

Trans Health

Policy Position Statement

Key messages:

Though strong and resilient, trans people often experience health inequities which lead to higher incidence of avoidable health issues. Considerations of intersectionality are central to providing inclusive health care to trans people as they may have multiple aspects of their identity which interact and impact their health.

PHAA is committed to promoting best practice for improving accessibility and quality of health care, gender-affirming care, and education for health care providers. Policies at all levels of Government should support equal access to healthcare, in line with the *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013 (Cth)* which protects trans people against discrimination.¹ Barriers to accessing gender-affirming care and practices in Australia should be reduced. We advocate for all health professional training programs, both basic and continuing, to include content on gender diversity and inclusive care for all.

Trans inclusivity should be championed by all public health professionals as an integral part of improving health outcomes for all people in Australia. The PHAA needs to lead by example through being trans inclusive and affirmative.

Key policy positions:

1. PHAA recognises that trans people have the fundamental human right to legal, medical and social gender affirmation, and encourages efforts to make these processes easier to access and less burdensome on trans people.
2. Trans health needs to be included in basic training for all public health and health professionals, as well as in continuing professional development activities. At minimum, general principles of gender diversity, equity and inclusivity should be covered in these programs.
3. Inclusive and gender-neutral spaces benefit everyone and are needed across all services and spaces, including but not limited to schools and other educational institutions, workplaces, health services, event spaces and public venues.

Audience:

Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility:

PHAA Diversity, Equity and Inclusion Special Interest Group

Date adopted:

September 2024

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Citation:

Trans Health: Policy Position Statement [Internet]. Canberra: Public Health Association of Australia; 2024. Available from: URL

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Policy position statement

PHAA affirms the following principles:

1. The PHAA is committed to an approach which recognises the diversity in gender across individuals, including respectful and inclusive use of language.² The term “trans” refers to all individuals whose gender (binary or non-binary) differs from their gender presumed at birth. This is in contrast to cisgender people, whose gender identity and gender presumed at birth align. Definitions and understandings of gender vary across available data, contributing to the ongoing invisibility of many experiences of trans people, particularly non-binary communities. The PHAA acknowledges that the term ‘trans’ is not all-encompassing and does not capture the complexities of everyone’s experiences, particularly those with culturally specific gender identities, and will therefore resonate with people differently.
2. The PHAA acknowledges that trans people’s needs and safety concerns must be considered and protected within all health settings. This is particularly important as trans people have higher rates of poorer health and mental health outcomes than their cisgender peers. The ability to provide respectful and inclusive care for trans people is necessary for all staff within all healthcare settings. There are a variety of evidence-based standards of care available to inform and guide healthcare providers in their practice and care of trans people.³⁻⁶ PHAA acknowledges the importance of these standards of care and strongly encourages their use.
3. The PHAA supports that care to trans people should be provided in a culturally aware, safe and competent way, including an understanding of intersectionality as part of that care.⁷ Intersectionality promotes an understanding of the interconnected nature of sociocultural identities/categorisations including (but not limited to) gender, sex, sexuality, race, age, socioeconomic status, bodily characteristics, disability, ethnicity and culture which overlap and can compound the impact of discrimination. A trans person can experience discrimination based on their gender identity and/or expression, sexual orientation, and sex characteristics simultaneously with racism, ageism, and these intersecting points of minority identities proportionately accrue higher levels of social disadvantage. Gender is dynamic and constantly evolving and hence trans people may be exposed to different varieties of discrimination. Therefore, it is critical to address the historical and ongoing impacts of, including and not limited to, patriarchal, racist, ableist, ageist, and xenophobic systems on trans persons. This principle highlights other relevant principles that should underpin trans health initiatives such as human rights, social determinants, person-centred and trauma-informed care. The PHAA acknowledges that understandings of gender vary greatly across cultures and religions, and endeavours to foster a mutually respectful discussion in advocating for the above principles in trans health.

PHAA notes the following evidence:

4. Evidence of poorer physical and mental health and wellbeing outcomes for trans people, particularly trans youth, when compared with the general population or other comparable groups includes:
 - I. Higher rates of suicide ideation and self-harm, higher rates of depression and anxiety disorders, and psychological distress.⁸⁻¹¹
 - II. Higher rates of homelessness.^{9, 12}
 - III. Higher rates of substance disorders.^{13, 14}
 - IV. Higher rates of tobacco, alcohol, cannabis and other drug use and misuse.¹⁴⁻¹⁶

- V. Higher rates of poor health outcomes including cardiovascular disease, asthma, chronic obstructive pulmonary disease, diabetes, and HIV acquisition.^{17, 18}
 - VI. Higher rates of discrimination and abuse.¹⁹
 - VII. Higher prevalence of intimate partner violence against trans people compared to cisgender people.²⁰
 - VIII. Higher rates of discrimination and reduced service access among trans people with disability compared with non-trans people with disability and trans people without disability.²¹
 - IX. Poorer reported quality of life.²²
5. Transphobia stems from rigid gender roles and cisnormativity (the assumption that a person's gender identity matches their gender presumed at birth and that they will conform to this gender identity, expression and behaviour). Transphobia is dangerous to the wellbeing of trans people.²³
 6. Experience and fear of discrimination, stigma, harassment, abuse and violence stemming from transphobia lead to poorer physical and mental health and wellbeing outcomes for trans people compared to the general population.²⁴ Discrimination also impacts on social determinants of health for trans people. One in five trans Australians are unemployed, with one in three reporting past gender-based workplace discrimination.²⁵
 7. Trans people with disability are especially vulnerable to experiences of discrimination, abuse and stigma compared to trans people without disability and cisgender people with disability. This adds to the already significant structural barriers trans people face when accessing disability services and other healthcare services.²¹
 8. There is a compound risk of suicidal ideation and self-harm for Aboriginal and Torres Strait Islander trans people who experience intergenerational trauma as a result of ongoing impacts of colonisation, racism and discrimination, and loss of connection to culture and Country in addition to transphobia.^{26, 27} Aboriginal and Torres Strait Islander trans people face inequities in access to health care and barriers to health care that is culturally sensitive and LGBTQ+ friendly.^{26, 27}
 9. Healthcare providers should understand appropriate language and questions to use when assessing a trans person for both general health assessments and gender-affirming healthcare needs. Language should pertain to anatomical language rather than gendered terminology, e.g., asking if someone has a prostate or uterus regardless of their stated gender. Furthermore, if a trans person's gender or sex marker is going to be used for clinical purposes (e.g., blood test request form) the client should be made aware of this, and a reasonable explanation be provided for its use.²⁸
 10. Experiences of interpersonal and structural transphobia and cisgenderism are common for trans people accessing sexual health care, and these experiences ultimately lead to lower rates of testing and treatment, and an overall lack of sexual health support.²⁹
 11. Trans people with a disability are at a higher risk of contracting STIs and reduced capacity for developing respectful intimate partner relationships due to inadequate appropriate sex education.²¹
 12. Trans people are less likely to access aged care services due to fear and anticipation of discrimination.²¹ Furthermore, there is a significant lack of appropriate health care for ageing trans persons available in nursing homes, respite, hospital-based care.
 13. Trans children and youth are a common focus of moral panic around gender affirming care, in addition to anti-trans politics and legislation.^{30, 31} This politicisation leaves young trans people at a considerable risk of having their access to services barred and facing increased stigma, victimisation and bullying.³²

14. Implementing this policy would contribute towards the achievement of [UN Sustainable Development Goal 3 – Good Health and Wellbeing](#).

PHAA seeks the following actions:

15. Trans people of all ages should receive gender-inclusive and affirmative care. Care providers should refer to existing treatment guidelines for age-appropriate care,^{3, 5, 6, 33} and follow the informed consent model.³⁴
16. Improve the availability of all gender affirming hormonal and surgical treatments included through Medicare items and within publicly funded health centres or hospitals to increase availability and accessibility. Growing evidence highlights positive mental health outcomes associated with gender affirming care.³⁵⁻³⁸
17. Education around gender diversity should be provided at primary, secondary and tertiary education levels, to ensure that all people can accurately describe their health and experiences and be empowered with the skills and knowledge relevant to their gender and sexual orientation to make healthy and safe choices concerning their sexual health and wellbeing. Trans-inclusive curricula are significantly associated with trans student wellbeing, school safety, and academic outcomes.^{10, 39}
18. Ensure that laws and procedures regarding changes to legal name and gender should include non-binary and gender diverse options. Processes should not require an individual to undergo surgical, medical or psychological treatment nor impose other age, cost, or resource/time barriers. Barriers to acquiring gender-concordant identity documents are associated with increased psychological distress and greater suicidal ideation.⁴⁰ States and Territories should align their laws regarding this so that acquisition of legal gender-concordant identity documents is as simple as possible throughout Australia, which has been demonstrated to improve the mental health of trans people.⁴¹
19. Ensure that large-scale gender data collection is inclusive of trans people, including in the census, government data collection, research data collection, and medical and mental health service data, alongside continued monitoring via community surveys.¹¹ The Australian Bureau of Statistics standards for collecting data on sex, gender, and sexuality⁴² should be used within all data collection where possible.
20. Fund alcohol and other drug services and harm reduction initiatives tailored to trans community members with substance use concerns given the substantiated preference and benefit for these services.^{43, 44}
21. All health education training programs (including medicine, public health, human services) should include content on trans health. This should include training on communicating respectfully and inclusively with trans people, as well as specific knowledge e.g., administration of gender-affirming hormones, to promote knowledge, comfort, attitudes, confidence, and skills in working with trans clients.⁴⁵
22. Governments and other stakeholders should continually consult with trans people, communities, groups, organisations and peak bodies to maintain best practice for the provision of inclusive, safe, appropriate, and high-quality health information, care, services, programs, education and training that meet the needs of trans people.
23. Governments, trans health networks, trans support groups,, civil society, representative organisations and other stakeholders should work together with trans people to support the development and implementation of workplace anti-discrimination policies in healthcare and beyond, which include specific references to addressing violence and discrimination based on gender identity.⁴⁶

24. Governments should implement appropriate legislative reform to:
- I. recognise the drivers of poor health outcomes for trans people.
 - II. protect the rights of trans people.
 - III. addresses systemic discrimination of trans people.
 - IV. end human rights abuses of trans people in medical settings.

PHAA resolves to:

25. Advocate for the above steps to be taken based on the principles in this position statement, to ensure that all trans people in Australia are given equal opportunities to access and have autonomy in their healthcare.
26. Publicly support diversity, equity and inclusion through recognition of significant dates that celebrate or bring awareness towards trans peoples and their experiences such as, but not limited to: International Day Against Homophobia, Transphobia and Biphobia; International Transgender Day of Visibility; Transgender Day of Remembrance; and Wear It Purple Day.
27. Advocate for and support the development and funding of robust research and evaluation frameworks to build the evidence base for inclusive practices and reductions in poorer physical and mental health and wellbeing outcomes that cater for the experiences and needs of trans people.
28. Encourage the inclusion of information and materials relevant to trans health policy within appropriate PHAA material to promote inclusivity and visibility.

(Adopted 2024)

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