

Trans and gender diverse people health and social needs assessment

A community survey



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THE GENDER
CENTRE
INC

Positive Life NSW

The voice of all people living with HIV

A person is seen from behind, holding a transgender flag (with horizontal stripes of light blue, pink, and light blue) against a bright blue sky with light clouds. The person is wearing a dark shirt. The flag is held high, and the person's hand is visible at the bottom right, gripping the bottom edge of the flag.

“I love being trans.
I feel incredibly
proud to be part
of a group of people
who are diverse,
resilient, brave
and approach life
with dignity and
resolve.”

About Positive Life NSW

Positive Life NSW (Positive Life) is the state-wide peer based non-profit organisation that speaks for and on behalf of all people living with and affected by HIV in NSW. We provide leadership and advocacy in advancing the human rights and quality of life of all people living with HIV (PLHIV), and to change systems and practices that discriminate against PLHIV, our friends, family, and carers in NSW.

About The Gender Centre Inc.

The Gender Centre Inc. (The Gender Centre) is the peak state-wide multidisciplinary centre of excellence providing a broad range of specialised services

that enables the exploration of gender identity and assistance with the alleviation of gender dysphoria. We support trans and gender expressive people at every stage of their journey as they explore their authentic sense of self. This includes for some of our client's transitional support pre, mid, and post transition.

Trans and Gender Diverse Expert Advisory Group

Jett Black, Imogen Brackin, Teddy Cook, Dash Gray, Camryn Hicks, Natasha Io, Chantell Martin and Rachel Smith.

Without the Trans and Gender Diverse Expert Advisory Group (Expert Advisory Group) this work would not have been possible.

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Ethics

Secondary ethics on data analysis of the survey was granted April 2020 by Western Sydney University Human Research Ethics Committee HREC Approval Number: H13785

Acknowledgement of Country

We acknowledge the traditional custodians of this land that we live and work on, and recognise, respect and value the deep and continuing connection of Aboriginal and Torres Strait Islander people to land, community, and culture. We pay our respects to Past, Present and Future Elders and to Sisters, Brothers and any two-spirit people reading this report. This report was written and published on Gadigal land of the Eora nation and, the survey was completed by people on the Aboriginal lands of over 500 different nations.

Caution

Some people may find the content of this report distressing or confronting. If this brings up anything for you, please contact:

Lifeline: 13 11 14 | lifeline.org.au
(24 hours every day, free)

Qlife: 1800 184 527 | qlife.org.au
(3pm to midnight every day, free)

Beyond Blue: 1300 224 636 | beyondblue.org.au
(24 hours every day, free)

Gender Centre: 02 9519 7599 | gendercentre.org.au
(9am – midday, 1pm – 4:30pm Monday – Friday, free)

The Gender Centre offers free professional counselling and psychological support services for all transgender and gender questioning people in NSW.

Positive Life NSW: 02 9206 2177 | positivelife.org.au
(9am– 5pm Monday – Friday, free)

Positive Life NSW provides advocacy and peer support for all people living with HIV in NSW.

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1 Commonly used terms

We acknowledge that this language and terminology is both contested and constantly evolving. There is a great deal of diversity within the trans and gender diverse communities and we affirm the complexity of people's lived experiences and recognise the language and terms used and adopted will differ between individuals across their life span at different times in different ways.

AFAB: An assigned female at birth category.

AMAB: An assigned male at birth category.

BBV: Stands for blood borne virus. A BBV is a virus that is carried in the blood and is passed on from one person to another through blood or body fluids that contain blood.

Binary: The belief that there are only two ways to express gender.

Brotherboy: 'is a term used by Aboriginal and Torres Strait Islander people to describe gender diverse people who have a male spirit and take on male roles within the community. Brotherboys have a strong sense of their cultural identity.'²

Cisgender: A person whose gender identity and expression align with their sex assigned at birth in line with social cultural norms.

Gender Affirming Surgery: For trans and gender diverse folk a surgical procedure that aligns a person's body with their gender identity.

Gender Diverse: An umbrella term for a person whose gender identity and/or gender expression differs from typical cultural and social expectations of sex assigned at birth.

Gender Dysphoria: The internal conflict that arises for trans and gender diverse people when the everyday social and cultural expectations of gender is at odds with their own personal gender identity.

Gender Identity: A core sense of self in relation to norms and expectations around gender, but also the means and methods a person uses to navigate personal, private and public spaces shaped by social and cultural expectations of gender.

Genderfluid: An expression of identity that rejects the idea that gender is fixed and embraces gender as a moving, changing possibility.

Genderqueer: Expressing gender so as to draw attention to and subvert those contradictions and oppressions built into systems of gender.

HIV: Stands for Human Immunodeficiency Virus. HIV is a lifelong blood-borne virus (BBV) that harms the immune system by destroying the white blood cells that fight infection. Currently, while no cure exists for HIV, strict adherence to antiretroviral regimens (ARVs) can dramatically slow the progression of the virus as well as prevent secondary infections and complications. When people living with HIV take daily HIV medication to suppress the levels of HIV virus in their bodies, they cannot pass HIV on during sex, and can expect to have a comparable life expectancy of someone who does not have HIV.

Hormone Replacement Therapy (HRT): For trans and gender diverse folk a hormonal treatment to replace or override aspects of the body's endocrine system to better align with a person's gender identity.

Intersex: 'Intersex people are born with physical sex characteristics that don't fit medical and social norms for female or male bodies.'¹

Non-binary: A gender identifying and expression outside of binary definitions.

PEP: Stands for post-exposure prophylaxis. PEP is an emergency four-week treatment for people who have been potentially exposed to HIV and must be started within 72 hours after possible exposure to keep the HIV virus from replicating and prevent HIV sero-conversion.

PLHIV: A commonly used best practice abbreviation describing people living with HIV.

PrEP: Stands for pre-exposure prophylaxis. PrEP is an antiretroviral drug taken by people who are HIV-negative to prevent HIV transmission.

Queer: A term used to describe a person whose gender and/or sexual expression differs from cisgender and/or heterosexual assumptions. In a political sense, a person who expresses gender and/or sexuality as a means to overcome social and cultural assumptions about "normality" and thereby widen the possibility of what it means to be and to love.

Sex: One of two terms (female or male) assigned to a child at birth based on biological classification.

Sex assigned at birth: The process of designating either male or female to an infant, based upon biological classification systems.

Sistergirl: 'is a term used by Aboriginal and Torres Strait Islander people to describe gender diverse people that have a female spirit and take on female roles within the community. Including looking after children and family. Many Sistergirls live a traditional lifestyle and have strong cultural backgrounds.'²

STI: Stands for sexually transmitted infection. An STI is a bacteria, virus, or parasite that is passed from one person to another through intimate physical contact including sexual fluids during sexual contact.

TGD: An abbreviation describing trans and gender diverse people.

Trans: A person whose gender identity and/or gender expression differs from typical cultural and social expectations of sex assigned at birth. Often understood to mean a person who is transitioning from male to female, or female to male.

Trans man: A man who despite being assigned female at birth lives and identifies as a man.

Trans woman: A woman who despite being assigned male at birth lives and identifies as a woman.

Transphobia: To discriminate against a person or a group of people whose gender identity and/or gender expression differs from typical cultural and social expectations of sex assigned at birth.

2 Foreword

This survey is the first of its kind. Maybe not the largest but from concept to design, result to report, this has been made possible with an Expert Advisory Group representative of the trans and gender diverse community. Our community.

Robust discussions were regular. For instance, how to define something as abstract as how one identifies, or what makes one trans and/or gender diverse? Despite our own lived experiences as family, as friends, colleagues, or lovers, the task to create a 'simple' definition for the purpose of data collection was difficult to say the least.

As I write this, I understand that not every person will agree with the decisions we made in designing this survey. There may have been a more technical or more statistically appropriate way to have designed some parts. I can say that the Expert Advisory Group was constantly weighing up the potential power of this survey whilst maintaining that it stay relevant and accurate in representing our community. That was our aim, to create a survey that represented and reflected our community. A survey and report that were for our community, by the community.

The number of participants and the amount of written responses in the data show me that we have achieved our goals. I am proud of our final report and we would not have been able to do it alone.

First, I would like to thank the Expert Advisory Group for all the hard work in making this report representative and relevant to our community. Your volunteered time and effort should be recognised and is greatly appreciated.

Second, I would like to thank Positive Life NSW and the Gender Centre Inc. for making this important survey happen with special thanks to Bella Bushby for her dedication and hard work.

To each and every respondent to this survey, thank you. By giving us your trust and honesty, we have a significant, informative and powerful report which reflects our community.

Lastly, I wish to thank you, the reader. This report shows the needs and vulnerabilities within a resilient population who are under-represented, under resourced and deserve more support.

Kind regards,

Rachel Smith

Chairperson of the Expert Advisory Group

3 Executive summary

The Trans and Gender Diverse Health and Social Needs Assessment was the first community survey of its kind which aimed to document the current realities of the health and social needs of trans and gender diverse (TGD) people in Australia. This research aimed to investigate the health of TGD people. We asked questions not only about healthcare experiences but also about the social determinants of health, which are the conditions people live in which are largely responsible for health inequalities such as housing, employment, income, education, relationships and discrimination.³

The survey was completed by 699 TGD people from across Australia. Of these participants the majority (81.7%) were born in Australia, more than half (52.5%) were younger than 30 years old, most (45.6%) resided in New South Wales (NSW) and half (50%) lived in a capital city within Australia.

Participants reported many different and often multiple gender identities, for analysis they were categorised into four groups;

- Trans men (n= 150, 21.5%)
- Trans women (n= 282, 40.3%)
- Gender diverse (assigned female at birth) (n=155, 22.2%)
- Gender diverse (assigned male at birth) (n=112, 16%)

The cross-sectional survey was developed in partnership with Positive Life NSW (Positive Life) and the Gender Centre Inc. (The Gender Centre) and was led, steered and owned by TGD community members represented within the TGD Expert Advisory Group.

Main findings – Part 1: Healthcare

Overall, participants appeared to be highly health literate and should be recognised for their active engagement in healthcare despite facing significant barriers to social and healthcare settings.

Most respondents were engaged in healthcare and seeing a General Practitioner (GP) (86.7%) for their health. Many (62.9%) were taking Hormone Replacement Therapy (HRT) and 9 out of 10 (90%) were seeing a doctor for their HRT use.

Participants reported higher rates of mental health diagnoses than the general population and just over half (54.2%) of all respondents were seeing a mental health professional. There were two thirds (62.2%) of participants diagnosed with depression at some point in their lives followed by anxiety (59.1%). Edictally, more than 70% of participants said they either 'sometimes', 'often', or 'always' found it challenging looking after their health such as taking medications on time, visiting their doctor, making appointments, testing for sexually transmitted infections (STIs) or HIV, or paying for medical bills.

Most respondents (87.9%) thought there was a lack of services allocated for TGD people and the key findings from the survey reflect that while participants were accessing healthcare in general, they continue to have difficulties in accessing the services they want and need.

The survey showed that extremely high rates of respondents (trans men and trans women, in particular) want to access gender affirming healthcare if they don't already such as HRT (94.1% of trans men and 92.5% of trans women) and surgery (95.1% of trans men and 81.8% of trans women). The most common barrier to accessing gender affirming healthcare included service provider barriers such as prohibitive financial cost,

long appointment waiting times, lack of information about HRT and where to access it, lack of rural access to clinics and difficulty finding trans friendly and competent doctors.

One out of four (25.6%) participants were either 'uncomfortable' or 'very uncomfortable' in healthcare settings and another quarter (27.5%) felt 'neither comfortable nor uncomfortable'. TGD participants told us to increase their comfortability they want to see more implementation of trans-specific care and awareness within healthcare settings. These would include increasing the number of trans-friendly/specific services and access to peer workers and providing more TGD healthcare knowledge and training for health professionals. Incorporation of gender affirming practices was also recommended such as the use of inclusive language and forms and affirming spaces such as signage with support for TGD patients and gender-neutral bathrooms.

Despite being linked into mental health care and general healthcare, there were low rates of sexual health screening with two in five (40.1%) participants having never had an HIV test. Of those who had been tested for HIV at least once in their lifetime, only 55.9% had been tested within the past year. Only half (54.8%) of all participants were aware of pre-exposure prophylaxis (PrEP) and post exposure prophylaxis (PEP), and only 3.3% were taking PrEP. Roughly one in four participants (26.1%) felt either 'uncomfortable' or 'very uncomfortable' discussing sexual health with their healthcare professional. Of those who did discuss sexual health most participants (61.25%) initiated the conversation of sexual health with their healthcare provider themselves, followed by their 'doctor' (33.3%) initiating the conversation. Respondents identified numerous HIV testing and care barriers, and gaps in

knowledge potentially contributing to low rates of HIV awareness and screening among these respondents. In addition, participants reported significant concerns and experiences of about stigma and discrimination in healthcare settings, highlighting the need for further training and awareness of TGD people for health professionals is necessary.

Main findings – Part 2: Social needs

When we focused the survey questions on the social needs of participants, we were able to gain insights into a broader understanding of participants health.

Findings highlighted high levels of discrimination TGD people face particularly in employment and hiring practices. Despite four in five (79.9%) of participants current education falling into a post-school qualification category, which is much higher than the general Australian population (56%), only half of participants reported their main income source as 'full-time' (31.3%) or 'part-time/casual work' (21.2%). Just under one third (30%) spent between '\$1,001 to \$5,000' on their healthcare annually. Across the survey participants reported struggling financially with their healthcare particularly in terms of the costs for HRT and mental health medication, gender affirming surgery and the accompanying and often mandatory specialist medical appointments. They described difficulty accessing these services through the public system and made strong demands for more subsidised gender affirming healthcare.

Roughly half of participants (46.3%) felt transphobia and/or discrimination has impacted on their employment and income. Experiences of discrimination included: stalled career progression; transphobia, harassment and micro aggressions from co-workers; discrimination during job interviews and hiring practices; issues with official documentation and previous work history from before transition; many stated they were not “out” at work as TGD due to fear of stigma and discrimination.

Overall participants reported they experience stable housing circumstances however many were unsatisfied with their current housing situation. Participants indicated that inadequate housing impacted negatively on their health particularly their mental health, delayed their transition, and impacted them financially. Many feared homelessness and were forced to live in unsupportive/non trans-friendly environments.

Participants also reported social exclusion and discrimination from their family (38.1%), relationships (33.8%), online (33.5%) and sexual connections (25.8%). Participants were likely to connect with their friends (67.4%) and other TGD people (82%) such as through TGD support groups (45%). This proved significant in how participants found out about their health with one quarter of participants (28.6%) finding out about their healthcare service by another TGD person. Within the qualitative responses many participants expressed their love and belonging among the TGD community.

These compounding social issues highlight some of the barriers TGD people face in accessing high quality of health and wellbeing.

Main findings – Part 3: The future of TGD research

Participants identified many areas of research about TGD people that they would like to see in the future. The 10 most common research topics included: HRT; social and relational research; gender constructs and TGD philosophy; socioeconomic disparity; overall health and wellbeing; mental health; gender affirmation surgeries and practices; medical research and support of TGD legitimacy; accurate statistics; and trans-led research and positive experiences.

This report contributes to new quantitative and qualitative insights into the current realities and experiences of TGD people accessing health and social care in Australia.

Recommendations by the Expert Advisory Group included:

- 1 Increased allocation of government funding
- 2 Implementation of TGD inclusive policies across multiple sectors
- 3 Development of resources
- 4 Ongoing accurate data collection and research of TGD people
- 5 Specific and developed TGD training
- 6 Trans-led and community owned TGD awareness training.

If implemented, these recommendations will support the improvement and the overall quality of life and access to health and social care for TGD people in Australia.



Trans and gender diverse participants were highly health literate and should be recognised for their active engagement in healthcare.

4 Introduction

Despite an estimated number of 25 million trans and gender diverse (TGD) people living within societies worldwide, research about the lives and experiences of TGD people is very limited.⁴ The true prevalence of TGD people living around the world remains difficult to determine due to a lack of adequate data collection indicators to identify the numerous gender expressions, including non-binary and culturally specific expressions an individual may identify with such as brotherboy, sistergirl, two-spirit, Hawaiian Māhū, Samoan Fa'afafine, or New Zealand's Tangata ira tāne and Whakawahine.⁵

The history of TGD healthcare has been characterised by a lack of understanding and erasure around how individuals identify their gender and sexuality. TGD people often bear the brunt of stigma and discrimination based on their gender identity and expression, which has significant impacts on their lives and health care.⁶ In most societies around the world, TGD people face marginalisation from multiple, often intersecting, aspects of their daily life including legal, economic, educational, employment, housing, medical, social, and cultural forms of discrimination.

The invisibility of TGD people within population-based data collection and research continues to preclude TGD health and social issues from being considered and represented within policy and resource and service allocation. Specifically, TGD people often face significant barriers to adequate health care compared to cisgender (people for whom their identify and gender correspond with their birth sex) counterparts. This is, in part, attributable to fear, stigma, transphobia,

lack of TGD inclusive and specific services, and health care workers being under-informed of the specific needs for TGD patients which subsequently leads to unmet health needs within mainstream health services.^{3,7}

Research into the lives of TGD people has found that this group experiences significantly poorer health and wellbeing outcomes than cis people¹, which is a joint result of TGD peoples' invisibility within data and the high rates of marginalisation and discrimination they experience. When it comes to sexual health, TGD populations are recognised to be at a high risk for both sexually transmitted infections (STIs) and blood borne viruses (BBVs) including HIV⁸. According to the World Health Organization (WHO), transgender women are 49 times more likely to contract HIV than the greater population.⁹

In response to HIV and STI policy, TGD strategies have been largely absent from health policy approaches, clinical data, and service provision, however, this is slowly changing. International health response from UNAIDS in recent years has identified TGD people as a key population within the Joint United Nations Programme on HIV/AIDS (UNAIDS) HIV Elimination Framework 2016–2021 Strategy.¹⁰ Similarly, in 2018, the Australian Government Department of Health included TGD people as a priority population in the Eighth National HIV Strategy 2018–2022¹¹ and, within the Fourth National STI Strategy 2018–2022¹². This national STI strategy identified the need for TGD people to be considered within the response to STIs and the need for improved data and research to better understand how STIs and BBVs including HIV impact TGD people.

However, there is increasing awareness of the rights and wellbeing of TGD people. In May 2019, the World Health Organisation (WHO) removed 'gender identity disorder' from its diagnostic classification manual, the International Classification of Diseases (ICD), as a mental disorder which de-pathologised a range of transgender identities and experiences.¹³ In Australia, TGD advocates continue to advocate for inclusion of sexual orientation and gender identity within Australian national census surveys by the Australian Bureau of Statistics (ABS).¹⁴

Health encompasses more than just service provision and treating illness. As the WHO describes 'health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'¹⁵ Health is also shaped by an individual's context and conditions in which they live so it is important to consider individual's circumstances such as housing conditions, employment, education, income and social needs such as relationships and social exclusion. Previous research has shown that TGD people experience higher rates of socioeconomic disadvantage such as homelessness, unemployment and discrimination.^{3,16,17} As it is vital to understand these factors to truly understand the context of TGD health, the survey is sectioned into three parts; part one will look at the healthcare experiences of TGD people; part two will look into the social needs of participants in which their health is further shaped, and; part three will look at the future of TGD healthcare research.

This report aims to fill some of these knowledge gaps. We begin by firstly describing the characteristics of our participants, such as their age, where they live in Australia, sexual orientation, and gender identity. Following this, we will describe participants' experiences with trans-specific affirming care such as gender affirming surgery and hormone replacement therapy use. Participants' access and uptake of general healthcare as well as their experiences within healthcare settings and what would make them more comfortable and services more accessible will also be explored. We will then discuss sexual health testing, knowledge and experience followed by mental health diagnoses and alcohol and other drug use. Following this, we look into other aspects of participants' lives such as their housing, employment, income and education, online dating experience, community connection, TGD service provision and discrimination will also be discussed. Finally, this report concludes with discussions of what the future of TGD healthcare research holds. We discuss the types of research these participants said they would like to see about TGD people in the future and the recommendations made by the TGD Expert Advisory Group on how to improve the health and social wellbeing of TGD people.

We anticipate this report provides a greater understanding of the lived experience of TGD people across Australia, in turn contributing to the improvement of the health and wellbeing of all TGD people.

5 Methods

Positive Life and The Gender Centre developed this needs assessment survey to:

- Assess the current realities of the health and social needs of TGD people in Australia.
- Ascertain the health care and social needs of TGD people who are living with HIV or may be at high transmission risk of HIV and other blood borne viruses (BBVs).
- Promote a platform for the voices of TGD people to be heard.
- Inform Positive Life on best practices for inclusive engagement.

Survey design

This TGD-led research was guided by an Expert Advisory Group of nine TGD community members, with some members openly identifying as living with HIV. The Expert Advisory Group provided the objective and focus of the research, provided advice and guidance into the survey design, range and type of questions ensuring appropriate language and peer representation, interpretation of results, and peer-review of the final report.

The Positive Life Research team in consultation with the TGD Expert Advisory Group created the survey questions. Questions were selected based on topics raised by the TGD Expert Advisory Group and final wording of questions were edited and approved by the TGD Expert Advisory Group.

The survey was designed to be completely anonymous and asked a combination of quantitative and qualitative questions. The survey included a total of 70 questions. Participants spent an average of 20 minutes completing the online survey (see Appendix 2: Survey Tool).

The survey was open to all people who:

- 1) identified as trans and/or gender diverse;
- 2) were aged 16 and over; and
- 3) lived in Australia.

Recruitment

The survey was distributed online via a SurveyMonkey link and in paper format (on request), from 28 June 2019 to 29 September 2019. Promotion and dissemination of the survey involved engaging with and mobilising TGD and HIV sector partners across Australia, as well as utilising social media networks (e.g. Facebook, Twitter, LinkedIn, etc.). Hard copy surveys were disseminated at reception rooms of multiple TGD organisations and high HIV case load clinics. Promotion was also leveraged through Positive Life and The Gender Centre community events and The Gender Centre outreach. The survey was advertised through magazines, online newsletters, and online advertising through mobile applications.

Survey limitations/strengths

While the data has provided a better understanding of the health and social needs of TGD people, we cannot say this data is representative of all TGD people in Australia and as such, this data cannot be used to make generalisations about TGD people in Australia.

There are currently no estimates of the population of TGD people living in Australia. The sample was over-representative of respondents who live in NSW. Our sample is also under-representative of the cultural diversity within Australia and this may in part be due to the fact the survey was not available in any language other than English. While we had strong representation of Aboriginal TGD people, we had no participants who identified as Torres Strait Islander.

Given this survey was based on self-reported responses, the data could be susceptible due to low response rates and recall bias. The voluntary nature of this survey also places it at risk of self-selection bias, meaning that we may be missing the input of TGD people who may be less connected to services or online communities who share research like this one. We also may have been less likely to get the input of TGD participants who, due to literacy issues, cognitive or social capacity, may have less capacity to complete a survey like this one.

This survey was voluntary and predominately available online via community groups and organisations and those who responded may be more engaged with community and needed to be able to access and have the skills to complete the survey online. This may also be why we have a large percentage of respondents who were under the age of 30.

This research is peer-led and driven by the TGD community. We were overwhelmed by the high number of participants who completed this survey and this can be attributed to the strength of involving community in the research process and ownership. With this large sample size, we were able to gain insight into a diverse group of participants who lived in different locations across Australia, had different identities and life experiences.

The use of a mixed methods survey allowed us to gain incredibly rich data particularly through the open-ended responses which allowed participants to describe their experiences in their own words. We were very privileged to have such passionate and engaged participants to the survey who provided us with a wealth of information and insight, they were very open, honest and generous with their time in sharing their experiences with us, which were often about challenging topics such as discrimination.

Analysis

Statistical descriptive analyses were performed using IBM SPSS Statistics version 25.¹⁸ Raw data was transferred from Survey Monkey into IBM SPSS Statistics and was edited, or “cleaned”, to remove participants who were not eligible for the survey, who did not provide enough data to determine their gender identity, duplicate responses, or “mischievous responses.”¹⁹ All participants who provided enough data to determine their gender identity were included in the final analysis even if they did not complete the entire survey. Quantitative data was calculated using descriptive statistics of frequencies and means.

In order to analyse the data statistically, participants were stratified into four gender identity categories: trans men, trans women, gender diverse (assigned female at birth or AFAB), and gender diverse (assigned male at birth or AMAB). Table 5.1 represents how participants’ identities were categorised into four groups for statistical analysis. Please note that some participants reported multiple gender identities. Participants who reported both their identity as binary and non-binary identities (i.e. trans man and non-binary) were categorised into the gender diverse column for purposes of categorising all participants into an identity. The exception to this rule was if a participant identified within a trans man or trans woman category and only additionally identified as trans masculine or trans feminine (respectively), then the TGD Expert Advisory Group decided to categorise the participant as a binary identity of trans man or trans woman (respectively).

Participants who provided a response to the open-ended option detailing their identity were categorised using thematic analysis of the qualitative data and categorised into one of the four categories in the table as mentioned above.

Thematic analysis was also used to identify patterns across the qualitative response dataset.²⁰ We coded responses by common themes and reported the themes by frequency. Some qualitative responses had multiple themes per response. While we performed thematic analysis of qualitative responses for each group, we chose to only report the thematic analysis of qualitative responses by total responses, due to the risk of reidentification.

Both quantitative and qualitative analyses focused on using a strength-based approach and findings were reported respectfully and in consultation with TGD people, highlighting the strengths, autonomy, and wellbeing of TGD people who completed the survey. This research was committed to the principles of Greater Involvement of People Living with HIV (GIPA) and Meaningful involvement of People Living with HIV/AIDS (MIPA).²¹

Table 5.1 How gender identity was categorised for analysis

<p>Trans man</p> <p>Trans man Man Brotherboy</p>	<p>Trans woman</p> <p>Trans woman Woman Sistergirl</p>	<p>Gender diverse (assigned female at birth)</p> <p>Non-binary Genderqueer Agender Trans masculine Trans feminine Demiboy Demigirl</p>	<p>Gender diverse (assigned male at birth)</p> <p>Non-binary Genderqueer Agender Trans masculine Trans feminine Demiboy Demigirl</p>
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Sample

Of the 788 people who responded to the survey, 89 people were ineligible and excluded from analysis: 22 were not over the age of 16; seven did not disclose their age; 11 were living outside of Australia; one was identified as a “mischievous response”;¹⁸ and 48 were either not trans or gender diverse or did not provide enough information to determine if they were trans or gender diverse. The final reported sample was 699 participants.

Most participants (81.7%) were born in Australia. This indicates participants to the survey were slightly under-representative of the cultural diversity within Australia in which according to the ABS roughly over 7.5 million

(29.7% of people living in Australia), are people who were born overseas.²² Representation of Aboriginal people in the survey was 3.9% which is slightly over-representative when compared to the population of Aboriginal and/or Torres Strait Islander people in Australia (3.3%).²³ However, there was an under-representation of Torres Strait Islander people as there were zero participants who identified as Torres Strait Islander and zero participants who identified as both Aboriginal and Torres Strait Islander.

All Australian states and territories were represented in the survey. The majority of participants lived in New South Wales (45.6%)

which was over-represented compared to the other states. Overall, half (50%) of the participants resided in a capital city/inner metropolitan, 26.7% in outer metropolitan, 19.2% in a regional centre, and 4.2% in a rural/remote area.

English was spoken as a main language at home by 95.4% of participants. This is not representative of the linguistic diversity within Australia in which 20.8% speak another language other than English at home. Participants ages ranged between 16 and 75 years of age, with the average (mean) age approximately 33 years of age.

Sexual orientation

Participants identified with a diverse range of sexual orientations and some used multiple terms to define their sexual orientations. The most commonly reported sexual orientation was 'queer' (34.3%), followed by 'bisexual' (27.5%), 'lesbian or homosexual' (18.9%), and 17% of participants provided a qualitative response to describe their sexual orientation. The word cloud in Figure 5.1 reflects the proportion and frequency of participants identified sexual orientation highlighting the number of different sexual orientations reported by participants.

Figure 5.1 Participant's sexual orientation



Gender identity

"I know who I am now, and I love this me."

Gender Identity is a spectrum and a personal and unique experience for each individual. TGD communities have a wide and diverse variety of expressions in which people use to define their gender identity.

The word cloud below in Figure 5.2 is used to visualise the amount and frequency of diverse identities provided by participants. The most common identities were 'trans woman' (32.2%), 'non-binary' (26.8), 'woman' (16.9%), 'trans man' (16.9%), and 'man' (16.9%). Many participants chose more than one gender identity.

In order to perform statistical analyses, all participant's gender identities were categorised into four groups: trans man (21.5%), trans woman (40.3%), gender diverse (assigned female at birth) (22.2%), and gender diverse (assigned male at birth) (16%) as seen in Figure 5.3.

A total of 3.1% of participants indicated they were born with a variation of sex characteristics (sometimes called intersex). There were slightly over half (56.2%) of participants who were assigned male at birth, with 43.8% who were assigned female at birth.

Figure 5.2 Terms used to describe gender identity

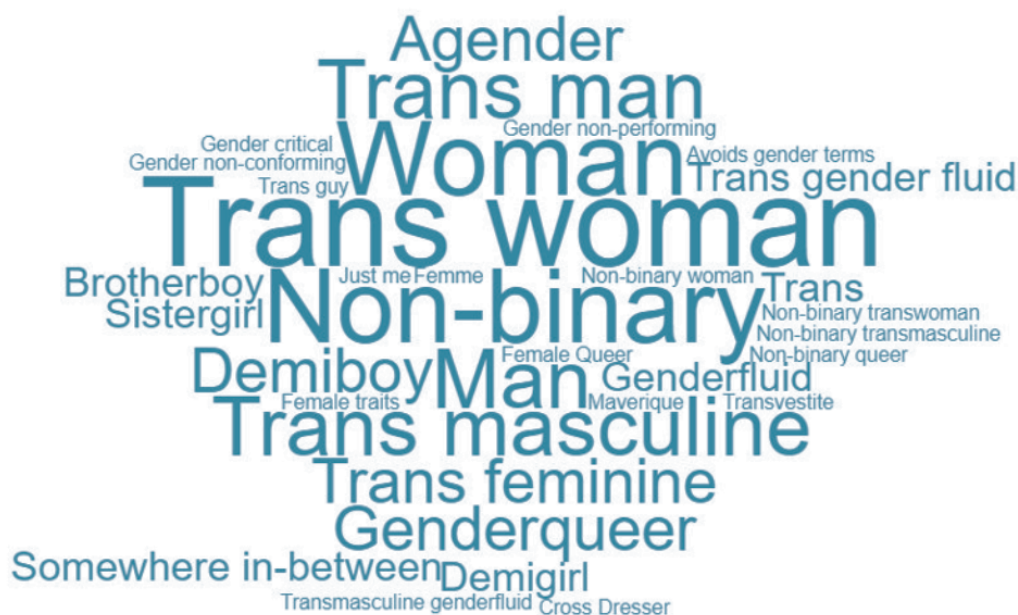
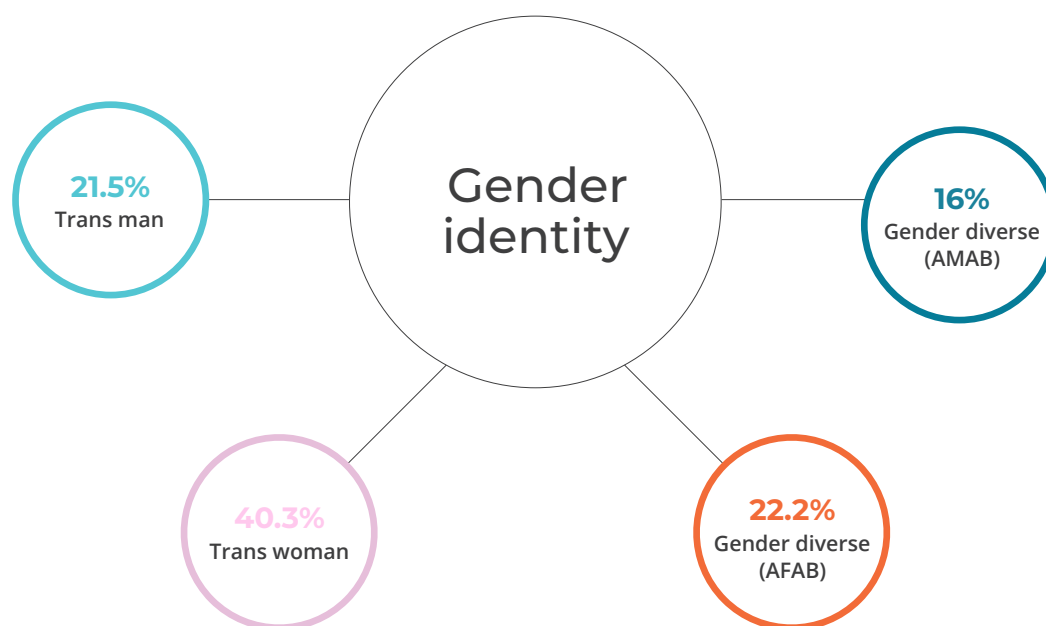


Figure 5.3 Participants gender identity



People living with HIV

"I take HRT without a doctor's approval but I always take my HIV medication because I have too much to live for to stop taking that."

In total, 18 participants (2.8%) were PLHIV. A further 90 (13.8%) reported 'HIV unknown' as their HIV status, and 8 (1.2%) preferred not to say their HIV status. While there are no current Australian statistics of PLHIV who are TGD, these results are parallel to the most recent HIV Futures 9 which is a study of quality of life among PLHIV in Australia. HIV Futures 9 reported on 19 PLHIV who identified as trans or gender diverse who completed the survey.²⁵

Participants who identified as PLHIV were asked a number of separate questions regarding their experiences living with HIV. In total, 88.9% of participants were prescribed HIV medications, 94.1% felt the HIV medicines were helping achieve their health goals, and 88.9% felt their doctor/medical service they attend meets their HIV/health needs.

For further and more detailed participant demographic details, see Appendix 12.1



6. Part 2

Healthcare

6.1 General healthcare access and experiences

“Having problems finding one [a doctor] that understands non-binary without causing me anxiety.”

This section describes participants' responses about their access and experiences of general healthcare. As the World Health Organization (WHO)¹⁴ describes “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Most participants reported going to a ‘general practitioner’ (86.7%) for their healthcare needs, followed by a ‘mental health professional’ (54.2%), ‘specialists’ (34.9%), ‘sexual health clinic’ (24.9%), ‘hospital-based clinic’ (4.4%), or ‘somewhere else’ (5.7%). People who are gender diverse (AFAB) were most likely to access mental health services (65.4%), and trans women were least likely to access mental health services (46.1%). However, this is still much higher than the general Australian population in which 10.2% of the population received Medicare subsidised mental health specific services in 2017/18.¹⁸

Overall, participants were roughly five times higher than the general population to access mental health services which highlights a high prevalence of need for mental health services by TGD people and also a relatively substantial uptake in access to mental health services by TGD people.

It was common for participants to find out about their healthcare services ‘recommended by another trans and/or gender diverse person’ (38.6%), ‘recommended by a doctor’ (32%), or via an ‘internet search’ (27.6%). Other recommendations were from TGD, LGBTIQ (lesbian, gay, bisexual, trans, intersex, queer/questioning) or HIV community-based organisations, as well as self-identified through trial and error.

In total, 76.3% of participants travel less than 20 kms to visit their doctor/health professional, which correlates with 76.7% of participants living in either a capital city/ inner metropolitan or outer metropolitan area. 17% of participants travel between 20 to 100 kms, 2.4% travel between 101 to 250 kms, and 2.8% travel over 250 kms to visit their doctor/ health professional, correlating with 23.4% of participants who live in regional, rural, or remote areas.

The most common waiting time for an appointment with a specialist was between ‘two weeks to one month’ (23.5%), followed by ‘one to two months’ (20.6%), and ‘one to two weeks’ (20.4%). Another 14.4% of participants reported having to usually wait ‘over three months’ for a specialist appointment.

The majority of participants (86.4%) pay for their healthcare with ‘Medicare’, just over half (52.2%) pay with their ‘own finances’, almost one quarter (24.6%) pay with ‘Private Health Insurance’, and 20.6% pay with a ‘Healthcare Card’ (Concession). Participants were able to select more than one method of payment. In total, 30% of participants reported spending ‘\$1,001 to \$5,000’ per annum on healthcare, followed by 29.5% spending ‘\$0 to \$500’ per annum, and 28.3% spending ‘\$501 to \$1000’ per annum. Qualitative data provided common themes of struggling to pay for healthcare, such as: *“Often I will have to go without doctors’ appointments if I can’t afford it.”*

Experiences of and access to general health care

“Knowing that healthcare providers will be respectful of me, my gender and my body.”

In terms of general health, participants were most likely to rate their general health to be either ‘good’ (39.8%) or ‘OK’ (35.9%), see Figure 6.1.1. Trans men and people who are gender diverse (AFAB) were most likely to rate their health poorer than other participants. More than 70% of participants said they either ‘always’, ‘often’, or ‘sometimes’ found it

challenging looking after their health such as taking medications on time, visiting your doctor, making appointments, testing for STIs/ HIV, paying for medical bills, see Figure 6.1.2. People who are gender diverse (AFAB) were most likely to report challenges looking after their health than the other groups of participants.

Figure 6.1.1 Participants general health rating

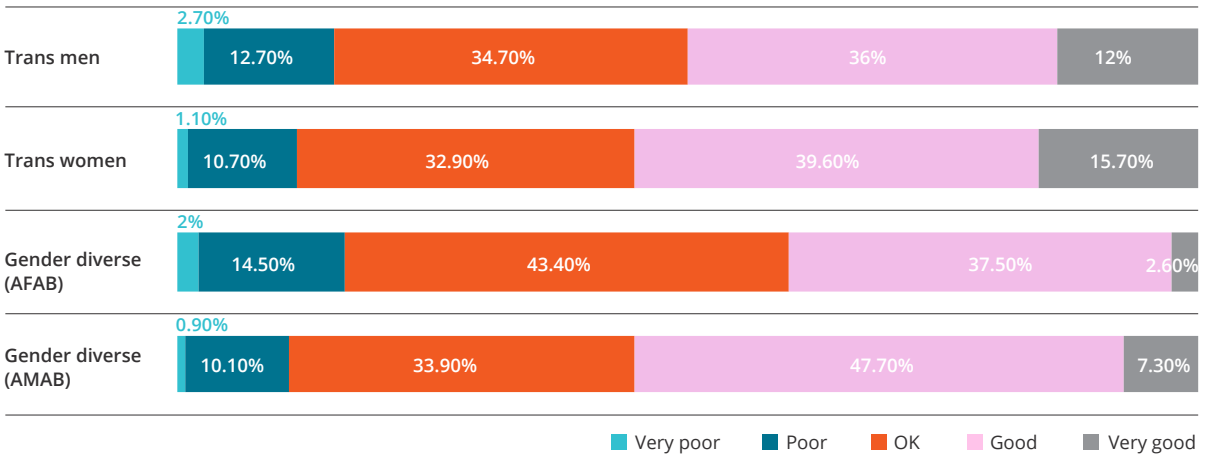
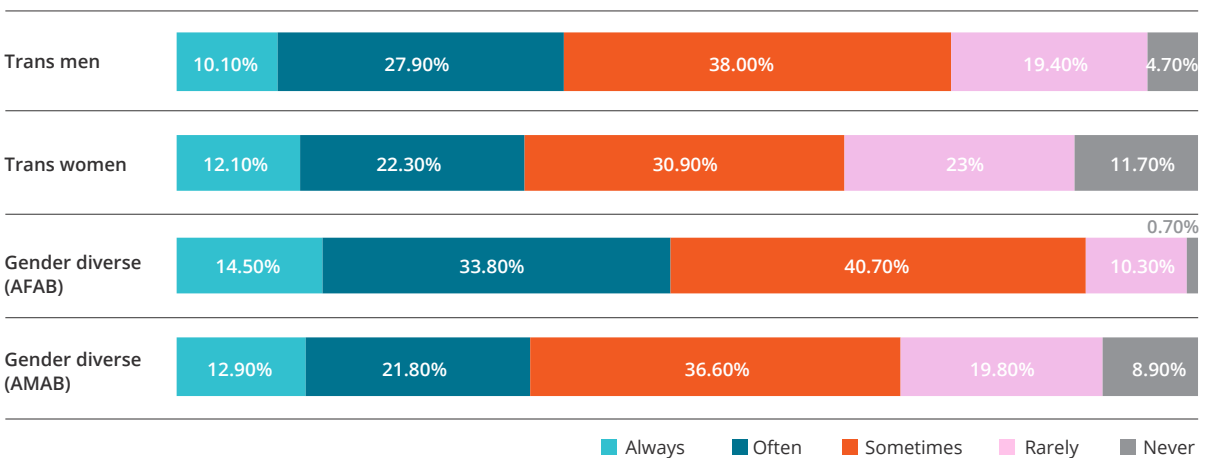


Figure 6.1.2 Participant’s challenges in looking after health



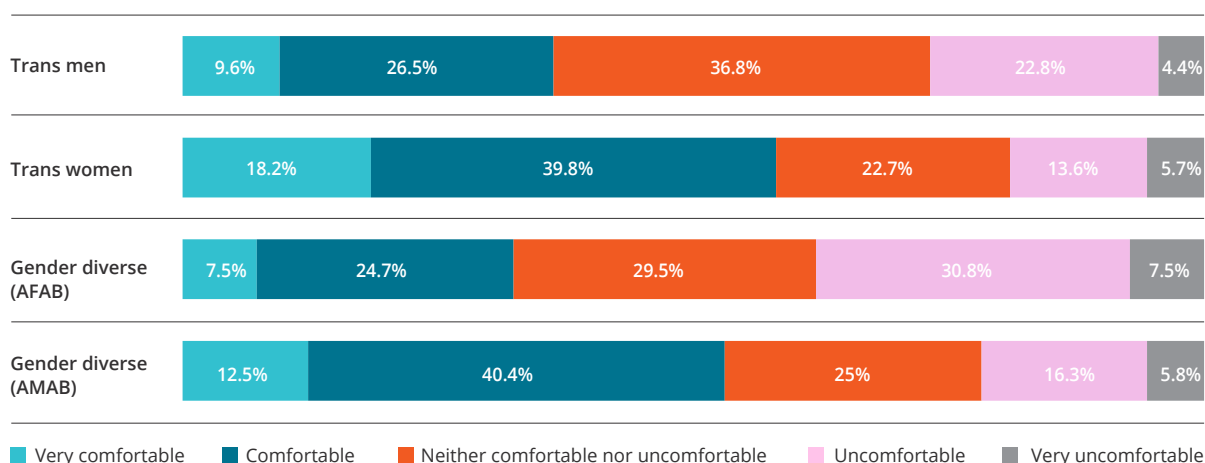
Approximately one in five (22.1%) of participants said they would prefer to be able to access their healthcare from somewhere other than their current provider, and also offered qualitative insights in to specifically where and why they preferred to access their healthcare. Most commonly, participants described wanting access to healthcare that is:

- More comfortable and informed on TGD healthcare;
- Specialised clinics for TGD and/or queer healthcare;
- Closer to home;
- More affordable particularly in accessing specialists; and
- Centralises multiple services in a singular location.

Participants also discussed issues of ‘gatekeeping’ in accessing gender affirming care such as “*jumping through unnecessary hoops*”, “*being made to dance for professionals who provide substandard or malformed care*”, and ultimately wanting “*informed consent models*” and to “*feel like there’s no place for me*”.

Despite this, there was evidence that many participants felt reasonably comfortable within healthcare settings (33.7% felt ‘comfortable’ and 13.1% felt ‘very comfortable’), see Figure 6.1.3. In total, 27.5% felt ‘neither comfortable nor uncomfortable’. Trans men and people who are gender diverse (AFAB) more likely to report feeling more uncomfortable than other participant groups in the survey.

Figure 6.1.3 Participants comfortability in healthcare settings



However, these findings do not necessarily suggest that participants did not recognise possible improvements that could improve their level of comfort in healthcare settings. Figure 6.1.4 represents the main themes presented in participant’s (n=363) descriptions of potential improvements.

Figure 6.1.4 What would improve participants comfortability in healthcare settings

Respectful doctors/staff who are allies (n=151)

"Practitioners who don't baulk at treating a trans/gender diverse person."

"Don't ask invasive questions."

"Not assuming cis-ness or straightness, nor assuming what transness means for me."

"More trans positivity."

"Getting treated with compassion and respect regardless of my gender identity."

"No more gatekeeping and questioning my gender. Trans people know that they're trans."

GPs and staff trained and knowledgeable of trans and gender diverse health and social care (n=120)

"TGD knowledgeable practitioners."

"Staff who were more educated on trans issues."

"Informed medical professionals who do not assume gender/orientation or make you feel weird."

"Training on trans identity, including non-binary and gender diverse identities."

Use of inclusive language including correct pronouns and name and appropriate language around body parts (n =67)

"Use of gender-neutral language."

"Having correct pronouns used."

"The removal of assumptions around my anatomy."

"Using non-gendered language to talk about bodies or procedures."

Affirming/inclusive spaces and inclusive reception (n=66)

"Visible signs of transgender support."

"Something that says your existence is acknowledged."

"Gender neutral bathrooms (disabled bathrooms are not the same thing!)."

"Reception staff to stop using my dead name."

Inclusive forms and ease of changing the systems records (n=19)

"Forms asking for preferred name/pronouns."

"Already know pronouns and preferred name etc. (don't have to come out at every turn)."

Patient led and informed care (n=16)

"Let me drive my own treatment."

"Patient-led care."

Peer workers (n=15)

"Gender diverse staff transgender/queer practitioners."

"A trans doctor."

Reputation for trans people going there (n=13)

"Knowing the doctor/specialist is experienced with trans people and that other trans people go there."

"Known by word of mouth to be LGBTQI-friendly."

Affordable and bulk billed (n=13)

"Ability to get help without an immediate money boundary."

Vaccination

The most common adult vaccination type participants received in their adult life was for 'the flu' (57.4%), 'hepatitis B' (47.8%), 'hepatitis A' (41.5%), 'human papillomavirus or HPV' (26.9%) and 'pneumovax 23' (4.7%). A further 27.8% of participants reported having been vaccinated but they were 'not sure what for.'

Medication adherence

Almost half (48.3%) of participants reported that they had stopped taking medications/therapy without their doctor/health professionals' advice in the past. Participants indicated the most common reasons for discontinuing medication/therapy without health professional advice was:

- Adverse side effects;
- Ineffectiveness of medications prescribed;
- Financial difficulties. The complexities involved in managing finances and healthcare were articulated in one participant's extended response: *"Financial concerns, paying for mental healthcare as well as HRT is expensive, and I'd rather choose HRT over my mental health";*

- During periods of ill mental health;
- Not feeling the need to take medications/therapy anymore;
- Forgetfulness;
- Access issues;
- Disengagement with doctor/health professional; and
- Self-management, such as one participant described *"I am intelligent and capable of making my own decisions including my own health care plan. I consult with medical professionals and value their input and guidance".*

For further detailed analysis on General Health Access and Experiences, see Appendix 12.2.

6.2 Hormone replacement therapy

“For a long time I couldn’t figure out what was wrong because I didn’t know that you could be trans and take [Hormone Replacement Therapy] and other steps to feel more comfortable in your own body... When I finally found out, it was like the clouds parted and the sun shone through, and I finally understood that I could live the life I always had wanted to.”

Many TGD people seek Hormone Replacement Therapy (HRT) to affirm their gender and align physical characteristics with gender identity, which can improve feelings of gender dysphoria, mental health, and overall quality of life.²⁷ In total, 62.9% of the participants to our survey were currently taking HRT, see Figure 6.2.2. Trans men or trans women were more likely to be taking HRT. This could be because not all TGD people desire medical intervention and not all TGD people, particularly gender diverse people who identify as both or neither male or female, may not seek HRT or may discontinue use once certain desires are achieved.¹⁷ Of the participants currently taking HRT, 90.3% were linked into care and seeing a doctor for their hormone therapy.

Participants who were not currently accessing HRT or preferred not to say (37.1%) were asked if they would like to access HRT and over half of these participants (58.6%) said they would like to access HRT, see Figure 6.2.2. Participants who were trans men and trans women were more likely to want to access HRT.

Those who would like to access HRT identified a range of barriers to accessing HRT (n=132) which can be seen in Figure 6.2.1.

For further detailed analysis on Hormone Replacement Therapy, see Appendix 12.3.

Figure 6.2.1 Barriers to accessing HRT

Social barriers

Lack of support from family and friends of TGD identity and/or initiating HRT (n= 31)

"Family and friends won't support me."

"My parents don't support."

"I live with my parents and they do not accept me being transgender at all."

Fear of stigma and discrimination and potential outcomes this could have on safety, relationships, job security and living situation (n=19)

"Social stigma of trans people."

"Fear of being judged."

"My partner will divorce me."

"I will lose custody of my children."

"My parents will kick me out of home."

"Difficulty accessing safe services."

"Unsafe environmental at home."

"Risk of violence."

"It will greatly affect my career."

Service provider barriers

Expensive costs of HRT health related appointments and ongoing medication (n=36)

"I can't afford it."

"Cost of psychology appointments."

"Financial difficulties."

Long appointment waiting Times prohibiting access to HRT (n=28)

"Long waiting lists."

"Waiting, waiting, waiting."

Lack of information about HRT and where to access it (n=17)

"Not knowing the proper process."

"Unsure where to start."

"Not enough knowledge on the side effects."

"I don't know who to talk to get more information."

Lack of accessibility due to regional location and/or inability to find a trans inclusive doctor (n=19)

"Living in a rural town I don't have access to many specialists."

"Difficultly accessing trans inclusive doctors locally."

"No one to ask."

"Access to trans friendly doctors."

Personal barriers

Health reasons prohibiting taking HRT (n=16)

"Waiting til my mental health gets better."

"Poor general health."

"Previous adverse long-term side effects of HRT."

Waiting for a certain period in their life before starting HRT (n=8)

"I want surgery first."

"I have to finish school first."

"I'm under 18."

Not ready yet to start HRT (n=27)

"Not sure I'm ready for it yet."

"I need to think more about it."

"Fear of coming out."

Wish to preserve option of fertility (n=6)

"Infertility once started."

"Trying to get my eggs frozen prior to starting HRT."

"Preserving fertility as I can't afford to freeze eggs."

"I need to freeze my sperm first."

Figure 6.2.2 Participants HRT use

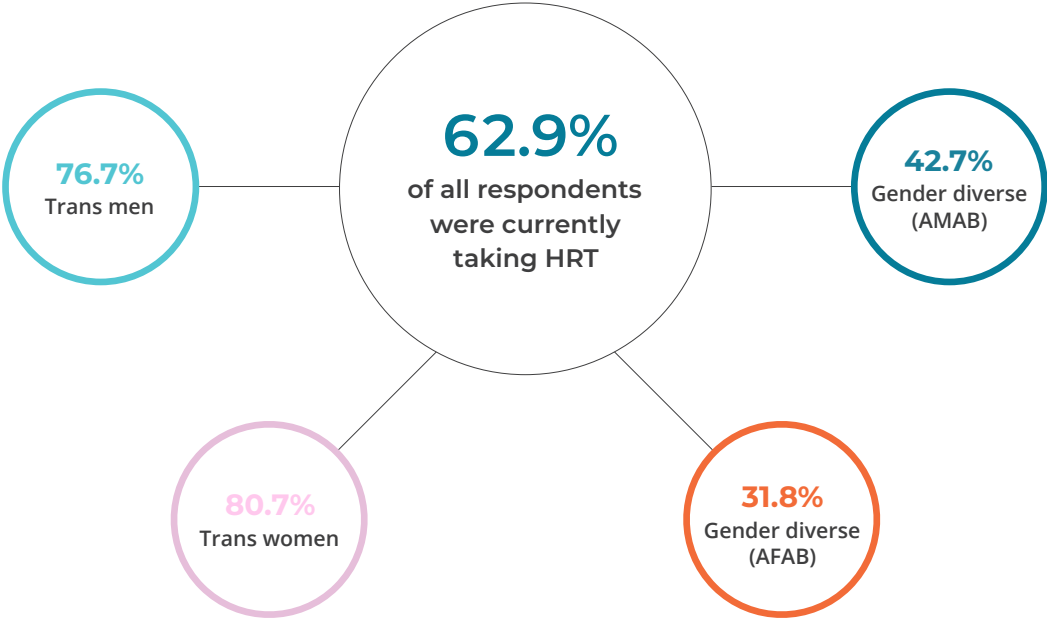
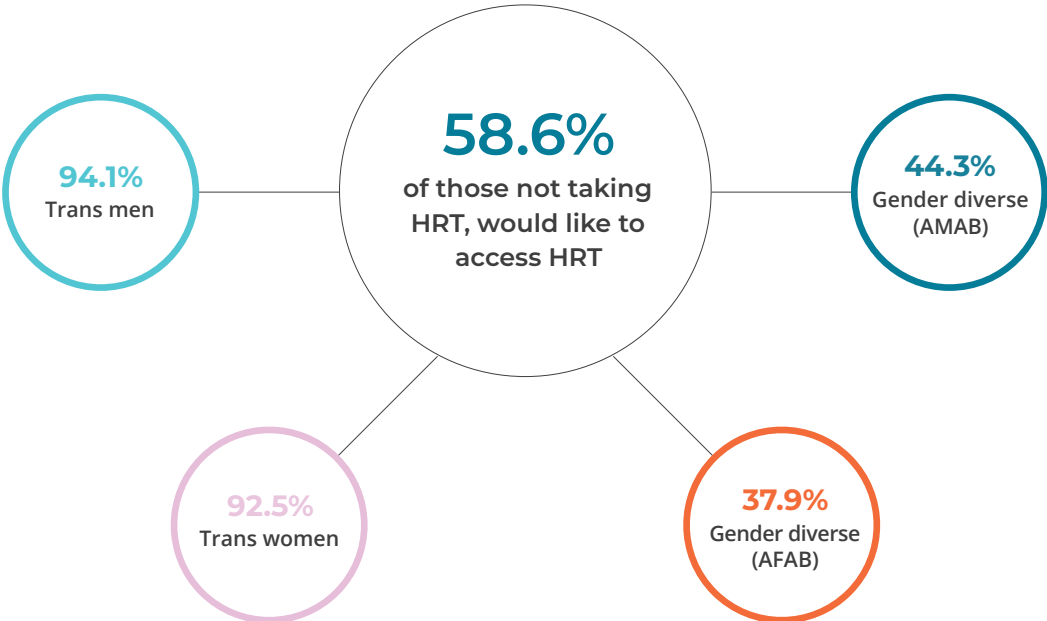


Figure 6.2.3 Participants who would like to access HRT



6.3 Gender affirming surgery

“Since receiving these surgeries my mental health and wellbeing has been raised significantly and I experience a better quality of life.”

For some TGD people, gender affirming surgery is essential to affirming gender identity and alleviating gender dysphoria. In total, 25% of all participants reported having had gender affirming surgery, see Figure 6.3.2. Trans men were more likely to have had gender affirming surgery than people with other gender identities. Most (76.8%) reported their gender affirming experience as ‘very good’ or ‘good’, see Figure 6.3.1. We asked participants if they would like to provide more information about their gender affirming surgery.

Participants tended to provide positive accounts of surgery, including one participant who said it was *“100% necessary for me. I wasn’t really able live without it”*, with another describing the surgery as helping them to *“feel very complete”*, and as *“very affirming on my identity”*. Another noted *“I became the true me”*. Several participants also expressed a sentiment of improved overall wellbeing, with one saying, *“I immediately felt even more contented”*. Many described how surgery had improved their mental wellbeing with one participant who shared *“the improvement in my mental state and overall happiness and outlook that has come as a result from this surgery has been absolutely life changing.”*

Many participants also described surgery to be demanding on their physical, mental, and emotional health. Specifically, participants shared that they:

- Had negative experiences with medical and/or support staff, such as experiences of stigma and discrimination and non-trans friendly health settings.
- Experienced complications with the surgery leading participants feeling unhappy with results, feeling their surgery journey was incomplete, or requiring further surgery in the future.
- Surgery was painful and required long periods of time to recover.
- Felt not yet satisfied, and that their surgery journey was still incomplete, and they would like further surgery but faced access barriers such as costs, health, and age.

Participants also commented on challenges with surgery access within Australia sharing that it was extremely expensive and while some were able to access surgery through the publicly funded system, many had to pay high prices using their own personal funds. One participant described the *“I put the bill on a credit card knowing full well I could not pay it back. This resulted in bankruptcy which has affected my future. But at least I’m still alive.”* Others described that they felt there was a lack of qualified surgeons in Australia which resulted in many people describing waiting long periods of time to have their surgeries or accessing relevant appointments. Many described having to travel within Australia

to major cities to access surgery or travelling overseas to access more affordable surgery with more surgeon and surgery choice and less waiting times. One participants described they "went overseas for surgery, as could not find doctors within Australia..."

For some TGD people, gender affirming surgery cannot be completed in one surgical intervention and requires multiple surgeries over time. There were 93 (5.7%) participants who had already had surgery and would like further surgery in the future.

A majority (70.2%) of participants who had not had gender affirming surgery indicated that they would like to have surgery in the future, see Figure 6.3.3. Those who would like to be able to access surgery in the future were mostly trans men (95.1%) and trans women (81.8%), followed by 60.8% of people who are gender diverse (AFAB) and 38.4% of people who are gender diverse (AMAB). This suggested that despite widespread desire for surgery, TGD people may experience

barriers to attaining it. The main barrier that participants identified to accessing surgery or further surgery was the costs of surgery (65%), with many describing "the biggest issue with surgery is the finances". Other barriers included not knowing where to go (21.8%), and family issues (18.7%) such as "feeling anxious... about telling my family." Participants also listed other complex barriers in open ended responses, such as: not being ready or out; not having completed pre-requisite surgery requirements; lack of surgery accessibility within Australia; fear of risks or "feeling anxious about the complications"; not being able to take the time off work or remain working in the same industry; time and support for recovery; feeling unsure how to navigate the health system; social and personal issues; fear of discrimination and rejection; wanting to have children first; and currently being on a waiting list.

For further detailed analysis on Gender Affirming Surgery, see Appendix 12.4.

Figure 6.3.1 Participants' experience of gender affirming surgery

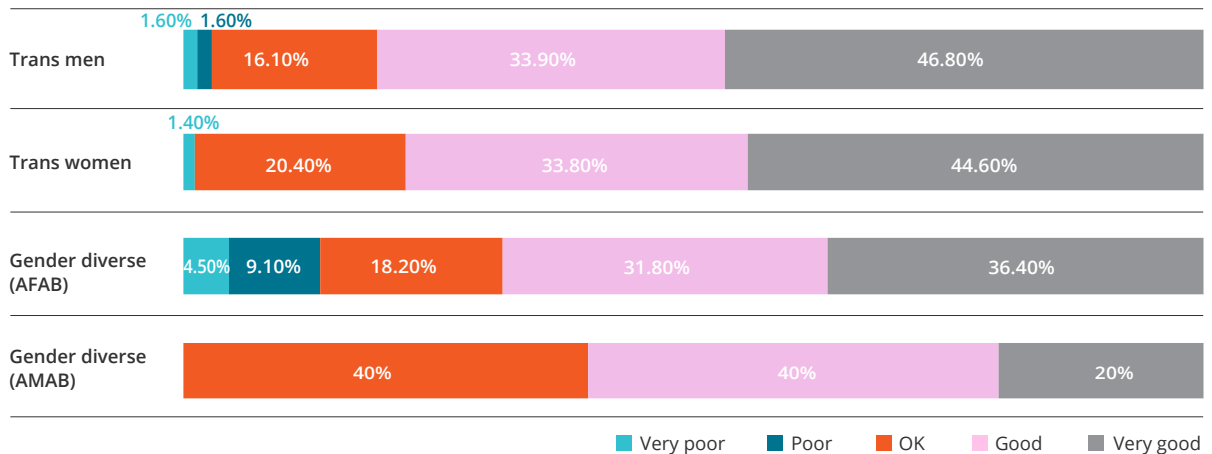


Figure 6.3.2 Participants who have had gender affirming surgery

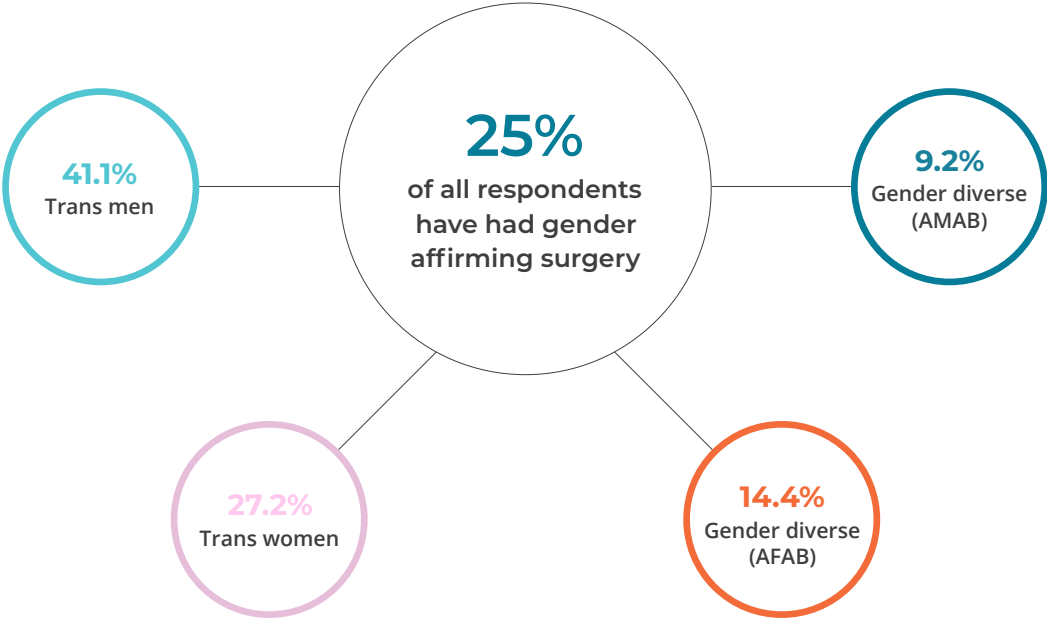
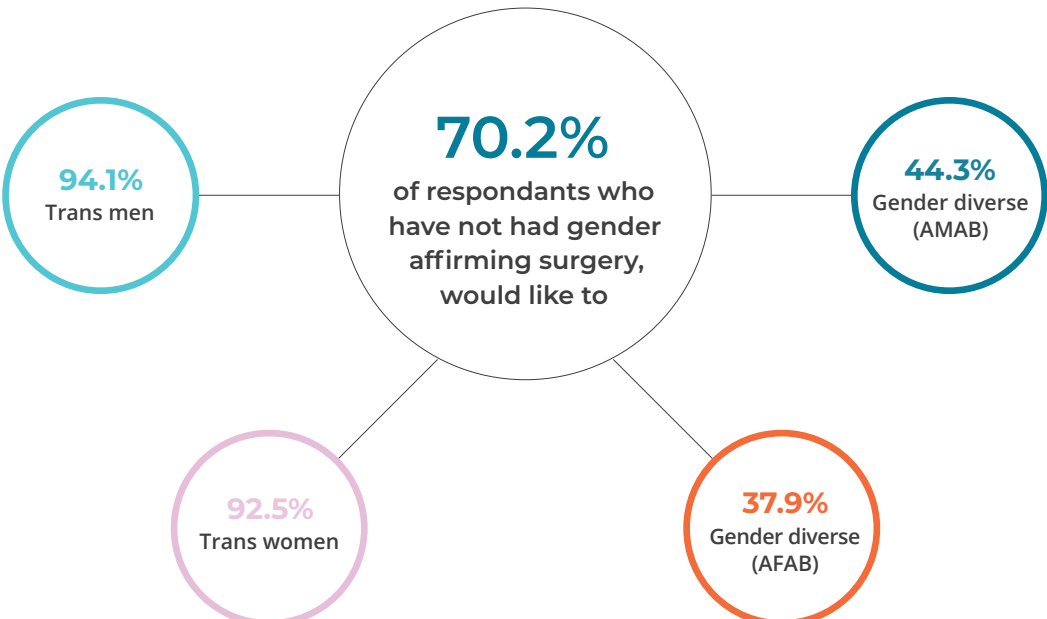


Figure 6.3.3 Participants who would like to access gender affirming surgery



A close-up portrait of a young person with vibrant blue hair, a shaved side, and multiple piercings, wearing a rainbow-colored shirt. The person is looking slightly to the left of the camera with a neutral expression. The background is a soft, out-of-focus green, suggesting an outdoor setting. The text is overlaid in the lower-left quadrant of the image.

Overall, participants were roughly five times higher than the general population to access mental health services.

6.4 Mental health

“The inner struggle is far more difficult than the external struggle. Mental health issues should be made a priority.”

Past studies conducted within Australia have found trans and gender diverse people experience increasingly high levels of mental health conditions, particularly depression and anxiety.²⁸ Depression was the most common mental health diagnosis received by survey participants, with three in five participants (62.2%) reporting a ‘depression’ diagnosis at some point in their life. This was followed closely by ‘anxiety’ (59.1%). These results were much higher compared to the general Australian populations lifetime prevalence of depression (10.4%) and anxiety (13.1%),²⁹ see Table 6.4.1. Rates of depression among TGD participants were six times higher than the general population, while rates of anxiety were four and a half times higher than the general population.

People who are gender diverse (AFAB) were more likely to report a diagnosis of a mental health condition across all types of different mental health conditions provided as options to the question.

Table 6.4.1 Rates of depression and anxiety among the general population compared to the trans and gender diverse participants

Lifetime prevalence of mental health condition	Australian average ²⁸	TGD survey average
Depression	10.4%	62.2%
Anxiety	13.1%	59.1%

Just under half (43.2%) had been ‘prescribed and had taken medication’ for a mental health condition in the past year. Almost 3% of participants described having been prescribed medication but having not taken the medication prescribed. People who are gender diverse (AFAB) were slightly more likely to report having been prescribed and taken medications for a mental health condition in the last year compared to the other groups of participants.

It was most common for participants to rate their current mental health to be ‘OK’ (35.5%) followed by ‘poor’ (29%) see Figure 6.4.1, and 56.7% felt either ‘supported’ or ‘very supported’ with their mental health needs, see Figure 6.4.2.

For further detailed analysis on Mental Health, see Appendix 12.5.

Figure 6.4.1 Participant's current mental health rating

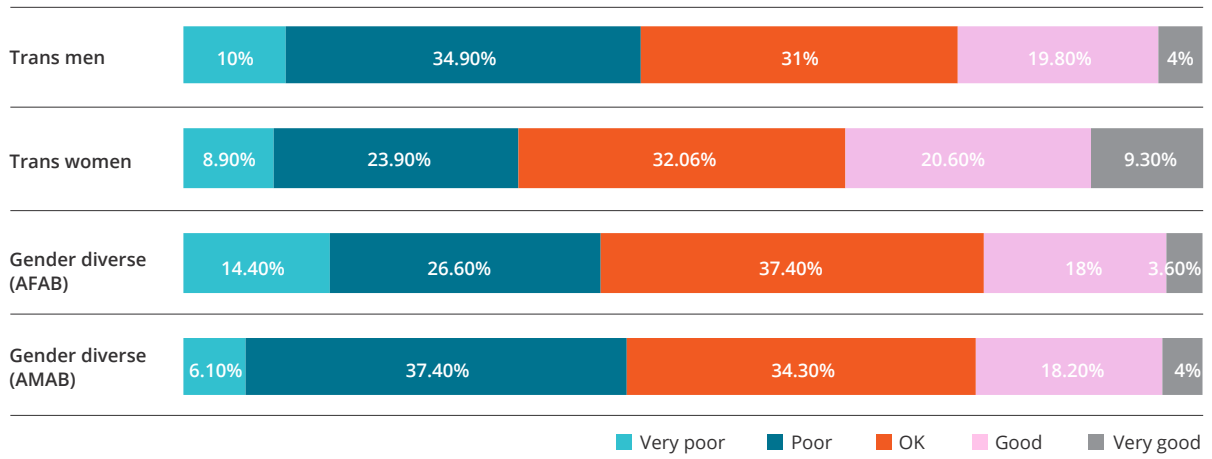
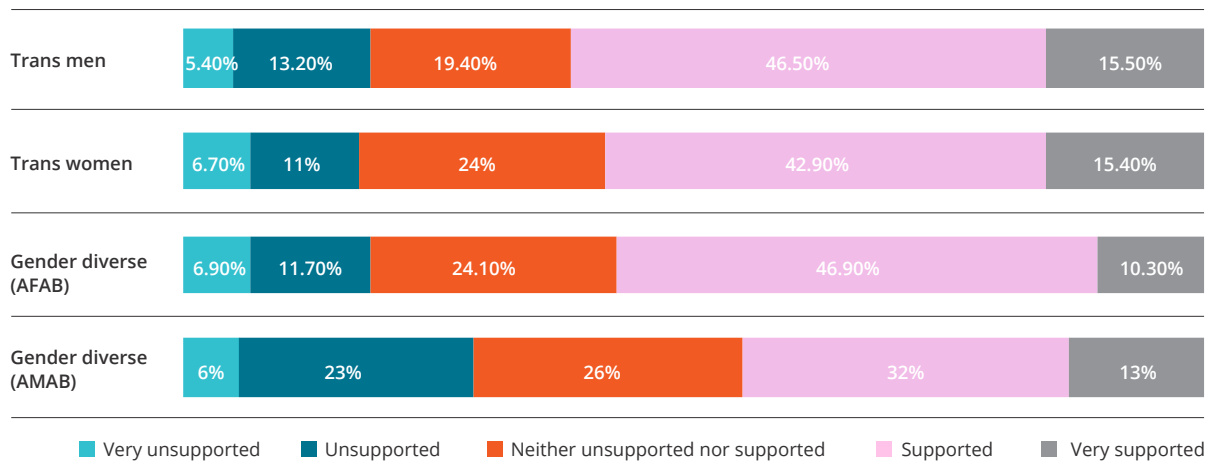


Figure 6.4.2 Participants rate of support with mental health needs



6.5 Trans and gender diverse service provision

"I feel there are no services for me."

In total, 87.9% of participants from across Australia felt there was a lack of services available for TGD people.

Participants stated they would like to see more funding for specialised TGD services that are bulk billed, offer support groups, and are run by peers. One participant shared that *"there are no clinics or services that are trans led and there are very few that are trans specific or even explicitly trans affirmative or inclusive. Mainstream services don't have the policies, procedures, or training to cater for trans people. Often we're left to rely on our community to fill in the gaps."*

Because of the ongoing way that TGD people, and female identifying trans people in particular are still classified amongst the MSM community, LGBT focused health services still struggle to attract TGD people.^{30,31}

Difficulty in accessing services was another common reason why participants believed there were a lack of services for TGD people. Many participants described that there were a limited number of adequate services for TGD

people in their city and state, particularly those who lived in rural and regional areas. Services that are hard to find and a lack of information on how to access services were also listed as major reasons why participants felt there was a lack of services for TGD people.

Difficulty in finding healthcare providers who specialise in TGD health was common. Stigma and discrimination faced within mainstream services was also listed by many as a reason they avoid general services. One participant highlighted how mainstream services are not always safe and appropriate for TGD people as *"not enough medical professionals and services are educated on trans and gender diverse health and etiquette. This makes trans and gender diverse people feel alienated and uncomfortable, therefore avoiding those essential services."*

For further detailed analysis on Service Provision see Appendix 12.6.

6.6 Sexual health

“Over the years I’ve become tired of being the educator.”

Sexual health testing

When we asked participants about HIV and sexual health testing, we found that participants could be separated into two subgroups:

1. Those who were up to date and engaged with sexual health screening, and
2. Those who were not engaged or up to date in sexual health screening.

Around two in five participants (40.1%) reported never having had an HIV test while 59.9% reported having had at least one HIV test in their lifetime. Of those who had been tested for HIV at least once in their lifetime only 55.9% had been tested within the past year. Trans men were more likely than all other groups to have never been tested for HIV (46.1%).

Qualitative insights revealed that some participants had low HIV risk awareness potentially accounting for the reason why some participants had never tested for HIV. Roughly one in five (21%) of those who had never tested for HIV reported they had never had sex. Figure 6.6.1 uses participants own words to represent the most common themes provided as to why participants have never tested for HIV. Those who responded never having had sex are not included.

Slightly more participants reported having had a sexual health test over their lifetime (62.7%), however only 56.6% had tested within the past year. In total, 37.2% reported never having had a sexual health test. Qualitative responses provided similar themes as to why participants had never tested for HIV. These included, never having had sex, being currently sexually inactive, being in a monogamous relationship, sexual partners having already been tested, and considering themselves at a low or no risk were among the most common themes. Feeling uncomfortable and the psychological impacts of being mis-gendered and gender dysphoria was also listed as common reasons as to why participants had never had a sexual health test. Some participants reported having been only tested for HIV for certain reasons such as surgery and job requirements. One participant shared that they had tested for HIV but not had a sexual health test as *“other testing is not a priority and often uses gendered terms which makes me uncomfortable and avoidant”*.

Figure 6.6.1 Reasons why participants had never tested for HIV



Often sexual health screening guidelines are based on if someone is symptomatic and then based on sex and sexuality of an individual to determine risk of exposure to STIs.³² When it comes to diverse gender and sexualities this may be difficult for sexual health clinicians who do not have thorough knowledge on diverse gender and sexualities to offer individuals appropriate methods of testing. Participants were asked what sexual health tests they had received at their last sexual health appointment to ascertain if participants were being tested comprehensively.

Table 6.6.1 shows a blood test was the most common (51%) type of test participants received at their last sexual health screening, followed by a urine test (37.3%). Trans men were less likely to have had a blood test (45.3%) and trans women were less likely to report having a urine test (28.5%) compared to the other groups of participants.

Table 6.6.1 Type of test at last sexual health screen

Type of test at last sexual health screen	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Blood test	67	45.3	142	51.8	82	52.6	56	54.4	347	51
Urine test	66	44.6	78	28.5	60	38.5	50	48.5	254	37.3
Anal swab	12	8.1	30	10.9	8	5.1	18	17.5	68	10
Throat swab	20	13.5	29	10.6	19	12.2	23	22.3	91	13.4
Genital swab	32	21.6	17	6.2	46	29.5	11	10.7	106	15.6

The most common STI diagnosis among all participants was 'Herpes Simplex Virus 1 and 2' (7.3%), followed by 'Gonorrhoea' (6.9%), 'Chlamydia' (6.7%), 'Human Papillomavirus (HPV)' (5.3%), and 'Syphilis' (3.3%). It was less common among participants to report a diagnosis of 'Hepatitis C' (1.9%), 'Non-specific Urethritis' (1.6%), 'Hepatitis B' (1.3%), 'Trichomoniasis' (1.3%), 'Mycoplasma Genitalium' (1%), and 'Lymphogranuloma Venereum' (0.4%). A further 1.4% of participants reported having received an STI diagnosis but were 'unsure of what it was called'.

PrEP and PEP

Just over half of participants (54.8%) reported awareness that both PrEP and PEP existed, and 29.3% had never heard of either. Trans women, a group that has a high prevalence of HIV³³ and in which PrEP is highly effective at preventing HIV³⁴, were less likely to have heard of PrEP and PEP. This aligns with Australian³⁰ and globally studies³⁵ that show that transwomen do not respond to sexual health campaigns targeting the MSM community.

A total of 3.3% of all participants were taking PrEP and were most likely to be people who are gender diverse (AMAB) and trans men. Only 1.6% of the trans women who completed the survey were taking PrEP.

Sexual health experiences

“Health Professionals rarely understand the needs of Trans or Gender Non-conforming people’s sexual health. A difficult conversation for someone who is cisgendered becomes almost impossible to navigate when you are Trans.”

Conversations about sexual health were most often initiated by participants themselves (61.25%), followed by their ‘doctor’ (33.3%), ‘peers/friends’ (20%), and ‘partners’ (19.5%). People who are gender diverse (AFAB) were more likely to have their peers/friends and partners initiate a conversation about sexual health compared with other groups of participants. Trans men were more likely to have conversations about their sexual health initiated by their doctor.

Many participants reported feeling ‘comfortable’ or ‘very comfortable’ (45.9%) talking about sexual health with health professionals, followed by ‘neither comfortable nor uncomfortable’ (27.9%). Approximately one in four participants (26.1%) felt either

‘uncomfortable’ or ‘very uncomfortable’ discussing sexual health. Trans men and people who are gender diverse (AFAB) were more likely to report feeling ‘uncomfortable’ which, in turn, might explain why these two participant groups were less likely themselves to initiate a conversation about sexual health with a healthcare provider.

Figure 6.6.2 represents what would make the conversation about sexual health with healthcare providers more comfortable using participants (n=141) own words to highlight the most common themes.

Figure 6.6.2 What would make the conversation about sexual health with healthcare providers more comfortable

Health providers who are allies, respectful, and non-judgmental (n=48)

“Knowledge that my GP is an ally of the LGBTI community.”

“Visible signs of support for LGBTIQ patients.”

“I am scared of being judged (about who I sleep with).”

“I’m often asked very probing questions that aren’t medically relevant. I’m clearly a curiosity.”

Health providers who don’t make assumptions

“Not having doctors assume I use my body in particular ways. Letting me explain in my own words.”

“Talking to us about our genitals they should ask first what we call it before they assume.”

“Less heteronormativity in the assumptions they make about who I’m having sex with or the kinds of sex I have.”

Health providers who are knowledgeable of trans and gender diverse care (n=20)

"Knowing the person is trained in gender affirming care."

"Medical professionals that have a better idea of what non-binary is and what it means."

"Knowing that the doctor will have at least some understanding of what it's like to relate to your own body and to sex as a trans person."

Knowledge and comfort in talking about alternative and queer sexualities and ways of having sex (n=18)

"Understanding of alternative sexualities and ways of having sex."

"A greater understanding of queer sex and trans bodies."

Dysphoria and being comfortable with self (n=17)

"My dysphoria causes me to be uncomfortable talking about my 'junk'."

"It makes me feel dysphoric so I would rather avoid the topic."

"I'd just have to be more comfortable with myself."

Peers and queer doctors available for support (n=11)

"Queer doctors."

"Discussing the matter with professionals who have a more similar identity to my own."

"A doctor that is gay/ understands queer people or is younger."

Understanding and using correct language/terminology (n=9)

"Being out as trans and the health care professional not gendering body parts/using the words I use for my body make me more comfortable."

"I have to start by explaining what my words mean and they often just don't understand."

If the health providers initiated conversations about sexual health (n=3)

"If they brought the conversation up and asked about screenings instead of having to request it for myself."

"If doctors were to casually ask if I would like a screening, that would be helpful. Initiating that kind of conversation is really hard to do."

"A doctor who asked to do the screening so I don't have to raise it."

Accessibility to sexual health services (n=3)

"Well-advertised and welcoming place so I can find them."

"I don't live in the right area and can't afford to move."

"I wouldn't speak with my GP. They get uncomfortable. When I go to the sexual health clinic though, doctors visit from Sydney and they are amazing, kind and understanding – I wish they were available every week – sometimes you need to wait a month to see one."

When accessing sexual health services, a majority of participants felt 'somewhat safe' (37.1%) and 'very safe' (22.8%). A further, 31.6% felt 'neither safe nor unsafe', 6.8% who felt 'unsafe', and 1.7% who felt 'very unsafe'. Trans men and people who are gender diverse (AFAB) were more likely to report lower rates of feeling 'very safe' (17.3% and 15.2%, respectively) and higher rates of feeling 'unsafe' (10.3% and 10.9%, respectively).

We asked participants if they would like to tell us more about their feelings of safety when accessing sexual health services. Participants indicated that many felt safer when accessing trans inclusive or LGBTIQ clinics, and less safe and more uncomfortable in mainstream/non-LGBTIQ clinics. Many participants reported feeling that they had to be the educator about trans health to their healthcare providers. Others had concerns of stigma and discrimination, not being listened to, privacy issues, and assumptions by healthcare providers about their gender and sexuality.

Another group of participants reported positive experiences when accessing sexual health services and many felt safe with their regular GP who they trust and had built rapport with and is respectful.

Some reported feeling unsafe due to psychological distress associated with talking about bodies and sex, as well as uncertainty associated with whether they would be supported when visiting a new health professional.

For further detailed analysis on Sexual Health see Appendix 12.7.

6.7 Alcohol and other drugs

Data from the Australia-wide National Drug Strategy Household Survey (NDSHS) indicates that people who identify as lesbian, gay, or bisexual have a relatively increased rate of substance use compared to the general population.³⁶ While the NDSHS asks participants about sexual identity, it does not include estimates for people identifying as “transgender”, “intersex” or “queer”. Therefore, nation-wide surveillance of alcohol and drug use by TGD people within Australia is limited. However, the 2014 report of the *First Australian National Trans Mental Health Study* of 946 TGD Australians, funded by BeyondBlue reported TGD participants were approximately twice as likely than the general population to have used an illicit drug within the last 12 months.¹⁹

A majority of participants (79.5%) reported having consumed ‘alcohol’ at least once in their lifetime, followed by ‘prescription drugs’ (53.1%), ‘marijuana’ (47.8%), ‘cigarettes/nicotine’ (39.2%), ‘ecstasy’ (22.6%), ‘hallucinogens’ (19.5%), ‘cocaine’ (18.5%), ‘amphetamine’ (16%), ‘methamphetamine’ (9.9%), ‘gamma-hydroxybutyrate’ (5.7%), and ‘heroin’ (4.4%). Roughly one in 10 (9.8%) participants reported injecting drug use at least once in their lifetime. A smaller percentage of participants (3%) reported injecting drug use within the past 12 months. People who are gender diverse (AMAB) were more likely to report having used alcohol and other drugs and injecting drug use across their lifetime than the other three groups, and this group was also more likely to report injecting drug use within the past 12 months.

Nearly half (44.7%) of all participants reported they have had ‘difficulties or challenges’ with alcohol or other drug use. These might include feeling out of control with their substance use, not being able to reduce their use when they wish to, or feeling their use had detrimental effects on their social lives and physical health. About one in five (21.6%) participants reported a difficulty or challenge with ‘alcohol’, followed by ‘cigarettes/nicotine’ (16.7%), ‘marijuana’ (9.6%), ‘prescription drugs’ (7.3%), ‘methamphetamine’ (3.6%), and ‘amphetamine’ (3.3%). People who are gender diverse (AMAB) were more likely to report difficulties or challenges with substances across all categories than the other three groups. People who are gender diverse (AFAB) also had an increased rate of reporting difficulties or challenges with alcohol and other drugs.

One in three participants (32%) had sought help for difficulties or challenges with alcohol and other drugs. The most common support services sought were a ‘general practitioner’ (10%), ‘smoking cessation program’ (5.3%), and ‘drug and alcohol services’ (4.1%).

For further detailed analysis on Alcohol and Other Drug Use see Appendix 12.8.

7. Part 2

Social determinants of health

7.1 Education, employment, and income

“Trying to get work when people aren’t sure of your gender identity is very challenging.”

Participants to our survey reported high rates of current education levels. Approximately four in five (79.9%) participants current education attainment level was a post-high school qualification, see Figure 7.1.2. This is much higher than the general Australian population, of which 56% of all Australians hold a post-high school qualification.

Despite high education rates overall, 48.7% of participants felt they were employed less than they would like. Only half of participants reported their main income source as ‘full-time’ (31.3%) or ‘part-time/casual work’ (21.2%). One in ten (9.9%) participants said they were ‘supported by either a partner, spouse, family, or friend’, and 28.1% were receiving government support as their main form of income. In total, 16.7% of participants reported having ever ‘exchanged sex for money, accommodation, food, drugs, etc.’

Another 46.3% reported feeling that transphobia and/or discrimination has impacted on their employment and income. Qualitative responses indicated a common theme of transphobic discrimination within the workplace such as bullying including micro-aggressions which included a lack of acceptance or being treated differently because of their TGD identity.

Some reported having been fired or their employment being ceased after coming out as TGD. Many said they felt they were less likely to be given a promotion and that transphobia had affected their career progression. One

participant shared experiencing intersectional discrimination within the workplace sharing they had experienced *“Transphobia and racism for sure. It’s hard to talk about being trans and black.”* Many participants felt they were *“less employable”* as a TGD person and transphobia had impacted the types of jobs they feel they can apply for despite being qualified and capable for employment.

To avoid the impacts of transphobia and/or discrimination a proportion of participants were not “out” as a TGD in the workplace.

Many participants who were seeking employment were concerned about being outed by official documents, references, and background checks required for job applications. Some participants reported they had been asked about their deadname (usually an original birth name that no longer represents the individual) in an interview, not been hired after official documents had been provided to potential employers, and felt they had to cut down their CV to only include post-transition jobs. One participant described that they had been refused a reference by a previous transphobic employer. Safety was another concern, with one participant who even *“felt the need to leave jobs because I did not feel safe.”* Figure 7.1.1 highlights in participants’ own words the most common themes of the ways in which transphobia/ discrimination has impacted on participants’ employment and income.

Figure 7.1.1 Ways in which transphobia/discrimination has impacted on participants employment and income

Discrimination in the workplace (n=106)

"I have been fired before for asking people to use my pronouns."

"I have had clients tell me directly to my face once I transitioned that they would not hire me."

Institutional barriers and discrimination in hiring process (n=102)

"Some job interviewers have realised my pronouns (they/them) and have instantly ended interviews."

"I used to get every job I applied for, since I transitioned I have not had any luck."

"A job interview can go perfectly, though the second I accidentally lower my voice pitch or show my birth certificate for ID (which shows my deadname) the interviewer/employer will go stiff."

"Employers put me in the too hard basket, even though everyone says that I'm a strong candidate I never get the job."

"I am unable to change the name on some qualifications I obtained prior to my name change and this raises red flags with conservative employers."

Limited my job opportunities

"Feel I'm limited in the jobs I can go for and be open and supported in my gender identity."

"I get jobs because I am trans, which isn't a bad thing. Except that it feels like when you're trans, the only jobs you can get are trans related."

I can't be "out" at work (n=43)

"If I present in my preferred gender then I will lose employment, so I don't."

"I believe I earn far more now than if I was out in the workplace and it has greatly affected my decision to transition."

"I have to put my gender identity aside in the workplace."

Work discrimination after transitioning has affected my career (n=24)

"My career has stalled since transition, regardless of what I deliver or achievements I make."

"My boss no longer listens to me, and I am the first one he blames for things now."

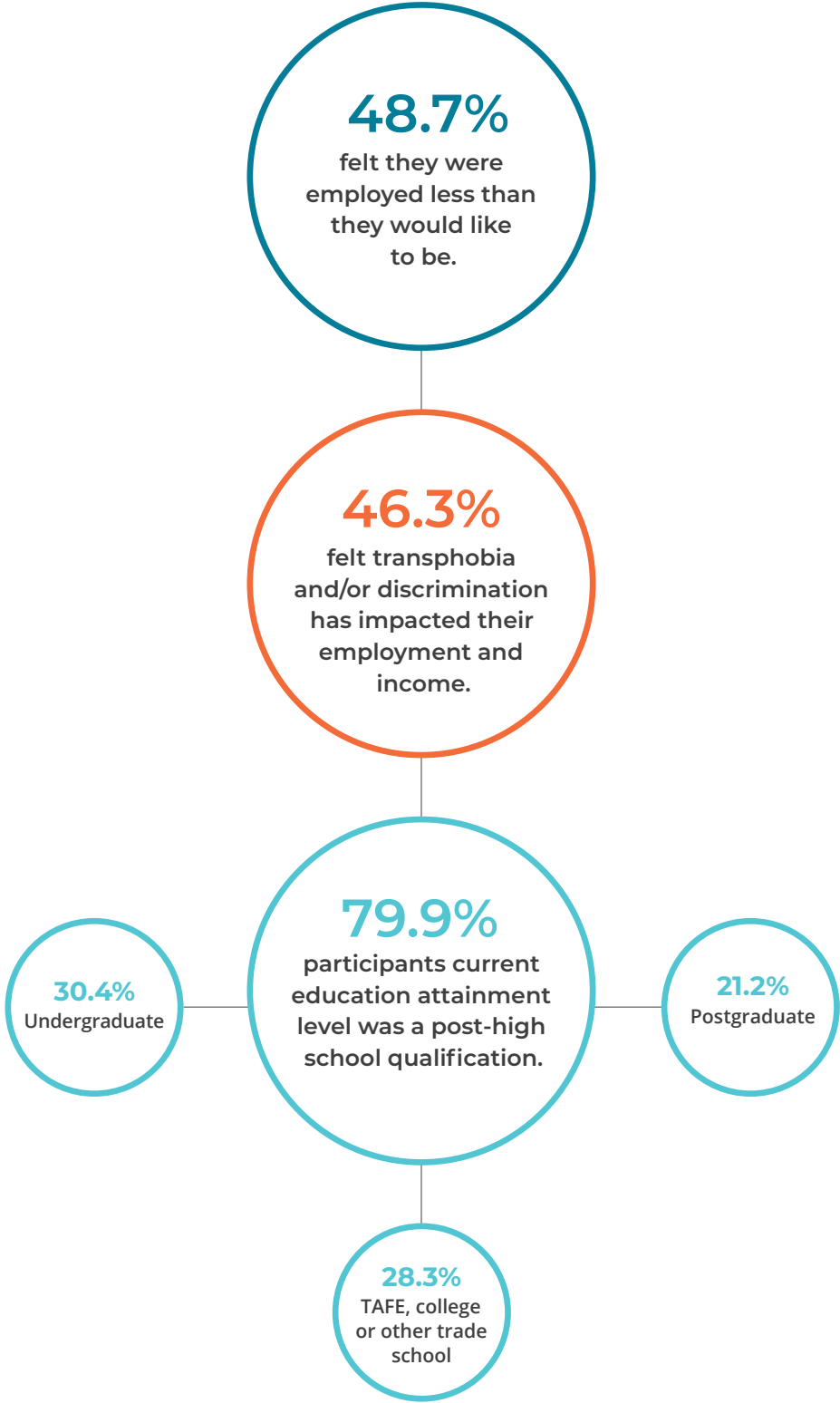
"Ever since coming out, and being open about who I am, my opportunities for professional development seem to have evaporated."

My identity is a potential to be hired (n=3)

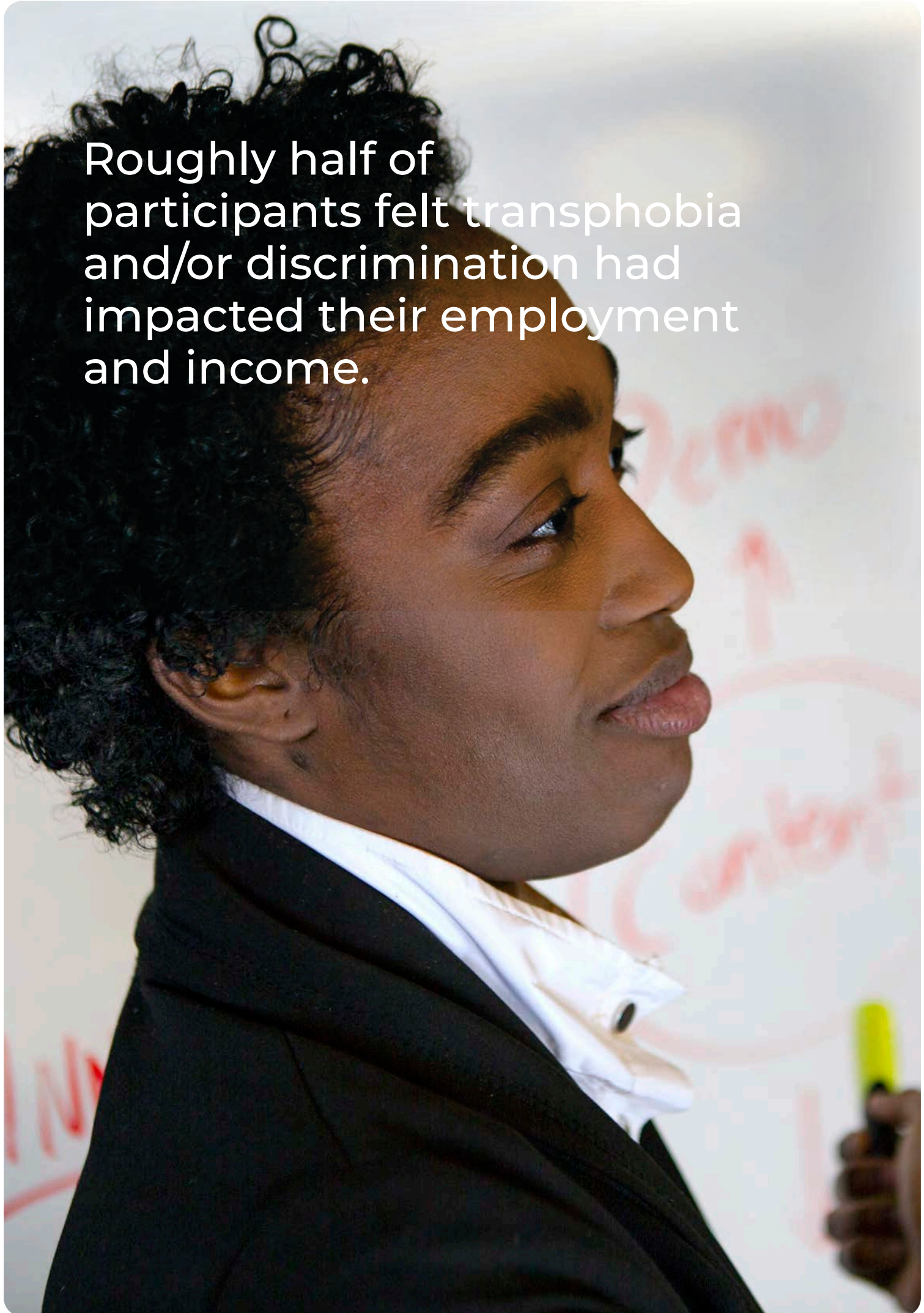
"I think it's more of a potential, I've had to learn to harness my transness (and queerness, and mental illnesses etc.) and turn it into an employable element of my life, but it's taken the kind of effort most people aren't privileged enough to muster."

For further detailed analysis on education, employment, and income see Appendix 12.9.

Figure 7.1.2 Employment, discrimination and current education



Roughly half of participants felt transphobia and/or discrimination had impacted their employment and income.



7.2 Housing

“Not having a consistent, safe space to live, sleep and eat is incredibly emotionally upsetting.”

Roughly half (49.3%) of participants reported living in a ‘private rental’ accommodation and 18.9% lived in their ‘own home’.

Despite reporting high levels of housing stability overall, approximately 5% of participants reported transitional or unstable housing (i.e. ‘boarding house’, ‘transitional accommodation’, ‘couch surfing’, ‘forced to leave own home’, ‘squatting’, ‘hospital’, ‘Out of Home Care’, ‘sleeping rough’, and ‘crisis accommodation’).

Approximately one out of four (26.5%) participants lived with ‘family/friends’. The majority of participants who reported living with ‘family/friends’ were under 25 years of age (73.75%).

Adequate and satisfactory housing is critical to an individual’s wellbeing and health outcomes.³⁸ The majority of participants were either ‘satisfied’ (39.7%) or ‘very satisfied’ (25.8%) with their current housing. While most participants were ‘satisfied’ with their housing, there was a significant proportion of participants who were negatively impacted by their current housing conditions. Those who were ‘unsatisfied’ (18%) or ‘very unsatisfied’ (4.9%) were asked how their current housing impacts their health and quality of life. Figure 7.2.1 is used to highlight the most common themes using participants’ (n=102) own words.

For further detailed analysis on Housing please see Appendix 12.10.

Figure 7.2.1 How inadequate housing impacts on participants health and quality of life

Living with unsupportive family has delayed my transition (n=52)

"I cannot start to physically transition when living with my family, as they do not support my being transgender. For four years I have been dreaming about starting a physical transition and been unable to do it. This has had a major impact on my quality of life."

"It restricts my freedom, and I cannot do what I want to do. I want to transition, but living in my parents' house means that I won't be able to do it in peace."

"My parents are against me being transgender, so I am still in the closet."

Living in unsupportive/non trans-friendly/unsafe area, culturally unsafe

"I don't feel entirely safe at home due to transphobic family members, living conditions of the house itself aren't ideal, have a complete lack of privacy, live an unfriendly area for trans people, some things that are expected to be there in suburbia don't exist in such a rural town."

"I delayed medical and social transition for more than a decade, in great part due to living in an unsafe situation in an intolerant area. It was only when I was able to afford to pay for my own housing that I was able to begin transition."

Housing is too expensive, I can't pay rent or afford to move to better quality housing (n=48)

"Rent takes most of my income."

"It is incredibly hard to find a place within my budget where I feel safe to be LGBTQ."

"Too expensive and impedes saving for GRS."

Poor housing situation negativity affects my mental health (n=36)

"My poor housing situation feeds my isolation and further damages my mental health."

"It exacerbates my mental health due to the insecurity, stress, worry, lack of safety, freedom and privacy. I feel like nothing is my own, and I feel disempowered to take care of myself and live the best life I could live. I feel vulnerable, isolated and fearful."

"My emotional safety as a transgender woman is always at risk in share houses."

My housing is unstable and inconsistent, I fear homelessness (n=22)

"I may be homeless next year."

"I live in my car, so it's cramped and sometimes cold I make do, but something larger would be better."

"In the past three years, my partner and I have been homeless twice due to housing issues."

"The sheriff attempted to evict us last month."

"Things are always breaking and I've had no toilet for 3 weeks because the landlord didn't want to fix it, and I'm always worried they're going to kick me out and declare this place unliveable."

7.3 Online dating

"I only sleep with guys who are okay with the whole package. If not, their loss. I used to get upset, but now I put myself in the position of power and say yay or nay, instead of expecting rejection."

Online dating and hook-up apps are an increasingly popular way for people to connect and meet other people online. Over half (57.8%) of participants had used an online dating/hook-up app at least once in the past. People who are gender diverse (AFAB and AMAB) were slightly more likely to have used a dating/hook-up app than trans men and trans women.

Participants qualitative responses revealed that many of these platforms are restrictive by the use of binary gender forms and are not always inclusive for the variety of trans and gender diverse identities. Additionally, there were reports of TGD people experiencing ignorance, transphobia, and online harassment whilst

using dating/hook-up apps. One participant shared they *"I have a hard time finding folk who see and validate my identity."* Many participants to our survey shared their experiences with online dating/hook-up apps, and while a subgroup found it a positive experience, the majority of participants found it to be a negative and often stigmatising experience. Figure 7.3.1 is used to highlight the most common themes using participants words.

For further detailed analysis on online dating see Appendix 12.11.

Figure 7.3.1 Participant's experiences with online dating/hook-up apps

Discrimination, transphobia, fetishism, harassment, inappropriateness, profile restrictions (n=204)

- "It was gross, disappointing and would not recommend it to others. There was a list of fetishising, racism, sexism etc."*
- "Few responses and those I got were from people who didn't get what being trans meant. They lost interest when they figured it out."*
- "Lots of transphobia from ignorant people and lots of odd invasive questions."*
- "Tend to get treated as 'fetish objects' rather than people wanting to date us."*
- "Trans chasers can often be disrespectful. Their choice of language can leave me feeling as though my existence is just a fetish to others, and lessens my personhood."*
- "I often meet people on these apps who ask me very uncomfortable questions about my genitals."*
- "Often see no fat, no fems no asians - reinforcing a set ideology of attraction standards."*
- "I was even harassed for being trans despite being upfront about it."*
- "It's hard to disclose to anyone. As soon as you do, they unmatched you or report you."*
- "I have been banned by Tinder multiple times due to anonymous reporting of my profile (this is a common experience for trans fem people)."*
-

Positive experience / met my partner significant other (n=74)

- "It was overall a positive experience."*
- "It is a good way to meet like-minded people."*
- "I've met a lot of really great people from tinder – some of my best friends."*
- "Found my wife through it, best outcome of my life."*
- "Met the love of my life."*
-

Mixed experiences (n=53)

- "Most people are nice but some people are creeps or give you shit when they find out you're trans."*
- "Sometimes great, other times horrible. Some people are quite transphobic."*
- "Pretty good for hooking up for sex, but lots of ignorance about transgender."*
-

Strategies to avoid discrimination (n=24)

- "I used OKCupid and only allowed queer-identifying people to see my profile. I was only on it for a short time before meeting someone, and had a very positive experience."*
- "Scruff has a filter that you can identify as trans. I like that option, because it can help filter out people who are not interested in pursuing contact with me because I'm trans."*
- "People tend to be open about what they want on these apps. Pretty easy to steer clear of the ones who don't accept me."*
-

Apps are not inclusive for me (n=9)

- "Not a trans friendly space. Not enough options for gender diverse individuals."*
- "It's bad, there are very few sites accommodating our community."*
- "Not many people understand what nonbinary means nor do many apps allow for it."*
-

7.4 Discrimination

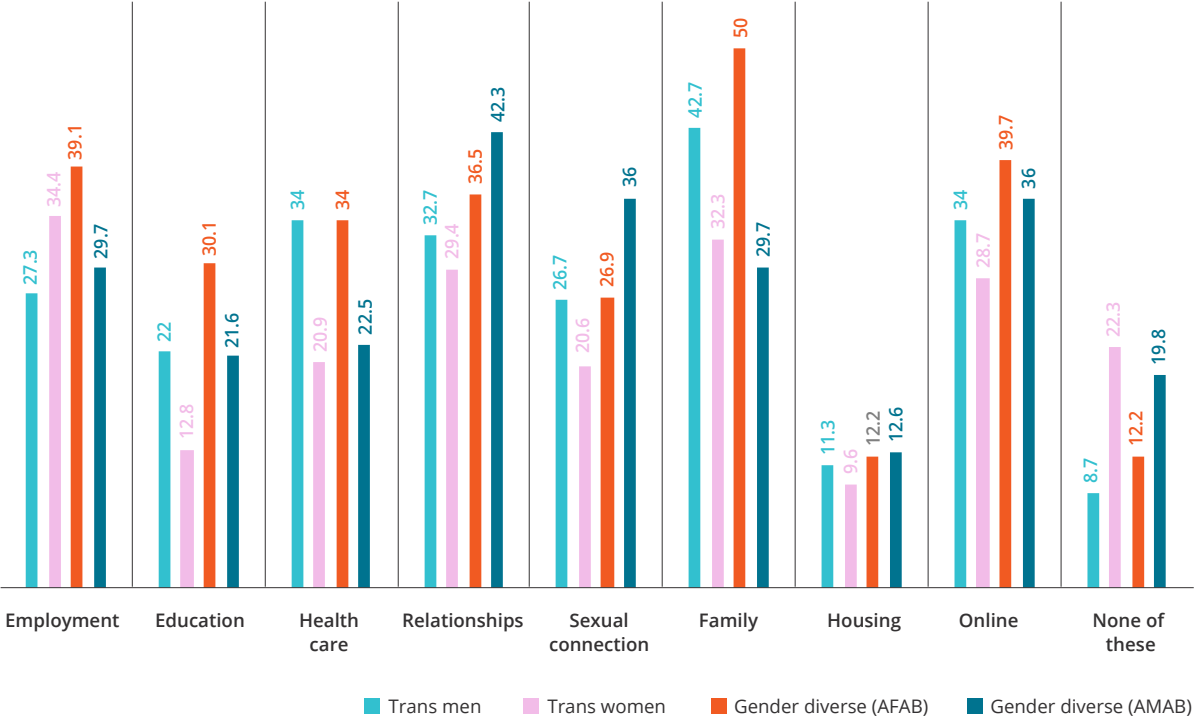
"It can be hell with discrimination."

TGD people experience high levels of discrimination across many areas of society.⁴ Moreover, the effects of discrimination on TGD people can have detrimental impacts on health and wellbeing.⁴

Experiences of discrimination were common among participants, with only 16.7% of participants in total reporting not experiencing discrimination in the areas

shown in Figure 7.4.1. The most common area of discrimination experienced by participants was 'family' (38.1%). Trans men and people who are gender diverse (AMAB) were more likely to report 'family' as an area of discrimination than the other two groups. 'Relationships' (33.8%), 'online' (33.5%), 'employment' (33.5%), and 'healthcare' (26.9%) followed closely after.

Figure 7.4.1 Areas of discrimination experienced by participants



7.5 Community connection

"I think it's very difficult and isolating being trans. When people have found out I was trans they wiped me from their life or treated me differently."

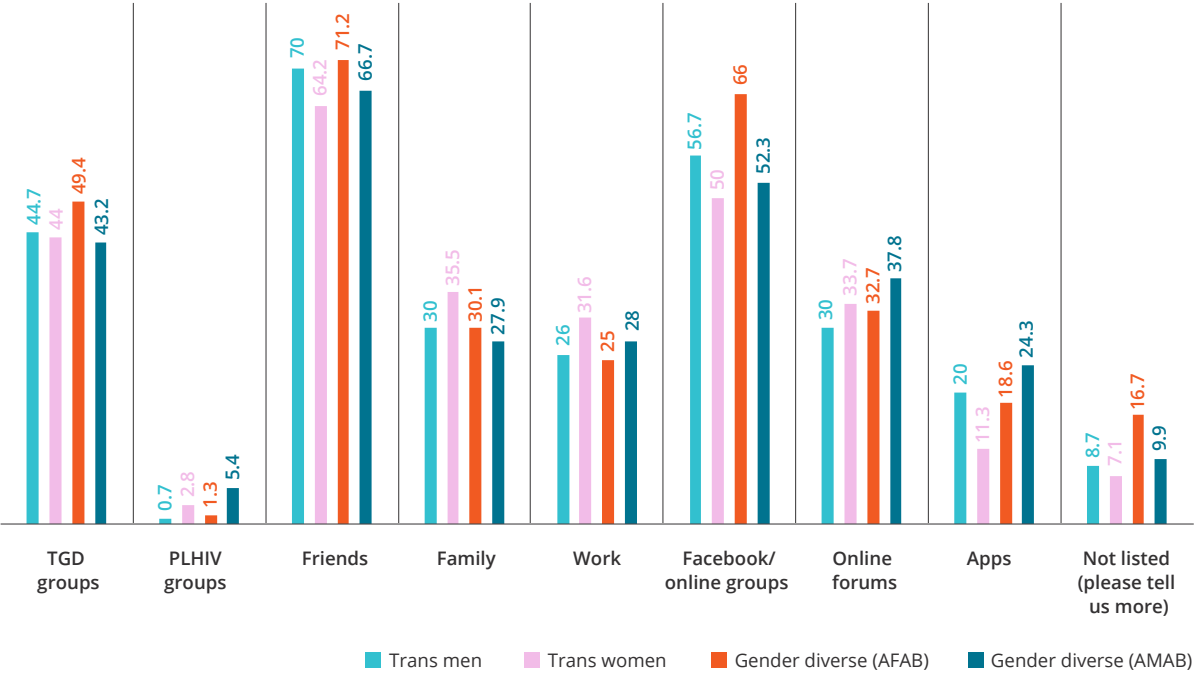
We asked participants about their engagement with different groups of people in society.

- In total, four in five (82%) participants knew another TGD person.
- Over two-thirds (64.2%) of participants knew someone who was culturally and linguistically diverse.
- Over half (59.8%) of participants knew a person who used illicit substances.
- Nearly 1 in 2 (48.9%) participants knew someone who is Aboriginal or Torres Strait Islander.

- One quarter (26.9%) of participants knew a person living with HIV.
- Lastly, 13.2% of participants knew a TGD person living with HIV.

In terms of community connection, the most common way for participants to connect with community was through 'friends' (67.4%), 'Facebook/online groups' (55.4%), and 'trans and gender diverse groups' (45.2%). See Figure 7.5.1 for more detail.

Figure 7.5.1 How participants connect with community



For further detailed analysis on community connection, see Appendix 12.13.

8. Part 3

The future of trans and
gender diverse research

“We need to be included in medical studies of all kinds as an actual category because currently only cis-people qualify in studies. Being trans excludes us.”

Consulting community throughout all aspects of the research process benefits the researched community by increasing capacity building and empowerment among communities and, in turn, often leads to more actions from research outcomes being implemented after the research is completed.³⁹

Figure 8.1 highlights the ten most common TGD research areas participants would like to see research in.

Other important topics of research that were raised fewer times that were not included in the table below included research on discrimination, violence, autism/ADHD, racial diversity, sexual and reproductive health, TGD best practice, intersex specific care, and cease or de-transition experiences.

There are many more areas of TGD research to be investigated.

Figure 8.1 Ten most commonly requested research areas

1 Hormone Replacement Therapy (n=101)

More rigorous research into the effects and use of Hormone Replacement Therapy (HRT). This included but was not limited to investigating HRTs effects over long periods of time, safety, efficiency and dosing options.

2 Social and relational (n=63)

Social and relational research into the lives of TGD people among everyday life and society to create visibility, stronger communities and families and increasing acceptance among the wider community by normalising the diverse gender identities in Australia.

3 Gender constructs and TGD philosophy (n=57)

Research that educates on the understanding of gender and sex as separate constructs. Historical and world history of TGD people, gender diversity and effects of social and cultural norms. The experiences non-binary experiences compared to binary trans experiences. Investigation into gender dysphoria, gender identity disorder and the effects of misdiagnosed or incorrect diagnoses for those experiencing gender dysphoria. Why TGD people exist and what it means to be trans.

4 Socioeconomic disparities (n=57)

Explore employment rates and discrimination, sex work, satisfaction with level of career, and how transitioning has affected TGD people careers and income. Also exploring aspects of education experience, living conditions such as housing and homelessness. Financial assistance and Medicare access. Costs for TGD people to transition.

5 Overall health and wellbeing (n=51)

Studies that investigate general TGD health outcomes and Quality of Life (QoL). TGD people want to see timeline studies including research into the effects of transitioning on QoL. Also studies on how to improve the lives of TGD people by identifying the difficulties TGD people are currently facing. Also, how to provide more appropriate and efficient services to further improve health and wellbeing. As well as how to provide professional support and guidance to TGD people.

6 Mental health (n=46)

Research into the experience of mental health diagnosis' for TGD people including isolation, self-harm and suicide. Other examples included, but were not limited to, the impact of media/current affairs on mental health of TGD people, the effects of wanting to transition but being unable to for extended periods of time, living in unsupportive environments, living rurally and not around TGD community.

7 Gender affirmation surgeries and practices (n=44)

Research into safer and best practices for gender affirmation practices and equipment (binding, hair removal, tucking). As well as more investigate into safer surgery procedures and long term effects and results of gender affirming surgeries.

8 Medical research and support of legitimacy (n=36)

Medical research to increase health providers trust and support in the medical necessity and efficiency of gender affirming treatment and to de-pathologise gender. Research into health providers' perceptions of TGD people.

9 Improved and accurate statistics (n=36)

Data that provides accurate and increased statistics on TGD people in Australia including approximate number of TGD people within Australia. The importance of structuring questions around gender in mainstream research was also discussed particularly so TGD can be visible in all types of research and categories respectively and separately (i.e. trans man and gender diverse (AFAB), not lumped together as transgender).

10 Trans led research and positive experiences (n=36)

Research that involves more TGD people and researchers in the research process and is centred on TGD people's resilience and empowerment. Research that focuses on real life experiences, is pleasure focused and shows a positive representation of TGD people.

A photograph of a person with dark hair tied back, wearing a light blue hospital gown, sitting in a hospital bed. They are looking out a window with a white grid pattern. The person's hands are clasped in their lap. The background shows a hospital room with a white curtain and a coiled black cord on the left.

Most participants thought there was a lack of services available for TGD people.

9 Significance and conclusion

“The hardest thing about being trans isn’t being trans itself. It is the prohibitive systems and roadblocks put in our way when we are trying to transition.”

The results of this peer-led and peer-driven *The Trans and Gender Diverse Health and Social Needs Assessment* contributes to new quantitative and qualitative insights into the current realities and experiences of TGD people accessing health and social care in Australia. Participants appeared to have high levels of health literacy and should be recognised for their active engagement in healthcare despite facing significant barriers to social and healthcare settings. Most respondents were engaged in healthcare and seeing a General Practitioner (GP) (86.7%) for their health. Many (62.9%) were taking Hormone Replacement Therapy (HRT) and 9 out of 10 (90%) were seeing a doctor for their HRT use.

Most participants (87.9%) thought there was a lack of services available for TGD people and the key findings from the survey reflect the difficulties TGD people face in accessing the services they want and need. The survey showed that extremely high rates of participants (trans men and trans women, in particular) want to access gender affirming healthcare such as HRT and surgery. The most common barrier to accessing gender affirming healthcare included service provider barriers such as prohibitive financial cost, long appointment waiting times, lack of information about HRT and where to access it, lack of rural access to clinics, and difficulty finding trans-friendly and competent doctors.

TGD participants told us they want to see more implementation of trans-specific care and awareness within mainstream healthcare settings. This included increasing the number of trans-friendly/specific services and access to peer workers and providing more TGD

healthcare knowledge and training for healthcare providers. Incorporation of gender affirming practices is also recommended, such as the use of inclusive language and forms, affirming spaces such as signage with support for TGD patients, and gender-neutral bathrooms.

Despite being highly linked into mental health and general healthcare, there were low rates of sexual health screening. Only half (54.8%) of all participants were aware of both PrEP and PEP, and only 3.3% were taking PrEP at the time of the survey. Participants identified numerous HIV testing and care barriers, and gaps in knowledge potentially contributing to low rates of HIV awareness and screening among these participants highlighting that TGD people require targeted resources and communication about sexual health. In addition, participants reported significant concerns and experiences of stigma and discrimination in healthcare settings which indicates further training and awareness of TGD people for healthcare providers both clinical and allied is necessary.

Findings of the social needs of participants, provided insights into a broader understanding of participants health. Participants reported high levels of discrimination particularly in employment and hiring practices. Despite four in five (79.9%) participants reporting current education attainment levels of post-high school qualification, only half of participants reported their main income source as full-time (31.3%) or part-time/casual work (21.2%). Across

the survey participants reported struggling financially with their healthcare particularly in terms of the costs for HRT and mental health medication, gender affirming surgery and the accompanying and often mandatory specialist medical appointments. They described difficulty accessing these services through the public system and made strong demands for more subsidised gender affirming healthcare.

Compounding social issues highlight some of the barriers TGD people face in accessing high quality of health and wellbeing. Roughly half of participants (46.3%) felt transphobia and/or discrimination had impacted on their employment and income. Experiences of discrimination included: stalled career progression; transphobia, harassment and micro aggressions from co-workers; discrimination during job interviews and hiring practices; and issues with official documentation and previous work history from before transition. Many participants stated they were not “out” at work as TGD due to fear of stigma and discrimination.

Overall participants reported they experience stable housing circumstances however many were unsatisfied with their current housing situation indicating this affected their health and wellbeing.

Participants also reported social exclusion and discrimination and were more likely to connect with their friends (67.4%) and other TGD people (82%). Within the qualitative responses many participants expressed their love and respect for other TGD people and their TGD community.

Participants identified many areas of research about TGD people that they would like to see in the future. The 10 most common research topics included: HRT; social and relational research; gender constructs and TGD philosophy; social economic disparity; overall health and wellbeing; mental health; gender affirmation surgeries and practices; medical research and support of TGD legitimacy; improved accurate statistics; and trans-led research and positive experiences. These most commonly requested research areas highlight that participants are interested in research into the social determinants of health for TGD people in Australia.

While we can't make generalisations from this survey about TGD people in Australia, the findings are important in contributing to the much-needed research into the health and social needs of TGD people. We trust that this needs assessment will serve as a starting point and baseline to continue documenting the experiences that TGD people face when accessing health and social care. The expectation is that the findings of this report will inform healthcare professionals and providers, policy makers, and the wider community to contribute to improving the health and wellbeing outcomes of TGD people in Australia.

Recommendations are provided at the end of the report by the TGD Expert Advisory Group which if implemented, will support the improvement in the overall quality of life and access to health and social care for TGD people in Australia.

10 Recommendations

That the findings from this research be translated into policy and practice to inform and contribute to better physical, social and mental health outcomes for TGD people in Australia.

The TGD Expert Advisory Group has suggested the following recommendations across six main areas:

1 Implementation of TGD inclusive policies across multiple sectors

- Advocacy to develop further workplace protections and anti-discrimination policies for TGD people.
- Recommendations for healthcare services and other social services to review and amend their intake and data collection forms to include TGD identity and to allow change of name and gender without undue difficulty. These reforms need to be done with sensitivity, and need to ensure TGD people can maintain their safety and confidentiality. All such reforms should be conducted in consultation with TGD community involvement and consultation.
- Ensure waiting spaces are visibly inclusive and welcoming for TGD people, and ensuring all staff including support staff and administration are provided TGD awareness training.

2 Ongoing accurate data collection and research of TGD people

- Ongoing community-based research by and for TGD people.
- Mandatory partnership and meaningful consultation with TGD people and organisations in any research about TGD people and communities.
- Funding for further TGD research particularly in the areas TGD people have suggested within this report.
- Inclusion of TGD people in all research by incorporating sensitive, specific and best-practice data collection regarding the diversity of TGD people's identities.
- Establishment of ongoing data collection on TGD health and wellbeing similar to Gay Community Periodic Survey or The Sydney Women and Sexual Health (SWASH) survey.
- Inclusion of TGD identities within ABS data collection (with consultation of TGD community).

3 Specific and developed TGD training

- Development of accredited training on TGD medical health for general and sexual health professionals utilising partnerships such as the Royal Australian College of General Practitioners (RACGP) and Royal Australasian College of Physicians (RACP) and the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM).
- Mandatory baseline and ongoing TGD awareness and holistic approach to TGD health training for all staff within health settings. This training should be engaging, assessed and led and delivered by community members.
- Increased TGD awareness training within workplaces and organisations and other settings such as universities and schools, drug & alcohol units, rehabilitation centres and government services such as Centrelink and Medicare.

4 Increased allocation of government funding

- Increased funding and support for TGD community organisations to deliver TGD awareness training and expanded service provision.
- Funding for the establishment of more specialised and inclusive TGD health clinics.
- More TGD service allocation for outer metro and rural regional areas including increasing visiting medical officers proficient in TGD health to rural and regional sexual health clinics.
- Reduced costs for HRT and gender affirming surgeries through the pharmaceutical benefits scheme (PBS) and Medicare Public Health system.
- Advocacy for the development of a cost-based analysis benefit model to provide to the government to support the case of providing subsidised gender affirming surgery and HRT through the PBS and Medicare.
- Increased funding and availability of TGD specific and inclusive mental health services including family counselling or other family support services.
- Funding for the establishment of TGD specific employment officer positions to support TGD people in job applications and interviews as well as provide advocacy and support in the event of workplace discrimination.

5 Development of resources

- Development of resources and targeted education for TGD people and sexual health.
- Advocating for TGD people to be a priority population in all sexual health clinics to raise access to testing and treatment.
- Establishment of referral pathways for health providers who may not have adequate knowledge or training in TGD health to enable linkage of TGD people into care with specialised TGD health providers, community organisation and peer workers.

6 Trans-led and community owned TGD awareness training

- Development of a Trans and Gender Diverse Speaker Bureau where regularly trained and mentored TGD people can be booked and hired by agencies, secondary and tertiary education institutions, counselling and clinical providers, NGOs, and community groups to speak about their first-hand experiences, educate people about TGD issues and concerns, and deliver TGD awareness training. This Speakers Bureau should be governed, supported, monitored and regularly evaluated by a peer agency.
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Many participants expressed their love and respect for other TGD people and their TGD community.

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Appendix 1

Data tables

12.1 Participant demographics

Country of birth	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Australia	118	83.1	213	80.1	127	83	88	82.2	546	81.7
Overseas	24	16.9%	53	19.9	26	17	19	17.8	122	18.3

*1 person did not answer this question.

State or Territory	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
NSW	60	40	140	49.6	65	41.7	54	48.6	319	45.6
QLD	28	18.7	38	13.5	30	19.2	22	19.8	118	18.3
VIC	28	18.7	47	16.7	31	19.9	19	17.1	125	17.9
SA	7	4.7	12	4.3	6	3.8	5	4.5	30	4.3
WA	6	4	22	7.8	6	3.8	3	2.7	37	5.3
TAS	7	4.7	7	2.5	12	7.7	4	3.6	30	4.3
NT	0	0	4	1.4	1	0.6	0	0	5	0.7
ACT	14	9.3	12	4.3	5	3.2	4	3.6	35	5

Population demographic of area of residence	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Capital city / inner metropolitan	75	50	138	49.3	81	52.3	53	48.6	347	50
Outer metropolitan	37	24.7	72	25.7	41	26.5	35	42.1	185	26.7
Regional centre (5000 residents or more)	29	19.3	60	21.4	29	18.7	15	13.8	133	19.2
Rural/ Remote	9	6	10	3.6	4	2.6	6	5.5	29	4.2

*5 people did not answer this question.

Indigenous status	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Aboriginal	8	5.4	7	2.5	10	6.4	2	1.8	27	3.9
Torres Strait Islander	0	0	0	0	0	0	0	0	0	0
Both	0	0	0	0	0	0	0	0	0	0
Neither	138	92.6	262	92.9	144	92.3	103	93.6	647	93.4
Prefer not to say	3	2	9	3.2	2	1.3	5	4.5	19	2.7

*6 people did not answer this question.

Main language spoken at home	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
English	143	95.3	264	93.6	150	96.2	109	98.2	666	95.4
Non-English	7	4.9	17	6.3	6	3.7	2	1.8	32	4.6

*1 person did not answer this question.

Age	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
16-19	41	27.3	24	8.5	26	16.6	14	12.6	105	15
20-24	41	27.3	46	16.3	39	25	16	14.4	142	20.3
25-29	20	13.3	41	14.5	35	22.4	24	21.6	120	17.2
30-34	20	13.3	19	6.7	19	12.2	13	11.7	71	10.2
35-39	10	6.7	32	11.3	17	10.9	8	7.2	67	9.6
40-44	7	4.7	26	9.2	8	5.1	15	13.5	56	8
45-49	5	3.3	22	7.8	6	3.8	8	7.2	41	5.9
50-54	5	3.3	24	8.5	3	1.9	4	3.6	36	5.2
55-59	0	0	17	6	2	1.3	5	4.5	24	3.4
60-64	1	0.7	17	6	0	0	2	1.8	20	2.9
65-69	0	0	9	3.2	1	0.6	1	0.9	11	1.6
70-74	0	0	5	1.8	0	0	0	0	5	0.7
75-79	0	0	0	0	0	0	1	0.9	1	0.1

Sexual orientation	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Gay male or homosexual	37	24.7	3	1.1	9	5.8	9	8.1	58	8.3
Lesbian or homosexual	1	0.7	98	34.8	23	14.7	10	9	132	18.9
Bisexual	36	24	82	29.1	36	23.1	38	34.2	192	27.5
Straight female attracted	20	13.3	16	5.7	0	0	10	9	56	6.6
Straight male attracted	4	2.7	29	13.8	1	0.6	4	3.6	48	6.9
Queer	53	35.3	37	13.1	104	66.7	46	41.4	240	34.3
Not listed	22	14.7	46	16.4	31	19.9	20	18	119	17

Variation of sex characteristics	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	1	0.7	14	5	1	0.6	6	5.4	22	3.1
No	136	90.7	228	80.9	132	84.6	92	82.9	588	84.1
Prefer not to answer	1	0.7	3	1.1	1	0.6	2	1.8	7	1
Unsure	12	8	37	13.1	22	14.1	11	9.9	82	11.7

Sex assigned at birth	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Male	0	0	279	100	0	0	112	100	391	56.2
Female	150	100	0	0	155	100	0	0	305	43.8

* 24 people preferred not to say. ** 8 people did not answer this question. *** These participants were able to be categorised as TGD using other answers and information provided.

What is your HIV status?

HIV status	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
HIV Positive	2	1.5	8	3	0	0	8	7.6	18	2.8
HIV Negative	115	84.6	216	81.8	125	85	80	76.2	536	82.2
HIV Unknown	18	13.2	36	13.6	29	13.6	16	15.2	90	13.8
Prefer not to say	1	0.7	4	1.5	2	1.4	1	1	8	1.2

*47 people did not answer this question.

12.2 General Health Access and Experiences

Where do you go for your healthcare? (tick all that apply)

Healthcare	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
General Practitioner (GP)	130	86.7	238	84.4	140	89.7	98	88.3	606	86.7
Specialists (i.e. endocrinologist)	55	36.7	106	37.6	52	33.3	31	27.9	244	34.9
Mental health professional (i.e. counsellor, psychiatrist, psychologist)	84	56	130	46.1	102	65.4	63	53.8	379	54.2
Sexual health clinic	47	31.3	47	16.7	42	26.9	38	34.2	174	24.9
Hospital-based clinic (e.g. Albion Centre, IBAC)	9	6	6	2.1	9	5.8	7	6.3	31	4.4
Somewhere else	6	4	20	7.1	7	4.5	7	6.3	40	5.7

Thinking about your healthcare, how did you find out about these services? (tick all that apply)

How did you find out about your Healthcare Services	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Recommended by another trans and/or gender diverse person	59	39.3	109	38.7	63	40.4	39	35.1	270	38.6
Recommended by friend	19	12.7	38	13.5	51	32.7	22	19.8	130	18.6
Recommended by a doctor	54	36	93	33	47	30.1	30	27	224	32
Recommended by health service	31	20.7	41	14.5	24	15.4	22	19.8	118	16.9
Internet search	58	38.7	96	34	62	39.7	47	42.3	263	37.6
Found out another way (please let us know)	23	15.3	34	12.1	24	15.4	16	14.4	97	13.9

How far do you travel to visit your doctor/health professional?

Distance	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Under 5 kms	38	27.7	67	25.7	37	25.2	30	28.6	172	26.6
5–10 kms	33	24.1	63	24.1	50	34	31	29.5	177	27.2
11–20 kms	30	21.9	55	21.1	36	24.5	25	23.8	146	22.5
21–50 kms	16	11.7	40	15.3	11	7.5	9	8.6	76	11.7
51–100 kms	7	5.1	17	6.5	9	6.1	6	5.7	39	6
101–250 kms	5	3.6	12	4.6	1	0.7	4	3.8	22	3.4
250+ kms	8	5.8	7	2.7	3	2	0	0	18	2.8

*49 people did not answer this question.

If you see a specialist, how long do you usually have to wait for your doctor appointment?

Time	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Under one week	2	1.8	13	6.2	14	11.8	13	17.6	42	8.2
One to two weeks	25	22.3	39	18.7	25	21	16	21.6	105	20.4
Two weeks to one month	25	22.3	51	24.4	26	21.8	19	25.7	121	23.5
One to two months	28	18.7	45	21.5	20	16.8	13	17.6	106	20.6
Two to three months	14	12.5	29	13.9	15	12.6	8	10.8	66	12.8
Over three months	18	16.1	32	15.3	19	16	5	6.8	74	14.4

*185 people did not respond to this question.

How do you pay for your healthcare? (tick all that apply)?

Method of payment	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Medicare	124	82.7	237	84	143	91.7	100	90.1	604	86.4
Refugee Medicare	0	0	0	0	0	0	0	0	0	0
Healthcare Card	37	24.7	45	16	39	25	22	19.8	143	20.6
Private Health Insurance	41	27.3	64	22.7	41	26.3	26	23.4	172	24.6
Student Visa Health Insurance	0	0	5	1.8	1	0.6	1	0.9	7	1
Own Finances	77	51.3	155	55	82	52.6	51	45.9	365	52.2
I return to my country of origin	0	0	1	0.4	2	1.3	2	1.8	5	0.7
Other (please tell us how)	12	8	17	6	6	3.8	2	1.8	37	5.3

On average, how much do you estimate of your own finances (per year) do you contribute to your healthcare? (for example, appointments, medications, surgeries, travel for healthcare)

Cost	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
\$0 – \$500	41	31.1	56	21.5	51	34.9	42	40	190	29.5
\$501 – \$1,000	36	27.3	85	32.7	32	21.9	29	27.6	182	28.3
\$1,001 – \$5,000	36	27.3	82	31.5	51	34.9	26	24.8	195	30
\$5,001 – \$10,000	15	11.4	19	7.3	9	6.2	4	3.8	47	7.3
Over \$10,000	4	2.7	18	6.9	3	2.1	4	3.8	29	4.5

*56 people did not answer this question.

How would you rate your health in general?

Rating	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Very poor	4	2.7	3	1.1	3	2	1	0.9	11	1.6
Poor	19	12.7	30	10.7	22	14.5	11	10.1	82	11.9
OK	52	34.7	92	32.9	66	43.4	37	33.9	247	35.9
Good	54	36	111	39.6	57	37.5	52	47.7	274	39.8
Very good	18	12	44	15.7	4	2.6	8	7.3	74	10.8

*11 people did not answer this question.

Would you prefer to get your healthcare from somewhere else?

Prefer healthcare from elsewhere	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes, please let us know where and why	23	16.9	53	20.5	37	25.2	30	28.8	143	22.1
No	103	75.7	184	71	95	64.6	62	59.6	444	68.7
Prefer not to say	10	7.4	22	8.5	15	10.2	12	11.5	59	9.1

*53 people did not answer this question.

How comfortable are you in a healthcare setting?

Comfortability	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Very comfortable	13	9.6	48	18.2	11	7.5	13	12.5	85	13.1
Comfortable	36	26.5	105	39.8	36	24.7	42	40.4	219	33.7
Neither comfortable nor Uncomfortable	50	36.8	60	39.8	43	29.5	26	25	179	27.5
Uncomfortable	31	22.8	36	13.6	45	30.8	27	16.3	129	19.8
Very uncomfortable	6	4.4	15	5.7	11	7.5	6	5.8	38	5.8

*49 people did not answer this question.

In your adult life have you ever been vaccinated against? (tick all that apply)

Vaccination Type	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
The flu	86	57.3	165	58.5	87	55.8	63	56.8	401	57.4
Hepatitis A	68	45.3	103	36.5	68	43.6	51	45.9	290	41.5
Hepatitis B	73	48.7	117	41.5	85	54.5	59	53.2	334	47.8
Human Papillomavirus (HPV)	57	38	28	9.9	78	50	86	77.5	188	26.9
Pneumovax 23 vaccine	4	2.7	17	6	8	5.1	4	3.6	33	4.7
I have been vaccinated but not sure what for	41	27.3	81	28.7	37	23.7	119	76.3	194	27.8

How often do you find it challenging to look after your health? (i.e. taking medications on time, visiting your doctor, making appointments, testing for STIs/HIV, paying for medical bills)

Occurrence	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Always	13	10.1	31	12.1	21	14.5	13	12.9	78	12.4
Often	36	27.9	57	22.3	49	33.8	22	21.8	164	26
Sometimes	49	38	79	30.9	59	40.7	37	36.6	224	35.5
Rarely	25	19.4	59	23	15	10.3	20	19.8	119	18.9
Never	6	4.7	30	11.7	1	0.7	9	8.9	46	7.3

*68 people did not answer this question.

Have you ever stopped taking medications/therapy without your doctor/health professionals advice?

Response	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	58	45	112	43.9	90	62.5	44	43.1	304	48.3
No	67	51.9	139	54.5	49	34	54	52.9	309	49
Prefer not to say	4	3.1	4	1.6	5	3.5	4	3.9	17	2.7

*69 people did not answer this question.

12.3 Hormone Replacement Therapy

Are you taking Hormone Replacement Therapy (HRT)?

HRT use	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	112	76.7	226	80.7	49	31.8	47	42.7	434	62.9
No	34	22.7	53	18.9	103	66.9	61	55.5	251	36.4
Prefer not to say	0	0	1	0.4	2	1.3	2	1.8	5	0.7

*9 people did not answer this question.

Are you currently seeing a doctor for your hormone therapy?

Currently seeing a doctor for HRT	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	108	96.4	196	87.6	47	95.9	39	83	392	90.3
No	2	3.6	27	9.6	2	4.1	6	12.8	37	9
Prefer not to say	0	0	1	0.4	0	0	2	4.3	3	0.7

*2 people did not answer this question.

Would you like access to Hormone Replacement Therapy (HRT)?

Would like to access HRT	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	32	94.1	49	92.5	39	37.9	27	44.3	147	58.6
No	2	1.3	3	5.7	49	47.6	26	42.6	80	31.9
Prefer not to say	0	0	1	1.9	15	14.2	8	13.1	24	9.6

*5 people did not answer this.

12.4 Gender Affirming Surgery

Have you had any gender affirming surgery?

Gender affirming surgery	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	63	44.1	76	27.2	22	14.4	10	9.2	171	25
No	79	55.2	201	72	129	84.3	94	86.2	503	73.5
Prefer not to say	1	0.7	2	0.7	2	1.3	5	4.6	10	1.5

*15 people did not answer this question.

How was your experience of gender affirming surgery?

Experience of gender affirming surgery	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Very Poor	1	1.6	1	1.4	1	4.5	0	0	3	1.8
Poor	1	1.6	0	0	2	9.1	0	0	3	1.8
OK	10	16.1	15	20.4	4	18.2	4	40	33	19.6
Good	21	33.9	25	33.8	7	31.8	4	40	57	33.9
Very Good	29	46.8	33	44.6	8	36.4	2	20	72	42.9

*3 people did not answer this question.

Would you like any further gender affirming surgeries?

Further gender affirming surgery	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	37	60.7	42	56.8	8	36.4	6	60	93	55.7
No	22	36.1	32	43.2	13	59.1	4	40	71	42.5
Prefer not to say	2	3.3	0	0	1	4.5	0	0	3	1.8

*4 people did not answer this question.

Would you like to have gender affirming surgery?

Would like gender affirming surgery	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	77	95.1	166	81.8	79	60.8	38	38.4	360	70.2
No	1	1.2	21	10.3	35	26.9	34	34.3	91	17.7
Prefer not to say	3	3.7	16	7.9	16	12.3	27	27.3	62	12.1

What are the barriers you have had/are experiencing to accessing gender affirming surgery?

Barriers to accessing gender affirming surgery	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Financial	107	84.9	183	73.2	82	57.7	39	36.4	411	65
Cultural	2	1.6	18	7.2	10	7	4	3.7	34	5.4
Family	22	17.5	49	19.6	32	22.5	14	13.1	117	18.7
Physical Health	18	14.3	32	12.8	20	14.1	9	8.4	79	12.6
Psychological	20	15.9	44	17.6	23	16.2	15	14	102	16.3
Travel	26	20.6	47	18.8	20	14.1	7	6.5	100	16
Don't know where to go	38	30.2	48	19.2	38	26.8	12	11.2	136	21.8

12.5 Mental health

How would you rate your current mental health?

Rating of current mental health	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Very poor	13	10	22	8.9	20	14.4	6	6.1	61	10
Poor	44	34.9	59	23.9	37	26.6	37	37.4	177	29
OK	39	31	92	32.6	52	37.4	34	34.3	217	35.5
Good	25	19.8	51	20.6	25	18	18	18.2	119	19.5
Very Good	5	4	23	9.3	5	3.6	4	4	37	6.1

*88 people did not answer this question.

Have you been diagnosed with any of the following mental conditions? (tick all that apply)

Mental health conditions	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Depression	89	59.3	164	58.2	113	72.4	69	62.2	435	62.2
Anxiety	89	59.3	141	50	116	74.4	67	60.4	413	59.1
Psychosis	6	4	6	2.1	7	4.5	6	5.4	25	3.6
Eating disorder	10	6.7	20	7.1	26	16.7	8	7.2	64	9.2
Post-traumatic stress disorder (PTSD)	32	21.3	55	19.5	41	26.3	21	18.9	149	21.3
Personality disorders	7	4.7	17	6	19	12.2	6	5.4	49	7
Prefer not to say	3	2	1	0.4	3	1.9	3	2.7	10	1.4
Other/s not listed (please let us know)	23	15.3	40	14.2	37	23.7	14	12.6	114	16.3

In the last year have you been prescribed any medications for a mental health condition by a doctor?

Prescribed medications	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Prescribed and taken	55	42.6	99	35.1	75	51.7	43	42.2	272	43.2
Prescribed and not taken	4	3.1	5	2	3	2.1	5	4.9	17	2.7
No	68	52.7	149	58.9	65	44.8	54	52.9	336	53.4
Prefer not to say	2	1.6	0	0	2	1.4	0	0	4	0.6

*70 people did not answer this question.

How well supported do you feel with your mental health needs?

Level of support	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Very supported	20	15.5	39	15.4	15	10.3	13	13	87	13.9
Supported	60	46.5	109	42.9	68	46.9	32	32	269	42.8
Neither supported nor unsupported	25	19.4	61	24	35	24.1	26	26	147	23.4
Unsupported	17	13.2	28	11	17	11.7	23	23	85	13.5
Very unsupported	7	5.4	17	6.7	10	6.9	6	6	40	6.4

*71 people did not answer this question.

12.6 Trans and gender diverse service provision

Do you think there is a lack of services for trans and gender diverse people?

Lack of services	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	114	92.7	217	86.5	124	88.6	82	84.5	537	87.9
No	5	4.1	10	4	3	2.1	1	1	19	3.1
Prefer not to say	4	3.3	24	9.6	13	9.3	14	14.4	55	9

*88 people did not answer this question.

12.7 Sexual health

Have you been diagnosed or treated of any of the following Sexually Transmitted Infections (STIs) (tick all that apply)?

STI	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Chlamydia	9	6	16	5.7	8	5.1	14	12.6	47	6.7
Gonorrhoea	7	4.7	22	7.8	5	3.2	14	12.6	48	6.9
Syphilis	1	0.7	13	4.6	1	0.6	8	7.2	23	3.3
Herpes Simplex Virus 1 and 2	11	7.3	16	5.7	16	10.3	8	7.2	51	7.3
Human Papillomavirus (HPV), anogenital warts	7	4.7	14	5	8	5.1	8	7.2	37	5.3
Hepatitis C (HCV)	1	0.7	7	2.5	2	1.3	3	2.7	13	1.9
Hepatitis B (HBV)	0	0	6	2.1	1	0.6	8	7.2	9	1.3
Trichomoniasis (Trich)	0	0	2	0.7	3	1.9	2	1.8	9	1.3
Lymphogranuloma venereum (LGV)	0	0	1	0.4	0	0	2	1.8	3	0.4
Non-specific Urethritis (NSU)	1	0.7	5	1.8	0	0	5	4.5	11	1.6
Mycoplasma Genitalium	2	1.3	3	1.1	1	0.6	1	0.9	7	1
Unsure of what it was called	2	1.3	4	1.4	3	1.9	1	0.9	10	1.4

Who initiates a conversation about sexual health? (tick all that apply)

Who initiates conversations about sexual health	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
You	86	57.3	165	58.5	109	69.9	68	61.3	428	61.3
Your doctor	64	42.7	83	29.4	57	36.5	29	26.1	233	33.3
Nurse/other health care worker	19	12.7	24	8.5	22	14.1	12	10.8	77	11
Mental Health Worker	15	10	25	8.9	13	8.3	9	8.1	62	8.9

Peers, friends	26	17.3	40	14.2	51	32.7	23	20.7	140	20
Partners	23	25.3	40	14.2	49	31.4	24	21.6	136	19.5
Family	10	6.7	12	4.3	12	7.7	3	2.7	37	5.3
Not sure	16	10.7	40	14.2	14	9	14	12.6	84	12
Prefer not to say	2	1.3	6	2.1	3	1.9	1	0.9	12	1.7

Do you feel comfortable talking about your sexual health with health professionals?

Rate of comfortability	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Very comfortable	12	9.2	60	23.4	17	11.8	21	18.9	110	17.4
Comfortable	30	23.1	83	32.4	41	28.5	26	25.7	180	28.5
Neither comfortable nor uncomfortable	38	29.2	66	25.8	37	25.7	35	34.7	176	27.9
Uncomfortable	37	28.5	29	11.3	37	25.7	17	15.3	120	19
Very uncomfortable	13	10	18	7	12	8.3	2	1.8	45	7.1

*68 people did not answer this question.

When accessing sexual health services how safe do you feel?

Rate of safety	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Very safe	26	17.3	68	28.1	21	15.2	23	23.5	138	22.8
Somewhat safe	44	34.9	90	37.2	56	40.6	34	34.7	224	37.1
Neither safe nor unsafe	42	33.3	68	28.1	43	31.2	38	38.8	191	31.6
Unsafe	13	10.3	10	4.1	15	10.9	3	3.1	41	6.8
Very unsafe	1	0.8	6	2.5	3	2.2	0	0	10	1.7

*95 people did not answer this question.

When was the last time you were tested for HIV?

Last HIV test	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
0-5 months	31	24.2	42	16.6	30	20.7	24	35.8	127	20.5
6-12 months	13	10.2	35	13.8	22	15.2	11	11.6	81	13
1-2 years	13	10.2	20	7.9	15	10.3	11	11.6	59	9.5
3-5 years	6	4.7	25	9.9	13	9	5	5.3	49	7.9
6-10 years	3	2.3	9	3.6	5	3.4	2	2.1	19	3.1
10+ years	3	2.3	22	8.7	4	2.8	8	7.2	37	6
Never? (please tell us why)	59	46.1	100	39.5	56	38.6	34	35.8	249	40.1

*60 people did not answer this question.

When was the last time you engaged in a sexual health screen, including sexually transmitted infections?

Last sexual health test	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
0–5 months	33	26	37	14.5	34	23.4	25	26.3	129	20.7
6–12 months	18	14.2	37	14.5	28	19.3	9	9.5	92	14.8
1–2 years	11	8.7	23	9	21	14.5	11	11.6	66	10.6
3–5 years	7	5.5	20	7.8	15	10.3	6	6.3	48	7.7
6–10 years	3	2.4	11	4.3	2	1.4	4	4.2	20	3.2
10+ years	5	3.9	20	7.8	4	2.8	6	6.3	35	5.6
Never (please tell us why)	50	39.4	107	42	41	28.3	34	35.8	232	37.3

*59 people did not answer this question.

At your last sexual health screen, what tests did you receive? (select all that apply)?

Type of sexual health test	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Blood test	67	45.3	142	51.8	82	52.6	56	54.4	347	51
Urine test	66	44.6	78	28.5	60	38.5	50	48.5	254	37.3
Anal swab	12	8.1	30	10.9	8	5.1	18	17.5	68	10
Throat swab	20	13.5	29	10.6	19	12.2	23	22.3	91	13.4
Genital swab	32	21.6	17	6.2	46	29.5	11	10.7	106	15.6

Do you know of Pre-Exposure Prophylaxis (PrEP) and/or Post Exposure Prophylaxis (PEP)?

PrEP and PEP knowledge	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Both PrEP and PEP	82	63.6	105	41.3	99	68.3	55	58.5	341	54.8
PrEP	20	15.5	40	15.7	17	11.7	16	17	96	15
PEP	0	0	4	1.6	2	1.4	0	0	6	1
Haven't heard of PrEP or PEP	27	20.9	105	41.3	27	18.6	23	24.5	182	29.3

*59 people did not answer this question.

Are you taking Pre-Exposure Prophylaxis (Truvada) known as PrEP?

PrEP use	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	8	6.3	4	1.6	1	0.7	7	7.7	20	3.3
No	119	93.7	250	98.4	143	99.3	84	92.3	595	96.7
Prefer not to say	0	0	0	0	0	0	0	0	0	0

*84 people did not answer this question.

12.8 Alcohol and Other Drugs

Have you ever injected drugs?

Injecting drug use	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	11	8.5	17	6.7	12	8.3	22	21.6	62	9.8
No	115	89.1	236	92.9	131	90.3	80	78.4	562	89.2
Prefer not to say	3	2.3	1	0.4	2	1.4	0	0	6	1

*69 people did not answer this question.

Have you injected drugs in the past 12 months?

Injecting drug use	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	2	1.6	7	2.8	3	2.1	7	7	19	3
No	125	96.9	244	97.2	140	96.6	93	93	602	96.3
Prefer not to say	2	1.6	0	0	2	1.4	0	0	4	0.6

*74 people did not answer this question.

Have you ever used or taken alcohol and/or other drugs? (tick all that apply)

Alcohol and other drug use	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
No	6	4	28	9.9	9	5.8	6	5.4	49	7
Alcohol	113	75.3	222	78.7	129	82.7	92	82.9	556	79.5
Prescription drugs	78	52	132	46.8	90	57.7	71	64	371	53.1
Cigarettes/nicotine	57	38	99	35.1	66	42.3	52	46.8	274	39.2
Methamphetamine (Meth, Ice, Tina, Crystal)	13	8.7	26	9.2	13	8.3	17	15.3	69	9.9
Amphetamine (Speed, Base, Goey)	20	13.3	34	12.1	27	17.3	31	27.9	112	16
Ecstasy (MDMA)	36	24	45	16	42	26.9	35	31.5	158	22.6
Cocaine (Coke)	18	12	48	17	30	19.2	33	29.7	129	18.5
Marijuana (Weed, Dope, Pot, Grass, 420)	72	48	120	42.6	82	52.6	60	54.1	334	47.8
Heroin	6	4	13	4.6	2	1.3	10	9	31	4.4
Hallucinogens (LSD, Acid, DMT)	26	17.3	42	14.9	31	19.9	37	33.3	136	19.5
Gamma-hydroxybutyrate (G, GHB)	4	2.7	20	7.1	6	3.8	10	9	40	5.7
Prefer not to say	0	0	0	0	1	0.6	2	1.8	3	0.4

Have you ever had difficulties or challenges with alcohol and/or other drugs? (tick all that apply)

Challenges/difficulties with alcohol and other drugs	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
No	81	54	165	58.5	87	55.8	49	44.1	383	54.6
Alcohol	27	18	55	19.5	39	25	30	27	151	21.6
Prescription drugs	11	7.3	12	4.3	18	11.5	10	9	51	7.3
Cigarettes/Nicotine	21	14	44	15.6	25	16	27	24.3	117	16.7
Methamphetamine (Meth, Ice, Tina, Crystal)	3	2	8	2.8	6	3.8	8	7.2	25	3.6
Amphetamine (Speed, Base, Goey)	3	2	5	1.8	6	3.8	9	8.1	23	3.3
Ecstasy (MDMA)	3	2	4	1.4	4	2.6	6	5.4	17	2.4
Cocaine (Coke)	1	0.7	2	0.7	4	2.6	7	6.3	14	2
Marijuana (Weed, Dope, Pot, Grass, 420)	15	10	21	7.4	15	9.6	16	14.4	67	9.6
Heroin	2	1.3	0	0	2	1.3	4	3.6	8	1.1
Hallucinogens (LSD, Acid, DMT)	0	0	3	1.1	2	1.3	5	4.5	10	1.4
Gamma-hydroxybutyrate (G, GHB)	0	0	2	0.7	1	0.6	2	1.8	5	0.7
Prefer not to say	1	0.7	2	0.7	0	0	2	1.8	5	0.7

If yes, have you sought help?

Help sought	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	20	33.9	37	29.6	20	29	24	38.1	101	32
No	39	66.1	84	67.2	46	66.7	36	57.1	205	64.9
Prefer not to say	0	0	4	1.4	3	1.9	3	4.8	10	3.2

If you have sought help, what services have you accessed? (tick all that apply)

Services	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Drug and alcohol services	5	3.3	12	4.3	6	3.8	6	5.4	29	4.1
General Practitioner (GP)	13	8.7	30	10.6	8	5.1	19	17.1	70	10
Peer based support services (i.e. Alcohol Anonymous/AA, Narcotics Anonymous/NA)	4	2.7	7	2.5	6	3.8	5	4.5	22	3.1
Smoking cessation	6	4	16	5.7	6	3.8	9	8.1	37	5.3
Rehabilitation services	3	2	5	1.8	1	0.6	4	3.6	11	1.6
Detoxification services	3	2	5	1.8	1	0.6	2	1.8	11	1.6
Prefer not to say	0	0	7	2.5	2	1.3	1	0.9	10	1.4
Other services not listed (please let us know)	4	2.7	8	2.8	6	3.8	11	9.9	29	4.1

12.9 Education, employment, and income

What is your current level of education?

Education	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Primary school	2	1.6	1	0.4	1	0.6	0	0	4	0.7
Secondary school	30	24.4	46	18.3	27	19.3	16	14.4	119	19.4
TAFE, college or other trade school	35	28.5	77	30.7	30	21.4	31	27.9	173	28.3
Undergraduate	35	28.5	75	29.9	48	34.3	28	25.2	186	30.4
Postgraduate	21	17.1	52	20.7	34	24.3	23	23.5	130	21.2

*87 people did not answer this question.

What is your main source of income?

Main source of income	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Employed – full time	31	25.2	89	35.9	39	28.1	31	31.6	190	31.3
Employed – part time, casual	24	19.5	51	20.6	34	24.5	20	20.4	129	21.2
Unemployment benefit (New Start)	11	8.9	22	8.9	9	6.5	10	10.2	52	8.6
Student benefit (Youth Allowance, Aus-study, Ab-study)	13	10.6	14	5.6	23	16.5	7	7.1	57	9.4
Disability Support Pension (DSP)	8	6.5	23	9.3	15	10.8	8	8.2	54	8.9
Aged or Carer's Pension	0	0	5	2	1	0.7	1	1	7	1.2
Supported by family, partner, spouse or friend	21	17.1	17	6.9	12	8.6	10	10.25	60	9.9
Retired, superannuation	1	0.8	7	2.8	0	0	4	4.1	12	2
Other (please let us know)	14	11.4	20	8.1	6	4.3	7	7.1	47	7.7

*91 people did not answer this question.

Are you employed to the extent you want to be?

Extent of Employment	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Less than I would like	66	56.4	114	46.9	60	43.8	49	51	289	48.7
About right	43	36.8	11	45.7	66	48.2	40	41.7	260	43.8
More than I like	8	6.8	18	7.4	11	8	7	7.3	44	7.4

*106 people did not answer this question.

Do you feel that transphobia and/or discrimination has impacted on your employment and income?

Impact	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	56	46.7	113	46.7	64	46.4	43	44.8	276	46.3
No	53	44.2	108	44.6	60	43.5	48	50	269	45.1
Prefer not to say	11	9.2	21	8.7	14	10.1	5	5.2	51	8.6

*103 people did not answer this question.

Have you ever exchanged sex for money, accommodation, food, drugs, etc.?

Sex work history	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	17	13.9	41	16.3	20	14.3	24	24.5	102	16.7
No	104	85	203	80.9	114	81.4	73	74.5	494	80.9
Prefer not to say	1	0.8	7	2.8	6	4.3	1	1	15	2.5

*88 people did not answer this question.

12.10 Housing

What kind of housing do you live in?

Type of housing	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Private rental	61	50.4	109	44	72	52.2	55	57.3	297	49.3
Own Home	16	13.2	65	26.2	18	13	15	15.6	114	18.9
Nursing Home	0	0	0	0	0	0	0	0	0	0
Caravan/motel	0	0	1	0.4	0	0	1	0.9	2	0.3
Boarding house	3	3.5	7	2.8	2	1.4	0	0	12	2
Family/friends	38	31.4	59	23.8	42	30.4	21	18.9	160	26.5
Couch surfing	1	0.8	1	0.4	0	0	1	1	3	0.5
Hospital	0	0	0	0	0	0	1	1	1	0.2
Squat	0	0	1	0.4	0	0	1	1	2	0.3
Juvenile justice or correctional centre	0	0	0	0	0	0	0	0	0	0
Out of Home Care	0	0	0	0	1	0.7	0	0	1	0.2
Evicted	0	0	0	0	0	0	0	0	0	0
Forced to leave own home	1	0.8	1	0.45	0	0	1	1	3	0.5
Refuge	0	0	0	0	0	0	0	0	0	0
Sleeping rough	0	0	1	0.4	0	0	0	0	1	0.2
Transitional accommodation	1	0.8	2	0.8	3	2.2	0	0	6	1
Crisis accommodation	0	0	1	0.4	0	0	0	0	1	0.2

*96 people did not answer this question.

Are you satisfied with your current housing?

Rating of housing satisfaction	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Very satisfied	31	25.2	67	26.7	36	25.7	24	24.5	158	25.8
Satisfied	53	43.1	95	37.8	54	38.6	41	41.8	243	39.7
Neither satisfied nor unsatisfied	23	18.7	51	20.3	22	15.7	14	14.3	110	18
Unsatisfied	12	9.8	23	9.2	24	17.1	12	12.2	71	11.6
Very unsatisfied	4	3.3	15	6	4	2.9	7	7.1	30	4.9

*87 people did not answer this question.

12.11 Online dating

Have you ever used online dating/hook up apps (such as Tinder, Grindr, Bumble, SCRUFF etc.)

Online dating app use	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Yes	70	56.95	128	51.2	93	66.4	62	63.3	353	57.8
No	52	42.3	119	47.6	43	30.7	36	36.7	250	40.9
Prefer not to say	1	0.8	3	1.2	4	2.9	0	0	8	1.3

*88 people did not answer this question.

12.12 Discrimination

Have you ever been discriminated against in any of the following areas? (please tick all that apply)

Areas of discrimination	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Employment	41	27.3	97	34.4	61	39.1	33	29.7	232	33.2
Education	33	22	36	12.8	47	30.1	24	21.6	140	20
Health care	51	34	59	20.9	53	34	25	22.5	188	26.9
Relationships	49	32.7	83	29.4	57	36.5	47	42.3	236	33.8
Sexual connection	40	26.7	58	20.6	42	26.9	40	36	180	25.8
Family	64	42.7	91	32.3	78	50	33	29.7	266	38.1
Housing	17	11.3	27	9.6	19	12.2	14	12.6	77	11
Online	51	34	81	28.7	62	39.7	40	36	234	33.5
None of these	13	8.7	63	22.3	19	12.2	22	19.8	117	16.7

12.13 Community connection

Do you know people who are... (tick all that apply)

People	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Living with HIV	44	29.3	60	21.3	48	30.8	36	32.4	188	26.9
Trans and gender diverse	121	80.7	228	80.9	137	87.8	87	78.4	573	82
Trans and gender diverse and living with HIV	13	8.7	39	13.8	19	12.2	21	18.9	92	13.2
Culturally and Linguistically Diverse	95	63.3	161	57.1	119	76.3	74	66.7	449	64.2
Aboriginal and Torres Strait Islander	83	55.3	108	38.3	98	62.8	53	52.3	342	48.9
People who use illicit substances	90	60	143	50.7	116	74.4	69	62.2	418	59.8

How do you connect with people in your community?

Community groups	Trans men		Trans women		Gender diverse (AFAB)		Gender diverse (AMAB)		Total	
	n	%	n	%	n	%	n	%	n	%
Trans and gender diverse groups	67	44.7	124	44	77	49.4	48	43.2	316	45.2
People Living with HIV groups	1	0.7	8	2.8	2	1.3	6	5.4	17	2.4
Friends	105	70	181	64.2	111	71.2	74	66.7	471	67.4
Family	45	30	100	35.5	47	30.1	31	27.9	223	31.9
Work	39	26	89	31.6	39	25	32	28	199	28.5
Facebook / online groups	85	56.7	141	50	103	66	58	52.3	387	55.4
Online forums	45	30	95	33.7	51	32.7	42	37.8	233	33.3
Apps	30	20	32	11.3	29	18.6	27	24.3	118	16.9
Not listed (please tell us more)	13	8.7	20	7.1	26	16.7	11	9.9	70	10



Appendix 2

Survey tool

Trans and gender diverse people: Health and social needs assessment

Survey introduction

This survey is a partnership between The Gender Centre and Positive Life NSW to ask Trans and Gender Diverse people including those who identify as sistersgirls and brotherboys, about our health care and social needs.

Who should respond to the survey?

The following anonymous survey invites advice from Trans and Gender Diverse people living with or without HIV, including people who identify as sistersgirls and brotherboys.

Why is completing this survey important?

The survey aims to address the lack of representative advice and detail from Trans and Gender Diverse people. Your responses will be used to:

- Inform inclusive engagement practices; ensure you're represented in policy, strategies and submissions to the government;
- Advocate for inclusive Trans and Gender Diverse prevention strategies for Blood Borne Viruses (BBVs) and Sexually Transmitted Infections (STIs) along with the development of targeted educational resources;
- Improve social and health support services; and
- Inform research activities.

About the survey

The survey will take approximately 20 minutes to complete (or maybe more if you have lots to tell us). The study findings will be published, but participants will remain unidentified.

All questions have been developed and reviewed in collaboration with an expert advisory group made up of Trans and Gender Diverse people living with and without HIV.

According to the Human Research Ethics Committees - Quality Improvement and Ethics Review: A Practice Guide for NSW, the survey is a quality improvement or quality assurance activity not requiring independent ethics review.

How to send the survey

Please return to us in the mail via the attached reply-paid envelope. All printed responses by mail are anonymous with no identifiable information. All printed responses are handled by one Positive Life staff member, and printed copies are shredded once the response has been added.

You can also pick up more printed copies from Positive Life NSW or the Gender Centre or fill the survey out online at www.surveymonkey.com/r/TGDSURVEY

If you have any questions or concerns about the survey, please contact:

Bella Bushby | Phone (02) 9206 2177 | Email bellab@positivelife.org.au

This survey will be open from 28 June to 29 September 2019

Trans and gender diverse people: Health and social needs assessment

If this survey brings up anything for you please contact:

Lifeline

13 11 14

lifeline.org.au

(24 hours everyday, free)

Qlife

1800 184 527

qlife.org.au

(3pm to midnight everyday, free)

Beyond Blue

1300 224 636

beyondblue.org.au

(24 hours everyday, free)

Gender Centre

02 9519 7599

gendercentre.org.au

(9am - midday, 1pm - 4:30pm Monday to Friday, free)

The Gender Centre offers free professional counselling and psychological support services for all transgender and gender questioning people in NSW.

Positive Life NSW

02 9206 2177

positivelife.org.au

(9am - 5pm Monday to Friday, free)

Positive Life NSW provides advocacy and peer support for all people living with HIV in NSW.

Demographics – About you

1. Where were you born?

2. Are you Aboriginal and/or Torres Strait Islander?

- Aboriginal
- Torres Strait Islander
- Both
- Neither
- Prefer not to say

3. What is the main language you speak at home?

- English
- Another Language (please let us know)

4. What is your age?

5. What state or territory do you live in?

- New South Wales
- Queensland
- Victoria
- South Australia
- Western Australia
- Tasmania
- Northern Territory
- Australian Capital Territory
- I do not live in Australia

6. Do you live in?

- Capital city/ inner metropolitan
- Outer metropolitan
- Regional centre (5,000 residents or more)
- Rural/Remote

7. What best describes your sexual orientation?

- Gay male or homosexual
- Lesbian or homosexual
- Bisexual
- Straight female attracted
- Straight male attracted
- Queer
- Not listed (Please let us know)

8. Were you born with a variation of sex characteristics? (this is sometimes called intersex)

- Yes
- No
- Prefer not to answer
- Unsure

9. What sex were you assigned at birth?

- Male
- Female
- Prefer not to say

10. How do you identify?

- Man
- Woman
- Trans man
- Trans woman
- Non-binary
- Sistergirl
- Brotherboy
- Trans masculine
- Trans feminine
- Gender queer
- Agender
- Demiboy
- Demigirl
- Not listed (please let us know)

Health

11. How would you rate your health in general?

- Very Poor
- Poor
- OK
- Good
- Very Good

12. Are you taking hormone replacement therapy (HRT)?

- Yes (Go to Q13)
- No (Go to Q14)
- Prefer not to say (Go to Q14)

13. Are you currently seeing a doctor for your hormone therapy?

- Yes (Go to Q16)
- No (Go to Q16)
- Prefer not to say (Go to Q16)

14. Would you like access to hormone replacement therapy (HRT)?

- Yes (Go to Q15)
- No (Go to Q16)
- Prefer not to say (Go to Q15)

15. What are the current barriers to accessing hormone replacement therapy (HRT)?

16. Have you had any gender affirming surgery?

- Yes (Go to Q18)
- No (Go to Q17)
- Prefer not to say (Go to Q17)

17. Would you like to have gender affirming surgery?

- Yes (Go to Q20)
- No (Go to Q21)
- Prefer not to say (Go to Q21)

18. How was your experience of affirming surgery?

- Very Poor
- Poor
- OK
- Good
- Very Good

Would you like to tell us more about your experience?

19. Would you like any further gender affirming surgeries?

- Yes (Go to Q20)
- No (Go to Q21)
- Prefer not to say (Go to Q21)

20. What are the barriers you have had/ are experiencing to accessing gender affirming surgery? (tick all that apply)

- Financial
- Cultural
- Family
- Physical health
- Psychological
- Travel
- Don't know where to go
- Not listed (please tell us more)

**21. Where do you go for your health care?
(tick all that apply)**

- General Practitioner (GP)
- Specialists (i.e. endocrinologist)
- Mental health professional
(i.e. counsellor, psychiatrist, psychologist)
- Sexual Health Clinic
- Hospital-based clinic
(e.g. Albion Centre, IBAC)
- Somewhere else (please let us know)

**23. Thinking about your healthcare, how
did you find out about these services?
(tick all that apply)**

- Recommended by another trans and/or
gender diverse person
- Recommended by a friend
- Recommended by a doctor
- Recommended by a health service
- Internet search
- Found out another way (please let us know)

**22. Would you prefer to get your from
somewhere else?**

- No
- Prefer not to say
- Yes, (please let us know where and why)

**24. How far do you travel to visit your
doctor/health professional?**

- Under 5 kilometres
- 5-10 kilometres
- 11-20 kilometres
- 21-50 kilometres
- 51-100 kilometres
- 100-250 kilometres
- 250+ kilometres

**25. If you see a specialist, how long do you
usually have to wait for your doctor
appointments?**

- Under one week
- One to two weeks
- Two weeks to a month
- One month to two months
- Two to three months
- Over three months

**26. How do you pay for your healthcare?
(tick all that apply)**

- Medicare Card
- Refugee Medicare
- Health Care Card
- Private Health Insurance
- Student Visa health insurance
- Own finances
- I return to my country of origin
- Other (Please tell us how)

27. On average, how much do you estimate of your own finances (per year) do you contribute to your healthcare? (for example, appointments, medications, surgeries, travel for healthcare)

- \$0 - \$500
- \$501 - \$1,000
- \$1,001 - \$5,000
- \$5,001 - \$10,000
- Over \$10,000

28. How comfortable are you in a health care setting?

- Very uncomfortable
- Uncomfortable
- Neither uncomfortable nor uncomfortable
- Comfortable
- Very Comfortable

What makes you or would make you comfortable in a healthcare setting?

Sexual Health

29. What is your HIV status?

- HIV positive (Go to Q29)
- HIV negative (Go to Q34)
- HIV unknown (Go to Q34)
- Prefer not to say (Go to Q34)

This section is for people living with HIV (PLHIV)

30. Are you being prescribed HIV medication?

- Yes
- No
- Prefer not to say

31. Are the HIV medicines helping you achieve your health goals?

- Yes
- No

32. Do you find the doctor/medical service you attend meets your HIV/health needs?

- Yes
- No

33. When was the last time you engaged in a sexual health screen, including sexually transmitted Infection (STI) tests?

- 0-5 months
- 6-12 months ago
- 1-2 years
- 3-5 years
- 6-10 years
- 10+ years
- Never (please tell us why)

33. At your last sexual health screen, what tests did you receive? (select all that apply)

- Blood test
- Urine test
- Anal swab
- Throat swab
- Genital swab

This section is for people who do not live with HIV

34. When was the last time you were tested for HIV?

- 0-5 months ago
- 6-12 months ago
- 1-2 years
- 3-5 years
- 6-10 years
- 10+ years
- Never? (please tell us why)

35. When was the last time you engaged in a sexual health screen, including sexually transmitted infection (STI) tests?

- 0-5 months ago
- 6-12 months ago
- 1-2 years
- 3-5 years
- 6-10 years
- 10+ years
- Never? (please tell us why)

36 At your last sexual health screen, what tests did you receive? (select all that apply)

- Blood test
- Urine test
- Anal swab
- Throat swab
- Genital swab

37. Do you know of Pre-Exposure Prophylaxis (PrEP) and/or Post Exposure Prophylaxis (PEP)?

- Yes both PrEP and PEP
- Yes, PrEP
- Yes, PEP
- No, I haven't heard of PrEP or PEP

38. Are you taking Pre-Exposure Prophylaxis (Truvada) known as PrEP?

- Yes
- No
- Prefer not to say

This section is for both PLHIV and people who do not live with HIV survey participants

39. Have you been diagnosed or treated for any of the following STIs (tick all that apply)

- Chlamydia
- Gonorrhoea
- Syphilis
- Herpes Simplex Virus 1 and 2
- Human Papillomavirus (HPV), anogenital warts
- Hepatitis C (HCV)

- Hepatitis B (HCV)
- Trichomoniasis (Trich)
- Lymphogranuloma venereum (LGV)
- Non-specific Urethritis (NSU)
- Mycoplasma Genitalium
- Unsure of what it was called

40. In your adult life have you ever been vaccinated against? (tick all that apply)

- The flu
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV), (Gardisal 9, Cervarix)
- Pneumovax 23 vaccine (usually used to vaccinate immunocompromised people for communicable pneumonia)
- I have been vaccinated but not sure what for
- None of these

41. Who initiates a conversation about sexual health? (tick all that apply)

- You
- Your doctor
- Nurse/other health care worker
- Mental Health Worker
- Peers, friends
- Partners
- Family
- Not sure
- Prefer not to say

42. Do you feel comfortable talking about your sexual health with health professionals?

- Very uncomfortable
- Uncomfortable
- Neither comfortable nor uncomfortable
- Comfortable
- Very comfortable

If "very uncomfortable" or "uncomfortable" would you like to tell us what would make the conversation more comfortable?

43. When accessing sexual health services how safe do you feel?

- Very unsafe
- Unsafe
- Neither safe nor unsafe
- Safe
- Very safe

Would you like to tell us more?

Mental Health

44. How would you rate your current mental health?

- Very poor
- Poor
- OK
- Good
- Very good

45. Have you been diagnosed with any of the following mental conditions (tick all that apply)

- Depression
- Anxiety
- Psychosis
- Eating Disorder
- Post-traumatic stress disorder (PTSD)
- Personality disorders
- Prefer not to say
- Other/s not listed (please let us know)

46. In the last year have you been prescribed any medications for a mental health condition by a doctor?

- Prescribed and taken
- Prescribed and not taken
- No
- Prefer not to say

47. How well supported do you feel with your mental health needs?

- Very unsupported
- Unsupported
- Neither unsupported nor supported
- Supported
- Very supported

48. How often do you find it challenging to look after your health? (i.e. taking medications on time, visiting your doctor, making appointments, testing for STIs/HIV, paying for medical bills)

- Always
- Often
- Sometimes
- Rarely
- Never

49. Have you ever stopped taking medications/ therapy without your doctor/health professionals advice?

- Yes
- No
- Prefer not to say

If yes, would you like to tell us why?

50. Have you ever injected drugs?

- Yes
- No
- Prefer not to say

51. If yes, have you injected drugs in the past 12 months?

- Yes
- No
- Prefer not to say

51. Have you ever used or taken alcohol and/or other drugs? (tick all that apply)

- No
- Alcohol
- Prescription drugs
- Cigarettes/Nicotine
- Methamphetamine (Meth, Ice, Tina, Crystal)
- Amphetamine (Speed, Base, Goey)
- Ecstasy (MDMA)
- Cocaine (Coke)
- Marijuana (Weed, Dope, Pot, Grass, 420)
- Heroin
- Hallucinogens (LSD, Acid, DMT)
- Gamma-hydroxybutyrate (G, GHB)
- Prefer not to say

52 Have you ever had difficulties or challenges with alcohol and/or other drugs? (tick all that apply)

- No
- Alcohol
- Prescription drugs
- Cigarettes / Nicotine
- Methamphetamine (Meth, Ice, Tina, Crystal)
- Amphetamine (Speed, Base, Goey)
- Ecstasy (MDMA)
- Cocaine (Coke)
- Marijuana (Weed, Dope, Pot, Grass, 420)
- Heroin
- Hallucinogens (LSD, Acid, DMT)
- Gamma-hydroxybutyrate (G, GHB)
- Prefer not to say

53. If yes, have you sought help?

- Yes
- No
- Prefer not to say

54. If you have sought help, what services have you accessed? (tick all that apply)

- Drug and alcohol services
- General Practitioner (GP)
- Peer based support services (i.e. Alcohol Anonymous/AA, Narcotics Anonymous/NA)
- Smoking cessation
- Rehabilitation services
- Detoxification services
- Prefer not to say
- Other services not listed (please let us know)

Social

55. What is your current level of education?

- Primary school
- Secondary school
- TAFE, college or other trade school
- Undergraduate
- Postgraduate

56. What is your main source of income?

- Employed - full time
- Employed - part time, casual
- Unemployment Benefit (new start)
- Student Benefit (youth allowance, Aus-study, Ab-study)
- Disability Support Pension (DSP)
- Aged or Carer's Pension
- Supported by family, partner, spouse or friend
- Retired, superannuation
- Other (please let us know)

57. Are you employed to the extent you want to be?

- Less than I would like
- About right
- More than I would like

58. Do you feel that transphobia and/or discrimination has impacted on your employment and income?

- Yes
- No
- Prefer not to say

If yes, would you like to tell us more?

59. Have you ever exchanged sex for money, accommodation, food, drugs, etc.?

- Yes
- No
- Prefer not to say

60. What kind of housing do you live in?

- Private rental
- Own Home
- Nursing Home
- Caravan/motel
- Boarding house
- Family/Friends
- Couch Surfing
- Hospital
- Squat
- Juvenile Justice or Correctional Centre
- Out of Home Care
- Evicted
- Forced to leave own home
- Refuge
- Sleeping Rough
- Transitional Accommodation
- Crisis Accommodation

61. Are you satisfied with your current housing?

- Very unsatisfied
- Unsatisfied
- Neither satisfied nor unsatisfied
- Satisfied
- Very satisfied

If "very unsatisfied" or "unsatisfied" with your current housing, how does your housing impact on your health and quality of life?

62. Have you ever used online dating/hook ups apps (such as Tinder, Grindr, Bumble, SCRUFF etc.)?

- Yes
- No
- Prefer not to say

If yes, how did you find the experience?

63. Have you ever been discriminated against in any of the following areas? (please tick all that apply)

- Employment
- Education
- Health care
- Relationships
- Sexual connection
- Family
- Housing
- Online
- None of these

64. Do you think there is a lack of services for trans and gender diverse people?

- Yes
- No
- Prefer not to say

If yes or no, why?

**65. Do you know people who are...?
(tick all that apply)**

- Living with HIV
- Trans and Gender Diverse
- Trans and Gender Diverse and living with HIV
- Culturally and Linguistically Diverse
- Aboriginal and Torres Strait Islander
- People who use illicit substances

66. How do you connect with people in your community?

- Trans and Gender Diverse groups
- People Living with HIV groups
- Friends
- Family
- Work
- Facebook / online groups
- Online forums
- Apps
- Not Listed (please tell us more)

67. What kind of research do you want to see about trans and gender diverse people?

68. Is there anything else you would like to tell us about your experience as a trans and/or gender diverse person.

Trans and gender diverse people: Health and social needs assessment

Thank you for completing the survey!

The Gender Centre and Positive Life NSW would like to thank you for taking the time to share your experiences and completing this survey.

A report will be produced and published later in 2019 on the Positive Life NSW and the Gender Centre websites. The report content will also be used to represent the needs of Trans and Gender Diverse people and provide advice to NSW health and social services.

If you have questions or concerns about the survey or report please contact:

Bella Bushby | Phone (02) 9206 2177 | Email bellab@positivelife.org.au

If this survey brings up anything for you please contact:

Lifeline

13 11 14

lifeline.org.au

(24 hours everyday, free)

Qlife

1800 184 527

qlife.org.au

(3pm to midnight everyday, free)

Beyond Blue

1300 224 636

beyondblue.org.au

(24 hours everyday, free)

Gender Centre

02 9519 7599

gendercentre.org.au

(9am - midday, 1pm - 4:30pm Monday to Friday, free)

The Gender Centre offers free professional counselling and psychological support services for all transgender and gender questioning people in NSW.

Positive Life NSW

02 9206 2177

positivelife.org.au

(9am - 5pm Monday to Friday, free)

Positive Life NSW provides advocacy and peer support for all people living with HIV in NSW.



The voice of all people living with HIV

For more information phone 02 9206 2177 or 1800 245 677 (freecall)
or visit www.positivelife.org.au