



Transgender people in Australia's Northern Territory

Stephen Craig Kerry

To cite this article: Stephen Craig Kerry (2017) Transgender people in Australia's Northern Territory, *International Journal of Transgenderism*, 18:2, 129-139, DOI: [10.1080/15532739.2016.1254077](https://doi.org/10.1080/15532739.2016.1254077)

To link to this article: <https://doi.org/10.1080/15532739.2016.1254077>



Published online: 05 Dec 2016.



Submit your article to this journal [↗](#)



Article views: 197



View related articles [↗](#)



View Crossmark data [↗](#)

Transgender people in Australia's Northern Territory

Stephen Craig Kerry

School of Creative Arts and Humanities, Charles Darwin University, Darwin, Australia

ABSTRACT

While research has provided a significant picture of the lived experiences of transgender and sex/gender diverse (TSGD) Australians, it remains incomplete because population samples rarely include TSGD people from Australia's Northern Territory. The Northern Territory is twice the size of France but is populated by only 210,000 people. The territory's environmental and demographic features make it very distinct from Australia's other six states and mainland territory. Most notably, it possesses a "frontier" mentality and is considered to be one of Australia's most homophobic states and territories. This paper publishes the results of an online survey conducted as part of an ongoing research project into the health needs of TSGD individuals, such as availability of medical and support services that specialize in, and are "friendly" to, TSGD people, especially in remote areas of the territory, colloquially referred to as out bush.

KEYWORDS

Transgender; sex/gender diverse; Australia; northern territory; sistergirls; aboriginal; health

The extant international transgender literature is an extensive opus encompassing an exhaustive array of lived experiences from transgender and sex/gender diverse (TSGD) people (see Califa, 2003; Devor, 1997; Feinberg, 1996; Meyerowitz, 2002; Stryker & Whittle, 2006). However, the literature is dominated by studies from the global north. Stryker writes that "transgender theory" circulates the globe "with Eurocentric privilege" (2006, p. 14) and concedes that "various non-European, colonized, and diasporic communities [...] have begun to produce entirely new genres of analyses" (2006, p. 14). Thus, rather than revisit European and North American views on transgenderism, it is imperative to turn attention to an example of the extensive, yet rarely acknowledged, research taking place in the global south. For several decades, government-funded and academic research has provided a significant picture of the lived experiences of TSGD Australians (Bliss & Porter, 1996; Buhrich, 1976; Buhrich & McConaghy, 1977; Buhrich & Trina Beaumont, 1981; Couch et al., 2007; Hyde et al., 2014; Kerry, 2016; Leonard et al., 2012; Lewins, 1995; Perkins, 1982; Perkins, Griffin, & Jakobsen, 1994; Pitts, Smith, Mitchell, & Patel, 2006; Pitts, Couch, Mulcare, Croy, & Mitchell, 2009). Elsewhere, the author has conducted a discourse analysis of the extant literature

and concluded that this population continues to experience economic instability, social exclusion, illness, and abuse (Kerry, 2014). Having said that, this picture is incomplete. Rarely, if ever, do samples include two significant populations. The first population is TSGD people from the Northern Territory (NT). The NT is one of two mainland territories and six states in Australia; it has a population of 210,000 people (ABS, 2011a) spread over an area twice the size of France. The two largest residential areas are Alice Springs in Australia's central desert, located in the south of the Territory and Darwin, the capital, in the tropical north. The second population that is rarely included in the literature is TSGD Aboriginal and Torres Strait Islander (ATSI) people, also known as sistergirls and brotherboys. As Australia's First Peoples, ATSI people have suffered considerable loss through assimilationist policies, forced relocation, and genocide following colonization by the British in 1788. Currently in Australia, in all socioeconomic and health measures, ATSI people do far worse than other Australians. For example, according to the 2011 National Census, 2.5% of Australia's population identify as ATSI (ABS, 2011b), yet in 2016, they made up 28% of Australia's prison population (ABS, 2016). The NT's ATSI population is considerably higher than elsewhere in the

country; in the NT, 26.8% of the population identify as ATSI (ABS, 2011a). The same discourse analysis conducted by the author, as mentioned above, also included additional material from ATSI conferences and community forums which suggested that TSGD ATSI people also experience double-discrimination—that is, racism within wider Australian communities (including queer communities) and transphobia within traditional communities (Kerry, 2014).

Between 1994 and 2014 (the date at which the initial literature review was undertaken), six significant projects had been conducted on the lives of TSGD Australians. The first piece of national research, Perkins et al.'s *Transgender Lifestyles and HIV/AIDS Risk* (1994), included no participants from the NT; neither did Bliss and Porter's *Health Needs Assessment of Transgender People*, however, this latter work focused solely on the Hunter region of New South Wales (1996). During the 2000s there were two national queer surveys, *Private Lives 1* and *Private Lives 2*, both of which included TSGD Australians (Leonard et al., 2012; Pitts et al., 2006). However, it is not possible to determine how many of these TSGD participants live in the NT. In the remaining two projects, NT's TSGD participants were identified: *TranZnation* (Couch et al., 2007) includes four Territorians (1.7%, $n = 229$) and the *First Australian National Trans Mental Health Study* (Hyde et al., 2014) includes 11 participants from the NT (1.2%, $n = 946$). However, this latter project was not included in the author's discourse analysis noted above because its results had not been published at the time the author's research was conducted. Despite the reasonable response rate from people living in the NT, it is not possible to isolate their contributions in Hyde et al. (2014), with the sole exception of one direct quote. This person speaks of her time before and after moving to the NT; of the latter she says:

I now work with indigenous communities in remote Australia. I see the sistergirl/brotherboy community in urgent need of support in terms of advocacy, mental health support and community education. They suffer from discrimination due to their gender, sexuality and race. Some health services refuse to acknowledge their existence. Some communities do not believe they exist though they are there, or they want to change them. It is very hard for them, harder than for even most trans people. Something needs to be done for them, though people either aren't listening, feel it's too complicated to help or don't know how to help. They are forgotten! (cited in Hyde et al., 2014, p. 76)

In Hyde et al.'s (2014) study, the ratio of participants from the NT to other participants is similar to the ratio of the NT's population to Australia's population. Yet, it lacks detail. Similarly, other recent pieces of research (Riggs, Coleman, & Due, 2013) also lack specific reference to the lived experiences of TSGD people in the NT. To date, except for Dino Hodge's ethnography of gay and homosexual men in Darwin in 1993, there has been no research into the lives of queer communities in the NT. Therefore, little is known of the issues faced by TSGD Territorians. The author is addressing the dearth of information that exists in the extant Australian transgender literature by currently conducting a research project into the lives of TSGD people in the NT. The purpose of this paper is to publish the findings from the first phase of that project: an online survey. These results have also been employed to design the second phase of the project, which will involve face-to-face interviews with TSGD people in the NT.

Methodology

The author is a lecturer at Charles Darwin University, Australia. Ethics clearance was obtained from the university's human research ethics committee to conduct a research project titled *Transgenderism in the Northern Territory* (Approval Number H14020). The sole tool of the first phase of the project consisted of an online survey that was hosted by Survey Monkey and remained open between April 2014 and July 2015. In their research using an "online sample" of transgender individuals, Kuper, Nussbaum, and Mustanski suggest that "the Internet now provides the ability to recruit a geographically diverse, non-clinical sample, where such individuals may not otherwise come into contact with researchers" (2012, p. 246). A Facebook page¹ was created for the project, and recruitment included sending emails to several NT-based queer organizations (e.g., Rainbow Territory and Sisters and Brothers NT) and several Australia-wide transgender organizations. The latter is included in order to capture TSGD people who no longer live in the NT. Visitors to the online survey were asked two initial questions before the proper survey began—were they over the age of 18 and did they currently or had they ever been a resident of the NT. A positive response to both questions was required in order to participate. Participation was anonymous and no identifying information was recorded during the survey. Any identifying information (e.g., names and

places) volunteered by participants has been removed. The survey consisted of approximately 70 closed and open-ended questions that were sorted according to five categories: demographics, relationships, health, transgender status, and life in the NT. The demographic questions pertain to sex/gender, sexuality, ethnicity, age, postcode, country of birth, income, education, and religion. In the second section, participants were asked to describe their relationship status (e.g., single, partnered, married); if in a relationship, how long they had been in that relationship; whether they had children; and what were their living conditions (e.g., live alone, live with pets, live with partner). Participants were also asked to describe their relationships with parents and siblings. In the health section, participants were asked about their physical and mental health. The project implemented the Kessler Psychological Distress Scale, also known as K10.² At the completion of the survey, the demographic results were collated to map out the preferred terms and the social relationships of participants. Participants' sex/gender were compared and contrasted with the results in the section "transgender status"³ as well as a broader picture of the participants' lived experiences, as they pertain to being TSGD. The K10 scores were compared to participants' self-reporting of their mental health status, as well as with the mental health of TSGD Australians as reported in *Tranznation* (Couch et al., 2007), *Private Lives 2* (Leonard et al., 2012), and the *First Australian National Trans Mental Health Study* (Hyde et al., 2014). A thematic analysis was conducted on participants' written responses to gauge the dominant trends in their lived experiences. This analysis was performed from an interdisciplinary perspective. The author employs a postmodern and feminist framework, with an emphasis on queer theory and transgender theory. In coming from this perspective, attention was focused on the voices of those who have been marginalized, as postcolonial feminist Spivak writes, letting the subaltern speak (Spivak, 1988).

Results

At the completion of the study, 25 people had visited the online survey. Six visitors were disqualified from participating because they provided negative answers to the first two questions and six other visitors navigated away from the website before beginning the survey; the latter were coded as "incomplete" and not

included in this analysis. The remaining 13 participants were assigned a sex/gender-appropriate pseudonym by the author.

Demography

When discussing their sex/gender, participants displayed a diverse range of preferred terms. As detailed in Table 1, five participants (Erik, Felix, Ian, Justin, and Kelvin) preferred the term *transman*, four (Brendan, Dorian, Felix, and Leonard) preferred *man*, and two (Andria and Mary) used *transwoman*. Additional terms used were *sistergirl*, *genderqueer*, *transgendered*, *FtM*, and *cross-dresser*. When asked to clarify these, participants often added additional terms. For example, Catherine, a *sistergirl*, also used the term *male-to-female transgender*; similarly, Felix, Hamilton, Ian, and Justin used *female-to-male transgender*. Hamilton went on to say that, while using the terms FtM and female-to-male transgender, she does so conditionally: "I don't identify as a man and prefer to be called she." Mary emphasized her transition status by stating that she was a "pre-op transwoman." Similarly, Erik specified that he was "a transsexual man. Total and full body reconstruction." Participants' sexual orientations were also diverse: bisexual, straight, queer, lesbian, and gay. The majority of participants reported their ethnicity as "white/Caucasian," two reported "mixed race," two others self-identified as ATSI people, and one person self-identified as Asian.

Most participants are between age 25 and 44 years; one is younger than 25 years and three are older than 44. Two participants were living outside of the NT.

Table 1. Demographic summary.

Pseudonym	Preferred terms	Sexual orientation	Ethnicity
Andria	Transwoman	Queer	White/Caucasian
Brendan	Man	Bisexual	White/Caucasian/mixed race
Catherine	Sistergirl	Straight	Aboriginal/Torres Strait Islander
Dorian	Man	Gay	White/Caucasian
Erik	Transman	Bisexual	Aboriginal/Torres Strait Islander
Felix	Man/transman	Straight	White/Caucasian
Gabriel	Genderqueer	Queer	White/Caucasian
Hamilton	Transgendered, FtM	Queer	Prefer not to answer
Ian	Transman	Lesbian	White/Caucasian
Justin	Transman	Bisexual	White/Caucasian
Kelvin	Transman	Straight	Asian
Leonard	Man/cross-dresser	Bisexual	White/Caucasian
Mary	Transwoman	Lesbian	Asian, White/Caucasian

Those living within the NT were located in the two residential areas of Darwin and Alice Springs and in more-remote areas. Three participants were born overseas. Eight participants earn less than AU \$100,000 per annum. Participants' highest level of education ranged from junior secondary-level to university level. Participants had jobs in education and training, in a library, in sales, as health care practitioners, in computer-related businesses, in community and social services, in food preparation and serving, in construction, and in hospitality. Half identified as either religious or spiritual and half identified as either atheist or agnostic.

Relationships

Six participants were "single" and many had been single for several years; the average was 8 years. Those in relationships described the relationships as "partnered," "polyamorous," and "de facto relationship"; on average, relationships had lasted 4 years. Five participants had children; four of the parents were biological parents and one, Justin, had adopted a child. He went on to say, "My partner gave birth using donor sperm and I am [the child's] parent on his birth certificate." Participants' living conditions were quite varied, including living alone (with pets) or with partners, family, or unrelated individuals. The majority of participants ranked their relationships with parents as "good" or "very good." Andria stated: "My parents are very proud and supportive of me"; another noted, "They understand my being transsexual and support me." Erik spoke only of his father, who "is accepting and supportive of me." Mary spoke of troubled relationships with her parents:

My mother is an abuser and did not take well to me coming out as trans. We don't talk much anymore. My father is very homophobic on account of being raised in [regional Queensland] in the 60s, and also did not react well, but he is trying to become OK with it and is making great progress.

A similar result was found when participants were asked to rank their relationships with their siblings. Most ranked these relationships as "good" and "very good." Andria, who ranked her relationships as poor, noted that her sister had "become very conservative since her marriage and she perceives me as radical." Similarly, Erik said his siblings "do not contact or have anything to do with me" and Mary goes at some length to explain:

My second youngest sister does not understand the concept of being transgender and does not respect me much as a human being, but does make rudimentary attempts to get along with me. My youngest sister also does not understand, but is accepting and is making attempts to respect me, call me by my preferred name, etc.

Health

All, but one, self-rated their physical health as "good," "very good," and "excellent." When asked to specify a physical illness, several were reported: asthma, spinal/neck injury, nerve pain, arthritis, insulin-dependent diabetic, retinopathy, and little use of shoulders due to accident. Similarly, all but one self-rated their mental health as "fair," "good," "very good," or "excellent." Three specified that they experienced depression and anxiety. According to the K10 test results, implemented as part of the survey, none of the participants were likely to have experienced a "severe mental disorder" in the 4 weeks prior to completing the survey. However, one was likely to be experiencing a "mild mental disorder" and five may have been experiencing a "moderate mental disorder." The average K10 score for this cohort is 19, thus on average they were "likely to be well." There is an inconsistency between self-rated mental illness and K10 scores for two participants. They and a third participant who did not answer the questions about whether or not they had a mental illness were likely to be experiencing a "moderate mental disorder."

Transgender status

Change to documents and age first considered sex/gender

In addition to the demographic information included above, several had changed their official documents to reflect their affirmed sex/gender, including passport, birth certificate, bank account details, and driver's license.⁴ Erik elaborated by stating he had changed "all legal, medical and social documents." Conversely, Hamilton had changed her passport but she had not changed her birth certificate because "I'm not prepared to have what I see as unnecessary surgery." Participants were asked when they first thought that their sex/gender was different from the one they were assigned at-birth; the youngest age was 3 while the eldest was 30 years of age. Gabriel clarified the use of terminology in the question by saying, "never, as my gender was never defined, only my sex, which was

female.” Further problems with the question were highlighted by Hamilton who said: “I identified with the gender I was born but not what other people expected of my gender, and then what I expected of myself.” Mary made a distinction between age of realizing the discrepancy between sex/gender and assigned sex/gender at the age of seven “but did not come out for fear of domestic abuse and/or disownership. I came out at 20 years old, a few months ago.”

Hormone therapy

Six participants stated that they had not undergone hormone therapy, because of various reasons, such as “acceptance” and “no interest.” Others referred to the lack of available resources where they live. Catherine, a sistergirl, wrote: “There’s hardly any doctors that help with admitting hormones and that’s especially out bush.”⁵ Andria went into some detail for her reasons not to undergo hormone therapy:

I believe that there are more than two genders, I have another gender. I am happy with my body, but culturally and spiritually identify as a transwoman. Surgery and medicines terrify me, I worry about their long term health impacts and pain.

Those who have undergone hormone therapy had done when they were between age 19 and 36 years. They all self-rated the success of this therapy as either “successful” or “very successful.” However, there is a discrepancy in Hamilton’s responses—she said it had been “successful” but also said, “It’s not really successful. I had been wanting to transition for many years and it was never the time. The time came and there was nothing else to do except give it a go.” Erik stated, “Without it I cannot survive, as I have had all female organs removed from my body so it is necessary to have life-long testosterone injections.” Mary went into some detail about her transition:

I have been on HRT for about 8 months and have developed AA to A cup breasts and observed my face softening considerably. Unfortunately, my jaw line is bloody massive which can lead to clocking in public. My breast development is also less than that of others I’ve spoken with, although that may be because of my Asian heritage; we generally have small breasts.

Sex reassignment surgery

Most participants have not undergone sex reassignment surgery and there were various reasons for this. Catherine said that there were “hardly any doctors

[who] deal with Sistergirls issues.” Gabriel said, “I do not feel it is part of my journey” and Ian said he wanted “to keep [his] fertility just in case I want another child. I’m lucky to have small breasts so I just bind.” Mary hasn’t explored surgery because of financial reasons, stating quite simply: “I do not have the funds.” She went on to say: “Hypothetically, if someone donated enough money for me to get SRS, I would go for it in the blink of an eye.” All those who had had some surgery were transmen and they had all had mastectomies, colloquially referred to as “top surgery” or “chest surgery.” Only Erik had had a hysterectomy, meanwhile Felix and Ian do not want to lose their reproductive capacity. Ian wanted “to keep my reproductive bits in case I want more children.” All described their surgery as “successful” or “very successful.” Felix confidently retorted: “I pass as a man.” Hamilton described her surgery as “successful” and went on to say: “I no longer have breasts that mean people identify me as a woman. This doesn’t mean I identify as a man and people who don’t know me think I am a man. I’m not either.” When asked to reflect on the support they have received from those who performed the surgery, only Hamilton described them as “unsupportive.” She went on to say the surgeon was “really interested in their own skill. I didn’t look to them for support. They weren’t abusive or outright transphobic, but they were good at surgery.” Erik indicated he was planning on more surgery in the future but did not specify what types of surgery. When asked if Justin was considering surgery, Justin stated: “Not at this stage as in Australia there is no one offering phalloplasty. All the specialists for this are overseas. It would be very expensive and also the surgery is very invasive with inconsistent results.” Only two participants had undergone hormone replacement therapy and sex reassignment surgery while living in the NT.

Life in the NT

Only five participants were born in the Northern Territory, others migrated to the NT as children or adults. Participants were asked to reflect on the needs of TSGD people in the NT and whether the needs were being met. Primarily, what was lacking for TSGD people in the Territory was a sense of community. Hamilton reported needing “really to be around others like me—queer, weird. I feel like a fish out of water around

'straights' and the lack of identification/isolation is a killer." Felix was one of the two participants who no longer lived in the NT. His needs, according to Felix, "were not met back then, which is part of the reason I moved interstate. Back then when I was in my 20s there was nothing for transsexual people to access." Furthermore, participants also had psychological, social, and health needs that could only be met by family, friends, and medical practitioners. The latter of which was significant in regard to medically assisted sex/gender transitioning. Justin said that his medical needs were being met because: "My [southern capital city] GP referred me to my current GP as she had previously worked in the same practice in [southern state] which is LGBTI friendly. My current GP is very supportive and liaises with my previous GP as she sees a lot of trans patients in [southern state]."

Conversely, Mary's medical needs were not being met: "I was unable to find any help from the medical practitioners in the NT, as most of them had not even heard of the transgendered let alone knew how to treat them, so I was left with no choice but to seek medical help in other states."

Participants were asked who provided them with support and they identified themselves, partners, family, friends, and GP. However, Leonard reported receiving no support and Gabriel received only "online support from interstate." When asked who provided the least support, five participants nominated services—medical services, in particular. Catherine said: "Too many to mention." Similarly, Andria wrote: "Any and all services, as far as I know there is only your own community." Gabriel said: "Medical and health professionals in NT." Erik did not limit his comments to experiences in the NT, stating: "Some medical people, especially the psyche [*sic*] in [southern capital city] that I saw, I found him to be rude, inappropriate and misusing his power." Others referred to family, government, and members of the queer community. For example, Hamilton noted: "Members of my community (LGBTI) which I've had expectations of most people assume I'm a gay man, and even when I say I'm a tranni they told me later they thought I dressed up in women's clothing on the weekends."

Participants were also asked to rank family, friends, medical staff, and employers as either "very supportive," "supportive," "unsupportive," "very unsupportive," or "unsure." When these responses were awarded a numerical value, friends were considered to be the

most supportive, followed by family, employer, and, lastly, medical staff. There was also the option to elaborate on their answers. In regard to her family Mary wrote, "I can say that my family is not supportive, and are on the border of not being accepting." Others wrote about negative experiences in the workplace. According to Andria, "current employers are very supportive [...] I have had employers who've put me under a microscope with crazy pressure due to my sexuality and gender. I quit." Erik said, "Never tell my workplace about my being transsexual because of discrimination. In my whole life I have had only one job in which I was able to disclose my personal life and they were very supportive and this job was working at [an AIDS council]."

Neither Hamilton nor Justin were "out" at work. According to Hamilton, he was "not out at work as I've witnessed outright transphobia." In regard to medical staff, Hamilton reported having had mixed experiences, "There are some supportive medical staff who are keen to learn if they don't know. Some doctors have also been transphobic." While Mary reported having had negative experiences with her family, according to Mary, "My friends however, are amazing and have been nothing but accepting and supportive, as have [university] staff, which really helps to make my experience a positive one." Participants were asked to reflect on how "friendly" they felt the NT is for transgender people. While five were "unsure," two said it was "unfriendly," two felt it was "friendly," and one thought it was "very friendly." These mixed views were also present in their written responses. Andria wrote:

I can be myself here without the threat of violence, at least in the central desert. However, it doesn't mean that most people smile or talk to me. I find Indigenous communities much more accepting than non-indigenous communities personally. I can't find a date where I live which does get lonely at times.

Hamilton reflected on the differences within the NT:

The medical staff really don't have a lot of knowledge. [NT AIDS and Hepatitis C Council (NTAHC)] is completely on board and very supportive. They are the saving grace for mob like me. The sheer amount of alcohol consumed in the LGBTI and other communities is problematic and not very supportive of those of us who value being clean and sober.⁶

Others clearly felt comfortable in the NT. Ian stated, "I have lots of FtM friends in the NT and we're

all doing well here” and Felix said, “I’m just seen like any other guy.” Not unlike Felix’s experience, Mary wrote, “I live my life full time, and am ‘stealth’ to the general public, so I cannot comment on my own experiences regarding friendliness towards me as a transwoman, but I do know that the medical practitioners here are not very helpful, if not opposed to the idea.

Participants were asked what, in their view, were the most important issues for TSGD people currently living in the NT. They responded by suggesting that there was a lack of medical services, community education, and social activities for TSGD people. The “medical services” participants referred to included counseling, drug and alcohol services and specialized staff. Catherine reinforced the point by referring to “mental health and acceptance especially for those living out bush.” In regard to “specialized staff,” there was, according to Justin, “access to specialist staff that specialise and have lots of experience in trans related issues”; similarly, Kelvin said that “finding gender friendly medical help” was possible. Felix reported having “access to psychiatric support when first questioning your gender.” Mary elaborated by saying:

Access to medical treatment is probably THE biggest issue at the moment. Psychological services are not helpful and often deny that you are transgender or worse, attempt conversion therapy. Another is the requirement of SRS to change one’s gender marker on cardinal and secondary ID. Generally, I believe HRT should be enough to change that, since not all of us can even get SRS, due to lack of funds, other medical contraindications, etc.

Six participants acknowledged having formal and informal support networks. Four participants were aware of NTAHC and Sisters & Brothers NT, the latter of which is the only transgender support and activist group in the NT. Two participants reported having “small private groups of trans friends that catch up to offer support.” The remaining four were unaware of any transgender support groups in the NT.

Four participants had experienced discrimination while living in the NT and this included discrimination on the basis of their sexual orientation, sex/gender, and race. According to Andria, she had been “discriminated [against] in my workplace.” Erik said that as a youth, “I used to get some discrimination because I was always looking and acting like a boy/man yet most knew I was assigned female at birth. I used to get misidentified as a butch lesbian a lot.”

Three participants had experienced verbal abuse while living in the NT, and this was also based on sexual orientation, sex/gender, and race. Andria wrote, “Trans people get abused often, it becomes normal. Sometimes I have had Indigenous people abuse me racially but not very often usually when alcohol is involved or if they are transphobic.” The same three participants also had experienced physical abuse for the same reasons. According to Andria, “I was assaulted for being “gay” by a young Indigenous man whom [*sic*] was intoxicated. I was punched in the face and chased with a big rock, he was threatening to kill me. Luckily other Indigenous friends stepped in to protect me.”

Erik spoke of physical abuse from a partner, “One of my partners at the time used to get violent with me.” He continued: “I had some white and black kids at school and at rugby games want to fight with me when I was young, because I was different. The white kids called me black c—, and the black kids would sometimes call me white c—, I have had a sense of living in both worlds on the race agenda for a long time.”

Two participants stated that they had experienced sexual abuse while living in the NT.

Discussion

The NT has a well-founded “frontier” mentality. In Dino Hodge’s ethnography of gay and homosexual men in Darwin in the 1990s he notes that the city “boasts a tradition of being a frontier town; rough and male dominated” (1993, p. i). This characterization extends to homophobic attitudes held by Territorians. Michael Flood and Clive Hamilton suggest that the NT and Queensland are the most homophobic of all of Australia’s states and territories (2005). Only two participants in this study appear to support this view and feel the NT to be “unfriendly” for transgender people. Indeed, Andria wrote that, at least in her desert communities, she can “be myself here without the threat of violence.” However, she found “Indigenous communities [to be] much more accepting than non-indigenous communities personally.” From this cohort, it is not possible to make too many conclusions of experiences that are shared by all TSGD Territorians. Having said that, and despite the relatively small number of participants, there are some clear issues they continue to face—most notably, the lack of medical services and isolation. Demographically, this is a diverse group of people with a range of sex/gender

and sexual identities from several parts of the NT, who are of various races/ethnicities and from various economic and education backgrounds. Half of the participants are single and the remainder are in a type of intimate relationship. Moreover, there are no clear patterns associated with their familial relationships: some are accepted by parents and siblings, while others are estranged from their families.

It is arguably problematic to compare the mental health findings in the extant literature with this cohort, especially considering its relatively small size. However, the dearth of information for this population means that all available information should be used when starting a conversation about the lived experiences and health needs of TSGD Territorians. Despite the number of research projects into the health needs of transgender Australians, little has been done from a sociological perspective. Roberta Perkins, in *The Drag Queen Scene: Transsexuals in Kings Cross* (1982), offers a thorough sociological analysis, however, it is based on a specific community in Sydney. Similarly, Frank Lewins's *Transsexualism in Society: A Sociology Of Male-to-Female Transsexuals* (1995) is a sociological analysis that is limited to a clinical sample who presented to Melbourne's Gender Dysphoria Clinic. In a review of Lewins's book, Perkins argues that social researchers need to "move away from the influence of the clinic and go onto the streets" (1996, p. 21). In an overview of transgender research within the discipline of sociology, Vidal-Ortiz concludes that "it is important to engage with the challenges of non-sociological disciplines, their methods, and frameworks, in order to offer a better interpretation of whatever gendering and nongender or sexual experiences transsexuals face today" (2008, p. 446). Therefore, to map out the lived experiences of transgender Territorians, it is necessary to engage an interdisciplinary approach.

Consistently, throughout the past 20 years, research suggests that rates of mental illness, in particular depression and anxiety, within TSGD populations, are higher than both the national average and in other queer cohorts. *TranZnation* concluded that, generally, "the health of transgender people is poorer than the general population in Australia and New Zealand" (Couch et al., 2007, p. 24) and the "rate of depression is higher than that found in *Private Lives 1*" (Couch et al., 2007, p. 26). In the *Private Lives 2* study, the two most common health problems experienced by

transgender and "other" participants were depression (43%) and anxiety (37%). Furthermore, "trans male and female respondents scored highest," followed by those who identified as "Other," in their K10 scores when compared with gay, lesbian, and bisexual respondents (Leonard et al., 2012, p. 35). This comparison was reproduced in the *Short Form (36)* results (Leonard et al., 2012, p. 37). The *First Australian National Trans Mental Health Study* concluded that "trans people experience very high levels of mental health problems, particularly depression and anxiety syndromes" and 43.7% of their sample

were currently experiencing clinically relevant depressive symptoms; 28.8% met the criteria for a current major depressive syndrome; 5.4% for another depressive syndrome; 18.3% for a panic syndrome; and 16.9% for another anxiety syndrome. One in 5 participants (20.9%) reported thoughts of suicidal ideation or self-harm on at least half of the days in the 2 weeks preceding the survey. (Hyde et al., 2014, p. iv)

It appears overwhelmingly obvious that TSGD Australians experience higher than average rates of mental illness but this was not necessarily reflected in the current cohort of TSGD Territorians. On average, this cohort self-rated their mental health as "good"; only one characterized their own mental health as "poor." However, when this is compared to their respective K10 scores, there appears to be a discrepancy, that is, according to the scores, five participants are likely to be experiencing a "moderate mental disorder," which is the second highest category. Moreover, three participants who said that they have no mental illness (or preferred not to answer) rated their mental health as "good" or "fair," yet all were in this category. Thus, the participants, on average, self-rate their mental health as poorer than their physical health and, according to the discrepancies between self-ratings and K10 scores, it is likely their mental health is worse than they perceive it to be. The possibility that TSGD Territorians may be unaware of their mental health status is in line with some of the comments they made about the lack of available services in the NT.

The participants reported having had mixed experiences with medical practitioners. On the one hand, Justin reported having a good relationship with his GP, because she was referred to him by his GP in a southern state; on the other hand, medical staff were ranked the least supportive. Mary stated that "access to medical treatment is probably THE biggest issue at

the moment. Psychological services are not helpful and often deny that you are transgender or worse, attempt conversion therapy.” Further, Hamilton noted that “medical staff really don’t have a lot of knowledge.” This is why others, like Kelvin, suggested that what is needed is “gender friendly medical help” and, as Justin writes, “access to specialist staff that specialise and have lots of experience in trans related issues.” The variable attitudes toward NT medical practitioners is also reflected in research conducted by Riggs, Coleman, and Due, who surveyed the views of 188 TSGD Australians and concluded that “some medical professionals are doing well in servicing the healthcare needs of gender diverse clients in Australia, whilst other professionals are falling short of adequately meeting these needs” (2014, p. 234). It is also important to acknowledge that the NT is characterized by a sparsely distributed population and for many TSGD Territorians who live outside of the main residential areas of Darwin and Alice Springs, access to medical services is difficult. As noted above, TSGD ATSI people are rarely included in research, therefore, it is necessary to give due consideration to members of this cohort. Erik, an ATSI person now living in southern capital city, left the NT because his needs were not being met, and Catherine, who identified as a *sistergirl*, said, “There’s hardly any doctors that help with admitting hormones and that’s especially out bush.” When asked what she considers the most important issue facing TSGD Territorians, she identified it as “mental health and acceptance especially for those living out bush.”

Isolation appears to be another issue, which emerged from participants’ comments. It manifests in two ways: personal and social isolation. Six participants are single and had been single for some time; one participant had been single for seven months, however, the other five had been single for 5, 10, and 20 years and “forever.” According to Andria, she “can’t find a date where I live which does get lonely at times.” Although two transmen appear to have a strong informal network; for example, Ian stated, “I have lots of FTM friends in the NT and we’re all doing well here.” Several participants were not aware of NTAHC and Sisters and Brothers NT. There appears to be considerable social isolation, even for those who are actively engaged in their communities. Leonard said he receives no support and Gabriel said that he turns to “online support from interstate.” Andria and Hamilton are both active members of their communities and both reflected on how they are not

always accepting places. Hamilton said that one of her needs is “really to be around others like me—queer, weird. I feel like a fish out of water around ‘straights’ and the lack of identification/isolation is a killer.” Andria does not identify herself as ATSI but finds comfort in ATSI communities; she wrote that they are “much more accepting than non-indigenous communities.” Having said that, she conceded that “it doesn’t mean that most people smile or talk to me.” Some participants experience transphobia within queer NT communities; according to Erik, as a youth, “I used to get some discrimination because I was always looking and acting like a boy/man yet most knew I was assigned female at birth. I used to get misidentified as a butch lesbian a lot.” Similarly, Hamilton noted that “members of my community (LGBTI) which I’ve had expectations of most people assume I’m a gay man, and even when I say I’m a tranni they told me later they thought I dressed up in women’s clothing on the weekends.”

If Erik left the NT because, as he said, “Back then when I was in my 20s there was nothing for transsexual people to access,” it is plausible that little has changed.

As noted above, Australia’s first peoples are considerably worse off than other Australians. Because there were only two participants who identified as ATSI, it is not possible to garner the unique lived experiences that affect ATSI people. Although Kuper et al. (2012) above notes how the Internet has enabled researchers access to communities in remote areas, and this is certainly the case in this project. There are inherent problems associated with the ATSI population, beyond lack of access to the Internet, which inhibits greater participation in research: notably, language barriers. For many ATSI people, English is neither their first, second, or third language. According to the National Census in 2011, fewer people in the NT speak English only at home compared to the national average, and four of the five top languages, other than English, are ATSI languages—three of which are rarely spoken outside of the NT (ABS, 2011a). This has been a significant factor in my decision to conduct face-to-face interviews, which is the second phase of this research project examining the lives of TSGD people in the NT.

Conclusion

As the first phase in an ongoing project, the results of this online survey are simply the beginning of a

conversation pertaining to the lived experiences of TSGD Territorians. Despite the relatively low sample number, its inherent diversity enables a glimpse into the broad range of issues facing this cohort. The sample consisted of individuals from a range of sex/gender, sexual, and racial identities who were drawn from across the NT with very different lived experiences as TSGD people; that is, it included men, women, transmen, transwomen, a sistergirl, a genderqueer, straights, lesbians, bisexuals, and queers, as well as White, Asian, and ATSI Australians who live in Darwin, Alice Springs, and remote areas of the NT. That this survey attracted participants from across the NT, appears to support Kuper et al.'s (2012) view that online surveys allow an "ability to recruit a geographically diverse" sample. It is possible to suggest, albeit tentatively, that there are some similarities between this cohort and TSGD Australians as documented in the extant literature—namely, high levels of mental illness and isolation. Moreover, the relatively small population of the NT and the fact that it is sparsely distributed has an impact on the availability of medical and support services that specialize in and are "friendly" to TSGD people, especially "out bush." Some participants spoke of individual and social isolation; some were single and had been for some time, but also they were unable to get dates and had experienced misunderstandings (e.g., misgendering) and transphobia within queer communities. The breadth of views, lived experiences, and issues expressed by these participants adds invaluable data toward understanding the lives of TSGD Australians. The success of this project and the rich stories told by these individuals has led the author to conclude that further research is warranted. Hence, the author has now embarked on the second phase—that is, face-to-face interviews with transgender and sex/gender diverse Territorians.

Notes

1. <https://www.facebook.com/TransHealthNT>.
2. The K10 is a standard psychological apparatus to measure a person's level of distress in the 4 weeks prior to the test, as a means of determining this person's mental wellness. This is a common measure within research projects focused on health needs.
3. The author concedes that the phrase "transgender status" is problematic, however, it is employed to remain consistent with the original wording of the online survey.
4. It should be noted that Australians are able to change the sex/gender on their passport without surgery or hormone therapy. Changing one's sex/gender on other official documents (e.g., birth certificate) varies across Australia's two mainland territories and six states.
5. When a person refers to "out bush" they mean living in remote areas of Australia, usually far away from residential centers.
6. *Mob* is a term used by Australia's First Peoples to refer to themselves and their community/ies.

References

- ABS. (2011a). Census QuickStats. Retrieved from http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/7?opendocument&navpos=220
- ABS. (2011b). Census QuickStats. Retrieved from http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/0?opendocument&navpos=220
- ABS. (2016). 4512.0—Corrective Services, Australia, June Quarter 2016. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4512.0>
- Bliss, M., & Porter, M. (1996). *Health needs assessment of transgender people*. Newcastle, Australia: Hunter Area Health.
- Buhrich, N. (1976). A heterosexual transvestite club: Psychiatric aspects. *Australian and New Zealand Journal of Psychiatry*, 10(4), 331–335. doi:10.3109/00048677609159521
- Buhrich, N., & McConaghy, N. (1977). Clinical comparison of transvestitism and transsexualism: An overview. *Australian and New Zealand Journal of Psychiatry*, 11(2), 83–86.
- Buhrich, N., & Trina Beaumont. (1981). Comparison of transvestitism in Australia and America. *Archives of Sexual Behavior*, 10(3), 269–279. doi:10.1007/BF01543079
- Califa, P. (2003). *Sex changes. The politics of transgenderism* (2nd ed.). San Francisco, CA: Cleis Press.
- Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchel, A., & Patel, S. (2007). *TranZnation. A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
- Devor, H. (1997). *FTM. Female-to-male transsexuals in society*. Bloomington, IN: Indiana University Press.
- Feinberg, L. (1996). *Transgender warriors. Making history from Joan of Arc to Dennis Rodman*. Boston, MA: Beacon Press.
- Flood, M., & Hamilton, C. (2005). *Mapping homophobia in Australia*. Canberra, Australia: Australia Institute.
- Hodge, D. (1993). *Did you meet any malagas? A homosexual history of Australia's tropical capital*. Nightcliff, Australia: Little Gem.
- Hyde, Z., Doherty, M., Tilley, P. J. M., McCaul, K. A., Rooney, R., & Jancey, J. (2014). *The first Australian national trans mental health study: Summary of results*. Perth, Australia: School of Public Health, Curtin University.
- Kerry, S. (2014). Sistergirls/brotherboys: The status of indigenous transgender Australians. *International Journal of Transgenderism* 15(3–4), 173–86.
- Kerry, S. (2016). Comparing and contrasting the aspirations of transgender Australians in 2001 with the current status of

- transgenderism. *International Journal of Transgenderism* 17(1), 14–22.
- Kuper, L. E., Nussbaum, R., & Mustanski, B. (2012). Exploring the diversity of gender and sexual orientation identities in an online sample of transgender individuals. *Journal of Sex Research*, 49(2–3), 244–254. doi:10.1080/00224499.2011.596954
- Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., ... Barrat, A. (2012). *Private lives 2. The second national survey on the health and wellbeing of GLBT Australians*. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
- Lewins, F. (1995). *Transsexualism in society. A sociology of male-to-female transsexuals*. South Melbourne, Australia: MacMillan.
- Meyerowitz, J. (2002). *How sex changed. A history of transsexuality in the United States*. Cambridge, MA: Harvard University Press.
- Perkins, R. (1982). *The "drag queen" scene: Transsexuals in Kings Cross*. Hemel Hempstead, UK: Allen & Unwin.
- Perkins, R. (1996). In search of the "true transsexual" [Review of the book *Transsexualism in society*, by F. Lewins]. *Mea-jin*, 55(1), 158–167.
- Perkins, R., Griffin, A., & Jakobsen, J. (1994). *Transgender lifestyles and HIV/AIDS risk*. Canberra, Australia: Australian Government Publishing Service.
- Pitts, M., Smith, A., Mitchell, A., & Patel, S. (2006). *Private lives: A report on the health and wellbeing of GLBTI Australians*. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
- Pitts, M. K., Couch, M., Mulcare, H., Croy, S., & Mitchell, A. (2009). Transgender people in Australia and New Zealand: Health, well-being and access to health services. *Feminism and Psychology*, 19(4), 475–495. doi:10.1177/0959353509342771
- Riggs, D. W., Coleman, K., & Due, C. (2013). Healthcare experiences of gender diverse Australians: A mixed-methods, self-report survey. *BMC Public Health*, 14(1), 1. doi:10.1186/1471-2458-14-230
- Riggs, D. W., Coleman, K., & Due, C. (2014). Healthcare experiences of gender diverse Australians: A mixed-methods, self-report survey. *BMC Public Health*, 14, 230–235. doi:10.1186/1471-2458-14-230
- Spivak, G. C. (1988). Can the subaltern speak? In C. Nelson & L. Grossberg (Eds.), *Marxism and the interpretation of culture* (pp. 271–313). Urbana, IL: University of Illinois Press.
- Stryker, S. (2006). (De)Subjugated knowledges: An introduction to transgender studies. In S. Stryker & S. Whittle (Eds.), *The transgender studies reader*. New York, NY: Routledge.
- Stryker, S., & Whittle, S. (Eds.). (2006). *The transgender studies reader*. New York, NY: Routledge.
- Vidal-Ortiz, S. (2008). Transgender and transsexual studies: Sociology's influence and future steps. *Sociology Compass*, 2(2), 433–450. doi:10.1111/j.1751-9020.2007.00086.x