



Transgender  
Equality  
Network  
Ireland

ILGA  
EUROPE

# EXECUTIVE SUMMARY

## INTRODUCTION

Transgender Equality Network Ireland (TENI) received funding from ILGA-Europe to research transgender people's experiences of institutional violence in healthcare settings. This report summarises the key findings and recommendations from the project.

Institutional violence refers to the structural violence that can occur when an individual confronts the attitudes, beliefs, practices and policies employed by specific organisations to marginalise or exploit vulnerable groups<sup>1</sup>. Institutional violence can include:

- the mistreatment of trans and non-binary people by medical staff;
- refusing to treat the health needs of a trans person;
- pathologisation of trans identities;
- barriers to accessing medical treatment;
- the absence of services and procedures to meet the health needs of trans and non-binary people.

The goal of the research was to document the experiences of trans and non-binary people in general and gender-affirming healthcare settings in order to improve quality and quantity of care. Ireland was recently ranked lowest in Europe for the provision of gender-affirming healthcare by TGEU<sup>2</sup>, and this research will support calls for the improvement of services nationally and across Europe.

<sup>1</sup> Turvey, B.E., Coronado, A. and Baltazar, K.V. (2023). Integrated Forensic Assessments: A Psychosocial Approach with the Human Rights Perspective.

<sup>2</sup> TGEU. (2022). Trans Health Map 2022: the state of trans healthcare in the EU. [online] Available: <https://tgeu.org/trans-health-map-2022/> [Accessed 21 May 2023].

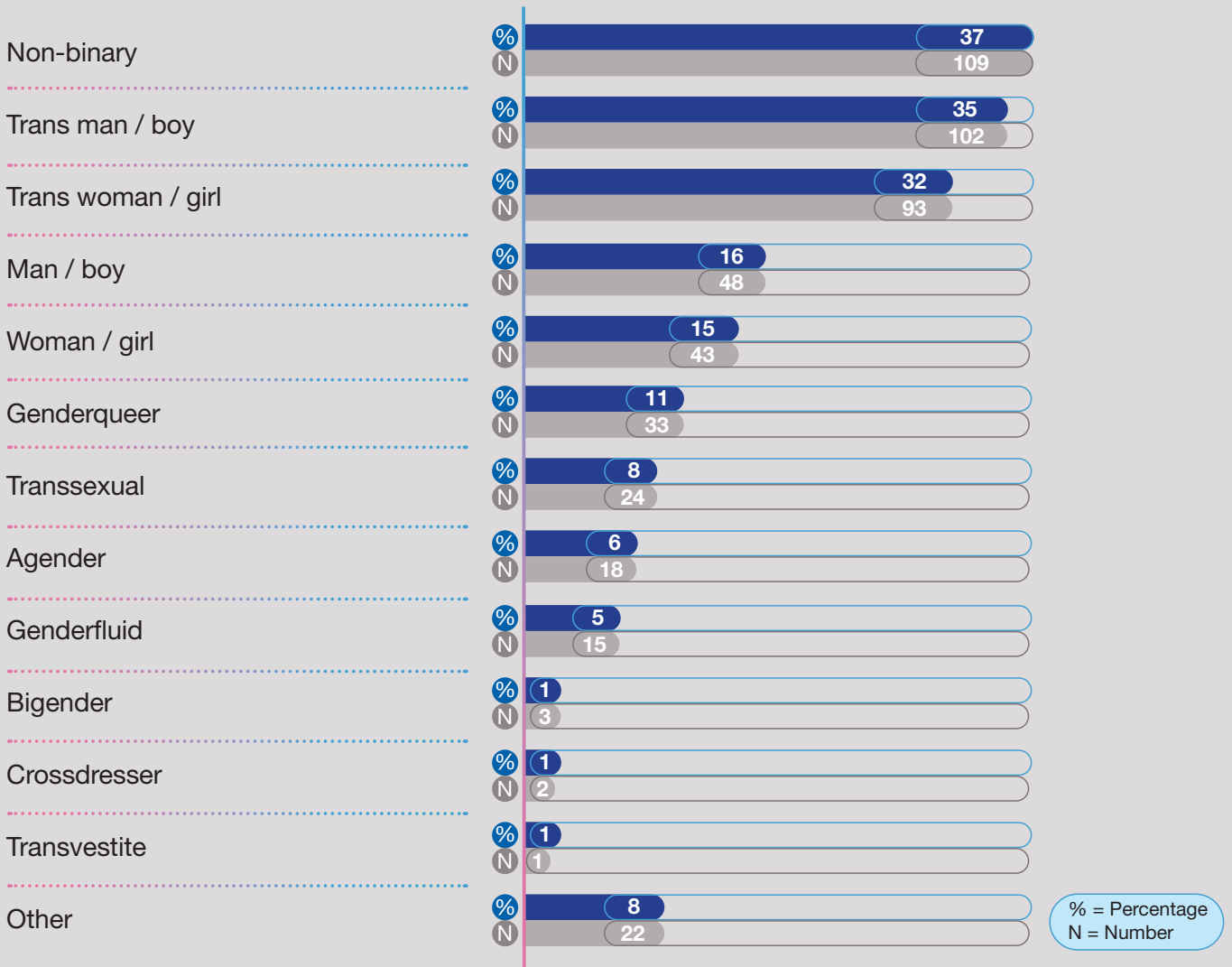


## THE STUDY

The study design for this research was a community-based mixed-methods approach which included a questionnaire-based survey (293 eligible respondents), 10 one-to-one interviews and two focus groups. This approach allowed for a nuanced and comprehensive understanding of the experiences of trans and non-binary people in medical settings in Ireland.

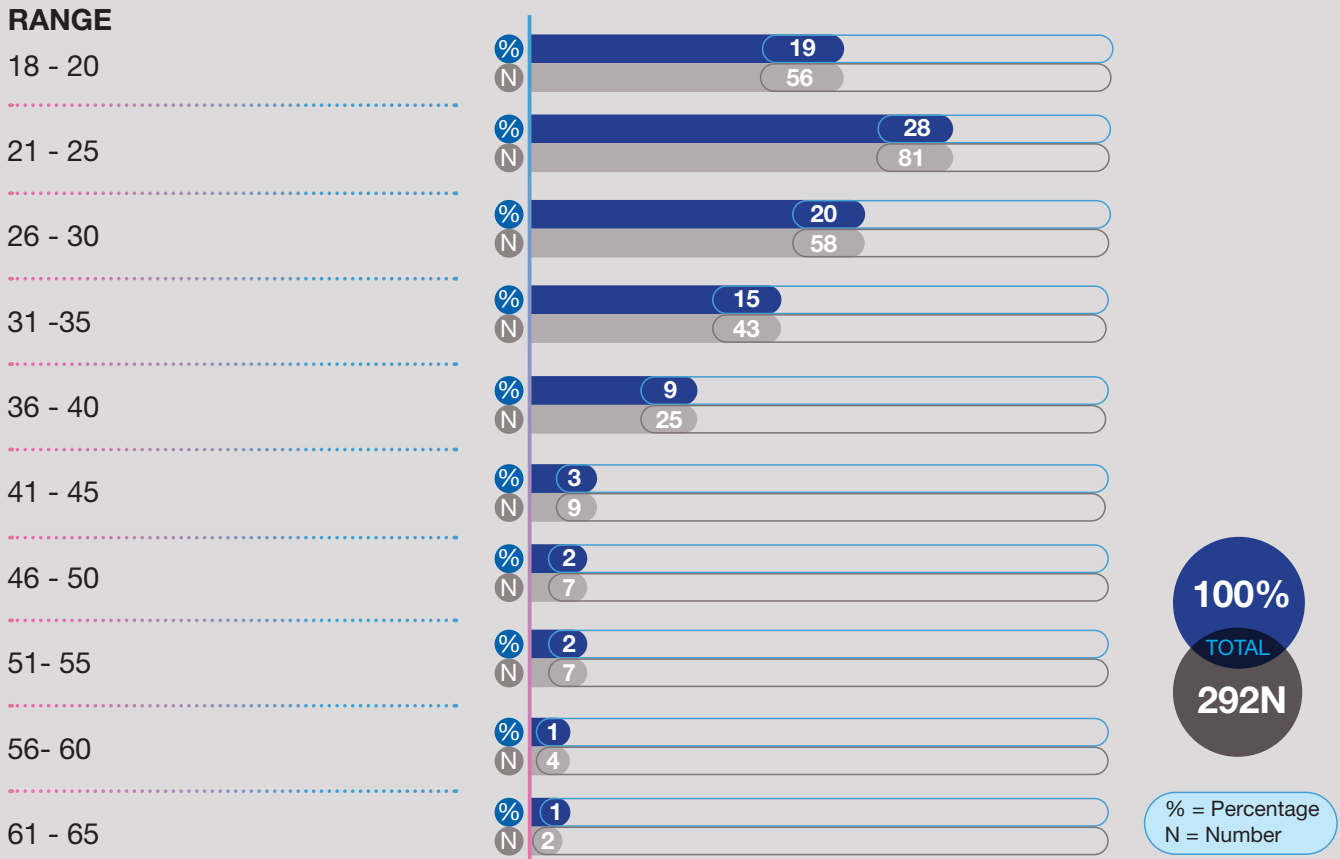
## THE RESPONDENTS

**Table 2: Gender Identity Terms Used by Survey Participants (N=292)**



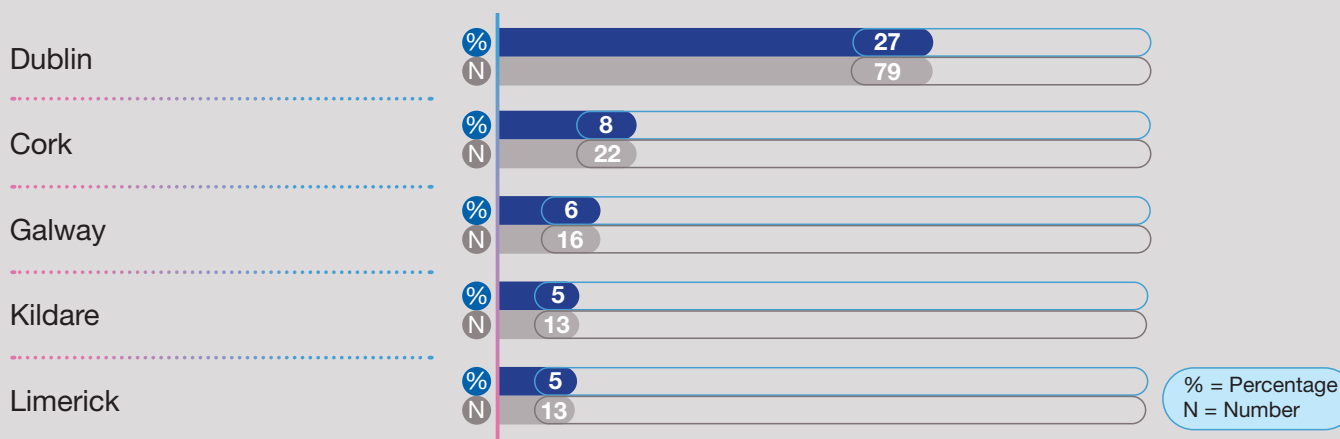


**Table 4: Age of Survey Participants (N=292)**



The vast majority of the respondents identified as White Irish (78%/N=229) or from another White background (18%/N=53). Only 4% were from other ethnic groups, including one person from the Traveller community and one person from the Roma community. This is broadly representative of the Irish population as given in the 2022 census<sup>3</sup>.

**Table 6: Top 5 Counties Represented by Survey Participants (N=288)**



<sup>3</sup> Central Statistics Office. Press Statement Census 2022 Results Profile 5 - Diversity, Migration, Ethnicity, Irish Travellers & Religion (Retrieved March 1, 2024). Available: <https://www.cso.ie/en/csolatestnews/pressreleases/2023pressreleases/presstatementcensu s2022resultsprofile5-diversitymigrationethnicityirishtravellersreligion/>



## NEGATIVE EXPERIENCES WITH HEALTHCARE PROVIDERS

Respondents were asked a series of questions related to their experiences engaging with healthcare providers in Ireland. They were asked if the question was applicable to their experience with (a) general health service/hospital, (b) GP service, (c) mental health service, (d) National Gender Service, Loughlinstown and (e) other gender related health service. See the full report for the full list of experiences, broken down by service type.

- 36% of trans people reported that a healthcare provider has discouraged them from exploring their gender.
- 28% of trans people have been belittled or ridiculed for being trans or non-binary.
- 6% of trans people have been touched inappropriately by a healthcare provider.
- 35% of trans people have been denied care or had their care ended because they were trans or non-binary.
- 18% of trans people have been discharged from a health service against their wishes.
- 65% of trans people reported that a healthcare provider has told them that they don't know enough about trans or non-binary care to provide it.

*Another time, I was at a crisis mental health appointment and let slip that I was non-binary. He wrote in his file that he didn't think I was trans and actively impeded my transition. I never got approved by the NGS or its sister site in Galway.*

***(Agender transsexual non-binary trans man / boy, 30)***

## RESPONSES TO NEGATIVE TREATMENT

- 55% of trans people have withheld information from, or lied to, a healthcare professional.
- 47% of trans people have avoided seeking medical care, and 29% have missed appointments on purpose due to negative treatment.
- 36% of trans people have wanted to harm themselves due to negative treatment by a healthcare professional, and 20% have harmed themselves in relation to experiences with medical professionals.

*"I will clarify that I had self-harmed due to gender dysphoria and body discomfort on rare occasions prior to my experiences at CAMHS, but I self-harmed more regularly and had more suicidal thoughts while I was being mistreated there."*

***(Trans man / boy, 23)***



## KEY FINDINGS

### ***Lack of knowledge among health providers:***

70% of trans people feel that they have to educate their healthcare providers about trans and non-binary people. Participants felt that they had to become experts in their care, compounding experiences of minority stress, and preventing them from getting the care or support that they need.

### ***Gatekeeping and Pathologisation:***

Most healthcare providers require a psychiatric diagnosis of gender dysphoria before providing hormone replacement therapy or gender-affirming surgery. Trans people reported a range of attitudes towards this diagnosis, ranging from “demeaning”, to “ridiculous” to a “relief”.

Transgender people also reported needing to present in a certain way and to answer invasive questions in order to be believed or taken seriously by healthcare professionals. Respondents felt that because there is no standardised clinical pathway for treatment, and because the National Gender Service has an effective monopoly on service provision, patients are at the mercy of clinicians.

### ***Experiences with the National Gender Service:***

31% of trans people reported waiting 2-3 years for a first appointment with the National Gender Service, with a further 24% reporting a wait of 3-5 years. 73% of trans people stated that their mental health got worse as a result of the long wait times.

Nearly a quarter (23%) of trans people reported exclusively negative mental health effects as a result of attending the National Gender Service, with only 8% reporting that attending the NGS had a positive effect on their mental health. When asked if they were able to talk to a medical professional at the National Gender Service if they were feeling emotionally distressed or worried about their mental health, 84% of respondents who were experiencing this stated no. Only 13% of trans people rated their care at the NGS as ‘satisfactory’.

### ***Experiences with GPs:***

When participants were asked about positive experiences with healthcare providers, many shared experiences with GPs that were open, non-judgemental, affirmative, supportive, and helpful. Even when the experiences were not distinctly positive, some respondents made a point to stress that certain interactions were often not malicious but generally were a product of lack of information. However, some respondents who had a GP who was willing to provide gender-affirming care reported that healthcare providers at the National Gender Service actively discouraged GPs from providing care, intervening in individuals’ right to access private/alternative forms of care.

*“Hearing that the NGS [National Gender Service] threatened my GP with a removal of his license if he did anything gender related is shocking and terrified me. I now don’t know what he can and cannot provide.”*

***(Agender non-binary, 29)***



## RECOMMENDATIONS

### a. General

- Ensure trans and non-binary people have a voice in developing the services that they require.
- Develop decentralised gender-affirming care services within the primary care system under an informed consent model.

### b. Gender-Affirming Care

- Implement WHO guidance and the ICD-11 diagnostic model by providing gender-affirming care through the primary care system.
- Provide gender-affirming care under an informed consent model, in line with the HSE's 2022 *National Consent Policy*.
- Develop training and guidance for GPs and primary healthcare providers to resource them to deliver gender-affirming care to trans and non-binary people.
- Develop a surgical programme and training scheme to provide for gender-affirming surgery through the public healthcare system.

### c. GPs and Primary Care

- The Irish Medical Council, Nursing and Midwifery Board of Ireland, Irish College for General Practitioners, and other training providers and medical and nursing schools should review their curricula, standards and training to ensure that teaching, and ongoing training, covers the health inequalities facing trans and non-binary people, and how best to provide trans and non-binary-inclusive care.
- Increase funding to primary care providers to tackle shortfall in general primary care provision and nationwide delays in accessing primary care.
- In partnership with trans and non-binary stakeholders, develop visible campaigns to tackle transphobic discrimination in healthcare services and encourage reporting.
- In partnership with trans and non-binary stakeholders, develop and display bullying and harassment policies which communicate a zero-tolerance approach to transphobic discrimination, and publicise clear complaints procedures to encourage reporting.
- Include gender-neutral language on patient leaflets and information guides for healthcare workers.

### d. Mental Health Services

- Fund training for mental health professionals on trans and non-binary patients' needs, developed with trans and non-binary stakeholders.
- Ensure that the Child and Adolescent Mental Health Services (CAMHS) address the lack of expertise in gender related care by ensuring all staff in CAMHS are effectively trained to support trans and non-binary young people experiencing poor mental health.
- Ensure that trans and non-binary people's needs are taken into consideration throughout the implementation of '*Sharing the Vision - A Mental Health Policy for Everyone*', Ireland's national mental health policy.



## REFERENCES

Central Statistics Office. Press Statement Census 2022 Results Profile 5 - Diversity, Migration, Ethnicity, Irish Travellers & Religion Available: <https://www.cso.ie/en/csolatestnews/pressreleases/2023pressreleases/pressstatementcensus2022resultsprofile5-diversitymigrationethnicityirishtravellersreligion/> [Accessed March 1, 2024].

TGEU. (2022). Trans Health Map 2022: the state of trans healthcare in the EU. [online] Available: <https://tgeu.org/trans-health-map-2022/> [Accessed 21 May 2023].

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