Nonbinary People in Ireland: Left out of Gender Affirming Policy and Healthcare Service Provision for the Transgender Community

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CARL Research Project
in collaboration with
Cork Gay Project

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- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
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How do I reference this report?
Author (year) *Dissertation/Project Title*, [online], Community-Academic Research Links/University College Cork, Ireland, Available from: https://www.ucc.ie/en/scishop/rr/ [Accessed: date].

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This one's for me.

ABSTRACT

In Ireland, there are a number of gender affirming services provided to support transgender people. These services such as the policy available to change one's name or gender, and healthcare such as accessing HRT or surgery are limited for transgender people, and close to non-existent for nonbinary people.

The aim of this research is to examine the gender affirming policy and healthcare in Ireland and how it fails to be inclusive of the nonbinary community.

This project took an interpretive approach to carry out qualitative research in two parts, semi-structured interviews conducted with service providers in the area, and anonymous testimonials from nonbinary individuals. They were asked about current gender affirming policy, current gender affirming healthcare, and what those services are lacking/ what needs to be improved.

There were a number of themes highlighted by participants, the main themes being ‘Gender Labels’, ‘Healthcare Inaccessibility’, and ‘Education’. These themes were discussed both in the literature review and findings chapter.

Ireland is lucky to have the gender affirming services it has, but improvements need to be made so that nonbinary people are included.

1. INTRODUCTION

1.1 Introduction

The purpose of this research project is to investigate a topic, nonbinary people, which is both of personal interest and importance, working with the Cork Gay Project through the CARL (Community Action Research Link) programme in UCC. Community groups approach CARL with research proposals, which are available to students within social sciences for their final year dissertation (UCC.ie, 2021). The student then works with the community group to produce a piece of research together. In this instance, the community group is Cork Gay Project who initially had a different research proposal, but this topic was chosen by both the researcher and the community liaison due to interest in the area and the need for research in this area so that they could develop their services further. Cork Gay Project supports Gay, Bisexual, Queer and Trans Men (as well as anyone else who may benefit from their services such as nonbinary people) through providing social outlets, support groups and advice (Gayproject.ie, 2020).

1.2 Rationale

The rationale behind this piece of research is firstly to address the gap in research on nonbinary people, particularly in Ireland. The awareness of nonbinary identities is growing, but the amount and inclusivity of services is not. This project will focus on gender affirming social policy such as name changes and the Gender Recognition Act, and healthcare such as hormone replacement therapy and surgery. This research will provide services, particularly Cork Gay Project, with information on nonbinary people, and their needs and thoughts when it comes to gender affirming social policy and healthcare in Ireland. This will give services a more accurate idea of what support and provisions nonbinary people need.

1.3 Research Aim

The aim of this research is to explore the gender affirming policy and healthcare provided for transgender people in Ireland and highlight the areas its lacking in to be inclusive for nonbinary people. The report will do this by first doing secondary research to provide a background on the topic. It will then examine personal and professional perspectives on this gap in gender affirming policy and healthcare.

1.4 Research Objectives

The research objectives of this project as are outlined below:

- To investigate the needs of nonbinary people in Ireland from a personal and professional perspective in relation to gender affirming policy and healthcare.
- To critically analyse the policies in this area and highlight where they are lacking.
- To examine gaps in transgender healthcare services, specifically the National gender Services, where nonbinary people are concerned.

1.5 Conclusion

This chapter gave a brief introduction to the topic, the relevance of the research and the CARL community partner, Cork Gay Project. It explained the rationale behind this piece of research, as well as the aims and objectives of this project.

1.6 Chapter Outline

This piece of research will contain five chapters.

Chapter One: Introduction. This chapter will contain an introduction to the piece, the rationale, research aims and objectives as well as a brief outline of the following chapters.

Chapter Two: Literature and Policy Review. Chapter two will be a review of relevant articles, each highlighting and fulfilling the research objectives. It will review and critique policies, bills and reports relevant to the topic.

Chapter Three: Methodology. Both the research methods for the primary and secondary research conducted will be discussed in depth here.

Chapter Four: Findings and Discussion. The findings of the conducted research will be included here. The data produced will be analysed and discussed.

Chapter Five: Conclusion and Recommendations. A conclusion will be made in relation to the original research aim and recommendations will be produced.

It will finish with a complete and extensive bibliography and additional appendixes.

2. LITERATURE AND POLICY REVIEW

2.1 Introduction

The purpose of this chapter is to critically analyse gender affirming social policy and healthcare from the Irish perspective, in terms of inclusion or exclusion of nonbinary people. It will also provide a literature review to highlight previous research in this area and establish the background for this topic. It will particularly focus on how social policy plays into service provision for the transgender community in Ireland, especially nonbinary people. This chapter will begin with giving a background to the topic, go through relevant policies and strategies, and finish with a discussion of social policy's use in both public and private healthcare for transgender and nonbinary individuals.

2.2 Context and Background

Transgender and nonbinary people have always existed, and here some of the most significant moments and social movements will be highlighted. In the 1900's there was official recognition of the existence of trans people, by Magnus Hirschfeld, who created new terms and helped found the Institute for Sexual Science in Berlin, where there was a clinic for transgender people. It was later shut down and destroyed by Nazis. In the 1960s there were riots and protests to fight for rights of trans people. One of the most famous moments in LGBTQ history is that of Stonewall on June 28th, 1969. This was by black trans women, who were at the forefront of the fight. This began when the police raided the Stonewall Inn, a gay bar in New York, and ignited the worldwide fight for transgender rights. Another protest, the first prominent transgender riot in the USA important to fighting for the rights of trans people was that in Compton Cafeteria, in San Francisco preceding Stonewall by 3 years in 1966. This resulted in the first of its kind, The National Transsexual Counselling Unit for peer support and advocacy is founded in light of the riots (Haefele-Thomas et al., 2019; The Proud Trust, 2021; Stryker, 2017).

In 1969, The first Gender Symposia was held, which developed into the Harry Benjamin International Gender Dysphoria Association, he was a doctor who treated transgender patients with hormones. In 2006, it changed its name to the World Professional Association for Transgender Health, or WPATH. He also worked on a conference in 1980, a MIND conference held to promote new standards of care for transgender people, which are still in use today. In 1993, Minnesota was the first in the US to pass laws on discrimination for

transgender people. Sweden was the first country in the world to allow its transgender citizens to change their legal gender and give access to free hormone therapy (Haefele-Thomas et al., 2019; The Proud Trust, 2021).

2.3 Transgender and Nonbinary Terminology

"Transgender is a term used to describe people whose gender identity differs from the sex they were assigned at birth. **Gender identity** is a person's internal, personal sense of being a man or a woman (or boy or girl.) For some people, their gender identity does not fit neatly into those two choices. For transgender people, the sex they were assigned at birth and their own internal gender identity do not match (Glaad, 2020)".

The first use of transgender terminology was 'transvestite' by Magnus Hirschfeld in 1910. This further developed to transexual, then transgender as we know it today. Being transgender has been listed as a disorder in the DSM since 1968, technically categorised as a mental disorder called Gender Identity Disorder (Zucker, 2013). This has been updated to gender dysphoria in 2013 and written as such in the most recent version of the DSM. Gender Dysphoria, also described as gender dissonance is an uncomfortable feeling that arises from one's sex and gender identity not matching (Glaad, 2020).

Transgender can be used as an umbrella term (term used to describe a broad category) for those whose gender does not match the sex they were assigned at birth. This can be divided into two categories: binary, and nonbinary. Binary transgender people are those who do not identify with the sex they were assigned at birth, but rather the opposite, for example if one was assigned male at birth but realised, they were a transgender woman. **Nonbinary** describes those who exist outside the two categories of male and female. This includes those who describe their gender as somewhere between male and female, a mix of both, or completely separate. While there are many identities that fit in this category, the umbrella term of nonbinary or genderqueer will be used throughout this research to describe them (Haefele-Thomas et al., 2019).

The term nonbinary came about in the 1990s after the use of genderqueer in the 1980s, although the concept of gender nonconformity was around much longer than that, especially in non-western culture. One example of this is Hijra, a gender that is not completely male or female can be found in Indian culture and is recognised as a third gender. It was first identified around 400BC in ancient Hindu texts, and in the 16th century many people of power were hijra. While nonbinary can be categorised as transgender not all nonbinary people identify as

transgender, especially if they do not plan on medically transitioning. This creates more difficulties for being recognised, or receiving appropriate services (Haefele-Thomas et al., 2019).

2.4 Transgender and Nonbinary Identities in Ireland

One monumental moment in transgender history in Ireland was the case of Dr. Lydia Foy vs An t-Ard Chlaráitheoir Ors. Foy had begun to transition in the 1990's, both medically and socially including a legal name change. The next step was to correct the sex on her birth certificate, but this was refused. She began legal proceedings in 1997, represented by the Free Legal Advice Centre to have the right to amend her sex on her birth certificate. Her family was against this, as they believed it would affect them and their future. This legal fight continued for 20 years, including being brought to the High Court. In 2002 the case was brought to court and lost. A similar case was brought to court in the UK around the same time but won. Dr. Foy went back with newfound hope after the similar court case made history, highlighting that this lack of recognition violated the European Convention on Human Rights. The second case lasted a number of years, and finally succeeded in 2007. In 2002 the judge, although he denied Dr. Foys' case, said that the state had failed her, and reiterated it after the case won. The Human rights commissioner highlighted the issue in 2009 when no progress had been made. In 2010 an advisory group was set up and recommendations were made but no legal change arose. Dr. Foy brought a third case to court in 2013 looking for legal recognition, which was given when the Gender Recognition Act was enacted in 2015 (Farell & Free Legal Advice Centre, 2018).

In 2013, Ireland was found to be in breach of the UN Human Rights Charter and the European Union Policy on Transgender rights, as there was not legal certainty for them (Human Rights Committee, 2013). In 2015, the Gender Recognition Act came into place. This gave people the ability to change their gender from that which they were assigned at birth and could be used in place of a birth certificate where needed in conjunction with a deed poll to change name (Gender Recognition Act 2015). While this is a move in the right direction, it still sets transgender people out as different, and to replace the birth certificate would be preferred. The Irish healthcare system is a two-tier healthcare system which incorporates both private and public healthcare into the care of the population (Dukelow and Considine, 2017). Transgender healthcare is publicly provided by the Gender Identity Clinic in Loughlinstown, Dublin. Services for under eighteen-year-olds are outsourced from the Tavistock clinic in London once a month. It is based on a psychological assessment model and has a waiting list of

approximately three years for the first appointment. In 2018 a survey called 'Speaking Up from the Margins' was conducted, to learn more about the difficulties transgender people have accessing healthcare, specifically medical transition but general health and wellbeing services in general also which highlighted the struggles transgender people go through to access healthcare (Halpin, 2020).

In 2017, the national transgender healthcare grassroots movement "This Is Me" was born, founded by transgender man Noah Halpin due to his experience of the assessment process, the ever-growing waiting lists and a want to change this for the next generation of transgender people in Ireland. (Halpin, 2020) From this grew the first ever Irish Trans Pride Parade in 2018, which reflected the true roots of pride, with a protest. This took the notice of the government, and Simon Harris was Minister for Health at the time. A steering group was set up, with representatives from the trans community, the department of health and healthcare providers, with Halpin stepping in on behalf of Minister Harris at his request. While Ireland has one of the best pieces of gender recognition legislation in the world, it is falling behind in the provision of appropriate healthcare for trans people. With members of TENI, the Transgender Equality Network Ireland, this steering group was created to reform, and improve trans healthcare in Ireland while most importantly hearing the voices of those affected by this. Their aims were to move from the outdated psychological assessment model to informant consent, the model of care recommended by WPATH (World Professional Association for Transgender Health), and to improve the access for transgender people below the age of eighteen. Informed consent is a practice where a patient is informed of all effects, good or bad, of the treatment they wish to receive, and when they have the information, they can make the decision to consent to the process themselves (Steering committee, 2020). The assessment process is a 4-hour psychological assessment reviewing everything in your life, relevant or not to identifying as transgender. This includes, inspecting family relationships, but most invasively, personal and sexual relationships (Halpin, 2020). Although this change to informed consent is said to have been put in place as far back as 2016, it is not reflected in the clinical practice and in fact is reported that it has gone backwards, with older patients of the clinic reportedly having as easier time accessing hormones years ago, than those in today's open and supposedly accepting world.

At the beginning of 2020, a document was made with recommendations made by the steering committee for improvement of the provision of transgender healthcare here in Ireland and submitted to the government for approval, but months later nothing had happened. This

was not well known, not even by TDs in government and was highlighted at UCC LGBTQ Society's Transgender Healthcare Conference in November. Days later, the government admitted to the loss of the document, and it was found less than a week later (Donohoe, 2020). This report has just been published, and it doesn't even do what it promised to do, to let the voices of the transgender community be heard according to steering group member and This Is Me founder Noah Halpin (Twitter, 2020). In the time the report was lost, there had been changes made, not approved by committee members who created the recommendations. The recommendations for trans healthcare in the future is to follow the recommended process by WPATH, that of informant consent, and for nonbinary people to be legally recognised as well as a clearer process for under eighteens. To implement this, they recommended distribution the provision of transgender healthcare across Ireland, instead of it being centralised in Dublin.

2.5 Gender Recognition Act 2015 and Review

The gender recognition act introduced into Ireland in 2015 is one of self-declaration, which is progressive for policies of its kind. Many others require medical proof for their gender to be recognised as something other to what they were assigned at birth. "Recognition as a model is incompatible with the variety of experiences of nonbinary trans-identified individuals" (Nirta, 2021, p217). Self-declaration still relies on a model of recognition, for yourself and others to recognise you as one thing or another. There have been suggestions of a system of almost anti-recognition, that gender be removed from identifying documents altogether, to give everyone the opportunity to be included, and not have to put themselves in a box.

In 2018 a review on the gender recognition act was conducted. The main recommendations were to make the gender recognition process for those between 16 and 18 years old easier, give recognition to those under 16 years of age, and to create an option for nonbinary people to have their gender recognised too. Only the first recommendation has been put in place so far. The form looks to be inclusive, as for the prefix aspect there is the option of Ms., Mr. but also a space for other honorifics, such as Mx. Which is often used by nonbinary people, but further down states "I have a settled and solemn intention to live in the preferred gender of male/female (delete as appropriate) for the rest of my life", giving two binary options (Gender Recognition Act, 2015).

As suggested in the 2018 review of the Gender Recognition Act, this year a change was made to the process where one can change their gender and their name at the same time with a

single document (Gender Recognition Certificate Application Form, 2021). This shortens the process, and it has no cost unlike a deed poll. A deed poll is an official document that is used to change names. It must be signed in front of a solicitor, and a witness. To be of official use, it must be enrolled in the High Court for a small fee, which was only available Tuesday mornings, but now only by solicitor due to Covid-19 (Courts.ie, 2020).

2.6 Mental Health

While looking for literature about nonbinary and transgender people in Ireland, only a small selection of relevant pieces was available, and several of these were concerning nonbinary people and their experiences of mental health service in Ireland. Nonbinary people may have mental health issues that stem from gender dysphoria, or pre-existing conditions. One such condition would be Autism Spectrum Disorder, or ASD, as up to 70% of transgender, nonbinary and gender non-conforming individual have been identifies as also being autistic. These issues would lead them to accessing mental health services in Ireland (National Autistic Society, n.d).

One of the studies stated that affirmation and understanding of transgender and nonbinary identities made clients feel more comfortable, and they could be more open about their mental health issues since their identity was understood. On the other hand, clients noted that where this did not occur it led to a lack of trust in the clinician and service, and therefore did not get the support they needed from the service, and may leave the service (Delaney & McCann, 2020).

Overall, transgender and nonbinary people may struggle with their mental health and 41% of this group have previously been recorded as having had suicidal thoughts or behaviours within their lifetime (Narang et al., 2018). This figure dramatically decreases with acceptance from family, friends, and peers.

2.7 Physical Health

Being transgender or nonbinary in itself and the medical aspect of transition could in fact be categorised as either physical or mental health. It is classed as a mental health disorder in the DSM, and in Ireland a psychological assessment is required (Steering Committee, 2020). This is so that one can physically transition, taking hormone replacement therapy and undergoing surgery.

Many of the gender affirming surgery options available for transgender and nonbinary people cannot be accessed here in Ireland, apart from breast augmentation surgery as it is already available for cisgender individuals. For those transgender and nonbinary individuals who wish to undergo procedures other than that, they must travel outside abroad of Ireland (Halpin, 2020).

The same issue is to be had with accessing hormone replacement therapy or HRT. This is a service regularly offered to cisgender women who have gone through menopause by GPs, but for transgender and nonbinary individuals they must go through a rigorous assessment process to be proved with a prescription (Lobo, 2016; Steering Committee, 2020). When looking for literature discussing HRT, many of the articles referred to cisgender individuals with hormone deficiencies rather than transgender and nonbinary people.

2.8 Concepts

Identity is an interesting concept here, as gender can be integral parts of a person's identity, especially being nonbinary. Identity is the beliefs, qualities, personality or expressions that makes a person who they are (Dukelow and Considine, 2017). When an identity is shared by many it creates a community such as the LGBTQ community.

Equality is the next concept that is relevant to this piece of research. The concept of equality can be described as making sure that everyone has an equal opportunity and equal human rights. While everyone is different and has their own strengths which makes us unequal, what this concept is about is the disadvantages people have because of social, economic or other circumstances that are out of their control (De Silva, 2016). These disadvantages must be fixed with the use of policy and changing social expectations of normality.

Social justice is the concept that ties this all together, that there is an inequality that needs to be fixed and people are working to fix that. It is a political ideology (Dukelow and Considine, 2017). Social justice concerns the justification of interventions, usually by the state and its institutions to attain outcomes that promote fairness and equality between people. Social justice is needed to establish equality.

2.9 Queer Theory

There are a number of theories, or areas of theory where gender comes into play. One such area is queer theory, with founding figures such as Judith Butler and Michel Foucault. Butler discussed their theory of gender as a performance in Gender Trouble. They state that

gender is not based on biology but is determined by the performance of certain gender roles (Butler,1990). These roles change during life, and as society itself changes. Butler has said that this theory does include and cater for the inclusion of nonbinary and transgender people, and we as a society need to widen the categories of man and woman (Gleeson, 2021).

Foucault is a well-known French philosopher, and his theories of power and biopolitics are relevant to this topic. Biopolitics refers to how the government controls society using aspects of human life, including our bodies, gender and sexuality (Downing, 2008). Power is in play in any research project, as the researcher typically has power over the participants. This project aims to lean away from that, which is discussed further below.

2.11 Conclusion

This chapter has examined literature and policy surrounding transgender people in Ireland and highlighting the exclusion of nonbinary people in those policies and service provision. It discussed the introduction of the word's transgender and nonbinary to our vocabulary, and the history of them both globally and in Ireland as social movements. It briefly discussed previous research on nonbinary and transgender people in Ireland, on their access to physical and mental health services here in Ireland. It highlighted both sociological theories and concepts which will shape the direction of this research.

3. METHODOLOGY

3.1 Introduction

The aim of this chapter is to outline the various theories and methodological approaches used in this particular research project. The research methods used will be explored and following that the data collection and analysis techniques will be explained. Ethical considerations and limitations of this research project will be highlighted, as well as their effect on the research.

3.2 Community-Based Research

As this research project is a Community Academic Research Link (CARL) project, it used community-based research strategies. "The Community-Academic Research Links initiative, CARL, is located at University College Cork and invites non-profit voluntary or community organisations (CSOs) to suggest potential research topics that can be pursued by students on their behalf across a wide range of academic disciplines in UCC" (UCC.ie, 2021). The community organisation assisting with is research project is The Cork Gay Project, with the co-ordinator Ailsa Spindler acting as the main liaison. Community Based Research is all about working together with the community partner to do research with the group, rather than on the group. The decisions are made together, and the ownership is shared. The aim of community-based research is to highlight the experience of the community members, and to use it to help make social or policy changes (Bates and Burns, 2012). For this project the community is the transgender and nonbinary community in Cork. Community based research is connected to Participatory Action Research, which has a similar focus on the participation and action of the community members. Some of the principles concerned in participatory action/community-based research are: Identification of the individual and the collective project, studying social organisation and power, changing the culture and separation of groups, action and reflection, bringing the academic and practical together, producing knowledge, engaging in the politics of participatory action, methodology, and creating the theory (Kindon, Pain, and Kesby, 2007). Power is an important principle in this type of research, as usually the power is held by the researcher but in this instance, it is shared equally between the researcher and the community group and given to those who partake in this research to have their say (Kindon, Pain, and Kesby, 2007). Emancipatory research is similar and has given rise to the slogan "nothing about us without us". It focuses on empowering the subject of the research, especially in cases where it is a minority group (Sallah, 2014).

3.3 Theoretical Perspectives

Theories help us to focus on one particular research methodology. One such theory is interpretivism, which is a qualitative research method. Interpretivism is a method used in the social sciences and is based on both the researcher and participant being instruments in the study to measure a particular phenomenon, and usually involves observation and interviews, or other information gathering techniques. (Bryman, 2012). It states that such a method is needed to respect the difference between studying people in the social sciences, and objects in natural sciences. It revolves around the concept of social action and expects the researcher to follow that. It's a theory that helps to measure what the natural sciences would consider unmeasurable (Bryman, 2012).

3.4 Methods

In this particular project, the researcher chose to undertake qualitative research methods to collect primary data used to find answers to the research question. “Qualitative research is a research strategy that usually emphasises words rather than quantification in the collection and analysis of data” (Bryman, 2012, pg 36). The primary qualitative research will take two forms; interviews conducted with service providers in the area, and testimonials taken from members of the transgender and nonbinary community. Three service providers with both personal and professional perspectives on the issue will be interviewed, answering previously arranged questions during a 30-to-45-minute interview. The interview questions were semi structured, to give the service providers the opportunity to discuss the aspects they felt were most important and relevant to the topic. The aim of the interview was to gather opinions, not facts. A request for anonymous testimonials will be sent out to community members by the service providers, asking of their experience with policy and healthcare provision in relation to being nonbinary. Qualitative testimonials were chosen to examine personal experiences with gender affirming policy and healthcare. Many people are aware of the lack of services, but do not understand the effect of that. Every nonbinary person has a unique sense of identity and therefore a different need from services, and this could not be measured using quantitative methods.

A small amount of secondary research was conducted to provide a background for this topic described in the literature review and is a mix of both qualitative and quantitative methods. Secondary research is mostly desk based and involves already researched and published articles (Bryman, 2012).

3.5 Sampling

The sampling methods used for qualitative research are usually for purposive sampling, which is a non-probability-based sampling as it is not random (Bryman, 2012). This is done so that the sample chosen is relevant to the research. The sample of service providers to be interviewed were specifically chosen due to their professional expertise and personal experience within the community. There was one representative from Cork Gay Project, LINC, and TENI each. The sample of community members asked to share testimonials was larger, as the above service providers were asked to share it within their organisations as well as UCC LGBTQ Society which the researcher is involved in, resulting in snowball sampling. Snowball sampling is when study participants are the ones to reach out and ask more people to take part (Bryman, 2012). There will be 3 interviews, and 15 testimonials. Undergraduate research projects are recommended to consist of a small number of participants if using qualitative research methods.

3.6 Data Collection Approach

The data collection approach used was primary data collection, in the form of one-on-one interviews and collection of anonymous testimonials (Dawson, 2009). Both collection methods will be made up of open-ended questions. The questions were a collaboration between the researcher and the community liaison, to ensure that they followed both parties' aims. An important aspect of participatory action research is to conduct it within the community space (Dawson, 2009). While there are hopes this could happen, the interviews needed to be conducted online due to the Covid-19 pandemic. There were questions which formed on the basis of policy for nonbinary people, healthcare for nonbinary people, the suitability of these services and any improvements needed. As well as the questions from the testimonials, service providers were prompted to discuss the move from the HSE to Slaintecare, and how it could affect nonbinary people, and the service they provide. The interviews also explored the unique role of each service in supporting nonbinary people (see appendix 3).

3.7 Data Analysis

Transcripts from the interviews and the written testimonials will undergo thematic analysis. Thematic analysis is identifying a pattern within the data that has meaning. (Dawson, 2009). The themes are drawn from the research aims and objectives, which inform the interview questions. There may also be unexpected themes that are found within the data. To conduct a thematic analysis, a transcription will need to be made of the interviews (Dawson, 2009). The

themes arising from the interviews will be analysed, as will the themes within the testimonials. These will be evaluated separately, but also compared to find both similarities and contrasts.

3.8 Ethical Considerations

The research undertaken in this project is collecting qualitative primary data, and therefore requires ethical consideration (Bryman, 2012). The transgender and nonbinary community is considered a vulnerable group as they are LGBTQ which is a minority group. It is important to note that the researcher is also a part of the community group so this is peer research and would be happy to disclose this fact to the participants involved, to make them more comfortable. The Social Ethics Research Committee process will be used to review this project after a form is submitted from both researcher and supervisor, the ethics guidelines and GDPR will be adhered to at all times (see appendix 1).

Before undertaking the interviews, participants were sent a consent form and an information sheet detailing the expected format and content of the interview (see appendix 2). These interviews were conducted online due to the Covid-19 pandemic. The UCC Code of Research Conduct (2019) will be consulted throughout the process of this research, for both the primary and secondary aspects. The proposed research project will conduct primary research and collect data, and so has ethical aspects to consider. The data collected shall be kept entirely confidential and be anonymised, on a secure password protected external hard drive for up to a year as mandated by UCC (UCC Code of Research Conduct, 2019).

While the LGBTQ community is considered a vulnerable group, and engaging with them in primary research as an undergraduate student is discouraged, in this instance the interviews would be conducted with service providers, so it is acceptable once they consent to the process (UCC Code of Research Conduct, 2019). They may change their consent at any time throughout the process. They will be given an information sheet, and a consent form which will be stored separately from the data. Participants in the testimonial will be asked to consent before submitting their answers and will be informed that all data is anonymous and will be treated the same as the interview material above (see appendix 4).

The secondary research has its own ethical considerations, such as whether the original researcher conducted the research in an ethical way (Bryman, 2012).

3.9 Limitations

One limitation of this particular project is that the service providers were purposely chosen due to their expertise and experience within the nonbinary and transgender community, so the sample of service providers chosen was not random. The interviews were carried out online, which makes it impersonal (Bryman, 2012). As this is an undergraduate dissertation, the full breadth of the subject could not be researched due to lack of time, resources and the word count of the project itself.

3.10 Conclusions

To conclude, this chapter explained the methodology for this research project, including the data analysis and collection, ethical considerations and limitations. It detailed the importance of this research being part of the CARL project at UCC, and the theories behind it.

4. FINDINGS AND DISCUSSION

4.1 Introduction

This chapter will lay out the findings of the project by theme and discuss them in relation to the research aims and objectives. The findings will be discussed in two parts, the testimonials from non-binary individuals, and interviews with service providers that support them. The findings from the two primary research aspects will be compared and contrasted.

4.2 TESTIMONIALS

4.2.1 Introduction and Themes

15 testimonials were collected in a survey like format from nonbinary people based in Cork. Due to the scope and reach of this project, most of the participants are likely to be students of UCC. 3 of the 15 participants were between the ages of 24 and 29, with the rest being 18 to 23 as is the norm with college students (see appendix 5).

Themes:

1. Inaccessibility of Policy and Healthcare

i) Lack of nonbinary options

ii) Practical problems

iii) Coming out and social pressure

2. The Non-binary Spectrum

i) The gender binary

ii) Lack of interest in transition

iii) Binary transition

3. Ireland, Society and Gender

i) Ireland and nonbinary people

ii) Gender labels

iii) Education

4.2.2 Inaccessibility of Policy and Healthcare

Gender affirming policy and healthcare is inaccessible for nonbinary individuals in a number of ways. There is a lack of nonbinary options in both of the above, and even if there are options that can accommodate your identity, there are the issues of finance when accessing healthcare privately, and the ever-growing waiting lists in the public system. Many nonbinary people undergo a lot of societal pressure which may deter them from transitioning. These barriers to healthcare and policy were all highlighted by nonbinary individuals in the written testimonials.

i) Lack of nonbinary options

There is a lack of nonbinary options in both gender affirming social policy and healthcare in Ireland.

"The sheer amount of effort required to prove your identity is exhausting… just to be told I cannot legally identify as nonbinary".

"I can't find anything to say I can get my gender marker changed to nonbinary".

"Uncertainly around what is available and what healthcare I need, and fear surrounding rumours of the National Gender Service being exclusionary to non-binary people and refusing care to disabled people".

"The healthcare is not directed at me, and I assume the medical professionals part taking in it will not be accommodating to me because of it"

"Very afraid of being told I'm not trans enough and being denied healthcare".

ii) Practical problems

As well as a lack of nonbinary options, there are a number of practical issues with accessing policy and healthcare such as financial costs and long waiting lists.

Going through healthcare and policy is… "A waste of years of my life and thousands of euros"

"It would be a difficult and draining process with extremely long waiting lists, so that aspect also discourages me"

"I haven't bothered going public because of the waiting lists".

"I have not accessed healthcare due to not having medical finance assistance and not making enough money to access the 'needed' (unnecessary) psychiatric appointments let alone the follow-on doctors' visits".

iii) Coming out, social pressure and discovery

Society puts a lot of pressure on transgender and nonbinary individuals to start transitioning as soon as they come out and presumes they will have no issues doing so.

"No, due to an unsafe home environment".

"I only came out a year ago and wanted to know I was certain"

I'm not out yet… "still figuring out how I feel about different names etc".

"My nonbinary/gender fluid identity doesn't cause me enough dysphoria to want to change my body, yet".

4.2.3 Discussion

There are barriers to nonbinary people accessing policy and healthcare which need to be addressed, and three main problems arose within the testimonials. The most pressing issue is that there is no option to change your gender marker to represent a nonbinary identity, either through abolishing gender markers altogether, or the addition of an 'x'. The same can be said for gender affirming healthcare, where the presumption is that one has a binary trans identity, which leads to the fear that one may be dismissed for having a nonbinary identity. Many individuals encountered practical problems while attempting to access gender affirming policy and healthcare, while others had been deterred from accessing it due to these problems. Healthcare can be accessed publicly or privately, each of which has its own problems. Private hormone treatment and other necessary (or unnecessary according to participants) appointments incur a high cost of thousands of euros, and much more if surgery is taken into consideration. The other option of the public National Gender Service has an estimated waiting list of four years, which is continuously growing and was impacted by a number of names being misplaced in 2018 (Steering Committee, 2020). This long wait can impact the mental health of nonbinary people, as they struggle with dysphoria surrounding the disconnect between their body and their gender identity. The testimonial respondents who had accessed gender affirming healthcare which was 20% overall, had all done so privately. The third issue that was highlighted by testimonial respondents was the social pressure of coming out as nonbinary,

which impacts the ability to access gender affirming policy and healthcare, as they may not be ready to share their identity with the wider society, or may not be able to due to an unsupportive environment at home, education or employment. Policy and healthcare in Ireland have made great strides towards including transgender people with the Gender Recognition Act 2015 and the National Gender Service, but the same energy now needs to be put in to making these services accessible and inclusive of nonbinary people.

4.2.4 The Non-binary Spectrum

While many people understand that gender itself is a spectrum, the concept that each identity, i.e., nonbinary, woman etc is also spread out over a spectrum is less discussed. The nonbinary spectrum includes anyone with a gender identity outside of male or female but does not mean that gender presentation and expression must also lie outside the binary, as the two concepts are usually intertwined but are separate ideas at the same time. This is the same for the transition goals of nonbinary people, which are spread across a wide spectrum.

i) The gender binary

The gender binary is still very prevalent today, but in fact gender is more of a spectrum and the same goes for transition.

"It would be more inclusive if gender and transitioning were seen as more of a spectrum".

"Remove the language assuming a binary and replace it with new more updated concepts of gender".

"Don't use sex as a synonym for gender".

ii) Lack of interest in transition

Not every nonbinary person wants to medically transition.

"I have very little interest in surgery".

"There is an emphasis on transitioning, when many nonbinary people have no interest in medically transitioning".

"I haven't wanted to change my name (yet) as it suits me".

iii) Binary transition

When nonbinary people transition, they don't always have the option to transition to their exact goal, as there are only binary choices.

"I believe they require a definitive male or female identity to prescribe hormones, this does not fit every nonbinary person's desires".

"I chose to change my gender marker from F to M, as it was the easiest way to change my name and I usually present as male in public"

"Changing my gender marker wasn't entirely by my choice at the time".

4.2.5 Discussion

While ideas surrounding gender are slowly evolving, the idea of gender identity and gender expression being different is relatively new. This is important for nonbinary individuals as the two options society gives us are male and female, which nonbinary people must then edit to fit their identity. They may identify as nonbinary, but present in a more masculine way. It would be beneficial for everyone to view gender as a spectrum and separate to sex which is a spectrum in itself. As within society where the options are male and female, they are also the set options when medically transitioning which includes taking cross sex hormones. These two prescribed options lead nonbinary people to not medically transition, to fully medically transition or to try and create a comfortable middle ground which is not accommodated. Medically transitioning is not for everyone, but even the option of a gender recognition certificate does not allow for a nonbinary gender marker, again leaving people with choosing which binary option most represents their nonbinary identity.

4.2.6 Ireland, Society and Gender

Ireland has come a long way in accepting the LGBTQ community here, but is still behind compared to other countries, both in the attitudes of the public and the services provided for nonbinary people. Changes need to be made to make Irish society more inclusive, such as moving away from gender labels, and educating the public about nonbinary identities, especially people who provide healthcare and other services for nonbinary people.

i) Ireland and nonbinary people

Ireland is getting there but still has a long way to go with nonbinary acceptance.

"I think there is still stigmas about nonbinary people here"

"We are forced to hide our identity to receive gender affirming healthcare in Ireland"

"I don't think this country provides the necessary supports for nonbinary people"

ii) Gender labels

Nonbinary people do not have the same facilities as everyone else, such as going to bathroom anywhere or filling out forms with ease.

"Make more bathrooms gender neutral"

"Including a nonbinary gender marker option, or the option to have no gender marker at all".

iii) Education

We can improve Ireland and the general society by educating those around us.

"The main problem nonbinary people face right now is that their identity both isn't well understood or taken seriously by a large portion of society".

"Use an informed consent model"

"We should not have to prove our transness to cisgender healthcare workers"

"Make it that one of the only doctors who work in the only gender clinic in Ireland isn't a borderline conversion therapist"

4.2.7 Discussion

While nonbinary identities have been around for centuries, it is a new concept for many Irish people. There is a lot of stigma and confusion surrounding nonbinary identities and this is reflected in the services or lack therefore of provided for nonbinary people in Ireland. As discussed above, male and female are seen as the only medical transition options, and it leads to nonbinary people hiding their true identity to get the gender affirming healthcare they need. Outside of services, society in general needs to make a move towards being inclusive of everyone irrespective of gender identity. This includes having more gender-neutral bathrooms, and not just putting that as a secondary label on accessible bathrooms for disabled people. Gender markers and other forms should have a nonbinary option or abolish the gender markers altogether. While many forms now have a "prefer not to say" option which is progress, many nonbinary people would actually prefer to say their gender, if only they had the option to. One

of the main issues for nonbinary people in Ireland is people being misinformed or uneducated, which is especially problematic when the person is a medical professional working with nonbinary people. The current system is outdated as are ideals of the doctors offering it. The recommended model of care for transgender people is informed consent, which would be extremely beneficial to nonbinary people who are interested in transitioning as there is no need to prove their identity through rigorous psychological assessments, but to just agree to understanding and willingly undergo medical transition.

4.2.8 Conclusion

In conclusion, change is needed in policy and healthcare for the transgender community in Ireland and that it be updated to include nonbinary people. This theme was seen throughout all of the respondents' testimonials, with comments regarding disregarding gender markers to having to prove one's gender, and extensive waiting lists to outdated models of care, education and change is the solution to these problems. Many of these issues were discussed in the literature review and will inform the recommendations of this research.

4.3 INTERVIEWS

4.3.1 Introduction

Three interviews were conducted with service providers in this area. They were asked similar questions to those who submitted testimonials but gave a different perspective. They were also asked more specific questions about their service (see appendix 3). Their answers consisted of a range of themes, which are listed and discussed below.

Interviewees:

Interviewee 1: Cork Gay Project (CGP)

Interviewee 2: Lesbians in Cork (LINC)

Interviewee 3: Transgender Equality Network Ireland (TENI)

Themes:

1. The Current Situation for Nonbinary People in Ireland

i) Progress made

ii) Improvements needed

iii) Education

2. Gender Labels

i) Name and gender changes

ii) Traditions and bureaucracy

iii) Service Supports

3. Healthcare Accessibility

i) Model of care

ii) Binary boxes

iii) Practical problems

4.3.2 The Current Situation for Nonbinary People in Ireland

The current situation for nonbinary people in Ireland is not what it should be. Progress has been made with awareness and acceptance of the LGBTQ community, but there are still improvements that need to be made in terms of nonbinary people, and a lot of that begins with education about difference in gender identity.

i) Progress made

Ireland has started the process of being fully accepting of the LGBTQ community.

CGP *"has been so much progress in Ireland over the last 30 years around the whole, let's call it 'queer agenda', but still, it is essentially a heteronormative and binary system".*

LINC *"While they've change things for trans people… and for some trans people at that, I don't think they've gone anywhere near identifying even the existence of nonbinary people".*

TENI *"The Gender Recognition Act in 2015… I mean it's amazing it's based on self-determination".*

ii) Improvements needed

Despite the progress described above, the same cannot be said in regards to the nonbinary community.

LINC *"I think the fact that nonbinary people aren't included for stuff like this (policy and healthcare) full stop… Its important people are developing awareness and getting training in this area".*

CGP *"For all official forms, records whatever to be non-gendered".*

TENI *"To follow international best practice as is laid out by WPATH which is the informed consent model" "For gender affirming healthcare to be operated like a regional system on a local level".*

iii) Education

One of the best ways to improve further in the acceptance of nonbinary people in Ireland is education and training.

TENI *"Working with some colleges and third level education groups and really focusing on gender neutral language use, gender neutral pronouns and gender-neutral facilities like bathrooms and changing rooms."*

LINC *"We're doing training with cervical screening services, and a good part of that was about being inclusive of nonbinary people."*

4.3.3 Discussion

Since the decriminalisation of homosexuality in 1993, great strides have been made in the acceptance and inclusion of the LGBTQ community in Ireland, but any progress made has been binary and based on assimilation into a heteronormative society such as the Equal Marriage Act and Gender Recognition Act. Because of this, the changes made have not had any effect on nonbinary people and their inclusion in Irish society. Improvements can be made to change this, starting with including nonbinary options on forms etc, or the removal of gender markers all together. Some improvements have already been recommended but not followed through, such as the national gender service failing to follow the best practice model of care as laid out by WPATH. The best change-making method is training and education. This included developing awareness and knowledge of the general public about nonbinary identities, so that they can improve their interactions with nonbinary people in their daily lives, and within educational settings and employment so they can facilitate nonbinary students appropriately. Finally, and possibly most importantly is the education of medical professionals in all settings. General practice doctors may encounter nonbinary patients, and typically gendered services

like cervical smear tests must learn that not everyone who has a cervix identifies as a woman. Of course, the nation's gender service must make improvements too. While not all interviewees had previously been aware of Slainte Care, the upcoming healthcare model in Ireland, they still made comments in line with the model, such as recommending regional and local care instead of the national gender service being centralised in Dublin.

4.3.4 Gender Labels

Gender is very much still a binary concept in today's society and unfortunately this is reflected in policy, bureaucracy and services. Changes are slowly being made to move away from tradition, and towards inclusion.

i) Name and gender changes

Displaying gender in every form, and not having the ability to change it to an identity that describes you is a big issue in today's society.

CGP *"I would just abolish the whole gender marker thing".*

TENI *"You can't change your gender to nonbinary… they get stuck in a limbo". "This came into effect this year, if you're legally changing gender you don't have to do a deed poll, so you can just put your old name and your new name on your gender recognition cert and then you can use that one free document rather than paying for deed poll, but there's no provision for non-binary people in it."*

ii) Traditions and bureaucracy

Traditions play a huge role in gender stereotypes, and they need to be moved away from both in bureaucracy and everyday life.

CGP *"Some of them thought putting Ms. on forms was a major step forward." "I took a complaint against my bank, twice they refused me phone banking facilities because in their words I didn't "fit the demographic" and what they mean by that is that there was a gender marker on my account that had me as female, but on the phone they didn't think I sounded female, in spite of me saying *higher pitched* I can sound female if you want me to. They said it was a security issue".*

LINC *"It's traditional and it hasn't been changed". "I think the world would be so much better if we could get away from the binary, really on so many levels. Boy, girl, pink, blue. Even*

cisgender, transgender, nonbinary. It all comes down to the binary, and I think that's where we are so limited."

TENI *"Nonbinary people are the future".*

iii) Service Supports

Each of the services interviewed support nonbinary people in a unique way, whether or not that is within their target audience.

CGP *"In our grant application we apply for gay, bi, queer and trans men because that's the label we're allowed to use. I think anyone presenting as nonbinary is fair game for us, and we would love to be able to provide a better service for them".*

LINC *"We are a lesbian and bi women organisation, right? Were inclusive, nonbinary people are welcome to come if it feels right. But we were strategic planning at the moment and were looking at how we can be more explicit in our language to say that."*

TENI *"I suppose our supports for nonbinary people in many cases are the same as our supports for the wider trans community, on individual and a group level. In particular for nonbinary people, it would include campaigning for the inclusion of nonbinary people in the gender recognition act etc."*

CGP ``*We had a real problem providing adequate services for bi people, across Europe. I would say in a way there's a little problem with nonbinary people as well, if I say what service do you want that were not already providing? I need clear answers to address that provision".*

4.3.5 Discussion

The gender binary can be found in almost all parts of society, as boxes on forms, labels on clothes and service descriptors. While there is the facility to change from one binary gender to the other and it has become more useful and accessible in recent times, nonbinary people are not privileged enough to have their gender as an option yet. There is debate about the best solution for this issue, whether it be the addition of a nonbinary gender marker, or abolishing gender markers altogether so there is no discrimination on the basis of gender. The division of genders is based on tradition which feeds into bureaucracy, promoting binary stereotypes. It limits nonbinary people's ability to access banking, employment and education. There is work being done to move away from these traditions, and to break down barriers for nonbinary people. At the forefront of this is LGBTQ services, who are educating society so that it is more

inclusive of non-binary people. In spite of that, these services too have traditions to follow in who they cater towards but are always looking to be more inclusive and accepting of anyone who needs their support.

4.3.6 Healthcare Inaccessibility

Healthcare is inaccessible for many people, especially transgender and nonbinary people. Gender affirming healthcare here is outdated, both in the model of care and the incessant use of restrictive binary gender options. The same can be said for other healthcare services that are usually gendered. They have a long journey ahead to meet the best standard of practice, but luckily services supporting nonbinary people are leading that change.

i) Model of care

The model of care used in healthcare in Ireland is outdated and exclusionary.

CGP *"Why can't they treat you as the individual that they actually always say they do, it's all about the individual, it's all patient centred… but its patient centred if you fit in the right box".*

CGP *"Surely it's easier to let you decide where you want to go then for them to try and force you into a box you don't want to go into, but when you get behind their mentality which is actually to discourage people then I begin to understand".*

TENI *"Particularly in Ireland where gender affirming healthcare does not follow international best practice and you're working with doctors who have very prescriptive ideas of what transition involves … so for nonbinary people who want to cherry pick, have some parts but not others there can certainly at least be some perceived issues with talking to doctors about that.*

ii) Binary boxes

Any healthcare offered is in binary terms, both for general practice and gender affirming care.

LINC *"People are a little bit willing to get around the idea of trans people existing, and then I think for a lot of people, nonbinary still, it's sort of a step too far for them".*

CGP "That's often how people define trans people as an issue, that they've been put in a different box to the one they are".

TENI *"If you are nonbinary but still presenting with a strong sense of gender, I think the understanding of nonbinary identities very much revolves around the idea of androgyny."*

iii) Practical problems

Outside of the issues with healthcare being binary and otherwise outdated, there are practical problems in accessing it.

TENI *"The wait lists for the public system are extremely long, the cost of going private is extremely high so both of those are barriers".*

CGP *"Let's say a bushy beard trans dude walks into a clinic to have a smear test. Excuse me Sir, you're in the wrong room. But he has a cervix so he's not. Do you think the system can cope with that? Of course not. It's just so gendered, all of it".*

4.3.7 Discussion

Healthcare, as with any service, has a best standard of practice so that every person gets the same treatment and that it's beneficial. For general practice this involved patient centred healthcare and treating everyone as an individual with a unique treatment plan. This is not the case as there is still quite a gendered approach taken to medicine. Gender affirming healthcare in itself has a recommended model of care, which is informed consent. This means that the patient agrees that they know the outcome of the treatment and fully accepts it, rather than being told whether or not they can access treatment by a doctor who might not understand the experience of a nonbinary person. Nonbinary people can by harder to diagnose with gender dysphoria which is a process involved in the current but outdated model of care, and therefore are not given access to medical transition. Informed consent allows nonbinary people to do what they know will suit their identity and expression best. It allows people who identify outside of the boxes that society prescribes us to break down those boxes and the binary. This gendered issue has practical problems too which affect nonbinary people. A deed poll for a name change is expensive and is technically difficult to enrol in the high court to allow the name on a passport to be changed. It also has a time constraint; in that you must prove two years of use of name before high court enrolment. Medical transition has equally difficult barriers to cross. The public service has a waiting list of over four years, just for hormone replacement therapy. The Irish healthcare service does not have a number of gender affirming surgery options, and therefore people travel abroad and fork out life savings to access lifesaving

surgery. The surgery can cost thousands alone, before including travel and accommodation expenses. There are also public HRT services, which prove to be expensive but a better option than waiting for those who can afford it.

4.3.8 Conclusion

The interviews conducted with service providers in this area highlighted important themes in relation to the current situation for nonbinary people in Ireland, gender labels and healthcare inaccessibility. These themes have come up again and again in both the primary research and literature review, apart from the reveal of multiple practical problems with transitioning.

4.4 Overall Conclusion and Comparison

This chapter laid out the findings of both primary research activities by theme and discussed the data in depth.

The themes that arose from the testimonials, and those from the interviews with service providers had a large overlap. Some of these important themes were the unnecessary use of gender labels, healthcare inaccessibility, and education. Of course, the interviews had more of an insight into certain services and policies as is to be expected from a professional in this area, but the testimonials showed how the issues raised affects one on a personal level. Both had identified areas in gender affirming policy and healthcare that needed dire improvements.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

This research project investigated the lack of provisions made for nonbinary people in gender affirming social policy and healthcare for transgender people in Ireland. The report answered the research aims and objectives by producing a literature and policy review, conducting primary research and discussing the findings of the research. The literature and policy review explored the terminology of transgender and nonbinary identities, and the context and background history of these identities in Ireland and worldwide. It discussed concepts such as human rights and equality which nonbinary people are lacking in Ireland, and theorists which contribute to theories surrounding gender. Gender affirming policy was discussed both in past and present, and nonbinary healthcare was broken down into mental, physical and gender affirming care. It became clear that nonbinary people had been left out of policy and healthcare for the transgender community both through the policy and literature that was reviewed, but also the lack of literature available on nonbinary people in Ireland, and this researched aimed to bridge even a small part of that gap.

The literature and policy review informed the primary research questions for both aspects, the testimonials from nonbinary individuals, and the interviews with service providers. The primary research was also influenced by the methodological theory of interpretivism, and ethical considerations. The data that arose from the three interviews was transcribed and thematically analysed, as were the fifteen anonymous testimonials. The common themes that arose from the data were issues with binary gender labels and categories including within policy, healthcare inaccessibility for nonbinary people and the need for improvements and education. This reflected what the literature and policy review highlighted, but some themes that were new from the data were the social pressure around transitioning, and even if healthcare was inclusive of nonbinary people the practical problems that were involved in accessing it. The testimonials and interviews further emphasised the gap in gender affirming policy and healthcare for nonbinary people in Ireland, through both personal and professional perspectives. To conclude, this CARL project achieved the research objectives that it aimed to fill and has recommendations to help address that gap in nonbinary policy.

5.2 Recommendations

The first recommendation to make improvements in this area is to develop research further, to academically support the ascertains made by nonbinary people and service providers about the lack of gender affirming policy and healthcare for them. There well may be a need for further public protests to catch the attention of the government, and research in the area is a good combination to fight for positive and necessary change (Dukelow and Considine, 2017).

There are a number of improvements that need to be made in regard to the gender affirming healthcare available for nonbinary people in Ireland. If the National Gender Service followed the recommendations of WPATH in 2016 to move to an informed consent model of care, then it would not have to be a recommendation here. Even if this change did occur, nonbinary and transgender people would still have to travel abroad to access surgery. Therefore, it would be recommended to train plastic surgeons here with gender affirming surgery techniques, or to seek a compromise between the healthcare service here and the talented surgeons abroad already providing this service, so that it is easier and less expensive to do so.

Gender affirming social policy in Ireland such as the Gender Recognition Act 2015 is considered progressive, but updates need to be made so that nonbinary people can access it and change their gender marker to one that fully represents them. If this is not possible, the other recommended option is to abolish the aspect of official forms and documents which refers to and asks about gender, so that nonbinary people are not left out and everyone is equal and not discriminated or categorised based on gender or sex.

Finally, to support the above recommendations education and training to develop awareness and acceptance is needed. This needs to occur within schools, colleges and workplaces, for both students and staff. It is especially important for medical students and doctors already qualified and treating nonbinary people, so they can offer them the best and most inclusive model of care. This is so that society can work towards including non-binary people in every aspect, and discrimination is lessened. As the representative from TENI stated: '*Nonbinary people are the future*'.

BIBLIOGRAPHY

Bates, C. & Burns, K. (2012), "Community-engaged student research: online resources, real world impact" in , eds. A. Marcus-Quinn, C. Bruen, M. Allen, A. Dundon & Y. Diggins, Cambridge Scholars Publishing. Available at: https://cora.ucc.ie/handle/10468/1071 (Accessed on 4th April 2022).

Bryman, A. (2012). Social Research Methods. 4th ed. United Kingdom: Oxford University Press.

Butler, J. (1990). Gender Trouble: Feminism and the subversion of identity. London: Routledge.

Courts.ie, (2021). Deed Poll. Available at: https://www.courts.ie/deed-poll (Accessed on 20 March 2021).

Dawson, C. (2009). Introduction to research methods. 4th Ed. United Kingdom: How to Content.

Delaney, N. & McCann, E. (2021;2020), "A phenomenological exploration of transgender people's experiences of mental health services in Ireland", *Journal of nursing management,* vol. 29, no. 1, pp. 68-74. Available at: https://doi-org.ucc.idm.oclc.org/10.1111/jonm.13115 (Accessed on 17th December 2021)

De Silva, S. (2016). The Concept of Equality: Its Scope, Developments and International Legal Regime. *Journal of the Royal Asiatic Society of Sri Lanka, 61*(2), new series, 31-54. Available at: http://www.jstor.org/stable/45211179 (Accessed on 17th April 2021)

Donohoe, K. (2020). HSE and Minister for Health 'at odds' over misplacement of key trans healthcare report, GCN, 23 Nov. Available at: https://gcn.ie/hse-minister-health-at-odds-misplacement-key-trans-healthcarereport/ (Accessed on 30th December 2021)

Downing, L. (2008). The Cambridge Introduction to Michel Foucault. United Kingdom: Cambridge University Press

Dukelow, F. & Considine, M. (2017), *Irish social policy: a critical introduction,* Second edn, Policy Press, Bristol.

Farrell, M. & Free Legal Advice Centres (2018), *A story of great human proportions: Lydia Foy and the struggle for transgender rights in Ireland,* FLAC, Dublin.

Gender Recognition Act (2015), Dublin: Stationery Office. Available at: http://www.irishstatutebook.ie/eli/2015/act/25/enacted/en/print#part1 (Accessed on 23rd December 2021)

Gender Recognition Certificate Application Form, (2021). Available at: https://www.gov.ie/en/form/93edb-gender-recognition-certificate-application-form-grc1/

(Accessed on 5th April 2022)

GLAAD, (2020). Transgender FAQ. Available at: https://www.glaad.org/transgender/transfaq (Accessed on 19th December 2021)

Gleeson, J., 2021. Judith Butler: we need to redefine the category of woman. The Guardian, 7 Sept. Available at: https://www.theguardian.com/lifeandstyle/2021/sep/07/judith-butler-interview-gender (Accessed on 3rd April 2022)

Halpin, N. (2020). "We are sending our transgender community abroad": This Is Me Campaign founder Noah Halpin on transgender healthcare in Ireland, GCN, 27 Feb. Available at: https://gcn.ie/transgender-healthcare-human-right/ (Accessed on 23rd December 2021)

Halpin, N. (@Noah_Halpin) (2020). It appears the Transgender Healthcare Steering Committee Report was published very quietly over the past few days. With some questionable changes since we (committee members) approved the final draft to be submitted. Most notably recommendation status and responsibility. V telling. [Twitter] 28th December 10:26pm. Available at: https://twitter.com/Noah_Halpin/status/1343684810997452802 (Accessed on 29th December 2021)

Haefele-Thomas, A., Combs, T. & Rains, C. (2019), *Introduction to transgender studies,* Harrington Park Press, New York, NY.

Howell, J & Maguire, R. (2019), Seeking help when transgender: Exploring the difference in mental and physical health seeking behaviours between transgender and cisgender individuals in Ireland. *The international journal of transgenderism*, vol. 20, no. 4, pp. 421-433 Available at: https://www-

tandfonlinecom.ucc.idm.oclc.org/doi/full/10.1080/15532739.2019.165814(Accessed on 20th December 2021)

Human Rights Committee, (2013). *Human Rights Violations in Ireland on the Basis of Gender Identity and Intersex Identity.* Geneva, October 2013. Available at: https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/IRL/INT_CCPR_NGO_IRL_14833_E.doc#:~:text=Transgender%20people%20in%20Ireland%20cannot,greater%20part%20of%20their%20life. (Accessed on 30th March 2022)

Kindon, S.L., Pain, R. Kesby, M (2007), *Participatory action research approaches and methods: connecting people, participation, and place.* London: Routledge

Lobo, R. (2017) Hormone-replacement therapy: current thinking. *Nat Rev Endocrinol* **13,** 220–231 Available at: https://doi.org/10.1038/nrendo.2016.164 (Accessed on 12th February 2022)

Narang P, Sarai SK, Aldrin S, et al. (2018). Suicide among transgender and gender-nonconforming people. *Prim Care Companion CNS Disord.* 20(3):18nr02273. Available at: https://www.psychiatrist.com/pcc/depression/suicide/suicide-among-transgender-and-gender-nonconforming-people/ (Accessed on 4th April 2022)

National Autistic Society, (n.d.) *Autism and Gender Identity.* Available at: https://www.autism.org.uk/advice-and-guidance/what-is-autism/autism-and-gender-identity (Accessed on 29th October 2021)

Nirta, C. (2021). A Critique of the Model of Gender Recognition and the Limits of Self-Declaration for Non-Binary Trans Individuals. *Law Critique* **32,** 217–233 Available at: https://doi.org/10.1007/s10978-021-09286-y (Accessed on 21st November 2021)

Sallah, M. (2014), "Participatory Action Research with 'Minority Communities' and the Complexities of Emancipatory Tensions: Intersectionality and cultural affinity", *Research*

in comparative and international education, vol. 9, no. 4, pp. 402-411. Available at: https://doi-org.ucc.idm.oclc.org/10.2304/rcie.2014.9.4.402 (Accessed on 30th March 2022)

Steering Committee, (2020). Final Report of the Steering Committee on the Development of HSE Transgender Identity Services. Dublin: HSE. Available at: https://www.hse.ie/eng/about/who/primarycare/socialinclusion/other-areas/lgbti/finalreport-of-the-steering-committee-on-the-development-of-hse-transgender-identityservices.pdf (Accessed on 29th December 2021)

Stryker, S. (2017), *Transgender history: the roots of today's revolution,* Second edn, Seal Press, New York, NY.

The Proud Trust, (2020). Trans history. Available at: https://www.theproudtrust.org/resources/trans-resources/trans-history/ (Accessed on 22nd December 2021)

Ucc.ie. (2021). About CARL| | Community-Academic Research Links UCC. Available at: https://www.ucc.ie/en/scishop/ac/ (Accessed 27th November 2021).

Zucker, K.J., (2013). Gender identity disorder. In *Child Psychopathology* (pp. 325-362). Psychology Press. Available at: doi 10.4324/9780203763414-13 (Accessed on 20th December 2021).

Appendix 1 - Research Ethics Form

School of Applied Social Studies

RESEARCH ETHICS FORM

Introduction

In UCC, research ethics is the remit of the University Ethics Committee (UEC). There are three ethics subcommittees under the remit of UEC, one of which is the Social Research Ethics Committee (SREC). This committee (SREC) reviews research proposals submitted by university staff and research-based postgraduate students seeking ethical approval for social research (as distinct from clinical research or research involving animal experimentation). The work of SREC is strongly informed by the UCC Code of Research Conduct (2018).
See: UCC Code of Research Conduct

UEC and SREC seek to ensure that supervisors and researchers are sufficiently supported to undertake research (which may involve human participants) to the highest possible standards and with due regard to the welfare of all concerned.

PLEASE NOTE:
All undergraduate and taught postgraduate students (i.e. BSocSc, BSW, BYCW, MSocSc, MSW, HDip) should discuss the ethical implications of what research they are proposing to do with their supervisors and complete this research ethics form for their supervisor prior to any research being conducted involving human subjects. This form should be included as an appendix in the submitted research report, in addition to copies of information sheets, consent forms used, and the research instruments (e.g. questionnaire, interview schedule). It is strongly advised that all students adhere to the guidance on ethical issues provided by their supervisors and consult with supervisors should unanticipated ethical issues arise. Students should ensure that all forms being used to recruit, inform, and gain the consent of research subjects as well as the research instruments (e.g. focus group interview schedule/ questionnaire) being used have been reviewed by supervisors prior to conducting any primary research/ fieldwork. Students should carefully abide by any ethical guidelines for their research provided by their course teams or in their course handbooks, as well as the UCC Code of Research Conduct in their research.
See: UCC Code of Research Conduct

Should disagreements or difficulties arise in relation to ethical issues that cannot be resolved between supervisor and student or course team and student, the assistance of members of the School of Applied

PART A: Complete this checklist and discuss *with* your supervisor

If your answer falls into any of the shaded boxes, please address each point later on in the form.

		YES	NO	N/A
1	Have you discussed your proposed research and your ethical review with your supervisor?	X		
2	Do you consider that this project has significant ethical implications?		X	
3	Will the main research procedures be outlined to potential research participants in advance, so that they are informed about what to expect?	X		
4	Will research participation be voluntary?	X		
5	Will informed consent be obtained in writing from research participants?	X		
6	Will you tell research participants that they may withdraw from the research at any time and for any reason, and (where relevant) omit questionnaire items/ questions to which they do not wish to respond?	X		
7	Will data be treated with full confidentiality/ anonymity (as appropriate)[1]?	X		
8	Will data be securely held for a minimum period of ten years after the completion of a research project, in line with the University's *Code of Research Conduct* (2016)?	X		
9	If results are published, will anonymity be maintained and participants not identified?	X		
10	Will participants be debriefed at the end of their participation (i.e. will you give them a brief explanation of the study and address any concerns they may have after research participation)?	X		
11	Will your project involve deliberately misleading participants in any way?		X	
12	Will research participants include children/ young persons (under 18 years of age)?		X	
13	If yes to question 12, is your research informed by the UCC *Child Safeguarding Statement*, which sets out the legal requirements under the *Children First Act 2018*: UCC Child Protection Policy 2018			
14	Will your project require you to carry out "relevant work" as defined in the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016?[2]		X	
15	Do you require official Garda Vetting through UCC before collecting data from children or vulnerable adults? Having Garda Vetting through another body is not sufficient; UCC Garda Vetting is required.		X	
16	Will research participants include people with learning or communication difficulties?		X	
17	Will research participants include patients/ service users/ clients?		X	
18	Will research participants include people in custody?		X	
19	Will research participants include people engaged in illegal activities (e.g. drug taking, illegal Internet behaviour, crime, etc.)?		X	

[1] Researchers must ensure the confidentiality of data gathered in the course of the research (i.e. where that data is not already in the public domain). Where appropriate they must ensure privacy or anonymity of human participants. Researchers should not intrude into persons' lives beyond what is required for the purpose of the research.

[2] Relevant work constitutes any work or activity which is carried out by a person, a necessary and regular part of which consists mainly of the person having access to, or contact with, children or vulnerable adults.

20 a	Is there a realistic risk of participants experiencing either physical or psychological distress due to research participation?		X	
20 b	Is there a realistic risk of you, as the researcher, experiencing either physical or psychological distress?		X	
21	If yes to question 20a, has a proposed procedure for linking the participants to an appropriate support, including the name of a contact person, been given?			
22	If yes to question 20b, has a proposed procedure/support structure been identified?			
23	Are the research participants also students with whom you have some current/previous connection (class members, friends, tutor, etc.)?		X	
24	Will research participants receive payment/ gifts/ vouchers/ etc. for participating in this study?		X	
25	Are you accessing, collecting or analysing confidential agency documents or case files? If yes, please give details of compliance with the agency's policy on data protection and confidentiality below in your review.		X	
26	If your research is conducted on the internet, does it involve human participants (e.g. through web surveys, social media, accessing or utilising data (information) generated by or about the participant/s; or involve observing human participants in their online interactions/behaviour)? If yes, please review and utilise the UCC policy for conducting Internet Research.		X	

If you did not tick any shaded boxes proceed to Part B and complete the relevant form. If you did tick shaded boxes please proceed directly to Part C and complete the relevant form.

PART B: DESCRIPTION OF THE PROJECT

*Ethical review requires that you **reflect** and seek to **anticipate** ethical issues that may arise, rather than reproduce copious text from existing research proposals into these boxes. Entries should be **concise** and relevant to the point/ question.*

A. Very brief description of your study (15-25 words max.)
[e.g. This is a narrative literature review (desk-based) examining group work interventions with young people on the theme of sexual health]

Nonbinary People in Ireland: Left Out of Policy and Healthcare Service Provision for the Transgender Community

B. What is your study about? (Aim and Objectives / Key Research Questions) (100-150 words max.)

This study is about nonbinary individuals in Ireland, and their access to policy and healthcare services, highlighting how it differs from binary transgender people accessing the above. It aims to:
-Investigate the needs of nonbinary people in Ireland in relation to affirming policy and healthcare.
-Critically analyze the policies in this area and highlight where they are lacking.
-Highlight the gaps in transgender healthcare services in Ireland where nonbinary people are concerned.
This study is a CARL project, in conjunction with the Cork Gay Project.

C. Concise statement of *anticipated* ethical issues raised by your project. How do you intend to deal with them? For example, your research could be desk-based but may still involve sensitive/ controversial material (100-150 words max.). In relation to any kind of research with human subjects you need to address the issue of **informed consent** and how that will be addressed, **safe data storage** (see page 8 of this document) for the duration of the project and beyond and how you will safeguard the **rights and welfare of research subjects.** If research is being conducted with **any** human subjects, information leaflets, consent forms etc., which have supervisor oversight, should be routinely used.

The primary research of this project is divided into two parts: Service providers, and members of the nonbinary community. Interviews will be conducted with three service providers, and a total of five anonymous testimonials (in survey format) will be collected from members of the nonbinary community in Cork. As this may be a sensitive topic, help services relevant to the subject will be shared on the information and consent sheet, and testimonials will only be asked from those who are service users from the involved organisations and are therefore comfortable discussing the issue.

In both cases, information and consent sheets will be required before the interview/testimonial proceeds. The participant will be reminded they can withdraw their consent at any time. The testimonials are already anonymous, and the interviews will be anonymized swiftly too before the storage of data. The data will then be stored on the UCC provided version of OneDrive which is password protected. The data will be stored there for up to 10 years.

D. Have you discussed ethical issues pertaining to your research and has your supervisor approved what you are proposing?

Yes, I have discussed the possible ethical issues in detail with both my research supervisor and the community partners liaison person.

Appendix 2 -Information and Consent Form

INFORMATION SHEET AND CONSENT FORM FOR RESEARCH PARTICIPANTS

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

INFORMATION SHEET

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Purpose of the Study. As part of the requirements for the Bachelor of Social Science at UCC, I have to carry out a research study. The study is concerned with nonbinary people in Ireland, and how they are excluded from policy and healthcare provision for the transgender community.

What will the study involve? The study will involve taking part in a 30 minute interview, where service providers will be asked about the services available for nonbinary people in Ireland.

Why have you been asked to take part? You have been asked because you are a service provider who works in the relevant area and supports nonbinary and transgender individuals.

Do you have to take part? No, participation is voluntary. You will be asked to sign a consent form to agree to take part after reading this information sheet and having the opportunity to ask questions about the study. Even after signing the consent form, you may withdraw from the study before beginning, and up to two weeks after the interview, in which case all your data will be destroyed.

Will your participation in the study be kept confidential? Yes, the only people who will be aware of your participation are myself, my supervisor and the community partner liaison person. All data used within the study will be anonymized, so that your interview and data being included will not reveal any information about you.

What will happen to the information which you give? The data will be kept confidential for the duration of the study, available only to me and my research supervisor and the community partner liaison. It will be anonymized and stored securely on UCCs OneDrive, which is password protected and encrypted. On completion of the project, it will be retained

for a minimum of a further ten years and then destroyed.

What will happen to the results? The results will be presented in the thesis. They will be seen by my supervisor, community partner liaison, a second marker and the external examiner. The thesis may be read by future students on the course. The study will be published on the CARL project website, and may be published in a research journal.

What are the possible disadvantages of taking part? I don't envisage any negative consequences for you in taking part. It is possible that talking about this sensitive topic may cause some distress.

What if there is a problem? At the end of the procedure, I will discuss with you how you found the experience and how you are feeling. If you subsequently feel distressed, you should contact the national LGBT helpline at 1890929539, or Cork Project on 021 430 0430.

Who has reviewed this study? Approval must be given by the Social Research Ethics Committee of UCC before studies like this can take place.

Any further queries? If you need any further information, you can contact me: Elliott Mulhall, 119459152@umail.ucc.ie, or my supervisor, Paul Frewen at paul.frewen@ucc.ie

If you agree to take part in the study, please sign the consent form overleaf. [Over…

CONSENT FORM

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

.

I…….agree to participate in Elliott's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Elliott to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box:)

I agree to quotation/publication of extracts from my interview	
I do not agree to quotation/publication of extracts from my interview	

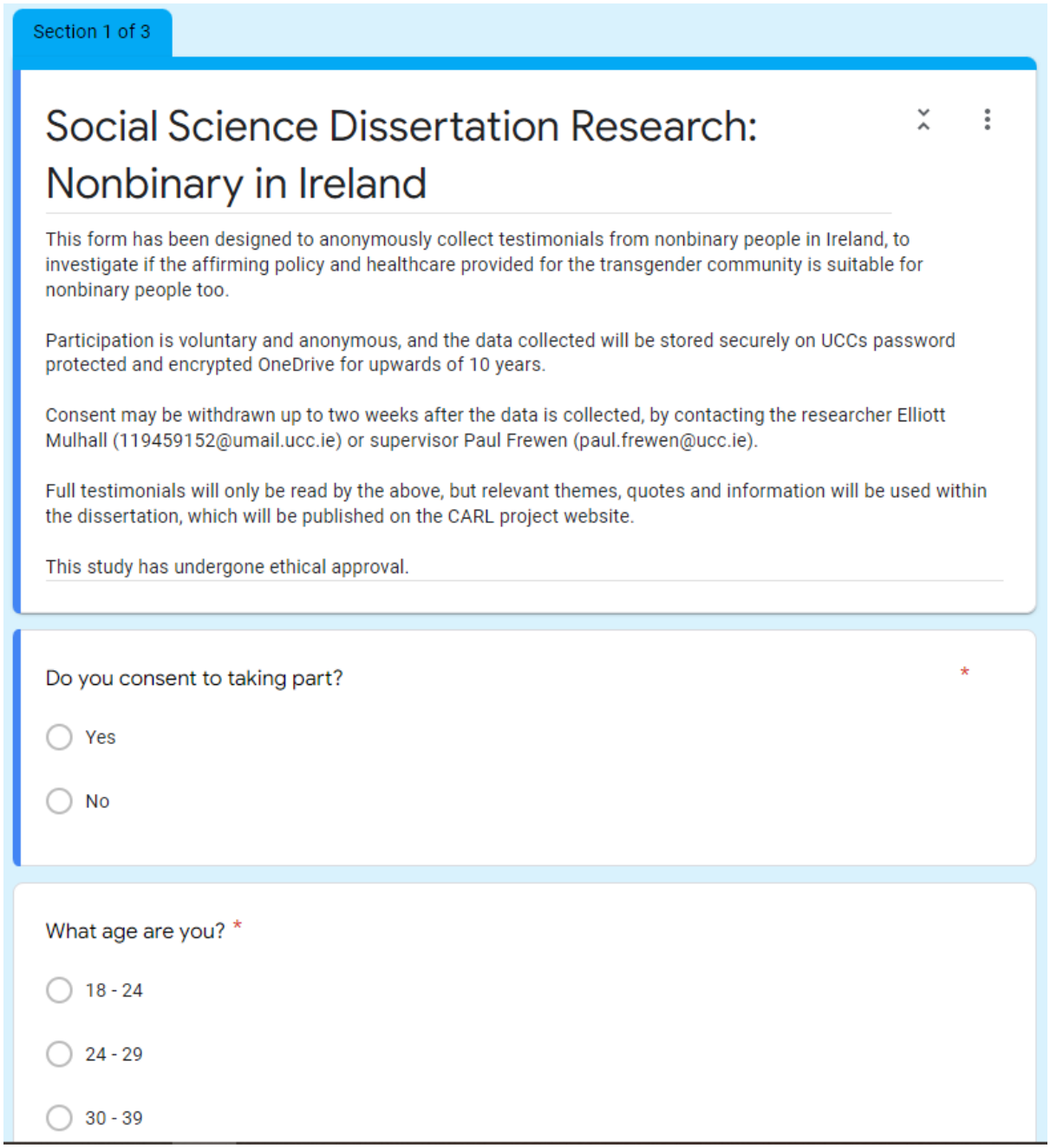
Signed: Date:

PRINT NAME:

Appendix 3 - Interview Questions

i) Do you think the current policies are inclusive enough of nonbinary people?
ii) Do you think the current healthcare services are inclusive enough of nonbinary people?
iii) How do you support your service users to access these?
iv) What are the policies/services lacking or what could be improved?
v) Do you think that the move to SlainteCare will improve gender affirming healthcare?

Appendix 4 -Testimonial Form



Section 1 of 3

Social Science Dissertation Research: Nonbinary in Ireland

This form has been designed to anonymously collect testimonials from nonbinary people in Ireland, to investigate if the affirming policy and healthcare provided for the transgender community is suitable for nonbinary people too.

Participation is voluntary and anonymous, and the data collected will be stored securely on UCCs password protected and encrypted OneDrive for upwards of 10 years.

Consent may be withdrawn up to two weeks after the data is collected, by contacting the researcher Elliott Mulhall (119459152@umail.ucc.ie) or supervisor Paul Frewen (paul.frewen@ucc.ie).

Full testimonials will only be read by the above, but relevant themes, quotes and information will be used within the dissertation, which will be published on the CARL project website.

This study has undergone ethical approval.

Do you consent to taking part? *

- Yes
- No

What age are you? *

- 18 - 24
- 24 - 29
- 30 - 39

Section 2 of 3

Testimonial

Description (optional)

Have you accessed gender affirming policy (name/gender marker change) in Ireland? What was your experience of it? If you haven't, why not? *

Long answer text

Have you accessed gender affirming healthcare (HRT/Surgery) in Ireland? What was your experience of it? If you haven't, why not? *

Long answer text

Do you think the available policy and services in Ireland are appropriate for nonbinary people? *

Long answer text

What would you change about the current policy and services in Ireland to make them more inclusive to nonbinary people? *

Section 3 of 3

Thank You

Thank you for taking part in this study. If you found sharing any of your experiences above to be distressing, please contact someone and know that help is available.

-UCC Counselling: counselling@ucc.ie
-LGBT Helpline: 1800929539
-Samaritans: 116 123
-Cork Gay Project: 021 4300430

Appendix 5 - Testimonials thematic analysis