

**Broader context, interpersonal, and intrapersonal factors that  
compromise and promote the mental health of Australian  
transgender adults**

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## **Abstract**

A growing body of literature has described the factors that compromise mental health for transgender people, yet less information is known about the factors that promote resilience and protect mental health for transgender adults in Australia. This qualitative study aimed to increase knowledge and understanding about the broader context, interpersonal, and intrapersonal factors that compromise and promote the mental health of Australian transgender adults. Data were gathered using semi-structured, one-on-one interviews with ten adult participants, including five transgender people and five mental health practitioners who specialize in gender diversity, and analysed using contemporary constructivist grounded theory methodology. Results indicated that the mental health of transgender adults in Australia is shaped by multi-layered interactions between broader context, interpersonal, and intrapersonal factors that perpetuate stigma and exclusion and compromise mental health, as well as those that cultivate identity affirmation and inclusion and promote mental health, wellbeing and quality of life. Findings from this research can be used to enhance current understandings of the mental health experiences and needs of transgender people; to improve clinical practice, health promotion, education, policy development, and advocacy; and promote the mental health of transgender adults in Australia.

## Doctor of Psychology Declaration

I, Mikaela Smee, declare that the Doctor of Psychology (Clinical Psychology) thesis entitled “**Broader context, interpersonal, and intrapersonal factors that compromise and promote the mental health of Australian transgender adults**” is no more than 45,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references, and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## List of Abbreviations

ABS	Australian Bureau of Statistics
ANZPATH	Australian and New Zealand Professional Association for Transgender Health
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSP	Disability Support Pension
FTM/F2M	Female to male
GLBTI	Gay, lesbian, bisexual, transgender, and intersex
GP	General Practitioner
LGBTIQ	Lesbian, gay, bisexual, transgender, intersex and queer
MHP	Mental Health Practitioner participant
MTF/M2F	Male to female
PL2	Private Lives 2 survey
SDoH	Social Determinants of Health Framework
SOC7	Standards of Care (Version 7)
VDoH	Victorian Department of Health
WHO	World Health Organisation
WPATH	World Professional Association of Transgender Health

## **Chapter 1. Introduction and Overview**

A growing body of literature has described the factors that compromise mental health for transgender people, yet less information is known about the factors that promote resilience and protect mental health for transgender adults in Australia. This research was designed to expand on findings from previous Australian research with transgender people (Couch et al., 2007; Hyde et al., 2013; Leonard et al., 2012; Leonard et al., 2015), that found that transgender people not only experience higher rates of mental ill-health as a result of pervasive experiences of stigma, discrimination, and rejection in society, but many also lead happy lives and strive for personal and collective wellbeing. This later finding is an important one and highlights the need for research to not only explore the challenging experiences and mental health needs of transgender Australian's but also the ways in which they care for themselves and promote mental health and wellbeing in the face of considerable discrimination and stigma.

The purpose of this study was to explore the everyday experiences and factors that promote and compromise the mental health and wellbeing of Australian transgender adults. This was done through an exploration of the challenges that transgender people experience throughout their development as a transgender person, as well as the forms of resilience and support they found helpful for their subjective mental health and wellbeing. This thesis will present a contemporary constructivist grounded theory analysis of interviews with transgender people and mental health practitioners experienced in working with trans and gender diverse people

in Australia. Interviews focused on the aspects and experiences that participants believed to be challenging and supportive of mental health for transgender people. This research project was designed to encourage better-informed care and support for transgender people in their relationships, communities, and in Australian society. It is hoped that through creating a better understanding of the needs, experiences, and factors that impact mental health and wellbeing for transgender people, that family members and significant others, members of mainstream society, service providers, and policy makers may have increased understanding of the ways in which we can promote affirmation and minimize stigma for people in the transgender community.

The aims of this research are twofold. The first is to develop knowledge and understanding about the factors that compromise and promote the mental health and wellbeing of Australian transgender adults. The second is to develop knowledge and understanding about how relevant systems, including family, practitioner, health services, and government, can better support the mental health of transgender adults in Australia.

In Chapter Two I provide a critical review of the psychological literature on mental health for trans individuals, with a particular focus on Australian research capturing factors identified as promoting and compromising mental health for trans individuals. This section will conclude with further indication of why research on the mental health of people in this population is necessary.

In Chapter Three I present a detailed explanation of the theoretical frameworks used to explore and conceptualize those factors that were experienced as '*risk*' (mental health-compromising) and '*protective*' (mental health-promoting) for the mental health of transgender Australian adults. This section will conclude with a discussion of how these frameworks were used to guide the current research.

In Chapter Four I outline the constructivist grounded theory methodology that was used to develop knowledge and understanding about the mental health of transgender adults in Australia, and how the method chosen provided rich and in depth understanding of lived and observed experiences.

The results and discussion of the research findings are drawn together in Chapter Five highlighting the strength and prevalence of stigma and discrimination that transgender people experience across ecological levels (broader context, interpersonal, and intrapersonal) that interact and compromise mental health. Results also indicate that experiencing affirmation across ecological levels may be an antidote to stigma and protect and promote mental health for transgender people in Australia.

In Chapter Six, I will present a summary of the research findings as well as a discussion of strengths, contributions, and limitations of the research. I will then present key recommendations generated from the research for promoting the mental health of transgender people in Australia.

## **Chapter 2. Literature Review**

This literature review will begin with an overview of background information and terms relevant and necessary for understanding the mental health of Australian transgender adults. I will then outline what is currently known about the mental health of transgender adults in general and in Australia. The broad mechanisms of stigma will be presented and explored to provide a contextual understanding of the systemic, interpersonal, and intrapersonal factors that shape and influence mental health for transgender adults. Findings from international and Australian research will be presented and analyzed to highlight both what is currently known and not known about factors that compromise and promote the mental health of Australian transgender adults. I will highlight relevant gaps in the Australian literature and provide justification for the potential significance and contributions of this research project to clinical, cultural, and policy reform.

### **2.1. Background Information**

In this section, I highlight relevant background information and terms to contextualize the understanding and exploration of mental health for Australian transgender adults. To this end, I will firstly present and explain relevant terms before exploring the prevalence of, and current state of mental health and wellbeing among, transgender people in Australian society.

**2.1.1. Relevant terms.** There are many terms that are central to the understanding of mental health among Australian transgender adults. In this section, I will present terms that relate broadly to mental health; sex, gender, and sexuality; gender diversity; and, stigma and discrimination.

**2.1.1.1. Terms related to mental health.** *Mental health* is a term frequently used within the context of both health-promotion and illness and deficit-based understandings of health. Mental health refers to a state of psychological and social wellbeing in which an individual can think, emote, and interact meaningfully with others; cope with the normal stresses of everyday life; function productively and effectively across multiple life domains; and enjoy life with dignity (World Health Organization, 2014). When mental health is compromised, an individual may experience psychological distress and psychosocial impairment across multiple life domains including psychological, social, and economic functioning (VicHealth, 2007; World Health Organization, 2014; American Psychiatric Association, 2015). As will be outlined in Chapter Five, mental health and wellbeing is influenced by multi-layered interactions between intrapersonal and environmental factors that promote or compromise an individual's wellbeing, mental health and functioning (Fergus & Zimmerman, 2005). Finally, *resilience* refers to the process of managing and 'bouncing back' from the negative effects of exposure to challenging, stressful or traumatic situations (Grossman, D'Augelli & Frank, 2011) and utilizing protective resources to promote mental health and wellbeing (Breslow et al., 2015).

In the current study, I used a broad conceptualization of mental health to consider and contextualize participants' experiences and subjective wellbeing. In line with the definition from the World Health Organization (2014), mental health was considered in terms of subjective psychological and social wellbeing and ability to function and participate in life, despite exposure to challenging experiences (see section 2.2 for exploration of challenging experiences for transgender people). This is considered a relevant and vital conceptualization of mental health for transgender people who, as a group, experience significant and pervasive socio-cultural-interpersonal stressors including marginalization, discrimination, and stigma (Bariola et al., 2015). In this study, I sought to uncover and explore factors that both promoted and compromised mental health for Australian transgender adults. Preference was given to the terms '*mental health*' and '*promoting and compromising factors*' to describe the factors that impact upon mental health without determining such factors as '*good*' or '*bad*', thus attempting to minimize pathologizing or medicalizing discourse. The terms '*health-promoting*' and '*health-compromising*' describe the factors, resources, strategies and processes that constitute protective and risk factors, respectively, for the mental health of Australian transgender adults

**2.1.1.2. Terms related to sex, gender, and sexuality.** To discuss the delineations of sex, gender, and sexual orientation, it is first important to define these terms that are often conflated or thought to determine one another (Levitt & Ippolito, 2014a). It is essential to state that these terms are controversial and contested (e.g see Monro, 2005) and cannot be

explored here in detail, however brief working definitions are useful (Levitt & Ippolito, 2014a). *Sex* refers to chromosomes, genes, hormones, genitals, and other physical markers that are socially agreed upon biological criteria for classifying people as male or female (Greer & Morrow, 2006; West & Zimmerman, 1987). At birth, sex is usually classified based on the appearance of external genitalia and serves as the basis for the assignment of sex category and legal gender (West & Zimmerman, 1987). *Gender* is a construct based on socially accepted ideals about one's identification with the behaviours, attitudes and traits that a society in a given culture and historical period assign as masculine and feminine and relates to bodies that have been classified as male and female (Marcus & McNamara, 2010; Meyerowitz, 2002). In most societies, gender is structured in binary terms according to two categories, masculine and feminine (Butler, 1999), which are assumed to naturally align with and correspond to qualities attributed to, and deemed appropriate for, male and female sex categories (West & Zimmerman, 1987). *Sexual orientation* relates to one's pattern of romantic relationships and sexual attraction (Levitt & Ippolito, 2014b). *Cisgender* (or *cis*) refers to a person whose gender identity aligns with that expected based on the sex they were classified and assigned at birth (Ansara & Hegarty, 2012).

**2.1.1.3. Terms related to gender diversity.** *Transgender* is an umbrella term that refers to the range of persons whose gender expression or identity differs from societal expectations of their assigned sex and gender at birth (Bailey, Ellis, & McNeal, 2014; Bockting et al., 2013; Denny, Green, & Cole, 2007; Hyde et al., 2013; Levitt & Ippolito,



2014a). This term encompasses a broad spectrum of people and gendered identities. *Transitioning* is a broad term that describes a whole range of different ways that trans and gender diverse people express their affirmed gender. Transgender people may express their affirmed gender through altering their body (medically, surgically, hormonally), body language, behaviours, voice, dress, and roles to physically and/or socially transition away from the gender assigned at birth (VicHealth, GLBTI Health and Wellbeing Ministerial Advisory Committee, 2014). Some transgender people live as people of their non-birth gender identity on a full-time basis; they may undergo physical therapies such as hormone therapy or surgeries, typically to align their physical sex with internal sense of gender (Levitt & Ippolito, 2014b). Some seek a full transition, whereas others may opt for altering mannerisms, dress, and behaviours. Other transgender people have fluid gender identities and may not align themselves with one particular gender or may identify and change between gender expressions (Dean et al., 2000; Levitt & Ippolito, 2014b). With respect to contrasting theories and the fact that transgender individuals may view their experience according to particular frames and terms, this research was conducted in a person-centred manner, allowing individual lived experience to take precedence over theory. In line with Smith et al., (2014), I accept that the term 'transgender' has multiple meanings to multiple people who live and/or research this experience and welcomed the broad range of experience associated with inclusive conceptualizations of gender.

*Gender Dysphoria* is a controversial and contested term that refers to both a medical diagnosis and a set of symptoms or experiences describing the discomfort or distress associated with incongruence “between sense of self (gender identity) and the aspects of the body associated with sex/gender, other people’s mis-identification of one’s gender, and the social roles and expectations associated with gender” (de Vries, Cohen-Kettenis, & Delemarre-van de Waal, 2006, p.83; see also Bailey, Ellis, & McNeal, 2014). Categorization of gender variance as a psychopathology and the decision to include gender dysphoria in the most recent version of the Diagnostic and Statistical Manual (DSM 5, 2013) has been debated in recent years (see Drescher, 2010; Meyer-Bahlburg, 2010; Decuypere, Knudson, & Bockting, 2013). It was anticipated that renaming the earlier classification of Gender Identity Disorder (DSM-IV) to Gender Dysphoria would maintain access to medical care and private health funding for transgender individuals while removing the stigma associated with a psychiatric diagnosis (Redfern & Sinclair, 2014). It has been argued that the pathologization of gender nonconformity, by definition, places the ‘flaw’ or pathology in the individual, rather than the powerful systems that delegitimize it, contributing to stigma and social isolation, rather than reflecting an ancient, persistent, and normal variation of human development (Coleman et al., 2011). Thus, the term ‘gender dysphoria’ is used minimally throughout this paper and will be placed in inverted commas to highlight that it is a contested term.

**2.1.1.4. Terms related to stigma and discrimination.** *Stigma* is a complex term that refers to “an attribute that is deeply discrediting” and

that reduces the stigmatized person “from a whole and usual person to a tainted, discounted one” (Goffman, 1963, p.3). Stigmatization is a socially derived, constructed, and perpetuated process that nurtures and reproduces social inequalities (Lyons et al., 2015) in areas such as earning, housing, criminal involvement, health, and wellbeing (Rosenstreich, 2013). Link & Phelan (2001) proposed three general mechanisms of stigma that operate at various ecological levels including a) *structural stigma* operating through accumulated institutional practices, such as legislative policy, health funding, and employment discrimination that work to the disadvantage of gender diverse minority groups; b) *enacted stigma* operating through interpersonal acts of rejection, violence, micro-aggressions, lack of support, and denial of service; and, c) *anticipatory* and *internalized stigma* that operates intrapersonally through the stigmatized person’s beliefs and behaviours (Link & Phelan, 2001). *Discrimination* is the process by which a member of a socially defined group is treated differently or unfairly based on their group membership and the culturally-held beliefs that each group has of another (Krieger, 1999).

*Cisgenderism* refers to the socio-cultural ideology and systemic processes that: a) erase and problematize transgender people, b) place the responsibility/privilege of determining gender on the observer rather than the individual, c) promotes and reinforces dominant binary gender systems, d) provides justification for stigma towards transgender people, and e) delegitimizes people’s own understanding of their genders and bodies (Kennedy, 2013; Riggs, Ansara, & Treharne, 2015). Similar to how

racism, sexism, ableism, and heterosexism function, cisgenderism is perpetuated by, and perpetuates, the idea and practices related to seeing and positioning cisgender people as 'normal', 'right', and 'better' than non-cisgender people. Stigma, discrimination, and particularly cisgenderism, are necessary concepts in understanding the lived and mental health experiences of transgender people, and will be explored in depth throughout the results and discussion in Chapter Five.

The impact of living in a "hostile and stressful social environment" (Meyer, 2003, p.674) in which ongoing and cumulative experiences of stigma, discrimination and cisgenderism are perpetuated and enacted on the basis of gender and sexual diversity has been referred to as *gender minority stress* (Bockting et al., 2013). *Gender minority stress* is conceptualized as resulting from the unique, cumulative, and additive stressors that transgender people experience over and above the everyday stress of human existence (Levitt & Ippolito, 2014), and is now commonly understood as the primary mechanism underlying the higher prevalence of mental health problems observed among transgender people (Bockting et al., 2013; Hendricks & Testa, 2013).

**2.1.2. Transgender people make up a significant part of Australian society.** Australians of diverse sexual orientation and/or sex or gender identity may account for up to 11% of the Australian population (Department of Health, 2012), however, at present, and for a variety of reasons, we lack robust data on the exact number of transgender people in Australia. This may be due in part to a) the lack of Australian population-

based studies that ask about gender identity (VicHealth, 2014), and b) to the marginalization of transgender people as a stigmatized group who many prefer not to disclose their status as a transgender person, or only to some people, or those who might be considered as transgender may or may not define themselves that way (Hyde et al., 2013; McNeil, Bailey, Ellis, Morton, & Regan, 2012). For these and other reasons, many transgender individuals may be excluded, or purposefully disengage, from national prevalence statistics.

Despite these challenges in determining Australian prevalence statistics, a number of measures can be used to indicate possible prevalence rates, including population estimates from countries with comparable population characteristics and monitoring increasing demand for gender affirmation services in Australia (Telfer, Tollit, & Feldman, 2015). International studies estimate the prevalence of transgender people as ranging from as low as one in 1000 or one in 2000, and as high as one in 500 people depending on the identity and research parameters used to estimate (VicHealth, 2014; Hyde et al., 2013; Olyslager & Conway 2007). Furthermore, increasing demand for access to gender affirming treatments at both the Royal Children's Hospital Gender Service and Monash Health Gender Dysphoria Clinic suggest that with ongoing social change we can expect the size of the transgender population to continue to increase (Telfer et al., 2015).

Regardless of exact figures, these indications from international studies and evidence of increasing demand for gender affirming services in Australia support the assertion that transgender people are part of a

significant and growing community in Australian society (Rosenstreich, 2013; VicHealth, 2014). Yet this is a community of people who, for a variety of reasons (see section 2.1.5 and 2.2), experience significantly poorer outcomes across a variety of health determinants than the general population of non-transgender people (Couch et al., 2007; Hyde et al., 2013; Leonard & Metcalf, 2014). Thus, it is vital to explore the experiences and factors that influence mental health of this significant and growing community.

**2.1.3. Transgender people have significantly poorer mental health than other Australians.** Although many transgender adults in Australia lead happy, healthy lives, a disproportionate number experience poorer health outcomes than their non-transgender peers across a range of areas, particularly, mental health (Rosenstreich, 2013). Australian research data suggests that transgender people experience the same range of mental health issues as the general population, however the prevalence and patterns of mental health issues differs between these two populations (Leonard & Metcalf, 2014). For example, transgender individuals experience disproportionately higher rates of depression, anxiety, and suicidal ideation as a result of experiencing gender identity concerns in a society where transgender people are exposed to pervasive experiences of stigma, prejudice, discrimination, and violence (Mizock & Mueser, 2014). It has been indicated through accumulating research that these stigmatizing processes contribute to significant social and health inequalities that largely account for elevated symptoms of depression, anxiety and suicidality experienced by, and observed in, transgender

people (Budge, Tebbe, & Howard, 2010; Couch et al., 2007; Hyde et al., 2013; Leonard, Lyons, & Bariola, 2015). In this section, I present a snapshot of what is currently known about the mental health of Australian transgender adults, followed by an exploration of resilience among this group of people.

A small, yet growing, number of national studies exploring the mental health of Australian transgender adults have been conducted in the previous decade. Firstly, the *TranZnation* study (Couch et al., 2007) consisted of 253 transgender respondents and used an online mixed method survey to explore gender diversity, mental health, and health service experiences in Australia and New Zealand. On their original birth certificate, 75% of respondents reported being male and 24.5% reported being female; natal male respondents were on average older than natal female respondents. Next, the *Private Lives 2* study (PL2) and *Closer look at Private Lives 2* report (Leonard, et al., 2012; Leonard, et al., 2015) focussed on the health of LGBT individuals (n= 3835) of which 4.4% (n = 169) identified as transgender. Similarly to the TranZnation Report, the majority identified as 'trans female' (72.2%), with the remaining endorsing 'trans male'. The *First Australian National Trans Mental Health Study* (Hyde et al., 2013) provides the largest snapshot (n= 946) of the prevalence and determinants of depression and anxiety among Australian transgender adults as well as their experiences with the health care system. Rates of depression, anxiety, and suicidal ideation were similar across all four studies (ranging from 36.2% - 62% depending on the outcome measure), and were consistently significantly higher than rates

for the general population of non-transgender people (approximately 6.2% life time prevalence, ABS, 2013).

Placing mental health disparities in context, Hyde et al., (2013) suggested that transgender people appear 1.5 to 4 times more likely to have been diagnosed with anxiety or depression, respectively, than the general population. Indeed, transgender people have been reported as having the highest rates of suicidal ideation and attempted suicide of any population group in Australia (Rosenstreich, 2013). Given the high levels of suicidal ideation and attempt, it is unsurprising that self-harm among transgender people is also significantly higher than non-transgender Australians (Suicide Prevention Australia, 2009). Statistics from international studies indicate that 84% of transgender individuals have thought about ending their lives at some point in time (McNeil et al., 2012), and between 40-50% have attempted suicide at least once in their lives (Grant et al., 2011; Holman & Goldberg, 2006). Similarly to other indicators of distress and mental ill health among this population, higher rates of suicidal ideation and attempts are often effects of prejudice, stigma, and other risk factors associated with trans-negativity (Moody et al., 2015). Suicide vulnerability and risk is believed to be highest prior to disclosing gender differences to others and while waiting for access to gender affirmation services (Grant et al., 2011). This is a result of anticipated and experienced stigma, rejection, prejudice, and difficulties in being able to affirm gender in a manner that is both timely and appropriate for the individual (Bauer, Pine, Francino, & Hammond, 2013; Hillier et al., 2010; Leonard & Metcalf, 2014; VicHealth, 2014).



Evidence of poor mental health among gender diverse communities is generally consistent for both younger and older trans individuals, suggesting cross-generational disadvantage and inequalities across a range of health indicators (Rosenstreich, Comfort, & Martin, 2011). For example, in the *Writing Themselves in 3* Survey of 14 – 21 year old Australians, approximately one-third of the gender-questioning (GQ) young people had experienced physical assault and attempted suicide, with approximately half of the sample reporting a history of self-harming (Hillier et al., 2010). In this survey, GQ young people were also significantly less likely to live at home and attend school than other respondents (Hiller et al., 2010). Similarly, in the Beyond Blue survey 'From Blues to Rainbows', almost half of GQ young people had been diagnosed with depression, and 38% had considered suicide (Smith et al., 2014). Those respondents who had experienced physical or verbal abuse were more likely to have an eating disorder, suffer from post-traumatic stress disorder (PTSD), and have depression, highlighting the impact of gender-related stigma, prejudice, and violence on mental health (Smith et al., 2014).

Older transgender adults have lived through a period in Australian history where sexuality and gender diverse people suffered significant and pervasive stigma, discrimination, pathologization, criminalization, inequity under state and federal law, multiple relationship loss, and social isolation (DoHA, 2012; Rosenstreich et al., 2011). These cumulative stressors have likely impacted upon the health of older gender diverse Australians and, when compared with the general population, are reflected in often-dire

mental health statistics. However, despite decades of potential exposure to stressful and challenging experiences of stigma and marginalization, recent studies indicate that mental health and resilience may improve with age (Bariola et al., 2015; Leonard et al., 2015; Riggs, Treharne, & Ansara, 2015). Indeed, research with sexual minority men has demonstrated that minority identity affirmation (specifically identity pride and identity integration) is an age-related process and is associated with improvements in psychosocial wellbeing (Halpin & Allen, 2004). The idea that age and identity affirmation may be related to improved mental health and resilience highlights the existence of factors that promote mental health and wellbeing in the context of significant stressors (as will be further explored in section 2.2).

When considered together, Australian and international studies irrefutably demonstrate that transgender people experience compromised mental health and wellbeing, across a range of indicators, compared to non-transgender people. Despite this, transgender people show considerable resilience in managing the stressors associated with existing within a marginalized and stigmatized position in society. The presence of both significant stressors and resilience among this population highlight the need to develop greater understanding of the factors that both compromise mental health and those that potentially protect and promote mental health. In the following section, I will provide a snapshot of what is currently understood about the resilience of Australian transgender adults.

**2.1.4. Transgender people are known to be resilient members of Australian society.** As has been established, despite experiencing significantly elevated levels of stigma, exclusion, discrimination, harassment and violence, resulting in disproportionately high mental health concerns and suicidality, research indicates that the transgender community is immensely resilient (VicHealth, 2014). In general, psychological literature has largely, and somewhat appropriately, focused on identifying and addressing those factors that contribute to the adversity experienced by the transgender community. This has been a necessary step in reducing the social exclusion that the transgender community has long faced in community, clinical, policy, and health promotion domains. Recently, a small yet growing field of researchers has focused specifically on the factors that transgender people access or utilize to protect and promote their mental health and contribute positively to wellbeing. This is important given that the vast majority of transgender adult respondents in the *Tranznation* study reported feeling happy about their life, with almost two thirds reporting that they felt ‘mostly happy’ or ‘extremely happy’, despite considerable exposure to challenging or stressful experiences (Couch et al., 2007).

Commonly cited themes identified as protecting and promoting mental health and wellbeing among transgender individuals include: freedom from discrimination and space to express one’s identity; taking steps to affirm one’s gender and identity; feeling connected to and supported by family, friends, and the LGBTI and broader communities; and experiencing gender identity affirmation across interpersonal and socio-

cultural domains (Couch et al., 2007; Hyde et al., 2013; Leonard et al., 2012; Moody et al., 2015; Mullen & Moane, 2013; Nuttbrock et al., 2009; Riggs, Coleman & Due, 2014; Singh, Meng, & Hansen, 2014). These mental health-promoting factors contribute to wellbeing and quality of life for transgender people and exist across broader context, interpersonal, and intrapersonal domains, and as such, will be explored accordingly in the following section.

## **2.2. Factors that Influence Mental Health for Transgender Adults**

Key similarities shared among the findings from Australian and international literature indicates that mental health for transgender individuals is influenced by multiple interacting systemic and individual factors. A common theme evident throughout the literature on gender diversity and mental health is the existence and negative impact of broad and pervasive mechanisms of cisgenderism, marginalization, and discrimination experienced by trans and gender diverse communities and people (Bockting et al., 2013; Levitt & Ippolito, 2014; Lyons et al., 2015; Riggs et al., 2015a; Testa et al., 2015). Conversely, experiencing gender identity affirmation, acceptance and social support have been identified as buffering the effects of cisgenderism and promoting mental health and wellbeing among transgender and other minority groups (Bockting et al., 2013; Mullen & Moane, 2013; Nuttbrock et al., 2002; Nuttbrock et al., 2009; Sevelius, 2009). Accordingly, this section will consist of a review of the literature on the factors identified as compromising and promoting the

mental health of transgender adults across Australian society including broader context, interpersonal, and intrapersonal domains.

**2.2.1. Broader context factors that influence mental health for transgender adults.** Broader context factors refer to the socio-cultural-ideological, political governance, and economic factors that have long-ranging effects and implications for transgender individuals in Australian society. As previously established, stigma, discrimination, and marginalization at structural and institutional levels is prevalent and has powerful and detrimental impacts on mental health and wellbeing for transgender people (Victoria Department of Health, 2011a; Leonard et al., 2012). These barriers may operate through accumulated institutional practices, such as legislative policy, health funding, and employment discrimination that work to the disadvantage of gender diverse minority groups. The detrimental effects of these barriers create social, health, and economic disparities that further entrench transgender people in social exclusion and marginalization (Lyons et al., 2015) from mainstream Australian society. In this section, I will review research on the legislative, cultural, and institutional practices commonly cited as influencing mental health for transgender people.

**2.2.1.1. Legislative and cultural factors.** Despite recent legislative and cultural reform that have helped to protect and promote the needs of transgender people and develop positive portrayals of and education about transgender people in media and other social contexts, many legislative and socio-cultural factors continue to perpetuate discrimination and compromise mental health (Singh et al., 2014). In the previous

decade, extensive policy reforms have been made at the commonwealth level, including the Sex Discrimination Amendment Act (2013), the introduction of the Australian Government Guidelines on Sex and Gender Recognition (2013), and the establishment of the Federal Safe Schools Coalition (2014). While these advances are effective mechanisms in reducing certain aspects of discrimination, sex and gender diverse individuals continue to face inequity and social exclusion across a number of public and private domains (Rosenstreich, et al., 2011). These include discriminatory recognition of marriages according to law, inconsistency regarding legal documentation of sex and/or gender, higher rates of unemployment and reliance on federal government financial assistance, and disproportionate rates of victimization and bullying (Australian Human Rights Commission, 2015).

Culture and media representation plays a vital role in the socialization of cisgenderism in Western societies. At the broader context level, media, particularly screen media, is a powerful instrument of mass communication (McIntyre, 2016), transmitting cultural meanings and norms that “socialize consumers through creating and reinforcing behaviours, expectations, and meanings of cultural appropriateness” (Craig, McIntroy, McReady, & Alaggia, 2015, p. 258).

Historically, gender diverse and transgender people have lacked a visible presence in Australian culture, owing to a general lack of diversity in Australia’s modern social history (Smith et al., 2014). Where transgender people have been visible in contemporary mainstream media (such as movies, television, books), they have frequently been

represented and positioned as a staged performance, the 'white showgirl drag queen', singing and dancing for social acceptance by cis- and hetero-normative audiences (McIntyre, 2015a). These mainstream representations of the transgender figure have often been characterized by instability, vulnerability and victimization rather than resilience, personal and social affirmation, and adaptive functioning (Craig et al., 2015). Further, transgender people with masculine identities and those who do not identify with binary notions of gender have been far less visible in mainstream Australian media than the male-to-female 'show girl' transgender figure perpetuated in films such as *The Adventures of Priscilla, Queen of the Desert* (Elliott, 1994; McIntyre, 2015a). Thus, stigmatizing and under- or mis-representation of transgender people at the socio-cultural level has served to perpetuate stereotypes, reinforce the binary gender narrative, and exclude gender identities that sit outside the binary concept of gender (Smith et al, 2014).

Despite this, there are a number of indicators of socio-cultural reform in both the Australian and International landscape towards concepts of gender and diversity that are contributing to increasing visibility and positive representation of transgender people (Craig et al., 2015). Firstly, developments in media and social platforms, such as popular Australian reality television shows (e.g., *Australia's Got Talent*, *Australian Idol*, and *The X Factor*), have provided a unique space for the representation of transgender identities, delivering queer content to broader mainstream audiences (McIntyre, 2016). Secondly, Australian films such as *Head On* (1998), *Stone Bros.* (2009), *52 Tuesdays* (2013),

and Predestination (2014) have been identified as paving the way for more diverse transgender representations (including Greek, indigenous, and trans masculine, respectively) in Australian screen culture that more closely reflects the diversity within the transgender communities in Australia (see McIntyre, 2015a). Thirdly, the rapid growth of social media has provided more space for expressions of positive identities, characters, and discussions (Craig et al., 2015). Next, stories on the experiences, challenges and triumphs associated with being transgender have increasingly been featured on news and current affairs programs that have represented transgender people in relatively positive and affirmative light (Smith et al., 2014). Finally, an increase in the number of non-government and advocacy based community organizations has contributed to the visibility of transgender people across local, government, and media domains (Smith et al., 2014).

These five indicators of socio-cultural reform through improved representation of transgender people in media and public domains have been significantly associated with resilience and wellbeing among transgender youth in Australia (Craig et al., 2015; Smith et al., 2014). Further research is needed to clarify how Australian transgender adults perceive the association between aspects of socio-cultural reform and mental health.

**2.2.1.2. Access to employment and finances.** Transgender and gender diverse individuals often lack access to economic resources that the general population take for granted (Leonard & Metcalf, 2014). In fact, approximately 60% of respondents in the national trans mental health



study by Hyde et al., (2013), earned a gross annual income of less than \$40,000 (compared to national average in 2013 of \$58,000). Similarly, close to 50% were unemployed, and a comparable number possessed a Health Care Card (suggesting being a minimum wage earner or receiving government financial support). These rates are disproportionately high when compared with national unemployment figures at approximately 6% for the general Australian population (Australian Bureau of Statistics, 2015). Similar findings are reported in international studies with high unemployment rates, widespread mistreatment at work, and job loss frequently reported among transgender individuals (Grant et al., 2011). These Australian and International findings highlight widespread employment discrimination that excludes transgender people from accessing vital health promoting resources on the basis of gender identity and non-conformity with societal gender norms.

It is well established that unemployed and under-resourced people are more frequently exposed to negative health outcomes such as lower self-esteem and confidence (Berkman & Glass, 2000); higher levels of depression, anxiety and distress (Fisher & Baum, 2010); higher involvement in underground economies (Grant et al., 2011); and higher rates of homelessness, incarceration, infectious diseases, and drug use, compared to those who are employed (VicHealth, 2005c; McLelland et al., 1998). Findings from the Closer Look at Private Lives 2 (CLP2) report indicate that transgender individuals who were unemployed had higher rates of psychological distress and lower rates of resilience than those who were currently employed (Leonard et al., 2015). Significantly, trans

participants in the study experienced significant disadvantage across a number of socio-economic indicators, including education and income, than nearly all other sexual identity groups. Not only do these findings highlight multiple layers of disadvantage for trans individuals, firstly compared with the cisgendered community and secondly with other LGB groups, but also suggests that socio-economic disadvantage may be a key driver of psychological distress and reduced resilience among trans individuals.

In an Australian study on the experiences of male-identified transgender people, findings highlighted that this population experience clear obstacles to employment and promotion (Jones, del Pozo de Bolger, Dune, Lykins, & Hawkes, 2015). These included the fear of 'coming out' or being identified as transgender at work, experiencing transphobia both in recruitment and enacted on-site, the desire to avoid work and employment during transition, and uncertainties around disclosing gender history during application processes (for example, names on qualifications, reference checking or police criminal history checks that are mandatory when working with children, health or other care related positions) (Jones et al., 2015). Despite discrimination on the basis of gender identity being unlawful (Sex Discrimination Amendment Act, 2013), Jones et al., (2015) reported that many trans men in their study felt unprotected by these laws particularly those in casual employment or those who worried that they would be 'outed' if making complaints about cisgenderism in the workplace. For those participants who had felt supported and included in their workplace, it was evident that clear support from management and

supervisors as well as clear guidelines for employees and co-workers were vital in creating a safe and inclusive workplace culture (Jones et al., 2015).

It is well established that stable (and supportive) employment and financial functioning is an important Social Determinant of Health for all people (see section 3.2; World Health Organization, 2014). Yet, recent findings from Australian and international research suggest that the picture of employment and economic functioning for transgender adults is still a predominantly bleak one, with continued systemic effort needed to improve workplace practices and cultures to support transgender people. Given that working and participating in employment is evidently beneficial to individuals and their families, enhancing health and wellbeing, self-esteem, and economic resources (Millar, 2010), further research is needed to explore the associations between employment, financial stability and mental health among Australian transgender adults.

**2.2.1.3. Access to appropriate health services.** There is mounting evidence to indicate that transitioning and being able to affirm one's gender identity improves the wellbeing, quality of life and mental health of transgender people (Bauer et al., 2013; Couch et al., 2007; Hyde et al., 2013; McNeal et al., 2012). In order to physically affirm one's gender, transgender people will likely need access to a range of healthcare and support services over their lifetime (Sinnott, 2005). These may include psychological support and access to specialized clinical services such as gender affirmation surgery and speech therapy (VicHealth, 2014). In Australia, transgender people experience several

structural barriers to being able to express their affirmed gender. These include high and prohibitive costs of medical services (Hyde et al., 2013); limited access to publically funded and culturally sensitive health services (Riggs, Coleman, & Due, 2014); inequitable recognition of legal gender affirmation under federal and state laws (Leonard & Metcalf, 2014); general lack of knowledge about gender diversity and the health care needs of transgender people among clinicians (Riggs & Bartholomaeus, 2016); and poor health service coordination and integration (Sinnott, 2005; VicHealth, 2014). These factors make it difficult for transgender people to find and access appropriate services to affirm and express their gender and to be treated with respect, affirmation, and understanding during a potentially vulnerable, yet incredibly important, time.

Despite the existence of significant barriers in appropriate health care access in Australia for transgender people, a growing field of research has highlighted the protective aspects associated with receiving trans-informed, -affirmative, and -inclusive healthcare (see Section 2.2.2.4). Health service practices identified as promoting mental health include providing inclusive and welcoming service centres (e.g gender neutral facilities and documentation), allocating funding appropriately to support the needs of transgender people, providing professional development to all staff regarding the needs of transgender and gender diverse people, and identifying and challenging trans-negativity and discrimination appropriately within the service (VicHealth, 2009). These practices promote mental health through encouraging transgender people to feel safe and comfortable in accessing services and support, receiving

support that meets all of their wellbeing needs related to sexuality and gender identity, accessing relevant resources and information, reducing fear and censorship in revealing sexuality and gender identity, and providing opportunities to increase support networks and reduce social isolation (Mars et al., 2014).

The influence of broader context factors, particularly those that perpetuate stigma and discrimination, on mental health among transgender people has received considerable research attention both in Australia and internationally (see section 2.2.1). However, given the specificity of broader context structures in each country, and the predominance of quantitative and mixed-method studies in Australian research (see Hyde et al., 2013; Leonard et al., 2012; Leonard et al., 2015; and Riggs et al., 2014), it is vital to conduct further research that can provide rich and in depth information regarding the interactions between broader context factors and mental health among Australian transgender adults.

**2.2.2. Interpersonal factors that influence mental health for transgender adults.** For transgender people, mental health and wellbeing is likely influenced by their immediate social support networks, including family and friends, as well as their broader social context, including LGBT and local mainstream communities (Frost & Meyer, 2012; Power et al., 2014; Riggs & Due, 2013). Social support, comprising of relationships with positive and accepting people, and social inclusion are key determinants of health for individuals in the general and LGBTIQ communities (see section 3.2.2; Bockting et al., 2015; Leonard et al., 2012; Leonard et al.,

2015; Leonard & Metcalfe, 2014; Meyer & Frost, 2003; Moody et al., 2015; Pflum et al., 2015; Riggs et al., 2015a; Rosenstreich et al., 2011; WHO, 2004; Wilkinson & Marmot, 2003). Feeling as though one belongs, is included, and connected to a social group has been demonstrated to positively influence wellbeing and resilience through providing a source of collective self-esteem, better access to supportive resources, opportunities for fun and enjoyment, and encouraging positive help-seeking, that may buffer the impact of external discrimination, prejudice, and stigmatization among transgender people (Bockting et al., 2013; Hendricks & Testa, 2012; Pflum et al., 2015; Power, et al., 2014; Riggs & Due, 2014). Conversely, when social support and access to supportive networks is unavailable, inadequate, or relationships themselves are sources of stress, then transgender people often experience social exclusion, social isolation, and compromised mental health (VicHealth, 2005b; Leonard & Metcalfe, 2014; Rosenstreich et al., 2011).

Studies conducted with various sources of social support including family, partners, peers, and practitioners indicate that relationships for transgender people are often complex, containing both aspects that promote mental health and aspects that are challenging, stressful, and undermining of developing gender identity and mental health (Bariola et al., 2015; Breslow et al., 2015; Budge, Adelson, & Howard, 2013; Couch et al., 2007; Hyde et al., 2013; Leonard et al., 2015; Moody et al., 2015; Pflum et al., 2015; Riggs et al., 2015b; Singh et al., 2012; Testa, Habarth, Peta, Bolsom, & Bockting, 2015). As a whole, the existing literature represents a relatively consistent image of transgender peoples'

experiences of interpersonal relationships, specifically that 1) experiences of rejection, non-affirmation and other microaggressions are common and detrimental for transgender people, and 2) receiving affirmation, inclusion, and support from at least one support structure or person is incredibly important for protecting mental health. To contextualize the influence of interpersonal relationships on mental health, in this section I will briefly explain the practices, mechanisms and impact of microaggressions and social gender affirmation, before discussing research relevant to different relationship contexts for transgender people.

Microaggressions are subtle and commonplace forms of discrimination that are expressed through seemingly meaningless and unharmed interactions (Shelton & Delgado-Romero, 2013) that manifest as behavioural, emotional, verbal, and environmental indignities (Nadal, Davidoff, Davis, & Wong, 2014). Regardless of whether these high-frequency interactions are intentional or unintentional, they communicate hostile, negative or derogatory views of gender diversity and shape the daily experiences and relationships of transgender people (Galupo, Henise, & Davis, 2014). Previous research has demonstrated that transgender individuals experience unique forms of microaggressions, compared with individuals from other minority groups (Nadal, Skolnik, & Wong, 2012). These include the use of transphobic and/or incorrectly gendered terminology; assumption of universal transgender experience; exoticization; discomfort/disapproval of transgender experience; endorsement of gender normative and binary culture or behaviours; denial of the existence of transphobia; assumption of sexual pathology or

abnormality; physical threat or harassment; and denial of personal bodily privacy (Nadal et al., 2012). Microaggressive incidents leave a recipient feeling confused, invisible, powerless, angry, unwelcome, and deviant (Nadal et al., 2014; Sue, 2010). Whilst seemingly innocuous and minimal in isolated episodes, microaggressions have a cumulative impact on emotional, behavioural, cognitive, and interpersonal functioning that may lead to severe psychological distress (Nadal et al., 2014; Sue, 2010).

In comparison to microaggressions that serve to undermine and unaffirm gender identity, social gender affirmation refers to an interpersonal, interactive process whereby a person receives social recognition, acceptance and support for their gender identity and expression (Bockting et al., 2006; Nuttbrock et al., 2009; Sevelius, 2009). The need for gender identity affirmation is not unique to transgender individuals however it takes on a greater significance in the context of gender minority stressors and stigma (Sevelius, 2009). Prior research on the affirmation experiences of transgender people suggests that the responses of others to disclosure of transgender identity often vary from genuine acceptance of transgender identity and presentation to outright hostility and rejection. The capacity of family members, friends, partners, and practitioners to affirm a transgender individual's true identity, as opposed to rejecting and invalidating transgender identity, has been identified as a core determinant of wellbeing and mental health among transgender people (Cole, Denny, & Ayler, 2000; Hyde et al., 2013; Nuttbrock, Rosenblum, & Blumenstein, 2002; Nuttbrock et al., 2012; Sevelius, 2009; Shelton & Delgado-Romero, 2013).



Prior quantitative studies have highlighted the significance of gender identity conflict/affirmation from relationship partners for the emotional wellbeing and mental health of transgender individuals. For example, Nuttbrock et al., (2012) examined the extent to which the high prevalence of major depression frequently observed in this population can be attributed to experiencing gender identity conflict or affirmation in interpersonal relationships. Findings indicated that gender identity conflict or non-affirmation from various relationship partners was a very strong risk factor for major depression. In contrast, interactions that demonstrate affirmation of gender identity from others, such as correct use of names and pronouns, was a protective factor for major depression. The types of relationships predictive of major depression shifted over the life course with affirmation from family and peers most significant prior to middle age, and affirmation from long-term intimate partners most significant beyond middle age. These findings demonstrate two important considerations for the mental health of transgender people. Firstly, that the emotional wellbeing and mental health of transgender individuals is finely tuned to the responses of others to one's gender identity. Secondly, there is specificity across relational contexts in regards to practices that are most supportive of gender affirmation and mental health and those that are most undermining and challenging for mental health.

Common themes in the literature on interpersonal functioning and wellbeing for transgender people suggest that the most relevant relationship contexts include family, intimate/romantic partner, friend and LGBT community peers, and practitioners. For clarity, these will be

reviewed separately.

**2.2.2.1. Relationships with family members.** The critical role that parents, siblings, children and extended family play in the lives of an individual is not unique to the transgender population (Budge et al., 2013). Humans are social beings who form attachments (Bowlby, 1969), have a fundamental need to belong (Leary, Tambor, Terdal, & Downs, 1995), and seek support and affirmation from their family (Galatzer-Levy & Cohler, 2002). Research has shown that support from family members, primarily parents, may be particularly important for transgender people in counteracting the effects of stigma and minority stress (Bariola et al., 2015). Yet, unfortunately cisgender-normative values that stigmatize gender diversity often operate within families, creating challenges for various family members and systems as they negotiate transitions and gender expectations within their family context (Dierckx, Motmans, Mortelmans, & T'Sjoen, 2016). Unlike individuals who experience stigma because of their racial or ethnic identity, transgender individuals typically do not share their minority status with their parents, siblings, and children, as many come from families with sexuality and gender normative values and experiences (Koken, Bimbi, & Parsons, 2009). Adapting to gender diversity and transition of one member within a family has been described as a uniquely challenging experience as many families will not know of other families in similar situations (White & Ettner, 2007). This contributes to a system and social environment that is likely unprepared to understand and support the needs of each family member, especially their transgender family member (Veldorale-Griffin, 2014).

Prior research clearly points to the role of family invalidation and rejection in predicting health and mental health problems among LGBT individuals. Indeed, feeling unable to turn to family for support was identified as a strong psychosocial determinant of psychological distress among transgender people in a recent Australian quantitative study (Bariola et al., 2015). Findings from Riggs et al., (2015b) highlighted the prevalence of discriminatory and invalidating interactions with family members including exclusion from family events, refusal to modify language appropriately, and comments that were pathologizing and undermining of gender and identity affirmation. In a study exploring the parenting experiences of transgender women, many reported experiencing hostility, aggression, and neglect from their parents as children (Koken et al., 2009). Other common experiences included mixed and confusing responses such as being neither wholly rejected nor accepted, or being accepted by one parent and rejected by another (Koken et al., 2009). In relation to transgender parents, findings from an Irish study reported that many adolescent children refused to be seen with their transgender parent in public or allow contact with their friends (Church, O'Shae, & Lucey, 2014).

Findings from studies on people from sexual minority groups suggest that experiencing rejection and identity non-affirmation from family members may be perceived as rejection of one's core self (Feinstein, Wadsworth, Davila, & Goldfried, 2014; Pachankis, Goldfried, & Ramrattan, 2008). Indeed, Pachankis et al., (2008) suggested that this perceived rejection of core self contributed to negative self-schemas as someone

who is bad, shameful, and unlovable, that contributed to internalized stigma, low self worth, and distress among gay men (Pachankis et al., 2008).

Although negative reactions of family members to a transgender person's gender identity and expression are common, these experiences are not universal (Koken et al., 2009). Indeed, Riggs et al., (2015) identified a number of practices that transgender people found supportive and affirming from family members including providing emotional support, resources and advocacy, and using correct pronouns and names. In a quantitative study by Ryan, Russel, Huebner, Diaz, and Sanchez (2012), family acceptance of sex and gender diversity in adolescence was associated with future positive health outcomes (including self-esteem, social support, and general health) and protected against negative health outcomes (including depression, substance abuse, and suicidal ideation). Similarly, in a study by Feinstein et al., (2014), parental acceptance of sexual identity was associated with reduced internalized and anticipated stigma, sensitivity to rejection, and depressive symptoms. These findings suggest that there may be persistent and lasting protective benefits associated with family attitudes, comments, behaviours and interactions that demonstrate acceptance and affirmation.

These findings demonstrate the impact of interactions with family members as an influential determinant of mental health among transgender people. Further research is needed to qualitatively explore the experiences of transgender people in Australia in relation to family and mental health.

#### **2.2.2.2. Relationships with romantic and intimate partners.**

To date, there is limited literature outlining the intimate and romantic relationship experiences of transgender people in Australia, particularly in association with mental health. One recent study by Riggs et al., (2015b), explored the types and prevalence of romantic interactions that transgender people perceive as discriminatory. The authors concluded that Transgender participants in this study were impacted by negative and pejorative stereotypes, experienced difficulty in negotiating and maintaining intimate relationships, and thus tended to be less optimistic about future relationships. Commonly reported themes in international qualitative literature support these challenges highlighted by Riggs et al., (2015b) associated with negotiating and redefining sexuality and identities within intimate relationships, as well as the unique opportunities for gender and identity affirmation provided by intimate partners.

In a recent study by Levitt and Ippolito (2014), trans participants reported the need for sexual intimacy to be gender affirming and for partners to treat their bodies in ways that affirmed their gender as opposed to ways that invalidated their gender identity. A further challenge for trans participants in this study was the stress associated with repressing gender exploration in order to preserve the relationship, as this stress often led to emotional distance and relationship conflict (Levitt & Ippolito, 2014). Other research by Josline-Roher & Wheeler (2009) and also Theron & Collier (2013) conducted with partners of transgender men has shown that each partner within a romantic relationship is significantly impacted by co-transitions that must be negotiated in order to maintain the relationship.

Both partners must negotiate the practicalities associated with gender transition as well as the less tangible aspects related to identity (including sexuality, roles in partnership), community participation (particularly if partner felt they could no longer be part of lesbian communities previously found to be supportive), and mental health.

Research on trans men who were currently in romantic relationships suggest a number of factors related to trans men's experiences of relationships that provided valuable sources of affirmation and support. For example, research by Bockting, Benner, and Coleman (2009) and Schleifer (2006) suggests that, for their trans male participants, being seen as male by their partners was an important source of identity and gender affirmation. Similarly, research by Davidman (2014) highlights that such affirmation from romantic partners allows some trans men to explore sexualities and sexual experiences, such as identifying as a gay man, that they may not have had access to before.

In contrast to the relatively positive image of the relationship experiences of trans men depicted in research over the previous decade, the image of the relationship experiences of trans women is somewhat less positive (Riggs et al., 2015b). In their quantitative survey of transgender people living in the USA, Iantaffi & Bockting (2011) found that trans women were less likely to be in a romantic relationship, more likely to be impacted by negative stereotypes, less likely to have revealed their transgender status to their partner, and were more fearful of being rejected by their partner after disclosing, than were trans men in the study. In relation to the experiences of partners of trans women, research has

highlighted that trans-related relationship stigma has a detrimental impact on both partners that may contribute to relationship conflict and instability, and an increase in depressive symptoms (Gamarel, Reisner, Laurenceau, Nemoto, & Operario, 2014).

Collectively, this body of research highlights that transgender people and their romantic partners experience challenges associated with negotiating intimacy and identities, whilst managing relationship stigma and potential mental health consequences associated with relationship conflict. Despite these challenges, intimate relationships provide a unique opportunity for bonding and experiencing physical, sexual, and emotional affirmation of gender identity.

**2.2.2.3. Relationships with friends and connection to LGBT and broader communities.** As a result of minority stress research demonstrating the importance of community membership in buffering minority stress amongst LGBT people (Bockting et al., 2013; Meyer, 2003; Pflum, Testa, Balsam, Goldblum & Bongar, 2015), there has been an increased focus on friendship and community experiences of transgender people. According to this important research, friendships and participation with groups within the LGBT community provide valuable sources of social and emotional support, community membership, shared identity, and development of identity pride (Meyer & Frost, 2003). Leonard & Metcalf (2014) highlighted the strength and resilience of LGBTIQ people and communities within Australia through generating and sustaining community engagement programs and groups that encourage social participation, belonging, and collective action. Indeed, research suggests

that the experience of being accepted and belonging to social groups within LGBTIQ, and more broadly with mainstream, communities challenges and modifies deep-seated [core] beliefs about being socially isolated and alienated (Cruwys et al., 2014; Riggs, Coleman & Due, 2014), and is associated with lower levels of depression and anxiety among LGBTIQ individuals (Carmen, Corboz & Dowsett, 2012).

Friendships with other transgender people play an important role in a society where the transgender experience is largely misunderstood and invisible (Galupo et al., 2014b). Previous research has demonstrated that transgender friends often step in as role models and needed mentors, providing emotional support based on shared understanding of similar experiences (Hines, 2007). This is particularly important given that transgender people often experience gender identity issues and gender minority status within, and in isolation from, a cis-normative cohort of peers and family members (Bockting et al., 2013). In their study on stigma and mental health, Bockting et al., (2013) identified peer support as a resilience factor that buffered the negative impact of cisgenderism on psychological distress among transgender participants. Similarly, quantitative findings from the Closer Look at Private Lives 2 study, suggest that increased participation with LGBT community was associated with lower psychological distress and greater resilience among transgender participants (Leonard et al., 2015). In the following paragraphs, I will explore research outlining the benefits and barriers associated with various friendship contexts including with transgender people, others in LGB community, and cisgender people in the broader community.



Findings from an American qualitative study suggested a number of benefits associated with friendships with other transgender people including being able to talk about transgender issues, sharing resources and providing guidance, feeling comfortable being themselves, and receiving help in gender expression and 'passing' (Galupo et al., 2014a). Conversely, in a further study exploring the experiences of microaggressions across friendship contexts, Galupo, Henise & Davis (2014b) concluded that it was not uncommon for transgender participants to feel invalidated in their friendships with other transgender people. For participants in this study, experiencing microaggressions from a friend with a similar identity (compared with cisgendered heterosexual friends) was most hurtful as it was perceived as a highly salient invalidation of gender identity and assumed shared experience. This experience led some trans participants to question whether they were "trans enough", and further entrenched feelings of disconnection and alienation from others.

Connecting with people in the larger LGBT community (sexual minority friends) has been described as providing a shared sense of community, achieved friendships, and belonging (Meyer & Frost, 2003). These friendships provide transgender individuals with diverse perspectives, social interactions, opportunities to educate others about transgender experiences, and receive affirmation from groups of similar others (Galupo et al., 2014a). Connecting with the broader LGBT community through friendships of those with a similar identity can encourage the development of a positive transgender identity (Riggle, Rostosky, McCants, & Pascale-Hague, 2011; see section 2.2.4.2).

However, when friendships with cisgender LGB friends were the sources and context of microaggressions and other forms of lateral discrimination, previous research suggests transgender people experience a heightened sense of betrayal that may undermine sense of shared experience and alignment (Galupo et al., 2014b).

Connecting with people or groups in the broader community has been identified as providing transgender people with an avenue for feeling 'normal' and providing a sense of validation and affirmation that is deemed more powerful when coming from someone with a normative identity (Galupo et al., 2014b). Further, some transgender people may perceive friendships with non-transgender individuals as a sign of acceptance from and integration with mainstream culture (Galupo et al., 2014a).

Accordingly, experiencing microaggressions and discrimination from cisgender and heterosexual friends and/or people in the broader community may compromise this sense of 'normalcy' and acceptance from larger society, and further exacerbate sense of difference and alienation.

These qualitative findings from American research highlight that friendship experiences are complex, containing aspects that may promote and compromise mental health for transgender people. Existing quantitative findings suggest that friendships and LGBT community participation is beneficial for mental health (Bockting et al., 2013; Leonard et al., 2013; Meyer, 2003; Testa et al., 2015), yet further qualitative research is needed to provide depth to our current understanding of the interactions between friendships and community participation with mental health for transgender people in an Australian context.

**2.2.2.4. Relationships with Practitioners.** There is considerable research demonstrating the difficulties experienced by transgender people in accessing culturally competent and inclusive health care despite recommendations by researchers, public health advocates, and professional organizations to improve health service experiences for transgender people (Redfern & Sinclair, 2014). Perhaps more so than other population groups, transgender people are often reliant on the health care system (Ellis, Bailey, & McNeal, 2015). Like any other person, they engage with health professionals for routine reasons (e.g. standard check ups), in relation to acute or chronic conditions/illnesses, as well as reasons associated with being transgender and seeking physical gender affirmation (Ellis et al., 2015.). As previously discussed (see section 2.2.2.3), transgender people experience a number of structural and institutional barriers to accessing appropriate, relevant, and equitable health care and services. Accordingly, in this section I will review literature focusing on the therapeutic and practitioner relationship experiences identified as influencing, compromising and promoting mental health among transgender people.

Transgender people routinely experience discrimination as well as lack of competent and trans-affirmative care from health and mental health practitioners (Grant et al., 2010), which may contribute to feeling invalidated, un-affirmed, and manipulated within the therapeutic relationship (Shelton & Delgado-Romero, 2013); lacking trust in clinicians (Bess & Staab, 2009); and, reluctance to seek help when needed (Hyde et al., 2013; Leonard et al., 2015). This has been the result of a long-

standing tradition of pathologization and eroticization of transgender individuals in psychological and medical diagnostic manuals, literature, and practice (Ali & Martino, 2014). Trans health care has largely been shaped by the Standards of Care (SOC) by the World Professional Association of Transgender Health (WPATH, as adapted and regulated in Australia by ANZAPATH). For decades, transgender people have experienced these guidelines as providing barriers to care and transition, in which their gender identity and presentation was scrutinized, criticized, and regulated by medical professionals to whom they needed to prove their gender identity (Serano, 2007). These experiences have led to the perception of clinicians as 'gatekeepers' rather than allies and advocates in achieving gender affirmation (Hagen & Galupo, 2014). This is reflected in research demonstrating that delays in treatment (particularly for gender concerns and dysphoria), unnecessarily intrusive assessments and examinations, discriminatory and stigmatizing attitudes from practitioners, and restrictive treatment pathways contribute to minority stressors, compromised mental health, and increased suicidality among transgender people (Ellis et al., 2015; Couch et al., 2007; Hyde et al., 2013; Leonard et al., 2015; Nadal et al., 2014).

Alternatively, research highlighting positive experiences with health practitioners demonstrates the importance of receiving trans-affirmative and –inclusive care for the mental health of transgender people (Austin & Craig, 2015; Couch et al., 2007; Hyde et al., 2013; Leonard & Metcalf, 2014; Sinnott, 2005). Trans-affirmative practice refers to a non-pathologizing approach to clinical practice that accepts and affirms all

experiences of gender, and recognizes the interpersonal, social, cultural, and political barriers to safety, wellbeing and mental health experienced by transgender people (Austin & Craig, 2015). Trans-affirmative practitioners create a space for transgender clients to safely explore, understand and inhabit individual experiences of gender (Austin & Craig, 2015); working flexibly and strategically with guidelines, diagnoses and institutional policies to support clients in their gender affirmation and actualization (Carroll, Gilroy & Ryan, 2002); and reflect on own gender, biases, attitudes, while managing counter-transference in supervision and practice (Raj, 2002). For trans participants in a study by Pitt, Couch, Mulcare, Croy & Mitchell (2009), interactions with practitioners who showed empathy, professionalism, understanding and compassion were experienced as gender and identity affirming, empowering and normalizing. It is likely that these experiences, if consistent and reliable, may contribute positively to mental health and wellbeing among transgender people

In another mixed-method Australian study, participants described complex experiences with healthcare providers, highlighting interactions that were deemed positive and affirmative and others that were discriminatory and challenging for their mental health. According to Hyde et al., (2013) positive experiences were associated with the medical health professional having a trans-positive attitude and being knowledgeable about the health needs of transgender people. Negative experiences arose from lack of knowledge, stigmatizing attitudes, and experiences of enacted discrimination in the therapeutic relationship. For participants in this study, being treated with empathy, respect, affirmation, inclusion, and

equality by practitioners made it more likely that they would access professional support if needed, reduced fear of disclosure and censorship, improved their experience of the physical gender affirmation process, and positively contributed to mental health. Unfortunately, experiencing uninformed, discriminatory, and shaming interactions with practitioners was highly prevalent, isolating, and a likely source of stigma perpetuation and determinant of mental health disparities among transgender people. Despite recent reform in research highlighting the importance of trans-affirmative practice and outlining guidelines and recommendations for improving care, further research is needed to explore how relationships with practitioners interact with other relational contexts to influence and determine the mental health of transgender people, particularly in Australia.

In summary, research presented in this section highlights a number of important considerations related to interpersonal relationships and mental health for transgender people. Firstly, interpersonal relationships are influenced by broader context factors that stigmatize, marginalize and delegitimize transgender identities and people. Secondly, frequent and pervasive experiences of enacted stigma in interpersonal relationships, particularly meaningful ones, undermines self-worth and invalidates other experiences of identity affirmation (Nuttbrock et al., 2009), contributes to social-isolation and reluctance to seek help when needed (Hyde et al., 2013; Nadal et al., 2014), and therefore potentially compromises mental health (Galupo et al., 2014b; Nadal et al., 2014). Next, that transgender people experience and perceive microaggressions and other forms of

enacted stigma differently across relationship contexts and that each context likely has a different impact on the mental health of transgender individuals. In addition to the complexity and potential challenges associated with interpersonal relationships, research also highlights that trans-positive relationships with various meaningful others provide valuable sources of emotional support (Riggs et al., 2015b); gender and identity affirmation (Nuttbrock et al., 2009; Pitts et al., 2009); and, advocacy, guidance and mentoring (Galupo et al., 2014a), that may buffer the negative effects of stigma and promote mental health (Bockting et al., 2013).

Whilst this topic has received considerable attention internationally, Australian research has largely consisted of quantitative or mixed-method research that provides important, general, information on relationship experiences and mental health. Whilst a vital step forward, these studies often lack specificity and are unable to provide rich in-depth understandings of the lived experiences of transgender people in regards to social relationships and mental health. This is a missing link in our current understandings of the relationship and mental health experiences of transgender people in Australia. To date, there is no Australian research that qualitatively explores the interaction between relationship contexts and mental health for Australian transgender adults. Nor is there research exploring the interactions between ecological systems, of which interpersonal relationships play an important role, on the mental health of transgender Australian's. Further research is needed to address this gap and provide recommendations for improving social support, reducing the

perpetuation of stigma processes in interpersonal relationships, and promoting mental health among transgender people in Australia.

**2.2.3. Intrapersonal factors that influence mental health for transgender adults.** Common themes across Australian and international research indicate that mental health for transgender people is influenced by two primary individual or intrapersonal factors. Firstly, experiences of internal conflict and dissonance related to one's body, and socio-cultural expectations of gender are associated with internalized stigma, distress and poorer mental health (Bailey, Ellis, McNeal, 2014; Couch et al., 2007; del Pozo de Bolger, Jones, Dunstan & Lykins, 2014; Hyde et al., 2013; Mullen & Moane, 2013). Secondly, taking steps to affirm and express gender and identity, for those who wish to, is associated with improved wellbeing and mental health (Bailey et al., 2014; Davis & Meier, 2014; del Pozo de Bolger et al., 2014; Dziengel, 2015; Gomez-Gil et al., 2012; Gorin-Lazard et al., 2012; Hyde et al., 2013; Moody et al., 2013; Riggs et al., 2015a). In this section, I will first review literature on the mental health compromising effects of gender identity issues and internalized and anticipated stigma, followed by a review of literature related to the mental health promoting benefits of gender and identity affirmation for transgender people.

***2.2.3.1. Gender and identity concerns and distress.***

Experiencing gender and identity concerns, in a society predicated on rigid binary conceptions of gender, are core themes underpinning the mental health of transgender people (Bockting et al., 2013). 'Gender identity



concerns' broadly relates to gender and identity confusion, 'gender dysphoria', and distress associated with anticipating, experiencing, and internalizing stigma and discrimination. These experiences and concepts have been discussed previously in this report (see Section 2.1.1.3 for gender dysphoria and Section 2.1.1.4 for anticipated and internalized stigma), thus in this section I will briefly review research on the impact of gender identity concerns on mental health among transgender adults.

'Gender dysphoria', particularly when unaddressed, has been identified as a key risk factor for mental ill health and suicide risk among transgender people in International and Australian research (Bailey et al., 2014; Couch et al., 2007; del pozo de Bolger et al., 2014; Hyde et al., 2013; Leonard et al., 2015). In a study on suicide risk factors among transgender people in the UK, qualitative findings highlighted five themes related to the experience of being transgender that contributed to elevated suicide risk (Bailey et al., 2014). These suicide risk factors included 'gender dysphoria', confusion/denial about gender, fears around transitioning, gender affirmation treatment delays and refusals, and social stigma towards gender diversity and transgender people. For participants, these experiences resulted in complex interactions between hatred of their own body and the role they were expected to play in life; feeling confused, unsupported, and suppressing gender concerns; anticipating and fearing negative social consequences associated with affirming their gender; feeling misled and violated during interactions with practitioners; and, experiencing frequent and demeaning occurrences of discrimination and cisgenderism that contributed to negative beliefs about self and worth.

These experiences and findings are primary mechanisms of cisgenderism that manifest across ecological levels and are consistent with themes reported in Australian research (Couch et al., 2007; Hyde et al., 2013; Riggs et al., 2015). Specifically, that gender identity concerns, structural and social barriers to affirming one's gender, and pervasive stigma and marginalization of gender diversity at the socio-cultural level are primary and inter-related determinants of mental health among transgender adults in Australia.

Indeed, in a recent mixed method study exploring the developmental trajectories and mental health of 278 trans men in Australia (del pozo de Bolger et al., 2014) poor mental health and suicidal ideation was linked with experiencing 'personal issues with gender identity'. For participants in this study, experiencing discomfort and alienation from body and gendered expectations associated with natal sex contributed to dysphoria, depression, self-harm and suicidal ideation. The authors concluded that personal issues with gender identity contributed more strongly to poor mental health among transgender people than did the experience of gender-related discrimination and stigma. However, the extent to which gender identity concerns can be separated from stigma and discrimination of gender diversity is debatable (Riggs et al., 2015a). Notably, the authors highlighted that distress and dysphoria was associated with familial and social pressure to conform to normative gender expression and expectations. These are known examples of transgender-related microaggressions that perpetuate stigma and exacerbate distress (Nadal et al., 2014). This study was limited in depth by

methodological constraints, highlighting the need to conduct further research using qualitative methodology that will allow for a deeper exploration of the interactions between ecological determinants of mental health among Australian transgender adults.

When considered together, these findings demonstrate that dissociation, confusion and distress associated with one's physical body, the associated expectations of gender and identity, and experiencing stigma and marginalization that invalidates self and worth, are core determinants of poor mental health and suicide risk in transgender people. A notable and common finding throughout the literature is the association between delays in accessing gender affirmation procedures, for those seeking to physically transition, and considerably poorer health outcomes including exacerbated experiences of gender dysphoria, depression, and suicidal ideation (Bailey et al., 2014; Couch et al., 2007; Gomez-Gil et al., 2012; Gorin-Lazard et al., 2011; Hyde et al., 2013). This highlights the important role played by gender affirmation, in various forms, in improving quality of life, wellbeing, and mental health among transgender people. This will be discussed further in the following section.

**2.2.3.2. Experiencing gender and identity affirmation through gender transition.** Previous Australian and international research has repeatedly demonstrated the positive effects on life satisfaction, wellbeing and mental health associated with affirming and expressing gender through commencing gender transition, for those people who wish to. Several studies have demonstrated that after genital surgery, trans individuals reported better quality of life (Ainsworth & Spiegel, 2010; Kuhn

et al., 2009); personal satisfaction (Lawrence, 2003); and improved confidence, body image and self image (Kraemer et al., 2008). Research on hormone therapy indicates numerous positive and protective benefits for transgender people including inducing beneficial and desired changes in body and shape (Kraemer et al., 2008); reducing incongruence with physical body, social distress, and emotional disturbance (Gomez-Gil et al., 2012); increased engagement with social support networks (Colton Meier, Fitzgerald, Pardo, & Babcock, 2011); and improved overall quality of life and mental health (Gorin-Lazard et al., 2011). Comparing the effects of surgery and hormone therapy, Davis & Colton Meier (2014) suggested that the mental health promoting effects of hormones relate to improved emotional regulation on measures such as depression, anxiety, and anger, whereas genital surgery may be associated with alleviation of body dissatisfaction (particularly for individuals whose dissatisfaction centred on genitals).

In the Australian context, findings presented by del pozo de Bolger et al., (2014) suggested that for transgender participants, wellbeing and mental health was dependent on being able affirm and express 'felt' gender via physical means such as binding or packing, hormone therapy and/or surgery. For participants in this study, asserting preferred gender through coming out to others, adopting certain physical manifestations, and accessing hormone therapy, was associated with relief and remittance of distress, gender identity concerns, depression and anxiety (del pozo de Bolger et al., 2014). These findings are consistent with those of Couch et al., (2007) and Hyde et al., (2013), in which transgender respondents

stressed the importance of being able to express and affirm their gender for their overall mental health. Conversely and as previously discussed, experiencing structural, institutional and social barriers to being able to physically express and affirm gender contributed to distress and poor mental health (Couch et al., 2007; Hyde et al., 2013).

The importance of expressing, transitioning and affirming gender are echoed in the following international studies. Findings from a large UK study demonstrated that undergoing various forms of gender affirmation surgeries significantly improved the life satisfaction and mental health outcomes of transgender participants who chose to undergo surgery (McNeil, Bailey, Ellis, Morton, & Regan, 2012). While not all transgender people seek to undergo surgery, this study demonstrated that transitioning (in all forms) was related to improved life satisfaction and body image, led to less avoidance of public and social settings, was related to decreased rates of depression and mental health service use, reduced self-harm amongst those with a history of self harm, and reduced suicidal ideation and attempts (McNeil et al., 2012). In a US national survey of 6,450 trans and gender diverse people, physical gender affirmation was associated with increased comfort in the workplace, improved job performance, and moderate improvements in social relationships (Grant et al., 2011).

Findings from International qualitative studies demonstrate the importance of supporting access to gender transition and affirmation procedures and processes as key protective factors for mental health. Key findings from studies by Mullen & Moane (2013), Bailey et al., (2014) and Moody, Fuks, Palaez, & Smith (2015) suggest that gender transition has a

number of positive and protective influences on wellbeing and mental health. These include creating congruence through physical manifestations that are more aligned with their internal concept of self, and the development of a positive identity as a transgender person (Mullen & Moane, 2013); allowing transgender individuals to be perceived and recognized as their felt gender, increasing hope and happiness, improving confidence and connection with supportive networks (Moody et al., 2015); and reducing the distress and destructive thoughts and behaviours that contribute to suicidal ideation (Bailey et al., 2014).

Other research as highlight the mental health promoting benefits of experiencing personal identity affirmation through developing a positive self-identity as a transgender person (Riggle, Rostosky, McCants & Pascale-Hague, 2011). For many participants in this qualitative study, affirming and expressing gender contributed to congruency between the aspects of self and gender that were experienced internally and expressed socially, creating a sense of honesty and authenticity within themselves and in interpersonal relationships. Participants also felt that affirming their transgender identity had contributed to personal growth and resilience, increased empathy for others, and a unique perspective on the gender system and insight into both sexes/genders. These experiences were linked with better functioning in interpersonal relationships and subjective wellbeing, and are consistent with a number of known suicide protective factors among transgender people (Moody et al., 2015).

### **2.3. Summary and Implications for Current Research Project**

When considered together, the literature presented in this chapter depicts a relatively consistent picture of the mental health of transgender adults in Australia that closely aligns with relevant international findings (Bailey et al., 2014; Bockting et al., 2015; Grant et al., 2011; McNeil et al., 2012; Testa et al., 2015). Specifically, prior research indicates that levels of poor mental health are higher amongst transgender individuals than mainstream populations in Australia and internationally. Second, prior research indicates that transgender people are exposed to prevalent, cumulative, and on-going experiences of stigma, discrimination, and prejudice on the basis of cisgenderism, that manifest and are perpetuated across broader context, interpersonal, and intrapersonal domains that are direct social determinants of health among transgender adults. Third, in addition to the negative effects of stressors based on gender identity and expression, research indicates that transgender individuals are demonstrably a resilient group of people who access and utilize a range of resources to promote mental health in the face of a myriad of challenges to wellbeing. Finally, prior research indicates that actions and experiences that contribute to gender identity affirmation, validation and support are protective and promote mental health, wellbeing, and quality of life for transgender people.

Whilst robust evidence exists and is constantly being developed in this burgeoning field of health promotion, limited studies have provided an in-depth and rich analysis of the multiple interacting factors that promote and compromise the mental health of transgender adults in Australia. This

research project fills a necessary gap in the research for three key reasons. Firstly, it provides rich and in-depth understanding of the lived experiences and likely determinants of mental health that are specific to the mental health needs of Australian transgender adults, extending on findings from larger broad-scale studies by Couch et al., (2007), Hyde et al., (2013), and Leonard et al., (2012, 2015). Secondly, it adopts a non-pathologizing lens to the mental health experiences of Australian transgender adults through contextualizing experiences in an ecological framework. And finally, whilst Australian research findings largely mirror International findings on the mental health of transgender people, there are specificities arising from the Australian context that must be taken into account when considering the mental health of transgender adults in Australia. According to Riggs et al., (2015) it is vital to continue to conduct research that identifies interactional determinants of mental health, given the impact and prevalence of widespread stigma and gender minority stressors experienced by transgender people, rather than focusing solely on intrapersonal factors that compromise and promote mental health.

This research project aims to address this gap through qualitatively exploring the factors that perpetuate and buffer cisgenderism and consequently compromise and promote mental health for transgender adults in Australia. This study will provide specific, rich and in-depth information about the determinants of mental health and wellbeing for transgender Australians and can be used to develop and strengthen current understandings across clinical practice, health promotion, education, advocacy, and policy domains in promoting the mental health of



Australian transgender adults. In order to achieve these aims and develop a greater understanding of the mental health of transgender adults in Australia, it is first necessary to introduce two key conceptual frameworks that will support the broader contextualization of transgender people and mental health.

## **Chapter 3. Conceptual Frameworks**

According to the World Health Organization, health is determined by an interaction between a person's individual characteristics and behaviours and the social and economic environment they are contextualized within. The conceptual formulations of Ecological Systems Theory and A Social Determinants of Health framework provide the foundation for this research project, as both are concerned with the interaction between an individual and the multi-layered systemic influences that contextualize and inform mental health. It is imperative to purposefully engage Ecological Systems Theory and A SDoH framework, in particular, because these bodies of knowledge highlight systemic intersectionality and are useful organising and sensitising frameworks for exploring factors that promote and compromise mental health. In this chapter, I outline the conceptual frameworks and highlight their relevance for this project and the exploration of mental health among Australian transgender adults.

### **3.1. Ecological Systems Theory**

Ecological Systems Theory (Bronfenbrenner, 1979) provides a contextual and developmental framework for understanding the interdependent and contextual influences on human development, functioning, and resilience (Neal & Neal, 2013). This theory allows for an exploration of the multi-directional nature of interactions and influence between an individual and the interpersonal, community, and cultural structures that they interact within (Stevens, Bernadini, & Jemmott, 2013).

Bronfenbrenner & Morris (2006) advised that an individual's dispositions, aptitudes, and environmental demands influence their development and adjustment. In this way, individuals are seen as active agents whom may have changes in life events imposed on them or life transitions may arise from the individual as they themselves select, create and modify their own experiences (Australian Institute of Family studies, 2015). Ecological systems theory, and later, the Bio-ecological Model of Human Development (Bronfenbrenner & Morris, 2006), has been extensively utilised and adapted across various disciplines including psychology, health promotion, and sexual and gender health research to explore the systemic influences on an individual with a focus on identifying risk and resilience across the lifespan (Bronfenbrenner, 1979; Greene, 2014; Paat, 2013; Stevens et al, 2013).

The application of ecology as a holistically theoretical approach is crucial when exploring mental health for Australian transgender adults. As a group, transgender people are embedded within multiple ideologies (including sex, gender, sexuality, class, and abilities) that value particular bodies or identities as the norm, against which all others are compared to (Riggs & Treharne, 2015). This thesis will focus on the powerful, rigid and binary social structure of gender that is interconnected with other social institutions (such as government, school, workplace, local community, or family) that reinforce, perpetuate, and influence determinants of mental health. In this regard, the stressed individual is a product of stressful institutionalized and structural norms, ideologies and processes around sex and gender that are enacted and perpetuated across ecological

systems (Riggs & Treharne, 2015). The existence of multiple interacting ecological influences on mental health supports the use of Bronfenbrenner's earlier theory in developing our understanding of the mental health experiences of transgender adults. Bronfenbrenner's Ecological Systems Theory describes four interacting sub-systems consisting of *micro-, meso-, exo-, and macro -systems* (see Bronfenbrenner, 1974, 1977, 1979, 1986).

At the innermost level of the hierarchy, *microsystems*, denote the interactions between individuals and their immediate surroundings (Paat, 2013). In microsystem settings, individuals experience their every day reality and immediate social engagement. The next level of the system, *mesosystem*, refers to a network of microsystems (Bronfenbrenner, 1977). In this case, the *mesosystem* refers to interactions between two or more microsystems in which transgender individuals actively participate. This may include, for example, contact between an individual's partner and their health practitioner. The following level, *exosystem*, refers to systems that may have direct or indirect influence over a transgender individual, but are far enough removed that the individual is not able to direct any control over the system (Neal & Neal, 2013). School or workplace policies and practices, reflect *exosystem* examples, as they directly influence an individual within the system, yet an individual on their own is generally not able to influence policy development or implementation. The *macrosystem* refers to broad social and cultural ideologies, values and norms that have long-ranging consequences for an individual, such as legislation, health

and public policy, social advantage or disadvantage, heteronormativity, and the cultural gender binary dominance.

It is important to note that although this is a widely used framework for considering and understanding the interactions between an individual and their context, it is infrequently translated into research in its entirety (see Tudge, Mokrova, Hatfield, & Karnik, 2009) and has at times been used by researchers in a way that represents the individual and the social as more separate and distinct than they are (see Weigel, Martin, & Bennett, 2005; Ying & Han, 2006; and, Yu & Stiffman, 2007). In this current study, rather than attempting to test or simply apply Bronfenbrenner's Ecological Systems Theory, I used it as a sensitising concept and a tool for reflecting on and organizing the data, that was contextual and highlighted the interactions between transgender people and the social processes, institutions and ideologies that impact mental health.

To this end, after analysing the data for some time and in keeping with the research literature, I deemed it most appropriate, fitting and conceptually clear to conceptualize the individual as at the centre of an interactive web of *broader context*, *interpersonal*, and *intrapersonal* factors that interact with and impact on mental health. These categories relate to core social determinants of health (as outlined in the following section) and allowed for a clearer understanding of experiences, processes, skills, relationships, resources, and context, thus, providing greater specificity and clinical understanding of the mental health experiences of Australian transgender adults. This framework assists to bring to the fore that to

understand the profile of risk and protective factors for a transgender individual it is important to understand the interconnectedness between these multiple layers of psychological, social, economic, political and cultural structure (Paat, 2013).

### **3.2. A Social Determinants of Health Framework**

The Social Determinants of Health (SDoH) framework developed by Wilkinson & Marmot (2003), adopted by the World Health Organization, and used by many key health-promotion organizations and researchers (such as VicHealth, 2002, 2004, 2005, 2006, 2007, 2008, 2015) identifies a range of social and contextual factors that significantly influence the health of different populations (Rosenstreich et al., 2011). Social determinants of health include freedom from discrimination, social inclusion, employment and meaningful work, and access to health promoting resources (Wilkinson & Marmot, 2003; Leonard & Metcalf, 2014; Rosenstreich et al., 2011; Solar & Irwin, 2010; VicHealth, 2005a, 2005b, 2005c). By applying an SDoH framework, researchers and policy makers seek to highlight and redress social and health inequities experienced by lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) communities (Foster, 2014). While all of the social determinants of health can influence mental health, some will have a greater impact than others on transgender individuals, including freedom from discrimination, social inclusion, and access to health-promoting resources (Fisher & Baum, 2010; Keleher & Armstrong, 2006; Leonard & Metcalfe, 2014), and thus are explained in more detail below.

**3.2.1. Freedom from violence and discrimination.** As discussed in Section 2.1.1.4, Discrimination is the process by which a member of a socially defined group is treated differently or unfairly based on their group membership and the culturally-held beliefs that each group has of another (Krieger, 1999). Transgender individuals may experience multiple forms of discrimination on the basis of gender, intersex status, age, sexual preference, race and ethnicity, disability, religion and social class. As well as experiencing discrimination perpetrated by individuals and groups, transgender individuals may experience structural discrimination through under- or unfair-representation in the public media, and limited or inequitable access to education, health care, employment, or social services (Foster, 2014; Leonard & Metcalf, 2014; Rosenstreich et al., 2011).

**3.2.2. Social inclusion.** Social inclusion broadly refers to a society where all people feel valued, differences are respected, and basic needs are met to promote health and personal dignity (VicHealth, 2005b; Rosenstreich et al., 2011). Conversely, social exclusion is the process of being shut out or excluded from social, political, economic, and cultural systems that integrate an individual in to the broader community (Cappo, 2002; VicHealth 2005b; Wilkinson & Marmot, 2003). Social inclusion is a product of social institutions, processes and practices, which unfortunately produce unequal opportunities and outcomes for individuals (Garbutt, 2009). As outlined in section 2.2.2, the positive impact of social connection and participation on mental health has been repeatedly demonstrated throughout the literature (e.g. see Bockting et al., 2013; Fisher & Baum,

2010; Leonard et al., 2015). For transgender individuals, there is a growing body of evidence highlighting the specific role that positive and supportive social connections play in buffering and mitigating the challenges associated with gender non-conformity (Budge et al., 2013; Hendricks & Testa, 2012; Meyer, 2003; Pflum et al., 2015; Riggs et al., 2015). Related to social connection, the WHO has identified a number of protective factors for promoting and maintaining mental health, including a sense of belonging, civic engagement, supportive social networks, and supportive relationships (Leonard & Metcalfe, 2014; WHO, 2008).

### **3.2.3. Access to health-promoting economic resources.**

According to VicHealth (2005c), economic resources that promote and maintain health include access to work, education, adequate housing, health services, and financial resources. Individuals with limited or restricted access to these material or psychosocial resources are said to occupy a 'low social rank' that is associated with disempowerment and reduced autonomy over important life decisions (VicHealth, 2005c).

Lacking access to important psychosocial and material resources reduces an individual's ability to participate meaningfully in their life and community, to develop self-esteem and life-skills, access necessary health care and preventative measures, and provide stability for self and family. Inequitable access to these psychosocial factors can have powerful effects on mental health (Wilkinson & Marmot, 2003).



### **3.3. Summary of Conceptual Frameworks**

When considered together, Ecological Systems Theory and A Social Determinants of Health framework provide a comprehensive and non-pathologizing lens as well as sensitising, conceptual and organising tools for the exploration and representation of mental health experiences of Australian transgender adults. These frameworks provide a necessary structure for situating individual mental health in the broader social context. Finally, they provide contemporary and important conceptual resources for qualitative research aimed at addressing gaps in current Australian literature and generating better understanding of the factors that promote and compromise the mental health of Australian transgender adults.

## **Chapter 4. Research Methods and Procedures**

This chapter describes the methods used in this study to generate a greater understanding of the factors that promote and compromise mental health for Australian transgender adults. The first section outlines the qualitative methods used in this research project and provides justification for the use of constructivist grounded theory methodology. Information about the researcher is provided including details about my interest in the field of gender diversity and mental health. The subsequent sections provide brief descriptive information about the participants who contributed to the project, the procedures used to gather and analyse the data, how the findings will be disseminated, and the strategies employed to ensure high quality research findings.

### **4.1. Qualitative Methods**

As discussed in Chapter 2, there is limited published research providing in depth examination of the factors that promote and compromise mental health for Australian transgender adults, highlighting a need for greater understanding in this area. The purpose of this study is to increase understanding and knowledge about the factors, processes, and resources that promote and compromise mental health for Australian transgender adults. This required a method that was capable of providing rich data and a deep understanding of these experiences.

A qualitative method was deemed most appropriate as it is exploratory in nature, allows for complex in-depth descriptions and analysis of how individuals experience a given issue, and enables

researchers to gain information about an area in which little is known (Ford, 2010; Liamputtong & Ezzy, 2005). Furthermore, it allows for the discovery of subtleties and unanticipated information, is beneficial in understanding how people perceive and make sense of their experiences, and allows the researcher to be sensitive to the needs of the participants (Anderson, 2010; Breckenridge, Jones, Elliott, & Nicol 2012; Schostak & Schostak, 2008; Stake, 2010). Consequently, a qualitative approach was used in this study to generate rich data and an in-depth understanding of the factors that shape mental health for the Australian transgender adult community from the perspective of both service users and providers.

**4.1.1. A grounded theory approach.** Grounded theory methods are directed by systematic, yet flexible, guidelines for collecting, analysing, and interpreting qualitative data to construct theories and understandings that are embedded in the data (Charmaz, 2014). Grounded theory begins with raw data collected from participants based on their lived experience (Fassinger, 2005). The researcher uses iterative strategies to return between data and analysis to gain conceptual understanding, pursue core themes early in the analysis, and undertake strategic sampling methods driven by constant comparative analysis to generate new knowledge that is 'grounded' in the data (Barnett, 2012; Birks & Mills, 2010; Charmaz, 2014). In this way, grounded theory is both inductive and abductive (Charmaz, 2014). New knowledge that is produced from grounded theory analytic techniques is 'grounded' in participants' lived experience, is sensitive to individual differences, and represents the complexities found

in the participants' experiences and accounts (Barnett, 2012; Charmaz, 2014).

Grounded theory methodology was best suited for this study as the research aims and questions highlighted the need to generate new knowledge about the factors that promote and compromise mental health for Australian transgender adults, to address gaps in the current understandings and research. Grounded theory is a particularly sound and useful choice for a research study aimed at exploring a phenomenon that has not been adequately described or theorized (Charmaz, 2014; Skeat and Perry, 2008). It is widely used in psychology and the social sciences as a legitimate and rigorous framework for increasing analytic power in qualitative research (Birks & Mills, 2011; Bryant & Charmaz, 2007; Corbin & Strauss, 2008).

**4.1.1.1. Constructivist contemporary grounded theory.** Building and significantly moving on from earlier iterations of Grounded Theory by Glaser & Strauss (1967), Constructivist Grounded Theory acknowledges the role and subjectivity of the participants and the researchers in deriving meaning from participants' accounts of their experiences (Bryant & Charmaz, 2007). It varies from classic grounded theory in that it goes beyond a conceptual understanding of social behaviour, instead aiming to focus on interpretive understandings of personal meaning (Breckenridge et al., 2012). Constructivist Grounded Theory rejects the notion that theory emerges from data as an entity that is separate from the researcher (Ford, 2010), rather it is assumed that researchers and participants develop mutual constructions of meaning based on multiple realities (Mills, Bonner,

and Francis, 2006). Constructivist grounded theorists espouse that 'reality' is socially constructed, shaped by social structures and factors such as gender, age, race, class, and culture (Charmaz, 2000).

This theoretical perspective was deemed appropriate for a research project that is seeking to understand how transgender individuals perceive and construct their gendered identity and protect their mental health in a gender rigid and binary culture. As the researcher, this theoretical perspective informed my understanding that the interview process, context, and interpretations generated from participant experiences was also a socially constructed process. Personal reflections on my positioning, biases, perceptions and motivations for conducting this research project will be presented in Section 4.2.

**4.1.2. Semi-structured in depth interviewing.** One-on-one semi structured interviews were used to explore participants' experiences and observations of the factors that compromise and promote mental health for trans individuals. Semi-structured interviews allow for the general domains of a topic to be covered and explored, and for new and unanticipated information to be given. This was deemed an appropriate method for gathering data from individuals in a socially marginalized group as the interview process is relational and allows the development of rapport and thoughtful, sensitive interaction between the interviewer and interviewee (Hartley & Muhit, 2003; McMillan, 2009). Interviews are a meaning-making experience and a place for knowledge production through the active collaboration of the interviewer and interviewee (Hiller & DiLuzio, 2004, p. 3).

## **4.2. The Researcher**

I am a 31 year-old Anglo-Australian married cisgender female from a middle class background. I am an experienced therapist and first came in to close contact with transgender individuals through consulting with a youth transgender organization in the context of my role as an adolescent counsellor in an inner-city community organization. An interest in transgender mental health, and an appreciation for the limited socio-cultural-medical awareness of the needs of people in this vulnerable group grew out of supporting people who were undertaking gender exploration, assessment, and transition processes. I would like to acknowledge my status as a cisgendered person whose gender assigned at birth has coincided with my gender identity and acts of expression over the course of my life. I have often questioned the rigidity of sex-gender norms and strongly support the notion that gender identities exist along a spectrum. I am reflective of the privileges associated with being cisgender in our society, and it is with particular sensitivity and respect that I approach discussions of gender diversity and this research project.

I was motivated to conduct this research project through my work with a number of transgender individuals who were experiencing considerable disadvantage, multiple relationship loss, difficulties navigating multiple government systems, and disempowerment in the assessment process for gender transition. While presenting for psychotherapy for mood and anxiety symptoms, it was obvious that these individuals were experiencing the effects of multiple intersecting challenges that people in other communities and populations are often not

exposed to. In consulting with other clinicians, I realized that many did not have a good working understanding of the needs and experiences of transgender people, nor did I. Therefore, this research project evolved as a way of addressing these gaps in order to contribute to better understanding of, and support for, the mental health of transgender individuals in Australia.

### **4.3. Participants**

Ten individuals with personal and specialist experience in gender diversity and mental health contributed to this research, facilitating an in-depth exploration of their experiences and views, as well as the experiences and views of transgender people that they know and those observed in society in general. The data generated from the ten interviews contributed to the development of rich and in-depth new knowledge about the factors that compromise and promote mental health among transgender people, and was appropriate for the scope and foci of the research questions, as well as the time allowed for the project. The purpose of sampling in qualitative research is to generate rich, detailed, focused and full data (Charmaz 2014) and an adequate sample size is one that sufficiently answers the research questions (O'Reilly & Parker, 2013). This sample size is common for constructivist grounded theory and other qualitative projects (see Ali & Martino, 2014; Atnas, Milton, & Archer, 2015; Kiyimba & O'Reilly, 2016; Levitt & Ippolito, 2014; Mullen & Moane, 2013; and, Shelton & Delgado-Romero, 2013). The sample consisted of five individuals who identified as transgender and five mental health

practitioners who identified themselves as having extensive knowledge and experience in working with transgender people, thus all participants were equipped to share rich knowledge and insights related to gender diversity, mental health, and wellbeing.

The five participants who identified as transgender were aged between nineteen and sixty-two years of age, with a mean age of 37 years. Participants were recruited from, and live in, a large metropolitan Australian city. Of the transgender participants, all reported having stable housing including living alone (n=1), with parents (n=2), with partner (n=1), and in a share house (n=1). Two transgender participants were full-time employed and three were unemployed, yet completing tertiary education. Sexual orientation included heterosexual, bisexual, and gay and lesbian participants, as well as participants who identified as predominantly asexual. One transgender participant was in a co-habiting relationship and four were single. One transgender participant had adult children from a previous marriage. Broadly speaking, two transgender participants identified as female and three participants identified as male. Transgender participants described their gender identity by choosing both words that indicated either 'female' or 'male', and also choosing words that indicated the sense of some element of transition, for example "trans woman". The specific, thoughtful and nuanced terms they used to describe their gender identities are highlighted below. Please note that names have been replaced with pseudonyms that will be used throughout this report when referring to trans participants; practitioners will be referred to as 'medical practitioner' or 'mental health practitioner'.



“I’m genetically male, I can’t change that. I would say I’m androgynous, male-to-female transgender” (Lauren, 62)

“My gender is female, I’m a woman, and the type of woman I am is a Trans Woman, oh well that is one type of woman that I am [laughs]” (Indra, 44)

“In an ideal world I would say that I’m male, but in the real world I still identify as female, because it is a whole heap easier at this point” (Alex, 35)

“I’m male and I go by male pronouns” (Jay, 19)

“It’s funny because literally a few weeks ago I came out on Facebook as gender queer because I don’t feel female and I’m probably not your stereotypical male, in a sense, but I would probably say I identify as Trans guy at the moment and F2M. I’m male masculine, but I’m not a similar package to other men.” (Andy, 23).

The five mental health practitioners who participated in the study were from the professions of psychiatry, psychology and social work. Three practitioners presented and identified as women, and two practitioners presented and identified as men. Practitioners had been practicing in their respective professions for between 9 and 28 years, with an average of 18, and collectively had provided clinical services to a total of approximately 1,335 trans and gender diverse individuals, ranging from 35 and 600 clients each, with an average of 267 trans and gender diverse clients per practitioner.

Participants reported being interested in participating and contributing to the project for a variety of reasons. Transgender individuals described feeling it was important to “give back”, “to help others who may be/prevent others from experiencing similar things”, and to contribute to better understanding among clinicians about the needs and experiences of transgender individuals. Practitioners described their interest in similar terms, with a focus on contributing to better understanding, particularly of risk and protective factors, and improved clinical knowledge and competencies for the broader clinical community who work with gender diverse individuals.

#### **4.4. Procedure**

The Victoria University Human Research Ethics Committee provided ethical approval for the project that was carried out in accordance with the *National Statement on Ethical Conduct in Human Research* (2007) produced by the National Health and Medical Research Council of Australia.

##### **4.4.1. Materials and development of the interview schedule.**

- **Participant Information form** for Gender participants (Appendix A)
- **Participant Information form** for Practitioner participants (Appendix B)
- **Expression of Interest form** for Gender participants (Appendix C)
- **Expression of Interest form** for Practitioner participants (Appendix D)

- **Informed Consent form** (Appendix E)
- **Interview Schedule** for Gender participants (Appendix F)
- **Interview Schedule** for Practitioner participants (Appendix G)

A semi-structured interview schedule consisting of 10 demographic questions and 9 open-ended exploratory questions was developed through a literature review on the mental health experiences of transgender individuals. Questions were designed to be flexible and lead to further inquiry and elaboration if appropriate. As recommended by Charmaz (2006), initial concepts from the literature were incorporated into general questions in the initial interview guide, for instance, participants were asked what kind of things they found “helpful” and “unhelpful” or contributed positively and negatively to mental health for themselves and/or other transgender individuals. In keeping with constructivist contemporary grounded theory methods, the interview protocol were adapted to the participants’ different identities and evolved to include questions prompted from previous participants. For example, Andy spoke about the complexities associated with accessing resources and how this impacted his mental health. This concept was then included as a question and explored in subsequent interviews. Questions evolved and were refined as the interviews proceeded, as is typical in grounded theory studies (Levitt & Ippolito, 2014b).

**4.4.2. Organizing and conducting the interviews.** Groups, organizations and services associated with the gender diverse community and field were contacted verbally and sent a written outline of the project,

and asked to distribute and make the information available to their network, to let people know about the project and the potential opportunity to contribute to it (See Appendix A and B). These project information flyers including telephone contact details for the research team were passed on to the identified individuals who then decided whether they wished to contact the researcher to discuss participation. Throughout the duration of the research project, I had ongoing involvement with a peer supervision group for mental health practitioners who work with sex and gender diverse clients. I discussed aspects of the project with members of this group who specialized in transgender mental health and asked them to consider people (trans or practitioner) whom they thought may like to contribute to the project.

Those who expressed interest in potentially contributing to the project contacted me directly (using methods outlined in project information flyers, see Appendices A and B) to discuss the research further and to arrange an interview if they wished to do so. During this initial telephone contact, I ascertained whether participants met the necessary inclusion criteria. Transgender individuals were able to participate if they were over 18 years of age, self-identified as transgender (or more specifically had questioned their gender identity, considered gender transition, and/or taken steps to transition and affirm gender identity), and were not currently experiencing crisis or an acute episode of serious mental illness. Mental health practitioners were selected for participation based on their level of clinical experience in working with at least five transgender and gender diverse individuals. Eight transgender individuals

made contact to seek further information about the project; five of these chose to participate. Three individuals chose not to participate for various reasons, including lack of interest and prior commitments. All practitioners who expressed interest in the project went on to participate in an interview.

During the initial telephone conversation and prior to an interview being scheduled, I explained the full details of the project to every participant who made an inquiry or expressed interest. The ten interviews were conducted in person at a time and location that was mutually agreed upon as convenient and private. On the day of the interview, participants read the Plain Language Statement for Participants, I verbally summarized the Plain Language Statement and the project again, and I asked for confirmation that the participant understood the project, that participation was voluntary, and that there would be no consequence for withdrawing from the project. Participants were reminded that the interview would be audio recorded, with their consent. An explanation of how the results would be presented, with the use of pseudonyms at all times, was provided. I explained my intention to hold a culturally sensitive, flexible, and respectful interview session and encouraged the participants to only answer the questions they felt comfortable with and to provide elaboration or feedback as desired throughout the interview. I proceeded with interviews once I was satisfied that the participant had fully understood the nature of the project, was in an appropriate state of mind, wished to participate, and had signed the Informed Consent form (Appendix E).

All participants were interviewed using open-ended questions (see Appendix F and G) in a semi-structured format, with questions designed to

prompt, and not direct, participant stories, experiences, observations, and knowledge. Participants were encouraged to reflect on their own experiences as well as those of others that they knew. Interviews ranged from forty five to one hundred minutes, and were sixty minutes on average. Interviews with transgender participants were generally longer than interviews with mental health practitioners; this could be due to time constraints, professional experience in articulating issues, and the depth to the experiences of the transgender participants. At the end of the interview, the participants were given time to discuss the interview and their experiences of it, and this frequently also led to them providing further reflections and experiences. At various points throughout the interviews, some transgender participants experienced sadness when discussing elements of their experiences. For example, one participant reportedly found it difficult to think about and describe the depression he experienced when anticipating the social impact of affirming his gender. I provided containment and offered to move on to a less distressing topic, however the participant reported that it was helpful for him to discuss and reflect on his experiences and how far he had come since that difficult time.

#### **4.5. Data Analysis**

The interviews were digitally audio-recorded with the permission of participants. All interviews were transcribed verbatim, which resulted in over 400 pages of interview data, or as Henwood and Pidgeon (1992) described, “a vast amount of unstructured data” (p. 163). Pseudonyms

were applied to the transcripts and identifying details were changed throughout the project to maintain participant privacy and confidentiality. In line with contemporary constructivist grounded theory and processes outlined by Charmaz (2014), I conducted simultaneous data collection and analysis to guide the active interpretation of data, development of research categories and the scope of subsequent interviews. Where possible, each interview was transcribed and coded before the next interview occurred to allow for developing themes to be explored in subsequent interviews. To develop ongoing richness of understanding, I read the interview data multiple times.

The data from transgender individuals and mental health practitioners were considered together as all participants discussed information that directly responded to, and answered, the research questions and aims. Through considering the data (from all participants) as one group it was possible to gather information on the direct personal (and observed) experiences of the transgender participants as well as draw on the professional observations of the mental health practitioners who had collectively worked with in excess of one thousand transgender and gender diverse individuals. This approach provided depth as well as breadth of experience and enhanced the exploration of similarities and differences between participants and research categories.

In keeping with Charmaz (2014), the process of coding and analysis began with the data collected in the initial interview and involved constant shaping and comparison as the interviews progressed. I conducted coding in three phases. First, I conducted an initial phase

involving labelling each line or segment of data, examples of initial codes included '*seeing inexperienced practitioner*', '*being misgendered*' and '*feeling validated*'. This process of initial coding revealed a number of significant themes in the data. Next, I performed a focused, selective phase that used the most frequent or salient initial codes "to sort, synthesize, integrate and organize large amounts of data" in to higher order categories according to their common meanings (Charmaz, 2014, p. 113). Each category was given a label that described commonalities within the experiences and factors contained within it (Levitt & Ippolito, 2014). Categories were then compared for conceptual similarities and differences, and then grouped into higher-order categories. Examples of higher-order categories included: '*protective family experiences*' and '*employment difficulties*'. Through this process, category titles and themes were modified, revised, and abandoned (if needed), for descriptive and conceptual clarity. The data analysis developed over time, involving multiple readings and additional coding, refinement, and categorization at each reading.

As advised by Charmaz (2014), various analytic tools were used throughout data analysis to develop and refine codes and categories, to define links between concepts and ideas, and consider and reflect on meaning and actions. These included memo writing, diagramming, and using an analytic software program for qualitative research. Memo writing was used to document thoughts, perceptions, and questions of the data to support the analytic process as the interviews and the analysis proceeded. Diagramming was used to provoke thought and develop insights about the



relationships between the properties and dimensions of categories (Mills et al., 2006). I used a qualitative data analysis software system, specifically MAXQDA (VERBI, GmbH, Germany, Version 12), throughout the project to support and organize coding and data management.

Codes and categories were compared with information gathered from experts in the field, policy documents, relevant existing literature (see Chapter Two), and with the conceptual frameworks (see Chapter Three) to ensure the validity of emerging themes and categories. Over the three-year period, I frequently met with my supervisor to discuss the ongoing analysis, and the development of research categories and structure. At various points throughout the project, I also checked findings and my developing understandings with and asked questions of specialist members of a peer supervision group, as well as with others who might know about this topic. De-identified sections of data were given to colleagues (in the CGT coding group I attended) to code and I then compared and contrasted codes and categories to check for bias and fresh concepts. This analytic process led to the development of 6 core categories, including the broader context, interpersonal, and intrapersonal factors that promoted and compromised mental health for Australian transgender adults.

#### **4.6. Dissemination of the Findings**

In addition to the information being written up as a dissertation for the Doctor of Psychology (Clinical) degree, the new knowledge generated in this research project has been and will be used in various ways. A

summary report of the findings will be made available upon request for participants and members of the public. Research findings were presented at the Australian Psychological Society (APS) Annual Conference (2015) and the Australian New Zealand Professional Association of Transgender Health (ANZPATH) Clinical Conference (2015). It is anticipated that information from the project will be further presented in publications such as journals and book chapters, and verbally at gatherings such as conferences and workshops for mental health practitioners, policy makers, academics, trans and LGBTIQ community members and other relevant individuals. Through developing a greater understanding with and among these diverse and influential groups of people it is also possible that findings will be used in curriculum development, trainings, submissions, and the development of the health system (see further details in Chapter Six).

#### **4.7. Quality of the Research Findings**

To ensure the reliability of research findings, a reflexive stance was applied to explore the effect of researcher ideas and perceptions on the data and analysis (Harlow et al., 2014). As suggested by Charmaz (2014), this was achieved through processes such as constant comparative analyses, memo writing (including personal perceptions and biases), journaling ideas for cross-referencing and procuring feedback from research supervisor and field experts, comparing results from different sources to validate research findings, and attending and giving presentations on the topic (Bryant & Charmaz; Charmaz, 2014; Moody et

al., 2015). I regularly attended a 'writing and coding' group for higher degree researchers using constructivist grounded theory methodology and frequently discussed research process and findings. Additionally, as previously mentioned, development of research categories and structure was refined and checked through ongoing discussions with my research supervisor and members from a peer supervision group for mental health practitioners working with LGBTIQ clients. This process encouraged reflection on whether researcher experiences were aiding the creation of the emerging theory as opposed to imposing undue personal bias on the data (Charmaz, 2014). Finally, presentation at the APS and ANZPATH conferences in 2015 ensured that clinically experienced audiences reviewed, validated, and provided feedback on research findings. Thus, collectively the aforementioned methods were employed to maximize the quality and trustworthiness of the data.

## **Chapter 5. Results and Discussion of Factors that Compromise and Promote Mental Health for Australian Transgender Adults**

Chapter Five provides a detailed analysis and contextual understanding of the participants' perspectives of mental health for Australian transgender adults, with a focus on factors that promote and compromise mental health and wellbeing. This includes discussion of the participants' own views and experiences, as well as their observations of and understandings about other transgender people's experiences and views, and those observed in society in general..

Results are presented according to three ecological levels, as a modified version of the Ecological Systems Theory: broader context, interpersonal, and intrapersonal. Each level is further divided into sub-categories. A listing of the categories and sub-categories pertaining to factors that compromise and promote mental health across ecological levels can be found in Table 1. Wider literature on gender diversity and mental health, and A Social Determinants of Health framework are used to contextualize research findings. Attention is paid to how the findings may support, differ from, or extend the literature, by highlighting the new knowledge and understandings provided by this research project.

Notably, many of the factors participants' spoke about as promoting mental health were similar to those expected for the general population, such as feeling accepted, and accessing positive and protective resources including supportive family and friends, employment, and relevant health services and procedures. Similarly, many of the factors that compromised mental health resembled those expected for the general population, such

as family rejection, multiple relationship loss, unemployment, financial stress, and low self-worth. However, in addition to the mental health promoting and compromising experiences of the general population, the existence and broad-reaching effects of cisgenderism were evident throughout all participant interviews. Therefore, the research findings are underpinned by the widespread perpetuation, and effects, of cisgenderism that transgender individuals experience and in many ways attempt to manage and overcome.

It was apparent that the more health promoting factors that transgender individuals have access to, the greater repertoire of resources and strategies they had for promoting, protecting, and maintaining mental health throughout the challenges associated with gender non-conformity in a gender-rigid and -binary culture. Alternatively, participants described factors that were challenging, that undermined protective aspects of some health-promoting factors, impacted relationship support systems and compromised mental health. These health-compromising factors are dialectically related to the health-promoting factors, often occurring in tandem or in lieu depending on the circumstances. Findings indicated that more health-compromising factors that trans individuals were exposed to, as well as the salience of each to the individual, the more at risk they were for compromised mental health.

Given that the interviews were semi-structured and in-depth, there was additional information provided by transgender and practitioner participants that were beyond the scope and focus of this project. As a

result, much of that information was not included in this dissertation given the fixed word length; however, it may be presented in future publications.

Three major themes relating to factors that promoted and compromised mental health for Australian transgender adults were evident in the findings. Firstly, was the strength and pervasive experience and effects of institutional, enacted, and felt cisgenderism; secondly, was the importance, value and benefit of having one's affirmed and expressed gender accepted and supported by others; and finally, was the importance, value, and benefit of being able to affirm and express one's gender and cultivate a positive identity as a transgender person. Factors that were associated with these categories were evident across ecological levels and influenced mental health in various ways, as will be discussed.

The representation of results from an ecological perspective provided a framework for mapping the existence and effects of cisgenderism, and conversely, advocacy and affirmation, across the interconnected web of systems that participants described transgender people as being situated within. This systemic approach highlights the impact and process of broader context factors on interpersonal relationships and in turn on intrapersonal processes and mental health. By representing the results in this order I am intentionally highlighting how a transgender individual is situated within an interacting web of systems and structures that influence mental health.

In the first level, I present and explore the broader context factors that contribute to a complex and constraining landscape for Australian transgender adults, in turn influencing mental health and wellbeing. This

includes legislative and cultural practices that influence public attitudes and equitable access to mental health promoting resources such as employment, finances, and services.

In the second level, I present the interpersonal relationship factors that are associated with promoting and compromising mental health. Personal relationships were described in complex terms indicating that relationships with meaningful others, practitioners, and LGBT and broader communities may contain aspects that both perpetuate cisgenderism and provide affirmation and support, thereby having diverse and complex influences on mental health.

In the third level, I present and explain the intrapersonal factors identified as compromising and promoting mental health. These include feeling 'different', alienated and stigmatized on the basis of gender and identity, as well as taking steps to affirm one's gender and cultivating a positive identity as a transgender person.

Table 1

*Core Categories and Sub-Categories of Factors that Compromise and Promote Mental Health Across Ecological Levels*

	<b>Mental health compromising factor</b>	<b>Mental health promoting factor</b>
Broader Context	<ul style="list-style-type: none"> <li>- Structural               <ul style="list-style-type: none"> <li>o Cisgenderism and trans-negativity</li> </ul> </li> <li>- Institutional               <ul style="list-style-type: none"> <li>o Limited and inequitable access to local, publically-funded health services and procedures</li> <li>o Experiencing discrimination in employment and economic domains</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Structural               <ul style="list-style-type: none"> <li>o Socio-cultural reform</li> </ul> </li> <li>- Institutional               <ul style="list-style-type: none"> <li>o Timely and equitable access to inclusive, relevant, and publically-funded health services and procedures</li> <li>o Feeling supported and protected in inclusive workplaces, tertiary study, and having stable finances</li> </ul> </li> </ul>
Interpersonal	<ul style="list-style-type: none"> <li>- Family relationships               <ul style="list-style-type: none"> <li>o Rejection and non-affirmation</li> </ul> </li> <li>- Intimate relationships               <ul style="list-style-type: none"> <li>o Rejection, re-negotiation, and relational stigma</li> </ul> </li> <li>- Friendships and LGBT community               <ul style="list-style-type: none"> <li>o Experiencing bullying from friends and peers</li> <li>o Peer pressure, lateral discrimination, and alienation</li> </ul> </li> <li>- Practitioner relationships               <ul style="list-style-type: none"> <li>o Receiving discriminatory, invalidating, misleading and uninformed care</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Family relationships               <ul style="list-style-type: none"> <li>o Affirmation, advocacy, and emotional support</li> </ul> </li> <li>- Intimate relationships               <ul style="list-style-type: none"> <li>o Physical, emotional and sexual affirmation</li> </ul> </li> <li>- Friendships and LGBT community               <ul style="list-style-type: none"> <li>o Acceptance, emotional support and encouragement</li> <li>o Modelling, emotional support, guidance, and mentorship</li> </ul> </li> <li>- Practitioner relationships               <ul style="list-style-type: none"> <li>o Receiving trans-affirmative, -informed, -inclusive, and supportive care</li> </ul> </li> </ul>
Intrapersonal	<ul style="list-style-type: none"> <li>- Feeling different, alienated and stigmatized by gender and identity</li> <li>- Pervasive sense of difference</li> <li>- Feeling disconnected and alienated from own body</li> <li>- Internalized and anticipated stigma</li> </ul>	<ul style="list-style-type: none"> <li>- Taking actions to affirm and express one's gender</li> <li>- Cultivating a positive identity as a transgender person</li> </ul>



## **5.1. Broader Context Factors Identified as Compromising and Promoting Mental Health**

This category is conceptualized by the broader systemic, cultural, ideological, and political governance factors that have long-ranging effects and implications for transgender individuals in Australia. Participants described a number of broader context factors that designated their membership in a stigmatized and marginalized group, impacted their opportunities and access to important resources, and consequently influenced their mental health. As anticipated, broader context factors had a significant impact on functioning in interpersonal and intrapersonal domains (as will be explored further in sections 5.2 and 5.3). Notably, in spite of widespread cisgenderism in the broader context, participants identified various aspects of legislative and cultural reform as well as access to important resources that may potentially protect and promote mental health for Australian transgender adults. It was evident from data relating to broader context categories that the influence of institutional and structural factors that governed (and perpetuated) ideology, legislation and access to resources influenced social inclusion or exclusion, perpetuated or buffered cisgenderism, and consequently were undeniable social determinants of health for transgender people. In this section, I will present and explore the broader context findings in the following order: socio-cultural, government, and access to mental health promoting resources. Where relevant, I will highlight interactions between protective and compromising aspects of broader context systems.

**5.1.1. Socio-cultural factors and mental health for Australian transgender adults.** In this section, I outline social and cultural factors that influence normative assumptions about gender, public perception of gender diversity, and consequently, the mental health of transgender individuals. Participants referred to aspects of trans-negativity and stigma in society based on cisgenderism that is enacted at the institutional and structural level (filtering down and perpetuated at interpersonal and intrapersonal levels, see sections 5.2 and 5.3). As well as cisgenderism within the broader context level, participants described aspects of socio-cultural reform that contributed to improving representation and public perception of transgender people. These broad themes will be discussed further in this section.

**5.1.1.1. Cisgenderism and trans-negativity compromises mental health.** All participants made reference to dominant socio-cultural discourses that reinforced binary gender formations and cisgenderism, undermining and delegitimizing transgender people's own experience and understanding of their body and identity, and contributing to instances and practices that erase, problematize, and stigmatize transgender people in comparison to cis-gender people. As predicated in Chapter Two, cisgenderism provided the basis (and justification) for pervasive experiences of enacted and anticipated discrimination and micro-aggressions within interpersonal relationships (see section 5.2 for thick description). In this section, I include the following quotes to highlight the diverse mechanisms of cisgenderism that participants have experienced and/or observed among transgender people:

“I was constantly told [by doctors and family] that I was ‘just going through a phase, you’ll get over it’, or it was always boiled down to something else, [for example] my mum raising me the way she did, or the doctors would always bring in life factors as to why I was behaving this way. It was never ‘oh maybe you are transgender person’. Instead it was ‘ok well maybe you have borderline personality disorder, that explains why you are acting like another person’.” (Jay)

“In terms of unhelpful [for my mental health], one of the things I’ve noticed with a friend who is transitioning, he was quite girly as a girl and I’ve had numerous people comment on ‘he couldn’t be trans, he used to be a girly girl’. It’s that kind of perception that ‘ohhhh they used to wear dresses and makeup, how could they be trans?’” (Alex)

“I don’t like the term ‘passing’, it essentially means that something is faking being something else. So the idea that a trans man ‘passed’ for male is not a great term and it is meant in a nice way, but it’s not actually a good word to use. It’s a term that’s used so often, similarly to the term ‘stealth’, is another one that has the whole meaning that you’re deceiving people.” (Alex)

“The lack of media representation [of transgender people] and the stereotypical story really pissed me off, so if there was a story it’d be like “oh I felt it when I was a little kid and it’s so linear” instead of being like “actually I was afraid of being rejected and losing everything so I went back in the closet and came out again later” (Andy)

“It was a huge eye opener for me to suddenly lose privilege, I lost male privilege, I lost hetero privilege, I lost cis privilege all at once. It was

enormously eye opening and enormously informative, I suddenly went ‘ohh this is the way the world works.’” (Indra)

These quotes highlight dominant discourses that invalidate and delegitimize trans individuals’ own understanding of their self and bodies, pathologizes gender non-conformity, reinforces binary gender formations, and results in social oppression and loss of normative privilege as a result of being, or disclosing one’s transgender identity. For trans participants, these experiences were associated with feelings of confusion, uncertainty, fear, and shame, that at various times in their life contributed to depression, anxiety, and other compromising effects mental health. These findings are consistent with literature linking cisgenderism with poor mental health for transgender individuals (Riggs et al., 2015a). As previously outlined, cisgenderism is reinforced through diverse mechanisms across and within broader context, interpersonal, and intrapersonal domains. Of continued relevance for the broader context section is the impact of cisgenderism on government policy (see section 5.1.2.1) and creating and maintaining barriers to accessing mental-health promoting resources (see section 5.1.2.3 and 5.1.2.5).

***5.1.1.2. Aspects of socio-cultural reform may promote and protect mental health.***

“I think that things (in society] are slowly changing. I’m very impressed with how younger people at university are embracing gender diversity, who are so interested and want to learn and will be the generation of

people, like my son, who will hear about someone and say ‘how can I help?’ I find that uplifting.” (Lauren)

Participants described ways in which the social and cultural climate is slowly changing providing more flexibility for gender diverse and transgender individuals. As is consistent with previous research, descriptions of the broader context were dominated by references to discrimination and stigma (as will be discussed throughout Chapter Five). However, participants also described instances of social and cultural reform, reflecting on these changes in cautiously optimistic language. Firstly, both trans and practitioner participants reported observing changes across broader and LGBTIQ communities regarding views on gender fluidity and exploration. Secondly, most trans participants identified increased awareness and acceptance of gender diversity among the broader general population through increasingly positive media representation. This section will provide examples of social and cultural reform as outlined by participants.

Whilst acknowledging diversity among groups and views within the LGBTIQ communities, a number of participants identified instances of increasing support for fluid conceptions and expressions of gender. Anecdotally, practitioners referred to previous generations of social ideology within LGBTIQ communities that strictly reinforced gender binary conceptualizations of transsexualism as the norm. However, practitioners and trans participants similarly reported softening of these views that allowed space for exploration and fluidity of gender. For example, Jay

described the ways in which reinforcement of rules around gender expression within the trans community have begun to slowly ease:

“Yeah I do feel pressure [to conform to binary gender expressions and expectations], although I think it is starting to change. When I first came out there was a big pressure in the trans community itself, to be extremely masculine. Now I think it is ok if you want to paint your nails and have female friends, I feel that would have been frowned upon before.”

Having long observed social and cultural influences on, and perceptions of, gender diversity prior to affirming her gender in her 50's, Lauren reflected on changes in the concept of identity exploration, transition and gender fluidity:

“I think that is an increasing trend [expressing gender fluidity], anecdotally. It certainly would have been poo-pooed a generation ago by the trans community, no matter which way they were going; it was sort of all or nothing then. The younger generation is far more laid back, more easy going about being a bit of both, being whatever, however the mood takes them.”

These quotes demonstrate the observation of subtle changes regarding views and reinforcement of expectations of gender expression among groups within the trans and broader LGBTQQ communities. This is an important development as attempting to meet the rules perceived within the trans community was described by participants as “stressful” and “anxiety-provoking”. Conversely, feeling that one has room and permission

to explore gender and present fluid conceptions of gender identity as they explore has been identified in the literature as protective for mental health (Bailey et al., 2014; Moody et al., 2015).

Participants identified increasingly positive representation of gender diversity within the media as another factor contributing to social and cultural reform. A number of trans participants referred to the negative perceptions and stereotypes of transgender individuals that they had perceived when growing up. Indeed, Indra referred to common depictions of trans individuals as “caricatures” or “the punch line of a joke”, making it difficult for young people to consider being transgender as a viable identity option. However, with trans people being discussed and celebrated in the media and accepted in to the world of celebrity, three trans participants felt this has had a subtle flow on effect for helping gender diverse individuals to gain understanding of self through seeing happy and successful others. According to participants, increasingly positive public representation has contributed to increased awareness and acceptance of gender diversity in the general population that in turn may influence identity development and self worth. The following quote highlights how subtle changes in media representation have positively impacted identity development and potentially mental health:

“The perception of trans people generally has not been positive, it wasn’t something that you could generally see yourself being, at least it certainly wasn’t 10-15 years ago. It’s changing slightly. But it never occurred to me that this was an option for me. I think if I was going through the same thing now I might have quite a different outcome because there are visible

trans people being represented in the media, still only intermittently, but they are there and it is not a universally negative representation. Finally trans people are not just the punch line to a joke. There's something there that you can see as being an option for a viable identity. So that would probably be the biggest thing [for both combating stigma and promoting mental health], representation is important." (Indra)

Whilst these potential social and cultural advances may not yet be enough to reduce experiences of stigma and discrimination, participants described feeling encouraged and hopeful of gaining further support and understanding from others in society. Many authors and public health advocates have identified socio-cultural reform as a vital ingredient in reducing and modifying stigma and creating a social climate where transgender individuals have increased and equitable access to important life opportunities, including social inclusion, earning, employment, and health (Craig et al., 2014; Leonard & Metcalfe, 2014; Link & Phelan, 2001; Smith et al., 2014). This has important implications for mental health of this population as will be discussed further in Chapter six.

**5.1.2. Institutional factors and mental health for Australian transgender adults.** In this section, I will present and explore the institutional practices that participants identified as impeding or facilitating access to mental health promoting resources such as health services, and employment and economic opportunities. Findings highlighted that life opportunities, wellbeing, and mental health for transgender people in Australia is contextualised and limited by a social culture that is perpetuated by, based on, and perpetuates cisgenderism. Further, more



progressive discourses and attitudes lead to changes in policy and laws, and in turn more progressive policies/laws bring about changes in discourses, attitudes, life opportunities, and mental health. This is consistent with literature and health promotion material on the experiences of individuals in a stigmatized and marginalized group (Link & Phelan, 2001; Meyer, 1995; Quinn & Chaudoir, 2015). This will be discussed further throughout this section.

***5.1.2.1. Limited and inequitable access to local, publically funded health services and procedures compromises mental health.***

“I think the real issue for me is the delay [in accessing physical gender affirmation services and procedures] and it reflects the gap in services.

The delay between the person deciding that they want to explore or even proceed with transition and their ability to access those services, because that's [where we see] levels of distress increasing. The risk for depression and suicide increases significantly during this period, because of delays in accessing treatment.” (Medical practitioner)

As will be subsequently addressed (see section 5.3.2.1), taking steps to affirm and express one’s gender was identified by all participants as potentially incredibly important for the mental health of many transgender individuals. This highlights the importance of having equitable and timely access to services and procedures that enabled, facilitated, and empowered an individual to affirm their gender and identity (see section 5.1.2.2). This finding was relevant to all transgender individuals who were seeking support from (mental) health providers, not just for those considering physical gender affirmation. Findings also demonstrated that

when transgender people experience limited or inequitable access to services and procedures this reinforces disempowerment, hopelessness, distress, and suicidal ideation, and compromises mental health.

The primary theme discussed by all participants related to delays in access to physical affirmation-related therapeutic services within the health system in Australia. This finding both strengthened the importance of affirming one's gender and having access to practitioners, services, and procedures to facilitate gender affirmation for the mental health of transgender people. Participants described four primary factors contributing to delay in service accessibility. Specifically, geography, long waiting lists for public health services, lacking financial resources to fund private treatment (see section 5.1.2.3), and being assessed as ineligible or unready for gender transition procedures. In this section, I will focus on geographical availability of services and long wait lists for public health services.

Trans individuals living in rural or non-urban areas were described as experiencing social disadvantage through lower [visible] presence and awareness of sexual and gender diversity; limited access to culturally-sensitive youth groups and health services; and having to travel to access appropriately experienced practitioners, transition-related services, and procedures. This was of particular concern for practitioners, who emphasized that trans individuals living in rural areas were increasingly vulnerable to social isolation, discrimination, and suicidal ideation. Additionally, "despite best intentions", practitioners and public health services in non-urban areas were described as often being ill equipped to

provide and maintain the various psychiatric, hormonal, surgical, and cosmetic procedures that are important components of effective health care and gender expression for many transgender individuals. The following practitioner quote demonstrates the concerning service gap for trans individuals living in rural or non-urban areas in Australia:

“The [mental health] risk is living in jurisdictions where they're not recognized [for their identified gender], where it's still not legal to change their [name and sex on] birth certificate; where good surgical facilities are not available; where there are very poor mental health facilities to evaluate their [mental health and] gender dysphoria, to have that discussion around their gender identity prior to undertaking transition. Then we have people attempting to manage this by self-initiating hormones [associated with many health risks]... For example in Tasmania, there is one person [who is able to provide transition related medical services] who is only able to provide one session per month [to transgender adults seeking to physically transition]. So you know, services are very limited in certain rural areas. The advent of tele-psychiatry has certainly helped with that, but you are always going to need at least one face-to-face session. It's very difficult when it comes to physical examination, having blood tests done that sort of thing. These are the kind of factors that I would see as a risk for the mental health of transgender people.” (Medical practitioner)

Practitioners described the health system for trans people in Australia as being “desperately under-funded”, particularly for adult services. At the time of writing, this contributed to waiting lists of approximately “12 months for an initial assessment” in the public system.

Adults have the option of seeking treatment through private practitioners, however this is often associated with “significant financial costs”. Child and adolescent services were also described as “under considerable strain”, as all assessment and treatment of gender concerns in individuals under the age of 18 must be done through designated public system services. Thus, children and their families were described as reliant on public services and therefore have no other option but to endure the wait for services.

Waiting for mental/health treatment services was unanimously and frequently described by trans participants as detrimental for their mental health, particularly after they had made a decision to physically affirm their gender. *Waiting for services* took on greater emotional significance as people consequently had to wait for access to support and procedures that would aid gender affirmation, increase congruence, and allow one to “get on with life”. The anxiety associated with the wait-time for services was reportedly exacerbated by uncertainty regarding timelines for treatment and potential outcomes, anticipating a “struggle” with practitioners or being denied access to particular procedures. Typical comments included:

“I had doctors, an endo [crinologist], and a psychologist lie to me about how long it would take for me to transition and about the process, and that really didn’t help my mental health, I was so anxious all of the time. They [family, practitioners, health policy] always talk as if we have a lot of time to transition yet they don’t understand that it feels like forever, I want to start now, let’s go now. There is a sense of impatience, where you want it

now, life won't start until after, you don't care about the results or people's feelings, like 'it's just me and I need this.'" (Andy)

"I'm really excited, I actually start my medical transition as of Friday next week

Mikaela: Ohh cool and can you tell me a little bit about what they entails for you?

Umm so I will see various psychiatrists and psychologists and endocrinologists, ummm general practitioners, and pretty much every doctor on the scale, I will see

Mikaela: So when you say you're starting your medical transition next Friday, do you mean that you are starting the assessment process next Friday?

Yes ill start talking to my first psychiatrist who will start to discuss hormone therapies and surgeries and stuff. I've tried to go on hormones before when I was 15 but I was pretty much told that I was too young for hormones and they wouldn't continue to see me...I wanted to medically transition and I went to see my general practitioner and they sent me to a psychologist and I was supposed to have 10 appointments with the psychologist which I did fulfil, but they told me that I was too young and that I needed to wait until I was about 18

Mikaela: Oh, and what was it like going through puberty without having access to puberty blockers and things like that?

A nightmare, it was really awful, I actually self-harmed really bad, I had a really bad history of self-harm and just general hospital admissions because I was freaking out and didn't know what to do with myself and I'd kind of broke down about it, constantly crying and isolating myself from

the people around me and I was a really angry person towards everyone.

(Jay)

“A clear timeline for processes would be helpful, as much as it is possible, because it very much has the feeling of a gatekeeping process, of ‘am I going to be allowed to transition or not?’ And you don’t know how long that’s going to take and so there is a great deal of uncertainty there that doesn’t do wonders for your state of mind.” (Indra)

As highlighted in the introductory quote from a medical practitioner, the period of time between making a decision to affirm gender and accessing gender-affirming treatment has been identified as a highly vulnerable time where many transgender people are at a higher risk for depression and suicide (Bailey et al., 2014). This is congruent with risk factors for depression and suicide reported in the literature for transgender individuals (Bailey et al., 2014; Moody et al., 2015), and highlights the detrimental interactions between broader context factors that regulate healthy policy and funding allocation and intrapersonal functioning and mental health.

As can be seen throughout this section, access to and availability of appropriate mental/health services is a factor primarily beyond the control of individuals and their support systems. This contributes to disempowerment, dependence, helplessness, hopelessness, and distress that have flow-on effects through interpersonal and intrapersonal systems. The interaction between financial instability, reliance on public system services, and distress will be further explored in the subsequent sections

**5.1.2.2. *Timely and equitable access to inclusive, relevant, and publically funded health services and procedures promotes mental health.***

Participants described the importance of having access to a range of services and procedures as protective for their mental health. Particularly, for those wanting to physically transition, timely access to gender affirmation services and procedures was considered vital for mental health. It must be noted that the vast majority of data (both from personal experience and observations of transgender people in the community) was skewed towards the anxiety and distress associated with having limited or restricted access to gender-affirming health services, as outlined in the previous section. Significantly, even when participants discussed positive experiences, where needs might have effectively been met by the health system and those working in the health system, they often placed these experiences in the context of other experiences that were difficult and influenced by cisgenderism. The alarming trend of challenging, inequitable and insensitive interactions with the health system further highlighted the need for timely and equitable access to inclusive, relevant and publically funded services and procedures for mental health. This finding is in line with, and expands on, those reported in other studies highlighting that access to transition-related services is essential for mental health among transgender individuals (Bailey et al., 2014; Hyde et al., 2013; Riggs et al., 2015a). As will be explored in section 5.3.2, taking actions to affirm and express gender identity was discussed by participants as providing numerous positive psychological and physical

benefits that increased identity affirmation, helped to alleviate 'dysphoria', and promote and maintain mental health.

Participants described experiencing immense relief when finding a supportive and knowledgeable practitioner, making it through a waiting list, and being deemed eligible *and* ready for gender affirming physical procedures. Again, this highlights the dominant discourse of cisgenderism that is perpetuated and enacted throughout the health system that delegitimizes a transgender person's understanding and experience of their bodies and gender, and undermines their ability to make decisions for their mental health and wellbeing. It must be noted that variability exists in the gender affirmation needs and wishes of gender diverse individuals, and that many may achieve comfort and affirmation without the support of external service providers. However, for the participants of this study access to services and procedures was described as vitally important for mental health as indicated in the following quotes:

"Seeing a psychiatrist that specializes in the area was really helpful. I'm actually restarting [hormones] up this week as well. I'm really excited about that 'cos I've been wanting to back on them for about a year now, but I wasn't stable enough to do it.. So there's a criteria for readiness and eligibility. So I was eligible for it but I wasn't ready for it.

Mikaela: Ok. So now you're ready and eligible?

Yep, so there's like 6 criteria I had to reach, 3 in each one, so now I've matched them all, so that's really exciting." (Andy)

"Yeah that's probably another good thing having a good treating team, like my GP, I adore him, and my psychiatrist, and some of the psychologists



I've seen were really great. Getting treatment has been helpful 'cos I've spent the last couple of years fighting for treatment and like the public system is so fucked up. So I've been bouncing between organisations and finally I was just like "nah" and got private health cover. Since then I've been doing a lot better." (Andy)

"I think practitioners should bulk bill when they can – my psychologist bulk bills me and that is really helpful. Being open to dropping the price or negotiating the price is a bonus." (Jay)

As with other identified factors, the services and procedures that were protective for mental health changed at various points in time. For example, accessing mental health practitioners and services that are experienced in exploring gender identity and assessing 'gender dysphoria' [if needed and appropriate] was particularly important for individuals questioning and exploring gender. For those considering and commencing physical gender affirmation, accessing knowledgeable medical and cosmetic practitioners and services became vital in achieving desirable physical changes. For individuals living as their affirmed gender, ongoing medical follow-up and cosmetic procedures were necessary.

These findings highlight that having timely and equitable access to inclusive, relevant and publically funded services and procedures is an integral component of achieving affirmation and congruence for many trans individuals and promoting mental health and wellbeing. Extending on the Social Determinants of Health framework, access to mental-health promoting resources is vitally important for the health of all individuals, yet

has increased significance for transgender individuals who may increasingly rely on health services and procedures to affirm their gender identity and protect mental health. In addition to accessing appropriate services and procedures, trans individuals are impacted by their ability to pay for those services and procedures as will be outlined in the following section.

***5.1.2.3. Experiencing discrimination in employment and economic domains compromises mental health.***

“[Reflecting on extended waits for public-funded services] I think people that have to wait - and there's a long wait to be seen in the public clinic over 12 months, generally it's because of finances and that that implies they're usually on a pension; if they're on a pension it's usually for a psychological condition. Therefore, they're unemployed and potentially socially isolated, so by definition they [transgender individuals who have limited access to economic and employment resources] are a more disenfranchised group of patients.” (Medical practitioner)

The structural barriers to appropriate employment and economic resources and opportunities often experienced by transgender people have repeatedly been identified as contributing to a cycle of unemployment, financial stress, social isolation, unstable housing, psychiatric problems, and suicidal ideation (Bariola et al., 2015; Budge et al., 2010; Hellman & Klein, 2004; Meyer-Bahlburg, 2010; Mizock & Mueser, 2014; and, Nuttbrock et al., 2010). Practitioners described financial instability and hardship as impeding transgender people's ability to adequately support personal basic needs including stable housing,

food, transport, and health care. When compared to individuals in majority groups, transgender individuals were described as having additional and specific financial stressors due to pervasive experiences of institutional and structural cisgenderism, including enacted employment discrimination and having additional health-care needs that currently and predominantly are not subject to government subsidies. This highlights the interaction between vocational functioning, financial hardship, 'gender dysphoria' (and desire for physical affirmation), and mental health for Australian transgender adults. As employment and finances are closely linked resources, they will be discussed together in this section with specific references to the factors that compromise mental health for trans individuals.

As previously noted, less than half of the trans participants in this study were employed. These participants had full-time employment that provided financial stability, however both admitted to feeling limited, and at times "trapped", in their employment options due to the effects of cisgenderism, stigma, and discrimination towards transgender people. The remaining participants, who were unemployed, were enrolled in tertiary education and received government financial assistance (either AUStudy or the Disability Support Pension). This finding is in-line with the disproportionate rates of unemployment (despite high rates of tertiary education) and low household income reported among this population (Hyde et al., 2013; Jones et al., 2015). All participants reported having stable housing, however admitted to knowing others who had unstable housing or had experienced homelessness.

According to the World Health Organization (2008), people who are employed tend to be healthier than their unemployed counterparts. Yet, finding suitable, stimulating, and inclusive employment was identified as a challenge, even for participants who had full-time employment. As well as being employed, having control over working conditions has increasingly been associated with mental health (WHO, 2008). This was particularly pertinent for employed participants who described supportive working environments yet experienced a distinct lack of control in expanding their role or career opportunities within or beyond their current employer. One participant distinguished the need to “come out” at work as a significant “speed bump” that contributed to a sense of “feeling trapped” and lacking agency over gender affirmation, personal growth, career progression, and mental health:

"The fact that I would essentially have to 'out myself' as trans at work, so then either people at my current job would know [that I am trans] because they know me now, or to get a new job I'd have to give references which would then be in my current name. So, short of starting my own business or you know working for someone who knew me already, supported my transition, and didn't have to do a reference check, beyond that all of my qualifications are in my current name. So even to get another job I'd have to show the certificate that's in my current name even if they didn't require references." (Alex)

This quote highlights how many transgender people may reasonably anticipate and fear negative consequences to current and future employment if they discuss their gender identity, proceed with

gender affirmation, and/or present as their affirmed gender at work. For Alex, this resulted in feeling as though transitioning “was too hard” and that he would be discriminated against if he were known to be transgender. Accordingly, another participant reported difficulty in extending beyond her current role, despite having appropriate experience and desire to seek new opportunities. The following quote summarizes the financial, economic, and mental health challenges commonly faced by trans individuals:

“Surgery is not cheap, and it’s not publically funded. And, trans people find it harder to find work, they find it harder to keep work; they earn substantially less on average than cis-gendered people do due to a variety of issues.

Mikaela: Can you name some of those issues?

Finding employment and retaining employment. I’ve applied for a couple of jobs because I felt that it was time to move on, and I’ve had some odd experiences with interviews and so on. Whilst I can’t nail it down specifically and say that I lost out on that job because I was trans, the suspicion is high. Promotion is harder. So it’s the same kind of, it’s a layer of discrimination on top of any other discrimination you might face. You will find that a lot of employers will just go ‘I don’t even want to know’. Similar to when it comes to things like trying to find housing, you find it difficult to get lease agreements on places by yourself, it’s more difficult to find share houses in a lot of instances, you’ve got to be more thoughtful about where you live and where you work because it’s not always safe. The issue of your personal safety does come up, ‘am I going to be safe?’

So employment is hard, housing is hard, and that makes money hard.”

(Indra)

These experiences mirror those reported by Jones et al., (2015) and highlight how cisgenderism and institutionalized stigma towards transgender people limits their employment and economic opportunities and reinforces anticipation of stigma, discrimination, and rejection. Given the widespread existence and maintenance of these issues, it is clearly evident that they undermine self-worth, personal agency, ability to succeed and thrive, and consequently impacts mental health and wellbeing.

When reflecting on mental health compromising factors, practitioners alluded to the extensive costs associated with services and procedures for those wanting to physically affirm their gender as a means of promoting and maintaining mental health. According to Lenning & Buist (2013), economic challenges for trans individuals who decide to transition extend beyond surgical procedures, including the cost of new wardrobes, accessories for pre-surgical appearance (e.g. chest binder, prosthetic penis, hair removal), potential job losses, costs of legal name change on documents, and maintenance fees (including ongoing hormone therapy). Despite variability in income, all participants (who had sought medical transition) had opted for privately funded health care rather than relying on public services (due to limited access, see section 5.1.2.1). To this end, participants had to manage the additional cost of “top-cover” private health insurance to their weekly financial requirements. For the trans participants who had previously experienced financial hardship, paying for private health insurance and other costs associated with physical transition was

prohibitive and had considerably impacted their mental health. They reported experiencing increased social isolation, 'gender dysphoria', distress, and functional impairment during this time.

In conjunction with the level of unemployment reported by participants, these quotes highlight how structural and institutional stigma and discrimination towards transgender individuals contributes to disempowerment in vocational and economic functioning that reduces individual options and the ability to affirm gender in the preferred manner and provide for one's self. Additionally, persistent unemployment or limited control over working conditions further reduces opportunities for mastery, acceptance, achievement, and social engagement. Thus employment and financial hardship was identified as a significant and cumulative stressor that may lead to unsafe and risky conditions, inability to embody and express identified gender, increase distress and 'dysphoria', and compromised quality of life and mental health. The following sections will outline and explore institutional practices that in some ways improve conditions and resource accessibility for transgender adults.

**5.1.2.4. Feeling supported and protected in inclusive workplaces, completing tertiary study, and having stable finances promotes mental health.**

“Employment is protective, assuming that employment circumstances are positive, but simply being employed I think is a protective factor for mental health.” (Psychologist)

In relation to government and other institutional practices that promoted mental health, participants referenced three primary themes relating to equitable access to a) employment, b) educational, and c) financial resources and opportunities. In this section, I will present and explore the experiences of institutional and systemic practices that supported employment, education, and financial stability for transgender individuals. As previously highlighted, two trans participants had ongoing full-time employment and three were “not currently working” yet completing tertiary education to improve their future access to employment opportunities. Participants reported that being employed was important to them and to others that they know, as was feeling employable. As is consistent with literature on general and trans populations, being employed is a key social determinant of mental health that increases access to resources, provides a source for civic engagement and social inclusion, and increases self-esteem (Mizock & Mueser, 2014; VicHealth, 2005c; World Health Organization, 2004).

All participants described multiple mental health-promoting benefits associated with being employed. Firstly, being employed provided



individuals with consistent and reliable access to finances, contributing to independence and means for self-provision. Secondly, stable employment, that was free from discrimination, where an individual could be supported and validated for their individual merits contributed to and reinforced positive sources of identity as an individual who is capable, valuable, worthy, and important. Thirdly, stable employment provided an individual with sources of social support, community participation, and a means for redirecting mental energy. It was evident that being part of a supportive work culture was vital for transgender individuals to feel comfortable in disclosing their gender identity and history, or not if they preferred, and in affirming and presenting as their authentic self in the workplace.

“I had enormous support from work, I had a consistent income, work was basically a safe space for me and it was made explicitly clear to me and others that I was in a safe space and it would not be tolerated for people to be trans phobic towards me. So having work as a safe space is very, it's a stabilizing thing. I've had a couple of supervisors in particular who were looking after me as I went through that process. Yeah they were very supportive and very understanding.” (Indra)

This quote supports and extends findings from previous Australian research (see Jones et al., 2015), highlighting the vital role that management and leadership play in creating and maintaining a safe and inclusive workplace culture for transgender people. Specifically, a safe and inclusive workplace is one where supervisors and leadership staff model appropriate behaviour, set clear and inclusive guidelines for all employees, and actively maintained those behavioural guidelines to protect and advocate for the rights of the transgender employee. Participants made

repeated references to the importance of employment for financial stability, safe and supportive workplace cultures, personal affirmation as a worthy and valued person, and social inclusion as beneficial social determinants of health and wellbeing for transgender people.

The second mental-health promoting theme was the psychological benefits associated with undertaking tertiary study, as participants who were currently studying demonstrated a sense of optimism for their future. They described numerous benefits associated with participating in tertiary study including opportunities to socialize, succeed, develop and reinforce positive aspects of self, and cultivate a sense of optimism for the future. As previously mentioned, these factors have been well documented as providing mental health protecting functions for trans individuals (Moody et al., 2015).

Finally, income and access to finances was identified as an important protective factor for trans individuals, as those with a stable income had a greater capacity to draw on resources to overcome life challenges and finance-related barriers to mental health (Bariola et al., 2015). The protective aspects associated with financial resources was discussed in some form by all participants whether that be explicitly or inadvertently through descriptions of the stress associated with lacking finances. When reflecting on factors that had been helpful for her mental health, Indra described the containing function of having a stable income:

“I don't have to worry about my income so I would always be able to house and feed myself and pay my bills. That whole bulbous of responsibility can be put to one side as long as I went to work, that was all

fine, and I could focus on everything else. I didn't have to worry about housing, I didn't have to worry about food, I didn't have to worry about paying the bills, and that gave me so much latitude to deal with everything else." (Indra)

In addition to providing containment, this quote highlights the important role that having financial stability can have in developing and/or maintaining a sense of autonomy. Thus, financial stability and autonomy may be an important buffer to the disempowerment that is often associated with the trans identity and experience. As well as being able to support oneself, access to finances is vital in funding the variety of medical and cosmetic procedures that a trans individual may require to embody or express the gender with which they identify (Bariola et al., 2015). In Australia, many procedures associated with gender affirmation are not yet publicly funded and, depending on the procedure, can cost in excess of \$20,000 (for example, phalloplasty; Hyde et al., 2013). Thus lacking financial resources is a prohibitive factor for many trans individuals who lack the financial resources to physically affirm their gender (see section 5.1.2.3). As an intermediary, accessing "high level private health insurance" was described as an important step in financially planning for future surgical procedures. One practitioner highlighted the importance of access to finances in seeking physical gender affirmation, particularly for some trans men:

"Having access to money is really important for promoting mental health. I see it clearly for those people who are really struggling, you know financially, to pay for any of their treatments – to do mostly with surgery.

Particularly I think chest surgery, just because it is so visible, it is such a big part of 'passing' and functioning in society if you've got large breasts. For the trans women and genital surgery, you can kind of still hide that, it's a personal thing, and nobody else sees it so I think that they can live with not having surgery for a while. But if you are a trans man and still have your breasts then it is a lot harder." (Medical practitioner)

As described by Andy, there were added health benefits associated with having and being able to pay for private health insurance:

"Having private health insurance has been really helpful. I've had it since 2012 but I only started using it last year, I didn't even think about it because I got it for surgery, I thought it was only for that. Then I realized that I can do dental and optical and other stuff, it's been great." (Andy)

It was evident that having access to stable finances was influenced by a number of interpersonal and broader context issues, including employment discrimination. Consequently, unemployment may undermine the availability of this protective resource for many (see section 5.1.2.3). For others, government support and subsidies provided some relief and an avenue for accessing the protective benefits of financial stability. Three trans participants reported they, and others they knew, received a government study allowance or disability support pension (DSP). This provided an ongoing financial resource that enabled people to pay for expenses associated with daily living, such as subsidized "public transport" and "electricity bills", as well as mental health and gender affirmation services and procedures.

“Being on the DSP has been helpful for my mental health, it’s been really good for my sense of independence and for being able to pay for psychologists and stuff.” (Andy)

Receiving financial assistance from the federal government reduced financial stress and enabled participants to access resources that may otherwise be prohibitive. It was evident throughout participant narratives and observations that having access to equitable employment and educational opportunities and stable financial resources provided participants with a) a sense of affirmation, inclusion, and autonomy, b) promoted resilience to manage other stressors, c) increased access to other important health promoting resources and d) were evidently important social determinants of health.

**5.1.3. Summary of broader context factors and mental health for Australian transgender adults.** In summary, findings highlighted a number of broader context factors that influenced wellbeing and mental health among transgender adults. Firstly, living in a gender rigid and binary society that favours and promotes cisgenderism, and marginalizes, stigmatizes, and pathologizes transgender people, their experience, and identities, is detrimental for mental health. Secondly, as a result of the breadth and rigidity of cisgenderism, recent cultural reform at this macro level (including within mainstream, LGBTIQ and trans communities) has contributed to softening of views towards gender diversity that may promote trans identity development and mental health. Next, it was evident that discrimination and stigma at the institutional and structural level served to limit or impede equitable access to services to promote

gender affirmation and opportunities for employment and economic stability and advancement. Transgender people experienced these broader context factors as limiting, disempowering, frustrating, distressing, and compromising of their mental health, quality of life and wellbeing. Conversely, institutional and structural practices that protected, affirmed and supported transgender people served to improve access to mental-health promoting resources for gender affirmation and opportunities for stability and advancement.

It was strikingly evident that cisgenderism and discrimination continues to be pervasive and has a detrimental impact on mental health, despite advancements in cultural and legislative reform that have contributed to increased public representation of transgender individuals and improved access to mental health promoting resources. Research findings highlight that factors that influence transgender people and mental health at the broader context level are highly complex, often invisible, and well-entrenched. As anticipated, there was a high degree of overlap and interaction between factors that promote and compromise mental health. Such that, factors that were identified as promoting mental health exist in the context, and as a result, of those that compromise mental health, such as widespread and pervasive stigma and discrimination towards transgender people at the structural and institutional level. For example, receiving financial assistance from the government was helpful for those individuals who were unable to find employment, however unemployment often existed as a function of structural and institutional discrimination (including government policy). Similarly, institutional policies (e.g. anti-

discrimination laws) that protect transgender individuals from being discriminated against in the workplace was enacted due to the very existence and impact of that discrimination at the socio-political level. Thus, without significant socio-cultural reform regarding gender diversity (challenging cisgenderism) these government initiatives may be akin to providing someone with a Band-Aid after cutting off their limb.

In the following section, I will present and explore the interpersonal-level factors described by participants as impacting the mental health of transgender participants. Interactions between broader context, interpersonal and intrapersonal factors on the mental health of transgender adults in Australia will be discussed where relevant.

## **5.2. Interpersonal Factors Identified as Compromising and Promoting Mental Health**

“We can’t underestimate the impact of having a supportive relationship, whether it be an intimate one, a significant other, or a family member, whatever age the person is, that is a massive protective factor for mental health. So for people who have maintained their romantic relationships, their family relationships, they have children who are still in their lives that is a big one. Feeling accepted and supported across multiple environments. For people that don’t have access to those supports, or the supports themselves are challenging, then it makes things tougher and we tend to see more mental health issues.” (Psychologist)

This category is conceptualized by interpersonal interactions, relationships and networks that transgender individuals come into contact with and participate in that contain protective and/or compromising

influences for mental health. Notably, all participants stressed the importance and centrality of interpersonal relationships to their mental health. It was evident that some transgender participants and other transgender people known by participants had rich and supportive multi-layered support networks; however this was not a universal experience. Relationships with family, romantic partners, practitioners, and friends and community groups, were spoken about by all participants in a variety of ways that indicated that relationships for transgender individuals were often complex and contained aspects that at times or under particular circumstances promoted and/or compromised mental health. These interactions will be discussed and explored where appropriate throughout this section.

Two primary themes were evident in participant experiences and observations. Firstly, participants described marginalization and stigmatization from mainstream society (see Broader Context section 5.1) that was often perpetuated and reinforced through interpersonal relationships with meaningful and known others, as well as through general community attitudes. Aspects of interpersonal relationships that were identified as compromising or challenging for mental health included being rejected, dismissed, invalidated, and disrespected as a result of prejudice and cisgenderism. Participants described experiencing rejection and non-affirmation of their gender, identity, and preferences, in ways that conveyed their perception that this rejection and non-affirmation was of their core selves and personhood. The combination of experiencing rejecting interactions and perceiving those as devaluing and rejecting their



core self were described as negatively impacting and compromising mental health and wellbeing.

The second primary theme related to the mental-health promoting benefits associated with access to multi-layered support networks and supportive relationships. Aspects of interpersonal relationships that were identified as promoting or protecting mental health included receiving affirmation, emotional support, advocacy, guidance, and mentoring across various relational contexts. For transgender people, having access to supportive relationships appeared to foster a sense of acceptance and affirmation of gender and self, providing opportunities for inclusion and membership, allowing an individual to receive and provide support, and providing a potential buffer for systemic, enacted, and felt stigma processes. In this section, I will explore the interacting interpersonal relationship factors that participants described as promoting and/or compromising mental health for transgender Australian adults across family, intimate partner, friend and community groups, and practitioner relationships.

**5.2.1. Family relationships, interactions, and mental health.** All participants spoke of the importance of family relationships and supportive home environments as well as the detrimental impact when support and affirmation was lacking from primary family members, such as parents and siblings. Within families, most participants described receiving mixed support. It was apparent that some family members were accepting (either immediately or over time), whilst others were not, often leading to strained, conflictual, or estranged family relations.

Participants highlighted a variety of supportive, flexible, and respectful practices from people such as parents, siblings, children, and grandparents that were experienced as providing identity affirmation, advocacy, and emotional support. Experiencing affirmation, advocacy, and emotional support were described as buffering external and internal stigma, increasing self-worth, and promoting mental health. Indeed support from family, relative to other sources of social support, has been identified as being highly influential in buffering stigma, promoting self worth, and protecting against psychological distress (Bariola et al., 2015). Conversely, all participants reported personal and observed experiences of family members who either knowingly or unknowingly displayed a variety of behaviours that were experienced as aggravating, shaming, and distressing for transgender individuals. These included rejection, non-affirmation, dismissing and undermining identity and personal choices, mis-gendering, promoting gender conformity, and hostile confrontations. As discussed in chapter two, overt and micro-aggressions such as these contribute to internalized and felt stigma processes that have been linked with a variety of adverse outcomes including compromised mental health.

This section will first outline and explore the most prevalent and salient aspects of family relationships and interactions that were experienced as compromising mental health for transgender individuals. This will be followed by a discussion of aspects of family relationships and interactions that were experienced as promoting and protecting mental health.

**5.2.1.1. Rejection and non-affirmation from family members  
compromises mental health.**

“Unfortunately for transgender people, where you would expect to find the most support, you often find the least. For example, if you were diagnosed with cancer your parents would be in, your family would be in to support you. But this is a situation where you get more acceptance from the guy in the milk bar who doesn't know you from a bar of soap who just knows you as your affirmed gender, addresses you by your correct name and correct pronouns; whereas at home, close family members are often the ones who find that most challenging”. (Medical practitioner)

Rejection was discussed in various forms including rejection from family and home, and rejection or non-affirmation of identity, preferences, and expressions. Fortunately, none of the transgender participants in this study had experienced complete familial rejection, but all participants did know of people who have. When discussing observations of people who have experienced complete rejection from their family, practitioners reported that rigid and conservative views practiced by the family were a common cause for family rejection. Rigid and conservative views around gender conformity, stereotyping, and expression that were practiced and reinforced within families were described as promoting stigma, marginalization, shame, and rejection of gender (binary) non-conforming preferences, behaviours, expressions, and unfortunately for some, rejection of family members who exhibit these. Participants described common family interactions that were experienced as rejection including

promoting gender conformity, denying fluidity, and forbidding fluid gender expressions and disclosure to wider networks.

Subtler forms of rejection such as non-, selective- or ambiguous-affirmation, invalidation, and dismissal of preferences were prevalent even for participants who described receiving familial support. According to Testa et al., (2015) non-affirmation occurs when others do not affirm one's internal sense of gender identity, either knowingly or unknowingly. This occurred when people behaved in ways that demonstrated, or were perceived as though, they did not believe in and support an individual's identity, preferences, and expressions. Nearly all of the trans participants reported these as frequently occurring within their family (and observed in families of other known trans people) from at least one family member. For participants, this was experienced as undermining and invalidating their identity and core self, often resulting in feeling "unseen", unknown, or "disappointing to others". Non-affirming and invalidating comments and experiences such as persistent mis-gendering came from parents, siblings, and partners of siblings. In line with research on micro-aggressions (see Chapter Two), this appeared to have a detrimental and cumulative impact on transgender participants and others known to participants. The following quote highlights how micro-aggressions that are invalidating and un-affirming may be experienced:

"I haven't gone by my birth name or my biological pronouns since I was about 13 [6 years]. However, my father and his side of the family will not use male pronouns [when referring to me] and still use my birth name... They just ignore me and are like 'whatever, you'll always be a female'.

Mikaela: When you say 'ignore me', do you mean they ignore you as a person or they ignore what you're asking of them?

Ignore what I'm asking [of] them and ignore me as a person a little bit too"

(Jay)

Feeling overlooked and unseen was an experience commonly referred to by participants, as their attempts to be 'seen' by family members for the person they identify as was met with resistance from meaningful others. In line with findings on common emotional reactions to familial micro-aggressions (Nadal et al., 2014), participants reported feeling "angry", "hurt", "invalidated" and "rejected". Participants described empathizing with family members who similarly were attempting to navigate a phenomenon that was unfamiliar to them. However during this process family members' were described as often unintentionally behaving in ways that were perceived as invalidating, dismissive, and hurtful. The following quote highlights the complexity of family interactions between transgender people and their family systems and further highlights how mis-gendering is perceived as non-affirmation of self:

"I was watching a documentary on some trans kids and the mother [in the documentary] kept showing baby pictures of her daughter who is now her son and kept referring to her as "she" and I was like [angry] 'that's, you know, really annoying, she kept saying 'that's fine, I don't have a problem' but kept mis-gendering her child in historical terms'. My partner would say "but you know it's really hard for them to let go" and things like "they can't let go of the fact they used to have a daughter" and it's like 'well no, they didn't actually used to have a daughter, they've always had a son, they

just didn't realize it'. So, yeah [voice breaks], most of the documentaries annoy me because they tend to paint a picture that it is ok to be half accepting. I get that they're [family] still working through it, but it kind of gives this perception to the general public that it's ok to repeatedly misgender people and that "oh it's alright, you're trying". I get that people stuff up with gendering as long as they are actually genuinely trying to get it right, but yeah for people to not actually really try because it is too hard for them. It's like 'yeah but how hard do you think it is for your child that's, you know, been mis-gendered their entire life?'" (Alex)

This quote highlights complex multi-layered interpersonal challenges for transgender people, their family and systems, including complex dynamics to be navigated between romantic partners. Romantic partners and relationships will be further explored in the following section. Finally, this quote demonstrates the experience of partial or ambiguous affirmation where attempts from meaningful others to be affirmative may highlight, or be interpreted as, deeper held misgivings, concerns, or prejudices. Three participants described aggressive interactions with male family members who at times refused to discuss their gender identity and made invalidating comments about them and transgender people in general. Examples are provided in the following quotes:

"My brother has not taken it [my transition to female] well; he won't discuss it at all." (Lauren)

"I've had a lot of problems with my sister's husband because he would bully me and kind of, he'd say back-handed things to imply that I'm not really male and stuff... One of my brothers got really like offensive and

aggressive about the fact that I was going to intrude on his territory by being male. He felt like I was intruding on his own kind of position in the family and on his identity and stuff.” (Andy)

“Yeah [interactions with] my brother [have been really challenging]. He’s previously made the comment that he doesn’t think people should transition, they should just stay the way they were born, and they’re just being stupid. But partly I think that comes from the fact he’s been threatened; he thinks that if somebody can become a man, then his masculinity is therefore threatened.” (Alex)

Two participants reported that their brothers had responded to their transgender identity as though it threatened their [brothers’] masculinity as well as role and identity in the family. Practitioners observed that sisters tended to be more supportive and less threatened by gender flexibility and fluidity in a family system. Of the trans participants with sisters, two male-identified and one female-identified participants reported maintaining strong relationships with and feeling supported by their sisters after disclosing and expressing gender fluidity and non-conformity. Riggs et al., (2015b) similarly reported that cisgender male family members often have more hostile or undermining responses to transgender family members than cisgender females. Interestingly, the brother of a female-identified participant reportedly remained supportive throughout transition, in comparison with the brothers of participants who identified as male. These findings provide interesting insight into masculinity and suggest that gender of siblings as well as direction of transition may have an impact on

how family systems are able to adapt and support an individual throughout gender exploration and transition. This warrants further investigation.

Taken together, these overt and subtle experiences of rejection and non-affirmation were often interpreted by participants as rejection and disapproval of their core self and contributed to reinforcement of internalized transphobia, felt stigma, shame, and alienation (as will be further drawn in section 5.3.1.2). These processes undermine have previously been identified as undermining identity affirmation, increasing anxiety and internalized stigma, and compromising mental health (Nadal et al., 2014; Nuttbrock et al., 2009). These findings are consistent with prior research on the experiences of family rejection by sexual minority gay men (Ryan et al., 2009; Pachankis et al., 2008), and provide unique contributions to current understandings of the interactions between family system dynamics and mental health among transgender adults in Australia. In the following section, I will present the factors and interactions identified by participants associated with family relationships that were supportive and promoted mental health.

**5.2.1.2. Affirmation, advocacy and emotional support from family members promotes mental health.** Family relationships that were supportive, flexible, and respectful were those most frequently spoken about as positive sources of support. Supportive family members were described as providing affirmation, advocacy, and emotional support. Participants described the importance of “being believed” and “taken seriously” as important for their mental health, as well as having their identity affirmed and validated by family members. Numerous participants



described fearing they would be disbelieved, stigmatized and rejected by family members, thus feeling “incredibly relieved” when family members behaved in ways that were predominantly affirming and supportive.

As explained previously (see Chapter Two and section 5.2.1.1), affirmation occurs when someone demonstrates support and belief in the experiences, judgement, and identity of another. For participants, having at least one family member who believed in them and recognized their preferred gender identity was an important buffer for the difficult, invalidating and/or stigmatizing interactions experienced elsewhere. Family members were said to demonstrate affirmation through using appropriate language, name, and pronouns; talking appropriately about gender diversity and gender diverse people; seeking to understand the individual’s experience and personal concept of gender and identity; encouraging and supporting gender identity, fluidity and expression; and offering support rather than seeking alternative explanations for gender non-conformity and potential distress. Sources of affirmation usually varied within family systems and between family members, further highlighting the importance of having at least one person believe in and affirm them as a “genuine and worthwhile person” with valid needs and judgement. This is captured in the following quotes:

“My son has been an angel; he’s been just breathtakingly good about it, very supportive. Our daughter found out when she was 17 and it was more of a struggle for her. But we’ve built a very solid friendship. I don’t imagine that she’s a big fan, but she’s once again very supportive. I think it was a lot harder for her which might sound odd but our son just found

out rang me up and said 'we need to catch up for dinner, can I help? Are you ok?' and that was it. Yeah it was amazing. I'm pretty lucky because I know that's not probably a common story." (Lauren)

"My mum outed me to my brother. I'm not close with my dad at all, and my brother has been really aggressive.. But my grandma has been great, she's 81 and has accepted me, allowing me to come to her 80<sup>th</sup> birthday as myself [as a guy]." (Andy)

[I haven't come out to family yet] I broached it once with my sister as I was telling her about a friend [who told their family about their gender identity and transition] whose family lost it and totally over-reacted.. I said to her 'what would you do?' and she said 'yeah well, we'd deal with that, you're you and we love you', so that wasn't too bad." (Alex)

"It turns out that my family are lovely understanding people. You hear a lot of horror stories about people being disowned, finding themselves homeless, insulted, abused, and cut out of their loved one's lives. My dad tries very hard to understand [what is happening for me and what I need], he is getting better at it and he's getting more of it as time goes by. My mum [has been great] and in fact said to me very specifically 'I always wanted a daughter, I just didn't expect that this would be how it would happen.'" (Indra)

These quotes highlight the importance of being believed, affirmed, and supported by at least one family member. Notably, all trans participants stated feeling "lucky" or "fortunate" to have family members that have remained supportive after they disclosed their wish to identify and be perceived as a member of an alternative gender. This

demonstrates the prevalence of stigma that is attached to gender diversity and perpetuated in interpersonal relationships and intrapersonal processes (see Anticipated Stigma in section 5.3.1.3), whereby a transgender person is so frequently and readily stigmatized and/or rejected by family, significant others, and society in general, based on their deviation from the binary gender system (and the strength and hold of cisgenderism in Australian culture). This finding also highlights how that stigma is then internalized such that an individual readily expects to be rejected and/or stigmatized by their loved ones and feels “fortunate” if that does not happen. This does not minimize the value of supportive family members, rather it highlights the strength and rigidity of cultural and systemic processes that marginalize and stigmatize transgender people, as well as the level of love and commitment shown by some family members in the face of considerable external (and likely internal, see Secondary Stigma in Chapter Two) pressures.

A second prevalent and salient theme discussed by participants as protective for mental health was the provision of advocacy by some family members. Examples of advocacy included becoming informed about gender diversity and support options, encouraging and facilitating help-seeking (if appropriate), talking through issues and aiding with interpersonal problem-solving, facilitating and supporting disclosure to other family members and wider networks, and standing up for and challenging prejudicial and stigmatizing interactions from/with others. A participant referred to this process of advocating for a family member who is transgender as ‘walking along side’. This included keeping a steady

pace and providing support and containment through the challenging and often complex terrain that transgender individuals must navigate. Typical references to advocacy included:

“My mum was really helpful; she was totally cool with it and tried the best she could to help me through puberty while not being able to access all of that medical help. Another thing that I found really helpful was mum actually sought out her trans friends for me so that I had not only a younger opinion but I also had the opinion of people who had started their transition and were transitioning.” (Jay)

“Being an advocate is, you know, using correct language, pronouns, names, that kind of thing, being an ally. Being an ally is important, so if a family member is out [in public] with their trans family member, and somebody mis-genders them or something, for the family member to be able to back them up and that kind of thing.” (Social Worker)

“I guess that it seems that people who have a supportive family member, who uses correct pronouns, doesn't dismiss them and say 'this is a phase you'll get over it', who actively starts researching on their behalf, the whole process just seems to be so much smoother. I don't mean they get quicker access to things [e.g. transition procedures], it's more that their own experience can be less distressing and it's a smoother process overall for them.” (Psychologist)

The final theme mentioned by all participants was associated with emotional support, such as listening to concerns and validating distress, being available when needed, “being a shoulder to cry on”, and containing own feelings in order to provide containment. This was a function that was

predominantly provided by friends, peers, and transgender community groups (see sections 5.2.3.), however some participants reported receiving this from at least one family member and observing this in other families with a transgender individual. Level of emotional support often varied among family members and even within family members, as some participants described actions performed by some family members that were “mostly” supportive yet at times may be difficult to accept or feel soothed by. As highlighted in the following quote:

“[When I was growing up] mum was really good about it all, she was really nice and tried to help me through it. Although I argued that she didn’t understand a lot [of it], ‘cos she would do things and I’d be like ‘but you don’t understand how angry I am or upset I feel’. So even though she was helping me and being supportive [of my gender identity and distress], we constantly fought.” (Jay)

**5.2.2. Intimate partner relationships, interactions, and mental health.** Participants expressed a range of thoughts about, and experiences of, romantic relationships and the impacts of these on mental health. Related to their personal experiences or observation of others, some spoke about intimate relationships as a supportive resource, and some as a source of further stress. It should be noted that only one of the trans participants was currently in an intimate relationship, however the remaining participants described their previous experiences and observations of other transgender people in romantic relationships. A primary theme was that intimate relationships for transgender individuals are often complex, prompting challenges in forming new relationships and

re-negotiating sexuality and roles for those in relationships. For those who described the positive aspects of intimate relationships, partners were said to potentially provide a source and context for experimenting, exploring, and affirming gender. These experiences may promote mental health for individuals with access to this supportive resource.

#### ***5.2.2.1. Rejection, re-negotiation and relational stigma***

##### ***processes perpetuated in intimate relationships compromises mental***

***health.*** A number of participants described romantic or intimate relationships as potential sources of “stress” for many transgender people. Relationships were described in complex terms as sexuality and intimacy often evoked numerous re-negotiations for self and partner, and provided fertile ground for body dissatisfaction and stigma (both internal and relational) that challenged the foundation of established relationships as well as the formation of new relationships. Participants reported a variety of communication/stigma-management strategies to minimize stress and maintain relationships including compromising own needs, prioritizing needs of partner, avoiding disclosure and transition, and conforming to normative gender expressions and roles.

A prominent theme discussed by participants as challenging their experience of romantic relationships and compromising mental health related to the effects of communication/stigma management strategies. Participants alluded to using these strategies to manage how their gender identity was communicated, received, and interpreted; to avoid stigma and rejection; and, ultimately to preserve the relationship. However, it appeared as though attempts at avoiding stigma and rejection often

resulted in conflict and distress (both relational and internal). Participants described strategies such as gender conforming, avoiding disclosure and transition, and prioritizing needs of partner. Three participants reported avoiding and repressing their gender dysphoria and conforming to normative expectations and expressions in order to “try and be normal” and preserve their intimate relationship. However, they reported reaching a point where they could not “pretend” anymore as gender conforming and repressing gender dysphoria took a significant toll on their internal resources and mental health. For many, the stress associated with anticipating rejection and utilizing stigma-management strategies compromised mental health and contributed to the demise of intimate relationships, as highlighted below:

“I did have a partner for 2 and a half years and I was identifying as female with him and it kind of reached a point where I was like ‘I can’t do this’. I thought I could, you know, hide it for a little while, but I couldn’t hide everything. I was trying to be hetero-normative because I thought that if maybe I gave that a go I would forget about my transition and my relationship would be ok, but it actually back fired, because I had a bit of a break down, and was like ‘I can’t do this anymore.’” (Jay)

In this quote, Jay highlights how in the process of attempting to repress his gender questioning and dysphoria, withholding his felt identity, and avoiding discussing or experiencing this significant aspect of his personhood, he inadvertently compromised his emotional and relational needs, and consequently his mental health.

This need to compromise self, or at the very least, aspects of self, related to another process commonly discussed by participants, the need for negotiation and re-negotiation of identities and roles within intimate relationships. This was particularly apparent for individuals in a relationship with a cisgendered person as exploration and establishment of one's gender identity challenged or conflicted with the sexuality and identities of their partner. For male-identified individuals who were discussed as being in heterosexual relationships, partners who may have a well-established lesbian identity were described as struggling to balance their desire to support their partner with their desire to maintain their personal identity. The following quote highlights the challenge for both partners as they attempt to re-negotiate and limit the impact of such co-transitions:

“I guess unhelpful wise [for my mental health] is probably partners' being worried about how it's [gender fluidity or transition] going to affect them. So my partner has said 'I don't want to be seen as straight', and it's like 'well that's ok, we can still identify as queer if you want, I don't need to be defined as a straight male'. Yeah things like that.” (Alex)

This quote highlights the complexity, compromise, and potential for loss or erasure of self that is inherent in the process of re-negotiating both the individual and collective identities within an intimate relationship. For this participant, who very much wanted to be seen and defined as a straight male, he felt he had to, and was willing to, compromise that vital aspect of his core self in order to limit the impact on his partner and consequently preserve the relationship.



This process of identity and role re-negotiation was associated with relationship breakdown for female-identified individuals who were formerly in heterosexual relationships with cisgendered women. Whilst it is likely that a number of other factors contributed to relationship breakdown for these individuals, partners were perceived as not being able (or perhaps willing) to accommodate their husband's gender transition. As was the case for Indra and Lauren:

"My wife found it very hard in a lot of ways, we'd only been married about 11 months at that stage, so the timing was awful, and she's very hetero and just like 'this is not what I signed up for' and fair enough." (Indra)

"You know, I always wanted to meet the love of my life and get married and have children and that meant being [playing the role of] that 'boy'. Because if my wife had known this was who she was marrying, she wouldn't have married me. Our marriage ended around the time that I transitioned, and my wife was actually very supportive and relaxed about it, because I think for her, she'd moved on in the relationship. In terms of knowing that this is who I am, now that she has moved on in the relationship [rather than perhaps looking at rebuilding it] she is happy for me to be who I am, and supportive of that. Which is a pretty big deal I think. It's probably a nail in the coffin of what I would like in our relationship, but it is what it is, and as I said to her from the outset 'I can't pretend to you that it's [female gender identity] not here, when it is'.  
(Lauren)

These quotes demonstrate that for these participants, being transgender and perhaps increasingly, being trans women, challenged the

established norms and processes in their relationship and overwhelmed partners who were influenced (and justified) by the stigma associated with being a trans-woman in Australian society. Previous research has demonstrated that transgender women often experience stigma and the effects of cisgenderism in their romantic relationships, particularly when their partners are cisgender (Gamarel et al., 2014; Iantaffi & Bockting, 2014; Riggs et al., 2015b; Theron & Collier, 2013).

Finally, participants identified that forming new relationships was more difficult as a result of being transgender. Numerous personal and interpersonal barriers were observed including lacking self-acceptance, feeling uncomfortable with or ashamed of their bodies, anticipating (and experiencing) negative responses from others, limited desire for sexual intimacy, and experiencing reduced interest from potential partners due to relationship stigma. The following quote highlights the impact of stigma on the formation of new relationships:

“I’m attracted to women, I’ve always been attracted to women, socializing as I do now as a woman, and engaging in relationships as I do now as a woman. Although the women I am attracted to haven’t changed very much, the women who are attracted to me have changed an awful lot, the dynamics of the relationships have changed. Women who are attracted to men are not interested in me now. Women who are attracted to women weren’t interested in me, quite often now they are still not interested in me, because trans-misogyny and similar aspects, socially make it awkward.”

(Indra)

Collectively, participants provided personal and observed experiences of romantic and interpersonal relationships as complex, emotionally charged, and often compromising and erasing for transgender people. The felt obligation to compromise own needs, prioritize the needs of others and avoid or repress gender dysphoria and exploration highlights a predominant and pervasive discourse that being transgender is somehow wrong or deviant, something that must be compensated for in order maintain relationships, be loved, and experience the mental health benefits associated with being in a committed relationship. Additionally, participant narratives highlighted that experiencing and anticipating rejection and stigma in intimate relationships was associated with relational conflict, distress, and anxiety and mood symptoms. This is likely intensified when discrimination is coming from a source as meaningful and significant as a romantic partner and when discrimination pertains to the very body parts or identity sources that contribute to gender dysphoria and compromise mental health. These findings are consistent with previous research on the relationship experiences of transgender people (Josline-Roher & Wheeler, 2009; Levitt & Ippolito, 2014; Riggs et al., 2015b; Theron & Collier, 2013). In the following section, I will discuss and explore the aspects that were described as helpful and potentially contributing to mental health.

**5.2.2.2. Intimate relationships provide physical, emotional, and sexual affirmation that promotes mental health.** At times and for some individuals, intimate or romantic relationships provided a fertile ground for exploring gender identity and receiving emotional, physical, and sexual

affirmation of identified gender. A male-identified participant described being “given space to explore” his male identity by various female intimate partners who interacted with him as a man and encouraged masculine expression. For this participant, these experiences and interactions facilitated his developing masculine identity, allowing him to develop and affirm different parts of his male identity. This finding resembles those of Bockting et al., (2009) who suggested that being seen by their partners as male was an important source of affirmation for trans men.

However, participants provided personal experiences and observations from others that highlighted the complexity associated with exploring masculinity or femininity through sexual relationships, as these were often simultaneously instances and sources that increased and reinforced body dissatisfaction and gender dysphoria. This highlights the complex interactions between interpersonal relationship processes and intrapersonal experiences, in that relational dynamics provided both sources of affirmation and dysphoria. Interpersonal relationship skills identified by participants as promoting positive and mutually supportive relationships and mental health included being patient and giving partner time to adjust, and intentional perspective taking. These findings concur with other research, indicating that intimate relationships are often complex yet may potentially provide an important source of gender identity affirmation and care (Bockting et al., 2009; Hines, 2007; Theron & Collier, 2013).

**5.2.3. Friendships and participation with the LGBTIQ and broader communities and mental health.** In relation to maintaining good mental health, all participants spoke about the importance of having supportive friendships, particularly during times of stress. Friendships and community participation provided participants and other transgender people with sources of fun, enjoyment and belonging. Additionally, as outlined in Chapter Two, peer relationships play an important role in helping an individual to explore gender and feel accepted, included, and validated, thus providing an important buffer for mental health, particularly when family support was lacking or unavailable. Conversely, mental health may be compromised when friendships are lacking or are laden with characteristics or experiences that undermine an individual's developing identity and contribute to shame, self-doubt, isolation, and stress (such as bullying and lateral discrimination). All participants reported personal or observed experiences of bullying within peer friendships, particularly as children, that have had long-lasting negative effects on mental health. When discussing community participation, in the interviews participants (particularly transgender participants) placed greater emphasis on the role, and impact, of participating with LGBTIQ communities. As such, references to participating with broader mainstream communities will be briefly addressed in this section, with greater attention on the reported experiences associated with LGBTIQ communities (in sections 5.2.3.1 – 4).

In relation to community connectedness and participation, some participants discussed interacting with broader mainstream and local

communities, through sporting clubs, work (see section 5.1.2.4), and university classes, in positive terms, as though these social activities/spaces provided unique and often structured opportunities for interacting with and feeling included in mainstream environments. For example, when referring to the importance of playing sport for his mental health, Alex emphasized how being in a sporting club that had rules and guidelines for social interaction gave him a framework for socialising that helped to reduce the social demand, and associated anxiety, that he typically felt in social settings.

“I don’t know, I’ve always been reasonably good at sport [voice breaks], so that kind of helped. And probably, [sigh] going back to my social anxiety thing, it’s a social setting that has rules [voice breaks], so it’s easier to know how to interact [voice is choked] with people.” (Alex)

It was evident that for Alex, sport and the activities associated with sporting clubs, were important for his wellbeing and quality of life, and that the sadness that he expressed during the interview hinted at his fear that he would be discriminated against and rejected, thereby losing this protective factor, if he were to affirm his gender and express his affirmed gender within the sporting domain. It must be noted that all participants, in varying ways, reported the need for transgender people to be aware and “vigilant” of safety and risk (both physical and social) when interacting with/in mainstream communities and spaces. Specifically, participants alluded to or directly reported using a number of stigma-minimisation and management strategies such as persistently scanning the environment for

safety, and monitoring and editing gender expression, in order to feel safe and this was frequently described as emotionally taxing and detrimental for mental health, as highlighted in the following quotes:

“There’s a lot of analysing of their environments.. That scanning for safety all of the time, I think that that has a huge impact on a person’s mental health, so when they’re scanning, even prior to being able to name what is going on for them, they’re scanning for safety all of the time and that is hard work, and if they’re not getting the sense that they’re safe then that has an impact on their mental health.” (Social worker)

There is a lot of questioning, ‘is it ok? Can people notice?’ so being in a workplace, for example, that is heavily gendered when you are starting to question and experiment with gender, makes the questioning harder, because [people wonder] ‘can you see what I’ve been thinking? Have you noticed that I haven’t been cutting my nails as short as I used to?’ and I suppose if we were to do this quantitatively would we wonder whether the significance of environment is actually more explicit for trans women? In that for many trans men, their visual presentation might not alter all that much, so the masculinity of trans men is actually perhaps already there even before experimenting with gender transition. Whereas for trans women, their femininity or their sense of femaleness might not be visibly obvious, so things like growing hair or growing nails has such significance and it feels like such a violation of the rules of gender that it’s quite identifying, or it can *feel* like it is quite identifying. So something like nails being longer, [which is] relatively insignificant in the big scheme of everyday life, but when it has meaning of ‘how do I express my

femaleness?’ it leads to ‘oh my god if you see that I have longer finger nails what are you going to think about me?’ or ‘if I’m letting my hair grow longer, or if I get my ears pierced?’ You know things that have meaning for self but are also anxiety producing in terms of the meaning others might ascribe to that.” (Psychologist)

Considered together, and in keeping with prior research, these references to mainstream community participation show that for at least some transgender people the concepts of acceptance, connection, belonging and safety are fleeting, not guaranteed, and dependent on self-editing.

Connectedness to the broader LGB and T communities varied between participants but also within a single interview depending on the situation and issues being discussed. That is, each individual commonly discussed feelings of connection and disconnection from the LGBT communities, and referred to aspects of LGBT communities that were both protective and challenging for mental health. It must be noted that immense diversity exists between groups, attitudes, and beliefs within the LGBT communities and that following descriptions do not pertain to all community groups and members. However with this in mind, all participants described significant stressors associated with LGBT community engagement including “peer pressure”, “unhelpful comparisons”, lateral discrimination in the form of gender policing, and feeling disconnected or alienated from broader LGB communities. For some participants, this has over-shadowed the positive effects of community participation and led to social isolation at various times as a



preferred option to community engagement. These factors will be elaborated on throughout the following section.

### **5.2.3.1. Experiencing bullying from friends and peers**

**compromises mental health.** Participants described common experiences of being bullied in school by friends and others and that this contributed to early disengagement from school and difficulty trusting people in future relationships. Participants reported being bullied for being “different”, “socially awkward”, “a tom boy”, and “gay”, as seen in the quotes below:

“I got bullied during school by the people that were my friends. They called me ‘faggot’, ‘dyke’, ‘queer’ and stuff like that. I actually had to leave school early because it started getting so bad. Yeah, that probably affected how I interacted with others and how I cut people off before they could hurt me. So that was a massive problem for when I isolated myself, as I cut people off before they could hurt me. I didn’t ‘out’ myself to the people that I used to be friends with in high school and college, because I knew they would tease me and ruin my reputation, so I cut them off [before] I transitioned.” (Andy)

“I know there’s at least one person at work who has transitioned, and although I haven’t heard derogatory remarks, they’re at the level of people not understanding as opposed to ‘I want to go bash them’ kind of level. So I know it would be tolerated, but it’d be that not knowing [voice breaks] what people were thinking. I have a massive issue with not being able to tell [voice chokes] when people are actually genuinely being nice to me and when they’re just being fake, I guess. I was picked on a LOT as a kid

[voice breaks] and I guess because I couldn't tell; I was the butt of a LOT of jokes. I thought they were my friends; they were part of the social circle. A large chunk of that is stuff other people possibly might have gone 'ha ha yeah funny one you got me', but I guess because it happened [voice breaks] so often, it stopped being funny." (Alex)

Taken together, these participants described persistent and confusing interactions with friends and others that contributed to a sense of shame and impacted their ability to trust in current and potential future support systems. Feeling suspicious and insecure in relationships undermines an individual's ability to derive and make use of the potential life enhancing and protective aspects of supportive systems, thereby prohibiting the buffering effect during times of stress. This was further demonstrated in descriptions of interactions with practitioners as will be outlined in section 5.2.4.

**5.2.3.2. Peer pressure, bullying and disconnection within the LGBTIQ community compromises mental health.** All participants referenced challenging aspects associated with participating in LGBTIQ communities including perceiving peer pressure to present or transition in a particular way, experiencing lateral stigma and bullying from other groups who share similar minority status, and feeling alienated from more mainstream sexual diverse groups.

Descriptions of peer pressure included pressure to conform to binary gender presentations, to express gender in particular and often-stereotypical forms, and follow particular gender transition pathways or trajectories. Participants reported how peer pressure was expressed and

enforced by some individuals or LGBTIQ community groups, particularly online, and how for some people this has reinforced perceptions of “jumping through hoops” in order to be perceived and accepted as a transgender person. Experiencing pressure from within the trans community to conform to binary gender identities was observed as influencing some individuals to commence gender transition, perhaps earlier than ready. Practitioners observed how this pressure might manifest for some people as a belief that transition will be a “panacea” for their psychosocial difficulties, as attested to by others, often online. The following practitioner quotes highlight the challenges associated with peer pressure:

“I guess that’s probably why the trans groups didn’t leap to mind in terms of protective factor but I think what I hear more about is the more negative aspects where there is pressure applied to people about if and when they should start their transition, how they should go about it, services they should avoid, services they should engage with and a lot of it seems to be mis-information and pressure on someone who is already quite vulnerable or very vulnerable. (Psychologist)

“Peer support is probably another factor that I should have named as a supportive factor, however from my observation, it is a positive factor if people benefit from it. But I think in the context of that peer support there can be a ‘well this is simply what needs to happen’ and it becomes a linear process where the concreteness of the biological change is perceived as fixing the experience.” (Psychologist)

This pressure to conform to a particular identity, ideal, or trajectory was observed by all practitioners as being particularly influential for people who were “younger”, isolated from other sources of support, and lacking awareness of pressure and discrimination. Younger trans participants reported fearing that a certain behaviour or expression may be perceived as “not trans enough” by various community members, exacerbating anticipation of ridicule and rejection. For these participants, this led to anxious attempts to strictly comply with normative and stereotypical expectations of gender expression to avoid external and internal criticism and discrimination. Some participants spoke about deviating from those perceived expectations as though it contributed to anticipated stigma and distress, as highlighted in the following passage:

“When I first came out there was a big pressure in the trans community itself, especially for trans men, to be extremely masculine. You were either extremely masculine or you were a woman so that was really hard for me. I felt like I needed to wear a packer, to bind my breasts, to cut my hair short, to stop wearing nail polish, to walk a certain way, wear certain shoes, wear certain jeans, it's kind of like that big pressure when I came out earlier in my transition. You know, go to the gym and work out and you can't do anything, [people would say] 'don't cuddle because that's weird'. I felt these crazy expectations, almost crazier than the straight community has to be a certain way, dress a certain way, and even walk a certain way. Like I remember when I was probably about 14 and there was a trans man in one of my groups [LGBT youth group] and he was gossiped about because he walked like a girl, I don't even know what that entails, but the way he walked was too feminine. Then I started

questioning 'do I walk funny? Do I walk like a girl?' so there is like extreme pressure to look and dress and behave in a certain way.

Mikaela: So many rules. What does it feel like if you get these rules wrong?

Inner dread, just inner dread, like 'ohh my god they're not going to think I'm a man anymore,' or 'they're going to think that I'm de-transitioning' or you know that I've been lying." (Jay)

This passage from Jay highlights how for some transgender people the investment in complying with perceived community rules about gender and identity expression contributes to increased anticipatory stigma, anxiety and over-valuation of the perception of others. Anxious rumination about the perception of others is a core component of social anxiety that is disproportionately represented within the trans population (Budge et al., 2013), likely as a result of cisgenderism and systemic, enacted and internalized stigma processes.

Numerous participants described the impact of being exposed to lateral discrimination, negativity and tension between what a few people termed "clashing" groups within the LGBTIQ communities, particularly on un-moderated online community platforms. Again, this was said to be particularly distressing for younger and socially isolated individuals who were using online community platforms to explore gender diversity and develop a stronger understanding of their experiences and developing identity. As previously discussed, online media sources were regarded as potentially providing valuable opportunities for gender diverse individuals to connect with others and explore their experiences. Yet, online platforms,

particularly those that are un-moderated, were referenced as contexts for bullying, “trans-phobia”, and “gender policing”. The following quote from Andy provides an example of an interaction that he witnessed on an unmoderated social media platform that was distressing for him as a developing [transgender] individual:

“There is a group called [name of community group] and they believe that it [being trans] is a medical condition and in order to be trans you have to feel dysphoric, so that’s their baseline so that if you don’t feel dysphoria you’re not trans. And, then they call people who do transition but don’t feel gender dysphoria ‘trans trenders’, as if they are being trans because it is trendy. I was reading stuff on line where lesbians were making fun of people who were F2M [female to male] because, I’m not sure if you’re aware, but when you start [taking] testosterone your clit grows, so they were kind of insinuating that trans men were really gross and they have baby cocks and they were saying a lot of really derogatory kind of things that made me feel really like “ohh I don’t want to be trans because look at what they say about people who are like that”. So there are those communities that clash a lot, that’s why the online community is only so helpful at times because you want to stay away from the negativity and arguments and stuff.” (Andy)

Another participant noted that it could be difficult to source information from such pages as asking a question on a forum may be met with public criticism, shaming, and enacted stigma as highlighted in following quote:

“There are sections of the trans community that really annoy me. Radical is not quite the word, but they are so staunch in their beliefs, that everything is everybody else’s fault, in that they’re not willing to educate anybody, you know if you ask a stupid question then you are going to get hounded out of there because “you should have done your research”. You know, about trans issues in general and if you use the wrong term, ask the wrong question, and god forbid you be cis [cis-gendered] and ask the wrong question. It’s a small minority of the community but they tend to have a very large presence, you know, particularly online. I can see why it would be really confusing for some people if they happened to stumble on to discussions in that section first, if that’s the first thing you start reading it’d be [really distressing] an absolute nightmare”. (Alex)

The final theme that related to LGBTIQ communities was feeling disconnected from the broader sexual minority LGB communities as a function of being transgender. This was due in part to own sense of difference and alienation and to perceived responses of particular LGB individuals and groups. These perspectives are highlighted in the following quotes:

“I went to a gay club the other night and I kind of had that feeling come up again where it’s like ‘you don’t belong here’. I think that comes with being trans, you kind of always feel like an outsider. It was like shirtless people, making out, like areas where people have sex and stuff like that, so it is pretty full on. As an asexual, it’s like going to a community that is so sexual, especially a gay men community, it’s like “how am I going to fit in if I have such a low sex drive?” (Andy)

“The queer community can be a bit weird sometimes around trans people. I’ve found that by and large they are very supportive but often they’re not terribly well informed and in some instances they can be out right hostile. There are elements of both, there are gay and lesbian communities that mistrust trans people, there’s the ‘deceitful’ or ‘inauthentic’ trans-a-trobe. You know trans women tend to run into the ‘separatist radical feminists’ who have healthy dose of trans-phobia mixed in and they can be really toxic in some aspects. For trans men, I haven’t had their personal experience, but I know the issues within the gay men community and for trans men that can be very difficult to negotiate as well, although I haven’t personally experienced the specifics but I know that exists.” (Indra)

For Andy, involvement with the gay male community provided constant reminders of his natal female body, perceived physical and sexual inadequacy, and sense of being an outsider. Indra highlighted the multiple layers of stigma that trans people are exposed to that may at times be enacted by individuals or groups within the broader sexual and gender diverse community. Participants commonly described this ‘sense’ of disconnection and alienation from broader communities as though it heightened social isolation and exacerbated internalized stigma and anxiety. Perceived disconnection and alienation from other LGBT groups may undermine the protective aspects of community participation often described in the literature such as in-group membership and identity. See section 5.2.3.4 for an exploration of protective factors provided through LGBTIQ community participation identified in this research.



**5.2.3.3. Acceptance, encouragement and emotional support from friends promotes mental health.** Friendships were referenced as providing numerous mental health benefits. Participants referred to general aspects of friendships that promoted mental health including having company, fun, belonging, and shared experiences. These positive social interactions were important for overall quality of life. Additionally, participants described Friends and peers as providing sources of acceptance, encouragement and emotional support that were invaluable as an extension (or replacement) of support from family and partners. For example, Jay said that during times of stress or difficulty having access to a supportive group of friends was vital for his mental health:

“Having a support group of friends behind me, having people that I could go to at any moment in the day to just break down in tears or be able to offload, has definitely been important for my mental health.”

Participants described broad sources of support that came from friends in the trans and queer communities as well as friends who were cis-gendered. Participants described the importance of having broad networks of friendships, as this provided multiple opportunities for acceptance and affirmation. As described by Lauren:

“I’ve received a lot of support from friends, like lots and lots of friends who were just so positive and so supportive and that was across the board from gay, lesbian, hetero, trans, everyone of them, ‘if that’s what you are happy to do, we think it’s fantastic, and go well with it’. And to this day they are still very supportive.” (Lauren)

These results are congruent with literature that indicates that contact with, and support from, peers, particularly from the LGBT community are linked to greater resilience (Bariola et al., 2015). Sources of support gained from the LGBTIQ communities will be discussed next in in section 5.2.3.4.

***5.2.3.4. Modelling, emotional support, guidance, and mentorship from the LGBTIQ community promotes mental health.***

Participants described connecting with others in the LGB and trans communities as important for protecting and promoting mental health and wellbeing. Health promoting aspects associated with the LGB and T communities included experiencing acceptance and inclusion, as well as receiving and providing support, guidance, and mentoring. A typical quote outlining the benefits associated with trans community membership included:

“Having access to people who’ve been through that experience who know to a very great extent what it is you are going through and who can provide you with support in terms of emotional support, information, just having that structure there where people can say ‘go and see this person, do this thing, read this, talk to me, if your partner explodes at 3am in the morning here’s my phone number, and this is what you do.’ There is a community of support, so having that information not only for therapists and to services like the Monash Gender Centre and Trans Gender Victoria, but to groups like Gender Queer Australia and YGender, particularly for younger people. These are groups that can, and will,

provide that sort of support and information; and at that point you are not doing it on your own anymore, because up until that point it is you against the world.” (Indra)

All participants described the importance of connecting with a community of similar others and experiencing, sometimes for the first time, affirmation, acceptance and inclusion. Through learning about or meeting other transgender people, participants described gaining a foundation for self-recognition and acceptance, as they saw themselves in others and realized that they were not alone in their thoughts, experiences, and feelings. This was described by most as a profound experience, particularly in terms of recognizing, exploring, accepting, and eventually, affirming their gender identity, as seen below:

“Talking to people and seeing if I am similar and if I can relate to them; if I can relate to their story then it’s like “maybe I am this way and maybe I’m not alone”. (Andy)

Participants described numerous avenues for connecting with other trans individuals, including through Internet community groups and forums, attending organized support groups and social events, and informal gatherings with friends. One practitioner described the changes she often observes in young trans people, as they learn of similar others, are welcomed into a group and experience membership:

“I meet with young people for the first time that’s part of my role and sometimes we get referrals because there is behavioural issues going on at home or at school, or there are significant concerns about their mental

health and wellbeing. I watch the physical changes in their facial expressions and body within one or two appointments, just having that sense of relief that there is something there for them, and that there is a group of people, whether or not they can come to the group, you know if their anxiety gets in the way, but just knowing that we exist, is a huge relief. Despite considerable social anxiety, they will walk into a room with 20 plus people just because they know there is a chance that they might meet someone else like them, and that's a big protective factor, meeting someone else like them. That is something that pretty much every trans and gender diverse young person will think, 'am I the only one, and is there anyone else here like me?'" (Social Worker)

Learning of and connecting with other trans individuals is an important conduit for experiencing acceptance and inclusion, and thus developing personal identity affirmation. The final prominent theme related to support gained from the LGBT communities was receiving guidance about trans-specific products, procedures, services, and practitioners. Participants described interactions between members of the transgender community that functioned as a type of informal internal referral system filling in the knowledge-gap for trans individuals as they explore the options for identity, affirmation and transition. This also provides younger people with the opportunity to learn about gender and sexuality, which was an important thing for Jay, who alluded:

"Umm when I made the decision about gender transition I knew a few people in the trans community so I went to them first and was like 'what should I do, where should I go?' and they were able to give me the

information I needed. I was also able to ask questions that I wouldn't necessarily be able to research or find in paperwork, I was able to ask the 'nitty gritty' stuff". (Jay)

Seeking and receiving guidance from other transgender people was containing for participants who observed that relevant information is often confusing, difficult to source, or overwhelming. Through this process, trans individuals gain the opportunity to partake in a natural mentoring exchange, through imparting knowledge, experience, and wisdom to another who is ready and willing to benefit (Phoenix, 2013). Mentoring has a range of mental health benefits for both parties including emotional support, information provision, facilitating problem-solving, and feeling as though one is making a difference in the life of another (Greenwood & Habibi, 2014). It is likely that this may contribute to the development of positive self-worth for people on either side of the natural mentoring exchange. This is a unique contribution to the literature, extending on prior research on the benefits of community participation on mental health for transgender people (Hendricks & Testa, 2012; Moody et al., 2015; Pflum et al., 2015; Singh et al., 2011; Testa et al., 2015).

#### **5.2.4. Relationships and interactions with practitioners and mental health.**

"Having someone, anyone, to speak to [is really important for mental health] because I had no one. It was a secret for 20 plus years" (Lauren)

Participants expressed a variety of thoughts, experiences, and observations about interactions with, and support gained from,

practitioners and the health system in general. For transgender participants, this included practitioners such as “psychologists”, “psychiatrists”, “GPs”, “endocrinologists”, and others involved in providing physical and mental health treatment and support. Related to their personal experiences and observations, some spoke about practitioner relationships as a supportive resource or protective factor, and some as a source of stress or risk factor. In fact, all transgender participants had experienced and observed positive and helpful interactions with some practitioners, and stressful and unhelpful situations with others. Unhelpful or potentially mental health compromising experiences will be outlined first followed by those experiences that participants thought were protective for mental health.

***5.2.4.1. Receiving discriminatory, invalidating, misleading, and uninformed care from practitioners compromises mental health.***

Most participants commonly and frequently discussed personal, observed, and reported interactions with practitioners that were confusing, invalidating, intimidating, aggravating, and distressing. Commonly discussed topics included trans people feeling lied to or misled by a practitioner; experiencing the therapeutic interaction as ‘gatekeeping’ for services and procedures; experiencing discrimination, ‘transphobia’ and trans negativity as enacted by various practitioners; and seeing (and having to educate) practitioners who were inexperienced and un-informed regarding the needs of transgender people. Additionally and as previously discussed (see Section 5.1.2.1), participants provided examples of how the health system in Australia constrains and limits transgender

individuals, is complex to navigate, and requires hoop-jumping and self-editing. This section will explore invalidating, misleading, and uninformed experiences and interactions with practitioners that participants identified as compromising the mental health of transgender individuals.

Participants described a number of “uncomfortable”, “invalidating”, discriminatory, and “transphobic “experiences with a variety of [mental] health professionals. As seen in the quotes below, participants provided personal and observed experiences of stigmatizing, invalidating, and pathologizing interactions with practitioners that included being misgendered, called ‘it’, and having their personal space and boundaries denied. All factors were described as intensifying gender concerns, shame and distress, and undermining confidence and trust in practitioners and the mental health system.

“The attitude of some GP’s is a risk factor for mental health, in fact weirdly, they’re the single most problematic group of people I’ve had to deal with, bar none. I’ve had some very very weird responses from GPs and probably the single most blatant example of transphobia was from a GP. I mean this is why you go to a doctor, it is because there is a thing that you need to resolve, and you do that as a team, a patient and a doctor; but if the doctor says ‘I can’t help you, you’re on your own’ then you’re really on your own. If the doctor treats you strangely or gives you an indication that you should be ashamed or tells you that shame and marginalization is what you really ought to expect, then that’s going to impact on you enormously particularly with regards to your mental health.” (Indra)

“When I was 16 I went to hospital following a suicide attempt and was diagnosed with borderline personality disorder. I felt a little bit invalidated because I was like ‘that’s not who I am’. I can understand why I would get the diagnosis but at the end of the day it totally made me feel like I was just another statistic for them. It was easier to diagnose me with that than have to go through the whole process of diagnosing me properly with gender dysphoria.” (Jay)

“As well as the hurdles I’ve had to face in general society, the obstacles of like you need to do ‘this, this, this, and this’ [hoop-jumping] to get that [access to transition-related medical procedures], has been really distressing. During an assessment session, the endo [endocrinologist] didn’t ask to open my underwear to check me for inter-sex, so she didn’t actually get consent and she did that anyway, it really set me off. Another obstacle [for my mental health] was when I got sent to the psych ward [as I was so distressed and didn’t know what to do] and I got sexually assaulted by a male staff member because they didn’t know what sex I was so they kind of groped me to figure it out. That’s probably the worst thing that has happened to me, because it brings out all of your fears. Like even though you’re on hormones they don’t see you as male, they just see you as female, always going to be female. Or they don’t know what you are, “what are you, are you an ‘it’?” kind of thing. So that brings up a lot of stuff.” (Andy)

In these and other instances as reported by participants, practitioners who were unaware of the needs of trans individuals and the systemic oppression that trans people face, behaved in ways that enacted and reinforced cisgenderism, stigma, and prejudice. It was evident that



the accumulation of these negative and challenging experiences exacerbated shame, anxiety, alienation, and social isolation for the people that participants described, further entrenching the presenting symptoms that they may have been seeking help for. These findings contribute to previous research on the experience and mental health compromising effects of micro-aggressions in interpersonal relationships, including professional and therapeutic (see Chapter Two).

All trans participants reported experiencing interactions with practitioners, especially during assessment for hormone treatment, as 'gate-keeping', even when the assessing practitioners were also described as "supportive" and facilitative. Participants reported that "gate-keeping" and "hoop jumping" was commonly discussed complaints of the health system from within the trans community and is indicative of a system that is constraining and limiting. The following quotes highlight the gate-keeping experience, perceived by Jay as intrusive and at times "violating", and Indra who described the interaction with health practitioners as functioning as a hoop-humping exercise.

"You sit there and you just watch them and they ask you questions about everything, even down to 'who are you sleeping with?' and you know, 'how do you feel about having a vagina?' and those really kind of nitty gritty questions. It's like someone's kind of served you up on a silver platter and they're like 'alright I'm going to pick whatever I like from here.'"  
(Jay)

"Yeah well I mean ultimately you go through that counselling process before you get a consent form to begin hormones and you don't get that

without the say-so of your therapist who then refers you to an endocrinologist, who then walks you through the process of starting hormones. If you don't go through that process, and if you do not satisfy those criteria, you don't get hormones. So whether it is called a 'gate-keeping' process or not, functionally it is one. And I have some sympathy for that as a concept, there is a lot to discuss, and I think you need to be reasonably informed even if you know what your gender identity is, exploring it in greater detail, I think, is a very useful thing. But, it does feel like you are jumping through hoops and you don't know when that's going to happen, because there's no clear 'we should be able to start you on hormones here [date]'" . (Indra)

Practitioner participants recognized that the system, particularly for those transgender people seeking to physically transition gender, is set up in a way that in many instances necessitates self-editing from trans clients. This was described as adding complexity and constraint on the therapeutic relationship for both practitioner and transgender individual, impacting the support provided/received and potentially compromising mental health for the client.

Feeling or being misled by practitioners was another common complaint that contributed to feeling "suspicious", "disappointed", "held back", and distressed. Participants highlighted that this was particularly distressing when it related to accessing transition-related services and procedures, as highlighted by the following quote:

"Don't mislead people because that is really shitty. I found out that one of the doctors who I was seeing was telling me he'd teach me how to self inject [testosterone] yet was actually writing things like 'not suitable for

hormones'. I found that out a couple of months later when I saw a different doctor at the same practice. He led me on, and that was horrible.”  
(Andy)

The final experience commonly reported by both the trans and the practitioner participants was the relative inexperience of many, if not most, health practitioners when it comes to gender diversity. This resulted in trans individuals feeling that they were “paying to educate” the practitioner, “wasting time”, and not receiving appropriate health care and referrals. The following quotes are examples of common frustrations at seeing trans-uneducated, -un-informed, and in-experienced practitioners:

“I went to a couple of psychologists, one quite a few years ago, maybe 5 or 6 years ago, which was a complete and utter waste of time. I paid for her to be educated about what I was talking about.” (Lauren)

“The GPs that I saw had a lot of difficulty coming to grips with even the very idea [of me being transgender and my presenting concerns relating to gender dysphoria]. I did initially see a couple of therapists who had no specific experience with trans. I at that point had no specific experience with trans, I had a very limited idea of what I was even trying to address and so we danced around each other and got nowhere. I said ‘look this is a gender issue’ and they didn’t seem to quite get that and it wasn’t until I managed to get a specific referral to [a psychiatrist] that I actually started to make some progress in understanding myself and what was happening and move forward [with gender affirmation and feeling better].” (Indra)

When considered together, participants highlighted that for transgender people experiencing discriminatory, invalidating, misleading and/or uninformed care from practitioners, whose role is to provide support, reinforces and exacerbates a sense of alienation and isolation, or the feeling, as stated by Indra, that “it’s you against the world”. When concerns are trivialized, personal judgement is invalidated, and autonomy is constrained then this perpetuates cisgenderism, increases anticipatory and internalized stigma (see section 5.3.1.2) and likely reduces help-seeking, having potentially catastrophic influences on mental health and wellbeing. These findings are congruent with, and contribute to, previous research (see Chapter Two) highlighting the prevalence and impact on mental health of micro-aggressions and instances of systemic and enacted stigma commonly reported by trans individuals in the health care system.

**5.2.4.2. Receiving trans-affirmative, -informed, and -supportive care from practitioners promotes mental health.** All participants spoke about the value of seeing a practitioner who “took [them] seriously”, believed in their experience, and was “experienced” and “knowledgeable” about gender diversity and the needs of transgender people. Participants described interactions with helpful practitioners that seemed to be trans-positive, inclusive and culturally sensitive. As outlined in Chapter Two, trans-positive practices have been discussed in the literature as important in empowering trans clients and fostering a sense of self-acceptance and -determination (Ali & Martino, 2014). In describing positive, affirmative and

inclusive interactions with practitioners as an important protective factor for mental health, Indra stated:

“The therapist that I was seeing at the time was very experienced with dealing with trans people and he was very sympathetic and very matter-of-fact. The fact that he was treating me seriously made an enormous difference to my mental health because there was no sense that I was being disbelieved or that my concerns were being trivialized.”

For Indra, who had “feared being dis-believed” and “not taken seriously”, this was an incredibly valuable and affirming experience, mitigating the anxiety that had developed in anticipation of disclosing to a practitioner. Participants also described helpful practitioners who encouraged them to express emotions and to develop a vocabulary for what they were experiencing:

“A lot of my doctors have allowed me to express myself in different ways. Some times I struggle to verbally communicate, so I’ve had a lot of doctors where I’ve been able to write things down [for them] and they will make a decision on that, instead of making a decision on what I’ve verbally told them. Like if someone needs to draw you a picture because they can’t communicate what they want to communicate, that should be totally cool, let them do that.” (Jay)

As with friends, practitioners were identified as important sources of support when family support was unavailable, conditional or withheld, as expressed by Andy:

“Yeah it’s like I don’t have family support, so I’ve always needed outsiders to support me.” (Andy)

A further source of valued and useful support from practitioners related to the provision of accurate and relevant information, particularly about physical gender transition procedures and services, and for opportunities to develop coping and interpersonal skills.

“I’ve constantly seen psychologists since a very young age so I’ve always found that that was helpful for me to not have only my friends and family but someone that had an outside view and was able to say, “well maybe you could deal with it in this way” and they would give you ideas on how to do something, you know, outside of the family. They would also be able to give me the medical information that I needed that maybe someone else couldn’t.” (Jay)

These findings indicate that seeing an “experienced”, “knowledgeable”, and culturally sensitive practitioner who “took [them] seriously”, is an important health-promoting and protective factor for trans individuals. For transgender people, being believed and supported by a practitioner, when it may reasonably be expected that true understanding and support may be laden or withheld, is an important step in feeling as though they have autonomy over their bodies and lives, and that judgment of their own identity, gender and needs is valid and respected.

Practitioners have a privileged and important role in being able to provide a respectful and containing space to explore gender identity and other concerns, where transgender people can be taken seriously and affirmed (in their gender and judgement of identity and needs), and receive support

in the form of relevant information and in developing important coping and interpersonal skills. The findings from this study are in keeping with and contribute to existing literature (Hyde et al., 2013; Leonard et al., 2012; Leonard et al., 2015), by outlining specific sources of support gained from mental health practitioners.

#### **5.2.5. Summary of interpersonal factors and mental health**

When considered together, findings demonstrated the centrality and importance of interpersonal relationships in promoting and compromising mental health for transgender individuals. Participants identified two primary themes. Firstly, that experiencing non-affirmation, rejection, stigma and exclusion in one or more relationship had a cumulative and detrimental impact on the mental health of participants and other transgender individuals. Secondly, that experiencing affirmation, validation, inclusion, and support across multiple relational contexts provided a buffer for stigma, contributed to identity affirmation and consolidation, and was vital for mental health and wellbeing. These findings have important clinical implications (as will be discussed in Chapter Six) and provide specificity to current understandings of the Social Determinants of Health for transgender people (see section 3.2).

### **5.3. Intrapersonal Factors Identified as Compromising and Promoting Mental Health**

As discussed in Section 2.3.3, intrapersonal factors are conceptualized as psychological and emotional experiences, perceptions, and behaviours that influence psychosocial functioning and mental health.

It was apparent throughout participant narratives, experiences, and observations that many individual level factors are derived, constructed and perpetuated by interpersonal and broader context factors (see sections 5.1 and 5.2). For example, transgender people may experience emotions, perceptions, and behaviours that present as individual psychological processes, however are likely the results of, or in reaction to, living in a world that medicalizes and stigmatizes gender fluidity and non-conformity (Lenning & Buist, 2013). As outlined in Chapter Two, a variety of intrapersonal factors have been identified as impacting wellbeing and mental health among transgender individuals. In this research project, two broad themes were identified. The first theme related to feeling “different”, alienated and stigmatized based on gender identity, that participants described as challenging and compromising mental health. The second theme related to the mental health promoting benefits associated with taking actions to affirm one’s gender and identity, and cultivating a positive identity as a transgender person. Both themes will be presented and explored throughout this section.

**5.3.1. Feeling “different”, disconnected, and stigmatized based on gender identity compromises mental health.** All transgender participants described personal and observed experiences of feeling “different”, alienated from others and their own body, and at various times in their lives, stigmatized based on their experiences and expressions of gender. By and large, transgender participants did not use terms such as “incongruence” and “dysphoria” to describe the confusion, frustration and distress associated with having different perceptions of gender and identity



than that expected in society. These are widely used clinical terms, both in the literature and in practitioner vernacular, and it was evident that when I used these terms ('incongruence' and 'dysphoria') during interviews with transgender participants that they did not fully encapsulate or reflect the lived experiences of transgender people. Thus, feeling 'different', alienated and stigmatized seems a more appropriate fit for these research findings. Results from this study are congruent with and extend prior research (see Chapter Two) indicating that experiences of 'incongruence', 'dysphoria' and distress are contextualized, enacted and perpetuated with and by broader context and interpersonal factors, systems, and relationships (as seen in sections 5.1 and 5.2) that marginalize, stigmatize, invalidate, and reject gender fluidity and diversity.

Although participants varied in developmental, family, and social history and experiences, all reported enduring and observing significant discomfort and distress at various times associated with the rigidity of gender roles and expectations, physical sex characteristics, and fear of being rejected for exploring preferences that deviated from cultural (and family) binary norms. Participants reported a variety of experiences contributing to confusion, 'incongruence' and 'dysphoria' including a pervasive sense of "difference" from and alienation from others, disconnection from their bodies and gendered expectations of others, and internalized stigma towards gender diversity. I will explore these throughout this section.

**5.3.1.1. Pervasive sense of "difference" and disconnection from self, others, and society.** All transgender participants spoke about

a pervasive sense of difference and dissonance between their body and mind, their preferences and the preferences and expectations of others, and how they fit in to society and the gender system as they understood it. In this section, I will present and explore the experiences identified by participants that contributed to a pervasive sense of difference and disconnection from self and body, gender norms and the gender system, and then, from society in general.

All of the transgender participants described experiencing periods throughout their lives of “overwhelming” alienation from, and distress associated with, their own body. In line with literature and observations from the practitioners, transgender participants commonly reported perceiving parts of their body, particularly those characteristic of their natal sex, as “wrong”, “disgusting”, and “alien”. Participants reported feeling “confused”, “frustrated”, and “lacking control over” their own bodies, as illustrated in the following quotes:

“The physical dysphoria is horrible - you become more and more aware of the ways in which you don’t fit in to your own body, and that’s not something that you can get away from. Even now that is a source of some distress to me because although my body has changed a very great deal, in a number of ways it still has not. There are still aspects to it that are the result of me just getting a huge jolt of testosterone through puberty. There are also issues with things like fertility and that sort of thing, but yeah there are aspects to my physicality that I can’t change, so that is still an issue. It continues to be an issue.” (Indra)

“I used to want to smash my nose with a hammer and break my hip bones, I used to have really violent kind of thoughts towards my body, and want to smash mirrors because I hated seeing my body. That has kind of settled down now.” (Andy)

“It’s that whole thing of when I look in the mirror, or not even that, when I get a mental image of myself, I see a boy. You know, flat chested, no hips. So yeah it is just that what’s in my head doesn’t match what I see in the mirror. It’s things like I’ll get out of the shower and I’ll put on a pair of shorts and it feels like I should be ok to walk around like that, but I know that I can’t [because it is not socially appropriate to walk around without a top on if you have breasts].” (Alex)

“I remember throwing tantrums in the bra aisle with my mum, absolutely freaking out, screaming and crying, and I didn’t talk to anyone and I was just really really upset [I didn’t want to need a bra or to have to wear one]... Now I want to get top surgery and a hysterectomy, I want to get those bits out pretty quick.” (Jay)

Collectively, these quotes illustrate the strength of the perceived dissonance and distress associated with certain body parts, physicality as a whole, and how these interact with social expectations of gender (for example, that women wear bras and cover their top half). Perceiving one’s body as “wrong”, “disgusting”, “alien” and “out of control” was confusing, frustrating, distressing, and disempowering for transgender participants and other transgender people known by participants.

Contributing to this theme of difference and disconnection, all transgender participants described frequently, throughout their lives,

feeling “at odds” with gender-based expectations, norms and the gender system. These differences were often first experienced as children and intensified with age as gender role expectations were more rigidly and strictly enforced. Typical accounts included the following:

“I just started to freak out because I’d always run around like I was one of the guys and all of a sudden I wasn’t allowed to play because they were too afraid of hurting me and I was supposed to act more lady-like in general society. I freaked out, I was like ‘this isn’t supposed to happen, I’m supposed to be one of the guys’ and it just started to click for me that I wasn’t like everyone else. Doctors were telling me that it was ‘just a phase’ and that this happens to a lot of girls when they go through puberty, but I couldn’t see that, because all of the other girls who were going through puberty seemed pretty happy to be going through puberty.”

(Jay)

This quote highlights how binary gender expectations are often increasingly reinforced with age and that this may be distressing for those children, adolescents, and adults who feel constricted, misunderstood, and limited by these rigid gender-based norms. Jay demonstrated how others often respond to ‘gender fluid’ behaviours by promoting gender conformity, dismissing these as a phase, and for the person themselves anxiously scanning to see how others in their networks are behaving and responding. These experiences reinforce a sense of difference and alienation from peers and what many perceive as normative development, thereby leading one to feeling different and abnormal.

Some participants referred to periods in their lives of identity confusion, fluidity and transience as they attempted to explore and

consolidate their identity in a society that is unsupportive, stigmatizing, and often hostile, towards gender diversity. Questioning and exploring how one fits internally with their self-concept, externally with their peers, and in to the gender system as they see it, was a confusing and anxiety-provoking process for many transgender individuals, as highlighted in the following quote:

“Probably the confusion and the shades of grey in life has been most challenging for my mental health, I used to not be able to deal with it well. The ambiguity, for example when someone asks ‘how do you identify?’ It is like ‘oh god, I don’t know how I identify, because sometimes I feel like this and sometimes I feel like that.’ It’s kind of like I don’t know where to start, like I know where it is for me where it kind of feels fluid and then at other times it’s more solid and like “yeah, you are trans” and “you’re male” and “you’re this” and at other times it’s like “no I’m a mix of things, I’ll never truly be this, I’ll never truly be that, I’m always going to be in this state of flux.” I’ve always felt like I’d be in the cracks of society in a sense, because it’s like I don’t fit in to either [gender] box that they want me to fit in to.” (Andy)

Unfortunately, feeling and being perceived as different, abnormal, or inferior, and relegated to the fringe or “cracks of society” were commonly described experiences for transgender people. As outlined in Chapter Two, these experiences exist in wider social and ideological contexts that marginalize and stigmatize individuals based on their identification with a de-valued trait, in this instance gender diversity and non-conformity. In the next sub-section, I will present and explore the impact of internalized and

anticipated stigma as was commonly referenced and described as detrimental for the mental health of transgender people.

### ***5.3.1.2. Internalized and anticipated stigma.***

The second broad theme associated with gender identity concerns and mental health related to the internalization and anticipation of negativity, stigma, and prejudice towards gender diversity and people who are transgender. Participants highlighted how the negative views held by and enacted by others contributed to anxiety and fear of future challenging experiences, and how they themselves became self-perpetrating-agents of negative and stigmatizing views (as they were “not immune” to cisgenderism in society, as a few put it). For many, internalized stigma processes contributed to hesitancy and concern to identify as someone who is transgender, given the widespread lack of understanding of (and hostility towards) transgender people and issues in society.

“I don’t want to spend my entire life being seen as a ‘trans-man’ [voice breaks], if I’m going to be forever seen as a ‘trans’-man, then I just can’t be bothered [with transitioning gender and dealing with all of the associated stigma and discrimination].

Mikaela: what would upset you most about ‘forever being seen as a trans-man’?

Just that whole notion that society doesn’t actually see you [voice breaks] as a ‘real’ man [voice breaks], essentially, yeah

Mikaela: And so always having the ‘trans’ in front makes you different or inferior in some way?

Yep [voice breaks].” (Alex)

Participants described most transgender people as being acutely aware of the stigma and prejudices associated with being transgender, and were concerned that they would be moving towards this if and when they communicated being a non-normative-gender person. It was evident throughout participants narratives that many transgender people at various points in their lives perceived and in some ways related to aspects of their identities as inferior, “abnormal”, “shameful”, “disappointing” to others, and “deviant”. These perceptions of self were undoubtedly the result of internalized negative societal messages towards gender diversity and non-conformity that have been described in the literature as having detrimental consequences on identity, self-worth, and mental health (Bockting et al., 2013; Pachankis et al., 2009). Typical comments included:

“You set out in life to be an ordinary everyday good person, and for a very long time I had no way of understanding what it was that I was thinking and feeling, I just knew that I didn’t feel ‘right’. So lacking understanding and constantly questioning whether it [exploring other gendered options] was the right thing for me, whether it [or I] was awful, debaucherous, and depraved. Constantly having those misgivings was probably one of the most unhelpful things for my wellbeing for many years.” (Lauren)

“There is no accepted position or identity [of and for transgender people] and the public perception of people who are trans, particularly people who are trans feminine is that of caricature, and it’s not a flattering caricature, and so you internalize that as well, because you are not immune to that. For me it [internalized stigma towards being transgender and anticipation

of ridicule and rejection] manifested in an absolute terror of things like cosmetics because the last thing I want to do is be perceived as [and be treated badly for being] a ‘drag queen’.” (Indra)

“I go through stages of denial where I think I’m not trans. It is funny how I think that being trans is the worst thing. It got to the point where I thought ‘I’d rather be dead than trans’, that’s a pretty intense kind of feeling about being isolated and alienated from society. I guess that is one of the worst things about being trans – not only the reactions and feelings that you think society has towards you, sometimes you see it in the media, when people comment on articles, but you also have the internal dialogue that can be soul-crushing as well.” (Andy)

As evident in the above quotes, internalized stigmatizing messages towards being transgender contributed to “absolute terror”, identity shame, and contemplation of death rather than being perceived as and identifying with current conceptualizations of being transgender. In addition to experiencing enacted stigma (as explored in Section 5.2) and internalized stigma, participants described constantly anticipating and fearing being rejected, invalidated, and stigmatized by others. Being constantly “on the lookout” or “scanning” social contexts for rejection, invalidation or stigmatizing actions from others took a significant toll on transgender participants and others described by practitioners. It is understandable, given the strength of perceived, observed, and enacted rejection of gender diversity in society, that intrapersonal stigma processes further undermine the development of an identity that is positive, comfortable, feels deserving of self-worth, and is supportive of wellbeing and mental health.



Throughout this section, I have explored the experiences commonly reported by participants as being detrimental for mental health including feeling different and alienated from others and their own bodies, as well as internalizing, self-perpetuating, and anticipating stigma and rejection of their gender and identity. These experiences contributed to “confusion”, “frustration”, “absolute terror” and suicidal ideation, all of which are indicators of compromised mental health and are associated with further compromising mental health (see Chapter Two). These findings concur with and extend prior research that locates the distress experienced by many transgender individuals, clinically referred to as ‘gender dysphoria’, within broader ecological systems that perpetuate cisgenderism, stigmatize gender diversity, and marginalize individuals who experience their gender and identity in ways that are different from the norm. These findings contribute to literature on the factors that compromise mental health for transgender people and have important clinical implications for supporting transgender people through increasing stigma awareness and promoting support networks that may buffer the effects of stigma (see section 5.2).

### **5.3.2. Taking actions to affirm and express gender and cultivating a positive transgender identity promotes mental health.**

When describing intrapersonal or individual-level factors that promoted mental health, participants referred to experiencing the benefits associated with actions or experiences that contributed to gender identity affirmation such as taking steps to affirm and express gender and cultivating a positive transgender identity. Taking steps to affirm one’s

gender was spoken about by all transgender participants as promoting their mental health as well as the mental health of other transgender people that they know of. Alternatively, at the time of interview not all transgender participants had developed a positive and robust view of their transgender identity, yet for those who had and in line with observations from practitioners, it appeared to have a strong influence on self-worth, -esteem, and mental health. In this section, I will first present and explore the health promoting benefits associated with taking actions to affirm and express one's gender, followed by an exploration of the benefits associated with developing a positive transgender identity.

#### ***5.3.2.1. Taking actions to affirm and express gender identity.***

As mentioned, transgender participants unanimously described taking steps to socially, psychologically, emotionally, physically, and sexually affirm their gender as important and beneficial to their mental health in various ways. Participants described the desire to “transition” gender as important and prevalent among the transgender people that they know and taking hormone therapy as the most commonly talked about action for physical gender affirmation. Notably, participants varied in their views on surgical affirmation procedures, a trend that was reported anecdotally as “becoming more common in the transgender community”. Taking steps to physically affirm and align one's body with their internal gender identity provided a variety of benefits including physical, psychological, emotional, and sexual affirmation of gender identity, as well as positive flow on effects on interpersonal functioning and relationships. Typical comments included:

“Simply going down the track of taking oestrogen, psychologically, has probably been the best thing that [has] ever happened to me. [It has been] Incredibly helpful, I think for me more psychologically than physically. I like feeling a bit zen’d, I like not being as angsty, I like being able to deal with my buttons being pushed without being all ‘blokey’ and wanting to deal with it physically; [rather], dealing with it in a pretty measured manner and coming around to a resolution or an agreement that we need to agree to disagree.” (Lauren)

“Hormones are hugely helpful and that seems to be a pretty universal experience from the other trans people that I’ve spoken to. I’ve found that because they don’t just affect your body, which obviously happens over time, but they also affect your mood. I’ve felt a great deal more comfortable in myself almost immediately. It is funny because the trans men that I know have reported exactly the same sort of experience, I mean there are a couple of aspects where trans women and trans men seem to be directly opposed, you know things like level of sex drive and that sort of thing. But, we all seem to be more relaxed and we all seem to be happier and whether that is purely hormonal, or whether it’s because we are doing a thing that gives us agency over ourselves in that respect, I don’t know, but yeah nobody seems to be complaining about hormones.” (Indra)

Reflecting on Lauren’s experience, it was evident that taking oestrogen has had a positive impact on her mood and ability to regulate her emotions, particularly when dealing with challenging interpersonal interactions. This has provided psychological affirmation of her gender (as a woman) and self (as a well- functioning person), allowing her to interact

with people in a manner that is commensurate with her concept of self, and positively impacting her self-image, relationships, and mental health. The emotional and physical benefits associated with taking hormones were confirmed by Indra who attributed a component of the psychological benefits to an action of personal agency. This is an important finding given that the health system in Australia is set up in ways that limit, constrain, and disempower transgender people (see section 5.1.2.1).

When reflecting on the impact of hormone therapy on many transgender people, nearly all of the practitioners focused primarily on the mental health compromising effects such as increased emotional reactivity and lability. This is likely due to the role of practitioners in supporting people who are distressed, assessing risk, and providing opinions on readiness for medical procedures. However, some transgender participants described having increased access to emotions and broader range of emotional experiences as providing a valuable source of emotional gender affirmation and “cathartic relief” for self and others that they know.

“Yes, I had enormous emotional lability and I was crying a lot, an awful lot, and some times that was difficult, and other times it was really good. I suddenly had access to my emotions in a way that I never had before in my life.” (Indra)

For Indra, the action of crying and having access to a broader range of emotional experiences brought her more in line with her female identity and allowed her to overcome the limitations she had long associated with “being male”, for instance that men experience or express

emotions in a particular way. In instances such as these, the tendency for some practitioners to focus on the potentially mental health compromising effects of emotional lability contrasted with the lived experience of increased access to emotions and range of emotional experiences felt by some transgender people. It is important to note that the perspective of trans men is notably absent from this finding and anecdotal and literature reports indicate that anger may be a more prevalent, and potentially more difficult to manage, emotion for trans-men. Nevertheless, this finding is worthy of consideration and attention as maintaining a primary clinical focus on risk aversion or avoidance (over careful monitoring and emotional support) may prevent some transgender people from experiencing this broader emotional and affirmative experience.

As previously mentioned, variability existed in relation to desire for surgery. Some male-identified participants expressed desire to “get rid of” their natal female characteristics such as breasts and reproductive organs in order to achieve physical gender affirmation and a sense of congruence. However, one participant expressed that if he lived in a society where it was acceptable to be male and have breasts then he would “probably not” have surgery. This supports the notion that preferences or behaviours that appear to be individual or psychological are often influenced by broader systemic factors. Such that, rigid and binary gender rules preclude an individual from living comfortably in their body without surgically removing particular body parts that do not conform with binary notions of sex and gender. Nevertheless, for others who experienced “intense physical dissonance” and distress associated with

their genitalia, having surgery provided an important source of physical and sexual affirmation and alleviated distress associated with feeling alienated from own body (see section 5.3.1.2), as highlighted in the following quote:

“[Having my penis removed] was an aspect of physical dissonance that suddenly resolved for me as my physical dysphoria did centre on my genitals, so resolving that made an enormous difference to me.. It is something that you get reminded of several times a day, there is no escaping it. Even now more than two years after surgery, I still regularly have experiences of ‘ohh so I just pull up my underwear, there’s no tucking, getting bits out of the way, I haven’t been reminded of it’, and it’s a little pervasive, it happens, as I say a number of times a day. That has become a positive thing instead of it being a [negative] thing, a several times a day, ‘grrrr and I take this part of my body and grrrr [I tuck it here]’. It is a constant source of affirmation for me and it makes an enormous difference to me sexually as well. It was very much a sudden ‘ohh this is how that’s meant to work and this is amazing, wowwwww, ok I did the right thing.’ [It is] incredibly, incredibly affirming. So yeah for all of the shortcomings of surgery, because obviously it’s not perfect, and there are aspects to the outcomes of surgery for me in particular that I wasn’t happy with. It was a far from ideal outcome, but I still think that I made the right decision.”

**5.3.2.2. *Cultivating a positive transgender identity.*** The second intrapersonal factor that promoted mental health related to cultivating a positive identity as a transgender person. As described in the literature (see Chapter Two), this may be an important antidote to the multitude of

negative and stigmatizing views associated with being transgender that are internalized and impact on sense of self and mental health (Riggle et al., 2011). Some participants identified a variety of benefits and positives associated with being transgender including gaining a unique perspective into the experiences and perspectives of both primary genders, increasing personal growth and resilience, promoting self-esteem, improving interpersonal relationships, and connecting with and being accepted by the LGBT community. A number of these positive identity factors can be viewed in the following quote:

“Being ‘trans’ is a significant part of my identity. I mean ask me in 10 years [whether I still want to identify as ‘trans’ or simply as a ‘woman’] and I may have a different response but at the moment it feels very very much a part of my identity. That’s actually something that I’m good [comfortable] with; before I started [gender] transition, apart from the fact that I was not a man and I thought I really was a woman and transitioning would give me that, I didn’t really see much in the way of a positive of transitioning, it was all scary and negative. I didn’t find out the good stuff and the unique stuff about being trans until after I had done it. So there are positive aspects, such as the fact that I have experienced living in the world as both a man and a woman and that plurality of viewpoints is incredibly revealing and interesting. I see things that nobody else does because both genders have blind spots, because both genders have had conversations that the other gender never gets to participate in. They have blind spots that never get filled in and so [I feel that] it is the cultural equivalent of stereoscopic vision, you actually see so much more having had those two viewpoints. I have learnt so much not just about myself but

about the world around me, and the world around me is an infinitely more interesting place now that I've done this. It is an incredibly rich experience."(Indra)

These findings are in-line with those reported in another qualitative study on transgender identity affirmation (Riggle et al., 2011), which similarly indicated that being transgender provided a unique perspective on the world and was associated with personal growth for many. These sources of identity affirmation may contribute to a broader and more positive sense of self, as someone who has unique talents and is worthy of acceptance and respect, thereby buffering the impact of stigma and promoting mental health.

**5.3.3. Summary of intrapersonal factors identified as compromising and promoting mental health.** Collectively, findings from this research project demonstrate that feeling different, alienated and stigmatized are common experiences for transgender people that compromise mental health and wellbeing. For many transgender people, psychological or individual-level processes are likely associated with, or the direct consequence of, pervasive, socially shaped exclusion from social, economic, and other life opportunities that cisgender people have the privilege of taking for granted. In keeping with the literature (as outlined in Chapter Two), findings from this study indicate that locating one's own emotions, perceptions, and behaviours, such as stress, distress, confusion, and hesitations, in a wider interpersonal (section 5.2) and broader ideological (section 5.1) context is key to protecting and promoting the mental health of transgender adults in Australia. Further,



taking actions to affirm one's gender and cultivating a positive transgender identity provided important sources of affirmation, empowerment, and connection with others that may buffer the effects of stigma and promote self-esteem, self-worth, and mental health.

## **Chapter 6. Conclusions**

This research report provides further knowledge and understanding of the factors, processes, and resources that promote and compromise the mental health of Australian transgender adults. In the following sections, I will provide a summary of the research findings, key contributions and implications of the study, followed by recommendations for promoting mental health among transgender individuals in Australia. Specifically, I will outline key contributions and implications to current understandings of the mental health of transgender Australian adults in relation to a) broader context systems in Australia; b) interpersonal relationships across various contexts; and c) intrapersonal processes that influence mental health. I will then make recommendations for a) cultural and legislative reform; b) improving clinical practice; and c) future research to continue to strengthen our understanding and promotion of the needs and mental health of transgender people in Australia. This will be followed by a discussion of factors to consider when interpreting the results and findings from this study. This process provides a justification of how the aims of this research project have been satisfied.

### **6.1. Summary of the Findings of the Research**

This research project demonstrated and explored the existence of factors across multiple interacting ecological systems that compromise and/or promote the mental health of Australian transgender adults. Three primary themes were evident in the findings. Firstly, that mental health and wellbeing for transgender people is influenced by pervasive experiences of

institutional, structural, enacted, and felt stigma and cisgenderism that exist and interact across ecological levels. This ecological exploration of stigma processes highlights a complex, challenging, and often, invisible landscape for transgender people to navigate that has a significant impact on the preservation of mental health and wellbeing. The second important theme highlighted the value and mental health promoting effect of having one's gender and identity accepted, affirmed and supported by others, particularly meaningful others such as family, partners, peers (from mainstream, LGB and trans communities), and practitioners. The final core theme highlighted the importance, value and benefit derived from taking action to affirm and express one's gender and eventually cultivating a positive identity as a transgender person.

When considered together, pervasive experiences of stigma across ecological levels contributes to a significant sense of alienation, disconnection, shame, and social exclusion that undermine and compromise mental health and wellbeing. Conversely, experiencing affirmation, validation and support across ecological levels and being able to take steps to affirm and express one's gender may be an antidote to pervasive and powerful experiences of cisgenderism, thereby promoting mental health and contributing to wellbeing and the development of a positive identity as a transgender person.

At the broader context level, factors that compromised mental health included cisgenderism and trans-negativity; limited and inequitable access to local, publically funded health services and procedures; and, experiencing employment and economic discrimination. Alternatively, with

continued societal and legislative effort, broader context factors that may promote mental health for Australian transgender adults included socio-cultural and legislative reform; timely and equitable access to inclusive, relevant, and publically-funded health services and procedures; and, having access to inclusive and supportive employers, educational facilities, and stable finances.

At the interpersonal level, factors that compromised mental health for transgender adults included experiencing rejection, non-affirmation and enacted stigma in family and romantic relationships; bullying, peer pressure, and lateral discrimination from peers and in the LGBTIQ communities; and, receiving discriminatory, invalidating, misleading and uninformed care from practitioners. Interpersonal factors identified as potentially promoting mental health for transgender adults included experiencing affirmation, advocacy and emotional support from family members; physical, emotional and sexual affirmation within romantic and intimate relationships; acceptance, emotional support, guidance and mentorship from peers and members of the LGBTIQ communities; and, receiving trans-affirmative, -informed, -inclusive, and supportive care from practitioners.

At the intrapersonal level, participants identified the following factors as potentially compromising the mental health of transgender Australian adults: experiencing a pervasive sense of difference from peers, mainstream society, and gender norms; feeling disconnected and alienated from own body; and experiencing the negative effects associated with internalized and anticipated stigma. Alternatively, factors

that participants believed may promote the mental health of transgender adults in Australia included taking actions to affirm and express one's gender and identity; and, cultivating a positive identity as a transgender person.

## **6.2. Key Contributions and Implications of the Research**

This study is the first to qualitatively explore the ecological factors that compromise and promote the mental health of Australian transgender adults, providing richness and detail to Australian and International literature on the mental health of transgender people. There are several strengths associated with this research project. Firstly, it identified a significant gap in the literature concerning our in-depth understanding of the multiple interacting factors that promote and compromise mental health for Australian transgender adults. Consequently, this knowledge and understanding was beneficial in developing recommendations and future directions that may assist in promoting and maintaining the mental health of Australian transgender adults. Another strength of the study is the integration of a) the perspectives of transgender individuals and mental health practitioners, b) together with the use of constructivist grounded theory and c) rich data from semi-structured interviews, to provide a more comprehensive picture to current understandings of the mental health of Australian transgender adults. This is a vital and necessary step forward in identifying the specific needs of transgender people; addressing the observable disparities across a variety of health, social, and economic outcomes; and reducing the disproportionately

higher rates of suicidal ideation and attempt reported in the transgender community both in Australia and Internationally.

The findings illustrate how mental health is contextualized and influenced by multiple interacting factors across ecological domains that perpetuate or buffer the effects of stigma, discrimination and marginalization on mental health. Specifically, participants highlighted how stigma works to exclude transgender people from accessing and benefitting from important social determinants of health including freedom from discrimination, social inclusion and access to mental health promoting resources. As a result of this stigma and exclusion, transgender people experience cumulative challenges across broader context, interpersonal, and intrapersonal domains that may compromise mental health. In addition to highlighting challenges experienced by transgender people, this research project identified factors that may buffer the negative effects of stigma, contribute to self-worth and identity pride, and promote mental health.

These findings are important and provide a unique contribution to the literature by highlighting what factors may be modified and promoted for transgender people in Australia to lead happy and healthy lives. Specifically, findings indicate that mental health, wellbeing, and quality of life for transgender people in Australia would be enhanced by: 1) fostering affirmation, inclusion, and respect of transgender people across ecological levels to promote necessary socio-cultural and legislative reform and increased and improved access to mental health promoting resources at the broader context level; 2) providing education and support to

transgender people and their support networks to promote and improve interpersonal relationships and functioning; and 3) encouraging the development and maintenance of personal affirmation, agency and identity pride. As recommended in section 6.3.3, this warrants further investigation.

Finally, findings from this study provide valuable insight into the unique and specific experiences of transgender people in Australia, extending on prior research on gender minority stressors and protective factors through applying an Australian lens to current knowledge and understandings (see Chapter Two; Bockting et al., 2015; Meyer, 2003; Testa & Hendricks, 2012; Testa et al., 2015). These findings also contribute to current knowledge and discourse regarding the social determinants of health for people in Australia. Specifically, these findings confirm that freedom from discrimination, social inclusion, and access to health-promoting resources such as health services, finances, and employment are vital for the mental health of transgender adults in Australia.

When considered together, the findings and recommendations from this study have important clinical, policy and health-promotion implications. Specifically, that research, clinical approaches, and health promotion programs must target stigma processes at each ecological level, encourage awareness of the mechanisms and impact of stigma, and promote affirmation, validation and support of gender diversity.

**6.2.1. Contributions to current understandings of the mental health of Australian transgender adults.** Findings from this study suggest that Australian transgender adults have specific needs, challenges, and methods for promoting health. Additionally, that mental health is contextualized within and influenced by interactions between multiple ecological factors and domains. In line with existing literature, findings from this study indicated that transgender adults are more likely to a) be single, unemployed, and have low and unstable income; b) experience discrimination, stigma, and prejudice; c) experience multiple relationship loss and ongoing relational difficulties; d) have frequent and often daunting interactions with the health care system; and e) experience and/or be diagnosed with a range of psychiatric diagnoses.

The core finding was that the negative effects of exposure to cisgenderism, discrimination, and marginalization across broader context, interpersonal, and intrapersonal domains directly impact the mental health of transgender adults in Australia, such that symptoms or presentations that are indicative of mental health disorders such as depression, anxiety, and suicidality are associated with, or the direct consequence of, pervasive, socially shaped exclusion from social, economic, and other life opportunities. Therefore, in relation to both buffering the impact of stigma and promoting robust mental health it is important that transgender people be supported to develop a rich, strong and affirmed identity both as a transgender person, but also in general. These qualitative findings extend and provide depth to current Australian and International research on the



mental health of transgender people (Couch et al., 2007; Hyde et al., 2013; Leonard et al., 2012; Leonard et al., 2015; McNeil et al., 2012).

**6.2.2. Contributions to current understandings of the broader Australian context and mental health for transgender people.** Findings from this study shed light on the broader context factors that are specific to Australian culture, society, policy, and systems that impacted the mental health of transgender Australian adults. At the broader context level, cisgenderism and institutional policies and services predicated on the presumption of a binary gender system facilitated stigma, marginalization and discrimination of transgender people and limited their access to mental health promoting resources such as employment, finances, and important health services for gender affirmation. Alternatively, socio-cultural reform and institutional practices that protected, supported and affirmed transgender people were identified as potentially improving the flexibility of gender systems in Australia, increasing positive representation of transgender people, increasing access to mental health promoting resources and promoting mental health. This provides significant contribution to the understanding of the needs and determinants of health for Australian transgender people, and as indicated by Riggs et al., (2015a) is an important step in addressing the gaps in research and health promotion for transgender people in Australia.

**6.2.2.1. Australian transgender adults' experiences of health care and the health system.** Findings indicate that timely, equitable, inclusive and publically funded access to gender affirmation services,

procedures, and products is vital for the mental health of many Australian transgender adults. Yet, access to services, procedures, and products is limited by interactions between intrapersonal, interpersonal, and broader context factors. Such that structural and institutional discrimination impacts employment and financial functioning, reducing individual capacity to fund services, increasing reliance on under-resourced public services, placing considerable strain on individual resources and skills, and potentially influencing how one navigates and interacts with health services and practitioners. Thus, highlighting a complex and challenging cycle that influences engagement with the health care system, access to vital transition-related services, and consequently, mental health.

A further finding is that trans individuals frequently or commonly perceive interactions with individual practitioners; health policy, funding, and services; and treatment protocol as one system of influence, rather than separate systems that each has an effect on an individual. The amalgamation of separate systems related to healthcare resulted in resentment towards the system as a whole and to separate parts, such that practitioners may become the 'face' of resentment towards other broader context systems (i.e. policy, funding, service-availability, and treatment protocol) related to health- and transition-related care. This is likely exacerbated when practitioners provide culturally insensitive or un-informed health care to transgender individuals. This is an important and unique contribution to the literature, with implications for practice and communication.

**6.2.2.2. Australian transgender adults' experiences of employment and education.** Research findings indicate that Australian transgender adults experience diverse forms of employment discrimination. For many individuals, this may result in difficulty gaining suitable, safe, well-paying, or full-time employment opportunities. For those who are employed, employment discrimination may manifest in challenges to transitioning at work, or difficulties progressing, changing employers, or seeking improved benefits and remuneration. Thus, while being employed is incredibly beneficial for mental health (as outlined in section 5.5.4; VicHealth, 2005c), many transgender individuals may lose their job, be unable to find work, or feel trapped in their current position and unable to progress or seek new opportunities due to anticipated and observable instances of employment discrimination. Findings highlighted the integral role of the structure and individuals in leadership and management roles within organizations in promoting and maintaining safe and inclusive workplaces for transgender people. Specifically, a safe and inclusive workplace is one where supervisors and leadership staff model appropriate behaviour, set clear and inclusive guidelines for all employees, and actively maintained those behavioural guidelines to protect and advocate for the rights of the transgender employee. These finding provides complexity to current understanding of experiences of employment for Australian transgender adults.

Other findings suggest that participating in higher education, particularly for those individuals who were unemployed, provide numerous mental health benefits. These included sources of mastery, acceptance,

validation, engagement, and a further social network in which to develop a shared identity. Thus, equitable access to educational opportunities and promotion of inclusive practices within educational settings is vital for health-promotion, and for enabling transgender individuals to benefit from this health-promoting resource.

**6.2.3. Contributions to current understandings of interpersonal relationships and mental health for transgender people.** In terms of interpersonal relationships, the findings presented in this paper echo and extend previous research by identifying the importance of experiencing affirmation, acceptance and inclusion from meaningful others and social networks (Galupo et al., 2014; Hyde et al., 2013; Mullen & Moane, 2013; Nuttbrock et al., 2009; Riggs et al., 2015b; Sevelius, 2009). Affirmation, acceptance and support were conveyed through actions from others that demonstrated belief in their experience, preferences and judgement; and, through using correct names, pronouns, and language. For transgender participants and those known by participants, this was associated with immense relief, experiencing inclusion, sometimes for the first time, as one participant put it “all of a sudden you are not doing it on your own anymore, because up until that point it is you against the world.” Unfortunately, experiences of non-affirmation, exclusion and rejection were common, had a cumulative effect, and were largely interpreted as rejection of core self and personal worth. Findings highlighted that transgender people utilize a range of stigma-avoidance, -minimization and management strategies to avoid rejection and maintain relationships,

however these often resulted in compromising own needs and ultimately, mental health and wellbeing.

A primary and unique contribution from this research project is the complexity associated with engaging with LGBTIQ communities, as all participants unanimously reported both sources of support and pressure associated with this network. This finding has important clinical and health-promotion implications. Specifically, rather than assuming that engaging with a community of similar others is purely protective, it is vital to understand that groups within the LGBTIQ communities are diverse and heterogeneous, and that peer pressure and/or bullying is prevalent in some forms, particularly on un-moderated Internet platforms. This extends and provides a unique contribution to current understandings of gender minority stress (Bockting et al., 2015; Hendricks & Testa, 2012; Meyer & Frost, 2003; Testa et al., 2015), by highlighting the complexity and potential challenges associated with LGBTIQ community participation that may unwittingly undermine protective aspects. Recommendations for moderating these complexities will be made in section 6.3.2.

**6.2.3.1. Family relationships and mental health.** Collectively, findings related to family relationships and interactions for transgender individuals suggest that processes within family systems are often complex, multi-layered, and emotionally charged. Secondly, findings highlight that relationships and interactions with family members contain aspects that both, or at different times, promote and compromise mental health. This is not unique to families that contain a transgender person, however may be exacerbated for transgender individuals who experience

considerable external and internal (anticipated and internalized) marginalization, prejudice, discrimination, and stigma. Interactions with family members that participants felt compromised mental health for transgender individuals include feeling rejected, non-affirmed, and invalidated, as well as being the (unprotected) target of aggression and hostility. The hostile reaction of male siblings to the gender identity and transition of trans men in the study was a notable finding, and is consistent with recent research from Riggs et al., (2015b). This warrants further investigation.

Alternatively or in tandem, receiving affirmation, advocacy and emotional support from at least one significant family member was regarded as a key and important protective factor for the mental health of transgender Australian adults. Findings from this research supports prior literature on the complexity of family relationships, highlighting interactions with family members as often, at different times, or in different ways perpetuating stigma or buffering stigma through providing affirmation, emotional support and advocacy (Bariola et al., 2015; Erich, Tittsworth, Dykes, & Cabuses, 2008; Pflum et al., 2015; Riggs et al., 2015b; van Beusekom et al., 2015). The identification of affirmation, emotional support and advocacy as mental health-promoting mechanisms that family members may provide is a notable contribution to the literature, and in practice may help transgender people to buffer the mental health compromising effects of stigma and promote mental health.

### ***6.2.3.2. Romantic and intimate relationships and mental health.***

Similar to family relationships, romantic relationships were experienced as complex, with aspects that potentially promoted and compromised mental health for transgender adults. Findings indicate that intimate relationships for transgender individuals may provide valuable sources of physical, sexual, and emotional gender and identity affirmation. This was identified as important for identity exploration and development and also for promoting mental health. However, intimate and romantic relationships were often experienced as complex and challenging for both relational partners as they explored the limits and fluidity of gender; re-negotiated sexuality, identities, and norms within their relationship and social and cultural contexts; and, managed and/or perpetuated stigma processes internally and within their relationship. Participants described romantic relationships as intimately related to the experience of 'gender dysphoria', particularly as binary or traditional gender norms are often reinforced within romantic relationships, and sexual intimacy often involves interaction with genitalia. These experiences as well as secondary and internalized stigma processes were strongly related to distress, relational conflict, rejection, and social isolation. These findings extend previous research on the complexity of intimate relationships for transgender individuals (Bockting et al., 2009; Iantaffi & Bockting, 2011; Riggs et al., 2014b; Theron & Collier, 2013) through providing rich qualitative data on the lived experience of Australian transgender adults.

This has important clinical implications for practitioners working with transgender people, as it is important to understand the complex

interactions between 'gender dysphoria' and affirmation in romantic and intimate relationships, as well as significance of negotiating co-transitions to adequately meet the needs of both partners. With this in mind, practitioners may be able to provide appropriate guidance to support the relationship and both partners.

**6.2.3.3. Friendships and participation with the LGBTIQ and broader communities and mental health.** This research project highlighted the importance of having rich and diverse social networks and avenues to experience social connection, belonging, affirmation and support for maintaining and promoting mental health. Friendships with a broad range of partners (including transgender people and others in LGBTIQ and broader communities) that were inclusive, accepting, and emotionally supportive were important, particularly when family support was lacking or laden. Specifically, engaging with others in the trans and LGBTIQ communities was identified as an important step in developing self-awareness, exploring gender, and receiving and providing guidance, mentoring, and support. Collectively, these experiences may help to buffer some of the effects of stigma directed towards gender diversity and transgender individuals, and promote mental health and wellbeing.

A highly prominent and prevalent theme identified in this research was the identification of complex and challenging interactions with members and groups from within the LGBTIQ communities. Extending on previous research about the protective aspects of LGB and T community engagement (Bariola et al., 2015; Bockting et al., 2015; Meyer & Frost, 2003, Riggs et al., 2015a), this research highlights that this source of



support is highly nuanced and may involve the negotiation of challenging aspects in order to derive the protective mental health benefits. Although these findings support previous research, they provide an important extension to our current understandings of how connecting with trans and LGB communities is experienced by some trans people. Specifically, the challenges associated with experiencing lateral discrimination, particularly on un-moderated social media platforms, may perpetuate alienation and internalized and anticipated stigma, compromise mental health, and undermine the protective aspects that have been identified in the literature as promoting mental health, such as in-group membership and identity formation (Bockting et al., 2013; Meyer, 2003; Testa et al., 2015).

This has important clinical implications for practitioners working with trans individuals, as encouraging community engagement is a valuable mental health strategy, however must occur in accordance with psycho-education and development of strategies to maintain healthy relationships, manage interpersonal boundaries, and promote mental health.

**6.2.3.4. Practitioner relationships and mental health.** As was evident across other interpersonal relationships, interactions with practitioners contained aspects that both promoted and compromised mental health. Receiving trans-positive, -affirmative, -informed, and – inclusive care from practitioners was incredibly important, particularly as trans individuals are navigating a health system that is limiting in options and lacking in resources for transgender people. Participants described a number of services provided by trans-affirmative mental health clinicians that promoted their mental health including receiving relevant and

accurate information (particularly related to physical gender affirmation services, procedures, and pathways); learning about the mechanisms and impact of stigma; help in managing strong emotions; and learning skills to manage stigma, improve their relationships and protect their health such as cognitive reframing strategies.

All participants reported experiencing and/or observing negative, discriminatory, invalidating, misleading, and uninformed interactions with practitioners. Interactions that were deemed most challenging for mental health included those that perpetuated stigma and shame, as well as being misled about pathways or timelines for gender affirmation, and having to educate practitioners about gender diversity. This is consistent with previous research (del pozo de Bolger, 2013; Hyde et al., 2013; Riggs & Due, 2013) and reveals a discrepancy between the unique needs of this population and the professional care and services available to trans and gender diverse people in Australia.

A notable difference was observed between the perspectives of transgender and practitioner participants on the topic of emotional reactivity and lability associated with hormone therapy. Practitioners tended to focus on emotional reactivity and lability as an indication of risk for developing further mental health complications; whereas for trans participants, having increased access to a broader range of emotions and emotional experiences provided a valuable source of emotional affirmation and catharsis. Given the size and characteristics of the sample in this study, this finding should be interpreted with caution. However, it is worth considering changes in emotional expression and range as a factor that

may promote gender affirmation and consequently promote mental health. This is a unique contribution to the literature and has important clinical implications for clinicians when assessing mental health among transgender clients, when changes in emotional expression and range may be interpreted as indication of pathology or risk. Rather, the therapeutic relationship may be enhanced through helping a transgender client to explore the emotional changes, and the personal meaning ascribed, as this may provide a valuable mechanism for exploring gender affirmation and developing skills to manage these new feelings and experiences in ways that are most helpful for them and their relationships.

These findings have important clinical implications for increasing practitioner knowledge, experience, and understanding of the health needs and systemic climate for transgender people. This research highlights the complex nature of interactions and relationships with practitioners, particularly if the practitioner is in a 'gate-keeper' or evaluator role for gender affirmation services or procedures. Practitioners play an important supportive role yet it is vital to understand the factors that may impact on an individual's ability to derive support from the relationship and be aware of the systemic disadvantage that trans individuals experience across multiple layers. Practitioners are in a unique position to help transgender individuals develop awareness of the mechanisms and impact of stigma, as well as supporting people to develop gender and identity affirmation. Thus it is important that practitioners understand stigma processes, are mindful of how these may be perpetuated in the

therapeutic relationship, and interact with clients in ways that promote affirmation, inclusion, and respect.

**6.2.4. Contributions to current understandings of intrapersonal processes and mental health for transgender people.**

Findings from this study highlighted the psychological or intrapersonal factors that were associated with mental health for Australian transgender adults.

Specifically, experiencing disconnection and alienation from self and others, as well as negative effects of stigma were factors identified as compromising mental health and wellbeing of transgender adults.

Alternatively, experiencing gender and identity affirmation through gender transition and cultivating a positive transgender self-identity were factors identified as promoting mental health among transgender adults in Australia. These findings support prior research that locates the distress experienced by many transgender individuals, clinically referred to as 'gender dysphoria', within interpersonal and broader context factors that promotes cisgenderism, stigmatizes gender diversity, and marginalizes individuals who experience their gender and identity in ways that are different from the norm. This study provides a rich and powerful indication of how transgender people experience the rigidity and hostility associated with the reinforcement and maintenance of the binary gender system in Australia (and internationally as seen through popular culture and media), such that an individual may think "I'd rather be dead than trans", and has important implications for explaining mental health and suicide disparities for this population.

A further notable finding and significant contribution of this study, was the reported strength of the psychological benefits associated with taking actions to affirm and express one's gender, particularly through commencing hormone therapy. In addition to providing desired physical changes, other benefits included improving mood, broadening range of emotional experiences, increasing personal agency, and interacting with others in more effective ways that were commensurate with and supportive of self-concept and gender identity. These experiences were described as promoting gender affirmation and consequently, mental health for transgender people. This finding contributes to prior research that has linked commencing gender transition, or taking steps to affirm one's gender, as promoting mental health (Bailey et al., 2014; Couch et al., 2007; de pozo de Bolger et al., 2014; Hyde et al., 2013; Moody et al., 2015; Mullen & Moane, 2013; Leonard et al., 2012; Leonard et a., 2015; Pitts et al., 2009). Extending on previous research, and a significant contribution of this study, is the thick description of the mental health promoting and affirmative experiences of transgender Australians who have taken steps to physically, psychologically, emotionally, socially, and sexually affirm gender.

In keeping with the literature (as outlined in Chapter Two), research findings indicate that locating one's own emotions, perceptions, and behaviours, such as stress, distress, confusion, and hesitancies, in a wider interpersonal and broader ideological context is key to protecting and promoting the mental health of people who are marginalized and in a minority group. Further, taking actions to affirm one's gender and

cultivating a positive transgender identity provided importance sources of affirmation, empowerment, and connection with others that may buffer the effects of stigma and promote self-esteem, -worth, and mental health.

### **6.3. Recommendations Arising from the Research**

“This may just be part of normal human diversity and how we’re evolving as a species. Nature loves diversity. The problem is, society doesn’t, and we’ve just got to change society” (Medical Practitioner)

Based on findings from this study and other research and policies related to the mental health of transgender individuals, I will make a number of recommendations for promoting mental health among transgender people. These recommendations will be relevant for health promotion, clinical practice, and further academic research both in Australia and internationally. Specifically, recommendations will cover cultural and legislative reform, improving clinical practice to better meet the needs of transgender people, and conducting further research to extend on current understanding and practices.

#### **6.3.1. Recommendations for cultural and legislative reform.**

Findings demonstrate that the following factors will contribute to mental health promotion among the transgender population in Australia:

- Increased focus on socio-cultural reform is a vital and necessary ingredient in reducing and modifying stigma and creating a social climate where transgender individuals have increased and

equitable access to important life opportunities, including social inclusion, earning, employment, and health

- Increased and improved representation of transgender people in contemporary online and offline media platforms, such that transgender people can be portrayed in ways that demonstrate affirmation, resilience, adaptive functioning, and success
- Increased provision, and access to, multi-disciplinary health care for trans individuals that operates within the public health system
- Improved public health funding for trans-related health care
- Improved referral pathways for psychological and medical interventions, improved access to services, and increased flexibility with regards to individual preferences
- Researchers, services, and clinicians should develop and implement programs specific for promoting the health of trans individuals
- Healthcare providers including services and practitioners must increase their knowledge of gender diversity and the needs and experiences of this population, to ensure they provide sensitive, thoughtful and appropriate services that adequately meet the needs of this community
- State and territory governments must develop a simplified and consistent procedure common to all jurisdictions for changing an individual's legal sex, that is equitable and reasonable in regards to requirements for transition interventions and legal relationship status.

- Governments, employers, and education providers must develop and implement policies to ensure that workplaces and educational settings are safe places for all trans people that promote inclusion, dignity, and mastery.

### **6.3.2. Recommendations for clinical practice and clinicians**

**working with trans individuals.** Findings demonstrate that providing trans-affirmative and –inclusive care is a vital step in promoting mental health among the transgender population

- It is strongly recommended that training programs for future mental/health professionals need to incorporate the development of knowledge and competencies for providing appropriate, inclusive, safe and skilled care and services to all people, including working with people of diverse sexuality and/or gender identities
- There is an urgent need for current mental/health practitioners to engage in professional development activities to develop appropriate knowledge and competencies to provide inclusive, affirmative, safe and skilled care to people of diverse sexuality and/or gender identities
- It is recommended that clinicians develop an understanding of the ecological factors that influence mental health for transgender individuals and consider how individual presenting problems may be informed, reinforced, and perpetuated by broader systemic issues.



- It is recommended that when working with transgender clients and their support networks, clinicians encourage the development of personal and social sources of gender and identity affirmation.
  - Personal sources of affirmation include:
    - Taking steps to affirm and express gender (for those who wish to, according to personal meaning, and within a supportive environment)
    - Cultivating a positive self-identity, both in general and as a transgender person
  - Social sources of affirmation include:
    - Using correct language, names and pronouns
    - Helping transgender people to develop and express their identity
    - Becoming informed about the needs of transgender people
    - Advocating for the needs and respect of transgender people and the broader LGBTIQ community
    - Encouraging representation and inclusion of transgender people at social and public events
- It is recommended that clinicians provide psychoeducation to transgender people and their support systems on relevant issues including:
  - The prevalence and impact of minority stressors on mental health, including the mechanisms and impact of

stigma and discrimination across broader context,

interpersonal and intrapersonal domains

- Complexities commonly associated with different relational contexts
- The importance of supportive environments in buffering negative effects of minority stressors as well as promoting mental health and wellbeing
- Knowledge and strategies to develop and maintain healthy relationships
- The mental health promoting benefits associated with cultivating positive self-identities, including a positive transgender identity.

**6.3.3. Recommendations for future research.** The next logical directions from this study would be to:

- Increase the number of transgender individuals and practitioners interviewed, improve the interview protocol by including key findings from this research, and include the perspectives of people of diverse cultural, racial and/or ethnic backgrounds as well as gender diverse individuals. Given the diversity within the transgender community, future studies with larger sample sizes may be used to look at within-group differences to explore and assess, for example, the influence of intersectionality of marginalized identities on mental health.
- Explore the experiences of male siblings of transgender people to identify how gender transition may impact their perception of

masculinity and identity. Future research may also be able to explore the impact on transgender people as a result of experiencing rejection, hostility and non-affirmation from male siblings.

- Further explore the relationship between hormone therapy and experiences of psychological and emotional affirmation among transgender people. It is recommended that further research be conducted to support clinicians to explore potential personal meanings for transgender people of a range of changes associated with gender transition, in conjunction with assessing mental health and risk.
- Further explore what it would mean to 'live well', and specifically, what a 'good life' is for transgender people in Australia.

#### **6.4. Limitations and Strengths of this Research**

Although this study provides important findings regarding mental health experiences of Australian transgender adults, there are limitations to consider. Although the participants in this study had diverse backgrounds and experiences, the sample size was small and may not be generalizable to the entire population. All of the transgender participants identified as [transgender] men or women, without any participants identifying more broadly as gender diverse. Additionally, the interactions and influence of cultural, racial and ethnic background was not adequately explored. Thus, experiences of people who identify somewhere along the gender spectrum or have no interest in transitioning gender, and who have

a cultural, racial or ethnic background that differs from white middle-class Australia, may not be well represented in this study. In this vein, it is possible that being a transgender person who identifies with a binary gender category, who is white and middle-class may experience levels of privilege that are protective of mental health compared to other individuals who are marginalized by multiple ideologies.

Further, participants in this study were functioning at a relatively high level, either participating in full time work or study, had stable accommodation, and were living in a large metropolitan city where affirmation-related services and support systems were accessible in local, public and private settings. Finally, findings from transgender participants may have been influenced by convenience and network sampling methods, as recruitment occurred through trans community and professional connections. It could be argued therefore that I sampled transgender participants who had greater access to protective resources such as community connection, good interpersonal skills, high-education level, and desire to contribute to better understanding and clinical practices for the trans population. Therefore, this sample may not represent the experiences of those from less privileged or diverse cultural backgrounds, and those who are socially isolated.

As with most qualitative research studies, the results are not necessarily generalizable to people outside of the study's sample (Moody et al., 2015). However, this study has much to offer in terms of transferrable knowledge. Qualitative research aims to help readers understand the participant's experiences in an in depth way that can help

readers transfer the knowledge to their understanding of other people's lives (Smith, Flowers, & Larkin, 2009). The results offer transferability in part because of the several strategies that were utilized to promote trustworthiness of the data. These strategies included recruiting practitioners who collectively had worked with over 1,335 Australian transgender adults and children; presenting research findings at various peer supervision meetings with practitioners experienced in sexual and gender diversity; presentation of findings at the ANZPATH Annual Clinical Conference (2015) to attendees who are considered field experts; and continued development of my understanding of health-promoting and –compromising factors among trans individuals through discussions with my research supervisor, reviewing relevant literature, clinical work, and personal relationships.

## **6.5. Conclusion**

The findings presented in this thesis echo and extend those found in Australian and international research demonstrating that mental health for transgender adults is influenced and shaped by multiple interacting factors across ecological systems. This study contributes to the literature on the mental health of transgender Australian adults by providing an intimate examination of the factors that promote and compromise mental health across ecological systems in Australia. By conceptualizing mental health from an ecological lens, we gain a richer understanding of the complex terrain that transgender Australians are contextualized within that shapes and influences their daily experiences, wellbeing and mental

health. This has provided a vital roadmap that locates the difficulties and mental health challenges experienced by and observed in transgender people and communities in an ecological framework of interacting influences rather than locating problems solely within the individual. This study contributes to a developing field of health promotion research examining the effects of, and antidotes to, pervasive experiences of stigma, discrimination, and marginalization of transgender people that simultaneously highlights the inherent resilience of this significant community within Australia.

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## Appendices

### Appendix A: Participant Information Form – Gender Participant



#### INFORMATION FORM FOR PARTICIPANTS INVOLVED IN RESEARCH

##### **You are invited to participate**

You are invited to participate in a research project entitled:

**‘Decisions, transitions and wellbeing in individuals who question and vary their gender’**

If you are an individual who has questioned your gender, considered gender transition, and/or embarked on a gender transition process, we invite you to participate in this study.

This project is being conducted by a student researcher Mikaela Smee as part of a Doctor of Psychology (Clinical Psychology) degree at Victoria University under the supervision of Dr Liz Short from the College of Arts.

##### **Project explanation**

The aim of this research project is to explore the risk and protective factors that influence the mental health of transgender and gender diverse individuals. This information will be used to develop understanding and knowledge about mental health throughout the gender exploration and transition process that will hopefully contribute to greater understanding of health care needs as well as possibly improved service provision.

##### **What will I be asked to do?**

You will be invited to participate in an interview with a researcher who will ask a small number of questions about your views on mental health throughout the gender questioning, exploration and transition process. You

will be given the opportunity to describe the aspects that you have seen to contribute positively, as well as negatively, to mental health throughout the gender exploration process. The interview would be informal and you would only answer the questions you felt comfortable with. The questions are flexible and you can add information that you think is important. The discussion will take approximately one hour and will be audio- recorded with your permission.

### **What will I gain from participating?**

The interviews are designed to be flexible and sensitive, and participants will get the opportunity to voice their story and be heard as a resilient member of a growing community. Although we can not promise direct benefit to you, your voice and story will contribute to the development of knowledge and understanding that will raise understanding and that may be used to inform service provision and guidelines for modifying risk and protective factors for people who are questioning and/or transitioning their gender. Findings from this research could also be used to educate and support family and friends of gender variant individuals to strengthen systems of support at times of increased risk, such as gender transition.

### **How will the information I give be used?**

With your permission, the information that you give will be recorded and transcribed. The interviews will be analysed to look for common themes and information. This information will then be written up in a report for a Doctor of Psychology (Clinical Psychology) degree. Information from the project may also be presented in written form (such as articles and reports) and verbally (for example, at conferences for health workers or community members). In any publication and/or presentation, information will be provided in such a way that you cannot be personally identified. The data in this research project will be kept for at least 5 years post-publication, following which the data and associated research materials will be confidentially disposed of according to standard research procedures.

**What are the potential risks of participating in this project?**

The interviews will be conducted in a manner designed to be supportive, flexible and sensitive to distress, however you may find elements of your experiences distressing. If you become upset as a result of your participation, the researcher would move on from the distressing topic, offer to take a break from the interview, or finish the interview then or at another time if you so wished. At the end of the interview, participants will be given the opportunity to talk about the interview and their thoughts and experiences of it.

If you require further support after the completion of the interview, the following contact numbers are made available for you:

Lifeline	13 11 14
Suicide Helpline	1300 651 251
Gay and Lesbian Switchboard	1800 184 527
Drummond Street Services	03 9663 6733
Northside Clinic (GP)	03 9485 7700
eHeadspace (under 25y.o)	1800 650 890
Australian Psychological Society	
Find a Psychologist Service	1800 333 497 outside Melbourne 03 8662 3300 in Melbourne

**For further information or appointments:**

Mikaela Smee  
(Student Researcher)

Mobile: 040X

Dr Liz Short  
(Principal Researcher)

Office: (03) XXX

Any queries about your participation in this project may be directed to the Chief Investigator listed above.



If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email [researchethics@vu.edu.au](mailto:researchethics@vu.edu.au) or phone (03) 9919 4781 or 4461.

## **Appendix B: Participant Information Form – Mental Health**

### **Practitioner**



### **INFORMATION FORM FOR PARTICIPANTS INVOLVED IN RESEARCH**

#### **You are invited to participate**

You are invited to participate in a research project entitled:

#### **‘Decisions, transitions and wellbeing in individuals who question and vary their gender’**

If you are a mental health practitioner who has worked with gender diverse individuals throughout the gender questioning, exploration and transition process we invite you to participate in this study. This project is being conducted by a student researcher Mikaela Smee as part of a Doctor of Psychology (Clinical Psychology) degree at Victoria University under the supervision of Dr Liz Short from the College of Arts.

#### **Project explanation**

The aim of this research project is to explore the risk and protective factors that influence the mental health of transgender and gender diverse individuals. We have found that this area is not always well understood and addressed. This information will be used to develop understanding and knowledge about mental health throughout the gender exploration and transition process that will hopefully contribute to greater understanding of health care needs as well as possibly improved service provision.

#### **What will I be asked to do?**

You will be invited to participate in an interview with a researcher who will ask a small number of questions about your views on mental health throughout the gender questioning, exploration and transition process. You

will be given the opportunity to describe the aspects that you have seen to contribute positively, as well as negatively, to mental health throughout the gender exploration process. The interview would be informal and you would only answer the questions you felt comfortable with. The questions are flexible and you can add information that you think is important. The discussion will take approximately one hour and will be audio- recorded with your permission.

### **How will the information I give be used?**

With your permission, the information that you give will be recorded and transcribed. The interviews will be analysed to look for common themes and information. This information will then be written up in a report for a Doctor of Psychology (Clinical Psychology) degree. Information from the project may also be presented in written form (such as articles and reports) and verbally (for example, at conferences for health workers or community members). In any publication and/or presentation, information will be provided in such a way that you cannot be personally identified. The data in this research project will be kept for at least 5 years post-publication, following which the data and associated research materials will be confidentially disposed of according to standard research procedures.

### **What are the potential risks of participating in this project?**

The interviews will be conducted in a manner designed to be supportive, flexible and sensitive to distress, however you may find elements of your experiences distressing. If you become upset as a result of your participation, the researcher would move on from the distressing topic, offer to take a break from the interview, or finish the interview then or at another time if you so wished. At the end of the interview, participants will be given the opportunity to talk about the interview and their thoughts and experiences of it.

**For further information or appointments:**

Mikaela Smee  
(Student Researcher)

Mobile: 040X

Dr Liz Short  
(Principal Researcher)

Office: (03) XXX

Any queries about your participation in this project may be directed to the Chief Investigator listed above.

If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email [researchethics@vu.edu.au](mailto:researchethics@vu.edu.au) or phone (03) 9919 4781 or 4461.

## Appendix C: Expression of Interest Form – Gender Participant



'Decisions, transitions and wellbeing in individuals who question and vary their gender'

**Full Project Title:** 'Decisions, transitions and wellbeing in individuals who question and vary their gender'

**Principal Researcher:** Dr Liz Short

**Student Researcher:** Mikaela Smee

You are invited to participate in a research project entitled: '**Decisions, transitions and wellbeing in individuals who question and vary their gender**'. We are interested in developing a greater understanding of the risk and protective factors that impact the mental health of transgender and gender diverse individuals.

We believe that the gender exploration and transition experiences of gender diverse individuals are not always well understood or addressed. By doing this project, we hope to develop a greater understanding of the factors that impact upon mental health during the gender exploration and transition process. This research project involves interviews with individuals who have questioned and explored their gender identity and with Mental Health Practitioners who can provide additional insight and knowledge about the factors that impact upon mental health during the gender exploration and transition.

As a person who has questioned and explored their gender identity you would be invited to discuss the factors you found to be helpful and/or unhelpful to your mental health and wellbeing during your process of gender exploration and transition. The interview will be informal and you

would only answer the questions you felt comfortable with. The questions are flexible and you can add any information that you think is important. The discussion will take approximately one hour and will be taped with your permission. When the results of the project are documented, no information that would make you personally identifiable would be given.

The Victoria University Human Research Ethics Committee has approved the ethical aspects of this research project. This project will be carried out according to the *National Statement on Ethical Conduct in Human Research (2007)* produced by the National Health and Medical Research Council of Australia. This statement has been developed to protect the interests of people who agree to participate in human research studies.

Participation in this project is open to individuals who are over 18 years of age and who have questioned their gender identity and explored gender variations. If you are interested in participating in this project, would like more information, and/or to set up an interview appointment then please contact:

**Mikaela Smee**

040X

[mikaela.smee@live.vu.edu.au](mailto:mikaela.smee@live.vu.edu.au)

Alternatively you could call:

Dr Liz Short

(03) XXX

[Liz.short@vu.edu.au](mailto:Liz.short@vu.edu.au)

## Appendix D: Expression of Interest Form – Gender Participant



'Decisions, transitions and wellbeing in individuals who question and vary their gender'

**Full Project Title:** 'Decisions, transitions and wellbeing in individuals who question and vary their gender'

**Principal Researcher:** Dr Liz Short

**Student Researcher:** Mikaela Smee

You are invited to participate in a research project entitled: '**Decisions, transitions and wellbeing in individuals who question and vary their gender**'. We are interested in developing a greater understanding of the risk and protective factors that impact the mental health for transgender and gender diverse individuals.

We believe that the gender exploration and transition experiences of gender diverse individuals are not always well understood or addressed. By doing this project, we hope to develop a greater understanding of the factors that impact upon mental health during the gender exploration and transition process. This research project involves interviews with individuals who have questioned and explored their gender identity and with Mental Health Practitioners who can provide additional insight and knowledge about the factors that impact upon mental health during the gender exploration and transition.

As a Mental Health Practitioner you would be invited to discuss your knowledge about the factors you have observed to be helpful and/or unhelpful to mental health and wellbeing for transgender and gender diverse individuals. The interview will be informal and you would only

answer the questions you felt comfortable with. The questions are flexible and you can add any information that you think is important. The discussion will take approximately one hour and will be taped with your permission. When the results of the project are documented, no information that would make you personally identifiable would be given.

The Victoria University Human Research Ethics Committee has approved the ethical aspects of this research project. This project will be carried out according to the *National Statement on Ethical Conduct in Human Research (2007)* produced by the National Health and Medical Research Council of Australia. This statement has been developed to protect the interests of people who agree to participate in human research studies.

Participation in this project is open to individuals who are over 18 years of age and who have questioned their gender identity and explored gender variations. If you are interested in participating in this project, would like more information, and/or to set up an interview appointment then please contact:

**Mikaela Smee**

040X

[mikaela.smee@live.vu.edu.au](mailto:mikaela.smee@live.vu.edu.au)

Alternatively you could call:

Dr Liz Short

(03) XXX

[Liz.short@vu.edu.au](mailto:Liz.short@vu.edu.au)



## Appendix E: Consent Form



### CONSENT FORM FOR PARTICIPANTS INVOLVED IN RESEARCH

#### INFORMATION TO PARTICIPANTS:

We would like to invite you to be a part of a study aimed at exploring the risk and protective factors that influence mental health of Australian transgender and gender diverse individuals.

#### CERTIFICATION BY SUBJECT

I,

Of,

Certify that I am at least 18 years old and that I am voluntarily giving my consent to participate in the study: '**Decisions, transitions and wellbeing in individuals who question and vary their gender**' being conducted at Victoria University by: Dr Liz Short and Mikaela Smee

I certify that the objectives of the study, together with any risks and safeguards associated with the procedures listed hereunder to be carried out in the research, have been fully explained to me by **Mikaela Smee** and that I freely consent to participation involving the below mentioned procedures:

- A flexible semi-structured interview.
  - The discussion will take approximately one hour and will be audio-recorded with your permission. In any publication and/or presentation, information will be provided in such a way that you cannot be personally identified

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way. I have been informed that the information I provide will be kept confidential.

Signed:

Date:

Any queries about your participation in this project may be directed to the researcher:

Dr Liz Short 03 XXX

*If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email [Researchethics@vu.edu.au](mailto:Researchethics@vu.edu.au) or phone (03) 9919 4781 or 4461.*

## **Appendix F: Research Interview Schedule – Gender Participant**

### DEMOGRAPHIC QUESTIONS:

1. What is your age?
2. What do you do for work, and how long have you been doing it?
3. What is your highest level of education?
4. Who do you live with?
5. What would you say your gender is and how would you like to be referred to?
  - a. How long have you identified as .....
6. Are you in a relationship at the moment? If so, how do they define their gender identity?
7. How old were you when you first began to question your gender identity?
8. Have you begun a social transition, with friends and/or family?
9. If you have begun a medical transition:
  - a. Are you taking hormones? If so, for how long have you taken hormone therapy?
  - b. Have you had gender-affirming surgeries? If so, which procedures?
10. Have you ever seen a psychologist, if so did you receive a diagnosis? How did you feel about the diagnosis?

### INTERVIEW QUESTIONS:

1. What does 'gender' mean to you, has that meaning shifted over time, and why do you think that is?
2. How do you think that people in general view the concept of gender, do

you think that this has shifted over time, and if so, why do you think that is?

3. Can you please tell me about the factors that may have been helpful and/or unhelpful to your mental health at different or specific stages of your process of exploring gender?

- For example, when or before you first started questioning your gender?
- Were these factors different to what you needed when you decided to/not to transition gender?
- [If applicable] Were these factors different again to what you needed during the process of gender transition?
- [if applicable] what was helpful and unhelpful for your mental health after transitioning?

4. What experiences or factors have been and are most helpful and unhelpful to your overall sense of mental health?

5. Do you have any advice that you wish you could give the younger you?

6. Do you have any advice that you wish you could give to family and friends of people who want to question or transition their gender?

7. Do you have any advice that you wish you could give to workers or doctors or other professionals who people who question or transition their gender might consult with?

8. Are there other related important things that you have not talked about yet that you would like to contribute to this project?

9. How has doing this interview been for you?

## **Appendix G: Research Interview Schedule – Mental Health**

### **Practitioner**

#### DEMOGRAPHIC QUESTIONS:

- 1) What is your profession and how long have you been practicing?
- 2) What is your highest level of education?
- 3) How would you describe your level of experience in working with individuals who are gender diverse?
  - a. Number of clients?
  - b. Community agency involvement?
  - c. Primary practice with this community?
  - d. Have you worked with people through a social transition?
  - e. Have you worked with people through a medical transition?
  - f. Have you worked with someone from the point of questioning gender through to post-transition?
  - g. Have you conducted research in this field?
- 4) What diagnoses and co-morbidities do you commonly see in this population?
- 5) What do you find the most beneficial about working with this community?
- 6) What do you find the most challenging about working with this community?

#### INTERVIEW QUESTIONS:

1. Tell me about the factors you have seen to be helpful and challenging to mental health at different or specific milestones of the gender exploration process

- When or before someone starts to question their gender
  - When someone makes a decision about potential gender transition
    - i. Social
    - ii. Medical
  - During the process of gender transition
  - After someone has completed a transition and living as their chosen gender
2. What factors are most helpful and unhelpful to overall mental health and wellbeing for someone who questions and varies their gender?
  3. Do you have any advice that you think would be helpful for someone at the start of the gender exploration process, or at other particular points?
  4. In terms of what it is important for family members and friends to know, or to do that is supportive or to avoid doing that is unsupportive, is there anything that you would like to add?
  5. In terms of what it is important for health practitioners to know, or to do that is supportive or to avoid doing that is unsupportive, is there anything that you would like to add?
  6. Are there other related important things that you have not talked about yet that you would like to contribute to this project?
  7. How do you think that people in general think about and see gender, has that shifted over time, and why do you think that is?
  8. How has doing this interview been for you?