

Institute for Conflict Research

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# Grasping the Nettle: The Experiences of Gender Variant Children and Transgender Youth Living in Northern Ireland

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## Executive Summary

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This report was funded by the Office for the First Minister and Deputy First Minister (OFMDFM) and was conducted by the Institute for Conflict Research (ICR). It is the first piece of research from Northern Ireland to specifically investigate the experiences of young people who experience gender distress and/or identify as transgender (aged 25 and under). The data presented was collected through a series of 12 interviews and 5 focus groups. In total 55 people, including young transgender people, family members, youth workers, and healthcare professionals, contributed to the findings put forth in this report. The report highlights the numerous challenges that young transgender people and their families face in multiple spheres of their lives because of the widespread ignorance, prejudice and discrimination that continues to exist towards transgender people in Northern Ireland. The report argues that service providers and policy makers need to take a proactive approach in order to erode the cultural inertia that is marginalising young transgender people and preventing many of them from reaching their full potential. Only by *grasping the nettle* can young people, their families, the voluntary sector and government agencies co-operate to make Northern Ireland a more inclusive society in which young trans people are able to participate freely without fear of reprisal.

### *Gender distress in young people*

Gender distress is a phrase used to describe the emotional and/or physical discomfort caused when a person experiences a disjuncture between their gender identity and the cultural expectations associated with their assigned birth sex. Medical research shows that gender distress is not a mental illness but an innate biological condition that commonly onsets during childhood. Young people who experience gender distress commonly identify as transgender, or trans. Currently, there are no official estimates for the number of young trans people (aged 25 and under) living in Northern Ireland. However, anecdotal information collected during this research suggests that there are between 40 and 50 young trans people accessing support services due to gender identity issues and that referrals appear to be rapidly increasing. This figure however is likely to be a gross underestimate of the actual number of young people who *experience* gender distress in Northern Ireland. Extreme social pressures including the high levels of prejudice, discrimination and harassment trans people face combined with a general lack of awareness, understanding and knowledge of trans issues means many young people who experience gender distress do not or unable to seek the professional support they require.

#### **Recommendation 1**

A standardised gender identity question should be developed that can be used by public bodies for administrative purposes and equality monitoring. This question should be designed based on international good practice and through consultation with relevant stakeholders to ensure the question is appropriately phrased.

#### **Recommendation 2**

**CAMHS teams should specifically record referrals made to its service relating to gender distress and/or gender identity issues. In situations where a young person is referred for another condition, such as depression, and gender identity issues are found to be an underlying factor this**

**information should also be captured. Information collected in each of the Health and Social Care Trusts should be collated at the Departmental level for analysis to determine the future development of services and allocation of resources. The strictest care should be taken in the handling of sensitive data to ensure service user confidentiality is maintained.**

### **Recommendation 3**

**Referrals made to the GIC should be collated in order to identify referral trends. Referral trends should be regularly analysed in order to ensure that the GIC receives adequate funding to meet the needs of service users. The strictest care should be taken in the handling of sensitive data to ensure service user confidentiality is maintained.**

### *General issues affecting young trans people*

This report found that the general lack of societal awareness, understanding and knowledge of trans issues in Northern Ireland impacts every dimension of the lives of young trans people. Interviews with young trans people revealed that they commonly develop a strong self-awareness that their gender identity is different from their assigned birth sex between the age of 3 and 5. However, due to a lack of information they did not have the awareness or understanding to discuss their feelings adequately with others until much later in their life, anywhere between 6 and 16 years later. This led many interviewees to feel isolated, disempowered and consequently suffer from low self-esteem and develop feelings of self-loathing.

Young trans people typically 'come out' first to their parents. Parental reactions are varied and unpredictable. Some interviewees reported receiving compassionate support from their parents. Others however faced denial, anger and rejection. Meanwhile, some received a mixed response of both support and rejection from family members. Parental response has a massive impact on a young person: positive responses help to validate the young persons' self-determination and can reduce the risk of emotional problems occurring; negative responses, on the other hand, can have a detrimental impact and subsequently lead to the loss of their family support network, which can put the young person at increased risk of homelessness.

Young trans people were also found to experience problems when engaging with service providers such as the Northern Ireland Housing Executive and the Police Service of Northern Ireland due to their gender identity. Inadequate training was found to lead service providers to act inappropriately and leave young trans people feeling discriminated against. This in turn reduced young people's willingness to engage with the service provider again in the future. In addition, young trans people were also found to be at risk of suffer discrimination in employment because of their gender identity.

### **Recommendation 4**

**The Northern Ireland Housing Executive should conduct a 'Transgender Accommodation Needs Assessment' to establish the specific accommodation needs of trans people. Particular attention should be paid to the specific vulnerabilities young trans people face, which should be reflected in the allocation of 'points.' The choice of temporary accommodation should also be sensitive to**

trans people's vulnerabilities, need for privacy and required access to medical treatment in the greater Belfast area. This Assessment should also include an analysis of staff training needs across the workforce. The Assessment ought to be used to develop a 'Transgender Accommodation Programme' in conjunction with key stakeholders and be reviewed periodically.

#### **Recommendation 5**

**The PSNI should develop a working partnership with youth organisations that work with young trans people and design protocols for engaging with young trans people.**

#### **Recommendation 6**

**Research into the equality issues faced by trans people in employment living in Northern Ireland should be commissioned.**

#### **Recommendation 7**

**Each of Northern Ireland's 26 District Councils should ensure that they have policies and protocols in place that recognise and promote trans equality across the services they provide. District Councils should follow the guidance produced by the Equality and Human Rights Commission to ensure best practice is followed and consult with local service users to tailor services to local needs. Policies and protocols should be reviewed regularly to check services are in line with current best practice and meeting local need.**

### *Issues for young people in education*

Young people's experiences at school have a massive impact on their lives. The report found that information regarding issues of gender identity, gender dysphoria and transgender are absent from Northern Ireland's 'revised curriculum.' Consequently, it is highly unlikely that pupils in Northern Ireland receive any formal education regarding trans issues. This severely disempowers young trans people from having the necessary awareness to understand their gender identity. By preventing all young people from learning about trans issues the revised curriculum institutionalises a culture of ignorance of gender diversity within school settings and society generally. Interviewees reported that they had witnessed teachers expressing overt prejudice views that marked their gender identity as shameful. This was experienced as both disturbing, alienating and legitimising transphobic discrimination and harassment.

Freedom of gender expression has a massive impact on the educational experiences of young trans people. This report found that being forced to wear a school uniform that did not match a young trans person's gender identity caused stress, anxiety and discomfort for the young person. In turn, it can encourage truancy. Being able to wear a uniform that matches the young person's gender identity, on the other hand, was found to legitimise their self-determination and reduce their alienation in school settings. Each of the young people interviewed ultimately felt that they would be better equipped to succeed educationally if they had been able to wear either a uniform that corresponded with their gender identity or a uniform that was gender neutral.

Transphobic bullying is a significant problem in school settings. Experiences of transphobic bullying were commonly found to involve sustained verbal abuse, which was perpetrated by pupils of all ages frequently in public spaces with many witnesses. Worryingly, on occasions, young people reported that staff who were aware that bullying was occurring did not offer support or attempt to end the harassment. Such experiences left young people feeling profoundly isolated to the extent that they suffered depression, self-harmed and had suicidal thoughts. Typically staff lack the appropriate awareness and knowledge to respond to incidences of transphobic bullying. Often a school's reaction is to view the young trans person as the problem rather than the bully and so are prepared to allow the young person being bullied to drop out of school rather than attend to the bullying. One school was found to uphold its duty of care and protect the young person suffering from transphobic bullying. This was done by taking a proactive approach and stopping the bullying before it spiralled out of control. Nevertheless, this report found that many young trans people in Northern Ireland are dropping out of education permanently because of the negative impact transphobic bullying has on their lives and the inability of schools to adequately support them.

How a school responds to a young trans person was found to have a major impact on their educational experience and attainment. Many schools react with disbelief, suspicion and adopt an insensitive approach that denies young people their self-determination and is inconsiderate of their best interest. This has a detrimental impact on the young person and their willingness to engage with education. One school that was found to proactively have engaged with the young person, their family and relevant agencies to ensure the young person's needs were met. This enabled the school to ensure staff acted in the best interest of the young person by using a gender appropriate name and pronoun, providing access to gender appropriate facilities, allowing freedom of gender expression, and offering robust emotional support. By putting the young person's best interest first schools can help to minimise the chance that a young person will become disempowered and disengage with education and help to increase their self-esteem and social integration.

The lack of information on the revised curriculum, limited freedom of expression and the high prevalence of transphobic bullying reveals the inequality young trans people face in school settings. This inequality discriminates against young trans people by hindering their personal, emotional and social development. The report argues that more needs to be done by the Department of Education and that the failure of the Educational and Library Boards to recognise young trans people as a 'priority group' is unacceptable. It is paramount that actions are taken by both the Department of Education and the Educational and Library Boards to reduce the inequality young trans people face.

This report also investigated the experiences of young trans people who have attended further and higher education. Unlike school settings, young trans people reported typically positive experiences in further education colleges and universities who appeared to be proactive, prepared to engage and sensitive to their needs.

#### **Recommendation 8**

**The Department of Education Northern Ireland in conjunction with the Council for the Curriculum Examinations and Assessment should integrate information about gender identity, gender distress and transgender issues into Northern Ireland's school curriculum. This process should involve consultation with relevant community and voluntary groups.**

#### **Recommendation 9**

The Department of Education Northern Ireland should, as a matter of urgency, produce comprehensive policy guidance for schools relating to young people who experience gender distress and/or identify as trans. This guidance should include information regarding school uniforms for trans pupils and anti-transphobic bullying protocols. The guidance should be produced in line with international best practice and through consultation with relevant stakeholders. It should be reviewed regularly to ensure guidance remains in line with current best practice. In addition, the emotional health and well-being needs of trans pupils should be incorporated into the Department of Education's 'Pupils' Emotional Health and Wellbeing Programme.' Research into audit tools and existing good practice should be conducted to ensure that the needs of young trans people are met in a consistent and coherent way.

#### **Recommendation 10**

The Equality Commission should conduct a comprehensive review of the education inequalities faced by young trans people living in Northern Ireland.

#### **Recommendation 11**

The Education and Library Boards should, as a matter of urgency, recognise trans young people as a 'priority group' who face multiple inequalities; identify on-going work and actions that address these inequalities; and, propose actions to be built into an agreed inter-Board/Staff Commission Equality Action Plan, which includes performance indicators and anticipated outcomes. This should be done in consultation with relevant community and voluntary groups.

#### **Recommendation 12**

The Department of Education Northern Ireland should promote 'Gay-Straight Alliances' as a model of best practice for helping to reduce homophobic and transphobic prejudice and discrimination in school settings.

#### **Recommendation 13**

An information leaflet regards to trans issues should be produced for social workers. The leaflet should be produced in collaboration with voluntary and community groups.

### *Issues for young people in healthcare*

Accessing healthcare is of paramount importance to young trans people. There is no 'cure' for gender distress, in the traditional sense, however, undergoing a process referred to as 'transition' can help alleviate the anguish the young person experiences. Healthcare professionals should take into account the young person's perspective as well as consult regularly with family members, schools and social networks as appropriate. This entails engaging with families to facilitate understanding and support as well as with education providers to encourage acceptance and tolerance in educational settings. However, this report found many young trans people experience barriers to healthcare that prevents them from accessing the support they require.

GPs are commonly the first point of contact for young people and their families. This report found that many young trans people have had negative experiences with GPs. A lack of awareness and knowledge of trans issues limits GPs' professional competency and can lead them to disregard young trans people's self-determination and deny a young person from accessing appropriate services. This is worrying given the high risk of young trans people developing mental health problems if they are not provided with appropriate levels of support in a timely fashion.

GPs should, after conducting an initial mental health assessment, refer any young person who presents with gender identity issues under the age of 18 to Children and Adolescent Mental Health Services (CAMHS). CAMHS should then conduct an initial assessment of gender dysphoria and provide support to the young person and their family. This report found that CAMHS teams are well suited to meet general mental health needs of young trans people. However, they typically lacked awareness and knowledge of gender identity issues. This was unsurprising given that none of the CAMHS healthcare professionals that took part in this research had received formal training in relation to gender identity. Consequently, CAMHS professionals develop their professional competency regarding gender identity issues has been through a combination of hands on experience, consultations with the national Gender Identity Development Service and personal research. The ad hoc nature of professional development has led to a huge variability in professional capacity among CAMHS teams in Northern Ireland. Some healthcare professionals have developed considerable professional expertise in gender identity issues and are well equipped to meet the needs of young trans people. However, other professionals with much less experience and knowledge are ill-equipped to effectively meet the specific needs of young trans people. This variability in service delivery can act to prevent young trans people from accessing the specialised support they require. The report found that the lack of standardisation in professional competency is exacerbated by the lack of a Northern Ireland specific 'Care Pathway' to guide CAMHS teams. This has produced considerable professional anxiety among certain CAMHS teams in relation to young trans people. The report found that the need to offer formal training and design locally specific protocols is essential to improve service provision and meet increase demand.

At the age of 18 young trans people should be referred to Northern Ireland's regional Gender Identity Clinic (GIC). This report found that currently CAMHS and the GIC currently work to recommended best practice in the transferring of young trans people between services. A period of joined-up therapeutic support is offered to ease the transition between child and adolescent services to adult services. Once transferred current policy requires the young people to undergo a period of assessment at the GIC. This policy leaves some young trans people disgruntled because by the age of 18 they have been living in their preferred gender role for a number of years. The need to undergo further assessment can lead them to feel that the legitimacy of their gender identity is being scrutinised. Staff at the GIC noted how this assessment process is a requirement set forth by national guidelines but agreed that there was potential for operational protocols to be streamlined. This report found that in general young trans people who have received support from the GIC are happy with the service that they are they are provided with. The robust support on offer, however, may be under threat due to increasing number of referrals that GIC is receiving.

Negative life experiences lead many trans people to experience mental health problems, including: anxiety, panic attacks, depression, eating disorders, addictions and dependencies, self-harm and suicidal thoughts as a result of pervasive social prejudice and discrimination they experience. The

report found that the onset of puberty has a detrimental impact on young trans people’s emotional well-being as their bodies become increasingly discordant with their gender identities. Early intervention through the use of hormones blockers can suspend a person’s pubertal development allowing young people to explore their gender identity, prevent distressing permanent physical changes and improve mental health. This report found that early intervention through hormone suppressants has the potential to prevent costly interventions, including prolonged mental health support, inpatient psychiatric admissions and complex surgical interventions. Currently, however, few young trans people aged under 18 have access to hormone suppressants, this in part due to the historic lack of a permanent endocrinologist in Northern Ireland. This has created inequality in service provision with young trans people under the age of 18 without the same level of access to hormone suppressants as those over the age of 18.

Peer-support has been found to be beneficial for trans people. The report found that peer-support can have a positive impact on the lives of young trans people. Providing a safe space for young people to receive social support from peers can help to mitigate negative societal factors and reduce the chance of risk taking behaviour. In Northern Ireland a peer-support group for young trans people, ‘Translate,’ has recently been established. This is a much welcomed development. Statutory agencies should work in partnership with voluntary and community groups to increase accessibility of peer-support groups for young trans people across Northern Ireland.

Supporting the needs of young trans people’s family members is vital. This report found that the challenges that young trans people face throughout their lives are intertwined with those of their family, particularly parents and siblings. However, family members have experienced being treated with suspicion by service providers leading to feelings of victimisation. This comes at a great emotional expense to the family. In response to the lack of formal service provision, a grass-root family peer-support group has been established: Support Acceptance Information and Learning (SAIL). The organisation provides support and advice to family members of trans people. Statutory organisations should develop working partnerships with SAIL in order to help support families of young trans people.

#### **Recommendation 14**

**The Department of Health, Social Services and Public Safety should produce an information leaflet for GPs regarding gender identity issues and the relevant services available for referral for both young people and adults. This should be conducted in consultation with relevant community and voluntary groups as well as gender identity specialists.**

#### **Recommendation 15**

**The Health and Social Care Board should attempt to streamline the operational protocols in place for the seamless transfer of young people from CAMHS to adult services. There should be routine evaluation of how these arrangements are working and efforts taken to ensure that the views of the young people are collected and considered.**

#### **Recommendation 16**

**The Health and Social Care Boards should routinely measure the experiences of and outcomes for**

trans service users, both under-18 and over-18, and their carers using consistent methods across all trusts. Findings should be used to continually improve service provision.

#### **Recommendation 17**

**CAMHS staff should receive relevant training in the necessary skills and knowledge to meet the needs of young trans people and their family members.**

#### **Recommendation 18**

The Department of Health, Social Services and Public Safety should fund the development of a regional gender identity specialist team for under-18s. This team should be multi-disciplinary in nature and consist of at least one specialist nurse, one social worker, one psychologist, one psychiatrist and one endocrinologist. This team should receive specialist training from the Gender Identity Development Service and receive periodic consultations with them. The regional specialist team should hold periodic consultations with CAMHS teams from each Health and Social Care Trust.

#### **Recommendation 19**

The Department of Health, Social Services and Public Safety should confirm through policy guidance a model of service provision for young people who are diagnosed with gender dysphoria. This care pathway way should be comprehensive in its scope and detail best practice in relation to referral, assessment, support, treatment and the transfer between child and adult services. It should be based on internationally agreed best practice and standards of care. The care pathway should be developed through a process of consultation with gender identity experts, people who experience gender distress as well as their family members. Once complete it should be communicated to clinicians at all levels of the health service, including primary, secondary and tertiary care. The care pathway should be audited on a regular basis to ensure it remains in line with international developments and is responsive to the needs of service users.

#### **Recommendation 20**

Young trans people should be considered as a 'priority for youth work.' Government agencies, including the Department of Education and the Department of Health, Social Services and Public Safety should develop a working partnership with organisations currently working with young trans people. A Needs Analysis should be conducted by each of the Health and Social Care Boards in conjunction with the relevant Education and Library Boards to determine the need for and viability of establishing additional peer-support groups for young trans people outside the Greater Belfast area. Where establishing a specific group is not viable a concerted effort should be made to facilitate existing peer-support groups and youth organisations to become 'trans friendly.'

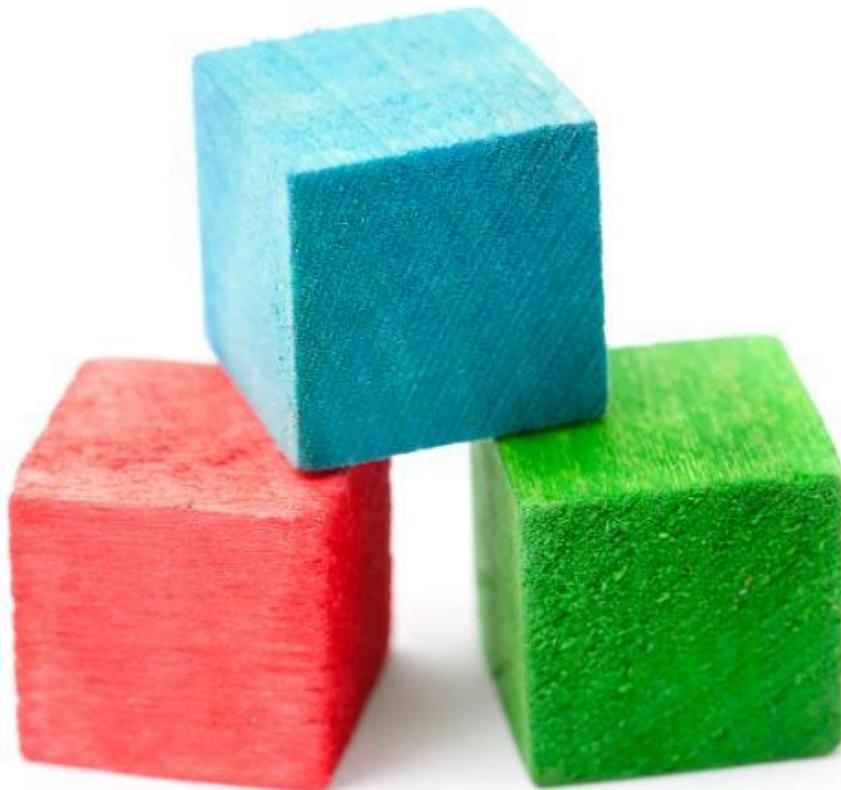
#### **Recommendation 21**

**Relevant statutory departments and agencies, including the Department of Education, the Department of Health, Social Services and Public Safety, the PSNI, and the Northern Ireland Housing Executive, should develop lines of communication and establish working partnerships**

**with SAIL in order to ensure they adequately assess and meet the needs of family members.**

### *Conclusion*

The Office of the First Minister and Deputy First Minister's (2006) ten year strategy for children and young people in Northern Ireland, 'Our Children and Young People – Our Pledge' states that all children and young people should be 'healthy;' 'enjoying, learning and achieving;' 'living in safety and with stability;' 'experiencing economic and environmental well-being;' and 'living in a society which respects their rights.' Currently, young people who experience gender distress and/or identify as trans do not. The recommendations made in this report are reflective of the widespread prejudice, discrimination and inequality that must be overcome in order to make Northern Irish society a place of equal opportunity for young trans people. The onus is now on the government to grasp the nettle and ensure strategies and actions are putting in place to challenge the ignorance that causes so many difficulties for young trans people and their families.



*Image: [www.freeimages.co.uk](http://www.freeimages.co.uk)*

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## Introduction

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*"It seems to me that nobody wants to grasp the nettle of trans kids"*

(Parent of young trans person)

*Grasping the Nettle* is the first report to investigate the experiences of young people who identify as transgender living in Northern Ireland. The title is taken from a comment made by a parent of a young transgender person. It refers to Aesop's famous fable that concludes with the maxim 'whatever you do, do with all your might.' The moral of this tale has poignancy in the context of the current research because it resonates with the courageous actions required by young transgender people, and their families, to overcome the challenges put before them by a society in which ignorance, prejudice and discrimination towards transgender people prevails. It highlights the need for service providers and policy makers to be proactive in challenging the cultural inertia that has made transgender people one of the most discriminated against sections of Northern Irish society (see ECNI 2012). Only with a bold conviction can young people, their families, community members, the voluntary sector and government agencies co-operate to confound historic marginalisation and create an inclusive society in which young transgender people are able to participate freely without fear of reprisal.<sup>1</sup>

This report was funded by the Office for the First Minister and Deputy First Minister (OFMDFM). It follows three previous pieces of research conducted by the Institute for Conflict Research into the experiences of people that identify as transgender living in Northern Ireland (see Hansson and Hurley-Depret 2007; McBride and Hansson 2010; McBride 2011). The aim of the report is to increase awareness of the challenges faced by young transgender people and their families, provide a space for their stories to be told, highlight areas of best practice and recommend the ways in which current policy and practice can be improved to increase transgender equality in Northern Ireland.

The data presented in the report was gathered through a series of informal interactions, formal meetings, 12 semi-structured interviews and 5 focus groups with key stakeholders.<sup>2</sup> In total 55 people contributed to the findings laid out in this report. In addition, two draft versions of this report were put out for consultation among the trans community to help validate the findings. The report is not intended to be a comprehensive audit of services available for young transgender people in Northern Ireland; rather it is a qualitative investigation of the social factors that impact the lives of young people and the services they access.

The report begins with a discussion of the methodology followed by a general chapter discussing gender distress and its prevalence among young people. The following three chapters discuss the experiences of local stakeholders in relation to general issues, issues in education and issues in healthcare respectively.

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<sup>1</sup> See Appendix 2 for a list of key organisations.

<sup>2</sup> See Appendix 3 for a more detail account of the methodology that was used.

# Chapter 1: Methodology

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This chapter outlines the research objectives, research design and ethical issues relating to this report.

## *Objectives*

As the first piece of research to investigate the experiences of young transgender people living in Northern Ireland, this report is exploratory in nature. It was commissioned in order to investigate the qualitative experiences of young transgender people living in Northern Ireland, particularly in relation to education and healthcare, in order to make recommendations to improve current policy and practice.

## *Research design*

The research design consisted of a structured literature review of available research and qualitative data collection. Both were aimed at gaining an in-depth understanding of the specific issues that affect the life experiences of young transgender people. As will be discussed in Chapter 3 and 4, transgender people face extremely high levels of prejudice, harassment and discrimination. The high level of transphobia, in Northern Ireland and across the globe, leads most, if not, all transgender people to have concerns about their safety and desire anonymity and confidentiality. As a result it is not surprising that young trans people are disinclined to engage with researchers due to the potential for their anonymity and confidentiality to be compromised. However, owing to the Institute for Conflict Research's history of engagement with Northern Ireland's trans community through past research projects (see McBride and Hansson 2010; McBride 2011) and the Northern Ireland Transgender Forum<sup>3</sup> the researcher had a strong relationship with key community and voluntary groups. It is due to this existing relationship that it was possible to conduct a qualitative research project with this traditionally hard to reach community.

## *Data collection*

During the initial stages of the research (March 2012 – June 2012) a literature review was conducted in conjunction with informal modes of data collection in order to develop a broad understanding of the issues affecting young transgender people. This inductive approach consisted of attending peer support group meetings for young transgender people (aged 12 – 25), attending peer support group meetings for adults (over 18) and regular participation at the Northern Ireland Transgender Forum and other community events. In total, the researcher attended 8 peer support meetings for young transgender people during which he met and talked informally with 8 young people who identified as transgender as well as family members, youth workers and social workers. During these informal interactions a field diary was kept to record insights, which was later coded and analysed in order to form a topic guide for use during formal interviews and focus groups. Informal interactions, over a period of 4 months, were not only vital for ensuring that the research was shaped by young transgender people themselves but also provided an effective means to access research participants through 'snowball' sampling.

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<sup>3</sup> The Northern Ireland Transgender Forum was founded in 2010. It is a collection of community, voluntary and statutory groups that meet on a quarterly basis to discuss issues of concern to the transgender community.

During the initial stages of the research young people, family members, youth workers and social workers were informed about the aims of the research and asked if they would like to participate in a formal interview. Initially all of the 8 young people that the researcher met agreed to take part. However, only 3 of the young people made themselves available for a formal interview; the other 5 did not. This is reflective of the challenging nature of conducting qualitative research with young transgender people. The young people who decided not to take part formally in the research had all been subjected to high levels of prejudice, harassment and discrimination. This was a significant factor that led many young people who initially agreed to take part to withdraw from the project.

Five young transgender people (aged under 25), three males and two females, were formally interviewed for this project. Combined with the 5 young people who participated in the initial stages of the research interviewed, a total of 10 young trans people contributed to the empirical data presented in this report. It is important to view this number of participants in relation to the size of the population. As will be discussed in Chapter 2, anecdotal information collected during the course of this research suggests that there are between 40 to 50 young people (aged 25 and under) living in Northern Ireland who are accessing support services due to gender identity issues.

In order to increase the validity and generalisability of the findings additional interviews and focus groups were conducted with other key stakeholders. An interview was conducted with a transgender identified adult (over 25), a parent of a trans identified child, two siblings of a trans identified young person, two youth workers, and a member of staff from Northern Ireland's regional Gender Identity Clinic (GIC). Interviews explored the various issues affecting the lives of young transgender people and their families.

Five focus groups were also conducted for this project. One focus group was held with 4 transgender identified adults (2 male and 2 female aged over 25) in order to discuss the provision of support provided to young people. Four focus groups were held with different Children and Adolescent Mental Health Service (CAMHS) teams from across 3 Health and Social Care Boards. In total, 24 healthcare professionals took part in focus groups, their roles included: service managers, doctors, psychiatrists, psychologists, nurses and social workers. During focus groups healthcare professionals discussed their experiences of working with young transgender people, family members and the current level of service provision available in Northern Ireland.

In addition, the researcher also held informal meetings with an advocacy worker, 3 members of staff from the Department of Education Equality Department, a representative of the Northern Ireland Anti-Bullying Forum, a member of staff from CAMHS, a member of staff from the national Gender Identity Development Service (GIDS) based in London and a member of staff from Shimna Integrated College. These meetings were not audio recorded in respect of the participant's wishes and so hand written notes were taken.

A total of 55 people therefore contributed to the findings laid out in this report, either informally or formally. The data gathered was in turn coded and analysed. Comparison of the data gathered from each of the various groups of participants enabled an in-depth analysis of the life experiences of young transgender people from a variety of subject positions. In addition, two draft versions of this report were put out for consultation among the trans community to help validate the findings.

## *Confidentiality and ethical considerations*

All interviewees were required to give informed consent prior to participating. Participants were read out a participant information sheet, which clearly outlined the goals and objectives of the project as well as indicating their right to withdraw at any time. They were asked to give verbal confirmation that they understood all the information provided and to consent to participate. One interview was conducted with a young person under the age of 18. This interview was conducted in the full knowledge of the young person's parents, one of whom accompanied the young person to the interview and waited outside while it was conducted. Interviews took place in a location and at a time of the participants choosing.

Interviews and focus groups were audio recorded and transcribed by the researcher. All information collected was kept confidential. Only the researcher had access to the data, which was stored on password protected laptop in an encrypted file. All data collection, storage and processing was in compliance with the principles of the Data Protection Act 1998 and the EU Directive 95/46 on Data Protection. In addition, all responses to questions and information provided by interviewees were anonymised on transcription. Only anonymised direct quotes from interviewees have been used in this publication and each participant quoted has been given a pseudonym.

The researcher sought to uphold the highest ethical standards during research activities and to protect the rights, dignity, health, safety, well-being and privacy of research participants. Discipline-based ethical codes shaped the researcher's responsibilities towards research participants (see SRA 2003). This included prioritising safeguards to protect the physical, social and psychological 'best interests' of participants. Consequently, no research participant suffered undue advantage or disadvantage in respect of age, sex, race, ethnicity, religion, political beliefs, lifestyle or any other significant social or cultural differences. In addition, each participant was required to: have the capacity to consent; have all information regarding the research that may affect their willingness to participate; be made aware that participation was voluntary and that they could withdraw at any time; have understood that not participating or withdrawing would not affect their subsequent treatment or standing; have been asked to participate without undue pressure or inducement; have understood that they may ask questions and receive answers regarding their participation. Finally, the privacy of all participants was respected and they were not expected to divulge information if they considered it to be sensitive or personal to them. Each participant was informed that they were free to decide what information they wished to share with the researcher and that they were under no pressure or obligation to discuss matters that they did not wish.

## *Conclusion*

A robust qualitative research design was employed for this project to ensure that the conclusions it draws and the recommendations it makes are valid. The following chapters present empirical data from a broad range of stakeholders, which is analysed in conjunction with international research evidence. A consultation process further strengthened the report's findings to ensure that they are reflexive of the lived experiences of young transgender people in Northern Ireland.

## Chapter 2: Gender distress in young people

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In order to provide effective services, promote equality and challenge discrimination the voluntary sector and government agencies must have an awareness of what exactly 'gender distress' is and its prevalence within Northern Ireland. This chapter summarises relevant literature on these key points and supplements gaps in the literature with information provided by research participants.

### *Gender distress in young people*

People who experience atypical gender development commonly experience their gender identity to be incongruent with their phenotype and the gender role expected of them (Besser *et al.* 2006). In other words, the person's understanding of self (as male, female or other) and the behaviour that feels natural to them does not correspond with the cultural expectations associated with their assigned birth sex. This disjuncture can cause the individual a significant degree of distress. Many people who experience gender distress come to identify as transgender, or trans. There are two internationally recognised psychiatric texts that medically define the manifestation and diagnostic criteria of this distress in young people: the World Health Organisation's (WHO) International Classification of Diseases (ICD) and the American Psychiatric Association's (APA) Diagnostic Statistical Manual (DSM). Diagnoses in the UK are coded according to the current version of the ICD, the ICD-10.

The ICD-10 defines 'Gender Identity Disorder of Childhood' as a child's pervasive and persistent desire to be the opposite sex combined with an intense rejection of the behaviour, attributes and/or attire of their assigned sex. These feelings are said to manifest during early childhood. This conflict between self-identification and social expectations combined with the teasing and/or rejection to which the young person may be subjected can lead to significant levels of distress. The ICD-10, which was published in 1992, has been criticised for its use of the word 'disorder' due to its stigmatising connotations. Today, using the phrase Gender Identity Disorder is typically considered bad practice. The ICD-11 is due for release in 2015. The Beta version, available online,<sup>4</sup> continues to list 'Gender Identity Disorder of Childhood' and there is little to no change to the essential diagnostic features. It does state however that the distress caused usually manifests well before puberty.

The latest version of the DSM, the DSM-V, is due for release in May 2013 and is currently available in draft format online.<sup>5</sup> Importantly, the DSM-V has renamed the DSM-IV category 'Gender Identity Disorder of Childhood' to 'Gender Dysphoria (in Children)' in response to criticisms. The DSM-V outlines two main diagnostic criteria. The first is that there is a 'marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months duration.' The six months stipulation is to distinguish between transient and persistent gender identity issues. This marked incongruence should be assessed in combination with at least six of the following indicators:

1. A strong desire to be of the other gender or an insistence that he or she is the other gender (or some alternative gender different from one's assigned gender).

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<sup>4</sup> Available at: <http://apps.who.int/classifications/icd11/browse/f/en>

<sup>5</sup> Available at: <http://www.dsm5.org/>

2. In boys, a strong preference for cross-dressing or simulating female attire; in girls, a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
3. A strong preference for cross-gender roles in make-believe or fantasy play.
4. A strong preference for the toys, games or activities typical of the other gender.
5. A strong preference for playmates of the other gender.
6. In boys, a strong rejection of typically masculine toys, games and activities; in girls, a strong rejection of typically feminine toys, games and activities.
7. A strong dislike of one's sexual anatomy.
8. A strong desire for the primary and/or secondary sex characteristics that match one's experienced gender.

The first of these indicators is a necessary criterion and the presence of at least five of the remaining seven indicators must be present for a diagnosis. Many of the indicators are mutually reinforcing and reveal the complex nature of gender dysphoria in young people. Indicator one relates to the young person's subjective feelings and emotions; indicator two is an issue of self-expression; indicators three to six are connected to the young person's inter-personal and social relationships; while indicators seven and eight are concerned with the young person's physical characteristics. The multi-dimensional nature of gender dysphoria thus requires attentiveness to the young person's self-perception as well as their social and physical environment.

The second criterion is that 'the condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning, or with a significantly increased risk of suffering, such as distress or disability.' The wording of this criterion is important as it does not presuppose the existence of acute or inherent distress at the time of diagnosis. This recognises that young people who experience gender dysphoria have normal psychological functioning and that mental health problems that develop are due to a lack of appropriate professional support and the subsequent social prejudice and discrimination they may experience.

Research into the aetiology of gender dysphoria has proven it not to be a mental illness but a physiological condition that is linked to genetic, hormonal and environmental factors that affect prenatal neurological developments (GIRES 2009). It is understood to be an innate biological condition, which is a natural, albeit relatively uncommon, variation of human development that commonly onsets during childhood (Curtis *et al.* 2008b).

Like other medical terms, such as transsexual, transvestite, and gender identity disorder, gender dysphoria can be seen to pathologise gender diversity and may thus have stigmatising consequences. Therefore, the term 'gender distress' is used throughout this report to describe the emotional and/or physical discomfort that may be experienced by young people due to some degree of incongruence between their gender identity, gendered appearance and/or gender role.<sup>6</sup>

### *Prevalence in Northern Ireland*

At present, there is no official estimate of the size of the number of people who experience gender distress in Northern Ireland. Like the England/Wales Census and the Scotland Census, the Northern Ireland Census does not ask if people identify as transgender. In addition, the administrative

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<sup>6</sup> See Appendix 1 for a glossary of key terms used throughout this report.

procedures of local service providers have operated to make trans people statistically invisible in Northern Ireland. Historically, local Children and Adolescent Mental Health Services (CAMHS) have recorded gender identity referrals as 'other.' Meanwhile, the Belfast Health and Social Care Trust do not published the number of referrals that Northern Ireland's regional Gender Identity Clinic receives. This makes estimating the number of young people who require support for gender distress and/or identify as trans very difficult. Consequently, this lack of information may inhibit the development and resourcing of available support services. If relevant referral information was recorded and analysed appropriately the level of service need could be identified, which would aid the planning of services.

Utilising existing statistical data the Gender Identity Research Education Society (GIRES) estimate that the number of trans people, individuals who experience some degree of gender variance, in the UK is between 300,000 - 500,000 (Reed *et al.* 2009). The authors estimate that the number of people who have presented with gender identity dysphoria in Northern Ireland is 8 per 100,000 people (aged 16 and over). Scaling this figure up would suggest that there is somewhere in the region of 144 individuals who have presented with gender identity dysphoria in Northern Ireland.<sup>7</sup> This corresponds closely with anecdotal information collected by McBride and Hansson (2010) who suggest that there are between 140 and 160 trans individuals currently in contact with adult trans support organisations.

GIRES (Reed *et al.* 2009) state that the number of individuals presenting with gender identity issues in the UK is doubling every five years. This is evidenced by the doubling of referrals of children and young people under the age of 18 to the United Kingdom's Gender Identity Development Service (GIDS). The authors suggest that this increase is due to better social, medical and legislative provisions and believe that as awareness and social acceptance continues to grow more young people will present and be referred to services due to gender distress. The rapid rise in referrals to the GIDS matches the experiences of health professionals in Northern Ireland who described a similar rise in referrals to both local CAMHS teams and the GIC (see Chapter 4). Anecdotal information collected during the course of this research suggests that there are between 40 and 50 young people (aged 25 and under) living in Northern Ireland who are accessing support services due to gender identity issues. This however is likely to be a gross underestimate of the actual number of young people who *experience* gender distress. The high level of prejudice, discrimination and harassment trans people face (see Chapter 2) combined with the lack of information and knowledge of gender identity issues provided in schools (see Chapter 3) means many young people who experience gender distress do not or unable to seek support.

#### Recommendation 1

A standardised gender identity question should be developed that can be used by public bodies for administrative purposes and equality monitoring. This question should be designed based on international good practice and through consultation with relevant stakeholders to ensure the question is appropriately phrased.

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<sup>7</sup> The Northern Ireland Statistical Research Agency (NISRA) state that in 2010 the Northern Ireland population was 1.799 million (NISRA 2011).

### Recommendation 2

**CAMHS teams should specifically record referrals made to its service relating to gender distress and/or gender identity issues. In situations where a young person is referred for another condition, such as depression, and gender identity issues are found to be an underlying factor this information should also be captured. Information collected in each of the Health and Social Care Trusts should be collated at the Departmental level for analysis to determine the future development of services and allocation of resources. The strictest care should be taken in the handling of sensitive data to ensure service user confidentiality is maintained.**

### Recommendation 3

Referrals made to the GIC should be collated in order to identify referral trends. Referral trends should be regularly analysed in order to ensure that the GIC receives adequate funding to meet the needs of service users. The strictest care should be taken in the handling of sensitive data to ensure service user confidentiality is maintained.

### *Conclusion*

It is unknown exactly how many young people living in Northern Ireland experience gender distress. However, due to increasing awareness it is likely that the number of young people presenting to local service providers with gender identity issues will continue to grow in the coming years. It is therefore vital that appropriate administrative monitoring mechanisms are put in place to ensure that the necessary level of resources are made available to meet the needs of service users and carers.



*Image: [www.freeimages.co.uk](http://www.freeimages.co.uk)*

## Chapter 3: General issues affecting young trans people

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Existing research literature highlights some of the general challenges that trans people face at a young age. This chapter discusses these general points in relation to the experiences of young people and their families living in Northern Ireland. It highlights how the high level of prejudice towards transgender people, fuelled by a culture of ignorance, shapes every aspect of young trans people's lives.<sup>8</sup>

### *Social attitudes towards transgender in Northern Ireland*

Social prejudice towards trans people is common across the UK. Discriminatory attitudes were found to be "widespread" in the Scottish Social Attitudes Survey 2010 (Ormston et al. 2011: 10) and described as "stark" in the Equality and Human Rights Commission's 2008 survey of attitudes towards discrimination, equality and good relations in Wales (EHRC 2008: 12). Valentine and McDonald's (2003) survey of 1,700 adults in England, meanwhile, found that respondents' attitudes were characterised by "a strong lack of respect for transgendered people."

In 2012, the Equality Commission for Northern Ireland published the findings of its triennial survey into public attitudes towards particular social groups. It was the first time questions relating to the transgender people were included in the survey, which was also conducted in 2005 and 2008, and thus sets a baseline for future comparison. The survey found that "strong negative attitudes were ... evident towards transgender people" (ECNI 2012: 20). In total, 35% of respondents would mind (a little or a lot) if a transgender person was a work colleague, 40% if they had a transgender neighbour and 53% if an in-law was transgender. Survey respondents also felt uncomfortable if a transgender person were to hold the highest elected position in Northern Ireland.

Despite this high level of prejudice, only 11% of survey respondents perceived transgender persons to be unfairly treated in society and just 3% perceived transgender persons to be the most unfairly treated. Therefore despite the prevalence of strong negative attitudes towards transgender people this prejudice is barely acknowledged. In conclusion the Equality Commission states:

"An implicating factor of prejudice views towards transgender people may be a general lack of knowledge, awareness and understanding of transgender identities and issues in Northern Ireland ... The findings indicated a need for a greater recognition of the issues faced by transgender people and for government strategies to incorporate actions to address these issues" (ECNI 2012: 112).

### *The age of epiphany*

Kennedy and Hellen (2010) describe the moment when a person becomes consciously aware that their gender identity is 'different' from what society expects it to be as the 'age of epiphany.' From their survey of 121 adults who identified as transgender,<sup>9</sup> Kennedy and Hellen found that

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<sup>8</sup> The terminology used throughout this chapter varies somewhat due to the variation found in the available literature.

<sup>9</sup> The survey was of transgender adults' memories of childhood. A total of 121 people took part. Of who 103 were assigned male at birth, 11 female, 3 were not assigned a gender and 4 declined to answer. The majority were aged between 36-45 and 46-55 (Kennedy and Hellen 2010).

respondents' modal average age of self-realisation was 5 years old while the mean average was 7.9 years. In total, 76% of Kennedy and Hellen's respondents were aware of their gender variance before they left primary school while less than 4% reported becoming self-aware after the age of 18 or later. Despite this early self-consciousness survey respondents reported, on average, that they became aware of relevant terminology at the age of 15.4 years (generally through the media). The data therefore suggests that there is a delay of around 7.5 years between becoming self-aware of one's gender variance and having the appropriate vocabulary with which to communicate this to significant others. This is reflected in the finding that only 31% of Kennedy and Hellen's survey respondents discussed their gender identity with anyone before the age of 18.

Each of the 5 young people interviewed for this report shared similar experiences to Kennedy and Hellen's respondents.<sup>10</sup> All interviewees recounted developing a strong self-awareness that their gender identity differed from social expectations before the age of 10, commonly between the age of 3 and 5. However, their awareness of 'transgender,' and thus their ability to discuss their feelings appropriately, came much later; anywhere between 6 and 16 years later. Each interviewee found out about transgender issues through the media and then subsequently conducted research on the internet. A young trans woman described how this lack of education made her feel isolated: *"I really thought I was the only one [who experienced gender distress] in Northern Ireland."* A young trans man, meanwhile, discussed how it made him feel alienated: *"I'd never met anyone like me so it was really difficult to understand what I was to do."* A counsellor, interviewed for this report, who works closely with young trans people explained that this disjuncture between subjective experience and acquired information exists because: *"there is a lack of education and a lack of normalisation of trans issues. No one understands what transgender is and until the young person can understand it fully they don't feel that they can go and say to someone what's wrong, this is the help I need."*

Feelings of isolation and disempowerment fuel self-loathing, particularly during puberty when the young person's body is undergoing unwanted changes. A young trans man explained: *"puberty was really confusing, really scary."* This was clear when another young trans man interviewed described himself as *"abnormal."* Similarly, a young trans woman described how she grew up feeling like she was a *"freak"* and consequently felt ashamed of her identity: *"all the way through high school I had to hide who I was."* A youth worker explained how low levels of self-esteem were widespread among the young trans people that she works with: *"I have never met a group of young people that are so insular. Many of them just really dislike themselves. It tends to be just because of their gender that the young person feels that way and that's a continual thing that arises from the young people I work with, which is very sad."*

### *Coming out*

'Coming out' is the phrase commonly used by trans people to describe the moment when they tell someone about their gender identity and/or gender distress. It is a very personal process that occurs to differing degrees over the course of someone's life time. Experiences of isolation, alienation and self-loathing generate anxiety about 'coming out' and seeking help, a counsellor explained: *"there are issues about their parents accepting them, how schools will react and how friends will react. the big fear is how to tell people."*

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<sup>10</sup> The experiences of the 5 young people who were formally interviewed were generally similar to the 5 young trans people with who the researcher had informal discussions with.

Often the greatest difficulty can be coming out to parents. Parents may have a wide variety of responses, including: puzzlement, anxiety, embarrassment and even fear for how the young person may be treated by their peers. Some parents may be left in a state of denial and choose to ignore it while others may even react angrily and attempt to force their child to stop displaying gender variant behaviour. For some parents it can be a long process to acceptance as they will find it difficult to understand exactly what their children are going through, erroneously associate gender identity with issues of sexuality and/or feel a sense of grief for their 'lost' child (Curtis *et al.* 2008).

Whittle *et al.* (2007) found in their survey of 804 trans people that rejection from family members was common, at least initially, and that this could result in the person losing their family support networks. In total, 45% of respondents experienced a breakdown in their relationship with their family, 37% felt excluded from family events and 36% reported having family members who stopped speaking to them because of their transition or preferred/acquired gender. The authors state that "[t]he resulting isolation for the trans person (and sometimes their partners) can leave them extremely depressed and anxious" (2007: 68). However, they also suggest that "support within the birth family can be excellent with total acceptance of the person in their acquired gender" (Whittle *et al.* 2007: 69). With professional support, however, initial negative reactions can change over time and parents can quickly become their children's biggest advocate (LGBT Youth Scotland n.d.).

Each of the 5 young people interviewed came out first to their parents. There was a wide variety of experiences in this regard: one received compassionate understanding and acceptance from both parents; two received a response characterised by anger and denial; while two others received a mixed response of acceptance and denial from different family members. These experiences varied among both young people who identified as male and female. Young people who received familial acceptance experienced a sense of validation and received support in accessing support services from an earlier age. Those who lacked parental support from one or more significant family member experienced hurt by this rejection, often felt inhibited from accessing professional help and noted tensions within the family as a result. Parents' who failed to understand their child's needs were said to have little or no awareness of gender identity issues and were sometimes unwilling to develop their understanding. Two of the young people who received initial negative reactions from one or more parent felt that over-time their parents attitudes improved. However, two of the interviewees have ceased to have any communication with their parents.

### *Richard's story*<sup>11</sup>

Richard, now in his twenties, knew from the age of 3 that he was a boy. He always wanted to wear boys' clothes, play with boys' toys and play boys' games. *"At about 5 years old I was telling my parents that I was a boy. My parents kept telling me that no I was a girl. At first they thought it was a phase, that I was a tomboy."* Despite self-identifying as a boy Richard's parents forced him to present as a girl though out his childhood. Puberty was a particularly difficult period for Richard *"I thought I should be turning into a man and I wasn't. I thought 'oh my god what is happening.' It was really horrible. I was a boy and I was turning into a woman."* During his adolescents Richard developed depression *"due to gender identity issues. I actually spent a lot of time hiding in my room because I wasn't happy whatsoever."* It was only when Richard was an adult that he saw a

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<sup>11</sup> All of the names used throughout this report are pseudonyms.

movie about a “female-to-male [transgender person] I realised you could do something to live your life the way you wanted to because before that I just thought ‘oh my god I’m stuck and I can’t do anything.’” Richard feels that it is important that awareness of gender identity issues is increased and that trans issues are more openly discussed: “I think one of the problems is not knowing you can [undergo transition] because you’re young you don’t have a lot of life experience and you don’t know what you can do until someone tells you [about available support services].” Had Richard been provided with knowledge about gender identity issues at any earlier age: “I would have understood why I felt like that and I probably would have been much happier.” Richard is now receiving regular support, is in a happy relationship and undertaking regular educational training. Unfortunately, he no longer has contact with his parents.

### *Homelessness and housing*

If a young person loses the support of their parents and/or other family members it drastically increases their vulnerability, particularly in relation to housing and homelessness. Research conducted in Scotland by Browne and Lim (2008) found that 29% of trans people live in social housing. The authors state that trans people experience particular vulnerabilities with transphobic landlords in the private sector and also in council supported accommodation. Whittle *et al.* (2007) found that young trans people in their own accommodation have a high risk of experiencing discrimination and harassment in their own homes. The authors state that “harassment of trans people in domestic spaces ranges from emotional maltreatment to discrimination to verbal abuse, physical abuse and sexual violence. The effects of the abuse can include an increase in mental illnesses like depression” (2007: 70).

McBride and Hansson (2010) writing about transphobic hate crime in Northern Ireland recount how interviewees had been made homeless due to fears for their safety and actual threats made towards them after coming out as trans. Subsequently some had been harassed by neighbours in the social housing in which they were placed; while others experienced the Northern Ireland Housing Executive (NIHE) to be inflexible and insensitive to their needs. The authors stated that there “is a need for greater awareness of trans issues and better protocols to be put in place in regards to how staff of statutory agencies should interact with trans persons” (2010: 86).

Of the young people interviewed for this report 2 reported that they currently live in social housing. These were the same young people who no longer had communication with their parents. These 2 interviewees reported feeling unsafe in the communities in which they had been housed due to the high level of discrimination they face. One young trans man stated how he had to move home because of the abuse he received. Meanwhile, a young trans woman described her experiences of living in an estate in Belfast as a “nightmare.” The experiences of these two young people are not uncommon. The Rainbow Project Belfast has been running an advocacy service for LGB&T people since April 2010. Since the service was established, it has received 24 referrals from trans people: 8 from people aged 25 and under and 16 from those aged over 25. Of those aged 25 and under, 4 of the referrals have been due to ‘homelessness.’ Experiences of homelessness or a risk of homelessness were connected to a lack of acceptance or a fear that they would not be accepted if they come out, undergo transition and/or start to cross-dress. Some young trans people may also intentionally leave their home in order to start afresh in their preferred identity; while others may

leave because feel they have no choice due to actual or a perceived risk of abuse. The Rainbow Project's advocacy worker stated that young trans people *"face a lack of knowledge and awareness about their needs and sensitivities from public service providers including temporary accommodation services and housing applications."*

### *Jessica's story*

Jessica, who is now in her twenties, knew from the age of 9 that she was a girl. However, it was only when she was 16 that she began to understand about trans issues through the media and via her own research on the internet. Jessica did not feel able to talk about her gender identity to anyone so *"I kept it a secret and hoped that it would go away."* Eventually she came out and sought professional support. Coming from a small town, Jessica feared the response she would receive because she had heard other trans people had received trouble in the area. This was confirmed when a family member began to threaten her because of her intention to undergo transition. As a result Jessica felt she had no choice but to leave her home. For a time she lived in a homeless shelter before moving into social housing. However, Jessica described her experience in her new home as a *"nightmare"* due to the high level of harassment she received from neighbours, particularly teenagers and adult men. This has left her feeling *"isolated"* and *"vulnerable,"* particularly because she had lost the emotional support of her family. Unfortunately she found the Northern Ireland Housing Executive to be uncompassionate to her needs. This experience had a profound impact on Jessica to the extent where *"it makes me think what's the point going out of my flat, what's the point in getting out of bed."*

### Recommendation 4

The Northern Ireland Housing Executive should conduct a 'Transgender Accommodation Needs Assessment' to establish the specific accommodation needs of trans people. Particular attention should be paid to the specific vulnerabilities young trans people face, which should be reflected in the allocation of 'points.' The choice of temporary accommodation should also be sensitive to trans people's vulnerabilities, need for privacy and required access to medical treatment in the greater Belfast area. This Assessment should also include an analysis of staff training needs across the workforce. The Assessment ought to be used to develop a 'Transgender Accommodation Programme' in conjunction with key stakeholders and be reviewed periodically.

### *Policing issues*

Young trans people are particularly vulnerable to harassment. Numerous reports have highlighted how transphobic hate crime is prevalent across Europe, the UK and Ireland (see McBride and Hansson 2010; McIlroy 2009; Turner *et al.* 2009; Whittle *et al.* 2007). McBride and Hansson (2010: 4) found that trans people living in Northern Ireland *"receive significant amounts of harassment and abuse due to their gender identity."* This includes verbal abuse, malicious communications, intimidation and physical abuse. Experiencing any form of harassment was found to have a profound impact on trans people's emotional, physical and psychological well-being. Consequently, it leaves many fearing for their safety in both private and public spaces as a result. Often these experiences

were compounded by inappropriate responses from police officers when they reported a crime. Inappropriate responses were said to be due to a lack of educational training, which meant police officers had a limited awareness and understanding of trans issues. Consequently, the prejudicial attitudes and overt discrimination some trans people experienced at the hand of police officers affected the entire community's willingness to report incidents to the PSNI. This was said to be producing a massive disjuncture in the number of hate incidents experienced and the number actually reported to the PSNI. The authors state that the under-reporting of transphobic hate crime means that the needs of victims go unmet, perpetrators remain free to commit other offences and the scale of the problem is underestimated.

A number of issues raised by McBride and Hansson (2010) were reaffirmed in the Northern Ireland Policing Board's (NIPB 2012) *Human Rights Thematic Review: Policing with and for Lesbian, Gay, Bisexual and Transgender Individuals*. The Review notes that many positive steps have been taken by the PSNI to better engage with LGB&T individuals however trans people still experience inappropriate treatment from police because of "a lack of understanding of how to deal with transgender people" (2012: 57). The Policing Board recommend that actions should be taken to address the educational needs of police officers in respect to transgender issues.

The PSNI's transphobic hate crime statistics<sup>12</sup> reveals that 34 crimes were recorded with a transphobic motivation between 2006/07 to 2011/12. Of these 18 were classified as property crimes,<sup>13</sup> 13 as violence against the person and 3 as other. These figures should be viewed as a gross underestimate of the actual number of hate incidents experienced by trans people in Northern Ireland. To date only one of these recorded crimes have been detected by the PSNI. The Policing Board (2012: 57) states that this detection rate "is considerably below average." The lack of convictions is likely to dissuade people from reporting transphobic incidents as they must weigh up the benefits of reporting a crime with the possibility of receiving inappropriate treatment from police officers.

All of the young people interviewed for this project reported experiencing some form of harassment.<sup>14</sup> Commonly, this was experienced as bullying in educational settings and is covered in chapter 3. However, 3 of the young people interviewed reported also experiencing harassment outside of school settings. This included verbal abuse, intimidation and physical harassment. Often it occurred randomly on the street by either neighbours or persons unknown to the victim. This was exemplified by the experience of one young male who on the way to be interviewed for this project received verbal abuse and had a bottle thrown at him by 2 young men for no apparent reason other than his gender appearance. He said he was unlikely to report this incident to the police because he felt there was little they could do.

Two interviewees had, however, reported incidents to the PSNI. Unfortunately, both reported having negative experiences. A young trans man reported that he had "*a problem with the police*" when he phoned to report an incident because they would not believe him when he told them his

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<sup>12</sup> Available at <http://www.psni.police.uk>

<sup>13</sup> Property crimes include offences of burglary, offences against vehicles, other theft offences, fraud and forgery and criminal damage.

<sup>14</sup> Two trans people aged 25 and under have accessed The Rainbow Project's LGB&T Advocacy Service due to hate crime issues.

male name due to his voice. He described this as “*upsetting.*” Now he e-mails or sends a text message to the police if he has a problem. A young trans woman was more pointed in her appraisal of the PSNI: “*you can’t really write what I would say about the police. No matter how much training you give them or thematic reviews you write about the trans community it’s all about the individual copper. If they’re compassionate and understand then yes it’s fine but if they’re a jumped up desk sergeant who is narrow minded then there’s no hope.*”

#### Recommendation 5

The PSNI should develop a working partnership with youth organisations that work with young trans people and design protocols for engaging with young trans people.

#### *Employment discrimination*

Whittle *et al.* (2007) found that 42% of their survey respondents felt unable to live permanently in their preferred gender role because they were worried it may threaten their employment status. In addition, they found that 10% had experienced being verbally abused and 6% had been physically assaulted within the workplace. McBride and Hansson (2010) found, in their survey of 18 trans people living in Northern Ireland, that of the 11 people in full or part-time employment 3 had experienced harassment in the work place.

Of the 5 young people interviewed for this project, 4 were currently in education and 1 was in part-time employment.<sup>15</sup> This young trans woman said that she was finding it hard to obtain long-term employment and noted how the “*knock-on effects from the recession make it very hard to find a job in the first place and being trans makes it even more difficult.*” She felt that she has been discriminated against because of her gender identity: “*it’s basically a grey area because if you’re trans it gives people an excuse to let you go. That’s the way I perceive it.*” Her perception was reaffirmed by the views of a member of staff at the Gender Identity Clinic who said: “*I have found a few of my clients are having difficulties in employment, and trying to get employment is a difficulty. There is no way that we can prove their difficulties are about the trans issue. But your gut feeling tells you that is why they don’t get jobs. Some have been on work placements that have gone really well and then they are told ‘no we don’t have anything for you.’ It’s impossible to prove [that it is transphobic discrimination] unless something [transphobic] is actually said to them. I have a few clients that are doing voluntary work and they’re doing exceptionally well.*” This point was reinforced by a service user of the GIC (aged over 25) that felt she was “*pushed out of my previous job because of coming out. People still think they have the right to exclude you or get rid of you from a job if they don’t agree with what you are doing.*”

#### Recommendation 6

Research into the equality issues faced by trans people in employment living in Northern Ireland should be commissioned.

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<sup>15</sup> One young person has accessed The Rainbow Project’s Advocacy Service due to employment discrimination.

## *Goods and Services*

Whittle *et al.* (2007) found that 47% of trans respondents do not use public leisure facilities for fear of discriminatory treatment, e.g. being refused access or having that access limited. The Equality and Human Rights Commission (n.d.) argue that “public authorities need to assess the impact their policies and practices have on trans people in relation to all their goods, services and facilities provision,” particularly leisure facilities and services which are single sex, which require people to share changing facilities, such as gyms and swimming pools.

The Department for Culture, Media and Sport issued guidance in (2005) to ensure trans people gain access to leisure facilities in the same way as any other individual. The guidance states that it is good practice to provide: changing facilities with cubicles which offer greater privacy and safety; that staff act in a courteous and sensitive manner; an equality policy that outlines the facility or club position on trans people and participation, including action that can be taken in the event of unfair discrimination; and, staff are trained on the issues involved and ensure they are aware of the organisation’s equality policy.

During interviews no young people expressed any issues in relation to using leisure centres. However, during the course of this research, the researcher was contacted by one local council in respect to designing a policy for trans service users accessing leisure centre facilities. This proactive step should be welcomed and replicated by all local authorities.

### **Recommendation 7**

**Each of Northern Ireland’s 26 District Councils should ensure that they have policies and protocols in place that recognise and promote trans equality across the services they provide. District Councils should follow the guidance produced by the Equality and Human Rights Commission to ensure best practice is followed and consult with local service users to tailor services to local needs. Policies and protocols should be reviewed regularly to check services are in line with current best practice and meeting local need.**

## *Conclusion*

This chapter has shown the isolating, alienating and marginalising effect that the general lack of societal awareness, understanding and knowledge of trans issues has on the lives of young trans people living in Northern Ireland. The culture of ignorance that prevails inhibits young people from developing their self-awareness, leads to self-loathing and low self-esteem. Consequently, this ignorance impedes the young person from coming out and seeking support. When young people do come out the lack of normalisation of trans issues means young people risk familial ostracisation, homelessness and transphobic discrimination and harassment. The anxiety and stress caused can lead the young person to develop mental health problems. This is further compounded by the real threat of young people and their families experiencing prejudicial attitudes and treatment at the hands of service providers who are typically inadequately trained to meet their needs. It is therefore vital that voluntary organisations and government agencies work to end this culture of ignorance by recognising the needs of young trans people in organisational strategies and by setting out action plans to minimise their vulnerability.

## Chapter 4: Issues for young people in education

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Children's early years have a profound influence on their life chances. Unfortunately young trans people face numerous educational inequalities that act as barriers to them fulfilling their full potential. However, in comparison with other minority groups, the experiences of transgender pupils are least likely to be reflected in data and research (EHRC 2010). This chapter links the findings of available research with the experiences of young trans people that have attended school in Northern Ireland.

### *A culture of ignorance in schools*

The 'revised curriculum,' which was introduced in the 2007/08 school year across Northern Ireland, includes Relationships and Sexual Education (RSE) and Citizenship Education in which pupils explore issues such as developing positive relationships and diversity and respect for others, including those of differing sexual orientation. Two interviewees discussed their experiences of sexual education. A young man recounted how: *"we were told LGB exists but not to rush in to anything because 'you're still young and have time to decide.' Everyone around me basically began to whisper, poke fun and giggle behind their hands because I was the only one in the class that this apparently applied to."* This young trans man described the class as *"not a very supportive environment to be in"* with teachers tending to *"assume that everyone is heterosexual."* A young trans woman, meanwhile, experienced teachers conveying overtly prejudicial attitudes: *"teachers used the word 'fag' and 'queer' regularly."* During a tutor group she recounted how a *"preacher said 'gay people are going to hell.' For me it was so traumatising. That's a moment I'll remember for the rest of my life."* Homophobic prejudice was experienced by these young trans people as alienating and disturbing. It acted to mark their identity, which does not fit into the gender-normative/heterosexual paradigm, as undesirable and less deserving. Teachers who openly displayed prejudicial behaviours were said to foster such discriminatory attitudes in pupils and tacitly sanctioned harassment to occur; as one interviewee reflected: *"pupils are misguided by prejudiced teachers."*

Currently, however, issues of gender identity, gender dysphoria and transgender are absent from the revised curriculum.<sup>16</sup> This strongly dissuades teachers from openly discussing such issues in the class room. This prevents all young people from learning about gender diversity and even from knowing that transgender exists. Consequently, the absence of trans issues from the curriculum can be seen to institutionalise the culture of ignorance of gender diversity and prevents the normalisation of trans issues within school settings. Unsurprisingly, each of the 5 young people interviewed stated that they did not receive any formal education regarding trans issues. This inhibited them from having the necessary information and awareness to make sense and come to terms with their gender identity. One young man said: *"In my school in religious education I got the feeling that it's not OK to be gay and it's not OK to be lesbian and that was it. Trans people we weren't told anything about them, I didn't know they existed."*

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<sup>16</sup> See The Education (Curriculum Minimum Content) Order (Northern Ireland) 2007, available here: [http://www.deni.gov.uk/nisr\\_20070046\\_en.pdf](http://www.deni.gov.uk/nisr_20070046_en.pdf)

### *Julie's story*

Julie identified as a girl from a young age, however, she felt that: *"I didn't have any way of discussing my gender identity when I was younger."* She attended a local comprehensive school in which boys and girls were separated for the first three years. Julie described how boys in the school had very distinct interests and said *"if you were different you were outcast."* Despite self-identifying as a girl she felt the pressure to conform to her assigned birth gender. She was unsure of how to make sense of her gender identity or how to discuss her gender distress: *"I had friends but I couldn't really open up to them."* This was in part because Julie did not receive any formal education about gender or sexual diversity: *"when it came to sexual education it was male, female, heterosexual and that was the end of class. There was nothing about being gay, lesbian, transsexual or pansexual."* This left her feeling isolated and confused. When she was 16 Julie began to develop an awareness of trans issues through the media and about potential support services through internet forums. Nevertheless, the delay in accessing relevant information and knowledge meant she did not access dedicated gender specialist services until the age of 18. Had gender identity issues been discussed in her school she felt: *"things could've been different I could've gone to the school counsellor and they would have been able to advise me about Children and Adult Mental Health Services."*

Section 75 of the Northern Ireland Act 1998 guides the practices of government and public authorities so that equality of opportunity and good relations are central to policy-making, policy implementation, policy review and service delivery. The exclusion of trans issues from the school curriculum reduces trans equality and inhibits good-relations from developing. Pupils and staff are prevented from having an equal opportunity to engage with gender diversity and increasing their awareness, understanding and knowledge of trans peoples. In addition, it actively discriminates against young trans people by hindering their personal, emotional and social development.

In recognition of this gap, the Department of Education, in conjunction with members of the *Transphobic Bullying Task Group* (see 'Transphobic Bullying' section below), have developed a diary insert relating to transgender, which will be available by September 2013. This insert will contain an explanatory sentence about gender identity and transgender. It will also contain contact details for relevant support organisations. A member of the Task Group expressed pessimism regarding the potential impact of the insert because it is not *"compulsory"* for it to be included in school diaries. She felt many schools, particularly those with a religious or conservative ethos, would choose to omit it. In addition, the person stated that one sentence was inadequate to *"explain the whole issue, how to respond to somebody [who is trans], how a young person should to deal with their friend [if they are trans], what support to offer or how not to feel afraid of this issue."* However, this pessimism was not shared by other members of the Task Group who felt that even though more needed to be done simply having the word 'transgender' available to be read by pupils was an important step forward because it shows the *"word transgender matters."* A third member of the Task Group affirmed this optimism: *"at least it's there, it's an option. It's not going to get into all schools at the start but eventually it will build up."* The option for 'transgender' to be included as a diary insert could be interpreted as somewhat of a token gesture however it is symbolic of the

emerging recognition of the importance of increased awareness of transgender issues in educational settings.

Nevertheless, much more needs to be done to increase awareness, understanding and knowledge of trans issues in educational settings. Discussing how the profile of gender diversity could be increased within the school curriculum a fourth member of the Task Group felt that, like other diversity issues, it should be integrated into multiple strands of the curriculum. Therefore although it is vital to include gender identity issues in subjects such as RSE and Citizenship Education it is also important to “normalise” and “mainstream” trans issues by incorporating them into the syllabuses of other subjects, such as ‘English’ and ‘History.’ Discussing gender variant characters in books and famous historical personalities who were transgender would help to normalise gender diversity and provide young trans people with role models. In addition, by openly discussing trans people in a positive manner it will help young trans people to feel accepted in the school environment and reduce prejudice among other pupils.

#### Recommendation 8

The Department of Education Northern Ireland in conjunction with the Council for the Curriculum Examinations and Assessment should integrate information about gender identity, gender distress and transgender issues into Northern Ireland’s school curriculum. This process should involve consultation with relevant community and voluntary groups.

#### *Gender expression in educational settings*

The lack of open discussion of gender identity and trans issues in school settings conveys the impression to young people that gender distress does not exist, is not normal and/or is undesirable. Mitchell and Howarth (2009) found that young trans people in education commonly experience feelings of isolation and the need to remain ‘in the closet.’ This need to remain ‘closeted’ and conceal one’s gender identity is reflected in Kennedy and Hellen’s (2010) survey findings. They discovered that of respondents who were assigned female at birth 18% were permitted to express their gender identities largely or as much as they wanted in primary school and 10% in secondary school. This compared with 45% who were permitted freedom of gender expression at home. Of those assigned male at birth only 2% expressed their preferred gender identity in primary and secondary school. This compared to 4% who were free to do so at home. The authors conclude that in many cases where the young person was “permitted to express their gender identities at home, they were not permitted to do so at school” (2012: 37).

When young trans people are denied freedom of expression they are forced to wear a school uniform that does not correlate with their gender identity. Uniforms are highly symbolic, visually distinguishing a young person as either male or female. Wearing a uniform that does not correspond with one’s gender-identity can be a cause of stress, anxiety and discomfort to young trans people who are highly sensitive and generally distressed by their gendered appearance (EHRC nd; Whittle *et al.* 2007). Mitchell and Howarth (2009) argue that the failure of a school to provide a gender neutral uniform option discriminates against trans pupils. In addition, they highlight that single-sex services and facilities in educational settings, such as toilets, changing rooms and sleeping spaces, may also present particular challenges for young trans people.

Of the 5 young trans people interviewed for this project, 4 were unable to wear a school uniform that matched their gender identity. For these young trans people strict uniform policies and the lack of a gender neutral uniform option meant that individuals assigned male at birth had to wear trousers and were generally expected to have short hair; girls, on the other hand, had to wear skirts and typically expected to have long hair. Three interviewees reported how they presented in a gender appropriate or gender neutral manner outside of school environments but were not allowed the same freedom of expression while at school. One young trans man said: *“I had to wear a stupid girls’ school uniform at school but afterwards I could wear guys clothes so I looked like a guy. I was just like why am I wearing this uniform?”* Consequently, these young people developed a somewhat androgynous presentation as they adopted the physical appearance of one gender but were made to wear the uniform of another. A young trans woman explained: *“at the age 13 I stopped passing [as a boy] and started to wear unisex clothes. But at school I just had to get on with life and hide it. It got to the point that people thought I was a girl pretending to be a boy.”*

Wearing a school uniform that did not match the young person’s gender identity was found to problematise everyday occurrences that most young people take for granted. Situations, such as using toilets, changing rooms, playing sports and subject choice, become challenging situations that young trans people must learn to negotiate. Two interviews, for example, discussed how going to the bathroom became a source of anxiety to the extent that they would avoid using such facilities during break and lunch times.

#### **Ryan’s story**

**Ryan, who is approaching twenty, discussed how he was denied freedom to express his gender identity within school. Outside of school he typically dressed in a masculine fashion, however, while at school the uniform policy was strictly enforced and he was made to wear a skirt and present as a girl. He said that *“it was like going to school in drag every day in the worst possible way. I just constantly felt this wasn’t the right thing for me. I just never felt comfortable in it at all. It didn’t even look right on me.”* Ryan’s masculine physical appearance led other pupils to question if he was actually a boy pretending to be a girl. This led to awkward situations when using single-sex facilities: *“I was getting asked if I was in the right bathroom.”* Rumours began to be spread about Ryan among fellow pupils and as he grew older he increasingly felt alienated from his peer-group and became socially isolated.**

Only 1 interviewee reported being allowed to wear a school uniform that they felt to be comfortable and appropriate for them. Being allowed to wear the uniform that matched his gender identity was a form of validation that acted to legitimise his self-determination. This recognition has helped him to better integrate into the school environment. Consequently, he was the only interviewee to express enjoyment at school and not feel alienated from his peers (see *James’ Story below*).

Most schools have a school uniform policy in Northern Ireland. The wearing of school uniform is not governed by legislation but falls to individual schools to determine; it is a matter for school principals, subject to directions from their Board of Governors (BoGs). Therefore, the Department of Education (DENI) is only able to advise schools about their uniform policy. The DENI’s (2011) *Guidance to Schools on School Uniform Policy* recommends that school uniforms are ‘practical,

comfortable and appropriate' and that they are designed with regard to their duties under relevant equality and other legislation, including ensuring the prohibition of unlawful discrimination and the protection of the rights of individuals. In addition, the Guidance states: "[w]hen drawing up their policies schools should bear in mind the concept of 'indirect' discrimination. This involves the application of a requirement, which, although applied equally to everyone, puts those of a particular gender, race, religion or belief at a disadvantage because they cannot, in practice, comply with it. Such a requirement would need to be justified" (2011: 5).

The experience of being forced to wear a uniform that did not correspond with their gender identity was discussed as being highly distressing and disempowering; it made the young person more vulnerable to prejudice and harassment from other pupils; and, can affect educational attainment by encouraging truancy. Each interviewee felt that they would have been more comfortable and better equipped to succeed educationally if they had been able to wear either a uniform that corresponded with their gender identity or a uniform that was gender neutral.

### *Transphobic bullying*

Anti-trans discrimination in educational settings is a significant problem, with transphobic bullying said to be widespread (Mitchell and Howarth 2009). Transphobic bullying is a sustained pattern of language, behaviour or harassment that consciously targets someone because of their gender identity and/or gender expression. It can range from deliberate social exclusion and rumour spreading to verbal abuse and serious physical assault (Whittle *et al.* 2007). We may infer that the dynamics of transphobic bullying are similar in many respects to homophobic bullying in that experiences of bullying will often be long-term, systematic and perpetrated by groups of peers in locations with many witnesses, such as toilets, changing rooms and corridors (see Boyd 2011). This is in part because gender expression is often mistakenly conflated with sexual orientation.

In their comprehensive survey, Whittle *et al.* (2007) found that many young trans people face high levels of transphobic bullying and harassment. In fact, of all of the respondents young adults at school were deemed to be at the most risk of discrimination and harassment: 64% of young trans men and 44% of young trans women reported experiencing harassment or bullying at school. Bullying was found to be perpetrated by both pupils and staff. The authors linked bullying to the young person's willingness or capacity to conform to gendered stereotypes in uniform and/or appearance, e.g. length of hair. They found that the onset of puberty, starting to 'cross-dress' and transitioning in social life were 'trigger points' that tended to initiate harassment.

Any form of bullying is degrading and inhumane, it diminishes a young person's self-esteem and denies them respect and dignity because of an aspect of their identity (Boyd 2011). Experiencing gender distress itself may impair a young person's achievements at school and bullying severely aggravates this (GIRES 2008b). Whittle *et al.* (2007) suggest that transphobic bullying will lead to absenteeism and truancy as a means to escape persecution. In addition, research conducted in Northern Ireland by Youthnet (2003) suggests that young people who identify as lesbian, gay, bisexual and/or transgender who are bullied or who have negative experiences in school will suffer from mental health problems that will potentially lead to high risk taking behaviour as a consequence. In a survey conducted by the Government Equalities Office (2011) almost half of 1,275 respondents thought that the behaviour of other children presented the most challenges to gender variant children and believed teachers are ill-equipped to tackle transphobic bullying.

Writing about homophobic bullying in Northern Ireland, Boyd (2011) found that there is currently no requirement for schools to include homophobic bullying in their anti-bullying policies. As schools are not required to take any proactive steps, teachers and other school staff are often not trained, or not trained adequately, to recognise homophobic bullying and language or how to attend to it accordingly. Therefore such behaviour goes unchecked, leading perpetrators to believe that what they are doing is acceptable and victims to believe that the school is unwilling to protect them. This is also true for transphobic bullying. Failure of schools to address transphobic bullying effectively provides tacit approval of it, increases the likelihood that someone will leave school early and leads to lower levels of academic achievement (EHRC n.d.). Transphobic bullying that is not dealt with promptly and effectively can also potentially escalate into criminality (GIRES 2008b).

Each of the young trans people interviewed for this project recounted experiences of bullying while at school. Experiences of bullying were predominately related to young people's gender identity but were also at times homophobic in nature. Two interviewees, one male and one female, described how their non-normative gender presentation led to systematic bullying. There were striking similarities in their experiences: both were subjected to regular verbal abuse, almost on a daily basis; the perpetrators were pupils from across age groups; harassment frequently occurred in public spaces with many witnesses, including both pupils and members of staff; and staff who were aware of the bullying did not offer support or attempt to end the harassment. Both young people consequently suffered depression, two self-harmed and had suicidal thoughts. Surprisingly, this harassment actually spurred both to work hard and achieve academically. However, for many young trans people experiences bullying significantly reduced their willingness to attend school and many drop-out of school altogether. This is evidenced by the experiences of members of 'Translate,' a peer-support group for young trans people (see page 53 for more information). A youth worker who facilitates Translate stated that of the 12 young people that have attend the group 8 young people, aged between 15 and 18, have permanently dropped out of school. This is largely due to the transphobic harassment they have received and the failure of their to respond effectively to their needs. Transphobic bullying profoundly impacts young trans people's self-esteem, self-worth and their educational attainment. Ultimately, the long term repercussions of this include increased risk of mental health problems and reduced educational/employment prospects.

### *Mike's story*

Despite being forced to wear a girl's uniform Mike began to push the uniform rules by cutting his hair "*shorter and shorter.*" His androgynous appearance made him stand out and he was subjected to constant name calling from pupils of all ages. Unidentifiable pupils would indiscriminately shout "*tranny and queer*" at Mike as he walked down crowded corridors. For some name-calling could be perceived as 'low-level' bullying but for Mike "*it was constant, it happened so often, I didn't know what would happen when I went into the corridor.*" Despite the consistent nature of the bullying he "*felt that it wasn't enough to go to a teacher about it or that they wouldn't believe me, I felt like I couldn't say. I felt like they wouldn't support me.*"

Harassment intensified as Mike got older. He began to self-harm to cope with the stress and even contemplated suicide: "*I was having so many problems in school with pupils, teachers and the head of year. Teachers didn't want to listen to me say that 'I am having a really difficult time here, I need counselling, I'm getting bullied.'*" Mike recounted how, when at his lowest point at school,

his plea for support was dismissed as frivolous: *“having been bullied for most of school and hitting rock bottom in a study period one day [I went] to see the head of year and said ‘I need help, I seriously need help’ and a woman [the head of year] with no mental health training said ‘well I think you’re fine. Your grades are OK.’”* Mike felt despair that his good grades were used as a barometer of his emotional well-being and eventually stopped going to the school counsellor because the *“mental health provision in the school was absolutely awful.”* He began to access support in the voluntary sector and for the first time he felt listened to and that his opinion was valid. This helped him to explore his gender identity and *“stick it out”* at school.

Mike persevered and attained good grades in his final examples. On his last day of school Mike thought *“that’s me out of this hell-hole. I am free of this place.”* His teachers asked him if *“I would come back to visit and I said “no I’ve had a horrible time here. It’s been seven years of just being generally unhappy.”* Mike felt that teachers were hypocrites because *“on the surface the school said they supported individuality and promoted community spirit”* but ultimately failed to support his individuality and promote a community spirit inclusive of gender diversity.

The Education and Libraries (NI) Order 2003 places a duty on all grant-aided schools to have an anti-bullying policy, which includes measures to prevent all forms of bullying among pupils. In addition, Boards of Governors have a Duty of Care to pupils and schools are required to have an anti-bullying policy. Such provisions are in place to ensure that teachers have the capacity to attend to the situation, reprimand perpetrators and support the victim. Unfortunately, only 1 interviewee felt that their school responded appropriately to the bullying they received (see James’ story below). The other 4 young trans people felt that their school did not attend sensitively to their needs because incidents of harassment were either ignored and allowed to continue or the young person themselves was blamed for bringing the bullying on themselves. Such inappropriate responses left interviewees feeling that their teachers condoned transphobic bullying, this heightened the young person’s emotional vulnerability and disinclined them to report future incidents. As a result interviewees were susceptible to sustained harassment.

Discussing transphobic bullying a youth worker noted how many schools are currently not responding effectively to transphobic bullying: *“we have two young people who are both being bullied in school and the school didn’t react. Speaking to the school you get the idea that they would rather have the trans child removed to stop the bullying as opposed to dealing with the bully. They think that if they remove that one child everyone else will have a normal environment, as they call it. So they view the young person as a problem and they want to remove that problem rather than viewing the bullying as a problem. We do have one school where one of the parents threatened to pull her son out of the school if the school kept this young [transgender] person there and the school actually said that is entirely up to you. And [the parent removed her child] because there was a trans person being taught and was allowed to pass in the school. The school defended the trans person, which is one [positive] case we’ve heard of out of 15-20.”*

In the past year the Northern Ireland Anti-Bullying Forum (NIABF) has established the Transphobic Bullying Task Group. This is an important step forward in challenging transphobic bullying. The Task Group involves the participation of community members, youth workers, and health professionals who have the role of developing NIABF information and updates regarding transgender issues. The

aim is to ensure schools can tackle transphobic bullying quickly and effectively. Four members of the Task Group were interviewed as part of this project. They shared a common sense of shock at the current lack of understanding of gender identity and transgender issues in schools. They felt it was a priority to increase awareness of gender diversity among teachers in order to prevent bullying from occurring and better equip teachers to handle incidents effectively when they arise.

### *School response*

Although some interviewees presented in school androgynously and even sought support for bullying, 4 of the young trans people interviewed for this project never directly informed their school that they experienced gender distress and/or identified as trans. This was due to a combination of interrelated factors, including: fear of a negative response, confidentiality issues and/or a lack of awareness, understanding and knowledge of appropriate terminology and information. A youth worker that works closely with young trans people explained there is currently massive “*variation*” in how individual schools respond when a gender variant young person comes out: “*to be honest we have had 1 good story with schools the rest have been, I don’t want to say negative, but they are negative because the school doesn’t know how to react.*” Another youth worker added: “*when we have spoken to parents and young people their experience of education has been really quite negative. There is a significant number of young people that have dropped out of school really due to the fact that there is a lack of understanding about the issue and the school do not know how to support them or doesn’t want to support them.*”

One young person did come out while at school. This young person was assigned female at birth but identified as male and began to present as a boy while at primary school and continued to do so when he moved to his secondary school. His story is of particular interest because it reveals the contrast between a negative and positive school response and the consequences each has for the young person. The primary school’s reaction to the young person and his family was characterised by disbelief, suspicion, insensitivity, denial of the young person’s self-determination and a lack of consideration of the young person’s best interest. The secondary school’s response on the other hand was typified by proactive engagement with the young person, their family and relevant statutory agencies, using of gender appropriate names and pronouns, providing access to gender appropriate facilities, recognising the young person’s right to freedom of gender expression, offering robust support and putting the young person’s best interest first.

The difference school responses obviously contrasting implications: the primary school’s negative reaction left the young person feeling hurt, disempowered and disinclined to attend school; the secondary school’s proactive approach increased his self-esteem, social integration and desire to attend school. The approach a school, and its teachers, take may also have wider implications: a disapproving reaction can colour the school’s culture with prejudice and communicate to pupils that discrimination towards gender diversity is acceptable; a constructive response will cultivate a culture of equality and denounce discrimination. The approach a school takes will therefore have long-lasting repercussions for the individual and the school.

### *James' story*

James identified as a boy from a young age. At age of around 9 he saw a programme about young people who identified as transgender. This helped him to understand his own gender identity and make the decision to present as a boy full-time. His parents, who were fully aware of his unhappiness at having to present as a girl, supported him and approached his primary school with the aim of him being recognised and referred to as male. The school lacked awareness and knowledge of trans issues, had no policies or protocols in place to inform their response and were concerned with the legal implications of allowing James to be referred by a male name. The school's reaction was to ignore James' self-determination and take legal advice to determine how they should respond. James recounted how *"in P6 I could wear the boys' uniform after a while. But in P7 the teachers wouldn't call me by my [male] name. So I just had no name."* Despite enabling James to present as a boy, teachers would not use his self-identified name or preferred form of addressed. He discussed how teachers *"wouldn't use my name and they wouldn't use the pronouns either. So they just avoided me completely. All the children were fine. It was the teachers. I had no name until the last few months of primary school"*. It left James feeling *"very annoyed and upset."* So much so that he *"didn't want to go to school most days."* The school only began to use his self-identified name after it was ordered to by a court. However, this process, which denied him of his right to an identity for a year, ultimately caused significant distress for James, and his family, in a year in which he was completing his transfer tests.

James' experience in secondary school has been much better. He is permitted to wear a boys' uniform, use the boys' toilets and is referred to in the name and form of address that he identifies with. Here he feels he is treated *"normally,"* is listened to and is supported by his teachers. The school has adopted a proactive approach of engagement: they held a series of meetings prior to James commencing school and then initiated a series of termly meetings with his parents, representatives from the Department of Education and CAMHS. They have requested information regarding gender dysphoria as well as contact details for the GIDS from the family. This has helped build a positive relationship between the family and the School. This proactive approach is seen as a way to attend to and pre-empt any issues that may arise.

When James was subjected to bullying from another boy in his age group after he was 'outed' it was dealt with effectively by the principal who made the bully aware that such behaviour would not be tolerated. This approach has helped James feel welcome and valued within the school and he has made *"some really good friends"* who are aware of his gender identity. However, it is unclear whether the school would have taken such a proactive approach had it not been for the court ruling. This is concerning as the legal proceedings were traumatic for the James and his family.

### Recommendation 9

The Department of Education Northern Ireland should, as a matter of urgency, produce comprehensive policy guidance for schools relating to young people who experience gender distress and/or identify as trans. This guidance should include information regarding school uniforms for trans pupils and anti-transphobic bullying protocols. The guidance should be

produced in line with international best practice and through consultation with relevant stakeholders. It should be reviewed regularly to ensure guidance remains in line with current best practice. In addition, the emotional health and well-being needs of trans pupils should be incorporated into the Department of Education's 'Pupils' Emotional Health and Wellbeing Programme.' Research into audit tools and existing good practice should be conducted to ensure that the needs of young trans people are met in a consistent and coherent way.

### *Educational inequality*

The experiences of young trans people living in Northern Ireland, discussed above, highlight the extent to which they have suffered both direct and indirect discrimination in educational settings. Despite the overt inequalities they face in education settings young trans people are currently not recognised as a 'priority group' in the Education and Library Boards' *Audit of Inequalities: Consultation Document 'Work in Progress.'*<sup>17</sup> This document examines priority groups, identified in the Equality Commission's publications *Statement on Key Inequalities Northern Ireland* (ECNI 2007) and *Every Child an Equal Child* (ECNI 2008), that have either displayed consistent educational under-achievement or for which there was insufficient information to make that assessment. The failure to acknowledge young trans people as a 'priority group' is unacceptable in light of the prevalence of prejudice, discrimination and harassment they face in education settings. It is paramount that the needs of young trans people are considered by the Boards and Equality Schemes and Action Plans are revised appropriately.

#### **Recommendation 10**

The Equality Commission should conduct a comprehensive review of the education inequalities faced by young trans people living in Northern Ireland.

#### **Recommendation 11**

**The Education and Library Boards should, as a matter of urgency, recognise trans young people as a 'priority group' who face multiple inequalities; identify on-going work and actions that address these inequalities; and, propose actions to be built into an agreed inter-Board/Staff Commission Equality Action Plan, which includes performance indicators and anticipated outcomes. This should be done in consultation with relevant community and voluntary groups.**

### *Gay-Straight Alliance*

Youth workers spoke positively about the proactive approach taken by one school, Shimna Integrated College, which has sought to increase equality by establishing a 'Gay-Straight Alliance' (GSA). Based on an American model, this initiative started two years ago as an after school club to

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<sup>17</sup> This document was produced by the Belfast, North Eastern, South Eastern, Southern and Western Education and the Staff Commission for Education and Library Boards. It was published in July 2007 and is available online here:  
<http://www.staffcom.org.uk/pdfs/Audit%20of%20Inequalities%20Work%20in%20Progress%20July%202011.pdf>

discuss anti-homophobic bullying measures. Research (GLSEN 2007) has found that the presence of a GSA can help to make schools safer and more accessible for LGB&T students and have a positive impact on LGB&T students' academic achievement and experience in school. Currently, there are no trans students in the school but the group has begun to discuss trans issues and has conducted trans awareness training with its members. They hope that this proactive step will help to prevent transphobic discrimination and bullying from occurring if a pupil does identify as trans in the future.

#### Recommendation 12

The Department of Education Northern Ireland should promote 'Gay-Straight Alliances' as a model of best practice for helping to reduce homophobic and transphobic prejudice and discrimination in school settings.

#### *Transgender parents*

Although outside the initial scope of this research, interviewees highlighted the needs of children with parents who identify as trans as a potential area in need of focus. This project was unable to research this area comprehensively but discovered some general points worthy of note. Children whose parents undergo transition will have a range of responses: ranging from acceptance to denial to rejection. Numerous factors will affect this reaction such as age, the quality of the parental relationship and the response of the other parent/family members. Some young people may find the transition process emotionally difficult and thus require professional support. It could also increase their risk of being bullied. Finally, social services may also become involved so it is important that there is a general awareness among social services to ensure a minimum of a basic understanding of trans issues.

#### *Lynn's experience*

Lynn was assigned male at birth. She identified as female from a young age but *"unfortunately when I was younger there wasn't the resources, there wasn't the information available and there certainly wasn't the open-mindedness that there is today. There were very few people that I could've spoken to. I didn't tell [anyone]. I was the perfect fella. I was the deputy head boy and everything a fella could be. But really I wasn't and it was very difficult for me but I had to do that because society dictated that."* Lynn got married and had children. However, eventually the strain of concealing her gender identity became too much and she decided to undergo transition. Her partner and children were accepting. However, Lynn was concerned about the prejudice her children may face in school. She *"approached the school a month in advance before full-time transition and spoke with the headmaster."* She also *"contacted social services beforehand as a safety net. Bringing them in to [assess] the family was hard."* This was especially true as *"social services had absolutely no knowledge of gender identity issues. We had to explain the situation and that's not the easiest thing in the world to do."* Lynn reflected that it *"would have been beneficial to bring people on board that had knowledge of gender identity issues."* She felt that it was important to carry out this *"groundwork"* and that thankfully to date there has been *"no issues."* However, Lynn reflected that *"it could've gone either way. It's not going to be the case for everyone [that things will go well] so there needs to be someone there for kids of transgender*

*parents. I wanted someone there if anything had gone wrong with my kids. I wanted them to have someone to talk to if they had a problem [talking] with me or my partner."*

### Recommendation 13

An information leaflet regards to trans issues should be produced for social workers. The leaflet should be produced in collaboration with voluntary and community groups.

### *Issues in further and higher education*

Given the number of trans people currently living in the UK there are likely to be many trans people among the students and staff of higher education institutions (Pugh 2010). Higher and further education has also been highlighted as one sector in which trans people experience discrimination (Whittle *et al.* 2007). LGBT Youth Scotland state that young people's experiences of coming out at college or university can vary widely and although anti-discrimination policies often exist not all institutions may proactively implement them. They highlight that important areas of concern include: whether the institution has an LGB&T society; if the institution's mission statement discusses equality and diversity; if the institution has a robust anti-bullying policy; and if the institution has experience of working with trans students. Other situations that may arise if a young trans person enters into further and higher educational issues include single sex shared living arrangements as well as the reissuing of documents and certificates if an individual undergoes gender reassignment (Mitchell and Howarth 2009).

Three interviewees were attending higher or further education institutions. Two young trans people were attending university, while another was attending a further education college. Each shared similar experiences that showed Northern Ireland's higher and further institutions to be proactive, prepared to engage and sensitive of interviewee's needs. However, they also highlight how the stage at which a person is at in their transition is an important factor in their capacity to maintain their confidentiality about their gender identity in order to minimise their vulnerability. A staff member of the GIC felt many young trans people face a *"huge quandary: do I start university as Adam or Amanda. Do I change during the middle of it? Or do I wait till the end? There is a lot of negotiation that goes on particularly at university level when they are going to be there for 3 or 4 years."*

### *John's story*

After being accepted to university John contacted the university's LGB&T society who put him in touch with a member of the institution's Equality Department. He was pleased with their *"very positive can-do attitude"* noting they remained *"in touch for quite a while."* After having a few meetings he decided to disengage once he had felt *"settled in."* However, *"it never really worked out."* John requested not to be put in single-sex accommodation and despite identifying as male he was housed with females only. This *"plunged me back into the closet"* and *"I felt on edge all the time."* In addition, John had to go through the enrolment process with a *"complete stranger"* and discuss his gender identity. Even though the person was understanding they stated John required a deed-poll to prove his name change. Without this John had to enrol with his (female) birth name,

meaning his student card and all future correspondence and documentation would bear a name he no longer identified with. John felt *“down in the first few days but I just got over it.”* Being housed in inappropriate single-sex accommodation and having to enrol with his birth name led John to be outed when he would have preferred to have lived in stealth as a male, something that had been denied to him throughout his childhood. Thankfully it *“hasn’t led to abuse but it confuses people.”* Mostly John’s peers have expressed understanding and support and university is *“going well. I really enjoy the subject and get on well with staff.”*

#### *Sarah’s story*

Sarah began her transition during her adolescent years and is now in her twenties. She made the decision to live in stealth as a female while at university *“because I just want to be me.”* People *“get to know me better if you don’t know I’m transgender.”* Being able to live in stealth has allowed Sarah to live the ‘normal’ life of a female that she had always desired. Noting how knowledge of a person’s gender transition can colour their *“perception of you.”* In school *“everybody hated me because they thought I was a freak because I was different and now I’m just normal.”* Conversely, outside school people who knew about her transition *“loved me because they pitied me, there is nothing worse than being pitied. I’d rather be hated than pitied.”* This juxtaposition of prejudice and pity fostered feelings of abnormality and Sarah was happy to *“finally be living the life that I should’ve lived [because] just being ‘normal’ was a privilege that I didn’t use to have.”*

#### *Peter’s story*

Peter began his transition while attending a further education college. Peter’s *“college were so accepting. I had absolutely no problems. I said I’ve changed my name, this is my name, this is my title and they were really fine, they didn’t care. Nobody even batted an eye-lid. I haven’t had any problems what-so-ever. A really positive experience.”*

#### *Conclusion*

Schools should be a safe and supportive environment for children to learn in. However, young trans people are frequently subjected to direct and indirect discrimination in school settings. The lack of information regarding trans issues on the school curriculum, strict uniform policies and gendered school environments all act to heighten young trans people’s vulnerability and place them in a position of personal, social and educational disadvantage. The high level of inequality young trans people face increases their vulnerability to adverse educational experiences, including alienation and bullying, that reduces their capacity to fulfil their full potential. However, this inequality is not adequately recognised. Schools need to respond in a proactive manner and work to support young trans people and their rights in order to reduce educational inequality. To do this they need robust policy guidance from Department of Education and to engage with other government agencies and the voluntary and community sector. Strategies and interventions must be put in place that reduce the inequalities young trans people face and promote a culture that welcomes gender diversity.

## Chapter 5: Issues for young people in healthcare

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Young people who experience gender distress will commonly require robust therapeutic support. They will require gender specialist support in order to explore and come to terms with their gender identity and to undergo gender transition, if they choose. They may also require general mental health support to deal with the emotional and social pressures associated with being trans. This chapter explores the experiences of young trans people accessing healthcare in Northern Ireland as well as those of healthcare providers. It begins with a condensed outline of the recommended care pathway for young people who experience gender distress.

### *Care pathway*

There is no 'cure' for gender distress, in the traditional sense, however, undergoing a process referred to as 'transition' can help to alleviate the anguish that people may experience.<sup>18</sup> In 2006 the Royal College of Psychiatrists (RCP) published *Good Practice Guidelines for the Assessment and Treatment of Gender Dysphoria*.<sup>19</sup> This document is still currently in draft format but outlines the recommended standards of care for people undergoing transition in the UK. However, the standards lack specificity in relation to the care that should be provided to children and adolescents.

In April 2012, representatives of Gender Identity Clinics from across England, at the request of the Department of Health, prepared a draft common protocol for necessary gender services in England based on best current NHS practice and the 7<sup>th</sup> edition of the World Professional Association of Transgender Health (WPATH) Standards of Care.<sup>20</sup> This protocol provides greater clarity for the care pathway that should be provided to young people.

General guidance states that young people experiencing gender distress should be provided with a systemic model of care that takes into account the young person's perspective as well as consideration of social and environmental issues. Treatment services should be integrated with health professionals consulting regularly with family members, schools and social networks as appropriate. This entails engaging with families to facilitate understanding and support as well as with education providers to encourage acceptance and tolerance in educational settings. This may require health professionals to deliver training in schools and colleges to educate staff about necessary issues.

It is internationally recognised that support for young people diagnosed with gender dysphoria should be offered in a 'staged approach' in order of increasing irreversibility (see Besser *et al.* 2006; Di Ceglie 2000; DoH 2007; Curtis *et al.* 2008):

1. Psychological assessment and support – counselling and other forms of talking therapies should be offered to both the young person and family members to help alleviate any emotional or psychological problems they may experience;

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<sup>18</sup> Evidence suggests that not all young people who experience gender distress will undergo gender transition in adulthood (Besser *et al.* 2006).

<sup>19</sup> Available at: <http://www.rcpsych.ac.uk/pdf/Standards%20of%20Care%20Draft%20v8%203b%20final.pdf>

<sup>20</sup> Available at: <http://www.wpath.org/>

2. Suspension of puberty through the use of hypothalamic blockers – hormone suppressants should be used to suppress physical changes that occur during the onset of pubertal development and to alleviate the significant distress that young people experience at this developmental stage. The effects of puberty suppression are temporary and can be stopped at any time without adverse consequences;
3. Cross-sex hormonal medication – cross-sex hormones can be used to facilitate the development of secondary sex characteristics of the person's preferred gender and help the young person to assume the gender role they identify with;
4. Other cross-sex therapies – after receiving cross-sex hormones for a period of time the young person will be offered a wide range of treatments, this may including speech and language therapy and hair removal treatments. Only after the young person has turned 18 will they be eligible for surgical treatments.

Undergoing transition is a delicate and lengthy process whereby the individual attempts to make their physical appearance as congruent as possible with their gender identity. During each stage it is important that progress is reviewed in order to allow the young person time to reflect on their situation. Some will progress through the stages in a linear fashion, while others may wish to stop at a particular stage of the process. Transition generally entails masculinising/feminising one's clothing, hair style, body expressions and voice in order to 'pass' in their preferred gender identity (LGBT Youth Scotland). The young person may also wish to change their name, either informally or formally. Transition thus entails a gradual process of coming out to family, peers and wider society, which can be challenging for everyone involved. It is therefore vital that the young person and their family receive empathetic, respectful and structured support that allows them to progress at a pace that they feel comfortable with. Outcomes for people undergoing transition have been found to be dependent both on the person as well as the level of social and professional support that is available (Besser *et al.* 2006).

### *Accessing primary care*

Commonly, GPs will be the first point of contact for young people and their families when they seek support relating to experiences of gender distress. It is good practice for GPs, and all other clinicians, to address the young person as they self-identify; and, if they are unsure, to ask the individual discreetly for their preferred form of address. It is considered bad practice to refer, suggest or offer any form of conversion and/or reparative 'therapy.' Many trans people, young and old, have experienced barriers at this first point of contact, which has prevented them from accessing appropriate services in a timely fashion (McBride 2011). Whittle *et al.* (2007) found widespread ignorance and considerable prejudice in the healthcare sector, including the continued confusion between transgender issues and issues of sexual orientation. Their survey found that trans people commonly experienced discrimination in GP healthcare settings. McBride (2011) found that healthcare professionals in Northern Ireland, particularly GPs often lacked the necessary awareness, understanding and knowledge of gender identity issues either to provide appropriate support or to signpost people experiencing gender distress to relevant services. The experiences of some of the people McBride (2011) interviewed revealed that being denied appropriate therapeutic support delayed people's access to necessary treatment for years, impacted their emotional well-being and led them to self-medicate with hormones. Due to the general lack of awareness among GPs it is advised that when visiting the GP for the first time the young person, and/or family members, bring

general information about gender dysphoria with them and are direct in asking for a referral to CAMHS. If the GP is not supportive the person is advised to change their GP (DoH 2007).

Three of the young people interviewed for this project reported negative experiences with GPs. Two in particular felt that their GPs acted to delay their access to appropriate services. One young trans woman explained that she went to her GP at the age of 16 and asked to be referred for specialist help but her GP refused: *“she didn’t have a clue.”* She went to her GP every month for the next two years but it was not until she turned 18 that she began to receive specialist support: *“I just went straight into the adult service.”* A young trans man recounted how when he approached his GP asking to *“be referred to CAMHS because I was having trouble with my gender identity”* the GP refused to refer him because *“she just didn’t think I needed it.”* The GP expressed evident disapproval and told him to come back in three weeks. It was only because his counsellor wrote *“a very strongly worded letter”* that his GP referred him: *“after that I never went back to see that GP I always went to see someone else because I just couldn’t stand the sight of her anymore.”* Both experiences reveal how a lack of professional awareness can inhibit young people from accessing necessary support in a timely fashion and erode their confidence in medical professionals.

The lack of familial involvement in both of these cases may be a contributing factor to the negative responses these young people received from their GPs. Two interviewees who attended their GP with the support of family members received more favourable reactions: *“my mum took me to the GP to get referred to CAMHS. He was nice.”* It is important that healthcare professionals respect the young person’s self-determination and decision not to include family members during the initial stages of assessment and care. As shown in previous chapters young trans people may be fearful of alienation from their family if they come out.

#### Recommendation 14

The Department of Health, Social Services and Public Safety in conjunction with relevant community and voluntary groups as well as gender identity specialists should produce an information leaflet for GPs regarding gender identity issues and the relevant services available for referral for both young people and adults.

### *Accessing Child and Adolescent Mental Health Services*

GPs, after conducting an initial mental health assessment, should refer young person presenting with gender distress under the age of 18 to Children and Adolescent Mental Health Services (CAMHS). CAMHS should then conduct an initial assessment of gender dysphoria and to determine if there are any potential associated psychological difficulties. Appropriate, supportive mental health care is important for young trans people because they are likely to experience significant levels of gender distress during puberty and, as discussed in previous chapters, experience high levels of isolation, alienation and harassment. CAMHS teams therefore play an important role in assessing the young people for secondary mental health issues and providing emotional support. Currently, there is no official data available regarding the number of young people accessing CAMHS in Northern Ireland due to gender identity issues. This is due to the administrative monitoring practices that are currently in place (see Chapter 1). Anecdotal information collected during the course of this research suggests that on average CAMHS teams have historically received just one or two referrals a year of

young people experiencing gender distress, usually around the age of 16 or 17. However, this is increasing with members of one CAMHS team reporting that they had received referrals for 9 young people presenting with gender identity issues in the past 12 months. CAMHS staff also stated that the young people being referred were of a younger age (14 –15). Current estimates suggest that there are around 20 adolescents accessing CAMHS across Northern Ireland due to gender distress.

McBride (2011) found that some CAMHS teams in Northern Ireland lacked awareness and knowledge of gender identity issues. Consequently, they were ill-equipped to provide adequate support. This was revealed in the case of one family who felt the support they received lacked empathy and was unresponsive to their needs. Ultimately, this acted to delay the young person's access to appropriate support and had damaging consequences for the emotional well-being of the young person and their family.

Three of the young trans people interviewed for this report had received support from CAMHS. Each young person felt that CAMHS were supportive and well suited to meet their general mental health needs. However, there was a common belief that their lack of awareness and knowledge of gender identity issues ill-equipped them to effectively meet their specific needs: *"CAMHS are helpful but kind of useless at the same time. They are helpful to me if I feel down [because] they give me techniques to deal with that. But they don't really know much about transgender. So they are not really good at that aspect of things."* Interviewees' experiences also seem to suggest that the general lack of understanding of gender distress among CAMHS staff leads them to be overly cautious in their approach to the extent that they are sceptical of young people's capacity to understand their gender identity. This mix of ignorance and caution was experienced by some young people as prohibiting their access to tertiary support. Two interviewees had not accessed CAMHS because they were not referred to the service when they sought help at the primary level of care.

Youth workers interviewed for this report discussed how there is currently a large degree of variability in the experiences of young people accessing CAMHS: *"people from different trust areas have told us some have been absolutely fantastic and some have been absolutely horrific [with CAMHS teams]."* Another youth worker added: *"my experience working with young people again is that it is hit or miss. Some of them have had very good experiences and some of them don't."* If one young person has a negative experience it can have a ripple effect, as a youth worker explained: *"we have had some young people that have said to us that because of the stories they heard about CAMHS and other people on forums they decided not to come out. If everything they are hearing is negative they are unlikely to put their trust in the CAMHS team."* Inappropriate working practices by health professionals therefore not only have profound affects for individuals but also impact the wider community.

### *Joe's story*

**Joe sought professional support because of his gender distress at the age of 15. However, because his GP initially disbelieved him he was only referred to CAMHS at the age of 16. Joe found CAMHS to be: *"really, really frustrating because they just said 'there is nothing we can do.'*" He felt that his child psychotherapist *"didn't want to give me a label or push anything on to me and just kept being really wishy-washy with her words. She was saying 'let's explore things,' as in you don't know your own mind."* The psychotherapists left Joe feeling as though it *"didn't matter what I was***

*telling her. I had to stop her one day and go 'I actually am sure about transitioning. That is the path I am looking at.' I just felt that I wasn't moving forward at all she was moving way too slow for what I wanted, maybe that is just the protocol that they have. I was being told to explore my gender identity but that is what I have been doing for 16 years of my life and I don't want to go there anymore. I would spend half an hour with someone trying their best but I was not really getting anything out of it." Joe's experience left him feeling that the CAMHS team were "just waiting to pass me on." In the end he felt that "it was best just to tolerate it" because it is easier to be referred to adult services through CAMHS.*

### *Accessing the national Gender Identity Development Service*

For young trans people under the age of 18 tertiary support is currently provided by the nationally funded GIDS in London. Typically CAMHS teams are not gender identity specialists and so refer young people to the GIDS for assessment, diagnosis and treatment for gender dysphoria. The GIDS, or 'Tavistock' as it commonly referred to, currently has around 300 young people accessing it from across the UK. Staff at the GIDS focus predominately on the young person's gender identity issues, offer family support and liaise closely with local CAMHS teams and other agencies, such as schools, in an attempt to provide holistic support.<sup>21</sup>

In 2003, in order to compensate for the lack of a local gender specialist service/team, the national GIDS began conducting periodic consultation sessions with CAMHS teams in Northern Ireland. This initiative developed out of a local professional's awareness of the need for specialist input into local service delivery. It was funded and hosted by the Western Health and Social Care Trust. Staff from the GIDS would review local CAMHS teams' cases and hold general information sessions. One healthcare professional explained: *"they offered advice and input to clinicians who perhaps didn't have the specialist knowledge. That was very helpful."* Another healthcare professional noted: *"the link up that was in existence with the Tavistock was an excellent source of support in terms of what you needed to think about and how you support young people."* However, despite the benefits the service had for young people, their families and for developing local expertise across it was cancelled in 2011 due to funding reasons. A healthcare professional stated: *"that isn't being funded by the Western Trust and I don't think any of the other Trusts have taken this on board so actually that is a big gap in specialist input and there is nobody I'm aware of in Northern Ireland within Child and Adolescent services that has the training to be doing this work."* Since regular consultations ceased one professional noted: *"it feels as though there is very fractured, limited input [from the GIDS]."* Another added: *"hopefully we will get that [the consultation service] re-established."* Unfortunately, the initiative was neither documented, in terms of the number of participants, nor evaluated, in terms of establishing its effectiveness. This highlights the lack of long-term strategic thinking and central guidance in developing gender identity services for under 18s in Northern Ireland.

Despite the benefits of periodic consultations with the GIDS it was generally felt by CAMHS staff that referring young people and their families to the GIDS, based in London, for assessment, diagnosis and hormonal therapy was impractical and caused unnecessary stress. A healthcare professional explained: *"the fact that you have to ask a family and a young person to go to London, which is a*

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<sup>21</sup> This information is based on a telephone interview with a member of staff from the GIDS.

*daunting experience, is unreasonable because you are not going to get a diagnosis after one appointment. I think they have to go for two or three assessment sessions at Tavistock. That is disrupting for the young person so it isn't ideal."* One young trans person interviewed for this report had received support from the GIDS. His experience was not positive, describing the support he stated: *"I don't really like the people there. I get [a therapist] who is really cold. She is not really sensitive at all, she is very clinical. It's hard to talk to her. She asks quite personal questions and it's harder to answer because you don't have trust. I don't really think that it's that useful."* The family of this young person also found the consultations disruptive as they were required to take time off work to travel to appointments and so felt that they would be better served by specialist support in Northern Ireland.

### *Accessing the Gender Identity Clinic*

GICs consist of multidisciplinary teams who conduct assessments, provide psychological support and offer a wide range of treatments, including: speech and language therapy, endocrinology, hair removal, referrals for surgical procedures and aftercare. Such interventions enable trans people to pass in their preferred gender. Currently, there is no official data available regarding the number of people who access the GIC. This is due to the administrative monitoring practices that are currently in place (see Chapter 1). Anecdotal information collected for this report found that said that there is currently between 80 and 90 people accessing the regional adult service around 25 of who are aged 18-25. Staff at the GIC confirmed that there has been a considerable increase in the number of young people aged 25 and under being referred to the service over the past couple of years: *"we've had an increase in transgender referrals, no doubt about that, and its continuing to increase. We would have one new trans referral every week. Some weeks there are more."*

McBride (2011) found that the increase in referrals that the GIC had received over recent years had not been matched by a similar increase in resources and that the service was "reaching a point of saturation" (2011: 45). Staff at the GIC stated that the sustain increase in the number of referrals they receive from CAMHS as well as from primary and secondary care is continuing to put pressure on the service and staff's capacity to maintain the high level of service it has become known for. A member of staff explained: *"Funding for the service is not increasing. We are at saturation point. We just have so many patients. It's just about staffing resources. Considering we are the regional service for both the psychosexual and gender services we are very thin on the ground. Looking at other services, which are just solely gender services, in England their staffing levels are much better."*

National guidelines dictate the interventions the GIC deliver. McBride (2011) reported that the GIC in Northern Ireland works in line with national guidelines and provides robust and comprehensive support to service users. In addition, it was found to have initiated a non-clinical peer-support service with great success. This report found that this continues to be the case. GICs receive referrals from both primary and secondary care for young people aged 18 and over. If a young trans person has been accessing CAMHS at the age of 17 they will begin a transfer process to the GIC. This will include holding at least one joint meeting between clinicians from both services, the young person and family members (as appropriate). McBride (2011) found that the current transfer arrangements between the GIC and CAMHS to be in line with recommended practice with the two services working closely to ensure young trans people who were transferred from child to adult services were given comprehensive and joined-up therapeutic support. A member of staff of the GIC noted: *"we are*

*finding the patients coming in from CAMHS very well prepared. I must admit it is something that has struck us recently.”*

There were concerns among interviewees regarding the GIC’s current referral protocol for surgery. Before being referred for surgery a person is required to be assessed by the referring service for a period of a year. This is commonly known as the Real Life Experience (RLE) because the person must change their name, live ‘full-time’ in their preferred gender and demonstrate a capacity for independent living, either by working or volunteering. However, by the time some young people reach 18 they may have been living in their preferred gender role for a number of years. The need to undergo further assessment can lead some to feel dismayed and that the legitimacy of their gender identity is being scrutinised. A member of staff at the GIC noted: *“some people are already on their hormones and their blockers and we perfectly understand that. We do not saying that you haven’t been doing that but the criteria for surgery [is that] they must be monitored by us [the referring service] for at least a year through the real life [experience] and not by any other service.”* The member of staff however did feel that there was scope to improve this: *“I suppose the way it would have to change is that there would be maybe less of a division between adult and CAMHS services. It’s something that could be thought about so that it is more seamless. The other thing is looking at the guidelines for treatment they very clearly state that it is the service [who assesses the young person] that refers the patient to surgery. I think it is something that has to be looked at because there are a lot more young people coming through.”* It was suggested by some CAMHS staff that if the process may be streamlines their assessment and diagnosis be taken into greater consideration.

#### Recommendation 15

Health and Social Care Board should attempt to streamline the operational protocols in place for the seamless transfer of young people from CAMHS to adult services. There should be routine evaluation of how these arrangements are working, ensuring that the views of the young people are collected and considered.

#### *Professional capacity*

In total 25 healthcare professionals from CAMHS took part in focus groups for this report from four of the Health and Social Care Trusts. Staff noted that on average CAMHS teams have historically received just one or two referrals a year. This has contributed to a perception among health professionals that gender distress in young people is *“infrequent”* and an *“uncommon”* presentation. One healthcare professional, however, reflected that gender identity services for under-18s had little to no profile in Northern Ireland and suggested that if it were more widely ‘advertised’ that gender identity services were available for under 18s the number of referrals would increase. This view is tacitly corroborated by the anecdotal information collected for this report (discussed above) that suggests more young people are presenting to CAMHS due to gender identity issues, and at an earlier age. This was largely viewed to be due to increase in available information through the media and the internet. This suggests that CAMHS professionals will not only be required to provide support to more young people with gender identity issues but will have to do so for longer periods of time.

None of the 25 healthcare professionals from CAMHS who took part in focus groups had received any specific training in relation to gender identity. However, at least one member of each team reported having clinical experience of working with a young person because of gender identity issues. All of the information that CAMHS professionals have gained regarding gender identity issues has been through on the job experience, consultations with the GIDS and personal research. This has produced a broad spectrum of awareness of gender identity and trans issues among CAMHS teams, ranging from a very limited understanding to an in-depth knowledge. Consequently there is significant variability in professional capacity, within and between teams, across Health and Social Care Trusts.

Health professionals with considerable experience working with young people with gender distress recognised the major impact it has on the lives of the young person and their family. They identified issues that commonly arise as: barriers to health care; social stigma, prejudice and discrimination; potential familial alienation; difficulties in peer relationships; and, negative experiences in education settings, including bullying. Experienced staff felt that it was important to encourage the young person to involve their families: *“we would always try and encourage young people to involve their families. The goal in mind is to support the whole family on the journey.”* They were acutely aware that the social pressures young trans people faced produced *“significant emotional and mental health distress.”* This highlighted the importance of providing robust, on-going psychological support. However, one healthcare professional noted that despite the *“need for long term psychotherapy [it] isn’t really available”* for young people aged under 18 living in Northern Ireland. Experienced staff felt the overall aim of support should be to help the young person come to terms with any mental health issues they may have, to explore their gender identity and make *“the process of transitioning for the young person as smooth as it can possibly be with the minimal amount of distress and anxiety possible.”* Young people who experience gender distress were recognised as requiring life-long support and that once a young person presented with gender identity issues to CAMHS they were likely to receive on-going care until they transferred to adult services.

Of the 25 healthcare professionals that took part in focus groups less than half could be realistically considered as having some experience or a lot of experience working with young people presenting with gender distress and trans issues.<sup>22</sup> The majority of CAMHS teams appeared to have very little awareness or at best a basic level of understanding. A lack of formal education combined with the general perception of gender distress as a *“significant”* and *“complex”* presentation appeared to produce considerable *“professional anxiety”* among some CAMHS teams. This anxiety was evident when one member of staff discussed how they felt when a young person who presented with gender distress quickly moved to a different health and social care trust: *“I have to say to a great relief [the young person moved] because it is such a complex area.”* Professional anxiety will ultimately affect the care young trans people and their families receive. Practitioners that are anxious can misread the intentions of supportive families and/or be overly cautious and delay access to necessary therapy. This can damage the therapeutic relationship between clinicians and the young person, and/or their family.

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<sup>22</sup> This is a subjective judgement on the part of the author. It is based on the contributions made by healthcare discussions during focus groups and their reactions to certain questions.

Part of the professional anxiety that exists also stems from the lack of a specific care pathway for young trans people receiving care and support in Northern Ireland: “I actually think that it is a good time to develop a care pathway that will help us to know what you can do at each developmental stage and who in Northern Ireland you can refer to. [Currently] there is no clear direction.” In recognition of this need the Department Health Social Services and Public Services (DHSSPS) has recently begun to develop a care pathway in consultation with health professionals and community members.<sup>23</sup>

#### *Healthcare professional’s experience*

*“I’ve only been involved in one case. Tavistock [the GIDS in London] did the assessment and made the diagnosis and we have provided time and space for the young person to monitor his mental health and support the family. We had a lot of multi-agency working [involving] our trust’s legal department, representatives from the team, education, the family, the family’s solicitor. In hindsight it was a very drawn-out process. But with something as significant as gender identity we didn’t feel we could rush in. I think there was a lot of professional anxiety. It was a new case for me and a new case for this team and it was a particularly difficult case because there was so many people involved, there needed to be so many people involved, in terms of are we doing the right thing. The Trust made the decision to involve their legal team and it went to the high court and everything got decided there, which made things a lot clearer. It’s not something that would be our routine business in the clinic, we’ve had two referrals in two years. I think we needed the legal side to be quite black and white about what we needed to do. That helped a lot. We were really aware that we were working within our limitations.”*

*“I think professional anxiety played a big role, understandable professional anxiety but anxiety nonetheless. The family themselves were quite keen for transition to progress whereas what I had previously heard about gender identity was that sometimes families themselves really struggle to get their head around the concept of a young person wanting to transition from one gender role to the other. I suppose in this case you almost felt as though that [the parents] were driving it forward and really encouraged the young person to transition. In retrospect [they were] highly supportive and they are fantastically supportive parents [but] there was a little bit of worry in the back of our minds at the time, you know, they do seem to be wanting to do this very quickly. We maybe struggled as a team to get our head around that concept of why were the family so progressive.”*

*“It’s a new area, we may have made errors along the way. In hindsight you always wonder could you have done things differently. It has been a very steep learning curve from a professional point of view, for all of the team members involved here and I think we would feel more confident as a team of how we would handle a similar case were to present to the clinic. I certainly hope we wouldn’t experience the same degree of distress in managing a case like that. I suppose in retrospect there is nothing I would have done differently in terms of timings. I think if a case was to present itself again I don’t think as a team we would have the same level of anxiety about it. It*

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<sup>23</sup> During the course of this research the researcher engaged with health professionals currently designing the care pathway and was able to help facilitate discussions with community members. This consultation process is essential to the development of policies impacting the trans community.

*was just at the time because it was new.*

*“There was a certain degree of frustration on [the families] part. I suppose, I can’t speak for them, but the impression I got was that they felt that they were made to jump through hoops in order to get certain things and we can probably speculate in retrospect and hypothesis that they felt judged and that they weren’t listened to and they weren’t believed and that there was resistance. So I think from the family’s point of view it was incredibly frustrating for them understandably frustrating for them.”*

Among CAMHS professionals training was viewed as central to increasing awareness, developing expertise and reducing professional anxiety: *“I think there is two tiers of training needed. I think there is a very general level of awareness of the issues that people working with young people should have a kind but then I think there is something about one or two members of the team being specifically trained up.”* Periodic awareness training for each healthcare professional working in CAMHS would establish a foundation of knowledge of basic best practice, relevant guidelines and the recommended care pathway for young people presenting with gender distress. In addition, in-depth specialist training for a limited number of professionals (one member of each team or per Health and Social Care Trust) would ensure that there is someone available locally with the necessary expertise for peer supervision and general information sharing.

The lack of basic training among CAMHS staff is further exacerbated by *“the fact that there are no gender identity specialists in the North [of Ireland] for young people. I know there are services for those over 18 but the lack of specific services for families and young people here in Northern Ireland is frustrating for the families and young person and for us as clinicians as well.”* CAMHS staff felt it was vital to develop a local specialist gender service for young people under 18, which was multi-disciplinary in nature (including, a social worker, a specialist nurse, a psychologist, a psychiatrist and an endocrinologist). This team, which would likely to be based in the Greater Belfast area based on need, could potentially hold sessional clinics with local CAMHS teams, provide regional endocrinology services, have strong links with the regional GIC and hold periodic consultations with the national GIDS. This would help to establish a robust, cost-effective care structure that includes a step-up referral system and which is informed by international best practice. One healthcare professional stated how they felt it was important that the future development of local services should involved the participation of service users and family members: *“people who have gone through the experience can contribute in how you shape the service. We can learn a lot from what they have to say.”*

#### **Recommendation 16**

**The Health and Social Care Boards should routinely measure the experiences of and outcomes for trans service users, both under-18 and over-18, and their carers using consistent methods across all trusts. Findings should be used to continually improve service provision**

#### **Recommendation 17**

**CAMHS staff should receive relevant training in the necessary skills and knowledge to meet the**

**needs of young trans people and their family members.**

#### **Recommendation 18**

The Department of Health, Social Services and Public Safety should fund the development of a regional gender identity specialist team for under-18s. This team should be multi-disciplinary in nature and consist of at least one specialist nurse, one social worker, one psychologist, one psychiatrist and one endocrinologist. This team should receive specialist training from the Gender Identity Development Service and receive periodic consultations with them. The regional specialist team should hold periodic consultations with CAMHS teams from each Health and Social Care Trust.

#### **Recommendation 19**

The Department of Health, Social Services and Public Safety should confirm through policy guidance a model of service provision for young people who are diagnosed with gender dysphoria. This care pathway way should be comprehensive in its scope and detail best practice in relation to referral, assessment, support, treatment and the transfer between child and adult services. It should be based on internationally agreed best practice and standards of care. The care pathway should be developed through a process of consultation with gender identity experts, people who experience gender distress as well as their family members. Once complete it should be communicated to clinicians at all levels of the health service, including primary, secondary and tertiary care. The care pathway should be audited on a regular basis to ensure it remains in line with international developments and is responsive to the needs of service users.

### *Multi-agency working*

Across CAMHS teams there was recognition of the massive impact that experiencing gender distress can have on a young person's experience at school. Health professionals felt that, subsequently, it was vital that schools *"are supporting the child's psychological and emotional well-being as well."* Professionals noted that it was important to develop close working relationships with schools and give input because schools may *"really struggle with the concept of how to explain gender dysphoria to all of the students and to parents who come into the school asking questions [if another pupil undergoes transition]."* Multi-agency requires identifying issues within the school setting, which impact a young person experiencing gender distress: *"there are huge implications in any environment they inhabit. So it would make sense to help schools understand the issues in a constructive way and support the child in that environment."* One professional recounted an experience of how liaising with schools to attend to environmental issues: *"we came to an agreement that he [young trans person] could use the disabled toilets and that reduced the anxiety levels significantly because using the toilets was such a source of anxiety at break times and lunch times."*

Not all CAMHS staff, however, who had tried to engage with schools had positive responses: *"one girl [who identified as male] asked if I could contact her school to see if she could wear trousers and use the male toilets but they wouldn't agree to it."* The failure of schools to support young people who experience gender distress and/or identify as trans and proactively engage with healthcare

professionals heightens young people's fear that their confidentiality will be compromised. Subsequently, many young people do not want their schools informed "because of the stigma attached." As a result some young people make the conscious decision to wait until they complete school and come out while in further/higher education because they had a: "feeling it will be more open and tolerant."

Healthcare professionals' experiences of engaging with schools suggests that this important process is currently being done on an ad hoc basis. There appears to be limited structured guidance of the best practice for how CAMHS professionals should liaise with schools in order to encourage staff to take a proactive, supportive approach, which recognises and promotes the young person's best interests.

#### *Healthcare professional's experience*

*A 'boy' of 17 went to CAMHS with his mum after "his GP referred him because he was depressed and anxious. He was very clear it was a lot to do with his gender. He identifies as gender neutral. He was at a local grammar school and was doing very well academically but felt very unhappy at school. He'd obviously done a lot of thinking about it and he had a mum that was very open minded. He said that his problem wasn't underlying depression, it wasn't underlying anxiety it was struggling with how his choice of [gender] was dealt with in school. He talked about [gender] stereotyping and felt that as he went up through secondary school he came across more and more pressure about what he wore. He had to wear a boy's uniform at school and wasn't allowed to wear makeup or jewellery. He wanted to wear his hair long and wear jewellery and he felt very isolated and different but also felt that the headmaster, he described him as a bully. That's how he experienced him. He was the person that mostly enforced those rules and he said that 'this is for your own good so that you don't get teased.'"*

#### *Early intervention*

As has been discussed throughout this report, trans people do experience mental health problems, including: anxiety, panic attacks, depression, eating disorders, addictions and dependencies, self-harm and suicidal thoughts as a result of pervasive social prejudice and discrimination they experience (Browne and Lim 2008; McBride 2011; McNeil *et al.* 2012). Consequently, some trans people develop coping mechanisms that are damaging to their health. This was evidenced in a survey conducted by Rooney (2012) into substance use among people that identify as lesbian, gay, bisexual and/or transgender (LGB&T). Of the 40 respondents that identified as transgender, 74% had taken an illegal drug in their lifetime, with 52% displaying a sign of drug abuse within the last year and 10% indicating severe drug abuse. Meanwhile, the use of drugs and alcohol was a factor in 36% of trans respondents self-harming, 47% experiencing suicide ideation, 25% attempting suicide and 60% having unprotected sex. Substance dependency was seen to be the result of the emotional and psychological distress survey respondents had experienced during their lifetime. In addition, high proportions of trans respondents indicated that they would not be comfortable disclosing their gender identity to service providers and would not access specialised support services due to fear of discrimination. The high levels of social prejudice against trans people therefore not only leads trans

people to misuse substances at some point in their life but also prevents them from accessing specialist support services.

Mental health problems and substance misuse, however, can be prevented from occurring through early intervention. As an experienced member of staff at the GIC explained: *“certainly there is more anxiety, depression, alcohol and drugs related [issues] but that’s related to trans patients who are inappropriately and inadequately treated or ones that are not in the service. Generally people in the service settle unbelievably. If you get them in and seen adequately and appropriately they are less likely to go down the line of drink and the drugs [misuse].”*

Puberty is a particularly difficult stage for young trans people due to physiological changes that occur (Curtis *et al.* 2008b). The onset of puberty can therefore be a time of considerable stress and has a negative impact on a young person’s emotional well-being (Besser *et al.* 2006). Physical changes that are largely irreversible, such as breast development in girls and the growth of facial and body hair as well as the deepening of the voice in boys, causes significant distress to young trans people and are only partially amenable through painful and costly surgical interventions. Natal pubertal development can make passing in one’s preferred gender role difficult and therefore increases the risk of experiencing prejudice, discrimination and harassment (Curtis *et al.* 2008b). Consequently, during puberty (aged 12 and over) young trans people are at a substantially increased risk of self-harm and overdose compared to under 12 year olds, among whom self-harm is rare (Di Ceglie *et al.* 2002). A member of CAMHS stated: *“for a lot of young people the actual difficulty with their emotional well-being is that they cannot cope with the fact that they have breasts and they are menstruating. We have had young people who have self-harmed.”*

Early intervention through the use of hormones blockers can suspend a person’s pubertal development allowing them to explore their gender identity, prevent distressing permanent physical changes, improve young people’s mental health and reduce the economic burden on medical services (Curtis *et al.* 2008). Hormone therapy is a delicate process, which has both reversible and irreversible effects. Until recently hormone suppressants were not recommended in the UK prior to the age of 16. This has been recognised to be unsatisfactory by trans people and health professionals as by the age of 16 secondary sexual characteristics are already significantly developed. In addition, many young people are aware that hormones suppressants are available online before the age of 16 in other countries, such as the United States and Holland. A member of CAMHS explained: *“we have had young people come into the service that have already been trying to access hormone suppressants online or accessing them.”*

#### *Jane’s story*

*Jane knew she was a girl from the age of two. By her adolescence she “was a nervous wreck” due to the emotional and social pressure she was under to conform to a male social role. As a consequence she attempted suicide: “I didn’t know if I wanted to kill myself. It was a cry for help.” Subsequently she began seeing a child psychiatrist. After seeing a TV programme about transgender she became aware of the benefits of hormone therapy and was “persistent about getting hormones. I remember when I was 13 going through puberty thinking this is the last time I am going to look anything like a girl. It was so scary thinking I was going to grow into something else and that there was no going back. I was just lucky that I got hormones when I was 14.” Jane*

felt she was *“lucky people believed me, if people hadn’t have believed me when I was 13 I wouldn’t have had a [good] quality of life [now].”* Receiving hormone blockers meant that Jane was able to prevent unwanted physiological developments. This has made it easier for her to *“live as a normal girl. If hormones had have been denied to me my life would’ve been ruined. I wouldn’t look like myself and would be living in despair.”* She reflected that *“people who don’t get hormones don’t get the same level of acceptance.”* Jane felt strongly that young people should receive help earlier and that healthcare professionals need to be more open and considerate of the benefits puberty suspension can have for young people. For Jane suppressing puberty is not a major issue because the person *“can change their mind”* and stop taking them. She felt exasperated that health professionals would allow *“a girl turn into a grown man. It is irreversible and that is just devastating for the people that have had to do that.”* Jane feels strongly that medical professionals need to respect young trans people’s self-determination: *“they need to realise they are messing with people’s lives. People who are not transgender are making decisions that are going to affect transgender people’s lives forever.”*

In response to complaints, the GIDS recently began to prescribe hormone suppressants to young people aged 12 and over as part of a research project two years ago. Young people are required to undergo a thorough assessment, provide informed consent and have the support of both parents to take part. Their progress is then closely monitored every 3 months. At the age of 16 they are given the option to continue or cease receiving the treatment. If the young person decides to stop treatment previous pubertal development will restart and normal fertility will be achieved, without harm to the young person.<sup>24</sup> Two interviewees had received hormone suppressants prior to age of 14 while 3 had neither received hormone suppressants nor cross-sex hormones prior to the age of 18. The two young trans people who had received hormones at an early age described how they had been vital for them to feel more comfortable in their bodies, explaining how they enabled them to pass in their preferred gender role. Consequently, from a service delivery perspective, early interventions are cost-effective: *“[t]he reality of it is, bar a couple, all [of young trans people] presented with significant emotional and psychological problems before they got through the door of this service. Some of those young people have high levels of suicidality requiring inpatient admissions. Then some of those young people who went on into adulthood got their surgery done and went on to live quite normal lives. So we are preventing something that could be significantly costly.”* Early intervention through hormone suppressants, the effects of which are reversible, can thus prevent costly interventions, such as prolonged mental health support, inpatient psychiatric admissions and complex surgical interventions. This was exemplified in the experience of another CAMHS worker: *“there is one young person who came in with no mental health problems with the view I am transgender and wanting blockers and now there has been a delay in them getting blockers and they have become depressed and sub-suicidal thoughts.”* This led experienced CAMHS staff to the conclusion that hormone suppressants should be made more widely available and commenced at an earlier age than they currently are. Hormone suppressants if initiated at the ages of 12 – 14, along with on-going psychological support, would allow the young person to explore their gender identity, negate their emotional distress and reduce the possibility that they would self-medicate without professional supervision. At the age of 16 they would have the option to decide

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<sup>24</sup> This information was gathered through conversations with a member of staff at the GIDS and local CAMHS teams.

whether they wish to commence with treatment and initiate cross-sex hormones, which are only partially reversible, or not.

For people under the age of 25, hormone therapy requires the supervision of an endocrinologist (McBride 2011). However, one CAMHS team explained *“that’s the biggest problem with us at the moment is our links with the endocrinologist. That’s our big gap at the moment. There has been no permanent endocrinologist in post for 5 years.”* The lack of a permanent endocrinologist has prevented CAMHS teams from establishing a strong working relationship with endocrinology. This is disrupting the service and preventing young trans people under the age of 18 from accessing hormones in a timely fashion. However, there currently does not seem to be any issue with providing over-18s with hormonal treatment: *“we do have an endocrinologist in the Royal [Victoria Hospital] and he sees all our 18-25 year olds for hormone treatments and he is superb, absolutely superb.”* There is thus an inequality in current service provision with young people under-18 diagnosed with gender dysphoria with less access to an important intervention, which is recommended by international and national guidelines, than people over the age of 18.

### *Peer-support*

A major challenge for young trans people when they have come out is the lack of safe social space for them to feel comfortable and socialise in (Browne and Lim 2008). Youthnet (2003) suggest that good social support and confidants can mitigate negative societal factors and help to reduce the chance of risk taking behaviour and mental health issues among LGB&T identified youth. However, they found that in Northern Ireland of the 76 local, regional, statutory, community, faith based and secular youth organisations questioned only 8 made provision specifically for young LGB&T people, this included 4 LGB&T groups and 4 mainstream youth organisations. In addition only 11 (15%) actually have publicity aimed at encouraging young LGB&T people to access their services (4 of which were LGB&T organisations). McBride (2011) found that the Oyster Group, a referral based peer-support group for trans identified people over 18, to be *“one of the most vital support mechanisms available”* to trans people living in Northern Ireland. Peer-support was said to compliment the clinical advice provided by healthcare professionals and help to reduce the isolation and alienation many trans people feel.

Discussing the benefits of peer support with service users of the GIC (over the age 25) they explained how it was important: *“knowing that I could talk to somebody who was going through or had gone through exactly what I was feeling. You can say how you feel because the people who are listening know exactly how you feel because they have been there and done that. That’s why it has lasted for 7 years because [the Oyster Group] is an asset for the trans community.”* Another added: *“the peer support group is there for the emotional support and psychological side of it to bolster you up and make you feel: no I am not alone, yes I can do this and yes this is me.”*

In recognition of the lack of safe social space and the importance of peer-support for young trans people Youthnet and Cara-Friend collaborated to initiate ‘Translate,’ a peer-support group for young people that experience gender distress and/or identify as transgender. Translate is a non-referral based peer-support group that is held fortnightly in Belfast for young people aged 25 and under. To date each of the 12 members are post-primary school age. It aims to provide a safe space for young trans people to socialise and be themselves without fear of prejudice.

Of the 5 young people interviewed for this project 3 had attended Translate. Of the 2 who had not 1 was accessing the Oyster Group for peer support and 1 did not feel they required the service it provided. Of the 3 young people that attended Translate the general view appeared to be that while it was an important service the format required improvement. One explained how: *“you go to Translate to meet new people. The only downside to Translate is that the people I have met are so young.”* The wide age range was initially put in place to enable people who may have begun or undergone gender transition to support younger people who have yet to go through the process. However, young people interviewed for this project thought it would be worthwhile reducing the age range. A young male who attended nevertheless felt that Translate was important because it was *“a place where all this [gender] stuff doesn’t matter.”* Attendance rates appear to be inconsistent; this is due to the challenges young people face in having the confidence to go out in public. However, the very fact that Translate exists and provides an open and safe space for young trans people to be referred to is vital. It is important that the awareness and the accessibility of this peer-support is increased among young trans people. It would also be beneficial to determine the accessibility of Translate to young people living outside of the Greater Belfast area and identify whether additional peer-support groups should be established.

CAMHS staff agreed that there was a need for *“some kind of peer support group. That is one thing that is missing for some of the young people is knowing other young people that have shared similar experiences.”* Another member of staff, however, noted: *“we would never recommend a service to a young person unless we have significant links or have heard reports of how they have done.”*

#### Recommendation 20

Young trans people should be considered as a ‘priority for youth work.’ Government agencies, including the Department of Education and the Department of Health, Social Services and Public Safety should develop a working partnership with organisations currently working with young trans people. A Needs Analysis should be conducted by each of the Health and Social Care Boards in conjunction with the relevant Education and Library Boards to determine the need for and viability of establishing additional peer-support groups for young trans people outside the Greater Belfast area. Where establishing a specific group is not viable a concerted effort should be made to facilitate existing peer-support groups and youth organisations to become ‘trans friendly.’

#### *Support for family members*

The challenges that young trans people face throughout their lives are intertwined with those of their family, particularly parents and siblings. A useful analogy may be to consider the young person as the driver of a car with their family members as passengers. Whatever happens to the car on its journey, positive or negative, will ultimately have implications for both the driver and its passengers. Sharing this journey thus has a profound impact on the lives of all family members: *“from a family perspective I think we need people to stand up and say that you don’t need to be transgender to be affected by these issues.”* Family members on a parallel journey of self-understanding must come to understand and accept the young person’s gender identity, overcome experiences of isolation and alienation, and negotiate the prejudice and discrimination they too will come up against.

The professional anxiety that might occur about gender distress can lead families to become the object of suspicion. Suspicion has led service providers in some circumstances to erroneously view family members, particularly parents, as conditioning the young person's gender distress. Consequently, families that support the young person's self-determination are 'blamed' for the young person's gender identity. This can lead to suggestions of parental maltreatment and even of emotional abuse of the young person. Such instances are fuelled by institutional ignorance of gender distress and trans issues. Being treated with suspicion has led families to feel "victimised" and "attacked." In turn it can create "a wedge" between the family and statutory agencies to the extent that families no longer "want their help" because they view the involvement of statutory agencies as "toxic." Family members are thus also vulnerable to isolation and marginalisation if they support the young person on their journey. All of which comes to "a great emotional expense to the family." Rather than be victimised and attacked families require robust support in order to come to terms with what is an emotional difficult issue.

#### *Family member's story*

Alice had a sibling, Danielle, who was assigned male at birth but self-identified as female from a young age. When Alice's sister began to undergo puberty things started to become challenging: "puberty for a young transgender person is just horrific, it's like some kind of nightmare sequence." The emotional challenges her sister faced were compounded by the school environment: "she attended secondary school as a boy despite the fact that she was never a boy. She was forced at a time in her life to pretend she was a boy. Once they got to high school boys and girls are very much separated. Boys played football and she just didn't fit, she didn't really have any friends and she spent a lot of time in her room. She was very down."

In light of Danielle's emotional state the family sought professional help: "we got a referral to see a psychiatrist and the outcome of that conversation was that the psychiatrist, and I'm paraphrasing here, basically said 'go home and hope he's gay.' So that was really great. That just basically said to us contain, conceal and hide." This led the family to feel isolated and alienated: "we couldn't talk about it, we never informed the school about her gender issues because we felt that at that time, we didn't know anybody else who was transgender. We were afraid to tell anybody, it could have been more damaging and also we didn't trust anybody. We wouldn't have put that information out there and made my sister more vulnerable." In addition, the family felt as they were suspected of wrongdoing: "the whole time overshadowing us was this feeling that people think we are making her transgender or people thinking that we were wrong to support her transition."

The challenges that families face has led to the establishment of Support Acceptance Information and Learning (SAIL), a grass-roots family support group that provide help, support and advice about gender issues. Discussing the impetus for the establishment of SAIL a founding member stated: "SAIL is about raising awareness but specifically it is about family support." SAIL provide one-to-one support for families in their homes or in a neutral location. They also arrange families to meet for group peer-support: "I suppose because we are all family members it is easier to form that trust very early on. Widening people's social network, trying to make people feel safer, supporting the families, allowing families an opportunity to talk, allow the families an opportunity to get access to the best

*services available to them.” Another member of SAIL explained that providing peer-support to families was vital: “when a family goes to their school or medical provider they are often bamboozled or not taken seriously, SAIL is there to help and advise them because we’ve all been through that process. We know what to say and who to talk to [in order] to get things done that are best for the child.”*

#### Recommendation 21

Relevant statutory departments and agencies, including the Department of Education, the Department of Health, Social Services and Public Safety, the PSNI, and the Northern Ireland Housing Executive, should develop lines of communication and establish working partnerships with SAIL in order to ensure they adequately assess and meet the needs of both young trans people and their family members.

#### *Conclusion*

Young trans people, and their families, require robust, empathetic support. Guidelines are available that outline the recommended care pathway that should be offered to young. However, a lack of awareness and understanding among healthcare professionals, particularly GPs, means some young trans people experience barriers to appropriate support that unnecessarily delay essential support. Young trans people require both general mental health support and specialist gender identity services. The former is provided by CAMHS teams, however, due to a lack of training there is considerable professional anxiety among CAMHS staff when working with young trans people and their families. The latter represents a gap in local service provision as there is no regional specialist gender identity team. This is inhibiting young trans people from accessing necessary interventions in a timely fashion. It is essential that adequate resources are put in place to meet the increasing service need and to attend to current failures in service provision. This includes ensuring staff are adequately trained, that a regional specialist team is put in place and a local care pathway is designed.



*Image: [www.freeimages.co.uk](http://www.freeimages.co.uk)*

## Conclusion

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This is the first report to investigate the experiences of young trans people living in Northern Ireland. The research was funded by the Office of the First Minister and Deputy First Minister and thus signal an impetus of change. The Office of the First Minister and Deputy First Minister's (2006) own ten year strategy for children and young people in Northern Ireland, 'Our Children and Young People – Our Pledge' states that all children and young people should be 'healthy;' 'enjoying, learning and achieving;' 'living in safety and with stability;' 'experiencing economic and environmental well-being;' and 'living in a society which respects their rights.' Currently, young people who experience gender distress and/or identify as trans do not.

The recommendations made throughout this report are reflective of the widespread prejudice, discrimination and inequality that must be overcome in order to make Northern Irish society a place of equal opportunity for young trans people. The onus is now on the Government Departments and the voluntary sector to *grasp the nettle* and ensure strategies and actions are put in place to challenge the ignorance that causes so many difficulties for young trans people and their families.



Image: [www.freeimages.co.uk](http://www.freeimages.co.uk)

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## Appendix 1 – Glossary

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Term	Definition
Acquired gender	– This is a term used in the Gender Recognition Act 2004 to mean the gender role that a person has transitioned to live their life in and which matches their self-perceived gender identity.
Androgynous	– Neither distinctly male nor female.
Bisexual	– Someone who is attracted to both males and females.
Closeted/in the closet	– To keep one’s gender identity secret.
Coming out	– Telling people about one’s gender identity.
Gay	– A man who is attracted to men.
Gender distress	– The emotional and/or physical discomfort caused by the disjuncture between one’s gender identity, gendered appearance and/or gender role and social expectations of such. This is synonymous with the medical term <i>gender dysphoria</i> .
Gender dysphoria	– Medical term for the emotional and/or physical discomfort caused by the disjuncture between one’s gender identity, gendered appearance and/or gender role and social expectations of such.
Gender identity	– Subjective identification as male, female or other.
Gender neutral	– Neither distinctly male nor female. a term that may be used to describe those with non-normative gender, either as an umbrella term or a stand-alone identity, typically encompassing those who are in one, or more
Gender variant children	– Children that may experience gender distress but do not necessarily identify as transgender.
Heterosexual	– A person who is attracted to members of the opposite gender.
Lesbian	– Women who are attracted to women.
Pass/passing	– To be identified in the gender that you identify with.
Pansexual	– Someone who is attracted to people regardless of their gender identity or sexual orientation.
Pathologise/pathologisation	– The designation of a state of being and/or behaviours as if they

medical problems.

- Preferred gender – The gender identity an individual prefers.
- Sexual orientation – Someone’s preferred choice of sexual partner.
- Stealth – Not to disclose one’s gender history after undergoing transition.
- Stigma/stigmatising – To characterize as disgraceful or ignominious.
- Transgender – Umbrella term for people with gender identities that do not correspond with normative understandings of male and female.
- Trans – Shorthand for transgender.
- Transgender youth – Young people aged under twenty-five that self-identify as transgender or an identity that comes under the trans umbrella.
- Transphobia – Irrational fear or hatred of people who are gender non-normative.
- Transition – The subjective, social, medical and legal process of changing one’s gender.
- Trans men – A person who identifies as male regardless of their assigned birth sex.
- Transsexual – Term for someone who undergoes medical gender transition.
- Transvestite – Term for someone who cross-dresses.
- Trans women – A person who identifies as female regardless of their assigned birth sex.

## Appendix 2 – Key organisations

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Cara-Friend	Voluntary counselling, befriending and information organisation for lesbians, gay men and bisexuals. Includes helpline details and information on volunteering.	<a href="http://www.cara-friend.org.uk/">http://www.cara-friend.org.uk/</a> 028 90890202
CAMHS	Child and Adolescent Mental Health Services	
Rainbow Project	Advocacy Service that provide support and information for trans people who have been a victim or a witness to hate incidents; are experiencing domestic abuse; or are having trouble accessing products and services.	<a href="mailto:harriet@rainbow-project.org">harriet@rainbow-project.org</a> 028 9031 9030
SAIL	A volunteer support group for the families of Transgendered individuals of any age who need help, support or advice.	<a href="mailto:sail@transgenderni.com">sail@transgenderni.com</a>
Transgender NI	Help and support for the transgender community in Northern Ireland.	<a href="http://transgenderni.com/">http://transgenderni.com/</a>
Youthnet	An independent agency which represents the interests and aspirations of voluntary youth organisations. Includes news, events and contacts.	<a href="http://www.youthnetni.org.uk/">www.youthnetni.org.uk/</a> 028 9033 1880