

# Working with your voice:

a peer-to-peer resource  
by and for trans and  
gender-diverse people

La Trobe Communication Clinic

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a peer-to-peer resource by and for trans and gender-diverse people

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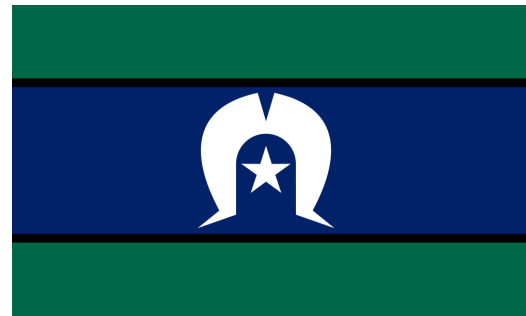
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## Acknowledgment of Country

This resource was compiled on unceded Aboriginal lands. We acknowledge the Traditional Custodians of the lands we live and work on, the Wurundjeri Woi Wurrung, Dja Dja Wurrung and Whaduk Noongar peoples. We pay our respects to Elders past and present.

Aboriginal and Torres Strait Islander peoples are the original storytellers, singers, dancers and musicians of this place. We recognise their significant contribution to practising and conceptualising voice, communication and wellbeing. All First Peoples have deep knowledge and practices that go beyond the knowledge that is represented in this resource.





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# Welcome!

Hi trans and gender-diverse peers of all identities, ages and cultures,  
so good that you are here and keen to join our conversation!

The aim of this resource is to share experiences, knowledges, strategies and tips for navigating the relationships between voice, communication and wellbeing.

## Who we are

We are a group of **trans and gender-diverse (TGD)** people who work in the fields of voice, communication and creative practice.

David (they/them) is a speech pathologist, lecturer and researcher based in Naarm (Melbourne). They are passionate about working towards a framework of voice and communication in action that is empowering for TGD people.

Jack (he/they) is a registered music therapist and creative director of a TGD choir in Naarm (Melbourne).

Niall (he/she) is a speech pathologist who works with TGD young people on Whadjuk Noongar Boodja (Perth). Niall has been working to improve access to gender-affirming voice and communication information and services in Western Australia.

Sterling (they/he) is a speech pathologist, lecturer and researcher who works with TGD adults in Naarm (Melbourne).

Tylda (he/they) is a young artist, illustrator and graphic designer based in Naarm (Melbourne). Tylda did the graphic design and art included in this resource.

## How we prepared this resource

Jack, Niall and Sterling reached out to the TGD people they work with to collate their experiences, questions, ideas and wishes. We are very grateful to everyone who has responded to surveys and participated in conversations about this! We have included some of the comments you have made throughout the resource. We also added our own experiences and what we have learned in our professional trainings.

## Why we need this resource

Some of the content we will present to you is currently still hidden in the clinical or academic literature (often behind a paywall). It is also typically written by and for experts such as medical doctors, psychologists or voice and communication professionals. Yet they might not share our experience of living as TGD people in a predominantly gender-binary and heteronormative world.

This resource is different because it is free and can be downloaded by anyone who wishes to look at it. Its purpose is to facilitate a conversation between us as TGD people about what matters to us in relation to our own voices, communication and wellbeing. After all, we are the experts of our own lives and experiences. We have written this resource in a way that is easy to understand for readers who don't have professional training because improving access to information, tools and skills is crucial for us as TGD people.

You might find that you resonate with some of the content that is included in this resource and not with other parts. That's fine. Feel free to use the resource according to what makes sense and is relevant to you. We hope that this resource provides you with guidance on how to make informed choices about how you work with your voice and communication.

So, there are lots of good reasons to jump right in!

Enjoy!

## Understanding yourself, your voice and your communication practice

This section develops an empowering conceptual framework that we, as TGD people, can use to make informed choices about making changes to our voice and communication.

### Conventional understandings of voice and communication can harm us as TGD people

The human voice is commonly understood as:

- a sound people produce with the help of their body when they speak or sing
- a representation of the person who produces it
- the capacity to express a point of view and to be heard.

This implies that the person who produces voice is in control of the sound they make, their own representation and being understood by others.

Many of us are familiar with this mainstream concept of the voice and its effects. For example, we may feel that the way our voice sounds is a problem with us, even telling ourselves we are not performing our gender 'well enough'.

"Holding myself to cis[gender] male standards with my voice has not been helpful."

However, if we take a closer look at the mainstream concept of voice, its assumptions do not hold. What we get instead is an alternative understanding of voice and communication.

### A more empowering understanding: voice as sound and representation

The voice becomes a sound as soon as it leaves the speaker's or singer's mouth or nose.

Sounds are vibrations of air molecules. They don't carry any meaning or message by themselves.

The voice only becomes meaningful as a result of a complex interactive process.

Sounds are converted into auditory perceptions (something we can hear) if they are picked up by a person's ears and hearing mechanism, which transforms them into electrical signals and guides them to the brain for processing. The brain can differentiate between different characteristics of the voice, including how loud it is and how high or low it sounds (**pitch**).

As a result of further processing, we can:

- interpret the characteristics of the voice we have identified
- differentiate speech sounds from non-speech sounds
- identify the language, accent or dialect speech sounds belong to
- categorise the voice in terms of gender
- ascertain whether a voice sounds familiar and whether we can identify the voice producer.

Listening to and making sense of voices (our own or other people's) is a process that includes a number of steps whose outcomes are dependent on the listener's experience with voices and tendencies to interpret them in particular ways.

## Empower yourself: voice, communication and representation practice with others

Being with other people gives you a chance to practice, reflect and empower yourself. The following steps show the process of communication in which our voice is involved, and allow us to make informed decisions about when and how to intervene.

"Practicing communicating and priding myself on the language I use to communicate has been really important."

**1. Self-presentation:** Our voice is only one of the tools we can use to present ourselves. We can also make decisions about, for example, how we move our body, what clothes we wear, how we do our hair or our face.

**2. Self-perception (or self-evaluation):** We can check in with our self-presentation by listening back to our voice, looking at ourselves in the mirror or sensing how it feels to be us in any present moment.

**3. Self-repair:** If we want to change things, we can adjust aspects of our self-presentation.

**4. Perception of self by others:** When our conversation partners start making sense of our self-presentation, they create their own representation of who we are in their mind.

**5. Labelling by others:** We get a sense of how others perceive us when they start putting their perception of us into words and sharing these with us. Common labels refer to a person's gender, age and relationships with others and combinations of these categorisations, for example: 'young man', 'my older sister', 'Nan'.

**6. Internal response to labelling by others:** This can be a point to slow down and check whether our conversation partner has understood who we are.

- Have they labelled us with the words we would like them to use and that reflect our identities?
- Or has a misunderstanding occurred?
- How do we feel in response to this misunderstanding?

**7. Request for repair:** Next, we need to decide if we would like and feel safe enough to ask our conversation partners to change the ways in which they refer to, address and treat us. For example, we can introduce ourselves with our name and pronouns and ask the other person how they would like to be addressed and referred to by us. If we do not ask for a change, it is likely that our conversation partners will maintain the way in which they have referred to and treated us for the remainder of the present encounter and into the future.

**8. Response to request for repair:** It is then up to our conversation partners to decide how they will respond to our feedback about their meaning-making and labelling. For example:

- some people might deliberately refuse to use our name and pronouns
- others might be willing to change their labelling practices but unintentionally slip back into previous practices every now and then
- while some might be able to change their labelling practices immediately and reliably.

While we cannot control other people, we can make informed choices about how to navigate our relationships with people.

“My relationship to communication has also changed; I feel much more confident about expressing myself, I am less afraid of being misunderstood or of being yelled at.”

### Take away points:

- Creating a mutual understanding of who a person is and affirming their identity in present and future encounters is a complex negotiated process whose outcomes are beyond individual control.
- Even if we put a lot of thought and effort into presenting ourselves, this does not guarantee that our conversation partners will interpret our self-presentation exactly as it was intended.
- Both conversation partners are responsible for engaging in repair practices as soon and for as long as they identify signs of miscommunication or misunderstanding.
- Adopting a more intentional approach to our voice, communication and representation practice empowers us to take informed choices around everything that is within our control.

## Taking care of your wellbeing

Understanding wellbeing as an intentional practice is helpful when working on voice, communication and representation.

### Understanding TGD distress historically

Until recently, TGD people who connected with the medical system for support for gender affirmation were only provided access to services after they'd been diagnosed with a mental disorder variously called 'gender identity disorder', 'transsexualism' or 'gender dysphoria'.

This disorder was seen as inherent to TGD people and as the cause of the gender-related distress they experienced.

It was assumed that TGD people were mainly distressed about the discrepancy between how they identified in terms of gender and the characteristics of their body that counted as gender specific. Sometimes TGD people described their distress as 'feeling trapped in the wrong body'.

Conversion therapy aimed at changing people's gender identity to match that of the gender assigned to them at birth had proven unsuccessful. Therefore, gender dysphoria as a mental health condition was generally seen as incurable.

Adapting TGD people's gender-related body characteristics to match their gender identity was seen as the only way to provide TGD people with some relief from their distress. These practices became known as 'gender reassignment treatment'.

This included hormone treatment, surgeries and voice and communication training, which are used to the present day as part of medical approaches to what is now called '**gender affirmation**'.



## How do we understand TGD distress now?

With the publication of the most recent edition of the *Standards of care for the health of transgender and gender diverse people* the understanding of TGD people's wellbeing has changed.<sup>1</sup>

Gender-related distress in TGD people is no longer seen as an indication that there is something wrong with them that needs to be treated or changed.

Instead, it is now recognised that the gender-related distress TGD people may experience results from what is called '**minority stress**'.<sup>2</sup>

*Minority stress is unique (additive to general stressors experienced by all people), socially based, and chronic, and may make TGD individuals more vulnerable to developing mental health concerns.<sup>1</sup>*

Minority stress may be experienced by all people whose outward appearance, habits, choices and experiences differ from those of the majority in a given sociocultural context. It is a challenge to a person's wellbeing if they are discredited, disrespected, discriminated against or otherwise mistreated because of the difference they embody.

In Australia today, people are stigmatised on the basis of sexuality and/or gender diversity, racialisation, what their minds and bodies can or cannot do, income and housing status. If a person is categorised by others as being a member of multiple minority groups, the distress they experience may be amplified.

## Voice as a focus of minority stress

As a component of our self-presentation, our voice may become a focus for disrespect or discrimination. A common example is misgendering, or when one person refers to another using language that does not match that person's gender (e.g., 'she' or 'he'). When a person is misgendered, they may have one or more of the following responses:

- Judging their self-presentation and concluding that they have failed
- Feeling compelled to make changes to their voice, outward appearance or body in an attempt to be gendered correctly
- Feeling ashamed of themselves and/or their gender
- Thinking that they are not worthy of being treated respectfully by others

Such responses are likely to cause distress. In our current understanding, the root cause of this distress is not in the TGD person (their mind, body or actions), but in the dynamics of the interaction within its sociocultural context. So what can we do?

## What is wellbeing?

Wellbeing means different things to different people, for example: healthy, happy, good, safe, thriving.

In our definition, **wellbeing** is 'the balance point between an individual's resources and the challenges faced'.<sup>3</sup>

This understanding allows us to see wellbeing as something that we actively make, in an ongoing process of responding to the conditions of our world and relationships.

## External challenges that impact our wellbeing

External challenges are influences on our wellbeing that are enacted by other people and circumstances that are beyond our control.<sup>4</sup> Examples include:

- gender-related **discrimination** (e.g., barriers to access to housing or employment)
- gender-related **rejection** (e.g., exclusion from relationships or groups, negative comments on TGD people's self-presentation)
- gender-related **victimisation** (e.g., hate crimes against TGD people)
- **non-affirmation of gender identity** (e.g., being addressed with the wrong name, pronouns or titles).

"I've received horrible comments from strangers in restaurants and sometimes in places like Kmart."

## Internal challenges that impact our wellbeing<sup>4,5</sup>

Internal challenges are the internalised form of external challenges, or typical human attempts to cope with these, which become problematic over time.

### Internalised transphobia

When we spend our lives in contexts in which TGD people are disrespected, discriminated against or attacked, we learn over time that being a TGD person is bad and feel negatively about ourselves and how we communicate. In other words, internalised transphobia is the result of the stigmatisation of gender diversity that is enacted by other people or sociocultural forces that are beyond individual control.

### Negative expectations

If we have experienced a lot of rejection, discrimination and violence from others because we are a TGD person, we may over time expect that stressful events will occur in social encounters. We may also become highly sensitive to and vigilant of any signs of disrespect coming from others and increasingly withdraw from social encounters.

### Avoidance

Avoiding external challenges to our wellbeing can be the only safe choice in situations in which we feel threatened, disrespected or unsupported by others. It can bring some short-term relief from anxiety, but over time our avoidance can cause our fear of these situations to increase. We are also denying ourselves opportunities to practise dealing with difficult situations, which can increase our sense of disempowerment.

### Concealment

Concealing one's gender identity or gender history can be the only safe choice, but again, over time, it can also make our relationships more difficult.

We might feel dissatisfied with being repeatedly misgendered or bad about concealing who we are from others.

## External resources for building wellbeing

Some of these are:

- being connected with a supportive community of TGD people and allies
- being respected by others in interpersonal encounters
- access to trans-competent health care and education
- access to gender-neutral bathrooms or bathrooms of choice
- choice of attire, hairstyle, and other forms of body adornment in educational and work-related settings.

## Internal resources for building wellbeing

Internal resources for our wellbeing can also be referred to as the process of acquiring **resilience** or developing coping strategies that work for us.<sup>6</sup>

There are a number of resilience strategies that might be helpful for us to navigate the minority stress we may be exposed to in our lives. These include:

- identifying and challenging negative messages we have learned about ourselves (e.g., 'I am not masculine, feminine, trans or genderqueer enough ...')
- responding **mindfully** and **self-compassionately** to our experiences<sup>7</sup> (e.g., 'I notice that I am feeling ... and thinking ...What do I need right now to offer myself kindness and support?')
- learning about our self-worth and growing our self-esteem (e.g., 'There is nobody exactly like me!')
- learning how to stand up for ourselves and be **assertive** as TGD people
- exploring how we feel about our body and learning how to affirm and enjoy it
- finding resources, getting support, building relationships and creating community.

"Learning to love myself has helped."

Not all of these resilience strategies will be accessible to all people at all times in their lives. And that's okay; it is not a personal failing. Instead, it may be a sign that you need more external resources.

## Supports and conditions for building wellbeing

These might include:

- more supportive and empowering information about gender diversity
- more positive role models and supportive relationships with other TGD people
- naming your distress as 'minority stress' and recognising that it is also the responsibility of your conversation partners to work on these inequitable social conditions.

"Being around others who are similar, or where I feel like I can be myself is so important."

### Takeaway points

- Distress around your voice and other aspects of your self-presentation as a TGD person is not a personal failing but an understandable response to being confronted with restrictive ideals of what it means to present one's gender appropriately.
- Our wellbeing is something we achieve through an ongoing practice of balancing our resources to the challenges we face.
- Over time, we can develop our own resilience strategies that will help us with restoring our wellbeing when we are challenged by difficult situations that we cannot control.
- We can choose to remember that we are not alone with our struggles and take proactive steps to be kind to ourselves and others who are part of our support circle.
- Becoming more resilient does not only depend on us but also includes reaching out to supportive others.

## Before you change your voice

Before making a decision about whether to change our voice and communication, it can be helpful to do a bit of stock-taking.

“Knowledge empowers people. This means having a clear understanding and clear expectations for what you want, how it can be achieved, what supports are available.”

Making such a plan for change can be tricky. Try asking yourself some or all of the following questions. You might want to do this work in community or seek support from someone you trust. You can make some notes and come back to these questions as many times as you want.

### Self-evaluation: how do you feel about your voice and communication?

- How do I feel about my voice, communication and wellbeing?
- How well do my voice and communication present my gender and other aspects of my identity?
- How well do they work in the situations I use them in?
- How does my current self-evaluation affect my wellbeing?

### Identifying challenges as well as resources

- What are some of my voice and communication strengths?
- What are things I do that don't work for me at the moment?
- How do others respond?
- How do these responses affect my wellbeing?
- What effective supports have I received in the past?

## Thinking about change

- What would I like to change about my voice, communication and wellbeing?
- What goals feel realistic for me?
- What kind of support would I need to work towards my goals?
- Who can best support me?

## Voice changes you can make on your own

Not everyone wants or has access to professional voice and communication support. Even if you do, a lot of the work you do will be practising on your own. Working on your voice on your own starts with getting a better understanding of how voice as bodily sound is produced.

### How your voice sounds depends partly on your environment

The state of our body and how we are feeling emotionally and physically influence how our voice sounds. This, in turn, is impacted by our physical and social environment. That's why when working with voice, it's helpful to make the environment as good as it can be.

#### *Tips for optimising your environment*

- Think about where you feel safe and confident to practise. At home or at a park? With someone around or when no one is around?
- Avoid smoky, dusty and dry environments or environments with strong chemical fumes.
- Seek out spaces with good room acoustics if possible.
- Avoid talking or singing above loud noise (e.g., music, machine noise or loud talking of other people).
- Turn down background noise when possible or move away to a different place before you speak or sing for a longer time.
- If possible, avoid speaking or singing for a prolonged time or loudly when you are sick; you can also use a softer way of speaking (but not whispering).

"I use singing to feel more comfortable with my voice, I sing a lot in the car."



## Posture and body tension affect your voice

It is easier to produce voice when we have an upright, flexible and balanced posture and neither too much nor too little tension in our muscles. When we feel tired or distressed, it is harder to maintain a balanced posture and body tension.

“Trying to push through when my voice feels strained is a problem I still face.”

### *Tips for taking care of posture and body tension*

- If you notice excess tension anywhere in your body, try and release this tension regularly so that you can produce voice as effortlessly as possible.
- Use an upright and balanced posture when you speak or sing for a longer time.
- Working on your voice and communication should never be painful or too effortful. If you notice any discomfort with doing what you are instructed to do, take a break, get a sense of what causes the discomfort and make adaptations to your practice.
- If you cannot work this out for yourself, that's okay. It's simply a sign to stop doing the practices that don't feel right and seek support from others.

## Breathing

We need our breath to produce voice. We might breathe through our nose or through our mouth.

The **diaphragm** is a big muscle that sits underneath our lungs. When we inhale, the diaphragm relaxes and helps suck air into the lungs. When we exhale, we can use the diaphragm to control how quickly and forcefully we push the air out of our lungs.

### *Tips for taking care of breathing*

- When we inhale through our nose, we warm up, moisten and clean the air we inhale. Our lungs, windpipe, throat and mouth work best when they are moist, warm and free from irritants.
- Our breathing works best if we let our diaphragm support inhalation and exhalation.

### How your voice works: voicing and breathing

Our **vocal folds** are positioned inside our **voice box** ('**larynx**'). When we breathe in and out with our vocal folds open, we create an irregular sounding noise (which comes from the air passing the windpipe, throat, mouth and nose). When we breathe out with our vocal folds closed, our vocal folds start vibrating and we produce a more regular sounding noise (such as when we hum or sing).

The process of producing sounds by letting the vocal folds vibrate is called '**voicing**' or '**phonation**'.

Much of the work we are doing with our vocal folds remains unconscious. Becoming more aware of this is a helpful starting point for voice work.

### *Tips for building awareness of voicing*

- Put your hand around the front of your neck (around your voice box) and notice what you feel.
- Try breathing in and out.
- Try humming.
- Can you notice the vibrations around your voice box when you hum?

### How to change the pitch of your voice

While a larger **vocal mechanism** tends to produce a lower pitch, these anatomical dimensions don't solely determine the pitch of our voice. When we tense or relax our vocal folds we vary their length and thickness, which also affects voice pitch.

Shorter and thicker vocal folds will produce lower-pitched sounds. Longer and thinner vocal folds will produce higher-pitched sounds. If you want your voice to sound deeper or higher, your vocal folds need to be able to change their length and tension as flexibly as possible.

### *Tips for changing vocal pitch*

- Practise changes to your pitch by humming or singing through a straw.
- Make sure that your practice is not effortful or painful.
- If you are unsure, seek support from the Resources chapter or a voice professional who can provide exercises.

### **Producing voice efficiently**

To optimise the effort we put into our voice and our capacity to control its volume, the vocal folds need to close not too loosely but just tightly enough so that they can vibrate along their entire length on exhalation.

### *Tips for practising more efficient voice production at the level of the vocal folds*

- Check in with your body and release any tension.
- Speak or sing through a straw.
- Notice the degree of effort and volume.
- If you are unsure, seek support from the Resources chapter or a voice professional who can provide specific exercises.

### **Influencing your voice by changing the size and shape of the vocal tract**

The parts of our head through which the air moves after it has passed the vocal folds are called '**vocal tract**'. The shape and dimensions of our vocal tract can have a number of effects on our voice. Remember that these are add-on effects to how the voice has already been shaped by our posture, muscle tension, breathing and voicing before it reached the vocal tract.

## Making nasal and oral sounds

When we hum and produce the sound /m/, we create a connection between our mouth, throat and nose so that the air is guided through the nose and leaves the body at the nostrils. Speech sounds that leave our bodies at the nostrils are called nasal sounds.

All speech sounds that are not nasal sounds, leave our bodies at the lips. These sounds are called oral sounds.

### *Tips for building awareness of the vocal tract*

- Hold your hand alternately in front of your nose and your mouth as you change between humming and singing 'la, la, la'.
- Where does the air leave your body as you produce these two sounds?
- At the nostrils or at the lips?

## Making your voice sound brighter or darker

Making the vocal tract longer helps with producing a voice that is perceived as darker. To make a 'darker' voice:

- Move your voice box to a position that is low in the neck.
- Make the back of your throat spacious
- Don't open your mouth as wide when you speak or sing.

Making the vocal tract shorter helps to produce a voice that is perceived as brighter. To make a 'brighter' voice:

- Move your voice box to a position that is high up in the neck.
- Open your mouth wide when you speak or sing.
- Can you hear the difference in how your voice sounds?
- If you are unsure, seek support from the Resources chapter or a voice professional who can provide exercises.

"I love to work with my vocal range and practise with my resonance to vocalise in various ways."

### *Tips for practising effortless and more powerful voice production at the level of the vocal tract*

#### Clenching the back of the throat

- can lead to a voice that sounds a bit like Kermit the Frog
- can put more pressure onto the vocal folds and squeezes them together, which makes voice production more effortful
- can be a barrier to producing a louder voice.

#### Relaxing the back of the throat

- helps with producing a louder and more resonant voice
- helps with relaxing excess tension around the vocal folds
- helps with making voice production effortless.

If you are unsure, seek support from the Resources chapter or a voice professional who can provide specific exercises.

### **Taking care of yourself and your voice**

Knowing how to look after your voice will help you get the most out of your voice and your practice.

- You are the expert on what you need. Be kind and give yourself permission to do the things that support your wellbeing.
- Decide on times that are best for your practice. Is it before or after work/school? Are there times when you're more likely to do it?
- Make a list of strategies that could support your practice. How will you remember to practise? How will you stay motivated? What supports might you need? Help from friends or family, a buddy or professional to work with, using an app to remind you?
- Warm up your voice before performances, presentations or speeches and cool down your voice afterwards (e.g., use soft humming and gentle stretching exercises).
- Drink enough water when you speak or sing for a longer time.
- If possible, avoid speaking or singing for a prolonged time or loudly when you notice that voice production is effortful for you.

- Try and look after your voice and yourself a little bit every day so that it is as much a part of your life as sleeping, eating and drinking.

"It's been important that I don't feel awkward while practising, and once I got past that barrier I became a lot more comfortable with my voice"

## Using all your self-presentation resources

Our voice is not the only way we can present ourselves as the people we are. Other aspects of our communication can support our self-presentation and relieve the pressure from our voice to do the whole job on its own.

For an excellent overview of tips around how make adaptations to our self-presentation that are not voice-related and how to navigate different parts of your life as a TGD person, see: [www.transhub.org.au/social](http://www.transhub.org.au/social).

### Takeaway points:

- If we are aware of what we are doing and have the right skills, we can change our behaviour and produce a different-sounding voice or make it easier for us to produce voice.
- We can make adaptations to our voice use on our own and in community with others by experimenting with what feels right.
- Making these changes requires practice, so it's important to take good care of yourself and your voice. Everything you do to take care of yourself will also benefit your voice.
- For some of us, the support of a speech pathologist, voice coach or singing teacher will be helpful as they can provide exercises that target specific characteristics of our voice.

## Community approaches to voice, communication and wellbeing work: Key Change Choir

In this chapter we will present the example of a trans and gender-diverse community-led choir and share some of the experiences choir members have had with singing in community. Being involved in community, and in this example being part of a choir, has many benefits apart from just the activity itself. Group singing can increase immunity, reduce stress hormones, increase feelings of connection with a community, reduce anxiety and depression and increase confidence.<sup>8</sup> Choirs are also a great place to meet like-minded people, learn more about your voice, practise different sounds and help you work out what you want your voice to sound like.

"I love singing, I love performing, and the choir makes me feel completely comfortable with my voice no matter how high or low I sing."

### What are the challenges of traditional choirs?

Some aspects of traditional choirs can be challenging for TGD people. Choirs can be informed by a binary view of gender. Choir members are given either 'men's parts' or 'women's parts' and their voices are expected to fit into rigid gender stereotypes according to which 'women sing high notes' and 'men sing low notes'. These stereotypes are not reflective of actual singing practice for **cisgender** or TGD people and they can be dysphoria-inducing. Gender binary norms around singing don't leave enough room for people to play with different parts of their voice and can lead to non-binary people being excluded from participating in traditional choirs.

There can also be a focus on singing 'correctly' as prescribed by the sheet music. For example, choir members who share a singing part might be required to sing at exactly the same pitch and are not given the choice to sing the same note at a pitch level that is more suitable for individual people's vocal range.

"I'd been a part of children's choirs before my first puberty, and I'd always wanted to join an adult choir but didn't want to be the only girl in the baritone section."

## What is Key Change Choir?

Key Change Choir is a choir exclusively for trans, gender-diverse and gender questioning/exploring adults. It is based in Naarm (Melbourne) and began in 2022. Key Change Choir is open to anyone who is TGD or exploring their gender over the age of 18. There is no requirement to attend every rehearsal or performance. At the moment around 25 people attend rehearsal each week. The repertoire for the group is usually popular music from a range of eras and the group regularly performs at community events.



## Key Change Choir's approach

Key Change Choir aims to provide an alternative to traditional choirs. It is based on the principles of community music therapy and trauma-informed practice.<sup>9-11</sup>

Key Change Choir has all the benefits of a typical choir but is focused on supporting access and participation for TGD people.



Key Change Choir's main goals are:

- providing a safe space for people to express themselves and their gender fully
- reducing dysphoria
- increasing vocal health and knowledge about voice and singing
- building a resilient and supportive TGD singing community.

Safety is never guaranteed but there are different strategies in place to help people with being as safe as possible:

- The rehearsal space is accessible for people of all abilities.
- It includes a quiet space and fidgets, and people are encouraged to move their bodies through the rehearsal in a way that supports them.
- There is a strong focus on giving people the space to choose what activities they do and don't want to participate in so that they can manage their own anxiety and dysphoria.
- People may choose whether to participate in warm-up activities or to sing certain songs.
- A regular session structure is shared in writing and verbally at the beginning of each rehearsal to prepare people for what will happen.

## What happens at rehearsals?

All sessions begin with an Acknowledgement of Country in order to pay respect to the Traditional Custodians of the land on which the rehearsal is held. Group members are then invited to share their name and pronouns and a 'fun fact' on a suggested topic. This can sometimes be the first time someone has used their name or pronoun in public and is a great opportunity to practise public speaking in a supportive and casual space.

The group then runs through a set of warm-ups with a focus on vocal health. There is also an opportunity for choir members to ask questions about their voice. Often these questions are answered or explored by several people in the group as there is a wealth of knowledge in the room.

After the vocal warm-ups, the choir sings through new and familiar songs. There is no requirement to have previous singing experience or to be a 'good' singer. Some people in Key Change Choir are professional singers and some people have never sung in a group before, and everyone is welcome. To accommodate for this range of skill and experience and to help people manage their own dysphoria, people can choose what part they would like to sing and what works for them.

The key of the song (what notes/chords are used) is chosen with input from the choir to make sure that the pitch range is achievable for as many members as possible. There is a mix of written parts and the opportunity for choir members to create their own parts which is quite unusual in traditional westerns choirs.

There is a tea break in the middle of each rehearsal to allow an opportunity for members to connect and build friendships.

Each session ends with a semi-structured improvised warm-down. This is another opportunity for people to play and experiment with their voice without fear of judgement.

If you want to get in touch with Key Change Choir here is where you find them: [Key Change Choir instagram](#)

"Making friends with people like me, and having a space where I don't have to hide who I am or worry about not being accepted for who I am. And I get to sing songs too!"

"I liked how there wasn't any meaning attached to the sound of one's voice; everyone's skill levels and genders were acknowledged but not really held as relevant to how or why they sang."

"No pressure about how 'good' I am at singing, and being able to play around with pitch and my range as needed."

## Other community-based options for voice, communication and wellbeing

There are many other options available including:

- local theatre
- acting classes
- singing lessons
- comedy improvisation groups
- circus
- music therapy
- volunteering for local radio
- debating clubs
- joining a band.

All of these practices involve using your voice intentionally in singing or speaking with other people, and some of them include specific forms of training and practice.

"Playing TTRPGs [table top role playing games] and experiencing freedom to f\*\*\* around with voices helps immensely."

"Singing in public in comedy in silly ways where I didn't have to be perfect helped."

When you are deciding whether a group is right for you, here are some questions you can ask:

- Does this space feel welcoming and inclusive to me? If I brought a friend, would they feel welcomed and included?
- How do I feel after the activity? Am I energised or drained?
- How is the activity impacting my voice? Is my voice sore or tired after the activity?
- How is the activity impacting how I feel about my voice? Do I leave the activity feeling good about my voice and myself?
- Am I able to practise the skills I want to practise?

### **Take away points:**

- Singing has many mental and physical health benefits which may also apply to other forms of voice practice in groups.
- Singing and other forms of voice practice in groups often include exercises which support you to learn how to use your voice well.
- Singing with other TGD people is a good way to play and experiment with your voice without fear of judgement.
- Key Change Choir aims to provide a safe space to do this work.
- There are many other community-based approaches to working on voice.
- When you are considering trying one of these, think about how safe and included you feel, to make sure it's a good fit for you.

## Voice and communication training

Speech pathologists, voice coaches, acting and singing teachers can provide training that supports you with making changes to your voice and communication behaviours and with developing helpful responses to influences outside your control.

### How can I access voice and communication training?

- Private services: Speech pathologists and vocal coaches providing services for a fee.
- Public services: Speech pathologists providing services at no cost within a hospital or community clinic.
- University clinics: Student speech pathologists under supervision providing services at no or low cost.

These may be delivered face-to-face or via telehealth. There is usually high demand for public services and university clinics, while demand for private services is usually less due to the out-of-pocket cost. Some services may have restrictions on the number of sessions available if demand is high.

Each type of service will have its own referral criteria. Public services usually see people referred internally through a gender service. Private services and university clinics usually have more open referral options and accept self-referrals. It's best to check in with the service or clinic on their referral process.

### What can I work on?

Your voice and communication professional will explore with you what your personal voice and communication-related strengths and areas of concern are and what changes you would like to make. You will then collaborate on a training plan that is aimed at reducing challenges and increasing resources for all voice and communication-related concerns you may have.

Areas you may work on include:

- caring for your voice and yourself in a way that works for you
- exploring what kind of voice and communication feels right for you
- adapting your voice and communication behaviour to better suit how you wish to present yourself (e.g., changing your voice pitch or how you use your body language)
- increasing your capacity to meet your everyday voice and communication demands (e.g., you could work on increasing the loudness of your voice or strategies for answering the phone)
- developing skills that will help you with effectively negotiating meaning-making in encounters with others (e.g., you could work on strategies for clarifying what others have said and making changes to the ways in which you provide explanations for others)
- practising options for responding to misunderstandings in encounters with others (e.g., you could work on how you wish to introduce yourself to people you have not met before or on strategies for requesting that others use your pronouns).

Speech pathologists can also help you with preparing your voice for hormone treatment and voice surgery and with fine-tuning your voice after surgery and during ongoing hormone treatment; see Appendix.

## Does voice training work? For whom, and how fast?

Research indicates that everyone can make change in voice training, however, the extent of this change does vary between people (and we don't know what factors influence this yet).

"The methods and techniques my clinician provided have made my hopes so achievable and realistic."

Voice and communication training progresses in a non-linear fashion.

Prepare yourself for:

- progress being followed by setbacks, being followed by progress etc.
- having to work on your voice and communication regularly (in sessions with your professional and at home) for some time for change to occur and to be maintained
- having to adapt your expectations of how much change you can achieve.

Some people pick up new exercises and strategies and develop regular practice quicker than others and may notice changes sooner. Others take time to develop regular practice and may notice changes occur over a longer period of time.

“A few weeks after I finished the regular voice training sessions I stopped doing the routine as much and stopped focusing on my voice at all, and I noticed my communication and range dropped a bit. Getting back into it was hard... but now that I'm practising again I've been able to pick those skills up quickly.”

Developing a voice and communication style that is affirming is like finding your favourite songs and learning to play these songs well. It takes some time for your new style to become automatic.

At the end of voice training, you may not have your perfect voice and communication yet, but many people are very satisfied with the tools, skills, and knowledge they have gained to continue this journey on their own.

## Remember your goals can change

During a voice and communication training program (or self-training journey):

- people might come in not knowing what their voice can do
- people might revise their goals to be more ambitious as they learn more about what they can do
- people might revise their goals to be more moderate as they come to feel more comfortable with themselves and their identity
- people might realise that they want to use different voices in different situations.

“Originally, I wanted a more gender-neutral voice but then realised I wanted it to be more femme.”

Your goals do not have to be about developing one single voice or way of communication. Training can also help you with using different voices and other ways to present yourself in different contexts.

"I always loved my voice, but as I came out more it started to become the thing that felt most pre-transition. I still like it, but it feels like if I keep it there's no way I'd be able to move through the world and 'pass'. So now I'm determining whether that's something I even should want."

## What to expect and what to ask for

Voice and communication training is provided in diverse and flexible ways. Participants are encouraged to share their preferred communication and learning style with their voice trainer and make requests for changes to any aspect of the training that would make them more comfortable.

When talking to voice training providers:

- Tell them the names and pronouns you wish to be used by everyone contributing to the training (including administration staff).
- Suggest ways to make the waiting area and the training space as comfortable and safe for you as possible.
- Choose your preferred mode of training delivery (online vs. in person).
- Negotiate flexibility in attendance at sessions (e.g., do you need longer to practise and build skills between sessions? Or do you prefer coming more frequently to support implementation and consistency of training?).
- Ask about a person-centred, non-judgmental and holistic approach to training that considers all aspects of yourself (e.g., are there aspects of your voice, communication and wellbeing other than gender you wish to work on in your training? What can your trainer do to best support your learning?).
- Ask for flexibility in support for goals changing through training.
- Clarify what form of resources works best for you (e.g., personalised home practice handouts, videos, audio clips or lists).

If you think your trainer is not a good fit for you, talk to someone about it and/or seek an alternative.



## How to get the best results

Having good support networks is a huge and important contributing factor for many people. These can include: friends, family members, supportive workplaces, active involvement in the TGD community or trans-friendly spaces to talk about voice and communication practice.

Reaching out to established peer support groups can be really helpful if you are feeling isolated and don't have many opportunities to communicate or otherwise connect with others.

"Meeting other trans people like me who are also struggling with voice not matching their gender is a big help."

You might also want to ask people you trust for their help with reminders/prompts to do your home practice or use your voice and communication in certain ways.

"I struggle to hold myself accountable for practice, so having friends or family there to help me/remind me has been useful."

People who are able to prioritise their own needs, wishes and preferences for their voice and communication rather than focusing on the expectations of others, tend to be more satisfied with the outcomes of their training, with their interactions with others and with their communication experiences. Some people start training in this place while others might reach this place over time or through the training journey.

"I thought I needed to sound a certain way to help with passing and my transition, but in the end it was more about confidence and being myself, as clichéd as that sounds. For me, success in voice and communication is less about how I sound and more about how well I keep up with vocal warm-ups and practising. As long as I'm able to speak loud and clear, and express myself, then I'm happy."

Similarly, people who develop resilience and self-compassion for dealing with difficult experiences that are not under their control, for example, being misgendered or criticised for your self-presentation, tend to be more satisfied with the work they are doing and for which they have received professional support.

“How I feel about my voice has changed and continues to change based on how I'm feeling about my gender identity ... I can feel more comfy with my voice if I'm feeling more secure within myself. Loads of factors can influence this. I guess it's about general mental health and being around supportive people.”

“I feel comfortable with my voice most of the time now. I accept that my voice is a feminine voice because I am a woman and it is my voice, therefore it's a woman's voice.”

### **Takeaway points**

- Voice and communication training builds on your strengths and can address a wide range of concerns and desired changes.
- Training is likely to progress in a non-linear fashion, and everyone's journey is different.
- It's normal for goals to change and evolve as voice training continues and confidence increases.
- You can ask your provider for what you want and need.
- Having good support networks, taking care of your own needs and developing resilience and self-compassion all aid your voice work.

## APPENDIX: Medical and surgical approaches to changing voice and communication

Medical and surgical approaches modify the size, shape, functioning and outward appearance of the parts of our bodies we need for voice production. We need to adapt our voice and communication behaviour to these changes after surgery and during hormone treatment.

See the following webpage for an introduction to medical approaches to gender affirmation: [www.transhub.org.au/medical](http://www.transhub.org.au/medical).

See the following web page for an introduction to surgical approaches: [www.transhub.org.au/surgery](http://www.transhub.org.au/surgery).

### How will different hormone treatments affect my voice?

#### Puberty blockers

Puberty blockers stop the physical transition from childhood to adolescence. A young person who takes puberty blockers will keep their voice as it is for as long as they keep taking the puberty blockers. As soon as they stop the medication, their body will go through the biological processes of puberty.

#### Testosterone

Most bodies produce some testosterone. Bodies that produce high levels or that are treated with testosterone during or after puberty tend to experience a bigger increase in the size of their voice box, vocal folds and vocal tract. This increase in size leads to an increased capacity to produce a lower-pitched voice.

## Estrogen

Estrogen treatment after puberty does not lead to a pitch increase. The growth of the voice box, vocal folds and vocal tract experienced by TGD people with functioning testosterone production and sensitivity during puberty is irreversible. Thus, voice training is often recommended.

## Impacts on communication

Hormone treatment impacts the body's outward appearance. In so doing, it affects our communication of who we are, especially in terms of gender.

As a result of testosterone treatment, we might grow visible facial and body hair and experience a visible increase in muscle mass and strength. These changes may then be interpreted by others as indicating that the person identifies as male.

As a result of estrogen treatment, we might grow breasts, experience a redistribution of body fat and a decrease in muscle mass and strength. These changes may then be interpreted by others as indicating that the person identifies as female.

Everyone (cisgender or TGD) responds to hormones differently. Some have significant biological changes, and others minimal; some like the changes they experience and others don't. A voice and communication professional can help TGD people work out the reasons of voice difficulties related to hormone treatment and develop exercises and adaptations to address these.

## How will surgeries affect my voice?

### Top surgery

Some TGD people might bind to flatten their chest or assume a slouched posture to make their chest less prominent. These practices can be beneficial for a person's wellbeing in helping them feel more comfortable in their body.

See this webpage for some guidance around responsible binding:

[www.transhub.org.au/binding](http://www.transhub.org.au/binding).

However, these practices may also lead to restricted breathing, increased body tension or pain and a more limited capacity to produce a loud and powerful voice. Top surgery can support TGD people with assuming a more upright and balanced posture and with the development of optimal breath support for voice.

### Voice box surgery

Surgery to the voice box can change the voice by modifying the tension and/or mass of the vocal folds to either increase or decrease pitch. There are a range of surgical techniques that surgeons can use. Discuss the surgical options with a specialist.

## How speech pathologists can help you before and after surgery

Some specialists work with a speech pathologist to ensure people get the most out of their surgery. Prior vocal training can be helpful as it sets you up to follow vocal exercises post-surgery. Follow-up sessions with a speech pathologist can support you with adapting your voice use to the changed dimensions and functioning of your voice box and vocal folds.

# Glossary

**Assertiveness:** the practice of standing up for yourself in a manner that is clear, direct and respectful of your own and other people's feelings.

**Avoidance:** any attempt at managing the expectation of rejection, harassment or other unpleasant experience that relates to avoiding these experiences.

**Cisgender:** a person who identifies with the gender assigned to and presumed of them at birth.

**Concealment:** the practice of a TGD person hiding their current gender identification or gender history because they expect that they will be discriminated against, rejected or misgendered by others.

**Diaphragm:** a big muscle that sits underneath our lungs. When we inhale, the diaphragm relaxes and helps suck air into the lungs. When we speak or sing, we can use the diaphragm to control the flow of the air we exhale.

**Discrimination:** practices whereby members of minority groups are treated differently from members of the majority population.

**Gender affirmation:** all practices that recognise TGD people's gender identity. These might include: labelling TGD people according to their wishes; adapting a person's name and gender entry in identification documents; providing TGD people with the supports they need and ask for (e.g., voice and communication training, counselling, hormone treatment, surgery, epilation).

**Internal response to labelling by others:** the practice of checking-in with ourselves to sense how we feel about the labelling of others.

**Internalised transphobia:** occasions in which TGD people apply stigma and prejudice about TGD people to themselves in a self-critical manner.

**Labelling by others:** how listeners or conversation partners describe a person, e.g., on the basis of the sound of their voice or their outward appearance; this might include referring to the person by certain pronouns.

**Larynx:** anatomical term for the voice box.

**Mindfulness:** the practice of remaining present with our moment-to-moment experiences in a non-judgmental manner.

**Minority stress:** the experience or effect of stressors that are socially based and chronic, and which may make people who are members of one or more minority groups more vulnerable to mental and physical health concerns.

**Negative expectations:** the anticipation that stressful events will occur in the future and the watchfulness against danger because of this expectation.

**Non-affirmation of gender identity:** all practices whereby a person is not treated, addressed, or referred to in alignment with their gender identification.

**Perception of self by others:** the representation of who we are that our conversation partners create in their mind.

**Pitch:** how high or low our voice sounds.

**Phonation:** the process of producing sounds by letting the vocal folds vibrate.

**Rejection:** attempts at excluding members of a minority group from social encounters and participation.

**Request for repair:** the practice of asking our conversation partners to change the ways in which they refer to, address and treat us.

**Resilience:** the practice of using skills that help you to manage experiences of adversity.

**Resonance:** the part of your voice that is shaped by the vocal tract. This might include how bright or dark your voice sounds, how efficient and easy it is to project your voice or how nasal your voice sounds.

**Bright/dark resonance:** refers to the way we can use our vocal tract to produce a brighter or darker sounding voice. This is separate to pitch.

**Response to request for repair:** how our conversation partners respond to our feedback about their meaning-making and labelling.

**Self-compassion:** the practice of being kind to ourselves or of treating ourselves like a good friend we care about.

**Self-evaluation:** the practice of comparing our perception of our behaviour and appearance with our expectations of how we should present ourselves (e.g., sound, look or move).

**Self-perception:** the practice of using our senses to become aware of our self-presentation. This might include hearing how high or low our voice sounds or looking at ourselves in a mirror.

**Self-presentation:** what we are doing to represent ourselves as the person we are. This might include the way we communicate, dress, move or do our face or hair.

**Self-repair:** the practice of making changes to our self-presentation.

**Trans and gender-diverse (TGD):** a person who does not identify with the gender assigned to and presumed of them at birth.

**Victimisation:** the use of violence against members of minority groups.

**Vocal folds:** two thin muscles, positioned inside our voice box, that we can open and close and that can vibrate and create sounds.

**Vocal mechanism:** the parts of our body we need for voice production. These include the diaphragm, lungs, windpipe, voice box, vocal folds and the vocal tract (throat, mouth, nose).

**Vocal tract:** the part of the vocal mechanism that sits on top of the voice box comprising of our throat and the cavities of our mouth and nose. We can modify the size and shape of the vocal tract to finetune the resonance of our voice (e.g., make it louder, brighten or darken it).

**Voicing:** the process of producing sounds by letting the vocal folds vibrate.

**Voice box:** a bodily structure that sits on top of the windpipe and contains the vocal folds.

**Wellbeing:** the balance point between an individual's resources and the challenges faced. This may lead to us feeling healthy, happy, safe or in control.



## Resources

Resource and network building is a key way to empower yourself on your journey. Here are a few resources you might find helpful to expand on some of the ideas and practices we mentioned in this document. This list is not exhaustive or authoritative – it is just a starting point and an invitation to keep exploring.

### Community resources

Transgender Victoria

<https://www.tgv.org.au/resources>

TransHub

<https://www.transhub.org.au/>

Zoe Belle Gender Collective

<https://zbgc.org.au/resources/>

### TGD singers/musicians

<https://artsandculture.google.com/story/trans-musicians-who-made-history/2AXhl4bx7VXt-A>

<https://www.alternativeclassical.co.uk/features/trans-opera-singers>

<https://www.refinery29.com/en-au/gender-diverse-musicians-australia>

## Links to support your voice, communication and wellbeing practice

Using a straw for safe voice practice

<https://www.youtube.com/watch?v=0xYDvwvmBIM>

Shaping your voice by changing how you use the vocal folds and your vocal tract

<https://www.youtube.com/watch?v=21ZfGpp-Ves>

Mindfulness

<https://www.uclahealth.org/uclamindful>

Self-compassion

<https://self-compassion.org/>

<https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Self-Compassion>

Assertiveness

<https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Assertiveness>

## Books on voice, communication and wellbeing

Jackson Hearn, L. & Kremer, B. (2018). *The singing teacher's guide to transgender voices*. Plural Publishing.

Mills, M. & Stoneham, G. (2017). *The voice book for trans and non-binary people*. Jessica Kingsley publishers.

Singh, A. (2018). *The queer & transgender resilience workbook: Skills for navigating sexual orientation and gender expression*. New Harbinger.

If you are looking for free access to TGD related texts, you could look here:

<https://transreads.org/>

### **Current guides for professional practice in transgender health**

World Professional Association of Transgender Health (WPATH) *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*

<https://www.wpath.org/soc8>

See in particular Chapter 14: Voice and communication. It has a summary of the current research and recommended approach to voice and communication training, hormone treatment and surgeries that affect voice.

Additional guides for professional practice in Australia

<https://auspath.org.au/standards-of-care/>

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11. <https://mhaustralia.org/general/trauma-informed-practice>