

Trans Pathways

The mental health experiences and care pathways of trans young people

Summary of results

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About the artist

Jason Mitchell is a trans young person from Perth who is currently studying an Advanced Diploma of Graphic Design. Jason has kindly contributed the artwork that you will see throughout the pages of the *Trans Pathways* report.

Please email the *Trans Pathways* team at transpathways@telethonkids.org.au if you would like to be put in touch with the artist. Jason is available for commissioned work.

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This PDF (February 2018) has been revised to correct the percentage of participants currently diagnosed with depression on page 25.

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We give a special thanks to those who were part of our community consultation focus groups that helped shape the *Trans Pathways* questionnaire. This feedback was crucial to the success of this project.

We thank the WA AIDS Council's Freedom Centre, not only for helping with the study itself, but also for hosting the focus groups with trans young people and parents and putting a huge effort into promoting the survey.

As a mostly unfunded study, we are indebted to all the individuals, organisations and health services across Australia that helped to promote the study online and through distributing flyers. We would like to thank Transgender Victoria, Minus18, YGender, the Royal Children's Hospital, Melbourne, the multiple headspace locations, the many queer and pride university departments, and many other groups and organisations that helped to promote the study. This is the largest study that has ever been conducted in Australia on the mental health of trans young people, and the first to incorporate the experiences of parents of trans young people. We would not have had success in reaching so many people without your dedicated assistance.

This is a time when trans rights need to be acknowledged. This commitment to change has been shouldered by our research team, and we believe these valuable and informative results have the power to change the experiences of trans young people accessing services in Australia.

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Glossary

When beginning this study, we endeavoured to use current and acceptable terminology. Terms used to describe gender are rapidly changing to become broader and to encompass a greater diversity of gender identities. We have included a glossary based on terms identified by prominent organisations. These definitions are based on previous research as well as information from feedback from the community.¹⁻⁴ This glossary is not representative of all gender and sexual orientation definitions that participants have used to describe themselves in this project.

Cisgender

A person whose gender identity and/or expression is the same as the sex they were assigned at birth.

Gender diverse

Umbrella term that describes gender identity and encompasses individuals who identify as trans, transgender, gender questioning, gender fluid, and all gender identities and expressions that are different from the sex assigned at birth.

Gender dysphoria

The distress that trans people can feel because of the incongruence of their gender identity and sex assigned at birth or sex characteristics.

Gender expression

How an individual expresses their gender identity to the outside world. Gender attribution is a related concept, being the gender that the outside world assigns to an individual based on this expression.

Intersex

People who are intersex are born with variations in their biology that are different from traditional medical ideas of male and female sex characteristics. While some intersex people identify as the gender they were raised as, others may identify as trans or gender diverse.

LGBT, LGBTQ or LGBTIQ

Lesbian, gay, bisexual and transgender; lesbian, gay, bisexual, transgender and queer and/or questioning; lesbian, gay, bisexual, transgender, intersex and queer and/or questioning. This report uses the acronym LGBT, except where other research is discussed that uses a different acronym to represent the sexual orientation and gender diverse groups involved in the research.

Sex assigned at birth

The sex that was assigned to a person at birth, generally assigned based on physical anatomy. This is the legal sex recognised on birth certificates and other legal documents.

Trans

Trans individuals describe their gender in different ways. We use the word trans to be open to people who describe themselves as transgender or transsexual or as having a transgender or transsexual experience or history. Trans people generally experience or identify their gender as not matching their sex assigned at birth. This includes people who identify as transgender, non-binary, agender, genderqueer and more.

Transphobia

A fear and/or prejudice of people who are trans and do not conform to normative ideas of male and female. This is often the reason behind discrimination, harassment and abuse of trans individuals – both by other individuals and through structural inequalities.

Executive summary

This report summarises the main findings of *Trans Pathways* and contains recommendations to help improve the mental health of young trans Australians. The findings herein are relevant to trans persons, families of trans people, clinicians or practitioners, those involved in the wellbeing of trans young people, and the community at large.

Trans Pathways is the largest study that has ever been conducted on the mental health of trans young people in Australia. The study was formed with community consultation with both trans young people and parents of trans young people.

The research asked trans individuals aged 14–25 and parents and guardians with a trans child aged 25 or younger living in Australia about their mental health and the barriers that they face in accessing mental health and medical services.

The study is also unique in that parents of trans young people aged 25 years or younger were invited to complete a different but parallel questionnaire. The perspective of parents has not yet been widely explored in literature and offers a unique insight into the experiences of trans young people.

The responses revealed that mental health issues are common in this population, as measured through validated psychometric scales and psychiatric diagnoses that participants stated they had received from health professionals, as well as from the reports of self-harm and suicidality.

Almost three-quarters (74.6%) of *Trans Pathways* participants have at some time been diagnosed with depression.

72.2% have been diagnosed with an anxiety disorder.

Self-harm and suicidality are also very high, with 79.7% of *Trans Pathways* participants ever having self-harmed, and

48.1% have attempted suicide at some point in their life.

Young people experiencing mental ill-health faced problems with accommodation, abuse, educational environments that were not safe and inclusive, and a lack of family support. Family support is key to a trans young person having good mental health and wellbeing.

We acknowledge that the parents who participated in our study are likely to be more supportive of their trans young person than parents who did not participate – the findings from the parental perspective should be interpreted with this limitation in mind. The feedback from parents on what helped them accept their child's trans identity is powerful advice for other parents who are currently coming to terms with their own child's trans identity and expression.

Overwhelmingly parents told us that they simply lacked information on what it means to be trans, which made it difficult for them to help their child.

The dissemination of more information and the destigmatisation of trans young people is therefore vital. Without programs aimed at supporting trans young people, in all schools and health and mental healthcare settings across Australia, trans young people are growing up with peers, educators and service providers who may have no knowledge of what it means to be trans, and who may use this ignorance either directly or indirectly to exclude, bully and harm trans young people.

The results from *Trans Pathways* support previous research which has indicated mental health problems are common in trans populations, and that these are primarily caused by factors external to the individual.

In addition, trans young people seeking support from mental health and medical services face a range of challenges including inexperienced or transphobic service providers, and long waiting lists to see providers who are trans-friendly.

These are all things that can be changed. The report concludes with a list of recommendations and guidelines compiled from what trans young people and parents of trans young people told us, as well as from other research and reports. The overarching theme of our recommendations and guidelines, particularly for service providers, parents and educators, is to allow young people to discover their identity, support young people in their self-exploration and help them develop the competencies that enable them to do so. Additionally, promoting trans inclusivity and taking a firm stance against discrimination and transphobia is vital. To address these high rates of mental distress, programs are needed that explore exactly how trans young people can better be supported in all areas of their lives.

Introduction and background

In some of the published research in this field, being trans is often conflated with sexual orientation, but sexual orientation and gender are two distinct aspects of a person's identity. Trans people identify with a diverse range of sexualities, including heterosexual, homosexual, pansexual and asexual, but often sexual and gender identity are combined socially and within research aimed at LGBTIQ (lesbian, gay, bisexual, transgender, intersex and questioning or queer) populations.⁴ People who are LGBTIQ make up a marginalised population in Australia and worldwide, with very specific but diverse health needs that differ based on factors including, but not limited to, ethnicity, age and socioeconomic status.^{4,5}

Issues relating to mental health commonly start at a young age.

Approximately 50% of all lifetime disorders beginning in mid-adolescence and 75% by the time people are in their mid-20s.⁶

LGBT young people are at increased risk of mental ill-health and experience high levels of psychological distress.

They are more likely to report suicidal thoughts and attempts.⁷

Although people who are LGBTIQ have a higher frequency of mental health disorders than the general population in Australia, it is important to emphasise that this is not *because* an individual identifies as LGBTIQ. Rather, these mental health issues are largely caused by how the world perceives and treats LGBTIQ people.^{4,8}

Trans people identify as a gender that differs to the sex assigned to them at birth, and may describe themselves as trans, transgender, genderqueer, sistergirl, brotherboy or use other terms.

Trans is an umbrella term that includes specific gender identities, such as trans woman, trans man, genderqueer, non-binary, genderfluid or simply male or female.⁴ Diverse gender identities are generally solidified and expressed during adolescence, when puberty begins and social environments are changing. However, *why* some individuals do not identify as their sex assigned at birth is unknown, and although some researchers have explored brain and other biological markers to determine differences between trans people and cisgender people, the results are contradictory and inconclusive.⁹

Previous studies have also suggested that trans young people experience mental ill-health at higher rates than their cisgender (non-trans) peers.^{2,10} Trans young people also experience mental ill-health at higher rates than older trans populations.¹¹ Most of this knowledge comes from research outside Australia (with the exception of *From Blue to Rainbows*²) and is mostly focused on the experiences of adults. There is a gap in our knowledge on the mental health and wellbeing of Australian trans young people. It is not known what specific factors or experiences contribute to poor mental health within Australian trans populations, but previous studies suggest that external factors such as abuse and discrimination are major contributors, in addition to internalised factors such as body dysphoria and distress related to their assigned sex.^{2,11}

There is little published literature on Australian trans young people that closely examines the potential causes of poor mental health.^{12,13} There are ongoing issues around access to and participation in mental health services for trans people in the Australian context.¹⁴ Trans health care for young people needs to be specific to their physical and mental health needs. Most of the research on trans mental health and wellbeing involves participants from clinics and other services, rather than community-based populations.¹⁵ It has been argued that research involving trans young people needs to include

people who are under the age of 18 given that the mental health issues of trans young people often coincide with the onset of puberty, and that psychological distress is more likely at younger ages.^{12,16,17} *Trans Pathways* fills some of these knowledge gaps through exploring the drivers of poor mental health and looking at the experiences of trans young people accessing services.

Previous research also suggests that support and information for trans young people – as well as the people surrounding them in their day-to-day lives (such as parents and school teachers) – are needed to address discrimination against young people who are gender diverse. Mental health and medical service providers need to be educated on issues that affect trans individuals, and how to help trans clients access gender-affirming medicines and procedures if requested – including puberty blockers for younger adolescent clients and ‘cross-sex’ hormones and/or surgeries for older adolescents and adults.¹

This report first describes the characteristics of our participants, such as their gender identity, age and sexual orientation, then goes through some of the mental health issues they reported facing. Following that, we examine some of the experiences and possible reasons behind these mental health issues and what trans young people do to make themselves feel better. Next, we look at parental support and how a lack of parental support may affect a trans young person’s mental health. We then cover the experiences of accessing services. The report concludes with what participants said were the positive aspects of being trans, and puts forward recommendations and guidelines for you to think and reflect on.

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What did we do?

Trans Pathways is a mixed-methods, cross-sectional online study conducted from February 2016 to August 2016. This research explored the current state of mental health of trans young people living in Australia and the barriers they face in accessing mental health and medical services from the perspectives of trans young people themselves and parents of trans young people.

Trans Pathways aimed to:

- provide a snapshot of the current mental health of Australian trans young people aged 14–25
- identify potential causes of mental health problems
- determine protective factors for mental health – what makes trans young people feel better about themselves and their lives
- identify the support needs of trans young people
- identify the support needs of parents and guardians of trans young people.

The project was developed with community consultation with trans young people and parents of trans young people. The trans community was consulted throughout the research process. Participants were asked both quantitative and qualitative questions to allow them to give further details on any experiences they wanted to share.

There were two anonymous surveys:

- one for trans young people aged 14–25 years
- and
- one for parents and guardians of trans young people aged 25 years or younger

The questions in both surveys covered mental health, potential drivers of poor mental health, protective factors for mental wellbeing, and service accessibility. The *Trans Pathways* online questionnaire was promoted widely through social media (namely Facebook, Twitter and Tumblr), queer departments at universities, trans and LGBTIQ support groups, parent support groups, peer-led safe spaces, various trans rights organisations in Australia, medical and mental health services, radio and by word of mouth.

This study was approved by the University of Western Australia Human Research Ethics Committee (RA/4/1/7958) and the Clinical Evaluation and Research Committee of Youth Mental Health, North Metropolitan Health Service Mental Health, Department of Health, Western Australia.

This report highlights a number of the key findings.

For further information, you can contact the Trans Pathways team at transpathways@telethonkids.org.au

Who took part in the study?

The eligibility criteria for young people who participated were:

- identifying as trans or gender diverse
- aged between 14 and 25 years at the time of the study
- or a parent or guardian of a trans child aged 25 or younger
- currently living in Australia

There is no data on how many Australians identify as trans, although the Williams Institute in the United States estimates that 0.6% of the American adult population (18 years and older) identifies as transgender and points out that younger populations are more likely to identify as trans than older populations.¹⁸

Our study is the largest of its kind, with responses from:

- 859 trans young people aged 14–25
- 194 parents and guardians of a trans young person aged 25 or younger

Trans young people

The mean age of participants was 19.37 years (SD=3.15) with a minimum age of 14 and maximum age of 25.

Figure 1 Age of participants (n=859)

Aboriginal and Torres Strait Islander participants

Of the 652 trans young people who answered this question, 3.7% of participants indicated they were of Aboriginal and/or Torres Strait Islander descent. This is approximately representative of the Australian population – the Australian Bureau of Statistics estimates the percentage of Aboriginal and Torres Strait Islander people to be 3% of the Australian population (as of 2011).¹⁹

Location

A quarter of participants were from Victoria (25.2%), 20% were from New South Wales, 17.2% were from Queensland, 15.9% were from Western Australia, 12% were from South Australia, 6.5% were from the Australian Capital Territory, 2.7% were from Tasmania and 0.5% were from the Northern Territory.

South Australia, the Australian Capital Territory, Victoria and Western Australia were slightly overrepresented in our study whereas New South Wales, the Northern Territory and Queensland were underrepresented.

These representations are based on data from the Australian Bureau of Statistics, as of December 2015.²⁰

Sex assigned at birth

The majority of our participants were assigned female at birth. These percentages do not necessarily reflect the proportions of trans people assigned female and male at birth in the general population.

74.4% assigned female at birth

25.6% assigned male at birth

Intersex variations

Not all intersex people identify as trans, however, of our participants:

1.6% of participants identified as intersex

77.4% are not intersex

21.0% are not sure if they are intersex

Social transition

Many young people have socially transitioned or have begun socially transitioning to publicly present as their gender identity. Of the 604 participants who answered the question on whether they have socially transitioned:

58.3% have socially transitioned

24.8% have partially socially transitioned or are in the process of doing so

Many of these young people say they are 'out' in select circles, e.g. to close friends only, but are not publicly 'out'

1.0% are considering socially transitioning

15.9% have not socially transitioned

Medical transition

Not all trans people seek to transition medically. Of our participants:

4.7% are currently using or have previously used puberty blockers as children or adolescents

28.3% have previously used or are currently using hormones that have the effect of masculinising or feminising (e.g. testosterone, oestrogen, progesterone) and an additional 34% want to use these hormones in the future

6.3% of participants have undergone gender-affirming surgery/surgeries and an additional

20.9% say they would like gender-affirming surgery in the future when they are old enough

Gender identity

Participants defined their gender in their own words and there was a diverse range of responses describing their gender identity. This diversity is significant for young people attempting to explain their gender identity to others, especially to service providers, who already may have trouble understanding what it means to be trans or the health concerns of trans young people. The terms that young people use to describe their gender are quickly evolving and are greatly expanding from binary definitions of gender.^{2,21}

This word cloud represents the proportions of people identifying as each gender. You will notice that the most common terms were non-binary, including genderfluid, genderqueer and agender (48.6%). Other common terms were male or trans male (29.7%) and female or trans female (15%).

[gender identity wordcloud]

Where we have shared stories from participants within this report we have left their stories in their own words to honour their language and descriptions. When attributing quotes we have shared the participant's age and gender as described by them.

Sexuality

Many participants used multiple terms to define their sexuality with terms expanding from the cultural normativity of the 'LGB' umbrella. The many terms in this word cloud reflect the diversity within the trans population.

The most common sexualities described were: pansexual (30.6%), bisexual (13.9%), asexual (8.8%), heterosexual (7.3%), lesbian (7.3%) and gay (6.8%). All terms that participants used are displayed in the word cloud with the size of the words proportional to the frequency they appeared in responses.

[sexuality wordcloud]

Parent and guardian participants

Parents who participated were most likely to be mothers (89.7%), followed by fathers (6.7%), guardians (3.1%) and other parent/guardian figures (2.0%). Parents were slightly more likely to have a trans child who was assigned female at birth (57.7% compared to 42.3% assigned male at birth).

What age did parents realise their child was trans?

26.5% realised when their child was in early childhood (0–5 years)

21.8% realised when their child was of primary school age (6–12 years)

43.9% realised when their child was an adolescent (13–18 years)

8.0% realised when their child was a young adult (19–24 years)

The mean age at which parents realised their young person was trans was 11 years of age. The minimum youngest age was 18 months and the maximum oldest age was 24 years old. Of note, 55.6% of trans young people were aged 13 or younger when their parents realised they were trans or when the young person came out to their parents. This data reflects the need for support services to be available to gender diverse children and their families before the onset of puberty.

We understand that the 194 parents and guardians who participated in Trans Pathways may be more likely to be supportive of their child's gender identity. This means that their responses are unlikely to be fully representative of the experiences of many trans young people and their parents in Australia.

Mental health issues

Our research suggests that trans young people are experiencing clinically significant depressive symptoms at almost ten times the rate of the general young Australian population.

Research has shown that trans people experience higher rates of anxiety, eating disorders, depression, social phobia and suicidal ideation than their cisgender peers.²² Many of the drivers of poor mental health that trans young people have experienced do not individually cause psychosocial issues and diagnostic vulnerability. Rather, it is often the cumulative experience of multiple factors that contributes to poor mental health.

To me, it's not the fact that I'm trans that caused problems. It's that general society doesn't accept trans people. I'm not anxious in public because I'm trans – I'm anxious in public because people tend to be threatened by people like me. I'm not depressed because I'm trans – I'm depressed because general society excludes people like me from support. [Male, 22]

A study that compared the mental health of trans children able to live as their preferred gender to that of cisgender children found similar rates of depression and only slightly elevated anxiety.²³ This highlights the potential benefit of social transition as a buffer against poor mental health.

Participants were asked about the diagnoses discussed in the following pages. They were asked whether they had received this diagnosis from a health professional ever in their life, whether they held a current diagnosis and if they were receiving professional treatment.

Depression

Depression among trans young people was higher than rates of depression seen in non-trans populations of young people in Australia, with 52.5% reporting a current diagnosis of depression at the time of our study.²⁴

Of our participants:

74.6% have ever been diagnosed with depression

52.5% are currently diagnosed with depression

75.8% of those currently diagnosed are receiving treatment

Using the Patient Health Questionnaire for Adolescents (PHQ-A), a self-reported measure of depression in the past two weeks, we found that 76.4% of participants experienced moderate to severe depressive symptoms. This is compared to the findings from the Young Minds Matter survey in which 7.7% of adolescents (aged 12 –17 years) in the general population reported moderate to severe depressive symptoms.²⁴ Our results suggest that trans young people are experiencing clinically significant depressive symptoms at almost ten times the rate of the general Australian young population. In addition, these rates are higher than those reported by trans adults in Australia, of whom 43.7% reported clinically relevant depressive symptoms.¹¹

Figure 2 Depressive symptoms during the previous two weeks (%), n=736

Of the participants with a current diagnosis of depression from a health professional, 24.2% were not receiving any professional treatment at the time of our study.

Anxiety

Trans young people show a prevalence of anxiety disorders at 10–13 times the frequency of those seen in the general Australian young population.²⁴

There are many different types of anxiety disorders ranging from generalised anxiety to anxiety in social situations, to anxiety in the form of post-traumatic stress disorder (PTSD). The rates of anxiety reported in this study are higher than those in previous research on Australian trans adults aged 18 and older.¹¹ This suggests that trans young people are at higher risk of experiencing anxiety than trans adults.

Of our participants:

- 72.2% have ever been diagnosed with anxiety

- 55.3% are currently diagnosed with anxiety

- 71.9% of those currently diagnosed are receiving treatment

Of our participants, 72.1% had symptoms of social anxiety and 92.2% displayed symptoms of social phobia. These were measured using self-report scales: the short form Social Interaction Anxiety (SIAS) and Social Phobia Scale (SPS).

Using a self-report scale of current anxiety symptoms (the Generalised Anxiety Disorder 7 Scale), 62.1% of participants reported moderate or severe anxiety.

Figure 3 Severity of anxiety during the previous two weeks (%), n=845

Post-traumatic stress disorder

People who have witnessed or experienced a traumatic event may have a hard time coping and moving on from the event. If these issues continue it may be post-traumatic stress disorder.²⁵

Of our participants:

- 25.1% have ever been diagnosed with PTSD

- 10.7% are currently diagnosed with PTSD

- 66.2% of those currently diagnosed are receiving treatment

Personality disorders

There are many different types of personality disorders. Someone with a personality disorder has extreme thoughts and behaviours that interfere with their ability to handle day-to-day life.²⁶

Of our participants:

- 20.1% have ever been diagnosed with a personality disorder

- 9.0% are currently diagnosed with a personality disorder

- 55.7% of those currently diagnosed are receiving treatment

Psychosis

Someone who is experiencing psychosis perceives an altered reality compared with those around them. Approximately three out of every 100 people will experience a psychotic episode at some point in their life.²⁷

Of our participants:

16.2% have ever been diagnosed with psychosis

2.6% are currently diagnosed with psychosis

52.9% of those currently diagnosed are receiving treatment

Eating disorders, eating behaviours and exercise

It has been suggested that gender dysphoria and eating disorders often co-occur as trans young people enter puberty and try to control emerging secondary sex characteristics. An example of this is losing weight to prevent breast growth among trans males.²⁸ A qualitative study with Finnish trans adults on the topic of eating disorders found that more than half the participants associated previous eating disorders with a desire to suppress or accentuate their gender, including associating thinness with femininity.²⁹ Individuals use dieting, purging, bingeing and excessive exercise. Other causes of their eating disorders were an attempt to feel in control of their body, feeling ostracised and feeling different.²⁹ These issues commonly go untreated. Of our participants with a current diagnosis of an eating disorder from a health professional, 51.2% are not receiving any professional treatment.

Of our participants:

22.7% have ever been diagnosed with an eating disorder

5.9% are currently diagnosed with an eating disorder

48.8% of those currently diagnosed are receiving treatment

I severely restricted my diet (maybe 300–700 calories) from the ages of 13–14 when my hips/thighs began to develop. I stopped eating because I was terrified and thought they looked out of proportion to my body, because they made me look feminine. [Male, 17]

Young people also told us about their eating and exercise behaviours in relation to their gender identity and/or expression.

2 out of 3 have ever limited their eating because of their gender

1 out of 3 have ever increased their eating because of their gender

1 out of 4 have ever limited their exercise because of their gender

2 out of 3 have ever increased their exercise because of their gender

I actually go to the gym and work out quite heavily to gain fitness and muscle strength. The more definition I have on my body, the more masculine I look and feel. [Male, 15]

Because my body is female, I have horrible feelings towards the fat distribution [on] my thighs and chest area. Recently I have been making an effort to go to the gym every day to help manage the shape of my body. It also helps me gain the strength I feel I need to be perceived as masculine. [Non-binary, 18]

Many trans young people (81.7%) would like to exercise more but feel unable to because of financial barriers, discomfort while exercising (e.g. due to wearing binders) and fear or unwillingness to exercise in public.

I find it very challenging to exercise outside of the house, as it's difficult to maintain a feminine appearance and manner while exercising. [Trans girl, 21]

Exercising as a trans man who has not had top surgery can be hard as due to dysphoria I feel I must wear my chest binder which makes working out painful and harder to do. [Male, 17]

Exercising in a binder (for chest compression) can be extremely uncomfortable and dangerous, esp for people with difficulties breathing already. Besides that, exercising in public (at gyms, for example) can be very upsetting as non-passing trans folk often have to pick between changerooms, specifically gendered rooms/equipment, etc. [Male, 19]*

Gender dysphoria

We acknowledge the current debate on 'pathologising' trans and gender diverse people, such as through the use of terms that imply being trans and gender diverse is a 'clinical' condition. However, often trans young people must receive a diagnosis of gender dysphoria to access the services and support they need and want. The professional environment is changing with significant updates in the World Professional Association for Transgender Health Standards of Care³⁰ and the DSM (Diagnostic and Statistical Manual of Mental Disorders).³¹ The ICD (International Classification of Diseases) is also under review. These changes will take time to widely and inclusively implement in responsive, individual-centred ways of helping young people with gender dysphoria.

Almost half of our participants have received a diagnosis of gender dysphoria (47.9%) while 38.2% have not and 13.8% are not sure if they have.

Many trans young people experience gender dysphoria, arising from an incongruence between the sex assigned at birth and the gender a person identifies as. This dysphoria is characterised clinically by extreme levels of distress.^{31,32}

47.9% have ever been diagnosed with gender dysphoria

The age of onset for gender dysphoria can be as young as 3 or 4 years old, when people in other research have reported feeling uncomfortable with being an assigned boy or girl and express wishing to be or that they are another gender, with these feelings intensifying as puberty begins.^{33,34}

There is an unmet need for support of gender dysphoria in Australia as the number of young people trying to access services is increasing each year.³⁵ The treatment and support for children and young people with gender dysphoria is unique to each child, and clinicians take the family situation, access to health care, support system and other factors into account when deciding on what the best course of treatment is, which may include social transition.³²

Autism spectrum disorders

Almost a quarter (22.5%) of participants reported a current diagnosis of an autism spectrum disorder (ASD) from a health professional. More than a third (35.2%) of participants scored in the range that would warrant further diagnostic tests for ASD on a measure for autism traits included in Trans Pathways.³⁶

22.5% have ever been diagnosed with an autism spectrum disorder

Approximately 1.0–2.5% of the general Australian population has an autism spectrum disorder (ASD). Both the self-reported diagnoses and the results of the self-reported psychometric measure included in Trans Pathways show rates of ASDs among trans young people that are much higher than in the general Australian population. These results are similar to other recent reports of increased rates of autism spectrum disorders among trans individuals.^{37,38}

Trans individuals with ASD may face additional barriers to mental health and medical care.³⁹ It is important to note that ASD and being trans are two distinct parts of someone's individuality – having ASD does not 'cause' a person to be trans, just as being trans does not 'cause' ASD. Additionally, a diagnosis of ASD should not be seen as inherently undermining the authenticity or validity of a person's gender identity.

People who are trans and happen to have ASD have unique healthcare needs and potentially face additional barriers to services. Service providers who work with trans clients with ASD should collaborate with ASD specialists and vice versa.³⁹ The results presented here do not provide any information on how many individuals with ASD may be trans.

Alcohol and other drug use

Of those participants who have ever used alcohol or other drugs:

- 68.5% drink alcoholic beverages
- 29.4% use tobacco products
- 29.0% use cannabis
- 17.5% use sedatives
- 6.9% use amphetamine-type stimulants
- 5.9% use opioids

The frequency of use of alcohol or other drugs is:

- 6.5% use alcohol or other drugs daily
- 16.6% use alcohol or other drugs weekly
- 10.6% use alcohol or other drugs on weekends only
- 43.2% used alcohol or other drugs when they were alone within the last six months
- but
- 24.7% have never used alcohol or other drugs in their lifetime

Alcohol and tobacco use is more common for *Trans Pathways* participants than rates reported in *From Blues to Rainbows*², which showed that 50% of participants drank alcohol, 26% smoked cigarettes and 26% used illegal drugs.²

Of the 13.5% of *Trans Pathways* participants who reported a current diagnosis of a substance use disorder, only 50% were being treated at the time of the study.

Self-harm and suicidality

Some topics discussed in more detail in this section may be distressing to you. If you are feeling upset please contact:

Qlife LGBTI phone and chat counselling and info service

1800 184 527 – 3pm–12am every day

www.qlife.org.au

Suicide Call Back Service

1300 659 467 – 24/7

Non-urgent mental health support is available through:

headspace

1800 650 890

Levels of self-harm and suicide are higher in LGBTIQ populations than in non-LGBTIQ populations and even higher in trans populations, though the exact rates are unknown.^{11,17} Self-harming is common for trans young people and can be very specific to their situation. This includes self-harm relating to body dysphoria, such as cutting or burning their arms, legs, genitals and breasts.⁴⁰

Suicidal thoughts and behaviours are also high among trans individuals and are often due to distress most likely caused by the culmination of experiences of transphobia, discrimination, abuse, other actions of exclusion or prejudice against trans people, and common life stressors experienced by all young people.^{5,11} Overall rates of suicide in Australia are underestimated, often because the cause of death by suicide cannot be accurately determined (especially with the misclassification of suicides of minors).⁴¹ In addition, whether a person was LGBT is often not recorded in a death by suicide, and many LGBT people who have attempted suicide have done so prior to disclosing their gender and/or sexual orientation.^{4,42}

Figure 4 shows the percentage of trans young people who have ever wanted to self-harm, have self-harmed, have engaged in reckless behaviour to risk their life, have had suicidal thoughts and have attempted suicide.

Figure 4 Lifetime self-reported self-harming and suicidal behaviours (n=739)

Rates of self-harm and suicidality were extremely high in *Trans Pathways* participants, with

79.7% of participants ever self-harming and

48.1% ever attempting suicide.

Why are there such high rates of self-harm and suicide?

In a separate part of the survey we asked participants about a range of experiences that they have had. From these answers we can look at the characteristics of people who had self-harmed and attempted suicide to see what factors might contribute to these high rates.

Trans young people who have ever self-harmed are:

4.29 times more likely to have experienced issues with accommodation, including homelessness

3.26 times more likely to have been bullied

2.19 times more likely to have been discriminated against
2.41 times more likely to have experienced issues with employment
1.77 times more likely to have experienced a significant loss
2.10 times more likely to have experienced neglect or been verbally or emotionally abused by a family member
3.22 times more likely to have been physically abused by a family member
1.82 times more likely to have felt isolated from services
2.39 times more likely to have helped others with their mental issues
3.94 times more likely to have been abused by an intimate partner
1.93 times more likely to have felt a lack of family support
2.51 times more likely to have been rejected by peers
3.26 times more likely to have been physically abused by someone outside of the family
3.65 times more likely to have experienced issues with school, university or TAFE
4.10 times more likely to have been sexually abused by someone who was not a family member

...than those who have not self-harmed.

Trans young people who have ever attempted suicide are:

2.12 times more likely to have experienced peer rejection
2.04 times more likely to have experienced body dysphoria
3.80 times more likely to have experienced issues with school, university or TAFE
5.31 times more likely to have experienced issues with accommodation (including being homeless)
3.57 times more likely to have been bullied
2.84 times more likely to have been discriminated against
2.74 times more likely to have experienced issues with employment
1.63 times more likely to have experienced a significant loss
3.48 times more likely to have experienced neglect or been verbally or emotionally abused by a family member
3.98 times more likely to have been physically abused by a family member
2.60 times more likely to have been sexually abused by a family member
1.56 times more likely to feel isolated from services
1.95 times more likely to have been abused by an intimate partner
1.95 times more likely to have felt a lack of family support
2.12 times more likely to have been rejected by peers
3.12 times more likely to have been physically abused by someone outside of the family
3.62 times more likely to have been sexually abused by someone outside of the family

...than those who have not attempted suicide.

Parent and guardian perspectives of self-harm and suicide among trans young people

Parents reported lower rates of self-harm and suicidality in their children compared to the rates reported by the trans young people who took part in *Trans Pathways*.

They reported that:

67.8% of their trans young people had wanted to self-harm

48.3% had ever self-harmed

61.0% had ever had suicidal thoughts

23.7% had attempted suicide

These rates are still alarmingly high; however, the differences are explained by the possibility that the parents participating in the survey are likely to be supportive of their trans child. This is likely to be a protective factor against self-harm and suicide. Alternatively, parents may be unaware of their child's behaviours or they do not wish to report these behaviours on the survey.

Dylan's story

Dylan is a 22-year-old university student who came out as trans in the first year of uni but initially lived a double life, changing clothes and names not to upset parents. Dylan identifies as a non-binary trans man – sitting 'very far' on the 'masculine end of the spectrum but not adhering to most gender rules'. Feeling trapped and isolated at high school and distressed by female physical changes triggered by puberty, from 12 years of age Dylan experienced mental health issues, including severe depression and anxiety, obsessive compulsive disorder and eating disorders. Getting help for mental health problems has been difficult. Dylan's experience is that mental health practitioners know little about trans people and, as things currently stand, Dylan has spent more time educating health professionals than receiving services from them. Dylan has experienced *transphobia and homophobia*. Dylan has endured physical abuse and was homeless for a year, unable to receive emergency accommodation due to being trans. Because of these experiences, which are not uncommon in the trans community, Dylan invests much time in trying to make a change for trans people across Australia. Dylan is heavily involved in activism and mentoring and volunteers for many peer support, suicide intervention, crisis accommodation and LGBTIQ rights groups.

The value of advocacy work

'Advocacy work and being around other people like myself has given me a healthy sense of community. I marched in my first Pride parade. I have returned to university after a year of homelessness and I'm getting good grades. I'm in recovery from a lot of my mental health issues and I've started reconnecting with my family. I advocate for the transgender community at any opportunity I get, so that no one else has to go through the same things I did. I'm mentoring young people, particularly those dealing with homelessness and suicide. Having gone through the system, I know the system and I know which people are good with trans issues and those that aren't. I recently took a kid to an inner city service that I had previously used and I could tell them "I'm not here for anything. I'm here to support someone else".'

'Also, as I have had some experience with my parents not being the best, I facilitate at parent support groups. It's about giving parents a space to vent their fears and say any hurtful things they want to say while protecting their kids from hearing it.'

Re-establishing a relationship with family

'I've got my own parents to finally start to go to some support groups and, as much as they don't like it, it has made some difference. My parents still do not understand and they are still not comfortable with it, but at some point they have realised it was not just a phase that I was going through.'

'Initially for them, I was very secretive and living a double life of going to uni and going by one name and coming home and going by another name. Back then, I'd always have a spare change of male clothes in my backpack. I left the house each day as a girl, then changed into the clothes at uni.'

Beginning university and finding support networks

'Before university, it felt like I had no one to talk to about what I was going through. I did not even have the language to describe it. I could not talk to my school, I could not talk to my family, I could not talk to my friends. Suicide, at times, seemed the only option. Then slowly, after I finished high school and got accepted into university, I made other friends and had some support networks come into place and that tunnel vision grew outwards.'

'At uni, I met an entire network of people who were LGBTIQ. At the end of my first year, I got my first short haircut. The moment I saw myself in the hairdresser's mirror, I knew for sure I was trans. My entire life up until that point, I'd never recognised the person in the mirror and for a split-second, I did. After that, I asked everyone to use my new name and pronoun. I bound my chest every day and started to buy masculine clothes.'

Experiences at school

'If my school had been even remotely LGBTIQ-friendly, my entire life would have been different. If it had not been overtly homophobic, even that would have been a good start. But it was not and I had a very rough time and felt there was no way out. Feeling increasingly disconnected with my body and distressed by the way it was changing, in Year 10 I stumbled across a YouTube video of a transgender man and I thought I might have finally found my answer – but I also knew there was little I could do about it. I stopped eating in the hope that I could stop puberty and I was cutting myself. I cried in the back of the classroom each day, but no one noticed. In Year 12, I tried to kill myself for the first time.'

Being homeless

'I'm back at home, but for an entire year I was homeless. At first, my parents told me if I was going to choose this lifestyle I should leave the family home and go somewhere else. So, I couch-surfed for a while until there were no couches left. I then called every shelter and none of them were willing to house a transgender person, so I slept on the street. I was so vulnerable at this time that when a stranger offered to help me, I let him. I had been wearing the same socks so long that my feet were infected and cracking. He was much older than me and he said I could crash with him for a while, so I did. Before I knew it, we were dating. It was this weird jump, but when you have no family and you are cut off from all of your friends and you are that lonely, you will take anyone who will offer help.'

'After that, I accessed Centrelink and moved into a sharehouse. The people there didn't accept me, so I stuck to myself. I slept all day and cried at night. I was paralysed with loneliness. I had dropped out of university. I had no job, no friends, no sense of community. I drank a bottle of wine each day and stacked them in the corner of my room.'

Difficulties with employment

'When I first left home, I ended up getting a job in the fast food industry. I loved my job because no one there knew I was trans. I was just one of the guys. Still, I was homesick and sad, so I started to drink a lot. I would drink at work; I would drink on the street. At some point, I was outed at work, and the abuse was instant. I was taunted, laughed at, misgendered every shift and started having panic attacks. When I was beaten up, I lost my job. That was a couple of years ago and I haven't been able to find employment since. Many times I've been told I've got the job, then they check my tax file number and find out my legal gender and I don't hear from them again.'

Finding the right service

'I had seen five psychologists across my time in high school, but none of them ever helped me. I saw one in my first year of uni about gender, but she didn't feel qualified to help. So I was hesitant when I was referred to another youth counselling service, but this one has helped me more than I can describe. I felt comfortable talking openly about what I was going through and they helped me to understand myself. I was formally diagnosed and treated for anorexia, OCD, depression, anxiety, and self-harm. I started to get better and make positive changes in my life and I started hormone replacement therapy. Before testosterone, I couldn't see a future for myself and I felt so

disconnected from my body that the only way to connect with it was to hurt it. Unfortunately, these trans-friendly mental health services that are doing things well have extremely long waiting lists.'

'Looking back, I have spent more time educating health professionals than receiving services from them. Their understanding has been very limited. For example, a couple of years ago when I was very mentally unwell and hospitalised for a suicide attempt, I had the staff basically say "What are you?" They then wrapped a band around my wrist with my birth name and called me "she".'

What Dylan has learnt through his journey

'A lot of parents in the support groups I facilitate have very valid concerns, "Is my kid going to live a normal life?" and "Are they going to be able to get a job and fall in love?" They feel that has all been taken away, when that is not necessarily the case. The way I try and explain it to parents is – "You can't control what happens outside of your house, but you can give them a soft place to land at the end of the day". If they know they have a supportive home, then at least they know they have somewhere to escape to.'

What makes some trans young people more likely to have issues with their mental health?

... nothing has happened to me because I'm trans. It happens because society and our communities are hyper gendered and trans people feel uncomfortable when gender is forced on to them day after day. [Non-binary, 23]

Overall, trans young people reported a wide range of factors that caused them to feel down or distressed.

It's basically hell on Earth, we get spat on and discriminated against and hated, all legally, and we're expected to be the 'bigger people' on this issue? No, fuck that ... This is a painful, lonely kind of hell with less fire and more institutionalised oppression from every angle. [Female, 20]

I want to die all the time. Your rare okay days are ruined by a stranger misgendering you. So many family fights. I hate being transgender I would give anything to be cis anything. [Non-binary man, 17]

This isn't a fashion or a choice. It's change or misery. [Female, 22]

We asked about the potential drivers of poor mental health. They are listed here with the percentage of our participants who reported experiencing these issues:

- Sexual abuse within the family (7.5%)
- Physical abuse outside of the family (16.2%)
- Accommodation issues and homelessness (22%)
- Sexual abuse outside of the family (24.3%)
- Physical abuse within the family (24.8%)
- Abuse within an intimate relationship (30.9%)
- Employment issues (41.9%)
- Experiencing a significant loss (53.3%)
- Other abuse within the family (not sexual or physical) (57.9%)
- Feeling isolated from services (60.1%)
- A lack of family support (65.8%)
- Feeling isolated from not knowing other trans people (66.1%)
- Discrimination (68.9%)
- Helping others with their mental health issues (70.2%)
- Bullying (74%)
- Issues with school, university or TAFE (78.9%)
- Peer rejection (89%)
- Body dysphoria (93.8%)

Some of these issues are explored further in the following sections.

Body dysphoria

Body dysphoria is related to gender dysphoria. It is an extremely distressing state that some gender diverse people can feel due to physical sex characteristics and anatomy (e.g. breasts and/or genitals) not matching their gender identity.⁴³

93.8% of trans young people have experienced body dysphoria and have higher rates of reckless behaviour, suicidal thoughts and suicide attempts than trans young people who do not experience body dysphoria.

Many participants stated that body dysphoria was part of what it means to be trans.

I would assume this is just the normal experience of being Transgender. I hate my sexual anatomy, I dislike how tall I am, how broad my shoulders are, my voice [and] body hair. Pretty much everything of my body I would change tomorrow if possible. [Female, 24]

My biggest struggle is with menstruation. I get really depressed when it happens and I can't look at myself in the mirror. I tried to ask the doctor for a hysterectomy, but I was told it wasn't possible. I'm on the pill to control it, but sometimes it's not enough, I still find it hard to cope. [Agender, 25]

Every single day, I hate my body for not being the body I KNOW I should have. [Female, 20]

With many trans young people identifying and expressing genders outside of the gender binary, it is important to understand their specific body dysphoria, and how it is complex and highly dependent on the individual – there is no idealised body type for many gender identities.

My gender expression is fluid so some days my breasts disgust me and sometimes I love them. It's complicated? [Agender, 22]

Peer rejection

89% of trans young people have experienced feeling rejected by their peers and they have higher rates of wanting to self-harm, self-harming, engaging in reckless behaviour, suicidal thoughts and suicide attempts than those who did not experience peer rejection.

The majority of participants who had experienced peer rejection believed it was either directly or indirectly related to their trans identity.

When you are told by others you don't belong, you're not a boy/girl – it is pretty hard not to relate it to gender. [Genderqueer, 26]

Some young people were scared or apprehensive of coming out as trans because they feared rejection or a negative response from others.

I used to be more confident about my gender, but I'm nervous about coming out to my new friends in case they don't take me seriously. [Agender, 17]

I keep my identity hidden from a lot of people because I know they will bully or reject me. [Agender, 25]

Conversely, some participants experienced peer rejection prior to coming out as a result of appearing different.

I was never out as trans but I was definitely excluded and mocked for being 'different' in that I wasn't like 'the other girls'. [Male, 24]

Participants felt that trans identities were often disregarded by others as false personas, a phase or attention-seeking behaviour.

As someone who is non-binary, and an assigned female at birth, non-binary in particular, people usually just kind of scoff and blow it off as 'looking for attention'. [Non-binary/genderqueer, 20]

Young people felt their gender non-conformity made them a target for bullying and isolation as they did not adhere to the stereotypical gender roles associated with the sex assigned to them at birth.

As a kid I was picked on badly in school. I didn't even know what trans was, but my masculine mannerisms and my choice to play sport with the boys instead of talk with the girls was one factor that made me a target. [Man, 23]

Similarly, other participants also felt that their identity was not recognised by their trans peers because they did not fit into other peoples' concept of being trans. This made them feel that they didn't fit in anywhere.

In fact much of my trans experience and distress has come from feeling like a 'failed woman' and an 'inadequate man' and therefore stuck in a limbo of not being good enough for either category. I'm learning to love myself for the non-binary person that I am, but it is hard, internalised transphobia is really tough to overcome sometimes. [Polygender, 21]

Other factors that participants attributed to peer rejection were racism, having an autism spectrum disorder, homophobia and mental health issues causing isolation and difficulties socialising. This included reflections of self-isolation, in which participants mentioned isolating themselves to protect their own wellbeing or because of poor mental health.

Helping others with their mental health issues

70.2% of trans young people helped others with their mental health issues and have higher rates of wanting to hurt themselves, self-harming, suicidal thoughts, reckless behaviour, and diagnoses of depression than those who did not report helping others with their mental health issues.

Many trans young people told us about the effect of their friends having similar mental health issues as their own. It was distressing to participants to realise they are trying to help each other when everyone needs help.

Most of the people in my immediate circle are queer and/or trans and have mental health issues in part because of their experiences of hostility, discrimination, etc. When everyone has varying mental health problems, it makes it more difficult to support one another because in reality we all need support. [Transgender non-binary, 22]

Many trans young people find they are not able to help others with serious mental health issues because they are trying to deal with their own mental health problems.

Because I'm trans I'm depressed and anxious and because I'm depressed and anxious I struggle to help others with their own issues ... because it's difficult enough looking after myself. [Male, 20]

Part of the rationale behind helping others despite it making yourself feel worse is the familiarity with the issues and a sense of empathy with what friends are experiencing. Participants also stated that the open-mindedness and unique perspective of the world that trans young people feel is a positive

aspect of their experience of being trans, makes them appreciate the issues that other people are going through. However, when participants could not help others with mental health problems, they felt worse about themselves.

I think that due to me being trans it has actually helped to some extent. I think it has given me some kind of uncommon perspective, that helps me understand the idea that people have feelings which are difficult to talk through, and I understand when someone wants to be left alone. [Female, 17]

I think me being trans and my experience of being trans affects how I view other people's situations. [Non-binary man, 17]

I can't seem to socialise with others, and make them feel worse/am not useful in helping people out. [Questioning, 16]

Overall, trans young people feel that if a friend is in need, they will be there for them, regardless of their gender identity or what consequences it may have on their own mental health.

I mean, many/most of my friends are trans or gender-nonconforming, and their mental health, like mine, is very influenced by their gender experience, but my caring about them is because they're my friends, not just because I'm trans too. [Polygender, 21]

Issues with school, university or TAFE

78.9% of trans young people have experienced issues with school, university or TAFE and have higher rates of wanting to hurt themselves, self-harming, reckless behaviour, suicidal thoughts, suicide attempts, diagnoses of depression and anxiety than those who did not experience issues with school, university or TAFE.

I had to move schools this year because my previous school was not accommodating enough for me as a trans student. [Non-binary transmasculine, 16]*

Most participants reported that issues at school, university or TAFE were related to their trans identity. Educational environments are places that can potentially make issues worse by not allowing young people to explore their identity, when they should be places for supporting young people in their identity. Participants expressed the need for trans-friendly counselling services to be available within educational settings to support young people.

I was at a private school and was enrolled as a girl by my parents even though they knew I identified as male. To try and cope with my dysphoria towards my chest and having to wear a skirt or dress every. single. day, I wore my blazer over the top every day regardless of the heat. This sometimes made me tired or just plain hot and bothered. This sometimes affected how I paid attention in class or worked. [Transgender male, 19]

Dysphoria and also having to pretend to be something I'm not makes school really hard honestly. [Genderquestioning/demigender, 17]

I wasn't able to be myself and that took away my motivation to do almost anything. [Male, 22]

Issues with education were most commonly attributed to issues with mental health. Often poor mental health was related to participants feeling lost and needing to 'find themselves' and understand what they were going through. Some participants discussed their mental health as a

separate issue that impacted their performance and engagement in education, while others attributed these problems to their trans identity either directly or indirectly.

I think being trans has caused me a lot of mental health issues which have severely impacted on my ability to do well at school. [Male, 17]

When I didn't 'know', I was in a place of anger and confusion. I dropped out of school after admitting that rather than go back I'd end my own life. It took a solid year of self reflection and pain to come back from that edge, but I knew who I am and could face the world again. [Male, 22]

Participants reported feeling stressed and uncomfortable when they were trying to 'pass', to keep their trans identity undisclosed, and when they were coming out. Some reported issues in their educational environment because their gender expression did not fit into the stereotypical expressions of femininity or masculinity that were expected of them.

Furthermore, the stress of passing was contributing to my university stress load and resulted in a mental health breakdown that caused me to take a year off from study. [Non-binary transmasculine, 20]

I was bullied a lot for not being 'feminine' enough by the girls at my school, I also never felt I fitted in anywhere. It was especially hard with social activities like sport because it's often separated by female/male, and I didn't always feel comfortable with that. [Agender, 25]

I failed year 12 at school because, at that time, my aim in life was to survive bullying & my own damaged thoughts, and to get away from my family and to stabilise myself somewhere else. I was regularly suspended for self-harm, or for being found with a knife at school. I was in detention all the time because I refused to wear the dress school uniform. A few weeks before year 12 exams I was removed from home by social services & managed to get into university on a second-round offer, where I started failing classes and eventually dropped out due to unstable living conditions (I was moving home a lot) and pressure from social workers to get a job and an income. [Transgender male, 25]

This distress was exacerbated by issues associated with transitioning because participants were apprehensive about their peers witnessing physical changes that were occurring. These issues were not just related to academic performance, but rather to socialisation and the inability to connect with peers.

Prior to HRT and in the early months of HRT, I felt embarrassed, scared, and depressed about going to class, and rarely attended – I didn't want to explain why my body/voice was changing, I didn't want to be called on by lecturers or tutors or have my name called out on the roll, and I didn't want to make any close friendships with people who would then comment on changes to my body/voice. I also did not seek help (academic special considerations due to mental health) as I was afraid my psychologist would refuse to let me access HRT or surgery if I wasn't 'coping', despite the fact that I desperately needed them in order to cope. [Male, 24]

Issues outside of education also caused problems within the educational environment. Some examples were trauma, a lack of parental support at home, accommodation issues and homelessness, or abuse from sources outside of the educational environment.

I faced violent verbal abuse in my home for a while after I came out, and that caused my grades to plummet. [Genderfluid, 16]

Despite many negative experiences that trans young people encountered at school, some participants had positive experiences with their peers and/or staff members regarding disclosing their trans identity or when seeking support.

It was mainly because my transition, and other things, have put me under so much pressure that I felt that I had to defer as I was so behind on my uni work. When I did ultimately come out to my supervisor and coordinator they were incredibly accommodating. [Female, 20]

I went to five different high schools in Australia. Two of them directly discriminated against me institutionally, on top of experiencing family violence and abuse at the same time both due to being trans really deteriorated my mental health and my ability to concentrate at school, as well as my ability to interact with my peers at school. [Non-binary trans boy, 19]

Employment issues

41.9% of trans young people have experienced issues with employment and have higher rates of suicide attempts, reckless behaviour, self-harming, suicidal thoughts, and diagnoses of depression, anxiety, eating disorders, psychosis, and personality disorders than those who did not experience issues with employment.

Trans young people experience discrimination when trying to find jobs or lose their jobs because their workplace does not accommodate or accept their gender identity and/or expression.

One that stands out the most, was getting an email sent from a HR member to another staff (not intended for my eyes) saying I think this is the freak who wears the heels at the cafe (worked at a cafe next to the place I handed in an application), so was easy to know why I wouldn't be offered a place of employment there. [Genderqueer, 25]

No one wants to hire a tranny. [Transgender woman, 24]

I don't know if it would be an issue but I'd rather not make it one so I continue to 'pass as my assigned gender' to make people feel more comfortable. [Trans non-binary/genderqueer, 18]

Once I was outed at work, I experienced physical violence from coworkers and ended up so injured I had to quit, as the complaint I filed was rejected. [Non-binary male, 21]

Some participants told us they were unable or unwilling to hide their trans identity, so were unable to find jobs.

I could get to an interview but when they saw the gender on my birth certificate they refused to hire me. Right now I sell my body to survive. [Female, 23]

Others spoke about not fitting in and potential employers turning them away because of their gender identity and/or expression. Participants felt they were forced to take jobs, even if the job required them to pretend to be someone they were not. Some talked about a fear of coming out as trans or transitioning at work.

I think it was due to me not looking a stereotypical female. Sometimes people find it hard to decide what gender category to put me in, and this has certainly made it difficult to get jobs. [Male, 22]

I am constantly afraid that if my manager finds out that I'm trans then I would lose my job. [Female, 20]

It's a real struggle when my gender marker on my ID do not match the gender code that employers perceive of me from my appearance and from my name. [Non-binary trans boy, 19]

I previously worked in a male dominated industry where women were not allowed to enter. I developed a career and skills around this and by coming to terms with my transgender status I essentially created a situation where I basically have no useable skills. It feels like I am in a catch 22 situation. Either live as something that makes me want to end my life but have money, or aim towards my identity but find it nearly impossible to afford the many surgeries needed. [Female, 24]

I didn't feel comfortable applying for jobs until I changed my name because I didn't want another place in which I would be misgendered, and I was too scared to come out as trans to potential employers. [Male, 21]

Other issues reported were not directly discriminatory, including problems explaining time off to medically transition, or that previous professional references referred to the young person by their sex assigned at birth so could not be used in future job applications.

The fact that I took time off to transition does not look good on my resume especially since I worked non-stop before transitioning and in very good positions. [Female, 25]

I've yet to legally change my name, and all my references also know me by my dead name. My resume outs me before I even get a shot at proving myself a capable employee, but at least it means I don't get hired at a place full of transmisogynists. [Woman, 20]

I went on Centrelink for 8 months as opposed to finding a new job after coming out and quitting my previous job, as I could not handle the idea of going through the early stages of transition at work. I am stealth at my current job. [Male, 24]

Accommodation issues and homelessness

22% of participants experienced issues with accommodation, including a lack of stable accommodation, homelessness or couch-surfing. These trans young people have higher rates of suicidal thoughts, wanting to hurt themselves, suicide attempts, self-harming, reckless behaviour, and diagnoses of PTSD, depression, anxiety, eating disorders, psychosis, personality disorders and autism spectrum disorders than those who did not experience issues with accommodation.

Previous research in Australia has shown that gender questioning young people are more likely than their lesbian, gay or bisexual peers to experience homelessness.¹⁰ Of the 17.8% of participants in *Trans Pathways* who have been homeless, 38.9% have accessed crisis accommodation. Importantly, of those who have accessed crisis accommodation, 43.2% felt their gender identity was not respected.

Many participants attributed their issues with accommodation or homelessness to their gender identity or gender expression.

I've been homeless for like 18 of the last 36 months and I guarantee every minute of it was because I'm trans. [Female, 25]

One instance of this involved me being asked to leave a share house shortly after coming out. [Agender, 25]

I was told by the person kicking me out that it was because I was a circus freak tranny. [Transboy, 18]

A lack of stable employment is a factor in trans young people not being able to afford their own housing.

Well it is hard to get housing in Australia unless you have a job and getting a job while transitioning in Australia is hardly possible so then a lot of trans people who don't have the support [of] their family and friends or don't live with family end up in crisis accommodation. [Female, 25]

Some participants reported that potential housemates had rejected them based on their gender identity and/or expression. Family support is central to trans young people being supported in all aspects of their lives, including accommodation. When trans young people are not supported by their families, they may not have a stable support system to rely on if they cannot afford their own housing.

My partner and I, who are both trans, have limited housemate prospects because of [being trans]. We also could have experienced discrimination by rental organisations (although there is no way of knowing for sure). More directly, having no family support because of being trans meant we didn't have a safety net other young people at risk of homelessness likely would have. [Transgender non-binary, 22]

If I was cis-gendered then my family would support me – I have four younger siblings who attend private schools, own cars and go on international holidays & exchange trips that are all funded by our parents. I have been classified as homeless (or at risk thereof) for several years (2007 through 2013). Since 2014 though I've lived in the same private rental, supported by Centrelink allowance & a part-time wage. So it doesn't feel like I am almost homeless anymore. [Transgender male, 25]

I moved out of home at 16 because my family couldn't handle the fact that I'm trans. I stayed at a youth refuge for a year. [Non-binary trans boy, 19]

Other issues, including poor mental health and substance abuse, impacted on trans young people's ability to find and maintain a stable housing arrangement.

My mental health issues make it difficult to live alone and difficult to find people to live with, and being trans effects my mental health, so yes [it is because I'm trans]. [Female, 22]

Bullying

74% of trans young people have experienced bullying and have higher rates of wanting to hurt themselves, suicidal thoughts, suicide attempts, self-harming, reckless behaviour, and diagnoses of depression, eating disorders, anxiety, personality disorders and PTSD than those who did not experience bullying.

Some participants talked about bullying as a constant occurrence, which had detrimental effects on their mental health.

It's difficult to sort out what's homophobic from what's transphobic, but I am verbally harassed in public frequently. [Transgender and non-binary, 22]

Trans young people told us about bullying that stemmed from their peers being unable to understand their trans identity once they came out.

Some of my friends couldn't understand why I wanted to change when I had the 'perfect' life, body, girlfriend etc. This caused confusion and frustration within my group of friends, mostly aimed towards me. [Female, 17]

The bullying that occurred was directly at the young person or behind their back through gossip. Similarly, bullying was both overt and indirect. Some of this bullying occurred online.

Some people at my school would gossip and be rude about me after I came out. [Genderqueer/non-binary/genderfluid, 17]

My gender is often made fun of by my family. People often offend me unknowingly too. [Agender, 25]

Friends I previously used to game with online decided to call me whore, weirdo and pervert etc. when I came out. Some family [members] regularly say I am only ever gonna be a man in a dress. [Female, 24]

The online bullying for my being trans is constant and ongoing. Luckily I'm pretty thick skinned. [Non-binary/agender/gendervoid]

Discrimination

Previous Australian research with trans young people has shown that discrimination based on their gender expression is common, with many of these instances occurring in public places and in educational environments.²

68.9% of trans young people have experienced discrimination and have higher rates of reckless behaviour, suicide attempts, suicidal thoughts, wanting to hurt themselves, self-harming, and diagnoses of personality disorders, eating disorders, PTSD, psychosis, depression, and anxiety than those who did not experience discrimination.

More than two-thirds of trans young people have felt discriminated against, commonly based on their gender identity and/or expression.

I get death threats all the time. As well as people calling me deformed or mentally retarded. [Female, 21]

I feel like my entire life has been a story of discrimination. [Female, 24]

I've experienced discrimination for being female, for being queer, for being trans, for being overweight, the list goes on. [Polygender, 21]

I face discrimination on a daily basis, whether it be misgendering, people staring at my crotch, people harassing me, making comments about my appearance or voice, getting strange looks in the men's bathroom, being asked if I would like to be directed to the female section in clothing stores. It happens every day. [Male, 19]

At a club I was refused access to either the Male or Female bathroom. I was told I 'wasn't male enough' and I didn't look like my ID photo. I had to leave and go somewhere else ... but not before having a full-blown panic attack and almost killing myself. [Male, 20]

Being non binary and often masc presenting (I'm afab) I get odd stares and questions of are you a boy or girl. [Non-binary genderqueer genderfluid, 18]

Some young people talked about hiding their gender identity and/or expression for fear of discrimination.

Discrimination is why I'm not out to the public. [Non-binary, unsure, femme prince, 24]

Since being open and starting to transition I have experienced discrimination on the rare occasions I've been brave enough to leave the house presenting female. [Female, 25]

I was offered a waitress job but I thought I should tell them I'm trans and when I did they were no longer interested in hiring me. [Transgender female, 19]

Many services are not open to non-binary people, as they only allow people to list that they are either male or female. [Gendervoid or agender, 18]

Abuse

Previous research has shown that trans people experience higher rates of abuse and violence than the general population. The perpetrators of violence against trans people may be strangers or people very close to them (i.e. family). While the research is lacking in reasons why trans or gender diverse people experience higher rates of violence and abuse than the general population, commonly trans people report that it is due to their gender nonconformity.^{44,45}

Trans young people reported experiencing abuse from both within and outside their family. This abuse could be verbal, physical, sexual or of any other kind. We have chosen not to include quotes from participants in this report as they may be distressing to some people.

If you are feeling distressed please contact:

QLife.org.au

1800 184 527

qlife.org.au or

Suicide Call Back Service

1300 659 467 or

Lifeline 13 11 14 or

headspace (for non-urgent support)

1800 650 890

headspace.org.au

Physical abuse within the family

24.8% of trans young people have experienced physical abuse within their family and have higher rates of wanting to hurt themselves, suicidal thoughts, suicide attempts, reckless behaviour, self-harming, and diagnoses of PTSD, eating disorders, psychosis, personality disorders, anxiety, substance use disorders, and depression than those who did not experience physical abuse within their family.

Sexual abuse within the family

7.5% of trans young people have experienced sexual abuse within their family and have higher rates of suicide attempts, reckless behaviour, and diagnoses of PTSD, depression, eating disorders, psychosis, substance use disorders and personality disorders than those who did not experience sexual abuse within their family.

Other abuse within the family

57.9% of trans young people have experienced other abuse within their family (including neglect, verbal or emotional abuse) and have higher rates of suicidal thoughts, suicide attempts, reckless behaviour, self-harming, wanting to hurt themselves, and diagnoses of PTSD, eating disorders, depression, anxiety, personality disorders and psychosis than those who did not experience these other forms of abuse within their family.

Abuse within an intimate relationship

30.9% of trans young people have experienced abuse within an intimate relationship and have higher rates of wanting to hurt themselves, self-harming, reckless behaviour, suicide attempts, suicidal thoughts, and diagnoses of depression, eating disorders, PTSD, and autism spectrum disorders than those who did not experience abuse within an intimate relationship.

Physical abuse outside of the family

16.2% of trans young people have experienced physical abuse outside of their family and have higher rates of suicidal thoughts, wanting to hurt themselves, self-harming, reckless behaviour, suicide attempts, and diagnoses of PTSD, anxiety, eating disorders, depression, psychosis, and autism spectrum disorders than those who did not experience physical abuse outside of their family.

Sexual abuse outside of the family

24.3% of trans young people have experienced sexual abuse outside of their family and have higher rates of wanting to hurt themselves, self-harming, suicidal thoughts, suicide attempts, reckless behaviour, and diagnoses of eating disorders, depression, anxiety, psychosis and personality disorders than those who did not experience sexual abuse outside of their family.

The literature has shown that exposure to violence can lead to concealing one's trans identity or expression for fear of future victimisation or rejection. This concealment can disconnect individuals from reaching out to support and community services that otherwise may have been a source of resilience.⁴⁴

Protective factors: self-care for mental wellbeing

The *Trans Pathways* participants showed resilience in response to adversity and the discriminatory environment in which they live. Trans young people find ways to cope with these negative experiences, so we asked about various activities or things that make them feel better about themselves and/or their life. Music or art was the most common response, used by 83.4% of participants, followed closely by peers and friends (83.3%), and social media (74.7%).

They make me feel human and not just trans or just parts of me. [Male, 19]

Some of these things are a temporary reprieve and some of these are a more permanent solution that is slowly helping me cope with my mental health issues. [Agender, 22]

Recently I painted a beard on my face, as this is something I want in the future. [Transgender male, 19]

A huge number of activities make trans young people feel better. Some are healthy (such as socialising and self-care) and others are unhealthy (such as self-harm and drug and alcohol use). Different activities serve different functions and we asked people what it was about these activities that made them feel better. The major themes were distraction, escape, feeling 'normal', being around like-minded people, expressing their gender, calming themselves, and finding acceptance and support.

No matter what self-doubt I experience as a result, I'll always be assured that whatever other things I do have meaning and make me a better person. [Genderfluid, 16]

Social activities

Many participants used peers and friends to support themselves. There was an important difference to note between emotional partners and sexual partners with participants more likely to find support in emotional partners (54.1%) than sexual partners (31.5%). Figure 5 shows the percentage of participants who use these social activities to support themselves.

Figure 5 Social activities that *Trans Pathways* participants use (n=711)

Friends, social support and community

Peer led safe spaces make me feel better because there are other people who I can share my experiences with and listen to their experiences, and we can rally together to make change. [Agender, 18]

Even if I don't attend a lot, trans groups are amazing spaces just to see other people's stories and identities. Everyone transitions and exists in different ways, so it is amazing to be able to see that. [Male, 22]

The biggest thing above all else was not being isolated. Minus18, Ygender, and Safe Schools Coalition opened up my world and made me feel less alone. I went from feeling hopeless and cold, to actually caring about myself again. [Female, 22]

Groups like Minus18 saved my life because it was the first time I met other young trans people and they supported and celebrated me to be myself. [Girl, 22]

My social support network is really important for my mental health – they make me feel safe, loved, valuable as a person, all the things that help me to want to be alive and feel like I deserve to be happy. [Polygender, 21]

Peers/friends bring me joy and make me feel a strong sense of belonging, alongside the social support and having people I can turn to as I can't with my family. [Non-binary, genderfluid, 21]

My friends, our activism, and our group activities (we have a nerdy club at uni!) help me feel wanted, included and a part of something greater than myself. [Genderfluid, 21]

I also really appreciate having community – I'm in a trans youth group which has been enormously helpful for me to have somewhere to be myself and talk to other people who know how I'm feeling and are going through similar things to myself. [Polygender, 21]

Family

I love spending time with my family. They mean a lot to me and I just enjoy being around them. They support me and just let me be me. [Male, 19]

Role models

Representation in the media helps me be aspirational about my possibilities in life. I don't feel that I'm doomed to always be disgusting. [Transsexual, 23]

Having role models and media portrayals to look up to, especially someone who's older than me, gives me hope for my future. [Non-binary, 18]

Volunteering

Volunteering shows me hope, freedom and good of the world. [Male, 17]

Recreational activities

Music or art was the most common recreational activity (83.4%) that participants engaged in to help themselves with their mental health. Figure 6 shows the percentage of participants who use these recreational activities to support themselves.

Figure 6 Recreational activities that trans young people do to make themselves feel better (n=711)

Reading, music and the arts

Music is ... everything. [Transmasculine non-binary, 18]

Music is my life, that is my #1 guideline for safety and self reassurance, heavy metal because the singer screams and I feel I can relate to the song and scream it out with the singer. [Female, 19]

The music speaks my mind in times of rage or depression early in the morning. [Male, 16]

Art and movies and music etc. make me feel better by taking me to a different place and not having to be myself. [Male, 20]

Writing stories allows me to make myself laugh and allows me to in a way, explore what life could be like for me if I was the opposite gender. [Questioning, 15]

Theatre is my main outlet because it's wonderful to lose yourself in a different world, in a different character. It's wonderful because it doesn't matter what gender you play because none of it is actually you, no one is being themselves. [Male, 15]

Pets

My pets will always love me, regardless of how I identify. [Non-binary, 23]

Exercise

Exercise helps as, while going to the gym makes me feel dysphoric, I know I'm working towards a less feminine appearance. [Non-binary transmasculine, 18]

Exercise is similar to meditating for me, it clears my mind and I can ignore everything around me. [Neutrois/agender, 25]

Being able to have my body slowly changing in a direction that reflects more of how I feel about myself significantly improved my mental health and wellbeing. [Non-binary trans boy, 19]

Electronic and online activities

Social media is the most common online activity that trans young people engage in to help themselves feel better. Figure 7 shows the percentage of participants who use these electronic and online activities to help themselves.

Figure 7 Electronic and online activities that trans young people do to make themselves feel better (n=711)

Internet and gaming

I love to escape into other worlds, which reading, writing, drawing and playing video/computer games helps me to do. I love when my friends also get involved, 'role-playing' with them in fantasy worlds as other people. [Agender, 19]

Other trans people on the internet telling about how life can be better. [Male, 22]

They allow me to enter a space of personal comfort, where I can express myself freely and honestly and for a time ignore the reality of my difficulties. Playing video games and presenting as female, playing female characters, for example. [Female/questioning, 25]

Video games are a total escape and I like to play RPGs [role playing games] where you can make your own character. It means that I can make a character that represents how I feel. [Questioning/male, 20]

Support

Of the areas of support that we asked about, participants were most likely to use mental health support and/or counselling. Figure 8 shows the percentage of participants using these sources of support to help themselves.

Figure 8 Sources of support that trans young people use to make themselves feel better (n=711)

Participants could name which specific peer-led social spaces they used. These spaces include various headspace locations and their associated programs, university queer departments and collectives, school LGBT+ groups, and gender centres.

Contact the Trans Pathways team for more information on the specific peer-led social spaces at transpathways@telethonkids.org.au.

Unhealthy behaviours used to cope

Participants were asked about unhealthy behaviours they may use to help themselves feel better. Figure 9 shows the percentage of participants who used these unhealthy behaviours to help themselves.

Figure 9 Unhealthy behaviours trans young people use to cope (n=711)

Self-harm

I use self harm as a coping mechanism. [Agender, 21]

Self harm is to relocate the pain, and feels like a release of the emotions or issues. A cleaning in a sense. [Genderqueer, 23]

Drugs and alcohol, and reckless behaviour

Hurting myself (including smoking, alcohol & occasionally marijuana) is a way to experience some kind of release or distraction, obviously a very extreme one. It's usually only temporary. [Trans man, trans masculine, genderqueer, 21]

My reckless behaviour is both done to distract me, and to help me actually feel alive and focused for once. [Woman, 20]

Sometimes when I do drugs I forget that I was born female and I think I am male: it's really nice to have that feeling. I also forget how the world feels about queer people and I can just be care free and happy with my girlfriend. [Genderqueer masculine, 24]

Renaë and Charlie's story

Mother-of-four Renaë did all she could to support her teenager Charlie when he came out as transgender at the age of 14, while attending an all-girls school. She invested much time and energy acting as an advocate and breaking down the necessary barriers for him. Charlie had been a tomboy as a child but early on had never expressed anything to indicate he didn't feel female. When he hit his teens, he had a great deal of anxiety and was depressed, and began to self-harm as he tried to figure out what 'didn't feel right'. Backing him up, Renaë's first step was to Google 'supporting transgender kids', which led to a support group that put them in touch with an experienced private psychologist who helped 'navigate the system'. Still, when they first approached the children's hospital, they were told no new gender diversity cases were being accepted right then due to limited funding. Charlie waited a year for an appointment and during that time legally changed his name to Charlie and began living as a boy full time. He started on 'blockers' about two years ago and, finally, on testosterone in February 2016 – two months before he turned 18 and four years after he came out. Renaë celebrated with a big 'T party' attended by family and friends.

The importance of family support

Charlie – I consider myself incredibly lucky to have had my mother there for me. Without my mum, I would have been completely stuffed. She has done everything, arranging all my appointments and driving me there. It's even the little things, like after the '300th medical appointment' for the year we would go out and have a special lunch. Just constantly having someone be there for me and use the correct pronouns and name. I am so blessed.

Renaë – People have said to me 'Oh, you are so good'. But no, I am just a parent and that is what parents do. You love your kids and you support them and be their advocate. And we would always try and see the positive side of things because it was insane at times. You have to just keep on going and make your own fun and rituals. We would always do the 'Ah, another hospital waiting room selfie'. I also had to learn to be assertive. You can't care about feeling like you are being a bother, you just have to keep ringing and keep jumping up and down and saying 'Look, this still needs to be done'.

Finding the right school

Charlie – When I came from my all-girls school to the small co-ed Christian school that I am at now, the first thing I said straight up was 'I am trans and I want to be able to use the male bathroom'. They just said 'Sure, that's fine. Use whichever one you are comfortable with'. It's such a great school, with a high proportion of staff to students and it's for anyone who does not fit into regular school. And 100 per cent it has made a big difference. They use my preferred pronoun and my name. They treat me like any other boy.

Renaë – The new school is brilliant, we have had a lot of good support. Even when it came to things like going on school camping trips. I told Charlie's teacher that he was a bit worried they were going to put him in the tent with the girls and the teacher said 'Why would we do that? We have never even thought of Charlie as a girl'. That acceptance is really lovely. When Charlie finally got on testosterone and we had the 'T party', his teacher came along to celebrate.

Experiencing delays

Charlie – The most mentally challenging was the four years it took to get on to testosterone. Just feeling like it was never going to happen and 'What's the point?'. At that stage, I was self-harming

and still pretty miserable on the whole, with depression and trouble making friends. It was not so much the delays at the hospital, but the feeling of a lack of overall progress back then.

Renaë – It was a very frustrating, long, tiresome process and it is difficult dealing with delays when you have got a child who is not really doing well mentally. I think one of the main issues with the child clinics is that they are trying to be so careful to make sure that the risk of regret is minimised. I do understand why they need to be careful, but they also need to just trust that kids know who they are as well. At one stage, Charlie decided not to physically transition for a while and they took that as a sign he was unsure and having doubts with his gender. But it was not that at all. It was just that at that stage he felt 'I am comfortable in my body for now'. So we then had to wait a longer period and convince them that nothing had changed and he is still a boy.

The importance of an experienced health professional to navigate the system

Renaë – Through the years of waiting, our psychologist was an absolute lifesaver. She supported not only Charlie, but me as well. She had a lot of practical knowledge and she was good at giving us factual information because she worked with a lot of trans kids.

Charlie's psychologist would always text me and ask, 'How did you get on with that appointment with the hospital or the lawyer?' I would then do the 'download' and she would reassure me it was all going to be OK and ask what she could do to help. When we would go to see her, we always had this joke that I would get the first 10 minutes of Charlie's appointment to do my 'dumping' and then it was his turn to talk. It was such a comfortable place, where we could just relax and be ourselves.

Dealing with newly established services

Charlie – I think part of the problem is that people did not think there were trans kids for such a long time and now they have realised that there are, there is a whole new system to deal with.

Renaë – We are grateful to the people at the children's hospital because each individual person was doing their very best, with staff doing extra work in their time off to help kids and even running themselves into the ground. Everyone at the hospital was lovely, but they were just under the pump and were initially hampered by the constraints of the system, red tape and lack of resources.

We were prepared to do whatever it took, but there were times back then when we would not find things out until really late or we got a clinic appointment that was a month after our upcoming court date. But things have improved because they have a specific gender diversity clinic now and I think gradually they will learn the best way to make things happen. Our main suggestion is that each child be allocated a single staff member as a contact and be provided with their email address. Charlie is in the adult system now and it is streamlined and easier to deal with.

Benefits of Facebook and email support groups

Renaë – It helps when you keep in touch online with others going through all this. They can share tips with you on how to get things done. Also, when you are hitting barriers and having a horrendous day, they will listen because they understand.

The importance of parental support

Support from parents and other family members can have a huge impact on a trans young person's mental health.

65.8% of trans young people have experienced a lack of family support and have higher rates of suicidal thoughts, wanting to hurt themselves, suicide attempts, self-harming, reckless behaviour, and diagnoses of eating disorders, anxiety, depression and PTSD than those who did not experience a lack of family support.

Here we share stories from trans young people and the parents or guardians of trans young people.

What young people said about the times they have felt unsupported by their family

While some family members are supportive, other members of the family reject and invalidate the young person's gender identity.

Mother has been helpful, but brother and sister still mistake pronouns and name often despite presenting as female for a full year. [Female, 21]

When I came out as trans my mum cried, my dad said 'No you're not' and we haven't spoken much about it since. [Non-binary/genderfluid, 18]

I got very overwhelmed one day, and tried coming out to my mum, however she also said that I was just following a trend, and tried saying that she went through a similar phase as a kid as well. [Questioning, 16]

I had a bad relationship with my family before transitioning, but it has definitely gotten worse since I came out to them. [Genderqueer transmasculine, 22]

Very few of my family members support me because I'm transgender. The ones that do support me though are the ones I care about most. [Female, 21]

Trans young people may experience abuse and discrimination and some are kicked out of home because their families do not accept their gender identity.

I'm terrified of what my family would say and do to me if they found out I'm trans. When I tried to speak to my parents before, even when I was really young (around four) they rejected the whole idea and said and acted like they could only be proud of a male child. [Trans-female, 20]

... my family kicked me out when I was 18. [Transgender woman, 24]

While some young people have a good relationship with their family, fear of rejection causes them to believe they cannot come out and be themselves around their family. Parents are perceived as lacking knowledge of gender diversity, which is a barrier to young people disclosing their gender identity to their family.

My family are amazing, we are such a close family and they are pretty much the entire reason I haven't ended my life in the past when things were real bad ... however the trans thing would likely destroy my family [because] my father is extremely Christian and the rest of my family would take it very hard and may not ever see me the same ... but would always love me. [Female, 20]

They're conservative Christians so I can't tell them anything and they've already said that 'trans people are just confused and selfish'. [Trans non-binary/genderqueer, 18]

I can't communicate with them about my gender. It is too far out of their sphere of understanding/experience. [Gender nonconforming, 24]

Many young people feel unsupported by their family. Some do not think this is because they are trans as they have not yet come out as trans to their parents. Participants talked about feeling unable to come out as trans because of derogatory comments about their gender expression.

My family has been mostly very accepting but while figuring things out back before I came out fully they expressed disapproval of me presenting more femininely and my mum even said I couldn't be a girl. This made me more anxious and made it harder to come out. Fortunately things were good and I'm very privileged to have the family I do. [Woman, 25]

They say they are supportive but they never try to understand me. They never research my gender, or ask about it. They won't use my preferred name or pronouns, and they act embarrassed of me a lot. [Agender, 25]

They don't use my preferred name or pronouns ... ever. [Non-binary transgender, 23]

In most cases, my lack of family support is explicitly because of their refusal to accept that I am trans and/or that I am transitioning medically. I don't have frequent contact with most of my family, and they do not respect my name or pronouns, and likely never will. I have not been officially 'disowned', but only because since I started HRT [hormone replacement therapy] I have not had much communication with my family. The most harmful aspect of this is that my father prevents me from being able to communicate or visit my younger brothers, because he does not want to explain my trans-ness to them. [Transgender and non-binary, 22]

I have known for a while that my extended family are quite homophobic and transphobic and although I know it mostly comes from a point of ignorance it means that I am not often comfortable around them and have not been able to come out to them yet. [Non-binary transmasculine, 16]

What parents said about supporting their trans child

We asked parents what they found helpful in becoming more accepting of their trans child's identity. Some parents recognised that their initial level of acceptance was low, and they have worked to overcome this to give their child the support they need.

I just needed time to process. Non-acceptance was NEVER an option. I needed to mourn a loss and deal with the fear of how life would be for him. [Mother of a 21-year-old male]

Parents reported that doing research on what trans means and finding other parents who had gone through the same thing was helpful in understanding what their child was experiencing. Hesitation in accepting their child's identity in many cases arose from a lack of understanding.

I feel acceptance becomes easier with education/knowledge. I would never say that I have not accepted rather it was more confusion as an initial reaction. And a lack of knowledge – info led to perhaps shock and fear – of the unknown. [Mother of a 16-year-old male]

Gaining knowledge from a range of different places, counselling for me and my child, talking to friends, talking to other parents in the same situation, but most importantly seeing my child happier and at peace with themselves. [Mother of an 18-year-old gender neutral person]

Parents reported that, for their own conceptualisation of their child's identity, it was important to realise that being trans was not a choice, but an essential part of their child's identity and who they are.

My love for my child, and my understanding that this was not a choice for him but a reality that he had lived with for all his conscious life. [Mother of a 19-year-old male]

I was a little taken aback at first, but then I realised that my son was still my child, regardless of his gender identity. [Mother of a 14-year-old male]

Parents also found it helpful to hear their child explain what they were going through. It was also important their child was patient with them while they learned.

Her patience with me. I needed to catch up to where she was with her identity. At times I felt rushed but resisted the urge to pretend I understood better than I did. She was patient with me. [Mother of a 21-year-old female]

My trans son has also been a wonderful fount of knowledge, explaining all sorts of things to me when I have any questions. I've also found the Internet to be a great resource, as well as a headspace support group for parents of trans young people. [Mother of a 17-year-old demiboy]*

Some parents realised that if they did not accept and support their child, the consequences would be severe.

Education and overcoming my own prejudices and realising if I don't accept my child he would most likely take his own life. [Mother of a 12-year-old transgender FTM]

I didn't need help accepting my child's choice. I wanted her to be happy and stay alive. I needed to ensure he/she was making an informed decision and was safe. [Mother of a 21-year-old female]

Sibling relationships were mostly reported as positive, and this could be because of the influence of the parent's acceptance of the young person's gender identity.

Both older and younger siblings are very accepting and often protective of their brother's gender when people mock or belittle him. [Mother of a 19-year-old male]

I feel blessed that I gave birth to a gorgeous girl and now have a gorgeous son, my son's gender plays no part in my love for him. [Mother of a 23-year-old male]

Although I knew my child wasn't happy and was stuck in a cycle of going from happy and coping to not coping and depressed I didn't figure it out until just before he told me. By then I had put all the pieces together. Once my son knew what he wanted and needed to do we have worked together to support him with that. [Mother of a 21-year-old male]

Our first response on reflecting what our trans child had just told us hubby and I sat and both said 'well we can't love them any less'. Dad wasn't as accepting and I was confused at first

but the better educated we became and the transitioning moved along it has become easier. Our friends are supportive and accepting. [Mother of a 21-year-old female]

The delay in being able transition has been a major problem. His life has been on hold. Wishing your child could just get his breasts cut off must be one of the most bizarre desires a parent could have. [Mother of an 18 year old man]

Some parents are in an environment that is accepting of their trans child.

All the friends and neighbours we told were supportive without question, many congratulating us or our son on this 'brave' move. We feel lucky he was born at a time when acceptance and knowledge of gender diversity is becoming more and more widespread. [Mother of a 16-year-old male]

Others, however, acknowledge how difficult it is for their trans child growing up in Australia today, considering that many people still do not accept trans identities. This is exacerbated by the length of time young people wait to access services.

We were accepting – but very apprehensive and fearful about how difficult this journey was going to be for our child and the fears for how accepting society would be and worried for their safety. We had and still have a lot of questions, but there is very little support and we seem to take 1 step forward and 2 steps back. Faced with long waiting lists, red tape, limited access to options till 18, unaffordable legal fees and mental health services unequipped and inexperienced in dealing with gender dysphoria. [Mother of a 17-year-old female]

Other comments and observations by parents of trans young people were:

Ages 1–8 I had a child who I loved and cared for, now he has shared his gender, my son is happy and free. I share in his fun and happiness daily but I often can't help thinking he struggled to share his secret, did I let him down? Who knows? I know he is my hero and I hope I live up to his expectations. [Father of an 11-year-old male]

Just as any 3 year old can tell you if they are a boy or girl, so can she. She has never wavered in this, I remember at the earliest age having to say to her no you are a boy, you have a penis, thinking she was just confused. Or telling her she was a boy & boys stand up to wee when she didn't want to. We have finally now she is 7 recently fully transitioned & she is just so amazingly happy & confident, the change in her is remarkable for the better. I'm ashamed it's taken us this long to take her at face value & just let her be her. [Mother of a 7-year-old female]

I love him and only want him to be happy. The journey through the health system (testosterone, egg harvesting, top surgery) has been very smooth and supportive so we have never felt that he or we have been judged. [Mother of a 21-year-old genderqueer/genderfluid transman]

We fully accepted our daughter's identity, but it's still been a rollercoaster of emotions! Our fears are around the responses of broader society – such as the sentiment fostered by [some] organisations. We fear for our child in an unaccepting world, and hope desperately that her experience of love and understanding from her immediate community continues as she grows up and goes out into the wider world. [Mother of an 11-year-old female]

The thing that stopped me in my tracks or really hit me between the eyes were when a counsellor basically said to me (keeping in mind the rate of suicide with these kids) 'you can have a happy little boy or you could end up with a dead little girl' ... I would never forgive myself if my child's unhappiness was due to my 'not listening' to him or because he had to suppress what he felt because I was denying him being who he truly was. [Mother of a 15-year-old male]

We recognise that these comments are not representative of all parents and guardians of trans young people in Australia. We hope that by reading these words from trans young people and their parents that others may learn, better understand and ultimately support their trans children.

Care pathways: the experience of accessing medical and mental health services

Although research has shown that accessing health services improves trans people's overall health and wellbeing – specifically through support and gender-affirming transitioning – in many countries the appropriate services are not available.¹ Trans young people in Australia and internationally have difficulty accessing health services that are appropriate and knowledgeable about trans issues.⁴⁶ Globally, trans people report negative experiences when attempting to access medical services, which contribute to poor mental health.⁴⁷ Medical professionals serve as gatekeepers for hormone therapies and other medical interventions that trans individuals may pursue, and as such have a responsibility to help alleviate their clients' levels of discomfort and discrimination when accessing services.⁴⁷

In general, young people often have difficulty accessing mental health services because of a lack of youth-specific services. Trans young people in Australia can have difficulties with mental health and medical services, especially when they do not provide gender-affirming treatments and support.⁴⁸ It has been argued that counselling services need to put the trans client's needs first, should accept their gender expression and diversity, and should not 'pathologise' their client. Moreover, counselling should be tailored for the needs of that individual, as trans populations are diverse.⁴⁸

Another problem with service access is the length of time taken to get an appointment with services specialising in trans health. A review of the barriers that gender diverse young people face in trying to access services is desperately needed.⁴⁹ Mental health professionals should help their clients both directly and by involving the family and any other means of support to which the young person has access. Such support networks can help the young person with their gender expression and transition, if desired.³⁰ Services can increase their accessibility by training staff so that misgendering and discrimination do not occur. Specialised services for LGBTIQ young people can be promoted through advocacy and policy implementation.^{46,47}

Trans people seek treatment from medical and mental health services for a number of reasons. General practitioners are often the first point of contact for a young trans person seeking help for mental distress or wanting to medically transition. While psychiatric services provide support for mental health issues, seeing a psychiatrist is often a requirement for obtaining puberty blockers, feminising or masculinising hormones and surgery. Endocrinologists provide hormone treatment.

Some states in Australia have specialised gender diversity medical centres (for children and adults), offering these treatments in one place, but it is well known that Australia has a lack of trans-specialised service providers. This can be particularly difficult for people outside of major centres, but even within capital cities, trans-friendly, gender-affirmative services can be difficult to find.

42.1% of trans young people have reached out to a service provider who did not understand, respect or have previous experience with gender diverse people.

60.1% of participants have experienced feeling isolated from medical and mental health services and have higher rates of self-harming, suicidal thoughts, suicide attempts, and diagnoses of PTSD and anxiety than those who did not experience feeling isolated from medical and mental health services.

Feeling isolated from services has an enormous impact on a young person's mental health.

Once a person is able to access medical and mental health services, experiences can be positive or negative. Here is a reflection of peoples' experiences of accessing these services. We have redacted the names of specific service providers.

General practitioners (GPs or family doctors)

General practitioners are the most common service for trans young people to access in relation to their gender identity (65.2%). GPs are the gatekeepers to all mental health and medical services that trans young people may want, such as referrals to psychologists, psychiatrists and endocrinologists.

57.4% were satisfied with the service received once accessed

19.6% were dissatisfied with the service received once accessed

This high satisfaction may be due to obtaining the necessary referrals. Many young people, and parents accompanying their trans child, had negative experiences during their interactions with GPs.

Doctors are usually rude, disrespectful and judgmental. Doctors who are not like that are few and although they are kind and respectful [they] lack understanding and knowledge. [Male, 25]

The first two GPs I visited were completely arrogant and refused to help someone in my 'condition'. They refused to help me as I was just looking for attention, and [said that] this phase would soon stop. [Female, 17]

[My] GP didn't understand, would intentionally misgender me in person and to family members. After legally changing names would still purposely put old name on documents and referrals even when told specifically not to as Medicare would not take them. Would be hesitant around hormonal medications and in some cases refused to administer the medication to me and I would have to go elsewhere/find somewhere willing to do so [so] I would receive the medication I needed. [Male, 21]

The GP was unaware of the public gender clinic at the children's hospital. We were messed around with a private clinic who eventually said they didn't deal with transgender. [Mother of a 16-year-old male]

The support staff at the clinic resisted using my child's name because it was not the name on her Medicare card. [Mother of a 10-year-old female]

The first GP was our family GP who'd been treating my son since birth. He was completely intolerant and accused me of labelling my son as transgender and the GP accused LGBT services of having an agenda to convert young people. He told my son that his problem was that he's afraid of puberty. My son left in tears. [Mother of a 19-year-old male]

GP kept telling us it was a phase and normal for all boys to go through. When I would say that as a mother I could feel it wasn't [and] that it was something more I was ignored and told not to worry about it. [Mother of a 5-year-old transgender female]

Many times, participants reported seeing multiple GPs before being satisfied with the care they received. On the other hand, some participants reported that their GPs were inexperienced with trans patients but what mattered was the way they handled the situation. Some were open-minded

and tried to be helpful despite lacking experience in the area, and some participants appreciated when their GPs tried to understand their needs.

My doctor was great, she had never had a trans patient before but took the time to research it so she could refer me to the right places. [Trans male, 21]*

GPs are so much more respectful than specialist doctors, I think, so despite being aware of the concept of 'this could be a phase', they went 'actually, what matters right now is this kid's wellbeing'. There were slip ups, of course, and general misunderstandings, but overall GPs assist as much as they can. [Transgender male, 17]

Although it was a positive experience to visit an open-minded GP, the responsibility of educating the doctor on providing trans care reflects significant gaps in the medical education system in Australia. This responsibility for educating the GP sometimes falls on the shoulders of a young person.

Some GPs are good, some are awful. It takes time to find a GP who is respectful and knowledgeable around trans issues. It is often a matter of educating them, which is tiresome and also has a negative impact on one's healthcare. [Non-binary trans person, 22]

I felt our GP is kind and understanding and helps in the best way they can. I feel there is probably not enough information out there for GPs. Our GP was unsure about where to send us for assistance hence we have ended up going privately to the psychiatrist/psychologist and endocrinologist. [Mother of a 20-year-old female]

GP is very nice. Possibly out of her depth. She desperately wants to help but I find she is guided by me. I can't seek specific advice from her. It's the other way around. [Mother of a 15-year-old trans man]

The Dr and her practice ... had no idea what to do, had never met or even considered that children could identify as trans, and was no help. She was able to admit it, and was receptive to reading info I had found on the internet. I had to tell her I wanted a referral to the [hospital gender service], and I had to walk her through this process. [Mother of a 7-year-old female]

Some GPs have a reputation for being trans- friendly and many young people reported receiving the care that they were looking for.

She's been absolutely on the ball 95% of the time, in regards to medical stuff AND the social/political aspects of being transgender. If she doesn't know something, she makes an effort to find out before seeing you again, and she takes criticism very seriously and adjusts her behaviour/speech accordingly. She's so bloody fantastic. [Woman, 20]

They have consistently called him by his chosen name even before he changed it legally. [Mother of a 19-year-old male]

The GP was excellent, listened to me (because at that stage my son wanted me to do most of the talking), she carefully checked in with my son about whether he wanted me in the room, and cross-checked my statements with appropriate questions to my son. She was very respectful and caring, and didn't bat an eyelid over why we were there. We could have been there over a stomach ache – she was very normalising, which was very helpful for both my son and I. [Mother of a 15-year-old male]

A downside is that services with good reputations for helping trans clients get overwhelmed with patients and trans young people are then left waiting too long for an appointment, which is detrimental to their overall health.

The first GP I spoke to refused to treat me at all, even for service unrelated to my transition. I tried many other GPs before one was willing to refer me to the only GP who was willing to provide transition related services at the time. This GP was excellent, but was servicing the entire trans population of my city as well as non trans clients, so I had to wait over 6 months to see her and found it difficult to continue seeing her. Finding a good GP is very difficult and having a bad first experience set me back not only in my transition but in seeking unrelated medical services. [Male, 24]

Mental health services

Trans young people who need professional mental health support must be able to access these services. In addition, when young people do reach out to these services they should feel supported, respected and heard so they get the help that they need.

Psychiatrists

Of our participants, 43% had accessed a psychiatrist in relation to their gender identity.

42.5% were satisfied with the service received once accessed

43% were dissatisfied with the service received once accessed

Almost half of trans young people have tried to access psychiatric services in relation to their trans identity. Of these, 36.4% saw a private psychiatrist, 21.1% saw a public psychiatrist, 20.4% had tried both and 22.2% were not sure if their psychiatrist was public or private.

Trans young people praised some specific clinics and psychiatrists, but for many the experience of visiting a psychiatrist was a negative one. Our participants raised a number of issues related to their experiences with psychiatrists.

My recent psych refused to diagnose any other condition for me because I was trans. [Trans female, 24]

I've been to many different people to talk to and to see if they could help over the years and 90% of them just made me feel worse. [Female, 21]

He was talking about wanting to die, to kill himself a lot. [The psychiatrist] told me he didn't comprehend the finality of death and not to worry. [Mother of a 20-year-old transwoman]

Some psychiatrists misgendered their clients.

Completely ignored my gender identity and called me female anyway. [Male, 15]

Trans young people felt 'pathologised'.

The doctor used outdated and offensive terms to describe trans people, including myself, and referred to being trans as pathological. [Agender, 25]

I didn't feel able to talk openly or honestly, I gave the answers I felt they wanted. The questions I was surveyed with were horrible. [Male, 21]

I felt it wasn't that useful, given we were all already ok with the transition ... It felt a bit pathologising to be seeing a psych in the hospital. [Mother of a 7-year-old female]

Some psychiatrists lacked understanding of non-binary gender identities.

I lied and said I was a binary trans man to gain access to the services I needed. The psych was very focused on gender norms and binary identities, and I felt judged and 'not trans enough' because some of my hobbies are traditionally 'feminine' things. [Agender, 21]

There is a lack of trans knowledge and trans-friendly services.

There needs to be more psychiatrists/psychologists in [capital city] who can help us. The few who do are swamped with patients. [Transsexual, 23]

The psychiatrist had very little education on how to deal with trans patients and my transition was slower than it could/should have been due to this. [Trans girl, 25]

We started off privately and later got referred to public, child youth mental health service after a visit to emergency room. It was good to access free services but it meant seeing different people and not all of them took the time to learn how to treat trans patients. Sometimes I had to inform the people we were seeing because they didn't have knowledge about young trans patients. [Mother of a 19-year-old male]

The first psychiatrist we saw was supposedly a transgender expert ... he was nothing of the sort and we wasted a lot of time with him when my daughter was extremely fragile. [Mother of an 18-year-old female]

Psychiatrist refused to write support letter for surgery. Was totally unfamiliar with the practical impact of situation e.g. trans child can't use public toilets, can't get job, can't do weekend sport, starting TAFE next year as part of year 11 and 12 and will know these other boys his whole life, wants to start off on equal footing. Dreadful – and he said he was leading expert. [Mother of a 15-year-old trans man]

Trans young people felt they needed to prove they were 'trans enough'.

It was a pointless exercise of being forced to hand over money and jump through hoops just to get a letter saying I am trans enough to medically transition. [Female, 25]

I felt like I had to prove that I was 'really trans' (whatever the heck that means), despite living full time as female and having been on feminising hormone therapy for over a year at that point. [Female, 22]

Participants felt psychiatrists were simply 'gatekeepers'.

Went private and after a year got into public gender clinic with access to [the hormonal medication] Lucrin. Helpful but all about meds and gatekeeping. No social support or complex psychological counselling only brief review every 3 to 6 months. [Mother of an 18-year-old male]

Psychiatric services are very expensive and low-cost or free services are overstretched and difficult to access.

Extremely expensive, I couldn't continue going back in for checkups after three appointments. The psychiatrist himself was lovely and understanding. [Male, 19]

Due to lack of funding, my son had to see several psychiatrists and counsellors over a course of 5 years, he was unable to have the same doctors for that time. Which caused a lot of anxiety, which turned to self-harm as he was shoved from one system to another. [Mother of a 23-year-old male]

We went to a government run clinic that supports young [people] across a range of medical issues and needs including gender and sexual health. They could not have been more helpful. Very respectful and helped us with issues, process, timelines, other supports, what now and where to next. [Mother of a 21-year-old male]

We have no psychiatrist in our town (450kms north of [nearest capital city]) so tried to access the gender clinic in [the city] for expert assistance & evaluation. It was awful to go all the way there to be told, we understand & agree you need support but we can't see you, come back at puberty when you need blockers & make her be a boy in public for her own protection. We were there because that's what we had been doing & it wasn't working & we needed help. [Mother of a 7-year-old female]

Continuity of care is difficult, often because of the expense and lack of services.

Good experiences but disappointing to have now seen 4 different people over the years and each time our son has to re-explain his story, which is distressing for him. [Mother of a 16-year-old male]

I think the gender service at the [hospital] varies depending on the practitioner. Ours does not answer questions or offer support – it's all about assessment for Stage 1 and Stage 2 transition. Little transparency. I don't like the way she talks to my daughter (for example, picking on her for her clothing when my daughter is feeling suicidal). [Mother of a 16-year-old female]

Initially access was for diagnosis of gender dysphoria. As depression developed, accessing services for a young person proved difficult due to long waiting lists. It was only accessible once his thoughts became suicidal, it was upsetting to me that he had to get that bad before we were deemed high risk. Anyone with trans issues should be classed high risk, plenty of research out there to support this. [Mother of a 14-year-old male]

The thing that's annoying about visiting multiple services is having to tell your life story over and over and explain your reasoning for knowing you're trans. That being said I've had a positive overall experience accessing these services. [Male, 20]

Participants also reported positive experiences.

The psychiatrist was very supportive and did a lot of good for my son. He also provided a report which enabled a successful outcome in Family Court proceedings. [Mother of an 18-year-old male]

Both experiences were wonderful, however the fact that I carefully chose my psychiatrist based on the recommendation of my trans friends as well as their extensive experience and expertise with trans patients played a major part in this. [Transman, 21]

I felt supported and educated. They listened to our circumstances and assured us that we were making the right choices for our child. [Mother of a 6-year-old gender diverse young person]

Overall, these experiences highlight the importance of specialist referral services, including QLife, RAD Australia and gender centres, which help trans young people get to where they need and/or want to be in terms of peer social support, networking opportunities, groups and services.

Therapy and counselling services

64.4% of trans young people have accessed a therapist or counsellor in relation to their gender identity.

60.1% were satisfied with the service received once accessed

16.3% were dissatisfied with the service received once accessed

Therapy and counselling services (including psychologists) were the second most common mental health services which trans young people accessed in relation to their gender identity. Private psychologists were the most common service accessed (33.3%), followed by headspace (23.8%), public mental health services (21.3%), other counselling and therapy services (11.3%) and university or school psychologists (10.3%). These were not mutually exclusive – participants often reported accessing more than one service. Half of participants paid for the service (either themselves or someone paying on their behalf).

Many participants reported positive experiences.

It was awesome to have someone professional and in person actually validate my feelings and explain why I was feeling how I felt, but I only went thrice before mum stopped me from going. [Agender, 18]

My psychologist is incredibly understanding of my situation, as well as just a kind person to talk to who doesn't seem judgmental of me, and seems like she genuinely cares about helping. [Female, 23]

They have always been welcoming and respectful of his name changes and pronouns. [Mother of an 18-year-old male]

I am really happy with the private psych, she is lovely & supportive & really helps her with self esteem etc. She has no experience in gender so can't help a lot with guidance around how to navigate that but she is fabulous with my child & really helps her feel better about herself & more able to deal with negative reactions. The public psych was useless, she saw us a handful of times before discharging us with no useful advice other than to keep hiding it which wasn't working for my child, she was hurting & distressed having to live as a boy. [Mother of a 7-year-old female]

I've met one psychologist who was genuinely caring and respectful and treated me like a real person, and like a real woman, and she's the only psychologist I'll ever talk to. [Female, 20]

It was helpful to get some of the private fee paid by Medicare based on a 'management' plan form filled in by our GP. It was a fantastic relief to get the initial diagnosis and our son's shoulders visibly lifted. It was also great to have the psychologist articulate to we parents things that our son had felt unable to say himself to us. It helped him to talk more with us afterwards. [Mother of a 16-year-old male]

Counselling has been very useful for learning to manage my issues and help me better understand myself. [Female, 25]

My daughter is an adult who attends the session on her own and does not have to disclose any details to me. She seems happy with the service she has received and wants to attend sessions. [Mother of a 21-year-old female]

The psychologist was fantastic. She said she was trained in this area and industry leader AND SHE WAS!! [Mother of a 15-year-old trans man]

headspace was commonly cited as a source of support for trans young people.

Headspace was the only helpful service during my early years of experiencing intense gender dysphoria. [Non-binary transman, 25]

Extremely happy with the service headspace has offered us, especially the transgender psychologist my child is now seeing. [Mother of a 14-year-old transgender person]

They have helped me a lot, I feel like headspace is my safe place where I can breathe in deep and let out a huge sigh, then be myself. [Female, 20]

Participants also reported negative experiences with psychologists and frustrations with the system and inadequate services.

Misgendered me, knew limited outdated offensive information about transgender issues. [Agender, 20]

They were very inexperienced and inappropriate with their questioning of both myself and my child. Had to find someone with specific experience in young transgender people. [Mother of a 9-year-old female]

Accessing services has been sporadic and very fragmented. It is virtually impossible to access long term help. [Mother of a 25-year-old female]

My son didn't have any idea what to talk about with the psychologist and was reluctant to go but realised that he had to talk to this person in order to gain a referral for treatment. He didn't like having to discuss his feelings with a stranger. So although he had to get this appointment it felt like a waste of time because my son had no issues. He was like – I'm trans, yeah so what, no I'm not crazy, this is me, why am I here ... The psychologist also called me in afterwards and asked why we were even there, I asked for the letter and we left. [Mother of a 21-year-old male]

At [the] hospital gender clinic I think I knew more than them, it was nice for my child to chat to the nurse but they seemed to just think she will grow out of it. They are really not that much help. 2 years later we went again but they just don't have all the experience that they have in [interstate capital city]. [Guardian of a 10-year-old female]

When we first started this journey it was very hard to find someone that would listen and show interest in our case. We were told repeatedly to not worry about it. That it was a phase. To leave it. Until the beginning of this year when we were finally able to talk to someone that understood and could guide us on the right path to take. [Mother of a 5-year-old transgender female]

GP services are at [a city clinic] and they are a very queer friendly space. [My child] has had issues with a couple of the psychologists and as a result we are now aiming to get him with a

specifically trans friendly psychologist; the problem here becomes cost as the standard 10 sessions for a [Medicare-subsidised mental health care plan] is not a suitable system for someone with long term needs regards psychology support, so we will have to cover the additional costs after the 10 sessions are used. [Mother of a 19-year-old transman]

Some psychologists lacked knowledge of trans issues and experiences.

I had to teach my psychologist about my identity. [Non-binary transmasculine boy, 17]

He was very respectful, helpful and showed a willingness to learn, an open mind despite my being his first trans client. [Female, 23]

The psychologist is not trained in gender identity issues, but she was good at dealing with anxiety problems. Specialists for identity issues are hard to find and there is a long wait time to get an appointment. [Mother of an 18-year-old male]

My psychologist was lovely but I felt like I had to explain a lot of things to her e.g. what queer means. She was super accepting but I felt like she had no knowledge of gender diversity so it was just skimmed over. [Agender, 25]

It takes a lot of effort to find a counsellor who is respectful and knowledgeable around trans issues. [Non-binary trans person, 22]

I spent the appointments explaining what trans and non binary meant, didn't get much actual counselling. [Agender, non-binary, 20]

Specialist skills are needed when tackling gender/social issues. It's very difficult for people without trans experience or life knowledge to give helpful advice. [Transmasculine, 24]

The service ended up making me feel worse than when I arrived. Also, there was a general tendency not to take my body dysphoria or my need to see someone who was actually knowledgeable about transgender issues seriously. People asked questions that made it clear they didn't really know anything, and seemed to think they knew more about my problems than I did. [Male, 20]

We were pleased with our psychologist from a general point of view but she had very little knowledge of gender dysphoria. My son and I were able to research and find out information quicker than she did. This is why we have been seeking the services of a psychologist who specialises in gender issues. So far the first two referrals have been declined due to client books being full and closed to new patients. [Mother of a 21-year-old male]

Experiences of medical transition and associated services

Medical transition includes hormone therapies and/or surgeries that are gender affirming. Hormone therapy is often conducted in two stages for trans young people under 18: the first is prescribed to block puberty and the second consists of 'cross-sex' hormones that affirm a trans person's gender expression.³⁵ In Australia, parents can consent to Stage 1 hormone therapy for their child (under the age of 18) but permission from the Family Court is needed for Stage 2 hormone therapy for people under 18 years, even if the parents, doctors and young person in question all consent.^{34,35}

The first stage of hormone treatment, if administered early in puberty, can make transitioning later in life easier because some features that set in with puberty cannot be modified later in life Stage 2 cross-sex hormones. Puberty blockers can be an ideal course of treatment for some gender diverse adolescents (especially for those experiencing gender dysphoria), as the hormone blockers and their effects are reversible but allow the young person time to explore their gender identity without the onset of secondary sex characteristics.^{30,50}

It's important to recognise that not all trans people wish to pursue medical transition.

Of our participants, 35.4% had specifically accessed medical transitioning services. Note, this does not include people who may have been looking to medically transition through accessing the other services described in the previous section.

66.9% were satisfied with the service received once accessed

16.1% were dissatisfied with the service received once accessed

Of those who accessed medical services for transition, 57.3% saw a private endocrinologist, 35.2% saw a private surgeon, 21.6% went to an adult hospital, 18.6% went to a children's hospital and 2.5% saw a paediatrician. These were not mutually exclusive – participants may have accessed multiple medical transitioning services.

Of those participants who are in the process of or have medically transitioned:

4.7% are currently on or have previously used puberty blockers as a child or adolescent and an additional 30.2% wanted to but were unable to access what they want

13.6% of those aged 17 and older have previously used or are currently on hormone blockers and an additional 23.1% wanted to but were unable to access what they want

28.3% have previously used or are currently using hormones that have the effect of masculinising or feminising (e.g. testosterone, oestrogen and/or progesterone) and an additional 10.2% wanted to but were unable to access what they want and 34.0% wanted to use these hormones in the future

6.3% have had gender-affirming surgery (or surgeries) and an additional 15.5% wanted to but were unable to access what they want because of the cost, and 20.9% want surgery or surgeries in the future

In terms of where participants accessed services, 11.5% had sought medical transitioning services elsewhere in Australia (e.g. interstate) Others went outside Australia: 2.0% of respondents accessed hormones overseas (another 4.6% accessed hormones online) and 4.2% accessed surgery in another country.

A significant number of our participants were not interested in medically transitioning: 21.3% of participants in this study were not interested in using puberty blockers, 15.9% did not want to access masculinising or feminising hormones (such as testosterone, oestrogen and progesterone) and 20.2% were not interested in surgery.

However, these results show that despite some trans young people not being interested in medically transitioning, there are many trans young people who wish to access medical transition services within Australia but are currently unable to.

Positive aspects of being trans!

We asked participants about the positive aspects of their trans identity and experiences in order to acknowledge the strength, beauty and powerful self-discovery that exists for trans young people. For many trans young people, their trans identity has allowed them to have an open mind and has given them a different perspective on life. Many express confidence and feel like they know who they are at a deep level. In their view, having to constantly define yourself and think about who you are leads to a deep understanding of self. Participants are positive about what the future holds for trans people and many know their voices need to be heard through channels such as *Trans Pathways* to assist in making that change.

Being trans allows young people to have an open mind.

Some people live their lives knowing nothing but what's put in front of them, but as a trans person, your mind has been opened up to all of the possibilities. Despite the struggle, the effort, the people who make it hard for you, the people who don't understand you, and even the people who don't want you to become more who you are, it's worth it in the end; you just have to get there. [Non-binary, 23]

I am more respectful of other people's identity. It's easy to swap names and pronouns for someone. I have experienced bullying, abuse, depression and anxiety and so I am able to empathize with others and understand their experiences. [Trans male, 20]

Personally I feel that being trans and experiencing the struggles that come with it have made me more tolerant and caring to others overall; including those who are not gender diverse but experience other hardships in life. [Genderfluid/non-binary, 17]

Trans young people see the world from a different point of view.

I feel like I look at the world from a very different perspective to others, which is an opportunity I try to be grateful for. [Woman, 20]

I think being trans is really great because it forces us to really consider who we are and what we want out of life in a way that cisgender people never have to. It's great to be able to look at my life and know that I chose this and I control this. [Female, 22]

Oh my gosh YAAS! There are so many aspects of our culture that I can understand that outsiders can't, I don't feel restricted by the 'binary gender' view. I get the experience of gender euphoria which doesn't seem to exist with cis people! [Agender, 22]

There is strength in trans pride.

We're beautiful people with guts of steel and hearts of gold. We stand up for our people, we take others under our wing, we don't forget our history, and we fight to change it. [Non-binary/androgynous, 19]

No need to adhere to gendered beauty standards, I can just be ambiguously cute. [Non-binary, 18]

Despite all the challenges I've outlined in this survey, I love being trans. I'm not trans because I'm 'born in the wrong body' or because of my dysphoria. I'm trans because I feel so incredibly happy and proud finally being able to be me. I've found a wonderful community

and great friends and a wonderful partner, thanks to being able to be myself. I only wish I had been able to do this sooner. I'm also very excited to see a lot of change for the better, socially, medically, and legally, and really hope this research helps further this. [Female, 22]

There is power in trans communities.

I was going to kill myself before I realized I was trans, but afterwards I realized I wanted to live. I am happier now, despite the struggles, and I feel like I finally get a chance at living. I have a community of people who I can be open about myself with, and these genuine connections are a result of me being trans. [Woman, 21]

I actually do love being trans – I have met most of my friends through queer networks, got my current job because of the work I had been doing in the trans community, and spend a great deal of my time contributing to my community through volunteering and activism. Beyond this, being trans has given me quite a unique perspective on life, and ability to think outside the box when it comes to my relationships with other people and a strength within myself. [Male, 23]

You are different, you get to meet some incredible people, being around amazing open minded people who are supportive and accepting, being able to help and support other trans youth with information, experiences etc. [Male FTM, 19]*

It's made me a better person, because of my experiences, the difficulties I have faced, I am a more caring and empathetic person, I have been able to help younger trans people despite my own difficulties. I have tried to make the best of the cards I have been dealt, and use my experiences to help others, it's in part, the reason why I took this survey. [Female, 23]

Trans young people have a deep self-awareness.

After embracing my non-binary identity, I came to accept the femininity within me, allowing me to love myself for the first time ever. Now it's just the bottom dysphoria I have to alleviate with medical intervention and that self-love and self-acceptance will be able to come full-circle when I finally feel complete. [FTM non-binary, 26]

I absolutely love myself and the life I am creating because I know myself so well now. I am happy being trans, it's the world in which I have been born into that makes it difficult. [Trans/agender/genderqueer/transmasculine, 24]

GENDER EUPHORIA!!!!!! When people use the right pronouns (literally every single time I hear someone call me by the right name or they say or use a gender neutral term to refer to me) it's like it's Christmas or I've won the lotto or something it's literally the best feeling in the whole wide world honestly I fucking love it. Literally the best feeling ever. [Gender questioning/demigender, 17]

Being trans is amazing because I feel fully at peace with myself. I don't know if other people feel this way, but before I realised I was transgender I was very unsure of myself, always second guessing myself and lacked confidence. Now, even before I have started my transition, I feel so much more confident and able to tackle everyday things. I've never felt this confidence before and it's amazing to feel it. [Male, 22]

When I started to explore my gender identity it was like the world went into colour and I was finally present and could put my feet on the ground and connect with everything around me. On good days I feel like I'm bursting with energy and passion and want to share everything. When someone used my pronoun for the first time I felt alive. When someone genders me correctly I feel seen, valued and heard. [Trans, non-binary, 23]

Trans young people feel freedom of expression.

That feeling when you get your binder in the mail and you try it on, and then look at yourself in the mirror, that's a good feeling. [Non-binary/male, 17]

Because I am comfortable in my identity all round I am a lot happier with myself and am able to focus on improving my everyday life. I am in a place where I am able to openly express my identity and not be excessively abused or bullied because of it. [Agender, 16]

Before I came out, before I socially transitioned, I used to carry all this tension everywhere, I would turn off the taps hard, do everything hard. Sometimes that tension came out in anger. But then one day, I was honest enough with myself to say to my friend who I was and it's like I didn't have to pretend anymore. It was so freeing to just be me. Now I still carry the weight of being trans but I know what it is, I can react to it better. [Man, 23]

We asked parents what has been positive about having a trans child, here are some of their responses in their own words:

Other than now identifying as a girl, she is the same kid as she used to be, only now she is happier & more confident. Parenting her is exactly the same as parenting my other kids. [Mother of a 17-year-old female]

I have my child back. We have a very open honest relationship again. He happily answers all my questions no matter how inappropriate they may seem to others. I have learnt a lot and met some amazing people. My son is a pioneer, he and his partner are here to educate us. [Mother of a 24-year-old male]

He has challenged me on my beliefs and perceptions to a level that no one has ever challenged me and that (even though difficult) has been great. I now see trans in a completely different way and I appreciate diversity so much more. I am so grateful for all he has taught me on acceptance and unconditional love. He is the brightest most wonderful little being and having him in my life has expanded every area of my life. I could not imagine life without him exactly the way he is. [Mother of a 5-year-old male]

I feel lucky for many reasons: I have a gorgeous, smart kid who's finally emerged out of a very dark place and has made some lovely friends; I have a partner, family and friends who are supportive; I'm educated enough to navigate medical jargon and am in a financial position and geographic location that enables me to access services and treatment for my son. I'm also lucky to have access to educative resources (such as the Internet and parent support group) and no disabilities or other issues that make access difficult. I feel confident that my son knows I love him to bits and pieces, and will do what I can to help him on his journey. I want my son and other transgender people to live in a world that accepts them as they are, so I'm

doing what I can to help change old ways of thinking about gender, and educate those around me. [Mother of a 17-year-old demiboy]

So proud in that we were blessed to support our son, because it saddens me deeply to know that some children/young adults don't receive the same positive experience that we have been able to witness in our son. [Mother of a 24-year-old male]

Being trans doesn't change who my child is, it changes how he is viewed, & how he views himself. He still is my beautiful baby. This journey has allowed me to be more accepting, and patient, especially around mental health problems. We have been able to use our experience to educate others about transgender issues. [Mother of a 14-year-old male]

Having a trans child shakes you to the core of your being. The earth underneath you has changed. It makes you question yourself, your values and your beliefs. Ultimately, I believe it will make me a much stronger, better person and my relationship with my child will be deeper and more meaningful. [Mother of a 23-year-old non-binary trans woman]

Watching a beautiful soul finding the freedom to be herself. Spending time with people that she finds supportive and interesting has given me so much respect and pride in her. Understanding unconditional love. [Mother of a 21-year-old female]

My child becoming happy with who she is. That's all I've ever wanted for my children is to be happy. [Mother of a 20-year-old transwoman]

Being able to help her be happy, knowing that I could help her. Seeing the joy on her face when she went to preschool as a girl was the best feeling ever. [Mother of a 4-year-old female]

I say the outside may have changed but the inside is still the same. I'm proud of who he is. [Mother of a 19-year-old male]

I have learned so much, and have become a much more understanding and open minded person. With the added bonus of realising how very much I love my child and seeing how very brave he is. [Mother of an 18-year-old male]

She is a beautiful person & has much to offer the world. We have always allowed our children to be open & honest with us & be able to talk about anything & for that I am happy because we know what is happening for her & now we can assist her in whatever path she chooses. [Mother of an 18-year-old male]

They have taught me so much about acceptance and about diversity. I have greater admiration of their courage and integrity than ever. [Father of a 17-year-old agender person]

Her transition is painful because of ridiculous laws and difficult to access services but watching her grow into a beautiful young woman is an amazing privilege. [Mother of a 16-year-old female]

My child is a wonderful person. As trans* it's so relieving to see them finally resolve the anxiety of the past years, to own who they are, and to engage more authentically with the world. We are having more deeper conversations, because they are not hiding, or uncertain. I'm learning a LOT of new stuff! And I love learning, a whole new world is opening up. [Mother of a 14-year-old questioning young person]

Amazed at the courage and determination of my amazing daughter - our family has grown stronger - has made me focus on the wellbeing of the entire family - I think we are really connected and have all grown and learnt so much from my daughter about living with integrity. All my kids know that my love is unconditional. [Mother of a 13-year-old female]

I'm proud of him for having the wisdom to know who he is at such a young age! I'm proud of him for having the guts to come out to us at such a young age! I'm proud of the relationship I have with him so that he knew he could come out and be supported. [Mother of a 12-year-old male]

I had to research this quickly and thoroughly. I now feel that part of my life mission is to help other parents accept their kids, and reassure trans kids that God does love them - many have been told he can't love them and I know this to be untrue. [Mother of a 24-year-old female]

Watching my daughter transform from an anxious, fearful child who didn't want to attend school to a happy, out-going kid who's volunteering for leadership roles at school has been the most life-affirming experience I've ever had. [Mother of a 10-year-old female]

My child has been my teacher, my trans child has taught me to be courageous, to be true to myself and I wouldn't change my child for the world! [Mother of a 20-year-old transgender person]

We have gained such an awareness of LGBTIQ people, which we otherwise may not have. I am so passionate about the rights of my son, and others like him. I will spend my life being an advocate. [Mother of a 7-year-old transgender young person]

Conclusion

The results of *Trans Pathways* provide a complex picture of the current psychological status of Australian trans young people and the drivers that influence their mental health, as well as protective factors that may mitigate poor mental health. Previous research has argued against pathologising trans populations and we unequivocally agree with this approach to achieve the best care possible. The prevalence of depression, anxiety, self-harm, suicidality and other mental health issues in this population are significant and unacceptable. The challenges that trans young people in Australia are confronted with are not inherent aspects of being trans and being

trans does not automatically mean a person will have poor mental health. External factors, such as discrimination, transphobia and abuse, create barriers to many aspects of life for trans young people and inhibit their overall wellbeing. Many trans young people also experience body dysphoria, an internalised factor that can create distress, as seen in these responses, which is why it is imperative that trans young people have access to appropriate medical and mental health care.

Rates of self-harm and suicide are alarmingly high among trans young people and more needs to be done to prevent this.

The high rates of mental health disorders, self-harm and suicidal ideation will not decrease in young trans populations until they gain acceptance and equality. A common theme emerging throughout this research is the need for young people to be in spaces where they are able to explore their identity and find themselves. Young people reported feeling restrained from doing this, which could lead to internalised transphobia as they are told by external sources that what they are feeling is 'wrong'. Trans young people need to be able to reach out and easily access service providers who are knowledgeable on the issues they face, and who will not perpetuate transphobic ideas and behaviours.

This research has shown how prevalent many mental health issues are within Australian trans populations, filling a vital gap that helps to understand what trans young people experience growing up in Australia. The frequency of these mental health issues demonstrates the importance of programs that have been shown to be effective in supporting trans young people.

Parents and guardians have shared their challenges, hopes and dreams in our research, voices that have not often been heard. Parents told us that they need more information and awareness of trans issues to adequately and appropriately support their trans children. This feedback is especially important given that 65.8% of trans young people feel a lack of family support. This limited support in turn contributes to poor mental health. To change this, awareness of trans issues and information on what it means to be trans must be readily available for trans young people and their parents.

Where do we go from here?

The issues and experiences affecting younger trans populations are generally under-researched. Studies that follow up trans young people as they age and seek services would be invaluable for understanding how care providers and community agencies in Australia could better support trans young people.

Further research is needed into which psychological scales are validated for use in gender diverse populations.

This research is not specific to transgender and gender diverse Aboriginal and Torres Strait Islander peoples. We recognise that research into the experiences of LGBTIQ Aboriginal and Torres Strait

Islander peoples is severely lacking. Further research on trans and gender diverse Aboriginal and Torres Strait Islander peoples is needed. This research must be initiated and directed by Aboriginal and Torres Strait Islander peoples.

Trans Pathways shows there are many factors that influence a trans young person's mental health and wellbeing, and there are no simple solutions. Many areas need to be improved in the provision of mental and medical health care to trans young people. The first step is ensuring there are enough providers that are adequately trained in issues affecting trans young people. These providers need to be aware of and stay up to date on rapidly changing terminology and best practices.

Parents need to support their child as they explore their gender identity, and promote themselves as someone their child can trust by being willing to seek out information.

In the next section we explain how we can promote good mental health in trans young people, with a set of recommendations for government and medical mental health services as well as guidelines for creating safe spaces.

Recommendations

Below are major recommendations for government and health services. This list is not exhaustive but is a starting point for round table discussions to be conducted with policy makers and key stakeholders following the release of this report.

Recommendations for Australian Government

Systemic behaviours and attitudes that reinforce transphobia continue to put many trans young people at risk. Societal attitudes are influenced by government, institutions and laws, and these authority figures have the capacity to lead and promote change at the societal level.

Australian Government agencies are encouraged to:

Promote and enact trans-inclusive public policies (for example, regarding access to gendered facilities), trans-inclusive legislation (for example, regarding processes for gender recognition), and trans-inclusive data collection, particularly in population-based surveys such as the census to ensure recognition of Australian trans populations.

Provide better education on gender diversity and practical information on how to uphold the rights of trans people. This is particularly important for human services providers, including educators, policy makers, social welfare and health services, employers and organisations.

Increase funding for provision of and enhancement of gender services and research (trans community-led, whenever possible) to better meet the needs of trans populations now and in the future.

Recommendations for medical and mental health services

There are more trans people in Australia than trans-friendly healthcare providers can serve. Trans community-led funding and peer-based, proficient, holistic service provision is necessary. Increasing numbers of young people seeking advice and health care related to their gender identity means that more service providers need to develop their skills to serve trans populations, and that already existing services need to be supported and expanded.

Those who commission and fund health systems need to:

Increase funding for services for trans people (both adults and under 18s), to create services in areas where there are none, and expand services where they are at capacity.

Improve services where they are perceived to be sub-standard, for example by broadening care beyond gender-affirmative healthcare, and by enhanced education and upskilling of current service providers and ensuring that services are safe and inclusive spaces.

Ensure enhanced accessibility, for example by incorporating services into Medicare and removing legal barriers to adolescent healthcare. Ensure trans health care is affordable by expanding services and treatments covered by Medicare and the Pharmaceutical Benefits Scheme, and encourage private health insurance companies to include trans health needs in their coverage. This is a necessary step towards trans health equity.

Guidelines

Below are some guidelines to help create safe spaces for trans and gender diverse young people.

School, university and TAFE

Many trans young people have negative experiences at school, TAFE and university. Previous Australian research has shown that gender questioning young people (aged 14–21) are more likely than their same sex attracted peers to have issues with school, including problems with academic progress, socialising and homophobia.¹⁰ As young people spend a lot of their time in educational environments, these are important spaces for young people to feel supported in their identity.

Schools, universities, TAFEs and all education providers need to:

- Uphold everyone's right to a safe educational environment: to feel safe at school and to have access to an education.

- Encourage teachers and all school staff to seek out information on gender diversity and incorporate equitable practices into their school. Awareness of gender diversity must be included in teaching materials.⁵¹

- Make gender diversity a conversation that all classrooms have (at an age-appropriate level).

- Include trans, gender diverse and other kinds of LGBTIQ diversity and visibility in a range of subjects, particularly those subjects and disciplines that work with people, such as medicine, psychology, human services and others.

- Implement trans-specific and equitable anti-discrimination and anti-bullying policies, processes and awareness in your educational institution. Some examples are:

 - toilet options

 - uniform choices

 - sleeping facilities, e.g. at camps

 - access to trans-friendly counselling services

- Recognise the barriers that some trans students may face to staying in education, and support trans students to continue their education.

- Encourage queer spaces and staff and student ally programs in all educational environments.

All children have a right to equitable education. Educational environments can be transformed from negative spaces to safe spaces where trans young people can develop and grow. These changes are not always easy to make but they are necessary for the wellbeing of your trans students.

Peers

It is important for all young people to feel supported by their peers, and subtle or more obvious actions or words that you use can impact a trans person's wellbeing.

Peers need to:

Respect a trans person's pronouns and name.

This can help the person feel validated in their identity and can make them feel good about themselves.

It's okay to ask what name and pronouns you should use, and if you make a mistake, apologise and try to use the correct name and pronouns next time.

Simply listen: your friend may be unsure about their identity and may not have all the answers yet, so it is helpful to be someone they can open up to while they explore their identity.

Talk to someone and be supportive if your friend experiences troubling times or transphobia, but be prepared to encourage your friend to seek professional help. You or your friend can call:

Qlife LGBTI phone and chat counselling and info service

1800 184 527

www.qlife.org.au

3pm–12am every day

Suicide Call Back Service

1300 659 467 – 24/7

headspace

1800 650 890 for non-urgent mental health support.

Discourage transphobic or discriminatory behaviour. Model and encourage respectful behaviour among your peers.

Intervene with transphobic or discriminatory behaviour if you feel comfortable and safe doing so.

Report transphobic behaviours and encourage the person who experienced the event to report it and seek support if needed.

Keep an open mind and be supportive of your peers.

Link your peers with other trans young people (if they are public about their identity), groups and networks for peer support, being careful not to disclose their trans identity without their permission.

If your friend is currently transitioning or has just shared their gender identity with you, it's important to be aware that what they are telling you may be private and only between the two of you. Check in with them on how you should refer to them in public, in front of their family and in other contexts to maintain their privacy.

Advocate for trans-specific and equitable anti-discrimination and anti-bullying policies, processes and awareness in your school, workplace, and community group.

Remember: you can't help others if you can't help yourself!

Always make sure to take care of yourself and your mental health first.

Parents and guardians

Raising a child in one gender and then having them identify as trans at any stage in their life can be difficult for a parent to understand and is not an easy transition for a parent to make.

Parents and guardians need to:

Realise that your child may be exploring their gender identity and that this is okay.

Realise that your child is not sick or disordered if they identify as a gender that doesn't match their sex assigned at birth. They are just different. And difference is okay. Respect their difference.

Realise that there is nothing you have done to 'cause' your child's gender identity, and that gender reparative therapies (therapies that attempt to force young people to accept the sex assigned to them at birth) are unethical and can be damaging.³⁰

Be supportive: young people who do not have the support of their parents are at greater risk of poor mental health.

Know that it's okay to reach out for support for you and/or your young person as your family adjusts to these changes.

Learn how to best be there for your trans young person.

Talk to your child and keep an open mind as you listen to them. Know that they may not have all the answers to all your questions.

Seek out information from reliable sources – don't believe everything you read or hear.

Use your young person's correct pronouns and the name they wish to be called as this will help them feel validated and respected in their identity.

Trans young people

Trans Pathways highlights the numerous stories of pride, empowerment, positive change and the building of meaningful and fulfilling lives, as well as the issues that trans young people face. It's important to keep this in mind and hold hope for the future when you are going through difficult times.

Every trans person's experience of growing up in Australia is different and there is no 'correct' way to be trans. These recommendations are simply things that may help you if you are going through a tough time.

Figure out what activities or other things can help you with self-care and use these to take care of your mental health and wellbeing.

Seek out information to be an empowered health consumer: you should know your rights when seeking health care. Start here: www.humanrights.gov.au.

Reach out to others: seek additional support from peer support networks if you feel it may help you. Give it a go!

Seek additional support if your parents are having a hard time understanding and/or accepting your gender identity and/or expression. There are many parent support groups that can help parents understand what it means to have a child who is trans.

Talk to someone if you are experiencing troubling times, whether to a friend, family or professional help. You can call:

Qlife LGBTI phone and chat counselling and info service

1800 184 527

www.qlife.org.au

3pm–12am every day

Suicide Call Back Service

1300 659 467 – 24/7

headspace

1800 650 890

www.headspace.org.au for non-urgent mental health support, or seek the specific support services in your area.

These recommendations are by no means exhaustive and, above all, it is important to keep having conversations around trans rights and mental health, so that trans people do not continue to experience events that are detrimental to their mental health and wellbeing.

These recommendations are based on what Trans Pathways participants told us as well as other research and calls to action.^{2,11,51} Other recommendations relating to research and legal fields are not covered here.

Contact the Trans Pathways team at transpathways@telethonkids.org.au if you have any questions about the results and recommendations presented in this report.

Resources

The support resources listed here are only a handful of those available to LGBTIQ young people and their parents.

There are hundreds of groups on Facebook and other social media sites (which we have not listed here due to the ever-changing nature of social media), both public and private, that are available for support and information.

Urgent support

Kids Helpline

1800 55 1800 (Available 24/7)

kidshelp.com.au

Lifeline

13 11 14 (Available 24/7)

lifeline.org.au

Suicide Call Back Service

1300 65 94 67 (Available 24/7)

suicidecallbackservice.org.au

Beyond Blue

1300 22 46 36 (Available 24/7)

beyondblue.org.au

National resources

headspace (locations in every state and territory)

headspace.org.au

FTM Australia

ftmaustralia.org

QLife

1800 184 527 (Available 3pm–midnight)

qlife.org.au

National LGBTI Health Alliance

lgbtihealth.org.au

National LGBTI Health Alliance's 'Gender, Bodies & Relationships Passport'

lgbtihealth.org.au/passport

Parents of Gender Diverse Children

(03) 9663 6733

www.pgdc.org.au

RAD Australia

'RAD Australia's mission is to connect trans, gender diverse, intersex, queer, gay, lesbian, bisexual, asexual and other sexuality and gender diverse (LGBTIQ) people to accurate, safe, respectful, and comprehensive care and support in order to improve individual and community health and wellbeing.'

radaustralia.org.au

ReachOut.com

Gender Help for Parents Australia

genderhelpforparents.com.au

PFLAG Australia (for parents of LGBTIQ people)

pflagaustralia.org.au

Transcend (for parents of trans young people)

transcendsupport.com.au

Resources by state and territory

This list is a broad overview of services available. We have chosen not to list the many social media groups that exist but we encourage you to seek these out. The services listed here will help you find the most appropriate services and support near you. There are others not listed here.

Australian Capital Territory

A Gender Agenda

genderrights.org.au

New South Wales

The Gender Centre Inc

(02) 9569 2366

gendercentre.org.au

Twenty10

twenty10.org.au

Northern Territory

Sisters and Brothers NT

sistersandbrothersnt.com

Queensland

Australian Transgender Support Association of Queensland

atsaq.com

Lady Cilento Children's Hospital Gender Clinic and Statewide Service

(07) 3069 7377

Brisbane Gender Clinic

(07) 3017 1777

brisbanegenderclinic.org.au

FTM Brisbane

ftmbrisbane.org

Many Genders One Voice

manygendersonoice.org

South Australia

Shine SA

shinesa.org.au

Tasmania

Working It Out

workingitout.org.au

Tasmanian Government Transgender Services, Sexual Health clinic, Tasmanian Health Service

1800 675 859

outpatients.tas.gov.au

Victoria

Minus18

minus18.org.au

FTM Shed

transshedboys.com

The Royal Children's Hospital Melbourne

rch.org.au

EQUINOX Gender Diverse Health Service

(03) 9416 2889

pronto.org.au

Transgender Victoria

transgendervictoria.com

Monash Health Gender Clinic

(03) 9556 5216

monashhealth.org

YGender

ygender.org.au

Zoe Belle Gender Collective

zbgc.com.au

Western Australia

Freedom Centre

freedom.org.au

(08) 9228 0354

Gender Diversity Service

Princess Margaret Hospital

(08) 9340 7030

TransFolk of Western Australia

transfolkofwa.org

References

1. Winter S, Diamond M, Green J, Karasic D, Reed T, Whittle S, et al. Transgender people: health at the margins of society. *Lancet*. 2016;388(10042):390–400.
2. Smith E, Jones T, Ward R, Dixon J, Mitchell A, Hillier L. *From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia*. Melbourne, Australia: The Australian Research Centre in Sex, Health and Society; 2014.
3. Radcliffe J, Ward R, Scott M, Richardson S. *Safe schools do better. Supporting sexual diversity, intersex and gender diversity in schools*. Melbourne, Australia: Safe Schools Coalition Australia, The Foundation for Young Australians; 2015.
4. Rosenstreich G. *LGBTI People Mental Health & Suicide, Revised 2nd Edition. Briefing Paper*. Sydney, Australia: National LGBTI Health Alliance; 2013.
5. McNeil J, Bailey L, Ellis S, Morton J, Regan M. *Trans Mental Health Study 2012*. Scotland: The Scottish Transgender Alliance, The Equality Network; 2012.
6. Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustun TB. Age of onset of mental disorders: A review of recent literature. *Curr Opin Psychiatry*. 2007;20(4):359-64.
7. Mustanski BS, Garofalo R, Emerson E. Mental Health Disorders, Psychological Distress, and Suicidality in a Diverse Sample of Lesbian, Gay, Bisexual, and Transgender Youths. *Am J Public Health*. 2010;100(12):2426-32.
8. Robles R, Fresán A, Vega-Ramírez H, Cruz-Islas J, Rodríguez-Pérez V, Domínguez-Martínez T, et al. Removing transgender identity from the classification of mental disorders: a Mexican field study for ICD-11. *Lancet Psychiatry*. 2016;3(9).
9. Steensma TD, Kreukels BPC, de Vries ALC, Cohen-Kettenis PT. Gender identity development in adolescence. *Horm Behav*. 2013;64(2):288-97.
10. Hillier L, Jones T, Monagle M, Overton N, Gahan L, Blackman J, et al. *Writing Themselves In 3 (WTi3)*. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University; 2010.
11. Hyde Z, Doherty M, Tilley PJM, McCaul KA, Rooney R, Jancey J. *The First Australian National Trans Mental Health Study: Summary of Results*. Perth, Australia: School of Public Health, Curtin University; 2014.
12. Bariola E, Lyons A, Leonard W, Pitts M, Badcock P, Couch M. Demographic and Psychosocial Factors Associated With Psychological Distress and Resilience Among Transgender Individuals. *Am J Public Health*. 2015;105(10):2108-16.
13. Skerrett DM, Kolves K, De Leo D. Are LGBT Populations at a Higher Risk for Suicidal Behaviors in Australia? Research Findings and Implications. *J Homosex*. 2015;62(7):883-901.
14. Coates D, Howe D. The importance and benefits of youth participation in mental health settings from the perspective of the headspace Gosford Youth Alliance in Australia. *Child Youth Serv Rev*. 2014;46:294-9.
15. Pitts MK, Couch M, Mulcare H, Croy S, Mitchell A. Transgender People in Australia and New Zealand: Health, Well-being and Access to Health Services. *Feminism & Psychology*. 2009;19(4):475-95.
16. Spriggs MP. Ethics and the proposed treatment for a 13-year-old with atypical gender identity. *Med J Aust*. 2004;181(6):319-21.
17. Suicide Prevention Australia. *Position Statement: Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender Communities*. NSW; 2009.

18. Flores AR, Herman JL, Gates GJ, Brown TNT. How Many Adults Identify As Transgender In The United States? Los Angeles, CA: The Williams Institute; 2016.
19. Australian Bureau of Statistics. Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026. cat. no. 3238.0 Canberra, Australia: ABS; 2014
20. Australian Bureau of Statistics. Australian Demographic Statistics, Dec 2015, cat. no. 3101.0. Canberra, Australia: ABS; 2016. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0>.
21. Kuper L, Nussbaum R, Mustanski B. Exploring the Diversity of Gender and Sexual Orientation Identities in an Online Sample of Transgender Individuals. *J Sex Res.* 2012;49(2-3):244-54.
22. Moleiro C, Pinto N. Sexual orientation and gender identity: review of concepts, controversies and their relation to psychopathology classification systems. *Front Psychol* 2015;6(1511).
23. Olson KR, Durwood L, Demeules M, McLaughlin KA. Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics.* 2016;137(3): 1-8.
24. Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, et al. The Mental Health of Children and Adolescents. Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Canberra, Australia: Australian Government; 2015.
25. What is post-traumatic stress disorder NSW, Australia: Reach Out. Available from: <http://au.reachout.com/what-is-post-traumatic-stress-disorder>.
26. All about personality disorders NSW, Australia: Reach Out; 2016. Available from: <http://au.reachout.com/all-about-personality-disorders>.
27. All about psychosis NSW, Australia: Reach Out; 2016. Available from: <http://au.reachout.com/all-about-psychosis>.
28. Couturier J, Pindiprolu B, Findlay S, Johnson N. Anorexia nervosa and gender dysphoria in two adolescents. *Int J Eat Disord.* 2015;48(1):151-5.
29. Ålgars M, Alanko K, Santtila P, Sandnabba NK. Disordered Eating and Gender Identity Disorder: A Qualitative Study. *Eat Disord.* 2012;20(4):300-11.
30. Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, et al. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, V7: The World Professional Association for Transgender Health; 2012.
31. American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-5. 5th ed. American Psychiatric Association D. S. M. Task Force, editor. Arlington, VA, USA: American Psychiatric Publishing; 2013.
32. Ristori J, Steensma TD. Gender dysphoria in childhood. *Int Rev Psychiatry.* 2016;28(1):13-20.
33. Steensma TD, Biemond R, de Boer F, Cohen-Kettenis PT. Desisting and persisting gender dysphoria after childhood: A qualitative follow-up study. *Clin Child Psychol Psychiatry.* 2011;16(4):499-516.
34. Telfer M, Tollit M, Feldman D. Transformation of health-care and legal systems for the transgender population: The need for change in Australia. *J Paediatr Child Health.* 2015;51(11):1051-53.
35. Smith MK, Mathews B. Treatment for gender dysphoria in children: The new legal, ethical and clinical landscape. *Med J Aust.* 2015;202(2):102-5.

36. Hoekstra RA, Vinkhuyzen AAE, Wheelwright S, Bartels M, Boomsma DI, Baron-Cohen S, et al. The Construction and Validation of an Abridged Version of the Autism-Spectrum Quotient (AQ-Short). *J Autism Dev Disord*. 2011;41(5):589-96.
37. De Vries ALC, Noens ILJ, Cohen-Kettenis PT, van Berckelaer-Onnes IA, Doreleijers TA. Autism Spectrum Disorders in Gender Dysphoric Children and Adolescents. *J Autism Dev Disord*. 2010;40(8):930-6.
38. Janssen A, Huang H, Duncan C. Gender Variance Among Youth with Autism Spectrum Disorders: A Retrospective Chart Review. *Transgender Health*. 2016;1(1):63-8.
39. Lehmann K, Leavey G. Individuals with gender dysphoria and autism: Barriers to good clinical practice. *Journal of Psychiatric and Mental Health Nursing*. 2016;24(2-3):171-77.
40. Robinson K, Bansel P, Denson N, Ovenden G, Davies C. *Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse*. Melbourne, Australia: Young and Well Cooperative Research Centre; 2014.
41. McNamara P. Adolescent suicide in Australia: Rates, risk and resilience. *Clin Child Psychol Psychiatry*. 2013;18(3):351-69.
42. Skerrett DM, Kolves K, De Leo D. Suicides among lesbian, gay, bisexual, and transgender populations in Australia: An analysis of the Queensland Suicide Register. *Asia - Pacific Psychiatry*. 2014;6(4):440-6.
43. Saketopoulou A. Mourning the Body as Bedrock. *J Am Psychoanal Assoc*. 2014;62(5):773-806.
44. Testa RJ, Hendricks ML, Goldblum P, Bradford J. Effects of Violence on Transgender People. *Prof Psychol-Res Pract*. 2012;43(5):452-9.
45. Stotzer RL. Violence against transgender people: A review of United States data. *Aggression and Violent Behavior*. 2009;14(3):170-9.
46. Acevedo-Polakovich I, Bell B, Gamache P, Christian A. Service Accessibility for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth. *Youth Soc*. 2013;45(1):75-97.
47. Riggs D, Coleman K, Due C. Healthcare experiences of gender diverse Australians: A mixed-methods, self-report survey. *BMC Public Health*. 2014;14:230.
48. Riley E, Wong WKT, Sitharthan G. Counseling Support for the Forgotten Transgender Community. *J Gay Lesbian Soc Serv*. 2011;23(3):395-410.
49. Erasmus J, Bagga H, Harte F. Assessing patient satisfaction with a multidisciplinary gender dysphoria clinic in Melbourne. *Australasian Psychiatry*. 2015;23(2):158-62.
50. Lament C. Transgender Children: Conundrums and Controversies - An Introduction to the Section. *The Psychoanalytic Study of the Child*. 2014;68:13-27.
51. Winter S, Settle E, Wylie K, Reisner S, Cabral M, Knudson G, et al. Synergies in health and human rights: a call to action to improve transgender health. *Lancet*. 2016;388(10042):318-21.

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