

Transgenderism and Australian Social Work– a Literature Review

Griffith University

Author Note

Miff Trevor has completed a Bachelor of Arts with a double major in psychology and a minor in sociology at the University of Tasmania and is currently studying toward her Master of Social Work (qualifying) at Griffith University. Her research and practice interests include transgender, intersex, feminism, social inclusion, social activism and aged care.

Correspondence may be directed to: Miff Trevor, 88 Jindabyne Circuit, Forest Lake, QLD 4078; Phone number: 0407 623 533; Email: miff.trevor@griffithuni.edu.au

Dr Jennifer Boddy is a lecturer in the School of Human Services and Social Work at Griffith University and a member of the Population and Social Health Research Program within the Griffith Health Institute. She has maintained an active role in social work practice, mentoring practitioners on scholarly endeavours and serving as a member of several community organisation advisory boards. Her current research focuses on environmental social work, community capacity building, advance care planning, and feminist approaches to practice.

Correspondence may be directed to: Jennifer Boddy, School of Human Services and Social Work, Griffith University, Gold Coast campus, Parklands Drive, Southport QLD 4222; Phone number: (07) 5552 7706; Email: j.boddy@griffith.edu.au

The authors would like to acknowledge and honour the support and expertise of Kathy Anne Noble in the writing of this article.

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ABSTRACT

The transgender community represents a highly marginalised portion of the Australian population, frequently experiencing discrimination, social isolation, and harm. This review explores literature informing Australian social work with transgender people. It highlights the importance of generating a transgender positive discourse within Australian social work to effectively engage with and advocate for individuals with non-traditional gender identities. Key themes emerged from reviewing the literature related to the medical model; the mental health of transgender people; interdisciplinary and alternative transgender literature; minority status of transgender people; existing social work approaches to transgenderism; and Indigenous transgender literature. The views of transgender Australians are largely absent from the literature. However, the Australian transgender community's emerging voice and political activism highlights the potential for collaboration to play a significant role in the process of building a working knowledge base for social work. Based on the gaps in literature identified in this paper, recommendations for future research and practice call for continued progress in developing a theoretical and practical knowledge base which incorporates the lived experiences of transgender Australians, and the development of an approach to practice which is responsive to gender diversity. Evidenced by the review are the conditions that promote greater engagement with the transgender community

Transgenderism and Australian Social Work– a Literature Review

At present there are significant gaps in social work literature on working with transgender people and little research has been conducted in Australia. Yet an understanding of transgenderism from the perspective of transgendered individuals (Gottschalk, 2009) and the psycho-social and emotional consequences of oppression and discrimination experienced by gender variant individuals (Kenagy & Hsieh, 2005; Kerry, 2008; Miller, 2005; Wilson, 2002) is essential in developing a cohesive, relevant, inclusive and sensitive approach to Australian social work with the transgender community.

This review examines the range of literature currently available to inform social work practice in Australia as it relates to the transgender community. Attention is given to the wealth of medical and psychiatric research that has, until recently, dominated this area of study, along with an exploration of mental health as a significant issue for transgender individuals. It also examines; transgender relevant knowledge sourced from a range of disciplines and non-academic sources; transgender studies as a marginalised component of broader Lesbian Gay Bisexual Transgender (LGBT) research; existing social work specific transgender research; and transgender issues within Indigenous communities. Gaps in the knowledge base are identified and recommendations for action are made.

In the context of this literature review, the term transgender refers to any individuals who do not identify with the “traditional dichotomous gender paradigm” (Burdge, 2007, p. 243) and “feel that their gender identity does not match their sexual anatomy” (Alaers, 2010, p. 65). The use of the term transgender throughout this review is consistent with leading transgender theorists such as Stryker (2004; 2008). The distinction is made between gender as socially constructed identity and performance versus sex as biological and anatomical.

Search Methods

This review is intended to provide an overview of the current literature available to inform social work practice in engaging with the Australian transgender community. Within these parameters relevant articles and resources were identified through numerous electronic database searches including EBSCO Host - Cumulative Index to Nursing and Allied Health Literature, Informit (Humanities and Social Science Collection and the Health Collection), Proquest (Academic Research Library, Health and Medical Complete, Psychology Journals, and Social Science Journals), SAGE Journals Online, Scopus (Elsevier), Social Services Review and the Griffith University library. A range of key words were combined using Boolean logic such as transgender*, trans*, social work, Australia*, gender*, intersex*, gender identity disorder, health*, community*, counselling*, transpositive*, heteronormative*, heterosexism* and homophobia*. Searches were limited to articles published within the last ten years to ensure currency and relevance.

From this initial search, it became clear that the available literature included minimal articles specific to the transgender community and the social work profession within Australia. Consequently, articles were also sourced by examining reference lists and searching the indexes of particularly relevant Australian journals such as *Gay and Lesbian Issues and Psychology Review*. A general internet search using Google was conducted utilising the aforementioned search commands, without Boolean logic, in order to identify resources provided by peak Australian transgender organisations and relevant government documents. While a number of articles highlight the importance of developing a transpositive discourse within Australian social work, articles providing practice and research examples in Australia remained sparse.

In recognition of transgender people being the 'experts in their own experiences' (Markman, 2011, p. 315) it was determined that non-scholarly literature, such as biographies

and blogs, also provided valuable insight into the topic. Therefore, while peer-reviewed articles were valued, searches were not limited to this in order to ensure all relevant material was located.

A total of 137 articles, books and reports were reviewed. Articles were selected for inclusion in the review based on several criteria: (i) the source focused on transgender issues, (ii) the source had been published in the past ten years, unless it was a seminal work, and (iii) the source focused on the experience of transgenderism, discussed helping profession responses that social work may learn from, or provided historical information about transgenderism. In total, 66 sources were deemed appropriate, including 5 reports, 2 books, and 59 journal articles. Of the 59 journal articles, 12 were quantitative (none of which were longitudinal studies), 24 were qualitative, 10 were opinion pieces, and 13 were theoretical. Twelve articles were drawn from social work and the human services, 14 were psychology based, and 8 were from a medical perspective, with the remainder sourced from a variety of disciplines including sociology, epidemiology and speech therapy. Only 21 articles were by Australian authors, using diverse research methods or theoretical arguments, with the vast majority of the remainder being sourced from the US.

Literature from the US was deemed appropriate for consideration in Australia, because Australia and the US are both Western nations with a similar history of colonisation, who historically exchange literature and possess shared online transgender communities (Lysenko, 2009) and are similar in terms of the higher level of hostility towards recognition of same sex attraction compared to other Western countries such as Canada (Wilson, 2004).

An abundance of medically focussed research

In seeking information relating to the transgender community both in Australia and internationally it becomes apparent that the primary source of research has been medical or

psychiatric in nature (Ault & Brzuzy, 2009; Wilson, 2002) and conducted in the US, in medical environments utilising quantitative research methods (see for example, Carroll & Gilroy, 2002; Couch, Pitts, Mulcare, Croy, Mitchell, & Patel, 2007; Pitts, Couch, Mulcare, Croy & Mitchell, 2009). The focus has been on diagnosis and treatment of transgender individuals (Kerry, 2008) in determining the incidence of Gender Identity Disorder (GID) as detailed in the American Psychiatric Association DSM-IV (McCredie, 2008; McNair, Anderson & Mitchell, 2001; Miller, 2005) or in requiring that gender ambiguous individuals make a choice about identifying as male or female (Burdge, 2007; Kerry, 2009).

Transsexualism first appeared as a medically defined condition in the 1980 third edition of the Diagnostic and Statistical Manual of Mental Disorders (Cohen-Kettenis & Pfafflin, 2011) and is generally medically defined as “a relatively rare condition of atypical gender development in which there is a psychological perception of self as masculine or feminine which is incongruent with one’s phenotype” (De Gascun, Kelly, Salter, Lucey, & O’Shea, 2006, p. 146). Quantitative studies in the US have relied on sample groups identified through unusual methods, such as behavioural questionnaires completed by parents (Zucker and Lawrence, 2009) or through gender clinics, which adults attend for hormonal or surgical treatment, and thus only represent a small and specific proportion of the entire transgender community (Shechner, 2010).

Transgender research conducted by the medical field in the US more than five years ago tended to focus on the clinical characteristics of GID and psychiatric comorbidities. Hepp Kraemer, Schnyder, Miller and Delsignore (2005) describe how GID has traditionally been perceived by medical practitioners as being a component of an underlying psychiatric morbidity such as borderline personality disorder. Recent studies, mostly originating from Japan and being quantitative in nature, have identified that the higher rates of suicidal ideation, psychiatric comorbidities and associated behaviours may well be attributable to the

psychological stress induced by societal oppression, stigmatisation and discrimination (see for example Matsumoto, Sato, Ohnishi, Kishimoto, Terada & Kuroda, 2009; Terada, Matsumoto, Sato, Okabe, Kishimoto & Uchitomi, 2011). Additionally, there is growing recognition of evidence which points to transgender as a physiological intersex condition of the brain as opposed to a psychological disorder (Noble, 2011). As Fraser, Karasic, Meyer and Wylie (2010, p. 81) point out “our understanding of sexual development has now advanced beyond the level of assessing sex chromosomes, sex hormones, and gonadal morphology”.

Recently, authors internationally have increasingly questioned the validity of the current classification of GID (see for example, Hepp, et al., 2005; Matsumoto et al, 2009; Terada et al., 2011) arguing that it pathologises transgender individuals (see for example, Ault & Brzuzy, 2009; Gherovici, 2011; Markman, 2011; Vance Jr, Cohen-Kettenis, Drescher, Meyer-Bahlburg, Pfäfflin, & Zucker, 2010). Cohen-Kettenis and Pfäfflin (2010), drawing on both quantitative and qualitative resources, argue that a GID diagnosis, which pertains to impairment and distress, is unnecessary given that many transgender people do not experience psychiatric comorbidity and “function well psychologically in the nonclinical range” (Cohen-Kettenis & Pfäfflin, 2010, p. 504). Thus, inherent in the medical classification and labelling of GID is an element of moralising heteronormativity seeking to produce gender conformity (Alaers, 2010; Ault & Brzuzy, 2009; Gherovici, 2011). This has been identified as “a major contributor to the stigmatisation of transgendered people, a stigma proven often to have tragic and violent consequences” (Goethals & Schweibert, 2005, p. 458).

The DSM diagnosis of GID, however, is almost always used in the US to demonstrate the medical necessity for ongoing treatment including hormone therapy, counselling and surgical procedures, and the diagnosis continues to apply to postoperative individuals

(Cohen-Kettenis and Pfafflin, 2010). Identifying transgender as a deviation and disorder which requires diagnosis before individuals are able to access therapeutic treatment or gender affirmation surgery is problematic (Ault & Brzuzy, 2009; Couch et al., 2007). As Markman (2011, p. 318) states “medical and mental health sciences have long been the loci of labelling, classifying, and regulating the lives of transgender and gender-nonconforming people” which has resulted in the creation of a health system within which the diagnosis of GID is pivotal.

The Australian approach to transgender health follows clinical guidelines outlined by the World Professional Association for Transgender Health (WPATH) in *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. The WPATH standards of care specify that “a mental health screening and/or assessment . . . is needed for referral to hormonal and surgical treatments for gender dysphoria” (WPATH, 2011, p. 28). However, while WPATH specifies the pivotal role of mental health professionals in facilitating informed decision making and establishing a clinical rationale for referral, WPATH actively advocates for the de-psychopathologisation of gender nonconformity.

Transhealth – mental health and wellbeing

The wealth of medically based research has been pivotal in unveiling a significantly higher rate of depression suffered by Australian transgender individuals when compared to both the LGBT community and the broader population (McCredie, 2008; McNair et al., 2001). A multitude of studies have demonstrated this incidence as being directly linked to experiences of stigma, discrimination, and abuse (Couch et al., 2007; Goethals & Schweibert, 2005; Langer & Martin, 2004; Lysenko, 2009; Monro, 2000; Pitts et al., 2009).

Some recurrent themes become apparent across the range of literature, which cites quantitative data, identifying transgender status as a factor in the increased risk of youth

homelessness, low self-esteem, depression, self-mutilation, drug and alcohol abuse, suicidal ideation, suicide attempts and completed suicide (Clements-Nolle, Marx & Katz, 2006; Couch et al., 2007; McNair et al., 2001; Miller, 2005; Murray, 2010; Terada et al., 2011). Studies involving the LGBT community within Australia and in similar Western countries, such as the US, frequently reveal that “transgender people were found to experience even higher levels of discrimination” (McNair et al., 2001, p. 33) than their LGB counterparts, resulting in increased vulnerability and further barriers to healthcare and social support.

Using diverse research methods or theoretical arguments, the literature repeatedly identifies the primary challenge for transgender individuals and the basis for oppression and discrimination to be society’s traditional dichotomous view of gender (Ault & Brzuzy, 2009; Burdge, 2007; Fikar & Keith, 2004; Goethals & Schwiebert, 2005; Hicks, 2008; Kenagy & Hsieh, 2005). This common finding leads to conclusions that the transgender community should be of concern to social work, given that individuals are at risk in terms of physical health and psycho-social wellbeing. As a group, transgender people are subject to pervasive negative psychosocial consequences from family, friends and the broader community for violation of gender norms including “harassment, social and familial rejection, workplace discrimination, denial of parental rights, and physical and sexual assault” (Burdge, 2007, p. 244).

Looking further afield – Lived experience and interdisciplinary transgender literature

The reality of the preponderance of medical literature means social workers must draw from transgender relevant information from a diverse range of other disciplines such as anthropology (Wilson, 2002), criminology (Moran & Sharpe, 2004), endocrinology (McCredie, 2008), epidemiology (Clements-Nolle et al., 2006), queer theory (Offord, 2001; Stryker, 2004), speech therapy (Hancock, Krissinger, & Owen, 2010; Thornton, 2008) and

women's studies (Crawford, 2008; Gottschalk, 2009). Alternative forms of education are available through peak transgender organisations such as the forums and toolkits provided by The Gender Centre (2010a; 2010b). However, the multifarious nature of the information available requires a continuous process through which material must be filtered, critiqued and tailored to fit the values and principles of social work practice.

While academic perspectives and research provide an invaluable range of information, insight into the lived experiences of transgender Australians is essential in developing an understanding of the oppression experienced as a result of gender non-conformance. The vast majority of qualitative, opinion based and theoretical articles relating to transgender studies highlight the importance of recognising and appreciating the personal experiences and perspectives of transgender individuals (Aman, 2007; Carr-Paxton, Guentzel & Trombacco, 2006; Carroll & Gilroy, 2002; Choplin, 2001; Couch et. al., 2007; Markman, 2011; McLean, 2011, Miller, 2005; Vance Jr et. al., 2010). A rich and varied source of insight into the lived experiences of transgender individuals can be found in the form of autobiographies, biographies, novels and films, which facilitate the exploration of transgender culture, heritage, socio-political and historical background (Carroll & Gilroy, 235). As Markman (2011, p. 315) states "those most directly affected by the diagnosis of . . . GID - transgender and gender-nonconforming individuals - are the experts in their own experience." This highlights the importance of taking guidance from materials generated by transgender individuals, communities and peak bodies that, through their research and practice history, can be identified as respectful, accountable allies." Such resources generated within Australia include Noble's (2011) autobiography which includes resources from her *Changeling Aspects* website - as well as Vivienne's (2011) exploration of trans-digital storytelling which details authentic first person accounts that "offer everyone, regardless of their gender identity, an opportunity to better understand the nuances of human existence and the

inspirational potential of living beyond gender stereotypes” (p. 53) - and McIntyre’s (2011) examination of the significance of Carlotta as a prominent transgender celebrity in Australia and her contribution to improvements in mainstream acceptance of transgenderism.

Noble’s (2011) autobiography not only provides a rare insight into the real life experiences of a trans Australian, but is also a rich source of information regarding what Noble (2011) refers to in the title of her book as “the fight for recognition.” Aside from the personal experiences and challenges faced by each individual, there are a multitude of socio-political barriers and structural forms of oppression inherent within the health system, state and federal governments, and Australian society overall.

Some of the most significant barriers faced by trans Australians identified by Noble (2011) include: (i) poor access to healthcare with only two Australian clinics, (ii) excessive costs, not only from surgery but also from travel to clinics, (iii) differing state and federal legislation and detailed bureaucratic requirements, (iv) institutional discrimination where, for example, trans people who wish to remain married after gender affirmation surgery are defined as being in a same sex relationship and may be required to get divorced, and (v) societal stigma which is oppressive and precludes transgender people from seeking information from cisgender individuals - that is, those who identify with their birth gender (Markman, 2011) - about gender role norms (Noble, 2011).

These factors highlight the crucial need for the dimensions of gender discrimination to be illuminated and addressed by understanding “how the terms of gender are instituted, naturalised, and established as pre-suppositional” (Butler, 2004, p. 216). Social workers may then utilise this information in working to change the systems that oppress trans people and to empower others to do the same.

This range of information, with its diversity of origin, represents a wide knowledge base upon which to base future Australian social work research. Much wisdom can be

sourced from the findings, limitations and recommendations of this collection of personal stories, experiences, research and scientific studies. However there is still “negligible social work literature on the therapy needs of transgender clients” (Miller, 2005, p. 17) and the potential role of social workers in encouraging and amplifying the voices of trans Australians.

A minority within a minority – Transgender research as a part of LGBT studies

Although it is generally recognised that there is a lack of transgender specific social work research conducted in Australia (Miller, 2005), there is a wealth of information to be found in studies involving the LGBT community. For, as Burdge (2007, p. 244) states, transgender individuals share the “common prison of dichotomous gender paradigm” with LGB people.

However, addressing these distinct groups in such a homogenous manner can obscure the specific experiences of the transgender community. Thus, transgender issues need to be addressed separately given that LGB identification “rests on sexual orientation, not on gender identity” (Burdge, 2007, p. 244; see also Stryker, 2008). Failing to do this may mean running the risk of becoming ‘homonormative’ and reinforcing the concept of gender as a binary and unchangeable (Lysenko, 2009; Stryker, 2008) while overlooking the specific needs of the transgender community.

In spite of the limitations associated with combining transgender issues with LGB concerns, the transgender specific information found within LGBT studies, such as the increased complexities encountered by homeless transgender young people in procuring suitable housing (Murray, 2010), could be viewed as a solid grounding for more focussed research. Numerous transgender specific studies similarly note that while there is strength in unifying the LGBT community to work together for the benefit of all, it is necessary to realise the limitations of the LGBT framework and address the gender oppression that is

specific to the transgender community (Fikar & Keith, 2004; Offord, 2001; Pitts et al., 2009; Rosenstreich & Goldner, 2010; Stryker, 2004; Stryker, 2008). As Carroll and Gilroy (2002, p. 240) found seeking to develop the theory behind transgender counselling, “mental health professionals are guilty of paying only lip service to the *T* in LGBT. Efforts to redress this omission and to prepare a future generation of mental health professionals requires a radical shift in thinking about gender.”

Social work’s approach to engaging with transgender clients

The US has seen an increase in ‘transpositive’ discourse with “the personal stories of trans people . . . becoming louder” (Lysenko, 2009, p. 177) as a result of trans-activism and social justice movements. Consequently, there is a wider range of transgender specific literature available to inform social work practice within the US. Some US studies have progressed further, delving into the differences between subgroups within the transgender community comparing the varying needs of Male-to-Female (MTF) versus Female-to-Male (FTM) transgender individuals (Kenagy & Hsieh, 2005). Strategies to address the provision of transgender relevant social work services in the US include the development of a gender neutral lexicon (Burdge, 2007; Fikar & Keith, 2004; Markman 2011), transgender friendly health information and services (Fikar & Keith, 2004) and an improved awareness amongst helping professionals of “the unique identities and needs of transgender people” (Kenagy & Hsieh, 2005, p. 2). Fikar and Keith’s (2004) quantitative study specifically raised concerns about transgender individuals in the aged care setting, which is also a topic of interest in Australian LGBT literature (Harrison, 2005; 2010).

There is an emerging theoretical orientation in the US which seeks to develop transgender theory as a foundation for social workers seeking to question the nature of gender and gender identity, and engage with the trans community (Nagoshi & Brzuzy, 2010;

Sennott, 2010). Nagoshi and Brzuzy (2010) describe the emergence of transgender theory which uses a social constructivist approach to provide a “comprehensive and integrated framework for understanding and empowering individuals with multiple, intersectional oppressed identities” (p. 440) and provides a “basis for reconciling feminist and queer theoretical scholarship with social work practice and advocacy” (p. 431). Sennott (2010) however, proposes a transfeminist therapeutic approach which combines feminist ideals, social justice and principles of allyship resulting in gender affirming practice with the trans community. Development of such trans specific theories represents an acknowledgment by the social work profession that a transpositive approach is essential in becoming consciously responsive to gender diversity.

Overall, it is evident that there is a growing awareness in the US social work profession that engagement with the transgender community should no longer be centred on assisting ‘gender dysphoric’ individuals to assume a male or female gender, but should instead adopt a transpositive approach to explore, affirm and celebrate alternative gender expressions (Ault & Brzuzy, 2009; Carroll & Gilroy, 2002). There is also a clear recognition of the necessity to include transgender education in social work training (Alaers, 2010; Carroll & Gilroy, 2002; Erich, Boutte-Queen, Donnelly & Tittsworth, 2007; Goethals & Schwiebert, 2005; Markman 2011) and theory (Nagoshi & Brzuzy, 2010; Sennott, 2010). As Goethals and Schwiebert (2005, p. 457) state “when we try to think seriously about what it means to be *transgendered*, we begin to realise how little we really know about what it means to be *gendered*”.

Although ‘trans-positivism’ (Lysenko, 2009) is still developing in Australia, Australian social work literature has reached many of the same conclusions as American studies. Wilson (2002, p. 428), in her qualitative study exploring the formation and construction of transgendered identities, states that the “climate of fear and suspicion of

gender variant individuals in Australia is far reaching and ultimately affects . . . the everyday existence of transgendered persons across Australia”. Australian studies, primarily qualitative in nature, highlight the importance of practitioners providing a positive affirmation of gender for transgender clients (Couch et al., 2007; Pitts et al., 2009); inspiring the transgender community and championing the cause for ‘trans-liberation’ in order to combat discrimination, social exclusion and violence (Gottschalk, 2009; Kerry 2009; Miller, 2005); challenging the medically dominated ‘diagnosis and treatment’ approach to transgender (Kerry, 2009; Miller, 2005); and encouraging transgender individuals to develop and freely express a gender identity consistent with their own sense of self (Miller, 2005; Peters, 2005).

In recent years a number of Australian studies and government initiatives have highlighted the growing need for the establishment of a profile for transgender issues within the context of Australian social work. In a clear message to the Australian social work profession, the TranZnation report (Couch et al., 2007) - which is the result of an online survey using both quantitative and qualitative data on the health and wellbeing of transgender Australians - identified social workers as one of the key health professionals accessed by transgender individuals in the process of transitioning. Both the TranZnation report (Couch et al., 2007) and McLean’s (2011) qualitative study into the need for a trans-specific service in Melbourne, identify the profoundly legitimising effect of positive engagement with health professionals and conversely, the damaging effects of an experience underpinned by ignorance and transphobia. On a political level, this topic is becoming increasingly pertinent, given the recent Consultation Report published by the Australian Human Rights Commission (2011) entitled “Addressing sexual orientation and sex and/or gender identity discrimination”. It seeks to address human rights, discrimination, vilification and harassment on the basis of sexual preference or gender identity. Section 8 of this document is directly concerned with how protection from discrimination on the basis of gender identity might be

incorporated into federal law. It identifies that there are “significant gaps in the legal protection from discrimination on the basis of . . . gender identity at the state and territory level and almost no protections at the federal level” (AHRC, 2011, p. 43) and that the traditional binary representations of gender in the existing laws are insufficient and marginalising. The implementation of the Human Rights Framework provides a timely opportunity to act in order to promote the human rights of trans individuals and highlights the necessity for social work involvement in championing the cause for ‘trans-liberation’ (Australian Human Rights Commission, 2009; Kerry, 2009; Gottschalk, 2009; Miller, 2005).

Transgenderism and Indigenous Australia

A recurring theme in Australian transgender literature relates to Indigenous Australians. Within the minority of transgender Australians exists an even more ‘invisible’ minority of Indigenous transgender individuals (Lysenko, 2009) – often known as *sistergirls* (Brown, 2004) and *2 Spirits* (Rosenstreich & Goldner, 2010). Prior to colonisation, *sistergirls* and *2 Spirits* were “looked upon as very important members of the community” (Brown, 2004, p. 25), however the introduction of Christianity resulted in a change in this status and *sistergirls* and *2 Spirits* now face discrimination both within Indigenous communities and Australian society overall. The increased transgender risk factors previously identified are amplified. In addition *sistergirls* and *2 Spirits* suffer loss of identity, culture and family acceptance and they experience even greater difficulty accessing appropriate health and welfare services (Brown, 2004; Forrest, 1995; Rosenstreich & Goldner, 2010). The growing network in support of *sistergirls* and *2 Spirits*, as described by Brown (2004) along with the inclusion of Indigenous transgender issues at the 2010 *Health In Difference* conference (Rosenstreich & Goldner, 2010), demonstrates that this is an important area within the overall study of transgenderism in Australia.

Areas of controversy

Surprisingly, considering the array of disciplines transgender research originates from, there are relatively few points of controversy and divergence within the literature. Areas of variance relate to the definition of transgender, for example the inclusion and exclusion of groups such as pre-operative transsexuals, and the search for a more inclusive, all-encompassing term such as *trans* (Stryker, 2008).

The most contentious issue within the existing literature is related to the disempowering clinical diagnosis of GID, favoured by the medical model, which further maligns and oppresses individuals who do not identify with the existing binary, anatomical definition of gender. A recent qualitative, US study by Vance Jr et al. (2010) seeks the opinions of non-medical health professionals, the majority of whom indicated their support of the exclusion of GID from the DSM, instead supporting a less harmful diagnosis to maximise clinical efficacy without the current stigmatising language. There is a call for recognition of the difference between internally generated distress and psychological dysfunction as opposed to socially imposed distress as a reaction to oppressive socially constructed norms and political forces (Choplin, 2011; Langer & Martin, 2004; Markman 2011; McPhail, 2004; Monro, 2000). As Ehrbar (2010, p.63) points out “proponents for removal of GID argue that being trans is not an illness and that therefore using a disability model to understand trans-issues is inappropriate.” However Bockting and Ehrbar (2005) identify that the level of distress believed to be inherent in gender dysphoria, may in itself justify a diagnostic category.

Ault and Brzuzy (2009), Langer and Martin (2004), Markman (2011) and McPhail (2004) provide a US social work perspective on this topic, calling for the depathologisation of those labelled ‘gender disordered’ on the basis of ethical, conceptual and psychometric

weaknesses in the diagnosis, with an anticipated liberatory outcome for gender nonconforming people and the general population alike. As Ault and Brzuzy (2009, p. 189) state “social workers who see people struggle with gender and sexuality issues must challenge dominant and historically oppressive beliefs about these systems of social organisation especially when they are encoded in a diagnosis of a mental disorder”.

A side issue which appears in both Australian and US literature is the difficulty surrounding the sense of isolation many transgender individuals experience in attempting to relate to others of the same gender (Noble, 2011; Wilson, 2002) and the need to convince others of their legitimacy in proclaiming their chosen gender. This issue was brought into public consciousness by prominent feminist, Germaine Greer, who has referred to male to female (MTF) transgender individuals as ‘Pantomime Dames’ and argues against sex-change operations as a form of treatment for gender role distress (Mohideen, 2000). Gottschalk’s (2009) discussion of the debate around MTF individuals seeking access to traditional women’s spaces highlights the need for better understanding of and provision of services to transgender community individuals.

Conclusion and recommendations

In reviewing the existing literature it becomes apparent that the role of social work in engaging with the trans community represents new territory for the social work profession, particularly in Australia. The US literature provides some insight into the future of this practice, and in light of this it seems likely that there will be a range of social work roles in a broad spectrum of transgender contexts as awareness and action increases.

Opportunities exist in engaging with transgender Australians on an individual level in order to explore their personal experiences, beliefs, thought, mental health, social identity, role expectations, and relationships. This will help illuminate the oppressive social and

structural realities which have contributed to individual experiences of discrimination and how these have been internalised.

On a sociopolitical level, a critical social work approach is paramount in connecting individual concern with collective action in order to challenge the transphobia which is both socially and linguistically embedded in Australian society. Australian social work's involvement in transadvocacy can be exercised in direct engagement with transgender community organisations and events or by maintaining an online presence as the range of social media support networks continues to grow. Promoting a transpositive discourse in Australia not only serves to further empower the Australian transgender community but also facilitates broader social change and awareness.

Given Australian social work's commitment to "respect diversity and use anti-oppressive practice principles, seeking to prevent and eliminate negative discrimination and oppression based on grounds such as . . . gender identity" (AASW, 2010, p. 19), it is clear that there is a need for more transgender specific studies. The absence of a transgender voice to inform practice means social workers have to form attitudes about what it means to be transgender and make assumptions to anticipate the needs of the community. Given the dominance of the medical model and the potential variation in the perspectives of individual social workers, this is fraught with the possibility of misunderstanding and misinformation, further research is required to gain insight into the lived experiences of the range of transgender individuals and investigate how often transgender specific services are sought and what expectations prospective clients have of engaging with social workers. An understanding of the current attitudes and transgender awareness levels of social workers also requires further exploration.

Ultimately, Australian social workers must work collaboratively with the transgender community and use research as a tool to:

- create a knowledge base for social work practice based on the lived experiences of transgender Australians
- investigate the applicability of transgender theory and seek to expand upon the current theoretical knowledge base, incorporating feminist, queer and critical social work perspectives
- develop a uniquely Australian, transpositive approach for social workers in engaging with transgender Australians
- advocate for the removal of GID from the DSM-IV in order to shift the locus of the problem from the individual to societal expectations, without impinging upon access to treatment
- facilitate the provision of non-discriminatory, accessible and appropriate services which are responsive to gender diversity
- engage with trans Australians on an individual level, exploring personal experiences, beliefs, social identity and role expectations in order to reveal the oppressive social and structural realities which have contributed to individual experiences of discrimination and how these have been internalised
- engage with the Australian trans community on a sociopolitical level in pursuing the deconstruction of the current oppressive gender structure inherent in Australian society

An ongoing relationship with the Australian transgender community should be established, maintained and continuously enriched in order to support transgender individuals in developing and freely expressing a gender identity consistent with their own sense of self and free from discrimination, vilification and harassment. The way forward lies in equipping Australian social work with knowledge to illuminate and challenge the dominant dichotomous understanding of gender and to provide transgender Australians with the

recognition and support they require in exploring and embracing their unique gender identity. This not only serves to empower the trans community but also facilitates broader social change and awareness, enabling diversity and greater freedom of gender expression for all.

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