

Potential Priority Areas for ACON's Trans and Gender Diverse Community Health Strategy

Discussion paper

July 2018



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Introduction

As New South Wales' leading health promotion organisation specialising in HIV prevention, HIV support and lesbian, gay, bisexual, transgender and intersex (LGBTI) health, ACON has identified the need to develop a Trans and Gender Diverse (TGD) Community Health Strategy that seeks to better understand, articulate and make recommendations to improve health outcomes of the TGD community in NSW. The principles underpinning the strategy development are that the process should:

- Effectively capture and reflect the diversity of expertise, lived experience and knowledge of the TGD community in NSW, and constructively manage differences of opinion and approach where they arise.
- Ensure that the TGD community feels connected to, and empowered by, the final recommendations and outcomes of the strategy.
- Draw on existing expertise, knowledge, skills and practice in TGD community health within ACON as well as other service providers in NSW and across Australia.
- Be informed by the policy and legal context that impacts the health outcomes of TGD people in NSW.
- Draw on evidence from Australia and internationally of best practices that have improved health outcomes for TGD people.

The purpose of this discussion paper is to provide background information for those who are participating in the community and stakeholder consultations that ACON is undertaking as part of the strategy development process. It has attempted to be comprehensive in covering key health and legal issues impacting trans and gender diverse people in NSW, but by no means is it exhaustive. The evidence and analysis for each section should be read as an overview rather than full analysis and commentary. The outcomes of the community consultations, as well as the preliminary evidence drawn from this discussion paper, will form the basis of the recommendations to be included in the final ACON Trans and Gender Diverse Community Health Strategy.

Key health issues facing trans and gender diverse people in NSW

Gender-affirming health care

For trans and gender diverse people who seek to affirm their gender through medical or surgical treatments, it is essential that they can access quality health care that is responsive to, and respectful of, their individual needs. This may include hormone treatments, vocal and communication therapy, genital surgical interventions, non-genital surgical interventions and psychological support and and/or psychiatric care. The role of health practitioners is to facilitate that access. Yet as a population group, trans and gender diverse Australians are failing to receive healthcare that respects their right to health and promotes their health and wellbeing. A survey of 188 trans and gender diverse Australians about their healthcare experiences found that whilst there was a diversity of both positive and negative experiences, there was a need for better education of Australian medical professionals in regard to engaging with trans and gender diverse clients¹.

Since 1979, the World Professional Association for Transgender Health (WPATH) has periodically produced *Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People*, which have been widely used by clinicians, including in Australia, as a guiding protocol for providing transition-related care². The 7th version of the *Standards of Care* makes a distinction between gender nonconformity, which it defines as “the extent to which a person’s gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex”³ and gender dysphoria, which is a clinical diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, and “refers to discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth”⁴. Chapter V of the *Standards of Care, Version 7* outlines options for the “psychological and medical treatment of gender dysphoria”, which includes support for social transitioning, psychotherapy, hormone therapy to feminize or masculinize the body and surgery to change primary and/or secondary sex characteristics⁵.

Chapter VIII outlines the recommended criteria to be used to determine if a patient should access feminizing or masculinizing hormone therapy. This involves a documented assessment by a mental health professional, or alternatively, a health professional who is appropriately trained in behavioural health and

¹ Riggs, D, Coleman, K, Due. Healthcare experiences of gender diverse Australians: a mixed-methods, self-report survey. BMC Public Health 2014, Vol 14, 230. <http://www.biomedcentral.com/1471-2458/14/230>, page 235.

² McNair, Ruth, Andrews, C. 2018. Primary Health Care for Trans, Gender Diverse & Non-binary People: E-Module. North-West Melbourne Primary Health Network, topic 4.

³ World Professional Association for Transgender Health. Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People, Version 7, page 5.

⁴ Footnote 3, page 5.

⁵ Footnote 3, pages 9 and 10.

competent in the assessment of gender dysphoria⁶. Access to hormone therapy should be given if the following criteria in the patient are met:

- 1) Persistent, well documented gender dysphoria;
- 2) Capacity to make a fully informed decision and to consent to treatment;
- 3) Above the age of majority in a given country;
- 4) If significant medical or mental health concerns are present, they must be reasonably well controlled.

Under the standards of care, it is not necessary for the patient to be receiving psychotherapy in order to access hormones.

Chapter XI outlines the recommended criteria for deciding if a patient should access gender-affirming surgeries. For breast/chest surgery, the criteria are the same as for hormone therapy, except that it is recommended that those seeking breast augmentation through implants or lipofilling should undergo 12 months of feminizing hormone therapy to maximise results. For genital surgery, the criteria are the same as for hormone therapy, with the additional criteria of 12 continuous months of hormone therapy, and for patients seeking a metoidioplasty, phalloplasty or vaginoplasty, the requirement of 12 continuous months of living in a gender role that is congruent with their gender identity. In addition, to access genital surgery it is necessary to have two referrals from mental health professionals⁷.

In recent years, an alternative model for providing access to hormone therapy for trans and gender diverse people has emerged, known as the informed consent model. Community health centers in the United States with high number of trans and gender diverse clients, including Callen Lorde in New York City and Fenway Community Health in Boston, developed protocols which “support patients’ rights of, and their capability for, personal autonomy in choosing care options without external evaluations or therapy by mental health professionals”⁸. In 2017, Equinox, the gender diverse health centre run by the Victorian AIDS Council (VAC), released its own protocols for the initiation of hormone therapy for trans and gender diverse patients, adapting the informed consent model in Callen Lorde’s protocol for the Australian context.

Under Equinox’s protocols, General Practitioners are generally the primary treating physician throughout the therapeutic process, including making the initial assessment to determine if the patient has the capacity to make an informed decision about the commencement of hormone therapy, ensuring that the patient has the full knowledge about their treatment options and providing ongoing monitoring and support once treatment has commenced. There is no requirement of an assessment or diagnosis by a mental health professional, unless the patient is presenting with significant mental health issues which may be impacting their ability to provide informed consent, in which case a referral to a Psychiatrist or Clinical Psychologist specializing in gender is necessary. For clients requiring gender affirmation surgery,

⁶ Footnote 3, page 26.

⁷ Footnote 3, page 105.

⁸ Cavanagh, T, Hopwood, R, Lambert, C. Informed Consent in the Medical Care of Transgender and Gender-nonconforming Patients. *AMA Journal of Ethics*. Volume 18, Number 11. page 1149.

psychiatric or clinical psychological consultation is required, and for clients under 18 a psychiatric consultation is required⁹.

The main difference between the *Standards of Care, Version 7* and the informed consent model is the former assumes that mental health professionals are best placed to assess whether someone should undertake hormone therapy as part of their gender affirmation, whereas the latter assumes that trans and gender diverse people are themselves best placed, provided there are no mental health issues preventing them from providing informed consent. Under the informed consent model, the clinician should inquire about the impact of any gender dysphoria on the patient's emotional state and psychosocial functioning, which should be factored into the discussion between patient and doctor of the risks and benefits of hormone therapy but allow the patient themselves to weigh such impacts¹⁰. Further, *Standards of Care, Version 7* requires a mental health diagnosis of gender dysphoria, while the informed consent model does not, recognizing that not all persons seeking feminizing or masculinizing hormones are experiencing gender dysphoria.

Standards of Care, Version 7 states that the informed consent model is consistent with the *Standards of Care*, given that they are flexible protocols that allow for tailoring of interventions to the needs of individual services and the context in which they are working¹¹. The Australian and New Zealand Professional Association for Transgender Health (ANZPATH) endorsed the Equinox Protocols and have also released a statement that:

ANZPATH endorses the view of WPATH that a comprehensive psychosocial assessment (as described in SOC 7) 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.

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 role¹².

In June 2018 the World Health Organization (WHO) announced the completion of the 11th edition of the International Classification of Diseases and Related Health Problems (ICD), which is the international standard health diagnostic tool used by governments, researchers and clinicians. Following years of advocacy by the international trans movement and allies, all trans-related categories have been removed from the mental health chapter, meaning that for the first time the WHO recognizes that being trans or gender diverse does not mean to suffer a mental disorder. In ICD-11, two new categories have been included in a new chapter on conditions related to sexual health: Gender Incongruence of Adolescence

⁹ Equinox and VAC. 2017. Protocols for the Initiation of Hormone Therapy for Trans and Gender Diverse Patients. Victoria. page 4.

¹⁰ Footnote 8, page 11449-50.

¹¹ Footnote 3, page 35.

¹² Australian and New Zealand Professional Association for Transgender Health (ANZPATH). Statement on Standards of Care. <https://www.anzpath.org/about/standards-of-care>, [accessed July 1, 2018].

and Adulthood (replacing Gender Identity Disorder) and Gender Incongruence of Childhood (a new diagnosis).

Once ICD-11 is ratified by the World Health Assembly in May 2019, it is then up to national governments to implement it within their national health systems. Whilst critique remains for both, there has been particular focus on seeking to stop the new Gender Incongruence of Childhood diagnosis from appearing in the ICD-11 and this will continue in the implementation phase, given that diversity of gender experience, identity and expression in children is now pathologized, and there is questionable utility to having such a diagnosis¹³. It is unclear what the changes in ICD-11 will have for gender-affirming health care in Australia. Aside from the ICD, the other diagnostic tool currently being used by mental health professionals in Australia is the DSM-5, published by the American Psychiatric Association. The DSM-5 includes the diagnosis of Gender Dysphoria, which is included within the WPATH *Standards of Care*. At a minimum, the decision by the WHO to move trans-related codes away from the mental health chapter in ICD-11 adds significant weight to the position that underpins the informed consent model, which is that it is not necessary to have a mental health diagnosis to access gender-affirming care.

ACON has already published a policy position in support of the informed consent model, with one of the recommendations from its December 2017 joint-discussion paper with PASH.tm and The Gender Centre, *Effective and Meaningful Inclusion of Trans and Gender Diverse People in HIV Prevention*, being the “uptake of internationally recognized standards on transition-related health care using an informed consent model”¹⁴. In support of this, ACON staff have already begun to influence the health sector, working with the Hunter New England Primary Health Network to develop a Transgender Health and Gender Diversity HealthPathway that provides guidance to GPs in the process of initiating hormone therapy, as well as providing culturally-appropriate client care.

Models for delivery of gender-affirming healthcare

The ability of trans and gender diverse people to access quality, affordable and appropriate gender-affirming health care, across the life span, is a major health issue in NSW and one that has been largely ignored by the health sector in the state. Gender-affirming healthcare in Australia is largely provided by a limited number of professionals working privately rather than through the public health system¹⁵. In NSW, the only publicly-funded health service with specialized knowledge in providing gender-affirming health care for adults is run out of the Newcastle Community Health Centre, which provides hormone initiation and management (using the informed consent model), endocrinology, sexual health and social work support service for adult trans and gender diverse people, with referral pathways to speech therapy and mental health services. However, the service is run without dedicated resources. In addition, the Hunter New England Local Health District speech service has been providing a specialist public service for trans

¹³ GATE Civil Society Expert Working Group.2013. Critique and Alternative Proposal to the “Gender Incongruence of Childhood” Category in ICD-11.

¹⁴ ACON, The Gender Centre and PASH.tm. 2017. *Effective and Meaningful Inclusion of Trans and Gender Diverse People in HIV Prevention*. Page 18.

¹⁵ Victorian Department of Health.2014. *Transgender and gender diverse health and wellbeing: background paper*. Page 10

and gender diverse people living within the Greater Newcastle for the last few years. The Gender Centre in Sydney is a specialized accommodation service for trans and gender diverse people, and acts as an education, support training and referral resource for other service providers. It also provides counselling services for the community but has not been funded as a health service by the NSW government.

In contrast, adults seeking gender-affirming care in Victoria can access the Equinox clinic or the Monash Gender Clinic, both of which provide free gender-affirming care, though follow a different model. Equinox provides a range of different priority health services for the trans and gender diverse community in Victoria, and its work is informed by that community, whilst Monash specialises in mental health aspects of transition-related care. Table 1 below provides examples of community-based trans and gender diverse health services (in Australia and overseas) and table 2 provides examples of public specialist gender services. In addition, the La Trobe University Communication Clinic has for more than three decades run a Trans and Gender Diverse Voice Clinic. A review of the ANZPATH directory of member service providers in NSW found only one speech pathologist and three surgeons (one who is an ear, nose, throat and facial surgery specialist), all working in private practice¹⁶.

For trans and gender diverse children and adolescents, the Royal Children's Hospital in Melbourne is considered the leading institution and has published the *Australian Standards of Care and Treatment Guidelines for trans and gender diverse children adolescents*¹⁷. There is no equivalent service in NSW, with the Gender Clinic at the Children's Hospital Westmead no longer accepting new referrals due to a lack of funding. The John Hunter Children's Hospital does provide specialist services for trans and gender diverse children, adolescents and young adults, but only for those in the Hunter region.

These few public services specializing in gender-affirming care in Australia experience significant demand for their services. The Equinox clinic published its protocols on hormone initiation through the informed consent model to help address the unnecessary barriers that people face to accessing such treatment, which includes long waiting times at public gender services, the expensiveness of going through the private health system and lack of access to appropriate care as a result of living in regional or remote areas¹⁸. The current lack of a service like Equinox in NSW and the geographical size of the state heightens the barriers that many trans and gender diverse people in NSW may face in accessing gender-affirming care.

The cost of gender-affirming care

Many treatments for gender-affirming care are not covered, or are inadequately covered, by Medicare and private health insurance in Australia. The standard medications recommended for use in feminising hormone therapy – estradiol (brand names Progynova, Sandrena, Climara, Estraderm) and androgen blockers spironolactone (brand name Aldactone) and cyproterone Acetate (brand name Androcur) – are subsidised through the Pharmaceutical Benefits Scheme (PBS). For masculinising hormone therapy, there are more restrictions. Transdermal (topical gel) applications of testosterone (brand names Testogel, Androforte 5) are available on the PBS, as is one brand of injectable testosterone (Reandron). The other

¹⁶ <https://www.anzpath.org/about/service-providers/new-south-wales/> [accessed July 1, 2018]

¹⁷ The Royal Children's Hospital Melbourne. 2018. Australian Standards of Care and Treatment Guidelines for trans and gender diverse children adolescents. Version 1.1.

¹⁸ Footnote 9, page 4.

common brand of injectable testosterone, Primoteston, is not available through the PBS, with the private script price similar to the full PBS price. The lack of this option on the PBS makes it particularly challenging to access for those on a Health Care Card¹⁹.

In April 2015, the Pharmaceutical Benefits Advisory Committee introduced new requirements for accessing testosterone treatments subsidised under the PBS. Those seeking these treatments, or their prescribing GP, must have a consultation with an endocrinologist, urologist, paediatrician or sexual health physician. Where such a specialist is not available, a GP can prescribe testosterone on a private script, which can be significantly more expensive²⁰. Generally, when a person is prescribed hormones as part of their medical transition, the treating physician will use a diagnosis such as androgen deficiency or estrogen deficiency, as there are no trans-specific codes in Medicare. Whilst the lack of trans-specific codes for hormone therapy means that it is not possible to understand exactly how many trans and gender diverse people are accessing hormones, introducing such codes will also mean introducing a specific diagnosis, which may add to the pathologisation of trans experience and gender diversity.

Apart from chest surgery, where a portion of operating costs (except hospital stay as the surgery is usually done through private hospitals) can be claimed, gender-affirming surgeries are not explicitly covered by Medicare²¹. Out of pocket costs for chest surgery can be up to \$10,000 and feminising genital surgery can cost between \$25,000-30,000. There is currently no masculinising genital surgery available in Australia²². As such, it is common for trans and gender diverse people to access surgery overseas, particularly in Thailand, where surgeries are more affordable and there is a growing field of expertise in gender-affirming care. The limited availability of surgery options in Australia is further compounded by the lack of specialist knowledge on post-operative care, particularly where people experience complications as a result of their surgery.

Speech therapy is currently not covered under Medicare²³. Up to 10 consultations with a psychologist or social worker per calendar year are available under Medicare, if referred under a GP mental health treatment plan, where a GP has assessed the patient as having a mental health disorder²⁴. There was limited published information available about what gender-affirming care was covered by different private health insurers in Australia, however, informal trans and gender diverse community networks do share information about private health insurers.

¹⁹ Email correspondence with Ted Cook, ACON staff member, on June 27, 2018.

²⁰ See footnote above.

²¹ Footnote 19.

²² Footnote 15, page 25.

²³ Private Health Insurance Ombudsman. 2014. What is covered by Medicare?
<http://www.privatehealth.gov.au/healthinsurance/whatiscovered/medicare.htm> [accessed July 3, 2018].

²⁴ Commonwealth Department of Human Services. Education Guide: Better Access to mental health care for general practitioners and allied health professionals. <https://www.humanservices.gov.au/organisations/health-professionals/enablers/education-guide-better-access-mental-health-care-general-practitioners-and-allied-health> [accessed July 2, 2018].

Table 1: Examples of Community-based Trans and Gender Diverse Health Services

Service	Location	Overview	Key Services Provided	Opening Hours	Fee Structure
Equinox	Melbourne	Peer-led trans and gender diverse health service operated by the Victorian AIDS Council. The service priorities are informed by regular consultations with the VAC Trans Advisory Group. https://equinox.org.au/	<ul style="list-style-type: none"> - General Practice healthcare - Sexual health screening - Hormone initiation and management (informed consent model) - PrEP - Counselling 	General Practice Mon – Thurs: 9am-3.30pm Friday (alternating): 9am-12.30pm	Free for those with Medicare card (Bulk-billing practice)
Brisbane Gender Clinic	Brisbane	Service run by Dr Gale Bearman and is part of the Queensland Association for Healthy Communities' clinical services. The service is often over-subscribed and there is a significant wait list. http://brisbanegenderclinic.org.au/	<ul style="list-style-type: none"> - Gender affirming care, including hormone initiation and management (WPATH SOC model) 	Wednesdays: 10.30am-3.30pm	Free
Callen Lorde	New York	Callen-Lorde is an LGBTQ community health centre, with offices in Manhattan, Bronx and Brooklyn. It is recognised as a global leader in community-based transgender health care, being one of the pioneers of the informed consent model for hormone initiation and management. Callen-Lorde's services are informed by a Community Advisory Board, that includes a sub-committee on transgender/gender non-binary care. http://callen-lorde.org/transhealth/	<ul style="list-style-type: none"> - Primary Care - Chest/Breast Health - Hormone Care (informed consent model) - Pelvic Wellness Exams; PAP Tests - Sexually Transmitted Infection (STI) Screenings & Treatment - HIV/AIDS Testing, Treatment & Prevention, including PrEP and PEP - Harm Reduction Counseling - Care Coordination 	Monday – Friday: 8.15am - 8.15pm	Free if covered under private insurance, Medicare and Medicaid (US govt subsidized insurance), Sliding scale from US\$20-100 for uninsured
Q-Clinic	London	Q-clinic is a trans-led sexual health and wellbeing clinic run out of 56 Dean Street, which is one of the leading community sexual health	<ul style="list-style-type: none"> - Sexual health screening (including HIV& HepC) - Liver function tests - Hormone injections 	Wednesdays 4.30pm-7.00pm	Free service, funded through UK's National

		<p>clinics in the UK. It was established to provide a sexual health service for trans and gender diverse people who did not want to access mainstream because of transphobia.</p> <p>http://dean.st/clinig/</p>	<ul style="list-style-type: none"> - Hep B testing and vaccination - Gender identity counselling - Drug & alcohol counselling/support - Housing advice - Social support and community drop-in - Sexual assault and hate crime support - Yoga & acupuncture <p>* Doesn't provide hormone, hormone prescriptions or referrals for surgeons</p>		Health Service
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Table 2: Examples of Public Specialist Gender Services

Service	Location	Overview	Key Services Provided	Opening Hours	Fee Structure
Monash Gender Clinic	Melbourne	<p>The Gender Clinic is a statewide service for Victorian and Tasmanian residents over 17, specializing in transition-related mental health services, run out of Monash Health, which is Victoria's largest public health service. A referral from a GP is required to access the clinic, and there is a 6months waiting list.</p> <p>http://monashhealth.org/page/gender_clinic</p>	<ul style="list-style-type: none"> - Mental health assessments in order to commence hormone therapy - Referral to private or public clinicians who can assist with hormone therapy, psychotherapy or voice therapy - Ongoing transition-related mental health support 	Monday -Friday: 9am-5pm	Free
Tasmanian Statewide Sexual Health Services	Tasmania	<p>A statewide service for Tasmanians over the age of 15, which is part of the Tasmanian Public Health service. It provides a multi-disciplinary team to assist with transition-related care. Self-referral is accepted, though the involvement of a GP is preferred.</p>	<p>Multi-disciplinary team includes:</p> <ul style="list-style-type: none"> - Clinical nurse consultant - Counsellor - Clinical psychologist - Sexual health physician - Visiting specialist psychiatrist - Specialist endocrinologist 	Monday-Friday: 9am-5pm	Free

		http://www.dhhs.tas.gov.au/sexualhealth/transgender_services			
Newcastle	Newcastle Community Health Centre, 670 Hunter Street, Newcastle	<p>Specialist clinic for adult TGD clients referred from general practice to:</p> <p>a) Dr K Wynne, Dr J Luu, Prof R Smith at John Hunter Endocrinology, or</p> <p>b) Dr J Mesure at Sexual Health</p> <p>For services for young TGD people aged 24 years and under also refer to resources on</p> <p>www.hnekidshealth.nsw.gov.au/site/gender</p>	<ul style="list-style-type: none"> - Hormone initiation and management for adult clients (informed consent model) - Sexual health screening - Social work support 	<p>Sexual health Thursday weekly</p> <p>Combined endocrinology and sexual health clinic 1st Thursday of the month</p>	Public service – requires GP referral

HIV & sexual health

ACON was established as a community-driven response to addressing HIV/AIDS, and a core part of its work since then has been as a lead agency in the NSW HIV response, with a particular focus on preventing HIV amongst gay and other homosexually active men, and supporting people living with HIV to lead healthy lives. The principal document that guides the NSW HIV response, and informs the funding relationship between NSW Health and ACON, which is ACON's primary source of funding, is the NSW Government's NSW HIV Strategy 2016-2020. The strategy identifies six priority populations but does not include trans and gender diverse people as one of those populations, nor does it reference trans and gender diverse people who are part of any of the six priority populations for e.g. gay trans men²⁵. Likewise, the current 7th National HIV Strategy 2014-2017, which is the Australian government's document to guide the national HIV response and coordinate with each state and territory, does not include trans and gender diverse people as a priority population, but does include "transpeople" as an additional focus under the sex workers and people in custodial settings priority populations²⁶. In this regard, Australia is out of step with the global HIV response, with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the WHO both recognising trans and gender diverse people as a key priority population in the fight against HIV²⁷.

The exclusion of trans and gender diverse people from the policy frameworks that guide the HIV response in Australia is justified on the basis that there is not the epidemiological evidence to show that they are a high-risk population. However, the HIV surveillance systems in Australia do not accurately reflect HIV prevalence amongst trans and gender diverse populations, with the notification system in NSW based upon binary and cisgenderist gender and sexual transmission categories, failing to consider the diversity of bodies, genders and sexual practice that exist²⁸. Although there is very limited evidence about HIV prevalence amongst trans and gender diverse people in Australia, a 2017 study by the Kirby Institute looking at data on trans people accessing publicly funded sexual health clinics found an HIV prevalence estimate of 5.2% amongst trans patients. Of the trans women in the sample, almost 9% were HIV positive which is comparable to cisgender gay and bisexual men in the sample, and the HIV prevalence of trans men was 4.5%, which was triple that of cisgender women and heterosexually identified men. Given the general lack of quality data collection on trans experience across the health sector, it is likely that this is an underreporting²⁹.

In response to the exclusion of trans and gender diverse people from the response to HIV in NSW, ACON, PASH.tn and the Gender Centre released the policy discussion paper mentioned on page 8 above. A key recommendation is to amend the NSW HIV notification form and surveillance system, and ACON has already commenced advocacy towards this, as well as seeking to influence research partners, clinicians and others who collect data that informs the evidence-base of the NSW response, to adopt its recommended questions on sexual orientation, gender and intersex status.

²⁵ NSW Department of Health. 2016. NSW HIV Strategy 2016-2020, page 5.

²⁶ Commonwealth Department of Health. 2014. 7th National HIV Strategy. Page 39-40.

²⁷ UNAIDS. 2016-2021 Strategy: On the Fast Track to End AIDS; World Health Organisation. July 2014. Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations.

²⁸ Footnote 14, page 6.

²⁹ Footnote 14, page 10.

The policy discussion paper also highlighted the lack of access for trans and gender diverse people, particularly trans women, to targeted and tailored HIV prevention services. ACON's rapid testing service, a[TEST] is targeted towards gay and bisexual men (cis and trans), though does not actively exclude other trans and gender diverse people. In 2018, ACON also established CheckOUT, which is a sexual health and cervical screening clinic for the LGBTIQ+ community, run out of its Sydney offices. However, based on conversations with ACON staff, it is evident that more needs to be done to ensure that trans and gender diverse people, particularly trans women, are able access HIV and sexual health testing services that are targeted and tailored to them. ACON has commenced exploring the idea of a specific trans and gender diverse HIV and sexual health service, t[TEST], with potential funders and clinical partners. The service would follow the same model as a[TEST], being peer- and community-based.

From April, 1 2018, PrEP has been available on the PBS. The Australasian Society for HIV, Viral Hepatitis and Sexual Health (ASHM) published updated clinical guidelines on HIV PrEP in 2017, which included trans and gender diverse people³⁰. Whilst a step forward, the clinical guidelines for gay and MSM does not include guidance for trans men having front hole/vaginal sex and situates high risk receptive sexual practices of trans and gender diverse people as exclusively involving condomless receptive anal intercourse whilst high risk practices indicated in the 'heterosexual' category do include both condomless receptive vaginal and anal intercourse³¹. The HIV policy discussion paper includes a range of other recommendations under the categories of self-determination, meaningful inclusion in existing programs, health sector capacity building and legal and policy frameworks. A number of those recommendations are included in other parts of this document.

In terms of sexual health more broadly, it is important that trans and gender diverse people in NSW are able to access sexual health testing through clinical services that are welcoming, culturally-sensitive and comprehensive in their understanding of the specific sexual health needs of trans and gender diverse people. As a result of the increasing attendance by trans and gender diverse people in its medical and testing services, such as The Centre Clinic, Equinox and PRONTO!, VAC published a guidance document on working with trans and gender diverse clients in sexual health testing services. A primary recommendation of the guidance is on the usage of appropriate language, including the preferability of clinicians discussing sexual activity and body parts ("parts and practice") rather than identities when undertaking sexual health risk assessments³². ACON staff noted that this is the approach used at the CheckOUT clinic.

Mental health

While many trans and gender diverse people lead healthy and happy lives, evidence shows that because of transphobia, trans and diverse people are significantly more likely to experience poor mental health outcomes than other Australians. According to data from the *Private Lives 2* study, trans male and trans female respondents to the survey reported higher levels of psychological stress than cis male and cis

³⁰ Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine. July 2017. HIV pre-exposure prophylaxis: clinical guidelines. Sydney.

³¹ Footnote, page 16.

³² VAC.2017. Working with Trans and Gender Diverse clients in sexual health testing services.

female respondents, and at almost twice the national average of the general population³³. Similar findings were reflected in the *First National Australian National Trans Mental Health Study* in 2013, which found that trans people appear to be 4 times more likely to have ever been diagnosed with depression, and 1.5 times more likely to have ever been diagnosed with an anxiety disorder, than the general population³⁴. For young trans and gender diverse Australians, mental health issues were even more common. The 2017 TransPathways report, based on the largest ever survey of trans young people in Australia, found that almost three quarters (74.6%) had been diagnosed with depression, 72.2% had been diagnosed with anxiety and almost half had attempted suicide³⁵.

Unsurprisingly in the *Private Lives 2* study, more than two-thirds (67.2%) of trans females and almost three-fifths (59.6%) of trans males reported using mental health services³⁶, which underscores the importance of ensuring that mental health service providers including ACON, are providing mental health services that are comprehensive, culturally appropriate, respectful and non-pathologising of diverse gender identities, experiences, expressions and non-stigmatising. An important caveat about these studies, as with many community-based research projects, is that they often rely on existing networks and relationships for survey recruitment, which may influence the sample. The most accurate picture about mental health, and other health outcomes, for trans and gender diverse people will only emerge when data collection processes which capture information across the general population properly and routinely collect information on gender identity and sex assigned at birth.

The Australian government's 5th *National Mental Health and Suicide Prevention Plan* explicitly recognises LGBTI Australians as a specific population group that is particularly impacted by stigma and discrimination associated with mental illness and commits to action to address stigma and discrimination against LGBTI people with mental illness³⁷. The key guiding document for mental health service provision in NSW is the NSW Mental Health Commission's *Living Well: A Strategic Plan for Mental Health NSW in 2014-2024*, which also recognises LGBTI people as a priority population. In comparison with the national plan, *Living Well* provides specific recommendations on LGBTI mental health, which are:

- Agencies should ensure that the needs of LGBTI communities are considered in mental health and suicide prevention planning and that policies, tools and health promotion resources are inclusive of LGBTI communities.
- Ensure that health providers, employers and other organisations are aware of the availability of LGBTI cultural awareness and inclusion training and that staff receive training.

³³ Leonard, W, Lyons, A, Bariola, E. 2015. A Closer Look at Private Lives 2: Addressing the mental health and wellbeing of lesbian, gay, bisexual and transgender (LGBT) Australians. Australian Research Centre in Sex, Health and Society. Page 12.

³⁴ Hyde Z, Doherty M, Tilley PJM, McCaul KA, Rooney R, Jancey J (2014) The First Australian National Trans Mental Health Study: Summary of Results. School of Public Health, Curtin University, Perth, Australia. Executive summary, page iv.

³⁵ Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, Lin A. 2017. Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results. Telethon Kids Institute, Perth, Australia. Page 10.

³⁶ Footnote 31, page 4

³⁷Coalition of Australian Governments Mental Health Council. 2017. Fifth National Mental Health and Suicide Prevention Plan. Page 40.

- Improve the accessibility of services by reaching out to LGBTI communities and tailoring services where necessary.
- Continue to improve partnerships with LGBTI organisations, promote inclusion and respond to evidence and data showing unmet population need.
- Improve research, population surveys and routine data collections by including appropriate gender and sexuality indicators³⁸.

Whilst it is important that these policy documents recognise LGBTI people as a priority population, the absence of specific focus on the mental health impact of transphobia and societal discrimination against, and invisibilising of, people who identify as non-binary or a different gender identity, makes it less likely that mental health providers will be equipped to provide tailored and appropriate care to trans and gender diverse people when they present for care and support.

ACON provides counselling services through each of its three office locations – Sydney, Newcastle and Lismore, with a strong demand from the communities that ACON works with. In particular, there is a strong uptake of ACON counselling services by trans and gender diverse communities in the Hunter and Northern Rivers. Despite the significant demand for its counselling services, ACON is restricted by the limited amount of dedicated mental health funding that it receives.

Other Key Health Issues

Cancer

The binary nature of the healthcare system has historically led to assumptions being made that trans and gender diverse people are not at risk for certain cancers, and therefore, cancer screening services have not been designed to be inclusive. A 2015 editorial of the *Lancet* stated that “case reports and anecdotal evidence suggest that transgender people have a disproportionate cancer burden”³⁹, with the fear of discrimination potentially acting as a barrier to trans people accessing screening services⁴⁰. Because trans men and gender diverse people with a cervix, ovaries and uterus often miss out on cervical and other sexual health screenings, the WHO identified that they face an increased risk of cervical, ovarian and uterine disease⁴¹. For breast cancer, the limited evidence available indicates that trans women and assigned male at birth (AMAB) non-binary people using feminising hormone therapy may be at a higher risk than cisgender men but lower risk than cisgender women. Trans men and assigned female at birth (AFAB) non-binary people who have had chest surgery appear to be at lower risk of breast cancer, however, some breast tissue does remain. As such, some academic medical research has recommended that trans and gender diverse people undertake regular screening⁴². Additionally, prostate cancer risk for

³⁸ NSW Mental Health Commission. 2014. *Living Well: A Strategic Plan for Mental Health NSW in 2014-2024*. Page 84.

³⁹ Lancet Oncology. 2015. Cancer risk in the transgender community (editorial). Vol 16. Page 999.
[https://www.thelancet.com/pdfs/journals/lanonc/PIIS1470-2045\(15\)00249-1.pdf](https://www.thelancet.com/pdfs/journals/lanonc/PIIS1470-2045(15)00249-1.pdf) [accessed July 3, 2018]

⁴⁰ Footnote above.

⁴¹ World Health Organisation. July 2015. Policy Brief: Transgender People and HIV. Page 23.

⁴² Aitken, S. The primary health care of transgender adults. *Journal of Sexual Health*. 2017. Vol 14. Page 480.

trans women and non-binary AMAB people has received inadequate attention, as has HPV-related throat cancer for all trans and gender diverse people.

ACON has responded to the issue of cervical screening for trans and gender diverse people through its Inner Circle campaign to promote screening within the LGBTIQ+ community, and the recently launched CheckOUT clinic. It is also in the process of designing a new version of its breast cancer screening awareness campaign, TalkTouchTest, to include messaging targeting the trans and gender diverse community.

Alcohol and Other Drugs

The limited data that is available on the use of alcohol and other drugs by trans and gender diverse people in Australia suggest higher use than the general population. According to the *First Australian National Trans Mental Health Study*, participants were twice as likely to have used an illicit drug than the general population in the last 12 months (28.5% v 14.7%). The report also found that trans and gender diverse people were more than twice as likely to have taken ecstasy (6.7% v 3.1%) and more than three times as likely to have taken some form of amphetamine (7.6% v 2.2%)⁴³. There was no information available about injecting drug use among trans and gender diverse people.

The National Drug Strategy 2017-2026 and the Consultation Draft National Alcohol Strategy 2018-2026 include LGBTI people as a priority population⁴⁴. However, neither contains specific information on, or activities directed towards trans and gender diverse people and the only data presented focuses on sexuality, which suggests that the strategies conflate sexuality and gender identity.

Healthy Ageing and Aged Care

In recognition of the specific issues facing older LGBTI Australians, the Commonwealth Department Health released the National LGBTI Ageing and Aged Care Strategy in 2012. Whilst acknowledging that more research is needed on the experience of trans, bisexual and intersex people as they age and engage with aged care services, there is little focus on the specific needs of trans and gender diverse people to facilitate healthy ageing or challenges they face within healthcare⁴⁵. In 2014, Alzheimer's Australia released a discussion paper, *Dementia, Transgender and Intersex People: Do Service Providers Really Know What Their Needs Are?*, that provided an overview of the health needs of trans people as they age and for those

⁴³ Footnote 32, Page 62.

⁴⁴ Commonwealth Department of Health. 2017. National Drug Strategy 2017-2026. page 29.
[http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/\\$File/National-Drug-Strategy-2017-2026.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.pdf) [accessed July 3, 2018]; Commonwealth Department of Health. 2018. Consultation Draft National Alcohol Strategy 2018-2026. Page 10.

[http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/\\$File/Consultation%20Draft%20National%20Alcohol%20Strategy%202018-2026.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/$File/Consultation%20Draft%20National%20Alcohol%20Strategy%202018-2026.pdf) [accessed July 3, 2018]

⁴⁵ Commonwealth Department of Health. 2012. National LGBTI Ageing and Aged Care Strategy.
https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/08_2014/national_ageing_and_aged_care_strategy_lgbti_print_version.pdf [accessed July 3, 2018]

who experience dementia. Whilst the primary recommendations were the need for further research and increased training of aged care and health professionals about LGBTI issues more broadly, the document is an important example of a national peak health body identifying the importance of addressing the specific needs of trans and intersex people as distinct from the broader LGBTI community⁴⁶. In addition, the National LGBTI Health Alliance has received funding from the Commonwealth to run the Silver Rainbow project, which seeks to increase LGBTI inclusivity within the aged care sector through policy advice to the government and aged sector, as well as running LGBTI inclusivity training programs to service providers.

Safety and Inclusion

Trans and gender diverse people are subject to alarmingly high levels of violence and abuse. Data from the *Closer Look* report found that trans males and trans females reported the highest levels of abuse in the past 12 months of any group represented in the sample (55.3% and 49.2% respectively)⁴⁷, with the report highlighting the link between this abuse and reported levels of psychological stress as mentioned above. Anecdotal evidence from ACON's LGBTIQ Safety and Inclusion Project suggests that although reported incidences of street or public violence against LGBTI persons are declining, for trans and gender diverse people it is still a major issue, with around one quarter of all calls to ACON's violence reporting line being about transphobic violence.

The marriage equality debate last year highlighted the pervasiveness of transphobia in Australian society, with the "no" campaign, including politicians such as Corey Bernardi, seeking to distort efforts under the Safe Schools programs to support gender diversity in schools as a means of galvanizing opposition to marriage equality. This tactic of shifting the debate away from the equality of relationships to gender diversity was based on the assumption that whilst Australians might be accepting of gay and lesbian people, they would not be as accepting of gender diversity. A 2017 public opinion survey of attitudes towards trans people in 16 countries, including Australia, conducted between October 24 and November 7, 2017, found that 71% of Australians surveyed believed that the country is becoming more tolerant towards trans people, whilst 58% wanted the country to do more to support trans people. At the same time, almost a quarter (23%) believed that being trans is mental illness and 32% worried about "exposing children to transgender culture"⁴⁸.

Other key health issues

Beyond these, there are a number of key health issues impacting trans and gender diverse people. These include:

- Anti-discrimination law.

⁴⁶ Alzheimer's Australia. 2014. Dementia, Transgender and Intersex People: Do Service Providers Really Know What Their Needs Are?

⁴⁷ Footnote 31, page 3.

⁴⁸ Ipsos. 2018. Global Attitudes Towards Transgender People. Page 8-10.

https://www.ipsos.com/sites/default/files/ct/news/documents/2018-01/ipsos_report-transgender_global_data-2018.pdf [accessed July 3, 2018].

- Poverty and socio-economic disadvantage.
- Employment, both in terms of accessing work and treatment in the workplace.
- Family planning and parenting, including legal and health issues related to fertility preservation.
- Access to healthcare and broader legal and human rights issues for trans and gender diverse people who are incarcerated or in state care.
- Access to healthcare and broader legal and human rights issues for trans and gender diverse people who are refugees living in Australia.

Given the scope of the project, it was not possible to undertake specific literature review for these areas, but they may something that are considered a priority amongst the trans and gender diverse community during the consultation process.

Health sector policy and practice impacting trans and gender diverse people in NSW

General access to health care

Aside from gender-affirming healthcare and the specific health issues discussed, trans and gender diverse people in NSW need to be able to access primary and other forms of healthcare without experiencing stigma or discrimination. However, trans and gender diverse people can be subject to irrelevant and inappropriate questions about their body and their gender by health professionals or forced to correct assumptions or mis-information if proper health records are not being kept⁴⁹. Increasing the general knowledge about gender diversity and competency to work with trans and gender diverse patients amongst the health workforce in NSW is an important step in addressing the health disparities experienced by the trans and gender diverse community in NSW. ACON, PASH.tm and the Gender Centre's HIV policy paper calls for the development of "national clinical guidelines and training....for the inclusive and culturally-competent care of TGD people in health care settings and incorporated into the NSW HIV support program."⁵⁰ Such guidelines and training would be useful for general practitioners and others within healthcare settings, both in the provision of gender-affirming care as well as other health issues not related to a person's gender identity.

Prioritisation of trans and gender diverse health issues within the health sector

At present, there is very little recognition of trans and gender diverse health issues within the health sector in NSW. As outlined above, very few government health policy documents include trans and gender diverse people as a priority population, and where they are mentioned, there is a lack of specific detail provided. The same can generally be said for peak bodies and leading non-government organizations in the different health sectors in which ACON works. As such, health sector practice and policy in NSW largely operates within (and reinforces) the binary system of gender, with little provision of resources and services to support the diversity of gender experienced by people in the state. Further, there is no teaching about trans medical needs in most medical schools in Australia, and where there is inclusion within medical curriculum, the focus is typically on cultural competency in working with trans and gender diverse patients. Whilst this is important, the lack of focus on the specific medical issues for trans and gender diverse people means that most doctors lack the ability to provide appropriate care, and the pool of practitioners with specialist knowledge is limited.

Given the pervasiveness of the binary system, 'queering' the health system to be more inclusive of gender diversity, particularly non-binary people and people who identify with a different gender identity, can be a complex process. However, all humans have the same right to health, which means that access to healthcare should be determined based on health need, not gender identity. In 2013, the Australian government announced its intention to review and remove gendered discrimination from about 6,000 clinical services covered under Medicare. The last available information from 2014 indicated that the

⁴⁹ Footnote 14, page 14.

⁵⁰ Footnote 14, page 14.

government had amended 15 Medicare billing codes to remove gender-specific language⁵¹. In addition, the lack of consistency in approach to defining and classifying sex and gender in other classification national systems, like the census and the National Health Data Dictionary (NHDD), presents a significant barrier to understanding health needs of the trans and diverse community and developing appropriate and effective responses from governments and health service providers.

Aside from the continuing binary nature of healthcare, assumptions that trans and gender diverse people are not an at-risk population and therefore do not have a specific physical need should be rigorously interrogated given the ongoing lack of accurate data collection on gender being collected within the health sector. In order to address the lack of prioritisation of trans and gender diverse health issues within the NSW health sector, ACON has commenced work to influence its funding and clinical partners to shift their existing policies and practices, including data collection.

In addition, it is important to recognise the intersecting impact transphobia and racism within the health system and the broader society has on some members of the trans and gender diverse community. The specific health needs of Sistergirls, Brotherboys and other trans and gender diverse Aboriginal people require policy and service delivery attention, both in dedicated health services for Aboriginal communities as well as within the broader health sector. According to the ACON, Gender Centre and PASH.Tm HIV policy discussion paper, “there remains some lack of awareness among some Aboriginal health services and community members about Sistergirls and Brotherboys”⁵², with barriers to accessing care likely to be increased for those living in remote or rural areas. Likewise, health services for culturally and linguistically diverse communities in NSW should be inclusive and accessible of trans and gender diverse people.

A crucial impact of insufficient attention to trans and gender diverse health within the NSW health sector, by both governments and peak/leading bodies in different fields, is the lack of funding available to address the health issues impacting the trans and gender diverse communities. This was raised a number of times during conversations with staff as a challenge for ACON, with the organization’s services and programs restricted by the funding agreements which resource them. At the same time, for ACON’s partner organizations within the trans and gender diverse community, the situation is even more dire. According to a 2016 global survey of 455 trans organizations, which included numerous respondents from Australia, half of all trans-led organizations operate on less than US\$10,000, and anecdotally, this reflects the experience of trans and gender diverse organizing in this country⁵³.

⁵¹ Footnote 15, page 10.

⁵² Footnote 14, page 12.

⁵³ American Jewish World Service, GATE & Astraea Foundation for Lesbian Justice. 2017. State of Trans Organizing: 2nd Edition. <https://ajws.org/what-we-do/sexual-health-and-rights/transgender-rights/> [accessed July 3, 2018]. Page 5.

Changing gender & name in official documents

The ability of people to change their gender and name on official documentation and records with minimal burden is an important issue impacting the health of trans and gender diverse people for several reasons. First, having documentation like a birth certificate, driver's licence, passport or Medicare card that does not reflect a person's gender and name can create significant barriers to accessing services and institutions that impact an individual's life, including health services. Second, given the level of transphobia and lack of understanding about gender diversity that exists throughout society, including within the health system, incorrect documentation increases the possibility that trans and gender diverse people will face discrimination and/or healthcare that does not adequately meet their needs. Third, the possibility of denial of access to services or negative experiences during service provision itself can cause unnecessary stress and anxiety, which impacts an individual's health. Lastly, requirements such as medical interventions, third-party verification and divorce that must be met in order to change documents, and the absence of gender options besides male and female, violates an individual's bodily autonomy and right to recognition before the law.

In recent years, a number of international institutions have released statements calling for the removal of unnecessary requirements in processes to change gender and names in official documents and records. WPATH's 2017 statement on legal gender recognition calls on governments to "eliminate barriers to gender recognition, and to institute transparent, affordable and otherwise accessible administrative procedures affirming self-determination, when gender markers on identity documents are considered necessary."⁵⁴ Also in 2017, to mark the occasion of the International Day against Homophobia, Transphobia and Biphobia, a group of United Nations and international human rights experts released a statement that called for, amongst other things, states to "provide accessible and non-discriminatory legal gender recognition procedures without abusive pre-conditions"⁵⁵. The Australian Human Rights Commission noted in its report following nationwide consultations on LGBTI rights in 2015, *Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights*, that:

Throughout the consultation self-identification was proposed as an appropriate and sufficient basis upon which to apply for change of sex on legal records. Self-identification removes the need for medical confirmation and can be achieved cheaply and efficiently through a form of legal declaration such as a statutory declaration. This conclusion was

⁵⁴ World Professional Association for Transgender Health. 2017. WPATH Identity Recognition Statement. <https://www.wpath.org/policies> [accessed 3 July, 2018]

⁵⁵ Office of the High Commissioner for Human Rights. 2017. Embrace diversity and protect trans and gender diverse children and adolescents: Statement on International Day against Homophobia, Transphobia and Biphobia. <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21622> [accessed 3 July, 2018]

confirmed by the Commission's 2009 Sex Files report, and by the Australian Capital Territory Standing Committee on Justice and Community Safety⁵⁶.

Starting with Argentina in 2012, 8 countries in the world have introduced a self-determination model for changing legal gender and name (see table 5 below for examples). This means removing requirements for any third-party verification of identity (by a medical professional or otherwise), any medical intervention or any other requirement such as forced divorce or demonstrations of period of lived experience. Although there have been some recent reforms of laws governing legal gender recognition in some Australian states, NSW and all other States and Territories maintain laws that violate the human rights of trans and gender diverse people and create unnecessary barriers to accessing healthcare and other public spheres that impact health (see table 3 and 4 below).

In order to change gender on a NSW birth certificate, a person is required to have gone through sex affirmation, which involves altering their reproductive organs "for the purpose of assisting a person to be considered to be a member of the opposite sex" or "to correct or eliminate ambiguities relating to the sex of the person"⁵⁷. This requirement amounts to coerced sterilization, which was been condemned by the UN Special Rapporteur on Torture as a serious violation of the right to freedom from torture⁵⁸. Despite NSW now having the option of "non-specific", in addition to "male" and "female", the wording of the legislation still reinforces a sex binary, and for intersex people whose gender differs from the sex assigned to them at birth, the law forces them to undertake surgery regardless of whether this is something that they desire. In addition, the wording deeply pathologizes bodily diversity. In addition to the requirement to have surgery, a person must have verification from two medical professionals that such surgery has taken place.

Changing name and changing sex on other documents, like passports and with Medicare, appears to be slightly less restrictive (unless an amended birth certificate is the form of ID used in the process). However, except for name change in NSW, which is the same standard for all persons, verification by a medical professional that a person has or is undergoing transition-related healthcare is required.

⁵⁶ Australian Human Rights Commission. 2009. Sex Files: the legal recognition: Concluding paper of the sex and gender consultation. <https://www.humanrights.gov.au/sex-files-legal-recognition-concluding-paper-sex-and-gender-2009> [accessed 22 May 2018].

⁵⁷ Births, Deaths and Marriages Act (NSW) 1995. Sect 32B.

⁵⁸ United Nations General Assembly, Human Rights Council. (2016). Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment. A/HRC/31/57.

Table 3: Requirements for changing gender/name for key documents

	Self-determination (no medical verification or interventions)	Medical verification of transition-related treatment	Surgery/sex affirmation procedure	Other requirements	Non-binary recognition	Additional requirements for non-binary recognition	Age restrictions
NSW & Commonwealth documents							
Changing sex on NSW birth certificate/ recognized details certificate	No	Yes	Yes	No	Yes -Non-specific	No	Parents may apply on child's behalf
Changing name with NSW Birth, Deaths and Marriages	Yes	No	No	No	N/A	N/A	Parents may apply on child's behalf
Changing gender with NSW Roads and Maritime Service	No	Yes	No (unless amended birth cert. is ID proof)	No	?	?	Must be over 16 for driver licence and 21 for ID card
Changing gender/name on Australian passports	No	Yes	No (unless amended birth cert. is ID proof)	No	Yes - indeterminate	Medical verification that applicant is of indeterminate sex/unspecified	Parents may apply on child's behalf
Changing gender with Medicare	No	Yes	No (unless amended birth cert. is ID proof)	No	No	A note in personal records may note a non-binary gender	Must be over 15 to get Medicare card

Table 4: Requirements for changing gender/name in other states and territories

	Self-determination (no medical verification or interventions)	Medical verification of transition-related treatment	Surgery/sex affirmation procedure	Other requirements	Non-binary recognition	Additional requirements for non-binary recognition	Age restrictions
Other states (birth certificates)							
ACT	No	Yes	No	No	Yes - Indeterminate or unspecified	Medical verification of status	Parents may apply on child's behalf
South Australia	No	Yes	No	No	Yes - Indeterminate or unspecified	Medical verification of status	A child or parent can apply
Victoria	No	Yes	Yes	No	No	N/A	No
Queensland	No	Yes	Yes	No	No	N/A	Yes
WA	No	Yes	No	Gender Reassignment Board approval Cannot be married Must have had counselling on reassignment	No	N/A	Parents may apply on child's behalf
Tasmania	No	Yes	Yes	Cannot be married	No	N/A	Parents may apply on child's behalf
NT	No	Yes	Yes	Cannot be married	No	N/A	Parents may apply on

				Must have had counselling on reassignment			child's behalf
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Table 5: Examples of legal gender recognition requirements in other countries

	Self-determination (no medical verification or interventions)	Medical verification of transition-related treatment	Surgery/sex affirmation procedure	Other requirements	Non-binary recognition	Additional requirements for non-binary recognition	Age restrictions
Other countries							
Argentina	Yes	No	No	No	No	N/A	Parents may apply on child's behalf
Malta	Yes	No	No	No	Yes	N/A	Parents may apply on child's behalf
Ireland	Yes	No	No	No	No	N/A	Yes, over 16 through court order
USA (passports only; birth certificates are state-based and vary significantly)	No	Yes	No	No	No	No	Yes for 16-18 Parents can apply for under 16

Appendix: List of sources reviewed

- ACON Alcohol and Other Drugs Health Outcome Strategy 2013-2018
- ACON Community Safety and Social Inclusion Health Outcome Strategy 2013-2018
- ACON Domestic and Family Violence Health Outcome Strategy 2013-2018
- ACON Healthy Ageing and Aged Care Health Outcome Strategy 2017-2021
- ACON HIV Action Plan 2013-2018
- ACON Mental Health and Wellbeing Health Outcome Strategy 2013-2018
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Service Provider Websites

ACON. <http://acon.org.au/>

Brisbane Gender Clinic. <http://brisbanegenderclinic.org.au/>

Callen-Lorde: <http://callen-lorde.org/transhealth/>

Clinic Q: <http://dean.st/cliniq/>

Equinox. <https://equinox.org.au/>

Monash Gender Clinic: http://monashhealth.org/page/gender_clinic

Tasmanian Statewide Sexual Health Services:
http://www.dhhs.tas.gov.au/sexualhealth/transgender_services