



SCOTTISH EXECUTIVE

Sexual Orientation Research Phase 1: A Review of Methodological Approaches

Social Justice



**SEXUAL ORIENTATION RESEARCH PHASE 1:
A REVIEW OF METHODOLOGICAL APPROACHES**

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EXECUTIVE SUMMARY

1. INTRODUCTION

Equality of opportunity is a key principle of the Scottish Parliament and a priority of the Scottish Executive. The definition of equal opportunities given in the Scotland Act (1998) is expansive and clearly includes sexual orientation. To support, inform and monitor progress towards equality objectives and ‘mainstreaming’, the Executive recognises the importance of having appropriate information on different equality groups. The main focus of this study is to explore the current existence of and need for data on sexual orientation.

While there has been little sexual orientation research undertaken in Scotland, in recent years a number of studies have emerged. While much of this work has been excellent considering the methodological limitations that inhibit sexual orientation research, it is only a beginning. In particular, what has been done has tended to focus mainly on younger male respondents in urban areas (Glasgow and Edinburgh).

This report comprises the review of sexual orientation research methodologies and data sources. Another component of this research, the consultation with LGBT organisations, is reported in a separate publication.¹ This review draws primarily on empirical research and data published since 1990. Searches have been carried out on various academic databases, libraries, and on the Internet. The focus of the review is methodological, based on the description of methods reported in published reports and supplemented by information from researchers specialising in particular fields. The scope is international (primarily English speaking) and covers a wide range of policy areas and disciplines.

Methodological summaries of about 200 sexual orientation research articles, reports and books are detailed separately and are published on the Internet. These summaries will be made available as an EXCEL database, allowing for studies to be sorted and searched by various topic and methodology criteria.

2. DEFINITION AND CLASSIFICATION

Definitions and classifications are crucial, particularly where they are being used to describe a sample population. In keeping with the language of the Scotland Act, this review uses terms such as sexual orientation, lesbian, gay, bisexual, transgender and gender identity. These terms are used in the conduct, analysis and reporting of much of the recent sexual orientation research in Scotland. However sometimes these categories have been derived in different ways and for some research topics these are not the most appropriate categories to use.

It may be more appropriate for a male sexual health study, for example, to recruit (and describe its sample population as) ‘men who have sex with men’. Where this is the case, reporting should state how the category was derived (e.g. ‘sex with another man in the past 12 months’) so that users of the data know what the classification means and can identify what other studies have used a comparable definition.

¹ McLean, C & O’Connor, W *Sexual Orientation Research Phase Two: The Future of LGBT Research – Perspectives of Community Organisations*. Scottish Executive, Edinburgh, 2003.

Definitions need to be selected to be appropriate to the topic being researched; there needs to be clear descriptions in research reports regarding what particular categories were used with respondents and how the categories being reported were derived; and definitions need to be regularly reviewed to ensure that they are currently relevant and meaningful to the population being studied or consulted, as well as to other users of the data. It is recommended that where appropriate and relevant, the terminology and meanings used in the Scotland Act should be employed to increase comparability and consistency across studies.

3. METHODOLOGICAL ISSUES

Appropriate and good quality methods are necessary if quantitative research is to be representative, reliable and valid, and if qualitative research is to have depth, represent diversity and be able to map associations. Without these, there is no way of asserting that research findings reflect the real needs of LGBT communities, are able to inform complex policy and funding decisions, and should be taken seriously by potential funders.

Problems with obtaining a representative and sufficiently large sample of LGBT respondents are the primary barriers to good quality sexual orientation research being carried out. Recruitment through LGBT venues, organisations and media tends to bias the sample towards the younger, well-educated, middle class, motivated and ‘on scene’ male respondents. Other sampling approaches are available, such as following up respondents from random sample general population surveys, though these may require greater resourcing.

Choice of methodology depends largely on the purpose and subject area being researched and on the way in which the sample can be accessed. Where only a small sample can be achieved, qualitative approaches should be considered. Quantitative web based surveys are beginning to be used. While this may have benefits for reaching some LGBT people (for example those living in rural areas) careful methodological work is also required into possible biases and exclusions resulting from this approach.

4. ADMINISTRATIVE AND LARGE-SCALE DATA COLLECTION

Qualitative and cognitive Census development work exploring the nature of LGBT people’s concerns about completing the Census, and how the format and layout of the Census might be improved to allay any fears about confidentiality, privacy or intrusion would be extremely valuable. There is also scope for explorative work with non-LGBT people regarding their perceptions of being asked questions about sexual orientation.

There is scope for detailed secondary analysis of existing large-scale general population surveys. This would focus on patterns of same sex cohabitation as very few large-scale studies currently include a sexual orientation question. Amongst those surveys that do, the indication is that acceptability is high (quite low proportion refuse to answer, and these are primarily the oldest respondents). It is harder to assess how many LGBT respondents describe themselves as other than LGBT, however. As with ethnicity, once the message of the value of discrimination monitoring becomes widely accepted, and that that is the purpose of asking the question, the proportion feeling able to respond honestly is likely to increase. Comprehension may be an issue though; anecdotal feedback from interviewers working on the Metropolitan Police Survey was that the main query made by respondents was ‘what’s heterosexuality?’.

There is also potential for starting up working groups of survey methodologists currently working on large-scale surveys to raise the issue of collecting data on sexual orientation, debate approaches and share experimental and methodological work being undertaken.

5. POLICY AND SUBJECT AREAS

As the consultation with LGBT community representatives illustrated, given the lack of research into most LGBT issues in Scotland, establishing priorities is problematic. There is also the matter of identifying particular subject areas as being a priority for particular sub-groups within the LGBT community. For example, sexual health research, including intervention evaluations, has been relatively well funded, and a large amount of good quality work has focused on the sexual behaviour, HIV transmission risk factors, and service use, of gay and bisexual men and men who have sex with men. This same attention, however, has not been given to lesbian and bisexual women or to transgender people's health. Likewise much of the recent work on homophobic violence in Scotland has focused on male respondents in urban areas.

While in some geographic areas there is a quite substantial international literature, the evidence base is usually much more limited in Scotland. Sometimes it is restricted to British surveys with sufficient Scottish respondents to report on the regional sub-sample. In recent years, however, several of these national studies have either begun reporting on Scotland separately and in greater detail, or have initiated an independent Scottish project. The last few years have also witnessed the publication of several key new Scottish-specific studies with LGBT respondents. These have tackled issues such as homophobic hate crime; health and sexual health; social inclusion and housing; Section 28; and transsexualism.

6. ENSURING DIVERSITY IN RESEARCH

There is a need to balance providing a strong role for LGBT consultation and participation in the development of research agendas and processes, with avoiding overburdening participants. Wide dissemination of research findings should be a priority for sexual orientation research in Scotland.

Particular sections of the Scottish LGBT community tend to be excluded from sexual orientation research. The access issues for transgender people, lesbians and bisexual women, ethnic minority people, people with disabilities, younger and older respondents, and those living in rural areas all need to be tackled. Inclusiveness in research is something which researchers and funders need to actively incorporate into the first stages of developing a project's sample design and research methodologies.

1 INTRODUCTION

1.1 Background and context

Equality of opportunity is a key principle of the Scottish Parliament and a priority of the Scottish Executive. The definition of equal opportunities given in the Scotland Act (1998) is expansive and clearly includes sexual orientation. This commitment to equal opportunity for LGBT communities is expanded upon in the Equality Strategy produced by the Scottish Executive², as well as by the other activities conducted by this Unit, such as the thematic seminar for lesbian, gay, bisexual and transgender communities held in the Summer of 2000 and Autumn of 2001.

One of the three main strategic aims identified in the Strategy is the commitment to '*making better policy and providing better services*'. In practice this commitment means that in developing policy the Executive is dedicated to making sure that '*equality issues are considered in the formulation, design and delivery of policy/legislation/services*'³. As part of this, the Executive has pledged to review processes for consultation with the different equality groups, including the LGBT communities.

To support, inform and monitor progress towards equality objectives and 'mainstreaming', the Executive recognises the importance of having appropriate information on different equality groups. The provision of disaggregated statistics and targeted qualitative research is already underway for many equality groups, such as those concerned with gender and ethnicity. However, it has been recognised within the Executive that existing data sources do not provide adequate information on sexual orientation per se or on the characteristics, needs and circumstances of LGBT communities more broadly⁴. Moreover, there is a lack of clarity within the Executive, and elsewhere, about what data needs exist in the Scottish Executive and which methods would be most effective in providing data on LGBT communities. For this reason, the Executive has commissioned this, and related studies, which aim to explore the need for, and possible approaches to, researching LGBT communities.

Understanding research and data needs on LGBT issues – both within and outwith the Executive – is important and has clear benefits. Generating appropriate data on all equality groups is essential because it can lead to policy that facilitates wider equality in society. It does this by increasing awareness and '*recognition of the different positions occupied by different individuals and groups vulnerable to inequality and disadvantage within economic and social systems*'⁵. Only by doing this will it be possible to ensure proper monitoring of the position of LGBT people in Scotland, and to achieve policy that can guarantee their equal treatment. Having comparable data on all equality groups will also highlight the diversity of Scottish society, generate understanding of the relative status of each, how they overlap with one another, and how they fare in society relative to the majority of Scottish people.

² *Equality Strategy: Working Together for Equality, Scottish Executive 2000*

³ *Equality Strategy, p.17*

⁴ *Equality in Scotland: Guide to data sources, Scottish Executive 2000*

⁵ Barry U *Data Issues – background paper, Equality Authority (Ireland) 2000*

1.2 Objectives of the research

In its original conception, this research formed the first part of a three-part research study. The three components as originally envisaged were:

1. An international review of existing data sources and research, focusing specifically on research methods used to gather data on LGBT communities;
2. Group discussions with representatives of LGBT organisations in Scotland;
3. Depth interviews with policy makers, researchers and academics.

The main focus of the study, then, was to explore current existence of and need for data on sexual orientation. It had five broad aims:

- to identify policy areas and specific issues where research of this type is considered lacking;
- to identify the types of research needs that exist in these policy areas;
- to pinpoint the barriers and facilitators to exploring LGBT issues through mainstream policy research in Scotland;
- to describe and critically discuss methods which have been used previously to gather data on LGBT communities internationally;
- to suggest future options for the collection of data on LGBT communities in Scotland.

This is the report of the international review of sexual orientation research methodologies and data sources. It concerns the first and fourth objectives outlined above – to identify policy areas where research is considered lacking and to describe and critically discuss methods which have been used previously to gather data on LGBT communities internationally. The consultation with LGBT organisations is reported in a separate publication.⁶ The final component – the work with policy makers, researchers and academics – will be discussed with the project advisory group, to build on the work of the first two reports.

1.3 Introduction to the review

This review was commissioned by the Social Justice (Equalities) Research Team of the Scottish Executive to evaluate different existing methodological approaches to researching sexual orientation, and to review the scope of existing research. Over recent years in Scotland there has been an increased emphasis on evidence-based policy, and therefore an increased reliance on good quality research to bring about and inform policy change. The consultation with Scottish LGBT organisations, which constituted the second phase of this research, identified a general perception that little research existed that focused specifically on sexual orientation issues in Scotland. This impacts not only on policymakers, funders, and service providers, but also on LGBT representatives within other aspects of their own work, who otherwise have to rely on research originating from outside Scotland. LGBT representatives identified three key needs for such research: to inform organisational activities; to aid the development of community organisations; and to bring about change in policy or practice.

⁶ McLean, C & O'Connor, W *Sexual Orientation Research Phase Two: The Future of LGBT Research - Perspectives of Community Organisations*. Scottish Executive, Edinburgh, 2003.

Scotland is not alone in beginning to tackle the issues surrounding the systematic collection of sexual orientation data. In a recent study exploring the need for sexual orientation research in the United States (particularly to inform the development of health services) Sell and Becker recommend that the government:

“(1) create work groups to examine the collection of sexual orientation data; (2) create a set of guiding principles to govern the process of selecting standard definitions and measures; (3) recognize that racial/ethnic, immigrant-status, age, socio-economic, and geographic differences must be taken into account when standard measures of sexual orientation are selected; (4) select a minimum set of standard sexual orientation measures; and (5) develop a long-range strategic plan for the collection of sexual orientation data.”

Sell and Becker, 2001

There is, of course, an enormous amount of research done that includes LGBT respondents. The problem is that little of this work has sought to establish a measure of the sexual orientation of respondents and so the information provided by LGBT people - and how this might vary from that of heterosexual respondents - is masked.

American sexologist Alfred Kinsey attempted to establish a ‘scientific’ approach to the investigation of sexual orientation, and his figure of a one in ten male homosexuality prevalence is still cited in recent research.(Kinsey *et al.*, 1948; Kinsey *et al.*, 1953) His work, and that of psychologist Evelyn Hooker, started to challenge the model of pathologising and problematising that had previously characterised the concept of homosexuality in psychological research.(McWhirter, 1990) Several currents in psychology have continued, until recently, to focus on researching the ‘origins’ of non-heterosexual orientations, and homosexuality was only removed from the WHO’s International Classification of Diseases (ICD-10) listing of psychological disorders in 1992.⁷(King, 1999)

The post-Kinsey large-scale sexology studies of the seventies and eighties shifted attention away from sexual orientation and focused instead on fertility. (Bancroft, 1997) However at this time smaller social research projects also began to explore issues of discrimination, and new community studies were conducted. Throughout the eighties “remarkable advances occurred in our appreciation of the diversity of gay women, men, and their families.” (D’Augelli and Hart, 1987) Studies were carried out, particularly in America, with same-sex couples, older LGB men and women, married LGB people, LGB mothers and fathers, and the children of gay parents, and these contributed to a new recognition of the variety of LGB people.

With the advent of the AIDS pandemic came a time of revived homophobic prejudice and discrimination, while a massive new programme of state sponsored health research focused on men who have sex with men and on HIV transmission risk factors, emerged. In 1997 Bancroft described how the last ten years had seen “an unprecedented surge of survey research into sexual behaviour, driven predominantly by concern over HIV and AIDS and the need to establish the frequency of behaviours which might facilitate the spread of the virus.”(Bancroft, 1997) Since then there has also been a growth of qualitative research in the area of sexual health, and throughout the nineties an expansion into other areas, including transgender issues and bisexuality. Despite this increase, there remains a severe paucity of

⁷ There are now newer “lesbian and gay affirmative perspectives in psychology.”(Gonsiorek and Weinrich, 1991)

quality research and of research addressing the needs of particular groups and issues within the LGBT community.

This evidence base has been particularly limited in Scotland, at times restricted to Britain-wide surveys with sufficient Scottish respondents to report on the regional sub-sample. In recent years, however, several of these national studies have either begun reporting on Scotland separately and in greater detail, or have initiated an independent Scottish project (e.g. Vital Statistics Scotland (2002); National Survey of Sexual Attitudes and Lifestyles (Natsal, 2002); MORI polls (2000); and Scottish Social Attitudes (annual)).⁸ The last few years have also witnessed the publication of several key new Scottish-specific studies with LGBT respondents. These have tackled issues such as homophobic hate crime (Plant, *et al.*, 1999; Morrison and Mackay, 2000; Ramsay, 2001); health and sexual health (Coia *et al.*, 2002; Ross 2000; Hart *et al.*, 2001); social inclusion and housing (John & Patrick, 1999; Watterson, 2000), Section 28 (Jarvis, 2001), and transsexualism (Wilson, 1999). As with the sexual orientation research conducted elsewhere, the work has tended to focus on particular subject areas, and with a bias towards younger men in urban environments (particularly Edinburgh and Glasgow).

There are three main bodies of research particularly relevant to this review;

- studies specifically researching sexual behaviour (and which therefore can usually provide some measures of same-sex sexual behaviour);
- studies and administrative data, on any topic, which include question(s) on sexual orientation (or at least record same-sex cohabitation);
- and studies which directly explore LGBT issues and/or which have a sample predominantly made up of LGBT identified respondents.

This review draws primarily on empirical research and data published since 1990, with earlier studies only mentioned to highlight work of special interest or which are in a particularly under developed field.⁹ Searches have been carried out on various academic databases (including MEDLINE and Web of Science), libraries (including the British Library and the Glasgow Women's Library), and on the Internet. While most of the sources cited are from peer review journals, published books, or authoritative large-scale data sets, a considerable amount of 'grey' literature is also included. The focus of the review is methodological, based on the description of methods reported in published reports and supplemented by information from researchers specialising in particular fields. The scope is international (primarily English speaking) and an attempt has been made to cover a wide range of policy areas and disciplines. Studies reviewed come from a range of non-mutually exclusive perspectives including feminism, queer theory, sociology, intervention and policy evaluation, psychology, psychiatry and health research, and brief mention is made of biological and genetic approaches.

While attempts have been made to be as inclusive as possible of the range of accessible research, this review can not be comprehensive of what are broad ranging and diverse fields. Another limitation is that this review is largely dependent upon the details of methodologies published in reports and articles. Unfortunately, much reporting is characterised by a severe lack of methodological transparency. Generally topic guides and questionnaires are not reproduced, and little if any information is provided about the sampling, interviewing or

⁸ Full summaries of the studies cited in this review are available in a database that can be downloaded from the Internet.

⁹ For example, there is so little work available on transsexualism, and transgender issues more widely, that some of the studies cited here on this topic were originally published in the 1960s.

analysis techniques. This is a severe handicap for any methodological evaluation of current research practice.

1.4 Structure of the review

This review begins by focusing on issues of definition and classification, primarily of sexual orientation, but also of concepts such as transgender, transsexualism, and LGBT community. The next Chapter addresses a range of other research issues including sampling, methodology, interview and analysis techniques, reporting and ethical considerations (Chapter 3). Various large-scale data sources available in the UK and the United States are listed and briefly considered in Chapter 4, and Chapter 5 summarises the research issues, and reviews the research coverage, of different policy and topic areas. Chapter 6 focuses on achieving diversity and inclusiveness in the research process.

In accompaniment to this report are methodological summaries of about 200 recent sexual orientation articles, reports and books. These summaries can be accessed from the Internet. They are available as an EXCEL database, which allows for studies to be sorted and searched by various criteria.

2 DEFINITION AND CLASSIFICATION

2.1 Why definition and classification matter

Quantitative surveys require data to be classified into a limited number of categories in order to analyse and interpret data statistically. How data is grouped therefore has a direct impact on determining the format and distribution of research results and findings. While qualitative approaches can enable the range and variety of perceived meanings and labels to be explored, even qualitative studies need to be able to define, describe or group their population of interest.

This review, in keeping with the language used by the Consultative Steering Group for the Scottish Parliament and in the Scotland Act, uses terms such as sexual orientation, lesbian, gay, bisexual, transgender and gender identity. These terms are employed in much of the recent and current sexual orientation research being undertaken in Scotland. Not all studies use these same terms, and where they are used, they are not always derived in comparable ways. This Chapter will consider aspects of the debate over appropriate terminology to use (with respondents and in reporting) in different types of sexual orientation research and how these categories can be derived. The definitional complexities and historical perspectives that underline various terms will be considered.

This Chapter recommends that definitions need to be selected to be appropriate to the topic being researched; there needs to be clear descriptions in research reports regarding what particular categories were used with respondents and how the categories being reported were derived; and that definitions need to be regularly reviewed to ensure that they are currently relevant and meaningful to the population being studied or consulted, as well as to other users of the data. It is recommended that where appropriate and relevant, the terminology and meanings used in the Scotland Act should be employed to increase comparability across studies.

2.2 Sexual orientation

The term sexual ‘orientation’ has raised some objections; D’Augelli, for example, argues that it is deterministic.¹⁰ Gonsiorek and Weinrich, however, reason that it is preferable to sexual ‘preference’ “which is misleading as it assumes conscious or deliberate choice and may trivialise the depth of the psychological processes involved.”(1991) The difficulty of imposing a reductive categorisation onto a potentially complex, historically variable context dependent on individual construction, has long been appreciated by researchers working in ‘sexual orientation research’.(Garnets, 2000)

“The world is not to be divided into sheep and goats. Not all things are black or all things white. It is a fundamental of taxonomy that nature rarely deals with discrete categories. Only the human mind invents categories and tries to force facts into separated pigeon-holes. The living world is a continuum in each and every one of its aspects. The sooner we learn this concerning human sexual behaviour the sooner we shall reach a sound understanding of the realities of sex.”
Kinsey, Sexual Behaviour of the Human Male, 1948

¹⁰ “The term ‘affectional interests’ is used instead of ‘sexual orientation’ or ‘sexual preference’ because its semantic structure allows for diverse and changeable object attachments and a variety of cognitive, emotional, and behavioural erotic responses. The term allows for developmental plasticity over the lifespan, which reifying (‘homosexuality’) and deterministic (‘orientation’) language do not.”(D’Augelli and Hart, 1997)

Kinsey recognised that a polarised model of homosexuality and heterosexuality as “discrete categories” did not fit “the realities of sex.” He proposed an alternative model for a measure of sexual orientation on a continuum from 0 to 6, with exclusively heterosexual *behaviour* on one end (0) and exclusively homosexual behaviour on the other (6). Over the next 60 years many researchers have used this seven-point ‘Kinsey scale’ to quantify sexual orientation. However, introduction of the concept of ‘discontinuities’ in the development of sexual orientation has cast doubt on the simple use of a scale, and the fact that Kinsey’s scale was derived from work primarily with white, middle class, American males has also lead to its universal applicability being questioned. (McWhirter, 1990)

Many recent research projects have cited respondents’ own self-identification as ‘gay’, ‘lesbian’, ‘bisexual’, ‘transgender’ or ‘other’ as the definition used to establish eligibility for a study, and for analysis purposes. This means that different conceptions of what constitutes sexual orientation - including attraction, identity, lifestyle, partnership and community - may co-exist within a single study. While this sometimes may not matter, for particular policy areas the definition may be directly relevant to the topic being studied.

Sexual health research will be particularly interested in sexual behaviour, and in fact the research findings may be biased if potential respondents were excluded from the research on the basis that they did not identify as LGBT. In order to address this issue, particularly in health and service use research amongst men, the term ‘men who have sex with men’ (MSM) has become the norm.¹¹ This also raises the question of what activities are counted as ‘sex,’ and with what frequency and recency they need to have occurred in order for someone to be eligible.¹²

In research on housing, same-sex cohabitation may be an appropriate definition; partnership and family studies may be interested in those currently in, or who have been in, same-sex relationships; and research exploring the extent of homophobia might wish to include those who have been the victim of harassment because of the homophobia of an offender, irrespective of the victim’s actual self-identity.

So while there have been calls for standardised sexual orientation definitions (e.g. Sell and Becker, 2001), definitions and eligibility criteria used need to be tailored to the subject area and able to generate a sufficient sample. In their review of secondary analyses of large-scale data sets, Black *et al.* illustrate how changing the definition of sexual orientation used can have an enormous impact on the size and characteristics of the sample obtained.(2000)

Sexual orientation is also likely to be fluid, changing within an individual over time, and felt differently by different individuals. Snape *et al.* in their 1995 study qualitatively explored with respondents how they had chosen to respond to a survey question about self-perceived sexual orientation: “Three distinct groups were identified: those with affirmed sexuality, where homosexuality is clearly recognised and accepted; those with emergent sexuality,

¹¹ “While there is no straightforward relationship between sexual identity and sexual behaviour, the vast majority of exclusively homosexually active men are probably gay (or bisexual), and the majority of behaviourally bisexual men are certainly not gay, and may not identify as bisexual. Indeed there is now substantial evidence that many men who regularly have sex with men, do so without ever adopting a gay or even a bisexual identity.”(Weatherburn, 1999)

¹² Henderson *et al.* describe the methodological limitations of comparing data from two survey samples of lesbian women, where one defined eligibility as having had a same sex partner in the last year and the other used a definition of in the last five years.(Henderson *et al.*, 2002)

where homosexuality has not yet been acknowledged or affirmed; and those with open sexuality, where sexual orientation is unfixed.”(Snape *et al.*, 1995) Grossman and Kerner (1998) argue that this is a particularly relevant distinction for studies of young people, and while some studies of young people have excluded those who report being undecided, uncertain or ‘questioning’, others have chosen to include them.(Pilkington, 1995)

Concepts and labels of self identity vary not only by age, but by a whole range of other social and demographic factors including ethnicity, immigration and socio-economic status and sex. Weatherburn *et al.* (2001) argue that the development of a gay identity is a “secondary socialisation process which follows entry into a gay social scene and entry to that gay social scene is differently available to middle class and better educated men.” Lack of access to a community and a scene is also likely to be problematic for those living in rural communities, and so the meanings and terms associated with sexual orientation might again differ for this group.

The language of categories is also crucial. The UK Gay and Lesbian Census, carried out by I.D. Research in 2001, opens with a closed question on self-perceived sexuality; offering gay (male and female), homosexual, lesbian, queer, dyke, bisexual or other as categories. These categories are not necessarily exclusive but respondents are asked to tick one. More categories are offered than for many current classifications, but as Reynolds (2001) argues, it does leave out intersex, transgender or transsexual.

The identities covered... give a range of possible identities and the opportunity to specify an alternative. They reflect not simply different identities, but different self-identifying languages for example; homosexual is a term often used by older men or women not attached to contemporary sexual ‘communities’.... Gay and lesbian are contemporary identifiers for men and women who love the same sex whilst queer and dyke are often used more often by more political individuals.

Reynolds, 2001

Reynolds goes on to note that ‘Queer’ presents an “anomaly,” because queer theory and politics (from which the self-identification is derived) denies identity categories of any form as “regulatory regimes” and proposes ‘queer’ as a noncategorical identity.(Blasius, 2001; Reynolds, 2001) Martin, in an article on queer youth, uses the term “as an umbrella expression for gay, lesbian, bisexual, transgender, transsexual, and questioning individuals.” (Martin, 1996) ‘Queer’ therefore may highlight a tension in the categorising of sexual identities as social identities. Likewise, the Gay and Lesbian Census excludes people who have sex with people of the same sex, but who self-perceive as heterosexual. In addition some may identify their sexual orientation as ‘sub-dom’ (sado-masochistic), where their identity stems from practice and not the sex of their partner.

GALOP’s 1998 study of young lesbian, gay and bisexual Londoners used a multi-codable range of sexual orientation and identity definitions, including: Out Gay; Out Lesbian; Queer; On the Scene; Non-scene; Straight-looking; Dyke-looking; Camp; Into cruising; In a relationship; Political; Not Political; Discreet; Visible; Other (please specify). Given that it is a study of violence and harassment, aspects of identity relating to visibility are clearly important. However when sexuality is actually reported and analysed quantitatively the categories above are collapsed into: lesbians; bisexual women; gay men; bisexual men; did not define. This was done so that there were groups large enough to analyse statistically.

However, re-coding a 'camp' or 'on the scene' male respondent to either the 'gay' or 'bisexual' categories requires certain assumptions to be made by the researcher about what the respondent intended.

While it is important to recognise that only partial bodies of knowledge can be produced, and that it is not possible to classify meaningfully every nuance of sexual identity (particularly in survey research), wherever possible difference and diversity should be acknowledged. It may be that using a label of sexual orientation is not necessary for a particular piece of research, for instance the National Survey of Sexual Attitudes and Lifestyles presents all its data cross tabulated by a whole range of different same sex behaviour variables, attraction and experience scales, and by demographic and other factors.(Natsal, 2001)

Weinrich *et al.* (1993) conducted statistical factor analyses on the overlaps between 21 different definitions of sexual orientation used in a survey, to test whether a large number of terms were required to capture the full diversity of the sample, or if a smaller number of terms could achieve the same thing:

Many researchers interested in sexual orientation can be separated into two camps: The lumpers, who try to reduce sexual classifications to as small a number of categories as possible, and the splitters, who try to show differences among groups and individuals that make classification schemes increasingly difficult and/or intricate.

They conclude that “both the lumpers and the splitters are correct.” On the basis of this and other analyses, the benefits of comparability across different research studies suggest that use of the terms employed by the Scotland Act – lesbian, gay, bisexual and transgender – should be used unless the subject or availability of sample suggests otherwise. However, in the absence of standardised definitions of what is actually meant by these terms, research instruments and reports need to clearly indicate what criteria were used.

2.3 Transgender, transsexualism and gender identity

Sex is often either coded by an interviewer on the basis of observation, or asked through a closed question like 'what is your sex?', with male and female being the only available response categories. Reynolds, in his critique of the 2001 UK Census form, argues that this fails to acknowledge “small but significant minorities who are 'intersex' (born with elements of both male and female sexual organs and biology), transgendered (engaged in identity, behavioural or physical changes to what was their gender assignment at birth), or transsexuals (who have undergone sex change surgery and accompanying pharmaceutical/ therapeutic treatments).”(Reynolds, 2001) He argues that “a crude binary biological form” may not always be the categories of most relevance to how the data being collected is to be used. Instead of presenting two essential sexes, Reynolds suggests “a more sophisticated questioning that asked for self-identities and presented a more detailed range of categories for people to record their inclusion in or approximation to.” However, he does not present any suggestions.

Researchers need to have an awareness of how data is to be used. If a purpose of the research is to estimate the prevalence of transgender or transsexual individuals in a population then a separate question on transgender status would be essential. If sex is being asked of an extremely large sample, or of a population likely to contain a number of transsexual or

transgender individuals, then again including an additional code or a question makes sense. Without these criteria, and if the question of sex is asked in order to group the sample for purposes of statistical analysis, then asking about transsexual or transgender identity will not be of use in the analysis (given that for *most* samples the numbers generated will be too small). However, if it makes the respondent feel that the specifics of their situation are being recognised, they are likely to be more satisfied with the research process and give better quality data.

In the UK Gay and Lesbian Census an ‘other please specify’ option is included at the ‘what is your sex?’ question. While in many ways this is an improvement, Reynolds argues that this downgrades non-listed categories. “Whilst it might be argued that there is a range of identities within transgendered, from intersex to pre-operative/post-operative transsexuals to cross-dressers, some attempt to provide categories wider than male and female might have been appropriate.”(2001) Without specific provision for transsexuals, some may identify as male or female according to their post-operative ‘self’ and others use the ‘other’ code. This means that the distinguishable transsexuals are likely to be an undercount, and this may have an impact on health care provision and understanding the composition of the broader categories. This suggests that, where appropriate given the sample, transsexual experience should be asked as a more detailed question, separately from any question about current sex.

Most of the research on transsexualism has not been with transsexuals and their sense of self-identity and self-categorisation, but with psychiatrists. In much of this literature there is an international agreement on diagnostic criteria.(e.g. Van Kesteren *et al.*, 1996; Tsoi, 1998; Hoenig and Kenna, 1974; Ross, 1981) Wålinder’s 1968 definition is cited by several of the prevalence studies, which tend to use the term ‘transsexualism’ and define it as meeting the following criteria:

1. a sense of belonging to the opposite sex, of having been born into the wrong sex, *of being one of Nature’s extant errors*. [my emphasis]
2. A sense of estrangement from one’s own body; all indications of sex differentiation are considered as afflictions and repugnant.
3. A strong desire to resemble physically the opposite sex via therapy, including surgery.
4. A desire to be accepted by the community as belonging to the opposite sex.

Ross, an Australian psychiatrist writing in 1981, asserted “transsexualism as an extreme case of cross-gender identification, with transvestism as a less extreme case and homosexuality even further down the continuum, with all three having their roots in hormonal imbalance at some period of development.” (Ross *et al.*, 1981) Van Kesteren refers to a different continuum with “gender dysphoria defined as the state, as subjectively experienced, of incongruity between the genital anatomy and gender identity. Transsexualism is its extreme end.”(Van Kesteren *et al.*, 1996) While these conceptualisations might be questioned by many, in much of the transsexualism research, especially work looking at prevalence, it is only the psychiatrists who have the power and the opportunity to provide a definition.

The US National Gay and Lesbian Task Force’s Policy Institute recently brought out a comprehensive handbook on Transgender Equality. In it, Currah and Minter describe the contemporary term ‘transgender’ as arising in the mid-1990s from the grassroots community of gender-different people. They argue that ‘transgender’ is the preferable term for use in sexual orientation social research given that, unlike the term ‘transsexual,’ it is not a medical or psychiatric diagnosis. “In contemporary usage, transgender has become an ‘umbrella’

term that is used to describe a wide range of identities and experiences, including but not limited to: pre-operative, post-operative, and non-operative transsexual people; male and female cross-dressers...; intersexed individuals; and men and women, regardless of sexual orientation, whose appearance or characteristics are perceived to be gender atypical.”(Currah and Minter, 2002). Transgender, as the more inclusive term, as independent from psychiatric diagnosis, and as consistent with contemporary usage in research and in the language of the Scotland Act, is the preferred term for most gender identity research.

2.4 LGBT community

Morrison and Mackay (2000) ask whether it is valid to use the concept of a ‘gay community’. Within the context of a study based in Edinburgh, they answer that “the experience of *community* can be seen as a foundation for learning, change and empowerment and that, despite what might be seen as flaws or weaknesses, a diverse and vibrant gay community does exist.” In an appendix Morrison and Mackay go on to describe this concept in detail.

Even more problematic than the notion of a ‘gay community’ is that of a ‘LGBT community’, compassing particularly different group memberships and life experiences. The term necessarily becomes political and about expressing what is shared. Ndofor-Tah, in an AIDS awareness survey of Africans living in Redbridge and Waltham Forest, discusses using the term African ‘community’ in preference to ‘communities’ because, despite their wide-ranging geographical origins and variety of culture and languages “the problems and challenges African people face as immigrants to the UK are markedly similar. While the term ‘African communities’ highlights differences, the inclusive term ‘African community’ reminds us of the similarities.”(2000) Her comments also have ramifications for the politics of describing a ‘LGBT community’.

2.5 Other concepts

Herek and Berill’s (1992) work on violence research unpacks “the almost synonymous use of the terms *homophobia* and *heterosexism*.” While it is not relevant to this particular review to explore the meanings of these terms in detail, they are examples of terms that may get used where a common understanding of meaning is incorrectly assumed.¹³

Very common words like ‘family’ or ‘couple’ are also subject to different interpretations and assumptions. Languages have evolved within hetero-centrist cultures and societies. Unless words are actively claimed and defined, there is the risk that a respondent or the reader of an article or report will bring another, more conventional meaning to a term, a meaning that might not have been intended by the researcher. D’Augelli and Hart (1987) precisely define a whole range of terms in their article on ‘Gay Women, Men, and Families in Rural Settings.’ What was clearly of particular significance here was the frame within which the concept of family was being applied:

¹³ “Homosexism is used instead of homophobia. Homophobia is commonly used to refer to fear of gay people and its cognitive, affective, and behavioural correlates and consequences, although it literally means ‘fear of what is similar’. Homosexism, a broader construct, is antigay prejudice involving the false attribution of differences to gay people, whether these are positive or negative ‘deviations.’ Increased knowledge about gay lives can decrease homophobia, but homosexuality is more intractable, since it is a vestige of long-standing historical ideological factors.”(D’Augelli and Hart, 1997) Also see Morrison and Mackay, 2000.

“Family is used broadly to include both nuclear and extended families of origin, intimate relationships (lovers, present and former spouses, children, close friends), and families of intimacies (e.g., a parent of a gay friend, a child of a partner).”

They, and Weston (1991), Heaphy *et al.* (2001), and Weeks *et al.* (2001) through their qualitative explorations, have contributed to the change in meaning of these terms and have brought the concept and meaning of ‘families of choice’ into the language.

2.6 Conclusion

Definitions and classifications are crucial, particularly where they are being used to describe a sample population. In keeping with the language of the Scotland Act, this review uses terms such as sexual orientation, lesbian, gay, bisexual, transgender and gender identity. These terms are used in the conduct, analysis and reporting of much of the recent sexual orientation research in Scotland. However sometimes these categories have been derived in different ways and for some research topics these are not the most appropriate categories to use.

It may be more appropriate for a male sexual health study, for example, to recruit (and describe its sample population as) ‘men who have sex with men’. Where this is the case, reporting should state how the category was derived (e.g. ‘sex with another man in the past 12 months’) so that users of the data know what the classification means and can identify what other studies have used a comparable definition.

Definitions need to be selected to be appropriate to the topic being researched; there needs to be clear descriptions in research reports regarding what particular categories were used with respondents and how the categories being reported were derived; and definitions need to be regularly reviewed to ensure that they are currently relevant and meaningful to the population being studied or consulted, as well as to other users of the data. It is recommended that where appropriate and relevant, the terminology and meanings used in the Scotland Act should be employed to increase comparability and consistency across studies.

3 METHODOLOGICAL ISSUES

3.1 Why methodology matters

Appropriate and good quality methods are necessary if quantitative research is to be representative, reliable and valid, and if qualitative research is to have depth, capture diversity and be able to map associations. Without these, there is no way of asserting that research findings reflect the real needs of LGBT communities, are able to inform complex policy and funding decisions, and should be taken seriously by potential funders. (Webb and Wright, 2001; Bradford, 2001)

A consequence of poor or non-transparent methodology or data collection is the potential for bias in the results, which could lead to the damaging misrepresentation of LGBT communities or issues. For instance, the introduction on some general population surveys of a code to be used if the respondent ‘spontaneously’ responds to a standard marital status question that they are ‘cohabiting in a same sex relationship,’ has meant that some data on same sex cohabitation is likely to be a serious undercount of actual levels. Likewise, interpretation of administrative police statistics on reported male sexual assault rates needs to be informed by an awareness of the factors affecting reporting and the limitations of how the data is collected.

This Chapter explores a range of methodological issues, considering the range of current practice and suggesting preferred approaches. The aspects of methodology considered include approaches to sampling; qualitative and quantitative methods; non-response; analysis and reporting; community consultation and dissemination; and ethics.

3.2 Sampling

Problems with obtaining an appropriate sample of respondents greatly disadvantage research with LGBT respondents in relation to research with other populations. In quantitative research there are few surveys that have employed probability sampling techniques and in qualitative research there is an absence of studies that have used sufficiently defined purposive or theoretical sampling procedures. In both sets of literature there is acknowledgement and extensive discussion of the problems involved in constructing representative or purposive samples of LGBT people. (e.g. GLEN and NEXUS, 1995; O’Connor and Molloy, 2001; Gonsiorek and Weinrich, 1991; Weston, 1991; Webb and Wright, 2001). This difficulty results primarily from the fact that, as a result of homophobic prejudice and discrimination, the LGBT community is largely concealed (as well as minority in numbers). The problems involved in selecting a sample are compounded further when a particular sub-sample, such as older or ethnic minority LGBT people, are sought.

The preferred approach to sampling will depend on the purpose, subject, methodology and resourcing of a project. Any attempt to measure the size of the LGBT community ideally requires a large, representative, randomly selected, general population sample; while an evaluation of the delivery of a particular service may be most efficient to recruit from users of, or people who have come into contact with, that service. Recruiting through the internet may make more sense for a web-based survey, recruiting in a venue for a face to face one, and using an organisation’s mailing list for distributing a postal questionnaire. Combining

several sampling approaches can help to maximise the diversity and number of people with a chance of being selected.

3.2.1 Sampling issues in quantitative research

The problems of definition and classification described in the previous Chapter impact enormously on attempts to delineate the appropriate population for a quantitative sexual orientation research project. Grossman and Kerner (1998) argue that it is impossible to obtain a 'representative' sample of gay male and lesbian youth because there can be no clear-cut definition of homosexuality. There are both theoretical and methodological issues impacting on the selection of an operational definition. Coxon (1993) describes how for a study of high-risk male same sex behaviour, the target groups "may well be 'all male-to-male sexual behaviour' (rather than 'homosexuals') or 'intravenous substance use activities' (rather than 'drug takers'), [but] it is unfeasible or grossly expensive to attempt to operationalise them." (Coxon, 1993) It is generally beyond the resources of conventional research funding agencies to carry out general population-wide screens to identify minority and socially invisible groups, though such an approach is necessary to measure prevalence and has been done (e.g. Snape, 1995 and Gadd, 2002).

Some studies report that, given the 'impossibility' of achieving a sample known to be representative of the LGBT community, the best that can be done is to simply achieve as large a sample as possible, drawn from as many sources as possible. While a larger sample size is not guaranteed to be any less biased than a smaller one, there is something to be said for this approach, and at least it allows for sub-group analysis to be carried out. Most of the surveys reviewed in summaries accompanying this report acknowledge that the sample size achieved was too small.

Research studies in the US have suggested that while 'representativeness' may be elusive to achieve, workable approximations may be possible which enhance the 'generalisability' of findings (e.g. Herek and Berrill, 1992). According to Gonsiorek and Weinrich (1991) to enhance representativeness "any homosexual sample should mimic the major demographic characteristics of the overall population. The other principle is that sampling should be diverse and the subjects should be drawn from as wide a variety of sources as possible. These sources and the demographic characteristics of the sample should then be described in considerable detail. While these procedures will not eliminate sampling problems, they should reduce them, and a clear and detailed description of procedures will make any sampling limitations apparent." (GLEN/NEXUS, 1995) However - to different degrees with different sampling approaches - the profile of achieved samples tend to be more representative of the gay community which is 'out' or 'on scene', than of the LGBT community as a whole.

Quantitative research is structured around dividing data into classifications in such a way as to be able to compare significant differences and similarities statistically. It seems strange therefore that there is a tendency in quantitative research into LGBT issues not to include a 'heterosexual' control or comparison group. The inclusion of such (where relevant and where alternative data sources are not already available) could enable disadvantages disproportionately experienced by LGBT people to be highlighted as well as similarities to be demonstrated.

3.2.2 *Sampling issues in qualitative research*

The ability to draw wider inference from qualitative research depends, to some extent, on the nature and quality of the sampling. The rationale in selecting those to be interviewed includes ensuring relevant diversity of coverage across certain key variables, rather than to select a sample that is statistically representative of the wider population. Purposive sampling of this kind provides the opportunity to identify a range of factors, influences and experiences underlying the research question. Theoretical sampling approaches include selecting those on the ‘extremes’ of a spectrum, rather than from across it.

Qualitative samples may be purposively selected to ensure sufficient diversity across variables such as gender, age, ethnicity and sexual orientation, but not all studies are transparent about their criteria, or even whether any selection criteria were used. There seems to be an assumption that because a qualitative sample does not need to be ‘representative’ of the population as a whole, that it also does not need to be systematic and deliberate.

3.2.3 *Different sampling approaches*

Random or probability samples

The purpose of quantitative research is to answer questions such as ‘how many’ and ‘how often’. Any survey attempting to estimate the proportion and geographic spread of the general population that is LGBT, has need of LGBT services, or experienced harassment or bullying because they are perceived to be LGBT, should use a random sample where everyone in the population has a known and equal chance of selection.

For a survey attempting to estimate the proportion and geographic spread of LGBT people who have need of LGBT services or have experienced harassment or bullying, a random sample of LGBT people should ideally be selected. There are two main methods of selecting random samples of sub-groups: (i) selection from a comprehensive list of members of the relevant group or (ii) screening of the population at large. The former method is precluded because no comprehensive list of LGBT people exists (as membership lists of LGBT organisations are not comprehensive, and are likely to be biased towards particular types of people). The second random sample selection procedure, usually the screening of pre-selected addresses, involves drawing a very large general population sample and asking one or two brief questions (either on the ‘doorstep’ or as part of a survey) to establish who falls within the relevant group. This approach is also problematic because sensitivity about sexual orientation is likely to produce high levels of under-reporting of homosexuality.

The first National Survey of Sexual Attitudes and Lifestyles (Johnson *et al.*, 1994) interviewed a randomly selected sample of 19,000 respondents living in Scotland, England and Wales.¹⁴ It was able to provide reliable, accurate and valid estimates of the proportion of the population engaging in same sex activity or having ever cohabited with a same sex partner; and to describe this sub-group in terms of their socio-demographic characteristics, attitudes and behaviour. While the focus of that survey was not primarily on LGBT issues, it did yield a random sample of LGBT respondents that could be followed up for a subsequent study focusing specifically on LGBT issues.

¹⁴ Living in private dwellings randomly selected from the Postoffice’s Address File (PAF).

Snape *et al.*'s 1995 survey followed up a random sample of 116 Natsal respondents who described themselves as 'homosexual' and 619 'heterosexuals'. While this unclustered sample is a great advance on most other approaches, it is still subject to non-response biases. These include the fact that the initial survey included only those living in private households¹⁵; it achieved only a 66% response rate, there is the risk of under-reporting of homosexuality both on Natsal and the following up survey; and that not all Natsal respondents agreed to being recontacted for further research (10% refused). Only 19% of von Schulthess' "highly motivated" respondents to her survey on anti-lesbian harassment and violence agreed to be followed up.(1992)

In Scotland, Gadd *et al.* followed up victims of male domestic abuse (including those with male perpetrators) identified on the Scottish Crime Survey.(2002) As their study was qualitative the benefit of this sampling approach was not so much the random selection process, as the ability to identify a sub-group they would have otherwise been unlikely to locate.

The resources required for large-scale general population surveys are prohibitive. However, there is sometimes scope to 'piggy-back' a unit of questions on a large-scale random survey. Both GALOP (1997) and Mason and Palmer (1996) recommend a unit of questions on homophobic violence should be included on the British (or Scottish) Crime Survey, and ONS run an Omnibus survey of 2,000 respondents a month, the only regular omnibus in the UK which uses a random probability sample. Researchers working on the Omnibus survey are currently analysing data from an experimental pilot exploring the acceptability of asking about same-sex relationships. If such variables were incorporated onto the survey's standard classification, this would provide a rich and regular source of data on a wide range of issues disaggregated by sexual orientation, as well as demonstrate the plausibility of including such a question on other surveys.

Finally, in recent years not only has telephone coverage become more universal but also Random Digit Dialling (RDD) techniques have been improved, allowing for a random sample of telephone numbers to be generated for a telephone survey. This approach was used on the Urban Men's Health Survey (Stall, 2001). A future concern about this approach however is the increase in households that only have mobile telephones.

Quota or convenience samples

Quota sampling is the most appropriate approach for most qualitative research, as it allows for diversity across key pre-identified criteria to be achieved or specific types of individuals to be recruited. This approach is less useful for obtaining a representative sample of LGBT people for quantitative research however, given that the distribution of various quota criteria (e.g. gender, sexual orientation, social class, employment status) is unknown for the LGBT population as a whole. However quota sampling can be appropriate for affordable polls of general population attitudes where estimates do not need to be very accurate or have confidence intervals calculated. For instance, the MORI polls carried out to measure the attitudes of Scottish people to Section 28 used quota sampling, which meant that a large number of people could quickly be asked a small number of questions at a particular and significant moment in time.(Braunholtz, 2000) This kind of approach is likely to

¹⁵ Surveys of private households tend to exclude those living in institutional settings such as prison or the army, in insecure housing, or who are homeless.

overestimate those respondents who are most easily accessible (e.g. for a telephone interview, those who go out little are most likely to be asked to take part).

On the qualitative Exploring Ethnicity and Sexual Health study (Elam *et al.*, 1999) a quota sample was recruited by doorstep screening. This approach was used to avoid the bias that can result from recruiting through organisations. The more interlinking cells the quota specification has the more complicated the recruitment procedure becomes, and the final sample matrix is likely to be a compromise between the ideal breakdown and what is viable. Quota samples can be achieved through various means, including some of the approaches discussed below.

LGBT media, organisations and mailing lists

Whilst acknowledging that Snape *et al.*'s approach of following up a sub-sample of respondents from the National Survey of Sexual Attitudes and Lifestyles enabled a 'representative' and diverse sample to be drawn, Mason and Palmer also note that only a small sample was achieved in this way, and at great cost. Instead they argue that "the growth in the lesbian and gay media and groups has made it possible to contact large numbers of lesbians, gay men and bisexuals both using direct mail and anonymously using inserts in magazines." (Mason & Palmer, 1996) This approach is the one most frequently used in LGBT research using a postal questionnaire, as it is generally the most targeted, easily accessible and affordable means of generating a relatively large sample size.

The well-rehearsed concern about recruitment through LGBT organisations and media is that this approach tends to heavily over sample those who are most 'on the scene', and in particular those who are white, male, young, middle class, 'out', and most educated, literate, politically motivated and articulate. Gaining access through agencies, college classes, and advertisements, tends to weight a sample towards 'joiners', professional interviewees, the most educated, those with a particularly political perspective and people who perceive of themselves as central, as opposed to marginal, to the population surveyed. (GLEN/NEXUS, 1995)

LGBT venues, clubs and Pride events

While recruitment through LGBT media and mailing lists is often used for distribution of postal self-completion questionnaires, recruitment at LGBT venues, clubs and events may be more convenient for face to face interviewing (in practice the approaches are often combined). Many studies conducted by recruiting through pride style events, and in the US and Australia where ethnicity specific events are run this has proved invaluable for recruiting LGBT ethnic minorities. (Battle *et al.*, 2002; Prestage *et al.*, 2000) Recruitment in venues makes randomising the selection of respondents for surveys yet more problematic (unless a census is done) but can be better for including those requiring assistance due to literacy or comprehension difficulties. On the Gay Bars survey series (where respondents are recruited in pubs, clubs and bars for an AIDS awareness campaign evaluation survey) the data were weighted to adjust for the time of interview and how frequently the respondent visits the venue to try to ensure that those who are there least are not underrepresented in the data. (Samuels, 1997)

This approach, however, is subject to the same biases described above for recruitment through LGBT mailing lists and media: an over sampling of those who are white, male, young, middle class, 'out', and most educated, literate, politically motivated and articulate.

One measure of the nature of any bias that might result from recruiting a sample exclusively from 'gay pubs, clubs and bars' can be established through secondary analysis of the data from the most recent Natsal survey.(Johnson *et al.*, 2001) On Natsal, all respondents reporting having ever had any sexual experience with someone of the same sex was also asked how often they attend a gay pub, club or bar. Analysis of the data reveals that 22% of men and 39% of women who have had sex with a partner of the same gender in the last 5 years, have never been to a 'gay bar, pub or club.'¹⁶ This only relates to sexual behaviour, not sexual identity, but if the variable of interest is sexual behaviour then recruitment exclusively through gay venues is clearly highly problematic, especially given that those whose attend gay venues are likely to be different from those who do not. A recent review of researching public sex venues suggests that this may pick up on some of those missing from venues.(Scott *et al.*, 2001)

A health needs assessment of young gay, lesbian and bisexual people in Glasgow recently tried to overcome this bias by including 'non scene' venues and public places in their recruitment.(Coia, 2002) Other venues that different research projects have used for sampling include youth community centres.(Pilkington and D'Augelli, 1995).

Internet

A relatively new approach to recruitment is through the Internet, in particular by using 'banners' or 'pop-up boxes' on websites relating to LGBT groups or issues. This approach is primarily linked to carrying out web-based surveys (or surveys including a web-based component).

The 2001 National Gay Men's Sex Survey included (for the first time) web recruitment and completion of a short questionnaire on-line, alongside their usual methods of recruitment via Pride-style events and through mailing lists. The web version of the questionnaire, regarded as a pilot exercise to assess the viability of internet approaches to survey work, was available for completion on-line for 8 weeks, while the survey was promoted via gay.com, the largest gay-specific internet provider in the UK.(Reid *et al.*, 2002) Given that 8,392 returns were received through the internet, this approach reached an enormous number of men relatively cheaply and anonymously in a short period of time. The authors express a note of caution however: out of this number 2,047 incoming responses were lost due to technical problems and a further 1,413 were from outside the eligible area. Given further development work, however, this approach may well prove successful in the future, particularly once Internet access is yet more widely available.

Because GMSS 2001 used three different recruitment approaches, it allows for comparison of the three sample profiles. A very interesting finding is that the sexual activity of their respondents varied with recruitment method. The web sample were less likely to have had sex with a man (94%) than the booklet (96%) or Pride samples (97%). Conversely they were more likely to have had sex with a woman in the last year (16%) than the other two recruitment sub-samples (7% and 4% respectively). (Reid *et al.*, 2002) The authors conclude that the web sample was valuable for attracting younger men and behaviourally bisexual men to the survey. Although the web-recruited sample may have been a good complement to the other samples, it would be problematic if this was the only recruitment approach being used.

¹⁶ Unpublished data.

Service providers

Where the purpose of a study is to evaluate experience of a particular service or intervention, the most appropriate approach to sampling will be to recruit from those who have had contact with the service or intervention (e.g. Williamson, 2001). If the purpose of the study is to assess the scope or reach of the service or evaluation, then clearly recruiting from those it has had contact with will produce biased results. Likewise, measuring sexual behaviour by obtaining a sample from those people whose visit STI clinics will overestimate risk behaviour for the population as a whole, as clinic attendees tend to constitute a higher risk group. (Fenton *et al.*, 2001) As for every approach to obtaining a sample, it is crucial that the reporting of findings clearly indicates to what population the results apply. A recent study of gay bars and STI clinic attending men in London headlined that risk taking behaviour ‘amongst gay men’ was increasing; the study was not able to support this (Dodds & Mercey, 2000).

Savin-Williams (1994) has argued that recruiting gay, lesbian and bisexual respondents who are service users is likely to bias the sample towards those who are suffering, physically, socially and psychologically, the most. It could also be argued that it is biased towards those who are in receipt of help. Recruitment for a study of homelessness through those in contact with agencies is going to undersample those who are currently ‘roofless’. O’Connor and Molloy recruited LGBT respondents through Housing Associations, which often lead to severe delays, although they found contacting a sample through service providers helpful regarding consent and ethical issues.

Most studies of transgender/transsexual people have recruited respondents from clinical records, leading to an emphasis on those who have either experienced severe psychological trauma or those who have decided to become operative. (While Wilson *et al.*’s recent study estimating the prevalence of transgender people was not clinic based, it also surveyed GPs and not transgender people).

Snowballing, pyramiding and networks

The ‘snowball technique’ or ‘friendship-pyramiding’ refers to asking a recruited respondent to suggest other people that they know who may also be eligible and agreeable to taking part. It is a useful approach for reaching people who may be mistrustful of being approached by someone they are not familiar with. Snowballing is often combined with other sampling methods, with some of the approaches described above being used to identify initial contacts. When the approach is cited in a report it is usually with the admission that it yielded fewer responses than anticipated (e.g. NBHA, 1999; O’Connor & Molloy, 2001).¹⁷ Snowballing can be slow, unreliable, and requires highly motivated and involved first contacts who know many others.

Weston (1991) in San Francisco used personal connections developed over six years in an attempt to avoid organisational biases in her sample. However, despite efforts to select a varied sample “the sample remains weak in several areas, most notably the age range (which tends to cluster around the 20s and 30s), the inclusion of relatively few gay parents, and a

¹⁷ In O’Connor and Molloy’s qualitative research with homeless lesbian and gay youth “it had been hoped that friendship or social networks of the young people from the initial interviews could be utilised to ‘snowball’ a part of the sample. This proved impossible, either because the lives of those currently homeless were too chaotic to accommodate the task or because those who were now settled did not know of any other lesbians and gay men who were, or had been, homeless.”(2001)

bias toward fairly high levels of education. This partly reflects Weston's own personal situation as a well-educated lesbian with no children in her late twenties.”(GLEN/NEXUS, 1995)

The primary concern with snowballing is that because people tend to know others who are similar to themselves, the additional sample generated is likely to be similar to the original respondent. This can be beneficial if the research design needs to identify respondents who have had particular and minority experiences (e.g. Deren *et al.*'s study of male intravenous drug users who have had sex with other men (2001)) or if the research aim is to map sexual networks, but it is inappropriate for any study that aims to estimate prevalence or explore diversity and difference. In a review of research into domestic violence in same-sex relationships, Burke and Follingstad (1999) argue that using personal networks to recruit participants may lead to inflated estimates of abuse because, for example, lesbians who have been abused might be likely to have friends who have also experienced abuse.

Cohort or panel studies

Cross-sectional survey research tends to be limited in how much data can be collected in the time available and in being able to look only at correlation, not causation. Cohort or panel studies, which involve returning to the same set of respondents over a period of time, allow for changes over time and causation to be explored. Fergusson's New Zealand Cohort study (1999) asked about sexual orientation at age 21, allowing for the experiences of LGB people to be compared with the rest of the sample in a variety of ways. The danger with this approach is that if being a part of the panel is a frequent and relatively demanding task, only the most motivated of respondents are likely to remain on it, which may bias the results.

3.3 Methodological approaches

The most appropriate research methodology will depend on a range of factors, including the sampling approach adopted; the nature of the research question; the subject area being investigated (and its sensitivity); the existence of baseline data; the nature of the available sample (e.g. how distributed or literate it is); and budgetary restraints. For questions of 'how many' and 'how often' a quantitative approach will be most appropriate, where a sufficient and suitable sample can be obtained. For questions of 'how' and 'why', qualitative approaches should be considered.

3.3.1 Surveys

A survey uses a schedule of questions in a fixed order, which may make use of filtering to ensure that respondents are only asked the questions relevant to them. Most questions have pre-coded response options, and while there is some scope for including open questions which can generate useful verbatim quotes these should be kept to a minimum as they can be off-putting for respondents, time consuming to complete, difficult and expensive to codify for quantitative analysis and not always kept relevant to the question. The UK Gay and Lesbian Census was designed so that “many of the questions... give space for alternatives to the categories of response offered”, but while this may feel more acceptable to the respondent, it is unlikely to have much impact on the actual analysis and reporting. In fact, 'other' answers are often simply 'back coded' into an existing category. Mason and Palmer included a fully open ended question in their postal self-completion-survey asking respondents to “tell us your story.”(1996) This was completed by “several hundred people,” but the authors do not give

details of how this data was analysed. Inclusion of standardised sets of questions and measures on the questionnaire, for example quality of life or mental health scales, allows for comparison across studies, even internationally (e.g. Fergusson *et al.*, 1999).

The wording and order of questions can exert an influence on the responses given. Just as project methods should undergo an initial pilot to test that they work as expected, new questions should be carefully pre-tested using cognitive techniques to ensure that they are unambiguous and are understood by respondents to mean what they are intended to mean. Kinsey suggested structuring questions around the assumption that an event had occurred, 'When did you last...?', to ask about stigmatised or sensitive behaviours. Coxon discusses 'how is sexual behaviour to be named?' (1993) "In SIGMA studies [vernacular] terminology has been elicited *before* questioning detail of sexual behaviour. The purpose of this is not only to gather information on 'street' terminology, but also to make the respondent more at ease in asking detailed information about what may be an embarrassing topic." (Coxon, 1993) Respondents are asked to give their 'preferred name' for a range of common sexual terms which were then substituted into the questions. Coxon argues that this "neatly combines the need to keep equivalence of meaning, ensuring compatibility and not unnecessarily embarrassing the respondent." Development work for Natsal found that general population respondents preferred precise and formal language to describe sexuality and sexual behaviour, and not casual or medicalised language. (Spencer *et al.*, 1988)

The main methodological approaches to conducting a survey include questions being administered by an interviewer or being self-administered by the respondent. Mode of delivery includes face to face, over the telephone, or through the post. Computerised versions of all these modes are now widely used, including Computer Assisted Personal Interviewing (CAPI), Computer Assisted Self Interviewing (CASI) and Computer Assisted Telephone Interviewing (CATI), as well as web based studies. Audio versions of these computerised approaches are available to assist those with literacy or language problems, learning difficulties, or sight impairments (see Chapter 6 for how these approaches can be made more accessible to people with disabilities). Some computerised self-completion approaches are particularly appealing to younger respondents, although Natsal found that respondents were comfortable with using this technology irrespective of the level of their previous experience with computers. Face to face interviewing facilitates the use of tools such as sort and shuffle cards, vignette cards, visual stimuli (such as campaign or promotion materials for evaluation), and show cards (with 'concealed response' code letter lists which enable respondents to answer without having to verbalise their response out loud). Telephone interviewing is used widely in the US in sexual orientation research, however it excludes households without a landline telephone, including the growing number of younger people who live in households with only mobile phone cover.

In studies of sexual behaviour or other 'sensitive' issues it is necessary for data to be collected in an appropriate way in order to minimise underreporting. Both quantitative and qualitative interviews tend to be structured by starting on 'safe' and familiar territory, and building up to more sensitive topics as the rapport between interviewer and respondent develops. In face to face interviews combining interviewer and respondent administered components, it is best to give the self-completion module part way through or towards the end of the interview once trust and understanding has been established. (Johnson, 1994; Coxon, 1993)

In Snape *et al.*'s survey component of their research, standard questions were asked face to face of all respondents, and only in the self-completion booklet was sexual orientation established and relevant questions filtered on that basis. This means that interviewers never knew the sexual orientation of their respondents. Use of self-completion methods for sensitive issues is now standard practice. Paper booklets can be sealed in an envelope by the respondent before returning to the interviewer, with the only thing linking the booklets with the face to face questionnaire being a serial number. (Wellings *et al.*, 1994; Snape *et al.*, 1995) On Natsal II the self-completion was conducted directly onto the laptop, where by pressing certain keys as instructed the respondent 'locked' his/her answers into the computer so that they could not be accessed by the interviewer. A common approach in sexual orientation research (particularly in relation to sexual behaviour) in Scotland and the rest of Britain is self-completion paper questionnaires distributed face to face, which means that recruiters can explain the purpose of the study and assist with language (but should not advise on interpretation).

A disadvantage of self-completion methods is that they risk excluding those with poor literacy, whose first language is not English (unless the questionnaire is available in other languages) and who have visual impairments. Self-completions distributed by post are also subject to particularly poor response rates. Paper self-completions may have serious quality problems such as incorrectly followed filtering, and missing data for sensitive questions. If a question on sexual orientation is not answered, this could render the whole questionnaire useless. It is preferable therefore not to leave the most important variables to the end. Reid *et al.* noted that on the GMSS, which used three differently recruited samples, "men completing the web survey were most likely to be excluded for not completing enough of the questions to qualify (2.1% compared to 0.7% [from Pride events] and 0.5% [from postal booklet]). This occurred when men pressed 'submit' having completed less than 25% of the questionnaire content." (Reid *et al.* 2002) They assume this occurred because men deciding not to complete the survey at Pride or via the booklet would have just disposed of the paper version without returning it. Another issue for web or postal questionnaires is that it is difficult to establish whether the respondent is who they say they are or to control for the same person completing more than one questionnaire.

3.3.2 *Qualitative approaches*

Qualitative approaches are more exploratory and interactive in form than quantitative methods, and better for generating ideas and policy recommendations. There are a range of different qualitative approaches available. 75 hours of participant observation were used in a recent Sigma Research study; *London's gay sex venues (backrooms and saunas): An HIV prevention research and development project.* (Keogh, 1998) Although such an approach can produce very rich data it is problematic from the perspective of ethical requirements of informed consent.

Most current qualitative sexual orientation research employs either in-depth interviewing or focus groups, based on a broad topic guide to ensure some basic uniformity of coverage. In-depth interviewing uses no fixed questions and allows more scope for the interviewer to use and explore the language of the respondent. Topic guides allow for flexibility in structure and content, which facilitates exploration of individual circumstances and experiences in a way that is responsive to the accounts of individual respondents. Individual interviews tend to be most appropriate for sensitive or complicated issues, but interviews can also be carried out with pairs or triads, for instance a couple may be interviewed together. Interviewing two or

three children of the same age together can be more fruitful in enabling them to open up. Other approaches include taking oral histories and use of key event techniques. Focus or discussion groups usually consist of between 6 and 10 people, sharing particular characteristics. Groups are good for allowing respondents to exchange and react to each other's attitudes and perspectives.

3.3.3 Other methodological approaches

There are an array of other research methodologies that may be appropriate for particular research issues, or may be combined with more standard survey and qualitative approaches to enrich the data. Coxon, and others, have made use of sexual diaries, which he found produced much more accurate data about sexual behaviour than could be obtained through retrospective probing. The approach, however, only succeeds with very motivated respondents as it requires a high level of commitment. (Coxon, 1993)

Coxon has also described the ethical, confidentiality, and procedural aspects of collecting and testing biological data as part of a sexual orientation research study. Project Sigma used interviewers (and the principle investigators) to collect blood samples from respondents to test for HIV, requiring training in taking blood and counselling. Blood is routinely collected by nurses on the Scottish and English Health Surveys, so a question on sexual orientation would make these data available for analysis by that variable. The second National Survey of Sexual Attitudes and Lifestyles (Johnson, 2001) used interviewers to collect urine samples to test for the sexually transmitted infection, *chlamydia trachomatis* (a guarantee was given to respondents that the samples would never be tested for HIV). Clearly a high response rate is achievable as 71% of eligible respondents agreed to provide a urine sample for testing. While the blood samples for Project Sigma could be tested anonymously, ethical consent requirements required treatment to be arranged for all Natsal respondents found to be positive. Collection of biological data as part of a quantitative survey allows for the relationship between social and biological variables to be analysed. This data enabled the Natsal researchers to discover that rates of chlamydia do not vary significantly between those with same-sex partners and those with opposite sex partners.

Campaign and promotion evaluations can be conducted in various ways, Keogh for example carried out 'content and product analysis' on 153 items of CHAPS health promotion literature.(2000) Legal, medical, psychiatric, and social work documents from professional interaction with a usually small number of 'subjects' can also provide data for research, though this approach may be subject to access restrictions. Martin (2000) looked at judicial judgements and Gadd *et al.* (2001) incorporated analysis of police statistics.

3.3.4 Combining methods and linking data

Given that qualitative and quantitative methods are best designed to answer different types of questions, the approaches can be combined for a richer and more rounded study. Many sexual orientation researchers have found that there is so little existing data currently available that they need to pursue an exploratory and multi-modal approach in order to establish a more reliable baseline picture (e.g. Hubbard and Rossington, 1995). Combining methodological approaches is often not done as much as it should be and not as well as it could be.

Gadd *et al.*'s (2002) study of domestic abuse against men in Scotland is an excellent example of a mixed method approach providing a more fully rounded research study. The combination of methods allowed flaws in one approach to be revealed and compensated for (e.g. qualitative follow-up work exposed survey respondents misinterpretation of a question).

Natsal data was greatly enriched by the combination of social survey and biological data. Project SIGMA used a set of inter-related studies to layer the data, including annual face-to-face interviews, HIV testing, and self-completed detailed sexual behaviour diaries completed on a daily basis.(Coxon, 1993)

Qualitative approaches have been used in the development stages of survey research, to generate subject areas to ask about and explore appropriate language and categories to use. The first Natsal survey was preceded by detailed qualitative work to explore issues, areas, concepts and language which informed the development of the survey.(Spencer *et al.*, 1988) The second Natsal survey used qualitative work to assist with developing and testing the acceptability of new methodological approaches.(Mitchell *et al.*, 1998)

There is also great scope for linking across survey datasets and administrative data where the same question has been asked or to identify where a population overlaps. Asking 'how often do you visit gay bars' on a national random survey (Natsal, 2001), a survey of gay bar attending gay men (Gay Bars, 1997), and on the UK Gay and Lesbian Census (2001), provides us with a measure of population coverage and context. The UK Gay and Lesbian Census also asks respondents what other recent gay and lesbian surveys they have participated in.

3.4 Interviewers

Very little research has been done on the impact of the interviewer in sexual orientation research.(Bancroft, 1997) Many studies make no reference to the processes that went into the selection, characteristics, supervision and training of interviewers.

Coxon (1993) and others have emphasised the need to allow respondents the clear right to refuse a given interviewer, either because they are known to them or on the basis of their sex. There has been discussion about the value of 'matching' interviewers and respondents by particular characteristics such as ethnicity, gender and sexual orientations. Ross used only gay male interviewers in his survey of MSM in the Grampian area.(2000) Spencer *et al.* found no preference regarding the sexual orientation of the interviewer from their gay male respondents, but found that some lesbian respondents preferred a lesbian interviewer (or at least not one 'anti-lesbian') (1988). Von Schulthess (1992), in her study of anti-lesbian assault and harassment notes that all the interviewing was carried out by women. Although she doesn't explore her reasons for this in the article, it can be assumed that the nature of the subject matter was a strong factor in the decision.

Other work has suggested that interviewers should remain 'neutral' and not disclose potentially 'hidden' characteristics such as their attitudes and sexual orientation to respondents in order not to influence responses.¹⁸ The argument is that in qualitative work a

¹⁸ e.g. Ndofor-Tah: "All interviewers were briefed to defer any questions arising during the interview until the end."(2000)

respondent may assume that an interviewer already ‘knows’ what they are trying to explain if they are ‘like’ them, and so not verbalise their experiences so fully. Further qualitative work in 1998 found the manner of the interviewer to be the most important factor, “interviewers who were warm, friendly, yet detached were preferred by participants... Interviewer manner enhanced compliance, willingness to answer honestly and thoroughly, and reassurance of confidentiality.”(Mitchell, 1998) In addition the methodological work found that respondents feel less pressure to rush if the interviewer appears busy and occupied whilst the self-completion is being filled out.

Bradford extends the need for matching to the researchers working in the sexual orientation field, “although researchers of various sexual orientation and gender identities will contribute to this field, lesbian researchers have a unique perspective and an important role to play.”(Bradford *et al.*, 2001)

3.5 Analysis and reporting

3.5.1 Analysis of quantitative data

The main problems with analysis of sexual orientation survey data is that the sample size is often small and the sample selection is often non-random. Claims of statistical significance are reported, which are genuinely meaningful only for simple, random samples, and sub-groups are compared when the sample size cannot legitimately support it.

Great care should be taken with making comparisons across surveys and time series using different methodologies or differently defined sample populations (e.g. comparing men engaging in unprotected anal intercourse/UAI in the last month from one sample with self-identified ‘gay men’ from another). Reporting needs to clearly indicate to what population the results are generalisable to.

A long and careful process of data checking and cleaning should be undertaken before a dataset is used, this should include an edit check programme, consistency checking and a uniform response to how to respond to inconsistencies in the data.

3.5.2 Analysis of qualitative data

Qualitative groups and interviews should be tape recorded and verbatim transcripts produced. Various computer packages are available to assist with the thematic analysis of qualitative data, such as NU*DIST and Framework. The key topics and issues emerging from the data are identified through familiarisation with depth interview and group transcripts. A series of thematic charts are then drawn up and data from each summarised under each topic. Data from each stage of a multi-stage study can then be mapped within different – but linked – sets of thematic charts. These then form the basis for detailed exploration of the charted data, enabling examination of the range of views and experiences, comparing and contrasting individuals and groups and seeking explanations for similarities and differences within the data.

It is essential to recognise, however, that qualitative research samples are not designed to be statistically representative of the research population, and this means that statements about incidence or prevalence cannot be sustained. Similarly it is not possible to determine statistically discriminatory variables from qualitative data. O’Connor and Molloy note that

where relationships are described in their study between, for example, circumstances and needs, “the purpose in doing so is to present explanations identified explicitly or implicitly by respondents and hypotheses for further research.”(2001)

3.6 Ethics

3.6.1 Confidentiality and anonymity

Confidentiality and anonymity of data are key issues in social research, especially when dealing with sensitive areas like sex and income. They become even more so when the behaviour may be stigmatised and/or illegal, or where the sexual orientation of a respondent is concealed.(Coxon, 1993) Since the publication of the Data Protection Legislation, this aspect of research has received more attention. Barry points out in her review of equality data sources in Ireland that the Census and other statistical and survey forms collect the name and address of the individual and household taking part. “While this information is for administrative rather than data protection purposes, to individuals and households it is frequently not evident that the data generated will not be linked back to those original forms. Security of data needs to be in place, but also to be seen to be in place.”(2000) There is a need to reassure respondents of confidentiality in order to gain consent to take part, and have project procedures in place that guarantee that reassurance. Ross found that because “concerns were expressed around confidentiality issues by some members of Body positive Grampian” many declined to take part in the study.

In storage of data

These concerns are greater when the study is longitudinal, because actual identity is required for tracking purposes. In addition to being longitudinal, the Project Sigma study also had respondent’s HIV status. Respondents were allowed to use a pseudonym, but were warned to remember it, as this would be the name used at the next re-contact stage. “Information linking identifiers and HIV status were kept on a separate machine, in a different location and fully accessible only by the Principle Investigator.”(Coxon, 1993) Coxon discusses the temptation to disclose status to a positive respondent engaging in risky sexual practice or not taking up early intervention, and who is unaware of his own positive diagnosis.

Coxon (1993) discusses the problems of Section 25, Section 28 and ‘Operation Spanner’ to respondents’ ability to report freely, honestly and without fear of retribution. “There has been widespread fear, then, that information about identity or behaviour could be accessed or obtained from Project files – and especially by the Police authorities. Was (and is) this a justified fear? Homosexual behaviour is illegal in Britain; which is not in private, or which involves more than two men, or where either partner is under 21 or with a member of the Armed Forces (or the Merchant Navy). On these criterion probably more than a quarter of the data of the Project could be construed as referring to illegal activity.”(Coxon, 1993)

Despite the Project being funded by the MRC and the hope that this would mean the data had the status of ‘medical records’ there was serious risk of access or seizure, as the Project had had HM Customs and Excise seizing Project training videos and interview schedules being subject to confiscation by postal authorities. They went to the lengths of simulating raids on their offices as part of staff training, being able to destroy data at the touch of a button.

In recruitment

O'Connor and Molloy describe the need for recruitment of their sample of young homeless lesbians and gay men to be mediated through support organisations, with their making contact with, introducing the study to, obtaining consent and arranging contact with the research team for the young people. For ethical and confidentiality reasons this approach to sampling and recruitment was necessary, though it did mean that there was often a considerable delay before the interview could take place.

In reporting

An aspect of confidentiality most relevant to the reporting of qualitative data is the treatment of verbatim passages from transcripts and case illustrations. To preserve the anonymity of respondents, specific details – such as names or places – which identify respondents may need to be omitted or changed. In many studies (e.g. O'Connor and Molloy (2001)) each respondent is given a fictitious name that is used consistently through out the report. Von Schulthess notes that the transcriptions of her taped interviews were “coded so that no names or identifying information appeared on the transcription.”(1992)

3.6.2 Impact of evaluation on intervention

Some studies also hand out help lines, condoms, lubricant and information leaflets: “the steering group decided that it would be beneficial to have [condoms, lubricant and information] available, because taking part in the survey could raise issues or concerns which the respondent had not previously thought about.”(Ross, 2000) The *Capital Assets* survey (Ndofor-Tah, 2000) was designed both to gather information from the communities and to provide information to them: “The HIV knowledge section of the interview consisted of giving participants statements and asking them if they thought they were true or false. In fact, all nineteen statements were true. This allowed the interviewer to state a number of facts about HIV, minimised confusion, and made addressing errors at the end of the interview easier. The interview process therefore also served as a simple educational intervention which could develop into a longer discussion if the participant wished to pursue it.”

3.6.3 Informed consent

The Social Research Association and Market Research Society have ethical codes of conduct, although these have rarely, if ever, been enforced. There are different definitions of what constitutes ‘informed consent’, alongside informing respondents of who has funded a piece of research, what its purpose is and who will have access to the data, issues of what possible negative outcomes could results from their participation in the study in theory should be discussed up front. In practice this is problematic because what might cause a respondent ‘upset’, for example, can be unpredictable and is not always clear prior to an interview. Parental consent issues for interviewing young people are addressed in Chapter 6.

3.7 Conclusion

Appropriate and good quality methods are necessary if quantitative research is to be representative, reliable and valid, and if qualitative research is to have depth, represent diversity and be able to map associations. Without these, there is no way of asserting that research findings reflect the real needs of LGBT communities, are able to inform complex policy and funding decisions, and should be taken seriously by potential funders.

Problems with obtaining a representative and sufficiently large sample of LGBT respondents is the primary barrier to good quality sexual orientation research being carried out. Recruitment through LGBT venues, organisations and media tends to bias the sample towards the younger, well-educated, middle class, motivated and 'on scene' male respondents. Other sampling approaches are available, such as following up respondents from random sample general population surveys, though these may require greater resourcing.

Choice of methodology will depend largely on the purpose and subject area being researched and on the way in which the sample can be accessed. Where only a small sample can be obtained, qualitative approaches should be considered. Quantitative web based surveys are beginning to be used. While this may have benefits for reaching some LGBT people (for example in rural areas) careful methodological work is also required into who may be excluded from this approach.

4 ADMINISTRATIVE AND LARGE-SCALE DATA COLLECTION

4.1 Use of administrative data in sexual orientation research

While tailored primary research can allow for specific research questions to be explored directly, administrative data collected for other purposes may present a useful source for secondary analysis. The Census and local and central government statistics and databases provide general population level indicators for factors such as poverty, social exclusion, and family composition. There is also a range of large-scale general population social surveys, some of which are conducted on a continuous or longitudinal basis. At present very few of these routine data sources include any measure of sexual orientation, identity or behaviour. There is also relatively little exploratory or methodological work underway assessing the viability of recording same-sex cohabitation or of asking sexual orientation of a general population sample. This Chapter explores the debate over whether a measure of sexual orientation should be included in general population data collection exercises; considers what methodological work has been conducted on the validity of asking sexual orientation and same-sex cohabitation in such contexts; and assesses a number of existing and potential sources of such data.

While official agencies in Scotland and the rest of Britain that produce statistics tend to collect data on gender, age, region of residence, ethnicity, working status and even income, very few ask questions about sexuality. Reynolds argues that by not accounting for sexual identity in demographic research,

“characterisations of minority, abnormality and pathology in non-heterosexual people are left unchallenged. The official statistical ‘silence’ on sexuality allows the perpetuation of the idea that sexual diversity, and prejudice and discrimination on the basis of sexuality, is a private trouble with no public issues or consequences... Heteronormativity represents that if ‘they’ do not appear in the statistics that describe the demographic contours of British society, ‘we’ do not have to acknowledge them or respond to their claims for the equality, rights and justice.”

Reynolds, 2001

An absence of official data that can be disaggregated by sexual orientation could have concrete negative impacts when official data forms the basis for decisions about levels of public policy provision and recognition of legitimacy in areas such as pension entitlements, benefits eligibility, and partnership rights. However, it has also been argued that asking sexual orientation in administrative or other general population data collection exercises could provide results that would be subject to political abuse. Barry, for example, argues that if a question on sexual identity were included in a national survey or census, “in the likely circumstance in which a significant or majority proportion of the lesbian and gay community were not in a position to disclose their sexual orientation, such inaccurate quantitative data could then be used to reduce the level of recognition, funding of or service provision to that community.”(Barry, 2000) Other related concerns raised against the inclusion of sexual orientation questions in administrative or general population data collection include issues of acceptability to respondents, perceived relevance, and privacy and intrusion.

4.2 Census data on sexual identity

A number of sexual orientation researchers and campaigners, whilst acknowledging the possible drawbacks, have called for the inclusion of a sexual orientation question on national census surveys. Some years ago Smailes argued that “Lesbian existence is generally ignored or made invisible by heterosexual society, so there is no way of knowing how many women identify as lesbian; perhaps the next census could include a question about sexuality as a basis to work from?”(1994) Likewise, Stonewall suggests that “the time has come” for the UK Census to at least collect (and report on) data on same-sex households.(1996) This section considers the most recent two Censuses carried out in the UK (1991 and 2001); the 1990 and 2000 US Census; and the 2001 Canadian and Irish Censuses. All of these now allow for same sex cohabitation to be recorded, but none include a measure of self-perceived sexual orientation or of transgender or transsexual status to be recorded, and not all of them actually analyse or make available data on same-sex cohabitation. The 2001 UK Gay and Lesbian Census, a large survey rather than a Census, will also be considered.

The UK Census 1991 and 2001

The *User’s Guide* to the 1991 UK Census states that the Census edit programme changed the data given by respondents on the Census form, so that an entry of ‘cohabiting as a couple’ was actively forced to the ‘unrelated’ code if the two household members were of the same sex:

“The edit programme for the 1991 Census allowed only couples of opposite sexes to be categorised as ‘cohabiting’; where same sex couples were recorded as ‘living together as a couple’ in the relationship question, this was changed to ‘unrelated’.”

The 1991 Census User’s Guide, NS and GRO, 1991¹⁹

The *Guide* states that despite a campaign by some gay and lesbian organisations in the months preceding the 1991 Census for the (then) OPCS and GRO(S) to recognise same sex couples in the Census output, this was not done because “it was decided that a count of same sex couples would provide unreliable results.”²⁰ It is interesting to note that reasons of non-acceptance by the general population were not cited. In deciding whether to include a variable on the Census, various issues need to be considered including respondent burden, cost, usefulness, comprehension, acceptability, and whether alternative data sources exist. The very difficulty of obtaining a reliably representative sample of LGBT respondents for a survey sample is one persuasive reason why it would be beneficial to ask this on the Census.

It is important not to overestimate what Census data is able to provide, it can only give us basic percentages for a relatively small number of variables. However there is clearly plenty of scope for more to be done. Despite the enormous resistance to the inclusion of an ethnicity question on the Census in the 1991, once this was done a whole range of disadvantages and discriminations as experienced by minority ethnic groups could be identified and relevant policies designed in an attempt to tackle them.

¹⁹ The 1991 Census User’s Guide can be downloaded from the Question Bank website (<http://qb.soc.surrey.ac.uk/>). Details of the Census specific to Scotland can be obtained from <http://www.gro-scotland.gov.uk/>.

²⁰ This reasoning was based on the experience of an experimental Census test carried out in 1989, the detailed results of which have not yet been published.

In terms of what the 2001 Census covers: ‘what is your sex?’ excludes, as discussed in Chapter 2, a small but significant minority who are ‘intersex’, transgendered or transsexual. Sexuality itself is not referred to, but same sex cohabitation will be identifiable. National Statistics and GRO have confirmed that information on same sex couples will be available from the 2001 Census, although they do not have precise dates for the publication of this information yet.

The US Census 1990 and 2000

In 1990 the category of ‘unmarried partner’ was included in the US Census, allowing for 150,000 same sex partnerships to be recorded (an underestimation given the disqualification of same sex partners who described their relationship as ‘spouse’). As for the UK Census, the likelihood of undercounting the LGBT population is a clear concern in the US regarding collecting data by this variable in the Census. Prior to the 2000 US Census the Institute for Gay and Lesbian Strategic Studies (IGLSS) and the Policy Institute of the National Gay and Lesbian Task Force (NGLTF), the two largest LGBT policy organisations in the US, launched a national ‘Make your Family Count’ campaign in March 2000 to encourage same sex couples to register their partnership. Paula Ettelbrick of the NGLTF argued “all public policy flows from the US Census... If we are not counted we lose out on federal funding for research, funding for community services and passage and implementation of laws that benefit our community.”(2000) Smith and Gates published *Gay and Lesbian Families in the United States: Same-sex Unmarried Partner Households*, a preliminary analysis of 2000 United States census data, in 2001. While they note that the Census found that lesbian and gay families lived in 99.3% of all counties in the US, they also compared the data with surveys to illustrate the extent of the Census’s undercount (as much as by 62%, they estimate).

Qualitative and cognitive Census development work exploring what are LGBT people’s concerns about completing the Census, and how the format and layout of the Census might be improved to allay any fears about confidentiality, privacy or intrusion would be extremely valuable.

The 2001 Canadian Census

After successful Census tests were carried out in 1996 and 1998, the Canadian Census included a question on living in a ‘same-sex common-law relationship’ for the first time in 2001. This has become a particularly important issue in Canada since government legislation there extended common-law marital status to homosexual relationships. The *2001 Census Consultation Report* describes the discussions that took place and the test studies that were conducted in designing how to collect data on same-sex partners.²¹ The issue of enumeration of same-sex partners raised more comments than any other during the consultation period:

“It was continually pointed out that gays and lesbians must use a residual category to identify themselves as same-sex partners in the question on the relationship to the household reference person. Some gays and lesbians believe that this way of identifying themselves is not reliable. Changes made to the definitions used in the programs and legislation are the main justification given for enumerating same-sex partners clearly and precisely. With these changes,

²¹ Statistics Canada: <http://www.statcan.ca/english/census2001/consrep.pdf>

same-sex partners are now included in the definition of couples, beneficiaries, dependants, and so on.”

2001 Census Consultation Report, StatsCan, 2001

Other issues discussed during the consultation included adding a question on sexual orientation and having additional response codes at the question on sex regarding transsexualism. Both these propositions were decided against but may well be discussed again when the consultation begins regarding the content of the next Canadian Census.

The Irish Census also now allows for people of the same sex and living together in a household to indicate that they are partners.

The Gay and Lesbian UK Census 2001

Administered by I.D. Research, a lesbian and gay market and social research company, the UK Gay and Lesbian Census with its achieved sample of 10,500 is described as “the largest survey ever of any lesbian and gay population in the world.”²² The first market and commercial report was published in 2002 and more socially orientated reports will be published throughout 2003 covering: values and beliefs, including voting behaviour; the impact of homophobia; family relationships and history; relationships; geographic mobility and migration patterns; coming out issues; social mixing patterns; lifestyle and spending patterns and health issues.

Lead researcher David Pinson claims that the UK GL Census will “enhance social and political power of the lesbian and gay population, as it will provide robust data that currently does not exist.” However it is worth noting that this ‘census’ will not provide a random sample or comprehensive or representative cover of LGB respondents in the UK. It differs from the national Census in not being compulsory and having a self-selected sample of those identifying as lesbian or gay and aware that the survey is happening. In addition to the discussion in Chapter 2 about the definitions of sexual orientation used, it is worth noting here that individuals who have sex with people of the same sex, but do not self-perceive themselves as one of the sexual orientation categories given are not accounted for.

4.3 Other administrative or routine data sources

There are various national administrative databases available for the UK. These include the General Practice Research Database; Child Support Agency; Disabled Person’s Tax Credit; Joint Unemployment and Vacancies Operating System (JUVOS); School Census; NHS Central register; New earnings Survey (Panel Data-set); Homeless Household case returns; Inter-Departmental Business Register; and Scottish Transport Statistics.²³ While some of these databases include details of sex, country of birth, languages spoken, ethnicity, region of residence, and other characteristics which can make them valuable for research purposes, none include any measure of sexual orientation or same-sex cohabitation. Likewise, Barry’s review of equality data in Ireland did not cite a single source of official data disaggregated by sexual orientation. However, several key data sources in Ireland are undergoing reviews of what classificatory data should be collected, and change in the situation in Ireland is likely to be forthcoming.

²² ID research: <http://idresearch.co.uk>

²³ See: <http://www.statsbase.gov.uk/statbase/mainmenu.asp>

Health and clinic statistics are currently problematic for research, though new monitoring systems are being set-up. For example, while routine STI clinic data can include a measure of sexual orientation, it is problematic to use anonymised case based data for estimates of sexual orientation specific STI trends. Anonymised case based data means that an analyst is unable to distinguish between 10 individuals being diagnosed once from one being diagnosed ten times.

Statistics relating to crimes reported to the police provide both a potentially vital and yet highly problematic source of data for sexual orientation research. As Mason and Palmer point out, there has been no official statistics on homophobic crime or incidents.(1996) A number of secondary analysis studies have drawn on crime statistics from incident reports to the police in order to build up one picture of patterns of anti-gay violence (e.g. Kuehnle and Sullivan, 2001). Gadd also used statistical analysis of incident data recorded by the Scottish Police to explore domestic abuse as experienced by men.(2002) As part of a larger study, this data could be compared with qualitative and survey findings to explore who was least likely to report to the police, and what types of incident the police were least likely to record. The use of official statistics in this context was able to enrich the empirical research data whilst at the same time the empirical research was able to expose the biases in reporting to the police and recording by the police.

The GLA London Partnerships Register provides another potential resource that may become more valuable in time: “I hope other cities will follow suit and that other organisations will accept it as proof of a relationship.”(Ken Livingston, 2002)²⁴

4.4 Continuous or large-scale surveys

Some of the key UK survey and longitudinal data sources are listed below (by no means a comprehensive list).²⁵ Details in relation to each have been gathered either by talking directly with researchers currently working on the survey, through reference to the Question Bank²⁶, or by going through published technical and substantive reports and other documentation. While each questionnaire as reproduced may indicate that it is technically possible for same sex co-habitations to be identified in the data (particularly where a full household grid is recorded), it is also possible that an ‘edit programme’ was run on the collected data, changing any answers considered to be contradictory or illogical. This occurred during data processing of the Census 1991, where same sex household members originally coded as ‘cohabiters’ were deliberately changed to being ‘unrelated adults’ (see comments on the UK Census above). However what this summary does allow us to gauge is that there appears to already be considerable data on same-sex co-habitation, across a diverse range of policy areas. Of all the studies listed here, only the Metropolitan Police Study and the Northern Ireland Life and Times Survey were identified as having asked respondents’ self perceived sexual orientation.²⁷

²⁴ <http://www.london.gov.uk/mayor/partnerships/index.htm>

²⁵ Several of these are described more fully in *Data sources for social research in Scotland: results from a scoping study on longitudinal research*. (2001) Kerstin Hinds, Kerry Sproston and Rebecca Taylor, National Centre for Social Research.

²⁶ The Question Bank website can be accessed at: <http://qb.soc.surrey.ac.uk/>.

²⁷ The report for the Metropolitan Police Study has not yet been published. Discussion with one of the researchers indicates that low prevalences of homosexuality or bisexuality were reported.

In the reporting of these surveys, the derivation of the cohabitation variable (i.e. whether or not same sex couples are actually included) is rarely defined. So, not only are same sex cohabiting couples not presented as a separate group, but it is not clear to the reader whether they are included in the general ‘cohabitation’ group either.

British Crime Study (BCS)	<i>Same sex cohabitation:</i>	POSSIBLE – but a note comes up on the interviewers laptop at the marital status question instructing the interviewer to ‘query’ the response.
	<i>LGBT issues:</i>	YES - questions on experience of violence, harassment or anti-social behaviour “due to offender’s homophobic/ anti gay or lesbian attitudes.”
	<i>Covers Scotland:</i>	NO – covered by Scottish Crime Survey.
British Election Studies (BES)	<i>Same sex cohabitation:</i>	NO – no information gathered on sex of partner.
	<i>LGBT issues:</i>	YES – in several waves (e.g. 1997) asks about whether “attempts to give equal opportunities to homosexuals, that is gays and lesbians... has it gone too far or not far enough.” (Same question has also been asked on BSA).
	<i>Covers Scotland:</i>	YES
British Household Panel Survey (BHPS)	<i>Same sex cohabitation:</i>	YES
	<i>LGBT issues:</i>	Attitudinal data is collected, but nothing on LGBT issues was identified.
	<i>Covers Scotland:</i>	YES
British Social Attitudes	<i>Same sex cohabitation:</i>	YES - same sex cohabitation can be identified.
	<i>LGBT issues:</i>	YES – several modules over the last decade have included attitudinal questions on: AIDS and perceived risk of different groups (1993); genetics and possible ‘causes’ of being ‘gay or lesbian’(1998); whether or not campaigns for equal rights for groups including gays and lesbians ‘has gone far enough’ (1994); attitudes to same sex relationships (1996); adoption rights and position in society issues for gays and lesbians (1993) and presentation of same sex relationships in the media (2000).
	<i>Covers Scotland:</i>	YES - but also see Scottish Social Attitudes.
English Longitudinal Study of Ageing (ELSA)	<i>Same sex cohabitation:</i>	YES – full household grid (including relationships between household members) recorded
	<i>LGBT issues:</i>	NO - not covered in the questionnaire, but relevant in terms of who is eligible for interview. The main eligibility criterion is that sample members have to be aged over 50, but partners irrespective of age are also interviewed. Same sex partners are eligible in the same way as opposite sex partners are.
	<i>Covers Scotland:</i>	NO
European Community Household Panel Survey	<i>Same sex cohabitation:</i>	YES
	<i>LGBT issues:</i>	NO
	<i>Covers Scotland:</i>	YES
European Social Survey	<i>Same sex cohabitation:</i>	YES
	<i>LGBT issues:</i>	YES – two questions cover LGBT issues in the first wave of the questionnaire: one attitudinal question (‘do you think that gay men and lesbians should be left to live their lives as they wish’ :agree/ disagree) and an experience question (on experience of discrimination, including by sexual orientation). Allows for comparison of attitudes and experience in 23 European countries.
	<i>Covers Scotland:</i>	YES

Family Expenditure Survey	<i>Same sex cohabitation:</i>	YES
	<i>LGBT issues:</i>	NO
	<i>Covers Scotland:</i>	YES
Family Resources Survey	<i>Same sex cohabitation:</i>	YES
	<i>LGBT issues:</i>	NO
	<i>Covers Scotland:</i>	YES
General Household Survey (GHS)	<i>Same sex cohabitation:</i>	YES
	<i>LGBT issues:</i>	Survey covers a wide range of questions on aspects of society, household formation and lifestyles, but nothing directly related to LGBT issues was identified.
	<i>Covers Scotland:</i>	YES
Health Behaviours of Scottish School Children	<i>Same sex cohabitation:</i>	NO
	<i>LGBT issues:</i>	Questionnaire covers sex education, personal relationships, sexual behaviour, and knowledge and awareness of HIV and AIDS.
	<i>Covers Scotland:</i>	YES
Health Survey for England	<i>Same sex cohabitation:</i>	YES – full household grid recorded including each household members relationship to all other members.
	<i>LGBT issues:</i>	NO
	<i>Covers Scotland:</i>	NO
Labour Force Survey	<i>Same sex cohabitation:</i>	YES – full household grid recorded including each household members relationship to all other members. Code for spontaneous mention of same sex cohabitation.
	<i>LGBT issues:</i>	There are pressures from the EC for harmonised labour market statistics to inform the European Employment Strategy, the current strategy is coming to an end and discussions are underway regarding data from the LFS to be used to monitor discrimination on grounds to include sexual orientation.
	<i>Covers Scotland:</i>	YES
Longitudinal study of the dental care of adults	<i>Same sex cohabitation:</i>	YES – cohabitation and "de facto" marriage details collected.
	<i>LGBT issues:</i>	NO
	<i>Covers Scotland:</i>	YES

Metropolitan Police Survey	<i>Same sex cohabitation:</i>	YES - allowed the interviewer to specifically code 'same-sex couple', but only if respondent mentioned it 'spontaneously' during collection of the household grid.
	<i>LGBT issues:</i>	YES - "due to offender's homophobic/anti gay or lesbian attitudes" could be cited for why respondent thought a crime had happened. At end of questionnaire question on self-perceived sexual orientation was asked: "Please choose a letter from this card which best describes how you would think of yourself? K- completely heterosexual D - mainly heterosexual I - bisexual R - mainly gay or lesbian M - completely gay or lesbian." However, according to a researcher on the project, the most commonly reported problem with this question was with people misunderstanding what 'heterosexual' was.
	<i>Covers Scotland:</i>	NO
Millennium Cohort Study	<i>Same sex cohabitation:</i>	YES – full household grid details collected
	<i>LGBT issues:</i>	NO – not in the content of the interview, however the survey interviews parents. In same-sex couples, both parents are interviewed, if one of them is the natural parent of the baby, they will get the 'main' parent interview, and the other will get the partner/father interview. If neither of them is the natural parent, they get asked who is the main carer, and that person gets the main interview, with the other getting the 'partner' one. The interviewer briefing specifically covers a range of 'less common' family types.
	<i>Covers Scotland:</i>	YES
National Survey of Sexual Attitudes and Lifestyles (Natsal)	<i>Same sex cohabitation:</i>	YES - Current same sex cohabitation and partnership established, as well as full cohabitation history.
	<i>LGBT issues:</i>	YES - Self-perceived orientation not asked, but same sex attraction and sexual experience are, so a series of definitions could be derived.
	<i>Covers Scotland:</i>	YES
National Child Development Study (NCDS – 1958 Birth Cohort)	<i>Same sex cohabitation:</i>	YES - same-sex co-habitation should be identifiable from the data recorded in the household composition grid.
	<i>LGBT issues:</i>	NO
	<i>Covers Scotland:</i>	YES
National Travel Survey	<i>Same sex cohabitation:</i>	YES – same-sex co-habitation can be recorded directly, but only if the respondent spontaneously mentions that it is same-sex (otherwise coded simply as cohabiting).
	<i>LGBT issues:</i>	NO
	<i>Covers Scotland:</i>	YES
Northern Ireland Life and Times Survey	<i>Same sex cohabitation:</i>	YES
	<i>LGBT issues:</i>	YES – includes a question in the classification section which asks respondents (through the use of a concealed response show card) whether they are gay or lesbian; heterosexual, or bi-sexual. The survey also covers issues of attitudes towards and discrimination against gays and lesbians.
	<i>Covers Scotland:</i>	NO

Omnibus Survey	<i>Same sex cohabitation:</i>	YES
	<i>LGBT issues:</i>	YES – module 312 run in June 2002 was a pilot study looking at the viability of asking about same-sex cohabiting and 'living-apart-together' relationships. Results from this exercise have not been published.
	<i>Covers Scotland:</i>	YES
Poverty and Social Exclusion in Britain Survey	<i>Same sex cohabitation:</i>	YES - questionnaire does allow for same-sex couple to be identified.
	<i>LGBT issues:</i>	YES – there is a question on reasons why the respondent may have felt isolated or cut off from society in the last year, with a show card including 'homophobia – discrimination relating to homosexuality' as a prompt.
	<i>Covers Scotland:</i>	YES
Scottish Crime Survey	<i>Same sex cohabitation:</i>	Cohabiting individuals in the analysis include same sex partners
	<i>LGBT issues:</i>	As with BCS, scope to 'piggy back' questions on experience of violence or harassment due to sexual orientation, for inclusion in the s/c. (GALOP, Mason and Palmer (1996)) In 2000 issues of domestic violence were addressed, including between men in same-sex relationships. Gadd <i>et al.</i> followed up some of these respondents for a qualitative study of domestic abuse of men in Scotland.
	<i>Covers Scotland:</i>	YES
Scottish Health Survey	<i>Same sex cohabitation:</i>	YES
	<i>LGBT issues:</i>	NO
	<i>Covers Scotland:</i>	YES
Scottish Household Survey	<i>Same sex cohabitation:</i>	YES
	<i>LGBT issues:</i>	NO
	<i>Covers Scotland:</i>	YES
Scottish School Leavers Survey	<i>Same sex cohabitation:</i>	NO
	<i>LGBT issues:</i>	NO – covers similar topics to the English Youth Cohort Surveys.
	<i>Covers Scotland:</i>	YES
Scottish Social Attitudes Survey	<i>Same sex cohabitation:</i>	YES
	<i>LGBT issues:</i>	YES – most recent report compared Scottish and rest of GB's attitudes to homosexuality.
	<i>Covers Scotland:</i>	YES
Social Capital and Health Study	<i>Same sex cohabitation:</i>	NO
	<i>LGBT issues:</i>	NO
	<i>Covers Scotland:</i>	YES

Survey of English Housing	<i>Same sex cohabitation:</i>	YES - in 1994 the questionnaire was amended so that same sex cohabitation could be recorded, (but only if the information is volunteered by the respondent). Identified same sex cohabitantes are grouped with opposite sex cohabitantes in the analysis.
	<i>LGBT issues:</i>	NO
	<i>Covers Scotland:</i>	NO
West of Scotland 20-07 Study	<i>Same sex cohabitation:</i>	UNCLEAR
	<i>LGBT issues:</i>	NO
	<i>Covers Scotland:</i>	YES
West of Scotland 11-16 study: Teenage Health	<i>Same sex cohabitation:</i>	NO
	<i>LGBT issues:</i>	NO : while issues of bullying, schooling and attitudes are covered, no questions relating these to LGBT issues were identified.
	<i>Covers Scotland:</i>	YES
Youth Lifestyles Survey (YLS)	<i>Same sex cohabitation:</i>	In so far as the sample being drawn from the British Crime Survey and same sex cohabitation can be collected there.
	<i>LGBT issues:</i>	NO
	<i>Covers Scotland:</i>	NO

This table lists just some of the diverse continuous or large scale general population surveys currently being carried out in Britain. While only two have started to ask about sexual orientation, same sex cohabitation measures are potentially included in a majority. Continuous surveys are also able to provide time series trend data, of which there is currently little in the sexual orientation literature. Although there is likely to be an initial undercount of LGBT respondents and of same sex cohabitation partnerships identified, with careful methodological development and use of concealed response show cards or self-completion elements, this can in time be improved. This is likely to be difficult to interpret for some time to come however; Natsal found a substantial increase in reporting of same sex experience amongst women - it is almost impossible to disentangle, however, how much of this increase is a real change in behaviour and how much is an increased likelihood to report.

Although a staff rather than a general population survey, it is worth noting here that the recent large-scale Civil Service-Wide Diversity Study also included a question about self-identified sexual orientation (and transgender identity).(ORC International, 2002) The issues of confidentiality and acceptability, however, are very different for a work place study compared with the other surveys cited in this section, which mostly take place in private households.

4.5 Conclusion

Qualitative and cognitive Census development work exploring what are LGBT people's concerns about completing the Census, and how the format and layout of the Census might be improved to allay any fears about confidentiality, privacy or intrusion would be extremely valuable.

There is scope for detailed secondary analysis of existing large-scale general population surveys. This would focus on patterns of same sex cohabitation as very few large scale studies currently include a sexual orientation question. Amongst those surveys that do, the

indication is that acceptability is high (quite low proportion refuse to answer, and these are primarily the oldest respondents). It is harder to assess how many LGBT respondents describe themselves as other than LGBT, however. Like ethnicity, once the message of the value of discrimination monitoring gets across, and that that is the purpose of asking the question, the proportion feeling able to respond honestly is likely to increase. Comprehension may be an issue though, anecdotal feedback from interviewers working on the Metropolitan Police Survey what that the main query made by respondents was ‘what’s heterosexuality?’.

There is also potential for starting up working groups of survey methodologists currently working on large-scale surveys to raise the issue of collecting data on sexual orientation, debate approaches and share experimental and methodological work being undertaken.

5 POLICY AND SUBJECT AREAS

5.1 Overview of key policy and subject areas in sexual orientation research

There have been several attempts to survey subject specific areas of the sexual orientation research and literature; in particular within lesbian and gay studies, but also of the work addressing bisexual and transgender issues.²⁸ Emphasis in this Chapter is not on summarising what the research has found in these areas, but rather to review the methodological issues specific to particular fields, assess the range of existing research and identify broad areas where there is a clear lack. Both methodologically sound, and less than sound, research is included, as well as both studies where LGBT issues are the focus of research and where they are addressed within the context of a wider research project. For details of projects in each subject area, please refer to the methodological summaries accompanying this report.

5.1.1 Alcohol and drug use

There has been little research into problematic alcohol and drug use amongst LGBT people living in Scotland. A considerable amount has been done outside Scotland over the past fifteen years, although this work has focused primarily on gay men and MSM (men who have sex with men), and on the impact of alcohol and drug use on practising safer sex behaviours.

Extent of alcohol and drug use

In a recent review of published research on alcohol and drug use amongst MSM, Stall (2001) identified studies which have found non-intravenous drug and alcohol use to be high among this population, and heavy drinking to be linked to AIDS loss; lower self-esteem; negative affect of anti-gay discrimination; and employment in service and sales occupations. One problem with much of this literature, however, is that samples were frequently recruited from bars and clubs, and so likely to be skewed towards the LGBT people with a higher alcohol and drug intake.

Population-based surveys in the US have found fewer differences in drinking patterns and frequency of drug misuse between homosexual and heterosexual men. Comparisons of lesbian and heterosexual women have shown no differences in alcohol consumption. However the 1990 National Household Survey on Drug Abuse did find that lesbians and bisexual women reported much higher rates of smoking in the previous month.(Lee, 2000)

The Drug Prevalence Survey in England asked the sexual orientation of male respondents, but not female respondents, as it was felt that that could not be justified on health promotion grounds. (Kelly, 1996). Bridget, in her study of the treatment of lesbians with alcohol problems in alcohol services in north west England, argues that while there has been research about alcohol and gay men, that there has been little research in Britain regarding lesbians and alcohol.(1996) In identifying areas for future research O'Connor and Molloy state that the preponderance of drug use amongst their sample of homeless lesbian and gay youth suggests that there are reasons related to their sexuality that contribute to such behaviour and that this is an area yet to be explored in a UK context.(2001)

²⁸ See for example Minton 1992; Abelow *et al.*, 1993; Duberman, 1997; Doll, 1997; Sandfort *et al.*, 2000.

Alcohol and drug use and sexual behaviour

Contrary to much of the previous literature, Weatherburn *et al.* found no link between alcohol use and unsafe sexual behaviour.(1996) They critique why most of the other studies may have found a link, arguing that it stems from a number of major conceptual and methodological limitations, including:

1. “The widespread assumption that there is, or could be, only one straightforward relationship between alcohol use and sexual behaviour, irrespective of factors such as culture, gender or sexual orientation.” Thus results from samples of LGBT and straight men and women are frequently considered together.
2. Alcohol is sometimes conflated with other drugs in one global measure, implying that all drugs are used in similar circumstances and to obtain similar effects.
3. Past sexual behaviour is often compared with gross measures of previous alcohol consumption (typically drinking sessions per time period). Since both variables represent gross measures of past behaviour any association tells us little about the actual relationship.

Weatherburn *et al.* suggest ‘critical incident’ or diary techniques are more appropriate methods for testing any association between alcohol use and unsafe sex.

5.1.2 Community and social support

Several reports include a theoretical discussion of what is meant by the concept of a gay or LGBT community/communities, for example Morrison and Mackay (2000) who draw on Scottish literature in their review. Others have tried to quantitatively measure community involvement and social support. Use of standardised scales, such as that developed by Kippax²⁹, do provide some measure of comparability across studies, but the nature of local communities and the form of community involvement is likely to vary greatly. A qualitative oral history approach was successfully used by Kennedy and Davis in their detailed exploration of memories of a lesbian community in Buffalo, USA.(1993)

Grossman and Kerner acknowledge that their study of the support networks of gay and lesbian youth was limited by the fact that they recruited their sample from young people who were actively involved in LGBT organisations.(1998) Given Waldo’s finding that gay community involvement predicts social support for and self-acceptance of gay identity, it is clear that the support networks of young LGBT people not in contact with such organisations is likely to be very different. Similarly, use of snowballing techniques would also be likely to overestimate the level of community and social support most LGBT people experience.

Considerable work has been undertaken in Brighton and Hove around the topic of community and social support, including an assessment of LGBT community needs (Webb and Wright, 2001) and a survey of volunteering among the LGBT community (GLAM, 2002).

5.1.3 Domestic abuse

A recent study of domestic abuse against men in Scotland included abuse perpetrated by both male and female partners, enabling comparisons to be made.(Gadd *et al.*, 2002) The multi-modal study made use of secondary analysis of the Scottish Crime Survey and administrative

²⁹ The scale includes questions on the proportion of friends that are gay and the proportion of free time spent with other gay men.

statistics to assess issues of the prevalence of domestic abuse against men, as well as conducting more exploratory qualitative analysis. Because the qualitative sample was drawn from a random probability general population survey sample, respondents could be selected independent of the extent of any gay community involvement, being 'on scene', or being in contact with services.³⁰ The multi-modal approach of the study also enabled misinterpretation of survey questions by respondents to be exposed, and illustrated the problems of relying on crime statistics given both men's reluctance to report and the police's reluctance to record incidents of domestic abuse of men in same sex relationships.

Domestic abuse within lesbian partnerships was one of the issues covered in Henderson's recent analysis of two surveys of lesbian and bisexual women and health.(2002) Only a tiny proportion of the sample (less than 1%) resided in Scotland however.

Renzelti and Miley (1996) edited a collection of articles in *Violence in Gay and Lesbian Domestic Partnerships*. Most of the studies cited in this collection, like much of the work in this field, is theoretical and lacks an empirical basis. Burke and Follingstad (1999) note in their review of research into same sex domestic abuse that using personal networks to recruit participants may lead to inflated estimates of abuse, as LGBT people who have been abused might also be likely to have friends who have experienced abuse. Another methodological design flaw they identify is that when asking about abuse in previous relationships, some studies conflate previous same-sex violence and violence by an opposite sex partner, leading to exaggerated prevalences. Vickers argues that LGBT community reluctance to admit that domestic abuse occurs within same sex partnerships is inhibiting further research being done.(1996)

5.1.4 Education

In the consultation with Scottish LGBT organisations, which constituted the second phase of this research, education was identified by LGBT representatives as a key area for research priority. This included assessments of teaching on equality and sexual orientation; investigation of the training needs of teachers; and exploration of the impact of bullying and homophobia in schools.

Schools-based research on sexual orientation amongst young people has been inhibited, however, by the requirements of some ethical committees (e.g. to insist on parental permission for participation) and by Section 28 which has restricted even discussion about homosexuality in schools. More than half of teachers in a survey in England and Wales said that Section 28 had caused them difficulty in addressing the needs of lesbian, gay and bisexual pupils.(Douglas *et al.*, 1997) Attitudes towards Section 28 in Scotland have been addressed by various general population polls (e.g. MORI Scotland, 2000; Gallup, 2000; NOP, 2000) and amongst LGBT respondents (Jarvis, 2001).

Different aspects of education have been addressed as sections of several broader Scottish studies. Bullying and violence in educational settings are included in Morrison and Mackay (2000); experience of sex education is addressed in *Arrested Development* (Stonewall); and much of the work of the MRC Unit at Glasgow University explores peer and health education projects (e.g. Hart *et al.*, 2001).

³⁰ For example, some analyses have been carried out on the demographic profiles of clients referred for perpetrator treatment.(see Renzelti and Miley, 1996)

5.1.5 *Employment and training*

There are a variety of issues addressed by research on employment. Some areas identified by LGBT representatives as priorities for research included researching the career paths of LGBT people to understand patterns of discrimination, the exclusion of LGBT from certain types of work, and identification of public sector workers training needs with regard LGBT issues. Including a question on sexual orientation in cohort or longitudinal studies would be an ideal way to explore career paths.

Studies of employment issues have tended to use one of two sample types; surveys of employers (and their awareness and implementation of equal opportunities policies and practices), and studies of employees. The Commission for Racial Equality Scotland recently published *Equal Opportunities and Private Sector Employment in Scotland: A summary of research into equal opportunities policies and practices*, which found that fewer employers had policies relating to sexual orientation than to other discrimination criteria such as sex, disability, ethnicity and age.(CRE, 2000) This survey was also interesting because previous studies of employers regarding sexual orientation issues have tended to address the public sector rather than private sector labour market. While this survey was useful for being able to compare sexual orientation and other policies, LGBT issues were not otherwise explored.

A recent survey of employees that also enabled comparison of sexual orientation (and transgender identity) with other discrimination criteria is the *Civil Service-Wide Diversity Survey*, which included about 800 Scottish respondents.(ORC International, 2002) The reporting for this survey emphasised the crucial need for respondents to feel confident of complete confidentiality, if LGBT people do fear discrimination in the workplace they will be particularly likely to not disclose their sexual orientation in a workplace survey.

There has been little recent research focusing specifically on LGBT respondents and their experience of employment issues. Palmer's 1993 survey remains a significant study, in particular as it includes issues to do with seeking work.

5.1.6 *Families, partnerships and parenting*

In *Same sex intimacies: families of choice and other life experiments* Weeks *et al.* argue that "because there has been very little systematic empirical research on [LGBT families] in Britain... we had no existing baseline from which to work."(Weeks *et al.*, 2001) Their qualitative study explores the nature of and meanings attached to various LGBT families. In terms of quantitative research, as discussed in Chapter 4, there is currently some opportunity to examine same sex partnerships and family units through analysis of survey and Census data, although this approach has not yet been used in the UK to the extent it could be. As discussed in Chapter 3, this has partly been because of concerns about the approach leading to an undercount. ONS has stated that such analysis of Census data is planned, although they do not yet have a date for when this will be available. Black *et al.* have done work of this nature with various data sources, including the Census, in the US. Their concern is that "because gays and lesbians constitute a relatively small fraction of the population, modest measurement problems could lead to serious errors in inference."(Black *et al.*, 2000)

Much work on families overlaps with that on partnerships, with, for example, Weeks *et al.* (2001) interviewing some couples together. The same researchers have also published a methodological review of researching non-heterosexual relationships.

Reviews of research into gay parenting have identified some, usually small scale, studies particularly in the psychological literature and mainly in the US. The American Psychological Association state that “less is known about children of gay fathers than about children of lesbian mothers. Little is known about development of the offspring of gay or lesbian parents during adolescence or adulthood. Sources of heterogeneity have yet to be systematically investigated. Longitudinal studies that follow lesbian and gay families over time are badly needed.”(APA, 2002)

A few studies have emerged exploring aspects of lesbian motherhood and self-insemination (e.g. Griffins and Mulholland, 1997; Saffron, 1994), while these studies function well as informative guidebooks, more empirically rooted work in this area is lacking.

While the consultation with LGBT representatives highlighted the legal status of co-parenting, custody, partnership³¹ and registration rights to be issues of great policy concern, it was also argued that these issues of basic human rights required action before research. It was felt that any research undertaken in this area should be focused on informing the development of future policy, and not impede the implication of swift changes in policy.

‘Coming out’ to heterosexual families, and how parents respond to the disclosure of their child’s sexual orientation, is an area that a number of US studies have addressed, several of which include reviews of this literature (e.g. D’Augelli *et al.* (1998), Savin-Williams (1998), Gray (1999), Martin, (1996)). A key research issue discussed in these regards the difficulty of identifying young people for the research, by virtue of the fact that they may still be in the process of ‘coming out’. Because of this and ethical consent reasons, much of the research explores the issue retrospectively with adult samples, which is subject to problems of recall. *Caused by the Clause* is one piece of recent empirical research in Scotland which specifically addressed the issue of disclosure to family.(Jarvis, 2001)

5.1.7 Health

Health has been a major area in sexual orientation research, but the vast majority of this substantial work has focused on MSM, sexual health transmission risk factors and service use. This important body of work includes various Scottish studies into HIV awareness and testing (e.g. Flower, forthcoming); sexual health promotion and intervention evaluations (e.g. Hart, 2001); sexual health needs assessments (e.g. Ross, 2002); and measuring sexual behaviour in order to predict the current and likely future spread of HIV/AIDS and other STIs (e.g. Reid, forthcoming).

There are various methodological issues attached to conducting research in this area. For instance, Ross in his study of MSM in the Grampian areas notes that it is difficult to rigorously evaluate interventions to promote safer sex because of: overlapping initiatives, long time scales and complex influential factors, the fact that many interventions may be effective despite identifiable evidence not being found, and a reluctance to publish findings that aren’t positive about the intervention.(Ross, 2000) Yet again, identifying those who do not identify as gay or bisexual also presents a real problem.

³¹ “Being equal as partners extends beyond being able to register and formalise relationships; it extends into areas of public law, intestacy, taxation, inheritance rights and family law.” Stonewall, <http://www.stonewall.org.uk/template.asp?Level1=5&UserType=1>

Despite there being a significant amount of excellent and important research on health, there are some key areas that have not been tackled to the same extent, in Scotland or elsewhere.

Firstly, despite significant research into sexual physiology and sexual function in the heterosexual male, the prevalence of sexual disorders in homosexual and bisexual men has been largely ignored. There is a lack of well-conducted studies on the type, severity and prevalence of sexual disorders in gay men.(SPIGS, 2002)

Secondly, because of the predominance of the medical model of sexual health in LGBT research, lesbians and bisexual women have been largely absent. Henderson *et al.* argue that there is more to sexual health than avoidance of infection and unintended conceptions.(2002) The focus of research with lesbians needs to broaden the definition of sexual health to include “enforced celibacy, absence of sexual fulfilment, unequal and abusive sexual relationships, difficult sex and painful sex, relationship disruption, and feelings of low self-worth and sexual disgust.”(Henderson, 2002) In addition, Richters argues that HIV and AIDS are also of major concern to lesbian women because although the main HIV transmission mode for women is through ‘heterosexual’ sex; non-heterosexual women are more likely to be injecting drug users and if they did have sex with a man, it was more likely to be with a man who identified as gay or bisexual. For these reasons sexual research is crucial for lesbian women too.(Richters, 1998)

Thirdly, general health and service use issues have been largely overshadowed by the emphasis in sexual orientation research into sexual health. Bradford notes the increased emphasis beginning to be placed on research into lesbian health and service use issues.(2001) Lee conducted a substantive MEDLINE search of general health issues relevant to particular groups, and found some work on lesbians and cervical cancer, breast and endometrial cancer (which the contraceptive oral pill protects many heterosexual women against) and STIs.(2000) Her review of research focusing on gay male health issues located studies addressing eating disorders, STIs and anal cancer. Though she had a section exploring transgender health, she found very little relevant research to report.

Lee found that many LGBT people may not “seek health care (and are therefore excluded from health studies) because of prior negative experience. As many as two thirds of physicians never ask patients about their sexual orientation. Some health care professionals assume that their patients are heterosexual. Others may be homophobic and hostile and prefer to avoid the issue.”(Lee, 2000) Coia *et al.*’s study ‘*Something to tell you*’: *A health needs assessment of young gay, lesbian and bisexual people in Glasgow* is a start on addressing the lack of general health research amongst LGBT respondents in Scotland. By recruiting respondents from a variety of sources, Cois *et al.* aim to avoid excluding LGBT people not in contact with health services.

5.1.8 Housing and homelessness

In Outright Scotland’s published response to Better Homes for Scotland’s Communities Consultation, Brian Dempsey stated that “the housing needs of people from the LGBT communities are not currently known. As far as we know, there has not been any detailed and thorough research or monitoring of the needs of those in our communities with respect to different types of housing.”³² The range of issues in this field includes: being evicted from

³² <http://www.outright-scotland.org.uk/campaigns/consults/housing.htm>

the family home or rented accommodation; homelessness; co-habitation and succession rights; and discrimination in housing from neighbours or housing providers. Smailes defined homelessness as a continuum ranging from sleeping rough through hostels to various insecure and temporary arrangements.(1994) Plant *et al.*'s survey of violence in Edinburgh identified respondents who had been denied a mortgage or insurance, faced eviction or were denied housing because of discriminatory attitudes towards their sexuality. Others reported ill treatment by Housing Association staff or from mortgage lenders or having been assaulted in their own home. Morrison and Mackay found that gay men in Edinburgh were more likely to rent their home privately and less likely to rent from a housing association, suggesting that their needs are not being met by housing providers.(2000)

A few recent research studies have addressed these issues in Scotland, particularly amongst younger LGBT people. Stonewall's *Out in the Cold: an action report on the housing needs of LGBT youth in south east Scotland* used a variety of approaches and intervention evaluations to conduct a needs assessment amongst young LGBT people living in south east Scotland.(Watterson *et al.*, 2000) The authors identified as a major problem: "the lack of research done on LGBT housing issues (four reports produced in London only) and the lack of other workers who specialise in this field (no one else in Scotland)."(2000)

O'Connor and Molloy's 2001 qualitative research project, '*Out of Home: Exploring Homelessness Amongst Lesbian and Gay Youth*', was the "first study to explore fully the experiences of homeless lesbian and gay youth in Britain." They suggest that an essential direction in which further research in this field should develop is towards "the inclusion of sexuality as a consideration within mainstream, locally based, evaluations of housing and homelessness services [which] would help develop further awareness of how young lesbians and gay men fare in these services. Equally, evaluative work with agencies dedicated to the needs of young lesbians and gay men would assist in greater understanding of the delivery and impact of these services." They discuss the methodological difficulties of attempting to recruit a sample of LGBT people who are either homeless or in insecure accommodation, both in terms of finding a sample and in terms of successfully meeting up with them. Kruks used administrative data to inform his US study of youth and homelessness, drawn from the Youth Services Department of the Los Angeles Gay and Lesbian Community Service Centre and from the Children's Hospital Los Angeles (CHLA).(1991)

While research in the UK specifically amongst young LGBT people on housing is quite new there has been previous work with older respondents, for example The North British Housing Association published their report of a study of the housing needs of older lesbians and gay men in the north east of England in 1999.

5.1.9 Mental distress and suicide

Mental distress is one area of health research that the consultation with LGBT representatives identified as a priority. MIND has argued that "there is a paucity of research into the needs of lesbians, gay men and bisexual men and women who are involved in mental health – as users, carers, professionals; in community and institutional settings; in voluntary, statutory and private provision. Most studies come from the USA. A couple of reports have been produced in England recently but there remains a great need for further research in the area."(Mind Information Unit, 2001) Research is also still needed to reveal and repudiate the assumption that sexual identity itself is either a cause or symptom of mental distress.(Fergusson, 1999 & Waldo, 1998) But as the consultation with LGBT

representatives suggested, there is still a need to explore any relationship between the discrimination faced because of a person's sexual orientation or gender identity, and their vulnerability to experiences of mental distress or instability (e.g. Mays & Cochran, 2001).

Diagnosis: Homophobic was the first qualitative research study carried out in Britain which looked at the experiences of lesbians, gay men and bisexual people in mental health services.(McFarlane, 1998) Little recent work has focused on mental health amongst LGBT respondents in Scotland, though this area has been covered in broader Scottish studies focusing on other issues (e.g. Coia, 2002). A number of studies carried out abroad have addressed mental distress issues recently, and have sought to use the same standardised measures of mental health to facilitate international comparisons (e.g. Sandfort, 2001; Welsch *et al.*, 2000; D'Augelli and Grossman, 2001). For a recent international review of literature exploring suicide and LGBT individuals, see Lee, 2000.

5.1.10 Paying for sex

The National Survey of Sexual Attitudes and Lifestyles (Natsal, Johnson *et al.*, 2001) asked all male respondents if they had ever paid a man or a woman for sex, allowing comparison across a general population sample. It is perhaps a shame that the question was not asked of female respondents however, as women are only addressed in this literature as sellers and not buyers of sex. Whether respondents had ever sold sex would also have been interesting from the perspective of targeting health promotion campaigns.

Davies and Feldman argue that research into male prostitution published before the 1980s "lacks methodological validity and empirical basis and...betrays a moralistic and patronising attitude towards its 'objects of study.'"(1997) Prostitution is assumed to be negative, an option forced on individuals rather than chosen, and has sometimes been associated by researchers with child sexual abuse. Even after the advent of AIDS, Davies and Feldman go on to argue, "male sex work rarely, if ever, emerged as an issue of importance in HIV prevention campaigns." A major reason for this being the "multiple marginality of male sex work." This marginality and the stigma associated with sex work can make samples for research difficult to locate and recruit. This has led to studies of paying for sex that have focused only on GBT men and MSM who are currently living on the streets (e.g. Tremble, 1993).

In a review of research into male (youth) prostitution, Foster found little literature on the subject in Britain but considerably more in America. Davies and Feldman's qualitative study in 1992 targeted interviews with male sex workers in South Wales to address the previous urban bias in the literature. Subsequent research has primarily focused on young people in prostitution as a particularly vulnerable group (e.g. PHACE in Scotland, 1998).

5.1.11 Sexual assault

Same sex sexual assault is a difficult area to research for various reasons; the legal definition of rape and lack of police sympathy may lead to few LGBT people reporting incidents or seeking help, and the sensitivity of the crime may make it a particularly difficult subject for respondents to talk about and the LGBT community to acknowledge. Much of the existing work has focused on male sexual assaults in prisons, correctional institutions, or other institutions such as the military or else has been recorded as incest where the perpetrator is a relative. Hickson, in *Gay Men as Victims of Non-consensual Sex*, notes that the sample for

Mezey and King's British study differed from many of the US studies in that "recruitment... included advertisements in the gay press, whereas the American studies recruited from police and hospital departments."(1994) As with other subjects, the profile of same sex sexual assault is likely to vary depending on the population studied. Most of the existing studies are based on small sample sizes.

O'Connor and Molloy (2001) identify research into the incidence and experience of sexual abuse among young lesbians and young men, and their needs, as key areas in need of further research. Likewise, very little has been done with LGBT women, or in Scotland (although reference is sometimes made to it, e.g. in Gadd *et al.*, 2002).

5.1.12 Sexual orientation: origins, prevalence and behaviour

Origins of sexual orientation

There is still work going on looking at the 'origins' of (non-heterosexual) sexual orientation. Although there is not the same level of psychological research as there was in the sixties and seventies (King, 1999) there is now new genetic and neurobiological work being carried out. Harrison *et al.* (1994) reviewed work on brain structure and the origins of sexual orientation which has only become 'viable' to do since AIDS related deaths have allowed for the availability of 'heterosexual' and 'homosexual' brains for scientific study. They argue that "the search for neurobiological explanations for human behaviours is in full flow...[and] homosexuality is no exception, with recent studies reporting on its possible genetic basis (Hamer *et al.*, 1993) and biological correlates (Byne & Parsons, 1993). One area of research that has received much attention concerns neuroanatomical differences in homosexual compared to heterosexual men."(Harrison *et al.*, 1994)

Prevalence of different sexual orientations and behaviours

As discussed in the sampling section of Chapter 3, any attempt to measure the prevalence of different sexual orientations or behaviours requires a large-scale, random probability general population sample in order to make reliable estimates. The National Survey of Sexual Attitudes and Lifestyles (Natsal, Johnson *et al.*, 2001) is the primary source of such data in Britain, and with 856 Scottish respondents it has been able to: make reliable estimates for Scotland, compare Scotland with rates for England and Wales and assess change in behaviour in Scotland since the study was first conducted a decade ago. The survey did not ask about sexual orientation however, only measures of same-sex behaviour and attraction. Inclusion of a self-perceived sexual orientation question on other general population surveys or the Census may become more likely in Scotland in the future.

5.1.13 Social inclusion and poverty

There exists little research in Britain on how social exclusion impacts upon the economic circumstances of lesbians and gay men. A report on poverty and social exclusion among gay men and lesbians in Glasgow has been carried out by the Glasgow Women's Library (1999), and similar work has been undertaken in Ireland by the Combat Poverty Agency, Dublin (1995). There is a substantial amount of research literature discussing what is meant by social inclusion and the multiple indicators that can be used to measure it. Some of this debate is covered by Atrill *et al.* in *Social Exclusion and HIV* (2001), and by Weatherburn in *A Class Apart* (1999) which also focuses on the relationship between social exclusion and patterns of HIV infection amongst homosexually active men.

5.1.14 Transgender issues

A review by TransAlba, a transsexual support group, states that there "is a real need for serious research into numbers of men and women undergoing treatment for Gender Dysphoria in Scotland." (1999) While there has been an increase in public and professional knowledge in recent years through some highly publicised legal and clinical cases, very little research, particularly on prevalence, is available. The only data on UK prevalence is from a survey of general practitioners in Scotland, reported in a paper by Wilson *et al.* (1999)

Wilson *et al.*'s Scottish study, *The prevalence of gender dysphoria in Scotland: a primary care study*, is unusual amongst (and more inclusive than) the other sparse international literature on medical perspectives of transsexualism (e.g. Tsoi, 1988; Van Kesteren *et al.*, 1996, Weizte and Osburg, 1996). This is because Wilson *et al.* surveyed general practitioners rather than psychiatric consultants as the previous research had done. They argue that "there are conflicting data on the prevalence of transsexuality and gender dysphoria. Although data on surgical gender reassignment exist from the Netherlands, England and Wales, Singapore, Germany and Australia and New Zealand, we have been unable to identify publications dealing with gender identity problems in a community-based medical setting." (Wilson *et al.*, 1999) Dr Susan Carr, who was a part of the research team, has also done significant further work in this field in Scotland.

In the field of transsexual research, due to that fact that there is so little being done, close international collaboration amongst those working in the field has become inevitable, including one split site project comparing Sweden and Australia. However, the different administrative, ethical and financial set-up in each country has led to enormous variation in nationally appropriate methodologies. As Ross *et al.* (1981) point out, the difficulties in calculating a national prevalence of transsexualism are such that the study of differences between societies might be viewed with even more caution, particularly given this unavoidable variation in methodology.

While more community based sexual orientation research is starting to focus more broadly on transgender and gender identify issues (rather than just medical transsexualism) and is embracing the language of the 'LGBT' umbrella, putting into action the inclusion of transgender respondents is more methodologically problematic. This is for a number of reasons, including their low prevalence in the general population and because of the hegemony of the polarised model of gender, which makes the almost standard question 'what is your sex?' exclusionary and problematic. Some studies have begun to include a separate question on transgender identity, for example, in Webb and Wright (2002) and the *Civil Service-Wide Diversity Study* (2002). Asking about transgender identity is discussed more fully in Chapter 2.

The consultation work with LGBT representatives highlighted that the lack of basic baseline data on transgender issues makes prioritising areas for research difficult; research amongst transgender people is needed across all of the specific topics described in this Chapter. Because there has been very little published research in this area the abstracts of a recent transgender conference are reproduced in the methodological summaries accompanying this report, as an indication of the type of research that is likely to be emerging over the next few years. Issues associated with research with transgender respondents are also explored in the next Chapter on inclusiveness in the research process.

5.1.15 Violence and victimisation

Violence and victimisation cover a wide umbrella of related concepts including hate crime; victimisation; harassment; abuse; bullying; assault and other forms of violence, encompassing a spectrum of events including verbal, physical and sexual attacks. All, and the attempts to avoid them all, have been argued to have an enormous impact on the lives and well being of LGBT people. In their review of the literature on violence Pilkington and D'Augelli argue that "research has consistently demonstrated that victimisation based on known or presumed lesbian or gay sexual orientation is the most common form of bias related violence."(1995) The word 'presumed' is significant here, as research into levels of hate crime should not be restricted to people who self-identify as LGBT, but also include those who have been assumed and targeted by others for being LGBT. This can be achieved by amending the response options of surveys which ask about experience of hate crime from on the basis of 'sexual orientation' to 'perceived sexual orientation'.

The recent Scottish studies by Morrison and Mackay (2000), Plant *et al.* (1999) and Ramsey (2001) have greatly expanded the level of knowledge available on the experience of violence amongst LGBT people in Scotland. Two of the studies focused exclusively on men and two on Edinburgh, so there is clearly scope for further work in Scotland with women and in rural areas. Von Schulthess, in 'Violence in the Streets: Anti-Lesbian Assault and Harassment in San Francisco' argues that internationally there have been few studies focusing specifically on lesbians and that because of gender, violence will be experienced differently by lesbians and gay men.(1992)

Von Schulthess' study found high reports of harassment, though it could be argued that the self-selecting survey sample was most likely to attract respondents who felt they had relevant experiences to report. Mason and Palmer discuss this risk in their report of Stonewall's national 1996 survey of hate crimes against lesbians and gay men, *Queer Bashing*. While they recognise that a self-selecting sample "may run the risk of over-representing those who have suffered problems. We put at the top of our questionnaire 'Whether you have experienced violence or not, we need YOU to fill in this questionnaire' in an attempt to minimise this risk."(Mason and Palmer, 1996) They cite the fact that two-thirds of the survey respondents reported never having been harassed.

Herek and Berrill (1992) took a lead in research of violence towards and harassment of, in particular, gay men. Morrison and Mackay (2000) write that an important starting point for Herek and Berrill has been to explore the "social context" in which violence and harassment occurs, and to define the ideology which underpins the conditions which foster the hatred of gay men. In particular to explore the definitions, meanings and distinction between homophobia and heterosexism (see Section 2.3 of this review). Mason and Palmer (1996) in part to highlight similarities between homophobic violence and racist crimes and violence used the "generic" term 'hate crime'. They argue that "in their motivation, pattern of attack and effect on their victims we believe all hate crimes have much in common."(1996)

5.1.16 Voting and representation

Disaggregated data profiling the situation of LGBT groups needs to be systematically carried out with respect to representation within decision-making systems. This, Barry argues, is key given that disadvantaged groups are likely to be under-represented within the middle and upper layers of the decision-making and policy-making systems and structures of society. (Barry, 2000)

5.2 Conclusion

This Chapter should be regarded as a companion to the more detailed listings of research contained in the separate methodological summaries. This Chapter has sought to outline the various key policy and subject areas covered by current and recent existing research into sexual orientation; to mention some of the methodological issues that impact on this subject specific research; and to highlight some of the areas where there is a particular lack of research. As the phase two consultation with LGBT community representatives illustrated, given the lack of research into most LGBT issues in Scotland, establishing priorities is problematic: “when groups were asked to construct priority, the general view expressed was that all the policy issues outlined were of equal priority.”³³

There is also the matter of identifying particular subject areas as being a priority for particular sub-groups within the LGBT community. For example, sexual health research, including intervention evaluations, has been relatively well funded, and a large amount of good quality work has focused on the sexual behaviour, HIV transmission risk factors, and service use, of gay and bisexual men and men who have sex with men. This same attention, however, has not been given to lesbian and bisexual women or transgender people’s health. Likewise much of the recent work on violence in Scotland has focused on male respondents in urban areas.

While in some areas there is a quite substantial international literature, the evidence base is usually much more limited in Scotland. Sometimes it is restricted to British surveys with sufficient Scottish respondents to report on the regional sub-sample. In recent years, however, several of these national studies have either begun reporting on Scotland separately and in greater detail, or have initiated an independent Scottish project (e.g. Vital Statistics Scotland, (forthcoming); Natsal, (Scottish level analysis forthcoming); and Scottish Social Attitudes). The last few years have also witnessed the publication of several key new Scottish-specific studies with LGBT respondents. These have tackled issues such as homophobic hate crime (Plant *et al.*, 1999; Morrison and Mackay, 2000; Ramsay, 2001); health and sexual health (Coia *et al.*, 2002; Ross, 2000; Hart *et al.*, 2001); social inclusion and housing (John & Patrick, 1999; Watterson, 2000), Section 28 (Jarvis, 2001), and transsexualism (Wilson *et al.*, 1999). As with the sexual orientation research conducted elsewhere, this work has tended to focus on particular subject areas, and with a bias towards younger men in urban environments (particularly Edinburgh and Glasgow). There is a particular lack of baseline data on transgender people across all areas of sexual orientation research.

³³ McLean, C & O’Connor, W (2003) *Sexual Orientation Research Phase 2: The Future of LGBT Research – Perspectives of Community Organisations*. Scottish Executive, Edinburgh

6 DIVERSITY AND INCLUSION IN THE RESEARCH PROCESS

6.1 Community consultation and participation

There is a lot of variation across sexual orientation research projects in the extent of LGBT consultation and participation in the research process. While researchers are often dependent on local LGBT organisations or venues for construction of a sample frame, few stated that LGBT groups provided input into determining the research agenda, developing topic guides or questionnaires, or in the analysis of the findings. While the importance of community consultation and participation in the research process is becoming more clearly acknowledged, it is also important to balance this against avoiding research fatigue; overburdening individual participants and the wider LGBT community; and biasing data by being influenced primarily by the input of the few participants who have the most free time or are the most highly motivated.

The Brighton and Hove's LGBT community needs assessment stated that the contact made with a wide variety of LGBT groups "proved a very useful strategy not only for generating questions, but also publishing the project and developing ownership within LGBT groups and services."(Webb and Wright, 2001) One key structure for such input is through membership on an appointed and involved steering committee to establish priorities for, guide and review the research progress.

6.2 Groups excluded from research

There are two key types of 'exclusion' in sexual orientation research which researchers need to actively address in the design of studies: people who are rendered invisible because they have not participated in the research (for whatever reason) and people who are invisible because they are unidentifiable in the data (for example, because sexual orientation was not asked).

Reasons for not having participated in the research include being:

- excluded from the sample frames used, for example those who are not 'on scene', who live in rural areas, or do not access LGBT media or websites;
- excluded by the research method employed, for example because of literacy or eyesight problems they can not complete a postal questionnaire or they do not own a land line telephone and so are excluded from telephone surveys;
- excluded by the research because they perceive the participation to be too great a burden, an intrusion or not of relevance to them.

Each of these areas of non-participation can impact on the representativeness, nature and size of the sample, as well as on the response rates and the findings of a study, as those who do not take part may differ from those that do in ways which are relevant to the research subject.

As discussed in Chapter 3, much sexual orientation research achieves samples biased towards young, white, articulate, middle class, well-educated men. Gonsiorek and Weinrich argue that "like most scientific discourse, research on homosexuality has been filtered through societal biases. Among its other effects, this has meant that white, middle class and above, adult, English speaking males have been studied more than their numbers warrant."(1991) In Scotland, the groups most absent from research include older and disabled LGBT people and those living in rural areas, ethnic minority and transgender people, lesbian and bisexual women. Inclusion of these groups is something that needs to be actively incorporated into the research design.

6.2.1 Sexual orientation

As discussed in Chapter two, definitions of sexual orientation when they are used to determine eligibility for a study may exclude potential respondents who are in fact relevant to the subject. Recruiting only LGBT identified respondents may exclude men who have sex with men, women who have sex with women, or others who are homosexually active but do not self-identify as LGBT.

6.2.2 Transgender and transsexual people

There is a severe lack of research with identifiable transgender respondents and into transgender issues. Transgender respondents are often not included in sexual orientation study samples, because their needs and experiences are perceived to be so different from those of other LGB respondents. Morrison and Mackay state that transgender people were not included in their sample because “the study team recognised at the outset that the experiences of transgender people were outwith our current knowledge base and required considerable examination before any early assumptions about experiences or the methodology required to research these could be made.”(2000) Grossman and Kerner also excluded transgender (and bisexual) youth from their study of lesbian and gay young people’s social networks. “Many of the transgender youth at [the Drop-In Centre] tend to cross-dress and seem to receive less support from the adults in their lives.”(1998) Any bisexual or transgender youth who expressed an interest in participating in the research were informed that since their needs were “unique, it would be necessary to design a specific study for them.” It is important therefore to recognise that research into ‘LGBT’ issues is unlikely to redress the lack of work with transgender respondents, and that a more targeted approach is required.

Attempts to measure the prevalence of medically defined transsexuals are usually based on those reporting to psychiatrists for treatment, which is also likely to undercount overall prevalences as those that do not seek treatment, are not medically defined as transsexual, or seek treatment abroad, will not be included in national prevalence rates. The extent to which rates are an underestimate will depend on each country's availability, accessibility and affordability of services, as well as cultural factors.

6.2.3 Gender

Even prior to the 1980s shift in research focus onto AIDS and sexual health, there has been an emphasis in sexual orientation research on gay (and to a lesser extent bisexual) men. Smailes in her study of lesbian’ experience of housing states that her work is situated within “the general oppression experienced by women in a patriarchal society. Some of the issues are common to both lesbian and gay men; however, men do not experience sexism or the issues faced by women living a life without reference to male approval.”(Smailes, 1994) The danger of arguments which place the experience of lesbians and women into a separate frame to that of gay and bisexual men is that it justifies their future exclusion from other studies, which is dangerous when lesbian orientated research attracts so little funding. Morrison and Mackay cite Von Schulthess as their reason for not including women in their study of violence in Edinburgh. However Von Schulthess states that her goal in that research project is “to develop a better understanding of the unique features of anti-lesbian violence,” and therefore it might be expected that she should focus on differences rather than similarities, particularly given the emphasis in previous research. A similar argument for excluding ethnic minorities from the Edinburgh study because an attack may be prompted by their

ethnicity would be absurd, and yet not entirely distinct from Morrison and Mackay's rationale for excluding female respondents.

GALOP criticism of Mason and Palmer's 'Queer Bashing' (1996) survey for assuming that lesbian and gay male experiences were sufficiently alike that they could be addressed within one research approach, seems to neglect the fact that filtering in questionnaires has always enabled the questions asked to coincide with individual respondents' experiences.

6.2.4 *Ethnicity*

Grossman and Kerner argue that LGBT youth have many stress-related experiences to contend with that their heterosexual counterparts do not "and the challenges may be more so for members of racial and ethnic minorities. These include: reconciling sexual orientation and ethnic and racial identity, facing discrimination among gays and lesbians, and having difficulties coming out to family members."(1998) Despite this, there is very little sexual orientation research with ethnic minority respondents, particularly in Scotland.

As with sexual orientation and gender, ethnicity is a complex, composite concept.(Ndofor-Tah, 2000) What often happens however is that because too few participants in particular groups were identified for analysis, all minority ethnic respondents may be grouped together (e.g. Pilkington and D'Augelli, 1995; Von Schulthess, 1992) or else findings are reported on small cell sizes (e.g. GALOP study reports on 7 Irish respondents, 1998). Comparing 'black' and 'white' respondents is not a useful distinction given the great diversity within these groups. Even amongst 'Black Africans' or 'south Asians' there is a wide range of different cultural, religious and regional diversity, but it is accepted in much research practice that it is not viable to usually break this group down further.

Obtaining a sample of LGBT respondents of minority ethnic origin is repeatedly described as problematic, particularly for quantitative research that requires sufficiently large and representative samples before generalisations can be made. Webb and Wright's comment was a recurrent one: "we also wanted to look at differences with regard to ethnicity, but...the sub-sample of respondents from minority ethnic communities was too small to allow for this."(Webb and Wright, 2001) Large scale studies in the US and Australia have recruited respondents from particular minority ethnic groups through 'Black Pride'(Battle *et al.*, 2002) or 'Asian Pride'(Prestage *et al.*, 2000) events. The lack of such events and the low prevalence of ethnic minorities render this approach currently untenable in Scotland. Cultural taboos and culturally inappropriate language and survey instruments also effect researching sexual orientation in some ethnic minority communities (see Elam for discussion, 1999). The National Survey of Sexual Attitudes and Lifestyles included an ethnic boost, with the questionnaire in translation and interviewers available who could speak Punjabi and Urdu, however only a small minority of these ethnic minority respondents resided in Scotland. (Johnson *et al.*, 2001)

In Von Schulthess' study of anti-lesbian harassment, she notes that many of the minority ethnic respondents "commented on the connections among their triple minority status and their experiences with violence."(1992) While the white lesbians in her sample were more likely to report a verbal assault, "lesbians of color" reported higher rates of physical violence, threats, vandalism, and rape.

6.2.5 *Disability*

There has been little sexual orientation research which has sought to be inclusive of disabled respondents or which has tackled disability issues. Mobility impairments may reduce some LGBT people's level of access to LGBT venues where research recruitment may be taking place. Sensory disabilities, such as hearing and sight impairments, and learning and cognitive difficulties can require different research methodologies to improve access. Some of these approaches, depending on the individual situation, might include:

- large print on any documents or self-completions,
- face to face instead of self-completion or telephone interviewing,
- availability of help-line facilities,
- clear and unambiguous instructions and questions that have been cognitively tested for clarity,
- interviewers who can sign, or use of interpreters,
- reading out of show cards,
- asking what help could be provided in advance of an interview,
- use of minicomms and talk-text,
- interviewer sitting in the light, so mouth is clear and well lit,
- taking rest breaks during an interview,
- the use of specially trained interviewers or facilitators where appropriate,
- Braille format questionnaires,
- especially designing questionnaires and/or show cards to make greater use of pictures and symbols,
- and using the telephone for following up non-respondents and individuals with special needs.

6.2.6 *Age*

Sampling strategies involving recruitment of respondents from commercial venues, mailing lists, STD clinics and so forth tend to sample highly community active individuals, which also serves to exclude both the youngest and oldest LGBT people.

Younger respondents

There are inherent methodological limitations to conducting research with younger LGBT (and questioning) people – these are an almost invisible group, with major issues and no adult community to identify with (Martin, 1996). Pilkington and D'Augelli (1995) in their study of victimisation of LGBT youth, argue that the “most critical limitation” to the few studies they could find on the issue was the “reliance on adults’ retrospective accounts of events that had occurred in adolescence.” They state that the few instances where youth have been surveyed contemporaneously these studies have tended to focus on white gay male youth. Studies have often been restricted to university campuses or particular areas, further reducing the generalisability of findings. “Another weakness of these studies has been a failure to define ‘youth’ consistently. For instance, nearly three-quarters of the ‘youth’ in [a 1993] report were 21 years old or older.”(Pilkington and D'Augelli, 1995)

Grossman and Kerner's (1998) study included respondents as young as 14, but they do not discuss any ethical or consent issues arising out of this, increasingly an issue for research in Britain.³⁴ In Davies and Feldman's 1997 Welsh study of 15 to 23 year old sex workers (the

³⁴ Pilkington and D'Augelli do discuss this in the context of their US study, stating that because “many parents of lesbian, gay and bisexual youth are unaware of their child's sexual orientation, and because disclosure of sexual

interviewer sometimes noted that the respondent looked younger than he claimed to be) half of the respondents lived with their parents. Despite this, no mention is made of any ethical consent procedures having to be met. A related issue Grossman and Kerner discuss that particularly impacts on research with LGBT youth is that definition is likely to have an even greater impact on a younger sample, given that, for example, “self-identified youth may be different from those who have yet to identify themselves to others as gay or lesbian.” The Stonewall study of youth homelessness in south east Scotland (2000) had respondents as young as 13, but also identified the difficulty of monitoring younger people’s sexuality and the impossibility of gathering data from those who have not yet ‘come out’.

Various subject areas are particularly pertinent to younger respondents, including realisation of sexual identity, ‘coming out,’ and violence (teenagers are 2 _ times more likely to be the victims of violent crimes than people over the age of 20 (Pilkington and D’Augelli, 1995)). Mason and Palmer (1996) also found the young to be the group reporting the highest levels of violence and abuse. “This seems to us no accident. Our schools are particularly constrained from dealing with issues of homosexuality. Section 28 of the Local Government Act, which prohibits local authorities from intentionally promoting homosexuality, along with attacks on sex education, and the unequal age of consent for young gay men, have created a situation in which many young lesbian and gay men grow up in a climate of fear and abuse which teachers are either unaware of, or feel powerless to deal with.”(Mason & Palmer, 1996)

See Lee(2000) for a substantive review of (US and medically orientated) literature on young people, covering school-related problems, suicide, substance misuse, homelessness, antigay violence and prostitution.

Older respondents

Very little of the research on LGBT issues has specifically focused on older people, and most studies either deliberately impose a cut-off age or simply fail to identify or recruit many older respondents. In one of the earliest major studies of ageing amongst gay men, *Gay and Gray*, the American researcher Raymond Berger explained he had to abandon his original intention to include women because he found that he could not identify a sufficient sample aged over 40.³⁵ In 1988 Kehoe conducted a broad-ranging study of ageing amongst lesbians sixty or over living on the east coast of America; broad studies of this kind do not seem to have been conducted in the UK.³⁶ A few recent studies have addressed the specific housing needs of older LGBT people, however, in one more than 60% of the sample was aged under 45 (the North British Housing Association, 1999). Hubbard and Rossington point out in their study of the support needs of older lesbians and gay men that they found virtually no existing research in the field: “older lesbians and gay men have been ignored in this country, both by the gay and lesbian community and by statutory providers of community care and housing services.”(1995) Hubbard and Rossington point out that although there has, relatively speaking, been a wealth of LGBT research carried out in the United States, there are 3 key problems with attempting to translate these to a British context. Firstly, US approaches tend

orientation and participation in this research might produce risk, the project received a waiver of parental consent requirements. An adult with professional counselling experience who would supervise compliance with informed consent procedures was located in each participating centre. This person would assure that all replies were confidential and that youth were in no way coerced into participation.”(1995)

³⁵ Berger, RM (1982) *Gay and Gray: The older homosexual man*. University of Illinois Press, Urbana.

³⁶ The English Longitudinal Study of Ageing is currently being carried out with a large general population sample of people over 40. The researchers on this project tell me that while sexual orientation is not asked, partners of respondents are also interviewed and this would include a partner of the same sex.

to emphasis individualistic and therapeutic approaches; secondly, the social policy contexts in Britain and the US are so different; and thirdly the abstract focus of US work on ageing.

From a sampling point of view, a number of articles cite the lack of networks and organisation specifically for older lesbian and gay men and their invisibility on the commercial pub and club scene. Very elderly respondents may be less able to cope with some methodological approaches, such as self-completion questionnaires or anything requiring small print to be read.

Where older LGBT people are a particular crucial and rich resource is in the collection of oral histories of the situation of LGBT people in the last century. Over the past decade a number of US and UK publications have emerged using a 'life story' approach, including Kennedy and Davis (1993); Brighton Ourstory Project (1993); and Porter and Weeks (1991).

6.2.7 Rural coverage

The urban biases of empirical research on gay men, women, and families have resulted in minimal knowledge about gay people in rural settings. This is an area that the consultation with LGBT community representatives highlighted as of particular concern for Scottish sexual orientation research.

There has been a long tradition of urban bias in research on sexual behaviour and research addressing LGBT issues, for example, all Kinsey's reports drew on urban-living samples. In addition, analysts of rural communities have tended to ignore the existence of rural gay people. (D'Augelli and Hart, 1987)

Perry notes that much previous research on the experiences of young LGBT people has focused on big cities in the US and UK, her study identifies issues relevant to young people living in smaller areas where "information and services could be more problematic." (1999) Another study of young people included smaller areas in order to assess the role of the internet in places with no 'off-line' community. (Gray, 1999)

6.3 Conclusions

There is a need to balance providing a role for LGBT consultation and participation in the development of research agendas and processes, with avoiding overburdening participants and biasing data by being unduly influenced by the input of participants who have the most free time or are the most highly motivated. Wide dissemination of research findings should be a priority for sexual orientation research in Scotland. This should make use of LGBT media, but also the Internet and 'mainstream' media where appropriate, to increase the likelihood of those who are not LGBT identified being able to access research findings.

Particular sections of the Scottish LGBT community tend to be excluded from sexual orientation research, for a variety of reasons. The access issues for transgender people, lesbians and bisexual women, minority ethnic people, people with disabilities, younger and older respondents, and those living in rural areas all need to be tackled. Inclusiveness in research is something which researchers and funders need to actively incorporate into the first stages of developing a project's sample design and research methodologies.

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