

The Gender Centre Inc.

Sydney Australia

4th December 2009

Committee Secretary

Senate Community Affairs References Committee

Parliament House

Canberra ACT

Dear Committee

The Gender Centre Inc welcomes the opportunity to make this submission to the senate committee inquiry into suicide in Australia with particular interest in the impact of suicide within the Australian Transgender community

RE: SUBMISSION TO THE SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE INQUIRY INTO SUICIDE IN AUSTRALIA

Suicide in Australia

Knox, Conwell and Caine (2004) start their research paper with the statement that suicide *"although not a disease ...is such a tragic endpoint of a complex etiology and a leading cause of death worldwide"*. The in your face impact of this statement is confronting, but it is a poignant and accurate depiction of suicide in society. The validity of this point whilst true for all of society is especially salient for the transgender community as it a community significantly more at risk of succumbing to this phenomenon than other people. There is very little by way of research in Australia that indicates the statistical significance of suicide in the transgender community. That is not to say there is no research and the data collated as a result of such research will be reported upon, However there is not a comprehensive amount of research that does reinforce the significant impact suicide has upon this community.

The Gender Centre Inc services for the Transgender community

The Gender Centre as the peak organization for transgender people in NSW has a plethora of anecdotal evidence on the subject of suicide. It is by combining this anecdotal evidence with the statistical data available that a picture of transgender suicide in Australia can be formulated. The SPA position Statement (2009) does argue that the current research that is available indicates that the prevalence and rates of self harm and attempted suicide are significantly higher amongst transgender people than among non transgender populations.

Defining Transgender

The umbrella term “transgender” sometimes shortened to “trans” encompasses people who experience and or express their gender differently from conventional or cultural expectations either in terms of expressing a gender that does not match the sex listed on their original birth certificate i.e. designated sex at birth or physically altering their sex.

Transgender suicides and the barriers to addressing this issue

Throughout this paper different barriers to individual aspects of suicide such as recording or reporting of suicides or intervention and support barriers, but in addressing the overall issue of suicide in the Transgender community one significant barrier is the close association of transgender with Gay lesbian and bisexual community. This is in fact not a useful practice as it fails to recognise the significant differences between gender diversity and sexual orientation.

Some services recognize that a difference does exist but continues to use the GLBT acronym For example, Suicide Prevention Australia Position Statement Suicide Self harm among gay lesbian, bisexual and transgender communities(August 2009). The continued use of GLBT even after acknowledging there is a difference between negates any acknowledgment of difference. The continues use of the GLBT acronym perpetuates to service providers, researchers and society in general that people who are gender diverse and people who are a homogeneous group. IN 1999 the American Public Health Association proposed a series of policy statement focusing on the health needs of transgender populations which urged services to recognise the specific needs of transgender persons and not equate them with gay or lesbian persons ((Mailman et al 2000). This perpetuation of the amalgamation of GLB and T has significant impact on transgender people in many ways including:

- Agencies will continue to provide service based on the assumed homogeneity of GLB and T. This often means that a one size fits all model of support reg. This type of support rarely meets the

specific needs of transgender people. The inclusion of transgender into already existing service delivery models in the communes is often as an addition to already existing services, e.g GLB services. The inclusion while ideally welcome as it does extend the array of support services available to transgender people in Australia society is not always appropriate or effective. The inclusion of transgender people into already existing service models does not address the differences in the client groups and transgender people are expected to fit into the already structured service delivery models of agencies. The recognition of the differences and special needs and issues of transgender people is negated.. Leaving transgender people feeling more marginalised and excluded, rather than supported and heard.

- Some of the triggers for suicide include discrimination and bullying. Research has shown that some of the perpetrators of this discrimination and bullying are members of gay/ lesbian and bisexual community. The Human Rights Watch (HRW 2000) research showed that transgender youth are marginalised and attacked within the gay community especially young gay males sexually harassing transgender students. Mailman et al (2000) also argues that transgender people have been stigmatized by well established gay and lesbian organisations that marginalize transgender people and their issues. Anecdotal evidence from case work notes at the Gender Centre also reflect exclusionary practices of the Gay and Lesbian community, particularly from lesbians who summarily exclude trans women arguing that these women do not belong to the lesbian community as they are only males who wear dresses. With this type of discrimination and exclusion evident in the GLB community it raises the question of why the amalgamation of the GLB and transgender communities is considered appropriate.
- Consideration of a transgender person as belonging to the gay lesbian and bisexual community exposes them to homophobic vilification. Transgender people already face transphobia in the community. Affiliation with GLB exposes transgender persons to double the risks of vilification solely due to the GLBT association.
- Research will continue to be undertaken that encompasses GLBT research has seen transpeople significantly under-represented in the data collection process: Private Lives (Pitts, Smith, Mitchell & Patel 2006) saw only 1.8% of respondents identify as transgender (both male and female), My People (Barrett 2008) had only one person in 25 interviewed who identified as transgender, the remaining 24 participants fell into the GLB category. With such poor inclusion rates in research one can be left with the lingering question about the validity of the conclusions drawn from the

data collected. Are the outcomes and recommendations of research truly reflective of an under-represented population within the project firstly. Secondly are these conclusions drawn as a result of the assumption that transgender and GLB people have the same experiences and issues? Accordingly the findings are extrapolated to encompass transgender people from the research which has a high GLB participation rate.

It is hoped that in addressing social issues for transgender people in the future a heterogeneous approach is adopted that sees GLB and T separated so that the real and different needs and issues for transgender people in society are addressed distinctly from a convenient and historically applied classification that is detrimental to the health and well being of the transgender population

Reporting of Transgender Suicide

To date there appears to be no measures that can identify the number of transgenders who have attempted or completed suicide. The reasons for this are multiple; however the most obvious barrier to data collection is that death records reflect gender as male or female alone. This means that a person will be identified according to the genitalia they have at the time of their death. As such there is no record of the person's gender as "other" or "transgender" which would in turn indicate that an individual at the time of their death had changed their gender identity to one which is different from their genetic birth gender. The result is then that transgender suicide statistics are not easy to collate as no record of their gender diversity will appear on their death records.

A second difficulty in collecting statistical data about transgender suicide is the difficulty of identification of a transgender person. If mechanisms for recording the gender diversity of a deceased person were in fact in place it would still be difficult to identify all gender diverse people. Whilst postoperative people are more easily identifiable given that their genitalia at death is contrary to their original birth records, pre-operative transgender people may not be as immediately recognizable or identifiable. Some people may be new to their transition and may not present as their preferred gender. Androgyny and early transition for people may mean that an individual is not recognised and being gender diverse/ transgender. As a result of the lack of physical cues to identify a transgender person may mean that the records will not reflect that the deceased person was transgender.

A third barrier to collecting data that could be used to identify the number of transgender people who have attempted or completed suicide is the issue of family. Again if there was a mechanism to collect data relating to transgender suicides, family would present as a significant barrier. Family

members may not have accepted their deceased relatives' transgender status. As such they may identify the deceased person as either male or female, relative to the gender matching their genitalia rather than the person's personally identified gender. The feelings of shame, embarrassment and the significant discomfort family members may feel by disclosing their relative's transgender status.

The impact of under reporting of transgender suicides.

For transgender people the most obvious impact of the under reporting or inaccurate reporting of transgender suicide in Australia is that of service delivery. Failure to acknowledge the severity and frequency with which this phenomenon occurs means that governments and service providers will respond ineffectively to the needs of this community. It is only through appropriate data collection research and direct communication with the transgender community that a true depiction of the impact of suicide and the costs can be measured. This will afford the better utilization of strategies and services to meet and underrepresented and misunderstood issue.

Depression and Suicide

The SPA position Statement (2009) highlights current and past mental health issues most notably depressive disorders are risk factors for suicide in Australia. It is generally argued that the prevalence of depression in the transgender population is higher than that of the general population (Couch, Pitts, Mulcare, Croy, Mitchell and Patel: 2007, Mailman: 2000). Depression for transgender people comes from an array of experiences and the following highlights the severe vulnerability of transgender people to depression as a result of exposure to triggers for depression and the resultant risk of suicide.

- Experiences of discrimination and stigmatisation can lead to greater vulnerability to depression (Beyondblue fact sheet 40: Pitts, Smith, Mitchell and Patel 2006). Prejudice against transgender people is pervasive in modern society, and victimisation is the likely outcome of this prejudice. It has been argued that virtually every transgender person is likely to experience some form of discrimination/ victimisation in their lives as a direct consequence of their transgender status (Mailman 2000). Beyond blue identifies from their research a 90% response rate indicating experiences of discrimination and victimization. This victimisation ranges from subtle forms of harassment to verbal, physical and sexual assault including violent beatings, rape and death from hate crime (Beyondblue fact sheet 40).

- Depression may come from the distress which arises as a result of experiencing gender dysphoria (Couch et al 2007). This includes the experiences of exclusion from accessing appropriate medical services to assist with resolution of issues raised relating to gender dysphoria such as the capacity to undertake gender reassignment surgery(Couch et al 2007)
- Depression can arise from the increased social isolation of transgender people that is experienced as a result of exclusion from the wider community (see below for further discussion)

Other triggers and risk factors contributing to suicide in the transgender community

The following headings are key factors identified by the SPA (2009) as significant risk factors or triggers for suicide. While not all the identified risk factors are listed, three of the most pertinent factors are discussed

Contagion: Exposure to attempted or completed suicides is one of the identified risk factors related to suicide (SPA 2009, SMHAI 2009). This exposure to friends or peers in the transgender community is significantly more likely than in the wider community as the transgender community is by its nature a small community where many of its members are known to each other. This close inter- relation of community members is not necessarily a choice driven relationship. Rather the inter- relation of this communities members comes from the isolation and exclusion that transgender people are exposed to from the wider community. So it could be argued that given the closeness of the relationships within the transgender community it is likely that a significant number of transgender people will know of or have a social relationship with a another person who has attempted or completed suicide. This closeness as such increases the risk of contagion like behaviours.

The SMHAI (2009) also identified that exposure to shared environmental stressors increases the likelihood of cluster suicides. Given the statistics already noted in relation to discrimination and vilification it cannot be refuted that for the transgender community a shared environmental factor of high significance does exist.

Social Isolation: Social isolation has been argued to be one of the most significant risk factors for the transgender population (SPA 2009). For transgender people is twofold. There is the wider social exclusion from participation in society and secondly and more significantly exclusion and isolation from immediate social supports and family member.

The social isolation experienced by transgender people is a significant part of their day to day lives. Couch at al (2007) reported that around half of their respondents reported experiences of social isolation or social exclusion. The fear of discrimination and assault is driving factor in social

isolation and according to Couch et al (2007). Transgender people identify a reluctance to exit their home or 'venture out in society' because of these fears. This constant life of fear perpetuates the social isolation experienced by transgender people and results in the outcome that transgender people are again more at risk of suicidal behaviors as a result of this experienced. The second type of isolation experienced is that of exclusion from family and strong support networks. The lack of acceptance and support by family members of a transgender person's decision to transition. This lack of support translates into a potential loss of resilience for the transgender person as they are isolated and unable to find supports within their familial environment due to lack of understanding and the assumed belief of dissimilarity that is now held in the family unit. This lack of support reinforces the marginalization and fears of the transgender person. In some cases support where it once existed is removed by family members once a transgender person expresses their gender issues. This removal of support is a significant loss and the transgender person is at a significant risk of self harm and suicide due to the extreme loss and grief they experience as a result of the withdrawal of family engagement in their lives.

Alcohol and other drug

The SPA (2009) argued alcohol and other drug use tends to be more frequent in the transgender community than in the general Australian population, which in turn increases the risk of depression, self harm and suicide.

Social exclusion has a far reaching impact. Not only alone as a risk factor is social isolation pertinent to the suicide discussion but it does lead down a pathway to other risk factors. The SPA (2009) have argued that the social exclusion of transgender people has led to the practice of encouraging contact within the enclosed confines of the trans community alone via social events and spaces such as pubs, clubs and bars, which all increase the risk of issues relating to alcohol abuse. Thus increasing a transgender person's exposure to the identified suicide risk factor alcohol.

In Conclusion

As already said the issue of suicide is pertinent for all Australia and for the transgender population the issues are extremely significant because of the risks and experiences transgender people are exposed to that make them more vulnerable to succumbing to suicidal behaviors and actions. The Gender Centre as the leading Centre for advocacy of this marginalized community urge the senate to take note of the issues and ideas discussed in this paper and recognize that there is a great need for action to resolve the threat to the health and well being of the transgender population in Australia in an appropriate and open understanding framework.

The Gender Centre Inc services for the Transgender community

A brief Summary of the Gender Centre and Who we are

The Gender Centre is a specialist state-wide service working with the Transgender and Gender diverse communities based in Petersham.

The Gender Centre has been in existence since the 1980's. It was entirely funded by the NSW Department of Community Services (DoCs) through the Supported Accommodation Assistance Program (SAAP), by late 1993 DoCs and the NSW Department of Health entered into a joint funding agreement.

This meant that The Gender Centre was now funded to provide services to minimize the effects of the Human Immunodeficiency Virus Acquired Immunodeficiency Syndrome (HIV/AIDS) on the transgender community, as well as provide housing options and education to the wider communities.

Today the Gender Centre offers a wide range of services to transgender people, people with gender issues their partners, family members and members of the wider community. The Gender Centre is the only funded service in Australia and the world that provides services specifically to the Transgender community

Developed by The Gender Centre Inc

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