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This very important report marks a milestone in the lives of Lesbian, Gay, Bisexual and Transgender people in the West of Ireland.

Life for lesbian and gay people in Ireland has improved significantly in the past twenty years. The Irish Government has been at the forefront internationally in terms of providing protections for lesbian and gay people. This progress has continued with the commitment of this Government to legislate for same-sex couples by the publication of Heads of a Bill for a comprehensive Civil Partnership scheme and a commitment to enact the necessary legislation.

While this progress in being made however the reality for a significant but thankfully reducing number of people is that they seek to hide their sexual orientation for fear of negative reactions from society in general. The report also draws attention to the need for research on the particular needs of transgender people.

Many LGBT people feel isolated and socially excluded. Isolation and social exclusion are linked to poorer health, lower educational attainments, lower economic success and lower degrees of happiness and fulfilment. Conversely, embracing diversity is known to have proven effects on the individual and larger community.

This very important piece of research contains evidence of the realities faced by LGBT people in the region. It is my hope that this will result in a more inclusive society here in the West of Ireland, where being lesbian, gay, bisexual or transgender will no longer result in experiencing discrimination or isolation.

LGBT people are an important part of our community and it is appropriate that we look at ways of improving their greater participation in our society.

Tá súil agam go gcuirfidh an tuairisc seo le comhthuisiscint agus comhchaidreamh.

Éamon Ó Cuív TD.,
Minister for Community, Rural and Gaeltacht Affairs.
Acknowledgements

The authors are very grateful to all the research participants who either filled out the survey and/or who gave so generously of their time in focus groups to share honestly their experiences and opinions. Thanks also to the many organisations who completed and returned surveys and to the community groups and one individual who put considerable time into comprehensive and valuable submissions. We hope that this research is reflective of these contributions.

In addition, the authors are grateful to members of the research advisory group who took time to give feedback on the various drafts and research tools throughout the process and to Gay HIV Strategies (an initiative of GLEN – the Gay and Lesbian Equality Network) who coordinated the research project. We are also grateful to a number of people outside the region who took the time to pilot the online survey and give us valuable feedback.

Our gratitude is also extended to members of LGBT West*, the Research Advisory Group**, OUTWest, Bród Ireland, the LGBT Youth group in Galway, Galway City VEC, Roscommon Partnership, HSE West and AIDS West who provided much assistance in promoting and resourcing the research.

Finally, we particularly want to thank John Burrows, for being so generous in his invaluable advice and support, and for all his work in developing the online survey and website, processing the data, and assisting us with the statistical analysis.

Caitríona Gleeson & Máire McCallion
May 2008

* Membership of LGBT West:
  AIDS West, City of Galway VEC, Co. Galway VEC, Cumas Teo, Galway City Council, Galway City Partnership, Galway Rural Development, Gay in Galway Society, Gay HIV Strategies, HSE West, Mayo County Council, Roscommon County Council, OUTWest, Roscommon Partnership, Roscommon VEC, S/W Mayo Development Co, Western Region Drugs Task Force, West Training & Development Ltd.

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While every effort has been made to ensure that the information contained in this report is accurate, no legal responsibility is accepted by the authors for any errors or omissions.
Executive Summary

This research was conducted to assess the needs of the Lesbian, Gay, Bisexual and Transgender (LGBT) population in counties Galway, Mayo, and Roscommon. The research examined LGBT needs in relation to; social exclusion, social and networking opportunities and access to facilities and support services including; health, education, and community development. A mix of qualitative and quantitative methods were used including focus groups, an online survey, a written survey of service providers and an analysis of written submissions from two community groups and one individual. One hundred and thirty-two eligible respondents completed the online survey. Thirty-one people participated in the focus groups. Twenty-nine out of forty-three services returned completed questionnaires.

Key findings

Equality and Social Supports

69% of survey respondents had experienced some form of discrimination because of their sexual orientation. Fifty per cent of those who had experienced discrimination were verbally abused and twenty per cent had been physically attacked. The extent and nature of discrimination reported by respondents is of extreme concern. The impacts of discrimination can range from isolation and social exclusion to psychological distress, unemployment, poverty and a poor quality of life.

Irish legislation generally provides for protection of LGBT people in employment and through the provision of goods and services. From existing literature, it is evident that attitudes to the LGBT population have greatly improved (Irish Examiner, 2006) however, in order to address the serious levels of discrimination there needs to be systematic and societal changes to how LGBT people are treated and included in Irish society. Research shows that people who experience discrimination may also experience social exclusion or be at risk of same (GLEN/Nexus 1995; CPA, 2006). Discrimination can also impact on a person’s health and general well being (Dean et al 2000).

Almost 90% of the online survey respondents always or sometimes felt isolated because of their sexual orientation. Participants described either previous or current isolation in terms of the fears that they held about others finding out they were LGBT. There is significant need for social support, information provision and visible inclusion of LGBT lives across social, cultural, educational and economic spheres. The high levels of discrimination and isolation experienced by research respondents highlights the need for all social inclusion programmes to recognise the impact of anti-gay bias and hostility and develop responses to address LGBT social exclusion.
Social Networking

*Half of the respondents said that their sexual orientation had stopped them sometimes or always from taking part in social activities in their local communities.* This research also found a high level of need for a variety of LGBT specific social outlets and supports to build confidence and encourage social networking. Over eighty six per cent of survey respondents stated that they would access LGBT social events if they were available to them. The nature of these supports varies depending on the individual, in terms of both their experience and extent of coming out. *Half of the survey respondents stated that they would use a coming out support group if it was available to them.*

The provision of more formalised contact points in the form of a LGBT resource centre/café with meeting areas, a central information point and a befriending/coming out support group were identified as possible solutions to breaking isolation and creating a sense of community and social networking in Galway City. In Roscommon and Mayo most of the respondents from the online survey and participants in focus groups identified the need for a LGBT drop in centre and meeting place in Castlebar, which they felt could run an outreach support service throughout Mayo and Roscommon.

A number of rationales for having a resource centre/café or a drop in centre were described by participants. These broadly fell under the following themes:

- providing support for people coming out
- providing up to date information and support to all LGBT people
- being a central visible focal point for both the LGBT population and the broader community
- providing a physical venue for meetings, events, courses, special interest groups
- providing a regular social element such as a café to break isolation and offer opportunities for people to meet other LGBT people
- provide training and awareness raising for other service providers including state agencies
- provide LGBT-centred services such as a GP for those people who do not feel confidence in their own GP’s understanding of LGBT issues.
- Provide a space where specific support groups could be operated and which would support the needs of transgender people, young and older people and LGBT parent supports.
- In terms of meeting social needs in a more immediate way (as many participants felt that it could take time to get a resource centre established) suggestions included providing an up to date website with information about LGBT events and activities and the organisation of social events, which will not all be centred around alcohol.
Lack of information is a barrier to accessing services. Many participants described the importance of information provision for four main reasons:

**Networking** - To let LGBT people know on a regular basis about different events and services available. This is crucial in terms of isolated people and the rest of the population having access to up to date, inclusive and appropriate information.

**Rights** - To inform LGBT people about their rights regarding equality legislation

**Visibility** – Seeing information about LGBT events, services and issues can help break the isolation which many LGBT people may experience.

**Inclusion** - Where general services are seen to display LGBT information this can provide an indicator to a person of the openness of the organisation to LGBT people.

A considerable amount of community development work needs to be resourced in order to respond to the extensive gaps that have been identified by participants in terms of social networking supports. In particular, there needs to be investment in predevelopment work to increase LGBT volunteering and enhance community leadership.

The importance of legislating for same sex partners and LGBT families was highlighted by both focus group participants and online respondents. The equal recognition of same sex couples with heterosexual couples was seen as an important social change in order to achieve a greater equality for all LGBT people in Ireland.

**Community**

*There was a very low level of awareness and use of general community services by research participants.* Many of these community organisations while expressing a willingness to engage with the LGBT population had in most cases not done so as part of their planning or consultation processes and many were unsure of how to engage with the LGBT population. However, the majority of services surveyed (sixty seven per cent) completed the questionnaires and some of the Family Resource Centres (FRCs) and Community Development Programmes (CDPs) indicated that they had been involved in developing an LGBT code of practice with West Training, the Regional Support Agency. At the same time some of these and other respondents reported that the LGBT population was not currently a target group. A number of services referred to the fact that they were working with other marginalised target groups e.g. Travellers, other ethnic minorities, and women. This type of response did not demonstrate awareness that LGBT people are a part of all marginalised population groups. All organisations should ensure that service provision is consistently conducive for LGBT people to feel safe to be open about their sexual orientation. Responses need to be based on principles of respect and equality and free from presumptions of heterosexuality.

**Health**

*50% of participants were presumed heterosexual in health care.* A cross cutting theme in relation to health service provision was participants experience of being presumed heterosexual. The results of the online survey showed that half of respondents reported having been assumed heterosexual by their family doctor. This was consistent with previous
research which found that heterosexuality is often assumed and that health professional’s lack of knowledge about someone’s sexual orientation may prevent them from delivering the best outcomes (Neville & Hickson 2005).

Participants also described the need for creating more visibility and providing information and leaflets in waiting rooms. Positive experiences in accessing health services were described by some focus group participants. Examples were outlined of how their health professionals treated them ‘normally’ taking into account any differences regarding their sexual orientation, when relevant. However, a number of participants also described how health professionals reacted negatively to disclosure. This was a cause of stress and anxiety for the participants in question; in some incidents it discouraged the participants from returning to the service. A recent HSE document (HSE, Feb 2008) recommends the development and implementation of training and awareness programmes for all staff (p 12).

In the UK good practice guidelines for health professionals have been developed to respond to the needs of LGBT users and their families (UNISON, 2004 and NHS 2005). There is a need for all health professionals to ensure that they do not presume heterosexuality as this could unwittingly exclude LGB people. Existing good practice guides could inform future staff training programmes.

Fewer LGBT people consider themselves to have good mental health. Sixty eight per cent of the respondents to the online survey considered themselves to have very good or quite good mental health. This contrasts with the Western Health Board study where eighty five per cent of the general population consider themselves to have very good or quite good mental health (Evans & Jones 2001) A number of participants described the need for counsellors and therapists to have training to raise their awareness of LGBT issues and experiences.

A majority (86%) of online respondents rated their sexual health as very good or quite good. Half of those who felt it would be relevant to them said they would participate in sexual health awareness workshops. A lot of focus group participants raised concern about what they perceived to be an emerging complacency towards safe-sex practices amongst younger men. There was a considerable gender distinction in relation to STI checkups. Some online respondents commented on the satisfaction they had with the existing clinics with the exception of some of the waiting areas, which one respondent claimed would prevent him from returning again. Health promotion initiatives should focus on sexual well-being in addition to addressing STIs.

One in two of the online respondents reported having a smear test in the past three years. Of a specific target age group of women for regular smear tests (26–44 years), 55% had a smear test in the past three years. A number of women across the focus groups revealed how they were misinformed by their GP who told them that they did not need smear tests because they were lesbian. This is consistent with the literature (O’Hanlon in Equality Authority 2002). Clearly there is need for clarification among GP’s in relation to the needs of lesbian women to have smear tests. The National Cervical Screening Programme should ensure that all health service providers are aware of the importance of smear tests for lesbian women.
Levels of smoking, alcohol and drugs use appear to be significantly higher in the LGBT population. A higher prevalence of smoking, alcohol consumption and use of recreational drugs (over lifetime, past year and past month) was reported by the online survey respondents when compared with current national prevalence studies (Kelleher et al 2003, NACD 2008). In existing research literature there are mixed findings when comparing these health behaviours with heterosexual populations. Some of the differences in findings may be related to the sampling methods. Those studies that show a difference have tended to use convenience sampling. Results from this research should be interpreted with caution as this was not necessarily a representative sample. However, findings are consistent with other LGBT studies for smoking and drugs. There is discrepancy in the literature regarding elevated alcohol consumptions, particularly for men. Further detailed studies are necessary to investigate causal factors and effects of alcohol consumption amongst the LGBT population. In addition, future national prevalence studies should explicitly include sexual orientation. However, provision of targeted services to the LGBT population should not be dependent on elevated levels of consumption but should be consistent with the delivery of services which meet the needs of the LGBT population.

Adult Education

Only 9% of respondents took part in adult education programmes. Participation in adult education is low with very few focus group participants or online respondents having participated in adult education programmes and initiatives. Of those that had experience of adult education, some indicated that their sexual orientation was not relevant to the content of the courses. However, it would have prohibited them from fully engaging in the social and group dimension of adult learning. In a few cases participants indicated that they did not finish an adult education course because of homophobic comments made by course participants which were not challenged by the course tutors/lecturers.

In addition, a significant number of focus group respondents spoke of their negative experiences of being an LGBT person in post primary education. As with all adult learners it is likely that previous learning experiences from primary and second level education will influence their participation in lifelong learning. There is a need for all education providers, including community organisations, to ensure that the adult education learning environment is conducive to respect and inclusiveness in the content, delivery and culture of the courses. Further research may be warranted to consider why there is such a low level of participation by the LGBT population in adult education.

Summary of Needs

The needs of the LGBT population in the region are summarised in five sub-sections:

- Social networking and support
- Service provision and planning
- Health
- Transgender specific
- Education
Social Networking and support
It is recognised that a number of groups already exist to provide networking and socialising opportunities; however the following gaps have been identified:

Many respondents reported experiencing isolation and discrimination both of which need critical attention. Sustainability in community-led supports for the LGBT population is a critical issue requiring planned resourcing and partnership. There is a need for social activities that are not based on alcohol and creative initiatives to provide support for people who are geographically isolated and who may have fears about their sexual orientation or gender identity being disclosed. There are specific needs of sub-groups in the LGBT population such as women, people with disabilities, transgender people, people from minority ethnic groups, parents, older people, recognising that some LGBT people experience multiple discrimination and require proactive initiatives to promote social inclusion. Young LGBT people in Roscommon and Mayo would benefit from the successful initiatives for LGBT young people developed in Galway city. There is a general need for information targeting LGBT people as well as promoting their visibility. The need for LGBT-focused spaces and resources, including LGBT resource centres was also identified.

Service provision and planning
The inclusion and identification of LGBT people as a target population in the planning and delivery of community, health, educational and social service initiatives and programmes is key to addressing the social exclusion and discrimination reported in this study. There is a need to address assumptions of heterosexuality and the lack of inclusive imagery and messaging from service providers as this can reduce the appropriate effectiveness of services. There is also a need to monitor the targeting and take-up of services by LGBT people.

Health
There is a need for further research on the apparent prevalence, impacts and causal factors of smoking, alcohol and drug using behaviour in the LGBT population. Specific health promotion initiatives for this population are also needed. Lesbian and bisexual women and healthcare service providers need relevant information promoting uptake of cervical screening services. Health professionals need appropriate training on the health needs of the LGBT population.

Transgender
Further research is needed to identify the specific needs of transgender people in the region. Information on support services to transgender people and basic information on transgender issues for service providers were also identified as critically needed.

Education
The low take-up of adult education services by the LGBT population indicates the need for initiatives to encourage LGBT people to engage in adult learning.
Summary of Recommendations

Research participants identified a broad range of needs to be addressed in order to enhance LGBT social inclusion, reduce discrimination and ensure an equality of access for LGBT people to health, adult education and community services.

In order to address the low levels of community supports, high levels of isolation and discrimination and the barriers to accessing services experienced by the research participants, it is recommended that:

- Community development is carried out to generate active, accessible and sustainable LGBT community infrastructures, in both Galway City and in other areas throughout Mayo, Roscommon, and Galway.
- Resource spaces are established to coordinate social networking opportunities and provide access to information and supports for all LGBT people in the region. Responses should be tailored to the range of support needs and diversity of the LGBT population, as well as catering for the geographical distinctiveness of other areas and Galway City.
- Mainstreaming LGBT issues across all service provision agencies is key. All agencies should ensure that service provision is consistently appropriate and accessible for LGBT people to feel safe to be open about their sexual orientation and/or gender identity. Responses need to be based on principles of respect and equality and free from presumptions of heterosexuality. LGBT people should be included in planning, consultation, service development, data collection, monitoring and evaluation. The LGBT population needs to be recognised as a target group in all social inclusion initiatives and programmes.
- Up to date information on all LGBT matters is publicly available. It is important that information about LGBT supports and needs is included in relevant information provision to the public.
- LGBT visibility should be increased by the range of stakeholders involved in service provision and employment. LGBT people should be supported to be confident and open about their sexual orientation (or gender identity if appropriate) recognising the impact on quality of life for LGBT people.
Introduction

Research Overview

This is a report of the research conducted into the needs of the Lesbian, Gay, Bisexual and Transgender (LGBT) population in Galway, Mayo and Roscommon. The report was commissioned by Gay HIV Strategies in collaboration with the newly established LGBT West network of statutory and community organisations in Galway, Mayo and Roscommon.

The research intends to present a greater understanding of the community development needs of the LGBT population and identify gaps in service provision arising from actual or perceived discrimination or lack of awareness. This research will provide evidence to the LGBT West Network to inform future planning and responses. It is also intended that this research will give members of the LGBT population strong and reliable data with which the community can seek to access any necessary support or funding that they may require to progress LGBT inclusion and equality.

Scope of the Study

The aim of this research project was to conduct a needs analysis of the LGBT population in Galway, Mayo, and Roscommon, which focused on: social exclusion, social and networking opportunities and accessing of facilities and support services including health, education, and community development.

The sample involved was an opportunistic sample rather than a representative sample of the LGBT population. This type of sampling was used due the diverse and hidden nature of the LGBT population. The service providers surveyed in this research included HSE West, Galway, Roscommon, and Mayo VECs, Partnership Companies, Local Authorities, Family Resource Centres and Community Development Projects.

Report Structure

Section 1 describes the research methods and processes used to conduct the research. Section 2 examines research, policy reports and other academic literature relating to equality, discrimination, social inclusion, social policy, community development, health and education, with a specific focus on the Lesbian, Gay, Bisexual and Transgender (LGBT) population. Section 3 details the findings from both the focus groups and submissions received from community groups and one individual. Section 4 describes the results from the online survey and chapter five analyses the findings from the services survey. Section 6 discusses the research findings and conclusions and finally, Section 7 outlines the research recommendations.
Section 1 - Research Methodology

This research was conducted using a mix of qualitative and quantitative approaches for data collection. The research methods included a literature review, an online survey of the LGBT population, semi-structured focus groups, a written survey of service providers and an analysis of written submissions from LGBT community groups and one individual.

The literature review examined secondary information from existing research and policy documents in order to build on evidence from elsewhere in this country and internationally. This secondary research was also used as a benchmark for developing recommendations for best practice responses.

An online survey was developed and piloted with LGBT people outside the region and members of the research advisory group (RAG). Feedback was analysed and amendments were made as suggested. The questionnaire consisted mainly of closed questions, as well as some options for open ended responses. The questions were designed to ascertain participant’s experiences and needs in relation to; gender identity, sexual orientation, discrimination, social outlets and supports, health and health services, community services and adult education. The questionnaire was accessible through www.lgbtwest.ie. An information sheet at the start of the survey provided the respondent with all details relating to the survey\(^1\). Survey respondents were required to give their informed consent to participate in the survey, which included a declaration that they were over 18 years old. The decision to only survey persons over 18 was made based on advice from the Ombudsman for Children’s Office (OCO). Paper versions of the questionnaire were available by request. A total of 3 paper versions were sent out and 2 were completed and returned. The survey was available online for 10 weeks. The questionnaire was analysed using the statistical package SPSS.

Focus groups were set up as facilitated group interviews where both the researchers and participants stimulated the discussion. One researcher facilitated the discussions and the second researcher both observed and took a written record. The focus groups were recorded in audio format. The focus groups were semi-structured around a design\(^2\) which was based on the findings from the literature review and the research terms of reference. The topic areas covered included participants experiences and needs in relation to social networking, experiences of discrimination, and access to health, community and adult education services and supports. Participants were encouraged to identify their experiences, needs and solutions to meeting these needs in relation to the topics being researched. Written informed consent was obtained by participants at the start of each focus group. 26 of the 30 participants filled in equality monitoring forms\(^3\). The audio tapes were transcribed and subsequently analysed using a coding method to identify emerging and dominant themes. As was anticipated the focus groups allowed for greater numbers of

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1 Appendix no 1: Participant Information Sheet
2 Appendix no 2: Focus Group Design
3 Appendix no 3: Monitoring form
people to participate in the research. They were also designed to create environments which promoted social interaction and networking.

A services survey was conducted to assess the current inclusion of the LGBT population in service planning and delivery. The survey consisted of 11 questions, which were mainly open ended questions relating to; any identified needs for the LGBT population, existing equality policies and the inclusion of the LGBT population in service plans, consultation, funding allocations, planning, and data and monitoring collection.

Due to the lack of written documentation outlining the activities of LGBT community group in the Galway, Mayo and Roscommon regions as well as the importance of the knowledge held by existing LGBT community groups, it was agreed to contact the existing LGBT community groups and request a written submission to the report. Six groups were sent written invitations to submit information. In total two groups submitted written information.

Snowball sampling was used to identify participants through existing networks and gay venues (including websites/forums). This was in order to reach those who might not respond to advertisements or visit LGBT venues or social events. Existing LGBT groups also used their databases (mainly e-mail) to promote the research. In addition, direct mainstream advertising was conducted to invite people to self-select to participate in the research.

A website was designed to present information about the research project and its promoters. Information about the research was disseminated through local media in each of the counties. This included interviews on local radio, advertisements and press releases in local media, and approximately 3000 flyers which were professionally designed, and distributed in LGBT clubs/pubs, community venues and other frontline services. The information included the title of the research, a brief explanation, an invitation to participate in the online survey and/or focus groups, as well as a contact email and telephone number.

The diverse and mainly invisible characteristic of the LGBT population in this region required that creative methods of engaging people to participate in the research were adopted. Consequently, research tools were designed to respond to the individual needs of the respondent in terms of anonymity and access to the research. This included proactive targeting of LGBT people whose voice can often get lost amongst the mainstream LGBT population. Examples of this positive action approach included promoting the research with other equality focused NGO’s such as Travellers, Disability, Youth, Women’s, Immigrant and Rural organisations.

Research Ethics

The researchers adhered to research ethic guidelines as set out by the Irish Sociological Association. In addition, they considered good practice guidelines for researching the LGBT population (Kandirikirira, 2004).

4 Appendix 4: Sample of flyer/ information leaflet used
5 A phone and email was set up specifically for the research project and these points of contact were managed solely by the researchers.
6 Sourced from www.sociology.ie
There was recognition of the power relationships between participants and the researchers. Reflexivity was integrated in the process to minimise the influences of the researchers’ own biases and experiences. Every effort was made to protect the interests of the research participants, particularly in relation to any conflicting influences on the research.

Participants were informed and aware of the background, purpose, stakeholders and funders of the research. Participants were also informed of their right to withdraw their consent to be included in the research at any time. All participants signed consent forms and focus group participants also agreed for the discussions to be recorded using audio equipment.

The anonymity and privacy of the research participants has been respected throughout the research process. The research was conducted with the aim to provide analysis that is not restricted to reaching particular conclusions or prescribe particular courses of action.

It is intended that the research findings will be disseminated to all participants who gave follow up contact details.

Research Limitations

Despite extensive promotion and contact strategies the limited community networking infrastructure made it difficult to access participants for the focus groups.

It is difficult to determine the representativeness of the sample, despite the relatively large sample there was limited participation of transgender people, people with disabilities, and only 1% participation of ethnic groups other than white Irish. The power of this study to detect differences between males and females may have been limited by the sample size.

The study has covered a broad number of topics, so in many instances a broad analysis was deduced rather than a very detailed one.

Access to the online survey may have been difficult for those who have little or no computer skills or who did not have access to the internet in a space that was private for them. It was identified that some public computers (including libraries) prohibit the search for terms containing ‘lesbian’ or ‘gay’ as an anti-spam protection. This would have meant that the study was inaccessible to people using such computers. There was another LGBT research national online survey running at the same time as this study. This may have led to confusion.

The study was restricted in terms of interviewing people under 18 because it would have been necessary for them to get permission from their parents. In addition, the Office of the Ombudsman for Children advised the researchers that it would be unethical to invite people under 18 to complete the online survey.

Learning from the Research Process

Participants in three of the focus groups highlighted the opportunity they got to network with other LGBT people. In some cases participants were meeting other LGBT people in their county for the first time. It was also reported to the researchers following the
focus groups that many people had maintained contacts and had improved their social networking opportunities. In addition, a number of participants expressed an interest in getting involved in any future activities.

There was clear evidence of very low levels of organised regular community activity across the three counties. This was particularly evident in Roscommon and Mayo. Despite investment from Roscommon development agencies, the current level of LGBT community infrastructure is extremely limited and highlights the need for sustained proactive strategies to engage and support people. This in particular needs to be targeted at women and those LGBT people who are very isolated.

This study was focused on needs in terms of sexual orientation. However, because the study includes transgender people an expectation was raised in terms of addressing issues in relation to gender identity. A separate needs analysis should be conducted to consider transgender people and their needs in relation to their gender identity.
Section 2 - Literature Review

**Introduction**

This review considers research, policy reports and other academic literature relating to equality, discrimination, social inclusion, social policy, community development, health and education, with a specific focus on the Lesbian, Gay, Bisexual and Transgender (LGBT) population. Throughout this review we will use LGBT or LGB depending on whether the particular research being considered had included transgender people.

**Social Inclusion, Community Development and the 4 P’s**

There is no one universally agreed definition of social exclusion, however, for the purposes of this research the definition that is used is the one that is defined by the European Council:

‘Social Exclusion is the denial or absence of social contact……..a process whereby certain individuals are pushed to the edge of society and prevented from participating fully, by virtue of poverty… or as a result of discrimination. This distances them from job, income, and educational opportunities as well as social and community networks and activities. They have little access to power and decision making bodies and thus often feel powerless to take control of decisions that affect their day to day lives’ (CPA, 2006, p76)

The Equality Authority (2002) uses the concept of the 4 Ps: Public Profile, Policies and Procedures, Professional Development and Programme Development as effective strategies to break the ‘negative cycle of invisibility.’ and to improve social inclusion of the LGB population.

**Legislative and Equality Policy Context**

The Prohibition of Incitement to Hatred Act, 1989, includes sexual orientation as a ground and prohibits any person from acting in a manner which is likely to stir up hatred by either written, verbal or visual means. Such offences are punishable by law including a substantial fine and/or imprisonment. Since the 1993 decriminalisation of homosexual acts, Ireland has seen important legislative changes that have contributed positively to the lives of the LGBT population. LGBT campaign and lobby groups worked with other marginalised groups to advocate for equality legislation to be further developed in Ireland. The culmination of this work was the inclusion of sexual orientation as a specific ground for protection in the Employment Equality Act 1998, and the Equal Status Act 2000. These acts broadly make it illegal for service providers and employers to discriminate against any person because of her or his sexual orientation. However, Quiery (2002) points out that equality legislation does not deal with the 'private sphere' where much discrimination is carried out.

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7 With the exception of in their own private dwelling to which there are no witnesses.
8 There are notable exceptions to both acts in terms of employment and service provision. These include the right of religious bodies to be exempted under the act if they discriminate in order to maintain the religious ethos of their service or organisation.
More recently same-sex couples have been recognised for the purposes of *force majeure leave*. Based on the recommendations of the 'Colley Report' (DJELR, 2006) and extensive lobbying by LGBT organisations the agreed programme for Government 2007 outlines a commitment to legislate for legal recognition of same sex relationships.

The EU Amsterdam Treaty (1997) includes sexual orientation as a ground for combating discrimination in member states. In December 2007, the Irish government also signed the *European Union Charter of Fundamental Rights*, which has the same legally binding status as the EU treaties. This charter’s inclusion of sexual orientation and gender identity as grounds under its non-discrimination clause is the first such inclusion of these grounds in international human rights charters. According to Bonini Baraldi (2007), the EU has an important role to ensure that basic human rights underpin all of its member’s communities.

A consistent challenge for LGBT organisations and lobby groups has been advocating for the inclusion of LGBT people as a specific target group across government social policy. According to Power (2004), many statutory agencies do not see the LGBT population as a disadvantaged group, while others reinforce the ‘invisibility’ of the population by not realising that LGBT people also use their services.

The Equality Authority (2002) recommends that specific initiatives should be developed in order to; support capacity building in the LGB community; mainstream LGB needs into service delivery; include the LGB population in decision-making which affects them; and enact legislation which gives equal recognition to same sex-partnerships in relation to inheritance, tax, parenting, immigration and pensions.

The National Economic and Social Forum (NESF) examined how the Equality Authority recommendations (2002) could be implemented. This was in line with the government’s commitment in the National Social Partnership Agreement *Prosperity & Fairness* (2000-2003) to respond to the Equality Authority report. The Forum highlighted the need for more specific targeting/naming of the LGB population, rather than the common practice of not including sexual orientation, particularly in relation to poverty and equality proofing.

In addition, NESF (2003) recommends the proactive inclusion of LGB people in equality proofing processes and strategies across government departments. They recommend that LGB people should be named as a specific target group across all data relating to social inclusion and equality. In addition, they recommend that models demonstrating the inclusion of LGB people be researched and disseminated. An outcome of the NESF review process is that government departments are to include LGB issues in strategic planning as well as recognising the need ‘to consider’ LGB organisations as a target group for funding.

A nationwide equality review of the County Development Boards (CDB) 10 year strategic plans, identified only one CDB (the Cork City Development Board) which has included specific strategies to respond to the needs of the LGBT population. In the rest of the strategies, sexual orientation, if included, is under the umbrella of the ‘nine grounds’ and

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9 This is a paid work leave entitlement that is given when an immediate relative needs emergency care. See www.equality.ie for more details
under the general heading of ‘Equality proofing’ with no specific strategies or actions identified (Equality Authority, 2002).

The current National Social Partnership Agreement ‘Towards 2016’ includes long term goals to ensure that every adult of working age has the choice to engage fully in social, economic and civic life and ‘... should enjoy equality of opportunity and freedom from discrimination...’ (p. 49). Despite this the recently published National Action Plan for Social Inclusion 2007-2016 fails to include LGBT people as a specific target group at risk of exclusion (DSFA 2007). This omission is despite the fact that the consultation summary documents published prior to the final plan included information describing LGBT people’s experience and risk of social exclusion. The National Women’s Strategy 2007-2016 recognises some specific needs and barriers experienced by lesbian and bisexual women because of the impact of discrimination and corresponding marginalisation. It recommends that the implementation of the strategy is monitored to assess if these needs are being addressed in the broader context of the strategy. The White Paper on Supporting Community & Voluntary Activity 2000 recognises the contribution that community and voluntary groups can make to identify the needs of specific communities of interest.

Discrimination and Social Inclusion

There is a growing visibility of LGBT lives across spheres of Irish society. Much of this progress is a result of LGBT activism which includes years of organising LGBT social outlets and supports, as well as campaigning for LGBT rights. Increasingly people are coming out and there is a growing visible LGBT population, however this is not the experience of everyone. Despite this progress many LGBT people continue to live with fear and the experience of prejudice, abuse, exclusion and discrimination. Many LGBT people are still forced to hide their sexual orientation/gender identity for fear of rejection and other negative impacts from family, friends, employers and their community of origin (Waterford Area Partnership, 1999; Equality Authority, 2002; Quiery, 2002; CPA/Equality Authority, 2003; NESF, 2003; Gibbons et al, 2007).

Homophobia/homonegativity is the hatred and/or fear of LGB people. It can be both consciously and unconsciously expressed by individuals and social systems. Being ‘out’ is the term that is mainly used to describe when a person self-identifies as being lesbian, gay, bisexual and/or transgender (Power, 2004). LGBT people can be ‘out’ to varying degrees. The need to be ‘out’ can result from widespread implicit or explicit presumptions that everyone is heterosexual; this is defined as heterosexism (Andermahr, 2000). It is argued that having to be ‘out’ stems from presumed heterosexuality. Butler (1993) argues having to ‘come out’ in itself perpetuates and maintains institutional and structural heterosexism. Gibbons et al (2007) describes how society’s privileges heterosexuality, which manifests in many complex and often invisible forms of sexual orientation discrimination.

According to Power (2004), the impacts of hidden identity, prevalent heterosexism, homophobia and the lack of legislative reform to treat LGBT people with full equality, contribute to significant barriers which compromise the social, economic and cultural lives of LGBT people. From the school yard through to adulthood, LGBT people have experienced name calling, harassment, physical violence and threats of same. GLEN/Nexus (1995)
found that one quarter of respondents had experienced physical violence because of their sexual orientation. This study also highlighted the risk of social exclusion and poverty that LGB people are at risk of because of discrimination and its interlocking barriers.

Quiery (2002) examines the impact of discrimination on over 162 lesbian and bisexual women living in Northern Ireland. Respondents had often minimised the extent of the discrimination they had experienced or their sexual orientation was so hidden (closeted\textsuperscript{10}) that their families and work colleagues were not aware. Discrimination was experienced through various manifestations of homophobia including verbal and physical abuse as well as discrimination in the workplace. Twenty-per cent of respondents reported being physically abused because of their sexual orientation. Such homophobia impacted on women’s confidence, self esteem and emotional health.

Gibbons et al (2007) outlines how respondents experience significant invisibility because of the predominant assumption that everyone is heterosexual. A number of respondents described being physically attacked or verbally abused because of their sexual orientation. In addition, negative reactions to respondents disclosure of their sexual orientation were prevalent from family, friends and with some work colleagues. Respondents described the coping strategies which they developed in order to minimise the impacts of such discrimination. This predominantly resulted in people having a tight control over disclosure of their sexual orientation, which in turn resulted in further isolation. This was particularly experienced by the gay men who were interviewed.

Discrimination also manifests itself in a less visible manner. The absence of services, a blanket ‘one fits all’ approach that fails to recognise difference, demonstrates a lack of understanding and incapacity to provide for specific needs, are also forms of discrimination which contribute to the exclusion of LGBT people (Power, 2004). Some service providers have expressed that the relative invisibility of the LGBT population acts as a barrier to the delivery of appropriately targeted services. It is argued, however, that service providers should respond to the reality that LGBT people exist across all population groups. In order to remove the impacts of discrimination, radical changes need to transgress institutions and social structures rather than focusing on the individuals themselves to overcome the barriers (Kitzinger, 1987).

All services should be delivered to ensure equal access, while also taking proactive measures to encourage access for the LGBT population. Therefore, LGBT people should not have to ‘declare themselves’ in order to gain appropriate access to services that respond to their particular needs. The presumption by service providers that all service users are heterosexual unless stated otherwise by the client is a serious barrier to LGBT people when trying to access services (Gibbons et al 2007). Social inclusion measures need to be proactive to ensure that all people have the capacity to participate equally. Merely being inclusive without targeted actions will not ensure equality of access and opportunity for the LGBT

\textsuperscript{10} The term ‘closeted’ is used to describe people who hide their sexual orientation. LGBT people may be ‘closeted’ to varying degrees: some may be ‘out’ to a close circle of friends and/or colleagues; some may never have told anyone that they are a lesbian, gay, bisexual or transgender person. Some LGBT people may find that they are ‘out’ in most aspects of their lives but that sometimes it is necessary to hide their identity, in order to protect themselves from perceived or actual threats of discrimination (Gibbons, 2007).
population (Equality Authority, 2002). However, it is important that the development of policies and practices by organisations are informed by the needs of the LGBT population. This approach is a form of mainstreaming (Equality Authority, 2002).

LGBT Community Development

LGBT activism has been visible in Ireland since the early 1970s. LGBT lobby groups have been centrally involved in advocating successfully for legislative change both specific to the LGBT population and across equality and social inclusion issues (Equality Authority, 2002; Nexus Research, 1999). While there is no comprehensive documentation of the history of LGBT community development in Ireland, a number of documents refer to the often unacknowledged tradition of LGB, and more recently transgender, community development and volunteerism (Waterford Area Partnership, 1999; Sheehan, 2003; Egan, 2004; Power, 2004; Connolly, 2005).

A national failure to specifically include LGBT people as target groups in policy and funding initiatives has resulted in a significant underdevelopment of LGBT communities. This lack of recognition of the impact of discrimination on the LGBT population has resulted in a serious under resourcing of LGBT community development activities and organisations. This in turn has limited the capacity of the ‘LGBT sector’ to participate across social partnership and other policy and change-related arenas (Nexus Research, 1999; Equality Authority, 2002; NESF, 2003, Power, 2004). Existing LGBT groups and development models have, in the main, resulted from LGBT voluntary activism. Power (2004) discusses the implications of not having a networked approach to link and transfer learning across projects. She highlights how the funding of LGBT initiatives have not been explicitly connected to any national policies and moreover has been dependent on the personalities working in local agencies.

Pobal (formerly ADM) have the responsibility for managing the Local Development Social Inclusion programme (LDSIP). In its Implementing Issues report, NESF (2003) identifies how LGB people are not included as a specific target group in the LDSIP; however, a few Partnership companies have run LGB specific programmes off their own initiative. As a result of discussions with NESF, Pobal have acknowledged that ‘... more could be done to target the most marginalised LGB people...’ (p. 29). Consequently, amongst other initiatives, Pobal have agreed to ‘... write to the Partnership companies outlining the relevance of LGB issues in tackling cumulative disadvantage and the potential value of local area engagement with this issue’ (p. 29).

The Department of Community, Rural and Gaeltacht Affairs (DCRGA) operates the Community Development Programme (CDP). This programme is a key infrastructural support to locally based community development projects providing what is the only core funded community development specific programme in the country. NESF (2003) recommends that in addition to the explicit inclusion of LGB as a target group in the Department’s own equality audit, it also should name LGB people as a specific target group in the CDP. Further, it recommends that funding be provided to LGB organisations through the CDP while also initiating inter-agency strategy initiatives on a regional basis to support the LGB community. The report notes that, at the time of writing, six LGB organisations as
well as a proposed LGB specialist support agency had submitted applications for funding through the CDP. A recent article in the CDP newsletter highlights how 3 years since this recommendation was issued none of these organisations received approval for core funding from DCRGA (GLEN, 2007).

Despite under resourcing, a number of other LGBT projects have been progressed over the past 35 years and some have managed to sustain themselves to varying degrees. LGBT resource groups and centres have been established in Cork, Waterford, Dundalk, Dublin, Limerick, Derry and Belfast. A number of helplines, social networking groups, coming out groups, befriending supports and campaign initiatives were established and continue in varying degrees across the country. Pride festivities occur in a number of Irish cities, and there are also some arts projects including the Lesbian Arts Festival (ALaF) and the Gay and Lesbian Film Festival (Sheehan, 2003).

A number of initiatives to support the sustainability of the LGBT community sector have run over the past 10 years including: the LOT/LEA programme which was funded from 1998-2000; Gay HIV Strategies which has received core funding from the Department of Health and Children; and the current GLEN Building Sustainable Communities programme, which is funded by both a private philanthropist and the Irish Government. This latter programme aims to achieve greater equality for LGB people and has four key strands namely; ‘reforming legislation and policy; making public services more responsive to the particular needs of lesbian and gay people, especially in education; promoting equality in the workplace; and strengthening the capacity of LGB organisations’ (GLEN, 2006 p. 4).

Collaborative work between the LGBT NGO’s and statutory agencies has initiated processes to enhance and change statutory practice and policy responses. Examples of these initiatives include; the Community Safety Initiative by Gardaí in Dublin Metropolitan Region, the HSE LGBT Mapping research (HSE, forthcoming) and joint research with the Equality Authority in the North West (Gibbons et al, 2007); the Government Working Group on Domestic Partnership (DJELR, 2006); the Equality Authority/BeLonG To Schools Campaign; the publication of a training resource for educational workers with Pobal; the CDP/FRC LGBT Code of Practice; the LGBT West network of statutory agencies and community groups which aim to improve the quality of life for LGBT people in Galway, Mayo and Roscommon; and NGO collaboration with the Office of Suicide Prevention which has resulted in a current piece of research examining LGBT mental well being.

There is limited documentation of LGB community organising in the Galway, Mayo and Roscommon region. However, most of the currently active LGBT groups have either websites and/or social networking pages. These groups include; Bród Ireland which have been organising an annual pride festival in the City for over 20 years, a newly launched

11 EU New Opportunities for Women (NOW) FUND
12 ‘More Than a Phase’
13 This was developed in conjunction with West Training (The regional support agency for the community development and family resource centre programmes) local CDP’, FRC’s and GLEN.
14 ‘Supporting LGBT Lives’ is currently being researched.
15 This group have recently launched a visual documentary of 20 years of Pride in Galway
LGBT Youth group, two third level societies namely GIGSOC\(^{16}\) and the GMIT LGBT society. There are two help lines\(^{17}\) active namely, Galway Gay Helpline and the OUTWest helpline. Finally, OUTWest which is a voluntary, social and support group for LGB people in the west of Ireland has been in existence since 1997 and hosts social events as well as raising awareness of the needs of LGB people in the region.

LGBT Population and Health Policy
The National Health Promotion Strategy 2000-2005 emphasises the importance of developing a ‘supportive environment’ for LGBT people and ‘strengthening community action’ in promoting health as well as further developing partnerships between agencies to promote positive health, self esteem and mental health (DOHC, 2000, p. 45).

The HSE are currently conducting an internal mapping exercise to establish ‘What services, supports and policies are and have been in place for LGBT population’ and the development of recommendations to ‘support the process of transformation and ensure that LGBT people can lead more fulfilled and healthy lives’ (HSE, forthcoming, p 20).

The Equality Authority in its publication entitled ‘Equal Status Acts and the Provision of Health Services,’ discusses the importance of a ‘... planned and systematic approach to equality rather than an ad-hoc reactive response to equality and diversity.’ (Equality Authority, 2005, p 1).

Access and use of Health Services by LGBT Population
A Galway Lesbian Line seminar report details the issues for lesbian and bisexual women in contact with the health services (Ward, 1999). These include:

- ‘Reluctance to disclose sexual identity for fear of prejudice, oppression and internal homophobia amongst health professionals.
- Fear that disclosure may affect quality of care.
- Consequent withholding of personal details which may have an impact on medical history and diagnosis.
- Fear that a partner may not be recognised as next of kin and not treated accordingly.
- Fear that the disclosure of sexual identity will not be kept confidential.
- [Concern about] the lack of appropriate material targeted at lesbian women’ (Ward, 1999, p 3)

The HSE mapping exercise (HSE, forthcoming) outlines some examples of good practice, it states that these were a result of active and organised NGO’s in particular areas and the commitment of a Senior Service Manager. The lack of a specific policy governing the support or funding of LGBT health-related work and a clear and explicit organisational commitment to supporting health-related work has led to uncertainty among local LGBT service providers (p. 9).

\(^{16}\) NUI Galway

\(^{17}\) There was a Lesbian helpline active for a number of years which was also involved in widespread community organising and awareness raising, however it is not currently active.
Health outcomes for LGB people are positively influenced by a safe health care setting, which is affirmative to LGB people and conducive to the disclosure of their sexual identity (Hart & Flowers, 2001 as cited in Neville & Henrickson, 2005). If providers are unaware of service users’ sexual identity then they will be unable to provide a service that meets their needs and this could involve failure to screen, diagnose or treat important medical problems (Equality Authority, 2002; Stonewall Scotland, 2003; Neville & Henrickson, 2005; Debold, 2007). Heterosexuality is invariably assumed by health care providers and this can prevent access to health care services for the LGB population (Neville & Henrickson, 2005, Gibbons et al 2007). Consequently, this assumption can put LGB people in a position of ‘refuting a basic assumption about their sexual identity’ (p. 412). According to Brootman (2002), an important role for health professionals is to assist in creating a supportive environment which serves to facilitate the ‘coming out’ process. Steele et al (2006) found that lesbians who disclose their sexual orientation to their provider are more likely to seek health services, be more comfortable and have better communication with their providers.

A study in the North West of Ireland found that where participants felt it was necessary to inform their health service provider of their sexual orientation then they would do so, especially if the matter concerned sexual or mental health (Gibbons et al 2007). The Real Lives Study of men who have sex with men (MSM) found that just half of their respondents would be happy for staff at their GP surgery to know that they had sex with men. Reasons for not wanting GP’s and their practice staff to know this information included that they were not ‘out’ to family and that it was not their business (Devine et al., 2006). Gibbons et al (2007) found that only half of the participants (12 women and 8 men) had disclosed their sexual orientation to their primary health care providers in the last 10 years.

Research reviewed indicates that many LGBT people are concerned that healthcare workers may refuse or limit their partner’s visiting rights or refuse to involve them in discussions about their care (Equality Authority, 2002; NHS, 2007a).

LGBT Specific Health Issues/Needs
In general, the LGBT population share many of the same health concerns experienced by the heterosexual population. However, specific LGBT health issues have been identified, which can have a cumulative effect over the life course of the individual (Stonewall Scotland, 2003). Those outlined in the literature include: certain cancers, family planning, HIV/AIDS, mental illness including minority stresses and suicide, sexually transmitted infections (STIs), and harmful practices such as smoking and substance abuse (Dean et al., 2000, NHS, 2007a, Mayer et al 2008). Furthermore, the NHS reports outline that LGB people may be more adversely affected by the social determinants of health such as access to housing (NHS, 2007b).

Mental Health
The National Mental Health Policy A Vision for Change states that ‘gay and lesbian individuals, require specific knowledge and understanding on the part of those delivering mental health services, in terms of their culture and other characteristics’ (DOHC, 2006,
While many LGBT people do not experience poor mental health, as a group, they are at higher risk of mental illness, suicidal behaviour and substance misuse. The evidence suggests that this increased risk is linked to experiences of discrimination (NHS, 2007c). The GLEN/Nexus report found that lesbian women and gay men dealing with the consequences of coming out or those who conceal their sexual orientation, are particularly prone to psychological distress (Equality Authority, 2002).

**Suicide in Ireland: A National Study** (Department of Public Health, 2001) was the first Irish study to document that there is an increased risk of suicide symptoms amongst gay men and that these gay and bisexual men were four times more likely to report suicidal intent. An objective of the **Irish National Strategy for Suicide Prevention: Reach Out** is ‘to determine the vulnerability of socially excluded and marginalised groups to suicidal behaviour and develop supports to counteract that vulnerability’ (DOHC, 2005, p. 37).

Gibbons et al (2007) found that mental health services were frequently accessed by participants in the study (12 out of 19 men and 14 out of 24 women). However, experiences varied with some respondents expressing that even supportive health professionals did not have an understanding of the influence of heterosexism in the lives of LGB people. Dillon and Collins (2004) describe how LGB help-lines have expressed concern regarding callers in crisis who were reluctant to discuss their sexuality with mental health professionals. Additionally, LGB help-lines expressed the need to be reassured that onward referrals would be to ‘gay friendly’ health service professionals.

**Sexual Health**

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. (WHO, 2004, p.5)

Sexual health addresses a range of issues including sexual well-being, reproductive health issues and sexually transmitted infections (WHO, 2004). Protecting, supporting and restoring sexual health is an important aspect of health services (Department of Health, UK, 2001). While the majority of men and women do not have HIV infections the emphasis on sexual health is often focused on STI infections rather than sexual well-being.

**Gynaecological Health**

Research has shown that lesbian women are less likely to receive regular pap smears to test for cervical cancer because doctors incorrectly assume that they are not at risk of sexually transmitted infections (O’Hanlon in Equality Authority, 2002). Lesbians access gynaecological health care less frequently than heterosexual women, which, may lead to lower rates of detection and greater mortality and morbidity from gynaecological cancers (Dean et al 2000).

**Pregnancy and Parenting/Family Planning and Assisted Conception Services**

The report ‘Implementing Equality for Lesbians, Gays and Bisexuals’ outlines the right of LGB people to have and rear children once they have demonstrated the capacity to care
for them (Equality Authority, 2002). In a Northern Ireland study (Quiery, 2002), lesbian women reported feeling ‘aggrieved’ that they had not the option of donor insemination available to them as they were classified as ‘single women’ (p. 17).

In Ireland there is no existing legislation on assisted human reproduction. The Report of the Commission on Assisted Human Reproduction recommends that services should not discriminate on grounds of sexual orientation; this is subject to the consideration of the best interests of children. The Commission found in a survey of consultants, that over half would offer their services to single people, while one in seven would offer their services to same sex couples (Department of Health and Children, 2005).

**Sexually Transmitted Infections**

While the majority of gay and bisexual men and men who have sex with men (MSM) are not HIV infected, HIV remains a major health hazard for gay and bisexual men and MSM (Devine et al., 2006). While the number of new cases in 2005 decreased, MSM continue to be a population at high risk for HIV infection (Health Protection Surveillance Centre, 2006). The *Real Lives Study* details unmet needs in relation to the prevention of HIV in those MSM living outside Dublin. These unmet needs included access to condoms and lubricant, comprehensive knowledge of HIV exposure, risk testing and treatment, social inclusion, an extensive social network, sexual assertiveness and access and confidence in health prevention and treatment services. The *Real Lives Study* recommends that HIV prevention programmes need to be expanded to areas outside of Dublin and that such programmes should take place outside of clinical settings (Devine et al 2006).

Gibbons et al (2007) found that 6 out of the 8 men who attended GUM clinics went outside the northwest region, even though there was a clinic in that area. The importance of anonymity and confidentiality in accessing GUM services was identified particularly in relation to the location of the clinic. In the *Real Lives Survey*, it was found that approximately half of respondents had never had a check-up for sexually transmitted infections apart from HIV. Those who had an STI check-up and whom were living outside Dublin were more likely to have had their check-up at their local GP surgery.

A recent study using a British probability sample found that women who reported sex with women and men were significantly more likely to report adverse sexual, reproductive and general health risk behaviours (Mercer et al., 2007). They were significantly more likely to report STI diagnoses including Chlamydia, pelvic inflammatory disease and genital warts as well as self-induced abortions (Mercer et al., 2007). Although small in number, those that reported sex exclusively with women reported no STI diagnoses in the past 5 years. However, Marrazzo, Coffey and Bingham (2005) report that safer-sex messages should emphasise the plausibility of the spread of STIs between female sex partners. Furthermore, the education of health care providers is important in relation to lesbian sexual health.

**Cancer Care**

Lesbian and bisexual women attend less routine screening tests such as cervical smears and mammograms and, thus, are less likely to benefit from early detection of cancers (NHS, 2007f). While being lesbian is not a risk factor in itself for breast cancer, there are
a number of lifestyle issues which may increase their risk including; being more likely to
delay childbirth; being less likely to have children; receive less frequent gynaecological
care; being more likely to be overweight and more likely to drink alcohol in comparison to
heterosexual women (Dean et al., 2000; NHS, 2007d). Evidence suggests that gay men are
at higher risk of cancer of the anus (Dean et al., 2000; NHS, 2007c). While Dean states
that studies have not found increased incidence of other cancers among gay/bisexual men
there may be differences in detection of certain cancers. It has been suggested that gay
and bisexual men may have difficulty in dealing with health professionals who assume a
female partner (NHS, 2007c).

Health Risk Behaviours
Systemic homophobia, stigmatisation and marginalisation negatively affect the health of
lesbian and bisexual women, who may as a result, be at disproportionately higher risks
for behaviours that endanger their health, such as substance abuse and obesity (Mayer
et al 2008).

Smoking
In comparison to their heterosexual counterparts, the LGBT population are more likely
to smoke (Tang et al., 2004 as cited in NHS, 2007d, Gruskin & Gordon 2006).

Alcohol
Earlier evidence suggests that because the LGBT social scene tends to be pub and club based
members of the LGBT population have higher levels of alcohol consumption. Also studies
on substance misuse show a relationship between social exclusion and stigmatisation and

Studies are inconclusive with respect to identifying differences in alcohol consumption
among gay, bisexual, and heterosexual men (Dean et al., 2000, Gruskin et al 2006). Earlier studies tended to be based on small convenience samples recruited from bars the
LGB community frequent (Cochran et al 2000, Guskin et al 2001). More recent research
has included population based surveys. In the UK, research has shown that, although
gay and bisexual men spend more time in venues where there is alcohol consumption,
their consumption is no greater than heterosexual men (Trocki et al., 2005 as cited in
NHS, 2007d). Other studies have also found little or no consumption difference between
homosexual and heterosexual men (Cochran et al, 2000, King & Nazerth 2006). However,
a number of studies have found elevated consumption levels for homosexual men when

Drabble & Trocki (2005) in a population based study of women, describe substance use
as varied and complex between sexual orientation groups (p. 20). There is some agreement
between population based studies which suggest that lesbian and bisexual women abstain
less from alcohol and drugs as well as having higher levels of substance abuse (Cochran
2000, Ziyadeh et al., as cited in NHS, 2007d). However, several studies have not found
a difference and others suggest that any differences are linked to certain age groups
(Gruskin and Gordon 2006). Hughes and Eliason (2002 as cited in Stonewall Scotland,
2003) state that while there is conflicting evidence, it is clear that LGBT people drink at least as much if not more than the general population and addiction services need to be able to respond to the needs of the LGBT population. Bux (1996) argues that to require evidence of large differences in alcohol consumption levels between gay and lesbian and heterosexual communities to ‘justify services’ is itself homophobic (p 294). Bux (1996) recommends that alcohol treatment providers be sensitive to the needs of gay men and lesbians and that training is provided to all staff on the relevant issues.

Recreational Drug Use / Illegal Drugs
Gay men and lesbians are more likely to have higher rates of substance misuse when compared to heterosexuals (NHS, 2007, King et al 2003, Stanford et al 2006). Mercer et al. (2007) found that women, who sleep with women and men, had higher rates of intravenous drug use in comparison to women who sleep with men only. In the Real Lives Study just over 10% of respondents outside Dublin stated that they sometimes worry about their drug use (Devine et al 2006). In a recent Irish study of drug use in LGBT youth and young adults, it was found that 65% had some experience of drug taking and 21% had systematically used drugs on 60 or more occasions (Sarma, 2006). The study highlights the challenge of tackling drug use in this group without demonising an already marginalised population.

Transgender Health
While there are many common issues affecting LGBT communities, the available literature states that transgender concerns merit separate discussion (Dean et al., 2000).

Collins & Sheehan (2004) in the Equality Authority Report Access to Health Service for Transsexual People state they could find no written policy documentation addressing the health needs of transsexual people. While individual former Health Boards provided funding for gender reassignment treatment abroad, there was an acknowledgement that specific health care provision was underdeveloped in Ireland. Proposals in the report included professional training for GPs, linkages to reputable gender clinics abroad and the provision of ongoing epidemiological data. Respondents to the study emphasised the need for transsexualism to be formally recognised as a medical condition. In relation to accessing support services, participants in the study identified needs linked to; geographical isolation; lack of information on the condition and treatment options available, and lack of supports to partners, spouses and family members. However, the NHS (2007e) reports that many transgender activists have lobbied for a shift from the perception of transsexualism as a disease or abnormality that needs to be rectified via surgery, to a state of gender non-conformity.

Many transgender people often meet prejudice and discrimination in their everyday lives. The NHS (2007e) report that transgender people may be victims of violence and have higher self-harm and suicide rates. Young transgender people report unstable housing situations, economic hardship and legal problems. They may have limited family support, high rates of substance abuse and high risk sexual behaviours. Dean et al. (2000) claim that in the United States of America, as a result of prejudice, transgender people are less likely to utilise health services and often resort to self medication on the illegal market for hormones.
Young LGBT People
A Northern Ireland survey of 360 young people found that LGBT youth were at least three times more likely to attempt suicide, two and half times more likely to self harm, five times more likely to be medicated for depression, and twenty times more likely to suffer from an eating disorder than their heterosexual counterparts (YouthNet, 2003). Dillon and Collins (2004) refer to extra pressures on gay and lesbian adolescents and the ‘detrimental effect of often having to hide their sexual orientation on their development including self esteem and participation in school and other activities’ (p. 32). Reach Out also identifies the importance of schools in promoting positive mental health through identifying those at risk of bullying on the grounds of sexual orientation (DOHC, 2005).

People with a disability
While people with a disability may be in regular contact with health services, the focus tends to be on the disability and often it can be assumed that the person is without a sexual identity (Equality Authority 2002). In the case of people with learning disabilities, staff were less likely to give support to LGB people in developing relationships (Abott & Howard, 2004 as cited in NDA, 2005).

LGBT & Adult Education
The Equal Status Acts 2000 & 2004 (Equality Authority) legislates for the right of access to education without discrimination on any of nine grounds including sexual orientation. Crowley (in Gay HIV/ Nexus, 2000) describes three contributions the education system can make towards LGB issues. These include; the experience of each individual student with the education system; the role of the education system in transferring societal values; and, as an employer, the establishment of inclusive policies which challenge discrimination. GLEN/Nexus (1995) describes how discrimination affects people’s lives including their education experience and future opportunities. This report noted that 57% of respondents had experienced problems in school which they attributed to their sexual orientation and 8% left school early.

The White paper on Adult Education 2000 refers to the importance of ‘equality of access, participation and outcome for participants in adult education’ (Department of Education 2000). However, sexual orientation is not specifically mentioned, while the paper refers to ‘developing an inclusive society and targeting investment towards those most at risk’ (p 13).

The Equality Authority (2002) recommends that LGBT people are consulted about, and included in all educational policy and service delivery.

Despite extensive searches the researchers were unable to identify any relevant LGBT literature that was specific to adult education.
Section 3 - Findings from the Focus Groups and Submissions

This section describes the different themes and issues discussed by the participants in the focus groups. Five focus groups in total were conducted. Three were held in Galway City (One Mixed Gender, one Men’s, and one Women’s) and two were held in Castlebar (One Women and one Men). Significant promotion and contact work was focused on Roscommon however, only one person expressed an interest in participating in a focus group. In total 31 people participated in the focus groups, 19 women and 12 men.

Social Networking – What already exists

Currently there are four voluntary groups and two college societies in the region which are LGBT specific and active to varying degrees. These include Bróid Ireland, the LGBT Youth group, OUTWest, The Galway Gay Helpline, GIGSOC (NUIG) and the GMIT LGBT society. All of these groups were invited to send written submissions to the research, subsequently two of these groups chose to do so and their comments and recommendations are incorporated in this section. Some participants described how they had either heard of or had previously experienced an active LGB community in Galway from the mid eighties to the early part of this century.

In all of the focus groups held in Galway City, people listed the LGBT specific social outlets currently available to be a gay bar, two gay clubs, the social networking site ‘Gaydar’, the newly established LGBT Youth group, the university LGBT society and to a lesser extent the GMIT LGBT society. A number of participants said that they preferred to go to ‘straight’ bars with either LGBT only friends, rather than go to the gay bar, which many described as not meeting their needs. A few participants described the importance of supporting gay specific venues while others described how they feel more comfortable in ‘mainly straight but gay friendly’ bars.

‘I go out a bit I suppose. If I want to be with predominantly lesbian and gay people it’s the pub and club. It’s great on one level but it’s noisy with lots of drinking …’ (Galway Woman)

‘I live in [a large rural town in county Galway], it’s even worse than Galway city; there’s no facilities at all. I find OUTWest is very helpful … breaks the isolation, especially in the country, but I feel there’s a lack of social outings in Galway in general. …’ (Galway Man)

‘… I arrived the Pride Weekend, it was actually my first weekend … but that’s one weekend in the year, if you’re out any other weekend there’s nothing really there and there’s not really much information.’ (Galway Woman)

Participants in the Galway women’s focus group described a list of activities that used to take place in Galway for lesbian women up to two years ago. These included discussion
groups, video afternoons, football, swimming, a book club, personal development courses, workshops, a youth drop in, and a lesbian line as well as the use of a meeting room for women hang out. Some participants felt that maybe there were social activities and events taking place but that they do not hear about them with the exception of the Bród Ireland festival.

In Mayo, participants in the men’s group described social events organised by OUTWest as being the only gay social outlet for them. Some of them also use Gaydar to meet and connect with other gay men. They described that gay man in Mayo who did not know about OUTWest could be very isolated. Most of the Mayo women said there was no specific social outlet for lesbian/bisexual women in the county, some mentioned OUTWest but felt that events were mainly attended by men and therefore did not meet their needs.

‘... if you’re not involved in OUTWest for example there is no other social outlet in Mayo for a gay man. So if you weren’t aware of OUTWest you really are out in the cold.’ (Mayo Man)

In terms of networking, many participants described how they happened upon other LGBT people, sometimes by chance and sometimes through friends. Some people described how once you started to meet one or two other LGBT people that it became like a ‘ripple’ effect and gradually the social network widened.

Social Networking - What is needed?

Many participants expressed the need for opportunities to socialise with other LGBT people which did not involve a noisy, alcohol-based venue.

‘... it may be things like a meal, where, people going out for a meal in groups or, you know, it doesn’t have to be too organised ....a different social outlet than the pub ...’ (Galway Man)

The need for a variety of social activities to run was reiterated throughout all of the focus groups. Participants identified the different social support and networking needs that people may have relative to their gender, age differences, degree of being out and different social interests.

‘... from my experiences as a woman, you know, that’s older ... I might not really be interested in going out to a disco and pub, that’s not what I’d be doing right now... getting together with women for coffee or a chat or go out, ... it’s also much more about interesting topics versus just the area of sexual identity.’(Mayo Woman)

Many participants described how they would like to have LGBT specific social spaces which were free from alcohol and where they could be without fear of discrimination. In all but one of the focus groups held in Galway City, participants described their need for an LGBT resource centre or drop in centre as well as social networking type activities which facilitated LGBT people to meet other LGBT people.

In addition to their identified need for a rural resource centre, OUTWest also described the need for a ‘permanent befriending service’. They outlined how they already provide such a service but it is limited by time and funding constraints. In addition, they also see
the need for a non-alcohol based social network/scene, a rural youth development worker and a legal, financial and medical advice facility.

As well as the need for an accessible, youth friendly premises, the LGBT Youth group also expressed the need for paid staff working solely with the project. They also identified the need to expand their work into schools and other youth clubs as well as providing an outreach one to one support service.

‘The group should become a Youth Work Ireland project and have a full time project leader working on it, as well as a part-time youth worker. This would allow for more outreach work to be carried out as well as in-school work and one-to-one support.’ (LGBT Youth Submission)

The need for a LGBT Resource Centre/Drop in Centre

‘We deserve as good as any other group or organisation. I think it should happen soon. … there should be somewhere you can find out about things in a social manner. Give me any other group or organisation. See groups that started the same time. Most have offices, paid workers, systems, it’s fantastic! The LGBT people put in as much as any other group what do we have?’ (Galway Woman)

As well as identifying that other marginalised groups have facilities and support workers participants in all of the focus groups referred to the existence of drop in and resource centres for LGBT people in Dundalk, Dublin, Limerick, Cork and Waterford. In particular, a large number of Galway based participants expressed dismay and disappointment that such a resource was not available in Galway city.

In four of the five focus groups the majority of participants self-identified the need for a defined LGBT physical space which would serve a variety of functions. Suggestions included a resource centre, an LGBT space that incorporates provision of information with a meeting space and an adjacent café. Mayo participants want to see a locally based drop in centre established in Castlebar which provides both information and support and also allows for LGBT people to meet. OUTWest’s submission also referred to the importance of a resource centre in Mayo or Roscommon. Only two of the thirty-one participants were unsure of the need for a resource centre because they were concerned about its sustainability, however, they both said they would still use such a resource and suggested that an enterprise such as a café attached to it could perhaps address the sustainability issue.

Across all the Galway focus groups participants talked about a multipurpose centre which would provide visibility, information and also a social space such as a café. Participants who have had experience at some point of organising activities for the community in both Galway and Mayo, highlighted the difficulty in getting alcohol free venues to even hold their business meetings. Other participants described how they are involved in organising social events in the bars because they have nowhere else to go that is affordable.

‘It would be great to have a multipurpose place to go and have coffee.’ (Galway Woman)

‘… if it was like just two floors of gayness, like you know, just dedicated gay space, it would be fantastic, you could have a library there, you could do whatever you want, you could have a café...’ (Galway Woman)
A lot of participants described the importance of any such resource centre being a welcoming, comfortable place that had something to offer a diversity of people as oppose to an institutional type physical environment, which did not have any activities taking place.

‘... if I was going to use the drop-in service what I’d like to see of it would be less of it feeling like a medical centre, and more like a social, like the café type thing’ (Galway Man)

‘... I suppose if it was warm and cosy ... quite often you get those community drop-in centres, they’re very cold, institutional looking...’ (Galway Man)

A resource centre was seen as a way of meeting people’s need to have non-alcohol venues.

‘A resource centre would be great. I don’t drink. I find the pub awkward.’ (Galway Woman)

‘I find a lot of younger people are going to the pub... There is a high incidence of drinking ... a resource centre would take away drinking centre’ (Galway Woman)

All groups highlighted the need for outreach supports for people who may be compromised in terms of anonymity if they accessed a resource centre. Those participants in the Galway focus groups who lived rurally said that they would certainly use a resource centre if it was based in Galway City. Some participants expressed concern for people living in rural areas who do not have access to their own transport. It was suggested that at a broad level that rural transport needs to be developed further but in the more immediate period that support workers should provide outreach type supports. OUTWest in their submission referred to the importance of a venue being accessible by public transport.

In both the Mayo focus groups it was requested by all participants that a drop in centre should be provided centrally in Castlebar. There was mixed views as to the degree of visibility that such a facility should have. Some participants who self-described themselves as only being out to a small number of people, expressed concern if the centre was to be visible as they did not think that they would be in a position to use it and risk being identified as lesbian or gay.

Two participants preferred that a drop in centre in Castlebar would have some visibility in terms of raising awareness and establishing a LGBT presence in the area.

‘Something like ... the social services place... like you’d see people going in there... you know...., they could be going in there for ...one million different things.’(Mayo Man)

‘I’d like it to be visible.’(Mayo Woman)

‘... coming here tonight, I mean I really did have a big thing about, you know, am I labelling myself, and who will I meet, these are the people I live with and I’m not out in my community, so it being very obvious would be difficult.’ (Mayo Woman)

In addition, some women expressed the need for a general women’s centre that would have a dedicated lesbian space, while other women in this group expressed the importance of having women only spaces in a mixed gender LGBT facility.
Some participants referred to previous attempts to get a resource centre open in Galway City. They described the need for sustainable management structures which are community led with clear policies and the volunteer capacity to provide effective leadership.

’It would need some type of structure. Board of Management trained, know what they’re doing and have proper policies procedures worked out beforehand so it is sustainable.’ (Galway Woman)

A number of participants described how difficult it was for them to meet other LGBT people when they were first coming out. For some people it took many years of stress for them before they sought any form of support to enable them to accept their sexual orientation and be able to tell others. When asked what could have made this coming out easier some respondents said that

’... a drop in centre … would have got me out. If I had met someone, you know, that was similar.’ (Mayo Man)

’... when I came out I wouldn’t go to a group like this. [referring to the focus group]. It frightened the hell out of me, up against people that were confident … But if there was a place … that had a dedicated area with a café in it that I could go and observe … that would have been a major thing for me…’ (Galway Woman)

Other participants talked about the importance of advertising the resource centre on a regular basis so that people were aware of it and hence more likely to access it.

Both community groups who submitted information to the research identified the need for a dedicated physical LGBT space. The LGBT Youth group highlighted the absence of LGBT designated premises in Galway. The youth group also identified the challenges;

‘... in balancing the need for a confidential venue for young people that may not be out and the need to publicise the group in a clear, transparent and non-secretive way’. (LGBT Youth Group submission)

They also described a strong tradition in Galway for young LGBT people to turn to the LGBT pubs and night clubs as their main avenue to meet other LGBT young people. This they felt was due to the lack of other non-alcoholic LGBT youth groups or clubs.

A number of rationales for having a resource centre/café or a drop in centre were described by participants. These broadly fell under six themes as follows:

- providing support for people coming out
- providing up to date information and support to all LGBT people
- being a central visible focal point for both the LGBT population and the broader community
- providing a physical venue for meetings, events, courses, special interest groups
- providing a regular social element such as a café to break isolation and offer opportunities for people to meet other LGBT people
- provide training and awareness raising for other service providers including state agencies
• provide LGBT centred services such as a GP for those people who do not feel confidence in their own GP’s understanding of LGBT issues.

The need to provide information

The provision of information was a recurrent theme throughout all the focus groups. This also links with the theme of visibility as described further on in this section.

Participants described the importance of information provision for four main reasons;

• To let LGBT people know on a regular basis about different events and services available. This is crucial in terms of isolated people and the rest of the population having access to up to date, inclusive and appropriate information.

• To inform an LGBT person about their rights regarding equality legislation and anything that is not covered by law e.g. legal partnership, LGBT teachers in religious run schools.

• Visibility – Seeing information about LGBT events, services and issues can help break the isolation which many LGBT people may experience.

• Where services are seen to display LGBT information this can provide an indicator to a person of the openness of the organisation to LGBT people. This is an important indicator to many of the people interviewed of the lesser likelihood, of the organisation displaying the information, to have a negative reaction if the person comes out to them.

One person, who has had experience in organising events with LGBT people, talked about the challenges he has met in trying to get information to the people for whom it’s targeted.

‘The difficulty with things like that though is one getting the uptake of people actually going to them and how to get that information out there as well…’ (Galway Man)

‘…it’s an essential point to advertise whatever is going on in the community and that’s the one thing we ran a bit of a film event…, like a queer film event, and it broke my heart to think people like mightn’t hear about it, you know, that’s what you wanted it to be for…we have nothing in Galway for that…’ (Galway Man)

Whereas other participants in this focus group described how they found it difficult to access up to date information about what was going on. They had read about the focus group in the local paper.

‘I think that’s one of the biggest things we find is actually looking for the information on what’s going on.’ (Galway Man)

Participants in other focus groups described how if they are not linked in to some kind of network it is very difficult to find out what events might be taking place for the LGBT population.

‘…we don’t hear about anything that’s going on at all really, unless you’re sort of say in the pub, but we don’t do that that often … so it’s sort of difficult really to find out what’s going on…’ (Galway Man)
‘I know about OUTWest because I know people in Castlebar… but if I didn’t know these people I would have no idea about OUTWest whatsoever… it’s about publicity…’

(Mayo Man)

A number of participants described how by participating in the focus group they were finding out about different LGBT activities for the first time. For them this highlighted the need for information to be provided on a widespread mainstream basis and not just in LGBT spaces.

‘… you’re all mentioning stuff, and I know nothing about it … that has to be addressed, … get some more information out to people like me…’

(Galway Woman)

A number of participants described their awareness of the LGBT Garda Liaison service. When asked how this differed, some described the profiling of this service at different LGBT events. Other participants felt that the highlighting of such LGBT services and events tends to happen only in LGBT venues or at LGBT events. It was suggested by many participants that this should be broadened in order to get information to people who are not connected to, or have not attended such spaces.

‘… found out this information because it was…highlighted in a context of a gay event effectively… it’s like saying the only time we hear about the nightclub events or whatever, all these things are advertised in the [Gay Bar], there’s nowhere really outside the community really where it’s easy to access information…’

(Galway Man)

Some people described their frustration of getting information about LGBT events or support groups via websites or print media only to find that it was out of date.

Participants also identified the need for specialised information to be provided to LGBT people in relation to workplace discrimination and supports, legal rights and entitlements and information regarding what the LGBT population is not legally entitled to, examples included the impacts of the non-recognition of partners in terms of next of kin, inheritance and parenting. A number of participants also referred to information, support and the need for law reform regarding the exemptions for religious employers which allow them to discriminate against LGBT people based on their own ethical policies.

‘… getting people information on their legal rights … people don’t know what they’re entitled to, the number of people who think that because they’re living with their boyfriend or girlfriend they have rights, and they don’t, and they think they do, they think there’s common law marriage, there isn’t …’

(Galway Woman)

‘… people who maybe are being discriminated against in work or whatever, maybe somewhere they can go and get information … even, just to know who to contact about information … basic leaflets … saying these are what your rights are …’

(Galway Woman)

The development of an online focal point for up to date regional information was a suggestion made by one of the focus groups. In line with the significant need for LGBT resource centres, which was expressed by almost all participants, the provision of information was described as a central service to be provided by these resource centres.
It was also suggested that a regular section in local newspapers would be negotiated which provided local information and perhaps articles about different LGBT issues or stories. Participants gave examples of how they have seen this in other countries and also how other issues get regular slots so why not an LGBT one too. Participants highlighted the need for there to be somebody to coordinate this on a regular basis.

‘… in [English City Name] there’s a [LGBT] section in the [local paper] (Galway Man)’

‘I would say that something regular in the newspaper … but something like that would do two things, it would provide the information to people that would be interested, but also raise the [LGBT] profile a little bit …’ (Galway Man)

### Information needs for LGBT people coming out.

A number of participants described their own experience of coming out, whether it was recently or a few years ago. What was generally identified was both the need for visibility and conversely discretion in relation to the provision of and access to information. Needs identified in relation to this concerned the visibility of information to which people could relate. This was considered a way to help to break down the barriers of negativity and internalised homophobia that they were experiencing when they were initially coming out.

What was also identified was the need for people to be able to access information without having to ‘out’ themselves in the process. Suggestions in relation to addressing both of these needs was to increase the visibility of positive information of LGBT people as well as mainstreaming information regarding LGBT supports into general information leaflets, print media and other information outlets.

‘… if you’re kind of gradually realising you’re gay … you do want to have information and phone numbers … I remember … wanting to get information that didn’t have the word gay written all over it…’ (Galway Woman)

‘… all them people should have very visible posters that relate to their services…, the same with the GP’s, … in my office … there are leaflets about sexual health for teenagers, and not a single one has any LGBT [information] in them at all, none of them…’ (Galway Woman)

‘… you shouldn’t have to actually come out to get information on coming out, you know…’ (Galway Man)

Some participants also identified the need for the provision, in libraries and bookshops, of more LGBT themed resources, including books and films by LGBT people. It was felt by some participants that a resource centre should provide access to LGBT themed DVD’s and books. A Pride initiative last year was described which involved one of the Galway libraries creating visibility of LGB authors and books for one week. It was suggested that this could be something that all libraries would have on a regular basis.

### The need to increase LGBT visibility

The importance of creating a greater visibility of the lives and existence of LGBT people was a much repeated theme throughout all the focus groups. Consistent amongst the needs
identified were the role of the media, the role of statutory service providers, the importance of positive, visible role modelling and the explicit inclusion of LGBT lives in the education system from preschool through to adult education.

‘... it’s about information, it’s about … publicity … people being aware of what’s out there. ’

‘... I think the fact that you got bodies like the VEC, …or the health executive [Involved in this research] that’s a huge step, … because it also needs to come not just from us, it very much needs to come from those kind of organisations … because of course we need it [visibility], … Who wants to hide?’ (Mayo Woman)

‘... there are a lot of … gay people working in all sorts of places around the city [Galway], and maybe what we’re lacking … is the confidence to be visible…. I don’t know how you achieve that critical mass of getting people to come out …’ (Galway Man)

A number of participants referred to the positive reactions they had to a number of national awareness campaigns which focused on LGBT

‘... the Union of Students in Ireland had a poster campaign about two years ago and I thought it was brilliant … it was about ten words on the poster, but it just got through to you like, that just because he is your father it doesn’t mean he cannot be gay… it just brought it home to me.’(Mayo Man)

‘... there is one poster that I’ve seen around, … lesbian, gay, is your brother, like father, uncle, cousin, you know, making it more every day, and getting more of … positive messages across to the audience, yes gay, lesbian is part of our village, your village, and in all of our families …’ (Mayo Woman)

Experience of Discrimination

Participants described a range of ways through which they have experienced or witnessed discrimination. These varied from being presumed heterosexual, to verbal attacks such a name calling and shouting, to physical assaults on the street, to being hassled at their homes by neighbourhood kids over years, receiving homophobic hate mail, having adverse reactions from their family doctor as well as having their property and cars subjected to vandalism. Some participants also described been either overtly or subtly being discriminated against in their workplace. When people were not ‘out’ to work colleagues they described having to listen to derogatory remarks about LGBT people, in some instances where they then revealed their sexual orientation their colleagues somewhat retracted what they had said. The following extracts describe people’s individual experiences of discrimination.

‘... but you do, you do get into this bubble of happy gayness and everyone loves and you know, it’s all good and it just takes one idiot really just to burst the bubble and it can bring you from here back to here (high to low) in one fell swoop.’ (Galway Man)

‘... my old manager where I used to work,[under 2 years ago] one of the reasons I left was because … she [said] I’d prefer if you didn’t tell any of our clients that you are gay…[after a client meeting] she said you know I’m so glad you didn’t mention [partners name] because if you said [partners name] I was going to say oh he means [feminine version of name] you know, and that was just like, right, I’m leaving…’(Galway Man)
‘… kids where I live kids in neighbourhood hassle me throwing eggs at the door… when you go out get the usual Lezzi … letting air out of tyres, stuff. …when you’ve got 11 year old lads shouting at you it’s scary…’ (Galway Woman)

‘I had shouting in the street.’ (Galway Woman)

‘… I even have that fear when I work as a teacher… so even being involved in organising [LGBT] projects here I would have that fear of how my employers react.’ (Galway Man)

‘… when I was applying for [housing scheme] I found that…very uncomfortable because they were perceiving me to be a heterosexual male…’ (Mayo Man)

Many participants described how they would search for a variety of professional services through word of mouth from other gay people who have had positive experiences in relation to their sexual orientation. Participants referred mainly to health and legal professionals in this regard.

‘…. Cause I hadn’t used this type of service before I ended up going to Dublin because at the time if someone said boo I would have run away and it was easier to get on a train to Dublin as this person recommended Dublin than go to some unknown person and risk homophobia’ (Galway Woman)

Experience of Isolation

Participants who were either just coming out or who had been out for a number of years described the experience of being isolated because of their sexual orientation.

‘… if you’re not involved in OUTWest for example there is no other social outlet in Mayo for a gay man. So if you weren’t aware of OUTWest you really are out in the cold.’(Mayo Man)

‘… you have to come out yourself first, that’s the biggest problem, getting over that is very, very hard, to get the first step, to go into a gay pub or a gay meeting, very, very hard, and then you meet someone else the same its so different then....’ (Mayo Man)

Legal Recognition of Partners

The importance of there being legal recognition and protection for LGBT people in terms of partner recognition was emphasised throughout all the focus groups. Many described that it was about more than just giving legal recognition to same sex couples, it was also very much about the need for equality for the LGBT population As it stands the absence of legal recognition of same sex partners is seen to under value LGBT people in general

‘… it would be just nice that you could go in and be recognised as a couple.’ (Galway Man)

When talking about the impacts of relationship break-ups, some participants highlighted the fact that because there is no legal recognition of same-sex relationships in Ireland that the law can be used by either party to exploit the other.

‘It [Same sex relationships] isn’t important, it’s not valued if you’re not married.’ (Galway Woman)
In relation to parenting rights some participants described the different legal loopholes that they have to negotiate in order to get some form of recognition for their partner as a parent.

‘… when I tried to register my baby I wanted to, obviously, to put down my partners name, and I know by the law you can … [if you] put a request in to the Registrar under special circumstances, he can allow another name if he so wishes. …he said ‘I don’t want to’… that infuriated me so much, I mean because I knew he could do it and it was just purely homophobic, it annoyed me that he had so much power to do that, this one person.’ (Galway Woman)

Health

Presumed Heterosexuality

In all focus groups participants discussed how their health care practitioners and especially their Family Doctor presumed that they were heterosexual and how they decided whether or not to disclose their sexuality. Participants also described how difficult they found the experience of coming out to their family doctor.

‘… if I had a medical condition that I thought being gay would actually have a bearing on helping him diagnose it or whatever then I would, but I didn’t see any point in telling him that I was gay, there was just no point.’ (Galway Man)

‘… it’s really weird, because I’m out everywhere, I’m out at work, I’m out to my friends, my family, and yet I go to a doctor and I freeze, I just can’t come out to doctors … it’s bizarre, I don’t understand it at all, but I just get to doctors, and even therapists I’ve had I couldn’t come out to, which is crazy.’ (Galway Woman)

A variety of responses were experienced by those coming out to their health care practitioner

‘It’s been fifty-fifty as to whether or not they’ve been supportive, or even cognisant of the fact that there may have been, you know.’ (Galway Woman)

In some instances participants reported that it was not enough to disclose their sexuality once but they had to do so on a continuous basis

‘I have [a particular medical condition] and was told getting pregnant would jeopardize [my health]I would say no I am a lesbian and the next time and the next time I was told the same thing…’. (Galway Woman)

The woman had to eventually ask

‘Can you make a note on my chart that I’m a lesbian and don’t need birth control.’

The provision and visibility of information was also considered to be an important factor in supporting the participants to come out.

‘… if you can go into a doctors …and you see a leaflet… that’s gay related and you’ve got these gay issues going through your head, I know at that age I would have used that number, I would have used that helpline number…’ (Mayo Man)

‘… the language that is used it could be said in different ways’ (Galway Woman)
There appears to be a conflict in relation to whether or not sexuality is recorded on the medical records. For gay men it was stated that there may be implications regarding health insurance. In one case a participant described how his GP asked him did he want his sexuality recorded on his medical records

‘... she said I’m not going to record that you said about you having sex with men, I recommend that you go to the gay men’s health project in Dublin, which I did do after that, but... why did she feel the need that it had to be recorded that I was gay, if I was straight it didn’t make any difference. I was annoyed about it ...’ (Mayo Man)

Coming out was also an issue for those had been in hospital at some stage and this was also an issue in relation to acknowledgement of next of kin. The importance for participants of recognition of their partner was discussed in particular in relation to stays in hospital.

‘We shouldn’t have to put up with it ... being in hospital, being vulnerable, and looking for a professional service. Wondering is this person non homophobic’ (Galway Woman)

‘... last year I had to use the hospital services and while I didn’t receive any negativity as such, when I described [partner’s name] as my partner... there was a silence, it was like they didn’t really know how to deal with it...’ (Mayo Woman)

‘And to only be able to sit and massage her feet, because that was the only contact that I could have with her... and I wouldn’t even know where to look or to ask or anything else, but it was automatically assumed that, you know, I was just somebody who picked her up’ [just helping out] (Mayo Woman)

Good Practice
In some of the focus groups participants described positive experiences with health care practitioners. There is a balance between recognising the person’s sexuality and also treating them differently

‘I want everyone to join her practice because to me she is the best GP in the world, well both medically, but much more so than that in terms acceptance, you know; literally no issue whatsoever, I mean it’s just a complete irrelevance that you’re, well not even an irrelevance, she’s taking it into account in terms of what she’s talking about, she is absolutely amazing’ (Galway Man)

Sexual Health
Sexual health was discussed with all groups and the focus tended to be on STIs particularly for the male participants.

‘Sexual health first and then sexual pleasure ... and that made a lot of sense to me.’
(Mayo Man)

‘I have used the STI for screening in Ballinasloe, they were brilliant, just the questions are you gay, are you bi, what would you classify yourself as gay, straight, bi-sexual. gay, fine. Okay! it was just matter of fact, that’s who you are, you know, they treat you exactly the same as everybody else I would imagine’. (Galway Man)
The point that younger men were no longer fearful of getting HIV or other STIs was made

‘And I’ve noticed there’s no fear around STDs or STIs anymore, they [referring to younger men] don’t have a fear, you get AIDS, you take medication, it’s cool, it’s no problem. They don’t actually perceive it as being a life changing illness ...’ (Mayo Man)

One respondent described attending A&E and after waiting for eight hours got to see a doctor and written on his file in red ink was that he was a sexually active gay man. The doctor diagnosed him with a STI but when he later followed up with his GP he had a swollen prostate and had to go through cancer screening tests

‘What really annoyed me was, when I went in to see this doctor in an A & E department,…. he straight away said to me ‘oh you’re an active gay man... he took no bloods, he done no inspection, he done no nothing.’ (Mayo Man)

One participant described that he had what he thought was an STI to later find out that it was not related to his sexual health but hadn’t gone to his GP but had waited for an appointment with the STI Clinic

‘I made the appointment and waited three weeks for the appointment to come up to go to a STD clinic a confidential STD clinic before going to my GP.’ (Mayo Man)

There was a separation between the health care practitioner some respondents would attend for general health and who they would attend in relation to sexual health issues

‘... I think what happens to me around health service is that I kind of split them into two, and I have my GP for the normal GP stuff, and then anything related to sex I go to the clinic, and so, there’s no transfer of information between the two, so I think I’ve split my health services into two’ (Galway Man)

Smear Tests
Participants on a number of occasions described how health care practitioners had told them that they did not need smear tests.

‘When I went in and asked for one, I heard the same thing but it was a different doctor, yeah well you wouldn’t be needing one now, you’re single aren’t you?’ (Mayo Woman)

‘... when I first came out to my doctor she told me that I didn’t need a Smear.’ (Galway Woman)

Mental Health
Some participants stated that they felt that there should be gay/lesbian counsellors available to the LGBT population.

‘I think it’s really important that..., that there would be gay and lesbian counsellors, and at and there is no way of finding out, certainly not here, say the Gay Men’s Health Project in Dublin, but it’s really hit and miss.’ (Mayo Woman)

Others described their interaction with the mental health services while coming out as positive.

‘When I was a teenager ... It was the first thing that my parents did was, right send him off to a shrink....but I was really very lucky in that the person they picked was fantastic,
I had absolutely no problems with them...afterwards he basically rang up my parents and said, yeah, nothing wrong with him, he’s grand, no mental health issues, he is gay, he’s perfectly OK with it, I’m afraid you’re just going to have to deal with it kind of thing’ (Galway Man)

Maternity Services
One woman described her experience of maternity services and how important it was for her partner to be recognised

‘I know that when I had my daughter I was even more out because I wanted my partner to be recognised and I had to be out and strong to make sure that happened, and I’m sure I come across as a real posh bitch sometimes, but I felt I needed to do that, but consequently everyone was fantastic, so fantastic that, you know, we were great, we were the celebrities It was all very supportive, but I did feel a little bit like a goldfish at times.’(Galway Woman)

Participants suggested some recommendations including; training for health professions, that the responsibility should be on the health professional to make LGBT people feel welcome, that there should be good visibility of information in waiting rooms and that forms should be inclusive. The language that the health professional uses was viewed to be of key importance.

‘... I think how people frame something ... are you interested in having a partner? Are you interested in having a relationship? Rather than saying are you interested in a boyfriend or a girlfriend. You know, trying to not make those assumptions …’ (Mayo Woman)

Education
Participants were asked to identify any needs they had in relation to the provision of adult education, in this they were also asked to describe their experiences of adult education as an LGBT person. Almost all of those who had undertaken courses at different levels described how either they did not experience discrimination or they did not feel the need to come out to their teacher or fellow students. The majority of participants did however say that they were less likely to engage in the social networking aspect of the course because of their sexual orientation.

‘... they know that I’m gay in college. The people who I find have the most difficulties with it are the younger people... they’re the ones that ... like whisper, whisper, whisper that’s what I’m uncomfortable with’ (Mayo Man)

‘The thing about adult education, you have moved on so long in your life ... you’re better able to cope with what has happened in your life. If they were discriminatory against you...I would just carry on and do what I was going to do anyway.’ (Mayo Man)

Some people described getting shock like reactions from other students when they came out to them while another participant described how she knows that everyone knows that she’s a lesbian but when there are conversations about ‘straight’ things they do not exclude her but they do not ask her questions at the same time. Another woman described how
she had left a diploma course because of discrimination in the class from other students and because of the course provider’s failure to deal with it effectively.

‘I was doing a course ... and the lesbian issue came up at a certain point in the first term, ... there was uproar in the class when the lesbian thing happened and there was a huge level of aggression as far as I could hear, and I didn’t feel that there was any sort of defence of lesbians ..so I decided that it was too unsafe to say that I was gay, or whatever... I actually ended up leaving after the first term.’ (Galway Woman)

Suggestions in terms of improving adult education centred on the inclusion of LGBT culture in course materials where relevant and training for tutors not to presume that everyone was heterosexual.

Throughout the focus groups across various topics the area of primary and post-primary education was highlighted as needing significant reform in order to both educate the next generation in terms of respect for diversity, while also providing LGBT visibility and supports for young people who are exploring their own sexual orientation. In particular a lot of references were made to the recognition and inclusion of LGBT lives in the teaching of relationship and sexuality education as well as the inclusion and acknowledgement of LGBT culture and existence throughout the education curriculum.

‘... I just think it [discrimination] stems from education and schools, definitely from secondary schools, that if you educate people from a young age that it’s OK to be gay that it’s de-stigmatised earlier on... it stops it from developing into something it shouldn’t later on’ (Mayo Man)

‘... the support services in the secondary schools, that there would be more support in terms of counselling and access, for just students in general’(Mayo Woman)

Community Services

A list of community services was shown to focus group participants to give them a context of the range of community services. In general, participants had mixed level of awareness in relation to the listed services. Where there was awareness there were only a few participants who had used any of the services. The services used by those participants included the Gardai, Childcare facilities and the Social and Affordable Housing Schemes.

Those who were aware of Family Resource Centres and Community Development Programmes had been put off using the services because of their perceptions that they were run by the Catholic Church. A number of gay men who had applied for housing were dismayed by the presumption that they were ‘straight’ when filling out the forms.

‘I was just on about the family resource centre and community councils and stuff, a lot of these, in our areas [Rural area] anyway are run by the Church, so that makes it a lot more difficult. ‘Not that I have accessed them ... but a lot of them are run by the Church.’ (Galway Man)

Recognition of same sex partners by childcare providers was also identified as an important need.
Transgender

There were no participants in the focus groups who identified as transgender with one person indicating that he was unsure of his gender identity. The researchers received one written submission from a woman who had undergone gender reassignment surgery. She identified as female and as a dyke. She felt that the online survey failed to ‘address issues relevant to transgender people’. She stated that the questionnaire addresses the experience of discrimination due to sexual orientation but did not consider discrimination on the grounds of gender identity.

In a very detailed submission she states that transsexual people have been discriminated against and that there are many issues for transsexual people that need to be addressed

‘Transsexual people face discrimination within their everyday lives and that discrimination extends to the lesbian and gay communities; there is a need to recognise and tackle that discrimination, both within society and within the lesbian community itself’

The submission outlines that the primary desire for most post-operative transsexuals is ‘to be accepted by society as an unquestioned member of the sex with which they identify and to which they have been reassigned’. However, the needs of transsexual people vary depending on the stage of treatment they are at and a study the different needs of transgender people needs to be carried out.

A well resourced diagnostic and treatment service is described as the primary need. Other needs outlined include; a resource centre to provide a means for transsexuals to meet up; as information and support services for those undergoing gender reassignment; and changes in legislation to allow for the recognition of the gender identity of transsexual people. There is also a need expressed for ‘awareness raising and discussion of the relevant issues concerning the transsexual condition within the gay and lesbian communities’. 
Section 4 - Results from the Online Survey

Profile of the respondents

There were a total of 132 valid respondents in the survey. However, some respondents did not answer all the questions. Therefore, the results are presented based on the percentages of those who responded to each question in the survey unless otherwise stated.

Three-quarters of the overall respondents (75%, n=99) identified as gay or lesbian, one-fifth (20%, n=26) identified as bisexual, 1% (n=1) as transgender and less than 5% (n=6) were undecided or missing. Over one-third 38% (n=50) identified as female while almost two-thirds 62% (n=82) identified as male.

Five per cent (n=7) identified as transgender, 4 of whom identified as female and 3 identified as male. The four transgender females identified equally between gay or lesbian, bisexual, transgender and undecided (n=1). The three transgender males identified as gay or lesbian (n=2) and missing (n=1). One woman felt that the online survey did not address issues relevant to transgender people.

Almost three-quarters (72%, n=95) of all the survey respondents were from Galway, one-fifth (21%, n=28) from Mayo and less than one-tenth (7%, n=9) from Roscommon. The mean age for participation in the survey was 32 years (Standard Deviation=11 years). The mean age was 35 years for females and 31 years for males. One-tenth (n=14) of the respondents had children and six (43%) of these respondents had children under 18. Just over half of those who answered (52%, n=66,) lived in rented accommodation, almost one-third (31%, n=40) reported joint or sole home ownership.

Half of the respondents reported being single (50%, n=66) and almost 40% (n=52) reported having a partner. Significantly more males, almost two-thirds (61%, n=50) reported being single compared to one-third of females (32%, n=16) (Cramers V= 0.326, p=0.003).

Ethnicity was classified according to the census data. Ninety-seven per cent (n=128) identified as white, 0.8% (n=1) were from each of the following Irish Traveller Community, Black/Black Irish Other than African, Asian/Asian Irish/Chinese, Asian/Asian Irish other than Chinese. In relation to disability, 3.8% (n=5) of those who responded that they had a registered disability. These were distributed between physical (n=2), learning (n=1), physical and mental health (n=2).
Experience of abuse because of their Sexual Orientation

Type of discrimination experienced because of sexual orientation

Verbal Abuse 58%
Presumption that you were heterosexual 58%
Physical Violence 20%
Refusal of Goods or Services 6%

Figure 1: Percentage reporting discrimination because of their sexual orientation

Sixty-nine per cent \( (n=91) \) reported experiencing discrimination because of their sexual orientation. Figure 1 shows that over half of the respondents reported experiencing verbal abuse \( (58\%, n=76) \) and over half had been presumed heterosexual \( (58\%, n=77) \). One-fifth of the respondents had experienced physical violence \( (20\%, n=26) \). Over one-eighth of the respondents reported that they had never felt discriminated against because of their sexual orientation \( (14\%, n=18) \) and a similar percentage \( (13\%, n=17) \) were not sure if they had been discriminated against.

Discrimination and presumed heterosexuality

Two-fifths \( (41\%, n=52) \) of those who responded reported being discriminated against by people in their community and over a quarter \( (27\%, n=34) \) reported being discriminated against by work colleagues. Over four-fifths \( (84\%, n=109) \) reported that people in their community always or sometimes presumed that they are heterosexual and almost a half \( (48\%, n=63) \) reported that their family doctors always or sometimes presumed that they are heterosexual.

Sexual orientation stopping respondents from...

Percentages reporting that their sexual orientation has stopped them from...

Feeling part of your community 70%
Feeling part of your family 60%
Taking part in Social Activities 51%
Using a health service 19%
Doing an educational course 7%

Figure 2: Percentages reporting that their sexual orientation has stopped them from...

Almost one-fifth \( (19\%, n=2) \) reported that their sexual orientation had stopped them from using a health service \( (14\% \text{ females } n=7 \) and \( 23\% \text{ of males } n=18) \), one-half \( (51\%, n=67) \)
from participation in social activities, 60% \((n=77)\) from feeling part of their family and 70% \((n=90)\) from feeling part of their community (Figure 2).

Out to...
82% \((n=108)\) were out to some or out to all of their family, and 92% \((n=121)\) were out to some or to all of their friends. 43% \((n=56)\) were out to some or all of their family doctors, 58% \((n=75)\) were out to some or all of their work colleagues. Six per cent \((n=8)\) were not out to any of the groups listed.

Awareness and use of services
Three-quarters reported that they were aware of the OUTWest Helpline and the Galway Gay Helpline \((75\%, n=97\, \text{for each})\). Approximately one-fifth had used each helpline \((22\%, n=27 \text{ and } 18\%, n=22 \text{ respectively})\).

Almost three-quarters \((72\%, n=9)\) were aware of STI Clinics and over one-third \((35\%, n=44)\) had used the clinics \((17\% (n=8) \text{ of females and } 46\% (n=36) \text{ of males})\). One-half \((51\%, n=67)\) were aware of the HSE Western Area Drugs Helpline with two people reporting that they had used this service \((1.6\%)\). Eighty per cent \((80\%, n=103)\) were aware of AIDS West with one-eighth \((13\%, n=16)\) reporting that they had used this service.

In relation to VEC adult education programmes, over 70% \((n=92)\) were aware of the ‘Back to Education Initiative’. Approximately 50% were aware of both ‘Community Education Programmes’ and ‘Adult Learner Guidance Services’. Around 7% \((n=9)\) reported using each of the above services.

One third \((32\%, n=41)\) reported awareness of Local Development Social Inclusion programmes in their county, two-fifths \((43\%, n=55)\) reported awareness of Community Development Programmes in their county and 45% \((n=58)\) were aware of Family Resource Centres. Between 3% and 5% had accessed these services.

Almost three-quarters \((71\%, n=92)\) were aware of the Garda Liaison Officers for the LGBT community and one-eighth \((14\%, n=17)\) had accessed the service, \((8\% (n=4) \text{ of females and } 17\% (n=13) \text{ of males})\). Almost three-quarters \((73\%, n=94)\) were aware of the Local Authority Social and Affordable Housing Scheme and over 10% \((n=15)\) had used the scheme. The awareness and use of services by county is outlined in Appendix 5.
Experience of isolation

![Experience Isolation Chart](chart.png)

Figure 3: Experience of Isolation by Sexual Orientation.

Over one in eight (15%, $n=19$) reported always feeling isolated and over 7 in 10 (72%, $n=88$) reported sometimes feeling isolated because of their sexual orientation. There were very little differences between males and females in their reported experience of isolation. Over half (54%, $n=66$) of the respondents socialised with a mixture of people who were both LGBT and heterosexual, while 1 in 10 (10%, $n=13$) socialised with mainly LGBT people and 1 in 4 (27%, $n=33$) with mainly heterosexual friends. 8% ($n=10$) reported that they did not like socialising.

<table>
<thead>
<tr>
<th>Venue</th>
<th>%</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay Alcohol Venues</td>
<td>42</td>
<td>(55)</td>
</tr>
<tr>
<td>Gay Non Alcohol Venues</td>
<td>4</td>
<td>(5 )</td>
</tr>
<tr>
<td>‘Straight’ Alcohol Venues</td>
<td>52</td>
<td>(68)</td>
</tr>
<tr>
<td>‘Straight’ Non Alcohol Venues</td>
<td>17</td>
<td>(22)</td>
</tr>
<tr>
<td>People’s Homes</td>
<td>48</td>
<td>(59)</td>
</tr>
<tr>
<td>Clubs/ Societies</td>
<td>17</td>
<td>(18)</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>(1 )</td>
</tr>
</tbody>
</table>

Table 1: Venues where people socialise

When asked where they socialise, respondents indicated a range of venues. These were re-coded and are presented in the table above. Note that respondents could indicate more than one venue.

Future use of targeted services for LGBT Population which are relevant to respondents

Figure 4 details the future use of LGBT targeted services which are relevant to the respondents. Eight in ten respondents (81%, $n=96$) stated that they would access LGBT social events if available, 6 in 10 (61%, $n=70$) would use a LGBT resource centre. One in two would use LGBT ‘Coming Out’ Support Groups (52%, $n=48$), Youth Support Groups (54%, $n=34$), LGBT Personal Development Courses (54%, $n=60$), LGBT Adult Education Courses (51%, $n=51$) and an LGBT Older Persons Group (48%, $n=30$). A breakdown of future use of service by county is included in Appendix 5.
Future use of targeted services for LGBT Population
which are relevant to respondents (%)

Figure 4: Services that are relevant to respondents that respondents would use if available
(Note: There were different numbers of respondents to each question)

Health and Health Behaviours

Two in three rated their mental health as very good, (33%, \(n=40\)) or quite good (35%, \(n=42\)). One in four rated their mental health as average (25%, \(n=30\)) and less than 7% (\(n=8\)) as poor or very poor. Over eight in ten (82%, \(n=100\)) rated their sexual health as very good or quite good, 1 in 10 (10%, \(n=12\)) as average and less than 1 in 20 as poor or very poor (4%, \(n=5\)).

Of the female respondents who answered the question about frequency of having a smear test, 49% (\(n=19\)) have had a smear test in the past three years, 15% (\(n=6\)) over three years ago and 36% (\(n=14\)) have never had a smear test. One in two of female respondents in the 26-44 years age category (55%, \(n=11\)) had a smear test in the past three years.

Figure 5: Percentage who had an STI check-up by gender

Almost one in three reported having a STI check-up in the past year (31%, \(n=37\)) and one in five (20%, \(n=24\)) in the past five years. Figure 4 shows the breakdown by gender with significantly more males, 40% (\(n=30\)) having had a STI check-up within the past year compared to 16% (\(n=7\)) of females. Also more females (41%, \(n=18\)) compared to males (25%, \(n=19\)) reported never having a STI check-up and did not feel that they need one (Cramers V =0.315, p=0.018).

One in three smoke cigarettes (34%, \(n=41\)). Eight out of ten drink alcohol (83%, \(n=100\)), and one in three of those who drink alcohol (34%, \(n=34\)) reported drinking over the recommended number of units per week. Thirty-two per cent (\(n=12\)) of females and 35%
(n=22) of males reported alcohol consumption that was above their respective recommended health guidelines of 14 units and 21 units per week. This gender difference was not found to be statistically significant (χ² =0.64 P=0.8).

Table 2: Use of Drugs by Gender

Over 6 in 10 (65%, n=78) reported having taken recreational drugs at one time in their lives, Table 2 outlines both males and females drug use under headings lifetime, past year and past month. Under one third (30%, n=13) of females reported never taking drugs compared to 38% (n=29) of males. However, this gender difference was not found to be statistically significant (χ² =3.9, p=0.42). Of those who had taken drugs, 97% (n= 72) reported using cannabis at least once, 71% (n=49) using poppers, 58% (n=39) using ecstasy and 52% (n=32) using cocaine (Table 3).

Table 3: Type of Drug used and when last used

18 Lifetime prevalence above refers to the proportion of the sample that reported ever having used drugs. Respondents who have used in the past month are also included in the number who have used in the past year and in lifetime use.
Transgender

Seven people identified as transgender in the survey. One person did not identify as transgender because she is post reassignment and identifies as a woman and a ‘dyke’. However, she felt that the survey did not address discrimination and needs based on people’s gender identity. Of those whom contributed additional comments, three identified the need for a support group for transgender people in the region. One transgender respondent highlighted how good they had found the existing LGBT youth group and how access to this group had provided great support in coming out. One respondent commented that the survey had covered everything and hence there was no need for further comments. Finally, one respondent highlighted the need for educational resources in schools and libraries to include LGBT characters.
Section 5 - Results from the Services Survey

This written survey was conducted to ascertain the extent to which the LGBT population is explicitly included by the selected organisations in service planning, delivery, monitoring and evaluation. Services were selected based on the research topic areas and their geographical coverage. However, it was not possible to survey all relevant services across the three counties. The services/organisations surveyed were 5 Area Based Partnership companies (ABP), 4 Vocational Educational Committees (VEC), 4 County/City Development Boards (CDB), the HSE West, 21 Community Development Project’s (CDPs) and 11 Family Resource Centres (FRCs). All surveys were sent with a cover letter by email and were followed with a series of phone calls and emails to maximise the response.

A total of 43 surveys were distributed. Twenty-nine (67%) were completed and returned. These were from 10 CDPs, 7 FRCs, 5 ABPs, 2 VECs, 4 CDBs and the HSE West.

Twenty organisations have an equality policy in place (5 CDPs, 4 FRCs, 5 ABPs, 4 CDBs, 1 VEC, and the HSE). Of those that have equality policies, a majority referred to equality legislation and sexual orientation as outlined in the nine grounds, 4 mentioned the ‘Community Development Code of Practice’. Three organisations stated that sexual orientation was not specifically named in their policy. Nine organisations did not have an equality policy in place. These included a VEC, CDPs and FRCs. Seven of these stated that they intend to develop an equality policy.

All organisations apart from one FRC stated that they have a yearly service/action plan. 14 had no specific reference to the LGBT population but some stated that they have actions such as ‘general support for all’ and ‘an open door policy’. These included 6 CDPs, 2 LDCs, 3 FRCs and 3 CDBs. Others referred to their work programmes focusing on other marginalised groups.

Specific actions to target the needs of the LGBT population outlined included; to develop and adopt a code of practice; training for staff, volunteers and management; training for front desk staff in terms of referrals; being an active member of the FRC and LGBT Network; active participation in the LGBT West needs analysis; building awareness of needs of the LGBT community through posters and provision of information on help lines and events; participation in the HSE LGBT Health Sub-Committee; predevelopment support for lesbian women and continued support to OUTWest.

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19 Including two which also have responsibility for the rural development programmes (LEADER)
20 Due to survey prioritisation and no one HSE office with responsibility for the research catchment area, the Equality Officer for the HSE West region was identified as the point of contact. It is important to note that this position has only recently been expanded to the whole HSE West region and previously had just held responsibility for the North West area
21 The nine grounds refers to those categories which are covered under the Equal Status Act 2000
22 The ‘Community Development Code of Practice’ is an initiative between West Training and GLEN
Table 4 details the level of funding for LGBT organisations/groups/projects reported by the different organisations.

<table>
<thead>
<tr>
<th>Name of Organisation</th>
<th>Type</th>
<th>Year/Organisation funded and Activities – Amount</th>
</tr>
</thead>
</table>
| Galway City Partnership | ABP  | 2002 Galway Gay Helpline- Capacity Building - €2,000  
|                       |      | 2002 Start up grant- Women out West - €980  
|                       |      | 2005 Galway Gay Helpline Volunteer Training - €900  
|                       |      | 2007 LGBT Youth Group – Start-up grant for LGBT Youth Group - €900  
|                       |      | 2007 LGBT West/ Gay HIV Strategies - LGBT needs Assessment - €2,000  
|                       |      | 2007 Galway Gay Helpline – Volunteer training - €700  
| Galway Rural Development Company | ABP  | 2007 LGBT West - Needs Analysis - €2,000  
|                                 |      | 2008 LGBT West - Needs Analysis - €2,000  
| Galway County Development Board | CDB  | 2007 LGBT West Needs Analysis - €2,000  
| Galway City VEC | VEC  | 2005 AIDS West - Personal Development Course - €1,000  
|                                 |      | 2006 OUTWest - Personal Development Course - €1,500  
|                                 |      | 2007 LGBT West - Needs Analysis - €2,000  
| Roscommon VEC | VEC  | 2006 OUTWest for Social Development Courses - €1,250  
|                                 |      | 2006 AIDS West - Sexual Health Workshop - €800  
|                                 |      | 2007 LGBT West - Needs Analysis - €700  
| Mayo County Development Board | CDB  | 2007 LGBT West - Needs Analysis - €3,000  
|                                 |      | Staff time and resources to establish equal status group and funding of touring photographic exhibition  
| Roscommon Partnership | ABP  | Out West Promotional Materials and advertising of website - €2,000,  
|                                 |      | Out West Strategic Planning workshop over a weekend - €4,000,  
|                                 |      | ELLA Support Group – Facilitator - €2,000  
|                                 |      | LGBT West contribution - €2,000  
| HSE | HSE  | Mayo – No HSE targets or support in this area  
|                                 |      | Galway – Provision of funding and support to AIDS Help West – Amount not given  
|                                 |      | Roscommon- No HSE Targeted Services/ Supports in this area (from HSE (2008) Health and Social Service Provision of LGBT people- draft)  

Table 4: Funding for LGBT Organisations in Galway, Mayo and Roscommon.

Twenty organisations do not provide any direct funding to LGBT organisations these included all the CDPs and FRCs who would not normally provide funding directly to other groups but who may offer assistance and support to other groups to secure funding. One Area Based Partnership company stated that they were not aware of any LGBT groups in their county.

Twenty-three organisations stated that they do not monitor LGBT people’s use of their service. Some groups qualified this with ‘unless people declare themselves’. Four stated that they monitor if people self-identify, one group stated that they have a monitoring form for courses, but that it is voluntary whether or not people fill it in. In the majority of
responses the number and gender breakdown was not available. Numbers were available for specific LGBT training courses which involved OUTWest and AIDS West.

Seven organisations stated that they involve the LGBT population in developing and evaluating plans and services. Of those that answered yes there was a range of involvement. This included a Community Education Facilitator meeting with OUTWest, LGBT population represented on the voluntary management committee and in reviewing the CDP/FRC Code of Practice. Other organisations stated that the general public are invited to submit to their plans.

Twenty-one organisations stated that they had no direct consultation with the LGBT population in the past three years. Of those that stated they had consulted it was informal (2 CDPs, 1 VEC, 1 CDB, 2 FRC, HSE) and through OUTWest in two cases. One ABP referred to this needs analysis in terms of direct consultation. The HSE was the only organisation to attach a written document of their mapping exercise.

Seventeen organisations stated that they had not identified any specific needs for the LGBT population. Of those that had identified needs they included; access to relevant information; socialising outlets in rural communities; support needs in making facilities available; personal development training courses; and the naming of the LGBT population in all operational plans.

Sixteen organisations stated that their staff had received training to ensure that they do not discriminate against LGBT people. Of those organisations that stated that they had completed training, three mentioned the West Training event in 2006, others referred to generic equality and diversity training.

Seven organisations had identified barriers that LGBT people may experience in trying to access their service. Of those barriers that were identified these included; lack of the existence of specific services and of a resource centre; the blocking of emails that contain words lesbian or gay; the stigma and fear people experience in wondering who might know that they have sought out information. The difficulty in identifying barriers was considered by some as a result of the difficulties they experienced in trying to access the LGBT population.

‘Again, difficult to gauge if people do not identify and the fear of disclosure of being LGBT due to stigma and fear of discrimination it’s a barrier in itself’

For some groups the ‘other comments section’ reflected that the process of completing the questionnaire was useful. Also there was an overall welcome for this research and a commitment to take action as well outlining a need for direction and support on how best to work with LGBT people.

‘This questionnaire gives us the opportunity to look at our policies, ourselves and our attitudes to difference’

‘As you can see much needs to be done. As co-ordinator I need to progress this in 2008’

‘We would welcome any help we can get in supporting LGBT people and planning initiatives, we do not want to do this wrong or do any damage’
The online survey was completed by 132 people and a further 31 people participated in the focus groups. While this is a relatively large sample size for this type of study it must be noted that it is a convenience sample and its representativeness of the LGBT population cannot be ascertained. Even though paper versions of the study were available on request some people may have been prohibited from participating in the survey because they did not have access to a computer where they were comfortable to complete the survey. The research process also highlighted that some public computers in libraries and elsewhere block access to sites with the words ‘gay or lesbian’ as part of their spam protection policies. There was comprehensive promotion of the research; however, the impact of the snowball sampling method was limited by low levels of community engagement with the project promoters.

The sample included a reasonable mix of gender (male/female), sexual orientation and age. However, the sample is less representative of gender identity (transgender 5%) and disability. It is not representative of ethnicity (other than White Irish). There was a diversity of participants in terms of relationship status and rural/urban location, with the exception of participants from Roscommon. Significant advertising and promotion of the research was targeted in Roscommon using a variety of networks and media, however, only one person came forward for a focus group and nine people, who said they were from Roscommon, completed the online survey. The researchers were in touch with a number of LGB people from Roscommon who in the main, were either unavailable or uncomfortable to participate in a focus group. This may also be reflective of what (Gibbons, 2007) describes as people’s fears of disclosure or being ‘outed’ and the concerns that some people have in terms of potential discrimination and rejection.

The majority of online survey respondents were open about their sexual orientation to some or all of their family (82%) and friends (92%). However, only 43% were out to some or all of their family doctors, 45% to health care professionals, 41% to their neighbours, 58% to work colleagues, 30% to educators and 45% to other students. There was a mix of ‘outness’ across the focus groups. Participants in the focus groups indicated mainly that they were out to a number of people in their lives. A number of participants indicated that they were out to very few people because of their fear of negative repercussions.

Experience and Consequences of discrimination

Previous research demonstrates the links between the experience of discrimination and a consequent risk of social exclusion (GLEN/NEXUS 1995; Quiery 2002, CPA et al 2006). Discrimination also impacts on the health and well being of an individual (Dean et al 2000). As previously described Irish legislation generally prohibits incitement to hatred
and discrimination on grounds of sexual orientation across employment and the provision of goods and services.

Despite such legal protections 69% of respondents in this research reported that they had experienced discrimination because of their sexual orientation. Over half of these reported experiencing verbal abuse and one-fifth experiencing physical violence because of their sexual orientation. Participants who described their experience of discrimination outlined incidents related to them in terms of verbal abuse and physical violence in their neighbourhood, the presumption of heterosexuality; homophobic responses to disclosure when accessing health and community services;23 and of either overt or subtle discrimination by work colleagues or other students. The levels of physical violence reported are consistent with the earlier Irish research findings by Querry (2002) and GLEN/Nexus (1995).

A majority (84%) reported that they felt that people in their community always or sometimes presume that they are heterosexual and almost half reported that their family doctors always or sometimes presumed that they were heterosexual. Gibbons (2007) highlights the negative impact and barriers to accessing services that such heterosexism can create.

Two-fifths of online respondents reported being discriminated against by people in their community and over a quarter reported being discriminated against by work colleagues. Some focus participants described a range of work problems, which resulted directly in one case of a person leaving their job. In contrast responses from community services outlined how they had difficulty in identifying LGBT people who access their services because of fear of stigmatisation.

The extent and nature of discrimination reported by respondents is of extreme concern. The impacts of discrimination have been detailed in previous research as ranging from isolation and social exclusion to psychological distress, poverty and poor quality of life. Of course this will not be the same for all people who experience discrimination however; it is a significant barrier for LGBT people. High levels of discrimination experienced by LGBT people result in social exclusion and the need for LGBT specific supports. This level of discrimination in Ireland has remained high since it was first researched by GLEN/Nexus (1995).

Kitzinger (1987), the Equality Authority (2002) and NESF (2003) note that the resolution of these inequalities is through systematic structural changes. Based on the findings of this report such changes need to transgress all aspects of community, education and health services provision as well as social attitudes and behaviours. Sexual orientation transgresses age, ethnicity, gender, family and relationship status, religious backgrounds, different nationalities and socio-economic background. Therefore services and communities need to presume that it is at least a possibility that a person accessing their service may be a lesbian, gay, bisexual or transgender and therefore they need to consistently avoid presuming otherwise.

23 Including An Garda Síochána
Isolation because of sexual orientation

Experience and/or fear of rejection and discrimination can result in people not disclosing their sexual orientation to others (Gibbons et al, 2007). In the main, the research respondents were ‘out to’ a number of people. Throughout the focus group discussions a majority of the participants indicated that they were out to friends. Some participants indicated that they were out to a very limited group of people, in some cases only one or two others. Of the online respondents the majority were ‘out to’ some or all of their friends and family, approximately half were out to health care professionals, family doctors, work colleagues and neighbours or other students (where relevant), about one third of respondents were out to their educators.

However, during the primary research there were a number of participants who took some risks to participate in focus groups. In other cases people contacted the researchers via email and phone looking for support because they were experiencing isolation and distress. In some cases people expressed interest in participating in the research but were not ready to talk about their experience and so decided to either only complete the online survey or not to participate. The reality of such isolation, distress and fear is upsetting to witness. Mature adults isolated from a freedom to express their true selves, living with fear that their identity would be revealed, while also needing to know other LGBT people in order to reduce the sense of exclusion and to some extent their own fears and concerns about being LGBT.

Almost 90% of the survey respondents always or sometimes felt isolated because of their sexual orientation. The majority of respondents who always felt isolated were over 35 years of age. Such high levels of isolation because of sexual orientation were also expressed by people who had said they were out to one or more of the categories listed. So isolation was not only as a result of limited disclosure. Instead it’s important to note the potential link with levels of discrimination experienced. In addition, 60% of survey respondents reported that their sexual orientation had stopped them always or sometimes from feeling part of their family and 70% from feeling a part of their community.

Social Networks & Supports

The CPA (2006) describes the need for both ‘prevention and cure’ in terms of establishing social cohesion. Therefore, in addition to structural/societal reform there also needs to be supports and responses to resolve the impacts of historically expressed, societal homophobia and the current high levels of discrimination experienced.

In this regard this research has found a high level of need for a variety of LGBT specific social outlets and supports. Half of the respondents said that their sexual orientation had stopped them sometimes or always from taking part in social activities. Over 86% of survey respondents stated that they would access LGBT social events if they were available to them. The nature of these supports varies depending on the individual, in terms of both their experience and extent of coming out.

Respondents highlighted the very limited number of local outlets for people to socialise which are LGBT friendly. Many participants across the focus groups highlighted how
they happened across other LGBT people and felt that they were lucky to have accessed a network of LGBT friends. They expressed concern that if they had not made particular contacts they may have remained isolated from an LGBT network. Many described a sort of ‘ripple’ effect in terms of meeting people, whereby they might get to know one or two people who then introduced them to others and so on. However, some participants described how making that first contact was very difficult both in terms of identifying people and in terms of having the confidence to take the first step. This is highlighted by the fact that half of the survey respondents stated that they would use a coming out support group if it was available to them.

In addition to the need for more social events, the provision of more formalised contact points in the form of a LGBT resource centre/café with meeting areas, a central information point and a befriending/coming out support group were identified as possible solutions to breaking isolation and creating a sense of community and social networking in Galway City. 61% (n=52) of online respondents from Galway indicated that they would use an LGBT Resource Centre and 30% (n=25) were unsure whether or not they would use such a facility. The need for a LGBT resource centre was a consistent and much expressed theme in all of the Galway focus groups. In Roscommon, six of the eight online respondents said that they would use a LGBT resource centre, one was unsure and one said they would not use this type of facility. In Mayo, 55% (n=12) of the respondents said they would use an LGBT resource centre, 36% (n=8) were unsure and 9% (n=2) said they would not use a resource centre. All of the participants in the Mayo focus groups identified the need for a LGBT drop in centre and meeting place in Castlebar, which they felt could run an outreach support service throughout Mayo and Roscommon. Some women felt that a general women’s centre would cater for their needs. There were mixed opinions in terms of the visibility of a drop in centre in Castlebar. However, the majority felt that it should start off discreetly in order to facilitate those who did not want to be identified. There was no gender difference from those online respondents who said that they would use a resource centre.

In terms of meeting social needs in a more immediate way (as many participants felt that it could take time to get a resource centre established) suggestions included providing an up to date website with information about LGBT events and activities and the organisation of social events that were not all centred around alcohol. The LGBT Youth group identified the need for both an accessible, youth friendly premises and for full time staff to be working solely with their group in order to allow for outreach and education work with schools and youth clubs. 81% (n=96) of the online respondents reported that they would use LGBT social events if they were available, 52% (n=48) said they would use ‘Coming Out’ support groups, of those that an LGBT Youth group was of relevance to, 54% said they would use one.

A considerable amount of community development work needs to be resourced in order to respond to the extensive gaps that have been identified by participants in terms of social networking supports. In particular, there needs to be investment in predevelopment work to increase LGBT volunteering and enhance community leadership.
Provision of Information and Raising Awareness

The provision of information and increasing LGBT visibility were recurrent themes across all of the focus groups. The needs identified included; the provision of some form of central information point and providing information in more mainstream media; so that those who have not already made contact with an LGBT network might be more likely to access information. Participants suggested that such media could include a dedicated, regular section in a local paper as well as in general service information leaflets. Some examples included mental health leaflets, suicide prevention and sexual health information.

Other needs identified in relation to the provision of information focused on increasing visibility of LGBT lives, the provision of a specialist information support particularly in relation to legal and discrimination/equality legislation, parenting and assisted reproductive services, and coming out supports. It was highlighted that LGBT people should not have to ‘out’ themselves when looking for information to support them coming out. Finally a large number of participants described how they would perceive services who display LGBT specific information as being more likely to be LGBT friendly. Such environments were more conducive to some of the participants being open about their sexual orientation with the particular service provider. This is consistent with findings in Query (2002) and Gibbons et al (2007).

Legal Recognition of Same Sex Partnerships

The importance of legislating for same sex partners and LGBT families was highlighted by both focus group participants and online respondents. The equal recognition of same sex couples with heterosexual couples was seen as an important social change in order to achieve a greater equality for all LGBT people in Ireland. Specific within this were some participant’s descriptions of the difficulties they have encountered because their relationships were not recognised by the state. These included; next of kin health and inheritance matters, joint parenting recognition, relationship breakdown supports and income tax inequalities.

Community

There was some awareness amongst online respondents (between 30-45%) of community services but less than 5% of respondents had accessed any of these services. There was a very low level of awareness of community services within the focus groups. Some participants in the focus groups indicated how they perceived that Family Resource Centres and Community Development Projects were run by the Catholic Church because of religious involvement and/or use of religious symbols in their premises (e.g. Catholic Crosses/Statues on display in centres).

Community organisations who completed the services survey, expressed a willingness to engage with the LGBT Population. However, in most cases they had not done so as part of their planning or consultation processes and many were unsure of how to engage with the LGBT population. Some of the Family Resource Centres (FRCs) and Community Development Programmes (CDPs) indicated that they had been involved in developing an
LGBT code of practice with West Training. However, some of these service providers and other respondents reported that LGBT was not currently a target group. In a number of cases services referred to the fact that they were working with other marginalised target groups e.g. Travellers, other ethnic minorities, and women. There seems to be a failure to recognise that LGBT people are also young, women, socially disadvantaged, members of the Travelling community and so on. Some of the statutory organisations (VEC’s, CDB and HSE) and Local Development Companies had supported LGBT Community organisations through funding and the provision of support and training.

Transgender

There was limited participation in the research by people who identified as transgender. This included 1 focus group participant who was undecided, 7 online respondents and 1 woman who felt that the online survey did not cater for responses relating to gender identity discrimination. This woman chose to send a detailed written submission outlining specific recommendations to respond to the needs of transgender people.

The majority of transgender people who participated identified the need for a transgender support group to be established in the region. In addition, the written submission highlighted a number of needs in relation to required legislative change, accurate information provision and access to appropriate health services for transgender people. These needs were consistent with those identified by NHS (2007e) which also highlighted how many transgender people meet prejudice and discrimination in their everyday lives.

Collins & Sheehan (2004) found that there is no written policy documentation addressing the health needs of transsexual people. Existing literature indicates that there are mixed views from transgender activists in terms of definitions and the recognition of transsexualism as a health condition as oppose to a state of gender non-conformity (NHS, 2007e).

The needs of transgender people appear to be diverse and for transsexual people these needs vary depending on their stage of treatment. Because of the low participation of transgender people in this research a further consultation with transgender people may identify more specific needs, however in the meantime a transgender support group should be established. This group should then be consulted with in terms of considering further responses.

Health

A recurrent health theme was participant’s experience of presumed heterosexuality. The results of the online survey showed that half of respondents reported having been assumed heterosexual by their family doctor. According to the literature, heterosexuality is invariably assumed and a health professional’s lack of knowledge about someone’s sexual orientation may prevent them from receiving the best outcomes (Neville & Hickson 2005).

Participants also described the need for creating more visibility and providing information and leaflets in waiting rooms. This supports the findings from the literature which states that people are more likely to disclose their identity in a safe environment (Steel et al
Participants need more visibility of LGBT information in health care settings. Participants also expressed the wish to not be presumed heterosexual. The role of the health care professional as described by Brootman (2002) should facilitate the coming out process. However, the disclosure of sexual orientation should be voluntary and Devine et al (2006) found that half of men did not want their GP or practice staff to know about their sexuality.

Positive experiences in accessing health services were described by a few focus group participants. Examples were outlined of how their health professionals treated them ‘normally’ taking into account any differences regarding their sexual orientation, when relevant. However, a number of participants also described how health professionals reacted negatively to disclosure. This was a cause of stress and anxiety for the participants in question; in some incidents it discouraged the participants from returning to the service. Other participants described how when they ‘came out’ to their doctor they were either prescribed anti-depressants (even though they were not asking for them) or they were referred to psychiatric services (even though they did not seek such supports). One participant described how a doctor told him not to tell his mother when he came out to him and how this upset him because he was close to his mother.

There was also mixed opinions as to whether or not medical records should include details of a person’s sexual orientation. Some participants felt that false presumptions were made as to their required treatment, because their sexual orientation was highlighted on their charts. In some cases this led to some health conditions being misdiagnosed as an STI, because the participants felt that the health professional saw a gay man and decided that an STI was the most likely condition. Other participants concluded that they had effectively split their health care by attending their GP for everything except for STI checkups.

The HSE Mapping Document (HSE, forthcoming) recommends the development and implementation of training and awareness programmes for all staff (p 12). In the UK best practice guidelines for health professionals have been developed to respond to the needs of LGBT users and their families (UNISON, 2004 and NHS 2005).

### Mental health

<table>
<thead>
<tr>
<th></th>
<th>Online LGBT West Survey</th>
<th>Western Health Board (2001)</th>
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<tbody>
<tr>
<td></td>
<td>N=120</td>
<td>N=703</td>
</tr>
<tr>
<td>Very Good</td>
<td>33% (n=40)</td>
<td>35.1%</td>
</tr>
<tr>
<td>Quite good</td>
<td>35% (n=42)</td>
<td>50.4%</td>
</tr>
<tr>
<td>Average</td>
<td>25% (n=30)</td>
<td>13.9%</td>
</tr>
<tr>
<td>Poor</td>
<td>6% (n=7)</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Very Poor</td>
<td>1% (n=1)</td>
<td>&lt;1%</td>
</tr>
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</table>

*Table 5: Comparison of rating of mental health between LGBT West Survey and WHB Survey*

Respondents reported poorer levels of mental health (Table 5) than the survey of the general population by the Western Health Board (WHB) (Evans and Jones, 2001). LGBT West respondents were more likely to report their mental health as average or poor when
compared to the WHB study. As the LGBT West study was not necessarily representative, this comparison should be made with some caution. However, the result is consistent with many other studies across the literature (Dean et al 2000 and Mayer et al 2008).

A number of participants described the need for counsellors and therapists to have training to raise their awareness of the LGBT issues and experiences. Dillon and Collins (2002) described how LGBT helpline operators expressed the need for onward referrals to ‘gay friendly’ health service professionals. Gibbons et al (2007) also refer to the need for more ‘tailored and LGB sensitive support and counselling’ (p. 79). Almost half of the total respondents (45%, n=60) stated that they would access personal development courses if available showing that respondents were motivated in the area of personal development.

Sexual health
A majority (86%) of online respondents rated their sexual health as very good or quite good. Half of those who felt it would be relevant to them said they would participate in sexual health awareness workshops. A lot of focus group participants raised concern about what they perceived to be an emerging complacency towards safe sex practices amongst younger men. There was a considerable gender distinction in relation to STI checkups. 32% of women have had an STI check-up in the past five years compared with 62% of men. 41% of women felt they do not need to have an STI check-up compared with 25% of men who do not feel that they should have one. Some online respondents commented on the satisfaction they had with the existing clinics with the exception of some of the waiting areas, which one respondent claimed would prevent him from returning again. This highlights the continued need for confidentiality and privacy in service settings, which is also recommended in existing research (Gibbons et al 2007, Brootman 2002).

Gynaecological health
One in two of the online respondents reported having a smear test in the past three years. When asked about smear tests in the women only focus groups, the majority of respondents said that they had a smear test in the past three years. Some participants described how they have stopped having smear tests because they do not like having them done. Of a specific target age group for regular smear tests (26-44 years) 55% had a smear test in the past three years. A number of women across the focus groups revealed how they were misinformed by their GPs who told them that they did not need smear tests because they were lesbian. This is consistent with the literature (O’Hanlon in Equality Authority 2002). Clearly there is need for clarification among GP’s in relation to the needs of lesbian women to have smear tests. The Irish Cervical Screening Programme’s leaflet ‘About your smear test’ includes lesbian women in the section describing those who should have a smear test (2007). It is hoped that the future national roll out of the screening programme will specifically reach lesbians as a target group.

Use of substances
Thirty five per cent of respondents smoke cigarettes, this is compares to 25% for the Western Region (Galway, Mayo, Roscommon in the Slán Regional Results (Kelleher et al,
This is consistent with other studies on smoking prevalence in the LGB population (King and Nazareth 2003, NHS 2007d, Mayer et al 2008).

**Alcohol Consumption above the recommended guidelines**

<table>
<thead>
<tr>
<th></th>
<th>Online LGBT West Survey</th>
<th>Slán Regional Results (2003)</th>
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<tbody>
<tr>
<td><strong>N=100</strong></td>
<td><strong>N= 217</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>34% (n=34)</td>
<td>18.8%</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>32% (n=12)</td>
<td>12.2%</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td>35% (n=22)</td>
<td>27.9%</td>
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</table>

*Table 6: Comparison of alcohol consumption above the recommended guidelines in LGBT West Survey compared to the Slán Survey 2003*

As referred to in the literature review there are mixed findings when comparing alcohol consumption between LGB and heterosexual populations. Some of the differences in findings may be related to the sampling methods. Those studies that show a difference have tended to have used convenience sampling. Larger prevalence studies/ household studies that have included sexual orientation have shown little difference between gay and heterosexual men while, they have shown differences between lesbian, bisexual women and heterosexual women. Provision of targeted services to the LGB population should not be dependent on elevated levels of consumption but should be consistent with the delivery of services which meet the needs of the LGB population.

It is with the caution of these comments that the following comparisons are made. *This sample had a greater percentage (34%) that consumed more than the recommended number of units of alcohol for males and females, when compared with the Slán Results for the Western Region (18.8%) (Kelleher et al, 2003).* However, this finding must be interpreted with caution as the online survey did not necessarily have a representative sample of the LGBT population. Also the sample in the LGBT population was smaller (n=100) when compared to the Slán sample (n=217). However, the findings are consistent with results from larger prevalence population based studies for females in other countries. Further National Prevalence Studies of alcohol consumption in Ireland should include sexual orientation as a measure, so that more comparative data can be obtained. It is important to emphasise that both focus group and online participants highlighted the need for alcohol and drug free social spaces where LGBT people can socialise.

**Recreational Drug Use**

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<tr>
<th></th>
<th>LGBT Online Survey 2007</th>
<th>National Prevalence Survey 2006/7</th>
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</thead>
<tbody>
<tr>
<td><strong>N=120</strong></td>
<td><strong>N≈5,000</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lifetime use (Ever)</strong></td>
<td>70 (31)</td>
<td>62 (47)</td>
</tr>
<tr>
<td><strong>Past Year</strong></td>
<td>39 (18)</td>
<td>33 (25)</td>
</tr>
<tr>
<td><strong>Past Month</strong></td>
<td>24 (11)</td>
<td>17 (13)</td>
</tr>
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</table>

*Table 7: Comparison of substance misuse between LGBT West Survey and the National Prevalence Survey*
The above table compares the result of the LGBT West online survey with the National Drugs Prevalence Survey (NACD and DAIR 2008). In each category the LGBT female and male respondents reported higher recreational drug use. However, again this finding must be interpreted with caution as the online survey did not necessarily have a representative sample of the LGBT population. Also the sample in the LGBT population was small when compared to the National Prevalence Study (N≈5,000). The percentages of lifetime use (had ever taken) are similar to that of the Sarma (2006) study of LGBT youth and young adults. However, those taking drugs in the past year were considerably less than the 60% in the youth study. While females appear to have higher reported drug use than males this was not found to be statistically significant for this sample.

Further national prevalence studies should include a question on sexual orientation and gender identity in order to be able to make an accurate comparison with the LGBT population. However, this result does inform us that there is a proportion of the LGBT population in the West that has higher rates of recreational drug use than the general population. In order to respond to the needs of the LGBT population it is important that health promotion campaigns and initiatives develop specifically targeted messages and initiatives appropriate to this population.

It is not possible to conclude why alcohol and drug use appears to be higher in this population sample. Further and more detailed studies are necessary to investigate causal factors and effects of alcohol consumption and drug use amongst the LGBT population.

Adult Education

Very few focus group participants and online respondents (9%) had participated in adult education programmes and initiatives. There was over 50% awareness of the different adult education services operated by the VEC. Of those that had experience of adult education, some indicated that their sexual orientation was not relevant to the content of the courses. However, their sexual orientation would have prohibited them from fully engaging in the social and group dimension of adult learning.

A few people had positive experiences of being out to other adult learners while others did not feel it was necessary to disclose their sexual orientation. In a number of instances respondents described how class comments or discussions were homophobic and in at least two cases resulted in participants not completing the course. Adult education courses should consider course content and teacher and adult learner responsibility.

At least one LGBT personal development course has been successfully run in the region to date. Half of the online respondents (n=50) who considered adult education relevant to them would be interested in participating in LGBT specific personal development courses in the future.

While not part of the terms of reference of this research, a lot of participants spoke in relation to the needs of LGBT people in second level education. Recommendations included supports for LGBT young people to come out and also the development of a culture which respects all sexual orientations. Focus group participants spoke of been harassed and
verbally and physically attacked by young people because of their sexual orientation. A culture of respect for difference needs to be developed and modelled through all education and youth organisations.

Issues of homophobia from both staff and students in third level education were also highlighted. Former and past students and staff spoke of the importance of a vibrant, active LGBT college society and the particular need for this to be recognised and supported by college authorities.

As with all adult learners it is likely that previous learning experience will influence their participation in lifelong learning. It is therefore very important that the adult education learning environment is conducive to respect and inclusiveness both in the content, delivery and culture of the course. Further research may be warranted to consider why there is such a low level of participation by the LGBT population in adult education.
Section 7 - Recommendations

Research participants identified a broad range of needs to be addressed in order to enhance LGBT social inclusion, reduce discrimination and ensure an equality of access for LGBT people to health, adult education and community services.

In order to address the low levels of community supports, high levels of isolation and discrimination and the barriers to accessing services experienced by the research participants, it is recommended that:

- Community development is carried out to generate active, accessible and sustainable LGBT community infrastructures, in both Galway City and in rural areas throughout Mayo, Roscommon, and Galway.

- Resource spaces be established to facilitate social networking opportunities and provide access to information and supports for all LGBT people in the region. Responses should be tailored to the range of support needs and diversity of the LGBT population, as well as catering for the geographical distinctiveness of rural areas and Galway City.

- Mainstreaming LGBT issues across all service provision agencies is key. All agencies should ensure that service provision is consistently appropriate and accessible for LGBT people to feel safe to be open about their sexual orientation and/or gender identity. Responses need to be based on principles of respect and equality and free from presumptions of heterosexuality. LGBT people should be included in planning, consultation, service development, data collection, monitoring and evaluation. The LGBT population needs to be recognised as a target group in all social inclusion initiatives and programmes.

- Up to date information on all LGBT matters is publicly available. It is important that information about LGBT supports and needs is included in relevant information provision to the public.

- LGBT visibility should be increased by the range of stakeholders involved in service provision and employment. LGBT people should be supported to be confident and open about their sexual orientation (or gender identity if appropriate) recognising the impact on quality of life for LGBT people.
The following table details all of the recommendations to address the broad range of needs identified from the research findings.

<table>
<thead>
<tr>
<th>Need</th>
<th>Recommendation</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>Sustainable, community led social supports for the LGBT Population</td>
<td>1. Considerable community development work should be resourced regionally to initiate predevelopment work, coordinate supports and further inter agency awareness and collaboration. This work should include the support for LGBT community based management structures in Galway City and Mayo/Roscommon.</td>
<td>LGBT West</td>
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<tr>
<td></td>
<td>2. Development work should be undertaken to establish and resource a LGBT community led resource centre in Galway City and a LGBT premises in Mayo/Roscommon. Both these centres need to be resourced to provide outreach supports to rural areas.</td>
<td>LGBT West</td>
</tr>
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<td></td>
<td>3. There needs to be development initiatives which target support to LGBT people who experience multiple barriers because of their gender (including gender identity), age, race, membership of the Traveller community, family status, low socio economic status, disabilities and religious beliefs.</td>
<td>LGBT West &amp; community groups</td>
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<td></td>
<td>4. A befriending and coming out support group should be established in Galway City for people over 25, and in Mayo and Roscommon for women. OUTWest should be further resourced to extend their existing befriending service.</td>
<td>LGBT West &amp; community groups</td>
</tr>
<tr>
<td>Information Provision</td>
<td>5. There needs to be up to date provision of information on all LGBT matters. This should be provided by both a website and if possible in mainstream print media. Suggestions included a regular section in the local newspapers. This needs to be maintained on a regular basis and should ensure that all information is accurate and current.</td>
<td>LGBT West &amp; community groups</td>
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<tr>
<td></td>
<td>6. All LGBT services should be promoted across a variety of mainstream media as well as through LGBT specific media outlets.</td>
<td>All agencies</td>
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<tr>
<td></td>
<td>7. Information about LGBT supports and needs should be included in general information leaflets such as mental health, suicide awareness, sexual health, housing, childcare, family supports, social welfare etc.</td>
<td>All agencies</td>
</tr>
<tr>
<td></td>
<td>8. There needs to be provision of a LGBT specialised legal information service. Any legal impediments identified by this service which are linked to inequalities should be documented thematically and ethically. This information could then be used to inform national policy</td>
<td>LGBT West &amp; community groups</td>
</tr>
<tr>
<td></td>
<td>9. Information about LGBT supports should be available in different languages in order to be more accessible to a multi cultural society.</td>
<td>All agencies</td>
</tr>
<tr>
<td>Inclusion of LGBT who experience multiple inequalities</td>
<td>10. Specific need support groups should be established; in particular this should include a parent group and a transgender support group. Development support should also be targeted at LGBT people who experience multiple barriers.</td>
<td>LGBT West &amp; community groups</td>
</tr>
</tbody>
</table>
### Need

<table>
<thead>
<tr>
<th>Need</th>
<th>Recommendation</th>
<th>Responsibility</th>
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</thead>
<tbody>
<tr>
<td>LGBT population to be recognised as a target group in all social inclusion programmes</td>
<td>11. There needs to be more targeted resources to reduce the impacts of discrimination, reduce isolation, increase confidence and mainstream equality responses to LGBT people. LGBT people need to be a specific target group in funding programmes. This recommendation is consistent with recommendations by NESF (2003).</td>
<td>All agencies Relevant Government Departments &amp; Funding agencies</td>
</tr>
<tr>
<td>Mainstreaming of LGBT supports and Equality proofing service responses</td>
<td>12. All organisations should ensure that service provision is consistently conducive for LGBT people to feel safe to be open about their sexuality. Responses need to be based on principles of respect and equality and free from presumptions of heterosexuality.</td>
<td>All agencies</td>
</tr>
<tr>
<td></td>
<td>a. Agencies without a specific code of practice to respond to LGBT people with dignity and respect should develop and implement one.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Training should be provided to all staff in relevant agencies to raise their awareness of best practice, non-discriminatory service provision, including awareness of the impact of heterosexism on LGBT people and of any false presumptions about LGBT needs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Services should name how they provide supports for LGBT people which demonstrate their awareness of sexual diversity, e.g. display of LGBT information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. Messages and images that portray a ‘conservative’ service response should be avoided e.g. refer to all types of families not just married heterosexual with children. The messages and images used should counteract dominant myths and stereotypes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Target information about services at LGBT population</td>
<td></td>
</tr>
<tr>
<td>Greater visibility of LGBT issues</td>
<td>13. There should be positive action awareness media campaigns to continue to increase the visibility of ‘everyday’ LGBT lives e.g. pilot of anti-homophobia initiative across community and statutory agencies across the three counties.</td>
<td>LGBT West &amp; community groups</td>
</tr>
<tr>
<td>Legislative Equality</td>
<td>14. LGBT West with community and voluntary organisations should advocate for legislative changes to ensure full equality for the LGBT population in the following areas – same sex partnership recognition, removal of exemptions for Religious Institutions and recognition of the post-operative identity of transsexual people.</td>
<td>LGBT West &amp; community groups</td>
</tr>
<tr>
<td>Transgender</td>
<td>15. A specific research project should be undertaken to identify the specific needs of transgender people in the region.</td>
<td>LGBT West</td>
</tr>
<tr>
<td></td>
<td>16. Provide comprehensive, accurate, up-to-date information and support services to meet the needs of transsexuals undergoing reassignment.</td>
<td>LGBT West &amp; Agencies</td>
</tr>
</tbody>
</table>
### Specific targeted Health initiatives

17. There should be an awareness raising campaign and workshops which promotes sexual well-being as well as addressing STIs.

18. Health Promotion programmes to tackle smoking and substance use should be targeted at the LGBT population.
   a. All large prevalence studies should have a category for sexual orientation in order to ascertain meaningful comparisons.
   b. Increase the provision of alcohol free venues for social networking.
   c. Reduce prevalence of discrimination and provide supports for impacts of discrimination
   d. Further research could be conducted to examine substance use and related prevalence, impacts and causal factors linked with LGBT people

19. There should be awareness of specific health issues for the LGBT population – such as information regarding smear tests for lesbian women

20. There should be training for Health Professionals on the specific health needs of LGBT people, which should also include avoidance of stereotyping and the presumption of heterosexuality and being able to comfortably engage with their LGBT patients.

### Recognition and support for LGBT families

21. Service providers regardless of legislation should recognise and respect LGBT families including co-parents.
   a. LGBT West should lobby for legislative recognition of same sex co-parents including birth registration.
   b. Service providers (including CDPs, FRCs, childcare services and schools) should include positive messages and images about family diversity
   c. An LGBT parenting supports/network should be established
   d. There should be equal access to assisted reproductive services to LGBT people in the region.
   e. There should be provision of information on the potential reproductive and/or adoptive options for LGBT people

### Specific support and initiatives for LGBT Youth

22. Resource the existing LGBT Youth group to employ workers. Additional services should include outreach supports, awareness raising and supports in schools and youth clubs
   a. Employ a LGBT youth worker for Mayo and Roscommon to set up supports for young people. This could be linked to both the Galway group and with Belong To.

23. Specific research needs to be conducted to consider the needs of young LGBT people

24. Education providers including community organisations should ensure that the adult education learning environment is conducive to respect and inclusiveness both in the content, delivery and culture of the course.
Bibliography


Departments of Public Health (2001) Suicide in Ireland: A National Study. On behalf of the CEO’s of the Health Boards.


Evans, D.S. and Jones, J. (2001) Promoting Mental Health in The West: A Survey of Mental Health in the Western Health Board Region. Western Health Board.


Health Service Executive (forthcoming). Health and Social Service Provision for Lesbian, Gay and Transgender (LGBT) People- Report and Findings from a Mapping Exercise Undertaken for the HSE National Social Inclusion Governance Group, HSE.


YouthNet (2003) *ShOut: Research into the Needs of Young People in Northern Ireland who Identify as Lesbian, Gay, Bisexual and/or Transgender*. Belfast: YouthNet
Appendix 1: Participant Information Sheet

LGBT West Focus Group Consent Form

About the LGBT West Needs Analysis

This research is being conducted to find out about the experiences and needs of Lesbian, Gay, Bisexual and Transgender people living in Galway, Mayo or Roscommon, in relation to social networking, community, adult education and health services.

The researchers are Caitriona Gleeson and Maire McCallion, independent researchers who have been asked by the LGBT West Network to carry out this research and make recommendations to improve the quality of service provision for the LGBT population in the region.

Participation in the Focus Group is anonymous which means that any information that you give us will not identify you in any way in the research report. All raw data collected during the research will be kept confidentially by LGBT West.

This research will ask you questions related to your experience of accessing services as a LGBT person. We will also be asking you to identify new supports and services and/or changes to existing supports and services, which you would like to see in place to improve the quality of live for LGBT people in the Galway, Mayo and Roscommon area.

Your participation in this research is on a voluntary basis. This means that you freely consent to take part in the research and if at any time you feel the need to stop participating in the research, you can.

INFORMED CONSENT

I agree to take part in this focus group. I know that I only have to answer questions that I want to answer and that I can stop participating in the focus group if I want to. I understand my participation in this focus group is anonymous i.e. only the people in the focus group and the facilitators know that I have participated and have agreed to keep my participation confidential. I also agree to keep the participation of other people in the group confidential.

Signed ________________________ Date ________________

I agree that this focus group can be recorded using audio equipment. I understand and agree that the recording can be transcribed by Mediscribe or another appointed transcription agent (if necessary) who are bound by confidentiality.

Signed ________________________ Date ________________
Appendix 2: Focus Group Design

LGBT West Focus Group Design

SETUP (15 mins)
Introductions (ICEBREAKER) 3 mins
Background to research (1 min)
Ground Rules (3 mins)
Instructions for group (1 min)
Consent Form & Monitoring Form (5 mins)
Clarifications & Questions (2 min)

Switch on tape

Socialising (15 mins)
What social outlets are currently available to Lesbian & Bisexual Women in Galway
(Sub prompt where, if anywhere, do you socialise?) (In addition. Apart from pubs, clubs)
What Social Supports and Outlets would do you think should be developed for Lesbian & Bisexual Women in Galway?

Discrimination (General) (10 mins)
Have you ever experienced discrimination because of your sexual orientation? (Has it ever been presumed by services/other people that you are heterosexual)

Use of Health, Education and Community Services (15 mins)
Sample list of services (Handout)
Are there other services you want to add to the list
What has been your experience as an LGBT woman/man of using
Health Services (What influences whether or not you are out to your healthcare practitioner)
For women’s group (Do you think it is important for women to have smear tests on a regular basis)
Education services
Community services
Have you ever been prevented/discouraged from using any services because of your Sexual Orientation? (actively/subtly) Please tell us why
Are there any services that are not currently provided for Lesbian & Bisexual women, which you think should be available
If you could implement 3 changes in your community that would improve the quality of life for Lesbian & Bisexual women in Galway what would they be?

Evaluation (Change/Delta) 5 mins & Close
Appendix 3: Focus Group Monitoring Form

LGBT WEST Focus Group Participant Monitoring Form

The following information will allow us to see the range of people participating in the research including age, ethnicity, nationality, disability, gender

This is an anonymous form

1. **How would you describe your sexual orientation?** e.g. lesbian, gay, queer, bisexual, undecided etc?

2. **Do you identify as**
   - Female
   - Male

3. **Do you identify as Transgender?**
   - Yes
   - No

4. **Where do you currently live?**
   - Galway (County)
   - Galway (City)
   - Roscommon
   - Mayo
   - Prefer not to answer
   - Other (please specify)

5. **What Age are you?**
   - Age

6. **What is your ethnic or cultural background?** Please tick
   - White
   - Member of Irish Traveller community
   - Member of Roma community
   - Black / Black Irish – African
   - Black / Black Irish – Other than African
   - Asian / Asian Irish – Chinese
   - Asian / Asian Irish – Other than Chinese
   - If Other (please specify)
7. **What is your nationality?**

8. **Do you have a registered disability?**
   - Yes □
   - No □

9. **If yes, what type of disability(s) do you have (Please tick all that apply)**
   - Physical □
   - Sensory □
   - Learning □
   - Mental Health □
   - Something else please tell us ........................

10. **What is your current occupation?**

11. **Where did you hear about the research?**

    Thank you for completing this form.
    Please fold and put into the envelope provided
Appendix 4: Sample of Information Flyer and Advertisement

LGBT WEST

‘Working together to improve lives for Lesbian, Gay, Bisexual & Transgender People in Galway, Mayo & Roscommon’

**IMPORTANT RESEARCH OF SERVICE & SUPPORT NEEDS for Lesbian, Gay, Bisexual & Transgender people in Galway, Mayo & Roscommon**

If you are a Lesbian, Gay, Bisexual or a Transgender person living in this region, you can **PARTICIPATE in an ON-LINE SURVEY** on www.lgbtwest.ie and in **FOCUS GROUPS** which will be held in Galway, Mayo & Roscommon during January 2008.

**FOR FURTHER DETAILS**
Contact us: info@lgbtwest.ie or 087 127 1387
ANONYMITY RESPECTED
Appendix 5: Services by County - Awareness, Past Use & Future Use.24

<table>
<thead>
<tr>
<th>Service</th>
<th>Galway</th>
<th>Roscommon</th>
<th>Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Authority Social &amp; Affordable Housing Scheme</td>
<td>69</td>
<td>65</td>
<td>78</td>
</tr>
<tr>
<td>Garda Liaison Officers for LGBT Community</td>
<td>74</td>
<td>69</td>
<td>78</td>
</tr>
<tr>
<td>STI Clinics</td>
<td>75</td>
<td>70</td>
<td>67</td>
</tr>
<tr>
<td>AIDS West</td>
<td>85</td>
<td>79</td>
<td>89</td>
</tr>
<tr>
<td>HSE Western Drugs Helpline</td>
<td>48</td>
<td>45</td>
<td>56</td>
</tr>
<tr>
<td>Adult learner Guidance Service</td>
<td>41</td>
<td>37</td>
<td>67</td>
</tr>
<tr>
<td>Back to Education Initiative (VEC)</td>
<td>69</td>
<td>63</td>
<td>78</td>
</tr>
<tr>
<td>Community Education Programmes (VEC)</td>
<td>51</td>
<td>46</td>
<td>56</td>
</tr>
<tr>
<td>Local Development Social Inclusion Programmes</td>
<td>30</td>
<td>28</td>
<td>56</td>
</tr>
<tr>
<td>Community Development Programme</td>
<td>41</td>
<td>38</td>
<td>78</td>
</tr>
<tr>
<td>Family Resource Centre</td>
<td>39</td>
<td>35</td>
<td>56</td>
</tr>
<tr>
<td>OUTWest Helpline</td>
<td>70</td>
<td>65</td>
<td>100</td>
</tr>
<tr>
<td>Galway Gay Helpline</td>
<td>75</td>
<td>70</td>
<td>89</td>
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</table>

Table 8: Awareness of Service by County

<table>
<thead>
<tr>
<th>Service</th>
<th>Galway</th>
<th>Roscommon</th>
<th>Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Authority Social &amp; Affordable Housing Scheme</td>
<td>12</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Garda Liaison Officers for LGBT Community</td>
<td>14</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>STI Clinics</td>
<td>37</td>
<td>34</td>
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<tr>
<td>AIDS West</td>
<td>13</td>
<td>12</td>
<td>13</td>
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<tr>
<td>HSE Western Drugs Helpline</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Adult learner Guidance Service</td>
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</tr>
<tr>
<td>Back to Education Initiative (VEC)</td>
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<td>0</td>
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<tr>
<td>Community Education Programmes (VEC)</td>
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<td>Local Development Social Inclusion Programmes</td>
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<tr>
<td>Community Development Programme</td>
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<td>11</td>
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<tr>
<td>Family Resource Centre</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>OUTWest Helpline</td>
<td>17</td>
<td>15</td>
<td>67</td>
</tr>
<tr>
<td>Galway Gay Helpline</td>
<td>19</td>
<td>17</td>
<td>44</td>
</tr>
</tbody>
</table>

Table 9: Use of Service by County

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24 In interpreting the results please note the small number of respondents from Roscommon and Mayo
<table>
<thead>
<tr>
<th>Service/Support</th>
<th>Galway County</th>
<th>Galway City</th>
<th>Roscommon</th>
<th>Mayo</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBT Resource Centre</td>
<td>15 (58%)</td>
<td>37 (63%)</td>
<td>6 (75%)</td>
<td>12 (55%)</td>
</tr>
<tr>
<td>LGBT Help lines</td>
<td>9 (35%)</td>
<td>18 (33%)</td>
<td>2 (29%)</td>
<td>7 (32%)</td>
</tr>
<tr>
<td>LGBT Social Events</td>
<td>23 (82%)</td>
<td>47 (78%)</td>
<td>7 (88%)</td>
<td>19 (86%)</td>
</tr>
<tr>
<td>Coming Out Support Groups</td>
<td>12 (50%)</td>
<td>20 (43%)</td>
<td>4 (67%)</td>
<td>12 (75%)</td>
</tr>
<tr>
<td>LGTB Youth Group</td>
<td>8 (50%)</td>
<td>19 (53%)</td>
<td>0 (0%)</td>
<td>7 (78%)</td>
</tr>
<tr>
<td>Parents/ Children Support Group</td>
<td>2 (14%)</td>
<td>13 (45%)</td>
<td>0 (0%)</td>
<td>7 (70%)</td>
</tr>
<tr>
<td>LGBT Specific Personal Development Courses</td>
<td>17 (68%)</td>
<td>29 (50%)</td>
<td>4 (67%)</td>
<td>10 (48%)</td>
</tr>
<tr>
<td>LGTB Specific Adult Education Courses</td>
<td>9 (43%)</td>
<td>26 (49%)</td>
<td>4 (67%)</td>
<td>12 (60%)</td>
</tr>
<tr>
<td>Older Persons Group</td>
<td>6 (40%)</td>
<td>15 (45%)</td>
<td>3 (75%)</td>
<td>6 (55%)</td>
</tr>
<tr>
<td>Assisted Reproductive Services</td>
<td>7 (47%)</td>
<td>14 (30%)</td>
<td>0 (0%)</td>
<td>7 (58%)</td>
</tr>
<tr>
<td>Sexual Health Awareness Workshop</td>
<td>10 (42%)</td>
<td>25 (48%)</td>
<td>3 (43%)</td>
<td>11 (55%)</td>
</tr>
<tr>
<td>Befriending Service</td>
<td>14 (58%)</td>
<td>28 (50%)</td>
<td>4 (57%)</td>
<td>10 (50%)</td>
</tr>
</tbody>
</table>

Table 3 Future use of Services by County

25 In interpreting the results note the small number of respondents from Roscommon & Mayo