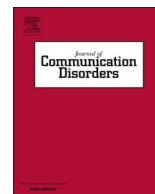




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Efficacy of intensive voice feminisation therapy in a transgender young offender

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ABSTRACT

Research suggests that transgender young offenders are a uniquely vulnerable caseload that may benefit from speech pathology intervention to help bring their voice into alignment with their gender identity. However, no previous studies have investigated treatment efficacy in this population. This study investigated the impact of intensive voice feminisation therapy targeting fundamental frequency and oral resonance in a 17 year old transgender individual within a youth justice institution. Acoustic analysis, listener and self-ratings of vocal femininity, self-ratings of vocal satisfaction, a post-treatment structured interview, and pre- and post-treatment completion of the Transsexual Voice Questionnaire (TVQ^{MtF}) were utilised to determine treatment impact. Outcome measures indicated therapy was effective at increasing the client's vocal pitch and perceptually femininity without compromising vocal quality. However, the client was still not consistently perceived as female post-intervention and had difficulty implementing feminine speech strategies in discourse. This case study provides preliminary evidence for the effectiveness of intensive voice feminisation therapy in a youth offending population. This research also highlights the potential utility of speech pathologists working in youth justice settings, even when the timeframe for intervention is limited. Furthermore, this research paper validates the use of perceptual outcome measures in transgender voice work, by replicating previous findings in which significant correlations were found between perceptual ratings of vocal gender and client satisfaction.

The term 'transgender' refers broadly to a population of individuals whose gender identity differs from their assigned sex at birth (Antoni, 2015; Coleman et al., 2011; Gelfer & Van Dong, 2013). Within this population, a broad distinction can be made between 'transfeminine' (assigned male at birth, transitioning towards the feminine end of the gender spectrum) and 'transmasculine' individuals (assigned female at birth, transitioning towards the masculine end of the gender spectrum) (Davies, Papp, & Antoni, 2015).

Some transgender individuals may feel that their external appearance or presentation does not align with their internal gender identity, spurring a process of transition whereby the individual attempts to bring them into alignment (Coleman et al., 2011; Oates & Dacakis, 2015; Wylie et al., 2014). For some, the goal of this process is to be consistently perceived and accepted by others as their desired gender, often referred to as 'passing' (King, Lindstedt, Jensen, & Law, 1999; Oates & Dacakis, 2015). Vocal patterns are one aspect of personal presentation that a transgender individual may seek to modify as they transition (Byrne, 2007; Oates & Dacakis, 2015). If an individual's gender identity and external presentation do not align, this can be a source of ongoing psychological distress (commonly referred to as gender dysphoria) (Byrne, Dacakis, & Douglas, 2003; Oates & Dacakis, 2015; Wylie et al., 2014).

The focus of this study is voice feminisation in a transfeminine client. Generally speaking, voice therapy may be indicated for any

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individual who is unable to achieve their desired vocal outcomes through hormone replacement therapy or attempts to self-modify their habitual speaking pitch (Oates & Dacakis, 2015). This is particularly common among post-pubescent transfeminine individuals, as estrogen therapy is unable to reverse any laryngeal growth and lowering of vocal pitch that occurs during puberty (Oates & Dacakis, 2015; Van Damme, Cosyns, Deman, Van den Eede, & Van Borsel, 2017).

While this study will use the terms ‘transgender’ and ‘transfeminine’ throughout, it is important to acknowledge that not all individuals seeking voice therapy will choose this terminology to express their gender identity (Coleman et al., 2011; Davies et al., 2015; Hyde et al., 2014; Wylie et al., 2014). This study will also use ‘they’ throughout as a gender neutral singular pronoun, to reflect the diverse spectrum of gender identities within the transgender community (Coleman et al., 2011; Davies et al., 2015; Mills, Stoneham, & Georgiadou, 2017; Wylie et al., 2014).

1. A vulnerable population

1.1. Transgender youth

It is well documented that transgender populations experience compromised mental and physical health in comparison to both the general population and other LGBTQ (lesbian, gay, bisexual, transgender, and queer) sub-populations (Couch et al., 2007; Grant, Mottet, & Tanis, 2011; Hyde et al., 2014; Leonard et al., 2012; Victorian Department of Health, 2011). External pressures such as social stigmatisation, rejection, discrimination, harassment, violence, and barriers to accessing health services contribute to elevated rates of unemployment, homelessness, high-risk sexual behaviour, substance abuse, and suicide among transgender individuals (Grant et al., 2011; Hillier et al., 2013; Hyde et al., 2014; Leonard et al., 2012; Victorian Department of Health, 2011).

These patterns of compromised health and wellbeing are present in transgender adults and youth alike (Hillier et al., 2013; Mustanski, Garofalo, & Emerson, 2010; Russell & Fish, 2016; Strauss et al., 2017; Victorian Department of Health, 2011). However, transgender youth who face discrimination, maltreatment, and violence at home and at school are at greater risk of experiencing homelessness without a support network (Grant et al., 2011; Hillier et al., 2013; Shelton, 2015; Strauss et al., 2017; Victorian Department of Health, 2011). Multiple studies have reported that LGBTQ youth are over-represented in homeless populations both in Australia and overseas, with transgender youth flagged cross-literature as the most at risk (Quintana, Rosenthal, & Krehely, 2010; Ray et al., 2006; Rossiter, Mallett, Myers, & Rosenthal, 2010; Whitbeck, Lazoritz, & Hautala, 2014).

1.2. Transgender young offenders

A history of maltreatment, dropping out of school, and homelessness puts young people at heightened risk of becoming involved in the justice system (Baglivio et al., 2015; Cashmore, 2011; Cronley, Jeong, Davis, & Madden, 2015; Majd, Marksamer, & Reyes, 2009; Moore, Gaskin, & Indig, 2013; Ray et al., 2006; Stewart, Dennison, & Hurren, 2005; Wald & Losen, 2003). While research in this area is limited, preliminary evidence suggests that LGBTQ youth are over-represented within youth justice institutions (Irvine, 2010; Irvine & Canfield, 2016). Two surveys conducted within American youth justice facilities have reported that the proportion of incarcerated LGBTQ individuals may be as high as 15–20%—considerably higher than the average population estimates for LGB (7.38%) and transgender (0.39%) individuals within the broader US population (Irvine, 2010; Irvine & Canfield, 2016; Meerwijk & Sevelius, 2017; Robertson, Tran, Lewark, & Epstein, 2017).

National surveys, policy investigations, and law reviews have reported that LGBTQ youth within justice facilities often go unrecognised and unsupported or face harsh and discriminatory treatment (Estrada & Marksamer, 2006; Hahn, 2004; Irvine, 2010; Majd et al., 2009; Marksamer, 2008). Reports suggest that the needs of transgender youth are particularly likely to be unmet within such facilities, whether through lack of staff education, institutional limitations, or active discrimination from staff and other inmates (Majd et al., 2009). Common themes reported in the literature are invalidation of young peoples’ gender identities, a lack of support for transitioning, and a lack of access to transgender-specific health services (Majd et al., 2009). Heightened rates of potentially undiagnosed neurodisability among young offenders, including specific language and communication impairments, may compound these difficulties and limit individuals’ abilities to self-advocate (Anderson, Hawes, & Snow, 2016; Hughes, Williams, Chitsabesan, Davies, & Mounce, 2012).

1.3. The value of voice intervention and transition support

A transgender individual’s voice may contribute to the negative psychosocial outcomes described above. As noted, an incongruence between one’s voice and internal gender identity can be a potential source of ongoing psychological distress (Byrne et al., 2003; Oates & Dacakis, 2015; Wylie et al., 2014). Research utilising self-report scales has established a significant link between self-reported vocal dissatisfaction and reduced quality of life (Dacakis, Davies, Oates, Douglas, & Johnston, 2013; Davies & Johnston, 2015; Hancock, Krissing, & Owen, 2011; McNeill, Wilson, Clark, & Deakin, 2008; Oates & Dacakis, 2015). Transgender individuals also commonly report concerns that a voice incongruent with their gender presentation will invite adverse social reactions, impact their employment outcomes, and invite verbal or physical harassment (Byrne, 2007; Davies & Goldberg, 2006; Oates & Dacakis, 2015). For individuals concerned with passing, the voice is seen as a persistent and significant barrier to success, given the role it plays in everyday communication (Byrne, 2007; Davies & Goldberg, 2006; Oates & Dacakis, 2015).

Support for transition may play a critical role in ameliorating these negative outcomes. Australia’s first national transgender mental health study (Hyde et al., 2014) reported that rates of depression and anxiety were highest among those transgender

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