



SUBMISSION TO

THE SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE

INQUIRY INTO SUICIDE IN AUSTRALIA

November 2009

Introduction

International and Australian research¹ consistently shows that suicide attempts and self-harm rates are significantly higher for Gender Variant, Sex and Gender Diverse populations when compared with non-Gender Variant rates. In spite of high documented rates of attempted suicide, there is currently no research into rates of completed suicide. This is at least partly because the ABS does not collect statistics on Sex and Gender Diversity.

A Gender Agenda welcomes the opportunity to make a submission to the Senate Community Affairs References Committee Inquiry into suicide in Australia. In this submission we highlight the high incidence of depression, self-harm, suicide attempts and suicide among the Australian Sex and Gender Diverse community. It is crucial that strategies flowing from this Inquiry include properly funded measures targeted to Sex and Gender Diverse people, so as to curtail the alarmingly high rate of depression and suicide among Sex and Gender Diverse Australians.

About A Gender Agenda Inc

A Gender Agenda Inc is a gender rights organisation that has been operating since 2003 in the ACT. We provide peer support, advocacy and information to the Sex and Gender Diverse population and their supporters. Our advocacy and support services extend to all those society may deem 'Sex or Gender Variant'. This includes transgendered and intersexed people, genderqueers, crossdressers, drag performers, masculine women, feminine men, people who identify as queer, homosexuals, bisexuals and so on.

We work with local community organisations, government, and individuals to improve the health and wellbeing of the ACT's Sex and Gender Diverse population, addressing not only medical determinants of health, but also social determinants. Key areas of this work include community building, awareness raising, issues relating to violence against Gender Variant people, sex and gender related health issues and discrimination faced by Gender Variant people in all areas of life.

A Gender Agenda's membership and community contact indicates that about 1 in 200 people living and working in the ACT are Sex or Gender Diverse. Over the past 12 months our membership has quadrupled, and our organisation has become one of the primary sources of information about Gender Variance in the ACT, and demand for our services is swiftly outgrowing our capacity as a small, volunteer run, and unfunded organisation.

¹ for overseas examples see Clements Nolle et. al. 2006; Remafedi et. al. 1998; Whittle et. al. 2007; For Australian examples see Couch et. al. 2007; Gilchrist et. al. 2003; Pitts et. al. 2006

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Definitions

In this submission we use a number of terms you may not be familiar with. The way they are used within this submission may also vary slightly from their common usage. We have included the most important terms in this short glossary:

Sex and Gender Diverse

'Sex and Gender Diverse' is the umbrella term preferred by most Sex and Gender Diverse organisations and individuals, and was put into common usage in Australia by the Sex Files report in 2008². It includes people who are intersexed, transsexual, transgendered, crossdressers, genderqueer, Gender Variant, and a number of other similar identities who's sex and/or gender does not easily fit the binary two gender system currently for granted by many in our society, including government.

Gender Variant

Gender Variant is a term used by A Gender Agenda to describe any person whose behaviour or appearance does not fit the expected behaviour or appearance patterns for their gender. This term is particularly useful for describing children who's identities are still forming, and should not be assigned labels prematurely. Also "gender non-conforming".

Trans (Transgender/Transsexual)

The label "trans" is swiftly replacing transgender and transsexual in common usage³. A Gender Agenda use the term 'trans' to describe any individual who is seeking to live their life recognised as a member of a gender other than that they were assigned at birth. We do not consider progress through medical transition (that is, taking hormones or having surgeries) as a valid indicator of someone's 'trans' status.

Intersex

Technically, intersex is defined as "congenital anomaly of the reproductive and sexual system." Intersex people are born with external genitalia, internal reproductive organs, and/or endocrine system that are different from most other people. There is no single "intersex body"; it encompasses a wide variety of conditions that do not have anything in common except that they are deemed "abnormal" by the society. What makes intersex people similar is their experiences of medicalization, not biology.

Generally speaking, intersex is not an identity category. While some intersex people do reclaim "intersex" as part of their identity, most regard it as a medical condition, or just a unique physical

2 Accessed 20/11/09: The Sex Files Project: <http://www.hreoc.gov.au/genderdiversity/index.html>

3 Transgender Warriors : Making History from Joan of Arc to Dennis Rodman (1997)

state. Most intersex people identify and live as ordinary men and women, and are gay, lesbian, bisexual, or straight.

Intersex conditions are also known as "disorders of sex development" (DSD) in the medical community.⁴

Transphobia

Irrational fear or hatred of trans or cross-gender expressing people, non-normative genders or sexualities, or gender transgression. Transphobia is similar to homophobia, but extends beyond a concept of sexuality to also include gender expression, presentation, and identity. Transphobia is a very common problem and leads to discrimination, vilification, violence, abuse and in some cases murder. Transphobia occurs within families, institutions, on an individual basis, or systemically. People who are not homophobic may be transphobic, and vice versa. It is also important to note that transphobia is also frequently directed at people who are not trans/transgender/transsexual. Specifically, whenever violence is directed towards gays and lesbians this violence is always assumed to be motivated from a reaction against the persons sexuality. In most cases however the violence is a reaction to the way that person expresses their gender (for example the person is identified as being a very effeminate man, or a very masculine woman).

Overview of Risk Factors

Sex and Gender Diverse people are identified as a high risk group for suicide in research from both Australia and Internationally⁵. There are estimates that the suicide rate for Sex and Gender Diverse individuals (particularly trans people) is around 125 times that of the general population in Australia⁶. One study conducted in Sydney found that 50% of Sex and Gender Diverse people had attempted suicide⁷. Alarmingly, 1 in 4 respondents to the TranZnation survey in 2007 reported suicidal thoughts in the 2 weeks prior to filling in the survey.

⁴ Accessed 20/11/09, last updated, June 2008, Directly quoted from: <http://www.intersexinitiative.org/articles/intersex-faq.html>

⁵ for overseas examples see Clements Nolle et. al. 2006; Remafedi et. al. 1998; Whittle et. al. 2007; For Australian examples see Couch et. al. 2007; Gilchrist et. al. 2003; Pitts et. al. 2006

⁶ Hyndal, P (2009)

⁷ Perkins (1991: 53) quoted in National Transgender HIV/AIDS Needs Assessment National Transgender HIV/AIDS Needs Assessment Project (1994)

According to Australian Suicide Prevention organisation, BeyondBlue, 5% of Australian's suffer from depression in any given year⁸, and depression is a major risk factor for suicide⁹. In a later document BeyondBlue states that between 50% and 60% of the Sex and Gender Diverse population meet the criteria for clinical depression at any given point in time¹⁰. In spite of these statistics being widely acknowledged by credible organizations such as Beyond Blue, there are no suicide prevention programs, fact sheets, or other suicide prevention related information that specifically targets the Sex and Gender Diverse population.

Being Sex or Gender Diverse is not a risk factor in and of itself. In fact, the Transgender Lifestyles Report¹¹ noted that the community they studied was divided into multiple segments, with socially isolated people being at much higher risk than the general population, but those with a strong family and social network being at the same or lower risk for suicide, drug abuse and contracting HIV/AIDS. As the authors note, this strongly indicates that being Sex or Gender Diverse does not create the suicide risk, but that one's treatment by society for being Sex or Gender Diverse creates the suicide risk.

Risk factors for suicide within the Sex and Gender Diverse Community include harassment, discrimination, unemployment, physical and sexual assault, lack of social support networks, inappropriate treatment by medical professionals, and familial rejection¹².

Discrimination and Depression

TranZnation found that there was a clear relationship between experiences of discrimination and levels of depression¹³. Discrimination is one of the primary risk factors for the Sex and Gender Diverse Community, with more than a third of the community facing overt acts of discrimination more than once a week¹⁴, and 90% of trans people experiencing discrimination for being trans¹⁵. The link between discrimination and depression has been clearly established by a great deal of

8 Accessed 20/11/09 http://beyondblue.org.au/index.aspx?link_id=89.578

9 Accessed 20/11/09: http://www.beyondblue.org.au/index.aspx?link_id=105.898&oid=203

10 BeyondBlue Pamphlet: "Depression and Anxiety in gay, lesbian, bisexual, transgender and intersex people" (2009)

11 National Transgender HIV/AIDS Needs Assessment National Transgender HIV/AIDS Needs Assessment Project (1994)

12 Couch et al. 2007 & National Transgender HIV/AIDS Needs Assessment National Transgender HIV/AIDS Needs Assessment Project (1994)

13 Couch et al. 2007

14 National Transgender HIV/AIDS Needs Assessment National Transgender HIV/AIDS Needs Assessment Project (1994)

15 Beyond Blue

research into both Sex and Gender Diverse specific issues, and other facets of the community that experience high levels of discrimination¹⁶.

A survey of trans people in Australia made the following observation:

“From crossing gender to social discrimination the everyday experience for many transys [sic] is isolation, family rejection, unemployment and maltreatment by just about everyone from the courts, public servants, the police, and professionals to the average person on the street. For many, far too many as our figures indicate, this leads to loneliness, depression, low self-esteem and poor health. For others though the inevitable conclusion sinks even lower to incrimination, incarceration, drug addiction and/or suicide”¹⁷

Another survey conducted in 2007 asked what kind of discrimination had been experienced by members of the Sex and Gender Diverse community, and found that:

Social forms of stigma and discrimination were the most common, with around half of participants reporting being verbally abused, socially excluded, or having rumours spread about them. A third had been threatened with violence. A similar level had received lesser treatment due to their name or sex on documents, as well as been refused employment or promotion. Almost a quarter had been refused services in other areas, while one in five had been threatened to be ‘outed’. Physical attacks were reported by 19% of participants, a similar level reported discrimination from police, and 15% had things thrown at them. Refusal of bank finance was experienced by 15%, while housing had been refused for 12% of participants. Obscene mail and phone calls, and damage of personal property were experienced by 11%. Sexual assault and rape had been experienced by around 10% of respondents. Hate mail and blackmail were reported by less than 10% of the sample. Only 5% of participants reported that they had had custody of their children revoked due to gender issues. It is unclear, however, the number of participants overall in the sample who had children; thus

16 examples see Clements Nolle et. al. 2006; Remafedi et. al. 1998; Whittle et. al. 2007; Couch et. al. 2007; Gilchrist et. al. 2003; Pitts et. al. 2006

17 National Transgender HIV/AIDS Needs Assessment National Transgender HIV/AIDS Needs Assessment Project (1994) - pg 62

it is likely that the proportion of respondents who had had custody revoked is much higher.¹⁸

Many trans and other Sex and Gender Diverse people are able to 'pass' as non-Gender Variant in their day to day lives to avoid discrimination. However, even these individuals become vulnerable to abuse and discrimination when their identity documentation does not match their personal presentation (for example, a woman who was assigned male at birth, and still has 'male' on her passport or other identification).

Recommendations

- 1.1 - We recommend that all States and Territories immediately extend Anti-Discrimination and Equal Opportunity legislation to better protect Sex and Gender Diverse individuals
- 1.2 - We recommend that all States and Territories, and the Federal Government immediately enact legislation to recognize Sex and Gender Diverse individuals right to change their gender, to allow alteration of identity and other legal documents to reflect gender changes, and to ensure that these people can enjoy all the rights and privileges available to other members of the individuals chosen gender. Recognition of gender changes under such legislation should be independent of medical criteria.

Social Inclusion and Connectedness

Social isolation and feelings of loneliness are important risk factors for suicide. Unfortunately, Sex and Gender Diverse people tend to compound rejection and victimisation with social withdrawal, utilised as a self-protection mechanism¹⁹. About 40% of Sex and Gender Diverse people are rejected by their families, and a third are rejected by their friends, leading to extreme social isolation²⁰. When surveyed about their response to this victimisation, more than a third of Sex and Gender Diverse people reported that they had attempted suicide as a direct result of experiencing discrimination. Sex and Gender Diverse social groups, support groups, and organisations provide an important place for Sex and Gender Diverse people to maintain a sense of social connection. We note that, with the exception of one organization in Sydney, there are no funds currently being made available to any Sex and Gender Diverse social or support group anywhere in Australia.

18 Couch M, Pitts M, Mulcare H, Croy S, Mitchell A, Patel S, TranZnation – A report on the health and wellbeing of transgendered people in Australia and new Zealand, ARCSHS, La Trobe University, 2007

19 National Transgender HIV/AIDS Needs Assessment National Transgender HIV/AIDS Needs Assessment Project (1994)

20 National Transgender HIV/AIDS Needs Assessment National Transgender HIV/AIDS Needs Assessment Project (1994)

The inclusion of Sex and Gender Diverse groups within LGBT (Lesbian, Gay, Bisexual, Transgender) or Gay and Lesbian organisations is problematic for multiple reasons. The sexual health focus of most LGBT/Gay and Lesbian Organisations does not address the needs of the Sex and Gender Diverse population. In addition to this, discrimination from within the 'LGBT' community is at best as great as outside of the community. 40% of Sex and Gender Diverse people report being discriminated against by gay men, and 15% reporting discrimination from lesbians²¹. It is important for policy makers to understand that Sex and Gender Diverse organisations require funding in their own right in order to provide safe spaces for Sex and Gender Diverse people to socialise and form a community of their own.

Recommendations:

- 2.1 - We recommend that the creation of a strong, self-sufficient Sex and Gender Diverse community be adopted as public policy goal by all the Federal, State and Territorial Governments
- 2.2 - We recommend that Sex and Gender Diverse community organizations be adequately funded, separately from, and in addition to "LGBT" organisations.
- 2.3 - We recommend that the Federal, State and Territorial Governments: (i) implement a campaign to educate the public about Sex and Gender Diverse issues, with particular emphasis on eliminating discrimination and violence against Sex and Gender Diverse people; and (ii) produces materials that address issues of discrimination, marginalization, hatred, and violence against Sex and Gender Diverse people, alongside educational material about Sex and Gender Diverse people for distribution through out the education system.
- 2.4 - We recommend that the Federal and State Departments of Health fund an ongoing community organized outreach program sufficient to reach Sex and Gender Diverse individuals in both the capital cities and rural areas in Australia

Unemployment

Rates of unemployment and underemployment are remarkably high in the Sex and Gender Diverse community. The TranZnation report found that Sex and Gender Diverse people are proportionally better educated than the general population, with one third having a university degree, and most having some kind of further education. However, in spite of excellent education levels, the unemployment rate of the Sex and Gender Diverse population is 3 times higher than the general population. An earlier study found that discrimination in employment is a direct result

21 Transgender Lifestyles

of gender change, and that discrimination levels are stable across occupations²². This study reported that unemployment rose significantly after identifying as transgender in all professions except for sex work (where employment levels increased). Income is also alarmingly low within the Sex and Gender Diverse community, with a third of the population earning less than \$20,000 per year, and half earning less than \$40,000 per year²³.

Recommendations

- 3.1 - We recommend that affirmative action programs be created for retraining long term unemployed Sex and Gender Diverse individuals for work in the public service.
- 3.2 - We recommend that programs be devised to educate employers about Sex and Gender Diversity and encourage them to hire Sex and Gender Diverse individuals on the basis of qualifications and job suitability

Sexual Assault and Rape

Victims of sexual assault and rape are high risk for depression and attempted suicide²⁴. Rape and Sexual Assault are pressing concerns for Sex and Gender Diverse people. One study found that 49% of their sample had been raped or sexually assaulted in their lifetime, which is significantly higher than the national average of 1 in 4 women, and 1 in 6 men in the general population. Another study found that 10% of Sex and Gender Diverse people had been raped, and 11% sexually assaulted, as a direct result of their status as Sex and Gender Diverse.

A total of 157 incidents were reported by 71 members of the sample group. A third reported rape by a lone assailant, while one in eight reported a pack rape. About a fifth reported other types of sexual assault. The reported level of child sexual assault (incest, sex with a relative/family friend) was over 40%.

No significant trends were identified by the studies as to why these rates are so high, other than the individuals status as Sex and Gender Diverse.

Recommendations

- 4.1 - We recommend that: (i) further research be funded to look into the causes of violence, both sexual and non-sexual, against Sex and Gender Diverse individuals; (ii) funding be provided to community-based Sex and Gender Diversity anti-violence projects

22 National Transgender HIV/AIDS Needs Assessment National Transgender HIV/AIDS Needs Assessment Project (1994)

23 Couch et al. 2007

24 Accessed 20/11/09: <http://www.suicide.org/rape-victims-prone-to-suicide.html>

4.2 - We recommend that a specialist Sex and Gender Diversity focussed telephone rape counseling services be established in each state.

4.3 - We recommend sensitivity training for employees of existing rape crisis services.

Gender Variant Youth

Gender Variant youth and children are an extremely vulnerable group, and deserve special attention within the context of support services in general, but especially with regard to suicide prevention messages. Major issues facing Gender Variant youth include being bullied, experiencing family disruption, becoming homeless and feelings of fear, shame, embarrassment or confusion. None of these issues stem from the nature of their Gender Variance, but from the experience of living in a world that pathologises sex and gender diversity and consequently marginalises these individuals²⁵.

In his research on non-heterosexual young people, Remafedi found that suicide attempts were significantly associated with gender non-conformity²⁶. Bullying is a significant factor for suicidal behaviours. Australian research has found that when a young person is bullied repeatedly at school there is an increased risk of self harm and suicide attempts²⁷. Former victims of bullying have been found to express feelings of shame, social isolation, depression, feelings of hopelessness, and to engage in self-harming and suicidal behaviours. These correlate closely with established risk factors for suicide. We have been unable to locate Australian research specifically about experiences of bullying by Gender Variant youth, but American research would indicate that gender non-conforming youth are more likely to be bullied than other groups, including gender-conforming same-sex attracted young people²⁸.

The vast majority of sexual abuse and rape of Sex and Gender Diverse people occurs while they are children and teens, with two thirds being raped or sexually assaulted before they turn 20, with a peak between 11 and 13 years old (perhaps not coincidentally coinciding with the commencement of puberty)²⁹. Without appropriate care from well trained professionals, these children can very easily become a high risk for suicide. Particularly in this age bracket, the vast

25 Dyson et al, (2003)

26 Remafedi, G. (1999) "Sexual Orientation in Youth Suicide" MSJAMA Vol 282: 1291-1292

27 Rogby, 1997

28 Clements-Nolle, R., M. Marx and M. Katz (2006), and Dyson, S., Mitchell, A., Smith, A., Dowsett, G., Pitts, M. and Hillier, L (2003), and Gilchrist H., G. Howarth and G. Sullivan (2003) and Accessed 20/11/09: <http://www.nytimes.com/2009/09/27/magazine/27out-t.html?pagewanted=3&r=1>

29 National Transgender HIV/AIDS Needs Assessment National Transgender HIV/AIDS Needs Assessment Project (1994)

majority of suicides in Sex and Gender Diverse or questioning individuals go unrecognized as being related to issues of sex or gender diversity.

A Gender Agenda has received a very high number of inquiries from the parents of Sex and Gender Diverse or questioning adolescents who are distressed because they cannot find the information and support that they need in order to adequately meet the needs of children in exploring these issues.

Recommendations

- 5.1 - We recommend education of teachers and school administrators on issues of Sex and Gender Diversity, and early intervention programs for children who are disengaging from schooling.
- 5.2 - We recommend anti-transphobic and anti-queerphobic education campaigns for both staff and students in all levels of schooling.
- 5.3 - We recommend establishing funded community social groups and camps for Gender Variant youth and their families.
- 5.4 - We recommend establishing an online web resource for Sex and Gender Diverse youth to find accurate information and resources, and social support.
- 5.5 - We recommend establishing a youth specific sexual assault counseling service.

Indigenous People

Available evidence confirms that factors known to contribute to suicide risk such as discrimination, loss of cultural identity and family belonging are particularly high among indigenous Sex and Gender Diverse people. Discrimination on the basis of sexual orientation or gender identity is compounded by other strands of discrimination, such as racism. A respondent to the TranZnation study noted

I feel that as Aboriginal and a sistergirl, we face more discrimination and stigma than non-Aboriginal trannies. We have to deal with our own communities attitudes and values, not alone deal with the broader community. I have noticed that living in a large city, I face some form of discrimination at least 3 to 4 times a week.³⁰

30 Couch et al. 2007, p. 64

This means that the risk of suicide for Aboriginal and Torres Strait Island people who are Sex and Gender Diverse is compounded and further increases the already high suicide rates among these communities.^{31 32}

Recommendations

6.1 - We recommend that existing Indigenous health organisations be given increased funding to address suicide prevention

6.2 - We recommend that existing sistergirl organisations be given increased funding to address issues specific to the Indigenous Sex and Gender Diverse community.

6.3 - We recommend establishing funded programs to allow sistergirl communities to participate in outreach work in remote Indigenous communities

Difficulty in Accessing Services

There are many barriers to Sex and Gender Diverse people when attempting to access information and support services. These include discrimination from service providers, lack of Sex and Gender Diverse specific services, lack of education about issues of Sex and Gender Diversity among service providers, fear of being outed as Sex or Gender Diverse and lack of visibility of Sex and Gender Diverse individuals within organisations.

It is often easier for an individual to make initial contact with an organisation, if they feel that the person they are making contact with has personal experience of their situation. For this reason it is important for services of all kinds, and especially suicide prevention services to have Sex and Gender Diverse counselors and other employees on hand.

Discrimination and Fear of Discrimination

It is well documented that Sex and Gender Diverse people experience extremely high levels of discrimination. It is also documented that the discrimination that is experienced is not isolated to particular social contexts.

Not only does it seem that everyone practices discrimination against transgendered, but also this discrimination occurs just about everywhere".³³

³¹ Queensland Association for Health communities (2004)

³² More information on Indigenous suicide can be found at <http://www.suicidepreventionaust.org>

³³ National Transgender HIV/AIDS Needs Assessment National Transgender HIV/AIDS Needs Assessment Project (1994)

Just over 10% of Sex and Gender Diverse people report having experienced discrimination by welfare agencies³⁴. Perhaps of more significance is the many reports A Gender Agenda receives from community members, that the fear of being discriminated against or harassed leads many Sex and Gender Diverse people to simply not attempt to access mainstream services.

Lack of Education for Service Providers

Even for those Sex and Gender Diverse people who do attempt to access services, there is a remarkably low level of awareness from service providers, of issues related to Sex and Gender Diversity. Service providers tend to have access to very little relevant information and therefore rely heavily on inaccurate and negative stereotyping of Sex and Gender Diverse people³⁵. Even service providers who have a genuine commitment to making their services more accessible to Sex and Gender Diverse people find it difficult to access useful information and resources. All workers who have contact with Sex and Gender Diverse people should have an understanding of the suicide risk factors, and how they relate to issues of Sex and Gender Diversity.

There is also a strong view amongst service providers that it should be Sex and Gender Diverse people themselves who direct service delivery to their own community. Although A Gender Agenda supports this view, it is simply unachievable for the Sex and Gender Diverse community to direct and provide such services when there are currently no resources being made available for the delivery of services to this high at-risk population group.

Sex-Segregation of Services

The current direction of health and other welfare services to sex-segregate their service delivery adds another level of complication to Sex and Gender Diverse people because it is often unclear which service is the most appropriate to access. For example should a transgender man (born female but living as a man) attend a men's health clinic or a women's health clinic for his regular pap smear?

Almost all crisis accommodation services, rape crisis counseling services and many telephone counseling services are sex segregated. If sex-segregated services provide a real advantage in the effectiveness of service delivery to some sectors of the community, then these services must be supplemented by additional services targeted specifically for the Sex and Gender Diverse community.

³⁴ National Transgender HIV/AIDS Needs Assessment National Transgender HIV/AIDS Needs Assessment Project (1994)

³⁵ Couch et al. 2007

Antagonism Between Medical Professionals and Sex and Gender Diverse Individuals and Community Organisations

There is evidence for example that 16% of Sex and Gender Diverse people experience discrimination from doctors and a further 11% experience discrimination by other health professionals. Recently in Canberra a transgendered woman made inquiries to every single General Practitioner service in the ACT she reports having had many clinics hang up on her when she stated that she was transsexual, and only 4 of the clinics that she contacted were prepared to see her as a patient³⁶.

Respondents' worst experiences with health services usually involved encounters where they were met with hostility. These ranged from instances where participants sensed discomfort, contempt and resentment, to occasions of being refused treatment, laughed at, ridiculed, and met with outright displays of disgust. Examples included "being told that (she was) the filthiest most perverted thing on earth" (TN11), while another's was being told that he "needed to find god not hormones" (TN132). For some, prejudice and contempt came to be expected. Sometimes participants were grateful simply for the absence of explicit displays of these: "Most males in the health service try not to show their distaste for my condition, and I appreciate that" (TN73).

As a result of encounters such as this, many Sex and Gender Diverse people choose not to disclose their status to medical professionals.

The current medicalised model of 'treating' Sex and Gender Diversity creates an environment where medical professionals and Sex and Gender Diverse individuals and community organisations are forced into combative positions, with the Sex and Gender Diverse people seeing their doctors as 'gate-keepers' to the medical care they need, and doctors seeing their patients as difficult and uncooperative. This model discourages an open and communicative relationship between Sex and Gender Diverse people and Medical Professionals.

LGBT Organisations

Issues of Sex and Gender Diversity are often seen as an "add-on" for organisations focused around sexuality and/or sexual health. This 'inclusion' is not a comfortable one – either for Sex and Gender Diverse people, or for many of the organisations affected.

³⁶ Individual made personal contact with A Gender Agenda seeking assistance with this issue (Friday 20th November, 2009)

Issues of Sex and Gender Diversity are fundamentally different from issues of sexuality, and organizations whose primary goal is focused around sexuality generally have little motivation to direct resources to Sex and Gender Diverse issues.

Roughly 40% of Sex and Gender Diverse people identify as heterosexual and are not comfortable accessing services that have been designed to meet the specific needs of gays and lesbians. Levels of discrimination against Sex and Gender Diverse people from within the gay and lesbian community are at least as high as they are within in the broader community.

Fear of Being ‘Outed’ as Sex or Gender Diverse

Due primarily to the high levels of discrimination experienced by Sex and Gender Diverse people, many prefer to live without disclosing their status. This makes people vulnerable to threats of being “outed”, with 1 in 5 Sex and Gender Diverse people having experienced overt threats of this kind. Fear of being outed limits the degree to which Sex and Gender Diverse people feel comfortable accessing mainstream services. This problem is particularly pronounced in rural communities where Sex and Gender Diverse individuals may feel the confidentiality of the service may be compromised. For these reasons, it is often useful to supplement face-to-face service delivery methods alongside alternatives such as online options, where users can access and provide information while remaining anonymous³⁷.

Recommendations

- 7.1 - We recommend that suicide prevention and health services train and employ more Sex and Gender Diverse people to service the needs of Sex and Gender Diverse people.
- 7.2 - We recommend that the State Departments of Health devise specialized psycho-social counseling training programs for Sex and Gender Diverse people to become skilled in counseling other Sex and Gender Diverse people with various psychological, emotional and social problems.
- 7.3 - We recommend that online/internet counseling and services be made available to the Sex and Gender Diverse population.
- 7.4 - We recommend special attention be given to training medical professionals, police, counselors and others who will have direct contact with Sex and Gender Diverse people.

³⁷ The Australian Human Rights Commission noted how effective on-line participation was in relation to their consultation process for the Sex Files report.

Researching Sex and Gender Diversity

Although there is not very much research about the link between Sex and Gender Diversity and suicide, what little there is paints a disturbing picture, and indicates the urgent need for further research into these issues and many others. The statistics that we do have are consistent and alarming. They warrant immediate attention via the implementation of practical service delivery models, notwithstanding the fact that further research and evaluation would also be beneficial.

Data collection systems need to be improved so that they are clear, simple and accessible, but also so that they collect high quality data about sexuality and gender identity and suicide risk factors. We note that even where institutions such as the ABS receive information identifying individuals as sex or gender diverse that this information is not recorded and instead a sex of male or female is “randomly allocated” to the data before recording takes place.

Although there have been a number of research projects specifically reporting on trans people, there have been far fewer that report on issues affecting intersex, genderqueer or other gender non-conforming individuals. Further research is required in these areas. Funding for pilot projects would be welcomed by many researchers in the field of Sex and Gender Diversity, both academic and community based.

Recommendations

8.1 - We recommend that sufficient funds be made available to finance comprehensive ongoing research into Sex and Gender Diverse needs and to monitor integration of and methods of integrating Sex and Gender Diversity into Australian society

8.2 - We recommend that researchers introduce a new Sex and Gender Diverse category into their statistical, health and other records so that trends can be made clearer for prospects and strategies concerning the future of the Sex and Gender Diverse population

Conclusion

It has been well established that the experiences of Sex and Gender Diverse people place them as an exceptionally high risk group for depression and suicide. It is also well established that the rates of attempted suicide and suicide ideation are incredibly high within the Sex and Gender Diverse community. Although mainstream suicide prevention services invariably acknowledge these facts, there are no suicide prevention programs being targeted to reduce suicide within the Sex and Gender Diverse community.

The success of creating and using “safe spaces” to reduce the risks of suicide have been well-documented by a range of services, including most recently the ‘men’s shed movement’. It is

clear that Sex and Gender Diverse people do not currently have access to any safe community spaces.

Funding for the creation of such spaces needs to be provided as a matter of great urgency, in order to commence building the social connectivity of isolated and disadvantaged Sex and Gender Diverse individuals. This in and of itself will start to address many of the suicide risk factor, but it will also facilitate a space and community from which to target and evaluate specific program delivery models into the future.

Recommendations

9.1 - We recommend the immediate funding for the establishment of safe community spaces specifically for Sex and Gender Diverse individuals. These community spaces would provide similar opportunities for community development, individual capacity building and effective program delivery and evaluation as the very popular “men’s sheds” concept. If a pilot program were to be run and evaluated for effectiveness, we strongly recommend the ACT as a perfect location – primarily on the basis of geographical and capacity factors.

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Summary of Recommendations

Primary Recommendation:

Immediate funding for the establishment of safe community spaces specifically for Sex and Gender Diverse individuals. These community spaces would provide similar opportunities for community development, individual capacity building and effective program delivery and evaluation as the very popular “men’s sheds” concept. If a pilot program were to be run and evaluated for effectiveness, we strongly recommend the ACT as a perfect location – primarily on the basis of geographical and capacity factors.

Other Recommendations:

- 1.1 - We recommend that all States and Territories immediately extend Anti-Discrimination and Equal Opportunity legislation to better protect Gender Variant individuals
- 1.2 - We recommend that all States and Territories, and the Federal Government immediately enact legislation to recognize Sex and Gender Diverse individuals right to change their gender, to allow alteration of identity and other legal documents to reflect gender changes, and to ensure that these people can enjoy all the rights and privileges available to other members of the individuals chosen gender. Recognition of gender changes under such legislation should be independent of medical criteria.
- 2.1 - We recommend that the creation of a strong, self-sufficient Sex and Gender Diverse community be adopted as public policy goal by all the Federal, State and Territorial Governments
- 2.2 - We recommend that Sex and Gender Diverse community organizations be adequately funded, separately from, and in addition to “LGBT” organisations.
- 2.3 - We recommend that the Federal, State and Territorial Governments: (i) implement a campaign to educate the public about Sex and Gender Diverse issues, with particular emphasis on eliminating discrimination and violence against Sex and Gender Diverse people; and (ii) produces materials that address issues of discrimination, marginalization, hatred, and violence against Sex and Gender Diverse people, alongside educational material about Sex and Gender Diverse people for distribution through out the education system.
- 2.4 - We recommend that the Federal and State Departments of Health fund an ongoing community organized outreach program sufficient to reach Sex and Gender Diverse individuals in both the capital cities and rural areas in Australia

- 3.1 - We recommend that affirmative action programs be created for retraining long term unemployed Sex and Gender Diverse individuals for work in the public service.
- 3.2 - We recommend that programs be devised to educate employers about Sex and Gender Diversity and encourage them to hire Sex and Gender Diverse individuals on the basis of qualifications and job suitability
- 4.1 - We recommend that: (i) further research be funded to look into the causes of violence, both sexual and non-sexual, against Sex and Gender Diverse individuals; (ii) funding be provided to community-based Sex and Gender Diversity anti-violence projects
- 4.2 - We recommend that a specialist Sex and Gender Diversity focussed telephone rape counseling services be established in each state.
- 4.3 - We recommend sensitivity training for employees of existing rape crisis services.
- 5.1 - We recommend education of teachers and school administrators on issues of Sex and Gender Diversity, and early intervention programs for children who are disengaging from schooling.
- 5.2 - We recommend anti-transphobic and anti-queerphobic education campaigns for both staff and students in all levels of schooling.
- 5.3 - We recommend establishing funded community social groups and camps for Gender Variant youth and their families.
- 5.4 - We recommend establishing an online web resource for Sex and Gender Diverse youth to find accurate information and resources, and social support.
- 6.1 - We recommend that existing Indigenous health organisations be given increased funding to address suicide prevention.
- 6.2 - We recommend that existing sistergirl organisations be given increased funding to address issues specific to the Indigenous Sex and Gender Diverse community.
- 6.3 - We recommend establishing funded programs to allow sistergirl communities to participate in outreach work in remote Indigenous communities.
- 7.1 - We recommend that suicide prevention and health services train and employ more Sex and Gender Diverse people to service the needs of Sex and Gender Diverse people.
- 7.2 - We recommend that the State Departments of Health devise specialized psycho-social counseling training programs for Sex and Gender Diverse people to become skilled in counseling other Sex and Gender Diverse people with various psychological, emotional and social problems.

- 7.3 - We recommend that online/internet counseling and services be made available to the Sex and Gender Diverse population.
- 7.4 - We recommend special attention be given to training medical professionals, police, counselors and others who will have direct contact with Sex and Gender Diverse people.
- 8.1 - We recommend that sufficient funds be made available to finance comprehensive ongoing research into Sex and Gender Diverse needs and to monitor integration of and methods of integrating Sex and Gender Diversity into Australian society
- 8.2 - We recommend that researchers introduce a new Sex and Gender Diverse category into their statistical, health and other records so that trends can be made clearer for prospects and strategies concerning the future of the Sex and Gender Diverse population
- 9.1 - We recommend the immediate funding for the establishment of safe community spaces specifically for Sex and Gender Diverse individuals. These community spaces would provide similar opportunities for community development, individual capacity building and effective program delivery and evaluation as the very popular “men’s sheds” concept. If a pilot program were to be run and evaluated for effectiveness, we strongly recommend the ACT as a perfect location – primarily on the basis of geographical and capacity factors.

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