

EQUALITY MAINSTREAMING
Policy and Practice for Transgender People

Ulf Hansson
and
Molly Hurley Depret

Institute for Conflict Research
North City Business Centre
2 Duncairn Gardens
Belfast
BT15 2GG

www.conflictresearch.org.uk
info@conflictresearch.org.uk

June 2007

Executive Summary

This is the first report to focus specifically on the transgender population in Northern Ireland. It was commissioned by the Equality Directorate at the Office of the First Minister and Deputy First Minister to provide an evidence base to assist bodies in effectively considering transgender issues in the development of policy and practice.

The research identifies the barriers, difficulties and challenges experienced by the transgender population with the public sector in relation to accessing goods, facilities and services. It also outlines the legislative and policy contexts, and summarises existing research and statistical evidence in respect of transgender equality issues.

Recognition of the specific and distinctive issues affecting transgender people has been slow to develop, but are beginning to be recognised by statutory agencies and government. The PSNI has acknowledged this issue and between 1 April 2006 and 31 January 2007 recorded twenty-nine transphobic incidents.

Terminology

The terminology relating transgendered population is still disputed at times. We have relied on the following definitions:

- **Transgender:** A term used to include transsexuals and transvestites.
- **Transsexual:** A person who feels a consistent and overwhelming desire to transition and fulfil their life as a member of the opposite gender. Most transsexual people actively desire and complete sex reassignment surgery.
- **Transvestite:** A person who dresses in the clothing of the opposite sex. Generally, these persons do not wish to alter their body.

Methodology

The fieldwork was undertaken between May and November 2006 and utilised a variety of methodologies:

- Literature review of research and policy developments;
- A self-completion questionnaire;
- Focus group and individual interviews with members of the transgender community and from transgender organisations.

The transgender community is a largely invisible population and its members were reluctant and wary of participating in the research project. Similar difficulties have been experienced by other researchers in Britain and Ireland. This study had a small participant base, but represents the first piece of policy research to focus on the needs and experiences of the transgender population of Northern Ireland.

Transgender Survey Findings

The survey drew upon the experiences of thirty-one people who identified as transgender and considered their experiences of employment, welfare rights, housing, health, education and leisure. The analysis noted that respondents identified problems

in relation to employment, health, education and leisure. The most commonly identified problems were:

- harassment and abuse, particularly in relation to the use of transphobic language;
- bullying associated with transgender status, including the bullying of one's children;
- being subjected to discriminatory disciplinary sanctions at work; and
- a general sense of being discriminated against and marginalised because of transgender status.

Few people were prepared to make a formal complaint about their treatment, most people were reluctant to do so for fear of 'outing' themselves or because they believed their complaints would be ignored.

Many of the problems people experienced appear to be linked to a general lack of awareness of transgender issues, a failure to take the views and understandings of transgender people into account and a basic lack respect for transgender people.

Some of the problems however were also associated with a more basic form of bigotry and hostility to difference that has increasingly been experienced and reported by other minority communities across Northern Ireland.

Transgender/Transvestite Issues

Many transgender/ transvestite people had limited experiences with public bodies as transvestites as most rarely interact with public bodies in their female persona. Only one person we interviewed lives as a woman in both public and private. While all the people we spoke with would like to engage with public services in their female personae, very few do so because of fears of discrimination, violence, or being 'outed' in other areas of their lives.

Most people were wary of living or being identified in their female personae in public, and this was based on a range of fears and negative experiences, which are largely due to a lack of awareness of the transgender/transvestite identity. It was noted that if one was careful and selective it was possible to live in a public space, but this remained a very limited and carefully chosen public environment.

Transgender/Transsexual Background Issues

The Sex Discrimination (Gender Reassignment) Regulations 1999 extended the Sex Discrimination Act 1975 and made discrimination in employment and training on grounds of gender reassignment illegal as a form of sex discrimination. The Sex Discrimination (Gender Reassignment) Regulations (Northern Ireland) 1999 similarly amended the Sex Discrimination (Northern Ireland) Order 1976.

Since April 2005 when the Gender Recognition Act 2004 came into force, transsexual people who have taken decisive steps to live fully and permanently in their acquired gender have the right to apply for legal recognition of that gender. They may have the

right to marry in their acquired gender and be given birth certificates that recognise the acquired gender. Transsexual people will be able to obtain benefits and State Pension like anyone else of that gender.

Transgender/Transsexual Issues in Northern Ireland

The interviews and focus groups reflected the fact that while some individuals have had positive experiences, others have had more negative reactions to their transgender/transsexual identity. Overall there was a significant area of concern about the public perceptions of transgender/transsexual individuals and the lack of knowledge of issues associated with gender dysphoria and the transition process more generally.

The interviews indicate that transgender/transsexual people have a range of issues associated with the workplace, health and use of public facilities that cause stress and concern. In some cases these relate to the interaction with public bodies and the general lack of knowledge and awareness of relevant issues amongst staff.

Participants also highlighted the positive experiences of the gender identity clinic at Belfast City Hospital. Some individuals stated that the situation in Northern Ireland was ahead of the situation in the rest of the UK in some areas. The experiences of individuals of the local health service are something that deserves further attention and further research.

Conclusions

The transgender population in Northern Ireland is not large and there are a limited range of resources and organisations supporting the wider community. Our research indicated however that the transgender/transvestite and transgender/transsexual communities share some common experiences while also having their distinctive and different areas of concern.

The common experiences include a general lack of knowledge, awareness and understanding of transgender identities and issues. This lack of awareness has helped to feed and sustain prejudice and discriminatory practices towards transgender people, in the population at large, in elements of public service delivery and in the supply of goods and services.

There is a need for greater recognition by public bodies of the transgender population and of the issues that they face. There is a role for government to play in raising awareness amongst public bodies and of establishing relationships with the currently small number of support organisations and representative bodies.

Contents

1. Introduction	5
Terminology	5
Structure of the Report	7
2. Methodology	9
Questionnaire	9
Focus Group Interviews	9
Confidentiality and Sensitivity	10
3. Transgender Survey Findings	12
Employment	13
Welfare Rights	14
Housing	14
Health	14
Education	15
Culture and Leisure	15
Barriers	15
Making a Complaint	16
Summary	17
4. Transgender/Transvestite Issues	19
Background	19
Research Findings	20
Public Bodies	22
Goods and Services	24
Safety	25
Summary	26
5. Transgender/Transsexual Background Issues	27
Transition Process	27
Identity Issues	29
Workplace	30
Health Provision	32
General Goods and Services	34
6. Transgender/Transsexual Issues in Northern Ireland	35
Personal Experiences	36
Health	38
Employment	41
Public Bodies	42
Improvement of Public Services	46
Summary	46
7. Conclusions	47
References	49
Annex – Questionnaire	52

1. Introduction

This research report is the first study to focus specifically on the transgender population in Northern Ireland. The research, commissioned by the Equality Directorate at the Office of the First Minister and Deputy First Minister, was carried out as part of a wider study with the aim of 'providing a broad evidence base to assist statutory bodies in effectively considering LGBT issues in the development of policy and practice'. The research began in April 2006 and was completed in November 2006.

Some recent studies of the LGB population in Northern Ireland have aimed to include the transgender population in their research, but in reality there has been little engagement with the transgender community by researchers and little understanding of the issues facing the transgender population. This project aimed to identify equality issues facing both the transgender and the LGB populations, but it was evident that the issues were likely to be different for the two groups. Therefore it was decided to present the findings in two separate but related reports, one for the LGB issues and one for transgender issues.

This study aims to highlight issues related to equality mainstreaming that are relevant to the transgender community in Northern Ireland. The research identifies the barriers, difficulties and challenges experienced by the transgender population with the public sector in relation to accessing goods, facilities and services and identifies examples of good or improving practice within the public sector. The report also outlines the legislative and policy contexts at local and national levels, summarises existing research and statistical evidence in respect of transgender equality issues, and aims to bring some clarity regarding the use of language and definitions.

Recognition of the specific and distinctive issues affecting transgender people has been slow to develop, but transgender issues are beginning to be recognised by statutory agencies and government in Northern Ireland. One recent example of this is the subject of abuses, harassment, violence and other forms of hate crimes directed at transgender people. The PSNI has acknowledged the problem and in April 2006 started to record transphobic crimes. In the first ten months of recording (1 April 2006 – 31 January 2007), twenty-nine transphobic incidents, of which eleven were crimes, had been reported. It is likely that the number of transphobic incidents will increase in the coming years, as this was the experience for racist and homophobic crimes once the police began to record them as a specific category of incidents.

Terminology

Overshadowing this work is the definition of what to include under the label 'transgendered people'. The terminology often refers to transgender, which is best described as an umbrella term, which incorporates subgroups of a wider population of different gender identity. The Gender Trust (<http://www.gendertrust.org.uk>), a charity, provides a useful list of definitions:

- **Transgender:** A term used to include transsexuals, transvestites and cross-dressers. A transgenderist can also be a person who, like a transsexual, transitions - sometimes with the help of hormone therapy and / or cosmetic surgery - to live in the gender role of choice, but has not undergone, and generally does not intend to undergo, surgery.
- **Transsexual:** A person who feels a consistent and overwhelming desire to transition and fulfil their life as a member of the opposite gender. Most transsexual people actively desire and complete sex reassignment surgery. This condition has also been labelled as gender dysphoria or a drive to live in the opposite gender to that in which a person has been registered at birth and is a widely recognised medical condition.
- **Transvestite:** The clinical name for a cross-dresser. A person who dresses in the clothing of the opposite sex. Generally, these persons do not wish to alter their body.
- **Intersex:** A term covering a wide range of conditions in which the sex may be indeterminate to some degree at birth. Such people are often subject to ill-conceived attempts at surgical 'correction' early in life which may cause major problems later, sometimes including gender dysphoria.

Organisations such as Press for Change, a campaigning and lobby group for transsexual and transgender people, have also argued for a more inclusive terminology and have advocated the term 'trans'. Press for Change (1998) states:

Usage of the terms differs, however, and has evolved over the years in line with a growing sophistication in trans people's own awareness. The above distinctions invite the assumption that "transgendered" is in some way inferior or short of "transsexual" for instance.

More recently, Press for Change and other organisations worldwide, have begun to advocate the use of the adjective 'trans' to describe people who, in expressing their sense of identity, come into conflict with the contemporary gender behaviour norms of their society. This approach has also been taken by organisations such as the Coalition on Sexual Orientation (CoSo 1998), which simply refer to 'trans,' which they consider a more inclusive concept.

This problem of definition and use of terms was also highlighted by Laird and Aston (2003) in their study on transgender research in Scotland. They write (2003: 6):

The term transgender as an all-encompassing umbrella term was viewed as being problematic because there is a huge range of diversity even within the transsexual label. It was felt that the categories of transsexual and transvestite being put together under transgender did not help with the understanding of any of the issues because both categories are very different from each other.

The report also highlights the issues felt strongly within the transgender/transsexual community, particularly among male to females (MtF) that people make assumptions about sexual orientation and sexual expression. Transsexuals and transvestites also believe that people in general had very fixed ideas about what a man/woman should be like, e.g. ‘not a real man’. Participants in Laird and Aston’s research made the point that transgender people may be lesbian, gay, bisexual or heterosexual, simply because someone has transitioned to their true gender does not mean that they will be emotionally and physically attracted to a different sex than before, thus whether a transgender person defines as lesbian, gay, bisexual or heterosexual depends on their true gender.

The Ontario Human Rights Commission (1999) highlighted the fact that while some transsexual people have self-identified as transgender in this respect, others have emphasised the very distinctive aspect of transsexual identity and the specific goal of living permanently in a new gender role. Some transsexual people therefore have a desire to live and be accepted as members of the opposite gender, usually accompanied by a sense of discomfort with, or inappropriateness of, their anatomic gender and a wish to have hormonal treatment and surgery to make their bodies as congruent as possible with the preferred gender.

In this report, we most often use the hybrid terms ‘transgender/transvestite’ and ‘transgender/transsexual’. Although this is a somewhat clumsy formulation it makes a distinction between transvestite and transsexual people, yet at the same time it reflects the fact that some people may simply prefer the term transgender. In conversation with individuals references were also made to terms such as ‘trans man’ to describe a female individual who is going through, or has gone through, with sex reassignment surgery. For a male in a similar situation, the adjective ‘trans woman’ is sometimes used. At times, we also use terms that people prefer to call themselves when referring to specific interviewees.

Structure of the Report

We have tried to acknowledge the diversity of perspectives and views within the wider transgender population by discussing separately the views and experiences of transgender/transvestite people and transgender/transsexual people.

This general introduction is followed by a methodological chapter outlining the approach to the research project. The third chapter offers an analysis of the results of a survey conducted among members of the LGB and the transgender communities. This chapter focuses purely on the small number of people who completed the survey and who identified as transgender, the full survey findings are analysed in the companion report on equality issues facing the LGB population.

Chapter four looks in more depth at the issues facing the transgender/transsexual population while the final two chapters look at issues facing the transgender/transvestite population. Chapter five focuses on general issues identified

through the local and international literature, while chapter six presents the findings from the interviews and focus groups conducted in Northern Ireland.

This report represents the first exploration of issues facing the small but diverse transgender population in Northern Ireland. It is not a comprehensive study; rather it represents an initial engagement and outline of some of the key equality issues facing trans people. Our initial research indicates that there will be a need for more extensive work with this diverse population in the future in order for policy makers to identify and develop appropriate responses to their distinctive needs.

2. Methodology

The fieldwork for this research was undertaken between May and November 2006. In order to reach as many people as possible within the wider transgender community we utilised a variety of methodologies, these included:

- Literature review of research and policy developments;
- Self-completion questionnaires;
- Focus group interviews with transgender people in urban and rural locations;
- Individual interviews with members of the transgender community; and
- Interviews with representatives from transgender organisations

Questionnaire

A single questionnaire was developed as part of the wider project on equality issues for LGB and transgender people. Representatives and individuals from the transgender/transsexual community were involved in the design of the questionnaire, as were representatives and members of the LGB communities. Members of the Butterfly Club, the only transgender/transvestite organisation in Northern Ireland, were contacted by e-mail in June 2006, and ICR met with a representative in July 2006 to inform them about the aims of the study and the approaches being developed to undertake the research.

There was considerable discussion about how best to include the transgender/transvestite and transgender/transsexual aspect within the questionnaire. Representatives from a transgender organisation felt that their inclusion in a study on Section 75, which covers sexual orientation but not gender status, would be inappropriate as their status was determined by their gender rather than sexual orientation. We agreed to alter the questionnaire to allow members of the transgender/transvestite and transgender/transsexual communities to indicate their sexual orientation, including the option to choose 'heterosexual' on the survey, as well as the option of whether they consider themselves 'transgender,' 'transvestite,' 'male to female transsexual,' and 'female to male transsexual'. These terms were important to include on the survey since, as several participants emphasised, there is a broad spectrum of transgenderism.

The research team also attended several events during Pride to promote the research. A link to the questionnaire was available on ICR's web-site and was also distributed through groups on Irish-T@yahoo.com on the internet. The questionnaire was distributed at two meetings of the Butterfly Club and amongst individuals attending the support group for transgender/transsexuals in Belfast.

Focus groups and interviews

The transgender population is not publicly very visible in Northern Ireland and it was only possible to interview seven people on a one to one basis and to organise three focus groups involving eighteen participants. The first of the focus groups was held in May 2006 with eight members of a support group for transgender / transsexual

individuals in Belfast. The group, which has been in existence for the last year, offers support and also invites groups and individuals, such as members of the PSNI and health professionals for talks and meetings. The meeting was not recorded on the wish of the participants, but notes were taken. Seven of the eight participants were in the process of their 'real life test' and one was post-operative. Seven of the participants were MtF and one was FtM. The participants estimated that it is impossible to know how many transgender/transsexual individuals live in Northern Ireland but one participant estimated that there were about fifty such people.

Attempts were made to organise a further discussion with the support group, but they declined further participation in any external research projects. However, two individuals attending the group agreed to participate in individual interviews and two further interviewees were contacted via other sources. Two of the people interviewed were living in their acquired gender as were three people enrolled at the gender identity clinic at Belfast City Hospital. All interviewees were male to females (MtF).

Other focus groups and interviews were organised with the assistance of the Belfast Butterfly Club, which has at least 135 members on its mailing list. The aim of the Butterfly Club is to inform, advise and educate. They run a help-line each Wednesday evening, which is advertised in the phonebook and in newspapers and has been featured on Ulster Television. The help-line acts as a point of contact for people across Ireland who feel they may be transgendered, but they also occasionally receive calls from wives and mothers. If they are unable to address a question, they refer people to other help-lines, such as the Samaritans or groups in the UK that deal with transgender issues.

The first focus group was held in Belfast in August 2006, the second in Derry/Londonderry in September 2006. Eight people were present at the Belfast meeting, while at the Derry/Londonderry focus group, five individuals attended, three of whom had also participated in the Belfast session. The discussions were not tape-recorded because of concerns of the participants for confidentiality. A range of interview questions had been prepared but in reality the participants led much of the discussions, which focused on the Butterfly Club's purpose, mission and social activities; participants' experiences with public bodies, their thoughts on social acceptance of transgender/transvestite people, family lives and when and where they are 'out.'

Confidentiality and Sensitivity

In conducting the research the issue of confidentiality was particularly important. While some participants were 'out' and 'open' in all areas of their lives, others were only so to select individuals, or in specific situations. There were also concerns about visibility and recognition due to the small number of transgender individuals in Northern Ireland. The fear of 'outing' was highlighted in concerns about completing the questionnaire on line. Even though confidentiality was assured, individuals expressed concern that their details were being monitored. One non-respondent said that the inclusion of post-codes in the questionnaire could expose individuals even

though only the first three digits were requested for statistical purposes. Some individuals also suggested that the inclusion of transvestites in the questionnaire might deter individuals from the transgender/transsexual community from taking part in the research. ICR attempted to respond positively to the concerns expressed by members of the transgender community.

Multiple challenges arose in efforts to reach transgender/transvestite people. These included the fact that many transgender/transvestite people do not feel comfortable enough to dress as women in public or even at a private meeting of the Butterfly Club. In many cases families and close friends do not know about the individuals' cross-dressing, and this creates a constant fear of being 'outed.' Some people thus attend the Butterfly Club sporadically, while others may attend regularly, but then fail to return without notice due to changed personal circumstances, such as getting married, divorced, working different hours, or simply due to a personal wish to suppress their cross-dressing. We did not record any of the focus groups we attended, and for the most part, we did not know the participants' legal first names or surnames.

The transgender community is a largely invisible population and its members were reluctant and wary of participating in the research project. Similar difficulties have been experienced by other researchers in Britain and Ireland (Sanger 2006; West 2004). However, while this study has a small participant base, it nevertheless represents the first piece of policy research to focus on the needs and experiences of the transgender population of Northern Ireland.

3. Transgender Survey Findings

The survey was designed to gather experiences and opinions of members of the lesbian, gay, bisexual and transgender population of Northern Ireland. In total 204 people completed the questionnaire. A full analysis of the findings is included in the other project report on equality and LGB people.

Thirty-one transgendered respondents completed the survey. Fourteen people used this term to describe themselves, four used the term transvestite and five used transsexual. Eight people described themselves by the term ‘other’ (Table 1).

Table 1: Transgender status of respondents

Transgender status	Number
Transgender	14
Transvestite	4
Male to female transsexual	4
Female to male transsexual	1
Other	8
Total	31

There were two respondents in the 18-25 age range (7%), eight respondents in the 26-35 age range (26%), thirteen people were between 36 and 50 years old (42%), seven were between 51 and 65 (23%) and one person was over 65 years of age. There were no respondents in the under18 category. In terms of ethnic background, twenty-six respondents referred to themselves as ‘White’, two as ‘Irish Traveller’ and two as ‘mixed ethnic group’ and ‘other’ respectively. In terms of community background, ten respondents said they were Catholic, while seven indicated they were Protestant and eight individuals, indicated ‘no religion’.

Six people referred to themselves as being gay, eight as lesbian and eight as bisexual. Seven respondents referred to themselves as heterosexual, two people did not answer this question. The majority of respondents resided in Belfast or Derry/Londonderry but there were also respondents from areas throughout Northern Ireland.

Respondents were also asked how ‘out’ they were in a variety of contexts (Table 2). A larger number of respondents were out amongst friends, than amongst family and the community at large and individuals were most likely to be out to some degree within the community, followed by friends, family, and work.

Table 2: ‘How ‘out’ are you?’ by context

Out	Friends		Family		Community	
	Number	%	Number	%	Number	%
Completely	17	57	14	48	12	40
Partly	11	36	9	31	13	43
Not at all	2	7	6	21	5	17

Respondents were also asked how they felt about the statement: **‘Northern Ireland is a tolerant environment for LGBT people?’** Twenty-two respondents (75%) disagreed/strongly disagreed with the statement. Only five respondents (17%) agreed.

Employment

Respondents were also asked about economic activity, Table 3 indicates that the majority (eighteen) were working (full-time/part-time). There were however a number of respondents who were not working, either because they were unemployed (five people) or because they were unable to work (one due to illness and four to disability).

Table 3: Economic activity of respondents

Economic activity	Number
Working (full- or part-time)	18
Unemployed	5
Unable to work because of disability	4
Full-time carer for family/other dependents	1
Unable to work because of illness	1
Retired	1
Other	1
At college of further education	1

When we asked about whether people were or had ever been ‘out’ to colleagues at work, eleven respondents said they were completely out, eleven said they were ‘partly out’ and six respondents said they were not out at all. Amongst the self-identified transvestites, three were employed, and one was unemployed, none were ‘out’ at work. One respondent commented that a major issue in employment is ‘acceptance of cross-dressing in the open workplace.’ Another person remarked that s/he must ‘keep my orientation hidden,’ while another said, ‘it would be impossible to be open about my sexual orientation.’ This last comment highlights the fact that while most transvestite people are heterosexual, some may be gay, lesbian or bisexual.

Respondents were asked if they had experiences of problems because of their transgender status, fourteen individuals referred to having had problems while fourteen stated they had not (Table 4). Five of the fourteen who had problems stated that they had experienced verbal attacks and five had suffered forms of harassment.

Five respondents referred to colleagues causing the problems at work, four of these had complained to managers and three to employers. References were also made to other bodies, such as trade unions, in relation to lodging complaints.

Table 4: Problems experienced in employment as a result of gender status

Problems experienced in employment	Number
Verbal attack	5
Bullying	4
Harassment	5
Refused promotion	2
Disciplinary action	2
Dismissed	2
Suspended	-
No experience	14
Other	5

The response from employers varied: four respondents referred to being satisfied or very satisfied with their employer’s response while four stated they were dissatisfied or very dissatisfied. Respondents were also asked to indicate what they saw as the major issues in relation to employment, to which seventeen people replied. The main issues that were cited were a lack of knowledge and understanding about gender status and transgender issues and therefore a need for people to conceal their identity at work.

Welfare Rights

Amongst respondents, just over half of the sample, sixteen individuals, indicated that they received some type of benefit. The majority of individuals who accessed welfare had never experienced any problems. Amongst those who had, gender status had been a problem experienced by four respondents.

Respondents were also asked to comment on the following statement: **‘Do you think that you receive the same treatment from public service providers as non-LGBT individuals do?’** Of the twenty-six respondents who answered this question, ten said yes and sixteen said no.

Housing

Only nine respondents referred to having had any contact with the Northern Ireland Housing Executive within the last year and only one referred to having experienced problems due to sexual orientation or gender identity. This had involved an experience of transphobic language.

Health

The overwhelming majority, twenty-eight respondents said they were registered with a GP, while only two respondents were not. Of those who were registered with a GP, seventeen were completely ‘out’ and eleven ‘partly out’ about their transgender status. Five respondents referred to having been treated unfairly by the health service. Individuals referred to discrimination because of their transgender status and

experienced the use of transphobic language. Other difficulties with the health service involved issues related to gender status, such as a lack of understanding of a transgender identity, breaches of confidentiality and providing inappropriate advice.

Respondents were also asked to comment on the following statement: **‘Health workers, mental health professionals and social workers are adequately trained concerning issues of sexual orientation/gender identity’**. Six individuals agreed with the statement while thirteen disagreed or strongly disagreed, while five neither agreed nor disagreed.

Education

Eight respondents had been in contact with the Northern Ireland education system in the past twelve months, for four of these it was through their line of work, while another three had been students at a university or Institute of Higher Education. Three of these eight people referred to being treated unfairly and references were made to a range of issues, such as bullying, harassment by teachers or staff and issues relating to sex education. Three individuals who identified as parents or co-parents referred to their children being bullied.

Respondents were also asked to comment on the following statement: **‘The education system in Northern Ireland is free from discrimination of LGBT people?’** An overwhelming majority, nineteen respondents, disagreed or strongly disagreed with the statement.

Respondents were also asked to comment on the following statement: **‘The education system in Northern Ireland takes a strong stance against homophobic bullying?’** As with the statement above, a majority, eighteen respondents disagreed or strongly disagreed with the statement in contrast to the six respondents who agreed or strongly agreed.

Culture and Leisure

Respondents were asked if they had any difficulties accessing culture/leisure facilities and eleven answered affirmatively. Respondents referred particularly to problems regarding safety accessing a venue and a feeling that the service provision was not adequate. Amongst those eleven who had had difficulty accessing culture/leisure facilities, the largest number of respondents referred to not having made a complaint. Individuals also referred to rudeness and impoliteness by staff and being discriminated because of gender status.

Barriers

Respondents were asked what they thought of the state of homophobic and or transphobic harassment monitoring by public service providers. Fourteen individuals found it poor but ten said that they found it adequate.

In relation to barriers between the LGBT community and public services, fifteen respondents said that barriers did exist. When asked what barriers people experienced in accessing public services, respondents' comments included:

I feel I'm not able to avail of services as myself, ie en-femme.

Lack of education surrounding issues.

Ignorance of the various situations and problems facing transpeople.

Feel that you are a freak.

When asked why these barriers exist, they also commented:

Society's attitude toward transgenderism.

A lack of knowledge.

Lack of education.

There was also a high awareness of Section 75 amongst respondents: eighteen individuals said they knew of Section 75, while nine said they did not. Amongst those respondents who were aware of Section 75, six referred to having becoming aware through work and three through 'the news'. Respondents also referred to other sources, of which the main one was an LGBT organisation.

Making a Complaint

Respondents were asked who they would contact for help if they experienced problems with a public service. As seen in Table 5, the largest number of respondents referred to LGBT organisations, followed by a Citizens Advice Bureau.

Table 5: If you experience a problem with a public service, who would you contact for help?

Who to contact for help	Number
LGBT organisation	7
Citizens Advice Bureau	6
Family member/Friend	5
Equality Commission for Northern Ireland	4
Wouldn't ask anyone for help	3
Human Rights Commission	2
Solicitor	2
Other	2
Local councillor	1
Northern Ireland Ombudsman	1

Only two respondents had however made an official complaint, in one case to the police and in another to a trade union. These respondents both stated that they were satisfied with the response. Respondents who had not made a complaint were asked why they had not done so. The largest number of respondents referred to a fear of being ignored (Table 6). The lack of complaints might also be related to their lack of experience with public bodies or, as well, their concerns about being ‘outed.’

Table 6: Of those who had not complained, why have they not complained

Why no complaint	Number
Thought would be ignored due to sexual orientation or gender identity	12
Felt that nobody would help	7
Felt that nobody would be interested	5
Didn't know how to complain	5
Didn't know to whom to complain	4
Had a poor experience when reporting a previous incident	4
Were too upset	4
Felt that nobody could help	3
Were scared of provoking reprisal	3
Incident was too trivial	1
Other	1
People discouraged you	1

Summary

The survey draws on the experiences of thirty-one people who identified as being transgender in the areas of employment, welfare rights, housing, health, education and leisure. The analysis noted that the respondents identified that problems have been experienced in relation to employment, health, education and leisure

The most common problems people experienced were:

- harassment and abuse, particularly in relation to the use of transphobic language;
- bullying associated with transgender status, this included the bullying of one's children;
- being subjected to discriminatory disciplinary sanctions at work; and
- a general sense of being discriminated against and marginalised because of transgender status.

Few people were prepared to make a formal complaint about their treatment, most people were reluctant to do so for fear of ‘outing’ themselves or because they believed their complaints would be ignored.

Equality Mainstreaming & Transgender People

Many of the problems people experienced appear to be linked to a general lack of awareness of transgender issues, a failure to take the views and understandings of transgender people into account and a basic lack respect for transgender people.

Some of the problems however were also associated with a more basic form of bigotry and hostility to difference that has increasingly been experienced and reported by other minority communities across Northern Ireland.

4. Transgender/Transvestite Issues

Background

In the terminology and discourse relating to transvestism it is important to note that there are distinctions between transvestism and cross-dressing. First of all, some people feel that the term 'transvestite' has pejorative connotations, since this term is often linked to the psychiatric/medical definitions of transvestism as a mental disorder and/or a sexual fetish. However, many others accept this term without any dissent and refer to themselves as transvestites or TVs as an abbreviation (Belfast Butterfly Club 2001). Though the term 'transvestite' may carry a connotation of fetishism for some people, for others it does not. This is highlighted by Tri-Ess, an American organisation primarily for male heterosexual cross-dressers/transvestites. Rather, some men just feel particularly comfortable or 'themselves' in women's clothing even though they still feel heterosexual desire, and they do not feel that they were born with the incorrect sexual/secondary sexual characteristics. It is important to note that transvestites may be heterosexual, bisexual or homosexual.

In its broadest meaning, 'cross-dressing' includes anyone who (regularly or occasionally, fully or partially) wears the clothing intended for the opposite sex, usually used in referring to a genetic male who wears women's clothing but who does not have a strong desire to transition. Men who cross-dress like to be identified as women (by name, by gender) when they cross-dress (www.transproud.com). This raises the question of their gender identity in that they may not be transsexual people, but their gender does seem to depend on the context of their interaction. The term 'transgender,' while being an umbrella term, can also point more specifically to non-operative transsexuals, transvestites and/or cross-dressers and has been used to refer to males who were satisfied with their male genitalia, but wanted to be seen and to live as a woman. Transsexual or intersexed people also 'cross-dress' regularly during their 'real life test' prior to medical intervention, but being a transsexual man or woman or an intersexed person is their primary gender identity. Cross-dressing simply functions as a part of their overall transition.

Cross-dressing can also include women who wear men's clothing, though the popularity of unisex/androgynous clothing means that this is not always as readily apparent as a man attempting to 'pass' in women's clothing. Also, it is unclear whether a 'butch' woman, who feels most comfortable in men's clothing and sometimes also traditionally male interests/activities, whether lesbian or heterosexual, would fall under the rubric of being cross-dressed. The award-winning novel/semi-autobiographical account, *Stone Butch Blues*, by transgender/transsexual activist Leslie Feinberg, sheds some light in this regard since it details the life of a woman who 'passes' as a man in the 1950s and 1960s and, at times, also recognizes herself as a butch woman and a lesbian. This example highlights the very complex intersection of cross-dressing, gender identity, and sexual orientation. For instance, though being 'butch' may be linked to clothing and traditionally male interests, the web site (www.butch-femme.com) states that:

Butch, stone Butch, Femme, and stone Femme are natural gender expressions that are of the heart, having little to do with appearance or any stereotypical code of behaviour.

While people who cross-dress differ in the above ways from the larger transgender/transsexual community, cross-dressers' or transvestites' interests are sometimes aligned with the larger transgender/transsexual community, while also departing at times. For instance, transsexual people's needs within the medical, legal and psychiatric communities are very specific (e.g., the need for hormone therapy, legal name changes, and operations to transform one's body, etc). This is a point of divergence. However, there are several other points where their needs converge. The advocacy guide, "Trans Care Advocacy: An advocacy guide for trans people and loved ones," (Trans Care 2006) points to many of these potential convergences. A brief list of these arenas where policies regarding some transsexual and transvestite people's needs - including cross-dressing - do (or could) have effects includes situations where information about being a trans person or cross-dressing is shared without your consent or knowledge (i.e., being 'outed') or getting someone to use the pronoun/name you're comfortable with (e.g., being dressed as a woman and doing best to be convincing, yet being insistently/rudely referred to as 'sir').

Other situations involve reporting transphobic crimes, or testifying in court and revealing one's trans status (e.g., being attacked while cross-dressed). Police reaction to a trans person reporting a crime or any other police/trans person contact also involves the education of police staff. There might also be a fear that the trans identity will be discussed, potentially with negative implications, such as in adoption proceedings, the loss of a job or job discrimination due to employers' knowledge of cross-dressing/being a trans person, whether cross-dressing on the job or not. There could also be a fear of a denial of an application for welfare/state benefits after quitting a job due to transphobic harassment by your employer or co-workers

Research Findings

The discussions with members of the Butterfly Club and the responses to the questionnaire highlighted the sensitivity around terminology. Most people agreed that either transgendered or transvestite are acceptable terms, though one person who lives as a woman both in public and in private preferred the term transgendered instead of transvestite. Trans, as a common abbreviation, has been adopted by Press for Change and other transgender organisations. Several participants in the focus groups did not agree with this terminology and were critical the use of 'trans people' or 'T people' to describe transgendered people. They felt that without 'gendered' attached, 'trans' had no meaning, and that the simple use of 'trans' was dehumanising. Most accepted the word 'transvestite' or its abbreviation, 'TV,' arguing that it is important 'to take ownership of this term,' and to not be 'ashamed of it.' Future researchers should be aware of the sensitiveness of utilising 'trans' to describe those who are transgender/transvestite.

We found that transgender/transvestite people view themselves as being part of a spectrum that includes those who wear women's clothing in private, or at social events such as Butterfly Club meetings, as well as those who live their lives dressed as women in both public and private. The members of the Butterfly Club at the Derry/Londonderry focus group agreed that all those present would like to dress as women every day. Only one person lives her entire life as a woman, although another is able to dress as a woman for four days per week because she is retired, while another lives part-time in her male persona because she has to meet her children and grand-children. Another person, who does not live full-time as a woman, would do so and would opt for an operation to change physically from male to female were it not for her family situation.

The spectrum of transgendered identity is thus an important element to highlight since there are many different experiences even within groups of transgender/transvestite individuals.

One of the most significant findings of this research is that many transgender/transvestite people had limited experiences with public bodies as transvestites as most rarely interact with public bodies in their female persona. Only one person we interviewed lives as a woman in both public and private. While all the people we spoke with would like to engage with public services in their female personae, very few do so because of fears of discrimination, violence, or being 'outed' in other areas of their lives. Furthermore, as one interviewee commented:

Government should not only enlighten public service but society as well. I don't think it's enough for government to be working on public services. They need to make society more acceptable for the transgendered community.

Although we did not ask the question, 'How did you come to identify as transgender?' some individuals spoke about this topic. Most knew that they were transgendered early on, perhaps even as early as childhood or as late as their 20s. At the Belfast focus group, several people mentioned that they tried to fight this part of their identity for years, only to finally come to an acceptance of it by their 30s or 40s.

We were told that during one's lifetime, an individual may 'purge,' or get rid of female clothing periodically, but Butterfly Club members mentioned that this part of their identity almost always re-surfaces. People referred to the disappearance or re-appearances of members, which were often related to their life circumstances (such as suppressing their cross-dressing because of marriage, or temporarily putting an end to cross-dressing because of negative reactions of family members who have discovered it). They also pointed out that being 'out' to one's wife and her reaction was an important element. It was agreed that wives rarely accept cross-dressing wholeheartedly, but some members who are married are open with their wives and their marriages have survived this challenge. They all agreed that this 'took some guts' on the wife's part, and that it is a difficult situation.

Regarding others' reactions to their cross-dressing, members did note negative experiences, such as one member who is 'out' and uses public transport (who was not present at either meeting) who had been harassed by neighbours and whose apartment had been attacked. Another member had experienced slurs shouted by children who recognised her in her male clothes. She emphasised that the slurs were not as worrisome as the possibility of being outed in her wider neighbourhood.

Members also pointed out the importance of wider societal tolerance and acceptance of transgender/transvestite people. One person commented,

I think general perceptions of transgenderism is that they are perverts. They are not looked on as normal people.

Another interviewee hoped that the visibility of public figures who are transgendered themselves, such as Eddie Izzard, Paul O'Grady (as Lilly Savage) and Grayson Perry, might have the potential to change people's perceptions of transgendered people. In October 2006, The Biography Channel re-played the documentary, 'Why Men Wear Frocks,' which this person felt did a good job of discussing transgenderism. When asked what the general public should know about transgendered people, s/he commented:

Just that TVs are fairly normal people.

Also, that s/he:

wouldn't want to be a female but would just want to wear female clothing.

S/he commented that s/he would be at the opposite end of the spectrum of transgenderism from someone who truly wanted to change his or her sex. Furthermore, s/he emphasized that:

Being a TV is a lonely occupation... people [TV individuals] can get stressed and suicidal.

However, these fears and concerns are countered by a degree of guarded optimism within the Butterfly Club. The group held their first conference for transgender/transvestite people in early 2007, with several invited speakers; this was the first conference of its kind in Northern Ireland or the Republic Ireland. Many members had concerns about attending the conference, or the degree of security for attendees, but the very fact that a conference was planned and held highlights an element of optimism for some of the members.

Public Bodies

It was difficult to build upon the limited amount of information that we received in surveys, since those present at the focus groups noted that they rarely interact with public bodies in their female persona. Very few individuals engaged with public

services in their female personae because of fears of discrimination, violence, or being 'outed' in other areas of their lives. As one individual commented:

I would be concerned of how I would be treated going to them, how they would deal with the situation.

The Police Service of Northern Ireland is the public body that has most frequently been encountered, either because of reporting harassment or an attack, or by chance due to a routine offence, such as being stopped when speeding. Most have found the police to be responsive in recent years, and a police officer was invited to speak to the club and address their questions once. However, it did take nine months before the police sent an officer. On a recent Butterfly Club weekend, the tyres of one member's car were slashed outside the accommodation, but one person commented that:

The two constables were very good about it, positive, sympathetic. It made a bad experience positive.

Others reported having both positive and negative experiences with the police; one negative experience involved being verbally harassed by police at a cash machine regarding her transgender/transvestite status, and then being followed by a police vehicle and stopped for no apparent reason. She did not report it, though she noted:

I sort of half thought I should. I think people prefer not to make waves, in case it would go public.

In one other encounter, a person indicated that her experience with the judiciary during divorce proceedings (in her female persona) had been entirely fair.

With regards to other experiences, or possible future experiences, with public bodies, many members commented that they would like to be 'out' to their GP, yet they were concerned about going into the office dressed in their female personae. Several people at the Derry/Londonderry focus group mentioned that being out to their GPs would have assisted them regarding their efforts to seek counselling and mental health issues. There is a general acknowledgement that mental health is an important issue for transgender/transvestite people, and GPs should be trained to be aware of their needs.

Regarding how public bodies and others, such as GPs, might let them know that it was 'safe' to dress as a woman in their offices, one person commented that they should:

Make it known through their policy statement ... that we are transgendered friendly, and we will deal with you how you want to be dealt with ... let it be known that they are sympathetic to people like ourselves.

Furthermore, at the Derry/Londonderry focus group, it was widely agreed that a sign, poster or leaflets could be used to indicate that this was a 'safe space' for transgender/transvestite individuals.

With regards to accessing public services or applying for jobs, most would not necessarily be reassured with a statement of non-discrimination against transgendered people. For example, if they were filling in a job application and there was a box for 'transgendered,' they would not tick it for fear of the adverse effects it might have on their potential to be employed, even if there was a guarantee of confidentiality.

At the focus group in Derry/Londonderry, several members pointed out that a gap exists between policy and practice, and even if they are supposedly protected by equality legislation, they are still fearful of potential discrimination. However, as one interviewee commented:

Laws have been changed over the years so society would accept gay people ... and generally their life is much easier now ... that law doesn't help us really.

When asked whether a specific law for transgendered people and in this case transvestites was necessary, she responded:

Yes, I think there is because we're not gay as such ... any document you see, we're in as an afterthought.

In summary, transgender/transvestite people rarely come in contact with public bodies, except for the police. They have had various experiences with police officers, but most were neutral or positive, with only one bad experience related during focus groups. Furthermore, transgender/transvestite individuals would often like to be 'out' to their GPs, but they do not feel safe doing so. They advocate signs or leaflets in GPs offices that let them know that it is a safe environment. Finally, an interviewee also advocated for a law that also protects people from discrimination based on gender status.

Goods and Services

Transgender/transvestite people who are members of the Butterfly Club noted that they are far more likely to interact with providers of goods and services, rather than public bodies, in their female personae. Of those present at the focus groups, nearly all had gone out in public dressed as a woman at least once, if not multiple times. Several people dressed as women publicly when travelling in other countries and cities, such as London, Glasgow or Dublin. They perceived these cities as larger and more anonymous, and places where they were not likely meet family, friends or acquaintances.

At least five people stated that they had gone to dinner at a restaurant in Northern Ireland, most often in Belfast. The Butterfly Club also makes a reservation for a Christmas meal each year at a restaurant. When meeting as individuals or as a club,

they chose a venue which they feel is safe and tend to frequent up-market restaurants. Several members emphasised the importance of a safe ‘controlled environment,’ where their perceived risk was minimal. They stated that if they felt that others at a bar were beginning to drink too much and might cause them annoyance or disturbance, they would leave the venue. In one Belfast restaurant the manager told them that they were not allowed to use the ladies’ toilet, even though they had frequented this restaurant before and had entered the ladies’ toilet with no problems:

One of the girls was told not to use the ladies’ toilet. We could not use a male toilet when we’re out, even the police would say that.

Another person noted that they had continually been referred to as ‘Mr’ or ‘Sir’ in a restaurant, and another time she had been denied entrance to a venue. Both times she raised the issue with relevant authorities (the police and a manager, respectively); she found the police responsive, in contrast to the manager. Others, however, commented that they would not go to the police, and that:

Not everyone has the strength to go to the police.

To summarise, transgender/transvestite people come in contact with goods and services far more often than public bodies. They highlighted the need for a ‘controlled environment’ and advocated leaving any place that was becoming uncomfortable. They reported varied experiences of restaurants and bars, but for the most part found that restaurants were willing to cater for them and give them the respect due any other paying customer.

Safety

Regarding safety, the members at the Belfast focus group emphasised that, for a transgender/transvestite person, the time of year was an important factor in how often one would go out dressed as a woman. In the summer, the hours of darkness often decreased the numbers of members present at the club, while numbers increased in the autumn and winter, as the night grew darker. One member emphasised that individuals should not place themselves in situations that might compromise their safety:

[One should] never put [oneself] in a position where [one] can be cornered.

When asked whether they would access public transport in their female personae, most agreed that they would not use it in Belfast due to safety concerns, although they have or would use public transport in cities outside of Northern Ireland. The members also referred to concerns of being in a traffic accident while cross-dressed, but no one had experienced this.

At the Belfast focus group, members’ concerns about being ‘out’ were discussed. One member noted that a loved-one had used her cross-dressing against her, which led to ‘coming out’ to her parents; however, she still has not told her ‘macho brother.’

Members also noted that divorce was also a potential time when one could be outed to one's detriment, and that some members had experienced this; however, no one present had experienced this.

In general Butterfly Club members were very aware of safety issues and sought to be pro-active in deterring any possible harassment or problem. Though some members felt confident enough to go to the police, others did not. 'Outing' was another safety concern, since transgender/transvestite people may fear ostracism or violence against themselves if outed.

Summary

The research highlighted the spectrum of positions and attitudes towards living one's life as a transgender/transvestite individual. Most people were wary of living or being identified in their female personae in public, and this was based on a range of fears and negative experiences, which are largely due to a lack of awareness of the transgender/transvestite identity. It was noted that if one was careful and selective it was possible to live in a public space, but this remained a very limited and carefully chosen public environment.

5. Transgender/Transsexual Background Issues

This chapter provides an overview of the key issues affecting transgender/ transsexual people from the international literature. We discuss themes related to the transition process, provide an overview of the main legislation affecting transgender /transsexual people in relation to issues such as health, workplace and the provision of services. The following chapter discusses the findings from the focus group and individual interviews.

Transition Process

For transgender/transsexual persons the acquisition of the right gender identity is crucial and one major issue is therefore the gender reassignment process, which follows the guidelines established by the Standards of Care of the Harry Benjamin International Gender Dysphoria Association (HBIGDA). The HBIGDA, named after Harry Benjamin, one of the first physicians to work with gender dysphoric persons, established internationally accepted Standards of Care for the treatment of gender identity disorders. These guidelines are designed to promote the health and welfare of persons with gender identity disorders and are updated and revised as new scientific information becomes available. The last update was in 2001.

These standards of care require transsexual people to have a psychiatric diagnosis and ongoing supervision by a mental health professional in order to access health services along the recognised ‘treatment path’. This path contains three stages (HBIGDA 2001):

- Social gender role change: when transsexual people change their name and inform their family and friends of their plans to live full-time in the chosen gender role
- Hormonal gender reassignment: when people, who after psychiatric assessment are considered suitable, are offered cross gender prescriptions
- Surgical reassignment: after completion of two years of a ‘real life test’ of living in the new gender role

The gender changing process is therefore a slow one and those undergoing treatment through the NHS will first receive medical advice and diagnosis. They will be expected to commit to the ‘real life test’ before hormones are prescribed. One year is the minimum period for the real life test recommended under the international standards of care, however NHS patients are likely to expect a minimum of two years or more. The next stage is that the individual begins to live as a member of the new gender, and may have records changed to reflect this (such as driving licence and passport). Finally, for the individual intending, and able, to undergo surgery, after one or two years of hormone therapy, the person undergoes corrective surgery to complete, physically, the transition from the previous to the opposite gender. The timing of this varies according to local funding and waiting lists. Those being treated privately may be prescribed hormones before committing full time to the real life test. At whatever point they begin the real life test, this is the most likely time when they

will have to deal with issues around their gender role at work (Transgender Trust <http://www.transgender.org/si/>, downloaded 2006-06-19).

A key-issue within health is therefore the transition process, as discussed above. The surgical dimension of this has implications for a range of services. The precise form of service intervention will also depend on the particular needs and characteristics of the individual transsexual person.

The form of intervention and service required will differ for male-to-female and female-to-male transsexual people. For example, male-to-female transsexual people will normally be prescribed oestrogens and female-to-male people will be given various testosterone, known as androgens (Interdepartmental Working Group on Transsexual People, 2000). For male-to-female people, surgery will usually involve the removal of the testes, the dissection of the penis and the creation of a pseudo-vagina. Other procedures can include facial feminisation surgery, breast implants, electrolysis or laser treatment for the removal of facial or bodily hair and speech therapy or surgery to alter voice pitch. Surgery for female-to-male transsexual people is more complex, including the construction of male external genitalia, a mastectomy to reduce the breasts and to construct a male chest and a hysterectomy to remove the uterus and the ovaries (Interdepartmental Working Group on Transsexual People 2000).

Under the UK Gender Recognition Act 2004 a Gender Recognition Panel (GRP), was established to assess applications from transsexual people for legal recognition in their acquired gender. The Panel consists of one president, a deputy, three legal members and six medical members who assess applications for Gender Recognition Certificates (GRC). These eleven experts assess and authorise applications from transsexual people for legal recognition of the gender in which they now live. The Panel is able to provide advice on how to apply for Gender Recognition as well as the application process. They are also able to provide the relevant application forms and guidance.

Successful applicants will be able to demonstrate to legal and medical panel members that they have, or have had, gender dysphoria, that they have lived for at least the last two years in their acquired gender and that they intend to do so until death.

The Gender Recognition Panel in 2005 referred to 668 applications with 459 issued decisions. The Panel also referred to 72 cases, which awaited decision and 209 being processed (Press for Change 2005). There were no statistics on rejected applications. According to the Interdepartmental Working Group on Transsexual People in the UK (2000), set up by the Home Secretary in April 1999, the number of transsexuals in the UK ranged from 2,000 to 5,000 with five times more transwomen (male to female) than transmen (female to male). These estimates are supported by a study carried out in primary care units in Scotland which estimated the prevalence in men over 15 years roughly at 8/100,000 with an approximate sex ratio of one to four in favour of male to female patients (Interdepartmental Working Group on Transsexual People 2000).

Identity Issues

There is a substantial literature and policy relating to issues affecting the transsexual community. Morgan (2004) summarises the main issues as ranging from issues regarding identity, marriage and also issues such as employment and health. Following a ruling against the UK in the European Court of Human Rights (*P v. S and Cornwall County Council*, 1996), the Government introduced the Sex Discrimination (Gender Reassignment) Regulations 1999. These regulations extended the Sex Discrimination Act 1975 and made discrimination in employment and training on grounds of gender reassignment illegal as a form of sex discrimination. In Northern Ireland the Sex Discrimination (Gender Reassignment) Regulations (Northern Ireland) 1999 similarly amended the Sex Discrimination (Northern Ireland) Order 1976.

Since April 2005 when the Gender Recognition Act 2004 came into force, transsexual people who have taken decisive steps to live fully and permanently in their acquired gender have the right to apply for legal recognition of that gender. Successful applicants at the Gender Recognition Panel (GRP) will be issued with a gender recognition certificate and will have the right, from the date of recognition, to marry in their acquired gender and be given birth certificates that recognise the acquired gender. Transsexual people will be able to obtain benefits and State Pension just like anyone else of that gender.

Once someone has been legally recognised the Act describes how this will affect entitlement to certain state benefits. The Act (Section 13 and 15) ensure that transsexual people are treated according to their acquired gender rather than birth gender with regard to the following benefits: Widowed Mother's Allowance; Widow's Pension; Widowed Parent's Allowance; Incapacity Benefit; and Category A retirement pension. This will affect both the actual benefits, which someone receives, and their expectation of receiving such benefits in future. Disclosure of a transgender person's birth gender to a third party is unlawful due to this Act. Registrars and other professionals involved are under a legal obligation not to divulge the fact that a person had changed gender.

In order to receive a full gender recognition certificate, an applicant has to be unmarried and not in a civil partnership. A person in a marriage therefore has to annul his or her marriage and then apply for a gender recognition certificate. This is because under UK Law a marriage is only valid if two people of the opposite sex contract it in law. Once a person holds a full Gender Recognition Certificate, he or she may marry someone of the opposite gender or register a civil partnership with a person of the same gender.

An Interim Gender Recognition Certificate (IGRC) is a document issued to a person who successfully applies for legal recognition of their new gender when the applicant is in a pre-existing marriage or civil partnership. In Scotland, possession of an IGRC is a ground for divorce. In the rest of the UK (i.e. England, Wales and Northern Ireland), an IGRC will give an applicant and a partner a period of six months within

which they may apply to the courts for an annulment of their marriage (Gender Recognition Panel 2005).

From the end of 2005, a same-sex couple has been able to register a civil partnership instead, which gives them the same rights as married, heterosexual couples.

Regarding parenting and transsexuals, research has focused on the relationship between transsexual parents and their children as well as the legal dimension. Press for Change (1999) refers to family law regarding transsexual as being ‘unclear’ and states:

Transsexual people have little opportunity to cement in law the relationships in which they participate, and this penalises them, often unjustly. In practice, the courts provide little support when relationships break down, and the law will not allow them to affirm the relationships that work.

Green (1998) highlighted the lack of contact between transsexual parents and their children and the problems experienced both by children and parents. Green referred to transsexualism not directly having an adverse impact on their children but that the terminated contact between parents and children had a detrimental effect. Green stressed the need for contact and the adverse effects with a termination of the relationship. Other research (Aitchison 2000) referred to the limited forms of support for families and particularly for transgender families who have not separated.

Workplace

In Northern Ireland there are three pieces of legislation, which are of particular importance regarding the workplace: the Sex Discrimination (NI) Order 1976; the Sex Discrimination (Gender Reassignment) Regulations (Northern Ireland) 1999; and the Gender Recognition Act (2004).

The Sex Discrimination (NI) Order 1976 permits some jobs to be specified as being available only to one sex. In these cases, a trans person who has undergone gender reassignment is entitled to be treated as being of the reassigned sex. It is also unlawful for an employer to instruct someone else to do something discriminatory – for instance, telling an employment agency not to hire a transsexual person. Pressure to discriminate is also unlawful – for example employees threatening not to work unless their employer dismisses a colleague who has decided to undergo gender reassignment.

The Sex Discrimination (Gender Reassignment) Regulations (Northern Ireland) 1999 were put in place following a ruling in the European Court against the UK in 1996. These regulations extended the protection of the Sex Discrimination (NI) Order 1976, and to make illegal discrimination in employment and training on grounds of gender reassignment as a form of sex discrimination. This law protects a person who ‘intends to undergo, is undergoing or has undergone gender reassignment’, including people preparing for medical treatment. Therefore, protection applies from the moment at which the person indicates their intention to start the reassignment process. The

protection provided by the law covers direct discrimination, victimisation and harassment in employment or training on grounds of gender reassignment. There is no obligation on a trans person to disclose their status as a condition of employment.

Similarly, the Gender Recognition Act 2004 refers to the right of someone who is undergoing a medical transition to his or her new gender to have sometimes substantial periods of time off work in order to undergo treatment. Anyone in this position has the right to be treated in the same way as someone who is absent from work for reasons of sickness or injury. Harassment of an individual on the ground of gender reassignment – either by their employer or by other employees – will therefore usually be a form of unlawful discrimination.

Previous literature has highlighted the situation for trans people in the workplace. Research by Press for Change (1998) highlighted some of these issues relating to recruitment but also issues in employment, focusing on records and confidentiality, harassment and benefits, such as pensions. A key-issue identified by Press for Change was the period for medical treatment and issues surrounding the time required but also coming back to a workplace after the gender reassignment. Press for Change refers to the need for an agreement about the process between an employer and an employee and advocates a ‘plan of action’. The Press for Change document also highlights the use of facilities and states that:

It is not acceptable to insist on a transsexual employee using separate facilities, for example a disabled toilet.

With reference to a potential re-assignment or re-deployment, an employee cannot be obliged to accept redeployment or retirement on the grounds of transsexualism against their wishes. There are, as the document acknowledges, cases where an individual might prefer retirement or redeployment, or may be willing to negotiate if this is the option the employee prefers.

Issues highlighted by Press for Change were also referred to in the Trade Union Congress (TUC) guidelines for Union staff relating to trans issues (TUC 2004). The TUC stressed the need for support and for certain flexibility during the transition. The TUC also stressed the need for harassment not to be tolerated as trans people may be particularly vulnerable to abusive and harassing behaviour and it must be made clear to all that this will not be tolerated.

Similarly, the Department of Trade and Industry (2005) issued what it described as ‘workplace good practice’ for employers. These guidelines replace the previously issued guidelines from 1999. They reflect the changes with the Gender Recognition Act 2004 and make clear the responsibilities for employers and their staff. Examples include, among other things, putting together an action plan for managing the transition. The document also refers to issues such as time off for medical treatment, possible relocation and also, where applicable, staff wearing uniform should be allowed adequate time to become comfortable wearing it. As with the TUC document, the emphasis is very much on dialogue and support.

Health Provision

Press for Change has highlighted some of the issues around the trans community and health in a collection of essays relating to trans healthcare (Press for Change 2006). Most of these focus on the problems of accessing services.

While there are specialised health services following the Harry Benjamin Standards of Care in many countries, there are still issues relating to the undeveloped and uneven practice applied. In the case of the UK the main centre is the Charing Cross Gender Identity Clinic in London, with smaller scale services being provided in Leeds, Leicester, Newcastle and Bristol (Collins and Sheehan 2004). Smaller health authorities however play a key role in relation to accessing these and other services relevant to transsexual people. This can be as funders for treatment such as surgery or hormonal therapy. The local GP is for example, the first point of contact for many transsexual people.

Murjan et al. (2002) highlighted the difference in health provision among different health authorities in the UK. Only 20% of the authorities surveyed had a complete service for transsexual people locally although it was clear that not all of these centres had facilities for surgery. Sixty percent stated that they provided no local service but could refer elsewhere for psychiatric assessment, hormone treatment and surgery, while a small number of authorities reported having no local service and no policy of referral to an established gender identity specialist service. The research also established that specialist services tended to be some distance from the patient's home. This resulted in considerable difficulties in supervising the 'real life experience' because of unfamiliarity with local circumstances. One of the conclusions of the report was therefore the development of more local specialist expertise.

West (2004) in her study of provision in Brighton and Hove referred to the lack of a joined up approach within the health authorities and also the lack of a policy on transsexual health. She referred to the problems experienced by individuals in Brighton and Hove accessing treatment, through the NHS. West referred to the process as 'long and arduous' and this wait increases 'rather than diminishes the suffering of the individual'. She suggests the creation of a locally integrated service, where access is made 'swift and simple' (2004: 2).

The situation in Scotland has been highlighted in a range of documents. The Scottish Needs Assessment Programme (SNAP) (2001) provided an overview of transsexualism in Scotland to inform clinicians and to assist Health Boards in providing cost-effective, ethical and streamlined service. The report determines that the prevalence of gender dysphoria is roughly 8/100,000 in Scotland. It also indicates that the initial access to treatment in Scotland is haphazard, that there are no funded gender dysphoria services in Scotland and there should be a national centre or a national Managed Clinical Network set up.

On the back of the SNAP report, the NHS Scotland and Stonewall (2003) highlighted the support needed by local NHS services to better meet the needs of individuals from

LGBT communities. One section of the report highlighted transgender health and again, restated that being transgender is not an issue of sexual orientation but one of gender identity. The report highlighted issues such as the need for monitoring forms and where transgender people could tick the gender they felt described them, irrespective of the sex on their birth certificate. It may therefore be more inclusive to use the word 'gender' rather than 'sex' on monitoring forms. Gender Sections recording gender should be updated to have three reply options, "Male", "Female" or "Other" where people can define their own gender.

The NHS and Stonewall Scotland (2005) highlighted what can best be described as 'good practice in the health provision'. The research highlighted the need for an increased awareness of transgender issues among staff through training. Another point made was the use of the right gender pronoun and that if someone was unsure of how to address an individual, they should be asked how they want to be addressed. The report also stressed the need for appropriate services with regard to birth gender and transferred gender, one case would be where it is not appropriate for a transgender man (female to male) to be invited to a Well Woman Clinic, similarly, a transgender woman (male to female) requiring a prostate check should not be referred to a male health clinic. There is a need to recognise the individual's wishes and their true gender and not place them in a ward determined by the proposed clinical treatment. There is need to consult individuals on the options that are available to them.

As highlighted above, limited research on the situation for transsexual persons has been carried out on the island of Ireland. Collins and Sheehan (2004) conducted interviews with seventeen transsexual people based in the Republic of Ireland. The report highlighted the health provision for the transsexual population and access to health services with the Republic of Ireland. The report emphasised the underdeveloped nature of the health treatment and support available to transsexual people. The report also identifies the specific health services available, documented transsexual people's perspectives on access to health services, and made recommendations in relation to transsexual people's access to health services. In the Republic of Ireland, there is no provision for transsexual people to be officially recognised in the gender in which they identify. As a consequence transsexual people do not have a right to marry in their adopted gender or to change their birth certificate or to enjoy any right legally confined to the gender to which they feel they belong.

Little, if anything, is known about the trans population in Northern Ireland. There was in 2003, one new referral to the Belfast City Hospital clinic every month and a four-month waiting list for a consultation with a psychiatrist. Patients in the case of the Belfast City Hospital were split 50/50 between male to female and female to male. The assessment-period in the case of Belfast was between 12-18 months (*Belfast Telegraph* 26 February 2003). The issues around support, particularly within the health sector comes across as particularly pertinent in Northern Ireland, as all operations are carried out in Scotland or in England whereas psychiatric support and hormone treatment is available at the Belfast City Hospital.

General Provision of Services

Even though legislation, such as the Gender Recognition Act (2004) has improved the legal situation for transsexuals, organisations such as Press For Change (2005) have highlighted issues around provisions of services such as housing, which the law does not regulate:

Though cases have not yet been brought to the courts on discrimination in the provision of housing, goods and services to trans people, there have been several cases settled out of court. These have all resulted in an apology being provided to the trans person and compensation. There is a general view that the courts would take a very sympathetic view to trans people who faced prejudice and discrimination and they would be inclined to re-interpret the Sex Discrimination Act to include protection throughout the sections of the Act.

Press for Change also highlights concerns raised around the use of leisure facilities (2005: 2):

We should recognise that there may be issues for service delivery and the use of facilities prior to and during gender reassignment where the individual may present an ambiguous appearance. It is unlikely that trans people will use public facilities during this time for fear of harassment and ridicule. If they do, most are likely to avoid using facilities where people usually fully undress or shower together during this period. They will usually change in the gender appropriate facilities where nudity is not a feature. Most, but not all, use the gender appropriate toilet facilities during the gender reassignment process.

In most cases Press For Change stress the need for dialogue and the need for staff to be informed on issues around transsexualism. They stress the legal dimension and that after a change of gender; a person is entitled to use gender appropriate facilities. Press for Change also highlighted the need for club or staff officials to make sure that transsexual members are not subjected to physical or verbal abuse.

In the next chapter we discuss the issues of concern for the transsexual community in Northern Ireland.

6. Transgender/Transsexual Issues in Northern Ireland

The focus group and the five individual interviews with transgender/transsexual individuals covered a range of issues. It was clear from these conversations that the discourse on terminology highlighted in the introduction was being discussed within the community at large. One interviewee referred to the wording in relation to the term transgender and also that references to gender dysphoria as a 'condition' was not appropriate and that terms such as 'conviction', 'felt like this' and 'feeling' were more appropriate. One interviewee said, with reference to the term transsexual:

The term transsexual I have never liked personally, because it instantly brings in sexuality, in reality my gender has and will never change...will always be female...The terminology within the community is constantly changing, evolving...gender reassignment surgery is no longer a liked term, preferred term...a friend of mine just call it 'snip and tuck'.

Another interviewee who had now lived in her acquired gender for six years referred to the 'confusion' with reference to the terminology in a variety of contexts:

I never ever considered myself as a transvestite...in my early stages I always, if describing myself I would have described myself as transgendered...I felt that was derogatory of me, my desire was never to put on women's clothes...I am transgendered probably.

This distinction, between themselves and members of the transvestite community was also emphasised by another interviewee:

One thing that I think most people who are trans men and trans women, specifically are quite keen on is that the terminology at least provides a differentiation between transsexual individuals and transvestites and intersex.

Amongst the three interviewees, who at the time of the interview were in transition, there was a strong feeling of how they saw themselves. One interviewee referred to feeling particularly strongly about being a woman:

Personally yes, as far as I am concerned, I am a woman, at the moment I am in transition...physically...a transitioning female perhaps.

Another of the interviewees, in the group of three, who attended the Belfast City Hospital Gender Clinic, echoed the above statement, and stressed that her gender identity was not linked to the surgery:

Well, I'm a woman now.

Amongst the two interviewees who had undergone reconstructive surgery and now lived fully as woman, the point was made clear:

I am a woman, and I am actually [position at workplace] responsible for female staff.

What became clear was that among individuals information was a key-issue and what was needed was an increased awareness in the community at large. As one of the interviewees said:

We all are human beings, and we're not freaks, and we're not monsters, and we're not nasty people.

Personal Experiences

In all of the interviews considerable time was spent talking about their individual background and how they had come to realise their gender dysphoria. In the case of two interviewees references were made to the suppression of how they felt. One of the interviewees referred to her getting married as a way of suppressing how she felt and that she thought that:

The love of a good woman would straighten me out and to a large degree it did, the cross-dressing the first couple of years was suppressed by this sort of honeymoon period, having this lovely partner.

The same interviewee also referred to the sense of reluctance she had felt about embarking on a possible procedure and the reluctance she had felt about even contacting her GP and also:

I did not have courage to go even to my own doctor...this was doing something too concrete and I felt that was cheating on my partner...my perspective was that I know what this is like, it's like an alcoholic fighting alcoholism. I cannot give in to that drink...I know that what I need and where my life has to go...cannot give in to it.

Another interviewee also referred to a similar experience of suppressing what she felt:

I did become a Christian because I was fighting it at that time, I didn't really want to acknowledge it at that. I think in reality this is who I am, and this is the way I've been created. And it's a hard thing to understand. For people they say its hard to understand, because it's as the saying goes, its out of the box. You fit in one box or you fit in another box, but if you don't fit in any of those boxes, there's something wrong with you.

Individuals also referred to feeling frustration in their relationship with their respective families. One of the interviewees, who had been married and had two children, referred to not having any contact with her sister and her own family. In relation to her sister, she had not spoken to her for the last twenty years.

Another interviewee who also had been married with two children referred to equally difficult relationships with her family and her children. One of the interviewees who was currently attending the Belfast City Hospital referred to her problems with her family and that she changed her surname to avoid upsetting them:

My family really doesn't understand, and I don't want my family to have this [her situation]... on their plate.

It was therefore clear that among interviewees the contact and support from families differed. One interviewee referred to having fantastic support from her family, whereas the other interviewees varied in their relationships with their families.

Amongst some of the interviewees issues of support and also feelings of isolation was something often referred to. One individual felt that at an initial stage, there had been few, if any, places or individuals she could turn to for support. One interviewee referred to these feelings of isolation and being 'the only person in the world feeling this'. Another interviewee referred to finding a certain level of support among the LGB community in Northern Ireland at the time of her transition and referred to being accepted within that community. She highlighted however that this group also included transvestites, and that this on occasions had led to the picture of transgender/transsexual people as being exactly the same as transvestites. She also made the point that there were elements of the LGB community who would not accept the transgender/transsexual population at all. One of the interviewees referred to her experience as working in a gay bar, something which she felt made her work situation easier, but that:

I know plenty of transsexuals who would feel uncomfortable in gay environment...a large number of transsexuals would see themselves as straight.

References were made to the support group in Belfast; one person felt that the support group made up of individuals at various 'stages' in their transition process provided good support:

It is very important for some people, but I'm finding now...I don't really need it but I don't want to walk away from it, because there is other people coming up through this at other stages, and I've already been through those stages.

This group was also seen by other interviewees as providing a place where experiences could be shared and also provide a bridge between individuals and members of the medical profession at the City Hospital. One interviewee therefore acknowledged the support from the group, but stated that:

I tend not to get too much involved...not just the type of thing that I am interested in, not a regular attendee...not just for me...if you are on your own [then it might be different].

Other individuals also referred to the Butterfly Club as providing support and understanding. Another interviewee also referred to having been 'referred' to the Butterfly Club by an NGO and that through the club she had been able to access support. In other instances, interviewees referred to the use of internet for information and as a way of contacting other individuals in a similar situation.

Health

As highlighted in the literature review, the health provision has been identified as an area specifically affecting the transgender/transsexual community. There were several recurrent issues within the health field such as contact with GPs, the transition process, the real life test and hormone treatment.

Interviewees felt particularly strongly about the role played by GPs, as this was likely to be the individuals' first contact with the healthcare system. The experiences amongst interviewees differed, one person referred to having contacted her GP who then had put her in contact with the Belfast City Hospital Clinic. The City Hospital had then sent out a questionnaire for her and her partner to complete. In her experience, this was the final step and according to her the 'the dice was cast'. She referred to her GP being understanding and knowledgeable about the process.

Another interviewee referred to a very different experience, after having contacted two GPs and referred to her somewhat problematic situation:

I actually approached at least two doctors who refused to acknowledge the problem, and who refused to recommend me to the City Hospital ... on the basis that they didn't know there was a place in the City Hospital. Yes, I was very, very disheartened and sometimes suicidal as you do get because you realise that you're not being taken seriously.

She had then approached an NGO, who had been able to direct her further and that she had finally been able to speak to a GP in her home-town:

That was in 1999, I was told it would be up to a two years waiting list to get the appointment but in August 1999 I got word that [X] was assigned the case. She [the GP] did a questionnaire for me ... one of my biggest fears [was] if there's something mentally wrong with you ... you know, you're a nutcase. But thankfully she [GP] just confirmed, I do believe you are transsexual and I do believe that it's treatable, but it's up to you.

A third interviewee referred to the importance of having an understanding GP, but also acknowledged the problems:

because at the end of the day...for any trans person [the GP] is the initial port of call...that's where in reality, as it stands at the moment, because of lack of information ... I have only had a fantastic experience with the GP I am with, who is absolute 100%.

There was therefore a consensus amongst the interviewees that the GPs played an important role as the first point of call for many transgender/transsexual individuals. There was also an acknowledgement of the difficulties having to contact a family GP about one's gender dysphoria. One of the interviewees referred particularly to the situation for younger transgender/transsexual people having to contact a family GP. There was feeling amongst interviewees that GPs should receive more training and needed to develop also awareness of the key issues.

Another issue, indirectly involving GPs, was the feeling of a lack of a joined up approach between the various health providers, such as GPs and hospitals. This problem manifested itself for one of the interviewees. She referred to the problems of the co-ordination between her GP and the Gender Identity Clinic at Belfast City Hospital:

He [the GP] has issues with the hospital, sometimes he is kept out of the loop...no feedback from hospital...between the two of them...sometimes it is frustrating, at the end of the day, he has had the ok to prescribe hormones.

Another of the interviewees referred to a somewhat better experience but acknowledged the sometimes complicated process of primary care. Interviewees also referred to the practice of self-medication amongst individuals of hormones in the transgender/transsexual community. The interviewees also touched upon several issues in relation to the services received through the hospital, ranging from the 'real life' experience and hormones to possibilities for surgery.

In relation to the transition process, individuals highlighted a variety of issues. As part of the ongoing treatment at the gender identity clinic, individuals will be expected to commit to the 'real life test' before hormones are prescribed. One year is the minimum period for the real life test recommended under the international standards of care, however NHS patients are likely to expect a minimum of two years or more. One interviewee referred to the problems in relation to the 'real –life experience':

A lot of TS people now, are unhappy with real life test, as far as they are concerned...it is a test, security for medical services and also a preparation for individuals ... it's a bad analogy but the likes of a cancer patient does not have to prove for a year they have got cancer before treatment started. The other issue is the fact that the longer the treatment is delayed for TS people, the more likely mental issues/disorders are...it's a genetic condition not a mental disorder.

There was a discussion among participants about attending the psychiatric department for their consultative meetings in hospitals, as they felt that there is a stigma attached to psychiatry. The process of seeing a psychiatrist, some said, might be eased if there were more transgendered psychiatrists. They find that guidelines are in place, but health professionals do not listen to the individual person, but only followed the Harry Benjamin guidelines. Other issues were also identified in relation to the hormone

treatment and also the feeling of frustration having to start over with the hormone treatment when moving to Northern Ireland from England.

One of the interviewees also referred to having experienced some difficulties when approaching a fertility clinic and wanting to donate sperm as a male before embarking on gender reassignment process:

But as I'm saying since I was the first person in NI and the UK to go to the fertility clinic and leave a sample for future use. I left a sample... if I want to have children. I was the very first in the UK to do that, but that held me up on getting the hormones but that is now an option given to other transsexuals coming in that if they want to leave a sample they can do so. It took me 2 years to get that done because it had never been done.

In the context of health, all of the interviewees had at various times been in contact with the Belfast City Hospital Gender Identity Clinic. The overall impression of the Belfast City Hospital was a positive one:

The City Hospital — I have been happy with it; some people are not qualified to be working there, though.

One interviewee referred to feeling 'extremely happy' with the City Hospital, while another person praised the Belfast City Hospital and stated that in general hospital care in Northern Ireland was better than in the rest of the UK:

We have a far superior ability here in Northern Ireland, it is far better quality as far as treatment is concerned. Because I have been on web sites with English people, and the surgery that I'm going through is not considered to be important they [staff at English hospitals] more or less try to push them back whereas here, people are going through, getting surgery. At least 4-5 people here in NI have gone through, have got the surgery.

These comments were echoed by another interviewee:

In all honesty as a trans person, I am far better being in N-I, far far better... I personally feel that there is an enormous amount of scope for TS treatment here...its quite a compact group, doctors and counsellors, much more time and also regular meetin

One individual also highlighted issues in relation to the transition process, particularly in relation to laser treatment and hair removal. She felt particularly strongly about the cost involved and that this was not covered by the NHS. She now received a prescription towards the cost for a wig, but still referred to the huge cost involved:

Hair is so important...how does someone on a lower income ever afford this...the NHS wig is like a mop...they are forced back because of their appearance, there is not enough funding for this.

The group also highlighted the cost for various forms of treatments, such as hair removal. They noted that NHS pays for laser hair removal, but they do not do electrolysis, which costs £36 per hour, something of which they were critical

Employment

Other areas discussed in the interviews were issues related to employment and how various workplaces had dealt with them as transgender/transsexual people. One of the interviewees referred to employment as being a key-issue:

At the end of the day, we all have to work and a high number out of work...I've been careful about where to work, went to work in bar, a gay bar...made it easier...I know plenty of TS who would feel uncomfortable in gay environment, a number of TS people who would see themselves as straight. I worked for [name of company] ... they were excellent, very good specific equality policy, all support I wanted...problems arose for employers to change the mind of employees, but not brainwash, change their minds...I was constantly stared at by fellow employees, particularly outside of the [immediate work area], day in and day out. It was not a direct threat, it's just a natural reaction.

She also referred to problems with co-workers and noted that she had experienced less explicit forms of discrimination or harassment, for instance, when walking into the office or a break room, there might suddenly be a silence, which would act as a form of exclusion and isolation.

In contrast another interviewee referred to having overall positive experience at her workplace:

I worked for [name of company] and they were extremely good. The film they showed, 'sexual harassment' what you should and shouldn't do... but there was nothing for a person like myself who was a transsexual who was coming into the company... I raised that with them and they put in place that if anyone else came through the doors who is in the same situation, then it would be covered.

She had left her job, but referred to this having nothing to do with the policies of the company or issues in relation to being harassed:

But the reason I couldn't do it was I just couldn't handle the conversations on the phone... but if I was able to do them, I would probably still be working there today. I was only there for a month, 8 weeks, 2 months, but that was for the simple reason, when it came down to the telephone, I couldn't just cope, listening to the person say things.

In both these instances, the employment had been with two large UK based companies in Northern Ireland. In the case of a third interviewee, the person was self-employed and she found that it had been easier not having to deal with colleagues and a range of potential pitfalls. Another interviewee who worked with a charity had experienced problems at her previous workplace and she had been forced to take them to court after having experienced subtle forms of discrimination and verbal abuse. The case was eventually settled out of court, but once the complaint had been settled she felt that staying in her post was no longer viable. She referred to her current employers being more understanding and that:

When I first came over I was working with patient work...in some places I worked I did not feel welcomed. ... I took this job with the understanding they knew exactly who/what I was...they have been very supportive.

One of the interviewees worked within a public body/sector and had also done so at the time of the 'transition', she expressed only positive comments:

Never, ever had any problems, not even at early stage of transition.

She also referred to her employers, and in particular colleagues, as being mainly helpful and supportive. She had not had any problems in coming back to work after her surgery, even though this involved her being off work for five months. On return, she was allowed a month with flexible hours to help her settle back in. Even though she was appreciative of colleagues and how things had worked out at the workplace, she stressed the need for a more direct policy:

They should have a properly defined transgender policy...I fear for lower ranks and inverted persons, still have a hard time. I would like to think I have done my job and that it helps someone else. There are still issues...people not trying to be nasty, no longer male but not yet female...an awful lot of people are afraid to talk to me...[it would be better] if there was a transgender policy, I have offered to write it for them.

It was clear that employment and the workplace was of particular concern among interviewees. All stressed the need for greater awareness of transgender issues and believed that more dialogue between employers and individuals would be helpful for everyone involved. Interviewees also highlighted the need for better communication and more co-operation between themselves and other members of staff and management to improve the situation. One of the interviewees referred to the need for greater awareness while also expressing an understanding of her colleagues' reactions.

Public Bodies

The various individuals highlighted a range of experiences with public bodies. Some people reported positive and supportive experiences while others referred to what they described as various forms and degrees of discrimination by public bodies. Some people referred to the difficulties in accessing various forms of benefits and problems

with application forms, others identified issues relating to birth certificates, particularly the issue of one's old birth certificate (with one's original name) being held on file after a new certificate (with one's new name) is issued. Some individuals worked for, or had worked for, public bodies. One person was required to use a disabled toilet even though it was far away, when she threatened legal action she was transferred to a different department.

Some individuals reported very positive experiences from their contacts with different public bodies:

I have not really come across anyone in government buildings who has not really been supportive and understanding.

She also referred to having nothing but good experiences with her social worker and also when registering for courses with the unemployment agency, found them very supportive and this had led to no problems:

I signed up for a course with [government department] and got the registration form with female, male, and other. And once I explained what the situation was, he knew right away, he was very, very supportive as well.

Another interviewee referred to similar positive experiences in general:

I found, maybe it's the way I deal with it, there are no issues whatsoever. In reality, my situation has been almost unanimously positive...I think that is possible, in part of how I approach things...in as much as I am fairly well educated, spoken ... and I am not shy about the situation. I think as a result of that coming across, and as its obvious who I am to the majority of the people who I meet...I don't tend to allow people to come to any other conclusion.

One of the interviewees believed that public bodies in Northern Ireland had a more progressive approach to transgender issues compared to those in her native England:

Most public bodies are a bit more progressive over here...at least they are seen to be doing and saying the right things, whereas over in England they still lack understanding, this has not occurred to them. When you get a job description here...you get your monitoring form...you never come across a gender form, [Name of Borough Council] they had a transgender box...the only reason I can think of is that they have a transgender person working for them, otherwise it would not have occurred to them.

In contrast, some interviewees referred to instances where they felt that individuals or institutions had acted somewhat suspiciously and one of the interviewees referred to an instance with the Housing Executive and that this had been the only problem:

The only problem has been with housing benefit, when I first came over three of the officers came down [for a visit], it was a bit unusual.

Her experience had however not been of the more ‘in your face’ kind, instead she referred to a more ‘subtle form of discrimination’:

I am used to it...subtle forms of discrimination, ultimately their back is covered... no-one come up to me and said ‘you are a freak’.

One interviewee referred to problems with public bodies, particularly since she had changed both her first and surname:

So once I was recognised from the 31st of March this year, I have had nothing but trouble from the DSS and other public bodies, because there’s now this sensitive code put on my files which I didn’t ask for. It says that no one can look at my file other than a manager or a supervisor...it’s the same with the NHS and the tax office as well. Most people can apply for a crisis loan, I can’t do that because this thing’s here. Once they type in my national insurance number, that’s all they get - a blank screen, ...this is making me out to be a special case, if you understand what I’m saying?

The same interviewee referred to having experienced a myriad of problems after her name change had been accepted:

I’m now experiencing problems where I had just swapped over from job seekers allowance to incapacity, and in applying for support, I couldn’t find out that my file had been accepted at the local level. I had to ring a manager round in [X] and she had to ring up a manager there in Belfast, turn round and say has [name of individual] file been accepted? They couldn’t even tell me if my application had been received.

She also said that other individuals should think twice about changing their full name if they felt they could not cope with the problems.

A number of individuals also identified issues relating to accessing public facilities such as leisure centres. One interviewee referred to avoiding the use of such premises even though she was legally entitled to do so, in case a member of staff or a parent might make an issue of her use of a swimming pool. According to the interviewee, it was really a question of the perception of sections of society and she felt that it was not worth the hassle of trying to address the issue with the centre staff.

Another person told how she had gone to a private gym to swim and dressed in the disabled changing room. However, she then had to walk through a women’s changing area where she had received verbal abuse. Even though she complained, she received no response from the gym. She now avoids going swimming, whether public or private pool. A third person noted that she had not been allowed to compete in a bowls competition as a woman, even though she is registered at the club as a female and the Sports Council had affirmed that it was admissible for her to play as a female.

Thus there were clearly a variety of responses across the diversity of public bodies and these raised a range of issues for transgender/transsexual people in relation to their interaction with public bodies. These ranged from specific problems with personal identity and security, to a more general concern about attitudes, respect and low-level discrimination among service providers.

Improvement of Public Services

We asked about how public bodies could possibly improve their services and responses or how there could be an improved awareness of issues and problems. One of the interviewees referred to the importance of developing a better understanding:

I think they need to be more understanding of the situation, not to be so afraid, because we all are human beings, and we're not freaks, and we're not monsters, and we're not nasty people. You know, you need to make a living, and you need to be treated as a human being as we make our living.

She also 'volunteered' to help out with this awareness and would welcome the possibility to speak to public bodies and representatives:

Oh yes, definitely... I would love to be able to sit and just tell them off, just tell them to get their act together because, it's not just me, its other people who find this hard, who do find it hard to be accepted in their community. Like I say, I'm very, very lucky that within 5 years I've only had 4 instances where I've been called names... and that's it, that's the only thing I've ever had, other than the public bodies.

Another interviewee echoed these comments:

As far as I am concerned...any type of research that involves trans people, is important, public services are seen as to be reacting in the correct manner, then the private sector follows...the general awareness is raised.

There was a belief amongst interviewees of the importance of making an official complaint if one had been badly treated by public services. One interviewee referred to the difficulties of knowing who would be the most appropriate person to raise the complaint with, another interviewee, who had been having troubles with her name changes, had approached her local MP. This was echoed by another interviewee who referred to what might be considered to as a stigma about making a complaint and highlighting issues:

Partly it is not knowing who to complain to, a lot of transsexuals have a mountain of other issues to climb as well ... you're just going to suppress it.

This somewhat depressingly summarises the position for some transgender/transsexual people. They experience such a diverse range of forms of discrimination

and ignorance that they feel forced to ignore or put up with many of the attitudes and responses that they object to rather than choosing to make a formal complaint.

Summary

The interviews and focus group discussions reflect the fact that while some individuals have had positive experiences, others have had more negative reactions to their transgender/transsexual identity. Overall there was a significant area of concern about the public perceptions of transgender/transsexual individuals and the lack of knowledge of issues associated with gender dysphoria and the transition process more generally.

The interviews indicate that for transgender/transsexuals there are a range of issues associated with the workplace, with health and use of public facilities, which cause individuals stress and concern. In some cases these relate to the interaction with public bodies and the general lack of knowledge and awareness of relevant issues amongst staff.

The participants also highlighted the positive experiences of the gender identity clinic at Belfast City Hospital. Some individuals stated that the situation in Northern Ireland was ahead of the situation in the rest of the UK in some areas. The experiences of individuals of the local health service are something that deserves further attention and further research.

7. Conclusions

The transgender population in Northern Ireland is not a large one and there are a limited range of resources and organisations supporting the various gender identities that constitute the wider community. Our research indicated however that the transgender/transvestite and transgender/transsexual communities share some common experiences while also having their distinctive and different areas of concern.

The common experiences include a general lack of knowledge, awareness and understanding of transgender identities and of the issues faced by the transgender population. This lack of awareness has in turn helped to feed and sustain a range of prejudices and discriminatory practices towards transgender people, in the population at large, in elements of public service delivery and in the supply of goods and services.

The transgender population is difficult to access for researchers, it is often not visible and for some it is only fleetingly evident, in public at least. Some transgender/transvestite people may indeed go through periods without cross-dressing or having a desire to do so, though most people said that this does not last. Similarly, transgender/transsexual individuals may 'move on' once they have completed their hormone treatment and surgery and may no longer consider themselves transgendered, although some may continue to do so. But this fluidity is associated with the high levels of ignorance and prejudice in society and with the difficulties associated with 'coming out' rather than anything inherent.

Many transgender/transvestite people have had a limited experience with public bodies as transgendered people, since few currently live their lives full-time as women. Those who do use public space as women tend to access goods and services more than public bodies. Therefore, it may be fruitful for future research to highlight challenges or successes they have had in this aspect of their lives.

Transgender/transsexual individuals have generally had more engagement with public bodies and also a mixed range of positive and negative responses. There is now extensive legislation in place giving transgender/transsexual people rights in the gender in which they identify, but there are difficulties related to the recognition of such rights by some public bodies, which is associated with the aforementioned lack of awareness of transgender issues. Transgender/transsexual people have tended to have more negative experiences in accessing goods and services, particularly in the leisure environment.

There is thus a need for greater recognition by public bodies of the transgender population and of the issues that they face. There is a role for government to play in raising awareness amongst public bodies and of establishing relationships with the currently small number of support organisations and representative bodies.

One of the conclusions of this research is that establishing trust and confidence are of the utmost importance. The possibility of being 'outed' is an issue for many members of the transgender population in Northern Ireland. The participants in the research had to be assured of our trustworthiness and that the research would not compromise their identities. These were significant challenges and they will remain such both for future researchers and representatives of public bodies.

Finally, and perhaps most importantly, we found that aside from the terminology, which can be complicated, many transgender/transvestite and transgender/ transsexual people simply wish to emphasise their common humanity. This has to borne in mind in any future research.

References

- Aitchison, D. (2000) *The Children of a Transgendered Parent*. “Why didn't they ask me?” www.gender.org.uk
- Belfast Butterfly Club (2001) *Transgender 2001* Belfast: Butterfly Club.
- Breitenbach, E. (2004) *Researching Lesbian, Gay, Bisexual and Transgender Issues in Northern Ireland*. Belfast: OFMDFM.
- Coalition on Sexual Orientation (COSO) (2003) *Equality and Sexual Orientation: A guide to involving and consulting the lesbian, gay, bisexual and transcommunity*. Belfast: CoSo.
- Collins, E. & Sheehan, B. (2004) *Access to health services for transsexual people*. Dublin: The Equality Authority.
- Department of Trade and Industry (2005) *Gender Reassignment – A Guide for Employers*. London: DTI
- Equality Commission (2006) *Awareness of Equality Issues amongst the General Public in Northern Ireland*. Belfast: Equality Commission for Northern Ireland.
- Gender Recognition Panel (2005) *Guidance for Married People or those in Civil Partnerships*. www.grp.gov.uk
- Green, R. (1998) *Transsexuals' Children*. www.gendertrust.org.uk
- Harry Benjamin International Gender Dysphoria Association (2001) *Standards of Care for Gender Identity Disorders* (Sixth Edition). www.hbigda.org
- Inter-Departmental Working Group on Transsexual People (2000) *Report*. London: Home Office.
- Jarman, N. and Tennant, A. (2003) *An Acceptable Prejudice*. Belfast: Institute for Conflict Research.
- Laird, N. and Aston, L. (2003) *Participatory appraisal transgender research*. Glasgow: The Inclusion Project.
- Looking Glass Society (1998) *Transsexualism: A Medical Overview*. www.looking-glass.greenend.org.uk/medical.htm
- Morgan, L. (2004) *Transgender: understanding the issues*. London: Stonewall.
- Murjan, S., Shepherd, M. and Ferguson, B. (2002) ‘What Services are Available for the Treatment of Transsexuals in Great Britain?’ *Psychiatric Bulletin* 26, 210-212
- NHS Scotland and Stonewall (2003) *Towards a healthier LGBT Scotland*. Glasgow: NHS Inclusion Project.
- NHS Scotland and Stonewall (2005) *Fair for all—the wider challenge. Good LGBT practice in the NHS*. Glasgow: NHS Inclusion Project.
- Ontario Human Rights Commission (1999) *Toward a Commission Policy on Gender Identity: Discussion Paper*. Toronto: Ontario Human Rights Commission.
- Press for Change (1998) *Transsexual people in the Workplace. A Code of Practice Regarding Discrimination on Grounds of Transsexualism*. www.pfc.org.uk
- Press for Change (1999) *Recognising the Identity and Rights of Transsexual and Transgender People in the United Kingdom. A report for the Interdepartmental Working Group On Transsexual Issues*. www.pfc.org.uk
- Press for Change (2004) *Transsexual People and the Press. Collected Opinions from Transsexual People Themselves*. www.pfc.org.uk
- Press for Change (2005) *Gender Recognition Statistics*. www.pfc.org.uk

- Radford, K., Betts, J. and Ostermeyer, M. (2006) *Policing, Accountability and the Lesbian, Gay and Bisexual Community in Northern Ireland*. Belfast: Northern Ireland Policing Board and Police Ombudsman for Northern Ireland.
- Sanger, T. (2006) *Desiring Difference? Transpeople's Intimate Partnerships and the Cultural Construction of Gender and Sexuality*. Belfast: Queens University, Unpublished PhD-thesis.
- Scottish Needs Assessment Programme--SNAP (2001). *Transsexualism and gender dysphoria in Scotland*. Glasgow: NHS
- Trade Union Congress (2004) *Transgender Equality: Advice from the TUC on Trans rights in the workplace*. London: TUC.
- Trade Union Congress (2006) *Monitoring LGBT workers: a TUC guide for trade unions*. London: TUC.
- Trans Care (2006) *Trans Care Advocacy: An advocacy guide for trans people and loved ones*. Vancouver: Vancouver Coastal Health, Transcend Transgender Support & Education Society, and the Canadian Rainbow Health Coalition
- West, P. (2004) *Report into the Medical and Related Needs of Transgender People in Brighton and Hove. The Case for a Local Integrated Service*. Brighton: Spectrum and Brighton and Hove City NHS Teaching Primary Care Trust.
- World Health Organisation (1992) *The ICD-10 Classification of Mental and Behavioural Disorders*. Geneva: World Health Organisation.
- Youthnet (2003) *Shout, The needs of young people in Northern Ireland who identify as lesbian, gay, bisexual and/or transgender*. Belfast: Youthnet.

Selected Websites:

- Beaumont Society:** <http://www.beaumontsociety.org.uk> support group for transgender, transvestite, transsexual and crossdressing community.
- Belfast Butterfly Club:** <http://www.belfastbutterflyclub.co.uk> a support network for transgendered people and their families.
- Beyond Barriers:** http://www.stonewall.org.uk/beyond_barriers/research/ provides information on homophobia, heterosexism, issues facing LGB and transgender people, multiple discrimination issues and equality and diversity issues.
- FTM Network:** <http://www.ftm.org.uk> A self help group for female to male transgender and transsexual people & those exploring this aspect of their gender
- Gender Trust:** <http://www.gendertrust.org.uk> a registered charity for adults in the UK who are transsexual, gender dysphoric, transgender, or those who's lives are affected by gender identity issues.
- Mermaids:** <http://www.mermaids.freeuk.com/> a support group for children and teenagers. The organisation offers support to parents, families and carers, and aims to raise awareness amongst professionals about gender issues.
- Press for Change:** <http://www.pfc.org.uk> a political lobbying and educational organisation.
- Tri-Ess:** <http://www.tri-ess.org/cd01.html> A US based organisation providing support focused on cross-dressers, their spouses, partners and families.

Annex - Questionnaire

DEMOGRAPHICS

1. How old are you?
 Under 18 18-25 26-35
 36-50 51-65 Over 65
2. Are you or do you consider yourself to be:
 Male Female

Do you consider yourself to be:
 Transgender Transvestite Male to female transsexual
 Female to male transsexual Other_____
3. Where do you live? – **please write in** the first half of your postcode (for example BT95):
BT _____
If you do not know your postcode, please state the nearest town_____
4. How do you define your sexual orientation?
 Gay Male Gay Female Lesbian Bisexual
 Heterosexual Other (please specify) _____
5. Current status (**tick all that apply**):
 At school
 At college of further education
 At university
 Working (full- or part-time)
 Unemployed
 Full-time carer for family/other dependents
 Unable to work because of illness
 Unable to work because of disability
 Retired
 Other (please state) _____
6. In terms of religion, are you:
 Bahai Buddhist Catholic Hindu Jewish
 Muslim Protestant Orthodox Sikh
 Other Christian None Other_____
7. How do you perceive your ethnic background: (**tick one**)
 Arabic (North African/Saudi/Gulf States, UAE)
 Black African
 Caribbean
 Chinese
 Far-East (Malay, Japanese, Thai, Filipino)
 Indian/Pakistani/Bangladeshi/Sri Lankan
 Irish Traveller
 Latin American
 Near-East (Turkish, Syrian, Iranian, Israeli)
 White
 Mixed ethnic group (please state)_____
 Other (please state)_____

8. How 'out' are you about your sexual orientation/gender identity?
- With friends:**
 completely open partly open not at all open
- With family:**
 completely open partly open not at all open
- With work colleagues:**
 completely open partly open not at all open
- Within the community:**
 completely open partly open not at all open
9. What is your reaction to the statement "Northern Ireland is a tolerant environment for LGBT people"?
- Strongly Agree
 Agree
 Neither agree nor disagree
 Disagree
 Strongly Disagree

EMPLOYMENT

10. Are you, or have you been in employment in the last year?
- Yes (Private sector) Yes (Public sector)
 Yes (Voluntary sector) Yes (Self-employed)
 No (**go to question 16**)
11. Have you ever experienced any problems in your employment as a result of your sexual orientation/gender identity? (**tick all that apply**)
- Verbal attack
 Bullying
 Harassment
 Refused promotion
 Disciplinary action
 Dismissed
 Suspended
 No experience (**go to question 16**)
 Other (please state) _____
12. When did you last experience these problems?
- Within the last year
 Between 1 and 3 years ago
 Between 3 and 5 years ago
 More than 5 years ago
 Don't know/can't remember
13. Which of the following best describe the people who verbally attacked/bullied/harassed you? (**tick all that apply**)
- Employers
 Managers
 Colleagues
 Customer/client/user
 Other (please state) _____
14. Who did you complain to? (**tick all that apply**)
- Employers
 Colleagues

Equality Mainstreaming & Transgender People

- Managers
- Other (please state) _____

15. How satisfied were you with the response taken by the employer?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Employer did not respond at all
- Don't know/can't say

16. What do you feel are the major issues in employment? _____

HOUSING

17. In the past 12 months have you had contact with the Housing Executive?

- Yes
- No **(go to question 23)**

18. What type of contact? _____

19. Do you feel that you were unfairly treated by the Housing Executive due to your sexual orientation/gender identity?

- Yes
- No **(go to question 23)**
- Don't know **(go to question 23)**

20. What types of problems have you experienced with the housing executive? **(tick all that apply)**

- They refused to help you
- An employee was rude or impolite to you
- They harassed you
- Discrimination because of your sexual orientation
- Discrimination because of your trans status
- An employee used homophobic language to you
- An employee used transphobic language to you
- Other (please state) _____

21. What specific types of problems have you experienced? **(tick all that apply)**

- Problems with allocation of temporary housing
- Problems with joint tenancy
- Problems with succession of tenancy
- Concern about living in a particular area not being met
- Issues around homelessness
- No experience
- Other (please state) _____

22. If you feel you have faced discrimination from the Housing Executive, please provide details:

HEALTH

23. Are you registered with a GP/doctor?

- Yes
- No **(go to question 25)**

24. How 'out' are you about your sexual orientation/gender identity to your GP?

- completely open
- partly open
- not at all open

Equality Mainstreaming & Transgender People

25. Do you feel that you have been unfairly treated by the health service due to your sexual orientation/gender identity?
- Yes
 - No (**go to question 28**)
 - Don't know (**go to question 28**)
26. What types of problems have you experienced with the health service? (**tick all that apply**)
- They refused to help you
 - An employee was rude or impolite to you
 - They harassed you
 - Discrimination because of your sexual orientation
 - Discrimination because of your trans status
 - An employee used homophobic language to you
 - An employee used transphobic language to you
 - Other (please state) _____
27. What specific types of problems have you experienced? (**tick all that apply**)
- Confidentiality
 - Partnership/civil status not recognised
 - Lack of understanding/inappropriate advice
 - Gender status
 - Other (please state) _____
28. What is your reaction to the statement, 'Health workers, mental health professionals and social workers are adequately trained concerning issues of sexual orientation/gender identity'?
- Strongly Agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
 - Don't know/Can't say

EDUCATION

29. In the past 12 months have you had contact with the Northern Ireland education system?
- Yes
 - No (**go to question 34**)
30. If yes, in what capacity?
- As a student at a University/Institute of Higher and Further education
 - As a pupil in school
 - As a parent, step-parent or co-parent
 - In your line of work
 - Other (please state) _____
31. Do you feel that you **or** your children have been unfairly treated in the education system due to your sexual orientation/gender identity?
- Yes
 - No (**go to question 34**)
 - Don't know (**go to question 34**)
32. As a student or pupil, what types of problems have you or did you experience (**tick all that apply**)
- Bullying
 - Harassment by teachers/staff

Equality Mainstreaming & Transgender People

- Issues regarding sex education
- None of the above
- Other (please state) _____

33. As a parent or co-parent, what types of problems have you or did you experience? **(tick all that apply)**

- Issues around LGBT in school
- Awareness of LGBT parents in school
- Rights of LGBT parents
- Children being bullied
- None of the above/not applicable
- Other (please state) _____

34. What is your reaction to the following statement, 'The education system in Northern Ireland is free from discrimination of LGBT people'?

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know/Can't say

35. What is your reaction to the following statement, 'The education system in Northern Ireland takes a strong stance against homophobic/transphobic bullying'?

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know/Can't say

CULTURE AND LEISURE

36. Have you had any difficulty accessing culture/leisure facilities?

- Yes No **(go to question 39)**

37. If yes, what were the problems:

- Did not feel safe accessing the venue
- No adequate service provision
- Activities not reflective of LGBT issues/community
- Poor/limited information
- Not receiving same type of concessions, such as family discounts
- Other (please state) _____

38. If you highlighted any of these problems, what was the response from the culture/leisure provider?

- They refused to help you
- An employee was rude or impolite to you
- They harassed you
- Discrimination because of your sexual orientation
- Discrimination because of your trans status
- An employee used homophobic language to you
- An employee used transphobic language to you
- Never experienced any problems
- Did not highlight problems

- Other (please state) _____

WELFARE RIGHTS

39. Which if any, of the following benefits do you receive **(tick all that apply)**?

- Income support
- Working families tax credit
- Disability working allowance
- Income based job seekers allowance
- State retired pension
- Occupational pension
- Child benefit
- Council tax benefit
- Council tax rebate
- None of these
- Other _____

40. Have you experienced any of these difficulties in accessing your welfare rights? **(tick all that apply)**

- Gender status an issue
- Relationship/partnership not recognised
- They harassed you
- Verbal attack
- Never experienced any problems
- Other (please state) _____

GENERAL

41. In general, do you think that you receive the same treatment from public service providers as non LGBT individuals do?

- Yes No

42. What do you feel is the state of homophobic/transphobic harassment monitoring by public service providers?

- Poor
- Adequate
- Good
- Very Good
- Don't know/Can't say

43. Do you feel there are barriers between the LGBT community and public services?

- Yes
- No **(go to question 46)**
- Don't know **(go to question 46)**

44. If yes, what are the barriers? _____

45. Why do you feel these barriers exist? _____

46. Are you aware of Section 75 of the Northern Ireland Act 1998?

- Yes No

47. How did you become aware of Section 75?

- Through work
- In the news
- Family/friends
- Consultation process

Equality Mainstreaming & Transgender People

Other (please state) _____

48. If you experienced a problem with a public service, who would you ask for help?

- Wouldn't ask anyone for help
- Family member/Friend
- Solicitor
- Local councillor
- Trade Union
- LGBT organisation
- Police Ombudsman
- Northern Ireland Ombudsman
- Human Rights Commission
- Northern Ireland Equality Commission
- Citizens Advice Bureau
- Other (please state) _____

49. Have you ever made an official complaint?

- Yes **(go to question 50)**
- No **(go to question 53)**

50. To whom did you complain? **(tick all that apply)**

- Police
- Trade Union
- LGBT organisation
- Solicitor
- Police Ombudsman
- Northern Ireland Ombudsman
- Human Rights Commission
- Northern Ireland Equality Commission
- Other (please state) _____

51. What was the outcome of your complaint?

- Nothing happened
- Followed up on
- Issue went to court
- Told I had no case
- Complaint was filed/put on record
- The matter is still ongoing
- Don't know/Can't say
- Some other outcome (please state) _____

52. Overall, how satisfied were you with how your complaint was dealt with?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Don't know/can't say

53. Why have you not complained? **(tick all that apply)**

- You thought you would be ignored because of your sexual orientation/gender identity
- You felt that nobody would help
- You felt that nobody could help
- You felt that nobody would be interested
- You didn't know how to complain
- You didn't know whom to complain

Equality Mainstreaming & Transgender People

- You had a poor experience when reporting a previous incident
- People discouraged you
- You were scared of provoking reprisal
- You were too upset
- The incident was too trivial
- Other (please state) _____

54. As part of our research we will be conducting interviews on the issues covered in this questionnaire. Would you be willing to be interviewed?

- Yes No

If you would like to be interviewed (in confidence) please provide your contact details below.

Name:

Address:

Telephone:

Email: