18**.

26. Were sexual orientation and gender identity discussed at school in lessons, assemblies or in any other part of your schooling?
- Yes, both sexual orientation and gender identity were discussed
  - Yes, only sexual orientation was discussed
  - Yes, only gender identity was discussed
  - No, neither were discussed \* **GO TO 28**
  - Don't know \* **GO TO 28**
  - Prefer not to say \* **GO TO 28**
27. How well did the discussion of sexual orientation or gender identity at school prepare you for later life as an LGBT person?
- Very well
  - Quite well
  - Neutral
  - Not very well
  - Not at all well
  - Don't know
  - Prefer not to say
28. Were you transitioning while you were at school?
- Yes
  - No \* **GO TO 30**
  - Don't know \* **GO TO 30**
  - Prefer not to say \* **GO TO 30**

29. How supportive was your school of your specific needs while you were transitioning? For example, by making toilets and changing rooms accessible, helping you to change your name, or using your pronoun of choice.
- Very supportive
  - Somewhat supportive
  - Neither supportive nor unsupportive
  - Not very supportive
  - Not at all supportive
  - Prefer not to say

30. How understanding were your teachers and other staff of issues facing transgender, gender fluid and non-binary pupils in general?
- Very understanding
  - Somewhat understanding
  - Neutral
  - Not very understanding
  - Not at all understanding
  - Prefer not to say

You will now be asked about your experiences if you were in education **in the last academic year, beginning September 2016**. If you would like to tell us about any other experiences, there will be a chance to do so later in the survey.

31. In the last academic year (beginning September 2016), were you in education at any time?
- Yes
  - No \* **GO TO 49**
  - Prefer not to say \* **GO TO 49**

32. In the last academic year, which of the following educational institutions did you attend?

- Secondary school, academy, or equivalent
- College, sixth form, apprenticeship, or equivalent
- University, university college, or equivalent
- Prefer not to say
- Other (please specify):

33. In the last academic year, how many people at your educational institution, if any, were you open with about being LGBT?

	All	Most	Some	None	Prefer not to say	Does not apply to me
Classmates or other students	<input type="radio"/>					
Teachers, tutors, lecturers or other teaching staff	<input type="radio"/>					
Non-teaching staff	<input type="radio"/>					

34. In the last academic year, how did others at your educational institution react to you being LGBT or because they thought you were LGBT?
- Only positively \* **GO TO 49**
  - Both positively and negatively
  - Only negatively
  - They did not react \* **GO TO 49**
  - Prefer not to say \* **GO TO 49**

35. In the last academic year, did you experience any of the following at your educational institution because you are LGBT or others thought you were LGBT?

- Verbal harassment, insults or other hurtful comments
- Physical harassment or violence
- Sexual harassment or violence
- Threat of physical or sexual harassment or violence
- Exclusion from events or activities
- Someone disclosing that you are LGBT to others without your permission
- Any other inappropriate comments or conduct not listed above
- None of the above \* **GO TO 49**
- Prefer not to say \* **GO TO 49**

36. Think about the most serious incident in the 2016/17 academic year. Which of the following happened to you?

- Verbal harassment, insults or other hurtful comments
- Physical harassment or violence
- Sexual harassment or violence
- Threat of physical or sexual harassment or violence
- Exclusion from events or activities
- Someone disclosing that you are LGBT to others without your permission
- Any other inappropriate comments or conduct not listed above
- Prefer not to say

37. Who was the perpetrator(s) of this most serious incident?

- Classmate(s) or other student(s)
- Teacher(s), tutor(s), lecturer(s) or other teaching staff
- Non-teaching staff
- Other (please specify):
- Prefer not to say

38. Did you or anyone else report this most serious incident?

- Yes, I did \* **GO TO 40**
- Yes, someone else did \* **GO TO 40**
- No
- Don't know \* **GO TO 49**
- Prefer not to say \* **GO TO 49**

39. Why did you not report this most serious incident?

- It did not occur to me
- I didn't know how or where to report it
- I dealt with it myself or with help from family or friends
- I was too upset to report it
- I was ashamed, embarrassed or didn't want anyone to know
- I didn't want to reveal my sexual orientation or gender identity
- I was afraid of intimidation or retaliation by the perpetrator(s)
- I didn't want the perpetrator(s) to get into trouble
- I felt it wasn't worth it or nothing would happen or change
- I thought it was too minor, not serious enough or 'happens all the time'
- I thought I wouldn't be believed
- I thought it wouldn't be taken seriously enough
- I had a bad experience reporting an incident in the past
- Someone stopped or discouraged me
- Other (please specify):
- Prefer not to say

\* **GO TO 49**

40. Who was this most serious incident reported to?
- Teacher, lecturer, tutor or other teaching staff \* **INCLUDE** 41
  - Non-teaching staff \* **INCLUDE** 42
  - Student union, school council or class representative \* **INCLUDE** 43
  - Parent/Guardian \* **INCLUDE** 44
  - Police \* **INCLUDE** 45
  - LGBT organisation or charity \* **INCLUDE** 46
  - Other external organisation or charity \* **INCLUDE** 47
  - Other (please specify):
  - Prefer not to say \* **INCLUDE** 48
41. How helpful or unhelpful was your teacher, lecturer, tutor or other teaching staff in handling this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
42. How helpful or unhelpful were non-teaching staff in handling this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
43. How helpful or unhelpful was the student union, school council or class representative in handling this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
44. How helpful or unhelpful was your parent/guardian in handling this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
45. How helpful or unhelpful were the police in handling this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say

46. How helpful or unhelpful was an LGBT organisation or charity in handling this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
47. How helpful or unhelpful was another external organisation or charity in handling this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
48. After you reported this most serious incident, did the negative comments or conduct stop?
- Yes, completely
  - Yes, but not completely
  - No, not at all
  - Prefer not to say

## Workplace

We would now like to hear about your experiences in the workplace if you have had a job **in the past year**. If you would like to tell us about any other experiences, there will be a chance to do so later in the survey.

49. In the past 12 months, have you had a paid job at any time?
- Yes
  - No \* **GO TO** 68
  - Prefer not to say
50. Which of the following sectors does your current or most recent job fall into?
- Agriculture, Mining and Quarrying
  - Manufacturing
  - Electricity, Gas and Water
  - Construction
  - Wholesale and Retail
  - Hotels and Restaurants
  - Transport and Storage
  - Information and Communications
  - Financial Services
  - Business Services
  - Public Administration
  - Education
  - Health and social work
  - Arts, Entertainment and Recreation
  - Prefer not to say
  - Other (please specify):

51. In the past 12 months, how many people in your workplace, if any, were you open with about being LGBT?

	All	Most	Some	None	Prefer not to say	Does not apply to me
Senior colleagues	<input type="radio"/>					
Colleagues at the same or lower level	<input type="radio"/>					
Customers or clients	<input type="radio"/>					

52. In the past 12 months, how did others in your workplace react to you being LGBT or because they thought you were LGBT?

- Only positively \* **GO TO 68**
- Both positively and negatively
- Only negatively
- They did not react \* **GO TO 68**
- Prefer not to say \* **GO TO 68**

53. In the past 12 months, did you experience any of the following in your workplace because you are LGBT or others thought you were LGBT?

- Verbal harassment, insults or other hurtful comments
- Physical harassment or violence
- Sexual harassment or violence
- Threat of physical or sexual harassment or violence
- Exclusion from events or activities
- Someone disclosing that you are LGBT to others without your permission
- Any other inappropriate comments or conduct not listed above
- None of the above \* **GO TO 68**

- Prefer not to say \* **GO TO 68**

54. Think about the most serious incident in the past 12 months. Which of the following happened to you?

- Verbal harassment, insults or other hurtful comments
- Physical harassment or violence
- Sexual harassment or violence
- Threat of physical or sexual harassment or violence
- Exclusion from events or activities
- Someone disclosing that you are LGBT to others without your permission
- Any other inappropriate comments or conduct not listed above
- Prefer not to say

55. Who was the perpetrator(s) of this most serious incident?

- Line manager, immediate manager, or supervisor
- Other senior colleague(s)
- Colleague(s) at the same or lower level
- Customer(s) or client(s)
- Other (please specify):
- Prefer not to say

56. Did you or anyone else report this most serious incident?

- Yes, I did \* **GO TO 58**
- Yes, someone else did \* **GO TO 58**
- No
- Don't know \* **GO TO 68**
- Prefer not to say \* **GO TO 68**

57. Why did you not report this most serious incident?

- It did not occur to me
- I didn't know how or where to report it
- I dealt with it myself or with help from family or friends
- I was too upset to report it
- I was ashamed, embarrassed or didn't want anyone to know
- I didn't want to reveal my sexual orientation or gender identity
- I was afraid of intimidation or retaliation by the perpetrator(s)
- I didn't want the perpetrator(s) to get into trouble
- I felt it wasn't worth it or nothing would happen or change
- I thought it was too minor, not serious enough or 'happens all the time'
- I thought I wouldn't be believed
- I thought it wouldn't be taken seriously enough
- I had a bad experience reporting an incident in the past
- Someone stopped or discouraged me
- Other (please specify):
- Prefer not to say

\* **GO TO** 68

58. Who was this most serious incident reported to?

- Line manager, immediate manager, or supervisor \* **INCLUDE** 59
- Higher management \* **INCLUDE** 60
- Human resources (HR) \* **INCLUDE** 61
- Trade union \* **INCLUDE** 62
- Diversity or other staff network \* **INCLUDE** 63
- Police \* **INCLUDE** 64
- LGBT organisation or charity \* **INCLUDE** 65
- Other external organisation or charity \* **INCLUDE** 66
- Other (please specify):
- Prefer not to say \* **INCLUDE** 67

59. How helpful or unhelpful was your line manager, immediate manager, or supervisor in handling this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

60. How helpful or unhelpful was higher management in handling this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

61. How helpful or unhelpful were human resources (HR) in handling this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

62. How helpful or unhelpful was the trade union in handling this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
63. How helpful or unhelpful was the diversity or other staff network in handling this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
64. How helpful or unhelpful were the police in handling this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
65. How helpful or unhelpful was an LGBT organisation or charity in handling this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
66. How helpful or unhelpful was another external organisation or charity in handling this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
67. After you reported this most serious incident, did the negative comments or conduct stop?
- Yes, completely
  - Yes, but not completely
  - No, not at all
  - Prefer not to say

## Healthcare

Next, we would like to ask you some questions about your experiences of public healthcare services **in the past year**. If you would like to tell us about any other experiences, there will be a chance to do so later in the survey.

68. In the past 12 months, did you access, or try to access, any public healthcare services?
- Yes
  - No \* **GO TO 87**
  - Prefer not to say \* **GO TO 87**
69. In the past 12 months, how often did you discuss or disclose your sexual orientation with healthcare staff?
- All of the time \* **SKIP 71**
  - Most of the time
  - Some of the time
  - Never \* **SKIP 70**
  - Prefer not to say \* **GO TO 72**
70. In the past 12 months, did being open about your sexual orientation with healthcare staff have an effect on your care?
- Yes, and it had a positive effect
  - Yes, but it had a negative effect
  - No, it did not have an effect
  - Don't know
  - Prefer not to say
71. In the past 12 months, why did you not discuss your sexual orientation with all healthcare staff?
- I was afraid of a negative reaction
  - I had a bad experience in the past
  - I did not want to reveal my sexual orientation
  - I was afraid of being outed
  - It was not relevant
  - Other (please specify):
  - Prefer not to say
72. In the past 12 months, did you experience any of the following when using or trying to access healthcare services because of your sexual orientation?
- I had to change GP (General Practitioner) due to negative experiences
  - I avoided treatment or accessing services for fear of discrimination or intolerant reactions
  - My specific needs were ignored or not taken into account
  - I was inappropriately referred to specialist services
  - Discrimination or intolerant reactions from healthcare staff
  - Unwanted pressure or being forced to undergo any medical or psychological test
  - Inappropriate questions or curiosity
  - None of the above
  - Prefer not to say

73. In the past 12 months, did you experience any of the following when using or trying to access healthcare services because of your transgender status or gender identity?
- I had to change GP (General Practitioner) due to negative experiences
  - I avoided treatment or accessing services for fear of discrimination or intolerant reactions
  - My specific needs were ignored or not taken into account
  - I was inappropriately referred to specialist services
  - Discrimination or intolerant reactions from healthcare staff
  - Unwanted pressure or being forced to undergo any medical or psychological test
  - Inappropriate curiosity
  - None of the above
  - Prefer not to say

74. In the past 12 months, did you experience any of the following when using or trying to access healthcare services because of being intersex?
- I had to change GP (General Practitioner) due to negative experiences
  - I avoided treatment or accessing services for fear of discrimination or intolerant reactions
  - My specific needs were ignored or not taken into account
  - I was inappropriately referred to specialist services
  - Discrimination or intolerant reactions from healthcare staff
  - Unwanted pressure or being forced to undergo any medical or psychological test
  - Inappropriate curiosity
  - None of the above
  - Prefer not to say

75. In the past 12 months, did you access, or try to access, any mental health services? For example, talking treatments such as counselling and cognitive behavioural therapy (CBT), eating disorder services, perinatal mental health services, mental health services accessed via your General Practitioner (GP), or other specialist mental health services.

- Yes, I accessed mental health services
- Yes, I tried to access them but was unsuccessful \* **SKIP 78**
- No \* **GO TO 79**
- Prefer not to say \* **GO TO 79**

76. On a scale of 1 to 5, how easy was it for you to access mental health services in the past 12 months? If you would prefer not to answer, please leave blank.

Not at all easy	1	2	3	4	5	Very easy
	0	0	0	0	0	
				* <b>GO TO 78</b>	*	<b>GO TO 78</b>

77. In the past 12 months, why was accessing mental health services difficult?

- I did not know where to go
- My GP (General Practitioner) did not know where to refer me
- My GP (General Practitioner) was not supportive
- The services were not close enough to me
- I had to wait too long to access the services
- I wasn't able to go at a convenient time
- I was worried, anxious or embarrassed about going
- Other (please specify):
- Prefer not to say

78. Overall, how would you rate the mental health services you used in the past 12 months?

- Completely positive
- Mainly positive
- Neither positive nor negative
- Mainly negative
- Completely negative
- Prefer not to say

79. In the past 12 months, did you access, or try to access, any sexual health services? For example, contraception services and family planning clinics, sexual health clinics, sexually transmitted infection (STI) testing clinics, genitourinary medicine (GUM) clinics, young people's services, or sexual health services accessed via your General Practitioner (GP).

- Yes, I accessed sexual health services
- Yes, I tried to access them but was unsuccessful \* **SKIP** 82
- No \* **GO TO** 83
- Prefer not to say \* **GO TO** 83

80. On a scale of 1 to 5, how easy was it for you to access sexual health services in the past 12 months? If you would prefer not to answer, please leave blank.

Not at all easy	1	2	3	4	5	Very easy
	0	0	0	0	0	
				* <b>GO TO</b> 82	*	<b>GO TO</b> 82

81. In the past 12 months, why was accessing sexual health services difficult?

- I did not know where to go
- My GP (General Practitioner) did not know where to refer me
- My GP (General Practitioner) was not supportive
- The services were not close enough to me
- I had to wait too long to access the services
- I wasn't able to go at a convenient time
- I was worried, anxious or embarrassed about going
- Other (please specify):
- Prefer not to say

82. Overall, how would you rate the sexual health services you used in the past 12 months?

- Completely positive
- Mainly positive
- Neither positive nor negative
- Mainly negative
- Completely negative
- Prefer not to say

83. In the past 12 months, did you access, or try to access, any specialist gender identity services in the UK for support in relation to your gender identity? For example, a Gender Identity Clinic (GIC).

- Yes, I accessed specialist gender identity services
- Yes, I tried to access them but was unsuccessful \* **SKIP** 86
- No \* **GO TO** 87
- Prefer not to say \* **GO TO** 87

84. On a scale of 1 to 5, how easy was it for you to access specialist gender identity services in the past 12 months? If you would prefer not to answer, please leave blank.

Not at all easy	1	2	3	4	5	Very easy
	0	0	0	0	0	
				* <b>GO TO</b> 86	* <b>GO TO</b> 86	

85. In the past 12 months, why was accessing specialist gender identity services in the UK difficult?

- I did not know where to go
- My GP (General Practitioner) did not know where to refer me
- My GP (General Practitioner) was not supportive
- The services were not close enough to me
- I had to wait too long to access the services
- I wasn't able to go at a convenient time
- It was too complicated in terms of bureaucracy
- I could not afford them
- I was worried, anxious or embarrassed about going
- Other (please specify):

Prefer not to say

86. Overall, how would you rate the specialist gender identity services in the UK you used in the past 12 months?

- Completely positive
- Mainly positive
- Neither positive nor negative
- Mainly negative
- Completely negative
- Prefer not to say

## Healthcare: Gender identity

Thank you. We have one or two more questions that we would like to ask you about healthcare services specifically in relation to your **transgender status or gender identity**.

87. To support your transition, have you used or paid for healthcare services or medical treatment outside the UK?
- For example, buying cross-sex hormones over the internet from other countries or undergoing gender reassignment surgery overseas.
- Yes
  - No, but I have considered it \* **GO TO 89**
  - No, and I would not consider it \* **GO TO 89**
  - Prefer not to say \* **GO TO 89**
88. Why did you use or pay for healthcare services or medical treatment outside the UK to support your transition?
- Waiting lists were too long to access local gender identity services
  - The cost of treatment was too high in the UK
  - The specific service or treatment I wanted was not available
  - I did not want to access services through my GP (General Practitioner)
  - There is a better quality or choice of services available abroad
  - Other (please specify):
  - Prefer not to say

## Care

You will now be asked about your experiences if you have lived in a care home or other form of institutional care **in the past year**. If you would like to tell us about any other experiences, there will be a chance to do so later in the survey.

89. In the past 12 months, have you lived in a care home or been in any other form of institutional care?
- Yes – residential, nursing or care home for the elderly
  - Yes – residential or care home for children or young people
  - No \* **GO TO 93**
  - Yes – other form of institutional care (please specify):
  - Prefer not to say \* **GO TO 93**
90. In the past 12 months, how often were you open about being LGBT with care staff and other residents?
- All of the time \* **SKIP 91**
  - Most of the time
  - Some of the time
  - Never \* **SKIP 92**
  - Prefer not to say \* **GO TO 93**
91. In the past 12 months, why were you not always open about being LGBT with care staff and other residents?
- I was afraid of a negative reaction
  - I had a bad experience in the past
  - I did not want to reveal my sexual orientation or gender identity
  - I was afraid of being outed
  - It was not relevant
  - Other (please specify):
  - Prefer not to say

92. In the past 12 months, has being open about being LGBT with some care staff and other residents affected your experience?
- Yes, it has had a positive effect
  - Yes, it has had a negative effect
  - No, it has not had an effect
  - Don't know
  - Prefer not to say

### At home

You will now be asked some questions about your experiences in relation to the people you have lived with **in the past year**. If you would like to tell us about any other experiences, there will be a chance to do so later in the survey.

93. In the past 12 months, how many people you lived with, if any, were you open with about being LGBT?

	All	Most	Some	None	Prefer not to say	Does not apply to me
Family members you lived with, excluding partners	<input type="radio"/>					
Other people you lived with, excluding partners	<input type="radio"/>					

94. In the past 12 months, did you experience any of the following from someone you lived with for any reason?
- Verbal harassment, insults or other hurtful comments
  - Physical harassment or violence
  - Sexual harassment or violence
  - Threat of physical or sexual harassment or violence
  - Coercive or controlling behaviour
  - Someone disclosing that you are LGBT to others without your permission
  - Any other inappropriate comments or conduct not listed above
  - None of the above \* **GO TO** 114
  - Prefer not to say \* **GO TO** 114

95. Think about the most serious incident in the past 12 months.  
Which of the following happened to you?

- Verbal harassment, insults or other hurtful comments
- Physical harassment or violence
- Sexual harassment or violence
- Threat of physical or sexual harassment or violence
- Coercive or controlling behaviour
- Someone disclosing that you are LGBT to others without your permission
- Any other inappropriate comments or conduct not listed above
- Prefer not to say

96. Who was the perpetrator(s) of this most serious incident?

- Partner(s)
- Ex-partner(s)
- Parent(s)/Guardian(s)
- Sibling(s)
- Child(ren)
- Other older family member(s)
- Other housemate(s) or cohabitant(s)
- Other (please specify):
- Prefer not to say

97. Did you or anyone else report this most serious incident?

- Yes, I did
- Yes, someone else did
- No \* **SKIP** 98, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113
- Don't know \* **GO TO** 114
- Prefer not to say \* **GO TO** 114

98. Who was this most serious incident reported to?

- Police \* **INCLUDE** 100, 101 \* **SKIP** 99
- LGBT organisation or charity \* **INCLUDE** 102, 103
- Other victim support organisation or charity \* **INCLUDE** 104, 105
- State or national institution (such as an Equality Body) \* **INCLUDE** 106, 107
- Hospital or other healthcare service \* **INCLUDE** 108, 109
- Rape crisis centre \* **INCLUDE** 110, 111
- True Vision website \* **INCLUDE** 112, 113
- Other (please specify):
- Prefer not to say

99. Why did you not report this most serious incident to the police?

- It did not occur to me
- I didn't know how or where to report it
- I dealt with it myself or with help from family or friends
- I was too upset to report it
- I was ashamed, embarrassed or didn't want anyone to know
- I didn't want to reveal my sexual orientation or gender identity
- I was afraid of intimidation or retaliation by the perpetrator(s)
- I didn't want the perpetrator(s) to get into trouble
- I felt it wasn't worth it or nothing would happen or change
- I thought it was too minor, not serious enough or 'happens all the time'
- I thought I wouldn't be believed
- I thought it wouldn't be taken seriously enough
- I had a bad experience reporting an incident in the past
- Someone stopped or discouraged me
- Other (please specify):
- Prefer not to say

100. How helpful or unhelpful were the police when reporting this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

101. How satisfied or unsatisfied were you with how the police handled this most serious incident?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Not very satisfied
- Not at all satisfied
- Prefer not to say

102. How helpful or unhelpful was an LGBT organisation or charity when you reported this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

103. How satisfied or unsatisfied were you with how an LGBT organisation or charity handled this most serious incident?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Not very satisfied
- Not at all satisfied
- Prefer not to say

104. How helpful or unhelpful was another victim support organisation or charity when you reported this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

105. How satisfied or unsatisfied were you with how another victim support organisation or charity handled this most serious incident?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Not very satisfied
- Not at all satisfied
- Prefer not to say

106. How helpful or unhelpful was a state or national institution (such as an Equality Body) when you reported this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
107. How satisfied or unsatisfied were you with how a state or national institution (such as an Equality Body) handled this most serious incident?
- Very satisfied
  - Somewhat satisfied
  - Neither satisfied nor dissatisfied
  - Not very satisfied
  - Not at all satisfied
  - Prefer not to say
108. How helpful or unhelpful was a hospital or other healthcare service when you reported this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
109. How satisfied or unsatisfied were you with how a hospital or other healthcare service handled this most serious incident?
- Very satisfied
  - Somewhat satisfied
  - Neither satisfied nor dissatisfied
  - Not very satisfied
  - Not at all satisfied
  - Prefer not to say
110. How helpful or unhelpful was a rape crisis centre when you reported this most serious incident?
- Very helpful
  - Somewhat helpful
  - Neither helpful nor unhelpful
  - Not very helpful
  - Not at all helpful
  - Prefer not to say
111. How satisfied or unsatisfied were you with how a rape crisis centre handled this most serious incident?
- Very satisfied
  - Somewhat satisfied
  - Neither satisfied nor dissatisfied
  - Not very satisfied
  - Not at all satisfied
  - Prefer not to say

112. How helpful or unhelpful was the True Vision website when you reported this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

113. How satisfied or unsatisfied were you with how the True Vision website handled this most serious incident?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Not very satisfied
- Not at all satisfied
- Prefer not to say

### Outside the home

We would now like to ask you some questions about your experiences in relation to people you were not living with **in the past year**. If you have other experiences that you'd like to tell us about, there will be a chance to do so later in the survey.

114. In the past 12 months, how many people in the following groups, if any, were you open with about being LGBT?

	All	Most	Some	None	Prefer not to say	Does not apply to me
Friends	<input type="radio"/>					
Neighbours	<input type="radio"/>					
Family members you were not living with	<input type="radio"/>					

115. In the past 12 months, did you experience any of the following from someone you were not living with because you are LGBT or they thought you were LGBT?

- Verbal harassment, insults or other hurtful comments
- Physical harassment or violence
- Sexual harassment or violence
- Threat of physical or sexual harassment or violence
- Someone disclosing that you are LGBT to others without your permission
- Any other inappropriate comments or conduct not listed above
- None of the above \* **GO TO 135**
- Prefer not to say\* **GO TO 135**

116. Think about the most serious incident in the past 12 months.  
Which of the following happened to you?

- Verbal harassment, insults or other hurtful comments
- Physical harassment or violence
- Sexual harassment or violence
- Threat of physical or sexual harassment or violence
- Someone disclosing that you are LGBT to others without your permission
- Any other inappropriate comments or conduct not listed above
- Prefer not to say

117. Who was the perpetrator(s) of this most serious incident?

- Stranger(s)
- Friend(s)
- Neighbour(s)
- Family member(s) I haven't lived with
- Another person(s) I know
- Other (please specify):
- Prefer not to say

118. Did you or anyone else report this most serious incident?

- Yes, I did
- Yes, someone else did
- No \* **SKIP** 119, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134
- Don't know \* **GO TO** 135
- Prefer not to say \* **GO TO** 135

119. Who was this most serious incident reported to?

- Police \* **INCLUDE** 121, 122 \* **SKIP** 120
- LGBT organisation or charity \* **INCLUDE** 123, 124
- Other victim support organisation or charity \* **INCLUDE** 125, 126
- State or national institution (such as an Equality Body) \* **INCLUDE** 127, 128
- Hospital or other healthcare service \* **INCLUDE** 129, 130
- Rape crisis centre \* **INCLUDE** 131, 132
- True Vision website \* **INCLUDE** 133, 134
- Other (please specify):
- Prefer not to say

120. Why did you not report this most serious incident to the police?

- It did not occur to me
- I didn't know how or where to report it
- I dealt with it myself or with help from family or friends
- I was too upset to report it
- I was ashamed, embarrassed or didn't want anyone to know
- I didn't want to reveal my sexual orientation or gender identity
- I was afraid of intimidation or retaliation by the perpetrator(s)
- I didn't want the perpetrator(s) to get into trouble
- I felt it wasn't worth it or nothing would happen or change
- I thought it was too minor, not serious enough or 'happens all the time'
- I thought I wouldn't be believed
- I thought it wouldn't be taken seriously enough
- I had a bad experience reporting an incident in the past
- Someone stopped or discouraged me
- Other (please specify):
- Prefer not to say

121. How helpful or unhelpful were the police when reporting this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

122. How satisfied or unsatisfied were you with how the police handled this most serious incident?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Not very satisfied
- Not at all satisfied
- Prefer not to say

123. How helpful or unhelpful was an LGBT organisation or charity when you reported this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

124. How satisfied or unsatisfied were you with how an LGBT organisation or charity handled this most serious incident?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Not very satisfied
- Not at all satisfied
- Prefer not to say

125. How helpful or unhelpful was another victim support organisation or charity when you reported this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

126. How satisfied or unsatisfied were you with how another victim support organisation or charity handled this most serious incident?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Not very satisfied
- Not at all satisfied
- Prefer not to say

127. How helpful or unhelpful was a state or national institution (such as an Equality Body) when you reported this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

128. How satisfied or unsatisfied were you with how a state or national institution (such as an Equality Body) handled this most serious incident?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Not very satisfied
- Not at all satisfied
- Prefer not to say

129. How helpful or unhelpful was a hospital or other healthcare service when you reported this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

130. How satisfied or unsatisfied were you with how a hospital or other healthcare service handled this most serious incident?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Not very satisfied
- Not at all satisfied
- Prefer not to say

131. How helpful or unhelpful was a rape crisis centre when you reported this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

132. How satisfied or unsatisfied were you with how a rape crisis centre handled this most serious incident?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Not very satisfied
- Not at all satisfied
- Prefer not to say

133. How helpful or unhelpful was the True Vision website when you reported this most serious incident?

- Very helpful
- Somewhat helpful
- Neither helpful nor unhelpful
- Not very helpful
- Not at all helpful
- Prefer not to say

134. How satisfied or unsatisfied were you with how the True Vision website handled this most serious incident?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Not very satisfied
- Not at all satisfied
- Prefer not to say

## Other experiences

Now, we would like to ask you a few final questions about some specific experiences that you may have had.

135. Has anyone ever shared private sexual images or videos of you without your consent?

- Yes
- No \* **GO TO** 142
- Don't know \* **GO TO** 142
- Prefer not to say \* **GO TO** 142

136. Did you or anyone else report this?

- Yes, I did
- Yes, someone else did
- No \* **GO TO** 142
- Don't know \* **GO TO** 142
- Prefer not to say \* **GO TO** 142

137. Who was this reported to?

- Police \* **INCLUDE** 138
- The website, app or messaging service involved \* **INCLUDE** 139
- LGBT organisation or charity \* **INCLUDE** 140
- Other victim support organisation or charity \* **INCLUDE** 141
- Other (please specify):
- Prefer not to say

138. How satisfied or unsatisfied were you with how the police handled this?
- Very satisfied
  - Somewhat satisfied
  - Neither satisfied nor dissatisfied
  - Not very satisfied
  - Not at all satisfied
  - Prefer not to say
139. How satisfied or unsatisfied were you with how the website, app or messaging service involved handled this?
- Very satisfied
  - Somewhat satisfied
  - Neither satisfied nor dissatisfied
  - Not very satisfied
  - Not at all satisfied
  - Prefer not to say
140. How satisfied or unsatisfied were you with how an LGBT organisation or charity handled this?
- Very satisfied
  - Somewhat satisfied
  - Neither satisfied nor dissatisfied
  - Not very satisfied
  - Not at all satisfied
  - Prefer not to say
141. How satisfied or unsatisfied were you with how another victim support organisation or charity handled this?
- Very satisfied
  - Somewhat satisfied
  - Neither satisfied nor dissatisfied
  - Not very satisfied
  - Not at all satisfied
  - Prefer not to say
142. Have you ever had so-called “conversion” or “reparative” therapy in an attempt to “cure” you of being LGBT?
- Yes \* **GO TO** 145
  - No
  - Don't know
  - Prefer not to say
143. Have you ever been offered this so-called “conversion” or “reparative” therapy?
- Yes \* **SKIP** 145
  - No \* **GO TO** 146
  - Don't know \* **GO TO** 146
  - Prefer not to say \* **GO TO** 146
144. Who offered you this so-called “conversion” or “reparative” therapy?
- Parent, guardian or other family member
  - Faith organisation or group
  - Healthcare provider or medical professional
  - Person from my community
  - Any other individual or organisation not listed above
  - Prefer not to say

145. Who conducted this so-called “conversion” or “reparative” therapy?

- Parent, guardian or other family member
- Faith organisation or group
- Healthcare provider or medical professional
- Person from my community
- Any other individual or organisation not listed above
- Prefer not to say

## Nearly finished

Finally, we would like to get a few more details about you. Please provide as much as information as you can, as these questions will help us to better understand the experiences of different respondents. There is an opportunity after these questions to tell us anything else about your experiences that you feel is important.

146. What is your ethnic group?

- White
- Mixed/Multiple ethnic groups
- Asian/Asian British
- Black/African/Caribbean/Black British
- Other ethnic group
- Prefer not to say

147. What is your religion/belief?

- None
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Other (please specify):

148. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

149. What is the furthest level of education you have completed?
- Secondary Education (GCSE, O-Levels, or equivalent)
  - Post-Secondary Education (College, A-Levels, NVQ3 or below, or equivalent)
  - Vocational Qualification (Diploma, BTEC, NVQ4 and above, or equivalent)
  - Undergraduate Degree (BA, BSc, etc. or equivalent)
  - Post-graduate Degree (MA, MSc, etc. or equivalent)
  - Doctorate (PhD, DPhil, etc. or equivalent)
  - None of the above
  - Prefer not to say

150. What is your current personal annual income (before tax)?
- Less than £20,000
  - £20,000 to £39,999
  - £40,000 to £59,999
  - £60,000 to £79,999
  - £80,000 to £99,999
  - £100,000 to £149,999
  - £150,000 or more
  - Don't know
  - Prefer not to say

151. Which area of the United Kingdom do you live in?
- North East
  - North West
  - Yorkshire and the Humber
  - East Midlands
  - West Midlands
  - East of England
  - London
  - South East
  - South West
  - Wales
  - Scotland
  - Northern Ireland
  - Prefer not to say

152. Overall, on a scale of 1 to 10, how satisfied are you with your life nowadays? If you would prefer not to answer, please leave blank.

Not at all satisfied	1	2	3	4	5	6	7	8	9	10	Completely satisfied
	<input type="radio"/>										

You now have the opportunity to provide any further details about your experiences or perceptions as an LGBT person that will help to improve our understanding of:

- your experiences of accessing and using public services in the UK
- any experiences of discrimination you may have faced throughout your life

**Please do not include any information that could identify you or anyone else. This includes names, dates of birth, addresses, email addresses, telephone numbers and social media handles. Any information of this kind will be deleted.**

153. Feel free to tell us about anything else you consider important or worth mentioning. Please limit your response to a maximum of **500 words**. If you have nothing else to add, please leave blank.

 500

154. Do you consent to having parts of your answer above cited in an anonymous way in materials published after the survey closes?

- Yes
- No



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Equalities Office



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