ENVIRONMENTAL ANALYSIS

A REVIEW OF RELEVANT LITERATURE AND DATA TO INFORM THE DEVELOPMENT OF THE LGBTI+ NATIONAL YOUTH STRATEGY 2018 - 2020

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# Table of Contents

ACRONYMS ........................................................................................................................................... 3

1 CHAPTER 1: INTRODUCTION .................................................................................................................. 4
  1.1 Background ....................................................................................................................................... 4
  1.2 Objectives ....................................................................................................................................... 5
  1.3 Structure of the Document ............................................................................................................... 5
  1.4 Limitations ..................................................................................................................................... 5

2 CHAPTER 2: LITERATURE REVIEW ...................................................................................................... 6
  2.1 LGBTI+ History & Legislative Developments ................................................................................. 6
  2.2 Quantifying the LGBTI+ Population ............................................................................................... 8
  2.3 Acceptance & Support ..................................................................................................................... 9
  2.4 Health & Wellbeing ....................................................................................................................... 17

3 APPENDICES ......................................................................................................................................... 21

APPENDIX 1: BIBLIOGRAPHY ............................................................................................................... 21

APPENDIX 2: LGBTI+ GLOSSARY OF TERMS ..................................................................................... 27
### ACRONYMS

The following list provides an overview of acronyms used throughout this document.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>BeLonG To</td>
<td>BeLonGTo Youth Services</td>
</tr>
<tr>
<td>BOBF</td>
<td>Better Outcomes Brighter Futures</td>
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<tr>
<td>CPD</td>
<td>Continuous Professional Development</td>
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<tr>
<td>CSO</td>
<td>Central Statistics Office</td>
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<tr>
<td>DCYA</td>
<td>Department of Children &amp; Youth Affairs</td>
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<tr>
<td>DES</td>
<td>Department of Education &amp; Skills</td>
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<tr>
<td>GIRES</td>
<td>Gender Identity Research &amp; Education Society</td>
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<tr>
<td>GLEN</td>
<td>Gay &amp; Lesbian Equality Network</td>
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<tr>
<td>GMHS</td>
<td>Gay Men’s Health Service</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HSE</td>
<td>Health Service Executive</td>
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<tr>
<td>HPSC</td>
<td>Health Protection Surveillance Centre</td>
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<tr>
<td>ILGA</td>
<td>International Lesbian, Gay, Bisexual, Trans and Intersex Association</td>
</tr>
<tr>
<td>ISSHR</td>
<td>Irish Study of Sexual Health and Relationships</td>
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<tr>
<td>LGB</td>
<td>Lesbian, Gay &amp; Bisexual</td>
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<tr>
<td>LGBT</td>
<td>Lesbian, Gay, Bisexual &amp; Transgender</td>
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<tr>
<td>LGBTI+</td>
<td>Lesbian, Gay, Bisexual, Transgender, Intersex</td>
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<tr>
<td>LOOK</td>
<td>Loving Our Out Kids</td>
</tr>
<tr>
<td>MISI</td>
<td>Men who have Sex with Men Internet Survey Ireland</td>
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<tr>
<td>NOSP</td>
<td>National Office for Suicide Prevention</td>
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<tr>
<td>NXF</td>
<td>National LGBT Federation</td>
</tr>
<tr>
<td>PULSE</td>
<td>Police Using Leading Systems Effectively (An Garda Síochána’s Computer Database)</td>
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<tr>
<td>SAIL</td>
<td>Support, Acceptance, Information &amp; Learning</td>
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<tr>
<td>SPHE</td>
<td>Social Personal &amp; Health Education</td>
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<tr>
<td>SRE</td>
<td>Sexual and Relationship Education</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>TENI</td>
<td>Transgender Equality Network Ireland</td>
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<tr>
<td>TIE</td>
<td>Time for Inclusive Education</td>
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<tr>
<td>Trans</td>
<td>Transgender</td>
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CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

In 2014, the DCYA launched the National Policy Framework for Children and Young People “Better Outcomes, Brighter Futures” (“BOBF”). As part of this Framework, five national outcomes have been identified for young people. These five outcomes are aimed to ensure that children:

1) Are active and healthy, with positive physical and mental wellbeing
2) Are achieving their full potential in all areas of learning and development
3) Are safe and protected from harm
4) Have economic security and opportunity
5) Are connected, respected and contributing to their world.

As part of the Programme for Government, the Department of Children and Youth Affairs (DCYA) is tasked with developing a three year LGBTI+ National Youth Strategy aimed at young people aged 10-24. The focus of the LGBTI+ National Youth Strategy will be set within the overarching BOBF Framework. It is envisaged that this strategy will support the DCYA in identifying and implementing additional measures that are required to ensure that lesbian, gay, bisexual, transgender and intersex (LGBTI+) young people can achieve the same outcomes as all young people in Ireland.

Irish legislation relating to the rights of children and young people has developed significantly since the introduction of the Childcare Act in 1991. Prior to this, Ireland was relying on the Children’s Act of 1908 with regard to the care of children and children’s rights. The Childcare Act 1991 provides that in any court proceedings concerning a child, the Court must regard the welfare of the child as the principle guide in its decision making. Since then, Ireland signed up to the United Nations Convention on the Rights of the Child in 1992, introduced the National Children’s Strategy ‘Our Children, Their Lives’ in 2000, enacted the Children’s Act into law, set up the National Children’s Office in 2001 and established the Department of Children and Youth Affairs in 2011.

The National Youth Strategy published in 2015 aims to address the needs of children and young people from 10-24 years of age. This Strategy identifies LGBTI+ young people as one of the specific groups to be considered in the context of focused provision for marginalised young people. The LGBTIreland Report found that 12 years of age is the most common age that people discover their LGBTI identity, with 16 being the most common age that people usually tell another person for the first time that they are LGBTI. Research published in Northern Ireland in 2013 suggests that transgender youths develop a strong self-awareness that their gender identity is different from their assigned birth sex between the age of three and five, but typically do not discuss it with others until anywhere between six and 16 years later, which can result in a significant feeling of isolation for transgender youths.¹

In Ireland, a number of organisations were set up in recent decades to promote LGBTI+ and to take the initiative in ensuring change reforms remain publicised and part of the national agenda. Organisations such as the Gay and Lesbian Equality Network (GLEN), BeLonG To, the National LGBT Federation (NXF), and Transgender Equality Network Ireland (TENI), among others, have played a role in highlighting LGBTI+ issues, commissioning and carrying out research, supporting the LGBTI+ community and raising awareness of the struggles faced by LGBTI+ people. Media has also played a vital role, including RTE’s Growing Up Gay documentary, which sought to alleviate the stigma around various expressions of sexual identity.

GLEN, one of the earliest organisations established in 1988 to campaign for gay and lesbian rights, announced in May 2017 that it would be winding down and its services would be spread across a number of organisations, a significant blow to the community. The work carried out by each of these organisations varies, however the underlying ideology and raison d’être of each is relatively the same; to promote equality and well-being of all LGBTI+ people in Ireland.

1.2 OBJECTIVES

This environmental analysis is intended to aid the strategic planning consultation process and to inform the development of the LGBTI+ National Youth Strategy 2018 - 2020. The review was undertaken in the period from May to July 2017 and includes analysis of previous LGBTI+ research both nationally and internationally. A full bibliography of sources is included in Appendix 1.

This review does not purport to be fully comprehensive of all LGBTI+ related publications in any way, but is deemed to be sufficient in the context of its objectives.

1.3 STRUCTURE OF THE DOCUMENT

The review of literature outlined in Chapter 2 is structured as follows:

LGBTI+ History and Legislative Developments - provides an overview of the significant changes that have taken place in Ireland in recent decades across a range of LGBTI+ related issues

- Quantifying the LGBTI+ Population - summarises the data available to quantify the LGBTI+ population.

Following an initial review of previous LGBTI+ research both nationally and internationally, the following areas were identified as the overarching themes of the review.

- Acceptance and Support - Research suggests a broad range of challenges relating to acceptance and support within society, family, school, work and sporting environments. This section considers the challenges for LGBTI+ individuals in coming out, with fear of rejection, discrimination, bullying and harassment being significant issues. It considers the community and highlights the various youth services in place to support LGBTI+ young people. It highlights the increased risk of social exclusion, homelessness and poverty among the LGBTI+ population.

- Health and Wellbeing - This section considers health and wellbeing of LGBTI+ young people from a mental, physical and sexual health perspective, and considers the challenges accessing the necessary health services.

1.4 LIMITATIONS

Mazars encountered a number of challenges when completing this environmental analysis, and the following limitations are noted:

- Limited availability of quantitative LGBTI+ data
- Reliance on survey information
- Limited availability of Trans and Intersex specific data
- Differing pace of change by the individual LGBTI+ cohorts
- Limited evaluation of effectiveness of LGBTI+ supports and services as an evidence base
- Absence of distinction between LGBTI+ and LGBTI+ young people across many information sources

We have relied on the information reviewed without having sought to validate it with independent sources. We have however, satisfied ourselves that information received is consistent with other information furnished to us.

This document has been prepared as an input to the development of the LGBTI+ National Youth Strategy. Mazars assumes no responsibility in respect of, or arising out of, or in connection with this document to parties other than the DCYA.
2 CHAPTER 2: LITERATURE REVIEW

2.1 LGBTI+ HISTORY & LEGISLATIVE DEVELOPMENTS

A number of significant changes have taken place in Ireland in recent decades which have resulted in substantial progress across a range of LGBTI+ related issues. The following timeline provides an overview of the key developments among the LGBTI+ community since the 1861 Offences Against the Persons Act.

For well over 100 years homosexual acts were considered a criminal offence in Ireland. Despite this, the 1970s saw the introduction of a number of organisations including the Irish Gay Rights Movement and the Irish Gay Federation, with a view to promoting equality among gay and lesbian members of society. The escalation of the AIDS crisis in the 1980s brought further challenges associated with increased discrimination against homosexuals, including the introduction of a lifetime ban on giving blood (which remained in place until 2017).

The visibility of LGBTI+ groups has increased dramatically since the 1970s and 1980s. Much of this is as a result of the decriminalisation of homosexual acts and the significant legislative developments that have taken place, which have led to considerable progress being made towards increasing acceptance of LGBTI+ people in Ireland. Events such as the introduction of the annual Pride festival and related events across Ireland, promotes greater visibility of LGBTI+ individuals in society. This festival continues to be a significant event each year to celebrate sexual diversity and gender variance. In 2010 there were approximately 22,000 participants in the Pride Parade, while in 2015, just five years later, this figure almost tripled, with approximately 65,000 taking part2.

The 1980s started the debate on the decriminalisation of homosexual acts, with the initial challenge to the legislation brought by David Norris in 1983. Norris was originally unsuccessful in this challenge, until the European Court of Human Rights finally ruled in his favour in 1988. This decision directly resulted in the abolishment of homosexuality as a criminal status by the Oireachtas. However, it took

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until June 1993 for this ruling to be consigned into law. This level of progress for LGB individuals is not evident in all jurisdictions. The State Sponsored Homophobia Report 2017 by the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) reports that homosexual acts remain a criminal offence in seventy-two States in the world. Within these States, punishments for homosexual acts range from prison sentences of a number of months or years, to implementation of the death penalty in eight States.

While the decriminalisation of homosexual acts was a monumental development for the LGB community in Ireland, same sex couples were not granted equal status to heterosexual couples. The landmark KAL case, initiated in 2004, sought to challenge the decision of the Revenue Commissioners not to recognise the Canadian marriage of a lesbian couple on their move to Ireland, resulting in their disqualification from obtaining tax allowances available to married heterosexual couples. The High Court found in favour of the Revenue Commissioners, and the case proceeded to the Supreme Court on appeal before being returned to the High Court to challenge the constitutionality of the Civil Registration Act 2004. The KAL case initiated a decade of debate on marriage equality, and was instrumental in the passing of the Civil Partnership Act in June 2010, giving increased rights to same sex couples.

Five years later in 2015, after years of campaigning by LGB groups, the Marriage Equality Referendum was passed in Ireland by a 62% vote. This referendum allowed marriage to be contracted by two persons without distinction as to their sex, and marked a further breakthrough for the rights of LGB people in Ireland. It was a pioneering result for LGB people, with Ireland becoming the first state to introduce same sex marriage as a result of public vote. Ireland is now one of 13 European countries to recognise the rights of same-sex couples to marry, with a further 12 acknowledging the right to civil unions.

The media played an important role in publicising the debate and discussion surrounding the 2015 Marriage Equality Referendum which was broadcast around the world. Social media in particular was effectively used by “Yes” Campaigners in the build up to the referendum in 2015. The Irish Times reported at the time that Facebook posts from the “Yes” Equality campaign had “a combined reach of 1.6 million” people, allowing the Yes campaign to reach more people, especially younger voters, than otherwise would have been possible through traditional methods.

The transgender community has also faced legal challenges in gaining recognition and acceptance in Ireland. The landmark case of Dr. Lydia Foy highlighted these challenges. Dr. Foy was refused a new birth certificate by the Office of the Registrar General in 1993 to reflect her identity as a woman. Following her struggle to obtain a new birth certificate, Dr. Foy initiated High Court Proceedings in 2000, and in 2002 her claim was rejected due to the lack of legal precedent in Irish or UK legislation. Later that year the European Court of Human Rights found in favour of a transgender woman getting a rectified birth certificate in the UK. Following this ruling, a new case was made by Dr. Foy, and in 2010 the Gender Recognition Advisory Group was established which ultimately led to the Gender Recognition Act being passed into legislation in 2015. This resulted in transgender people being able to receive legal recognition of their preferred gender as male or female, and allowed for the acquisition of a new birth certificate that reflects this change.

The Gender Recognition Act allows all people who are over the age of 18 to self-declare their own gender identity as male or female, with Ireland being one of only four countries in Europe (alongside Denmark, Norway, Malta and Spain) that allows legal gender recognition on the basis of self-determination. The Act also allows for young people aged 16-17 to apply for their gender to be legally recognised. However, children under the age of 16 are prohibited from making an application under the Act, and those aged 16 and 17 years must meet a number of criteria in order to have their gender recognised by the Act.

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At present, intersex and non-binary people are not recognised under the Gender Recognition Act. The Irish Government is committed to begin a review of the Gender Recognition Act in September 2017, as provided for in section 7 of the Act. The Transgender Equality Network (TENI) convened a Gender Recognition Review Working Group, and is working with the transgender community and relevant stakeholders to advocate for full legal recognition for all young, non-binary and intersex people.

Irish Equality legislation has been enhanced in recent years since the Equal Status Act of 2000. The Equal Status Act of 2000 prohibits discrimination of people on nine grounds (which includes gender and sexual orientation). It is focused on promoting equality, prohibiting certain types of discrimination, harassment and related behaviour in connection with the provision of services, property and other opportunities to which the public has access. The Irish Human Rights and Equality Act 2014 places an obligation on all public bodies in Ireland to promote equality, prevent discrimination and protect the human rights of their employees, customers, service users and everyone affected by their policies and plans. This legal obligation is known as Public Sector Duty, and it originated in Section 42 of the Act. The Employment Equality Acts 1998–2015 further outlaw discrimination on the same nine grounds in a wide range of employment and employment-related areas. Recommendations by the European Union Agency for Fundamental Rights calls for an expansion of EU law to expressly ban discrimination on grounds of gender identity, following the results of the EU LGBT survey which found that a considerable portion of transgender individuals, in particular, face discrimination when looking for a job.7

The Children and Family Relationships Act 2015 enables a person who is married to, or is in a civil partnership with, a parent of a child and has shared the responsibility of the day-to-day care of the child for at least two years, to apply to court to be appointed as a guardian of a child. The number of children brought up in LGBTI households has increased considerably, with statistics from the US noting that almost 20% of same-sex households have children. Of these, 73% have biological children, 21% have step children or adopted children, and 6% have a combination of both8. In Ireland, the Act states that where an LGBT couple are sharing the parenting of a child from a previous opposite-sex relationship, it is possible for the non-biological parent to become the legal parent or guardian of that child.

As of October 2017, the commencement order for the provisions of the Adoption (Amendment) Act 2017, allows for non-married heterosexual and same sex couples to adopt a child together. Prior to this, it was not possible under Irish legislation for a non-married couple to adopt a child together, and this applied to both opposite and same sex couples. Sole adoption is possible for any person aged 21 or over, and a person cannot be prevented from adopting as a sole adopter on the basis of his or her sexual orientation.9 Where transgender parenting is concerned, a transgender individual retains all parental obligations and rights in respect of his or her biological or adopted children despite their transition to their preferred gender. Some recent cases publicised in the media outline instances whereby transgender individuals who have been born female are delaying their transition to male in order to have a baby first. The first case of a transgender man giving birth in the UK was recorded as recently as June 2017, while similar cases have emerged in the US prior to this10.

These Acts provide greater protection for LGBTI+ individuals, however evidence of LGBTI+ discrimination remains in society today and continues to cause challenges for members of this community.

2.2 QUANTIFYING THE LGBTI+ POPULATION

There is limited data available to quantify the LGBTI+ population, nationally or internationally. In relation to the LGB specific cohort, previous research in the US led by sexologist Alfred Kinsey of

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Indiana University suggests that 10% of the population are homosexual\textsuperscript{11}. This differs considerably from the approximately 4% of those surveyed back in 2006 as part of the Irish Study of Sexual Health and Relationships (ISSHR)\textsuperscript{12} identifying as LGB. The My World Survey of Youth Mental Health in Ireland, completed in 2012, found that 8% of youths surveyed classified themselves as lesbian, gay or bisexual while an additional 3% were unsure of their sexual orientation.

The Kinsey Scale, developed and published in 1948 in Indiana University, is a heterosexual-homosexual rating scale. Research using this scale found that people did not fit into exclusive heterosexual or homosexual categories\textsuperscript{13}. Research in the UK by YouGov in 2015 asked people to place themselves on the Kinsey Scale. The results indicate that 23% of British people placed themselves at a level of the scale that was not 100% heterosexual, and in the case of 18-24 year olds the figure rises to 49%\textsuperscript{14}.

Since the Civil Partnership Act was introduced and the Marriage Equality Referendum, additional demographics with regard to gay and lesbian couples have been captured by the Central Statistics Office (CSO) as part of Census 2016. The CSO reported that 4,226 persons identified themselves as being in a same-sex civil partnership and a further 706 people identified themselves as being a married same-sex couple. The CSO state that total same sex marriages, as of 2016, accounts for almost 5% of all marriages in Ireland.

Similarly, there is currently no official record to quantify the transgender or non-binary population. A draft consultation paper by TENI in 2017 refers to a 2011 estimate by the UK based Gender Identity Research and Education Society (GIRES) that 1% of individuals may experience some degree of gender variance or non-conformity, which equates to just under 50,000 people in Ireland.

As part of the United Nations Human Rights “Free and Equal” Campaign from the Office of the High Commission for Human Rights (UN OHCHR), intersex is defined as “an umbrella term used to describe a wide range of natural bodily variations” whereby Intersex people are born with sex characteristics (including genital, gonadal and chromosome patterns) that do not fit typical binary notions of male or female bodies. These Intersex traits can be visible at birth or not apparent until puberty, with some chromosomal intersex variations not physically apparent at all. An intersex person may be straight, gay, lesbian, bisexual or asexual, and may identify as female, male, both or neither. According to experts, between 0.05% and 1.7% of the population is born with intersex traits.

The figures above indicate the challenge in quantifying the size of the LGBTI+ population. In relation to the LGBT group, this is predominantly due to gaps in the data available, while for the intersex cohort the challenges relate more to the complexities in defining the boundaries of this group.

### 2.3 ACCEPTANCE & SUPPORT

Research suggests a broad range of challenges relating to acceptance and support within society, family, school, work and sporting environments. The LGBTIreland Report suggests considerable challenges for LGBTI+ individuals in coming out, noting that roughly 3% of LGBTI+ people had not come out to anyone, with fear of rejection, discrimination, bullying and harassment being significant factors impacting their decision.

**Discrimination**

Fear of rejection and discrimination continue to act as deterrents to LGBTI+ individuals disclosing their LGBTI+ identities, with instances of homophobia and transphobia continuing to feature throughout society. The LGBTIreland Report shows that LGBTI+ individuals are still at high risk of victimisation in society, with 75% of LGBTI people having been verbally abused for being LGBTI+ in the past, 29% of which occurred as recently as 2015 and 2016. This report also brings to light that


instances of physical harassment continue to be a frequent occurrence, with 29% of gay men and 24% of transgender and intersex people reporting having been physically attacked in public, and a further 15% of LGBTI people experiencing sexual violence. In addition, the Transphobia in Ireland Report published by TENI in 2009 reported that transgender people are facing various forms of social, economic, cultural and legal injustices such as shaming, harassment, discrimination, violence and denial of legal rights and equal protections.

The LGBTIreland Report confirms that personal safety continues to be a significant concern for LGBTI+ people with only one in three LGBTI people feeling safe showing affection or holding hands in public, and only 40% of transgender people feeling safe expressing their gender identity in public. The report outlines that younger LGBTI people in particular were more likely to say they felt unsafe or very unsafe going to or leaving an LGBTI venue.

The report also suggests that 31% of LGBTI people have had someone threaten to ‘out’ them against their will. This type of threat has the potential to have a traumatic effect on LGBTI+ people especially if those people who are threatened have not already come out to their family or friends. Additionally, 23% of those surveyed have had hurtful things written about their LGBTI identity on social media, an area where bullying and harassment is prevalent. Of the LGBTI cohort surveyed, a higher proportion of gay males, transgender and intersex participants reported being verbally hurt compared to lesbians and bisexuals. The report found that transgender and intersex participants reported higher levels of having hurtful things written about them on social media than LGB participants. BeLonGTo has developed practical guidelines which can support youth organisations in developing policies that address homophobia to encourage a more inclusive environment for LGBTI+ youths.

Discrimination is also a feature within and between the individual cohorts of the LGBTI+ community, with instances of biphobia and transphobia of particular note. The San Francisco Human Rights Commission’s 2011 Report suggests that bisexuals make up “the largest single population within the LGBT community” and remain a somewhat invisible group within LGBTI+, experiencing biphobia both within the heterosexual and homosexual community with their sexual orientation often referred to by both groups as a “passing phase”. Similarly, it appears that transphobia can be a common issue among the LGB community. A Change.org campaign developed a petition aimed at “dropping the T”, suggesting that members of the LGB community are seeking to distance themselves from the transgender cohort. Racism is also a feature, with the existence of Black Pride in the UK and other organisations established to support non-white gay men who do not feel welcome participating in mainstream gay clubs.

LGBTI people who took part in the Burning Issues 2 Survey were asked what the most pressing issue was, and the “prevention of bullying and violence against LGBT people, for example, hate crime legislation” was identified as their highest priority (90%). More recently, as part of the Budding Burning Issues Survey results published in August 2017, most young people (47%) mentioned they “do not feel fully accepted in society”. Apart from data obtained through surveys, limited statistics exist to accurately measure and report on the level of victimisation and instances of discrimination faced by the LGBTI+ population. Statistics obtained directly from the CSO for 2016 note that there were just 28 instances of homophobia and less than three separate instances of transphobia recorded in this period. At present an LGBTI related incident reported to the Gardaí in Ireland cannot be recorded as hate crime, but may be recorded with a motive of discrimination.

The UN Convention on the Rights of the Child, and the specific UNICEF focus on “Ending Violence and Discrimination against LGBTI People” published in 2015 highlights the particular risk of physical, psychological and sexual violence in family and community settings. This received a particular global

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emphasis given that LGBTI persons often face violence and discrimination when seeking refuge from persecution and in humanitarian emergencies.

According to the ILGA World Map from May 2017, there are 43 states across the world that protect LGBTI+ people against discrimination through hate crime legislation. The ILGA World Survey\textsuperscript{19} notes some of the global responses to the identified problems related to hate crimes, including:

- Ensuring prompt, thorough and impartial investigation and bringing perpetrators to justice, for example in Belarus, Ecuador, Turkey and USA
- Access to justice and complaints mechanisms: training for law enforcement and health service personnel regarding domestic and gender-based violence, and violence based on sexual orientation in South Africa
- Adopting hate crime legislation in Poland and the UK

In the UK, the Police and Crown Prosecution Service can classify any criminal offence as a hate crime if it is carried out because of hostility or prejudice related to disability, race, religion, transgender identity or sexual orientation\textsuperscript{20}. Scottish research suggests that one in six lesbian, gay or bisexual people has experienced homophobic hate crime, yet three in four of these crimes were not reported to the police and that the introduction of LGBT liaison officers into the policing structure within communities was a benefit in providing young LGBTI youths with the confidence to report such hate crimes\textsuperscript{21}.

The Maltese LGBTIQ Action Plan 2015-2017 had a key objective related to the investigation and prosecution of hate-motivated crimes based on sex, sexual orientation, gender identity, gender expression and sex characteristics, and actions associated with this objective included revision of the protocols for dealing with hate crimes and ensuring that police are adequately trained to respond appropriately to reports of hate crime by LGBTIQ victims.\textsuperscript{22}

**Parents, Family and Friends**

The family environment is a critical support structure for all children and youths as they grow and develop, particularly throughout the period of adolescence. Research findings from the LGBTIreland Report suggests that LGBTI+ individuals continue to face difficulties associated with acceptance by their families, with the report finding that approximately one in four people who have come out as LGBTI+ have not told their mother or father that they are LGBTI. Of those who have come out to their parents, 79% have come out to their mother compared to 70% who have come out to their father. The report identified a number of challenges where LGBTI+ youths were not out to their parents, particularly those under 18. For those under 18, access to many services required by young LGBTI+ individuals (e.g. mental health services) requires parental consent. In addition, young people are also likely to rely on their parents for transport which can reduce their ability to attend LGBTI+ specific services and supports.

For those who have come out, the LGBTIreland Report findings suggest that the knowledge that they would be accepted by their support network and the shift towards more accepting public attitudes were identified as a key enabler. Research suggests that acceptance and support from family and friends is a key factor for LGBTI+ people in developing mental health resilience. LGBT young people report that parents in particular have a crucial role to play in supporting them as they come out, and this support acts as a protective buffer against LGBT specific stresses they may encounter\textsuperscript{23}.

\textsuperscript{23} Mayock et al. (2009). *Supporting LGBT Lives: A Study Of The Mental Health And Well-Being Of Lesbian, Gay, Bisexual And Transgender People.* Dublin: GLEN and BeLonG To Youth Service.
As well as supports and services being available for LGBTI+ people in Ireland, there are also a number of services available for parents of LGBTI+ people. It is the case that for some parents, family members, friends or in some cases spouses it may be difficult to cope with the “coming out” of LGBTI+ people. Research conducted by TENI in 2017 identified that having parents who are willing to educate themselves about transgender issues made life much easier for transgender youths, and references the importance of support groups for parents where they can discuss their feelings with other parents who have experienced similar challenges. This research notes that the family was a very important source of support to transgender children, but also highlights that this support is not always available.

**Schools and Other Educational Settings**

Bullying and harassment remains a significant concern for LGBTI+ young people, with schools and other educational environments particularly conducive to this behaviour. The experiences faced by LGBTI+ individuals over the course of their time in educational environments can pose challenges and place additional pressure on LGBTI+ children and young people, particularly where they struggle to comprehend and accept their identities. This situation can lead to them becoming withdrawn from education and achieving lower grades than the general population.

Primary and Secondary School

The LGBTIreland Report found that two thirds of non-LGBTI youths have witnessed bullying of LGBTI students in their schools, with 48% of LGBTI people having personally experienced anti-LGBTI bullying in school. 24% of LGBTI students either missed or skipped school due to negative LGBTI treatment, with approximately 5% quitting school before completion. The report also highlighted a correlation between LGBTI students who experience bullying in school and higher levels of depression, anxiety, stress, alcohol use, self-harm and suicide. The figure for bullying and harassment reported in third level environments is lower, at 15%, with the number of people who consider leaving college as a result of their experience approximately 6%.

Research recently published by the University of Limerick into homophobia and transphobia in Irish primary schools found that the approach to addressing these issues is typically ad-hoc and reactive, and that it was dependent on the individual comfort, confidence and knowledge of school leaders and teachers in relation to gender and sexual identity. This research highlights the important role that teachers, guidance councillors and principals have in supporting LGBTI+ young people in schools. In addition, it emphasised the need for further research and the development of best practice guidance documentation to better equip LGBTI+ young people for the challenges they may face while in primary school.

The LGBTIreland Survey explored LGBTI issues in schools and found 80% of respondents believe that LGBTI issues should be addressed in schools, and that teachers should give positive LGBTI identity messages. LGBTI youths need teachers and school authorities to stand up against homophobia, transphobia and discrimination, as in many cases these young people are not in a position to stand up for themselves.

The issues faced by transgender individuals within the school environment can be particularly challenging. The National Trans Youth Forum Report indicates that a great majority of transgender people, both under and over 18 years, reported significant obstacles in freely expressing their preferred gender in second level education. The report identifies challenges transgender people face in schools and in particular, deals with difficulties associated with segregated spaces (e.g. toilets) and gender specific clothing requirements. Furthermore, challenges associated with acceptance of transgender students by staff in educational environments were noted, with the research suggesting that despite peer support, the overwhelming response from educational staff and administrators remained negative. Research found that teachers who use a person’s preferred name and pronoun,

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role modelled acceptance to others in the school, and this in turn made life much easier for the transgender youths.

The Department of Education and Skills has been active in promoting inclusion of LGBTI+ young people in schools. The Action Plan on Bullying published in 2013 identified LGBT youths as being a vulnerable group at risk of bullying in the school environment. The action plan gives detailed consideration to the issues faced by LGBT groups in the school environment, and identifies that LGBT pupils have particular difficulty in speaking up or reporting the bullying behaviour. The Department developed new Anti-Bullying Procedures for all schools on foot of the Action Plan, which require schools to implement education and prevention strategies that deal with the issue of identity-based bullying, particularly homophobic and transphobic bullying. Also as part of the implementation of the Action Plan, training materials for parents, teachers and Boards of Management are being developed and rolled out and the national anti-bullying website (www.tacklebullying.ie) was launched in November 2015 as a single point of information and support for young people, parents and teachers affected by bullying. In addition, guidance documentation for primary school teachers titled “Respect” was developed by GLEN and the Irish National Teachers’ Organisation (INTO) and was supported in its development by the Department of Education and Skills. This document outlines how primary school teachers can create a positive school climate to prevent homophobic and transphobic bullying.

The Department of Education and Skills collaborated with GLEN to develop a guidance document aimed at post primary schools called Being LGBT in School, which was published in 2016. GLEN suggest that if the 8% figure representing LGBT youths outlined within the MyWorldSurvey is taken to be correct, then there are approximately 29,000 young people in secondary schools in Ireland who are dealing with the realisation that they are LGBTI+. This guidance document aims to help second level schools meet the needs of LGBTI+ teenagers in attendance and is intended to provide support to key individuals in schools in ensuring that the school environment is safe, supportive and affirming of all students, including LGBT students, those perceived to be LGBT and those who have close family members who are LGBT.

In addition, a number of other LGBTI+ supports have been developed and rolled out in schools. BeLonGTo and HSE’s LGBT Safe and Supportive Schools Project model was developed to create safe, supportive and fully inclusive schools for young LGBT students. The project involved working with teachers, parents, students and the broader community, and provides a number of toolkits and materials to support schools in building a safe, supportive and inclusive environment for LGBT students. The Stand Up! Awareness Week, also introduced by BeLonGTo, was identified as one of the key actions schools can take under the Department’s Action Plan on Bullying. The campaign is funded by the Department of Education and Skills, the National Office for Suicide Prevention and the Department of Children and Youth Affairs, and focuses on tackling homophobic and transphobic bullying by increasing awareness, friendship and support for LGBT students. The Department also provided funding to BeLonGTo to explore the ways in which Stand Up! can be adapted for use in primary schools. A report on the project which is called “All Together Now” and associated teaching resources were launched in October 2016.

Scotland’s LGBT Youth Work Strategy 2014-2018 identified a number of key objectives to enhance the experience of young LGBT people in schools. Similar to the approach adopted in Ireland, the LGBT Youth Scotland Manifesto 2016 outlines a whole school approach in bringing through meaningful and long-term change in school environments, and focuses on supporting improvements in school policies, ensuring curriculum areas adequately reflect LGBTI identities and experiences and providing relevant training and CPD to school staff. Another Scottish initiative, Time for Inclusive Education (TIE), was founded in June 2015 with the aim to combat homophobia, biphobia and transphobia with inclusive education. In addition to running and organising the national campaign for LGBTI inclusive education in all schools, TIE offer various services free of charge - including school assemblies, teacher training and workplace seminars.

Third Level Education

Research suggests that the experiences associated with third level education are less challenging for some cohorts of young LGBTI+ people, with better levels of satisfaction with LGBTI+ friendliness noted at college than at school. However, the report also identified that intersex students are significantly more likely to feel that they do not belong in college than the other LGBTI+ groups.

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Transgender and intersex participants were also identified to be more likely to have skipped college or university due to negative treatment compared to LGB groups.

Despite the portrayal of a more positive experience in third level educational environments, respondents to LGBTIreland research indicated that they would like to see greater promotion of inclusion and diversity of LGBTI+ in higher education institutions as well as improved education and awareness raising. These findings suggest that there remains considerable room for improvement to further enhance the third level experiences of LGBTI+ individuals.

The same depth of information was not available for students participating in further education, and while societies exist at third level, it is unclear whether the same supports are available to students participating in other education and training environments.

Work Environment

The LGBTIreland research suggests that the work environment has become more LGBTI+ inclusive, with approximately 90% of LGBTI+ people reporting a sense of belonging in their workplace. However, based on this result it remains that approximately 1 in 10 LGBTI+ individuals do not feel a sense of belonging in their workplace, and this again reflects the challenges associated with social acceptance of the LGBTI+ community. Instances of workplace bullying remain a considerable issue, and in many cases negative treatment has led to 13% of LGBTI people considering leaving their job as a result of this negative treatment, and 4.5% actually doing so.

A 2009 survey found that less than half of LGBT employees surveyed were out generally in their workplaces. In many cases, individuals find it difficult to come out in their work environment, resulting in a separation of the person into two i.e. the work life and the home life, or they may come out with more distant colleagues but not with their direct team. The feeling of having to hide who they are and internalise their sexual or gender identity can have an impact on the ability of the individual to build relationships with colleagues and perform to the best of their ability in the workplace.

The Employment Equality Acts 1998-2015 outlined earlier, outlaw discrimination by employers on the grounds of gender and sexual orientation, however such instances continue to occur. In 2011, the case of Louise Hannon resulted in a historic decision that marked the first time that the Employment Equality Acts have been successfully used to provide protection from discrimination for transgender people in the workplace. Following her transition from male to female, Ms. Hannon’s employers informed her that while she could dress as female when in the office, she must continue to dress as a male when meeting clients. She was instructed not to use the female toilets, and the organisation failed to provide her with an email address reflecting her new name. The Equality Tribunal found that there is a legal obligation on employers to enable people with gender identity disorder to work in their preferred gender, and held that the approach of her employer to the issue of Ms Hannon’s gender identity amounted to discriminatory dismissal on gender and disability grounds.

In 2013, the Equality Tribunal ordered an Irish Credit Union to pay €24,000 to an employee for discrimination and victimisation on the basis of sexual orientation. The complaint made by the employee related to comments made by colleagues about why he was employed, comments about his ‘camp’ accent and sex life, and an overheard conversation about his sexual orientation. The Equality Tribunal found that the complainant had been subject to derogatory comments, rumour and

innuendo on the basis of his sexual orientation in the workplace, and that the employer failed to investigate the employee’s complaints adequately. Until 2015, it was possible for religious employers, especially in the area of health and education, to discriminate against certain employees in order to protect their religious ethos. This resulted in LGBTI teachers and other employees in these sectors being reluctant to come out in their workplace, for fear of discrimination. The Equality (Miscellaneous Provisions) Bill 2013, which was signed into law in 2015, has since amended the legislation associated with Section 37.1 Employment Equality Act.

An Irish workplace diversity programme introduced by GLEN called Diversity Champions was established to assist employers with the inclusion of LGBT employees. The initiative included an online toolkit to provide companies with an opportunity to undertake a self-assessment of their LGBT diversity performance. This initiative is no longer in operation.

**Sport and Leisure**

Representation of LGBTI+ young people in sports, leisure and extra-curricular activities tends to be lower than that of the general population at both amateur and professional levels. There are very few openly LGBTI+ individuals represented at a national or professional level in the sporting world, both in Ireland and internationally. In Ireland, GAA stars Donal Og Cusack, Conor Cusack and Valerie Mulcahy have come out as gay and lesbian respectively while actively participating in their sport.

In some cases, rather than coming out over the course of their professional careers, athletes and sports players choose to come out following their retirement from professional sports. This was the case with professional soccer player Thomas Hitzlsperger who came out as gay in 2014 following his retirement from his soccer career, making him the first player to have played regularly in the Premier League to admit to being gay. Similarly, Gareth Thomas, the Welsh Rugby Union player came out after he retired from International Test rugby (although he was still playing for his club at the time when he came out in 2009).

Those sports stars who have come out as members of the LGBTI+ community in recent times have typically been in the LGB categories, and there is minimal known representation of transgender and intersex individuals in professional sports. The Trans Youth Forum Report outlines that participation in sport can be challenging due to the fact that there is a gender division among a significant number of extra-curricular activities. Many transgender students either did not take up, or ceased, involvement in sports as a consequence of expressing their preferred gender.

The Department of Transport, Tourism and Sport published a Public Consultation Paper on the development of a National Sports Policy Framework in November 2016. The framework, when published, will be the first of its kind for over 20 years and will set the agenda for sport in Ireland over the coming years. Participation in sport has been identified as a key priority for the government, regardless of ability, age, disability, ethnic background, gender or sexual orientation. In developing the National Sports Policy Framework, the Department outlines its commitment to promoting equality in sport, including gender equality and the promotion of LGBT inclusion.

**Community and Youth Services**

The DCYA administers a range of funding schemes and programmes to support the provision of youth services to young people throughout the country including targeted schemes. The funding schemes support national and local youth work provision to some 380,000 young people by the voluntary youth sector. There are some 30 national youth organisations in receipt of funding under the Youth Service Grant Scheme, administered by the Department. Funding schemes also support the provision of youth services that target young people who have additional needs and this includes LGBTI+ young people. It is estimated that the voluntary youth services throughout the country involve approximately 1,400 youth work staff in 477 projects and 40,000 volunteers working in youth work services and communities throughout the country. The overall allocation provided by the Department for the youth funding schemes in 2016 was €51.895m.

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BeLonGTo is a one of the National Youth Organisations funded by the DCYA. A further network of 29 youth service organisations, funded by the National Office for Suicide Prevention, exists to provide support to young LGBTI+ people across the country. These organisations are funded and accredited by BeLonGTo. The services offered by these groups vary, with some open to all LGBTI+ youths while some are specifically focused on transgender youths and families. The groups vary in the age profile of youths they support, with some aimed at teenagers and adolescents, while others are focused on young adults of 18 years and over. The services provide an opportunity for young LGBTI+ individuals to come together and meet other LGBTI+ youths in their community, and provide a support structure for young people in establishing and accepting their LGBTI+ identities.

The LGBTI+ identification is often at higher risk of social exclusion, homelessness and poverty. While there is growing acceptance of LGBTI+ people in society, 30% of non-LGBTI+ individuals report feeling uncomfortable seeing a female couple kiss in public while 39% are uncomfortable seeing men kiss in public. Public attitudes such as this have resulted in LGBTI+ people feeling uncomfortable being themselves in public with only 31% of LGBTI+ people surveyed feeling safe when showing affection or holding hands with their partner in public.

In addition, acceptance of LGBTI+ people by the older generations can often be a challenge. The LGBTIreland report notes that older age groups (55+) tended to agree that ‘LGB people’s sexual orientation is not normal’ more than the younger age groups. They were more likely to agree that people should keep their sexuality to themselves. In relation to transgender individuals in particular, Fusion’s Massive Millennials Poll in 2015 surveyed millennials aged between 18 and 24 years, and found that half of them think that gender is in fact a spectrum and that often people fall outside conventional categories.

Poverty and Social Inclusion

Young LGBTI+ individuals who are living at home and relying on their parents for financial support can face considerable challenges in instances where the family does not accept and support their LGBTI+ identity. Those who become estranged from their families and communities due to their LGBTI identity are often at higher risk of social exclusion, homelessness and poverty.

The Serving Our Youth Report published in the US in 2012 outlines research relating to LGBT youths who are homeless or at risk of becoming homeless. The research assessed the prevalence of LGBT youths within the homeless populations being served by homeless youth organisations and found that LGBT youths represented 40% of the clientele that homeless youth organisations work with, including nearly 30% of clients who utilise housing-related services, such as emergency shelter and transitional living programs. The top five reasons cited for LGBT homelessness by respondents were:

- Ran away because of family rejection of sexual orientation or gender identity (46%)

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- Forced out by parents because of sexual orientation or gender identity (43%)
- Physical, emotional, or sexual abuse at home (32%)
- Aged out of the foster care system (17%)
- Financial or emotional neglect from family (13%)

Specific research relating to homelessness among transgender individuals suggests that 15% of respondents had been homeless at some point, with 5% finding themselves homeless on more than one occasion. Some of the factors leading to this homelessness identified in the research included the forced need to leave the family home, forced eviction from rented accommodation and the loss of job, all of which resulted from a lack of transgender acceptance35.

A 2009 report by the HSE titled *LGBT Health: Towards Meeting the Health Care Needs of Lesbian, Gay, Bisexual and Transgender People* found that where LGBT people find themselves homeless, they face increased challenges associated with accessing the necessary health services, mental health issues and emotional distress, substance misuse, risky sexual behaviour and prostitution, victimisation and homophobia. The report also highlighted a lack of awareness among mainstream service providers about the specific needs of homeless LGBT people.

Being LGBT and a migrant, refugee or asylum seeking young person brings its own challenges. At present, there are no statistics on the number of LGBTI people seeking asylum in Ireland. A number of resources including “Key Principles for Working with LGBT Asylum Seekers and Refugees” and “Welcome Guide for LGBT Asylum Seekers and Refugees” were developed to support as part of a wider “Asylum Seekers and Refugees Project” initiated and rolled out by BelongTo.

### 2.4 HEALTH & WELLBEING

Health and well-being is a critical factor for consideration within the LGBTI+ context, and is relevant from a mental, physical and sexual health perspective.

**Mental Health**

“Minority stress” is a concept used to describe how the experiences of stigmatisation, discrimination, social exclusion and harassment can have negative mental health consequences for members of minority groups such as LGBTI+ people, with research demonstrating that social and structural factors account for elevated mental health risks among the Irish LGBTI+ population36. A 2015 report commissioned by GLEN entitled *‘LGBT Self-Harm & Suicidality: An Overview of National & International Research Findings’* found that victimisation and stigmatisation of LGBTI+ people can lead to higher levels of psychological distress. However, research suggests that being LGBTI+ in itself does not necessarily correlate with having mental health problems, and that greater support, inclusion and equality for LGBT people can lead to reduced levels of minority stress among these individuals38.

Research indicates that LGBTI+ individuals are more likely to report mental health difficulties than the non-LGBTI+ population, with lesbian and gay people proportionately more likely to access mental health services than heterosexuals. However, LGBT young people describe experiences of poor staff attitudes and understanding across service providers, and challenges associated with the availability of LGBT specific materials and resources39.

Research by the *Institute of Medicine’s Systematic Review* notes that LGB youths are at increased risk of suicidal ideation, attempted suicide and depression, with potential risk factors including sexual-minority status, homophobic victimisation and stress, and family rejection. The *LGBTIreland Report* states that levels of stress, depression and anxiety are four times higher among 14-18-year-old LGBTI+ teens than the general population. It outlines that nearly one in four LGBTI+ people have

either severe or extremely severe anxiety levels, with one in five LGBTI+ people suffering from severe or extremely severe depression. Similar trends are noted in terms of self-harm, with one in three LGBTI+ people having self-harmed and well over half of these instances of self-harm directly relating to their LGBTI+ identity.

In 2015, 451 instances of suicide were recorded across Ireland[^40], with the suicide rate among 15-19 year olds in Ireland noted as being well above the international average[^41]. Ireland has the fourth highest rate of suicide among teens in the EU, with just three countries - Lithuania, Estonia and Finland – having higher teenage suicide rates. While these figures do not quantify the number of cases of suicide that are directly LGBTI+ related, research indicates that suicidal thoughts and attempts to take one's own life remain prevalent across the LGBTI+ population today, with the attempted suicide figure among LGBTI+ youths being three times higher than the number associated with the general youth population[^42].

Guidelines for mental health promotion have been developed by the Department of Health, the HSE and the Department of Education and Skills, and were published in 2013 for secondary schools[^43] and 2015 for primary schools[^44]. The guidelines aim to provide practical guidance on how schools can promote positive mental health and well-being. The Action Plan for Education 2017 commits the Department of Education and Skills to developing an integrated programme of support for all schools to implement the Wellbeing Guidelines and an implementation plan for roll-out of this programme to all primary and post-primary schools.

**Physical Health**

The Health Behaviour in School-Aged Children Report for Ireland, published in 2015, outlines the findings from a broad research study completed in 2014 across 230 primary and post-primary schools, with 13,611 children completing the questionnaire. The report builds on research undertaken in 2010, and identifies a number of changes in health-related issues for young school going youths in Ireland. Some key findings include an overall reduction in smoking and drinking among teens, an overall reduction in bullying (despite greater prevalence of cyber bullying), and an increase of 3% of the number of 15 - 17 year olds who have had sex.

Research on transgender individuals specifically highlights a number of challenges faced in availing of health services, such as inappropriate or prejudicial treatment from healthcare staff. This treatment includes using inappropriate pronouns, using and displaying old names in front of other patients, offering inappropriate services, providing inaccurate advice and refusing service provision[^45]. Such experiences were found to heighten respondent’s emotional vulnerability, infringe upon their right to privacy and confidentiality, and can delay access to appropriate therapeutic support. Further research completed in the South East of the country in 2015 displays a negative perception of the health service by transgender people and their parents[^46]. In addition, instances of autism are noted to be higher among the transgender community. Dutch research completed in 2010 notes that Autism Spectrum Disorder (ASD) is ten times higher in children and adolescents referred to gender identity clinics than instances of ASD in the general population, suggesting that ASD occurs more frequently in gender dysphoric individuals[^47].

Furthermore, the HSE LGBT Health Report identifies higher incidences of obesity and eating disorders among the LGBT population. Research published in the American Journal of Public Health in 2007 found that lesbians were 2.69 times more likely to be overweight and 2.47 times more likely to be obese than women generally, putting them at a higher risk for diabetes and heart disease, among other weight related ailments. Research suggests eating disorders and poor body image are prevalent among LGBT young people, with higher levels of recurrent binge eating and purging evidenced among gay males than heterosexual males. While more recent research on instances of eating disorders was challenging to source, recent research in the UK by LGBT and mental health charity PACE suggests that body image challenges continue to exist among the LGBT community, with 60% of gay or bisexual men being dissatisfied with their body fat and physical fitness, and just under 60% indicating dissatisfaction with their weight, body shape and masculinity.

The HSE LGBT Health Report also outlines that the LGBT community are typically more likely to be smokers, and bases this finding on research carried out among lesbians, gays and bisexuals in particular. Of the LGBTI respondents to the LGBTIreland survey, 25% of these were smokers, with a higher proportion of smokers in the 19-25 age range.

Addiction issues feature prominently among the LGBTI+ community, with the LGBTIreland Report suggesting that 40% of LGBTI+ respondents had scores indicating some level of alcohol problems or alcohol dependence. Research published by the HSE in 2015 identified that over half of homosexual males binge drink on a typical drinking occasion, with 44% of these, binge drinking every week, which was more common among younger men and students. Similarly, recreational drug use was found to be twice as high among LGBTI+ people when compared to the general population. It found that 36% of homosexual men reported using recreational drugs in the last year, with cannabis, ecstasy and cocaine the most common drugs used.

Research by a number of sources suggests that young LGBT people are more susceptible than their heterosexual peers to cancers and poor physical health outcomes, partly owing to negative health behaviours such as smoking, drug use, inadequate dietary intake and alcohol misuse.

The recently published National Drug and Alcohol Strategy 2017 to 2025 identifies LGBT individuals as a group with complex needs, and the strategy calls for targeted harm-reduction, education and prevention measures for drugs and alcohol abuse that are tailored towards higher risk groups.

**Sexual Health**

While sexual health requires focus and attention for all young people, it is particularly important that positive sexual health is promoted among LGBTI+ youths. The National Sexual Health Strategy 2015-2020 identifies gay and bisexual men, and men who have sex with men but do not identify as gay or bisexual, as vulnerable groups who have an increased risk of contracting sexually transmitted infections (STIs) or HIV. This data supports the findings outlined in the 2014 annual report of the HSE Gay Men's Health Service (GMHS) which shows an increase in attendance at GMHS in 2014, with 37% of attendees aged 24 or younger. In addition, the 2015 Report on HIV in Ireland published by the Health Protection Surveillance Centre (HPSC) outlines that 485 people were newly diagnosed with HIV in 2015, of which 76% were male. The route of transmission was identified as sex between men for 51% of new cases, and 28% of all new cases of HIV were attributed to those aged 29 or younger, thereby identifying men who have sex with men at a significantly higher risk of contracting STIs than...

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51 Nodin et al. (2015). The RaRE Research - LGBT Mental Health – Risk and Resilience Explored. PACE.
heterosexuals, suggesting a need for greater sexual health education among young homosexual males in particular.

Respondents of the LGBTIreland survey noted that sexual health promotion is too narrow and heteronormative, and recommended sexual health awareness campaigns that are more relevant to the needs of LGBTI individuals in order to make it more inclusive.

The importance of sexual education for LGBTI youths has been noted repeatedly in the literature as an area in need of development. The Sexual and Personal Health Education (SPHE) and Relationship and Sexual Education (RSE) curricula are mandatory in both primary and secondary schools. The Department of Education and Skills provides continuing professional development (CPD) for teachers through a range of short courses, summer courses and post graduate programmes. The Professional Development Service for Teachers (PDST) is a cross-sectoral support service providing CPD support on national priority areas and emerging local needs. The PDST Health and Wellbeing team promote the inclusive methodologies inherent in the SPHE curriculum which emphasise the importance of celebrating diversity and accepting difference. PDST work closely with BeLong To, amongst others and receive regular updates with regard to new definitions and consequently, update their provision to ensure messages and information are up to date. In addition, ‘Being LGBT’ a resource for Post-Primary schools, the “Growing Up LGBT” resource, the “RESPECT” Guidelines, the ‘Different Families Same Love’ resources and a variety of Picture Books, are all used as exemplars in CPD along with methodologies that can be used to address the topic of LGBT.

Research by Formby in 2011 identified that LGBT discussion is predominantly absent from sexual and relationship education (SRE). The research found that discussions relating to safe sex focused on heterosexual sex, leaving LGB sexual health issues either under-explored or entirely ignored. Some potential actions that were identified by participants of this study included the use of well-informed external speakers in delivering sex education, learning about same-sex relationships from an earlier age, and the provision of information relating to LGB sexual health services. In Ireland, Department of Education Circulars 0022/2010 and 0023/2010 provide best practice guidelines for primary and secondary schools on delivering the SPHE curriculum, and advocates for teachers to deliver this curriculum based on research suggesting that they are the ‘best placed professionals to work sensitively and consistently with pupils’.

In the Netherlands children from the age of four receive a week-long sex-education programme at school every year which allows them to learn about and discuss the concept of love and relationships from a young age55. The discussion progresses as children get older to include sex, gender identity, homosexuality and other issues. This proactive sex-education has cumulated in the Netherlands having one of the lowest teen pregnancy rates in the world as well as a positive attitude to LGBTI+ issues which could be seen when the Netherlands became the first country in the world to legalise same sex marriage.

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3 APPENDICES

APPENDIX 1: BIBLIOGRAPHY


43. GLEN (2008). Excerpts from a concept paper for Atlantic Philanthropies titled “Supporting LGBT People and Communities Regionally”. Dublin: GLEN.
47. GLEN (2016). ‘Being LGBT In School’ A Resource for Post-Primary Schools to Prevent Homophobic and Transphobic Bullying and Support LGBT Students. Dublin: GLEN & Department of Education & Skills.


APPENDIX 2: LGBTI+ GLOSSARY OF TERMS

**Androgy nous:** This is the term used to describe people who express their gender with a mixture of masculine and feminine traits. They may be either transgender or cisgender.

**Agender:** A person who does not identify with any gender.

**Bigender:** This is someone who identifies as two genders. These genders may be male and female, but may also be, for example, female and agender, or male and agender.

**Binary gender:** This is the traditional belief that there are only two real genders; “man” and “woman”. This is an outdated belief that doesn’t account for the vast range of ways that people experience gender as somewhere between man and woman, or on a completely different scale altogether.

**Binary sex:** This is the belief that there are strictly only two sets of sex characteristics; “male” and “female”. While many people may only have either male or female sex characteristics, there are also many people that will have a combination of both male and female sexual characteristics - and this is absolutely fine.

**Cisgender:** Being cisgender means your sex and gender very clearly match up. For example, people who were assigned male at birth and grow up to identify as a man.

**Cissexism:** This is the assumption that everybody is naturally cisgender, and that it is somehow unusual, out of the norm, or deviant to identify as anything else.

**Cross-dressing:** Cross-dressing is the practice of wearing clothes that aren’t traditionally associated with the gender you identify with. For example, someone who identifies as a man, wearing clothes that are traditionally considered to be female.

**Drag king:** Someone who performs hyper-exaggerated masculine traits for the sake of art or entertainment, usually at a show or theatre. Usually, the performer identifies as a woman, but does not necessarily have to.

**Drag queen:** Someone who performs hyper-exaggerated feminine traits for the sake of art or entertainment, usually at a show or theatre. Usually, the performer identifies as a man, but does not necessarily have to.

**Female:** A person with a specific set of physical and biological traits, such as a vagina, a womb, breasts and a higher level of oestrogen.

**FTM:** This stands for Female to Male. This term is used to describe a transgender person who were assigned a female gender at birth, and now identifies as male.

**Gender dysphoria:** This term is used to describe the deep discontent and anxiety someone feels when they are living their lives as a gender they don’t identify with. Not all transgender people experience dysphoria, and it is possible to be transgender without feeling dysphoria.

**Gender expression:** How someone presents their gender externally, through things like clothes, appearance and behaviour.

**Gender identity:** Someone’s internal perception of their gender - how they feel inside about their gender.

**Gender reassignment surgery:** A medical procedure that transitions a person’s biological sex from one sex to another. It is often incorrectly referred to as a “sex change”.

**Genderqueer:** A term that can be used to describe people whose gender falls outside of the gender binary. It might be used to describe a person who identifies as multiple genders, or no genders.
**Intersex**: A term used to describe people born with physical or biological sex characteristics that do not fit the typical definitions for male or female bodies.

**LGBTQIA+**: LGBTQIA+ is a commonly used acronym for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex or Asexual. The + sign is to signify other categories of gender and sexual orientation that aren't accurately described by these terms.

**MTF**: This stands for Male to Female. This term is used to describe a transgender person who were assigned a male gender at birth, and now identifies as female.

**Sexual Orientation**: Refers to the attraction people feel towards others based on their gender.

**Transgender**: An umbrella term for anyone whose gender identity or gender expression is different from the biological sex they were assigned at birth.

**Trans***: A commonly used shorthand version of transgender.

**Transitioning**: The process of transitioning from one sex or gender to another. This can be done by dressing in different clothes, changing the way you talk, using make up, changing your hair, changing your name, taking hormones, or surgery. Transitioning does not always involve all of these steps and is ultimately up to how an individual feels about it themselves.

**Transphobia**: This is the prejudice and discrimination that transgender people are faced with.

**Transsexual**: This is a term that is used to describe someone who has medically or surgically transitioned from one sex to another. Some people find this term offensive, due its medical history. Furthermore, after medically transitioning, many people cease to identify as transsexual or transgender, and simply identify as a woman or a man. It's best to avoid this term, unless you meet someone who uses it to describe themselves.

**Trans-man**: A person who was assigned a female sex at birth, who now identifies as a man.

**Trans-woman**: A person who was assigned a male sex at birth, who now identifies as a woman.