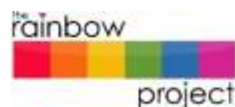
Through our eyes.

The housing and homelessness experiences of Lesbian, Gay, Bisexual & Trans people in Northern Ireland.



A study commissioned by the NI Housing Executive, conducted in parternship by The Rainbow Poject and Council for the Homeless NI.

ACKNOWLEDGEMENTS

This survey was commissioned by the Northern Ireland Housing Executive (NIHE), and adds to their evidence base on the changing characteristics of homelessness in Northern Ireland.

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John O'Doherty, The Rainbow Project

Ricky Rowledge, CHNI

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Introduction

The Northern Ireland Housing Executive (NIHE) commissioned this study into Lesbian, Gay, Bisexual and Transgender (LGB&T) homelessness in Northern Ireland. The broad aim of the research was to add to the NIHE's evidence base on the changing characteristics of homelessness in Northern Ireland, specifically with regards to Northern Ireland's LGB&T communities. This research project was undertaken by The Rainbow Project (TRP), in partnership with Council for the Homeless Northern Ireland (CHNI).

Aims and Objectives

The specific aims of this study were to explore the reasons for homelessness amongst LGB&T communities, and to understand the relationship between sexual orientation / gender identity, and subsequent experiences of homelessness or housing crisis. Additionally, the study explores the experiences of people from LGB&T communities of local housing and homelessness provision, as well as service provider experiences of delivering services. Specifically, this report contains:

- **A comprehensive evidence review.** This review draws on local, UK and international research to describe what is known about the LGB&T people's experiences of homelessness, and about the factors known to be associated with housing difficulties and homelessness.

- **A map of local service provision**, detailing LGB&T service provision, available across Northern Ireland, at the time of data collection.

- **Data collected from LGB&T people,** by means of interview, focus groups, and online questionnaire.

- **Data collected from Service Providers**, by means of questionnaire.

Summary Method

The study consisted of three key elements. The first was an extensive evidence review including an available service mapping exercise. The second strand used a service provider survey employing questionnaire administration with staff, selected non-randomly. The third involved data collection via online questionnaire and focus groups with participants who identified as LGB&T.

All aspects of data collection were managed by TRP. Data analyses and report writing were conducted by Quinn Research Services, on behalf of CHNI.

SAMPLING

Non-random sampling techniques were employed in the recruitment of all participants. These techniques were deemed to be the best available given the absence of an established sampling frame, and the exploratory nature of the study.

Snowball sampling techniques were employed to access participants from LGB&T communities. The technique used established social and professional networks to build this sample. In the current study, these networks connected LGB&T specific service providers and their service users in the first instance, and LGB&T people and service providers. An achieved sample of 100 participants was considered sufficient for the current study.

Judgement sampling techniques were employed to access service provider staff. In order to conduct a series of interviews with key service provider staff (from temporary accommodation providers and advice / support agencies, both generic and LGB&T specific), judgement sampling strategies were adopted. Targeted LGB&T service providers were identified by TRP, and targeted temporary accommodation providers were identified by CHNI. This was considered permissible given both organisations' roles within LGB&T and homelessness sectors. Given the exploratory nature of this study, and the combination of data collection methods, 15 to 35 key informants were considered sufficient. Once service provider organisations were identified, service provider staff were recruited via snowball techniques.

PARTICIPANTS

Two groups of participants were identified: (a) LGB&T participants (who shall be referred to as 'respondents' in this report); and (b) Service Provider respondents (who shall be referred to as 'providers'). Primary data collection from service providers was via questionnaire, whereas primary data collection methods from LGB&T respondents were online questionnaire, and post-questionnaire focus groups and interviews. A series of face to face, semi-structured focus groups and interviews were also conducted with people who identified as LGB&T. These participants typically completed the online questionnaire, and indicated their willingness / interest in participating in focus groups and interviews.

In total, 100 people from LGB&T communities provided a response to the online questionnaire. Of these 54 provided sufficient data to be included in analyses. Seventeen people from LGB&T communities also participated in three focus groups, and nine people participated in interviews.

Focus group participants included five who identified as trans females, eight gay males, three lesbian females, and one bisexual female. Seven participants identified as currently or previously homeless. In terms of interviews, interviewees consisted of five people who identified as gay males, two trans females, one trans male, and one lesbian female. Seven of the nine were currently or previosuly homeless, and an additional one respodnent, whilst not homeless, described experiences of insecure housing and housing difficulties.

In total, 39 service providers particiapted in the study: thirty eight responses were deemed useable in analyses. Of the final data set, 35 (92%) were temporary accommodation providers, and the remainder advice agencies. (Further details in the Service Provider results section).

DATA COLLECTION

Data collection took place over a five month period between July and November 2013. The initial data collection phase was intended to be twelve weeks, but data collection

was extended to maximize data capture. Data collection protocols were derived from best practice in survey work, and interviewing / focus groups[1 2 3 4 5].

The study was promoted widely in the pre-data collection phase in order to maximise participation. This involved issuing an initial contact letter to service providers, providing information on the purpose of the research and data collection schedule, and calling for participants both from service providers and users. Additionally, the research was advertised to residents in temporary accommodation hostels (via poster), to service providers through CHNI membership and networks, and to LGB&T communities via TRP networks. It was further publicised through various LGB&T organisations and websites, and Community and Voluntary organisation networks.

Interviews and focus groups were carried out with participants at The Rainbow Project's office in Foyle and in Belfast.

DATA ANALYSES

Analyses involved a range of techniques, reflecting the mixed method approach, and included thematic analyses of qualitative data; descriptive and exploratory data analyses; and best practice techniques for analyzing focus group data and questionnaires. Due to limitations in the data, analyses are broadly descriptive and narrative in nature. Whilst this prevented detailed comparison across data types or groups, it was deemed acceptable, given the exploratory nature of the study.

ETHICAL ISSUES

Participation in this consultation was on a voluntary basis, based on informed consent. Participants were free to withdraw at any stage. All responses were treated in

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1 Gubrium, J.F. & Holstein J.A. (2001). Handbook of interview research : context & method. Sage, London.

2 Krueger, R.A.; Casey, M.A. (2009). Focus groups: a practical guide for applied research. Thousand Oaks, CA: Sage Publications, Inc.

3 Reed, J. & Roskell Payton, V. (2008). Focus groups: issues of analysis and interpretation Journal of Advanced Nursing Volume 26 Issue 4, Pages 765 - 771

4 Parker, A. & Tritter, J. (2006). Focus group method and methodology: current practice and recent debate. International Journal of Research & Method in Education, Volume 29, Issue 1 April 2006 , pages 23 - 37

5 Gillham, B. (2004). The research interview. Paston press, London;

accordance with best practice guidelines in research and all data subject to rigorous data protection. Additional support and signposting information was made available to anyone who requested it. Participants were informed that all data would be presented in the final report in aggregate, and that direct quotes would be anonymized. Participants in focus groups / interviews were additionally informed (and agreement sought) that sessions would be recorded for the purpose of transcription.

METHODOLOGICAL ISSUES

The study has a number of methodological shortcomings. The sampling techniques used generated a relatively small sample size. This sample was even smaller when data attrition and anomalies were taken into consideration. The small numbers within categories, and overall, prevented any meaningful comparison. As a result, analyses are broadly descriptive and narrative. Whilst a small sample was expected, given the absence of an established sampling frame, the sampling techniques employed, and the difficulty in recruiting LGB&T and homeless participants into research, these factors limit the generalizability of findings. Similarly, online data collection, whilst cost-effective, has been shown to suffer from many of the problems in the current dataset[6], including low response rates, nonresponses, non-representativeness of sample, and lack of validity of the data.

Yet, given the exploratory nature of the current study, and the veracity and depth of focus group / interview data, these shortcomings are deemed tolerable. Future research would benefit from the establishment of a reliable sampling frame, larger samples, and the use of techniques proven to maximise data capture amongst hard to reach groups.

[6] http://www.amstat.org/sections/srms/Proceedings/y2004/files/Jsm2004-000440.pdf

SUMMARY OF FINDINGS & RECOMMENDATIONS

Summary of Findings

Reasons for homelessness

Both respondents and service providers cited family rejection (most cited), or relationship breakdown (second most cited), as the main reasons for respondents' experiences of homelessness.

Data from both groups suggested that family rejection was typically a result of conflict associated with the respondent's sexual orientation / gender identity. Many respondents described leaving the family home, typically in their late teens, due to their family's reactions to their sexual orientation / gender identity. In some instances, familial rejection immediately precipitated an episode of homelessness. For others, whilst it did not lead to immediate homelessness, it played an indirect role in later experiences, by removing a source of support and accommodation that could be accessed when faced with housing difficulties at a later point.

Relationship breakdown, on the other hand, was not associated with the respondent's sexual orientation / gender identity in almost all cases.

Experiences of repeat homelessness

Whilst experiences of multiple homelessness were noted across the sample, irrespective of sexual orientation / gender identity, trans respondents seemed particularly vulnerable. Respondents described how they moved accommodation on repeated occasions in response to homophobia / transphobia from neighbours, and others in the neighbourhood.

Trans repeat homelessness was associated with sporadic housing and regular moves in response to regular and sustained transphobic abuse. A theme common amongst trans respondents was the sense of persistent anxiety and fear that these repeated exposures produced. Some were constantly vigilant and wary of their public behaviours; some increasingly withdrew from being seen in public, to the point of essentially being a prisoner in their own homes; whilst others avoided their current accommodation altogether.

Sources of support

For the majority of those who had faced a housing crisis and/or homelessness, their primary source of support were LGB&T organisations. The reasons for this are two-fold. Firstly, and perhaps most obviously, their affinity with and understanding of LGB&T issues, as well as their standing within LGB&T communities, made them obvious candidates for providing support.

Secondly, there was reluctance amongst a small number respondents to approach the NIHE. Many respondents were not aware of the NIHE's duty or function with regards to homelessness. Others were unsure whether the NIHE would be able (or willing) to assist, and others were worried it would create further problems. By far the largest proportion reported being reluctant to contact the NIHE based on negative 'word of mouth' reports from peers within LGB&T communities who had previously approached the NIHE. Whether these word of mouth reports were based on direct experience of NIHE or something else cannot be ascertained from the data.

Negative feedback included long waiting lists; condition and location of housing stock; reluctance to be placed in temporary / hostel accommodation; and negative experiences / interactions with NIHE staff.

The negative perceptions of the NIHE amongst those who had never used their services contrasted to those respondents who had approached the NIHE for support.

Negative perceptions regarding the location and condition of NIHE housing stock were a recurring theme across data. The general consensus was that NIHE stock was generally in areas perceived to be unsafe. For those seeking relocation from current housing / or homeless as a result of discrimination, there was a reluctance to be placed somewhere where they would be exposed to similar problems.

Respondents who had dealings with the NIHE - whether as a homeless applicant or otherwise - were generally positive about their experiences. This is not to say that views were universally positive. There was broad, though not universal, agreement that the NIHE dealt with applications quickly and efficiently, finding temporary or alternative accommodation (or at least making offers of such) for most respondents. Some respondents expressed frustration with the 'wheels' of bureaucracy, and frequently cited prolonged decision making processes, poor information flow between NIHE and

respondent, poor internal communications, and occasional issues with continuity in service provided, particularly if dealing with multiple NIHE staff contacts.

Interestingly, respondents tended to rated positively the efforts and sensitivity of individual staff in the NIHE (with a few exceptions). Yet, many of these same respondents were less likely to positively rate the NIHE as an organisation. The general perception was that whilst individuals working for the NIHE, for the most part, endeavoured to ensure the best possible outcome for an applicant, they nonetheless had to work within the strictures imposed by the system.

Most of the Trans respondents interviewed felt that a majority of NIHE staff lacked the appropriate knowledge and sensitivity necessary to adequately deal with gender identity issues. Similarly, respondents felt this was reflected in the decision making process, ranging from the absence of gender identity related elements in application forms, inappropriate use of gender pronouns on official paperwork and correspondence, to inappropriate housing allocations.

Others were less positive about their interactions with NIHE staff, citing poor attitudes generally, and to LGB&T issues specifically, as demonstrated by a lack of sensitivity. Across the sample more generally, some felt that the issue of their sexual orientation / gender identity wasn't dealt with in a meaningful way which was a source of frustration, as this was often the underlying reason to their housing difficulties.

As previously indicated, for many, their understanding of the roles and functions of the NIHE, and how points were awarded was limited. This, coupled with the perception that staff could be more transparent in their decision making, led to frustration for many.

As demonstrated by focus group / interview data, those who accessed and stayed in temporary accommodation, for the most part, rated the experience positively. Most respondents, though not all, rated staff professionalism, courtesy, support, and sensitivity to sexual orientation / gender identity issues highly.

Overall, experiences of hostel life, and relationships with other residents were mixed. The majority of respondents rated their experiences of other residents whilst in temporary accommodation positively. Some did report negative experiences, including disapproval, verbal abuse, threats, sham and actual attacks. Trans respondents seemed to be particularly prone to discriminatory behaviour, mostly from residents, but in

isolated incidents from staff. Again, whilst the questionnaire data is based on small numbers, those who had stayed in temporary accommodation reported experiencing each of the aggressive behaviours measured. Interestingly, staff in accommodation settings were broadly unaware of any such incidents. It is not possible from the available data to determine whether this discrepancy is due to under-reporting, ‘hidden’ incidents, or some other factor.

Some chose to report incidents, others did not. Those who did not primarily cited a reluctance to escalate the problem further, and a lack of evidence to substantiate, with a smaller number believing that nothing would be done to address the complaint. Those who did report incidents often felt that their complaints were dealt with insufficiently, informally, or not at all.

Service providers

The majority of service providers claimed to collect monitoring data, typically at application and/or support planning stages, whilst the bulk of data (though based on a small sub-sample) collected from LGB&T people who currently staying in temporary accommodation indicated that no such data was collected. Due to insufficient data, this discrepancy could not be explored.

Four in ten service providers stated that they believed that LGB&T clients had different needs than non-LGB&T counterparts when it came to temporary accommodation and support. On closer inspection of the data, these differences appear to relate to structural (e.g. limited gender appropriate access to facilities) and relational (e.g. experiences of discrimination) factors as opposed to something inherent to their sexual / gender identities. Improving access to all facilities, ensuring that temporary accommodation is genuinely inclusive, and adopting a zero tolerance approach to safety would address most of the needs identified as qualitatively different.

Recommendations

Northern Ireland Housing Executive

- It is recommended that all NIHE staff undertake sexual orientation and gender identity awareness training relevant to their role. For frontline staff who have regular dealings with clients, this training should be more in depth, with cyclical refresher training. As well as general awareness elements, training should highlight the barriers faced by many LGB&T people in accessing services and how to overcome these.
- It is recommended that in partnership with The Rainbow Project, when all appropriate NIHE staff have been trained, that 'LGB Friendly Zone' and Transgender Friendly Zone' materials will be designed and made available in public view areas in all NIHE District offices for use by staff and service users.
- The NIHE will produce policy statements in relation to both sexual orientation and gender identity
- Once policy statements are agreed, the NIHE should change all relevant forms to include a) gender identity as a formal category and b) voluntary questions on sexual orientation.

Advice agencies

- Advice agencies should develop specific resources, in conjunction with NIHE and other relevant organisations, which outline housing and homelessness decision making processes, pathways, and organisations, and disseminate accordingly.
- These materials should be made available in public spaces for use by staff and clients.
- These same agencies should ensure that staff dealing with clients with housing problems are trained in housing legislation and practice, including referral pathways, and relevant signposting.
- Where appropriate, sexual orientation and gender identity awareness training should be made available to all relevant agencies.
- NIHE, in partnership with The Rainbow Project, should develop advice and information packs to be available at all social housing offices and advice agencies

Temporary accommodation providers

- All frontline temporary accommodation staff should undertake sexual orientation and gender identity awareness training. This training should be refreshed on a cyclical basis. As a minimum, it is recommended that all temporary accommodation staff are regularly provided with general diversity training that includes sexual orientation / gender identity content.

- Temporary accommodation providers should take the following steps to ensure that their accommodation is LGB&T appropriate: (a) develop formal, meaningful links with LGB&T organisations; (b) review organisational policies and procedures to determine whether they are 'fit for purpose' with regards to LGB&T inclusivity; (e) incorporate sexual orientation / gender identity elements into staff, resident, and other relevant handbooks, as appropriate; (f) ensure that reporting procedures are implemented and made visible to both tenants and staff; and (g) ensure that LGB&T specific information is provided in public spaces for staff / resident use.
- All temporary accommodation providers should review existing monitoring procedures, and where these are lacking, Introduce them

Other recommendations

- It is recommended that protocols should be developed to enable assessment of LGB&T applicants' individual support needs and signposting of vulnerable applicants to appropriate services.

EVIDENCE REVIEW

Evidence Review

Rationale

The principle aim of this review is to provide a broad picture of key findings in a selected number of research areas with a focus on LGB&T communities, namely (a) housing and homelessness; (b) mental health; (c) risk behaviours; (d) community safety; and (e) domestic violence. These areas were chosen because they have been demonstrated to include risk factors empirically known to directly impact upon a person's chances of experiencing a housing crisis or homelessness[1 2 3].

This is not to imply that these are the only areas or themes worthy of consideration. A number of settings, such as school and the workplace, are known to be significant in the experience and deleterious impact of discrimination for many LGB&T people. Similarly, research involving a number of social groups – for example, older LGB&T people, those living in rural areas, those with disabilities, and asylum seekers – has demonstrated the consequences of multiple disadvantage.

Whilst a comprehensive review of all directly or indirectly relevant research areas is beyond the scope of this study, a list of recommended reading is provided in the appendices. Reading lists cover (a) experiences at school; (b) at the workplace; (c) rural issues; (d) ageing; (e) attitudes to LGB&T people; (f) issues relating to LGB&T with disabilities; and (g) research relating to asylum seekers and refugees who come to Northern Ireland.

Research reviewed comes from a variety of sources: peer-reviewed journals, research generated by LGB&T organisations, and UK / Irish Government research departments. Studies also vary in methodologically – most are small scale non-random studies, whilst a limited few are national in scale. The focus of the review is on local evidence (N.I. and Ireland) first and foremost.

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1 Scottish Executive Health Department (2001). Health and Homelessness Guidance. Edinburgh, Scottish Executive.

2 Scottish Executive (2009) Prevention of Homelessness Guidance, Scottish Government: Edinburgh

3 Fitzpatrick, S. & Klinker, S. (2000) A bibliography of single homelessness research, Bristol: The Policy Press

These findings are supplemented with UK studies, and where appropriate, international (though exclusively English speaking) studies. Whilst necessarily addressing a variety of disciplines and sectors, the review concentrates, in particular, on research in the aforementioned themes. Sections briefly examining methodological issues in LGB&T research, difficulties calculating prevalence, and a critique of the 'minority stress' model that underpins most research are also provided.

Methodological challenges

The methodological challenges associated with research with LGB&T populations have been well-documented[4 5 6 7 8 9]. These include accurately defining, measuring and sampling respondents and the ethical considerations that should be taken into account when working with minority groups and/or hidden and vulnerable populations[4 5 6 7 8 9 10]. These challenges are further compounded because many in LGB&T communities distrust research and researchers and where there is / has been engagement, often there is research fatigue.

1. **Inconsistencies in the way sexual orientation and gender identity are defined and who is studied make it difficult to compare findings across studies.** Studies have not been consistent in the definition of sexual orientation and / or gender identity. There are many dimensions of sexual orientation that have been measured[10] - sexual identity as a self-defined label; sexual behaviour or experience; sexual attraction; degree of disclosure of sexual orientation to others; degree of fluidity of sexual

4 Price, E. (2011). LGBT sexualities in social care research. School for Social Care Research. Methods Review 2. NHS, National Institute for Health Research.

5 Mcmanus, S. (2003). Sexual Orientation Research Phase 1: A Review of Methodological Approaches. National Centre for Social Research, Scottish Government.

6 Meezan, W., & Martin, J.I. (2012). Research Methods with Gay Lesbian Bisexual and Transgender Populations. Routledge.

7 Mustanski, B. (2011). Ethical and regulatory issues with conducting sexuality research with LGBT adolescents: A call to action for a scientifically informed approach. Archives of sexual behavior, 40(4), 673-686.

8 Meezan, W., & Martin, J.I. (2012). Handbook of research with lesbian, gay, bisexual, and transgender populations. Routledge.

9 Breitenbach, E. (2004). Researching Lesbian, Gay, Bisexual And Transgender Issues In Northern Ireland. OFMDFM, University of Edinburgh.

10 McNair, R., Gleitzman, M. & Hillier, L. (2006) Challenging Research: Methodological Barriers To Inclusion Of Lesbian And Bisexual Women In Australian Population-Based Health Research, Gay & Lesbian Issues and Psychology Review, Vol. 2, No. 3, 2006

orientation; amongst others. Similarly, gender identity has been defined in a number of ways. Different measures will most likely identify quite different populations, with an impact upon sample sizes: for example, the numbers eligible for inclusion in any given study generated measured by sexual attraction will be greater than those measured by sexual identity. The comparability of studies, as a consequence, may be limited.

2. **The lack of standard measures** of sexual orientation / gender identity, as well as for other variables makes it difficult to compare findings across studies[4 6].

3. **The use of poor or non-transparent research techniques[5 7 8 11].**

4. **The use of small, nonprobability samples limits the generalizability of findings.** Most studies have relied on nonprobability samples[4 6 12]. In particular, many studies have used convenience samples. These nonprobability samples are not likely to be representative of the wider LGB&T population. Further, most samples have relied upon white, middle-class, well-educated participants, and between 25 and 40 years old. Again, these may not be representative of other socioeconomic, racial or ethnic, or age groups.

5. **The lack of appropriate control or comparison groups makes it difficult to assess findings relative to other groups[7 8].**

6. **The lack of longitudinal data limits understanding of lesbian development and its implications for how to define and measure lesbian sexual orientation.** Whilst there are a number of longitudinal studies, further prospective, longitudinal studies are essential, where possible, for understanding vulnerability, resilience, and well-being of LGB&T across their life span[4 5 7 8].

7. **Theoretical underpinning.** The dominant theoretical underpinning of LGB&T research over the last four or so decades has been the 'minority stress' model, in which LGB&T people have been positioned as being "at-risk" for negative social, emotional, educational, and health outcomes as a result of stigma-related prejudice and

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11 Greene, B. (2003) Beyond heterosexism and across the cultural divide - developing an inclusive lesbian, gay and bisexual psychology: A look to the future. In L. Garnets & D. C. Kimmel (Eds.), Psychological perspectives on lesbian, gay, and bisexual experiences. New York, NY: Columbia University Press.

12 Webb, D. & Wright, D. (2001) Count Me In: Findings From the Lesbian, Gay, Bisexual, Transgender Community Needs Assessment 2000. www.lgbtmind.com/content/ACMI.htm

discrimination they experience[13 14 15 16]. It has been argued that this focus has been at the expense of a 'positive' research approach[17 18 19].

Prevalence: how many people are LGB&T?

Establishing the demographics of LGB&T populations has proven difficult, and there remains a dearth of evidence that details the actual size of these communities, within and across national settings, generally[20,21]. Broadly speaking, it has proven difficult to define the size and distribution of the LGB&T population[22]. This is due to several factors, including: complexities of self-identification; variability in definitions[23], categorisation and survey methodologies[24]; limited visibility (and therefore accessibility) of people

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13 Kelleher, C. (2008). Minority Stress and Health: Implications for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Young People. Department of Social Sciences, Dublin Institute of Technology: http://arrow.dit.ie/cgi/viewcontent.cgi?article=1031&context=aaschsslarts

14 Meyer, I.H. (2003), Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychological Bulletin;129(5):674-97.

15 Hatzenbuehler ML "How does sexual minority stigma "get under the skin?" A psychological mediation framework" Psychological Bulletin 135 707-730 2009

16 D'Augelli, A. R., & Grossman, A. H. (2006). Researching lesbian, gay, and bisexual youth: Conceptual, practical, and ethical issues. Journal of Lesbian and Gay Issues in Education 3 (213), 35-56.

17 Seligman, M.E.P. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. American Psychologist, 55, 5-14.

18 Kwon, P. (2013). Resilience in Lesbian, Gay, and Bisexual Individuals. Personality and Social Psychology Review, 17(4), 371-383.

19 Riggle E.D.B., Whitman, J.S., Olson, A., Rostosky, S.S. & Strong, S. (2008). The positive aspects of being a lesbian or gay man. Professional Psychology: Research and Practice, 39, 210-217

20Gates, G.J. (2011). How many people are lesbian, gay, bisexual, and transgender? Williams Institute. http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf.

21 Mitchell, M., Dickens, S. & O'Connor, W. (2009) Same Sex Couples and the Impact of Legislative Changes, National Centre for Social Research, London.

22 The reader is referred to Price (2011) for a detailed review of these methodological issues, a review of language and definitions, and an account of the history of LGB&T research.

23 In terms of sexual orientation, categorisation issues often centre upon whether you count only people who define themselves as LGB, or, for example, people who have had same-sex sexual experiences or people who have been attracted to someone of the same sex (the last two categories both include more people than the people who define as LGB). In terms of gender identity, categorisation issues often centre upon whether you count only people who have started to undergo some form of gender reassignment to live permanently in a different gender, or, for example, people who more widely find some aspect of their gender identity does not fully correspond with the sex they were assigned at birth whether or not they ultimately seek to undergo any form of gender reassignment.

24 See section in this report entitled 'methodological issues'

who identify as LGB&T; and the reluctance of some individuals to answer survey questions about stigmatised identities[25 26 27 28 29 30].

Additionally, questions about sexual orientation and gender identity are simply not asked in large-scale surveys or censuses, including the UK25 [31 32 33 34]. Population-based data sources that reliably estimate the percentage of LGB&T people are rare[32], partially because it is generally beyond the resources of conventional research funding agencies to finance such general population-wide studies20 25 [31 32]. Variability in definition and categorisation creates variability in measurement 25 [29 30 34].

LG&B data (international)

US surveys show that LG&B people make up anywhere from 2% to 10% of the population20 [35 36 37]. Estimates of those who reported any lifetime same-sex sexual

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25 Price, E. (2011). LGBT sexualities in social care research. School for Social Care Research. Methods Review 2. NHS, National Institute for Health Research.

26 McClennen, J.C. (2003) Researching Gay and lesbian domestic violence: the journey of a non-LGBT researcher, in Meezan, W., Martin, J.I. (eds) Research Methods with Gay, Lesbian, Bisexual and Transgender Populations, Harrington Park Press, New York.

27 Sullivan, G. & Losberg, W. (2003) 'A study of sampling in research in the field of lesbian and gay studies', in Meezan, W., Martin, J.I. (eds) Research Methods with Gay, Lesbian, Bisexual and Transgender Populations, Harrington Park Press, New York.

28 Webb, D. & Wright, D. (2001) Count Me In: Findings From the Lesbian, Gay, Bisexual, Transgender Community Needs Assessment 2000. www.lgbtmind.com/content/ACMI.htm

29 Ard, K.L. & Makadon, H.J. (2012), Improving The Health Care Of Lesbian, Gay, Bisexual And Transgender People: Understanding And Eliminating Health Disparities. The National LGBT Health Education Center, Fenway Institute, Boston, MA.

30 Mitchell, M., & Howarth, C. (2009). Trans research review. Manchester,, United Kingdom: Equality and Human Rights Commission.

31 Purdam, K., Wilson, A.R., Afkhami, R. & Olsen, W. (2007) Surveying Sexual Orientation: Asking Difficult Questions and Providing Useful Answers, MANCEPT Working Papers. University of Manchester, Manchester.

32 Breitenbach, E. (2004). Researching Lesbian, Gay, Bisexual And Transgender Issues In Northern Ireland. OFMDFM, University of Edinburgh.

33 Betts, P. (2008) Developing Questions on Sexual Identity: UK Experiences of Administering Survey Questions on Sexual Identity/Orientation, Office for National Statistics, London.

34 Cowen, T., Stella, F., Magahy, K. Strauss, K., & Morton, J. (2011). Sanctuary, safety and solidarity: Lesbian, gay, bisexual and transgender asylum seekers and refugees in Scotland. A report by Equality Network, BEMIS and GRAMNet. Accessed from http://www.gla.ac.uk/media/media_195792_en.pdf

35 Lim, F. & Levitt, N. (2011). Lesbian, Gay, Bisexual, and Transgender Health. American Journal of Nursing, 111, 11, 11

36 http://www.statcan.gc.ca/start-debut-eng.html

behaviour and any same-sex sexual attraction were substantially higher than estimates based on identity (i.e. those who identify as LG&B)[38]. This pattern has been noted across other non-US studies20 [39].

LG&B (UK data)

Several UK and NI based studies have attempted to quantify the number of people who identify as LG&B[40 41 42]. Estimates for LG&B population range from 0.3-10% using different sources[32 33].

In 2011, the Office for National Statistics published the Integrated Household Survey, (IHS), reported that 1.5% of adults identified themselves as LG&B. National surveys carried out between 2005 and 2010[43] have found that between 1.1-2.4% of the population identified as LG&B in the UK. The size of the LG&B group in ten government and other social surveys based on identity questions indicates a range of 0.3-3%, and approximately 2% in population-based surveys. A number of studies [44 45 46] reported higher rates when measuring lifetime sexual experience, as opposed to self-reported identity. A commonly used estimate of LG&B people in the UK, accepted by Stonewall

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37 Five of those surveys were fielded in the United States and the others are from Canada (n=2), the United Kingdom, Australia, and Norway.

38 Based on US studies, the range for lifetime same sex sexual behaviour was reported as 6.9-8.8%; and the data range for same sex attraction was 1.8-11%.

39 IOM (2011). The Health of Lesbian, Gay, Bisexual, and Transgender People. Consensus Report. Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. Washington (DC): National Academies Press (US); 2011.

40 Carolan , F. & Redmond, S. (2003) Shout! Research Into The Needs Of Young People In Northern Ireland Who Identify As Lesbian, Gay, Bisexual And/Or Transgender (LGBT). Doe, Youthnet / Shout, Dec 2003.

41 O'Connor W. & Molloy D. (2003) hidden in plain sight: homelessness amongst lesbian and gay youth. National Centre for Social Research

42 The Northern Ireland Life and Times Survey (2001). Research Update, No 7, June 2001, 'Men in the Mirror'

43 ONS (2010). New ONS Integrated Household Survey: Experimental Statistics. Measuring Sexual Identity: An Evaluation Report, September 2010. http://www.ccsr.ac.uk/esds/ons-mirror-august-2011/22//www.statistics.gov.uk/articles/nojournal/measuring-sexual-identity-report.pdf

44 Schubotz, D., Simpson, A. & Rolston, B. (2002). Towards Better Sexual Health – A survey of sexual attitudes and lifestyles of young people in Northern Ireland. Family Planning Association London

45 http://www.scotpho.org.uk/population-groups/lesbian-gay-and-bisexual-lgb-people/key-points

46 Johnson, A.M., Mercer, C.H., et al. (2001) Natsal 2000. Sexual behaviour in Britain: partnerships, practices and HIV risk behaviours. Lancet; 358; 1835-1842.

UK, is approximately 5-7% of the population[34]. Government actuaries estimate 6% of the population[47]. This is based on a wide set of published sources drawn from a range of national settings and using various dimensions of sexual orientation.

Trans data (international)

Data on the proportions of trans people, across and within national settings, are lacking[39], and estimating numbers is difficult[48]. For a variety of reasons, prevalence researchers have tended to focus on the most easily counted sub-group of trans people: those who have declared their trans status; and data from clinical / medical studies[49]. Population-based data sources are rare[32]. Those that contained elements designed to identify the transgender population report percentages of between 0.5% and 3.2%[32 50 51]. International clinical data[52] suggest prevalence rates within the range of 1:2,500 to 1:100,000 for transsexual women and 1:8,300 to 1:400,000 for transsexual men[39 48 50 53 54 55].

It has been suggested that clinic-based figures grossly underestimate the size of the broader transgender population[48]. They fail to take account of the range of gender variant people, including those who are modifying their bodies without formal medical care, and those who do not choose to modify their bodies. The inclusion of these

47 Hunt, R., Cowan, K. & Chamberlain, B. (2007). Being the gay one: Experiences of lesbian, gay and bisexual people working in the health and social care sector. Department of Health, June 2007.

48 Winter, S. & Conway, L. (2011). How many trans* people are there? A 2011 update incorporating new data. www.transgenderasia.org/paper-how-many-trans-people-are-there.htm

49 This tends to be those who have approached specialist gender clinics seeking gender transition counselling and healthcare: see winter, S. & Conway, L. (2011). How many trans* people are there? A 2011 update incorporating new data. www.transgenderasia.org/paper-how-many-trans-people-are-there.htm.

50 Conway, L. (2002). How Frequently Does Transsexualism Occur?, http://ai.eecs.umich.edu/people/conway/TS/TSprevalence.html

51 Conron, K.J., Scott, G., Stowell, G.S., Landers, S. (2012) Transgender Health in Massachusetts: Results from a Household Probability Sample of Adults, American Journal of Public Health, Am J Public Health;102(1):118-22.

52 based on the number of transsexual adults at specialty clinics around the world for treatment of gender dysphoria

53 Press for change, Campaigning for respect and equality for ALL trans people: http://www.pfc.org.uk

54 Olyslager, F, Conway, L. (2007) On the Calculation of the Prevalence of Transsexualism. Paper presented at the WPATH 20th Int. Symposium, Chicago.

55 Reed, B., Rhodes, S., Schofield, P., & Wylie, K. (2009). Gender variance in the UK: prevalence, incidence, growth and geographic distribution. Accessed 8th June 2011 at www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf

groups would increase the overall prevalence. It has been suggested that "for every gender variant person who has sought medical help, there may be 50 who have not yet done so". Others, for whatever reason, never do so[55]20.

Gates (2011)[20], as part of a Williams Institute review, reported that 0.3% (1:333) of adults may identify as transgender. It has recently been suggested[48] that this value is perhaps the 'Goldilocks statistic', neither too high nor too low.

UK studies: Trans

Whittle *et al*. (2007[56]) state 'the conclusion must be that there is simply no publicly available statistical data on which to make firm estimates' (p7) regarding the number of trans people in the UK. This reflects a common consensus25 [30 31 57].

UK research suggests that perhaps 0.1% of adults are transgender (defined again as those who have transitioned in some capacity)[20] 25 [32]. A recent Scottish report[34] roughly estimated that the number of transgender people in the UK as 10,000 people who are currently undergoing or who have previously undergone gender reassignment, and at least 100,000 people in the UK who more widely find their gender identity does not fully correspond with the sex they were assigned at birth[34]. Other studies estimate the number of trans people in the UK to be between around 65,000[58] and around 300,000[30 34 59 60].

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56 Whittle, S., Turner, L., Al-Alami, M. (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination. www.pfc.org.uk/files/EngenderedPenalties.pdf

57 Whittle, S., Turner, L., Combs, R. & Rhodes, S. (2008). Transgender Euro Study; Legal Survey and Focus on the Transgender Experience of Health Care. TransGender Europe and ILGA-Europe http://tgeu.org/Eurostudy

58 Johnson, S. (2001), Residential and Community Care of Transgendered People, London: Beaumont Society.

59 GIRES (2008), Gender Dysphoria, Transsexualism and Transgenderism: Incidence, Prevalence and Growth in the UK and the Implications for the Commissioners and Providers of Healthcare, GIRES,http://www.gires.org.uk/assets/GIRES-Prevalence-Abstract-1.pdf (research abstract)

60 Scottish Needs Assessment Programme, (2001). "Transsexualism and Gender Dysphoria in Scotland"Edinburgh: Scottish Executive.

A recent study (2011)[61] examined healthcare issues amongst transgender people living in NI, and reported similar difficulties in assessing numbers. In reviewing the available evidence, the study described one local study[62] which reported there were between 140-160 individuals affiliated with the three main Trans support groups[63]. An earlier UK study[20] estimated that the number of people who have presented with Gender Identity Disorders in Northern Ireland is 8 per 100,000 (n=120) people (aged 16+). It is important to note that both of these studies refer to Trans individuals who are *'out'* as Trans to some degree, and are therefore, likely to be an underestimate of the number of individuals who experience gender variance in Northern Ireland.

Estimating the prevalence of homelessness amongst LGB&T populations

Just as there are multiple methodological challenges and data quality / density issues in LGB&T research, so there are similar difficulties with regard to research with homeless people[64]. Like many within LGB&T communities, homeless people constitute a hard to reach and often hidden population. For both enumeration and classification reasons, the homeless population is probably one of the hardest populations to understand because homelessness is not an entirely visible or static phenomenon25 [31 65 64].

Even if the homeless population is included in a statistically representative data collection, classifying them as homeless in output remains a challenge because not only are people's experiences of homelessness varied and complex in nature, often they may not identify themselves as being homeless. The same is true for the LGB&T population, and doubly so for those from those communities who may be or have been homeless. Homelessness organisations rarely collect information on sexual / gender identity and if

61 McBride, R.S. (2011) Healthcare Issues for Transgender People Living in Northern Ireland. Institute for Conflict Research. http://www.conflictresearch.org.uk/Resources/Documents/Healthcare%20issues%20for%20transgender%20individuals%20-%20McBride%20-%20FINAL%20JULY%202011.pdf

62 McBride, R. & Hansson, U. (2010), "The Luck of the Draw": A Report on the Experiences of Trans Individuals Reporting Hate Incidents in Northern Ireland, Belfast: OFMdFM.

63 The Butterfly Club, The Purple Group and the Oyster Group

64 O'Connor, W. & Molloy, D. (2001) 'Hidden in Plain Sight': Homelessness amongst Lesbian and Gay Youth, National Centre for Social Research, London.

65 Williams, M. (2010). Can we measure homelessness? A critical evaluation of 'Capture–Recapture'. Methodological Innovations Online (2010) 5(2) 49-59. www.pbs.plym.ac.uk/mi/pdf/05-08-10/6.%20Williams%20English%20(formatted).pdf

they did so it is likely to be questionable[34]. Homeless people who are LGB&T may be unsure about their identities, or consider the temporary accommodation environment to be an unsafe environment for disclosure, because of prejudice and discrimination25 [66 67].

Previous academic research on leaving home and homelessness has not taken sexual identity into account[68 69]. Quilgars and Please (2003)[70] found that *'not enough is known about…[LGB&T] homeless people'* (p.58). Dunne, Prendergast and Telford[34] believe that the risks associated with negotiating a sexual (or gender) identity against the norm in the current social and material context are likely to mean that an increasing proportion of the young homeless will be LGB&T.

No data regarding the numbers of LGB&T in Northern Ireland who are homeless are currently available. According to Homeless Link's Survey of Needs and Provision (SNAP, 2011), approximately 7% of clients in an average project for homeless people (England) identify as LGB&T – a figure that reflects government estimates of 5-7% of the general population identifying as LGB&T. Other figures are much higher: UK studies indicate that as many as 30% of (young) homeless people in urban areas are LGB&T[41 71].

Housing and homelessness

A sizeable body of empirical evidence indicates that LGB&T people are at greater risk of homelessness and housing crisis than their non-LGB&T counterparts. Typically, research has focused on factors such as discrimination/homophobia, particularly in the family home and immediate neighbourhood, and how these contribute to the loss of stable housing and experiences of homelessness. Like other areas of LGB&T research, findings

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66 McManus, S. (2003) Sexual Orientation Research Phase 1: A Review Of Methodological Approaches, National Centre for Social Research, London.

67 Quiery, M. (2002). 'A Mighty Silence: A Report on the Needs of Lesbian and Bisexual Women in Northern Ireland'. LASI, 2002

68 Roche, B. (2005) 'Sexuality and Homelessness'. London: Crisis. www.crisis.org.uk/data/files/publications/Sexuality_Homelessness_Paper_FINAL.pdf

69 Gold D. (2005) Sexual Exclusion: issues and best practice in lesbian, gay and bisexual housing and homelessness. London: Shelter and Stonewall Housing.

70 Quilgars, D. & Pleace, N. (2003) Delivering Health Care to Homeless People: An Effectiveness Review. Centre for Housing Policy, University of York

71 Cochran, B.N., Stewart, A.J., Ginzler, J.A. & Cauce, A.M. (2002). Challenges Faced By Homeless Sexual Minorities: Comparison Of Gay, Lesbian, Bisexual, And Transgender Homeless Adolescents With Their Heterosexual Counterparts. American Journal Of Public Health. May 2002, Vol 92. No. 5

are usually explained by 'minority stress'. Essentially, an accumulated exposure to discrimination evokes stress responses that accrue over time, increasing the individual's risk to negative outcomes.

Whilst the weight of evidence is compelling, it should be noted that the role of sexual orientation / gender identity in a person's homelessness or experiences of housing difficulties is often difficult to determine. Sexuality often plays a significant role in the causes of homelessness but it *"may not always be the immediate or obvious explanation (such as one might tick a box)"* (Prendergast et al, 2001[72], p. 77). Homelessness may be, and often is, caused by a combination of factors, many unrelated to sexual or gender identities. LGB&T people may experience the full range of more familiar causes of homelessness and housing crisis: familial or partnership breakdown (unrelated to sexual orientation / gender identity), violence and abuse, or leaving care[73][74]. Similarly, LGB&T people, like all people, can be as much at risk of homelessness due to the impact of individual and structural factors known to impact upon housing security, such as low incomes, unemployment, poor education, health, and housing availability and condition[75][76][77]. To extend the assertion that Dunne, Prendergast and Telford[78] made in reference to the young gay people in their study (p104) to LGB&T people more generally, in many ways, the majority of LGB&T 'homeless people' are people who are homeless, and who also happen to be LGB and/or T.

Being LGB&T does not, per se, represent a housing need. However, reactions to the sexual orientation and gender identities of others can play a role in precipitating a

72 Prendergast, S., Dunne, G. A. and Telford, D. (2001) A Story of "difference," A Different Story: Young Homeless Lesbian, Gay and Bisexual People, International Journal of Sociology and Social Policy, 21, 64-91.

73 Mottet L., and Ohle JM. (2003) Transitioning Our Shelters: A Guide to making homeless shelters safe for Transgender People. National Gay and Lesbian Task Force Policy Institute, National Coalition for the Homeless.

74 O'Connor, W. & Molloy, D. (2001) Hidden in plain sight: homelessness amongst lesbian & gay youth. www.homelesspages.org.uk/node/21381

75 Monro, S., (2002), Gender Diversity and Gender Politics, GENDYS 2002, The 7th Int. Gender Dysphoria Conference, Manchester England.

76 Takács, J. (2006). Social Exclusion Of Young Lesbian, Gay, Bisexual And Transgender (Lgbt) People In Europe. The European Region Of The International Lesbian And Gay Association (Ilga-Europe) and IGLYO. April 2006

77 Breitenbach, E. (2004) Researching Lesbian, Gay, Bisexual and Transgender Issues in Northern Ireland. Belfast: OFMDFM

78 Dunne, G.A., Prendergast, S. & Telford, D. (2002). Young, Gay, Homeless And Invisible: A Growing Population? Culture, Health & Sexuality, 2002, Vol. 4, No. 1, 103±115

housing need and, potentially, housing crisis and homelessness. Research evidence suggests that harassment in and round the home is often the most common cause of housing problems for LGB&T people. For young people, this typically involves familial dispute or rejection associated with aspects of their sexual orientation / gender identity[78 79 80 81 82 83].

For those who have moved from the family home, this often centres around experiences of discrimination from house-sharers, landlords, housing agencies, neighbours and local people[83 84 85 86 87 88 89].

The bulk of research into LGB&T homelessness and housing problems has focused on young people. It is generally recognised that people are more vulnerable to social exclusion at certain points in the life cycle76[90 91]. So although young LGB&T people are

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79 Roche, B. (2005) 'Sexuality and Homelessness'. London: Crisis. www.crisis.org.uk/data/files/publications/Sexuality_Homelessness_Paper_FINAL.pdf

80 Cull, M., Platzer, H. & Balloch, S. (2006) Out On My Own: Understanding The Experiences And Needs Of Homeless Lesbian, Gay, Bisexual And Transgender Youth. Health And Social Policy Research Centre, University Of Brighton, Faculty Of Health School Of Applied Social Science

81 Flowers P., and Buston K. (2001) "I was terrified of being different": exploring gay men's accounts of growing-up in a heterosexist society. Journal of Adolescence. Vol. 24: 51-65

82 Buchanan R. (1995) Young, Homeless and Gay. Human Rights: Journal of the Section of Individual Rights and Responsibilities. 22 (1): 2-4

83 Gold D. (2005) Sexual Exclusion: issues and best practice in lesbian, gay and bisexual housing and homelessness. London: Shelter and Stonewall Housing.

84 Gold, D. & Cowan, K. (2008) Mapping LGBT Westminster: Investigating the needs and experiences of LGBT people in Westminster. London, Galop. www.galop.org.uk/wp-content/uploads/2009/05/mapping-lgbt-westminster.pdf

85 LGBT Housing Project (2007) Safe and secure? LGBT experiences of social housing in Scotland www.stonewallscotland.org.uk/documents/safeandsecure.pdf

86 Whittle, S. Turner, L. & Al-Alami, M. Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination (2007) Equalities Review

87 Stonewall Cymru (2006). The Housing Needs of Lesbian, Gay and Bisexual People (LGB) in Wales. www.stonewall.org.uk/other/startdownload.asp?openType=forced&documentID=754

88 Morton, J. (2008) Transgender Experiences in Scotland. Scottish Transgender Alliance.

89 Browne, K. & Davis, P. (2008). Count Me In Too: LGBT Lives in Brighton & Hove. Housing additional findings. University of Brighton. http://www.brighton.ac.uk/cupp/images/stories/projects/c-k-e/LGBTU/CMIT_Housing_Report_April_08.pdf

90 Orr, K. ed. (2004). Youth Report: Education, Employment and Young People in Europe. European Youth Forum: Brussels. http://www.youthforum.org/en/press/reports/yr.pdf

91 European Youth Forum (2004). Policy Paper on Youth Autonomy. COMEM 0052-04FINAL

at risk of being discriminated and excluded because of their sexual orientation / gender identity, they are also vulnerable to social exclusion because of their age[73 76].

Qualitative studies of homelessness amongst LGB&T youth have found that sexual orientation / gender identity can be a direct cause of homelessness, for example, where they are evicted by parents who were intolerant of their sexual identities[72 74 78 83 80 92]. According to British research findings, problems linked to intolerance and homophobia, particularly in the family home, can contribute to the loss of stable housing or exacerbate periods of homelessness, particularly amongst those who are most vulnerable, such as LGB&T youth[78 79 83 93 94 95]. Beyond the individual and family problems, many are exposed to the risk factors associated with youth homelessness more generally. Once homeless, there is a continued exposure to discrimination and isolation[78 79 80 81 82 83].

Housing remains a significant concern for LGB&T people into adulthood. Many cite experiencing negative attitudes and discriminatory behaviours from housing providers, landlords, and related agencies[83 84 85 87 89]. Homophobia from other tenants or residents in rented accommodation and supported housing has been shown to contribute to housing difficulties, episodes of homelessness and rough sleeping[83 84 85 87 89].

The risk of homelessness may be particularly acute for trans people since many may be in insecure accommodation[88 96 97]. Whittle and colleagues (UK, 2007)[86] reported that trans people were the most vulnerable within LGB&T communities with regards to housing provision. They found that one in four trans people live in private rented

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92 D'Augelli, Anthony R. (2003). Lesbian and Bisexual Female Youths Aged 14 to 21: Developmental Challenges and Victimization Experiences. IN: Journal of Lesbian Studies 7(4):9-30

93 McNamee, H. (2006). Out on Your Own. An Examination of the Mental Health of Young Same-Sex Attracted Men. Belfast: Rainbow Project.

94 Mental Health Foundation (2006) Making the link between mental health and youth homelessness

http://www.centrepoint.org.uk/be-informed/publications/research-reports/making-the-link-between-mental-health-and-youth-homelessness/

95 Pleace N and Quilgars D (1999) Youth Homelessness in Rugg J (ed) Young people, housing and social policy, York: Centre for Housing Policy.; Kennett P & Marsh A (1999) Homelessness: Exploring the New Terrain, Bristol: The Policy Press.

96 Whittle, S. and Turner, L. (2007), '"Sex Changes"? Paradigm Shifts in 'Sex' and 'Gender' Following the Gender Recognition Act?', Sociological Research Online, 12 (1).

97 Stonewall (2007), Sexual Orientation Research Review London: Equalities Review.

accommodation, which is double the figure for the UK general population, and that private sector housing provision is often of poorer quality with less security of tenure. *The Trans Mental Health and Emotional Wellbeing Study 2012*[98] reported that 19% of trans respondents reported having been homeless at some point, with 11% having been homeless more than once. In a Scottish Transgender Alliance survey (2008), 25% of respondents stated that they had previously had to move out of their home (often ending up homeless) due to the transphobic reactions of their families, flat-mates or neighbours.

Once homeless, LGB&T people's experiences of discrimination and violence have been shown to increase79 [84 86 87 88 89]. For those individuals who are LGB&T, there is a heightened vulnerability as they may find themselves specifically targeted because of their sexual orientation and / or gender identity. A number of studies reported that many LGB&T people, when homeless, did not seek or receive assistance from statutory or voluntary housing support services. This was identified to result from two main factors: reluctance to approach mainstream services for fear of discrimination, and a lack of knowledge about LG&B specific support services[74 79 83 87].

98 Scottish Transgender Alliance (2012) 'Housing' in Trans Mental Health and Emotional Wellbeing Study 2012. http://www.scottishtrans.org/Uploads/Resources/trans_mh_study.pdf

Research from the UK has shown that LGB&T people continue to be exposed to experiences of discrimination in temporary accommodation[80 84 89 99]. These experiences of discrimination, coupled with feeling unsafe in temporary and supported accommodation and unsupported by staff, has been shown to have contributed to rough sleeping, and the development of patterns of long-term and transient homelessness[80 100].

Experiences of temporary accommodation have been found to be particularly difficult for trans people, who often experience barriers accessing appropriate gender-based bed spaces in homelessness hostels, and who are often exposed to sustained transphobic abuse[80 84 86].

Often these same studies have identified problems around LGB&T people's distrust of housing authorities and housing agency staff. The prospect of reporting homophobia to a Housing Association, Housing Authority, or landlord, has been shown to raise real anxieties for some research participants, typically due to a fear of making a situation worse; fear that the various agencies wouldn't act due to a lack of proof, or would not take the incident seriously; and a fear of disclosure of aspects of their sexual / gender identities[85 87 88].

UK studies [83 85 86 87 89 101] have reported that many respondents felt that the consequences of coming out to landlords and housing agents was too high a price to pay and that they would rather put up with bad housing situations. Continuing discrimination and exclusion from mainstream life mean LGB&T people often associate higher levels of personal safety with not being 'out' about their sexual orientation or gender identity.

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99 GAYT: LGBT Youth Scotland's Housing Advice and Support Initiative (2000. Out in the Cold: An action research project on the housing needs of LGBT youth in South East Scotland Apr 2000

100 Cull, M., Platzer, H. and Balloch, S. Out on my Own: Understanding the Experiences and Needs of Homeless Lesbian, Gay, Bisexual and Transgender Youth (2006) Health and Policy Research Centre: Brighton

101 LGBT Housing Project (2007) Safe and secure? LGBT experiences of social housing in Scotland http://www.stonewallscotland.org.uk/documents/safeandsecure.pdf

The failure to recognise issues of sexual orientation / gender identity means that within current housing and support systems, the assumption is one of heterosexuality. For LGB&T homeless people this creates one more area in which they feel negatively marked or different. This may contribute to or exacerbate the degree of isolation and distress for an already highly marginalised and vulnerable individual.

Mental health

The EHRC's *Sexual orientation research review* (2008)[102] suggests that LG&B mental health needs are still under-researched relative to the needs of the general population, despite what it describes as a "considerable amount of useful literature in relation to health and social care"[103]. A key problem it identifies in relation to information on health and social care inequalities is the absence of Census data from which to gain baseline comparative data with the general population, and the substantial difficulties associated with developing a sampling frame from which to generate a representative sample of LGB (and T) people. The predominant focus of research has been on gay male samples, or with broader LG&B groupings, with the health status of Bisexual, Lesbian (and to lesser extent Trans) people receiving little independent study[104] [105] [106].

Whilst the majority of LGB&T people are highly resilient and able to cope successfully with many negative life stressors, research suggests that some are at higher risk of mental disorder, suicidal behaviour and substance use disorders[107] [108] [109] [110] [111] [112] [113].

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102 Mitchell, M., Howarth, C., Kotecha, M. & Creegan, C. (2008). Sexual orientation research review 2008. Equality and Human Rights Commission

103 Scottish Government Social Research, (2013). Scottish Government Equality Outcomes: Lesbian, Gay, Bisexual and Transgender (LGBT) Evidence Review, Communities Analytical Services, Scottish Government.

104 Ross, L. E., Dobinson, C., & Eady, A. (2010). Perceived determinants of mental health for bisexual people: A qualitative examination. American Journal of Public Health, 100(3), 496. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2820049/

105 King, M & McKeown, E (2003) Mental Health and Social Wellbeing of Gay Men, Lesbians and Bisexuals in England and Wales Mind: London

106 McNamee, H. (2006) Out on your own: An examination of the mental health of young same-sex attracted men, The Rainbow Project, Belfast. http://www.rainbow-project.org/documents/OutonYourOwn.pdf

107 IOM (Institute of Medicine). 2011. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for a Better Understanding. Washington, DC: The National Academies Press.

108 Chakraborty, A., McManus, S., Brugha, T. S., Bebbington, P., & King, M. (2011). Mental health of the non-heterosexual population of England. The British journal of psychiatry, 198(2), 143-148. http://bjp.rcpsych.org/content/198/2/143.full

This elevated risk has been attributed to minority stress[114 115 116 117]. Mental illness is regrettably still stigmatized in our society. So, too, is being lesbian, gay, bisexual or transgendered. A LGB&T person with mental illness may be in the unfortunate position, then, of having to contend with both stigmas[118 119]. This societal stigma can contribute to and exacerbate existing mental health problems[120]. In their review of literature, Hatzenbuehler and colleagues (2013)[121] concluded that stigma thwarts, undermines, or exacerbates several processes (i.e., availability of resources, social relationships, psychological and behavioural responses, stress) that ultimately lead to adverse health outcomes. Emerging evidence shows that the experience of stigma can also lead to

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109 Cochran, S.D., Sullivan, J.G., & Mays, V.M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. Journal of Consulting and Clinical Psychology, 71, 53-61.

110 NHS (2007). Mental health issues within lesbian, gay and bisexual (LGB) communities. briefing 9. http://www.pinktherapy.com/portals/0/downloadables/Health/NHS_LGB_Mental_Health.pdf

111 King, M., Semlyen, J., See Tai, S., Killaspy, H., Osborn, D., Popelyuk, D. & Nazareth, I. (2008). A systematic review of mental disorder, suicide and deliberate self-harm in lesbian, gay and bisexual people. BMC Psychiatry, 8: 70.

112 Ard, K.L. & Makadon, H.J. (2012), IMPROVING THE HEALTH CARE OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER PEOPLE: Understanding and Eliminating Health Disparities. The National LGBT Health Education Center, The Fenway Institute; Brigham and Women's Hospital; Harvard Medical School, Boston, MA.

113 McNeil, J., Bailey, L., Ellis, S., Morton, J. & Regan, M. (2012) Trans Mental Health Study 2012. GIRES & Scottish Trans Alliance. www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf

114 Link, B.G., & Phelan, J.C. (2006). Stigma and its public health implications. Lancet, 367, 528-529.

115 Hamilton, C.J., & Mahalik, J.R. (2009). Minority stress, masculinity, and social norms predicting gay men's health risk behaviors. Journal of Counseling Psychology, 56, 132-141.

116 Hatzenbuehler, M.L. (2009) How does sexual minority stigma "get under the skin"? A psychological mediation framework. Psych. Bull. 2009;135(5):707-30.

117 Meyer, I.H., Schwartz, S., & Frost, D.M. (2008). Social patterning of stress and coping: Does disadvantaged social statuses confer more stress and fewer coping resources? Social Science & Medicine, 67, 368-379.

118 NHS (2010). Mental health issues within lesbian, gay and bisexual (LGB) communities. briefing 9.

119 Browne, K. & Davis, P. (2008). Count Me In Too: LGBT Lives in Brighton & Hove. Mental Health findings. University of Brighton.

120 Lucksted, A. (2004). Lesbian, gay, bisexual and transgender people receiving services in the public mental health system: Raising issues. Journal of Gay & Lesbian Psychotherapy, 8, 25-42.

121 Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of population health inequalities. American journal of public health, 103(5), 813-821. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3682466/

maladaptive coping behaviour that increase risk for adverse health outcomes[114 116 119 122].

In a review of available literature, Chakaborty and colleagues (2011), reported that a number of UK studies have found that LGB&T people reported higher rates of psychological distress than non-LGB&T counterparts[108]. Combining results from 25 international adolescent and adult studies, King and colleagues (2008)[123] found depression, anxiety disorders, and substance use disorders to be 1.5 times more common in LG&B people than in comparable heterosexual individuals[123]. Other reviews and primary studies[124 125] have reported similar elevated rates in the prevalence of psychological distress and mental health problems. Studies have also reported that trans people were more likely to have a problem with mental and emotional health, and if they did have a problem, were more likely to think their LGB&T identity was relevant[126 127 128].

Research has shown that LGB&T youth are at increased risk for leaving home more frequently, victimization, substance use, suicidal behaviours, internalizing symptoms, and overall rates of psychopathology[129 130 131 132]. As previously noted, one especially powerful stressor for LGB&T

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122 Livingston, J. D., & Boyd, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. Social science & medicine, 71(12), 2150-2161.

123 King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. BMC psychiatry, 8(1), 70.

124 Bostwick, W. B., Boyd, C. J., Hughes, T. L., & McCabe, S. E. (2010). Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. American Journal of Public Health, 100(3), 468-475.

125 Lee, B., Dennell, L. & Logan,C. (2013) Life in Scotland for LGBT Young People: Health Report. LGBT Youth Scotland,

126 Keogh, P., Reid, D. & Weatherburn, P. (2006) Lambeth LGBT Matters The needs and experiences of Lesbians, Gay men, Bisexual and Trans men and women in Lambeth, SIGMA, LCC.

127 Dworkin, S.H. & Yi, H. (2003). LGBT identity, violence, and social justice: the psychological is political. International Journal for the Advancement of Counselling, 25, 269-279.

128 Lombardi, E.L., Wilchins, R.A., Priesing, D. & Malouf, D. (2001). Gender violence: transgender experiences with violence and discrimination. Journal of Homosexuality, 42, 89e101.

129 Cochran, B. N., Stewart, A. J., Ginzler, J. A., & Cauce, A. M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. American Journal of Public Health, 92(5), 773–777.

130 Whitbeck, L. B., Johnson, K. D., Hoyt, D. R., & Cauce, A. M. (2004). Mental disorder and comorbidity among runaway and homeless adolescents. Journal of Adolescent Health, 35, 132–140.

youth is rejection by parents and other family members. Several non-random studies have found an association between parental rejection because of sexual orientation and higher risk of suicide attempts among LG&B youth[132 133].

Concealing one's sexual orientation / gender identity used as a coping strategy, aimed at avoiding negative consequences of stigma, the impact of internalised homophobia, and a lack of social support, have been shown to be associated with mental health difficulties[106 132].

Mental health and homelessness

Mental health problems and homelessness are closely linked as both a cause and as a result of homelessness[134 135 136]. The risk of becoming homeless is greatest for those who have experienced multiple disadvantage including disrupted family background, institutional history, poor socio-economic status and poor health[135 137 138]. Among those who appear to carry this increased risk are LGB&T people[137 138 139 140 141]. Once

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131 Gold D. (2005) Sexual Exclusion: issues and best practice in lesbian, gay and bisexual housing and homelessness. London: Shelter and Stonewall Housing.

132 Mustanski, B.S., Garofalo, R. & Emerson, E.M. (2010), Mental Health Disorders, Psychological Distress, and Suicidality in a Diverse Sample of Lesbian, Gay, Bisexual, and Transgender Youths. American Journal of Public Health: December 2010, Vol. 100, No. 12, pp. 2426-2432. doi: 10.2105/AJPH.2009.178319

133 Ryan C., Huebner D., Diaz R., Sanchez J. Family rejection as a predictor of negative health outcomes in White and Latino LGB young adults. Pediatrics. 2009;123:346–352

134 Homeless Link (2011). Survey of Needs and Provision: focus on mental health. Homeless Link http://homeless.org.uk/sites/default/files/Mental_Health_Hot_Topic.pdf

135 Fitzpatrick, S., Bramley, G., & Johnsen, S. (2013). Pathways into multiple exclusion homelessness in seven UK cities. Urban Studies, 50(1), 148-168.

136 Fitzpatrick, S., Johnsen, S., & White, M. (2011). Multiple exclusion homelessness in the UK: key patterns & intersections. Soc. Policy & Society, 10,4, 501-12.

137 Vasiliou, C. (2006), Making the link between mental health and youth homelessness. A pan-London study. Mental Health Foundation. http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-mental-health/mentalhealthfoundation/1531562006_making_the_link.pdf

138 Social Exclusion Unit (2005) Transitions: Young Adults with Complex Needs. A Social Exclusion Unit Final Report. London: ODPM

139 Roche, B. (2005), Sexuality and Homelessness. Crisis. http://www.crisis.org.uk/data/files/publications/Sexuality_Homelessness_Paper_FINAL.pdf

140 Dunne, G.A., Prendergast, S. & Telford, D. (2002) Young, gay, homeless and invisible: a growing population? Culture, Health and Sexuality 4:103-115.

homeless, LGB&T people are at higher risk for victimization and experience higher incidence of mental health problems, including post-traumatic stress syndrome, conduct disorder, and substance misuse than non-LGB&T homeless people[134 135 142].

Suicide and self-harm

In the general population, thoughts about suicide and suicide attempts are more common among people under the age of 25[110]. However, gay and bisexual young men appear to be particularly vulnerable in comparison with heterosexual young men, and LGB&T youth generally are more likely to attempt and complete suicide than heterosexual adolescents[110 143 144 145 146 147 148]. Researchers have shown that LGB&T youth report substantially higher rates of self-harm than the general population[102 108 110 123].

In terms of local evidence, research has demonstrated high rates of suicidality among LG&B populations in Northern Ireland106 [149] and Ireland[113 143] and has linked suicidality to negative experiences resulting from stigmatisation. Reporting a history of attempted suicide and / or self-harm was linked to a history of victimisation experiences; experiencing homophobic bullying in school; fear of rejection by family and friends prior

141Wallbridge, N. (2013), Spotlight on LGBT homelessness, health and substance use. Stonewall Housing. www.ldan.org.uk/PDFs/LGBTDecember2013NickWallbridge.pdf

142 Wright, J. (2014). Health needs of the homeless. InnovAiT: Education and inspiration for general practice, 7(2), 91-98.

143 Maycock, P., Bryan, A., Carr, N. & Kithcing, K. (2008). Supporting LGBT lives: a study of mental health and well-being. Gay And Lesbian Equality Network (Glen) And Belongto Youth Project

144 Fergusson, D., Horwood, L. & Beautrais, A. (1999) Is sexual orientation related to mental health problems and suicidality in young people? Archives of General Psychiatry, 56, 10, 876-880.

145 D'Augelli, A.R. (2002). Mental health problems among lesbian, gay, and bisexual youths ages 14-21. ClinChild Psychology and Psychiatry, 7(3), 433-456.
146 Guasp, A. (2008). Gay and Bisexual Men's Health Survey. Stonewall & Sigma Research

147 Cull, M., Platzer, H., and Balloch, S. (2006). Out on my own: understanding the experiences and needs of homeless lesbian, gay, bisexual and transgender youth,Brighton, University of Brighton

148 Haas A.P. , Eliason, M., Mays, V.M., Mathy, R.M., Cochran, S.D., et al, (2010). Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations. Journal of Homosexuality, 58:1, 10-51

149 Carolan & Redman (2003) ShOUT: The Needs of Young People in Northern Ireland Who Identify asLesbian, Gay, Bisexual or Transgender YouthNet/Department of Education: Belfast www.youthnetni.org.uk

to coming out; and a lack of acceptance or support from family and parents, in particular, after coming out[143 150].

Self-harm and suicide are also important issues amongst trans communities across the globe. Whilst limited in number, most studies are US based, and report levels of suicidal ideation of between 77-83% amongst trans people, and suicidal behaviours of between 32-54%[151 152 153]. Recent data from non-random surveys of self-identified trans people found that up to one third of respondents report making one or more lifetime suicide attempts and suicide attempts appear to occur more frequently among transgender adolescents and young adults than among older age groups[154 155 156]. Transgender youth have reported parental rejection to be a particular stressor, and frequent experiences of discrimination have been reported by transgender adults[154 155 156].

Within the Irish context, Carolan and Redmond (N. Ireland, 2003)[157] found that 64% of transgender youth (some of whom were homeless) had attempted suicide. In the Irish study 'Supporting LGBT Lives', (2009), the researchers found that 80% of trans respondents reported having seriously thought about ending their lives and 26% reported that they had attempted suicide at least once[143]. Ireland's Trans Mental Health and Wellbeing Survey (2012)[113], the largest survey on trans mental health conducted in Ireland**,** reported that 78% of respondents had considered suicide, 40% of these had attempted to take their own live at least once, and 44% of respondents reported having

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150 The Irish Institute of Mental Health Nursing & GLEN (2011) Gay, Lesbian & Bisexual People: The Irish Institute of Mental Health Nursing Good Practice Guide for Mental Health Nurses.

151 Mathy, R.M. (2002). Transgender Identity and Suicidality in a Nonclinical Sample: Sexual Orientation, Psychiatric History, and Compulsive Behaviors. Journal of Psychology & Human Sexuality 14: 47-65

152 Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). Injustice at every turn: A report of the national transgender discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force.

153 Kenagy, G. P. (2005) Transgender health: Findings from two needs assessment studies in Philadelphia. Health ' Social Work, 30(1), 19.26.

154 Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health intervention. American Journal of Public Health, 91(6), 915.

155 Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. Journal of homosexuality, 51(3), 53-69.

156 Whittle, S., Turner, L., Al-Alami, M. (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination. www.pfc.org.uk/files/EngenderedPenalties.pdf

157 Carolan & Redman (2003) ShOUT: The Needs of Young People in Northern Ireland Who Identify asLesbian, Gay, Bisexual or Transgender YouthNet/Department of Education: Belfast www.youthnetni.org.uk

self-harmed. Additionally, 81% of respondents thought about or attempted suicide more before transition. For many people, the process of coming out or medical transition brought a reduction or cessation in suicidal ideation / behaviours[113].

In spite of an increased risk of suicide attempts among LGB&T compared to heterosexual respondents, those reporting suicidal behaviour are a clear minority of the LGB&T individuals who have been studied[123 148]. An important emergent research trend is the recognition that LGB&T youth are not a homogenous 'at risk' group, and that aspects of resilience are also relevant[143 158 159]. Sourcing social support, good self-esteem, and developing coping strategies were identified as crucial protective factors110 [143 160].

Accessing services

Furthermore, members of the LGB&T community are more likely than their eterosexual counterparts to experience difficulty accessing health care107 112 161 162, and to report negative experiences of services and professionals9 22 despite their higher need for these / usage110 [123 132 143].

The EHRC's Sexual orientation research review (2008)102 states that LG&B people's access to health and social care is limited by a wide range of factors, which fall under the three umbrellas of (a) fears of discrimination; (b) actual incidences of discrimination; and (c) a wider institutionalised heterosexism within health and social care. These factors may both limit the range of provision available, and increase the likelihood of negative experiences when using services[102 103]. Whilst these comments

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158 Borowsky, I. Ireland, M., & Resnick, M. (2001) Adolescent suicide attempts: Risks and predictors. Paediatrics, 107, 3, 485-493.

159 Riggle, E., Whitman, J., Olson, A., Rostosky, S. & Strong, S. (2008) The positive aspects of being a lesbian or gay man. Professional Psychology: Research and Practice, 39, 2, 210-217.

160 Bennett, J (2004) Emotional well-being and social support study: An overview, University of Strathclyde, Glasgow. well_being_study@hotmail.com

161 Lesbian, Gay, Bisexual, and Transgender Health. US Department of Health and Human Services. 2012. Available from: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25.

162 Mayer, K. H., Bradford, J. B., Makadon, H. J., Stall, R., Goldhammer, H., & Landers, S. (2008). Sexual and gender minority health: what we know and what needs to be done. American Journal of Public Health, 98(6), 989.

were made in relation to LG&B people, they can be extended to include trans people also.

The attitudes of medical, health, and social work professionals towards LGB&T people can influence their willingness to provide these individuals with medical help10 and according to some, many professionals continue to harbour anti-LGB&T attitudes10 . Some research63 has suggested that professionals are poorly prepared to deal with sexuality in general and with LGB&T issues specifically In addition, senior doctors lack practical skills in addressing the unique health care needs of LG&B and particularly trans patients, which are often minimized or ignored[163] [164] [165].

163 Lambda Legal. (2010). When health care isn't Caring: Survey of discrimination against LGBT people and people with HIV. New York: Lambda Legal.

164 Dahan R, Feldman R, & Hermoni D: The importance of sexual orientation in the medical consultation. Harefuah 2007; 146:626-30, 644

165 Towards a Healthier LGBT Scotland, Inclusion Project, November 2003, NHS Scotland and Stonewall Scotland

Across the literature, as a result of prior experiences of bias or the expectation of poor treatment, many LGB&T patients report reluctance to reveal their sexual orientation or gender identity to their providers, despite the importance of such information for their health care[111 143 166].

Transgender people also face significant barriers to accessing health care[113 152 153 163]. Even when transgender people are able to access health care, the care they receive is often far from ideal[167]. Transgender stigma and discrimination experienced in health care influence transgender people's health care access and utilization[152] **Error! Bookmark not defined.**.

Mistrust of the health care system also leads some transgender people to seek care outside the formal sector[167 168]. Xavier et al. (2007)[167] found that half of the hormone-experienced study participants had obtained their hormones from someone other than a doctor, and nearly 46% of them had injected themselves with hormones or received a hormone injection from someone other than a doctor or nurse

Poteat and colleagues (2013)[169] reported that providers typically approach medical encounters with transgender patients with ambivalence and uncertainty. Transgender people, in turn, anticipate that providers will not know how to meet their needs. This uncertainty and ambivalence in the medical encounter upsets the normal balance of power in provider-patient relationships. Additionally, interpersonal stigma functions to reinforce the power and authority of the medical provider during these interactions.

166 Eliason MJ, Schope R. Does "Don't ask don't tell" apply to health care? Lesbian, gay, and bisexual people's disclosure to health care providers. Journal of the Gay and Lesbian Medical Association. 2001;5(4):125-34.

167 Xavier, J. M., Hannold, J. A., Bradford, J., & Simmons, R. (2007). The health, health-related needs, and lifecourse experiences of transgender Virginians.

168 Sanchez, N. F., Sanchez, J. P., & Danoff, A. (2009). Health care utilization, barriers tocare, and hormone usage among male-to-female transgender persons in NewYork City. American Journal of Public Health, 99, 713e719.

169 Poteat, T., German, D., & Kerrigan, D. (2013). Managing uncertainty: A grounded theory of stigma in transgender health care encounters. Social Science & Medicine, 84, 22-29.

Substance use & risk behaviours

Substance use is one of the more heavily researched areas of LGB&T health issues[1]. Traditionally there has been an assumption that gay men drink more and use more recreational drugs than the general population, and various studies support this notion. Theories offered by way of explanation for elevated substance use amongst LGB&T people have focused on internalised homophobia or gender role confusion, overarching societal stigma and discrimination (minority stress), and sub-cultural factors such as the orientation of the LGB&T (particularly gay) social scene to commercial venues where substances are widely available[2 3 4 5 6].

However, as with LGB&T research generally, caution is required when considering the evidence. The majority of research concentrates on gay men of limited age range within major urban areas[4]. Very little research examines the experience of L,B & T people. Moreover, there is scant longitudinal research exploring problems associated with substance use over time[4]. Variability in the robustness of quantitative material, minimal information on methodology, differences in the drug use variables, definitions and LGB&T descriptors used hamper comparison across studies[7].

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1 Hunt, R. & Minsky, A. (2007). Reducing health inequalities for Lesbian Gay and Bisexual people: Evidence of health care needs. Stonewall.

2 Baiocco, R., D'Alessio, M. & Laghi, F. (2010). Binge drinking among gay and lesbian youths: the role of internalized sexual stigma, self-disclosure, and individual's sense of connectedness to the gay community. Addictive Behaviors, 35, 896-9.

3 Hoare, J. & Moon, D. (Ed.) (2010). Drug Misuse Declared: Findings from the 2009/10 British Crime Survey. Home Office Statistical Bulletin 13/10.

4 Keogh, P., Reid, D., Bourne, A., Weatherburn, P., Hickson, F., et al. (2009). Wasted opportunities. Problematic alcohol and drug use among gay men and bisexual men. Sigma Research.

5 Rosario, M., Scrimshaw, E.W. & Hunter, J. (2004). Predictors of substance use over time among gay, lesbian and bisexual youths: An examination of three hypotheses. Addictive Behaviors, 29(8): 1623-1631.

6 Williamson, I.R. (2000). Internalized homophobia and health issues affecting lesbians and gay men. Health Education Research, 15(1): 97-107.

7 Beddoes, D., Sheikh, S., Khanna, M. & Francis, R. (2010). The Impact Of Drugs on Different Minority Groups: A Review Of The UK Literature. Part 2: Lesbian, Gay, Bisexual & Transgender (LGBT) groups. Office for Public Management

Prevalence, type and pattern of use

A number of studies demonstrate that LGB&T people are significantly more likely to engage in substance use, typically recreational, than non-LGB&T counterparts[8][9][10][11][12]. Recreational drug use may lead to use of new drugs before they are widespread in the general population[12].

Studies based on samples from across Ireland, whilst limited in number, suggest that substance use is more common amongst LGB&T communities than non-LGB&T.

'All Partied OUT' (2012)[13], a study exploring substance use within Northern Ireland's LGB&T communities[14], concluded that LGB&T people were substantially more likely than the NI population to engage in substance use. Drug prevalence levels were particularly high for trans respondents, (74% lifetime use). The report concluded that two factors - the distress that results from the stigmatisation; and the prominence of bars and nightclubs on the gay scene contributes to a culture of drink and drug-taking - were the most significant reasons for higher levels of substance use among LGB&T communities generally.

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8 King, M. & Nazareth, I. (2006). The health of people classified as lesbian, gay and bisexual attending family practitioners in London: a controlled study. BMC Public Health. May 8;6:127

9 Varney, J. 92008). A Review of Drugs and Alcohol Use Amongst the Lesbian, Gay, Bisexual and Transgender Community in London. Metropolitan Police Lesbian, Gay, Bisexual and Transgender Independent Advisory Group.

10 Meads, C., Buckley, E., & Sanderson, P. (2007). Ten years of lesbian health survey research in the UK W. Mids. BMC public health, 7(1), 251.

11 King, M., McKeown, E., Warner, J., Ramsay, A., Johnson, K., Cort, C., & Davidson, O. (2003). Mental health and quality of life of gay men and lesbians in England and Wales Controlled, cross-sectional study. The British Journal of Psychiatry, 183(6), 552-558.

12 UK Drug Policy Commission, (2010). Drugs and Diversity: Lesbian, gay, bisexual and transgender (LGBT) communities Learning from the evidence. http://socialwelfare.bl.uk/subject-areas/services-activity/substance-misuse/ukdrugpolicycommission/125085lgbt_policy_briefing.pdf

13 Rooney, E. (2012). All Partied OUT? Substance Use in Northern Ireland's LGB&T Community. Public Health Agency, Belfast. www.rainbow-project.org/assets/publications/All%20Partied%20Out.pdf

14 online survey, n=941 and qualitative data, n=37

Sarma (2007)[15] investigated drug use amongst LGB&T young adults in Ireland, and, similarly, concluded that substance use was more prevalent amongst LGB&T respondents than the general youth population, with poly-drug use central to the routine of socialising. The author concludes that most young LGB&T people experience the 'normal' motivations towards substance use (curiosity, a desire to feel high, conformity pressures and a desire to boost confidence), just on a more potent level, but admitted that this assertion would require further investigation.

UK studies also suggest that substance use is more widespread and at greater levels amongst LGB&T communities (compared to non-LGB&T)[3] 4 [12 16 17 18 19 20]. The bulk of available literature focuses primarily on recreational drugs. A few recent studies have also indicated a marked increase in the use of 'New and Emerging Drugs' (NEDs)[21].

In a review of UK literature (2010), Beddoes and colleagues[7] concluded that recreational drug use among LG&B groups appeared to be higher than among non-LG&B groups, although there were differences between individual populations within the wider LG&B population. The review also found that the LGB&T community were most likely to be "early adopters" of new drugs and may experience problems before the rest of the population[12].

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15 Sarma, K. (2007). Drug use amongst lesbian, gay, bisexual & transgender young adults in Ireland. BelongTo Youth Project.

16 Buffin, J., Ashwoth, S. & Roy, A. (2012). Part of the Picture. The National LGB Drug and Alcohol Database. Year 2 Results England: 2009/10. www.lgf.org.uk/policy-research/part-of-the-picture/part-of-the-picture-2009-11-report/

17 Buffin, J., Roy, A., Williams, H. & Winter, A. (2012). Part of the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England (2009-2011). www.lgf.org.uk/downloads/123

18 Browne, K., McGlynn, N. & Lim, J. (2009), Count Me In Too. LGBT Lives in Brighton & Hove: Drugs & Alcohol, Additional Findings Report. June 2009. Count Me In Too Drug & Alcohol Analysis Group, University of Brighton. www.brighton.ac.uk/cupp/images/stories/projects/c-k-e/LGBTU/CMIT_DrugAlcohol_AF_Report_August09.pdf

19 Hunt, R. & Fish, J. (2008), Prescription for change. Lesbian and bisexual women's health check 2008. Stonewall & Sigma Research.

20 Gold, D. & Cowan, K. (2009). Mapping LGBT Westminster: Investigating the needs and experiences of LGBT people in Westminster. GALOP.

21 NEDs, previously known as 'Legal highs', sometimes known as New / Emerging Psychoactive substances (NPS / EPS) are substances that mimic the effects of illegal drugs such as ecstasy and speed, but may not yet be controlled by the Misuse of Drugs Act, but may be controlled under the Medicines Act: http://dan247.org.uk/Drug_NewPsychoactiveSubstances.asp; http://www.unodc.org/wdr/en/nps.html

British Crime Survey (BCS)[3] data on prevalence of drug use and sexual orientation indicated that LG&B respondents were three times more likely to report having taken illicit substances compared to non-LG&B respondents. This higher prevalence of last year drug use was found across most drug types, with the greatest difference detected in the use of Amyl Nitrite. These findings were broadly similar to those cited by UK reviews and research[4 12 18 22].

Club drugs and NEDs remain popular amongst certain LGB&T groups[3 23]. Measham and colleagues (2011[24], 2012[25]) reported that the popularity of Mephedrone within their samples surpassed that of all other drugs. Similarly, the NTA report into Club Drugs[23] found a rise in the use of Mephedrone, GBL/GHB[26], and methamphetamine amongst LGB&T communities. Within mainstream services these substances remain a marginal part of their work, but reports from LGB&T targeted services suggest that GHB/GBL and Methamphetamine now account for almost all of their work[23 27].

Alcohol use

There is limited research about alcohol use amongst LGB&T people and what does exist suffers from methodological weaknesses[1 28]. With regards to Northern Ireland, 'All Partied OUT' (2012) reported that 91% of LGB&T respondents surveyed consumed

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22 http://www.countmeintoo.co.uk/ The report was an in-depth analysis of questionnaire (n=819) and focus group (n=69) data.

23 National Treatment Agency for Substance Misuse (2012). Club Drugs: Emerging Trends and Risks. www.nta.nhs.uk/uploads/clubdrugsreport2012%5B0%5D.pdf

24 Measham, F., Wood, D.M., Dargan, P. & Moore, K. (2011). The rise in legal highs: prevalence and patterns in the useof illegal drugs and first- and second-generation "legal highs" in South London gay dance clubs. Journal of Substance Use, August 2011; 16(4): 263–272.

25 Wood, D.M., Measham, F. & Dargan, P.I. (2012), 'Our favourite drug': prevalence of use and preference for mephedrone in the London night-time economy 1 year after control. Journal of Substance Use, April 2012, Vol. 17, No. 2 : Pages 91-97

26 GHB (Gamma hydroxybutyrate), is an anaesthetic with primarily sedating rather than painkilling properties. It is often sold as 'liquid ecstasy' because of its relaxant and euphoric effects, although it has no relation to ecstasy (MDMA). GBL (Gamma butyrolactone) and 1,4-BD (1,4-butanediol) are chemicals that are closely related to GHB. [http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/ghb]

27 Skills Consortium (2013). Briefing Paper 2: Gay men - risky sex and drug use. www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/SkillsConsortiumBriefing2GayMenRiskySexDrugUse.pdf

28 Noret, N. & Rivers, I. (2003), Drug and Alcohol Use: Among LGBTs in the City of Leeds. Social Inclusion & Diversity Paper No 2 Research Into Practice. York St John College. http://mesmac.co.uk/files/drug_and_alcohol_use.pdf

alcohol, compared to 74% of the general population. The report also found that 57% of respondents consumed at hazardous levels compared to 24% of adults in England. A number of UK studies have also reported that LGB&T people were more likely to consume alcohol than the general population, more likely to engage in binge drinking, and more likely to drink to hazardous levels[16 17 18 19 29].

Smoking

Research suggests that LG&B people are more likely to smoke than non-LG&B people, yet the exact reasons for this difference have yet to be identified[30 31].

Good practice in prevention and treatment

Beddoes et al[7] reviewed available UK literature and concluded that there was a paucity of evidence on what represents good practice in drug treatment and prevention. However, available evidence points to low uptake of services with predictions of increased need in the future[7 16 17]. Barriers to uptake include: the absence of perceived problematic use; perceptions that 'mainstream' drug services do not cater for the most commonly used drugs (such as GHB) or understand the specific needs of LGB&T people[12 16 17].

The interaction with police and the criminal justice system

In the available literature, there is little reference to interaction between the LGB&T community and the police and criminal justice system in respect of drug problems[7]. The evidence shows that historically poor relations between the police and the LGB&T community can present a barrier to engagement, and fosters continued distrust. Some

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29 Scottish Government (2012) 'Topic report: equality groups' www.scotland.gov.uk/Publications/2012/10/8988/downloads

30 Tang, H., Greenwood, G.L., Cowling, D.W., Lloyd, J.C., Roeseler, A.G. & Bal, D.G. (2004), Cigarette smoking among lesbians, gays, and bisexuals: how serious a problem? Cancer Causes Control, 2004 Oct;15(8):797-803.

31 D'Augelli, A.R. (2004), High Tobacco Use Among Lesbian, Gay, and Bisexual YouthMounting Evidence About a Hidden Population's Health Risk. BehaviorArch Pediatr Adolesc Med. 2004;158(4):309-310.

evidence[12] suggests that many LGB&T users obtain drugs from within the LGB&T community, and as a result, they may not view the activity as being 'criminal'.

Substance use, health, and risky behaviour

'All Partied OUT' (NI, 2012)[13] reported that higher levels of substance use amongst Northern Ireland's LGB&T communities was likely to have a substantial impact on mental and physical health. Additionally, substance use was reported to have contributed to 44% of respondents having unprotected sex; 15% of all survey respondents and 36% of trans respondents self-harming; 30% of LGB&T people thinking about suicide, and 13% attempting suicide. The equivalent figures for trans people were substantially higher with 47% experiencing suicide ideation and 25% attempting suicide.

In a study conducted in Ireland (2007), it was reported that 46% of those who identified as substance users had engaged in unprotected sex attributed to drug taking[15]. Additionally, 49% experienced blackouts resulting from consumption, and 11% had been sexually assaulted while 'incapacitated due to drugs'.

Considerable research effort has been spent on the relationships between substance use and HIV risk among LGB&T people, particularly gay men[4]. However, most studies in this area are limited by methodological concerns[4 7].

Drugs like Mephedrone, GBL/GHB and methamphetamine have changed the way some gay and bisexual men socialise, keeping them in clubs for longer, and increasingly moving into private parties and sourcing sexual partners via online dating sites and smart phone apps specifically to use drugs with[23 27]. Many men report that these drugs have a strong, sexually stimulating effect and that having sex with five or more partners in a weekend is common[23 27]. Some who are already HIV positive report non-adherence to medication whilst using. A recent Lancet report[32] suggested that use of crystal methamphetamine was on the rise in London's gay scene, putting men who have sex with men at higher risk of infections including HIV, hepatitis C (HCV), and a range of

32 Kirby, T. & Thornber-Dunwell, M. (2013), High-risk drug practices tighten grip on London gay scene. The Lancet, 381, 9861, 101 - 102,

other blood borne and STIs. An increase in injecting club drugs is also clearly demonstrated in the NTA report[23 27].

Keogh et al (2009)4 conclude that although research has shown a correlation between substance use and sexual risk behaviour on a population level, the nature and direction (i.e. whether substance use occurs because sexual risk is anticipated or expected, or whether use leads to risk in the individual) of this relationship remains contested. Additionally, given that poly-drug use is common, it is difficult to ascertain the relationship between use of specific drugs and sexual risk[4]. Beddoes et al[7] were similarly cautious in assuming the causality between the two, suggesting that it was more accurate to suggest that some individuals reporting drug use and sexual risk behaviour were psychologically more inclined to risk.

Homelessness, survival sex, and other risk behaviours

There are strong links between substance misuse and homelessness[33 34 35]. The relationship between substance misuse and homelessness appears quite complex[35]. An experience of homelessness increases the risk of substance misuse, while entering into substance misuse also increases the risk that someone will become homeless. There is evidence that when someone is homeless and involved in substance misuse each problem compounds the other[35].

The risk of becoming homeless is greatest for those who have experienced multiple disadvantage including disrupted family background, institutional history, poor socio-economic status and poor health[36 37 38 39]. Among those who appear to carry this

33 Homelessness: A silent killer. A research briefing on mortality amongst homeless people, December 2011. Crisis http://www.crisis.org.uk/data/files/publications/Homelessness%20-%20a%20silent%20killer.pdf

34 Fountain, J. & Howes, S. (2002), Home and Dry? Homelessness and Substance Use. Crisis & National Addiction Centre. http://www.crisis.org.uk/data/files/publications/Home%20and%20Dry.pdf

35 Pleace, N. (2008), Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review. Scottish Government Social Research; Centre for Housing Policy. www.scotland.gov.uk/Resource/Doc/233172/0063910.pdf

36 Vasiliou, C. (2006), Making the link between mental health and youth homelessness. A pan-London study. Mental Health Foundation.

37 Social Exclusion Unit (2005) Transitions: Young Adults with Complex Needs. A Social Exclusion Unit Final Report. London: ODPM

increased risk are LGB&T people[137 138 40 41 42]. It has also been suggested that the combination of stressors inherent to the daily life of homeless youth increases the likelihood of substance use and misuse[18 43 44]. But again, the causality is unclear.

LGB&T people, particularly youth, who are homeless are especially vulnerable to engaging in risky sexual behaviors, including survival sex[45 41 141 44]. A number of studies have reported that significantly more homeless sexual minority engaged in survival sex as compared to non-sexual minority youths[141 46 47 48]. LGB&T homeless youth are more often solicited to exchange sex for money, food, drugs, shelter, and clothing than non-LGB&T homeless youth[49 50]. Consequently, LGB&T homeless youth are more likely to report engaging in the sex trade to meet their basic needs[41 49 51].

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38 Fitzpatrick, S., Bramley, G., & Johnsen, S. (2013). Pathways into multiple exclusion homelessness in seven UK cities. Urban Studies, 50(1), 148-168.

39 Fitzpatrick, S., Johnsen, S. & White, M. (2011), Multiple Exclusion Homelessness in the UK: Key Patterns and Intersections. Social Policy & Society 10:4, 501–512

40 Roche, B. (2005), Sexuality and Homelessness. Crisis. http://www.crisis.org.uk/data/files/publications/Sexuality_Homelessness_Paper_FINAL.pdf

41 Gold, D. (2005), Sexual exclusion issues and best practice in lesbian, gay and bisexual housing and homelessness. Shelter and Stonewall Housing. http://www.stonewallhousing.org/files/Sexual%20exclusion.pdf

42 Wallbridge, N. (2013), Spotlight on LGBT homelessness, health and substance use. Stonewall Housing. www.ldan.org.uk/PDFs/LGBTDecember2013NickWallbridge.pdf

43 Cochran, B., Stewart, B., Ginzler, J. and Cauce, A. 2002. Challenges Faced by Homeless Sexual Minorities: Comparison of Gay, Lesbian, Bisexual, and Transgender Homeless Adolescents with their Heterosexual Counterparts. American

Journal of Public Health 92, no. 5: 773-777.

44 Ray N. (2006) Lesbian, gay bisexual and transgender youth: An epidemic of homelessness. New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless

45 Defined as "exchanging sex for anything needed, including money, food, clothes, a place to stay or drugs," Cited in Anderson, J. E., Freese, T. E. & Pennbridge, J. N. (1994). Sexual risk and condom use among street youth in Hollywood. Family Planning Perspectives, 26(1). p.23.

46 Gattis, M.N. (2009). Psychosocial Problems Associated With Homelessness in Sexual Minority Youths. Journal of Human Behavior in the Social Environment, 19:1066–1094.

47 Tyler, K. A. (2007). Risk factors for trading sex among homeless young adults. Archives of Sexual Behavior, 38(2), 290–297.

48 Whitbeck, L. B., Hoyt, D. R., Yoder, K. A., Cauce, A. M., & Paradise, M. (2001). Deviant behavior and victimization among homeless and runaway adolescents. Journal of Interpersonal Violence, 16, 1175–1204.

49 Cull, M., PLatzer, H., & Balloch, S. (2006). Out On My Own: Understanding the Experiences and Needs of Homeless Lesbian, Gay, Bisexual and Transgender Youth. University of Brighton

LGB&T homeless youth experienced an average of 7.4 more acts of sexual violence than their non-LGB&T peers[43 52]. LGB&T youth had twice the rates of sexual victimization than their heterosexual homeless peers and double the rates of sexual abuse before age 12 [53 52].

Domestic abuse

While domestic abuse in heterosexual relationships has been a public and policy concern in the UK since the 1970s[54], it has only more recently become apparent in LGB&T communities [55 56] and remains an under-researched area[55 57 58]. The serious consequences of domestic violence have also been recognised by the World Health Organisation[59 60] and a clear link has been established between homelessness and

50 Van Leeuwen, J., Boyle, S., Salomonsen-Sautel, S., Baker, D., Garcia, J., Hoffman, A. & Hopfer, C. (2006). Lesbian, Gay, and Bisexual Homeless Youth: An Eight City Public Health Perspective. Child Welfare 85, no. 2: 151-170.

51 Gold, D. (2005). Sexual exclusion: issues and best practice in lesbian, gay and bisexual housing & homelessness. Shelter &Stonewall Housing

52 Incidence and Vulnerability of LGBTQ Homeless Youth. Youth Homelessness Series ; Brief No. 2. National Alliance to End Homelessness. 2009

53 Rew, L., Whittaker, T., Taylor-Seehafer, M. and Smith, L. 2005. Sexual Health Risks and Protective Resources in Gay, Lesbian, Bisexual, and Heterosexual Homeless Youth. Journal for Specialists in Pediatric Nursing 10, no. 1: 11-20.

54 Hester, M., Pearson, C., Harwin, N. & Abrahams, H. (2007) Making An Impact - Children And Domestic Violence. A Reader (Second Edition) London: Jessica Kingsley.

55 Donovan, C., Hester, M., Holmes, J. & McCarry, M. (2006). Comparing Domestic Abuse in Same Sex and Heterosexual Relationships. University of Sunderland, University of Bristol, and Economic & Social Research Council. November 2006, http://www.bris.ac.uk/sps/research/projects/completed/2006/rc1307/rc1307finalreport.pdf

56 Richards, A., Noret, N. & Rivers, I. (2003). Violence & Abuse in Same-Sex Relationships: A Review of Literature. York St John College Social Inclusion & Research into Practice. Diversity Paper No 5, July, 2003. http://mesmac.co.uk/uploads/cms/files/violence_and_abuse.pdf

57 Chan, C. (2005), Domestic Violence in Gay and Lesbian Relationships: an overview. Australian Domestic and Family Violence Clearinghouse. http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Gay_Lesbian.pdf

58 Roch, A., Morton, J. & Ritchie, G. (2010). Out of sight, out of mind? Transgender People's Experiences of Domestic Abuse. Equality Network LGBT Youth Scotland

59 Matczak, A., Hatzidimitriadou, E., and Lindsay, J. (2011). Review of Domestic Violence policies in England and Wales. London: Kingston University and St George's, University of London. ISBN: 978-0-9558329-7-0

60 Krug, E.G.; Dahlberg, L.L.; Mercy, J.A.; Zwi, A.B. & Lozano, R. (2002) World Report on Violence and Health. Geneva: World Health Organisation

domestic violence[57 79 61 62 63 64]– accounting for up to 20% of homeless households across the UK[65 66 67 69]. Across the UK as a whole, a number of research studies have reported that domestic violence is a much more common cause of homelessness than Government statistics imply61 [68 69]. Studies have reported, depending on gender (typically female) and age group (typically 40+) figures as high as 40% citing domestic violence as contributing to their homelessness [69 61 70].

How many LGB&T people experience domestic abuse?

Estimates of prevalence vary for a number of reasons. Firstly, domestic abuse statistics typically indicate the minimum levels of occurrence, given that they draw primarily on incidents reported to police and/or crisis organisations[71 72 73 74]. It's likely that there are

61 Reeve, K., Goudie, R. & Casey, R. (2007), Homeless Women: Homeless Careers, Homeless Landscapes survey (2007), Crisis. July 2007 http://www.crisis.org.uk/data/files/publications/Homeless_Women_Landscapes_Aug07.pdf

62 Chung, D., Kennedy, R., O'Brien, B. & Wendt, S. (2000) Home Safe Home: The Link Between Domestic and Family Violence and Women's Homelessness Commonwealth of Australia

63 Holly, J. (2011), Independent Domestic Violence Advocates: information briefing: Domestic violence and housing. March 2011, AVA. www.avaproject.org.uk/media/62315/idva%20policy%20briefing%20march.pdf

64 Office for National Statistics (2013) Focus on: violent crime and sexual offences, 2011/12 (PDF). [Newport]: Office for National Statistics (ONS)

65 Quilgars, D. and Pleace, N. (2010) Meeting the needs of households at risk of domestic violence in England: The role of accommodation and housing-related support services (London:CLG)

66 Joseph, J. (2006), Agency Response to Female Victims of Domestic Violence: The British Approach. Criminal Justice Studies, Vol. 19, No. 1, March 2006, pp. 45–60, DOI: 10.1080/14786010600615983

67 Women and Equality Unit (2003) Increasing Safe Accommodation Choices. Cited in 'Key Statistics, AVA. www.avaproject.org.uk/our-resources/briefing-papers.aspx

68 Fitzpatrick., S., Lynch, E., Goodlad., R & Houghton, C., (2003) Refuges for Women, Children and Young People in Scotland: A Research Report. Scottish Executive.

69 Pleace, N., Fitzpatrick, S., Johnsen, S., Quilgars, D. and Sanderson, D. (2008). Statutory Homelessness in england; England: The experience of families and 16-17 year olds. London: Communities and Local Government.

70 Shelter Scotland (2002) Repeat Homelessness and Domestic Abuse. Shelter Scotland.

71 Mulroney, J. (2003) Australian Statistics on Domestic Violence Australian Domestic and Family Violence Clearinghouse

72 Cruz, J.M. (2003) '"Why doesn't he just leave?": gay male domestic violence and the reasons victims stay in The Journal of Men's Studies Vol. 11 No. 3 Spring 2003 pp. 309-324

even lower levels of reporting for domestic violence in LBG&T relationships due to fear of homophobic service responses, lack of services to report to, or a lack of services people feel comfortable engaging with[72 75 76]. Secondly, large scale data collection generally does not include a specific LGB&T focus[55 57 72 77]. Thirdly, extant (LGB&T) literature suffers from methodological variability, a reliance on small scale, often self-selected or non-random sampling[57 72 78 79].

The available international research generally suggests that the prevalence of domestic violence in same-sex relationships is similar to heterosexual relationships between 15-33%[58 71 72 76 85 80 81], although a considerable number of studies reported higher rates, some over 50%[57 81 82 83 84]. UK evidence has suggested lifetime prevalence ranging from

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73 Alhabib, S., Nur, U. & Jones, R. (2010). Domestic Violence Against Women: Systematic Review of Prevalence Studies. Journal of Family Violence, May 2010, Volume 25, Issue 4, pp 369-382.

74 Ruiz-Pérez, I., Plazaola-Castaño, J. & and Vives-Cases, C. (2007). Methodological issues in the study of violence against women. J Epidemiol Community Health. Dec 2007; 61(Suppl 2): ii26–ii31.

75 Wallace, H. (1999) 'Gay and Lesbian Abuse' Family Violence: legal, medical and social perspectives Allyn & Bacon, Boston pp. 258-269

76 Tully, C.T. (2000) Lesbians, Gays & the Empowerment Perspective Columbia University Press, New York

77 Scherzer, T. (1998) 'Domestic Violence in Lesbian Relationships: Findings of the Lesbian Relationships Research Project' Gateways to Improving Lesbian Health and Health Care: Opening Doors ed. Ponticelli, C. M. The Haworth Press Inc. pp. 29-47

78 Renzetti, C. M. (2001) 'Violence in Lesbian and Gay Relationships' Sourcebook on Violence Against Women ed. Renzetti, C. M., Edelson, J. L. & Kennedy Bergeb, R. Thousand Oaks, California pp. 285-293

79 ACON (AIDS Council of NSW) 2004, Homelessness and Same Sex Domestic Violence in the Supported Accommodation Assistance Program, October.

www.anothercloset.com.au/storage/HomelessnessSSDVinSAAP.pdf

80 Browne, K. (2007). The Count Me In Too. LGBT Lives in Brighton & Hove. Domestic Violence and Abuse report.
www.realadmin.co.uk/microdir/3700/File/CMIT_DV_Report_final_Dec07.pdf

81 Paroissien, K. & Stewart, P. 2000, 'Surviving lesbian abuse, empowerment groups for education and support', Women Against Violence: An Australian Feminist Journal, December, no. 9, pp. 33-40.

82 Greenwood, G. L., Relf, M. V., Huang, B., Pollack, L. M., Canchola, J. A., Catania, J. A. (2002) 'Battering Victimization Among a Probability-Based Sample of Men Who Have Sex With Men' American Journal of Public Health Vol. 92 No. 12 pp. 1964-1969

83 Bagshaw, D., Chung, D., Couch, M., Lilburn, S. & Wadham, B. 2000, Reshaping Responses to Domestic Violence – Final Report, Partnerships Against Domestic Violence, Department of Human Services, South Australia, University of South Australia, Commonwealth of Australia.

22-39%[55 80 85 86 87 **88** 89 90], with at least one study reviewed reporting that 80% of respondents stated that they had experienced emotionally, sexually, or physically abusive behaviour by a partner or ex-partner[58]

Evidence would suggest that most survivors of LGB&T related domestic abuse do not report (or report in low numbers) to public agencies[55 80 88 89]. Research indicates that LGB&T people experiencing domestic abuse are generally reluctant to call the police or seek legal help due to fears that the violence would not be treated seriously[55 75 79 80 88 89 91 92].

There are no published research focused solely on trans people's experiences of domestic abuse in the UK, other than two reports published by the Scottish Transgender Alliance in 2008[93] and 201058. Most studies, few in number, originate in the US. The limited research available suggests that prevalence rates of domestic abuse may be higher for trans people than any other section of the population58, and that intimate partner violence likely affects trans individuals more commonly than those

84 Vickers, L. 1996, 'The second closet: Domestic violence in lesbian and gay relationships: A Western Australian perspective', E Law: Murdoch University Electronic Journal of Law, vol. 3, no. 4: pp. 1-24. Available: http://www.murdoch.edu.au/elaw/issues/v3n4/vickers.html [2005, 18 October].

85 Henderson, L. (2003) Prevalence of Domestic Violence among Lesbians and Gay Men: Data report to Flame TV. London: Sigma Research

86 Whilst report states that the data was collected from the UK, it does not state whether this included NI, and all reporting was in aggregate.

87 Walby, S. & Allen, J. (2004) Domestic violence, sexual assault and stalking: Findings from the British Crime Survey, Home Office Research Study 276. London: Home Office.

88 Ard, K.L. & Makadon, H.J. (2012), IMPROVING THE HEALTH CARE OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER PEOPLE: Understanding and Eliminating Health Disparities. The National LGBT Health Education Center, The Fenway Institute; Brigham and Women's Hospital; Harvard Medical School, Boston.

89 Xavier, J. M. (2000) The Washington, DC Transgender Needs Assessment Survey Final Report for Phase Two District of Columbia Government

90 Robinson, R. & Rowlands, J., 2006. The Dyn Project: Supporting Men Experiencing Domestic Abuse. Cardiff: The Dyn Project

91 Freedberg, P. (2006). Health Care Barriers and Same-Sex Intimate Partner Violence: A Review of the Literature, Journal of Forensic Nursing, 2006, 2, 1, 15

92 Donovan, C., Hester, M., Holmes, J. & McCarry, M. (2006). Comparing Domestic Abuse in Same Sex and Heterosexual Relationships. University of Sunderland, University of Bristol, Economic & Social Research Council. www.bris.ac.uk/sps/research/projects/completed/2006/rc1307/rc1307finalreport.pdf

93 Morton, J. 2008 "Transgender Experiences in Scotland." Scottish Transgender Alliance.

who are heterosexual, gay, lesbian, or bisexual [88 89 94]. The Scottish Transgender Alliance[95] found that 46% of trans respondents to their 'Transgender Experiences in Scotland' survey had experienced transphobic abuse within a domestic relationship[58].

Trans people can experience domestic violence in the context of same-gender or opposite gender relationships[57 79] and as a result may experience domestic violence in multiple ways. They may also have to deal with different challenges when accessing services[56 57 79]. Further research into the experiences of trans people is needed.

Domestic violence and homelessness

Some studies, limited in scope and number, suggest that LGB (and particularly) T experience additional difficulties when accessing temporary / crisis accommodation[57 61 80]. Whilst in crisis accommodation, a significant number of LGB&T people will also experience harassment and violence, including sexual assault and homophobic / transphobic harassment. For some, the experience of refuges as unsafe meant that they chose to live on street[57 61 80].

Transgender people face particular difficulties when seeking crisis accommodation[58 96]. The majority of crisis accommodation is sex-segregated and when attempting to access services trans people may not be able to access their shelter of self-identified gender. In addition transgender people may face disrespectful treatment, harassment or safety risks in crisis accommodation services[97]. Trans people report insensitivity and hostility of housing staff and other residents as a barrier to accessing accommodation services[89 97] with one in three having experienced discrimination in housing[89 97]. Given these barriers to access, trans people may live on the street or stay in an abusive relationship[97].

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94 Massachusetts Hate Crimes, 2008. Commonwealth Fusion Center. 2009. Available at http://www.mass.gov/Eeops/docs/eops/HateCrimes2008.pdf.

95 Morton, J. 2008 "Transgender Experiences in Scotland." Scottish Transgender Alliance.

96 Mottet, L. & Ohle, J. M. (2003) Transitioning Our Shelters: A guide to making homeless shelters safe for transgender people The National Coalition for the Homeless and the National Gay and Lesbian Task Force Policy Institute, New York

97 Minter, S. & Daley, C. (2003) Trans Realities: A Legal Needs Assessment of San Francisco's Transgender Communities National Center for Lesbian Rights & Transgender Law Center, San Francisco

Community safety and criminal justice issues

After race and ethnicity, sexual orientation and gender identity may be two of the most common motivations for hate crimes[98 99 100 101 102]. Such events often produce an environment of stress and intimidation even for those not directly impacted. Hate crimes have a major impact on society in general, but on the individual in particular. They serve to isolate those that are the most common targets of hate crime perpetrators. As well as the emotional and physical harm, those who experience hate crime often suffer serious financial losses, including the cost of repairing damage, dealing with graffiti, replacing possessions and increasing home and personal security. At its most extreme, hate crime increases housing insecurity – particularly if the victim is forced to leave an area or is made to feel so unsafe that they choose to move away - and increases the likelihood of homelessness.

Some have suggested that the rates of sexual assault victimization among LG&B individuals may be elevated compared to those in heterosexual populations[99 101 102 103 104 105]. Research has shown that LGB&T people, particularly the isolated and those from

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98The PSNI, Crown Prosecution Service and other criminal justice agencies have the following commonly agreed definitions of homophobic hate crimes and incidents: a hate crime is any criminal offence - committed against any person or property - which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's sexual orientation or perceived sexual orientation. A hate incident is any non-crime incident which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on the same. For the purposes of this report - and to address the lack of transphobic element to this definition - these definitions will be extended to include transphobic hate crimes and incidents (supplanting 'gender identity' where it reads 'sexual orientation').

99 Guasp, A., Gammon, A. & Ellison, G. (2013). Homophobic Hate Crime. The Gay British Crime Survey 2013. Stonewall & Yougov. www.Stonewall.Org.Uk/Documents/Hate_Crime.Pdf

100 Ard, K.L. & Makadon, H.J. (2012), Improving The Health Care Of Lesbian, Gay, Bisexual And Transgender People: Understanding And Eliminating Health Disparities. The National Lgbt Health Education Center, The Fenway Institute; Brigham And Women's Hospital; And Harvard Medical School, Boston, Ma.

101 Dick, S. (2008). Homophobic Hate Crime. The Gay British Crime Survey 2008. Stonewall. www.Stonewall.Org.Uk/Documents/Revised_Hate_Crime_Pdf_Jane_2011_1.Pdf

102 Jarman, N. (2012). Criminal Justice Responses To Hate Crime In Northern Ireland, Institute Of Conflict Research.

103 Williams, M.L. & Robinson, A.L. (2008). Counted In 2007. A Report For Stonewall Cymru And The Welsh Assembly Government SME Equality Project. Cardiff University

104 Browne, K. & Lim, J. (2008). Count Me In Too Lgbt Lives In Brighton & Hove . Community Safety & Lgbt Lives Report. University Of Brighton, Count Me In Too Community Safety Analysis Group & Spectrum

other minority groups (BME, those with disabilities, socially excluded), regularly experience homophobic and transphobic crimes [101 104 105 106 107 108 109].

The official estimates of the number of LG&B people who have experienced homophobic hate crimes and incidents have been unreliable to date[110]. At the UK level, Home Office data such as the British Crime Survey do not record figures on levels of homophobic or transphobic hate crime[111]. Duggan[112] (NI, 2010) argued that whilst homophobic hate crime towards members of LGB&T communities in England is an issue that has come to the fore of UK public policy in recent years, less attention has been paid to the issue in Northern Ireland. Subsequently, evidence relating to hate crime in Northern Ireland remain significantly absent by comparison[112].

The PSNI officially began recording homophobic incidents in 2000. For the first four years, on average 50 homophobic incidents were reported annually[113]. In 2012/13 the PSNI recorded 246 homophobic and 15 transphobic incidents[114 115]. This represented an

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105 Rothman, E.F., Exner, D. & Baughman, A.L. (2011) The Prevalence Of Sexual Assault Against People Who Identify As Gay, Lesbian, Or Bisexual In The United States: A Systematic Review, Trauma Violence Abuse April 2011 Vol. 12 No. 2 55-66, Doi: 10.1177/1524838010390707

106 Hequembourg, A.L., Livingston, J.A. & Parks, K.A. (2013). Sexual Victimization And Associated Risks Among Lesbian And Bisexual Women. Violence Against Women, June, 11, 2013, Doi: 10.1177/1077801213490557

107 Morrison, C. And Mackay, A. (2000) The Experience Of Harassment And Violence Of Gay Men In The City Of Edinburgh. Edinburgh: Scottish Executive Central Research Unit

108 Chan, C. (2005), Domestic Violence In Gay And Lesbian Relationships: An Overview. Australian Domestic And Family Violence Clearinghouse. www.Austdvclearinghouse.Unsw.Edu.Au/Pdf%20files/Gay_Lesbian.Pdf

109 NHS (2010). Mental Health Issues Within Lesbian, Gay And Bisexual (Lgb) Communities. Briefing 9.

110 Dick, S. (2009). Homophobic Hate Crimes And Hate Incidents. Equality And Human Rights Commission Research Summary 38. Equality And Human Rights Commission & Stonewall. www.Stonewall.Org.Uk/Documents/Sexual_Orientation_Hate_Crimes_Paper.Pdf

111 Kelley, P. & Paterson, S. (2008). Filling In The Blanks. Lgbt Hate Crimes In London. Galop

112 Duggan, M. (2010) 'Homophobic Hate Crime In Northern Ireland' In N. Chakraborti, (Ed.) Hate Crime: Concepts, Policy, Future Directions Devon: Willan

113 Duggan, M. (2008). Theorising Homophobic Hate Crime In Northern Ireland. Papers From The British Criminology Conference, 8, 33-49. Hallam Centre For Community Justicehttp://Www.Britsoccrim.Org/Volume8/3duggan08.Pdf

114 Homophobic Incidents And Crimes In Northern Ireland 2004/05 To 2012/13 Http://Www.Psni.Police.Uk/Hate_Motivated_Incidents_And_Crimes_In_Northern_Ireland_2004-05_To_2012-13.Pdf.

115 Http://Www.Psni.Police.Uk/Psni_12_13_Stats_Press_Release_Final.Pdf

increase of 23% for homophobic incidents and of 73.3% (n=11) for transphobic incidents on the previous year. Within these hate incidents, the number of crimes with a hate motivation in 2012/13 also increased: homophobic crimes were up by 24.2%, and transphobic crimes also increased on the previous year[114 115]. It is widely acknowledged that the number of incidents and crimes recorded by the PSNI will be misrepresentative of the level of transphobic incidents and crimes experienced, due to significant under-reporting of hate crime[116 117 118].

Official statistics, supplemented by these studies, indicate that homophobic/transphobic hate crime is a form of prejudice experienced by many LGB&T people but reported by few[112]. In comparison to crimes against other minority communities in Northern Ireland, hate-motivated violent crimes are most likely to be incurred by members of the sexual minority community[113]. Homophobia in particular has been described as an 'acceptable prejudice' in Northern Ireland[119].

In 2003 the Institute for Conflict Research conducted the first major study[119] into homophobic violence in Northern Ireland and revealed that homophobia was a serious problem for the survey participants: 82% reported that they had experienced harassment while 55% had been subjected to physical violence. The most common place to experience harassment and violence was in the street, but many people were also harassed outside or leaving an LG&B social club or bar and in or near their home. The perpetrators were typically young males in their late teens-twenties and in over 80% of cases the perpetrator was acting in consort with other young males[119]. Research collectively indicates that the perpetrators of the majority of homophobic hate crimes are unknown to the victim[99 101 121], yet a small proportion are committed by someone known to the victim[99 101 121].

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116 Mcbride, R.S. & Hansson, U. (2010). "The Luck Of The Draw" A Report On The Experiences Of Trans Individuals Reporting Hate Incidents In Northern Ireland. Institute For Conflict Research, Belfast.
Http://Www.Conflictresearch.Org.Uk/Resources/Documents/The%20luck%20of%20the%20draw%20august%202011.Pdf

117 Turner, L., Whittle, S. And Combs, R. (2009) Transphobic Hate Crime In The European Union. London: Press For Change.

118 Hansson, U. & Hurley-Depret, M. (2007) Equality Mainstreaming: Policy And Practice For Transgender People, Institute For Conflict Research: Belfast.

119 Jarman, N. & Tennant, A. (2003) An Acceptable Prejudice? Homophobic Violence And Harassment In Northern Ireland, Belfast: Institute For Conflict, Belfast: Office Of The First Minister.

Overall, the study showed that the percentage of respondents who had experienced harassment and violence in Northern Ireland was higher than comparable surveys in Great Britain and Ireland. Not only was the proportion of experiences higher, but the nature of the incident was seen to incur a greater deal of violence to the victim[119 112]. Other NI studies have reported that LG&B people experience greater levels of discrimination, and as a regular occurrence[112 119 120].

The Rainbow Project (NI, 2009)[121] conducted a study surveying more than 1,100 LGB people sampled from all of NI's district council areas, and found that more than 20% of respondents experienced some form of homophobic hate crime in the past three years, and with many individuals being the victim of violent physical assaults. Additionally, 24% of homophobic hate incidents were carried out by neighbours or someone living in the local area, and almost one in five (19%) homophobic hate incidents occurred at LG&B people's homes.

Maycock and colleagues (Ireland, 2009), reported that 80% of their sample had been verbally abused because of their LGB&T identity; 40% had been threatened with physical violence; 25% had been punched, kicked or beaten because of their LGB&T identity; and a similar percentage had been called abusive names at work on the basis of their gender identity / sexual orientation. One in ten missed work as a result.

Trans experiences of hate crime and incidents

Research relating to trans experience of hate crimes, though limited in number, suggests even higher rates than their LG&B counterparts[122]. A 2009 summary of then available UK research[122] concluded that around 60-75% of trans people have experienced harassment or violence because they were identified as trans. Evidence

120 Quiery,M.(2002) A Mighty Silence: A Report On The Needs Of Lesbians Andbisexual Women In Northern Ireland. Ballymena: Lasi.

121 O'Doherty, J. (2009) Through Our Eyes: Perceptions And Experiences Of Lesbian, Gay And Bisexual People Towards Homophobic Hate Crime And Policing In Northern Ireland Http://Www.Rainbow-Project.Org/Assets/Publications/Through_Our_Eyes.Pdf

122 Mitchell, M. & Howarth, C. (2009). Trans Research Review. Equality And Human Rights Commission Research Report 27. Natcen, Equality And Human Rights Commission

would suggest that multiple discrimination – trans people with disabilities, socially excluded, BME, etc – are at greater risk of discrimination[104 117 123].

The first report to specifically study transphobic hate incidents in Northern Ireland[116] was conducted in 2010, and revealed that for many trans individuals, although not all, their life is complicated by the fact that they receive significant amounts of harassment and abuse due to their gender identity[116] and were more likely to have experienced all forms of hate crime than non-trans people. The main trigger point for discrimination was discovered to be the point of transition in the workplace. Individuals who had experienced harassment reported that it negatively impacted upon their emotional, physical and psychological well-being[124]. These findings are broadly similar to those in other UK studies[119 122 123], and a recent EU-wide study[117].

Fear of crime

A common theme throughout the research was the level of fear of crime many LGB&T people felt[119 121]. Many respondents reported feeling unsafe in public places and venues, on the street, and even in their own homes. The fear of hate crimes and incidents leaves many LG&B, and particularly T, people feeling unsafe in their homes and local community99.

Jarman and Tennant (NI, 2003)[119] found that only 27% said they felt safe on the street at night and 48% said they did not feel safe in a non-LG&B venue. O'Doherty (NI, 2009)[121] reported that 39% of respondents (based on a NI wide sample) reported being worried about being a victim of crime. A similar percentage altered their behavior to avoid others knowing about their sexual orientation, and more than one in ten (11%) were more worried about hate crime than serious illness or financial problems. Additionally, 13% of LGB felt that harassment/attacks on people because of their sexual

123 Whittle, S., Turner, L., Al-Alami, M. (2007) *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination.* www.pfc.org.uk/files/EngenderedPenalties.pdf

124 Mcbride, R.S. & Hansson, U. (2010). "The Luck Of The Draw" A Report On The Experiences Of Trans Individuals Reporting Hate Incidents In Northern Ireland. Institute For Conflict Research, Belfast. Http://Www.Conflictresearch.Org.Uk/Resources/Documents/The%20luck%20of%20the%20draw%20august%202011.Pdf

orientation in their neighbourhood was a problem. UK findings report similar findings[104 123 125].

When a LGB&T person perceives that they are at greater risk of being the target of crime because of their sexual orientation / gender identity, then they will often take steps to avoid victimisation including hiding their identity and changing their behaviour[110 119]. For example. Jarman and Tennant (NI, 2003)[119] reported that large percentages of their sample adopted strategies to avoid being targeted for harassment, these included: avoiding holding hands in public (69%), avoiding leaving an LGB venue alone (44%) and avoiding appearing like a lesbian, gay or bisexual (36%)[119]. In other studies there was a strong correlation between isolation and avoiding going out at night [119 122 123], increasing the risk of social isolation and mental health problems.

The EHRC *Review of Research (2009)*[126] summarises a study on the violence and harassment experienced by gay men in the city of Edinburgh[127] in 2000, experienced in the home, neighbourhood, workplace and public places. They found that gay men, in order to avoid threats, make choices daily about how to protect themselves, often by being as invisible as they can be and, if attacked, by keeping silent in the hope that the fear, anger and distress might pass. Other UK studies have reported broadly similar patterns of results[99 104 126 127].

Trans people, people who are isolated, people with mental health difficulties and people from certain neighbourhoods both fear and experience more hate crime than other LGB&T people[104]. Those who live in social housing - as well as those living in areas of social deprivation - are more likely to experience certain forms of hate crime that was attributed to their gender and/or sexual identities, such as criminal damage[104]. Trans people fear for their safety, to the extent that those not yet living permanently in their new role do not go out into public spaces in their preferred gender[119 122 123].

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125 Mapping Lgbt Westminster: Investigating The Needs And Experiences Of Lgbt People In Westminster A Report Commissioned By Westminster City Council Deborah Gold & Katherine Cowan

126 Macpherson, S. & Bond, S., (2009) Equality Issues In Scotland: A Review Of Research, 2000-08. EHRC Www.Equalityhumanrights.Com/Uploaded_Files/Scotland/Equality_Issues_In_Scotland_A_Review_Of_Research.Pdf

127 Morrison, C. & Mackay, A. (2000) The Experience Of Violence And Harassment Of Gay Men In The City Of Edinburgh. Edinburgh: Scottish Executive.

Reporting

There are a number of shared themes across UK literature in regards to reporting crimes and interactions with the police / criminal justice services.

Theme 1: Many victims of hate crimes and incidents do not report them to the police.

In one study (2002)[128]**Error! Bookmark not defined.** examining the needs of lesbian and bisexual women across Northern Ireland, one in five had experienced at least one violent assault that they perceived as homophobic, yet not one of these women had reported their experiences to the police. The Rainbow Project, in the report 'Through Our Eyes' (NI, 2009)[121] found that more than half (56%) never reported incidents to anyone. The most common reasons for not reporting was fear that the police would not or could not do anything about the incident, and that the incidents were not serious enough to report. Similarly, Jarman and Tennant (NI, 2003)[119] found that less than half (42%) of those surveyed who experienced homophobic harassment had reported an incident to the police. Reasons for non-report included a belief that the police would not or could not help in any way, that the incident was too trivial, that the police were homophobic themselves or because people were reluctant to reveal their sexual orientation. Homophobic harassment generated a wide range of emotions including fear, anger and depression[119].

Despite high rates of hate crime or incidents towards trans people, a high proportion goes unreported[117 126 129]. Reasons for not reporting such crimes included fear that doing so would involve disclosure of the trans person's gender identity with negative consequences; lack of confidence that they would be treated fairly and appropriately by police (for example, police not treating the attack seriously, or being inappropriately searched). One reason for inappropriate treatment from the police may be police officers' lack of knowledge to deal with trans people[117 126 130].

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128 Quiery, M. (2002) A Mighty Silence: A Report On The Needs Of Lesbians And Bisexual Women In Northern Ireland. Ballymena: Lasi.

129 Morton, J. (2008), Transgender Experiences In Scotland: Research Summary, Scottish Transgender Alliance.;

130 Hunt, R. And Dick, S. (2008). Serves You Right: Lesbian And Gay People's Expectations Of Discrimination. London: Stonewall.

Theme 2: many respondents reported dissatisfaction with how a reported incident was dealt with.

The Rainbow Project (2009)[121] explored experiences and perceptions of policing amongst it's sample and found that 30% of respondents had contact with the PSNI in the last year, most commonly through reporting crime. More than half (53%) of those who had contact with the PSNI in the last year were either 'very' or 'somewhat' satisfied with the service they had received, while about one in three (29%) were either 'very' or 'somewhat' dissatisfied. The most common complaint was that an unsatisfactory service was received from police. The majority of those who had negative experiences of policing and did not make a complaint, did not do so because they thought nothing would be done; feared police reprisals; and feared that complaints would be disregarded because of their sexual orientation. Radford and colleagues (NI, 2006)[131] reported broadly similar pattern of findings, and again, these results mirror other UK studies99 101 [132].

McBride and Hansson (NI, 2010)[116] reported that Northern Ireland's trans population had a wide range of experiences in their interactions with statutory agencies, some of which were positive but most of which were negative. Negative interactions with the statutory agencies, including the PSNI, were characterised by use of an inappropriate name and/or pronoun. Some trans individuals reported being laughed at by the PSNI due to their gender identity. Inappropriate behaviour and an insensitive manner towards trans individuals were seen to be fuelled by a lack of awareness of trans issues. Having a negative experience with a statutory agency, especially the PSNI, was found to inhibit trans persons from utilising the service again and may lead them not to report a transphobic incident in the future. Negative views of the PSNI could also be passed on to friends, which in turn could prevent them from reporting a crime[116].

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131 Radford, K., Betts, J. & Ostermeyer, M. (2006) Policing, Accountability & The LGB Community In N. Ireland. Institute of Conflict Research.

132 Antjoule, N. (2013), The Hate Crime Report. Homophobia, Biphobia And Transphobia In London. Galop. Http://Www.Galop.Org.Uk/Wp-Content/Uploads/2013/08/The-Hate-Crime-Report-2013.Pdf

Attitudes to the criminal Justice system

With regards to broader attitudes, UK research has demonstrated that LGB&T people expect to be treated worse by the police when reporting or suspected of a crime, expect to be treated worse than non-LGB&T who have reported hate crimes, and expect to be treated less favourably if appearing before a judge for whatever reason[130].

Finally, The Rainbow Project (NI, 2009)[121] reported that whereas over half of LG&B people surveyed believed that the PSNI was professional, helpful and there for their protection, more than one in five (21%) believed that the police were homophobic, and 17% believed that they were transphobic. The study provided evidence of the attempts by the Police Service of Northern Ireland to engage with the LG&B community and respond to issues that affect them. Although a large percentage of victims of homophobic hate crime still do not report incidents to the police, the research does indicate that attitudes to the police from within the LG&B population are improving and that LG&B people believe the police to be less homophobic than previous research had indicated.

LG&B experiences of prison

While there is a paucity of academic research about the experiences of LGBT youth who end up in the juvenile and criminal justice systems, preliminary evidence suggests that they are disproportionately the victims of harassment and violence, including rape[133] [134] [135].

Trans experiences of criminal justice system

133 Ray N. (2006) Lesbian, gay bisexual and transgender youth: An epidemic of homelessness. New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless

134 Curtin, M. (2002). Lesbian And Bisexual Girls In The Juvenile Justice System. Child And Adolescent Social Work Journal, 19(4).

135 Estrada, R. & Marksamer, J. (2006). The Legal Rights Of Young People In State Custody: What Child Welfare And Juvenile Justice Professionals Need To Know When Working With Lgbt Youth. Child Welfare, 85(2).

While there is no official monitoring within the prison system for gender identity[136], transgender people may be overrepresented in the Criminal Justice System [136 137] more than twice what would be expected with the available estimates of the size of the trans population in the UK as a whole. It is still unclear as to why, but Poole *et al* (2002)[137] suggested that this may be related to trans people stealing money for surgery (for example, handling stolen goods), although there is no research evidence to support this assertion.

Edney (2004)[138] highlighted factors that create difficulties for trans prisoners. These include that there can be extreme vulnerability from sexual violence from other prisoners, as previously noted[133 134 135]. As a result some are placed in 'protection' which means they are disadvantaged within the prison system and experience a more punitive daily regime. If they are pre-operative, trans people will be incarcerated in a prison for their natal sex[136]. It is extremely difficult for them to continue living as their chosen sex without the fear of bullying, violence and sexual assault. In terms of treatment and wellbeing, there can be inadequate or inappropriate medical and psychological care, and in particular institutional practices can 'erase' aspects of transgender lives so presenting challenges in achieving 'real life' experience[138]. Tarzwell[139] argues prison can be a brutal experience for any prisoner, however states that the hypergendered prison experience is particularly difficult for transgender individuals. She argues that transgender individuals are not compatible with a system that relies on and requires gender boundaries to function.

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136 Jones, L. & Brookes, M. (2013). Transgender Offenders: A Literature Review. Prison Service Journal, March 2013 No 206, 11-19. Www.Crimeandjustice.Org.Uk/Sites/Crimeandjustice.Org.Uk/Files/Psj%20march%202013%20no.%20206.Pdf

137 Poole, L., Whittle, S. And Stephens, P. 2002. 'Working With Transgendered And Transsexual People As Offenders In The Probation Service'. Probation Journal 49: 227-232.

138 Edney, R. (2004). To Keep Me Safe From Harm? Transgender Prisoners And The Experience Of Imprisonment. Deakin Law Review, 9, 327-338. Cited In Jones, L. & Brookes, M. (2013). Transgender Offenders: A Literature Review. Prison Service Journal, March 2013 No 206, 11-19. Www.Crimeandjustice.Org.Uk/Sites/Crimeandjustice.Org.Uk/Files/Psj%20march%202013%20no.%20206.Pdf

139 Tarzwell S. (2006). The Gender Lines Are Marked With Razor Wire: Addressing State Prison Policies And Practices For Management Of Transgender Prisoners. Columbia Human Rights Law Review. 38, 167-219. Cited In Jones, L. & Brookes, M. (2013). Transgender Offenders: A Literature Review. Prison Service Journal, March 2013 No 206, 11-19. Www.Crimeandjustice.Org.Uk/Sites/Crimeandjustice.Org.Uk/Files/Psj%20march%202013%20no.%20206.Pdf

Blight[140] noted that trans prisoners have a unique set of issues that could increase the risk of assault and self-injurious behaviour, while Brown and McDuffie report studies[141] which highlight that in a custodial environment the challenges to managing transgender prisoners include safety considerations, predatory behaviour by other prisoners, rules regarding clothing, hair and make-up and healthcare considerations unique to this population.

Poole, Whittle and Stephens[137] found that officers experienced difficulties in managing other challenging or problematic behaviours that transgender offenders are presented with. However, they also reported that probation officers considered transgender offenders to be similar to other prisoners in many ways, and that their offending behaviour needed to be addressed regardless of their trans status.

140 Blight, J. (2000). Transgender Inmates. Australian Institute Of Criminology: Trends & Issues In Crime And Criminal Justice, No 168: Www.Aic.Gov.Au/Documents/A/8/6/%7ba867ca37-Bca3-4aaf-8464-1ef0352658ad%7dti168.Pdf

141 Brown, G. & Mcduffie, E. (2009). Health Care Policies Addressing Transgender Inmates In Prison Systems In The United States. Journal Of Correctional Health Care, 15 (4), 280-291.

Critiquing the minority stress approach

As the research literature on LGB&T populations has developed over the past four decades, much attention has been appropriately placed on the stigma-related prejudice and discrimination experienced by sexual minority individuals[142 143 144 145 146 147 148 149]. Much of the research literature has been focused on a deficit model, referred to as the 'Minority Stress' model[143 149 150], in which LGB&T people have been positioned as being "at-risk" for negative social, emotional, educational, and health outcomes[151].

What is minority stress?

The concept of minority stress stems from several social and psychological theoretical orientations and can be broadly conceptualised as the relationship between minority and dominant values and resultant conflict with the social environment experienced by

142 Kelleher, C. (2008). Minority Stress and Health: Implications for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Young People. Dublin Institute of Technology. accessed: http://arrow.dit.ie/cgi/viewcontent.cgi?article=1031&context=aaschsslarts

143 Meyer, I.H. (2003), Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychol Bull. 2003;129(5):674-97.

144 Hatzenbuehler, M.L. (2009) "How does sexual minority stigma "get under the skin?" A psychological mediation framework" Psychological Bulletin 135 707-730

145 Bontempo, D. E., & D'Augelli, A. R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. Journal of Adolescent Health, 30(5), 364-374.

146 D'Augelli, A. R., & Grossman, A. H. (2006). Researching lesbian, gay, and bisexual youth: Conceptual, practical, and ethical issues. Journal of Lesbian and Gay Issues in Education 3 (213), 35-56.

147 D'Augelli, A. R., & Hershberger, S. L. (1993). Lesbian, gay, and bisexual youth in community settings: Personal challenges and mental health problems.American Journal of Community Psychology, 21, 421-448.

148 Garofalo, R. & Harper G. (2003). Not all adolescents are the same: Addressing the unique needs of gay and

bisexual male youth. Adolescent Medicine: State of the Art Reviews, 14(3), 595-612.

149 Meyer, I. H. (2006). Prejudice and discrimination as social stressors. In M. IH & N. ME (Eds.), The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual, and Transgender Populations (pp. 242-267). New York, NY: Springer Science and Business Media.

150 Meyer, I.H. (1995). Minority stress and mental health in gay men. Journal of Health and Social Behavior, 36, 38-56.

151 Wells, K. (2009). Research exploring the health, wellness, and safety concerns of sexual minority youth. Sieccan Newsletter, Vol. 43, No. 1-2, 2009, in The Canadian Journal of Human Sexuality, Vol. 18 (4) 2009.

minority group members. Minority group individuals experience psychosocial "stress as derived from minority status"9 because of sociocultural stigmatization and discrimination[143, 149, 150]. In critiquing the LG&B research literature, Savin-Williams noted the "irresistible and overpowering attention to the problematic nature of same-sex oriented populations rather than a focus on their capacities to adjust, thrive, and lead exceptionally ordinary lives" (p. 137). Though referring specifically to same-sex research, the same can be equally said of LGB&T research more broadly.

Minority stress theory presents a powerful framework for explicating many diverse health and social outcomes. The documentation of various challenges faced by LGB&T people has been critical in helping researchers and practitioners to improve the life circumstances of certain individuals within LGB&T communities, through different types of intervention and support. Whilst there is no denying the weight and practical import of empirical findings describing the deleterious impact of transphobia and homophobia, it is worth noting that many argue that its dominance has been at the expense of a 'positive' research focus, and a failure to highlight the strength and resilience demonstrated by many (if not most) LGB&T people [**Error! Bookmark not defined.** 152 153 154].

Additionally, a singular focus on risk, without corresponding attention to processes and mechanisms that are enabling, constructive and healthy, may serve to further marginalise LGB&T people through a misrepresentation of their lives and experiences[144] **Error! Bookmark not defined.** [152 153 155]. Many now advocate approaches that move beyond traditional paradigms in order to explore LGB&T lives that take account of 'ordinariness' and resilience[154 156]. In exploring how LGB&T people are similar to non-LGB&T people, and how they vary among themselves, their resilience and ordinariness will become apparent**Error! Bookmark not**

152 Seligman M. E. P., Csikszentmihalyi M. (2000). Positive psychology: An introduction. American Psychologist, 55, 5-14.

153 Kwon, P. (2013).Resilience in Lesbian, Gay, and Bisexual Individuals. Pers Soc Psychol Rev July 31, 2013, doi:10.1177/1088868313490248

154 Riggle E. D. B., Whitman J. S., Olson A., Rostosky S. S., Strong S. (2008). The positive aspects of being a lesbian or gay man. Professional Psychology: Research and Practice, 39, 210-217

155 Maycock, P., Bryan, A., Carr, N. & Kithcing, K. (2008). Supporting LGBT lives: a study of mental health and well-being. Gay And Lesbian Equality Network (Glen) And Belongto Youth Project

156 Connolly, C. (2005) A qualitative exploration of resilience in long-term lesbian couples. The Family Journal, 13, 3, 266-280.

defined. [152 153 154 157] . Indeed, a positive focus is now emerging. The trend is via positive psychology, and a focus on resilience-based approaches to better understand the broader, positive aspects of being LGB&T[153]. It is only recently that resilience research has focused specifically on lesbian, gay, bisexual and transgender people[155 158]. Resilience is defined as "the profiles or developmental trajectories of individuals who achieve successful adaptation in the context of risk and adversity"[159]. From a psychological perspective, resilience is the capacity to cope with adversity, stress, and other negative events as well as the capacity to avoid psychological problems while experiencing difficult circumstances[160 161]. Recent articles in the last few years have explored positive perceptions with regards to sexual orientation identity[162]; psychological resilience amongst LGBT youth[161 163]; familial protective factors[164 165 166]; positive aspects associated with being lesbian / gay[154]; LGB&T parenting[167], resiliency amongst older LGB&T people[168 169], amongst others.

157 Riggle, E.D.B., & Rostosky, S.S. (2012). A positive view of LGBTQ: Embracing identity and cultivating well-being. Lanham, MD: Rowman & Littlefield.

158 Savin-Williams, R. (2001) A critique of research on sexual-minority youths. J.Adolescence, 24, 1, 5-13.

159 Arbona, C., Coleman, N., Brown, S. D., & Lent, R. W. (2008). Risk and resilience. Handbook of counseling psychology (4th ed.). (pp. 483-499). Hoboken, NJ US: John Wiley & Sons Inc.

160 Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. Development and Psychopathology, 12, 857– 885.

161 Grossman , A.H. D'augelli, A.R. & Frank, J.A.(2011) Aspects of Psychological Resilience among Transgender Youth, Journal of LGBT Youth, 8:2, 103-115

162 Harper, G.W., Brodsky, A. & Bruce, D. (2012). What's Good about Being Gay?: Perspectives from Youth. Journal of LGBT Youth Volume 9, Issue 1, 2012

163 Saewyc, E.M. (), Research on Adolescent Sexual Orientation: Development, Health Disparities, Stigma, and Resilience. Journal of Research on Adolescence. Special Issue: Decade in Review, Volume 21, Issue 1, pages 256–272, March 2011

164 Hallie R. Bregman, Neena M. Malik, Matthew J. L. Page, Emily Makynen, Kristin M. Lindahl, Identity Profiles in Lesbian, Gay, and Bisexual Youth: The Role of Family Influences, Journal of Youth and Adolescence, 2013, 42, 3, 417

165 Mustanski, B., Newcomb, M. E., & Garofalo, R. (2011). Mental health of lesbian, gay, and bisexual youths: A developmental resiliency perspective.Journal of gay & lesbian social services, 23(2), 204-225. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3126101/

166 Jennifer Pearson, Lindsey Wilkinson, Family Relationships and Adolescent Well-Being: Are Families Equally Protective for Same-Sex Attracted Youth?, Journal of Youth and Adolescence, 2013, 42, 3, 376

167 Pillinger, J. & Fagan, P. (2013), LGBT parents in Ireland. A report from a study into the experiences of Lesbian, gay, Bisexual and Transgender people in Ireland who are parents or planning parenthood. LGBT Diversity, Ireland. http://www.lgbtdiversity.com/attachments/bde7cf07-2007-4c4b-8dd3-5ec777b0b4b2.PDF

168 Visible Lives: Identifying the Experiences and Needs of Older Lesbian, Gay, Bisexual and Transgender (LGBT) People in Ireland.GLEN

Peer and professional support, and experiencing accepting relationships with family, friends and colleagues have been demonstrated to buffer against negative outcomes, and to be associated with higher quality of life, lower depressive and anxiety symptoms, and less internalized homophobia[153 165 170 171]. Social support is particularly beneficial in mitigating the stress of disclosing one's sexual orientation[153 172 173]. Disclosing one's sexual orientation has many potential benefits, such as a greater sense of authenticity, and in addition, greater disclosure can also lead to higher social support[174 175].

Familial support for adolescents has been reported to be associated with positive coping[176]. This is particularly important given that family rejection has been demonstrated to lead to homelessness, substance abuse, suicidality, and other severe problems among LGB&T youths[177 178]. Support of family (parents in particular), and friends as well as positive experiences in communities, schools or workplaces are critical for LGBT people's well-being and good mental

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169 Butler, S.S. (2004). Gay, Lesbian, Bisexual, and Transgender (GLBT) Elders. The Challenges and Resilience of this Marginalized Group. Journal of Human Behavior in the Social Environment Volume 9, Issue 4, 2004, pages 25-44

170 WALLS, N.E., Kane, S.B. & Wisneski, H. (2010). Gay-straight alliances and school experiences of sexual minority youth. Youth & Society, 41(3), 307-332. [doi:10.1177/0044118X09334957]

171 Heck, N.C., Flentje, A. & Cochran, B.N. (2011). Offsetting risks: High school gay-straight alliances and lesbian, gay, bisexual, and transgender (LGBT) youth. School Psychology Quarterly, Vol 26(2), 161-174.

172 Schrimshaw E. W., Siegel K., Downing M. J., Parsons J. T. (2013). Disclosure and concealment of sexual orientation and the mental health of non-gay-identified, behaviorally bisexual men. Journal of Consulting and Clinical Psychology, 81, 141-153.

173 Beals K. P., Peplau L. A., Gable S. L. (2009). Stigma management and well-being: The role of perceived social support, emotional processing, and suppression. Personality and Social Psychology Bulletin, 35, 867-879.

174 Lehavot K., Simoni J. M. (2011). The impact of minority stress on mental health and substance use among sexual minority women. Journal of Consulting and Clinical Psychology, 79, 159-170.

175 Vaughan M. D., Waehler C. A. (2010). Coming out growth: Conceptualizing and measuring stress-related growth associated with coming out to others as a sexual minority. Journal of Adult Development, 17, 94-109

176 Shilo G., Savaya R. (2011). Effects of family and friend support on LGB youths mental health & sexual orientation milestones. Family Relations, 60, 318-330.

177 D'Augelli A. R., Hershberger S. L., Pilkington N. M. (2001). Suicidality patterns and sexual orientation-related factors among lesbian, gay, and bisexual youth. Suicide and Life-Threatening Behavior, 31, 250-265

178 Savin-Williams R. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. Journal of Consulting and Clinical Psychology, 62, 261-269.

health[179]. Connectedness - a sense of belonging to family, school, or community - appears to promote resilience across all social groups[162 180].

Decades of resiliency research indicates that adults play a key role in helping youth build the capacity to respond positively to adversity[180]. Positive, enduring relationships with individual adults are extraordinarily effective in facilitating resiliency, and this is certainly true for LGB&T youth[162 180 181 182]. Mental health resilience (i.e. the ability to cope with minority stress) was related to: acceptance and support from family and friends; A positive turnabout or life event, such as the transition out of secondary school; Support from LGBT community organisations and services; Developing a positive LGBT identity, good self-esteem and positive coping strategies; and positive school or work experiences[155 168 179].

A number of studies have examined the question of whether 'outness'[183] is associated with mental health. Outness correlates with higher self-esteem, lower anxiety, and less overall psychological distress in social, school and work settings[173 174 184]. It can also have a positive impact on accessing and relationships with health providers[185 186]. Despite evidence that outness is related to better psychological functioning and well-being, it should not be considered a universal resilience factor. In many of the studies that demonstrated relations among outness and positive outcomes, the effect sizes of the relations were often modest, and not all studies support a positive correlation between outness and psychological health[153].

179 Quiery, M. (2008). Invisible Women. A Review of the Impact of Discrimination and Social Exclusion on Lesbian and Bisexual women's health in Northern Ireland. LASI.

180 ACT FOR TRANS YOUTH (2008).Growing Up Transgender: Safety and Resilience. Research facts & findings. ACT for Youth Center of Excellence, Cornell University, University of Rochester, and New York State Center for School Safety

181 DiFulvio, G. T. (2004). Stories of risk and resilience: Understanding violence against lesbian, gay, bisexual, and transgender youth. Doctoral dissertation, School of Public Health and Health Sciences, University of Massachusetts at Amherst, Amherst, MA

182 Sausa, L. A. (2005). Translating research into practice: Trans youth recommendations for improving school systems. The Journal of Gay and Lesbian Issues in Education, 3(1), 15-28.

183 a term within the literature referring to someone being 'out' as a result of self-disclosure of their sexual orientation and/or gender identity

184 Beals K. P., Peplau L. A. (2005). Identity support, identity devaluation, and well-being among lesbians. Psychology of Women Quarterly, 29, 140-148.

185 Steele L. S., Tinmouth J. M., Lu A. (2006). Regular health care use by lesbians: A path analysis of predictive factors. Family Practice, 23, 631-636.

186 Bjorkman M., Malterud K. (2007). Being lesbian—Does the doctor need to know? A qualitative study about the significance of disclosure in general practice. Scandinavian Journal of Primary Health Care, 25, 58-62.

Methodological issues

Despite multiple studies indicating that minority individuals face a high degree of stress related to their minority identity, and that minority stress is associated with poor health outcomes, there are several methodological limitations and ongoing debates on this topic[187 188 189 190]. As already indicated, the concept has been criticised for focusing too narrowly on the negative experiences of minority individuals and ignoring the otherwise broadly positive lives than ordinary LGB&T people live. It, as a result, has tended to pathologise LGB&T identities.

Also, few studies have been able to test minority stress theory in full, testing only components of the model[187 188 189]. Whilst the weight of empirical findings these have generated seemingly corroborate the model, complete examinations of the model are required to fully support the presumed pathways underlying minority stress. Most studies of minority stress are correlational, and cannot convincingly identify the causal links between prejudice, stress, and stress outcomes[187 188 189]. Finally, it is unclear whether different minority groups face different types of minority stress and different health outcomes following prejudice[187 188 189]. Studies have yet to directly compare experiences, stress responses, and health outcomes among individuals from diverse minority groups. Systematic comparisons are necessary to clarify whether minority stress applies to all minority individuals broadly, or whether different models are required for different groups.

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187 Diamond, L. M. (2003). Integrating research on sexual-minority and heterosexual development: Theoretical and clinical implications. Journal of Clinical Child and Adolescent Psychology, 32, 490-498.

188 Savin-Williams, R. C. (2008). Then and now: recruitment, definition, diversity, and positive attributes of same-sex populations. Developmental Psychology, 44, 135-138.

189 Kwon, P. (2013).Resilience in Lesbian, Gay, and Bisexual Individuals. Pers Soc Psychol Rev July 31, 2013, doi:10.1177/1088868313490248

190 Pavalko, E. K., Mossakowski, K. N., & Hamilton, V. J. (2003). Does perceived discrimination affect health? Longitudinal relationships between work discrimination and women's physical and emotional health.Journal of Health and Social Behavior, 44, 18-33.

In summary, most research on the lives and experiences of LGB&T communities focuses on the negative aspects and increased risk that a minority of LGB&T people unfortunately experience. This focus has, historically, been at the expense of capturing the essence of what constitutes the majority. However, recent research has emphasized positive aspects to being LGB&T and ways in which a minority identity can increase one's ability to cope effectively with minority stress.

Being a member of the LGB&T community per se is not indicative of or correlated with mental health problems. Increased stress and elevated mental health risks among the LGB&T population are mainly due to social and structural factors. The concept of minority stress helps us to understand how the experiences of being stigmatised, discriminated against, socially excluded and/or harassed can have negative mental health consequences for members of minority groups, including sexual minorities. Minority stress places members of minority groups at higher risks of developing mental health problems. In contrast, mental health resilience is related to social, structural and personal factors, such as acceptance and support from family and friends; support structures; development of a positive self-identity, of which sexual orientation / gender identity are integrated elements; good self-esteem and positive coping strategies; and positive workplace / educational setting experiences.

The greater the support, inclusion, and equality the LGB&T community experiences, the less exposure to risk and resultant negative outcomes that arise. Given adequate social support, LGB&T individuals can develop resilience and good self-esteem, and live happy and satisfying lives. Support of family (parents in particular) and friends, as well as positive experiences in communities, schools, and workplaces are critical for their well-being. With appropriate support and protection from minority stress, a majority of LGB&T community members learn to cope with that stress and grow to be happy and comfortable with their identities. The same can be said of us all, irrespective of our sexual and/or gender identities.

DATA

Focus Group Data

In this section, content analyses of themes found across focus group and interview data are presented. Quotations will be selected to illustrate such features as: the strength of opinion or belief, similarities / differences between respondents, and general themes in the data. Given the limited size of sample, and the exploratory nature of the study, data are presented in a broadly descriptive manner.

To supplement and extend on content analyses, comments from a selected number of respondents are presented in narrative format (see Appendix Two). In this approach, the data is explained by using the words or experiences of the participants. The aim is to describe the individual's experiences of housing crisis / homelessness, in their own words.

FOCUS GROUP / INTERVIEW DATA

In terms of focus group / interview data (n=26 respondents), fourteen participants stated that they had been homeless at least once, with five claiming to have multiple experiences of homelessness. Additionally, eight stated that they had never been homeless, though three of the eight had changed accommodation on multiple occasions due to experiences of discrimination and three others felt unsafe in their current accommodation (n=2 trans; n=1 gay male). The remaining four participants did not provide information about their experiences of homelessness, if any.

Age of first experience of and reasons for homelessness

Not all focus group or interview respondents provided information about their age when they first experienced homelessness. Please note, the use of the term 'first' in the following analyses refers to the respondent's onset experience of homelessness and does not infer repeat experiences.

Half of those reporting homelessness, experienced their first episode between the ages of 25 to 39 years of age. Almost two thirds (64%, n=9) were 25 years or older. Four respondents were aged 17 or younger (range, 15-17 years of age).

The mean age of first time homelessness for the trans people within the dataset was 24.9 years of age; gay men, 32.5 years of age; lesbian females, 25 years of age; and one respondent was 35 (bisexual woman) when she first experienced homelessness.

Familial rejection: Of the fourteen who reported experiencing homelessness, four had experienced familial rejection, associated with sexual orientation / gender identity, as the precipitating factor. All four experienced their first episode of homelessness at the age of 23 or less [n=2 trans female; n=1 gay male; and n=1 lesbian female].

Relationship / marital breakdown: four respondents (n=2, trans female; n=1 lesbian female; n=1 bisexual female) attributed their first experience of homelessness, within an age range of 25 to 35 years of age. No-one indicated that their sexual orientation or gender identity played any part in this experience of homelessness.

Affordability

Two of the remaining five respondents who had indicated experiences of homelessness, attributed their first episode to being unable to afford rents. One respondent had lost employment (and was unable to secure further employment), immediately precipitating his experience of homelessness. The other only indicated an inability to afford rents (i.e. gave no further indication as to the reason for this financial difficulty). Neither episode was motivated by gender identity / sexual orientation issues.

Miscellaneous reasons

The remaining four respondents that indicated that they had experienced homelessness, attributed it to: experiences of domestic violence (n=1, not motivated by gender identity (GI) / sexual orientation (SO); breakdown in landlord relationship (n=1, not motivated by GI/SO); one respondent cited leaving home at a young age (this was not motivated by familial dispute relating to GI/SO), and subsequently becoming homeless; and one respondent's reason for homelessness was classified as indefinable (motivated by GI/SO). It was chosen to classify as indefinable to maintain the respondent's anonymity.

Multiple homelessness

Almost two-thirds of respondents (64%) experienced only one episode of homelessness, although five respondents – all trans - did report multiple experiences of homelessness. Four of five of these individuals cited transphobic discrimination as the precipitating factor associated with their subsequent experiences of homelessness. One cited domestic violence, attributable to their gender identity.

Four of five of those who experienced multiple homelessness, reported one additional episode. One individual reported an additional two episodes of homelessness.

The age range for experiencing these additional episodes of homelessness was 20 to 40 years of age. The gap between first and second episodes of homelessness ranged from 1 year to 12 years.

Current accommodation and living arrangements

Currently, some respondents were living in temporary accommodation for homeless, others in temporary accommodation awaiting somewhere more permanent (usually from the NIHE), and others held tenancies, either in social housing or the private rented sector.

Reasons for homelessness

In common with other research findings, several respondents reported experiencing homelessness as a result of familial difficulties or rejection associated with their sexual orientation or gender identity.

***Because I choose to come out as being gay. Because I came from a Christian home who wouldn't accept it, so they told me basically that if that was the lifestyle that I wanted then I had a certain amount of time to find somewhere else to live.* Female, lesbian**

***I came out to my father, he wasn't too happy about that and he threw me out.* Gay male**

I was 17, because of my home life…Gender identity…family, my family were unaccepting [sic] of my gender identity. **Trans female**

…there was no sin allowed in the house…. what I was doing was wrong and I was Bible bashed, hit sometimes…they tried to control me….eventually I just moved out. ***Lesbian, female.***

For at least one respondent, familial dispute culminated in physical attack, and ultimately, a complete breakdown of family ties:

…there was an assault…my brother and my mum both assaulted me and [girlfriend]….that went to a court case and…I couldn't go home, even if I wanted to… ***Lesbian, female.***

Others identified familial dispute and rejection as an issue when first disclosing their sexual orientation / gender identity, typically in their teens and early twenties. Although these experiences did not result in homelessness directly, for some it precipitated a move out of the family home. Often this was as a means of escaping conflict, or to avoid the prospect or threat of conflict altogether.

Probably to get, to be myself…and not being accepted by the family …I mean, coming out as a transgender person, they weren't understanding…I wasn't just putting something down their throat that they wouldn't accept, they're still your parents, you still have to understand their feelings and they have to understand my feelings and I saved a row put it like that. I just pulled out, I led my own life… ***Trans female***

I came out…19 years ago… and suppose it went from bad to worse, but your parents are always your parents and that saves a lot of problems, when you pull out… ***Trans female***

…No hostility with me [and family], but I wanted to leave before I broke the news, and before there was any chance of any repercussions, you know, I wanted my own freedom and my own independence anyway, but then, as I came to realise my sexuality that was given me the further push that I needed to move out… it may not have been the initial trigger for me leaving home, but it was definitely a force behind the decision to make me move from the family home. ***Lesbian, female.***

…Well you know at the time when I was 18 and told my parents that I was gay, they did not like it you know, so it was my choice to leave home, you know and I went to England.. I was there for 5 years… ***Lesbian, female.***

Parents and teenagers / young adults still within the family home often find themselves in conflict with each other. It is perhaps no surprise then, that some respondents – typically those who hadn't experienced homelessness - reported that they had experienced ongoing familial disputes (sometimes that culminated in leaving the family home), but did not attribute these disputes to issues relating to their sexual orientation / gender identity.

Similarly, not all experiences of homelessness were attributable to sexual orientation / gender identity. Some respondents reported affordability issues, others cited relationship / marital breakdown, and others, experiences of domestic violence. For some, although the period of homelessness was not precipitated by their sexual orientation / gender identity, they were unable to return to a family home due to previous familial dispute, which in turn contributed to the risk of homelessness, because of a lack of support and sources of assistance.

Relationship breakdown was cited by four respondents, typically sometime in their mid-twenties to mid-thirties. As previously noted, none of these experiences were motivated by issues relating to sexual orientation / gender identity, but did precipitate an episode of homelessness.

Two respondents experienced domestic violence, one of which was motivated by sexual orientation / gender identity, and attributed their resultant homelessness. In at least one instance, this led to self-harming behaviour which culminated in hospitalisation.

*…my ex-partner, he was mental…he mentally tortured me and also physically tortured…I self-harmed and the [hospital] discharged me into the care of the [homelessness organisation] …they got me into a [crash facility] overnight…I went back the next day… and they took me to the [NIHE]…****Gay, male***

At least two respondents experienced significant financial difficulties that precipitated their homelessness. One respondent had left home as a young adult (early twenties) due to familial dispute, and initially was able to afford and maintain accommodation,

but soon run into problems, which escalated, and resulted in a long period of homelessness:

***…At the beginning I had money to rent a room, you know, sort of private room, but you know I couldn't afford it, I probably have had nowhere for a while…* Trans female**

Generally speaking, financial concerns were expressed across the sample, irrespective of homelessness status or housing situation. Financial worries relating to securing a move from temporary to permanent accommodation, in maintaining current tenancies, or as a crucial factor in affording properties in areas perceived to be safer, particularly amongst trans respondents, were cited.

***… I'm happy with mine [in reference to current accommodation], just… it's just down to the money that decides that I can't afford it anymore that'll be the … ill not want to go but I'll probably have to…and who know's what then…* Trans female**

***I knew that I couldn't keep living in the house and do what I was doing…so I went on and found a house share…but then I couldn't afford bills because I had just [lost] a job due to health reasons...so then I moved in with the girlfriend…short term… because I couldn't afford rent there and I couldn't afford to pay my car and bills and I just wasn't eating because I couldn't afford to…so then she let me move in…but it was just temporary…she made that clear...* Lesbian, female**

One respondent, who reported never being homelessness, cited currently staying in a temporary accommodation setting (hostel) due to a lack of affordable rental options in the areas in which they wished to live.

For one Trans respondent, a prolonged period of homelessness (over one and a half years) and financial difficulties led to loss of a GP, loss of Gender Identity Clinic services, and other medical support. This, in turn, negatively impacted upon her physical and mental health.

Whilst homeless, respondents found shelter in a number of ways, including sofa surfing with friends, intermittent staying with acquaintances, some accessed temporary accommodation, whilst others slept rough or in vehicles.

…At the beginning I had money to rent a room, you know, sort of private room, but you know I couldn't afford it, I probably have had nowhere for a while, but you know I was lucky enough, that my brother had a jeep…it was fit to sleep in that like, which was better than nothing….I slept in the jeep [for one and a half years], I had all my stuff in that jeep… and I stayed with friends at different times…I was only allowed to stay 2 or 3 nights a week…That lasted a while… ***Trans female***

…For the two months that I was homeless I mostly stayed on the streets, or sometimes friends' homes, that was about it really. 5 nights out of 7 I would have been out on the street…During the two months I was [trying] to get a house from the Housing Executive and sort out benefits for the meantime and stuff like that there… ***Gay, male***

…the first time for me, I was homeless for the year but I did sort of on and off have places to stay with friends and just people I'd met… ***Trans female***

…well, the first week I stayed at a backpackers' hostel..I just had enough money to survive a week…since [approx two-three weeks] I've been using a…[night shelter] and…ahh…[outreach service]..luckily I put an ad in [an online accommodation vacancy site]…and the landlady contacted me…she wanted £200 deposit…I couldn't afford…I managed to persuade her to drop the deposit…so I'm just moved into [shared accommodation]… ***Gay, male***

A number of respondents, who reported that they were never homeless, nonetheless indicated that they had experienced housing difficulties in the past, and approached a number of agencies for advice and assistance. These housing difficulties were invariably related to homophobic and transphobic experiences within the neighbourhood.

The main source of support cited by respondents was LGB&T organisations with a remit to provide advice and advocacy support. The second most cited source of housing and homelessness advice was the NIHE, third, was local politicians (e.g. MLAs and councillors.) Often smaller LGB&T groups / peer groups referred respondents onto larger LGB&T support organisations. Those respondents that turned to local politicians for help, indicated that they did so because of the politician in question's reputation as sensitive to / proactive around LGB&T issues, or because they were known to the respondent. Invariably, when respondents approached an organisation other than the NIHE, this group advocated on the respondent's behalf with the NIHE.

The fact that relatively fewer respondents approached the NIHE than LGB&T organisations reflected a number of factors (based on responses provided by the sample). Firstly, and perhaps most obviously, their affinity with and understanding of LGB&T issues, as well as their standing within LGB&T communities, made them obvious candidates for providing support.

Secondly, many respondents (whether they had experiences of homelessness or not) were not aware of the NIHE's duty or function with regards to homelessness. Similarly, respondents reported limited understanding of what 'legally' constituted homeless (i.e. did not know under what circumstances a person would be homeless and entitled to help from NIHE). Typically, those who had experienced homelessness had a greater understanding of the NIHE's role, presumably through their contact with them.

…I didn't go to the Housing Executive at that point… I didn't think there was enough to get me one and I wasn't sure and I was kind of a bit embarrassed because my family made me feel like that what I was doing was wrong, so I kinda just thought I'd move out and that way no one needs to know anything…do it myself…Lesbian, female

…It was just my lack *of knowledge [about NIHE]…eventually…I think it was someone who was gay…told me how they had got a house and then I thought 'well if I go on it now then I could go on the list and get myself somewhere'…Lesbian, female*

… I wasn't aware [of NIHE's role], the [LGB&T advocate] sorted that…Trans, female

Thirdly, a number of respondents reported being reluctant to approach the NIHE directly (or at all) for assistance. This reluctance was explained in a number of ways. Firstly, some decided that they would attempt to address their housing problems independently / without outside help. A small minority felt embarrassment about their circumstances, and chose not to approach any formal support (avoidance). By far the largest proportion reported being reluctant to contact the NIHE based on negative 'word of mouth' reports from peers within LGB&T communities who had previously approached the NIHE. Negative feedback included long waiting lists; condition and location of housing stock; reluctance to be placed in temporary / hostel accommodation; and negative experiences / interactions with NIHE staff.

Confidence in the NIHE within the sample was mixed. Respondents that reported direct dealings with the NIHE, whether self or through an agency's advocacy, expressed greater confidence in NIHE's ability to deal with their housing issues. By contrast, those who had no dealings with the NIHE were more likely to express concerns about their abilities, and suggested that they would not approach the NIHE in a housing crisis. For others, the reluctance stemmed from the perception of available stock:

… if I was to find myself homeless, I wouldn't go to the Housing Executive, and it would be purely because of the areas where they have houses in, and that would be a deciding factor for me, because of my sexuality, I would just not feel as if I could be myself, because… I find the areas where the Housing Executive have properties, I wouldn't be able to feel comfortable, purely because I am a gay woman…[majority of focus group respondents concurred with this statement]. Lesbian, female.

Others approached the NIHE to report incidents of discrimination, particularly to negotiate an increase in their allocated housing points under the Housing Selection Scheme, and for rehousing somewhere safer.

Mental health and vulnerability

At least two respondents described how they had experienced mental health problems, including self-harm, suicide attempts, and periods of hospitalisation. At least one respondent reported acute experiences of poor mental health whilst homeless. There is insufficient data (and it is beyond the scope of this study) to determine whether mental health problems were an antecedent of homelessness, whether homelessness exacerbated an underlying health issue, or somehow brought about these health problems, or indeed, to determine any of the underlying factors associated with the respondents' mental health difficulties.

Experiences of LGB&T organisations

For many, as indicated, LGB&T organisations were the first port of call in seeking assistance. Some initially approached peer support groups or small, localised LGB&T organisations, which typically referred the respondent onto larger LGB&T organisations.

These larger organisations usually provided advocacy and advice to the respondent, and in most cases, liaised directly with the NIHE on behalf of the respondent.

LGB&T advocacy work included providing housing advice, explaining the NIHE role / function, advocating and liaising with the NIHE on behalf of the respondent (particularly around Housing Selection Scheme issues), securing temporary accommodation, and renegotiating reallocations. Trans respondents reported that LGB&T advocacy work also involved liaising with GPs, Gender Identity Clinic, and other health professionals. For all respondents who indicated initially contacting an LGB&T group, their experiences were highly positive.

[when asked to rate their experiences of LGB&T organisation] first class, [LGB&T Advocate] gave me all the help… the main reason then I had no doctor, I had no home I couldn't get registered with a doctor… because I sleep in the jeep …I actually had a private doctor which I paid £30 a script for probably…I had him for a few years and he actually quit practicing and I was left without all my tablets for a few months. Blood pressure, cholesterol, hormones, and [LGBT Advocate] …got me registered with a doctor …using [the rainbow project] address until I got an address…. ***Trans, female***

..a [trans support group]…pushed me… to go back to [LGB&T organisation]…I knew [LGB&T organisation] but, at that stage, didn't actually maybe have the strength to approach them…needed the push…they [LGB&T organisation] were great…very helpful… ***Trans, female***

[When asked to rate experiences of LGB&T organisation:]..Pretty good, because I really had no idea how the executive worked…how to apply for points, how to get the form, what to do, how to get moved…that's where the [LGB&T advocate] helped. ***Trans, male***

Others turned to LGB&T organisations when other avenues of formal support were proving fruitless. Typically, these respondents reported contacting an LGB&T group when they were unhappy with an NIHE decision about point allocation under the Housing Selection Scheme, or a rehousing issue. Additionally, some contacted these groups when they felt that other agencies, for example, the PSNI, failed to treat their complaint with appropriate seriousness. Some of the Trans respondents indicated that police services often failed to take their complaints seriously, and one respondent

described an experience where police officers dismissed his complaint (on more than one occasion) on the basis that they refused to accept his chosen name. Only with the intervention of an LGB&T advocate did the police act on the complaint. For one trans respondent in particular, the LGB&T advocate provided an intensive, practical and emotional presence:

…if it wasn't for [LGB&T organisation]…I probably don't even know if id be living today or not, for I was depressed, the…[LGBT Advocate] was my back bone…probably, I should have them approached sooner but I just kept myself til things come to a head, my medicine was done and I hadn't a flat and the whole thing was going from bad to worse, I had to do something, yeah, if it wasn't for the [LGBT Advocate] I wouldn't have had a doctor…I wouldn't have a flat, yeah and even getting…back to the gender clinic…I'm very happy yeah. ***Trans, female***

*…first class, the [LGBT Advocate] gave me all the help… the main reason then I had no doctor, I had no home I couldn't get registered with a doctor… because I sleep in the jeep …I actually had a private doctor which I paid £30 a script for probably…I had him for a few years and he actually quit practicing and I was left without all my tablets for a few months. Blood pressure, cholesterol, hormones, and [LGBT Advocate] …got me registered with a doctor …using [the rainbow project] address until I got an address….****Trans, female***

Experiences of the NIHE

As previously noted, those respondents who had dealings with the NIHE, whether as a homeless applicant or otherwise, were for the most part, positive in their opinions. This is not to say that views were universally positive. There was broad, though not universal, agreement that the NIHE dealt with applications quickly and efficiently, finding temporary or alternative accommodation (or at least making offers of such) for most respondents.

.. I went down to the Housing Executive and the [member of staff] who worked there, I told her my circumstances and she got me into it [temporary accommodation] after a few days…great… That [NIHE member of staff], she was grand, you know, she went

*out of her way to make sure that I got somewhere. You know, so she was very helpful…***Lesbian, female**

*[when asked to rate experiences of NIHE:] It was very good, they were very understanding because they obviously knew the trauma that was going on…the [member of staff] rang all the time to make sure that I was OK and if she could do anything and was really trying to get it done quick because she knew the circumstances and she said I was on the priority list so as soon as something came available…***Lesbian, female**

*[when asked to rate how sensitive the NIHE were to Gender Identity:]…I think.. yes, they were aware of it and they tried to position me in one of the properties that would suit me…Yeah yeah they were aware of it…I think they dealt with it sensitively..yeah I would rate them [NIHE]…***Trans, female**

*…my experience with the Housing Executive was brilliant. [In terms of] attitude, I was treated no different to anyone else, you know it was completely fine; I was more than supported…***Trans, female**

*[when asked to rate experiences of NIHE:]…the [member of staff] that first dealt with me, she was a lovely, really nice…I was crying…and she said don't worry, don't worry we'll get you sorted…[the NIHE] Great, yeah. The help was great… so I have no qualms with the Housing Executive at all, my experiences with them have always been very good…***Gay, male**

*I felt very comfortable…I'd say about an eight [out of ten]…***Lesbian, female**

A dichotomy in attitudes towards the NIHE was noted amongst respondents. As some of these quotes demonstrate, respondents tended to rated positively the efforts and sensitivity of individual staff in the NIHE. Yet, many of these same respondents were less likely to positively rate the NIHE as an organisation.

Respondents expressed frustration with the 'wheels' of bureaucracy, and frequently cited prolonged decision making processes, poor information flow between NIHE and respondent, poor internal communications, and occasional issues with continuity in service provided, particularly if dealing with multiple NIHE staff contacts. The general perception was that whilst individuals working for the NIHE, for the most part,

endeavoured to ensure the best possible outcome for an applicant, they nonetheless had to work within the strictures imposed by the system.

…The person I spoke to [i.e. NIHE staff], ummm, I would say 10, but as an organisation I would rate them 2, maybe 3….Gay, male.

…The [NIHE staff member] I spoke to on the first occasion was helpful but he had to report back to his team leader…who wasn't say as knowledgeable as they should have been and [NIHE staff member] thought…that I should have been getting more points, but that wasn't his duty to give me the points… Gay, male

…my first impression wasn't particularly very good, not because of any bad individual service…their attitude was fine, I've got no complaints about individual members of staff or their attitude, its more about the procedural stuff I guess… Gay, male

…the other thing that really frustrated me I guess in terms of the negativity with the Housing Executive was, I asked them the question, because I don't have a permanent address at this moment in time how will they contact me to let me know the result, the decision, because I didn't have an address. They said that they would text me. But I, instead I got a letter at the back packers hostel, addressed to me but at the back packers hostel…Gay, male.

Three frequently cited complaints were that (a) the NIHE provided little or no information about decision making processes or the rules that underpinned these, particularly in reference to point allocation under the Housing Selection Scheme; (b) those respondents who disclosed their sexual orientation / gender identity felt that it was not taken into consideration or given due weight in the decision making process; and (c) the location of NIHE stock.

NIHE information sharing

As previously noted, respondents cited prolonged decision making processes, poor information flow between NIHE and themselves, as well as poor internal communications, and occasional issues with continuity in service. Additionally, many respondents felt that there was poor transparency in NIHE decisions and decision making processes. Numerous respondents described how they had limited knowledge

of relevant schemes or processes, and were often left confused by decisions, or uninformed about processes or the stage of their application. Some stated that they had received decisions without any detailed explanation, and others suggested that they were presented their options (in terms of housing) as ultimata.

The majority of respondents admitted to having limited knowledge of the Housing Seclection Scheme, particularly how points are awarded; or about how the NIHE decide on homelessness eligibility. Many approached the NIHE with preconceived notions of their entitlement / eligibility, and how the NIHE would subsequently process their applications. The resultant mismatch between expectation and outcome added to their frustrations. As a group, those who had had contact with the NIHE, thought that greater transparency (from NIHE staff) in how they reach their decisions, and more information about relevant processes / schemes explained at the application / assessment stage, would be beneficial to future applicants.

…If they were to get across the processes of applying for housing and Housing Benefit and all the hoops that you have to jump through… if they could just basically say that out front, be very straight with it so that you know where you are at…clear advice…Also complaints seem to go nowhere, absolutely nowhere, it goes to the desk and then, from my experience, straight into the bin… Gay, male

…One of the things they can do is they can explain how to get points more easily, and the thing is that if someone is being harassed in one area then sending them to somewhere even worse where it's even more likely to be harassed is not a brilliant idea, I know from other people's experiences that it can be very difficult to get any points, even if you are trying to transition so I just get the feeling that the whole system doesn't seem to be working for trans people at this minute … on the form it says a hate crime is homophobia, it doesn't have transphobia so they didn't want to give me points so they need to change that…. Trans, male

...they [NIHE] need to take into consideration for points awarded to certain things that it's not always the case that being harassed is going to cause me or anyone else to go and seek police or medical attention. Sometimes that's not the best option and it's not a required option but it doesn't mean that the harassment is anything less for someone that has went to the police… Trans, female

Dealing with disclosure

A number of respondents indicated that they were never asked about their sexual orientation / gender identity at any stage by the NIHE. Others indicated that questions about sexual orientation were asked as part of the application process (e.g. application form), but that this information was not used to inform their application. For those whose housing problems / homelessness was underpinned by issues relating to their sexual orientation / gender identity, this caused particular frustration.

…well, they didn't deal with it really…it was a tick box exercise…it wasn't discussed in any way, shape, or form…it was simply a tick box…and it was important to my [application]…in the sense of my well-being, safety…fear of homophobia…added factors to my mental health…and stuff like that…it was the reason that I was there…Gay, male

I didn't [disclose sexual orientation]…It wasn't raised. Gay, male

Others chose not to disclose, either because they thought the information was a private matter, was not relevant to their application, and in the case of a minority, they thought that it would negatively impact upon their application. Trans respondents were particularly frustrated by the lack of any reference to gender identity on official forms.

A minority of respondents believed that their sexual orientation / gender identity, and how it related to their housing problems, was given due consideration in the decision making process.

..Yes, they [NIHE staff] were sensitive [with sexual orientation issues]. The person I dealt with face to face was sensitive, yes. I spoke with them both times I went to NIHE….Very helpful but the process seemed to take a very long time and I didn't seem to know what was going on and thus having to have to contact the rainbow project….the information flow was very bad….[sometimes] the person I needed to speak to either wasn't there. I handed [case] over to [LGB&T organisation] because I couldn't cope with it any more. I found it too stressful…Gay, male

[when asked did the NIHE take due account of gender identity:] I think.. yes they were aware of it and they tried to position me in one of the properties that would suit me… I think they dealt with it sensitively.. Trans, female

NIHE Housing stock

By far the most frequent complaint across the sample related to the location of NIHE stock: that the accommodation offered by NIHE was in areas that were perceived to be unsafe, or at least as unsafe as the areas respondents were already residing in. this was a complaint made by those homeless and / or using temporary accommodation awaiting more permanent housing; those seeking rehousing / or reallocation from current social housing tenancy; and those considering applying to the NIHE for housing. Broadly speaking, respondents felt that NIHE housing stock was in areas that increased the likelihood of being exposed to discrimination and abuse on the basis of sexual orientation (and particularly) gender identity.

…they decided that they were going to rehome me to somewhere that was dangerous, that I would never live in. I'm being harassed in this area and you are going to send me to somewhere even worse? I don't think that is very safe. I was just going to get more transphobic abuse in the new place…Trans, male

…each and every time they [NIHE] offered you such and a such in the middle of some housing estate and I said, 'well what's the point when I've just been in one three weeks and been put out, it's going to happen again'…they [NIHE] said 'there's hostels so many miles down the road' and…I says there's no way I can go to a hostel, because I have different needs, I'll need my own private facilities and stuff and they said that's nothing to do with us basically…Trans, female

Some respondents felt that NIHE staff could do more to help applicants determine whether an area is safe and suitable to their needs, particularly where an area is not known to them. Waiting lists were also a source of aggravation.

…I think they need to give you more information about where's safe to live…I don't know the places….I think they need to have safer areas for LGBT people to live in as well…because it's very limited at the minute... Trans, male

…A bit more information about safer areas and saying that 'this is what we would recommend for you' instead of leaving me with no help or support, you know…Trans, female

*…my mum and me, we've always been on the Housing Executive, from our other areas, to this one and I think they really need to work on their waiting lists because they're absolutely ridiculous, even if you have high points, it takes them about a year, 2 years to sort you out with accommodation…***Bisexual, female**

Others were less positive about their interactions with NIHE staff, citing poor attitudes generally, and to LGB&T issues specifically, as demonstrated by a lack of sensitivity. On analysis of respondent comments in aggregate, it seems that, or the most part, these poor interactions are attributable to individual differences in staff, with regards to attitude, familiarity with sexual orientation / gender identity issues, and helpfulness.

*[rate NIHE staff] Very … well it depends on the member of staff, I find that some people are genuinely nice caring people, were as some people have just…shown total ignorance…I've just hit so many walls….there's just some people that don't want to… their attitude to their work is just extremely poor…***Gay, male**

Most of the Trans respondents interviewed felt that a majority of NIHE staff lacked the appropriate knowledge and sensitivity necessary to adequately deal with gender identity issues. Similarly, respondents felt this was reflected in the decision making process, ranging from the absence of gender identity related elements in application forms, inappropriate use of gender pronouns on official paperwork and correspondence, to inappropriate housing allocations.

*…Really really poor [ability to deal with trans issues], if it hadn't have been for [the LGBT Advocate's] intervention I would be nowhere with it, it's only because she pushed so hard that they've offered me anything at all…***Trans, female**

…[When asked to rate NIHE staffs' sensitivity to gender identity issues] I don't think they knew very much about them really, I think it was mainly [LGB&T advocate] that was sort of trying to educate them basically. **Trans, male.**

*…they don't refer to me as [name] or Miss or Ms…All the forms are Mr [name] and I've quite specifically said to them that I'm transgender but they've ignored that….***Trans, female**

…I don't think they know very much at all about trans issues and the other thing that was upsetting me is that they didn't seem to want to explain the system to me, I

didn't get the feeling that they wanted to help me get points, I got the feeling that they wanted to fob me off actually… yeah… ***Trans, male***

[When asked to rate NIHE staffs' sensitivity to gender identity issues]…none, zero…because it's not even on the radar, they're just not even seeming to recognise the fact that I'm transgender at all, so they write to me and it's Mr [name omitted] and all the rest, you know… ***Trans, female***

…I think they need to understand about trans… you know, the issues that we face and dangers, physical dangers we face, I mean because it's easier you know, to hide any homosexuality from people who are not going to notice it, but with transgenderism, [its difficult to do that]… and experiences with the Housing Executive is just another layer of stress that we got through as transgender people, the rejection. The lack of acknowledgement of who we are… ***Trans female***

And LGB&T issues more broadly:

*[When asked to rate NIHE staffs' sensitivity to sexual orientation issues]. They just asked me the question. I gave the best answer that I could and that was it, never looked at again. So, not very sensitive to the issue…****Gay, male***

*Northern Ireland Housing Executive have… little understanding of how it is so devastating for anyone experiencing this type of hate crime to have to go to them and basically beg them for help and to sit down and just for them to take notes and give you a couple of points, is not helpful…because what you are doing is going back into the same situation, same abuse, feeling more and more frustrated and I think it's actually quite dangerous…****Gay, male***

[In response to a fellow focus group respondent not reporting an incident of neighbourhood homophobic harassment to NIHE:] There's no point anyway because…the Housing Executive don't understand the vulnerability that being a member of the LGBT community creates… ***Lesbian, female***

…depending on who you get and sometimes they just seem sectarian hate crimes are the only valid hate crimes there are in northern Ireland which is most definitely not the case… ***Trans, female***

The majority of respondents from across the sample highlighted the possible need for general awareness training around sexual orientation / gender identity issues for frontline NIHE staff. When unhappy with aspects of the NIHE's decision making, respondents unanimously cited approaching LGB&T organisations for additional advocacy support and representation.

Experiences of temporary accommodation

Broadly speaking, those who accessed and stayed in temporary accommodation (i.e. hostel for homeless) rated the experience positively. Most respondents, though not all, rated staff professionalism, courtesy, support, and sensitivity to sexual orientation / gender identity issues highly.

***…Well the way they run the place is, they don't discriminate against gay people, you know they made that clear in their contract, when I first went there, you know, whether you're gay or transgender, there's no discrimination there what so ever. I have never ever ever felt discriminated against whatsoever by any member of staff…* Lesbian, female**

***…my sexual orientation was not an issue no, and… I had a very good experience in the hostel…*Gay, male**

***[when asked how suitable temporary accommodation was to needs:] Absolutely fantastic, yeah…*Gay, male.**

***[in reference to hostel staff:]…Very supportive, definitely, I'd give them a good 9 out of 10, definitely…*Lesbian, female**

A minority of respondents, most of whom were Trans, reported negative experiences with some temporary accommodation staff. Like negative experiences with NIHE staff, it is likely that, based on the weight of respondents' views, this could be attributed to individual differences in attitude between staff, as opposed to reflecting any organisational / structural factors.

… the key worker that I was assigned was a bit transphobic, but other staff members were fine…she was my key worker and when she interviewed me she said you're going to be here for a few months…you know how they are going to laugh at you they

are going to mock you [because of gender identity]… yeah, the key worker was saying this, trying to put me off….Trans, female

…[when asked to rate sensitivity of key workers to gender identity] The first one, out of 10, 10 being the highest sensitively and 1 being the lowest, I'd say minus 6 and the second one, who replaced the first one when she went on leave…probably a good 9. [when asked to rate staff in that facility overall:] an 8… **Trans, female**

Trans respondents also reported being denied access to gender appropriate facilities. This often culminated in the respondent leaving the hostel, after experiencing discrimination, and as a result, foregoing support. For at least one Trans respondent, this denial of appropriate services was as a result of transphobic discrimination from a key worker.

…Yes I did have [difficulty accessing that type of accommodation because of gender identity]…it was and it probably still would be difficult…the difficulty was that they wanted to put me in like with other males and stuff that I didn't want but you had no other choices because there was no other choice, because I didn't want to lie in the streets….Trans, female

…the likes of supported accommodation, it [abuse] would have started in there were I had to get out …I'd asked them [hostel staff]… to move me up where I could be with other females, into a female flat because I can't be here…and they wouldn't…I couldn't move on…couldn't afford rent [in private sector], so that was the same pattern, you get into somewhere, get hassle, go private, be happy, can't afford it, move out, go down…Trans, female

…there was no support there what so ever… when I went in there I was on the start of the stages of transitioning, so it was obvious too, but it was like…you're not a woman so you can't go to a woman's side, and that's just the way it was… Trans, female

Respondents who had accessed temporary accommodation reported that in most, but not all, cases, the provider sought information about their sexual orientation / gender identity. This was usually through formal means i.e. initial application or subsequent support planning. Opinion was mixed as to whether this information was used to shape or plan tailored services for the respondent.

…to tell you the absolute truth, it was great, it was great, [after applying and processed, accepted] they allocated me a key worker… the manager actually allocated me a gay support worker… he was very good….Gay, male

Same as with NIHE…it was a tick box exercise…they [staff] were sensitive…friendly…and helpful and stuff….but it wasn't discussed after that…Gay, male

Others stated that they had not disclosed any information about their sexual orientation / gender identity, and that they believed this was assumed by staff. Some others, whilst not formally disclosing the information, were open about it. For a minority, disclosure was not an issue as they had not 'come out' at the time of staying in temporary accommodation. At least two Trans people felt that their gender identity would be hard to hide, whether they chose to disclose or not. Additionally, a number of Trans respondents described how hostel staff incorrectly conflated gender identity and sexual orientation (i.e. with being gay).

Residents

Overall, experiences of hostel life, and relationships with other residents were mixed. The majority of respondents rated their experiences of other residents whilst in temporary accommodation positively. Some did report negative experiences, including disapproval, verbal abuse, threats, sham and actual attacks. A number pointed out that the transient nature of hostel clientele, and the inability of staff to monitor for discrimination constantly, provided fertile ground for discrimination of LGB&T people. One Trans respondent reported that male residents were more likely to perpetrate acts of discrimination, than female residents.

…[when asked to rate resident's attitudes:] really good except for one guy…he often said, 'oh in the bible it says that its wrong', so maybe he was a bit religious, you know..[when asked to rate how LGB&T friendly the hostel was:]…it's 4 [out of 5]. It would be 5 if it wasn't for [resident's] religious beliefs…Gay, male

…[when asked to rate experiences of living in the hostel:]…ah, reasonably well, good, from the perspective of the staff within the hostel, obviously as residents are changing almost on a daily basis was a little bit sporadic with acceptance and stuff, some

people were more than welcoming other times felt uncomfortable by certain residents who were less accepting… ***Trans, female***

[when asked to rate residents attitude to gender identity issues:] 50/50… Just wrong pronouns and an odd case of 'you're nothing but a boy in a dress' and all this sort of stuff…and then there was other residents who were saying, 'no leave her alone', you know, so some were very understanding and I'd talk to them more but I found it was mostly the girls that were supportive and the second was the boys were negative, I think it affected, you know… they thought I was challenging their masculinity… ***Trans, female***

Reporting incidents

Some chose to report incidents, others did not. Those who did not primarily cited a reluctance to escalate the problem further, and a lack of evidence to substantiate, with a smaller number believing that nothing would be done to address the complaint. Those who did report incidents, often felt that their complaints were dealt with in piecemeal manner, or not at all (via formal mechanisms). Others cited that their complaint was never resolved due to a lack of evidence.

Availability of LGB&T related support materials

Whilst some respondents reported being aware of materials relating to sexual orientation issues being available in shared spaces of hostels, it was by no means all. Additionally, most respondents were unaware of materials relating to gender identity being similarly available.

Suitability of temporary accommodation

Respondents generally indicated that temporary accommodation was more or less suitable to their needs, but that suitability would depend on the individual's particular needs and circumstances, whether these be sexual orientation / gender identity related or otherwise. A common complaint is the lack of privacy:

…Well it's not [suitable]. I don't like being there. Staff are great, I just don't like being there because I am confined to my own room because I don't like the thought of

cameras looking at me, because there's cameras in every single room of the place, kitchen, living room, hallways, the only place you have privacy is the bathroom or your bedroom…. they do room checks and can just walk on in, that's happened twice… ***Lesbian, female***

A number of Trans people indicated that they has refused any offers of temporary / hostel accommodation from the NIHE based on their worry that they would be unable to access gender appropriate sections, and for fear of a loss of privacy and fear of staff discrimination. These anxieties seemed to be based on 'word of mouth' and the experiences of other Trans people. As previously noted, many Trans people in the sample had been refused access to appropriate facilities.

… the Housing Executive did offer me a hostel, yes…people like myself [i.e. trans] that was in a hostel wasn't positive about it…they had no privacy and couldn't lead their life privately…I was thankful to be offered a hostel but I turned it down… ***Trans, female***

I think it's difficult to generalise about how suitable a hostel is, because an LGB&T person, like everyone, has their own specific needs around their sexuality….some are out and that's not a problem…others are not, so I guess it's about how members of staff at the hostel respond to individual needs and concerns…I'm able to have my needs met…and challenge if I feel I've been discriminated against….but some people can't…***Gay, male***

[when asked to rate the suitability of temporary accommodation:] I didn't enter temporary accommodation, I did have it offered, but refused because of the staff, you had to be either male or female, you know to be in the accommodation therefore I'd have had to been as male so I refused…***Trans, female***

Current accommodation and living arrangements

Experiences at a neighbourhood level, whether in temporary or more permanent accommodation, vary. Some reported being content in their current (and in previous) home environments. Others have mixed feelings about where they currently and previously have lived, citing that a relatively small of minority within these communities

are the source of discrimination. Many cited having had moved from house to house, area to area, in order to escape abuse.

Some respondents felt that they have remained safe by virtue of choosing not to disclose or openly express their sexual orientation / gender identity. They cited that their reluctance to 'come out' stems from uncertainty about neighbourhood reactions, and the impact on their safety. This was particularly marked for Trans people, who believe their more visible identities leaves them vulnerable to abuse. Some trans respondents admitted that they often modified, or were at least being conscious of, their public behaviours, in an attempt to be less visible and minimise the threat of discrimination.

Others have had negative experiences, many motivated by homophobic and transphobic abuse and discrimination, ranging from being ignored through to being physically attacked in their homes. Others reported sustained and repeated experiences.

[When asked about experiences of current neighbourhood:] my street and neighbourhood is extremely homophobic…There's been incidents of verbal abuse in the street, nothing physical, some threats ….but… they don't…Gay, male

…[I went to NIHE on another] occasion with being verbally abused by my neighbours, in the place where I live now, my life threatened, I contacted the police and contacted the Housing Executive this time and I didn't seem to be getting anywhere, so I contacted the rainbow project…Gay, male

One respondent, living in an NIHE property, reported that previously positive relationships with neighbours soured once her sexual orientation was known. Whilst persistent, the respondent indicated that she was reluctant to report these incidents, as she did not wish to escalate the problems / tensions with her neighbour.

…since I was with [female partner] my neighbours have had a real big problem with me…before I was on my own, I was a single mum as far as they were concerned…but [female partner] came along and she was coming and going and the neighbours started creating a fuss…Lesbian, female

…when we first moved in he [neighbour] offered to cooks [sic] us food and all kinds…now… the littlest thing, he'll have a problem with, you know the girls playing ball in the garden, you know…. he'll give me looks, were I am actually frightened of him… ***Lesbian, female***

No, I haven't…[complained to NIHE] because I just don't want no more trouble, I'd just rather that it died down… ***Lesbian, female***

Trans people seemed to be particularly vulnerable to discrimination. Based on the available focus group / interview data, Trans respondents appeared to typically experience regular and repeated incidences of transphobic abuse. Similarly, as noted earlier, Trans respondents were the only group across focus groups and interviews to experience multiple episodes of homelessness. This was attributed to transphobic abuse. As a result (or in addition to), Trans respondents reported living daily with a heightened fear of attack, reduced visibility within the community, and increased isolation.

*…my neighbourhood is quite unaccepting [sic] and I suffer verbal abuse a lot and have suffered several cases of physical abuse and in terms of moving, we've taken out a mortgage on the house, so moving is quite difficult so we've taken to stop paying the mortgage until the house is repossessed…****Trans, female***

*… I mean because it's easier you know, to hide any homosexuality from people who are not going to notice it, but with transgenderism…it's hard to pass as the desired gender and there's people out there… it's the same old thing, the school yard thing…you get called you know "faggots" and "that's really a man"…. If you get that enough then one day it gets to you but it's sticks and stones… the fear and I think it's the same for all transgender people, is being beaten up…that's the biggest fear, and that's why we want to feel… be in an area where we at least feel that that is minimised….****Trans, female***

…I don't class myself as homeless as such but due to… a section of my neighbourhood who basically say that they are going to get me out I have barricaded myself inside my house, I have put barbed wire up, I have put security cameras up, a big massive gate, it's locked, only opened for the post man, so I don't call that a home…. ***Trans, female***

***…Yeah mine was definitely for transphobic abuse as well as homophobia because there was gay slurs as well, sort of mixed in with that. I had received death threats and everything eventually they blew part of the house up and got the whole number of things, so I eventually moved…* Trans, female**

Given these regular, and often sustained incidents of discrimination, many trans respondents felt anything but safe in their current accommodation. So much so, some reported that their current place of residence was nothing more than ‘somewhere to lay my head’, or ‘somewhere dry’, ‘a roof over their heads’, and importantly, they did not consider it a ‘home’.

***… I feel very vulnerable where I'm living… I've been very very fearful of you know being identified by neighbours and then that information getting passed on to certain people and then there being violent repercussions because of it… it's not a safe place for me to be in as a transgender person here...*Trans, female**

***….The main reason is I think that I don't feel physically safe.… it's just somewhere that's dry…it doesn't feel safe, definitely not secure or any of the things that most people would like to say about their home…it's not a home…*Trans, female**

Some stayed away from their own accommodation because felt it was safer to do so, effectively sofa surfing or staying with partners / friends. Many were reluctant to approach the NIHE for re-location, because they believed that they would simply be placed in an equally unsafe area. Others were financially constrained from moving, particularly as areas that were perceived to be safer, and therefore more desirable, tended to be in areas that commanded higher rents, deposits, and mortgages.

Reporting of incidents within the community varied. To whom the compliant was directed depended on tenure, and nature of the incident. The majority reported to either the NIHE (with the intention of securing relocation / points on Housing Selection Scheme), or an LGB&T group. A minority reported to the police, and others chose not to report at all. Similar to those who reported making a compliant in hostel settings, those who chose not to report the incident(s), claimed that they did not do so for fear of escalating the issue, due to a lack of evidence, or through a reluctance to disclose their sexual orientation / gender identity to authorities.

A number reported negative experiences when dealing with the police, particularly a perception that the police did not take the reported incident seriously. The reasons for not reporting to the police included the anticipation that it would not be taken seriously, a fear of negative response and a belief that there was little that the police could or would do.

Other issues

Affordability remained a significant factor in determining whether respondents could sustain their current accommodation, secure accommodation more suitable to their needs, or secure more permanent accommodation. This is a particularly salient issue for those respondents who reported that, whilst never being homeless, they have moved from tenancy to tenancy several times to escape discrimination, sometimes losing existing and having to secure new deposits. A minority of respondents reported living in unfit accommodation.

In conclusion, most, if not all, respondents (who were not in hostel accommodation), were broadly positive about their current housing, though for some it was not ideal. Some respondents, particularly trans, were willing to sacrifice ideal for safety. Housing for the group, was for the most part, safe and meets most of their needs.

Summary of Service User of Questionnaire Data

100 respondents provided data, collected by questionnaire, via online administration. Of these 100, 54 were partially or completely useable. Of these usable data, six were currently homeless, eight were previously homeless, and the remainder were never homeless. Datasets were particularly small, and created difficulties in analysis and comparison across groups. Responses to certain Likert based questions yielded data distribution widely spread across rating points, preventing meaningful interpretation of the data. Similarly, the collective use of the ‘neutral’ option was noted on certain items, again causing distortion in the data. On consideration of the questionnaire data in light of these issues, and general data quality, it was decided there was little added value to overall data to include these data in detail in the main body of results. A summary is provided below, and other data are available in Appendix Three.

Four of six respondents who identified as currently homeless reported that they had been homeless for between 6 (n=2) and 11 (n=2) months. Two respondents were homeless for 18 months at the time of data collection. Two thirds of the respondents cited familial dispute relating to their sexual orientation / gender identity as the main reason for their homelessness. Mortgage arrears / debt and marital breakdown accounted for other responses. Those respondents who were previously homeless provided broadly similar data.

Two thirds of 'currently homeless' and five of the eight 'previously homeless' approached the NIHE for assistance. Across both groups, respondents rated their satisfaction with the overall treatment they received from the NIHE as 'satisfied', 'very satisfied' or 'neutral'. Those who did not approach the NIHE typically reported being frightened to do so, or not being aware that it was relevant or beneficial to do so.

All 'currently' and half 'previously' homeless were staying / had stayed in temporary accommodation (TA). Access was predominantly either self or NIHE referral. The majority in both groups indicated that the service provider did not ask about the client's sexual orientation / gender identity. Disclosure was typically through the client themselves.

Overall satisfaction with TA life was mixed, as where ratings of TA safety, inclusivity, and experiences with other residents. Trans respondents reported the use of the wrong pronoun, difficulty accessing appropriate facilities, and general feelings of uneasiness with both staff and fellow residents.

Respondents from both groups reported that they had experienced at least one or multiple incidents of aggressive / threatening behaviours predominantly from residents. In the majority of cases, these were reported to police or to staff. Those who reported to police typically reported satisfaction with how the incident was dealt with, whereas those who reported to staff reported general dissatisfaction.

Those 'previously homeless' were asked about experiences of multiple homelessness. Five out of eight reported being homeless twice (n=2), three (n=2) or four (n=1) times. Irrespective of the number of times being homeless, most across both groups experienced their first episode of homelessness between the ages of 18-34.

Those ‘previously homeless’ were asked about their experience of their current accommodation. Five of eight indicated that they regularly experienced transphobic / homophobic abuse from neighbours and in the wider neighbourhood. These incidents were typically reported to the police and for the most part dealt with satisfactorily. Those who did not report to the police cited being worried about escalating the issue, or that the incident was ‘small scale’, and not worth reporting.

‘Previously homeless’ respondents were also asked how secure / unsecure (i.e. if they faced losing it within the next 28 days) they believed their current housing to be. Five of the six participants to answer this question indicated that their housing, at the time of data collection, was ‘very secure’ (n=2) or ‘secure’ (n=3). The remaining respondent chose not to answer the question.

Service Provider Data

SUMMARY OF DATA

Thirty five temporary accommodation (TA) providers (92% of useable data), and three advice agencies completed questionnaires. In total, twenty (61%) monitored sexual orientation / gender identity through their application process; eight through support planning (24%); and five (15%) did not collect data. Additionally four (12%) gathered data during both application and support planning processes. Just over half TA providers (n=18) reported having LGB&T residents within their project at the time of data collection, with a total of 23 residents. Fifteen respondents (43%) reported having no LGB&T residents, and two (6%) citing they 'didn't know' whether they had. Approximately seventy LG&B and ten Trans people were housed over the last two years by 23 providers / respondents.

Approximately three quarters of TA respondents cited client self-disclosure as the primary means of knowing about a client's sexual orientation / gender identity, whether through formal processes or in other ways. Two instances of disclosure from fellow service users, and one instance of referring agency disclosure (as part of application) were reported.

Both TA and agency respondents cited family breakdown as the main reason given by clients for their homelessness. Domestic violence and harassment were the other mains reasons cited by both respondent groups.

Over half the TA respondents indicated that gender identity was 'very important' or 'important' in their clients' homelessness, compared to four in ten with regards to sexual orientation. All agency respondents indicated that both were either 'very important' or 'important' in their clients' homelessness.

Forty percent of TA respondents believed that LGB&T residents' support needs differ from other residents, because of their sexual orientation, compared to approximately a third on the basis of gender identity. These specific support needs related to fear of and actual experience of discrimination from other residents; and Trans clients' difficulties accessing accommodation housing, particularly accessing gender appropriate services.

Support agencies identified transphobia and / or homophobia as precipitating factors within the family and wider community; and the impact of minority stress and negative effect of discrimination and exclusion on health and well-being, as important factors in precipitating housing crisis / homelessness.

Two out of three agency respondents reported that LGB&T clients regularly expressed reluctance to disclose their sexual orientation and/or gender identity when dealing with housing agencies. Agencies also reported that their clients had difficulties accessing accommodation through private landlords; and that particularly trans people experienced difficulties accessing temporary accommodation. Agencies cited fear of discrimination from staff and residents, and an inability to access gender appropriate services as primary concerns.

The majority of TA respondents believed that their hostels specifically, and hostels generally, were 'LGB&T friendly'. Approximately one third of respondents 'agreed' or 'totally agreed' that Trans residents are provided with access to gender-appropriate facilities. Two respondents indicated that their project had excluded Trans people on the basis of their gender identity, primarily due to issues relating to access of facilities.

The availability, awareness, and uptake of LGB&T related training varied within TA settings, as did the availability of LG&B, and particularly trans, related support materials.

The majority of TA respondents reported that they were unaware of incidents of physical aggression or sexual harassment within their hostels, but acknowledged that LGB&T residents were exposed to threatening behaviours and verbal aggression from fellow residents. In contrast, two out of the three Agency respondents indicated that they were aware of LGB&T residents (based on client reports) experiencing not only sexual harassment and physical aggression, but also threatening behaviour, verbal aggression, harassment from fellow residents on a regular basis. Three quarters of TA respondents were aware that the project / organisation had policies and procedures in place to address such issues.

In total, thirty nine questionnaires were completed, of which thirty eight were deemed useable in analyses (97% of questionnaires completed).

Of these, thirty five (92%) identified their primary role as temporary accommodation providers, and the remainder (n=3, 8%) identified their primary role as advice agencies. Data were derived from across five individual temporary accommodation providers, and an additional two advice agencies (one LGB&T, the other Statutory. Note the third agency was linked with a temporary accommodation provider). Of the 35 temporary accommodation responses, eight (23%) were refuges, five (14%) were non-residential accommodation based services, and twenty two (58%) were residential based services, including specialist accommodation (n=2).

Table one: participating organisation type

organisation type	N	% dataset (n=38)
Temporary accommodation (TA) provider	**35**	**92**
domestic violence refuges	8	21
non-residential accommodation based services	5	13
residential accommodation based services	22	58
agency	**3**	**8**
LGB&T advice	1	2.6
Statutory	1	2.6
TA provider	1	2.6

REFERRAL TYPE

Across the data set, three respondents cited that they were agency referral only, and four were self referral only. The remainder (n=31, 82%) accepted either type of referral. A total of thirty five respondents (92%) accepted self referrals, compared to thirty four (89.5%) that accepted agency referrals.

CLIENT GROUP

Thirty respondents (79%) identified their organisation's primary client group as 'homeless people'. Seven respondents (18%) identified 'people experiencing domestic violence' as their primary client group. One organisation cited 'those who identify as LGB&T' as their main client group.

Due to the manner of data collection, the number of unique project responses (as opposed to multiple responses gathered from one project) cannot be ascertained from the data.

The relatively small number of agency respondents prevents any detailed comparison between temporary accommodation and non-accommodation based services. Similarly, the absence of focus group data prevents inclusion of qualitative data. As such, analyses are restricted to descriptive data. Data will be presented by provider type (i.e. Temporary Accommodation provider or Agency), reflecting the structure of the questionnaire.

TEMPORARY ACCOMMODATION DATA

CURRENT LG&B AND TRANS RESIDENTS

Temporary accommodation providers were asked to estimate the number of LG&B and Trans residents that currently resided in their project. An additional question asked them to estimate the numbers for the same groups over the last two years.

Do any of your current residents identify themselves as lesbian / gay / bisexual (LGB) or Trans? (Based on responses, n=35)

Just over half temporary accommodation providers (n=18, 51.4%) reported having LGB&T residents within their project at the time of data collection, with a total of 23 residents indicated. Fifteen respondents (43%) reported having no LGB&T residents at the point of data collection, with an additional two (5.7%) citing they 'didn't know' whether they had.

Table 3: current LGB&T residents

type of resident	n providers	n residents	% dataset	% those with LGB&T
current LG&B	16	21	45.7	88.9
current trans	2	2	5.7	11.1
none	15		42.9	
don't know	2		5.7	

Question 19 asked respondents to identify monitoring systems that the project may have in place to identify LGB&T people using the service. In particular, respondents were asked to identify whether these systems were included as part of the application process, support planning, or some other process.

Of those who claimed to have LGB&T clients at the time of data collection (n=18):

- Eleven (61%) collected data regarding Sexual Orientation / Gender Identity at the application stage. Eight (44%) at the application stage only. All respondents who indicated that data was collected at the application stage, also indicated that they were aware of client's Sexual Orientation / Gender Identity status as a result of self-disclosure (presumably during application stage).

- Five (33%) collected during support planning (two only during support planning), three of which also indicated client self-disclosure, again, presumably during this process.

- Three (17%) collected monitoring information at both application and support planning stages.

- One stated that the project did not collect any such monitoring information. The respondent did not indicate how the project was aware of the current LGB&T resident(s)' Sexual Orientation / Gender Identity status.

- Three respondents (17%) 'did not know' whether the project collected monitoring data. These respondents indicated that they were primarily aware of their current clients' Sexual Orientation / Gender Identity through self-disclosure. When and how this disclosure occurred was not stated.

Overall,

- In fourteen instances (78%), client self-disclosure was cited as the primary means of knowing about a client's Sexual Orientation / Gender Identity.

- Two instances of service user disclosure.

- One instance of referring agency disclosure.

Of those who claimed to have no LGB&T clients at the time of data collection (n=15, missing data, n=2):

- Eight (53%) collected monitoring data at the application stage, with seven collecting at this stage only. Three respondents who indicated that they collected data at the application stage also indicated client self-disclosure.

- Four respondents (27%) indicated that this data was never collected. Three respondents indicated that clients typically self-disclosed. One respondent indicated that the project was aware of client Sexual Orientation / Gender Identity status through disclosure from a fellow service user.

- One respondent 'did not know' whether the project collected monitoring data, but indicated that the project staff were aware of current client Sexual Orientation / Gender Identity status through referral agency and self-disclosure.

- Two respondents did not answer.

Two respondents indicated that they 'did not know' whether the project currently had LGB&T residents. One indicated that the project collected data at the application stage only, the other during support planning only.

Approximately, how many LGB and Trans residents have you housed over the last 2 years? (n=35)

Approximately seventy LG&B were housed over the last two years by 23 providers / respondents and ten Trans people. Specifically:

- One respondent reported accommodating no LBG&T people over the period (3%)

- Fourteen respondents reported accommodating LG&B only (40%), housing a total of 37 people in the two year period.

- Nine respondents (26%) accommodated both Trans (n=10) and LG&B (n=33) over the same period.

- Eleven respondents replied 'don't know' to this question (31%)

Question 7 explored the reasons typically given by clients as the reason for their homelessness. Data presented are based on the response from thirty five respondents:

Family breakdown accounted for 77% (n=27) of responses, and was the top ranked reason. Respondents were not asked whether the client stated that familial breakdown was associated with sexual orientation / gender identity issues.

Domestic violence was the second top ranked reason, accounting for 40% of response. Over a third cited 'harassment' as the stated reason (third top ranked).

Table 4: Reasons given by clients for their homelessness, ranked by percentage (n=35)

reason stated	n	%	rank
Family breakdown	27	77.1	1
domestic violence	14	40.0	2
harassment	12	34.3	3
breakdown of shared accommodation	7	20.0	
other reasons	4	11.4	

eviction	2	5.7	
mortgage or rent arrears / debt	0	0.0	

In answering question 8, respondents were asked to rate the importance of gender identity / sexual orientation to their clients' homelessness.

GENDER IDENTITY'S ROLE

Over a third (37.1%, top ranked) believed gender identity issues were an important factor in their clients' homelessness. 51.4% (n=18) of respondents indicated that gender identity was (combined) 'very important' or 'important' in response to this question.

Whilst just over half thought it did play a significant role, approximately three in ten believed that it was not a significant factor. Specifically, a quarter believed it was 'neither important or unimportant'. Additionally, one in five didn't know what role was played by Gender Identity issues.

Table 5: respondent's rating of the Importance of Gender identity, ranked by percentage (n=35)

response	n	%	rank
important	13	37.1	1
neither	9	25.7	2
don't know	7	20	3
v. important	5	14.3	
unimportant	1	2.9	
v. unimportant	0	0	

SEXUAL ORIENTATION'S ROLE

Four in ten (40%, top ranked) believed that issues relating to sexual orientation were an important factor in their clients' homelessness. 51.4% (n=18) of respondents indicated that gender identity was (combined) 'very important' or 'important' in response to this question.

Table 6: respondent's rating of the importance of sexual orientation, ranked by percentage (n=35)

response	n	%	rank
important	14	40	1
neither	9	25.7	2
don't know	7	20	3
v. important	4	11.4	
unimportant	1	2.9	
v. unimportant	0	0	

Question 9 explored whether respondents believed that the support needs of LGB&T residents differed from other residents, on the basis of their sexual orientation / gender identity. Forty percent of respondents believed that LGB&T residents' support needs differ from other residents, because of their sexual orientation, compared to approximately a third (34.3%) on the basis of gender identity. Ten respondents (29%) 'did not know' whether gender identity issues attributed to different support needs, compared to three (9%) with regards to sexual orientation.

Table 7: respondents views of whether LGB&T Support needs differed on the basis of sexual orientation / gender identity (n=35)

support need differ because of:	Yes	%	no	%	don't know	%
sexual orientation	14	40	12	34.3	3	8.6
gender identity	12	34.3	12	34.3	10	28.6

Respondents were asked to provide additional information regarding the nature of these needs. In total, fourteen respondents answered. Typical responses included fear of and actual experience of discrimination and rejection - particularly for Trans clients - from other residents (and the subsequent stress and negative impact on the person's well-being); issues relating to those who have not come to terms with their sexual orientation / gender identity; and Trans clients' difficulties accessing accommodation housing, particularly accessing gender appropriate services in segregated projects.

ARE HOSTELS 'LG&B FRIENDLY'?

Respondents were asked to rate their agreement on a five point Likert scale (with additional 'don't know' option) on the following LG&B specific items:

- Residents' acceptance of LG&B residents;
- staff training in LG&B issues;
- the hostel as a LG&B-friendly environment; and
- signposting and support of LG&B residents.

RESIDENTS' ACCEPTANCE OF LG&B RESIDENTS

With regards to whether residents are accepting of LG&B residents, the majority, 57% (combined) 'agreed' or 'totally agreed' that residents accepted LG&B fellow residents. In total seven either agreed or disagreed (20%). Just over half, 51.4% (top ranked), 'agreed' with statement. One in five (20%, n=7) either 'disagreed' or 'totally disagreed'.

Table 8: Residents' acceptance of LG&B residents (rating, sorted by rank)

response	n	%	rank
Agree	18	51.4	1
Neutral	7	20	2
Disagree	6	17.1	3
Totally agree	2	5.7	
Totally disagree	1	2.9	
don't know	1	2.9	

STAFF TRAINING IN LG&B ISSUES

Respondents were split in their opinion with regards to staff training around sexual orientation / gender identity issues. Broadly similar proportions either ‘agreed’ / ‘totally agreed’ (46%) or ‘disagreed’ / ‘totally disagreed’ (43%). Eleven respondents (31% top ranked response) ‘disagreed’ that staff are appropriately trained in LG&B&T issues.

Table 9: Staff are trained in LG&B issues (rating, sorted by rank)

response	n	%	rank
Disagree	11	31.4	1
Agree	10	28.6	2
Totally agree	6	17.1	3
neutral	4	11.4	
Totally disagree	4	11.4	
don’t know	0	0	

THE HOSTEL IS LG&B-FRIENDLY

The majority of respondents (n=25, 71.4%) either ‘agreed’ or ‘totally agreed’ with this statement. Total agreement (40%) was the top ranked response, followed by agreement (31.4%, second ranked). One in five (n=7) were neutral.

Table 10: The hostel is LG&B-friendly (rating, sorted by rank)

response	n	%	rank
Totally agree	14	40	1
Agree	11	31.4	2
neutral	7	20	3
Disagree	1	2.9	
Totally disagree	1	2.9	
don’t know	1	2.9	

PROVISION OF MATERIALS TO SUPPORT LG&B RESIDENTS

A considerably larger proportion of respondents ‘agreed’ with this statement (43%), than ‘disagreed’ (11%). In total, 54% of respondents either ‘agreed’ or ‘totally agreed’ that their project provided materials to support LG&B residents. More than one in five chose ‘neutral’ with regards to this statement.

Table 11: We provide materials to support LG&B residents (rating, sorted by rank)

response	n	%	rank
Agree	15	42.9	1

neutral	8	22.9	2
Disagree	6	17.1	3
Totally agree	4	11.4	
Don't know	1	2.9	
Totally disagree	0	0	

SIGNPOSTING OF LG&B RESIDENTS TO RELEVANT SOURCES OF SUPPORT

97% of respondents either 'totally agree' (second ranked, 29%) or 'agree' (top ranked 69%) with this statement. One respondent 'disagreed'.

ARE HOSTELS 'TRANS FRIENDLY'?

Similarly, respondents were asked to rate their agreement on the following Trans / gender identity specific items:

- Provision of / access to gender appropriate facilities;
- Suitability of hostel to cater for Trans clients;
- Fellow residents' acceptance of Trans people;
- Training of staff in gender identity issues; and
- Signposting and support of trans residents.

TRANS RESIDENTS ARE PROVIDED WITH ACCESS TO GENDER-APPROPRIATE FACILITIES

Interestingly, approximately three in ten (29%) stated that they did not whether Trans residents had appropriate access to facilities. Just over a third 'agreed' or 'totally agreed', compared to 14% who 'disagreed' or 'totally disagreed' with the statement.

Table 12: Trans residents are provided with access to gender-appropriate facilities, (sorted by rank)

response	n	%	rank

Don't know	10	28.6	1
Agree	7	20	2
neutral	7	20	3
Totally agree	6	17.1	
Disagree	4	11.4	
Totally disagree	1	2.9	

THE HOSTEL IS EQUIPPED TO CATER FOR TRANS RESIDENTS

Less than half the respondents (43%) either 'agreed' or 'totally agreed' that the hostel was equipped to deal with Trans residents. Almost a quarter (23%) responded that they 'did not know'.

Table 13: The hostel is equipped to cater for trans residents, (sorted by rank)

response	n	%	rank
agree	9	25.7	1
don't know	8	22.9	2
neutral	7	20	3
totally agree	6	17.1	
disagree	3	8.6	
totally disagree	2	5.7	

OVERALL, RESIDENTS ARE ACCEPTING OF TRANS RESIDENTS

In total, ten respondents (29%) indicated that they ‘didn’t know’ how acceptant other residents were of Trans residents. A similar percentage (29%, combined) either ‘agreed’ or ‘totally agreed’. Just over a quarter opted for the ‘neutral’ response category.

Table 14: Overall, residents are accepting of trans residents, (sorted by rank)

response	n	%	rank
don’t know	10	28.6	1
Agree	9	25.7	2
neutral	9	25.7	3
Disagree	3	8.6	
Totally disagree	3	8.6	
Totally agree	1	2.9	

STAFF ARE TRAINED IN TRANS-RELATED ISSUES

A third of respondents ‘disagreed’ (34.3%) that staff are adequately trained in gender identity / Trans related issues (40% either ‘disagreed’ or ‘totally disagreed’). Approximately one quarter (25.7%, combined) either ‘agreed’ or ‘totally agreed’ with this statement. Ten respondents (29%) indicated that they ‘did not know’ whether staff are trained in Trans-related issues. Whether these specific respondents had received gender identity related training and were unsure only about overall organisational approach or whether they too had never received training is unclear from the available data.

Table 15: Staff are trained in Trans-related issues, (rating, sorted by rank)

response	n	%	rank

Disagree	12	34.3	1
don't know	10	28.6	2
Agree	6	17.1	3
Totally agree	3	8.6	
Totally disagree	2	5.7	
neutral	2	5.7	

MATERIALS ARE PROVIDED TO SUPPORT TRANSGENDER RESIDENTS, AND THEY ARE DIRECTED TO RELEVANT SOURCES OF SUPPORT (2 ITEMS).

Ten respondents (29% each) indicated that they 'did not know' whether materials were provided to support Trans residents or whether they were directed to relevant support organisations when needed. Just over a third (37%) either 'agreed' or 'totally agreed' that support materials were readily available for Trans residents, compared to one in five (n=7) who 'totally disagreed' or 'disagreed'. Only one respondent totally disagreed that Trans residents were singposted to relevant support, compared to just over half of all respondents who either 'agreed' or 'totally agreed' (51.4%, combined).

Table 16: support materials and signposting for Trans residents, (rating, sorted by rank)

Support materials are provided				Trans residents are signposted			
response	**n**	**%**	**rank**	**response**	**n**	**%**	**rank**
don't know	10	28.6	1	agree	12	34.3	1
agree	9	25.7	2	don't know	10	28.6	2
disagree	6	17.1	3	totally agree	6	17.1	3
neutral	5	14.3		neutral	6	17.1	
Totally agree	4	11.4		disagree	1	2.9	
Totally disagree	1	2.9		totally disagree	0	0	

LINKS EXIST WITH LOCAL TRANS SUPPORT ORGANISATIONS

Almost a third of those who responded to this question (n=11, 31.4%) did not know whether the hostel had links with trans support organisations. A quarter (n=9, 26%) disagreed with the statement, compared to a similar proportion who either 'agreed' or 'totally agreed' with the statement (n=9, 25.7%).

Table 17: hostel has links with local trans support organisations, (rating, sorted by rank)

response	n	%	rank
Don't know	11	31.4	1
Disagree	9	25.7	2

Totally agree	5	14.3	3
neutral	5	14.3	
Agree	4	11.4	
Totally disagree	1	2.9	

Respondents were asked to indicate their degree of agreement with a number of statements, covering aspects of the hostel environment with regards to LGB&T issues. Responses are listed in table 19 below.

Table 19: agreement with statements relating to hostel environment (n=35, missing data, n=2)

	tot. agree		agree		neutral		disagree		tot. disagree		don't know	
	N	%	N	%	N	%	N	%	N	%	N	%
hostel operates a zero tolerance approach to homophobic / transphobic harassment	21	60	8	22.9	2	5.7	2	5.7	0	0	0	0
reporting procedures are visible to tenants & staff	22	62.9	8	22.9	1	2.9	2	5.7	0	0	0	0
we offer support for LGB&T person affected by harassment	23	65.7	10	28.6	0	0	0	0	0	0	0	0
we provide LGB&T-specific information in public spaces for staff / resident use	10	28.6	8	22.9	3	8.6	9	25.7	0	0	3	8.6
we provide confidential 3rd party reporting systems for homophobic / transphobic harassment	11	31.4	9	25.7	5	14.3	4	11.4	0	0	4	11.4

REFUSING ADMISSION ON THE BASIS OF SEXUAL ORIENTATION / GENDER IDENTITY

Questions 12-15 asked respondents whether they had ever refused admission to a service user on the basis of their sexual orientation or gender identity.

With regards to sexual orientation, 85.6% indicated that they had not refused admission, whilst one respondent reported that they had refused on the basis that "in the past the facility was residential and not suitable". It was decided that there was insufficient data to determine exact meaning of this statement. The remainder (11.4%) did not know whether the project had excluded on the basis of sexual orientation.

In terms of gender identity, two respondents (5.7%) indicated that their project had excluded Trans people on the basis of their gender identity. One gave no explanation for the exclusion, the other indicated that "pre-op trans client unable to be housed in [female only facility] because she was still physically a male", indicating that the issue was with access to gender appropriate facilities. Of the remainder, 83% had not refused admission on the basis of gender identity, and 11.4% 'did not know'.

LGB&T RESIDENTS' EXPERIENCES OF AGGRESSIVE AND THREATENING BEHAVIOURS.

Questions 16-18 asked whether respondents were aware of LG&B&T residents experiencing a number of aggressive or threatening behaviours in their project, whether from staff, residents, or other sources. Respondents were also asked whether they thought this was due to the person's sexual orientation and/or gender identity, and what organisational policies / procedures did they have to deal with such incidents.

In general, the majority of respondents (94%) indicated that they were not aware of any incidents of physical aggression, although two respondents indicated that they were aware of resident related physical aggression towards (an) LGB&T resident(s).

A larger percentage of respondents indicated that they were aware of threatening behaviours (40%) and verbal aggression (40%) directed towards LG&B&T residents, whilst the remainder were unaware of any such incidents, for either category of behaviours.

Approximately half (51.4%) of respondents indicated that LGB&T residents had experienced harassment from fellow residents (48.6% were unaware of such). Almost all respondents (n=31, 87%) were unaware of acts of sexual harassment being directed towards LG&B&T residents, although two respondents reported that they were aware of such.

There were insufficient data to determine whether any of these acts were directed towards Trans or LG&B residents specifically, or whether these related to current or past residents, both in terms of perpetrator and person targeted. The study did not examine incidents of reporting (or non-reporting), and their outcomes.

Tables 19 & 20: awareness of acts of aggressive and threatening behaviours

	PHYSICAL AGGRESSION		**THREATENING BEHAVIOURS**	
	N	**%**	**N**	**%**
AWARE OF NONE	33	94.3	21	60.0
FROM RESIDENT	2	5.7	14	40.0
FROM STAFF	0	0	0	0
CHOSE NOT TO ANSWER	0	0	0	0

	VERBAL AGGN		**HARASSMENT**		**SEX. HARASSMENT**	
	N	**%**	**N**	**%**	**N**	**%**
AWARE OF NONE	14	40.0	17	48.6	31	88.6
FROM RESIDENT	21	60.0	18	51.4	4	11.4
FROM STAFF	0	0	0	0	0	0
CHOSE NOT TO ANSWER	0	0	0	0	0	0

Twenty five respondents were asked about the underlying motivation of these incidents. (Note, ten respondents reported no incidents, and therefore could not answer this question). More than half of the remaining respondents (80%, n=20) indicated that they believed that these incidents, generally speaking, were associated with the perpetrator's reaction to the resident's sexual orientation / gender identity. Three (12%) thought that incidents were not typically motivated by sexual orientation / gender identity, and two (8%) 'did not know'.

When asked whether there were organisational policies in place to deal with such incidents, (responses, n=33; missing data, n=2), 77% (n=27) reported that they did have policies and procedures in place. An additional 11% (n=4) didn't know, and only one reported that their organisation did not have such policies and procedures.

MONITORING OF SEXUAL ORIENTATION / GENDER IDENTITY.

Respondents were asked a series of questions (Q19-28) regarding their monitoring practices relating to LGB&T clients. See above / previous section for monitoring systems and knowledge of client sexual orientation / gender identity.

Question 19 asked respondents to identify monitoring systems that the project may have in place to identify LGB&T people using the service. In particular, respondents were asked to identify whether these systems were included as part of the application process, support planning, or some other process.

Across the data, irrespective if the project currently accommodated LGB&T residents (n=33, missing data, n=31). In total, twenty (61%) monitored sexual orientation / gender identity through their application process; eight through support planning (24%); and five (15%) did not collect data. Additionally:

- sixteen (48%) monitored sexual orientation / gender identity through their application process only;
- three (9%) monitored via support planning only;
- four (12%) gathered data during both application and support planning processes; and
- four indicated that they 'did not know'.

Reasons given by those respondents who reported that their project did not collect these data, included 'we don't need to' (n=2); 'it's not relevant to our services, which are aimed at all people', 'it's not our policy', and 'don't know why we don't' (n=1, each).

FORMAL LINKS WITH LGB&T ORGANISATIONS (missing data, n=2)

Despite over half the respondents indicating that they had LGB&T residents at the time of data collection, and two thirds reporting to having LGB&T people over the last two years, only one quarter (n=8, 24%) of respondents indicated that they had formal links with local or regional LGB&T organisations. Thirteen (39%) respondents indicated that

they did not have these links, and twelve (36%) did not know whether these links existed.

AN LGB&T WORKPLACE? (missing data, n=2)

One respondent indicated that the project had a nominated officer responsible for work on LGB&T issues. Eighty five percent (n=28) reported that no such designated role was in operation in the project at the time of data collection. Four respondents (12%) answered 'don't know' to this question.

Two questions asked respondents whether staff regularly received general diversity training, and LGB&T training specifically. Less than half (n=15, 45.5%) reported that staff received general diversity training that includes sexual orientation / gender identity content. This compares to one third (n=11), who reported that no such training was received. Seven (21%) were unaware of training of this nature.

One third (n=11) reported that their employer had provided specific training for staff on LGB&T issues in the last three years. This compares to almost 40% (n=13) who reported no such training, and 27% (n=9) who were unaware of LGB&T specific training being provided. By way of comparison, as noted in analyses for question 10, respondents were split in their opinion with regards to staff training around sexual orientation / gender identity issues. Broadly similar proportions either 'agreed' / 'totally agreed' (46%) or 'disagreed' / 'totally disagreed' (43%). Approximately one quarter (25.7%, combined) either 'agreed' or 'totally agreed' that staff were trained in trans issues (question 11).

It is not possible to determine from the data whether the respondent themselves has ever received LGB&T or more generic training from their employers (outside the bounds of the questions asked).

Almost half of respondents (48.5%, n=16) indicated that the project provided general resources to support residents who identify themselves as LGB&T. Slightly less (42.5%, n=14) reported that no such materials were available. Almost all the respondents (n=32, 97%) indicated that lesbian, gay, bisexual and/or Trans residents were signposted to relevant LGB&T agencies.

Respondents were asked whether organisational materials or policies included elements that covered LGB&T issues. Their responses are listed in table 21 below. Almost a third didn't know whether LGB&T related materials appeared in staff or resident handbooks, and approximately half were unaware of LGB&T materials were to be found in volunteer materials.

Table 21: inclusion of sexual orientation / gender identity in organisational materials (missing data, n=2)

	Yes		**No**		**Don't know**		**We don't have these**	
	N	%	N	%	N	%	N	%
Staff handbook	12	34.3	4	11.4	11	31.4	6	17.1
volunteer materials	6	17.1	6	17.1	18	51.4	3	8.6
resident handbook	10	28.6	7	20	11	31.4	5	14.3
Other	3	8.6	(n=3, 'Equal Opps Policy')					

ADVICE AGENCY DATA

The section of the questionnaire intended for completion by advice agencies comprised of a total of 24 questions, covering many of the themes presented to accommodation providers: numbers of current and previous LGB&T clients; reasons for their homelessness; experiences of accessing housing and related support; and monitoring of sexual orientation / gender identity. As previously noted, three respondents (8%) identified their primary role as advice agencies.

Agency respondents were asked whether they had seen an increase in clients approaching their service due to homelessness / housing difficulties over the last three years. One respondent (statutory agency) reported no increase in service uptake for the stated period. Both remaining agencies did indicate that they had seen an increase in uptake.

Agency respondents were similarly asked to indicate they had seen an increase in LGB&T clients with housing problems / homelessness for the same period. One respondent (LGBT organisation) indicated that they had seen an increase, whereas both remaining respondents reported no such increase.

REASONS FOR CLIENTS' HOMELESSNESS & THE ROLE OF SEXUAL ORIENTATION / GENDER IDENTITY

When asked the main reasons given for being homeless by clients generally (i.e. irrespective of sexual orientation / gender identity), all respondents stated familial breakdown. Two more stated eviction and harassment, whilst domestic violence, breakdown of shared accommodation and arrears / debt were each cited by one respondent.

Thinking specifically of LGB&T clients, cited reasons for homelessness were:

- N=3, family breakdown
- N=2, harassment
- N=1, domestic violence

Table 22: cited factors impacting on reason for accessing service

Factor	n	Factor	n
lack of affordable housing generally	1	mortgage / rent arrears	
lack of affordable housing in preferred area	2	family rejection re. sexual orientation	3
difficulties securing deposit	2	family rejection re. gender identity	2
Discrimination from landlords / housing providers	2	harassment in accomm.	2
experience of harassment in neighbourhood	2	homophobic abuse	2
experience of discrimination in temp. accomm.	2	transphobic abuse	2

When asked to rate how important a client's sexual orientation / gender identity were to their homelessness, all respondents indicated that it was either 'very important' (n=2), or 'important' (n=1). Two respondents felt that LGB&T clients have particular support needs specifically associated with their sexual orientation / gender identity. Respondents were afforded the opportunity to explain why they thought sexual orientation / gender identity played a significant role. Respondents identified transphobia and / or homophobia as precipitating factors within the family and wider community; and the impact of minority stress and negative effect of discrimination and exclusion on health and well-being. One respondent highlighted the need for 'gay affirming' and 'trans aware' accommodation and support staff, particularly key workers and floating support. A need to improve homelessness and housing services' knowledge and awareness of LGB&T support groups, and trans treatment pathways were also indicated, as well as increased provision (and visibility of this provision) of trans 'friendly' accommodation services.

DIFFICULTIES ACCESSING HOUSING SERVICES

Both non-statutory respondents reported that their LGB&T clients experienced particular difficulties accessing accommodation provided through private landlords (n=2), NIHE (n=1), and Housing Associations (n=1). One of these respondents highlighted particular difficulties for trans clients, with insufficient weight being given to transphobia in NIHE assessments, and medical needs of trans residents being overlooked by providers.

Both non-statutory agencies reported that LGB&T clients regularly expressed reluctance to disclose their sexual orientation and/or gender identity when dealing with housing agencies. The reasons for this reluctance were cited to be: they thought it would negatively affect their application (n=1); they felt it was not relevant to application (n=1); fear of negative attitudes / behaviour from staff (n=2) and from residents (n=2); a desire to keep the information private (n=1); and they didn't know that disclosing their sexual orientation / gender identity or it's role in their harassment could help their assessment or allocation (n=1).

DIFFICULTIES ACCESSING TEMPORARY ACCOMMODATION

Both non-statutory agencies believed that LGB&T people experienced particular difficulties accessing temporary accommodation. These were cited to include: negative responses (ranging from exclusionary behaviour through to physical attacks) from residents; fear of this discrimination, particularly in single sex accommodation environments; problems with official paperwork that assumes heterosexuality / gender conforming identities; access to gender appropriate facilities; and privacy of rooms, bathrooms, and toilets (particularly an issue for trans clients).

Table 23: agreement with statements relating to LGB&T people's views of temporary accommodation

	tot. agree	agree	neutral	disagree	tot. disagree	don't know
	N	N	N	N	N	N
trans clients feel safe in temp. accommodation (TA)		1		1	1	
LGB clients feel safe in TA		1		2		
TA is suitable to trans people's needs		2		1		
TA is suitable to most LG&B people's needs		2		1		

LGB&T RESIDENTS' EXPERIENCES OF AGGRESSIVE AND THREATENING BEHAVIOURS.

Questions 47 and 48 asked whether respondents were aware of LG&B&T residents experiencing a number of aggressive or threatening behaviours whilst in temporary accommodation, whether from staff, residents, or other sources. Respondents were also asked whether they thought this was due to the person's sexual orientation and/or gender identity. Both non-statutory respondents answered these questions.

Both respondents indicated that they were aware of LGB&T residents experiencing physical aggression, threatening behaviour, verbal aggression, harassment, and sexual harassment from fellow residents, but from no other source. This compares with the data from the same question asked of temporary accommodation providers, were almost all respondents (94%) indicated that they were not aware of any incidents of physical aggression, and the majority of respondents (87%) were unaware of acts of sexual harassment being directed towards LG&B&T residents.

One of the non-statutory respondents, who worked on behalf of a temporary accommodation provider, indicated that these incidents were 'almost always' associated with the clients' sexual orientation / gender identity. The other non-statutory respondent, an LGB&T organisation, reported that this was less likely to be associated with sexual orientation ('sometimes') or gender identity ('often'). Only the LGB&T agency indicated that they had a nominated officer to work on housing and homelessness issues specifically for LGB&T people, and that staff were trained in homelessness and LGB&T issues.

All agencies provided general housing and homelessness advice, and one agency provided signposting materials to clients facing homelessness or experiencing housing problems.

MAPPING OF LGB&T SERVICES

Mapping of LGB&T Services

The following section maps out key support services and organisations available to LGB&T people throughout Northern Ireland and the rest of Ireland. Whilst the focus shall be on formal support networks and services, the vital support role that social organisations play in the lives of people from LGB&T communities is acknowledged.

Accordingly, links are provided which provide contact information for these various social networks, including regional Pride organisations. Additionally, links re provided to organisations available in the south of Ireland. Services are listed in alphabetical order, and grouped relevant to Northern Ireland and Republic of Ireland.

NORTHERN IRELAND

BELFAST BUTTERFLY CLUB

Support network for transgendered people and their families. Provides education, information, and promotes awareness relating to trans issues.

PO Box 210, Belfast, BT1 1BG
Helpline: 028 9267 3720

Web: www.belfastbutterflyclub.co.uk

CARA-FRIEND

Information, support, befriending and counselling organisation that operates helpline services for the LGBT community.

9-13 Waring Street, Belfast, BT1 2DX

Phone: 02890 890 202

Gay Helpline: 028 90 322 023

Lesbian Line: 02890 238 668

Web: www.cara-friend.org.uk

FAMILY TIES (CARA-FRIEND)

Practical advice, guidance and peer support for parents of children who are LGB&T.

Email: tracy.crowe@cara-friend.org.uk

Phone: 02890 890 202

Email: malachai@rainbow-project.org

Phone: 028 9031 9030

Web: www.familytiesproject.org.uk

FPA SEXUAL HEALTH HELPLINE

Phone: 0845 122 8687, 9am to 5pm Monday to Friday. Read more at www.fpa.org.uk/where-get-help/sexual-health-helpline#8h3rc42cFOswDMDx.99

GAY & LESBIAN ACROSS DOWN (GLAD)

Social support group for LG&B people living in or visiting County Down.

PO Box 317, Bangor, BT20 9BU

Phone: 0779 139 8438

GAY ETHNIC GROUP

An informal support network for people from BME backgrounds in Northern Ireland who also identify as LGB&T.

Email: gay.ethnic.group@gmail.com

GAY NEWRY

Gay Newry is a news and information site for the LGBT community in Newry.

Web: http://www.gaynewry.com

GENDER ESSENCE

Counselling, support, and advice for Trans people, including those aged under 18. Also provides awareness training to professionals and public.

Keira McCormack

1st Floor, 9-13 Waring Street

Belfast, BT1 2DX

Phone: 07583642510

Email: keira@genderessence.co.uk

web: www.genderessence.co.uk

GLYNI (CARA-FRIEND)

Gay and Lesbian Youth Northern Ireland, (GLYNI) is a support group that caters for 14-25 year olds, and is the youth arm of the Cara-Friend network.

Contact Mark Brown at CARA-Friend (details listed previously). www.cara-friend.org.uk/projects/glyni.

GUM / SEXUAL HEALTH CLINICS

Belfast Trust Area (appointments only).

Genitourinary Medicine

Level 3 Outpatients Department

Royal Victoria Hospital, Grosvenor Road

Belfast BT12 6BA

Phone: 028 9063 4050

Belfast GUM Clinic Belfast GUM clinic also operates a Gay Men's Clinic (Thursday evenings).

Northern Trust Area (walk-in)

Genitourinary Medicine,

Outpatients Department 2,

Causeway Area Hospital

4 Newbridge Road

Coleraine, BT52 1HS

Phone: 02870 346 028

Southern Trust Area (appointment only)

Genitourinary Medicine,

John Mitchell Place

Hill Street

Newry, BT34 2BU

Phone: 02830 843 215

Email: gum@southerntrust.hscni.net

South Eastern Trust area (appointments).

Sexual Health Clinic,

Outpatients Dept, Downe Hospital,

2 Struell Wells Road,

Downpatrick, BT30 6RL

Appointments: 028 44838133

Nurse Advice: 028 44838392

Western Area clinics (appointments).

Altnagelvin Hospital

Genitourinary Medicine,

Anderson House,

Glenshane Road,

L/Derry. BT47 1SB

Phone: 02871 611 269

Sexual Health Clinic,

Outpatients Dept,

Tyrone County Hospital,

Omagh, BT79 0AP

Phone: 02882 833 189

For further details, including information about partial booking options, see: www.belfasttrust.hscni.net/pdf/GUM_Sexual_Health_Clinics_Northern_Ireland.pdf

HERE NI

Works to improve the quality of life and enhance the voices of lesbians and bisexual women.

9-13 Waring Street,
Belfast, BT1 2DX
Phone: 028 9024 9452
Web: http://hereni.org/

HIV SUPPORT CENTRE

Information, support and advice on HIV and AIDS for all men and women. Confidential Freephone helpline

Phone: 02890 249 268
Helpline: 0800 137437
Web: www.thehivsupportcentre.org.uk

HIV SUPPORT GROUP

Support Group for men living with HIV

E mail: harry@rainbow-project.org
Phone: 02890 319 030

LGBTNI

LGBTNI is an online resource developed with the support of the Public Health Agency to

provide information to LGB&T people and their families.

Web: http://lgbtni.org/

LGBT STAFF FORUM

Forum is open to any staff member working in a Health & Social Care Trust or regional health organisation as well as full time students who undertake placements in Trusts. It is supported by the Public Health Agency on behalf of the wider health service.

Leanne McMullan
Public Health Agency
Email: lgbtstaff@hscni.net
Phone: 02890 321 313
twitter @LGBT_StaffForum

LESBIAN ADVOCACY SERVICES INITIATIVE

The Lesbian Advocacy Services Initiative (LASI) works to improve the quality of life and enhance the voices of lesbians and bisexual women.

2nd Floor, Belfast LGBT Centre

9-13 Waring Street, Belfast, BT1 2DX

Phone: 028 9024 9452

Email: etain@lasionline.org

LIMAVADY GAY MEN'S SUPPORT GROUP

Support/social group for the LGB&T Community in the Limavady area. (Contact: Mervyn Reid)

Email: reid65@hotmail.com

LIVE AND LET LIVE GROUP (L/DERRY)

Peer support group for LGB&T people with substance use issues. Online at:

http://liveandletlivegroupderry.yolasite.com/

MARRIED GAY

A site for men & women who are gay/lesbian/bi and married to an opposite-sex partner.

Web: http://www.marriedgay.org/

NEWRY RAINBOW COMMUNITY

82a Hill Street Newry

Phone: 02830250528

Web: http://gaynewry.com/

NORTHERN IRELAND GAY RIGHTS ASSOCIATION (NIGRA)

LGB&T equality issues, consultation, legal advice and 24 hour emergency helpline.

1st Floor, 9-13 Waring Street, Belfast BT1 2DX.

Tel: 02890 664 111 or 07719 576 524

Email: info@nigra.org.uk

Web: www.nigra.org.uk

NIPSA LGB&T GROUP

Union group Committed to working for LGB&T rights at work.

NIPSA, 54 Wellington Park, Belfast, BT9 6DP

E-mail: lgb&t.group@nipsa.org.uk

Phone: 02890 686 566

NHS SEXUAL HEALTH HELPLINE:

Phone: 0800567123

OYSTERS

Oysters is a Trans Peer Support Group (through YouthNet NI and the Gender Identity Service).

Email: oysters@youthnet.co.uk

POSITIVE LIFE

A HIV-specific charity which offers support services to all people affected by HIV in N. Ireland and the border counties of the Republic of Ireland

Web: http://positivelifeni.com

LGBT GROUP, PUBLIC AND COMMERCIAL SERVICES UNION

Representing LGB&T members in the PCS Union.

Web: www.pcsproud.org.uk
Phone: 02890 565 004 or 02890 565 010
Email: pcsproud.ni@gmail.com

www.pcs.org.uk/en/northern_ireland/equality/pcs-proud-in-northern-ireland.cfm

QUEERSPACE

Community/social group for all members of the LGB&T community.

1st Floor, 9-13 Waring Street, Belfast, BT1 2DX
Community Info Line: 02890 890 200
Web: www.queerspace.org.uk

THE RAINBOW PROJECT (TRP)

TRP work to promote the health and well-being of LGB&T people in Northern Ireland. TRP operates a range of services and support including counselling services, mental health services, sexual health testing, outreach GUM clinics, befriending, advocacy, and research, amongst others.

The Rainbow Project
Belfast LGBT Centre, 1st Floor
9-13 Waring Street
Belfast, BT1 2DX
Phone: 02890 319 030
Email: info@rainbow-project.org
Web: http://www.rainbow-project.org/

Foyle Centre
Orlan House,
20 Strand Road
L'Derry, BT48 7AB
Phone: 02871 283 030

TRP provides a list of links to other services and organisations at: www.rainbow-project.org/links

REGIONAL CENTRE FOR HIV CARE.

Belfast GUM Clinic is the Regional Centre for HIV care and management for people from throughout N. Ireland.

Phone: 02890 634 050
Address as above

SUPPORT, ACCEPTANCE, INFORMATION & LEARNING (SAIL)

SAIL is a voluntary support group for family, friends, carers and individuals living with gender issues.

Tel: 07510 228 411.

Email: sail@transgenderni.com

Web: www.transgenderni.com/SAIL

SO ME!

An Equality Commission web resource for LG&B people in N. Ireland.

Web: http://www.some-ni.co.uk

Phone: 028 90 500 600

Email: some@equalityni.org

STRABANE AND LIFFORD INCLUSION GROUP

Promoting the physical, emotional, mental and sexual health of the LGB&T community in Strabane and Lifford

60 Railway Street, Strabane, BT82 8EH

Phone: 02871 885 857

Web: www.strabaneliffordlgbt.net

E mail: info@strabaneliffordlgbt.net

SWITCHBOARD NI (CARA-FRIEND).

Information and confidential advice re. LGB&T issues, and befriending service.

Phone: 0808 8000 390, Tues, Wed & Thurs,

6pm – 9pm.

Email: switchboard@cara-friend.org.uk

TRANS* BELFAST

A peer support group for trans people.

Email: translate@transgenderni.com

Health Care Professionals contact: GIC

Northern Ireland, Gender Identity Service, Shimna House, Knockbracken Healthcare Park, Saintfield Road

Belfast, BT8 8BH

Phone: 028 90916924

TRANS DERRY

Trans Derry is a support group for trans people in Derry supported by The Rainbow Project.

Email: alexsia@rainbow-project.org

TRANSGENDER NI

A website intended for those seeking information and support around issues of Gender Dysphoria. Supported by the Gender Identity Clinic for Northern Ireland.

Web: http://transgenderni.com/

Trangender NI provides a list of links at: http://transgenderni.com/Other-Useful-Links-7111.html

TRANS* FORUM FOR NORTHERN IRELAND

A forum of statutory and voluntary sector organisations which meets on a quarterly basis to discuss trans issues. More information at:

Email: transforum@transgenderni.com

Web: http://transgenderni.com/Trans-Forum-7110.html

TRANSGENDER ZONE

Web: www.transgenderzone.com/

TRANSLATE (CARA-FRIEND)

Translate is a peer support group for young LGB&T people, 25 years of age or younger.

email: translate@transgenderni.com

www.cara-friend.org.uk/projects/translate

TRAVELLER AND GAY

Support service for the gay travelling community in N. Ireland

Phone: Mark Donahue 02890 438265

Email: travellorandgay@aol.com

UNISON LGB&T GROUP (NI)

Committed to LGB&T rights at work.

Email: lgbtni@unison.co.uk

Phone: 02890 270 190

web: www.unison.org.uk/out

OTHER NI SERVICES

For details of social and faith based services / networks, download:

www.rainbow-project.org/assets/

publications/lgbt%20directory.pdf

IRELAND (SOUTH)

The following list is not intended to be comprehensive, but will list organisations from which contacts can be gathered.

BELONG TO

BeLonG To is the national organisation for LGB&T young people, aged 14-23. Organisation has groups across Ireland, including border counties.

Parliament House, 13 Parliament Street, Dublin 2, Ireland

Phone: +353 (0)21 670 6223

Web: www.belongto.org/default.aspx

BeLonG To lists various groups at:

http://www.belongto.org/groups.aspx

GAY & LESBIAN EQUALITY NETWORK

GLEN is a policy and strategy focused NGO working for LG&B in Ireland.

Phone: +353 1 6728650

Web: http://www.glen.ie

IRISH TRANS GROUP ALLIANCE

The Irish Trans Group Alliance currently has member groups in Belfast, Carlow, Cork, Derry, Dublin, Galway, Limerick and Waterford, Wicklow.

Email: transgroupallianceireland@gmail.com

LGBT HELPINE

The service provides access to a network of trained volunteers who provide support and information service for LGB&T people.

National Helpline: +353 1 890 929 539

Web: http://www.lgbt.ie/

NATIONAL LESBIAN AND GAY FEDERATION

Irish voluntary non-governmental organisation (NGO) working for the betterment of LGB&T people:

C/O GCN, the Skylab, 2 Exchange St Upper, Dublin 2, Ireland

Phone: +353 1 675 5025

Web: http://www.nlgf.ie/

TRANS EQUALITY NETWORK IRELAND

TENI is Transgender support for young LGBT People across Ireland.

Unit 2, 4 Ellis Quay, Dublin 7

Phone: +353 1 873 3575

Web: http://www.teni.ie/

APPENDICES

Appendix One: Suggested Further Reading

ASYLUM SEEKERS AND REFUGEES WHO IDENTIFY AS LGB&T

It has been estimated[1] that between 2005 and 2009, over 98% of asylum cases brought to its attention were unsuccessful at the initial stage of adjudication. This is much higher than the UK average rate of refusal for all asylum applicants of 76.5%[2].

Research has found 'almost systemic homophobia' in the UK asylum system, and points to fundamental errors of judgement and presumptions made by UKBA staff and the judicial system about sexual orientation / gender identity. Decision making processes are hampered by a reliance on factually incorrect guidance, outdated and/or poor quality training, inappropriate questioning techniques, and a pressure to meet demanding targets and heavy caseloads. Those living in UKBA and Social Services asylum support accommodation were more susceptible to discrimination, or found it necessary to hide their LGB&T identities, often faced harassment from other non-LGB&T asylum seeking housemates, and indifference from UKBA staff and accommodation providers when reporting these issues. Most of those who were held in UKBA detention facilities reported similar experiences. LGB&T asylum seekers, especially in areas of dispersal, feel unsafe in the surrounding area and suffer anti-LGB&T harassment from neighbours and local people.

FURTHER READING

1. Cowan,T., Stella, F., Magahy, K., Strauss, K. & Morton, J. (2011). Sanctuary, Safety & Solidarity: Lesbian, Gay, Bisexual and Transgender Asylum Seekers & Refugees in Scotland. http://www.equality-network.org/EveryoneIN

2. Bell, M. & Hansen, C. (2009). Over not out, The housing and homelessness issues specific to lesbian, gay, bisexual and transgender asylum seekers. Metropolitan Support Trust.

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1 UK Lesbian & Gay Immigration Group (UKLGIG) 2010, 'Failing the Grade. Home Office initial decisions on lesbian and gay claims for asylum'. http://www.uklgig.org.uk/

2 Stonewall 2010 'No going back: Lesbian and gay people and the asylum system'. www.stonewall.org.uk/nogoingback

3. Stuart, A. (2012). 'Over Not Out: Refreshed 2012: An update on progress against the original recommendations of the Over Not Out Report (2009)' , London: Metropolitan Migration Foundation http://tinyurl.com/Stuart-Over-Not-Out-2102

4. Bennett, C. & Thomas, F. (2013). Seeking asylum in the UK: lesbian perspectives. Forced Migration Review: Sexual orientation and gender identity and the protection of forced migrants. Issue 42, April 2013. Refugees Studies Centre, Oxford University Press.

5. Malischewski, C.A. (2013). Integration in a divided society? Refugees and asylum seekers in Northern Ireland. WORKING PAPER SERIES NO. 91 April 2013. Refugees Studies Centre, Oxford University Press. http://goo.gl/Vulkwq

6. UK Lesbian & Gay Immigration Group (2010). Failing the Grade. Home Office initial decisions on lesbian and gay claims for asylum. http://www.uklgig.org.uk/

7. Stonewall (2010). No going back: Lesbian and gay people and the asylum system.

8. Mathysse, C. (2013). Barriers to justice in the UK. Forced Migration Review: Sexual orientation and gender identity and the protection of forced migrants. Issue 42, April 2013. Refugees Studies Centre, Oxford University Press. http://goo.gl/Vulkwq

9. Shidlo, A. & Ahola, J. (2013). Mental health challenges of LGBT forced migrants. Forced Migration Review: Sexual orientation and gender identity and the protection of forced migrants Issue 42, April 2013. Refugees Studies Centre, Oxford University Press. http://goo.gl/Vulkwq

LGB&T AND FROM BLACK / MINORITY ETHNIC COMMUNITIES.

Whilst there is a growing research base focusing on multiple aspects of LGB&T experience, there remains limited empirical evidence exploring differences based on other aspects of identity, e.g. social class or ethnicity. The extant research suggests that LGB&T people from BME communities share the common issue of negotiating a social identity that intersect across at least two equality strands. Research has demonstrated that LG&B people from BME communities experience homophobia from within their own communities, and racism from the LG&B community. On average, LG&B people from BME communities experience higher risk and worse health outcomes that their white counterparts, with a number of studies reporting that levels of attempted suicide and self-harm are much higher than in the wider population. Barriers exist that prevent full inclusion by people in the health sector and evidence suggests that LG&B people from BME communities are under-served within the sector.

FURTHER READING

1. Cowen, T., Rankin, S.A., Stoakes, P. & Parnez, T. (2009). Everyone In: The Minority Ethnic LGBT Project Working Towards Equality For Minority Ethnic Lesbian, Gay, Bisexual And Transgender People In Scotland. Research Report 2009. BEMIS, Equality Network

2. Varney, J. (2013). Minorities within Minorities – the evidence base relating to minority groups within the LGB&T community. GLADD

3. Cauce, A.M., Domenech-Rodríguez, M., Paradise, M., et al (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. Journal of Consulting and Clinical Psychology, Vol 70(1), Feb 2002, 44-55.

4. Anderson, E.R. & Mayes, L.C. (2010). Race/ethnicity and internalizing disorders in youth: A review. Clinical Psychology Review, Vol 30, 3, April 2010, 338–348

5. McLean R. (2003) Deconstructing Black Gay shame: A multicultural perspective on the quest for a healthy ethnic and sexual identity. Multicultural competencies: A guidebook of practices. 109-118

6. Guasp, A. & Kibirige, H. (2012). One minority at a time: Being black and gay. Stonewall & Runnymede

7. Keogh, P., Henderson, L. & Dodds, C. (2004) Ethnic Minority Gay Men: Redefi ning community, restoring identity, Sigma Research, University of Portsmouth.

8. Jaspal, R. (2012). 'I never faced up to being gay': Sexual, religious and ethnic identities among british indian and british pakistani gay men. Culture, Health & Sexuality, 14(7), 767.

9. King, M and McKeown, E (2003) Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales: A summary of findings, Mind, London.

10. Gausp, A. (2011).Gay and Bisexual Men's Health Survey. Stonewall, Sigma Research. www.stonewall.org.uk/documents/stonewall_gay_mens_health_final.pdf

LGB&T PEOPLE WITH DISABILITIES

Existing research has tended to overlook the experiences of disabled people in the context of other aspects, particularly gender identity or sexual orientation. While there is some research on older disabled people, disabled children and young people, and disabled women, there is little on the experiences of LGB&T disabled people. A number of themes recur across available research regarding the experiences of LGB&T people with a disability or long-term health impairments.

- A lack of confidence coupled with lack of accessible LGB&T venues limits disabled LGB&T people's activities leading to further isolation.

- Research demonstrates that not only do LGB&T people with disabilities experience discriminiation from mainstream organisations and providers, but they also experience 'disabilism' from LGB&T specific organisations.

- Research has shown that experiences of prejudice and discrimination, discrimination or exclusion in employment, domestic violence and abuse, and discomfort using services were more likely to affect LGB&T people who are disabled or long term health impaired, compared to other LGB&T people.
- Disabled people often face the challenge of a double coming out, as disabled and as LGB.
- It has been identified that within disability services there can be a huge amount of variation in staff attitudes to sexuality and sexual expression, ranging from tolerance, acceptance through discomfort dealing with issues and disapproval.

FURTHER READING

1. C.H. Sin, Hedges, A., Cook, C., Mguni, N. & Comber, N. (2009). Disabled people's experiences of targeted violence and hostility. Research report: 21. Equality & Human Rights Commission, OPM.

2. QE5, National Disability Authority (2006). Disability and Sexual Orientation: A Discussion Paper. National Disability Authority (Dublin).
3. Stephenson, J. (2011). Lancashire's Hidden Stories. Experience of disability among Gypsy, Roma and Travellers, Lesbian, Gay, Bisexual, Transgender and Black and Minority Ethnic communities. Disability Equality (NW) Disability LIB

4. Avanté Consulting, (2006). On Safe Ground - LGBT disabled people and community groups Report October 2006. The Equality Network. http://disability-studies.leeds.ac.uk/files/library/advante-on-safe-ground.pdf

5. Butler, R. (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds. www.leeds.ac.uk/disability-studies/archiveuk/butler/the_rainbow_ripples_report.pdf

6. Shamash, M. and Hodgkins, S.L. (2007) Disability Hate Crime Report. Report for Disability Information Training Opportunity.

7. Browne, K. (2008). The Count Me in Too Health report - Disability & LGBT lives and Deaf & LGBT. University of Brighton.
8. Brothers, M. (2003) Not Just Ramps and Braille: Disability and sexual orientation, Re-Thinking Identity: The challenge of diversity (49–64). www.ihrc.ie

9. Abbott, D.W.F. & Howarth, J. (2007). Still Off-Limits? Staff Views on Supporting Gay, Lesbian and Bisexual People with Intellectual Disabilities to Develop Sexual and Intimate Relationships? *Journal of App. Research in Intellectual Disabilities, 20, 2, 116-126*

10. McClenahan, S. (2012). Multiple identity; Multiple Exclusions and human Rights: The experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland/. Disability Action's Centre of Human Rights, Disability Action, The Rainbow Project. 2012

11. McBride, R. (2011) Healthcare issues for Transgender people living in Northern Ireland. Institute of Conflict Research

SCHOOL & EDUCATION

Within education, schools appear to be the place where LGB&T young people feel least protected. LGB&T adolescents report that their school environments are unsafe. Research reveals that homophobic and transphobic bullying is a significant element in anti-social behaviour in schools across the UK and further afield. Sizeable proportions of LGB&T youth are at risk of school bullying based on their sexual orientation and gender expression. Additionally, homophobic bullying is not being effectively addressed in schools, leaving many youth isolated and at avoidable risk of violence and harassment. These negative school experiences have been linked to long-term negative mental health and health outcomes, as well as concurrent academic outcomes. Retrospective research has demonstrated that being on the receiving end of homophobic banter generally contributes to worse outcomes among youth, as measured by educational attainment, continuation within education, and a number of health and well-being indicators.

Some researchers believe that the problem lies in an unfriendly curriculum: institutional policies and curricula that have excluded or even ignored LGB&T issues. A number of studies reported that, for the most part, pupils are never taught anything relating to LGB&T issues in their lessons. Others have highlighted shortcomings in teacher Training & Professional Development and support.

Recent years have seen an emerging research on specific experiences of LGB&T adolescents in positive school-based contexts, such as extracurricular activities, and clubs that address LGB&T student issues (known as Gay-Straight Alliances or 'GSA' clubs), and the positive impact they have on the school climate. Supportive adults; a clear anti-bullying policy; an LGBT-inclusive curriculum; and student clubs such as GSAs are the four main school-based resources that research suggests make a positive difference for LGB&T students. GSAs have been shown to positively impact academic performance, school/social/and family relationships, comfort level with sexual orientation / gender identity, and an enhanced sense of belonging to school community, for all pupils.

Whilst the majority of research has focused directly on the experiences of LGB&T students, there are a limited number of studies that provide some insight into the experiences of LGB&T teaching staff. These staff report experiences of discrimination from colleagues, students, and other workers, and a reluctance to disclose their sexual

orientation / gender identity, for fear of discrimination. Trans staff seem particularly vulnerable.

FURTHER READING

1. Mayock, P., Bryan, A., Carr, N. & Kitching, N. (2008). Supporting LGBT Lives: A Study Of Mental Health And Well-Being. Gay and Lesbian Equality Network (GLEN) and BeLonGTo Youth Project

2. Scottish Government Social Research, (2013). Scottish Government Equality Outcomes: Lesbian, Gay, Bisexual and Transgender (LGBT) Evidence Review, Communities Analytical Services, Scottish Government.

3. Toomey, R.B., Ryan, C., Diaz, R.M. & Russell, S.T. (2011). High School Gay-Straight Alliances (GSAs) and Young Adult Well-Being: An Examination of GSA Presence, Participation, and Perceived Effectiveness. *Appl Dev Sci. 7; 15(4): 175–185.*

4. Rivers I. (2001). The bullying of sexual minorities at school: Its nature and long-term correlates. *Educational and Child Psychology; 18:32–46.*

5. Lough Dennell, B.L. & Logan, C. (2012). Life In Scotland For LGBT Young People: Education Report. LGBT Youth Scotland.

6. Guasp, A. (2012). The School Report: The experiences of gay young people in Britain's schools in 2012. Stonewall, Centre for Family Research, University of Cambridge. www.stonewall.org.uk/atschool

7. Epstein, D., O'Flynn, S. & Telford, D. (2003). *Silenced sexualities in schools and universities*. Stoke-on-Trent: Trentham Press.

8. Ellis, V. & High, S. (2004). Something more to tell you: Gay, lesbian or bisexual young people's experience of secondary schooling. *British Educational Research Journal*. 30 (2), 213-225.

9. Minton, S.J., Dahl, T., O'Moore, A.M. & Tuck, D. (2008). An exploratory survey of the experiences of homophobic bullying among lesbian, gay, bisexual and transgendered young people in Ireland. *Irish Educ. Studies, Volume 27, Issue 2, 2008, 177-191.*

10. Rivers, I., & D'Augelli, A.R. (2001). The victimization of lesbian, gay, and bisexual youths: Implications for intervention. In A.R. D'Augelli & C.J. Patterson (Eds.), Lesbian, gay, and youths: Psychological perspectives (pp. 199-223). New York: Oxford University Press

11. Finn, R. (2009). The School-Based Lives of LGBT Youth in the Republic of Ireland. *Journ. of LGBT Youth, 6, 1, 80-89*

12. Bontempo, D. E., & D'Augelli, A. R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. Journal of Adolescent Health, 30, 364-374.

13. Rivers, I. (2011). *Homophobic bullying: Research and theoretical perspectives*. New York: Oxford University Press.

14. McNamee, H., Lloyd, K. & Schubotz, D. (2008). Same sex attraction, homophobic bullying and mental health of young people in Northern Ireland. Journal of Youth Studies, Volume 11, Issue 1, 2008, 33-46

15. Carolan, F. and Redmond, S. (2003). The needs of young people in Northern Ireland who identify as lesbian, gay, bisexual and/or transgender (LGBT), Belfast, Youthnet.

16. Lodge, A., Gowran, S. & O'Shea, K. (2008). Valuing Visibility: An Exploration Of How Sexual Orientation Issues Arise And Are Addressed In Post-Primary Schools. GLEN.

17. Ard, K.L. & Makadon, H.J. (2012), Improving The Health Care Of Lesbian, Gay, Bisexual And Transgender People: Understanding and Eliminating Health Disparities. The National LGBT Health Education Center, The Fenway Institute; Brigham and Women's Hospital; and Harvard Medical School, Boston, MA.

18. Valentine, G., Wood, N., & Plummer, P. (2009) The experience of lesbian, gay, bisexual and trans staff and students in higher education. Research report 2009. University of Leeds & University of Calgary, Equality Challenge Unit.

19. O'Higgins-Norman (2009). Straight talking: explorations on homosexuality and homophobia in secondary schools in Ireland. Sex Education: Sexuality, Society and Learning Volume 9, Issue 4, 2009

20. Heck, N.C., Flentje, A. & Cochran, B.N. (2011). Offsetting risks: High school gay-straight alliances and lesbian, gay, bisexual, and transgender (LGBT) youth. School Psychology Quarterly, Vol 26(2), Jun 2011, 161-174

RURAL ISSUES

Studies of rural life have yet to seriously address issues of sexual orientation and gender identity. The bulk of LGB&T research has focused on the importance of urban space to the 'coming out' process and in finding others. Studies of rural populations typically overlook LGB&T communities as a group of research interest.

Some work has begun, mostly in the US and Australia, to unearth histories of non-normative gender and LGB communities in rural areas that are traditionally overlooked by the metropolitan focus in sexuality studies. Research findings have revealed greater incidences of prejudice and discrimination, the threat of, or actual violence, social isolation from LGB&T communities, feelings of alienation and exclusion from the non-LGB&T communities, issues with disclosure and personal safety, a lack of services and general support, in rural compared to urban settings.

FURTHER READING

1. Edwards, J. (2009). Coming Out Alone: An Assessment Of The Needs Of Same Sex Attracted Youth, Their Families & Service Providers In W. Australia. Trinity Outreach Services. www.opendoors.net.au/wp-content/uploads/2009/10/coming-out-alone.pdf

2. Gottschalk, L. H. (2008) Coping with stigma: Coming out and living as lesbians and gay men in regional and rural areas in the context of problems of rural confidentiality and social exclusion. University of Ballarat. www.cecc.com.au/clients/sob/research/docs/lgottschalk/bushneedssocialworkjournal.pdf

3. Weston , B. (2012). 'Out' in the country? Focus on lesbian, gay, bisexual and transgender rural isolation. Equality South West. Equality South West (ESW).

4. Lee, M.G. & Quam, J.K. (2013). Comparing supports for LGBT aging in rural versus urban areas. *J Gerontol Soc Work. 2013 Feb;56(2):112-26.*

5. Hillier, L., Turner, A., Mitchell, A. (2005). Writing Themselves In: A National Report on the Sexuality, Health and Well-being of Same-Sex Attracted Young People. Monograph Series No. 50, Melbourne, La Trobe University.

6. Palmer, N. A., Kosciw, J. G., & Bartkiewicz, M. J. (2012). Strengths and Silences: The Experiences of Lesbian, Gay, Bisexual and Transgender Students in Rural and Small Town Schools.

7. Stonewall Scotland (2009). City Lights? A Study Of Scottish LGBT (Lesbian, Gay, Bisexual And Transgender) Migration Patterns. Stonewall Scotland, Equality and Human Rights Commission.

8. Mayock, P., Bryan, A., Carr, N. & Kitching, N. (2008). Supporting LGBT Lives: A Study Of Mental Health And Well-Being. Gay and Lesbian Equality Network (GLEN) and BeLonGTo Youth Project

9. Browne, K., Nash, C.J. & Hines, S. (2010) 'Introduction: Towards trans geographies'. *Gender, Place & Culture* 17(5):573–577.

10. Quinn, K. (2003). Rural suicide and same-sex attracted youth: issues, interventions and implications for rural counsellors. Rural and Remote Health, 3 (222), 1-6.

11. McLean, C. & O'Connor, W. (2003). Sexual Orientation Research Phase 2: The Future Of Lgbt Research - Perspectives Of Community Organisations**.** National Centre for Social Research

ATTITUDES TO LGB&T PEOPLE

The Northern Ireland Life and Times (NILT) Survey has asked questions on LGB&T issues since 1998. To date, survey data have focused primarily on issues relating to prejudice, discrimination and tolerance. In 2012 a range of questions focussing more specifically on LGBT issues was included. This collected information on knowledge and perceptions of the LGBT population; personal prejudice; attitudes on equality issues; the visibility of LGBT people and family-related issues.

The NILT surveys have shown that over the past two decades show that the numbers of people expressing disapproval of same-sex relations has declined. However, despite indications of more positive changing social attitudes, wider evidence points to continued discrimination towards LGB&T people. The 2012 NILT Survey concluded that being Protestant, being older, attending church regularly and not knowing someone who is LG&B were also good predictors of less approving and less supportive attitudes.

The NILT survey (2012) also demonstrated that knowing someone who is LG&B is a predictor of more positive attitudes.

Attitudes towards same- sex relations have softened and there is an acceptance of a wider construction of 'the family'. That said, they point to the fact that a hierarchy remains whereby heterosexual marriage, families and parenting is privileged above all else. While over half of the sample approved of same-sex marriage, once matters of fertility and parenting were introduced, support was less evident. Over one third actively disapproved of adoption by gay couples and to lesbians having access to IVF on the same terms as heterosexual women.

FURTHER READING

1. Equality Commission (2009) Equality Awareness Survey 2008. Belfast, Equality Commission.

2. Equality NI (2011). Do you mean me? Discrimination: attitudes & experience in N.Ireland. Equality Awareness Survey 2011. www.equalityni.org/archive/pdf/DYMMSurveyMainReport(webB).pdf

3. Ormston, R., Curtice, J., McConville, Sexual Orientation. & Reid, S. (2011). Scottish Social Attitudes Survey 2010: Attitudes to Discrimination and Positive Action Scottish Centre for Social Research, www.scotland.gov.uk/Publications/2011/08/11112523/0

4. http://www.ark.ac.uk/nilt/

5. McAlister, S., Carr, N. & Neill, G. (2014) Queering the Family: attitudes towards Lesbian and Gay Relationships and Families in Northern Ireland. ARK research update, 89 Feb. 2014. http://www.ark.ac.uk/publications/updates/Update89.pdf

6. Hunt, R. & Dick, S. (2008). Serves You Right: Lesbian and gay people's expectations of discrimination. Stonewall. www.stonewall.org.uk/documents/servesyouright.pdf

7. O'Doherty, J. (2009) Perceptions and Experiences of Lesbian, Gay and Bisexual People towards Homophobic Hate Crime and Policing in Northern Ireland http://www.rainbow-project.org/assets/publications/through_our_eyes.pdf

8. Devine, P. (2013). 2012 Northern Ireland Life and Times Survey. Summary report on attitudes to LGBT issues. ARK Occasional Paper.
www.ark.ac.uk/publications/occasional/LGBT12.pdf

9. Jarman, N. (2010) Attitudes towards Lesbian, Gay and Bisexual people in N. Ireland. Research Update 66. Belfast: ARK. www.ark.ac.uk/publications/updates/update66.pdf

10. Scottish Government Social Research, (2013). Scottish Government Equality Outcomes: Lesbian, Gay, Bisexual and Transgender (LGBT) Evidence Review, Communities Analytical Services, Scottish Government. http://www.scotland.gov.uk/Publications/2013/04/7520

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Over the next 20 years the number of people over 85 years will double , and as people get older, their housing needs often change. Some people need support to be able to continue living in their own homes. Some people, of all ages, have disabilities that mean their homes need to be adapted. Other people need help if they become homeless. At the same time there are rising expectations about the range and quality of housing and support available to as we get older. The evidence base is growing outlining the challenges for the present generation of older LGB&T people who need care and support, ranging from home care to residential care for those with high support needs.

The bulk of existing evidence suggests that whilst LGB&T people face many of the same issues as other members of society when ageing, their experiences and needs are mediated through a range of forms of disadvantage and discrimination related to their sexual orientation / gender identity. As well as having concerns about discrimination and exclusion from outside LGB&T communities, older LGB&T people are vulnerable to discrimination from within these communities due to ageism.

There is relatively little research available in Britain and Ireland that focuses specifically on the housing and support needs of the LGB older people, and less on aging trans people**.** Across studies, older LGB&T people were generally content with their current housing circumstances. Fears and anxieties become particularly acute when LGBT elders are no longer able to live independently and need to move into communal housing arrangements or avail themselves of social services.

There is a greater reluctance among older LGB&T people, compared to older non-LGB&T, to access housing and support services. Concerns about accessing services may be partially due to the combined impact of ageism and homophobia / transphobia, experiences of discrimination from providers**,** issues of confidentiality, and a lack of access for same sex partnerships.

There is a paucity of information on the experience of aging as a Trans person. This is likely to change as more post-operative transgender people age. Older transsexuals may experience difficulties with matters such as pensions, benefits and housing because of their legal status, impacting negatively upon their economic circumstances.

Recent years have seen the emergence of some guidance on good or progressive practice regarding LGBT older people, but for the most part, Individual health and social care staff have been left to their own devices in dealing with the range of situations, resulting in great variations in understanding, skill and competence.

HIV: A review of extant literature with regards to those living with HIV within ageing LGB&T communities is beyond the scope of this report, but Ward et al (2012) provide a useful summary. **Dementia care:** Research on LGB&T people affected by dementia is currently limited and what does exist highlights the failure of service providers to recognise sexual diversity in provision. **Carers:** A large proportion of older LGB&T people are caregivers to other adults. The needs and experiences of these carers are under-researched in the UK. A unifying theme in the available literature is that as well as sharing issues and experiences similar to the general caregiving population, LGB&T carers identified a number of unique issues: accessing LGB&T friendly services; fear of disclosure of an intimate relationship; negative attitudes from professionals; as well as actual and anticipated discrimination in healthcare services.

FURTHER READING

1. MacKenzie, J. (2009) 'The same but different: Working with lesbian and gay people with dementia', Journal of Dementia Care, 17, 6, 17-19

2. Price, E. (2008) 'Pride or Prejudice? Gay men, lesbians and dementia'. British Journal of Social Work, 38, 7, 1337-1352

3. Willis, P., Ward, N. & Fish, J. (2011) Searching for LGBT carers: Mapping a research agenda in social work and social care. The British Journal of Social Work 41(7):1304-1320.

4. Ward, R., Pugh, S. & Price, E. (2011). Don't look back? Improving health and social care service delivery for older LGB users. Equality and Human Rights Commission, University of Manchester, Universities of Salford & Hull.

5. Concannon, L. (2009) 'Developing inclusive health and social care policies for older LGBT citizens'. *British Journal of Social Work,* 39, 3, 403-417

6. Ward, R., Rivers, I. and Sutherland, M. (2012) Lesbian, gay, bisexual and transgender ageing: Biographical approaches for inclusive care and support. London: JKP.

7. The Rainbow Project / Age NI (2011) Making this home my home. Belfast: Age NI.

8. Chartered Institute of Housing (2011) Delivering housing services to lesbian, gay bisexual and transgender customers. London: CIH.

9. Carr, S. & Ross, P. (2013) Assessing current And future housing And support options for older LGB people. Joseph Rowntree Foundation. www.jrf.org.uk/sites/files/jrf/housing-support-older-LGB-people-summary.pdf

10. Carr, S. & Ross, P. (2013) Assessing current And future housing And support options for older LGB people. Joseph Rowntree Foundation. www.jrf.org.uk/sites/files/jrf/housing-support-older-LGB-people-summary.pdf

11. Higgins, A., Sharek, D., McCann, E., Sheerin, F., Glacken, M., et al (2011). Visible Lives: Identifying the experiences and needs of older Lesbian, Gay, Bi sexual and Transgender people in Ireland. Gay and Lesbian Equality Network (GLEN) Dublin. Available at: http://www.glen.ie/attachments/Visible_Lives_Main_Report_-_final.PDF

12. Musingarimi, P. (2008) Older Gay, Lesbian and Bisexual People in the UK: a policy brief. London: International Longevity Centre

13. Addis, S., Davies, M., Greene, G. MacBride Stewart, S. & Shepherd, M. (2009). The health, social care and housing needs of lesbian, gay, bisexual and transgender older people: a review of the literature. Health & Social Care in the Community, Volume 17, Issue 6, pages 647–658, November 2009

14. Gay and Grey in Dorset, (2006). Lifting the Lid on sexuality and ageing. A research project into the needs, wants, fears and aspirations of older lesbians and gay men. Help and Care Development Ltd and Bournemouth University. http://www.equality-ne.co.uk/downloads/85_Gaygreyeport.pdf

15. McGlone E. and Fitzgerald F. (2005) *Perceptions of ageism in health and social services in Ireland*. National Council on Ageing and Older People, Dublin.

16. Browne, K. & Lim, J. (2009) *Older People Summary Findings Report.* Count Me In Too, Brighton: University of Brighton http://www.countmeintoo.co.uk/

17. Meads, C., Pennant, M., McManus, J. et al (2009) A systematic review of lesbian, gay, bisexual and transgender health in the West Midlands region of the UK compared to published UK research. DPHE Report Number 71. Birmingham : Unit of Public Health, Epidemiology and Biostatistics, West Midlands Health Technology Assessment Group.

18. Knocker, S. (2003) *The Whole of Me: Meeting the needs of older lesbians, gay men, and bisexuals living in care homes and extra care housing.* London: Age Concern

19. Hubbard, R. & Rossington, J. (1995) *As We Grow Older: A study of the housing and support needs of older lesbians and gay men.* London: Polari

20. Gold, D. (2005). Sexual exclusion: issues and best practice in lesbian, gay and bisexual housing and homelessness. Shelter and Stonewall Housing

EXPERIENCES OF THE WORKPLACE

Whilst the majority of LGB&T employees have broadly positive experiences of the workplace, extant empirical literature indicates that sizeable proportions continue to face significant issues at work due to sexual orientation and/or gender identity.

A large body of research, using a variety of methodologies, has consistently documented high levels of discrimination against LGB&T people at work, with harmful effects for both employees and employers. This discrimination manifested in varying forms, both at the individual (co-worker) and organisational levels, and included bullying, verbal and / or physical harassment, problematic hiring, promotion and disciplinary procedures, and issues with staff productivity and retention.

UK and EU research has also suggested that LGB&T people regularly experience verbal (and occasionally) physical bullying, and directly and indirectly experience homophobia or transphobia at work

Research from across Ireland and the UK has consistently demonstrated that LGB&T people believed that their sexual orientation / gender identity negatively impacted on their chances of progressing in work. Cumulatively, research suggests that homophobia / transphobia, bullying and harassment have an unequivocal negative impact on staff wellbeing and performance. Discrimination and harassment in the workplace has a documented negative impact on the mental and physical health of LGB&T people, as well as employment and promotion opportunities and earnings. As a result of and fear of discrimination, many LGB&T employees hide their identities, are paid less, and have fewer employment opportunities than non-LGBT employees do.

Trans people seem particularly vulnerable in the workplace. When surveyed separately, transgender respondents report even higher rates of employment discrimination and harassment than LGB people. Particular problems of discrimination and harassment occur around transition. Key UK research findings collectively suggest that many trans people have attempted to avoid discrimination by hiding (and not disclosing) their gender or gender transition or delaying their gender transition. Transgender as a workplace issue is overlooked, seen as irrelevant (unless an employee is transitioning) and little understood.

Whilst there is no denying the import of these empirical findings, it is worth reminding ourselves that the majority of LGB&T employees, working for the majority of employers, have broadly positive work-related experiences the majority of the time. The danger lies in extrapolating from the research that the experiences of LGB&T people in the workplace, on the whole, were negative, and that most employers and work environments are harmful and unfriendly places for people from LGB&T communities.

Research has identified the specific impacts of LGB&T-supportive policies or workplace climates on business outcomes including greater job commitment, improved workplace relationships, increased job satisfaction, and improved health outcomes among LGB&T employees.

FURTHER READING

1. Mitchell, M., & Howarth, C. (2009). *Trans research review*. Manchester, UK: Equality and Human Rights Commission. [1]

2. Sears, B. & Mallory, C. (2011). Documented Evidence of Employment Discrimination & Its Effects on LGBT People Executive Summary. The Williams Institute. http://williamsinstitute.law.ucla.edu/wp-content/uploads/Sears-Mallory-Discrimination-July-20111.pdf

3. McDermott, M. (2011) Through Our Eyes: Experiences of Lesbian, Gay and Bisexual People in the Workplace. The Rainbow Project, Belfast. DSDNI.

4. Mayock, P., Bryan, A., Carr, N. & Kitching, N. (2008). Supporting LGBT Lives: A Study Of Mental Health And Well-Being. Gay and Lesbian Equality Network (GLEN) and BeLonGTo Youth Project

5. EU LGBT survey European Union lesbian, gay, bisexual and transgender survey Results at a glance. European Union Agency for Fundamental Rights, 2013

6. Hunt, R. & Dick, S. (2008). Serves You Right: Lesbian and gay people's expectations of discrimination. Stonewall. www.stonewall.org.uk/documents/servesyouright.pdf

7. Colgan, F., Creegan, C., McKearney, A. and Wright, T. (2006). Lesbian, gay and bisexual workers' equality, diversity and inclusion in the workplace: a qualitative research study. Comparative Organisation and Equality Research Centre (COERC), London Metropolitan University.
8. Colgan, F., Creegan, C., McKearney, A. & Wright, T. (2006). Lesbian, Gay and Bisexual Workers: Equality, Diversity and Inclusion in the Workplace. A Qualitative Research Study. Comparative Organisation and Equality Research Centre (COERC) & London Metropolitan University

9. Whittle, S. (2000), 'Employment Discrimination and Transsexual People', The Gender Identity Research and Education Society, http://www.pfc.org.uk/files/Employment_Discrimination_and_Transsexual_People.pdf

10. Whittle, S., Turner, L. and Al-Alami, M. (2007), Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination, London: The Equalities Review.

11. Barriers to employers in developing lesbian, gay, bisexual and transgender friendly workplaces Hilary Metcalf and Heather Rolfe March 2011 National Institute of Economic and Social Research

12. Metcalf, H., & H. Rolfe. 2011. Barriers to employers in developing lesbian, gay, bisexual and transgender-friendly workplaces, National Institute of Economic and Social Research

13. Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J. et al, (2011), Injustice At Every Turn: A Report Of The National Transgender Discrimination Survey. National Center for Transgender Equality & National Gay and Lesbian Task Force. http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf

14. Schilt, K. and Connell, C. (2007), 'Do Workplace Gender Transitions Make Gender Trouble?', Gender, Work & Organization, 14 (6), pp. 596-618.

15. Whittle, S., Turner, L., Combs, R. and Rhodes, S. (2008), Transgender EuroStudy: Legal Survey and Focus on the Transgender Experience of Health Care, ILGA Europe.

16. Browne, K. & Lim, J. (2009). Transgender People; Additional Findings Report from Count Me In Too: LGBT Lives in Brighton & Hove. Brighton: Spectrum, 2007. http://www.realadmin.co.uk/microdir/3700/File/CMIT_Trans_Report_Dec08.pdf

17. Scottish Transgender Alliance (Undated) *Transgender Good Practice: Employment*. http://www.scottishtrans.org/Page/Employment.aspx

18. Morton, J. (2008), Transgender Experiences in Scotland: Research Summary, Scottish Transgender Alliance. www.scottishtrans.org/wp-content/uploads/2013/03/staexperiencessummary03082.pdf

Appendix Two: Selected Focus Group Narratives

Narrative has the ability to capture a high degree of complexity and to convey deeper understanding of the respondent's homelessness, and is a useful approach in exploratory studies. In presenting data in this manner, it is hoped to render each respondent's experiences active, through a cohesive narrative thread, infused with the latent meaning being communicated by the teller at the time of data collection. To personalise and to assist with flow of narratives, focus group / interview respondents will be given pseudonyms.

Louise, Trans female, interviewee

Louise, age unspecified, was not currently homeless, but living in unfit accommodation in an area where she felt particularly vulnerable to transphobic intimidation and violence:

[when asked 'have you ever been homeless?'] Not in the sense of not having a roof over my head…it's in a sense in feeling what is my home is all that it is a roof over my head, it is not somewhere I could call home, it's not somewhere I feel comfortable or protected it's not a particularly safe place…

… I feel very vulnerable where I'm living… I've been very very fearful of you know being identified by neighbours and then that information getting passed on to certain people and then there being violent repercussions because of it. Living in a sort of… quite… you know… tough loyalist area and in general people … have told me that … it not a safe place for me to be in as a transgender person. …

Louise explains how she is constantly vigilant and apprehensive about elements within the local community becoming aware of her gender identity, for fear of negative consequences:

…the thing is as well the psychologist nurse at the gender identity clinic is also very concerned about where I am living in terms of transition and you know what will happen to me…there was an incident a couple of weeks ago that made me very

anxious and I was you know stealing myself for the reprisals but touch wood there's been nothing….

… the street I'm living has become quite transient in terms of the population … now there seems to be a lot of people coming and going…so, you know I feel a little bit more vulnerable in that sense because I don't know who's living in the street and what they are like you know…

Whilst resigned to transphobic (particularly verbal) abuse on a regular, and sometimes daily basis, Louise is constantly fearful of physical attack – a worry she feels shared by all trans people:

I mean because it's easier you know, to hide any homosexuality from people who are not going to notice it, but with transgenderism, [it's difficult to do that]…part of the thing that the clinic are very keen on is you presenting as femininely as possible and.. like me when you're six foot one and fifteen stone it's hard to pass as the desired gender and there's people out there… it's the same old thing, the school yard thing…you get called you know "faggots" and "that's really a man"…it's sticks and stones…the fear and I think it's the same for all transgender people, is being beaten up…that's the biggest fear, and that's why we want to feel… be in an area where we at least feel that that is minimised….

Her concerns are such that she is often reluctant to stay in her own property:

…I've spent quite a few nights staying away from my home, you know when things have been quite heated in the area because I've felt more vulnerable, so I've stayed with my partner, my fiancé….

Practical aspects of her tenancy are also causing difficulties, and increased her reluctance to stay in the property. Her financial situation makes it difficult to move into alternative accommodation in an area where she would feel safer.

I've looked into private rental, but because of family circumstances… my father's health has declined … so I made a point of visiting as much as I can, so that's put me in an economic situation where I'm not able to move to an area that may be safer so….I don't feel physically safe, it's just somewhere for me to lay my head and nothing more... I spend as little time there as possible…. it's just somewhere that's dry…out of

the elements that I can sleep, it doesn't feel safe, secure or any of the things that most people would like to say about their home….

Louise contacted the NIHE, with advocacy support from an LGB&T support organisation. Whilst rating the LGB&T organisation's support highly, her experiences of NIHE were very poor, claiming that NIHE staff's awareness of and sensitivity to the specifics of her situation, and trans issues generally were negligible. As a result, she felt completely unsupported.

…they don't refer to me a [name] or miss or…all forms are Mr [name] and I've quite specifically said to them that I'm transgender but they've ignored that….

[when asked how sensitively she felt the NIHE dealt with her case:]…not at all, as I say they totally disregard it [trans issues]

Really, really poor [ability to deal with trans issues], if it hadn't have been for [the LGBT Advocate's] intervention I would be nowhere with it, it's only because she pushed so hard that they've offered me anything at all…

Louise recounts one particular incident, when a visiting NIHE member of staff stated that she would need to be physically attacked before the NIHE would consider rehousing her. This upset her deeply, as she felt she was being penalised for her gender identity, and transphobic behaviour inadvertently tolerated:

…there was an incident…the Housing Executive people came to interview me and I explained the circumstances…and the person turned round and said well to be honest with you it would take you to get a kicking before we would consider homing you…I don't think he meant it out of badness, I think he was just highlighting the bureaucratic nature of the organisation …

…I think you know that they [NIHE] need to understand the seriousness of what transgenderism you know I think there is a big misunderstanding about it… the [NIHE staff] who said to me, that it would take you to get a kicking, that speaks volumes because it's all about bolting the door … if I'd have just said, look people I'm trans, I'm just out there, if I'd have been intimidated, bullied, then I would have been rehoused, but because I've been careful and played by the rules I feel as if I've been penalised because of it …

At time of data collection Louise was still seeking accommodation in an area that perceived to be safe.

….I'm being offered aren't suitable for me [re. personal safety]…I'm prepared to downsize and give away some of my things to charity shops in order to move into a smaller property, it's about, it's about safety…

…[the offered accommodation is] in proximity to an area that could actually lead to you know intimidation and things like that so I was warned off that… nobody told me…that you know that my points were too low for that particular [desired] area..

David, Gay male, interviewee

David experienced his first and only episode of homelessness at the age of 16. He was currently aged 17. He cited the main reason for his homelessness as family rejection because of his sexual orientation. ***…I came out to my father, he wasn't too happy about that and he threw me out…***

For a period of two months, David slept rough and sofa surfed. During that period was in regular contact with NIHE and benefits office in attempt to sort out his financial and housing needs. He sought advocacy and advice support from a local political party and LGB&T organisation.

…For the two months that I was homeless I mostly stayed on the streets, or sometimes friends' homes, that was about it really. 5 nights out of 7 I would have been out on the street…During the two months I was [trying] to get a house from the Housing Executive and sort out benefits for the meantime and stuff like that there….

Despite contacting the NIHE as soon as he was made homeless, David describes how it took weeks to secure an interview. ***[when asked how helpful did he find the NIHE] Not very…to get an interview with anyone it took weeks and actually I started, literally the day after I became homeless…it took a full two months, and after complaining to god knows how many councillors and organisations to get a house, and it was just a ridiculous ordeal….***

David's experiences of the service provided by the NIHE were poor, and like other respondents across focus groups and interviews, his negativity was directed at the

organisation and process, and not individual staff. Whilst they did achieve the outcome of securing accommodation, the respondent felt did this poorly. David highlighted a lack of continuity of contact, poor information flow / communications, and perceived lack of understanding of LGBT issues. Given David's age, resolving his housing and benefits situation would have been more complex – and he found this particularly frustrating and stressful.

[The NIHE made me feel] more like a number than a person I suppose, it was just… I was basically the entire two months I was sent between the Housing Executive and the dole office back and forth back and forth because neither of them was budging… it was just … we can't put you on Jobseekers because of your age and we can't put you on housing benefits because you have no Jobseekers or anything like that there. It was just … every time I went to the organisation I was I front of a different person, I had to re-explain the entire situation and got a different opinion from them of where I should go and it was just throwing me I circles, go to desk A go to desk B…

…they're [NIHE] not very welcoming at all, they… I actually had to go and speak to an [LGB&T] advocate…and get a letter…before they would…even budge …

When he secured accommodation, David describes how it was unfurnished, which given age and financial circumstances placed a him under additional significant burden. Additionally, David's account describes a property in apparent disrepair, and perhaps unfit for his needs.

… The place they offered me…doesn't have a bedroom, I still actually live there and the house is, about to become sentient with mould, it was just an awful hell hole, it was just grimy and… but seriously a roof is better than none….

…it was not at all furnished, they expected me, a 17 year old to gather everything, including a shower head, I mean no cooker, no fridge, no washing machine, no bed, no nothing… it was just empty… I got a crisis loan….and friends gave me stuff…. I had to buy second hand because of the expense of things…the washing machine actually broke two weeks after I got it… absolutely horrendous…

David believes that whilst the NIHE fulfilled their statutory duty, they did so in a poor manner.

[when asked how he would rate his experiences of NIHE staff] …well it depends on the member of staff, I find that some people are genuinely nice caring people, were as some people have just…shown total ignorance…I've just hit so many walls….there's just some people that don't want to… their attitude to their work is just extremely poor..

Finally, David felt that the processes and requirements involved in securing housing and housing related finances should be made explicit to all applicants. Complaints, similarly, should be seen to be dealt with in a transparent and serious manner; and that young people should have assistance with furnishing and settling into new accommodation as necessary.

..If they were to get across the processes of applying for Housing Benefit and all the hoops that you have to jump through… if they could just basically say that out front…clear advice…and complaints seem to go nowhere, absolutely nowhere, it goes to the desk and then, from my experience, straight into the bin…

…I got absolutely no support in handling budgets and stuff like that there and getting furniture and stuff like that. I think it should be mandatory that every house they give you should include the bare essentials that is, bed, fridge, washing machine, cooker. They should include those… it is ridiculous to assume that someone as young as myself would be able to do that…

Caroline, Trans female, focus group respondent

Caroline has been homeless twice, the first time at the age of 25, when she lived in England. This episode of homelessness was precipitated by relationship breakdown, and based on her focus group responses it is unclear, but unlikely that this involved her gender identity / sexual orientation. She was homeless for a year, staying with friends and acquaintances. Her second experience of homelessness was precipitated by transphobic and homophobic harassment and abuse, which was typified by multiple house moves to escape abuse – she was rehoused by the NIHE.

…The first time was matrimonial breakdown….I was about 25 so I was…*was actually homeless for a year. Second time… but I was homelessness due to transphobic abuse as well as homophobia because there was gay slurs as well, sort of mixed in with that.*

I had received death threats and everything eventually they blew part of the house up, so I eventually moved…

The second time I was literally, went from home to home… I just literally got transferred from one house to the next, as I say, it wasn't safe where I was so they put me to a safe area each time….

Caroline's experiences of the NIHE, where on the whole, very positive.

…I approached the Housing Executive. My experience with the Housing Executive was brilliant. [in terms of] attitude, I was treated no different to anyone else, you know it was completely fine, I was more than supported…great…

She explained that the NIHE did make an offer of temporary accommodation in a hostel environment, and that she refused on the basis that the allocation rules would have placed her inappropriately, with regards to gender.

…I didn't enter temporary accommodation, I did have it offered and, but refused because of the staff, you had to be either male or female, you know to be in the accommodation therefore I'd have had to been as male so I refused…

Finally, when asked about her current accommodation, Caroline simply replied:

Mine's perfect

Debra, Trans female, focus group respondent

Debra has been homeless twice, first at age of 15, for 3 months: she left home for her own independence (there was insufficient data to determine whether sexual orientation / gender identity were precipitating factors in this decision, but it can be inferred from data that this was not the case). During this period of homelessness, she spent time in a squat. Debra again experienced homelessness at the age of 24 for a period of 4 months. The reason for this was not stated. Whilst in temporary accommodation, Debra experienced mixed reactions from other residents, from staff, and in particular, her key worker, with some direct experience of transphobic and homophobic harassment, the use of the wrong pronoun, and attempts to make her stay at the accommodation project difficult:

…the second time I was in temporary accommodation…I just left because of homophobic and transphobic slurs and things…

…I found fellow residents were very… a mixed bunch, some were understanding, yet there was some of them that were transphobic and homophobic, the staff themselves were a mixed bag as well, most of them were fine, there was one staff member that was totally un-sympathetic and she was my key worker too unfortunately….

…the key worker that I was assigned was a bit transphobic, but other staff members were fine… but she was very much old school and I remember one time she said to me, you've moved here two months ago and you've not found a doctor. And I said no I haven't because its, you know difficult to find a sympathetic doctor to get you on the road to transition and she kept asking me that every time she saw me and I thought that was unnerving and you know she wanted me out of there…Her replacement…found me gave me the doctors that would be sympathetic, she went and done some research for me behind the scenes like. Knowing that she was taking over as my key worker…she was very helpful….

Whilst her experiences of the assigned key worker were predominantly negative, Debra rated staff overall as positive:

[when asked to rate the sensitivity of staff in the hostel to gender identity]…The first one, out of 10, 10 being the highest and 1 being the lowest, I'd say minus 6 and [the replacement key worker] probably a good 9, she took a while, but she knew her stuff you knew, she knew how to treat me and how address me….

[when asked to rate the staff in that facility overall] I'd say an 8 [out of 10…]

When asked to rate her experiences of residents, Debra was ambivalent – some residents' attitudes towards her and her gender identity were positive, others – particularly male residents, chose to harass her.

[When asked to rate residents' attitude to gender identity issues] 50/50… Just wrong pronouns and an odd case of saying 'you're nothing but a boy in a dress' and all this sort of stuff…but at the same time, there was other residents who were saying, 'no leave her alone', you know, so some were very understanding and I'd talk to them more but I found it was mostly the girls that were supportive and the second was the

boys were negative, you know cus, I think it affected, you know… they thought I was challenging their masculinity…..

Debra never reported any of these instances of abuse, either from staff or residents. Debra also indicated that some staff would challenge instances of abuse / harassment, but only the more visible incidents.

[when asked to rate how staff dealt with incidents] Some staff did challenge things but …only if they heard it…. you know if it happened up in my flat, they wouldn't have heard it… they would have seen it on CCTV but they wouldn't have heard anything….so only sometimes…

She felt that staff's competency in dealing with trans people and their issues needed improving. Many staff conflated gender identity and sexual oritentation:

…Staff need a lot more training I'd say and also I think they shouldn't assume somebody's… someone's transgender… they shouldn't assume you're just going to be LGB, you could just be heterosexual , you know…

Debra left temporary accommodation because of her transphobic experiences, and moved into Housing Association property, then private rented sector. She rated her current accommodation setting positively.

Libby, Trans female, focus group participant

Libby has had multiple experiences of homelessness – her first episode was at the age of 16, as a result of familial relationship breakdown. It is unclear from Libby's responses whether this breakdown was motivated by gender identity or sexual orientation.

…I've been homeless a few times I think it is, one was… started off 16 and then there… 20, 23 and a few times in between…but it wasn't as bad…First time..I had to move out of the home…parents and stuff we weren't getting on and they weren't happy with me…

The remainder of her experiences of homelessness were due to transphobic harassment, mostly from elements within the neighbourhood where she lived at various points. These included personal and property attacks.

[when asked were any incidents motivated by gender identity / sexual orientation:] Yes [gender identity]…because people obviously know like… that you are trans or something so it does make a big issue to other people… so…on most occasions it's down to transphobic abuse and stuff and having your house attacked were the police had actually advised me to leave that night and I had my bag and stuff…

Libby also reported experiencing transphobic incidents whilst in temporary accommodation, which resulted in her leaving. Libby described how she experienced repeated episodes of harassment when living in social and private rented accommodation. Repeated harassment, coupled with financial difficulties, culminated in a return to temporary accommodation:

…rest of the times [i.e. episodes of homelessness] were due to harassment and stuff like that…Harassment and stuff was mostly in the [NIHE accommodation], the rest is in [private accommodation]. Once I was actually [attacked] in my house, but mostly in neighbourhood..

…the likes of supported accommodation, it [abuse] would have started in there and happened a bit…were I had to get out of there because you weren't getting on with staff … then I moved into Housing Executive accommodation…

…then I moved into [NIHE] accommodation… I was in there three weeks and…about 30 or 40 young people round me door, throwing stuff at the windows and stuff…ended up in hospital for 6 weeks then back into a hostel again…

Like other trans people across the focus groups, Libby experienced difficulties accessing gender appropriate facilities in temporary accommodation, reported problems with staff attitudes and behaviours, and claimed that reported incidents of harassment these were left unaddressed and unresolved. Despite this, she rated staff, collectively, reasonably highly:

…Yes…it was [difficult] and it probably still would be…the difficulty was that they wanted to put me in like with other males and stuff that I didn't want but you had no other choices because there was no other choice, they said that was it take this or there's nothing we could do…. I had no other choice because I didn't want to lie in the streets….

…when I asked them to move me up where I could be with other females, they wouldn't, then it was a matter of moving into private accommodation but falling through because it ended up that I couldn't afford rent, so that was the same pattern, you get into somewhere, get hassle, go private, be happy, can't afford it, move out, go down…

[key worker] wasn't [supportive], there was no support there what so ever… when I went in there I was on the start stages of transitioning and it was obvious too, but it was like…you're not a woman so you can't go to a woman's side, no you can't go upstairs you'll have to stay here and that's just the way it was…

[when asked to overall rate staff] Umm about 5 or 6 [out of 10]

When asked about her experiences of the Housing Executive, Libby felt that they were unhelpful, and were not sensitive to her specific needs (or trans needs more broadly). Like many other respondents across focus groups and interviews, Libby reported that whilst she was offered accommodation by the NIHE, these typically tended to be in areas that she would perceive to be unsafe (with regards to her gender identity). She felt that the NIHE could improve the support they give to trans applicants, by increasing their awareness of the specific issues they face, and through providing clearer, more explicitly stated information on 'trans safe' areas:

No I never thought they [NIHE] were anything helpful, or helpful to me…each and every time [NIHE] offer you such and a [sic] such in the middle of some housing estate and I'd say, well what's the point when I've just been in one three weeks and been put out, it's going to happen again… I need to go somewhere where it is safer for me but they said that there is nothing they can do really if I can't take the options that they have offered. I just think it's different more with your gender, its more visible sort of thing so you're more [vulnerable]…

…they said [NIHE] that's nothing to do for me basically… when you ask them [for information about safe housing areas]…they just says we can't tell you that, it's up to you to decide…but…I don't know any areas…A bit more [information] about safer areas and recommending [an area] for you would help….instead of leaving me with no help or support, would help, you know….

With regards to her current accommodation, Libby reported being happy, but expressed concerns about long-term affordability, and whether she could remain in tenancy:

…I'm happy with mine, just… it's just down to the money that decides that I can't afford it anymore that'll be the … ill not want to go [leave accommodation] but I'll probably have to…

Angela, Trans female, focus group respondent

Whilst stating that she has never been homeless, Angela indicated that she has stayed in temporary accommodation. Based on focus group responses, it seems Angela had a spell staying in a temporary accommodation / hostel setting, but that she did not consider this to be homelessness. Instead, she chose to stay in temporary accommodation as a consequence of a lack of availability in rented accommodation in areas where she wished to live.

…So there was no houses… the reason why I was actually in the hostel was particularly, was the fact that there was no rented houses available at the time you know, just that…

Angela reported her experiences of temporary accommodation as being broadly positive, with no experiences of harassment. She attributes this mainly to the fact that she was not 'out' at the time:

…no difficulties [accessing or whilst staying]…my identity at the time was hidden so, you know I had no issues…I'd no issues with them at all [in hostel] I'd just, I hadn't come out as transgender and I was, I was living under a different identity, you know

Whilst not homeless, Angela's experiences of transphobic harassment from elements within her neighbourhood are such that she has 'barricaded' herself into her own home, and generally increased security measures around her property to increase her safety:

…I don't class myself as homeless as such but due to… a section of my neighbourhood who basically say that they are going to get me out I have barricaded myself inside my house, I have put barbed wire up, I have put security cameras up, a big massive

gate, it's locked, only opened for the post man, so I don't call that a home…. its intimidation from the neighbourhood and misunderstandings…

Whilst moderately happy with her current accommodation, concerns remain about about neighbourhood safety. ***[the accommodation] is, practically, OK, but the environment is not, is just not suitable…neighbours….and my education or work prospects, safety and such…***