



31 May 2014

Attention: Megan Mitchell

Intentional self-harm and suicidal behaviour in children

Dear Ms Mitchell

Thank you for the opportunity to respond to the enquiry announced 22 April 2014.

Introduction

We acknowledge that there are many contributing factors that lead to suicide and self-harm for any particular individual. We focus here on points that relate to our area of expertise and link these to other relevant factors thereby highlighting the critical role that gender affirmation has in child and adolescent development and well-being.

Transgender Victoria (TGV) was founded in the late 1990s to achieve justice, equity and quality health and community service provision for transgender people, their partners, families and friends.

By transgender, TGV refer to people whose gender identity or expression is different from that which was assigned at birth or that which is expected of them by society. Other terms with a similar meaning are trans and gender diverse, or the shorter version or transgender being trans. Gender diverse is increasingly added to highlight the increasing number of people, especially young people, who identify as non-binary i.e. other than male or female.

1. Why children and young people engage in intentional self-harm and suicidal behaviour.

From a trans perspective, we believe significant factors are isolation, family breakdown, lack of structured professional support and societal stigma. While there has been a shift towards more positive attitudes towards trans, especially in the last 5-10 years, there is still much distance to travel and particularly in relation to supportive services. We would also acknowledge differences (based on consistent anecdotal evidence) between states/territories, regions and even within metropolitan areas of Melbourne. For example, inner Melbourne shows a greater degree of positive experience than, say, the outer northern and north-western suburbs.

Two pieces of research, *From Blues to Rainbows*, a major quantitative survey of 14-25 year old trans people and *TransOz*, a survey of adult trans people are due for release in the third quarter of 2014. We believe these will give up to date figures on the Australian situation re trans self-harm and suicide. The last major Australian piece of research, *Tranznation*, released in 2007, http://glhv.org.au/files/Tranznation_Report.pdf found 87.4 % of trans people had experienced discrimination once and some up to 12 times in their life. This in turn had a direct linkage to negative outcomes ranging from anxiety through to attempted suicide.

The 2011 USA report, *Injustice at Every Turn*, http://www.thetaskforce.org/reports_and_research/ntds found 41% of trans people had attempted suicide, 25 times that of the general population.

Australian research in Writing Themselves in III found 78% of trans (and similar groups) had faced verbal or physical abuse at school.

We would believe that the issues would be strongly parallel to those young people dealing with their sexual orientation (gay, lesbian, bisexual and other) on which there is more evidence.

Logically, the combination of these sources of evidence points to a largely bleak situation for young Australian trans people in relation to self-harm and suicide

2. Contagion and clustering

While we have no firm evidence in this area, anecdotal evidence and logic again mean there are likely to be factors for young trans people.

There have been 3 known suicides of (adult) trans people in Victoria alone in the previous 12 months which cannot be helpful in reducing chances of contagion. Further, in line with the earlier mention of multiple factors, anecdotal evidence from indigenous, sistagirl and brotherboy communities confirm worse outcomes for that sub-grouping. Also, it is likely those identifying in ways that are non-binary could be worse off as there is still less understanding of this sub-group.

3. Barriers

As stated, attitudes towards trans are improving; however, this is not universal and young people generally fare worse than, say, 30-55 year olds. Young people who disclose to their parents they are questioning their gender identity can be thrown out of home. Others have been threatened by parents re being sent to psychiatrists to "cure" them.

The hostility of the school environment, from both peers and adults from lack of knowledge about how to be supportive in that environment are major barriers to well-being. While some work is underway in Victoria e.g. via the Safe Schools Coalition of Victoria, this still has much distance to travel. Legal exemptions in most states/territories from anti-discrimination laws for religious organisations, including religious schools, result in there being little or no chance of support for trans students in those schools.

At this time, we know of relatively few health professionals who are supportive and understanding re trans issues. This leads to overload on those few known professionals who are supportive. Long waiting lists for these professionals cannot help those who are desperate for assistance. Some of the issues facing young people were discussed at a conference in Geelong in October 2013 <https://www.youtube.com/watch?v=QnTZBu0Q1o> The pathologization of young trans people, both re being young and trans, that is covered in this panel discussion is of huge concern. Other professionals simply don't know about the issues. Discussion at a conference in Cairns in August 2012 mentioned that health professionals who work with trans people may face stigma from fellow health professionals. Again, we would highlight differences re location e.g. state/territory.

We also understand that the Royal Children's Hospital Gender Dysphoria Unit in Victoria has had exponential growth in demand for its services over the last 12 months. This can only exaggerate the distress for those young people requiring assistance (and also put greater stress on the parents and wider family).

Finally, with the exception of New South Wales and to some extent the Australian Capital Territory, there is no ongoing funding for trans organisations to proactively educate and improve attitudes. Efforts that are made occur largely on a voluntary basis, a situation which is simply not sustainable and may lead to risks for volunteers who often cannot afford specific training in relation to dealing with suicide.

4. Accurate identification and recording

A major barrier for trans people is many might never disclose they are questioning their gender identity before taking their life. We may simply never know how many such situations really exist. Another is that trans and gender diverse people are often made invisible due to reporting systems based on male/female that do not allow for respectful disclosure re gender identity.

5. Programs and practice

TGV believes continuing education on a range of levels can make a major difference. Feedback from our existing training programme for service providers and other organisations indicates that this type of education is extremely valuable and gives confidence for providing supportive environments for young people.

While there have been some incidences of talking about trans issues in schools, they have been sporadic and need much expansion. The examples that we do know of demonstrate that open and informed communication on trans issues increases connectedness, reduces bullying and leads to developing role models and increased understanding for other students. This can only be beneficial for the well-being of young trans people and the school community as a whole.

At the time of preparing this submission, TGV has met with major bodies of health professional who are keen to improve on the current situation and we intend to proceed further in this area. Our aim is to advocate for more support to be available to trans and gender diverse children and adolescents in an effort to improve mental and physical health outcomes for this vulnerable sector of our community.

We would like to highlight a comment in the video referred to in Section 3 above that when a young person found a supportive health professional, their anxiety and depression disappeared overnight. Further, a report from Ireland, *Speaking From the Margins*, released earlier in 2014, found suicidal ideation to be 81% before transition, yet only 4% after transition. Support for trans people of any age to assist in their being able to assert their true identity would seem essential to assist suicide prevention amongst the trans community..

We would also acknowledge that organisations including but not limited to BeyondBlue, Headspace and Drummond St Services are making a difference in this area. We would like to continue develop our relationships with these organisations and others to ensure young lives are not only improved but also saved.

And again, thank you for this enquiry and the opportunity to make a submission. The outcomes can only serve to save lives and even one life saved is, of course, a victory.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sally Goldner', with a large, stylized flourish at the end.

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