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The myth of 'older LGBT+' people: Research shortcomings and policy/practice implications for health/care provision.

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The myth of 'older LGBT+' people: Research shortcomings and policy/practice implications for health/care provision.

Abstract

This article explores the implications of research which takes a collectivised approach to lesbian, gay, bisexual and trans+ (LGBT+) ageing and which engages in Questionable Research Practices (QRPs) in doing so. Collectivised approaches to heterogenous identity-based groups address commonalities but often fail to address internal diversity, i.e. the differences between and among older LGBT+ people. This article explores six key problems associated with collectivised research: (1) Homogenising language and phrases; (2) Uneven numerical representation of sub-groups; (3) Thematic over-representation of sexuality; (4) Non-intersectional analyses; (5) Thematic under-representation of gender; and (6) Inaccurate reporting of data. Research which does not differentiate between 'older LGBT+' sub-populations, can provide policy-makers and practitioners with inaccurate and/or misleading information, resulting in services which meet the needs of some, but not all, older LGBT+ people. This article discusses how research can become more inclusive, intersectional and reliable.

Keywords: older; LGBT+; heterogeneity; Questionable Research Practices; health; care.

Introduction

Collective identity categories such as 'LGBT' (lesbian, gay, bisexual and trans[1]) and 'LGBT+' [2] are inherently problematic, their need to create a unified 'us' often obscuring in-group difference (Ghaziani, 2011). There is a growing body of literature on LGBT+ ageing (Fredriksen-Goldsen et al., 2015) particularly in relation to health and care issues (Mahieu, Cavolo, & Gastmans, 2019). Some research address both the shared, and the different, concerns of older LGBT+ people. However, other research takes a pooled approach to these issues, often merging differences into a misleading collective 'whole'.

This occurs against the wider academic background of the 'continued eclipse of heterogeneity in gerontological research' (Stone et al., 2017, 162). This pooled approach is problematic in at least the following ways:

(1) Use of homogenising language and phrases;
(2) Numerical under-representation of sub-groups;
(3) Thematic over-representation of sexuality;
(4) Non-intersectional analyses;
(5) Thematic under-representation of gender; and
(6) Inaccurate reporting of data.

These issues raise concerns in relation to Questionable Research Practices (QRPs), i.e.

> …design, analytic, or reporting practices that may introduce biased evidence, which can have harmful implications for evidence-based practice, theory development, and perceptions of the rigor of science (Banks et al., 2016, 323).

QRPs can take wide-ranging, often quite subtle, forms:

> In contrast to the concept of research misconduct, which is commonly understood […] as fabrication, falsification, and plagiarism… there is no definitive and exhaustive list of QRPs. Several practices are nonetheless frequently mentioned as examples. These include publication bias… significance chasing… misleading or manipulated authorship designations and citation practices… lack of statistical power… turning a blind eye to others' use of flawed data or questionable citations… citation bias … presentational "spin" and several others (Bruton, Brown & Sacco, 2020, 217).

Isaacowitz (2018, 2019) has recently argued for the need to address QRPs in gerontological research and has proposed that gerontology needs to develop a more 'transparent science of aging' (2019, 9). This article adds to his call, with specific reference to research which explores LGBT+ ageing. Each of the six areas of concern are considered in turn. The implications for research integrity, policy and practice are then discussed and ways forward considered.

Background: LGBT+ ageing in context

Older LGBT+ people, while sharing the issues and concerns of all older people, are also uniquely affected by issues specific to identifying as lesbian, gay, bisexual and/or trans. In particular, the cumulative effects of what is referred to as minority stress, (i.e. heightened stress levels associated with the cumulative effects of a lifetime of social exclusion and marginalisation) have significant impact upon their physical and mental wellbeing in later life (Fredriksen-Goldsen et al., 2015). They are more likely to suffer from associated age-related physical and mental health problems than older heterosexual and/or cisgender people. Some older lesbians and gay men, especially cis lesbians, have strong social networks which are intergenerational; that is, they have children and grandchildren (Allen and Roberto, 2016). However, older cisgender lesbians and gay men are less likely than their heterosexual counterparts to be parents/grandparents and some are estranged from their families of origin (Westwood, 2016a). Many have 'families of friends', or relationship networks of very close friends, including ex-partners, which often substitute and/or complement family-of-origin ties. However, these often comprise people of a similar age, who develop age-related care needs at a similar time, meaning they need more support when they are also less able to provide it to one another. Older LGBT+ people are therefore more likely to need formal care and support sooner and disproportionately than the majority populations.

The health, care and support needs of older bisexual women and men are not yet well understood, due to comparatively limited literature available (Jen and Jones, 2019). There is some suggestion that older bisexual women experience comparatively poorer health outcomes than older lesbians (Colledge et al., 2015). The care and support needs of older trans people are also not yet well understood, although it is known that they are significantly affected by mental health issues associated with minority stress

(Fredriksen-Goldsen et al., 2015) and are anxious about future care needs (Willis et al., 2020). Transwomen and transmen[3] often become estranged from their biological families post-transitioning. This can be especially problematic for those who transition in later life, when there are additional age-related challenges to building new support networks (Bailey, 2012).

Older LGBT+ people are very concerned about formal health and care support being heteronormative, cisnormative[4] and sites of prejudice and discrimination (Westwood, 2016b; Willis et al 2020). There is a growing body of literature which suggests that care providers are currently under-prepared to meet their needs (Fredriksen-Goldsen et al., 2015; Jones and Willis, 2016; Simpson, Almack & Walthery, 2018). There is an urgent need for robust, reliable research identifying the needs of older LGBT+ people and how they want those needs to be met, so that policy-makers and providers can appropriately redesign and reconfigure services to meet these needs and preferences.

Methodology

This article draws upon recent publications by authors from the United States (US), Canada, Australia, Ireland and the United Kingdom (UK) to demonstrate the problems which can arise from collectivised research approaches to older LGBT+ health, care and support needs. These publications have been taken from leading journals, including the *Gerontologist*, *Canadian Journal on Aging, Ageing and Society; Journal of Gerontological Social Work*; *International Psychogeriatrics' International Journal of Older People Nursing; Journal of Human Rights and Social Work*. They were selected from a Google Scholar search conducted in December 2019.

Selection criteria for the journal articles were:

- English-language publications;
- published in the previous decade;
- written by academic authors based in the US, UK, Canada, Australia or Ireland;
- high-impact journals;
- themes relating to older LGBT+ people, their care and support needs;
- taking an undifferentiated collectivised approach to older LGBT+ issues;
- at least one from each country.

Two other publications were also selected, for size, scale and impact. One is the largest UK comparative survey of 1,000 older lesbian, gay and bisexual people and 1,000 older heterosexual people in the UK (Guasp, 2011). The other is the recent and first systematic scoping review of the UK literature on older LGBT+ health and care needs which analysed 42 different studies (Kneale et al., 2019a, henceforth 'the Kneale review'). The selected publications are intended to be indicative, not representative, of the problems which are discussed in this article.

Problem (1): Use of homogenising language and phrases

Homogenising language and terms bely the heterogeneity of individuals and sub-groups falling under the 'older LGBT+' umbrellas. This happens in the use of acronyms and categories (Cronin et al., 2011), collectivised 'community' 'group' and 'cultural competency discourse.

a. Acronyms and labels

The 'LGBT+' acronym – and variations upon it – is linguistic shorthand which can be discursively convenient, but conceptually problematic, because,

> …it can be taken to imply that all identities included within this acronym share the same experiences. Even within the LGBTQ community, different identities experience various forms of marginalization, exclusion, and discrimination (Blair, 2016, 7).

The categories 'lesbian', 'gay', 'bisexual' and 'trans' are themselves problematic.

'Older lesbian' encompasses a wide range of ages and identities (Averett and Jenkins,

2012, Traies, 2016; Westwood, 2016a), including but not limited to:

- lifelong lesbians;
- lesbians who struggled before 'coming out' in early adulthood;
- lesbians who 'discovered' they were lesbians in middle adulthood;
- lesbians who struggled/ 'discovered' they were lesbians and 'came out' in later life after heterosexual marriage and parenthood;
- women in their first same-sex relationship in later life who prefer not to label their sexualities at all;
- political lesbians who 'gave up' men to resist patriarchy in the 1970s and 1980s;
- lesbians with children;
- lesbians without children.

In terms of bisexual women and men, Halperin (2009) has suggested that there are at least 13 ways of defining bisexuality, while Jen (2019) revealed that for women in particular this can be an ambivalent identity. Futhermore, older trans people vary between those who conform to the gender binary and those who do not, those who transition and those who do not, those who identify as heterosexual, and those who identify as lesbian, gay, bisexual, pansexual, etc., (Reisner & Hughto, 2019).

While these identity categories are convenient abbreviations, they can obscure the different ways in which minority sexuality issues and trans gender identity issues contribute to and can exacerbate comparative economic, health and social disparities (UK Government, 2018). They also obscure the ways in which these differences are further nuanced by their intersection with other social locations, including race, ethnicity, culture, class, disability and, of course, age. Indeed, age itself is often insufficiently examined as a category of analysis. For example, in the recent UK government survey of over 100,000 LGBT people (UK Government, 2018), 69% of respondents were aged under 35, and only 1% were aged over 65 (Annex 3, Q1). In older LGBT+ research, the oldest old are routinely under-represented or not represented

at all.

b. The 'older LGBT+ community'

The notion of an 'older LGBT+ community', where everyone is equally welcome and included, is a myth (Pugh, 2002; Ghaziani, Taylor & Stone 2016). There are many more differences than commonalities between older LGBT+, with tensions associated with misogyny, misandry, gender politics, sexism, biphobia and transphobia (Pugh, 2002; Weiss, 2011; Traies, 2016; Westwood, 2016a). Yet many studies engage in community discourse such as "…those who had not come out or were not connected into the LGBT community" (Sharek et al., 2015, 236) and "…excluding the LGBT community …" (Redcay et al., 2019. 272). Mobilising 'older LGBT+ community' discourse perpetuates the myth of such a community and implies greater connectivity and belonging than exists for all.

c. *'LGBT+' group identity*

Some authors also refer to older LGBT+ people as a 'group', for example, "…individuals growing older who identify as LGBT are one particular group that…" (Wilson, Kortes-Miller & Stinchcombe, 2018, 30). Such 'group' discourse is problematic because a) there is no single unifying feature which creates this purported group and b) there is no empirical evidence to indicate that older LGBT+ people identify with it. For example, a report on the US Gallup Poll which declared '3.4% of U.S. Adults Identify as LGBT' (Gates & Newport, 2012) was based on a Gallup question which did not ask 'Do you identify as LGBT?' but rather 'Do you personally identify as lesbian gay, bisexual or transgender?'. None of the adults who purportedly identified as LGBT+ actually said that they did so in this study, showing just how easily 'convenience' reporting can mis-represent data.

Some authors have referred to collectivised discrimination, also based on a group identity, for example:

> a percentage of the participants (26%) in this study had not revealed their LGBT identity to their healthcare practitioners and will continue to hide their LGBT identity for fear of discrimination or anti-LGBT bias (Sharek et al., 2015, 237).

As noted above, there is no empirical evidence for an 'LGBT' identity among older people. Moreover, referring to 'anti-LGBT' bias is problematic, because discrimination towards older LGBT+ people can take many different forms - homophobia, transphobia, biphobia – and is nuanced by its intersection with ageism, sexism, racism, disablism, and so on. Single-group identity discourse suggests to policy-makers and service providers that there can be single-group solutions to older LGBT+ needs, when this is not the case and more tailored solutions are clearly required.

d. ***'Cultural Competency'***

'Cultural competency' is used widely in authorship about training staff working with older LGBT+ people (e.g., Gendron et al., 2013, 255). However, it is a contested concept, criticised for its reductionism, stereotyping and normativity (Greene-Moton & Minkler, 2020), and for treating inclusive practice as an issue of pre-prepared knowledge rather than an openness to discover the unknown. In relation to older LGBT+ people, the concept is problematic in that it implies the existence of a shared culture, which does not exist. It obscures, for policy-makers and providers, the very real differences among older LGBT+ people, and the need to engage with them as individuals in their own unique, specific, multiple and intersecting 'cultural' contexts.

Problem (2): Numerical under-representation of some sub-groups

Research on LGBT+ ageing has long been criticised for its uneven representation of sub-populations. Specifically, gay men are over-represented (Cronin and King, 2014),

bisexual people are under-represented (Jen and Jones, 2019) and trans people are either under-represented or excluded, especially gender non-conforming individuals (Jones and Willis, 2016; Fiani and Han, 2019). It has also long been argued that older lesbians are marginalised from both lesbian and gay and LGBT+ ageing research, with leading contemporary authors (Traies, 2016; Averett & Jenkins, 2012; Westwood, 2017) asserting that this reflects the wider invisibilisation of older lesbians in society.

Numerical under-representation of all but gay men takes two forms: 1) there are more studies specifically about older gay men than there are about older lesbians, bisexual women and men, and trans people; 2) there tend to be more older gay male research participants in mixed studies than lesbians, bisexual people, and trans individuals. As can be seen in Figure 1, the Kneale review of the 21 UK sub-population-specific studies on older LGBT+ health and social care needs identified only one study about trans people, eight studies (38%) about 'non-heterosexual' women (seven about lesbians, plus one on lesbians and bisexual women), and 12[3] (57%) about 'non-heterosexual' men (two of which included bisexual men). In other words, the majority of the UK sub-group literature in this area is about gay men.

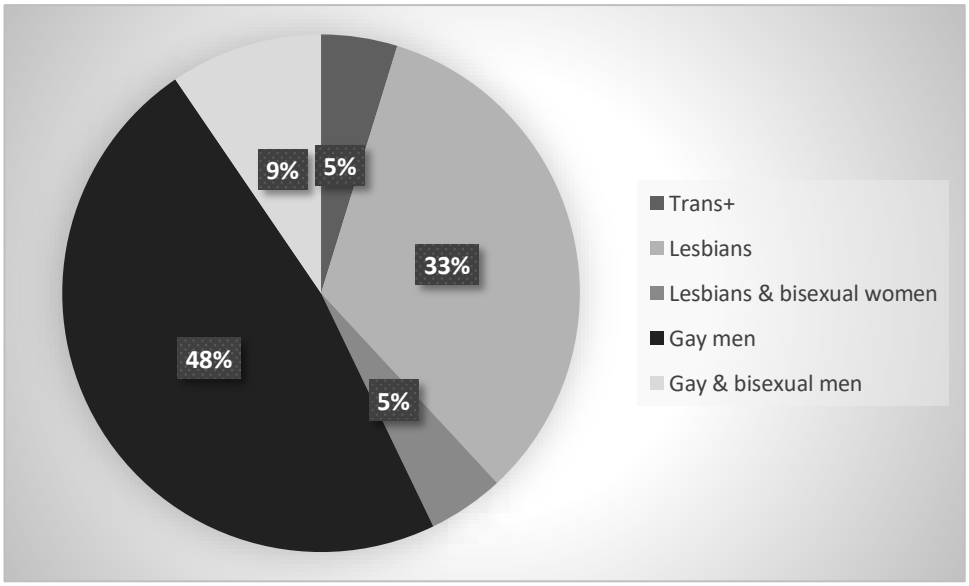

Figure 1 Composition of sub-group studies included in the Kneale et al (2019a) review (Gay men, n=10; gay & bisexual men, n=2; lesbians, n=7; lesbians and bisexual women, n=1; trans people, n=1; total n= 21). Data retrieved from supplementary materials (Kneale at al, 2019b), categories determined by Kneale et al.

In terms of mixed studies (i.e. various combinations of LGBT+ people, rather than single sub-populations), there are two issues: composition and gender ratios. In regards to composition, in addition to the 21 sub-group studies, the Kneale review also identified a further 21 mixed studies. As can be seen from Figure 2, while all of these mixed studies included lesbians and gay men, less than half included bisexual participants and only one study included trans participants.

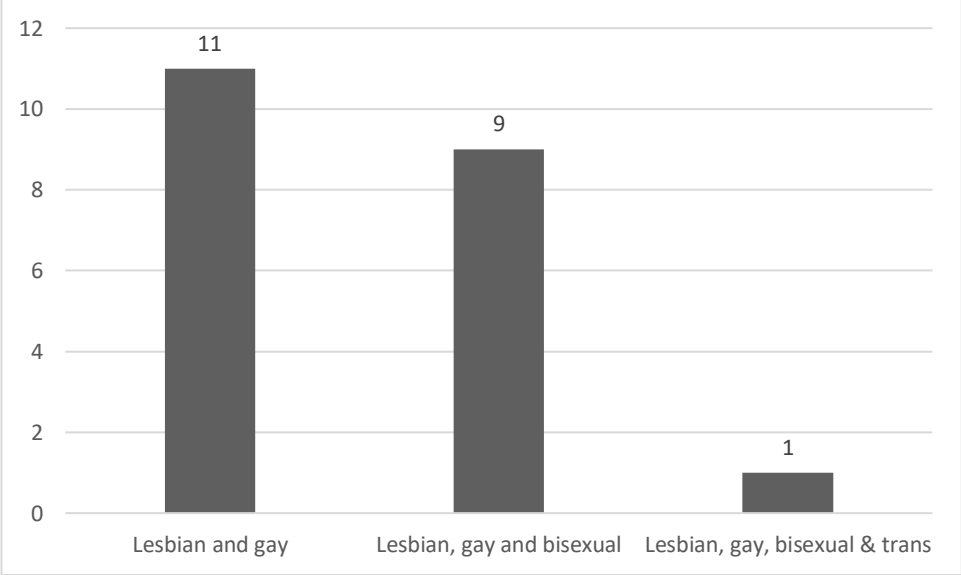

Figure 2 Composition of 'mixed' studies (by inclusion criteria) included in the Kneale et al (2019a) review (lesbian and gay n=11; lesbian, gay and bisexual, n=1; lesbian, gay, bisexual and trans; total n= 21). Data retrieved from supplementary materials (Kneale at al, 2019b), categories determined by Kneale et al review.

In terms of gender ratios, while smaller-scale studies tend to have a fairly balanced composition of lesbians and gay men, larger-scale studies do not. The underrepresentation of women in mixed studies, both internationally and in the UK, can be seen in Figure 3, which summarises the statistics for the most recent large-scale studies in the USA, Australia, Canada and the UK. As can be seen, in all of the studies, men are significantly over-represented in comparison to women.

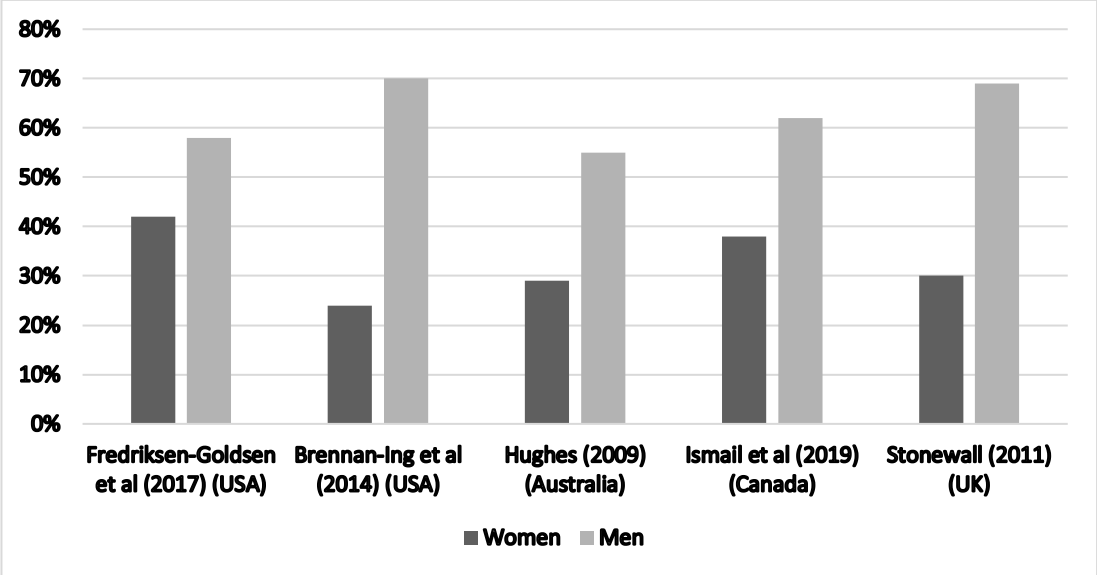

Figure 3 Percentage representations of women and men in major studies of older LGBT+ people in the US, Australia, Canada and the UK.

NB: a) Hughes' (2009) figures were for 29% lesbians and 55% gay men. There were also 29 bisexual people in Hughes' study, but they were not differentiated by gender. b) data for the Stonewall study retrieved from Traies, 2016).

Specifically, the US National Ageing with Pride survey reported by Fredriksen-Goldsen and Kim (2017) comprised 41.74% women (n=995) and 58.26% men (n=1389). This was not broken down by sexuality. The US study about older LGBT+ and intersex adults' social care networks reported by Brennan-ing et al (2014) comprised 210 LGBT+ older adults made up of 24% (n=50) cisgender women compared with 70% (n=148) cisgender men, again not broken down by sexuality. Hughes' (2009) survey of

443 older LGBT+ people in Australia comprised 29% (n=128) lesbians, 54.9% (n=243) gay men, 6.5% (n=29) bisexual people (gender not specified, and 6.5% (n=29) who identified as queer. Ismail et al's (2019) study of the comparative social networks and patterns of care provision of heterosexual and LGB Canadians aged between 45 and 85 years (based on the Canadian Longitudinal Study on Aging) comprised 1042 LGB people. Of these, 38% (n=395) were lesbians and bisexual women and 62% (n=647) were gay and bisexual men, neither subset of which was broken down by sexuality.

The Stonewall-commissioned study (Guasp, 2011), the largest-ever UK survey of 1,000 older LGB people, which did not include trans people, has been hugely cited in academic and grey literature in the UK and beyond.[4] Yet the well-known elephant in the room is that it is methodologically problematic. It did not report on its sample profiles at all, has not made study data available to the research community as is common practice and has not published its findings beyond a single report. We do not know how the sample population was constituted, nor how the data was analysed, nor how all of the findings broke down by sub-populations.

Information requests made to Stonewall about older lesbian participants led to the revelation of a highly skewed sample:

> The [Stonewall] LGB sample comprised more than twice as many men as women (69 per cent were male and 30 per cent were female). Nearly half the women were in their 50s. Only 17 per cent were women over 60, six per cent were women over 65, and one per cent women over 70. This means that findings presented as descriptive of all 'older lesbians, gay men and bisexuals' are predominantly based on the responses of gay men and women under 60. (Traies, 2016, 11).

Traies' observations were made in one of the studies which was reported in the Kneale review. Despite this, the review described the Stonewall study as 'one of the few included studies to compare a representative sample of older LGB people in the UK'

(Kneale et al., 2019a, 7). This is an example of myth perpetuation where the scale of the Stonewall study rather than the scientific merit accords it legitimacy.

There is, then, a significant absence or near-absence of bisexual and/or trans people in older LGBT+ health and social care research, and a marked numerical under-representation of older lesbians compared with older gay men. Policy-makers and service providers are being informed by narratives which do not represent all older LGBT+ people equally well, with older gay men's needs, wishes and concerns being given greater voice than those of older lesbians, bisexual and trans people.

Problem (3): Thematic over-representation of sexuality

Unequal representation can also be thematic; that is, the issues and concerns of some sub-groups are given uneven weighting in analyses. Although sexuality and gender identity issues are differentiated in some literature, many studies still frame the issues affecting older LGBT+ people in terms of sexuality alone. This can be explicit or implicit. The Kneale review, for example, took an explicit sexuality-focussed approach: 'This review synthesises evidence on LGBT people based on sexual identity, sexual attraction and sexual experience' (Kneale et al 2019a, 3). In other authorship it is implied, either by referring to a unified 'older LGBT+' sexuality or by using heterosexuality as a comparator, for example:

> Many older LGBT persons hid their sexuality for fear of discrimination that could have potentially negative individual and familial consequences (Erdley, Anklam & Reardon, 2014, 366).
>
> Higher rates of depression and/or anxiety have been observed in older LGBT people, compared to their heterosexual counterparts (Tinney et al., 2015, 1411).

Both quotes are problematic in that they suggest that older LGBT+ people have a single uniform sexuality. The Tinney et al quote is additionally problematic in that a) it

suggests that the key differentiator between older LGBT+ people and the majority population is sexuality, discounting gender identity (the key differentiator for which is cisgenderism); b) it discounts completely trans people who identify as heterosexual.

The explicit and/or implicit framing of older LGBT+ issues as ones of minority sexuality and a unified one at that, mis-informs policy-makers and service providers, highlighting only one aspect of LGBT+ minority status (narrowly defined). It focuses attention away from other key issues which impact unequal access to health, care and support for older LGBT+ people, particularly issues affecting trans people of all sexualities, and especially heterosexual trans people.

Problem (4): Non-intersectional analyses

An intersectional approach is essential to understand the complexities of 'LGBT+' ageing (Cronin and King, 2010; Fredriksen-Goldsen et al., 2014; Jen and Jones, 2019; Traies, 2016; Willis et al 2020). However, key intersections in the lives of older LGBT+ people are ignored by some research. Sex/gender is/are under-addressed (Averett & Jenkins, 2012; Traies, 2016; Westwood, 2016a) as are issues of race/ethnicity. Black, Asian and minority ethnic (BAME) individuals are notably under-represented in older LGBT+ research (Harley, 2016). So too are people from low socioeconomic backgrounds, and older people in the upper age ranges. Insufficient attention has been given to 'age, period and cohort effects' (Fredriksen-Goldsen et al., 2015, 166).

Much of the literature on health and social care issues reflects the anticipated fears of still-independent older LGBT+ people, rather than the experiences of those who are actually in receipt of care (Westwood, 2016a). Current literature on LGBT+ ageing paints only a partial picture, which often does not fully take into account the multiple intersecting factors which produce disadvantage and privilege in later life.

Problem (5): Thematic under-representation of sex/gender and/or gender identity

Key themes which can be under-represented in collectivised research are those in relation to sex/gender and gender identity

a. Under-representation of sex/gender issues

Sex (biological – male/female) and gender (the social performance of normative femininities and masculinities linked to sex) are under-represented in LGBT+ research in three main ways: sex/gender silences; sex/gender erasures; and sex/gender misunderstandings.

i. Sex/gender silences

Sex/gender silences occur when they are excluded as a theme or category of analysis. This is most obvious when participants' sex/gender profiles are:

- Not reported (e.g. in the following studies in the Kneale review: Fenge and Fannin, 2009; Guasp, 2011; Jones et al., 2013; Phillips and Knocker, 2010; Wilson, Kortes-Miller & Stinchcombe, 2018).
- Only mentioned in relation to transgender/gender identity issues (e.g., in the Kneale review: Sharek et al., 2015; Yang, Chu & Salmon, 2018).
- Only included in diversity lists, 'regardless of race, ethnicity, gender, income, or sexual orientation…' (e.g. Erdley, Anklam and Reardon 2014, 378).
- Not included in diversity lists, e.g. Erdley, Anklam & Reardon consider discrimination based on ageism (368) and 'homophobia/heterosexism' (368) but not sexism or cissexism.[9]

ii. Sex/gender erasure

Sex/gender erasure occurs when there are relevant issues in the data which are not reported/mis-reported. For example, one of the studies included in the Kneale review, Parslow and Hegarty (2013), described the carer burden experienced by older lesbians, who as *both* women (more likely to be carers) *and* being more likely to be 'never married daughters' (79), are disproportionately represented as family carers of older parents. In other words, gender *and* sexuality intersect to produce a heightened carer burden on older lesbians.

In reporting on this study, the Kneale review did not address this issue. Instead it reported that:

> Sexuality-based inequalities in the caring experience [were] uncovered with women becoming involved in caring having their lesbian identities come under threat and re-positioned as heterosexual by default' (Kneale et al., 2019b, no page number).

In the partial reporting of Parslow and Heggarty's findings in terms of lesbian sexuality invisibility alone, the *gendering* of lesbian carer burden is erased.

Sex/gender differences can also be erased through non-reporting. For example, when older lesbians and gay men are asked for their preferences for housing with care and support in later life, their choices are very different (Westwood, 2017). When given the choice, most older lesbians say they would prefer women-only/lesbian-only housing as their first choice and mixed mainstream housing (for heterosexual and LGBT+ people) as their second. By contrast, older gay men tend to prefer mixed mainstream housing as their first choice, and gay-men only housing as their second. This pattern is reflected in the UK SAFE housing survey (King and Stoneman, 2017) which was also analysed in the Kneale review. The review made no mention of this gender difference when reporting the study's findings, thereby erasing it.

Similarly, the Stonewall report, which sometimes separated out its findings and sometimes did not, conflated its findings on this issue, obscuring gender differences between participants:

> …many lesbian, gay and bisexual people express a desire for services, housing and care home options that are targeted at, and sometimes staffed by, lesbian, gay and bisexual people 'where the culture would be pro-gay, not just accepting' (Guasp, 2011, 28).

In framing this as a 'gay' sexuality issue, Guasp both excludes those people who do not identify as gay (more likely to be women than men) and conceals how older lesbians and older gay men's preferences differ. This means that policy-makers and service providers are being given information about housing preferences which privileges the wishes and concerns of older gay men.

Sex/gender erasure also occurs in relation to transwomen and transmen. For example, the Bouman et al (2016) study included in the Kneale review comprised 72 older transwomen and three transmen. The transmen were excluded from the Bouman team's analyses because they were insufficiently statistically significant. It was, in effect, a study about older transwomen. The Kneale review ignored this, referring to the research participants as 'older transgender clinic attendees' (Kneale et al., 2019a, 8), making no reference to their gender at all, thereby erasing this striking feature of Bouman et al's findings.

iii. Sex/gender misunderstandings

Sex/gender misunderstandings occur when age-related social exclusions are incorrectly interpreted through a gendered lens. In this quote, the authors suggest that gay men experience worse ageism than heterosexual women and men, and lesbians.

> For the LGBT community, specifically gay men, this idea of what is old seems to develop earlier than in heterosexual or lesbian society (Erdley, Anklam & Reardon, 2014, 369).

These sentiments are also expressed by Tinney et al (2015) who assert that 'several studies suggest that the experience of ageism is more pronounced for older gay men than it is for older lesbian women because of the emphasis placed on youth and physical appearance' (1413). Research has indeed demonstrated that older gay men are affected by ageism on the commercial gay male scene (Simpson, 2016). However, the academic literature is very clear that, in wider social contexts, older lesbians are not only affected by ageism and heterosexism, they are also affected by sexism, with older women being culturally devalued more and sooner than older men (Averett and Jenkins, 2012; Traies, 2016; Westwood, 2016a). In other words, gay men lose sexuality status as they age on the gay scene, but they retain male gender privilege in the wider social context, which is *accentuated* by age.

A further sex/gender misunderstanding was made in the Kneale review:

> Earlier studies highlighted the invisibility of older lesbian, gay and bisexual women in research (Westwood, 2017a)…This review finds a number of studies that are focused exclusively on older LGB women, although this pool of literature needs to grow substantially if it is to compensate for the years of neglect in this area (Kneale et al., 2019a, 17).

What the Kneale review has misunderstood here is that it is not just the *number* of studies about older lesbians (although a third of studies on older lesbians, compared with two-thirds on older gay men is quite telling). It is also about *how many* older lesbians are included in mixed studies, compared with older gay men. In this regard there has been, and continues to be, a significant shortfall.

b. Under-representation of gender identity issues

Older trans people experience ageing through the cumulative effects of a life navigated through and against the cisgender binary (Fredriksen-Goldsen et al., 2014). While they share some ageing concerns with other older people, they are also affected by trans-specific issues (Toze, 2019). Trans issues are under-represented in pooled research in several ways, the most obvious being when there is a silence about them:

> Existing literature often conflates gender identity with sexual orientation, lumping TGNC people under the LGBTQ umbrella, thus rendering the "T" silent in the process (Fiani and Han, 2019, 181).

Even when gender identity is included, it can be under-represented in several ways. First, gender identity-specific issues may be minimally addressed beyond identity lists. For example, Yang, Chu & Salmon (2018) mentioned transgender/gender identity repeatedly in terms of 'older lesbian, gay, bisexual, and transgender (LGBT) adults' (cf 904) and 'sexuality or gender identity' (cf 906). However, they only made one reference to specific issues relating to trans people:

> Transgender people may suffer even more from lack of social support, as it has been reported that medical providers often require candidates for sex reassignment surgery to divorce their spouses (905) [Written in a US legal context].

Similarly, Erdley, Anklam & Reardon (2014) made multiple references to 'transgender' in lists; that is, 'lesbian, gay, bisexual and transgender' but made only one reference specifically in relation to trans people, "Transgender individuals can encounter issues related to hormone replacement therapy and sexual reassignment surgery" (377). Tinney et al (2015) also include transgender in 'lesbian, gay, bisexual and transgender' and 'sexual orientation and gender identity' lists, but make only one specific reference about gender identity/transgender issues, to comment on how the psychiatric category gender dysphoria serves 'to pathologize transsexuality and transgenderism' (1412). This

lack of attention to trans issues beyond the 'T' in the acronym implies tokenism at the very least. It is also significant that when trans issues are mentioned this is in relation to medical matters rather than broader social issues.

The second way gender identity issues can be under-represented, is when issues of particular concern to older trans people could be addressed, but are not, such as misgendering, denial of hormone treatment, gender binarism, pathologisation, age-related memory loss and post-transitioning gender identification, the need for gender affirmative care, etc. (Ansara, 2015; Marshall, Cooper and Rudnick, 2015; Jones and Willis, 2016; Waling et al., 2019; Willis et al 2020).

The third way in which gender identity issues are under-represented is when they are considered only in relation to transwomen and transmen who have legally transitioned and/or have had full surgery and hormone treatment. Not all transwomen and transmen want to transition, while not all who do want to can, not least of all for reasons of cost in those countries where they are required to pay, but also due to personal circumstances and/or health contraindications. As a result, some may have gender incongruent bodies, not recognised in discourse which privileges post-transitioned women and men. Moreover, many trans people do not identify, or engage, with the gender binary, also obscured in transitioning-privileging discourse.

The fourth way in which gender identity issues are under-represented is when transwomen and transmen who have transitioned are treated as if they share the same concerns, which many do not (Waling et al., 2019). There is also an imbalance in research about older transmen and transwomen, with transwomen being represented far more than transmen (Pang, Gutman & de Vries, 2019) and yet findings are often generalised to all trans people.

The fifth way in which gender identity issues are under-represented in mixed LGBT+ studies is when gender non-conforming ageing issues are not mentioned at all, as is often the case in older LGBT+ research (e.g. Erdley, Anklam & Reardon, 2014; Kneale et al., 2019a; Redcay et al., 2019; Sharek et al., 2015; Tinney et al., 2015; Wilson, Kortes-Miller & Stinchcombe, 2018; and Yang, Chu & Salmon, 2018[10]; and). Yet the gender binary/non-binary distinction is a key differentiator between older trans people. For example, although all trans people are affected by minority stress-related health issues, research suggests that these are worse among non-binary compared with gender binary trans adults (Burgwal et al., 2019). Moreover, trans people who do not comply with the gender binary may find themselves marginalised far more in older age care services than those who do (Marshall, Cooper and Rudnick, 2015). However, these distinctions are rarely made in mixed LGBT+ research, possibly reflecting researchers' unconscious gender binarism. This in turn means that policy-makers and service providers are under-informed about the needs and concerns of all trans and gender non-conforming individuals.

Problem (6): Inaccurate reporting of data

Data can be inaccurately reported in several ways, which include: data conflation (where findings applicable to a sub-group are conveyed as 'whole group' findings); literature which inaccurately represents itself or other literature (e.g. reporting that studies are about all LGBT+ people when they are not); and selective reporting (i.e. partial reporting of data in strategic and less than transparent ways).

a. Data conflation

Pooling older LGBT+ sub-group narratives into all-group discourse can be methodologically problematic, and, as the Kneale review itself observed 'may overlook

important nuances in the evidence' (Kneale et al., 2019a, 16). To give an example from the review, one of the themes it analysed was in relation to older LGBT+ formal social support needs. The review observed:

> [Formal] LGBT-specific groups… were viewed as valuable in many studies in creating social connections between older LGBT people (Phillips and Knocker, 2010; Price, 2012; Traies, 2015; Wilkens, 2015, 2016).
>
> (Kneale et al., 2019a, 11-12)

This assertion is not correct. Firstly, the literature cited by the review does *not* report that 'older LGBT' people value 'LGBT-specific' support groups. It is virtually silent about what older trans and older bisexual people want, with only one of the four articles cited even including older trans people (Phillips and Knocker, 2010) and two of the four being specifically about older lesbians.

Secondly, the literature, both cited by the Kneale review and more broadly, *does not* demonstrate the benefits of 'LGBT-specific groups'. The literature does not yet say much at all about older bisexual and/or trans people and group support. It does say quite a lot about older lesbians' and gay men's preferences, which contradict the claims made by the Kneale review. The data indicates that they *do not* value mixed groups of LGBT+ women and men. Rather, older lesbians prefer meeting together in groups *for older lesbians* and older gay men value meeting together in groups *for older gay men* (Knocker et al., 2012; Wilkens, 2016). There is very little socialising between them (Westwood, 2016a). As Knocker et al (2012) observed, reporting on the Opening Doors London project (the largest UK support network for older LGBT+ people):

> There has been a huge benefit in having both women's and men's development coordinators in the project and in the fact that most of the men's and women's groups meet separately, with only occasional mixed events (156-7).

Knocker et al also noted that the gay men and lesbians who attend Opening Doors groups use them in very different ways:

> Gender was also an important influence on how participants built networks and developed friendships over time. In the women's groups we noticed a tendency for women to come along to a few of the main groups, meet a friend or friends and then choose to meet those friends independently from the project… By contrast, many of the men have indicated that they like structured activities (Knocker et al., 2012, 157).

This means that, as echoed in other research (e.g. Westwood, 2017) older lesbians and gay men want *different kinds* of formal support to *do different things* for them: older gay men want support which *is* their social network; older lesbians want support to replenish their existing social networks. If this message is not accurately conveyed to service providers, they will aim to deliver mixed services, which older LGBT people do not want and which will be much less likely to be useful to them.

b. Literature which inaccurately represents itself or other literature

i. Literature which inaccurately represents itself

Inaccuracies arise when research claims to be about *all* older LGBT+ people but in reality is only about *some sub-groups* of older LGBT+ people. Several studies claimed in their article titles and abstracts to be reporting on findings from empirical research with *all* older LGBT+ people, and only made clear at the end of their articles that not all sub-groups were included. For example, an article by Wilson, Kortes-Miller & Stinchcombe (2018) was entitled "Staying Out of the Closet: LGBT Older Adults' Hopes and Fears in Considering End-of-Life*". The abstract stated

> …we sought to better understand the lived experience of older LGBT individuals and to examine their concerns associated with end-of-life. Our

> analysis highlights the idea that identifying as LGBT matters when it comes to aging and end-of-life care (22).

The authors reported that their sample comprised '23 LGBT-identified individuals' but did not state how many were lesbian, gay bisexual and/or trans. At the end of their article, the authors noted that "the trans community was not well represented, a gap seen elsewhere in the literature" (30). It was not clear how may trans people, if any, were among the 23 participants, nor to what extent trans identifying people's issues were represented in the findings. The authors did not substantiate their claims that their article addressed issues affecting all older LGBT+ people, notable older trans+ people.

Another article's title was "Predicting perceived isolation among midlife and older LGBT adults: The role of welcoming aging service providers" (Yang, Chu & Salmon, 2018). Its abstract claimed

> The study examines whether aging service providers (e.g., senior centers, adult day care, transportation, employment services) who are perceived by older LGBT adults as welcoming to LGBT people may reduce this population's perceived isolation. (904)

The authors then wrote about their findings (which were based on complex statistical analyses) as if they were based on data from *all* midlife and older LGBT+ people, e.g.

> Our findings suggest that for midlife and older LGBT who are living alone, having welcoming aging service providers in their areas can be very beneficial. (909)

> One advantage of our study is that we were able to control for an LGBT person's outness (openness about their LGBT status). (909)

However, in the 'Limitations and Future Directions' section at the end of their article, the authors wrote "Due to small sample sizes of the bisexual, transgender, and 'other,' we were not able to examine these groups statistically" (910). In other words, their

findings, based as they were on statistical analyses, were *only* about midlife and older lesbians and gay men, not midlife and older bisexual or trans people at all. Instead of their article title being "Predicting perceived isolation among midlife and older LGBT adults: The role of welcoming aging service providers", it should have been called "Predicting perceived isolation among midlife and older lesbians and gay men: The role of welcoming aging service providers".

A third empirical article whose title was "Older LGBT people's experiences and concerns with healthcare professionals and services in Ireland" observed towards the end:

> While this study highlights important results… certain groups are under-represented including women; people over 70; bisexual and transgender people; and people living in nursing home/ residential care" (Sharek et al., 2015, 238).

In other words, although Sharek et al claimed to be reporting on *all* older LGBT+ people, they were actually reporting on data which was primarily *only* about younger gay men living in the community.

For the sake of transparency, each of these studies should have been explicit in the title of their articles, and in the framing of them. Rather than making claims to their findings about *all* older LGBT+ people they should have clearly articulated from the outset which populations (lesbians, gay men, bisexual people and/or trans people), were actually sufficiently well-represented in their analyses and which were not. Rather than writing an article about all older LGBT+ people and then adding in at the end 'well, actually, not all of them', their true samples, and the exact sub-groups they were able analyse should have been made clear from the outset.

ii. Literature which inaccurately represents other literature

Inaccuracies also arise when studies cite other research as being about 'older LGBT+' people when it too is only about some people under the LGBT+ umbrella. For example:

> … King and Dabelko-Schoeny (2009) found that midlife and older LGBT adults are five times less likely to access health care and social services. (Yang, Chu & Salmon, 2018, 909)

The King and Dabelko-Schoeny (2009) study cited by Yang, Chu & Salmon was *only* about lesbians, gay men, and bisexual people only, with trans people *not included* in the study at all. The study reported on midlife and older lesbian gay and bisexual, *not LGBT*, adults. To give a further example

> King and Cronin (2013) describe the tension in applying an 'LGBT' identity to older people…. (Kneale et al, 2019, 3)

The King and Cronin (2013) chapter cited by Kneale et al was *not* about all 'LGBT' adults; it was very clearly *only* about lesbian, gay and bisexual older adults, with trans issues not addressed at all. Indeed, King and Cronin make this abundantly clear in the chapter:

> Although the experiences of older transgender adults are likely to overlap in some ways with the experiences of older LGB adults, there will also be many differences; differences that we are unable to do justice to in a chapter of this size. Therefore, whilst not dismissing the need to look at the experience of older transgender adults, our discussion here is limited to the experiences of older LGB adults. (124-5)

In the following example, not only trans, but also bisexual people are excluded in the literature which is cited:

> A systematic review of anti-gay bias among social work professionals and social work students found that while bias may be low, social workers are often ill-prepared to address the needs of LGBT clients (Chonody and Smith 2013).

> (Redcay et al, 2019, 273).

The publication by Chonody and Smith (2013) which Redcay et al cite in reference to all LGBT people, was *only* about lesbians and gay men, and *not* bisexual *or* trans people at all. Similarly:

> Perceived discrimination … can also discourage older LGBT persons from accessing long-term care facilities if they believe they will be mistreated (Brotman et al., 2007).
>
> (Wilson, Kortes-Miller & Stinchcombe, 2018, 24)

The Brotman et al (2007) article cited by Wilson, Kortes-Miller & Stinchcombe in reference to all older LGBT people, was actually *only* about older lesbians and gay men.

> The following extract involved *three* misleading citations:
>
> … the experience of (or the expectation of) discrimination from aged care service providers, as older LGBT people begin to access these services (McFarland and Sanders, 2003; Stein et al., 2010; Guasp, 2011).
>
> (Tinney et al, 2015, 1411)

All three of the publications cited by Tinney et al (Guasp, 2011; McFarland and Sanders, 2003; Stein et al., 2010) were *only* about older lesbians, bisexual and gay people. *None* were about older trans people. The most extreme example is in the following extract:

> Despite a recent trend among researchers to learn more about the needs of older LGBT individuals, many methodological problems and individual barriers present significant obstacles to understanding the needs of this population (Blando, 2001; Kochman, 1997; McFarland & Sanders, 2003; Orel, 2004).
>
> (Erdley, Anklam & Reardon, 2014, 363)

None of the four articles cited by Erdley, Anklam & Reardon (i.e. Blando, 2001; Kochman, 1997; McFarland & Sanders, 2003; Orel, 2004) were about older trans

people, and only two of the four were about older lesbians, gay men and older bisexual people, the remaining two (Blando, 2001; Kochman, 1997) being only about older lesbians and gay men, and not about older bisexual or trans people at all.

This mis-citing produces a picture which a) suggests that there is a body of literature about older bisexual and/or trans people which actually does not exist; b) obscures the absence of older bisexual and trans people in research; and c) makes claims about older bisexual and/or trans people which are not supported by the evidence.

c. Selective reporting

Selective reporting occurs when data are described in strategically convenient, but imprecise, ways. The Stonewall report (Guasp, 2011) was commissioned by Stonewall, the leading UK campaign group representing LGBT+ people. Selective reporting was used in the one and only report it produced from the survey it commissioned on older LGBT+ lives. This selective reporting involved sometimes differentiating groups by gender and sometimes not; variably in/excluding data from bisexual respondents without explanation; and sometimes conflating the data into a single 'older LGB' response.

To give an example, in its summary of key findings (Guasp, 2011, 3), the report stated that compared with older heterosexual people, "Lesbian, gay and bisexual people over 55 are… More likely to live alone. 41 per cent of lesbian, gay and bisexual people live alone compared to 28 per cent of heterosexual people." However, the main body of the report, provides greater detail which complicates the 'headline' statement,

> Four in ten (40 per cent) gay and bisexual men over 55 are single compared with just 15 per cent of heterosexual men. Three in ten (30 per cent) lesbian and bisexual women are single compared with 26 per cent of heterosexual women (not a statistically significant difference) (Guasp, 2011, 3).

In other words, rather than being an issue for *all* 'lesbian, gay and bisexual people over 55', being single is a statistically significant phenomenon in relation to *gay men only*. It may be that in initially conflating these findings, there was a wish on Stonewall's part to avoid the stereotype of the lonely, older gay man (Berger, 1996). However, if so, it does older gay men a disservice, obscuring from policy-makers and providers the particularity and increased likelihood of their need for formal support (Fish and Weiss, 2019).

Discussion: Implications for research integrity, policy and practice

a. Research integrity

The six key problems outlined here raise wide-ranging concerns in relation to research integrity. The use of homogenising language and terms can render the category of analysis imprecise and/or inaccurate. This is especially when analysing 'communities' and/or identity 'groups' which do not exist beyond political strategising and expediency. Blair (2016, 4) has suggested that this is an issue of academic integrity, "in applying the vulnerable population status so broadly that it ultimately further marginalizes [LGBT+] people." Non-intersectional analyses mean, at best, over-simplified reporting and under-reporting on 'minorities within minorities'. At worst, they could be considered systemically discriminatory and involve the QRP of "falsely claiming that results are unaffected by certain variables" (John, Loewenstein & Prelec, 2012, 526).

Uneven numerical representation in some mixed studies suggests study bias and statistical unreliability (Brydges, Bielak, & Collins, 2018). The thematic over-representation of sexuality in analyses indicates publication bias (Fanelli, 2013); that is, the disproportionate depiction of findings to support particular theories. The under-

representation of sex/gender as categories of analysis also suggests the QRP of publication bias, this particular bias involving sexism. The under-reporting of bisexual and/or trans issues in articles which purport to be about older bisexual and trans people is a particular concern, straying towards bi- and trans-exclusionary practices, even if inadvertent ones.

Data conflation can involve the QPR of 'spin'; such that "reporting practices that distort the interpretation of results and mislead readers so that results are viewed in a more favourable light" (Chiu, Grundy & Bero, 2017, e2002173). It can also constitute the QPR of 'data chasing', whereby data are selected in ways which find significance where there is none; that is, the reporting of false positives (Ware & Munafò, 2015), and/or where insufficient statistical power in analyses is obscured (Brydges, Bielak, & Collins, 2018).

In terms of inaccurate reporting, the mis-reporting of other research constitutes the QRP of misleading citation practices (MacRoberts & MacRoberts, 2018). Persistent and uncritical citing of the Stonewall study in particular constitutes the QPR of "turning a blind eye to others' use of flawed data" (Bruton, Brown & Sacco, 2020, 217). Selective reporting is a QRP which has been identified in relation to a range of disciplines, including gerontology (Brydges, Bielak, & Collins, 2018). It involves cherry-picking which findings are reported and how, not for their salience, but for the extent to which they support a particular overarching research narrative. Such reporting at the very least constitutes publication bias. Resnick (2019, 1) has recently proposed that it might constitute the "deceptive use of statistics" and should be included as a type of more formal research misconduct.

QRPs may reflect, in part, academic pressures to publish 'high impact' academic research (Maggio et al., 2019) and political pressures to further an emancipatory agenda

(Ryan-Flood & Gill, 2013). Nonetheless, they do a disservice to academic research, lowering its reliability, trustworthiness and credibility. This is extremely unfair on those LGBT+ ageing researchers who are not engaged in QRPs. It also risks a 'race to the bottom' where it may be difficult for researchers to match 'elegant' findings produced with QRPs without also engaging in QRPs themselves (John, Loewenstein & Prelec, 2012, 531).

Making claims to knowledge on behalf of others carries tremendous responsibilities (Gillies & Alldred, 2012), not least of which is the imperative to represent their voices accurately, fairly and in a balanced way. When QRPs take place in relation to marginalised individuals, their voices become misappropriated and this can serve to silence them even further. This is unacceptable, particularly for those research projects with emancipatory agendas.

b. Policy and practice implications

As this article has shown, the research shortcomings of pooled analysis and reporting have significant implications for policy and practice. Collectivising acronyms, 'community' and 'group' discourse, the idea of 'cultural competency', all produce a 'sameness' conceptualisation of people under the 'older LGBT+ umbrella. This can mislead policy-makers and service providers, particularly in the implication that everyone shares the same views issues and concerns. Hearing everyone's voices, including dissenting ones, may be messier, but it is more truthful. It also means policy-makers and service providers get a much fuller picture of what everyone wants and needs.

Collectivised analysis and reporting that does not make clear at the outset whose voices are under-represented, or just plain absent, conveys an impression of greater

authority to speak on behalf of all older LGBT+ people than is actually the case. It obscures how little we know about the lives, wants, needs, wishes and concerns of older trans and/or older bisexual people, in particular.

The over-representation of minority sexualities as a key feature of older LGBT+ inequalities prevents policy makers and service providers from being made aware that a minority sexuality is not the main issue for many older LGBT+ people. Some 'older LGBT+ people' are heterosexual. Gender identity trumps sexuality as a site of discrimination for many trans people, and intersects with sexuality to produce profound inequality in later life. For many cis lesbians sex/gender trumps sexuality as a source of later life prejudice and discrimination, and, again, intersects with sexuality in complex ways. There are many other relevant intersections, not least of which being race and ethnicity, religion, disability and age itself. Policies and practice need to sufficiently well-informed to be appropriately orientated to more complex operations and inter-connections of inequality than those involving sexuality alone.

Policy-makers and service providers rely upon research to inform what they do. It is the duty of researchers to make sure the information they are provided with is as precise and accurate as possible. If not, policies and service will be based on mis-information and will be less likely to meet key needs among older LGBT+ people, thereby perpetuating, and possibly even exacerbating, unmet need.

Conclusion

The collectivised studies highlighted in this article are not meant to be indicative of the wider literature on 'LGBT+' ageing. The purpose of this article has been to show what can happen when collectivised discourse is mobilised, and how easily sub-group

members can be excluded in all-encompassing narratives. It has also shown how some reporting of LGBT+ ageing research raises concerns about QRPs.

In terms of solutions, clearly acronyms and identity labels should be used with caution and qualifiers where necessary. Community and collectivised group discourse should only be used when supported by empirical evidence. Sexuality should always be considered at its intersection with sex/gender and gender identity: there cannot be one without the other. Mixed research must be transparent about who is and is not included in its data from the outset not just in a final 'limitations' section. There should be a reasonable expectation of equal numbers of lesbians and gay men in mixed studies (given there are almost equal numbers of women and men in the general population) and sufficient numbers of bisexual women and men and trans individuals to support meaningful data analysis. This may require purposive sampling.

Some authors have suggested that there should be more sub-group-specific research to counterbalance marginalisation in mixed research (e.g. Ingham et al., 2017). There is clearly a place for this argument, however one of the problems is that such research could lack sufficient scale to enable key actors (funders, policy makers, commissioners and providers of services) to rely on the generalisability of findings, and to respond accordingly. It could also set LGBT+ ageing researchers up against each other, vying for (diminishing) research funding.

A possible middle-ground might be larger scale projects (Westwood et al 2020) conducted by a consortium of researchers who take responsibilities for different 'arms' of a collective research project, so that sub-group issues can be studied both separately and together. This would also help the practical reality that researchers from particular LGBT+ sub-groups are more likely to be able to recruit and engage research participants from those sub-groups to which they themselves belong.

Research also needs to become more reflexive, with researchers making clear what they bring to the analytical table, particularly if they are more sensitised by personal experience to some older LGBT+ membership issues than others (Fenge 2010; Blair, 2016). Other ways to improve research integrity include: enhanced researcher training and supervision; increased internal peer review of publications; improved institutional policies, guidance and auditing; enhanced reporting requirements; and more structured and specific journal reviews (Fanelli, 2013; Bruton, Brown & Sacco, 2020).

This article echoes Isaacowitz's call for a more 'transparent science of aging' (2019, 9). Hopefully, it will serve as a call to action to ensure that all, not just some, LGBT+ ageing research is inclusive, robust and reliable, of optimal use to policy-makers and providers, and thereby of the greatest benefit to older LGBT+ people themselves.

Notes

1. Trans or transgender refers to someone who does not identify with the gender they were assigned at birth, including those who identify outside the gender binary e.g. non-binary and gender fluid individuals.
2. The 'LGBT+' acronym is constantly developing. Use of the '+' sign can mean different things to different people and can be contested. This article takes the position of Opening Doors London (2020), the largest advocacy and support organisation for older people in the UK, that the '+' sign 'recognises that there are more ways to identify and describe gender and sexuality beyond the acronym… the world is and has always been a place of diverse sexualities and gender identities'.
3. Transwoman refers to someone who was assigned a male gender at birth and now lives and self-defines as a woman; transman refers to someone who was assigned a female gender at birth and now lives and self-defines as a man.

4. Heteronormativity is the assumption that heterosexuality is the norm; cisnormativity the assumption that it is the norm to identify with the gender one assigned at birth; a cis person is someone who identifies with the gender they were assigned at birth.
5. Kneale et al reported 13 studies about gay men/gay and bisexual men, but only 12 studies were identified in their data.
6. The Stonewall report (Guasp, 2011) has been cited 80 times in the academic literature, at the time of writing: https://scholar.google.co.uk/scholar?cites=9512539665291959531&as_sdt=2005&sciodt=0,5&hl=en
7. Cisgenderism is the privileging of the lives and lifestyles of those who identify with the gender they were assigned at birth.
8. Heterosexism is the privileging of heterosexuality.
9. Sexism is prejudice, stereotyping, or discrimination, typically against women, on the basis of sex. Cissexism is both the privileging of heterosexuality and prejudice and stereotyping, or discrimination, towards people who do not identify with the gender they were assigned at birth.
10. Although "gender non-conforming" was included as a participant identity category, it was not subsequently analysed.

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