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FAR FROM HOME

Life as an LGBT Migrant in Ireland
This report is dedicated to the memory of Sylva Tukula who tragically died on August 2nd 2018 in the Great Western House direct provision centre in Galway.

She was a wonderful person and a treasured and active member of the LGBT community there.

Among the many things Sylva contributed to during her short time in Galway was the design of this research.

She will always be missed.
Life as an LGBT Migrant in Ireland
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**Dr Chris Noone** is a lecturer at the School of Psychology at NUI Galway. He is a graduate of NUI Galway and Leiden University. He has contributed to research on a wide range of topics broadly related to health, wellbeing and cognition. He works closely with the Health Behaviour Change Research Group led by Professor Molly Byrne and the Medication Adherence Across the Lifespan Research Group led by Dr Gerry Molloy. Chris is Chair of the Research Subcommittee of the National LGBT Federation. He has also contributed to the development of the first LGBT+ Staff Network at NUI Galway, of which he is co-chair, and is a coordinator for Bi+ Ireland.

**Dr Brian Keogh** is an Assistant Professor in Mental Health Nursing at the School of Nursing and Midwifery, Trinity College Dublin (TCD). He completed his mental health nurse training in the UK and worked as a staff nurse and a nurse tutor prior to moving to TCD in 2003. He is a graduate of Dublin City University, the University of Ulster and TCD.

His research work has centred on stigma, social inclusion and mental health recovery. He also has an interest in self harm and suicide and has co-authored a book called ‘Working with Self Harm and Suicidal Behaviour’ (Palgrave Macmillan). Brian is a member of the Research Subcommittee of the National LGBT Federation.

**Dr Conor Buggy** is an Assistant Professor in Occupational and Environmental Studies at the School of Public Health, Physiotherapy and Sports Science, University College Dublin. He is also an Adjunct Lecturer at Trinity College Dublin. He is a graduate of Trinity College Dublin and Dublin City University and worked in management consultancy prior to UCD. His research work primarily lies in evaluating the impact education and training can have on workplaces, organisations and society.

He is Chair of the LGBTI subgroup for the UCD Equality, Diversity and Inclusion Group, a UCD Dignity and Respect Colleague and Co-chair of the UCD LGBTI Staff Network. Conor is also a member of the research subcommittee of the National LGBT Federation.
Asylum Seeker
A person who has left their home country and wishes to gain refugee status in another country.

Asexual
Someone who is not sexually and may or may not be emotionally and romantically attracted to other people.

Bisexual
Someone who is sexually, emotionally and romantically attracted to people of more than one gender.

Cisgender
A term which describes individuals who experience and express their gender identity in ways which correspond to the biological sex they were assigned at birth.

Direct Provision
A system put in place by the Irish government to house and provide for the basic needs of asylum seekers while their case is being assessed.

Gay
A man or woman who is sexually, emotionally and romantically attracted to people of the same gender.

Genderfluid/Genderqueer
Someone who does not feel confined by the binary division of male and female.

Gender Identity
Someone’s identification as male, female, or any other identity. This may or may not correspond to the sex they were assigned at birth.

Gender Recognition Act
Irish legislation which was enacted in 2015 to provide a process enabling transgender people to achieve full legal recognition of their preferred gender and to access a new birth certificate that reflects this change.
Heteronormative
The assumption that being heterosexual is the typical and ‘normal’ sexual orientation, with an underlying assumption that it is the superior sexual orientation.

Heterosexual
Someone who is sexually, emotionally and romantically attracted to a person of the opposite sex.

Heterosexism
The insensitivity, exclusion or discrimination towards other sexual orientations and gender identities, including those within the LGBT community, that often occurs due to heteronormativity.

Intersectionality
An analytic framework that attempts to identify how interlocking systems of power and oppression impact those who are most marginalised in society.

Lesbian
A woman who is sexually, emotionally and romantically attracted to other women.

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

Migrant
Someone who has left their home country to live in another country.

Minority Stress
The chronically higher levels of stress faced by members of stigmatised minority groups compared to non-stigmatised groups.

Pansexual
Someone who is sexually, emotionally and romantically attracted to people of any sex or gender identity.

Participatory Action Research
An approach to research which involves researchers and participants working together to understand a problematic situation and change it for the better.

POC
An acronym short for person of colour.

PrEP
Pre-exposure prophylaxis. Medication used to prevent the contraction of HIV.

Queer
While historically queer has been used as an abusive term, some people have reclaimed the word and self-identify as ‘queer’. For them, this reclamation is a celebration of not fitting into heteronormative norms or a radical stance that captures multiple aspects of identities.

Sexual Orientation/Sexual Identity
An enduring pattern of emotional, romantic or sexual attraction. It includes a wide range of attractions and terms, the most common being gay, lesbian, bisexual, pansexual, asexual and heterosexual.

Social Determinants of Health
The uneven distribution of economic and social conditions among the population which influences individual and group differences in health status.

Transgender/Trans
An umbrella term referring to people whose gender identity and/or gender expression differs from the gender they were assigned at birth.

Transitioning
The process through which a person takes steps to express their gender identity when it is different to that assigned to them at birth.
ACKNOWLEDGEMENTS

We initiated this project in recognition of our community’s desire to improve on its inclusion of people who have migrated to Ireland, as well as the need for Irish society as a whole to welcome and support those who choose Ireland as their new home.

The most important people involved in making this project a success were those from all over the world and every space within the LGBT community who helped design this research. They then contributed to the research by sharing their experiences of living in Ireland. For our design sessions, people travelled from all over Ireland to contribute in our Dublin and Galway workshops.

We would not have reached and engaged so many people in this project without the support of the broader LGBT community and allies who shared information about it through social media, word of mouth and the press.

Our utmost gratitude also goes to our fellow community organisations in the LGBT sector as well as those working in the migrant sector who supported us throughout this process. We must particularly note the contribution of our steering group which included representatives from Unite Against Racism, LGBT Ireland, AMACH LGBT Galway, Outhouse and the INTO LGBT Teachers Group.

This project would not have been possible without the funding provided by the Community Foundation for Ireland (CFI). The National LGBT Federation was awarded €10,000 through the CFI’s social change grants to carry out this work.

Finally, many thanks to those at Gay Community News (GCN) who have supported this project in numerous ways and who do an excellent job at including the experiences and needs of LGBT migrants in their work in general.

ABOUT THE NXF

Established in 1979, the NXF is the oldest lesbian, gay, bisexual and transgender (LGBT) non-governmental organisation in Ireland. The NXF publishes Gay Community News (GCN) and campaigns for the equal rights of, and to combat discrimination against, LGBT people in Ireland and internationally.

GCN is Ireland’s longest-running free national monthly publication for the lesbian, gay, bisexual and transgender community. The remit of GCN is to give its readers access to a greater sense of community, to educate and inform them about political issues pertinent to their lives, to disseminate information about LGBT community initiatives, to champion Irish LGBT rights, to celebrate and support Irish LGBT culture, and to entertain – all free of charge.

NXF also organises the GALAS, an annual awards ceremony to honour lesbians, gay men, bisexual and transgender people and organisations for their contributions to Irish society, and the Road to Equality exhibition, which charts the history of LGBT rights in Ireland.
The National LGBT Federation (NXF) conducted the largest ever consultation of the LGBT community in Ireland in 2016, the Burning Issues 2 report. One group of people who were specifically identified as needing more understanding and support were those in our community who have come to live in Ireland from abroad.

Since there is a lack of research into the specific experiences and needs of LGBT migrants in Ireland, the NXF sought to address this gap by conducting the LGBT Actions to Include Migrants Study (LGBT AIMS). This project was carried out to learn more about how LGBT migrants can be better supported in Irish society and to empower LGBT migrants by involving them in the design and conduct of the research.

This was achieved by taking a participatory action research (PAR) approach to examining the needs and experiences of LGBT migrants. PAR involves “developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview...[and bringing] together action and reflection, theory and practice, in participation with others in the pursuit of practical solutions” (Reason & Bradbury, 2001).

The NXF is committed to supporting all members of our community through research and education. The LGBT AIMS report will provide valuable information to policy-makers, public service workers, LGBT community organisations as well as the wider community about the lived experience of LGBT migrants in Ireland.

The National LGBT Federation (NXF) is proud to publish this report on the experiences of LGBT migrants in Ireland. It highlights some of the reasons why people come to live and stay in Ireland and uncovers some of the problematic areas in their lives here.

This work was driven by Dr Chris Noone, supported by Dr Conor Buggy and Dr Brian Keogh, in partnership with a steering group from community organisations and a diverse group of people who have moved to Ireland and are now members of our LGBT community.

The NXF board would like to thank Chris and the team for their imagination, enthusiasm and drive in designing this research in a way that best represents the community. They have created a report rich in insights which gives a platform to the voices of people who have joined us from other countries.

There are clear messages throughout this report that we can act upon to become more inclusive of LGBT migrants. As individuals, organisations and as a nation, it offers signposts to preserve the parts of the Irish experience that attract people here, while working on the areas that cause issues and hardships across the LGBT and migrant communities.

Thanks to decades of activism and education, recent legislative and constitutional changes mean Ireland is currently an LGBT leader, but many changes are still required to ensure the lives of everyone in the LGBT community are considered equal.

Since 1979, a key part of the NXF’s work has been sharing insights about the LGBT community in Ireland, educating and influencing change along the way. We in the NXF look forward to celebrating 40 years of this work in 2019.

Caroline Keane
Chair, National LGBT Federation
Data from Burning Issues 2, Ireland’s largest national consultation of the LGBT community to date, suggested that more needs to be done to make Ireland a welcoming place for LGBT migrants.

To explore this issue further, the National LGBT Federation sought and received funding from the Community Foundation for Ireland to carry out research on the experiences and needs of LGBT migrants in Ireland.

The research element of this project was designed in collaboration with a diverse group of people who have migrated to Ireland and identify as LGBT.

A survey with a mix of open and closed questions was distributed online and 231 people contributed to this project by completing it.

A wide range of nationalities were represented, with participants from 48 different countries. The most commonly represented countries were Brazil, the US, Poland, the UK and Germany.

Twelve participants were living in direct provision centres at the time. Roughly 90% of participants identified as cisgender (205), with 10% identifying as transgender (20).

They shared their experiences of coming to Ireland, making social connections, stigma, integration and acceptance.

The participants also discussed their health, the level of opportunity they felt they had in Ireland, and whether they planned to stay long-term.

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EXECUTIVE SUMMARY

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The participants also discussed their health, the level of opportunity they felt they had in Ireland, and whether they planned to stay long-term.
A summary of the key findings can be found below.

Coming to Ireland

• The most common reasons among migrants for coming to Ireland are to work, study and to find greater acceptance as a member of the LGBT community.
• For many, seeking greater acceptance also means escaping serious risks to their safety and lives.
• The vast majority of participants said they intended to stay in Ireland (84%).

Health

• Over half (57%) of the participants rated their mental health negatively.
• Almost three-quarters (74%) of those surveyed rated their physical health negatively.
• Symptoms of anxiety and depression were particularly prevalent, with 20% of the migrants having either severe or extremely severe levels of these symptoms.

Social Connection

• Critically, over half (54%) of all those surveyed do not feel that they are included in Irish society.
• Those who identify as queer (as opposed to homosexual or pan/bisexual), those who are genderqueer, genderfluid or non-binary in gender and those of an African background feel the most marginalised.
• There are many LGBT migrants living in rural areas where there are currently no LGBT community resources available to them.

Stigma

• 40% of participants said they have experienced some form of homophobia since arriving in Ireland.
• Being subjected to racist behaviour is common in both public and – to a lesser extent – in LGBT-specific spaces and is most common for those with African or Asian backgrounds. For example, 66% of participants indicated they have felt treated with less respect in public spaces because of their race, ethnicity or migrant status.
• While there are many positive aspects to Ireland’s LGBT community for migrants, it’s clear that it can be difficult for this group to access its limited resources.

Integration and Acceptance

• Most participants also described having positive experiences socially and described Ireland as being a welcoming, friendly, inclusive, safe and tolerant society overall.
• For many of the LGBT migrants in this survey, there was a strong sense that living in Ireland allowed them to be themselves and this had a positive impact on both their personal and professional development.

Recommendations for Action

• Major areas for reform highlighted by participants included hate crime legislation, healthcare and supporting the most marginalised groups within our LGBT community such as asylum seekers.
• It was suggested that LGBT groups, organisations and enterprises need to provide a more diverse and accessible range of events; not just those designed exclusively around ‘partying’ and the consumption of alcohol.
• The most pressing changes that the participants in this study would like to see addressed by the Irish government were an easier and more efficient process for LGBT asylum seekers entering the country and an end to the current direct provision system.
• Other priorities identified by LGBT migrants as needing urgent government attention were improved access to healthcare – including mental health services – better channels of information about LGBT services, housing and increased investment in LGBT support organisations, particularly within rural areas.
“People might live with people from their country of origin who might not be very LGBT-friendly or even homophobic.”
1.1 What We Know from Burning Issues 2

This chapter presents what we know about the migrants in our community based on the data collected as part of the previous Burning Issues 2 study.

The majority of the Burning Issues 2 participants were Irish nationals, with 11% of the sample classified as migrants. This allowed us to examine the challenges facing the LGBT community as identified by those who have migrated here.

Comparing the themes cutting across their specific concerns to those described by all participants in the Burning Issues 2 report gives some insight into the unique needs and experiences of LGBT migrants in Ireland.

The LGBT migrants who took part in Burning Issues 2 were a relatively diverse group, with people of all ages, genders and sexualities contributing. However the highest percentage were males, aged between 26 and 45, and gay. The participants reported living in 29 different counties on the island of Ireland. Most lived in Dublin (54%), Cork (10%) or Galway (7%).

Most LGBT migrants in the study were British. 48% were from EU countries with the remainder mainly coming from the UK, Poland, France, Italy and Spain. Over a fifth of the sample was from outside the EU, most commonly Brazil and the US. The majority had lived here for more than 5 years. We cannot know how representative this data is as the census in Ireland does not collect data regarding sexual orientation.

Many of the same overarching themes recur among both the migrant group and the overall Burning Issues 2 sample.

For example, the four most commonly endorsed themes for both were acceptance, health, community and oppression. However, there are specific issues within these themes which are identified to a greater extent by migrants.

Furthermore, two themes emerged which were unique to the migrant group including sex education and secularisation.
1.2 Focus on Top Five Burning Issues for LGBT Migrants

**Burning Issue 1 – Acceptance**

The most commonly expressed theme for migrants was an overall longing to be accepted and included.

Migrant participants described how – despite recent legal progress regarding LGBT issues – heteronormativity remains as dominant as ever. This makes it difficult to feel comfortable acting authentically.

This sentiment is eloquently captured in the following quote from a participant:

"Tolerance is a harmful concept as it means ‘as much as one can bear’ and maintains the status quo in which a straight community bestows tolerance on LGBT communities. Rather, we should be demanding that diversity is promoted."

Employment was the area which was most often described as lacking in diversity and acceptance. Many reported experiencing hostile work environments and difficulty being out at work.

The media was also seen as a part of a society which can improve its treatment of LGBT people:

"I think the first step to full equality comes with an understanding and acceptance, which I feel can be achieved through representation in Irish TV, film and other areas."

Other aspects of society where a greater understanding of LGBT issues was considered important included politics, religion and education.

**Burning Issue 2 – Community**

Many of the issues reported by participants related to resources for the LGBT community, how members of this community relate to one another, and how the LGBT community relates to other marginalised groups.

Unsurprisingly, the greatest need for resources is in rural areas and urban areas outside Dublin. Participants highlighted the lack of LGBT safe spaces, bars, youth clubs and activity groups. It was noted that these spaces are needed to combat the isolation and loneliness experienced by many LGBT migrants living around Ireland.

"In 2015 we rallied for a united cause and supported one another through a challenging few months. I would like to see that continue and for there to be a cohesive plan of direction and purpose. Let’s not all revert back to only catching up at Pride or hanging out in bars."

The importance of supporting the most marginalised members of our community was often noted. This included bisexual, transgender and non-binary people.

Participants were also mindful of intersections of class, gender and race and the need for the LGBT community to be proactive in eradicating classism, misogyny and racism.

Finally, it was stressed that our community must show solidarity with other marginalised groups, both within Ireland – including travellers, refugees and people who are homeless – and around the world.

**Burning Issue 3 – Health**

Health was a frequent concern for the participants, with many emphasising the disparities in mental and sexual health in the LGBT community.

"We need to challenge the dominant, negative discourse of mental health risk. If our communities know something about mental ill-health, they equally know something about mental well-being."

The discourse regarding mental health was dominated by descriptions of the distress caused by dealing with stigma and how this can lead to anxiety, depression, substance abuse and suicide.

Some participants described difficulty in accessing mental health services. However there were also several participants who drew attention to how the LGBT community is a source of strength and support.

With regard to sexual health, it was suggested that access to STI testing needs to be improved and that PrEP needs to be made available to those at risk of contracting HIV.
The Irish health system was criticised for being ill-equipped to deal with the needs of LGBT people. It was also criticised for the exclusion of queer men from blood donation and the lack of access to abortion services for those who can get pregnant.

“Our front line public services need to appreciate that not all users are straight.”

**Burning Issue 4 – Oppression**

The responses of these participants make clear that oppression is a common experience for LGBT migrants in Ireland. Two major forms of oppression were described – encountering discrimination and homophobic abuse.

Discrimination is often an overt act of exclusion but many participants noted that it can also occur in subtle ways, such as engaging in assumptions based on stereotypes. Migrant participants most commonly reported experiencing discrimination in seeking employment, in looking for accommodation and in public services, particularly those with a religious ethos:

“We still can’t give blood, people can still discriminate against us based on religious beliefs. We don’t have full equality but things are worded so it sounds like we do.”

Bullying and abuse of a transphobic, biphobic or homophobic nature are still common experiences in the lives of migrant participants. Many highlighted the lack of laws regarding hate crimes as a major problem. Safety for LGBT youth in schools and for LGBT adults on our streets at night were most often focused on as issues which require action:

“Safe spaces for all to be openly who they are... I have multiple friends that have been attacked and chased through the streets due to their sexuality, even in this day and age.”

**Burning Issue 5 – Gender Diversity**

There was strong support for the rights of all individuals who identify as trans, non-binary, genderfluid and for intersex people of all gender identities. Participants also identified a lack of awareness in Ireland regarding the diversity of gender identities and sexual characteristics that exist.

Most of the specific issues suggested which require action related to transgender people. These included the progression of gender recognition legislation, the improvement of access to necessary healthcare, and the advancement of equality for transgender people in all areas of society:

“There is a lot of progress to be made in the area of transgender equality, and I think the time is right to push for this. The trans community has played a very active role in the fight for LGB equality, and we need to provide the same for the trans community.”

In order to achieve this, it was suggested awareness needs to be raised in workplaces, schools, with parents and within the LGBT community:

“Transgender people still face enormous obstacles to inclusion in mainstream society and the LGBT community... Trans people face discrimination in schools, workplace and at home. The passage of the Gender Recognition Act was an important moment but the trans community needs more than legislative change.”

**KEY POINTS**

1. Migrants within our LGBT community have specific concerns about Irish society, which include the lack of secularisation and the quality of sex education.

2. There are many LGBT migrants living in rural areas where they have no access to LGBT community resources.

3. Suggested areas for reform included hate crime legislation, healthcare and supporting the most marginalised groups within the LGBT community.
“The LGBT community here is loud and proud of who they are and I think that encouraged me and helped me in accepting myself.”
2.1 Objectives

Our new research had three main objectives:

1. to investigate the experiences and needs of members of the Irish LGBT community who have migrated to Ireland,

2. to engage and empower members of the Irish LGBT community who have migrated to Ireland by involving them in the design of this research,

3. and to produce recommendations for actions to better include LGBT migrants in the Irish LGBT community and Irish society more generally.

2.2 Participatory Design

This research took a participatory action research approach to examining the needs and experiences of LGBT migrants in Ireland.

The design of this research began with workshops, which focused on:

1. defining which topics should be researched, and
2. deciding how data on these topics should be collected.

The workshops began with an introduction to the workshop activities and a discussion about the research process.

In the design activity, participants had the opportunity to write down issues on pieces of card which they considered important to themselves and others as LGBT migrants in Ireland. This continued until everyone had run out of issues. The participants were then split into smaller groups and the cards were randomly and evenly distributed among these groups.

Their initial task was to sort the issues into specific themes. They were then asked to turn these themes into research topics.

Each group presented their themes and research topics to the whole group. A discussion followed which led to consensus on which research topics should be included in the project.

The final part of the workshop involved a brief presentation of potential research methods. The group then discussed the pros and cons of each method in relation to the research topics they generated.

The potential research methods were presented as posters on the wall and participants voted on their preferred method by placing stickers on them.

To ensure a diverse group of participants could contribute to the design of this project, the design workshops were held in both Dublin and Galway, and all travel costs for participants were reimbursed.

In total, 17 people took part in the design workshops. Of these, 10 were gay men, four were gay women, one was a bisexual man, one was a bisexual woman and one was a straight man. There were three transgender people and 14 cisgender people in the group.

The participants grew up in 12 different countries including Brazil (2), Guyana (1), Hungary (1), Ireland (1), Malawi (1), New Zealand (1), Poland (3), Romania (1), Russia (1), South Africa (1), Turkey (1) Zimbabwe (3). Six of the participants were asylum seekers who were living in direct provision at the time.

Voting and discussion regarding the data collection method resulted in the decision to create an online survey with a mix of quantitative and open-ended qualitative questions.

The topics of investigation which were agreed on in the design activity can be seen in the first column of Table 2.1. They were then ranked by email following the workshops. Eight of the participants contributed to this prioritisation. It was decided to exclude the topics of loneliness, hope, body image and homesickness from the design of the survey.
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<td>Homesickness</td>
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2.3 Measures
A number of measures were identified as a suitable means of collecting data regarding the topics prioritised. The survey was built using SurveyMonkey. Once a draft of the survey had been compiled, it was shared with participants from the design workshops and members of the steering group for feedback.

When all feedback had been integrated, the survey was professionally translated into Polish, Portuguese and Spanish. The survey was accessible through the GCN website and promoted widely through advertising on social media, by email through relevant organisations and through the press.

The survey contained 131 items and took approximately 25 minutes to complete. To be eligible to take part, participants had to:

- be over the age of 18,
- identify as a member of the LGBT community, and
- have migrated to Ireland.

Demographics
A range of demographic data was collected including sexual orientation, gender identity, age, country participants grew up in, race, disability and religion. We also asked about housing, employment and relationship status.

Social and Community Opportunities Profile (SCOPE; Huxley et al., 2012)
We used several sections of the shortened version of the SCOPE to investigate subjective evaluations of housing and employment opportunity, health and social inclusion.

Nebraska Outness Scale (Meidlinger & Hope, 2014)
This instrument allows participants to estimate the percentage of people in various social groups (e.g. immediate family, extended family, friends, co-workers, strangers) who are aware of their sexual identity and the percentage of people with whom they avoid the topic of their sexual identity.

LGBT Positive Identity Measure (Riggle et al., 2014)
This measure includes five subscales which represent self-awareness, authenticity, intimate relationships, belonging to the LGBT community, and commitment to social justice.

Racial-Ethnic Discrimination (McConnell et al., 2018)
A scale measuring experiences of discrimination on the basis of race or ethnicity in LGBT spaces was adapted to also address experiences in public spaces and allow for a comparison between both.

Daily Heterosexist Experiences Questionnaire (Balsam, Beadnell & Molina, 2013)
This questionnaire consists of nine subscales which measure different sources of heterosexist stress related to gender expression, vigilance, parenting, discrimination/harassment, vicarious trauma, family of origin, HIV/AIDS, victimisation and isolation.

Depression, Anxiety, and Stress Scale (DASS-21; Lovibond and Lovibond, 1995)
This is a measure of symptoms related to stress, anxiety and depression. This scale was chosen to allow us to compare the results from this survey with those of the LGBT Ireland report (Higgins et al., 2016).

Burning Issues 2
The Burning Issues 2 survey included two questions related to the inclusion of LGBT migrants in the LGBT community and society in general. These questions were included in the LGBT AIMS survey also.

Qualitative Questions
A number of open-ended questions were included in the survey. These focused on the participants’ reasons for coming to Ireland, positive and negative aspects of being a member of the Irish LGBT community as a migrant, suggested actions for making the Irish LGBT community more inclusive and suggested actions for the government to better include LGBT migrants in society.
**Ethics**
This research received ethical exemption approval from the Human Research Ethics Committee of University College Dublin.

Participation in the survey was anonymous. All participants were presented with comprehensive information regarding the study and their right to withdraw before being asked to give their consent by navigating to the next page of the survey.

**2.4 Data Analysis**

**Quantitative Data**
The data was exported from SurveyMonkey to a .csv file. A descriptive statistical analysis was undertaken by visualising and tabulating the data for all closed survey items. Data visualisation was conducted in Tableau 10.2 and tables were generated using SPSS 24.

**Qualitative Data**
The responses to the open-ended questions were extracted to a separate file where a thematic analysis was conducted. This involved reading and re-reading the responses and assigning codes which focused on a description of the participant’s experiences rather than interpreting their meaning. Codes were then collapsed to identify the main issues identified by the participants. This was in line with the objectives of the study.

Extracts from the surveys are used from this data as examples of themes or to highlight particular issues.

**2.5 Survey Participants**
In this section, the characteristics of the participants will be presented in terms of the breakdown of sexual identities, gender identities, age, disability, religion, nationality, ethnicity, area of residence, education, employment and relationship status. A total of 231 participants took part in the survey.

**Sexual Identity**
While a range of terms were used by participants to describe their sexual identity, these could readily be reduced to four categories for ease of analysis: homosexual, pan/bisexual, queer and heterosexual.

As can be seen in the grand total row of Figure 2.1, the majority of participants classified themselves as homosexual.

The next most frequent identity was pansexual/bisexual. These identities were grouped together to respect their common non-monosexuality.

The very small proportion of pansexual/bisexual-identified males is noteworthy. The majority of genderqueer and genderfluid participants identified as pansexual/bisexual.

The smallest group were those who identified as queer. Just one participant identified as heterosexual.

---

**Figure 2.1**
Breakdown of sexual identities

<table>
<thead>
<tr>
<th>Gender</th>
<th>Sexual Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>10.47%</td>
<td>36.05%</td>
</tr>
<tr>
<td>Genderqueer/fluid</td>
<td></td>
</tr>
<tr>
<td>27.27%</td>
<td>63.64%</td>
</tr>
<tr>
<td>Male</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>5.60%</td>
<td>93.60%</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
</tr>
</tbody>
</table>
Gender Identity
The participants gave varying descriptions of their genders and these are categorised as male, female, non-binary and genderqueer/fluid.

Participants were also asked to indicate whether or not their gender identity was consistent with the one assigned to them at birth. Table 2.2 displays the frequency of each gender identity. Figure 2.2 shows that roughly 90% of participants identified as cisgender and 10% of participants identified as transgender.

Table 2.2
Breakdown of gender identities

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>89</td>
<td>(38.9)</td>
</tr>
<tr>
<td>Male</td>
<td>127</td>
<td>(55.5)</td>
</tr>
<tr>
<td>Non-binary</td>
<td>2</td>
<td>(0.9)</td>
</tr>
<tr>
<td>Genderqueer / Genderfluid</td>
<td>11</td>
<td>(4.8)</td>
</tr>
<tr>
<td>Total</td>
<td>229</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Preferred not to say = 2.

Age
The mean age of the sample was 33 years with a standard deviation of 8.2. All participants were aged between 18 and 63. Table 2.3 displays the frequency distribution for different age ranges.

Table 2.3
Age ranges

<table>
<thead>
<tr>
<th>Range (years)</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 30</td>
<td>101</td>
<td>(43.8)</td>
</tr>
<tr>
<td>31 - 40</td>
<td>95</td>
<td>(41.4)</td>
</tr>
<tr>
<td>41 - 50</td>
<td>24</td>
<td>(10.5)</td>
</tr>
<tr>
<td>51 - 60</td>
<td>7</td>
<td>(3.1)</td>
</tr>
<tr>
<td>61+</td>
<td>3</td>
<td>(1.2)</td>
</tr>
<tr>
<td>Total</td>
<td>230</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Preferred not to say = 1.

Disability
The frequency with which the experience of disability was reported is displayed in Table 2.4.

Table 2.4
Self-reported disability or impairment

<table>
<thead>
<tr>
<th>Disability / Impairment</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>27</td>
<td>(11.8)</td>
</tr>
<tr>
<td>No</td>
<td>202</td>
<td>(88.2)</td>
</tr>
<tr>
<td>Total</td>
<td>229</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Preferred not to say = 2.

Figure 2.2
Gender identities and assignment at birth
Religion
An overwhelming majority of the sample reported having no religion. Eight different religions were represented in the sample, as can be seen in Table 2.5.

Table 2.5
Religion of participants

<table>
<thead>
<tr>
<th>Religion</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Religion</td>
<td>181</td>
<td>(79.4)</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>11</td>
<td>(4.8)</td>
</tr>
<tr>
<td>Other Christian</td>
<td>19</td>
<td>(8.3)</td>
</tr>
<tr>
<td>Muslim</td>
<td>5</td>
<td>(2.2)</td>
</tr>
<tr>
<td>Hindu</td>
<td>2</td>
<td>(0.9)</td>
</tr>
<tr>
<td>Buddhist</td>
<td>4</td>
<td>(1.8)</td>
</tr>
<tr>
<td>Jewish</td>
<td>1</td>
<td>(0.4)</td>
</tr>
<tr>
<td>Umbanda</td>
<td>2</td>
<td>(0.9)</td>
</tr>
<tr>
<td>Pagan</td>
<td>3</td>
<td>(1.3)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>228</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Preferred not to say = 3.

Nationality
A range of nationalities were represented in the sample and participants reported having grown up in 48 different countries.

The map in Figure 2.3 (above) shows these countries and their shading indicates the number of participants who reported growing up in that country. The darker the shade, the more participants who grew up in this area.

The most commonly reported countries were Brazil, USA, Poland, UK and Germany.

Ethnicity
The majority of the sample identified as white European. The next most prevalent ethnicity was Latin American. Far fewer participants represented other ethnicities and races, as can be seen in Table 2.6.

Table 2.6
Self-reported race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>11</td>
<td>(4.8)</td>
</tr>
<tr>
<td>Latin American</td>
<td>48</td>
<td>(21.0)</td>
</tr>
<tr>
<td>Black or African American*</td>
<td>4</td>
<td>(1.7)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10</td>
<td>(4.4)</td>
</tr>
<tr>
<td>White European</td>
<td>121</td>
<td>(52.8)</td>
</tr>
<tr>
<td>Asian</td>
<td>13</td>
<td>(5.7)</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>1</td>
<td>(0.4)</td>
</tr>
<tr>
<td>Multi-ethnic</td>
<td>21</td>
<td>(9.2)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>229</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Preferred not to say = 2.

* any black background other than African
**Area of Residence**

Most participants lived with roommates or a partner and the majority lived in urban areas, predominantly in Dublin. Twelve participants were living in direct provision centres.

Figure 2.4 shows the breakdown of different living situations and areas of residence while Tables 2.7 and 2.8 describe the participants’ attitudes towards their housing situation.

Table 2.9 shows the distribution of participants across the 32 counties of Ireland.

### Table 2.7
Feelings towards accommodation

<table>
<thead>
<tr>
<th>Scale</th>
<th>Delighted</th>
<th>Pleased</th>
<th>Somewhat Pleased</th>
<th>Mixed</th>
<th>Mostly Dissatisfied</th>
<th>Displeased</th>
<th>Terrible</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n (%)</td>
<td>42</td>
<td>80</td>
<td>42</td>
<td>34</td>
<td>10</td>
<td>9</td>
<td>10</td>
<td>227</td>
</tr>
</tbody>
</table>

**Preferred not to say = 4.**

### Table 2.8
Feelings towards opportunities to access suitable housing

<table>
<thead>
<tr>
<th>Scale</th>
<th>Plenty of Opportunities</th>
<th>Good Opportunities</th>
<th>Mixed</th>
<th>Limited Opportunities</th>
<th>Restricted Opportunities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n (%)</td>
<td>8</td>
<td>18</td>
<td>44</td>
<td>92</td>
<td>65</td>
<td>227</td>
</tr>
</tbody>
</table>

**Preferred not to say = 4.**

### Table 2.9
Distribution of sample across Ireland by county

<table>
<thead>
<tr>
<th>County</th>
<th>n (%)</th>
<th>County</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antrim</td>
<td>3 (1.3)</td>
<td>Louth</td>
<td>1 (0.4)</td>
</tr>
<tr>
<td>Cork</td>
<td>24 (10.6)</td>
<td>Mayo</td>
<td>2 (0.9)</td>
</tr>
<tr>
<td>Derry</td>
<td>2 (0.9)</td>
<td>Meath</td>
<td>4 (1.8)</td>
</tr>
<tr>
<td>Dublin</td>
<td>137 (60.4)</td>
<td>Monaghan</td>
<td>2 (0.9)</td>
</tr>
<tr>
<td>Galway</td>
<td>16 (70)</td>
<td>Roscommon</td>
<td>1 (0.4)</td>
</tr>
<tr>
<td>Kerry</td>
<td>2 (0.9)</td>
<td>Sligo</td>
<td>1 (0.4)</td>
</tr>
<tr>
<td>Kildare</td>
<td>8 (3.5)</td>
<td>Waterford</td>
<td>6 (2.6)</td>
</tr>
<tr>
<td>Kilkenny</td>
<td>1 (0.4)</td>
<td>Westmeath</td>
<td>3 (1.3)</td>
</tr>
<tr>
<td>Laois</td>
<td>2 (0.9)</td>
<td>Wicklow</td>
<td>5 (2.2)</td>
</tr>
<tr>
<td>Limerick</td>
<td>7 (31)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>227 (100.0)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Thirteen counties recorded no participants.**

**Preferred not to say = 4.**
**Education**
All participants had at least completed primary education. The majority of the sample had completed an undergraduate degree and a significant amount of participants had completed a masters degree.

**Table 2.10**
Frequency of attained education level

<table>
<thead>
<tr>
<th>Educational Level Attained</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary Unfinished</td>
<td>2</td>
<td>(0.9)</td>
</tr>
<tr>
<td>Secondary</td>
<td>20</td>
<td>(8.8)</td>
</tr>
<tr>
<td>College Unfinished</td>
<td>31</td>
<td>(13.6)</td>
</tr>
<tr>
<td>Certificate / Diploma</td>
<td>23</td>
<td>(10.1)</td>
</tr>
<tr>
<td>Degree</td>
<td>71</td>
<td>(31.1)</td>
</tr>
<tr>
<td>Masters</td>
<td>68</td>
<td>(29.8)</td>
</tr>
<tr>
<td>Doctorate</td>
<td>13</td>
<td>(5.7)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>228</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Preferred not to say = 3.

**Employment**
At the time of data collection, asylum seekers essentially had no right to work in Ireland. Those who could not work due to their asylum status made up 7% of the sample.

Table 2.11 shows that the majority of participants were employed. While most participants were positive about being able to find employment in Ireland, feelings regarding the range of work available were far more negative, as seen in Tables 2.12 and 2.13.

**Table 2.11**
Distribution of employment statuses

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Employed, not looking</td>
<td>6</td>
<td>(2.6)</td>
</tr>
<tr>
<td>Not employed, looking</td>
<td>11</td>
<td>(4.8)</td>
</tr>
<tr>
<td>Employed &gt;10 hours</td>
<td>2</td>
<td>(0.9)</td>
</tr>
<tr>
<td>Employed &gt;20 hours</td>
<td>8</td>
<td>(3.5)</td>
</tr>
<tr>
<td>Employed &lt;20 hours</td>
<td>164</td>
<td>(71.6)</td>
</tr>
<tr>
<td>Student</td>
<td>14</td>
<td>(6.1)</td>
</tr>
<tr>
<td>Asylum seeker</td>
<td>16</td>
<td>(7.0)</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>(3.5)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>229</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Preferred not to say = 2.

**Table 2.12**
Feelings towards opportunities to work

<table>
<thead>
<tr>
<th>Scale</th>
<th>Delighted</th>
<th>Pleased</th>
<th>Somewhat Pleased</th>
<th>Mixed</th>
<th>Mostly Dissatisfied</th>
<th>Displeased</th>
<th>Terrible</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>25</td>
<td>58</td>
<td>50</td>
<td>50</td>
<td>17</td>
<td>17</td>
<td>9</td>
<td>226</td>
</tr>
<tr>
<td>(%)</td>
<td>(111)</td>
<td>(25.7)</td>
<td>(22.1)</td>
<td>(22.1)</td>
<td>(75)</td>
<td>(75)</td>
<td>(4.0)</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Preferred not to say = 5.

**Table 2.13**
Feelings towards the range of work available

<table>
<thead>
<tr>
<th>Scale</th>
<th>Delighted</th>
<th>Pleased</th>
<th>Somewhat Pleased</th>
<th>Mixed</th>
<th>Mostly Dissatisfied</th>
<th>Displeased</th>
<th>Terrible</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>9</td>
<td>9</td>
<td>21</td>
<td>67</td>
<td>50</td>
<td>54</td>
<td>13</td>
<td>223</td>
</tr>
<tr>
<td>(%)</td>
<td>(4.0)</td>
<td>(4.0)</td>
<td>(9.4)</td>
<td>(30.0)</td>
<td>(22.4)</td>
<td>(24.2)</td>
<td>(5.8)</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Preferred not to say = 8.
What is your relationship status?

- In a Civil Partnership
- In a Relationship
- Married
- Single
- Grand Total

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a Civil Partnership</td>
<td>0%</td>
</tr>
<tr>
<td>In a Relationship</td>
<td>10%</td>
</tr>
<tr>
<td>Married</td>
<td>20%</td>
</tr>
<tr>
<td>Single</td>
<td>30%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>40%</td>
</tr>
</tbody>
</table>

Do you have children?

- No
- Yes

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>90%</td>
</tr>
<tr>
<td>Yes</td>
<td>10%</td>
</tr>
</tbody>
</table>

Figure 2.5
Relationship and Parental Statuses

**Relationship Status**
The distribution of different relationship statuses across the sample can be seen in Figure 2.5. Approximately 11% of the sample are parents.

**2.6 Representativeness of the Sample**

It is important to note that this sample is a non-probability sample. That is, our participants were not randomly selected from the overall population of LGBT migrants in Ireland. There are likely to be many groups of people who are underrepresented in this sample. As a result, we must be cautious in generalising the results of this survey to all LGBT migrants in Ireland.

**Key Points**

1. The primary objective of this project was to investigate the experiences and needs of members of the Irish LGBT community who have migrated to Ireland.
2. The research element of this project was designed in collaboration with a diverse group of people who have migrated to Ireland and identify as LGBT.
3. A survey with a mix of open and closed questions was distributed online and 231 people contributed to this project by completing it.
“I needed to break free and it was impossible to do it back home at the time.”
3.1 Reasons for coming

While the main reasons the survey participants gave for coming to Ireland were either economic, educational or relationship based, there were also other motivations involved.

Many of the participants had a positive perception of Ireland prior to coming, the rights afforded to LGBT people such as marriage equality were attractive for those seeking a fresh start or a better life. In addition, there were many participants who came to Ireland with their family or to join family members who were already living here.

A number of participants gave political reasons for moving to Ireland and the political systems in Hungary, Poland, the UK (Brexit) and the US were specifically cited as reasons for migrating to Ireland.

“I came here due to homophobic treatment I have been experiencing in my home country, and my decision was influenced mostly by the Law and Justice party winning the elections in 2015.”

Homophobic attitudes in their native countries were also given as a reason for leaving with participants from the UK, US, Latvia, Poland, Croatia, Bulgaria, Morocco, Zimbabwe, Georgia, Venezuela, Pakistan, Cameroon, India and Russia all referring to these.

Among those who wrote about homophobia were participants who talked about the hostility towards LGBT people in their native countries. They also commented on how their personal safety was at risk if they remained. Participants from Zimbabwe, Venezuela, Pakistan, Cameroon, Georgia, Russia, Poland and the US either feared for their safety or had first-hand experience of violence, rendering it necessary for them to seek protection in a foreign country.

“My life was in danger in my own country because of my sexual orientation, which is punished by law. LGBT people are killed like flies by anyone, not just the police. I have tears in my eyes as I explain this to you because even your own family rejects you and wants you to die too.... Since I’ve been in Ireland I say to everyone without being judged “that I’m LGBT”. There are communities that are there to support us and LGBT Pride parties being organised to support us too.”

In particular, seven of the nine participants from one specific African country specifically talked about seeking refuge in Ireland because of the hostile climate for LGBT people in their home country. Some of these participants feared that they would be persecuted, imprisoned or killed if they didn’t leave.

There were several other participants who also talked about seeking asylum in Ireland but for some of these it was unclear if this was related to their LGBT identity. Finally, two of the participants said that they migrated to Ireland in order to transition.

Table 3.1

<table>
<thead>
<tr>
<th>Reason</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>90</td>
<td>(40.0)</td>
</tr>
<tr>
<td>Study</td>
<td>47</td>
<td>(20.9)</td>
</tr>
<tr>
<td>Relationship</td>
<td>18</td>
<td>(8.0)</td>
</tr>
<tr>
<td>Family</td>
<td>18</td>
<td>(8.0)</td>
</tr>
<tr>
<td>Greater LGBT acceptance</td>
<td>23</td>
<td>(10.2)</td>
</tr>
<tr>
<td>To seek asylum</td>
<td>18</td>
<td>(8.0)</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>(4.9)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>225</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Preferred not to say = 6.
3.2 Reasons for staying (or not)

When the participants were asked if they would like to stay in Ireland, the vast majority (84%) said that they would. Many of the factors that brought migrants to Ireland were also the reasons they wanted to stay here.

Generally, Ireland was perceived as a progressive, friendly, open and inclusive society with good opportunities for employment and education for LGBT people. The participants wrote about how they ‘loved’ Ireland, and commented on how they had a better quality of life and a higher standard of living.

Many of the participants were in long-term relationships or were married and this – along with their employment status - were the primary reasons they gave for wanting to stay here. Some had already become Irish citizens and intended to live here indefinitely.

“I have come to love how welcoming the people are and also how safe Ireland is comparable to the States (for instance, gun violence and hate crimes there). Granted though, I plan to keep on travelling. I would like to stay for two to three more years. Additionally, I met my boyfriend here.”

In addition, many talked about the friendships they had formed here which made them feel part of a community. Furthermore, as many had come to Ireland with or to join their family, they were unlikely to leave and many described Ireland as their home.

There were several references to personal freedom and some of the participants talked about Irish society generally being less judgmental and more accepting of LGBT people. This differed from their experiences in their native country, where they were not open about their identities or experienced homophobic attitudes.

Along with personal freedom, there were many references to personal safety, and Ireland was described as a safe place for LGBT people in comparison to some of the participants’ home countries.

For many of the LGBT migrants in the survey, there was a strong sense that living in Ireland allowed them to be themselves and this had a positive impact on their personal and professional development. The following quotes typify some of the comments from participants who struggled with their LGBT identity, for a variety of reasons, in their home country:

“Ireland was a country that set me free. It made me realise my potential and that my sexuality does not define me, as it would in my own country. Ireland taught me that it is okay to be who I am. I feel comfortable and accepted here.”

“I can be more open here about who I am and can live freely in accordance with myself and my identity. There is much less judgement in public spaces.”

There were some participants who did not intend to stay in Ireland and the most common reason for this was the high cost of living, especially rent.

Migrants who hailed from central or northern European countries felt that the standard and cost of living and healthcare was better in countries such as Finland or the Netherlands.

There were a couple of references to poor infrastructure and high taxes with few benefits. One participant complained about the amount of litter in Dublin. There were several references to the weather, with participants commenting that they would like to move to a warmer or better climate. While the housing crisis and climate were mentioned in both of the following comments, the second quote refers to the participant being recognised as ‘not from here’, a point that did not feature strongly in general as a reason for wanting to leave.
“Slow moving with public infrastructure changes. The amount of public littering in Dublin is embarrassing in the 21st century. Public services for immigration and work are a joke. The housing crisis is shocking considering the number of people moving here for work.”

“While I like Irish people, the neglected infrastructure, miserable weather and severe housing crisis are things that make me want to move somewhere else. Also, as I will never have an accent of a native speaker, I feel I will always be recognised as someone ‘not from here’.”

Another participant talked about the centrality of alcohol to LGBT social activities and that there were a lack of activities outside of bars and clubs. There was also one participant who felt isolated but it is unclear if this was related to the LGBT community. Among the migrants who did not want to stay in Ireland, there were some who liked it here but had plans for further travel or eventual return home. There were a few people who wanted to go home but felt they couldn’t, mainly because they were in a relationship in Ireland:

“I’d prefer not to but my partner is in no position to move. The overall quality of life is severely lower than in the Netherlands.”

Finally, there were a few people who were undecided and planned to make their decision based on employment outcomes, although the housing crisis was also mentioned as an influencing factor for these participants.

The most common reasons for coming to Ireland are to work, study and to find greater acceptance as a member of the LGBT community.

For many, seeking greater acceptance also means escaping serious risks to their safety and lives.

The vast majority of participants intend to stay in Ireland.
“Being bisexual, I have experienced disapproval or assumptions from mental health services.”
Participants responded to a wide range of questions related to their personal safety, health and wellbeing.

As all of these are interconnected, consideration of these aspects of their lives in Ireland should be made in relation to an intersectional understanding of the social determinants of health.

Simply put, there are differing layers of oppression experienced by the participants in our sample according to their sexual identity, gender identity, racial or ethnic background and their residential status in Ireland, and these lead to health inequalities.

### 4.1 Safety

One of the important aspects to note regarding personal safety is that, as mentioned in Chapter 1, over 18% of survey participants indicated they came to Ireland for greater LGBT acceptance or to seek asylum here. Ireland can thus be seen as a place of safety and refuge for at least these members of our migrant LGBT population.

Personal safety and a sense of wellbeing and belonging are also linked to where a person lives and works. Just over 11% of participants considered there were good opportunities to improve their accommodation status.

It should be noted that while the majority of participants lived in houses or flats, nearly 7% of participants were living in direct provision facilities.

Encouragingly, over 90% of participants feel safe in the area they live in. However – as can be seen in Figure 4.1 – there are clear inequalities in terms of gender, sexual identity and race.

---

**Figure 4.1**  
Variations in self-reported safety according to gender, sexual identity and race

**General, how safe or unsafe do you feel in your area?**

<table>
<thead>
<tr>
<th></th>
<th>Unsafe</th>
<th>Fairly safe</th>
<th>A bit unsafe</th>
<th>Very safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homosexual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pan/Bi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Queer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-binary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latin American</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White European</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Were you assigned this gender identity at birth?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender Identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.2 Physical Health

The participants in general reported feeling negatively regarding their physical health.

As can be seen in Table 4.1, nearly three-quarters of participants are dissatisfied with their physical health (74%).

Figure 4.2 shows that there is some variation in self-reported physical health across genders, sexualities and races.

Table 4.1
How the sample feels about their present physical health

<table>
<thead>
<tr>
<th>Scale</th>
<th>Delighted</th>
<th>Pleased</th>
<th>Somewhat Pleased</th>
<th>Mixed</th>
<th>Mostly Dissatisfied</th>
<th>Displeased</th>
<th>Terrible</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>2</td>
<td>4</td>
<td>16</td>
<td>36</td>
<td>77</td>
<td>58</td>
<td>27</td>
<td>220</td>
</tr>
<tr>
<td>(%)</td>
<td>(0.9)</td>
<td>(1.8)</td>
<td>(7.3)</td>
<td>(16.4)</td>
<td>(35.0)</td>
<td>(26.4)</td>
<td>(12.3)</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Preferred not to say = 11.

Figure 4.2
Variations in self-reported physical health according to gender, sexual identity and race.
4.3 Mental Health

Table 4.2 shows that of the 220 participants that provided information about their mental health only 45 were positive about it (21%). More than half of the sample felt negatively about their mental health (57%) and over one third of all participants visited a medical professional regarding their mental at least once in the last year.

Table 4.2
How the sample feels about their present mental health

<table>
<thead>
<tr>
<th>Scale</th>
<th>Delighted</th>
<th>Pleased</th>
<th>Somewhat Pleased</th>
<th>Mixed</th>
<th>Mostly Dissatisfied</th>
<th>Displeased</th>
<th>Terrible</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>10</td>
<td>12</td>
<td>23</td>
<td>50</td>
<td>53</td>
<td>51</td>
<td>21</td>
<td>220</td>
</tr>
<tr>
<td>(%)</td>
<td>(4.5)</td>
<td>(5.5)</td>
<td>(10.5)</td>
<td>(22.7)</td>
<td>(24.1)</td>
<td>(23.2)</td>
<td>(9.5)</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Preferred not to say = 11.

Figure 4.3
Variations in self-reported mental health according to gender, sexual identity and race

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Delighted</th>
<th>Mostly Satisfied</th>
<th>Mixed</th>
<th>Mostly Dissatisfied</th>
<th>Displeased</th>
<th>Terrible</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Black/African American</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Latin American</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Multiple Ethnicity</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White European</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

How do you feel about your present mental Health? 
- delighted
- pleased
- mostly satisfied
- mixed
- mostly dissatisfied
- displeased
- terrible
- mixed
Further information regarding the experience of mental health difficulties by the participants can be seen in their scores on the Depression, Anxiety and Stress Scale (Lovibond & Lovibond, 1995).

Worryingly, less than 50% of the sample scored in the normal range for symptoms of anxiety and depression. Comparing these scores to those in the LGBT Ireland report suggests that anxiety and depression may be more prevalent among migrants in our LGBT community, when compared to the community as a whole.

In the LGBT Ireland report, 53.2% of the sample were in the normal range of depression symptoms and 58.3% were in the normal range of anxiety symptoms.

Table 4.3
DASS scores for the survey sample

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean Score (SD)</th>
<th>Normal</th>
<th>Mild or Moderate</th>
<th>Severe or Extremely Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>9.24 (9.12)</td>
<td>48%</td>
<td>32%</td>
<td>20%</td>
</tr>
<tr>
<td>Depression</td>
<td>12.48 (10.63)</td>
<td>42%</td>
<td>38%</td>
<td>20%</td>
</tr>
<tr>
<td>Stress</td>
<td>13.39 (9.69)</td>
<td>71%</td>
<td>14%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Almost three-quarters of the sample rated their physical health negatively. Over half of the sample rated their mental health negatively. Symptoms of anxiety and depression were particularly prevalent with 20% of the sample having severe or extremely severe levels of these symptoms.
“It’s hard to make friends here. The LGBT community is cliquey and hard to break into.”
5.1 Family

Over half of all participants are unhappy with the amount of contact they have with their families (53%).

When considering their sexual orientation, nearly two-thirds of participants (63%) indicate that all of their immediate family are aware of their orientation, while less than a third (29%) indicate that their extended family are aware.

While the participants are for the most part open about their sexual orientation with their families, a majority are reticent to discuss topics relating to their sexual orientation – even with immediate and extended family.

A summary of the indicators of outness and the average levels of outness in the sample can be seen in Figure 5.1. the average levels of outness in the sample can be seen in Figure 5.1.

5.2 Friends

Most of the participants in the study indicated that they have a network of friends to support them. Over half indicated they had up to five friends, while a further 18% indicated they had over 10 friends.

Most participants (79%) said that they had friends or neighbours visit their home at some point during the year with approximately one-quarter reporting that friends or neighbours visited their home between once a week to once a fortnight. Significantly, 21% of participants indicated that they never have friends or neighbours visit their home.

On average, participants indicate that over 80% of their friends and close to 70% of their work colleagues are aware of their sexual orientation.

However, participants reported that they tend to be open about their sexual identity to only one out of every three strangers they speak to.

Most participants in the study are reticent to discuss topics relating to their sexual orientation with friends and work colleagues.

Figure 5.1
Indicators of outness
Less than 10% of participants indicated that they would be capable of talking about topics related to their sexual identity with all of their friends and work colleagues.

5.3 Social Inclusion

Nearly a quarter of participants live alone or in direct provision (24%).

For anyone to feel an included part of society, greater social interaction is needed to feel the support of fellow community members.

As can be seen in Table 5.1, over half of all participants do not feel they are included in Irish society (54%). Only one-fifth of all participants feel that they are part of our society.

Figure 5.2 displays the average response to the MacArthur Scale of Subjective Social Status for different groups within the sample. On average, participants see themselves as having a fairly low social standing, and particularly low scores are seen for people who identify as queer, who are genderqueer or genderfluid and of an African background.

Participants were told to consider their position along a ‘societal ladder’. At the top of the ladder (100) are the people who are the best off, those who have the most money, most education and best jobs. At the bottom (0) are the people who are the worst off, those who have the least money, least education, and worst jobs or no job.

---

**Figure 5.2**

**Subjective social status**

- **Sexual Identity**
  - Heterosexual
  - Homosexual
  - Pan/Bi
  - Queer

- **Gender Identity**
  - Female
  - Genderqueer/Fluid
  - Male

- **Were you assigned this gender identity at birth?**
  - No
  - Yes

- **Race/Ethnicity**
  - African
  - Asian
  - Black or African American
  - Hispanic
  - Latin American
  - Multiple Ethnicity
  - White European
### Table 5.1
How the sample feels about the extent to which they are included in society

<table>
<thead>
<tr>
<th>Scale</th>
<th>Delighted</th>
<th>Pleased</th>
<th>Somewhat Pleased</th>
<th>Mixed</th>
<th>Mostly Dissatisfied</th>
<th>Displeased</th>
<th>Terrible</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>11</td>
<td>11</td>
<td>21</td>
<td>59</td>
<td>53</td>
<td>46</td>
<td>19</td>
<td>220</td>
</tr>
<tr>
<td>(%)</td>
<td>(5.0)</td>
<td>(5.0)</td>
<td>(9.5)</td>
<td>(26.8)</td>
<td>(24.1)</td>
<td>(20.9)</td>
<td>(8.6)</td>
<td>(100.0)</td>
</tr>
</tbody>
</table>

Preferred not to say = 11.

### KEY POINTS
1. Many participants are not yet out to family members, friends and colleagues.
2. Over half of all participants do not feel that they are included in Irish society.
3. Those who identify as queer, those who are genderqueer or genderfluid and those of an African background feel the most marginalised.
“Most LGBT community organisations are dominated by Irish-born people, and as an ‘outsider’ it can be difficult to be accepted in those circles.”
Experiencing minority stress can occur in many ways for migrants that are members of the LGBT community. They can experience stigma from people marginalising their migrant identity, their LGBT identity, their gender identity or their ethnic background – or any combination of these.

A useful model for understanding these experiences is minority stress theory (see Figure 6.1).

Minority stress theory suggests that the heteronormative, patriarchal and racist nature of our society is the source of a variety of distal and proximal stressors, which subsequently adversely affect the wellbeing of individuals with minority identities (Meyer & Frost, 2013).

Belonging to more than one minority group can result in being exposed to multiple and intersecting sources of stigma. However belonging to a minority group can also involve the opportunity to access the protective effects of social resources associated with one’s minority community.

This chapter explores experiences of stigma related to one’s sexual or gender identity, experiences of racism, connection to the LGBT community and positive and negative experiences of the LGBT community in Ireland.

6.1 Experiences of Heterosexism

Close to half of all participants had been called ‘fag’ or ‘dyke’ since their arrival to Ireland (41%). Over two-thirds of all participants indicated that they are careful what they say and do around heterosexual people (67%) and nearly half of all participants reported that they are stared at in public because they are LGBT (47%).

A fifth of all participants stated they have been verbally abused by strangers because they are LGBT (21%) with a similar number indicating that they had experienced being laughed at or joked about because of their LGBT status (34%).

Nearly two-thirds indicated that they hid part of their lives from others (59%) and 39% of participants indicated that they had to pretend to be heterosexual here in Ireland.

Sadly, 15% had experienced sexual harassment due to being LGBT and 8% reported that they had been raped or sexually assaulted in Ireland because of their LGBT status. Figure 6.2 shows the frequency of each type of response to each item on the daily heterosexist experiences questionnaire.

Figure 6.1
Minority stress theory
Figure 6.2
Experiences of heterosexism since arriving in Ireland

- Avoiding talking about your current or past relationships when you're at work
- Being assaulted with a weapon because you are LGBT
- Being called names such as “fag” or “dyke”
- Being harassed in bathrooms because of your gender expression
- Being harassed in public because of your gender expression
- Being misunderstood by people because of your gender expression
- Being raped or sexually assaulted because you are LGBT
- Being sexually harassed because you are LGBT
- Being treated unfairly in stores or restaurants because you are LGBT
- Being verbally harassed by people you know because you are LGBT
- Being verbally harassed by strangers because you are LGBT
- Difficulty finding clothes that you are comfortable wearing because of your gender expression
- Feeling invisible in the LGBT community because of your gender expression
- Feeling like you don’t fit into the LGBT community because of your gender expression
- Having objects thrown at you because you are LGBT
- Hiding part of your life from other people
- Hiding your relationship from other people

Rating:
- Did not happen/not applicable to me
- It happened, and it bothered me not at all
- It happened, and it bothered me a little bit
- It happened, and it bothered me moderately
- It happened, and it bothered me quite a bit
- It happened, and it bothered me extremely
6.2 Experiences of Racism

In general, at least half of all participants experienced some form of racism while in public spaces in Ireland.

66% of participants indicated that they had been treated with less respect than others due to their race, ethnicity or migrant status while 12% said they experienced such a lack of respect often or very often.

Over half of all participants reported that others looked suspiciously at them at times because of their race or ethnicity (45%).

Similarly, less than half of participants (43%) reported to feeling that they felt they were accepted because of their race or migrant status. More than half (55%) indicated that they felt unwelcome at times because of their race or migrant status. A quarter of participants in the study indicated that they had been treated poorly because of the way they speak English or the way that they talk.

These types of incidents also occurred in spaces associated with the LGBT community, though to a lesser extent. 66% of participants said they had never been treated with less respect than others due to their race or ethnicity or migrant status within LGBT spaces here.

Nearly three-quarters of the participants (70%) reported that others never looked at them suspiciously because of their race or ethnicity in LGBT spaces. Similarly, nearly three quarters (74%) of participants in the study indicated that they had either never or rarely been treated poorly in LGBT spaces because of the way they speak English or the way that they talk.

70% of the participants reported that others never looked at them suspiciously in LGBT spaces because of their race or ethnicity, whereas less than a fifth indicated that this happened sometimes or with greater frequency (18%). (See Figure 6.3: page 44)

6.3 LGBT Community Resources

To get a sense of the extent to which the participants had access to the social resources available through the LGBT community, we examined responses to the LGBT Positive Identity Scale (Riggle et al., 2014).

Regrettably, only roughly 40% of participants feel connected to the LGBT community and just 34% feel supported and included by it. (See Figure 6.4: page 45)
Figure 6.3
Experiences of racism in public places and LGBT spaces

<table>
<thead>
<tr>
<th>In public places, have others looked at you suspiciously because of your race/ethnicity/migrant background?</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>Never</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Latin American</td>
<td></td>
</tr>
<tr>
<td>Multiple Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>European</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In public places, have you been treated with respect less than others because of your race/ethnicity/migrant background?</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>Never</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Latin American</td>
<td></td>
</tr>
<tr>
<td>Multiple Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>European</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In public places, have you felt accepted less because of the way you talk?</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>Never</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Latin American</td>
<td></td>
</tr>
<tr>
<td>Multiple Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>European</td>
<td></td>
</tr>
</tbody>
</table>
As an LGBT person, it is important to act as an advocate for LGBT rights.

Because of my LGBT identity, I am more in tune with what is happening around me.

I am comfortable with my LGBT identity.

I am honest with myself about my LGBT identity.

I am more aware of how I feel about things because of my LGBT identity.

I am more sensitive to prejudice and discrimination against others because of my LGBT identity.

I embrace my LGBT identity.

I feel a connection to the LGBT community.

I feel I can be honest and share my LGBT identity with others.

I feel included in the LGBT community.

I feel supported by the LGBT community.

I feel visible in the LGBT community.

I find positive networking opportunities in the LGBT community.

I have a greater respect for people who are different from society’s expectations because of my LGBT identity.

I have a sense of inner peace about my LGBT identity.

My experience with my LGBT identity leads me to fight for the rights of others.

My LGBT identity has led me to develop new insights into my strengths.

My LGBT identity leads me to important insights about myself.

My LGBT identity makes it important to me to actively educate others about LGBT issues.

My LGBT identity motivates me to be more self-aware.
6.4 Positive Experiences of the LGBT Community in Ireland

The positive aspects of being part of the LGBT community in Ireland, for the most part, cannot be separated from the participants’ overall perceptions of Ireland.

The vast majority of participants had positive community experiences and repeated their comments about Ireland being a welcoming, friendly, inclusive, safe and tolerant society. While being part of the LGBT community was mentioned, this was often in the context of being ‘out’ and the personal freedom that they had to live their lives in a way that they couldn’t in their native countries.

The visibility of the LGBT community was mentioned but this was set against the acceptance of LGBT people and their integration within society. This is exemplified in the following survey quotes:

*Here we can be ourselves, and that is partly because we are away from our folks but also because the society here is open-minded. I'm not scared to be hand in hand with my boyfriend. We see people expressing themselves all over the city without hearing any slurs.*

*You are treated like a human being and accepted without being judged. You are allowed to be who you are without having to worry about anyone or anything.*

Many of the positive experiences described by the participants were written as direct comparisons to their home countries and commented on the differences that existed between the two.

These comparisons were particularly marked where participants originated from countries that are less supportive of LGBT people, as in the following quotes:

*The LGBT community here is loud and proud of who they are. I think that encouraged me – and many others who come from backgrounds filled with homophobic family members – to try not to let their hateful opinions get to me too much. It helped me with accepting myself, which I think never would have happened if I lived in the country that I was born in.*

Feeling less alone. Many non-LGBT people not only “mind their own business” but also make an effort to show that diversity is celebrated and that they support me for who I am (not despite who I am). The LGBT communities themselves are mostly out and much less closeted than where I came from. This makes me feel more at home in Ireland while I feel like an alien in my country of origin.

The LGBT community itself, while being perceived as small in comparison to some countries, was also described on the whole as welcoming and friendly. Many of the participants, especially the ones from less LGBT-friendly countries, experienced a sense of belonging to this community and they talked about the friendships they have made with fellow LGBT people.

Others talked about the solidarity that existed among LGBT community members and commented that the community was supportive. In addition, there were many references to the cultural diversity within the LGBT community and in Ireland generally. Throughout the data, there was consistency in terms of the positive experiences across the sexual orientation groups surveyed.

6.5. Negative Experiences of the LGBT Community in Ireland

While many positive aspects of being a member of the LGBT community were commented on, there were some negative aspects described by the participants.

Like the positive aspects, the negative aspects were sometimes related to the participants’ overall experiences of living in Ireland rather than relating to the LGBT community specifically.

Participants described the LGBT community as being urban-centric with limited visibility in smaller towns or rural areas. In addition, while the community being ‘small’ was considered an advantage by some, it was perceived as a disadvantage by others because it was seen as tight-knit and difficult to break into.
Some of the participants talked about feeling excluded from the LGBT community in Ireland and while this did not appear to be experienced as direct discrimination, there was a sense that some of the migrants experienced difficulties integrating with the Irish LGBT community.

This conflicts with earlier descriptions of the Irish community being friendly and welcoming and there were several references to difficulties breaking into the community beyond professional relationships. These are exemplified in the following quotations:

LGBT communities reflect wider society which unfortunately can exclude on the basis of difference. While LGBT communities have often experienced this exclusion, the desire to create inclusion through our LGBT social networks can lead to an ‘in group’, which excludes on the basis of cultural/ethnic/racial difference.

There’s a divide between Irish LGBT and non-Irish LGBT. Irish are very insular, but welcoming.

Irish folks tend to be very insular or tied to their own social circles, often having to do with where they grew up. It’s difficult to make friends with Irish people, despite the stereotype that they are friendly. I often find myself in social settings where everyone else is also a migrant.

Within these comments, there were some references to integration being more difficult for LGBT people from different ethnic backgrounds, although this was a suggestion made by those who classified themselves as white Europeans in the main.

There was also a negative perception of divisions between LGBT people themselves, with gay and lesbian cisgender people perceived as more visible with greater attention given to their needs. This was not just in relation to the social scene, but in other areas as well, which were seen as being dominated by gay men.

Same as anywhere in the world, the nightlife caters to gay men and everyone else kind of gets forgotten.

Most LGBT community organisations are dominated by Irish-born Irish people, and as an ‘outsider’ it can be difficult to be accepted in those circles. This is even more so the case for non-white/non-native English-speaking migrants. But also true in my case as a white, native English speaker:

As a pan person, I feel sometimes the rest of identities (except for ‘G’ for gay, and ‘L’ for lesbian) are invisible. I don’t usually explain to people pansexuality, just say I am bi. I feel people could be more educated inside and outside the community on the diversity of orientations.

In the next quotation, the participant reiterates the divisions between the ‘tribes’, but also adds that there is an overreliance on drug and alcohol consumption in social settings, a point made by other participants as well:

Even though, here in Ireland, the segregation is less than in other cities when it comes to the different groups within the LGBT community, I still think that there is a considerable separation between the tribes, a lot of prejudice and an over-appreciation for the body. I also sometimes feel an unnecessary direct or indirect incentive for alcohol and drugs consumption and deliberate sex practices.

In addition, the same participant makes references to the ‘over-appreciation of the body’ and this reference to the LGBT community being superficial was also echoed in some of the other participants’ comments. Other participants mirrored these comments, suggesting that they felt stereotyped, sexualised and fetishised. These concerns are highlighted in the following quotations:

“There is a lot of generalisation and banalisation of what it’s like to be Latino and people tend to see you as a piece of meat to have sex with.”

“Fetishisation of the black gay is common.”

“Drugs abuse is everywhere. People look surprised if you don’t use at least poppers. Going to a nightclub seems to be commonly tied to party drugs consumption. People are very inconsistent regarding the kind of acquaintance they want to develop with you. The common goal looks to always be sex, though.”
There were some references to homophobia but these were generally in relation to the participants’ experiences among the wider Irish community. Some of these were actual experiences of harassment, as in the following quotation:

*Harassment and abuse by strangers and mistreatment for being gay.*

However many of the comments referred to anticipated homophobia where the participants were less likely to be open about their LGBT identity for fear of discrimination. This was not just within the Irish community but also among fellow migrants as well.

There were also some references to bi-phobia both within the LGBT community and the participants’ general experiences, but these were in the minority.

While some of the experiences described in this section could be interpreted as racism, there were also overt descriptions of both the LGBT community and the general Irish population as being racist.

There were references to participants being racially discriminated against but there was limited detail of any specific instances. Some of the comments presented a general commentary on the wider situation in Ireland rather than descriptions of personal experiences, as in the following quote:

*Racism, ignorance, lack of understanding of intersectionality, being patronised, being used as a token or figurehead, being used by those who want to appear anti-racist, being victimised – racially and sexually. Being othered constantly. If you are intelligent, articulate, political and aware, Irish LGBTs are threatened and put you down so that you cannot have any position of leadership.*

There were 20 people in the survey who stated that their gender was not their assigned gender at birth. Almost half of this group described negative aspects of being a member of the LGBT community in Ireland.

These comments related to not feeling part of the community in some way. While not specific to the LGBT community, there were references to transphobia in Ireland and poor healthcare services for transgender people.

*I don’t know. It’s still really transphobic here. It has benefits over the US, but Austin, TX, Portland or NYC in the 90s were so much more accepting.*

*I am a stranger to the culture, which is just developing. I am excluded from being part of that development.*

**KEY POINTS**

1. 60% of participants have experienced homophobia in some form since arriving in Ireland.

2. Being subjected to racist behaviour is common in both public and, to a lesser extent, LGBT-specific spaces and is most common for those with African or Asian backgrounds.

3. While there are many positive aspects to Ireland’s LGBT community, it can be difficult for migrants to access its limited resources.
CHAPTER 7

ACTIONS TO INCLUDE LGBT MIGRANTS IN IRISH SOCIETY

“Direct Provision is simply immoral.”
The survey participants were asked to reflect on and answer two open-ended questions regarding possible actions for improving the inclusion of LGBT migrants in Irish society.

7.1 How can the LGBT community be more inclusive of its members who are migrants to Ireland?

Many of the participants who answered this question wrote about the LGBT community in Ireland needing to be more tolerant, inclusive, less judgemental, more understanding, open, respectful and kind to LGBT migrants.

However there was less information about how this might be achieved or how the LGBT community could be more inclusive. In terms of tolerance, there was specific reference to the need for more tolerance towards migrants who might be struggling with the English language.

Cultural awareness was perceived as the cornerstone of promoting inclusion. It was recommended that this should go beyond the provision of information about other cultures by embedding the context of the migrant’s unique experience.

Mention was made to how understanding the factors that may have brought migrants to Ireland, including their LGBT identity, might help the community to be more compassionate and inclusive. In addition there were references to listening to migrants and hearing their stories.

There were references to the LGBT community being more cohesive and less focused on the needs of gay men. There were also many calls for the Irish LGBT community to be less racist and education was seen as a way to achieve this. In addition, some participants talked about Irish LGBT people becoming more aware of their racism and what they needed to do to challenge both their own biases and those of others.

“The need to be more aware of casual racism and stop dismissing it as mere ‘slagging’. We need to disrupt racist jokes etc. I was shocked at how openly racist people are when I moved here, and the LGBT community was no better than mainstream Ireland.”

The creation of platforms for LGBT migrants who are from diverse ethnic backgrounds to speak out and raise awareness was suggested by one participant as one way that might assist with education and raising awareness of racism.

“Not to impose American techniques, but a sense of racial education and awareness would be helpful to everyone, even those outside the LGBT community. If there were platforms for racially or ethnically different individuals to be heard, it would help with spreading awareness of discriminatory phrases and actions. POCs within the LGBT community in the States have created these platforms in order to be heard by those who aren’t POC and it emphasises that we do need allies for other overlapping minority groups within our communities.”

There were also some suggestions about how migrants might be able to integrate with the Irish LGBT community and this mainly revolved around the creation of events that were more diverse in nature.

Some of the participants suggested that these could be less focused on the English language and more focused on music, food and culture as a way of learning about migrants’ ways of life. There were many references to organising events that were not centred around alcohol.

In addition, there were also some references to reaching out to LGBT migrants living in smaller towns or rural areas, although it was not made clear how this could be achieved. There were also calls for the LGBT community to be more inclusive and to create more spaces that did not so exclusively cater to cisgender males.

“Be more inclusive and accepting of transgender people, but this is not just an issue within the LGBT community, but the whole community. People are shallow and even in this day and age still judge people by what genitalia they have.”

“LGBT spaces need to be less cliquey, easier to find... I’ve found a couple of gay bars but they tend to be gay cis-male oriented.”
7.2 How can the Irish government be more inclusive of LGBT people who migrate to Ireland?

The most pressing issues that the migrants in this study would like to see action from the Irish government on were: making it easier for LGBT asylum seekers to enter the country and an end to the current direct provision system. There was considerable overlap between these two issues.

In terms of coming to Ireland seeking asylum, having to prove that one truly identified as a member of the LGBT community was sometimes a difficult and stressful experience. For some of the participants, it was traumatising – especially in light of their experiences in their home countries.

There were several references to improving sensitivity training for people who were involved in the asylum seeking process. In addition, entering direct provision meant asylum seekers were sometimes placed with others from their own country who held homophobic attitudes and there were some references to feeling further isolated within these services.

“...to allow us an easier integration into our [LGBT] community, we have to be in Dublin because the parades, parties, meetings are always held there. We have to pay the transport all the time to go and as we do not work, it becomes complicated. The most important thing I would like the government to do is put us all together in one hostel so we would feel more supported... for example, when we are transferred with other heterosexual African people who have children, from my experience, I feel like I feel in Africa. When I say that I prefer women they ask me why and other stupid questions and ask me not to talk with or touch their children anymore.”

As asylum seekers, this group of survey participants were not permitted to work under any circumstances at the time of data collection, and this was another area that they felt required government attention.

Linked to this but affecting LGBT migrants more generally, there were many calls for the government to improve the immigration system in Ireland. One participant called for ‘root and branch reform’ of the system:

“The immigration system needs ‘root and branch’ reform. This applies to all migrants, with LGBT migrants often experiencing multiple forms of discrimination. A transparent, accountable system is needed as a matter of urgency.”

Other priorities identified by LGBT migrants for government attention were: improved access to healthcare including mental healthcare; better channels of information about LGBT services; improved housing, and more investment in LGBT organisations such as Outhouse.

There were three references to the need to make PrEP readily available. Finally, there were a couple of references to encouraging migrants to become more involved in politics. In terms of participants who identified as transgender, there were calls for better healthcare and assistance for migrants who were transitioning. There were also calls for more information for LGBT people generally when they come to Ireland. There was one reference to hate crime legislation and that this should be introduced.

“Offer way better healthcare for transitioning and sexual education and create better laws when it comes to hate crime and more safe spaces for LGBT people.”
7.3 Other Issues

There were a range of responses here with many of the migrants reiterating their positive experiences of living in Ireland or recounting some of the negative experiences they have had here. There were a number of participants who were surprised that there were no survey questions about sexual health, HIV or HIV screening, access to healthcare or experiences of healthcare.

There were also some references to greater separation between church and state. There were a few comments about the lack of attention to LGBT parenting, migrants who have children and access to assisted reproduction services in Ireland.

I think parents are a bit invisible in this survey. The question about who you live with does not give an option to say you live with your children. I’m a single mother, and I live with my child. I think parenthood also influences our experience because I’m far more guarded about my sexual orientation with my child’s friends’ parents than in any other context.

There was one reference to greater consideration for LGBT people who have a disability.

Echoing an earlier point that was raised in relation to direct provision, one participant talked about the homophobia that existed within their own communities and was sometimes unavoidable:

“I think one very sensitive and possibly hard to work around issue is the homophobia we face in our own communities. Some LGBT people might live in communities with people from their country of origin who might not be very LGBT-friendly or even homophobic. If, due to English level or for other reasons, that person has to keep close ties with the community, it might be hard to feel completely comfortable and well – even if the rest of the society is more open.”

7.4 Older People

Older people were underrepresented in this survey with only 11 people over the age of 50 taking part. Their responses to the qualitative questions for the most part mirrored the rest of the participants and their reasons for coming to Ireland were similar, although no one talked about coming here to seek asylum among this cohort.

Only one of these participants was undecided about staying here and another was planning to move back to their native country. The others suggested that they were happy here and had made a life for themselves or were in relationships and/or married.

The most frequent comments from this group related to the lack of an LGBT scene in rural areas. The calls for more attention to LGBT parenting were also primarily raised by older respondents as briefly discussed earlier. There was one call among this group for increased awareness of trauma in the lives of LGBT people, especially women.
The LGBT community in Ireland needs to be more inclusive, open, respectful and kind towards migrants. LGBT groups need to provide a more diverse array of events including those not designed around the consumption of alcohol. LGBT migrants believe that the government must end the current direct provision system. They should also improve the process of applying for refugee status for LGBT asylum seekers.

Lesbian and bisexual migrant women have experienced many forms of gbv [gender-based violence] prior to coming to Ireland, including fgm [female genital mutilation], forced marriage, domestic violence, so-called honour-based violence. Neither the LGBT community nor wider society are able to recognise this in order to respond to these issues. How are ‘l’ and ‘b’ women supposed to disclose and seek help and support? Inclusive gender-based violence policies are needed to ensure LGBT women are considered.

“There are not enough questions about having children as an LGBT migrant. Clinics in Ireland only have access to sperm donated by white men. How can you conceive a child who shares your race if you are black or Asian? Racism within assisted reproduction services is an issue. Lack of reproductive justice for migrant lesbians and bisexual women—a complete lack of understanding of our needs.

KEY POINTS

1. The LGBT community in Ireland needs to be more inclusive, open, respectful and kind towards migrants.

2. LGBT groups need to provide a more diverse array of events including those not designed around the consumption of alcohol.

3. LGBT migrants believe that the government must end the current direct provision system. They should also improve the process of applying for refugee status for LGBT asylum seekers.
“As a migrant, it’s often easier to make connections with other migrants than people who’ve lived in Ireland all their lives and who have deeply established networks.”
The LGBT AIMS project was conducted to achieve the following objectives:

1. to investigate the experiences and needs of members of the Irish LGBT community who have migrated to Ireland;
2. to engage and empower members of the Irish LGBT community who have migrated to Ireland by involving them in the design of this research, and;
3. to produce recommendations for actions to better include LGBT migrants in the Irish LGBT community and Irish society more generally.

The first objective was achieved by distributing an online survey and analysing the quantitative and qualitative responses from the 231 people who contributed their data. The quantitative data was analysed descriptively and the qualitative data was analysed using thematic analysis.

The second objective was achieved through the involvement of a diverse group of LGBT migrants in the participatory design of the online survey.

Their involvement was facilitated through workshops held in Galway and Dublin. A total of 17 people engaged with these workshops and continued to give feedback via email during the co-design of the survey.

The rest of this chapter will focus on meeting the third objective by describing actions for the LGBT community and the Irish government which are implied by the survey results.

These recommendations are by no means exhaustive or detailed, but may provide a basis for future community work, advocacy or policy-making.
8.1 Recommendations for the LGBT Community

- More platforms are needed for LGBT migrants to advocate for themselves and for their opinions to be heard. This could involve working groups within existing organisations or the establishment of a new, dedicated organisation.
- LGBT migrants should be involved more in leadership positions within LGBT community organisations.
- LGBT spaces must become more accessible to those who are not white, Irish, cisgender and male. In particular, more spaces are needed outside Dublin. There is also a need for more venues to be developed which do not centre around drinking alcohol.
- Specific events should be organised which are designed to support the integration of LGBT migrants as their integration cannot be successful without effort on the side of Irish people.
- Racism within the LGBT community needs to be tackled.

8.2 Recommendations for the Irish Government

- All public service employees should be given LGBT-focused cultural competence training, especially those who work in services related to immigration.
- Direct provision should be ended and replaced with a more humane way of welcoming asylum seekers. In the meantime, actions need to be taken to protect members of the LGBT community who are living in direct provision from isolation and homophobia. These include guaranteeing that LGBT people are accommodated in areas where they can access LGBT-specific services, that they are housed in accordance with their gender identity and that they are kept safe.
- The asylum application process must be reviewed in relation to how applications related to sexual orientation and/or gender identity are handled.
- Access to mental health services must be facilitated for LGBT migrants.
- All services that deal with sexual assault must be equipped with staff who have an understanding of the needs of LGBT migrants.
- HIV screening and access to PrEP must be made available to all LGBT migrants.

8.3 Recommendations for Research

- A research study to further understand the physical and mental health of LGBT migrants should be completed. This should include a focus on LGBT migrants’ access to health services and their experiences of using them.
- Further research is required to explore LGBT migrants’ experiences of discrimination and racism within the LGBT community and the wider population.
- Research on the experiences of LGBT migrants who come to Ireland from less LGBT tolerant countries, including asylum seekers, should be conducted using a narrative methodology.
- A longitudinal study using a mixed methodology should be conducted to explore LGBT migrants’ experiences in Ireland over time.
- A research study to capture LGBT migrants’ perspectives on the quality of their educational experiences and experiences of working in Ireland should also be explored.