

Family Access Network



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Family Access Network

Are We There Yet? - meeting the needs of transgender & gender diverse young people

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Clinton McDonald, October 2015

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Executive Summary

The first section of this report clearly introduces the research topic, the target group and the agency that assisted in conducting the research. This is then followed by the rationale for the study that explains the significance of the research. Additionally, the research topic is then narrowed and defined further before discussing the overriding questions which were to be answered via this study.

The second section offers a glossary of key terms used throughout the report to assist those who may be unfamiliar with the topic. Following this is a review of the current literature regarding transgender and gender diverse young people in Australia. The review focuses on the definitions of what it means to be transgender and gender diverse, the lack of statistics in Australia and the limitations of studies to use transgender and gender diverse participant numbers for comparative analysis with the general population. The review then went on to discuss the barriers experienced by this group of young people before exploring the services that are currently working to address these barriers and provide appropriate services to transgender and gender diverse young people.

The third section of this report presents a description of the overall theoretical approach of the research, explains why surveys and interviews were chosen as the preferred tools of data collection, how the surveys were advertised to recruit participants, how the data was analysed and the limitations of the study. The ethical considerations taken into account for this research were then explained as well as the measures the research put into place to ensure these were adhered to.

The fourth section of the study offers the findings of the survey presented in graphs and tables and a summary of the interviews with young people and professionals. An in-depth analysis of the findings is then given, followed by the key themes that emerged from the data. These themes include:

- Specific programs for transgender and gender diverse young people
- Professionals – a lack of education
- Gender identity is subjective
- Lack of awareness of services
- Transgender and gender diverse young people's needs are not being met

- Gender identity can create complexities in life
- Support offered by families

The analysis is then supported by 9 recommendations that were developed from the findings and the resulting themes of the data.

Recommendation One:

Funding needs to be provided for the development of a specialist service in Victoria.

Recommendation Two:

Funding needs to be provided to create roles for specialist workers.

Recommendation Three:

Funding must be provided for transgender and gender diverse specific training.

Recommendation Four:

Further funding must be provided to homelessness support services to create more SSATI specific transitional properties.

Recommendation Five:

A peak body must be created.

Recommendation Six:

Further support groups must be developed.

Recommendation Seven:

Victorian services must take a co-ordinated approach.

Recommendation Eight:

Additional research needs to be conducted.

Recommendation Nine:

All future strategies must be developed in consultation with transgender and gender diverse young people.

Introduction

With increasing numbers of transgender and gender diverse young people presenting at services seeking assistance, it has become apparent that many services lack the capacity to respond effectively. With little research conducted regarding service provision for transgender and gender diverse young people, this report explores the ability of services to adequately meet their needs.

While there are no definitive statistics which state the number of young people who identify as transgender and gender diverse in Australia and currently no methods of collecting the data, the demand for assistance continues to be reported as greatly outweighing the capacity of services to respond to the needs of these young people.

This report explores the issues faced by transgender and gender diverse young people when accessing information and services.

The report was achieved with assistance from young people who identify as transgender and gender diverse, professionals and Family Access Network (FAN). Family Access Network, established in 1981, is a youth homelessness service located in Box Hill, Victoria. The agency assists young people aged 15-25 years to address the diverse needs associated with homelessness/risk of homelessness and families within the eastern suburbs of Melbourne. Offering a variety of programs, Family Access Network takes a holistic, client focused approach when working with young people.

This report adds to a small but growing body of work focused on young people who identify as transgender and gender diverse in Australia.

Context and Rationale for the Study

As very little research has previously been conducted regarding transgender and gender diverse young people, especially in regards to service availability and adequacy of services, this report hopes to add to the emerging body of knowledge currently available. By providing young people who identify as transgender or gender diverse the opportunity to express their opinions, ideas and experiences, it is expected that this report will assist in increasing the knowledge of important issues for both professionals and the general public. Furthermore, gaps in service delivery will be outlined with the aim of raising awareness and subsequent resolution of these issues.

Topic and Research Questions

The aim of the research is to determine if the specific needs of transgender and gender diverse young people are currently being met by services.

The overarching question to be answered by the research is:

- Is there a need for transgender and gender diverse specific services/programs for young people?

Secondary questions answered by the research include:

- Are there appropriate services available for transgender and gender diverse young people?
- Are there barriers to accessing available services?
- What is important to transgender and gender diverse young people when accessing a service?
- Are there any services currently needed that transgender and gender diverse young people are unable to access?

Glossary of Key Terms

Agender

A person who identifies as having no gender at all.

Androgynous

A person with a combination of masculine and feminine characteristics. This person neither wholly identifies as male or female.

Aromantic

A person who does not experience romantic or emotional attraction towards others. However, they may still experience physical and sexual attraction.

Asexual

A person who has little to no sexual desire. Asexual individuals do however experience romantic attraction towards others. This term does not indicate which gender a person is romantically attracted to.

Bigender

A person who identifies as two genders. This could be male and female or non-binary genders.

Bisexual

An individual who is physically, sexually and emotionally attracted to both males and females.

Cis/Cis-gender

A person whose sex aligns with the gender they were assigned at birth.

Demi-girl

A person who partially identifies as female.

Demisexual

A person who only develops sexual attraction for another person after they have developed a strong emotional or romantic bond with them.

FAN

Family Access Network

Gay

A person who is physically, sexually and emotionally attracted to people of the same sex. This is generally used to refer to men but can be used to refer to same sex attracted women as well.

Gender diverse

A broad term used to describe individuals who identify as the gender opposite to their biological sex, both genders, neither gender fully or as no gender at all.

Genderfluid

A person whose gender varies.

Genderless

Like agender, genderless refers to a person who identifies as having no gender at all.

Genderqueer

A person who does not identify with traditional gender characteristics. They may identify as both genders, a combination or no gender at all.

Heteromantic

A person who is romantically attracted to the opposite sex. This may or may not include physical and sexual attraction.

Heterosexual

A person who is physically, sexually and emotionally attracted to people of the opposite sex.

HIV

Human Immunodeficiency Virus.

Homoflexible

A person who identifies as gay or lesbian but is occasionally attracted to the opposite sex.

Homophobic/Homophobia

A dislike, fear and hatred of people who identify as or are perceived to be gay, lesbian or bisexual.

Homosexual

A person who is physically, sexually and romantically attracted to people of the same sex.

Hybrid

A person who does not identify as entirely male or female but a combination of both.

Lesbian

A term specifically for women who are physically, sexually and emotionally attracted to people of the same sex.

LGBTQ

Lesbian, gay, bisexual, transgender, queer (and/or questioning).

Non-binary

A person who does not identify as solely male or female.

Pansexual/Pan

A person who is physically, sexually and emotionally attracted to individuals regardless of their sex or gender.

Polysexual

Much like pansexual, a polysexual person is physically, sexually and emotionally attracted to multiple genders.

Queer

An umbrella term which encompasses a wide range of sexual and gender identities.

Questioning

A person who may be undecided or still developing their sexual identity.

Skoliosexual

A person who is physically, sexually and emotionally attracted to transgender and gender diverse people.

SSATI

A term which refers to those who are same-sex-attracted, transgender and/or intersex.

STIs

Sexually Transmitted Infections.

Transgender

A term used for individuals who do not identify as the sex they were born. This includes biological males who identify as female, biological females who identify as male and may not always involve medical intervention.

Transmasculine

A person assigned female at birth who identifies with masculine characteristics but does not identify as wholly male.

Transphobic/Transphobia

A dislike, fear and hatred of people who identify as or are perceived as being transgender.

Young people

While the term young people/person generally refers to those aged from 12-25 years, for the purpose of this research the term young people will refer to those aged from 15-25 years.

Literature Review

Introduction

The aim of this review is to explore the existing literature regarding transgender and gender diverse young people in Australia. This will be achieved by discussing the current definitions of what it means to be transgender or gender diverse as well as looking at the current statistical data available and the limitations when collecting this data. Issues specific to transgender and gender diverse young people will then be highlighted before looking at what is currently being done by agencies to address these issues.

Definitions

While the definitions of transgender and gender diverse can vary greatly with each individual, there are common identifiers within these groups. Transgender is a broad term that is often used to describe individuals who do not identify with the binary concept of gender or societal expectations correlating with the gender they were assigned at birth (American Psychological Association 2011). This includes but is not limited to, assigned males who identify as female, assigned females who identify as male and may or may not involve medical intervention (Smith et al. 2014, p 7; Hillier et al. 2010, p VIII). Gender diverse is a much broader term used to describe individuals who identify as the gender opposite to that which they were assigned, both genders, neither gender fully, or as no gender at all (Smith et al. 2014, p 6). As these terms are subjective it is often the responsibility of the transgender or gender diverse individual to identify themselves as they would like to be known (Department of Health 2009, p 23; National LGBTI Health Alliance 2013, p 4).

Statistics

Current literature shows that there has been difficulty when calculating statistical information regarding transgender and gender diverse young people in Australia. This is due in part to a lack of research which has left current statistics to rely heavily on estimations based on small research participant numbers (Jones & Hillier 2013, p 292; Gender Centre 2012). The Australian study 'Private Lives 2' showed 4.4% of participants identified as transgender, however there were limitations. These

included: only LGBTQ participants, limited participant numbers, an age range of 16-89 years and no way of identifying subgroups within the gender diverse participants (Leonard et al. 2012, p V). A further issue impacting the collection of accurate statistics includes: research that is aimed solely at transgender and gender diverse people; therefore there is no option for “comparative analysis” with the general population (Jones & Hillier 2013, p 293). To date no census conducted by the Australian Bureau of Statistics has included options for transgender or gender diverse individuals to be counted. Since the last census was taken in 2011 work has commenced to rectify this, with the hopes of collecting the most accurate data possible during the next census in 2016 (Australian Bureau of Statistics 2014).

Barriers

Several studies have shown numerous issues faced by transgender and gender diverse young people. Participants of the three separate ‘Writing Themselves In’ studies reported increasing levels of homophobic and transphobic abuse. During the first study conducted in 1998 69% of participants claimed to have suffered from abuse. This then rose to 80% during the third study taking place in 2010 (Hillier et al. 2010, p IX). ‘Writing Themselves In 3’ also found high numbers of transgender and gender diverse students moving schools, leaving school completely, unable to use school toilets or change rooms, skipping classes as well as hiding during recess and lunchtimes due to fear for their own safety (Hillier et al. 2010, p 101). This is highlighted again by the ‘Youth’12’ study which showed more than half of participants feared for their safety while at school (Clark et al. 2014). It also reported that 1 in 5 transgender and gender diverse students stated they were either bullied on a weekly basis or more frequently – this is 5 times higher than non-transgender students (Clark et al. 2014). Findings from the ‘Private Lives 2’ study showed transgender participants reported higher levels of psychological distress and poorer mental health compared to other participants (Leonard et al. 2012, p VII). These findings, along with strong links between transphobic abuse leading to excessive drug use, self-harm and suicide attempts may explain why these statistics are much higher for transgender and gender diverse young people compared to their peers (Hillier et al. 2010, p X). Both the ‘Youth’12’ and the ‘Writing Themselves In 3’ studies showed similar results in relation to self-harm with almost half of transgender

and gender diverse participants self-harming within the previous 12 months of the study taking place (Clark et al. 2014; Hillier et al. 2010, p 100).

Issues were highlighted regarding sex education. It is reported that transgender and gender diverse young people are sexually active at a younger age compared to non-transgender peers (Hillier et al. 2010, p 99). This coupled with studies reporting only 15% of participants found sexuality education useful and 40% of participants wanting education to be more inclusive of same sex attracted and gender diverse people, showing the information currently offered is seriously lacking. This lack of knowledge and awareness may put these young people at greater risk of STIs and exposure to HIV infection (Hillier et al. 2010, p XI; Clark et al. 2014).

Varying levels of education for professionals working with transgender and gender diverse young people has also been highlighted by current literature as a potential barrier. With the transition process often being complicated, drawn-out and involving 'substantial information seeking', collaborative relationships with medical professionals is essential (Couch et al. 2007). 'Tranznation', an Australian and New Zealand study reported that participants expressed a need for doctors to be better educated. As transgender and gender diverse young people often rely on medical professionals for accurate information relating to the transition process due to its complicated nature, it is suggested that doctors receive regular updates and training regarding the medical process and associated treatment (Couch et al. 2007). Participants also reported experiences of facing hostility, discomfort, disapproval, refusal of service, being openly laughed at and obvious expressions of disgust when seeking assistance from health services (Couch et al. 2007).

Misgendering and the use of incorrect pronouns continue to be a barrier for transgender and gender diverse young people when accessing services. As previously mentioned, an individual's gender identity and preferred pronouns varies greatly and while it is usually the responsibility of the young person to affirm how they would like to be addressed, professionals working with these young people also have a responsibility to ensure the preferred identifiers are conveyed respectfully during interactions (Couch et al. 2007). A report written by the Australian Human Rights Commission has brought to light examples where professionals have openly refused to refer to clients by their correct gender, name or pronouns (Australian

Human Rights Commission 2015). These examples clearly demonstrate the discrimination still faced by transgender and gender diverse young people when attempting to access services (Women's & Girl's Emergency Centre n.d.). Forms used by services further add to this issue with young people struggling to complete them, as they are not inclusive of diverse genders and/or pronouns (Australian Human Rights Commission 2015).

A further issue experienced by transgender and gender diverse young people at a higher rate than their non-transgendered peers are issues of homelessness. They are less likely to be living in the family home as they are less likely to be supported after disclosing their true identity (Hillier et al. 2010, p IX, 99). This is backed up by the 'Well Proud' study which highlighted the fact that transgender people often face difficulties having their housing needs met, especially when they are trying to access crisis accommodation (Department of Health 2009, p 16). The need for homelessness services to provide transitional properties exclusively for transgender and gender diverse young people has also been expressed. This is to ensure they are safe and free from discrimination, which is often not the case in gender divided or even SSATI specific transitional properties (Yu 2010).

Agencies and programs addressing barriers

'Writing Themselves In 3' stated that even though the numbers of transgender and gender diverse people taking part in the study were relatively small, their "findings are indicative of an emerging group with urgent needs which are not at present on the health and education agenda" (Hillier et al. 2010, p 101). This becomes apparent when looking at current service and agency options for transgender and gender diverse young people. While there are numerous resource and advocacy groups available for transgender and gender diverse young people throughout Victoria such as: Geelong Tans, Diversity, Seahorse Victoria and YGender, there aren't many options in regards to transgender specific agencies/programs which offer assistance to address issues (Gender Rights n.d.).

The Gender Centre in NSW is a great example of a transgender and gender diverse specific agency offering assistance to address many of the issues faced by this group including: housing, anti-violence programs, counselling and case management

(Gender Centre n.d.). In Victoria agencies including Family Access Network and Drummond Street Services offer social/support groups for same-sex attracted, transgender and intersex (SSATI) young people, giving them a safe space to interact with other young people (Family Access Network n.d.; Drummond Street Services n.d.). Family Access Network is also addressing the housing needs of transgender and gender diverse young people by offering transitional housing for 15-25 year olds, who are either experiencing or at risk of homelessness with the only two SSATI specific properties in Victoria (Family Access Network n.d.). Medical treatment and referrals are made by services such as The Northside Clinic, The Prahran Market Clinic and The Royal Children's Hospital. These services offer much needed advice and support through the transition process (Northside Clinic 2014; Prahran Market Clinic 2012; Royal Children's Hospital n.d.).

Conclusion

In this review the current literature regarding transgender and gender diverse young people was explored with the issue of limited studies highlighted. Current definitions of the terms transgender and gender diverse were looked at, emphasising the individual nature of gender identification. The lack of Australian statistics was then discussed and difficulties were outlined such as narrow studies, estimations and no census data all affecting the availability of accurate statistics. The many issues faced by transgender and gender diverse young people were then explored as well as the limited number of support services addressing those needs.

Methodology

In order to answer the research question, the study took an action research approach. This approach was deemed the most appropriate in offering reliable and informative findings which could assist with providing recommendations for the improvement of service availability and service delivery for transgender and gender diverse young people (Stringer 2007). Working closely with Family Access Network and their clients during the research process supported possibilities to identify current issues and service gaps, whilst striving to create positive changes for this cohort by highlighting connections to possible solutions.

The study used both qualitative and quantitative approaches to data collection with the hopes of gaining a more in-depth understanding of the research topic.

Methods of data collection

- A survey of 73 young people via survey monkey (See Appendix 3 for survey questions)
- Interviews with 2 young people who identify as transgender and/or gender diverse (See Appendix 5 for interview questions)
- Interviews with 4 professionals who work with transgender and gender diverse young people (See Appendix 6 for interview questions)
- Review of current literature on the topic.

Surveys were used to collect statistical information with assistance from Family Access Network who aided in raising awareness of the survey and encouraged their clients and the clients of surrounding agencies to participate (Muijs 2010). Interviews were utilised to develop further understanding of the needs, thoughts, feelings and experiences of transgender and gender diverse young people, as well as the views of professionals working with this cohort (Northeastern University 2013).

Advertising the survey

The survey was promoted by utilising various methods of advertising. As mentioned, Family Access Network staff and volunteers assisted by encouraging clients to participate as well as encouraging them to share the survey link with their peers.

Professional networks such as YGender and Minus18 were contacted as these groups consist of members who identify as transgender and gender diverse. A flyer advertising the survey was distributed to key youth agencies in Box Hill, copies were placed in Family Access Network's waiting rooms and at Victoria University's Footscray Park Campus. Social media was also accessed for advertising by posting the survey information and link on the Zoe Bell Gender Centre noticeboard and by contacting Facebook groups specifically for transgender and gender diverse young people.

Analysis of the data

During the process of analysing the information collected, both deductive and inductive thematic analysis will be implemented. This will assist in not only identifying pre-existing themes but also in discovering new themes that emerge from the collected data (Fereday & Muir-Cochrane 2006).

Limitations of the research

While conducting the research, limitations for this study were identified. The limitations included recruitment for the survey. As no incentives were offered to transgender and gender diverse young people for taking part, the researcher had to rely on young people having a desire to voice their opinions and experiences. Limited direct contact with transgender and gender diverse young people was a further issue which impacted the ability of the researcher to obtain interviews. As a result, the study relies heavily on the data collected via the survey and interviews with professionals.

Ethics

Throughout the research process the necessary ethical considerations have been taken into account. During the development of the survey and interview questions, sensitivity and minimising the possibility of offending respondents or causing distress was of the utmost importance. Both the survey and interview questions were first viewed by Family Access Network staff, a Victoria University Lecturer, as well as an adult member of the transgender and gender diverse community before final drafts were written. Issues arising regarding age appropriate terminologies were resolved by including brief explanations of the questions rather than changing the language entirely. This made it possible to retain the respectful and preferred language used by the wider transgender and gender diverse community whilst also ensuring that all respondents would have the greatest chance of comprehending the questions.

For the purposes of the survey, informed consent was gained from respondents by offering a clear explanation in the survey introduction of why the research was being conducted, how the results were to be utilised and where they could find a copy of the completed research (O'Leary 2004). This was also explained before commencing interviews with consent gained via both hard copy and/or audio recording, depending on how the interview was conducted and the option with which the young person was most comfortable. As the availability of some young people varied allowances needed to be made, these included conducting interviews via phone, creating the need for consent to be recorded electronically.

During the process of setting up the Survey Monkey account, the option to not record IP addresses was chosen. This was done to ensure the anonymity of respondents and to fulfil the responsibility to respect each individual's privacy which was promised in the survey introduction and survey flyer.

Privacy was taken into account when sourcing locations for interviews, whether it was face-to-face or via phone, to ensure privacy was maintained.

Before conducting interviews, each participant was warned that while care was taken when developing the questions some questions may still trigger strong emotions, anxiety or stress (Aguinis & Henle 2004). To combat this, debriefing was offered

after interviews to ensure participants were not leaving distressed by anything that had been discussed. It was also explained to participants that they were free to withdraw from the interview at any time and were welcome to refuse to answer any questions they weren't comfortable answering (Aguinis & Henle 2004).

Confidentiality was also explained to participants before the interview process, as well as its limitations. Confidentiality was upheld by not sharing respondent's personal information with others and by not recording any names or identifiable information (Alderson & Marrow 2011).

Measures have been taken to ensure all information has been stored appropriately – hard copies in a locked draw and soft copies protected by password.

Collating, interpreting and reporting the findings of the research project has been undertaken with complete transparency and integrity, with each stage of the research process open to constructive criticism from supervisors and mentors with the hopes of improving the outcome (O'Leary 2004).

Findings

Participant profile

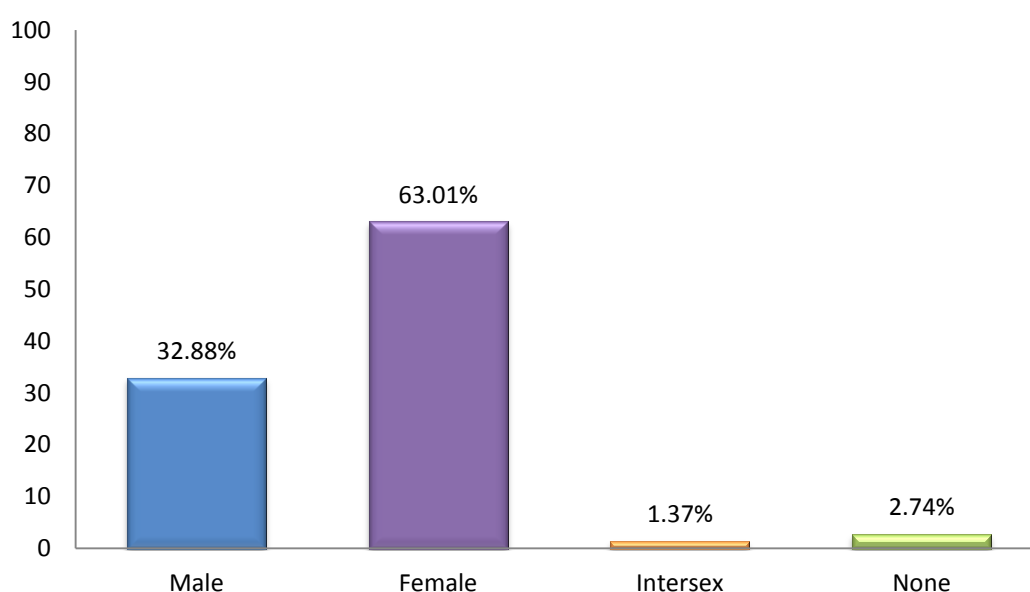
75 transgender and gender diverse young people (73 for the survey and 2 for the interviews) and 4 professionals took part in the study, which was conducted over a two month period. Young people were recruited to take part in the study via a flyer (see Appendix 1), Facebook groups and professional networks. The professionals who took part in the study are employed by Family Access Network.

The age of participants for the survey ranged from 15 years (4.11%) to 25 years (9.59%), with the average age being 21.05 years.

Table 1:

| Age of participants | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|---------------------|----|----|----|----|----|----|----|----|----|----|----|
| No. of participants | 3 | 4 | 4 | 6 | 6 | 6 | 6 | 11 | 11 | 11 | 7 |

Graph 1: The gender participants were assigned at birth



Graph 2: The gender participants identify as now

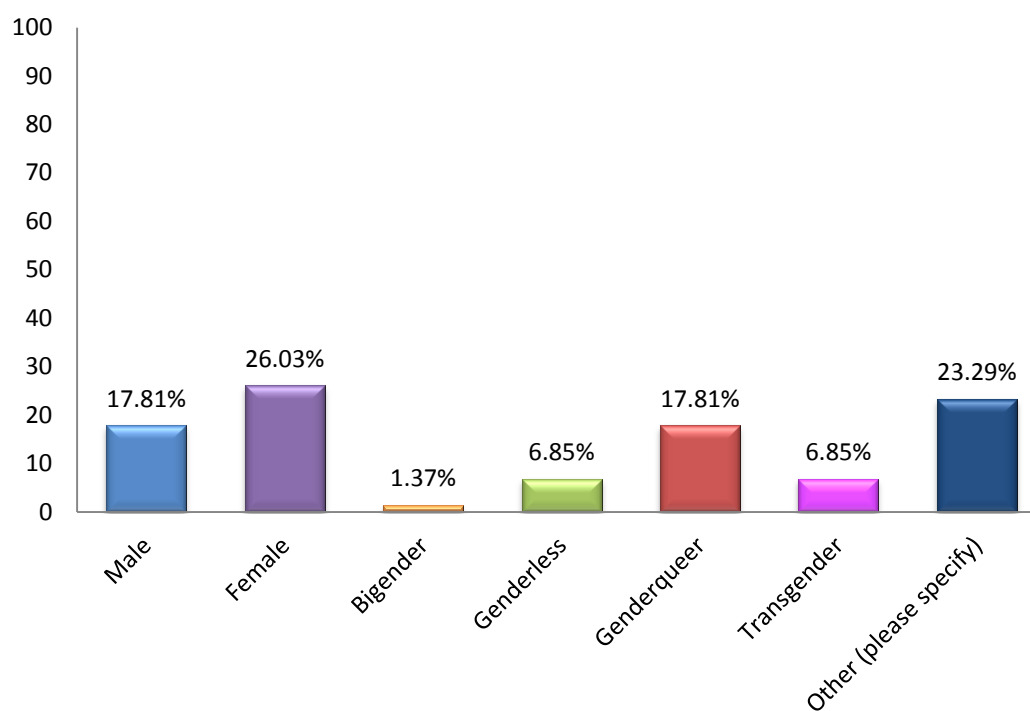


Table 2:

| Clarification of 'other' includes: |
|---|
| Agender |
| Androgynous |
| Female but different. I don't know what |
| Genderfluid |
| Genderfree |
| Gender everything and gender nothing |
| Hybrid |
| Non-binary |
| Transmasculine |
| Trans, non-binary demi-girl |

Graph 3: The pronouns preferred by participants

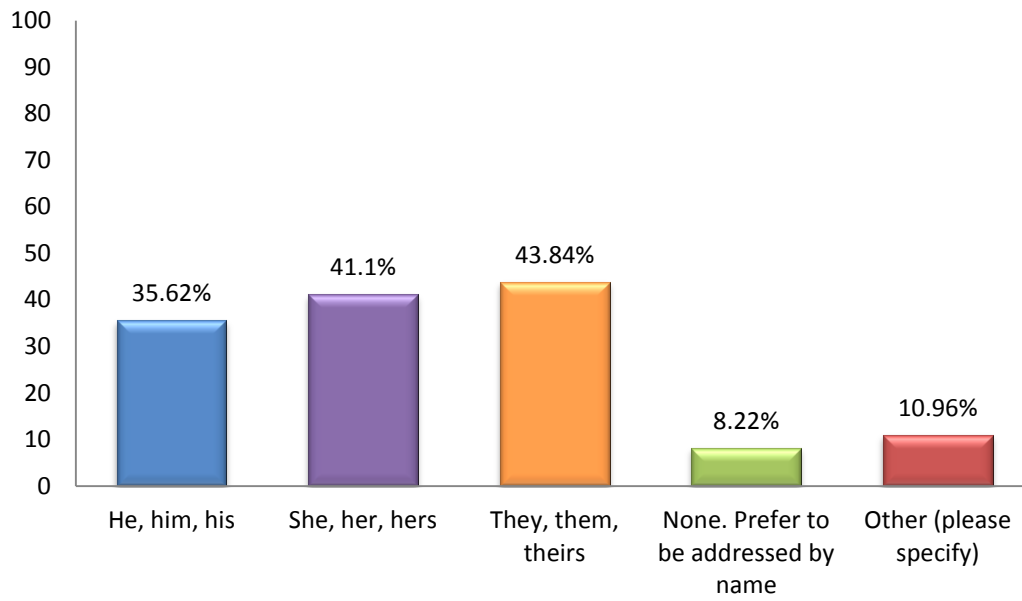


Table 3:

| Clarification of 'other' includes: |
|---|
| Ey, em, eirs (singular version of they, them, theirs) |
| Hir, hirs, ze |
| Fae, faer |
| Tey, tem, ters |
| Kit, kit's, kitself, kits |

Graph 4: The sexuality participants identify with

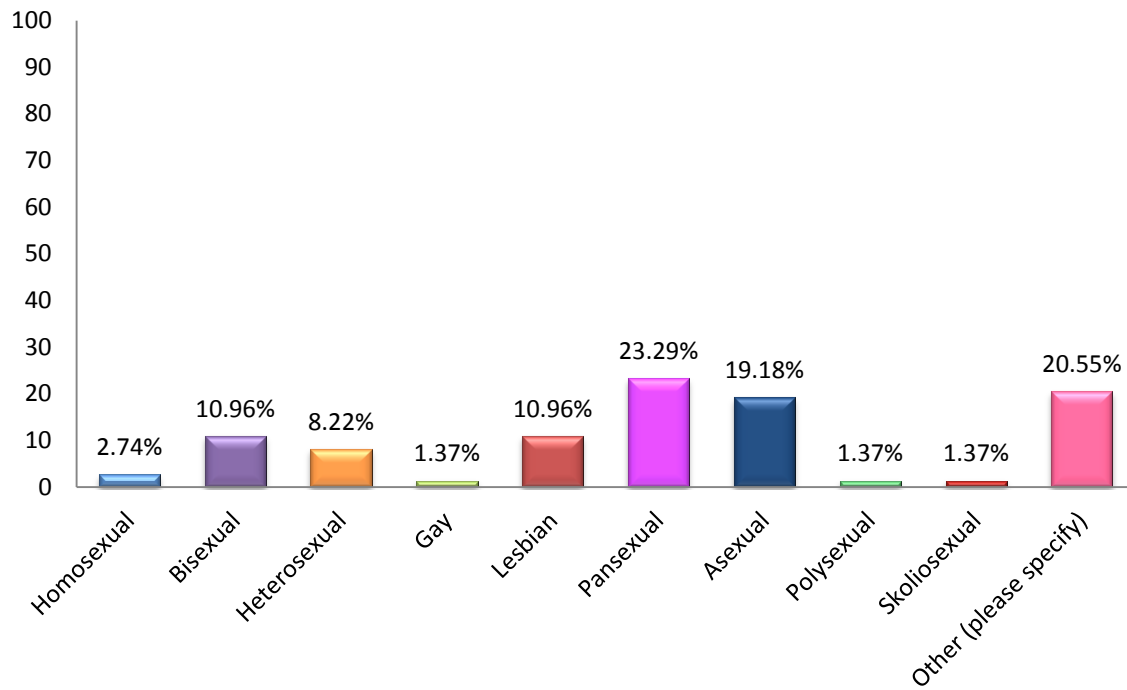
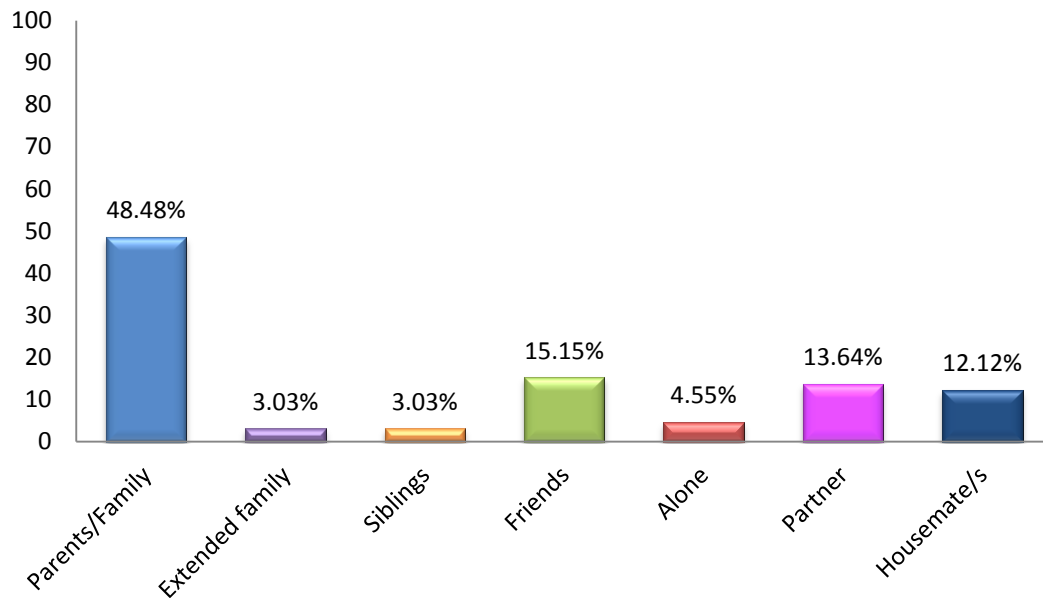


Table 4:

| Clarification of 'other' includes: |
|------------------------------------|
| Aromantic |
| Demisexual |
| Heteromantic |
| Homoflexible |
| Homoromantic |
| Queer |
| Questioning |

Graph 5: Who participants live with



Graph 6: Do participant's families offer them support?

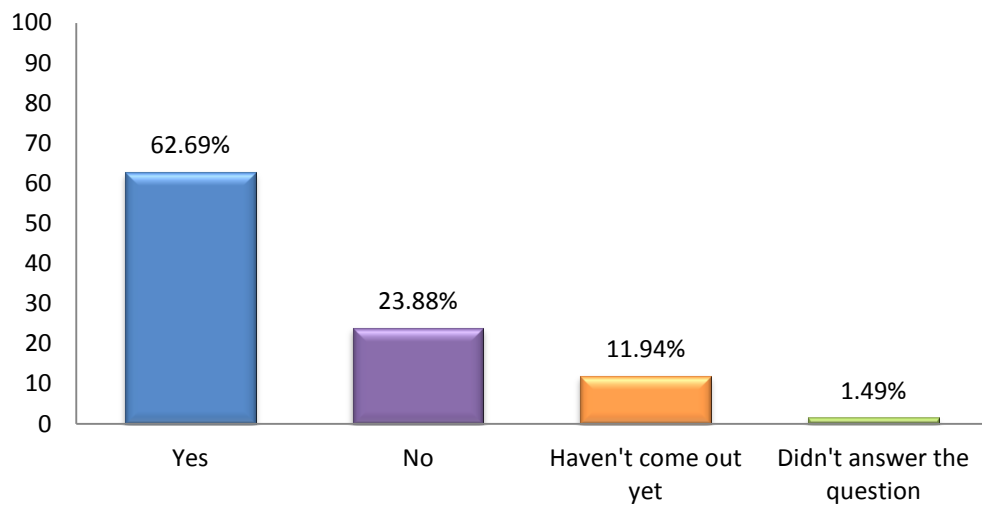
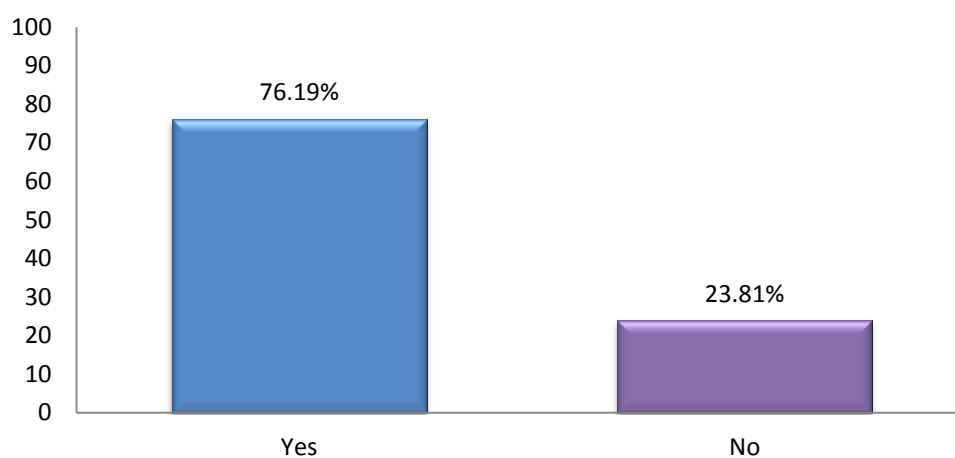


Table 5:

| The types of support offered | |
|------------------------------|--------|
| Emotional | 47.17% |
| Financial | 37.74% |
| Housing | 11.32% |
| Food | 3.77% |

Graph 7: Are participants aware of services available to assist with addressing issues they experience?



Graph 8: Do participants currently utilise any services?

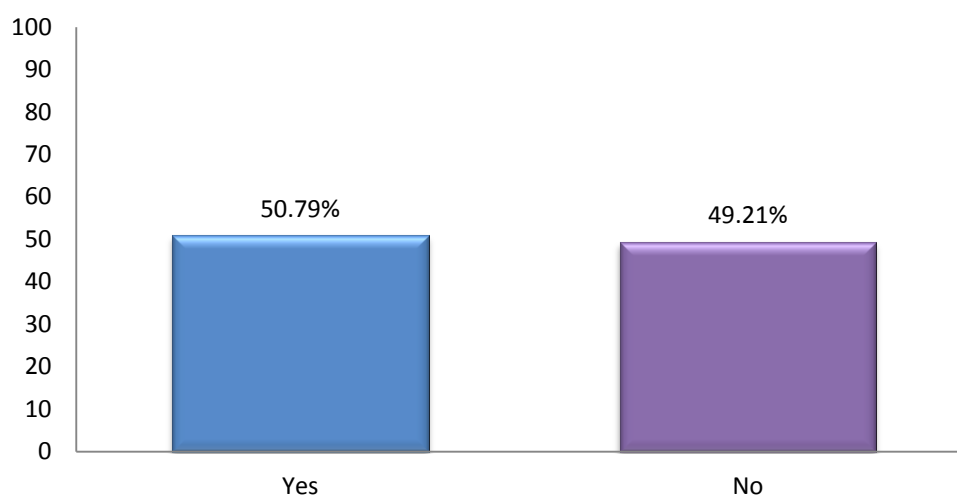
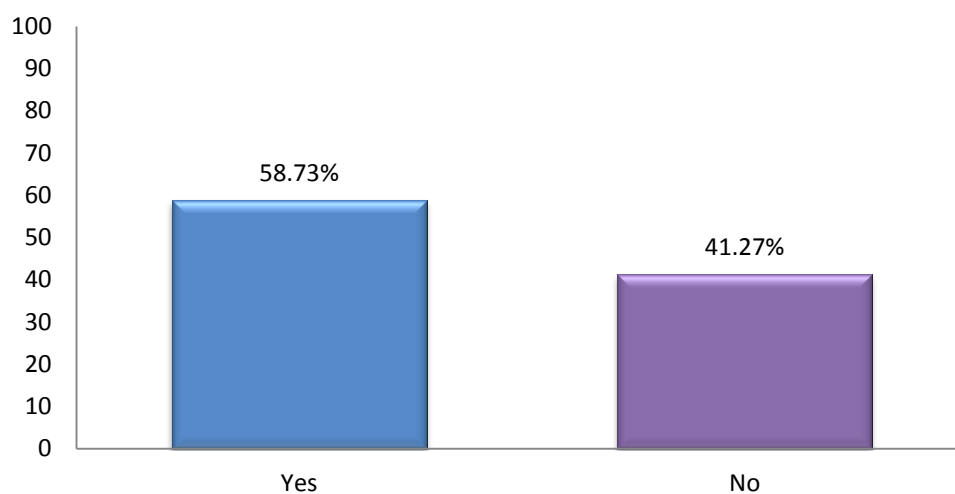


Table 6:

| The types of services participants who chose 'yes' are connected with | |
|---|--------|
| Counselling/therapy/support worker | 36.84% |
| Medical | 34.21% |
| Social/support groups | 26.32% |
| Stopped using service as it didn't help | 2.63% |

Graph 9: Participants who attend social/support groups



Participants numbered in order of importance, from 1 to 5 what would help to make them feel more comfortable when attending a service/program

Table 7:

| Answer choices | 1 | 2 | 3 | 4 | 5 |
|--|--------|--------|--------|--------|--------|
| Information about gender diverse people displayed where you can clearly see it, i.e. posters, flyers, brochures. | 14.29% | 8.93% | 10.71% | 26.79% | 39.29% |
| Other transgender and gender diverse people there | 37.50% | 30.36% | 7.14% | 21.43% | 3.57% |
| Other members of the LGBTQ community there | 3.57% | 10.71% | 21.43% | 21.43% | 42.86% |
| Workers who are sensitive and understanding | 25.00% | 26.79% | 25.00% | 19.64% | 3.57% |
| Programs/services that are specifically for gender diverse people | 19.64% | 23.21% | 35.71% | 10.71% | 10.71% |

Results

Table 8:

| | |
|---|--|
| 1 | Other transgender and gender diverse people there |
| 2 | Workers who are sensitive |
| 3 | Programs/services that are specifically for transgender and gender diverse people |
| 4 | Information about transgender and gender diverse people displayed where you can clearly see it |
| 5 | Other members of the LGBTQ community there |

Graph 10: Would participants prefer services that are solely for transgender and gender diverse people?

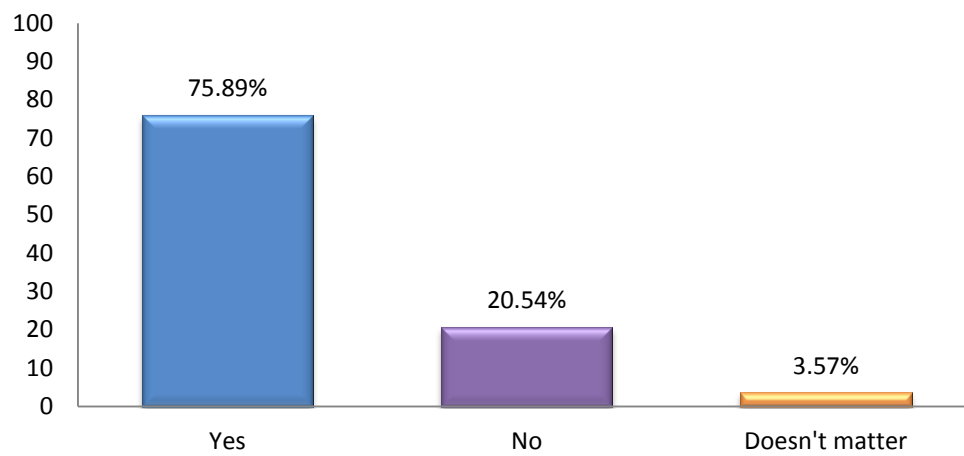


Table 9:

| The reason why participants chose 'yes' | |
|--|--------|
| Understanding | 41.82% |
| Similar people/similar experiences | 27.27% |
| Safety | 20.00% |
| Transgender and gender diverse people are overlooked in LGBTQ groups | 7.27% |
| Unspecified | 3.64% |

Participants numbered in the order of importance, from 1 to 7 what qualities they felt professionals should have when working with transgender and gender diverse young people

Table 10:

| Answer choices | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|--------|--------|--------|--------|--------|--------|--------|
| Up to date knowledge | 16.07% | 16.07% | 17.86% | 10.81% | 21.43% | 12.50% | 5.36% |
| Inclusive practice (includes everyone) | 28.57% | 8.93% | 7.14% | 12.50% | 5.36% | 12.50% | 25.00% |
| Sensitivity/Understanding | 14.29% | 26.79% | 19.64% | 16.07% | 7.14% | 10.71% | 5.36% |
| Reliable | 1.79% | 3.57% | 10.71% | 17.86% | 19.64% | 17.86% | 28.57% |
| Approachable | 14.29% | 23.21% | 16.07% | 10.71% | 10.71% | 17.86% | 7.14% |
| Trustworthy | 10.71% | 7.14% | 19.64% | 16.07% | 25.00% | 14.29% | 7.14% |
| Flexible/Open to new ideas | 14.29% | 14.29% | 8.93% | 16.07% | 10.71% | 14.29% | 21.43% |

Results

Table 11:

| | |
|---|--|
| 1 | Sensitivity/Understanding |
| 2 | Approachable |
| 3 | Up to date knowledge |
| 4 | Inclusive practice (includes everyone) |
| 5 | Trustworthy |
| 6 | Flexible/Open to new ideas |
| 7 | Reliable |

Graph 11: Did participants feel that services met the needs of transgender and gender diverse people their age?

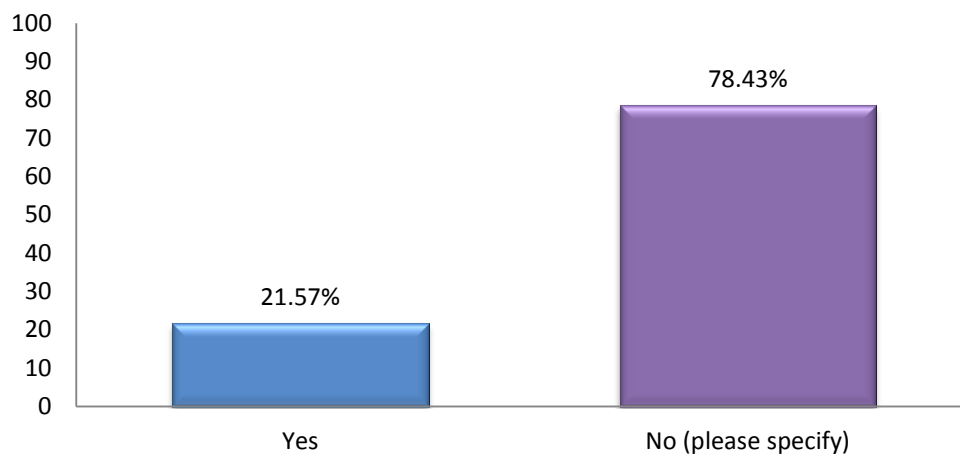


Table 12:

| The reason why participants chose 'no' | |
|---|--------|
| Services need to create more awareness that they exist | 18.46% |
| Professionals need more education on transgender and gender diverse issues/needs | 15.38% |
| No available services to meet specific needs | 13.85% |
| More support/information/education regarding medical transition | 10.77% |
| Wait times are too long | 9.23% |
| Services are underfunded/understaffed | 9.23% |
| Age limits are restrictive (either too young or too old) | 6.15% |
| More services for and acceptance of gender diverse/non-binary people (not solely transgender) | 4.61% |
| More resources are needed (up to date, easy to understand) | 3.08% |
| Assistance and information on legal transition process | 3.08% |
| More housing services to assist individuals who are homeless/at risk of homelessness | 3.08% |
| Not specified | 3.08% |

Graph 12: Have participants had any negative experiences when accessing services as a result of being transgender and/or gender diverse?

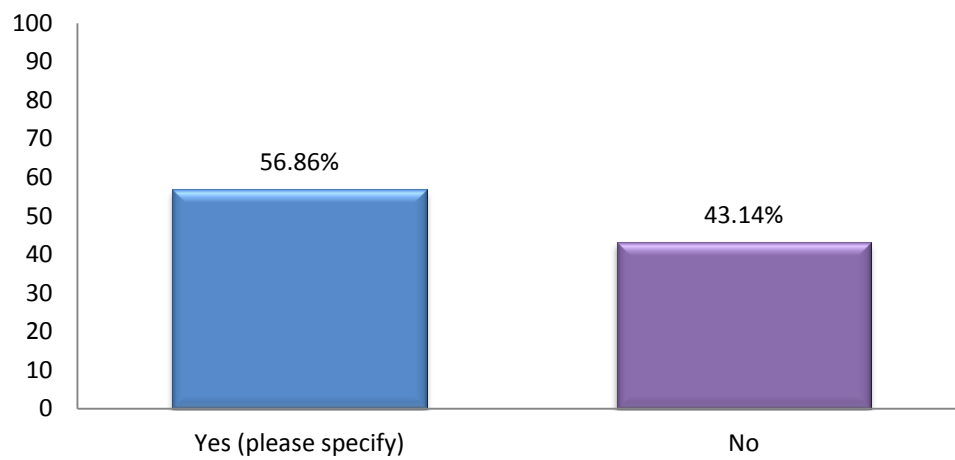


Table 13:

| Explanation from participants who chose 'yes' | |
|---|--------|
| Discrimination from workers | 36.17% |
| Uneducated/unqualified workers | 27.66% |
| Negative impact on mental health as a result of using service | 14.89% |
| Not inclusive of transgender and gender diverse people | 6.38% |
| Didn't answer/wasn't specific | 6.38% |
| Was abused (verbal and physical) | 4.26% |
| Drawn out/confusing process | 4.26% |

What type of service/program would participants create for transgender and gender diverse young people?

Table 14:

| Participants ideas of what is needed | |
|--|--------|
| Group facilitated by Youth Worker/safe spaces to meet with others | 26.76% |
| Generalist support service to offer up to date information and referrals | 25.35% |
| Resources/website with resources | 12.68% |
| More medical clinics and medical professionals for transgender and gender diverse people | 11.27% |
| Unspecified | 9.84% |
| Financial assistance/loans for medical costs | 4.23% |
| Clothing swaps/service to help access transgender specific clothing (binders, tucking underwear) | 2.82% |
| Sports group | 1.41% |
| A service that offers education to parents | 1.41% |
| A service that educates the community about transgender and gender diverse issues | 1.41% |
| An organisation that monitors discrimination and takes action on behalf of the individual | 1.41% |
| Escort service (escort individuals while they buy clothes, etc. Assists to feel comfortable) | 1.41% |

Final thoughts from participants

Table 15:

| Responses from participants |
|---|
| More resources are needed |
| Medical professionals need more education and understanding |
| Most LGBTQ services aren't helping transgender and gender diverse people. A large part of their focus is on lesbian, gay and bisexual people |
| Services need to update their knowledge |
| Age limits for services and groups are restrictive |
| Information needs to be easier to access |
| Services need to educate the community about transgender and gender diverse issues/needs |
| Being transgender shouldn't be a big issue for others |
| Services need to be affordable |
| Being misgendered can have negative effects on mental health |
| Don't assume a person's gender or pronouns - always ask |
| Services need to be accessible |
| A lot of good happens, it's not all bad |
| Some young people are not open about their true gender identity because they feel it is easier to go along with the assumptions/gender expectations of others |

Results from interviews with young people:

- Participant 1 is 19 years of age and participant 2 is 22 years of age.
- Both were assigned male at birth. Participant 1 identifies as female and participant 2 as genderless.
- Participant 1 prefers female pronouns, she/her/hers and participant 2 prefers to be referred to by name or they/them/theirs.
- Participant 2 has had issues with the general population and workers using the incorrect pronouns.
- The families of both participants are accepting of their gender identity.
- Participant 1's support network consists of family, in particular her nanna and aunt, a Psychologist, Psychiatrist and Endocrinologist. Participant 2's support network consists of a GP, Psychologist, Psychiatrist, Neurologist, family and friends.
- Both participants stated that they find information regarding services for transgender and gender diverse people by searching the internet, speaking with professionals and social media (Facebook).
- When asked about restrictions they have encountered when accessing services, the participants reported long wait times for appointments and treatment ("when dealing with gender dysphoria, 3 months is a lot") and age limits for programs/groups.
- Both participants are currently linked with medical professionals and attend social/support groups.
- When asked about the adequacy of services, participants listed issues they've faced. These include:
 - Wait times are too long
 - The need by medical professionals to have transgender and gender diverse clients fit a particular mould ("Drs refuse to help or give anything out unless you're a picture perfect narrative. It makes it a lot harder because people deviate from that. It causes people to lie in order to receive help")
 - Lack of understanding
 - More informed consent is needed

- There isn't enough housing support
- Participant 1 said that would not want to solely be around transgender and gender diverse people. She said it would limit her, exclude her from the rest of society and she would be ignoring the rest of the world. She also stated that most cis-gendered people are pretty cool and don't care about gender identity. Participant 2 said that they would prefer to solely be around other transgender and gender diverse people when accessing a service or program. This was due to feeling more accepted and being able to connect with people similar to them.
- When asked about qualities that are important for professionals to have when working with transgender and gender diverse people participant 1 responded that good listening skills, being kind and a good knowledge of the subject were the top 3. While participant 2 stated that acceptance, openness, patience, understanding and a desire to learn were all important qualities.
- Participants suggested that more housing services and assistance with employment were needed that specifically met the needs of transgender and gender diverse young people.
- In regards to negative experiences while accessing services/programs, participant 1 again mentioned wait times as a major issue. While it was recognised that doctors need to take precautions to ensure mistakes aren't made and decisions are thought through, the time is still too long. Participant 1 also mentioned issues with social/support groups where group members "can come across as jaded towards people who aren't sexually or gender diverse". Participant 2 also mentioned the use of incorrect pronouns as a big issue.
- When asked about positive experiences with services, participant 1 stated that once you get through all of the lengthy processes with medical professionals, gaining access to the resources is really useful. She also reported that most of the social workers she has met are very kind and take the time to listen. Participant 2 said that their positive experiences included their GP being accepting, being shown their different options by medical professionals and that they get assistance with the issues they are experiencing.

- When given the opportunity to say anything else they wanted other people to know about transgender and gender diverse people, participants stated:
“They’re just people”,
“It’s not their entire personality; most people have something outside of that”,
“We just want to be seen as normal”.

Results from interviews with professionals:

The 4 professionals who were interviewed for the study have a combination of 38 years worth of experience in the industry. They have had experience in varying roles and sectors such as: case management, drug and alcohol, counselling, domestic violence, child protection, foster care and homelessness outreach.

- Currently the professionals are working in the following roles:
 - Team leader with a small case load as part of the homelessness support team
 - Community development worker
 - 2 housing support workers
- All professionals stated that they had not had many transgender and gender diverse clients, if any at all, prior to starting work at Family Access Network.
- All professionals had noticed an increase in transgender and gender diverse clients being referred to Family Access Network with responses including:
 - “Absolutely. That’s a trend we picked up on in our review”
 - There definitely has been an increase”
- The reasons given as to why there might be an increase included:
 - Family Access Network has done a lot of work to promote that they celebrate diversity so young people feel more comfortable accessing the service.
 - A lot of other agencies consider Family Access Network and staff the go to agency as they are the only one in Victoria to offer SSATI specific housing.
 - The rise in numbers has predominately been female transgender young people which is possible due to there being more stigma attached to being female transgender – less acceptance from family and the wider community.
 - It could just be the times. There’s more awareness of transgender and gender diverse people so young people may feel more comfortable disclosing their gender identity.
- Services the professionals were aware of or had previously accessed for transgender and gender diverse young people included:

- Minus18
- Rainbow Network
- Prahran Market Clinic
- Transgender Victoria – Family Access Network is a member and a lot of information comes from this organisation.
- Drummond Street Services Queerspace – information sharing between the agencies.
- Where the professionals find their information:
 - They do a lot of research
 - Online
 - Speaking with other professionals
 - Learn a lot from clients
- From the experiences of professionals, the restrictions for transgender and gender diverse young people when accessing services include:
 - Not enough services exist
 - Long wait times – the longer the wait time, the more damaging it can be on the young person’s mental health (anxiety and depression)
 - Can’t gain employment
 - Age restrictions
 - Parental consent sometimes needed if under 18 but parents aren’t always willing to give it.
- When asked if services are meeting the needs of transgender and gender diverse young people, the professionals responses included:
 - “Definitely not. Nowhere near it. We don’t even have a specialist service”.
 - There is a lack of knowledge on behalf of professionals in the industry – “you find with referrals that other services don’t know how to deal with transgender and gender diverse issues. They’re not using the correct pronouns or the language preferred by these young people”.
 - In regards to professionals in the industry, “they’re really not equipped to work with these young people”.

- “I hope more homelessness services jump on board and offer SSATI properties. I think it’s bizarre that Family Access Network is the only service who offers that in Victoria”.
- It was also stated that services and workers don’t have a very good understanding of the complexities faced by transgender and gender diverse young people.
- There isn’t enough training in the sector for workers to adequately assist these young people.
- The needs of transgender and gender diverse young people that have been mentioned to the professionals include:
 - Young people aren’t comfortable accessing mainstream services as they feel like other people are staring at them and talking about them.
 - There isn’t enough understanding of transgender and gender diverse people in the industry.
 - Young people are confused about where to go due to a lack of services, lack of awareness of services that do exist and because of the long wait times.
- The professionals were asked if young people had expressed a desire for programs solely for transgender and gender diverse people and if they think this would be beneficial. Responses included:
 - While these young people love being a part of LGBTQ programs, they would benefit greatly from being with people that are having similar experiences.
 - It would give them opportunities to form friendships/networks.
 - Friends are really important and a lot of clients are really isolated so a non-invasive support group where they can link up with other transgender and gender diverse young people, chat and make friends would be great.
 - It’s important transgender and gender diverse young people have access to housing solely for them.
 - “You hear from clients about issues with bullying and harassment in refuges when they’re put with other young people who don’t understand or accept transgender and gender diverse young people”.

- “Absolutely. There needs to be specific programs for them – for them to feel safe and to be safe”.
- If professionals were given funding to develop a program for transgender and gender diverse young people, these would be the programs created.
 - A support group developed with input and feedback from young people to give them ownership of the group. This would mean they would be more likely to stick around and participate.
 - They would create more housing specifically for transgender and gender diverse young people.
 - The professionals would also like to see a transgender and gender diverse specific worker who could assist young people to navigate the system and explain the social, medical and legal processes associated with transitioning.
 - An organisation such as PFLAG is needed for parents of transgender and gender diverse young people. Parents want to learn and understand what their children are going through, but they don’t have the resources. “There’s nothing to assist them to assist their children”.
- The professionals were asked if they felt a co-ordinated approach with agencies around Melbourne was needed. Their responses included:
 - All 4 professionals agreed that a co-ordinated approach was the best way to address issues faced by transgender and gender diverse young people.
 - It would be a way to “get the word out there”.
 - “A huge co-ordinated approach is needed”.
 - “There needs to be a peak body – to share information”.
 - Training needs to be financially accessible for organisations. “At the moment, if agencies don’t have enough money then they can’t access training. A co-ordinated approach could address this issue”.

Analysis

As previously discussed in the literature review, transgender and gender diverse young people face many complex issues and barriers that can potentially affect their development, health and wellbeing. The following analysis of survey and interview findings will aim to offer insight into the needs of transgender and gender diverse young people, whilst also highlighting current areas of concern amidst this cohort and the professionals who work with them.

Specific programs for transgender and gender diverse young people

The overarching question of this study is whether or not programs solely for transgender and gender diverse young people are needed. While the quantitative data collected (graph 10) showed that roughly 1 in 5 participants (20.54%) said they wouldn't necessarily want services solely for transgender and gender diverse people and a small portion of respondents (3.57%) stated that it didn't matter, the findings from this research clearly demonstrate that the overwhelming majority of both young people and professionals agree this is necessary. Quantitative data collected (graph 10) shows the vast majority of survey participants (75.89%) see a clear need for specific services, which is further supported by all four professionals who were interviewed.

Analysing the qualitative data (table 9) provides invaluable insight into the reasons behind why this belief is held by both young people and professionals. The qualitative data (table 9) collected from survey responses were grouped into five common themes representing why services solely for transgender and gender diverse people were important. The themes included: understanding (41.82%), similar people/similar experiences (27.27%), safety (20.00%), transgender and gender diverse people are overlooked in LGBTQ groups (7.27%) and unspecified (3.64%).

Understanding is further explained by participants as "other people don't understand us very well", "transgender people can have their experiences invalidated by others who claim to understand", "people don't get us" and "the experiences that a trans/gender diverse/gender non-conforming person has is vastly different to one who identifies as cis". The innate understanding offered by professionals with up to

date knowledge and experience working with this group of young people is therefore significant.

Similar people and similar experiences were described by participants who reported not feeling comfortable 'outing' themselves to people who don't identify as transgender or gender diverse. Participants were also tired of repeating themselves or explaining themselves to everyone they met, however, being able to share stories with others going through similar experiences and feeling comfortable openly discussing transgender and gender diverse topics with people like themselves offered benefits. One participant also stated "I feel like it's something I need right now. Seeing and being around other gender diverse people makes me feel less alone". Results from the interviews with professionals further validate the survey responses. The professionals have identified that while these young people generally enjoy being a part of LGBTQ programs, they would benefit greatly from being with people who are having similar experiences. It would also give these young people, who can often become quite isolated, the opportunity to form friendships and networks.

Concerns for safety were a reason why many participants would prefer a service solely for transgender and gender diverse people. It is also an issue that directly impacts these young people and their decisions regarding whether or not they access a mainstream service. This theme from the survey findings relates to the literature discussed previously which highlighted the safety of transgender and gender diverse young people as a serious concern which isn't necessarily being addressed. Survey participants explained that a service solely for transgender and gender diverse people "would make it feel like a safer place", "we need a place solely for who we are because nowhere out there seems safe for us" and it is needed "for the safety and comfort of people". Professionals acknowledged this concern for safety by stating, "Absolutely. There needs to be specific programs for them – for them to feel safe and to be safe". Professionals also reported that transgender and gender diverse clients have told them about experiences of bullying and harassment by other young people when previously accessing mainstream services.

The final specified theme that emerged from the qualitative data was participants who expressed the desire for a service solely for transgender and gender diverse people as they feel they are currently being overlooked and even discriminated against in LGBTQ services and programs which they are normally placed with. This was represented by participants who reported “we often get lumped together”, “yes, so gender diverse people aren’t overlooked”, “I feel transgender people can be undermined by those in the LGBTQ community”, “there is a lot of misunderstanding and even hate among the queer ranks”, “we face separate issues than what the broader LGBTQ community faces”, and “yes, there is still discrimination against trans* people, even in the LGBTQ community”. While participants recognise the benefits of being a part of the LGBTQ community, issues such as being overlooked, ignored and discriminated against raise serious concerns as to the adequacy of training for professionals facilitating groups and working in LGBTQ services.

Professionals – a lack of education

The lack of education for professionals in regards to the needs and issues faced by transgender and gender diverse young people was a distinct theme that emerged from the data. More than half of participants (56.86%) stated that they have had at least one negative experience with services as a result of being transgender and/or gender diverse (graph 12), with many of these participants reporting numerous negative experiences. The participants who reported having negative experiences while accessing services elaborated further, providing qualitative data that was then grouped into 7 themes (table 13). From this data, more than 1 in 4 (27.66%) participants related their negative experiences directly to uneducated and unqualified professionals. Additionally, more than 1 in 3 (36.17%) participants associated their negative experience with discrimination, which was often the result of professionals being uneducated on topics such as the correct use of pronouns and preferred names. Young people stated that “I have had a number of negative service experiences which stem from a lack of knowledge by staff”, “medical professionals seem under-educated” and “I had to argue and almost fight with them, for them to use my preferred name”. Experiences such as these are resulting in transgender and gender diverse young people reporting that they feel reluctant to use some services as the experience is “awful” and “invalidating”.

Interviews with professionals added further insight into this issue by reporting that from their experiences they have noticed a significant lack of knowledge within the industry. It was stated that some professionals are “really not equipped to work with these young people”. “You find with referrals that other services don’t know how to deal with transgender and gender diverse issues” and “they’re not using the correct pronouns or the language preferred by these young people”.

Other issues highlighted by participants and professionals was a lack of knowledge regarding the transition process (social, legal and medical), service providers not sure of where to refer transgender and gender diverse clients and professionals simply not knowing how to assist these young people. One professional identified this issue as being the result of little or no training in regards to adequately assisting transgender and gender diverse young people and stated that “at the moment, if agencies don’t have enough money then they can’t access training”.

These experiences and views of both young people and professionals further substantiate the findings discussed in the literature review, which recognised the lack of education for professionals as a concern and an added barrier for young people trying to access services.

Gender identity is subjective

As the results of the survey and interviews with young people show, gender identity and the associated expressions of gender identity are extremely individual. The majority of survey participants reported that they were assigned female at birth (63.01%), followed by male (32.88%), no gender (2.74%) and intersex (1.37%) (graph 1). Both young people who were interviewed stated that they were assigned male at birth. It is when looking at the results from the following 2 survey and interview questions, which enquire as to the gender they identify as now and their preferred pronouns, that the individual nature of gender identity becomes apparent. From the survey responses provided (graph 2), participants who identified as female made up 26.03% of the group, other 23.29%, male 17.81%, genderqueer 17.81%, genderless 6.85%, transgender 6.85% and bigender 1.37%. One of the interviewees identified as female, while the other identified as genderless. Further clarification was offered (table 2) by survey participants who chose ‘other’ as their option for this question. Responses included agender, androgynous, female but different – I don’t

know what, genderfluid, genderfree, gender everything and gender nothing, hybrid, non-binary, transmasculine and trans, non-binary demi-girl. In regards to pronouns (graph 3), the majority of participants chose they/them/theirs as their preferred pronouns (43.84%), followed by she/her/hers (41.10%), he/him/his (35.62%), other (10.96%) and preferring to be addressed by name (8.22%). It can be seen via this data that even though only 26.03% of survey participants identify as female, 41.10% prefer the use of female pronouns. Similar results are shown with 17.81% of survey participants identifying as male, but 35.62% prefer the use of male pronouns. This adds further weight to the view that gender is subjective and that the importance of asking transgender and gender diverse young people about their gender identity and preferred pronouns is paramount in validating and respecting their assertion of identity.

While gender diversity is generally coupled with a diverse sexuality, the two are separate characteristics of an individual – something that is often overlooked by professionals and the wider community. There are still many people who also believe that being transgender and/or gender diverse equates to the person being homosexual. This is clearly shown not to be the case in data collected via the survey. From the range of responses provided (graph 4), the majority of survey participants identified as pansexual (23.29%), followed by other (20.55%), asexual (19.18%), bisexual (10.96%), lesbian 10.96%), heterosexual (8.22%), homosexual (2.74%), gay (1.37%), polysexual (1.37%) and skoliosexual (1.37%). These results show that just like gender identity, an individual's sexuality can be diverse and subjective in nature.

The needs of transgender and gender diverse young people, just like everyone else, are extremely individual and there's no 'one size fits all' approach to working with this particular group of young people. However, professionals who have a desire to learn and an innate respect for an individual's right to identity, will offer transgender and gender diverse young people great benefits by validating their individual identity while also assisting them to address their primary reason for presenting at the service.

Lack of awareness of services

From the qualitative data collected when participants were asked to elaborate on why they felt services weren't currently meeting the needs of transgender and gender diverse young people, 12 themes emerged (table 12). One of these themes, totalling 18.46% of responses, was 'services need to create awareness that they exist'. Responses from participants included: "I am not aware of any services", "I don't know of any – I can't find a service to help", "I have tried to find places but continuously come up short", "Where are they?" and "I don't know of services for young people aged 18-25". Interviews with professionals substantiated the views of these young people, by reporting that from their interactions with clients, there is a great deal of confusion regarding where to go. This is due in large to a lack of awareness of the existence of services that could offer assistance. Support from services to address issues at school resulting from being transgender and/or gender diverse was also pointed out with one participant explaining, "I could really use some kind of support when it comes to dealing with school and the restrictions and challenges there but I'm just not aware of anyone to contact".

Online resources and services were also mentioned by participants as they felt these were not adequate. Participants stated that "online services are hard to understand" and "there aren't many resources regarding Australian services online and what little resources exist seem outdated".

During the interviews, professionals identified that a peak body representing transgender and gender diverse people would be beneficial in resolving this issue. A peak body would have the capacity to raise visibility of services and offer access to resources that are up to date, age appropriate and valuable for young people, their parents/guardians and professionals.

Transgender and gender diverse young people's needs are not being met

Whether it is inadequate sex education or anti bullying policies not being enforced in schools, mental health services not addressing transgender and gender diverse issues appropriately, excessive wait times to access services or simply a lack of services, transgender and gender diverse young people are vocal about the fact that services are not meeting their needs.

When survey participants were asked if services were currently meeting their needs (graph 11), the overwhelming response (78.43%) was 'no'. As previously mentioned, this question generated qualitative data which was then grouped into 12 themes (table 12). Some of these themes included: no available services to meet specific needs (13.85%), more support/information/education regarding medical transition (10.77%), wait times are too long (9.23%), services are underfunded/understaffed (9.23%), age limits are restrictive (6.15%), more services for /acceptance of gender diverse and non-binary people (4.61%), assistance and information on legal transition (3.08%) and more housing services are needed (3.08%). Specific responses from young people regarding services not meeting their needs included: "support services are extremely decentralised", "services are sometimes hard if not impossible to get to", "the entire health sector is underfunded", "services offered are lacking and offensive" and "medical transition steps take way too long".

When professionals were asked the same question during interviews, their responses mirrored many of those from young people. The professionals recognised that services were "nowhere near" meeting the needs of transgender and gender diverse young people. They also highlighted age restrictions as a limitation to accessing services for some young people, requirements of parental consent (for people under 18) which parents aren't always willing to give, there aren't enough services available and that the long wait times to access some services can have damaging effects on a young person's mental health.

The fact that there are no available services for parents of transgender and gender diverse young people was also discussed by the professionals. While many parents of these young people want to educate themselves on the needs and issues faced by their children, there are very little resources available. As one professional stated, "there's nothing to assist them to assist their children". The development of a peak body representing transgender and gender diverse people, as previously mentioned, could also assist parents to receive the education they are seeking.

When observing the data collected for this study, it becomes apparent that further funding is desperately needed to assist with the development of more services that address the complex needs of this group of young people.

Gender identity can create complexities in life

From the responses given by survey participants and the information provided by professionals during interviews, it has become apparent that identifying as someone with a diverse gender can create complexities in the life of the individual. These complexities are largely due to outside influences such as family, school, the processes related to transitioning, employment and the views and beliefs of the people they encounter.

As mentioned earlier, many transgender and gender diverse young people often face the prospect of their families not supporting their gender identity and as a result the family refrain from offering the support that would normally be given. The consequences of this lack of acceptance was highlighted by the professionals who explained that the exclusion from family often results in mental health issues such as depression and anxiety or at times further intensifies pre-existing mental health conditions. An obvious outcome of this lack of acceptance is also homelessness. As the professionals are all employed by a youth homelessness service they see how this affects transgender and gender diverse young people. With numbers of transgender and gender diverse clients being referred to their service still continuing to increase, especially for transgender females, the lack of family acceptance is a significant issue that needs to be addressed.

Issues faced at school by transgender and gender diverse young people was previously discussed in the literature review with the focus placed on secondary school students, however, qualitative data collected via the survey shows that some of these issues are also carrying through to tertiary education. Participants reported university staff openly refusing to use their preferred name which was described by one participant as “one of the most traumatic” experiences they have had. This experience resulted in the individual feeling scared and humiliated when tutors would do the roll call at the beginning of class.

The difficulties encountered when trying to secure appropriate employment by transgender and gender diverse young people was mentioned by participants throughout the survey and during the interviews with professionals. Professionals stated that many transgender and gender diverse young people “can’t gain employment” and they “can’t get a job because they’re in between” (referring to the

transition process). Participants reported examples of employment services staff refusing to use their preferred name, with one young person sharing their experience with a recruitment agency staff member who assumed the young person's gender and then informed them that the agency does not hire women. The professionals emphasised how these experiences were common and that the issues with gaining employment had a direct impact on transgender and gender diverse young people being able to maintain stable accommodation. The high numbers of transgender and gender diverse people being involved in sex work was also discussed as a direct result of the difficulties these young people face when trying to gain employment.

The high levels of harmful risk taking behaviour amongst transgender and gender diverse young people were expressed by professionals during the interviews. The professionals further substantiated the claims made by the literature discussed in the review, which stated that transgender and gender diverse people generally become sexually active at a younger age compared to their peers. The professionals also explained that in their experience, transgender and gender diverse clients have traditionally presented with health issues such as HIV, hepatitis and STDs, which have been the result of either unsafe sex practices or drug abuse.

The existence of gendered bathrooms and the issues associated with this was discussed by survey participants. The young people reported that something which is so simple and normally taken for granted by cis-gendered people, can often cause great distress and anxiety for them. One participant stated "I feel incredibly devalued whenever I use gendered bathrooms. They seem archaic and unnecessary and have potential for severe mental and physical harm". Another survey participant shared their experience of attending a youth group, where transgender group members expressed the need for a gender neutral toilet but were dismissed by the group facilitator. The facilitator went on to state that the transgender members should be prioritising the feelings of the 'allies' in the group over their own.

Discrimination while accessing medical institutions and Centrelink was also a common theme that emerged from the qualitative data collected via the survey. Participants shared stories of medical staff refusing to use the persons preferred name and pronouns and even instances where staff have refused to offer medical assistance. Centrelink employees were reported as being openly rude and

dismissive of young people's gender identity – invalidating their thoughts and feelings.

While it is recognised that identifying as transgender and gender diverse can create complexities in a person's life, these examples provided demonstrate how these complexities are often the result of outside influences placing pressure on this group of people. To assist in removing these complexities, a significant amount of work needs to be undertaken to create more acceptance and to change the attitudes of the wider community. Without this work, transgender and gender diverse people will continue to face these unnecessary obstacles.

Support offered by families

A cause for concern amongst transgender and gender diverse young people is often whether or not they will continue to be supported by their families after they reveal their gender identity (graph 6).

While this study shows that the majority of participants reported that their families do continue to offer varying levels of support (62.69%), more than 1 in 5 young people do not receive any form of support (23.88%), those who haven't told their family about their gender identity still received the same level of support they always had (11.94%) and some participants did not answer the question (1.49%).

Qualitative data collected on this issue offered participants the chance to explain further what they meant by the varying forms of support. Participant's responses were grouped into 4 themes that emerged from this data (table 5). Emotional support (47.17%) was defined as family using the correct pronouns and name, being able to openly talk about being transgender and/or gender diverse with family, parents trying to educate themselves about the needs of the participants and parents attending medical appointments with the participants. Financial support (37.74%) included paying for medical costs, school fees, car maintenance and assistance to pay rent. Housing (11.32%) referred to the participant living in the family home without paying rent/board and food (3.77%) related to all food related costs being paid for by family.

Participants highlighted that older siblings and extended family would often step in and offer support if the young person's parents/guardians were unable. This was shown by participants living with extended family or siblings allowing them to have

transgender clothing (binder, tucking underwear) mailed to their address as they couldn't have it delivered to their parent's home.

Parents not accepting the participant's gender identity, severe mental health issues of their own and chronic pain were some of the reasons highlighted as to why parents/guardians did not offer any support. The professionals interviewed validated these findings further by adding that the rise in transgender and gender diverse young people accessing Family Access Network's homelessness support service, is possibly due to the stigma attached to being transgender and gender diverse. This stigma often resulted in being less accepted by family, especially for those who identify as female transgender.

Young people who chose the option 'haven't come out yet' explained that this was largely due to fear that their family would not accept their gender identity and that the support currently offered would stop.

A small number of participants also reported being kicked out of home and disowned by their family which was directly related to them revealing their gender identity.

While participants who currently receive no support and those who haven't come out yet totalling 35.82% of responses, this is still potentially a lower reflection of the true number of transgender and gender diverse young people who are not supported by family. This could be the result of how participants were recruited for the study such as: contacting YGender, Minus18 and social/support groups, with young people associated with these groups identified as generally being well-resourced and coming from more supportive backgrounds. By not having the protective factor of family support, transgender and gender diverse young people are left vulnerable, potentially exposing them to further complexities such as homelessness, drug and alcohol abuse and poor mental health. It would therefore be beneficial for professionals to assist these young people to create positive networks that could provide the support which isn't offered by families.

Recommendations

Recommendation One

Funding needs to be provided for the development of a specialist service in Victoria

Funding is needed to establish a specialist service in Victoria for transgender and gender diverse people, much like The Gender Centre located in New South Wales. The Gender Centre offers accommodation, case management, outreach, training and education, needle exchange as well as many other services. A specialist service such as this is desperately needed in Victoria.

Recommendation Two

Funding needs to be provided to create roles for specialist workers

Funding must be provided to train and educate specialist workers to assist transgender and gender diverse young people with the complex needs that they present with. Services are unable to meet the current demands placed on them and professionals are often untrained and uneducated resulting in young people not receiving the assistance they require and deserve.

Recommendation Three

Funding must be provided for transgender and gender diverse specific training

There is currently a severe lack of knowledge on behalf of professionals in regards to transgender and gender diverse young people, their needs and the challenges they face. Funding must be provided to cover the costs of training for professionals working in the medical profession, education, youth services and all youth facing government departments.

Recommendation Four

Further funding must be provided to homelessness support services to create more SSATI specific transitional properties

Homelessness services are currently being inundated with transgender and gender diverse young people seeking assistance due to homelessness, with demand outweighing the capacity of services. Results from this study show that transgender and gender diverse young people still face discrimination due to a lack of understanding and acceptance. This is being witnessed in mainstream refuges and with only two SSATI properties available in the whole state of Victoria, more must be provided to keep these young people safe.

Recommendation Five

A peak body must be created

A peak body for transgender and gender diverse people must be created. The peak body would need to have a strong online presence and offer valuable, age appropriate, up to date resources for young people, parents/guardians and professionals.

Recommendation Six

Further support groups must be developed

Transgender and gender diverse young people have clearly stated that there aren't enough support groups available which are appropriate to meet their needs. Rather than being placed in LGBTQ groups, transgender and gender diverse specific groups need to be developed.

Recommendation Seven

Victorian services must take a co-ordinated approach

Victorian services need to take a co-ordinated approach if they wish to successfully meet the needs of transgender and gender diverse young people. Currently services are relying heavily on those that are well-known for assisting transgender and gender diverse young people rather than taking the initiative and addressing these issues themselves. A co-ordinated approach would hold all services accountable for contributing equally towards meeting the needs of these young people.

Recommendation Eight

Additional research needs to be conducted

Very little research still exists in Australia regarding transgender and gender diverse young people, their needs and the issues they face. Further research will assist in educating professionals and raising awareness within the wider community of the challenges faced by this unique group of young people.

Recommendation Nine

All future strategies must be developed in consultation with transgender and gender diverse young people

While professionals working with young people generally have access to information which can assist them to make informed decisions, transgender and gender diverse young people should be regarded as the experts on this topic and consulted during all stages of strategy, program and service development.

Conclusion

For the purpose of this study, transgender and gender diverse young people have provided invaluable insight into their thoughts, feelings and experiences when accessing services. As a result of their willingness to share such personal information regarding the challenges they face, this study has been able to identify clear goals, which when achieved, would improve the provision of services for these young people. Any future strategies must involve the consultation of transgender and gender diverse young people at all stages of development, as they have the potential to offer incredible guidance when afforded the opportunity. As researchers, policy makers, educators and service providers, it is our responsibility to ensure that these young people are provided with the assistance they require, are treated with the respect they deserve and that they are viewed as valuable members of society whom have significant contributions to offer.

Bibliography

Aguinis, H & Henle, C 2004, *Handbook of Research Methods in Industrial and Organisational Psychology*, Blackwell Publishing, Victoria, Australia, pp. 38-39.

Alderson, P & Marrow, V 2011, *The Ethics of Research with Children and Young People: A Practical Handbook*, Sage Publications, London, pp. 31-32.

American Psychological Association 2011, *Definition of Terms: Sex, Gender, Gender Identity, Sexual Orientation*, American Psychological Association Council of Representatives, viewed 20 April 2015, <<http://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf>>.

Australian Bureau of Statistics 2014, *Review of the Sex Standard/Potential New Gender Standard*, viewed 16 April 2015, <<http://www.abs.gov.au/websitedbs/D3310114.nsf/home/Review+of+the+Sex+Standard>>.

Australian Human Rights Commission 2015, *Resilient Individuals: sexual orientation, gender identity and intersex rights*, National Consultation Report, p 11, 49, viewed 18 October 2015, <www.humanrights.gov.au/sogii>.

Clark, T, Lucassen, M, Bullen, P, Benny, S, Fleming, T, Robinson, E, & Rossen, F 2014, *The Health and Well-being of Transgender High School Students: Results from the New Zealand adolescent health survey (Youth' 12 Fact Sheet)*, viewed 16 April 2015, <<http://safeschoolscoalitionvictoria.org.au/wp-content/uploads/2014/08/Youth12-transgender-young-people-fact-sheet.pdf>>.

Couch, M, Pitts, M, Mulcare, H, Croy, S, Mitchell, A, Patel, S 2007, *Tranznation: a report on the health and wellbeing of transgender people in Australia and New Zealand*, Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne, p 30, 33, 42, viewed 18 October 2015, <http://www.glhv.org.au/files/Tranznation_Report.pdf>.

Department of Education n.d., *Publication of Photographs, Video and Audio: consent form – adult and minor*, Marketing Services, Tasmanian Government, viewed 3

September 2015,

<<https://www.education.tas.gov.au/documentcentre/Documents/DoE-Publication-Consent-Form.pdf>>.

Department of Health 2009, *Well Proud: A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services*, Victorian Government, p 16, 23.

Drummond Street Services n.d., *Queerspace*, viewed 16 April 2015, <<http://www.ds.org.au/how-we-help/queerspace>>.

Family Access Network n.d., *EDG*, viewed 16 April 2015, <[http://www.fan.org.au/files/EDG%20Poster%20-%20Generic\(V2\).pdf](http://www.fan.org.au/files/EDG%20Poster%20-%20Generic(V2).pdf)>.

Family Access Network n.d., *Transitional*, viewed 16 April 2015, <<http://www.fan.org.au/transitional.html>>.

Fereday, J & Muir-Cochrane, E 2006, 'Demonstrating Rigor Using Thematic Analysis: a hybrid approach of inductive and deductive coding and theme development', *International Journal of Qualitative Methods*, vol. 5, no. 1, pp. 82-83.

Gender Centre 2012, *How Many People are Gender Diverse*, Zoe Belle Gender Centre, viewed 16 April 2015, <<http://gendercentre.com/resources/fact-sheets/how-many-people-are-gender-diverse/>>.

Gender Centre n.d., *Services We Provide*, viewed 23 April 2015, <<http://www.gendercentre.org.au/>>.

Gender Rights n.d., *Victorian Organisations*, A Gender Agenda, viewed 16 April 2015, <<http://genderrights.org.au/sites/default/files/u57/Victorian%20Organisations%20final.pdf>>.

Hillier, L, Jones, T, Monagle, M, Overton, N, Ghan, L, Blackman, J & Mitchell, A 2010, *Writing Themselves In 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*, LA Trobe University, pp. VIII, IX, X, XI, 99, 100, 101.

Jones, T & Hillier, L 2013, *Comparing Trans-Spectrum and Same-sex-Attracted Youth in Australia: Increased Risks, Increased Activisms*, School of Education, University of New England & Australian Research Centre in Sex Health and Society, La Trobe University, pp. 292 - 293.

Leonard, W, Pitts, M, Mitchell, A, Lyons, A, Smith, A, Patel, S, Couch, M & Barrett, A 2012, *Private Lives 2: The second national survey of the health and wellbeing of GLBT Australians*, The Australian Research Centre in Sex, Health & Society, La Trobe University, p V, VII.

Muijs, D 2010, *Doing Quantitative Research in Education with SPSS*, Introduction to quantitative research, Sage Publications, pp. 1-2.

National LGBTI Health Alliance 2013, *LGBTI Health Update: Mental Health and Suicide Prevention Focus Edition*, Australian Government, Department of Health and Ageing, p 4, viewed 17 April 2015, <http://www.lgbtihealth.org.au/sites/default/files/LGBTIHealthUpdate-March2013_0.pdf>.

Northeastern University 2013, *Qualitative research methods: a data collector's field guide*, Family Health International, viewed 22 May 2015, <<http://www.ccs.neu.edu/course/is4800sp12/resources/qualmethods.pdf>>.

Northside Clinic 2014, *Trans Health*, viewed 21 April 2015, <<http://northsideclinic.net.au/trans-health-2/>>.

O'Leary, Z 2004, *The Essential Guide to Doing Research*, Sage Publications, London, pp. 51-53.

Prahran Market Clinic 2012, *PMC Services*, viewed 21 April 2015, <<http://www.prahranmarketclinic.com/page.php?nameIdentifier=pmc-services>>.

Royal Children's Hospital n.d., *Support: Gender Dysphoria Service*, viewed 21 April 2015, <http://www.rchfoundation.com.au/event/rchf_gds>.

Smith, E, Jones, T, Ward, R, Dixon, J, Mitchell, A & Hillier, L 2014, *From Blues to Rainbows: The mental health and well-being of gender diverse and transgender*

young people in Australia, The Australian Research Centre in Sex, Health & Society, La Trobe University and University of New England, p 6, 7.

Stringer, E 2007, *Action Research*, Sage Publications, London, p 1.

Women's & Girl's Emergency Centre n.d., *It's Not Rocket Science: policies and procedures for working with transgender clients*, The Gender Centre, City of Sydney, p 8, viewed 18 October 2015,
<http://www.wagec.org.au/pdf/Policiesworking_%20with%20TG%20clients.pdf>.

Yu, V 2010, 'Shelter and Transitional Housing for Transgender Youth', *Journal of Gay and Lesbian Mental Health*, vol. 14, no. 4.

Appendix 1: Survey Flyer

Transgender and Gender Diverse Young People

You have been invited to take part in a survey for transgender and gender diverse young people aged from 15-25 years.

The survey is being conducted as part of a student research project for Victoria University's Bachelor of Youth Work and in conjunction with Family Access Network (FAN).

It is hoped that this research will be used as a tool to advocate for further services and assist with the improvement of current services offered to transgender and gender diverse young people.

All information collected will remain anonymous.

The survey should take approximately 15 minutes to complete.

Survey link:

www.surveymonkey.com/r/FANTGD

Thank you for taking part.

Appendix 2: Survey Introduction

This survey is being conducted as part of a student research project for Victoria University's Bachelor of Youth Work and in conjunction with Family Access Network (FAN).

The purpose of this research is to collect and document information relating to transgender and gender diverse young people and the availability, access and quality of services/programs. It is hoped that this research will also be used as a tool to advocate for further services and assist with the improvement of current services offered to transgender and gender diverse young people.

All information collected from participants will remain anonymous, with appropriate measures taken in regards to the storage and disposal of information to maintain privacy.

Once the research project has been completed, both electronic and paper copies will be available via Family Access Network (FAN). Availability of copies is estimated to be January 2016.

The survey should take approximately 15 minutes.

Thank you for participating.

Appendix 3: Survey Questions

1. How old are you?
2. What gender were you assigned at birth? (The gender your parents, doctors, etc, called you at birth)
3. What gender do you identify as?
4. What pronouns do you prefer to be addressed by?
5. What sexuality do you identify with?
6. Who do you live with?
7. Do your family offer you any support? If so, what are the different types of support they offer?
8. Are you aware of services you could go to/contact to get help with any issues you may be experiencing?
9. Are you currently using or connected with any services? If so, please list the services.
10. Do you attend any support/social groups? i.e. LGBTQ group.
11. Which would help you feel more comfortable when going to a service/program? Place in order with 1 the most important and 5 the least important. Options given included: Information about gender diverse people displayed where you can clearly see it, other transgender and gender diverse people there, other members of the LGBTQ community there, workers who are sensitive and understanding and programs/services that are specifically for gender diverse people.
12. Would you prefer services that are solely for people who identify as transgender and gender diverse? If so, why?
13. What qualities are important for a worker to have? Please list in order of importance, 1 the most important and 7 the least important. Options given included: Up to date knowledge, inclusive practice (includes everyone), sensitivity and understanding, reliable, approachable, trustworthy and flexible/open to new ideas).
14. Do you feel that services currently meet the needs of transgender and gender diverse people your age? If no, please explain.

15. Have you had any negative experiences with services as a result of being transgender and/or gender diverse? If yes, please explain.
16. If you could create your own service, what would it be and what type of assistance would they offer transgender and gender diverse people?
17. Is there anything else you would like to add in regards to being transgender/gender diverse and your experiences with services?

Appendix 4: Consent form for interviews with young people



Publication of Audio Recording

Consent Form

By signing this I agree to and provide permission for the audio recording of myself for and on behalf of Victoria University and Family Access Network.

I authorise the use or reproduction of any recording referred to above for the purposes of publishing materials related to the activities, programs and services of Victoria University and Family Access Network without acknowledgment and without being entitled to remuneration or compensation. The recording may appear in print and/or electronic media and will be published by Family Access Network (FAN). The published material will be viewed by Victoria University staff, Family Access Network (FAN) staff and will be available to both professionals and the public.

I understand and agree that if I wish to withdraw my authorisation, it will be my responsibility to inform Family Access Network.

Name: _____

Signed: _____

Date: ____/____/____

(Department of Education n.d.)

Appendix 5: Interview Questions – Young People

1. How old are you?
2. What gender were you assigned at birth?
3. What gender do you identify as now?
4. What pronouns do you prefer to be referred to by? Have you experienced any issues with people using the wrong pronouns?
5. Is your family accepting of your gender identity?
6. Do you have a good support network? Family, friends, professionals that can support and assist you if needed. Who does it consist of?
7. How do you find out about services for transgender and gender diverse young people? i.e. internet, friends, professionals.
8. Have you come across any restrictions for services you wanted to use? i.e. age limits, location, wait times.
9. Are you currently or have you been connected with any services? What types of assistance did they offer?
10. Does solely being around other gender diverse young people offer any benefits? Any reason why it might be good/you might enjoy it more?
11. What qualities are important for workers to have if they're working with gender diverse young people?
12. Are there any services needed for gender diverse young people that don't currently exist/you aren't aware of? (What could help?)
13. Have you had any negative experiences with services due to being gender diverse?
14. Have you had any positive experiences with services due to being gender diverse?
15. Do you think that there's anything I missed or anything that you feel people should know about gender diverse young people?

Appendix 6: Interview Questions – Professionals

1. Brief summary of work history – how long in the industry, types of roles?
2. Where are you currently working? What is your role?
3. Have you had many transgender and gender diverse clients during your career?
4. Have you noticed an increase in transgender and gender diverse clients? Any thoughts as to why this might be the case?
5. What services are you aware of/previously accessed for young transgender and gender diverse young people?
6. Where do you find your information about services for transgender and gender diverse young people?
7. What, if any, restrictions were there to accessing these services? i.e. wait times, age limits, etc.
8. Do you feel that services are meeting the needs of transgender and gender diverse young people?
9. Have transgender and gender diverse clients mentioned any needs they have that aren't being met?
10. From what young people have told you, do you think groups/programs solely for transgender and gender diverse young people are needed?
11. If you had funding for a program for transgender and gender diverse, what type of program would it be? What would it offer transgender and diverse young people?
12. Do you think a co-ordinated approach with agencies is needed, or would individual agency approaches be enough?



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