



# Gender Diversity in the ACT

## A Survey of Trans Experiences

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**A Gender Agenda**

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## Acknowledgments

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Fiona David	Survey design, input into final report
Lesley Hyndal	Survey distribution, input into final report
Peter Hyndal	Survey design and final report writing
Judith Ion	Editing report
Cam Michael	Artwork for front cover
Jennie Yates	Input into final report

As well as the people listed, three additional people were integrally involved in the design and distribution of the survey as well as the initial compilation of data. Although these three people have chosen to remain anonymous we would like to formally acknowledge the time and energy that they volunteered to this project.

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# Executive Summary

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## Background

In late 2008, A Gender Agenda (AGA) conducted a community-based survey to get a better sense of the Canberra sex and gender diverse (SGD) community and the issues facing SGD people in the ACT including access to health care services and legal recognition of sex and/or gender and identity documents. There were 83 respondents to the survey, all of whom self-identified as sex/gender diverse. Respondents ranged from 16 to 61 years of age, with most respondents aged between 19 and 44 years. Six respondents were under 18 years of age.

## Demographic information

Demographic information collected confirms the findings of previous national and international research. Despite the fact that trans people are more highly educated than the general population, 13 per cent of respondents were currently unemployed. This is more than six times higher than the 2 per cent indicated for the general ACT population in the 2006 census. The largest number of respondents (26.5 per cent) earned less than \$20,000 per year.

## Gender identity

The vast majority of respondents felt that an integral part of their gender identity included a 'trans' notion of having 'crossed over' or existing 'in between' or 'outside' the binary notion of either male or female. Only a small number of respondents self-identified solely as either male or female. This calls into question the validity of medical models and legal categories that reflect assumptions that trans/intersex people either want or need to 'become a man' or 'become a woman'.

## Health services

Qualitative responses to the survey show a mixed experience of accessing health care in the ACT. Some people reported very positive experiences and others very negative experiences. The majority, however, reported great difficulty finding and accessing health care providers who are both respectful and knowledgeable about trans/intersex health needs.

## Support and social engagement

Thirty-two per cent of respondents were currently in a relationship, compared with more than 59 per cent of the general ACT population. Despite having generally low incomes, 21.5 per cent of respondents lived alone which is double that of the general population. The vast majority of respondents indicated that they 'never' had social interactions through voluntary organisations, sporting or hobby activities.

## Identity documentation

Responses confirm the difficulties that SGD people have in obtaining safe, appropriate identity documentation.

- Some 85 per cent of respondents stated that they wanted to change their legal sex but were unable to either because they did not meet the criteria in their place of birth (45 per cent) or because the binary options currently offered were too limited (40 per cent).
- Only five respondents had changed the sex on their original birth certificate. Of these, two were able to do this (outside of Australia) without surgical intervention; whereas for three respondents, surgical intervention was a legislative requirement. All three were trans men so this would have involved sterilisation via hysterectomy.
- Only 12 respondents could produce the 100 points of ID (required to open or close bank accounts etc) without disclosing their identity as sex/gender diverse.

## Criteria to change legal sex

When asked about what criteria they thought a person should have to meet in order to change their legal sex, 97 per cent of respondents were opposed to any requirement for surgical intervention of any kind. The majority of respondents (67 per cent) were of the view that legal sex should be able to be changed on the basis of an administrative process, such as a statutory declaration.

## Perceived importance of issues

When asked to rate a series of issues on a scale from extremely important to not important, legal and medical issues were considered to be the most pressing issues:

- About 95 per cent of respondents indicated the need to educate health professionals about sex/gender issues was either extremely important or important.
- About 87 per cent of respondents thought that law reform around identity documentation was extremely important or important.

# About the Study

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## Purpose and scope

The Australian Bureau of Statistics currently does not collect, record or report on any data related to the ACT SGD community. Although there have been some periodic ACT-based surveys of the lesbian, gay, bisexual, transgender and intersex (LGBTI) community, these have focused specifically on lesbians and gay men. To the best of AGA's knowledge there has never been a survey of the SGD population in the ACT.

In 2009, the Australian Human Rights Commission (AHRC) undertook consultations, including with the SGD community, about issues arising from the legal recognition of sex in government and legal documents. As part of these consultations, the AHRC held a consultation in Canberra, which was attended by more than 30 SGD people and their partners and families. This was one of the largest meetings of SGD people in the ACT. It prompted questions for AGA about the size and diversity of the community, and the need to bring people together more often. This led to discussions about the hidden nature of the community, with individuals generally not very linked in to one another. It was decided to undertake a survey to get a better idea of the size of the community and issues of concern.

In preparation for the survey, AGA sought to locate other pre-existing research that might shed light on the size and service needs of the Canberra SGD community. There appears to be only one relevant resource. In 2007, *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*<sup>1</sup> was released. This report included responses from five transgender people living in the ACT.

This initial AGA survey, which was undertaken from November to December 2008, was entirely unfunded and was an exploratory exercise to determine the issues and questions for further investigation. As an entirely volunteer-led activity, there were insufficient resources to undertake a pilot or to test the appropriateness of the research instruments used (see 'Limitations of the study' on page 27).

In 2010, AGA received funding from Pink Tennis to publish the findings of the survey in this report, *Gender Diversity in the ACT: A Survey of Trans Experiences*.

## Design of the study

The survey was intended to be non-threatening, respectful and inclusive. The aim was to obtain basic demographic data, and explore medical and legal issues which, anecdotal evidence suggested, were of great significance to the SGD community.

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<sup>1</sup> Australian Research Centre in Sex, Health & Society, 2007, *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. La Trobe University, Melbourne

In designing the survey there was a deliberate decision not to focus on potentially negative experiences of SGD people. For this reason there were no questions related to experiences of violence, discrimination, or to the incidence of depression, suicide attempts and ideation or other mental health issues.

### **Recruitment and sample**

The majority of participants for this study were recruited over a two month period from November to December 2008. Recruitment for the online survey occurred via email lists (Canberra Transgender Network and ACT Queer) with some hard copy surveys also completed at Springout Fairday in November 2008.

Of the 83 participants who took part in the survey, a total of 36 (43 per cent) completed every question in full. The survey stated that it was for 'gender diverse people'. It should be noted that many of the questions related to a specifically transgender experience and were not directed at the experience or needs of intersex people or people with more fluid gender experiences. It is possible this had an impact on the survey completion rate.

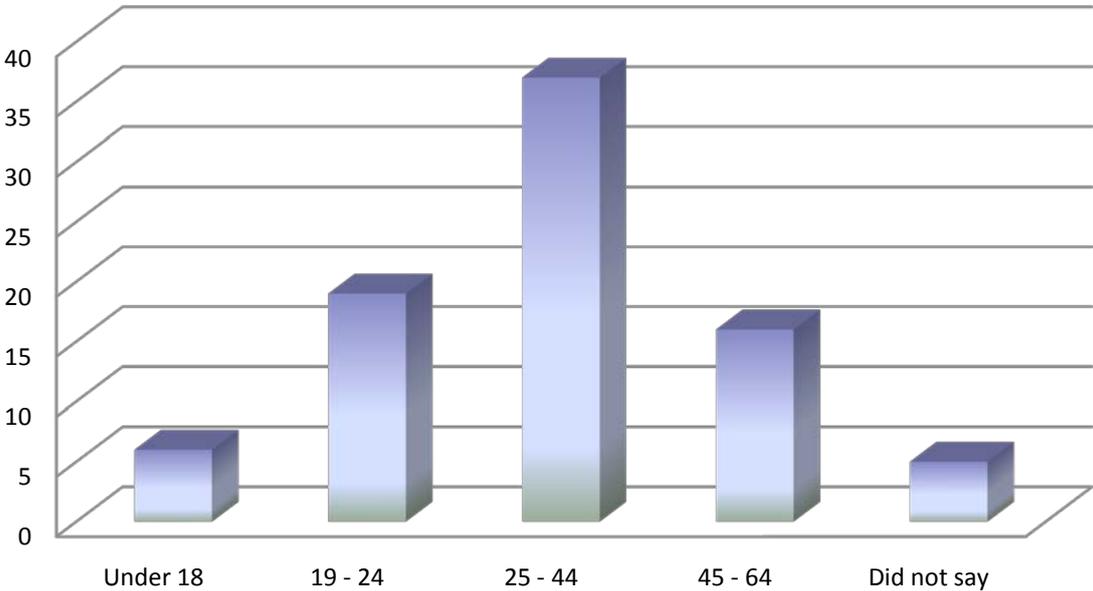
# Demographic Profile

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## Age of respondents

Participants were asked to nominate their year of birth. Of the 83 participants, 78 answered this question. The majority of respondents (45 per cent) were in the 25 to 44 age bracket. Of the 30 per cent who were in the under 25 age group, almost a fifth were aged 18 or under. Some 19 per cent of respondents were aged between 45 and 64. The mean age of respondents was 33 years.

**Chart 1 – Age of respondents**



## Recorded sex at birth

Participants were asked ‘What sex was recorded on your original birth certificate?’ A total of 54 participants answered this question. Of those who answered this question, 52 per cent had been assigned male at birth, and 48 per cent had been assigned female.

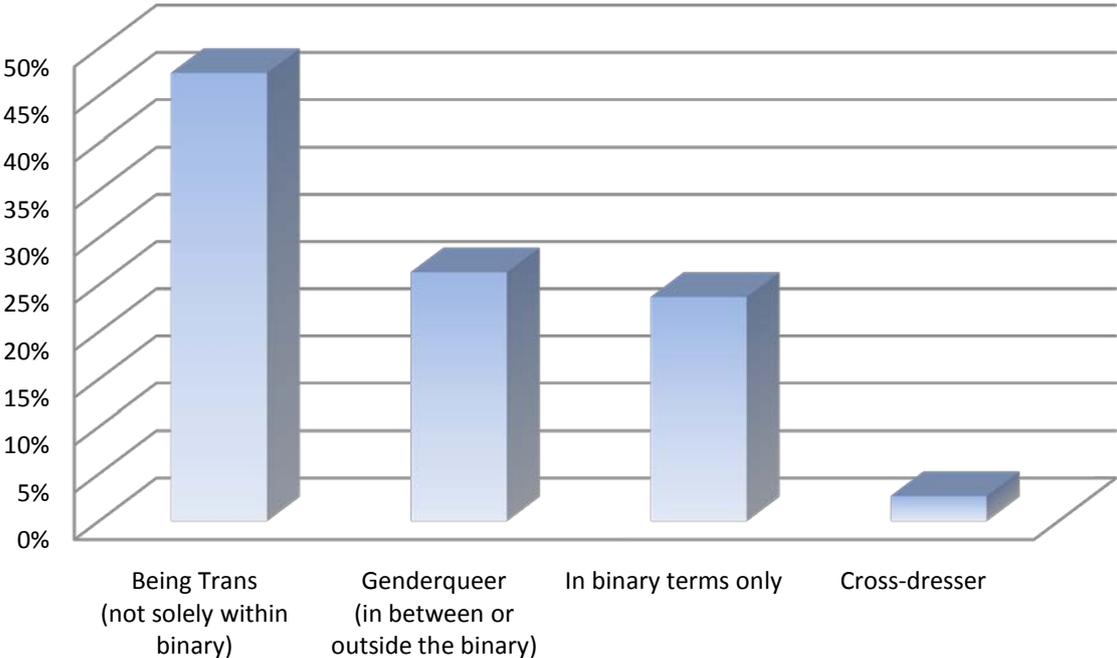
## Gender identity

The survey asked respondents to describe their current gender identity in their own words. A total of 76 participants answered this question.

Close to half of the respondents (36) articulated their identity as ‘being’ trans. Of these, 27 respondents identified solely as ‘trans’ without specification to a binary identity of either male or female. This was comprised of ‘trans’, or ‘transgender’ (21), ‘transsexual’ (4) and

'non-op transsexual' (1) and 'pre-op and very proud!' (1). Five respondents identified themselves as trans along with terms identifying them as male – terminology included FTM (female to male), transman, transguy, trani-boi. Four respondents identified themselves as trans along with terms identifying them as female – terminology included MTF (male to female), t-girl, trans-woman.

**Chart 2 – Breakdown of gender identity**



Of the remaining 40 respondents, 20 identified themselves as 'in between' or 'outside of' the gender binary. Two respondents identified as 'genderqueer', and a further two respondents identified as 'questioning'. One respondent identified themselves as 'gender neutral', another as 'indeterminate' and a third as 'in between'. The majority of respondents in this group used multiple words to convey their identity. Some indicative examples include:

*Post gender, genderqueer, genderf\*\*k, anything but straight, happy to settle on androgynous, me.*

A further 18 respondents described their identity in ways that *only* referenced existing gender binary terms. Of this group, 13 identified themselves as 'female' or 'a woman' while five identified themselves as 'male' or 'a man'.

The remaining two respondents identified themselves as cross-dressers.

### **Non-binary identities**

A significant proportion of respondents felt that an integral part of their gender identity included a notion of being located 'in between' or 'outside' the gender binary of male and female. It is interesting to note that a high proportion of those in the under 25 age bracket identified as 'in between' or 'outside' the gender binary identities. A high proportion of those who identified as 'trans' also crossed over into this space. Respondents who identified only within the gender binary (as either 'male' or 'female') were the minority (24 per cent).

### **Indications of a future increase in non-binary identities**

The survey results may well indicate a paradigm shift towards non-binary identities. Or, put another way, less people (especially young people) appear to be identifying solely within the static gender binary categories of male and female. If this can be verified by further research, it seems probable that increasing numbers of people will choose non-binary identities into the future.

### **Medical and legal issues**

The common medical construction, and framework for legal protection or recognition, is based on the assumption that a trans experience involves the subject 'becoming a woman' or 'becoming a man'. If the findings in this report can be validated by further research, then medical and psychological practice needs to respond to this changing reality of non-binary identities.

## **Education, employment and income**

Participants were asked 'What is the highest level of education you have completed?' All 83 respondents answered this question.

Just under a quarter (24 per cent) of respondents had a master's degree, post graduate degree or doctorate. The 2006 census indicates that only 11 per cent of the general ACT population holds educational qualifications of this level. An additional 25.5 per cent of respondents had obtained an undergraduate university degree.

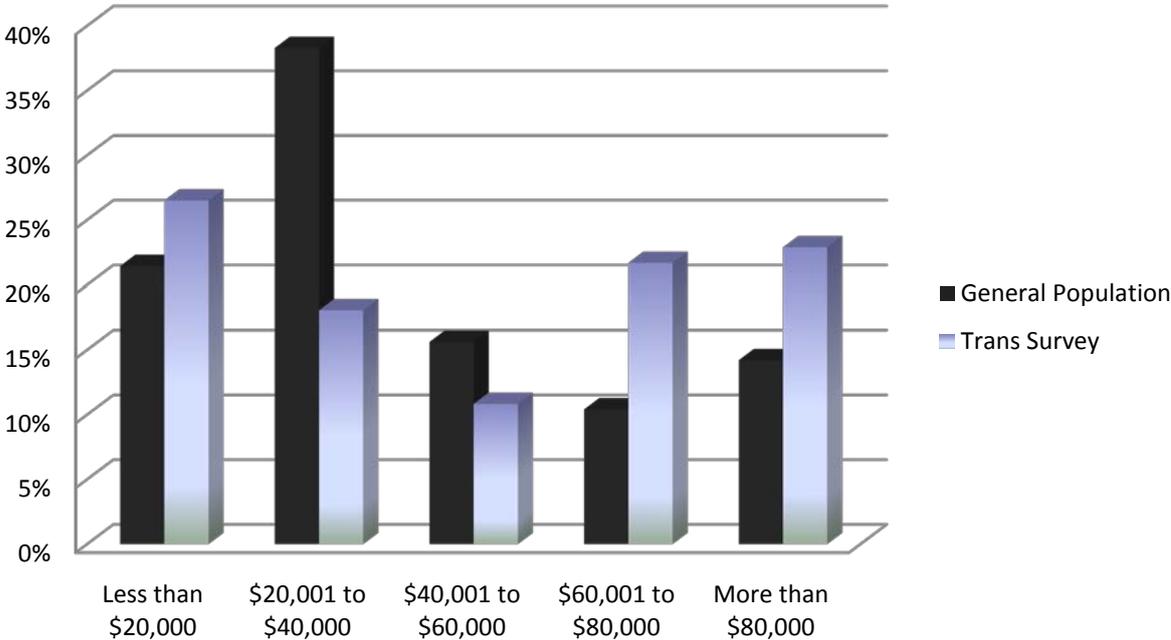
Participants were asked about their current employment status, and asked to select from one of the following categories: employed for wages, salary or in-kind, student, unemployed and looking for work, self-employed, unable to work, retired or on pension, home duties, other. All 83 respondents answered this question.

While 63 per cent of respondents indicated they were employed, the study did not ask them to differentiate between full-time, part-time and casual employment. On top of this, a further 6 per cent of respondents were self employed. Some 18 per cent of respondents were currently studying and 13 per cent of respondents were currently unemployed. This rate of unemployment is more than six times higher than the 2 per cent indicated for the general ACT population in the 2006 census.

Participants were asked about their annual income and were asked to select from the following categories: less than \$20,000; \$20,001–\$40,000; \$40,001–\$60,000; \$60,001–\$80,000; more than \$80,000. All 83 respondents answered this question.

The largest number of respondents (26.5 per cent) earned less than \$20,000 per year. The smallest number of respondents (11 per cent) were located in the middle income bracket of \$40,001 to \$60,000. Some 44.5 per cent of respondents earned more than \$60,000 while the same number (44.5 per cent) earned less than \$40,000. All of the self employed respondents were located in the top two income brackets and accounted for 13.5 per cent of the higher income earners.

**Chart 3 – Comparison of income with ACT population**



It is worth noting that some Centrelink benefits would place a person’s income just above the \$20,000 per annum level. It is possible that many of the respondents in the \$20,001 to \$40,000 had income levels towards the lower end of this bracket.

### **Employment**

The sample in this survey indicates unemployment levels within the trans community that are more than six times higher than those experienced by the general ACT population.

### **Education**

It is interesting to note the substantially higher educational qualifications of respondents compared to the general population. This is a trend that has been identified in other studies.

### **Income**

It is interesting to note the distribution of income amongst the trans population as compared to the general ACT population, with the SGD population being skewed to either end of the range. It is possible that the absence of trans respondents in the middle income brackets is a direct result of employment-related discrimination, making it very difficult for trans people to access or remain in employment. This would explain the large proportion of respondents in the lower income bracket.

## **Relationship status**

Participants were asked about their current relationship status, and were asked to select from one of the following categories: never married; divorced; separated but not divorced; widowed; married (recognised by law); married (not recognised by law); de facto, other. A total of 75 participants answered this question.

Sixty-eight per cent of respondents were not currently in a relationship. A further 22 per cent of respondents were in a de facto relationship or considered themselves to be married even though this was not legally recognised. And 10 per cent of respondents were in a legally recognised marriage.

The 2006 census indicated that 59 per cent of the ACT population considered themselves to be 'married' (registered or de facto). Given some people would be in relationships but would not consider themselves 'married' or 'de facto married', it is reasonable to assume that the number of ACT residents currently in a relationship is higher than 59 per cent.

The fact that only 32 per cent of respondents indicated that they were currently in a relationship indicates a much lower likelihood of having an intimate relationship.

Some 21.5 per cent of respondents lived alone which is double the number of the general ACT population according to 2006 census figures which indicated only 9 per cent were living alone. In terms of social interactions and inclusion, these results show that one in five respondents had no social interaction with other people while at home.

### **Relationship status and living arrangements**

The survey indicates that compared to the general ACT population, trans people are only half as likely to be in an intimate relationship, and more than twice as likely to live alone. It seems possible that this is the result of high levels of stigma and discrimination within the community.

For the general population, the majority of social interaction is with a partner, housemates and work colleagues. The survey shows that SGD people are significantly less likely to have social interactions with any of these people. This would indicate that it is likely that SGD people are socially excluded from the bulk of the social interactions that the general population engage in.

# Health Services

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Informal interactions between AGA and the SGD community indicated issues with regard to access, quality and appropriateness of health services for SGD people. The survey included a series of questions about health to gain a better understanding of these issues.

## Regular General Practitioner services

Participants were asked if they had a regular General Practitioner (GP) doctor. Of the 43 participants who answered this question, only 44 per cent of respondents had one regular GP whom they accessed for all their healthcare needs. A further 37 per cent of respondents had more than one 'regular' GP, and 19 per cent of respondents did not have a regular GP.

Participants were also asked where they normally see their GP. A total of 42 participants answered this question.

While 57 per cent of respondents selected 'Canberra – very convenient', a further 21.5 per cent who accessed GP services in the ACT stated the service was 'inconvenient' to access. The remaining 21.5 per cent of respondents travelled interstate to access GP services.

Respondents were asked an open ended question about why they sought GP services outside of Canberra. The responses varied:

*There is truly a HUGE gap here, with travel interstate to Melbourne or Sydney a necessity for all.*

Respondents who indicated that they accessed services in Sydney did so because it was the only way they could access GP services that bulk billed. Those who accessed GPs in Melbourne did so because of easier access or higher specialisation.

*I go to the [name of Melbourne clinic] because they specialise in queer issues and I feel much more comfortable and understood there.*

*I go there [Melbourne] because it is much easier to get an appointment for when I want.*

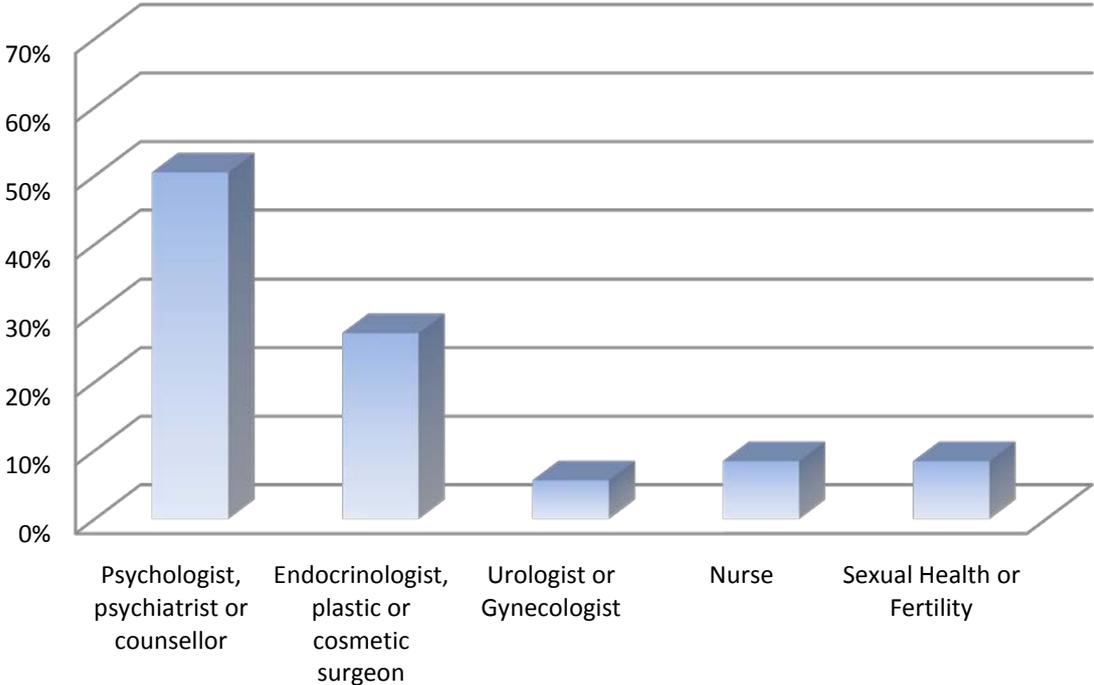
## Other medical services

Respondents were asked about what other medical services they had accessed within the last five years. Participants were able to nominate more than one answer to this question.

Half the respondents had accessed psychological services including a psychologist (18 per cent), psychiatrist (16 per cent), or counsellor (16 per cent). Some 32 per cent of respondents had accessed medical services directly related to their transition including

endocrinologist (18 per cent), plastic or cosmetic surgeon (9 per cent), urologist or gynecologist (5 per cent). In addition, 8 per cent of respondents had accessed nursing services, 7 per cent sexual health services, and one respondent had accessed fertility services.

**Chart 4 – Other medical services accessed**



Some 21.5 per cent of respondents travelled interstate to access GP services. A significantly higher percentage of people travelled interstate to access more specialised health services.

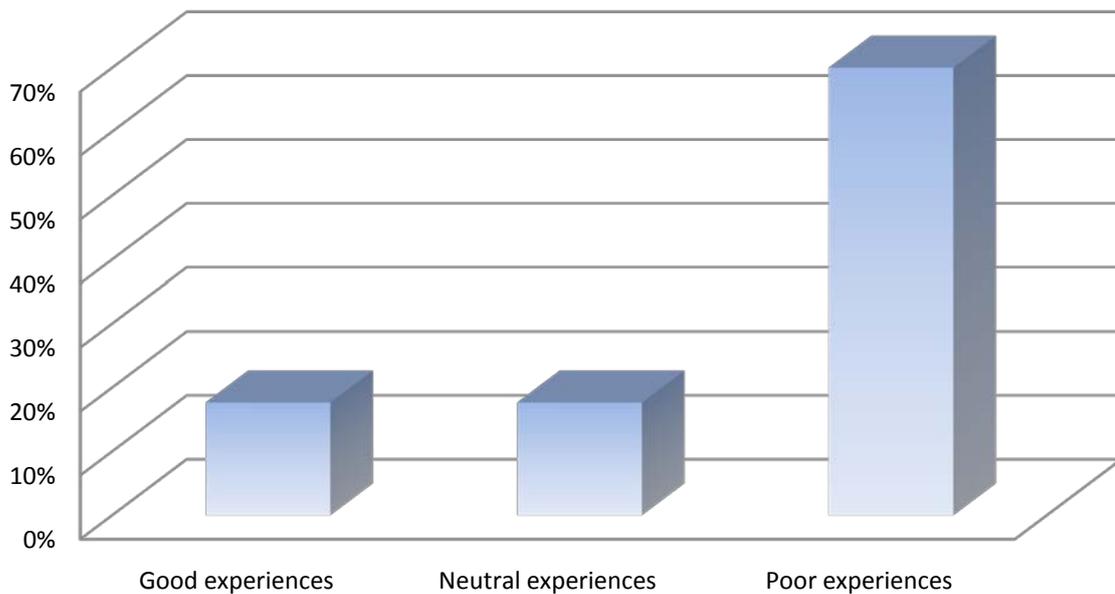
**Table 1 – Medical services accessed interstate**

Health service	Percentage of respondents who travelled interstate to obtain a specific health service	Number of respondents
Fertility services	100%	1
Endocrinologist	90%	19
Plastic or cosmetic surgeon	89%	10
Psychiatrist	61%	18
Urologist or gynecologist	50%	6
Counsellor	35%	17
Nurse	33%	9
Psychologist	32%	19
Sexual health clinic	25%	8
General practitioner	22%	42

## Access and availability of medical services

Respondents were asked an open ended question about any issues (positive or negative) that they had encountered in relation to access and availability of medical services in the ACT. The qualitative responses varied considerably, indicating some positive experiences but also some very negative experiences.

**Chart 5 – Experiences with medical practitioners**



One respondent stated that they had ‘only had good experiences with Canberran medical practitioners’. A second respondent said ‘I was extremely lucky when I moved here that a good colleague set me up with a trans-knowledgeable GP’.

*I was suicidal in 1996 when I went to see [a particular GP]. She had me in her office for over an hour and turned my life around.*

Approximately 78 per cent of respondents indicated that they had experienced difficulties in accessing appropriate medical care. The issues raised by respondents to this survey were similar to those reported in the *Tranznation* (2007) report.

The most common issue raised related to an inadequate level of knowledge amongst health practitioners about trans related issues.

*I'm finding most doctors in Canberra have very little knowledge and experience treating trans people.*

*I haven't been able to get into a doctor in the ACT who knows anything about trans stuff, and so I have to spend my time educating my GP. If I have a problem that I suspect is rooted in hormones or 'trans stuff' there is no one I can go see to ask, other than other trans people.*

*I have found there's a distinct lack of doctors/psychs/endocrinologists/etc that deal with the gender issues. Those that I have dealt with I haven't been impressed by as all bar one have their own ideas about what 'transgender' means, and what I must do to fit into their boxes.*

Respondents indicated that when they tried to access medical practitioners who were trans-knowledgeable, that it was difficult or impossible to access their services.

*I couldn't get into the only practice that had been recommended to me.*

*It was hard to find a GP that understood let alone had heard of differently gendered peoples. I was pointed in the direction of [name of particular clinic] and was told that their books were closed. I managed to get in to see a GP via a referral from a friend personally to a GP there. Likewise, it was hard to find a psychiatrist that had heard of and was supportive of differently gendered issues. Again, I only managed to get in to see someone via a referral from a friend personally to the psychiatrist.*

A number of respondents indicated that they felt their GP was transphobic.

*I guess what I'm found the most disturbing is the level of trans phobia amongst practitioners and also the lack of correct information about the effects of hormones (testosterone). My GP told me that my voice wouldn't deepen and that it is a learnt behaviour by people taking testosterone. Well my voice has been breaking now for the last month and I definitely haven't learnt how to do this.*

*They know nothing!! First one was incompetent, second one was transphobic, third one referred me interstate.*

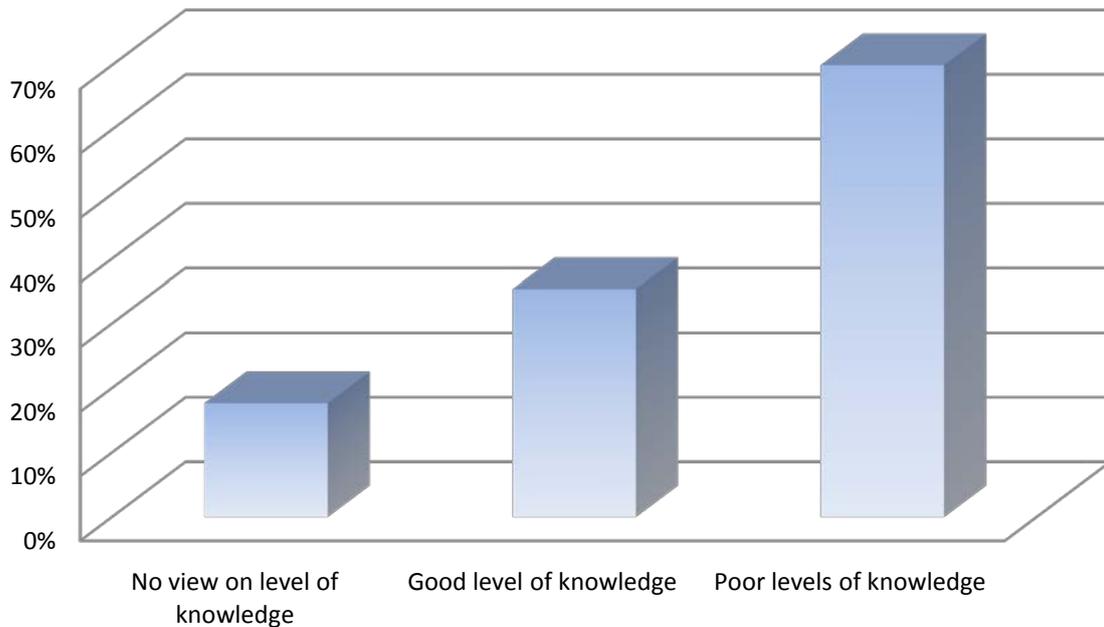
Some respondents also indicated that they had been refused medical services and/or that they felt they had been provided with inappropriate health care.

*I've been refused treatment by two IVF clinics. I've had my trans status disclosed without my consent. I've presented to my GP with symptoms that were not treated because they were 'uncomfortable' referring me to an appropriate specialist. I've also been provided with inaccurate information and pressured to have unnecessary surgery.*

## Medical practitioner's level of knowledge about gender issues

Respondents were asked a follow up question about any issues (positive or negative) that they had encountered specifically with the level of knowledge medical practitioners in the ACT have about gender issues.

**Chart 6 – Perceptions of medical practitioner's level of knowledge**



Six respondents indicated that they had experienced no problems accessing medical practitioners who had a good level of knowledge around trans issues.

*Mine has been good and open minded but I have heard others have trouble finding good reception.*

However, 61 per cent of respondents indicated that they had encountered difficulties with the level of knowledge medical practitioners had around gender issues. Three respondents indicated that although knowledge was not high, their experiences indicated that medical practitioners wanted to learn more.

*With GPs they often don't understand the issues, but have been willing to learn.*

*Not a lot of GPs have a complete understanding of gender identity issues. It is special when you get one that is interested.*

Some respondents indicated that the poor level of knowledge had resulted in misinformation or an inability to refer to other more appropriate medical practitioners.

*My Doctor knows absolutely nothing and didn't know where to send me.*

*They don't have a clue. I have been given COMPLETELY inaccurate information for 10 years about the risks/effects/dosages of hormones.*

Some respondents also indicated a frustration with the inclination of some medical practitioners to pathologise their gender identity.

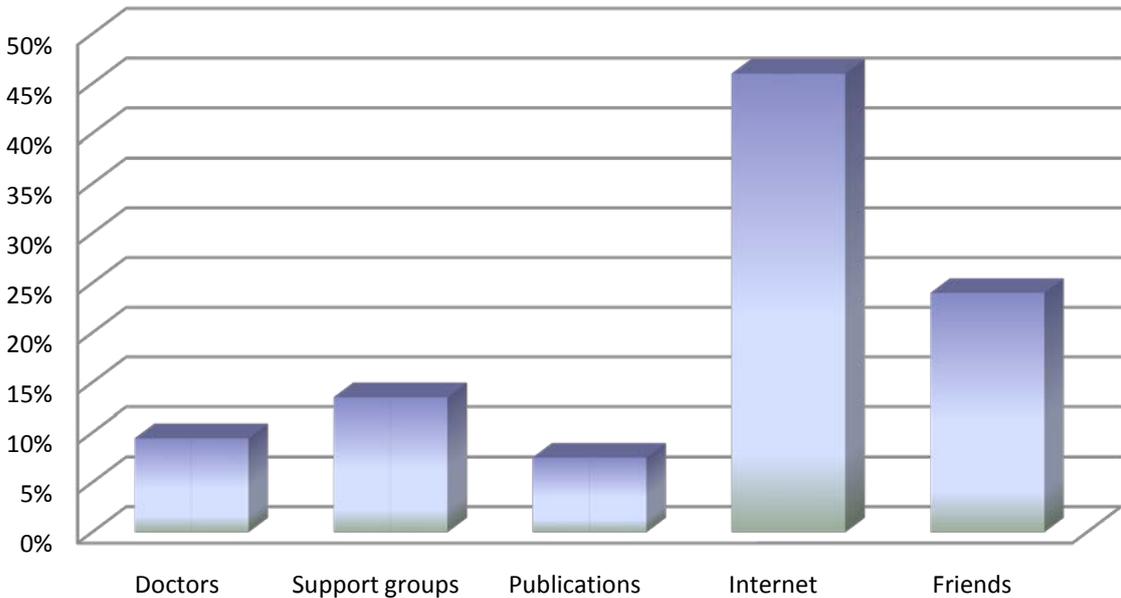
*Various GPs I have been to have either been ignorant to non-binary gender, or treat it as a psychiatric condition that needs curing.*

*In other areas (Psych/endocrinologist/etc) I find they're very closed minded over gender issues, even if that is their field!*

### Access to information about gender related issues

Respondents were asked where they usually accessed information about health issues related to their gender identity. A total of 53 responses were received. Given the negative experiences many people reported having had with medical professionals, it is unsurprising that only five respondents (9 per cent) indicated that they usually sought this information from medical practitioners. The majority (46 per cent) relied on the internet, 24 per cent on friends, 13.5 per cent on trans support groups, and 7.5 per cent on publications.

**Chart 7 – Source of information about health issues**



### **Access and experience of medical services**

The fact that 37 per cent of respondents regularly accessed more than one GP warrants further investigation. One explanation, based on anecdotal evidence, is that trans people choose to access one GP for trans related health issues, and to access a different GP (who they are possibly not 'out' to) for all general health issues.

The survey indicates that there are serious issues with regard to access to and appropriateness of health services for SGD people in the ACT. This is in line with other Australian research including *Tranznation* (2007). Particular issues of concern range from low level of knowledge amongst medical practitioners through to apparent failure to provide relevant information or treatments – even in regard to health issues unrelated to the patient's gender identity.

It appears that many trans people simply do not access health services within the ACT, relying instead on information obtained from friends or the internet, and travelling interstate if a medical appointment is required.

This would indicate that trans people are probably not accessing medical services as often as they should, and to the extent that multiple GPs are accessed, are likely to be missing out on many preventative health messages, and not benefiting from continuity of care.

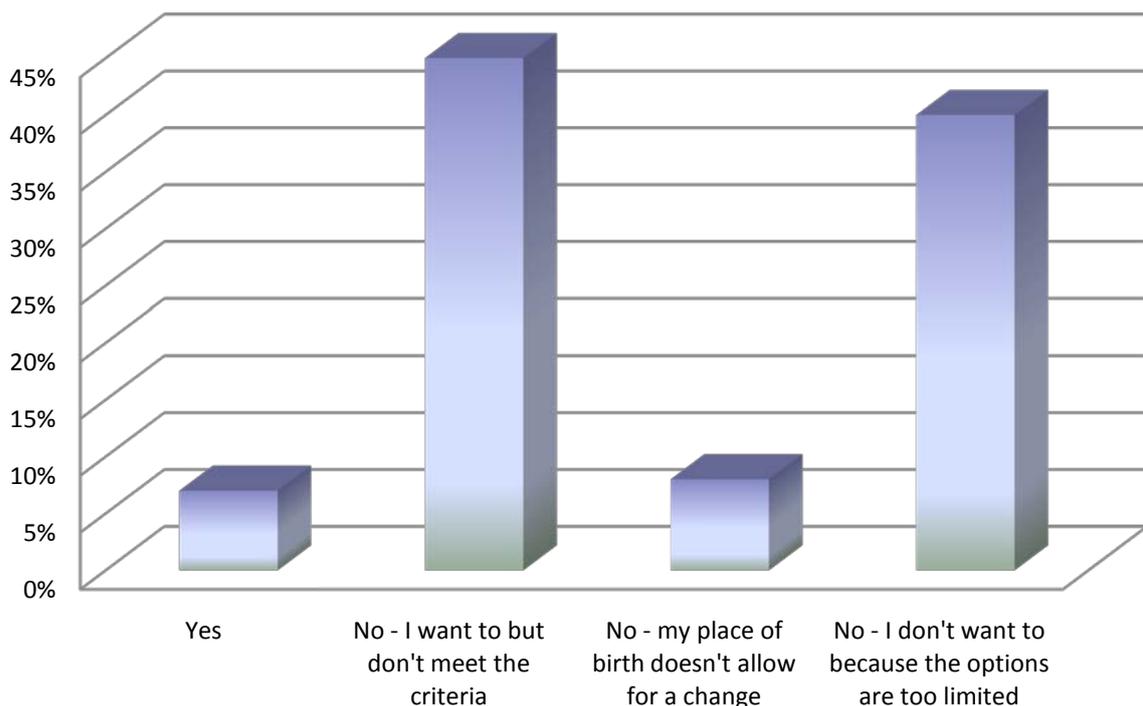
# Legal Recognition

## Change of legal sex

Participants were asked if they had changed their sex on their original birth certificate. A total of 53 participants answered this question.

Out of the 53 respondents, only five (9 per cent) had successfully changed their legal sex. Two of those five respondents had changed their legal sex outside Australia, without any requirement for surgical intervention. The remaining three changed their sex in jurisdictions that required surgical intervention – all three were trans men and would have been sterilised in order to obtain legal recognition. One person commented that although they had not been able to meet the requirements to change their legal sex in the ACT, that ‘the UK has legally recognised me as male (even though I was not born there and have never been there)’.

**Chart 8 – Have you changed the sex on your birth certificate?**



A high percentage of respondents (85 per cent) stated that they wanted to change their legal sex but were unable to either because they did not meet the criteria in their place of birth (45 per cent) or because the binary options currently offered were too limited (40 per cent).

*I think that gender should not be recorded on such documents.*

*No, I don't think that I'd be allowed to have 'indeterminate' so the alternative ('male') would be an equally inaccurate description anyway.*

## Current identity documents

Respondents were asked about the ID documentation that they currently held. A total of 53 people answered this question.

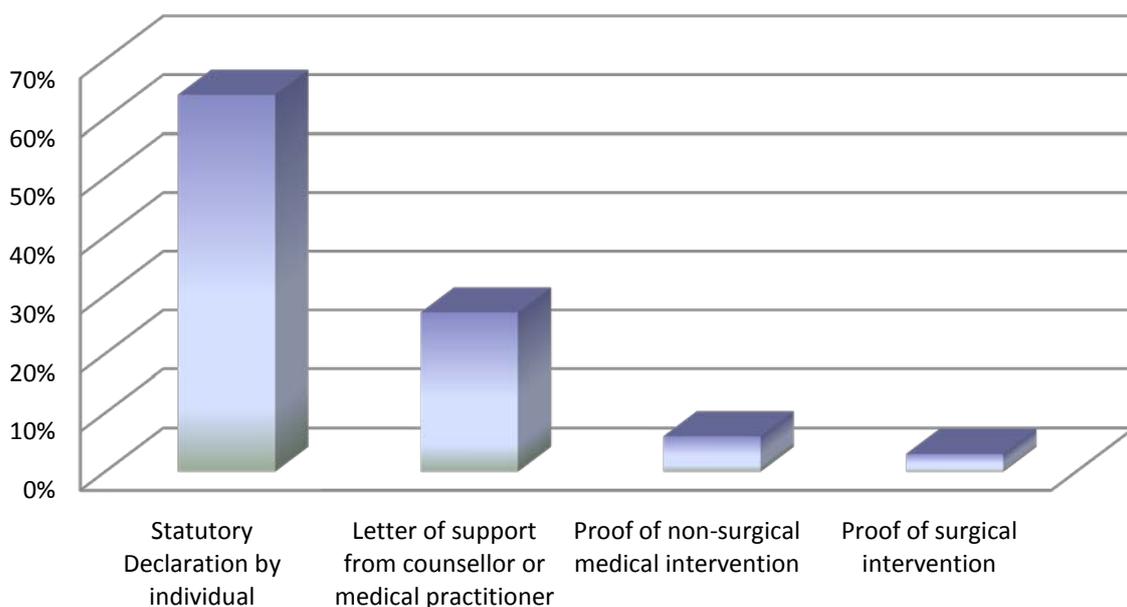
Only 12 of the 53 (22.5 per cent) respondents were able to produce 100 points of ID that did not disclose their status as trans. A further 66.5 per cent of respondents indicated that some or all of their ID documents showed their sex as being different to how they presented and/or different from the sex shown on other ID documents. The remaining 11 per cent said that the presence of previous names (eg: name at birth) on their ID documents effectively 'outed them' when produced.

## Requirements to change legal sex

Respondents were asked what criteria they thought a person should have to meet in order to change their legal sex. A total of 67 participants answered this question.

Almost all respondents (97 per cent) indicated that there should not be any requirement for any surgical intervention of any kind. Most respondents (64 per cent) believed that legal sex should be changed on the basis of making a statutory declaration stating that you identified as a particular gender. Some 27 per cent of respondents felt that the production of some form of 'letter of support' from a medical or psychological professional should be required, and 6 per cent of respondents believed that some non-surgical medical intervention should also be required.

**Chart 9 – What should be required to change legal sex?**



### **Change of sex provisions**

The survey indicates that 91 per cent of trans people believe they should be able to change their legal sex without providing any proof of hormonal or surgical intervention. More than half of the respondents (52 per cent) indicated that a statutory declaration by the individual stating that they identified in a particular way should meet the legal requirements.

The survey also indicates that 85 per cent of respondents wanted to change their sex but were unable to either because they did not meet the criteria in their place of birth (45 per cent) or because they wanted the option to change to a category outside the existing binary options such as 'unspecified' or 'other' (40 per cent).

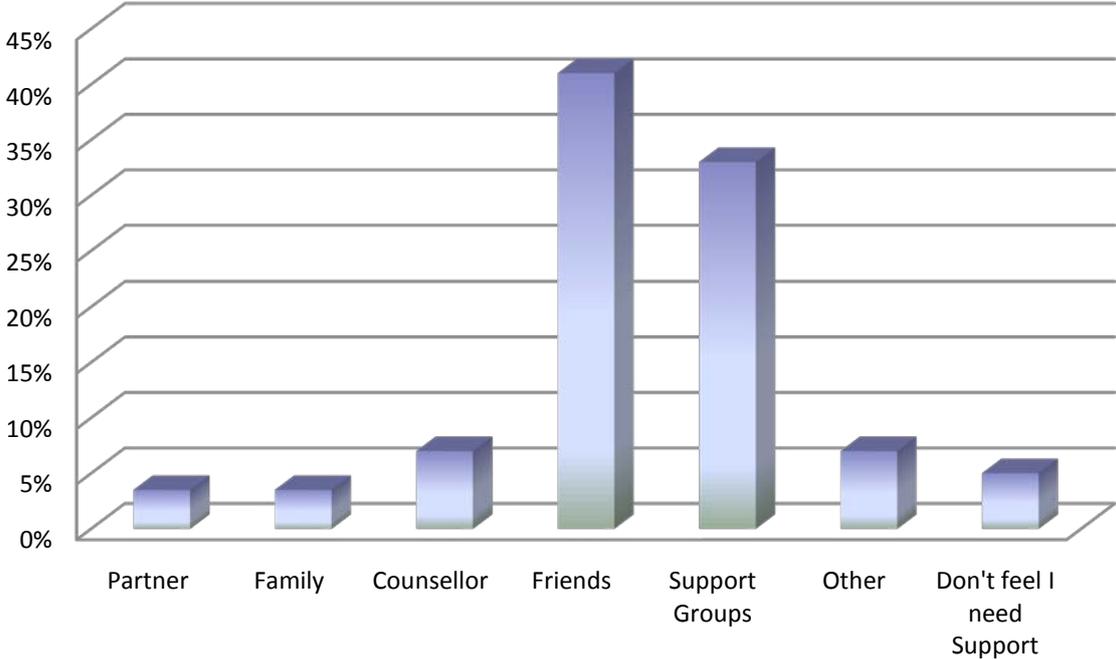
This would indicate that existing change of sex provisions are significantly out of step with community attitudes and are not currently meeting the needs of the vast majority of trans people in the ACT.

# Support and Social Engagement

## Where support is accessed

The survey asked respondents to indicate where they usually went to find support regarding gender identity issues. A total of 56 people answered this question.

**Chart 10 – Where do you find support?**



Of key interest is that although 50 per cent of respondents had accessed psychological, psychiatric or counselling services within the last five years, only 7 per cent of respondents indicated that they obtained 'support' from a counsellor or other mental health provider.

Only 3.5 per cent of respondents sought support from their partners, and the same number (3.5 per cent) sought support from their family. A further 7 per cent indicated that they received support from unspecified 'other' sources. Some 41 per cent usually obtained support from friends; 33 per cent from support groups – either internet-based groups (27 per cent) or face-to-face groups (6 per cent). One respondent commented that:

*I've never been to a group meeting, such as [those] AGA does. But always wanted to. I've often thought that perhaps my anxiety about attending such a meeting exists because of the fact I am genderqueer and the impact this has had on me. There is also always that anxiety about being outed by attending a meeting. But then, such groups are about making people who are uneasy about being genderqueer feel better about themselves and not so alone. It's a complex situation.*

## Frequency and types of social interactions

Respondents were asked about who they interacted with and how often these interactions occurred. A total of 37 people answered this question.

Just under half of respondents (49 per cent) had social interactions with friends on a weekly basis. Most respondents had only sporadic social contact with other siblings, parents or extended family.

The majority of respondents indicated that they had no social interactions with teammates in sporting or other social activities, colleagues in community/voluntary organisations or neighbours.

**Table 2 – Social interactions with wider community**

Relationship	Never
Teammates in a sport or other activity	77%
Colleagues in community or voluntary organisations	59%
Neighbours	48%

The survey also asked respondents whether they were happy with the frequency of their social interactions.

About 80 per cent of respondents indicated that they didn't see family and friends as often as they wanted to because these people lived interstate or overseas, or that they worked long hours. One participant commented that 'participating in sport is difficult because it is segregated by "sex"'.

Only two respondents indicated a level of satisfaction with the frequency of their social interactions. The first respondent said 'I am happy with present arrangements. I don't see some because of prejudice on their part'. The second respondent said 'I see some of them MORE than I would like to!'

## Number of other trans people known

Respondents were asked how many other trans people they knew who lived in the ACT. Some 12.5 per cent of respondents indicated that they did not know any other trans people.

A further 21 per cent of respondents knew between one and five other trans people, 33 per cent knew between six and 10 other trans people, and 25 per cent knew between 11 and 29 other trans people. The remaining 8.5 per cent of respondents indicated that they knew more than 30 other trans people who lived in the ACT.

**Counsellors and other mental health professionals**

The fact that 50 per cent of respondents had accessed psychological, psychiatric or counselling services but only 7 per cent of respondents indicated that they obtained 'support' from a counsellor or other mental health provider warrants further investigation. One possible explanation is that although many trans people access mental health services, the delivery of these services is not effective.

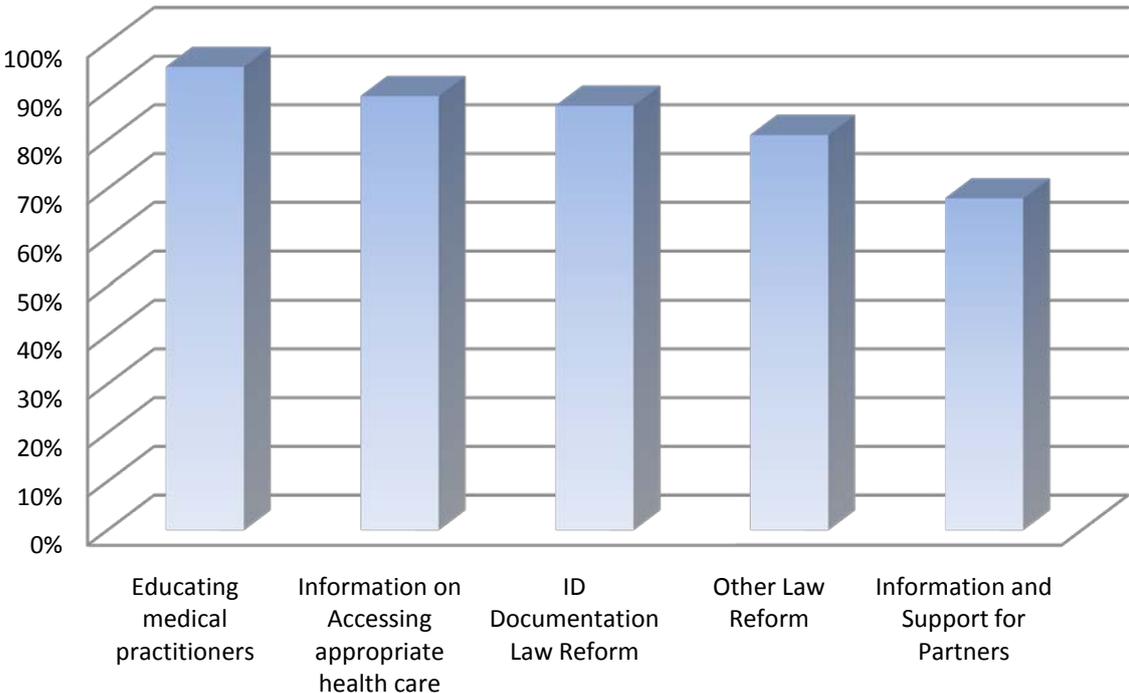
**Social exclusion**

Overwhelmingly, respondents indicated a significant lack of social engagement. On a day-to-day level, this was evidenced by the fact that respondents had higher rates of unemployment, a lower incidence of intimate relationships and a greater likelihood of living alone than the general ACT population. Although almost half the respondents had social interactions with a friend on a weekly basis, most respondents had little or no contact with parents, siblings or extended families. Most respondents never engaged in social interaction resulting from a sport, hobby or voluntary activity. Social networks within the 'trans community' were also very low. One in eight participants stated that they did not know any other trans people at all and 66.5 per cent of respondents knew less than 10 trans people. This indicates a significantly lower level of social engagement than that enjoyed by the general ACT population.

# Perceived Importance of Issues

The survey asked respondents to rate a series of issues on a scale from extremely important to not important at all.

**Chart 11 – Top five most important issues**



## Medical and health related issues

Health related issues were considered to be the most important with 95 per cent of respondents indicating that the need to educate health professionals about gender issues was either extremely important or important. Some 89 per cent of respondents indicated that being able to access information about where they could obtain appropriate health care was either extremely important or important.

## Legal recognition and other legal issues

Legal recognition issues were also considered important with law reform related to ID documentation rated as important or extremely important by 87 per cent of respondents. Some 81 per cent of respondents also indicated that broader law reform related to trans and intersex issues was important or extremely important. And 61 per cent also indicated that getting assistance with legal issues was of great importance to them.

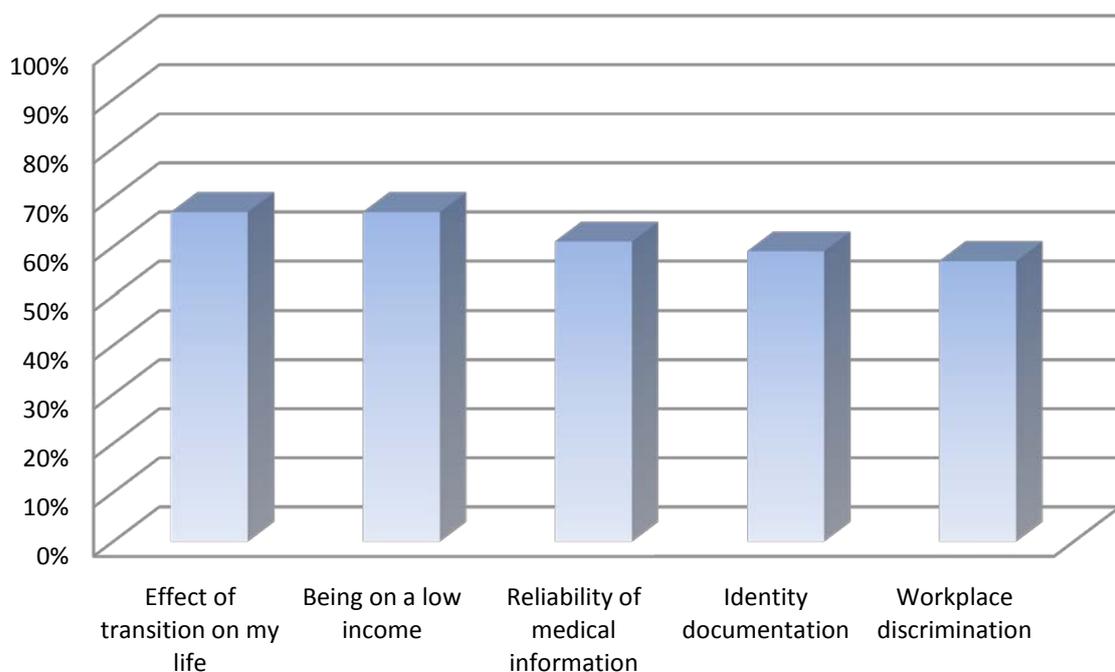
## Support and information issues

Legal and medical issues were considered to be more important than support and information services. Of the respondents who had partners, 68 per cent rated information and support for their partner as being highly important, 61 per cent of respondents indicated that it was very important for them to access information for family and friends.

## Most personally concerning issues

Respondents were asked what issues were of particular concern to them. About 67 per cent were concerned or highly concerned about transition and the impact this would have in their life. An equal number of respondents were concerned or highly concerned about being on a low income. Some 61 per cent were concerned or highly concerned about the reliability of medical information regarding transition. About 59 per cent were concerned or very concerned about identity documentation. Approximately 57 per cent were concerned or highly concerned about workplace discrimination with an additional 22 per cent concerned specifically about being 'outed' in their workplace. Given 37 per cent of respondents were not in the workforce, this is an alarmingly high rate of concern. Some 54 per cent of respondents were concerned about employment, 44 per cent about their health and 32 per cent about their housing situation. A quarter of respondents were concerned about their daily physical safety.

**Chart 12 – Top five most personally concerning issues**



## Other Comments

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The survey invited respondents to provide any other comments.

A few respondents commented that the survey questions were very 'trans focused'.

*Just to reiterate that this survey is very transgender focused. The first page of the survey gave a very different picture of what the survey would be about than what the survey actually was about. If you just want to survey trans people then don't explain that the survey is for gender diverse people. If you do want to survey gender diverse people too then make the survey applicable to them too.*

Many respondents commented about how pleased they were to have been able to participate in a survey of this kind. The remainder of comments focused on issues that needed further attention. The most common issues are listed below.

### Need for a 'Gender Centre' in the ACT

*Health is the Number One concern. There is an almost total lack of knowledge in the medical profession here, with close to zero resources. There may be more resources than I know, but there is no central clearing-house for information a la Gender Centre in Sydney. Ideally, there should be one place, which can address all legal, medical, and social issues. A place that provides 'how to' guides, information on which medics specialise in what areas, contacts for banks, tax office, Centrelink etc.*

### Invisibility within the GLBTI community

*Gender issues seem to be lumped in to the GLBTI category, which seems to focus mostly on the GL issues, and ignore the BTI. Homosexuality has become socially acceptable in recent times, even though there is still discrimination, but trans- and intersex issues still seem taboo.*

### Improvements to medical services

*Many of my closest friends are in relationships with people who have transitioned / are transitioning. Many of my closest friends have transitioned / are transitioning. These friends have experienced significant issues in accessing adequate medical and psych care, access to hormones and access to surgeries and surgical techniques that they are happy with. In addition changes by Howard/Ruddock led to significant difficulty for these friends in travelling overseas.*

# Conclusion

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## Summary

Despite the limitations of the study acknowledged below, this research paints a clear picture of a community struggling with a number of key issues:

- access to informed, respectfully delivered medical and psychological services
- inadequate access to appropriate identity documentation and protection from discrimination
- lack of social connection with family and the broader community
- over-representation in low income categories despite above average levels of education.

A first step towards addressing these important issues is to prioritise discussion of the hurdles facing SGD individuals. This conversation, aimed at ‘speaking into existence’ the lived experiences of this largely marginalised community, must occur at every level – from informal social gatherings to local, national and international political and human rights forums.

It should not be a question of whether the needs of this section of the population are ‘significant’ enough to warrant human rights reform, legislative change and adequate medical and psychological support. It should be a question of how we, as a forward-moving nation, can prioritise and implement such reform.

## Limitations of the study

### *Survey design*

The lack of funding for a pilot study meant that the efficacy of the questionnaire could not be tested. With hindsight there are several questions that could have been modified in order to provide greater insight into the SGD communities lived experience:

- The question asking about current employment status did not distinguish between part-time, full-time, casual, contract and permanent work. This clarification would have provided much more accurate information from which to draw correlations.
- The question asking about annual income was rounded to the nearest \$10,000. This is problematic in that one of the Centrelink payments at the time would have put an anecdotally significant number of participants at the very base of the next category of income rate by less than \$1,000, thus distorting the facts.

- The tenth question in the survey (out of 31 questions in total), asked respondents what sex was recorded on their original birth certificate. Only 54 of the 83 participants answered this question and it was evident that for some it was a turning point in their ability to participate further. Several respondents answered no more questions, while others contributed sporadic responses. Further research is required to understand whether this was about the location of this particular question in the survey instrument or simply a response change between 'demographic' and 'issue related' questions.
- While the cover letter of the survey referred to gender diversity, no attempt was made to address specifically intersex or other gender diverse issues within the tool. The focus of questions was specifically related to transgender issues. This could have been made clearer in the cover letter.

### ***Reaching the SGD population***

At the time this survey was conducted, AGA was a relatively new organisation with limited outreach to the community. It had no online presence or dedicated meeting place. It could reasonably be expected that a significant percentage of SGD people in the ACT were not – and are not – connected with AGA. Broadly, these individuals may fall into two categories, those who:

- may pass well in the community, and do not seek affiliation with other SGD community members. It is possible that many of these people still struggle with issues of appropriate identity documentation, legal recognition and access to appropriate medical services
- live such marginalised lives that the reality of their existence is not adequately reflected in this research because they were not reached.

## Future Directions

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There are many avenues for further investigation arising from this survey. Largely this is because so little work has been done in researching the lived experience of sex and gender diverse individuals on a local and national basis in Australia.

### Challenging the binary

Feedback from this survey confirms one of the most fundamental areas for further investigation – that of challenging the broader community’s use of binary notions of biological sex, gender identity and gender expression.

While human intersex conditions reflect the natural world in various positionings between ‘male’ and ‘female’ genitalia, chromosome configuration and hormone levels, it is currently not part of mainstream thought that all three categories listed above actually refer to continua not binary constructs.

The 40 per cent of responses that indicate participants want the option to change sex legally to a category outside of existing binary options such as ‘unspecified’ or ‘other’ suggest that there is much work to be done in this area.

A ‘continuum’ based framework avoids the imposition of arbitrary constructs. It immediately removes the external pressure for some surgeries — potentially life threatening and expensive requirements that should remain as a choice not a necessity. It also allows already marginalised citizens to fully express themselves, and to be recognised within the wider community, for who they choose to be.

Further research is needed in this area to enable the construction of a solid framework on which to build all further discussions, research and policy making.

### Identity documentation and protection from discrimination

Currently, the ACT’s SGD community is engaged in conversation with both ACT and Federal governments, along with the Australian and ACT Human Rights Commission, and is optimistic about possible outcomes. However, it would seem from this research that a framework based on the non-binary continua would provide more options for members of the SGD community.

### Education, income, job security, physical and mental health

Further investigation into how education, employment and health intersect in the lives of sex and gender diverse individuals is critical. The results of this survey confirm earlier work that suggests the links are likely to be more complex than for that of the general community.

It is interesting to note the substantially higher educational qualifications – including postgraduate – of respondents compared to the general population. This is a trend, which has been identified in other studies. One possible explanation for this may be because a large proportion of high-income earners in this study work in fields which require specialist knowledge and expertise; the smaller pool of possible candidates may mean employers are less able to discriminate against trans people. It is possible that within the trans community, in a field where discrimination is less likely to happen due to supply and demand, increased income is broadly correlated with higher education as reflected in the general population.

Other research has also shown that the trans population is subject to very high levels of employment discrimination. It is possible that due to employment-related discrimination, trans people find themselves out of work at a much higher rate and for much longer periods of time than the general population and are therefore more inclined to embark on further studies.

Another point of interest is the income distribution of the trans population as compared to the general ACT population. It is possible that the absence of trans respondents in the middle income brackets is a direct result of employment related discrimination, making it very difficult for trans people to access employment. This would explain the large proportion of respondents in the lower income bracket, many of whom were anecdotally known to be on Centrelink benefits.

Significant investigation is required into ways to improve the mental health of the SGD community. The fact that 50 per cent of respondents had accessed psychological/psychiatric/ counselling services, but only 7 per cent indicated that they had obtained 'support' from a counsellor or other mental health provider suggests that there is much to be done in providing appropriate, respectful mental health support.

The implied rate of mental health issues experienced by the SGD community is likely to compound workplace discrimination and exacerbate members' inability to access and maintain ongoing, paid employment. Low income is particularly problematic for those needing to access transition surgery that, for some, can readily exceed \$10,000. Not being able to express one's preferred gender due to financial barriers is likely to further compound individuals' isolation and marginalisation.

The statistics reflecting the apparent lack of adequate medical services available to the ACT SGD community starkly illustrate the need for urgent reform in this area. Much work needs to be done to ensure that all SGD individuals are able to access a local, informed and respectful service. In the first instance this may need to be centrally located in a safe space like a 'Gender Centre' (as suggested by some survey respondents).

## **Social isolation**

Overwhelmingly, survey respondents indicated a significant lack of social engagement. On a day-to-day level, this was evidenced by the fact that respondents had higher rates of unemployment, a lower incidence of intimate relationships, and a greater likelihood of living

alone than the general ACT population. Although almost half the respondents had social interactions with a friend on a weekly basis, most respondents had little or no contact with parents, siblings or extended families. Most respondents never engaged in social interaction resulting from a sport, hobby or voluntary activity.

Social networks within the 'trans community' were also very low. One in eight participants stated that they did not know any other trans people at all and 66.5 per cent of respondents knew less than 10 trans people.

This indicates a significantly lower level of social engagement than that enjoyed by the general ACT population. Further research could explore the implications this may have on the health and wellbeing, especially mental health outcomes for the trans community.

The findings of this survey indicate the necessity of SGD related issues being 'talked into everyday existence' in the broader community so that prejudice and discrimination become things of the past. SGD people need to remain 'connected' to their extended families and be a part of the growing diversity that is Australia.

At this time in history, the Government lists social inclusion as one of its highest priorities. As part of its social inclusion agenda the Government is looking at ways to build strong, diverse communities, free from discrimination, violence and abuse, by confronting intolerance and promoting respect and a sense of belonging for everyone. The timing is right to walk the talk for a better life for SGD people at both local and national levels.