

Visible in Kerry AN LGBT+ PERSPECTIVE

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Key Findings

- Early experiences of being LGBT+ are difficult for young people
- Feelings of uncertainty, anxiety and fear about the reactions of others are common
- Young people reported being subject to unwanted commentary and in some cases anti LGBT+ bullying
- Respondents said they feel more confident and happier in their lives when they can openly identify as LGBT+
- There is an ongoing need for education and awareness about sexuality and gender issues across society
- Most adults in the study reported positive experiences of being LGBT+ and living in Kerry though it was noted by most that living in a rural area presents more challenges for LGBT+ people
- Transgender people have a particular set of challenges to face, both internally and from society, and as a result they tend to experience significant mental health difficulties
- Friendship and support from immediate family were cited as being very important to people
- Online resources were also viewed as a source of support, though young people reported having negative experiences online
- LGBT+ role models are valuable, although not everyone has access to them
- There is a lack of visibility of LGBT+ generally and most particularly in the workplace.

Primary Recommendations are for:

- A Kerry LGBT+ Solidarity Campaign
- A Kerry Role Model Network to be formed for peer support
- A Kerry Virtual LGBT+ Resource centre to be established

Executive Summary

The research was carried out over a 5 month period between November 2018 and March 2019. The work was commissioned by Listowel Family Resource Centre, in partnership with of the HSE and KDYS. The aim was to document peoples' experiences of being LGBT+ and living in Co. Kerry. By establishing the experiences of LGBT+ people in the region, the report aimed to make recommendations that would support the LGBT+ community living in Kerry, going forward. A combination of qualitative and quantitative methods were used in the research. The qualitative phase was used to inform the online survey which followed. A literature review details risk and protective factors, forms of support that are important, the role of education and early intervention, the workplace and anti-bullying, disclosure and access to services. Several national LGBT+ organisations were consulted to provide information and support to the work.

Four focus groups and five interviews were held with LGBT+ people in the county. (n=25). An online survey had 113 respondents.

Findings from the interviews and focus groups showed that early experiences in life were characterised, at best, by insecurity, isolation, and uncertainty; while at worst people were fearful, subject to homo/trans phobic bullying and/or social isolation because of their sexual and/or gender identities. Many members of the older adult cohort who took part in the research had been encouraged to keep their sexual and/or gender identities a secret when they disclosed to an adult. The majority of younger people who participated reported feeling supported by family and friends but singled out by peers and on online spaces – for harassment, bullying or commentary. The needs of the older groups were described as the need for visibility for LGBT+ in society generally, support for those who need it, social spaces in which to meet LGBT+ others or LGBT+ friendly social spaces and/or events to be available in the county. LGBT+ welcoming stickers on commercial/private or public sector premises and businesses would be seen as a positive step. All were encouraging of more sexual and gender identity education in schools and more broadly in society across print, audio, online and televisual media.

The younger people who were interviewed reported that they need to be accepted in school and in their peer groups. They felt that the education system lets them down in this regard, because the predominantly Catholic primary school education system represents a heterosexual way of life as being the norm. This leads to young people feeling isolated, different from others, and sensing that there is something wrong with them. As a result, in most cases they do not feel safe or supported to come out, should they want to. The participants expressed the need for and importance of having LGBT+ role models to seek guidance, support and solidarity from. The older groups agreed with this point, citing the lack of role models in their own journeys as being a significant absence.

The potential for stigmatisation on social media platforms was cited as a concern by the younger people and some had suffered homophobic bullying and harassment online. The results of being bullied, harassed or singled out for ridicule or unwanted attention had negative effects on mental health; with some reporting depression, anxiety and social isolation as a result. All of the young people said that they did not see many opportunities for

forming LGBT+ relationships while living in Kerry and the majority were looking forward to leaving for bigger population centres once they left school.

Many of the young people said they did not feel safe in the school environment and often felt overt and insidious threats of physical assault on corridors because of their sexual and/or gender identity. With regards to personal safety, all adult respondents who were interviewed said they feel relatively safe living in Kerry, although most said that they would not feel comfortable showing affection as an LGBT+ person in public places. Most respondents agreed that living in a rural area as an LGBT+ person is more difficult than living in a large population centre.

The Transgender adults who took part in a focus group reported that being Transgender posed a significant set of challenges. They felt there is a lack of understanding about Transgender people in Irish society and there is a need for more education and awareness. Living in Kerry is very difficult for this group. This results in most Transgender people keeping their identities a secret which weighs heavily on them in their daily lives. The group reported significant mental health difficulties as a result of the challenges that they live with.

The online survey results showed similar findings to the focus groups and interviews. As there was a significant drop-off on online questions related to sexuality, gender identity and life satisfaction the results of the survey are not relied on as a primary source of evidence in this research. However the survey findings are reported in detail and are congruent with the qualitative findings. Most respondents felt there was some support for LGBT+ people living in Kerry. Support from friends and family was viewed as the most important form of support and the resource most used by people. Support from other LGBT+ people was also cited as important. Visibility of LGBT+ people in the workplace was seen as important but was reported as being very low. Respondents had a high level of awareness about services like KDYS and local Family Resource Centres. The lack of mental health support for people should they need it was noted, as well as the importance but lack of a LGBT+ resource centre in the county. Respondents had the most positive experience amongst friends and the least positive experiences in school. People reported feeling happier and more confident once they were out in relation their sexual and/or gender identity but most indicated they would not feel comfortable showing affection in public places. Recommendations by respondents for improvements for LGBT+ peoples' lives included a desire for a resource centre, for increased visibility and acceptance of LGBT+ people and improved education and awareness among members of the general public.

Based on the research conducted with participants in Kerry, a number of recommendations may be put forward. The first recommendation is for an LGBT+ solidarity campaign to be funded and established in the county. Such a campaign would allow allies of LGBT+ people to publicly show welcome to and solidarity with LGBT+ people. It would give employers, public bodies, places of education and communities an opportunity to engage in a practical, visible activity which would increase LGBT+ visibility, create opportunities for conversations, show visitors to the county a public welcome for LGBT+ people. Such a campaign would show Kerry to be a champion of LGBT+ equality and would potentially be replicable in other counties. It is recommended that a crowdfunding campaign should accompany other forms of fundraising

with a view to garnering the support of Co. Kerry expatriats both at home and abroad, as well as locals.

A further recommendation is for the establishment of an an LGBT+ Role Model Network. This network would serve to harness a database of volunteers who would donate time to the project. The project would encompass a befriending/peer support service which could be rooted within the local Family Resource Centre network, would feed into the solidarity campaign mentioned above, would serve as an activism hub for LGBT+ interests and also feed into a recommended Virtual LGBT+ resource centre. There is a need for an LGBT+ Resource Centre in the county which could be modelled on other similar spaces, such as Outhouse in Dublin or LGBT Health and Wellbeing in Edinburgh, Scotland. However it is recommended that for Co. Kerry a Virtual LGBT+ Resource Centre be established. A centre with no fixed abode would reduce costs substantially and also give far flung areas an opportunity to host the resource once a year. The resource centre would have a permanent active online presence and would travel to different parts of the county once a month. It is recommended that a working group be established which would represent interested parties in the county, for this project. Working group members could establish links with another project like Outhouse and arrange a research visit with a view to establishing first steps towards the delivery of such a project over a number of years.

Additional recommendations include the need for greater promotion of the mental health support groups which are generally available in the county, as well as the existing services for LGBT+ people. The identification and promotion of LGBT+ friendly events should be encouraged as part of the Kerry Solidarity Campaign. Visibility in the workplace needs to be increased and recommendations are made as to how this could be rolled out within a county-wide campaign. Outreach education and awareness need to be publicly funded and such workshops made more widely available to communities. Education and awareness in schools about sexual and gender diversity needs to be consistently delivered across the education system. All recommendations are potentially interconnected via the primary recommendations of the Solidarity Campaign, the Role Model Network and the Virtual Resource Centre.

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1.0 Introduction

Kerry is a county in the south west region of Ireland with a population of 147,707, (Census, 2016). It is predominantly rural with many small population towns and a few larger urban areas. Traditionally rural areas of Ireland were largely Catholic and conservative with resultant views on sexuality being exclusionary to LGBT+ identifying people. Kerry still has a large Catholic population (83% in the last census) but Irish society has experienced huge social transformation in recent years, including in rural Ireland. As with the rest of the world, technology, ease of travel and globalisation are impacting on people's worldviews. What is perhaps most notable about Ireland is the pace of social, economic and cultural change. Since the early 1970s Ireland has seen dramatic changes in incomes, employment levels and migration patterns. In addition to this, it has experienced conflict cessation, EU integration, a rise in female participation in the workforce, the introduction of divorce, abortion and same sex marriage, falls in religious observance and increases in upper and higher education levels. Perhaps the most dramatic of all is the change in traditional values signalled by, and caused by, these changes. Although much of these changes might be seen as 'catching up' with other modern economies, the scale and pace of change was unprecedented, leading one observer of cultural change to describe Ireland in the 21st century as "unrecognisable" to migrants who left in the 1980s (Kitchen and Bartley, 2007).

Attitudes towards LGBT+ people are an exemplar of this change. Being gay was decriminalized in Ireland in 1993, which was late by international standards. Following this, change happened very quickly. In subsequent years, discrimination in the workforce and in the provision of goods and services on the basis of sexual orientation was banned. Then in 2015, Ireland became the first country in the world to ratify by public referendum the legal right of same sex couples to marry. In Kerry 55% of the turnout voted yes to marriage equality. The LGBTIreland report (2016) notes that Ireland is now seen internationally as a forerunner on LGBT rights. People are therefore coming out as LGBT* in a different Ireland than in the past. However, the LGBTIreland report acknowledges that legislative developments may not inevitably equate to improved everyday experiences for all LGBT* people. Much of this relates to external factors but there is also a strong activism within Ireland on LGBT issues, and organisations such as GLEN, TENI, the LGBT Diversity Group and TENI have all worked towards increasing visibility and acceptance in Irish society of those who identify as LGBT. (Athlantic Philanthropies 2004-2013).

Although results of referenda and other data show that the changes have taken place nationally, the variation between urban and rural areas demonstrate that they are less pronounced in rural Ireland, which retains a more traditional structure. This is especially the case for areas that are geographically isolated. For example, the LGBT West survey found that 90% respondents always or sometimes felt isolated because of their sexual orientation describing the isolation as being related to their fear of others finding out their LGBT status, (Gleeson and McCallion, 2009). The LGBT West needs analysis also found that respondents reported low levels of community supports, high levels of isolation and a number of barriers to accessing services, (Gleeson and McCallion, 2009).

1.1 About this research

The research was commissioned by Listowel Family Resource Centre, in partnership with the HSE and KDYS. The aim of the research was to document peoples' experiences of being LGBT+ and living in rural areas, villages and towns in Co. Kerry. The research focused on finding out about peoples' experiences in terms of living in the community, their experiences in education/employment, social lives, health and well-being. By establishing what people's experiences are this report will highlight recommendations that will aim to support the LGBT+ community living in Co. Kerry.

1.2 Methodology

Mixed methods were used in the research. A combination of interviews, focus groups and an online survey were used to gather primary information. National organisations LGBT Ireland, the National Queer Archives, BeLongTo and TENI provided information, advice and support at various points during the research process.

1.3 Recruitment

The focus groups were recruited via existing networks – namely KDYS, WinK and Listowel Family Resource Centre and TransKerry.

1.4 Qualitative research

2 focus groups were held with LGBT+ groups using Kerry Diocesan Youth Service (KDYS), (Killarney n=4), Tralee n=6). 5 gay men were interviewed, 7 gay women attended a focus group and a focus group was held with 3 members of the TransKerry group.

1.5 Quantitative research

An online survey was designed informed by the findings from the qualitative work. The survey was disseminated to the large employers in Co. Kerry and through the social media platforms of national and local organisations. It was also publicised in local media print publications. The survey was live for 9 weeks and 113 surveys were gathered.

1.6 Mapping of services

A mapping of LGBT+ services in the county was undertaken. These services are listed in Appendix A.

2.0 Literature findings

The aim of this review is to identify interventions and approaches that have been found to be supportive for people, especially those living in rural areas. These include supports in the abstract (such as social supports) as well as specific interventions that have been developed to promote them. The aim is to identify the kinds of interventions/programmes that would be potentially replicable to support LGBT+ people living in Kerry. This is especially important given the potential risks to good health and well-being for people in rural areas. We begin by discussing these risk factors and their implications.

2.1 Risk factors

The challenges faced by LGBT+ people in rural areas is widely recognised and a growing area of research. According to Johnston et al. (2010), the heterosexual family unit is valued as an essential part of life in rural areas and remains the dominant lifestyle, and LGBT+ people may face social pressure to adhere to traditional gender roles and norms (Barefoot, et al., 2015), especially if they do not feel supported and/or accepted in their sexual and/or gender identity. Several authors describe the ‘urban bias’ in research but also in how services and supports are provided (e.g. Fisher, Irwin, & Coleman, 2014; Gray et al. 2016). Rural dwellers tend to face barriers to accessing appropriate services, including a lack of cultural sensitivity (Israel et al. 2016). Kellet et al. (2018) describe the barriers facing rural Trans communities in Canada that emanate from transphobia/discrimination and a lack of social support, with negative impacts on physical and mental health. They argue that these risks may be especially high for older dwellers. Another study in Canada found that rural individuals reported lower levels of outness, guardedness with other people, including siblings and close friends, and lower levels of household income (Lee and Quam, 2013). Research by the HSE (2009) here in Ireland has also found significant service gaps in many rural areas with little or no HSE support or funding for LGBT support services in place. They also found that the Western seaboard, (with the exception of Limerick city) and the Midlands are the most poorly served areas.

In contrast to the urban/rural narrative described here, Gray et al (2016) also make a positive case for rural life. They attempt to challenge perceptions of homosexuality as an urban phenomenon and focus on “understudied rural spaces”, which have until now been presumed to be lacking, and incomplete without connections to urban gay culture. This is linked to queer rural political activism in the US.

2.2 Protective factors

Protective factors are often a corollary of risk factors, and the issues discussed above need to be directly addressed to create safe and nourishing environments for LGBT+ people to live. In this section, we review the literature relating to:

- Social, community and peer support
- Family support
- Education, anti-bullying and early intervention

- Workplace anti-bullying
- Disclosure
- Access to services

2.2.1 Social, community and peer support

The concept of ‘minority stress’ has been well established (Meyer, 2003; Meyer, Schwartz, & Frost, 2008) and is comprised of chronic stigma, discrimination, and violence. It can lead to high rates of depression, anxiety, and suicidality (Meyer, 2003) and disproportionately affects LGBTQ¹ + people living in rural areas (Diaz, Bein, & Ayala, 2006; McLaughlin, Hatzenbuehler, & Keyes, 2010; Pinhey & Millman, 2004; Williams, Bowen, & Horvath, 2005). In this context, insufficient social support is associated with psychological and physical distress (Israel et al. 2018). Social isolation is caused by geographic isolation, few opportunities to socialise with other LGBTQ⁺ people, and the perceived need to conceal gender or sexual identities (Barefoot et al., 2015). Furthermore, LGBTQ⁺ people who migrate from rural to urban leave those who remain in rural areas further lacking in social support (Israel et al. 2016).

Research on the mental health of LGB groups has found access to an LGB community to be protective. For example, one study found that 74 per cent of LGB respondents reported positive mental health impacts as a result of such access (Formby, 2012). Similarly, a study in Scotland found over twice the incidence of mental health problems amongst young people that did not feel accepted by their communities compared with those that did (LGBT Youth, 2017).

Specific to Ireland, Mayock et al (2009) have found that homophobic bullying and violence, invisibility and alienation from family and friends are all risk factors for this group. However, they also found evidence of resilience in the LGBT community, this was shown to correlate with the existence of social support in the lives of research participants.

Peer advocacy for LGBTQ is one intervention that aims to tackle minority stress by employing people with lived experience to bridge the gap between the user and the culturally inappropriate service. Peer-based interventions represent a growing practice in mental health treatment (Weeks et al. 2009). Pilot studies of this approach have found promising results (Israel et al. 2016; Willging et al. 2017). However, the evaluations also highlighted some weaknesses and issues with implementation.

Snapp et al (2015) found that as well as family and friend support, community support was a strong predictor of positive outcomes for LGBT youth. It is widely acknowledged that the young LGBT population in particular need safe social spaces in their communities. Mannix-McNamara et al (2009) in a study on the Mid-West of Ireland, highlight the importance of these supports being provided in early and mid-adolescence to support the process of developing a sexual identity. In 2009, a HSE report on the health care needs of LGBT people, looked at the social exclusion of young LGBT people and the following areas were prioritised for policy makers in improving access to supports in communities:

¹ When different acronyms are used in the literature this relates to the particular piece of research being described.

- Improve accessibility of support and services for LGBT young people in terms of health and care services by providing training to health professionals;
- To support youth groups, in particular LGBT youth groups, who act as peer support groups for young LGBT people and to encourage health professionals and social providers to create a safe and open environment for LGBT youth, e.g. by showing receptiveness through symbols, making information accessible, demonstrating respect and acceptance, etc
- To expand participation of, and provide support to, LGBT groups and in particular youth groups in order to raise self-esteem

2.2.2 Family support

Ryan et al (2010), in a study of 461 adolescents and young adults found that family acceptance of LGBT adolescents is associated with positive young adult mental and physical health. The study recommended that interventions that promote parental and caregiver acceptance of LGBT adolescents are needed to reduce health disparities. Family acceptance and support yielded the strongest positive effect on self-acceptance of sexual orientation, whereas friends' support and acceptance yielded the strongest positive effect on disclosure. Conversely, lack of family support had the strongest negative effect on youths' mental distress, whereas friends' and family support had the strongest positive effect on well-being, (Shilo and Savaya, 2011). Snapp et al, (2015) in a study of 245 LGBT youth found that family acceptance had the strongest overall influence on positive outcomes for young people when other forms of support were considered. The outcomes affected were life situation, self-esteem and LGBT esteem.

Young LGBT people are at greater risk of adverse life events if negatively affected by their families. A UNESCO report (2015) found that 51% of LGBT youth experience prejudice and inequity in their families, many of whom are placed in foster care, juvenile detention, or find themselves living on the streets because of sexual orientation or gender identity. Katz-Wise et al, (2016) found that parental rejection of LGBT children can, negatively affect youths' identity and health and parental acceptance was crucial to ensure that the young person develops a healthy sense of self.

2.2.3 Education, anti-bullying and early intervention

For LGBT youth, coming out can be a key developmental milestone (Kosciw et al. 2014). However, research finds that students in LGBT rural schools experience negative comments and conduct because of their identity (Palmer et al. 2012). In Ireland several studies have found evidence of high levels of homophobic bullying in schools (Norman, 2004; Norman and Galvin, 2006; Minton et al, 2008) However, there is also evidence that this is improving and there is evidence that young people are coming out as LGBT in greater numbers and at an earlier age, (Mayock et al, 2008). Studies find that the average age of awareness of sexual orientation is 12 (Mayock et al, 2008, Higgins et al, 2016, ShOUT, 2009).

LGB youths who reported high levels of at-school victimization also reported higher levels of substance use, suicidality, and sexual risk behaviours than heterosexual peers reporting high levels of at-school victimization (Bontempo and Augeilli, 2002). Irish studies have found that

almost one fifth of respondents experienced underachievement, truancy, early school leaving or changed schools, (Youthnet, 2003, Minton et al, 2008). In a European study surveying LGBT young people in Croatia, Denmark, Ireland, Italy and Poland, respondents reported feeling left out or isolated, having difficulties concentrating, obtaining lower marks, missing classes or changing schools as a consequence of homophobic and transphobic bullying, (Formby, 2013). Almeida et al. (2009) found that perceived discrimination accounted for an increase in symptoms of depression and an elevated risk of self-harm and suicidal ideation. Kosciw et al. 2014 also found that victimization was related to negative academic outcomes.

Palmer et al. (2012) in a study of youth in rural schools found a need for more intentional policies, measures, and programs that protect LGBT students and directly address their needs e.g. in anti-bullying policies. Sherrif et al, (2011) found that young people require support, yet practitioners lack the training to provide that support. They highlighted an urgent need for the development of appropriate and dedicated LGBT youth training for all practitioners working with young people. The presence of school-based supports, such as supportive staff, student clubs for LGBT youth, and protective bullying/harassment policies, were found to improve the school climate for LGBT students. For example, LGBT youth who have access to supportive teachers and other staff report feeling safer while at school (Diaz et al, 2010). Russell, (2011) concluded that reducing LGBT-related school victimisation will result in significant health gains for students and reduce health inequalities. Lee and Carpenter (2015) in a study of the training of student teachers found that both faculty and practice settings are heteronormative and indicate that student teachers felt uncertain about the safety of young LGBT people. The same study found that LGBT and straight student teachers felt they had not been given adequate preparation to manage the complexities of diverse sexualities on teaching practice or in their future teaching.

2.2.4 Workplace anti-bullying

The workplace is another key flashpoint for discrimination. A European study has found that 19% of LGBT in the EU feel discriminated against at work (FRA 2012). In Ireland, 27% of LGBT respondents reported being called hurtful names by work colleagues, 15% were verbally threatened and 7% were physically threatened. One in ten people have been absent from work as a result (Mayock et al. 2009).

A review by the OECD (2017) found that on average, LGBT applicants are only half as likely to be invited to a job interview as their heterosexual counterparts. They are also offered wages that are up to 10% lower. This is particularly worrying given that there is a vast amount of evidence that being in work is good for psychological well-being (for example Blanchflower et al. 2004; 2008).

In light of the previous discussion, it is also interesting to note that individuals (Gay men in particular) who retrospectively report higher levels of bullying at school display lower employment rates and lower hourly wages (Drydakis 2014). Drydakis (2014) also found that LGBT employees report more incidents of harassment and are more likely to report unfair treatment in the labour market than heterosexual employees (Drydakis, 2014). However, they are arguably not recognised as a vulnerable group, given that there are few specific labour market programmes addressing LGBT issues included in national actions plans for social inclusion or employment strategies (SEN, 2010).

A study from Ireland found that being open in the workplace about sexuality without fear of discrimination was rated the most important issue for well-being (National Lesbian and Gay Federation, 2014). Other studies from Norway and Italy respectively have found that nondisclosure drains employee energy and leads to lower job satisfaction and fewer social relationships with colleagues (Eurofound, 2014). Although LGBT people are more likely to come out to their peers than to their line manager at work, the relationship between line managers and employees has been found to be critical in managing, retaining and engaging employees (Eurofound, 2014).

2.2.5 Disclosure

Although it can be challenging to come out in places of work and study due to increasing risks of victimisation. There is plenty of evidence that it is also protective for people.

For LGBT youth, research finds that coming out is associated with better psychological well-being (Kosciw et al. 2014). The study found that whilst 'outness' was related to higher victimisation (especially for rural youth) it was also related to higher self-esteem and lower depression. There is evidence that disclosure supports resilience and compensates for the increased victimisation (Kosciw et al. 2014). Research by GLEN in Ireland has found that employees who are out are 10% more engaged than those who are not out (McIntyre and Nixon, 2014).

Whitehead et al. (2016) explored the role of stigma in shaping access to primary health care among rural LGBT people. Their findings point to the need for interventions focused towards decreasing stigma in health care settings or increasing patients' disclosure of orientation or gender identity to providers as these can increase the likelihood of service utilisation.

2.2.6 Access to services

Although LGBT people have been shown to have high mental and physical health needs, they encounter more barriers when accessing services, especially in rural areas. Meyer (2011) has found that LGBT older adults are more likely than their heterosexual peers to delay or not seek medical care and are more likely therefore to use emergency services. A systematic review found that LGBTQi+ people have difficulties of access to health services as a result of heteronormative attitudes imposed by health professionals. The discriminatory attendance implies human rights violations in access to health services (Alencar Albuquerque, 2016).

These issues are exacerbated in rural areas, where potential clients may know the professionals. Although there are fewer studies available, those that exist highlight a higher level of need. Whitehead et al. (2016) found that stigmas was associated with lower rates of service utilisation for transgender & non-binary group, while higher levels of disclosure were associated with greater utilization of health services for cisgender men. Indeed, in a study of the quality of life of LGBT people in rural areas, Oswald and Culton (2003) found that whilst

there were many positive elements, one of the worst barriers was weak and fragmented LGBT services.

2.3 Conclusion

The attractiveness of rural communities as places to live – quality of life, access to nature, high social capital – can and should be enjoyed by all. Although LGBT+ communities have traditionally migrated to cities, as stigmatisation is reduced, this is changing. However, there are still many barriers in place. LGBT+ people face discrimination at school and in work, with some evidence that this is more pronounced in rural areas. Rural residents tend to have reduced access to services, and this is worse for LGBT+ people who may also face heteronormativity and discrimination. However, supportive social and family networks are highly protective. This is important due to the inequalities LGBT+ communities experience which directly affects their health, incomes and well-being. There is also a role for the state here, which can compensate for poor quality social networks, or family rejection by providing better quality public services and funding support groups. The evidence shows that whilst the support of family and friends is ideal, where this is absent these can be compensated for by interventions such as peer support. Crucially, these interventions should be available from early adolescence to ensure that negative mental health and educational outcomes are prevented due to their impact on future life chances.

3.0 Findings from focus group with Lesbian/Gay women

3.1 Introduction

A focus group was held with women who identify as LGBT+ and live in Kerry. 7 women attended the group. They were invited through WINK, which is a network of women living in Kerry (who are LGBT+ or allies of LGBT+). The women meet for social occasions. The invitation was issued online using the WinK platform which is operated through an online service called 'Meet Up'. The ages of the women ranged from 25 to 65 years. (2 – 25-35; 3 – 36-45; and 2 – 55-65).

3.2 Early experiences

"In [my village], I felt I was the only one there, it turns out there was 10 or 12 Lesbians in a small village!"

The first area of discussion was about the women's experiences of growing up in Co. Kerry. For most of the women there was a theme of having to hide their sexuality from an early age. The majority described the experiences as being difficult and coloured with secrecy. There was a lack of information available and this affected the young women's ability to develop the necessary language to describe their sexual identities. Most of the women thought they were the only ones who were different to others when they were growing up.

"It wasn't so good, you hid it from family and friends growing up. I knew in national school that I was gay, I went to dances with my sisters and didn't tell anybody. I danced with fellas, had crushes on girls at work, hiding it all the time. I was 26 when I had my first relationship, I grew up on a hillside farm, I hadn't a word for what I was, there was no information around from school or locality."

"I made no effort to hide it but there was a lot of isolation, I was literally the only gay in the village for a long, long time, I drank a lot, I drank too much to be honest, I took away any chance I had, the low self-esteem got worse, it was a very fucking lonely place to be, I can't say anyone had anything against me, I was just in the wrong town."

In one case a woman was taken to a psychiatrist once her boyfriend had suspicions that she was gay:

"I was in a relationship with a fella and he was pretty understanding but I couldn't be physical with him and he kept asking me why and eventually he asked me 'could you be interested in women', and I said I don't think so because I was so ashamed, and he said the very idea is disgusting, and he said I'll take you to see a psychiatrist."

In some other instances the women were met with acceptance when they disclosed their sexuality, both from family and from friends

"We moved to the middle of nowhere in Ireland, when I was young we didn't have the internet or anything, I thought I was the only person too, I knew there was something

wrong with me, everyone was into Boyzone, I was into my religion teacher. I used to get drunk and tell my friends, they were really good about it. When I was 18 my sister copped and she told my other siblings and parents. My mom was okay but not my dad."

"My mother said I don't care what you do, I only want you to be happy, she said 'don't bring it home', but I did and my mother gave her sweet cake, and it was fine after that."

"It took my mother a while, eventually she was fine."

Some others said they had been isolated or indeed encouraged to keep their sexuality a secret.

"I only had one bad experience, I didn't deny it (my sexuality) but if I was asked I would say it. I told one girl in college and she didn't talk to me again."

"I knew when I was ten, [I was] faced with utter horror, I found out because I really liked a girl, there was a lot of shame around it, there was shame in the classroom environment, I realised it was a choice - to hide it and fit in with the group."

"In national school I was only interested in the girl next door, I told someone and she said it was wrong and not to tell anyone."

"In secondary school there was bullying, my esteem plummeted, I left school at 14, I remember saying to one of the teachers, I said I suppose you think it's wrong and she said yeah. I think she didn't know what else to say. I came out to my father and mother when I was 16 and very drunk, I didn't remember doing it and I did it every month or two for two years - apparently."

"It was no big stress, I think the kids today need a label quicker, when it happened it happened, it was in my 20s there was no great stress."

3.3 Experiences of living in Kerry

All of the women described life in the present day in Co. Kerry as being positive. They described being accepted in their neighbourhoods and communities, with their sexual identity not being a feature in day to day living.

"I grew up in a small village, it was very rural and isolated, but I'm living in Tralee now and I joined WinK, and my confidence grew. It [life] is easy and more relaxing."

"I don't think people think anything of it now, people treat it like its normal out, you don't think about it really."

“The difference between now and then is the lack of awareness, the lack of visibility back then wouldn’t have resulted in an awakening of consciousness. I think young people are a lot younger now when they realise.”

“It’s just normal, it doesn’t matter about sexuality. I still have to put out the bins like everyone else”.

One woman described being happy to return to Kerry, having lived in Dublin:

“I went to Dublin when I was in my early 20s and I met a pile of gay people they told me people were getting bashed in the streets at the time. I was glad to come back to my lonely little Kerry.”

Another spoke about how using the internet made her feel less isolated.

“When I got online, it was amazing, especially when you live in the middle of nowhere.”

Social opportunities


The women agreed that there are few opportunities for socialising with other gay women, but in terms of meeting people for potential relationships they thought they were at no more of a disadvantage than single heterosexual people. There was a sense that, for some people, having a gay scene was not important and that in any case they met gay women in their lives in all sorts of environments. The women in the group mostly said that they used online resources for finding out about opportunities or linking in with others.

“In Tralee WinK is the only gay thing that is on, I’m the only gay among my friends. There is no problem but there is not much here. Meeting people is a bit tougher in Tralee, living in a city may be easier, I’m grateful that Wink is going on, I haven’t been in a gay scene since college, I just went back into normal life, but its nice to re connect a little bit. The humour is different, its louder, and more free.”

“Some of our friends are single but straight and they have difficulties as well.”

“I meet gay women all the time, in all sorts of walks of life, at work, etc. even if there was a scene here I wouldn’t engage in it.”

Visibility



"The referendum made a big difference, for my confidence, for myself, I was leafleting with my sister, we got abuse from some, 'you are evil and you're wicked', but mostly people were quite good."

The women said that the referendum helped a lot with visibility for LGBT+.

For others, the referendum was particularly challenging because the tactics of the 'No' campaign were seen as being personally offensive. Others feared the result of the vote. Overall, the outcome of the referendum was seen as very positive for enhancing the quality of life for LGBT+ people in Ireland.

"I just couldn't do it. [campaign] I found the [no] posters very, very tough. I would have loved to, but I didn't have the confidence."

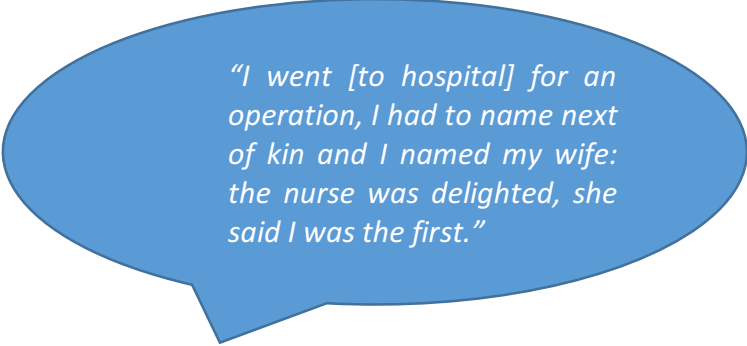
"I was involved in the campaign here, a lot of older people were very afraid about the referendum, they were full sure we would lose. After the result, the delight and the surprise, to recognise that the country gave them a resounding yes, was a massive thing."

"We did not meet much negativity on the streets. Mostly it was very good."

Healthcare and professional services

When asked about their experiences of health care or other services, some of the women agreed that professionals tend to assume that they are heterosexual, while others reported that not to be the case in their experience.

"I had fibroids, and a lady doctor examined me and said you are pregnant, I said I'm gay I can't be pregnant. I had a battle with her."



"I went [to hospital] for an operation, I had to name next of kin and I named my wife: the nurse was delighted, she said I was the first."

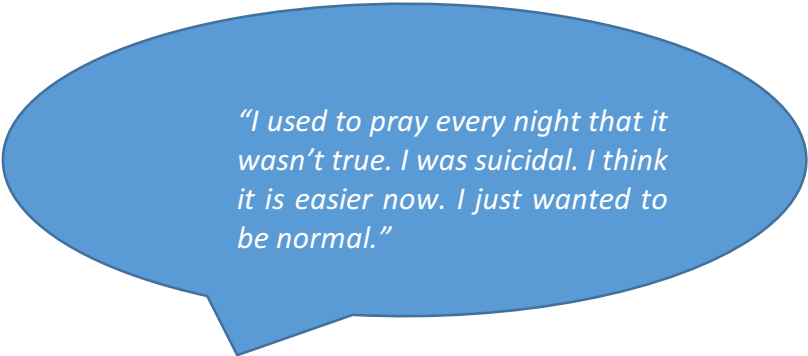
Psychological/Emotional support

The group agreed that there was little support in Kerry if one needed it as an LGBT+ person. Some participants knew that there was some support available for young people through KDYS.

"You are looking at Cork or Dublin if you need support."

"We need a building like they have in Cork."

All the women reported that they had felt the experience of coming to terms with their sexuality was difficult or very difficult and that support is very important in this regard.



"I used to pray every night that it wasn't true. I was suicidal. I think it is easier now. I just wanted to be normal."

"I hated it as well, and I wanted to be normal and then I found out that I am."

"There was lots of isolation. I still think its isolating, I think it's still very big for a young person."

Barriers

The barriers experienced by LGBT+ were described in terms of people being afraid about what the reactions of others would be to their sexual and/or gender identity.

"It's fear based, I have a nephew who is clearly gay, I'm guessing he doesn't want to upset his parents."

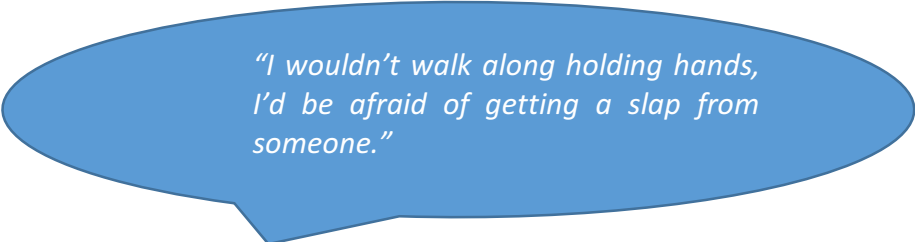
Some participants also said that some gay people can be in heterosexual marriages or relationships with or without children which stops them coming out about their sexuality.

The participants all agreed that the fear of discrimination is worse than the reality of being out, and that, once they were open about their sexuality, in most instances their interactions with others were positive. However, the women felt that the existence of discrimination is still a barrier in society.

"It's a choice to be 'normal' and avoid discrimination. A lot of people don't want the experience of being outside the herd. The main thing is people feel there will be discrimination but in a lot of instances people are just lovely about it."

"Think of any parent, they want their child to have the easiest path in life, but still I guess if you asked every parent to vote, they would probably choose not to have a gay child, they would choose not to have their children burdened."

Safety



"I wouldn't walk along holding hands, I'd be afraid of getting a slap from someone."

When asked about safety for LGBT+ people in Co. Kerry, all the women said that they felt safe and that it was safe for LGBT+ people. However, many of the women said they would not feel comfortable showing affection with a partner in public places.

"I've one friend who gets shouted at all the time, but it never happens to me."

When needs are met

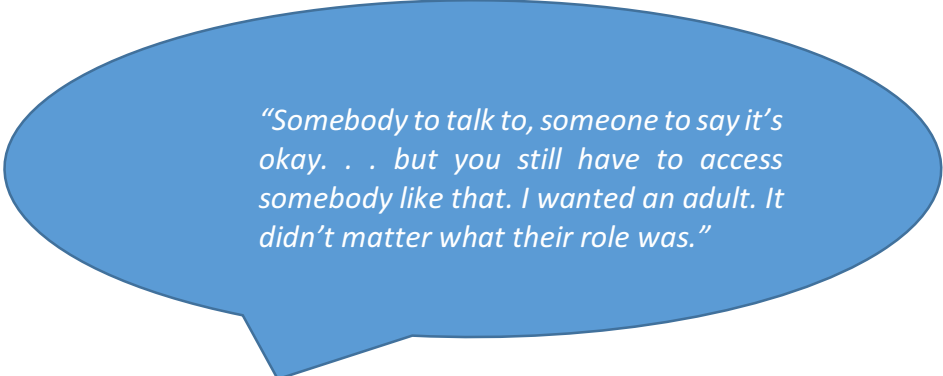
Everyone in the groups reported that feeling accepted was essential for feeling positive and confident in life and having good mental health. The burden of keeping sexuality a secret was viewed as being very negative.

"You feel better about you, makes you more daring, gives you more confidence."

"It's stressful to lie to people, it's a relief not to have to hide. Even though I never felt that I had to live a lie, but having to remember not to say certain things."

"...or remembering pronouns, in case you let it slip."

3.4 Recommendations for improving LGBT+ lives



"Somebody to talk to, someone to say it's okay. . . but you still have to access somebody like that. I wanted an adult. It didn't matter what their role was."

The participants said that having an actual building that was an LGBT+ space like the building in Cork would be a very positive. They felt this would be good for socialising purposes, but also for LGBT+ to feel that there were others that would possibly be a source of support and solidarity should it be required.

"A building, like LINC, an actual building for socialising."

"If the people that were out could interact in some way with the people who weren't out and let them know that it is grand... the place is walking with closet cases."

"If you were to compare Dublin, the visibility is there, the conversation is there, it is a considered option, the radio or print media rarely mention 'gay in Kerry', that would make me stay closeted if I never heard about it. If you are in the closet, gay Kerry seems invisible."

The women also spoke about signs and symbols of LGBT+ playing a positive role and said that there should be more of them in the county. Such signs are seen as welcoming.

"I was skiing once, I saw a gay flag, and I noticed it straightway. It created an option."

Generally, the recommendations that people made were centred around themes of improving visibility and acceptance, the need for support and for conversations about sexual identity being facilitated from a young age in the education system.

"The ideal world would be if people asked about your partner, not your husband. It is always assumed that it's a him. I don't find anybody does not assume that you are hetero. I think that contributes to it."

“I think it should be introduced into people’s minds at an early age. Even in the readers in school.”

4.0 Findings from interviews with Gay men

4.1 Introduction

Five men were interviewed at various locations in the county. The interviewees were sourced through their involvement with Listowel Family Resource Centre. Ages ranged from 28 to 66.

"I kept it to myself that I was gay, I used to think about it often, why can't I do what I really want. I just couldn't bring myself to do it at the time. When I did decide to come out I thought that well I'm retiring now and I'm going to enjoy the rest of my life".

4.2 Early experiences

In 4 of 5 of these interviews the men had moved to live in Kerry as adults. Early experiences varied with some reporting negative experiences but others reporting largely positive experiences. One man (28) had grown up in a rural area in the county. In school he had been bullied verbally as other male students intuited that he was different. He said that he had not had a positive role model (who was gay) to look to. He described feeling alone.

"I realised early - about 13, and it was a bit isolating, because throughout I was only person who was even close to being out either in school or in the community and as a teen you are looking for reassurance that it is normal and there wasn't a sign of that."

He described his parents as being young, open minded and liberal. He did not fear rejection but described his experience as: *'not uncomplicated or easy, and it was delicate and difficult, but I didn't fear rejection'*. When he came out to friends he reported that they were *'fine about it.'*

The other four interviewees had mixed experiences of growing up as gay in various locations (UK, (2), Brazil (1), Ireland (2)). Of the four, one had not come out until his mid-fifties due to fear about the reactions of his family. Another man had not come out until his late twenties and described how the country he lived in *"is more close minded than Ireland, it was very Catholic, it was hard for my mom. Mom said she didn't believe it and she told me not to tell anybody."* The others had come out as teenagers. Three of the four described how both their friends and their families were largely supportive.

"When I told a friend he said we already knew and was just waiting for you to tell us.. I've always had positive experiences, my family were okay, my mom got over it in a week, my dad was very accepting without even saying anything. Totally accepted by brothers and sisters. I know that I was lucky."

There was agreement that Ireland had changed a lot since the 1980's with one interviewee saying that society no longer tolerates homophobia to the extent that it did.

"Things were changing between the 80s and 90s. Now it just seems like a million years ago. It's not unusual now. I know there is a lot of homophobia out there but people

can't just say and do what they want. They feel they can't publicly speak like that anymore. Some of it can be offhand, they can say stupid things."

All had experienced some instances of homophobia as both teenagers and as adults. One interviewee had to leave his college course because of homophobic bullying and said that his country was not particularly safe for gay people.

"In Brazil there are certain areas. . . it's not a very safe place. You need to be careful about holding hands. In Ireland I feel more free."

Some described how the process of coming out is an ongoing feature of their lives.

"You are constantly coming out to people. I always feel like I'm coming out."

"I feel that the come out situation happens a lot."

It was noted by three of five interviewees that the Catholic Church had a significant effect on how LGBT+ people were treated in communities in the past. It was felt that the younger generation do not experience this anymore due to the influence of the Church not being so entrenched as it had been heretofore.

"The way the Catholic Church preached it, you are brain washed as a kid going to school. It's such rubbish. I don't think it has a hold on young people anymore."

"The church had a stronghold on this country for so many years and that has completely fallen away, and that has had an effect as well."

4.3 Experiences of living in Kerry



"We had a civil partnership in 2012 and because of my community work we invited people to a party, we had support from everybody- farmers, everyone! They all came and gave their good wishes, everyone knows us as a gay couple in the community."

All the men who were interviewed said that they do not feel discrimination or homophobia generally in their daily lives while living in Kerry.

“I found here to be great. You meet all walks of life here, the experience has been very positive, people see us as who we are, not as a gay couple.”

“I think things have changed for the LGBT community, not for young people necessarily, but for more mature adults, it’s like people have said yes we’re all okay with you, and we can just get on with our lives.”

“I haven’t had any adverse reaction to people knowing that I was gay. None at all.”

However, the younger men stated that living in a rural area presented challenges that were not challenges in big cities. This was in relation to showing affection in public, general anonymity, and being completely open to all people about one’s sexuality.

“People in the country are more close minded. They look at you if you say you are gay, they are more traditional and Catholic, you have to be careful with who you are telling. If you are talking to an old lady maybe you may say ‘this is my friend’. You try to respect these kind of boundaries. There is an invisible wall, where you feel you have to protect yourself all the time.”

Social opportunities

Most of the interviewees said that they did not necessarily seek out LGBT+ others to be their friends or to socialise with.

“We don’t know many gay couples around here, but you would not necessarily choose those people as friends. Even living inside an LGBT world is not right also. You need friends because you get on with them, not because they have the same sexuality.”

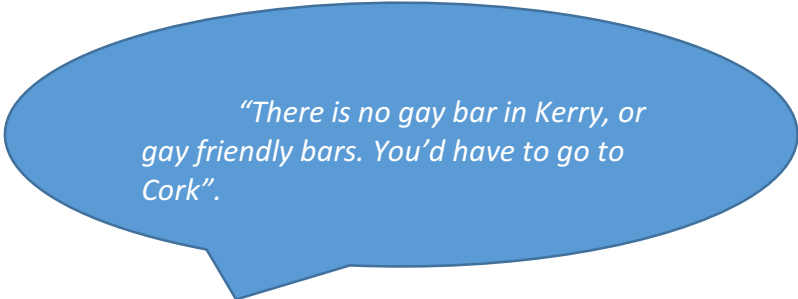
It was acknowledged that LGBT+ people may be at a disadvantage in a rural area due to lack of access to effective internet connections.

“For people in rural areas they may not have that (the internet) as a resource. They may not have an idea of how to access things.”

It was felt by one interviewee that it is very difficult for the older generation to meet people.

“People of my age have difficulty. But younger people it’s more open for them, it’s easier for them, for the older generation it hasn’t changed a lot for them. It is very hard to meet someone in my generation. It would have to be through an advertised group.”

There is a lack of any social spaces for LGBT+ people to meet in the county.



“There is no gay bar in Kerry, or gay friendly bars. You’d have to go to Cork”.

Visibility

All interviewees said that the marriage equality vote was a very positive step forward for Irish society, especially in rural areas.

“Nobody has ever had a bad reaction, I think the marriage equality vote showed that even in communities like this. . .we saw our own box being counted and even that was a majority of yes votes, and though you may not think it - the majority of people are okay with this.”

“We did not meet much negativity on the streets, mostly it was very good.”

Psychological/Emotional support

The interviewees all agreed that most LGBT+ people need support, especially in their younger years. One man spoke about how there should be less pressure on young people about sexuality.

“Pressure needs to be taken away from them to come out, a heterosexual person doesn’t have to come out, the person you are is the important factor, your sexuality is only 10% of you person.”

Another spoke about how social media was putting new pressures on young people, that it made them vulnerable.

“We had no social media, we were probably less pressured. There were less ways that people could get at you.”

Three interviewees were formerly involved in providing support to LGBT+ others in Co. Kerry over the last decade. These supports took the form of an LGBT+ support group in Listowel and a social group that met at various locations in the county, (Ciarraí Amach). Participation and take up of these began to dwindle over time.

“There are times in community development when there is a role to play and that fades off over time.”

“It [the group] was going for 3 or 4 years. We organised social events. It helped a lot of people. I didn’t have a problem with who I was but a lot of people didn’t want to be known [as gay]. I helped them to understand themselves because they were meeting likewise people. I felt that it was a good thing to do, there was young and old, it lost interest after a while.”

Another interviewee said that being involved in online activism about LGBT+ issues was important.

“I do a lot of stuff on Facebook. I probably wouldn’t do as much but I think it’s needed. You need to have positive images.”

It was felt by another interviewee that there was a need for the availability of formal support groups.

“There should be some form of programme that would advertise that a support service is available to help them if they have any worries about their sexuality and once they get comfortable about speaking to someone then it might lead to social activities for them.”

Barriers

Generally the interviewees felt that barriers exist for young people to be who they are in terms of their sexuality and/or gender. Concern was expressed about how vulnerable young people are to the influences of those using social media. Inadequate emphasis on diversity in sexuality and/or gender in the education system was seen as a barrier.

One interviewee in his sixties reported that many people end up living a life of secrecy because they do not have the confidence to come out. He felt that living in a rural area made this more difficult.

“It’s a great shame for those people because they don’t have the confidence. . . they are frightened because of what people might think of them, I still know somebody who would never have it known that he was gay. I don’t think they should live a life of secrecy like that. It’s a sad lonely life.”

Safety

All the gay men interviewed said that they felt safe generally in the county. The majority of gay men interviewed reported that they would not feel comfortable showing affection with a partner in public.

“It didn’t bother me in Dublin showing affection, people don’t care what you are doing. In Kerry you feel more self-conscious. I feel less comfortable here. You are not as anonymous. Whereas here it feels like I would be confronting people with my sexuality. Somehow doing it as a gay couple it feels more like a statement.”

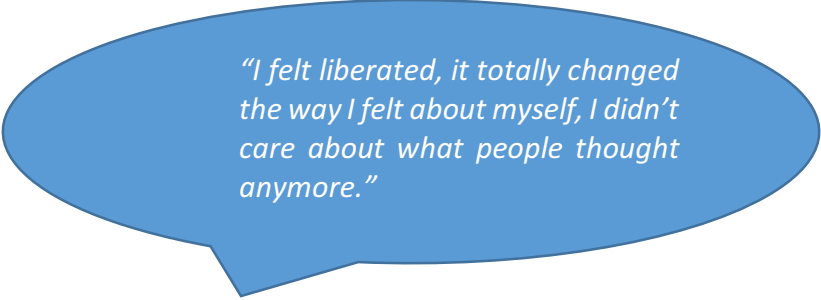
When needs are met

All the interviewees said that life is more positive when people are accepted for who they are. All stated that having to hide, keep a secret or lie was taxing on one’s mental and physical health. Some described having to be aware of what you say to people at all times - if you are not out to them. One even described what he termed ‘a lingering kind of shame’ even though he would consider that he is out to the majority of people he deals with. He said that ‘it is very hard to totally shake off the negative associations of homophobia.’

“The fact that you don’t have to hide, that you don’t have to lie to your family anymore, in mine one side totally accepted me another side highly rejected. You lost a lot of people you thought were close to you in your family. You try to be yourself. It is something that means a lot – to be accepted.”

“Before I came out to friends there was a kind of a filter, you couldn’t be yourself in an authentic or unconscious way. You were always checking how things are being perceived. To be able to let go of that is quite significant because you can be more present in your dealings with people.”

The personal freedom felt after coming out about one’s sexuality was seen as very positive.



“I felt liberated, it totally changed the way I felt about myself, I didn’t care about what people thought anymore.”

4.4 Recommendations for improving LGBT+ lives

The recommendations for improving the lives of LGBT+ people in Co. Kerry ranged from the importance of there being role models visible in all areas of life, outreach to schools about sexual and gender identity issues, and support for those who needed it. The importance of media and signs and symbols (that represent welcoming of LGBT+) was also discussed particularly in the area of employment. There was a strong theme of the need for LGBT+ young people to have role models to look to in their lives. Two of the men interviewed stated

that they are purposefully active in their communities specifically because they feel the importance of being gay role models.

“We help out with local community events, we go there as a couple, the kids may or may not know, that there is a male couple in the community. If young people have that involvement with a gay couple right from when they are very young it is less likely that they will bully somebody.”

“Role models are so important in the community, it’s important that people go out to schools.”

“When younger people face their sexuality they need support and access to older LGBT people in the community, it’s important for us as a couple to shown who we can here, we are involved in local schools with events.”

One interviewee had been on national television and became recognised by the children in his local community as a result, which he saw as being very positive.

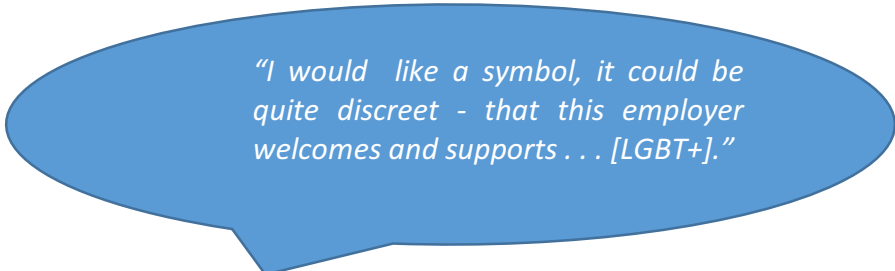
“When I went to the local school. Everyone recognised me from the TV show, so all the school kids watched it, this is really important as it gives a good role model in the community, because it makes sexuality not so relevant.”

The younger men who were interviewed said that they were heartened that there are now workshops in some schools about LGBT+ issues.

“Workshops in school about identity in general, including LGBT identity! When I heard that I thought that’s wonderful. It that had been there when I was a teenager, (...) It can be a confusing time for people, something like that would have been very valuable.”

The importance of media campaigns was also noted as was the importance of signs and symbols in the community reflecting welcoming attitudes towards LGBT+ people.

“The campaigns always caught my attention, they show young teenagers that this is normal, it’s okay. When you see more people talking about diversity, more adults talking to kids about diversity and equality. If you go to a café and if there is a flag in a door, it becomes more friendly, breaks the ice, or when you see an owner or manager who is gay, that helps.”



“I would like a symbol, it could be quite discreet - that this employer welcomes and supports . . . [LGBT+].”

It was noted that older people who come out as LGBT+ may need supports that do not currently exist

“For people who come out much later in life, I think they may need supports. I’m not aware of any supports in Kerry.”

4.5 Summary of adult focus group findings

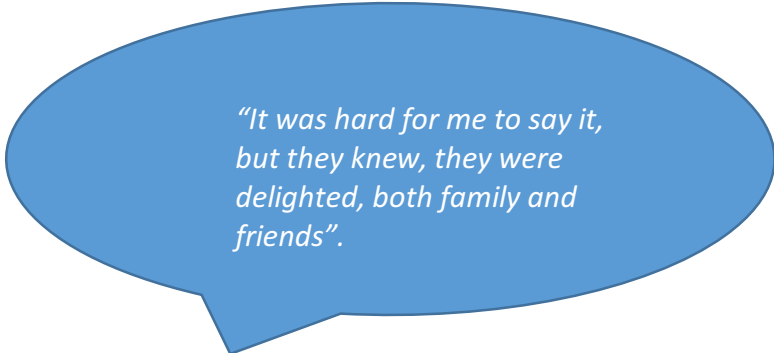
Findings from the adult LGBT+ people show consistency in terms of what is seen as important for LGBT+ people who are coming out to have access to. These supports include having access to LGBT+ role models, or having access to someone to talk to, having opportunities within the education system that create conversations about LGBT+ identities, having more visibility in the community which can be supported by signs and symbols that are welcoming of LGBT+ in employment, commercial and publicly owned buildings. All participants agreed that having a designated LGBT+ space in the form of a resource centre and/or café would be a significantly positive resource for the county.

5.0 Findings from focus group with young LGBT+ people in Tralee

5.1 Introduction

Six young people attended the focus group. Four identified as female, two as male. Three identified as pansexual, (3 female), two identified as bisexual (1 male, 1 female) and one identified as gay (1 male). The young people routinely attend an LGBT+ support group in Kerry Diocesan Youth Service (KDYS). The ages ranged from 12 years to 17 years, (2:12 years; 2:14 years; 1:16 years; 1:17 years).

5.2 Early experiences



"It was hard for me to say it, but they knew, they were delighted, both family and friends".

Both the male and female young people reported experiences of coming out as largely positive within their immediate families but less so amongst peers. They described the positive experiences as being supportive. Although coming out to friends was described as being positive the experiences with peers was a much more negative experience with the young people experiencing a significant amount of objectification, singling out, and harassment.

"I came out to friends first, they were supportive, it was the same in school".

"I came out to my family this year, with my parents that didn't go so well, some [family] were okay and some were against it, I was expecting it from them, I wish it was better but life is life."

"I came out to my mom through a letter, I was nervous about how she would react, but she was like. . . 'you know I'm going to love you no matter what'".

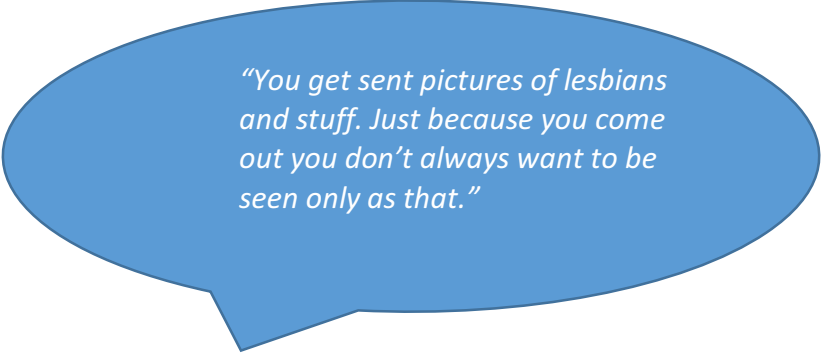
"I came out to everyone at school, everyone was really nice about it."

"I came out to friends a year ago, they were cool, I came out to my parents in the summer I knew they would be okay because my sister is bi, and they were fine. Basically I haven't had any direct people being weird and homophobic, but a lot of

my friends are afraid to go to discos and stuff because they are afraid that people are homophobic.”

Being shown and sent unwanted material online was a feature in these young people’s lives. This was happening face to face (using devices) or online.

“People send you weird stuff online”.



“You get sent pictures of lesbians and stuff. Just because you come out you don’t always want to be seen only as that.”

“Some people are annoying about it, they would rub it in your face, one guy was showing me pictures of girls, sexual pictures.”

One girl described an experience of some boys in her class denying that she could be pansexual, followed by experiences of boys showing her online images that made her feel uncomfortable.

“There was one guy who said you are the most feminine in this group, you like guys and stuff! They make you feel uncomfortable, it’s hard to be comfortable in yourself when they are showing you pictures you do not want to see.”

The young people spoke about how they are objectified because of their sexuality. Once they disclose their sexual orientation they are singled out for increased attention, ridicule, inappropriate comments and behaviour towards them. The effects of these reactions are that the young people feel ‘othered’, isolated and find themselves the unwanted centre of attention. One teenager said that it made her feel ‘sad’. They reported being constantly referred to as ‘gay’, referred to in terms of their sexuality rather than being viewed as a whole person.

“In school some people are like. . . ‘I need to say this every day to you!’ it makes me feel sad”

“They are picking you out of the crowd, just because you are ‘out’.”

“They say things like that’s so gay of you, you’re so gay, people just think they can use it against you, by showing you weird pictures – they feel like it’s their business to get involved.”

"Yeah it annoys me that people keep stating that my cousin is gay."

The young people said that they are stereotyped into various categories once they come out. In one instance, the categories referred to were those representing deviant sexual preferences.

"When I told my friend (I came out as pan) and she said oh so you want to date pans."

"Some people say that 'oh does that mean you want to have sex with dead people or children?' . . . I'm like . . .no! Just because I don't care about gender."

5.3 Needs

In terms of their needs the young people spoke about how they needed more visibility and more acceptance to help them in their lives. They would like more LGBT+ friendly material, events, and social opportunities both within school but also in the wider community.

"More pride events."

"I remember seeing something [about LGBT+] in a poster but it was in America!"

"I know my aunt is lesbian or bi, that's good."

"More opportunities to hook up with people."

There was recognition that young people who are not out would need support. They had an awareness that such people would have a different set of difficulties.

"I think it would be good to have things for people who aren't out, or who don't want to accidentally out themselves; I feel like it would be good to have stuff in school".

In one instance a young person reported that her school was very LGBT+ friendly.

"I talk to people about starting an LGBT group in school, my school is LGBT friendly, you would think every second person is gay, bi or trans, if you start talking about having a same sex relationship, people would ask you about the relationship rather than the fact of it being LGBT+."

Psychological/Emotional

The young people were very positive about the KDYS group that they attend. They cited it as a safe place, where they can be themselves, where they can talk freely, and meet others. The group is clearly a strong source of psychological and emotional support for those who attend.

"You get to be yourself in a support group, you get to talk about your crushes".

"It gives you an opportunity to meet other people in the community you can support each other".

"You get to meet new people who are like you."

"The group is almost like a family."

"A group like this helps you to find friends."

Barriers

The young people described the upshot of coming out as being positive on one hand, but as negative in other respects. Being singled out for ridicule and unwanted attention had a strong negative impact, while the psychological and emotional freedom felt as a result of coming out was very positive.

I feel like they pick it up from their parents, they don't feel like its offensive to make jokes."

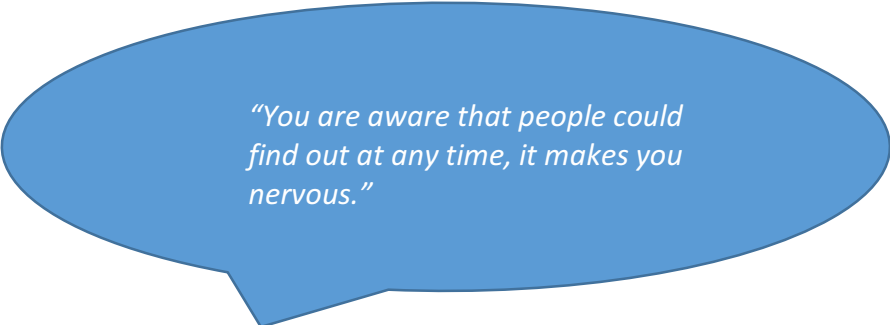
A further barrier for the young people was what they described as fear about others' reactions to their coming out.

"When you do come out then people are constantly nagging at you."

"People are at you to come out, once you come out they see you so differently."

"[There is a] difficulty with people over stepping the boundaries, being over familiar, over personal, it could be someone you never talk to..."

Safety



"You are aware that people could find out at any time, it makes you nervous."

In general the young people said that personal safety was a strong concern for them, both in terms of physical and psychological safety.

"I would worry that people are talking about me behind my back."

"I was pushed down by a group of boys who were saying 'oh you like girls'."

5.4 Recommendations for improving LGBT+ lives

In terms of what the young people would like to see happening for LGBT+ young people going forward, they felt that it would be a positive development if they were seen as being like everybody else and not perceived as being 'different'.

"It would be nice not to be asked all the time."

They also stressed the need for young people to have a social space that they can go to where they feel accepted for who they are and where they can feel safe. This was also seen as being important for establishing relationships with LGBT+ others.

"People need a safe place, because then we can feel comfortable in our own skin about our sexuality."

6.0 Findings from focus group with young LGBT+ people in Killarney

6.1 Introduction

The KDYS group in Killarney were an older cohort that that which was held in Tralee, (1 17; 3:18). There were two female, 1 male and 1 transitioning young person. Two described themselves as questioning their sexuality, one was gay and one was bisexual.

6.2 Early Experiences

The participants described growing up as LGBT+ as difficult. They said that many people are fearful of coming out and described the experience as isolating because very few people are out. They also reported that many people disclose to them that they are LGBT+ but are too afraid for it to be known publicly.

“People are reluctant because it’s so different to what we were taught, it’s always a woman with a man, especially in south west Kerry - because we are so traditional: it’s never going to change for some people.”

There was a consensus that the church teachings were a reason for people to be so anti LGBT+ with one young person saying:

“That is what is taught in the church, a woman and a man will get together and have a baby and that is what life is. People are not used to it and are scared about it.”

There was also agreement that living in a rural area holds more challenges for LGBT+ people, while cities provide a backdrop of larger populations and thus a greater proportion of LGBT+ people.

“The difference between cities and rural life is that there are a lot more ethnicities, there is a large population density and there are just more people around and people are more exposed, its more common, there are more LGBT people”.

Having LGBT+ role models was significant in the lives of two of the participants. Discourse about different types of sexuality on television also helped.

“My aunt was gay so she cleared a path for me in the family, there was a talk in school and TV programmes, and I just gradually built up to it.”

Similarly to the younger people’s focus group, these young people felt largely supported by their families, but among peers the story differed. Some felt ‘singled out’, and ‘labelled’ and described how people would come up to them and say something about them being gay.

“I don’t want to be singled out in school anymore, people make hetero sexual assumptions all the time”.

“I feel like I get teased a bit more, I don’t think they mean to be mean, that it’s just a way of being, but deep down I feel that it’s because I’m gay”.

In one instance a young person described how a relative became more distant after the young person came out.

“He stopped talking to me as much as he used to, he kind of distanced himself from me, I wasn’t surprised, but I felt upset about that because I had felt close to him. I feel like my sexuality might have something to do with it.”

All of the participants felt that they were missing out on having teenage relationships, as opportunities for such relationships were very few. There was a consensus that they would have to wait until they left home to move to bigger population centres before they could get experience of relationships.

“That’s just something I’ve never had, nor will have til college, because there is no one around who is LGBT, they [my peers] are all having this great time, being teenagers, I feel like I’m missing out in some way.”

“I feel like you are missing out on some teen relationship aspects, with the debs I felt really uncomfortable, my sister had such a great time at hers, I don’t think I could do that, like... go shopping with my nan and walk up to my debs in a dress.”

“I feel like I’ve missed out on some of my teenage years because of my sexuality, I feel like in college people will be more accepting of LGBT.”

The transitioning young person described feeling at a disadvantage in life because of transgender people being so stigmatised.

“I do feel bad for myself because I’ve to go through years of consulting, and therapy, and surgery and still I could come out and be viewed as a male, and there is such a stigma around being Trans.”

6.3 Needs

The need for a safe space was seen as very important. The young people reported that being part of an LGBT+ community (i.e. the KDYS group that they attend) was very important to them and made them feel supported and more confident. They also described taking part in gay PRIDE events which was also a very positive experience.

“I got to dress as a woman and wear make up a dress and heels, it has brought more fun, I’m much more free.”

“I really like being part of the LGBT community.”

“I feel confident to know that I’m in such a loving community and can talk to others about it.”

All the young people spoke about having online conversations with other LGBT+ people. They described both positive and negative experiences of being online. The positive related to having good conversations with LGBT+ others while the negative related to being singled out, harassed or bullied on social media.

"I've had bullying with people saying they would never be friends with me because of my sexuality, that struck me deeply, even people I don't know, and I found that very shocking."

"I've had people I don't know attack me, calling me Tranny, I was really young at the time, it was really embarrassing, I didn't know who was in the groups, it really damaged me, I was really upset, I had depression and all of that."

The young people felt that the referendum opened up opportunities for conversations about sexuality and that many people voted for yes that they would not have expected to, for example older relatives. There were mixed opinions about how far-reaching the referendum was in terms of changes in their lives.

"The referendum wasn't talked about much locally."

"My nanna, who is very Christian voted yes, I was really shocked at that."

"I think people are more aware, in the summer I was working with these really country girls and I was always educating them about LGBT stuff."

The young people described how they felt more positive and confident when they were accepted in their sexual and/or gender identities, describing it as life-changing, freeing, leading them to feeling more relaxed in their lives.

"It was nice knowing what had confused me for so long, it completely changed my life, I got new interests in make up and fashion and stuff, I can go to Cork if I want to go full glam."

"I got to talk about if I found someone attractive, I got to be more interested in what I'm interested in, more relaxed, it was freeing."

"I don't feel so different anymore. I stand out from other people and I realise now that's kind of a good thing. I'm more comfortable with myself now than I ever have before."

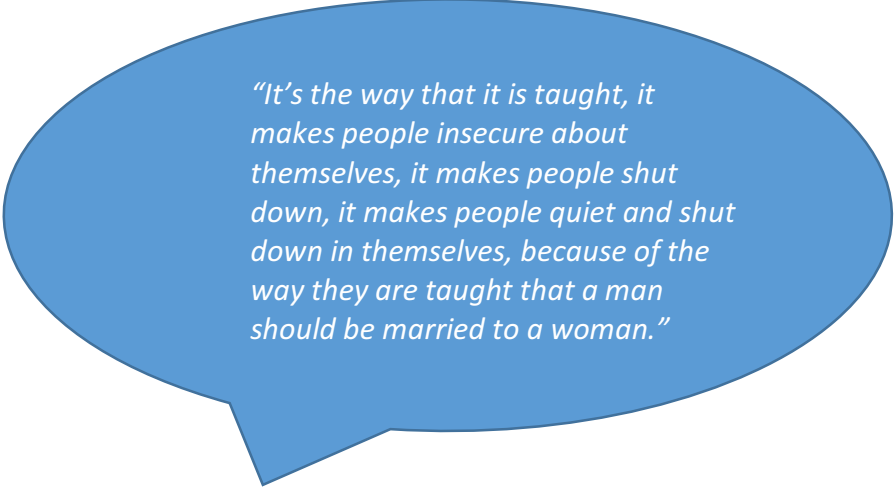
Psychological/Emotional

The young people all thought that the support which they need in their lives was available to them in the KDYS group that they attend. The support comes from the facilitators of the group but also through the peer support they get within the group. They felt that there are many young LGBT+ people who do not get the support that they need.

Barriers

The participants felt that the sexual and gender education in school was inadequate and that this affects how young people generally do not know how to respond to people of different genders and sexualities. They also felt that the religion taught in primary school had the effect of communicating a very narrow definition of sexuality, the result of which is the marginalisation of LGBT+ young people.

“Religion is a core subject in primary school, I think that if you are young, and you think you may be gay, and you are 11 or 12 then that’s kind of disheartening.”



“It’s the way that it is taught, it makes people insecure about themselves, it makes people shut down, it makes people quiet and shut down in themselves, because of the way they are taught that a man should be married to a woman.”

They felt that if young people are only taught a particular narrow definition of what it is to be male and a female in society, then this has a stifling effect on someone who may be questioning their gender and/or sexuality.

“You are shown no other options, that if you think about another option you think you are weird, [because] you don’t want to be different, you want to be part of the group and feel accepted.”

Other barriers they spoke about were in relation to how society is set up to be predominantly heterosexual orientated, even down to the way that official forms are designed.

“When a gay couple have a child, the consent form is to do with a mother and a father.”

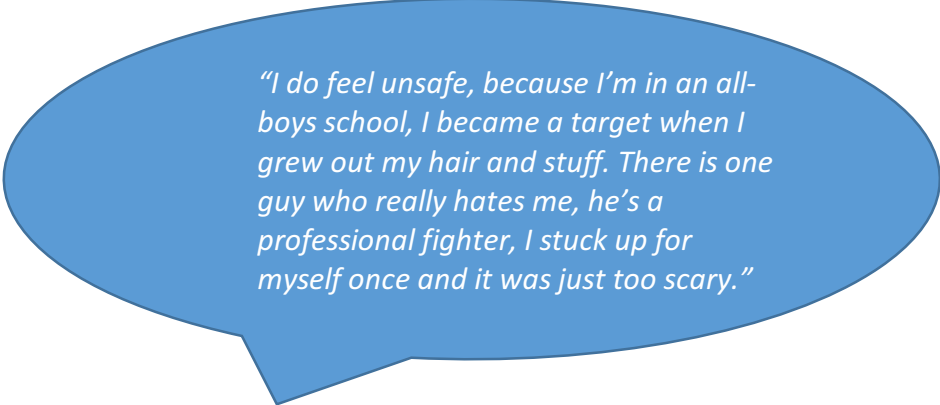
“Documentation is not gender neutral, that’s a big thing for gay and lesbian couples.”

Gender and sexual stereotyping was seen as a barrier to allowing young people to be free to make whatever decisions they wanted to make about their sexual and/or gender identity.

“I hate the stereo types, that gay people look like this, lesbians look like that, When I cut my hair up short and straightened it, one boy, who is very homophobic told me

that two boys said that you look like you're a lesbian, and he said it as if it was an insult, I took it as an insult, then he started attacking me, that was hurtful."

Safety



"I do feel unsafe, because I'm in an all-boys school, I became a target when I grew out my hair and stuff. There is one guy who really hates me, he's a professional fighter, I stuck up for myself once and it was just too scary."

The young people had mixed feelings about safety. They were concerned that showing affection in public as an LGBT person would leave you vulnerable to attack or abuse. One person said they felt unsafe in school after initially coming out. Another reported getting regular abuse in school which felt as though it could become a physical attack at any time. Another reported that in school there is an ongoing threat of being physically attacked or of a verbal incident escalating into something physical if the young person stood up for themselves.

"I notice him looking at me when I pass him on the corridor and I feel like he could get physical sometime, or he could punch me or whatever".

6.4 Recommendations for improving LGBT+ lives

The young people felt that society has still a long way to go before young LGBT+ people feel fully accepted. They said there is a need for more education and information to be widely and freely available about gender and sexuality. They thought this spanned both the school system, where there is a need for more workshops on sexuality and gender identity issues and also in society more broadly through all media platforms. They said there is a need for more role models to be available for young people who are questioning their gender and/or sexuality. There is a need for more gender-neutral bathrooms in all public places.

"Everyone needs to be informed, there are so many diversities, and people just don't know, they don't have the information, they won't look it up because they would think that would be weird. If we were just educated more..."

"I feel like there's no LGBT adults around, you can't hire a bunch of gay people to be role models, but you know what I mean."

“There has to be more LGBT workshops, they only dipped into it, [at school].”

‘I’d need a room full of paper, there is a lot that needs to be changed. If there was a change to the education system, use of more gender neutral terms, that would teach a lot about diversity and equality.’

“...and from a young age, then they would grow up with it.”

6.5 Summary of findings from focus group with young people

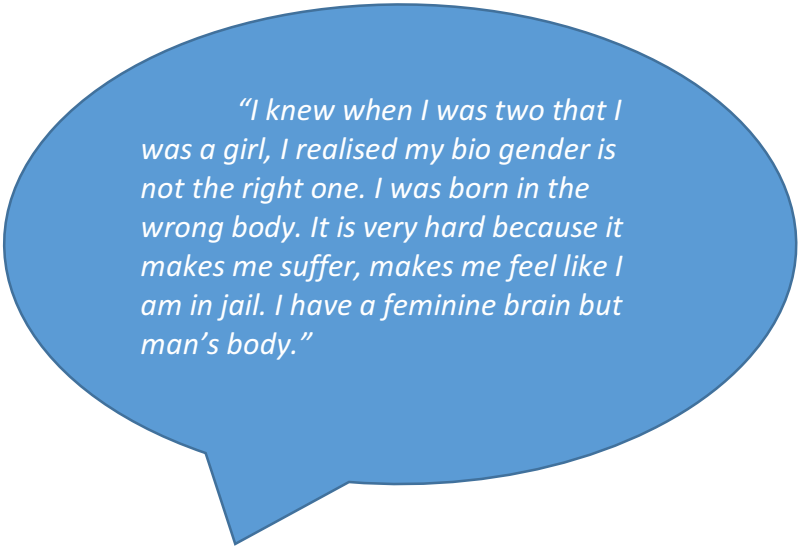
Qualitative findings from the young people showed that they largely feel supported by family and friends when they come out as LGBT+. Many reported however that they feel less supported by peers and often feel that they become the centre of attention for commentary from their peers in school or online. There was an expressed need for more education, awareness and visibility around LGBT+ issues in schools and in society generally. Having role models to provide support and/or solidarity was viewed as very important. The support they get at the KDYS groups was seen as very beneficial. Personal safety was a concern among the young people, with some saying they felt uncomfortable in some situations. They said that having an LGBT+ friendly social space in the county would be a very positive step.

7.0 Findings from focus group with Transgender adults

7.1 Introduction

The Transgender adult support group meets in Tralee once a month. The group has been in existence for 17 months. It is open for anyone to attend. They have a Facebook page to advertise the service. The purpose of the group is for Transgender adults to meet and share experiences and support with each other. The focus group consisted of 3 Transgender adults, who were born male but identify as female. They were in different stages of transitioning. Two were in the age range of 35-40, one was in the 20-30 age range. All three identified as female.

7.2 Early experiences



"I knew when I was two that I was a girl, I realised my bio gender is not the right one. I was born in the wrong body. It is very hard because it makes me suffer, makes me feel like I am in jail. I have a feminine brain but man's body."

All three participants reported suffering from depression, anxiety and suicidal thoughts during their early years. They all knew as children that they felt like they wanted to be female.

"I just wanted to hold my aunt's porcelain dolls. I was very depressed, I thought of suicide. I didn't want to live, I had a fear of dying in the wrong body. It gave me a shiver down my spine."

"I have never felt comfortable in this body. I have always hidden myself in my room with my make-up and my nails. I want to be female all the time. I cannot identify myself as my biological gender."

Another participant reported feeling suicidal as a young adult.

"Some months ago I wanted to commit suicide because I didn't know where to go or who to talk to... but I just got myself up."

“I was thinking about putting an end to my life but I said no I’d face up to my life. My job was affected. I work for myself, if I worked for anyone else but family I would have been fired or on disability.”

One woman reported suffering from a lot of resistance from her father once it was apparent that she liked traditionally female pursuits. She said that her father was angry when she came home as a child with her nails painted and he angrily tried to take the polish off with petrol, the second time it happened she said she got an unmerciful beating with a strap. She was warned not to do it again.

“My father cannot accept me the way I am, we had many arguments. He doesn’t know what I’m going to do and I don’t want to let him know. He is ignoring my situation and he doesn’t want to know who I am. My sister knows and she is confused.”

All three reported suffering from stress because of the male aspects of their physical bodies.

“I always hated the boy look, the hair, the voice deepening, trying to fit in was awful stress.”

7.3 Experiences of living in Kerry

The women all said that life is very difficult as a Trans woman living in rural or small town Ireland. They all expressed fears about being ‘discovered’ or ‘found out’. They had a lot of anxiety about maintaining employment with the prospect of being found out a constant worry. Employment was viewed as somewhat of a barrier as 2/3 said that it was very important to have income in order to have laser and/or hormone treatment for example, so maintaining the job at all costs was paramount.

Generally the women said that they feel a lack of security because of their identities.

“You feel very ‘othered’, it’s like people are out there talking about you, but they are not including you.”

Another woman described how hiding elements of her identity could happen in any locations.

“I’d walk on the beach in the dark and I’d looking at my painted toe nails and [once] I met a neighbour, I had to bury my toes in the water, to hide.”

The needs of the women varied in accordance with where they were on their journey. If they had not started gender changing treatment then the needs were about how to find out information, where to seek medical advice etc. The needs of those who were on the journey were concerned with the need to feel safe and feel accepted.

“You need to keep working. I’ve started the laser hair removal in my face. It’s expensive. And that will take a year.”

7.4 Needs

Social opportunities

One participant said that apart from at support groups (she attends in both Cork and Kerry) she never meets other Transgender people. The support group was a vital form of social interaction for the participants. She described how social opportunities are limited if you cannot be yourself.

“I rarely go out as [male name] now because it makes me feel all divided up.”

Visibility

Visibility of Transgender people in Co. Kerry is at a very low level. There are few Transgender people who are out. One woman said ‘I never meet them.’ It was felt that there is more visibility for Transgender people online than in the real world. The participants stated that they needed to feel accepted by society, that society needed to have more awareness of human diversity generally and that there needs to be more education in various sectors in order for transgender people to feel safe enough to be visible in communities.

Healthcare and professional services

The participants said they had very positive experiences of their GPs. In one case a woman had come out to her GP before anyone else and she said that her GP always refers to her by her female name since then. In terms of the Transgender health care in Dublin, the woman who is undergoing treatment said that travelling the long distance for her appointments is very time consuming. She also said that sometimes she feels she has to fight more than she should have to for next steps in treatment, e.g. Breast surgery. Another said that they find it hard to access information about how to go about getting treatment.

“Two years ago I decided to change my body. But I don’t know how to go about this. That is why I am coming to this group. In my daily life, people call me ‘oh hi man, how are you?’ And I don’t like this, I don’t feel good. I want to change my appearance.”

The participants said that the retail and services industry must be lacking in staff training about gender issues as two of three said that they often get unfavourable treatment from staff in these sectors which they put down to their appearance.

“I’ve had to complain in shops before. . . people would often snigger.”

Psychological/emotional

Support from family and friends was cited as being very important to the participants. Family support was crucial to psychological wellbeing and when it was absent it resulted in significant mental health difficulties.

Barriers

The barriers the participants spoke about mostly concerned the lack of acceptance of their gender identity. They all felt that society is lacking in education and knowledge about transgender issues and that there is a lot of discrimination as a result. Fear of others' reactions was also stated as a barrier. One woman described her own acceptance of her situation as the most difficult barrier.

"The biggest challenge of it all is yourself. I found it very difficult, I always thought it would go away and when I realised it wasn't going to it was like someone pulling the legs out from underneath you. Coming out is about self-acceptance."

The participant who was on treatment reported being in a better place than previously. Her thoughts of ending her life were over. Coming out was very important to protecting her mental health.

"Before I came out I was very close to ending my life. I had to come out in order to continue."

When she did come out she faced much opposition from family members, both immediate and extended.

"My family went against me. I'd an aunt who threatened me with the priest and that I'd be locked away in an institution."

Another participant reported feeling trapped with her life in rural Ireland.

"It's frustrating, living in semi-rural community, because I'm living two lives. I'm in [business] with my brother. That's in the back of my mind, how it would affect his business.. But you are hiding big parts of yourself from a lot of people."

"It takes money to get the laser and whatever you want to do. The job can make you feel overwhelmingly trapped."

Again the need for financial security was expressed by another, along with the fear of being fired if 'found out'.

Likewise another said were it not for her fears in relation to her employment she would just be out.

"I am not ashamed, if I didn't have these worries related to my job, I would just be who I want to be."

Not feeling like they could use women's bathrooms was seen as a difficulty for some in the focus group with one woman saying that she feels 'strange' using male bathrooms in public places.

Overall the women said that there are greater barriers for Transgender people than there are for LGB people. They described this as being because they must change their outward appearance to something that is different to what they are born with and this is a great difficulty to be overcome.

"It's much harder to be Trans, there is a big difference between being Gay and Lesbian, gender identity is very different to sexuality, it's difficult to understand.. When you change your appearance it's much harder."

"It's a lot more pressure being Trans."

Safety

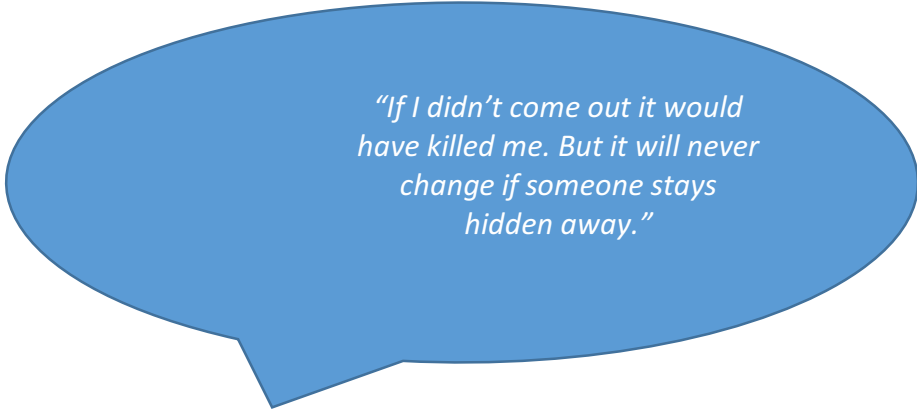
The women described feeling very fearful of being exposed, of being name called in public places, and of the threat of physical violence. This fear causes a lot of psychological stress for individuals. One woman reported that she had to call the Gardaí to her apartment building once as she was being verbally abused by people. She said the Gardaí dealt with the situation sensitively.

"I don't feel safe. During the day it's not too bad. . but its always in the back of my mind, I'd be afraid of violence."

"Yes before the hormones, I was afraid, someone may spot something someone might see something, but I'm not afraid now. I'm okay."

When needs are met

The women said that when they feel accepted by others and by themselves they feel much better in themselves. The woman who is on treatment said that her mental health improved dramatically as she felt that her outward appearance was now more feminine. One woman said that coming out was the only option as she was living in such stress keeping her gender identity a secret that it was life threatening.



"If I didn't come out it would have killed me. But it will never change if someone stays hidden away."

7.5 Recommendations for improving Transgender peoples' lives

There was a consensus that to be able to live in a community, to be open about one's gender and to be accepted was the biggest aspiration among participants. The participants said they want not to be living in fear, including not to have to fear losing one's employment.

"To be able to walk down the street and not have the threat of violence in the back of your mind."

"Not to fear losing your job and livelihood."

When asked what needs to happen in society for Transgender people to be accepted, the participants said that they feel there is a big piece of education that has to happen for people in Ireland.

". . . for people to be educated. For staff to be educated."

They also stated that public awareness need to be raised and that this will only happen as more Transgender people are out.

"Most people have not met somebody who is Trans, not knowingly."

One person felt that Transgender people themselves need to take a certain personal responsibility, in order to help others on the overall journey to being accepted.

“Most people I know are not really out, very few are, and very few are full time. It will never change if people stay in the closet.”

One woman stressed the importance of work because of the positive benefits of social interaction, though it has risks because of fear of lack of safety in that employment.

“Working is very important , it gets you out and about, to feel safe in being out in your job.”

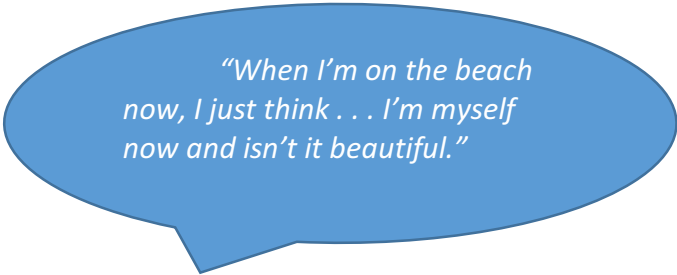
The need for Transgender people to have family support was viewed as being vitally important.

“Family support is very important, what struck me at pride last summer was all the young kids who were there with their families, that is really important.”

Another woman said that personal development courses and counselling were very helpful to her.

The participants stressed that having social interaction with others who understand their situation is very important for their well-being.

“I find the social interaction is the best thing, you need to be seen for who you are and be accepted for who you are, it’s just a connection.”



“When I’m on the beach now, I just think . . . I’m myself now and isn’t it beautiful.”

7.6 Summary of findings from Transgender focus group

The Transgender participants all reported stressful experiences associated with being Trans. Early experiences were characterised by uncertainty and anxiety. As adults they suffer from anxiety, depression and stress relating to coming out and experience fear about how others will treat them. They had mixed experiences of family support, with some feeling supported while others were not. They cited lack of social interaction with other Transgender adults as a difficulty and said that having a support group was very important to them. They had largely positive experiences of people in healthcare, though experiences in the retail and service sectors showed some evidence of discrimination from staff. Self-acceptance of their own identity was seen as being a very important step forwards. The lack of visibility of other Transgender people was seen as a difficulty. While a constant fear of being ‘outed’ was a

significant feature of their lives. Personal safety was a concern for all participants. For the future they aspire to having Transgender people recognised and accepted for who they are; they feel there is a need for more education in society about transgender people and about human diversity generally.

8.0 Findings from online survey

8.1 Demographic Information

General comments

While there were 113 responses recorded, overall it should be noted that responses to questions outside of demographic information dropped to an average of 75 in the 'Support' section of the survey and to an average of 45 in the remaining sections. Some of this drop off can be explained by noting that those who identified as heterosexual (31) skipped questions related to LGBT+.

There were 113 responses to the survey. Of these 107 lived in Kerry, 6 previously lived in Kerry. 43% of respondents live in a rural area, 27% live in a large town, 16% live in a village, while 14% live in a small town.

Gender identity (n=113)

60% (73) of the sample identified as female, 30% (34) identified as male, and 6% (7) identified as 'other' and 4% (5) identified as non-binary. The descriptions given in the 'Other' category were: transgender woman - 2; transfeminine – 1; trans female – 1, transgender – 3.

Transgender (n=110)

In response to the question 'Are you Transgender?' 10% (11) stated 'Yes', with the majority of these identifying as transgender women - (transgender woman (4), trans feminine (2), trans female (1), transgender and male (2), and transgender (3). There is an apparent discrepancy between the number of respondents identifying as transgender, with 7 identifying as transgender using the 'Other' category in the Gender Identity question and 11 identifying as transgender in answer to the direct question. This is perhaps because some transgender people may have chosen to identify as male or female in answer to a gender question rather than choosing the 'Other' category and then inserting 'Transgender' as their identity.

Intersex (n=108)

In response to the question "Are you Intersex?" 2 people identified as intersex.

Sexual identity (n=108)

31% (34 people) chose the 'Other' option in response to this question. Of these 30 identified as heterosexual. 2 people identified as pansexual and 1 identified as demi sexual and one respondent was a 'parent of a lesbian'. Overall the percentage of people completing the survey who identified as LGBT+ was 79%.

17% (18) of respondents described themselves as Lesbian/Gay woman, 17% (18) as gay, 19% (20) as bisexual, 9% (10) as questioning and 7% (8) as asexual.

Relationship status (n=109)

45% (49) of respondents were single, 19% (21) were married (heterosexual), 3% (3) were married (LGBT+), 4% (4) were separated/divorced, 6% (8) were co-habiting (LGBT+), 5% (5)

co-habiting heterosexual, 10% (11) were in an LGBT+ relationship, and 7% (8) were in a heterosexual relationship.

Employment Status (n=113)

35% (40) of the sample were in full time employment. 27% were students (34), 16% (18) were working part-time, 7% (8) were self-employed, 6% (7) were unemployed, 2% were on a government scheme, 4% were retired and 5% chose the 'Other' option.

Table: 1.1 Employment Status

Employment Status	%
Full time	35
Part time	16
Students	27
Self employed	7
Unemployed/government scheme	8
Retired	4
Other	5

Age Range (n=112)

29% (32) were in the 18-24 range, 25% were in the 25-34 range, 23% (26) were in the 35-44 range, 15% (19) were in the 45-54 range, 7% (8) were in the 55-64 range and 4% (4) were over 65+.

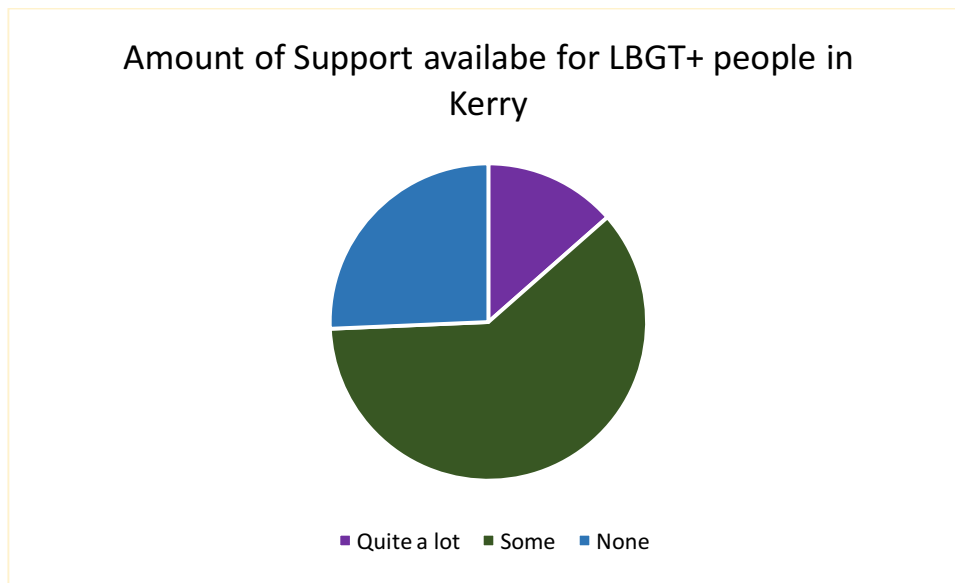
Table 1.2 Age Range

Age range (years)	%
18-24	29
25-34	25
35-44	23
45-54	15
55-64	7
Over 65	4

8.2 Support for LGBT+ people living in Kerry

When asked if there was support for LGBT+ in Kerry should they need it 61% (45) said there was some, 25% (18) said there was none, while 14% said there was quite a lot, (n=74).

Figure 1. Amount of support available



8.3 Role of supportive factors and resources

Existence and usage of supports (n=72)

Respondents were asked to indicate if they thought the following supports exist in Kerry for LGBT+ people and to indicate if they thought they were important or not. 55% of respondents rated 'a friend to talk to' and 'online resources' (52%) as being the most important form of support they used. The next most important resources that respondents had used were 'a family member to talk to' (46%) and 'advice/support from another LGBT+ person' (44%). The next highest rated supports were 'acceptance of LGBT+ in the community' and 'a colleague to talk to', (35% and 31% of respondents agreeing that these supports had been used by them), (n=73). Just 9% of respondents indicated that there was 'visibility of LGBT+ in workplaces'.

The highest rated supports that exist but were not used by respondents were 'acceptance of LGBT+ in workplaces' (44%) and acceptance of LGBT+ in schools/education centres (41%) This was followed by 'online resources' and 'LGBT+ befriending'.

Supports that do not exist but are important

The findings show that a majority of respondents (57%) say that an LGBT+ friendly social space does not exist but is important for the county. The next most important resources that are lacking were visibility of LGBT+ in workplaces (51%) and in the community (49%). A lack of LGBT+ role models (49%) and LGBT+ friendly arts/cultural/sporting/social events (47%) were also rated as important, although neither of these were perceived to exist.

Table 1.3 Existence and usage of supports (n=72)

Support	Exists and have used it	Exists but have not used
A friend to talk to	54%	26%
A colleague to talk to	31%	28%
A family member to talk to	46%	26%
Advice/support from another LGBT+ person	44%	29%
Online resources	51%	39%
LGBT+ Befriending	27%	37%
Advice/support from a teacher/lecturer	13%	37%
LGBT+ friendly social spaces eg. cafe	13%	21%
LGBT+ friendly arts/cultural/sporting/social events	13%	30%
Acceptance of LGBT+ in workplaces	22%	44%
Acceptance of LGBT+ in community	36%	30%
Acceptance of LGBT+ in schools/education centres	24%	41%
Visibility of LGBT+ in workplaces	7%	33%
Visibility of LGBT+ in the community	14%	29%
Visibility of LGBT+ in schools/education centres	14%	33%
LGBT+ role models	20%	24%

Table 1.4: Existence and importance of supports (n=72)

Support	Does not exist but not important	Does not exist but is important
A friend to talk to	4%	15%
A colleague to talk to	15%	25%
A family member to talk to	6%	23%
Advice/support from another LGBT+ person	4%	22%
Online resources	3%	7%
LGBT+ Befriending	4%	31%
Advice/support from a teacher/lecturer	11%	39%
LGBT+ friendly social spaces eg. cafe	8%	58%
LGBT+ friendly arts/cultural/sporting/social events	9%	48%
Acceptance of LGBT+ in workplaces	6%	28%
Acceptance of LGBT+ in community	6%	29%
Acceptance of LGBT+ in schools/education centres	6%	29%
Visibility of LGBT+ in workplaces	9%	51%
Visibility of LGBT+ in the community	7%	50%
Visibility of LGBT+ in schools/education centres	7%	45%
LGBT+ role models	6%	50%

8.4 Role of services and organisations (n=72)

Respondents were asked their opinion on the existence and importance of the following services and organisations to LGBT+ people living in Kerry. 85% of respondents knew of the existence of KDYS, 76% knew of the existence of counsellors/therapists, and 73% knew of the existence of Local Family Resource Centres. 30% of people had used a counsellor/therapist, 29% of people had used a social group and 20% had used the HSE Mental Health Service.

Table 1.5 Existence and usage of services and organisations

Service/Organisation	Exists and have used it	Exists but have not used
A support group	17%	49%
A social group	29%	36%
Counsellor/therapist	30%	46%
HSE Mental Health Service	20%	47%
Mental Health support group	11%	51%
KDYS	11%	74%
Local Family Resource Centre	15%	57%
Community/voluntary organisation	10%	48%

The table below shows the list of services/organisations that respondents said do not exist to support them. There was least knowledge about community/voluntary organisations (42%) and mental health support groups. Almost a third of respondents indicated that a support group, a social group and mental health support were important but were not available.

Table 1.6 Existence and importance of services and organisations

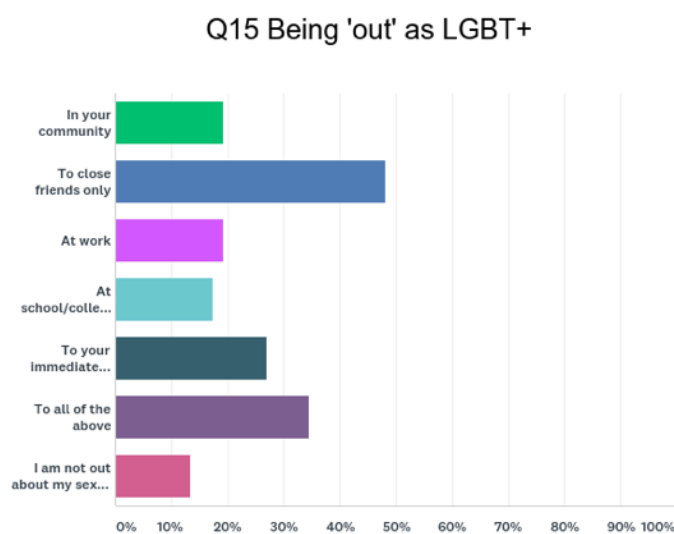
Service/Organisation	Does not exist but not important	Does not exist but is important
A support group	1%	33%
A social group	3%	32%
Counsellor/therapist	1%	21%
HSE Mental Health Service	3%	30%
Mental Health support group	4%	33%
KDYS	3%	11%
Local Family Resource Centre	7%	20%
Community/voluntary organisation	9%	33%
Sports/hobby group	8%	46%

Further supports used by LGBT+ people in Kerry

When asked about what further supports people had used the following responses were given: resilience/confidence-building courses, Tinder, book clubs, film clubs, 'men's nite out', online chat, guidance counsellors in school, LGBT+ society in ITT, ShOUT Out workshops, TENI workshops, welfare officer in college, support group in Cork, student supports, and phone lines, (n=27).

8.5 Sexual and Gender Identity

Figure 2. Being 'out' as LGBT+ (n=53)



48% of respondents said that they were out to close friends only, while 35% said that they were out to all categories of people in their lives. 27% said they were out to immediate family. 19% of respondents said that they were out in their community and at work while 17% said they were out in places of education. 13% of respondents said they were not out about their sexual identity.

Sources of support when beginning to identify as LGBT+

Respondents were asked to indicate who or what they felt supported by when they started to identify as LGBT+. 89% said that they felt supported by friends. 49% said that they felt supported by family members. 38% felt support by use of online resources, while 36% felt supported by another LGBT+ person and 36% felt supported by a counsellor/therapist. Other supports indicated were social group (31%), LGBT+ role models (29%), support group (29%), colleagues (26%), acceptance in the community and the workplace, (20%).

Under 20% of people rated the following as being a support to them when they began to identify as LGBT+: the visibility of LGBT+ in the community, the HSE Mental Health Service, LGBT+ friendly social spaces, acceptance of LGBT+ in places of education, LGBT befriending, LGBT friendly arts/cultural/sporting/social events.

Under 10% of people felt supported by visibility of LGBT+ places of education and in workplaces, in sports/hobby groups, by community/voluntary organisation/ by local Family Resource Centres, by a mental health support group, and by advice/support from a teacher/lecturer.

Reasons for not being out

Respondents were asked to indicate their reasons for not being out. 30% of respondents said they feared the reactions of others, 21% of respondents said they feared for their personal safety, 15% said they did not feel a need to be out or to come out, 13% of respondents said their family would not accept it and 13% said they would not be accepted in the workplace. (n=19)

Positive experiences in relation to being LGBT+

Respondents were asked to rate their experiences on a scale of very positive to very negative in relation to being LGBT+ in various areas of their lives. Table 1.7 shows that respondents had the most positive experiences amongst friends, (75%) in college/further education (43%) and in the community (37%) or in the workplace (32%), (n=52).

Table 1.7 Locations of positive experiences in relation to being LGBT+

Place	Very positive	Positive
Sporting/hobby group	10%	8%
In school (primary or secondary)	0%	10%
With immediate family	27%	15%
Public places (e.g. cafes, on the street, bars, public transport)	8%	15%
In the workplace	10%	22%
In my community	12%	25%
In college/ further education	14%	29%
Amongst friends	37%	38%

Negative experiences in relation to being LGBT+

Respondents rated their negative experiences on the same measures. Most participants' negative experiences were had in school, (32%), with immediate family (23%), or in college/further education and the community (14%), (n=52).

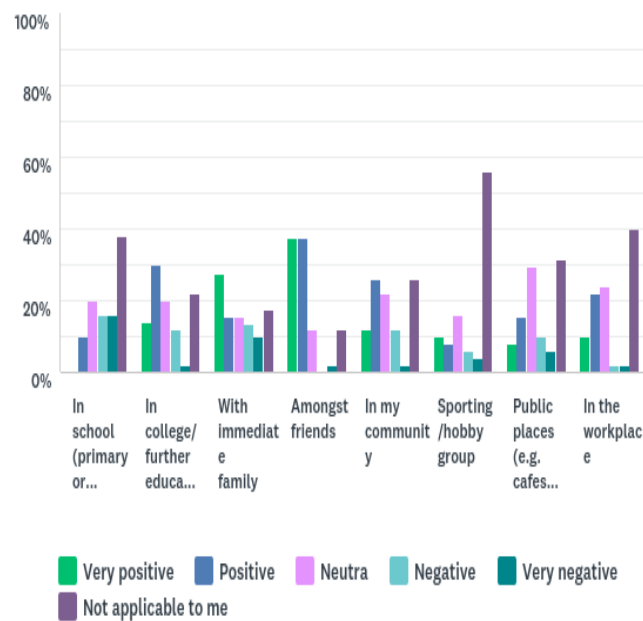
Table 1.8 Locations of Negative experiences in relation to being LGBT+

Place	Negative (%)	Very Negative (%)
Amongst friends	0%	2%
In the workplace	4%	2%
Sporting/hobby group	8%	4%
Public places (e.g. cafes, on the street, bars, public transport)	10%	6%

In college/ further education	12%	2%
In my community	13%	2%
With immediate family	13%	10%
In school (primary or secondary)	16%	18%

Figure 3 Positive and Negative Experiences of being LGBT+

Q18 Positive and Negative Experiences of being LGBT+



8.6 Life Satisfaction

Responses to statements about life satisfaction (n=48)

Respondents were asked to rate their agreement or disagreement in relation to statements describing being LGBT+ and living in Kerry. The statements related to confidence, happiness, resilience, satisfaction, difficulty associated with living in rural areas, showing affection in public and experiences of homo/transphobia. The results show that most people (77%) agree that it is more difficult to live in a rural area as an LGBT+ person. Most respondents agreed that, because they identify as LGBT+, they have had to learn to be more resilient (71%). 70% of respondents agreed that they are much happier since coming out as LGBT+ and most agreed that their confidence has grown as a result (64%).

Over half of respondents (58%) agreed that they would not feel comfortable showing affection with a partner in public places and over half (52%) had experienced homo/transphobia while living in Kerry. The statement which elicited the highest level of disagreement

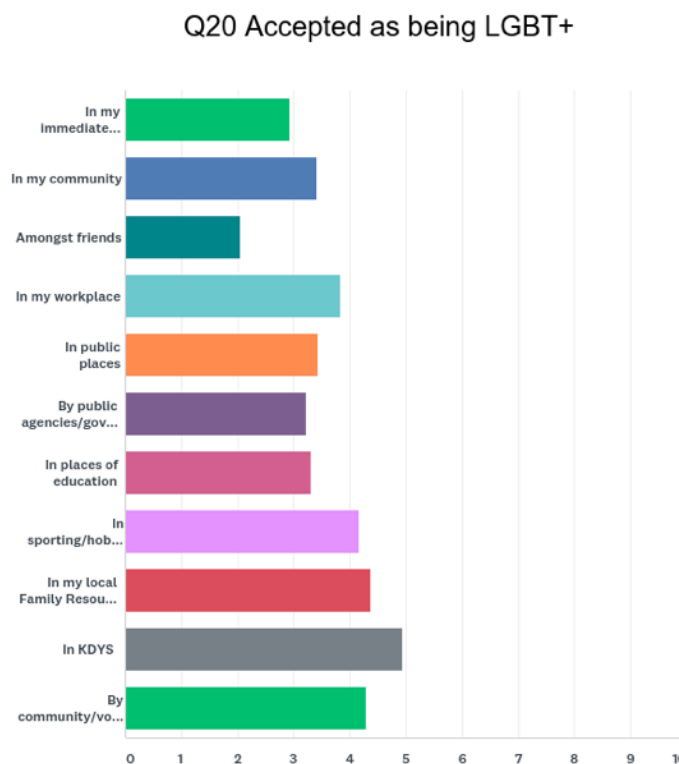
was in relation to satisfaction with life in Kerry as an LGBT+ person with a third of respondents disagreeing (33%)

Responses to statements about feeling accepted

Respondents were asked to rate their agreement or disagreement about the statement 'I feel accepted as an LGBT+ person' with the following people or in the following places. 83% feel accepted amongst friends, while 57% of respondents said they felt accepted within their immediate family. 50% feel accepted in places of education and 40% indicated they felt accepted by public agencies/government bodies/professionals.

23% of respondents disagreed with the statement that they felt accepted in the community, 20% disagreed that they felt accepted in public places (20%) and 18% disagreed that they felt accepted in their immediate family, (n=49).

Figure 4 Acceptance as being LGBT+



Feeling Safe as an LGBT+ person living in Kerry (n=46)

46% of respondents said they felt safe in their homes, followed by 17% who indicated that they felt safe online, and 13% who indicated that they feel safe in public places. The place

where respondents indicated feeling least safe was in the workplace (0%), in schools/educational institution (7%) and on public transport (0%).

Improvements for LGBT+ people living in Kerry

Respondents were asked to contribute suggestions as to what would improve their lives living in Kerry. The responses (31) centred around themes of having a social space that would encompass a café, bookshop, general meeting place (12), community-based resources (3), more resources and education for young people (3) increased awareness and education for the general population (2), more acceptance, (3) greater visibility of LGBT+ people generally (4). Several respondents made comments about not feeling safe as an LGBT+ person living in Kerry, (3).

8.7 Summary

The demographic information shows that the majority of respondents were female. In terms of sexual identity, 17% identified as gay women and 17% as gay men. 19% as bisexual, 9% as questioning and 7% as asexual. 45% of the sample were single, 19% were married (3% were married to an LGBT+ partner).

51% of the sample were employed (full or part time) and 27% were students. 29% of respondents were in the 18-24 age bracket, 25% were in the 25-34 bracket and 23% were in the 35-44 bracket.

Almost two thirds of respondents said there was some support for LGBT+ people living in Kerry, while a quarter said that there was no support available. Friends and online resources were rated highest in terms of usage and existence, followed by family members and advice/support from another LGBT+ person. Just 9% rated visibility of LGBT+ in the workplace as existing. A majority of respondents (57%) indicated that LGBT+ social spaces are important but do not currently exist. A lack of LGBT+ role models was highlighted by 49% as was a lack of LGBT+ friendly arts/cultural/sporting/social events.

Respondents indicated that the existence and usage of services was quite low, with counsellor/therapist being the most frequently used by 30% of respondents, followed by social groups, reportedly used by a fifth of the sample. There was a high level of awareness of the existence of KDYS (74%) and Local Family Resource Centres (57%) (though they were not used by many). There was least knowledge of community and voluntary organisations, with 42% indicating they did not exist, while a third of respondents said that a support group, a social group and mental health support did not exist but was important. Further supports people had used were a variety of clubs, targeted workshops and staff support in educational institutions.

The Sexual and Gender Identity section elicited an average response rate of 43%. The majority of respondents said they felt supported by friends (89%), followed by support from family at 49%. Online resources, support of another LGBT+ person and counselling/therapy were the next most highly rated forms of support respondents used when they began to identify as LGBT+. These findings are in line with respondents' perceptions about the

existence and usage of supports indicated earlier in the survey. Under 10% of people felt supported by workplaces, educational institutions, sports/hobby groups, mental health support groups and the community/voluntary sector. Just 19 people responded that they were not out and the most identified reason for this was fear of the reactions of others, followed by fear for personal safety. In terms of positive and negative experiences related to sexual and gender identity, friends were rated as the most positive factor (75%), with college/further education rated as very positive or positive by 43%, and the community (37%) and the workplace being rated as positive or very positive by 32%. The negative areas of peoples' experiences were in school and/or with immediate family.

The Life Satisfaction section elicited an average response rate of 43%. Most people agreed that it was more difficult to live in a rural area as an LGBT+ person and that they had to learn to be more resilient because they identify as LGBT+. A majority agreed that they are happier and have more confidence since coming out. Most said they would not feel comfortable showing affection to a partner in public places and just over half had experienced homo/trans phobia while living in Kerry.

83% agreed that they felt accepted amongst friends, while 57% felt accepted within their immediate family. People felt least accepted in the community (23%) and in public places (20%). Respondents indicated that they felt most safe in their homes and online, while feeling least safe in work/education or on public transport.

Improvements for LGBT+ life in Kerry recommended by respondents included the following themes: having a LGBT+ friendly social space, more education and awareness, and more acceptance and visibility of LGBT+ people.

9.0 Conclusions and Recommendations

9.1 Conclusions

Overall the findings from the study show that early experiences of being LGBT+ are typically difficult and were described as being a time of uncertainty and anxiety. It was felt that there was a lack of information and education available about sexuality and gender and there is an ongoing need for this across all sectors of society. There is a need for more opportunities to create conversations about sexuality and gender issues within all levels of the education system. Young people in particular said that they acutely felt the need to be accepted for who they were. There was evidence that, when young people do come out, they are often subject to unwanted attention and commentary from peers in school, in social situations and online.

Current experiences of living in Kerry was described by adults as being positive and the majority feel accepted for who they are. It is notable that transgender visibility is very low in the county and thus the barriers experienced by transgender people are significant and very challenging. The importance of friendship as a source of support was highlighted by respondents in the online survey as well as in focus groups and interviews. People feel most accepted and supported by friends and by immediate family. Online resources are valued as a source of support, although the young people reported that they had experienced bullying and homo/transphobia online. LGBT+ role models were valued by those who had them, but the lack of visibility of such role models was noted. Lack of visibility of LGBT+ overall is seen as a problem, most particularly in the workplace. Living in a rural area was seen as being more challenging for LGBT+ people due to the lack of visibility of LGBT+ others because of lower population levels. Evidence in this research suggests that LGBT+ people have had to learn to be more resilient because of the barriers they experience. Most people agreed that their confidence and happiness increased once they were able to be open about their sexual and/or gender identity.

There was a high level of awareness of services like KDYS and local Family Resource Centres. Those who used services reported being very satisfied with the support they received there. KDYS support groups were hugely valued by the young people who attended them and, while there is no current LGB adult support group in the county, those who had been involved in previous groups found them to be of value. The existence of the WinK network as a social outlet for LGBT+ women and allies is a valuable contribution to the county. The transgender support group is viewed as vitally important to those who attend it, and the need for social interaction with others who are transgender is seen as essential to those who attend. There was less awareness about community and voluntary sector services and mental health support services. Indeed most people agreed that there is a lack of mental health support services and of support groups for LGBT+ people, should they need it. It was felt that there are few social opportunities to meet other LGBT+ people in the county, though not all agreed that they need to socialise with LGBT+ others. The lack of a social space such as a café/bookshop/resource centre was seen as a problem in the county. It was felt by a majority that such a space was needed and would be a welcome addition.

While it was felt that the marriage equality referendum helped to raise visibility for LGBT+ people in Ireland, the people who contributed to this research thought that there is still a distance to be travelled in order for LGBT+ to feel fully accepted in society. The LGBT+ adults felt it was important to have support, especially when coming out. Having access to support and solidarity with LGBT+ others was seen as very important in this regard. Family support was also viewed as being very important. The biggest barrier was a fear of the reactions of others or general fears of being discriminated against. Fears for one's personal safety were cited by many respondents, both in the focus groups and in the online survey. Safety in public places was rated at being low by online respondents. The majority of people involved in this research said they would not feel comfortable showing affection with a partner in a public place. The young people also reported having fears for their personal safety once they come out.

9.2 Recommendations

The following recommendations are made based on the findings of this research. It should be noted that early intervention would result in lower costs to the state as late interventions to address mental health and physical health problems cost more in the long run than community based interventions such as peer support groups, training for teachers etc. The main needs identified by the contributors to the research were:

- the need for increased acceptance and visibility of LGBT+ people, which could be supported by LGBT+ role models;
- the need for more education and awareness about gender and sexuality issues;
- the need for an LGBT+ designated resource centre.

Kerry Solidarity Campaign

A Kerry specific badge campaign should be launched. This could take the form of badges for personal wearing, stickers for buildings such as commercial premises, places of employment, and public buildings (including places of education) that indicated welcoming to and solidarity with LGBT+ people. An simultaneous online component to this campaign could also exist. This campaign could be crowdfunded through online platforms as well as being publicly funded. It should be professionally designed and marketed by a public relations company. An open tender seeking high quality experience in such a campaign would increase the probability of success. Kerry could become a leader in spearheading such a campaign which could then be replicated by other counties.

LGBT+ Role Model Network

Given that the importance of LGBT+ role models was highlighted by this research, it is recommended that this source of support be harnessed so that it is available to people should they require it. A potential route to harnessing this support would be to create a role model network whereby people who are LGBT+ and are interested in becoming role models for others can donate their time to the project. Potential project strands could be delivery of outreach talks to local community groups, schools or youth groups, giving time to offering support in the form of befriending and/or peer support or donating other skills to the project, for example social media skills. Such a network could be set up as an internet platform with clear descriptions of how people could help and sign up to volunteer their

time. There are well established and successful methods of running volunteering programmes which could be replicated for such a project. The project could be established through the network of local Family Resource Centres of which there are 12 in the county. The Family Resource Centre premises could provide a safe space for befriending opportunities and staff hours could be allocated to such a project.

Kerry LGBT+ Virtual Resource Centre

A Kerry LGBT+ resource centre is recommended, though a resource centre with a difference. Given the funding difficulties that would be involved in maintaining an actual resource centre building in a county as geographically extended as Kerry, this Kerry LGBT+ Resource Centre would permanently occupy an online space and maintain an active online presence while periodically travelling to the other Family Resource Centres in the county once a month. Family Resource Centres would take turns hosting the LGBT+ resource space for that one day/evening a month. The host centre would provide:

- Advance promotional information about the LGBT+ Resource Day;
- An allocation of staff hours to help organise the Resource Day;
- Develop a panel of local volunteers to help organise events for the day;
- Invite speakers, performers, artists, health visitors etc. to give talks, demonstrations, teach a skill, deliver a workshop;
- A drop in coffee and chat;
- Meeting rooms for special interest and/or peer support purposes;
- information about LGBT+ interests including health information.

The benefits of such a space would be:

- A social space for people to meet LGBT+ others and allies;
- A visible presence in a local area that over time would attract visitors from adjacent areas rural areas;
- An opportunity for LGBT+ people to donate a skill and/or time; as such, the resource day could be supported with volunteering from the LGBT+ Role Model Network described above.
- A method of delivering education and awareness workshops either in house or on an outreach basis
- A source of peer support to adults and young people
- A source of advice and information for LGBT+ people, families and allies.

Given that a local Family Resource Centre may only host the resource once a year, a sense of occasion could be built about the annual event and the level of organisation would be manageable for the Family Resource Centre. The Family Resource Centre could ensure that it collaborates with any other LGBT+ initiatives in the area; for example, linking with KDYS around projects would be a possibility in order to appeal to LGBT+ young people. Successful inputs could be replicated in other areas and there could be strong cross-fertilisation of ideas.

Promotion of existing services

Services which currently exist which can support LGBT+ adults and young people need to be promoted more widely in places of education, in community projects, and by employers and

public bodies. The LGBT+ support provided by KDYS is very valuable and should be available as an outreach basis across the more rural areas of the county.

Visibility in the workplace

It is recommended that solidarity and welcome for LGBT+ people are made more explicit in the workplace so that visibility and acceptance for LGBT+ people can be increased. Employers could be invited to take part in the Kerry LGBT+ Solidarity campaign in this regard and promotional material could be shared with both public and private employers across the county.

Education and awareness

In light of the frequency and conviction with which study participants spoke about their experiences in the school system, it is recommended that there is a response from this research process that will help provide targeted support within the school system in the county. A potential method of starting this process would be to embed such a response within the student support teams in second level schools in Co. Kerry.

The student support team is part of the student support system in a school. That system encompasses a range of supports that cater for the learning, social, emotional and behavioural needs of students. The Student Support Team (SST) training model currently being developed for provision to Student Support Teams throughout Kerry is being co-ordinated for all schools in Kerry under the auspices of the Kerry Education and Training Board. The training and support model has been collaboratively developed and is delivered across three days with facilitation shared amongst the partner agencies involved. This allows for a sharing of expertise and the meaningful development of relationships. Schools nominate two/three key members of their team to participate in the training on an annual basis. This means that over time a school's entire team will be trained in a consistent approach and develop the necessary relationships with the relevant external agencies. Facilitating agencies include Kerry ETB, NEPS, CAMHS, NCSE, TUSLA, SWC, KACS, JIGSAW and HSE Suicide Prevention.

It is recommended that within this structure the findings of the Kerry research could be brought forward for discussion with a view to progressing a level of understanding, awareness and knowledge with regard to issues facing LGBT students in our schools with a view to formulating a training response for teachers and subsequent schools based response going forward.

Outreach education and awareness needs to be available for any group to access in the county. These workshops could be offered as part of the services of KDYS by the existing youth workers who have LGBT+ issue experience and expertise.

LGBT+ friendly events

General public events should be explicitly advertised and promoted as LGBT+ friendly in order to increase visibility and acceptance of LGBT+ people.

National recommendations

While this piece of research focused on the experiences of LGBT+ people living in Kerry, some findings point to national changes that are needed. These are:

- Funding is required for communities to access education and awareness workshops if this is desired by any interest group or community group.
- There is a need for schools and places of education to have the knowledge and resources to provide LGBT+ information and awareness and educators need training in this regard. Young people need to be given spaces to have conversations about sexual and gender diversity. Ongoing dialogue about these issues is required in order that young people do not feel 'othered' and 'objectified' about their sexual and/or gender identities. The Department of Education and Skills have a resource for schools entitled Being LGBT in School: A Resource for Post Primary Schools to prevent homo phobic and trans phobic bullying and support LGBT students <https://www.education.ie/en/Publications/Education-Reports/Being-LGBT-in-School.pdf>. It is recommended that training in the use of this material is made available to every school so that there is consistency in whether and how it is delivered.

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Appendix A

LGBT+ Services in Co. Kerry

UNDER 18 YEARS

LGBT Support Groups Kerry Diocesan Youth Service. Weekly meetings, various times.
Contact: Oonagh O Sullivan 066 7121674

TRANSFORMERS (Young Trans people under 18 years): Second Tuesday of every month,
Kerry, Adolescent Counselling Centre

18-24 YEARS

LGBT Group: Saturday 12.30-2.30pm Kerry Diocesan Youth Service
Contact Oonagh O' Sullivan 066 71 21674

FAMILIES AND FRIENDS

TRANSPARENTCI : Second Tuesday every month Kerry Adolescent Counselling Centre
Contact: 066 7148883

Listowel Family Resource Centre, Friends of LGBT Group
Contact Bridie Mulvihill) 086-8556431

TRANSKerry (Over 18 years)

Second Friday every month 6-9pm contact facebook TransKerry Support Group 086
7872107

National Supports

BelongTo 01 670 6223 (Monday-Friday from 9am-1pm, 2pm-5pm)

LGBT Hotline Tel: 1890 929 539

TENI (01) 873 3575

Gender Identity Family Support Line 01 9073707, Sundays 6-9pm

WinK Women in Kerry Meet Up group

Social meet ups for LGBT+ women and allies (for example book club, theatre outings,
football, seasonal meals out)

Tralee and Killarney weekly meetings, various times.

Contact: Find WinK on online platform MeetUp.

Appendix B

Interview/focus group schedule for adults

Introduction

I'm carrying out a piece of research entitled Living in Kerry: An LGBT+ perspective. The research is commissioned by Listowel Family Resource Centre, with the support of the HSE and KDYS. The aim of the research is to document people's experiences of being LGBT+ and living in rural areas, villages and towns in Co. Kerry. The research is focused on finding out about peoples' experiences in terms of living in the community, their experiences in education/employment, social lives, health and well-being. By establishing what people's experiences are, the report will highlight recommendations that will aim to support the LGBT+ community living in Co. Kerry.

1. I want to ask about your experiences of living in Kerry while identifying as LGBT+.

Could you give me an idea of what that is like?

Probe: positive or negative experiences of being accepted, of coming out/being out.

If you needed support were you able to get it? From whom/what service?

2. Social/Community

I want to ask you about your community, this can be your community near your home, or other communities that you are a part of?

Have you ever felt exclusion because of identifying as LGBT+?

Can you give some examples?

Have you been accepted as LGBT+? Can you give me some examples?

Do you think that living in a county like Kerry which does not have big urban centres affects the experience of identifying as LGBT+? In what way?

Is this changing?

What changes do you see?

Why do you think this is?

3. Healthcare

Are there any difficulties in relation to provision of health care for people identifying as LGBT+? (eg. Mental health, GP care). Probe: Do GPs/healthcare professionals assume you are heterosexual? Is this challenging?

4. Psychological/Emotional

Do people in the LGBT+ require specific psychological/emotional support? in the community? In the county?

Do you think they get this support? If not, what are the gaps?

5. Barriers

Are there barriers for you in your community as LGBT+ person?
Did you have barriers in any of your education experiences?

6. Safety

Do you feel safe as a person living in Kerry?
If not, can you tell me why not?

7. Outcomes

What improves for you when your needs are met/when you are accepted?

8. Recommendations

Do you have any recommendations as to how things could be improved to increase visibility and acceptance of LGBT+ people in Kerry?

As part of this research a survey is being designed which will be sent out to lots of people in the county. We want to find out about the experiences of people identifying as LGBT+ in the county. Is there anything else that you would think it's important to ask apart from what we have discussed already?

Appendix C

Focus group schedule of questions for young people

Introduction

I'm carrying out a piece of research entitled Living in Kerry: An LGBT+ perspective. The research is commissioned by Listowel Family Resource Centre, with the support of the HSE and KDYS. The aim of the research is to document people's experiences of being LGBT+ and living in rural areas, villages and towns in Co. Kerry. The research is focused on finding out about peoples' experiences in terms of living in the community, their experiences in education/employment, social lives, health and mental well-being. By establishing what people's experiences are, the report will highlight recommendations that will aim to support the LGBT+ community living in Co. Kerry.

1. I want to ask about your experiences growing up as a young person identifying as LGBT+ in Co Kerry.

Could you give me an idea of what that is like?

Probe: positive or negative experiences of being accepted, of coming out/being out. If you needed support were you able to get it? From whom/what service?

2. Social and community

I want to ask you about your community, this can be your school community, your community near your home, or other communities that you are a part of?

3. Exclusion and acceptance

Have you ever felt exclusion because of identifying as LGBT+?

Can you give some examples?

Have you been accepted as LGBT+? Can you give me some examples?

4. Rural context

Do you think that living in a county like Kerry which does not have big urban centres affects the experience of identifying as LGBT+? In what way?

Is this changing?

What changes do you see?

Why do you think this is?

5. Psychological/Emotional

What type of psychological/emotional support do LGBT young people specifically require? in the community? In the county?

Do you think they get this support? What are the gaps?

6. Barriers

What are the barriers for you in your community as a young LGBT+ person?

Did you have barriers in your school experience?

7. Safety

Do you feel safe as a young person living in Kerry?

If not, can you tell me why not?

8. Outcomes

What improves for you when your needs are met/when you are accepted?

9. Recommendations

Do you have any recommendations as to how things could be improved to increase visibility and acceptance of LGBT+ people in Kerry?

As part of this research a survey is being designed which will be sent out to lots of people in the county. We want to find out about the experiences of people identifying as LGBT+ in the county. Is there anything else that you would think it's important to ask apart from what we have discussed already?

Appendix D

Focus group schedule of questions for Transgender adults

Introduction

I'm carrying out a piece of research entitled Living in Kerry: An LGBT+ perspective. The research is commissioned by Listowel Family Resource Centre, with the support of the HSE and KDYS. The aim of the research is to document people's experiences of being transgender and living in rural areas, villages and towns in Co. Kerry. The research is focused on finding out about peoples' experiences in terms of living in the community, their experiences in education/employment, social lives, health and well-being. By establishing what people's experiences are, the report will highlight recommendations that will aim to support the LGBT+ community living in Co. Kerry.

1. I want to ask about your experiences of living in Kerry while identifying as Transgender.

Could you give me an idea of what that is like?

Probe: positive or negative experiences of being accepted, of coming out/being out.

If you needed support were you able to get it? From whom/what service?

2. Social/Community

I want to ask you about your community, this can be your community near your home, or other communities that you are a part of?

Have you ever felt exclusion because of identifying as Transgender?

Can you give some examples?

Have you been accepted as transgender? Can you give me some examples?

Do you think that living in a county like Kerry which does not have big urban centres affects the experience of identifying as Transgender? In what way?

Is this changing?

What changes do you see?

Why do you think this is?

3. Healthcare

Are there any difficulties in relation to provision of health care for people identifying as Transgender? (e.g. Mental health, GP care). Probe: Do GPs/healthcare professionals assume you are heterosexual? Is this challenging?

4. Psychological/Emotional

Do people in the Transgender require specific psychological/emotional support? in the community? In the county?

Do you think they get this support? If not, what are the gaps?

5. Barriers

Are there barriers for you in your community as Transgender person?

Did you have barriers in any of your education experiences?

6. Safety

Do you feel safe as a Transgender person living in Kerry?

If not, can you tell me why not?

7. Outcomes

What improves for you when your needs are met/when you are accepted?

8. Recommendations

Do you have any recommendations as to how things could be improved to increase visibility and acceptance of Transgender people in Kerry?

As part of this research a survey is being designed which will be sent out to lots of people in the county. We want to find out about the experiences of people identifying as Transgender in the county. Is there anything else that you would think it's important to ask apart from what we have discussed already?

Appendix E

Online survey questionnaire

Link to online survey

<https://www.surveymonkey.com/r/V6NNYDN>

Appendix F

Family Resource Centre Contact Information

Family Resource Centres: Included in the National Family Resource Centre Programme

Listowel Family Resource Centre, 068-23584

famcenlis@gmail.com

www.listowelfrc.ie

Duagh Family Resource Centre, 068-45333

duaghfamilycentre@gmail.com

www.duaghfamilycentre.ie

Buds Family Resource Centre, Ballyduff 066-7148883

buds1@eircom.net

Kerryhead/Ballyheigue Family Resource Centre, 066-7116961

ballyheiguefrc@gmail.com

www.ballyheiguefrc.ie

Shannow Family Resource Centre, Abbeydorney/Kilflynn, 066-7198018

shannowfrc@eircom.net

www.shannowfrc.com

Shanakill Family Resource Centre, Tralee, 066-7127831

shanakillfrc@eircom.net

www.shanakillfamilyresourcecentre.com

St. Brigids Family Resource Centre, 066-7128521

stbrigid1@eircom.net

Ballyspillane Family Resource Centre, Killarney 064-663589

ballyspillanecfrc@gmail.com

Maine Valley Family Resource Centre, Castlemaine, 066-9767833

mainevalleyfrc@eircom.net

www.mainevalley.ie

Killorglin Family Resource Centre, 066-9762933
killorglinfamilycentre@gmail.com
www.killorglinfrc.com

Kenmare Family Resource Centre, 064-6642790
info@kenmarefrc.ie
www.kenmarefrc.ie

South West Kerry Family Resource Centre, Cahersiveen 066-9481000
swkerryfrc@eircom.net

The Caha Centre, Adrigole, Beara, 027-60909
thecahacentre@gmail.com

Other Family Resource Centres (funded locally)

Castleisland Family Resource Centre, 087-7553066 castleislandfrc@gmail.com

Áiseanna na hÓige, Dingle 066-9152889 eolas@aiseannanahoige.ie
www.aiseannanahoige.ie

Appendix G

List of Terms²

Bisexual is a term used to describe someone who is sexually, emotionally and romantically attracted to both men and women.

Biphobia is prejudicial or discriminatory attitudes and/or behaviour directed at bisexual people, whether intended or unintended.

Bi-erasure is ignoring, removing, or re-explaining the evidence of bisexuality.

Cisgender is a term used to describe an individual's gender when their experiences of their gender correspond to the biological sex they were assigned at birth.

Coming out is a process that involves a lesbian, gay, bisexual, transgender or intersex person developing an awareness of an LGBT* identity, accepting their sexual orientation or gender identity, choosing to share the information with others and building a positive LGBT* identity (King & Smith 2004). It not only involves coming out, but staying out and dealing with the potential challenges that one might encounter as an LGBT* person.

Demi-gender is a gender identity that involves feeling a partial, but not a full, connection to a particular gender identity. Demi-gender people often identify as gender non-binary. Examples of demi-gender identities include demi-girl, demi-boy, and demi-androgyne.

Families of choice, or 'friendship families', refer to social networks outside of one's family of origin, which have been highlighted as playing a larger role in the lives of LGBT people when compared to heterosexual people.

Female-to-Male (FTM) Transgender refers to a person assigned 'female' at birth but who identifies as male.

Gay is a term traditionally used to describe a man who is sexually, emotionally and romantically attracted to other men. While the term 'lesbian' is typically used to describe women who are attracted to other women, many women with same-sex attractions self-identify as 'gay'.

Gender fluid refers to a person who does not feel confined by the binary division of male and female.

Gender identity refers to a person's deeply-felt identification as male, female, or some other gender. This may or may not correspond to the sex they were assigned at birth.

Related to this is **gender expression** which is the external manifestation of a person's gender identity. Gender can be expressed through mannerisms, grooming, physical characteristics, social interactions and speech patterns.

Gender dysphoria is the formal diagnosis used by psychologists and psychiatrists to describe transgender people who experience significant distress with the sex and gender they were

² LGBTIreland report, 2016

assigned at birth. A diagnosis of gender dysphoria does not imply mental illness but rather is used as grounds for a person to access medical treatment such as hormones and surgery.

Gender non-binary is an umbrella term for gender identities that fall outside the gender binary of male or female. This includes individuals whose gender identity is neither exclusively male nor female, a combination of male and female, or between or beyond genders. Similar to the usage of transgender, people under the non-binary umbrella may describe themselves using one or more of a wide variety of terms (e.g. androgynous, gender fluid, genderqueer, gender variant).

Gender reassignment surgery refers to a variety of surgical procedures by which the physical appearance and function of existing sexual characteristics and/or genitalia are altered to resemble that of another sex.

Heteronormative, or the 'heterosexual norm', refers to the assumption that heterosexuality is the only sexual orientation. It is closely related to 'heterosexism' (see below) and can often cause other sexual orientations to be ignored and excluded.

Heterosexual is a term used to describe someone who is sexually, emotionally and romantically attracted to a person of the opposite sex.

Heterosexism is the assumption that being heterosexual is the typical and 'normal' sexual orientation, with an underlying assumption that it is the superior sexual orientation. This assumption often results in an insensitivity, exclusion or discrimination towards other sexual orientations and gender identities, including LGBT.

Homophobia is prejudicial or discriminatory attitudes and/or behaviour directed at gay men or lesbian women, whether intended or unintended.

Internalised homophobia is the emotional and cognitive internalisation of homophobia, heterosexism and heteronormativity by lesbian, gay and bisexual people, which has a negative impact on their self-concept and self-esteem. It can be recognised or unrecognised by the individual but has been found to lead to struggle and tension, sometimes severe, for a person when dealing with their sexual orientation.

Intersex stands for the spectrum of variations of sex characteristics that occur within the human species. It is a term used to describe individuals who are born with sex characteristics (chromosomes, genitals, and/or hormonal structure) that do not belong strictly to male or female categories, or that belong to both at the same time. 'Intersex' also stands for the acceptance of the physical fact that sex is a spectrum and that people with variations of sex characteristics other than male or female do exist.

Lesbian is a term used to describe a woman who is sexually, emotionally and romantically attracted to other women.

Lesbian/gay female is a term used in this study to denote the manner in which women self-identified. Some women identified as lesbian and others as gay, and as these groups were combined for the purpose of analysis, the term 'lesbian/gay female' is used throughout the report.

LGB is an acronym for ‘lesbian, gay and bisexual’.

LGBT is an acronym for ‘lesbian, gay, bisexual and transgender’.

LGBT* is an acronym for ‘lesbian, gay, bisexual, transgender and intersex’.

LGBT*-friendly refers to services, programmes, groups and activities which recognise, are inclusive of and welcoming to LGBT* people.

LGBT*-specific is a term used to describe services, programmes, groups and activities that are aimed at and cater specifically to LGBT* people.

Mainstream is a term used to describe services, programmes, groups and activities which are aimed at the general population.

Male-to-Female (MTF) Transgender refers to a person assigned ‘male’ at birth but who identifies as female.

Minority stress is based on the premise that LGBT* people, like members of any minority group, are subject to chronic psychological stress due to their group’s stigmatised and marginalised status in society. While LGBT* people are not inherently any more prone to mental health problems than other groups in society, coping with the effects of minority stress can be detrimental to LGBT people’s mental health.

Pansexual is sexual attraction toward people of any sex or gender identity.

Self-harm refers to the act of harming oneself in a way that is deliberate but not intended as a means to end their life. Examples of self-harm include cutting, scratching, hitting, or ingesting substances to harm oneself.

Sexual orientation refers to an enduring pattern of emotional, romantic or sexual attraction to men, women or both. It includes a wide range of attractions and terms, the most common being gay, lesbian, bisexual and heterosexual. People who do not experience attraction to any sex may define themselves as asexual.

Transgender is an umbrella term referring to people whose gender identity and/or gender expression differs from conventional expectations based on the gender they were assigned at birth. This can include people who self-identify as transsexual, transvestite, cross-dressers, drag performers, genderqueer, and gender variant. Transgender is commonly abbreviated to trans.

Trans boy/man is a person who was assigned female at birth but who identifies as male or lives as a boy/man. Some trans men make physical changes through hormones or surgery; others do not.

Trans girl/woman is a person who was assigned male at birth but who identifies as female or lives as a girl/woman. Some trans women make physical changes through hormones or surgery; others do not.

Transphobia is prejudicial or discriminatory attitudes and/or behaviour directed at people who are transgender, transsexual, or people whose gender identity or gender expression differs from the traditional binary categories of ‘male’ and ‘female’, whether intended or unintended.

Transitioning is the process through which a person takes steps to live in their preferred gender. This can include changing appearance, mannerisms, name/ pronouns, legal documentation, and other personal, social, and legal changes. This may also include undertaking hormone replacement therapy, gender reassignment surgery and/or other treatments such as electrolysis, feminisation or masculinisation surgery and therapeutic support.

Appendix H

Examples of Best Practice

In this section we review other initiatives that support LGBT+.

3.1 The Proud Trust

UK based “life saving and life enhancing organisation” that helps young people empower themselves to make a positive change for themselves and their communities.

Activities

Youth groups, peer support and the provision of the LGBT Centre for Manchester, training and events, campaigns, and undertake research to help improve the lives of LGBT+ young people. They provide an extensive range of learning opportunities for children, young people and professionals to gain a greater awareness and understanding of lesbian, gay, bisexual, trans and other (LGBT+) identities.

3.2 LGBT youth Scotland

LGBT Youth Scotland works to build the capacity of professionals to meet the needs of LGBTI young people; to influence decision makers and to improve LGBTI visibility in Scotland.

Activities

Key programmes focused on schools and teachers, policy influencing, domestic abuse, the co-ordination of LGBT History Month in Scotland, research and consultations with and for LGBTI young people, respond to Scottish Government consultations, Sset-up youth commissions to investigate topics that affect young people’s lives, develop and support young people to get involved in campaigns, create opportunities for young people to meet decision makers, advise GP practices on how to be LGBT friendly.

3.3 The Canadian government

The government in Canada (2018) is funding initiatives in recognition of the harmful impacts of homophobia, transphobia and biphobia

Activities

LGBTQ2 peer conversations about the lived experience of homophobia, transphobia, and biphobia and how to build resiliency within LGBTQ2 communities, peer-led crisis support

for LGBTQ2 communities, community education sessions on the impacts of homophobia, transphobia, and biphobia and how to address them collectively.

3.4 COC Netherlands

COC Netherlands is a federation that has been advocating the rights of lesbian women, gay men, bisexuals and transgenders (LGBT's) since 1946. COC strives for the decriminalization of sexual orientation and gender identity and for equal rights, emancipation and social acceptance of LGBT's in the Netherlands and all over the world. COC is one of the few LGBT organizations that has a special consultative status with the United Nations.

Activities

Programmes focused on youth & school, 50+, safety, culture & religion and international issues, has 21 local associations ensuring strong footprints across the country. The method of working is described as *inside-out*: in that they support coalitions of LGBT's and straight people and empower them to make a change from within their own communities or organisation. They believe that this power from within ultimately has a stronger effect than a top down approach. They state that more is accomplished when LGBT's and straight people act together the fight for emancipation, social acceptance and equal rights. Group activists called *Frontliners* play a key role in the inside-out approach.