

Department of Health

health

Transgender and gender diverse health and wellbeing

Background paper



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This paper was prepared by a working group of the Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing Ministerial Advisory Committee for discussion purposes, and is not a government document.

The working group is thanked for their time and effort in producing a comprehensive overview of issues for transgender and gender diverse health and wellbeing,

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1. Executive summary

This background paper forms part of the work of the Transgender and Intersex Health and Wellbeing working group, which is one of five sub-groups formed under the Victorian Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing Ministerial Advisory Committee (the committee). The committee was established by the Victorian Minister for Health and Ageing and the Victorian Minister for Mental Health in February 2013.

The committee has, among other tasks, been charged with providing advice to ministers concerning:

- the health and wellbeing of LGBTI Victorians and appropriate clinical and health responses
- policy reform and program development to ensure awareness and clinical understanding of LGBTI health issues and programs by mainstream service providers.

Transgender and gender diverse health and wellbeing has been prioritised by the committee.

1.1. Purpose and audience of this document

This document represents the first stage of a two-part project, and outlines how and why Victorian health services could more comprehensively meet the needs of Victoria's transgender and gender diverse population. It begins this process by:

- scoping the health issues that transgender and gender diverse people experience in Victoria
- describing factors contributing to those health issues, including barriers to necessary care and support
- mapping the policy and service settings in Victoria and Australia
- mapping the current health service components and pathways for transgender and gender diverse adults in Victoria
- identifying key issues with the current service system and gaps, including limited or absent services.

Stage 2 of the project will investigate options for how to better meet the specialised health needs of transgender and gender diverse Victorians and explore options for different services and service configurations to improve support and health service provision.

1.2. Methodology

This document presents a comprehensive review and synthesis of the Australian literature pertaining to the health and wellbeing of transgender and gender diverse people and policy documents detailing the current policy and health service settings in Victoria and Australia more broadly. This literature is supplemented with select pieces of international research from the United Kingdom, Europe and North America.

A desktop review was conducted, which included interrogation of key databases such as Google Scholar, EbscoHost, Informit and ScienceDirect, as well as known clearinghouses and Australian research bodies such as Gay and Lesbian Health Victoria, the National LGBTI Health Alliance and the Australian Research Centre in Sex, Health and Society. Search terms included the following words and permutations of these words: health, mental health, sex, gender, sexual health, suicide, wellbeing, transgender, transsexual, gender diverse, gender variant, GLBTI, LGBTI, cross-dressing, gender dysphoria, gender identity disorder, community building, peer-support and resilience.

Working group members and key informants reviewed the document twice, which resulted in the identification of further research and policy documents, which were reviewed and considered for inclusion and other improvements to the document.

Critically, the experience of working group members and that of their communities also helped shape the paper, particularly Section 6, which describes what it is like to access and navigate the current healthcare service system in Victoria.

1.3. Working group membership

The following people were members of the *Transgender and Intersex Health and Wellbeing* working group:

- Brenda Appleton, working group Chair and Ministerial Advisory Committee member
- Sim Kennedy, Ministerial Advisory Committee member
- Mike Kennedy, Ministerial Advisory Committee member
- Jeremy Wiggins, Ministerial Advisory Committee member
- Tony Briffa, Ministerial Advisory Committee member
- Gavi Ansara, National LGBTI Health Alliance, co-opted working group member
- Karen Field, CEO, Drummond Street Services, co-opted working group member
- Sally Richardson, Foundation for Young Australians.

1.4. Terminology

Individuals, communities and particular professions use a wide variety of terms, including but not limited to: trans*, transgender, transsexual, Sistergirl, Brotherboy, Gender Dysphoric (formerly Gender Identity Disorder), gender questioning, gender diverse, gender independent, gender queer, non-binary, MTF of M2F (male-to-female), FTM or F2M (female-to-male), trans woman, trans man, people with a history of transsexualism, transguy, boi, trans masculine, trans feminine, tranz, bi-gendered, third sex, polygendered, pangendered, androgyne to describe the range of people who sit outside the gender binary or whose gender identity is different from the sex assigned to them at birth, excluding intersex people incorrectly assigned at birth¹. The list of terms is non-exhaustive, and this document does not seek to invalidate any identity by not listing them in this section.

The terms 'sistergirl' and 'brotherboy' are identities which are held in Aboriginal and Torres Strait Islander communities. Sistergirls and brotherboys do not feel as though the terms 'trans' or 'transgender' appropriately reflect their diverse experiences of gender, particularly in relation to spirituality and cultural identity. Regarding Aboriginal and Torres Strait people who do not identify with the sex assigned to them at birth, a sistergirl is a feminine-identified person who was assigned male at birth, and a brotherboy is a masculine-identified person who was assigned female at birth. However, these terms are not exclusively used by those who do not identify with the sex assigned to them at birth, and are also used in Aboriginal and Torres Strait communities in other contexts.

People experience, express and describe their gender in many different ways and, in an effort to be as inclusive as possible, this document uses 'trans and gender diverse' as an umbrella term to refer to those people whose gender identity is not typically associated with the administrative sex category they were assigned at birth. Importantly, many people who are labelled by others as transgender self-identify simply as men and women². Some non-binary people and people from some culturally and linguistically diverse backgrounds do not use the term 'trans' due to cultural or personal differences in how they understand their gender experience. Intersex is different from transgender. A more comprehensive discussion about intersex, transgender, sex diversity and gender diversity is at Appendix 1.

This document uses the term 'transitioning' to describe the whole range of different ways trans and gender diverse people express their affirmed gender. Traditionally, this term is closely associated with using medical interventions to physically transition away from the gender assigned at birth. However, many trans and gender diverse people do not engage with medical interventions to express their affirmed gender. As such, in this paper, 'transitioning' encompasses 'social transitioning', which may include

¹ Aizura, A., Walsh, J. et al. (2010). *GQ: Gender Questioning*. Melbourne: Gay and Lesbian Health Victoria and Trans Melbourne Gender Project.

² Riggs, D., Due, C. (2013). *Gender identity in Australia: the healthcare experiences of people whose gender identity differs from that expected of their natal assigned sex*. Adelaide: Flinders University.

dressing differently or changing one's body language, as well as the entire range of medical interventions to assist with physical transitioning, including hormones and surgeries.

1.5. Size of the trans and gender diverse population

It is difficult to know the size of the trans and gender diverse population in Victoria and Australia more broadly, largely because there are no population-based studies in Australia that ask about gender identity. Traditionally, data collection agencies and surveys have conflated sex and gender, and do not have distinct questions about people's trans and gender diverse status, history or experience, which is important because many trans and gender diverse people self-identify as simply men and women.

Notwithstanding these limitations, the 2013 edition of the *Diagnostic and Statistical Manual of Mental Disorders* estimates that between one in 7,000 and one in 20,000 natal males and between one in 33,000 and one in 50,000 natal females seek gender affirmation surgery³. However, other researchers have suggested that this is likely to be an underestimation, because the majority of trans and gender diverse people do not access surgery⁴. The Gender Dysphoria Clinic in Melbourne reports that only about one-third of trans and gender diverse people go on to have surgery as part of their transition⁵.

With respect to the prevalence of children and adolescents who are trans and gender diverse, the Royal Children's Hospital (RCH) Melbourne estimates that one per cent of children and adolescents experience gender identity issues, although not all of these children and adolescents will continue to experience persistent gender identity issues into adulthood⁶.

1.6. Healthcare needs and health status of trans and gender diverse people

Trans people have unique healthcare needs that relate to addressing their gender identity concerns and issues, and facing significant levels of stigma, discrimination and social exclusion. Like all people, trans and gender diverse people also have general healthcare needs. For those who transition away from the sex assigned to them at birth, transitioning is a unique process for each person, and can include dressing and behaving differently, and medical intervention such as hormone therapy and surgery.

In general, trans and gender diverse people's mental health, wellbeing and physical health is markedly worse than that of the general population and other sub-populations under the LGBTI umbrella such as gay men and lesbians⁷. Importantly, the research does not indicate that poorer mental or physical health and higher suicidality is inherent to being trans and gender diverse. Rather, poorer mental health and wellbeing is caused by stigma, social exclusion, discrimination, bullying, rejection by family and friends and experiencing difficulties in being able to transition (if required) in a manner that is both timely and appropriate for the individual⁸.

In order to transition medically, trans and gender diverse people, in general, will need to access a range of healthcare and support services over their lifespan, including psychological support for them and their family, and clinical services, including more specialised services such as gender affirmation surgery and speech therapy⁹.

³ American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders*. Fifth Edition. Arlington, Virginia: American Psychiatric Association.

⁴ Hyde, Z., Brown, G. (forthcoming). *Health and wellbeing of transgender and transsexual Western Australians: priorities for public health*. Unpublished.

⁵ Advice confirmed by Monash Health, 8 July 2014.

⁶ Advice confirmed by Royal Children's Hospital, 25 June 2014.

⁷ Leonard, L., Pitts, M. et al. (2012). *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender Australians*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University. Couch, M., Pitts, M. et al. (2007). *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne. The Australian Research Centre in Sex, Health & Society: La Trobe University.

⁸ Hillier, L., Jones, T. et al. (2010). *Writing Themselves In 3 (WTI3): The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University. Robinson, K., Bansel, P. et al. (2014). *Growing up Queer: Issues Facing Young Australians Who are Gender Variant and Sexuality Diverse*. Sydney: Young and Well Cooperative Research Centre, University of Western Sydney.

⁹ Sinnott, V. (2005). *Best practice models for the assessment, treatment and care of transgender people and people with transsexualism: A discussion paper for Victoria (Australia)*. Melbourne: Victorian Government.

1.7. Factors affecting the health of trans and gender diverse people

Similar to other marginalised population groups, experiences of discrimination, social exclusion, harassment and violence directly impact the health and wellbeing of trans and gender diverse people. However, there are several protective factors that can mitigate these effects.

The evidence indicates that transitioning and being able to express one's gender identity improves the health and wellbeing of trans and gender diverse people. Difficulties in being able to affirm one's affirmed gender as well as relatively high levels of discrimination, harassment and violence is linked with trans and gender diverse people's poorer health status compared with the broader population¹⁰.

Additionally, in Australia, trans and gender diverse people face several structural barriers to being able to express their affirmed gender, including:

- effective high cost of medical treatment: attributable to gendered access to some Pharmaceutical Benefit Scheme (PBS) medications, the lack of publicly funded surgery and the need for trans and gender diverse adolescents to receive authorisation from the Family Court of Australia before being able to access some hormone treatments and all surgery¹¹
- administrative procedures, including the evidentiary burden trans and gender diverse people face in order to change their sex marker on some official documentation, such as having to prove that they have undergone surgery to alter reproductive organs before a birth certificate will be reissued with the person's affirmed gender¹²
- discrimination and a lack of respectful treatment when accessing health services and exclusion from services, including ineligibility for some services, or refusal by some health services to provide care (for example, a GP refusing to refer a patient to a gender identity specialist for assessment)¹³
- clinicians' generally poor knowledge about trans and gender diverse health and wellbeing issues and healthcare needs, as well as 'binary' assumptions¹⁴ regarding sex and gender identity, and limited workforce capacity¹⁵
- poor health service coordination and integration, which results in poorly identified pathways that make it difficult for people to find and access the healthcare that they require¹⁶.

¹⁰ Advice confirmed by Monash Health, 8 July, 2014. McNeil, J., Bailey, L. et al. (2012). *Trans Mental Health Study 2012*. Edinburgh, Scottish Transgender Alliance. Grant, J. M., Mottet, L. et al. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington: The National Gay and Lesbian Task Force and the National Center for Transgender Equality.

¹¹ Hewitt, J., Paul, C. et al. (2012). Hormone treatment of gender identity disorder in a cohort of children and adolescents. *Medical Journal Australia* 196(9): 578–580. Advice confirmed by Monash Health, 8 July, 2014, Private Health Insurance Ombudsman (2014). 'What is covered by Medicare?' Retrieved 19 March, 2014, from <http://www.privatehealth.gov.au/healthinsurance/whatiscovered/medicare.htm>, Australian Government.

¹² Couch, M., Pitts, M. et al. (2007). *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University, The National LGBTI Health Alliance (2012). Diversity in Health: Improving the health and well-being of transgender, intersex and other sex and gender diverse Australians. <http://www.lgbthealth.org.au/diversity>, National LGBTI Health Alliance, Mendez, J. E. (2013). *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*. New York: Human Rights Council, United Nations.

¹³ Sinnott, V. (2005). *Best practice models for the assessment, treatment and care of transgender people and people with transsexualism: A discussion paper for Victoria (Australia)*. Melbourne: Victorian Government. McLean, A. (2011). A 'Gender Centre' for Melbourne? Assessing the need for a transgender specific service provider. *Gay and Lesbian Issues Psychology Review* 7(1): 33–41. Riggs, D. and Due, C. (2013). *Gender Identity in Australia: the healthcare experiences of people whose gender identity differs from that expected of their natal assigned sex*. Adelaide: Flinders University.

¹⁴ 'Binary assumptions' about gender is where people understand gender as being an either/or proposition. You are either a man or a woman, which excludes other types of gender expression, including people who identify as both man and woman, and those people who are gender neutral and do not identify as either gender. With respect to sex (a categorisation tool based on biological differences), binary assumptions work the same way as they do for gender (a socially constructed categorisation tool), where it is assumed you can be either a male or a female, which, for example, renders intersex people invisible.

¹⁵ Sinnott, V. (2005). *Best practice models for the assessment, treatment and care of transgender people and people with transsexualism: A discussion paper for Victoria (Australia)*. Melbourne: Victorian Government. Combs, R., Turner, L. et al. (2008). *Gender Identity Services in England, The Mapping Project Report*. London: Department of Health (UK). Hewitt, J., Paul, C. et al. (2012). Hormone treatment of gender identity disorder in a cohort of children and adolescents. *Medical Journal Australia* 196(9): 578–580. The National LGBTI Health Alliance (2012). Diversity in Health: Improving the health and well-being of transgender, intersex and other sex and gender diverse Australians. <http://www.lgbthealth.org.au/diversity>, National LGBTI Health Alliance.

¹⁶ Sinnott, V. (2005). *Best practice models for the assessment, treatment and care of transgender people and people with transsexualism: A discussion paper for Victoria (Australia)*. Melbourne: Victorian Government.

Intersecting identities, including social determinants of health, such as housing security, socioeconomic status, employment status, including prejudice against those working in the sex industry, education attainment, age, gender, sexual orientation, disability, language, ethnicity and Indigenous status, can interact with structural barriers and experiences of discrimination and social exclusion to negatively impact the health and wellbeing of the individual¹⁷. However, despite experiencing these issues, research indicates that the trans and gender diverse community is highly resilient and determined to improve the wellbeing of its members¹⁸.

1.8. Existing policy and health service settings

1.8.1. Australia-wide arrangements

In Australia, the Australian and New Zealand Professional Association for Transgender Health (ANZPATH) has developed standards of care, adopted from the World Professional Association for Transgender Health (WPATH), to guide how health services relating to transitioning are provided to trans and gender diverse people. Most adult services are provided by clinicians working privately rather than in the public healthcare system¹⁹. The Royal Children's Hospital Melbourne provides a [gender identity service](#) for children and adolescents.

For children and adolescents to access some medical interventions, the approval of the Family Court of Australia is required²⁰.

Medicare and the PBS subsidise many medical procedures and medications for all Australians. However, Medicare-funded procedures and PBS-subsidised medications are sometimes 'gendered', making their availability dependent on an individual's Medicare sex classification as either 'male' or 'female'. This can limit trans and gender diverse people's access to some procedures and medications.

With respect to gendered Medicare procedures, the previous Commonwealth Government announced the removal of this discrimination from about 6,000 clinical services. To date, 15 of these 6,000 Medicare item billing codes have been amended, including those relating to cervical ('pap') smears. This will allow trans and gender diverse men to access subsidised pap smears for which they are medically indicated.

Medicare does not subsidise surgical procedures identified as cosmetic, and some gender affirmation surgeries or parts of surgeries are currently classified as cosmetic, resulting in Medicare either not providing a rebate in some instances or providing a rebate for only part of some surgeries²¹.

Trans people's ability to access healthcare services is also impacted by the difficulty they face changing official documentation. In all states and territories trans and gender diverse people are required to be unmarried and have undergone surgery to alter their reproductive organs in order to change the sex marker on their birth certificate. Notably, this evidentiary burden is no longer required to change one's sex marker on passports or Victorian drivers' licences.

¹⁷ Brown, K. (2004). 'Sistergirls' — Stories from Indigenous Australian Transgender People. *Aboriginal and Islander Health Worker Journal* 28(6): 25–26, Barrett, C. (2008). *My People: A project exploring the experiences of Gay, Lesbian, Bisexual, Transgender and Intersex seniors in aged care services*. Melbourne: The Australian Research Centre in Sex, Health & Society, Latrobe University. In conjunction with the Matrix Guild and Vintage Men Victoria, Pike, A., Riggs, D. (2013). *Gender diverse young people*. Health Care Pathways for Intersex, Trans and Gender Diverse Young People, Geelong, 10–11 October, Noto, O., Leonard, W. et al. (2014). *Nothing for them: Understanding the support needs of Lesbian, Gay, Bisexual and Transgender (LGBT) young people from refugee and newly arrived backgrounds*. Melbourne: Australian Research Centre in Sex, Health and Society, Latrobe University.

¹⁸ Couch, M., Pitts, M. et al. (2007). *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University. Hillier, L., Jones, T. et al. (2010). *Writing Themselves In 3 (WTi3): The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University. Singh, A. A., Hays, D. G. et al. (2011). Strength in the Face of Adversity: Resilience Strategies of Transgender Individuals. *Journal of Counseling & Development* 89(1): 20–27.

¹⁹ Australian and New Zealand Professional Association for Transgender Health (2013). Standards of Care. <http://www.anzpath.org/about/standards-of-care/>

²⁰ Advice confirmed by Royal Children's Hospital, 25 June 2014.

²¹ Private Health Insurance Ombudsman (2014). What is covered by Medicare?

<http://www.privatehealth.gov.au/healthinsurance/whatiscovered/medicare.htm>, retrieved 19 March 2014. Australian Government.

In June 2013 the Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Bill 2013 was passed in the Commonwealth Parliament and came into effect on 1 August 2013, making it unlawful to discriminate against someone on the basis of their sexual orientation, gender identity and intersex status. Concurrently with these legislative changes, the Commonwealth Government issued guidelines to accompany these legislative changes, requiring all Commonwealth agencies to ensure their data collection practices and processes allowing people to change their sex markers meet the requirements of the legislation²².

1.8.2. Victorian arrangements

With respect to clinical services to assist trans and gender diverse people to transition medically, the Victorian Department of Health provides dedicated funds to Monash Health's Gender Dysphoria Clinic (GDC) to provide coordinated psychiatric and psychological assessment, some family support and referral for hormone and surgical treatments for adults. The Royal Children's Hospital Melbourne (RCH) provides psychiatric and other medical services to children and adolescents up to the age of 18 years through core funding.

Both services have reported significant increases in referrals in recent times. GDC has received approximately 250 *new* referrals in the 12 months to October 2013, and the waiting list for public patients to see one of the psychiatrists to begin the assessment can be up to nine months²³. For the five years from 2003 to 2007 the RCH received a total of three new referrals. However, referrals have grown significantly in recent years from six new referrals in 2009 to eight in 2011 and 18 in 2012. In 2013 the RCH received 40 new referrals²⁴.

The [Victorian Government's Elective Surgery Access Policy](#) provides broad guidance to health services about how surgical services should be provided across Victorian public health services and includes a shortlist of excluded procedures. The purpose of the policy is to provide consistent care across the system, but it is not designed to include specific advice and guidance related to specific population groups. Gender affirmation surgery is not specifically mentioned in the policy; however, almost all surgeries currently occur in the private health system at significant cost to patients²⁵.

1.9. Accessing and navigating Victorian healthcare services

The following section has been drafted based on the lived experiences of the Transgender and Intersex Health and Wellbeing working group members and some broader consultation with individuals from Victorian-based transgender and gender diverse organisations.

Accessing and navigating healthcare service systems can be complex and difficult for trans and gender diverse people. With respect to the experiences of trans and gender diverse adults, the following key issues have been identified with current clinical and allied health services in Victoria:

1. Information and advice is often sourced and given informally, which can result in misinformation or incomplete information that impacts decision making.
2. Inadequately defined pathways and a lack of coordination may result in individuals spending considerable periods of time being referred from provider to provider. For example, individuals may persevere for years with a non-specialised GP or psychologist before being referred or given appropriate treatment. This is particularly the case for trans and gender diverse people living outside of Melbourne.
3. Clients consider that waiting lists to access specialised clinical services can be long. Apart from the two practising psychiatrists at GDC, who also provide services privately, there is only one clinical psychologist currently in Victoria who is willing to write letters supporting hormone treatment.

²² Australian Government (2013). *Australian Government Guidelines on the Recognition of Sex and Gender*. Canberra, Attorney General's Department.

²³ Advice confirmed by Monash Health, 8 July 2014.

²⁴ Advice confirmed by Royal Children's Hospital, 25 June, 2014.

²⁵ Advice confirmed by Monash Health, 8 July 2014.

4. Cost is a significant barrier to treatment, because all non-medical and most medical treatment is unsubsidised or subsidised only partially by private health insurance. This can include mental health support and support for families, although Medicare does provide a rebate for selected mental health services provided by general practitioners, psychiatrists, clinical and registered psychologists, eligible social workers and occupational therapists.
5. Individuals presenting with other health concerns or comorbidities (such as alcohol and other drug issues or other mental health issues) that are complex can face a longer assessment process.
6. Equity of access to healthcare services can differ across the Victorian population. For example, individuals in regional Victoria are unlikely to have access to a GP who is experienced in trans and gender diverse health, and those with a disability or from a culturally and linguistically diverse background may have difficulties communicating with GPs and specialists.
7. People sometimes seek medical treatment, including surgery, overseas. While many overseas surgical providers are highly experienced and skilled, some overseas medical treatment can be of a poorer standard compared to that delivered in Australia, increasing the risk of complications and/or poor outcomes.

Based on this analysis, the following areas of need have been identified with current clinical and allied health services in Victoria, including services that are provided but are limited:

Clinical

- clinical care in affirmed gender (that is, access to experienced and specialised GPs and psychologists)
- ongoing primary care (that is, post-surgery)
- timely access to alternative psychosocial assessments, to enable better access to medical interventions such as hormone treatments, particularly in regional and rural areas
- timely and affordable access to gender affirmation surgeries (restricted by cost, the way in which these surgeries are prioritised within the public healthcare system, clinical knowledge and workforce capacity)
- timely access to services at MGDC and the RCH due to significant increases in referrals
- casework (for individuals with comorbidities or low-prevalence mental health issues).

Support and care

- professionally facilitated peer support
- casework (coordination, appropriate referrals, assistance with navigating the healthcare system)
- support for families (including partners and children), such as counselling
- advice and support for people with gender identity questions and concerns
- accessible information regarding healthcare rights and system navigation
- support to build capacity within the trans and gender diverse community.

Training for healthcare providers

- priority for training at the continuing professional development level
- inclusion of trans and gender diverse issues during undergraduate and pre-vocational training
- readily accessible, evidence-based guidelines on trans and gender diverse care, such as the *Good Practice* guidelines written by the UK Royal College of Psychiatrists in 2013.

The second stage of the project will build on this background document and investigate the resolution of some of the outstanding health care issues for trans and gender diverse Victorians, including options for different types of services to meet the specialised health needs of trans and gender diverse Victorians and explore options for different service configurations to improve health service provision.

2. Size of trans and gender diverse population

A common theme emerging from the reviewed literature is the absence of data and research about the number of trans and gender diverse people in the community and those accessing health and community support. There are no population-based studies in Australia, which can largely be attributed to the lack of gender identity questions in national data collection surveys. For example, basic statistics such as the number of trans and gender diverse people in Australia is unknown because government agencies such as the Australian Bureau of Statistics (ABS) have traditionally conflated sex and gender in research design and do not have a distinct question asking about people's trans and gender diverse status/history/experience or identity before asking for their sex. These are important distinctions, because many trans and gender diverse and gender diverse people self-identify simply as men and women²⁶. The ABS is currently [reviewing its sex standard](#).

The most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* published in 2013 by the American Psychiatric Association estimates that between one in 7,000 and one in 20,000 natal males and between one in 33,000 and one in 50,000 natal females seek gender affirmation surgery²⁷. However, this is likely to be an underestimation of the total trans and gender diverse population, given that the majority of trans and gender diverse people do not access surgery²⁸. A 2007 research study that attempted to calculate prevalence of the trans and gender diverse population more broadly estimated that prevalence may be as low as one in 1000 or one in 2000, and as high as one in 500²⁹.

With respect to the number of trans and gender diverse children and adolescents, the Royal Children's Hospital (RCH) Melbourne estimates that one per cent of children and adolescents experience gender identity issues³⁰, although not all of these children and adolescents will continue to experience persistent gender identity issues into adulthood³¹. Similarly, a 2012 New Zealand study that surveyed the health and wellbeing of 8,500 secondary school students reported that one per cent of respondents reported that they were trans and gender diverse and three per cent reported that they were not sure if they were trans and gender diverse³².

²⁶ Riggs, D., Due, C. (2013). *Gender Identity in Australia: the healthcare experiences of people whose gender identity differs from that expected of their natal assigned sex*. Adelaide: Flinders University.

²⁷ American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders*. Fifth Edition. Arlington, Virginia, American Psychiatric Association.

²⁸ Hyde, Z., Brown, G. (forthcoming). *Health and wellbeing of transgender and transsexual Western Australians: priorities for public health*. Unpublished.

²⁹ Olyslager, F., Conway, L. (2007). *On the calculation of the prevalence of transsexualism*. WPATH 20th International Symposium, Chicago, Illinois, September 5–8.

³⁰ Advice confirmed by Royal Children's Hospital, 25 June 2014.

³¹ Hewitt, J., Paul, C. et al. (2012). Hormone treatment of gender identity disorder in a cohort of children and adolescents. *Medical Journal Australia* 196(9): 578–580.

³² Adolescent Health Research Group (2012). *The Health and Wellbeing of New Zealand Secondary Students in 2012*. Auckland: The University of Auckland.

3. Healthcare needs and health status of trans and gender diverse people

This chapter describes the unique healthcare needs of trans and gender diverse people, including those which relate to expressing one's affirmed gender identity. It presents a synthesis of Australian research and some international research regarding what is known about the mental health and suicide risk, physical health, and the resilience and wellbeing of trans and gender diverse people.

3.1. Healthcare needs: expressing one's affirmed gender

'Transitioning' (not a term used by all trans and gender diverse people) and 'gender affirmation' describes the process an individual undertakes to express their affirmed gender identity. This may include dressing differently or changing one's name, and may or may not include medical interventions such as hormone therapy or gender affirmation surgery (legally referred to as sex affirmation surgery)³³. There is evidence to indicate that being able to express one's affirmed gender identity has a markedly positive effect on the health and wellbeing of trans and gender diverse people overall.

In general, trans and gender diverse people need a range of health services over their lifespan to successfully transition and/or express their affirmed gender identity, which includes services for individuals and their families, as well as support for the trans and gender diverse community more broadly³⁴. These include psychological services such as counselling and family support, casework and assistance to transition in the work place or in school.

In order to transition medically in Victoria, trans and gender diverse people are required to undergo a physical and psychological assessment before accessing hormone treatment or surgery³⁵. Surgery can include:

- upper surgery — chest reconstruction/ breast augmentation
- lower surgery — metoidioplasty, phalloplasty, hysterectomy, orchiectomy, neovaginoplasty
- facial feminisation — including but not limited to jaw recontouring, tracheal shave.

Other health-related service needs can include electrolysis or laser hair removal, speech therapy, wigs, chest binders and prostheses.

The Latrobe University Voice Clinic (the voice clinic) reports that the number of trans and gender diverse people who experience voice and communication difficulties in Victoria is unknown; however, from its international collaborations, it is widely accepted that approximately 80 per cent of trans women who attend gender clinics require speech pathology to help align their voice and communication characteristics with their affirmed gender. The voice clinic reports that this percentage is likely to be smaller for trans men because the effects of hormone therapy assist this process more effectively than the hormone therapies available to trans women. The voice clinic reports that most research in the field of trans and gender diverse communication suggests that non-conforming voice and communication can negatively impact the individual's social and vocational participation and psychological wellbeing³⁶.

A range of Commonwealth and state government policies and legislation, as well as the medical profession's own practice standards, govern the way in which these services are delivered and accessed. Policy and health service settings are discussed further in Section 5.

³³ Aizura, A., Walsh, J. et al. (2010). *GQ: Gender Questioning*. Melbourne: Gay and Lesbian Health Victoria and Trans Melbourne Gender Project.

³⁴ Sinnott, V. (2005). *Best practice models for the assessment, treatment and care of transgender people and people with transsexualism: A discussion paper for Victoria (Australia)*. Melbourne: Victorian Government.

³⁵ Ibid.

³⁶ Oates, J. and Dacakis, G. (2014) *Voice and communication difficulties experienced by transgender people in Australia*, Submission to the Senate Standing Committee on Community Affairs Inquiry: Prevalence of different types of speech, language and communication disorders and speech pathology services in Australia. Canberra: La Trobe University Voice Clinic.

3.2. Mental health and suicide risk

3.2.1. Trans and gender diverse adults

A 2012 Australian study, *Private Lives 2* (PL2), captured the self-reported health of 3,835 LGBTI respondents, and found trans and gender diverse men and women reported the highest levels of mental health conditions, with 38.3 per cent of trans and gender diverse men and 50 per cent of trans and gender diverse women experiencing depression, and 42.6 per cent of trans and gender diverse men and 34.4 per cent of trans and gender diverse women reporting having an anxiety/nervous disorder. Trans and gender diverse men were nearly 2.5 times more likely than other males in the PL2 sample group to have often experienced acute episodes of anxiety. Trans and gender diverse men and trans and gender diverse women also reported the highest levels of psychological distress³⁷. Similarly, a 2011 Australian review of research and policy reports that 50 per cent of trans and gender diverse people in Australia had tried to commit suicide at least once in their lifetimes³⁸.

A 2007 Australian study, *Tranznation*, that exclusively investigated the health and wellbeing of trans and gender diverse adults found that over half of the 253 respondents (53%) had experienced depressive symptoms in the past two weeks and over one-third (36.2%) met the criteria for a current major depressive episode³⁹. Similarly, a small Western Australian study conducted in 2006 found that 32 per cent of participants had been diagnosed with depression in the past year, and 24 per cent had been diagnosed with an anxiety disorder⁴⁰. A large national study about trans and gender diverse adults and health (with approximately 900 participants) is currently being conducted by researchers at Curtin University, Western Australia, the results from which are likely to be available mid-2014.

These rates of mental ill-health in the trans and gender diverse population are in significant contrast with the reported prevalence of mental ill-health in the general population. For example, the 2010 Victorian Population Health Survey found that 22 per cent of respondents reported moderate levels of psychological distress, eight per cent reported high levels and 2.6 per cent reported very high levels of psychological distress⁴¹. Just over 20 per cent of respondents reported that they had, at some stage in their life, been diagnosed with depression and/or anxiety⁴².

3.2.2. Trans and gender diverse young people

Trans young people also experience a disproportionate burden of mental ill-health and suicidality. A 2014 research study aimed at investigating the issues young Australians face in relation to their gender and sexuality identities, family relationships, education, workplace experiences and accessing resources and support, surveyed 1032 young people, 73 of whom identified as trans and gender diverse, gender queer or gender variant⁴³. Both same-sex attracted and trans and gender diverse research participants reported high levels of homophobic and transphobic behaviour, including verbal abuse (64%), physical abuse (18%) and other types of homophobic and transphobic behaviour (32%). The research study produced several graphs that illustrate the percentages of young people who responded to this discrimination by self-harming, suicide ideation and attempting suicide. Trans and gender diverse participants were more likely than same-sex attracted participants to have responded in this way. By way

³⁷ Leonard, L., Pitts, M. et al. (2012). *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender Australians*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

³⁸ Rosenstreich, G. (2011). *LGBTI People, Mental Health and Suicide*. Sydney: National LGBTI Health Alliance.

³⁹ Couch, M., Pitts, M. et al. (2007). *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

⁴⁰ Hyde, Z., Brown, G. (forthcoming). *Health and wellbeing of transgender and transsexual Western Australians: priorities for public health*. Unpublished.

⁴¹ Department of Health (Vic) (2010). *Victorian Population Health Survey 2010: Selected findings*. Melbourne: Department of Health (Victoria).

⁴² At the time of writing, two significant research studies, both being quantitative and qualitative — *Tranzoz* and *From Blues to Rainbows* — are underway. Even on the early indications of numbers, these papers will give further significant detail about the lives of transgender people.

⁴³ Robinson, K., Bansel, P. et al. (2014). *Growing up Queer: Issues Facing Young Australians Who are Gender Variant and Sexuality Diverse*. Sydney: Young and Well Cooperative Research Centre, University of Western Sydney.

of example, the graph below illustrates the proportion of participants who had thought about self-harm by gender identity and sexual orientation.

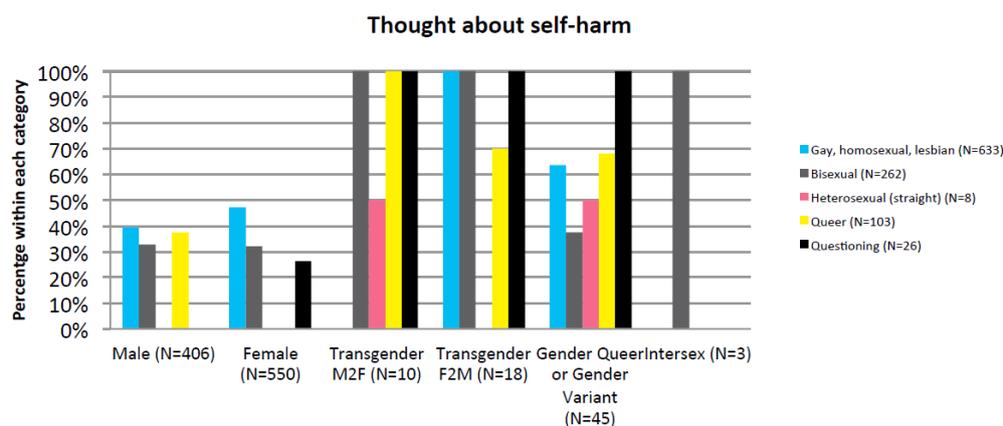


Figure 1 Growing Up Queer: Number of participants who had thought about self-harm in response to experiences of homophobia and transphobia⁴⁴

Australia’s third national survey about the health and wellbeing of same-sex attracted and trans and gender diverse young people, *Writing themselves in 3*, was conducted in 2010. It found that trans and gender diverse and gender diverse young people were at increased risk of self-harm and suicide attempts, with almost half having self-harmed and 28 per cent having attempted suicide⁴⁵. This survey also found that this cohort was more likely than same-sex attracted youth participants in the study to have been physically abused and discriminated against in the form of social exclusion and having graffiti written about them, and to have moved schools or dropped out of school as a result of transphobia⁴⁶. This, again, is in significant contrast to the general population.

While it is difficult to estimate the rate of self-harm and attempted suicide among young people in Australia due to low hospital presentations, Headspace, Australia’s national youth mental health foundation, reported in 2004 that between 6–7 per cent of Australian youth aged 15–24 years engage in self-harm in any 12-month period⁴⁷. In 2013 the Centre for Adolescent Health at the RCH estimated that five per cent of young people (15–24 years) engage in self-harming behaviours⁴⁸.

A beyondblue-funded research project, *From Blues to Rainbows*, is currently being undertaken by Australian Research Centre in Sex, Health and Society in order to better understand the mental health needs of trans and gender diverse and intersex young people. The findings are expected to be published in 2014. In addition, the Healthy Equal Youth (HEY) project, funded by the Victorian Government, aims to support suicide prevention and mental health activities for gay, lesbian, bisexual, transgender and intersex young people.

3.2.3. International research

The patterns of mental ill-health explained above are mirrored in comparable countries such as the United States (US), the United Kingdom (UK) and Europe. A 2012 UK study that collected data on 889 trans and gender diverse people’s mental health needs and experiences when accessing healthcare and mental health services found that rates of current and previously diagnosed mental ill-health were high. Many participants additionally reported that they may have experienced psychological issues which

⁴⁴ Ibid, p. 23.

⁴⁵ Hillier, L., Jones, T. et al. (2010). *Writing Themselves in 3 (WTi3): The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

⁴⁶ Ibid.

⁴⁷ De Leo, D., Heller, T. (2004). Who are the kids who self-harm? An Australian self-report school survey. *Medical Journal Australia* 181(3): 140–144.

⁴⁸ Centre for adolescent Health (2013). Youth Suicide in Australia. http://www.rch.org.au/cah/research/Youth_Suicide_in_Australia/, Royal Children’s Hospital Melbourne.

remained undiagnosed. Depression was the most prevalent issue, with 88 per cent reporting that they either currently or previously experienced this. Stress was the next most prevalent issue at 80 per cent, followed by anxiety at 75 per cent. With respect to self-harm, 53 per cent of the participants had self-harmed at some point, with 11 per cent currently self-harming. Prevalence of suicide attempts was also high, with 48 per cent of participants having attempted to take their life at some point and 11 per cent in the last year⁴⁹.

In the US a 2011 national survey that collected quantitative data from 6,450 trans and gender diverse respondents found that 41 per cent of respondents reported having attempted suicide at least once in their lifetime, compared to only 1.6 per cent of the general population. Additionally, respondents were nearly four times more likely to live in extreme poverty, and were twice as likely to be unemployed compared to the general population⁵⁰.

A 2011 Dutch study that has followed 1,331 Dutch trans and gender diverse people receiving treatment with cross-sex hormones over nearly 19 years, reported that male-to-female participants were four times more likely than the general population to have committed suicide, and female-to-male participants were 2.2 times more likely to have committed suicide than the general population⁵¹.

3.3. Physical health

Similar to the research cited in the previous section, the research detailed below does not indicate that the high prevalence of some physical health issues is inherent to being trans and gender diverse, although some physical health issues are related to particular medical interventions that trans and gender diverse choose to undergo in order to medically affirm their gender (such as hormone treatments). Rather, most of these issues are associated with stigma and discrimination and a lack of knowledge on the part of the healthcare provider, which can lead to social exclusion and marginalisation and under-utilisation of medical and clinical services.

A small Western Australian study conducted in 2006 with 50 trans and gender diverse adults reports significant underutilisation of cervical pap smears and mammograms for those participants who met screening criteria in the national guidelines. For example, only 38 per cent of participants who met screening guidelines for pap smears had had one in the past two years, compared with just over 60 per cent of the general population. In contrast, prostate screening was more frequently utilised, with six of the seven participants who met screening guidelines accessing the service⁵².

This same study also found that participants were twice as likely to have used an illicit substance in the past six months compared with the general population, and trans and gender diverse women were twice as likely as women generally to smoke⁵³.

The Centre of Excellence for Transgender Health based at the University of California has developed a [Primary Care Protocol for Transgender Patient Care](#) (the protocol) in order to provide evidence-based, peer-reviewed medical guidance to support healthcare workers provide the best possible primary care for their trans and gender diverse clients.

The protocol details information and provides guidance on a range of different issues, including those associated with ageing and hormone use, fertility and general prevention and screening (for example, cancer, musculoskeletal health).

⁴⁹ McNeil, J., Bailey, L. et al. (2012). *Trans Mental Health Study 2012*. Edinburgh, Scottish Transgender Alliance.

⁵⁰ Grant, J. M., Mottet, L. et al. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington: The National Gay and Lesbian Task Force and the National Center for Transgender Equality.

⁵¹ Cross-sex hormones are sex hormones that are given to transgender people in order to produce physical changes that are more closely aligned with the biological characteristics of their affirmed gender. For example, testosterone treatment will elicit facial hair growth and a deepening of the voice.

Asscheman, H., Giltay, E. J. et al. (2011). A long-term follow-up study of mortality in transsexuals receiving treatment with cross-sex hormones. *Eur J Endocrinol* 164(4): 635–642.

⁵² Hyde, Z., Brown, G. (forthcoming). *Health and wellbeing of transgender and transsexual Western Australians: priorities for public health*. Unpublished.

⁵³ Ibid.

For both trans and gender diverse men and women who have used hormone treatments, the protocol notes that osteoporosis can become an issue for older trans and gender diverse women and men, which is more likely if the individual has taken hormones inconsistently throughout their lives. This is particularly an issue for those who have undergone gonadectomies (the removal of ovaries or testis), because the body is unable to produce hormones naturally⁵⁴.

With respect to fertility, the protocol notes that the use of cross-sex hormones by both trans and gender diverse men and women may reduce fertility, which may be permanent even if the hormone treatment is discontinued⁵⁵.

3.3.1. Physical health issues specific to trans and gender diverse women

The protocol notes that the current screening tool — prostate-specific antigen (PSA) testing — for prostate cancer is often falsely low in trans and gender diverse women who have undergone hormone treatment, even if cancer is present. Therefore, a digital rectal exam to evaluate the prostate is recommended for trans and gender diverse women⁵⁶.

The protocol advises that trans and gender diverse women who have been using estrogen for 30 years or longer and are 50 years old or older should also have regular mammograms (screening for breast cancer)⁵⁷. To prevent osteoporosis developing in trans and gender diverse women who have undergone an orchiectomy (removal of the testis), the protocol suggests that an estrogen hormone regime is maintained or a combination of calcium / vitamin D supplementation is considered⁵⁸.

For trans and gender diverse women who currently take estrogen and have, or are at high risk, of cardiac disease, the protocol recommends close monitoring and screening of symptoms (that is, high blood pressure, high cholesterol) and, in very high-risk individuals, suggests that a reduction of the dose of estrogen or the omission of progestin from the hormone treatment may be warranted⁵⁹.

3.3.2. Physical health issues specific to trans and gender diverse men

According to the protocol, trans and gender diverse men over the age of 40 who have not undergone a hysterectomy (removal of the uterus) or oophorectomy (removal of the ovaries) with a family history of uterine or ovarian cancer should have a pelvic exam every one to three years. Bone density screening should be considered for those over the age of 50 years who have been on testosterone treatment for longer than five years⁶⁰. Pap smears (testing for cervical cancer) are also indicated for trans and gender diverse men, if they have not undergone a hysterectomy and, if an individual who has undergone a hysterectomy has a strong family history of cervical cancer, the protocol recommends an annual pap smear of the vaginal cuff until three normal tests are documented⁶¹.

With respect to fertility, the protocol notes that while testosterone treatment may reduce fertility, it should not be relied on as a contraceptive⁶².

⁵⁴ Centre of Excellence for Transgender Health (2014). Primary Care Protocol for Transgender Patient Care: Aging Issues: Special Considerations. <http://transhealth.ucsf.edu/trans?page=protocol-aging>, retrieved 19 March 2014.

⁵⁵ Centre of Excellence for Transgender Health (2014). Primary Care Protocol for Transgender Patient Care: Fertility Issues. <http://transhealth.ucsf.edu/trans?page=protocol-fertility>, retrieved 19 March 2014.

⁵⁶ Centre of Excellence for Transgender Health (2014). Primary Care Protocol for Transgender Patient Care: General Prevention and Screening. <http://transhealth.ucsf.edu/trans?page=protocol-screening#S8X>, retrieved 19 March 2014.

⁵⁷ Centre of Excellence for Transgender Health (2014). Primary Care Protocol for Transgender Patient Care: Aging Issues: Special Considerations. <http://transhealth.ucsf.edu/trans?page=protocol-aging>, retrieved 19 March 2014.

⁵⁸ Centre of Excellence for Transgender Health (2014). Primary Care Protocol for Transgender Patient Care: General Prevention and Screening. <http://transhealth.ucsf.edu/trans?page=protocol-screening#S8X>, retrieved 19 March 2014.

⁵⁹ Ibid.

⁶⁰ Centre of Excellence for Transgender Health (2014). Primary Care Protocol for Transgender Patient Care: Aging Issues: Special Considerations. <http://transhealth.ucsf.edu/trans?page=protocol-aging>, retrieved 19 March 2014.

⁶¹ Centre of Excellence for Transgender Health (2014). Primary Care Protocol for Transgender Patient Care: General Prevention and Screening. <http://transhealth.ucsf.edu/trans?page=protocol-screening#S8X>, retrieved 19 March 2014.

⁶² Centre of Excellence for Transgender Health (2014). Primary Care Protocol for Transgender Patient Care: Fertility Issues. <http://transhealth.ucsf.edu/trans?page=protocol-fertility>, retrieved 19 March 2014.

3.3.3. HIV burden and trans and gender diverse people: international evidence

In relation to the HIV burden among trans and gender diverse people in Australia, very little is known. However, internationally, a 2013 worldwide systematic review and meta-analysis of studies that assessed HIV burdens in trans and gender diverse women from the United States, Asia Pacific, including Australia, Latin America and Europe, found that trans and gender diverse women were almost 49 times more likely to be infected with HIV than all adults of reproductive age, a likelihood that did not differ for those in low-income and middle-income countries compared with those in high-income countries⁶³.

Again, the 2011 US national study reporting on data collected from 6,450 trans and gender diverse people found that rates of HIV infection were four times that of the national average (2.64% compared with 0.6%) and over one-quarter of respondents reported that they misused drugs or alcohol specifically to cope with the discrimination they faced due to their gender identity⁶⁴.

3.4. Resilience and wellbeing

Despite facing significantly high levels of stigma, social exclusion, discrimination, harassment and violence, which results at a community level in poorer mental and physical health, and higher rates of suicidality, the research indicates that the trans and gender diverse community is highly resilient and determined to improve the wellbeing of its members. 'Resilience' refers to the extent to which individuals can 'bounce back' from or cope with stressful, challenging or traumatic situations⁶⁵. It can be defined as learned behaviours that help people cope, the resources that an individual has and can draw on to deal with stressful situations⁶⁶.

For example, the 2010 Australian survey of same-sex attracted and gender diverse young people reports that many of the gender diverse young people surveyed 'aspired to make a difference in the world despite the extra difficulties they faced and felt pride in their diversity'. The survey also reports that gender diverse participants were twice as likely to be involved in activism activities compared with same-sex attracted participants⁶⁷.

Similarly, with respect to adult trans and gender diverse Australians, the 2007 *Tranznation* study reports that the vast majority of respondents were happy about their life, with almost two-thirds reporting that they felt 'mostly happy' or 'extremely happy'⁶⁸.

⁶³ Bara, S. D., Poteat, T. et al. (2013). Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Disease* 13(4): 214–222.

⁶⁴ Grant, J. M., Mottet, L. et al. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington: The National Gay and Lesbian Task Force and the National Center for Transgender Equality.

⁶⁵ Grossman, A. H., D'Augelli, A. R. et al. (2011). Aspects of Psychological Resilience among Transgender Youth. *Journal of LGBT Youth* 8(2): 103–115. Singh, A. (2013). Transgender Youth of Color and Resilience: Negotiating Oppression and Finding Support. *Sex Roles* 68(11/12): 690–702.

⁶⁶ Singh, A. A., Hays, D. G. et al. (2011). Strength in the Face of Adversity: Resilience Strategies of Transgender Individuals. *Journal of Counseling & Development* 89(1): 20–27.

⁶⁷ Hillier, L., Jones, T. et al. (2010). *Writing Themselves In 3 (WTi3): The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

⁶⁸ Couch, M., Pitts, M. et al. (2007). *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

4. Factors affecting the health status of trans and gender diverse people

4.1. Transitioning to one's affirmed gender

Research conducted in 2013 by Victoria's Gender Dysphoria Clinic, assessing the outcomes of patients attending the clinic, examined patients' quality of life using a holistic measure at three points: entry to the clinic, six months after hormone therapy and 12 months after surgery. Results show that at entry to the clinic social relationships and psychological wellbeing are worse than the general adult population, and that hormone therapy and surgery both have a positive impact on psychological wellbeing. Physical health, however, did not improve, warranting further investigation of this issue⁶⁹.

A 2012 UK study collected data on trans and gender diverse people's mental health needs and experiences when accessing healthcare and mental health services. It found that transitioning, including undergoing various forms of gender affirmation surgery, significantly improved the life satisfaction and mental health outcomes of those trans and gender diverse people.

While not all trans and gender diverse people wish to undergo surgery, this study found that transitioning (in all its forms):

- was related to improved life satisfaction and improved body satisfaction
- led to less avoidance of public and social spaces, such as gyms and public toilets, and changed the nature of those that are avoided
- was related to a decrease in mental health service use and reduced depression
- reduced self-harm for the majority of those who had a history of self-harm
- reduced suicidal ideation and suicide attempts were less frequent.

Very few participants regretted the physical changes that they had undergone as part of transition. The regrets which were reported, related to surgical outcomes, in particular, revisions, repairs, complications, and loss of sensation⁷⁰, rather than having made the decision to have surgery per se. Reasons for not undertaking surgery include the cost, religious reasons or perhaps existing health conditions that made surgery too risky.

A 2013 South Australian study that explored the experiences of 188 trans and gender diverse and gender diverse Australian adults found that better mental health was positively associated with gender affirmation surgery. Additionally, those who had undergone gender affirmation surgery reported higher levels of self-reported physical health than those who had not⁷¹. However, the authors emphasised that they do not consider that gender affirmation surgery equates to improved health outcomes per se. Rather, they assert that for those who wish to undergo surgery, it is likely to yield improved mental health outcomes. Conversely, the authors concluded that the lack of access to surgery for those who wish to undergo gender affirmation surgery is likely to result in poorer health outcomes⁷².

A 2011 Canadian study that analysed health and wellbeing data reported by trans and gender diverse men found that two-thirds of the sample reported symptoms consistent with depression, and that these symptoms were, in part, related to being at the stage of planning, but not having begun, a medical transition⁷³. A 2007 qualitative study reporting on the lived experiences of 12 trans and gender diverse women undergoing hormone treatment found that the treatment resulted in an overall mental health

⁶⁹ This research is yet to be published. Researchers are planning to present this research at the 2014 WPATH conference. Erasmus, J., Harte, F. personal communication, 'Gender Dysphoria Clinic review and feedback of Transgender and Gender Diverse Health and Wellbeing background paper', 20 December 2013.

⁷⁰ McNeil, J., Bailey, L. et al. (2012). *Trans Mental Health Study 2012*. Edinburgh: Scottish Transgender Alliance.

⁷¹ Riggs, D., Due, C. (forthcoming). *Healthcare experiences of gender diverse Australians*.

⁷² Riggs, D. and Due, C. (forthcoming). Mapping the health experiences of Australians who were female assigned at birth but who now identify with a different gender identity.

⁷³ Rotondi, N. K., Bauer, G. R. et al. (2011). Prevalence of and Risk and Protective Factors for Depression in Female-to-Male Transgender Ontarians: Trans PULSE Project. *Canadian Journal of Community Mental Health* 30(2): 135–155.

benefit. Participants reported feeling relieved about reducing the impact of testosterone and the stress of presenting, physically, as men⁷⁴. Consistent results were also reported in three quantitative studies that found gender affirmation surgery of varying forms and hormone therapy are associated with improved mental health related quality of life for those trans and gender diverse people who participated in the studies⁷⁵.

A 2011 US national survey of 6,450 trans and gender diverse people found that the vast majority (78%) of those who transitioned felt more comfortable at work and their job performance improved after transitioning, despite high levels of mistreatment in the workplace. Many respondents also reported that their relationships with family members improved after coming out and transitioning. However, the study also found that those who had medically transitioned (45%) and surgically transitioned (43%) reported higher rates of attempted suicide than those who had not (34% and 39% respectively)⁷⁶.

UK psychiatrist Az Hakeem, who has run a psychotherapy gender identity service in London for over a decade, argues that transitioning, while helpful to many individuals, does not address gender identity issues for all individuals⁷⁷. Hakeem argues that psychotherapy can assist individuals to 'improve the stability of, and their satisfaction with, their sense of gender identity'⁷⁸. Hakeem's service sees a range of people presenting with different gender identity issues, including trans and gender diverse people who wish to physically transition with medical intervention in some form as well as trans and gender diverse people who have used various medical interventions but continue to experience gender identity issues. Hakeem reports that the aims of his therapy model are psychological rather than physical of which there are two goals, 'to give the patient a greater understanding of the meaning they afford to gender as a construct in relation to themselves and society... [and] to enable the patient to attain stability, acceptance and satisfaction with their individually tailored gender role'⁷⁹.

In relation to trans and gender diverse adolescents, a 2012 research report by the Royal Children's Hospital Melbourne cited several international studies that have found that facilitating transitioning by using hormone therapies to suspend the development of puberty is associated with good outcomes, including a reduction in psychological distress and a low rate of regret⁸⁰.

4.2. Discrimination, harassment and violence in the community

Research shows that trans and gender diverse people experience a disproportionate amount of discrimination, harassment and violence, which can be directly related to trans and gender diverse people's reported health status and poorer health outcomes. In Australia, a 2012 study found that rates of almost all types of non-physical and physical abuse were higher for trans and gender diverse men and women compared to LGBTI males and females. For example, while 26 per cent of gay and bisexual males and 22.5 per cent of lesbians reported verbal abuse in the past 12 months, the percentages are 46.7 per cent and 36.9 per cent for trans and gender diverse men and women, respectively⁸¹.

⁷⁴ Wassersug, R., Gray, R. et al. (2007). Experiences of Transwomen with Hormone Therapy. *Sexualities* 10(1): 101–122.

⁷⁵ Ainsworth, T. A., Spiegel, J. H. (2010). Quality of life of individuals with and without facial feminization surgery or gender reassignment surgery. *Quality of Life Research* 19(7): 1019–1024.

Newfield, E., Hart, S. et al. (2006). Female-to-male transgender quality of life. *Ibid.* 15(9): 1447–1457.

Colton Meier, S. L., Fitzgerald, K. M. et al. (2011). The Effects of Hormonal Gender Affirmation Treatment on Mental Health in Female-to-Male Transsexuals. *Journal of Gay & Lesbian Mental Health* 15(3): 281–299.

⁷⁶ Grant, J. M., Mottet, L. et al. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington: The National Gay and Lesbian Task Force and the National Center for Transgender Equality.

⁷⁷ Hakeem, A. (2010). Deconstructing Gender in Trans-Gender Identities. *Group Analysis* 43(2): 141–154.

⁷⁸ Hakeem, A. (2012). Psychotherapy for gender identity disorders. *Advances in Psychiatric Treatment* 18(1): 17–24.

⁷⁹ *Ibid.*

⁸⁰ Hewitt, J., Paul, C. et al. (2012). Hormone treatment of gender identity disorder in a cohort of children and adolescents. *Medical Journal Australia* 196(9): 578–580.

⁸¹ Leonard, L., Pitts, M. et al. (2012). *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender Australians*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

A 2012 NSW study that sought to better understand people's experiences of transphobia surveyed 509 people across Australia and found that 51 per cent had experienced at least one transphobic incident, yet only 22 per cent of participants had ever reported a transphobic incident⁸².

A 2011 Australian literature review found that 19 per cent of trans and gender diverse Australians had been physically attacked, and similar results were found in comparable international settings. In the UK a 2012 study found that 13 per cent of trans and gender diverse respondents reported that they had been sexually assaulted and six per cent reported that they had been raped for being trans and gender diverse⁸³. Similarly, threats and incidents of physical assault were high, with over 37 per cent of participants experiencing physical threats or intimidation and 19 per cent having been hit or beaten up for being trans and gender diverse⁸⁴.

Similarly, a 2007 Australian study found that most trans and gender diverse participants (87.4%) had experienced at least one form of stigma or discrimination on the basis of gender identity, and that these instances of discrimination were linked with mental ill-health. Social forms of stigma such as verbal abuse, social exclusion and having rumours spread about them were reported by half of the participants. One-third had been threatened with violence. A similar number reported receiving substandard health treatment due to their name or sex on documents, as well as being refused employment or promotion. Almost one-quarter had been refused services and 19 per cent had been physically attacked. Many participants generally kept their gender identity to themselves and expressed it only in private, safe spaces.

Respondents who had experienced a greater number of different types of discrimination were more likely to report being currently depressed, and almost two-thirds (64.4%) of participants reported modifying their activities due to fear of stigma or discrimination. Partner violence was reported by 16.1 per cent of participants. Only 18.2 per cent of these had reported it to police, and of those that did report, only 34.8 per cent were treated with courtesy and dignity⁸⁵.

Trans young people were similarly more likely to have been physically abused and to have been discriminated against in the form of being socially excluded, having graffiti written about them and receiving written abuse. They were at more risk of abuse on the street, at home and at work than youth of other diversities and felt less safe at these and other locations, which researchers linked to poorer health outcomes⁸⁶.

A 2008 qualitative study of older LGBTI Australians found that in general, the impact of historical discrimination affects senior LGBTI people's ability to feel safe and disclose information about their identity. As such, many LGBTI seniors seek to hide their sexual and/or gender identities, which can lead to feeling devalued and/or depressed and experiencing stress from maintaining a façade of heterosexuality. With respect to trans and gender diverse seniors in residential aged care services in particular, many experience discrimination from staff, co-clients and visitors because of inadvertent visibility where they cannot or do not want 'to pass' as a man or a woman⁸⁷.

4.3. Protective factors: promoting resilience and wellbeing

In general, the psychological literature establishes that the greater the exposure to risk and adversity, the more likely it is that an individual's mental health will be negatively impacted, potentially resulting in poorer life outcomes. Protective factors such as social-emotional competence and academic

⁸² Transgender Anti-Violence Project (2012). Reporting Transgender in Australia. Sydney: The Gender Centre Inc.

⁸³ Rosenstreich, G. (2011). *LGBTI People, Mental Health and Suicide*. Sydney: National LGBTI Health Alliance.

⁸⁴ McNeil, J., Bailey, L. et al. (2012). *Trans Mental Health Study 2012*. Edinburgh: Scottish Transgender Alliance.

⁸⁵ Couch, M., Pitts, M. et al. (2007). *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

⁸⁶ Hillier, L., Jones, T. et al. (2010). *Writing Themselves In 3 (WTi3): The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

⁸⁷ Barrett, C. (2008). *My People: A project exploring the experiences of Gay, Lesbian, Bisexual, Transgender and Intersex seniors in aged care services*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University. In conjunction with the Matrix Guild and Vintage Men Victoria.

achievement can work to prevent risk and adversity negatively affecting individuals and increase the likelihood of positive life outcomes⁸⁸.

There is no Australian research that investigates resilience and protective factors specifically in relation to trans and gender diverse people and their lived experiences. However, several studies have been undertaken with trans and gender diverse adults and young people in North America, which attempt to test and identify potential protective factors, behaviours or characteristics that promote resilience.

4.3.1. Trans and gender diverse adults

A 2011 qualitative study exploring resilience and the lived experience of 21 trans and gender diverse individuals identified five common themes that were important to an individual's resilience. The first, 'evolving a self-generated definition of self', related to being able to define one's own gender identity. Owning and choosing the language used to describe one's gender was important to resisting gender binaries. The second, 'embracing self-worth', enabled participants to feel entitled to exist as a trans and gender diverse person and stand up for themselves when faced with discrimination or harassment. The third, 'awareness of oppression', was important to resilience because it enabled participants to identify transphobic or discriminatory messages and helped them not to internalise them. The fourth, 'connection with a supportive community', helped encourage participants when they felt overwhelmed or less resilient in stressful situations. The fifth, 'cultivating hope for the future', was particularly important when they faced discrimination about their gender identity. The study also identified two further themes important to resilience that manifested in discussions with over 80 per cent of participants; 'social activism' and 'being a positive role model for others'⁸⁹.

A quantitative Canadian study with 133 trans and gender diverse adults that examined protective factors against suicide found that the following factors were associated with lower suicidal behaviour:

- perceived social support from family, where participants felt that their family were meeting their needs for support, feedback and information
- emotional stability, which assesses people's positive beliefs or perceptions that they are able to resist acting on suicidal thoughts when experiencing them
- child-related concerns, which is one of six measures under the umbrella of 'reasons of living', and is related to staying alive for one's children⁹⁰.

A quantitative American study conducted with 3,087 trans and gender diverse adults in 2005–06 that examined the effect of prior awareness of and engagement with trans and gender diverse people before beginning to express their trans and gender diverse identity found that participants who had prior awareness and prior engagement with other trans and gender diverse people were less fearful, less likely to report feeling suicidal and more likely to report feeling comfortable when first identifying as trans and gender diverse⁹¹.

4.3.2. Trans and gender diverse young people

Individual factors contributing to resilience building

With respect to trans and gender diverse young people, a 2011 American quantitative study examined the relationship between four potential aspects of psychological resilience — personal mastery, self-esteem, perceived social support, and emotion-oriented coping — and mental health issues experienced by 55 trans and gender diverse youth between the ages of 15 and 21.

⁸⁸ Komosa-Hawkins, K., Schanding Jr, G. T. (2013). 'Promoting Resilience in Lesbian, Gay, Bisexual, Transgender and Questioning Youth' in *Creating Safe and Supportive Learning Environments: A Guide for Working with Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Families*. Eds E. S. Fisher and K. Komosa-Hawkins. New York, Routledge.

⁸⁹ Singh, A. A., Hays, D. G. et al. (2011). Strength in the Face of Adversity: Resilience Strategies of Transgender Individuals. *Journal of Counseling & Development* 89(1): 20–27.

⁹⁰ Moody, C., Smith, N. (2013). Suicide Protective Factors Among Trans Adults. *Archives of Sexual Behavior* 42(5): 739n752.

⁹¹ Testa, R. J., Jimenez, C. L. et al. (2013). Risk and Resilience During Transgender Identity Development: The Effects of Awareness and Engagement with Other Transgender People on Affect. *Journal of Gay & Lesbian Mental Health*: 18-1, 31-46.

Similar to the Australian experience reported in the national *Writing themselves in 3* study, trans and gender diverse and gender diverse participants reported high levels of victimisation by their peers, which included verbal, physical and sexual abuse. The majority of participants also reported that their parents' reactions to having a trans and gender diverse child were 'negative' or 'very negative'. Overall, the study found that three of the four aspects of psychological resilience – higher self-esteem, a higher sense of personal mastery (that is, greater control over situations and their outcomes) and greater perceived social support – accounted for 40–55 per cent of the variance in predicting psychological resilience with respect to depression, trauma symptoms, mental ill-health symptoms and internalising and externalising problems⁹².

Of note, emotion-oriented coping (that is, changing one's own emotional reaction when faced with a stressful situation) predicted negative mental health outcomes. The researchers suggest that it may therefore be more useful to encourage task-oriented coping (that is, changing the situation and making oneself flexible to adjustments)⁹³.

Environmental factors contributing to resilience building: peer support and safe schools

Peer support and connecting with people who have shared experiences can also be an important part of building resilience and improving wellbeing. For example, a 2014 Victorian-based research study aimed at documenting the support needs of LGBTI young people from refugee and newly arrived backgrounds found that participants who had met and connected with other LGBTI people with similar experiences reported a boost in confidence and a more positive outlook on their future⁹⁴.

A 2013 American study that surveyed 1093 trans and gender diverse people about their mental health and its relationship with stigma reports that participants had a high prevalence of clinical depression (44.1%) and anxiety (33.2%), which was positively associated with stigma, and that peer support ameliorated the effects of stigma on participants' psychological distress⁹⁵.

Another 2013 study surveyed parents of gender-variant children aged 12 or younger, clinical professionals working with the trans and gender diverse community and trans and gender diverse adults about the needs of gender variant children. The study found that several environmental factors were important to the wellbeing of gender variant children, including peer support and having an accepting, understanding and supportive school environment⁹⁶.

A 2010 American study conducted with trans and gender diverse youth using a mixed-method methodology (quantitative survey data from 68 participants and qualitative data from a focus group with 35 participants) examined the school environment experienced by trans and gender diverse youth. The researchers found that experiences of harassment due to participants' trans and gender diverse identity were pervasive and associated with feeling unsafe at school. In schools where teachers and other adults acted to reduce harassment, participants reported feeling more closely connected to school personnel, which in turn resulted in greater feelings of safety⁹⁷.

⁹² Hillier, L., Jones, T. et al. (2010). *Writing Themselves In 3 (WTi3): The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

⁹³ Grossman, A. H., D'Augelli, A. R. et al. (2011). Aspects of Psychological Resilience among Transgender Youth. *Journal of LGBT Youth* 8(2): 103–115.

⁹⁴ Noto, O., Leonard, W. et al. (2014). *Nothing for them: Understanding the support needs of Lesbian, Gay, Bisexual and Transgender (LGBT) young people from refugee and newly arrived backgrounds*. Melbourne: Australian Research Centre in Sex, Health and Society, Latrobe University.

⁹⁵ Bockting, W. O., Miner, M. H. et al. (2013). Stigma, Mental Health, and Resilience in an Online Sample of the US Transgender Population. *American Journal of Public Health* 103(5): 943–951.

⁹⁶ Riley, E. A., Sitharthan, G. et al. (2013). Recognising the needs of gender-variant children and their parents. *Sex Education* 13(6): 644–659.

⁹⁷ McGuire, J., Anderson, C. et al. (2010). School Climate for Transgender Youth: A Mixed Method Investigation of Student Experiences and School Responses. *Journal of Youth and Adolescence* 39(10): 1175–1188.

Participants in *Writing themselves in 3* were also less likely to harm themselves or attempt suicide if they reported that their school was supportive and had, for example, a policy against bullying same-sex attracted and gender diverse students⁹⁸.

4.4. Cost of treatment to facilitate gender affirmation

The evidence indicates that trans and gender diverse people face significant financial barriers in Australia to accessing medical treatment in order to transition to their affirmed gender. Surgery and PBS subsidised medications are often 'gendered', which makes treatment expensive for trans and gender diverse people wanting to access medical interventions in order to transition to their affirmed gender.

As such, while trans and gender diverse people can theoretically access their desired medical treatment, they often cannot access *subsidised* treatment, making treatment unaffordable in practice for many trans and gender diverse people. For example, trans and gender diverse men who have their birth sex (female) on their Medicare records can only access testosterone from a general practitioner on a 'private script' which costs two to three times more than an 'authority script', which is subsidised by PBS for other male-gendered medical conditions.

With respect to medical procedures in Australia, male-to-female genital surgery costs between \$25,000 and \$30,000; and chest reconstruction surgery costs up to \$10,000 without private health insurance. No female-to-male genital surgery is conducted in Australia⁹⁹.

While private health insurance can cover some of these costs, Medicare does not subsidise surgical procedures identified as cosmetic, and some gender affirmation surgeries or parts of surgeries are currently classified as cosmetic, resulting in Medicare either not providing a rebate or providing a rebate for only part of some surgeries¹⁰⁰. In Victoria a small amount of 'gap' cover funding is sometimes available for a small number of people with private health insurance undergoing forms of gender affirmation surgery. Many people cannot afford private health insurance, and combined with the limited number of funded places available, many people cannot access surgery. Other non-surgical procedures, such as electrolysis and access to wigs can also be costly and are not subsidised.

Trans children and adolescents, while not generally able to undergo gender affirmation surgeries in Australia, also face high costs when accessing some hormone treatment because their families must make an application to the Family Court of Australia for authorisation to access cross-sex hormones. This is discussed further below. A 2012 research study by the Royal Children's Hospital in Melbourne found that several families reports that the legal costs associated with making an application to the Family Court were a barrier to treatment for their trans and gender diverse adolescent or child¹⁰¹.

4.5. Administrative procedures

Several studies have examined institutional discrimination in Australia, particularly in relation to administrative processes and official documentation, and its impact on the health and wellbeing of trans and gender diverse people. In a 2007 Australian study of trans and gender diverse health and wellbeing, over half of respondents (50.6%) reported that they had tried to amend public documentation such as driver's licences or birth certificates to reflect their affirmed gender, and that this was crucial to a sense of personal and identity recognition. Experiences and outcomes varied, and even within the same organisation there appeared to be different administrative practices, leading to different experiences and degrees of difficulty and frustration. Participants who had been able to successfully change their documentation experienced this as affirming of their gender. The inability to change their documents had negative consequences in participants' lives. Participants noted that the mismatch between their

⁹⁸ Hillier, L., Jones, T. et al. (2010). *Writing Themselves In 3 (WTi3): The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

⁹⁹ Advice confirmed by Monash Health, 8 July 2014.

¹⁰⁰ Private Health Insurance Ombudsman (2014). What is covered by Medicare? <http://www.privatehealth.gov.au/healthinsurance/whatiscovered/medicare.htm>, retrieved 19 March 2014. Australian Government.

¹⁰¹ Hewitt, J., Paul, C. et al. (2012). Hormone treatment of gender identity disorder in a cohort of children and adolescents. *Medical Journal Australia* 196(9): 578–580.

documents and their gender presentation could expose them to discrimination and danger, especially in airports, where people with identification discrepancies can be perceived as security risks¹⁰².

The first National LGBTI Health Alliance roundtable meeting of Australian trans and gender diverse support and advocacy groups was convened in Canberra in June 2012. Participants concluded that there is general ignorance, misinformation, prejudice and discrimination within Australian society, at both the individual and institutional level, regarding people of diverse sex and gender, their human rights, and how to provide inclusive and respectful services.

In particular, trans and gender diverse people experience difficulty having their affirmed gender identity recognised consistently across Australia as the Commonwealth, and each state and territory has different requirements with high burdens of proof (such as surgical intervention)¹⁰³.

4.6. Discrimination within, and exclusion from, the health system

With respect to health service use and accessibility, the reviewed literature generally found that trans and gender diverse people used health services regularly and often. For example, one study found that over 80 per cent of participants had a regular general practitioner¹⁰⁴. However, the literature also indicated that there is a paucity of appropriate health services for trans and gender diverse people, and found that trans and gender diverse people experience high instances of discrimination and exclusion when accessing mainstream health services.

A recent South Australian study that examined the healthcare experiences of 79 'female assigned at birth' (trans men) participants found that hospitals were particular sites of discrimination, with respondents reporting hostility and misgendering when undergoing gender affirmation surgery, despite the surgeons themselves being quite respectful¹⁰⁵. With respect to mental healthcare services, the broader study of the experiences of 188 trans and gender diverse Australians, from which this subsample is drawn, found that respondents were more likely to report negative and very negative experiences with counsellors, psychologists and psychiatrists than positive or very positive experiences¹⁰⁶. Of the different types of services, respondents in this study reported the worst experiences with counsellors and the best experiences with psychiatrists. Notably, 'female assigned at birth' participants experienced significantly more negative encounters with practitioners than 'male assigned at birth' respondents¹⁰⁷. Negative experiences were characterised by being misgendered, by having to educate the health practitioner, by paternalism and by feeling pathologised¹⁰⁸. In contrast, positive experiences were characterised by caring, knowledgeable and responsive engagements where respondents felt heard and affirmed¹⁰⁹.

A small qualitative study, where in-depth interviews were conducted with seven trans and gender diverse Melburnians, found that all participants at some stage had experienced discrimination when accessing mainstream health and human services. The most common experience participants faced when accessing mainstream healthcare services was a lack of knowledge of trans and gender diverse issues, which was often coupled with insensitive questioning. This often resulted in an increased burden on trans and gender diverse people to educate service providers, while still being required to pay for the medical service. Many participants had also experienced discrimination when trying to access crisis

¹⁰² Couch, M., Pitts, M. et al. (2007). *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

¹⁰³ The National LGBTI Health Alliance (2012). *Diversity in Health: Improving the health and well-being of transgender, intersex and other sex and gender diverse Australians*. <http://www.lgbthealth.org.au/diversity>, National LGBTI Health Alliance.

¹⁰⁴ Couch, M., Pitts, M. et al. (2007). *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

¹⁰⁵ Riggs, D., Due, C. (forthcoming). Mapping the health experiences of Australians who were female assigned at birth but who now identify with a different gender identity.

¹⁰⁶ Riggs, D. and Due, C. (2013). *Gender Identity in Australia: the healthcare experiences of people whose gender identity differs from that expected of their natally assigned sex*. Adelaide: Flinders University.

¹⁰⁷ Ibid.

¹⁰⁸ Ibid.

¹⁰⁹ Ibid.

accommodation and homelessness services. These negative experiences often resulted in isolation from services¹¹⁰.

A 2005 discussion paper reports that private, community-based general practitioners identified the need for their patients to be able to access assessment and counselling services that are responsive to and respectful of the needs of people seeking support¹¹¹.

Finally, exclusion from healthcare services can be unintentional. A study examining cisgenderism (systemic discrimination against people whose genders and bodies are not typically associated with the sex they were assigned at birth)¹¹² in medical settings reports that healthcare services providing a separate pathway for people with self-designated genders can mean that clinicians not working in these pathways have very little knowledge of how to work with trans and gender diverse clients, resulting in insensitive practices and bad experiences for clients¹¹³.

4.7. Clinical knowledge and workforce capacity

Many studies have found that poor clinical knowledge and limited workforce capacity are barriers to enabling trans and gender diverse people to access the healthcare services they need to improve their health and wellbeing. The 2005 Victorian discussion paper identified a priority need for training and workforce development. Sinnott noted that the lack of response and sensitivity of existing mainstream mental health services to the needs of people with gender identity dysphoria was raised as a major service issue. Sinnott concluded this requires education and training of mental health staff, communication between service providers and effective case management.

Sinnott also noted that health care workers need to be informed of and sensitised to the existence and needs of trans and gender diverse people. Particular attention and more detailed training needs to be provided to priority professions, including general practitioners, emergency department personnel, nurses, psychologists, psychiatrists, counsellors, youth workers, teachers and custodial care workers. Such training needs to be included in basic professional training and available as workshops or in-service training programs depending on need¹¹⁴.

Similarly, a 2012 research paper by the Royal Children's Hospital in Melbourne reports that many families accessing gender identity services at the hospital had experienced difficulty in finding specialists in the field, and many had been rejected from mainstream healthcare services¹¹⁵.

The 2012 National LGBTI Health Alliance trans and gender diverse support and advocacy groups roundtable concluded that there is a lack of appropriate healthcare for trans and gender diverse people in Australia because levels of medical knowledge are generally low, and health systems (such as Medicare) use binary notions of sex and gender, resulting in the inflexible gendering of procedures and rebates that can prevent trans and gender diverse people from accessing services. For example, trans and gender diverse women cannot easily access prostate checks¹¹⁶.

The 2012 *Private Lives 2* (PL2) study found that trans and gender diverse men and trans and gender diverse women are significantly more likely than cisgendered males and females in the PL2 sample to access mental health services. Almost 30 per cent of trans and gender diverse men and just over 31 per cent of trans and gender diverse women reported accessing psychological services in the past 12

¹¹⁰ McLean, A. (2011). A 'Gender Centre' for Melbourne? Assessing the need for a transgender specific service provider. *Gay and Lesbian Issues Psychology Review* 7(1): 33–41.

¹¹¹ Sinnott, V. (2005). *Best practice models for the assessment, treatment and care of transgender people and people with transsexualism: A discussion paper for Victoria (Australia)*. Melbourne: Victorian Government.

¹¹² Ansara, G. Y., Hegarty, P. (2012). Cisgenderism in Psychology: Pathologizing and misgendering children from 1999 to 2008. *Psychology & Sexuality* 3: 137–160.

¹¹³ Ansara, G. Y. (2012). Cisgenderism in medical settings: How collaborative partnerships can challenge structural violence, in *Out of the Ordinary: LGBT lives*. Eds I. Rivers, R. Ward. Cambridge, Cambridge Scholars Publishing: 93–111.

¹¹⁴ Sinnott, V. (2005). *Best practice models for the assessment, treatment and care of transgender people and people with transsexualism: A discussion paper for Victoria (Australia)*. Melbourne: Victorian Government.

¹¹⁵ Hewitt, J., Paul, C. et al. (2012). Hormone treatment of gender identity disorder in a cohort of children and adolescents. *Medical Journal Australia* 196(9): 578–580.

¹¹⁶ The National LGBTI Health Alliance (2012). Diversity in Health: Improving the health and well-being of transgender, intersex and other sex and gender diverse Australians. <http://www.lgbthealth.org.au/diversity>, National LGBTI Health Alliance.

months, compared with 9.8 per cent of females and 8.2 per cent of males in the general population. However, trans and gender diverse men were significantly less likely than cisgendered females in the sample to have had a pap test to screen for cervical cancer or mammogram to screen for breast cancer in the past two years (39.1% compared with 56.2% and 4.3% compared with 21.2%)¹¹⁷.

These issues are also highlighted in international literature. A 2008 enquiry into the current state of the provision of services for people with gender dysphoria from the perspective of frontline service providers in England and Scotland found that health professionals working in this field often felt unsupported by the system. Respondents reported that they find themselves undergoing an administratively intensive process to access government subsidised or funded treatment and surgery for their patients, and professionally isolated, because their field of specialisation was perceived to be viewed negatively by other medical professionals and society more broadly¹¹⁸.

There are approximately 10 gender centres across England and Scotland receiving funding from the National Health Service, although the level of service provision can differ considerably and there is no agreed definition of 'gender centre'. Despite this recognition of need, this study highlights the importance of clinical knowledge and workforce capacity even when specialised services are available.

4.8. Health service coordination

The 2005 Victorian discussion paper reports that trans and gender diverse people continue to ask for access to a comprehensive assessment and treatment service that:

- is respectful and responsive
- is able to provide ongoing monitoring and support (including post-surgery support)
- has a choice of practitioners
- is able to offer appointments out of working hours.

In addition, the discussion paper reports that key informants raised concerns about the lack of common standards shared by professionals in the field, finding that many of the current services and providers in Victoria do not meet the requirements of international best practice care standards. The paper identifies many reasons for this, including a lack of coordination, differing theoretical stances, the difficulties in managing access to a mix of public and private services, the lack of referral options and some clients' preference not to undergo detailed assessment processes¹¹⁹.

4.9. Interacting factors: housing security, socioeconomic status, employment and education attainment

Social determinants of health, the conditions in which people are born, grow, live, work and age impact individuals' health and wellbeing¹²⁰. Poor social and economic circumstances, such as low income or wealth, poorer education attainment, insecure employment and poor housing, affect health and wellbeing¹²¹.

In relation to the education attainment of trans and gender diverse Australians, the 2012 *Private Lives 2* (PL2) study found that fewer trans and gender diverse people completed secondary school, with 68 per cent of trans and gender diverse men and 60 per cent of trans and gender diverse women having completed year 12, compared to the general population where 76 per cent of males and 71 per cent of females have completed year 12 or equivalent¹²². Nonetheless, the percentage of trans and gender

¹¹⁷ Leonard, L., Pitts, M. et al. (2012). *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender Australians*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

¹¹⁸ Combs, R., Turner, L. et al. (2008). *Gender Identity Services in England, The Mapping Project Report*. London, Department of Health (UK).

¹¹⁹ Sinnott, V. (2005). *Best practice models for the assessment, treatment and care of transgender people and people with transsexualism: A discussion paper for Victoria (Australia)*. Melbourne: Victorian Government.

¹²⁰ Wilkinson, R., Marmot, M. (2003). *Social determinants of health: The solid facts*. Denmark: World health Organization.

¹²¹ Ibid.

¹²² OECD (2012). OECD Better Life Index: Australia. <http://www.oecdbetterlifeindex.org/countries/australia/>, retrieved 25 September 2013.

diverse men and women who had completed a university degree was comparable to the other males and females in the PL2 sample¹²³. The 2007 *Tranznation* study reports that 21.3 per cent of participants had attained a university degree, which was higher than the Australian average of 18 per cent reported in the 2005 census¹²⁴.

In relation to employment, PL2 reports that only 30 per cent of trans and gender diverse men, and 32 per cent of trans and gender diverse women, were employed¹²⁵. In contrast, the *Tranznation* study reports that 41.1 per cent of participants were in full-time employment¹²⁶. This compares poorly with the general population. For example, 57 per cent of men across Australia are employed full-time. Trans and gender diverse men and women were also more likely to earn less than males and females in the study, with 78 per cent of trans and gender diverse men and 71 per cent of trans and gender diverse women earning less than \$1000 a week compared with 50 per cent of males and 57 per cent of females in the general population.

The 2010 *Writing Themselves In 3* study reporting on the health and wellbeing of same-sex attracted and gender diverse young people found that trans and gender diverse respondents were at greater risk of homelessness and were more likely to have moved schools or dropped out of school compared with those respondents identifying as same-sex attracted¹²⁷.

4.10. Intersecting identities: age and life stage, gender, disability, ethnicity and indigenous status

In addition to environmental factors, such as those detailed in the previous section, social determinants also include personal characteristics and identities, such as age and life stage, gender, disability and ethnicity. A small number of Australian and international research studies have explored the experience of LGBTI people who have multiple identities; however, many knowledge gaps still exist. With respect to trans and gender diverse people with multiple identities, the evidence is even scarcer.

With respect to ethnic and cultural diversity, a 2014 research study that investigated the support needs of LGBT young people from refugee and newly arrived backgrounds found that invisibility was a significant barrier in service provision. This study did not include intersex people. The majority of service providers and workers who participated in the study reported that their agencies did not include any reference to sexual orientation or gender identity in their policies, programs or procedures. They noted that issues relating to sexual or gender identity were most likely to be raised when an individual client disclosed that they were LGBT or that they were questioning their sexuality or gender identity.

The study explains that LGBT young people from refugee and newly arrived backgrounds were less likely than other LGBTI young people to disclose this information because of fear that disclosure would lead to discrimination such as having a negative impact on their visa status. The study also reports one story that indicates that this cohort may not recognise or have culturally equivalent terms for minority sexual and gender identities, such as 'gay', 'lesbian' or 'transgender'. For instance, one caseworker reported that when they tried to discuss their client's transgender status, the client (despite having an interpreter) did not understand 'transgender'¹²⁸.

¹²³ Leonard, L., Pitts, M. et al. (2012). *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender Australians*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

¹²⁴ Couch, M., Pitts, M. et al. (2007). *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

¹²⁵ Leonard, L., Pitts, M. et al. (2012). *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender Australians*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

¹²⁶ Couch, M., Pitts, M. et al. (2007). *Tranznation: A report on the health and wellbeing of transgender people in Australia and New Zealand*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

¹²⁷ Hillier, L., Jones, T. et al. (2010). *Writing Themselves In 3 (WTi3): The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

¹²⁸ Noto, O., Leonard, W. et al. (2014). *Nothing for them: Understanding the support needs of Lesbian, Gay, Bisexual and Transgender (LGBT) young people from refugee and newly arrived backgrounds*. Melbourne: Australian Research Centre in Sex, Health and Society, Latrobe University.

In relation to age, a recent South Australian survey of 188 trans and gender diverse and gender diverse Australians over the age of 18 found that respondents in the age group between 18 and 25 reported poorer levels of self-reported mental ill-health compared with those 26 years old and older. The study also found that the younger cohort of respondents was more likely to be concerned with other people's perceptions of their gender identity, which statistically related to poorer levels of self-reported mental health¹²⁹.

At the other end of the life stage spectrum, a 2008 qualitative study exploring the experiences of LGBTI seniors in aged-care facilities found that the often inadvertent visibility of being trans and gender diverse can result in discrimination from care givers and other residents¹³⁰.

In Aboriginal and Torres Strait Islander communities sistergirls and brotherboys are often trans and gender diverse and gender diverse people but often do not identify with these Western terms¹³¹. While very little is known about the specific health issues experienced by sistergirls and brotherboys by virtue of those identities, a 2004 paper indicates that sistergirls and brotherboys can experience a lack of family and community support and, for example, be excluded from traditional ceremonies and activities¹³². The paper also describes the invisibility of sistergirl and brotherboy culture, which, until recently, has meant exclusion from sexual health HIV/AIDS health promotion education.

¹²⁹ Pike, A., Riggs, D. (2013). *Gender diverse young people*. Health Care Pathways for Intersex, Trans and Gender Diverse Young People, Geelong, 10–11 October.

¹³⁰ Barrett, C. (2008). *My People: A project exploring the experiences of Gay, Lesbian, Bisexual, Transgender and Intersex seniors in aged care services*. Melbourne: The Australian Research Centre in Sex, Health & Society, Latrobe University. In conjunction with the Matrix Guild and Vintage Men Victoria.

¹³¹ Queensland Association for Healthy Communities (2008). *Supporting transgender and sistergirl clients*. Brisbane: Queensland Association for Healthy Communities.

Brown, K. (2004). 'Sistergirls' — Stories from Indigenous Australian Transgender People. *Aboriginal and Islander Health Worker Journal* 28(6): 25–26.

¹³² Ibid.

5. Existing policy and health service settings

In Australia, both Commonwealth and state government policies and funding allocations shape and influence healthcare settings and arrangements. This section describes the existing policy and health service settings that govern the way in which healthcare is provided for trans and gender diverse people.

5.1. Australia-wide arrangements

5.1.1. Professional standards and public policies governing clinical care

Professional standards

In Australia, nearly all specialised trans and gender diverse healthcare is provided by clinicians working privately, rather than in the public healthcare system. Medicare benefits are available for the majority of private consultations (with general practitioners, psychiatrists, psychologists and other mental health professionals); however, the initial out-of-pocket expense (and gap between that and the rebate) can be difficult for many people to cover.

The [Australian and New Zealand Professional Association for Transgender Health \(ANZPATH\)](#) is the peak professional body for health clinicians working with trans and gender diverse people in Australia. ANZPATH has adopted the latest version (version seven) of the World Professional Association for Transgender Health's (WPATH) [Standards of Care](#) (SOCv7). According to its website:

ANZPATH endorses the view of WPATH that a comprehensive psychosocial assessment (as described in SOCv7) is performed prior to initiating hormones and that this assessment is performed by a suitably qualified and experienced mental health professional as defined in those standards. In Australia such a professional would usually be registered with APHRA [the Australian Health Practitioner Regulation Agency].

With the event of telemedicine this should be achievable in most situations in Australia. However if access to a mental health professional is not possible ANZPATH acknowledges that a family or sexual health physician who is suitably qualified and experienced in mental health and transgender health generally could also perform this role.

ANZPATH supports the view that informed consent must be obtained prior to any medical intervention. ANZPATH does not support a treatment model where hormones can be accessed on demand with no consideration of the appropriateness and safety of that treatment¹³³.

The Gender Dysphoria Clinic (GDC) based in Melbourne reports that it generally follows ANZPATH guidelines and WPATH's SOCv7, noting that individual circumstances sometimes warrant the adoption of flexibility. For example, as per SOCv7, 12 months of hormone treatment is considered a criterion for hysterectomy, oophorectomy, orchidectomy, vaginoplasty, phalloplasty and metoidioplasty. However, GDC acknowledges that in some cases this approach may not be achievable due to medical reasons in which cases exceptions to the guidelines are considered. Of note, hormone therapy is not a requirement for chest surgery (as per SOCv7)¹³⁴.

For children and adolescents experiencing gender identity issues, the Royal Children's Hospital (RCH) Melbourne reports that it follows the guidelines for children and adolescents detailed in version seven of WPATH's *Standards of Care*¹³⁵ and the *Endocrine Society Clinical Practice Guideline for Endocrine Treatment of Transsexual Persons*, which provides more specific recommendations with regard to prescribing puberty blocking and cross hormones in adolescents¹³⁶.

¹³³ Australian and New Zealand Professional Association for Transgender Health (2013). Standards of Care. <http://www.anzpath.org/about/standards-of-care/>, retrieved 28 October.

¹³⁴ Advice confirmed by Monash Health, 8 July 2014.

¹³⁵ Advice confirmed by Royal Children's Hospital, 25 June 2014.

¹³⁶ Advice confirmed by Royal Children's Hospital, 25 June 2014.

Medicare and the Pharmaceutical Benefits Scheme

In Australia, Medicare and the Pharmaceutical Benefit Scheme (PBS) are administered centrally by the Commonwealth Government. Medicare is the national healthcare system that subsidises medical treatment and the PBS is the national program that subsidises the cost of medication. In Australia, in order to be eligible for Medicare rebates associated with services provided by a specialist, the individual must obtain a referral from their GP. Medicare does not cover medical and hospital service that are not clinically necessary or surgery for solely cosmetic reasons¹³⁷. As such, while Medicare provides rebates for some procedures, such as removal of the testes (orchidectomy) and mastectomies, associated with gender affirmation surgeries, some surgeries or parts of surgeries are not eligible for rebates¹³⁸.

In addition, Medicare-funded procedures and PBS-subsidised medications are often 'gendered', making their availability dependent on an individual's Medicare sex classification as either 'male' or 'female'. For example, testosterone treatments are only subsidised through the PBS for hypogonadal males (where the gonads are not producing enough testosterone).

However, in 2013 the Commonwealth announced the removal of gender discrimination from Medicare, which involves removing gendered references used to describe about 6,000 clinical services covered by Medicare. The Commonwealth Department of Health and Ageing has commenced this process by removing gender-specific language from 15 Medicare item billing codes, including those that allow for the subsidisation of cervical pap smears. The table at Appendix 3 outlines these changes in more detail. Further changes are expected in the near future.

Family Court of Australia

Until recently in Australia, trans and gender diverse children and adolescents required the approval of the Family Court Australia (the Court) to access medical interventions to begin to medically transition to their affirmed gender¹³⁹.

However, in July 2013, the Court found that Phase 1 treatment for adolescent transsexualism (hormone treatments to suppress puberty) is not a 'Special Procedure', as defined under the *Guardianship and Administration Act 1986* (Vic)¹⁴⁰. This means that families do not have to apply to the court for approval to commence Phase 1 treatment; parental consent is now deemed sufficient, provided both parents consent and there is no significant comorbidity¹⁴¹. Currently, Phase 2 (hormone treatment to begin transitioning to the opposite gender) can be accessed from the age of 16 years but still requires the permission of the court.

5.1.2. Policies relating to changing sex markers on official identity documents

For trans and gender diverse people, their ability to access healthcare services and medication is directly impacted by the difficulty they face changing official documentation so that their affirmed gender is recognised.

In 2013, the Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Bill 2013 was passed in the Commonwealth Parliament, making it unlawful to discriminate against someone on the basis of their sexual orientation, gender identity and intersex status. Concurrently to these legal changes, the Commonwealth Government published the *Australian Government Guidelines on the Recognition of Sex and Gender* (the guidelines) to help guide Commonwealth Government agencies to:

- develop a consistent sex and gender classification system for government records

¹³⁷ Private Health Insurance Ombudsman (2014). What is covered by Medicare? <http://www.privatehealth.gov.au/healthinsurance/whatiscovered/medicare.htm>, retrieved 19 March 2014. Australian Government.

¹³⁸ Advice confirmed by Monash Health, 8 July 2014. Queensland Association for Healthy Communities (2011). *Improving the Health & Well-being of Transgender Queenslanders*. Queensland, Queensland Association for Healthy Communities Inc.

¹³⁹ Hewitt, J., Paul, C. et al. (2012). Hormone treatment of gender identity disorder in a cohort of children and adolescents. *Medical Journal Australia* 196(9): 578–580.

¹⁴⁰ *Re: Jamie* (2013) FamCAFC 110.

¹⁴¹ Advice confirmed by the Royal Children's Hospital, 25 June 2014.

- develop a consistent standard of evidence for people to change or establish their sex and/or gender on personal records
- maintain a consistent collection of sex and/or gender information across Commonwealth government departments and agencies¹⁴².

According to the guidelines, where a person requests the sex and/or gender information on their personal record be amended, the Commonwealth Government will recognise any one of the following as sufficient evidence of their sex and/or gender:

- a statement from a registered medical practitioner or a registered psychologist
- or
- a valid Australian Government travel document, such as a valid passport, which specifies their preferred gender
- or
- an amended state or territory birth certificate, which specifies their preferred gender.

The guidelines explicitly state that gender affirmation surgery and/or hormone therapy are not prerequisites for the recognition of a change of gender¹⁴³. The guidelines currently only apply at a Commonwealth level. Equivalent guidelines have not been developed or implemented by other jurisdictions.

Since September 2011 gender affirmation surgery has not been a prerequisite to issue a passport in a new gender. Birth or citizenship certificates do not need to be amended for sex and gender diverse applicants to be issued a passport in their preferred gender. A letter from a medical practitioner certifying that the person has had, or is receiving, appropriate clinical treatment for gender transition to a new gender, or that they are intersex and do not identify with the sex assigned to them at birth, has sufficed. A passport may be issued to intersex and trans and gender diverse applicants in M (male), F (female) or X (indeterminate/unspecified/intersex)¹⁴⁴.

Issuing birth certificates is the responsibility of states and territories. In order to change the sex noted on a birth certificate in the ACT, NSW, VIC, TAS, QLD and the NT, the person must be unmarried and have undergone surgery to alter reproductive organs. In WA and SA there is the additional requirement of having to apply for a gender recognition certificate through the Magistrates Court in SA and through the Gender Reassignment Board in WA. These applications require supporting documentation such as sworn affidavits from psychiatrists and other medical practitioners. All jurisdictions, apart from Victoria, allow the guardian of a person under 18 years old to undertake this process on their behalf, providing all other criteria are met¹⁴⁵.

In 2013 VicRoads changed its policy regarding changing the sex indicator on drivers' licences. Victorians no longer have to have completed sex affirmation surgery to change their gender on their driver's licence; rather, a letter from a registered medical doctor or psychologist confirming treatment for gender transition suffices. In addition, similar to what was introduced for passports, new gender markers have been added to licences — intersex, indeterminate and unspecified — and any person can select to have their title changed to 'Mx', which is a new gender-neutral title¹⁴⁶.

Information about the service and policy settings in other states and territories is at Appendix 2.

¹⁴² Australian Government (2013). *Australian Government Guidelines on the Recognition of Sex and Gender*. Canberra, Attorney General's Department.

¹⁴³ Ibid.

¹⁴⁴ Department of Foreign Affairs and Trade (2011). Sex and Gender Diverse Passport Applicants. <https://www.passports.gov.au/Web/SexGenderApplicants.aspx>, Australian Government.

¹⁴⁵ *Sexual Reassignment Act 1988* (South Australia).
Gender Reassignment Act 2000 (Western Australia).

¹⁴⁶ VicRoads (2013). Change of gender. <http://www.vicroads.vic.gov.au/Home/Licences/RenewReplaceOrUpdate/UpdateYourDetails/ChangeOfGender.htm>, retrieved 27 September.

5.2. Victorian arrangements

5.2.1. Medical care and healthcare service access

Gender Dysphoria Clinic in Melbourne

The Victorian Department of Health provides dedicated funds to Monash Health's Gender Dysphoria Clinic (GDC). The GDC reports that the service currently provides two psychiatrists (currently one day a week), a social worker (two days a week), a clinical psychologist (two days per week) and receptionist / administrative support (three days per week)¹⁴⁷. The GDC coordinates care with private plastic surgeons, gynaecologists, endocrinologists, and speech pathologists. It is the only formal clinic of its kind in Australasia, and receives referrals from other Australian jurisdictions¹⁴⁸.

The GDC has received about 250 *new* referrals in the 12 months prior to October 2013, and the public patient waiting list to see one of the psychiatrists to begin assessment can be up to nine months. However, as a private patient, individuals can generally secure an appointment within two to three months¹⁴⁹.

In addition, GDC also has a small amount of funding per annum from the Victorian Government available to assist in covering out-of-pocket expenses (ranging from \$3,000–\$4,000 for chest surgery (bilateral mastectomy) to approximately \$12,000 for vaginoplasty)¹⁵⁰.

The GDC reports that it conducts psychiatric assessments for treatment according to ANZPATH guidelines, which are based on WPATH's *Standards of Care* version seven¹⁵¹. According to these standards, in order to conduct assessments to enable the commencement for treatment, the clinician should have:

A master's degree or its equivalent in a clinical behavioural science field. This degree or a more advanced one should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board or equivalent for that country¹⁵².

In Australia, this equates to a clinical psychology degree or psychiatry degree¹⁵³. In Victoria currently there are very few clinical psychologists who, apart from the two practising psychiatrists at GDC, are willing to write letters supporting hormone treatment¹⁵⁴.

As with all specialists, individuals must be referred to GDC by a GP. GDC receives about 60 per cent of its referrals from non-specialised GPs, with the remainder coming from specialised GLBTI GPs such as those at Northside Clinic (North Fitzroy), Prahran Market Clinic (Prahran) and the Centre Clinic (St Kilda)¹⁵⁵.

General Practitioners

While GPs can legally prescribe and manage hormones and hormone suppressants for adults, this practice would be inconsistent with WPATH and ANZPATH guidelines. Anecdotally, some Victorian GPs are known to prescribe hormones without a formal mental health assessment from GDC or other suitably qualified clinical practitioner. GDC reports that in most cases, following assessment, individuals are referred back to their GP with a report outlining readiness for hormone treatment¹⁵⁶.

¹⁴⁷ Advice confirmed by Monash Health on 8 July 2014.

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

¹⁵⁰ Ibid.

¹⁵¹ Ibid.

¹⁵² World Professional Association for Transgender Health (2011). *Standards of Care for the Health of Transsexual, Transgender and Gender Non-conforming People*. USA: World Professional Association for Transgender Health.

¹⁵³ Advice confirmed by Monash Health on 8 July 2014.

¹⁵⁴ Sinnott, V. personal communication, 'Feedback on Transgender and Gender Diverse Health and Wellbeing Background Paper', 10 January 2014.

¹⁵⁵ Advice confirmed by Monash Health, 8 July 2014.

¹⁵⁶ Advice confirmed by Monash Health, 8 July 2014.

The GDC clinic has developed a shared-care model through memoranda of understanding with the specialised GP clinics noted above, where several GPs at each clinic will initiate and monitor hormones for trans and gender diverse men and women once they have had their full assessment through the GDC¹⁵⁷. Northside Clinic reports that this reduces previous long waits to see endocrinologists. Northside Clinic has developed a consent form and protocols for safe prescribing in consultation with endocrinologists and considers that this is a good model, because it helps trans and gender diverse people establish a relationship with a GP for their healthcare more generally. The clinic also sees it as hopefully improving coordination with other health and social services if needed, as well as providing documentation for changing gender on official documents¹⁵⁸.

Royal Children’s Hospital in Melbourne

For trans and gender diverse and gender diverse children and adolescents (up to 18 years old), the Royal Children’s Hospital (RCH) in Melbourne provides limited specialised gender identity psychiatric and other medical services through core funding via the adolescent medicine and mental health teams. The RCH reports a fortyfold increase in referrals over the past ten years. In the five years from 2003 to 2007, the RCH received only three new referrals. As the graph illustrates below, new referrals have grown significantly in recent years. Over 2013, the RCH saw 40 official new referrals¹⁵⁹.

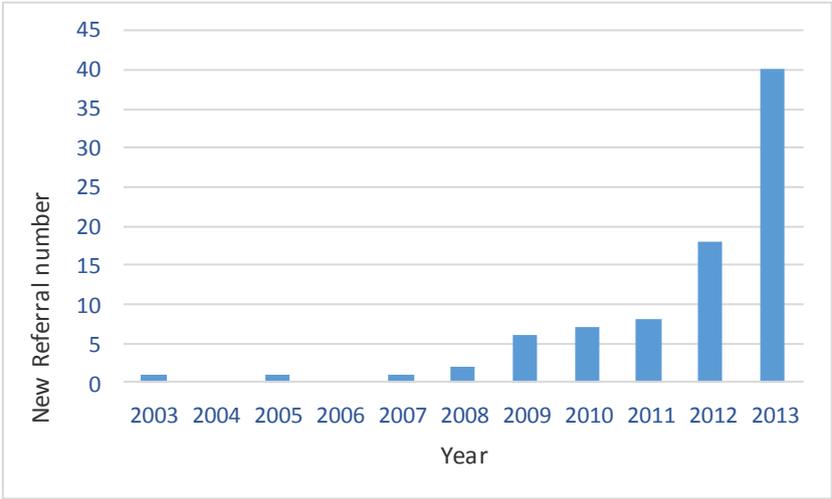


Figure 2 New referrals per year to RCH Gender Dysphoria Service 2003–13

Just over one-quarter of the current patients at the RCH (21) are from regional and rural Victoria, with almost three-quarters (62) living in metropolitan Melbourne and a handful (7) living interstate¹⁶⁰.

5.2.2. Policies governing medical services

Surgery

The GDC reports that only about one-third of trans and gender diverse people go on to have surgery as part of their transition¹⁶¹. The [Victorian Government’s Elective Surgery Access Policy](#) provides broad guidance to health services about how surgical services should be provided across Victorian public health services and includes a shortlist of excluded procedures. The purpose of the policy is to provide consistent care across the system, but it is not designed to include specific advice and guidance related to specific population groups. Gender affirmation surgery is not specifically mentioned in the policy.

¹⁵⁷ Ibid.

¹⁵⁸ McNair, R. personal communication, ‘Transgender services at Northside Clinic’, 8 October 2013.

¹⁵⁹ Advice confirmed by Royal Children’s Hospital, 25 June 2014.

¹⁶⁰ Advice confirmed by Royal Children’s Hospital, 25 June 2014.

¹⁶¹ Advice confirmed by Monash Health, 8 July 2014.

Almost all surgeries occur in the private health system at significant cost to patients, as discussed in Section 4.4¹⁶². Feedback from trans and gender diverse people has stressed that the lack of clear surgical pathways and access to gender affirmation surgeries in an appropriately specialised Victorian public hospital is a priority issue.

5.2.3. Other Victorian health-related services

Speech pathology

The Latrobe University Voice Clinic (the voice clinic) is funded through a mix on indirect, non-dedicated university funding, client contributions, donations and Victorian Government funding directed via the GDC¹⁶³. The voice clinic provides subsidised speech pathology services to a range of community members, including trans and gender diverse people. In general, men and women communicate differently. Overall, men use lower-pitched voices and women use higher-pitched voices. When working with trans and gender diverse clients, speech pathologists can assist with a variety of aspects of communication, including vocal pitch, intonation and resonance, and nonverbal communication¹⁶⁴.

From 2005 to 2013 the voice clinic reports a significant increase in the percentage of clients attending the clinic seeking voice feminisation. In 2013 82 per cent of clients who attended the clinic sought voice feminisation, compared with 57 per cent in 2005¹⁶⁵. In addition to the speech pathologists working at the voice clinic, the voice clinic estimates that there are approximately nine private speech pathologists currently providing services to trans and gender diverse people in Victoria¹⁶⁶.

Social support and referrals

In 2011–12 the Victorian Government provided funding over four years for a part-time worker at the Zoe Belle Gender Centre to assist Victorian health services to better respond to the needs of trans and gender diverse young people. [Zoe Belle Gender Centre](#) is a virtual gender centre with the objective of establishing a physical gender centre, which advocates and educates about gender diversity, provides support, information and referrals, and runs events, workshops and campaigns.

In Victoria, there are several community run support and advocacy groups, including [YGender](#), which organises events, programs and a range of projects based on the needs and interests of young people attending. [Transgender Victoria](#), which provides advice to government, service providers and researchers about the needs of the trans and gender diverse community as well as education training, awareness promotion and referrals. [Seahorse Victoria Inc](#) is a support and social group, [Transcend](#) an online support organisation for trans and gender diverse and gender diverse children and their families, [Ausgender](#) provides online information and support, and TransFamily is a peer support group for parents, partners, siblings, extend family and/or friends of a trans and gender diverse person; total confidentiality and respect is assured. Further information about support services and community initiatives can be found at [Zoe Belle Gender Centre](#).

Counselling

Some individuals seek or are referred to counselling support prior to and during transition. In Melbourne: there are a growing number of private counsellors and therapists (social workers, youth workers, psychologist, and psychotherapists) with experience provide counselling support to gender diverse people and communities. For example, services include [Drummond Street Services](#) (Melbourne metro), [Peninsula Pride](#) (Frankston and the Mornington Peninsula), [GASP](#) (Geelong) and the [Diversity Project](#) (Shepparton).

¹⁶² Ibid.

¹⁶³ Oates, J. & Dacakis, G. (2014) *Voice and communication difficulties experienced by transgender people in Australia*, Submission to the Senate Standing Committee on Community Affairs Inquiry: Prevalence of different types of speech, language and communication disorders and speech pathology services in Australia. Canberra: La Trobe University Voice Clinic.

¹⁶⁴ American Speech-Language-Hearing Association (2013). *Voice and Communication Therapy for Transgender/Transsexual Clients*. <http://www.asha.org/public/speech/disorders/TGTS.htm>, American Speech-Language-Hearing Association.

¹⁶⁵ Dacakis, G. Personal communication, 'La Trobe Voice Clinic statistics', 1 April 2014.

¹⁶⁶ Oates, J. & Dacakis, G. (2014) *Voice and communication difficulties experienced by transgender people in Australia*, Submission to the Senate Standing Committee on Community Affairs Inquiry: Prevalence of different types of speech, language and communication disorders and speech pathology services in Australia. Canberra, La Trobe University Voice Clinic.

6. Accessing and navigating Victorian health services

Having established what the healthcare needs and key health issues are for trans and gender diverse Victorians in Section 3, outlining some of the key factors impacting and shaping these health issues in Section 4, and mapping the policy and health service landscape in Australia and, more specifically in Victoria in Section 5, this section summarises the key issues with the current healthcare system in Victoria and begins to articulate service provision gaps and/or limitations.

This section has been drafted based on the lived experiences of the Transgender and Intersex Health and Wellbeing working group members and some broader consultation with individuals from Victorian-based transgender and gender diverse organisations.

6.1. Trans and gender diverse adults

Figure 3 maps the current pathways for trans and gender diverse adults to transition to their affirmed gender in Victoria. The diagram represents the current pathways, not a preferred or 'best practice' approach. The diagram is presented from the perspective of the trans and gender diverse adult, showing the types of decisions they need to make.

There are limitations to the diagram. First, it cannot represent the experience of every trans and gender diverse Victorian. There will be variations to what is presented. Second, the diagram does not adequately depict some of the complexities of the current system such as wait times to access services and the amount of time and effort that individuals can exhaust in trying to find the right service. As such, it is important that the diagram is read in conjunction with the text below. Further, the diagram does not attempt to address the intersectionalities that often exist, such as sexual orientation, intersex status, race, ethnicity, rural or regional residency, disability, age and life stage, homelessness, family support or level of income.

6.1.1. Key issues with the current provision of clinical care and other support

The following key issues have been identified with the current clinical, allied health and support services in Victoria:

1. Information and advice is often sourced and given informally, which can result in misinformation or incomplete information that impacts decision making.
2. Poorly defined service pathways and a lack of coordination between providers may result in individuals spending considerable periods of time being referred from provider to provider. For example, individuals may persevere for years with a non-specialised GP or psychologist before being referred or given appropriate treatment. This is particularly the case for trans and gender diverse people living outside Melbourne.
3. Waiting lists can be long to access specialised clinical services. Apart from the two practising psychiatrists at GDC, who also provide services privately, there is only one clinical psychologist currently in Victoria who is willing to write letters supporting hormone treatment.
4. Cost is a significant barrier to treatment because all non-medical and most medical treatment is unsubsidised or subsidised only partially with private health insurance. This can include mental health support and support for families, although Medicare does provide a rebate for selected mental health services provided by general practitioners, psychiatrists, clinical and registered psychologists, eligible social workers and occupational therapists.
5. Individuals presenting with other health concerns or comorbidities (such as alcohol and other drug issues or other mental health issues) that are complex can face a longer assessment process.
6. Equity of access to healthcare services can differ across the Victorian population. For example, individuals in regional Victoria are unlikely to have access to a GP who is experienced in trans and gender diverse health, and those with a disability or from a culturally and linguistically different background may have difficulties communicating with GPs and specialists.

7. People sometimes seek medical treatment, including surgery, overseas. While many overseas surgery providers are highly experienced and skilled, some overseas medical treatment can be of a poorer standard to that delivered in Australia, increasing the risk of complications and/or poor outcomes.

6.1.2. Gaps, including limited and absent services

The following gaps have been identified with the current clinical and allied health service in Victoria, including services that are provided but limited:

Clinical

- clinical care in affirmed gender (that is, access to experienced and specialised GPs and psychologists)
- ongoing primary care (that is, post-surgery)
- timely access to alternative psychosocial assessments, to enable more timely access to medical interventions such as hormone treatments, particularly in regional and rural areas
- timely and affordable access to required surgeries (restricted by cost, public hospital policies, clinical knowledge and workforce capacity)
- timely access to services at MGDC and the RCH due to significant increases in referrals
- casework (for individuals with comorbidities or low-prevalence mental health issues).

Support and care

- professionally facilitated peer support
- casework (coordination, appropriate referrals, assistance with navigating the healthcare system)
- support for families (including partners and children) such as counselling
- advice and support for people with gender identity questions and concerns
- accessible information regarding healthcare rights and system navigation
- support to build capacity within the trans and gender diverse community.

Training for health and social care providers

- priority for training at the continuing professional development level
- inclusion of trans and gender diverse issues during undergraduate and pre-vocational training
- readily accessible, evidence-based guidelines on trans and gender diverse care, such as the *Good Practice* guidelines written by the UK Royal College of Psychiatrists in 2013.

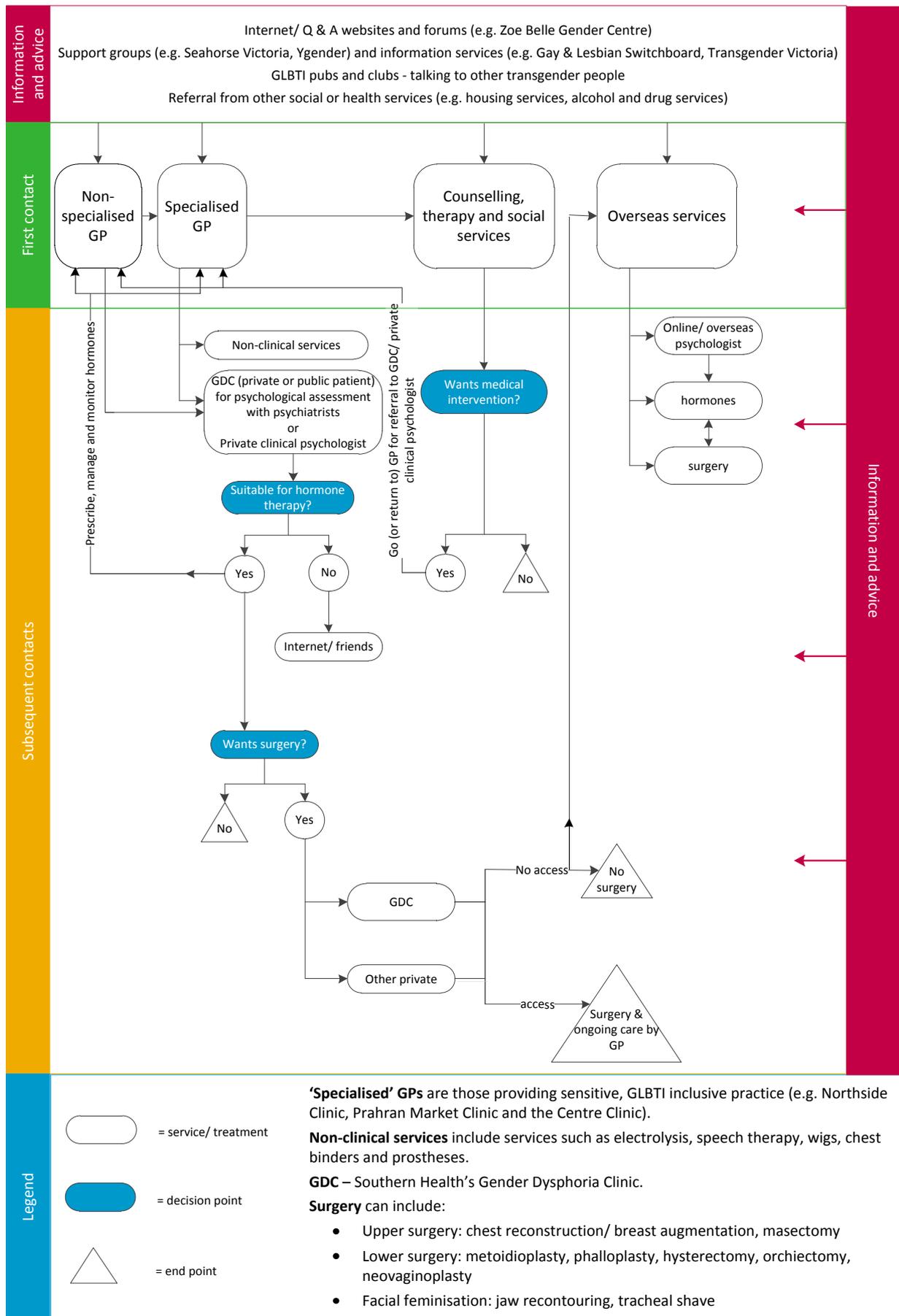


Figure 3 Current ways in which trans and gender diverse adults interact with Victorian healthcare services in order to affirm their gender identity

Appendix 1: Unpacking terminology and language around sexual orientation, gender diversity and intersex

This appendix is derived from two documents: *gQ: gender questioning*, which was published in 2010 by Gay and Lesbian Health Victoria and the Rainbow Network Victoria, and *Inclusive Language: Respecting intersex people, trans and gender diverse people and gender diverse people*, which was published in 2013 by the National LGBTI Health Alliance, with some minor changes, including an updated definition for Intersex.

Sex, gender and trans and gender diverse

The word 'sex' is usually used to describe biological characteristics, including genital and chromosomal differences. The word 'gender' describes how individuals are expected to act as a 'male' or a 'female'. While there have been a lot of changes around women's and men's roles, at least in Australia, it's still a very strongly held conviction that males should have one set of characteristics and females another.

However, many people do not neatly fit into one of those two categories. The sex assigned to individuals at birth is not the only factor to determine the kind of person they are. Different families, countries, and religions have different expectations of how males and females should behave. These expectations or rules about how to be a 'man' or a 'woman' limit how everyone, regardless of gender identity, lives their lives. There are also biological facts disproving that everyone is simply either male or female.

Some people are born intersex which means the status of having physical, hormonal or genetic features that are:

- neither wholly female nor wholly male; or
- a combination of female and male; or
- neither female nor male.

Intersex is about biology. Most intersex people look male or female externally, but have a combination of both sexes internally or chromosomally. Other intersex people cannot be easily classified as male or female based on their external appearance. Some might not respond to some hormones, or produce different hormones resulting in different intersex variations. Some people born intersex might not have a chromosomal make-up that's XX (female) or XY (male) but a mix of chromosomes, for example, XX/XO or XXY. Being intersex is a normal variation of nature, which should not carry any social stigmatization or medical intervention without consent from individuals themselves. Intersex is different to trans and gender diverse, which is defined next.

'Trans' is a word that covers a large range of people whose common experience is that their inner sense of gender is different to the sex they were assigned at birth. Being trans and gender diverse doesn't necessarily mean feeling trapped in the wrong body, but it can sometimes include it. Not all, but some trans and gender diverse people feel the need to use diet, exercise, hormones and/or surgery to physically change their bodies. There is no right or wrong on this, it's about figuring out what feels right for each individual¹⁶⁷.

Inclusive Language: Respecting intersex people, trans and gender diverse people and gender diverse people

What is inclusive language and why should we use it?

Language is inclusive when words are used in ways that demonstrate respect for how people describe their own genders, bodies and relationships. It is important to show this respect even when describing people who are not present.

¹⁶⁷ Aizura, A., Walsh, J. et al. (2010). *GQ: Gender Questioning*. Melbourne: Gay and Lesbian Health Victoria and Trans Melbourne Gender Project.

Researchers have found that how others describe us has a significant impact on an individual's health and wellbeing, as well as on how likely they are to seek health care when necessary.

Inclusive language is about...

- Welcoming all people to participate in and contribute to families, schools, workplaces, communities and services.
- Giving all people the opportunity to make responsible health choices.
- Giving everyone a fair go.

What is misgendering?

Misgendering is a term for describing or addressing someone using language that does not match how that person identifies their own gender or body. Using inclusive language means not misgendering people.

What is a pronoun and what do pronouns have to do with gender?

A noun is a word used to describe a person, place, thing or idea. A pronoun is a word that is used instead of a noun, such as when 'you' is used instead of someone's name. Some pronouns imply someone's gender, such as when 'she' or 'he' is used.

How does one know which pronouns to use for trans and gender diverse people?

Most but not all trans and gender diverse people who identify as women prefer being described as 'she'. Most but not all trans and gender diverse people who identify as men prefer to be described as 'he'. Some people who identify as women or men may prefer to be described using only their first name instead of a gendered pronoun. To ascertain this information, one can ask people directly how they wish to be described. However, ask privately whenever possible to reduce discomfort.

Can one just avoid using pronouns?

Trans people who identify as women or men usually notice and feel excluded when people avoid pronouns or use gender neutral language that does not recognise their gender. Using inclusive language means calling a trans and gender diverse woman 'she' and 'the woman' instead of calling her 'the person', 'he', 'it' or avoiding pronouns.

Which pronouns should we use for people with non-binary genders?

People with non-binary genders often prefer non-binary pronouns such as 'they'. Some people with non-binary genders prefer to be described as 'zie'. Zie (pronounced zee) is an English pronoun used instead of 'she' or 'he' by some people who don't identify as women or men. When 'zie' is used, 'hir' (pronounced like the word 'here') is used as 'her' or 'his'.

Some people with non-binary genders prefer to have 'she' and 'he' used interchangeably to signal that they do not fit as either women or men. Other people prefer to be described using only their first name.

What is pronoun cueing?

Pronoun cueing means using words and actions to send a 'cue' about someone's gender. Respectful pronoun cueing helps to make communities and services more inclusive. If one was talking to a co-worker about a trans and gender diverse woman who was classified as 'male' and who is often mistaken for a man due to her deep voice and her appearance, using respectful pronoun cueing, one would say 'she was in the office today' or 'this woman is here to see you'. This promotes inclusion and reduces misgendering¹⁶⁸.

¹⁶⁸ Ansara, G. Y. (2013). *Health Information Sheet: Inclusive Language on Intersex, Trans and Gender Diversity*. Sydney: National LGBTI Health Alliance.

Appendix 2: Existing service and policy settings in other Australian jurisdictions

New South Wales

Medical care and access

NSW does not offer publicly funded or subsidised gender affirmation surgery and according to the NSW Government [Waiting Time and Elective Surgery Policy](#) (2012), gender affirmation surgery should not be performed in public hospitals in NSW unless there is a clear clinical need to improve a patient's physical health. The exception to this rule is the presence of congenital variations in children.

Accommodation, social support and referrals

[The Gender Centre](#) is a state-based service that is funded by the NSW Department of Community Services under the Supported Accommodation Assistance Program (SAAP) and is supported by the NSW Department of Health through the AIDS and Infectious Diseases Branch.

The centre offers a wide range of services to people with gender issues, their partners, families and friends in New South Wales and is open business hours, weekdays. The centre is not a medical centre and does not provide medical documents and/or medical care.

The centre provides counselling services and has a residential program where up to 11 people (16 years of age and older) can be accommodated in three semi-supported refuge houses for up to 12 months and are supported to move towards independent living. A further six, semi-supported accommodation places are provided in partnership with the Woman's Housing Company in self-contained units.

The centre also provides case management services for: both residential and community clients; advocacy services; training for other service providers; training and education such as work skills development training, and health and nutrition information sessions for clients; social support groups and activities, a needle exchange program; and limited outreach services, including goal outreach and cell and court outreach.

In NSW many community support groups operate from the Gender Centre; however, there are some not associated with the centre such as the [NSW Seahorse Society](#) and FTM Australia.

Australian Capital Territory

[A Gender Agenda](#) is based in Canberra and provides a range of support services including psychological services and peer support, advocacy and education and training.

Queensland

Two gender clinics operate in Queensland, one in Brisbane at [Healthy Communities](#) and the other at the [Cairns Sexual Health Clinic](#). Both offer bulk-billing medical appointments. The Cairns Sexual Health Clinic offers assessments for hormone treatment and surgery, and psychological care for its trans and gender diverse clients.

In Queensland, there are also a number of community run and funded support and advocacy groups such as the [Australian Transgender Support Association Queensland Inc.](#) in Brisbane, [Many Genders](#), [One Voice](#), [Freedom Gender](#) on the Gold Coast and the [Seahorse Society of Queensland](#).

South Australia

In South Australia, the South Australian Gender Dysphoria Unit is the only medical clinic offering access to gender affirmation surgery in the state and it is not publicly funded or subsidised. However, there are other medical practitioners in South Australia offering clinical services to trans and gender diverse people. South Australia was the first Australian jurisdiction to provide for the legal recognition of

reassigned sexual identity via the [Sexual Reassignment Act 1988](#)¹⁶⁹. The South Australian legislation regulates how and where gender affirmation surgery is conducted. For example, surgery can only take place at hospitals approved by the ministers, to do so with consideration given to such requirements as appropriate staff and facilities. The Act also establishes an administrative mechanism allowing Magistrates Courts to issue gender recognition certificates providing certain criteria is met by the applicant.

Western Australia, Tasmania and the Northern Territory

In Western Australia the [Gender Reassignment Act 2000](#) (WA):

- establishes a Gender Reassignment Board that is able to issue a recognition certificate to those who have undergone gender reassignment procedures, whether in WA or elsewhere
- enables the registrar general to register the gender of an individual as indicated on the recognition certificate and to issue a new birth certificate to accord with the altered register and
- protects trans and gender diverse people from discrimination on the ground of gender history where a person has undergone reassignment procedures.

With respect to social and community support in WA, the [Chameleon Society](#) is a self-described cross-dressing and trans and gender diverse support group, the [WA Gender Project](#) is an online lobby, education and advocacy group, and the [Freedom Centre](#) is a same-sex attracted, intersex and gender diverse youth service that offers specialised support for and/or gender diverse young people such as a drop-in night once a month for under 26 year olds and a monthly support group for young people under 18 and their families.

In Tasmania, trans and gender diverse children and young people can access assistance through [Clare House](#), a state-wide mental health service.

¹⁶⁹ Grenfell, L. and Hewitt, L. (2012). Gender Regulation: Restrictive, Facilitative or Transformative Laws? *Sydney Law Review* 34: 761-783.

Appendix 3: Recent changes to Medicare billing codes

The Commonwealth Department of Health and Ageing recently consulted with the National LGBTI Health Alliance to remove gender-specific language from 15 Medicare item billing codes. The table below details these changes¹⁷⁰.

Item code	Former description of item	New description of item	Effect of change
2497, 2598, 2600, 2603, 2606, 2610, 2613, 2616	These items apply only to women between the ages of 20 and 69 years inclusive who have a cervix, have had intercourse and have not had a cervical smear in the last four years.	These items apply only to a person between the ages of 20 and 69 years inclusive who has a cervix, has had intercourse and has not had a cervical smear in the last four years.	Enables trans and gender diverse men, gender diverse and intersex people to access cervical smears.
20920	Initiation of management of anaesthesia for procedures on male external genitalia.	Initiation of management of anaesthesia for anorectal procedures .	Enables trans and gender diverse women, gender diverse and intersex people to access subsidised anaesthesia.
30653	Circumcision of a male under 6 months of age.	Circumcision of the penis , on a person under 6 months of age.	Enables trans and gender diverse women, gender diverse and intersex people to access circumcision procedures under Medicare.
30656	Circumcision of a male under 10 years of age but not less than 6 months of age.	Circumcision of the penis , on a person under 10 years of age but not less than 6 months of age.	
30659, 30660	Circumcision of a male 10 years of age or over.	Circumcision of the penis , on a person 10 years of age or over.	
37605, 37606	Transcutaneous sperm retrieval, unilateral, from either the testes or the epididymis, for the purposes of intracytoplasmic sperm injection, in a man with male factor infertility.	Transcutaneous sperm retrieval, unilateral, from either the testes or the epididymis, for the purposes of intracytoplasmic sperm injection, for male factor infertility.	Enables trans and gender diverse women and intersex people to access these sperm retrieval procedures under Medicare.

¹⁷⁰ Australian Government Department of Health and Ageing (2013). *Medicare Benefits Schedule Book: Operating from 01 July 2013*. Canberra, Australian Government Department of Health and Ageing.

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