'We definitely need more SLTs':
The transgender community's perception of the role of speech and language therapy in relation to their voice, language, and communication needs

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Abstract: According to Sydor (2013), it is critical to include all vulnerable, hard-to-reach groups in research in order to identify their specific needs. Transgender individuals can be considered as belonging to such groups. Speech, language, and non-verbal communication are often strongly related to gender. For transgender individuals experiencing mismatches between existing communication behaviours and their true gender, changes to these aspects of communication can help improve quality of life and mental health. Research has indicated that speech and language therapy (SLT) can successfully support the transgender (TG) community's communication needs but, internationally, this intervention is under-utilised (Gelfer and Tice 2013; Hancock and Garabedian 2013). This qualitative study aimed to investigate the TG community's understanding of the role of SLT in relation to their voice, language, and communication needs. It also explored how the TG community access the available care pathways and what factors are considered when making decisions relating to their participation in SLT. Two main themes, communication and SLT were identified. This study identified a continuing need to raise awareness of the breadth of the role of SLT within the TG community. As there is no defined referral pathway to SLT services, the research highlighted a need for the SLT profession to provide details of all trans-competent clinicians and to ensure that other members of the medical profession who interact with the trans community utilise this information to provide appropriate referrals.

Keywords: transgender; communication needs; speech and language therapy; qualitative research; hard-to-reach; thematic analysis

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Introduction

Sydor (2013) defines hard-to-reach participants as those who are difficult for researchers to access. Research in speech and language therapy often involves participants who belong to groups that are traditionally underserved, vulnerable, and hard-to-reach e.g. families belonging to low income groups, people with disabilities, linguistically and culturally diverse families (Sadler, et al, 2010). Researchers continue to struggle with access, engagement, and retention of participants (Bonevski, et al, 2014). The focus of this paper is the transgender (TG) community's understanding of the role of speech and language therapy (SLT) in their voice, language, and communication needs. Transgender individuals are considered an under-represented, hard-to-reach group in the literature (McCann and Sharek, 2014). In addition to being hard-to-reach, the potential pool of participants is relatively small. According to a position paper of the Irish Association of Speech and Language Therapists (IASLT, 2015), the trans population comprises an estimated 1% of the world's population, equating to 46,000 individuals in Ireland (Gender Identity Research and Education Society (GIRES) 2011). In 2015, the Irish Government passed the Gender Recognition Act which enabled transgender people to achieve full legal recognition of their preferred gender and allows for the acquisition of a new birth certificate to reflect this change. Six months after the legislation had passed, 149 people were reported to have been legally recognised. Ireland's legal recognition system is considered accessible with Ireland being one of 6 countries in the world who has this option for transgender people. It is difficult to obtain figures concerning the total number of trans people in Ireland. However, it is clear that the pool of potential participants is small. Before detailing the methodology for this study, an overview of relevant terms and recent literature for this study is outlined below.

Transgender (TG)

A TG individual is a person whose sense of gender and personal identity does not correspond with their birth sex. Brown *et al.* (2016) estimate that approximately 1.4 million U.S. adults identify as transgender. Grant *et al.* (2011) chose to use the term *trans* as individual participants may choose to use a wide range of terms and language to describe themselves and their experiences. For the purposes of this paper, we use TG and/or trans to refer to transgender people. We use SLT to refer to speech and language therapy/therapists.

Speech and language therapy and transgender people

The role of SLT in transgender communication modification therapy first occurred in the early 1980s, and since then, the demand for SLT intervention has grown in

tandem with the development of support for and awareness of the TG community. A successful transition allows people to live a well-adjusted life with a gender expression consistent with their gender identity (Massachusetts Transgender Political Coalition (MTPC) 2012).

Recent research from Davies *et al.* (2015) discussed the importance of ensuring that the TG individual's outer expression of communication is congruent with their inner sense of self. They defined the role of the speech and language therapist in this task as to help the TG person to develop their appropriate voice and communication style. According to Hancock and Helenius (2012), SLT can successfully support TG clients' transition to a desired total communication style which is a significant contribution to their identification as their desired gender. Voice, communication, and movement are all connected and it is the duty of the speech and language therapist to help their TG clients develop both a voice and physical presentation that is congruent to their chosen gender and identity (Adler *et al.* 2012).

The TG community is a relatively new client group for SLT (Davies *et al.* 2015). Currently, there are no systematic reviews or randomised controlled trials available in this field to discuss. However, Davies *et al.* (2015) detailed a number of studies that indicated that SLT is beneficial in helping TG individuals portray their true identity through their total communication skills (Gelfer and Tice 2013; Hancock and Garabedian 2013; Dacakis *et al.* 2012; Carew *et al.* 2007). In addition, the literature documents challenges faced by researchers recruiting participants from hard-to-reach populations such as TG individuals. The extant research acknowledges the invisibility and marginalisation of TG individuals' identities in society (McCann and Sharek, 2014). The followings subsections detail the relevant aspects of communication for SLTs working with transgender people.

Gender and communication markers

Hancock *et al.* (2014) discussed how the appearance of the transgender individuals in speech and language therapists' caseloads created the need for a treatment protocol for this new client cohort. The immediate and most salient communication need related to the alteration of vocal pitch with the next most significant aspects being vocal resonance and intonation (Hancock *et al.* 2014). Adler *et al.* (2012) and Van Borsel *et al.* (2009) also investigated the effects of volume, articulation, and vocal rate on gender perception and found these components were all integral communication components of SLT for trans clients. The use of language and non-verbal communication were researched in trans communication literature and the influence of both were confirmed as central to the perception of the desired gender (Hooper *et al.* 2012, Hirsch and Van Borsel 2012). According to Hancock *et al.* (2014), targeting language and non-verbal communication is now an essential element of the overall communication intervention protocol offered.

Gender and voice

Clark (2016) found that listener expectations link physical appearance to both expected gender and appropriate voice production. Typically, if the physical appearance of an individual appears to be male, then the listener expects to hear a lower, deeper voice (and the converse is true for a female individual).

Vocal pitch has been defined as the single most salient feature of the voice that contributes to the perception of gender voice. Shewell (2009, p.185) defines pitch as 'our impression of the highness or lowness of a sound'. Males typically speak at a fundamental frequency (F0) of 110 Hz while females speak at a F0 of closer to 220 Hz. Pitch can be varied by altering the length and shape of the vocal folds, with male vocal folds being generally thicker and longer than female vocal folds, the resulting sound is typically lower and deeper (Shewell, 2009). Studies have shown that pitch should be altered by approximately one octave by the trans individual to eliminate confusion of a speaker's gender (Hancock and Garabedian, 2013).

Resonance as defined by Hancock and Helenius (2012) is the amplification of sound in an air-filled space and is defined by the dimensions of the speaker's vocal tract. As the average male vocal tract is larger than the average female's, their resonance is lower (Root, 2011). According to Vicary (2007), monotone and lack of variety in vocal range are noted 'male' traits. In addition, Hancock *et al.* (2013) found that increased and varied intonation of speech is a key identifier in the perception of female speech. They found that speakers with a higher percentage of utterances with upward intonation, or a larger semitone range in their speech, were perceived as female by listeners. Other areas that may enhance the perception of the female voice specifically include lower volume and an increased breathy vocal quality.

According to Adler *et al.* (2012), the majority of SLT trans clients are male-to-female (MTF) individuals but female-to-male (FTM) individuals may also require SLT intervention. Some may have already undergone both surgery (for the MTF TG only) and hormone treatment (for both MTF and FTM TG) to help feminise or masculinise their voices respectively. Transitioning FTM individuals often experience growth of their larynx after completing hormone therapy that normally causes considerable masculinisation of their voices and consequently lowers the pitch (Thornton 2008). Generally speaking, MTF individuals attend SLT more frequently than FTM individuals because MTF patients do not benefit vocally from hormone therapy. Therefore, feminised speech often requires skills that must be trained and developed (Hancock and Garabedian, 2013). However, research has also found that the elevation or lowering of fundamental frequency alone is not sufficient to change the listener's perception of gender (Carew *et al.* 2007).

Murry *et al.* (2004) showed a strong correlation between voice and quality of life with voice viewed as a significant marker of gender (Gelfer and Schofield, 2000). Oates and Dacakis (2015) reported that a gender-congruent voice has a direct impact on the trans individual's psychosocial and financial well-being, while a

non-congruent voice can attract negative societal reaction and even impact on their personal safety. According to Carew *et al.* (2007), speech and language intervention can assist with the adaption of all verbal communication behaviours by helping trans individuals to adjust their vocal fundamental frequency (a speaker's pitch), resonance, and intonation as these are the most perceptually salient features of speech for listeners to perceive gender. Hillenbrand and Clark (2009), Hancock and Garabedian (2013), and Hancock, Colton and, Douglas (2014) report similar findings.

Gender, language, and communication style

According to Wood (2009, p. 137) 'language not only expresses cultural views of gender but also constitutes individuals' gender identities'. The subtle differences in language behaviours between males and females are as a result of how they were socialised as they matured. These differences may be hard to specifically identify but as communication partners, we are instinctively aware of how men and women use language differently and tend to note it when the expected behaviours are not evident.

Thornton (2008) and Adler *et al.* (2012), found learned communication styles are gender specific and are socially determined: namely the role of the speaker in the conversation, the use of tag questions (e.g., isn't it?), adjectives/adverbs (e.g., pretty, very), hedges (e.g., perhaps, I think) for more feminised language production. Furthermore, this research identified other differences in the articulatory patterns of the genders - female speech tends to be slower and more precise than male articulation and male speech tends to be more clipped and harsh with shortened words that often have their final phonemes deleted.

Palomares (2009) found that the topic of conversation impacted on how and when tentative language was utilised. For masculine topics, traditional gender differences were apparent (i.e., women were much more tentative than men in the intergroup) and the reverse was apparent during feminine topics. For gender-neutral topics, Palomares (2009) noted no differences between the sexes. This research concluded that gender-based language differences are actually typically small and are dependent on context.

Furthermore, Hancock, Wilder Stutts, and Bass (2014) found that gender-related differences in language use were limited to the contexts of personal narrative and oral picture description. That study questions the relationship between language and perceptions of gender and the parameters of training key language features in trans communication therapy. According to Hancock and Helenius (2012) and Crutchley *et al.* (2010), trans clients should seek SLT to assist in the modification of their communication patterns to match their genuine self.

Gender and nonverbal communication

'During the initial thirty seconds of an interaction, we draw an average of six to eight conclusions about a person before a single word is uttered. We only have one chance, there are no dress rehearsals for first impressions' (Nelson and Golant, 2004, p. 4). As Hirsch and Van Borsel (2012) found, not only do we draw several conclusions in a very short period of time, we often draw them from a distance. Human communication is a diverse and complex phenomenon that extends beyond the spoken or written word. In contrast to verbal communication, there appears to be much less awareness of nonverbal communication. According to Miller (2011), as with verbal communication, there are clear differences between gender and cultural nonverbal communication.

Miller (2011) stated there are significant disparities between men's and women's nonverbal behaviours, particularly regarding nonverbal immediacy which includes behaviours like smiling, gesturing, eye contact, close proximity, direct body orientation, physical contact while communicating and vocal inflections. That research identified that not only do women use more of these behaviours but they also are more accurate at reading this sort of nonverbal communication than men. There are also several other areas of nonverbal communication (pragmatic skills, posture, proxemics, facial expression, turn-taking) that are gender-specific (Hirsch and Van Borsel, 2012).

These differing communication styles are often as a result of psychological and social conventions according to Adler *et al.* (2012). Non-verbal communicative behaviours are learned habits and nuanced features of conversation could be viewed as gender markers in speech and communication interactions (Wood, 2009).

In reality, non-verbal communication is often less well-defined, understood and often quite neglected in the provision of trans SLT services but in the presence of gender dysphoria this should be addressed (Hirsch and Van Borsel 2012). According to the Irish Association of Speech and Language Therapists (IASLT, 2015), the role of the speech and language therapist is to help trans clients to acquire both the desired and required verbal and nonverbal communication skills that more appropriately reflect their gender identity.

Gender and the role of speech and language therapy

The World Professional Association for Transgender (WPATH, 2011) stressed the importance of SLT to assist trans people with vocal change Several studies (Hooper and Hershberger 2012; Coleman *et al.* 2011; Pitts *et al.* 2009; Carew *et al.* 2007; Davies and Goldberg 2006;) all recognise the importance of speech and language therapy services to all trans individuals. However, research has shown that the general public's level of knowledge and understanding about SLT's role can be limited

(Greenwood *et al.* 2006). In response to a questionnaire and follow-up interviews of 651 male and female school and college students, over one-third of participants admitted they knew nothing about speech and language therapy. Within this cohort, awareness of the profession was significantly lower amongst male participants, though the research did not identify why this was the case (Greenwood *et al.* 2006).

A U.S. study of 88 Lesbian Gay Bisexual and Transgender (LGBT) participants (Sawyer *et al.* 2014) established that almost half (47%) of the trans participants evaluated did not know how speech and language services could support their needs during transition. Furthermore, most respondents (91%) reported they had not attended any SLT. Amongst those that had attended to assist in their transition, none had been referred or informed of those services by a medical practitioner. For those participants who attended a SLT, all were self-referred or referred by peers.

Crutchley *et al.* (2010) in a report for the American Speech-Language-Hearing Association (ASHA) defined the role of SLT in trans communication as a total program. The ultimate goal for this total program is the production of an authentic voice for the trans client. The targets of this program include voice (including pitch, intonation, resonance, rate and volume), vocal health, articulation, language (both pragmatics and syntax including vocabulary), non-verbal communication and real-life experiences and authenticity.

Voice, language and non-verbal communication are important in relation to the true reflection of gender. There are multiple studies from a North American and Western European perspective that discuss the need and uptake of SLT services in these countries. The majority of the available research concentrates on voice production but there is data in relation to language and non-verbal communication. Ensuring gender expression is consistent with gender identity supports trans individual's inclusion and acceptance in society. There is a gap in the literature in relation to Irish transgender people and SLT. The current study explored the understanding within the trans community of the role of SLT, defining SLT services by exploring what a trans person understands and expects from this service. Collins and Sheehan (2004) in a report for the Equality Authority found that all Irish health services (including SLT) had failed to address the needs of this community. According to Hays (2013) and Sawyer *et al.* (2014), some of the factors that appeared to be barriers to speech and language attendance among trans individuals are lack of awareness, financial constraints, and fear of discrimination.

Motmans *et al.* (2012) established that 3% of TG men and 56% of TG women attended speech therapy during the course of their transition process. There is no equivalent research available in Ireland. Recent Irish research, from the speech and language clinician's perspective (Moore, 2015), highlights a lack of essential speech and language therapy services for this community and the necessity of increased knowledge and development of appropriate trans health services. That research underlined a low level of awareness of the SLT role in this area. The lack of a clearly defined care pathway or referral system were further barriers to the provision of a

dedicated trans SLT service (IASLT, 2015). As far as we are aware, this is the first Irish study which explored trans people's understanding of the role of the SLT in their transition.

This qualitative study aimed to investigate the trans community's understanding of the role of SLT in relation to their voice, language, and communication needs in the Irish context. It explored how the trans community access the currently available care pathways and factors considered when making decisions relating to their participation in SLT.

Research design

This qualitative study involved semi-structured interviews with self-identifying trans participants recruited via purposeful sampling. Thematic analysis (TA) with its focus on the individual and their experiences was the analytic framework deployed (Braun and Clarke, 2006). According to Sherlock and Thynne (2010), TA lends itself well to the process of exploring the trans community experience which is complex and diverse.

Participant recruitment

As trans people constitute a relatively small proportion of the total population and are also considered a vulnerable, hard to access group, we anticipated some challenges in recruitment. According to Benoit *et al.* (2005), research with hard-to-reach populations can pose unique recruitment difficulties. We adopted a purposeful sampling strategy as this is a widely used technique in qualitative research for identifying and selecting information-rich cases related to the phenomenon in question and for the most effective use of limited resources (Palinakas, *et al*, 2015). Creswell (2013) has shown that purposeful sampling should be utilised to ensure maximum variation and as large a range as possible of participants from the relatively small sample community so it is an appropriate sampling strategy for qualitative research involving trans people..

The participant numbers were limited due to the size of the sample population, the sensitive nature of the research questions, and difficulties in gaining access to the target group (Creswell, 2013). Given these limitations, the inclusion criteria were that participants must be over 18 years of age and self-identify as transgender. Ultimately, a total of 4 trans individuals were recruited in total. Details of the participant characteristics are presented in Table 1.

Table 1. Participant Details

Characteristics	Participant 1	Participant 2	Participant 3	Participant 4
Age	22	21	22	38
Gender Identity *	FTM -> NB	MTF	FTM	MTF
Length of time since recognition of their true gender	4 years	4 years	3.5 years	18 years
Presenting as their true gender	Full time	Part time	Full time	Part time
Social Transition	Complete	On-going	Complete	On-going
Hormone Therapy	Complete	On-going	Pending appointment	Pending appointment
Speech & Language Therapy	Attended (1 private session)	On-going (private)	Planned	On-going (public)

*Key: FTM - Female to male, MTF - Male to female, NB - Non-binary

Ethical considerations

Ethical approval for this research was obtained from the internal ethics advisory group of the university in question. Ethical consideration for this study ensured that participants' information would be kept confidential and that no identifying information relating directly to the participant would be evident in the research. Informed written consent was obtained from all participants. The primary researcher provided a copy of the topic guide and detailed information regarding the proposed research to all participants prior to the consent and interview processes. Maycock *et al.* (2009) has shown that many members of the trans community are on the margins of society and they can face significant levels of stigmatization and discrimination. The participants were designated a vulnerable group in the ethics proposal and this led to the inclusion of added protocols in case a participant became distressed during the interview including suspension of the interview, a follow-up courtesy call, and/or appropriate referral. These protocols were not required as none of the participants became distressed during data collection.

Data collection

Data were collected via semi-structured interviews which were audio-recorded with participant consent (Creswell, 2013). In accordance with the Braun and Clarke

(2006) template, an essentialist or realist method based on the experiences, meanings and the reality of the participants was utilised in this research. Participants were facilitated to tell their own stories in their own words. The research process of Dickson-Swift *et al.* (2007) was also followed which enabled participants to raise issues and concerns that they considered most pertinent thereby highlighting the points of personal importance relevant to their particular transition experience as recommended by Fahie (2014). A semi-structured interview framework was utilised and the interviews lasted between 60 and 90 minutes. To ensure that the participants' voices and lived experience were given appropriate priority, their quotes are presented verbatim as advised by Bauer *et al.* (2009).

The topic guide may have included sensitive topics for the participants and by releasing them prior to interview, the primary researcher intended to ensure the participants had sufficient time to review all the questions and indicate which were appropriate, or uncomfortable, for them to answer in accordance to interview guidelines as defined by Liamputtong (2016). The topic guide can be found in Appendix 1. Given the potential sensitivity of the topics discussed, the researcher was aware that the study and interview process could potentially cause distress to the participants. In accordance with Sherlock and Thynne (2010), a follow-up contact was made after the interview was completed to check on the participant's experience of the process.

Data analysis

The original data was transcribed orthographically which was essential for the reliability of analysis and an important first step in data analysis (Braun and Clarke, 2006). The primary researcher followed the Braun and Clarke (2006) template of reflexive processing which is an iterative process whereby the data was continually reviewed and reassessed to ensure that the final themes and sub-themes were confirmed as the number of iterations increases.

By repeatedly listening to the recorded interviews whilst transcribing them, and creating and reviewing themes in a continuous and reflective process, potential themes were identified and reviewed throughout the entire process as recommended by Denzin and Lincoln (2008). TA's flexibility allows research to be conducted either inductively or deductively or, as in this research, a combination of both (Fereday and Muir-Cochrane, 2006).

According to Braun and Clarke (2006), although TA is not a complex method of research, it has many advantages. It is flexible and the results may be made accessible to the general public. It can highlight similarities and/or differences in the data set and it allows for social interpretations of data. It facilitates summarising of key features and offers a 'thick description' of the data set that can generate

unanticipated insights. On the other hand, it has been critiqued in relation to researcher bias (Hayes, 2000).

Accuracy and Rigour

Four strategies for ensuring rigour and accuracy were deployed and these are outlined below (DePoy and Gitlin, 2016).

Triangulation

According to Depoy and Gitlin (2016), source triangulation enables the researcher to validate a particular finding by examining whether different sources (participants) provided convergent (supportive) information. Although there were four participants in this study, they represented four unique sources of data.

Peer debriefing

Two peers randomly selected separate 20% of interview transcripts to verify and validate the coding system. According to Barbour (2001), the real value is in the content of the disagreements and the insights that the ensuing discussion provided for refining or confirming the coding system rather than the degree of consensus between researchers. Following a discussion between all the coders, no further themes were added as several of the quotes could be subjectively assigned to more than one theme or subtheme. The researcher is liable for the study results and, while it is recommended they listen to alternative points of view, they are ultimately, and rightly, responsible for the final results (Morse, 2015).

Reflexivity

According to Depoy and Gitlin (2016), in qualitative research it is impossible to eliminate bias completely so it is essential for the researcher to identify their personal biases and assumptions and how these may have affected the research process. The expectation of the primary researcher was that relatively few trans individuals are aware of the range of services available from the SLT profession and any awareness would be focused on assistance in adjusting vocal pitch levels with less awareness of the importance of adjusting the overall communication style of those wishing to transition. The researcher was aware that research indicates that 90% trans world population are MTF, and anticipated that this cohort would be in majority in this study (Adler *et al.* 2006).

Audit Trail

According to Denzin and Lincoln (2008), a researcher should leave a path to show their thinking and coding decisions so that their decision-making and logic can be reviewed by others. In order to critically assess the process, the reviewer

must have access to the original analytical processes and decisions to do so. The primary researcher maintained detailed records of decisions made during the analysis.

Findings

Two main themes were identified: *Communication* and *Speech and Language Therapy.* Six sub-themes were further identified; three under each over-arching theme: *Communication*: *Voice, Language, Nonverbal communication* and *Speech and Language Therapy*: *SLT services, SLT access/referral and Barriers to SLT.*

Given the diverse participant profiles and stage of transition, the following attribution convention was assigned to the direct quotes; participant 3, lines 141 to 143 of the interview transcript is reflected as (3; 141-143).

Theme 1. *Communication*

During the interview process, the participants were asked several questions relating to the perception of their entire communication profile. The following subthemes were identified: *Voice, Language, Nonverbal communication* which are explored below.

Sub-theme 1 **Voice**

Voice production is viewed as a significant marker of gender, with voice pitch quality, intonation and resonance being key indicators for gender congruence. All participants indicated that they had behaviourally modified their own voice over time. All participants were aware of their voice and its connection to their desired gender identity. Participant 1 indicated he was very happy with his current voice. The remaining participants continued to view their voice as a barrier to their successful transition and ability to pass as is reflected in the extracts below.

> I kinda do a lot of conference presentations and talks and stuff - I will do it, but I have to prepare myself for the immense amount of mis-gendering that is going to come from it because of the way I sound (3; 233-235).

> [...] to try and keep passing. Because the last thing you want is for someone to turn around and punch you in the face or something. So I suppose from that point of view, it would be a lot handier if your voice was lower (3; 225-230).

Sub-theme 2 *Language*

Research indicates that many learned communication patterns are gender specific

and socially determined - these include articulatory patterns, conversation topics, the role of the speaker in the conversation, and the communication style utilised. The participant comments on language showed their perspectives on language and gender as shown in the extracts below where they comment on being expressive, directness, vocabulary and the use of gendered pronouns.

> I think being more expressive even in your language, using a more caring way of speaking is perceived as very feminine (1; 51-52).

> ….. just thinking about the way men and women talk about things […] men tend to be quite direct (2; 145-147).

> I have trained myself very well to be able to speak in the most gender neutral of all terms all the time (3; 270-271).

> You meet people at different events and you can't remember their name so you fall back on 'she/her' and 'he/him' so we are reinforcing gender language (3; 285-287).

Sub-theme 3 *Nonverbal communication*

Non-verbal communication is generally accepted to include, but not limited to, posture, proxemics, eye contact, facial expression, and turn-taking. The following extracts illustrate participant perspectives on this topic:

> […] the stereotypical camp gay guy seen as been very feminine because how they'd use their hands (1; 69-70).

> Even today at the bus stop […] I was standing there staring at my legs […] it was like 'am I standing a bit butch?'.[…] but I don't want to appear too butch either cos that's not me. I want to be basically myself and be right for myself (4, 205-208).

Theme 2 *Speech and Language Therapy*

Included in the topic guide were several probes relating to the definition of and access to speech and language therapy specifically. Three sub-themes were identified under this over-arching theme. The three sub-themes of *SLT services, SLT access/ referral, and Barriers to SLT* are presented below.

Sub-theme 1 *SLT Services*

The participants discussed their experiences of SLT as illustrated by the extracts below. They commented on voice modification techniques and gender in particular:

> *I definitely understand the voice a lot better now thanks to* (named SLT) *(4: 107).*

My pitch is an average of 140 and female voices typically start at 200, going up [...] so all my exercises were focused at going up in pitch, which I can do very easily but it's a bit of effort doing it. Another thing she told me about was just 'gentle touches' bringing the vocal cords together gently (2; 127-131).

We did go down the breathy route but that didn't sound right for me [...] when I did it, it was not only just me but it sounded fake, but when I went higher it was almost an elevated me, a more feminised me. But breathy sounded not me at all, it sounded like I should be on the phone sex lines (4; 132-136).

Sub-theme 2 *Access/referral process*

The participants were asked about their experience of accessing services and to discuss the referral system. Participants were not clear on the referral process, for example:

Well I'm only aware of (named SLT) *because of what I went through medically, but for* (another named community SLT) *I wouldn't have known of her (4; 250-251).*

While other participants were aware of public and private referral options and the challenges inherent in referral pathways for trans people such as the role of the endocrinologist in referral:

Because it's private, you end up self-referring. If it's public, it's more difficult because you end up having to get the endocrinologist to refer you and they don't necessarily like having to do that because of funding issues - it's unlikely they'd know where to refer us to (1; 92-95).

you have to research them, like there is no database that you can go to, like I need help with this? [...] we compile this information and someone will throw up a post on a page [...] and somebody will comment (3; 366-372).

Sub-theme 3 *Barriers*

The contributors discussed barriers that they encountered when accessing SLT services as illustrated in the extracts below. Barriers ranged from financial to a lack of trained clinicians with relevant experience to perceived unreliability of medical professionals in the passing on of information:

The main barrier is a lack of trained clinicians, lack of clinicians with experience, knowing where to go and knowing who to talk to (2; 248-249).

The passing on of information (by the medical professionals) *is random. Like it's very, even when there may be something there, you don't know about it. So where there are services, it's kinda like the places to go to are the Facebook pages, friends, support groups, your youth workers and your therapist (2; 235-239).*

I'm concerned about money cos when it comes to money, I don't have a lot at the moment (4; 287-288).

An additional barrier to SLTs in terms of creating awareness of what speech and language therapy can offer was described by one participant in relation to safety issues faced by trans people:

Trans people, groups, tend to be very underground and secretive. All of our meetings are closed, we generally block out windows and doors because people are that afraid to come out, that afraid for anyone else to know. There is a lot of safety protections put in there for trans people that can often be difficult to break down unless you know someone who is trans and you can get this information to them and they can get it out to someone else (3; 448-456).

Discussion

This research aimed to investigate the trans community's understanding of the role of speech and language therapy in relation to their voice, language, and communication needs. It also explored how the trans community access the currently available care pathways and factors considered when making decisions relating to their participation in SLT. The findings revealed the following understandings in relation to voice, language, and communication needs.

Voice

This study found that all participants were aware of the importance of their voice and how its production impacted on the presentation of their true gender, either positively or negatively. Similar to Clark (2016), the participants all displayed awareness of challenges when meeting the need to match their voice to their authentic gender. One participant, who had completed his transition, was the most confident of, and comfortable with, his voice. The other three participants were less satisfied with their vocal production and were conscious of the reactions of others when their voice did not match their desired physical presentation. Not only did the participants discuss their discomfort and embarrassment of being misgendered, but all discussed the inherent physical dangers of their voice reflecting their birth gender. This potential risk to their personal safety echoes the risks as discussed by McNeil *et al.* (2013) and Oates and Dacakis (2015).

Contrary to the published international research data (Clark, 2016; Sawyer *et al.* 2014) relating to SLT attendance, three of the four contributors either had attended or were currently attending therapy, if sporadically. The participants (who attended

SLT) displayed understanding of how a clinician could assist with their pitch, tone, resonance, intonation, speech rate, and breathiness.

Awareness of impact of hormone therapy on voice production was evident in this study. Participant 1, a FTM individual required one SLT session, which focused primarily on vocal hygiene and care, as his hormone therapy had facilitated the required self-perceived vocal changes. Both other attending participants were MTF and were continuing with their SLT treatment as hormone therapy cannot assist with the feminisation of their own voice production. All participants who attended SLT had received advice on and were conscious of the need to maintain good vocal hygiene. These findings support the research from both Hancock and Garabedian (2013) and Thornton (2008).

Language

Research indicates that many learned communication patterns are gender specific and socially determined - these include articulatory patterns, conversation topics, the role of the speaker in the conversation, the selection of adjectives and adverbs, the use of tag questions as well as the communication style utilised (Adler *et al.* 2012). This study's results showed diversity amongst the participants on this topic. There was limited concurrence with Adler *et al.* (2012) from the participants as they described women were more loquacious, expressive, and using more caring language.

However, some of the participants had very specific understanding of what language meant to them. Participant 3 discussed his understanding of language as strongly associated with gender issues and to the use of gender identifiers in discourse. He had focused on changing his language patterns to try to eliminate as much gender language as possible. He believed that all people communicated the same way and any differences were related to societal pressure and stereotyping to ensure genders conformed to those expected norms. Participant 4 associated the term language to using profanity and compared the gendered use of coarse or crude language, focusing on how she had amended her vocabulary accordingly.

None of the participants expressed an awareness of the role of the SLT in this area or the need to include this as an area of SLT transition therapy.

Nonverbal communication

Non-verbal immediacy behaviours were discussed by two of the participants who noted that men used less gesture and were less tactile than women. Otherwise, the contributors discussed the more overt features of their physical presentation. They all referred to the stereotypical 'camp gay guy' and his use of extravagant hand movements or 'being butch' in how they walked, sat, or stood to reference feminine

and masculine body language.

According to Hirsch and Van Borsel (2012), the majority of SLT trans clients 'initially have no idea of the communicative powers of their biological gender habits' (Crutchley *et al.* 2010, p. 4). Due to the limited awareness of this area of communication, nonverbal communication was not a therapy target that the contributors discussed in relation to their SLT requirements.

The study also explored how the trans community access the currently available care pathways and factors considered when making decisions relating to their participation in SLT as discussed below. When asked to discuss their gender journey, it should be noted that while the process was different for each participant, there was a consistent pathway discussed by all. The first step for all was their social transition which includes changing their pronouns, names, clothing and hairstyle to reflect the individual's true identity. The next steps involved the process of physical transition. Here the general health issues identified included the availability and access to the range of informed provision of medical services along the recognised treatment path that includes their general practitioner, psychiatric assessment, hormone therapy, surgery (if required), and speech and language therapy and also the non-medical service including electrolysis (for MTF trans people).

Access

From an SLT perspective, the lack of availability of trained clinicians and the dearth of public services were common themes amongst all participants. All the contributors could name one specific speech and language therapist and some were aware of one other clinician. One participant was attending a specialist speech and language clinician in the public service. These findings echoed those found in the Irish Equality Authority report which stated that all Irish health services struggled to provide appropriate, sufficient services to meet the needs of the trans community (Collins and Sheehan, 2004).

Referral process

The themes highlighted the lack of accessible, centralised information or defined care-path at health board level regarding treatment options and availability. The research emphasised the need for improved knowledge, networking, and referral along the treatment path for the trans community. This study confirmed that none of the participants were referred by any of their medical teams and the participants did not believe that their medical teams would know the therapists to refer them to. The participants discussed having experienced delays in accessing services due to poorly defined care pathways, whether public or private. Previous Irish research,

completed with speech and language clinicians, corroborates these findings of a lack of essential SLT services with no defined referral system (Moore, 2015).

With reference to accessing the available care pathways, this study indicated that the norm is to self-refer to a private clinician, following advice from the trans community and trans organisations. The exception among the contributors was participant 4 who was attending public SLT services. A community speech and language clinician had referred her to another trans-aware clinician in the public service.

Further barriers

A shared theme with all participants was the financial cost of the entire transition process and this included SLT. The concern was that personal financial constraint would be a barrier to therapy. For three of the participants, there was no awareness of the availability of public services, how to access them, and general distrust of the Health Service Executive's (HSE) referral system. These findings correspond to Sawyer *et al.* (2014).

Trans people continue to be one of the most vulnerable members of Irish society experiencing high levels of marginalisation and stigmatisation (HSE, 2009). Given the levels of discrimination and harassment the trans community endure, they are, by necessity, a hidden and secretive group. This in turn creates barriers for medical professionals to access them to offer trans-aware services.

Limitations

Although the limitations of this study primarily relate to sample size, the target population is relatively small in size. We adopted a combination of a purposeful sampling approach and a sampling through community organisations approach as recommended by Bonevski *et al.* (2014). In future research of this kind we would consider snowball/social network or respondent driven sampling as outlined in McCann and Sharek (2014). Bonevski *et al.* (2014) also describe use of the internet in order to identify lesbian, gay, bisexual, and trans participants although empirical evidence to support the effectiveness of this approach is currently limited. Finally, we would pay more attention to fostering relationships with community organisations and involve them in research process from study design through to recruitment (Sadler *et al.* 2010).

Conducting interviews in qualitative research can be unpredictable and can pose challenges for all researchers (Fahie, 2014). This becomes even more challenging if the topics are sensitive. Rapport was fostered in this study by following the participants' interests and giving them the authority to run the interview process to a large extent. The fact that the participants were reassured that the interview

was a one-off encounter may also have facilitated heightened disclosure (Dickson-Swift *et al.* 2007).

Another possible limitation to the research could be interviewer bias. According to DePoy and Gitlin (2016), a major source of bias is inadequate questions. Interview questions that fail to elicit a range or depth of responses to sufficiently answer the research questions can introduce bias to the study design. One of the stated biases of the researcher was the expectation that the participants would have a limited awareness of the range of SLT services available to them. The researcher was aware of this preconception and endeavoured to ensure that this assumption did not negatively impact the interview process.

Finally, although the sample size was relatively small, there were multiple examples of common themes within the data set across all the participants which is indicative of the highest level of evidence to their existence (Braun and Clark, 2006).

Implications for practice

The three factors identified by McNeil *et al.* (2013) as crucial for improving the trans community's medical experience were: respectful recognition of true gender, timely access to gender reassignment treatment, and support from trans-aware health professionals throughout. The participants all discussed the barriers encountered accessing medical services and the impact on their health and well-being from the impact of appropriate or inappropriate provision of same. The lack of availability of trained speech and language therapists that the trans community could access was a common theme amongst all participants.

The referral process was a universal grievance for all participants indicating a need to raise the awareness and profile of SLT within the multidisciplinary team supporting the trans community. The medical pathway includes the specialities of psychiatry and endocrinology and, as there are limited numbers of both specialities working with the trans community, perhaps these are the professions that should targeted. The trans individuals (especially MTF) could be referred to SLT at the start of their transition journey to support the early, safe attainment of their congruent voice.

To further assist the referral process, the SLT profession could collate and publish a list of all trans-competent speech and language therapists currently practicing in Ireland. This study showed that the participants were very aware of intervention for their voice but were unaware of other facets of communication that could be targeted. This information could be included in that publication.

The participants highlighted the barriers put in place by the trans community to protect their identity. These necessary safety precautions could have the unforeseen consequence of creating difficulty accessing the community to promote potential services and supports. This needs to be a consideration in all service management and delivery.

Implications for research

Future research is in this area would be beneficial as the results of this study indicate a need for further investigation with a larger participant base to inform services. According to Benoit *et al.* (2005), research with vulnerable populations can pose unique methodological challenges. They proposed that an innovative approach could be partnering with a trusted community organisation or advocacy group for research as beneficial. The inclusion of respected organisations or individuals as research partners is indicated, in an attempt to ensure access to the community.

Conclusion

This exploratory qualitative study examined the Irish trans community's perceptions of the role of SLT in their transition. This research further explored how the participants access the available SLT care pathways and what factors are considered in making these decisions. In considering the implications of this research, it is vital to evaluate the quality of the study. This is a relatively small sample size but the findings do have merit. Given the sample size, it is not meant to be considered representative of the Irish trans community. However, research results indicate the need to increase the awareness of the breadth of SLT services available to the trans community. The research further highlights the lack of a defined referral pathway to these services and the need to ensure that all relevant medical professionals who interact with the community provide appropriate, timely referrals to SLT. Further research is needed to explore this community's needs and understanding of the services and it would be useful to conduct a larger scale study exploring these more fully.

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Appendix 1

Topic Guide

Section 1: Background Profile

1. Tell me about your gender journey

2. How much time do you get to spend as your true gender identity?

3. Tell me about your voice right now?

4. Ideally, what, if anything, would you change about your voice or communication style?

5. Do you think genders communicate differently?

6. Do you think language-use is influenced by gender – do individuals use different features of speech and language differently?

7. What does the term non-verbal communication mean to you?

8. Do you think non-verbal communication is influenced in any way by gender?

Section 2: Use of and access to speech and language therapy

9. What services are you aware of that help TG people with their communication and voice?

10. Have you researched or considered using these services? If yes, have they helped?

11. What have you heard about the services provided by a speech and language therapist (SLT)?

12. How do you think a SLT could assist in voice and/or verbal and non-verbal communication and conversation training for the TG individual seeking these services?

13. Have you any awareness of how to access these services?

14. How do you think you would source a referral to an SLT (if applicable)?

15. Do you think you would encounter any barriers in accessing these services??

Are there any further comments you would like to make?