NSW LGBTIQ+ Health Strategy 2022-2027

Summary of Evidence

NSW GOVERNMENT

The NSW Ministry of Health commissioned Urbis to create this Summary of Evidence based on an extensive needs assessment process conducted during 2019-20.

All information supplied to Urbis in order to conduct this research has been treated in the strictest confidence.

The Summary of Evidence contains deidentified quotes from those who participated in consultation work, to illustrate key points. These and other information contained in this summary may cause distress for some readers. If you require support, please contact: Q Life – 1800 184 527, Beyond Blue - 1300 22 4636, Lifeline - 13 11 14 or the NSW Health Employee Assistance Program.

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01 Introduction

Purpose

This Summary of Evidence complements the NSW LGBTIQ+ Health Strategy 2022-2027 (the Strategy) and presents insights about the health needs, service access requirements and experiences of LGBTIQ+ people when engaging with healthcare in NSW.

The NSW Ministry of Health commissioned this work to provide NSW Health staff with greater evidence to inform their approach to delivering high quality, safe, inclusive, and responsive healthcare that matters to LGBTIQ+ people.

Terminology

Language and terminology are important to LGBTIQ+ people, as these can support recognition, trust and safety.

Terminology used to describe bodies, gender and sexualities changes over time. The terms and definitions used in this document are presented in the 'Terminology' section.

Approach to gathering evidence

The evidence presented in this document was collected using a mixed methods approach, combining both qualitative and quantitative data, as well as primary and secondary data.

We have brought together published research with stories and case studies shared with us by LGBTIQ+ people and health professionals. The outcomes of the research activities below have informed both this document and the Strategy.

Activity	Details
Literature review	A targeted review of national and international, peer-reviewed and grey literature was undertaken in February 2020. Using over 130 sources, the literature review identified current LGBTIQ+ health policies and strategies in Australia and internationally, provided a baseline understanding of social determinants of health for LGBTIQ+ people, and highlighted best practice approaches to delivering healthcare to LGBTIQ+ people.
Demographic profile	Available data on the key demographic characteristics of LGBTIQ+ people were reviewed to support the development of a demographic profile of the LGBTIQ+ population in NSW.
Service mapping	Health services specifically targeted to LGBTIQ+ people in NSW were mapped and categorised to allow the identification of areas of service oversupply and gaps.
Consultations*	**LGBTIQ+ people** Consultations with LGBTIQ+ people across NSW were held to understand their health needs, service access and healthcare experiences. During November and December 2019, we received 1,587 responses to an online survey of LGBTQ people, and consulted with 97 LGBTQ people across six in-person roundtable events held in Newtown, Parramatta, Wagga Wagga and Lismore. We also conducted 20 telephone interviews mainly with LGBTQ people in rural and regional areas. Over the period February to March 2020, we received 30 responses to an online survey of intersex people, and consulted with four intersex people via telephone interviews. **Health professionals** Consultations were also held with health professionals, to understand their experiences delivering healthcare to LGBTIQ+ people. During November and December 2019, we received 742 responses to an online survey of NSW Health staff, and consulted with 40 health workers across four in-person roundtable events held in Redfern, Parramatta, Wagga Wagga and Lismore. We also held eight telephone interviews.

* Please note that our consultation work with LGBTIQ+ people took place through two streams; one with LGBTQ people and another with intersex people. Findings are therefore presented for 'LGBTQ' people, separately to intersex people. We recognise that some intersex people may be LGBTQ.

Limitations to our approach

As with any research process, there are limitations to our research approach and the findings presented.

The views expressed during the consultations held may not be representative of the views of the whole LGBTIQ+ population. We have only been able to consult with a small sample of the LGBTIQ+ population and health professionals in NSW. It is possible that those who chose to participate in the consultations were more engaged with the health needs of LGBTIQ+ people than the general population. Despite this limitation, we are confident that the evidence presented in this document remains valid, thanks to our mixed methods approach in which we have combined the findings from our consultations with other published academic evidence.

Diversity among LGBTIQ+ people

It is important to acknowledge that LGBTIQ+ people are not a homogenous population.

Each group in the acronym has unique health needs and experiences, and groups are not mutually exclusive, e.g. someone may be both transgender and gay. Sexuality, gender, and intersex variation can intersect – along with other aspects of a person's identity such as their age, cultural background, disability and where they live – leading to unique health needs and experiences of the health system for everyone. Common health impacts, however, can be seen across LGBTIQ+ people, especially when considering the effects of stigma and discrimination on mental health and wellbeing, and service access and experiences.

02 What are the health needs of LGBTIQ+ people?

2.1. LGBTQ people

Self-reported health and wellbeing is lower for LGBTQ people

While many LGBTQ people are healthy and well, self-reported health and wellbeing is lower for LGBTQ people compared to the general population. Most respondents to our LGBTQ community survey considered themselves to be healthy, with 68% rating their health as excellent, very good or good. However, this rating was lower than the 86% of the general population who self-assessed their health as excellent, very good, or good in research conducted by the Australian Institute of Health and Welfare.[1]

My health is excellent, very good or good

68%[2] LGBTQ people

86%[3] General population

Mental and emotional distress is common among LGBTQ people, linked to stigma and discrimination

We know from academic research that LGBTQ people are at high risk of mental and emotional distress.[4,5,6,7] Our LGBTQ community survey highlighted this as well, with almost two thirds of respondents reporting they had experienced a mental health condition (64%).

The research further suggests that minority stress has an impact on the mental health of LGBTQ people.[8] Minority stress describes the higher levels of stress typically experienced by minority groups, such as LGBTQ people, because of persistent exposure to stigma, discrimination, and alienation within society.

The high prevalence of mental health conditions among respondents to our LGBTQ community survey can therefore be understood within the context of two in five survey respondents having experienced stress from stigma and discrimination (40%), and over a quarter having experienced social isolation (26%).

64% I have experienced a mental health condition

40% I have experienced stress from stigma and discrimination

26% I have experienced social isolation

[9]

LGBTQ people are more vulnerable to violence, abuse and neglect

The research points to the significant impacts of violence, abuse and neglect on LGBTQ people. While anyone can experience violence, abuse and neglect, these experiences can present in unique and complex ways for LGBTQ people, and can impact health outcomes, including leading to long-term trauma.[10]

LGBTQ people have been exposed to violence as a result of homophobia and transphobia in society, commonly referred to as heterosexist violence. A Victorian study found that 85% of its 390 LGBT survey respondents had experienced heterosexist violence or harassment in their lifetime.[11]

LGBTQ people can also experience unique forms of abuse and coercive control within their relationships. These include:

- the use of homophobic or transphobic language,
- a perpetrator threatening to disclose their partner's or family member's sexuality or gender identity to other parties against their wishes,
- a perpetrator forcing their partner or family member to hide their sexuality or gender identity when they wish to disclose it,
- a perpetrator coercing a transgender or gender diverse partner or family member into beginning or stopping gender affirming care,
- a young person experiencing rejection from their family or cultural community, which can lead to homelessness.[12,13]

LGBTQ people are at greater risk of harmful use of alcohol and other drugs

Issues relating to alcohol and other drug use were only reported by 15% of respondents to our LGBTQ community survey. However, previous research suggests LGBTQ people are at greater risk of health issues associated with alcohol and other drug use, compared to the general population. This is due to:

- higher rates of alcohol and other drug use, associated with experiences of stigma and discrimination,
- the prevalence of alcohol-based socialising among some LGBTQ communities,
- the practice of sexualised drug use e.g. 'chemsex', mainly among some gay and bisexual men.[14,15]

Spotlight on:

Gay, bisexual and queer (GBQ) men's health

- GBQ men are at greater risk of contracting HIV and other sexually transmitted infections than other groups.[16,17]
- Male-to-male sex continues to be the major contributor to HIV risk exposure in Australia; however increased awareness, availability and uptake of testing and pre-exposure prophylaxis (PrEP) has had a significant positive impact on HIV prevention in recent years.
- Treatment as prevention – that is, taking HIV medication to reduce the amount of HIV in the blood, with the aim of achieving an undetectable viral load – is a current best practice method, as referenced in the NSW HIV Strategy 2021-2025.[18]
- GBQ men are more likely to engage in alcohol and substance abuse, including 'party drugs' i.e. ecstasy, meth/amphetamine, cocaine, ketamine and Gamma-Hydroxybutyrate (GHB).[19]
- Of all GBQ men who responded to our LGBTQ community survey, younger men and men living in regional areas were more likely to report experiencing mental and emotional distress.

Spotlight on:

Lesbian, bisexual and queer (LBQ) women's health

- LBQ women are at high risk of mental and emotional distress. In fact, they are at higher risk than both heterosexual women and gay, bisexual and queer men.[20,21]
- Of all LBQ women who responded to our LGBTQ community survey, younger women were more likely to report experiencing mental and emotional distress.
- Smoking rates are high among LBQ women. As seen in the 2020 SWASH Study of lesbian, bisexual and queer women, nearly one in five respondents smoked tobacco (18%).[22]
- Alcohol consumption is also high among LBQ women. The 2020 SWASH Study revealed nearly half of all respondents (48%) reported drinking at levels that exceeded health recommendations, compared to a quarter of all women in NSW (25%).[23]
- Illicit substance use is also high among LBQ women. Findings from the 2020 SWASH Study showed that more than half of all respondents (54%) reported using an illicit drug in the preceding 6 months,[24] compared to only 13% of all women in NSW according to AIHW research.[25]

Spotlight on:

Transgender and gender diverse people's health

- Transgender and gender diverse people have relatively poor self-rated health and wellbeing, even compared to cisgender LGBTQ people. More than one in five transgender and gender diverse respondents to our LGBTQ community survey reported having poor or very poor health (21%) compared to only 8% of cisgender respondents, representing a statistically significant negative difference.
- Transgender and gender diverse people are at particularly high risk of mental and emotional distress. Our LGBTQ community survey highlighted that 85% of transgender and gender diverse respondents had experienced a mental health issue compared to 59% for cisgender respondents, with similar results noted in academic research.[26,27]
- Suicidality is of particular concern among transgender and gender diverse people, with numerous studies suggesting very high rates (above 80% among some survey samples) of suicidal thoughts, self-harm and lifetime suicide attempts.[28,29]
- Academic research highlights the important role of social support as a preventive factor against suicidality.[30] Transgender and gender diverse respondents to our LGBTQ community survey reported experiencing social isolation at twice the rate of cisgender respondents (45% vs 22%), lending context to the increased rates of suicidality among this community.
- Academic research also highlights the link between mental health issues and experiences of transphobia, with particular impacts on suicidality.[31,32] Transgender and gender diverse respondents to our LGBTQ community survey were twice as likely to report experiencing stress from stigma and discrimination than cisgender respondents (68% vs 33%).
- Transgender and gender diverse people may seek to affirm their gender at different life stages, including when they are children, younger people, or later in life. Access to gender affirming treatments and care can have a significant positive impact on their health and wellbeing,[33] as discussed further in Section 3.

2.2. Intersex People

Self-reported health and wellbeing is lower for intersex people

While some intersex people are healthy and well, self-reported health and wellbeing is lower compared to the general population. Less than half of all respondents to our intersex survey considered themselves to be healthy, with 41% rating their health as excellent, very good or good. This rating was much lower than the 86% of the general population who self-assessed their health as excellent, very good, or good.[34]

My health is excellent, very good or good

40%[35] Intersex people

86%[36] General population

Mental and emotional distress is common among intersex people

Despite the wealth of research on the mental health and wellbeing of LGBTQ people, there is less academic evidence to consider when it comes to intersex people. However, our consultations with intersex people, and the results of our intersex survey, point to high levels of mental and emotional distress among this population. Seven in ten respondents to our intersex survey reported they had experienced a mental health issue (71%), over a quarter of respondents reported experiencing social isolation (29%), and over a third reported experiencing stress from stigma and discrimination (36%).

As with LGBTQ people, stigma and discrimination contribute to the high levels of mental and emotional distress among intersex people. However, our consultations highlighted that these experiences vary widely depending on the level of visibility of a person's variation/s, and whether they choose to disclose their variation/s. Non-disclosure among intersex people is common due to feelings of shame, and a fear of stigma and discrimination, which can mean avoidance of medical services, and therefore poorer health outcomes.

In addition, it can be more difficult for intersex people to identify and name stigma and discrimination directed towards them, as there are no widely used terms like 'homophobia' or 'transphobia' to describe such experiences.

Previous research, and our own consultations, also highlight that many intersex people experience trauma as a result of medical interventions performed on them during infancy or childhood, sometimes without their consent. These interventions are often carried out to 'normalise' the appearance of physical development and meet societal expectations of female and male bodies.[37] Disclosure of the reasons for undertaking medical interventions is reportedly often incomplete and is sometimes presented to the patient or their families as medically necessary, for example, to reduce the risk of cancer. As we will cover next, these medical interventions can cause lasting physiological health issues and sometimes require reparative surgery.[i,38,39,40]

71% I have experienced a mental health condition

36% I have experienced stress from stigma and discrimination

29% I have experienced social isolation

41

i Please refer to the Australian Human Rights Commission's 2021 report Ensuring health and bodily integrity: towards a human rights approach for people born with variations in sex characteristics.

Physiological conditions, fertility issues and neurological conditions are common among intersex people

The term 'intersex' incorporates a wide range of variations, and therefore the health conditions experienced by this population vary widely and differ from person to person. There are currently at least 40 relevant clinical entities known, and of those who completed our intersex survey, there were 16 different variations registered. In the absence of reliable health data our intersex survey provided helpful insights, but results are unlikely to be representative of all intersex people in NSW and should be interpreted with caution.

Looking first at physiological conditions, the results of our intersex survey highlighted the following:

- around half of all respondents had conditions relating to their gonads (54%) or genitals (46%),
- around a quarter of all respondents had conditions relating to other sex characteristics e.g. breasts (29%) or their urinary tract, bladder or kidneys (25%).

Over a quarter of respondents reported having health issues relating to previous medical interventions associated with their intersex variation/s and associated reparative surgery (29%). Some of the documented impacts of such interventions include needing life-long hormone replacement therapy, permanent infertility/ sterilisation, incontinence, a loss of sexual function and sensation, and psychological trauma.[42,43,44]

Looking next at fertility, over half of all respondents to our intersex survey reported having fertility issues (57%), compared to only 7% of endosex respondents to our LGBT community survey.[ii] Academic research confirms this link, however it is important to note that fertility issues vary widely depending on the specific variation.[45]

Finally, looking at neurological conditions e.g. living with Attention Deficit Hyperactivity Disorder or being on the Autism Spectrum, these were reported by more than one in three respondents to our intersex survey (36%). Academic research has shown that people with some intersex variations e.g. Triple X Syndrome (47XXX), Turner Syndrome (45X) and Klinefelter Syndrome, are more likely to experience neurological conditions than the general population.[46,47,48,49]

ii For the purposes of comparison with people with intersex variations, respondents to the LGBTQ community survey who identified as intersex have been removed from these figures. 'Endosex' refers to people who do not have intersex variations.

03 What health services matter to LGBTIQ+ people?

3.1. Overall

Experiences of stigma and discrimination impact health service access

LGBTIQ+ people can experience stigma and discrimination in several settings. Experiences of stigma and discrimination within the health system, and fear of such experiences, can deter LGBTIQ+ people from accessing health services and disclosing their sexuality, gender or intersex variation/s to health professionals. LGBTIQ+ peoples' experiences of the health system are explored further in Section 4.

3.2. LGBTQ people

Sexual health services can facilitate broader health service access

For gay men in particular, sexual health services can be an important touch point with the health system and facilitate broader health service access. LGBTQ-specific sexual health services are currently readily available across all local health districts and specialty health networks in NSW, with a primary focus on reaching men who have sex with men. Feedback from the community roundtables suggests that even mainstream sexual health services tend to be relatively aware of the needs of gay men, compared to other LBGTQ groups, which could be attributed to the longstanding history of health advocacy in the HIV area.

Improved access to mental health services over the lifespan is needed

With mental and emotional distress being the most prevailing health issue among LGBTQ people, facilitating access to mental health services is a key priority. One in three respondents to our LGBTQ community survey reported difficulty accessing mental health services in NSW (33%), and the roundtables highlighted some key barriers such as the high costs of services and the limited availability of LGBTQ-inclusive services. While LGBTQ-specific services exist in some local health districts, access is still limited across NSW and the ability of mainstream services to cater to the needs of LGBTQ people is reported to be limited.

Improved access to social services is needed

Participants in our community roundtables emphasised the importance of social services in NSW better responding to the needs of LGBTQ people. In particular, enhanced access to domestic violence services is a key priority for lesbian women. While there is little evidence to suggest that LGBTQ groups are at elevated risk of domestic violence, lesbian women in our consultations commonly reported experiencing stigma and discrimination when accessing mainstream domestic violence services, including denial that violence can occur between women.

Improved access to gender affirming treatments and care is needed

Participants in our community roundtables emphasised the importance of social services in NSW better responding to the needs of LGBTQ people. This process can include medical steps such as taking hormones, having surgery, accessing speech pathology services and receiving counselling.[50]

Feelings of incongruence between one's gender and body can lead to unease and distress. Evidence suggests that for people seeking to affirm their gender, access to gender affirming treatments and care improves mental health and wellbeing.[51,52]

Improved access to gender affirming treatments and care is therefore a key priority. Almost three-quarters of transgender and gender diverse respondents to our LGBTQ community survey indicated difficulties accessing such services (71%). Barriers to access include the limited number of services in NSW, the high costs of some treatment options such as puberty blockers and surgeries, and the requirement for a diagnosis of 'gender dysphoria' by a psychiatrist to access hormone replacement therapy (HRT).

3.3. Intersex people

Ongoing access to specialist medical services is needed

Many intersex people need to access specialist medical services on an ongoing basis. In some cases, access to specialist medical services relates to the management of conditions associated with a patient's intersex variations. In other instances, it relates to reparative treatments associated with surgeries undertaken in infancy and childhood. For example, some intersex people need to access HRT, typically administered by endocrinologists. Our consultations with intersex people highlighted that accessing these kinds of services and treatments can be expensive, which for some people prevents access and continuity of care.

Addressing the unique barriers to health service access

Beyond specialist medical services, intersex people face unique barriers to health service access. Some of the barriers highlighted during our consultations with intersex people included:

- **A lack of knowledge and awareness about intersex variations –** Intersex people often lack knowledge about their own bodies. Many intersex people undergo medical interventions in infancy and childhood that are not disclosed to them, leading to a lack of knowledge about their specific variation/s. In addition, many health professionals have limited knowledge of the wide range of intersex variations, and there is limited available health information that can be provided to patients.
- **Trauma from previous medical interventions –** Intersex people who have undergone medical interventions in infancy and childhood that they did not consent to often experience trauma when accessing hospitals or clinical environments. In some cases, this may deter intersex people from accessing health services altogether.
- **Limited intersex-specific services –** There are very few health services in NSW that cater specifically to the needs of intersex people. Many hospital-based specialist services, such as andrology clinics, endocrinologists and gynaecologists, operate in gendered spaces. This means intersex people can be required to access services in which most patients are of a different gender to themselves e.g. a woman with excess androgens may see a specialist based in an andrology clinic in which most other patients are men. This may lead patients to feel shame and discomfort, and again act as a barrier to health service access.
- **Difficulty reaching intersex people –** The population of intersex people is estimated be relatively small at around 1.7% of the population[53] and does not benefit from the same level of community organising as LGBTQ communities. It is common for intersex people to hide their variation/s or to view their variations through a clinical lens i.e. they may refer to 'having a condition' rather than 'being intersex'. This can make it difficult to reach intersex people through health promotion efforts.

Improved access to mental health services is needed

With mental and emotional distress being common among intersex people, facilitating access to mental health services is a key priority. One in three respondents to our intersex survey reported difficulty accessing mental health services in NSW (33%). The consultations also highlighted barriers such as the high costs of mainstream services and the absence of intersex-sensitive mental health services in NSW.

04 What are the experiences of LGBTIQ+ people accessing health services in NSW?

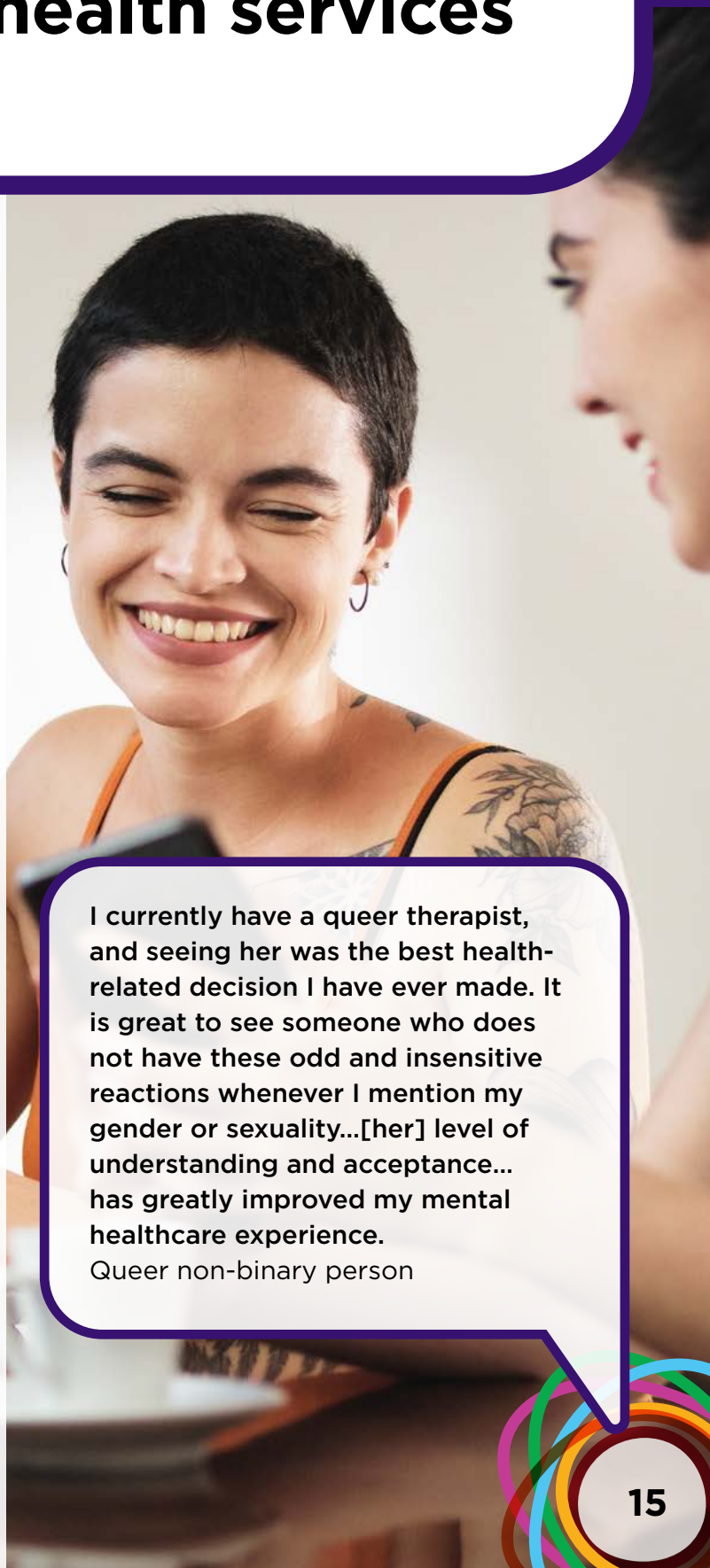
4.1. LGBTQ people

Positive experiences occur in safe, welcoming and inclusive environments

Our consultations with LGBTQ people highlighted that positive experiences with the health system tend to occur when consideration is given to creating a safe, welcoming and inclusive environment. These environments are often characterised by visible cues such as rainbow signs/flags and LGBTQ identifying staff, use of inclusive and affirming language by health professionals, and an inclusive approach to understanding and meeting patients' needs.

Those we consulted with highlighted that positive experiences tend to occur more often when patients access LGBTQ-specific health services, mainstream health services in areas with historically high concentrations of LGBTQ residents, services delivered by health professionals who openly identify as LGBTQ, and sexual health services. Our LGBTQ community survey found that more than half of all respondents (53%) prefer accessing LGBTQ-specific health services over mainstream services.

The first time I attended a gay men's health service as a young adult, I immediately felt respected, understood and empowered. I wasn't embarrassed to discuss sexual practices and sexual health issues and concerns. There was no judgement, and I felt safe.
Gay person



I currently have a queer therapist, and seeing her was the best health-related decision I have ever made. It is great to see someone who does not have these odd and insensitive reactions whenever I mention my gender or sexuality...[her] level of understanding and acceptance... has greatly improved my mental healthcare experience.
Queer non-binary person

Poor experiences occur when there is a lack of knowledge and respect

Our consultations with LGBTQ people have highlighted that poor experiences with the health system tend to occur in environments where there is a lack of knowledge and respect for LGBTQ people and their health needs. Experiences of stigma and discrimination in the health system include:

- the use of derogatory language, misgendering[iii] and a person's incorrect name by clinicians and other support staff, leading to feelings of shame, disempowerment and discomfort,
- feeling othered[iv] by heteronormative language and assumptions e.g. assumptions of an opposite-sex partner, in verbal interactions as well as questions asked on intake forms,
- questioning or diminishing the role of partners accompanying their significant others to appointments or procedures.

As a result of these experiences, many LGBTQ people feel unsafe in mainstream healthcare settings. They may decide not to disclose their sexuality or gender or delay access to health services, negatively impacting their health outcomes.

I'm transgender, I'm a trans man. As a part of my transition, I've had a hysterectomy, which has been great for my physical and mental health. But on the day when I went to the hospital for the procedure, the nurse at the intake called me up and asked what I was there for, and when I said 'a hysterectomy' she laughed at me and said I was mistaken.
Transgender person

I am a cis lesbian female...I honestly have lost count of how many times a GP or other health service provider has asked about my 'husband' or 'boyfriend'. Sometimes I correct them if I am feeling brave. Sometimes I don't if I can't be bothered or if I am worried about how it might be received. It's a small but big thing.
Lesbian person

iii Referring to a person's gender by incorrectly assuming their gender or using incorrect pronouns, either intentionally or unintentionally.
iv The experience of being treated as insignificant or 'on the outer' in society based on belonging to a particular group.

...a lot of doctors, they have a standard approach, [they see] intersex [as] black and white...but it's not at all, intersex is a kaleidoscope
Intersex person

4.2. Intersex people

Positive experiences occur when there is understanding of intersex variations and a patient-centred approach

Our consultations with intersex people have highlighted that positive experiences with the health system tend to occur in environments where there is an adequate clinical understanding of intersex variations and the adoption of a patient-centred approach to care.

A patient-centred approach to care for intersex people includes two key elements:

- involving the patient in decisions regarding their healthcare – this is important given many intersex people have experienced trauma relating to procedures they did not consent to in their infancy and childhood and,
- tailoring healthcare to meet the specific needs of each patient rather than applying standard approaches – this is important given the wide range of intersex variations and, the different needs of each person.

...they seem to really listen to me and value the input that I have. So obviously I'm not an expert, I just have the condition, but it does help that when I find something like new research or a study it's not that they just dismiss it...they really seem to listen and try and understand where I'm coming from.
Intersex person

Poor experiences occur where there is a lack of knowledge and respect

Our consultations with intersex people have highlighted that poor experiences with the health system tend to occur in environments where there is a lack of knowledge and respect for intersex people and their health needs.

Almost three quarters of respondents to our intersex survey reported that mainstream health providers are not familiar with their health needs (72%). This can lead to a burden being placed on the patient to explain their needs and be their own advocate. In some cases, it can also lead to standardised treatments being inappropriately administered. Given intersex bodies are not typically male or female they usually require more tailored treatments.

In addition, the intersex people we consulted highlighted that mainstream health professionals often use inappropriate or offensive language to refer to their variation/s, leading patients to feel uncomfortable about their bodies. More positive experiences were reported when accessing LGBTQ-specific community health services. However, this tended to relate to the more open and inclusive approach of LGBTQ-specific services rather than their specialisation in intersex health needs.

My GP at the moment...they just treat me as a trans person even though I'm not trans...I happen to have two Xs and a Y chromosome, so my biological body is completely different [to a trans person], but because I'm taking hormones I'm just treated like a trans person...I really don't know where to go
Intersex person

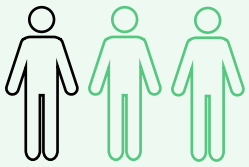
05 How can NSW Health staff be supported to meet the needs of LGBTIQ+ people?

5.1. Current levels of knowledge of LGBTIQ+ health

NSW Health staff play an important role in the health service experiences of LGBTIQ+ people, which can have a major impact on health service access and outcomes. Our consultations with health professionals highlighted a need for greater knowledge and awareness among NSW Health staff of the health needs and social determinants of health, of LGBTIQ+ people. One in three respondents to our survey of NSW Health staff reported that their knowledge of LGBTIQ+ peoples' health needs was insufficient for their work (31%). Considering the survey was voluntary, and therefore more likely to have been completed by people with an interest in LGBTIQ+ health, levels of knowledge are likely to be even lower across the health system.

31%[54]

One in three believed they had insufficient knowledge of LGBTIQ+ peoples' health needs



I am familiar with the health needs of:

51%	Gay men
43%	Lesbian women
43%	Bisexual people
30%	Transgender and gender diverse people
19%	Intersex people

Note: percentages refer to ratings of 'extremely familiar' or 'moderately familiar'. They exclude respondents who selected a rating of 'somewhat familiar', 'slightly familiar' or 'not at all familiar'.

Our survey of NSW Health staff also highlighted that the needs of some groups are better understood than others. Respondents reported the highest levels of familiarity with the needs of gay men, followed by lesbian women, bisexual people, transgender and gender diverse people, and intersex people.

I am a single gay male living in regional NSW. I would like to actively use PrEP however the GPs locally know nothing about it. I find I am the one educating them. The only place to get regularly tested is the GP surgery which is staffed by locals who are very likely to know me. I don't feel that my test records would be treated confidentially...
Gay person

5.2. What further training and support might look like

Our consultations with health professionals highlighted an opportunity to better enable NSW Health staff to meet the needs of LGBTIQ+ people. Only one in three respondents to our survey of NSW Health staff had received formal training in LGBTIQ+ health (33%), with respondents more commonly relying on personal experience to gain knowledge of LGBTIQ+ peoples' health needs (61%).

33%[56]

Only one in three had received formal training in LGBTIQ+ health

> **When I transitioned the first thing I did was provide my GP with a copy of the WPATH standards of care. Most GPs have little to no understanding of the relevant issues and treatment. Greater training needs to be provided.**
> Transgender person

Respondents to our survey of NSW Health staff told us they would most like to receive face-to-face training and have local LGBTIQ+ experts supporting staff on the ground. Online training and published resources were also popular, but less so than in-person training and support.

The desire for in-person training and support reflects what we know about the diversity and complexity of the health needs of LGBTIQ+ people, which can take time to learn about and understand. It also reflects feedback from the roundtables with health professionals that transformational training and support is required to generate system-wide change and improve the health service experiences and health outcomes of LGBTIQ+ people.

06 How does the strategy respond to the evidence?

The evidence we gathered through the literature review, consultations and other sources led us to formulate six key directions for the NSW LGBTIQ+ Health Strategy, all of which have guided its development.

01

Acknowledging experiences of stigma and discrimination, and embracing a strengths-based and future-focused approach

The Strategy should acknowledge the impact of ongoing experiences of stigma and discrimination on the lives and health of LGBTIQ+ people, while also highlighting the efforts of advocates to bring attention to these issues. This acknowledgement will allow the Strategy to adopt a strengths-based and future-focused approach, without neglecting to validate the impact of past experiences. Overall, this framing will enable buy-in to the Strategy from LGBTIQ+ people.

02

Education and training for health professionals

The Strategy should prioritise education and training for health professionals regarding diverse sexualities and genders, and intersex variations. Existing online modules available through NSW Health's Health Education and Training Institute (HETI) could be reviewed, and more widely promoted. In addition, comprehensive face-to-face training and ongoing expertise provided through the distribution of resources and supports across NSW Health should be considered.

03

A pathway of care for people seeking to affirm their gender

The Strategy should enable a pathway of care for people seeking to affirm their gender. The pathway of care should focus on depathologising[v] and reducing barriers to accessing gender affirming treatments and care. The pathway of care should centre on the expertise, informed consent, rights and lived experience of transgender and gender diverse adults, adolescents and children.

04

Improved awareness and healthcare measures for intersex people

The Strategy should prioritise the development of measures to improve healthcare for intersex people in NSW. These measures should focus on upholding the human rights of intersex people in the health system, including carefully examining medical interventions in infancy and childhood, which are known to lead to poorer physical and mental health outcomes.

05

Data capture to support outcomes measurement

The Strategy should focus on addressing gaps in data capture on sexuality, gender and intersex variations, which exist at the point of care and at the population health level. Addressing these gaps will enable a better understanding of the health and wellbeing of LGBTIQ+ people in NSW, as well as more targeted service provision.

06

A framework for monitoring and evaluation

The Strategy should include a framework for monitoring and evaluation. This will allow progress to be tracked on an ongoing basis and outcomes to be assessed at key points. Overall, it will embed a greater level of accountability into the Strategy's implementation.

v Refers to moving away from classifying transgender people as having a mental health condition such as 'gender dysphoria', and requiring a diagnosis of gender dysphoria to allow access to gender affirming treatments and care.

07 Terminology

The NSW Ministry of Health recognises that language and terminology to describe sexuality, gender and intersex variations continues to evolve, and that what has been used in this Summary of Evidence reflects the time of writing. Further information and definitions can be found in the NSW LGBTIQ+ Health Strategy 2022-2027.

Bodies

- **Sexual characteristics:** physical parts of the body that are related to body development/ regulation and reproductive systems. Primary sex characteristics are gonads, chromosomes, genitals and hormones.
- **Intersex / People with innate variations of sex characteristics:** people who are born with anatomical, chromosomal and hormonal characteristics that are different from medical and conventional understandings of female and male bodies. The term 'intersex' incorporates a wide range of physical variations and conditions. There are currently at least 40 relevant clinical entities known.
- **Endosex:** a word used to describe people who are not intersex.

Gender

- **Gender:** one's sense of whether they are a man, woman, non-binary, agender, genderqueer, genderfluid, or a combination of one or more of these definitions.
- **Gender experience:** describes the relationship between a person's gender, and the gender they were presumed at birth.
- **Binary:** binary genders are male and female, and non-binary genders are any genders that are not just male or female or aren't male or female at all.
- **Non-binary:** an umbrella term for any number of gender identities that sit within, outside of, across or between the spectrum of the male and female binary. A non-binary person might identify as gender fluid, trans masculine, trans feminine, agender, bigender
- **Transgender and gender diverse:** these are inclusive umbrella terms that describe people whose gender is different to what was presumed for them at birth. Transgender people may position 'being trans' as a history or experience, rather than an identity, and consider their gender identity as simply being female, male or a non-binary identity.
- **Cisgender/cis:** a term used to describe people who identify their gender as the same as what was presumed for them at birth (male or female). Cis is a Latin term meaning 'on the same side as'.
- **Sistergirl/Brotherboy:** terms may be used to refer to Aboriginal people who identify as gender diverse within some Aboriginal communities.
- **Affirmation:** the process of socially, medically, legally or otherwise affirming a person's gender when it does not align to their sex assigned at birth.

Sexualities

- **Lesbian:** a woman who is attracted to women
- **Gay:** a man who is attracted to men.
- **Bisexual:** a person who is attracted to people of their own and other genders.
- **Queer:** a range of non-normative genders and sexualities. Although once used as a derogatory term, queer now also encapsulates political ideas of resistance to heteronormativity and homonormativity and is sometimes used as an umbrella term to describe the full range of LGBTIQ+ identities.
- **Heterosexual:** a person who is only attracted to people with a different gender to their own.

> **I am a parent (non-birthing parent) and a positive experience I had was with a midwife who made me feel comfortable and used inclusive language.**
> Lesbian person

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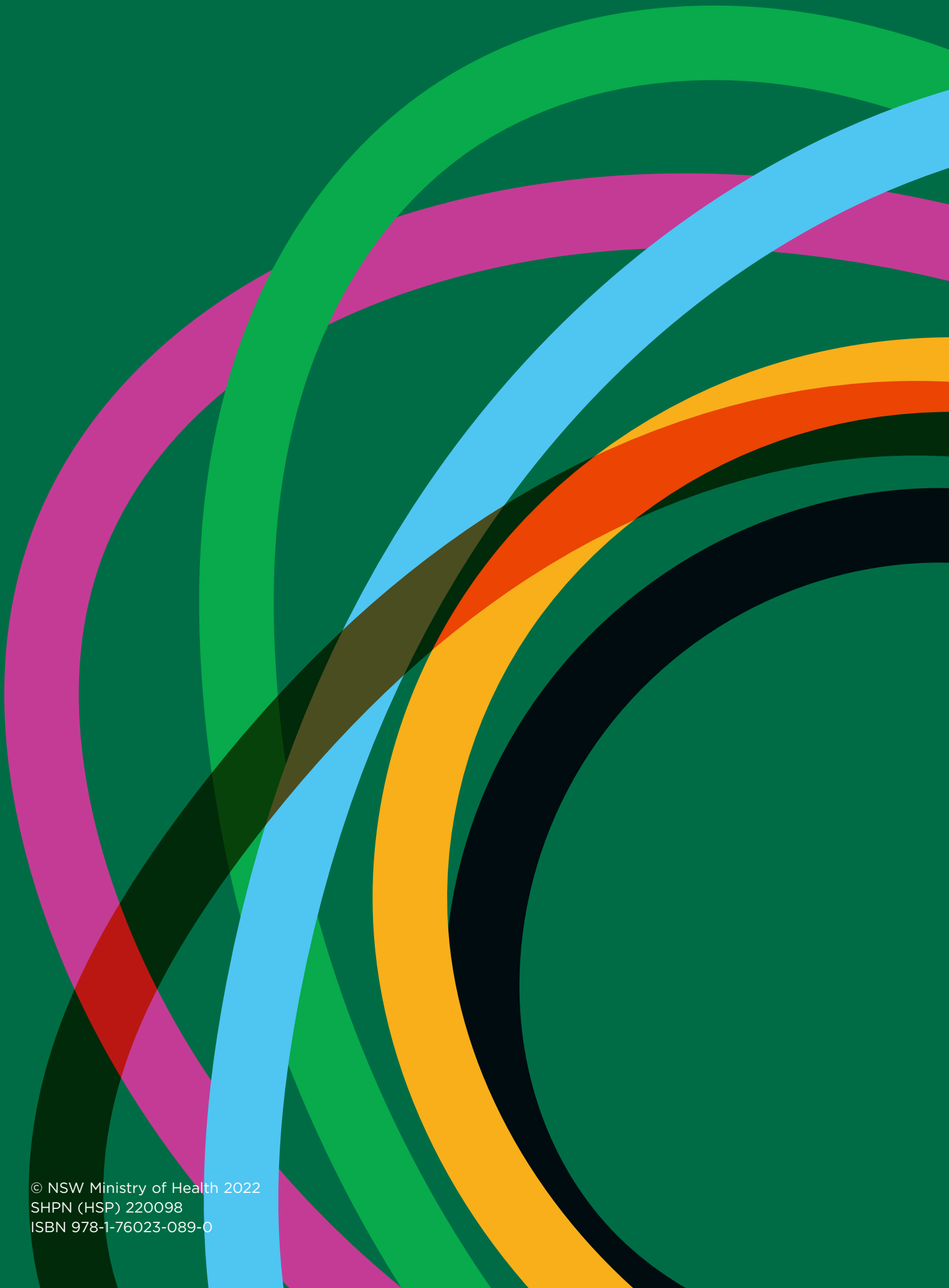

SHPN (HSP) 220098
ISBN 978-1-76023-089-0