



Government  
Equalities Office

# NATIONAL LGBT SURVEY

**SUMMARY REPORT**

JULY 2018

# MINISTERIAL FOREWORD

This government is committed to making the UK a country that works for everyone. We want to strip away the barriers that hold people back so that everyone can go as far as their hard work and talent can take them.

The UK today is a diverse and tolerant society. We have made great strides in recent decades in our acceptance of lesbian, gay, bisexual and transgender (LGBT) people, who make a vital contribution to our culture and to our economy.

This government has a proud record in advancing equality for LGBT people. From changing the law to allow same-sex couples to marry to introducing Turing Pardons, we have been at the forefront of change. The UK has consistently been recognised as one of the best countries for LGBT rights in Europe.

Despite this progress, we cannot get complacent. We know that LGBT people continue to face significant barriers to full participation in public life. Your sexuality or your gender identity should not be a barrier to success.

In July 2017, we launched a survey to gather more information about the experiences of LGBT people in the UK. The survey response was unprecedented. Over 108,000 people participated, making it the largest national survey of LGBT people in the world to date.

Today we are publishing a detailed report on the headline findings. These focus on the experiences of LGBT people in the areas of safety, health, education and employment.

Although respondents were generally positive about the UK's record on LGBT rights, some of the findings make for difficult reading:

- LGBT respondents are less satisfied with their life than the general UK population (rating satisfaction 6.5 on average out of 10 compared with 7.7). Trans respondents had particularly low scores (around 5.4 out of 10).
- More than two thirds of LGBT respondents said they avoid holding hands with a same-sex partner for fear of a negative reaction from others.
- At least two in five respondents had experienced an incident because they were LGBT, such as verbal harassment or physical violence, in the 12 months preceding the survey. However, more than nine in ten of the most serious incidents went unreported, often because respondents thought 'it happens all the time'.
- 2% of respondents had undergone conversion or reparative therapy in an attempt to 'cure' them of being LGBT, and a further 5% had been offered it.
- 24% of respondents had accessed mental health services in the 12 months preceding the survey.

None of this is acceptable. Clearly, we have more to do. We have therefore published a comprehensive LGBT Action Plan that sets out what steps the government will take in response to the survey findings. This looks across the board at government services. We will also publish as much of the survey data as possible, so that stakeholders and researchers can make use of the findings.

Despite the progress we have made as a country, we should not be blind to the fact that LGBT people continue to face barriers to full participation in public life. We want to build a country that works for everyone, and that means tackling these burning injustices.

**Rt. Hon. Penny Mordaunt**

Minister for Women and Equalities

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# THE NATIONAL LGBT SURVEY

In July 2017, the government launched a nationwide LGBT survey.<sup>1</sup> The survey, which ran from July to October, asked LGBT and intersex people for their views on public services and about their experiences more generally living as a LGBT person in the UK. The survey received over 108,000 valid responses, making it the largest national survey to date of LGBT people anywhere in the world.

This document provides a summary of the key findings from the survey. Alongside this report, we have published a more detailed analysis of the survey findings as well as a LGBT Action Plan that sets out how the government will address these findings.

## Why we did the survey

Since 1967, when Parliament partially decriminalised male homosexual acts in England and Wales, the UK has made significant progress to advance equality for LGBT people. Recent milestones include bringing in the Marriage (Same-Sex Couples) Act 2013, which allowed same-sex couples to marry, and introducing ‘Turing’s Law’ in the Policing and Crime Act 2017, which posthumously pardons men who were convicted for having sex with men prior to 1967 where the offence is no longer a crime. Our Parliament now has the highest proportion of openly lesbian, gay and bisexual members of any legislature in the world and we are consistently ranked as one of the best countries in Europe for LGBT rights.

Despite this progress on legal entitlements, research and evidence has continued to suggest that LGBT people face discrimination, bullying and harassment in education, at work and on the streets, hate crime and higher inequalities in health satisfaction and outcomes.

<sup>1</sup> See: <https://www.gov.uk/government/news/new-action-to-promote-lgbt-equality>

Effective policymaking requires a sound evidence base. This means hearing directly from the people who are affected by policies. In 2015, the Government Equalities Office (GEO) commissioned the National Institute of Economic and Social Research (NIESR) to conduct a wide-ranging, critical assessment of the evidence base regarding inequality experienced by LGBT people in the UK.<sup>2</sup> We wanted to understand what the evidence was telling us so we could intervene where it matters most.

The NIESR review found that “the evidence base for an effective assessment of inequality and relative disadvantage by sexual orientation and gender identity is deficient and has major gaps.” Further, it found there was a lack of research involving robust sample sizes that could look at different sexual orientations and gender identities at a more granular level. It also noted that national and administrative datasets tend not to hold LGBT-related data, limiting the government’s ability to understand how LGBT people were accessing public services and what their experiences were. Yet despite the above, NIESR noted that the research tended to point in one direction – continued inequality for LGBT people in many areas of public life.

In this context, the government launched a nationwide survey in July 2017. The survey was open to anyone over the age of 16 who was living in the UK and who identified as LGBT. The acronym ‘LGBT’ was used as an umbrella term; respondents could be from any minority sexual orientation (such as asexual or pansexual) or gender identity (such as non-binary or genderqueer). The survey was also open to individuals who have a variation in sex characteristics (intersex).

The aim of the survey was to develop a better understanding of the experiences of LGBT and intersex people, particularly in the areas of health, education, personal safety and employment. These were chosen as the existing evidence suggested that they were the main areas where LGBT people face the largest inequalities.

## Methodology

The LGBT survey was hosted online for 12 weeks. Given the lack of data on the LGBT population in national and administrative datasets, an online survey was considered the best way to access a large number of respondents. The online element also allowed respondents to provide anonymous and confidential responses.

The survey was designed by GEO in conjunction with analysts at the Department for Education and in consultation with policy experts across government, civil society organisations, academics and relevant stakeholders. The survey collected a mixture of quantitative and qualitative data.

The survey was promoted widely by GEO, by stakeholders, at national LGBT pride events, via national media coverage and on social media. Ministers publicised it during multiple interviews and videos during the 2017 LGBT pride celebrations.

## Interpreting the findings

In total, we received 108,100 valid responses. A small number of responses that fell outside our target audience (i.e. from people under 16 or people who were not LGBT) were removed during the data-cleaning process. The survey also received 32,715 responses to an optional free-text question at the end of the survey. The GEO commissioned Ipsos MORI to analyse this rich qualitative data.

Though the number of respondents to the survey was large, we still need to be careful when interpreting the data and extrapolating from the findings. The sample was self-selected, and there is no guarantee that it was representative of the entire LGBT population in the UK. No robust and representative data of the LGBT population in the UK currently exists, although the Office for National Statistics is considering including a sexual orientation question in the 2021 census and is looking at options for producing gender identity population estimates. In addition, respondents had to be willing to self-identify as LGBT; these people may have a different experience to those who are unwilling to identify in this way, even in an anonymous survey.

# THE RESULTS

In this section, we relay some of the headline findings from the survey and give them some context with wider evidence. The final section of this summary report considers the findings in a political context and sets out what steps the government will take as a response. Alongside this summary document, we have published a more detailed analysis of the survey findings.

## Who responded?

The survey received 108,100 valid responses from individuals aged 16 or over who were living in the UK and self-identified as LGBT or intersex.

### Sexual orientation:

61% of respondents identified as gay or lesbian and a quarter (26%) identified as bisexual. A small number identified as pansexual (4%), asexual (2%) and queer (1%).<sup>3</sup>

These figures varied by age. For example, younger respondents were more likely to identify as bisexual, asexual, pansexual, queer or ‘other’ (39% of cisgender<sup>4</sup> respondents under 35 compared to **14%** of cisgender respondents over 35). This reflects work undertaken by the Office for National Statistics (ONS) that shows younger people are more likely to be bisexual than older people.<sup>5</sup>

### Gender identity

13% of the respondents were transgender (or trans). Of the total sample, 6.9% of respondents were non-binary (i.e. they identified as having a gender that was neither exclusively that of a man nor a woman), 3.5% were trans women (i.e. they had transitioned from man to woman at some point in their life) and 2.9% were trans men (i.e. they had transitioned from woman to man).

<sup>3</sup> The remaining respondents were either ‘don’t know’, ‘prefer not to say’, ‘other’ or ‘heterosexual’ (the latter being made up of some transgender and intersex respondents).

<sup>4</sup> For analytical clarity, the word ‘cisgender’ is used throughout the more detailed report as an umbrella term for respondents who identified exclusively as men and women where this was consistent with their sex as assigned at birth. It does not include transgender men or women or non-binary people.

<sup>5</sup> See Figure 3: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016>



Younger trans respondents were more likely than older respondents to identify as non-binary. For example, 57% of trans respondents under 35 were non-binary compared with 36% of those aged 35 or over. Younger respondents were also more likely to be trans men (26% of trans respondents under 35 were trans men compared with 10% aged 35 or over) and less likely to be trans women (17% of trans respondents under 35 were trans women compared with 54% aged 35 or over). This age profile partly accords with the referral figures to the children and adolescent gender identity services where the majority of referrals in 2016-17 were for people assigned female at birth (1,400 of the 2,016 referrals – 69%).<sup>6</sup>

### **Other demographics**

Respondents were younger, on average, than the general UK population. Over two thirds (69%) of respondents were aged between 16 and 34; this compares with just under a third (31%) for the UK population as a whole.<sup>7</sup> This is consistent with findings by the ONS that younger people are more likely to identify as LGB. In 2016, the ONS estimated that 2% of the UK population, or just over 1 million people, identify as having a minority sexual orientation. The proportion was higher for younger people (e.g. 4.1% of 16-24 year olds) than older people (e.g. 2.9% of 25 to 34 year olds and 0.7% of those aged 65 and over).<sup>8</sup> These figures are about sexual orientation only, and not gender identity.

Respondents were most likely to be resident in London (19% of respondents), the South East (15%) or the North West (12%) of England. 8% of respondents were from Scotland, 4% were from Wales and 2% were from Northern Ireland. The geographical distribution broadly replicates estimates from the ONS of where LGB people live that show, for example, that London has the highest proportion of LGB people in the UK.<sup>9</sup> The ONS figures also estimate that 9% of the LGB population live in Scotland, 4% live in Wales and 2% live in Northern Ireland.

6 See: <http://gids.nhs.uk/number-referrals>

7 See the Office for National Statistics: Population Estimates for UK, England and Wales, Scotland and Northern Ireland: Mid-2016: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

8 See <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016>

9 See: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/datasets/sexualidentityuk>

## Life in the UK

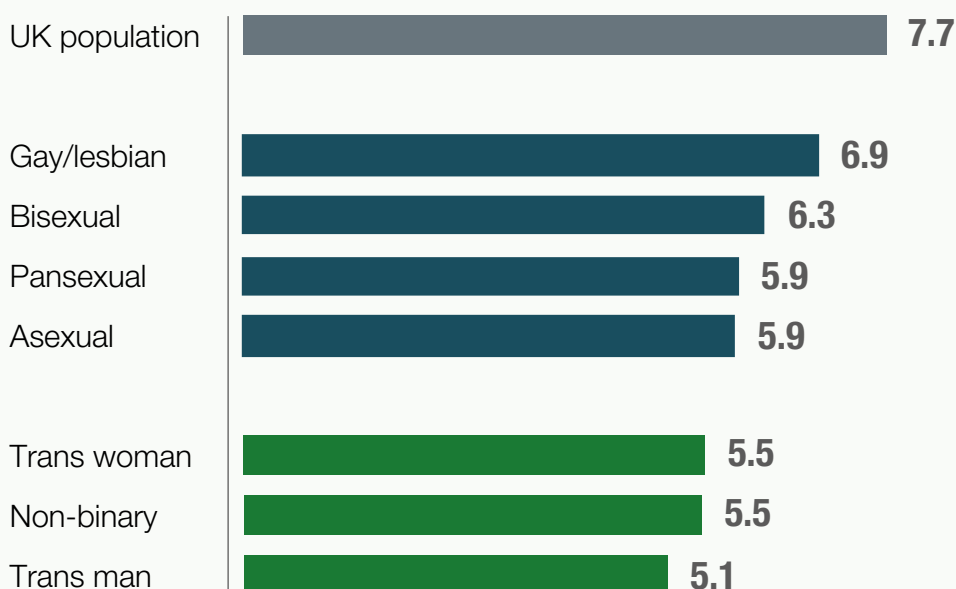
### Life satisfaction

On average, respondents were less satisfied with their life nowadays than the general population, scoring it 6.5 out of 10, compared with 7.7 for the general UK population.<sup>10</sup> Among cisgender respondents, gay/lesbian people had the highest scores (6.9) and pansexual or asexual people had the lowest scores (both 5.9). Trans people had low scores: trans men scored 5.1, trans women scored 5.5 and non-binary people scored 5.5.

### Feeling comfortable

Over half of the respondents (56%) felt comfortable being LGBT in the UK, rating their comfort as a 4 or 5 out of 5. Amongst cisgender respondents, gay and lesbian people were the most comfortable (63% comfortable) and asexual people were the least (49% comfortable). As with life satisfaction, trans people generally felt less comfortable. 37% of trans women, 34% of trans men and 38% of non-binary people felt comfortable being LGBT in the UK. Only 5% of all trans respondents aged under 25 said they felt very comfortable (scoring 5 out of 5), rising to 15% of those aged 55-64 and 31% of those aged 65+.

### Average life satisfaction (out of 10)



## Safety

The existing evidence suggests that LGBT people are at greater risk than the general population of being victims of crime; Stonewall, for example, recently found in their YouGov survey that more than 25% of trans respondents who were in a relationship in the last year had been subject to domestic abuse.<sup>11</sup> NIESR found that underreporting of hate crime is a particularly common issue. They also found that LGBT people can be unwilling to use relevant services for fear of homophobic, transphobic or biphobic responses from staff and service users or because they do not think the response will meet their needs. Data from the Crime Survey for England and Wales (CSEW) being published alongside this report for the first time reveal that gay, lesbian and bisexual people are more likely than heterosexual people to be victims of all CSEW crime.

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### OVER TWO THIRDS OF ALL RESPONDENTS (68%) SAID THEY AVOIDED HOLDING HANDS IN PUBLIC WITH A SAME-SEX PARTNER FOR FEAR OF A NEGATIVE REACTION FROM OTHERS

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#### Openness about being LGBT

Over two thirds (68%) of all respondents with a minority sexual orientation said they had avoided holding hands in public with a same-sex partner for fear of a negative reaction from others. Similarly, 70% said they had avoided being open about their sexual orientation for fear of a negative reaction; this was higher for cisgender respondents who were asexual (89%), queer (86%), and bisexual (80%). The most common places where cisgender respondents had avoided being open about their sexual orientation were on public transport (65%) and in the workplace (56%). At home, around three quarters (76%) of cisgender respondents were open with at least some of the family and other people they lived with. Some respondents described feeling safer moving to large cities with a significant LGBT population, like London, Brighton and Manchester.

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

Man, gay, 45-54, London

11 See: <https://www.stonewall.org.uk/lgbt-britain-trans-report>

59% of trans women and 56% of trans men who responded to the survey said they had avoided expressing their gender identity for fear of a negative reaction from others. For non-binary respondents the figure was much higher, at 76%. Generally, respondents with a minority gender identity had avoided expressing their gender identity in all contexts, but particularly when out in public (e.g. 68% avoided it on the street).

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

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

A quarter (24%) of all respondents were not open about being LGBT with any family members that they lived with (excluding partners), while 65% were open with all or most.. Younger people were more likely not to be open with any of the family they lived with (42% of cisgender 16-17 year olds and 28% of 18-24 year olds). Only 3% of all respondents were not open about being LGBT to any of their friends; around 82% were open to all or most of their friends.

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## **A QUARTER (24%) OF ALL RESPONDENTS LIVING WITH FAMILY MEMBERS, EXCLUDING PARTNERS, WERE NOT OPEN AT ALL ABOUT BEING LGBT**

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### **Incidents**

In total, 40% of respondents had experienced an incident in the 12 months preceding the survey committed by someone they did not live with and because they were LGBT. Around a quarter (26%) had experienced verbal harassment, insults or other hurtful comments, 14% had experienced disclosure of their LGBT status without permission, 6% had been threatened with physical or sexual harassment or violence, 2% had experienced physical violence and 2% had experienced sexual violence. In the free text responses, many respondents talked about damage to their personal property, such as their car or their home.

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

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

29% had experienced an incident involving someone they lived with because they were LGBT. The most common types were verbal harassment (14% experienced this), disclosure of their LGBT status without permission (14%) and coercive or controlling behaviour (9%). We know in the last year that the number of hate crimes recorded by the police on the grounds of sexual orientation and being transgender has risen by 27% (from 7,194 in 2015-16 to 9,157 in 2016-17) and 45% (from 858 in 2015-16 to 1,248 in 2016-17) respectively.<sup>12</sup> This may be, in part, due to improved recording by the police and increased willingness of victims to come forward.

The large majority of the most serious incidents respondents experienced went unreported (for example, 94% of respondents did not report the most serious incident they experienced where it involved people they lived with). The most common reasons for not reporting incidents to the police were because respondents thought the incident ‘was too minor, not serious enough, or it happens all the time’, that ‘it would not be taken seriously enough’ and/or that ‘nothing would happen or change’. When incidents outside the home were reported to the police, almost half (45%) of respondents were unsatisfied with how their report was handled.

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

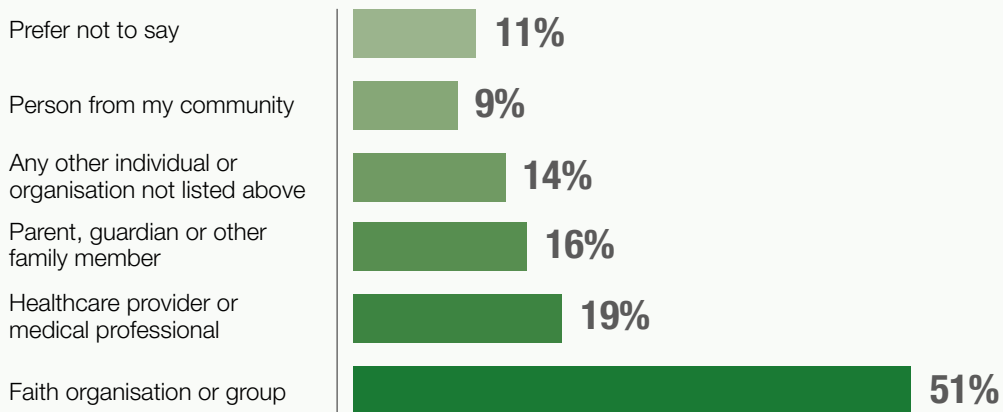
**Trans man, heterosexual, 25-34, South East**

12 See Table 2: <https://www.gov.uk/government/statistics/hate-crime-england-and-wales-2016-to-2017>

## Conversion therapy

5% of respondents had been offered so called 'conversion' or 'reparative' therapy (but did not take it up) and a further 2% had undergone it. We did not provide a definition of conversion therapy in the survey, but it can range from pseudo-psychological treatments to, in extreme cases, surgical interventions and 'corrective' rape. These figures were higher for trans respondents (e.g. 9% of trans men been offered it and 4% had undergone it). Faith organisations were by far the most likely group to have conducted conversion therapy (51% of those who received it had it conducted by faith groups), followed by healthcare professionals (19% of those who received it had it conducted by healthcare professionals).

## Who conducted the so called 'conversion' or 'reparative' therapy?



Note: Respondents could select multiple responses. %s shown are of the 2,640 survey respondents who had received 'conversion' or 'reparative' therapy to cure them of being LGBT.

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**5% OF RESPONDENTS HAD BEEN OFFERED SO CALLED 'CONVERSION' OR 'REPARATIVE' THERAPY (BUT DID NOT TAKE IT UP) AND A FURTHER 2% HAD UNDERGONE IT**

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“ The only reason I know my way around the LGBT community is due to the internet. A major area of education, LGBT history and culture and mental health is simply not being talked about to our younger people. Schools do not take it seriously and although they hang posters about LGBT awareness and society, teachers still do not understand calling someone a ‘faggot’ is hate.”

**Non-binary person, 16-17, West Midlands**

## Education

The NIESR report noted that there was a lack of robust evidence on the experiences of LGBT people in education, but that existing research does suggest that homophobic, biphobic and transphobic bullying persists in schools.<sup>13</sup> Furthermore, existing research has suggested that LGBT students do not feel their needs are addressed, particularly in sex and relationships education, as teachers and the curriculum assume that students do not have a minority sexual orientation or gender identity. Respondents to the survey who were in education at the start of the 2016-2017 academic year were asked a series of questions about their experiences.

### Educational content

Only 3% of respondents said they had discussed sexual orientation and gender identity at school, be that during lessons, in assemblies or elsewhere. Over three quarters (77%) said that neither was discussed, though this was lower for younger respondents, e.g. 54% for 16-17 year olds. Where these topics were discussed at school, only 9% of respondents said that the discussions had prepared them well for later life as an LGBT person. These findings are consistent with existing research using much smaller sample sizes.<sup>14</sup> In the optional free text question, many respondents highlighted the importance of including LGBT-specific content as part of sex education, but noted that it had been lacking from their own school experience.

<sup>13</sup> <https://www.gov.uk/government/publications/inequality-among-lgbt-groups-in-the-uk-a-review-of-evidence>

<sup>14</sup> Such as Guasp, A. (2012). The School Report: The experiences of gay young people in Scotland's schools [Online]. Available at: <https://www.stonewallscotland.org.uk/our-work-scotland> and Formby, E. (2011). 'Sex and Relationships education, sexual health and lesbian, gay and bisexual sexual cultures: Views from young people', *Sex Education: sexuality, society and learning*, 11(3): 255-266.

## Incidents

A third of respondents who were in education in 2016-2017 said that they experienced a negative reaction during that time due to them being, or people perceiving them to be, LGBT. Common reactions were disclosure of their LGBT status without permission (21% experienced this) and verbal harassment (19%). Others reported exclusion from events or activities (6%). Some had experienced sexual and physical harassment (2% and 2% respectively). These percentages were very similar across minority sexual orientations but those with minority gender identities tended to have worse experiences (e.g. 13% of trans men and women in education said they had experienced being excluded from activities). These findings corroborate existing research that found that young LGB people are twice as likely to be bullied in secondary school as young heterosexual people are.<sup>15</sup> In general, the prevalence of incidents declined as people went from secondary school to college and then on to university.

“ A teacher who knew I was gay called me out to ask about my experiences and it made me, and the rest of the class, highly uncomfortable. I also had a teacher who used ‘gay’ as a derogatory term and when I called them out about it, they said I was ‘over reacting’ and that I should ‘shut up’.”

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

The most frequent perpetrators of the respondents’ most serious incidents were other students (in 88% of cases). However, almost a tenth (9%) were committed by teaching staff. Similar to the findings reported in the safety section, a high number (83%) of the most serious incidents within educational institutions went unreported. Common reasons again included that it ‘happens all the time’, ‘nothing would happen or change’ and that ‘it wouldn’t be taken seriously enough’.

## Transitioning

44% of trans women who responded to the survey started transitioning by the age of 24, compared with 84% of trans men and 78% of non-binary respondents. Of the trans respondents who were transitioning while at school, 36% said their school was very or somewhat supportive of their specific needs. Only 13% of trans respondents said that their teachers were very or somewhat understanding of the issues facing trans pupils.



## Health

The NIESR report found that the existing evidence base points to LGBT people being more dissatisfied with health services in comparison to those who are not LGBT. This can include lack of knowledge among medical staff about the health needs of LGBT people, specific concerns with mental and sexual health services and, among transgender people, concerns with the gender identity services provided by the NHS.

### Accessing healthcare and disclosure

80% of respondents had accessed public healthcare services in the 12 months prior to completing the survey. Access was higher among trans women (87%) and trans men (89%).

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## A HIGH PROPORTION (38%) OF TRANS RESPONDENTS ACCESSING GENERAL HEALTHCARE SERVICES REPORTED A NEGATIVE EXPERIENCE BECAUSE OF THEIR GENDER IDENTITY

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46% of cisgender respondents said they had never discussed their sexual orientation with healthcare staff in the 12 months preceding the survey, in most cases because they thought it was not relevant. The figure was much higher for bisexual respondents (67%) than gay/lesbian respondents (36%). When it was disclosed by cisgender respondents, 75% said it had no effect, 18% said it had a positive effect and 8% said it had a negative effect.

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

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

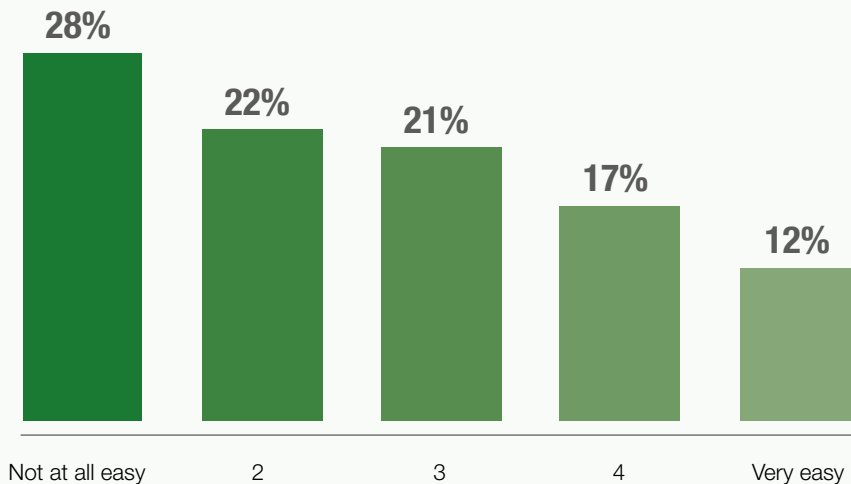
21% of trans respondents said their specific needs were ignored or not taken into account when they accessed, or tried to access, healthcare services in the 12 months preceding the survey. 18% said they were subject to inappropriate curiosity and 18% also said they avoided treatment for fear of discrimination or intolerant reactions.

## Mental health services

The NIESR report cites a range of studies pointing to higher prevalence of mental health issues amongst LGBT people than the general population in the UK. Just under a quarter of respondents to the survey (24%) had accessed mental health services in the 12 months preceding the survey. This figure was higher for trans people (30% for trans women, 40% for trans men and 37% for non-binary people) and cisgender bisexual people (29%). Furthermore, 8% of all respondents had tried to access mental health services but had been unsuccessful.

28% of respondents who had accessed or tried to access mental health services in the 12 months preceding the survey said it had not been easy at all. 28% said it had been easy. The most frequent reason given for difficulties was long waiting lists (given by 72%). Around a fifth (22%) said that their GP was not supportive. When mental health services were accessed, respondents were generally positive or neutral about the support they received; only a fifth of respondents (22%) said they had had a negative experience. Respondents to the optional free-text question talked about the importance of mental health services in the wider context of experiencing serious incidents such as verbal harassment and bullying.

### How easy was it to access mental health services in the 12 months preceding the survey?



Note: %s shown are for the 33,440 respondents who accessed, or tried to access, mental health services in the 12 months preceding the survey.

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**JUST UNDER A QUARTER OF RESPONDENTS TO THE SURVEY (24%) HAD ACCESSED MENTAL HEALTH SERVICES IN THE 12 MONTHS PRECEDING THE SURVEY**

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“ Waiting times for GIC clinics are far far too long, there is not enough of them which means people are committing suicide whilst waiting or turning overseas or to online website and dr’s to access hormones and drugs.”

**Trans woman, 45-54, South West**

### **Sexual health services**

27% of respondents had accessed sexual health services in the 12 months preceding the survey. A further 2% tried but were unsuccessful. Most respondents said they had been easy or very easy to access (74% said this); with only 26% saying they had not been easy to access. Almost nine in ten (87%) of respondents who did access sexual health services reported a positive experience. However, a number of respondents to the optional free-text question used it to highlight negative experiences. Comments frequently focused on the NHS not having a full understanding of LGBT-specific issues such as access to post-exposure prophylaxes (PEP), a time-sensitive treatment aimed at preventing patients from becoming infected with HIV.

“ At a hospital NHS walk-in centre, I have been told it is not possible to access information about / get prescription for PEP (which needs to be taken as soon as possible) on a Sunday... I was loudly asked in front of other people if my enquiry is about HIV because the nurse did not know what post-exposure prophylaxis is.”

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

### **Gender identity services**

Trans respondents were asked about their experience of accessing gender identity services. The NHS commissions these services, which provide holistic care including psychological support, voice therapy, hormone therapy, diagnosis of gender dysphoria and social care. They prescribe cross-sex hormones (for those over 16) and offer surgery (for those over 18).

Half (50%) of trans men and 43% of trans women respondents had accessed gender identity services in the past year. A further 16% of trans men and 15% of trans women had tried but were unsuccessful. Only 7% of non-binary respondents had accessed the services, with a further 6% trying. Of all trans respondents who had accessed or tried to access, 80% said that access had not been easy (rating 1, 2 or 3 out of 5 for ease of access), and 68% said that the waiting lists had been too long. Furthermore, 33% said the services were not close enough to them, with figures markedly higher in the North West (51%) and Wales (54%) where there are no gender identity services. The survey also found that 16% of trans respondents who had started or completed transitioning had gone outside the UK to pay for healthcare or medical treatment and a further 50% said they were considering it; the most frequently cited reason for those who had gone abroad was that gender identity service waiting lists were too long (73%).

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**OF ALL TRANS RESPONDENTS WHO HAD TRIED, 80% SAID THAT ACCESS HAD NOT BEEN EASY, WITH THE MAJORITY OF THESE (68%) SAYING THAT THE WAITING LISTS HAD BEEN TOO LONG.**

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Of the 2,900 respondents who discussed gender transition and gender identity services in the optional free-text response, a picture was painted of hard-to-access services, a lack of knowledge among GPs about what services are available and how to access them, and the serious consequences of having to wait. We know from other research that trans people have very high rates of self-harm (for example, a trans mental health study found that around 53% of trans survey respondents have attempted it at least once).<sup>16</sup> In the optional free-text response trans people reported going abroad, using the internet to purchase hormones or turning to prostitution to raise the money needed to access private medical treatment.

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**16% OF THE TRANS RESPONDENTS HAD GONE OUTSIDE THE UK TO PAY FOR HEALTHCARE OR MEDICAL TREATMENT AND A FURTHER 50% SAID THEY WERE CONSIDERING IT**

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“ People often assume I am straight, due to wearing a wedding ring and having two children. However, in the instance when they ask about my husband, I have to consciously evaluate whether me telling them I have a wife will impact the choices they will make in relation to the company. ”

**Woman, gay, 35-44, Wales**

## Workplace

We know from existing evidence that LGBT people face discrimination and harassment at work. For example, 1 in 8 trans employees responding to a recent Stonewall survey said they had been attacked by a colleague or customer at work.<sup>17</sup> NIESR found that the evidence base on inequality of employment outcomes by sexual orientation is weak and inconsistent. We therefore asked a series of questions in the survey to better understand the experience of LGBT people in employment.

In the LGBT survey, 80% of respondents aged 16-64 had been in employment at some point in the 12 months preceding the survey. Trans people were less likely to have had a paid job in the 12 months preceding the survey (65% of trans women and 57% of trans men had one).

### Openness at work

19% of respondents with a job in the preceding 12 months had not been open about their sexual orientation or gender identity with any of their colleagues at the same or a lower level. Respondents were even more likely to say that they had not been open with any senior colleagues (30%) or any customers or clients (57%).

<sup>17</sup> See: <https://www.stonewall.org.uk/lgbt-britain-trans-report>

## Experiences in the workplace

The NIESR report cited a number of studies suggesting that LGBT people suffer higher rates of bullying and harassment than heterosexual people. 23% had experienced a negative or mixed reaction from others in the workplace due to being LGBT, or being thought to be LGBT. 11% had experienced someone disclosing that they were LGBT without their permission, 11% had experienced unspecified inappropriate comments or conduct, and 9% had received verbal harassment, insults or other hurtful comments.

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## 11% OF ALL SURVEY RESPONDENTS IN THE WORKPLACE HAD EXPERIENCED THEIR LGBT STATUS BEING DISCLOSED WITHOUT PERMISSION

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With regard to each respondents' most serious incident, 57% said it was perpetrated by a colleague at the same or lower level (this was often unwanted disclosure of LGBT status or verbal harassment); 22% by customers and clients, and 21% by a line manager, immediate manager or supervisor. As with the education and safety questions, most respondents said the most serious incident had not been reported, the main reason for which was that they had thought it would not be worth it, or that nothing would happen or change.

“ I am unemployed and struggle to get work, prior to transitioning this was never an issue. I have tested this by applying to 30+ jobs announcing I am trans to which I received no interest. I did the same again but withheld the fact I am trans and suddenly I got interviews.”

**Trans woman, bisexual, 35-44, North West**

## Other headline findings

Though questions on safety, health, education and employment constituted the main content of the survey, we were able to get rich and detailed data on a range of other areas, particularly from the optional free-text question. The key themes discussed were safety (10,192), health (9,859) and education (8,838), most likely because they were the areas already covered by the survey. However, the breadth of issues covered in response was extensive, and many respondents discussed themes that were distinct from those addressed elsewhere in the survey. These are briefly mentioned below.

### **The Gender Recognition Act**

The Gender Recognition Act 2004 allows trans people to apply for a Gender Recognition Certificate. This allows them to change the gender marker on their birth certificate following transition, bringing it in line with other documentation, and also to be legally treated in the gender in which they identify. The Act does not cover non-binary gender identities. Of the trans men and trans women respondents, 12% who had started or finished transitioning said they had a gender recognition certificate. Only 7% of those who were aware of GRCs but did not have and had never applied for one said they would not be interested in getting one. Key reasons for not making an application included not satisfying the requirements (44% said this) and the process being too bureaucratic (38%) or expensive (34%) – respondents could select more than one reason.

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**12% WHO HAD STARTED OR FINISHED TRANSITIONING SAID THEY HAD A GENDER RECOGNITION CERTIFICATE. ONLY 8% OF THOSE WHO DID NOT HAVE ONE SAID THEY WOULD NOT BE INTERESTED IN GETTING ONE**

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“ When I came out [...] I never dreamt that one day I would be able to marry another woman. When I met my lifelong partner [...] we never thought that one day I could legitimately call her my wife. We are now happily married. Being lesbian and the views of straight people around me has changed beyond all measure in the 31 years since coming out to family and friends, for the better (sic). ”

**Woman, lesbian, 45-54, London**

### **Intersex**

2% of the survey respondents (1,980) identified as intersex. A quarter (25%) of intersex respondents had tried to access mental health services in the 12 months preceding the survey and a further 13% had tried but were unsuccessful. Only 28% had found it easy to do (rating it 4 or 5 out of 5 in terms of ease of access). Around a quarter (24%) had tried to access sexual health services and 3% had tried without success, with a higher proportion of respondents saying access was not at all easy (11%) than non-intersex respondents (5%). Intersex respondents were more likely than non-intersex respondents to say that their GP was not supportive (6% compared with 2%) or did not know where to refer the individual (5% compared with 1%). They were also more likely than non-intersex respondents to say they were too worried, anxious or embarrassed about going (12% said this compared with 7%). Key intersex themes from the optional free-text responses included medical records concerning medical interventions at a young age (e.g. ‘cosmetic’ surgery to amend ambiguous genitalia) being withheld from intersex people and a lack of advice and information about what to do when you are diagnosed as having an intersex condition.

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**2% OF THE SURVEY RESPONDENTS (1,980) IDENTIFIED AS INTERSEX. A QUARTER OF INTERSEX RESPONDENTS HAD TRIED TO ACCESS MENTAL HEALTH SERVICES**

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## Marriage

To the optional free-text question, 1,897 respondents discussed marriage and civil partnerships. Many responses talked positively about being able to legally marry their same-sex partner and how, more generally, this was vital to societal acceptance of being LGB. We know from the British Social Attitudes Survey that attitudes to same-sex relationships have improved in recent years, with 64% in 2016 saying that they are 'not at all wrong', up from 47% in 2012. This compares with a low of 11% in 1987<sup>18</sup>

## Homelessness

Some respondents touched upon what they saw as an increased risk of homelessness among LGBT people, often as a consequence of being rejected by their families after coming out. This reflects more detailed work by others on this topic, such as the Albert Kennedy Trust, which found that 69% of young LGBT homeless people were rejected by their parents and suffered abuse within the family.<sup>19</sup> In this context Stonewall also found recently that 1 in 4 trans people had been discriminated against when seeking rented accommodation.<sup>20</sup>

## International comparisons

Respondents who were born abroad often described settling in the UK as a conscious decision because of the discrimination and prejudice they face in their country of birth and because of the UK's record on LGBT rights.

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**ATTITUDES TO SAME-SEX RELATIONSHIPS HAVE IMPROVED IN RECENT YEARS, WITH 64% IN 2016 SAYING THAT THEY ARE 'NOT AT ALL WRONG', UP FROM 47% IN 2012**

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“ I have travelled all over the world and the UK should be proud of its progress. It is one of the best places globally to be LGBT. Things are not perfect, but this is true of many areas of life and it takes time to change attitudes. Successive UK governments should take credit for what has been achieved. ”

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

18 See: [http://www.bsa.natcen.ac.uk/media/39147/bsa34\\_moral\\_issues\\_final.pdf](http://www.bsa.natcen.ac.uk/media/39147/bsa34_moral_issues_final.pdf)

19 See: <https://www.akt.org.uk/Handlers/Download.ashx?IDMF=c0f29272-512a-45e8-9f9b-0b76e477baf1>

20 See: <https://www.stonewall.org.uk/lgbt-britain-trans-report>

# NEXT STEPS

The LGBT survey has yielded a substantial amount of data. In this summary report and in the more substantive analytical publication we have published alongside it, we have provided an overview of that data. While there were some positive messages, in many cases what we have found is sobering. The results demonstrate that despite recent legislative achievements, the UK still has more to do to improve outcomes for LGBT people and to create a society where people feel comfortable being who they are.

Alongside the survey findings, we have also published a comprehensive LGBT Action Plan, setting out how we plan to respond to the findings.

## Publishing more data

This paper and its accompanying analytical report provide an initial overview of data. The LGBT survey dataset, however, is comprehensive and more analysis is possible. For example, the dataset is large enough to look in detail at specific sub-groups, such as bisexual people or pansexual people, which the NIESR report found to be under-studied or under-sampled. Intersectional analysis, for example looking at the experience of LGBT people who have a faith, would also be possible. In addition, we might want to look in more detail at the interdependencies between answers – looking at issues such as the relationship between experiencing hate incidents and mental health, or at the factors that limit life satisfaction. We will be conducting further analysis in line with our policy priorities and will publish further data as appropriate.

The government is committed to transparency and accountability. We believe in sharing as much public sector data as possible in an accessible format. The LGBT survey, we realise, has yielded a rich dataset that will be of interest to researchers, academics, stakeholders, media and the public. We intend to publish as much of the survey data as is possible. There will be some limitations on what can be shared (for example data that is so granular as to identify individuals) but our general principle will be to share what we can to enable wider discussion and exploration in this area whilst protecting the anonymity of respondents.



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