

# The Health of People with Diverse Genders, Sexualities, and Sex Characteristics

## Policy Position Statement

<b>Key messages:</b>	<p>Gender identity, sexuality and innate variations of sex characteristics are determinants of health. People of diverse genders, sexualities, and innate variations of sex characteristics often experience health inequities which are linked to societal stigma, discrimination and maltreatment, as well as structural barriers that restrict access to timely and appropriate health care.</p> <p>The PHAA is committed to work with LGBTQIA+ groups, organisations, peak bodies and other relevant stakeholders to advocate, and provide best practice guidance, for the provision of inclusive, safe, appropriate, and high-quality health information, care, services, programs, education and training that meet the needs of LGBTQIA+ people.</p>
<b>Key policy positions:</b>	<ol style="list-style-type: none"><li>1. People of diverse genders, sexualities and innate variations of sex characteristics, who are often referred to as LGBTQIA+ people, are not a homogenous group; they have unique and distinct needs with diverse experiences and backgrounds.</li><li>2. Interventions and approaches to address health inequities must be underpinned by principles of human rights, dignity, equity, inclusion and intersectionality.</li><li>3. Interventions and approaches to address health inequities must enable more inclusive and appropriate service delivery while also addressing the drivers of violence, abuse, harassment, and discrimination against LGBTQIA+ people at a societal level.</li><li>4. Inclusive data collection and research engagement at all levels will enable improved service delivery and planning and ensure investment is better targeted for the health of LGBTQIA+ people.</li></ol>
<b>Audience:</b>	Federal, state and territory governments, policymakers and program managers, PHAA members, media.
<b>Responsibility:</b>	PHAA Diversity, Equity and Inclusion Special Interest Group
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# The Health of People with Diverse Genders, Sexualities, and Sex Characteristics

## Policy Position Statement

### PHAA affirms the following principles:

1. The PHAA recognises the strength in the diversity of gender identities, sexual orientations, and innate sex characteristics among lesbian, gay, bisexual, transgender, queer, intersex, asexual, and related people (LGBTQIA+).
2. The PHAA is committed to a respectful and adaptable approach to employing inclusive language. Australian research and evidence relating to LGBTQIA+ experiences are limited. Definitions and understandings of gender identities, sexual orientations, and sex characteristics vary across available studies, contributing to the ongoing invisibility of many experiences of discrimination. The PHAA acknowledges that the collective term “LGBTQIA+” is not all-encompassing, does not capture the complexities of everyone’s experiences, and therefore resonates with people differently. This term is used in this policy in the absence of a national consensus, and has been consulted on with LGBTIQ+ Health Australia, InterAction for Health and Human Rights, and other key stakeholders across several states.
3. In relation to the needs of people with innate variations of sex characteristics (intersex variations/differences of sex development), PHAA acknowledges the importance of the priorities set out in the 2017 Darlington Statement<sup>(1)</sup> and the human rights approach recommended by the Australian Human Rights Commission in 2021.<sup>(2)</sup>
4. There has been a growing recognition of sexual orientation, gender identity, and innate variations of sex characteristics as social and structural determinants of health.<sup>(3,4)</sup> The World Health Organization stands against any discrimination in accessing health services based on these and other social determinants of health.<sup>(5)</sup>
5. Intersectionality promotes an understanding of the interconnected nature of social categorisations such as (but not limited to) race, age, class, sex, sex characteristics, gender, sexuality, disability, ethnicity and culture, which overlap and compound the impact of discrimination. An LGBTQIA+ person can experience discrimination and stigma based on their gender identity, sexual orientation, and/or sex characteristics simultaneously with racism, ageism, and so on. Therefore, it is critical to address the historical and ongoing impacts of patriarchal, racist, ableist, ageist, and xenophobic systems on LGBTQIA+ people. This intersectionality approach highlights relevant principles that should underpin LGBTQIA+ health initiatives such as human rights, social determinants, person-centred and trauma-informed care.
6. PHAA acknowledges that cultural, religious, and personal beliefs often play a key role in the discourse around diversity of genders, sexualities and sex characteristics. PHAA endeavours to foster a mutually respectful discussion in advocating for the above principles in LGBTQIA+ health.

### PHAA notes the following evidence:

7. Despite the often-used term “LGBTQIA+ community”, LGBTQIA+ people are not a homogeneous group.<sup>(6)</sup> Different LGBTQIA+ subgroups have both shared and subgroup-specific health needs<sup>(7,8)</sup> which vary across the life course. Advocacy and support for these needs may come from both allyship from more privileged groups and solidarity from similarly disadvantaged groups.<sup>(9)</sup>

8. Rigid gender roles, cisnormativity (the assumption that a person's gender identity matches their sex assigned at birth and the corresponding gender assigned at birth), heteronormativity (the view that heterosexual relationships are the only natural, normal, and legitimate expressions of sexuality and relationships), allonormativity (the assumption that all people experience sexual attraction), amatonormativity (the assumption that all people experience romantic attractions), and endosexism (the belief that bodies have to appear typically female or male for children to grow "normally") result in homophobia, biphobia, transphobia, aphobia, and discrimination against intersex people.<sup>(10–13)</sup>
9. Experience and fear of discrimination, stigma, harassment, abuse and violence stemming from homophobia, biphobia, transphobia, and discrimination against persons with innate variations of sex characteristics lead to poorer physical and mental health and wellbeing outcomes for LGBTQIA+ people compared to the general population.<sup>(14,15)</sup>
10. In Australia,<sup>(16)</sup> less than 50% of LGBTQIA+ people (in some subgroups less than 30%) felt 'always' or 'a lot' accepted in accessing health or support services in 2019. The proportion of those who self-rated their health as poor/fair (30.9%) was more than double that of the general population (14.7%). Self-rated high or very high psychological distress was reported by 57.2% LGBTQIA+ people which was more than four-fold the 13.0% for the general population, and include higher prevalence of depression, anxiety, and suicide ideation and self-harm.<sup>(16)</sup>
11. Not all LGBTQIA+ subgroups have similar experiences in health and wellbeing. There is more discrimination and reduced service access among LGBTQIA+ people with disability compared with non- LGBTQIA+ people with disability and LGBTQIA+ people without disability.<sup>(17)</sup>
12. Intimate partner violence against transgender and intersex people is higher compared to cisgender and endosex lesbian, gay, and bisexual people, although data on intersex people's experiences are lacking.<sup>(18)</sup> Young LGBTQIA+ people experience more sexual harassment at workplaces if they present as female, identify as trans or non-binary, or live with disability.<sup>(19)</sup>
13. LGBTQIA+ women and people with a uterus have distinct sexual and reproductive health needs,<sup>(20,21)</sup> and lesbian and bisexual women may be at higher risk for asthma, obesity, arthritis, and cardiovascular disease.<sup>(22)</sup>
14. In relation to people with innate variations of sex characteristics:
  - i. Infants, children, and adolescents with intersex variations remain subjected to unnecessary elective medical interventions in Australia that are understood to be human rights abuses.<sup>(2,23–25)</sup>
  - ii. Evidence exists of high rates of trauma, poverty and early school leaving, and lack of comprehension within medical settings.<sup>(26–27)</sup>

## **PHAA seeks the following actions:**

Governments and other stakeholders should:

15. Work with key LGBTQIA+ peoples, communities, groups, organisations and peak bodies to implement the National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035<sup>(28)</sup> as a priority, and develop best practice guidance for the provision of inclusive, safe, appropriate, and high quality health information, care, services, programs, education and training that meet the needs of LGBTQIA+ people.
16. Ensure that health services planning processes provide an inclusive and supportive environment for LGBTQIA+ people.
17. Ensure that the health and wellbeing of LGBTQIA+ peoples is included in all health professional education and training, and in general sexual and reproductive health programmes.
18. Support the development and implementation of workplace anti-discrimination policies in health care and beyond, which include specific references to harassment and discrimination based on sexual orientation, sex characteristics and gender identity.

19. Implement appropriate legislative reform to:
- i. recognise the drivers of poor health outcomes for LGBTQIA+ peoples;
  - ii. protect the human rights and other rights of LGBTQIA+ peoples;
  - iii. address systemic discrimination;
  - iv. ensure informed consent or assent from LGBTQIA+ persons; and
  - v. end human rights abuses in medical settings.

## PHAA resolves to:

20. In line with the Health Equality Values Statement in PHAA's Constitution (“PHAA will act, and call for action, to address the social determinants of health in a concerted manner at all levels of government and by all relevant sectors and stakeholders. Together it is our responsibility to strengthen prevention and health promotion to focus on social deprivation and health inequities.”), and the PHAA Values in the Strategic Plan (“*Inclusiveness* - We will engage with all people, and welcome a diversity of views and opinions”), PHAA will:
- Reflect on the principles of diversity, equity, inclusion and intersectionality for relevant PHAA policy development.
  - Collaborate with LGBTQIA+ PHAA members and LGBTQIA+ organisations to progress relevant policy development and actions regarding LGBTQIA+ people.
  - Promote the health and wellbeing of LGBTQIA+ people through raising the visibility of health inequities, LGBTQIA+ research, and practice recommendations.
21. Advocate for and support the development and funding of robust research and evaluation frameworks to build the evidence base for inclusive practices that cater for the experiences and needs of LGBTQIA+ peoples, which will contribute towards achievement of UN Sustainable Development Goals 3: Good Health and Well-being, Goal 5: Gender Equity, and Goal 10: Reduced Inequalities.
22. Advocate for and support the lifelong learning about LGBTQIA+ health for all public health professionals without adding to the cultural burden of people with lived experiences.
23. Advocate for the above steps to be taken based on the principles in this position statement.

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## References

1. AISSGA, ITANZ, OIIAU, Black E, Bond K, Briffa. T, et al. Darlington Statement: Joint consensus statement from the intersex community retreat in Darlington, March 2017. [Internet]. Darlington; 2017 Mar [cited 2025 Mar 20]. Available from: <https://interaction.org.au/wp-content/uploads/key/Darlington-Statement.pdf>
2. Australian Human Rights Commission. Ensuring Health and Bodily Integrity: Towards a Human Rights Approach for People Born with Variations in Sex Characteristics [Internet]. Sydney; 2021 [cited 2025 May 8]. Available from: <https://humanrights.gov.au/intersex-report-2021>
3. Commonwealth of Australia. Australia’s domestic response to the World Health Organization’s (WHO) Commission on Social Determinants of Health report “Closing the gap within a generation” [Internet]. Canberra; 2013 [cited 2025 May 8]. Available from: [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Completed\\_inquiries/2010-13/socialdeterminantsofhealth/report/index](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2010-13/socialdeterminantsofhealth/report/index).
4. Pega F, Veale JF. The Case for the World Health Organization’s Commission on Social Determinants of Health to Address Gender Identity. *Am J Public Health* [Internet]. 2015 Mar [cited 2025 May 8];105(3):e58–62. Available from: <https://doi.org/10.2105/AJPH.2014.302373>.
5. World Health Organization. Sexual Health, Human Rights and the Law. Geneva; 2015.

6. Charlton K. Negotiating the Paradoxical Binaries of ‘Safety’ in Queer Spaces: Autoethnographic and Socio-Spatial Reflections. *J Homosex* [Internet]. 2024 [cited 2025 May 8];72(8):1426–45. Available from: <https://doi.org/10.1080/00918369.2024.2378746>.
7. Browne K, Lim J. Trans lives in the ‘gay capital of the UK.’ *Gender, Place & Culture* [Internet]. 2010 Oct 25 [cited 2025 May 8];17(5):615–33. Available from: <https://doi.org/10.1080/0966369X.2010.503118>
8. Nelson R. Making space for bi+ identities: Explorations of genders, identities, and relationships. 1st ed. Routledge; 2023.
9. De Souza L, Schmader T. When People Do Allyship: A Typology of Allyship Action. *Personality and Social Psychology Review* [Internet]. 2025 Feb 9 [cited 2025 May 8];29(1):3–31. Available from: <https://doi.org/10.1177/10888683241232732>.
10. Carman M, Fairchild J, Parsons M, Farrugia C, Power J, Bourne A. Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities [Internet]. Melbourne; 2020 [cited 2025 May 8]. Available from: [https://www.latrobe.edu.au/\\_\\_data/assets/pdf\\_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf](https://www.latrobe.edu.au/__data/assets/pdf_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf).
11. Drabent D, Wenzel M. Who Is Queer Enough for Queer Research?: The Issue of Absence Within Queer Research. *Diversity & Inclusion Research* [Internet]. 2025 Jan 6 [cited 2025 May 8];2(1). Available from: <https://doi.org/10.1002/dvr2.70012>
12. Kelleher S, Murphy M. Asexual identity development and internalisation: a thematic analysis. *Sexual and Relationship Therapy* [Internet]. 2024 Jul 2 [cited 2025 May 8];39(3):865–93. Available from: <https://doi.org/10.1080/14681994.2022.2091127>.
13. Carpenter M, Dalke KB, Earp BD. Endosex. *J Med Ethics* [Internet]. 2023 Mar [cited 2025 May 8];49(3):225–6. Available from: <https://doi.org/10.1136/medethics-2022-108317>.
14. Perales F. The health and wellbeing of Australian lesbian, gay and bisexual people: a systematic assessment using a longitudinal national sample. *Aust N Z J Public Health* [Internet]. 2019 Jun [cited 2025 May 8];43(3):281–7. Available from: <https://pubmed.ncbi.nlm.nih.gov/30548950/>
15. Zeeman L, Sherriff N, Browne K, McGlynn N, Mirandola M, Gios L, et al. A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *Eur J Public Health* [Internet]. 2019 Oct 1 [cited 2025 May 8];29(5):974–80. Available from: <https://pubmed.ncbi.nlm.nih.gov/30380045/>
16. Hill A, Bourne A, McNair R, Carman M, Lyons A. Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122 [Internet]. Melbourne; 2020 [cited 2025 May 8]. Available from: [https://www.latrobe.edu.au/\\_\\_data/assets/pdf\\_file/0009/1185885/Private-Lives-3.pdf](https://www.latrobe.edu.au/__data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf)
17. Leonard W, Mann R. The everyday experiences of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disability [Internet]. Melbourne; 2018 [cited 2025 May 8]. Available from: <https://www.disabilityrightswa.org/wp-content/uploads/2018/09/GAFLA-Report-Final-Version.pdf>
18. State of Victoria. The Royal Commission into Family Violence : Volume 5 Report and recommendations [Internet]. Melbourne; 2016 [cited 2025 May 8]. Available from: <http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-V.pdf>.
19. Robinson K, Allison K, Jackson E, Davies C, Smith E, Hawkey A, et al. #SpeakingOut@Work: Sexual harassment of LGBTQ young people in the workplace and workplace training (Research report, 10/2024) [Internet]. 2024 [cited 2025 May 8]. Available from: [https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2024/11/02111442/SPEAKINGOUT%40WORK\\_Robinson\\_Report.pdf](https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2024/11/02111442/SPEAKINGOUT%40WORK_Robinson_Report.pdf).
20. Agénor M, Cottrill AA, Kay E, Janiak E, Gordon AR, Potter J. Contraceptive Beliefs, Decision Making and Care Experiences Among Transmasculine Young Adults: A Qualitative Analysis. *Perspect Sex Reprod Health* [Internet]. 2020 Mar 24 [cited 2025 May 8];52(1):7–14. Available from: <https://pubmed.ncbi.nlm.nih.gov/31977155/>
21. Gomez A, Đõ L, Ratliff G, Crego P, Hastings J. Contraceptive Beliefs, Needs, and Care Experiences Among Transgender and Nonbinary Young Adults. *Journal of Adolescent Health* [Internet]. 2020 [cited 2025 May 8]; Available from: <https://pubmed.ncbi.nlm.nih.gov/32527572/>
22. Simoni JM, Smith L, Oost KM, Lehavot K, Fredriksen-Goldsen K. Disparities in Physical Health Conditions Among Lesbian and Bisexual Women: A Systematic Review of Population-Based Studies. *J Homosex* [Internet]. 2017 Jan 2 [cited 2025 May 8];64(1):32–44. Available from: <https://pubmed.ncbi.nlm.nih.gov/27074088/>

23. Commonwealth of Australia. Involuntary or coerced sterilisation of intersex people in Australia [Internet]. Canberra; 2013 [cited 2025 May 8]. Available from: [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Involuntary\\_Sterilisation/Sec\\_Report/index](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Involuntary_Sterilisation/Sec_Report/index)
24. Carpenter M. Intersex Variations, Human Rights, and the International Classification of Diseases. Health Hum Rights [Internet]. 2018 Dec [cited 2025 May 8];20(2):205–14. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6293350/>
25. Carpenter M. Protecting intersex people from harmful practices in medical settings: a new benchmark in the Australian Capital Territory. Australian Journal of Human Rights [Internet]. 2023 May 4 [cited 2025 May 8];29(2):409–17. Available from: <https://doi.org/10.1080/1323238X.2023.2247863>.
26. Schützmann K, Brinkmann L, Schacht M, Richter-Appelt H. Psychological Distress, Self-Harming Behavior, and Suicidal Tendencies in Adults with Disorders of Sex Development. Arch Sex Behav [Internet]. 2009 Feb 18 [cited 2025 May 8];38(1):16–33. Available from: <https://doi.org/10.1007/s10508-007-9241-9>
27. Jones T. The needs of students with intersex variations. Sex Educ [Internet]. 2016 Nov 11 [cited 2025 May 8];16(6):602–18. Available from: <https://doi.org/10.1080/14681811.2016.1149808>.
28. Commonwealth of Australia. National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035. Canberra; 2024.