

Thank you very much for your swift reply. In the absence of a technical report describing the methodology and results in more detail can I ask you few questions please to help me further understand the research conclusions?

- 1) You have told me that a non-probability sampling method was used. Were all respondents included in the final data set. Where any measures taken to ensure the sampling was representative of the LGBT population in schools? How did you get parental permission for the under-16s? What quality control procedures were in place? What proportion of the questionnaires were back-checked? Was this study design approved by an ethic committee and was the study outcome peer reviewed in any way. Will there be a peer reviewed journal publication to follow. How did you validate that the responses genuinely were from children; how did you eliminate fake respondents?
- 2) How were the questions worded regarding self harm, suicide ideation and suicide attempts. Could you send me a copy of the questionnaire for reference? Its well known that respondents can easily misunderstand questions in this area and inflation of the numbers of suicide attempts can occur if definitions are not clear.
- 3) You have presented data on the distribution of self-declared gender identity but not natal sex. Was this different to the question asked in 2012? What was the natal female : natal male ratio for the respondents? What was the % of report of self harm, suicide ideation and suicide attempts for natal male & natal females in your study. As you quote in your report NHS data shows that suicide attempts are more common for natal girls (13%) compared to natal boys (5%) in the general population ages 16-24. Is a similar pattern seen in your study.
- 4) What was the age distribution of respondents? You have reported that 30% attended six form college and 11% attended FE college so from this I can presume at least 41% were aged 16-18. What percentage of respondent were 11-13 and 14-16 and how did 19 year olds appear in the study when they are post school age? Was any form of quota sampling used to ensure the age ranges accurately reflected the school population?
- 5) What was the % of respondents reporting suicide attempts for each of the different sexual orientations. This data was missing from the report but was included for suicide ideation and self-harm. Was there any reason that this result was omitted from the final report?
- 6) You quoted 16% of respondents reported identifying as trans. How did this vary across ages and natal sex. Recent GIDS referral data shows that trans identification is more common in natal girl than in natal boys. Did your study data also reflect this trend. In 2012 the study was not promoted to transgender children and only 2% identified as such. Can you comment on this dramatic increase in trans identification since 2012 and whether this reflect societal change or is a manifestation of the self-selecting study design.
- 7) Were the respondents identifying as non-binary included in the trans category? 13% of respondents reported as non-binary and 16% reported as trans. What percentage of trans student were also NB. What definitions were used in the survey to guide respondents how to answer the identification section and could a respondent identify as both non-binary and trans?
- 8) You report that 84% of LGBT students who are bullied have had suicidal thoughts. However, the % of LGBT students who were never bullied and also have suicidal thought is also extremely high (67%). So for the vast majority of these cases bullying is not the main driver for suicidal ideation. I'd be very interested to hear your thoughts on this aspect of the data. Do you think this may reflect a high incidence of mental health issues in the LGBT student community. Did you ask about and/or control for mental health issues such as depression and anxiety etc.
- 9) What % of the trans respondents also identified as LGB. Was this based on being attracted to people opposite to their natal sex or opposite to their transgender identity?
- 10) What in your view are the limitations of the study and do you have plans to follow up any of this work. Are there any caveats to be highlighted when these results are communicated to professionals or the general public? Can these results be used in generalisations pertaining to the entire UK school population?

I very much appreciate your time answering these questions for me. It's such an important study with clear implications for the LGBT community and I feel it's so important to understand your work fully.

Best wishes,

Dr Nicola Williams