

# Pride and Poverty

A Study of the Economic  
Challenges in the  
LGBTQ+ Community

REPORT







105 Capel Street  
D01 R290, Ireland

+353 (0)1 873 4999

hello@outhouse.ie

www.outhouse.ie

RCN 20033293



28 Merrion Sq North  
D02 AW80, Ireland

+353 (0)1 616 9050

contact@tasc.ie

www.tasc.ie

RCN 20049496



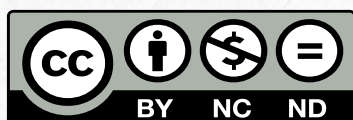
Carmichael House, 4  
North Brunswick Street,  
D07 RHA8, Ireland

+353 (0)1 874 5737

enquiries@eapn.ie

www.eapn.ie

CRO 214663



Published February 2026

This license allows reusers to copy and distribute the material in any medium or format in unadapted form only, for noncommercial purposes only, and only so long as attribution is given to Outhouse LGBTQ+ Centre, the European Anti-Poverty Network Ireland, and TASC.

## Citation

This report can be cited as follows:

Singleton, S. (2026). Pride and Poverty: A study of the economic challenges in the LGBTQ+ community. TASC, Outhouse LGBTQ+ Centre, and EAPN Ireland. (Dublin, Ireland)



Coimisiún na hÉireann  
um Chearta an Duine  
agus Comhionannas  
Irish Human Rights and  
Equality Commission

Deontas-  
mhaoinithe  
Grant Funded

This project has received funding from the Irish Human Rights and Equality Grants Scheme as part of the Commission's statutory power to provide grants to promote human rights and equality under the Irish Human Rights and Equality Commission Act 2014. The views expressed in this publication are those of the authors and do not necessarily represent those of the Irish Human Rights and Equality Commission.

# Contents

---

<b>Foreword .....</b>	<b>5</b>
<b>Acknowledgments .....</b>	<b>6</b>
<b>Executive Summary.....</b>	<b>7</b>
<b>Note on Terminology .....</b>	<b>9</b>
<b>1. Introduction .....</b>	<b>10</b>
<b>2. Literature Review.....</b>	<b>11</b>
<b>2.1 International Literature .....</b>	<b>11</b>
2.1.1 Overview .....	11
2.1.2 Population-level patterns .....	11
2.1.3 Subgroup differences within LGBTQ+ populations .....	11
2.1.4 Trans populations .....	12
2.1.5 Non-binary young people .....	12
2.1.6 Predictors and pathways into poverty .....	12
<b>2.2 United Kingdom.....</b>	<b>13</b>
2.2.1 Overview of financial hardship .....	13
2.2.2 Homelessness, housing costs and housing precariousness .....	14
2.2.3 Socioeconomic disadvantage and health inequalities .....	14
2.2.4 Covid-19 pandemic .....	15
<b>2.3. Ireland .....</b>	<b>16</b>
2.3.1 Context and themes .....	16
2.3.2 Seminal publication and early evidence .....	16
2.3.3 Policy landscape and strategic frameworks .....	17
2.3.4 Contemporary research on LGBTQ+ poverty & socioeconomic disadvantage in Ireland .....	17
2.3.5 Educational discrimination, exclusion, and knock-on effects for employability and earnings .....	18
2.3.6 Homelessness and housing insecurity .....	19



2.3.7 The negative consequences of employment inequality on financial security .....	19
2.3.8 Covid-19 .....	20
2.3.9 Older LGBT people .....	20
2.3.10 Intersection of inequalities in Ireland: multiple minority discrimination .....	21
2.3.11 (In)visibility of LGBTQI+ in social policy .....	22
2.3.12 Inclusive spaces .....	22
<b>3. Methodology .....</b>	<b>23</b>
3.1 Overview .....	23
3.2 Literature Review .....	23
3.3 Survey .....	29
3.4 Ethics .....	32
3.5 Limitations .....	33
<b>4. Findings and Discussion.....</b>	<b>35</b>
4.1 Stress, Anxiety, and Financial Vulnerability .....	35
4.3 Housing and Accommodation .....	41
4.4 Employment and workplace experiences .....	46
4.5 Education: bullying, exclusion, and educational disruption .....	47
4.6 Trans experiences accessing gender-affirming healthcare .....	49
4.7 Sex work and income insecurity .....	50
<b>6. Conclusion.....</b>	<b>57</b>
<b>7. Bibliography.....</b>	<b>58</b>
<b>8. Appendices .....</b>	<b>73</b>
Appendix 1: Survey Questions .....	73
Appendix 2: Interview Questions .....	87

# Foreword

---

This report exists because too many LGBTQ+ people in Ireland are struggling to survive and make ends meet in silence.

For a long time, there has been an assumption that LGBTQ+ people are doing well economically, driven by narratives like the “pink pound” that mask poverty and inequality within our community. That assumption has shaped policy, funding, and public debate. The evidence in this report shows that it is wrong. Many LGBTQ+ people are finding it hard to make ends meet, worrying about bills, cutting back on food and heating, and living with constant financial stress. For some, this pressure is temporary. For others, it is a daily reality.

The human impact of this is seen every day in Outhouse LGBTQ+ Centre. People come to Outhouse looking for connection, safety, and community. Increasingly, they are also seeking support with housing insecurity, debt, access to social protection, and the stress that comes with financial hardship. These challenges rarely exist on their own. They sit alongside discrimination, poor mental health, barriers to stable work, and a housing system that leaves many people exposed and unsafe. This research speaks clearly to how poverty is created and sustained. Poverty is not the result of individual choices or personal failure. It is shaped by systems: low and insecure incomes, high living costs, gaps in social protection, and services that do not account for people’s real lives. When LGBTQ+ people are invisible in social policy, their needs are overlooked and their experiences are misunderstood.

This research matters because it fills a serious gap in evidence in Ireland. It centres lived experience and shows that poverty within LGBTQ+ communities is real, widespread, and patterned. It also shows that some groups face greater risk. Trans and non-binary people, disabled and neurodivergent people, migrants, people from ethnic minorities, young people, and those living with long-term illness are more likely to experience hardship. For many, these identities overlap, and disadvantage builds over time.

This report is not about setting one group against another. It is about making inequality visible so it can be addressed. You cannot reduce poverty if you do not acknowledge who is affected by it. Ignoring LGBTQ+ people in poverty policy does not make the problem disappear. It makes it harder to solve.

We are proud that this is one of the first pieces of research in Ireland to focus directly on LGBTQ+ poverty. We are also clear that it should not be the last. The findings point to the need for more inclusive social protection, secure and affordable housing, safe and fair workplaces, better access to healthcare and mental health supports, and policy that recognises LGBTQ+ people as part of Ireland’s poverty reality.

This report provides evidence. What happens next is a choice. If Ireland is serious about tackling poverty, LGBTQ+ people must be part of that work. A fair society cannot afford blind spots.



**Oisín O'Reilly (he/him)**  
*Chief Executive Officer*  
**Outhouse LGBTQ+ Centre**



**Clare Daly (she/her)**  
*Policy and Communications Officer*  
**European Anti-Poverty Network  
Ireland**

# Acknowledgments

---

This research would not have been possible without the commitment, care, and generosity of many people and organisations.

We would like to thank the research team led by Dr. Sara Singleton at TASC and supported by Dr. Brona Farrelly for their work on this study. Their expertise, rigour, and sensitivity ensured that the research was grounded in evidence while remaining focused on lived experience.

We are grateful to the Irish Human Rights and Equality Commission for funding this research. Their support made it possible to explore an area that has long been overlooked in Irish research and policy, and to bring new evidence into public discussion.

Our thanks also go to our partners in the European Anti-Poverty Network Ireland. Their collaboration, insight, and advocacy strengthened the research and helped situate LGBTQ+ poverty within the wider context of social inclusion and economic justice.

We would like to acknowledge the Research Advisory Committee for their guidance throughout the project. The committee included Oisín O'Reilly, Chief Executive Officer of Outhouse LGBTQ+ Centre; Paul Ginnell, Chief Executive Officer of EAPN Ireland; Clare Daly, Policy and Communications Officer at EAPN Ireland; Dr Emma Howard of TU Dublin; Verena Tarpey, Chief Executive Officer of GOSHH; Mary Murphy of Age Action; and Dr Martine Cuypers, Trustee of Outhouse LGBTQ+ Centre. Their combined professional and lived expertise helped shape the direction, focus, and integrity of the research.

We extend a sincere and heartfelt thanks to the people who shared their experiences through in-depth interviews, and to every person who took the time to complete the online survey. Your honesty and openness are at the core of this report. Without your voices, this research would not exist.

We are also thankful to our colleagues across LGBTQ+ support and advocacy organisations who shared the survey with their networks and encouraged participation. Your support helped ensure the research reached a wide and diverse community.

Finally, we would like to thank Gay Community News for their support in helping to disseminate the survey and raise awareness of the research.

This report is the result of collective effort, shared trust, and a common commitment to making inequality visible so it can be addressed.

# Executive Summary

## A PLAIN ENGLISH OVERVIEW

This report looks at money and living costs for LGBTQ+ people in Ireland. It challenges the idea that LGBTQ+ communities are usually doing well financially. The study involved a review of past research, five in-depth interviews, and an anonymous online survey completed by 373 LGBTQ+ adults in Ireland. The findings show that many people are under real money pressure, many have little or nothing to fall back on, and stress and anxiety are very common. The report also shows that not everyone is affected in the same way. Some people face a higher risk of hardship, especially when LGBTQ+ identity overlaps with other factors such as disability or neurodivergence, being a migrant or from an ethnic minority, being younger, or living with a long-term health condition.

Money pressure is closely linked to wellbeing. Many people describe constant worry, a poorer quality of life, and difficulty dealing with unexpected costs. The report shows why anti-poverty and equality policy in Ireland needs to name LGBTQ+ people clearly and address the factors that create and keep financial hardship in place.

## Findings

This research shows that many LGBTQ+ people in Ireland are struggling financially.

- Money worries are common.
- Stress is high.
- Some groups are hit harder than others.

### Many LGBTQ+ people are finding it hard to get by

- Almost **half of people (49%)** said they find it difficult or very difficult to make ends meet each week.
- **One in two (50%)** worry about unpaid bills or debt.
- **Six in ten (59%)** went without at least one basic need in the past year.
- **Nearly half (46.1%)** went without two or more essentials because they could not afford them. That is about three times the national enforced deprivation rate (15.7%).

People most often went without:

- New clothes
- Heating their home properly
- Social time with friends
- Leisure activities
- Regular nutritious meals

Most people are cutting back on essentials like food, heating, and transport.

### **Few LGBTQ+ people have savings to fall back on**

- **Nearly 3 in 10** have no savings at all.
- **1 in 6** have savings that would last less than one month.
- **1 in 7** could not get €500 in an emergency.

This shows that many people are one shock away from serious trouble.

### **Stress and anxiety are very common**

- **More than half (55%)** felt anxious or stressed most or all of the time in the past month.
- These levels are much higher than in the general population.

Stress was highest among:

- People under 35
- Trans and non-binary people
- Disabled and neurodivergent people
- People whose finances had worsened or were expected to worsen

Money stress and mental health are closely linked.

### **Income is low for many LGBTQ+ people**

- **Over one third (35%)** earn less than €1,500 per month.
- **Almost one third (32%)** rely on social welfare supports.

Many people spoke about barriers to work, discrimination, illness, or disability making it hard to earn enough.

### **Some groups face greater risk**

The research shows higher hardship among:

- Trans and non-binary people
- Disabled and neurodivergent people
- Migrants and people from ethnic minorities
- Young people
- People with long-term health conditions

These challenges often overlap and build up over time.

### **What this means**

This research challenges the idea that LGBTQ+ people are financially secure.

- Poverty is real.
- It is widespread.
- It is linked to discrimination, health, housing, and access to work.



# Note on Terminology

Throughout this report, the term **LGBTQ+** is used as the primary umbrella acronym when referring to the broad spectrum of sexual and gender minority communities. This terminology is employed because it is widely recognised in contemporary Irish and international research, inclusive of a diverse range of identities, and sufficiently flexible to encompass groups that are often omitted in narrower formulations. The “+” is used intentionally to acknowledge identities beyond those explicitly named, including but not limited to intersex, non-binary, genderqueer, asexual, aromantic, demisexual and other emerging or culturally specific identities.

However, the terminology used in academic and grey literature varies significantly across time periods, disciplines and geographical contexts. In order to accurately represent secondary sources and remain faithful to the language used by the original authors, this report retains the **exact terminology used in each cited study** when discussing or analysing that work. This may include acronyms such as LGB, LGBT, LGBTQI, LGBTQIA+, or identity-specific descriptors.

This approach aims for both **conceptual clarity** and **historical accuracy**: the consistent use of LGBTQ+ provides coherence within this report, while the preservation of original terminology respects the specific populations, sociopolitical contexts and linguistic conventions reflected in the cited research.

# 1. Introduction

---

Economic security is a core equality issue. Yet poverty and financial hardship within LGBTQ+ communities in Ireland have received limited policy attention, in part because LGBTQ+ people are rarely visible in the data and are often absent from mainstream anti-poverty frameworks. This can create a gap between policy intent and lived reality. When LGBTQ+ people are not counted or explicitly considered, it becomes harder to identify where hardship is concentrated, how it is experienced, and which supports are most effective.

This report aims to address that gap by bringing together evidence on how LGBTQ+ people experience economic pressure in practice and by situating these experiences within wider social and policy contexts. It highlights how risk and resilience differ across the community, particularly where LGBTQ+ identity intersects with factors such as disability, neurodivergence, ethnicity, migration status, age, and geography. It also recognises that financial hardship is rarely experienced in isolation. It often sits alongside issues such as housing insecurity, barriers to safe and appropriate healthcare, unequal treatment in education and employment, and limits on access to support services, including outside major cities.

This research is intended to support practical action by policymakers, service providers, and community organisations. By strengthening the evidence base, the report supports more equitable decision-making, clearer accountability, and better-targeted responses, so that poverty reduction efforts in Ireland include LGBTQ+ people and reflect the diversity of needs within the community.

# 2. Literature Review

---

## 2.1 International Literature

### 2.1.1 Overview

A substantial body of international literature has examined the links between sexual and gender minority status and socioeconomic disadvantage. Research demonstrates that, contrary to the common perception of LGBTQ+ people as being relatively affluent, they are in fact at least as likely as cisgender heterosexual people, and in many cases more likely, to experience economic hardship and related forms of disadvantage (Deal et al., 2024; DeFilippis, 2016; Stacey et al., 2022).

Recognition of these inequalities has led to the creation of new tools to measure and monitor progress towards inclusion. One example is the **LGBTI Inclusion Index**, which was developed to benchmark how countries are advancing towards full inclusion of LGBTI people. The index assesses progress across five key areas: health, education, political and civic participation, personal security, and economic wellbeing (UNDP, 2024). By including economic wellbeing, the index acknowledges that issues of inclusion are not confined to identity recognition or cultural representation but are deeply tied to material security and access to resources.

### 2.1.2 Population-level patterns

Deal et al. (2024), using data from the Household Pulse Survey in the United States, found that bisexual people were more likely than cisgender heterosexual people to experience poverty and to report lower incomes. In addition, bisexuals, gay men and lesbian women were also more likely to experience financial hardship.

Similarly, a review of the economic wellbeing of LGBTQI+ populations in the United States concluded that sexual and gender diverse populations experience persistent economic inequalities. The review highlighted how these groups are affected by discrimination in employment and in accessing housing, as well as by systemic barriers to financial security (National Academies of Sciences et al., 2020). This growing body of research clearly demonstrates that economic disadvantage is not incidental but structural, and it intersects with other aspects of exclusion and discrimination.

### 2.1.3 Subgroup differences within LGBTQ+ populations

Several studies emphasise the need to distinguish between different subgroups within the broader LGBTQ+ population. Treating LGBTQ+ people as a single homogenous group risks masking the particular vulnerabilities faced by some subgroups. Evidence suggests, for instance, that bisexual and transgender



people are especially disadvantaged, with consistently lower incomes and higher poverty rates than lesbian, gay and cisgender heterosexual people (National Academies of Sciences et al., 2020).

An international review of LGBT workplace outcomes covering the years 2015 to 2020 further illustrated these disparities. The review reported significant earnings penalties for gay men, bisexual men and bisexual women when compared with cisgender heterosexual men and women respectively. In contrast, lesbian women were found to experience an earnings premium when compared with cisgender heterosexual women. However, this apparent advantage for lesbians does not indicate equality across the board, as trans women faced particularly severe earnings penalties. Drydakis (2024) concluded that trans women experienced some of the most substantial and enduring wage gaps, which reflects broader structural exclusion and discrimination in the labour market.

### **2.1.4 Trans populations**

Research consistently demonstrates that trans people are at heightened risk of poverty. Analysis of data from the EU LGBT Survey showed that trans respondents were more likely to report household income in the lowest quartile and less likely to report income in the highest quartile when compared with other LGBT respondents (European Union Agency for Fundamental Rights, n.d.).

A recent review of research on trans poverty across Europe underscored the disproportionate impact of the Covid-19 pandemic on this population. The review highlighted how trans people, and trans sex workers in particular, experienced a loss of income, lack of access to social benefits, housing insecurity and food poverty during the pandemic (Karsay, n.d.).

Other studies reinforce these concerns. For example, Arayasirikul et al. (2022), in their study of trans women's experiences of violence and discrimination, reported a significant increase in poverty and homelessness between 2010 and 2016. Carpenter et al. (2020), in a large-scale US study, found that transgender individuals had significantly lower employment rates, lower household incomes, higher poverty rates and worse self-rated health compared with otherwise similar cisgender heterosexual men. Crissman et al. (2017) reported similar findings, providing further evidence of consistent disadvantage.

### **2.1.5 Non-binary young people**

Although research into non-binary populations remains limited compared with research into other groups, emerging studies highlight concerning trends. A study conducted in Barcelona found that non-binary young people were more likely to experience lower socioeconomic status and poorer health-related outcomes compared with cisgender boys (Artazcoz et al., 2025). These findings emphasise the importance of addressing the needs of non-binary people specifically, rather than assuming their experiences align with those of other LGBTQI+ subgroups.

### **2.1.6 Predictors and pathways into poverty**

Wilson et al. (2020) conducted a qualitative study involving 93 LGBTQ people living in Los Angeles and Kern County, with a focus on understanding the pathways into poverty. The study identified several

contributing factors, including childhood poverty, bias within families and employment settings, early parenthood without sufficient support from partners, families or communities, and challenges linked to mental health and substance use.

Poverty manifested in a variety of ways for these participants. Experiences included housing instability or homelessness, food insecurity, persistently low incomes, unemployment or underemployment, barriers to transport and accumulating debt.

Other research has highlighted the impact of adverse childhood experiences (ACEs) on sexually and gender diverse populations. Dosanjh et al. (2023) found that participants identifying as transgender or queer/“something else” reported higher prevalence of ACEs, lower income and lower levels of education compared with cisgender heterosexual participants. These findings show how disadvantage can build up over the life course, with early inequalities and trauma compounding into long-term socioeconomic exclusion.

## 2.2 United Kingdom

### 2.2.1 Overview of financial hardship

Mirroring the international literature, research from the United Kingdom consistently highlights how LGBTQ+ individuals are at increased risk of financial hardship. A synthesis of the literature on poverty and sexual orientation in the UK conducted by Uhrig concluded that gay and bisexual men and bisexual women are materially disadvantaged in comparison to cisgender heterosexual people. The author set out a number of policy recommendations that address the drivers and consequences of disadvantage, including alleviating homelessness, tackling school bullying, reducing earnings disparities and ensuring that social care provision adequately meets the needs of older LGBTQ+ people (Uhrig, n.d.). Building on this picture, further evidence indicates that gay and bisexual men are more likely to claim work-related benefits than cisgender heterosexual men. It has been suggested that this pattern may relate to the types of sectors and occupations in which many of these men work, such as arts and culture, leisure and retail, which frequently involve insecure hours, temporary contracts and unstable earnings that increase exposure to income volatility (P. Matthews, 2022).

Additional UK work has drawn attention to the mental health consequences of material hardship, with one study highlighting how socioeconomic disadvantage among LGBTQI+ people is associated with heightened risks of suicidal ideation and self-harm. The authors of that study call for targeted additional supports, particularly for LGBT young people who are living in poverty or experiencing acute financial hardship (Jadva et al., 2023). The contemporary cost of living crisis is also recognised as an exacerbating factor, with evidence that it has placed LGBT+ survivors of abuse at increased risk of ongoing harm. When the ability to flee is constrained by unaffordable private rents, limited emergency accommodation and general price pressures, options for safety are curtailed and risk is intensified (Galop, 2022).

## **2.2.2 Homelessness, housing costs and housing precariousness**

Homelessness, including youth homelessness among LGBTQ+ communities, has emerged as a major area of research in the UK. A review of the literature on homelessness among the LGBT community concluded that LGBT people are over-represented within the homeless population and called for more focused research into the specific mechanisms linking LGBT identity and homelessness, including pathways into and out of homelessness and the role of discrimination in service access (McCarthy and Parr, 2022). More recently, a UK government-led study of homelessness among LGBT people found that LGBT individuals are at increased risk of homelessness and that the distinct experiences and trajectories of homelessness can be closely linked to gender identity. Importantly, the study reported that temporary accommodation often constitutes a hostile environment for LGBT people. This hostility can result in some LGBT individuals avoiding formal provision and instead relying on precarious, hidden or unsafe living arrangements, which may expose them to further harm and make recovery more difficult (UK Government, 2024).

Trans people appear to be at particularly high risk. Research commissioned by Stonewall and conducted by YouGov found that one in four trans people had experienced homelessness. This finding was based on responses from 871 trans and non-binary people within a larger survey of 5,000 LGBT+ respondents across England, Scotland and Wales, highlighting the scale and persistence of housing exclusion for this group (Bachmann and Gooch, 2018). Complementing these quantitative insights, qualitative research with 35 trans people in Wales who had experienced homelessness underscored the importance of community-based support in challenging exclusionary practices within statutory housing services. The study pointed to the need for trauma-informed approaches, better staff training and closer collaboration with community organisations to ensure that trans people can access safe and appropriate accommodation and support (England, 2022).

Structural and geographical dynamics also matter. Scholars have highlighted so-called spatial inequalities, noting that the clustering of LGBT+ populations in London and South-East England, areas with the UK's highest housing costs, combined with a higher likelihood of living in the private rented sector to produce very significant and ongoing housing costs. These costs in turn increase exposure to income poverty and financial strain, particularly where tenure insecurity and high rents constrain savings and limit household resilience (Westwood, 2016; P. Matthews, 2023). For older LGBT people, concerns persist about the availability and appropriateness of age-specific housing and social care services. Researchers have drawn attention to gaps in provision, the need for inclusive practice, and the importance of ensuring that older LGBT adults are able to access services that respect identity and community while also addressing practical needs associated with aging (Almack and King, 2019).

## **2.2.3 Socioeconomic disadvantage and health inequalities**

As with the international evidence, UK research indicates that LGBTQ+ people experience elevated risks of adverse health outcomes, and that socioeconomic disadvantage often amplifies these inequalities. Analysis of a very large dataset from the English GP Patient Survey, comprising 836,312 responses, showed that long-term physical and mental health issues were approximately twice as common among LGB individuals as among cisgender heterosexual individuals. Inequalities were particularly pronounced for bisexual women and bisexual men, suggesting that minority stress, discrimination and economic factors may interact to produce cumulative health burdens in these subgroups (Cross et al., 2024).



Additional evidence indicates that bisexual women are more likely to access disability-related benefits in the UK, even after controlling for long-term illness and disability, a finding that further underscores the close relationship between health disadvantage, labour market exclusion and financial strain (P. Matthews, 2022).

Researchers have also called attention to significant unmet sexual health needs among transgender and non-binary people. Day et al. note that there is a paucity of robust data on sexual health among TNB populations in the UK, but argue that, in light of structural stigma and socioeconomic disadvantage, unmet need is likely to be substantial and the risk of sexual health morbidity elevated. Addressing these gaps requires inclusive data collection, investment in accessible services and policies that remove barriers to care (Day et al., 2021). Complementary analysis of the 2021 and 2022 English GP Patient Survey revealed increased risks of mental health conditions among transgender, non-binary and gender diverse people, particularly for those experiencing socioeconomic disadvantage. These risks are not simply parallel to poverty but can drive people further into poverty by reducing employment opportunities, lowering income and increasing the costs associated with healthcare and daily living (Watkinson et al., 2024).

Qualitative research in a deprived area of North East England adds further depth, with young economically disadvantaged LGBTQ+ people reporting discrimination across multiple domains of life, including education, employment, community spaces and services. The impacts on mental and physical health were described as severe and long-lasting, reinforcing the argument that stigma and deprivation together can entrench health inequalities over time (Griffin et al., 2023). Finally, the concept of physical activity insecurity has been used to describe a lack of opportunities to engage safely in physical activity. Research indicates that young LGBTQ+ people in the UK may face this form of insecurity as gender identity intersects with deprivation, disability, ethnicity and affordability. Barriers to accessing inclusive and safe environments for physical activity may have long-term consequences for both physical and mental health and can be especially pronounced for those with limited financial means (Dodd-Reynolds et al., 2024).

## **2.2.4 Covid-19 pandemic**

UK evidence also shows that the Covid-19 pandemic intensified socioeconomic and health inequalities for LGBTQ+ communities. A review by Hudson et al. found that trans people and LGBTI migrants were at increased risk of homelessness during the pandemic period. The review further identified evidence of financial hardship among LGBT+ asylum seekers and refugees, including food poverty and difficulties affording essential medicines, which together illustrate how immigration status, economic deprivation and healthcare access are tightly interlinked in crisis contexts (Hudson et al., 2025). In institutional settings, research exploring the experiences of transgender and non-binary prisoners during the pandemic reported significant mental health difficulties associated with prolonged solitary confinement and reduced access to gender-affirming healthcare. These findings highlight how restrictive measures, when not accompanied by safeguards for vulnerable groups, can magnify pre-existing inequities and produce additional harm (Suhomlinova et al., 2023).

## 2.3. Ireland

### 2.3.1 Context and themes

The discussion of international and UK-based research above highlights a series of recurring issues that have been observed in analyses of poverty among LGBTQI+ communities across different settings. These issues include educational and employment inequalities, housing problems and homelessness, the intersectional nature of disadvantage, the compounding effects of the Covid-19 pandemic on financial instability and marginalisation, and the downstream impacts of socioeconomic disadvantage on health and wellbeing. Although there is a recognised paucity of research specifically addressing poverty among LGBTQI+ communities in Ireland, an examination of the existing literature indicates that similar themes are present in the Irish context, and that they manifest in ways that are shaped by national laws, policy frameworks, service infrastructures and social attitudes.

### 2.3.2 Seminal publication and early evidence

A seminal publication on poverty among lesbians and gay men in Ireland was produced in 1995 by the Gay and Lesbian Equality Network (GLEN) in association with the Combat Poverty Agency (Gay & Lesbian Equality Network, 1995). The research comprised a detailed questionnaire administered to 152 respondents and explored the association between discrimination against lesbians and gay men and experiences of poverty and social exclusion. The survey included 221 questions and covered a wide range of topics: coming out, family relations, education, training and employment trajectories, income levels, access to services and both physical and mental wellbeing, among other domains. The findings were reported comprehensively in *Poverty: Lesbians and Gay Men* and set out a persuasive account of how discrimination operates across the life course. The publication outlined in detail how participants encountered harassment and discrimination at home, in education and in employment. The authors identified significant cumulative and interlocking processes of discrimination that placed lesbians and gay men at heightened risk of poverty and social exclusion (Gay & Lesbian Equality Network, 1995, p. xii). Slightly over one fifth of respondents were living in poverty at the time of the study. The report concluded with a recommendation to establish a task force to represent the concerns and interests of lesbians and gay men within the National Anti-Poverty Strategy. The survey data also indicated specific mechanisms of disadvantage.

A total of 25 respondents reported leaving education or training earlier than planned due to issues associated with being lesbian or gay. Many respondents reported avoiding jobs or occupational fields for which they were qualified because of fears of discrimination, which produced downward social mobility over time. Discrimination in access to services was widespread, with 1 in 10 reporting discrimination when seeking housing, whether in relation to a mortgage or tenancy, or in the form of verbal harassment from a landlord. One third of respondents had experienced housing precarity or uncertainty at some stage in their lives, including leaving home without certainty about where they would live next. Some respondents described difficulties accessing mortgages as same-sex couples. This barrier contributed to reliance on the private rented sector, producing instability and higher overall costs (Gay & Lesbian Equality Network, 1995). Looking across the three decades since publication, a review of academic and policy literature suggests that many of the forms of discrimination and disadvantage documented in 1995 have persisted in new guises. For this reason, the present review begins with national policy

documents relating to poverty and socioeconomic disadvantage for LGBTQI+ people before turning to research studies undertaken over the past fifteen years.

### **2.3.3 Policy landscape and strategic frameworks**

In recent years, a series of national strategies has been developed with the aim of improving the lives of LGBTQI+ people in Ireland. The LGBTI+ National Youth Strategy emphasises equal employment opportunity, inclusive work environments and service settings that respect identity and promote participation (Department of Children and Youth Affairs, 2018). The LGBTI+ Inclusion Strategy similarly focuses on equal treatment, visibility, health, safety and support, and it explicitly recognises the risks associated with multiple discrimination and intersecting marginalisations (Department of Justice and Equality, 2019). Section 42 of the Irish Human Rights and Equality Commission (IHREC) Act 2014 provides for the Public Sector Equality and Human Rights Duty (“the Duty”). The Duty places a statutory obligation on all public bodies to critically examine the delivery of their functions through a human rights and equality lens. Section 42(1) requires public bodies, in the performance of their functions, to have due regard to the need to eliminate discrimination, promote equality of opportunity, and protect the human rights of those affected by their policies and practices (Irish Human Rights and Equality Commission Act, 2014). To fulfil this obligation, public bodies must actively inform themselves of the experiences and needs of service users and rights holders through appropriate consultation. They must meaningfully consider the findings of that consultation and integrate the resulting insights into policy development and service delivery. Public bodies must also be able to demonstrate that this process has been carried out in a robust and transparent manner. The Duty seeks to embed a culture of human rights and equality across the public sector by ensuring that policies, services, and modes of delivery are designed and implemented with a clear understanding of the intersecting needs of rights holders and service users, thereby pre-emptively reducing the risk of unintended adverse impacts on marginalised communities. In this wider context, the Roadmap for Social Inclusion 2020–2025 is an overarching Government strategy intended to reduce poverty and strengthen social inclusion across public policy and service delivery, complementing sectoral plans in areas such as education, health, housing and community development (Department of Social Protection, 2023). In a review of progress made since implementation, LGBT Ireland noted that further efforts are required to better understand the issues faced by multiply marginalised groups and to ensure that commitments translate into measurable changes on the ground (LGBT Ireland, 2024).

### **2.3.4 Contemporary research on LGBTQI+ poverty and socioeconomic disadvantage in Ireland**

The available literature indicates a shortage of large-scale, comprehensive studies focusing explicitly on poverty among LGBTQI+ people in Ireland. Nonetheless, recent evidence provides important insights into financial wellbeing and its determinants. A major EU study reported that 40% of LGBTQI+ people in Ireland face difficulties in making ends meet based on household income, with the figure rising to 49% for trans and intersex people (EU Agency for Fundamental Rights, 2020d). While there has been a dearth of national-level research focused solely on poverty, a number of Irish studies examine specific poverty-related issues, such as homelessness, or address particular subgroups, including youth and older people. The discussion that follows begins by considering key determinants of financial wellbeing, notably education and employment, and then turns to the impacts of poverty and socioeconomic



disadvantage, including housing precariousness, homelessness and health inequalities.

### **2.3.5 Educational discrimination, exclusion, and knock-on effects for employability and earnings**

Children's and young adults' experiences in education are crucial in shaping future financial wellbeing and life chances. Several studies stress the importance of ensuring that school environments are inclusive and engage constructively with LGBT issues, both to protect pupils' wellbeing and to support educational attainment (Bowen, n.d.; O'Grady et al., 2009; Formby, 2013; Higgins et al., 2024; National LGBT Federation, 2016; Ombudsman for Children's Office, 2024). In a large-scale study of LGBT lives in Ireland, consisting of an online survey with 2,612 responses, only 8% of respondents agreed that schools are safe and fully inclusive of LGBT students (National LGBT Federation, 2016). A number of studies document how negative treatment in school leads to absence, avoidance and, for some, leaving school permanently earlier than expected. Mayock et al. reported that 5% of respondents in a large national survey of approximately 1,100 people had left school permanently as a direct result of treatment related to their LGBT identity (Mayock et al., 2009).

The LGBTIreland Report (2016), which was a landmark investigation into mental health and wellbeing among LGBTI communities, did not focus on poverty per se but identified findings that echo the 1995 GLEN study. In this report, 1 in 4 respondents considered leaving school, and 1 in 20 actually quit (Higgins, Doyle, et al., 2016). In the 1995 study, 13 of 152 respondents, or 8%, had left school early (Gay & Lesbian Equality Network, 1995). Two decades on, the proportion leaving school due to identity-related problems decreased to 5%, suggesting that systemic issues remain. A subsequent study, *Being LGBTQI+ in Ireland*, reported that 7% of respondents left school early due to negative treatment related to being LGBTQI+, a rise of 2% since 2016. Risk of missing school or quitting entirely was higher among trans and gender non-conforming participants, indicating that gender identity remains a significant axis of vulnerability within educational settings (Higgins et al., 2024). The knock-on effects of school-based discrimination and bullying are significant and long-lasting.

A study by Minton et al., based on a survey completed by 90 young people with a further 33 partially completed responses, found that 95% identified as LGBT or as unsure of their sexual orientation. Within this group, 10% reported leaving school earlier than they wished, demonstrating how stigma and exclusion can derail education at a formative stage and create risks for future employability, earnings potential and exposure to socioeconomic disadvantage (Minton et al., 2008). Higher and further education settings also present challenges. An online survey of 123 gender minority students in Irish third-level education reported that 53% had a mental illness or disability, and more than three quarters indicated that mental health or medical issues affected their academic performance or academic life. The combination of high rates of reported mental illness or disability with documented impacts on academic performance is a matter of particular concern for equality of opportunity in higher education and beyond (Buggy et al., 2019).

Wider evidence indicates that rates of disability are higher among LGBT populations (HRC Foundation, n.d.). Irish research also shows that employment discrimination is higher for people with disabilities and that Ireland's disability employment gap, at 37%, is among the worst in Europe. People living with a disability are significantly more likely to experience poverty and deprivation. Consequently, LGBT people who also have a disability can be doubly disadvantaged and at an especially high risk of poverty,

given the intersecting barriers in education, work and access to services (Banks et al., 2018; Disability Federation of Ireland, 2021).

### **2.3.6 Homelessness and housing insecurity**

Homelessness is a key concern among LGBTQI+ people in Ireland, which aligns with international findings on the centrality of housing to poverty and exclusion (Norris and Quilty, 2021). Youth homelessness has been described as one of the most visible signs of social deprivation. The consequences of homelessness for young people can be immediate and long-term, including disruption to education, difficulty accessing and sustaining employment, and lasting effects on future financial wellbeing (Quilty and Norris, 2020). Findings from a large EU study of LGBT issues conducted by the EU Agency for Fundamental Rights showed that 21% of trans or intersex people in Ireland experienced discrimination when looking for housing, compared with 11% for all LGBTQI+ respondents. When asked about housing difficulties, 59% of intersex respondents in Ireland reported having had to stay with a friend, live in a place not intended as a permanent home, use emergency accommodation or sleep rough. This compared with 35% of trans respondents and 24% for all LGBTQI+ people. Sleeping rough was reported by 19% of intersex respondents, 5% of trans respondents and 2% of all respondents. These figures paint a stark picture of housing exclusion, with intersex and trans people in particular facing pronounced risks (EU Agency for Fundamental Rights, 2020a; 2020c). In its consultations with young people for the development of the LGBTI+ National Youth Strategy, the Department of Children and Youth Affairs identified youth homelessness as a key issue, most commonly linked to familial rejection following disclosure of sexual orientation or gender identity (Department of Children and Youth Affairs, 2017).

A Focus Ireland-commissioned report on youth homelessness, which combined a comprehensive review of the literature with qualitative in-depth interviews, similarly concluded that the process of coming out and subsequent family rejection were central factors influencing pathways into homelessness for LGBTQ+ youth (Quilty and Norris, 2020). Qualitative research with 22 participants, predominantly in Dublin but also in other towns and cities, explored the distinctive experiences of young LGBTQI+ people facing homelessness and the routes into and out of homelessness. The research showed that breakdown in family relationships was a common driver. Many participants reported avoiding emergency accommodation due to fears for their safety. This avoidance had knock-on effects, limiting access to other essential services such as healthcare, addiction treatment and mental health support. The researchers called for targeted supports for families at the point when a young LGBTQ+ person comes out and for improvements to homeless accommodation and services for young LGBTQI+ people, including a joined-up set of short, medium and long-term solutions (Quilty and Norris, 2022).

### **2.3.7 The negative consequences of employment inequality on financial security**

Irish research, reflecting international evidence, indicates that LGBTQ+ status can significantly influence career choice and progression. There is evidence that LGBTQI+ status can shape decisions about which occupations to enter and where to work. One European-wide study, based on an online survey of 187 participants, examined the impact of homophobic and transphobic bullying on education and employment and found that Irish participants perceived schools with a religious ethos as offering limited employment opportunities unless sexual identity was concealed. This points to a perceived need

to self-censor in order to secure or sustain employment, with implications for wellbeing and career development (Formby, 2013). Complementary qualitative work by Kapoor and Belk suggested that some semi-closeted middle-aged gay men appeared to choose altruistic careers as a response to experiences of oppression and marginalisation, indicating that identity-related stress may exert subtle but important effects on occupational trajectories over time (Kapoor and Belk, 2022). Additional evidence shows that some LGBT people report overt discriminatory practices when attempting to access employment entitlements that are available to cisgender heterosexual co-workers, despite the protections provided by the Employment Equality Act (1998) and the Equal Status Act (2000).

In certain instances, hostile work environments prompted respondents to leave roles in order to protect their wellbeing, with obvious implications for earnings and progression (Mayock et al., 2009). Many LGBTQI+ individuals report concerns about the impact of disclosing their identity on career prospects and workplace wellbeing. Studies have documented the fear of negative repercussions associated with being open at work and the potential for this to limit applications, promotions and mobility within organisations (Congress and GLEN, n.d.; Vasquez del Aguila and Cantillon, 2010). In one study, almost 20% of respondents felt that their LGBTQI+ status had negatively affected promotion or transfer between roles, a finding that aligns with wider evidence on stalled progression and the cumulative effects of workplace discrimination (Lee and Hannigan, 2009). Trans and intersex people in Ireland face specific barriers in the labour market. A European study of 139,799 LGBTI people aged 15 years or older found that 8% of Irish respondents reported discrimination when looking for a job, a figure that rose to 29% among trans and intersex respondents. These disparities suggest that identity-based discrimination compounds general labour market challenges and helps to explain why poverty risk remains elevated for parts of the community (EU Agency for Fundamental Rights, 2020b).

### **2.3.8 Covid-19**

Irish research during the Covid-19 period mirrors the international literature in finding that the pandemic significantly affected LGBTQ+ communities. An LGBT Ireland report based on an online survey of 1,855 LGBT+ respondents indicated that inequalities and marginalisation were compounded for migrants, Travellers and Roma, refugees, older people and people with disabilities. The pandemic not only intensified existing barriers to employment, healthcare and support but also heightened isolation and exposure to harm for those with limited resources (LGBT Ireland, 2020). A BeLong To survey of 294 young people aged 14 to 23 found that 20% were not engaged in employment or education. The authors warned that such disengagement was likely to have negative impacts on participants' livelihoods in the months ahead, given the strong association between time out of school or work and subsequent difficulties re-entering education or the labour market (BeLong To, 2023).

### **2.3.9 Older LGBT people**

A study conducted in Northern Ireland highlighted a shortage of services for older LGBT people and drew attention to the potential costs associated with ageing for those who lack familial support, whether spousal or intergenerational. The study considered needs for services and formal care arrangements in later life, emphasising that gaps in provision can translate into financial strain, reduced wellbeing and increased risk of exclusion (Mackle, 2021). Irish research on resilience among older LGBT adults, based on qualitative interviews with 36 LGB participants, found that access to both formal and informal



support networks, including family, friends and LGB networks, was crucial in sustaining resilience and mitigating the effects of social isolation and discrimination in older age (Higgins, Sharek, et al., 2016).

### **2.3.10 Intersection of inequalities in Ireland: multiple minority discrimination**

As discussed earlier, LGBTQ+ people who hold intersecting marginalised identities face increased risk of poverty and social exclusion. A scoping review by Adley et al. examined health and social service pathways for LGBTQ+ adults in Ireland and the UK who experience multiple disadvantages, including homelessness, substance use and involvement with the criminal justice system. The authors concluded that there is limited research adequately capturing the health and social care experiences of LGBTQ+ people with multiple minority identities, but that the available studies point to substantial challenges and unmet need, reinforcing the urgency of intersectional approaches to service design and policy (Adley et al., 2025).

A recent doctoral study in Ireland found that participants with multiple minority identities did not find LGBTQIA+ organisations fully inclusive of minority faiths, ethnicities or races, suggesting that internal community dynamics may replicate broader patterns of exclusion unless explicitly addressed (Whitbeck, 2024). Another doctoral study examined the intersection of autism and trans or non-binary identity within the Irish education system. The research highlighted significant challenges related to transphobia and ableism and pointed to the need for enhanced visibility of trans and autistic identities, tailored training for school leadership and staff, and the implementation of robust anti-bullying strategies and policies (Green, 2024). Research into the experiences of LGBT migrants in Ireland further illustrates the interplay between ethnicity, immigration status and LGBTI identity. An online survey of 231 participants from 48 countries reported that, although the majority were in employment, opportunities were often limited and the quality of available work was frequently poor. When asked about opportunities to work, 19% reported feeling mostly dissatisfied, displeased or terrible, with a further 22% reporting mixed feelings. Regarding the range of work available, 52% reported feeling mostly dissatisfied, displeased or terrible, with a further 30% reporting mixed feelings. These findings indicate that while formal employment may be achievable, many migrants encounter unsuitable roles or underemployment, which constrains income and limits progression (Noone et al., 2018).

Supports for LGBT people living in the International Protection Accommodation Service (IPAS) have also been investigated. Although not focused solely on poverty, this research examines a cohort that is often financially disadvantaged and socially isolated. The study identified hostile environments in some IPAS centres, with homophobia and transphobia reported, and found that LGBTI+ residents can be reluctant to report threatening behaviour, violence or harassment because of their vulnerable position and fears that complaints could jeopardise their application for international protection. Service availability was frequently limited, particularly in rural locations, and the cost of travel to urban centres to access specialist services was prohibitive for many (Noone et al., 2023).

Research into the experiences of LGBT people in prison in Ireland described how they are doubly marginalised, facing discrimination and disadvantage within the prison system and upon release, while sometimes lacking support from the wider LGBT community. LGBT prisoners are at increased risk of abuse and violence in custody, with trans prisoners at particular risk. The report emphasised the need for tailored reintegration and rehabilitation supports and for coordination with LGBT organisations to

develop policies and practices that facilitate safe transition out of prison and meaningful social inclusion (IPRT, 2016).

A study of LGBTI+ Travellers and Roma documented elevated risks of homelessness within these communities. Qualitative focus groups were conducted with nine LGBTI+ Travellers and one LGBTI+ Roma participant, alongside a survey of 43 Travellers and two Roma. Almost 40% of respondents reported having experienced homelessness as a consequence of being LGBTI+, highlighting how ethnicity, cultural marginalisation and identity-based stigma can intersect to produce acute housing insecurity (Sartori, 2022).

### **2.3.11 (In)visibility of LGBTQI+ in social policy**

International research highlights the invisibility of LGBTQI+ people in social policy and the implications this has for equality. In the Irish context, this concern is echoed by studies that identify the need for explicit reference to vulnerable groups in policy documents, particularly those concerning health and wellbeing (Gregory and Matthews, 2022; Lambert and McVeigh, 2024). One analysis of health and wellbeing policy texts noted that LGBTQI+ individuals can face microaggressions when attempting to access health and education services, which underscores why inclusion in policy frameworks is essential for equitable service delivery and outcomes (Lambert and McVeigh, 2024). Intersex people are at particular risk of marginalisation due to their invisibility in, or erasure from, social policy and equality, diversity and inclusion strategies. This invisibility can translate into a lack of tailored services, limited data collection and poor recognition of specific needs, thereby perpetuating disadvantage (Monro et al., 2024; Wall, n.d.).

### **2.3.12 Inclusive spaces**

A growing strand of Irish research examines the need for inclusive spaces across diverse LGBTQIA+ populations. One study in Tipperary explored the needs of LGBT\* people aged under 25 using a mixed-method qualitative design that included interviews, focus groups and case studies with LGBT\* young people, service providers and educators. The researchers concluded that there is a pressing need for more inclusive and safe spaces for young people to use, particularly given the lack of support identified within some schools and professional organisations and the shortfall in accessible mental health services. In this context, safe community spaces function not only as sites of social connection but also as protective environments that can mitigate the effects of stigma and isolation (Bowen, 2018).

In a distinct contribution, a qualitative study comprising interviews with seven asexual people in Ireland examined experiences of inclusion and exclusion in both mainstream and queer spaces. The analysis suggested that asexual people often feel invisible, excluded or out of place, partly due to what the author describes as the allosexualisation of these contexts, where sexual attraction is assumed as the norm. The study highlights the need for spaces and practices that do not centre sexual attraction and that actively recognise asexual identities (Bayer, n.d.). Research has also considered the extent to which online spaces are safe and welcoming for diverse sexual and gender identities. One Irish study concluded that the broader LGBTQ online space is not fully inclusive of all identities and can reproduce marginalisation by privileging certain narratives or forms of expression. This finding suggests that digital inclusion strategies should be prioritised alongside efforts to improve physical spaces (Donnelly and Stapleton, 2023).

# 3. Methodology

## 3.1 Overview

This project used a mixed-methods research design, combining qualitative and quantitative approaches to examine the experiences of poverty among LGBTQ+ people in Ireland. The research was guided throughout by an Advisory Panel, whose lived and professional expertise informed the development of the research tools, interpretation of findings, and overall direction of the study.

The project began with a structured literature review. This review assessed both Irish and international research on LGBTQ+ poverty, drawing on peer-reviewed studies and grey literature, and helped to situate the project within the wider evidence base while identifying key gaps requiring further investigation.

To ensure that marginalised and frequently excluded voices were represented from the outset, five in-depth qualitative interviews were conducted in the early stages of the project. Interview participants were recruited through LGBTQ+ community networks and partner organisations using purposive sampling to ensure inclusion of people with direct experience of financial hardship and, where possible, people from groups more likely to be underrepresented in research. Eligibility was based on being an LGBTQ+ adult living in Ireland and self-identifying as experiencing poverty or financial difficulty, and participants were provided with information about the study and took part on a voluntary basis. These interviews provided insight into the lived realities of LGBTQ+ people facing financial hardship and guided the priorities, language, and thematic focus of the survey instrument.

An anonymous online survey was then distributed to LGBTQ+ adults living in Ireland, generating **373 responses**. The survey included both closed questions and optional spaces for qualitative comment, allowing participants to elaborate on their experiences in their own words. All responses were cleaned and analysed descriptively to produce a demographic profile and to support the subsequent stages of qualitative analysis.

Taken together, this integrated and iterative approach ensured that the research was grounded in lived experience, shaped by community expertise, and responsive to the diversity and complexity of LGBTQ+ people's financial circumstances in Ireland.

## 3.2 Literature Review

Following consultation with the advisory group, the parameters of the literature search were finalised. The parameters and associated criteria are summarised below.

PARAMETER	CRITERIA
Language	Includes studies published in English.
	Excludes studies not available in English unless high-quality translations are accessible.
Publication Type	Includes qualitative and quantitative studies.
	Includes peer-reviewed literature.
	Includes grey literature (NGO reports, policy briefs).
	Excludes opinion pieces and commentaries.
	Excludes studies lacking empirical data or robust methodology.
Publication Date	Studies published from 2008 onwards
	Exception made for 1995 study
Geographic Location	Preference/weight for research conducted in Ireland.
	International studies included if offering key comparative insights.
Participants	Studies focusing on LGBTQ+ individuals.
	Includes diverse identity labels (e.g., intersex, non-binary, pansexual, etc.).
	Excludes studies that do not explicitly focus on LGBTQ+ individuals.
	Excludes studies that generalise findings without specific LGBTQ+ analysis.
Theme/Topic	Research that explicitly examines poverty, financial hardship, or socioeconomic disadvantage among LGBTQ+ individuals.
	Excludes studies focusing solely on general LGBTQ+ well-being without specific reference to poverty or financial hardship.
Screening Process	Two-step process: initial title and abstract screening followed by full-text review for relevance and quality.
Databases to Search	PubMed, Google Scholar, Web of Science.
	Other relevant databases may be added.
Keywords and Search Terms	A broad range of LGBTQ+ identity labels and poverty-related terms (e.g., “financial hardship,” “socioeconomic disadvantage”).
	Includes terms accounting for different subgroups and terminology changes over time.



<b>Research Themes</b>	Prevalence of poverty among LGBTQ+ individuals.
	Intersectionality (e.g., race, disability) and how it influences poverty.
	Factors contributing to poverty among LGBTQ+ individuals.
	Impacts of poverty on LGBTQ+ individuals.
<b>Transparency Measures</b>	Maintain a detailed record of search strategy, databases used, keywords applied, and selection process.

## Search Strategy

Searches were conducted using PubMed, Google Scholar and Google (to identify grey literature not easily accessible through academic databases).

A **Title/Abstract** search was carried out in PubMed:

- The initial timeframe was 2015–2025, later extended to 2008–2025.
- A total of 411 results were identified.
- Results that did not focus directly on poverty, social exclusion or socioeconomic disadvantage among the target populations were excluded.

Search terms included variations of LGBTQI+, such as LGB, LGBT and LGBT\*. Additional terms included asexual, queer, genderqueer, non-binary, intersex, demisexual and trans. These were combined in different ways with poverty, socioeconomic disadvantage and financial hardship.

A **Google Scholar** search was also conducted:

- A full-text search using (lgbtq OR asexual OR genderqueer OR non-binary OR intersex OR demisexual) AND poverty returned 24,000 results.
- Refining this to a title-only search produced nine results.
- A general search for “lgbtq poverty United Kingdom” returned 16,500 results.
- A title-only search for the same terms produced no results.
- To increase relevance, the 16,500 results were sorted by relevance. The first 200 results were manually reviewed to identify UK-based studies.

A similar approach was used to identify Ireland-based research. A snowballing method was also applied, whereby references cited in key Irish studies were followed up.

Due to the limited number of publications in the past ten years, the timeframe was broadened to include particularly relevant studies outside this period. In addition, one earlier publication from Ireland was included because of its unique relevance: Gay & Lesbian Equality Network. (1995). Poverty: Lesbians and Gay Men – The Economic & Social Effects of Discrimination. Combat Poverty Agency. This was the only study identified that specifically addressed poverty among LGBTQI+ populations in Ireland.

Details of the search engines, search terms and results are summarised below.

SEARCH TYPE	KEY WORDS	DATE RANGE	RESULTS
PubMed			
Abstract/ title	LGB AND Poverty	2015 - 2025	9
Abstract/ title	LGBTQ AND Poverty	2015 - 2025	25
Abstract/ title	LGBTQI AND Poverty	2015 - 2025	1
Abstract/ title	LGB AND Social Exclusion	2015 - 2025	5
Abstract/ title	LGBTQ AND Social Exclusion	2015 - 2025	8
Abstract/ title	LGBTQI AND Social Exclusion	2015 - 2025	2
Abstract/ title	LGB and financial hardship	2015 - 2025	2
Abstract/ title	LGBTQ and financial hardship	2015 - 2025	8
Abstract/ title	LGBTQI and Financial hardship	2015 - 2025	0
Abstract/ title	LGB and Socioeconomic	2015 - 2025	31
Abstract/ title	LGBTQ and Socioeconomic	2015 - 2025	95
Abstract/ title	non-binary AND socioeconomic	2015 - 2025	41
Abstract/ title	genderqueer and socioeconomic	2015 - 2025	6
Abstract/ title	asexual and socioeconomic	2015 - 2025	14
Abstract/ title	asexual and financial hardship	2015 - 2025	1
Abstract/ title	non-binary and financial hardship	2015 - 2025	2
Abstract/ title	non-binary and social exclusion	2015 - 2025	4
Abstract/ title	non-binary and poverty	2015 - 2025	14
Abstract/ title	asexual and social exclusion	2015 - 2025	5
Abstract/ title	asexual and poverty	2015 - 2025	4
Abstract/ title	AND poverty	2015 - 2025	44
Abstract/ title	AND social exclusion	2015 - 2025	19
Abstract/ title	AND financial hardship	2015 - 2025	9
Abstract/ title	AND Socioeconomic status	2015 - 2025	62
Abstract/ title	AND ireland	2015 - 2025	0
TOTAL			411

SEARCH TYPE	KEY WORDS	DATE RANGE	RESULTS
<b>PubMed – Expanded timeframe</b>			
Abstract/ title	LGBT AND Poverty	2008- 2025	29
Abstract/ title	LGBT and Social exclusion	2008- 2025	15
Abstract/ title	LGBT and financial hardship	2008 - 2025	2
full text	LGBT* OR asexual OR queer OR genderqueer OR non-binary OR Intersex OR demisex* AND poverty	2008 - 2025	252
abstract/ title	LGBT* OR asexual OR queer OR genderqueer OR non-binary OR Intersex OR demisex* AND poverty	2008 - 2025	77
abstract/ title	LGBT* OR asexual OR queer OR genderqueer OR non-binary OR Intersex OR demisex* OR trans AND financial hardship	2008 - 2025	13
abstract/ title	LGBT* OR asexual OR queer OR genderqueer OR non-binary OR Intersex OR demisex* AND poverty AND Ireland	2008 - 2025	1
abstract/ title	LGBT* OR asexual OR queer OR genderqueer OR non-binary OR Intersex OR demisex* AND socioeconomic disadvantage	2008 - 2025	6
abstract/ title	LGBT* OR asexual OR queer OR genderqueer OR non-binary OR Intersex OR demisex* AND financial hardship	2008 - 2025	0
<b>Google Scholar</b>			
Title search	LGBT AND poverty	2015 - 2025	20
full text search	(lgbtq OR asexual OR genderqueer OR non-binary OR intersex OR demisexual) AND poverty	2015 - 2025	24,800
		2015 - 2025	18,000
title search	(lgbtq OR asexual OR genderqueer OR non-binary OR intersex OR demisexual) AND poverty	2015 - 2025	9
full text search	lgbtq poverty united kingdom		16,500
full text search	Poverty AND ireland (lgbtq* OR asexual OR genderqueer OR non-binary OR intersex OR demisex*)		13,000

SEARCH TYPE	KEY WORDS	DATE RANGE	RESULTS
title search	Poverty AND ireland (lgbtq* OR asexual OR genderqueer OR non-binary OR intersex OR demisex*)		0
title search	LGBT Poverty	2015 - 2025	20
	LGBT Poverty	2008 - 2025	32
	allintitle: (lgbtq OR asexual OR genderqueer OR non-binary OR intersex OR demisexual) AND poverty	2015-2025	5
	allintitle: (lgbtq OR asexual OR genderqueer OR non-binary OR intersex OR demisexual) AND poverty	2008- 2025	5
	with words: poverty and at least one of lgbt* queer genderqueer non-binary intersex demisex	2008- 2025	10
	with words: poverty ireland and at least one of lgbt* queer genderqueer non-binary intersex demisex	2008- 2025	0
	with words: ireland and at least one of lgbt* queer genderqueer non-binary intersex demisex	2008- 2025	39
	with words: ireland exact phrase: socioeconomic disadvantage at least one of lgbt* queer genderqueer non-binary intersex demisex		0
	with words: ireland exact phrase: financial hardship at least one of lgbt* queer genderqueer non-binary intersex demisex		

Due to the limited number of results relating to Ireland, a general Google search was conducted to identify grey literature not indexed in academic databases.

Across all searches, a total of 848 publications were identified and saved in a Zotero library. After the removal of duplicates, 521 references remained. The titles and abstracts of these 521 items were reviewed. Articles or documents from international sources that did not specifically address poverty, socioeconomic disadvantage or financial hardship among LGBTQI+ populations were excluded. Following screening, 130 items were included for further review.

The review process consisted of:

- i. Screening the titles and abstracts of all 521 articles
- ii. Removing irrelevant articles, leaving 130 documents
- iii. Summarising key themes (based on title and abstract) from relevant international articles
- iv. Reading the full text of Irish, UK and relevant international articles



This literature review is primarily focused on contemporary Irish research on poverty in the LGBTQI+ community. However, given the scarcity of Irish studies, it begins with an overview of key themes from the international literature, which provides important context for the discussion of the Irish situation. In line with the tender specification, the term **LGBTQ+** is used throughout this review. When discussing specific studies, however, the terminology used in the original publications is retained.

### 3.3 Survey

#### Design and Administration

Data for this study were collected through an anonymous online survey designed to explore the experiences, needs, and backgrounds of LGBTQ+ individuals. The survey was open to participants aged 18 and over and was hosted on a secure online platform. Participation was voluntary, and respondents could skip any question they did not wish to answer unless noted as required.

To accommodate intersectionality, insights from these interviews informed the wording and structure of the questionnaire, particularly in relation to how economic challenges may be shaped by overlapping identities and experiences.

The questionnaire included a mixture of single-response questions (e.g., age, country of birth, religion) and multiple-response items where participants could select all identities that applied (e.g., gender identity, sexual orientation, ethnicity). This approach allowed respondents to express the complexity of their identities without being constrained to a single category.

The survey remained open for responses for a defined fieldwork period and was disseminated through LGBTQ+ community organisations, social media, mailing lists, and peer-to-peer sharing. No financial incentives were offered.

#### Sample and Data Cleaning

A total of **373** valid responses were collected. Open-text fields (e.g., “Other” options and free-typed entries) were cleaned through standard qualitative coding procedures. Spelling variations, duplicated entries, and synonyms were normalised into consistent analytical categories (e.g., *UK, United Kingdom, England* → “UK”). Non-informative entries such as “-”, “Skip”, or timestamps were removed where relevant.

For all multi-select questions, each identity selected by a respondent was counted separately. Consequently, the sum of selections exceeds the number of respondents. Percentages for multi-select items therefore represent the proportion of respondents who selected each option, not proportions of the entire dataset adding to 100%.

Where relevant, very small categories (fewer than 1% of respondents) are retained to reflect the diversity of the sample and to support an equitable approach to data reporting, avoiding erasing identities that are underrepresented in mainstream datasets (for example the Survey on Income and Living Conditions, and the Census).

## Age

A total of 373 individuals participated in the survey. Respondents represented all adult age groups, with the largest proportions aged 25–34 (33.8%) and 35–44 (23.0%). Additional representation came from those aged 18–25 (11.8%) and 45–54 (13.7%). Smaller groups were aged 55–64 (11%) and 65 or older (6.2%). This distribution indicates that the sample includes LGBTQ+ adults across multiple life stages.

## Gender Identity

A total of 373 respondents answered the gender identity question, which allowed participants to select multiple terms. The sample reflects substantial gender diversity. The most frequently selected identity was Woman (42.4%), followed by Man (35.1%). A significant proportion of respondents identified with gender minority identities, including Non-binary (22.8%), Genderqueer (11.0%), and Agender (3.8%). Smaller numbers selected more specific gendered terms such as transmasculine, Trans-Masc, Transmasc nonbinary, Trans man, Trans woman, Transgender, Demi-boy, and genderfluid (each approximately 0.3%). A small group selected Prefer not to say (0.8%). Because this was a multi-select question, many respondents chose more than one term to describe their gender, reflecting the complexity and fluidity of gender identity among LGBTQ+ populations.

## Assigned Sex at Birth

Just over half of respondents (51.2%) were assigned female at birth, and 45.0% were assigned male. A small proportion (0.3%) reported an intersex variation, and 3.5% selected “prefer not to say”. This distribution provides a relatively balanced AFAB and AMAB sample and ensures visibility of intersex respondents.

## Sexual Orientation

Sexual orientation was a multiple-choice item, and respondents frequently selected more than one label, reflecting the fluidity and complexity of LGBTQ+ identity. Across the 373 valid responses, the most commonly selected identities were **gay (28.7%)**, **queer (27.9%)**, **bisexual (25.7%)**, and **lesbian (25.2%)**. A substantial share also identified as **pansexual (12.6%)**, **asexual (8.8%)**, or **heterosexual in combination with LGBTQ+ identities (10.7%)**, highlighting the presence of multi-label and intersectional identity configurations. Smaller proportions selected terms such as **Finsexual (0.3%)**, **Questioning (0.3%)**, **Bi+ lesbian (0.3%)**, **Aro-ace (0.3%)**, **Sapiosexual (0.3%)**, and various write-in identities (<1%). Overall, the pattern of responses indicates a highly diverse sample with broad representation across the LGBTQ+ spectrum and a notable prevalence of participants who hold more than one sexual identity label.

## Ethnicity

The largest ethnic group identified as White Irish (66.2%). A further 18.5% identified with other White backgrounds. Smaller proportions identified as Black or Black Irish (4.0%), Asian or Asian Irish (3.2%), mixed background (3.2%), Middle Eastern or North African (2.4%), Irish Traveller (2.1%), Roma (1.1%), and Latinx (1.1%). Additional identities such as West African and African were reported by less than 1%

of respondents. Overall, respondents selected from more than a dozen ethnic categories, reflecting meaningful racial and ethnic diversity.

## Religion

A majority of respondents reported having no religion (67.0%). Roman Catholic was the next most common affiliation (19.3%). Smaller proportions identified as Presbyterian (1.9%), Muslim (1.9%), Orthodox Christian (1.1%), and Church of Ireland (1.1%). A wide range of minority and alternative religious or spiritual identities were represented in very small numbers, including Pagan traditions, Humanism, Buddhism, Hinduism, Judaism, and others.

## Country of Birth

Most respondents were born in Ireland (71.2%). The largest international groups were born in the United Kingdom (10.3%), the United States (6.3%), Germany (2.2%), and Nigeria (1.9%). The remaining respondents were born across more than 40 additional countries spanning Europe, Africa, Asia, Oceania, and Latin America, indicating meaningful migrant and diaspora participation.

## County of Residence

Respondents were distributed across nearly all counties on the island of Ireland, with a strong urban concentration. **Dublin accounted for 53.9%** of all respondents, reflecting its population size and the density of LGBTQ+ networks and services in the capital. The next largest groups lived in **Cork (7.0%), Wicklow (4.6%), Limerick (3.5%), and Galway (3.2%).**

A further spread of respondents lived in counties such as Offaly, Kildare, Wexford, Louth, and Westmeath, each representing between 1.9% and 2.4% of the sample. Smaller numbers were recorded in most other counties, including rural areas and several Northern Ireland counties (Antrim and Derry/Londonderry). Overall, the data show a broad national distribution with a clear urban focus, while still capturing meaningful representation from regional and rural locations.

## Highest Level of Education

The survey sample was highly educated overall. **85.7%** of respondents had completed a third-level qualification, including **undergraduate degrees (46.8%), postgraduate degrees (33.3%), and doctorates (5.6%).** This is significantly higher than the national figure reported by the **Central Statistics Office (CSO, 2022)**, which shows that **54%** of adults aged 25–64 in Ireland hold a third-level qualification.

This pattern remains even when controlling for age. Among respondents aged **25–34, 78.6%** had a third-level qualification, compared with **63%** of the same age cohort nationally, according to **CSO (2022)**. While higher educational attainment is common in voluntary online surveys and among respondents recruited through LGBTQ+ networks, these results indicate that the sample is more academically qualified than the wider Irish population both overall and within younger age groups.

## Disability

A substantial proportion of respondents reported living with a disability or long-term condition. Because this was a multiple-response question, individuals frequently selected more than one category. Across the full sample, **approximately 42%** of respondents reported **a mental health condition**, making it the most commonly selected category. **Chronic illness** was the second most frequent response, chosen by **around 28%** of participants. **Learning disabilities or neurocognitive conditions** such as dyslexia or ADHD were reported by **approximately 26%**, while **sensory disabilities** (hearing or vision-related) were selected by **about 14%**. **Physical disabilities** were reported by **approximately 12%**, and **intellectual disabilities** by a much smaller proportion (about **3–4%**). A small number of respondents selected “prefer not to say.”

These figures indicate a disability prevalence far above that of the general Irish population. According to the 2022 Census, **22%** of people in Ireland reported at least one disability (Central Statistics Office [CSO], 2023), compared with a clear majority of this survey cohort reporting at least one condition. While the elevated rates reflect both the high proportion of LGBTQ+ people who experience disability (as documented internationally) and the structure of the survey question (multiple-select, including chronic illness and mental health), the findings nonetheless underscore the extent to which disability and health-related disadvantage intersect with LGBTQ+ experiences in Ireland.

## Neurodiversity

Neurodiversity emerged as a significant theme within the dataset. **Approximately 26%** of respondents selected a learning-related condition such as ADHD or dyslexia, and when autism-related responses and suspected neurodevelopmental conditions are included, the proportion of participants identifying as neurodivergent rises further. In addition, many respondents combined learning disabilities with mental health conditions or chronic illness, reflecting the high degree of overlap between neurodivergence and other forms of disability.

The prevalence of neurodivergence in this sample appears substantially higher than national estimates. The **Irish Health Survey (IHS) 2024** reports that **18.7%** of adults aged 18 and over in Ireland have been diagnosed with, or suspect themselves to have, a neurodiverse condition, including autism, ADHD, or another neurodevelopmental difference (CSO, 2025). By comparison, the proportion in this LGBTQ+ survey exceeds this figure by a considerable margin. These findings are consistent with international research indicating that neurodivergent people are overrepresented in LGBTQ+ communities and may face compounded barriers related to healthcare access, employment, education, and social inclusion.

## 3.4 Ethics

This study explored poverty and financial hardship among LGBTQ+ people, a topic that can involve sensitive personal information and experiences of stigma, discrimination and exclusion. Ethical considerations were integrated throughout the design and delivery of the research to protect participants, minimise harm, and support trust and transparency.



Participation in the qualitative interviews and the online survey was entirely voluntary. All participants were provided with clear information about the purpose of the study, what participation involved, how their data would be used, and their right to withdraw from participation at any point during data collection. Survey participants could skip any questions they did not wish to answer, and optional open-text boxes were clearly indicated as such.

Given the potential risks associated with disclosure of LGBTQ+ identity and financial circumstances, the research prioritised confidentiality and anonymity. The online survey was anonymous and did not intentionally collect direct identifiers. For interviews, participants' identities were protected through the use of pseudonyms and the removal or generalisation of potentially identifying details in transcripts and reporting. Particular care was taken when reporting qualitative material to avoid "deductive disclosure", especially where participants described distinctive life circumstances, locations, services, or combinations of identities.

Data protection and secure data management procedures were applied throughout. All data were stored securely with access restricted to the research team, and were handled in line with relevant data protection requirements. Personal data were minimised, and any identifying information (where collected for interview administration purposes) was stored separately from research data. Data were retained only for as long as necessary for the purposes of analysis and reporting and were managed in a way that supports accountability and auditability.

Recognising that participation could raise distress, particularly when reflecting on poverty, debt, housing insecurity, or discrimination, the study adopted a trauma-informed approach. Participants were not required to answer any question that made them uncomfortable, and interviewees could pause or stop at any time. Information on relevant supports was made available to participants, and signposting to appropriate services was provided where needed.

To strengthen ethical practice and ensure the research was grounded in community expertise, an Advisory Panel provided guidance on recruitment, language, question design, interpretation, and the responsible reporting of findings. This helped ensure that the research approach was respectful, inclusive and attuned to the diversity of LGBTQ+ communities, including people experiencing intersecting forms of marginalisation.

Finally, the reporting of findings aims to reflect participants' experiences accurately and respectfully, avoiding deficit framing and ensuring that the inclusion of direct quotations does not compromise anonymity. Where small cell sizes or highly specific combinations of characteristics could increase identification risk, categories were aggregated or qualitative details were reduced while preserving the meaning of participants' accounts.

### **3.5 Limitations**

The findings of this survey should be interpreted in the context of several methodological considerations. As an anonymous online survey shared primarily through LGBTQ+ organisations, community networks, and social media, the sample is self-selecting and therefore not fully representative of the LGBTQ+ population in Ireland. Individuals who are more engaged with community groups or who had a particular interest in the research topic may have been more likely to participate. This may partly explain the

relatively high concentration of respondents living in Dublin and the strong representation of individuals with third-level qualifications.

The inclusion of multiple-response questions for gender identity, sexual orientation, ethnicity, disability, and neurodiversity was chosen to reflect the complexity and fluidity of LGBTQ+ identities. While this approach was methodologically appropriate, it limits direct comparison with national datasets that typically rely on single-response categories. Percentages for these items therefore refer to the proportion of respondents who selected each category, and totals exceed 100%. This allows for greater nuance but introduces some analytical constraints when situating the findings alongside official statistics.

The demographic profile also reflects a larger proportion of respondents aged 25 to 44 than might be expected in the general population. This pattern is common in online surveys and may influence some of the results, particularly in relation to education. For example, even within the 25 to 34 age group, the rate of third-level educational attainment in this sample remains higher than the national proportion reported by the Central Statistics Office in 2022. This suggests that educational overrepresentation is influenced not only by age but also by the survey's recruitment pathways and voluntary nature.

The reporting of disability, chronic illness, mental health conditions, and neurodiversity requires particular caution. The survey used broad, inclusive categories and invited participants to select all that applied; many respondents reported multiple conditions. This approach may have supported more open self-identification than is typical in administrative or census contexts. At the same time, higher rates of mental health difficulties and disability-related outcomes are a well-established pattern in international research on LGBTQ+ communities, reflecting factors such as minority stress, barriers to timely care, and structural disadvantage. Comparisons with Census 2022 disability rates and the 2024 Irish Health Survey neurodiversity estimates therefore provide helpful context, but differences should be interpreted carefully given non-equivalent measures and the non-representative nature of this sample. The rates reported here should not be treated as population-level prevalence estimates; rather, they indicate the scale and complexity of health-related experiences within this respondent group and should be understood alongside the broader evidence base.

Finally, the online nature of the survey required internet access and English-language literacy, which may have limited participation among some groups, including older LGBTQ+ adults, migrants with limited English proficiency, and individuals experiencing more severe forms of social or digital exclusion. Although care was taken to circulate the survey widely across a range of networks, certain communities may remain underrepresented.

Overall, while these limitations shape the interpretation of the data, the survey provides detailed and valuable demographic information that captures the diversity of LGBTQ+ experiences in Ireland. It offers a strong foundation for the subsequent analysis and contributes meaningfully to the limited evidence base in this area.

# 4. Findings and Discussion

## 4.1 Stress, Anxiety, and Financial Vulnerability

Indicators of financial strain were widespread in the survey. Almost half of respondents (49.2%) reported that they found it difficult or very difficult to make ends meet, including 12.1% who described it as very difficult. At the same time, 50.5% said they were currently worrying about unpaid bills or debts, highlighting a substantial level of financial pressure across the sample.

Material deprivation was also common. Overall, 59.0% reported going without at least one essential item or activity in the last year because they could not afford it, and 46.1% reported going without two or more items. This two-or-more threshold is the standard “enforced deprivation” measure, defined as being unable to afford 2+ of the 11 national deprivation items, and it is produced by the CSO from the Survey on Income and Living Conditions (SILC). Nationally, 28.1% experienced at least one deprivation item in 2024 and 15.7% experienced enforced deprivation (2+ items), meaning the rate in this survey is about twice the national level on the 1+ measure and almost three times the national level on the 2+ measure. The most frequently reported forms of going without cited in this survey included new clothes (33.8%), keeping the home adequately warm (31.4%), social outings (22.0%), and leisure activities (21.7%), with notable shares also reporting difficulty replacing worn-out furniture (18.2%) or affording regular meals with meat, fish, or a vegetarian equivalent (17.7%). Similarly, 69.4% reported cutting back on spending, most often on leisure (46.1%), food (40.8%), heating (31.1%), and transport (30.6%), indicating that coping strategies were frequently focused on day-to-day essentials.

Measures of financial resilience suggested many respondents had limited buffers. Nearly 3 in 10 (29.8%) reported no savings, while 15.3% had savings that would last less than one month. When asked whether they could access €500 within a week, 52.7% said they could do so from their own money, but 15.1% would rely on family or friends, 7.2% would need borrowing or credit, and 14.2% said they could not access it. This aligns with responses on informal support: among those who answered that question (n = 281), 61.6% reported receiving regular emotional support, 36.7% practical help (such as lifts, childcare, or food), and smaller shares reported occasional financial support (18.9%) or regular financial support (9.3%), while 16.4% selected none. Taken together, these patterns help contextualise the high levels of stress reported

**46.1%**

*experienced enforced  
material deprivation*

**29.8%**

*reported having  
no savings*

elsewhere in the survey, as many respondents were managing persistent financial insecurity alongside limited savings and constrained capacity to absorb shocks.

Experiences of nervousness, anxiety, or stress in the previous 30 days were widespread across the sample. Only 5.4% of respondents reported not feeling anxious or stressed at any point in the past month, and 9.7% felt this less than half the time. The largest group experienced these feelings some of the time (28.8%). More than half of all participants reported frequent or persistent anxiety: 22.8% experienced these feelings more than half the time, 20.7% reported feeling nervous or stressed most of the time, and 11.0% reported feeling this way all of the time. In total, 54.6% of respondents experienced nervousness, anxiety, or stress more than half the time during the previous 30 days, indicating a high level of psychological strain within the cohort. The wording of this item mirrors a core question from the Perceived Stress Scale, one of the most widely used instruments for assessing subjective stress over the previous month (Cohen et al., 1983), which supports comparison in broad terms with international research on stress and mental health.

**54.6%**

*experienced anxiety  
more than half  
of the time*

Although there is no directly equivalent national 30 day measure using this exact item, available Irish data indicate substantially lower levels of psychological distress in the general population. The Irish Health Survey 2024 reports that 7.6% of adults described their mental health as bad or very bad in the previous four weeks, while 70.7% reported good or very good mental health (CSO, 2024). The Healthy Ireland Survey 2023, which uses the MHI 5 mental health index rather than a single stress item, found that 12% of adults had scores indicating a probable mental health problem (Department of Health, 2023). While these measures are not directly comparable to the survey question used in this study, they provide a useful benchmark and suggest that the proportion of LGBTQ+ respondents experiencing frequent anxiety or stress in this sample is considerably higher than population averages. Internationally, large scale surveys of LGBTQ+ communities similarly report elevated levels of distress. For example, the UK National LGBT Survey found that 51% of respondents had experienced mental health difficulties in the previous year (Government Equalities Office, 2018), and The Trevor Project's 2023 National Survey reported that 41% of LGBTQ+ young people in the United States felt anxious most or all of the time (The Trevor Project, 2023). The levels recorded in this study, with 20.7% selecting "most of the time" and 11.0% selecting "all of the time," are consistent with or exceed these international findings. While these measures are not directly comparable to the survey question used in this study, they provide a useful benchmark and suggest that the proportion of LGBTQ+ respondents experiencing frequent anxiety or stress in this sample is considerably higher than population averages, consistent with wider evidence of mental health inequalities among LGBTQ+ communities.

**7.6%**

*of adults described  
their mental health as  
bad or very bad*



## In the last 30 days, how often have you felt nervous, anxious or stressed?

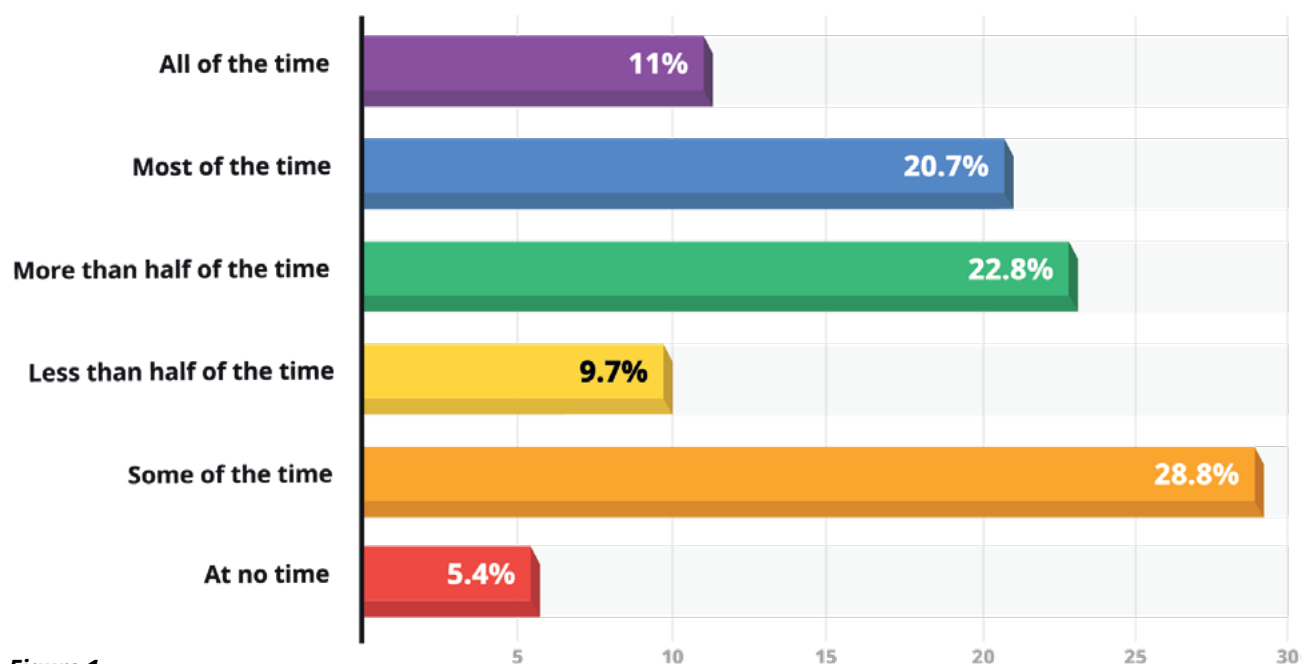


Figure 1

Within the sample, high-frequency anxiety appeared more common among particular demographic groups. Respondents who reported disabilities or long-term conditions, including mental health conditions, chronic illnesses, learning disabilities or ADHD, and sensory disabilities, were more likely to report feeling anxious more than half the time. Neurodivergent respondents also reported elevated and persistent anxiety, consistent with recent Irish data indicating that 18.7% of adults have been diagnosed with, or suspect themselves to have, a neurodiverse condition such as autism or ADHD (CSO, 2024). Younger respondents, especially those aged 18–25 and 25–34, and those who identified as trans, non-binary, genderqueer, or with other gender minority identities, were particularly likely to report high levels of ongoing anxiety. Taken together, these findings highlight a substantial burden of psychological distress within the LGBTQ+ population represented in this study, which exceeds Irish population averages and aligns with international evidence that sexual and gender minority populations experience higher levels of anxiety and psychological distress, often linked to minority stress, discrimination, and social exclusion.

**18.7%**

*of adults have been diagnosed with, or suspect themselves to have, a neurodiverse condition*

Compared with 12 months ago, has your personal financial situation: Improved, Stayed the same, or Worsened?

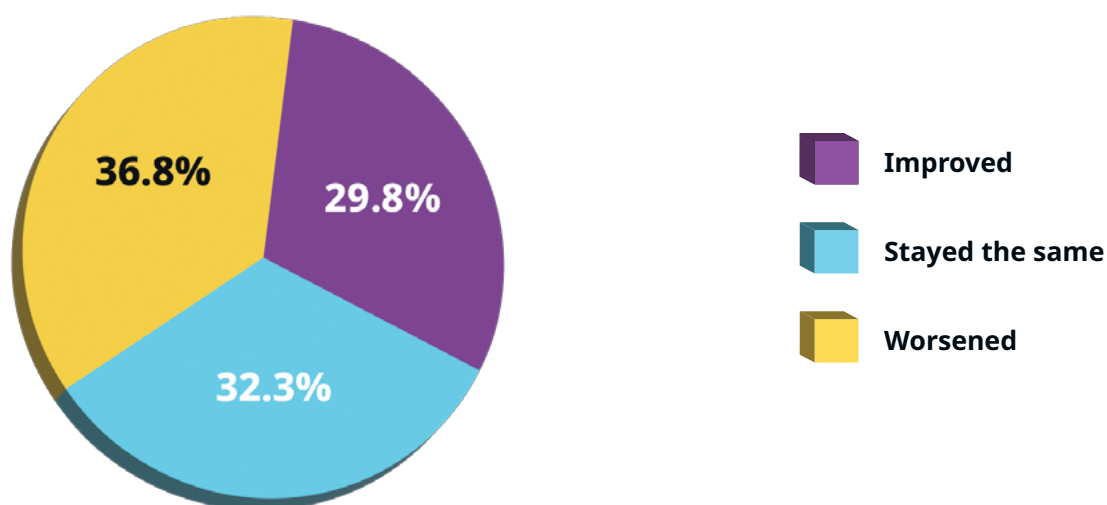


Figure 2

Looking ahead to the NEXT 12 months, do you expect your personal financial situation to: Improve, Stay the same, or Worsen?

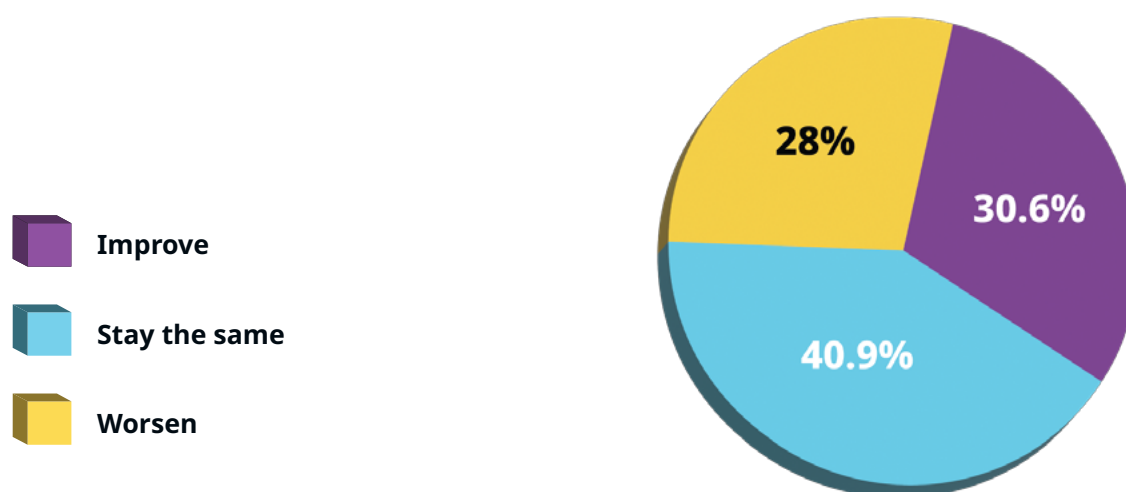


Figure 3

Among respondents who expect their personal financial situation to worsen in the next 12 months, 64.7% (66 of 102 with valid responses) reported feeling nervous, anxious or stressed more than half of the time, most of the time, or all of the time in the previous 30 days. Among those who said their financial situation had worsened in the past 12 months, this figure was even higher, at 68.9% (93 of 135). By contrast, frequent anxiety was lower among respondents who were more financially stable.

Among those who expected their financial situation to stay the same or improve, 51.9% reported experiencing anxiety more than half, most, or all of the time. Among those whose financial situation had stayed the same or improved over the past 12 months, 47.8% reported this level of anxiety. For the sample as a whole, 55.5% experienced nervousness, anxiety or stress more than half of the time in the previous month. Taken together, these patterns suggest a clear association in this survey between financial strain and very frequent anxiety, with respondents who are currently experiencing or anticipating financial deterioration substantially more likely to report high levels of ongoing distress.

**55.5%**

*experienced  
nervousness, anxiety  
or stress more than  
half of the time*

## CASE STUDY 1

### Housing insecurity and concealment in hostel accommodation

Patrick\* is a man in his 40s with an intellectual disability who is living in hostel accommodation. He has had a generally good relationship with his family, but his mother died recently and the loss has been difficult. Over the years he has lived in a number of hostels. Some felt unsafe at times, particularly those with high turnover and residents experiencing acute homelessness or addiction. Patrick identifies as gay, but in shared settings he is cautious about being open, worrying that it could draw unwanted attention from other residents. He says he feels more settled in his current hostel because staff know him and many residents are long-term. However, the location is far from his part-time job, requiring lengthy travel and adding stress to daily routines. Patrick is eligible for HAP, but he has found it almost impossible to find a landlord willing to accept it. As he gets older, he also finds the idea of sharing with strangers increasingly daunting.

*\* Name and identifying details changed.*

## 4.2 Income and Social Welfare

Net (take-home) income varied widely, with 23.1% reporting €3,000 or more per month. However, a substantial minority reported low net incomes:

8.9% reported €0–€499, 14.0% €500–€999, and 12.6% €1,000–€1,499. Taken together, 35.5% reported net incomes below €1,500 per month, and 44.6% reported incomes below €2,000. A further 9.1% reported €1,500–€1,999, 15.9% €2,000–€2,499, and 10.8% €2,500–€2,999.

### What is your approximate net personal monthly income from all sources?

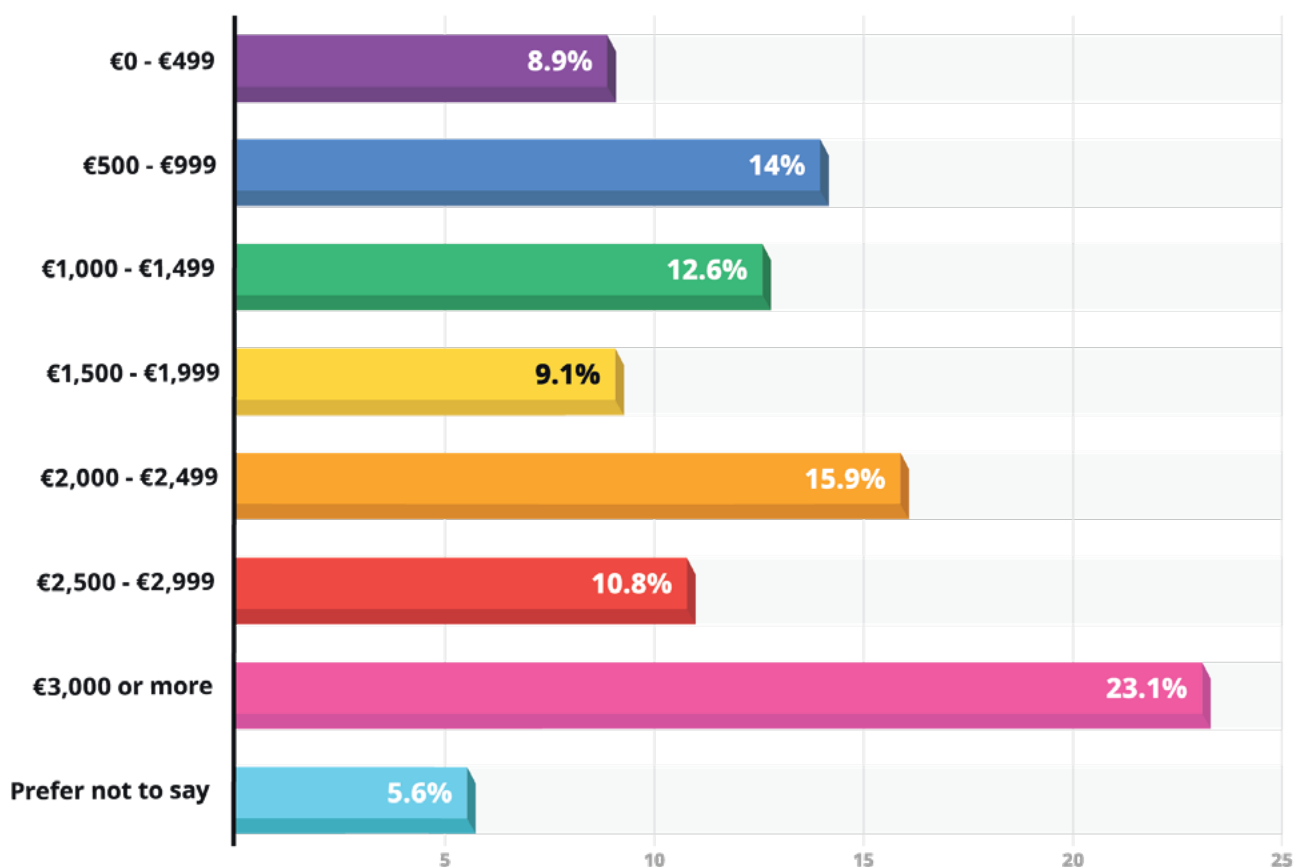


Figure 4

**32.2%**

*reported currently  
receiving social  
welfare or state  
supports*

One-third of respondents, 32.2%, reported currently receiving social welfare or state supports. Among those who reported receiving supports (n = 120), the most commonly identifiable supports in write-in responses were Disability Allowance (24.2%) and Jobseeker's payments (15.0%), with smaller proportions referencing rent allowance or rent supplement (5.0%), medical card or GP visit card (4.2%), SUSI or student grants (3.3%), and Back to Education Allowance or other training-related payments (3.3%) (participants could list more than one support). Several qualitative comments highlighted barriers to employment

alongside difficulties accessing Disability Allowance, including experiences of discrimination in healthcare settings: “Finding work is very difficult, getting disability allowance is more complex with my LGBT status, as I face discrimination from healthcare professionals.”

Longer responses also explicitly connected low or insecure income to future planning and mobility:



*“Social welfare payments being significantly below the poverty line also impacts my ability to plan for the future (good or bad) as it is functionally impossible to save money to use to ‘better my lot.’ It is, in practice, impossible for me to save to go to further or higher education (even with grants) to get a job in my desired field, as the associated costs make it impossible to lift myself out of poverty.”*

Our survey found 35.5% below €1,500 net/month, which is broadly comparable to the Survey on Income and Living Conditions (SILC) at-risk-of-poverty threshold (around €1,500/month equivalised). Direct comparison with CSO Census data is not possible because the Census does not collect individual net monthly income and Census-linked income outputs are typically estimated gross annual household figures. SILC is the most appropriate CSO benchmark for income adequacy, but it is not like-for-like either: SILC uses equivalised disposable household income, so thresholds vary with household composition and equivalisation; accordingly, this comparison should be treated as indicative rather than exact.

### 4.3 Housing and Accommodation

Respondents reported a wide range of housing situations, with a clear concentration in the private rental sector and in family homes. Of the 373 respondents who answered the housing question, 41.6% were living in private rented or student accommodation, and 32.2% were in owner-occupied housing (either owned outright or with a mortgage). Some highlighted the pressure and precarity of student housing, for example:

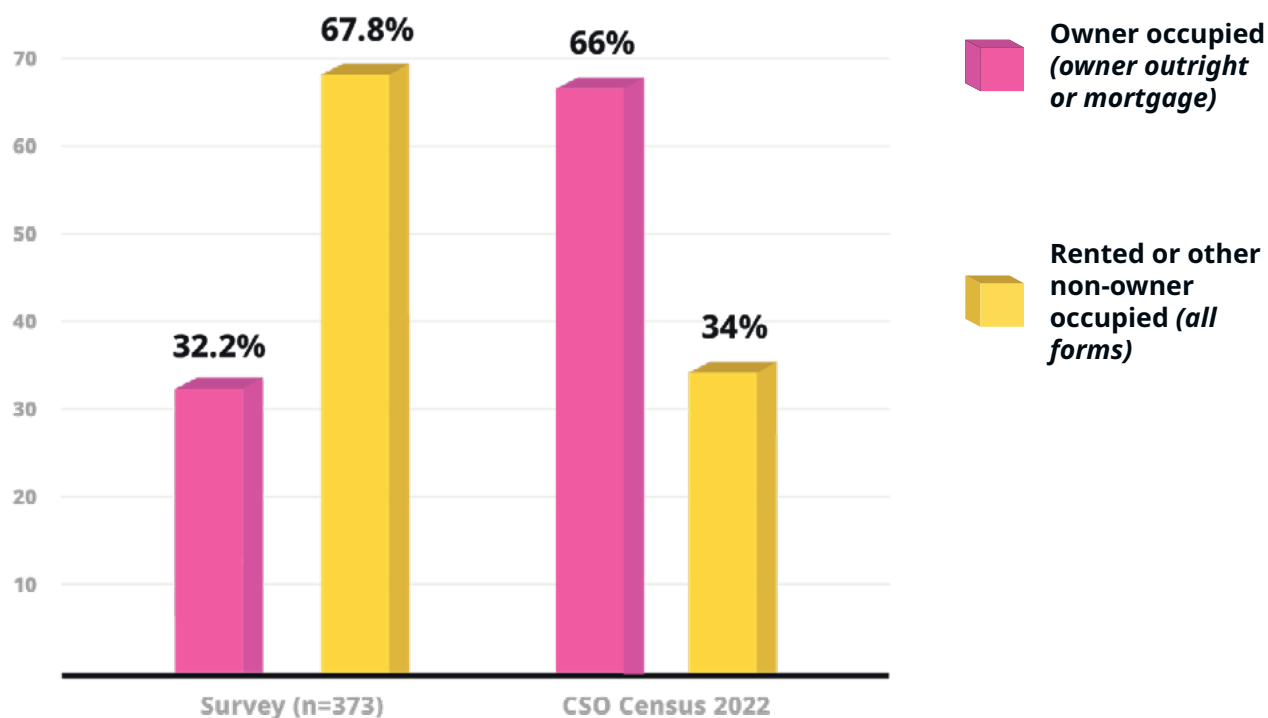


*“Student housing becoming more expensive in the summers, having to illegally bunk with other students because of not being able to afford temporary accommodation in between official accommodation periods of student housing.”*

A further 15.3% were living with family or friends, including 7.9% who lived with family or friends without paying rent and 7.5% who lived in a family home while contributing rent or housekeeping. Smaller groups were living in local authority or approved housing body (AHB) accommodation (3.0%), in housing supported through HAP or RAS (3.2%), in supported accommodation (2.1%), or in IPAS/IPO or other asylum accommodation (0.8%). In total, 3.5% of respondents reported that their current situation was “emergency accommodation or homeless”, pointing to a level of acute housing insecurity much higher than in the general population.



## Housing tenure profile: Survey vs National Census 2022



**Figure 5**

For some, living with family was a direct consequence of being unable to afford to move out, compounded by family rejection or strain. One respondent wrote:



*"Living with parents that haven't accepted me is soul-destroying, I hide myself every day and live in fear. Not having the agency or hope (given the state of the housing market) to move out to a place of my own where I can learn that I can be independent and have my own life makes things so much harder and hopeless. The biggest thing for me is not having the support of my parents or the ability to access housing that would allow me to live my own life. Even if I wanted to live in my area, I'm priced out of it."*

Others expressed this more briefly, for example, *"I'm stuck living at home with parents due to housing costs when I'd rather live elsewhere,"* or *"I am forced to live with my parents as my social welfare does not come close to meeting my needs, especially if I were to rent."*

Experiences among those in asylum and state-supported systems also reflected a combination of housing, health and safety concerns, and institutional barriers:



*"I was transferred out of Dublin to Monaghan and am fighting to get back for support services. I'm on the DCC housing list, but they are not recognising that I'm disabled, being bullied in IPAS, or help in any way."*

Others noted recent moves and isolation from community, such as: “I have only just moved to Kilkenny I don’t know of any groups here for me as a transgender woman.”

This tenure pattern contrasts with national structures. Census 2022 reports that 66% of households in Ireland are owner occupied, with the remainder primarily in rented housing (Central Statistics Office [CSO], 2023). In this survey, only about one third of respondents were in owner occupied housing and over 40% were private renters or in student accommodation. As one participant observed, this broader context is experienced as particularly acute for LGBTQ+ people: “Housing crisis hits LGBTQ+ people much harder as we feel othered by our families from a young age a lot of the time. Especially working class LGBTQ.”

Housing costs were often very high relative to income. Among respondents for whom housing costs were applicable, the most common monthly personal housing cost was €501–€800, reported by 29.8%. A further 27.3% paid €801–€1,200 per month, while 22.0% paid €1,200 or more, including 10.5% paying between €1,201–€1,600, 8.0% paying €1,601–€2,000, and 3.5% paying more than €2,000 per month. At the lower end of the distribution, 8.8% reported paying €1–€250, and 12.2% paid €251–€500. A further 6.7% selected “Not applicable”, reflecting those who were not personally liable for rent or mortgage payments, for example some people living in family homes or institutional accommodation.

These costs translated directly into day to day financial strain. As one respondent put it, “Housing is so expensive, sometimes I’m nervous if we’ll have enough for rent/food and we’re not able to borrow money from relatives because we don’t have a good relationship with them.” Another respondent described the impact of housing costs on income: “Half of my salary goes to rent. It would be impossible to live in these conditions if we didn’t have two incomes.”

Some participants explicitly linked rising rents and scarcity of appropriate housing to a sense of hopelessness about the future:



*“Rent prices have doubled since when I first started looking 4 years ago. There’s not enough properties and there isn’t the opportunity for groups smaller than 4 to live together. Rooms are rented out for fewer days in the week, people who are not able to rely on their family for housing over the weekend would be forced to rent multiple properties to avoid homelessness. Recently I saw a room advertised for 350/month in exchange for only having the room for 3 days a week or every other week. It makes me feel completely hopeless.”*

**36.2%**

*experienced at least one housing difficulty in the past year*

**3.5%**

*reported that their current situation was “emergency accommodation or homeless”*

**5.9%**

*reported “Discrimination when applying for housing”*

Others highlighted how age and financial system design compound these pressures:



*"I'm reaching a stage now where I may be too old to qualify for a mortgage. So much of the system is designed to heteronormative assumptions, e.g. dual income, support from parents, one bedroom apartments are investments as opposed to 'real' homes."*

Despite a sizeable minority reporting no recent housing difficulties, housing precarity and poor conditions were common. 63.8% of respondents selected "None" when asked if they had experienced specific housing issues in the previous 12 months, meaning that 36.2% had experienced at least one housing-related problem. The most frequently reported issues included rent or mortgage arrears (8.8%), staying with others due to lack of housing or couch surfing (8.3%), and having had to move due to costs or affordability (7.0%). Overcrowding was reported by 6.4% of respondents, and serious mould, other significant health and safety problems or long delays for essential repairs by 5.9%. A smaller but important group had experienced emergency or homeless accommodation in the past year (3.2%), and 2.1% reported sleeping rough or in hostels.

Several respondents described the cumulative impact of this insecurity and poor housing quality on their mental health and ability to participate in everyday life:



*"I have accumulated massive housing trauma because of my chronic experiences with housing insecurity and massive rent burden. My friend succinctly described it as being like anticipating a car crash every time you get into a car. This has affected all aspects of my ability to participate in society."*

LGBTQ+ identity and gender diversity also shaped respondents' experiences in specific ways. Some described having to conceal their identity in order to secure housing, for example: "Was able to conceal being trans until after I paid rent." Others highlighted the difficulty of finding safe and accepting shared accommodation: "It's really hard to find housemates as a trans person cause so many people have an issue with it."

Experiences of housing discrimination emerged for a smaller subset but were notable. 5.9% of respondents reported "Discrimination when applying for housing" in the previous 12 months. Among the 22 people who both reported discrimination and provided further detail, 45.5% attributed this to immigration status, 31.8% to being LGBTQ+, 31.8% to being trans or non-binary, and 22.7% to receipt of HAP or social welfare. Smaller proportions cited disability (18.2%), family status (13.6%) and age (9.1%). As one respondent put it:



*"It can only be suspected that my wife and I are being discriminated against due to being part of the LGBTQ community. Communication is only made in written form on Daft when enquiring about housing and I rarely get a response. Sometimes I wonder if it is because I make them aware we are a queer couple."*

Others described the structural barriers and ongoing difficulty of securing appropriate housing. One participant wrote, “Trying to secure private rental and move back out of family home has been extremely difficult. So, this is a situation where I would like to move but haven’t been able to find somewhere.” Another summed up the intersection of multiple factors as follows: “I don’t have hope regarding the housing condition in general...the intersection of race, migration status, language, nationality, gender and sexuality make the situation worse for some more than others.”

Household financial arrangements further shaped housing security. Among those who answered the question on combining incomes, 48.7% reported living in a household where incomes are combined to pay for rent, bills or other shared expenses, while 44.4% did not combine incomes and 6.2% were unsure. For many respondents, particularly those renting privately or living alone, housing costs are therefore likely to be carried by a single income, which amplifies vulnerability to rent increases and income shocks.

Taken together, these findings point to a housing landscape for LGBTQ+ respondents characterised by high reliance on the private rental sector, substantial exposure to high housing costs, and a prevalence of arrears, overcrowding, couch surfing, and experiences of homelessness or emergency accommodation. When these findings are compared with national housing data from Census 2022, which show that around 66% of households in Ireland are owner occupied and a smaller share rely on the private rental sector, it appears that LGBTQ+ respondents in this study are less likely than the general population to live in secure owner occupied housing and more likely to rely on costly and insecure rental arrangements (CSO, 2023). The survey results and open text responses also show that housing difficulties are closely linked with disability and chronic illness, migrant status, reliance on social welfare supports, and family rejection, indicating that housing insecurity for many LGBTQ+ people is shaped by multiple and overlapping forms of disadvantage rather than by housing costs alone.

## CASE STUDY 2

### Migrant isolation and barriers to belonging

Mariam\* is a woman in her 30s who recently migrated to Ireland. She described feeling caught between communities, finding it difficult to be fully accepted within LGBTQ+ spaces as a migrant woman, while also feeling unable to seek support or belonging within her own cultural community because of stigma. This double exclusion has made it hard to build a stable support network. She noted that social life in Ireland can centre on drinking, and that if you do not want to go out drinking it can be difficult to meet people and develop friendships. The lack of a network affects practical aspects of daily life as well as wellbeing. She struggles to find people she trusts to live with, and she often feels unsure about how to access services, where to look for jobs, or what is happening locally. She worries that without informal support and shared knowledge, progress will be slow. She described the experience as isolating, and as something that shapes housing, employment, and mental health all at once.

*\* Name and identifying details changed.*

## 4.4 Employment and workplace experiences

Most respondents were in paid work, with 60.8% employed full-time and 14.5% employed part-time. A further 6.2% were self-employed. Smaller proportions were students (8.3%), unemployed and looking for work (8.3%), not working due to illness or disability (7.5%), retired (5.1%), on zero-hours or very variable hours (2.2%), and with caring responsibilities (0.8%).

**23.1%**

*experienced  
harassment or  
bullying related to  
LGBTQ+ identity*

**21.7%**

*reported receiving  
negative treatment  
after disclosing  
identity*

**60.8%**

*were employed  
full-time*

Participants were asked a closed yes/no question on whether they had experienced discrimination when applying for jobs or during recruitment in Ireland, with a “prefer not to say” option. Those who answered “yes” were then asked to indicate the perceived basis of discrimination by selecting all applicable categories from a predefined list (including LGBTQ+ identity, trans or non-binary identity, intersex status, ethnicity/Traveller/Roma identity, disability, age, immigration status, and an open “other” option). Responses indicate that workplace discrimination was a live issue for many participants, with 38.3% of respondents saying they had experienced discrimination. The most commonly selected experiences of discrimination experienced were ageism (32.9%) and ableism (32.2%), followed by unsafe or hostile work environments (28.7%), harassment or bullying related to LGBTQ+ identity (23.1%), negative treatment after disclosing identity (21.7%), and pay or promotion being blocked (9.8%). Qualitative comments help illustrate how these experiences played out in practice, including barriers during gender transition at work: “During previous employment, despite working for a corporation with very pro LGBTQ+ policies (on paper) I encountered various issues during my transition at work.” Another respondent described practical and cultural barriers combined: “At a technical level the company seemed ill-prepared for an individual changing their name, my work email address (featuring my deadname) took over six months to be updated.” Others reported overt mistreatment: “I was employed full time manager, but had run ins with other staff misgendering me in front of me... I was referred to as ‘it’.”

Perceived bias also extended into recruitment and career pathways. One respondent noted: “I’m visibly trans so I feel like people take one look at me during a job interview and silently deny me the role.” Another linked discrimination with longer-term impacts: “I completed a 4 year degree and worked a very good job in healthcare. I was bullied and subjected to a hostile toxic work environment because I am non binary. I had to leave to protect my mental health and good name.”

Several comments also pointed to structural issues in particular sectors and employment types, including self-employment: “Equality legislation doesn’t apply to self-employment. I feel sometimes I’m not given the opportunity to prove myself because she’s in a wheelchair this will be too difficult for us to manage.” While this quote reflects a participant’s lived experience of exclusion, it is important to note that the legal position is more nuanced:



equality protections in the work sphere can apply beyond standard employee roles and may extend to some self-employed people/contractors and to access to work (including recruitment).

A high percentage (53.9%) of respondents reported hiding their identity at work at least some of the time: 36.9% said sometimes, 10.6% often, and 6.4% always. This pattern is reflected in qualitative accounts of selective disclosure in workplace and public-facing roles: “I work with the wider community in my job and deal with older people on a regular basis. I notice I tend to not disclose details about my spouse due to fear of judgement.”

**53.9%**

*reported hiding their  
LGBTQ+ identity  
at work*

Nearly 28.9% reported experiencing discrimination when applying for jobs or during recruitment in Ireland. Some participants highlighted the emotional uncertainty of disclosure in recruitment contexts: “I recently got a job I didn’t think I would get, after disclosing my sexual orientation in an interview. It’s my second week. Hopefully my financial situation will improve and I can hold on to this job, as I have been unemployed for over a year.”

## 4.5 Education: bullying, exclusion, and educational disruption

More than half of respondents (58.2%) reported experiencing bullying or exclusion related to being LGBTQ+ or being perceived as such across school, university, or other educational settings. Among those who reported these experiences, exposure was most commonly linked to secondary school (72.4%), followed by primary school (23.1%), further education (12.4%), and university (11.1%) (participants could select more than one stage). These patterns, and the qualitative accounts below, suggest that school environments, especially secondary school, were a central site where stigma, gender regulation, and hostility shaped day-to-day safety and belonging.

**58.2%**

*reported experiencing  
bullying or exclusion  
related to being LGBTQ+*

For those who experienced bullying or discrimination, impacts on educational participation were substantial. Nearly half (46.9%) reported that it caused them to miss school sometimes or often, and a further 7.0% reported that it caused them to quit education or leave earlier than they wanted. Respondents described both overt bullying and the cumulative effects of a hostile climate, including fear, isolation, and concealment: “I hid my sexuality all through school. The masking did not always work. I made sure I ‘passed’ as straight as much as possible. I was therefore never ever able to just be me.” Others emphasised how negative attitudes constrained disclosure and wellbeing: “While I wasn’t out, the attitude around queerness made me very uncomfortable and stopped me coming out until after school.”

Several comments highlighted how institutional culture shaped experiences, particularly in religious or single-sex settings: “I really hated secondary school

and single sex schools aren't appropriate for LGBT kids, especially not trans ones." One respondent also noted that LGBT invisibility in earlier schooling carried lasting effects, linking it to a broader school ethos.



*"The 'sex education' I was provided in primary school did not mention LGBTQ+ people at all and if any LGBTQ+ people were mentioned (at any time) by teachers it would have been in a negative fashion. The 'Catholic ethos' of my secondary school meant that teachers were openly anti-abortion and anti-LGBTQ+ at times, which should not be acceptable. For this (and other reasons) I believe education should be entirely secular. While it's been a long time since I've thought about it, the environment of my secondary school was one where open homophobia and transphobia was tolerated in the classroom, having long hair I was periodically targeted with slurs and occasional violence while in and going to and from school."*

Respondents also described barriers that were not always framed as "bullying" but still functioned as exclusion, particularly for trans students navigating administrative systems:



*"Not bullying, but I experienced many barriers and hoops to jump through just to have my lived name updated in the system. It meant I couldn't participate in the first couple weeks of classes without outing my full legal name." Others emphasised the gap between policy and lived reality: "Gender inclusivity policy at my university exists only on paper and not in practice. I honestly miss the more explicit transphobia from home in comparison to having a university say they protect you and do not."*

Finally, qualitative responses suggest that educational disruption could be tied to layered harms beyond peer dynamics alone, including harassment by adults, home environments, and longer-term health impacts. Several respondents described school as profoundly damaging, including: "School was hellish for me, and contributed significantly to the severity of my disability," and "School was the worst experience of my life."



*"Significant levels of homophobic bullying from the age of 8 caused me to leave education entirely at 16, and I had 'checked out' by 14. This also led to an amount of internalised transphobia and a sense that I could not be myself in my local area without fear of attack or ostracisation. Because of these factors, I did not pursue medical transition until well into my 20s."*

A small number of comments also pointed to structural barriers that can affect educational trajectories even in the absence of bullying, particularly poverty, housing insecurity, and interrupted pathways: "I did not experience bullying or exclusion but no one has put together or documented the systemic factors that lead to queer people being more likely to live in poverty and the systemic barriers to accessing education while in poverty. I have tried to get a 3rd level education twice. Finances and housing insecurity have prevented me both times."

## CASE STUDY 3

### Sex work and “getting by”

Dylan\* is a man in his late 20s who engages in sex work occasionally to supplement other income. He works in a sector characterised by irregular hours and unstable contracts, which makes it hard to plan financially from month to month. Dylan explained that technology has made casual involvement easier, in the sense that online platforms and messaging allow him to connect with clients quickly, screen enquiries, and manage arrangements without relying on in-person venues or fixed networks. At the same time, he described sex work as becoming more of a necessity. It is not about “living well” or saving, but about covering basic costs when other work is quiet, such as rent, bills, and unexpected expenses. He also noted that this kind of stop-gap income can come with emotional strain, including anxiety about privacy and the cumulative stress of feeling that there are few other viable options when money is tight.

\* Name and identifying details changed.

## 4.6 Trans experiences accessing gender-affirming healthcare

Trans respondents described accessing gender-affirming healthcare through a mix of public, private, and overseas routes, with access often shaped by waiting times and affordability. Overall, 27.7% reported that they had sought gender-affirming healthcare in Ireland or abroad. Across the full sample this included 10.5% currently in care, 6.2% on a waiting list, 6.7% accessing private care, and 4.3% who had sought care abroad. Among those who had sought care, pathways concentrated around being in treatment or still trying to enter it: 50.0% were currently in care, 29.5% were on a waiting list, and 20.5% had sought care abroad.

Waiting lists were frequently long. Among those on a waiting list, 36.4% reported waiting more than three years. A further 22.7% reported waiting 1 to 2 years, 18.2% reported 2 to 3 years, 13.6% reported 6 months to 1 year, and 9.1% reported less than 6 months. These timelines indicate that for many, delays are not short-term disruptions but extended periods that can last years.

Cost also constrained access for some respondents. 6.2% said they had delayed or avoided gender-affirming care because of cost. Among respondents who had out-of-pocket costs, the most common spending range was €500 to €1,999 (41.4%), followed by €200 to €499 (23.0%) and €1 to €199

**27.7%**

*reported seeking  
gender-affirming  
healthcare*

(12.6%). Higher costs were also reported, including €2,000 to €4,999 (13.8%) and €5,000 or more (9.2%), highlighting that accessing care can involve substantial personal expense.

Insurance did not consistently reduce financial burden. Among those who had sought gender-affirming healthcare, 48.4% reported having no insurance, and 35.8% reported that their insurance did not cover gender-affirming care. Taken together, the findings suggest that many trans people navigating gender-affirming healthcare face a combination of limited pathways, prolonged waits, and significant financial exposure.

## 4.7 Sex work and income insecurity

A small proportion of respondents reported sex work as part of their income. Overall, 2.4% reported sex work as their main source of income, while a further 4.0% reported engaging in sex work to supplement their income (with sex work defined in the same way in both questions: “This can include in-person sexual services, online or digital content (such as camming or platforms like OnlyFans), erotic dancing or stripping, escorting, or any other exchange of sexual services for money, goods, accommodation, or other material support”). Qualitative responses suggest that sex work was often framed as a response to financial precarity, including periods of homelessness, gaps in income while awaiting state supports, and difficulty meeting core living costs such as rent and education expenses. One respondent described engaging in sex work when younger (ages 17–21) while experiencing homelessness linked to LGBT-related exclusion and instability. Others referenced online sex work prior to receiving Disability Allowance, using apps to source work during acute financial distress, or having considered it as a potential option to make ends meet. Several comments highlighted emotional and safety impacts, including anxiety about encountering clients in public and negative effects on mental health (“too great an effect on my mental health” between 2019–2022). Respondents also noted the wider economic context, with one reporting that the cost-of-living crisis has reduced demand and made client interactions more difficult.

These findings should be read in light of the “paradox of choice” often identified in research on sex work, where people may exercise agency, but within constrained options shaped by poverty, discrimination, housing insecurity, and gaps or delays in access to income supports (Vanwesenbeeck, 2021). For some respondents, sex work appeared less as an unconstrained preference and more as a survival strategy in the context of limited economic alternatives.

It is also important to interpret these results in the context of the survey’s intentionally broad definition of sex work. This broad framing captures

**2.4%**

*reported sex work  
as their main source  
of income*

**4.0%**

*reported engaging  
in sex work to  
supplement their  
income*

diverse practices and working arrangements, and may include experiences some people describe as transactional or survival sex. Reflecting this, an interview participant who engaged in sex work emphasised the diversity of reasons and experiences among sex workers they knew, including differences in safety, autonomy, and wellbeing.

In the Irish context, it is also important to distinguish between consensual sex work and trafficking or exploitation, while recognising that structural vulnerability, including poverty and homelessness, can increase exposure to coercion and reduce people's capacity to exit harmful situations. IHREC's evaluation of Ireland's implementation of the EU Anti-Trafficking Directive provides relevant context on identification, protection, and supports for people affected by trafficking and exploitation (IHREC, 2024).



# 5. Recommendations

1	Count LGBTQ+ people in national data systems.
<b>Action:</b>	Ensure LGBTQ+ people are included in the Census and in core poverty datasets, including SILC, and implement consistent LGBTQ+ indicators across relevant administrative data, with appropriate privacy safeguards and community consultation.
<b>Responsibility:</b>	CSO; Department of Social Protection; Department of Children, Disability and Equality
<b>Rationale:</b>	High levels of financial strain and deprivation are evident, but without routine national data, the State cannot measure poverty rates, identify which subgroups are most affected, or track whether interventions are working. In this study, 49.2% found it difficult to make ends meet and 59.0% went without at least one essential in the last year.

2	Explicitly name LGBTQ+ people as a priority group in the next Roadmap for Social Inclusion.
<b>Action:</b>	Identify LGBTQ+ people as a priority demographic in the Roadmap, with clear targets, named actions, lead agencies, timelines, and measurable indicators aligned with the Public Sector Duty.
<b>Responsibility:</b>	Department of Social Protection; Department of Children, Disability and Equality; relevant Departments and Local Authorities
<b>Rationale:</b>	The findings show widespread cost pressures and financial insecurity that require specific, accountable policy action rather than indirect inclusion. 50.5% were worried about unpaid bills or debts, and 69.4% reported cutting back on spending, including food (40.8%), heating (31.1%), and transport (30.6%).

## 3

## Commission sustained research on LGBTQ+ financial precarity and wellbeing.

<b>Action:</b>	Fund an ongoing research and evaluation programme to monitor LGBTQ+ poverty, deprivation, cost pressures, and wellbeing, disaggregated by factors such as gender identity, disability, neurodivergence, migration status, age, and geography, and used to evaluate policy interventions.
<b>Responsibility:</b>	Department of Social Protection; Department of Health; CSO; Academic Institutions
<b>Rationale:</b>	The evidence shows high distress closely associated with worsening finances and clear subgroup differences, which supports the need for long-term monitoring and evaluation. 54.6% experienced nervousness, anxiety or stress more than half the time in the last 30 days, rising to 68.9% among those whose finances worsened and 64.7% among those expecting them to worsen.

## 4

## Increase access to affordable housing and strengthen tenancy security for LGBTQ+ people.

<b>Action:</b>	Expand social and affordable housing options, including options suitable for single renters, strengthen anti-discrimination protections in access and tenancy, actively monitor compliance, and require mandatory ongoing LGBTQ+ inclusion training for housing providers and local authority staff.
<b>Responsibility:</b>	Department of Housing, Local Government and Heritage; Local Authorities
<b>Rationale:</b>	Housing insecurity and high costs are common and are linked to stress, limited independence, and reliance on others. 41.6% were in private rented or student accommodation and 15.3% lived with family or friends; 3.5% were in emergency accommodation or homeless. 36.2% experienced at least one housing problem in the past year, and 5.9% reported discrimination when applying for housing.

## 5

## Enhance income security and modernise social welfare supports, including essential cost supports.

<b>Action:</b>	Modernise eligibility and adequacy to reduce exclusion of marginalised LGBTQ+ groups (including students, self employed people, and those constrained by immigration or employment status), benchmark payment levels and thresholds to living costs, streamline applications, and integrate targeted supports for essential costs (energy, utilities, rent pressure) within core welfare reforms.
----------------	---

<b>Responsibility:</b>	Department of Social Protection
<b>Rationale:</b>	Many respondents are on low incomes with persistent difficulty meeting basic costs, and essential cost pressures are driving deprivation. 44.6% reported net monthly incomes below €2,000 and 35.5% below €1,500; 49.2% found it difficult to make ends meet; 31.4% went without keeping the home adequately warm.

<b>6</b>	<b>Expand access to affordable, LGBTQ+ affirming mental health services nationwide.</b>
<b>Action:</b>	Increase public, community based counselling, therapy, and peer support that is LGBTQ+ affirming and neurodiversity competent, with reliable provision outside major cities and options that are financially accessible.
<b>Responsibility:</b>	Department of Health; HSE; Mental Health Ireland
<b>Rationale:</b>	High levels of frequent anxiety and stress are reported, and the findings show that financial strain is associated with worse distress. Only 5.4% reported no anxiety or stress in the past month; 20.7% reported stress most of the time and 11.0% all of the time. There is only one councillor employed by the HSE, within the Gay Men's Health Service, with a specific remit for the LGBTQ+ community in Ireland.

<b>7</b>	<b>Improve access to gender affirming healthcare by reducing waits and limiting out of pocket costs.</b>
<b>Action:</b>	Reduce waiting times for public services, provide interim supports where delays persist, ensure coverage for hormone therapy, surgeries, and related care, and require mandatory LGBTQ+ competence training for relevant healthcare staff.
<b>Responsibility:</b>	Department of Health; HSE; National Gender Service
<b>Rationale:</b>	Delays and costs are substantial and can worsen financial strain and wellbeing. 27.7% sought gender affirming healthcare; among those on waiting lists, 36.4% waited more than three years. Out of pocket spending was commonly €500 to €1,999 (41.4%), with 13.8% spending €2,000 to €4,999 and 9.2% spending €5,000 or more; 35.8% reported their insurance did not cover gender affirming care and 48.4% had no insurance.

## 8

## Strengthen employment equality and progression supports for LGBTQ+ workers.

<b>Action:</b>	Improve enforcement and supports through anti-discrimination hiring initiatives, inclusive recruitment and progression practices, targeted training and career advice, and employer accountability measures to reduce workplace discrimination and pressure to conceal identity.
<b>Responsibility:</b>	Department of Enterprise, Trade and Employment; SOLAS; Workplace Equality Networks
<b>Rationale:</b>	Discrimination and concealment in work are common and undermine income security, progression, and wellbeing. 38.3% experienced discrimination at work; 23.1% reported harassment or bullying related to LGBTQ+ identity; 9.8% reported blocked pay rises or promotion; 28.9% reported discrimination in recruitment; 53.9% hid their identity at least sometimes.

## 9

## Provide transport and regional access supports to reduce isolation and enable access to safe, inclusive services.

<b>Action:</b>	Provide travel subsidies and vouchers, expand community transport programmes, including enhanced Rural Link and other Local Link services, and improve affordable access to transport for work, healthcare, and LGBTQ+ services. Prioritise rural and suburban areas, and pair this with measures that expand the availability of affirming services outside major cities.
<b>Responsibility:</b>	Department of Transport; Local Authorities; Department of Health; National Transport Authority (NTA); LGBTQ+ Community Organisations
<b>Rationale:</b>	Cost pressures are driving cutbacks in transport spending, and the wider findings describe barriers to accessing supports when services are distant. This increases isolation and financial burden. 30.6% reported cutting back on transport spending, alongside high rates of broader cutbacks and deprivation.

## 10

## Ensure affordable childcare and family supports for LGBTQ+ parents and caregivers, including removal of administrative barriers.

<b>Action:</b>	Expand subsidies and accessible childcare provision while addressing administrative and legal barriers that can exclude LGBTQ+ families from recognition and entitlements, including issues affecting diverse family structures and chosen family caregiving arrangements.
----------------	--

<b>Responsibility:</b>	Department of Children, Disability and Equality; Tusla; Early Childhood Ireland; Department of Social Protection
<b>Rationale:</b>	Limited informal support and financial buffers increase the harm caused by administrative barriers that delay entitlements or restrict the ability to work. 16.4% reported having no informal support, and only 9.3% reported receiving regular financial support from family or friends.

<b>11</b>	<b>Deliver culturally competent financial resilience supports, including debt advice, financial literacy, and rapid emergency assistance.</b>
<b>Action:</b>	Resource the Money Advice and Budgeting Service (MABS) to provide an LGBTQ+ specialist pathway, using a dedicated and recognisable service model similar to the National Traveller MABS. This should include tailored debt advice and budgeting support, staff training and referral protocols to ensure safe and affirming engagement, and delivery through community-based clinics and online channels. Alongside this, fund financial literacy and savings supports, and expand simplified, fast emergency assistance for sudden costs such as healthcare travel, medical expenses, and unexpected housing costs.
<b>Responsibility:</b>	Department of Social Protection; Citizens Information Board; MABS; Community Financial Support Services; Local Authorities; LGBTQ+ Community Organisations
<b>Rationale:</b>	Savings are limited, many cannot absorb financial shocks, and deprivation is common, increasing the risk of crisis and debt spirals. 29.8% had no savings and 15.3% had less than one month of savings; 14.2% could not access €500 within a week; 7.2% would rely on borrowing or credit to do so; 59.0% went without at least one essential.





## 6. Conclusion

This study adds new evidence to an area that has been under-researched in Ireland and brings together what respondents shared across the survey and interviews with the wider national and international literature. Taken together, the findings show that economic hardship within LGBTQ+ communities is not a marginal issue, and it cannot be understood as separate from the systems that shape everyday life. The pressures described in this report are closely tied to housing costs and insecurity, uneven access to services, barriers in education and employment, and gaps in social protection. They also show how financial strain can accumulate over time and limit people's choices, safety, and ability to plan for the future.

The report points to clear differences in exposure to hardship within the community, underlining the importance of approaches that recognise overlapping identities and unequal starting points. It also highlights a practical policy challenge: without consistent data and explicit inclusion, it is difficult to track need, target supports, or measure progress.

The recommendations set out a route from evidence to implementation. Their shared aim is to make responses more inclusive, more effective, and more accountable, so that poverty reduction work in Ireland reflects the realities documented here.

# 7. Bibliography

1. Adams, M., & Tax, A. D. (2017). Assessing and Meeting the Needs of LGBT Older Adults via the Older Americans Act. *LGBT Health*, 4(6), 389–393.  
<https://doi.org/10.1089/lgbt.2016.0171>
2. Adler, L. (2020). *Chapter 7: Life at the corner of poverty and sexual abjection: lewdness, indecency, and LGBTQ youth*.  
<https://www.elgaronline.com/edcollchap/edcoll/9781788111140/9781788111140.00013.xml>
3. Adley, M., O'Donnell, A., & Scott, S. (2025). How LGBTQ + adults' experiences of multiple disadvantage impact upon their health and social care service pathways in the UK & Ireland: A scoping review. *BMC Health Services Research*, 25, 244.  
<https://doi.org/10.1186/s12913-025-12232-8>
4. Alcendor, D. J., Juarez, P. D., Ramesh, A., Brown, K. Y., Tabatabai, M., & Matthews-Juarez, P. (2024). A Scoping Review on the Impact of COVID 19 on Vulnerable Populations: LGBTQ+ Persons, Persons Experiencing Homelessness, and Migrant Farm Workers in the US. *Archives of Internal Medicine Research*, 7(3), 136–145.  
<https://doi.org/10.26502/aimr.0172>
5. Almack, K., & King, A. (2019). Lesbian, Gay, Bisexual, and Trans Aging in a U.K. Context: Critical Observations of Recent Research Literature. *The International Journal of Aging and Human Development*, 89(1), 93–107.  
<https://doi.org/10.1177/0091415019836921>
6. Arayasirikul, S., Turner, C., Trujillo, D., Sicro, S. L., Scheer, S., McFarland, W., & Wilson, E. C. (2022). A global cautionary tale: Discrimination and violence against trans women worsen despite investments in public resources and improvements in health insurance access and utilization of health care. *International Journal for Equity in Health*, 21(1), 32.  
<https://doi.org/10.1186/s12939-022-01632-5>
7. Artazcoz, L., Carrere, J., Pérez, K., Sánchez-Ledesma, E., Serral, G., & López, M. J. (2025). Socioeconomic characteristics, health and wellbeing of nonbinary adolescents in a Southern European City. *BMC Public Health*, 25(1), 1932.  
<https://doi.org/10.1186/s12889-025-23080-w>
8. Assari, S., & Bazargan, M. (2019). Educational Attainment and Subjective Health and Well-Being; Diminished Returns of Lesbian, Gay, and Bisexual Individuals. *Behavioral Sciences (Basel, Switzerland)*, 9(9), 90.  
<https://doi.org/10.3390/bs9090090>
9. Bachmann, C., & Gooch, B. (2018). *LGBT in Britain—Trans Report (2018)*. Stonewall.  
<https://www.stonewall.org.uk/resources/lgbt-britain-trans-report-2018>

10. Banks, Grotti, Fahey, & Watson. (2018). *Disability and Discrimination in Ireland: Evidence from the QNHS Equality Modules 2004, 2010, 2014*. ESRI and IHREC.
11. Bauermeister, J. A., Eaton, L., Meanley, S., Pingel, E. S., & UHIP Partnership. (2017). Transactional Sex With Regular and Casual Partners Among Young Men Who Have Sex With Men in the Detroit Metro Area. *American Journal of Men's Health*, 11(3), 498–507.  
<https://doi.org/10.1177/1557988315609110>
12. Bayer, R. (n.d.). Asexual geographies: The allosexualisation of space in Ireland. *Gender, Place & Culture*, 0(0), 1–21.  
<https://doi.org/10.1080/0966369X.2024.2374833>
13. BeLonG To. (2023). *LGBTI+ Life in Lockdown 2020 Key Findings*.  
<https://www.belongto.org/support-our-work/advocacy/lgbtq-research/lgbti-life-in-lockdown-2020-key-findings/>
14. Berkman, A. M., Choi, E., Cheung, C. K., Salsman, J. M., Peterson, S. K., Andersen, C. R., Lu, Q., Livingston, J. A., Hildebrandt, M. A. T., Parsons, S. K., & Roth, M. E. (2024). Risk of chronic health conditions in lesbian, gay, and bisexual survivors of adolescent and young adult cancers. *Cancer*, 130(4), 553–562.  
<https://doi.org/10.1002/cncr.35015>
15. Bingham, K. W., & Heavey, E. (2023). Creating a friendly healthcare environment for LGBTQIA+ patients. *Nursing*, 53(1), 34–38.  
<https://doi.org/10.1097/01.NURSE.0000903984.79871.c3>
16. Bleckmann, C., Leyendecker, B., & Busch, J. (2023). Sexual and Gender Minorities Facing the Coronavirus Pandemic: A Systematic Review of the Distinctive Psychosocial and Health-Related Impact. *Journal of Homosexuality*, 70(12), 2741–2762.  
<https://doi.org/10.1080/00918369.2022.2074335>
17. Bowen, N. (2018). *Needs analysis of young people identifying as LGBT\* in Co. Tipperary, Ireland*.  
<https://tipperaryparenthub.ie/app/uploads/2024/08/LGBT-Needs-Analysis-report.pdf>
18. Buggy, C. J., Murphy, S., & Chevallier, C. (2019, October). *Understanding and Improving the Lived Experiences of Sexual and Gender Minority Students in Ireland*. TCD Equality.
19. Burgwal, A., Gvianishvili, N., Hård, V., Kata, J., García Nieto, I., Orre, C., Smiley, A., Vidić, J., & Motmans, J. (2019). Health disparities between binary and non-binary trans people: A community-driven survey. *The International Journal of Transgenderism*, 20(2–3), 218–229.  
<https://doi.org/10.1080/15532739.2019.1629370>
20. Cahill, S. R. (2024). Federal and State Policy Issues Affecting Lesbian, Gay, Bisexual, Transgender, and Queer Older Adults. *Clinics in Geriatric Medicine*, 40(2), 357–366.  
<https://doi.org/10.1016/j.cger.2023.10.007>
21. Calderon- Cifuentes, P. (2021). *TRANS DISCRIMINATION IN EUROPE A TGEU ANALYSIS OF THE FRA LGBTI SURVEY 2019*. TGEU.

22. Carpenter, C. S., Eppink, S. T., & Gonzales, G. (2020). Transgender Status, Gender Identity, and Socioeconomic Outcomes in the United States. *ILR Review*, 73(3), 573–599.  
<https://doi.org/10.1177/0019793920902776>
23. Central Statistics Office. (2023). *Census 2022 profile 4: Disability, health and carers*.  
<https://www.cso.ie/en/releasesandpublications/ep/p-cp4dhc/p-cp4dhc/>
24. Central Statistics Office. (2023). *Educational attainment thematic report 2022: Profile of age, sex, nationality and region*.  
<https://www.cso.ie/en/releasesandpublications/ep/p-eda/educationalattainmentthematicreport2022/profileofagesexnationalityandregion/>
25. Central Statistics Office. (2023). *Census of Population 2022 – Profile 2: Housing in Ireland*. CSO.  
<https://www.cso.ie/en/releasesandpublications/ep/p-cpp2/censusofpopulation2022profile2-housinginireland>
26. Central Statistics Office. (2025, July 11). *Irish Health Survey 2024 – Main results: Key findings*.  
<https://www.cso.ie/en/releasesandpublications/ep/p-ihsmr/irishhealthsurvey2024-mainresults/keyfindings/>
27. Closson, K., Smith, R. V., Olarewaju, G., & Crosby, R. (2018). Associations between economic dependence, sexual behaviours, and sexually transmitted infections among young, Black, gay, bisexual and other men who have sex with men living with and without HIV in Jackson, Mississippi, USA. *Sexual Health*, 15(5), 473–476.  
<https://doi.org/10.1071/SH17218>
28. Congress, & GLEN. (n.d.). *BEING LESBIAN, GAY, BISEXUAL AND TRANSGENDER AT WORK A GUIDE FOR LGBT PEOPLE AND TRADE UNIONS*. ICTU.
29. Crissman, H. P., Berger, M. B., Graham, L. F., & Dalton, V. K. (2017). Transgender Demographics: A Household Probability Sample of US Adults, 2014. *American Journal of Public Health*, 107(2), 213–215.  
<https://doi.org/10.2105/AJPH.2016.303571>
30. Cross, H., Bremner, S., Meads, C., Pollard, A., & Llewellyn, C. (2024). Bisexual People Experience Worse Health Outcomes in England: Evidence from a Cross-Sectional Survey in Primary Care. *Journal of Sex Research*, 61(9), 1342–1350.  
<https://doi.org/10.1080/00224499.2023.2220680>
31. Dale, S. K., Bogart, L. M., Galvan, F. H., Wagner, G. J., Pantalone, D. W., & Klein, D. J. (2016). Discrimination and Hate Crimes in the Context of Neighborhood Poverty and Stressors Among HIV-Positive African-American Men Who Have Sex with Men. *Journal of Community Health*, 41(3), 574–583.  
<https://doi.org/10.1007/s10900-015-0132-z>
32. Day, S., Smith, J., Perera, S., Jones, S., & Kinsella, R. (2021). Beyond the binary: Sexual health outcomes of transgender and non-binary service users of an online sexual health service. *International Journal of STD & AIDS*, 32(10), 896–902.



<https://doi.org/10.1177/0956462420982830>

33. Deal, C., Greenberg, S., & Gonzales, G. (2024). Sexual identity, poverty, and utilization of government services. *Journal of Population Economics*, 37(2), 51.  
<https://doi.org/10.1007/s00148-024-01031-w>
34. DeFilippis, J. N. (2016). "What About the Rest of Us?" An Overview of LGBT Poverty Issues and a Call to Action. *Journal of Progressive Human Services*, 27(3), 143–174.  
<https://doi.org/10.1080/10428232.2016.1198673>
35. Department of Children and Youth Affairs. (2017). *LGBTI+ National Youth Strategy – Report of the Consultations with Young People in Ireland*. Government of Ireland.  
<https://hubnanog.ie/lgbti-national-youth-strategy-report-of-the-consultations-with-young-people-in-ireland/>
36. Department of Children and Youth Affairs. (2018). *LGBTI+ National Youth Strategy 2018-2020 LGBTI+ young people: Visible, valued and included*. Government of Ireland.
37. Department of Justice and Equality. (2019). *LGBTI+ Inclusion Strategy 2019-2021*. Government of Ireland.  
<https://gov.ie/en/departments-of-children-disability-and-equality/publications/lgbti-inclusion-strategy-2019-2021/>
38. Department of Social Protection. (2023). *Roadmap for Social Inclusion 2020–2025*. Government of Ireland.  
<https://www.gov.ie/en/departments-of-social-protection/publications/roadmap-for-social-inclusion-2020-2025/>
39. Disability Federation of Ireland. (2021, April 29). *Disability, Income and Poverty*. Disability Federation of Ireland.  
<https://www.disability-federation.ie/publications/disability-income-and-poverty/full-text/>
40. Dodd-Reynolds, C., Griffin, N., Kyle, P., Scott, S., Fairbrother, H., Holding, E., Crowder, M., Woodrow, N., & Summerbell, C. (2024). Young people's experiences of physical activity insecurity: A qualitative study highlighting intersectional disadvantage in the UK. *BMC Public Health*, 24(1), 813.  
<https://doi.org/10.1186/s12889-024-18078-9>
41. Donnelly, N., & Stapleton, L. (2023). Are Online Social Spaces Further Marginalising Minority Groups in Society? A Case Study of the Experiences of the LGBTQ Community in Ireland. *IFAC-PapersOnLine*, 56(2), 9000–9005.  
<https://doi.org/10.1016/j.ifacol.2023.10.128>
42. Dorri, A. A., Loza, O., Bond, M. A., Cizek, E., Elias-Curry, Y., Aguilar, S., Fliedner, P., Norwood, A., Stone, A. L., Cooper, M. B., Schick, V., Wilkerson, J. M., Wermuth, P. P., Yockey, R. A., & Schnarrs, P. (2024). Understanding the Experiences of Latinx LGBTQ Texans at the Beginning of the COVID-19 Pandemic. *Journal of Homosexuality*, 71(10), 2424–2448.  
<https://doi.org/10.1080/00918369.2023.2241597>

43. Dorri, A. A., Loza, O., Bond, M. A., Cizek, E., Elias-Curry, Y., Aguilar, S., Fliedner, P., Norwood, A., Stone, A. L., Cooper, M. B., Schick, V., Wilkerson, J. M., Wermuth, P. P., Yockey, R. A., & Schnarrs, P. (2024). Understanding the Experiences of Latinx LGBTQ Texans at the Beginning of the COVID-19 Pandemic. *Journal of Homosexuality*, 71(10), 2424–2448.  
<https://doi.org/10.1080/00918369.2023.2241597>
44. Drydakis, N. (2024). The Economics of Being LGBT. A Review: 2015–2020. In *The Routledge Handbook of LGBTQ Identity in Organizations and Society*. Routledge.
45. Eastwood, E. A., Nace, A. J., Hirshfield, S., & Birnbaum, J. M. (2021). Young Transgender Women of Color: Homelessness, Poverty, Childhood Sexual Abuse and Implications for HIV Care. *AIDS and Behavior*, 25(Suppl 1), 96–106.  
<https://doi.org/10.1007/s10461-019-02753-9>
46. England, E. (2022). 'Homelessness is a queer experience.': Utopianism and mutual aid as survival strategies for homeless trans people. *Housing Studies*, 0(0), 1–18.  
<https://doi.org/10.1080/02673037.2022.2108381>
47. EU Agency for Fundamental Rights. (2020a, May 6). *Have you ever experienced any of the following housing difficulties? (Living openly and daily life) visualisation: Country detail All, Ireland - LGBTI*.  
<https://fra.europa.eu/en/publications-and-resources/data-and-maps/2020/lgbti-survey-data-explorer>
48. EU Agency for Fundamental Rights. (2020b, May 6). *In the past 12 months have you ever felt discriminated against due to being LGBTI when looking for a job? (Discrimination) visualisation: EU map All, All, Yes - LGBTI*.  
<https://fra.europa.eu/en/publications-and-resources/data-and-maps/2020/lgbti-survey-data-explorer>
49. EU Agency for Fundamental Rights. (2020c, May 6). *In the past 12 months have you ever felt discriminated against due to being LGBTI when trying to rent or buy housing? (Discrimination) visualisation: EU map All, All, Yes - LGBTI*.  
<https://fra.europa.eu/en/publications-and-resources/data-and-maps/2020/lgbti-survey-data-explorer>
50. EU Agency for Fundamental Rights. (2020d, May 6). *Thinking of your household's total income, is your household able to make ends meet? (Socio-demographics) visualisation: EU map All, All, With great difficulty - LGBTI*.  
<https://fra.europa.eu/en/publications-and-resources/data-and-maps/2020/lgbti-survey-data-explorer>
51. European Union Agency for Fundamental Rights. (2015). *Being Trans in the EU Comparative analysis of the EU LGBT survey data Summary*. FRA.
52. European Union Agency for Fundamental Rights. (2024). *LGBTIQ EQUALITY AT A CROSSROADS — PROGRESS AND CHALLENGES*. FRA.



53. Formby, E. (2013). *The impact of homophobic and transphobic bullying on education and employment: A European survey 2013*. Sherrielf Hallam University.
54. Fraser, B., Pierse, N., Chisholm, E., & Cook, H. (2019). LGBTIQ+ Homelessness: A Review of the Literature. *International Journal of Environmental Research and Public Health*, 16(15), Article 15. <https://doi.org/10.3390/ijerph16152677>
55. Galop. (2022). *The Hidden Reality: How the Cost of Living Crisis is affecting LGBT+ victims and survivors of abuse and violence*. Galop. <https://www.galop.org.uk/resources/the-hidden-reality-how-the-cost-of-living-crisis-is-affecting-lgbt-victims-and-survivors-of-abuse-and-violence>
56. Gay & Lesbian Equality Network. (1995). *Poverty: Lesbians and Gay Men--the Economic & Social Effects of Discrimination*. Combat Poverty Agency.
57. Ghabrial, M. A., Scheim, A. I., Chih, C., Santos, H., Adams, N. J., & Bauer, G. R. (2023). Change in Finances, Peer Access, and Mental Health Among Trans and Nonbinary People During the COVID-19 Pandemic. *LGBT Health*, 10(8), 595–607. <https://doi.org/10.1089/lgbt.2022.0296>
58. Gibb, J. K., Shokoohi, M., Salway, T., & Ross, L. E. (2021). Sexual orientation-based disparities in food security among adults in the United States: Results from the 2003-2016 NHANES. *The American Journal of Clinical Nutrition*, 114(6), 2006–2016. <https://doi.org/10.1093/ajcn/nqab290>
59. Goodyear, T., Chayama, K. L., Oliffe, J. L., Kia, H., Fast, D., Mnischak, C., Knight, R., & Jenkins, E. (2024). Intersecting transitions among 2S/LGBTQ+ youth experiencing homelessness: A scoping review. *Children and Youth Services Review*, 156, 107355. <https://doi.org/10.1016/j.childyouth.2023.107355>
60. Green, M. (2024). *'One of them is the way I think, the other is the way I am': The Lived Educational Experiences of Autistic Trans and Non-Binary Students in the Republic of Ireland* [Doctoral, Dublin City University]. <https://doras.dcu.ie/30254/>
61. Gregory, L., & Matthews, P. (2022). Social Policy and Queer Lives: Coming Out of the Closet? *Journal of Social Policy*, 51(3), 596–610. <https://doi.org/10.1017/S0047279422000198>
62. Griffin, N., Crowder, M., Kyle, P., Holding, E., Woodrow, N., H, F., Dodd-Reynolds, C., Summerbell, C., & Scott, S. (2023). 'Bigotry is all around us, and we have to deal with that': Exploring LGBTQ+ young people's experiences and understandings of health inequalities in North East England. *SSM - Qualitative Research in Health*, 3, 100263. <https://doi.org/10.1016/j.ssmqr.2023.100263>
63. Hagler, M., Taylor, E., Wright, M., & Querna, K. (2025). Psychosocial Strengths and Resilience Among Sexual and Gender Minority Youth Experiencing Homelessness: A Scoping Review.

*Trauma, Violence & Abuse*, 26(2), 327–341.  
<https://doi.org/10.1177/15248380241309379>

64. Han, B., & Hernandez, D. C. (2023). Sexual Orientation and Food Hardship: National Survey of Family Growth, 2011-2019. *Public Health Reports (Washington, D.C.: 1974)*, 138(3), 447–455.  
<https://doi.org/10.1177/00333549221091784>
65. Hess, C., Abdulla, Z., Finzel, L., Semkina, A., Harris, J., Boaz, A., & Manthorpe, J. (2025). A systematic narrative review of the research evidence of the impact of intersectionality on service engagement and help-seeking across different groups of women, trans women, and non-binary individuals experiencing homelessness and housing exclusion. *PloS One*, 20(4), e0321300.  
<https://doi.org/10.1371/journal.pone.0321300>
66. Higgins, A., Downes, C., O'Sullivan, K., DeVries, J., Molloy, R., Monahan, M., Keogh, B., Doyle, L., Begley, T., & Corcoran, P. (2024). *Being LGBTQI+ in Ireland 2024. The National Study on the Mental Health and Wellbeing of the LGBTQI+ Communities in Ireland. [Report]*. Belong To – LGBTQ+ Youth Ireland.  
<https://www.drugsandalcohol.ie/40915/>
67. Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., DeVries, J., Begley, T., McCann, E., Sheerin, F., & Smyth, S. (2016). *The LGBTIreland report: National study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland*. GLEN and BeLong To.
68. Higgins, A., Sharek, D., & Glacken, M. (2016). Building resilience in the face of adversity: Navigation processes used by older lesbian, gay, bisexual and transgender adults living in Ireland. *Journal of Clinical Nursing*, 25(23–24), 3652–3664.  
<https://doi.org/10.1111/jocn.13288>
69. Holst, A. S., Jacques-Aviñó, C., Berenguera, A., Pinzón-Sanabria, D., Valls-Llobet, C., Munrós-Feliu, J., Martínez-Bueno, C., López-Jiménez, T., Vicente-Hernández, M. M., & Medina-Perucha, L. (2022). Experiences of menstrual inequity and menstrual health among women and people who menstruate in the Barcelona area (Spain): A qualitative study. *Reproductive Health*, 19(1), 45.  
<https://doi.org/10.1186/s12978-022-01354-5>
70. HRC Foundation. (2022). *Understanding Disability in the LGBTQ+ Community*. HRC.  
<https://www.hrc.org/resources/understanding-disabled-lgbtq-people>
71. Hudson, N., Kersting, F., MacNaboe, L., Sharrock, S., & Lynch-Higgins, S. (2025). *The experiences of UK LGBT+ communities during the COVID-19 pandemic*.  
<https://natcen.ac.uk/publications/experiences-uk-lgbt-communities-during-covid-19-pandemic>
72. ILGA Europe. (2020). *COVID-19 impacts on LGBTI communities in Europe and Central Asia: A rapid assessment report*. ILGA.
73. IPRT. (2016). *Out on the Inside The Rights, Experiences and Needs of LGBT People in Prison*. IPRT.

74. Irish Human Rights and Equality Commission Act 2014 (No. 25 of 2014), s. 42 (Ir.). (2014). *Irish Statute Book*.  
<https://www.irishstatutebook.ie/eli/2014/act/25/section/42/enacted/en/html>
75. Irish Human Rights and Equality Commission. (2024). *Trafficking in human beings in Ireland: Third annual national evaluation report of the implementation of the EU Anti-Trafficking Directive*. Irish Human Rights and Equality Commission.  
<https://www.ihrec.ie/downloads/Trafficking-in-Human-Beings-in-Ireland-2023-4.pdf>
76. Jadvā, V., Guasp, A., Bradlow, J. H., Bower-Brown, S., & Foley, S. (2023). Predictors of self-harm and suicide in LGBT youth: The role of gender, socio-economic status, bullying and school experience. *Journal of Public Health (Oxford, England)*, 45(1), 102–108.  
<https://doi.org/10.1093/pubmed/fdab383>
77. Kano, M., Sanchez, N., Tamí-Maury, I., Solder, B., Watt, G., & Chang, S. (2020). Addressing Cancer Disparities in SGM Populations: Recommendations for a National Action Plan to Increase SGM Health Equity Through Researcher and Provider Training and Education. *Journal of Cancer Education: The Official Journal of the American Association for Cancer Education*, 35(1), 44–53.  
<https://doi.org/10.1007/s13187-018-1438-1>
78. Kapoor, V., & Belk, R. W. (2022). Coping and career choices: Irish gay men's passage from hopelessness to redemption. *Consumption Markets & Culture*, 25(1), 52–78.  
<https://doi.org/10.1080/10253866.2020.1784733>
79. Karsay, D. (2021). *Trans & Poverty. Poverty and economic insecurity in trans communities in the EU*. TGEU.
80. Kattari, S. K., Bakko, M., Langenderfer-Magruder, L., & Holloway, B. T. (2021). Transgender and Nonbinary Experiences of Victimization in Health care. *Journal of Interpersonal Violence*, 36(23–24), NP13054–NP13076.  
<https://doi.org/10.1177/0886260520905091>
81. Kcomt, L., Gorey, K. M., Barrett, B. J., Levin, D. S., Grant, J., & McCabe, S. E. (2021). Unmet Healthcare Need Due to Cost Concerns among U.S. Transgender and Gender-Expansive Adults: Results from a National Survey. *Health & Social Work*, 46(4), 250–259.  
<https://doi.org/10.1093/hsw/hlab029>
82. Kia, H., Rutherford, L., Jackson, R., Grigorovich, A., Ricote, C. L., Scheim, A. I., & Bauer, G. R. (2022). Impacts of COVID-19 on trans and non-binary people in Canada: A qualitative analysis of responses to a national survey. *BMC Public Health*, 22(1), 1284.  
<https://doi.org/10.1186/s12889-022-13684-x>
83. Kinitz, D. J., Salway, T., Kia, H., Ferlatte, O., Rich, A. J., & Ross, L. E. (2022). Health of two-spirit, lesbian, gay, bisexual and transgender people experiencing poverty in Canada: A review. *Health Promotion International*, 37(1), daab057.  
<https://doi.org/10.1093/heapro/daab057>
84. Kinitz, D. J., Shahidi, F. V., & Ross, L. E. (2023). Job quality and precarious employment among

lesbian, gay, and bisexual workers: A national study. *SSM - Population Health*, 24, 101535.  
<https://doi.org/10.1016/j.ssmph.2023.101535>

85. Költő, A., Gavin, A., Vaughan, E., Kelly, C., Molcho, M., & Nic Gabhainn, S. (2021). Connected, Respected and Contributing to Their World: The Case of Sexual Minority and Non-Minority Young People in Ireland. *International Journal of Environmental Research and Public Health*, 18(3), 1118.  
<https://doi.org/10.3390/ijerph18031118>
86. Lambert, M., & McVeigh, J. (2024). Human Rights and Inclusion of Vulnerable Groups in Health and Well-Being Policy Documents Relevant to Children and Young People in Ireland. *International Journal of Environmental Research and Public Health*, 21(9), Article 9.  
<https://doi.org/10.3390/ijerph21091252>
87. Lee, F., & Hannigan, B. (2009). *Survey of LGBT Members Report of Outcome November 2009*. Public Services Executive Union.  
[https://www.marriagequality.ie/download/pdf/pseu\\_lgbt\\_survey\\_nov\\_09.pdf](https://www.marriagequality.ie/download/pdf/pseu_lgbt_survey_nov_09.pdf)
88. Lee, J. J., Kim, H.-J., & Fredriksen Goldsen, K. (2019). The Role of Immigration in the Health of Lesbian, Gay, Bisexual, and Transgender Older Adults in the United States. *International Journal of Aging & Human Development*, 89(1), 3–21.  
<https://doi.org/10.1177/0091415019842844>
89. LGBT Ireland. (2020). *LGBT Ireland, NXF and GCN deliver LGBTI+ Life In Lockdown Report—LGBT Ireland*.  
<https://lgbt.ie/lgbt-ireland-nxf-and-gcn-deliver-lgbti-life-in-lockdown-report/>
90. LGBT Ireland. (2024). *Progress Made. Renewed Efforts Required. A Shadow Report of Ireland's First National LGBTI+ Inclusion Strategy*. LGBT Ireland.
91. Li, Y., Theodoropoulos, N., Fujiwara, Y., Xie, H., & Wang, Q. (2021). Self-assessment of health status among lesbian, gay, and bisexual cancer survivors in the United States. *Cancer*, 127(24), 4594–4601.  
<https://doi.org/10.1002/cncr.33845>
92. Luz, P. M., Torres, T. S., Matos, V. C., Costa, G. G., Hoagland, B., Pimenta, C., Benedetti, M., Grinsztejn, B., & Veloso, V. G. (2025). Socio-economic status and adherence to HIV preventive and therapeutic interventions: Exploring the mediating role of food insecurity among men who have sex with men and transgender and non-binary persons from Brazil. *Journal of the International AIDS Society*, 28(3), e26432.  
<https://doi.org/10.1002/jia2.26432>
93. Mackle, D. D. (2021). *LGBTQ+ Ageing in Northern Ireland: Understanding the lived experiences and exploring inequalities that exist for ageing LGBTQ+ population in Northern Ireland*.
94. Masa, R., Shangani, S., Baruah, D., & Operario, D. (2024). The Association of Food Insecurity, Mental Health, and Healthcare Access and Use Among Lesbian, Gay, and Bisexual Adults in the United States: Results From the 2021 National Health Interview Survey. *American Journal of*

*Health Promotion: AJHP*, 38(1), 68–79.

<https://doi.org/10.1177/08901171231211134>

95. Matthews, A. K., Breen, E., & Kittiteerasack, P. (2018). Social Determinants of LGBT Cancer Health Inequities. *Seminars in Oncology Nursing*, 34(1), 12–20.  
<https://doi.org/10.1016/j.soncn.2017.11.001>
96. Matthews, P. (2022, December 8). *LGB access to welfare benefits | Welfare Access, Assets And Debts Of LGBT+ People In Great Britain*.  
<https://lgbtqwelfare.stir.ac.uk/2022/12/08/lgb-access-to-welfare-benefits/>
97. Matthews, P. (2023, January 26). *Understanding poverty in the UK and what it might mean for LGBT+ people | Welfare Access, Assets And Debts Of LGBT+ People In Great Britain*.  
<https://lgbtqwelfare.stir.ac.uk/2023/01/26/understanding-poverty-in-the-uk-and-what-it-might-mean-for-lgbt-people/>
98. Mayock, P., Bryan, A., Carr, N., & Kitching, K. (2009). *Supporting LGBT Lives: A STUDY OF THE MENTAL HEALTH AND WELL-BEING OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER PEOPLE*. Gay and Lesbian Equality Network (GLEN) and BeLoNG To Youth Service.
99. McCann, E., & Brown, M. (2019). Homelessness among youth who identify as LGBTQ+: A systematic review. *Journal of Clinical Nursing*, 28(11–12), 2061–2072.  
<https://doi.org/10.1111/jocn.14818>
100. McCarthy, L., & Parr, S. (2022). Is LGBT homelessness different? Reviewing the relationship between LGBT identity and homelessness. *Housing Studies*, 0(0), 1–19.  
<https://doi.org/10.1080/02673037.2022.2104819>
101. Meanley, S., Tingler, R., Chittamuru, D., & Bauermeister, J. A. (2018). Applying resilience theory models to contextualize economic-dependent partnerships as a risk factor for HIV among young men who have sex with men. *AIDS Care*, 30(sup4), 42–50.  
<https://doi.org/10.1080/09540121.2018.1493185>
102. Medina-Perucha, L., López-Jiménez, T., Jacques-Aviñó, C., Holst, A. S., Valls-Llobet, C., Munrós-Feliu, J., Martínez-Bueno, C., Pinzón-Sanabria, D., Vicente-Hernández, M. M., & Berenguera, A. (2023). Menstruation and social inequities in Spain: A cross-sectional online survey-based study. *International Journal for Equity in Health*, 22(1), 92.  
<https://doi.org/10.1186/s12939-023-01904-8>
103. Milner, C. (n.d.). *Exploring the catalysts that cause youth homelessness in the LGBTQ+ community*.
104. 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 Educational Studies*, 27(2), 177–191.  
<https://doi.org/10.1080/03323310802021961>
105. Monroe, S., Wall, S. S., & Wood, K. (2024). Intersex equality, diversity and inclusion and social policy: Silences, absences, and erasures in Ireland and the UK. *Critical Social Policy*, 44(1), 3–22.  
<https://doi.org/10.1177/02610183231175055>

106. National Academies of Sciences, E., Education, D. of B. and S. S. and, Population, C. on, Populations, C. on U. the W.-B. of S. and G. D., White, J., Sepúlveda, M.-J., & Patterson, C. J. (2020). Economic Well-Being. In *Understanding the Well-Being of LGBTQI+ Populations*. National Academies Press (US).  
<https://www.ncbi.nlm.nih.gov/books/NBK566083>
107. National LGBT Federation. (2016). *Burning Issues 2: What's next for LGBT Ireland? National LGBT Community Consultation 2016*. National LGBT Federation.
108. Noone, C., Keogh, B., & Buggy, C. (2018). *Far from Home: Life as an LGBT Migrant in Ireland – National LGBT Federation*. National LGBT Federation.  
<https://nxf.ie/far-from-home-life-as-an-lgbt-migrant-in-ireland/>
109. Noone, C., Magugliani, N., & Sugrue, R. (2023). *LGBTI+ people living in International Protection Accommodation Services (IPAS) accommodation: Best practices & lived experiences*.
110. Norris, M., & Quilty, A. (2021). Unreal, unsheltered, unseen, unrecorded: The multiple invisibilities of LGBTQI+ homeless youth. *Critical Social Policy*, 41(3), 468–490.  
<https://doi.org/10.1177/0261018320953328>
111. Nowaskie, D. Z., & Roesler, A. C. (2022). The impact of COVID-19 on the LGBTQ+ community: Comparisons between cisgender, heterosexual people, cisgender sexual minority people, and gender minority people. *Psychiatry Research*, 309, 114391.  
<https://doi.org/10.1016/j.psychres.2022.114391>
112. O'Grady, E., Mannix McNamara, P., & Devaney, E. (2009). *Proud voices: An exploratory study into the needs of lesbian, gay, bisexual and transgender young people in the counties of Limerick, Clare and Tipperary*.  
<https://dspace.mic.ul.ie/handle/10395/2606>
113. Ombudsman for Children's Office. (2024). *LGBTI+ National Inclusion Strategy Department of Children, Equality, Disability, Integration and Youth: Submission by the Ombudsman for Children's Office July 2024*. OCO.
114. Quilty, A., & and Norris, M. (2022). Queer/y/ing pathways through youth homelessness: Becoming, being and leaving LGBTQI+ youth homelessness. *Housing Studies*, 0(0), 1–22.  
<https://doi.org/10.1080/02673037.2022.2141204>
115. Quilty, A., & Norris, M. (2020). *A Qualitative Study of LGBTQI+ Youth Homelessness in Ireland*. Focus Ireland.  
<http://hdl.handle.net/10197/12509>
116. Reidy, A., & Perez Barranco, S. (2023). *Intersections: DIVING INTO THE FRA LGBTI II SURVEY DATA HOMELESSNESS BRIEFING*. FEANTSA and ILGA Europe.  
[https://www.feantsa.org/public/user/Resources/reports/2023/ILGA/Intersections\\_Report\\_Homelessness\\_2.pdf](https://www.feantsa.org/public/user/Resources/reports/2023/ILGA/Intersections_Report_Homelessness_2.pdf)
117. Renner, J., Blaszczyk, W., Täuber, L., Dekker, A., Briken, P., & Nieder, T. O. (2021). Barriers to



Accessing Health Care in Rural Regions by Transgender, Non-Binary, and Gender Diverse People: A Case-Based Scoping Review. *Frontiers in Endocrinology*, 12, 717821.  
<https://doi.org/10.3389/fendo.2021.717821>

118. Restar, A. J., Jin, H., Jarrett, B., Adamson, T., Baral, S. D., Howell, S., & Beckham, S. W. (2021). Characterising the impact of COVID-19 environment on mental health, gender affirming services and socioeconomic loss in a global sample of transgender and non-binary people: A structural equation modelling. *BMJ Global Health*, 6(3), e004424.  
<https://doi.org/10.1136/bmjgh-2020-004424>
119. Robinson, B. A. (2023). "They peed on my shoes": Foregrounding intersectional minority stress in understanding LGBTQ youth homelessness. *Journal of LGBT Youth*, 20(4), 783–799.  
<https://doi.org/10.1080/19361653.2021.1925196>
120. Romanelli, M., & Lindsey, M. A. (2020). Patterns of Healthcare Discrimination Among Transgender Help-Seekers. *American Journal of Preventive Medicine*, 58(4), e123–e131.  
<https://doi.org/10.1016/j.amepre.2019.11.002>
121. Romanelli, R. J. (2024). Regional and Local Inequalities in Disability Status by Sexual Orientation and Gender Identity: A Cross-Sectional Ecological Analysis of the 2021 Census of England and Wales. *Health Equity*, 8(1), 279–288.  
<https://doi.org/10.1089/heq.2023.0231>
122. Russomanno, J., & Jabson Tree, J. M. (2020). Food insecurity and food pantry use among transgender and gender non-conforming people in the Southeast United States. *BMC Public Health*, 20(1), 590.  
<https://doi.org/10.1186/s12889-020-08684-8>
123. Russomanno, J., Patterson, J. G., & Jabson, J. M. (2019). Food Insecurity Among Transgender and Gender Nonconforming Individuals in the Southeast United States: A Qualitative Study. *Transgender Health*, 4(1), 89–99.  
<https://doi.org/10.1089/trgh.2018.0024>
124. Sartori, S. (2022). *Unveiling Inequality—Experiences of LGBTI+ Travellers & Roma A peer-research project to explore and make visible the experience of exclusion of LGBTI+ Travellers and Roma*. National Action Group for LGBTI+ Traveller and Roma Rights.
125. Schmitz, R. M., & Tyler, K. A. (2018). The Complexity of Family Reactions to Identity among Homeless and College Lesbian, Gay, Bisexual, Transgender, and Queer Young Adults. *Archives of Sexual Behavior*, 47(4), 1195–1207.  
<https://doi.org/10.1007/s10508-017-1014-5>
126. Schuler, M. S., Prince, D. M., & Collins, R. L. (2021). Disparities in Social and Economic Determinants of Health by Sexual Identity, Gender, and Age: Results from the 2015-2018 National Survey on Drug Use and Health. *LGBT Health*, 8(5), 330–339.  
<https://doi.org/10.1089/lgbt.2020.0390>
127. Shastri, V. G., & Erney, E. J. (2024). Psychosocial and Financial Issues Affecting LGBTQ+ Older

- Adults. *Clinics in Geriatric Medicine*, 40(2), 309–320.  
<https://doi.org/10.1016/j.cger.2023.10.004>
128. Slade, L., & Johnson-Manning, A. C. (2022). Inclusive Senior Housing: Meeting the Needs of LGBTQ Older Adults. In A. Farazmand (Ed.), *Global Encyclopedia of Public Administration, Public Policy, and Governance* (pp. 6592–6598). Springer International Publishing.  
[https://doi.org/10.1007/978-3-030-66252-3\\_4159](https://doi.org/10.1007/978-3-030-66252-3_4159)
  129. Spruce, E. (2024). A changing landscape? Dynamics of accommodation and displacement in UK parliamentary discourse on LGBT homelessness. *Gender, Place & Culture*, 31(10), 1359–1375.  
<https://doi.org/10.1080/0966369X.2022.2138273>
  130. Stacey, L., Reczek, R., & Spiker, R. (2022). Toward a Holistic Demographic Profile of Sexual and Gender Minority Well-being. *Demography*, 59(4), 1403–1430.  
<https://doi.org/10.1215/00703370-10081664>
  131. Suhomlinova, O., O'Reilly, Michelle, Ayres, Tammy Colleen, Wertans, Emily, Tonkin, Matthew James, & O'Shea, S. C. (2023). "Gripping onto the last threads of sanity": Transgender and non-binary prisoners' mental health challenges during the covid-19 pandemic. *International Journal of Mental Health*, 52(3), 218–238.  
<https://doi.org/10.1080/00207411.2022.2068319>
  132. Testa, A., & Jackson, D. B. (2021). Sexual orientation and food insecurity: Findings from the New York City Community Health Survey. *Public Health Nutrition*, 24(17), 5657–5662.  
<https://doi.org/10.1017/S1368980020005157>
  133. Tibrewala, M. (2024). Transgender persons and structural intersectionality: Towards menstrual justice for all menstruators in India. *Indian Journal of Medical Ethics*, IX(2), 142–146.  
<https://doi.org/10.20529/IJME.2024.015>
  134. Tordoff, D. M., Fernandez, A., Perry, N. L., Heberling, W. B., Minalga, B., Khosropour, C. M., Glick, S. N., Barbee, L. A., Duerr, A., & Seattle Trans and Non-binary Sexual Health (STARS) Advisory Board. (2023). A Quantitative Intersectionality Analysis of HIV/STI Prevention and Healthcare Access Among Transgender and Nonbinary People. *Epidemiology (Cambridge, Mass.)*, 34(6), 827–837. <https://doi.org/10.1097/EDE.0000000000001669>
  135. Tran, N. M., Mann, S., & Gonzales, G. (2023). Sexual Orientation, High-Deductible Health Plans, And Financial Barriers To Care. *Health Affairs (Project Hope)*, 42(9), 1283–1288.  
<https://doi.org/10.1377/hlthaff.2023.00201>
  136. Tunåker, C., Matthews, Peter, & Shelton, J. (n.d.). Researching LGBTQ+ homelessness and building social justice in the UK & the US: Methods, ethics, recruitment. *Housing Studies*, 0(0), 1–21.  
<https://doi.org/10.1080/02673037.2025.2467825>
  137. Uhrig, S. C. N. (n.d.). *An examination of poverty and sexual orientation in the UK*.
  138. UK Government. (2024). *Lesbian, gay, bisexual and transgender people's experiences of*

homelessness. GOV.UK.

<https://www.gov.uk/government/publications/lgbt-peoples-experiences-of-homelessness/lesbian-gay-bisexual-and-transgender-peoples-experiences-of-homelessness>

139. UNDP. (2024). *2024 LGBTI Inclusion Index: Report on the Pilot Implementation*. UNDP.  
<https://www.undp.org/publications/2024-lgbti-inclusion-index-report-pilot-implementation>
140. Vanwesenbeeck, I. (2021). Understanding sexual agency: Implications for sexual health programming. *Sexes*, 2(4), 378–394.  
<https://doi.org/10.3390/sexes2040030>
141. Vasquez del Aguila, E., & Cantillon, S. (2010). *The labour market and LGBT discrimination in Ireland*.  
<http://hdl.handle.net/10197/4499>
142. Waite, S., Ecker, J., & Ross, L. E. (2019). A systematic review and thematic synthesis of Canada's LGBTQ2S+ employment, labour market and earnings literature. *PloS One*, 14(10), e0223372.  
<https://doi.org/10.1371/journal.pone.0223372>
143. Wall, S. S. M. (n.d.). *An Exploration of Intersex Erasure and Embodiment in Social Policy using Ireland and England as Case Studies*.
144. Waters, A. R., Bybee, S., Warner, E. L., Kaddas, H. K., Kent, E. E., & Kirchhoff, A. C. (2022). Financial Burden and Mental Health Among LGBTQIA+ Adolescent and Young Adult Cancer Survivors During the COVID-19 Pandemic. *Frontiers in Oncology*, 12, 832635.  
<https://doi.org/10.3389/fonc.2022.832635>
145. Waters, A. R., Kent, E. E., Meernik, C., Getahun, D., Laurent, C. A., Xu, L., Mitra, S., Kushi, L. H., Chao, C., & Nichols, H. B. (2023). Financial hardship differences by LGBTQ+ status among assigned female at birth adolescent and young adult cancer survivors: A mixed methods analysis. *Cancer Causes & Control: CCC*, 34(11), 973–981.  
<https://doi.org/10.1007/s10552-023-01740-9>
146. Waters, A. R., Wheeler, S. B., Fine, J., Cheung, C. K., Tan, K. R., Rosenstein, D. L., Roberson, M. L., & Kent, E. E. (2025). An intersectional analysis of behavioral financial hardship and healthcare utilization among lesbian, gay, bisexual, transgender, queer, plus cancer survivors. *Journal of the National Cancer Institute*, 117(5), 997–1007.  
<https://doi.org/10.1093/jnci/djae350>
147. Waters, A. R., Wheeler, S. B., Tan, K. R., Rosenstein, D. L., Roberson, M. L., Kirchhoff, A. C., & Kent, E. E. (2024). Material, Psychological, and Behavioral Financial Hardship Among Lesbian, Gay, and Bisexual Cancer Survivors in the United States. *JCO Oncology Practice*, 20(12), 1721–1732. <https://doi.org/10.1200/OP.24.00114>
148. Watkinson, R. E., Linfield, A., Tielemans, J., Francetic, I., & Munford, L. (2024). Gender-related self-reported mental health inequalities in primary care in England: A cross-sectional analysis using the GP Patient Survey. *The Lancet. Public Health*, 9(2), e100–e108.  
[https://doi.org/10.1016/S2468-2667\(23\)00301-8](https://doi.org/10.1016/S2468-2667(23)00301-8)

149. Westwood, S. (2016). *LGBT\* ageing in the UK: Spatial inequalities in older age housing/care provision*.  
<https://doi.org/10.1332/175982716X14538098308249>
150. Whitbeck, R. (2024). *Multiple minority LGBTQIA+ people in Ireland: Ambivalent experiences of othering* [Thesis, University of Limerick].  
<https://doi.org/10.34961/researchrepository-ul.28131212.v1>
151. Wilson, B. D. M., Gomez, A.-G., Sadat, M., Choi, S. K., & Badgett, M. V. L. (2020). *Pathways Into Poverty: Lived experiences among LGBTQ people*.  
<https://escholarship.org/uc/item/3bp6b7dp>
152. Wilson, E. C., Turner, C., Arayasirikul, S., Woods, T., Nguyen, T., Lin, R., Franza, K., Tryon, J., Nemoto, T., & Iwamoto, M. (2018). Housing and income effects on HIV-related health outcomes in the San Francisco Bay Area—Findings from the SPNS transwomen of color initiative. *AIDS Care*, 30(11), 1356–1359.  
<https://doi.org/10.1080/09540121.2018.1489102>
153. Zlotorzynska, M., & Sanchez, T. (2022). Food insecurity as a social determinant of sexual health and substance use independent of poverty status among men who have sex with men in the United States. *Annals of Epidemiology*, 74, 97–103.  
<https://doi.org/10.1016/j.annepidem.2022.06.037>

# 8. Appendices

## Appendix 1: Survey Questions

### **PRIDE AND POVERTY: A STUDY OF ECONOMIC CHALLENGES IN THE LGBTQ+ COMMUNITY IN IRELAND**

This project is organised by Think-tank for Action on Social Change (TASC) in partnership with Outhouse and supported by EAPN Ireland. It aims to understand the financial realities and day-to-day impacts experienced by LGBTQ+ people living in Ireland. Your answers will inform a report on income, work, housing, access to services, and health and wellbeing. Findings will help guide improvements in services and policies that strengthen economic security and inclusion.

All responses are confidential and no names are collected.

For more information, please contact Sara Singleton, Head of Public Education at TASC, at [ssingleton@tasc.ie](mailto:ssingleton@tasc.ie)

By continuing, you agree to provide anonymous feedback for use in the final report.

Thank you for your time.

#### **SECTION 1: ABOUT YOU**

##### **1. What is your age?**

- ☐ 18-24
  - ☐ 25-34
  - ☐ 35-44
  - ☐ 45-54
  - ☐ 55-64
  - ☐ 65 or older
  - ☐ Prefer not to say
-

**2. How do you describe your gender? (Select all that apply)**

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Genderqueer
- ☐ Agender
- ☐ Another description: \_\_\_\_\_
- ☐ Prefer not to say

**3. Were you assigned female, male or intersex at birth?**

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ Prefer not to say

**4. Do you have an intersex variation?**

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Prefer not to say

**5. How do you describe your sexual orientation? (Select all that apply)**

- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ vPansexual
- ☐ Queer
- ☐ Asexual
- ☐ Heterosexual
- ☐ Another description: \_\_\_\_\_
- ☐ Prefer not to say

**6. What is your ethnicity? (Select all that apply)**

- ☐ White Irish
- ☐ Any other White background



- ☐ Irish Traveller
- ☐ Roma
- ☐ Black or Black Irish
- ☐ Asian or Asian Irish
- ☐ Middle Eastern or North African
- ☐ Mixed background
- ☐ Another background: \_\_\_\_\_
- ☐ Prefer not to say

#### 7. What is your country of birth?

- ☐ [Open text]
- ☐ Prefer not to say

#### 8. What county do you live in?

- ☐ [Drop-down]
- ☐ Prefer not to say

#### 9. What is your highest level of education?

- ☐ Primary
- ☐ Junior Certificate
- ☐ Leaving Certificate
- ☐ Further Education or PLC
- ☐ Undergraduate degree
- ☐ Postgraduate degree
- ☐ Doctorate
- ☐ Other: \_\_\_\_\_
- ☐ Prefer not to say

#### 10. Do you consider yourself disabled or have a long-term condition? (Select all that apply)

- ☐ No
- ☐ Physical disability
- ☐ Sensory disability
- ☐ Intellectual disability
- ☐ Learning disability (for example, dyslexia, ADHD)
- ☐ Mental health condition

- ☐ Chronic illness
- ☐ Other: \_\_\_\_\_
- ☐ Prefer not to say

**11. Are you neurodivergent?**

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Prefer not to say

**12. What is your highest level of education?**

- ☐ I live alone
- ☐ Partner
- ☐ Children
- ☐ Other adult family
- ☐ Housemates or friends
- ☐ Other: \_\_\_\_\_
- ☐ Prefer not to say

## **SECTION 2: HOUSING AND LOCAL AREA**

**13. What is your current housing situation?**

- ☐ Owned outright
- ☐ Owned with mortgage
- ☐ Private rented
- ☐ Local authority or AHB rented
- ☐ HAP or RAS
- ☐ Living with family or friends without paying rent
- ☐ Supported accommodation
- ☐ Emergency accommodation or homeless
- ☐ Other: \_\_\_\_\_
- ☐ Prefer not to say

**14. What is your average monthly housing cost that you personally pay?**

- ☐ €0 – €499
- ☐ €500 – €999
- ☐ €1,000 – €1,499
- ☐ €1,500 – €1,999
- ☐ €2,000 or more
- ☐ Not applicable
- ☐ Prefer not to say

**15. In the last 12 months, have you experienced any of the following housing issues? (Select all that apply)**

- ☐ Rent or mortgage arrears
- ☐ Notice to quit or eviction risk
- ☐ Overcrowding
- ☐ Had to move due to costs
- ☐ Stayed with others due to lack of housing
- ☐ Used emergency accommodation
- ☐ Slept rough
- ☐ Discrimination when applying
- ☐ None
- ☐ Prefer not to say

**16. If you experienced housing discrimination, what was it related to? (Select all that apply)**

- ☐ Being LGBTQ+
- ☐ Being trans or non-binary
- ☐ Intersex status
- ☐ Ethnicity or Traveller or Roma identity
- ☐ Disability
- ☐ Family status
- ☐ Receipt of HAP or social welfare
- ☐ Immigration status
- ☐ Other: \_\_\_\_\_
- ☐ Prefer not to say

**17. How easy is it to access LGBTQ+ inclusive services in your local area?**

- ☐ Very easy
  - ☐ Easy
  - ☐ Difficult
  - ☐ Very difficult
  - ☐ Not available
  - ☐ Not sure
  - ☐ Prefer not to say
- 

**SECTION 3: EMPLOYMENT, WORK QUALITY AND INCOME**

**18. Which best describes your current work situation?**

- ☐ €0 – €499
- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Self-employed
- ☐ Zero-hours or very variable hour
- ☐ Unemployed and looking for work
- ☐ Student
- ☐ Not working due to illness or disability
- ☐ Retired
- ☐ Caring responsibilities
- ☐ Other: \_\_\_\_\_
- ☐ Prefer not to say

**19. What type of contract do you mainly have?**

- ☐ Permanent
- ☐ Fixed-term
- ☐ Temporary or casual
- ☐ Gig or platform work
- ☐ Self-employed

- ☐ Agency work
- ☐ Not applicable
- ☐ Prefer not to say

**20. In the last 12 months, have you experienced any of the following at work? (Select all that apply)**

- ☐ Harassment or bullying related to LGBTQ+ identity
- ☐ Pay or promotion blocked
- ☐ Negative treatment after disclosing identity
- ☐ Unsafe or hostile work environment
- ☐ None
- ☐ Prefer not to say

**21. In the last 12 months, did you feel you needed to hide your LGBTQ+ identity at work to avoid negative treatment?**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Not applicable
- ☐ Prefer not to say

**22. Have you experienced discrimination when applying for jobs or during recruitment in Ireland?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

If yes, related to:

- ☐ Being LGBTQ+
- ☐ Being trans or non-binary
- ☐ Intersex status
- ☐ Ethnicity or Traveller or Roma identity
- ☐ Disability
- ☐ Age
- ☐ Immigration status
- ☐ Other: \_\_\_\_\_
- ☐ Prefer not to say

**23. What is your approximate net personal monthly income from all sources?**

- ☐ €0–€499
- ☐ €500–€999
- ☐ €1,000–€1,499
- ☐ €1,500–€1,999
- ☐ €2,000–€2,499
- ☐ €2,500–€2,999
- ☐ €3,000 or more
- ☐ Prefer not to say

**24. What is your approximate net household monthly income?**

- ☐ €0–€999
- ☐ €1,000–€1,999
- ☐ €2,000–€2,999
- ☐ €3,000–€3,999
- ☐ €4,000–€4,999
- ☐ €5,000 or more
- ☐ Prefer not to say

**25. Do you currently receive any social welfare or state supports?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

If yes, which?

[Open text]

**26. Compared with 12 months ago, has your personal financial situation:**

- ☐ Improved
- ☐ Stayed the same
- ☐ Worsened
- ☐ Prefer not to say

**27. How easy or difficult is it for your household to make ends meet most months?**

- ☐ Very easy
- ☐ Easy



- ☐ Difficult
  - ☐ Very difficult
  - ☐ Prefer not to say
- 

## SECTION 4: COSTS, DEBT, SAVINGS AND FOOD INSECURITY

**28. In the last 12 months, have you had to cut back on any of the following because of money? (Select all that apply)**

- ☐ Food
- ☐ Heating and energy
- ☐ Transport
- ☐ Medical or dental care
- ☐ Prescriptions
- ☐ Clothing or personal items
- ☐ Internet or phone
- ☐ Social activities
- ☐ Child-related costs
- ☐ None
- ☐ Other: \_\_\_\_\_
- ☐ Prefer not to say

**29. Do you currently have unpaid bills or debts that worry you?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

If yes, total amount owed (best estimate):

- ☐ Less than €500
  - ☐ €500–€1,999
  - ☐ €2,000–€4,999
  - ☐ €5,000–€9,999
  - ☐ €10,000 or more
  - ☐ Prefer not to say
-

**30. How easy or difficult is it for your household to make ends meet most months?**

- ☐ Very easy
- ☐ Easy
- ☐ Difficult
- ☐ Very difficult
- ☐ Prefer not to say

**31. Do you have savings you could use in an emergency?**

- ☐ Yes, more than three months of expenses
- ☐ Yes, one to three months
- ☐ Yes, less than one month
- ☐ No
- ☐ Prefer not to say

**32. Food in the past 30 days:**

*a) I worried that food would run out before I had money to buy more.*

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Prefer not to say

*b) I or someone in my household skipped meals or ate less because there was not enough money for food.*

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**33. In the last 12 months, did costs stop you from accessing LGBTQ+ inclusive mental health support or HIV prevention or treatment services?**

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Prefer not to say

## SECTION 5: GENDER-AFFIRMING SPECIFIC HEALTH COSTS

**Skip logic:** Show Q42–Q46 if respondent is trans, non-binary or intersex, or indicates they have sought gender-affirming care.

### 34. Have you sought gender-affirming healthcare in Ireland or abroad?

- ☐ Yes, currently in care
- ☐ Yes, on a waiting list
- ☐ Yes, private
- ☐ Yes, abroad
- ☐ No
- ☐ Prefer not to say

### 35. Estimated out-of-pocket costs for gender-affirming care in the last 12 months:

- ☐ €0
- ☐ €1–€199
- ☐ €200–€499
- ☐ €500–€1,999
- ☐ €2,000–€4,999
- ☐ €5,000 or more
- ☐ Prefer not to say

### 36. Do you currently receive any social welfare or state supports?

- ☐ No insurance
- ☐ Yes, covered fully
- ☐ Yes, covered partly
- ☐ No, not covered
- ☐ Prefer not to say

### 37. Have you delayed or avoided gender-affirming care because of cost?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**38. If you travelled for care, which costs applied? (Select all that apply)**

- ☐ Travel
- ☐ Accommodation
- ☐ Time off work or lost income
- ☐ Childcare
- ☐ Visa or documentation
- ☐ Not applicable
- ☐ Prefer not to say

## **SECTION 6: EDUCATION EXPERIENCES**

**39. At school, did you experience bullying or exclusion related to being LGBTQ+ or perceived as such?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

**40. If you travelled for care, which costs applied? (Select all that apply)**

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ I left school earlier
- ☐ Prefer not to say

## **SECTION 7: DISCRIMINATION, SAFETY AND SOCIAL SUPPORT**

**41. In the last 12 months, have you avoided places, services or events because they did not feel safe or inclusive for LGBTQ+ people?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

If yes, what did you avoid? (Select all that apply)

- ☐ Healthcare
- ☐ Social welfare or local authority services
- ☐ Housing providers or landlords
- ☐ Schools or colleges
- ☐ Community or sports facilities
- ☐ Public transport
- ☐ Shops or hospitality
- ☐ Other: \_\_\_\_\_
- ☐ Prefer not to say

**42. Do you have someone you can ask for €100 in an emergency?**

- ☐ Yes, definitely
- ☐ Maybe
- ☐ No
- ☐ Prefer not to say

**43. In the last 12 months, have you received support from family, friends, peers or community groups?**

- ☐ Regular financial support
- ☐ Occasional financial help
- ☐ Practical help such as lifts, childcare or food
- ☐ Emotional support or a peer group
- ☐ None
- ☐ Prefer not to say

## **SECTION 8: SEX WORK AND INCOME SECURITY (*OPTIONAL*)**

**You can skip this section**

**44. In the last 12 months, have you engaged in sex work or exchanged sex for money, goods or accommodation?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

If yes, please indicate the main reasons.

- ☐ [Open text]
  - ☐ Prefer not to say
- 

## SECTION 9: WHAT WOULD HELP

**45. Which supports would make the biggest difference to your financial security now? (Select all that apply)**

- ☐ Affordable housing access
  - ☐ Increased income or social welfare
  - ☐ Help with energy or utility costs
  - ☐ Help with transport costs
  - ☐ Inclusive mental health care
  - ☐ Faster access to gender-affirming care
  - ☐ Debt advice or financial counselling
  - ☐ LGBTQ+ inclusive services outside cities
  - ☐ Support finding secure work
  - ☐ Childcare support
  - ☐ Other: \_\_\_\_\_
-



## Appendix 2: Interview Questions

Thanks for taking part. This project is led by TASC in partnership with Outhouse LGBTQ+ Centre and supported by EAPN Ireland. The interview is to understand the day-to-day financial realities for LGBTQ+ people living in Ireland and will help inform a report on issues like income, work, housing, access to services, and health and wellbeing.

With your permission, I'd like to audio-record this interview so I can accurately capture what you say. The recording will be stored securely and only accessed by the research team. Your name will not appear in the report, and any quotes used will be anonymised. You can skip any question, take a break, or stop the interview at any time. You can also ask to stop recording at any point.

### 1. Background and Identity

- Can you tell me a little about yourself, including how you identify in terms of sexuality, gender, or intersex variations?

*Optional prompts:*

- Are there other parts of your identity, like ethnicity, disability, or age, that you think are important?
  - Where do you live — city, town, or rural area?
- Would you say you've experienced any financial hardship in recent years? This could include housing issues, low income, difficulty accessing services, or relying on supports.

### 2. Employment and Income

- What is your current work situation?

*Optional prompts:*

- Do you work full-time, part-time, or have multiple jobs?
  - How steady is your income?
  - Have you faced difficulties finding or keeping work because of who you are?
- Did you leave school early or return as an adult?

### 3. Education and School Experiences

- How was your experience at school or college?

*Optional prompts:*

- Did you face bullying or discrimination?
- Do you think this affected your education or job prospects?

#### 4. Housing and Living Costs

- What's your current housing situation?

*Optional prompts:*

- Do you rent or own?
- How much do you pay for rent or mortgage?
- Have you had trouble with housing because of your identity?

#### 5. Social Welfare and Financial Support

- Are you receiving any social welfare benefits?

*Optional prompts:*

- Do you get any financial help from family or friends?
- If you had a financial emergency, who could you turn to?

#### 6. Major Expenses and Health Costs

- What are your main living costs besides housing?

*Optional prompts:*

- Bills, transport, healthcare, medication, loan repayments?
- If you are trans or non-binary, have you had costs related to gender-affirming care?
- How did you manage these?

#### 7. Financial Struggles and Coping

- Have you ever needed to crowdfund or fundraise to cover expenses?

*Optional prompts:*

- Are you in debt?
- Do you have any savings?

#### 8. Community and Social Supports

- Do you access any community groups or support services?

*Optional prompts:*

- Have you used food banks, charities, or mutual aid?
- How helpful have these been?
- Are there people in your life – friends, found family, online communities – you rely on for emotional or practical support?

## 9. Discrimination and Marginalisation

- Has discrimination or stigma related to your LGBTQ+ identity affected your finances or social support?

*Optional prompts:*

- For older people, how has past discrimination affected your work or pension?
  - For trans, intersex, or non-binary people, what barriers have you faced accessing healthcare or work?
  - For autistic or neurodivergent people, how have your identities affected work or finances?
  - For those involved in sex work, how does this affect your financial situation and access to supports?
  - Was sex work something you chose, or something you felt you had to do to survive?
  - What would have helped you have other options?
- Were there times you avoided seeking help or support because you weren't out or felt unsafe disclosing your identity?
  - Have you faced discrimination that relates to more than one part of your identity – like being LGBTQ+ and a migrant, or LGBTQ+ and disabled?

## 10. Mental Health and Wellbeing

- Has your mental health affected your education, work, or money?

*Optional prompts:*

- How do you manage these challenges?
  - Do they impact your financial situation?
- Have you been able to access mental health support when you needed it? What kind – professional, peer, community-based?

## 11. Youth Experiences and Homelessness (For younger participants)

- Have you experienced homelessness or housing insecurity?

*Optional prompts:*

- Did family rejection or stigma contribute?
- How has this affected your education or work?

## 12. Personal Perceptions and Hopes

- Do you feel you are living in poverty or financial hardship?

*Optional prompts:*

- What do you think are the main reasons?
- What changes would make the biggest difference for you and others?

### **13. Experiences with Government or Institutions**

- Have you had any experiences dealing with government departments, services, or institutions that stood out – good or bad?



***"The intersection of race, migration status, language, nationality, gender and sexuality makes the situation worse for some more than others."***

***"I was employed as a full-time manager, but had run-ins with other staff misgendering me in front of me... I was referred to as 'it'."***

***Housing is so expensive, sometimes I'm nervous if we'll have enough for rent or food and we're not able to borrow money from relatives because we don't have a good relationship with them."***

***"Significant levels of homophobic bullying from the age of 8 caused me to leave education entirely at 16, and I had 'checked out' by 14."***

***"I'm visibly trans so I feel like people take one look at me during a job interview and silently deny me the role."***





***“Living with parents who haven’t accepted me is soul-destroying. I hide myself every day and live in fear. Not having the ability to access housing that would allow me to live my own life makes everything feel harder and hopeless.”***



105 Capel Street  
D01 R290, Ireland



+353 (0)1 873 4999



hello@outhouse.ie



www.outhouse.ie

RCN 20033293



28 Merrion Sq North  
D02 AW80, Ireland



+353 (0)1 616 9050



contact@tasc.ie



www.tasc.ie

RCN 20049496



Carmichael House, 4  
North Brunswick Street,  
D07 RHA8, Ireland



+353 (0)1 874 5737



enquiries@eapn.ie



www.eapn.ie

CRO 214663



Coimisiún na hÉireann  
um Chearta an Duine  
agus Comhionannas  
Irish Human Rights and  
Equality Commission

Deontas-  
mhaoinithe  
Grant Funded

This project has received funding from the Irish Human Rights and Equality Grants Scheme as part of the Commission's statutory power to provide grants to promote human rights and equality under the Irish Human Rights and Equality Commission Act 2014. The views expressed in this publication are those of the authors and do not necessarily represent those of the Irish Human Rights and Equality Commission.