



## **L(GBT+)ove Outside The City**

Dena Lamothe<sup>1</sup>

### ***Abstract***

In popular media and academic literature, 2SLGBTQ+ individuals who live in rural environments are often viewed as outcasts, unable to find an intimate partner, leading to living an unfulfilling life. This idea, portrayed by media, has always felt like a trope and not a real indication of how 2SLGBTQ+ individuals who live in rural environments are actually existing. Through my research I hope to understand the real impacts of 2SLGBTQ+ individuals who live in rural environments through understanding how their environment impacts different aspects of their lives. The areas I have researched include access to healthcare and community support while also dealing with the public perceptions of the 2SLGBTQ+ community. These struggles all impact each individual's sense of self, body image and identity for themselves and how they as individuals present themselves to the world. One's ability for a strong presentation of self to the world plays a pivotal role, if and when an individual will engage in an intimate relationship. For my research I looked at various research articles, studies and news articles from all over the world to help create a well-rounded picture as there is not just one story when it comes to rural 2SLGBTQ+ individuals. Through my research I found that although 2SLGBTQ+ individuals do face hardship in accessing supportive healthcare and 2SLGBTQ+ youth do experience bullying in their school environments, not everything is negative. There are significant numbers of the 2SLGBTQ+ adult population who live rurally by choice.

**Keywords:** 2SLGBTQ+, rural, identity, self, healthcare, schools

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MacEwan University, Edmonton, Alberta

## ***Introduction***

When thinking about the 2SLGBTQ+ community, media and research often focuses on the community that lives in urban settings or are trying to escape rural environments. When reviewing the North American context, media and research tends to focus on big cities like New York, San Francisco, and Los Angeles. 2SLGBTQ+ individuals who live outside of urban centres are often portrayed in media and research as having inadequate access to supportive healthcare, the inability to find a supportive community, face harsh public criticism and difficulty finding an intimate partner. In media 2SLGBTQ+ individuals are “portrayed to live rurally are seen as victims of harassment, discrimination or live in the closet” (Conner and Okamura, 2021, p. 2). However, that is not always the case. The number of 2SLGBTQ+ individuals living rurally is so vast that a 2013 report from the Movement Advancement Project “estimates that as many as 5% of the LGBT+ population, or 2.9–3.8 million people, reside in rural America” (Conner and Okamura, 2021, p. 4). Which is no small amount. 2SLGBTQ+ individuals who live in rural settings may struggle to access healthcare and community support while also dealing with the public perceptions of the 2SLGBTQ+ community. These struggles all impact each individual’s sense of self, body image and identity for themselves and how they as individuals present themselves to the world. One’s ability for a strong presentation of self to the world plays a pivotal role if and when an individual will engage in an intimate relationship.

## ***2SLGBTQ+ Individuals Access to Healthcare in Rural North America***

Healthcare can be a hot button issue for all people. The common issue being that there usually is not enough healthcare services for everyone whether you live in a big city, small town or rural. This is to say that access to healthcare is not an issue 2SLGBTQ+ individuals face alone. However, 2SLGBTQ+ individuals can face added barriers because of their sexuality or gender identity. Rural healthcare providers may not have adequate training to support patients with medical concerns such as gender dysphoria, same-sex sexual relations or starting a family through invitro-fertilization or adoption. It is also important to note that intersectionality is heavily at play in 2SLGBTQ+ individuals accessing healthcare as these individuals may have a disability, mental health concerns or experience a race or class disparity in their community. One of the most heavily researched areas involving rural 2SLGBTQ+ individuals is their access to healthcare services with a particular emphasis on mental health access. Numerous studies from across Canada and the United States have focused on different subgroups within the 2SLGBTQ+ community in different rural locations from the American Midwest and east coast to the Canadian North.

Many of the article titles make it clear that there is a disparity in healthcare for 2SLGBTQ+ individuals. Whitehead, Shaver and Stephenson conducted a study on “LGBT individuals residing in rural areas of the United States” which asked participants to complete “a survey examining the relationship between stigma, disclosure and “outness”. The authors titled the article, Outness, Stigma, and Primary Health Care Utilization among Rural LGBT Population which can lead one to believe that significant trauma is happening at the mental, physical, or emotional cost of those accessing care. In their study, Whitehead et al. (2016) writes that their study results

paint a picture of how stigma and outness influence rural LGBT people's utilization of health care, beyond simply insurance status and geographic constraints. Our findings that stigma and outness are both related to utilization of care support the trend of increasing LGBT-health competency among current providers and incorporating these aspects of health care into medical education. By increasing knowledge and by promoting LGBT-inclusion within health care spaces, especially related to transgender health, stigma can be overcome and barriers to optimal primary care utilization can be dismantled. Other areas identified for further study include provider education on creating a safe environment for LGBT patients, patient education on the benefits of disclosure of sexual orientation and/or gender identity, and the relationship between risk factors, chronic disease, and poor prevention behaviors in LGBT populations (Whitehead et al., 2016, p. 9).

Without changes to health care, issues that Whitehead et al. found through conducting their study will continue and may even get worse. In not providing adequate care to 2SLGBTQ+ individuals, this population experiences "high rates of smoking and binge drinking. Self-reported symptoms consistent with depression were highly prevalent in our sample" (Whitehead et al., 2016, p. 9). In particular "for cisgender women, poor mental health may be shaping a lack of access to primary health care or may be a product of a lack of access to health care" (Whitehead et al., 2016, p. 9). Noting that cisgender women having poor mental health is an interesting aspect to note. As cisgender women, they are likely comfortable in their gender identity, which likely means they are not looking for gender affirming mental health care as transgender or gender nonconforming people would be seeking out. Maybe the demographic feels as though their struggles are not worthy of support or maybe the support still is not there for cisgender women who are in non-heteronormative intimate relationships.

In the Canadian context of 2SLGBTQ+ individuals accessing care Henriquez and Ahmad examined "the lived experiences of LGBTQ people utilizing health care services in rural Manitoba". A review of the study's results revealed themes of "stigma and discrimination, judgments and assumptions, gender identities, lack of knowledge, limited access/systemic barriers [and] rural considerations" (Henriquez and Ahmad, 2021, p. 1). The idea of stigma, discrimination, judgements, and assumptions is not new as Whitehead et. al's study found the same conclusion, however Henriquez and Ahmad study took a different approach in interviewing all twelve of their participants. This allowed for more in-depth discussion of the failings these individuals have faced when trying to access supportive care. In order to receive care for gender dysphoria, one study participant "described being asked how they hated themselves, their body, or to say that they had a "mental illness," (Henriquez and Ahmad, 2021, p. 6). The participant continues by saying that the experience "was like really negative for me (crying), just because it was really felt like they were asking me to prove that I was trans or whatever. I felt like I had to prove that I had a disorder 'cause that's what the process is" (Henriquez and Ahmad, 2021, p. 6). 2SLGBTQ+ youth feeling

as though they have to admit to an incorrect mental health issue. This would impact the youth's self-esteem long after that doctor's appointment, potentially even impacting one's current or future intimate relationships.

Acknowledgement of a mental illness is required for individuals "in Canada under the criteria of the American Psychological Association (2013) *Diagnosics and Statistical Manual* (5th ed; DSM-5)" which is needed "to qualify for support for physical transitioning" (Henriquez and Ahmad, 2021, p. 6). Previous editions of "the DSM-5 pathologized homosexuality until recent decades and continues to portray gender dysphoria as a mental health issue" (Henriquez and Ahmad, 2021, p.6). This is a troubling concern as 2SLGBTQ+ youth seeking supportive care "often spent many years coming to terms with their identity and being ok with themselves" only to have the "medically prescribed process of transitioning "undo" that progress, by attempting to make them admit they had a mental illness" (Henriquez and Ahmad, 2021, p. 6). Henriquez and Ahmad are also able to confer information that Whitehead et al., stated by saying that because of discrimination, harassment, and barriers to equitable health services, "LGBTQ communities continue to experience higher rates of mental health concerns, including depression, anxiety, and higher rates of unhealthy coping behaviors" (Henriquez and Ahmad, 2021, p. 2).

The vast majority of research done about 2SLGBTQ+ individuals is comprised of study samples in the Continental United States of America or the provinces in Canada. Very few studies have acknowledged the 2SLGBTQ+ community in the arctic region. The health study results that look at Canada's northern 2SLGBTQ+ population are different from studies done in the Continental United States of America or the provinces in Canada. When researching in the Canadian Arctic, researchers need to acknowledge colonialism and its lasting impact on the arctic population as a greater percentage of the population in this region has been impacted by colonialism more than any other region in Canada.

One of the differences in health statistics between Continental United States of America or the provinces in Canada and the Canadian Arctic region is the rate of sexually transmitted diseases. In the Northwest Territories transmission rates for chlamydia, gonorrhoea and syphilis are "over 10 times the national average" (Corosky and Blystad, 2016, p. 2). In another study completed in the Northwest Territories focusing on sexual practices among LGBTQ youth found that 2SLGBTQ+ youth face lack of access to barrier methods and contraception. Study participants which consisted of "LGBTQ adults and key informants, discussed access to contraception and barrier methods as an issue that impacted uptake of safer sex practices for LGBTQ [youth and adults] in the NWT" (Logie, et al., 2018, p. 1868). Many participants brought up the idea that "You only have access to two forms of contraception in the NWT ... female birth control pill and you have your regular condoms. You don't have access to like a female condom or other methods of safe sex" (Logie, et al., 2018, p.1869). Youth and adults whether they identify as 2SLGBTQ+ or not, who live in such a rural location, should have access to free contraception. With a health care system that is lacking in other ways like "patients requiring urgent care often rely on air travel to Winnipeg because there is no permanent physician on staff in Arviat" (Corosky and Blystad, 2016, p.2), makes condoms seem insignificant. However, providing free contraceptives such as condoms for "penis-in-vagina sex [individuals] are up to 80% less likely to contract HIV, compared to sex without a condom" (Telfer, 2019).

## ***2SLGBTQ+ Individuals Access to Mental Healthcare in Rural America***

Mental health is a part of anyone's overall health. However, as a minority group that is impacted by discrimination, harassment, and violence more than the general population of society, mental health supports for 2SLGBTQ+ individuals is extremely important. In rural areas, access to mental health services are lacking overall, but 2SLGBTQ+ individuals face the added difficulty of finding supportive care. In one study done by Barefoot et. al, they found that "rural lesbians did indeed experience more psychological distress and often had difficulties accessing mental health care due to a number of barriers" (Barefoot et al., 2018, p. 363). Gay men have reported similar struggles finding supportive care, one Ontario study found that gay men

harbored negative feelings, guilt, and low self-esteem as adults stemming from their childhood experiences of discrimination and religious guilt. As a result of these experiences, some rural gay men reported seeking mental health services to change their sexual orientation (so-called "conversion therapies"). Other studies have also suggested that a number of sexual minority individuals in rural areas conceal their sexual identity in public to be accepted within their communities (Smalley, 2018, p. 172).

The fact that 2SLGBTQ+ individuals still believe that something needs to be changed about them and that their sexuality is wrong is a harmful narrative to continue since it is a narrative that is not true. In rural areas where there is often a lack overall supportive resources, young people can tend to turn to organized religion, a support that is usually deemed by the community as having the answers for most questions.

## ***Rural Public Opinions on 2SLGBTQ+ Individuals and Their Romantic Relationships***

Rural public opinions of 2SLGBTQ+ Individuals and their romantic relationships varies from country to country and even state by state. In researching for this paper, I reviewed articles from the United States, South Africa and one pride event with participants from all over Scandinavia with even a few participants from Russia. In a survey conducted by the Human Rights Campaign "over 10,000 lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth found that about 40% describe their communities as unaccepting" (De Pedro et al., 2016, p. 265). In this same survey, "over 90% reported that they have heard negative messages regarding the LGBTQ community, with many reporting schools and peers as common places and sources of these messages" (De Pedro et al., 2016, p. 265). When children of any sexuality do not have a supportive environment to explore who they are as person and how they want to fit into the world, they become victims of suppression and concealment. Homophobic remarks do not just come from peers but also from school staff. In a 2013 study "two-thirds of LGBTQ students reported hearing homophobic remarks from school staff" (De Pedro et al., 2016, p. 266). The impacts of homopho-

bic remarks impact more than just a youth's self-esteem. As De Pedro et al. wrote in their article "Understanding Safety, Victimization, and School Climate among Rural Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth":

Persistent victimization has consistently been shown to adversely influence academic outcomes, emotional well-being, and behavioral health. In a study of high school students in a Midwestern school district, Aragon and colleagues (2014) found that school victimization was associated with an array of negative academic outcomes, including higher truancy rates, lower grades, and lower educational aspirations among LGBTQ youth. In addition, Liu and Mustanski (2014) found that peer victimization and lower levels of social support in school were significantly associated with a history of attempted suicide, suicidal ideation, and self-harm among LGBTQ youth. Studies have also documented positive associations between school victimization and substance use among LGBTQ adolescents (De Pedro et al., 2016, p. 267).

With this new information, it is now easier to understand why 2SLGBTQ+ individuals in a rural environment might seek out support through the church. When they are told everyday in their school career that something is wrong with them, it often leads to negative choices that impact 2SLGBTQ+ individuals health, social network, and future endeavours, finding a cure to their supposed abnormality would be top of mind for these youth. The harm from others negative comments and conversion therapy do not stop existing just because someone has grown into adulthood. The youth who have now become adults, still hear the negative comments from their bullies even though the two may no longer be in the same town. As these adults are working through the negative thoughts brought about by the bullies or the impacts of conversion therapy, they are also feeling stronger desires for intimate relationships. A dilemma may arise as the young adults may be unsure if they should engage in intimate relationships that satisfy their feelings for a same-sex intimate relationship or engage in a heterosexual intimate relationship as a way to get rid of the negative thoughts from the bullies and conversion therapy.

When a country's government introduces "legislation to outlaw propaganda of non-traditional sexual relationships towards minors" those who have desires to participate in and celebrate those non-traditional intimate and sexual relationships, have to get creative (The Independent Barents Observer, 2018). In a news article from 2018 entitled "Arctic LGBT Communities meet in Northern Norway for Pride Parade", about 300 Russian, Norwegian, Sámi and Finnish LGBT community members met in Kirkenes, Arctic Norway. Over the weekend, a "pride parade, seminars, meetings and social gatherings" took place (The Independent Barents Observer, 2018). The weekend's celebration had the support of Amnesty International and the Norwegian Helsinki Committee in addition to Kirkenes's mayor leading the parade. A stark difference to any sort of pride celebration happening in Russia, which is just a forty-minute drive away from Kirkenes.

Even if government legislation is in place, 2SLGBTQ+ individuals are not always pro-

tected. A report by Azwihangwisi Helen Mavhandu-Mudzusi and Peter Thomas Sandy from the University of South Africa explored “the stigma and discrimination experienced by lesbian, gay, bisexual and transgender students at a rural university in South Africa” (2015, p. 1049). They found that “heterosexual students with strong religious beliefs showed more negative attitudes toward lesbian, gay, bisexual and transgender students as compared to the rest of the student community” (p. 1050). The discrimination and social stigma “against lesbian, gay, bisexual and transgender students have been documented in South African rural universities despite the fact that South Africa has laws and policies not only to safeguard the human rights of lesbian, gay, bisexual and transgender people, but also to promote both social inclusion and acceptance” (p. 1054). Even with the supposed protections that 2SLGBTQ+ individuals have in South Africa; they are faced with discrimination from lecturers who hold significant power in the education setting. One study participant stated that “one lecturer in particular often refers to homosexuality as the ‘worst’ sin. She sometimes spends an entire class period talking about how all homosexual individuals will burn in hell with Satan” (p. 1052).

Further perpetuating the idea that something is wrong with 2SLGBTQ+ individuals into adulthood further ostracizes people from their community and continues the notion that something is wrong and needing to be fixed with these individuals. In reducing harm to 2SLGBTQ+ youth, De Pedro et al. found in their 2016 research that

affirming school climates can play a protective role in reducing harassment and assault among LGBTQ youth. Researchers have also found that safety is enhanced for LGBTQ youth when enumerated anti-bullying policies are in place. Supportive school staff, Gay-Straight Alliances (GSA) and LGBTQ representation in the curriculum further enhance safety. Moreover, studies show decreased rates of bullying and increased perceptions of safety among LGBTQ youth when teachers and peers intervene in instances of bullying (De Pedro et al., 2016, p. 266).

Supported 2SLGBTQ+ youth in school, their community and at home environments means they are more successful academically, socially, have lower instances of suicidal ideation and mental health concerns. All of these factors also contribute to how 2SLGBTQ+ individuals look at themselves, their desires for and during intimate relationships. Positively supporting 2SLGBTQ+ individuals during their youth encourages them for many years afterwards.

### ***What Impact Does Living Rurally Have on 2SLGBTQ+ Individuals Romantic Relationships?***

Among pop culture and a good percentage of the research in today’s world, 2SLGBTQ+ individuals choosing to live rurally does not seem like a common idea. The common trope in media is “young gay people [leaving] rural locations once they have grown up. They flee for spaces where such identities are normalized” (Conner and Okamura, 2021, p. 2). However, that is not always

the case. In a study done by Conner and Okamura titled “Queer Expectations: An Empirical Critique of Rural LGBT+ Narratives”, the researchers found a demographic of gay men who engage in a habit called identity commuting. As Conner and Okamura write, these identity commuters “engage in travel and seek to overcome their geographical limitations by becoming “weekend warriors”, expressing themselves by commuting into the cities on weekends but living most of their lives in more rural settings” (2021, p. 7). Several of the study participants were students “enrolled in degree programs in state schools in Kansas and would often travel to nearby Kansas City .... a 120-mile ride home” (p. 7). The authors also found examples of identity commuters traveling to Chicago while using personal vehicles, trains, busses or ferries to commute into urban centres. When participants made mention to identity commuting during their interview, the researchers “asked about the extraordinary lengths to which some of [the] participants would go to in order to take part in gay life, [the participants] articulated a desire to go out and be around other gay people, to dance, find love (however fleeting), and participate in “gay culture” (p. 7). The idea of identity commuting creates an interesting dynamic about living in a rural demographic but also enjoying what city life has to offer.

Living rurally also means finding new ways to access intimate partners. Brewer conducted research by examining Craigslist for ads of men seeking intimate relations with men. In his findings, Brewer found that

the rural is eroticized and masculinity is naturalized in such a way that same-sex genital activity can be accommodated without suggesting effeminacy. Rural spaces provide potentiality for nuanced forms of queerness and sexuality, and the present study illuminates how MSM who utilize the Internet and CMC [Computer Mediated Communication] both rely on and disrupt rurally informed masculinities, namely by (1) queering and fetishizing the rural and (2) ‘ruralizing’ the queer (2017, p. 375)

While not all of these men would identify with gay as their sexuality, it does have to be noted that this trend exists and the men participating in it have to seek some level of enjoyment of this intimacy otherwise they would not continue to participate. In Conner and Okamura’s study, they write that 2SLGBTQ+ individuals who do live rurally “were more likely to be legally married (24.8% compared to 18.6% of urban LGBT+ persons) while urban respondents were more likely to be cohabitating but not married (26.4%, compared with 19.8% of rural respondents)” (2021, p. 10). This division between rural and urban interviewees’ choice in marriage is seen as Conner and Okamura write “rural interviewees placed a high value on monogamy while many of those we interviewed from urban areas were more willing to consider alternative living arrangements and relationships (e.g., polyamorous and open relationships)” (p. 10). Whether marriage being prominent in rural settings for 2SLGBTQ+ couples is due to the couples looking to protect their relationship from outside factors such as conservative politicians or fellow residents or just due to their nature, “LGBT+ persons living in rural areas were more conservative in their views than their urban counterparts” leading to a higher percentage of married 2SLGBTQ+ couples.



Rural Canadian 2SLGBTQ+ individuals in intimate relationships are more prominent than one might first think. According to the 2016 census Yellowknife and Whitehorse have more female same-sex couples per capita than any other city in Canada. In a 2017 CBC news article “two per cent of all females in couples in Yellowknife are in same-sex relationships and 1.9% of all females in couples are in same-sex relationships in Whitehorse”. As per men “0.7% of males in both cities are in gay relationships” (Hinchey, 2017). While Yellowknife and Whitehorse are usually not considered as rural communities when just looking at their population size, as they have 20,340 and 28,201 residents respectively, their physical location to other cities including residents access to healthcare services and community resources leads me to define these communities as rural when it comes to the 2SLGBTQ+ community (Statistics Canada, 2021 Census of Population).

Just like any other relationship, there are many other factors that contribute to 2SLGBTQ+ individuals’ romantic relationships. A study conducted by Yost and Chmielewski interviewed lesbians in Central Pennsylvania, exploring “how rural lesbian women experience their bodies and how lesbian communities, as safe havens from the dominant heterosexual culture, contribute to their body image” (2011, p. 148). While living rurally does not have a direct impact on one’s body image, one’s view of their body does impact how they interact with the world including in intimate relationships. During their interviews, the women did talk about the lack of community they experienced living in central Pennsylvania, which does impact one’s sense of self-worth. Out of the ten lesbians interviewed “eight of the women felt that their past involvement with lesbian and LGBT communities as they were coming out was influential in developing an understanding of their bodies as beautiful. Finding other lesbians to connect with had an immensely positive effect on participants’ ability to develop their own sense of identity as lesbians and positive feelings about their bodies” (p. 159). Finding a community in central Pennsylvania where these women truly feel comfortable was another big talking point during their interviews as “there was a lack of lesbian space in central Pennsylvania, making it difficult for many to find a home within the small LGBT communities that did exist. Although community played an important role in participants’ self-concept and body image, the lack of resources and the homophobic area prevented a strong community of women from taking root” (p. 158). In their article, Chmielewski and Yost quote an article of McCarthy’s from 2000 where she writes, “rural lesbians have limited access to resources and communities, and unfortunately the few connections that do exist feel too limiting for many” (McCarthy, 2000 as cited in Yost and Chmielewski, 2011, p. 160). McCarthy, writing of this issue in 2000, shows at least a decade of acknowledgement of the issue with little to no change, as Chmielewski and Yost’s research was published in 2011. The women interviewed for Chmielewski and Yost’s study found:

The one type of lesbian community that some women did feel positively about was based on motherhood. Leanne and Karen connected strongly with this network, but the small community of lesbian mothers did not encourage connections with single lesbians or lesbians without children, as Michelle discussed: “I don’t know if in the Harrisburg area I really get together just with a group of lesbians by virtue of being lesbian,” (McCarthy, 2000 as cited in Yost and Chmielewski, 201, p. 160)

Unlike many other women who can fit into any number of groups in their community whether it is based on ethnicity, age, being heterosexual, motherhood status or some other demographic, lesbian women feel as though they do not have the same options, which is the point Carla and Frances drives home as follows:

The two participants (who were in a relationship together) were large women who expressed great shame about their weight and felt that they could not be accepted either by lesbians or straight people: ‘It would be odd to think that there would be anywhere that Frances and I would fit in and people would not be horrified at our weight’ (Carla). The lack of acceptance of fatness from society played into their body shame, as Carla acknowledged it as ‘the thing I hate most about myself’ and both women emphasized an extremely strong desire to lose weight (Yost and Chmielewski, 201, pp. 155-156).

As authors Yost and Chmielewski write, Carla and Frances “accounts are similar to previous qualitative studies in which lesbians experienced fat stigma and a desire for thinness” Yost and Chmielewski, 201, p.156). So, while the idea of thinness is not brought on by the male gaze, the idea is still out there, demanding rural lesbians to conform to the standard of thinness.

The research on the intersection of 2SLGBTQ+ individuals living rurally who are or have been in intimate relationships is somewhat scarce. In research completed by Movement Advancement Project on the number of 2SLGBTQ+ individuals living rurally an NPR article stated that:

Same-sex parents, like many other parents, also gravitate to life outside the cities. The report says that ‘the highest rates of parenting by both same-sex couples and LGBT individuals are in the most rural regions of the country.’ It points to data from The Williams Institute at the UCLA School of Law that says 24 out of the 30 states where same-sex couples are raising children are mostly rural in the Midwest, the South and the mountain regions of America (Fadel, 2019).

If same-sex parents are looking for the best place to raise their children that usually means that an intimate relationship does exist between two 2SLGBTQ+ identifying individuals. In an article written for “The Conversation”, Christopher Conner writes,

the rural LGBTQ people I interviewed seemed to place less importance on being gay than their urban communities had. Downplaying their sexual or gender identities, many emphasized other aspects of themselves, such as their involvement in music, sports, nature, or games. They rejected an urban gay culture that they felt was shallow and overly focused on gayness as the defining feature of life (Conner, 2021, p. 10).

I think that last sentence may be our answer to why there is not more research into 2SLGBTQ+ individuals in intimate relationships in rural environments. They are more concerned many other aspects of their lives than their sexuality thus not catching the attention of researchers.

### ***Conclusion***

The representation of 2SLGBTQ+ individuals in media portrays those living in rural settings as struggling in many aspects of their lives, including in their intimate relationships. However, the research of 2SLGBTQ+ individuals who share their stories of living in rural settings is more varied. While some individuals are facing challenges in regard to living rurally and identifying as an 2SLGBTQ+ individual, there are many people who have an intimate partner, kids, a successful career and are enjoying where they currently are in life. A desire many of us can relate to, whether we identifying as 2SLGBTQ+ or not.

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