Transgender Equality Network Ireland

ILGA EUROPE

Trans and Non-Binary Experiences of

INSTITUTIONAL VIOLENCE IN IRELAND

Transgender
Equality
Network
Ireland

ACKNOWLEDGEMENTS

This report represents the largest sample size of trans and non-binary people in Ireland to date. Transgender Equality Network Ireland (TENI) would like to thank everyone who participated in the survey, interviews and focus groups, we are grateful for the time they took to share their experiences.

We want to thank the Lead Researcher, Aoife Mallon who coordinated the research, analysed the data and produced a report that is rich with information and amplifies the voices of participants. This report would not have been possible without the support from TENI staff and Board, who shared their expertise and provided critical input and feedback. In particular for the support and leadership of Daire Dempsey, Policy Officer.

We would also like to acknowledge the contribution of the Advisory Group who provided invaluable feedback on the survey.

This research adds depth and richness to the understanding of trans and non-binary people's experiences of institutional violence and will be a cornerstone for activities aimed at ensuring trans and non-binary people are safe in medical settings and can access the healthcare they need.

This report was only possible with the generous funding of ILGA-Europe.

Copies of this report are available for download from the TENI website: www.teni.ie

CONTENTS

GLOSSARY

Sex: The designation of a person at birth as male or female based on their anatomy (genitalia and/or reproductive organs) or biology (chromosomes and/or hormones). The phrase "sex assigned at birth" is more accurate and respectful than the phrase "biological sex" as it acknowledges the reliance on external anatomy. Additionally, in the case of intersex individuals it is not always possible to assign this at birth. Assigned sex may differ from gender identity.

Gender Identity: Your deeply-felt sense of your own gender – for example, the knowledge that you are a man, a woman, or some other gender. A person's gender may or may not correspond to the sex they were assigned at birth. Unlike gender expression, gender identity is not visible to others.

Gender Expression: The external manifestation of a person's gender identity. Gender can be expressed through mannerisms, grooming, physical characteristics, social interactions and speech patterns. Society identifies these cues as masculine or feminine, although what is considered masculine or feminine changes over time and varies by culture.

Sexual Orientation: Refers to a person's physical, emotional and/or romantic attraction to another person. Sexual orientation is distinct from sex, gender identity and gender expression.

Non-binary / Genderqueer / Gender Non-conforming / Gender Variant: Various umbrella terms for gender identities that fall outside of the binary of man or woman and thus do not conform to traditional gender roles. This includes a wide variety of gender identities.

Transgender: An umbrella term which refers to any person whose gender identity and/or gender expression differs from the sex assigned to them at birth. This includes non-binary identities. TENI advocates the use of "transgender" or "trans" as an umbrella term as it is currently the most inclusive and respectful term to describe diverse identities. However, we acknowledge and respect each individual's right to self-identify as they choose.

**Full glossary is available at www.teni.ie/resources/trans-terms/*

INTRODUCTION

Transgender Equality Network Ireland (TENI) received funding from ILGA-Europe to collect evidence and data on institutional violence against trans and non-binary people in medical settings. 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[1], and this research will support calls for the improvement of services nationally and across Europe.

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[2]. These oppressive institutional practices are often bolstered by discriminatory public policies and laws that provide a legal basis for oppression and the marginalisation of trans and non-binary people[3]. Institutional violence can include the mistreatment of trans and non-binary people by medical staff, for example misgendering, mispronouning, asking inappropriate and unnecessary questions and/or doing invasive examinations, lack of knowledge by health service providers and/or refusing to treat the health needs of a trans person; pathologisation of trans identities that prevents or delays access to gender-affirming healthcare; barriers to accessing medical transition such as long waiting lists to see a health service provider and/or obtain surgery, discriminatory or inconsistent criteria to prescribe hormones or approve surgeries, complex or expensive bureaucratic requirements, denial of coverage by insurance companies and/or the absence of services and procedures to meet the health needs of trans and non-binary people.

Across the globe, trans and non-binary communities face disproportionate levels of violence and human rights abuses. This includes frequent experiences of discrimination, harassment, and stigma. A key aspect of this is the significant barriers to obtaining gender-affirming healthcare and widespread experiences of abusive treatment, refusal to provide care/services and/or a lack of knowledge on the part of medical professionals. In Ireland, trans and non-binary people experience a wide range of challenges. In 2013, TENI commissioned ground-breaking research, *Speaking from the Margins*[4] which provided crucial baseline data in relation to gender-affirming care in Ireland. This research documented long waiting lists to access care, lack of knowledge by providers and negative experiences with providers (e.g. misgendering/mispronouning, being belittled or ridiculed, denied services, etc.).

Over the last thirty years, Ireland has witnessed significant social change and increasing levels of awareness and acceptance of diversity. However, trans people continue to be among the most vulnerable members of Irish society and experience high levels of stigmatisation and marginalisation in all aspects of their lives. In the decade that has passed since the *Speaking from the Margins* research was undertaken, there remain critical issues in relation to healthcare. This research will provide important context and data on the experiences of trans and non-binary people in general and gender-affirming healthcare settings and sets the scene for new research to update and delve deeper into these experiences.

[1] 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].
[2] Turvey, B.E., Coronado, A. and Baltazar, K.V. (2023). Integrated Forensic Assessments: A Psychosocial Approach with the Human Rights Perspective.
[3] TGEU. (2016). *For the record: Documenting violence against trans people: Experiences from Armenia, Georgia, Germany, Moldova, Russia, and Ukraine.*
[4] McNeil, J., Bailey, L., Ellis, S. and Regan, M. (2013). *Speaking from the Margins Trans Mental Health and Wellbeing in Ireland.* [online] Dublin, Ireland: Transgender Equality Network Ireland. Available: https://teni.ie/reports [Accessed 8 May 2023].

STUDY DESIGN

The study design for this research was a community-based mixed-methods approach which included a questionnaire-based survey, one-to-one interviews and 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 research team was composed of the research consultant and members of Transgender Equality Network Ireland (TENI). TENI is Ireland's national organisation dedicated to advancing the rights and equality and improving the lives of trans and non-binary people and their families. Once the research team was in place, key topics relevant to trans and non-binary health and wellbeing were identified and listed. The list of topics was used to formulate questions for the initial draft of the survey. The survey was also informed by the Irish research *Speaking from the Margins* and existing international research on trans and non-binary health and wellbeing was explored in order to inform the development of the survey and interview questions.

In the first phase of research, a survey was available online between November 2-25, 2023. Participants were required to be over 18, freely consent to taking part and have experience accessing gender-affirming and general medical care in the Republic of Ireland. The survey was anonymous, and participants received no remuneration for participation. Outreach mainly occurred through a process of snowball sampling and the survey spread primarily through TENI's social media and word of mouth. Trans support groups, online forums and mailing lists with Irish members were contacted, given information about the study, and asked to share the survey as widely as possible. LGBTQI and equality organisations were also contacted and asked to distribute information about the survey.

In the second phase, the research consultant conducted 10 interviews with trans and non-binary people who had previously expressed their desire to participate after completing the survey. The individuals that were selected to be interviewed were chosen to provide deeper insight into the experiences of trans and non-binary people in relation to healthcare. The researcher also contacted healthcare providers to take part in interviews, however, only one clinical psychologist agreed to take part.

Finally, two focus groups were held in February 2024. The first was held online with six participants and the second was held in the TENI offices with five participants. The focus groups were an opportunity to address any gaps arising from the survey and interviews and to spend time developing community-led recommendations for healthcare providers.

Quotes from the survey have been attributed by gender identity and age (we used the list of identities selected by the respondent in the survey and age of respondent at the time the survey was undertaken). For quotes from the interviews, all names have been changed to protect anonymity and attribution includes participants' gender identity and age. For quotes from the clinical psychologist we opted to use the title only as any further information could have rendered this individual identifiable.

It was essential to the success of this project that trans and non-binary people were involved not simply as members of the research team but as advisors throughout the whole project, to ensure that the research findings would genuinely represent the diversity of experiences of trans and non-binary people in Ireland.

REPORTING THE SURVEY DATA

The survey received 340 responses at the closing date. Forty-six surveys were removed because they did not meet the eligibility criteria or the survey was incomplete. One survey was removed because the responses were malicious. For this reason, the data set that was analysed for the report consisted of 293 respondents. However, not all respondents who completed the survey answered every question. In the report, the number of people who answered a specific question is reported so you know exactly how many people to which a percentage or figure refers. It is written as 'N=' followed by a number and represents the number of people this particular piece of data is describing. Percentage data that has been reported may have been rounded up or down and therefore may not always add up to 100%. Additionally, there are many questions where multiple answers are selected. Where quotes have been used, any spelling mistakes have been corrected for ease of understanding.

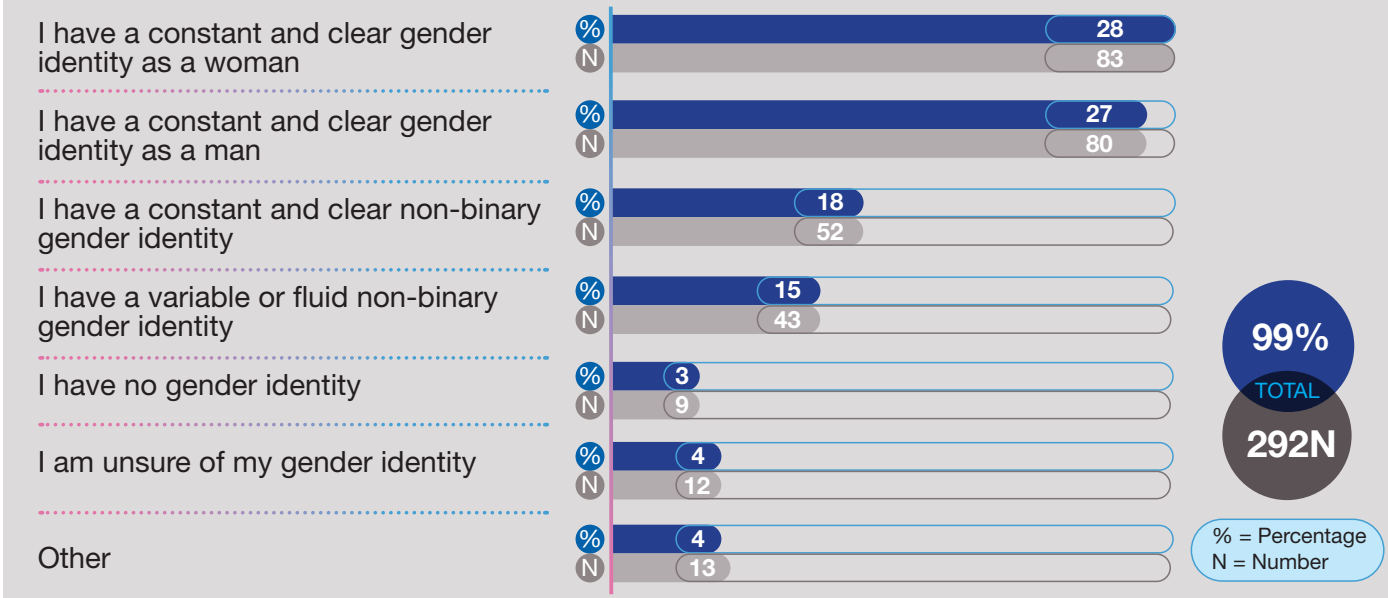
This survey represents the largest sample size of trans and non-binary people in Ireland to date. However, it is important to note that statistical analyses and statements about causality (i.e., X thing definitely causes the outcome), cannot be made. Nonetheless, this data represents the experiences of trans and non-binary people in Ireland and as such is clinically and socially meaningful. This research adds depth and richness to understanding of trans and non-binary people's experience and will be a cornerstone for activities aimed at ensuring trans and non-binary people are safe in medical settings and can access the healthcare they need.

a. Survey Demographics

i. Gender Identity (N=292)

The survey asked respondents to describe their gender identities. Most of the respondents had a constant and clear identity as either a woman (28%/N=83) or man (27%/N=80). However, nearly one-fifth had a constant and clear non-binary identity (18%/N=52) and 15% (N=43) had a variable or fluid non-binary gender identity.

Table 1: Gender Identity of Survey Participants (N=292)

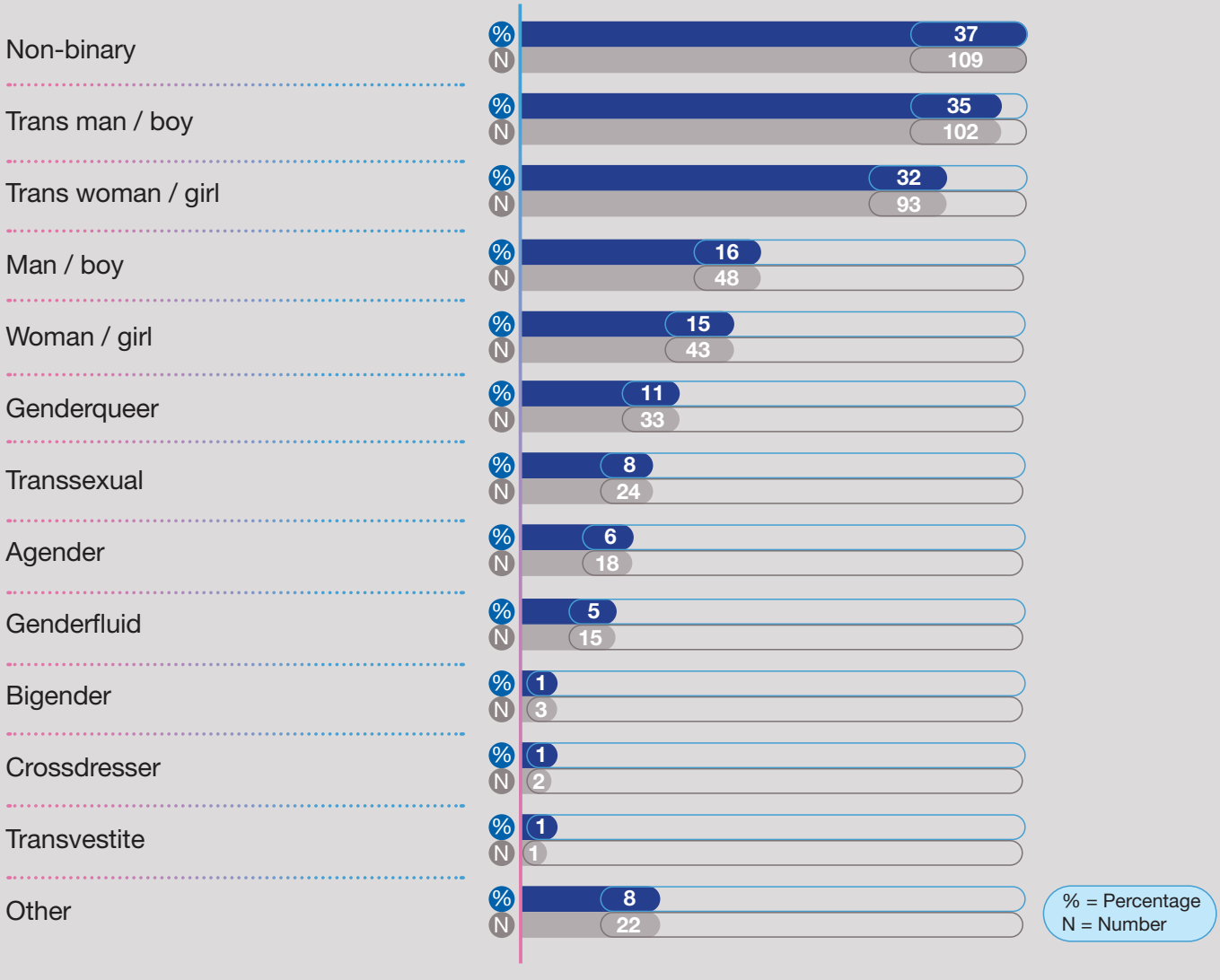


This question was asked in *Speaking from the Margins* (N=164) in 2013. The main differences were that the number of respondents with a constant and clear non-binary gender identity increased from 7% to 18% in this survey. There was also a decrease in the number of respondents with a constant and clear identity as women or female (from 37% to 28%).

In the survey, a number of different terms and labels were offered from which respondents could pick those which applied to their experiences and were also able to add their own. Although these broad categories did generally encompass respondents' experiences, it was important to allow individuals to express this complexity in more detail.

The most selected identity was non-binary (37%), followed by trans man/boy (35%) and trans woman/girl (32%). However, this data highlights the widespread experience of trans and non-binary people holding multiple identities. In fact, 8% of respondents wrote in their own options including several describing their identities as "transmasculine" and "trans-masc non-binary."

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



ii. Intersex (N=292)

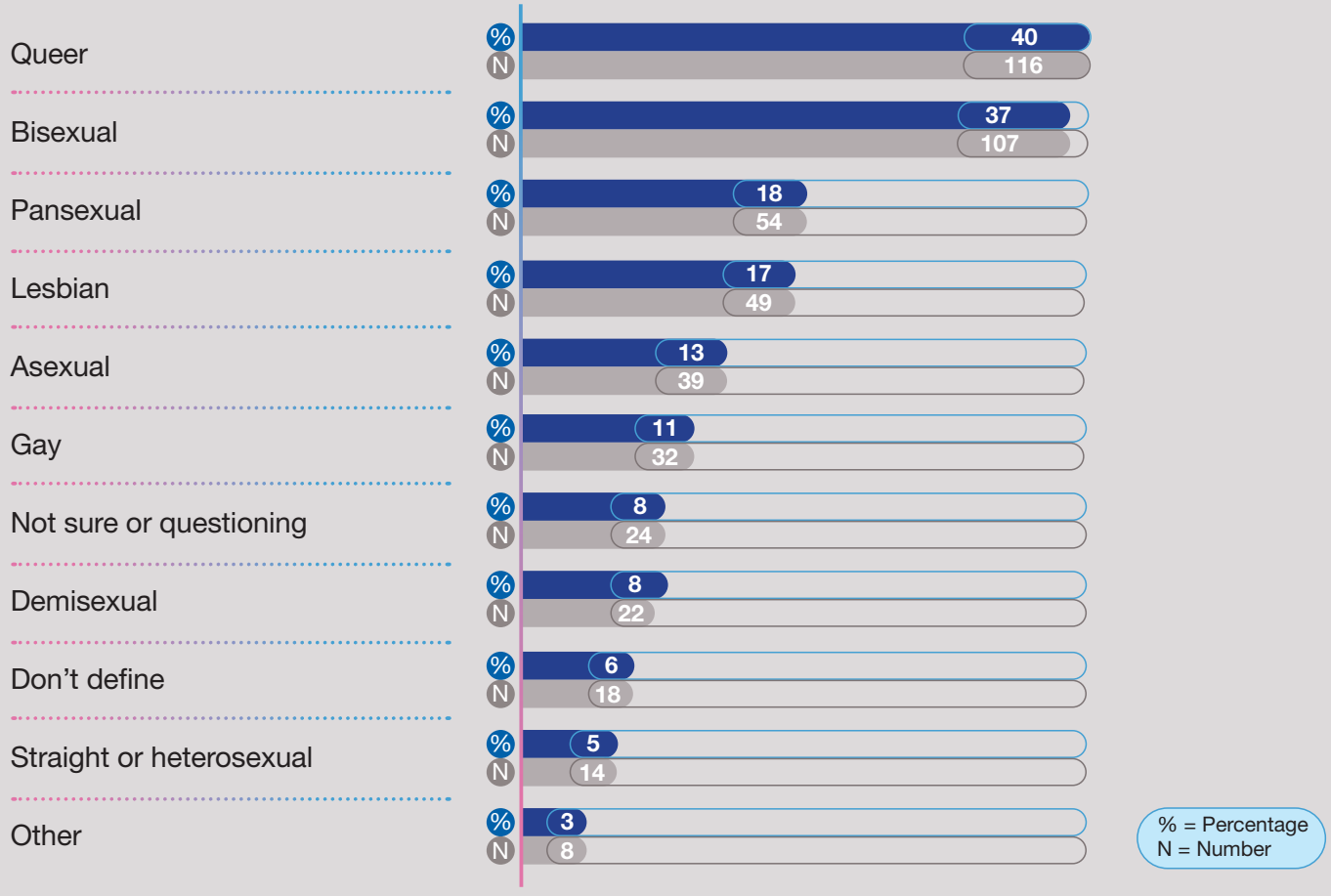
Respondents were asked if they would describe themselves as intersex, which was defined as an individual born with sex characteristics (like sexual anatomy, reproductive organs, and/or chromosome patterns) that do not belong strictly to male or female categories or belong to both at the same time. Seven percent (N=19) responded affirmatively that they would describe themselves as intersex.

iii. Sexual Orientation (N=292)

Respondents were asked how they currently identify in terms of their sexual orientation. In order for the diversity of attractions to be accurately recorded, respondents were able to select multiple identities when asked about their sexual orientation. The most commonly selected identity was queer (40%/N=116) followed by bisexual (37%/N=107).

This question was asked in *Speaking from the Margins* (N=107). One significant difference was the number of individuals who identified as straight or heterosexual decreased from 23% to 5% in this survey.

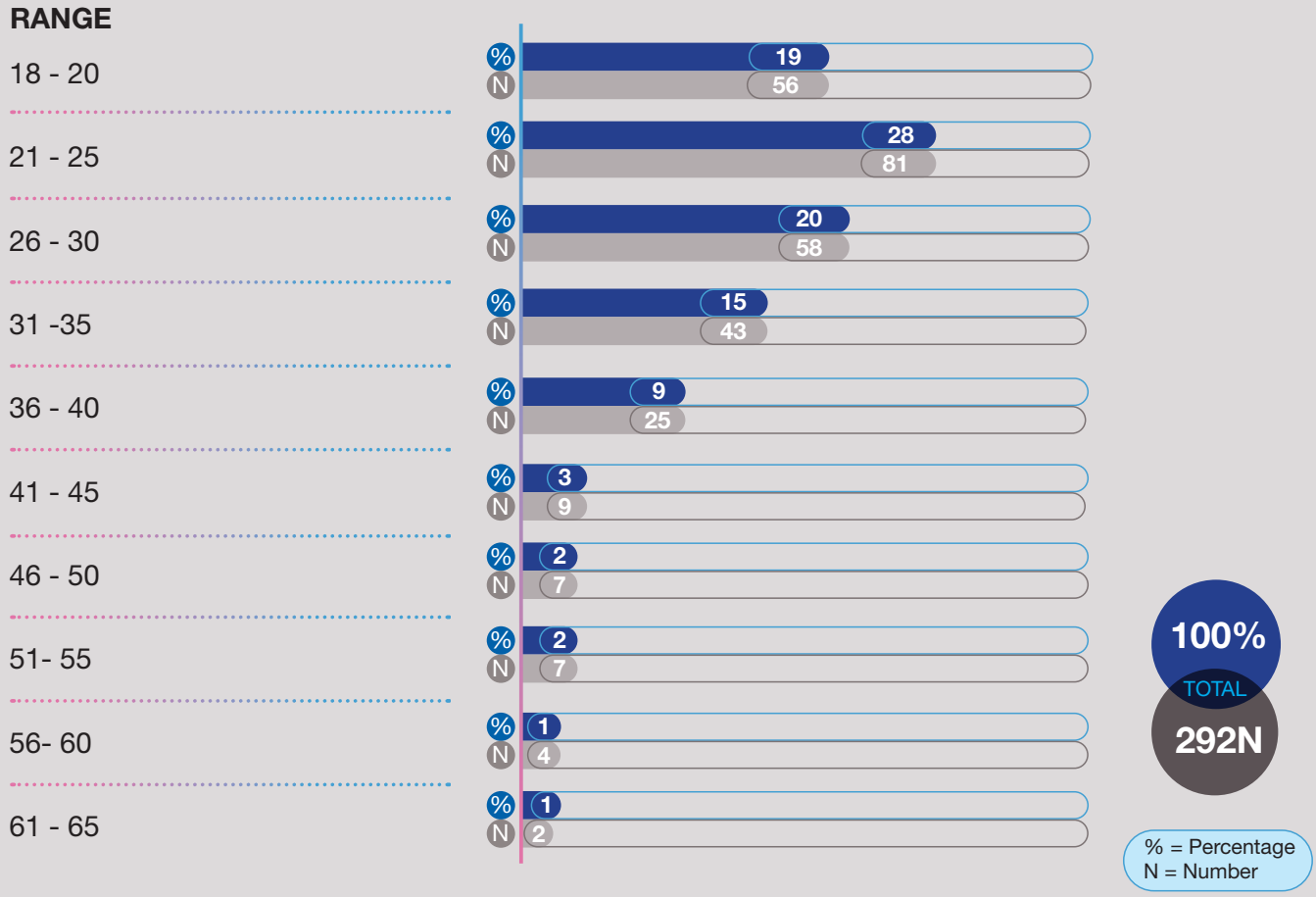
Table 3: Sexual Orientation of Survey Participants (N=292)



iv. Age (N=292)

The survey had a high proportion of youth respondents with 67% (N=195) being between 18-30 years of age. The youngest respondents were 18 and the oldest was 65. Only 4% (N=13) of respondents were 51 years of age or older.

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

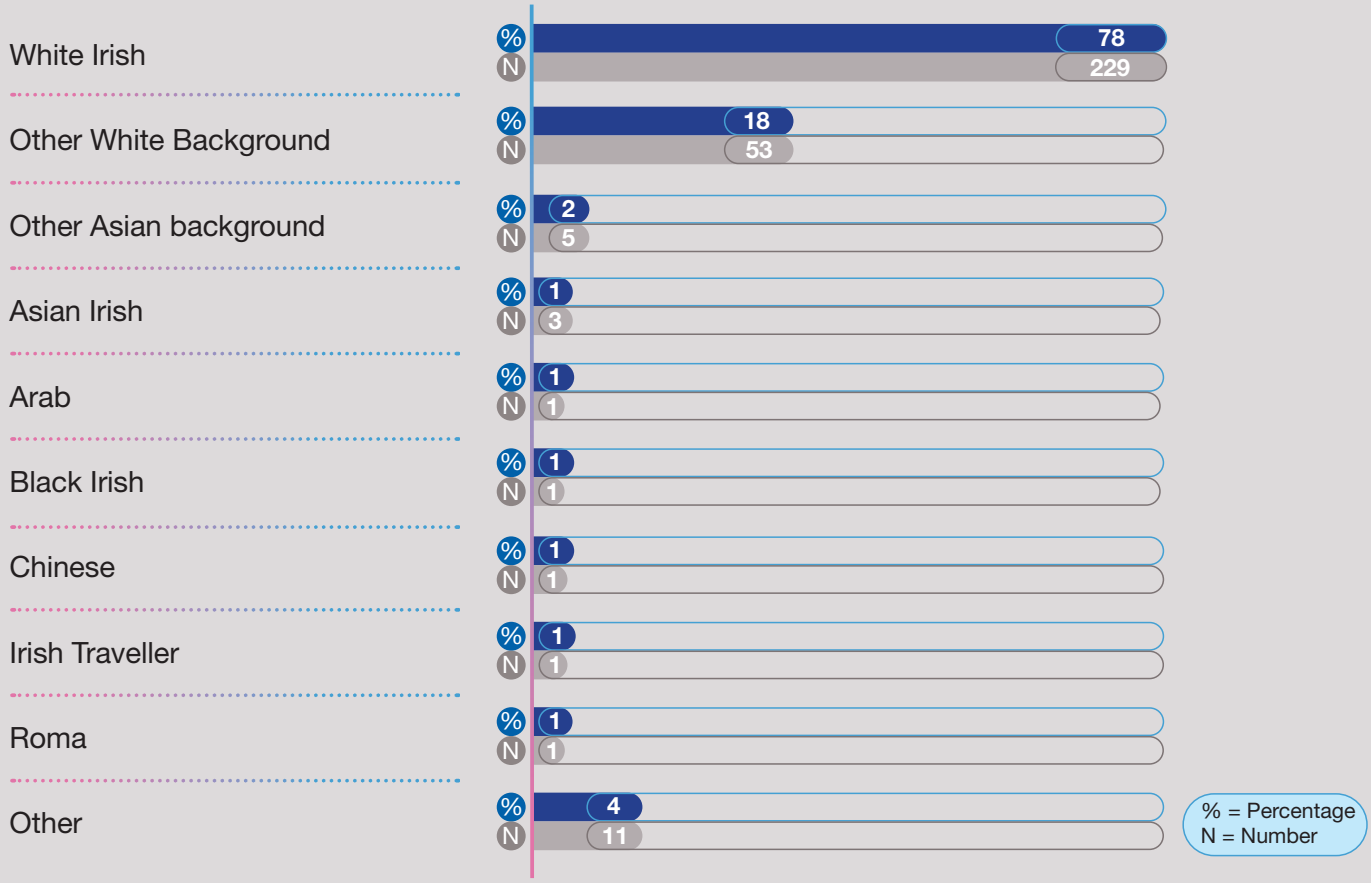


v. Ethnicity (N=292)

The vast majority of the respondents in this study 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[5]. Respondents were able to select multiple responses and participants were also able to select the 'other' category and include additional descriptors (e.g. Polish, Jewish, etc.).

[5] 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-diversity migrationethnicityirishtravellersreligion/ [Retrieved March 1, 2024].

Table 5: Ethnicity of Survey Participants (N=292)



vi. Disability, Neurodiversity, Access (N=277)

Eighty-two percent (N=226) of respondents shared that they experienced a disability (mental and/or physical) and/or chronic health issues:

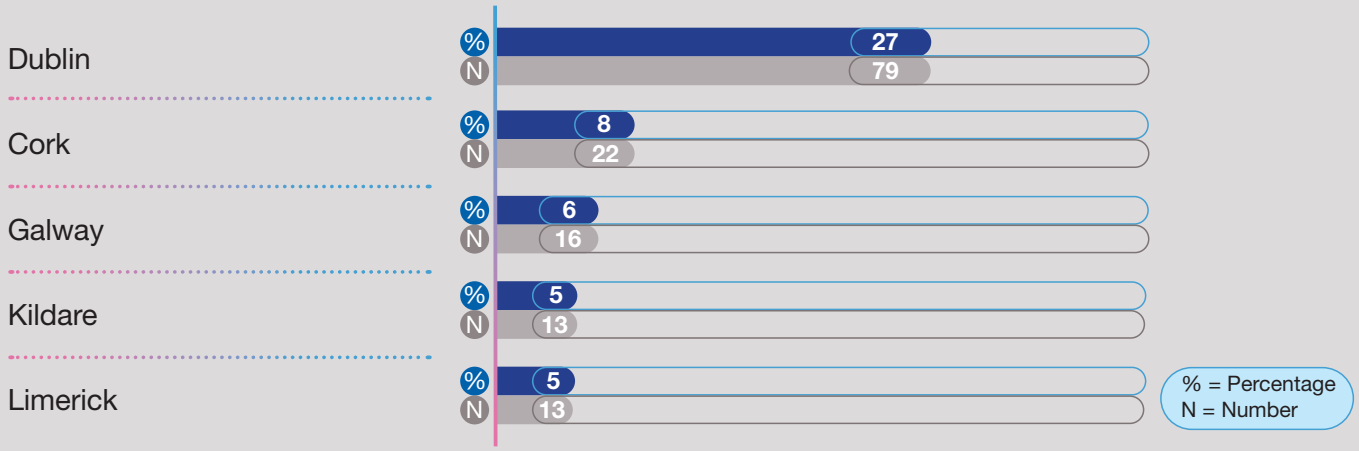
- 54% (N=150) reported experiencing mental health disability (including depression)
- 52% (N=145) reported experiencing autism, Aspergers or falling on the neurodiverse spectrum
- 16% (N=45) reported experiencing chronic pain
- 15% (N=43) reported experiencing a learning disability
- 14% (N=39) reported experiencing a chronic illness
- 10% (N=28) Physical or mobility disability
- 7% (N=20) Survivor of the psychiatric system

The widespread experiences of disability and chronic health issues reported by trans and non-binary respondents suggests an urgent need for healthcare services that are accessible to disabled and neurodivergent individuals. These services, and by extension healthcare providers, must recognise and respond to the unique experiences and needs of individuals with these intersecting identities and experiences.

vii. Location (N=288)

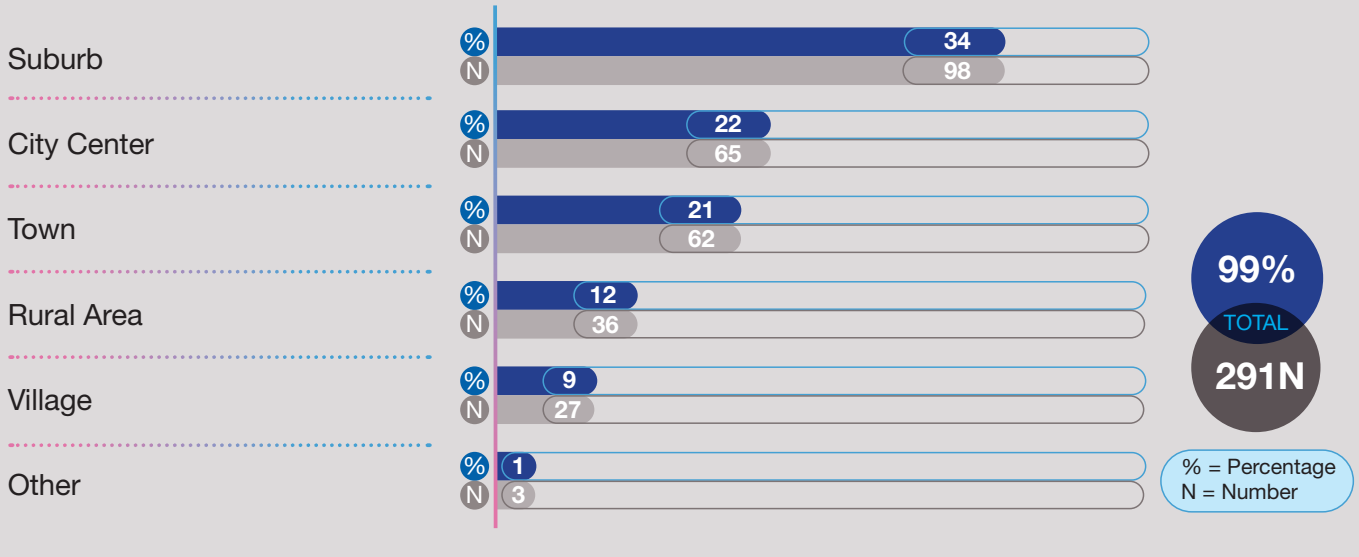
Survey respondents were living in diverse parts of the country, representing 21 counties in the Republic of Ireland and one county (Antrim) in Northern Ireland. It should be noted that 28% (N=80) of respondents simply stated they were living in Ireland or abroad. The county with the highest number of respondents was Dublin (27%), followed by Cork (8%), Galway (6%), Kildare (5%) and Limerick (5%).

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



There is some international data that suggests that trans and non-binary people are more likely to live in (and move to) urban areas in order to access employment, healthcare, and community. However, in this survey, when respondents were asked to describe the area they live in, only a small majority of respondents reported living in either suburbs (34%/N=98) or city centers (22%/N=65). Forty-two percent of respondents were living in towns (21%/N=62), rural areas (12%/N=36) or villages (9%/N=27). One individual stated that they were homeless.

Table 7: Location of Residence of Survey Participants (N=291)



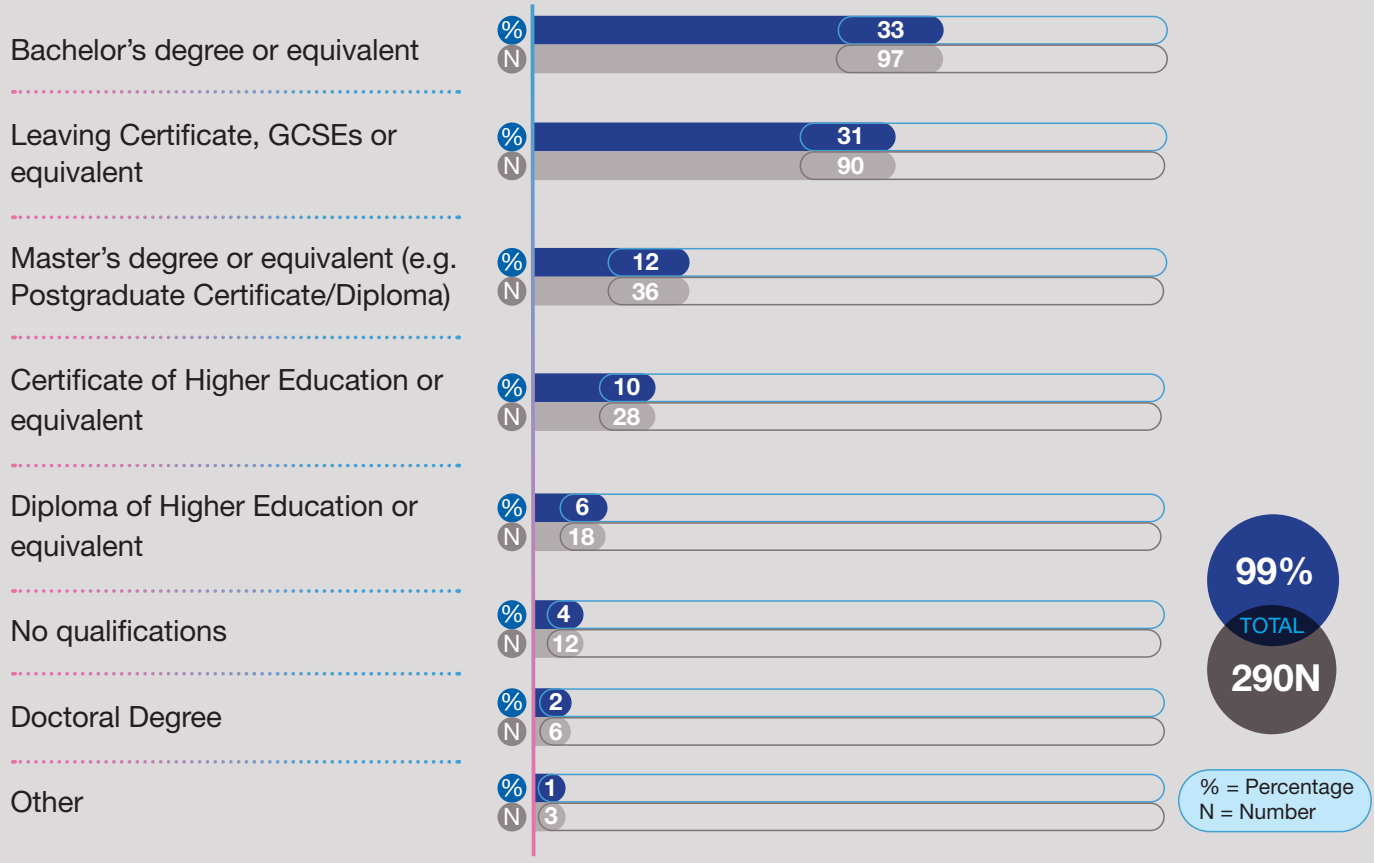
viii. Language (N=291)

Ninety-one percent (N=266) of respondents stated English was their first or main language. Seven percent (N=20) selected 'other' and the responses included nine Western and Eastern European languages, including 2% (N=5) listing Polish. One person included Arabic and one person stated the Gammon language. Only 2% (N=5) stated that Irish was their first language.

ix. Education (N=290)

Sixty-four percent (N=185) of respondents had or were engaged in third level education, with the highest proportion having achieved a bachelor's degree or equivalent. Almost one-third (31%/N=90) of respondents listed their highest educational attainment as the leaving certificate, GCSEs or equivalent, and 4% (N=12) had no qualifications.

Table 8: Education of Survey Participants (N=290)



x. Employment (N=289)

Respondents were asked about their employment situation and 50% reported being employed either full (38%/N=110) or part-time (12%/N=34). An additional 7% (N=20) were self-employed or worked freelance. Over one-fifth (21%/N=60) of respondents reported being in further/higher education.

International data suggests that trans and non-binary people are often unemployed or underemployed[6]. This was consistent with the respondents to this survey, as many reported challenges in relation to employment, with 9% (N=26) being unemployed and seeking work, which is double the current national unemployment rate of 4.5% (January 2024)[7]. Additionally, 8% (N=22) reported being permanently/long-term sick or disabled. A small number of respondents also reported being on a government sponsored training scheme (1%/N=4), unable to work because of short-term illness or injury (<1%/N=2) and being retired (<1%/N=2).

xi. Income (N=291)

Respondents were asked about their current personal income prior to tax or other deductions. Fifty-eight percent (N=169) reported income under €30,000 per year and of these, 22% (N=64) reported an income of €0 - €5,000 per year. In Ireland, the median annual gross earnings were €41,823 per year in 2022[8], suggesting that trans and non-binary people experience some economic disadvantages as a group. However, it is worth noting that there was a high proportion of students represented in this survey. A small number of respondents (6%/N=17) reported income over €100,000.

xii. Health (N=289)

Sixty-seven percent (N=194) of the respondents felt that their health was either 'excellent', 'very good', or 'good'. Seven percent (N=19) reported that it was 'bad' or 'very bad', with the remaining 26% (N=76) stating that their health was 'fair'.

xiii. Gender-Affirming Procedures and Transition Related Healthcare (N=289)

Respondents were asked if they considered gender-affirming procedures or transition related healthcare to be relevant to their experience. Sixty percent (N=173) stated that they are either currently undergoing a process (or part of a process) (43%/N=125) or have undergone a process (or part of a process) of gender-affirming procedures or transition related healthcare (17%/N=48). More than one-quarter (28%/N=81) are proposing to undergo a process (or part of a process) of gender-affirming procedures or transition related healthcare. Six percent (N=18) stated that they had not undergone and did not propose to undergo any gender-affirming procedures or transition related healthcare and 5% (N=15) stated they were unsure.

b. Survey Findings

i. Negative Experiences with Healthcare Providers (N=240)

Respondents were asked a series of questions related to their experiences engaging with healthcare providers by service type 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

[6] James, S.E., Herman, J.L., Rankin, S., Keisling, M., Mottet, L. and Anafi, M. (2016). The Report of the 2015 U.S. *Transgender Survey.* [online] Washington, D.C.: National Center for Transgender Equality. Available: https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf [Accessed 8 May 2023].
[7] Central Statistics Office. Monthly Unemployment January 2024. Available at: https://www.cso.ie/en/releasesandpublications/ep/p-mue/monthlyunemploymentjanuary2024/ [Accessed 1 March 2024].
[8] Central Statistics Office. Earnings Analysis using Administrative Data Sources 2022. Available at: https://www.cso.ie/en/releasesandpublications/ep/p-eaads/earningsanalysisusingadministrativedatasources2022/annualearnings/ [Accessed 1 March 2024].

service, (d) National Gender Service, Loughlinstown and (e) other gender related health service. Respondents were able to select multiple responses based on their experience with each service type (e.g. State that a healthcare provider had used the wrong pronoun on purpose in their engagement with mental health providers and GPs). While some respondents had very few negative experiences, many had experienced multiple negative experiences with various healthcare providers across a range of services.

The most common experiences reported in the survey can be categorised as microaggressions. Microaggressions refer to "subtle, covert, everyday experiences of discrimination against marginalised groups that can be conscious or unconscious and can include behaviors and comments—both verbal and psychological—that invalidate someone's identity or thoughts"[9]. While microaggressions may not always be motivated by malice, they still have a significant negative impact on a patient's experience, contribute to lower standards of care, and may serve as a deterrent the next time a trans or non-binary patient requires care[10].

Respondents also reported more blatant forms of discrimination, including 35% (N=85) who stated they experienced the denial or ending of care due to their identity, 28% (N=67) were belittled or ridiculed for being trans and/or non-binary, 7% (N=17) were asked to show or have their genitals examined where they felt this was unnecessary or inappropriate, and 6% (N=14) were touched inappropriately by a healthcare provider.

In this survey, respondents reported a wide range of experiences which are detailed below and elucidated with quotes from the survey. We list by the most common reported experience to the least common reported experience:

70% (N=169) of respondents reported that at least one healthcare provider had asked them questions about trans or non-binary people that made them feel like they were educating them. Over half (56%/N=135) had this experience in GP practices and 41% (N=99) reported this in engagement with a mental health service.

> *When visiting a GP typically when trans related things pop up, I'm consistently told they don't know much about that and usually I'm the one educating them. It is so defeating as it feels like my choices are then limited for gender-affirming care because they don't have a clue about the particular services or what services are even available.*
> ***(Trans man / boy, 19)***

[9] Nadal K.L. "That's So Gay!" Microaggressions and the Lesbian, Gay, Bisexual, and Transgender Community. American Psychological Association; Washington, DC, USA: 2013.
[10] 7 Microaggressions Trans People Face in Health and Mental Healthcare Settings. Available: https://blog.lighthouse.lgbt/transgender-healthcare-microaggressions/ [Accessed 1 March 2024].

"For other staff in the medical practice I attend, I have been perhaps the first trans/non-binary person they've worked with, so they have asked many questions that I've needed to educate them on. These questions were not invasive and harmful and genuinely seemed like they wanted to understand and make the system better. But there is just insufficient guidance and support for clinicians, so they are fearful and lost."
(Non-binary transmasculine, 30)

65% (N=157) of respondents reported that at least one healthcare provider had told them that they didn't know enough about a particular type of trans or non-binary care to provide it. This was most common in engagement with GP practices (57%/N=136) and mental health services (28%/N=66).

"The mental health service provider I had seen three times rang me, misgendered me, and called me by my birth-name even though I told them I preferred to go by another name, and then proceeded to tell me my case was too complex and they could not help. They gave me no mental health service contacts, even though they knew I had a history of depression. I have not heard a thing from them since, and that was two years ago. It was really disheartening, and I felt like my needs were being overlooked due their ignorance and lack of knowledge."
(Trans boy / man, 21)

> *Returning from GRS (gender reassignment surgery) the local practice nurse was unwilling to remove a catheter as she wasn't confident about reinserting it. Same situation with my GP.*
> ***(Trans woman / girl, 62)***

65% (N=155) of respondents reported that at least one healthcare provider had used the wrong pronoun or name by mistake and 31% (N=75) reported that healthcare providers had used the wrong pronoun or name on purpose.

"I was in an adult mental health service with the HSE for a number of years where they constantly misgendered and dead named me despite me saying numerous times, they would act like I never told them in the first place. This happened multiple times before I was referred to another service due to moving house."
(Agender genderqueer non-binary, 27)

"Consistently my GP from my hometown still refers to me by my dead name as he was my GP from when I was a child, even though I went to him about my anxiety/depression around being constantly referred to by my given name and gender."
(Agender non-binary, 30)

52% (N=124) of respondents reported that they had been given advice or suggestions by a healthcare provider that they thought was inappropriate. One-third (29%/N=70) of respondents reported this in engagements with GP practices and almost one-quarter (23%/N=54) of respondents reported this in engagements with mental health services.

> *I had so many GPs and consultants refuse to offer me a more permanent and less invasive solution to periods/contraception than an IUD when I have specifically been asking for an endometrial ablation or to have tubes tied for years for reasons they would deem 'more medically justifying' than 'just being trans' because at almost 30 I 'might change my mind'.*
> ***(Non-binary trans boy / man, 27)***

"When I had the appointment about surgery it was the biggest waste of time. She kept trying to convince me to go for a different type of surgery she made comments about my chest size. She kept trying to convince me to save money and go to a surgeon I didn't trust who in my opinion has worse results. I kept insisting I had done my research and had saved the money to go privately. She then decided that it must be my mom that's paying for my surgery and treating me like I was incompetent. She thought it was necessary to tell me that if I go abroad for surgery I'll have extra costs and kept directing these comments to my Mom even though we kept telling her I was paying for it myself. When she finally accepted that she kept saying I was getting a loan. She constantly belittled me."
(Trans man / boy, 22)

50% (N=120) of respondents reported that at least one healthcare provider had refused to discuss or address a particular trans or non-binary related health concern with them. This occurred most frequently in engagements with healthcare providers in GP practices with over one-third (35%/N=84) of respondents reporting this experience.

"My previous GP refused to provide me with blood tests due to trans care being 'complicated', and they didn't know about it. This was extremely distressing, especially as I had already started HRT [hormone replacement therapy] by then. He basically strung me along, putting my health at risk."
(Agender non-binary trans woman / girl, 38)

GP refused blood tests for me, leaving me in potential danger, however luckily, I was able to source them privately myself. Refused shared care with GenderGP too.
(Transsexual trans woman / girl, 26)

"My first GP in Ireland was a wonderful woman, who did her best to help as much as she could. However, the owner of the surgery got wind of myself and my partner being trans. Suddenly, everything became more difficult. Phone calls were not answered, dead names were used, and when we eventually got through, just to discuss shared care, we were given an hour-long lecture about detransitioners and the harms of trans healthcare. From that point on, they refused to even do us blood tests or book us in for appointments if they even suspected we were going to discuss trans needs. Likewise, the original GP soon left, and a complaint to the HSE was never completed."
(Non-binary, 35)

48% (N=115) of respondents reported that their gender identity was treated as a symptom of a mental health issue rather than their genuine identity. This occurred most commonly in engagements with mental health services (31%/N=75) and GP practices (20%/N=49).

"The same psychologist, once she learned I have autism spectrum disorder, spent the rest of the appointment insisting that I am not trans and just want to 'fit in'. As we all know, trans women are the most socially accepted group in the world right now."
(Trans woman / girl, 27)

47% (N=113) of respondents reported that at least one healthcare provider had asked them questions about their gender identity that they felt were irrelevant and that made them uncomfortable. This occurred most commonly in engagements with mental health services (23%/N=56) and GP practices (19%/N=45).

I was subjected to a private endocrinologist conducting his own 'psychiatrist' test on me (despite already having two psychiatric referral letters) which included asking me about my genitals, asking if I had 'the thoughts and feelings of a man' which he then described as getting angry and aggressive in public.
(Trans man / boy, 25)

46% (N=111) of respondents reported that at least one healthcare provider had asked questions about their sexual behaviour that they felt were irrelevant and that made them uncomfortable. This occurred most commonly in engagements with mental health services (20%/N=49) and GP practices (18%/N=43). However, this was also experienced by one-fifth (19%/N=45) of respondents attending the National Gender Service.

"I would choose to not return to the National Gender Service if I felt I had any other choice. Was asked very invasive questions about my sex life, positions, acts and my previous partners. Insinuated that me being a top in bed was related to sexual trauma despite me saying the opposite."
(Genderqueer non-binary trans man / boy, 24)

"The long screening interview in Loughlinstown [National Gender Service] asked many questions about my sexual history and sexual orientation. While I answered them, I felt they were overly intrusive and there was no underlying reason given for asking the questions."
(Non-binary trans woman / girl, 50)

> *My GP wanted to know about my sex life with my partner when I told him I was trans.*
> ***(Non-binary, 32)***

43% (N=103) of respondents reported that at least one healthcare provider had used hurtful or insulting language about trans or non-binary people. This occurred most commonly in engagements with GP practices (21%/N=51), general health service/hospital (20%/N=49) and mental health services (20%/N=47).

"I have overheard in the past mental health service therapists talk bad on trans identities or phrase questions to me that would make me uncomfortable, in answering truthfully I have also had doctors try to talk around the issue of medical help and care such as local GPs for trans people."
(Genderfluid non-binary, 19)

41% (N=99) of respondents reported that at least one healthcare provider had asked questions about their body that they felt were irrelevant and that made them uncomfortable. This was most likely to have occurred in engagements with GP practices (17%/N=41) and the National Gender Service (17%/N=40).

"During my consultation for top surgery I was asked about a concern I had raised over a year earlier about my vaginal health - which was irrelevant to the assessment. I was also then asked to explain how I was 'still having sex while experiencing that' which caused me to feel I had to hint at having anal sex in a consultation that was about my chest."
(Non-binary trans man / boy, 24)

36% (N=86) of respondents reported that at least one healthcare provider had discouraged them from exploring their gender. This was most likely to have occurred in engagements with GP practices (20%/N=48) and mental health services (18%/N=44).

"I had a mental health professional try to convince me out of top surgery with references to kids or a husband who I may want them for. I was single with no intentions of kids for that moment and there are options other than keeping a body part that gave me such distress."
(Non-binary, 37)

> *I had a member of the mental health service while I was under 18 try 'fix' my gender and sexuality, they were recommended in particular by my GP.*
> ***(Genderqueer non-binary trans man / boy, 20)***

"I went to CAMHS [location removed] at age 17 due to self-harm and gender dysphoria, but primarily due to my desire to get access to hormones. There I was treated very poorly by two psychiatrists; I was misgendered continuously, I was not listened to and was completely denied bodily autonomy. They told me that I 'hadn't tried hard enough to be a girl' despite the fact I had been living confidently as a man for four years prior. My wishes for my own care were continually ignored and rejected. My time there made me feel hopeless, I felt I would never access the care I needed. I left each appointment feeling more hopeless and more suicidal as they continued to tell me that I wasn't who I said I was."
(Trans man / boy, 23)

35% (N=85) of respondents reported that at least one healthcare provider had denied them care or ended care because they were trans or non-binary. This was most likely to have occurred in engagements with GP practices, with one-quarter (25%/N=61) of respondents reporting this experience. However, this experience was also reported by 10% (N=23) of respondents engaged with the National Gender Service.

"My first GP didn't even put me on the list for Loughlinstown [National Gender Service]. I asked if he would refer me, he said he would, and then didn't. I had to go behind his back and refer myself. I've been on the waiting list for over a year at Loughlinstown, I have heard nothing from them. I consider this a denial of care."
(Non-binary trans woman / girl, 30)

"Local HSE general mental health service refused to provide therapy due to me being transgender."
(Trans man / boy, 23)

> *My original GP refused to treat me as she saw it as harming a 'perfectly healthy young man'.*
> ***(Trans woman / girl, 21)***

35% (N=83) of respondents reported that at least one healthcare provider had used terms to describe their body parts (e.g. genitals, chest, etc.) that made them uncomfortable. This was most likely to have occurred in engagements with GP practices, with one-fifth (19%/N=46) of respondents reporting this experience. However, this experience was also reported by 11% (N=27) of respondents engaged with the National Gender Service.

"I was asked: what are you? They pointed at my genitals and asked me 'what is that?' While examining my anus for a tear after a rape. They called me 'it' until I explained."
(Trans woman / girl, 38)

"Inappropriate commentary on my genitalia from a sexual health care provider who also asked invasive questions about my surgeries."
(Trans man / boy, 30)

33% (N=80) of respondents reported that at least one healthcare provider had given treatment that they thought was inappropriate. This was most likely to have occurred in engagements with GP practices (16%/N=39) and mental health services (15%/N=36):

"I had a psychiatrist who completely disregarded anything I said, belittled me and gave me only two options of care, either medication I didn't want or a 3-month psychiatrist stay."
(Trans man / boy, 23)

28% (N=67) of respondents reported that at least one healthcare provider had belittled or ridiculed them for being trans and/or non-binary. This was most likely to have occurred in engagements with GP practices (14%/N=34), mental health services (14%/N=33) and general health service/hospital (11%/N=27):

> *Working as an intern, witnessed surgeons deride a trans woman under their care in the office. Working in the Emergency Department, a trans woman who had a suicide attempt was verbally abused by a healthcare assistant (who was suspended subsequently).*
> ***(Trans woman / girl, 32)***

"Off the top of my head one experience comes to mind - I was in A&E after a suicide attempt, wearing trans tape on my chest to bind. The nurse had to do an EKG, questioned the tape, mocked the concept of it, then began treating me completely differently now she knew I was trans. Made active effort to use my dead name and she/her pronouns, shushed me when I tried to correct her when she was giving my information to a doctor, barely doing anything to help. I remember being made to Google how many mL are in a nagin of vodka, how dangerous the pill cocktail I'd taken was, etc. because she couldn't be bothered. She then took three hours to inform my team in the psych department that I was there at all."
(Trans man / boy, 23)

"Others were refusing to use the correct pronouns when corrected multiple times, I was scoffed at, had eyes rolled, they had little to no interest in my genuine health concerns (related to my being trans or not) as soon as they heard I was trans/non-binary."
(Non-binary trans man / boy, 27)

28% (N=66) of respondents reported that at least one healthcare provider had showed unprofessional levels of curiosity about what their body parts look like. This was most commonly reported in engagements with GP practices (11%/N=26), general health service/hospital (11%/N=26) and at the National Gender Service (10%/N=23).

> *I was quizzed repeatedly about my sexual preferences and desire for surgery during a very awkward procedure at the hospital. She asked every question under the sun while performing an ultrasound.*
> ***(Trans woman / girl, 27)***

"Loughlinstown [National Gender Service], [name of doctor removed] was very interested in the size of my breasts and would not quit asking me what size bra I wore, I felt sexually harassed by him, a very unprofessional man."
(Trans woman / girl, 52)

> *Loughlinstown [National Gender Service], also had asked me extremely invasive questions about my body, about how I liked to have sex, where I wanted to be touched (like they would ask about specific parts, e.g. nipples, genitals), where I found partners, what ways I like to have sex - none of this is relevant to me being trans nor is it relevant to me seeking HRT [Hormone Replacement Therapy].*
> ***(Genderqueer non-binary trans man /boy, 27)***

Almost one-quarter, 24% (N=58) of respondents reported that at least one healthcare provider had told them that they were not really trans or non-binary. This was most likely to have occurred in engagements with mental health services, with 16% (N=38) reporting this experience and to a lesser degree with engagements with GP practices with 9% (N=21) reporting this experience:

"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)

> *In the past I identified as non-binary, my GP told me I'm not transgender because that word is only for MTFs [male-to-females] and FTMs [female-to-males], he didn't listen when I told him otherwise.*
> ***(Trans man / boy, 21)***

20% (N=49) of respondents reported that at least one healthcare provider had thought the gender listed on their ID or forms was a mistake. This was most likely to have occurred in engagements with general health/hospital services, with 15% (N=35) reporting this experience.

"There have also been times I have submitted forms with Mr. instead of Ms. and they automatically changed it to Ms. because of my first name. In general, people in medical settings will not use non-binary language and pronouns, such as 'they', which are my preference."
(Genderfluid non-binary, 39)

"Hospitals have actively changed my gender from non-binary despite that being an option I was offered in their systems when registering."
(Non-binary trans man / boy, 27)

18% (N=43) of respondents reported that they had been discharged as a patient against their wishes. This was most likely to have occurred in engagements with mental health services (7%/N=17), National Gender Service (5%/N=12) and general health service/hospital (5%/N=12).

"Was discharged from NGS for identifying as non-binary when already self medicating."
(Trans woman / girl, 29)

> *I've had counsellors reject me as a client because they don't know how to treat a trans person despite my assurance that my problems weren't related to my gender identity.*
> ***(Trans man / boy, 25)***

7% (N=17) of respondents reported that at least one healthcare provider asked to see/examine their genitals, where they felt this was unnecessary or inappropriate. This was most likely to have occurred in engagements with GP practices (5%/N=11) and general health/hospital services (4%/N=10).

"Inappropriate commentary on my genitalia from a sexual health care provider who also asked invasive questions about my surgeries."
(Trans man /boy, 30)

6% (N=14) of respondents reported that at least one healthcare provider touched them inappropriately. This was reported to have occurred at least once with healthcare providers in all types of services but most commonly occurred in engagement with general health/hospital services (3%/N=6) and GP practices (2%/N=5).

"I had one junior surgeon in Loughlinstown [National Gender Service] grabbing my crotch when I was using testosterone implants. I made a written complaint and didn't see that doctor again."
(Trans man / boy, 57)

> *At the age of 17 I had my chest felt by my GP in front of my mother, who then outed the fact that I was DIYing HRT [hormone replacement therapy] to her.*
> ***(Trans woman / girl, 18)***

ii. Responses to Negative Treatment (N=240)
To better understand the impact of negative treatment and institutional violence on trans and non-binary people, respondents were asked a range of questions about their responses to negative treatment, or fear of negative treatment, and experiences with healthcare providers across different services. Respondents were able to select multiple responses based on their experience with each service type.

55% (N=133) of respondents reported that they have withheld information from, or lied to, a medical professional who they were seeing in relation to their gender. Thirty-eight percent (N=90) stated that this occurred with engagements with GP services, 29% (N=69) with mental health services and 21% (N=51) with general health service/hospital. However, this was also common with respondent engagement with the National Gender Service, with 14% (N=33) stating they felt they could not be honest or fully open.

> *I made an effort to present myself as more masculine and binary than I am to both the endocrinologist and psychologist, just in case I was denied care if they knew I used to identify as non-binary.*
> ***(Trans man / boy, 22)***

"I have kept the fact that I am non-binary from the NGS [National Gender Service] the whole time I have been under their care - and lied through all my assessments to present the most 'clear cut' case possible."
(Non-binary trans man / boy, 24)

"I have felt the need to lie about my gender to medical professionals, as I am worried about being dismissed like I was previously, even if my current (different) psychologist seems to show understanding. I am afraid of doctors and mental health people treating me differently if they discover I am trans."
(Agender genderqueer non-binary demi-boy xenogender, 21)

Nearly half of respondents (47% / N=112) reported that they had avoided seeking urgent medical attention or support when distressed due to how they might be treated as a result of being trans or non-binary. This was true for 30% (N=72) of respondents in their engagements with GP services, 28% (N=68) with mental health services and 27% (N=65) with general health service/hospital.

"I have not harmed myself except in not seeking help when I should have in fear of the response I would get and the questions I'd be asked."
(Non-binary, 37)

> *Overall the experience with healthcare in Ireland has made me feel so lost in my own country. I've lived here all my life and know these streets but to walk down the road knowing if I'm sick, I will not be accepted as my true self unless I lie about my identity.*
> ***(Trans man / boy, 27)***

44% (N=106) of respondents reported that they felt they needed to do things they didn't want to do. This was most likely to happen as a result of engagements with GP services (20%/N=47), mental health services (19%/N=45) and at the National Gender Service (19%/N=45).

"I've largely felt that if I dressed the way I wanted to dress, I would not be taken seriously by medical professionals. I often wear things that I feel would get me the proper respect because of my biological physical appearance so that they will give me better care."
(Genderfluid non-binary, 39)

"I feel the need to alter my appearance to present as masculine as possible whenever I have a medical appointment where I am out, and I have to dress feminine and become extremely distressed because of it when I have an appointment where I am not out because I do not feel safe. In neither situation do I feel safe or comfortable, and it makes my own medical care extremely difficult to advocate for."
(Non-binary trans man /boy, 27)

Over one-third, 36% (N=87) of respondents reported that they felt like they wanted to harm themselves in relation to, or because of, their experiences with medical professional(s). This was most likely to result from engagements with mental health services, with nearly one-fifth of respondents (19%/N=45) reporting this experience. However, it was also commonly reported in engagements with GP services (17%/N=40) and the National Gender Service (14%/N=34).

"I'm going to be blunt and say that CAHMS made me more likely to take my own life and I was asked awful invasive questions while actively self-harming and contemplating taking my own life, that was 5 or 6 years ago and I'm in a much better place, but mental health services in Ireland border on torture."
(Trans woman / girl, 24)

"I have wanted to harm myself because nothing is progressing and there is no help."
(Non-binary trans man/ woman, 30)

> *Due to the stress of the wait list of Loughlinstown [National Gender Service] I have felt very depressed, that coupled with people's stories of how poor the service is has made me seriously consider self-harming again.*
> ***(Trans woman / girl, 23)***

One-fifth, 20% (N=48) of respondents reported that they had harmed themselves in relation to, or because of their experiences with medical professional(s) in this service. This was most likely to happen as a result of engagements with mental health services (11%/N=27), GP services (9%/N=21), and at the National Gender Service (8%/N=19).

"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)

> *I lost a lot of weight, I started drinking and smoking after 4 years in AA, because of my experience with the National Gender Service.*
> ***(Trans man / boy, 23)***

29% (N=69) of respondents reported that they had missed an appointment on purpose due to negative experiences with a medical professional. This was most likely to happen as a result of engagements with mental health services (16%/N=38) and GP services (14%/N=34).

"I have cancelled gynecology appointments and avoided rebooking or booking them elsewhere in fear of misgendering terms used and being trapped on the table in the midst of that."
(Non-binary, 37)

"I cancelled an appointment with [name of doctor removed] after hearing stories about how he treated patients."
(Trans masc non-binary, 29)

13% (N=32) of respondents reported that they withdrew from gender-affirming treatment due to negative experiences with a medical professional. This was most likely to happen as a result of engagements with other gender related services (6%/N=14), GP services (5%/N=11) and the National Gender Service (5%/N=11).

"I stopped going to NGS [National Gender Service] once my GP agreed to take over my care. I couldn't deal with the questions and waste of time sitting for hours for a 10-minute appointment."
(Trans man / boy, 33)

EMERGING THEMES

In this section we will look at emerging themes and experiences related to access to general healthcare services and the diverse needs of our community.

a. Non-Binary Identities

In the 10 years since *Speaking from the Margins* was published, there has been significant changes in Ireland and across the globe in relation to the visibility of trans and non-binary experiences. In this survey, the category 'non-binary' was the most selected term for gender identity with over one-third (37%/N=109) of respondents identifying with the word and many more who identified as genderqueer, genderfluid, agender, bigender, etc. (discussed more in the demographics section). This is in contrast to the 9% who used that term in *Speaking from the Margins*. What many of the non-binary participants expressed in this study was the regular denigration and dismissal of their identities by healthcare providers and the withholding or denial of treatment to those who do not express traditional trans (binary) narratives:

> *The constant proving yourself. If I'm not performing the way they think is correct. They'll just deny me.*
> ***(Riley, trans non-binary, 22)***

"Loughlinstown [National Gender Service] denied me because I'm non-binary, and literally said I 'need to work on social transition', despite me being out for almost a decade, they want me to not be nonbinary. They also told me I 'wasn't emotionally ready to start testosterone' despite me being on it a year by that time."
(Genderqueer non-binary trans man / boy, 27)

b. Neurodiversity

A significant portion of study participants shared how their neurodiversity negatively impacted their access to gender-affirming care. Participants shared that healthcare providers routinely dismissed or denied their trans or non-binary identity when they found out they had Autism spectrum disorder (ASD):

"My psychotherapist told me numerous times when I brought it up that I was only trans or non-binary because I have ASD not because she thought they were real things."
(Agender non-binary, 30)

> *I think the big thing is how difficult it is to access diagnosis as a neurodivergent person. I've known so many people who've put off getting a diagnosis for other things until they can get a gender dysphoria diagnosis because it can make it so much more difficult. And you kind of get the brush off as hyper fixating on something or not fully knowing what you're on about just because of your neurodivergency.*
> ***(Ruadh, trans non-binary, 20)***

Participants found that this denial of autonomy and self-determination had a negative impact on their mental health and wellbeing:

"It felt like they were asking me questions about my autism and saying, 'do you think that affected you in regards to your identity' and also asking me about relationships I may have had and that kind of stuff. They asked me, 'do you think that maybe your potential lack of relationships or lack of any sexual experience may be affecting you' and that kind of stuff. I answered them and I said no I don't think so. It just felt not particularly nice. And I think it felt invasive for the sake of maybe being invasive and trying to catch you out almost."
(Riley, trans non-binary, 22)

> *National Gender Service asked about my sex life, how young I started masturbating, when I first started thinking sexual thoughts about classmates. They made baseless guesses about my sexuality, told me I was too autistic to get HRT [hormone replacement therapy] unless I saw their psychologist (after waiting 4 years), and that I would not get HRT unless I became employed or 'left the house more'. I have literally just graduated my degree course and I'm trying to find work in my field. They made assumptions about my social life, constructed a narrative that I had no friends and never went out, and implied that my family (who accept my transition) might actually dislike my being transgender and that I am simply too autistic to notice this.*
> ***(Trans man / boy, 29)***

IN FOCUS: GENDER SERVICES

Through the course of this study, trans and non-binary people shared a wide range of experiences of institutional violence in healthcare settings and in their treatment by healthcare providers. Given the specific centrality of gender-affirming care to the health needs of trans people, in this section we will highlight the experiences of trans people in gender services.

a. Lack of Knowledge Among Health Providers

One of the most common experiences expressed in the survey, interviews and focus groups was the widespread lack of knowledge among healthcare providers and the requirement for participants to educate these providers on their identity, experience, body, and needs:

"I've had to fight my own way to get there, and I find myself having to educate. I've probably educated at least, more than 20 doctors and probably helped more than 50 young trans people in Ireland and in England."
(Dáithí, trans man, 27)

In order to do this, participants felt that there was a requirement to become an "expert" on their own healthcare creating experiences of minority stress:

"I had to literally Google everything myself and see what I could find or join groups on Reddit or whatever I could find because I didn't know what I was saying. Nobody could explain to me anything… We have had to become experts because we have to educate ourselves. But at the same time, I am tired of having to explain everything to everybody and I'm tired of having to justify my existence and not be respected in the healthcare community just because of that. Not everybody might have the capacity to explain everything, and it shouldn't be on us to do their work."
(Alex, trans non-binary, 32)

> *The anger was transferred to, 'okay I'm not going to depend on these people to look after me and my healthcare. I'm going to look after myself.' And I appreciate and I understand, not everybody's able to do that. Not everybody has that ability.*
> ***(Michelle, trans woman, 63)***

This dynamic often leaves participants unable to get the care or support that they need:

"I have found myself trying to explain what dysphoria is to mental health professionals before and I guess explaining the importance of coming out because I've been wanting to get advice on that and then having to explain why I want to come out and why I just need the help and I'm not trying to decide if I should or not. It's just more the 'how'. Personally I find it a bit odd, I'm sitting there explaining this to someone who I'm hoping can explain it to me."
(Ruadh, trans non-binary, 20)

b. Gatekeeping & Barriers to Healthcare

Participants articulated a wide variety of barriers they experienced when trying to access care. One of the most common experiences cited in this study was the impact of medical gatekeeping, which refers to the practice of limiting health resources and services for certain populations[11]. Healthcare providers, particularly those at the National Gender Service, hold a lot of power in determining who can or cannot receive treatment. While gatekeeping is a feature of all modern medicine to a certain degree, trans and non-binary people are required to demonstrate a "heteronormative, cisgender understanding of transness"[12] and risk denial of care if they do not. This is particularly true for those who do not "fit" a standard (generally binary) trans narrative:

"The fear of being a non-binary person trying to access these kinds of services and hormone treatments and stuff like that, I'd be so worried that I wouldn't be taken seriously in my treatment because I'm non-binary, even though I know that those treatments would be good for me."
(Ruadh, trans non-binary, 20)

"The key piece here that needs to happen right now is that the trans person needs to be believed! Because you go in there having to prove yourself, not that you're going in there being listened to, believed, and then treated. And therefore from the day one you're hit with a negative reaction, you're hit with a gatekeeping model. You're hit with, 'I have to jump through hoops to get through this system'. They [healthcare providers] need to provide the message, 'we are here to support and help you. We're not here to put every barrier in your way'. Because that's what it is right now."
(Michelle, trans woman, 63)

[11] Wiegand, A. (2021) 'View of Barred from Transition: The Gatekeeping of Gender-Affirming Care during the Gender Clinic Era,' Intersect, 15(1): https://ojs.stanford.edu/ojs/index.php/intersect/article/view/2056/1419.
[12] Wiegand, A. (2021) 'View of Barred from Transition: The Gatekeeping of Gender-Affirming Care during the Gender Clinic Era,' Intersect, 15(1): https://ojs.stanford.edu/ojs/index.php/intersect/article/view/2056/1419

A significant number of participants spoke about how this gatekeeping was tied to their sexual orientation, desires, and practices, requiring them to disclose intimate details in assessments to determine their suitability for treatment.

"The second psychiatric interview did feel really violating, in terms of the detail and so on and the invasive questions and after 20 years of being legally male, having to prove that I'm trans enough to have gender bottom surgery and I mean who does he think he is. Yes, I mean this is the amount of gatekeeping and that I did feel violated emotionally from."
(Peter, trans man, 57)

"I shouldn't have to be that different person, to be myself. It's horrible and I live with that. The flashbacks that I get of how I acted in the assessment to perform for him. At the end of the assessment, he said, 'well, that went a lot easier than we all had expected'. I fucking hate those words. I hear them all the time. I mean, he knew I had a problem with that. He asked me so many questions, you know, 'So go on, tell me how you orgasm and do you watch porn? And how do you masturbate, have you performed oral sex on men? How does it feel when you perform oral sex on men? Have you had anal penetration? How does it feel when you have anal penetration?' And lots and lots of questions. He knew my aversion to those and he did not have to ask me those questions in detail."
(Beth, trans woman, 44)

The result of this gatekeeping is that patients learn to say what is needed to access care and are often unable to participate in an open clinical relationship, as disclosing the truth or a more nuanced experience may mean they will be rejected or denied care:

> *So now it's at the point where I realised that I may need to go back to the National Gender Service and then there's the case of waiting lists again and almost that feeling of having to prove myself again…at this point I know that if I did go back for hormones with them, I would lie, I would straight up lie and be like, 'oh yeah, no, I'm a trans man, 100%. I don't like anything feminine. Hate my body, don't like it, what it looks or anything like that,' which is not true. But I would do that to increase my chances of them allowing me hormones.*
> ***(Riley, trans, non-binary, 22)***

Participants also expressed that because there is no standardised clinical pathway or guidelines for treatment in Ireland, they feel "at the mercy" of the provider, who has considerable power:

"There are no correct guidelines, there's no actual structure in how we're dealt with. It means that it could be literally one person standing in your way, telling a lie or doing the wrong thing, or they might be bigoted or ignorant. So you're completely at the mercy of maybe one person and there's no other protections in the system. That person might be good and might help you. But then again, it's luck. It's complete luck and it should be standardised. There should be standardised guidelines and a whole system and that just isn't the case. So every single time you go in for any kind of healthcare thing, you're just rolling the dice on who you get. It could be the best appointment ever, it could be incredibly stressful, it could be the worst. And there's no, there's no way of telling. It's very rarely the best person in the world. I'll say it's usually the worst person in the world in that particular situation."
(Séan, trans man, 29)

Participants also felt that this power often had no constraints, particularly in the case of the National Gender Service, where there is a monopoly on trans care as they are the main purveyors of support and treatment, and there are very few accountability mechanisms:

> *There's no redress, there's nothing you can say. They are permitted to behave in these ways. There's nothing to say 'no, you can't do that, [name of doctor removed]'. There's no authority over them, just nobody you can escalate to when you feel like it's not the right thing and you're just left in the hands of these doctors and that's it. Like there's nothing else…It's a monopoly on trans healthcare.*
> ***(Beth, trans woman, 44)***

These experiences highlight the need for patient centered care, where trans people have a voice in decisions about their care and treatment. As one Clinical Psychologist said:

"I do think there is a good evidence base, and clinically I can speak to the fact that this work has helped many, many, many people. I wouldn't be doing this if I had worries about that and so I would hope that the patient voice or the patient experience really can be centred in all things, all big decisions around trans healthcare…I know it helps. I know it makes people's lives immeasurably better And so I hope that we can get past all the rest of the red tape or whatever else it is to find a way to be able to provide that on a wider scale."
(Clinical Psychologist)

c. Pathologisation

The pathologisation of trans identities is a core component and major contributor to trans peoples' experiences of institutional violence in medical settings. There is a long history of mental health diagnoses being misused to pathologize identities and stigmatise human diversities[13]. It is part of the gatekeeping process described above. In virtually all cases, medical professionals in Ireland require a diagnosis of Gender Dysphoria/Gender Incongruence/Gender Identity Disorder in order to access medical transition services such as hormone therapy or surgery. As a result, trans and non-binary people are often required to see a psychiatrist prior to being able to access gender-affirming healthcare.

In the survey, respondents were asked if they were seeking a mental health diagnosis of Gender Dysphoria/Gender Incongruence/Gender Identity Disorder in order to medically transition (e.g. get hormones and/or surgery). Of those who answered this question (N=122), 67% (N=82) answered "yes". When asked if they were able to obtain this diagnosis (N=187), 49% (N=92) said "yes". Respondents were then asked to articulate how it felt to be diagnosed. There was a wide range of responses to this question. Many respondents articulated negative emotions including feeling "horrible" and that it was "demeaning" and stressing that they knew their own identities and that "being trans is not a disorder":

"Ridiculous that I had to jump through this many hoops and then get diagnosed with a mental condition. It's wild, I'm not ill, being trans is not a disorder."
(Genderqueer non-binary transsexual trans man / boy, 23)

"It was demeaning and a complete waste of time. One psychiatrist asked if I heard voices in my head. The psychologist insisted I tell her my dead name or she would not diagnose me."
(Genderqueer trans woman / girl, 39)

"Like a necessary step in a terrible transphobic health system, but completely arbitrary and ridiculous."
(Trans man / boy, 23)

> *It feels bad to be labelled with a mental illness because I'm trans. I don't feel sick. I don't think I am.*
> ***(Trans man / boy, 22)***

[13] United Nations (2022). *The struggle of trans and gender-diverse persons.* [online] OHCHR. Available at: https://www.ohchr.org/en/special-procedures/ie-sexual-orientation-and-gender-identity/struggle-trans-and-gender-diverse-persons [Accessed 11 May 2023].

Some respondents articulated ambivalence to the process of receiving a diagnosis, taking a pragmatic approach to getting the treatment they need:

"It's just a label that I didn't really need because I know I'm trans."
(Trans man / boy, 30)

> *Felt like a necessary step; I personally do not actually experience gender dysphoria but I knew all available gender related care here requires the diagnosis.*
> ***(Genderqueer non-binary trans man / boy, 27)***

Finally, several participants shared positive responses to diagnosis, stating that was a "relief" and that it contributed to feelings of validation and affirmation:

"It was affirming in that a medical professional listened to me and supported my experiences."
(Non-binary trans woman / girl, 36)

"A huge relief, a very euphoric feeling. Boundless joy."
(Trans woman / girl, 54)

Nonetheless, even when respondents voiced positive experiences of diagnosis, this often did not open the doors to medical care they sought:

> *It's very frustrating, demeaning and upsetting. This situation has caused me a lot of personal anxiety and distress. I have contemplated taking my own life but, thankfully, managed to not do that and have now moved forward with my transition with help and support from friends, organisations such as TENI and others and also access to medication and care via GenderGP.*
> ***(Trans woman / girl, 54)***

d. Long Waiting Times

One of the most common negative experiences cited in this study was the long waiting list to attend the National Gender Services. The vast majority of publicly funded gender-affirming healthcare, specifically in relation to hormone therapy and surgery referrals, goes through the National Gender Service. While long waiting lists are common for many healthcare services in Ireland, nearly one-third (31%/N=45) of trans and non-binary people reported waiting between two and three years while one-quarter (24%/N=35) reported waiting between three and five years. When asked if the wait times had an impact on mental health or wellbeing (N=143), 73% (N=104) of respondents stated that their emotional wellbeing/mental health got worse as a result of the long waiting times:

"The waiting list for life saving treatment with the National Gender Service was so long, I could not take it anymore. It was the main cause of my mental health struggles (dysphoria)."
(Trans man / boy, 21)

"I haven't gotten my first appointment with the [National] Gender Service in Ireland yet. Still waiting for it, though the long waiting list really depresses me and heavily affects my mental health."
(Trans woman / girl, 26)

In addition to long waiting times at the National Gender Service, respondents also shared experiences of having to wait for health services because of their gender identity, in a way that a cisgender person would not experience.

> *I have to wait another five years for a hysterectomy because…they told me that I have to go to a Board because my gender has changed as male. And they'll decide on the Board if it's ethical for me to get a hysterectomy because I **want** one and not because I **need** one.*
> ***(Dáithí, trans man, 27)***

e. Experiences within the National Gender Service

Respondents who had/are attending the National Gender Service were asked how attending this service affected their emotional well-being or mental health (N=101). Only 8% (N=8) reported a positive effect on their mental health and 26% (N=26) reported both positive and negative effects. Nearly one-quarter (23%/N=23) reported exclusively negative mental health effects as a result of their engagement with the National Gender Service. 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% (N=43) of respondents who were experiencing this stated no:

"I worry that expressing any current negative mental health issues would result in a removal of care."
(Trans woman / girl, 40)

"I was terrified they would cancel my gender care. So I kept quiet."
(Trans woman / girl, 39)

> *I feel a very strong pressure to be 'mentally perfect' and to appear as well-adjusted and functioning as possible, because I know that anything less will result in my healthcare being denied. This has led to a lot of stress for me. It is galling to imagine that cisgender patients trying to access healthcare in other sectors do not have to do this.*
> ***(Trans man / boy, 30)***

We asked respondents to rate their satisfaction with their care at the National Gender Service (N=110), 80% (N=88) ranked the National Gender Service as below satisfactory, with 60% (N=66) giving it the lowest score possible ('very dissatisfied'). Only 13% (N=14) rated their care as satisfactory, including the 4% (N=4) who stated they were "very satisfied."

f. Private Healthcare

As a result of long wait lists and inability to access care, some respondents choose to seek private care and pay out of pocket. Private care includes private endocrinologists in Ireland, private gender clinics outside of Ireland, and private surgeons outside of Ireland. Of services internationally, GenderGP was the most popular, accounting for 72% (N=66) of people accessing care internationally:

"This wait has had an effect on my quality of life as I have had to use most of my disability allowance towards getting my transgender healthcare privately through GenderGP. I am also afraid that Loughlinstown [National Gender Service] will refuse to help me because of my autism and my being on disability allowance. If I was not able to access private healthcare or DIY the wait would have a much bigger effect on my mental health."
(Transsexual trans woman / girl, 26)

Respondents also highlighted the lack of gender-affirming surgery available through the public healthcare system. Several respondents shared frustrations at the lack of surgical options in Ireland and the necessity to travel abroad for surgery:

> *I would prefer to access surgery in my own country however that is not possible because nonbinary identities and self identification are not deemed sufficient. Also because there are no surgeons in Ireland providing top surgery at all. It forces me to access surgery in a foreign country outside of my own health system and my support system.*
> ***(Non-binary, 42)***

However, seeking private healthcare is not an option for many individuals or has a negative impact on their financial stability.

"I got a phone call back from Drogheda where they told me if you want you can go privately [for a hysterectomy]. And I was like, how much is that gonna be in Ireland? He's like, 'oh probably only €15,000'. And I was like, 'dude only €15,000' and he's like 'I can recommend you some places in Spain if you wanna go, but you have to go privately' because the same issue with me is I have to live in Spain to be referred on their public system and I don't have the money because I'm already 40K in debt from other surgeries. So I feel the frustration a lot."
(Dáithí, trans man, 27)

g. Self-Medication

The many barriers to accessing gender-affirming healthcare in Ireland and the commonplace experiences of institutional violence can lead to trans and non-binary people choosing to self-medicate. This includes sharing prescriptions with someone else, buying hormones without a prescription, taking hormone replacement therapy without medical oversight, or otherwise accessing hormone therapy through illicit means. This often occurs with no support or monitoring from a healthcare provider which can put the individual at health risks.

In the survey, respondents were asked if they are or have in the past self-medicated in relation to their medical transition. Of those who responded to this question (N=234), almost one-quarter (23%/N=54) responded that they had self-medicated, with 12% (N=29) reporting that they are currently self-medicating and 11% (N=25) reporting that they had self-medicated in the past. Respondents were asked to provide more information on how they self-medicate which often included purchasing hormones online or obtaining them from, including sharing with, other members of the trans and non-binary community:

> *I buy my T [testosterone] off someone based in the UK, I don't know how they source it but I have also bought T off the internet to self medicate.*
> ***(Agender genderqueer non-binary, 27)***

Some respondents also shared why they had chosen to self-medicate, often citing the long waiting times or barriers related to cost. In many instances, despite the risks, self-medication can be seen as a harm reduction tool to deal with the many barriers that trans and non-binary people face:

"The waiting times are too long and self medicating saved my life."
(Trans man / boy, 27)

"I bought some hormones and T [testosterone] blockers online, at the time I couldn't afford to access GenderGP or official medication."
(Non-binary transsexual trans woman / girl, 30)

> *The NGS [National Gender Service] failed to send me updated prescriptions in the past, and more recently, this month. So I have in the past and am currently borrowing medication from a friend.*
> ***(Trans man / boy, 32)***

h. GP-led Care

The World Health Organisation (WHO)'s ICD-11 came into effect in January 2022, and reclassified gender-affirming care from psychiatry to sexual health. The WHO no longer recommends any psychiatric screening, assessment or diagnosis for individuals seeking gender-affirming care, and instead recommends that this care be delivered through the primary care system in an informed consent model. The decentralisation of gender-affirming healthcare to the primary care system would ease the impact of wait times. In many jurisdictions around the world, GPs are trained and able to prescribe and monitor hormones in trans and non-binary people in accordance with international good practice[14, 15].

However, in Ireland, there are barriers to GPs providing this care, in part because certain medications that are widely used can only be prescribed by a consultant endocrinologist in this country and in part because there is a lack of clarity in the overall role of GPs in gender-affirming healthcare, as one Clinical Psychologist described:

> *I think there's also a massive problem in primary care and what the role of the GP or the GP practice is and it could be perhaps better defined […] I think it would be helpful if there could be a nationwide policy in place to support GPs to become more involved in trans and non-binary people's healthcare.*
> ***(Clinical Psychologist)***

Despite these challenges, when participants were asked about positive experiences with healthcare providers, many shared experiences with GPs that were open, non-judgemental, affirmative, supportive, and helpful. Here are some examples of what participants shared:

"When I came out to her, she said congratulations on coming out. She said, 'I want to say two things. I want to say congratulations and I'm sorry. Congratulations on coming out. And I'm sorry because the world is so damn transphobic, and I wish it wasn't'."
(Max, trans man, 37)

[14] Cundill, P. (2020) 'Hormone therapy for trans and gender diverse patients in the general practice setting,' AJGP, 49(7), pp. 385–390.
[15] Trans Care BC (2023) Gender-affirming Care for Trans, Two-Spirit, and Gender Diverse Patients in BC: A Primary Care Toolkit, www.phsa.ca. http://www.phsa.ca/transcarebc/Documents/HealthProf/Primary-Care-Toolkit.pdf.

"At no point did I feel judged. Like not ever did I feel like there was any kind of like 'this trans person here' or anything like that. It was just like 'okay, this person has these needs. How do we accommodate'."
(Max, trans man, 37)

"In the end of the day, the only the only thing that I go in there for is for him [GP] to check my blood tests, to make sure that my estrogen level, my liver, my heart, my various different bodily functions are working okay. And in fairness to him, he treats me like any other woman coming in there."
(Michelle, trans woman, 63)

> *My GP has been thoughtful and understanding overall, providing blood tests with no issue and respecting my identity, but she does not feel that she has the authority or knowledge to prescribe hormone therapy to me directly.*
> ***(Genderqueer non-binary transmasculine, 30)***

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:

"I had some sort of an infection in my scrotum and needed to go to [name of healthcare provider removed] and I mean to say they had two GPs looking at my surgery and you could tell that they had never seen this in their lives and didn't know what to do and…I didn't really anticipate that if you're a post bottom surgery trans person in Ireland nobody will know what to do with you if these parts give you any sort of problems because purely for rarity. Both of the GPs who had a look couldn't have been kinder, but they were absolutely hapless."
(Peter, trans man, 57)

"My GP is amazingly supportive. She used the wrong words now and again early on, but I think she's learned more since then."
(Trans man / boy, 33)

"I have found some individuals who didn't understand much about trans issues and have acted poorly but without malice. However, none of these have been within the National Gender Service (even before it went by that name as I started treatment with them in about 2010) who I've always found great and genuinely feel lucky to have."
(Trans man / boy, 33)

A few participants also highlighted that they did not feel it was the healthcare providers or services that were the problem but a lack of resources that was driving negative experiences (e.g. long waiting lists):

"Many of us feel the services and individuals working within them are positive and effective but severely hampered by a lack of funding to meet the growing recognition of our demographic."
(Trans man / boy, 33)

However, some respondents who had a GP who was willing to provide this service 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:

> *They found out my GP was transcribing my testosterone prescriptions from GenderGP so it was covered on my medical card and they scared him off of doing so.*
> ***(Genderqueer non-binary trans man / boy, 27)***

"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)

"When my GP looked into doing blood tests for me when I went onto private T-gel [testosterone-gel], NGS [National Gender Service] contacted him and told him to not give me bloods and do not take responsibility for any form of gender related care. They also asked him for my name but my GP refused to give it to them. My GP was told he could lose his medical license if he provided gender-affirming care for me without NGS supervision."
(Agender non-binary, 29)

6. 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 compulsory 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.

7. CLOSING COMMENTS: GIVING PARTICIPANTS THE LAST WORD

Participants throughout this survey were invited to share their own visions of what healthcare in Ireland could and should look like and what would help address the widespread experiences of institutionalised violence.

A selection of these have been included below:

"I always say with any trans issue, it's all about education, education, education. And healthcare is probably the most conservative space to talk about trans issues, because it always has been, because a lot of doctors who are dealing in this space still think in a disordered way and they don't see anything else. The person coming into the clinic with them is disordered and they don't see any other way."
(Michelle, trans woman, 63)

"I think that all practising healthcare professionals should receive training on working with transgender patients, including non-binary people. Often in Ireland non-binary people get pushed under the rug. It's pushed to one side and not thought about, it's not a legally recognised gender. You can't get an X marker on documents or anything like that."
(Ruadh, trans, non-binary)

"I think there needs to be clear guidance for general practitioners on what they can and can't do. No grey area... we should have a gender service that then discharges you into the care of your GP."
(Max, trans man, 37)

"The urgent necessity to put some more care structures in place even for the minority within the minority of us who have had genital surgery. You know because I do think that we deserve good care as much as anybody else."
(Peter, trans man, 57)

> *"I also think that they [National Gender Service] should do a thing where they have actual trans or non-binary people in alongside their team.*
> ***(Riley, trans, non-binary, 22)***

You go to your GP and you tell them, hey, I think I'm trans or non-binary and then maybe, yeah, sure, let's go to the NGS [National Gender Service]. But then the NGS has to start over. It cannot be 10 year waits and the whole thing of micromanaging everything and even asking you sexual questions and things like that, that has nothing to do with it. It should be a process where you go in there and they inform you of exactly what your options are based on your health and then once they have a plan then you can use that to work on that with your GP and you don't really need to see them anymore. They shouldn't be micromanaging every single step of you. They should be empowering GPs that you work with to be able to continue your transition, in whatever way it is.
(Alex, trans non-binary, 32)

"So my recommendation is basically just regional services. I do not want to drive six hours [to the National Gender Service] spending €30 each time on tolls when missing a day of work. The parking is so expensive, the fuel is so expensive and then when you get there, they are shocked that you even exist outside Dublin. You know what I mean? Like they barely know we exist. They don't know about what the regional services are. They have a refusal to work with the regional services, the other endocrinologists, they don't care about them. They only want us to come to them. And it annoys me so much. I've been there twice and every single time has been a profoundly negative experience.…I would rather that be informed consent than the system that we currently have. Ultimately, I don't think it serves basically anybody at all. It's completely useless!"
(Séan, trans man, 29)

"Education, being more conscious of who is sitting in front of them, respecting pronouns and this includes in notes and referrals, get rid of the sexual questions completely, would be willing to do maybe online meeting with individuals because that would then remove the need for travelling."
(Ruadh, trans, non-binary, 20)

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