

Understanding the Lived Experiences of Gender Minority Students in Irish Third-Level Education

A National Survey of Transgender, Non-Binary, and Gender Non-Conforming Students



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NATIONAL **LGBT** FEDERATION



RCSI



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List of Acronyms and Definitions

Athena SWAN

Athena Scientific Women's Academic Network

Cisgender

A non-trans person (i.e. a person whose gender identity and gender expression is aligned with the sex assigned at birth).

Direct Provision

A system put in place by the Irish government to house and provide for the basic needs of asylum seekers while their case is being assessed.

Gender Fluid

Is a non-binary gender identity. Gender fluid individuals experience different gender identities at different times. A gender fluid person's gender identity can be multiple genders at once, then switch to none at all, or move between single gender identities. Some gender fluid people regularly move between only a few specific genders, perhaps as few as two.

Gender variant

People whose gender identity and/or gender expression is different from traditional or stereotypical expectations of how a man or woman 'should' appear or behave.

Genderqueer

A person whose gender varies from the traditional 'norm'; or who feels their gender identity is neither female nor male, both female and male, or a different gender identity altogether.

Gender Recognition Act

Irish legislation which was enacted in 2015 to provide a process enabling transgender people to achieve full legal recognition of their preferred gender and to access a new birth certificate that reflects this change.

GNC

Gender Non-Conforming

Non-Binary

An umbrella term for gender identities that fall outside the gender binary of male or female. This includes individuals whose gender identity is neither exclusively male nor female, a combination of male and female or between or beyond genders. Similar to the usage of transgender, people under the non-binary umbrella may describe themselves using one or more of a wide variety of terms.

NXF

National LGBT Federation

Queer

While historically queer has been used as an abusive term, some people have reclaimed the word and self-identify as 'queer'. For them, this reclamation is a celebration of not fitting into heteronormative norms or a radical stance that captures multiple aspects of identities.

RCSI EDI

Royal College of Surgeons in Ireland Equality Diversity Inclusion Unit

ROI

Republic of Ireland

TCD

Trinity College Dublin

TENI

Transgender Equality Network Ireland

Transitioning

The process through which a person takes steps to express their gender identity when it is different to that assigned to them at birth.

Transgender/Trans

An umbrella term referring to people whose gender identity and/or gender expression differs from the gender they were assigned at birth.

Note: We're thankful to our partners at the NXF and TENI for providing these definitions.

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Contact

Please contact transsurveyireland@gmail.com or office@teni.ie if you have any questions.

1: Introduction and Research Problem

This project was conducted in response to limited data and information regarding gender minorities within the Irish third-level education system,¹ as well as disproportionately high rates of transphobic violence within the Republic of Ireland (some of the highest within the EU).² To address this, a survey was disseminated to trans, non-binary, and gender non-conforming (GNC) students, recent graduates, and persons who did not complete their programme. This survey was designed to understand the realities of the community's experience, gain insight into the current milieu and social climate, and give students an opportunity to have their voices heard. Additionally, it allowed the research team to gather demographic and statistical information that is critical for understanding the community's key characteristics.

Although institutions have and are adopting gender guidelines and policies, these steps forward are inherently curtailed by limited insight into the daily lived-experiences of gender minority students. The survey aims to provide critical data that can be used to draft future policies, lobby for reform, and inform service providers, as well as gauge the effectiveness of current measures. Trans, non-binary, GNC, Queer, and Feminist researchers were involved in designing, implementing, and leading the study. This must be an essential step for any research involving gender minority communities as a means of tackling epistemic violence and allowing them to take ownership of research that may impact their lives.³ Although this study has the explicit goal of supporting gender minority students, it is committed to scientific methods and objectivity through a robust and well-honed survey design.

¹ There is also limited data regarding gender minorities more broadly in Irish society, and it is hoped that some of the findings can shed light on trends outside of third-level education.

² European Union Agency for Fundamental Rights. 2019. "Being Trans In the EU - Comparative Analysis of The EU LGBT Survey Data". Luxembourg: Publications Office of the European Union. https://fra.europa.eu/sites/default/files/fra-2014-being-trans-eu-comparative-0_en.pdf.

³ Epistemic violence refers to harm done to the subjects of research through discourse. This harm can occur by "Othering" or problematizing the subject, depicting the subject in a negative light, and or excluding the subject from the discourse. The absence of gender minorities on research teams, or the failure to consult gender minorities at the very least, can result in discourse that doesn't properly reflect lived experiences, perpetuates misconceptions, and causes harm.

The research extends to students at all third-level institutions within the Republic of Ireland (ROI), including universities, technical colleges, and further education programmes. Northern Ireland was excluded from the survey due to its different healthcare system, national legislation, and collegiate administration, as well as the temporal limitations on the project and ethical considerations of surveying in a different country. However, it is hoped that this research project can be replicated there soon.

For recent graduates and non-completing students, it was asked that the respondents attended a programme within three years. This was done to better capture the current atmosphere in which gender minority students are studying, as well as the effects of recent third-level gender policies and the Gender Recognition Act (of 2015). Concerning the students' gender identities, the survey asked that respondents be transgender, non-binary, or gender non-conforming to incorporate a wide gamut of identities and experiences. The term gender non-conforming was included to invite and allow people with gender variant identities outside of trans or non-binary to take part and self-identify. Respondents were given the opportunity to select one or multiple gender identities from an established list, as well as self-identify through an "other" fill-in box. Intersex was listed, but the team is cognisant that an intersexed person might have a different gender identity. The team is also aware that not all GNC and non-binary people identify as transgender, and that some transgender people also identify as non-binary. By allowing respondents to self-identify and select multiple options, the team aimed to allow respondents full expression and allow multifaceted identities to be voiced. Please note that they/their/them singular and plural gender-neutral pronouns will be used when referring to respondents. This is done to ensure anonymity and is not necessarily a reflection of the respondent's gender.

2: Design and Methods

2.1: Target Population and Sampling

Calculating a baseline sample size was difficult due to limited demographic information about gender minority populations in general. A commonly accepted and often cited estimate for transgender populations was 0.3 %.⁴ However, this figure has begun to increase as transgender and gender variant persons' visibility has increased during the 2010s. There is variability, that must also be considered, based on age (with younger generations having access to more inclusive information and self-descriptors), geography, and culture. A recent survey analysed by the US Center for Disease Control of high school students reported that 1.8 % of respondents identified as transgender⁵ (it is likely that this figure includes non-binary and other gender variant identities as well), whereas another study suggested 0.6 % of the adult population was transgender⁶ while a meta-analysis reported 390 per 100,000 American adults were transgender.⁷ TENI estimates of the transgender population (c. 2012) ranged from 2,000 to 10,000, but was expected to be closer to 3,000.⁸ This figure, however, isn't fully inclusive of the whole spectrum of gender minorities. 3,000 is approximately 0.0627 % of 4,784,000. 10,000 is approximately 0.2 % of 4,784,000. While this somewhat aligns with the previous estimate of 0.3 % of the population, it is considerably lower than more current estimates.

Trying to estimate a student population becomes even more complex as not all secondary school students go on to attend third-level education. Being part of a

⁴ Gates, Gary J. 2011. "How Many People Are Lesbian, Gay, Bisexual, And Transgender?". Los Angeles: Williams Institute. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>.

⁵ "Health Risks Among Sexual Minority Youth". 2019. *Centers For Disease Control and Prevention*. <https://www.cdc.gov/healthyyouth/disparities/smy.htm>.

⁶ Flores, A.R., J.L. Herman, G.J. Gates, and Brown T.N.T. 2016. "How Many Adults Identify as Transgender in The United States?". Los Angeles: The Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf>.

⁷ Meerwijk, Esther L., and Jae M. Sevelius. 2017. "Transgender Population Size in The United States: A Meta-Regression of Population-Based Probability Samples". *American Journal of Public Health* 107 (2): 216-216. doi:10.2105/ajph.2016.303578a.

⁸ Reilly, Gavan. 2012. "Almost Four-Fifths of Transgender People Have Considered Suicide – Survey". *Thejournal.ie*, 2012. <https://www.thejournal.ie/transgender-suicide-mental-health-620872-Oct2012/>.

marginalised or minority group creates further barriers to accessing non-compulsory education. An upcoming Royal College of Surgeons Ireland survey reported that 1 % of their institution's students identified as non-binary. When multiplying the TENI range of the trans population against the percentage of the general population in third-level education, there would be between c. 94 to c. 470 trans third-level students. Combining one percent of the student population with the lower end of the TENI based estimate would yield c. 2,400. This, however, does not include other gender variations outside of trans and non-binary. Thus, c. 3000 students might serve as a cautious low-end estimate of the gender minority third-level student population (assuming an enrolment rate similar to the general population's). Based on the US CDC 1.8 % figure, the estimated population would be c. 4,050 students. 4,500 students, or 2 % of the student population, seems appropriate as a high-end estimate of the gender minority student population. Additional research will need to be conducted on entry barriers, however, to understand community enrolment rates compared to the general population in order to make more precise estimations of the community's student population size.

2.2: Survey Design

After reviewing germane literature, there was no-existing survey that could be modified for understanding the community's needs within a third-level context; as such, the research team aimed to design one from a grassroots level that could address research gaps and included input from the community. Stakeholder and expert feedback were incorporated to increase the inclusiveness, sensitivity, and effectiveness of the survey, as well as identify the data that was needed by policymakers and advocates. An initial draft of the survey was shared with a member of the Trinity College Dublin Equality Committee, several equality and diversity officers, a disability officer, members of TENI, members of LGBTQ+ NGOs, an academic liaison addressing trans issues, and several Athena SWAN⁹ team members (from different institutions) for consultation. After making the necessary amendments, the survey was piloted by approximately ten members of the gender minority

⁹ The Athena SWAN (Scientific Women's Academic Network) recognizes, encourages, and celebrates good practices related to gender equality in higher education and research.

community; who provided invaluable perspectives and insight into a variety of lived-experiences that helped broaden the study's scope. This also helped test the internal validity of the survey. To further increase the survey's validity, efforts were made to keep the length of the survey under 15 minutes. Different question types (e.g. Likert scale, short-answer, long-answer, and closed-ended) were also intermixed with one another to maintain the respondents' interest (thereby reducing attrition). An initial cluster of Likert scale questions during the beginning of the survey helped to vet potentially unreliable responses (e.g. people who clicked the same score for disparate questions may have been rushing through the survey or had ill-intentions). Additionally, some questions on topics such as harassment and reasonable accommodations were interconnected (i.e. different questions were related to aspects of the topic such as who and where), allowing the research team to check that the number and types of responses were consistent. Outside of this, the survey was prefaced with a concise introduction that highlighted steps taken to ensure respondent anonymity and provided respondents with two means of contact for any questions regarding the survey. By not asking respondents for the institution that they attended, protecting respondents' personal information, and having the involvement of third-party NGOs (e.g. TENI and the NXF), it was expected that students felt comfortable enough to provide honest and direct answers.

After the pilot was completed, the survey was then run through a research lab at Karlstad University, which was attended by several trans and non-binary identifying scholars with diverse research backgrounds (e.g. Gender Studies and Medical Anthropology); helping to provide feedback on and finalise the survey with interdisciplinary perspectives and approaches. Ethical approval was gained from the Trinity College Dublin School of Natural Sciences. This process helped further refine the survey, strengthen efforts to keep responses anonymous, and ensure non-maleficence.

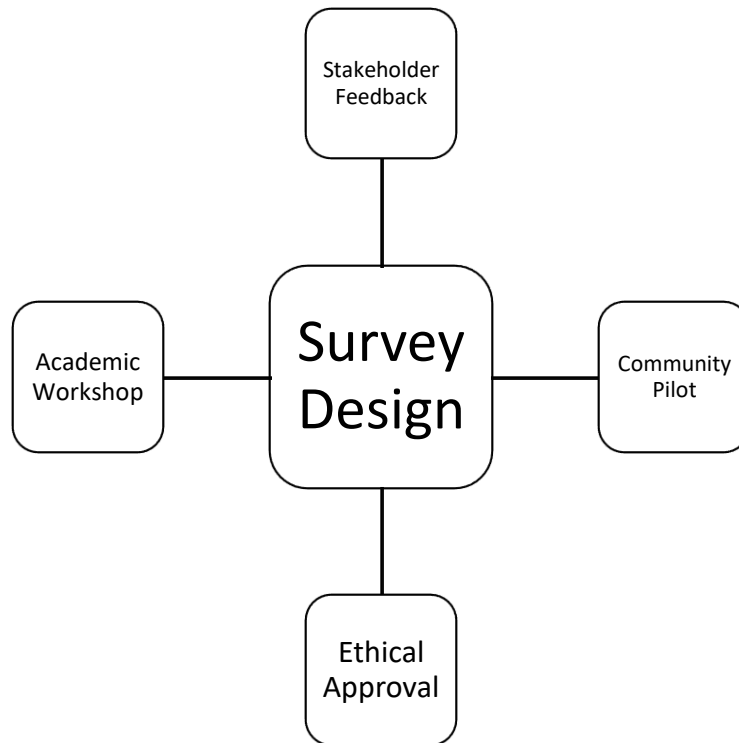


Figure 2.1: Survey Design

Surveying was deemed an appropriate method for several pertinent reasons. Foremost, surveying can gain statistically significant insights into and representation of the characteristics of a population. This is especially critical since there is limited quantitative information for the community in Ireland. Digital dissemination allowed the study to transcend geographical constraints and reach out to community members across Ireland (as well as recent graduates still present in the community via social media). It also, as previously mentioned, helps ensure the anonymity and safety of respondents, something which also helps ensure more candid and accurate responses. IP addresses were not tracked, and the data was anonymised upon the survey's completion. Besides this, surveying was also a means of allowing the largest number of community members to share their experiences in an accessible manner.

The survey itself was designed to tackle the research problem comprehensively through quantitative analysis while allowing respondents to share their voices and experiences in their own words through qualitative spaces for input. A mixture of closed-ended and open-ended questions were utilised; however, it is important to note that most

closed-ended question had a fill-in “other” option for respondents. No questions were mandatory to answer (outside of Q1: Informed Consent) and respondents were encouraged to skip any question that was not relevant to them or made them feel uncomfortable. The questions were designed to gather information on demographic characteristics, acceptance by peers and institutional staff, support services (or lack thereof), obstacles, preferences (e.g. regarding bathrooms), interactions with healthcare professionals, and harassment. Questions regarding spaces and places were also incorporated to allow geographical approaches to issues such as where harassment occurred or where community members felt the safest.

Although this survey contained questions related to transition services, it is important to note that the researchers are cognisant that not all gender minorities medically transition and does not support the position that medical transition is needed for gender transition or variance to be valid. However, for those that want or need to medically transition, it is important that this can be done in a dignified and accessible manner (and hopefully the findings from this survey can be used towards this goal). Questions regarding healthcare were also included to understand more general interactions between the community and healthcare providers, discover what improvements can be made, and ascertain what barriers community members faced in achieving a higher-level of physical and mental well-being.

This report will be followed by an analytical paper and a policy report, as well as workshops that invite institutional staff, gender minority students, and members of the public to take part in an open dialogue. Outside of this, the research team expects to follow-up this survey with interviews that will ideally shed light on critical or enigmatic findings from this survey. It is hoped that these qualitative methods will complement the more quantitative focus of this survey, as well as give community members further opportunities to share their experiences, feelings, and opinions.

2.3 Survey Dissemination

The survey was disseminated entirely through digital means for approximately six weeks. Six weeks, as a duration, helped to ensure internal validity by limiting historical or maturation threats, as well as the risk of respondents inadvertently retaking the survey due to miscommunication or a lapse of memory. TENI, the NXF, and the RCSI EDI's social media accounts (namely Twitter and Facebook) were integral to sharing the survey. Several trans, LGBTQ+, healthcare, and equality NGOs also helped promote the survey via social media, alongside sub-sections of educational institutions (e.g. Athena SWAN units) and Student Unions. Some Student Unions were kind enough to share the survey in newsletters, while University College Cork sent the survey directly to students via email.

2.4: Problems Encountered

The survey was disseminated without any debilitating obstacles. The timeline for the project, though, was pushed back from the spring to the summer in order to avoid college exams and run the survey through a research lab for feedback. Disseminating between mid-July to the first week of August was not ideal, in a sense, due to staff holidays and annual leave. Additionally, some institutions limit their communications outside of the autumn and winter/spring terms. Nevertheless, students access social media platforms and college emails year-round. Tying the project to Pride festivities also significantly helped to publicize the survey and negate this seasonal disadvantage.

Another issue that was confronted is that different institutional communication policies limited the means of disseminating the survey. Some universities were eager and willing to directly send out the survey, whereas some were unable to send out a communication that would be applicable to a portion of the student body. Student Unions and Athena SWAN teams helped to bypass these types of restrictions and communicate more directly with specific student bodies. National NGOs, such as TENI and the NXF, also helped to reach community members across Ireland and communicate with people no longer attending institutions, as well as those that are not tied into their institution's news updates or social media over the summer months. Outside of dissemination, NGOs and

institutions are critical to building community rapport and adding legitimacy to a project. This is essential considering the potential devastation a breach of privacy could cause and the history of systematic violence that gender minorities have experienced in the past (and presently).

It is also important to note that approximately six responses were deleted from the respondent dataset. Two respondents were cisgender and gender-conforming, misunderstanding the intent of the survey. Four respondents were “internet trolls” and simply wished to leave transphobic comments. Thankfully, this was largely the extent of any negative interference. However, it is recommended that any research teams conducting similar research takes steps to secure their online presence and be especially prudent regarding respondent anonymity and cybersecurity.

3: Results

123 responses were collected over the six weeks, with high completion rates until the final questions of the survey (e.g. 119 responses (out of 123 respondents) for Question 51 (out of 55)). By using the high-end estimate of 4,500 students, this sample size is statistically viable at a confidence level of 95 % and a 9 % margin of error. As the population is likely smaller than this, the survey's statistical validity should be even stronger.

3.1: Demographics

Concerning the academic attributes of the respondents, they were overwhelming fulltime students (62.6 %) and undergraduates (69.7 %), followed by recent graduates (22 %) and postgraduates (20.5 %), respectively. Programmes were largely attended in Dublin (51.3 %) and Cork (29.9 %), followed by Galway (6.8 %) and Kildare (4.3 %). The high percentage of responses from Dublin and Cork is to be expected considering the counties' urban centres. There is a limited number of respondents (2 in total) from County Limerick, which is home to Ireland's third largest city (in terms of population). Concerning the general student population, 44 % of students attended a Dublin based institution whereas 56 % went to a non-Dublin based one.¹⁰ Thus, the community's responses are not significantly disparate from those of the general population in this regard.

Concerning housing, respondents largely reported living at family residences (44.7 %) and shared rentals (25.2 %). Private rentals accounted for 11.4 % of responses. Rough sleepers and those staying temporarily with extended family/friends, or partners, accounted for approximately 6.4 % of responses. University residences and students digs came in at 3.3 % and 2.4 %, respectively. For the general student population between 2016 and 2018, 19 % of students resided in university accommodation whereas 39 % resided with parents.¹¹ It is

¹⁰ Harmon, David, and Stephen Erksine. 2017. "EUROSTUDENT SURVEY VI REPORT ON THE SOCIAL AND LIVING CONDITIONS OF HIGHER EDUCATION STUDENTS IN IRELAND". Dublin: Insight Statistical Consulting, 17.

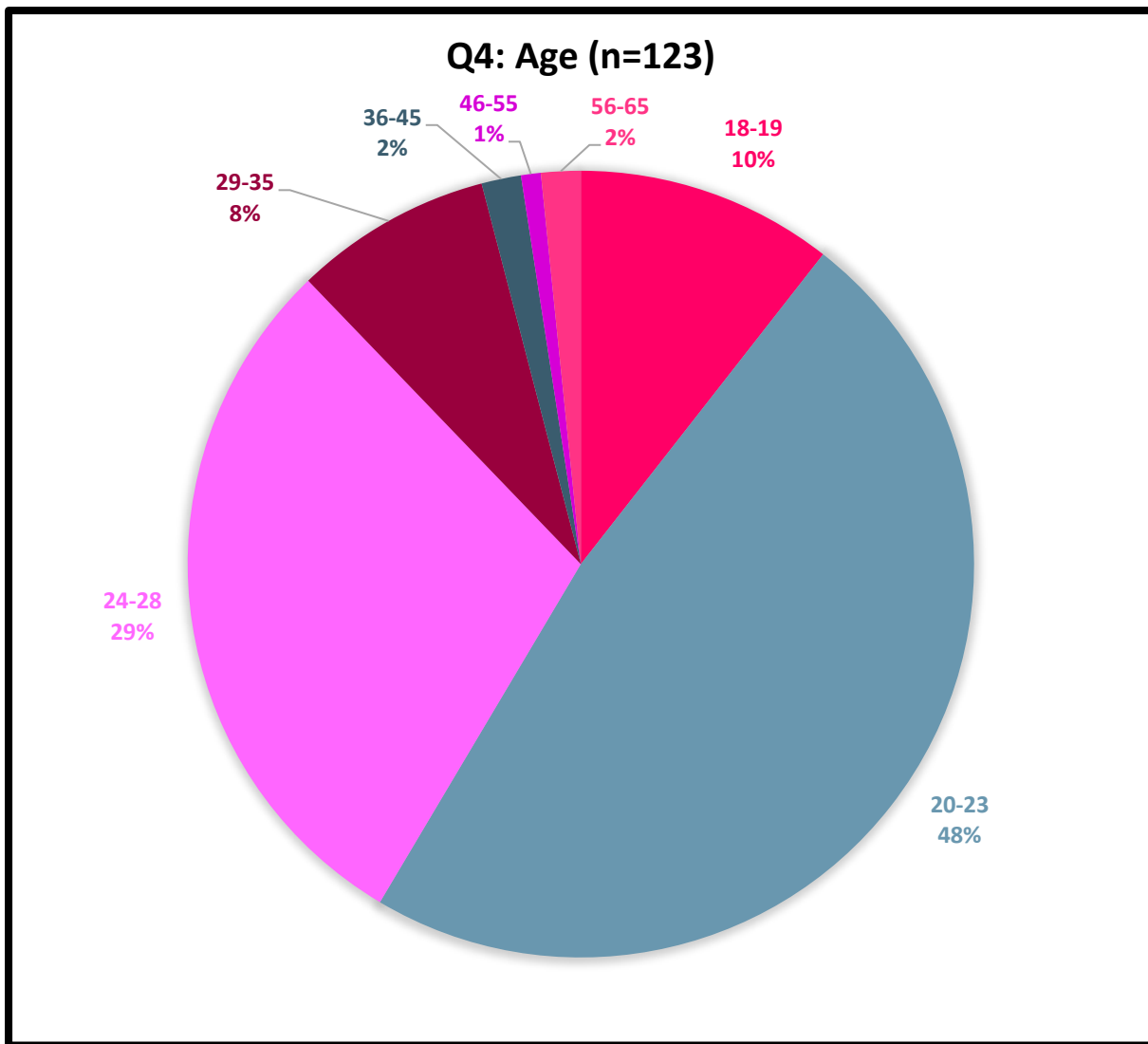
¹¹ Hauschildt, Kristina, Eva Marie Vogtle, and Christoph Gwosc. 2018. "EUROSTUDENT VI: Overview and Selected Findings". Germany: German Centre for Higher Education Research and Science Studies (DHZ), 22-23.

encouraging to see a high percentage of students living with their families. Outside of the housing crisis in Ireland (and Dublin especially), dormitories and government loans/stipends to students are not as robust or common in Ireland as some other parts of Europe (e.g. Scandinavia), creating a greater dependency on family residencies. However, these high family residency rates do not necessarily mean that the living situation is positive or that the respondent is fully out to their family. Indeed, 51.3 % of respondents (n=119) cited familial issues as an obstacle that impacted their academic performance/life (for Question 51).

It is noteworthy that community members residing in student accommodation is only 30 % of the national number (when counting responses for student digs and university accommodation), raising questions about access, safety, university guidelines, and comfort.¹² 11.4 % of respondents reported living in private rentals, while 3.3 % were homeowners. Data for the general population (from 2016) reported that c. 5.4 % of students lived alone.¹³ This also raises questions of whether students within the community also do not feel safe or comfortable sharing accommodation outside of a campus setting and are possibly spending more of their resources on housing costs; something that will need to be followed up with interviews and focus groups. 22.7 % of respondents (n=119) within this survey (for Question 51) reported obtaining safe housing as an obstacle to their academic performance/life.

¹² Harmon and Erksine, "EUROSTUDENT VI," 77.

¹³ Harmon and Erksine, "EUROSTUDENT VI," 76.



Graph 3.1: Population Age Distribution

Concerning age, respondents overwhelmingly fell between 18 and 28 years old. 13 % of respondents were older than 28 years old. Discussions with TENI staff suggested that as institutions and society have become more open to gender minorities, some community members were returning as mature students to access education or finish degrees. As such, it will be important to monitor these trends in future surveys and for institutions to be aware and sensitive to the fact that some gender minority students may have had negative experiences in the past or at other institutions.

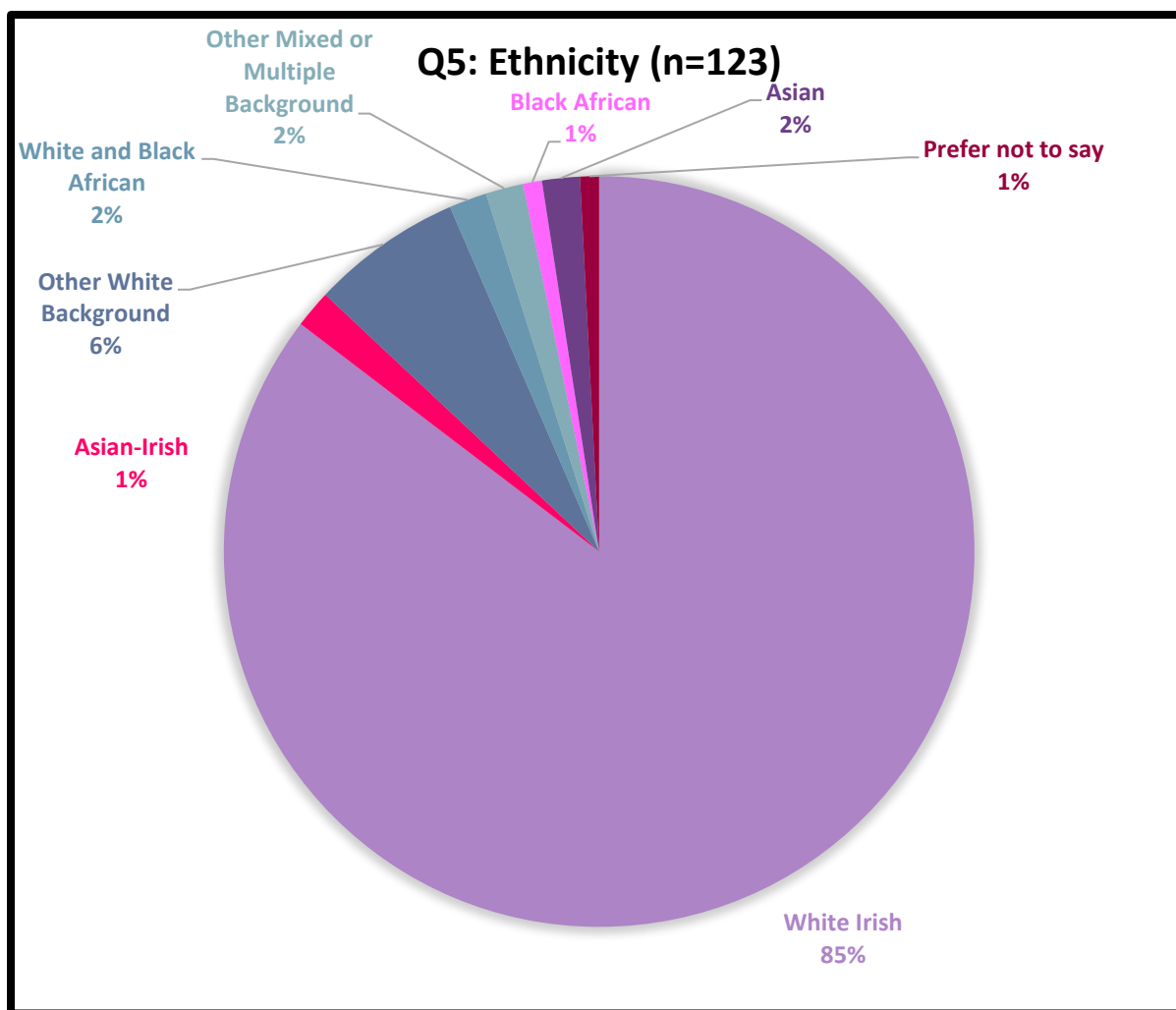


Figure 3.2: Population Ethnicity Distribution

Regarding ethnicity, the respondents largely corresponded with Ireland's general demographics figures. The limited number of non-White Irish or non-Irish respondents limits the degree to which intersectional research can be conducted regarding ethnicity (within the context of this survey). Nevertheless, some important insights can be gleaned. One respondent, unprompted, stated that the Irish population was racist and resented Ireland (to paraphrase). Likert scores for Asian and Black-African respondents were generally much lower regarding acceptance by campus communities and staff. Concerning safety and bullying, these respondents' responses were also considerably lower (i.e. more negative) than those of other groups. In terms of comfort reporting an incident of discrimination, Likert scores were extremely low for Asian, Black-African, and Asian-Irish respondents. For this question, however, respondents of another White background or mixed ethnicities

generally gave more positive responses than the white Irish population. For Likert questions regarding acceptance, these groups and Asian-Irish respondents also generally gave more positive responses than the White Irish population. Table 3.1 divides average Likert scores for several germane questions by different ethnic groups to help visualise the different trends (strongly negative responses are shaded with orange). The Likert range was from 1 (strongly disagree) to 7 (strongly agree).

	Q12 ¹⁴	Q13 ¹⁵	Q14 ¹⁶	Q15 ¹⁷	Q16 ¹⁸	Q17 ¹⁹	Q21 ²⁰	Q39 ²¹
Any other mixed or multiple background (n=2)	5	4.5	4	4	6.5	6.5	4.5	5.5
Any other White background (n=8)	5.25	5	5.13	5.38	5	5.75	4.63	3.71
Asian (n=2)	3.5	3	3	3.5	3	3	4.5	2
Asian-Irish (n=2)	5	6	6	6	6	6.5	4.5	2
Black-African (n=1)	1	1	1	1	1	1	1	1
Mixed/multiple - White and Black African (n=2)	5.5	7	7	5.5	6	5	6	4
Prefer not to say (n=1)	7	7	7	7	1	1	7	7
White-Irish (n=105)	4.77	4.5	4.6	5.19	4.5	4.82	4.27	3.53
Total Average (n=123)	4.79	4.57	4.65	5.15	4.54	4.85	4.32	3.55

Table 3.1: Mean Likert responses categorised by participants' self-reported ethnicity

Again, it must be emphasized that the number of ethnic minority and non-Irish respondents was low, making it difficult to draw definitive conclusions. Outside of

¹⁴ "12: I feel/felt accepted by my campus student community:"

¹⁵ "13: I feel/felt accepted by my campus administrative staff:"

¹⁶ "14: I feel/felt accepted by the teaching staff at my university:"

¹⁷ "15: I feel/felt physically safe at my campus:"

¹⁸ "16: I feel/felt free from harassment or bullying behaviour at my campus:"

¹⁹ "17: I feel/felt free from cyber-bullying from people based at my institution:"

²⁰ "21: It is (or was) easy for me to present as my identified gender at my institution:"

²¹ "39: I feel/felt comfortable reporting an incident of transphobia to my institution:"

transphobic violence, Ireland also has the highest rate of physical violence against Black people in the EU.^{22 23} Violence against Black Queer people and transwomen of colour is a noted problem in the USA, and it is not unfeasible that these intersections of queerness and ethnicity translate across different cultures. A trans woman of colour committed suicide while in direct provision, for example.²⁴ The NXF's *Far from Home: Life as an LGBT Migrant* study reported that 54% of respondents felt excluded from society.²⁵ 40 % experienced abusive homophobia.²⁶ Altogether, while further research is necessary (focusing on this aspect of the gender minority community), researchers, advocates, and policymakers must be conscious of the intersections between ethnicity, citizenship, and gender variance, and how it may amplify discrimination.

Rates of mental and chronic illness were considerably higher among the respondents than within the general population (e.g. 9 % and 7 % of full-time undergrads and postgrads reporting mental health problems, respectively²⁷). In conjunction with this data, 78.2 % of respondents (for Question 51) reported mental health or medical problems issues as having a negative impact on academic performance/life (n=119). 48.7 % cited limited access to medical/transition services as also having a detrimental effect (n=119) for the same questions (51).

²² European Union Agency for Fundamental Rights. 2017. "Second European Union Minorities and Discrimination Survey". Belgium: Bietlot. https://fra.europa.eu/sites/default/files/fra_uploads/fra-2017-eu-midis-ii-main-results_en.pdf.

²³ Fitzgerald, Cormac. 2018. "Ireland Has the Highest Rates Of Some Hate Crimes In The EU, But No Proper Laws To Address It". *Thejournal.ie*, 2018. <http://jrnl.ie/4105605>.

²⁴ McCrave, Conor. 2018. "Tributes to Transgender Woman With 'Infectious Smile' Who Died in A Galway Direct Provision Centre". *Independent*, 2018. <https://www.independent.ie/irish-news/tributes-to-transgender-woman-with-infectious-smile-who-died-in-a-galway-direct-provision-centre-37184168.html>.

²⁵ Noone, Chris, Brian Keogh, and Conor Buggy. 2018. "Far From Home: Life As An LGBT Migrant In Ireland". Dublin: NXF, 11.

²⁶ Ibid.

²⁷ Harmon and Erksine, "EUROSTAT VI," 47.

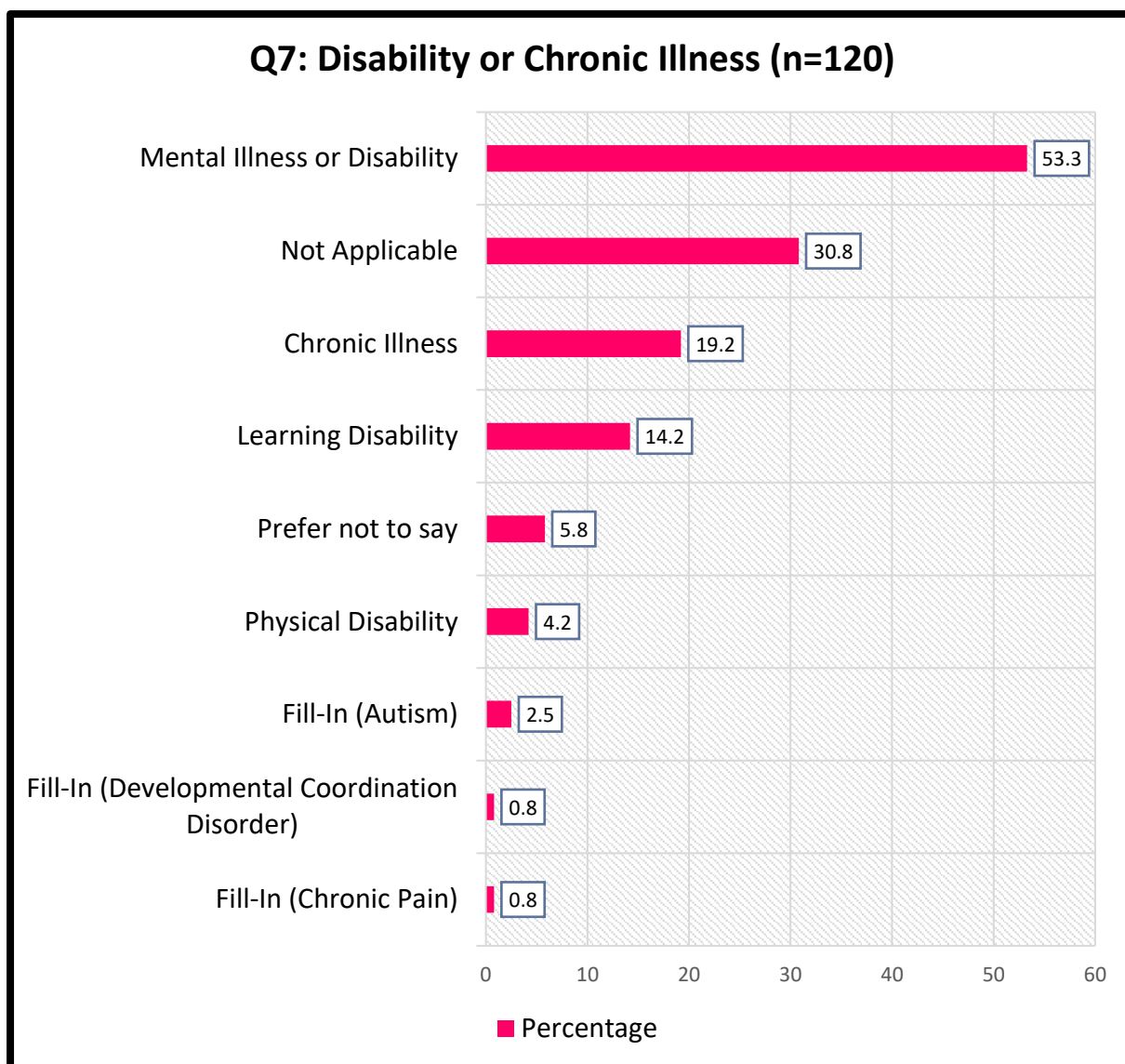


Figure 3.3: Percentage of respondents self-reporting a disability or chronic illness

Why these rates are considerably higher than those of the general student population cannot be answered within the scope of this survey but will be a focal point in the next stage of this research (follow-up interviews). Potential reasons why based upon community anecdotes and discourse, however, can be proffered. Institutional violence or discrimination may be preventing gender minorities from seeking treatment or receiving proper care. Alternatively, transitioning, gender dysphoria, or gender expression can become the focal point of a person's treatment, leading to other areas being neglected, overshadowed, and or deprioritised due to limited resources. Perhaps the simplest

explanation, however, can be found amongst the critique of the Irish healthcare system, which has been criticised for limited services, long waiting times, and coverages for the general population. The transgender population has inordinately high waiting periods to receive hormones and access gender clinics.^{28 29} This has led to incidents of people utilising unregulated hormones or performing “do it yourself” surgeries, both of which can entail considerable health risks. The long waits have also led to an increasing number of individuals turning to online crowdfunding for surgeries.³⁰ Essentially, this may be the intersection of a marginalised population with health issues trying to access an overstretched medical system. Outside of this, it is important to note the negative toll that discrimination and the consummate anxiety that can result from it can have drastically negative effects on health. High rates of mental illness, depression, and anxiety were also found among the broader Irish LGBTQ+ population.³¹ Regardless of the cause of this phenomenon, it is critical that care-providers be aware of these high rates and understand that gender minority students (and sexual minorities) may be facing a multiplicity of issues.

²⁸ The Health Service Executive reports a 13-month waiting period, subject to variability based on capacity and individual needs. However, some members of the community report nearly a 3.5 year waiting period.

²⁹ Gallagher, Sarah. 2019. "It Pens People In': The Challenges of Accessing Transgender Healthcare in Ireland". *Thejournal.ie*, 2019. <https://www.thejournal.ie/trans-transgender-ireland-transitioning-health-hse-doctors-surgery-4759414-Aug2019/>.

³⁰ Coyne, Ellen. 2019. "The Number of Trans People Fundraising Online for Private Healthcare Doubled in A Year". *JOE*, 2019. <https://www.joe.ie/politics/transgender-healthcare-ireland-682542>.

³¹ Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., DeVries, J., Begley, T., McCann, E., Sheerin, F. and S. Smyth. 2018. *The LGBTIreland report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland*. Dublin: GLEN and BeLonG To.

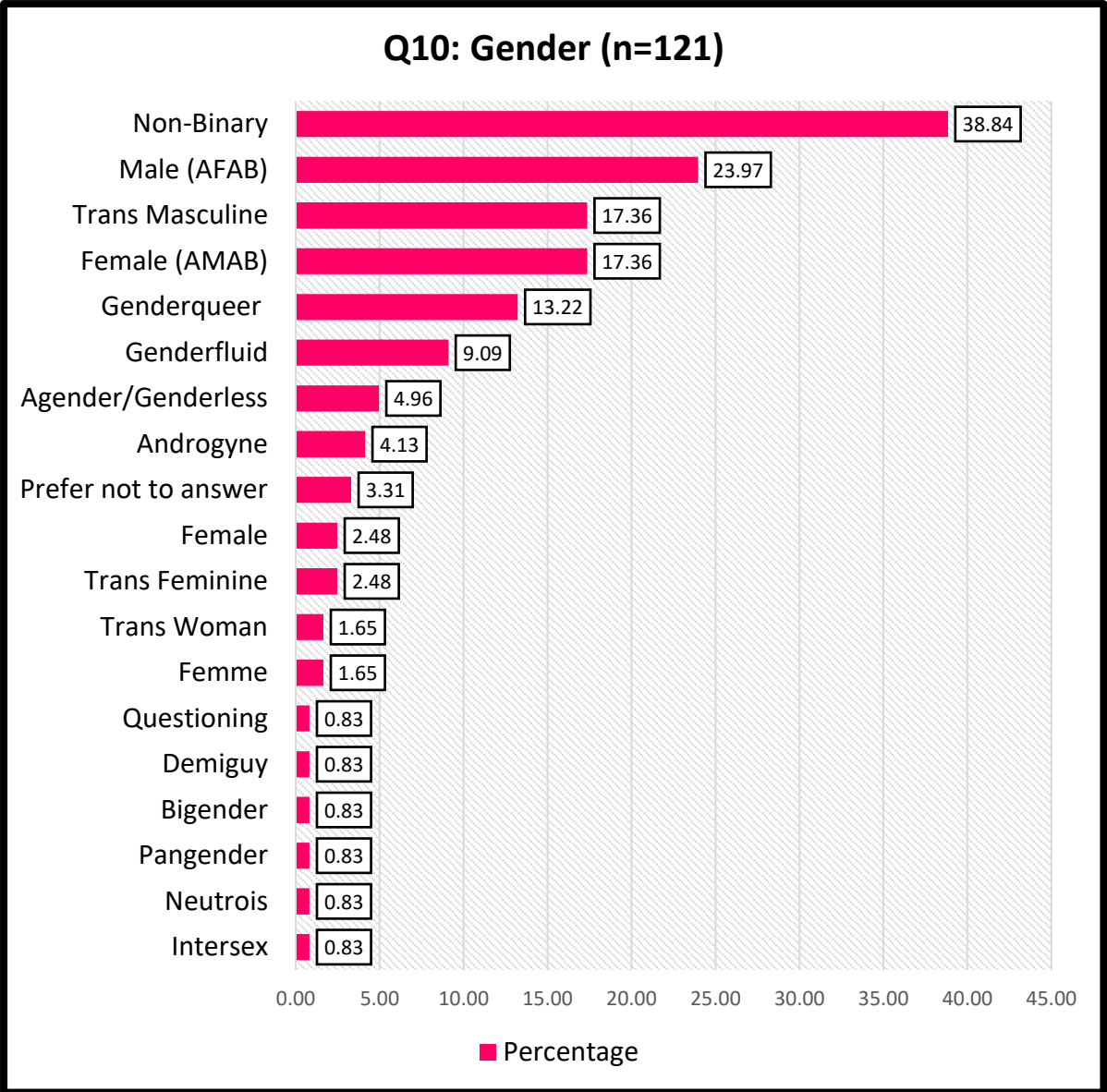


Figure 3.4: Respondent self-reported gender identity

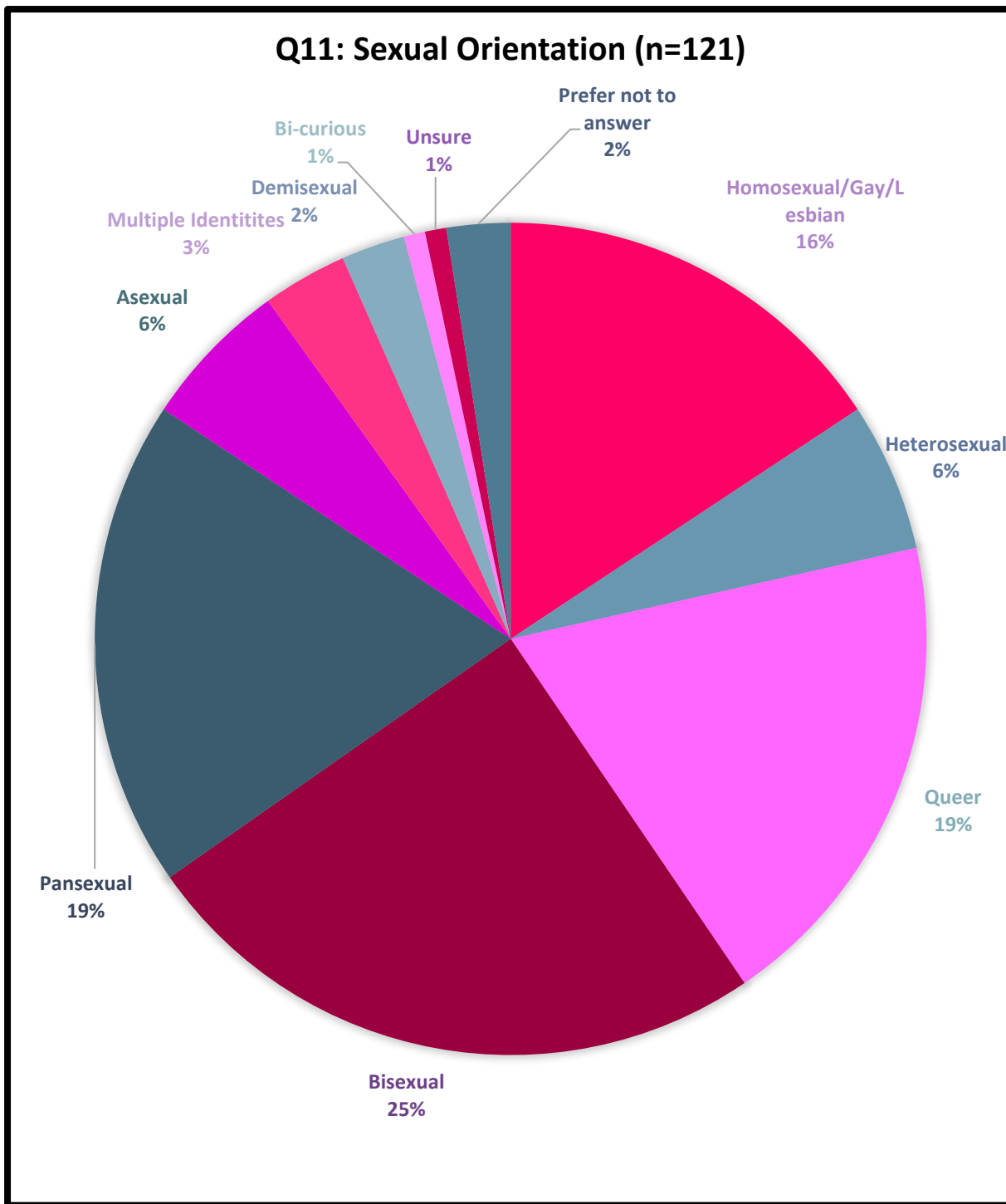


Figure 3.5: Respondent self-reported sexual orientation

Concerning gender and sexuality, there is a great deal of diversity within the community. Non-binary was the leading identity, followed by Male (AFAB), Female (AMAB), and Transmasculine. Genderqueer and genderfluid identities also had a relatively high count. Respondents overwhelmingly reported non-heterosexual orientations. Indeed, only 6

% of respondents identified as heterosexual, highlighting the strong degree to which the gender minority community is interconnected with the sexual minority community.

It is also important to note that it was not uncommon for respondents to select multiple identities to describe themselves. Considering this and the high proportion of non-binary, genderqueer, and genderfluid identifications, it becomes apparent how necessary it is for institutions to accommodate identities and pronouns outside of male or female, as well as for official government recognition of this demographic.

“As non-binary, things are definitely getting better, but at a snail’s pace. In short, progress is happening but it’s very slow.”

Transgender male (24%) and transmasculine (17%) respondents reported at a much higher rate than transgender (17%) female and transfeminine (2.5%) respondents. This raises the question of whether this is the result of demographics (i.e. transmen and transmasculine people composing a considerably higher proportion of the population) or discrimination (i.e. that transwomen and transfeminine people faced significantly greater obstacles when entering or while within third-level education). One Swedish study (from 1996), though, suggested that there were 1.4 transwomen for every transman.³² If this were extrapolated to Ireland, it would make this education gap even more conspicuous. A more recent American study, however, indicated that the gender ratio has shifted towards transmen, or evened out.³³ Anecdotal evidence provided by gender clinicians also suggests that this growing trend.³⁴ It is possible, then, that the general transgender population in Ireland has shifted towards transmen; something which has considerable implications for transition services and medical care providers. This is something that will be investigated further during the next steps of this research project.

There is one study that can help gauge the community’s demographics. A 2014 report by the European Union, *Being Trans in the European Union: Comparative analysis of*

³² Landén, M., J. Wålindel, and B. Lundström. 1996. "Incidence And Sex Ratio Of Transsexualism In Sweden". *Acta Psychiatrica Scandinavica* 93 (4): 261-263. doi:10.1111/j.1600-0447.1996.tb10645.x.

³³ Aitken, Madison, Thomas D. Steensma, Ray Blanchard, Doug P. VanderLaan, Hayley Wood, Amanda Fuentes, and Cathy Spegg et al. 2015. "Evidence For An Altered Sex Ratio In Clinic-Referred Adolescents With Gender Dysphoria". *The Journal Of Sexual Medicine* 12 (3): 756-763. doi:10.1111/jsm.12817.

³⁴ Urquhart, Evan. 2017. "Why Are Trans Youth Clinics Seeing An Uptick In Trans Boys?". *Slate*, 2017. <https://slate.com/human-interest/2017/09/trans-youth-clinics-are-seeing-more-trans-boys-than-before-why.html>.

EU LGBT survey data,³⁵ calculated the following gender identity distribution for gender minorities in Ireland:

Demographic Category:	Transwomen	Transmen	Male Crossdressers	Female Crossdressers	Transgender	Gendervariant	Queer/other
Percentage:	14	9	4	9	25	16	23

Table 3.2: Gender Identity Distribution of Ireland as per EU survey data

The presence of an undifferentiated transgender category makes it difficult to use this data as a precise gauge, and there is the caveat that the survey the report was based on is now over five years old (there have been enormous cultural changes during the last decade regarding gender expression and trans visibility). However, it is important to note that transwomen are a greater portion of the differentiated population. Discussions with TENI staff suggested that transgender women had a particularly difficult time within higher education. It is suggested, then, that institutions and policymakers be aware of potential intersections between misogyny and transphobia that create unique barriers for transwomen/transfeminine people from entering and completing third-level programmes.

The cited EU study also supports the high percentage of non-binary and gender non-conforming persons within the gender minority community (as this survey also recorded). A 2018 Oxford Student Union survey of transgender students found that nearly three-fourths of respondents on their campus selected a gender outside of a male to female binary.³⁶ Again, it must be emphasised that there is a considerable demographic of students, outside of transgender students, substantiated by multiple surveys that need to be addressed and accommodated by campus gender policies.

3.2: Campus Atmosphere

Table 3.3 represents the mean responses to Likert scale questions (1 being “strongly disagree” and 7 being “strongly agree”) regarding the campus atmosphere at institutions. 4

³⁵ European Union Agency for Fundamental Rights, “Being Trans in the EU,” 111.

³⁶ University of Oxford Student Union LGBTQ+ Campaign. 2018. “Transgender Experience and Transphobia At The University Of Oxford Oxford”. Oxford: University of Oxford. <https://www.oxfordsu.org/resourcehandler/c494a2d7-3ace-4a76-b609-aef78ee7f821/>.

represents neutral responses, or a somewhat even distribution along a wide array of responses.

Question	Number of Responses	Mean
12: I feel/felt accepted by my campus student community	123	4.79
13: I feel/felt accepted by my campus administrative staff:	123	4.57
14: I feel/felt accepted by the teaching staff at my university:	122	4.65
15: I feel/felt physically safe at my campus:	123	5.15
16: I feel/felt free from harassment or bullying behavior at my campus:	123	4.54
17: I feel/felt free from cyber-bullying from people based at my institution:	123	4.85
18: My campus health services are/were inclusive of my needs:	123	4.22
19: My campus mental health services were/are inclusive of my needs:	122	3.95
21: It is (or was) easy for me to present as my identified gender at my institution:	123	4.32
22: I feel/felt comfortable using gender segregated bathrooms at my campus:	123	3.30
23: I feel/felt comfortable using gender segregated changing facilities at my campus:	121	2.88
24: I prefer gender neutral facilities to gender segregated ones:	123	6.00
25: In the broader context of campus life, my preferred pronouns are or have been respected:	123	4.88

Table 3.3: Mean responses to questions relating to campus atmosphere

The responses indicate neutral to slightly positive experiences in terms of acceptance, safety, and respect. Responses were closer to 4 regarding medical and mental health services, as well as wider acceptance of respondent gender presentation. Distribution charts for all these questions are contained within Appendix 2. They, generally, suggest a

wide array of experiences rather than homogenous ones (i.e. a majority of respondents selecting the same Likert response). The strongest responses were regarding bathrooms and changing areas. Respondents demonstrated a very strong preference for gender neutral bathrooms, as well as discomfort using gender segregated restrooms and changing facilities. Bathrooms will be expanded on later in this report, as many respondents have identified them as being of critical importance.

39 % of respondents (n=123) were “out” to everyone. 17.1 % were out to friends but not staff, while 25.2 % responded that they were out to some friends. 13.8 % did not feel comfortable coming out. Additionally, there were several accounts of students transitioning before their third-level education began, leading to unique and generally more positive experiences.

3.3: Campus Supports

Concerning campus supports, 91.7 % of respondents (n=121) had access to an LGBTQ+ organisation while 3.3 % had access to an informal one. 43.4 % of respondents (n=122) felt totally accepted by these organisations, 23.8 % felt somewhat accepted, and 10.7 % felt accepted in a limited sense. 9.8 % did not feel accepted while 1.8 % felt actively discouraged from participating.

Outside of LGBTQ+ organisations, experiences with campus supports and organisations become more varied:

Question	Number of Responses	Mean
28: I feel/felt included when taking part in student societies or activities:	122	4.88
32: The reasonable accommodations I received for my transition and well-being were satisfactory:	97	4.2

Table 3.4: Responses to questions relating to campus support services

Concerning student societies, the Likert score registers as slightly positive. However, qualitative data (largely for Question 29) indicates that athletic societies and sporting events can be exclusive and problematic for most respondents. One of the deleted responses, from a cisgender gender-conforming person indicated that gender minorities participating in athletics was an issue for them. Athletic societies can be an important form of socialisation, bonding, and self-development during higher education programmes, while institutional gym and sports facilities offer students convenient access to exercise equipment and fitness classes. Facility fees are often mandatory and included within students' annual fees. Gender policies should explicitly and comprehensively address this issue so that gender minority students can comfortably access this beneficial aspect of higher education.

***“That the lack of any lgbtq+ policy for sports should be addressed.
Sports play an important factor in our lives and allows for us to
tackles areas of bad mental health and obesity within the community.
They need to be more inclusive.”***

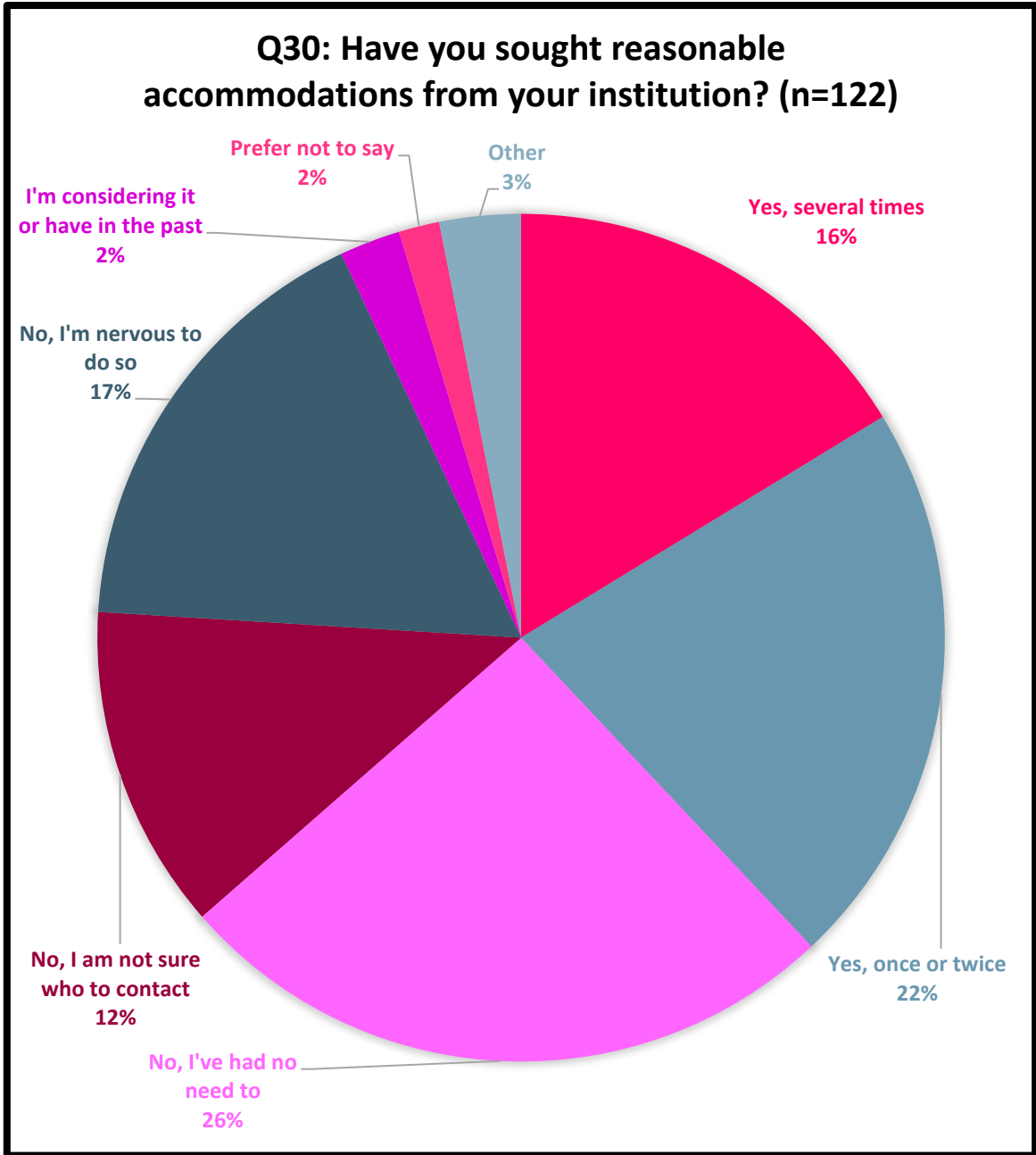


Figure 3.6: Percentage of respondents that sought reasonable accommodations from their institution

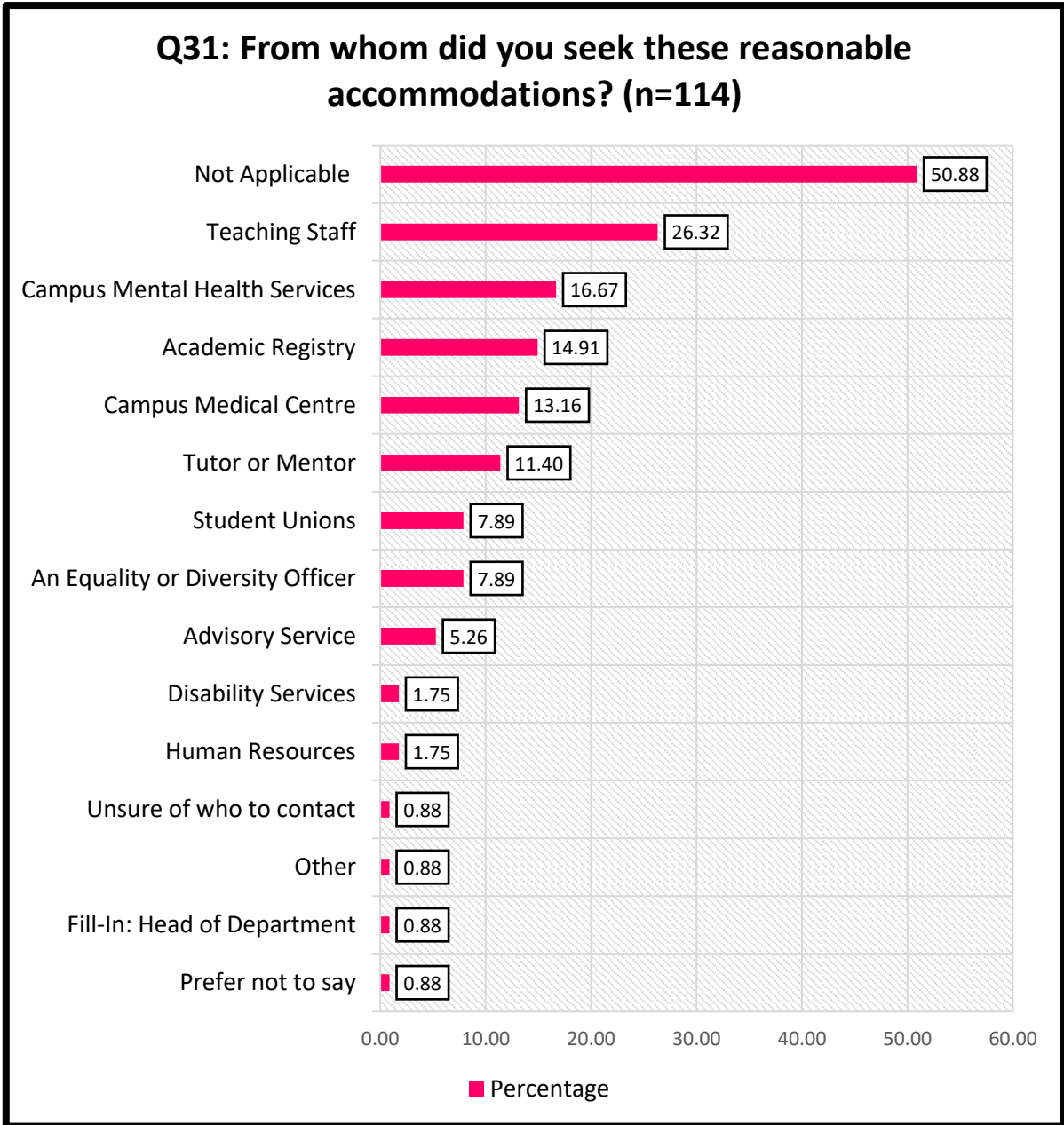


Figure 3.7: Support services that respondents sought reasonable accommodations from

Question 31 highlights that respondents sought reasonable accommodations from a variety of sources. Tutors and teaching staff, particularly, were approached, followed by campus medical and mental health services (when combined), and then academic registries. Yet Question 30 highlights that many students are apprehensive about approaching institutional staff (17%), or do not know whom to contact (12%). A comparatively low number of students selected “equality or diversity officer,” perhaps the most germane, trained, and effective individual for securing gender related accommodations. It is evident

that students desperately need to be informed about a safe and accepting points of contact within institutions.

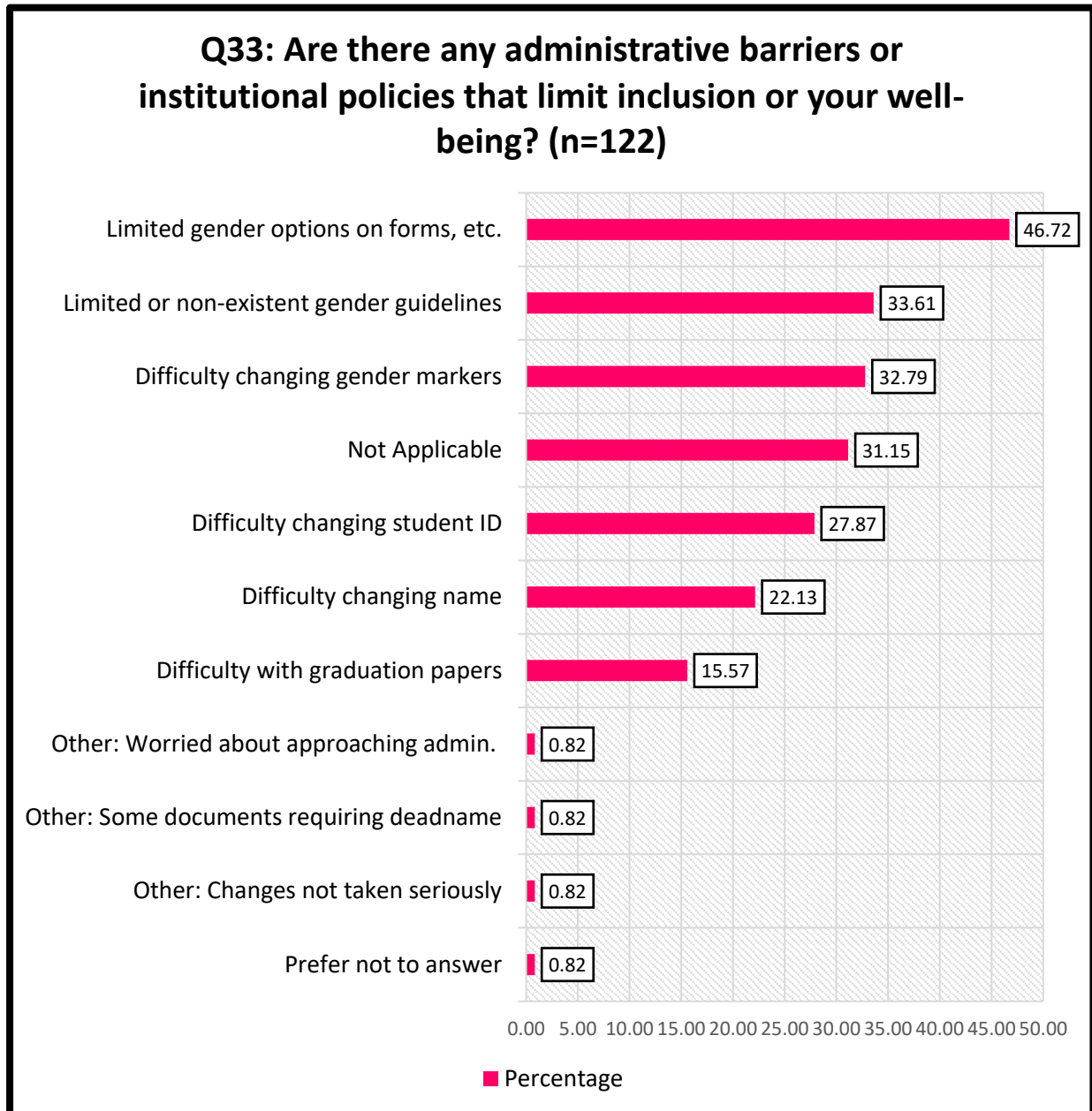


Figure 3.8: Perceived barriers that limit inclusion and or well-being of study respondents

As mentioned in the demographics section, there is an evident need to recognise and accommodate non-binary and GNC identities. For Question 33, limited gender options were an issue for nearly half of the respondents. Responses also indicate that there are still

numerous administrative obstacles to students and limited guidelines to addressing gender variance. 15.6 % of students stated that they are considering leaving or taking a break from their programme due to administrative difficulties. 6.6 % left due to these issues, while 6.6 % are taking a break. Thus, we are witnessing nearly a 30 % potential attrition rate due to administrative difficulties, something which is largely avoidable with the right direction, policymaking, and training.

“Changing name and gender mark on identification cards relieves a lot of anxiety.”

“Not being able to present our new names on student ID cards is a very big deal and causes complications when trying to keep our identity as trans as something we don't have to disclose to absolutely everyone in a university environment. It also means we cannot change our name linked to our email or on any systems relating to college.”

Returning to the matter of restrooms, 35.6 % percent of respondents (n=118) reported excessive delays between using restrooms, 59.3 % reported using bathrooms where they felt uncomfortable, 24.6 % reported discomfort or pain, 22.9 % reported using a gender-neutral bathroom that was not clean or sanitary, and 5.9 % reported medical issues due to bathroom access issues. Additional fill-in responses indicated that even though most institutions had gender-neutral bathrooms, they were limited in number or respondents used bathrooms designated for physically disabled persons (something which caused them discomfort and drew attention to them). Pilot responses indicated that, at some institutions, gender-neutral bathrooms required keys and were often left in an unsanitary state. It is evident that this is an area in need of reform, critically impacting the mental and physical well-being of gender minority students.

Respondents were given an open-ended question regarding their interactions with disability support services. While this question was not relevant to all respondents, the survey's demographic information has illustrated that an inordinate number of respondents had mental and or physical health problems (see Figure 3.3). For those that responded,

there was great variation within the answers. However, the responses can largely be distilled into three camps: service providers were well-intentioned but ill-informed, the respondent did not disclose their gender identity, and questions about gender were not prompted. There were also reports of positive experiences, as well as negative ones regarding both gender identity and disability. Considering the demographic information obtained by this survey, there is a clear and present need for these service providers to take gender variance into account when providing services.

Another open-ended question allowed respondents to share their thoughts on helpful policies or support services. Student Unions, gender policies, and gender-neutral bathrooms stood out amongst the responses, as did pride events and LGBTQ+ educations. However, some respondents raised concerns over limited bathroom signage, racism, and administrations not supporting Student Union initiatives.

3.4: Discrimination and Harassment

When respondents were asked whether they felt comfortable reporting an incident of transphobia to their institution, the mean response was 3.55 (slightly negative). Previous research in Ireland indicated that trans people were less confident in the Garda, suggesting that the trans community is not comfortable reporting incidents outside of educational settings as well.³⁷ Trust in academic or legal institutions responding to discrimination is imperative as the data from this survey suggests that it not a rare occurrence, by any means. As Ireland lacks adequate hate crime legislation, it is also crucial that institutions help to fill-in this legal void through robust and comprehensive protections.

“I don’t feel accepted and honestly not entirely safe, being pre t and pre everything feels terrifying.”

³⁷ Lally, Conor. 2018. "Trans People Significantly Less Trusting Of Garda Than General Population". *Irish Times*, , 2018. <https://www.irishtimes.com/news/crime-and-law/trans-people-significantly-less-trusting-of-garda-than-general-population-1.3729314>.

“At times, I feel powerful, proud, and strive to continue to just be myself without minding what society thinks. Other times, I feel like an alien, I don't fit in anywhere, I don't look like everyone else, I feel like a laughing stock in a freak show where people stare and point at me just because I don't look like everyone else (it also doesn't help that I'm Asian and don't look like a "typical" Asian). But overall, I think if the people in the society become more open-minded and learn about gender issues, I would maybe feel more comfortable to just be myself.”

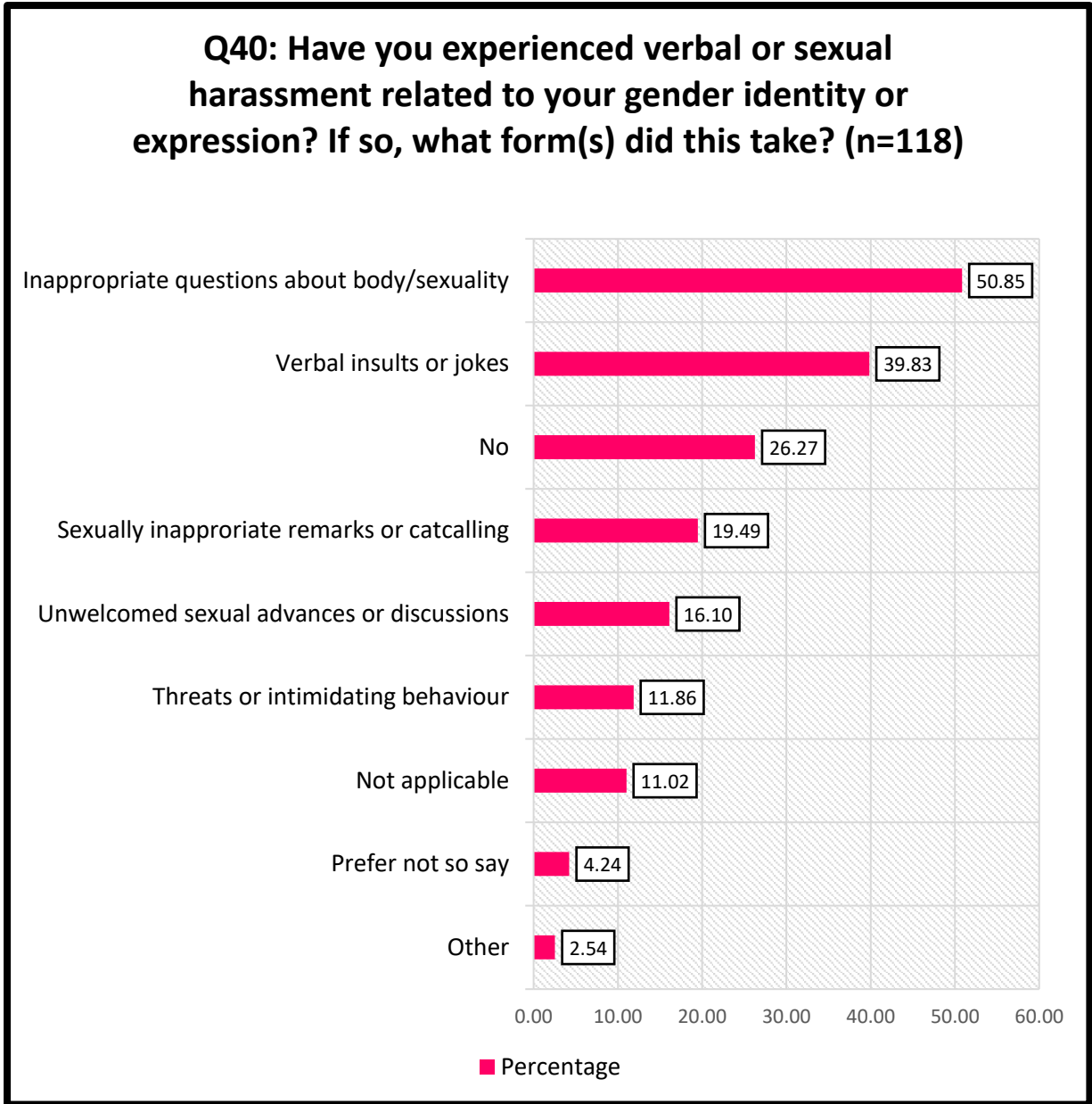


Figure 3.9: Respondent self-reported experience of harassment associated with gender identity and or sexual orientation

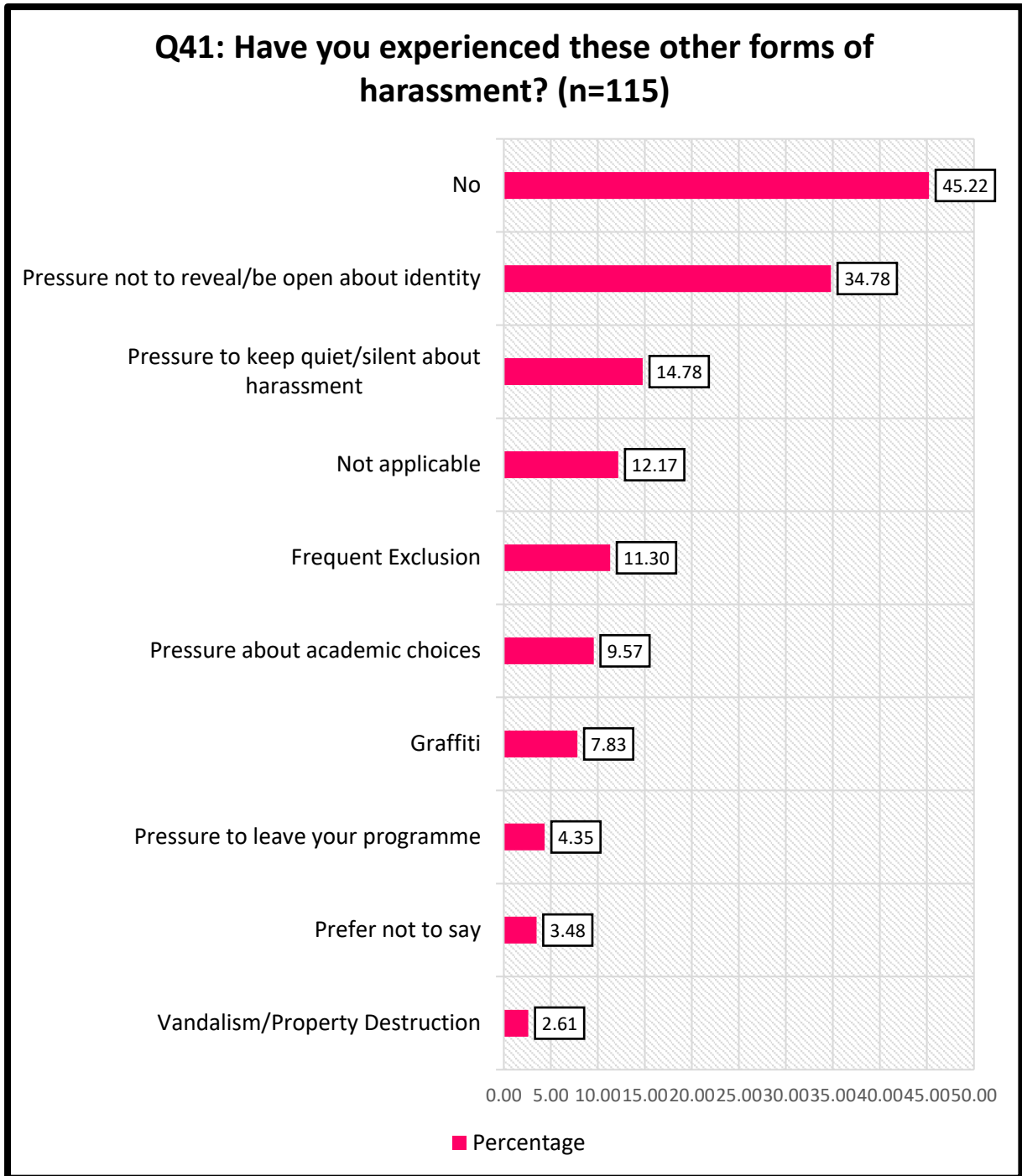


Figure 3.10: Respondent self-reported experience of harassment impacting their dignity and respect on-campus

Q42: If you have an affirmative response to Questions 40 and 41, what was the frequency that you experienced harassment? (n=103)

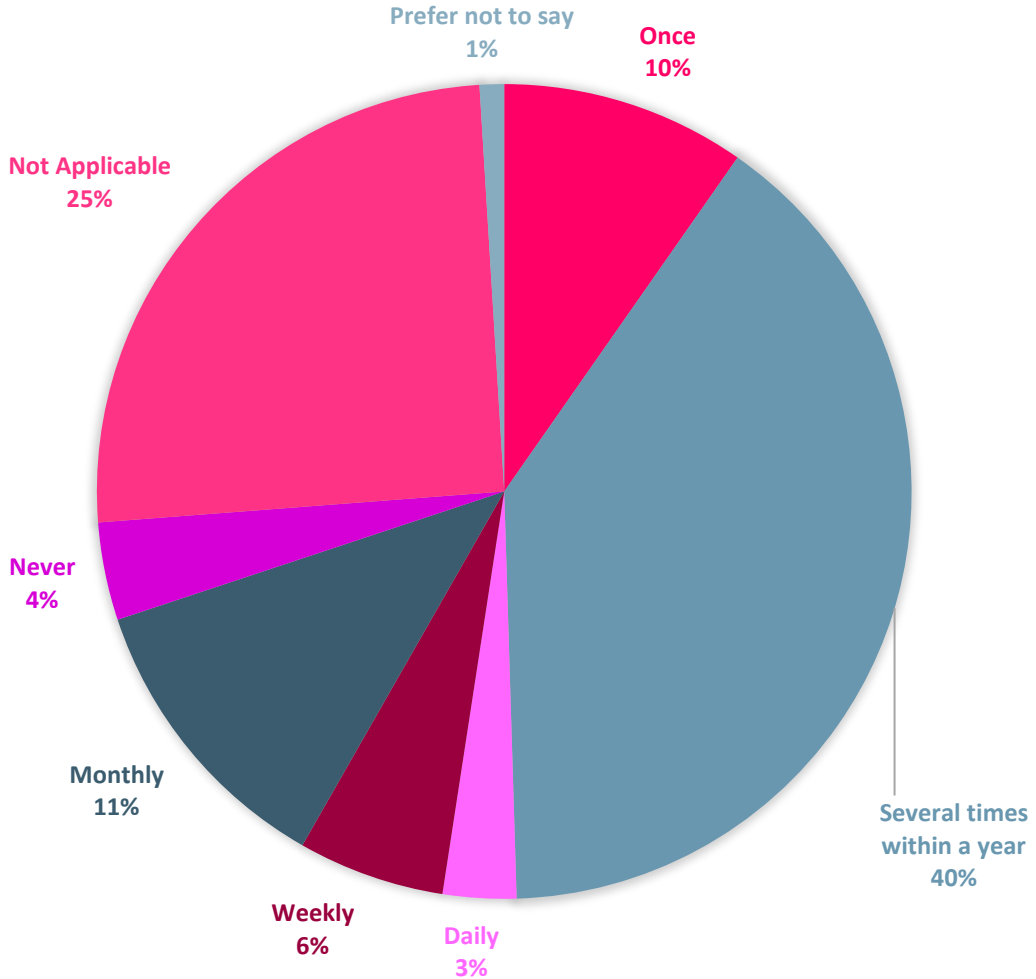


Figure 3.11: Participant self-reported frequency of harassment experience

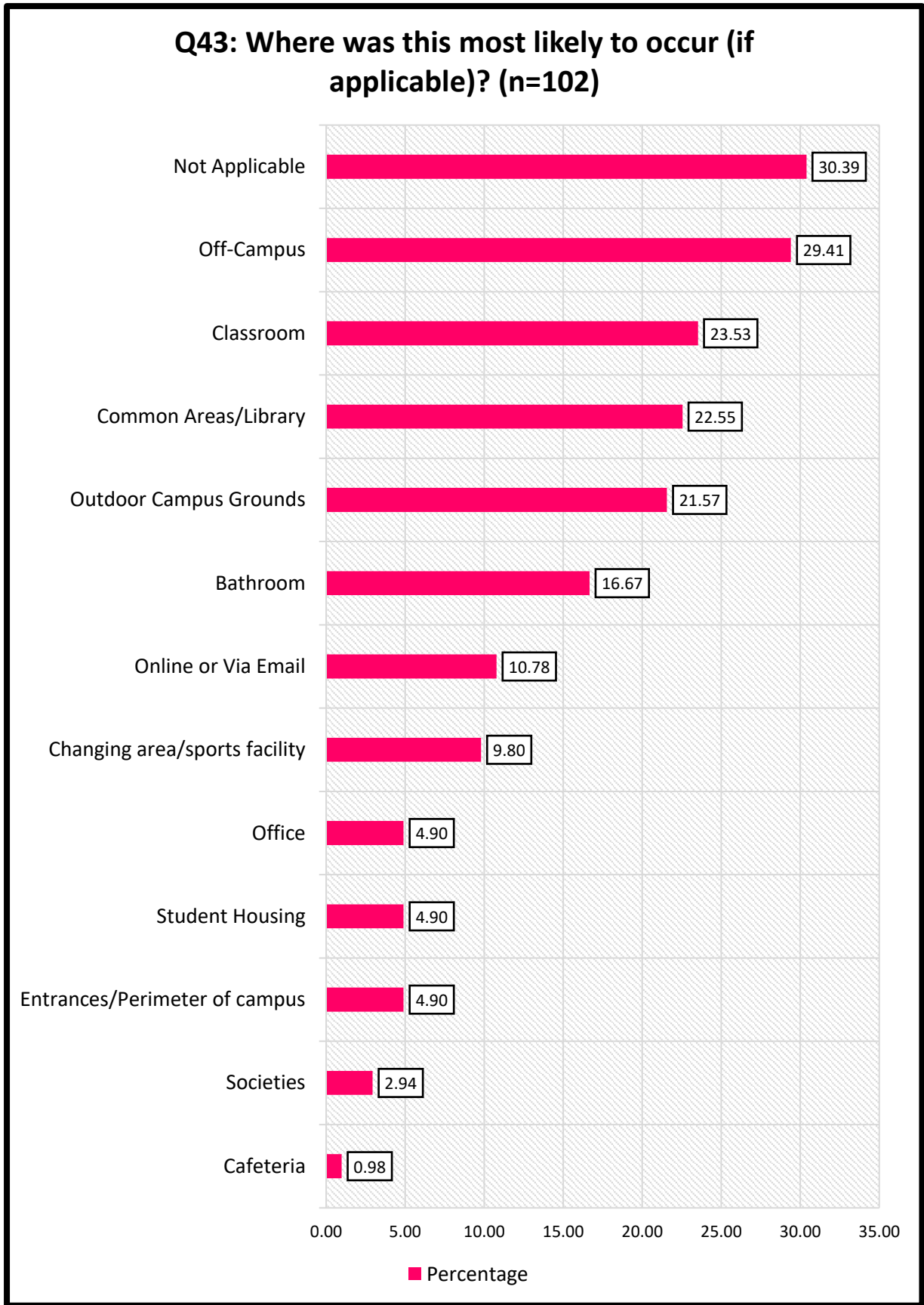


Figure 3.12: Physical and or online locations of harassment associated with campus activities

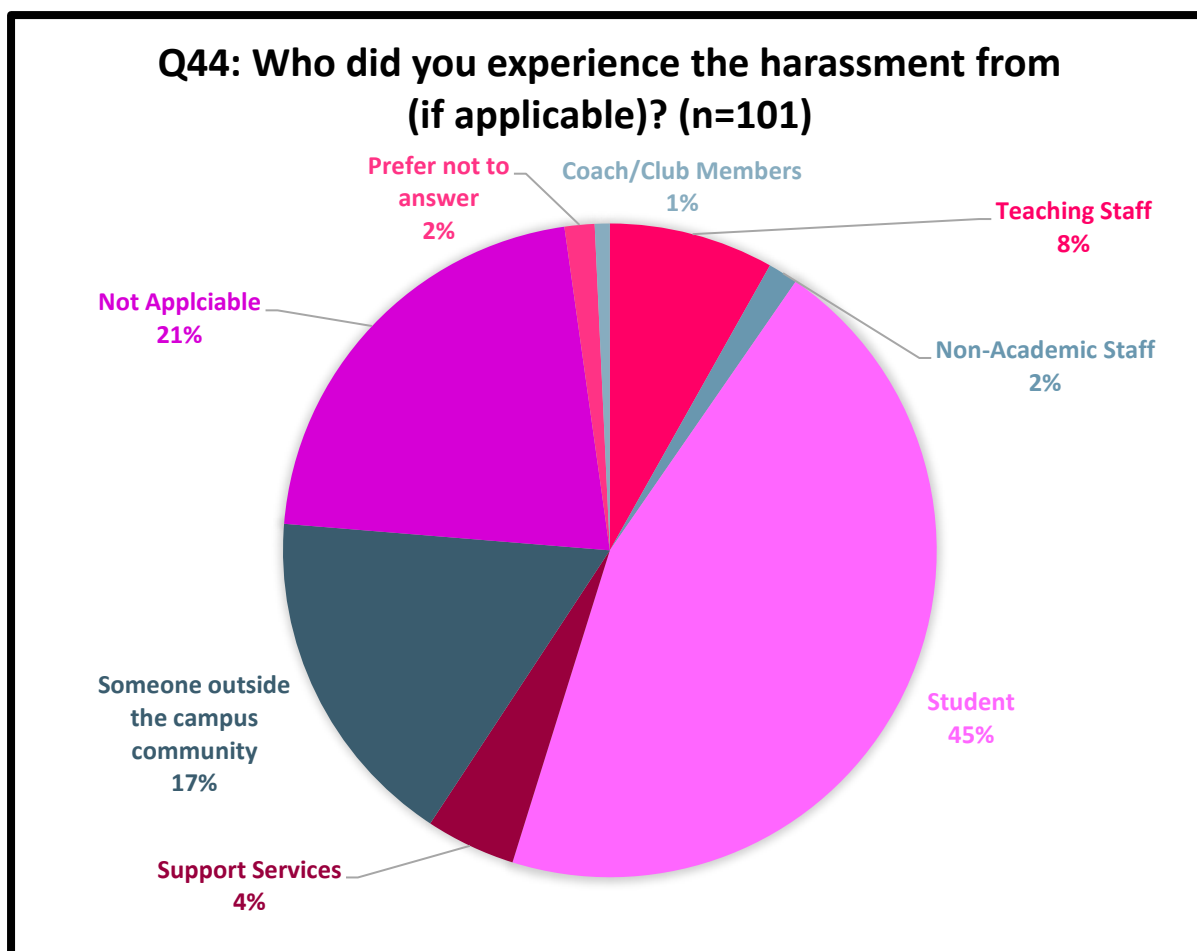


Figure 3.13: Respondent self-reported experience of harassment perpetrators

Inappropriate questions about respondents' bodies and sexuality were the leading form of harassment. There were also numerous accounts of catcalling/sexually inappropriate remarks and unwelcomed sexual advances/discussions. Jokes and insults were also common. Nearly a third of respondents reported pressure to hide or conceal their identities.

Students were the leading perpetrators, followed by people outside of the campus community and then teachers. Harassment was most likely to take place off-campus, followed by classrooms, common areas/libraries, outdoor campus grounds, and bathrooms. Although bathrooms were not the leading area for harassment to occur, qualitative answers to Question 50 illustrate that these bathrooms cause respondents considerable anxiety and trepidation nonetheless. The most common temporal response, for how often harassment occurred, was several times within a year (40 %, n= 103).

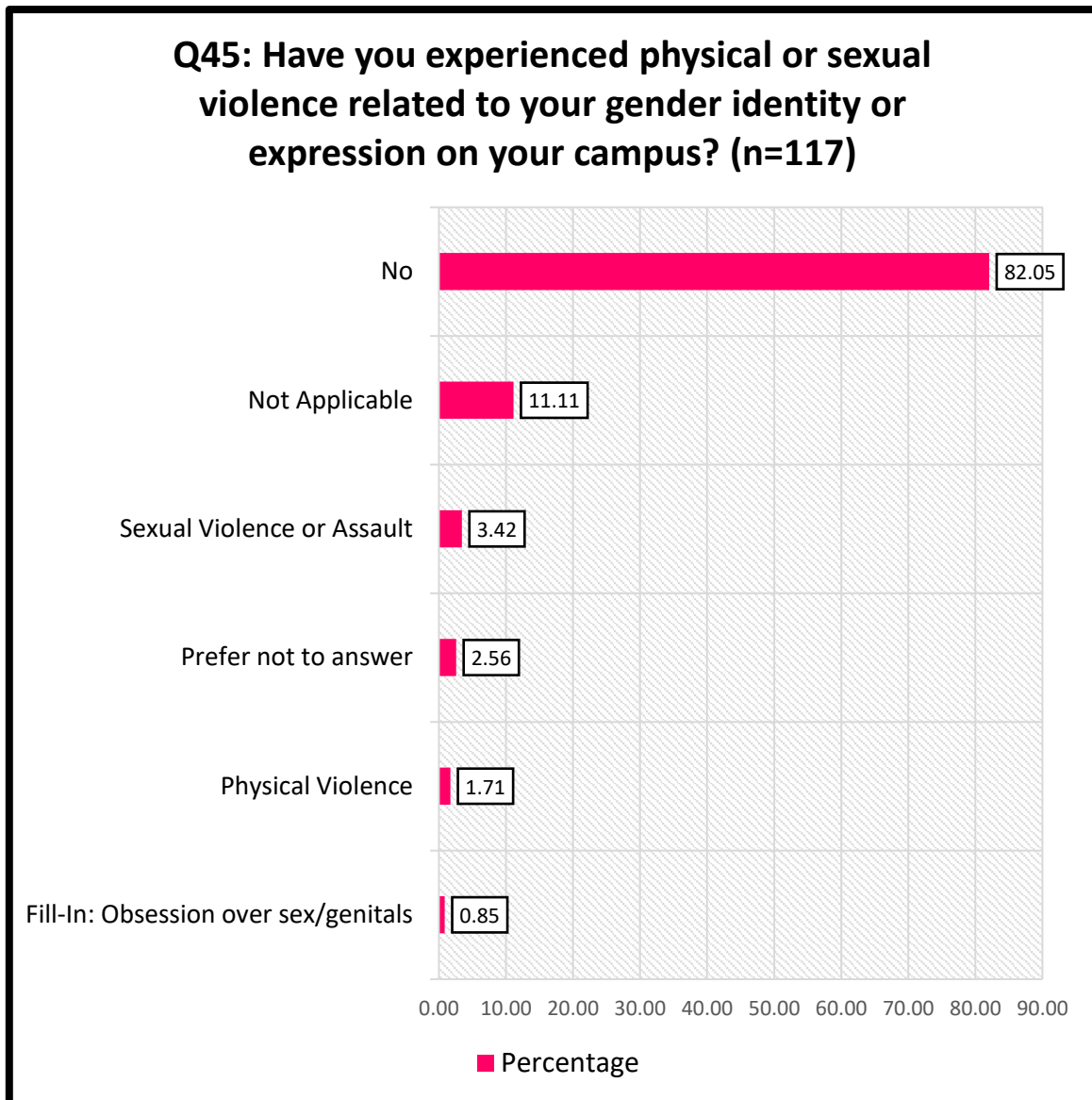


Figure 3.14: Respondent self-reported experience of physical and sexual violence on-campus relating to their gender identity or expression.

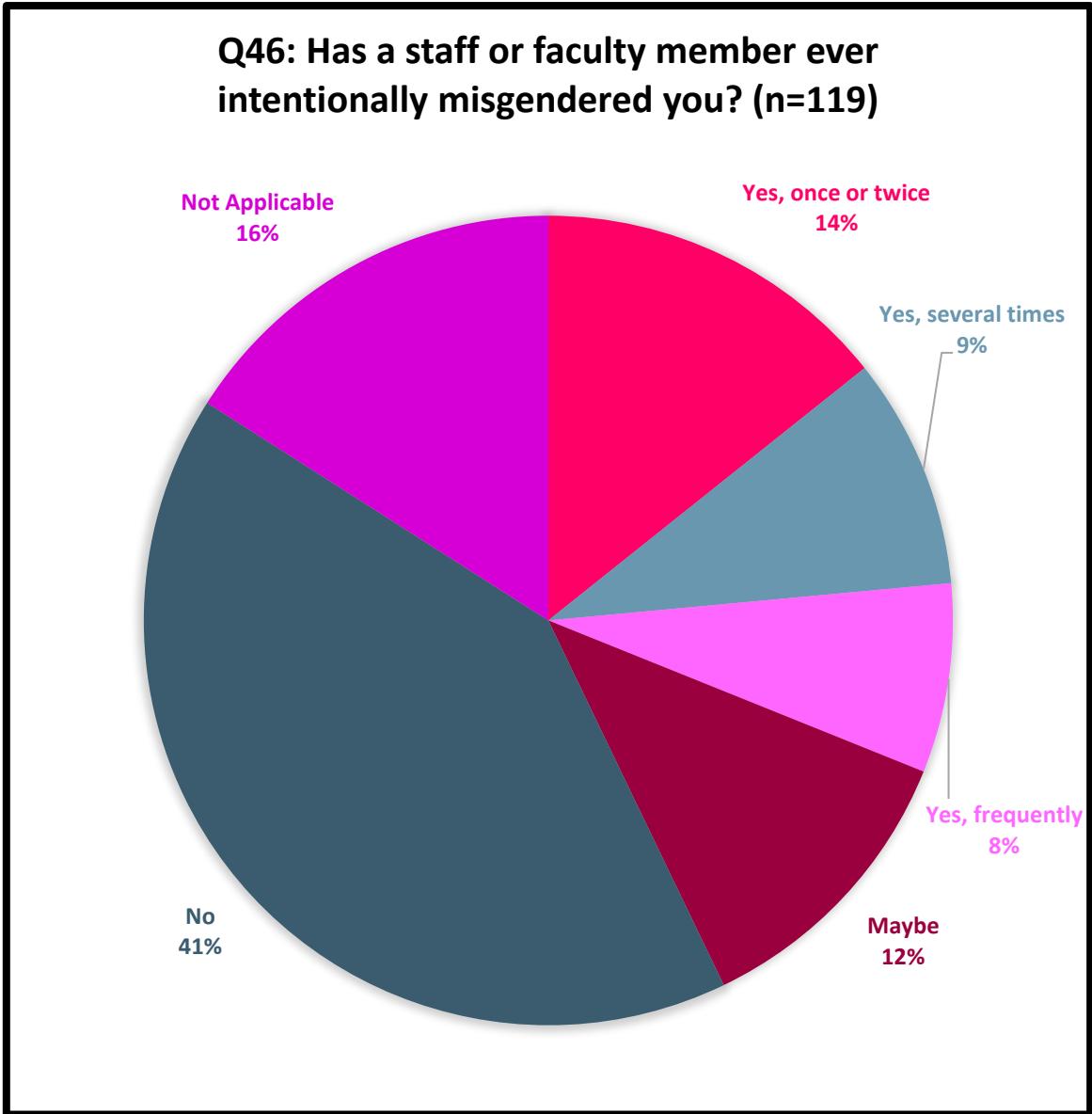


Figure 3.15: Respondent experience of being misgendered on-campus by academic staff

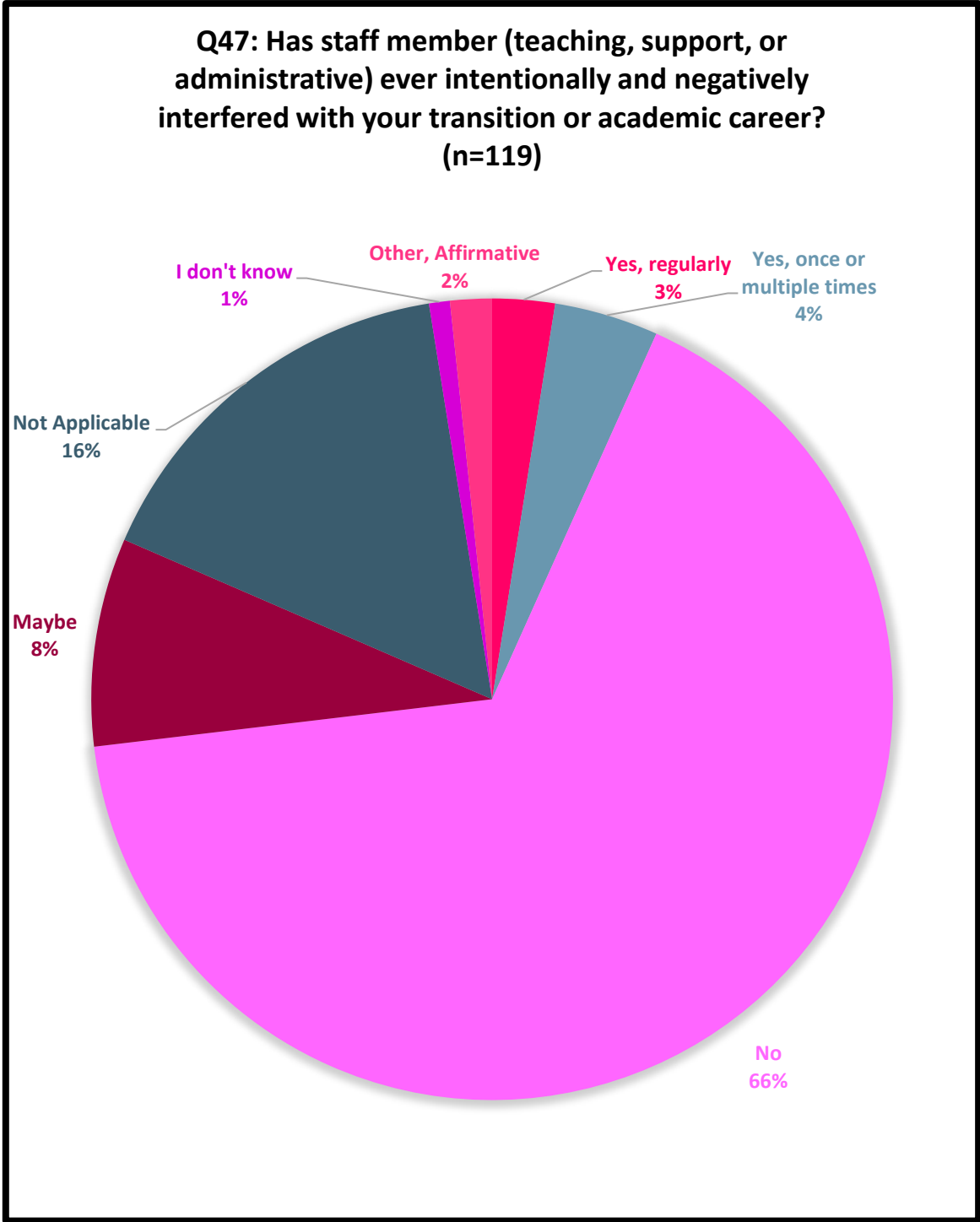


Figure 3.16: Respondent experience of higher education staff negatively impacting their transition or academic career

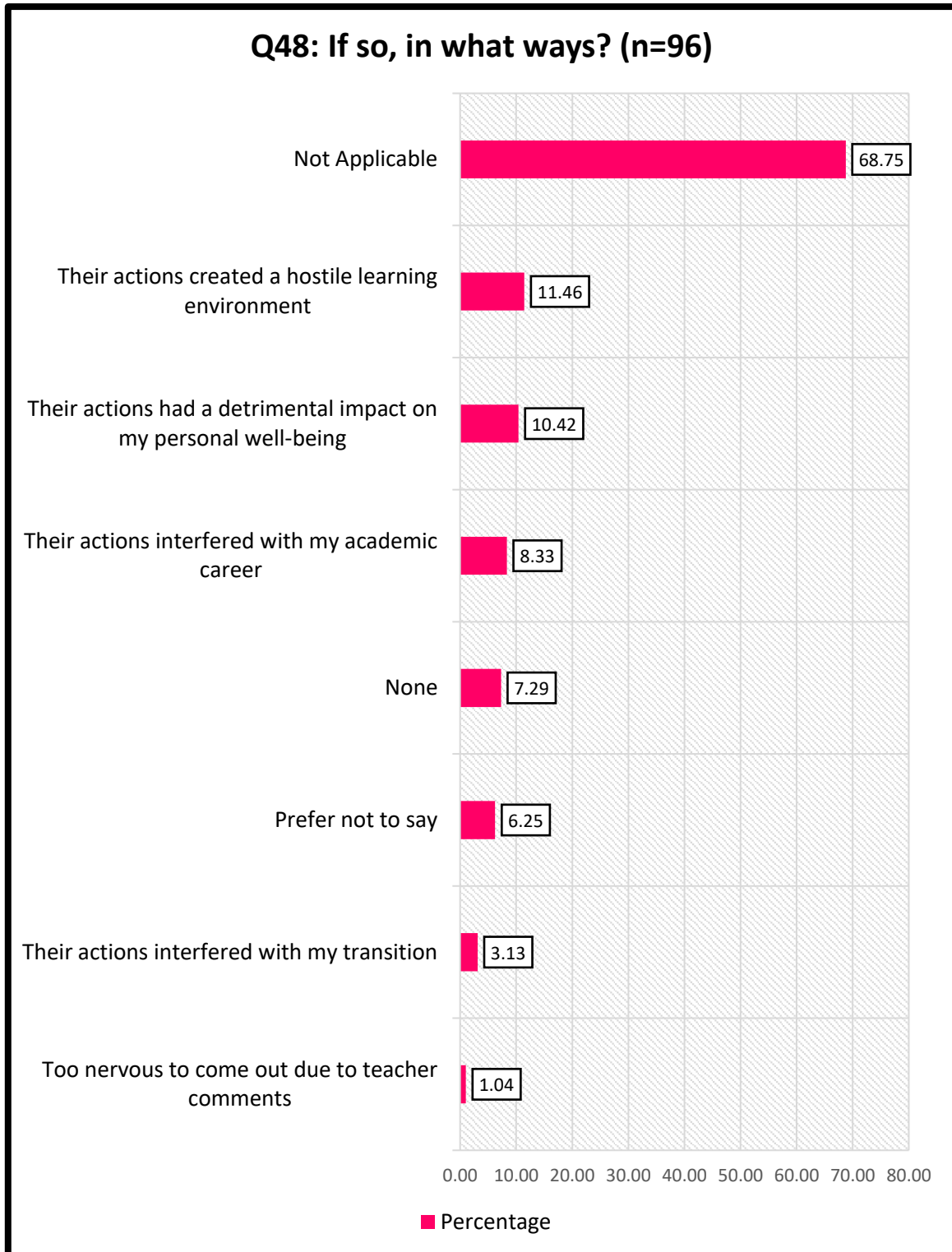


Figure 3.17: Respondent self-reported considerations as to how higher education staff impacted their transition or academic career

Concerning discrimination by teaching staff, it appears to impact about 8 % of respondents. These negative actions can create a hostile learning environment and detrimentally impacting both respondents' personal and academic life. One respondent noted that they became too nervous to come-out after hearing numerous anti-LGBTQ+ remarks. Another respondent stated that their teacher deliberately blocked efforts to acquire a formal name change.

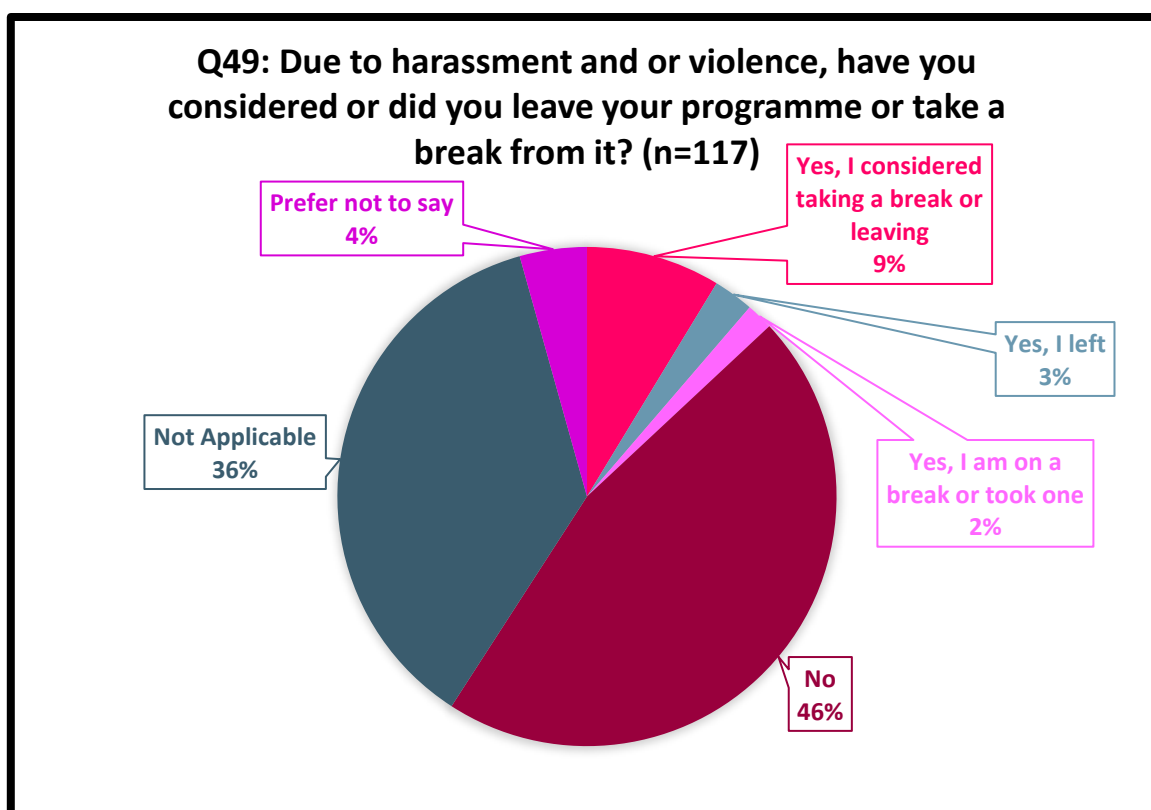


Figure 3.18: Respondent reported breaks in academic career due to the harassment and or violence

Issues with institutional administrations appear to lead to more students leaving/pausing or considering pausing/leaving their programme than harassment or violence. Nevertheless, approximately 15 % of respondents considered leaving/pausing or actually left/paused. As many of the respondents were current students or graduates,

however, this figure could be significantly higher as some potential respondents may not have wished to bring up painful experiences (leading to fewer responses from this demographic).

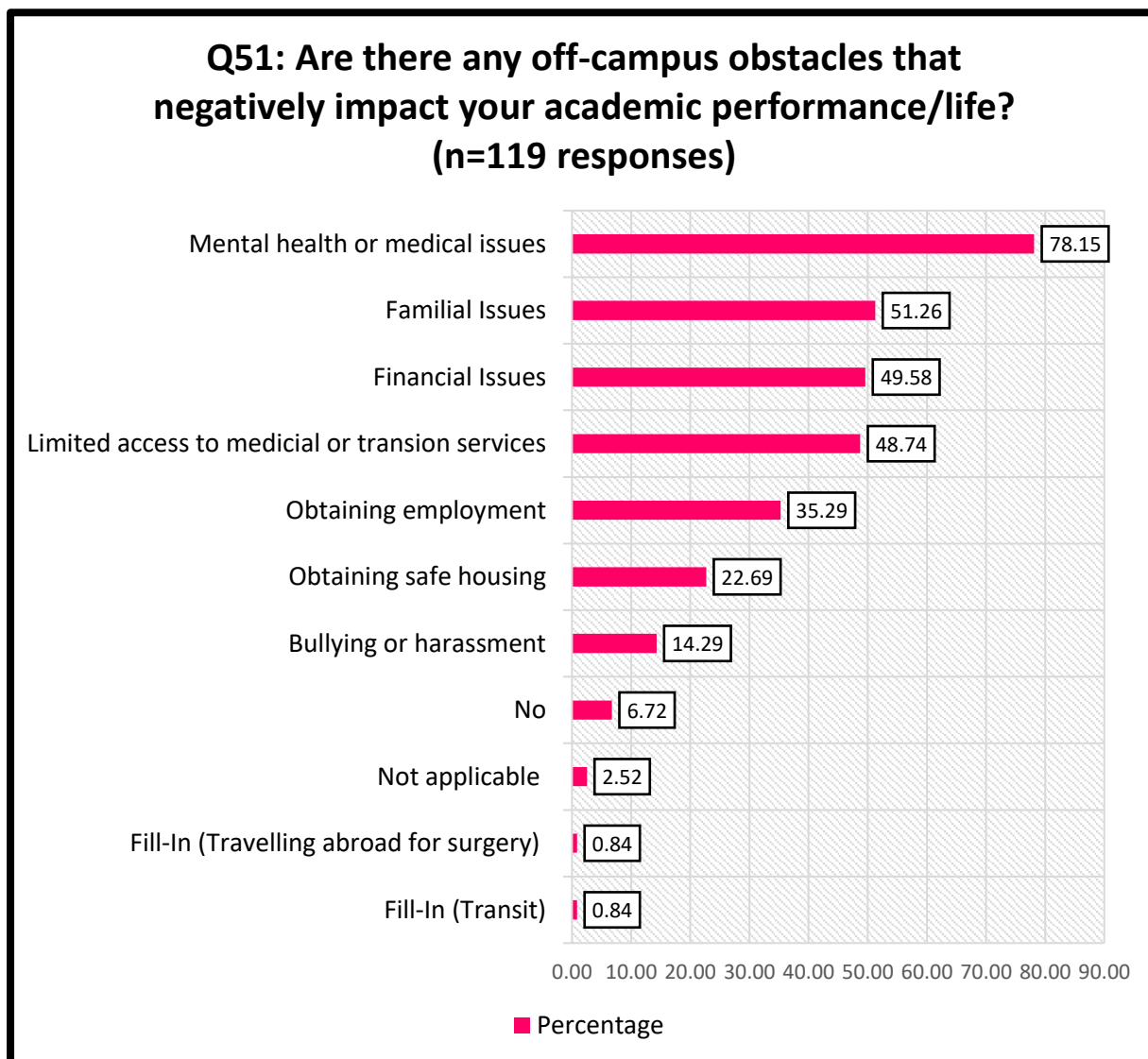


Figure 3.19: Respondent reported off-campus issues that are negatively impacting their academic career

Concerning Question 51, it is evident that there are a multitude of obstacles that gender minority students face. An inordinately high percent (c. 78 %) of respondents cited mental health and medical issues, a matter complicated by limited access to medical/transition services (c. 49 %). These problems are likely compounded by financial stresses and barriers to employment, as well as familial issues (which can translate into

stress and a lack of financial support). Transitioning services and mental health care, particularly, can be costly and uncovered by insurance.

“...it adds some many extra difficulties to your college experience and you're expected to have the same time and energy as your peers without these difficulties and problems...”

One fill-in response stated that the respondent had to go to London for transition services. It is important to note that some students may need excused absences or reasonable accommodations to access services or use their insurance abroad. This is especially pertinent as Ireland is a member of the EU, as well as has a high-degree of international mobility with the UK. One postgraduate student, who was part of the pilot, also stated that their supervisor would not provide any remote supervision while the student went back to their home county for transition services. As such, the respondent's medical transition was significantly delayed. By the time they would have been able to access hormones through the Irish healthcare system, their programme would've been over. The extent of this need has not been quantified by this survey, but it is something for authors of gender policies to be aware of.

“The health system does not offer any helpful support, especially for foreign students and rather presents an immense obstacle.”

4: Discussion and Preliminary Recommendations

The final question of the survey allowed respondents to share their overall thoughts on being a gender minority student in the Republic of Ireland. The answers reflect the results of many Likert responses: personal experiences were highly variable. Some students were very content and viewed Ireland as a progressive place, others viewed it as regressive and oppressive. The goal of next-generation gender policies will be to affect a shift from this variability to more uniform positive experiences.

“Ireland is progressive in comparison to some other countries. We have the right to change the gender marker on our passports. Many policies (university and employment) condemn transphobic behaviour. We have pride parades and pride month. All of this would never exist a few years ago. However, I think education has a long way to go. Trans people are never mentioned in schools. In a lot of situations, trans people are a victim of othering. I've seen a lot of transphobic language on social media (especially twitter)- and I think if people were better educated about gender and sexuality, there would be more acceptance.”

There are clear intersections between gender variance, poor health, and limited access to healthcare, both related and unrelated to transitioning. Disability officers and university medical/psychological staff must be cognisant of these intersections, and how they may be compounded by harassment, familial issues, and financial issues. Additionally, it is recommended that these staff members receive training, or at least access to information, regarding gender minority students. It is important that in seeking care, students are not victimised by the provider of services that they need.

“It's very difficult being trans in Ireland full stop due to the archaic medical transition system where people like me are waiting years for help and it's really detrimental to daily living, including studies. It's difficult to concentrate on classes when your body makes you want to jump off a bridge.”

As gender issues have gained greater attention and the discourse around gender has evolved, non-binary and gender non-conforming people have become more visible. This survey, as well as germane research cited in this report, has illustrated that such individuals compose a majority of the Irish gender minority community. However, limited or non-

existent recognition of these identities by the Irish government and institutions limits the administrative supports and accommodations these students can receive. This invalidates students' identities and ability to express themselves. It is strongly recommended that gender policies accommodate identities outside of male or female, as well as alternative pronouns. For all gender variations, it is also recommended that administrative policies regarding gender and name changes be streamlined and formalised.

“Could be better, my college did not have any guidelines or policies to help and were just kind of “winging it” I had some harassment from other students but a good backing of friends and other students was very helpful in overcoming this.”

Spaces are subjective. To a cisgender person, a bathroom may have limited significance or emotion attached to it. For gender minority students, however, it can be a source of distress, a place of danger, and something that even leads to medical issues. One respondent asked that this survey be used to improve bathroom conditions for students, something of great importance to them.³⁸ It is recommended that institutions insure that gender-neutral bathrooms have proper signage, as well as are well-kempt and easily accessible. It is also recommended that equality officers or cognate staff advertise and maintain a list or map of gender-neutral bathrooms/changing areas on the campus (and perhaps in the surrounding vicinity).

“I would recommend streamlining all bathrooms to become gender-neutral or at the very least including trans inclusionary signs on gender-segregated bathrooms. Campaigns discouraging policing in gender-segregated bathrooms could also be helpful in ensuring cis folks aren't harassing or questioning who is using the bathroom. Safety (physical, psychological etc.) is the primary concern here.”

For gender minority students, harassment by their peers is not an uncommon occurrence. This harassment is often sexual in nature, coming in the form of inappropriate questions, discussions, advances, and remarks. Education on LGBTQ+ issues and consent could possibly ameliorate this. However, it is also recommended that institutions have clear guidelines for gender-based harassment. This applies not only to students, but administrative staff, teachers, and persons in places of power (e.g. department or school

³⁸ “Like the gender neutral bathroom stuff is such a big deal for me. Can you please please please somehow use this study to make that happen somehow.”

heads). While any form of harassment or discrimination is destructive, sexual harassment is particularly devastating, demeaning, and threatening.

“Many institutions make gender neutral bathrooms at the expense of disabled bathrooms, which creates its own issues. We need both.”

Although this survey has helped to highlight what is problematic for gender minority students, it is also important to showcase things that have been beneficial to students. Student Unions were cited numerous times as supports and major advocates for equality and inclusivity. Indeed, several were extremely instrumental to disseminating and publicizing this survey. While harassment by teaching staff exists, they are also a major source of support and frequent point of contact for reasonable accommodations. NGOs such as TENI, Cork Gender Rebels, Jigsaw, This Is Me, and BelongTo were cited numerous times for providing vital support and information. Dublin establishments such as the George, PantiBar, Accents Café, and Outhouse were also mentioned frequently as safe places for expression and socialisation. While there is a great need for change in Ireland, we must also be cognizant and grateful to the organisations and people that have been affecting change. At this juncture, safe LGBTQ+ spaces, events, and organisations are critical to the gender minority community.

Appendix 1: Survey Questions

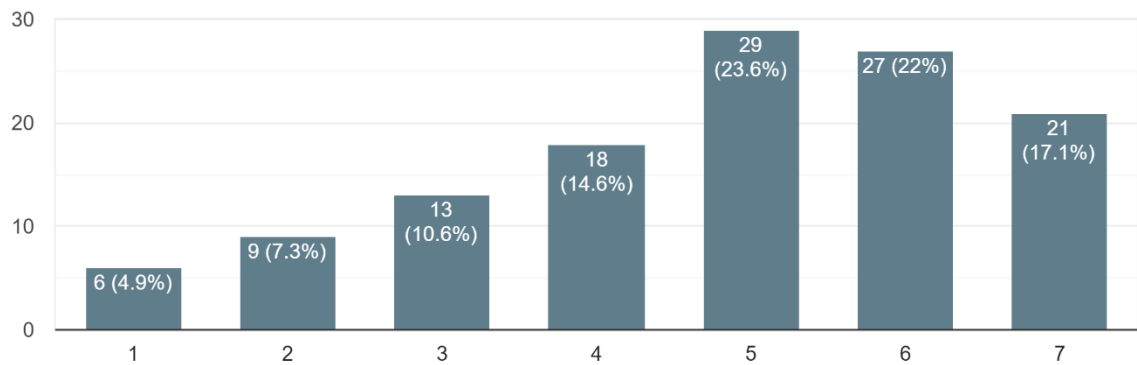
1: Do you consent to participate willingly in the survey?
2: Academic Status:
3: Programme Type:
4: Age:
5: Ethnicity:
6: County where I attend(ed) my programme:
7: Disability or Chronic Illness:
8: National Status:
9: Residence Type:
10: Gender:
11: Sexual Orientation:
12: I feel/felt accepted by my campus student community:
13: I feel/felt accepted by my campus administrative staff:
14: I feel/felt accepted by the teaching staff at my university:
15: I feel/felt physically safe at my campus:
16: I feel/felt free from harassment or bullying behaviour at my campus:
17: I feel/felt free from cyber-bullying from people based at my institution:
18: My campus health services are/were inclusive of my needs:
19: My campus mental health services were/are inclusive of my needs:
20: Are or were you "out" at you institution?
21: It is (or was) easy for me to present as my identified gender at my institution:
22: I feel/felt comfortable using gender segregated bathrooms at my campus:
23: I feel/felt comfortable using gender segregated changing facilities at my campus:
24: I prefer gender neutral facilities to gender segregated ones:
25: In the broader context of campus life, my preferred pronouns are or have been respected:
26: Does your campus have a LGBTQ+ organisation or society?
27: Do you feel that trans, non-binary, and gender non-conforming people are included in these organisations or spaces?
28: I feel/felt included when taking part in student societies or activities:
29: Do you face barriers to accessing student societies? Including athletic teams?
30: Have you sought reasonable accommodations from your institution? These would include things such as permitted absences, additional gender-options on forms, or medical extensions. Essentially, any adjustments to allow you to fully participate in your education experience.
31: From whom did you seek these reasonable accommodations?
32: The reasonable accommodations I received for my transition and well-being were satisfactory:
33: Are there any administrative barriers or institutional policies that limit inclusion or your well-being (e.g. limited gender choices on forms)?

34: Have you considered or had to leave your programme, or take a break from it, due to difficulties interacting with administrative staff or systems?
35: Does your institution have the following?
36: Due to difficulty accessing an appropriate bathroom, have you experienced the following:
37: Is or was your institution's Disability Services Programme inclusive of or sensitive towards your gender identity or transition when offering services for unrelated disability or health issues (if applicable, please skip or write not applicable if you have not needed to access these services)
38: Are there any policies or campus supports that have been especially helpful or that you would recommend?
39: I feel/felt comfortable reporting an incident of transphobia to my institution:
40: Have you experienced verbal or sexual harassment related to your gender identity or expression? If so, what form(s) did this take?
41: Have you experienced these other forms of harassment?
42: If you have an affirmative response to Questions 40 and 41, what was the frequency that you experienced harassment? If not, please move to Question 45.
43: Where was this most likely to occur (if applicable)?
44: Who did you experience the harassment from (if applicable)?
45: Have you experienced physical or sexual violence related to your gender identity or expression on your campus?
46: Has a staff or faculty member ever intentionally misgendered you?
47: Has staff member (teaching, support, or administrative) ever intentionally and negatively interfered with your transition or academic career?
48: If so, in what ways?
49: Due to harassment and or violence, have you considered or did you leave your programme or take a break from it?
50: Is there a place or places where you feel or have felt unsafe at your campus?
51: Are there any off-campus obstacles that negatively impact your academic performance/life?
52: Alternatively, what are some of the off-campus supports that have been most beneficial to you? For example, community organisations, the LGBTQ+ community events, or family.
53: If you attend a programme or reside in Dublin, are there areas of the city where you feel unsafe or avoid? Alternatively, are there places where you feel particularly safe and accepted?
54: Is there anything else that you feel that the researchers should know?
55: Overall, how would you describe being a trans or gender non-conforming student in the Republic of Ireland?

Appendix 2: Likert Result Graphics

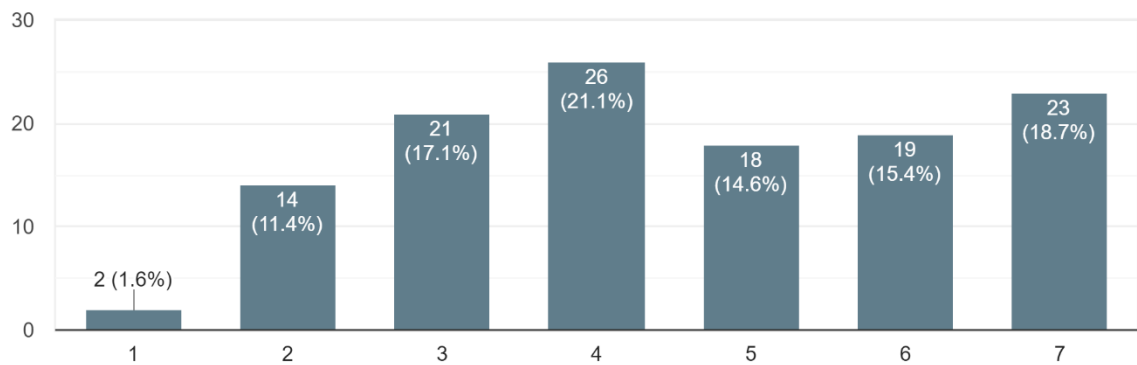
12: I feel/felt accepted by my campus student community:

123 responses



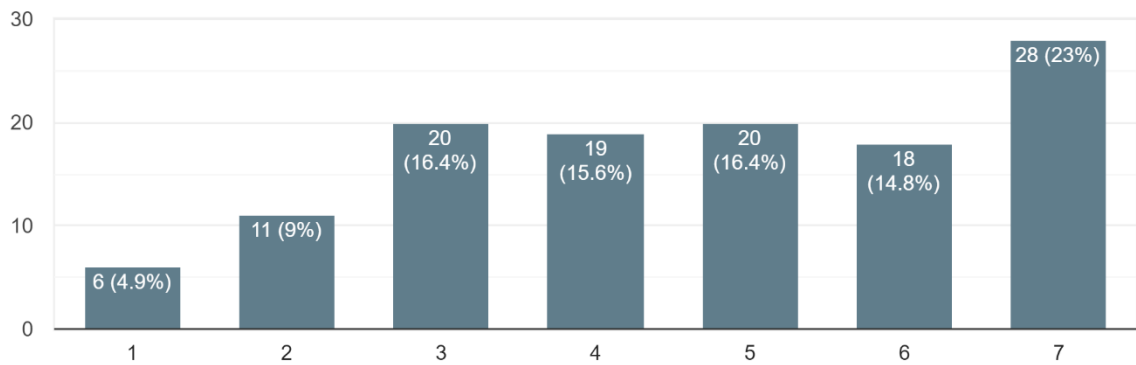
13: I feel/felt accepted by my campus administrative staff:

123 responses



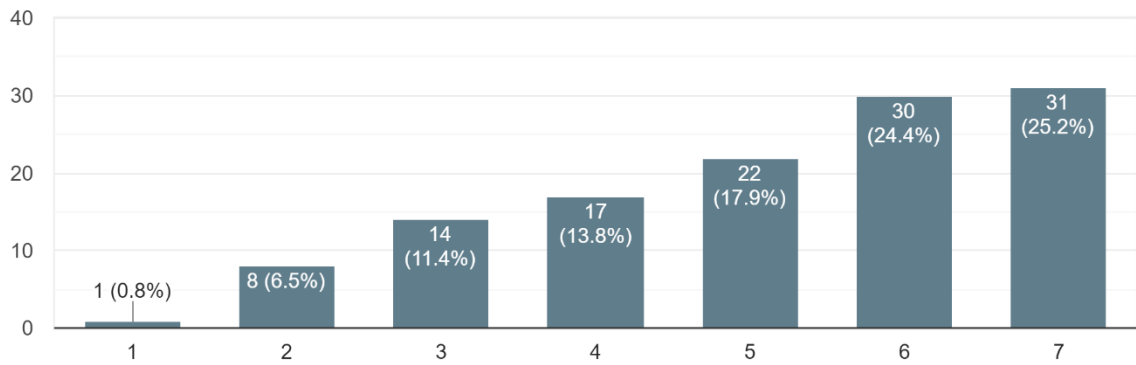
14: I feel/felt accepted by the teaching staff at my university:

122 responses



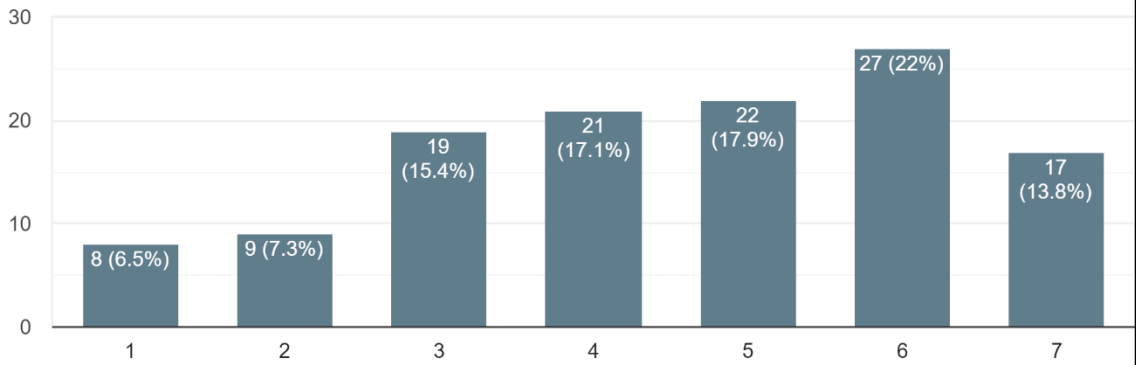
15: I feel/felt physically safe at my campus:

123 responses



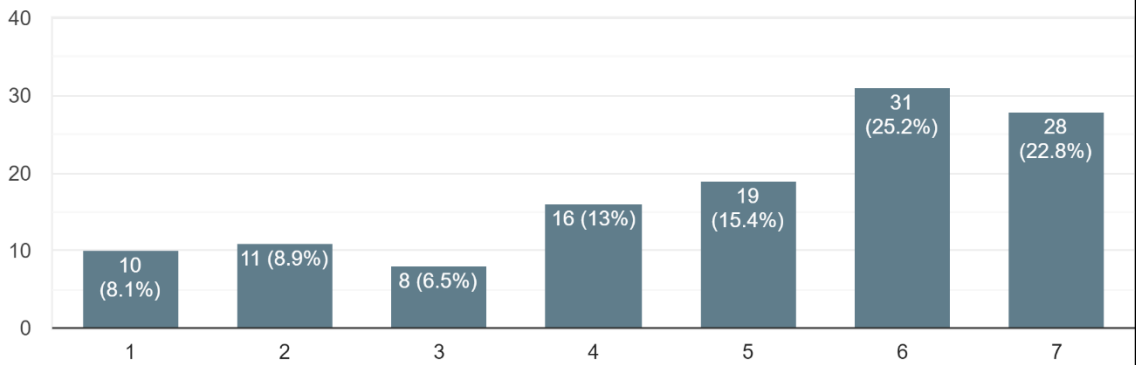
16: I feel/felt free from harassment or bullying behavior at my campus:

123 responses



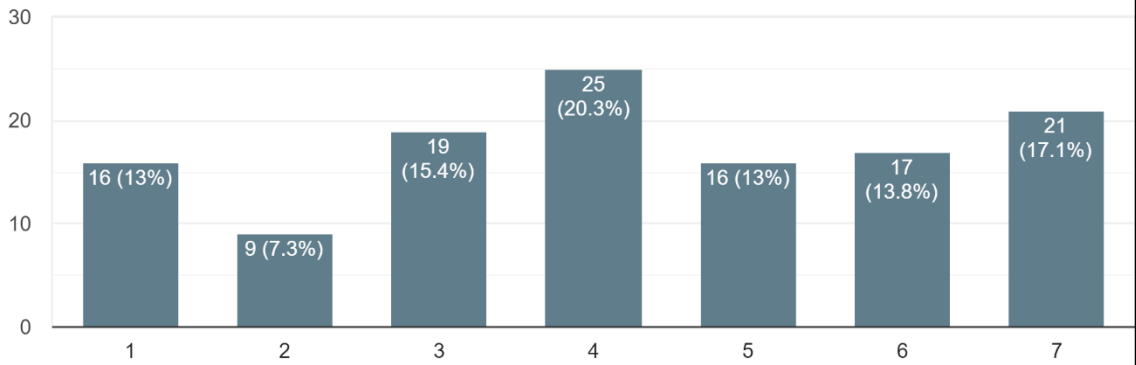
17: I feel/felt free from cyber-bullying from people based at my institution:

123 responses



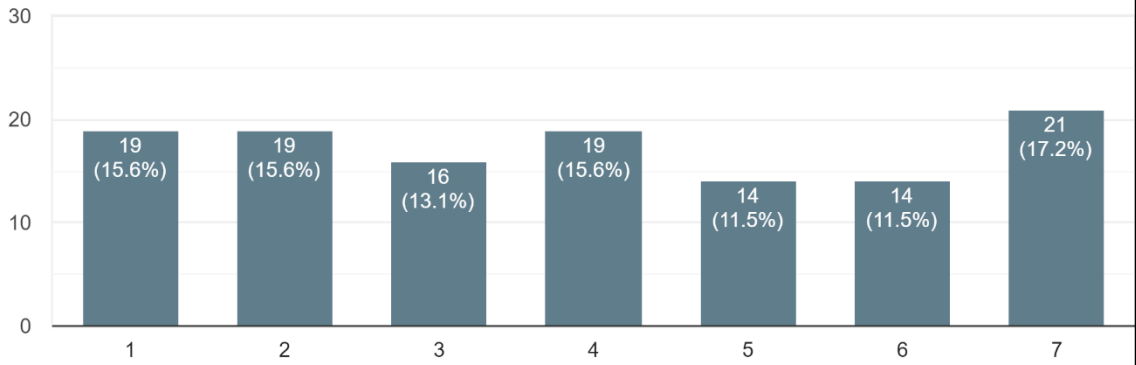
18: My campus health services are/were inclusive of my needs:

123 responses



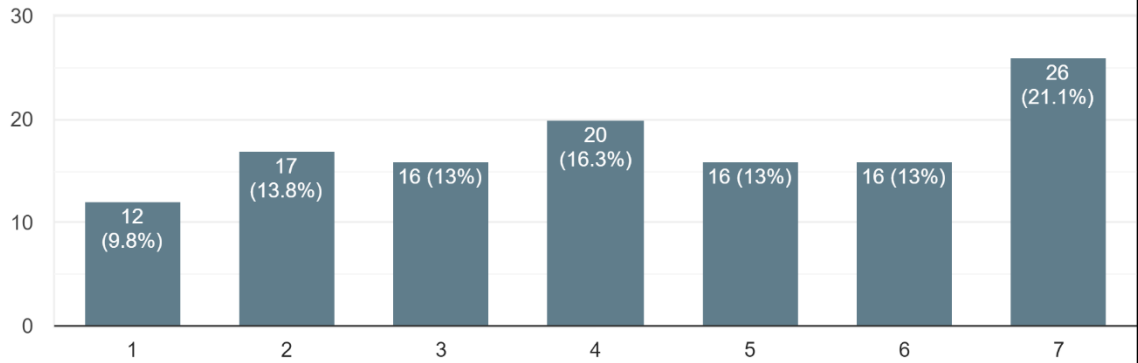
19: My campus mental health services were/are inclusive of my needs:

122 responses



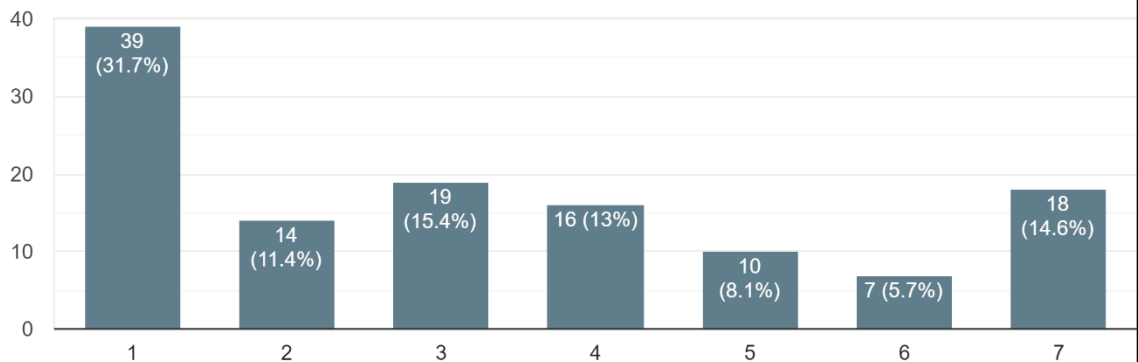
21: It is (or was) easy for me to present as my identified gender at my institution:

123 responses



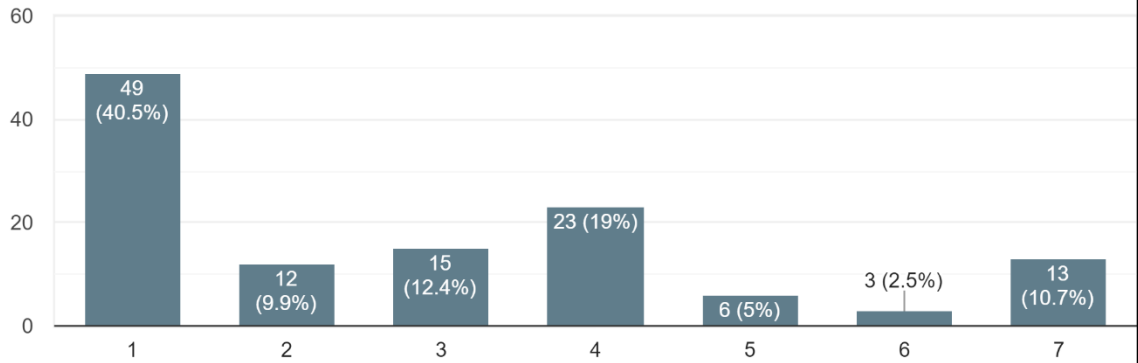
22: I feel/felt comfortable using gender segregated bathrooms at my campus:

123 responses



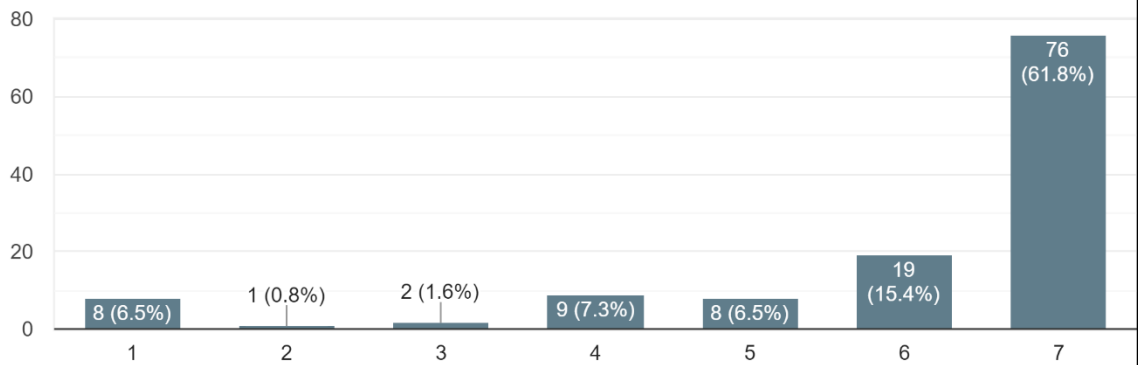
23: I feel/felt comfortable using gender segregated changing facilities at my campus:

121 responses



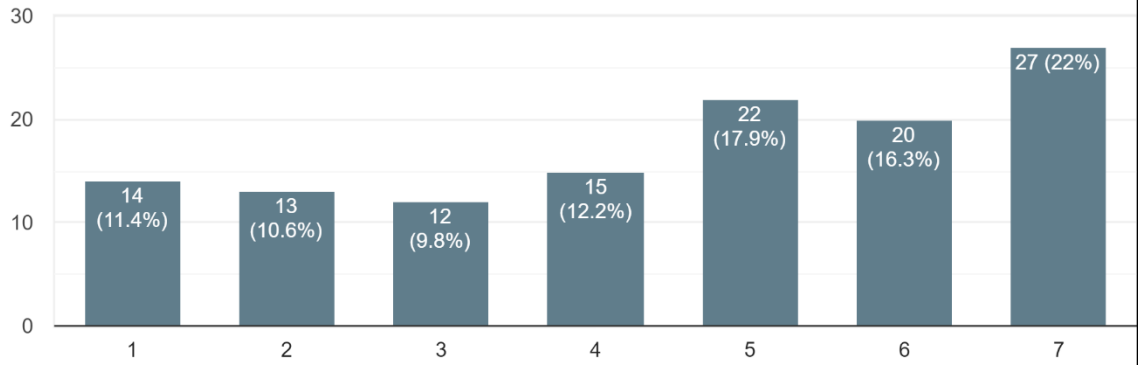
24: I prefer gender neutral facilities to gender segregated ones:

123 responses



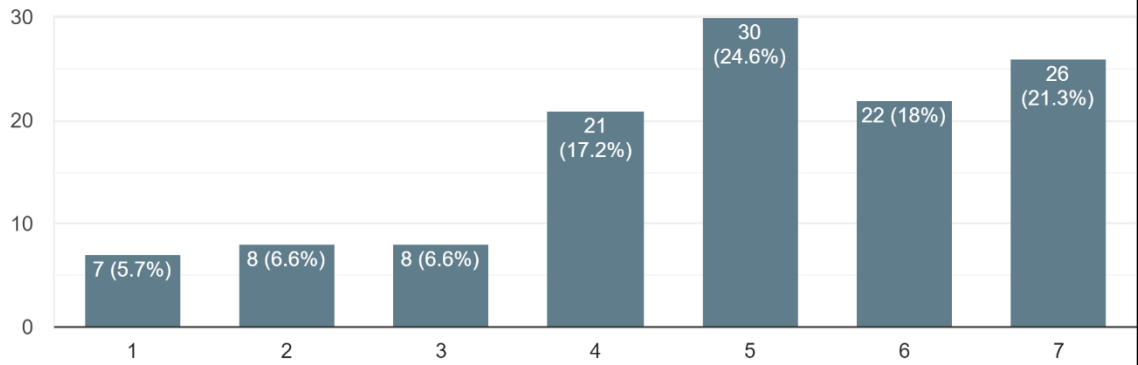
25: In the broader context of campus life, my preferred pronouns are or have been respected:

123 responses



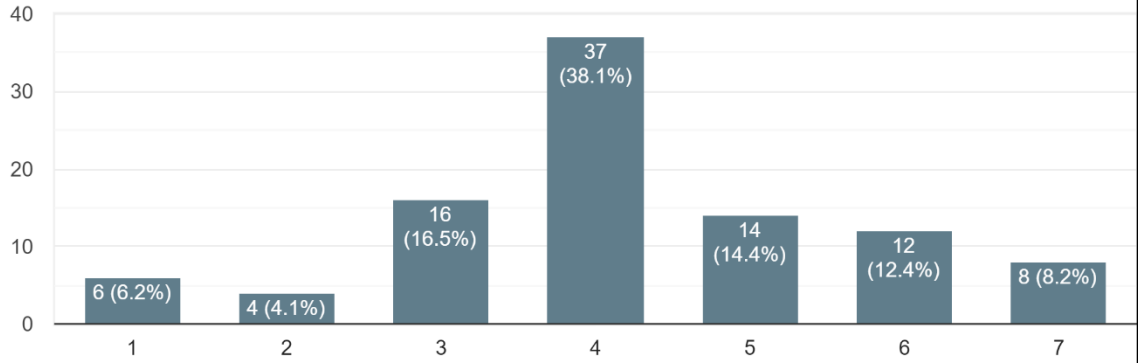
28: I feel/felt included when taking part in student societies or activities:

122 responses



32: The reasonable accommodations I received for my transition and well-being were satisfactory:

97 responses



39: I feel/felt comfortable reporting an incident of transphobia to my institution:

116 responses

