

Not dancing to their music

**The effects of homophobia,
biphobia, and transphobia
on the lives of LGBTQ people
in Nigeria**

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Firstly, and most importantly, we would like to show our gratitude to everyone who answered the survey. We understand how difficult it is to talk about such personal experiences and we appreciate how much you chose to share with us. This is as much your report as it is ours.

We would like to thank all who made this survey possible. That is everyone who believed in our cause, donated their time, and/or provided financial contributions - especially Baker McKenzie, Sigrid Rausing Trust, the Canadian Funds for Nigeria, and GLAAD who have enabled the production of this report.

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On behalf of The Bisi Alimi Foundation Team.

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Abbreviations and acronyms

AIDS – acquired immune deficiency syndrome

BAF – Bisi Alimi Foundation

HIV – human immunodeficiency virus

LGBTIQ – Lesbian, Gay, Bisexual, Transgender, Intersex and Queer

MSM - men who have sex with men

PrEP – Pre-exposure prophylaxis

PTSD - post traumatic stress disorder

SSMPA - Same Sex Marriage (Prohibition) Act

STIs – sexually transmitted infections

About the Bisi Alimi Foundation

The Bisi Alimi Foundation is a diaspora initiative that aims to change the hearts and minds of Nigerians and accelerate social acceptance of Lesbian, Gay, Bisexual and Transsexual (LGBT) people. We pursue change through advocacy, research, and media training.

An Introduction From Bisi Alimi, Our Foundation Director



The decision to write this report came from the everyday stories shared with me as an LGBT public figure and activist by Nigerians. Nigerians of all genders, ages and sexualities come to my social media inbox and pour out their heart. They share their fears, their tears, their frustrations and, sometimes, their hopes.

These are stories we don't see everyday. The stories of attempted suicide, homelessness, helplessness, and exploitation are not talked about openly and rarely make the news headlines (at least not sympathetically).

It became imperative that we capture this data, these stories, and create a platform where LGBT people can speak of these issues instead of keeping them hidden. That we use them to inform media coverage, public awareness, and activism.

Since January 2014, when President Goodluck Jonathan signed the SSMPA (Same Sex Marriage Prohibition Act), he opened a door of hate and legalised prejudice. He, with the support from religious organisations, approved; lynchings, jungle justice and other inhuman treatment of LGBT people in Nigeria.

In a country where your sexuality is illegal, it is not safe to be open about yourself. Hiding your sexuality from friends, family and co-workers may be stressful and isolating - yet necessary. It becomes impossible to access things many of us would take for granted - education, work, healthcare, or protection under the law.

As a gay man, who came out in 2004 and had to run away from Nigeria, I know first hand what it means to be an LGBT person living in Nigeria. It is for this reason that Bisi Alimi Foundation commissioned this report, so we could document the stigma, shame and sanctions facing LGBT communities across the country and, often, in the diaspora.

We hope as you read this report you will make a determined decision to join and support us in our bid to accelerate the positive social perception of LGBT people in Nigeria and greater harmony and safety for all LGBT Nigerians within their communities.

There are ideas on how you can be part of this movement indicated throughout the report, with specific calls to action in the 'Next Steps' section at the end of this report.

Bisi Alimi, January 2017.

How we gathered stories from LGBT Nigerians

METHOD

Survey objectives

Our survey sought to:

- assess the mental and physical health of LGBT Nigerians living in Nigeria or the diaspora
- observe understanding and awareness of HIV status, testing, and PrEP
- identify the prevalence of harassment, abuse and violence towards LGBT Nigerians
- assess the understanding of the law as regards homosexuality in Nigeria.

Survey aim

- to collect information about current life experiences of LGBT Nigerians to inform media training and outreach by the Bisi Alimi Foundation and other LGBT organisations and Civil Societies in Nigeria.

Survey development

To ensure the safety and well-being of respondents we wanted a survey that was quick and easy to complete and could be done privately (on smartphones or computers). The final version of the survey included questions from a number of pre-existing questionnaires on LGBT health, rights and well-being¹⁻⁶. It included 63 questions, took around 20-30 minutes to complete, and covered six key areas - physical and mental health; public perceptions and reactions to gender identities and sexualities; harassment and violence; daily life experiences; law and legal issues; and demographic information.

Inclusion Criteria	Exclusion Criteria
People aged 18 and over who identified as LGBT+; who were born in Nigeria and currently living there, or Nigerians who had been living in the diaspora for under 10 years; and could complete an online survey in English.	People aged under 18; who were heterosexual; were not Nigerian, or were Nigerian but had not lived in the country for more than 10 years; who were not able to access an online survey; or did not read English proficiently.

Piloting and data collection

The survey was piloted on a representative sub-sample of 30 respondents over three phases between January and April 2016 to assess legibility, accessibility, and comprehension. The survey was open to respondents from May to July 2016.

Sampling

We used a snowball sampling technique⁷, asking respondents to invite others they know to complete the survey. We further promoted the survey widely across social media (including blogs, emails, Twitter, Facebook and Instagram); through LGBT groups focusing on Nigeria or Nigerians resident in the diaspora; and via charities, NGOs, support organisations, and prominent journalists working in the LGBT media.

Ethics

Respondents were informed at the start of the survey consent would be assumed by their completion of the questions, and answers would be anonymised and kept confidential (to that end all respondents cited in this report have been anonymised or given pseudonyms, and specific details of age and location have been minimised). No individually identifying information (emails, addresses etc.) was requested. All respondents were told they could stop completing the survey at any time without it compromising them in any way, and without having to provide a reason. We followed ethical guidance from the Social Research Association (2003) and the Association of Internet Researchers (2012). We acknowledged completing the survey could be cathartic and helpful for respondents, or potentially distressing. We included details of support services for LGBT Nigerians (in and outside Nigeria) at the start and end of the survey, along with a dedicated email where respondents could ask for further information and support (see <http://www.bisialimifoundation.org/further-support>). Respondents were made aware through the survey title, use of logos and correspondence address as well as introduction to the research that the survey was being run by and for the Bisi Alimi Foundation.

446 people aged 18-65 (median age 27.40) completed the questionnaire. The majority were resident in Nigeria, lived in cities, were working or studying full time, and were educated to college level or higher. More gay men responded than bisexuals, lesbians, Transgender and queer people. A breakdown of participant demographics is on the next page.

Analysis

We offer mainly descriptive analysis within this report to illustrate similarities and differences in respondents' answers, with other tests (Chi-squared, correlations and regression analysis) used to further explore the quantitative data, and thematic analysis used to identify emerging stories in the open-ended/free text questions.

		Frequency	%
Age	18 – 24	157	36
	25 – 34	225	51
	35 – 44	41	9
	45 – 54	12	2
	55 – 64	2	.5
	65+	2	.5
Current place of residence	In Nigeria	362	85
	Outside Nigeria	64	15
	City	188	79
	Suburbs	14	6
	Town	22	9
	Village	5	2
Gender	Woman	103	24
	Man	300	70
	Trans Woman	6	1
	Trans Man	4	1
	Genderqueer/ nonconforming	13	3
	Intersex	2	.5
Sexuality	Gay	207	48
	Bisexual	117	27
	Lesbian	63	14
	Queer	24	6
	Other	19	4
Relationship status	Single	136	57
	Dating	68	29
	Cohabiting	12	5
	Separated	3	1
	Engaged	6	3
	Married	9	4
	Divorced	3	1
Work Status	Working full time	85	36
	Working part time	30	13
	On sick leave	1	.4
	Unemployed	33	14
	Voluntary/unpaid work	10	4
	Student	56	24
	Carer/parent	2	.8
	Other	20	8
Level of education	Primary	1	.4
	Secondary	21	9
	Post-secondary (not college)	12	5
	College/University/Higher education	196	85

Femi's Story

Femi is a gay man aged 25-34, living in Nigeria. This is what he told us....

"These are hard times. I feel more depressed than ever. The most annoying is the rumour my colleague at work told me just three days ago... that every[one] in my community believes I use pampers [diapers] cos am gay. The belief is that I have incontinence. And I have caught people staring at me trying to confirm that. I am popular in this local community and I will be moving as soon as [I can].... I have contacted a police inspector who is helping me. He has however solicited I have sex with him before he could help me. Despite telling him, I am not in the mood.

Hook up sites ... have become dangerous places for LGBT people cos we have men there luring men into traps. God help us. My friend couldn't seek treatment for HIV cos of his sexuality, even though it is not a routine that we ask for sexual orientation at HIV clinics. The problem was that he was asked how he contracted a disease despite not having a girlfriend. And the guy told them he has slept with men and that was it. Anytime he goes to the clinic, it's either he gets the bad eye treatment from everyone or he's delayed unnecessarily. My friend died at a ... church because his parents never believed he could have HIV. They were like he was never with a girl. How could he have contracted the disease? He confessed to sleeping with men at the church when the pastor insisted that his illness was an affliction from God. All of his friends including me deserted him cos we didn't want to be identified with him. His mother lynched one of his friends and even got one other boyarrested for corrupting her son. And that was how everyone gave [my friend] a distance.

As for me, my greatest challenge is the pressure of society on me to get married. First, I am HIV positive.... [but] I have scaled thru and am well. I am under obligation to marry a girl from within mysect, not just any[one] oh. I have HIV, a status I'm obliged to disclose if I have any plans. I don't disclose my HIV status to anyone but I always have protected sex. I may be negligent with PEP during [the past]... I am not so sure of my source of infection, because I always play safe. I have thought of all manners of escaping the problem including migrations... Just do not have concrete plans yet. And I do not have trusted people I could sit down and discuss this with. I mean people who know my situation first hand, understand and believe in me".

Health, Well-being and HIV

There are many clinicians, charities and NGOs working hard in Nigeria to improve public health, often in difficult situations where legal constraints collide with multiple pressing needs and limited budgets; against a backdrop of a poorly maintained health infrastructure, widespread industrial action and lack of support for healthcare providers. Within this context

accessing healthcare is difficult for all Nigerians and currently there are demands from health agencies for universal health coverage, noting healthcare for LGBT Nigerians requires significant improvement^{8,9}. Where care does exist, LGBT Nigerians may encounter staff that are poorly prepared to attend to their needs and who it may not be safe to disclose personal details to.

The links between physical health, mental health and sexuality have been well documented¹⁰⁻¹⁸. LGBT people are more likely to struggle to access basic physical healthcare services¹⁹⁻²⁰, encounter prejudice from health care providers²¹⁻²³, and be refused healthcare on the basis of their sexuality or gender, despite this contravening the 2014 HIV/AIDS Anti-Discrimination Act⁸. Intersections of legal restrictions²⁴⁻²⁵, poverty, location, education and disability may further affect what healthcare can be obtained or afforded^{9,18,26} and in particular can have a negative impact on overall well-being and pre-existing health conditions. While HIV is often the focus for LGBT healthcare in Nigeria, given the second most common cause of death is HIV-related²⁷, accessing HIV services may be difficult or impossible due to cost, transportation or availability^{9,19,23}. Other disabilities or chronic diseases may be ignored²⁶ and equally difficult to get appropriate care for²³.

Social and cultural factors also play a part in LGBT well being. Stigma, family rejection, community exclusion and isolation are common^{20,28-29} while the stress of hiding one's sexuality cannot be underestimated¹⁴. Unsurprisingly, alongside poor mental health and lack of social support for physical and mental health problems, risk-taking behaviour, substance abuse, self-harm and suicide is higher in Nigerian LGBT populations, particularly for those who are HIV positive^{9,28,30-31}, with resulting reported lower quality of life^{9,31}. Selling sex³²⁻³³ may be a means of supporting oneself, but brings with it additional risks of internalised homophobia, violence, abuse, coercion and exposure to STIs³⁴ with Transgender people particularly vulnerable to associated harms.

Moreover, the risks of physical abuse, rape and sexual assault may produce multiple jeopardies of people being traumatised through violence but afraid to seek help due to fears of their sexuality being discovered or further maltreatment from health or law enforcement services²⁴. A lack of appropriate treatment could lead to anxiety, depression and PTSD; an increased risks of contracting STIs that are not treated (including HIV); plus for lesbians, bisexual women and some Trans and Intersex people, risks of unplanned and/or unwanted pregnancies²¹ that may be especially difficult to manage in a country where abortion is illegal except for cases where the mother's life is deemed at immediate risk.

Global research on mental health for LGBT people suggests higher levels of anxiety, depression, or other mental illnesses than in straight populations^{10,14}. Lesbian³⁵, bisexual³⁶ and Transgender people³⁷⁻³⁹ in particular have been noted to have poor mental health and higher rates of suicide and self-harm. Globally physical and mental health problems remain an issue^{8,9,14} and Nigeria is no exception with 6.2% of the burden of disease in the country coming from mental health disorders^{27,40}. However the provision and availability of mental health services remains low, while the demand for mental health services far exceeds availability^{19,26} and with the exception of NGO and charity provision, dedicated services for LGBT people are largely absent. Without a healthcare workforce that is trained, supported and supervised to

welcome diverse patients, LGBT Nigerians may find either services are not open to them, or encounter harsh, stigmatising or shaming treatment from existing services⁸, even, on occasion, refusal to provide care that is theirs by right¹⁹. Laws against homosexuality both reinforce and maintain limits to caregiving²⁴. This is made more complicated where community activism and intolerance has included harassing, arresting and abusing healthcare staff, NGOs and charities that are attempting to offer inclusive care and support^{8,24}.

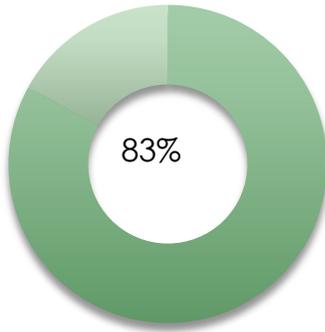
Previous studies indicate the prevalence of depression within Nigerian LGBT populations is higher than straight populations, partly due to cultural and legal repressions, and partly due to difficulties in accessing dedicated LGBT physical and mental health services. Those who are younger; who have higher levels of internalized Homo/Bi/Transphobia; with an HIV positive diagnosis; lesbians and bisexual women; are more likely to be depressed⁴¹⁻⁴².

Services for men who have sex with men are generally situated within HIV services, meaning other physical health care, health promotion or prevention services (for example smoking cessation clinics, or general practice)²⁶ may not be accessible to gay men, bisexual men or other MSMs that may not feel safe or welcome. With forced marriage and childbearing being an issue for some lesbian, bisexual and Intersex women or Trans men; there is currently no scope for sensitive services for addressing miscarriage, ante and postnatal care – nor support for LGBT people who may want to have children of their own. Overall services for lesbians, bisexual and Transgender people tend to be fewer than for men^{21,35}. Opportunities for straight Nigerian women to enjoy sexuality is often limited by patriarchal values and negative attitudes towards female desire⁴³. For lesbian and bisexual women this is more acute, the language of pleasure and desire is largely absent, and where it exists may be furtive and shameful. Indeed for all LGBT Nigerians, learning about enjoying relationships and how to negotiate these safely is difficult to achieve within a cultural and legal landscape where school based education, the media, health and social care and the law all present dominant messages of diverse genders and sexualities being linked with dishonour, disease and danger.

Frequently forgotten in all conversations of mental and physical health, disabled LGBT people in Nigeria may struggle with physical access to transport or buildings^{8-9,24}; a lack of interpreters within healthcare completely excludes those who are deaf or hard of hearing, visually impaired, or who sign. Negative cultural attitudes and beliefs about disability; and additional stigma from the LGBT community towards disability; can create inaccessible and unwelcoming environments that increase low self-esteem, self-hatred and self-harm. Which then, in turn, lead to feelings of abandonment, isolation, and increase the risks of abuse and exploitation.

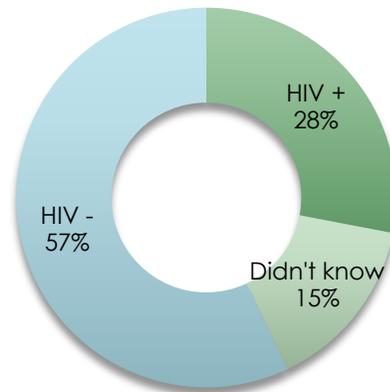
Physical Health

Most of the respondents to our survey reported few physical health problems. However, of those who did describe additional health needs these included eye and dental problems, hypertension and heart disease, allergies, tuberculosis, malaria, sickle cell anaemia, and asthma. Many of these conditions would require regular and on-going medical care that may be difficult to obtain if people feel unsafe visiting health services because of their sexuality and/or gender identity.



.....of respondents had tested for HIV

percentage of respondents that knew their HIV status....



Of the respondents that were HIV positive, 79 were receiving treatment, but it is worth noting most of the people in this group were men who were residing outside Nigeria.

Additional reported STIs (excluding HIV) included HPV, genital warts, Hepatitis B and thrush. Three lesbian respondents were seeking or undergoing fertility treatment, while two more bisexual women were receiving care for other gynaecological problems. Given the focus on HIV care it may be other STIs are not focused upon to the same degree. And given the lack of specialised care for lesbians, bisexual women, and Transgender people it may be fertility needs and gynaecological problems (including regular smear tests) may not be available nor considered relevant.

Mental Health

We measured life satisfaction on a ten point scale where 1 was 'very dissatisfied' and 10 was 'very satisfied'. Descriptive comparisons of the mean scores reveal, unsurprisingly, LGBT people living outside Nigeria (Mean 7.06, SD 2.39) score higher for life satisfaction than those living in Nigeria (Mean 4.96, SD3.22). Similar results were noted for respondents' psychological distress (K6 scores¹, where the higher the score towards a possible total of 24 indicates worsening mental well-being and a positive K6 score indicating distress, is observed in those scoring 10 or higher). Those living in Nigeria (Mean 15.7, SD 5.5) had higher K6 scores than those living in the diaspora (Mean 14.5, SD 6.2). Further comparison of life satisfaction means by sexuality, indicated lesbians scored highest (Mean 6.02, SD 3.43) compared with a 5.37 (SD 3.29) or bisexuals and 5.10 (SD 2.98) for gay men. This differs from other, aforementioned studies, where lesbian and bisexual respondents usually score lower for satisfaction and well-being than gay

men. However, it may be the greater surveillance and pressure on gay men in Nigeria that leads to their reduced life satisfaction scores as compared with other country settings. Respondents who defined as queer had higher K6 scores (Mean 17.4, SD 5.8) than those who were lesbian (Mean 15.7, SD 5.9) bisexual (15.3, SD 5.6) or gay (Mean 15.3, SD 5.4).

As the correlation matrix on the next page indicates, we found a strong inverse correlation ($r = -0.452$, $p < 0.01$) between Life Satisfaction and Psychological Distress, where reduced life satisfaction was associated with greater mental ill health. Psychological distress also correlated significantly with internalised homophobia and experiences of discrimination.

Meaning the more discrimination a person faces the more they will direct this hate inwards upon themselves and, in turn, the more mentally distressed they become.

A further regression analysis using 'outness' (the degree to which a person felt able to be open about their sexuality to others), Experiences of Discrimination and Internalised Homophobia, produced a model that with a R of 0.477, and an adjusted R Square of 0.211. This allows us to account for 21.1% of the variance in psychological distress (K6 scores) from these three variables.

Meaning the more out about their sexuality or gender identity someone is, predictably - given the situation in Nigeria - the more negative Homo/Bi/Transphobic reactions they may get. This increases their likelihood to both internalise self-hatred and become mentally distressed.

While it is concerning to note the impact of Homo/Bi/Transphobia on well-being, this permits us and other agencies to put interventions in place that help people address and try to overcome internalised hatred, alongside psychological resilience training to help people better cope with experiences of discrimination. The situation in Nigeria is unlikely to alter quickly, but there is scope to help people understand their gender and/or sexuality better, to feel more positively about themselves, and to find routes to self-care and support online that allows them to live in more comfortable and less mentally self-destructive ways.

Barriers to accessing healthcare

The cost, distance, opening hours, and transport issues all made a difference to whether participants were able to access healthcare facilities. Only 22% ($n = 76$) of respondents who had physical health problems actually saw a doctor, while 45% ($n = 157$) with physical health problems did not seek medical care, and 4% ($n = 15$) stated there was no doctor available. In addition, as shown in the bar charts below, the biggest concerns participants reported were about the attitudes of staff resulting in many respondents feeling unable to trust healthcare providers.

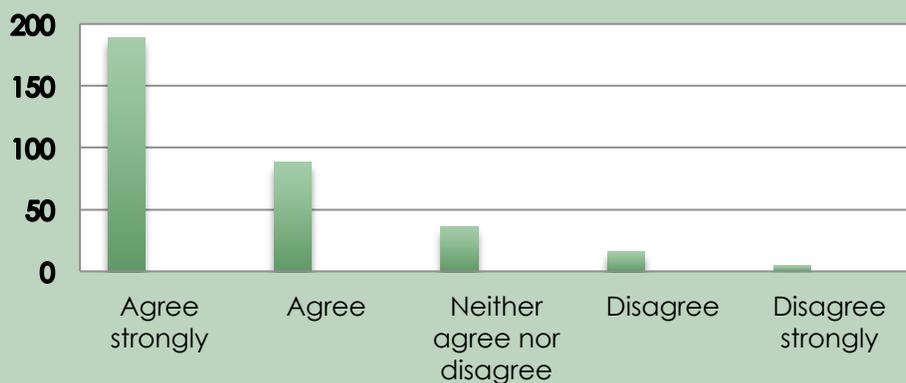
Correlation Matrix for Life Satisfaction, Distress, Internalised Homophobia, and Experiences of Abuse

		Life Satisfaction	Psychological Distress (K6)	Experiences of Homophobia	LGBT Affirmative Experiences	Experiences of Discrimination	Internalised Homophobia
Life Satisfaction	Pearson Correlation	1	-.452**	.000	.077	-.112	-.292**
	Sig. (2-tailed)		.000	.997	.210	.138	.000
	N	336	317	265	265	178	237
Psychological Distress (K6)	Pearson Correlation	-.452**	1	.072	-.052	.312**	.298**
	Sig. (2-tailed)	.000		.246	.409	.000	.000
	N	317	325	258	258	175	235
Experiences of Homophobia	Pearson Correlation	.000	.072	1	.030	.017	.128*
	Sig. (2-tailed)	.997	.246		.622	.822	.047
	N	265	258	272	268	178	240
LGBT Affirmative Experiences	Pearson Correlation	.077	-.052	.030	1	.117	-.162*
	Sig. (2-tailed)	.210	.409	.622		.118	.012
	N	265	258	268	271	178	241
Experiences of Discrimination	Pearson Correlation	-.112	.312**	.017	.117	1	.105
	Sig. (2-tailed)	.138	.000	.822	.118		.182
	N	178	175	178	178	181	164
Internalised Homophobia	Pearson Correlation	-.292**	.298**	.128*	-.162*	.105	1
	Sig. (2-tailed)	.000	.000	.047	.012	.182	
	N	237	235	240	241	164	243

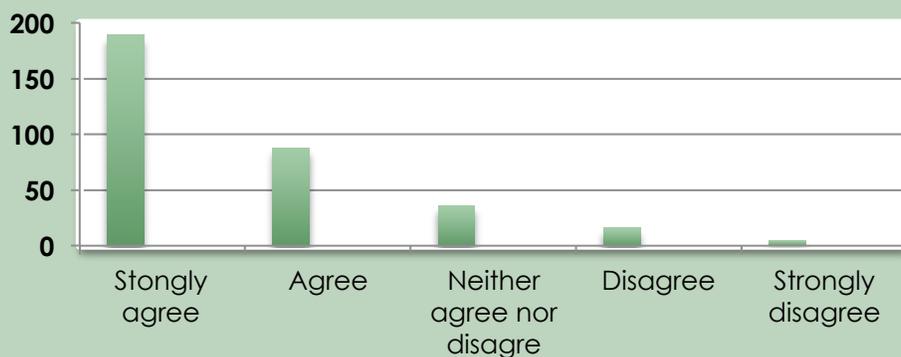
** . Correlation is significant at the 0.01 level (2-tailed)

* . Correlation is significant at the 0.05 level (2-tailed)

Doctors and nurses will treat me differently because of my gender identity or sexuality...



Not enough doctors and nurses are adequately trained to care for Nigerian people that are LGBT



The reservations shown in the bar charts were not without good reason. Of those who responded to our survey 12% (n=47) respondents were told their health problems were their own fault, 12% (n=44) had experienced verbal abuse from doctors or nurses, and 7% (n=27) had been treated in a physically rough manner by healthcare staff. These abuses directly contravene the Constitution of the World Health Organisation (2006) and the United Nations General Assembly, Universal Declaration of Human Rights (1948). Cultural attitudes, the SSMPA, a lack of healthcare staff training, supervision and awareness can be blamed for these experiences; but none excuse poor and abusive care in what should be a safe and healing environment.

Respondents noted ways in which health provision was currently inadequate, or could be improved:

“Health care providers must be trained to handle issues concerning the lgbti” (Gay Man Living in Nigeria aged 35-44).

“we just need good legal representation for lgbt people in Nigeria, right now, we don't know who to contact when issues arise, [PrEP]...and anti retroviral drugs are difficult to get, you can't tell your doctor about your sexuality so getting the right care is difficult, plus stigmatization of gay and hiv positive people, the present Nigerian situation is designed to kill gay people” (Gay man living in Nigeria aged 25-34).

“there's no way to know if you'll be denied a service because of your sexuality when the service provider doesn't know what your sexuality really is or assumes you're straight” (Gay man living in Nigeria aged 18-24).

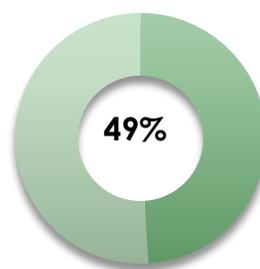
16% (n=52) respondents believed they had been refused services because of their sexuality and crucially, the lack of confidentiality within services meant people either would not go there or failed to return:

“The issue of confidentiality in our healthcare system is extremely porous” (Gay Man living in Nigeria, aged 25-34).

“I will also stay away from hospitals/NGOs that should care for us. They are just a gang of gossips with no confidentiality and they also give really bad i-am-better-than-you kind of vibe” (Gay man living in Nigeria aged 25-34).

In addition to questions about healthcare, we asked participants if they had heard of PrEP and could explain what it was. Only half said they knew about PrEP.

Of those who claimed to know what PrEP was, only 29% (n=96) were able to go on to describe it correctly, raising issues about awareness and sexual health care. Several respondents also noted that being aware of PrEP was relatively pointless if they had no access to it anyway.



....of respondents had heard of PrEP

Recommendations about mental and physical health for LGBT Nigerians

1. Health services in Nigeria are currently neither set up nor supported to provide sympathetic, accessible, affordable, appropriate and timely care to the country as a whole and specifically to diverse LGBT patient groups. More support is needed for NGOs, charities and organisations already working in Nigeria to train, supervise and protect healthcare staff to work in effective and evidence based ways with no patient left out on the basis of their sexuality, gender identity or disability.

2. Legal restrictions, stigma and negative stereotypes result in LGBT people hiding their sexuality, a highly stressful situation that is more likely to lead to internalized Homo/Bi/Transphobia and hyper-vigilance, and in turn impact on mental health while preventing people from being candid with healthcare providers.
3. Where health services exist these tend to be focused more towards the needs of gay men and MSMs; with a focus on HIV prevention, testing and treatment. Supporting and increasing services that cater to wider health needs (not just HIV) and the specific needs of lesbians, bisexual women, Transgendered and disabled people not only fits within the UN's Sustainable Development Goals (2016) but also enables currently excluded groups to be better supported.
4. The media can offer health information for LGBT people that may be absent elsewhere including when/where to seek health care; self-care; what to do if there is no doctor; and positive accounts about LGBT lives, relationships, and sexual pleasure.
5. Many Nigerians rely on online content to inform their mental and physical health, but much of this focuses on uncritical, Western-focused coverage. Creating content that specifically addresses the mental and physical well-being of Nigerians is vital, as is signposting to existing, trustworthy services where help can be safely accessed.
6. To that end, designing accessible media and technological interventions for increasing psychological resilience, mental health and self-esteem would be an effective way of letting people care for themselves and avoid internalising self-hatred as a consequence of Homo/Bi/Transphobic abuse.
7. Peer-to-peer support, advocacy and advice can also be powerful both in terms of sharing accurate information, and allowing people to feel less isolated^{35,44}. Using articles on mainstream and social media to share information, resources, tools, weblinks and details of events can all help Nigerian LGBT people feel connected, particularly young people and those who are more isolated due to gender, disability and/or geography⁴⁵.

Discrimination, Harassment and Abuse

Discrimination, harassment and abuse of LGBT groups is well documented^{8,45-55}. It is therefore of no surprise that someone who differs from culturally stereotypical gender and sexual identities will be subject to hate-based violence (violence motivated by prejudice, including assaults motivated by Homo/Bi/Transphobia), and stigma. Homo/Bi/Transphobia is common in Sub-Saharan Africa, as legislations criminalizing same-sex relationships encourage Homo/Bi/Transphobic attitudes and abusive behaviour^{24,56-57}.

Colonial legacies, conservative Christian and Islamic movements, delayed development and resistance to globalisation^{46,58} are often accompanied by state endorsed stigma: anti-gay rhetoric from politicians and religious leaders claiming that same-sex relationships are alien to Africa plays a big role in the spread of Homo/Bi/Transphobia⁵⁹⁻⁶².

Habibah's Story

Habibah is a Lesbian living in Nigeria aged 25-34. She had this to say about her recent life experiences...

"Out of family pressure, I was pushed to marry a guy. I dated him for almost two years without sex because am not [emotionally] or sexually attracted to him. We got married...Night of the wedding I wasn't really prepared so he practically forced himself on me, even when I was amidst tears he didn't stop....

[Some time] after the wedding I told him I was going [out]. On my way home I sent him a message that I am on my way. When I got home he wasn't home, I called him [several times] yet he didn't pick [up], I waited til 8.30pm. I went to my friends house around. So he called me like to 10pm telling me to come home or I should neva (sic) come again without him apologising. So he now sent me a message if I know a [particular woman] which happen to be my ex who claim she's straight now. I said yes, so he said she told him everything about me. I said like wah, he didn't say anything. So I went home immediately I got home he started shouting n beating me. I was screaming nobody came to my aid....He left me and pushed me out at almost midnight with my load.

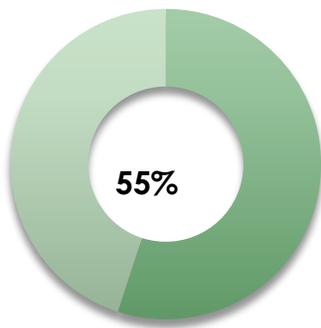
So I said as I was leaving that am going to report him to the police for domestic violence, he told me to go that he will tell them am a bloody lesbian. With his neighbours outside he was shouting after me "useless gay woman!". My parent tried forcing me back [but] I ran away. Right now [I] am squatting with a friend and no job. My credentials and passport are with my mum and she said she won't release it until I go back to my marriage. That I am possessed. Instead of me to get married that I decided to be a lesbian".

Interestingly, this does not mean that same-sex relations are not practiced in this region. On the contrary, several studies have documented that same-sex practices and diverse understanding of sexual identity are embedded in society and the African sexual landscape^{58-59,63}.

As mentioned in the previous section, existing findings suggest that LGBT mental and physical health are worse than straight populations. Additional threats of, or actual violence, and discrimination (both physical and verbal) against LGBT persons have severe psychological effects on an individual, including isolation, anxiety and depression^{48,61-64}.

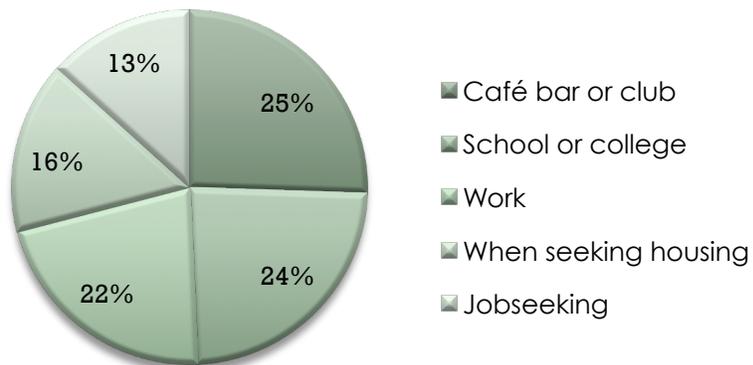
Experiences and prevalence of abuse

Distressingly, yet predictably, and in line with existing evidence, the scale of Homo/Bi/Transphobic harassment, abuse and violence experienced by those who completed our survey was worryingly high; with 71% (n=135) believing the abuse they experienced was due to their gender identity or sexuality.



...of respondents had been **physically or sexually attacked or threatened with violence**, either at home or in the workplace in the past decade

the main places where respondents experienced discrimination and abuse



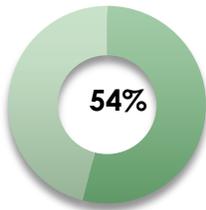
Yet much of this abuse manifested itself in what respondents described as the cultural wallpaper of their daily lives.

"I was bullied a lot in secondary school for being gay after a guy was caught trying to have sex with me..... The bullying continued till I graduated" (Gay man living in Nigeria aged 25-34).

"Attacked because of my sexuality in a nite club in Lagos. Was physically and almost left for dead by a gang of gay people cause I foiled a set-up attempt against me" (Gay man living in Nigeria aged 18-24).

"Well, the experience I had was terrible. I was invited by a guy whom I thought is a LGBT, but getting to his residence, he grabbed me along with his friends who has hide in corners. I was beaten, robbed, but I wasn't raped. All I had was collected [by them] including my shoes" (Gay man living in Nigeria aged 18-24).

"I was [abducted] by a group of boys, severely beaten, injured, threatened with death and public disgrace, locked up for 1 whole Week, outed to my entire family who [were] forced to pay a ransom of 350000 Naria for my release" (Gay man living in Nigeria aged 25-34).



...of respondents had experienced **threats and harassment online**

Given our survey was carried out online it is not surprising participants recorded abuse in both their on and offline worlds. **While online harassment is noted as a growing global problem, this is not, as far as we are aware, something that has been recorded as an issue for LGBT Nigerians before now.** It may be that online LGBT Nigerians feel better able to be open about their sexuality, but, as a consequence, experience more harassment and discrimination in response. Social

media also created unique situations where people could discreetly hook up for romance or sex, but also meant they had little knowledge of whom they would be meeting:

"I met a guy on social media and we decided to hook up at his place. On getting to his place about 3 other guys showed up and threatened to take me to the police station... I was beaten and all the cash with me was collected by [these] hoodlums. Thereafter I was raped" (Gay man living in Nigeria aged 25-34).

"I was set up and kidnapped. Was taken to a bush, robbed and threatened. I have been living in fear ever since" (Gay man living in Nigeria aged 25-34).

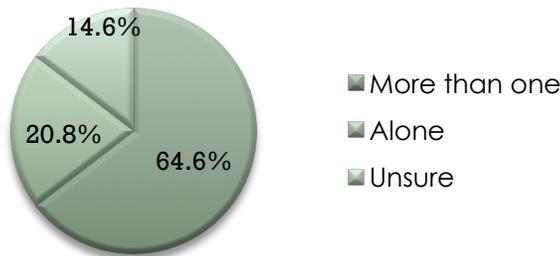
"Social media threats almost lead to rape, Mum threats after she found out about my sexuality still going through that! She was ready to strip me naked, can't get over her threats talk "if i found out you are a lesbian i will kill you myself" [I am outside Nigeria] now i feel safe but when i think about the things she said and what i know she's capable of doing i get scared!!! A friend

of mine outed me to her i was about telling her but too late my friend was fast enough, the first thing she said was "I knew she's going to be gay cos she got all the qualities of been Gay" i went through a lot last year...it was hell for me i almost killed myself tho she knows how to push me to that extent! Lesbian women are going through a lot but very hidden and under the closet cos we [believe] we are women and we have no choice but to end up in a man's bed... Silly talk!!!" (Lesbian living outside Nigeria aged 25-34).

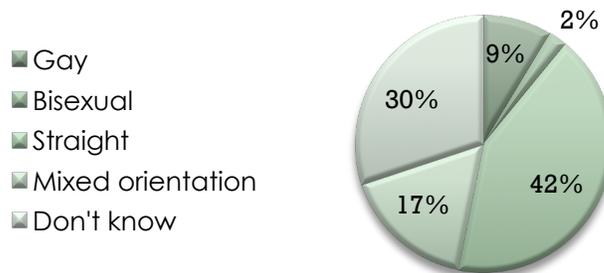
"A guy goes on[line] and invites mostly young gay boys to a place, usually rented apartment. He gets them naked and in a sexual mood then immediately his friend comes in, they take naked pictures of you and threaten to send to your family members and friends. They do away with phone money and any property that you unluckily went to their place with. This has happened to me and like 5 other people I know" (Gay man living in Nigeria aged 18-24).

As the pie charts below indicate, the most common perpetrators of Homo/Bi/Transphobic abuse are straight men, commonly acting in groups. 'Abuse' included physical or verbal attacks, or both.

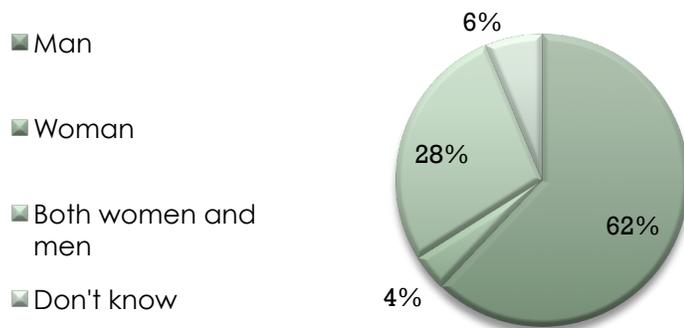
Was the perpetrator (abuser) alone or was there more than one perpetrator?



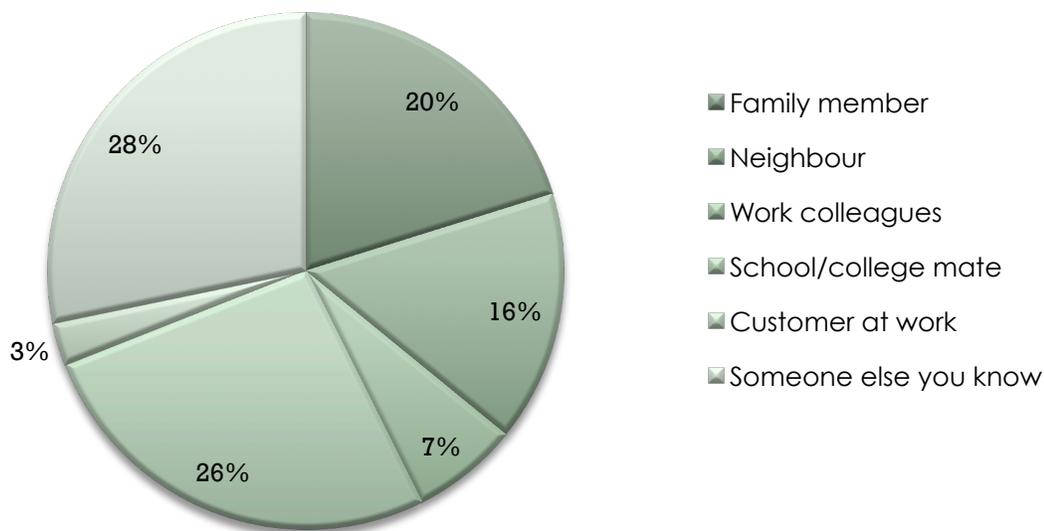
respondents thought the perpetrators were.....



What was the gender of the perpetrators, were they...



Respondents told us usually they knew those harming them - they were friends, family members, work colleagues or fellow classmates.



"I travelled to my home town with my girlfriend some years ago. One day we were at home making out we might have forgotten to lock the door. So a neighbour [burst] in and caught us in the act. They're two guys they hit us with belt and even threatened expose us to the public if we don't comply with them. They ended up forcing us to have sex with them" (Lesbian living in Nigeria aged 25-34).

"I've had to deal with physical, emotional and verbal abuse from family. So bad I've incurred wounds and scars from it. I've been made to be beaten up by my younger sibling and been threatened by my father to take my life (which he said he will take delight in doing). I've shrunk into my shells for fear of coming out or being found out. Depression has become the order of

the day and suicide sometimes seems like the best way out. I've struggled with self-esteem issues" (Queer person living in Nigeria aged 25-34).

"Was raped by 6 men because we are lesbians and the landlord organised the boys to rape us because he find as kissing and knew we were couple living together" (Lesbian living outside Nigeria aged 25-34).

Police violence and harassment was also noted, either when people were being questioned or arrested, or if trying to seek help following a Homo/Bi/Transphobic attack.

"I was seriously harassed by a police officer of which I was locked up in cells for more than 2 weeks and I was denied access to a lawyer, phone calls and my human rights was being violated" (Trans man living in Nigeria aged 25-34).

"I have been harassed by the police...They threatened taking me to their station and giving me a reason not to smile (the words one of the officers used)" (Gay man living in Nigeria aged 25-34).

"They [the police] stopped me on my way to the bank on account of my being feminine and asked to see my phone so they could browse through its contents. I obliged them" (Gay man living in Nigeria aged 18-24).

"I was set up by a police office I met on a dating app. I never knew he was a police officer. Lured me to a location, got me arrested and detained for days. And exploited financially" (Gay man living in Nigeria aged 25-32).

Perhaps in light of this situation, the majority of those who told us they had been assaulted or abused stated they did not report it. Reasons for this included feeling ashamed 14% (n=63), being scared of Homo/Bi/Transphobic reprisals 12% (n=51), and the belief that nobody would be able to do anything to help 6% (n=29).

We note, in this context, if physical or sexual abuse occurs there is likely to be psychological and physical trauma, quite possibly needing urgent medical care. However, people may not access or trust healthcare services. For those who do report physical or sexual abuse to healthcare staff and receive a negative or hostile reaction, their initial trauma will be compounded and the likelihood of future PTSD greatly increased. Equally, it is not possible to report a physical or sexual assault to the police if you believe that you may be charged with an offence if your sexuality or gender identity were to be discovered. Put bluntly, in spite of high levels of abuse, there are very few safe spaces for LGBT sexual and physical assault survivors in Nigeria at this time.

Self-protection and discretion

When talking about abuse and harassment respondents also noted hiding their sexuality (not always successfully) in order to stay safe. This may also explain the aforementioned difficulties in using health services and the reluctance to report abuse and harassment. Several respondents who indicated in the quantitative answers that they were not out to others further

emphasised how it would be sensible for other LGBT people in Nigeria to stay hidden to avoid harm for themselves and abuse spreading to others in the community:

“most of my responses on based on the fact that I have hidden my sexuality and this has not exposed me to the violence in Nigeria” (Bisexual woman living outside Nigeria aged 35-44)

“I will just say, gay guys in Nigeria should ...Learn to act straight so to stay out of assault or abuse of any kind. That you're gay doesn't mean u should rub it on ur face, as long as u are in Nigeria learn to behave.... That's what is working for me” (Bisexual Man living in Nigeria age 25-34)

“My sexuality is discreet though my mother got to find out from a prayer partner who got a revelation. So I live in fear everyday scared what my dad and siblings would do if they got to find out. Dunno if I could survive it. This is why I wish I was straight, I won't have to live in fear and in a shadow. So I haven't been harassed cos I'm still discreet. I wish things were different....Though I could never come out to my family but I could be free on my own and out of the house” (Gay man living in Nigeria aged 25-34).

“I sometimes feel empty because I can't ever have the life I yearn for. so I have that only in my dreams and bubbles. so it's a constant prayer and wish I wasn't this person I am. I feel like a liar and a cheat everyday of my life” (Bisexual woman living in Nigeria aged 35-44).

“I'm straight acting so people don't even suspect.... That's a whole lot of hard work, it's like fighting [war] u have no idea of” (Bisexual man living in Nigeria aged 25-34).

“I had a party for my daughter and I invited my lesbian and bisexual friends...word got to my work place. I was called and given a stern warning not to let such come up again. I was also stopped from wearing my anklet at work saying it symbolizes being a lesbian. There was another time my mother asked if I was into lesbianism cause my girlfriend was staying with me then. Well I denied it” (Lesbian living in Nigeria aged 35-44).

“please leave us alooone (sic). we don't want to be recognized. Nigeria is a highly religious state. we are better off hiden (sic)” (Bisexual woman living in Nigeria aged 25-34).

These reactions could be read either as a pragmatic means of keeping safe within risky situations, or internalized Homo/Bi/Transphobia, or both. Indeed people's fear of their own sexuality and its discovery are a powerful means of keeping them quiet. Yet if you do not have the space or time to discover more about whom you are interacting with, it makes it impossible to judge risks, vet potential dates or sexual relationships, and act in safe and boundaried ways. This in turn carries additional risks for mental and physical well-being and personal safety.

Recommendations to address the discrimination, harassment and abuse of LGBT Nigerians

1. Harassment and physical, verbal, financial or sexual abuse is common, and may come from anyone in an LGBT person's kinship group or community. Noting how widespread

abuse is, and how it impacts upon human rights and mental and physical health, **it is a national emergency requiring recognition and condemnation from the international community.**

2. Abuse may happen at college, work or in health settings. LGBT friendly study, work and health environments could greatly help people feel open and safe in all areas of their lives.
3. Since LGBT people do not feel safe reporting to the police, they may be more likely to approach an NGO or charity if they are in difficulty. Supporting charities and NGOs to manage this effectively remains a priority. In particular to enable them to work swiftly, confidentially and appropriately with survivors of sexual and/or physical assault who may have multiple and complex care needs.
4. Staying hidden does not mean LGBT people are not there. Sharing information on sexualities and genders and how to stay safe in unsafe places is vital and can be delivered on or offline, by the media, NGOs, charities, and in healthcare settings.

Rights and the Law

Same Sex Marriage (Prohibition) Act (SSMPA)

Nigeria, along with many other African countries, views homosexuality as an act of sin and 'against nature'. Such notions do not, however, coincide with the historical evidence of same-sex sexuality in the African continent. Gross indecency laws emerged during the colonial era, when many African states adopted the so-called 'sodomy' laws inherited from legacy of British colonial jurisprudence⁶⁶⁻⁶⁷. Due to a strong presence of Christianity and Islam, people turn to traditionalist views and disagree with the idea of any other relationship than one between a woman and a man (noting certain additional exceptions and gendered inequities where it is culturally condoned for men to have sex before and outside marriage, but not so for women). Strong views, held for generations are extremely difficult to challenge and change. There are many factors that cause a nation to become Homo/Bi/Transphobic including legacy of colonialism, religious beliefs, cultural traditions, propaganda from abroad, or even rejection of Western dominance^{46,58}.

Nigeria's Same Sex Marriage (Prohibition) Act (2014) criminalises people who are LGBT, memberships in gay-affirming organisations and LGBT supporters. Additionally, there is no legal protection against discrimination on the grounds of sexual orientation and gender identity. In the northern parts of Nigeria, where Shari'a law has been adopted, the punishment for homosexual activity is death by stoning. Even though the Constitution of the Federal Republic of Nigeria (1999) guarantees equal rights for all citizens without discrimination, there is no existing legislation in place ensuring protection from discrimination based on sexual orientation and gender identity. This results in an extremely hostile environment for the LGBT community.

International Law

Nigeria has domestic, regional and international legal obligations to: prohibit discrimination; ensure equal protection of the law; protect the right to health care, respect the rights to freedom of association, expression and assembly; respect the right to privacy; prevent

arbitrary arrests and torture or any other cruel, degrading, and/or inhuman treatment; and exercise due diligence in protecting persons, including LGBT individuals, from all forms of violence, whether perpetrated by state or non-state actors (see also United Nations High Commissioner for Human Rights, 2012). As the previous sections of this report indicate, with regards to LGBT people these obligations are neither heeded nor upheld.

Article 1 of the Universal Declaration of Human Rights (UNDHR) states that “*all human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood*” (UNDHR, 1948). Additionally, the basic tenets of the Nigerian Constitution on Human Peoples’ Rights (African Charter 1981, 1986), the International Covenant on Economic, Social and Cultural Rights (ICESCR 1966, 1976), and the International Covenant on Civil and Political Rights (ICCPR 1966, 1976) are also violated.

Somadina’s Story

Somadina is a queer, gender nonconforming person aged 18-24 who lives in Nigeria. This is what they wanted you to know about their life and the current situation for other LGBT people...

“So far, it has been uneasy for the LGBT people of this country, not excluding me. The law of this country would have saved a lot of us, but instead, left us dying in the pit. It so sad how this country is so adverse and unintelligent about sexual orientation. It is so unequal!

I had gone through quite a lot of hard times, beginning from my family (parents, extended family, brother), friends, acquaintances, and many more. They make my sexuality look so shameful. They made, and still make me cry. I feel so hopeless for our community in this country. There is nobody to run to.

The law of this country has made mass of different belief prejudice us, and take law into their hands by doing jungle justice. I had been harassed. I was told I was prone to die early if I were gay. I was told God has put his wrath on gay people.

It was a tough thing that I grew up with. It was psychological, and still is. A pain that causes my heart to fall apart. Insecurities everywhere. Being girly, and walking on the streets, is like a kitten walking on a Lion's den. I try to be careful when walking. I give myself caution when walking. Nobody can predict the unseen”.

Given how the SSMPA affects the lives of LGBT Nigerians, we wanted to know how much awareness respondents to our survey had of the law. The majority of respondents correctly stated the following statements were true:

- Up to 14 years imprisonment for anyone who enters into a same sex marriage contract or civil union. For the purposes of the Act a 'civil union' covers co-habiting relationships between partners of the same sex.
- Up to 10 years imprisonment for anyone who witnesses or supports a same-sex wedding.
- Up to 10 years imprisonment for anyone who "registers, operates or participates in gay clubs, societies and organisations".
- Up to 10 years imprisonment for "direct or indirect" public displays of affection for same-sex couples.

This indicated most respondents had a good understanding of the basic offences and penalties under the law. However, they were generally less aware it also applied to non-LGBT supporters. A Chi-Squared test comparing those living in and outside Nigeria and their belief about the SSMPA only applying to LGBT people revealed respondents living in Nigeria 57% (n=112) were significantly ($p<.05$) more likely than those living outside Nigeria (40%, n=16) to say the law would only affect LGBT people. In reality, the law in Nigeria affects both LGBT people **and** any supporters and defenders (including family, friends, co-workers, journalists, advocates and healthcare providers).

Of the respondents who answered the survey, 15 had been arrested under the SSMPA in the previous 12 months. However, most were not charged and did not end up in court or with prison terms. Instead, as the previous section in the report described, most were subjected to beatings, humiliation and bribery. Suggesting even where the law exists it is not upheld but instead corrupted by public servants who use it as an opportunity to be physically, sexually, and/or financially abusive.

The results from our survey indicate a perfect storm of disadvantages facing LGBT Nigerians. The SSMPA and cultural attitudes enable Homo/Bi/Transphobic attitudes to flourish. It is not safe for LGBT Nigerians within their kinship or community groups. Coming out risks, at best, rejection, attempts to change a person's gender or sexuality, or mocking and humiliation. More seriously banishment; physical, verbal, financial or sexual abuse; or jungle justice may occur. Living in such an environment gives scarce opportunity to view oneself or one's gender identity or sexuality positively, and internalised Homo/Bi/Transphobic beliefs may be inevitable. This, in turn, leads to higher levels of mental distress and a reduced life satisfaction.

Currently LGBT people living in Nigeria are clearly in need of help - yet few safe, accessible, affordable and accepting LGBT spaces exist for them. Unsurprisingly, therefore, many people search for help online, which may reassuringly connect them with others in similar situations, but equally may lead to more abuse. Plus, where information about health or rights is sought

online, much of it is tailored to Western, heterosexual audiences; which leaves LGBT Nigerians without specific rights or health information to directly inform their own lives.

Despite such a bleak outlook, the people who spoke to us remained optimistic that, in talking about their plight, others might listen and something may be done to help them. We asked respondents to let us know what things they strongly/agreed could make life as an LGBT Nigerian easier, and their answers are shown overleaf.

Recommendations about addressing human rights and legal inequalities that affect LGBT Nigerians

1. There are important opportunities for the media, NGOs, charities to educate LGBT Nigerians and their friends and allies about the SSMPA and their rights and well-being under it.
2. Relevant NGOs should take appropriate measures to assist in situations where the state has failed to protect its citizens. This includes, but is not limited to:
 - a. Aid with reporting crimes
 - b. Providing legal aid and shelter to victims
 - c. Educating LGBT people about their rights
 - d. Gathering the international community to challenge the State, thus pushing towards a revision of the law
 - e. Supporting LGBT individuals with access to HIV services, health care, and treatment
 - f. Working closely to support health providers to understand LGBT issues better and offer more effective and empathic care.
3. A Nigerian state-wide assessment is necessary regarding how the law is hurting and harming LGBT people across the following areas:
 - a. Public health systems service delivery in mental and physical health
 - b. Impact on human rights, movement, free expression, and the fundamental principles of the Nigerian constitutions
 - c. Cohesion and peaceful co-existence among Nigerians
 - d. Brain drain and economic impact on Nigeria.
4. Nigeria should follow up on the recommendations urged by the African Commission on Human and Peoples' Rights in 2015 (available via http://www.achpr.org/files/sessions/57th/conc-obs/5th-2011-2014/concluding_observations_nigeria_5th_sr_eng.pdf).
5. The National Human Rights Commission in Nigeria to review the SSMPA and investigate associated complaints of human rights abuses.

84% thought it was important to have *measures implemented in schools to foster respect for LGBT people*

80% believed they would be helped by *anti discrimination policies referring to sexual orientation at the workplace*

83% wanted figures in politics, business, sport or entertainment to *speak openly in support of LGBT people*

85% considered it vital for *national authorities to promote LGBT people*

85% suggested *training of public servants (teachers, police etc.) on rights of LGBT people would reduce Homo/Bi/Transphobia*

75% thought people's lives would improve with the *possibility for LGBT people to marry or have civil partnerships*

80% wanted opportunities for LGBT people to be able to *foster or adopt children*

84% wanted better *acceptance of differences in sexual orientation and gender identity by religious leaders*

84% wanted *same sex relationships/partnerships to be recognized positively (and seen in similar ways to straight relationships)*

Conclusion: What changes are needed?

Living in fear of being imprisoned, attacked or even killed, LGBT people fall into despair and depression. The inability to share the truth of your experience with friends and family puts great pressure on one's well-being.

Our survey uncovered disturbing accounts of coercion, exclusion, exploitation, isolation, abduction, rape, physical violence and detention. We gave many LGBT Nigerians an opportunity to share their experiences and talk freely to us about their struggles. However it is important to realise these were stories of just a few who were not scared to talk about their sexuality on an online survey; there are many more Nigerians who live in their despair alone without having anyone to confide in. It is vital to provide a platform where people feel comfortable and secure, and to offer them support when needed.

1. Future plans for the Bisi Alimi Foundation

Based on the findings from our survey, the Foundation is in a far stronger position to offer bespoke training, outreach and advocacy. This will include:

- Lobbying for a change in the SSMPA.
- Media training for journalists to support them in more accurate, fair and representative coverage of LGBT issues in Nigeria.
- Developing online content addressing the specific mental and physical health needs and rights-based information for LGBT Nigerians (including noting ways new technologies and social media can best deliver these resources). This includes interventions to build and deliver LGBT Nigerian-focused psychological support packages to increase personal resilience.
- Engaging businesses in developing culturally sensitive equality and inclusion based training in Nigeria that will empower them to address issues of gender identity and sexual orientation in the workplace.
- Supporting NGOs, charities, law makers, educators, policy makers, politicians and healthcare providers to work in positive, supportive and non-discriminatory ways with diverse LGBT communities.

2. What can YOU do to help?

One of the key findings from the research was how isolated, lonely and afraid respondents felt. Stereotypes, stigma and legal sanctions all serve to ensure sexuality is hidden and secretive. Fragmented and disenfranchised health workers, and the media and third sector working within a repressive legal situation also serves to stop people speaking out about sexuality in positive ways. A key step all of us can take is to mobilise, to connect together - on or offline - and to share stories of all aspects of diverse sexualities and genders. To that end, can you:

- Support, mentor and speak up for existing services, rewarding good practice in education, the workplace, healthcare or the law. Who do you know who is doing a great job - what help do they need, and how can you give it?
- Create safe spaces on or offline for LGBT people to connect, network, and feel stronger together. While also letting activists, charities, NGOs, journalists and health providers find each other to share good practice.
- Supporting big, medium and small-scale business to create a safe and healthy spaces for LGBT staff to come out. Can you enable companies to set up and run equality and diversity units?
- Challenging legal inequalities and other barriers within healthcare, education, and workplaces. Who is currently being left out? What is keeping them outside services and opportunities that are theirs to access by right? How can you help existing organisations to welcome LGBT people and create more harmonious communities?
- You can also assist with the steps we are taking, as outlined above. Please contact the Bisi Alimi Foundation for updates on events, activities and calls for donations <http://www.bisialimifoundation.org>

A final word from LGBT Nigerians

Running a survey on a sensitive topic is never a cold, static, ivory tower research activity. Instead it is an opportunity for people to reach out and give us unique insights into their lives. This brings with it a number of responsibilities, and key to those is letting people tell us how they want our help. To that end, we leave the final words in our report to our respondents. **This is what they want you to do.....**

“Strong efforts must be made to increase LGBT visibility amongst ordinary Nigerians as well as [showing] the average Nigerian the great strides that are being achieved with regards to LGBT rights in other parts of the world. It is a long and arduous journey ahead and the challenge must be met firmly and with courage and determination” (Gay man living in Nigeria aged 25-34).

“Good job! The closet is really no place I want to stay. Would like to encourage you to continue activism. It's so much relief for me [to know you are asking about LGBT experiences] and I hope as I do what I can that things change real quick over here in Nigeria. Thanks !” (Gay man living in Nigeria aged 25-34).

“I would be glad if it really improved the standard of LGBT in Nigeria, cos we live in HELL!!!” (Gay man living in Nigeria aged 18-24).

“Please help us!” (Bi man living in Nigeria aged 18-24).

Limitations

No study is ever perfect, and trying to collect information from already stigmatised, isolated and disenfranchised groups makes research even harder. However, we feel the data here is robust enough to draw the conclusions we have reported.

We note the numerous documented shortcomings of online surveys about how they exclude participants who do not have good access and connectivity, privacy, and digital skills⁶⁸⁻⁷⁰. Those who struggled with literacy, did not have Internet access, or smartphones, or who could not follow a survey in English (using standardised health and human rights questions and measures of internalised homophobia) were not able to engage in our survey.

Therefore we are not claiming our survey is a wholly representative nor exhaustive study of all LGBT Nigerians resident in Nigeria or the diaspora. Indeed, we note the majority of respondents were well educated, city dwellers, those who were students, in employment, and gay men. People in said groups are often overrepresented in social research generally, and sexuality research specifically. In response to this we view our survey as a snapshot of the experiences of those able to complete an online questionnaire at a particularly point in time, using the quickest and most accessible means available to the Foundation. Because of their relative privilege we posit the needs and experiences of those who completed this survey, while concerning and distressing, may not be as extreme as others the survey did not reach; who may require even more specific support and care than those who are educated, affluent, connected and able to be out about their sexuality (albeit on an anonymised survey). In particular those who are not well educated, poor, disabled, and/or Transgender require far better representation in future projects. We have combined existing evidence with our findings in this report to inform the training of journalists and subsequent media coverage of LGBT issues and will be seeking to amplify the voices of those who are typically left out of research, policy making and media coverage.

The research was run for and promoted by a charity (the Bisi Alimi Foundation) and as such may have attracted participants who were aware of or felt positively towards it. It may also have encouraged more literate, politically aware and confident respondents to take part. While those unfamiliar with, or wary of, the charity may have avoided joining in.

Surveys are an increasingly popular and familiar method of research, and very much part of social media contact with quizzes and tests frequently shared across Facebook, Twitter and mainstream media⁶⁹. We opted to use an online survey for safety, speed, privacy, and familiarity⁶⁸⁻⁷⁰. However, we note that surveys may only capture a limited and quantified aspect of a person's life and would recommend future research build upon our work here, and other existing studies cited in this report, and ask people to share their stories in more depth.

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