LGBT sexualities in social care research

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Methods Review 2

The School for Social Care Research

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ABSTRACT

People who transgress expected norms regarding gender and sexuality have always attracted attention from social scientists. Early sexuality research, in which sexualities that differed from the statistical norm were presented as perversion, travesty, sickness and sin, has, for the most part, yielded to a contemporary focus that explores the lived experiences and realities of lesbian, gay, bisexual and transgender (LGBT) people. This body of work has been underpinned by sometimes competing social and political objectives and, as such, has employed a variety of research methods and methodologies.

Some recent research has focused on the adult social care arena – the ways in which the needs of LGBT people are acknowledged, recognised and addressed in social care contexts. It is from this particular perspective that this review is written. The review charts the development of sexualities research and provides an overview of associated methodological approaches and perspectives, particularly those that have a specific adult social care focus. A range of examples from the various approaches is provided.

The review includes a critical appraisal of the strengths and limitations of the various approaches. It addresses a range of methodological challenges associated with research with LGBT people, including the ethical context of research with vulnerable populations, the concept of 'insider status' and some of the problems associated with the use of uncritical definitions and measurements of sexual minorities and how these may be addressed in research that aims to be inclusive without running the risk of tokenism.

The aim of the review is to enable researchers, particularly those working in the field of adult social care, to recognize and acknowledge the diversity of human experience in their own work, the ultimate objective being to improve social care practice.

KEYWORDS

Gay, Lesbian, Bisexual, Sexuality, Identity, Definition, Sampling, Ethics

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CONTENTS

INTRODUCTION

This review is written for researchers who are concerned to acknowledge that LGBT people are now a taken-for-granted constituent of contemporary social and political landscapes and for those who are uncertain about how to begin to address issues of sexual diversity in their work. Specifically, it provides an overview and review of methodological approaches and perspectives in adult social care research that have explored the worlds of gay, lesbian, bisexual and transgender (LGBT) people who use and/or provide social care services. It also reviews the work, albeit limited in quantity, which has included LGBT specific perspectives in research that has a more extensive remit than adult social care. It should be stressed, of course, that most social care research will already include contributions from LGBT people, but their specific contributions are often rendered invisible, as there is no attempt to distinguish this group's experiences from those of heterosexual people. The principal aim of this review, therefore, is to allow social scientists, from a range of backgrounds, to consider LGBT issues in research that may or may not be focused on sexuality.

The review draws on empirical research, undertaken using both quantitative and qualitative approaches. Searches have been carried out in of a variety of academic databases, libraries and on the internet. The scope of the review is international (though exclusively English speaking) and, whilst necessarily addressing a variety of disciplines and sectors, concentrates, in particular, on research in adult social care.

It first explores some of the problems associated with sexual categories and how these may be addressed in research that aims to be inclusive without running the risk of tokenism. In so doing, the review outlines some of the challenges associated with an uncritical use of sexual categories in social care research. It addresses the issue of 'insider perspectives' and provides an overview of the historical context of research that has been done on, by and with LGBT people.

The review is undertaken at a time of significant legislative change in the UK prohibiting discrimination in public life and providing a statutory framework for the protection of LGBT people: the introduction of the Employment Equality (Sexual Orientation) Regulations (2003), Civil Partnership Act (2005), The Equality Act (2006) and the Equality Act (Sexual Orientation) Regulations (2007). These changes, coupled with the inclusion of sexuality and transgender in the six equality strands of the Equality and Human Rights Commission, suggest that the UK Government's policy focus is becoming increasingly diverse and equality-orientated.

To date, however, definitions of diversity in the social care arena have been narrowly focused with a bias towards race and ethnicity and, to a lesser extent, disability and age. A more comprehensive definition and understanding of diversity (in its myriad forms) will enable social researchers to build an evidence base from which it is possible to develop policy and provide services and support on a genuinely fair and equal basis.

HOW MANY LGBT PEOPLE ARE THERE?

There is little available evidence that provides a reliable estimate of the numbers of LGBT people in the UK. Mitchell *et al*. (2009) noted that, whilst there exists a good deal of small-scale qualitative research that explores the experiences of LGBT people in public life, there remains a dearth of evidence that details the actual size of the population in question. Reasons for this lack of evidence are debatable and varied. Betts (2008), for example, suggested that when people are asked to define their sexual orientation (or gender), there is a generalised failure to capture the subtlety that may be associated with varying definitions and categorisations of sexual minorities. There is, therefore, confusion about what, or who, is actually being measured. Further challenges are associated with questions which invite a range of possible labels (in addition to heterosexual gay, lesbian, bisexual, transgender), given that 'each of the sexual orientation labels carries a political history and in making such identity choices participants may be acknowledging a particular political positioning' (Purdam *et al*. 2007). Added to this is the stigma that continues to surround identification with a sexual minority, which means that people may be reluctant to position themselves as anything other than heterosexual.

Another reason for the missing data on LGBT people is that questions about sexual identity are simply not asked in large-scale surveys. The Census, the Labour Force Survey and the General 3 Household Survey do not include questions on sexual orientation (Purdam *et al*. 2007). It is interesting that the Office for National Statistics (ONS) (2006), in the consultation document *2011 Census: Assessment of Initial User Requirements on Content for England and Wales,* demonstrated a clear user need for information on sexual orientation. The consultation concluded that responses had identified multiple potential uses for census information on sexual orientation from a variety of respondents including health and social care services. Monitoring of equality objectives, targeted policy development and the equitable allocation of resources were among the most common reasons for requiring this information.

Despite this clear evidence of need for reliable information and statistics on sexual orientation, the ONS has again decided not to include a question on sexual orientation in the 2011 Census:

> The ONS view remains that such questions are not suitable for the 2011 Census. ONS has significant concerns surrounding the issues of privacy, acceptability, accuracy, conceptual definitions and the effect that such a question could have on the overall response to the Census (ONS 2006).

Having identified the issue as a priority, however, the ONS has instigated the Sexual Identity Project which aims to develop a question on sexual orientation for future monitoring, test future questions and provide guidance for users of resulting statistics (for a comprehensive account of the challenges associated with counting the numbers of LGBT people, see Mitchell *et al*. 2009).

Estimates for the actual numbers of LGBT in the UK population, therefore, vary widely. For gay and lesbian people, for example, estimates range from 0.3% to 10% (Aspinall 2009; Betts 2008; Breitenbach 2004; National Centre for Social Research 2000). This wide disparity is evidence of the uncertainty that surrounds this subject. Estimates for the number of bisexual people are less widely available still, again most probably due to problems of definition. In the case of trans people, Whittle *et al*. (2007) state 'the conclusion must be that there is simply no publicly available statistical data on which to make firm estimates' (p.7). As a result:

> This lack of robust statistical evidence has largely prevented any meaningful comparison of the level of inequalities faced by LGB people relative to heterosexual people (or indeed differences between lesbians and gay men), particularly for equality monitoring and service development at local and organisational levels (Mitchell *et al*. 2009).

While it may be argued that LGBT people (particularly gay and lesbian people, given the estimates suggested above) constitute a sizeable proportion of the general population, non-heterosexual sexuality and issues of gender dissonance have been notably absent from social care research until relatively recently. A small, but growing, group of researchers has begun to explore the worlds and lived experiences of those people who do not identify as heterosexual or who fit uncomfortably within a strict binary-based gender system. This absence must be contextualised, however, because people who are not heterosexual, in particular, have assumed a very particular and well-defined space in social and, more critically, in medical or health-related research.

RESEARCH WITH LGBT PEOPLE: A BRIEF HISTORY

It may be useful for social researchers to have some understanding of the ways in which research can, and has been, used to oppress and marginalize LGBT people. A basic knowledge of the history of LGBT research is important in order to appreciate why some LGBT people may be wary and distrustful of research that claims to represent them.

The early days of research into homosexuality were dominated by studies that relied on a positivist approach. This sought to distinguish a clear boundary between the subject of research and the researcher, the aim being to produce objective accounts of homosexuality, with gay and lesbian people clearly positioned as the other. This work was focused upon understanding the *causes* of homosexuality and eliciting the presumed differences between gay, lesbian and heterosexual people. These differences have been alleged to be anatomical (differences in height, hand and finger sizes, metabolism) and psychological (greater susceptibility to mental health problems, for example). Explanations for these myriad differences have varied remarkably. They have been attributed, for example, to the result of incomplete psychosexual development and genetic or hormonal anomaly. Such research was distinguished by its focus on the perversion and travesty

LGBT sexualities in social care research

Table 1. Changes in interviewing regarding same-sex experience

	Traditional	Modernizing	Postmodern
Type of interviewer	Presumed heterosexual and objective interviewer	Closeted gay and hetero-sexual interviewers	An 'out' gay or lesbian interviewer
Conception of same-sex relations	1. 'Essential homosexual'; a clear type of person awaiting an interview	1. The arrival of 'homosexualities'; diversities	1. De-essentialized homosexual; no clear type of person; multiple pathways and experiences
	2. Strict closet	2. Weakened closet; gradual 'coming out'	2. Old closets weakened; new closets grow
Types of respondents	1. Homosexual respondents hard to find; usually psychiatric patients, criminal samples	1. Respondents from within the gay community: often white and male	1. Recognition of a range of experiences; queer, global, multicultural
	2. Exotic and stimatized 'outsider'	2. Homosexuals becoming 'normalized'	2. Queers and gays; fracturing; a normalization of a mainstream gay with new groups on the 'outside'
Questions posed	Etiology and pathology: What causes homosexuality and descriptions of pathologies and negative lives	The 'coming out' story detailing the classic life story and lifestyle	Fragmenting; de-essentialized questions; a wider range of questions, often going well beyond the issue of homosexualities; 'queering the field'
Approach	Mainly clinical	Mainly psychological and sociological surveys	Much more active, reflexive, and reflective; the decentred, deconstructed, and self-aware interview
Wider discourses of same-sex experience	Disease discourse	Psychosocial discourses	Cultural and political discourses
Nature of interview	Subject as interview object; sometimes coercive; seen as other		Mutuality of interviewer and subject; seen as potential friend
Examples	Krafft-Ebing (1989), moving to Kinsey *et al.* (1948)	Bell & Weinberg (1978); Gagnon & Simon (1973)	Krieger (1983, 1991, 1996)
Politics	Traditional-conservative, often with interview as tool of control	Modernist-liberatory, often with interview as a democratic liberalizing force	Postmodernist themes; fragmented, postmodern ethics; self-conscious, more localized, politics and change

Source: Kong *et al.* (2002, p.241)

represented by homosexuality in terms of either sin, sickness or, at best, the understanding that gay and lesbian people are the victims of unfortunate biological imperatives. As such, it is not surprising that much early sexuality research was focused upon finding a cure for a trait that, until recently, was considered socially and morally offensive (Murphy 1997).

Kong *et al*. (2002) suggest that research with gay and lesbian people has developed through a number of clearly defined stages: first the traditional model, outlined above; and then the modernising model, wherein research took on a more humane and benign aspect and 'became a tool for modernist democratization and ultimately of social reform' (p.240) – an approach that humanised the deviant homosexual. Finally, they argue, comes a postmodern approach to research with gay and lesbian people wherein the researcher assumes a more active, reflexive and reflective role.

They illustrate their point using interviewing techniques as an example (see Table 1).

Kong *et al*.'s (2002) account of the changes in methods reflects the way in which the resultant data are conditioned by the cultural, political and value climates in which research takes place (Riseborough 2005). The notion of 'gay and lesbian sensibility' in the interview process also becomes foregrounded in the postmodern context highlighted in Table 1. This term reflects the way in which gay or lesbian interviewers bring their own knowledge and understandings of gay and lesbian life to the research process (the concept of 'insider' research is discussed on page 22).

The more reflexive style of research that this model represents came about, Kong *et al*. (2002) suggest, as a result of the rise of the lesbian and gay movement in the late 1960s, in tandem with a new understanding of homosexuality and, consequently, a new research direction. They conclude that, as the pathologising term, homosexual, with its essentialist overtones, was gradually replaced with the term gay, the positivist approach to researching gay and lesbian issues was largely undone and the research style that emerged became an effective tool for self-identification and 'coming out'. Gay and lesbian people thus assumed a more central and visible presence in social research agenda and their formerly silenced voices are now more likely to be recognised and acknowledged.

While the history of research into bisexual issues is less well-defined, it could be argued that trans research shares many historical features with lesbian and gay research. The search for the cause of dissonance with one's given gender is an active thread in contemporary trans research. A biological cause for gender dissonance is thus still being sought. Moreover, the concept 'gender dysphoria', immortalised in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association 1994) as 'Gender Identity Disorder', has given much credence to the notion that a person may be 'born in the wrong body' – a familiar narrative framework employed to explain one's gender dissonance. There are those within the trans movement, however, who are becoming dissatisfied with simplistic explanations with their attendant medicalised, binary responses - diagnosis and intervention (that is, that a person must be either male or female and the medical community may assist, if it so chooses, to enable people to shift from one fixed

gender to the other). This resistance comes at a cost, however, as without medical or psychiatric diagnosis, trans people may not have access to sexual reassignment procedures.

Evidence of this resistance is documented by Alleyn and Jones (2010) who state:

> Some trans people are working out their own formulations of their identities, their own sets of gender-free pronouns, and their own understanding of their aetiology…they do not identify unproblematically as one or another sex or gender (pp. 57–58).

Like the gay and lesbian movement outlined above, therefore, the trans community is resisting the accepted medical discourse of trans issues. It 'challenges the absolute validity of the traditional view of transexuality and offers alternative and wide-ranging implications' (Alleyn and Jones 2010, p.58). Resistance comes from within and the trans community, like its predecessor the gay and lesbian community, is beginning to develop its own research agenda which explores and documents, not simply the medical causes or responses to their 'condition', but their lived experiences of marginalisation and oppression, becoming, in the process, a formidable force for social and political change (see, for example, Laird and Aston 2003; Scottish Transgender Alliance 2008; Whittle *et al*. 2007).

It would seem, then, that, while a preoccupation with 'cause and cure' remains prominent in research into trans issues, this particular obsession has, at least for the time being, been largely expunged from LGB research agendas. As noted above, this has occurred via the powerful political forces of feminism and HIV/AIDS related research, into a more balanced discipline in which gay and lesbian people have begun to claim their own research territory (despite continuing offensives waged by various fundamentalist factions). Contemporary social care research can further facilitate this shift in emphasis by ensuring that it is the lived experiences of LGBT that good research elucidates, with a view to ensuring, not that LGBT people are relieved of their various sexual maladies, but, rather, that research may ensure fair access to services, care, support and the various other 'unearned privileges' (Fish 2006) that are enjoyed, without question, by those who are not LGB or T.

METHODOLOGICAL CHALLENGES

The methodological challenges associated with research with LGBT populations have been well-documented (see, for example, Berger 1984; Hash 2001; Hash and Cramer 2003; Jacobson 1995; Kehoe 1989; McClennen 2003; Quam and Whitford 1992; Sullivan and Losberg 2003; Webb and Wright 2001; Weston 1991). These challenges include accurately defining, measuring and sampling respondents and the ethical considerations that should be taken into account when working with minority groups and/or hidden and vulnerable populations: similar problems having been documented and addressed in research that

has examined the classification of people based upon their race and ethnicity (Dean *et al*. 2002).

The following sections explore these challenges in some detail asking, first, how researchers may define, classify and categorise LGBT people, before moving on to discuss the problems associated with sampling this population and the ethical considerations it is necessary to respect when working with LGBT people.

WHO IS LGBT? IDENTITY AND DEFINITION

When thinking about methodological approaches in social care research that incorporate or address issues of sexuality and/or gender, it is important to consider the ways in which language, the definitions used to describe people and the categories they are included in, may impact upon both them as participants in the research process and the research process itself. Giving some thought to these matters is critical, as, in both quantitative and qualitative research, accurate definition and classification are essential to accurately analyse statistical data and, in the latter, to describe and explore the various definitions and categories appended to certain groups of people (McManus 2003). As such, these issues help shape a project's methodological trajectory and credibility.

THINKING ABOUT CATEGORIES

When studying gay, lesbian and bisexual sexuality and/or transgender issues, many researchers have employed an inclusive, if, arguably, misleading, acronym. The ubiquitous LGBT denotes a hypothetically interconnected assortment of sexual minority populations including Lesbian (L), Gay (G), Bisexual (B) and Transgender (T). This acronym is particularly notable for its extraordinary elasticity. It has been variously re-modelled to include other minority groupings and, in so doing, has become a convenient, though arguably misused, tool for the demonstration of inclusivity. Indeed, some work has gone so far as to expand the acronym to include Lesbian, Gay, Bisexual, Transgender/Transsexual/Two-Spirited Queer/Questioning and Intersex people (LGBTTTQQI), thus aiming to exclude no one.

This elasticity is methodologically problematic, however, as historically, LGBT research that has claimed to be inclusive of bisexual and trans people has, in fact, concentrated almost exclusively on the L and G constituents of the acronym, at the expense of the B and T. This simply reinforces the marginalisation and invisibility of bisexual and transgender people (Brotman *et al*. 2002). It could be argued, therefore, that bisexuality warrants separate research attention and that 'an identity constructed around deeply felt unhappiness with one's biological sex is different in kind from one constructed around same-sex desire' (Wilton 2000, p.xviii). Thus, to uncritically combine lesbian, gay, bisexual and transgender identities (and/or other minority groupings) in a research project's methodology without consideration of these issues is, perhaps, to risk muddying its methodological and theoretical waters.

Furthermore, the LGBT acronym supposes an arguably false unity between people for whom the only similarity may be their identification with a sexual minority. A person's sexuality is not necessarily their predominant defining characteristic, nor one that they would necessarily use to define themselves. Thus to group together gay men and lesbian women, for example, assuming that a gay or lesbian identity 'made these men and women more similar than gender made them unique' would be methodologically indefensible (Quam 1993, p.11). As Wahler and Gabbay (1997) argue:

> Gay men and lesbians are more different from one another than they are similar, both in their orientation and their gender… Thus any attempt to join them for the purpose of sociological research is both artificial and misleading. Joining them under one umbrella of research on 'homosexuals' has the effect of diluting our understanding of each and trivialising the experience of both (p.2).

This perspective should be tempered, however, with a degree of pragmatism and whilst it could be argued that each sexual minority should be given separate consideration in social care research, this is not always possible nor, it should be stressed, advisable.

While there is no reason, therefore, to suggest that those who share a certain characteristic necessarily share others, there are critical elements of gay and lesbian people's lives that serve to forge a sense of community (however that term might be defined) – issues of 'stigma, prejudice, legal inequality, a history of oppression, and the like' (Weeks 2000, p.183). Gay men and lesbian women thus share history of oppression that may invalidate other more obvious social divisions (Coon 2003). The same may, of course, be said for bisexual people who occupy a very particular place on the sexual minorities map, often being discriminated against from both the hetero and homo sides of the various sexual divisions. Similarly, trans people may also present the argument that the 'T' in LGBT earns its place by virtue of the fact that gender, as much as sexuality, is a disputed and misused notion and, as a result, people whose given gender does not fit their own perceptions and needs are marginalised and oppressed. This, the argument proposes, means that the link between LGB and 'T' is clear – the acronym, from this perspective, subsumes those who contravene heteronormative expectations of both sexual and gendered behaviour that is governed by a strict, but arguably arbitrary, binary system.

A further issue relates to how the language of omission may bias a methodology, perhaps unintentionally – another reason for researchers to be particularly sensitive to semantics when planning a study and a particular problem, perhaps, in research that is not specifically focused on sexualities. When coding the sex of respondents, for example, providing only two categories may, perhaps unintentionally, exclude those who are transgender or people who identify as intersex (that is, people who have elements of both male and female biology). Moreover, researcher-suggested categories simply may not fit the ways in which participants would ordinarily refer to themselves. The *First Out* report (Beyond Barriers 2003) is a study that directly addresses this issue, asking respondents to categorise themselves 'male', 'female' or 'other'. The latter designation attracted 40

participants who defined themselves thus:

- Transgender (10)

- Missing (8)

- Gay (3)

- No gender (3)

- Crossdresser

- F–M transsexual

- F to M transgender man

- F/M

- Female/Male

- Inbetweeny

- Intersexed

- Male to female transsexual

- Transsexual M + F

- Transgender (intersex)

- Transgender (post op)

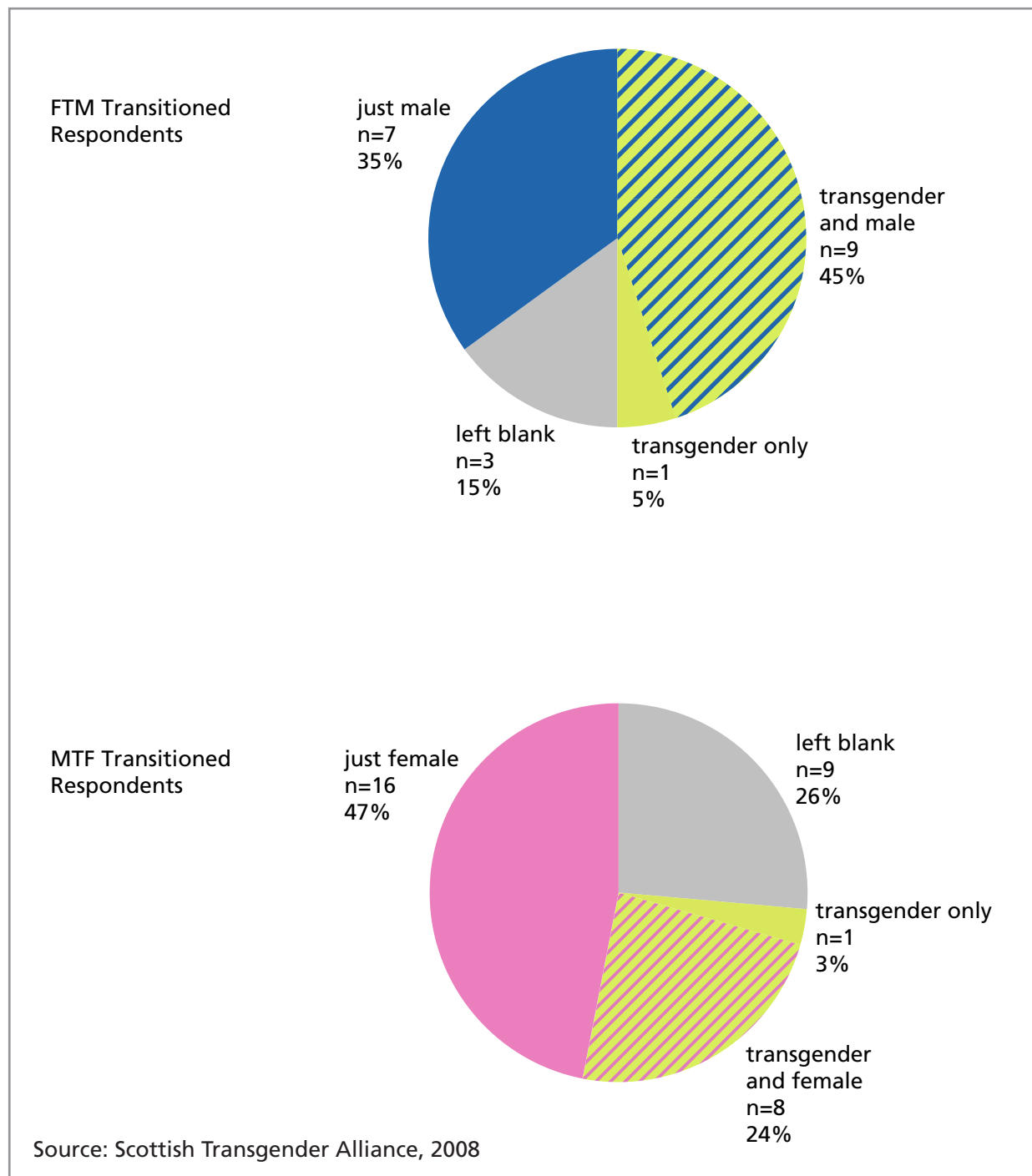- Transgender F T M

- Transgendered M/F

- Transman

(Beyond Barriers 2003, p.6).

Furthermore, trans people may not, of course, identify as 'trans' or be visibly 'trans'. The report *Transgender Experiences in Scotland* (Scottish Transgender Alliance 2008) for example, found that 35 per cent of men who had transitioned from female and 47 per cent of women who had transitioned from male simply categorised themselves in their new gender (see Figure 1) (Scottish Transgender Alliance 2008, p.9).

Providing an acknowledgement of the limitations of a binary approach to the classification of gender and a range of possible identities that are generally accepted by the community under study may reassure participants that they will be properly accounted for in a study's findings. This was an approach taken by Whittle *et al*. (2007) in a study that explored trans people's experiences of inequality and discrimination in social life. The researchers offered participants definitions such as male-to-male (transvestite or

Figure 1: Types of answer to open question 'How do you describe your gender?'

FTM Transitioned Respondents

just male
n=7
35%

transgender
and male
n=9
45%

left blank
n=3
15%

transgender only
n=1
5%

MTF Transitioned Respondents

just female
n=16
47%

left blank
n=9
26%

transgender only
n=1
3%

transgender
and female
n=8
24%

Source: Scottish Transgender Alliance, 2008

transgender or transsexual or trans person); man with a transsexual background; male to female (transvestite or transgender or transsexual or trans person); woman with a transsexual background, and other trans identified eg. agendered, polygendered and, non-gendered.

Similarly, Keogh *et al*. (2006, p.12), in a study that explored the needs and experiences of LGBT people who live, work and socialise in the London Borough of Lambeth explored participants' gender identity thus:

Gender was explored with four questions:

• *Are you...? male / female / intersex*

• *Is that the sex you were born into? no / yes*

• *Are you a Trans person (Transexual / Transgender)? no / yes*
[If yes] How do you describe yourself?*

Gender identity by Trans status (N=463, missing 0)			By Trans status	
			Not Trans	Trans
Male	Was that the sex you were born into?	Yes	313	8
		No	3	2
Female	Was that the sex you were born into?	Yes	121	–
		No	–	12
Intersex	Was that the sex you were born into?	Yes	2	–
		No	–	2

In total, 326 (70%) respondents identified as male, 133 (29%) as female and 4 (1%) as intersex. Nineteen respondents (4% of all) indicated that their current sex was not the sex they were born into (5 males, 12 females and 2 intersex people).

Twenty-four respondents (5% of all) identified as Trans (10 males, 12 females and 2 intersex people), of which 23 gave further description, including:

• a switch • a parliamentarian • Femail • Female • Female or Transexual Female • Female trapped in a male body • FTM or Transman • pre-op, probably pre-diagnosis Transwoman • m~f Transexual wanting surgery • Male-to-female • Male-to-female Transsexual - Full time pre-operative • pre-op M-F Transexual • pre-op Transexual • Shemale • Trans-man, male • Transgendered (2 respondents) • Transgendered Transvestite • Transsexual (3 respondents) • Transvestite • TS •

Self-definition and categorisation are, therefore, particularly important for trans people: it is a means of resisting the pathologising terms often used to describe them (Whittle et al. 2007).

Categorising people who identify as anything other than heterosexual, or for whom a binary model of gender is inadequate, is clearly challenging and care should be taken to demonstrate that consideration has been given to these issues when planning a study. Similarly problematic for researchers wanting to include LGBT populations is the issue of language – each of the terms, lesbian, gay, bisexual, transgender have associated historical, social and political associations – they are not simply words and LGBT people are, understandably sensitive to the use of language in social research. As such, terms such as 'homosexual' and 'transsexual' should perhaps be rejected as medically crafted, homogenous and outdated terms rooted firmly in psychiatric and medical discourse (in the context of trans research, however, there appears to be a reluctance to disregard the 'transexual' epithet altogether).

In an attempt to circumnavigate these semantic challenges, Heaphy *et al*. (2003) in a study exploring the lives of LGB people over 50 years of age, use the term 'non-heterosexual' people as an inclusive expression that is intended to subsume gay, lesbian, and bisexual identities. This term is also problematic, however, in that it denotes only an inherent lack of heterosexuality, presenting LGB identities as what they are not. As such, the terms gay men, lesbian women, bisexual people and transgendered, or trans people, are the suggested terms for research that aims to be genuinely inclusive. This is contemporary language that is widely used by LGBT people.

DEFINING THE RESEARCH POPULATION

A related issue to the use of language and categorisation is definition – who, in a research context, is authentically LGB or T? Methodology should, therefore, give some attention to how LGBT people are defined and seek to understand the rationale for preferred definitions. The issue is particularly problematic, as the notion of what makes a person 'gay', 'lesbian', 'bisexual' or 'transgender' can, of course, be framed in any number of ways.

Kinsey *et al*. (1948), for example, employed a behavioural definition for lesbian women and gay men in the United States. In this early work, 4 per cent of the respondent sample reported a lifelong pattern of same-sex sexual behaviour, whilst 10 per cent engaged in same-sex sexual behaviour for at least three years between the ages of 16 and 55 years, and 25 per cent of the sample engaged in more than one same-sex sexual experience between the same ages. Similarly, the more recent *UK National Survey of Sexual Attitudes and Lifestyles* (National Centre for Social Research 2000) asked whether respondents had had a same-sex sexual partner in the last five years and in their lifetime. These definitions are based upon narrow interpretations of sexual behaviour – who does what with whom – and thus fail to address the notion of sexual identity or desire, which is far more complex.

It is fair to question, therefore, what constitutes the best definition of a 'gay man', a 'lesbian woman' or a bisexual or trans person and, further, which definitions are the most accurate and why this might be so. For lesbians in particular, issues of definition have been the site of innumerable tensions. Again, the question might be asked, who is the 'real' lesbian and how is she most properly defined? The answer, Kitzinger (1987) suggests, holds the key to the manner in which lesbians' accounts of their life experiences have tended to be invalidated, pathologised and 'subjected to a severe process of selection' (p.66), the net result being that only a small number of lesbians' accounts of their experiences are perceived as valid and reliable in research terms, thus restricting the range of data available to the researcher. To date, researchers have tended to 'define lesbianism in privatised terms as a sexual orientation or type of sexual activity' (Kitzinger 1987, p.67) and, as such, the lesbian woman is unambiguously defined by the nature of her bodily, sexual activity (with another woman). Some lesbian women would not, however, ascribe to such a narrow conceptualisation. For some women, lesbianism is a personal and political standpoint that may, or may not, involve intimate relationships with other women. Moreover, there are those who choose celibacy, but who still identify as lesbian.

For bisexual people problems of definition are, perhaps, more complex still, and it has been suggested that 'the question of definition seems to have been intentionally avoided rather than overlooked' and that, in fact, the fluid nature of bisexuality defies attempts at definitions (Berenson 2002, p.12).

A pragmatic definition of transgender is, however, provided by Whittle *et al*. (2007):

> Transgender is an umbrella term, coined in the US, used to include people whose lifestyles appear to conflict with the gender norms of society. It includes many types of people and lifestyles. In the use of the broad term, a transgender person crosses the conventional boundaries of gender; in clothing; in presenting themselves; even as far as having multiple surgical procedures to be fully bodily reassigned in their preferred gender role (p.6).

Some studies have circumnavigated the notion of definition by allowing individuals to simply self-identify (see, for example, Gibbons *et al*. 2007; Heaphy *et al*. 2003; Quam and Whitford 1992). This pragmatic approach is not without its own difficulties, however, as McManus (2003) states:

> 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 (p.16).

Moreover, some people would not choose to define themselves with any of the customary 'non-heterosexual' terms, such as 'homosexual', 'bisexual', 'transexual, and so on. This is because for some people, they are representative of strictly behavioural, pathologising, terms that should be actively resisted by those keen to challenge the presumed immutable nature of the various sexual categories. There may also be those who have chosen not to associate or identify with customary categorisations and language, given a damaging history of pathologisation and repression.

As noted above, however, many studies that have focused on the life experiences of LGBT people have employed a strategy of self-definition (Hare 1994; Nardi and Sherrod 1994; Pilkington and D'Augelli 1995) and, in this body of work, the definition of 'gay' 'lesbian' 'bisexual' and, less commonly, 'transgender' simply denotes those people who voluntarily label themselves thus (Martin and Knox 2000). It may be hypothesised that, given the stigma surrounding LGBT labels, those who are not LGBT would be unlikely to sanction such a label for themselves, as this would be a self-ascribed admission of deviance (Alonzo and Reynolds 1995; Martin and Knox 2000). Methodologically, perhaps, this ensures that those who do identify themselves as LGB or T are 'the genuine article'.

Perhaps the best advice would be to define the population under study in the manner that best fits the purposes of an individual study (Rothblum 1994). Indeed, McManus (2003), in the most comprehensive review of sexuality methodologies in the UK to date, argues 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 (p.15).

McManus (2003) goes on to suggest that, while it is perhaps not possible to account for every sexual nuance or subtlety in the language, categorisation and definitions used in sexualities research, difference and diversity should, where possible, be acknowledged and carefully built and written into research methodologies.

SAMPLING AND DATA COLLECTION

Once defined, however, it is then necessary to sample the research population under study and, given some of the issues outlined above, sampling gay and lesbian populations presents a number of challenges to the researcher interested in exploring the experiences of this loosely defined ideological community. Sampling of LGBT populations is difficult as it is a social group that is generally considered to be 'hard to reach', as noted above, 'resistant to definition' and subject to discrimination and social isolation (Sullivan and Losberg 2003, p.148).

It has been suggested that random samples of the LGBT population are impossible to obtain because no conceivable sampling frame exists for them (Martin and Knox 2000), while it has been claimed that it is impossible to obtain representative samples of the LGBT population (Heaphy *et al.* 1998), partly because there is no clear-cut definition of what or who is LGBT. As outlined above, another reason for this is, of course, the fact that many LGBT people may choose not to identify themselves as such (Garnets and Kimmel 1993).

Research into LGBT issues has, therefore, traditionally drawn samples from members of LGBT organisations, the readers of LGBT publications, customers of LGBT businesses and the recipients of health and social care services (Fisher *et al.* 1993; Folkman *et al.* 1992; Hare 1994; Heaphy *et al.* 2003; Kurdek 1991; McFarlane 1998; Moran 1992; Paul *et al.* 1994; Pilkington and D'Augelli 1995). As such, the generalizability of findings in studies using these convenience or purposive samples is limited (Martin and Knox 2000), a point perhaps well illustrated by some of the larger scale surveys of sexual behaviour (Wellings *et al.* 1990; Wellings *et al.* 1994). Other methods used in an attempt to identify random samples of gay and lesbian people have, however, included complex and costly methods such as two-stage telephone survey designs (Blair 1999; Harry 1986) and Random Digit Dialing techniques (Meyer and Colten 1999). The various challenges associated with sampling LGBT populations have resulted in research that is, perhaps, over-representative of younger, male, urban dwelling, white, middle-class participants.

McManus (2003) notes that the choice of sampling method will very much depend on the purpose of a research project, its funding source, timeframe, and subject matter, and that using a variety of sampling methods may help to maximise diversity in a research population. (A criticism often levelled particularly at small-scale LGBT research studies, is the lack of socioeconomic diversity.)

Martin and Dean (1993) suggest snowballing as the sampling method of choice where these challenges are particularly evident. In this way, they argue, recruitment of respondents from diverse sources is possible in addition to personal referrals, while recognising that 'the resulting sample would not be random but might include diverse segments of the gay population' (p.85). Similarly, Biernacki and Waldorf (1981) maintain that snowballing techniques are particularly useful when the object of enquiry is exploration and analysis, rather than the testing of predetermined hypotheses, while Lee (1993) observes that this technique is frequently used when studying topics of a sensitive nature and is often employed when respondents may be vulnerable, elusive or 'deviant' – all adjectives that apply to LGBT populations.

Price (2008; 2010) used snowballing methods in a study that explored the care-giving experiences of gay men and lesbian women who cared for a person with dementia. It took four years to recruit sufficient participants (21 people) to undertake the research and, whilst the study explored a very particular area of experience, it is an example of the tenacity and patience sometimes required to access 'hidden' and vulnerable populations.

Platzer (2006) also used snowballing methods in her study of gay men and lesbians' experiences of mental health services. This, however, was one sampling method amongst a range of innovative approaches that included the use of sponsors (key informants) and peer researchers. Her creative methods resulted in a sample (49 people), which, she claims, was more diverse than many comparable studies. This is a study that gives an intimate insight into the vagaries of sampling and data collection with lesbian and gay people.

ETHICAL CONSIDERATIONS IN RESEARCH WITH LGBT PEOPLE

It has been suggested that conducting research with vulnerable social groups has unique ethical and methodological requirements (Russell 1999). Equally, it is clear that some research questions may only be effectively addressed by recourse to work with vulnerable people (Moore and Miller 1999; Schafer 2001). Moore and Miller (1999) contend, however, that members of vulnerable populations often experience multiple risks that may diminish their autonomy, thus rendering them doubly (or indeed triply and so on) vulnerable. This means that researchers may avoid working with people who may be classed as vulnerable and that, consequently, the needs and concerns of these people are not addressed within research, practice and policy arenas.

The ethical issues relevant to conducting research with vulnerable populations relate, primarily, to whether or not the research constitutes a risk to respondents and whether or not they may be harmed in some way during the research process (Sieber 1992). Sieber (1992) goes on to stress that the key risks in this context are invasion of privacy, breach of confidentiality and embarrassment. Platzer and James (1997) further this point by arguing that, in the context of LGBT research, the risks related to breaches of confidentiality are heightened because, for this group of people, the threats of violence, losses of employment, housing or children are very real. Furthermore, Martin and Knox (2000) suggest that the face-to-face research interview, which may provide less in the way of privacy and anonymity than other research strategies, may be particularly threatening to gay and lesbian research participants.

The concept of 'vulnerability' is, however, socially and politically contingent and, as Silva (1995) argues, the definition of a vulnerable person is broad and might be someone who experiences diminished autonomy due to a wide range of physiological and/or psychological factors or status inequalities. Moore and Miller (1999) suggest that a logical extension of this definition might include those who lack the capacity 'to make personal life choices, to make personal decisions, to maintain independence, and to self-determine' (p.1034). As such, they argue, vulnerable people require safeguards when involved in research, to ensure that their rights and welfare are adequately protected.

Whilst LGBT people may not be considered vulnerable in the same way as others generally termed thus in the literature, such as children, foetuses, physically disabled people, people with learning disabilities, or those who are homeless or institutionalised (Sieber 1992; Silva

1995; Moore and Miller 1999), sexualities research involves working with vulnerable populations whose minority status is varied across a range of intersecting contexts. The risks outlined by Platzer and James (1997) above are thus very real for many LGBT people. Walsh-Bowers and Parlour (1992) state that research with minority groups is 'necessarily an ethical and political intervention with participants' and as such the researcher should take specific steps to prevent harm to research participants and their environments (p.109).

Indeed, from both an historical and, unfortunately, a contemporary perspective there has been, and continues to be, research conducted with LGBT people that violates expected ethical standards. Work that attempts to change the sexual orientation of participants, for example, has a long history and, it may be argued, has damaged those involved both physically and psychologically. Moreover, the results of unethical studies have been used to promote stigma and prejudice against LGBT populations and as such it may be necessary to offer particularly detailed information to LGBT participants regarding assurances of confidentiality and the ways in which findings are likely to be used and disseminated, the ways in which data will be stored (or destroyed) and the ways in which verbatim quotations will be presented in reports and other publications.

METHODS

Selecting an appropriate methodology for a study rests upon a number of interrelated factors: the type of research question; the nature of the people under study (their various social positions); the nature and potential size of the sample; resource restraints and the availability of baseline data (McManus 2003).

Questions relating to numbers – that is, how many, how much, where and so on – are most appropriately answered by quantitative methods that allow for cost-effective collection of data. In contrast, questions that ask more in-depth questions – the why, wherefore and how questions – are more appropriately explored using qualitative methods, the advocates of which argue that these approaches represent a distinctive paradigm that should not be judged by conventional research measures such as validity, reliability and generalisability.

These methods best assist with the aim of answering exploratory and descriptive research questions, whilst allowing for a deeper understanding of experiences and social phenomena than that which could be obtained from a purely quantitative analysis (Maykut and Morehouse 1994; Silverman 2000, p.89). The aim of qualitative research such as this, as noted above, is not generalisations, but rather an in-depth understanding of a range of phenomena as experienced by the research participants (Maykut and Morehouse 1994).

USING SURVEYS

Surveys are perhaps the most commonly used quantitative research methods. Administered by post, orally (a researcher asks the questions) or electronically, standardised questionnaires are used for all respondents, with perhaps the option of allowing respondents brief narrative passages. The UK Gay and Lesbian Census (2001), for example, provided opportunities for narrative responses to most of its questions, although McManus (2003) suggests that this approach is not unproblematic as it may 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' (p. 29). This Census is particularly interesting as it was, at the time of its publication, the largest survey of any lesbian and gay population in the world (McManus 2003) and it was predicted to be the first of a series of studies that would shed new light on the lives of LGBT people. Despite concerted efforts to access the 2001 Census and any subsequent publications, it has not been possible to do so and it would appear that the impetus behind the original project has perhaps been lost.

Questions in a survey may be administered by a researcher either face to face or over the telephone or, increasingly, by the respondent themselves in online contexts - a method which McManus (2003) suggests is particularly popular with younger people. Self-completion methods may not be appropriate or successful, however, for people who have problems with literacy, those for whom the language used in the questionnaire is not their first language and those who have visual impairments. She also notes that paper self-completion surveys often have particularly low response rates.

However, some of the larger US studies that have explored the experiences of older (or middle aged) LGBT people have used survey methods. A study conducted by the Lesbian and Gay Aging Issues Network of the American Society on Aging (Haefele 2006) used a sample of 1,000 self-identified LGBT people aged 40 to 61 years who participated in an online survey. While the company that conducted the survey undertook measures to ensure the respondent population was representative (in terms of region, race and gender), the respondent population was limited to those people who had access to the internet and who had the inclination to undertake the work in this context. This being said, however, there is evidence to suggest that the anonymity of the online environment may be appealing to those for whom confidentiality and anonymity are particularly important. For trans people in particular, the medium may be compelling in that the 'virtual self' offers complete anonymity and a sense of true 'disembodiment' (Whittle 1998). As such, the online environment perhaps offers much to the researcher exploring particularly sensitive issues with the rider that it is, of course, only available to those people who are able to afford and use the required technology.

Similarly, Cantor *et al*. (2004) surveyed 341 New York City residents aged over 50 years. Participants were recruited from more than 100 LGBT organisations and groups that served women and black and minority ethnic communities were specifically targeted in

order to gather as diverse a sample population as possible. The study does not include an analysis of the difficulties inherent in this approach – that those involved in LGBT organisations are those people who are most likely to be politically active, confident and assertive about their sexuality/trans identity.

In a UK context, the Beyond Barriers (2003) project surveyed 924 participants from the LGBT population in Scotland using online questionnaires and an online focus group, while a recent Stonewall report (Hunt and Dick 2008) exploring gay and lesbian people's expectations of discrimination in the UK surveyed 1,658 lesbian, gay and bisexual adults. Jones (2010) uses this latter report to highlight the problems associated with the uncritical use of sexual categories in LGBT research, namely the various ways by which the B and the T elements of the acronym may become easily lost and therefore invisible, leaving the focus of work on only the lesbian and gay elements of the LGBT grouping.

As noted above, *Serves You Right* (Hunt and Dick 2008) elicited lesbian, gay and bisexual people's expectations of discrimination. The methodology, although very briefly reported, states that the UK sample of 1,658 individuals was selected for participation as they had already identified themselves as being lesbian, gay or bisexual. However, the word 'bisexual' appears rarely in the document, being visible only in the Introduction briefly, as stated, in the context of the methodology and once in the context of the judiciary (p.19). Other than on these occasions, bisexual people disappear from the findings and analysis. Indeed, the report's title omits the word bisexual. (For a more complete exploration of the concept of bisexual invisibility in health and social care contexts, see Jones 2010.)

Similarly, as noted above, the US study *Out and Aging: The Metlife Study of Lesbian and Gay Baby Boomers* (Haefele 2006) recruited 1,000 individuals who self-identified as LGB or T, but again the study's title belies this fact. Moreover, whilst the study does provide the percentage of the respondents who identified as bisexual or transgender (15% and 1% respectively), there is little by way of disaggregation of these various categories in the analysis of the data.

Some studies have circumnavigated the challenges associated with the use of sexual categories by being very clear about who they do and do not include (Brotman *et al*. 2003; Help and Care 2006; Whittle *et al*. 2007). A few recent studies have, for example, concentrated solely on issues of transgender. *Transgender Experiences in Scotland* (Scottish Transgender Alliance/Equality Network 2008) employed both online and paper surveys to elicit the experiences of 71 trans people – the largest study in Scotland to date. Respondents were recruited by the distribution of a survey via transgender support groups, transgender and LGBT email news lists, and gender identity clinics.

Another recent project exploring the lives of trans people, *Engendered Penalties* (Whittle *et al*. 2007), used exclusively online sources and methods. This research is, to date, the most comprehensive account of the experiences of trans people in the UK, having accessed 872 respondents from an online survey. The researchers also compiled an electronic materials' database comprising approximately 86,000 emails which were sent to

Press for Change (an organization that campaigns for trans equality) from 1999 to 2005 from British visitors to their website. They also accessed more than 16,000 messages to the Female-to-Male support network from 1999 to 2006. The potential ethical issues that might arise when using what the contributors may perceive as private correspondence were addressed by the researchers posting a message on the Press for Change website to inform members that the researchers were searching the online database. Those who objected to their messages being used as evidence could contact the researchers to request that their data be excluded from the work.

The authors are clear about the limitations of the work, including a recognition that, while using the internet to access respondents enables the researcher to recruit large numbers of participants quickly, cheaply and confidentially, work carried out in this context is limited to those people who have access to the online environment and who have the motivation and inclination to participate in this way.

There has also been a Europe-wide study by Turner *et al*. (2009) of trans people's experiences in public spaces and of the criminal justice system which, again, elicited, a large number of responses (2669) to an online survey that was originally used to explore a broad range of issues faced by trans people, such as living arrangements, age, occupation, marital status, stage in transition, disability, employment, earnings and so on. The original survey did not focus specifically on hate crimes, and as such the extrapolated data for this study may be presumed not to be biased towards only those participants whose motivation to be involved was the fact that they had experienced hate crime prior to becoming involved in the study.

QUALITATIVE METHODS

While quantitative methods allow questions of scale to be addressed, qualitative methods better assist with the aim of answering exploratory and descriptive research questions, while allowing for a deeper understanding of experiences and social phenomena than that which could be obtained from a purely quantitative analysis (Maykut and Morehouse 1994; Silverman 2000, p.89). Advocates of qualitative methods argue that these approaches represent a distinctive paradigm that should not be judged by conventional research measures such as validity, reliability and generalisability. They are not, however, without their own critics, the most common criticisms being that qualitative research represents only an assembly of anecdotal experiences and personal impressions, that there is a strong possibility of researcher bias and that qualitative methods are not generally reproducible or generalisable – the gold standard of clinical research projects (Mays and Pope 1995). Nonetheless, much research into issues of sexuality has employed qualitative methods, largely using in-depth interviews and focus groups to gather rich and varied data.

LGBT sexualities in social care research

A notable study undertaken by Abbot and Howarth (2005) that explored the lived experiences of LGB people with learning disabilities used semi-structured qualitative interview techniques. The researchers interviewed 71 staff working in learning disability services in the UK about their views and experiences of working with LGB people with a learning disability. In addition, 20 LGB people with learning disabilities participated in interviews that explored their own experiences. The third stage of the research aimed to produce resources to assist both people who use services and staff in this area. This report is perhaps the only one of its kind in the UK to date – there appears to be little interest in exploring LGB issues for people with learning disabilities (evidence, of course, of the presumed asexuality of people with learning disabilities generally). The authors are at pains to point out that they approached social care services in which they knew, or at least thought, good practice was evident with this group of people. As such, they stress that the results are perhaps not generalisable to all service providers. Nonetheless, this remains an important piece of work that has much to commend it as a ground-breaking study.

A further important study utilising qualitative methods that explores an arguably neglected area is *Diagnosis Homophobic* (McFarlane 1998). This report explored the experiences of LGB people who had used, or were using, mental health services. The report built upon work already done in the context of general nursing practice which found endemic problems for LGB people who accessed health services (Rose and Platzer 1993; Rose 1993; Platzer 1993). The study used in-depth qualitative interviews and focus groups to elicit the views and experiences of 35 LGB people (11 gay men, 18 lesbian women, 3 bisexual men, 2 bisexual women). The service provider group consisted of 35 workers (10 gay men, 17 lesbian women, 3 heterosexual men and 3 heterosexual women) from a wide-range of mental health service contexts. This breakdown of the sexuality of the practitioners is particularly interesting in that the study required participants to comment both upon their experiences as LGB workers and, further, their knowledge of the experiences of LGB mental health service users. The sample thus gives a very particular shape to the nature and quality of the data. Whether this is a positive or negative feature of the work is, of course, debatable.

Qualitative interviews may be semi-structured or structure-free, allowing participants to develop their own narrative and the researcher the opportunity to explore participants' stories with them. Similarly, focus groups may be formally structured, with the facilitator leading and directing the discussion, or have a more participant-led approach. Whichever approach is preferred; the researcher's role becomes an integral part of the research process and requires reflection and analysis in its own right. This point highlights an important, but under-researched issue - there are, few studies that actually make reference to the ways in which the input of the interviewer/facilitator may have impacted upon, or driven, the research process and its outcomes. There are, therefore, few examples in the social sciences of first-person accounts from either 'non-native or native' (those who do or do not belong to the social group under study) researchers about the experience of conducting research (Kanuha 2000). This has resulted in a lack of acknowledgement

regarding the potential strengths and pitfalls relating to the insider perspective in social research. In LGBT research, however, consideration given to these issues at a study's outset may preclude methodological problems that occur later in the research process.

There are conflicting arguments about the importance of 'insider status' in LGBT research. It has been suggested that researchers who study populations, cultures, communities or social identity groups of which they are a member bring privileged knowledge and understanding to their research that may, in turn, facilitate the collection of data and their subsequent analysis (LaSala 2003, p.15). Conversely, this knowledge also has the potential to bias the research process as the researcher may 'fail to notice what is unique and informative about their own group or culture' (LaSala 2003, p.19). Bridges (2001) furthers this point to suggest that insider accounts of communities' experiences should be treated with scepticism as they can be 'riddled with special pleading, selective memory, careless error, self-centredness, myopia, prejudice, and a good deal more' (p.373), arguments that could, of course, be levelled equally at the outsider researcher approaching an unfamiliar community with a lack of appropriate ethical consideration, respect or care. As noted above, few studies give analytical credence to insider status or, indeed, the ways in which it may be possible for non-LGBT researchers to bias data in one way or another. One of the few, however, is a study by Bytheway *et al*. (2007) which explored participants' (of all sexualities) ageing experiences. This study made efforts to match the gender and sexuality of participants and researchers where possible. The report does not, however, report on the effects this approach might have had on the data collected.

Fine (1994) warns insider researchers against the risk of romanticising narratives and concomitantly retreating from analysis and, with the best of ethical and moral intentions, attempting to speak for their own social identity groups. There are also those who suggest that the insider-outsider debates in social research should be abandoned due to the multiplicity of subjectivities assumed by both researcher and researched during the research process (Narayan 1993).

To conclude this section, a note must be made of a rarely used method in adult social care research - the use of diaries to elicit and record individuals' lived experiences. While her work does not relate specifically to adult social care, Kenten (2010) reflects upon the use of solicited diaries (research-driven diaries), providing useful insights into this method and its various advantages and limitations in a piece of work that explored lesbians' and gay men's sexualities. She suggests that the method is attractive, as the diary is a familiar and common method of recording personal narrative, reflection and analysis, and provides a credible link between the private and public worlds of respondents. The limitations of this method include, however, the sometimes considerable time commitment and the requisite literacy skills required to complete diary entries.

PARTICIPATIVE RESEARCH

Participatory research aims to overcome some of the methodological barriers that present themselves between researchers and minority or oppressed populations. The method is particularly concerned to avoid the power imbalances that may occur with more traditional methods whereby an 'expert' defines a problem to be investigated and explores it, perhaps without reference to the people or group/s who actually experience the problem, thus extracting the issue from its social and cultural context. It is a method which claims to be 'a genuinely democratic or non-coercive process whereby those to be helped determine the purposes and outcomes of their own inquiry' (Wadsworth 1998). Work within the voluntary sector, in particular, has employed participatory methods and has been driven by consultation and close involvement of LGBT people (Archibald 2010).

A study exploring the social care needs of older lesbians and gay men was undertaken in Liverpool (Kitchen 2003). This research was commissioned by Sefton Pensioners' Advocacy Centre (SPAC) and Merseyside Gay and Lesbian Community Forum. The aim of the work, the author states, was to:

> ...genuinely build bridges between communities, we need to be positive both about the gay and lesbian community and older people. An important element of this research will be seeking out the views of older gay men and lesbians themselves.

The challenges of recruiting LGBT people (particularly older people) for research projects are clearly elucidated in the report which, whilst producing useful insights into the worlds of older gay and lesbian people in a very small geographical area, had a limited budget and timeframe and was limited by involvement from a very small participant group (five people).

A notable study, undertaken solely by a group of older people living in the Isle of Thanet, *Opening Doors in Thanet* (2003), surveyed the extent of sheltered housing services and care home providers' awareness regarding the needs of older LGBT people in these living contexts. The group, comprising gay, lesbian and heterosexual older people, took advice from Age Concern England and local Development Workers in compiling the questionnaire which covered a range of issues. The approach was first to elicit whether providers felt they had any LGBT service users (many of whom said they did not, despite the report's prediction that 5% of users were likely to be LGBT), and then to ask questions that explored the depth of understanding of LGBT people's needs, including whether or not providers included issues of sexuality in their equal opportunities policies. The group sent out 149 questionnaires (with a stamped addressed envelope to facilitate replies), though the number of responses (11 out of 121, or an 18% response rate) was disappointing. While the report explored a very small geographical area and surveyed a small number of service providers, it was, perhaps, the first piece of research in the UK to try to find out how service providers perceived LGBT people's needs or if, indeed,

providers had given any thought to the fact that these needs and expectations may be different from those of heterosexual people. Again, the report does not disaggregate the differences between LGBT categories or identities; rather it provides a broad exploratory lens for the views of service providers.

It was followed some years later by a similarly locally based initiative, *Lifting the Lid on Sexuality and Ageing* (Help and Care 2006). The research was a joint venture between the Institute of Health and Community Studies at Bournemouth University and Help and Care, a charity working across the South coast of England. This was the first project in the UK to amass a sizeable sample of older LGBT people. The purpose of the research project was to broadly examine the experiences and needs of older lesbians and gay men in the Bournemouth, Poole and Dorset area (receiving 91 questionnaires and completing 30 in-depth interviews).

The research report explores, in some detail, the variety of ways in which a participatory methodology was put into practice in this study. Ward *et al*. (2008) offer a critical comparative review of this work, whilst another participative study, the Polari in Partnership Project (Davies and River 2006), explores the challenges associated with working in a participative context.

Count Me In (Mind 2000) was another participative project, which came about via a collaboration of LGBT groups in the East Sussex area. The research involved analysis of the responses to a self-completion questionnaire by 1158 participants. The project furthered the participative element of the work by facilitating a community feedback event, which enabled people to respond to the study's findings. This work has been the impetus behind a range of research initiatives carried out in Brighton, described as the UK's 'Gay Capital'. The work carried out by the 'Count Me in Too' team is an example of participatory research that works in partnership with LGBT stakeholders. Its website (http://www.countmeintoo.co.uk/) contains a wealth of useful information (including, on request, access to the project team's data and other LGBT research) for researchers interested in exploring LGBT issues. Unusually, it also disaggregates data on trans and bisexual people from that which relates to lesbians and gay men, in addition to data on a further sub-sample of the LGBT population – people who are deaf.

A further example of research, this time undertaken for a regulatory consultation that was driven by the ethics of participation, and of particular note in the context of this review, was undertaken as part of the consultation *Living Well in Later Life* (Healthcare Commission 2006). This project, which was a review of progress against the National Service Framework for Older People, was notable because it acknowledged (for, perhaps, the first time in a major UK-wide study by the regulators) that the needs, expectations and experiences of LGBT people (in this context, older people) may be different from those of the heterosexual population.

Following this, Bytheway *et al*. (2007) in *Too Old: Older People's Accounts of Discrimination, Exclusion and Rejection* also included the perspectives of lesbians and gay

men. This report provides more detail than the Healthcare Commission report in that it specifies the ways in which the study's methods were geared specifically towards those who were not heterosexual.

MIXED METHODS

The studies described above are examples of mixed methods designs in which 'the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study' (Burke Johnson and Onwuengbuzie 2004, p.17). The advantage of mixed methods is that, for areas of study where there is little contemporaneous research, such as the LGBT arena, a range of complementary methods allows for the development of a 'more reliable baseline picture' (McManus 2003, p.32). Mixed methods have other methodological advantages. McManus (2003) refers to a study by Gadd *et al*. (2002), for example, in which the combination of methods enabled the flaws in one method to be addressed in the other/s. As noted above, many research studies that focus on the lives of LGBT people have employed mixed methods designs. The study by Keogh *et al*. (2006), for example, used an online quantitative questionnaire to elicit the social care needs of LGBT people in Lambeth, their knowledge and experience of, and participation in, local services and their concerns regarding council-run services. Six subsequent focus groups were facilitated, in which participants were able to explore further the themes identified in the questionnaire responses.

Heaphy *et al*. (2003) also employed a mixed method design, the quantitative element of which allowed the researchers to 'capture the range of experience across the sample', whilst the 'qualitative aspect was integrated throughout the research process and provided depth' (p.6). This report goes into some detail about the difficulties in identifying participants from older age groups in LGBT research – a common problem in studies of this kind. Indeed, in many reports of the experiences of older LGBT people, older people are often conspicuous by their absence. Berger's (1984) seminal study, for example, referred to those over 50 as 'older people'. Hubbard and Rossington (1995), however, managed to recruit a third of their respondents (45) between the ages of 60 and 70 plus. This study also used a mixed methods design, having a questionnaire, in-depth interviews with both people who use services and providers, and a series of public meetings. Given that the work was pioneering, the relatively large sample of lesbian and gay people who participated (131 people returned the questionnaire) was particularly notable. This study, *As We Grow Older*, commissioned by Polari (a lesbian and gay organisation), was one of the first in the UK to address the specific housing and social care needs of lesbian and gay people.

CONCLUSION

This review is an attempt to enable researchers to think about the ways in which LGBT identities impact upon the methodological decisions taken in a research project. As stated in the introduction, LGBT people will already participate in much, if not all, social care research – the challenge for the researcher is to allow these voices expression. It is recognised, of course, that giving each and every discrete factor outlined in this review full consideration would, perhaps, mean that the research became infeasible. The fact remains, however, that conflating people's differences without recourse to some consideration of the issues outlined here is likely to produce misleading and simplistic findings and conclusions (Sullivan and Losberg 2003).

Account, therefore, needs to be taken of the issues outlined earlier. The challenges associated with both counting and sampling LGBT populations, the problematic issues of definition and categorisation, the language used to describe LGBT people and the ethical concerns that should be addressed with this, or any, vulnerable population may be overcome by a willingness to include the perspectives of LGBT people. These issues and the research questions being asked will be the impetus behind the choice of methods in any given research project.

As noted earlier, whilst qualitative methods have traditionally been the choice for research that explores hidden or particularly vulnerable populations, for LGBT research, mixed methods have proved a useful way of, first, providing a broad understanding of particular issues and, second, more in-depth analysis of participants' experiences.

Similarly, participative methods, whilst presenting numerous methodological challenges, allow for a degree of ownership of research that has historically been used only to oppress. These methods are one way to address the fears LGBT people may have regarding the collection of data and the use of findings in social care research.

To conclude, social care research with and including LGBT people should have as one of its primary aims the facilitation of the often-silenced voices of LGBT populations to ensure, at the very least, that legislation, social policy and social care and health services are provided on a fair and equal basis for all members of the community.

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