

Systemic barriers and stigma and discrimination experienced by trans and gender diverse people in accessing health services for HIV prevention, care or treatment.

afao

**AUSTRALIAN FEDERATION
OF AIDS ORGANISATIONS**
Leading the community response to HIV

EXECUTIVE SUMMARY

The Australian Federation of AIDS Organisations (AFAO) believes that access to the health system for HIV prevention, care or treatment should be welcoming, supportive and inclusive of self-expression. In the context of gender, we believe everyone has the right to determine their sex identity, and to express their gender in their own way, without fear of stigma and discrimination.

As a national peak we recognise that stigma, discrimination and institutional and systemic barriers prevent trans and gender diverse people from positively expressing their gender. These barriers magnify marginalisation and disadvantage, which lead to poverty, homelessness, trauma derived from a wide range of experiences including sexual abuse, and poorer health outcomes associated with being unable to access health, social and education services.

To address stigma, discrimination and institutional barriers preventing access to HIV prevention, care and treatment for trans and gender diverse people, AFAO believes that the Commonwealth definition of gender at section 6 of the *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013* should guide HIV policy and programmatic development. To formalise gender diversity in policies and programs, a trans and gender diverse compatibility statement should be developed and conducted before HIV policies or programs are approved to ensure that gender is considered from a position of diversity, inclusion and equity.

The most exclusive systemic barrier facing trans and gender diverse people is the failure of Client Information Management Systems to capture gender data sets for people who do not identify as male and female. To address this institutional barrier, AFAO recommends, as a matter of urgency, that a strategy be developed to advocate for the immediate implementation of baseline gender identity data sets into existing Client Information Management Systems. Such advocacy should include the offer of incentives for non-government managed Client Information Management Systems to implement the same baseline gender data sets.

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ABOUT AFAO

As the peak national organisation for Australia's community HIV response, AFAO is recognised nationally and globally for the leadership, policy expertise, coordination and support we provide. Through advocacy, policy and health promotion, we champion awareness, understanding and proactivity around HIV prevention, education, support and research. AFAO provides a voice for communities affected by HIV and leads the national conversation on HIV. AFAO is particularly concerned to ensure key populations and individuals affected by HIV are able to gain access to HIV care, support and treatment as soon as possible, and in a safe and inclusive environment.

INTRODUCTION

AFAO welcomes the opportunity to highlight systemic barriers and stigma and discrimination in accessing health services for hepatitis B, hepatitis C and/or HIV prevention, care or treatment.

As the national HIV peak organisation we will focus on experiences relating to access to HIV prevention, care or treatment.

More specifically we will focus on the experiences of trans and gender diverse people. We have elected to focus on this group because of the historical invisibility of trans and gender diverse people in HIV policy and program development, and the challenges these communities and people have experienced in accessing healthcare more broadly.

While this paper utilises literature and research on access to care for trans and gender diverse people, there are notable gaps in the research assessing HIV in this population group. To address these gaps in researching HIV personal testimonies and anecdotes from research have been used to highlight the experiences of trans and gender diverse people in accessing healthcare.

Throughout this submission, the term *trans and gender diverse people* is used. This term is used to define a person whose gender identity is inconsistent with the gender they were assigned at birth. The use of this term has been adopted to develop a platform for the written narrative of gender to be inclusive of the diverse gender identities that exist. Other terms of reference are used when directly quoting work that has adopted alternative modes of reference.

A point of difference relates to intersex people. Intersex status is a matter of biology rather than gender identity. While confused with notions of sexual and gender identities, intersex people are confronted by a different set of social and medical inequalities and challenges. This paper does not examine the stigma, discrimination and barriers to accessing HIV care and, prevention and services experienced by intersex people. This examination should be the subject of an independent paper.

This paper has not been informed by community consultation and has not been developed for publication. The paper should not be made public without the written consent of the CEO of the AFAO.

THE EXPERIENCE OF STIGMA AND DISCRIMINATION IN THE TRANS AND GENDER DIVERSE COMMUNITY

STIGMA

Stigma against trans and gender diverse people operates at a range of levels which includes experiences of marginalisation owing to a perceptible point of difference, being gender identity, placed onto these people by the community, and feelings and beliefs trans and gender diverse people may hold toward themselves or that they recognise others place onto them that shape their behaviours and interactions.¹

Trans and gender diverse people discuss the notion of the health system as a ‘gatekeeper’² of their health and wellbeing. This notion comes from trans and gender diverse people only accessing services when there is “no other option”,³ or having a limited range of medical specialists to choose from when care is sought.⁴

This was particularly relevant for people who were going through the process of transitioning. Being limited to a small number or one specialist causes anxiety.

“When your entire life is in the hands of one person, with whom you might not get along, it can be very frightening and traumatic.”⁵

The process of transitioning requires specialist care, and ongoing engagement with these specialists (like routine administering of hormone injections). Some of these medical appointments, which occur in hospital settings where trans and gender diverse people are treated by general staff who are often untrained in trans and gender diversity. Trans and gender diverse people often have to see a range of health professionals including speech pathologists, endocrinologists and mental health specialists. This creates challenging and non-inclusive engagements with services where gender identity is disclosed, often leading to scrutiny and judgement.

An Australian study investigating access to health in Australia and New Zealand for trans people found that “the best experiences in the health system involved encounters where individuals felt accepted and supported by their practitioners. When conducted

¹ Taylor Cruz, *Assessing access to care for transgender and gender non-conforming people: A consideration of diversity in combating discrimination*, *Social Science & Medicine* 110 (2014) 65-73 p 66

² Taylor Cruz, *Assessing access to care for transgender and gender non-conforming people: A consideration of diversity in combating discrimination*, *Social Science & Medicine* 110 (2014) 65-73 p 66. see also Marian Pitts et al, *tranZnation: A report on the health and wellbeing of transgendered people in Australia and New Zealand*, Australian Research Centre in Sex, Health & Society, p 37

³ Zoe Hyde et al, *The First Australian National Trans Mental Health Study: Summary of Results*, Western Australian Centre for Health Promotion Research, 2013, p 56

⁴ Zoe Hyde et al, *The First Australian National Trans Mental Health Study: Summary of Results*, Western Australian Centre for Health Promotion Research, 2013, p 58

⁵ Marian Pitts et al, *tranZnation: A report on the health and wellbeing of transgendered people in Australia and New Zealand*, Australian Research Centre in Sex, Health & Society, p 37

appropriately, interaction with the medical community was a profoundly legitimating and positive experience.”⁶

To address the issue of medical staff being unfamiliar with, and untrained in, the health of trans and gender diverse people this role could instead be performed by a Nurse Practitioner with specialist training in this area of health. Nurse Practitioners with training in the health of trans and gender diverse people would create an infrastructure where trans and gender diverse people are better supported. Nurses with expertise in this area would have the primary role of coordinating care and supporting ongoing screening, where necessary, in a safe and inclusive environment. This role would assist in integrating health promotion and HIV into care and support for this community. Given that prevention involves routine screening and treatment demands ongoing care this initiative could greatly support efforts to address HIV amongst trans and gender diverse people.

To improve the HIV response to the trans and gender diverse community a Nurse Practitioner could support the implementation of policies to address stigma experienced by trans and gender diverse people in relation to HIV and sexual health. These policies include:

- Routine collection of trans and gender diverse status information in health surveillance to understand changing trends in HIV prevalence;
- Implement standardised sexual health risk practice assessments to elucidate HIV and STI risk within groups, as well as bridging between groups within the trans and gender diverse communities.
 - These questions would include sexual risk practices with male, female and transgender sexual partners, capturing both the participants and sexual partners anatomy and their gender identities.
- Recognition of gender in HIV risk
 - This recognises gender as multi-dimensional and diverse including:
 - Gender identity
 - Gender behaviours
 - Gender beliefs
- Recognition of gender as a continuum that is context dependent and different across cultures and geographies and capable of shifting over time.
- Implementation of a service equity policy that acknowledges the Commonwealth definition of gender in service delivery.

The development of these policies could be informed by a longitudinal study of HIV risk among trans and gender diverse people recommended below.

⁶ Marian Pitts et al, *Transgender People in Australia and New Zealand: Health, Well-being and Access to Health Services*, *Feminism & Psychology*, Vol. 19(4): 475 – 495 p 487

DISCRIMINATION

Discrimination is where specific regulations, or the omission of antidiscrimination laws disable a trans or gender diverse person's access to services. Inversely, discrimination can be averted where regulations protect the right of trans and gender diverse people to access services, thus enabling individuals to have a positive experience of service delivery as a result of gender identity.

Everyone should have the right to determine their gender identity and to express this identity without fear of judgement and discrimination. Trans and gender diverse people experience discrimination on the grounds that their gender is inconsistent with gender norms that limit gender to male and female. Restricting gender to female and male compresses the boundaries of gender to these identities and fuels a fear of otherness and difference. This perpetuates rigid and binary gender stereotypes and, in turn, provides spaces for sexism, homophobia, transphobia, biphobia and cis-exism to flourish.

Discrimination acts as a barrier to accessing services with the effect of delaying or stopping access to services. This situation is magnified for trans and gender diverse people who are wishing to commence gender affirmation surgery but, nonetheless, can exist where gender is disclosed in the context of a medical appointment or engagement with services.

Discriminatory health settings limit access to health and HIV services including treatment and biomedical prevention strategies, and restrict access to education and health promotion materials. Discrimination in healthcare provision can also magnify discrimination in other areas of life, including employment, housing and education that enhance insecurity.

The *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013* (Cth) provides that:

“gender identity means the gender related identity, appearance or mannerisms or other gender related characteristics of a person (whether by way of medical intervention or not), with or without regard to the person's designated sex at birth.”⁷

This definition was informed through broad consultation and is one that can be accepted as contemporary. This definition is also person centred, prioritises the lived experience and goes beyond binary and strict gender stereotypes to acknowledge gender as dynamic, fluid and, ultimately, personal.

The Commonwealth definition of gender should guide the development of HIV policies and programs. A trans and gender diverse compatibility statement should be developed and conducted prior to the approval of HIV policies or programs. By ensuring programs and policies are sensitive to this definition of gender, the interests of trans and diverse people

⁷ Section 6

will be included in new initiatives addressing access to healthcare and other services. This will ensure that gender is considered from a position of diversity and inclusion, instead of perpetuating gender diversity as *different* and as an *other*, which privileges binary definitions of gender. At this level gender diversity is embedded in policy and program development rather than being supplementary to policy and program development or overlooked altogether.

Policies and programs that are developed to support trans and gender diverse people should also recognise that discrimination experienced by trans or gender diverse people can be intensified by overlapping minority identities such as, amongst others, disability, race, ethnicity, age, health, religion and refugee status. HIV policies and programs should be flexible enough to accommodate and support responses to multiple experiences of discrimination.

SYSTEMIC BARRIERS IN THE HEALTH SYSTEM

Access to health and social services is critical to supporting trans and gender diverse people in our community. It is essential that the entry point into service delivery is welcoming, inclusive and sensitive to the diverse range of gender identities.

“[trans and gender diverse people] valued practitioners who showed empathy, and were understanding, compassionate and professional. Professionalism was often linked to a non-judgmental attitude, and to a respect for patients’ gender identities. This respect was conveyed through the appropriate use of pronouns, use of patients’ chosen names and making an effort change medical records to fit with gender identities.”⁸

Most Client Information Management Systems do not provide gender data sets that support and enable trans and gender diverse people to positively identify their gender identity. This acts as a systemic barrier for trans and gender diverse people who need to access care and support in relation to their gender identity and complicates reporting mechanisms that analyse, track and evaluate the experiences of trans and gender diverse people in accessing health and social services.

The following remarks provide a window into the challenges trans and gender diverse people experience when accessing health care services.

“Fear of the health system. After bad experiences I’m scared to use it because I know it’s not really there for me.”⁹

“people were frustrated with constantly being “pigeonholed...into either male or female...[practitioners needed to be aware of the] diversity of gender identities.”¹⁰

“Trans people have to navigate the health care system more or less alone. Everywhere trans people turn to for medical treatment and advocacy, we’re met with under-funded, under-staffed, under-educated and old-fashioned gatekeeper healthcare workers. Both government run and not-for-profit organisations lack the resources to deal with the volume and diversity of trans people that require their services, and private clinics are only accessible if you have the money to do so...”¹¹

These testimonies support research indicating that one third of trans and gender diverse people did not consult a health physician because they were worried that they would not be

⁸ Marian Pitts et al, *tranZnation: A report on the health and wellbeing of transgendered people in Australia and New Zealand*, Australian Research Centre in Sex, Health & Society, p 32

⁹ Marian Pitts et al, *tranZnation: A report on the health and wellbeing of transgendered people in Australia and New Zealand*, Australian Research Centre in Sex, Health & Society, p 33

¹⁰ Marian Pitts et al, *tranZnation: A report on the health and wellbeing of transgendered people in Australia and New Zealand*, Australian Research Centre in Sex, Health & Society, p 34

¹¹ Zoe Hyde et al, *The First Australian National Trans Mental Health Study: Summary of Results*, Western Australian Centre for Health Promotion Research, 2013, p 58

understood.¹² The problem of accessibility is compounded by additional research showing that trans and gender diverse people are four times more likely to experience a mental health condition than the general population.¹³ The limited knowledge of, and sensitivity to, gender diversity amongst health practitioners is a considerable barrier to accessing services for trans and gender diverse people. This lack of support and understanding disempowers trans and gender diverse people and increases the likelihood of poorer health outcomes amongst this population group.

This is best illustrated by the existence of federal government laws that require young people to obtain a federal court order before commencing hormone therapy. This situation removes the right of control over one's body away from the individual and their family. The ultimate arbiter is a judge who is bound to apply the processes and procedures of the justice system, which is adversarial, combative and costly on a scale that excludes the vast majority of young people who need to access hormone therapy. A young Victorian trans person who was recently bound to this legislative requirement said,

“There were changes happening to my body that I didn't want and we had to apply to these people who didn't even know us to make decisions about my body, which is just wrong. And I think it's discriminatory and it has to change”¹⁴

While this example is extreme and outside the reach of the relevant state government's authority, it is emblematic of the sense of powerlessness that trans and gender diverse people experience when seeking to make decisions that are in the best interests of their health and wellbeing. Most critically, it highlights the many challenges trans and gender diverse people experience when accessing care and provides insight into the reasons why these communities may elect not to access care when care is needed with the ultimate outcome being poorer health and wellbeing among trans and gender diverse people.

To address this systemic barrier, new baseline gender identity data sets need to be incorporated into existing Client Information Management Systems with incentives provided for non-government managed Client Information Management Systems to implement the same baseline gender data sets. At the least, these data sets should include:

- Female [tick box]
- Trans female [tick box]
- Male [tick box]
- Trans male [tick box]
- Non-binary [tick box]

¹² Elizabeth Smith et al, *From Blues to Rainbows: The mental health and well-being of gender diverse and transgender young people in Australia*, Australian Research Centre in Sex, Health & Society, p 73

¹³ Elizabeth Smith et al, *From Blues to Rainbows: The mental health and well-being of gender diverse and transgender young people in Australia*, Australian Research Centre in Sex, Health & Society, p 65

¹⁴ see <http://www.theguardian.com/society/2016/feb/22/australian-transgender-children-closer-to-accessing-hormones-without-court-permission>

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In relation to HIV the failure of health systems to allow trans and gender diverse people to positively identify their gender undermines knowledge of HIV prevalence in these communities. This situation creates a notable gap in HIV surveillance.

A longitudinal study that surveys sex practices and tobacco, alcohol and other drug use among trans and gender diverse people in Australia needs to be initiated and funded.

To improve our understanding of HIV risk amongst trans and gender diverse people information relating to the following questions would assist in developing policies and programs:

- Who are trans and gender diverse people having sex with?
- What kinds of sex are trans and gender diverse having, ie the prevalence of receptive and/or insertive anal and/or vaginal sex?
- What are the sexual and drug using practices that may place trans and gender diverse people at increased risk of HIV?
- What are the patterns of sexual partnerships, numbers of main and casual sexual partners, and sexual networks that place trans and gender diverse people at risk of HIV?
- Are there differences in risk between trans and gender diverse people who have not surgically altered their bodies and who have undergone surgery?
- What factors or strategies have trans and gender diverse people and communities adopted to support positive sexual health outcomes and to reduce the risk of HIV acquisition?¹⁵

Consideration of the nature of sex work and transactional sex amongst trans and gender diverse would also inform strategies to address marginalisation and HIV risk amongst this demographic.

Research on trans and gender diverse people should also recognise that gender identity can magnify marginalisation associated with overlapping identities such as race, class, ethnicity and age.

Without this knowledge community organisations and professional bodies are unable to maximise the opportunity to tailor programs to support trans and gender diverse people. We also do not have a sense of the degree to which, if any, trans and gender diverse people access existing community organisations and other organisations who support Australia's HIV response for information about HIV.

¹⁵ Sari Reisner & Gabriel Murchison, *A global research synthesis of HIV and STI biobehavioural risk in female to male transgender adults*, *Global Public Health*, 11:7-8, (2016) 866-887 p 879

ANNOTATED BIBLIOGRAPHY – PUBLISHED ARTICLES

In this section please provide a list of published accounts of stigma and discrimination as experienced among your constituents

Please provide the following for each publication – Up to ten publications

TITLE

A global research synthesis of HIV and STI biobehavioural risk in female to male transgender adults

AUTHOR

Sari L Reisner
Gabriel Murchison

PUBLICATION DETAILS

Global Public Health

HYPERLINK IF AVAILABLE

Not available for free

KEY FINDINGS

This article reviews HIV and STI research in female to male transgender adults to better understand HIV and STIs in this population group. The conclusion is that there is inadequate research to assess the nature or level of risk in this population, including the sexual and drug behaviours placing female to male trans people at risk of HIV.

RECOMMENDATIONS

- Research of minority communities should be expected to justify their exclusion or inclusion of female to male trans people to ensure scientific accountability.
- Studies of MSM should seriously consider documenting the sexual risk of trans men who have sex with men, and studies of male to female trans people should consider whether their work could be of value to female to male trans people.
- Female to male trans people should be engaged in needs assess, decision making, and implementation of public health research, policy and programming

TITLE

Growing up queer: issues facing young Australians who are gender variant and sexually diverse

AUTHOR

Professor Kerry Robinson
Dr Peter Bansel
Dr Nida Denson
Dr Georgia Ovenden
Cristyn Davies

PUBLICATION DETAILS

University of Western Sydney publication funding by the Commonwealth Government

February 2014

HYPERLINK [HTTP://WWW.GLHV.ORG.AU/REPORT/GROWING-QUEER-ISSUES-FACING-YOUNG-AUSTRALIANS-WHO-ARE-GENDER-VARIANT-AND-SEXUALITY-DIVERSE](http://www.glhv.org.au/report/growing-queer-issues-facing-young-australians-who-are-gender-variant-and-sexuality-diverse)

KEY FINDINGS

More than 1000 young people aged between 16–27 years of age participated in the national research study. The study found that:

- 16% of young people who identify as *Lesbian Gay Bi Trans Intersex* or Queer (LGBTIQ) have attempted suicide and 33% have harmed themselves as a result of widespread homophobic and transphobic harassment and violence in Australian society.
- almost two-thirds reporting homophobic or transphobic harassment or violence across different aspects of their lives, including in schools, families, the workplace, the streets and other public sites, such as sporting events.
- sexuality education in schools does not respond to the needs or experiences LGBTI young people.
- Rejection by families, resulting from homophobia and transphobia, exacerbated the isolation and despair felt by many of the young participants.
- Some participants pointed out that they often felt uncomfortable approaching, or having to come out to doctors and other health professionals, who were often ill-informed about gender variance and sexuality diversity and were sometimes unsupportive and homophobic/transphobic.

RECOMMENDATIONS

- There is a need for increased training of doctors and other health professionals in the sexual health needs of these young people.

TITLE

Tranznation: A report on the health and wellbeing of transgendered people in Australia and New Zealand

AUTHOR

Murray Couch
Marian Pitts
Hunter Mulcare
Samantha Croy
Anne Mitchell
Sunil Patel

PUBLICATION DETAILS

Gay and Lesbian Health Victoria
Australian research Centre in Health and Society
Latrobe University

HYPERLINK

http://www.glhv.org.au/files/Tranznation_Report.pdf

KEY FINDINGS

- 53.4% of transgender people have experienced 2 symptoms of depression, compared to the national average of 6.8%
- 82.1% of participants reported having a regular GP and also used a wide range of other health services
- GPs were like gatekeepers and made many participants reluctant to use certain health services out of a fear that they might interfere with one's right to self-determination.

RECOMMENDATIONS

- 53.4% of transgender people have experienced 2 symptoms of depression, compared to the national average of 6.8%
- 82.1% of participants reported having a regular GP and also used a wide range of other health services
- GPs were like gatekeepers and made many participants reluctant to use certain health services out of a fear that they might interfere with one's right to self-determination.

TITLE

The First Australian National Trans Mental Health Study: Summary of Results

AUTHOR

Zoe Hyde
Maryanne Doherty
PJ Matt Tilley
Kieran McCaul
Rosanna Rooney
Jonine Jancey

PUBLICATION DETAILS

Western Australian Centre for Health Promotion Research and Beyondblue

2013

HYPERLINK

[HTTPS://WWW.BEYONDBLUE.ORG.AU/DOCS/DEFAULT-SOURCE/RESEARCH-PROJECT-FILES/BW0288 THE-FIRST-AUSTRALIAN-NATIONAL-TRANS-MENTAL-HEALTH-STUDY---SUMMARY-OF-RESULTS.PDF?SFVRSN=2](https://www.beyondblue.org.au/docs/default-source/research-project-files/bw0288_the-first-australian-national-trans-mental-health-study---summary-of-results.pdf?sfvrsn=2)

KEY FINDINGS

- The proportion of participants who were currently affected by depression or anxiety was greater than the lifetime prevalence of depression and anxiety disorders in the general population.
- In those taking hormone therapy the proportion of trans people with a mental illness was 39.8 per cent, while in those who were not taking it, but wished to do so, the proportion was 58.4 per cent
- Poor healthcare and discrimination were cited as significant contributors to poor mental health for trans people and is an area that requires urgent attention.

Trans people are:

- four times more likely to have been diagnosed with depression than the general population.
- approximately 1.5 times more likely to have been diagnosed with an anxiety disorder

- currently affected by depression or anxiety in ways that is greater than the lifetime prevalence of depression and anxiety disorders in the general population.

RECOMMENDATIONS

- The provision of a multi-disciplinary clinic in each state and territory which can provide healthcare for trans
- Health departments develop clear referral pathways and protocols for trans people, so that trans people and their doctors know the exact steps to follow to achieve a medical transition
- Healthcare should be based on informed consent, and not the gatekeeper approach.
- Trans health must become part of multidisciplinary health curricula, including medicine, nursing, social work and psychology
- Government agencies, service providers, and other organisations should ensure that staff are adequately trained to work with trans people in a respectful and affirmative manner. They must develop policies to actively prevent discrimination and to make trans people feel welcome when accessing their services.
- Mental health services should develop mental health promotion interventions and programs targeting trans people, in consultation with trans people;
- Suicide prevention interventions and research must specifically target trans people.

TITLE

From Blues to Rainbows: The mental health and well-being of gender diverse and transgender young people in Australia

AUTHOR

Elizabeth Smith
Tiffany Jones
Roz Ward
Jennifer Dixon
Anne Mitchell
Lynne Hillier

PUBLICATION DETAILS

La Trobe University and University of New England

September 2014

HYPERLINK

[HTTPS://WWW.BEYONDBLUE.ORG.AU/DOCS/DEFAULT-SOURCE/RESEARCH-PROJECT-FILES/BW0268-FROM-BLUES-TO-RAINBOWS-REPORT-FINAL-REPORT.PDF?SFVRSN=2](https://www.beyondblue.org.au/docs/default-source/research-project-files/bw0268-from-blues-to-rainbows-report-final-report.pdf?sfvrsn=2)

KEY FINDINGS

Broad-level changes recommended include Federal and State governments unifying their policies and legislation affecting gender diverse and transgender young people (i.e. Birth Certificate legislation) to foster consistency of rights across Australia. The planning for these recommendations should be conducted through consultation with gender diverse and transgender community members.

- 61% of the young people identified with sexuality identities not defined by gender. Participants were least likely to identify with terms that relied on sex and gender:
 - Homosexual 2%
 - Gay 5%
 - Heterosexual 5%
- 38% of participants had thoughts about suicide; and one in four had spoken to a health professional about these thoughts.
- Participants who had experienced verbal or physical abuse were more likely to have an eating disorder, suffer from post-traumatic stress disorder, and have depression.
- 66% of the young people in the study had seen a health professional for their mental health in the last twelve months.

Recommendations

- Support services should be adequately funded to provide easily accessible education and peer-led support on multiple platforms, including face-to-face and online.
- These services should also funded education and peer-led support for parents of gender diverse and transgender young people.
- Gender diversity should be included into new and existing violence against women and other initiatives (i.e. gender equity) that aim to redress rigid gender stereotypes, and contribute to community resilience and engagement by playing a part in information sharing about local support services and appropriate referrals.
- Train pre-service and in-service mental health professionals in gender diversity and transgender health care, including appropriate use of language and behaviour.
- Make appropriate referrals to specialist services for gender diverse and transgender mental health care when issues beyond their expertise arise.

TITLE

Assessing access to care for transgender and gender nonconforming people: A consideration of diversity in combating discrimination

AUTHOR

Taylor Cruz

PUBLICATION DETAILS

Social Science & Medicine 110 (2014) 65-73

HYPERLINK

Not available

KEY FINDINGS

- The disclosure of transition, transgender identity or gender diversity is associated with delays in accessing services due to discrimination.
- Delays in accessing care also associated with the place of care, health insurance and discrimination and affordability.

Recommendations

- Improving access to care for all gender diverse people through a critical evaluation of research practices and health care provision to ensure that care is tailored to each person's perspective in relation to larger social processes.

INITIATIVES TO ADDRESS STIGMA AND DISCRIMINATION

In this section please provide details of any training or other initiatives your agency has in place to address stigma and /or discrimination in health services. This may be internal training or external <repeats the sections below if more than one initiative>.

TITLE

GRUNT. A national HIV prevention and sexual health campaign by and for gay, bi and queer trans men.

AUTHOR IF DIFFERENT FROM YOUR AGENCY

This campaign was developed by PASH.tm (the Peer Advocacy network for the Sexual Health of Trans Masculinities), and supported (funded) by AFAO.

HEALTH SERVICES WITH WHOM THIS IS DELIVERED/RUN

- The campaign was primarily promoted online around the country through social media, dating/hook-up apps, and LGBTI media.
- Small numbers of printed materials (booklet, posters, and postcard) were distributed to doctors/sexual health clinics, trans events/LGBTI community organisations and events, and SOPVs.

DATES/TIMES (DON'T NEED TO BE SPECIFIC)

The campaign was initially launched in August 2016 with the bulk of the promotion and implementation occurring during the second half of 2016. It is still current, with some activities still occurring and being planned.

HYPERLINK

www.grunt.org.au

The booklet and posters (postcard is of one of the posters) are also available for download from website.

EVALUATION OF THE RESOURCE/TRAINING PROGRAM

This campaign has not yet been formally/externally evaluated, but has been extremely well-received by the targeted community, both in terms of feedback received by the community as well as through website analytics. The website has had over 6,200 sessions of people within Australia visiting the site, with a total number of over 15,000 sessions (as at 12 January 2016). Those visiting also have very high levels of engagement with the site.

COULD THIS RESOURCE BE FURTHER DEVELOPED OR ROLLED OUT?

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In addition to a range of other information including about the various forms of prevention, as well as testing and treatment, the GRUNT website includes information for gay, bi and queer trans men about communication, disclosure (both HIV status and trans experience), dealing with rejection, resilience, dealing with dysphoria, and educating partners. It also includes information and tips about working with clinicians when getting tested.

The online promotion of the campaign also includes a specific message about rejection, resilience and staying safe.

The campaign features images of real gay, bi and queer men (both trans and cis-gender) and provides accurate, inclusive and sex positive sexual health information. It is a campaign that meaningfully and explicitly includes trans men, and lets trans men see themselves reflected in a sexual health campaign that targets gay men as being part of this community.

As a campaign by and for gay, bi and queer trans men addressing many issues experienced by these men, this resource could be rolled out more widely to address stigma and discrimination against this community. Any further and/or wider roll out of this campaign would need to be discussed with PASH.tm and AFAO.

CONCLUSIONS

Based on the information provided in this submission, please provide a summary of the key actions your organisation thinks should be taken in an attempt to reduce stigma, discrimination and systemic barriers in the health system.

STIGMA

Advocate for the introduction of a Nurse Practitioner with expertise in trans and gender people

HEALTH SERVICE IN WHICH THIS IS EXPERIENCED

unknown

YOUR RECOMMENDED REMEDIATION

A Nurse Practitioner could support the implementation of policies to address stigma experienced by trans and gender diverse people in relation to HIV and sexual health. These policies include:

- Routine collection of trans and gender diverse status information in health surveillance to understand changing trends in HIV prevalence;
- Implement standardised sexual health risk practice assessments to elucidate HIV and STI risk within groups, as well as bridging between groups within the trans and gender diverse communities.

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- These questions would include sexual risk practices with male, female and transgender sexual partners, capturing both the participants and sexual partners anatomy and their gender identities.
- Recognition of gender in HIV risk
 - This recognises gender as multi-dimensional and diverse including:
 - Gender identity
 - Gender behaviours
 - Gender beliefs
- Recognition of gender as a continuum that is context dependent different across cultures and geographies and capable of shifting over time.
- Implementation of a service equity policy that acknowledges the Commonwealth definition of gender in service delivery.

Discrimination

Adopt the Commonwealth definition of gender to guide HIV policy and programmatic development

HEALTH SERVICE IN WHICH THIS IS EXPERIENCED

N/A

YOUR RECOMMENDED REMEDIATION

A trans and gender diverse compatibility statement should be developed and conducted prior to the approval of HIV policies or programs. This compatibility statement would assess the degree to which policies and programs enable and support trans and gender diverse people. The compatibility statement should adopt the definition of gender provided in the *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013* (Cth). This Act provides that:

“gender identity means the gender-related identity, appearance or mannerisms or other gender-related characteristics of a person (whether by way of medical intervention or not), with or without regard to the person’s designated sex at birth.”

Systemic Health System Barriers

ENABLING TRANS AND GENDER DIVERSE PEOPLE TO POSITIVELY IDENTIFY THEIR GENDER

Client Information Management Systems do not provide gender data sets that support and enable trans and gender diverse people to positively identify their gender identity. This acts as a barrier for trans and gender diverse people who need to access care and support in relation to their gender identity.

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HEALTH SERVICE IN WHICH THIS IS EXPERIENCED

Various client information management systems are used in health and social services throughout Australia. Most systems limit gender identity to male and female.

YOUR RECOMMENDED REMEDIATION

Implement baseline gender identity data sets into existing Client Information Management Systems and provide incentives to non-government managed Client Information Management Systems to implement the same baseline gender data sets. These data sets should include, but not be limited to:

- Female [tick box]
- Trans female [tick box]
- Male [tick box]
- Trans male [tick box]
- Non-binary [tick box]

TRANS AND GENDER DIVERSE PEOPLE LONGITUDINAL STUDY

To address gaps in community understanding of HIV risk in trans and gender diverse communities more research is needed.

HEALTH SERVICE IN WHICH THIS IS EXPERIENCED

Nil

The Gay Community Periodic Survey could provide precedence for a similar study for trans and gender diverse people.

YOUR RECOMMENDED REMEDIATION

Fund a longitudinal study that surveys sex practices and tobacco, alcohol and other drug use among trans and gender diverse people in Australia.

In the alternative, research and interventions with sexual minorities, like gay men, should incorporate opportunities to document the sexual risk and tobacco, alcohol and other drug use of trans and gender diverse people.

The development of questions and the mode of capturing this information be informed through consultation with trans and gender diverse people.

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