Transgender Victoria and Transcend Australia submission to Senate Community Affairs References Committee inquiry on Sexual and Reproductive Health

Submission Deadline: 13th January 2023

Acknowledgement of Country

Transgender Victoria and Transcend Australia operate across lands belonging to the Wurundjeri, Boonwurrung, Taungurong, Dja Deja Wurrung, and Wathaurung peoples of the Kulin Nation and indigenous peoples across Australia. Transgender Victoria and Transcend Australia pay their respects to Elders past, present, and emerging, and acknowledges that sovereignty has never been ceded.

Executive summary

The National Women's Health Strategy 2020-2030 is a welcomed and ambitious strategy to respond to the specific and diverse needs of women and girls in Australia. The Strategy aims to take a broad and inclusive approach to women's health including all TGD and non-binary (TGD) people that is refreshing and very much needed. However, the National Women's Health Strategy falls short of the full spectrum of needs and barriers experienced by TGD people that can lead to poor health and mental outcomes. This strategy shows that there is still a long way to develop a full understanding of TGD people's needs in relation to gender and sexual and reproductive healthcare. As a priority population this strategy recognises that TGD people experience discrimination and stigma on a number of levels including in all aspects of their lives leading to a number of adverse outcomes including poorer access to healthcare, lower socio-economic status, non-optimal educational outcomes and more limited employment opportunities even when compared to lesbian and bisexual women. This discrimination impacts enormously on both health and health care access, with an increased risk of mental, sexual and chronic illness[1]

Our current health system needs to develop a proper understanding and perspective regarding TGD health care and how it integrates into mainstream sexual and reproductive health. Being a TGD person usually leads to what is known as gender incongruence which is a condition of sexual health.[2] TGD adults and adolescents have disproportionate rates of suicidality compared to the general population of Australia. TGD young people aged 14-25 are 15 times more likely to attempt suicide compared to the general population. This disparity is not because of an inherent predisposition to poor mental health related to their gender identity or their gender incongruence – it is caused by a complex and unique set of drivers and risk factors associated with marginalisation, lack of family acceptance, barriers to accessing timely gender affirming healthcare and experiences of violence and harassment.

Consequently, our submission proposes that, in order to identify and overcome existing barriers, more work is critically needed to come to a definition of sexual and reproductive healthcare that is inclusive of the circumstances and specific experiences of TGD people whose sexual and reproductive health needs are currently not being met[3]. The World Professional Association for Transgender Health Standards of Care states that TGD people need "safe and effective pathways to achieving lasting personal comfort with their gendered selves…. (which) may include primary care, gynaecologic and urologic care, reproductive options, voice and communication therapy, mental health services (e.g., assessment, counselling, psychotherapy), and hormonal and surgical treatments"[4]. These issues are clearly within the scope of sexual health according to expert health bodies[5] but extends well beyond the scope of the National Women's Health Strategy. At present TGD Australians also have poor access to mental and physical healthcare.

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[1] Private Lives 3 The Health and Wellbeing of LGBTIQ People in Australia Private-Lives-3-National-Report.pdf (genderrights.org.au)

[2] Gender incongruence is classified by the International Classification of diseases as a condition related to sexual health and is characterised by a marked and persistent incongruence between an individual´s experienced gender and the assigned sex https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/90875286

[3] From ICD-11 FAQ on Gender incongruence and transgender health in the ICD "Transgender people share many of the same health needs as the general population, but may have other specialist health-care needs, such as gender-affirming hormone therapy and surgery. However, evidence suggests that transgender people often experience a disproportionately high burden of disease, including in the domains of mental, sexual and reproductive health. Some transgender people seek medical or surgical transition, others do not." https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd

[4] WPATH Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, *23*(S1), S1-S260 https://doi.org/10.1080/26895269.2022.2100644

[5] AUSPATH: Public Statement on Gender Affirming Healthcare, including for Trans Youth https://auspath.org.au/2021/06/26/auspath-public-statement-on-gender-affirming-healthcare-including-for-trans-youth/

Recommendations

Universal access to sexual and reproductive healthcare can often be life-saving for many TGD people and is essential for all TGD Australians. We support this important inquiry, with the following recommendations:

- **Recommendation 1** - Maintain the emphasis on investing in education and awareness-raising for health professionals in the National Strategy to embed inclusive practices and trauma informed care in a TGD identity-affirming health system. To achieve this cultural transformation we need to engage with health care experts and actors in this space, alongside TGD people with lived experience who can ensure that all activities are appropriate and effective and that a wide range of tools and TGD resources are available. TGD trainers routinely receive feedback that their presence, and nuanced insight into the issues at hand, elevate educative impact in ways that see recipients become confident allies, above and beyond competent practitioners.
- **Recommendation 2** - Support the development, creation and expansion of TGD Specialist Health Clinics to extend the range of appropriate specialist services available. Adequate funding is needed in order to reduce substantial waitlists and ensure access to appropriate care as per the priorities set in the National Strategy. Peer navigators embedded in the health system can be invaluable in ensuring TGD people feel safe enough to access health services and locate the ones most appropriate to their needs.
- **Recommendation 3** – Develop a national strategy/model for TGD health care to sit alongside the National Strategy for Women's Health, in cooperation with all state and territory governments. This strategy will outline delivery of evidence-based care and that captures the specific and complex needs of TGD priority populations. It is essential that this strategy is developed in extensive consultation with a range of TGD organisations, TGD community members and TGD health care experts and providers to ensure the success of the National Strategy. It is also critical that this strategy is funded to support TGD-led research on optimal delivery and monitoring of health outcomes for TGD people. Funding for such research should mandate the involvement of TGD people in the research and its review. An example of the key recommendations from the work to develop a Victorian strategy/model is shown in Appendix A.

Background

On 28 September 2022, the Senate referred an inquiry into the universal access to sexual and reproductive health information, treatment and services to the Senate Community Affairs References Committee for inquiry and report by 31 March 2023. There is a consultation listed on the Senate Standing Committees on Community Affairs website, which was open until 11.59 pm AEDT on 15 December 2022. Transgender Victoria and Transcend Australia thank the committee for the opportunity to provide a submission. In particular we thank the secretariat for granting an extension of the deadline for submissions to accommodate resourcing issues in both organisations due to illness and leave for key personnel. This submission is written in response to the Committee Terms of Reference. TGV and Transcend consent to this submission being published on the inquiry website and shared publicly online.

Transgender Victoria

Transgender Victoria (TGV) is Victoria's leading body for TGD people. We aim to achieve better social, economic, health, wellbeing and mental health outcomes for our communities.

Transcend Australia

Transcend Australia is a community led, national organisation working with trans, gender diverse and non-binary young people and their families to ensure they are embraced and given every opportunity to thrive and flourish.

Terms of Reference response

This inquiry relates to barriers to achieving priorities under the National Women's Health Strategy for 'universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies', and the Terms of Reference makes it clear that the inquiry wants to hear about experiences of transgender people, non-binary people, and people with variations of sex characteristics accessing sexual and reproductive healthcare (section G). It is in this context that this submission is made. Note that non-binary is included in our submission's terminology of TGD but people with variations of sex characteristics (intersex people) are not, as this is outside our area of expertise, except to the extent that people with variations of sex characteristics may also identify as trans or gender diverse.

While this submission is made in reference to section G, the needs and experiences of TGD people extend to all sections of the Terms of Reference, and this is what we are hoping to capture in this submission through the experiences of this population.

G. experiences of transgender people, non-binary people, accessing sexual and reproductive healthcare;

The experiences of transgender people, non-binary people and gender diverse people have been simplified in the National Women's Health Strategy, and are not fully understood, which means that there is limited scope in the strategy in terms of confronting the barriers they face. Transgender people share many of the same health needs as the general population, but have other specialist health-care needs particularly in mental health and transition support; access to hormones and hormone blockers; and gender affirming surgery to assist with resolving their gender incongruence as recognised by health experts including WHO ICD, WPATH and AUSPATH[6]. TGD people experience a unique set of risk factors which leads to higher rates of suicidality. Risk factors include stigma, discrimination, bully and harassment, lack of family support and lack of access to timely gender affirming healthcare. The complexity of these co-occurring risk factors can cause life threatening situations as around half of TGD people and

[6] From ICD-11 FAQ on Gender incongruence and transgender health in the ICD https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd; WPATH Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, *23*(S1), S1-S260 https://doi.org/10.1080/26895269.2022.2100644
AUSPATH: Public Statement on Gender Affirming Healthcare, including for Trans Youth https://auspath.org.au/2021/06/26/auspath-public-statement-on-gender-affirming-healthcare-including-for-trans-youth/

adolescents will attempt suicide at some point in their life-course[7]. Timely access to TGD affirming healthcare reduces this life-threatening risk.

Equity is a strong principle that runs through the National Women's Health Strategy, aiming to "ensure appropriate care and recognition for transgender, intersex, non-binary and gender-diverse communities and individuals within health systems and training for health professionals". However, there is a strong emphasis on ensuring **appropriate recognition** for transgender, non-binary and gender diverse communities and individuals - which is welcomed, but it lacks a strong understanding of what is needed to ensure **appropriate care,** beyond continuing education and awareness-raising for health professionals to embed inclusive practices and trauma informed care in the health system. As a result, the National Women's Health Strategy falls short of the full spectrum of needs and barriers experienced by this population that can lead to poor health and mental health outcomes. This shows that there is still a long way to develop a full understanding of TGD people's needs in relation to gender and sexual and reproductive healthcare as it relates to access to contraceptives, cost and accessibility of reproductive healthcare, sexual and reproductive health literacy, experiences of people with a disability accessing sexual and reproductive healthcare, and availability of reproductive health leave for employees.

1. Transgender people suffer additional and specific disadvantages in accessing appropriate sexual and reproductive healthcare, with almost 50% reporting that they did not receive the health care they needed[8] (see also Appendix B). Not every transgender person undergoes medical transition, and every trans person, even those that have surgery, have some residual characteristics of the sex that they were assigned at birth. That means that some trans women might maintain some typical male sex characteristics (as only some trans women have gender affirming surgery - either by choice or by limited access to the substantial social and economic capital needed for self-advocacy). The same can be said for trans men who might not have gender affirming surgery and, as a result, maintain some female sex characteristics. Every trans person, even those that have surgery has some residual characteristics of the sex that they were assigned at birth e.g. transwomen have prostates and trans men can have vaginas. This means that sexual and reproductive health care services should be inclusive enough for all trans people to access healthcare without experiencing discrimination, stigmatisation and misunderstanding. Non-binary people face additional barriers imposed by the binary gendered approach to much health care (e.g male and female hospital wards). TGD needs are unique and go beyond basic identity recognition and require access to adequate and sensitively trained health practitioners and evidence based service delivery that may include but is not limited to primary care, gynaecologic

[7] Private Lives 3 The Health and Wellbeing of LGBTIQ People in Australia Private-Lives-3-National-Report.pdf (genderrights.org.au); Wiggins 2022 The Critical Role of Family Support in Accessing Gender Affirming Health Care https://stories.uq.edu.au/policy-futures/2022/the-critical-role-of-family-support-in-accessing-gender-affirming-health-care/index.html

[8] Kerr, L., Fisher, C.M., Jones, T. 2019. TRANScending Discrimination in Health & Cancer Care: A Study of Trans & Gender Diverse Australians, (ARCSHS Monograph Series No. 117), Bundoora: Australian Research Centre in Sex, Health & Society, La Trobe University. Doi: 10.26181/5d3e1cc21a99c https://www.latrobe.edu.au/__data/assets/pdf_file/0005/1065866/TRANScending-Discrimination-in-Health-and-Cancer-Care.pdf

and urologic care, gynaecological and andrological cancer prevention and care, and reproductive options.

2. Children and adolescents also suffer disadvantages in relation to accessing sexual and reproductive health care and need extra support beyond what is currently available[9]. Families of transgender and non-binary children and young people are in need of fertility counselling and preservation procedures, as well as sexual and reproductive health literacy that is not always available or appropriate[9]. Low socio-economic families can face financial barriers to accessing fertility preservation services, in addition to a lack of appropriately knowledgeable and culturally sensitive services which are often limited to metropolitan areas.

3. Trans people face journeys to reproduction that are vastly different to those of their cisgender peers, and there is a lack of understanding at the community and practitioner level of those journeys and how to meet the needs of the community. Access to contraceptives, fertility treatments, leave from employment and support for transgender and non-binary people remains limited due to this lack of understanding about the specific reproductive needs of this population.

4. Trans health standards have not been taken into account in proposed extensions of sexual and reproductive health services to this specific population. In addition, there are a lack of specialist clinics in this area of health and those that provide services have either closed their waiting lists or have very long wait lists. As the number of people coming forward with questions about their gender identity continues to grow, the quality of healthcare for transgender, non-binary and gender diverse people is severely compromised by the lack of knowledgeable or experienced doctors. This impacts not only on the quality of care received, but also on the willingness of TGD people to seek that care with confidence and without fear.

5. A number of studies have shown that TGD people are notable in their reluctance to access health care for sexual, reproductive and general health care. This reluctance is so extreme that it can be life threatening[10]. Some key issues relevant to this inquiry include sourcing hormones from sources other than a healthcare provider; high levels of discrimination; physical and sexual attacks and violence in seeking healthcare; and lack of access to gender affirming care. Appendix B lists some experiences of TGD people in this regard. We have included a list of relevant resources that can help provide evidence to this point.

6. Our current health system does not have a proper understanding and perspective regarding transgender health care and how it integrates into mainstream sexual and reproductive health.

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[9] Wiggins 2022 The Critical Role of Family Support in Accessing Gender Affirming Health Care https://stories.uq.edu.au/policy-futures/2022/the-critical-role-of-family-support-in-accessing-gender-affirming-health-care/index.html

[10] Kerr, L., Fisher, C.M., Jones, T. 2019. TRANScending Discrimination in Health & Cancer Care: A Study of Trans & Gender Diverse Australians, (ARCSHS Monograph Series No. 117), Bundoora: Australian Research Centre in Sex, Health & Society, La Trobe University. Doi: 10.26181/5d3e1cc21a99c https://www.latrobe.edu.au/__data/assets/pdf_file/0005/1065866/TRANScending-Discrimination-in-Health-and-Cancer-Care.pdf

We would like to see a definition of sexual and reproductive healthcare that is inclusive of the circumstances and specific experiences of TGD people whose sexual and reproductive health needs are currently not being met.

Appendix A

This appendix contains recommendations of an inquiry conducted for the Victorian Government by Australian Healthcare Associates. It is included as an example of how a state government has approached development of the health system for TGD people. This inquiry recommended:

- Establishment of a new state-wide service model for the delivery of TGD health and support services in Victoria. Fundamental to the model are the principles of co-design, co-production and co-creation with the TGD community
- 'Mainstreaming' services for TGD people. This involves the development of a three-tiered service system that includes:
    - A central role for general practitioners (GPs) and primary care services that also includes expanded community mental health services.
    - The establishment of Care Hubs with expertise in TGD health in regions across Victoria, to be based in general practices, community health centres (CHCs) and/or hospitals.
    - The establishment of a collaborative Centre of Excellence in TGD Care (CoE) to provide clinical and specialist services and support, education and training, information, service quality improvement and research.
    - Peer support and family support services across the service system are considered to be a core part of system development.

The report noted that the implementation of this new system will require capacity building in a range of areas including:

- health professional education and training;
- community awareness;
- and the development of referral and service pathways, standards and guidelines and improved data collection to better plan and meet the future health and support needs of the TGD community.

Appendix B: Experiences with and barriers to access to the health system for TGD people

The following quotes appear in the ARCSHS report[11]

My feelings were all over the place when I was first diagnosed. I was like, 'fuck!' and I knew I wasn't stage 4 and things like that, but at that time I was like, 'fuck, I don't know.' I knew I'd get through it - I've been through worse I suppose. You just keep going through it, and you're all by yourself because no one goes through it with you, you just have to go through it yourself. People can be around you when you go through cancer but they don't go through it with you, it's a very personal thing to have to deal with and understand… and in all honesty, my testicles had caused so many problems for me throughout my life, I should never have had them. - ***Trans woman, testicular cancer.***

I only realised I was non-binary about three or four years ago, but it was one of those things that when I found the word I was like, 'this is how I've been all my life and I just haven't had access to the vocabulary for it,' because when I was younger, I thought I was binary trans, that I would be going towards becoming a man, and I'm like, no, that's not quite right either. - ***Non-binary person, hereditary paraganglioma-pheochromocytoma syndrome.***

I had to battle the institution, I was put through therapies, I did two religious conversion therapies, state government, unofficial conversion therapy which is a lot of sitting on men's knees, and stuff like that… You had to report to psychiatrists every week, you had to do what they said… The women got social workers and all that, but we got nothing, well, I got nothing because there was no 'we' about it, there was only me and the women, and what they did was whatever they did for the women, they reversed it for me. So, I wasn't allowed to have earrings. Well, all my peers had earrings, so I was forever chucking an earring in and out. It was what the psychiatrists thought a man was, and that had to be projected onto me and I had to live it. ***- Trans man, lung cancer and lymphoma***

I can pretty much guarantee there's no statistics on how many trans girls seek medical aid for erectile dysfunction, and if there is I've never heard of them, but I expect it wouldn't be that high because they're all told at commencement of HRT that you're going to lose your erections more than likely… Younger trans girls, some of them don't, that's not always the case, and some girls have dysphoria, but that was just an immediate assumption on [the doctor's] part that I'm a trans woman, so I must hate my penis and want to chop it off, and that's just not the case at all. - ***Trans woman, prostate cancer***.

I felt like I was dealing with the 1920s CWA, and because I did not fit their strict gender criteria, they just simply didn't know how to relate to me… There was no recognition in the system of my preferred name or anything like that, I was continually being referred to by my female name. They get me upstairs and they want to put me in a ward with three women. I just lost it. I said, 'no bloody way am I going to be on this ward with three women. I need to be treated with a bit of dignity and respect in this matter'… [one

[11] Kerr, L., Fisher, C.M., Jones, T. 2019. TRANScending Discrimination in Health & Cancer Care: A Study of Trans & Gender Diverse Australians, (ARCSHS Monograph Series No. 117), Bundoora: Australian Research Centre in Sex, Health & Society, La Trobe University. Doi: 10.26181/5d3e1cc21a99c
https://www.latrobe.edu.au/__data/assets/pdf_file/0005/1065866/TRANScending-Discrimination-in-Health-and-Cancer-Care.pdf

of the nurses] looked at me and said, ‘you were born a woman, you will behave like a woman’… I cancelled all my post-operative appointments, never went back near them again, I just didn’t want to be anywhere near it again, and for better, for worse, whatever, too bad. Even in the greater scheme of things, it’s now at the point where if I developed any form of symptoms of having cancer in any of the remaining bits that are still left down there, I wouldn’t go near a doctor. I wouldn’t dare. It doesn’t matter if it’s going to kill me. - ***Trans man, BRCA gene mutation***.

“The doctors don’t know how to deal with you, that’s the thing. I’ve been refused treatment by two doctors this year, and I said to one doctor, ‘you just told me to go somewhere else,’ and he said, ‘I don’t treat your kind, I don’t know anything about you,’ and I wasn’t asking him for any medication for being trans, he was actually supposed to be arranging a colonoscopy for cancer, but I said to him, ‘what are you talking about? I’ve got the same organs as everyone else, my blood’s red, I’m not from another planet.’” - ***Trans woman, prostate cancer.***

There’s so much help for breast cancer and support services, but there’s nothing for any sort of other cancer... For instance, I had a full beard and hair on my head, and it fell out within a week, and to a trans man your beard is all, and I’m known for my beards, and there’s nobody out there that could possibly counsel me on how I feel about that loss, and the anxiety of will it grow back, and what I look and see in the mirror now, but if I was female I would have been offered a wig straight away, if I was female with breast cancer I would’ve got the cool-cap. ***- Trans man, lung cancer and lymphoma*.**

Over a period of time, I stopped being able to dilate, and there was nothing I could do about it. I had a check-up with the radiation oncologist, and I said to him, ‘I’m having problems down below, I’m not able to dilate now. I made it clear to you that I was a post-operative trans woman, things down below were different to a genetic female’… in other words I wasn’t self-lubricating or anything like that, and I said, ‘you knew this, I made you aware of this and your only caution to me was that I might feel dryness. I’ve closed up, you’ve welded me shut,’ and he said to me, ‘I saved your life, what more do you want?’ How do you respond to that? Okay, yeah, on one hand you’ve got a point, but you had no concern or care for me as a person, your only concern was that tiny little tumour, whatever happened from that, ‘bugger it, I don’t care’, and I was devastated by that. - ***Trans woman, bowel cancer.***

I turned up for a cervical based ultrasound with a service I wasn't familiar with and continued to get asked which family member the appointment was for and then got treated in a way that was significantly different before transition that made me feel uncomfortable when they finally did the screening. ***Trans man, cervical cancer screening***

She stripped me naked and scrubbed me in public, and these people here were taking photos and posting them on the internet… and every time there was no one around either the father or the son would come in and threaten my life and say I was a waste of space and they were going to kill me… and I kept trying to relay to the nurses and the doctors that my life was being threatened, and they thought I was hallucinating… Eventually the dude come with an axe, and it was for the sake of a nurse who stopped him, she just said to him, ‘you can’t bring that in here.’ - ***Trans man, lung cancer and lymphoma.***

This account of the same event described above occurs in History of Trans Health Care in Australia[12], Professor Noah Riseman relates an example from an interview with Andrew (trans man)

“In an extreme but scary example visitors at a hospital bed next to Dale (a trans man) overheard a nurse call him out as trans. The visitors saw genitals because the nurse did not close the curtain and they took photographs – even as was protesting to the nurse. Subsequently the visitors were verbally abusive and threatening yet hospital staff refused to move to another space….Eventually one visitor brought an axe to attack ; disaster was only averted because an employee spotted the man with the axe and was able to stop him in the corridor and call security” **Andrew trans man as relayed by Professor Noah Riseman**.

[12] Riseman 2022 “History of Trans Health Care in Australia” https://auspath.org.au/2022/05/26/australian-trans-health-history-report/

Resources

- Adelaide PHN Needs Assessment Report 2019-2022 – update for 2021/22 https://adelaidephn.com.au/assets/2019-2022_APHN_Needs_Assessment_2021-22_Update_Full_Report_Public.pdf
- The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria. Findings from the Victorian Population Health Survey 2017 https://www.safercare.vic.gov.au/sites/default/files/2020-09/The-health-and-wellbeing-of-the-LGBTIQ-population-in-Victoria.pdf
- Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia.* National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.
- Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., & Hillier, L. (2014). *From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia.* Melbourne: The Australian Research Centre in Sex, Health, and Society.
- Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., Lin, A. (2017). *Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results.* Telethon Kids Institute, Perth, Australia. trans-pathways-report.pdf (telethonkids.org.au)
- ACON: A Blueprint for Improving the Health and Wellbeing of the Trans & Gender Diverse Community in NSW ACON-TGD-Community-Health-Strategy_web.pdf (genderrights.org.au)
- Private Lives 3 The Health and Wellbeing of LGBTIQ People in Australia Private-Lives-3-National-Report.pdf (genderrights.org.au)
- Callander D, Wiggins J, Rosenberg S, Cornelisse VJ, Duck-Chong E, Holt M, Pony M, Vlahakis E, MacGibbon J, Cook T. 2019. The 2018 Australian TGD Sexual Health Survey: Report of Findings. Sydney, NSW: The Kirby Institute, UNSW Sydney. ATGDSexualHealthSurveyReport_v7.pdf (genderrights.org.au)
- Rainbow Bridges - A LGBTIQA+ youth peer-led project to identify the unique needs of CALD LGBTIQA+ young people in the Brimbank, Moreland, and Wyndham areas in accessing safe and appropriate mental health support Rainbow-Bridges-2021-Report-v3.pdf (headspace.org.au)
- Kerr, L., Fisher, C.M., Jones, T. 2019. TRANScending Discrimination in Health & Cancer Care: A Study of Trans & Gender Diverse Australians, (ARCSHS Monograph Series No. 117), Bundoora: Australian Research Centre in Sex, Health & Society, La Trobe University. Doi: 10.26181/5d3e1cc21a99c https://www.latrobe.edu.au/__data/assets/pdf_file/0005/1065866/TRANScending-Discrimination-in-Health-and-Cancer-Care.pdf
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