OUTstanding

in your field

exploring the needs of LGB&T people in rural Northern Ireland

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1.0 Executive Summary

1.1 This report presents the initial findings from the first specific study on the experiences of lesbian, gay, bisexual and/or transgender (LGB&T) people in Northern Ireland reviewed based on whether they live in a rural or urban area as defined by the NISRA Report ‘Report of the Inter-Departmental Urban – Rural Definition Group: Statistical Classification and Delineation of Settlements’, (NISRA 2005), however this report has now been superseded by a further NISRA report ‘Review of the Statistical Classification and Delineation of Settlements’ (NISRA March 2015). Data was gathered through an online questionnaire.

1.2 This report was supported by the Department of Agriculture and Rural Development (DARD) with a view to scoping and exploring the issues faced by LGB&T people in rural areas of Northern Ireland.

1.3 It presents quantitative data on the experiences of LGB&T people across a range of thematic areas; rurality, being LGB&T, LGB&T services, mental health, sexual health, education, employment, homelessness and crime.

1.4 A total of 410 people responded to the survey. 69.5% of responses were from males, 30.5% from females and 6.8% from trans or gender variant people. The survey was weighted to correct for this imbalance.

1.5 Rurality

1.6 The Review of the Statistical Classification and Delineation of Settlements’ (NISRA March 2015) considers population settlements with 5,000 people or below as rural. Respondents were provided with the information above and asked questions relating to their perceptions of whether or not they are currently, or have ever previously, lived in a rural or urban area as well as whether or not their sexual orientation or gender identity had played a role in any decision to move.

1.7 LGB&T people were more likely to have moved from an urban area to a more rural area with 2 in every 3 LGB&T people living in a rural area having previously lived in an urban area. 2 in every 5 LGB&T people living in an urban area had previously lived in a rural area. However sexual orientation and/or gender identity was more than twice as likely to play a role in LGB&T peoples decision to move from a rural area to an urban area compared to an urban to a rural. Overall 43% of LGB&T peoples decision to move was at least partly related to their sexual orientation and/or gender identity.

1.8 Of those LGB&T people who have always lived in a rural area the majority (58.5%) have felt compelled at some point to move to a more urban area but haven’t. The majority of LGB&T people have lived in the same area for more than 10 years. LGB&T people living in an rural...
area are more likely to have lived in the same area for more than 10 years in comparison to those living in an urban area.

1.9 Being LGB&T

1.10 Many LGB&T people are aware of their sexual orientation and/or gender identity before or during adolescence, while some people are not sure of their sexual orientation or gender identity until later in life. There is frequently a period of time between someone knowing their sexual orientation or gender identity and feeling able to disclose this to another person.

1.11 The legacy of criminalisation casts a long shadow over Northern Ireland. Many people, including LGB&T people, grew up in a time when publically declaring oneself to be LGB&T could lead to societal rejection or physical violence. While the laws have changed, changing attitudes shaped by these laws is much more difficult.

1.12 ‘Coming out’ is something people often assume an LGB&T person only does once. The reality is that ‘coming out’ and being open about your sexual orientation is an ongoing process that involves a range of peers and social support networks.

1.13 LGB&T people living in a rural area are less likely to be ‘out’ than those living in an urban area. As with LGB&T people generally those living in a rural area are most likely to be ‘out’ to their friends followed by parents, siblings and other family. Overall more than half of LGB&T people living in a rural area reported being ‘out’ to all the categories presented.

1.14 8.4% of LGB&T people have been refused access to goods, facilities or services because of their sexual orientation and/or gender identity in their local area. There was no measurable difference between the experiences of LGB&T people living in a rural area compared to those living in an urban area.

1.15 LGB&T Services

1.16 The development and expansion of LGB&T organisations over the past 15 years has led to an expansion of services specifically tailored to the needs of LGB&T people. Because of the particular social, mental and sexual health needs of LGB&T people, it is important that they have access to services which are cognisant of these needs and are safe spaces for people who may not otherwise feel safe accessing services.

1.17 Northern Ireland currently has 3 LGBT centres based in Belfast, Derry/Londonderry and Newry. The Belfast LGBT Centre hosts The Rainbow Project, Cara-Friend and HEReNI while the Foyle LGBT
centre hosts and is run by The Rainbow Project. The Newry LGBT Centre hosts and is run by Newry Rainbow Community.

1.18 LGB&T people living in an urban area are four times more likely to have an LGB&T community organisation or service in their local area than those living in a rural area. This is not overly surprising due to both the limited number of services and organisations in Northern Ireland as well as where they are situated with the majority in Belfast. LGB&T people living in a rural area are less likely to have accessed LGB&T organisations or services than those living in an urban area. However, more than 1 in 3 LGB&T people living in a rural area had accessed an LGB&T organisations or service in the previous three years.

1.19 While LGB&T people living in a rural area are less likely to be aware of any LGB&T community based organisation in Northern Ireland compared to those living in an urban area they were slightly more likely to have accessed services provided by these groups. LGB&T people living in a rural area are more likely to report needing the support of an LGB&T community based organisation but not accessing services compared to those living in an urban area. Additionally LGB&T people living in a rural area are twice as likely not to access the services they need because they are not ‘out’ compared to those living in an urban area.

1.20 LGB&T people living in a rural area were three times as likely not to access services they are aware of because it is too far to travel compared to those living in an urban area. 7 in every 8 LGB&T people living in a rural area feel that it is important to have access to an LGB&T support service in their local area however, those living in an urban area were more likely to feel it very important than those living in a rural area.

1.21 **Mental health**

1.22 Emotional health and wellbeing and the potential for poor mental health outcomes, such as risk of suicide and self-harm, pose a significant health challenge. Poorer emotional health and wellbeing outcomes, like many health inequalities, are exacerbated amongst minority and marginalised groups. A growing body of evidence suggests that lesbian, gay, bisexual and trans people are more likely to experience poorer emotional health and wellbeing relative to their heterosexual peers. As many agencies do not regularly collect data on sexual orientation and/or gender identity when scoping emotional health and wellbeing, or in terms of those accessing their services, it is difficult to ascertain the specific outcomes or needs of these groups.

1.23 The majority of LGB&T people have experienced personal, emotional, behavioural or mental health problems for which they needed professional help in the past three years. 2 in every 3 LGB&T people
living in a rural area have experienced a personal, emotional, behavioural or mental health problem for which they needed professional help in the previous three years, this was slightly less for those living in an urban area. LGB&T people living in a rural area were less likely to have asked for professional help in comparison to those living in urban area.

1.24 1 in every 4 LGB&T people living in a rural area have self-harmed at some point in their life, which was slightly lower than those living in an urban area. Similarly 2 in every 5 LGB&T people living in a rural area have experienced, or are currently experiencing, suicidal ideation, which was the same for those living in an urban area. However, LGB&T people living in a rural area were more likely (7/8) to experience suicidal ideation related to their sexual orientation and/or gender identity compared to those living in an urban area (6/8).

1.25 More than 5 in every 8 LGB&T people living in a rural area have experienced depression; this was slightly higher than those living in an urban area. However, LGB&T people living in a rural area were less likely to seek help after experiencing depression when compared to those living in an urban area.

1.26 Sexual health

1.27 There is large body of research which evidences the poorer sexual health outcomes for LGB&T people compared to their heterosexual and cisgender counterparts. There are also particular barriers which can prevent LGB&T people from accessing their required sexual health services including; fear of ‘coming out’ to GP, Genito-Urinary Medicine (GUM) services being too far away, negative previous experiences, ignorance of their own sexual health needs and also potentially shame for having a minority sexual orientation or gender identity in a hostile environment.

1.28 Gay and bisexual men have been identified through the Northern Ireland Sexual Health Strategy and Action Plan as a priority group in relation to sexual health. In 2011 56% of new gonorrhoea diagnosis, 78% of syphilis diagnosis and 59% of HIV diagnosis occurred in men who have sex with men (MSM)¹. In 2012 new diagnoses among MSM increased by 25% for gonorrhoea, 33% for syphilis and 11% for HIV. There was an overall increase of 11% in new STI (excluding HIV) diagnosis in Northern Ireland.

1.29 While lesbian, gay and bisexual women as well as trans* people have not been identified as a priority group in the Northern Ireland Sexual Health Promotion Strategy and Action Plan this does not mean there are no specific needs, nor that there are no risk factors, for these

¹ HIV surveillance in Northern Ireland 2012 - An analysis of data for the calendar year 2011 – Public Health Agency
groups. No data is currently collected in relation to the sexual health outcomes for LGB women or trans* people in Northern Ireland.

1.30 More than half of all LGB&T people have accessed general health services in the last three years. LGB&T people living in a rural area were as likely to have accessed these services as those living in an urban area. LGB&T people living in a rural who had accessed these services were more likely to be happy with the overall service they received compared to those living in an urban area.

1.31 LGB&T people living in a rural area were more likely to feel the need to go to a general health service but decided not to go compared to those living in an urban area. The most common reason for not attending services were a reluctance to discuss issues with local family GP.

1.32 The majority of LGB&T people do not access regular sexual health screens, with gay, bisexual and trans males most likely to access regular sexual health screens. LGB&T people living in a rural area are less likely to access regular sexual health screens compared to LGB&T people living in an urban area. Additionally LGB&T people living in a rural area are less likely to report having attending for a sexual health screen in the previous two years compared to those living in an urban area.

1.33 1 in 3 LGB&T people have never accessed a sexual health screen with respondents living in a rural area less likely to have ever accessed a sexual health screen compared to those living in an urban area. LGB&T living in a rural area are three times more likely to have travelled more than 20 miles to access sexual health services compared to those living in an urban area.

1.34 The majority of LGB&T people have not seen sexual health services promoted in their local area with those living in an urban area twice as likely to see sexual health services promoted than those living in an rural area. The majority of LGB&T people reported having seen services promoted by their local Health and Social Care Trust followed by an LGB&T group.

1.35 LGB&T people living in a rural area were twice as likely to see services promoted by their local Health and Social Care Trust than an LGB&T group compared to those living in an urban area who were slightly more likely to see services promoted by an LGB&T group compared to their local Health and Social Care Trust.

1.36 Education

1.37 Education plays a key role in the development of all young people. It is how they learn about the society in which they live, and the role they can play in it. Education can provide young people with the abilities,
skills and resilience to cope with a challenging world but can also be an environment where young LGB&T people feel isolated, invisible and unwelcome. Negative educational experiences for young LGB&T people can have long-reaching impacts on their mental health, self-esteem and potential employment opportunities.

1.38 A growing body of research clearly indicates that LGB&T young people are more likely than their heterosexual peers to experience bullying, exclusion and intimidation in the educational institution. Coupled with inconsistent approaches by schools in responding to homophobic and transphobic attitudes, this can lead to higher rates of depression, suicidal ideation, self-harm and other risk-taking behaviours amongst LGB&T young people.

1.39 As most schools do not gather data on the sexual orientation or gender identity of their pupils, the experiences of these young people are often not addressed. They become invisible to the educational institution and their needs and aspirations cannot be built into policy development processes.

1.40 The vast majority of LGB&T people have heard homophobic/transphobic language at school and more than half heard it daily while at school/college. LGB&T people living in a rural area are more likely to hear homophobic/transphobic language daily while at school/college. The vast majority of LGB&T people heard homophobic language from other pupils while at school/college however 1 in 4 LGB&T people heard homophobic language from teachers.

1.41 More than half of LGB&T people have experienced verbal abuse, gossip/rumours and feeling excluded while at school/college. LGB&T people living in a rural area were more likely to have negative experiences at school/college compared to those living in an urban area. The vast majority of LGB&T people who had negative experiences at school/college did not report them with those living in a rural area less likely to report than those living in an urban area. The most common reasons for not reporting were fears of being ‘outed’ and not trusting teachers. More than half of LGB&T people living in a rural area did not report their negative experiences at school because they were afraid of being ‘outed’.

1.42 The majority of LGB&T people feel that their school/college did nothing to address homophobic/transphobic bullying. The majority of LGB&T people reported that their school/college did not have any resources for LGB&T people with sexual health information the most common reported resource.

1.43 The majority of LGB&T people did not tell anyone about their sexual orientation and/or gender identity while at school. 1 in 4 LGB&T people had told a friend while 1 in 10 had told a member of their family including parents and siblings. LGB&T people living in a rural area
were less likely to have told someone about their sexual orientation and/or gender identity compared to those living in an urban area.

1.44 Employment

1.45 Employment settings have historically created stresses for LGB&T workers because of; lax rules for employee conduct, social acceptability of homophobic/transphobic language and the pressures of disclosing sexual orientation or gender identity in such settings. Although legislative changes have made it easier for LGB&T people to be ‘out’ in their workplace, many still experience discrimination and harassment because of their sexual orientation or gender identity. Negative workplace experiences can impact on the mental health and emotional wellbeing of LGB&T people as well as increasing their absence from work because of sickness, placing them in precarious economic situations.

1.46 Research indicates that employers which take their legislative obligations seriously and mainstream equality of opportunity for LGB&T employees, including making verbal and visible commitments to equality, not only increase the positive workplace experiences of LGB&T employees but increase the productivity of their organisation by making employees feel more valued and reducing sick leave.

1.47 The vast majority of LGB&T people are in employment or volunteering. However LGB&T people living in rural areas are less likely to be in employment or volunteering compared to those living in an urban area. The majority of LGB&T people are employed in the public sector in Northern Ireland. However LGB&T people living in a rural area were more likely to be employed in the private sector while those living in an urban area were more likely to be employed in the public sector.

1.48 1 in 5 LGB&T people are not ‘out’ to anyone in the workplace. 1 in 5 LGB&T people living in a rural area are ‘out’ to everyone in the workplace compared to 1 in 3 LGB&T people living in an urban area. The majority of LGB&T people know someone else in their workplace who is LGB&T. However, LGB&T people living in a rural area are less likely to know another LGB&T person in their workplace compared to those living in an urban area.

1.49 1 in 4 LGB&T people believe that their sexual orientation/gender identity will have a negative impact on their ability to progress at work. LGB&T people living in a rural area were twice as likely to believe this would be the case in comparison to those living in an urban area.

1.50 Half of all LGB&T people have heard negative comments about LGB&T people in the workplace mostly from colleagues. The majority of LGB&T people report that their employers have in place appropriate policies and procedures which reflect LGB&T people and their families
including equal opportunities policies, anti-bulling policies, family friendly policies and domestic violence policies.

1.51 **Homelessness**

1.52 A sizeable body of evidence indicates that LGB&/T people are at greater risk of homelessness than their heterosexual and cis-gender peers. This is not necessarily directly related to their sexual orientation and/or gender identity but can be a contributing factor to their experience of homelessness through experiences of rejection or lack of appropriate services.

1.53 A growing body of evidence shows familial rejection and relationship breakdown as causes for homelessness amongst LGB&/T people. Familial disputes can cause homelessness and can further exacerbate this experience as it can make an obvious source of accommodation, the family home, inaccessible. Familial disputes can also remove a support network for LGB&/T people experiencing homelessness and may cause them to rely more substantially on service providers than others.

1.54 The experiences above and the experience of homelessness then linked with experiences of homophobia/transphobia and heterosexism can further exacerbate the risks in relation to LGB&/T people and homelessness.

1.55 1 in 5 LGB&/T people have experienced hostility at home from a member of their family because of their sexual orientation/gender identity. LGB&/T people living in a rural area were slightly less likely to report having experienced hostility at home when compared to those living in an urban area.

1.56 2 in 13 LGB&/T people have experienced homelessness at some stage in their life. LGB&/T people living in a rural area were less likely to report having experienced homelessness compared to those living in an urban area. However, those living in a rural area were more likely to report their experiences of homelessness being related to their sexual orientation and/or gender identity compared to those living in an urban area.

1.57 LGB&/T people who have experienced homelessness and are living in a rural area were less likely to seek support compared to those living in an urban area. However, LGB&/T people living in a rural area were more likely to report having stayed in emergency accommodation compared to respondents living in an urban area. Additionally, those living in a rural area are also slightly more likely to experience difficulty in accessing accommodation than those living in an urban area.
1.58 **Crime**

1.59 All crime has an impact on the victim regardless of the motivation. However, it is recognised that hate crimes can have a particularly devastating effect on victims and those who fear becoming victims. The Police Service for Northern Ireland defines a hate crime as “any crime which is perceived by the victim or any other person as being motivated by hate or prejudice”.

1.60 Overall LGB&T people feel safe in their neighbourhood after dark. LGB&T people living in a rural area are more likely to not feel safe in their neighbourhood after dark and more likely to not be willing to do it when compared with those living in an urban area. Additionally, LGB&T people living in a rural area are more likely to not leave the house after dark or on their own as well as altering their behaviour to avoid being the victim of crime compared to those living in an urban area. Those living in an urban area are more likely to install security measures, move to a safer area or avoid certain areas and carrying weapons to avoid being the victim of crime.

1.61 One in three LGB&T people are worried about being the victim of crime, those living in an urban area are slightly more likely to be worried about being the victim of crime than those living in a rural area. In line with this LGB&T people living in a rural area are less likely to have been the victim of crime in the previous three years compared to those living in an urban area. However, LGB&T people living in a rural area, while less likely to have been the victim of crime, were more likely to have been the victim of a homophobic/transphobic hate crime when compared to those living in an urban area.

1.62 LGB&T people living in an rural area are most likely to report being the victim of crime in a town/village centre followed by at home, where as LGB&T people who live in an urban area were more likely to report being the victim of crime at home followed by a town/village centre. LGB&T people living in a rural area are less likely to report crimes to the PSNI when compared to those living in an urban area. Additionally, those living in a rural area are more likely to report crimes that were not motivated by hate compared to those which were.

1.63 **Conclusions and recommendations**

1.64 On a general basis this report reflects that LGB&T people living in rural areas experience poorer outcomes than those living in an urban area. There are a number of cross cutting themes across these experiences of poorer outcomes which are explored in these conclusions.

1.65 **Invisibility of LGB&T people**

1.66 Of the numerous issues impacting on LGB&T people in Northern Ireland, visibility remains of paramount importance. Invisibility impacts
both directly and indirectly on this group and helps sustain the homophobic and heterosexist bias that exists within society. It has to be remembered that while there has never been a better time to be an LGB&T person in Northern Ireland, that many of the issues impacting on this community such as isolation, discrimination, prejudice and fear are still everyday experiences for some of the most vulnerable in this community. It also must be remembered that LGB&T people have not merely existed for the last 15-20 years, and many within this community have had negative experiences when accessing goods, facilities or services as well as having spent a period of their life being viewed as a criminal for their same sex attraction or as having a mental health issue due to their gender identity.

1.67 Throughout this report there are reflections on the additional invisibility experienced by LGB&T people living in rural areas in Northern Ireland. The impact of this invisibility can be seen through each of the chapters but some specific examples are:

- in the role a person’s sexual orientation and/or gender identity played in their decision to move from a rural area to a more urban area;
- that LGB&T people living in a rural area are less likely to be ‘out’ than those living in an urban area;
- that LGB&T people living in a rural area are less likely to have an LGB&T service or organisation in their local area;
- that LGB&T people living in a rural area are less likely to be aware of an LGBT community based organisation in Northern Ireland;
- that LGB&T people living in a rural area are twice as likely not to access and LGBT community based organisation because they are not ‘out’; and
- that LGB&T people living in a rural area are less likely to be ‘out’ in work and less likely to know someone else who is LGB&T in their workplace.

**Recommendation 1:** The data presented in this report should be considered as part of the development of any future programmes or strategies to ensure that the needs of LGB&T people in rural areas are considered.

**Recommendation 2:** All research and surveys undertaken by Government should include monitoring for sexual orientation and gender identity.

**Recommendation 3:** Departmental Equality Schemes should be updated to reflect the issues presented in this report.

**Recommendation 4:** Staff working in front facing roles should undertake sexual orientation and gender identity awareness training.
Recommendation 5: Government should ensure that LGB&T people and their families are visible in promotional materials and information leaflets etc. through both language and imagery.

1.68 Poorer help seeking behaviour

1.69 Homosexuality was decriminalised in Northern Ireland in 1982, and for many LGB&T people this legacy still lives on. Legislation for civil partnerships, employment equality, protection in accessing goods facilities and services and other equality legislation has only been introduced in the last 15 years. Additionally, there are other legislative issues that are not only outstanding but are at the forefront of many political and social debates across the media and society such as marriage equality and same sex couples adopting. The impact of this history of discrimination often presents itself through fear. Most often fear that a service provider may hold prejudiced views against this community or that they do not have the knowledge or skills to address their specific needs.

1.70 The result of this being a barrier created for that person when trying to access a good, facility or service or that the person feels they are unable to disclose their minority sexual orientation and/or gender identity and therefore don’t seek the help or support they need. Examples of this poorer help seeking behaviour can be seen through each of the chapters but some specific examples are:

- more than half of LGB&T people who have always lived in a rural area have felt compelled at some point to move to a more urban area but have not;
- LGB&T people living in a rural area are less likely to have accessed an LGB&T organisation or service;
- LGB&T people living in a rural area are twice as likely as those living in an urban area not to access services they need because they are not ‘out’;
- Although LGB&T people living in a rural area were slightly more likely to experience depression they were also less likely to seek help;
- LGB&T people living in a rural area were more likely to feel the need to attend general health services but were less likely to go when compared to those living in an urban area;
- LGB&T people living in a rural area are less likely to attend for sexual health screening compared to those living in an urban area;
- LGB&T people living in a rural area were more likely to experience issues at school but were less likely to report these compared to those living in an urban area; and
- LGB&T people living in a rural area and experiencing homelessness were less likely to seek support than those living in an urban area.
**Recommendation 6:** Government and partner organisations should work together with relevant bodies to promote the services and support available to meet the needs of LGB&T people living in rural areas.

**Recommendation 7:** A specific campaign should be developed to increase the awareness of the health inequalities experienced by LGB&T people targeted at rural LGB&T people.

**Recommendation 8:** Service providers working within rural areas in Northern Ireland in receipt of public funding should be provided support in introducing monitoring systems for monitoring sexual orientation and gender identity which, although currently required under Section 75, is not standard practice in many agencies.
2.0 Introduction

2.1 This report was supported by the Department of Agriculture and Rural Development (DARD) with a view to scoping and exploring the issues faced by lesbian, gay, bisexual and trans people in rural areas in Northern Ireland.

2.2 It presents quantitative data on the experiences of LGB&T people across a range of thematic areas; rurality, being LGB&T, LGB&T services, mental health, sexual health, education, employment, homelessness and crime.

2.3 A person’s sexual orientation or gender identity is only one aspect of who a person is. It should not define them. We all have a sexual orientation and we all have a gender identity. Unfortunately, people with a minority sexual orientation and/or gender identity still face discrimination, isolation and limited opportunities because of that single aspect of their identity. This bias can be advertent or inadvertent; obvious or subtle; conscious or unconscious.

2.4 While studies have been carried out into the experiences of lesbian, gay, bisexual and or trans people (LGB&T) in Northern Ireland across many subject areas such as education, health, community safety and employment; never has a report explored these issues for LGB&T people living in rural areas and compared it with their urban counterparts.

2.5 Our sexual orientation and gender identity is only one aspect of who we are, and LGB&T people are diverse and complex, whether in a group or as individuals; consequently there is a wide range of diverse experiences outlined in this report, however the data does indicate common themes.

2.6 What is underlined throughout this report is that LGB&T people living in rural areas experience poorer outcomes than those living in an urban area. This report has identified two particular areas where the experiences of LGB&T people living in rural areas are exacerbated including invisibility and help seeking behaviour. Invisibility, in this context, relates to both LGB&T people as well as LGB&T services and support, whether or not someone is ‘out’ and who they are ‘out’ to as well as availability and awareness of LGB&T services.

2.7 This report is not only for government and policy makers to help direct policy and services; it is for everyone, LGB&T people and non LGB&T people alike. When we have a better understanding of the experiences of our minority communities in Northern Ireland, we are all better positioned to tackle those barriers to opportunity for those groups and contribute to a truly diverse and inclusive society. The Rainbow Project hopes that this report helps the reader get a better understanding of
the diverse range of issues faced by LGB&T people in rural areas in Northern Ireland, and contribute to making positive changes in society.

2.8 The authors of this report would like to thank the Minister for Agriculture and Rural Development for taking an interest in this area and driving this work forward. We would like to thank those officials in DARD that took part in the steering group and without whose guidance the research would not have been as successful. We would also like to thank the staff and volunteers of The Rainbow Project who assisted with the piloting and testing of the survey.

2.9 Finally, our biggest thanks are for those people that gave up their time to take the survey and contribute to this project.
3.0 **Methodology**

3.1 The Department of Agriculture and Rural Development [DARD] supported this report in order to gather the experiences of LGB&T people living in rural areas in Northern Ireland to inform government and policy makers on the needs and experiences of this community.

3.2 This is the first report of its kind to be carried out in Northern Ireland. Each area explored provides only a snapshot of the issues faced by LGB&T people in rural areas, and each area merits more in-depth exploration and analysis in its own right.

3.3 In the initiation stage of this project the project group aimed to ensure that this research would assist to address gaps in government knowledge of the experiences of LGB&T people in rural areas. The aim of the research was to help inform the development of interventions under DARD’s Tackling Rural Poverty and Social Isolation framework, the EU Rural Development Programme as well as informing policy areas throughout government.

3.4 The research examined LGB&T people’s experiences in accessing relevant healthcare, experiences of school life, access to information and support services, access to community spaces, family life, workplace experiences, and the ability to be open about sexual orientation and gender identity in their community.

3.5 A multi-dimensional methodology for this research was proposed;
• Online Self Completion Questionnaires;
• Randomly selected focus groups; and/or
• Randomly selected one to one interviews;

3.6 **Online Self Completion Questionnaires**

3.7 The self-completion questionnaire was designed by The Rainbow Project following engagement with members of the steering group and a review of relatively comparable surveys in the UK and Ireland. The questionnaire also adopted relevant comparable questions from previous research looking at experiences on LGB&T people in education, employment, access to justice, access to health care and health outcomes, including mental health, to provide comparators.

3.8 The questionnaire was a self-completion survey carried out on a voluntary basis and promoted on online networks, which were identified as the most effective method in reaching LGB&T people, particularly in rural areas. A snowballing sampling method was used to reach transgender participants.
3.9 The questionnaire was subjected to three rounds of testing and amendment during the pilot stage, with eight people taking part; three, two and three respectively.

3.10 Focus Groups and Interviews

3.11 As the questionnaire provided significant opportunities for respondents to provide comments on each aspect of the subject area, a decision was taken by the steering group that, due to both the quantity and quality of those responses, that it was not necessary to undertake focus groups or interviews.

3.12 The research was preceded by the establishment of a steering group comprising: The Rainbow Project, HERe NI and DARD Equality Unit and Sustainable Rural Communities Branch.

3.13 A policy of anonymity was adopted for this report, and all data is presented anonymously. No respondents can be identified by their response. This policy was adopted for a number of reasons. Firstly, there are particular sensitivities for many LGB&T people in Northern Ireland, particularly those that are not open about this part of their identity. Secondly, this sensitivity can be compounded in rural areas, with smaller populations and a greater likelihood of being known to someone from the community. Finally to ensure better response rates and maximise returns it was considered necessary.

3.14 A total of 410 people responded to the survey. 69.5% of responses were from males, 30.5% from females and 6.8% from trans or gender variant people.

3.15 The survey was weighted to correct for this imbalance.
4.0 Demographics of Respondents

4.1 Respondents were asked a range of questions on background and identity including information on gender, gender identity, sexual orientation, disability, ethnicity, age and relationship status.

4.2 Gender and Gender Identity

4.3 Respondents were asked to describe their gender as male, female or other. Those respondents who selected other were provided with space to specify their gender identity, however, no respondents selected this option with 285 (69.5%) identifying as male and 125 (30.5%) identifying as female.

4.4 The majority (93.2%) of respondents identified as cis-gender, meaning their gender was the same as the gender assigned to them at birth, while a small percentage (6.8%) identified as trans or gender variant, meaning their gender, or gender expression, was not the same as the gender assigned to them at birth. Of those who identified as being trans or gender variant 14 identified as female and 14 identified as male.

4.5 Sexual Orientation

4.6 The majority of respondents identified as gay males (57.8%) accounting for 83.2% of all male respondents. Females evenly selected both lesbian (10.2%) and gay female (10.2%) accounting for 67.2% of all female respondents. Almost one in eight of all respondents identified as bisexual (12.4%), however women were much more likely to identify as bisexual (18.4%) than males (9.8%). This trend continues when you include those who identified as being more attracted to one sex or the other with females more likely to identify as having a level of attraction.
to both sexes (26.4%) than males (15.4%). A small number of respondents identified as heterosexual (4) or ‘other’ (7).

4.7 Of all trans respondents the majority identified as either gay woman, lesbian or gay man accounting for 39.3% of all trans respondents. A significant number of trans respondents identified as having a level of attraction to both sexes at 32.1% and all respondents who identified as heterosexual also identified as trans accounting for 14.3% of trans respondents.

4.8 Relationship Status

4.9 The majority of respondents identified as being single accounting for half (50%) of all respondents. Similarly a significant percentage of respondents were in a relationship (44.1%) with almost one in three (30.2%) of all respondents currently cohabiting with their partner. A small percentage (4.1%) of respondents had separated, dissolved a civil partnership or gotten divorced from their partners and 3 respondents identified their relationship status as widowed.
4.10 More than half (56.1%) of male respondents identified as single compared 36% of female respondents. 42.9% of trans respondents identified their relationship as single while 46.4% were in relationships and 2 had gotten divorced.

4.11 Age

4.12 The age demographics of respondents were relatively even across the 16-29 (32.4%) and 30-44 (36.1%) age categories. The number of respondents dropped as the age categories increased dropping substantially between 45-59 (27%) and 60-74 (4.1%) with only 1 respondent aged over 75.
4.13 **Ethnicity**

The majority of respondents identified as white (98.3%) while a small percentage identified as an ethnic minority. This is reflective of the Northern Ireland census, which reports that 98.28% of the Northern Ireland population identify as white. 1 respondent identified as Chinese, 1 as mixed race and 5 as none of the options offered.

4.15 **Disability**

Almost one in five (19.3%) of all respondents identified as having a disability under the definition provided in the Disability Discrimination Act 1995. This increased substantially for trans respondents with more than one in three (35.7%) identifying as having a disability compared to 1 in 5 female respondents (20%) and less than one in five male respondents (18.9%) generally.

![Types of Disability](chart1.5.png)

**Chart 1.5 Breakdown of respondent’s disabilities**

4.17 More than one in ten (11%) of all respondents had a physical disability. This percentage was higher among trans (14.3%) and female respondents (13.6%) compared to male respondents (9.8%).
5.0 Rurality

Key Findings

- LGB&T people are more likely to have moved from an urban area to a more rural area.
- However, when we look at the motivation for moving LGB&T people are more likely to move from a rural area to a more urban area if their sexual orientation and/or gender identity has played a role in their decision to move.
- Their sexual orientation and/or gender identity played a part in 43% of LGB&T peoples decision to move.
- More than half of LGB&T people have lived in the same area for more than 10 years.
- More than half of LGB&T people who have only lived in rural areas have at some time felt compelled to move because of their sexual orientation and/or gender identity but have not.

5.1 The Review of the Statistical Classification and Delineation of Settlements’ (NISRA March 2015) considers population settlements with 5,000 people or below as rural. However, the majority of government departments, for comparative purposes, use Local Government District [LGD] level when reporting official data. Under this classification, the LGDs of Belfast, Carrickfergus, Castlereagh, Newtownabbey, North Down and Derry are considered urban while the other LGDs are treated as rural.

5.2 Respondents were provided with the information above and asked questions relating to their perceptions of whether or not they are currently, or have ever previously, lived in a rural or urban area as well as whether or not their sexual orientation or gender identity had played a role in any decision to move.

5.3 Respondents were almost equally split between living in a rural area (50.6%) and living in an urban area (49.4%). More than half (57.2%) of all male respondents were living in a rural area while more than half (56%) of female respondents were living in urban areas. More than half (53.6%) of all trans respondents were living in rural areas also.
The majority of respondents (67.6%) who live in a rural area had previously lived in an urban area. This was the case for the majority of male (64.6%), female (71.4%) and trans (66.7%) respondents. Less than half (43.1%) of respondents who live in an urban area had previously lived in a rural area. This was the case for both male (43.4%) and female (42.9%) respondents, however more than 3 in 5 (61.5%) trans respondents who live in an urban area had previously lived in a rural area.

The majority of respondents (56.8%) have lived in the same area for more than 10 years. Male respondents were most likely to remain in the same area with 63.2% having lived in the same area for more than 10 years and a majority of female respondents (50.4%) had also lived in the same area for more than 10 years. Trans respondents were the
least likely to have stayed in the same area for more than 10 years and most likely to have lived in an area for less than three years.

**How long have you lived in your current home/same area?**

5.6 Respondents living in rural areas were the most likely (67.9%) to have lived in the same area for more than 10 years with slightly less than half (49.5%) of all respondents living in urban areas having lived in the same area for more than 10 years.

**Did your sexual orientation and/or gender identity play a role in your decision to move?**

5.7 Gender and gender identity would appear to play a more important role in respondents deciding to move with more than 4 in 5 (83.3%) trans respondents and almost half (49.3%) of female respondents stating that their sexual orientation and/or gender identity had played a role in their decision to move. Sexual orientation and/or gender identity played less of a role in male respondents (36.7%) decision to move. Overall sexual orientation and/or gender identity played a role in less than half (43%) of all respondents decision to move.
5.8 Sexual orientation and/or gender identity played a substantially greater (62.7%) role in respondent’s decision to move from a rural area to more urban area than in respondent’s decision to move from an urban area to a more rural area (27.8%). This trend is in line with anecdotal evidence that LGB&T people choose to move to urban areas from more rural areas due to an increased visibility of LGB&T people and issues in urban areas generally.

Have you ever felt compelled to move to a less rural area because of your sexual orientation or gender identity but not moved?

![Chart 2.5 Percentage breakdown of whether or not respondents who had only lived in rural areas had ever felt compelled to move because of their sexual orientation and/or gender identity across gender and gender identity]

5.9 Respondents who had always lived in a rural area were asked if they had ever felt compelled to move to a more urban area because of their sexual orientation and/or gender identity. The majority (58.5%) of all respondents who had always lived in rural areas have at some point felt compelled to move to a more urban area but had not. This trend continued for male respondents (63.8%) and trans respondents (60%) but was lower than average for female respondents (50%).
6.0 Being LGB&T

Key Findings

- LGB&T living in a rural area are less likely to be ‘out’ than LGB&T people living in an urban area.
- LGB&T are more likely to be ‘out’ to their friends than anyone else with 92.1% of respondents reporting that their friends were aware of their sexual orientation/gender identity.
- When it comes to families LGB&T are most likely to be ‘out’ to their siblings followed by their parents and other family.
- LGB&T people are least likely to be ‘out’ to their work colleagues.
- More than half of all LGB&T people are ‘out’ to all groups below including friends, family, people in their community and work colleagues.
- LGB women are more likely to be open to all groups compared to GB men and trans people.
- 8.4% of LGB&T people have been refused goods, facilities or services because of their sexual orientation and/or gender identity in their local area.

6.1 This section looks at levels of visibility and awareness of respondent's sexual orientation and/or gender identity. Respondents were asked a range of questions around being LGB&T, ‘coming out’ and access to goods, facilities and services.

6.2 Many LGB&T people are aware of their sexual orientation or gender identity before or during adolescence, while some people are not sure of their sexual orientation or gender identity until later in life. However there is frequently a period of a number of years between someone knowing their sexual orientation or gender identity and feeling able to disclose this to another person.

6.3 Adolescence can be a difficult time for many young people because of; exam pressures, family issues and other social stressors. Being LGB&T can be an additional stress for people because they often feel that it is something they must deal with on their own, without the support of friends or family members.

6.4 While Northern Ireland society has become much more welcoming of LGB&T people in recent years, it can still feel, for many LGB&T people that they must come to terms with their sexual orientation or gender identity in the context of a society which can appear quite hostile to them.

6.5 The legacy of criminalisation casts a long shadow over Northern Ireland. Many people, including LGB&T people, grew up in a time when publically declaring oneself to be LGB&T could lead to societal rejection or physical violence. While the laws have changed, changing attitudes shaped by these laws is much more difficult.

6.6 ‘Coming out’ is something people often assume an LGB&T person only does once. The reality is that ‘coming out’ and being open about
your sexual orientation is an ongoing process that involves a range of peers and social support networks. In our society there is an automatic assumption that a person is heterosexual and cis-gender (i.e. not trans) which creates the need for LGB&T people to ‘come out’ to become visible. Respondents were asked to what extent a range of groups were aware of their sexual orientation/gender identity. Each of these groups are explored individually below.

Parents

Chart 3.1 Percentage breakdown of how aware respondents parents are of their sexual orientation/gender identity across gender and gender identity

6.7 The majority (59.9%) of respondents reported that their parents were very aware of their sexual orientation/gender identity. Female respondents were most likely (64.6%) to report their parents being aware of their sexual orientation/gender identity followed by male respondents (55.1%). Trans respondents were least likely to report their parents being aware of their sexual orientation/gender identity (35.7%).

6.8 Respondents living in an urban area were more likely (81.4%) to report their parents being aware of their sexual orientation/gender identity than respondents living in a rural area
6.9 The majority (79.9%) of respondents reported that this question did not apply. Once again female respondents were most likely to report their carers being very aware of respondent’s sexual orientation at 18.9%. Trans respondents were more likely to have carers than male or female respondents generally and while trans respondents reported 1 in 5 of their carers were aware of their sexual orientation/gender identity, 17.4% reported their carers having no awareness of respondents sexual orientation/gender identity.

6.10 81.4% of respondents living in a rural area reported that this question did not apply as did 80.2% of respondents living in an urban area. Respondents living in a rural area were less likely to report their carers being aware of their sexual orientation/gender identity (9.5%) compared to respondents living in an urban area (16.1%) and more likely to have no awareness at all.
6.11 The majority (74.3%) of respondents reported that their siblings were aware of their sexual orientation/gender identity. Female respondents were most likely (78.4%) to report their siblings being aware of their sexual orientation/gender identity, followed by male respondents (70%). Trans respondents were most likely to feel that this question did not apply. Trans respondents were least likely (54.6%) to report their siblings being aware of respondents sexual orientation/gender identity.

6.12 Respondents living in a rural area were less likely (64.7%) to report their siblings being aware of their sexual orientation/gender identity than respondents living in urban areas. Respondents living in rural areas were almost two times more likely to feel that this question did not apply than respondents living in an urban area.

6.13 The majority (70.3%) of respondents reported that their other family were aware of their sexual orientation/gender identity. Female respondents were most likely to report their other family being aware of their sexual orientation/gender identity (75.9%) followed by male respondents (64.9%). Trans respondents were least likely to report that their other family were aware of their sexual orientation/gender identity (61.6%) and most likely to feel they have no awareness at all (31.7%).

6.14 Respondents living in a rural area were less likely (64.2%) to report their other family being aware of their sexual orientation/gender identity than respondents from urban areas (72.8%).
The majority (62.5%) of respondents reported that people in their community were aware of their sexual orientation/gender identity. Female respondents were most likely (69.6%) to report that people in their community were aware of their sexual orientation/gender identity followed by male respondents (68.8%). Trans respondents were least (57.1%) likely to report that people in their community were aware of their sexual orientation/gender identity.

Respondents living in a rural area were less likely (62.5%) to report that people in their community were aware of their sexual orientation/gender identity than respondents living in an urban area (76.4%).
6.17 The majority (92.1%) of respondents reported that their friends were aware of their sexual orientation/gender identity. Female respondents were most likely (93.7%) to report that their friends were aware of their sexual orientation/gender identity followed by males respondents (90.5%). Trans respondents were least likely (75%) to report that their friends were aware of their sexual orientation/gender identity and were substantially more likely to select does not apply (10.7%).

6.18 Respondents living in rural areas were less likely (88.1%) to report that their friends were aware of their sexual orientation/gender identity than respondents living in an urban area (95.3%).

6.19 The majority (68.3%) of respondents reported that their work colleagues are aware of their sexual orientation/gender identity. Female respondents were most likely (70%) to report that their work colleagues were aware of their sexual orientation/gender identity followed by male respondents (66.3%). Trans respondents were least likely (50%) to report that their work colleagues were aware of their sexual orientation/gender identity and were most likely to feel that this question did not apply (16.7%).

6.20 Respondents living in a rural area were less likely (59.3%) to report that work colleagues were aware of their sexual orientation/gender identity than those living in urban areas (76.6%).
The majority (91.6%) of respondents reported that they have not been discriminated against when accessing goods, facilities and services in their local area. Female respondents were slightly more likely (8.8%) to report that they had been discriminated against when accessing goods, facilities and services compared to male respondents (8.1%). Trans respondents were most likely (25%) to report that they had been discriminated against when accessing good facilities and services.
7.0 LGB&T Services

Key Findings
- LGB&T living in an urban area are 4 times more likely than those living in a rural area to have an LGB&T community organisation or service in their local area.
- 2 in every 5 LGB&T people have accessed an LGB&T community organisation or service in the last three years.
- LGB&T people living in a rural area are less likely to be aware of an LGB&T community based organisation in Northern Ireland but are more likely to access services provided by these.
- LGB&T people living in an urban area are more likely to feel that they need to access services compared to those living in a rural area.
- LGB&T people living in a rural area were twice as likely not to access services because they are not ‘out’ compared to those living in an urban area.
- More than half of all LGB&T people believe that it is important to have access to an LGB&T support service in their local area.

7.1 This section looks at the provision and accessibility of LGB&T services in Northern Ireland. Respondents were asked a range of questions around their awareness of LGB&T services, whether these services exist in their local area and if they have accessed these services.

7.2 The development and expansion of LGB&T organisations over the past 15 years has led to an expansion of services specifically tailored to the needs of LGB&T people. Because of the particular social, mental and sexual health needs of LGB&T people, it is important that they have access to services which are cognisant of these needs and are safe spaces for people who may not otherwise feel safe accessing services.

7.3 Northern Ireland currently has 3 LGB&T centres based in Belfast, Derry/Londonderry and Newry. The Belfast LGB&T Centre hosts The Rainbow Project, Cara-Friend and HEReNI while the Foyle LGB&T centre hosts and is run by The Rainbow Project. The Newry LGB&T Centre hosts and is run by Newry Rainbow Community.
Almost 2 in 5 respondents (39%) stated that there was an LGB&/T community based support organisation or service in the area that they are living. Female respondents were most likely (44%) to have, or be aware of, an LGB&/T community based support organisation or service in their local area followed by trans respondents (42.9%). Male respondents were more likely (40.4%) to not have, or not be aware of, an LGB&/T community based support organisation or service in their local area.

Respondents living in a rural area were substantially less likely (15.1%) to be aware of an LGB&/T community based support organisation in their local area when compared to those living in an urban area (62%).

What do these provide?
7.6 The most common LGB&T service being delivered in respondents local area are support/social groups (80.4%), followed by advice and information (72.2%), sexual health services (64.6%), a safe place (57%), mental health services (46.8%) and youth provision (45.6%).

**Have you accessed an LGB&T service in the last three years?**

![Chart 4.3 Percentage breakdown of access of LGB&T services by respondents across gender and gender identity]

7.7 2 in 5 respondents (42.6%) had accessed LGB&T services in the past three years. Male respondents were least likely (36.5%) to have accessed LGB&T services in the past three years followed by female respondents (48.8%). Trans respondents were most likely (57.1%) to have accessed services in the previous three years.

7.8 Respondents living in a rural area were less likely (36.7%) to have accessed LGB&T services in the previous three years than those living in urban areas (44.2%).

**Are you aware of any LGB&T community based organisations in Northern Ireland?**

![Chart 4.4 Percentage breakdown of awareness of LGB&T community based organisations by respondents across gender and gender identity]
7.9 The majority (84.4%) of respondents were aware of at least one LGB&T community based organisation in Northern Ireland. Female respondents were most likely (85.6%) to be aware of at least one LGB&T community based organisation in Northern Ireland followed by male respondents (83.2%) and trans respondents (82.1%). Respondents living in a rural area were less likely (78.9%) to be aware of an LGB&T community based organisation than those living in an urban area (89.6%).

Have you ever accessed any of the services you are aware of in the last three years?

![Chart 4.5 Percentage breakdown of access to LGB&T community based organisations by respondents across gender and gender identity](chart)

7.10 2 in 5 (41.3%) respondents have accessed a service provided by an LGB&T community based organisation. Male respondents were least likely (37.6%) to have accessed a service provided by an LGB&T community based organisation followed by female respondents (49.5%). Trans respondents were most likely (65.2%) to have accessed a service provided by an LGB&T community based organisation.

7.11 Respondents living in a rural area were more likely (41.9%) to have accessed a service provided by an LGB&T community based organisation compared to respondents living in an urban area (40.7%).
7.12 The majority of respondents who were aware of LGB&T community based organisations but did not access any services did so because they feel they did not need to (47.6%). This was also the most common reason for both male (64.2%) and female (63%) respondents. Respondents living in an urban area were more likely (73.5%) to feel that they do not need to access services in comparison to respondents living in rural areas (54%). Half (50%) of trans respondents did not access services provided by LGB&T community based organisations because they are not ‘out’ which was substantially higher than male (24.3%) and female (14.8%) responses.

7.13 Respondents living in a rural area were more likely (29%) to not access services because they are not ‘out’ than respondents living in urban areas (14.7%). Additionally, respondents living in a rural area were more likely (23%) to not access services because it is too far to travel than those respondents living in an urban area (6.9%).
The majority of respondents (85.4%) felt that it was either important or very important to have access to an LGB&/T support service in their local area. Female respondents were most likely (90.4%) to believe that access to an LGB&/T support service in their local area was important followed by trans respondents (85.7%). Male respondents were least likely (80.3%) to feel it was important to have access to an LGB&/T support service in their local area and were most likely (4.9%) to feel it is not important at all.

Respondents living in a rural area were less likely (87.1%) to believe that access to a local LGB&T service is important compared to respondents living in an urban area (90.6%).
8.0 Mental health

Key Findings

- The majority of LGB&T people have experienced personal, emotional, behavioural or mental health problems for which they needed professional help in the past three years.
- LGB&T people living in a rural area are more likely to experience personal, emotional, behavioural or mental health problems for which they needed professional help in the last three years compared to those living in an urban area but are less likely to seek support.
- The majority of LGB&T people know where to get help and have sought help in relation to their emotional health and wellbeing at some point in their life. LGB&T people living in a rural area however were less likely to know where to get, or to have sought, help.
- Overall help seeking behaviour among LGB&T people has increased in relation to emotional health and wellbeing.
- Self-harming behaviour continues to be most common amongst LGB women with 2 in 5 reporting having self-harmed. More a third of all LGB&T have self-harmed.
- 2 in 5 LGB&T people have experienced suicidal ideation at some point in their life with the majority reporting it being related to their sexual orientation/gender identity.
- LGB&T people living in a rural area are less likely to experience suicidal ideation but are more likely to report it being related to their sexual orientation/gender identity compared to those living in an urban area.
- More than 3 in 5 LGB&T people have experienced depression. The number of LGB&T people experiencing depression however has reduced compared to previous research.
- The majority of LGB&T people sought help when they experienced depression however respondents living in a rural area are less likely to seek support compared to those living in an urban area.

8.1 This section looks at the emotional health and wellbeing of LGB&T people in Northern Ireland. Respondents were asked a range of questions around their emotional health and wellbeing, self-harming behaviour, suicide and suicidal ideation, depression and accessing services.

8.2 Emotional health and wellbeing and the potential for poor mental health outcomes, such as risk of suicide and self-harm, pose a significant health challenge. Poorer emotional health and wellbeing outcomes, like many health inequalities, are exacerbated amongst minority and marginalised groups. A growing body of evidence suggests that LGB&T people are more likely to experience poorer emotional health and wellbeing relative to their heterosexual peers. As many agencies do not regularly collect data on sexual orientation and/or gender identity when scoping emotional health and wellbeing, or in terms of those accessing their services, it is difficult to ascertain the specific outcomes or needs of these groups.

8.3 The Rainbow Project carried out research entitled ‘Through Our Minds – Exploring the Emotional Health and Wellbeing of Lesbian, Gay,
Bisexual and Transgender people in Northern Ireland (M O’Hara 2013). In this section we will be comparing the data collected through this research with the data previously gathered through ‘Through Our Minds’.

### Would you know how to access advice or support in relation to emotional health and wellbeing?

![Chart 5.1 Percentage breakdown of knowledge of health and wellbeing support across gender and gender identity](image)

8.4 The majority (80.7%) of respondents reported knowing where to access advice or support in relation to emotional health and wellbeing. Female respondents (83.2%) were most likely to report knowing where to access support followed by trans respondents (78.6%) and male respondents (78.2%). Respondents living in an urban area were less likely (75.2%) to report knowing where to access advice or support when compared to respondents living in an urban area (84.9%). Overall the number of respondents reporting that they would know where to access advice or support in relation to emotional health and wellbeing has substantially increased (80.7%) compared to previous research\(^2\) (65.5%).

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\(^2\) Through Our Minds – Exploring the Emotional Health and Wellbeing of Lesbian, Gay, Bisexual and Transgender People in Northern Ireland (M O’Hara 2013)
8.5 The majority (56.5%) of respondents reported that they have accessed support in relation to their emotional health and wellbeing. Trans respondents were most likely to have accessed advice or support in relation to their emotional health and wellbeing followed by female respondents (60%). Male respondents were least likely (53%) to report having accessed advice or support in relation to their emotional health and wellbeing. Respondents living in a rural area were less likely to have accessed advice and support in relation to their emotional health and wellbeing compared to respondents living in an urban area. Overall the number of respondents reporting having accessed advice or support in relation to their emotional health and wellbeing has increased (56.5%) compared to previous research (51.3%).

In the past three years, have you had any personal, emotional, behavioural or mental health problems for which you needed professional help?
8.6 The majority (66.2%) of respondents have had some form of personal, emotional, behavioural or mental health problems for which they needed professional help within the last year. Female respondents were more likely (69.6%) to have experienced these problems than males (62.8%). Trans respondents were most likely to select yes (78.6%) compared to male or female respondents generally. Males were most likely (37.2%) to feel that they have had few or no problems.

8.7 Respondents living in a rural area were less likely (36.7%) to have asked for professional help compared to respondents living in an urban area (45.8%). However, respondents living in a rural area were less likely (33.9%) to feel that they have had few or no problems than those respondents living in an urban area (36.5%).

8.8 On average help seeking behaviour would appear to be up since the previous research mentioned above which identified that 39% of respondents had asked for professional help compared to 42.9% of respondents in this survey. However, the number of respondents noting that they have had few or no problems has decreased with previous research noting 35.3% of respondents choosing this option compared to 33.8% of respondents in this survey.

8.9 The majority (70.2%) of respondents had not self-harmed. As with previous research into emotional health and wellbeing female respondents were most likely (39.2%) to have self-harmed while males were least likely (20.4%). While this trend is the same as in previous research a smaller number of respondents reported having self-harmed. Respondents living in a rural area were less likely (24.8%) to experience self-harm than those living in an urban area (27.6%).

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8.10 The majority of respondents felt that they were not currently experiencing suicidal ideation. Trans respondents were most likely (57.1%) to report experiencing suicidal ideation followed by female respondents (46.4%). Males respondents were least likely to report experiencing suicidal ideation, however almost 2 in every 5 of male respondents reported having experienced suicidal ideation. Overall respondents to this survey reported lower levels of suicidal ideation than in previous research⁴.

8.11 Respondents living in a rural area were as likely (40.4%) to report having experienced suicidal ideation as respondents living in an urban area (40.1%) with 2 in 5 respondents reporting experiences of suicidal ideation.

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8.12 The majority (80.8%) of respondents who had experienced suicidal ideation reporting it was related to their sexual orientation/gender identity. Trans respondents who have experienced suicidal ideation were most likely (93.8%) to report it being related to their sexual orientation/gender identity followed by males respondents (84.3%). Female respondents who have experienced suicidal ideation were least likely (78.0%) to report it being related to their sexual orientation/gender identity however almost 4 in every 5 of female respondents who have experienced suicidal ideation reported it being related.

8.13 Respondents living in a rural area were more likely (87.6%) to report their experience of suicidal ideation being related to their sexual orientation/gender identity that those respondents living in an urban area (75.6%)
8.14 The majority (68.4%) of respondents reported having experienced depression. Trans respondents were slightly more likely (71.4%) to report having experienced depression compared to female respondents (71.2%). Males were least likely (65.6%) to report having experienced depression, however more than 6 in every 10 male respondents reported having experienced depression.

8.15 Respondents living in a rural area were slightly more likely (67.9%) to report having experienced depression compared to respondents living in an urban area (66.7%) with more than 3 in every 5 reporting having experienced depression. Overall the number of respondents to this survey reporting having experienced depression (68.4%) is down from previous research\(^7\) (70.9%).

Did you seek help when you experienced depression?

![Chart 5.8 Percentage breakdown help seeking of respondents experiencing depression across gender and gender identity]

8.16 The majority (70.3%) of respondents who reported experiencing depression also reported having sought help when they experienced it. Trans respondents were most likely (70.0%) to report having sought help when they experienced depression followed by female respondents (76.4%). Male respondents were least likely (63.6%) to report having sought help when they experienced depression.

8.17 Respondents living in a rural area were less likely (64.9%) to have sought help when they experienced depression compared to respondents from urban areas (71.1%). Overall the number of respondents to this survey reporting having experienced depression and seeking help (70.3%) has increased substantially from previous research\(^8\) (49.4%).

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\(^7\) Through Our Minds – Exploring the Emotional Health and Wellbeing of Lesbian, Gay, Bisexual and Transgender People in Northern Ireland (M O’Hara 2013)

\(^8\) Through Our Minds – Exploring the Emotional Health and Wellbeing of Lesbian, Gay, Bisexual and Transgender People in Northern Ireland (M O’Hara 2013)
9.0 Sexual health

Key Findings

- Half of all LGB&/T people have accessed general health services in the last three years.
- 1 in 4 gay, bisexual or trans men have felt the need to go to a general health service but decided not to go.
- Respondents living in a rural area were more likely to feel the need to go to a general health service but not attend compared to respondents living in an urban area.
- The most common reason for not attending services was a reluctance to discuss issues with local family GP.
- The majority of LGB&/T people do not access regular sexual health screens, with gay, bisexual and trans males most likely to access regular sexual health screens.
- LGB&/T people living in a rural area are less likely to access regular sexual health screens compared to LGB&/T people living in an urban area.
- 1 in 3 LGB&/T people have never accessed a sexual health screen with respondents living in a rural area less likely to have ever accessed a sexual health screen compared to those living in an urban area.
- LGB&/T people living in a rural area are three times more likely to have travelled more than 20 miles to access sexual health services compared to those living in an urban area.
- The majority of LGB&/T use private transport to access sexual health services with those living in a rural area more likely to use private transport than those living in an urban area.
- The majority of LGB&/T people have not seen sexual health services promoted in their local area with those living in a rural area twice as likely to see sexual health services promoted than those living in an urban area.
- The majority of LGB&/T people reported having seen services promoted by their local Health and Social Care Trust followed by an LGB&/T group.
- LGB&/T people living in a rural area were twice as likely to see services promoted by their local Health and Social Care Trust than an LGB&/T group compared to those living in an urban area who were slightly more likely to see services promoted by an LGB&/T group compared to their local Health and Social Care Trust.

9.1 This section looks at the sexual health of LGB&/T people in Northern Ireland. Respondents were asked a range of questions around the promotion, delivery and their access to sexual health services.

9.2 There is large body of research which evidences the poorer sexual health outcomes for LGB&/T people compared to their heterosexual and cisgender counterparts. There are also particular barriers which can prevent LGB&/T people from accessing their required sexual health services including; fear of ‘coming out’ to GP, Genito-Urinary Medicine (GUM) services being too far away, negative previous experiences, ignorance of their own sexual health needs and also potentially shame for having a minority sexual orientation or gender identity in a hostile environment.
9.3 Gay and bisexual men have been identified through the Northern Ireland Sexual Health Strategy and Action Plan as a priority group in relation to sexual health. In 2011 56% of new gonorrhoea diagnosis, 78% of syphilis diagnosis and 59% of HIV diagnosis occurred in MSM\(^9\). In 2012 new diagnoses among MSM increased by 25% for gonorrhoea, 33% for syphilis and 11% for HIV. There was an overall increase of 11% in new STI (excluding HIV) diagnosis in Northern Ireland.

9.4 While lesbian, gay and bisexual women as well as trans people have not been identified as a priority group in the Northern Ireland Sexual Health Promotion Strategy and Action Plan this does not mean there are no specific needs, nor that there are no risk factors, for these groups. No data is currently collected in relation to the sexual health outcomes for LGB women or trans people in Northern Ireland.

Have you ever accessed a Genito-Urinary Medicine (GUM) clinic or general health service, such as a GP, locally in the last three years?

![Chart 6.1 Percentage breakdown of access to GUM or general health services over the previous three years across gender and gender identity]

9.5 Half of all respondents (50.1%) have accessed local GUM or general health services over the previous three years. Male respondents were most likely (58.6%) to have accessed GUM or general health services in their local area over the previous three years followed by trans respondents (50%). Female respondents were least likely (41.6%) to have accessed GUM or general health services in their local area in the past three years.

9.6 Respondents living in a rural area were slightly more likely (53.7%) to have accessed GUM or general health services in their local area in the past three years when compared to those living in an urban area (53.1%).

\(^9\)HIV surveillance in Northern Ireland 2012 - An analysis of data for the calendar year 2011 – Public Health Agency
9.7 Overall the majority of respondents (77.6%) who had accessed GUM or general health services were either very or somewhat satisfied with the service overall. Male respondents who had accessed GUM or general health services were most likely (86.2%) to be satisfied with the overall service followed by trans respondents (71.4%). Female respondents who had accessed GUM or general health services were least likely (65.4%) to be satisfied with the overall service.

9.8 Respondents living in a rural area who had accessed GUM or general health services were more likely (82.9%) to be happy with the overall service when compared to respondents living in an urban area (79.4%).

Have you ever thought you needed to go to a general health service, such as the Genito-Urinary Medicine (GUM) clinic or a GP, for an appointment related to sexual health or Sexually Transmitted Infections (STI) but decided not to go?
The majority of respondents (80.8%) have not felt the need to go to a general health service related to their sexual health but decided not to go.

Trans respondents were most likely (28.6%) to have reported needing to go to a general health service in relation to their sexual health but not attend followed by male respondents (25.6%). Female respondents were least likely (12.8%) to report feeling the need to access a general health service in relation to their sexual health but not attend.

Respondents living in a rural area were more likely (23.4%) to report feeling the need to access general health services in relation to their sexual health but not attending when compared to respondents living in an urban area (19.8%).

What have been the barriers which prevented you from going to a general health service, such as the Genito-Urinary Medicine (GUM) clinic or a GP, for an appointment related to sexual health or Sexually Transmitted Infections (STI)?

Overall, those respondents who reported needing to access general health services related to their sexual health reported *reluctance to discuss with local family GP* as the main barrier to accessing services followed by concerns about experiencing discrimination.
Overall the majority (78.2%) of respondents do not regularly access sexual health services. Male respondents were most likely (30.9%) to regularly access sexual health services followed by trans respondents (25%). Female respondents were least likely to report regularly accessing sexual health services (12.8%). Respondents living in a rural area were less likely (22.9%) to report regularly accessing sexual health services when compared to respondents living in an urban area (28.1%).

The majority of respondents (62.7%) have had a sexual health check-up at some point with 2 in 5 of respondents having had a check-up in the past 2 years. Male respondents were most likely (69.5%) to have ever had a sexual health check-up with 46.3% having had a check-up in the previous two years. Trans respondents were slightly more likely (57.1%) to have ever accessed a sexual health check-up than female
respondents (56%). However, trans respondents were much more likely to have tested in the previous two years with 46.4% having done so compared to 32% of female respondents. Female respondents were also least likely to have accessed a sexual health check-up.

9.15 Respondents living in a rural area were less likely (62.8%) to report having had a sexual health check-up in the previous two years when compared to respondents living in an urban area (68.2%).

How convenient was it to access the service/how far did you have to travel?

Chart 6.7 Percentage breakdown of convenience to sexual health services across gender and gender identity

9.16 The majority of respondents (57.1%) who reported having a sexual health check-up reported having to travel less than 10 miles to access the service. Respondents living in rural areas who reported having accessed a sexual health check-up reported having to travel the furthest to access services with 46% reported having to travel more than 20 miles compared to 11.5% of respondents living in an urban area.

How did you travel to the service?

Chart 6.8 Percentage breakdown of how respondents travelled to access sexual health services across gender and gender identity
The majority of respondents (64.8%) who had accessed a sexual health check-up reported having travelled using private transport. Trans respondents were as likely to have used private transport (50%) as public transport (50%). Respondents living in a rural area were more likely (71.5%) to have used private transport to access a sexual health service when compared to respondents living in an urban area (57.3%).

Have you ever seen sexual health services promoted in your local area?

![Chart 6.9](chart.png)

The majority of respondents (66.1%) have not seen sexual health services promoted in their local area. Respondents living in a rural area were less likely (21.6%) to report having seen sexual health services promoted in their local area compared to respondents living in an urban area (46.9%).

Who was promoting the service?

![Chart 6.11](chart.png)

9.17 The majority of respondents (64.8%) who had accessed a sexual health check-up reported having travelled using private transport. Trans respondents were as likely to have used private transport (50%) as public transport (50%). Respondents living in a rural area were more likely (71.5%) to have used private transport to access a sexual health service when compared to respondents living in an urban area (57.3%).

9.18 The majority of respondents (66.1%) have not seen sexual health services promoted in their local area. Respondents living in a rural area were less likely (21.6%) to report having seen sexual health services promoted in their local area compared to respondents living in an urban area (46.9%).
9.19 Overall those respondents who had seen sexual health services promoted in their local area reported the services being promoted by their local Health and Social Care Trust (69.4%) followed by an LGB&T group (55.7%). Respondents living in a rural area who had seen services promoted in their local area were twice as likely (72.3%) to see services promoted by their local Health and Social Care Trust than by an LGB&T group (36.2%) while respondents living in an urban area were slightly more likely to see services promoted by an LGB&T group (66.7%) than their local Health and Social Care Trust (64.4%).
10.0 Education

Key Findings
- The vast majority of LGB&T people have heard homophobic/transphobic language at school and more than half heard it daily while at school/college.
- Rural LGB&T people are more likely to hear homophobic/transphobic language daily while at school/college.
- The vast majority of LGB&T people heard homophobic language from other pupils while at school/college. 1 in 4 LGB&T people heard homophobic language from teachers.
- More than half of LGB&T people have experienced verbal abuse, gossip/rumours and feeling excluded while at school/college.
- LGB&T people living in a rural area were more likely to have negative experiences at school/college compared to those living in an urban area.
- The vast majority of LGB&T people who had negative experiences at school/college did not report them, with those living in a rural area less likely to report than those living in an urban area. The most common reasons for not reporting were fears of being ‘outed’ and not trusting teachers.
- More than half of LGB&T people living in a rural area did not report their negative experiences at school because they were afraid of being ‘outed’.
- The majority of LGB&T people feel that their school/college did nothing to address homophobic/transphobic bullying.
- The majority of LGB&T people reported that their school/college did not have any resources for LGB&T people with sexual health information the most common reported resource.
- The majority of LGB&T people did not tell anyone about their sexual orientation and/or gender identity while at school. 1 in 4 LGB&T people had told a friend while 1 in 10 had told a member of their family including parents and siblings. LGB&T people living in a rural area were less likely to have told someone about their sexual orientation and/or gender identity compared to those living in an urban area.

10.1 This section looks at the educational experiences of LGB&T people in Northern Ireland. Respondents were asked a range of questions about their educational experiences including; experiences of homophobic and transphobic language, intimidation, bullying and access to information relating to their sexual orientation or gender identity.

10.2 Education plays a key role in the development of all young people. It is how they learn about the society in which they live, and the role they can play in it. Education can provide young people with the abilities, skills and resilience to cope with a challenging world but can also be an environment where many young LGB&T people feel isolated, invisible and unwelcome. Negative educational experiences for young LGB&T people can have long-reaching impacts on their mental health, self-esteem and potential employment opportunities.

10.3 A growing body of research clearly indicates that LGB&T young people are more likely than their heterosexual peers to experience bullying, exclusion and intimidation in the educational institution. Coupled with inconsistent approaches by schools in responding to homophobic and transphobic attitudes, this can lead to higher rates of
depression, suicidal ideation, self-harm and other risk-taking behaviours amongst LGB&T young people.

10.4 As most schools do not gather data on the sexual orientation or gender identity of their pupils, the experiences of these young people are often not addressed. They become invisible to the educational institution and their needs and aspirations cannot be built into policy development processes.

**Did you hear homophobic/transphobic language in school/college?**

![Chart 7.1 Percentage breakdown of respondents hearing homophobic/transphobic language in school/college across gender and gender identity]

10.5 The majority (88.5%) of respondents reported having heard homophobic/transphobic language in school/college. Males were most likely (93%) to have reported hearing homophobic/transphobic language in school/college followed by trans respondents (85.7%). Female respondents were less likely (84%) to have heard homophobic/transphobic language.

10.6 Respondents living in a rural area were more likely (91.3%) to report having heard homophobic/transphobic language in school/college compared to respondents living in an urban area (89.1%).
Overall the majority (55.4%) of respondents reported hearing homophobic/transphobic language most or every day. Male respondents were most likely (68.4%) to report having heard homophobic/transphobic language at school/college on most or every day followed by trans respondents (60.7%). Female respondents were least likely (42.4%) to report having heard homophobic/transphobic language most or every day and most likely (10.4%) to report having rarely heard homophobic/transphobic language.

Respondents living in a rural area were more likely (65.6%) to report having heard homophobic/transphobic language most or every day when compared to respondents living in an urban area (54.7%).

From whom have you heard homophobic/transphobic language?
10.9 The majority (87.7%) of respondents who had heard homophobic/transphobic language in school heard it from pupils followed by teachers (26.2%). Respondents living in a rural area were more likely to hear homophobic/transphobic language from all groups highlighted above but especially from teachers and non-teaching staff.

Did any of the following ever happen?

Chart 7.4 Percentage breakdown of negative experiences in education across gender and gender identity

10.10 The most common experiences reported by respondents were verbal abuse (53.9%), gossip/rumours (52.7%) and feeling excluded (51.8%). Intimidation (35%), physical violence (22.5%) and threats of violence (21.9%) were all reported in substantially higher numbers by male and trans respondents compared to female respondents. Female respondents were most likely (22.4%) to report having experienced none of these compared to male (13.3%) and trans (10.7%) respondents.

10.11 Respondents living in a rural area reported higher levels of negative experiences in each of the areas when compared to respondents living in an urban area. 15.6% of respondents living in a rural area reported experiencing none of these issues compared to 16.7% of respondents living in an urban area.
10.12 Overall the majority (88.3%) of respondents who had negative experiences as outlined above did not report these. Trans respondents were most likely (20.8%) to report their experiences followed by males (12.1%). Females respondents were least likely (11.3%) to report their experiences. Respondents living in a rural area were less likely (9%) to report their negative experiences compared to respondents living in an urban area (15.1%).

10.13 Overall, the most common reason respondents who had negative experiences but did not report did so because they didn’t think the school would do anything about it (53%) followed by fear of being ‘outed’ to family/friends (40.6%). Respondents living in a rural area were more likely (51.9%) to report being fearful of being ‘outed’ to family/friends compared to respondents living in an urban area (32.9%).
10.14 Overall, the majority (81%) of respondents reported that in their opinion their school did not make any efforts to tackle homophobic bullying. Respondents who attended college were more likely (18.4%) to report that in their opinion their college made efforts to tackle homophobic bullying compared to respondents who attended school (6.8%).

10.15 Overall, the majority (65.5%) of respondents reported that in their opinion their school did not make any efforts to tackle transphobic bullying. Respondents who attended college were more likely (9.2%) to report that in their opinion their college made efforts to tackle transphobic bullying compared to respondents who attended school (2.2%).
Overall, the majority (71.8%) of respondents who attended school reported that their school did not have any LGB&T resources. However, of the respondents who attended college less than half (38.2%) reported their college not having any LGB&T resources. Those respondents who attended school reported the most common resources being access to safer sex information (12.4%) followed by mental health information (7.7%), information on being LGB&T (2.4%), homophobic/transphobic bullying information (1.3%) and information about LGB&T support services (1.2%). Those who attended college reported the most common resources being access to safer sex information (23.6%) followed by information about LGB&T support services (21.6%), information on being LGB&T and mental health information (20.4%) and homophobic/transphobic bullying information (12.4%).
Overall, the majority (54.3%) of respondents who attended school reported being 'out' to no one. Male respondents who attended school were most likely (62.1%) to report not having been 'out' to anybody followed by trans respondents (50%). Female respondents were least likely (46.4%) to report not being ‘out’ to anyone. Overall respondents who attended school were most likely to be ‘out’ to their friends (25.6%) followed by brothers/sisters (11.5%) and parents (11.2%). A small percentage of respondents who attended school reported having been 'out' to everyone (4%).

Respondents living in a rural area that attended school were more likely (61%) to report having been 'out' to no one compared to respondents living in an urban area (53.1%).

While you were at college did you tell anyone else that you were LGB&/T?

Overall, the majority (56.8%) of respondents who attended college reported being 'out' to someone while 31.5% of respondents reported being 'out' to no one. Trans respondents were most likely (42.9%) to report being 'out' to no one followed by male respondents (35.1%). As with respondents who attended school female respondents were least likely (28%) to report being ‘out’ to no one. Overall respondents who attended college were most likely to be ‘out’ to their friends (35.6%) followed by brothers/sisters (16.7%) and parents (14.4%). A small percentage of respondents who attended college reported having been 'out' to everyone (8.5%).

Respondents living in a rural area that attended college were less likely (3.7%) to have reported being ‘out’ to everyone compared to respondents living in an urban area (10.4%).
11.0 Employment

Key Findings

- The vast majority of LGB&T people are in employment or volunteering. However LGB&T people living in rural areas are less likely to be in employment or volunteering compared to those living in an urban area.
- The majority of LGB&T people are employed in the public sector in Northern Ireland. However LGB&T people living in a rural area were more likely to be employed in the private sector while those living in an urban area were more likely to be employed in the public sector.
- 1 in 5 LGB&T people are not ‘out’ to anyone in the workplace. 1 in 5 LGB&T people living in a rural area are ‘out’ to everyone in the workplace compared to 1 in 3 LGB&T people living in an urban area.
- The majority of LGB&T people know someone else in their workplace who is LGB&T. However, LGB&T people living in a rural area are less likely to know another LGB&T person in their workplace compared to those living in an urban area.
- 1 in 4 LGB&T people believe that their sexual orientation/gender identity will have a negative impact on their ability to progress at work. LGB&T people living in a rural area were twice as likely to believe this would be the case in comparison to those living in an urban area.
- Half of all LGB&T people have heard negative comments about LGB&T people in the workplace, mostly from colleagues.
- The majority of LGB&T people report that their employers have in place appropriate policies and procedures which reflect LGB&T people and their families including equal opportunities policies, anti-bulling policies, family friendly policies and domestic violence policies.

11.1 This section looks at the employment experiences of LGB&T people in Northern Ireland. Respondents were asked a range of questions around their employment status and experiences in employment including, bullying, homophobic/transphobic language and disclosure of sexual orientation or gender identity.

11.2 Employment settings have traditionally created stresses for LGB&T workers because of; lax rules for employee conduct, social acceptability of homophobic/transphobic language and the pressures of disclosing sexual orientation or gender identity in such settings. Although legislative changes have made it easier for LGB&T people to be ‘out’ in their workplace, many still experience discrimination and harassment because of their sexual orientation or gender identity. Negative workplace experiences can impact on the mental health and emotional wellbeing of LGB&T people as well as increasing their absence from work because of sickness, placing them in precarious economic situations.

11.3 Research indicates that employers which take their legislative obligations seriously and mainstream equality of opportunity for LGB&T employees, including making verbal and visible commitments to equality, not only increase the positive workplace experiences of LGB&T employees but increase the productivity of their organisation by making employees feel more valued and reducing sick leave.
11.4 Overall the majority (81.6%) of respondents reported being in employment or volunteering. Male respondents were most likely (82.5%) to report being in employment or volunteering followed by female respondents (80.8%). Trans respondents were least likely (67.9%) to report being in employment or volunteering. Respondents living in a rural area were less likely (79.4%) to report being in employment or volunteering compared to respondents living in an urban area (84.9%).

11.5 Overall 2 in 5 (42%) of respondents reported being employed in the public sector across all breakdowns. This was particularly high (50%) for respondents living in an urban area with half working in the public sector. An above average number (45.3%) of male respondents also reported working in the public sector. Respondents living in a rural area
are more likely (30.3%) to work in the private sector when compared to respondents living in an urban area (22.9%). Female (20.8%) and trans (21.4%) accounted for the highest percentage of respondents employed or volunteering in the community voluntary sector. These trends are similar to those highlighted in previous research\(^{10}\) carried out by The Rainbow Project which noted that the majority of LGB&T people were employed or volunteering in the public sector followed by the private sector and the community voluntary sector.

I am open about my sexual orientation to...

![Chart 8.3: Percentage breakdown of whom respondents are 'out' to across gender and gender identity](chart)

11.6 Overall respondents were most likely (38.2%) to report being ‘out’ to their work colleagues. Female respondents were most likely (32%) to be ‘out’ to everyone they work or volunteer with followed by trans respondents (28.6%). Male respondents were least likely (24.6%) to be ‘out’ to everyone they work or volunteer with. Male respondents were also most likely (27.4%) to report not being ‘out’ to anyone they work or volunteer with followed by trans (21.4%) and female (16%) respondents.

11.7 Respondents living in a rural area are less likely (21.1%) to be open to everyone they work or volunteer with compared to respondents living in an urban area (33.3%). Respondents living in a rural area are also twice as likely (32.6%) to report not being ‘out’ to anyone they work or volunteer with compared to respondents living in an urban area (14.1%).

\(^{10}\) Through Our Eyes – Experiences of Lesbian, Gay and Bisexual People in the Workplace (M McDermott 2011)
11.8 Overall the majority (63.7%) of respondents reported knowing someone else in their organisation who is LGB&T. Trans respondents were most likely to report knowing someone else in their organisation who is LGB&T followed by male respondents (65.5%). Female respondents were least likely (61.8%) to report knowing someone in their organisation who is LGB&T.

11.9 Respondents living in a rural area were less likely (55.5%) to report knowing someone in their organisation who is LGB&T compared to respondents living in an urban area (73.8%).

11.10 Overall almost half (47.7%) of all respondents reported that they didn’t think that being open about their sexual orientation and/or gender identity would have a negative impact on workplace progression. Trans
respondents were most likely to report believing that being open about their sexual orientation and/or gender identity would have a negative impact on their workplace progression followed by male respondents (35.3%). Female respondents were least likely to report believing that being open about their sexual orientation and/or gender identity would have a negative impact on their career progression.

11.11 Respondents living in a rural area are almost twice as likely (41%) to report believing being open about their sexual orientation and/or gender identity will have a negative impact on their workplace progression compared to respondents living in an urban area (20.7%).

I have heard negative comments about LGB&T people inside the workplace from ...

![Chart 8.6 Percentage breakdown of who respondents have heard negative comments about LGB&T people from across gender and gender identity](chart)

11.12 Overall half (50%) of all respondents reported not having heard negative comments about LGB&T people from anyone inside the workplace. Female respondents were most likely (52%) to report having heard negative comments about LGB&T people from anyone inside the workplace followed by male respondents (49.4%). Trans respondents were most likely to report having heard negative comments about LGB&T people from people within the workplace, most commonly from clients/customers (47.4%) and colleagues (47.4%). Male respondents who have heard negative comments about LGB&T people in the workplace were most likely (42.6%) to report having heard these comments from work colleagues as did female respondents (35.3%).

11.13 Respondents living in a rural area were less likely (48%) to report not having heard negative comments about LGB&T people than respondents living in an urban area (52.4).
The company I work for has...

![Chart showing percentage breakdown of companies' policies and procedures across gender and gender identity.](chart)

**11.14** Overall the majority of respondents reported that the company they work for had both an equal opportunities policy which mentions sexual orientation/gender identity (75.6%), an anti-bullying policy which mentions sexual orientation/gender identity (66.9%) and a family friendly policy that does not discriminate on the ground of sexual orientation (51.1%). Overall almost half (47.4%) reported that the company they work for has a domestic violence policy that recognises same sex couples.

<table>
<thead>
<tr>
<th>The company I work for has…</th>
<th>Living in a rural area %</th>
<th>Living in an urban area %</th>
<th>Total Respondents %</th>
</tr>
</thead>
<tbody>
<tr>
<td>an equal opportunities policy which mentions sexual orientation/gender identity</td>
<td>72.4</td>
<td>79.3</td>
<td>75.6</td>
</tr>
<tr>
<td>an anti-bullying policy which mentions sexual orientation/gender identity</td>
<td>63.5</td>
<td>69.6</td>
<td>66.9</td>
</tr>
<tr>
<td>a family friendly policies that do not discriminate on grounds of sexual orientation</td>
<td>46.5</td>
<td>54.0</td>
<td>51.1</td>
</tr>
<tr>
<td>a domestic violence policy that recognises same sex couples</td>
<td>35.3</td>
<td>37.5</td>
<td>47.4</td>
</tr>
</tbody>
</table>

**Table 8.1** Percentage breakdown of company's policies and procedures across urban and rural demographics

**11.15** Respondents living in a rural area were less likely to report these policies and procedures being in place than respondents living in an urban area as outlined above.
12.0 Homelessness

Key Findings

- 1 in 5 LGB&T people have experienced hostility at home from a member of their family because of their sexual orientation/gender identity.
- 2 in 13 LGB&T people have experienced homelessness at some stage in their life.
- 1 in 14 LGB&T people have experienced homelessness that was related to their sexual orientation/gender identity at some point in their life.
- LGB&T people living in a rural area are less likely to experience hostility at home and homelessness than those living in an urban area. However, LGB&T people living in a rural area are more likely to experience homelessness related to their sexual orientation/gender identity that those living in an urban area.
- 1 in 4 LGB&T people who have experienced homelessness did not approach anyone for support. 2 in 5 approached the Northern Ireland Housing Executive and the same number had stayed in emergency accommodation.
- LGB&T people who have experienced homelessness and are living in a rural area are more likely to have stayed in emergency accommodation in comparison to those living in an urban area.

12.1 This section looks at the experiences of homelessness among LGB&T people in Northern Ireland. Respondents were asked a range of questions around their experiences of homelessness, the cause of their homelessness and help seeking behaviour.

12.2 A sizeable body of evidence indicates that LGB&T people are at greater risk of homelessness than their heterosexual and cis-gender peers. This is not necessarily directly related to their sexual orientation and/or gender identity but can be a contributing factor to their experience of homelessness through experiences of rejection or lack of appropriate services.

12.3 A growing body of evidence shows familial rejection and relationship breakdown as causes for homelessness amongst LGB&T people. Familial disputes may not only cause homelessness but also can further exacerbate this experience as it can make an obvious source of accommodation, the family home, inaccessible. Familial disputes can also remove a support network for LGB&T people experiencing homelessness and may cause them to rely more substantially on service providers than others.

12.4 The experiences above and the experience of homelessness then linked with experiences of homophobia/transphobia and heterosexism can further exacerbate the risks in relation to LGB&T people and homelessness.
12.5 Overall the majority (76.1%) of respondents reported not having experienced hostility at home from a member of their family because of their sexual orientation or gender identity. Trans respondents were most likely (42.9%) to report having experienced hostility from a member of their family at home followed by female respondents (40.8%). Males were least likely (23.9%) to report having experienced hostility from a member of their family because of their sexual orientation or gender identity.

12.6 Respondents living in a rural area were less likely (28.4%) to report experiencing hostility at home from a member of their family because of their sexual orientation or gender identity compared to respondents living in an urban area (29.7%).
12.7 Overall the majority (84.4%) of respondents reported not having experienced homelessness. Trans respondents were most likely (32.1%) to report experiencing homelessness followed by female respondents. Male respondents were least likely (11.2%) to report having experienced homelessness. Respondents living in a rural area were less likely (11.9%) to report experiencing homelessness compared to respondents living in an urban area (16.1%).

**Was the main reason for your homelessness related to your sexual orientation or gender identity?**

![Chart 9.3 Percentage breakdown of the cause of homelessness among those respondents who have experienced homelessness across gender and gender identity](chart)

12.8 The majority (55%) of respondents who have experienced homelessness felt that it was not related to their sexual orientation or gender identity. Trans respondents overwhelmingly (77.8%) reported their experience of homelessness being related to their sexual orientation or gender identity. Male respondents were more likely (46.9%) to report experiences of homelessness related to their sexual orientation or gender identity compared to females (44%).

12.9 Respondents living in a rural area were more likely (50%) to report their experience of homelessness being related to their sexual orientation or gender identity compared to respondents living in an urban area (41.9%).
12.10 The majority (72.3%) of respondents who experienced homelessness reported having sought help from someone. Male respondents who experienced homelessness were most likely (34.4%) to report not having sought help followed by female respondents (24%). Trans respondents who experienced homelessness were least likely (22.2%) to report not having sought help. Of those respondents who experienced homelessness and sought help most had sought help from the Northern Ireland Housing Executive (43.1%).

12.11 Respondents living in a rural area were more likely (34.6%) to report not having sought help compared to respondents living in an urban area (25.8%).

Have you ever stayed in a hostel, refuge or shelter because you were homeless?

12.12 The majority (57.2%) of respondents who have experienced homelessness reported not having stayed in emergency
Trans respondents were slightly more likely (44.4%) to report having stayed in emergency accommodation than female respondents (44%). Male respondents were least likely (40.6%) to report having stayed in emergency accommodation. Respondents living in a rural area (46.2%) were more likely to report having stayed in emergency accommodation compared to respondents living in an urban area (38.7%).

Have you ever had any difficulty accessing accommodation because of your sexual orientation or gender identity?

Chart 9.6 Percentage breakdown of respondents experience of discrimination in accessing accommodation across gender and gender identity

Overall the majority (58.3%) of respondents reported not having experienced difficulty in accessing accommodation because of their sexual orientation or gender identity. Overall 1 in every 4 respondents reported experiencing difficulty in accessing accommodation because of their sexual orientation or gender identity. Trans respondents were substantially most likely (88.9%) to report having experienced difficulty in accessing accommodation because of their sexual orientation or gender identity followed by female respondents (32%). Male respondents were least likely to report having experienced difficulty in accessing accommodation because of their sexual orientation or gender identity.

Respondents living in a rural area were more likely (26.9%) to report experiencing difficulty in accessing accommodation than respondents living in an urban area (25.8%).
13.0 Crime

Key findings
- 1 in 3 LGB&T people are worried about being the victim of crime.
- 1 in 4 LGB&T people would not walk through their neighbourhood after dark. This is lower than in previous research.
- LGB&T people living in a rural area feel less safe walking through their neighbourhood after dark compared to those living in an urban area.
- More than half of LGB&T people avoid particular areas and 1 in 4 alter their behaviour to prevent being the victim of crime.
- 3 in 10 LGB&T people have been the victim of crime in the previous three years. This has reduced from 4 in 10 from previous research.
- LGB&T people living in a rural area are less likely to have been a victim of crime in the previous three years than those living in an urban area.
- 14.6% of LGB&T people have been the victim of a homophobic/transphobic hate crime in the previous three years. This has reduced from 20% in previous research.
- While LGB&T people were less likely to have been the victim of crime generally they were more likely to have been the victim of a homophobic/transphobic hate crime compared to those living in an urban area.
- 3/10 crimes occurred at peoples homes and village/town centres. LGB&T people living in a rural area were more likely to experience crime in a town/village centre followed by at home, while those living in an urban area were more likely to experience crime at home followed by in a town/village centre.
- 69.7% of LGB&T people who were the victim of a crime not motivated by hate in the previous three years reported the crime to the police compared to 45.9% of homophobic/transphobic hate crimes.

13.1 This section looks at the experiences and fear of crime among LGB&T people in Northern Ireland. Respondents were asked a range of questions around personal safety, experiences of crime and reporting of crime.

13.2 All crime has an impact on the victim regardless of the motivation. However, it is recognised that hate crimes can have a particularly devastating effect on victims and those who fear becoming victims. The Police Service for Northern Ireland defines a hate crime as “any crime which is perceived by the victim or any other person as being motivated by hate or prejudice”.

13.3 The Rainbow Project carried out research entitled ‘Through Our Eyes – The experiences and perceptions of lesbian, gay and bisexual people towards hate crime and policing in Northern Ireland (J O’Doherty 2009). In this section we will be comparing the data collected through this research with the data gathered in the previous research.
13.4 Overall the majority of respondents feel safe in their neighbourhood after dark (62.5%). Male respondents were most likely (69.6%) to report feeling safe walking in their neighbourhood after dark followed by female respondents (55.2%). Trans respondents were least likely to report feeling safe walking through their neighbourhood after dark (35.7%). Female respondents were most likely (8.8%) to report that they would not walk through their neighbourhood after dark followed by trans respondents (7.1%).

13.5 Respondents living in a rural area were less likely (63.8%) to report feeling safe walking in their neighbourhood after dark compared to respondents living in an urban area (66.8%). Respondents living in a rural area were also slightly more likely (6.4%) to report that they would not walk through their neighbourhood after dark compared to respondents living in an urban area (5.7%)

13.6 Overall the number of respondents reporting that they would feel safe walking in their neighbourhood after dark has decreased compared to previous research carried out by The Rainbow Project which reported 66% of respondents feeling either very or fairly safe compared to 62.5% in this survey. Additionally the number of people reporting that they would not walk in their neighbourhood after dark has increased compared to research previously carried out by The Rainbow Project which noted that 5% of respondents reported not walking through their neighbourhood after dark compared to 6.9% in this survey.
The majority (54%) of respondents reported that they avoid certain areas to prevent being the victim of crime. More than 1 in every 4 respondents reported having taken no action to prevent becoming the victim of crime with male respondents more likely (30.5%) to report having taken no action compared to female (26.4%) or trans (17.9%) respondents. Respondents living in a rural area were more likely (32.1%) to have taken no action to prevent being the victim of crime compared to respondents living in an urban area (26%). Additionally, respondents living in a rural area were more likely to report avoiding leaving the house after dark or on their own and altering their behaviour compared to respondents living in an urban area.

Overall more than 1 in every 4 respondents reported altering their behaviour to prevent being the victim of crime. This has reduced substantially compared to previous research carried out by The Rainbow Project which noted 39% of respondents reporting altering their behaviour to prevent becoming the victim of crime compared to 28.3% in this survey.
13.9 Overall the majority of respondents (68.5%) had not been the victim of crime in the previous three years. Trans respondents were most likely (57.1%) to report being the victim of a crime in the previous three years followed by male respondents (33.3%). Female respondents were least likely (29.6%) to report being the victim of a crime in the previous three years.

13.10 Respondents living in a rural area were less likely (30.3%) to report having been the victim of crime in the previous three years compared to respondents living in an urban area (34.4%).

13.11 On average the number of LGB&T people reporting having been the victim of crime in the previous three years in this survey has reduced compared to previous research\(^\text{11}\) carried out by The Rainbow Project which noted 39% of respondents reporting haven been the victim of crime in the previous three years.

\(^\text{11}\)Through Our Eye – Perceptions and Experiences of Lesbian, Gay and Bisexual People towards Homophobic Hate Crime and Policing in Northern Ireland (J O’Doherty 2009)
13.12 Overall almost half (46.4%) of all respondents who have been the victim of crime in the previous three years believed that this crime was motivated by hate or prejudice. This accounts to 14.6% of all respondents reporting having been the victim of a hate crime over the previous three years. Trans respondents were most likely (35.7%) to report having been the victim of a hate crime of the previous three years followed by male respondents (15.9%). Female respondents were least likely (13.4%) to report having been the victim of a hate crime over the previous three years.

13.13 Respondents living in a rural area were more likely (16.6%) to report having been the victim of a hate crime compared to respondents living in an urban area (14.1%).

13.14 On average the number of people reporting having been the victim of a hate crime in the previous three years has reduced compared to previous research\textsuperscript{12} carried out by The Rainbow Project which noted 20% of all respondents reporting having been the victim of a hate crime in the previous three years.

\textsuperscript{12} Through Our Eye – Perceptions and Experiences of Lesbian, Gay and Bisexual People towards Homophobic Hate Crime and Policing in Northern Ireland (J O’Doherty 2009)
## Where did these incidents take place?

![Chart 10.5 Percentage breakdown of where respondents have experienced crime in the last three years perception of motivation across gender and gender identity](chart.png)

13.15 Overall most respondents who have been victims of crime reported experiencing crime at home (32.7%) or in their town/village centre (29.2%). Male respondents were most likely to report being the victim of crime in a town/village centre (32.8%) followed by at home (29.9%). Trans respondents were also most likely to report being the victim of crime in a town/village centre (43.8%) followed by at home (25%). This was reversed for female respondents who were most likely to report being the victim of crime at home (35.5%) followed by town/village centre (25.8%).

13.16 Respondents living in a rural area were most likely to report being the victim of crime in a town/village centre (33.3%) followed by at home (26.2%). This was reversed for respondents living in an urban area who were most likely to report being the victim of crime at home (35.7%) followed by a town/village centre (28.6%).
Overall respondents were more likely (67.9%) to report crimes to the PSNI that they do not believe to be motivated by hate or prejudice compared to crimes they perceived to be motivated by hate or prejudice (45.9%). Trans respondents were most likely to report crime (75%) generally and hate crime specifically (56.3%). Female respondents were also more likely to report crime (74.2%) generally compared to hate crimes specifically (48.4%). Male respondents were least likely to report any form of crime (61.2%) and hate crimes specifically (43.3%).

Respondents living in a rural area were less likely (54.8%) to report crime generally compared to respondents living in an urban area (73.2%). Additionally respondents living in a rural area were also less likely (42.9%) to report hate crimes compared to respondents living in an urban area (46.4%).

The most common reasons respondents who had been the victim of crime gave for not reporting to the police were fears of repercussions (45.5%) and fears that they would not be taken seriously (37.4%).

On average the number of people reporting that they reported any crime to the PSNI has increased compared to previous research carried out by The Rainbow Project which noted 50% of all respondents reporting crimes to the PSNI compared to 67.9% in this survey. Additionally the number of people reporting that they reported hate crimes to the police has also increased compared to previous research carried out by The Rainbow Project which noted only 36% of hate crimes being reported to the PSNI compared to 45.9% in this survey.

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13.17 Through Our Eye – Perceptions and Experiences of Lesbian, Gay and Bisexual People towards Homophobic Hate Crime and Policing in Northern Ireland (J O’Doherty 2009)
Thinking about all types of crime in general, how worried are you about being the victim of a crime?

Chart 10.7 Percentage breakdown of how worried respondents are of being a victim of crime across gender and gender identity

13.21 Overall the majority of respondents were either not very worried (50.7%) or not worried at all (14.9%) about being the victim of crime. Trans respondents were most likely to report being worried about being a victim of crime followed by female (33.6%) and male respondents (33.2%). Respondents living in a rural area were almost as likely (33%) to report being worried about being a victim of crime as respondents living in an urban area (33.7%). Overall around 1 in every 3 respondents reported being worried about being a victim of crime. This has decreased compared to previous research carried out by The Rainbow Project which noted 39% of respondents reported being concerned about being the victim of crime compared to 33.5% in this survey.
14.0 Conclusions and recommendations

14.1 On a general basis this report reflects that LGB&T people living in rural areas experience poorer outcomes than those living in an urban area. There are a number of cross cutting themes across these experiences of poorer outcomes which are explored in these conclusions.

14.2 Invisibility of LGB&T people

14.3 Of the numerous issues impacting on LGB&T people in Northern Ireland, visibility remains of paramount importance. Invisibility impacts both directly and indirectly on this group and helps sustain the homophobic and heterosexist bias that exists within society. It has to be remembered that while there has never been a better time to be an LGB&T person in Northern Ireland, that many of the issues impacting on this community such as isolation, discrimination, prejudice and fear are still everyday experiences for some of the most vulnerable in this community. It also must be remembered that LGB&T people have not merely existed for the last 15-20 years, and many within this community have had negative experiences when accessing goods, facilities or services as well as having spent a period of their life being viewed as a criminal for their same sex attraction or as having a mental health issue due to their gender identity.

14.4 Throughout this report there are reflections on the additional invisibility experienced by LGB&T people living in rural areas in Northern Ireland. The impact of this invisibility can be seen through each of the chapters but some specific examples are:

- in the role a person’s sexual orientation and/or gender identity played in their decision to move from a rural area to a more urban area;
- that LGB&T people living in a rural area are less likely to be ‘out’ than those living in an urban area;
- that LGB&T people living in a rural area are less likely to have an LGB&T service or organisation in their local area;
- that LGB&T people living in a rural area are less likely to be aware of an LGB&T community based organisation in Northern Ireland;
- that LGB&T people living in a rural area are twice as likely not to access an LGB&T community based organisation because they are not ‘out’; and
- that LGB&T people living in a rural area are less likely to be ‘out’ in work and less likely to know someone else who is LGB&T in their workplace.

Recommendation 1: The data presented in this report should be considered as part of the development of programmes or strategies to ensure that the needs of LGB&T people in rural areas are considered.
Recommendation 2: All research and surveys undertaken by Government should include monitoring for sexual orientation and gender identity.

Recommendation 3: Departmental Equality Schemes should be updated to reflect the issues presented in this report.

Recommendation 4: Staff working in front facing roles should undertake sexual orientation and gender identity awareness training.

Recommendation 5: Government should ensure that LGB&T people and their families are visible in promotional materials and information leaflets etc. through both language and imagery.

14.5 Poorer help seeking behaviour

14.6 Homosexuality was only decriminalised in Northern Ireland in 1982, and for many LGB&T people this legacy still lives on. Legislation for civil partnerships, employment equality, protection in accessing goods facilities and services and other equality legislation has only been introduced in the last 15 years. Additionally, there are other legislative issues which are not only outstanding but are at the forefront of many political and social debates across the media and society such as marriage equality and same sex couples adopting. The impact of this history of discrimination often presents itself through fear. Most often fear that a service provider may hold prejudiced views against this community or that they do not have the knowledge or skills to address their specific needs.

14.7 The result of this being a barrier created for that person when trying to access a good, facility or service or that the person feels they are unable to disclose their minority sexual orientation and/or gender identity and therefore don’t seek the help or support they need. Examples of this poorer help seeking behaviour can be seen through each of the chapters but some specific examples are:

- more than half of LGB&T people who have always lived in a rural area have felt compelled at some point to move to a more urban area but have not (;
- LGB&T people living in a rural area are less likely to have accessed an LGB&T organisation or service;
- LGB&T people living in a rural area are twice as likely as those living in an urban area not to access services they need because they are not ‘out’;
- Although LGB&T people living in a rural area were slightly more likely to experience depression they were less likely to seek help;
- LGB&T people living in a rural area were more likely to feel the need to attend general health services but were less likely to go when compared to those living in an urban area;
• LGB&T people living in a rural area are less likely to attend for sexual health screening compared to those living in an urban area;
• LGB&T people living in a rural area were more likely to experience issues at school but were less likely to report these compared to those living in an urban area; and
• LGB&T people living in a rural area and experiencing homelessness were less likely to seek support than those living in an urban area.

Recommendation 6: Government and partner organisations should work together with relevant bodies to promote the services and support available to meet the needs of LGB&T people living in rural areas.

Recommendation 7: A specific campaign should be developed to increase the awareness of the health inequalities experienced by LGB&T people targeted at rural LGB&T people.

Recommendation 8: Service providers working within rural areas in Northern Ireland and in receipt of government funding should be encouraged to introduce monitoring systems for monitoring sexual orientation and gender identity.
### 15.0 Glossary of Terms

<table>
<thead>
<tr>
<th>TERM</th>
<th>EXPLANATION</th>
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<tbody>
<tr>
<td>Gay</td>
<td>A term for someone who is physically, emotionally and/or sexually attracted to members of the same-sex. This may be used for both men and women.</td>
</tr>
<tr>
<td>Lesbian</td>
<td>A term for a woman who is physically, emotionally and/or sexually attracted to other women.</td>
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<tr>
<td>Bisexual</td>
<td>A term for a male or female person who is physically, emotionally and/or sexually attracted to members of both-sexes.</td>
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<tr>
<td>Transgender/Trans</td>
<td>An umbrella term given to describe individuals, behaviours and groups whose gender identity is different from the gender assigned to them at birth and/or describes individuals, behaviours and groups whose gender identity does not conform to conventional notions of male and female.</td>
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<tr>
<td>Homophobia</td>
<td>An irrational fear, aversion to and or discrimination against people who are or appear to be lesbian, gay, and bisexual.</td>
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<tr>
<td>Heterosexism</td>
<td>A term to describe beliefs, attitudes and values which place heterosexuality as the most valued and correct sexual orientation.</td>
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<tr>
<td>Heterosexual</td>
<td>A person who is attracted to members of the opposite sex.</td>
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<tr>
<td>Cisgender</td>
<td>A term used to describe individuals, behaviours and groups whose gender identity matches the gender assigned to them at birth.</td>
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<tr>
<td>Sexism</td>
<td>Is a term which describes prejudice or discrimination against a person on the basis of their sex or gender.</td>
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<tr>
<td>LGB&amp;/T</td>
<td>An acronym used to refer to lesbian, gay, bisexual and/or transgender people. Note that sexual orientation and gender identity issues are distinct and separate but often get conflated and hence the styling of this acronym.</td>
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<tr>
<td>Sexual Orientation</td>
<td>A person’s attraction, whether emotional, psychological, and/or sexual to persons of the same, opposite or both sexes.</td>
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<td>MSM (Men who have sex with men)</td>
<td>A term used to describe men that have sex with other men but may choose not to identity as gay or bisexual.</td>
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<tr>
<td>Gender Identity</td>
<td>A term used to describe a person’s experience of their gender which may the same as or different from</td>
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<tr>
<td>Term</td>
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<tr>
<td>Gender Dysphoria</td>
<td>A term to describe when someone feels as though their visible gender does not match how they feel inside to some degree. It can also be called gender variance or gender variant behaviour. It is not a mental illness but a biological condition influenced by pre-natal development.</td>
</tr>
<tr>
<td>Non-Binary</td>
<td>A term used to describe individuals, behaviours and groups whose gender identity falls outside the male/female binary. Non-binary is an umbrella term which can encompass numerous different experiences, identities and expressions of gender.</td>
</tr>
<tr>
<td>Sexually Transmitted Infection (STI)</td>
<td>STI is an umbrella term for a number of infections whose primary, though not only, mode of transmission is through some form of sexual contact. These can be viral, bacterial or fungal infections.</td>
</tr>
<tr>
<td>Help-seeking behaviours</td>
<td>This is a term used to describe an individual's attempts to find help in response to a particular difficulty they are experiencing. This can include; seeking information, accessing services, reducing harmful activities etc.</td>
</tr>
<tr>
<td>Coming Out</td>
<td>This is a term used to describe the process by which LGB&amp;T people disclose their sexual orientation or gender to those around them. It is not a one-off event but a life-long process.</td>
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<tr>
<td>Civil Partnership</td>
<td>A civil ceremony which allows same-sex couples to register their relationships with the state in the absence of the right to marry.</td>
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<tr>
<td>Criminalisation</td>
<td>A term used to describe the period during which consensual sex between two men was a criminal offense. Criminalisation in Northern Ireland ended in 1983.</td>
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<tr>
<td>Snowball sampling</td>
<td>A non-probability sampling technique where existing study subjects recruit future subjects from among their acquaintances.</td>
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