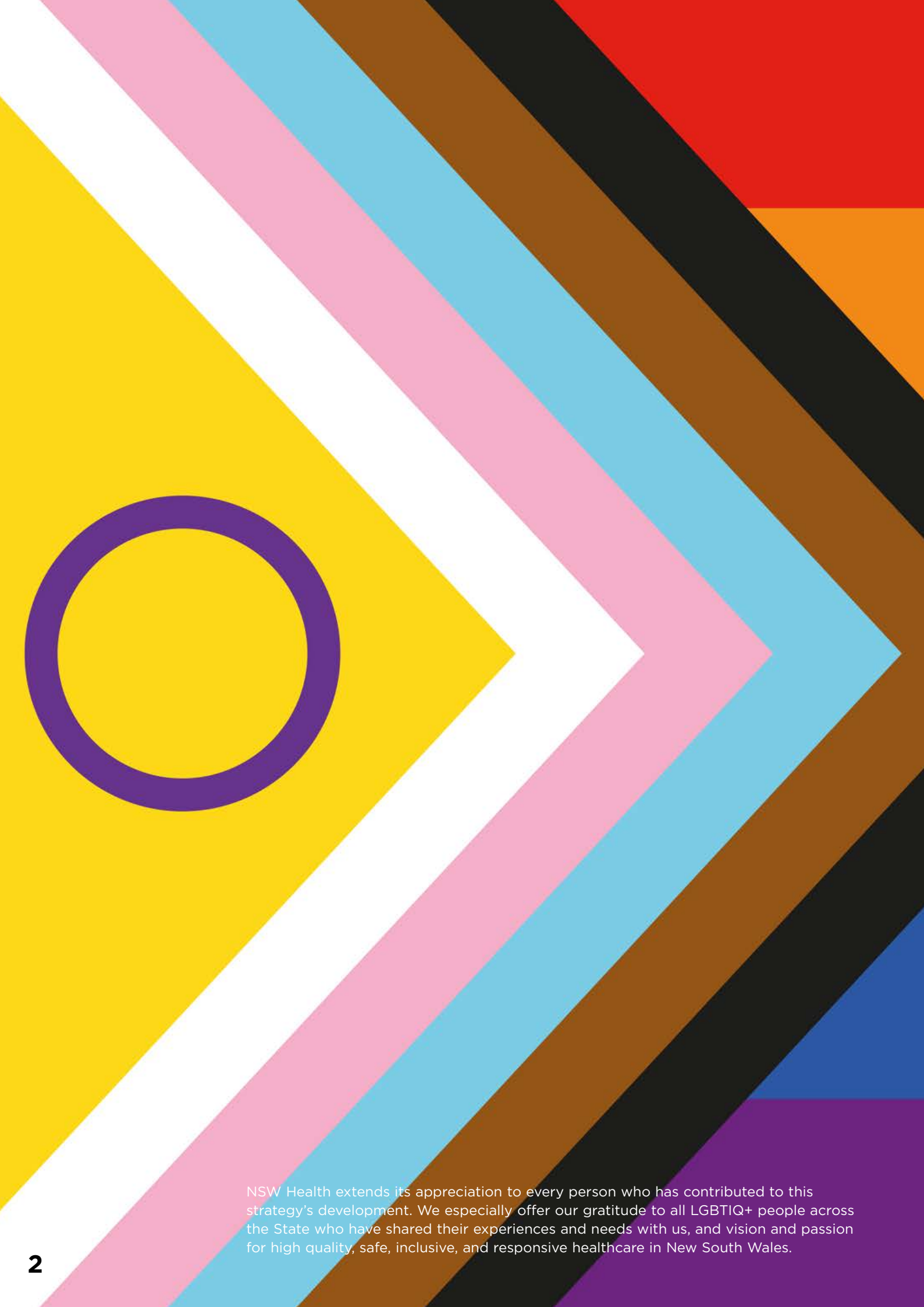




# NSW LGBTIQ+ Health Strategy 2022-2027

---

For people of diverse sexualities  
and genders, and intersex people,  
to achieve health outcomes that matter to them



NSW Health extends its appreciation to every person who has contributed to this strategy's development. We especially offer our gratitude to all LGBTQ+ people across the State who have shared their experiences and needs with us, and vision and passion for high quality, safe, inclusive, and responsive healthcare in New South Wales.

# A message from the Minister



**The resilience, vibrancy, love and pride of LGBTIQ+ people in New South Wales, has long been a characteristic of the rich fabric of our State.**

The NSW Government is firmly committed to celebrating and strengthening diversity, inclusion and belonging, as core to a safe, harmonious and prosperous community for all.

Stigma, discrimination, and trauma are battles that every LGBTIQ+ person has faced historically and in the present day. These experiences are unacceptable in our health system and throughout society. Every person in our community deserves dignity, safety, respect, kindness, and to be themselves.

People who are LGBTIQ+ each have a story to tell about the strength they have forged in their lives to overcome adversity. To stand tall and strong, time and time again. Through the process of developing this strategy, the NSW Government has listened and learned even more deeply about the resilience, health and wellbeing of people who are LGBTIQ+. And this has been remarkably valuable.

Over 1,600 LGBTIQ+ people across NSW shared with us about their health needs, access to and experiences with health services, along with NSW Health staff who responded to an organisation wide survey. A Strategy Advisory Committee, including key LGBTIQ+ organisations and NSW Health representatives, has also played a pivotal role providing expertise and guidance to enable the strategy's development.

While we know many LGBTIQ+ people are healthy and well, this strategy identifies priority areas we must enhance and improve in our health system to support optimal health outcomes for all LGBTIQ+ people, particularly those most vulnerable. The needs of priority populations especially present a compelling call to improve responsiveness and coordination across all healthcare providers.

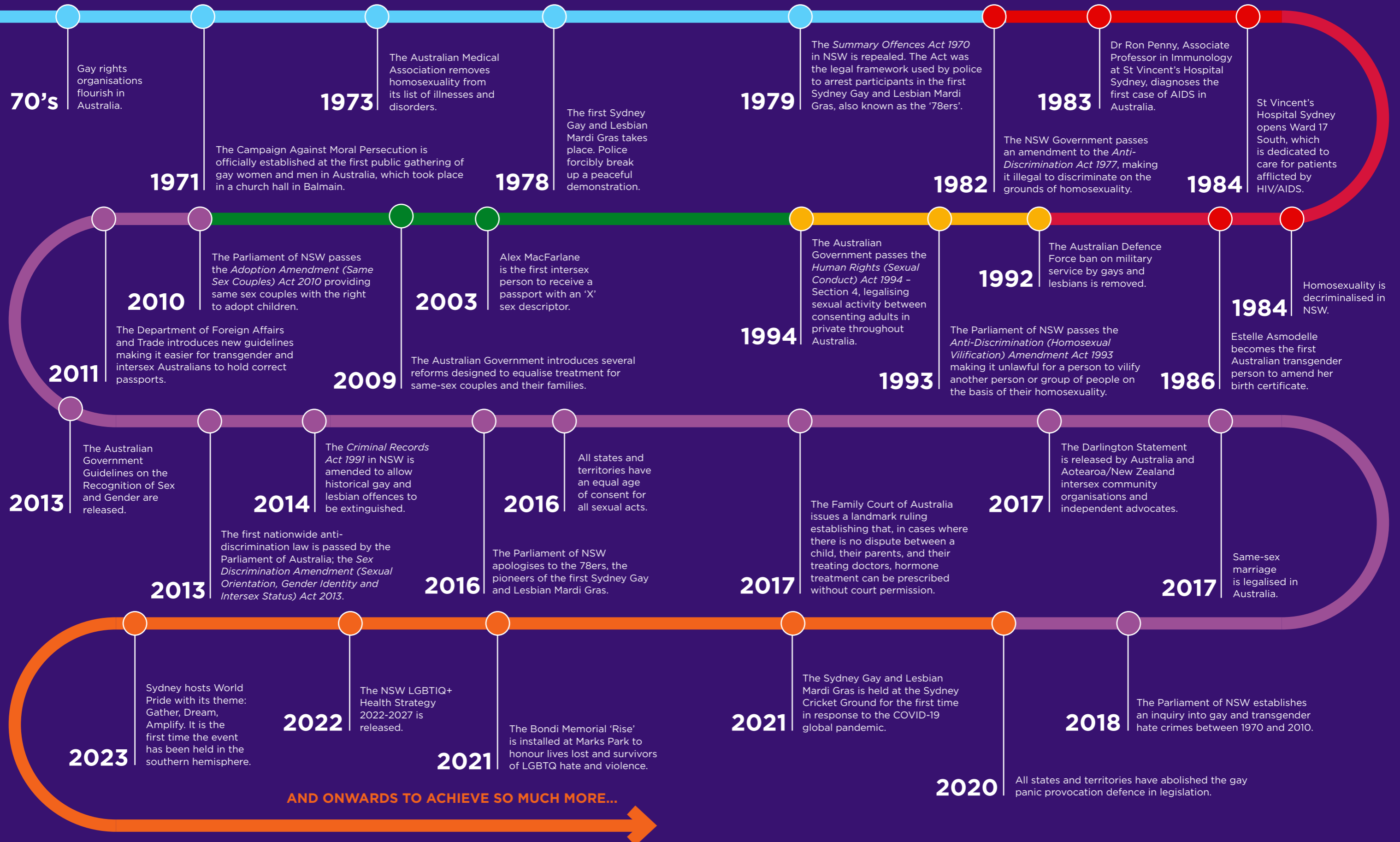
It is a great honour for me to present to all LGBTIQ+ people, NSW Health staff and the community the *NSW LGBTIQ+ Health Strategy 2022-2027*. Together we can realise its vision, so that in our health system LGBTIQ+ people receive high quality, safe, inclusive, and responsive healthcare that delivers outcomes that matter to them.

Through this strategy we have a significant opportunity to learn, share our respect, knowledge and skills, and transform people's lives for the better. I know the NSW Health system and LGBTIQ+ community will work hard together to make this possible, and that NSW's inclusive health practice will be meaningful and valued.

A handwritten signature in black ink, reading "Brad Hazzard". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Hon Brad Hazzard MP  
**Minister for Health**

**WE ACKNOWLEDGE AND THANK EVERY LGBTIQ+ PERSON FOR THE PATH YOU HAVE FORGED TO CREATE AN **EQUITABLE, BRIGHTER, STRONGER** FUTURE FOR ALL IN NSW**



NSW Ministry of Health  
1 Reserve Road  
St Leonards NSW 2065

Tel. (02) 9391 9000  
Fax. (02) 9391 9101  
TTY. (02) 9391 9900

[www.health.nsw.gov.au](http://www.health.nsw.gov.au)

Produced by: NSW Ministry of Health

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the NSW Ministry of Health.

© NSW Ministry of Health 2022

SHPN (HSP) 220097  
ISBN 978-1-76023-087-6

### **Please note when reading this Strategy**

In this strategy Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW. In the spirit of reconciliation, NSW Health acknowledges the Traditional Custodians of country throughout NSW and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal people today.

NSW Health recognises that language and terminology to describe sexuality, gender and intersex variations continues to evolve, and that what has been used in this strategy reflects the time of writing. Please refer to the Terminology page for definitions adopted in this document.

LGBTIQ+ is used in the title of this strategy and throughout the document in reference to lesbian, gay, bisexual, transgender and gender diverse, intersex, queer, and the + represents people of other diverse sexualities and genders not captured in the letters of the acronym. NSW Health acknowledges that communities may use other terms to describe themselves.

The Strategy includes deidentified quotes from those who participated in consultation work, to illustrate key points. These and other information contained in this strategy 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.





# Contents

<b>01. Introduction</b>	<b>8</b>
<b>02. The health and wellbeing of LGBTIQ+ people</b>	<b>12</b>
<b>03. Strategic priorities</b>	<b>20</b>
<b>04. Implementation</b>	<b>33</b>
<b>05. Supporting information</b>	<b>40</b>
<b>06. Terminology</b>	<b>43</b>
<b>07. References</b>	<b>45</b>

## 01

# Introduction

## 1.1. PURPOSE

The NSW LGBTIQ+ Health Strategy marks a significant commitment in the history of the NSW Health system. This strategy provides direction to all NSW Health\* organisations and staff, so that collectively we can deliver the best care to LGBTIQ+ people and work with them to achieve optimal health and wellbeing. This includes the health, wellbeing and safety of our health staff who are LGBTIQ+.

Evidence gathered from literature and LGBTIQ+ people in NSW, makes clear that they experience poorer health outcomes, overall, than the general population. This is driven by the health issues and barriers to healthcare that disproportionately impact the health and wellbeing of the LGBTIQ+ population.

Mental and emotional distress is the most prevailing issue faced by LGBTIQ+ people, with persistent exposure to stigma, discrimination, social isolation, and environments that create social anxiety, being the key causes. Exposure to and experiences of violence, abuse and neglect<sup>^</sup>, and harmful patterns of alcohol and other drug use, are also connected to these causes.

To achieve improved health outcomes for the diversity of LGBTIQ+ people and communities, the NSW Health system must respond. In doing so, it is essential we work in partnership with LGBTIQ+ people and organisations, making co-design a key principle and feature in our work to address needs, service access, and quality healthcare experiences.

With a proud history of achievements for human rights, equity and healthcare, LGBTIQ+ communities and organisations have dynamic contributions to make towards the achievement of a truly inclusive health system in NSW. This strategy sets out a clear path for NSW Health and LGBTIQ+ people and organisations to work together to realise this goal for our population, now and into the future.

## 1.2. DEVELOPMENT

The Strategy has been informed by a comprehensive needs assessment commissioned by the NSW Ministry of Health. This work focused on understanding LGBTIQ+ people's health needs alongside access to and experiences with health services in NSW.

Key activities included:



consultations with over 1,600 LGBTIQ+ people in NSW, including a community survey and roundtables



consultations with over 750 NSW Health staff and community-based organisations that work for, with and on behalf of LGBTIQ+ people



a review of existing evidence on the health needs of different groups



mapping of available LGBTIQ+ inclusive health services and service gaps



building a demographic profile of LGBTIQ+ people living in NSW



guidance from a Strategy Advisory Committee, comprised of representatives from NSW Health, LGBTIQ+ focused non-government organisations, community partners and other experts.

Findings from the needs assessment work are referred to in section 2 of this strategy.

### 1.3. TERMINOLOGY

Language and terminology are important to LGBTIQ+ people, as these support recognition, trust and safety. Terminology to describe bodies, gender and sexualities also changes over time.

Readers of this strategy should first familiarise themselves with terms and definitions presented at the back of this document. These have been adopted for the purposes of this strategy and are subject to updates as good practice evolves.


It is important that all NSW Health organisations and staff ensure language and terminology is correctly used in documentation and health service delivery. If unsure, please seek expert advice and guidance.

---

\* In this Strategy all references to 'NSW Health' or the 'NSW Health system' means all organisations and their staff, as listed on the NSW Health website under '[Our structure](#)'.

^ 'Violence, abuse and neglect' is used by NSW Health as an umbrella term to describe three primary types of interpersonal violence that are widespread in NSW and across Australia: all forms of child abuse and neglect; sexual assault; and domestic and family violence.

Increasingly, children and young people displaying or engaging in problematic or harmful sexual behaviours, often with their own experiences as victims of abuse and neglect, are presenting to NSW Health services. The term violence, abuse and neglect also refers to the behaviours and experiences of these children and young people.



**[The practitioner said] “Sorry, I don’t know anything about that, but I’d love to learn”. [She] didn’t put the burden on me to teach her. [It was] nice, if [she] made a mistake, [she] apologised.**  
Transgender person



# Strategy at a glance

**Vision:** LGBTIQ+ people in NSW receive high quality, safe, inclusive and responsive healthcare that delivers outcomes that matter to them.

## 1: Deliver high quality, safe, inclusive and responsive healthcare



- 1.1 Education and training**  
Increase LGBTIQ+ awareness and capability in the NSW Health workforce and funded non-government organisations, including the prevention of stigma and discrimination in health services
- 1.2 Access to expertise**  
Distribute resources and supports across NSW Health to strengthen staff expertise on LGBTIQ+ health and working with LGBTIQ+ people to elevate care experiences
- 1.3 Mental health and suicide prevention**  
Increase access across LGBTIQ+ people's lifespan to mental health and suicide prevention services and supports
- 1.4 Access to services**  
Support and promote NSW Health, primary and preventative care, and community-based services that achieve improved health outcomes with LGBTIQ+ people
- 1.5 System responsiveness**  
Work with health service providers to address service gaps, the needs of priority groups, and emerging issues

## 2: Respond to the health needs of transgender and gender diverse people in NSW



- 2.1 Elevating capability**  
Work with transgender and gender diverse people to promote and embed best practice in NSW Health services for delivering care to this community
- 2.2 Support to young people and families**  
Strengthen evidence-informed care to transgender and gender diverse young people aged 24 and under, and their families and carers
- 2.3 Gender affirming care**  
Establish an accessible, user-led pathway of care for people aged 25 and above who are affirming their gender, including mental health and other wrap around supports

## 3: Respond to the health needs of intersex people in NSW



- 3.1 Service awareness**  
Work with intersex people to increase awareness across NSW Health of their healthcare experiences, and responsiveness to their needs and human rights
- 3.2 Health and human rights**  
Work with other jurisdictions to promote and embed improved measures to meet the health and wellbeing needs of intersex people

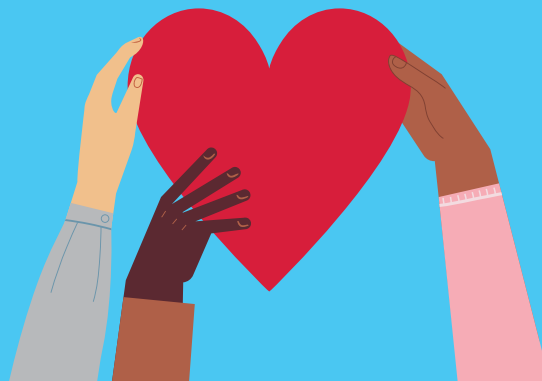
## 4: Capture data on sexuality, gender and intersex variations at the point of care and population level



- 4.1 Data collection**  
Endorse and promote consistent data collection in NSW Health on sexuality, gender and intersex variations
- 4.2 Training and guidance**  
Co-designed with LGBTIQ+ people, develop training and guidance for NSW Health staff about gathering data
- 4.3 Evidence informed care**  
Use data to inform health planning and monitor improvements to LGBTIQ+ health outcomes



# Guiding principles



## Human rights

All people have a right to participate fully in society without experiences of stigma or discrimination. LGBTIQ+ people have equal rights to receive health information and care with compassion, respect, kindness and confidentiality. LGBTIQ+ people will feel welcome and safe in the NSW Health system.



## Person-centred care

Person-centred care means listening to LGBTIQ+ people's experiences of healthcare, identifying what matters to them and what success looks like, shared decision making, and seeking opportunities to improve. It also means a holistic approach that acknowledges the wider social, psychological, societal and cultural factors, which may affect an individual's health journey, and the value of applying trauma-informed care.



## Access and equity

Accessible healthcare for LGBTIQ+ people means care that meets their needs, is coordinated, timely, and supported by clear information and effective communication. This includes identifying and removing barriers, and ensuring care is delivered in safe, comfortable and culturally appropriate environments. Equity means providing care that does not vary in quality because of sexuality, gender, intersex variation, and other social determinants.



## Gender affirming healthcare

Gender affirming care is respectful and affirming of a person's unique sense of gender and provides support to identify and facilitate gender healthcare goals. These goals may include supporting exploration of gender expression, social transition, and hormone and/or surgical interventions. This can also include providing support to families, carers and social networks.



## Partnerships

Working collaboratively with LGBTIQ+ people to improve their health outcomes is essential. This includes NSW Health delivered and funded services, LGBTIQ+ organisations, and researchers working together. Successful partnerships are characterised by common goals, sharing expertise and resources, co-operation and respect, and person-centred and evidence informed outcomes.



## 02

# The health and wellbeing of LGBTIQ+ people

It is important to acknowledge that LGBTIQ+ people are not a homogenous population. Each group in the acronym holds unique health needs and experiences, and these need to be recognised and respected for each individual. Further, groups are not mutually exclusive e.g. someone may be transgender and gay. Common health impacts however can be seen across all groups, especially when considering the effects of stigma and discrimination, which is explored later in this strategy.

Population estimates for LGBTIQ+ people living in NSW are provided for reference at the end of this strategy. Collection and availability of comprehensive data on this population group to date has been limited. This has created barriers for health services, who rely on data and evidence to adequately respond to the full diversity of LGBTIQ+ people's health needs.

The release of the Australian Bureau of Statistics *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020*, provides an opportunity for NSW Health and other health service providers to update and align their data collection systems, to ensure the LGBTIQ+ population is truly visible.

Surveys conducted during the development of this strategy revealed lower self-ratings of health and wellbeing for LGBTIQ+ people, compared to the general population.

## COMMON HEALTH ISSUES REPORTED

### Lesbian, bisexual and queer women:

- Mental health, particularly for younger women
- Harmful patterns of alcohol and other drug use
- Exposure to particularly high levels of violence, abuse and neglect.

### Gay, bisexual and queer men:

- Sexual health and harmful patterns of alcohol and other drug use
- Mental health issues were found to particularly affect younger gay, bisexual and queer men and those living in regional areas.

### Transgender and gender diverse people:

- High levels of distress and adverse impacts on mental health due to experiences of transphobia, discrimination, social stressors and isolation
- Younger transgender and gender diverse people also experience distinct mental health vulnerabilities
- Higher rates of sexual, domestic and family violence
- May also experience challenges and barriers to accessing fertility care and support.

### Intersex people:

- May experience a range of physiological conditions, neurological conditions and fertility issues relating to their intersex variation/s
- Some may experience health issues relating to previous medical interventions
- Vulnerabilities in relation to mental health due to stigma and minority stress.

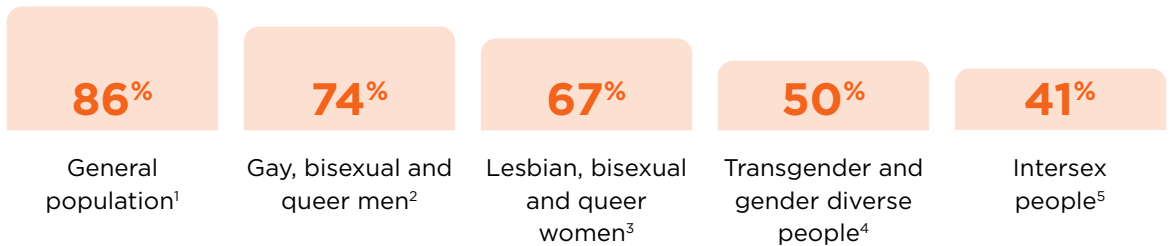
## 2.1 SNAPSHOT OF LGBTIQ+ HEALTH AND WELLBEING

Statistics reflect a combination of NSW specific and national data. Sources are included under References.



### In NSW LGBTIQ+ people rate their health lower overall than the general population

Rated their health as excellent, very good or good



### Mental and emotional distress



Two thirds of LGBT people in NSW experienced a mental health condition; a quarter had experienced suicidal thoughts; and almost 1 in 10 had self-harmed at some stage in their lives<sup>6</sup>



Over two thirds of intersex people in NSW experienced a mental health condition<sup>7</sup>

57%

of LGBTIQ+ people nationally experienced high or very high levels of psychological distress compared to 13% of the general population. Transgender and gender diverse people faced the highest levels of distress<sup>8</sup>



Over half of LGBTIQ+ high school students in NSW felt unsafe at school due to their sexuality or gender identity in last 12 months<sup>9</sup>



### Inclusion

Based on national data

61%

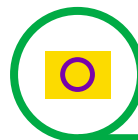
of LGBTIQ+ people felt accepted at work

52%

in their family

55%

in educational settings<sup>14</sup>



### Intersex people's health

72%

of intersex people in NSW felt mainstream health providers are not familiar with their health needs<sup>13</sup>



### Transgender and gender diverse people's health



Three out of four transgender people in NSW have difficulty accessing gender affirming treatments and care<sup>12</sup>



### High quality, safe, inclusive and responsive health services

47%

of LGBT people in NSW felt accepted and understood by mainstream health providers, while 52% of intersex people felt this occasionally or sometimes<sup>10</sup>

75%

of LGBTIQ+ people nationally would be more likely to use a service if it has been accredited as LGBTIQ-inclusive<sup>11</sup>



The NSW Ministry of Health's needs assessment work investigated health service access and experiences for LGBTIQ+ people. In this context, it is important to remember that when LGBTIQ+ people present for care, their health needs may or may not relate to their sexuality, gender, and/or intersex variation, and this must be respected. Across NSW Health, we should also be mindful of not making assumptions about people or their health but be guided by the information that they provide to us.

## HEALTH SERVICE ACCESS AND EXPERIENCES

- There is a need for greater understanding of bodies, sex, gender and sexuality in the NSW Health workforce.
- Increased education and training on LGBTIQ+ awareness and capability is needed for all NSW Health staff, to elevate the delivery of person-centred care to LGBTIQ+ people.
- Despite the high prevalence of mental health issues among LGBTIQ+ people, for this population mental health services feel relatively difficult to access. This is mainly due to limited LGBTIQ+ specific clinical mental health services and in some instances, affordability.
- Transgender and gender diverse people experience significant barriers to accessing healthcare and gender affirming treatments. Limited service availability, affordability, service navigation, gatekeeping and being treated as if psychologically unwell, are some of the barriers faced.
- Intersex people experience barriers to accessing specialist medical services, in particular affordability and health professionals' limited understanding of intersex bodies.
- Sexual health services are broadly accessible for gay, bisexual and queer men, but to a lesser degree for other groups.
- Health system responsiveness to LGBTIQ+ health needs has a strong impact on health service experience. There is a need to improve LGBTIQ+ people's safety, trust and confidence in mainstream health services.

The strategic priorities and actions outlined in section 3 of this strategy allow NSW Health organisations to address a variety of issues identified by the NSW Ministry of Health's needs assessment work.

**...there's a real lack of understanding about what bisexuality is and what specific tests a bi person might require and...a lack of even forethought that a bi person might be sleeping with someone of multiple genders and how that can complicate sexual health screening.**

Bisexual person

## 2.2. INTERSECTIONALITY

Intersectionality recognises that an individual's health is shaped by multi-dimensional and overlapping factors. These include gender, sexuality, intersex variation, and other social determinants such as race, culture, language, religion, age, disability, education, income, geographic location, housing status, immigration status, and disease status.

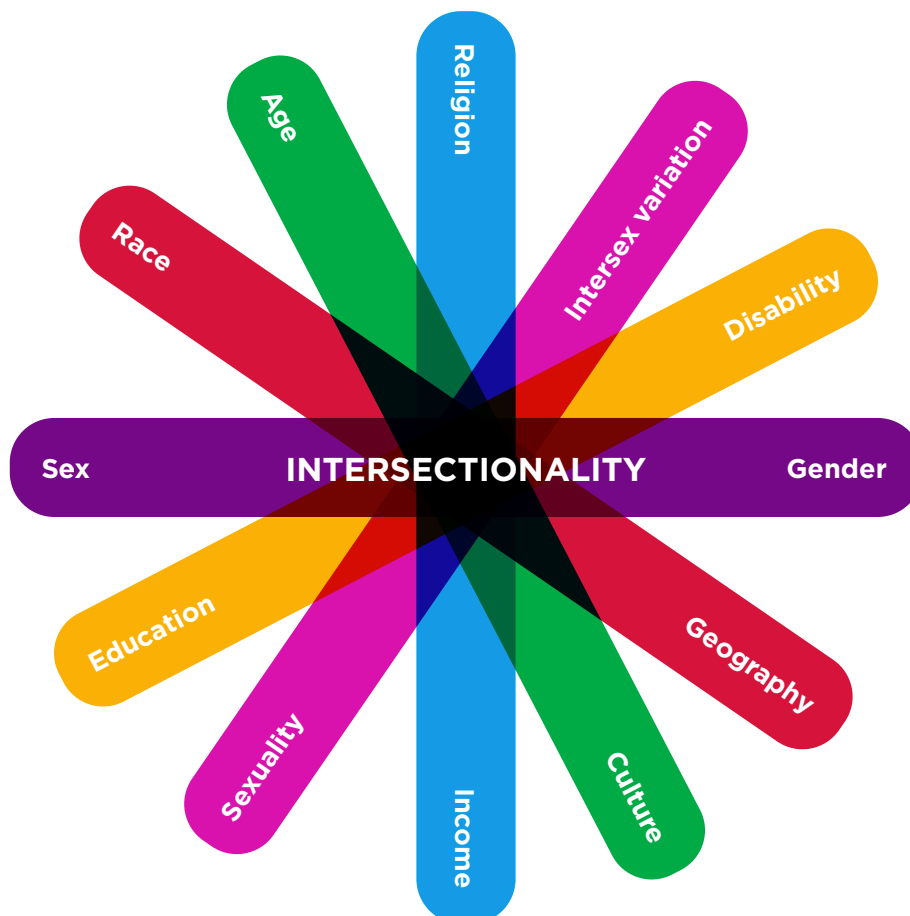
We know for example, that Aboriginal people have experienced trauma as a result of colonisation, including the associated violence and loss of land and culture, resulting in long lasting and intergenerational impacts on health. These may be compounded with social attitudes or environments linked to gender, sexuality, and/or intersex variations e.g. transphobia, homophobia. Other examples include the multiple intersecting factors that affect the health of LGBTIQ+ people from cultural and linguistically diverse backgrounds, as well as those with disability.

For responsive and person-centered care, the impact of intersectionality on LGBTIQ+ people needs to be embedded in health strategies and service design and delivery.

### What does this mean for the delivery of high quality, safe, inclusive and responsive healthcare?

Through understanding diversity, social determinants, and intersectionality, we can have a better understanding of an LGBTIQ+ person's full life experiences and circumstances, as well as how this affects their health and wellbeing. By engaging with these different intersections we can all be in a better position to tackle inequities across the LGBTIQ+ population.

This also means working with LGBTIQ+ people, their family, carers and social networks, with compassion and without judgement, and involving them in decisions about their health and wellbeing. Responsive healthcare may also involve referring LGBTIQ+ people to additional services and supports when required, including physical and mental health services, and social services. It is important too that the healthcare needs of each individual are considered over the entirety of their lifespan, not purely in terms of their current symptoms and treatment or life stage.



## 2.3. DIVERSITY IN THE LGBTIQ+ POPULATION

LGBTIQ+ communities have a deep appreciation of the value of diversity. LGBTIQ+ people, community-based organisations, advocates and supporters, have consistently been at the forefront of progress to recognise diversity and champion more equitable access to healthcare. NSW Health organisations should collaborate with LGBTIQ+ people and organisations to gain a better understanding of the population's diversity and the ability to recognise and respond to groups' specific needs.

The following table presents an overview of significant impacts identified for the health and wellbeing of a range of priority groups in the LGBTIQ+ population. Acknowledging and responding to diversity must be a central focus in all health planning, policy work and programs. By doing so, health services can achieve greater patient/client experiences, support earlier presentations for care, decrease incidents and poor outcomes, and enable efficiencies in care delivery.

Priority groups	Factors that impact health and wellbeing
<b>Aboriginal people</b>	<ul style="list-style-type: none"> <li>• Compounded stigma based on being Aboriginal and LGBTIQ+, including discrimination from within LGBTIQ+ and Aboriginal communities.<sup>15</sup></li> <li>• Limited inclusion in both LGBTIQ+ and Aboriginal health services.<sup>16</sup></li> <li>• The sense for an individual of needing to choose which aspect of their identity they are engaging with healthcare for, and access to inclusive and culturally safe services.</li> <li>• High rates of mental health issues, including suicidality.<sup>17</sup></li> </ul>
<b>Transgender and gender diverse people and their families</b>	<ul style="list-style-type: none"> <li>• Experiences of transphobia in society and within health settings impact on mental health outcomes and health service access.<sup>18,19</sup></li> <li>• High risk of exposure to experiences of physical, verbal and sexual violence from an intimate partner or family member.<sup>20</sup></li> <li>• Use of incorrect names, misgendering, and lack of knowledge among health professionals about the health needs of transgender and gender diverse people.<sup>21</sup></li> <li>• Limited access to gender affirming treatments and care, due to service availability and location, as well as financial barriers.<sup>22</sup></li> <li>• Limited support for families of transgender and gender diverse children and young people.<sup>23</sup></li> </ul>
<b>Intersex people and their families</b>	<ul style="list-style-type: none"> <li>• Conditions relating to one's intersex variation/s, including physiological and neurological conditions.</li> <li>• In some instances, frequent access to specialists and screenings, which can be costly.<sup>24</sup></li> <li>• Issues resulting from previous medical interventions e.g. scarring, the need for hormone replacement therapy, permanent infertility/sterilisation, incontinence, a loss of sexual function and sensation, and psychological trauma.<sup>25,26,27</sup></li> <li>• Lack of knowledge among health professionals about the health needs of intersex people.<sup>28</sup></li> <li>• Limited support for families of intersex infants and children.<sup>29</sup></li> </ul>
<b>Lesbian, bisexual and queer women</b>	<ul style="list-style-type: none"> <li>• Higher rates of mental health issues than heterosexual women, and men of diverse sexualities.<sup>30,31</sup></li> <li>• High risk of exposure to experiences of physical, verbal and sexual violence from an intimate partner or family member.<sup>32</sup></li> <li>• Higher rates of alcohol and drug use than the general population.<sup>33</sup></li> <li>• Few sexual health services targeted to lesbian, bisexual and queer women, creating barriers to service access.<sup>34</sup></li> </ul>

## Priority groups

## Factors that impact health and wellbeing

### Gay, bisexual and queer men

- Greater risk of contracting HIV than other groups.<sup>35</sup>
- Higher rates of sexually transmissible infections.<sup>36</sup>
- High risk of exposure to experiences of physical, verbal and sexual violence from an intimate partner or family member.<sup>37</sup>
- Higher rates of alcohol and drug use than the general population.<sup>38</sup>

### Bisexual people

- Experiences of stigma and discrimination from repeatedly having to explain and justify their sexuality, leading to stress and social anxiety.<sup>39</sup>
- Poorer mental health outcomes than heterosexual, gay or lesbian peers due to biphobia, invisibility and erasure.<sup>40,41</sup>
- The assumption by health professionals that bisexuals have not had sex with people of a certain gender and therefore do not need to undergo particular tests and screenings.<sup>42</sup>

### People from culturally and linguistically diverse (CALD) backgrounds, including people from refugee and asylum seeker backgrounds

- Increased discrimination and mental distress based on cultural background and being LGBTIQ+, including discrimination from within LGBTIQ+ and CALD communities.<sup>43</sup>
- Cultural stigma and shame about sexuality, gender and intersex variations as a barrier to service access e.g. HIV and sexual health services and cancer screenings.
- Cultural stigma and shame as a barrier to disclosing one's sexuality, gender, intersex variations to clinicians.<sup>44</sup>
- Challenges with service access including language barriers, navigating a new health system, and the impact of migration pressures.<sup>45</sup>
- Additional compounding issues for LGBTIQ+ people of refugee and asylum seeker backgrounds in relation to experiences of torture, trauma and discrimination.

### Younger people – aged 12 to 24 years

- High rates of psychological distress linked to bullying, social exclusion and family rejection.<sup>46</sup>
- Higher rates of harassment or assault based on sexuality or gender in school settings, in comparison to university or workplace settings.<sup>47</sup>
- Transgender and gender diverse young people disproportionately affected by depression and suicidality compared to their cisgender peers.<sup>48</sup>
- Younger intersex people may face issues with disclosure of their diagnosis, medical interventions, and social stigma.
- Fear of disclosing one's sexuality, gender and/or intersex variations to health professionals, and a perception that mainstream services are unfamiliar with LGBTIQ+ health issues.<sup>49</sup>
- Lack of a clear pathway of care for young people seeking gender affirming treatments and care, including puberty blockers, hormones and counselling.<sup>50</sup>

### Older people

- Experiences of stigma and discrimination within aged care settings.<sup>51</sup>
- High levels of social isolation due to feeling 'invisible' in society, and for some the loss of friends during the HIV/AIDS epidemic, leading to poor mental health outcomes.<sup>52</sup>
- Higher rates of depression and anxiety than the general population, in part due to historical persecution, discrimination and hidden identity.<sup>53</sup>
- Higher level of risk factors associated with mental ill health than the rest of the population, including harmful patterns of alcohol and other drug use, homelessness, poverty and chronic health conditions.<sup>54</sup>





**Priority groups****Factors that impact health and wellbeing****People with disability**

- Social stereotyping that minimises the needs of people with disability, which in turn limits their freedom to sexual expression, sexual education and support with their gender.
- Some service providers being unwilling to recognise or address sexuality, gender and/or intersex variation with LGBTIQ+ people with disability.<sup>55</sup>
- Increased discrimination based on one's disability and being LGBTIQ+. This includes discrimination from within LGBTIQ+ communities.<sup>56</sup>
- Greater likelihood of experiencing violence, discrimination and abuse, including from carers, support workers and institutions, than people without disability.<sup>57</sup>

**People living with HIV (PLHIV)**

- Comorbidities, including elevated risks of bone, liver and renal disease, lung, anal and liver cancer, and mental health conditions. Influenced by both age and lifestyle related factors e.g. smoking, in addition to a person's history of HIV disease progression, access to treatment over time, and immunosuppression.<sup>58</sup>
- Higher rates of stigma and discrimination based on serostatus, even from within the LGBTIQ+ community.<sup>59</sup>

**People living in regional areas**

- Higher rates of mental health issues compared to their metropolitan peers. Linked to social isolation, limited opportunities for interactions with LGBTIQ+ peers and pressure to keep sexuality, gender, intersex variation hidden in small, often conservative communities.<sup>60</sup>
- Limited service availability, including access to LGBTIQ+ specific services and gender affirming treatments and care.<sup>61</sup>

**People planning to have children and who have children**

- Difficulty accessing family planning services due to the heteronormative and cisnormative nature of such services.<sup>62</sup>
- Difficulty accessing fertility services for LGBTIQ+ people planning to form a family e.g. IVF, due to high costs.<sup>63</sup> Similarly, some intersex people may experience fertility issues and barriers to accessing fertility technologies due to costs.<sup>64,65</sup>
- Stigma, discrimination and a sense of not being fully included when accessing health services during the birth of a child and post-natal care, based on being a LGBTIQ+ parented family.<sup>66</sup>

**People in custodial settings**

- Susceptibility to stigma, discrimination, harassment, abuse and assault based on being LGBTIQ+; and high rates of sexual coercion.<sup>67</sup>
- Vulnerabilities and risks for intersex people due to physical attributes; and maintaining access to medication associated with innate variations of sex characteristics.<sup>68</sup>
- Vulnerability to sexual assault for people of diverse genders, due to being assigned to gendered facilities that do not align with their gender.<sup>69</sup>
- Barriers to accessing gender affirming treatments and care while in prison.<sup>70</sup>
- Greater risk of mental health issues among people of diverse genders, including suicidality, compared to cisgender prisoners.<sup>71</sup>

**Health staff who are LGBTIQ+**

- Encountering assumptions and misconceptions in the workplace about sexuality, gender and intersex variations.
- Experiencing or witnessing stigma, discrimination and bullying from colleagues or patients.
- Fear of disclosure of being LGBTIQ+ to colleagues and a sense of isolation in working environments.
- Degree of organisational focus on recognising and valuing diversity, and ensuring policies, procedures and working environments are welcoming and inclusive.
- Mental health strain and problems caused by emerging issues and debate in the public domain about LGBTIQ+ lives.

## CASE STUDY

### Supporting LGBTIQ+ people from refugee and asylum seeker backgrounds


The NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) works to improve the health and wellbeing of LGBTIQ+\* people through its delivery of peer-led support groups, as well as training on inclusive practice strategies. Understanding and responding to the intersectionality between sexuality, gender, bodies, cultural background, experiences of trauma, and mental health and wellbeing, is a focus of these initiatives. This work is funded by WentWest (Western Sydney PHN).

Through the support groups, LGBTIQ+ participants have an opportunity to discuss issues related to mental and emotional wellbeing including loneliness and stress, and practical issues covering immigration, health, employment, education and relationships. Knowledge about rights and working collectively to face trauma is also a focus of the groups. Shared meals and social outings build a sense of community and reduce social isolation for LGBTIQ+ people that take part in the groups.

‘Coming In’ is the inclusive practice training delivered by STARTTS that focuses on building an understanding of the specific issues faced by people with asylum seeker and refugee backgrounds who are LGBTIQ+. This includes recognising this group’s strengths, vulnerabilities and the risks experienced in their home countries, during the journey and while resettling in Australia.

The training aims to increase awareness of how assumptions or biases may negatively impact support provided by settlement, health and queer providers, interpreters and other health staff. It also covers how to enhance the ability to work in partnership with LGBTIQ+ clients with the aim of enabling services to become more effective, safer and welcoming for all their clients.

\*The addition of ‘A’ to LGBTIQ+ refers to asexual people. Asexuality is defined by a lack of sexual attraction to any person of any gender. NSW Health acknowledges that organisations use both LGBTIQ+ and LGBTIQ+.



**What makes us strong as LGBTIQ+ people seeking asylum in Australia is joining hands with each other. By reaching out to each other we build up our community. Together we walk on, walk strong**  
Support group participant

# 03 Strategic priorities

## Strategic Priority 1:

### Deliver high quality, safe, inclusive and responsive healthcare



**Delivering equitable and inclusive health practice that meets the needs of LGBTIQ+ people, their families, carers and social networks, starts with improving knowledge and awareness among clinicians and support staff about:**

- sexuality, gender and intersex variations
- the diversity of LGBTIQ+ people and unique health needs and experiences of each group
- the specific health issues and needs of LGBTIQ+ people, and needs of their families, carers and social networks
- the role that intersectionality plays in influencing each individual's health outcomes
- the use of appropriate language and correct pronouns when referring to, caring for or working with LGBTIQ+ people
- appropriate referral pathways for different groups, depending on their health needs.

To achieve this, enhanced LGBTIQ+ awareness and capability education and training for the NSW Health workforce is key. Funded non-government organisations that deliver services for NSW Health should be included in this.

Health resources, including online modules, that cover LGBTIQ+ health, intersectionality, and effective co-design with LGBTIQ+ people, should also be regularly reviewed and shared widely across the NSW Health system to enhance expertise.

Given the significant impact of mental and emotional distress amongst LGBTIQ+ people, awareness of and access to inclusive mental health services must increase. This includes support for LGBTIQ+ people's families, carers and their social networks. LGBTIQ+ specific initiatives that focus on suicide prevention must be informed by people with lived experience of mental and emotional distress, and targeted towards the entire community.

Greater promotion of welcoming and inclusive health services available to provide care and support to LGBTIQ+ people is also needed. This includes NSW Health delivered and funded services, those provided by non-government and community organisations, and within the primary care sector.

LGBTIQ+ people come from culturally, linguistically and socio-economically diverse groups and these factors need to be considered in the provision of healthcare.

There are also significant opportunities for NSW Health organisations to work in partnership with other health service providers and peer-led organisations to identify and collectively address service gaps for LGBTIQ+ people.

High quality, safe, inclusive and responsive health services will ultimately lower barriers to access for LGBTIQ+ people, facilitate earlier presentation for care and lead to improved outcomes.

# What we will do

Action	Outcomes	Lead(s) and partners
<p><b>1.1 Education and training</b> Increase LGBTIQ+ awareness and capability in the NSW Health workforce and funded non-government organisations, including the prevention of stigma and discrimination in health services</p>	<ul style="list-style-type: none"> <li>NSW Health and funded non-government organisation staff embrace diversity, and are well informed and equipped to deliver effective person-centred care to all LGBTIQ+ people.</li> <li>LGBTIQ+ people's experiences of NSW Health and funded non-government organisation services improve and reflect increased comfort, safety and respect.</li> <li>NSW Health LGBTIQ+ staff are supported by a stronger level of awareness, recognition and safety across the organisation.</li> </ul>	<p><b>Lead</b></p> <ul style="list-style-type: none"> <li>Health Education and Training Institute (HETI)</li> <li>NSW Ministry of Health</li> </ul> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>LGBTIQ+ organisations</li> <li>NSW Health LGBTIQ+ staff and allies*</li> <li>Local health districts, specialty health networks, Pillars, statewide or specialist health services, affiliated health organisations (all NSW Health organisations)</li> <li>Non-government and community organisations</li> <li>External training providers</li> </ul>
<p><b>1.2 Access to expertise</b> Distribute resources and supports across NSW Health to strengthen staff expertise on LGBTIQ+ health and working with LGBTIQ+ people to elevate care experiences</p>	<ul style="list-style-type: none"> <li>NSW Health organisations can provide expert guidance to staff on LGBTIQ+ health, intersectionality, and inclusive health practice.</li> <li>NSW Health staff understand the value and principles of improving care experiences with LGBTIQ+ people and apply this in their work.</li> <li>The expertise of NSW Health LGBTIQ+ staff is valued and engaged to champion improvements in healthcare and workplace culture.</li> </ul>	<p><b>Lead</b></p> <ul style="list-style-type: none"> <li>All NSW Health organisations</li> </ul> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>LGBTIQ+ organisations</li> <li>NSW Health LGBTIQ+ staff and allies</li> <li>NSW Ministry of Health</li> <li>Non-government and community organisations</li> </ul>
<p><b>1.3 Mental health and suicide prevention</b> Increase access across LGBTIQ+ people's lifespan to mental health and suicide prevention services and supports</p>	<ul style="list-style-type: none"> <li>Mental health services understand and are responsive to the needs of LGBTIQ+ people, their families, carers and social networks.</li> <li>LGBTIQ+ people, their families, carers and social networks can easily identify inclusive mental health services and experience improved access to these.</li> <li>LGBTIQ+ people, their families, carers and social networks, know and connect with suicide crisis support services, and communities are engaged in LGBTIQ+ suicide prevention.</li> </ul>	<p><b>Lead</b></p> <ul style="list-style-type: none"> <li>NSW Ministry of Health</li> </ul> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>LGBTIQ+ organisations</li> <li>All NSW Health organisations</li> <li>Non-government and community organisations</li> </ul>
<p><b>1.4 Access to services</b> Support and promote NSW Health, primary and preventative care, and community-based services that achieve improved health outcomes with LGBTIQ+ people</p>	<ul style="list-style-type: none"> <li>LGBTIQ+ people, their families, carers and social networks, are aware of and access a wide range of inclusive healthcare through mainstream and specialist services, delivered by health providers that are linked and work closely together.</li> <li>Healthcare is delivered in welcoming, safe, comfortable, culturally appropriate environments.</li> </ul>	<p><b>Lead</b></p> <ul style="list-style-type: none"> <li>All NSW Health organisations</li> </ul> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>LGBTIQ+ organisations</li> <li>NSW Ministry of Health</li> <li>Non-government and community organisations</li> <li>Primary Health Networks (PHNs) and primary care providers</li> <li>Health Care Interpreter Services</li> </ul>
<p><b>1.5 System responsiveness</b> Work with health service providers to address service gaps, the needs of priority groups, and emerging issues</p>	<ul style="list-style-type: none"> <li>LGBTIQ+ people receive the healthcare experiences that matter to them and with compassion, respect, kindness and confidentiality.</li> <li>NSW Health, non-government, and community organisations work together to investigate and respond to emerging issues impacting LGBTIQ+ health and wellbeing.</li> </ul>	<p><b>Lead</b></p> <ul style="list-style-type: none"> <li>All NSW Health organisations</li> <li>NSW Ministry of Health</li> </ul> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>LGBTIQ+ organisations</li> <li>NSW Health LGBTIQ+ staff and allies</li> <li>Non-government and community organisations</li> <li>PHNs and primary care providers</li> <li>Professional colleges and academia</li> <li>Other NSW Government organisations</li> </ul>

\* An ally is a person who may not necessarily be LGBTIQ+ but recognises themselves as an active supporter and friend of the LGBTIQ+ community. The term may also be used by LGBTIQ+ people when supporting other people of diverse sexualities and genders or intersex people. Allies challenge stigma and discriminatory behaviour; provide help and support to LGBTIQ+ people; value and celebrate diversity; and advocate for human rights.



## CASE STUDY

### Community-based suicide prevention support for LGBTIQ+ people

**Through NSW Health's Community Gatekeeper Training initiative, organisations across the State have received funding to deliver suicide awareness and prevention skills training courses to members of the community.**

Gatekeepers can include people who work in the community such as teachers, youth workers, first responders, pharmacists, aged care workers, and many others. Through the initiative, Gatekeepers are trained to recognise signs that someone may be struggling and create opportunities to safely talk about those thoughts and feelings. Gatekeepers can also support individuals with referral to services and provide guidance and encouragement to their network of family and friends.

The NSW Ministry of Health has engaged Twenty10 inc Gay and Lesbian Counselling Service of NSW to work within LGBTIQ+ communities. Twenty10's program, Community Connector, is a peer-based suicide awareness training program delivered by facilitators within the LGBTIQ+ community. These facilitators also have lived experience of mental and emotional distress and suicide.

A total of 240 people from across NSW who are part of LGBTIQ+ communities will be supported to build confidence, skills and preparedness to respond to suicide, as well as suicide literacy. In 2022, Twenty10 will focus on training for regional NSW LGBTIQ+ communities and allies, as well as establishing a community of practice for the Community Connectors.

Increasing suicide prevention training in LGBTIQ+ communities will enhance opportunities for reaching significant numbers of LGBTIQ+ people experiencing suicidal thoughts, who may face barriers to connecting with professional support. The lived experience and peer-led nature of this work is critical to its success.

The medium to longer-term impacts of the Community Gatekeeper Training initiative on at-risk populations will be assessed by NSW Health as part of its wider evaluation of Towards Zero Suicides initiatives.



## CASE STUDY

### Working in partnership to reduce cancer risks for LGBTQ+ people

**The Cancer Institute NSW and ACON have been working together since 2015 on short term programs in smoking cessation and breast and cervical cancer screening. This partnership has been important to engage and empower LGBTQ+ communities to contribute to goals under the NSW Cancer Plan.**

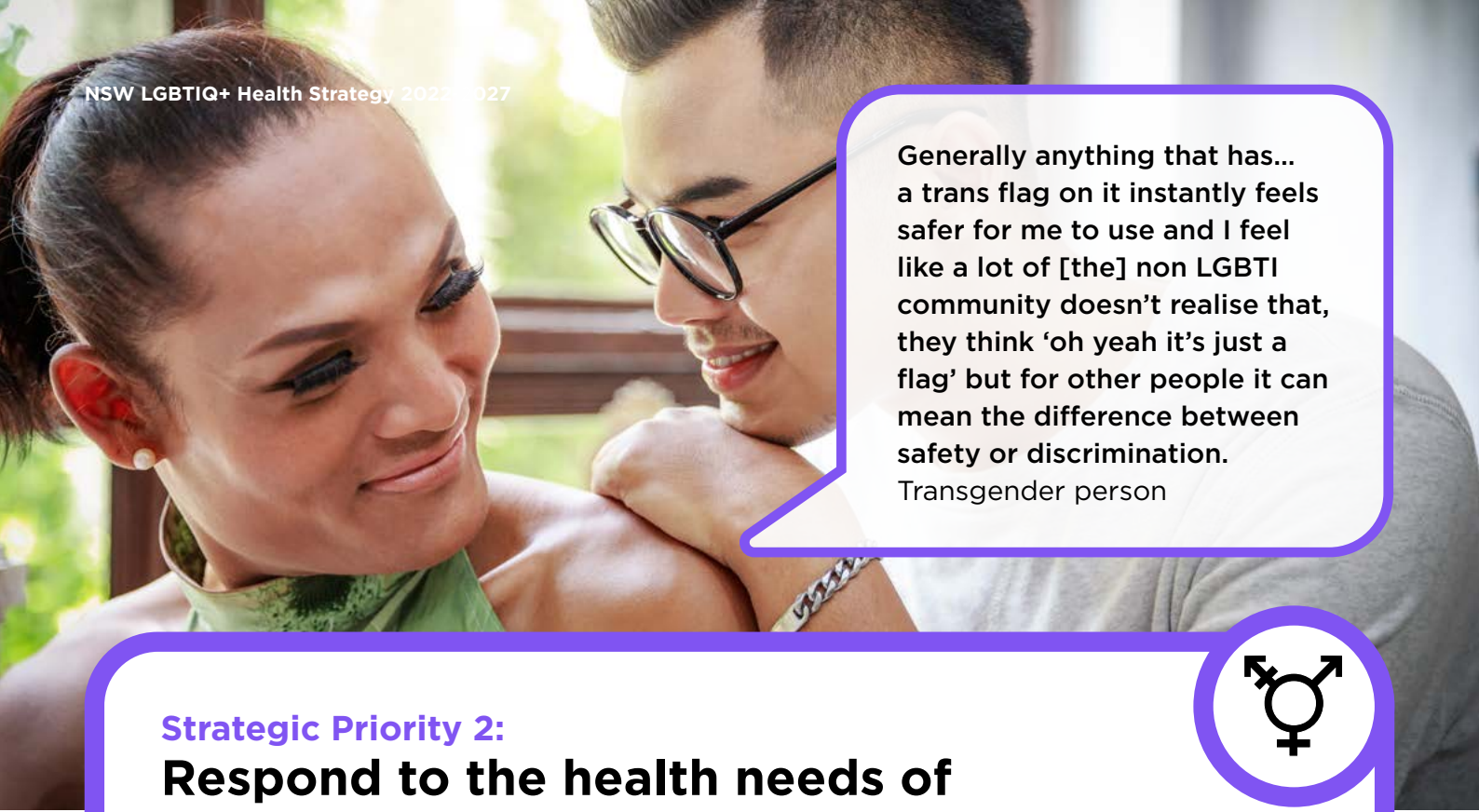
In 2019, the Institute and ACON entered into a partnership agreement to address the elevated risk of cancer and poorer cancer-related health outcomes for people of diverse genders and sexualities. The partnership seeks to increase screening participation and reduce cancer risk through community engagement and targeted health promotion.

Collaboration and a co-design approach have provided significant value to both organisations. The collaboration is well structured and resourced, and brings together public health expertise with the lived experience of people of diverse genders and sexualities who are involved in all aspects of the work. ACON's experience in health promotion, community engagement and effective health communications work in HIV has also been a valuable attribute in the partnership.

A co-design approach was adopted to develop and deliver tailored diversity and inclusion training on the '*LGBTQ+ Communities and Cancer*' e-learning package, specifically developed for the Institute. Staff of BreastScreen NSW, Quitline NSW and the Institute have participated.

The partnership's work is underpinned by evidence, with a completed literature review and formative research project around bowel screening, smoking, quitting and alcohol risk in relation to cancer among LGBTQ+ people in NSW. The partnership is expanding organisational competence and knowledge and has influenced research data collection practices and resources for patients and health professionals in cancer control. It is also delivering greater visibility and inclusion of communities in the Institute's communication and campaign activity.





Generally anything that has... a trans flag on it instantly feels safer for me to use and I feel like a lot of [the] non LGBTI community doesn't realise that, they think 'oh yeah it's just a flag' but for other people it can mean the difference between safety or discrimination.  
Transgender person



## Strategic Priority 2: Respond to the health needs of transgender and gender diverse people in NSW

Almost three-quarters (74%) of transgender and gender diverse people who responded to a community survey that informed this strategy, felt that mainstream health providers were not familiar with common LGBTIQ+ health issues.<sup>72</sup> This suggests a strong need for increased awareness and capability in the NSW Health workforce.

Transgender and gender diverse people may wish to take steps to affirm their gender. This can include:

- social affirmation such as publicly changing their name, pronoun and appearance
- legal affirmation such as changing their legal sex and name in official documents, or with government departments and other organisations
- medical affirmation such as taking gender affirming hormone therapy, having surgery, accessing speech pathology services and receiving counselling.<sup>73</sup>

The term 'gender affirming treatments and care' refers to the range of health services that people may access in order to affirm their gender.

Feelings of incongruence between one's gender and body can lead to unease and distress. Providing access to gender affirming treatments and care can improve the mental health and wellbeing of transgender people, and is shown to be a protective factor against suicidality.<sup>74,75</sup>

User-led pathways of care that improve access to gender affirming treatments for adults and young people in NSW need to be developed. Pathways should be supported by professional expertise, informed consent and the rights and lived experience of transgender and gender diverse people.

Structural barriers faced by transgender and gender diverse people in health settings also need to be addressed. For example, intake forms including diverse genders, enabling referrals regardless of record of sex, and addressing the separation of clinical services by gender.

Routine collection, disaggregation and dissemination of data on the healthcare experiences of transgender and gender diverse people is also vital to improving health outcomes for this population.

# What we will do

Action	Outcomes	Lead(s) and partners
<b>2.1 Elevating capability</b> Work with transgender and gender diverse people to promote and embed best practice in NSW Health services for delivering care to this community	<ul style="list-style-type: none"><li>• NSW Health staff deliver a consistent approach for person-centred care to transgender and gender diverse people, so that the key health and wellbeing needs of this population are met.</li><li>• Transgender and gender diverse people's experiences with NSW Health services inform continual improvement and delivery of safe and respectful care.</li></ul>	<b>Lead</b> <ul style="list-style-type: none"><li>• NSW Ministry of Health</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>• Transgender and gender diverse people, and their representative organisations</li><li>• All NSW Health organisations</li></ul>
<b>2.2 Support to young people and families</b> Strengthen evidence-informed care to transgender and gender diverse young people aged 24 and under, and their families and carers	<ul style="list-style-type: none"><li>• Young people seeking to affirm their gender, and their families and carers, are supported to access gender affirming treatments and care.</li><li>• An evidence-informed statewide model of care coordinates the delivery of high quality, safe, inclusive and responsive gender affirming care to young people.</li></ul>	<b>Lead</b> <ul style="list-style-type: none"><li>• NSW Health's Trans and Gender Diverse Health Service Hubs</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>• Transgender and gender diverse people, and their representative organisations</li><li>• NSW Ministry of Health</li><li>• All NSW Health organisations</li><li>• Non-government and community organisations</li><li>• School staff and counsellors</li><li>• PHNs and primary care providers</li><li>• Private sector health organisations</li><li>• Allied health professionals</li></ul>
<b>2.3 Gender affirming care</b> Establish an accessible, user-led pathway of care for people aged 25 and above who are affirming their gender, including mental health and other wrap around supports.	<ul style="list-style-type: none"><li>• People affirming their gender have access to peer supports, and are aware of and can easily access clear pathways for gender affirming treatments and care.</li><li>• People affirming their gender receive mental health supports that are designed and continually improved based on their needs and service experiences.</li></ul>	<b>Lead</b> <ul style="list-style-type: none"><li>• NSW Ministry of Health</li></ul> <b>Partners</b> <ul style="list-style-type: none"><li>• Transgender and gender diverse people, and their representative organisations</li><li>• All NSW Health organisations</li><li>• Non-government and community organisations</li><li>• PHNs and primary care providers</li><li>• Private sector health organisations</li><li>• Allied health professionals</li></ul>

It's really important to move away from...the pathology model of transgender. Universally [trans] people struggle with feeling our experience is pathologised... [the fact that] that you have to have dysphoria...to be eligible to transition...is a real health concern for trans people.

Transgender person





## CASE STUDY



The trans friendly psychologist I saw was so much better, was very affirming of me and my gender, which made a big difference, and gave me a referral to an endocrinologist in a much more reasonable amount of time.  
Transgender person

### Working in partnership to meet the needs of transgender and gender diverse people in rural and remote areas

**A partnership between Western NSW Local Health District and The Gender Centre has enabled transgender and gender diverse people in Dubbo, Orange and surrounding areas to receive specialist counselling support services.**

The partnership commenced in 2014 with a case manager visiting Dubbo and nearby areas to provide information, education, counselling, and social and emotional wellbeing support for transgender and gender diverse people. This support was provided across communities, workplaces, and learning environments.

By 2017, the service expanded to include Orange and nearby areas and shifted from a fly in fly out arrangement in Dubbo to a weeklong road trip with services provided across various communities in Western NSW.

In 2020, despite the significant impact of bushfires and COVID-19, almost 50 people were seen by the service. A total of 42 referrals were received for case management and review, and 130 referrals were made to other services, including sexual health and mental health.

The partnership has proven to be a valuable collaboration. The service has delivered care to many transgender and gender diverse people in rural and remote areas directly in their own communities.

## CASE STUDY



### Providing transgender and gender diverse young people with the health supports they need

**Maple Leaf House, based in Newcastle, provides an integrated specialist transgender and gender diverse health service for children, adolescents and young people up to age 24 years. The service is hosted by Hunter New England Local Health District and provides multi-disciplinary, holistic and evidence-based care to support the child or young person and their family throughout their gender journey.**

Children, adolescents, young people and their families who are based in the Central Coast, Far West, Hunter New England, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW local health districts, can receive care and support from Maple Leaf House. A service will also be opened to meet the need of clients and families across metropolitan areas of Sydney. The new service will build on the support currently provided by Sydney Children's Hospitals Network at the Children's Hospital Westmead.

The types of services offered at Maple Leaf House include medical review, specialist nursing care, psychological assessment and diagnosis, social work consultation, speech pathology support for voice training, and dietitian consultation. Where appropriate, medical treatment is also supported with in-house access to paediatric and adult endocrinology services.

The co-location of these services aims to address gaps identified by the NSW Ministry of Health and improve the experience of transgender and gender diverse children and young people and their families. The service has been designed to enable children, adolescents and young people to shift from feeling vulnerable to supported, healthy and happy with their gender.



### Strategic Priority 3: **Respond to the health needs of intersex people in NSW**

**Across NSW Health there is a need to increase awareness of the experience, health needs and human rights of intersex people, and the needs of their parents and families.**

This includes increasing the understanding that depending on the intersex variation, people may have specific health needs including:

- Physiological conditions – relating to a person’s gonads, genitals, urinary tract, bladder or kidneys. Management of these may require regular access to specialists, screenings and hormone replacement therapy.
- Neurological conditions – higher rates of Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorders than the general population.<sup>76</sup>

It is also important to acknowledge that many intersex people have undergone medical interventions associated with their intersex variation/s. In some cases, these interventions are undertaken in adulthood, while in other cases they are undertaken in infancy or childhood.

There is a need to recognise and respond to practices of unnecessary and deferrable medical interventions, undertaken in infancy and childhood, to ‘normalise’ the appearance of intersex bodies.<sup>77,78,79</sup>

Medical interventions undertaken in infancy and childhood can result in health issues such as:

- physical scarring
- the need for life-long hormone replacement therapy
- permanent infertility/sterilisation
- incontinence
- a loss of sexual function and sensation
- psychological trauma.<sup>80</sup>

Greater awareness of the Darlington Statement across the NSW Health system must underpin work to improve responsiveness to intersex people’s health experiences. Further, promoting and embedding best practice measures in NSW Health services will support intersex people to have autonomy over their bodies and ensure they can make informed decisions about their health.

If you've had trauma in a hospital the problem is that... once they do surgery, and you're left with... the after effects... you're basically dependent on that system for the rest of your life... if you don't have money you have to go into a public system to get the treatment and that means... being retraumatised whenever you go back.

Intersex person

...when I had lots of self-doubt [my doctor] was the one who encouraged me to keep going... he was a psychologist as well as an endocrinologist in how he treated his patients, he actually cared for them, he wanted to make sure that what he was doing was right for the individual...

Intersex person

## What we will do

Action	Outcomes	Lead(s) and partners
<p><b>3.1 Service awareness</b> Work with intersex people to increase awareness across NSW Health of their healthcare experiences, and responsiveness to their needs and human rights</p>	<ul style="list-style-type: none"> <li>NSW Health staff deliver a consistent approach for person-centred care to intersex people, so their health needs are met.</li> <li>The needs of parents and families of intersex people are understood and supported.</li> </ul>	<p><b>Lead</b></p> <ul style="list-style-type: none"> <li>NSW Ministry of Health</li> </ul> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>Intersex people, and their representative organisations</li> <li>All NSW Health organisations</li> <li>PHNs and primary care providers</li> <li>Other private sector health organisations</li> </ul>
<p><b>3.2 Health and human rights</b> Work with other jurisdictions to promote and embed improved measures to meet the health and wellbeing needs of intersex people</p>	<ul style="list-style-type: none"> <li>Intersex people in NSW make informed decisions about their bodies and health.</li> <li>Intersex peoples' experiences with NSW Health services inform continual improvement to the delivery of safe and respectful care.</li> </ul>	<p><b>Lead</b></p> <ul style="list-style-type: none"> <li>NSW Ministry of Health</li> </ul> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>Intersex people, and their representative organisations</li> <li>Other jurisdictions</li> <li>All NSW Health organisations</li> <li>Non-government and community organisations</li> <li>PHNs and primary care providers</li> <li>Other private sector health organisations</li> </ul>





#### Strategic Priority 4:

## Capture data on sexuality, gender and intersex variations at the point of care and population level

**Improving data capture across the NSW Health system on sexuality, gender, and intersex variations, is essential and a cornerstone for the success of this strategy.**

Ensuring the visibility of LGBTIQ+ people in health data is vital to support NSW Health to understand how need varies across the State, and to measure service access and health outcomes for different groups. This will enable more targeted service provision and health messaging activities.

The release of the Australian Bureau of Statistics Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020, provides a timely and valuable framework that NSW Health can work with to modernise its collection of LGBTIQ+ patient and population health data.

By doing so the NSW Health system will ensure LGBTIQ+ people are able to answer data collection questions in a way that accurately describes themselves and their health situation.

It is also important that over time our data collection remains consistent with contemporary understandings of sexuality, gender and intersex variations.

Consistent LGBTIQ+ data collection should be embedded across NSW Health population-level surveys, tools used by NSW Health organisations to collect data at the point of care, and in other relevant contexts such as program evaluations.

Opportunities for data variables to be aligned between NSW Health organisations, non-government and community organisations, primary health and private health sector organisations should be explored. Options for enhanced data sharing should be considered in accordance with the NSW Health Privacy Manual for Health Information.

LGBTIQ+ people, NSW Health, non-government and community organisations should be engaged in extensive consultation and testing for all initiatives to improve data collection and training for NSW Health staff.



# What we will do

Action	Outcomes	Lead(s) and partners
<p><b>4.1 Data collection</b> Endorse and promote consistent data collection in NSW Health on sexuality, gender and intersex variations</p>	<ul style="list-style-type: none"> <li>NSW Health captures consistent data on sexuality, gender, and intersex variations at the point of care, and in population-level surveys and other policy and planning contexts.</li> </ul>	<p><b>Lead</b></p> <ul style="list-style-type: none"> <li>NSW Ministry of Health</li> </ul> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>LGBTIQ+ organisations</li> <li>All NSW Health organisations</li> <li>Australian Bureau of Statistics and Australian Government Department of Health</li> <li>Non-government and community organisations</li> <li>PHNs and primary care providers</li> <li>Other private sector health organisations</li> </ul>
<p><b>4.2 Training and guidance</b> Co-designed with LGBTIQ+ people, develop training and guidance for NSW Health staff about gathering data</p>	<ul style="list-style-type: none"> <li>NSW Health staff are confident in gathering data at the point of care.</li> <li>People are well informed about the collection, privacy measures and use of data on sexuality, gender, and intersex variations.</li> <li>People are asked questions about sexuality, gender and intersex variations in a safe and culturally appropriate way.</li> </ul>	<p><b>Lead</b></p> <ul style="list-style-type: none"> <li>NSW Ministry of Health</li> </ul> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>LGBTIQ+ organisations</li> <li>eHealth NSW</li> <li>HETI</li> <li>All NSW Health organisations</li> <li>Non-government and community organisations</li> </ul>
<p><b>4.3 Evidence informed care</b> Use data to inform health planning and monitor improvements to LGBTIQ+ health outcomes</p>	<ul style="list-style-type: none"> <li>NSW Health continually strengthens its monitoring of LGBTIQ+ people's health outcomes.</li> <li>NSW Health uses quantitative and qualitative data collected to support service planning and target improvements to LGBTIQ+ people's health.</li> <li>With protocols and consent, health service providers share data to support person-centred care.</li> </ul>	<p><b>Lead</b></p> <ul style="list-style-type: none"> <li>All NSW Health organisations</li> </ul> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>NSW Ministry of Health</li> <li>eHealth NSW</li> </ul>

When the technician called my name I identified myself, then he loudly asked why I'm female on my form. I had to tell the receptionist that I'm transgender and I have to put down my birth sex until I have surgery. The receptionist apologised, but he didn't. I managed to calm myself down to have the scan.

Transgender person



## CASE STUDY



### Using data to track and guide the elimination of HIV transmission in NSW

**Considerable progress has been made towards the elimination of HIV transmission in NSW. HIV diagnoses decreased by 19% in NSW residents between 2015 and 2019, and by 25% among men who have sex with men in this same period. This success is the result of substantial improvements and innovations in HIV prevention, testing and treatment, but also the effective use of data collection and analysis.**

The NSW Ministry of Health continues to use data to drive implementation and monitor outcomes under the NSW HIV Strategy 2021-2025. In particular, data has been used to develop a renewed focus on priority populations who have not experienced the same level of success in reduced diagnosis of HIV.

Between 2015-2019, declines in HIV notifications among men who have sex with men (MSM) have been greater in inner Sydney, which has a larger gay-identified male population than other parts of NSW. At the same time, PrEP use among MSM in inner Sydney suburbs with high concentrations of gay men is higher than in outer suburban regions. MSM in these areas are

less socially connected to the gay community, and this may mean they are less aware of and connected to innovations in HIV prevention.<sup>81</sup>

While there was a 47% decline in late HIV diagnoses among Australian born MSM, there was a 32% increase among overseas born MSM.<sup>82</sup> NSW is therefore increasing coverage of PrEP prescribers, including for overseas-born MSM, in areas with lower concentrations of gay identified men.

HIV testing has increased year on year since 2012, however only 91% of people living with HIV in Australia are diagnosed. NSW aims to reduce the undiagnosed population by expanding models such as self-testing, peer and community based rapid testing in more sites in outer Sydney and regional NSW.

NSW Health will continue to enhance data and behavioural surveillance systems to improve monitoring of outcomes for priority populations, including people of diverse sexualities, genders and intersex variations.

# 04

# Implementation

## A strategy delivered by, for and with LGBTIQ+ people in NSW

Achievement of the NSW LGBTIQ+ Health Strategy will be supported by an Implementation Plan that will be updated throughout the course of the next five years as progress is made. With the Strategy as the foundation, the Implementation Plan sets out clear milestones for local health districts, specialty networks, and all NSW Health organisations to be planning for and actively working towards. The Implementation Plan also highlights the importance of partnering with LGBTIQ+ people across the range of actions and milestones to be achieved.

With a strong history of achieving progress for diversity and equity in the community and healthcare, LGBTIQ+ people have a key role to play in shaping and driving the Strategy's implementation and success. To build valuable partnerships with LGBTIQ+ people, NSW Health staff should commit to completing LGBTIQ+ awareness and capability training to optimise the quality and depth of this engagement. NSW Health staff should also model their partnerships with LGBTIQ+ people and communities on the organisation's CORE values of Collaboration, Openness, Respect and Empowerment. Working in partnership with LGBTIQ+ people will ultimately make healthcare better, safer and inclusive.

**I went to the clinic for a routine check-up. I was seen by several health providers, nurses, doctors etc. The overall experience was seamless, my file was kept and distributed across each provider. This meant that from presentation, check-up, follow-up and treatment I didn't have to explain myself again and again.**

Gay person

## Strategy Implementation Committee

Delivery of the Strategy will be overseen by the NSW Ministry of Health in conjunction with a Strategy Implementation Committee. The Committee will hold responsibility for guiding NSW Health's delivery of activities under the Implementation Plan. The Committee will be comprised of LGBTIQ+ community representatives, non-government and community organisations, Primary Health Networks and primary care providers, private health providers, researchers and NSW Health organisations.

The Strategy Implementation Committee will:

- prioritise working closely with health workers operating at the point of care and those engaged in work to elevate healthcare experiences
- support the planning of actions under the strategic priorities
- provide expertise and advice
- monitor progress and learnings across the NSW Health system
- identify opportunities to enhance the Strategy's impact
- support the evaluation of outcomes.

Over time there will be issues that arise in the community, health and legislative settings that may impact on the health and wellbeing of LGBTIQ+ people. The NSW Ministry of Health is committed to assessing these impacts with guidance and input from the Strategy Implementation Committee. NSW Health organisations are also encouraged to identify issues that may impact the health and wellbeing of LGBTIQ+ people locally or statewide and tailor local responses.





## Partnerships

Local health districts, specialty networks, and all NSW Health organisations implementing this strategy locally and statewide should assess what partnerships are needed to achieve its outcomes. Consideration should further be given to how different health settings can work together, with clear roles and responsibilities, to support the continuity and integration of high-quality healthcare for LGBTIQ+ people.

Working with LGBTIQ+ people to elevate healthcare experiences is crucial to achieving the Strategy. This work may include co-design, co-planning, co-delivery and co-evaluation. The Agency for Clinical Innovation's *Guide to Build Co-design Capability* is one of many useful resources, both inside and outside of the NSW Government, that can assist with bringing NSW Health staff and LGBTIQ+ people together to enhance healthcare.

LGBTIQ+ peer engagement and participation should also feature in any decision-making, protocol development, workforce training and evaluation. It is important to be mindful as well that such opportunities may be enriching for some LGBTIQ+ people, but not all may wish to contribute and that should be respected.

NSW Health organisations should also consider combining and coordinating their consultation work with LGBTIQ+ communities and organisations. This will then avoid the risk of small cohorts and demographics being continuously engaged and potentially over-consulted by different health providers.

## National Safety and Quality Health Service Standards

The primary aims of the National Safety and Quality Health Service (NSQHS) Standards are to protect the public from harm and to improve the quality of health service provision. NSW Health organisations' implementation of this Strategy should include determining how planned activities align with and support achievement of the NSQHS Standards.

The eight NSQHS Standards are:

- Clinical governance
- Partnering with consumers
- Preventing and controlling healthcare-associated infections
- Medication safety
- Comprehensive care
- Communicating for safety
- Blood management
- Recognising and responding to acute deterioration.

These Standards provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

## Contributing to broader health goals in NSW

The Strategy has been designed to align with and contribute to achievement of key NSW Health priorities including:

- **Future Health** - Is the roadmap for our health system to achieve NSW Health's vision. It sets priorities across the system to help guide the next decade of care in NSW, while adapting to and addressing emerging demands and challenges.
- **Elevating the Human Experience** - Provides a blueprint for what the NSW health system can do together, in partnership with patients and carers, to consistently create positive, personalised experiences.
- **Value Based Healthcare** - This key principle in how NSW Health does its business means continually striving to deliver care that improves health outcomes that matter to patients, experiences of receiving care, or providing care, and efficiency of care.
- **NSW Aboriginal Health Plan** - Aboriginal people still experience poorer health outcomes and lower life expectancy than non-Aboriginal people. This Plan aims to work in partnership with Aboriginal people to achieve the highest level of health possible for individuals, families and communities.
- **Diversity, Inclusion and Belonging Guide** - Provides the direction for NSW Health organisations to ensure local diversity initiatives align with, and deliver, diversity and inclusion goals set out in the Premier's Priorities.

This Strategy intersects with other relevant NSW Health policies, plans, strategies and frameworks, including:

- NSW Plan for Culturally and Linguistically Diverse Communities
- NSW Refugee Health Plan
- NSW Youth Health Framework
- NSW Men's Health Framework
- NSW Women's Health Framework
- Disability Inclusion Action Plan
- NSW HIV Strategy
- NSW STI Strategy
- NSW Tobacco Strategy
- NSW Ministry of Health Strategic Prioritisation Framework for Alcohol and other Drugs Research and Evaluation
- NSW Cancer Plan
- NSW Strategic Framework and Workforce Plan for Mental Health
- Strategic Framework for Suicide Prevention in NSW
- NSW Health's Integrated Prevention and Response to Violence, Abuse and Neglect (IPARVAN) Framework
- Virtual Care Strategy
- eHealth Strategy for NSW Health



## CASE STUDY

### Working in partnership to increase awareness about anal cancer among LGBTIQ+ people

Since 2013, a collaboration between Positive Life NSW, St Vincent's Hospital Sydney, The Royal Prince Alfred Hospital, Royal North Shore Hospital, Cancer Council NSW, the Kirby Institute and ACON, has focused on increasing awareness of anal cancer and improving access to related services for LGBTIQ+ people and people living with HIV/AIDS.

The Anal Cancer Advocacy Group, which also includes survivors and community representatives, works together to:

- Raise awareness of human papillomavirus (HPV) related anal cancer and the need for regular screening in high risk populations. This includes all people living with HIV, and HIV-negative gay, bisexual, and other men who have sex with men, women, and transgender and gender diverse people.
- Raise awareness of HPV related anal cancer amongst clinicians treating high risk populations, and the need for regular screening and early detection of anal cancer.

- Advocate for referral services at hospitals where high resolution anoscopy (HRA) can be performed as a diagnostic service.
- Advocate for expanded access to HPV vaccination in high risk population groups.

The Anal Cancer Advocacy Group has led many successful initiatives since it was formed. It produced community reports on people living with HIV and Gay Men's Awareness of HPV Related Cancer (2016), and on HPV related cancer among women and transgender and gender diverse people (2019). The group also successfully advocated for increased HRA screening and diagnostic services at St Vincent's Hospital Sydney. It has also supported updates to anal cancer screening recommendations to include all people living with HIV (2021).

The effective collaboration of organisations involved in the Anal Cancer Advocacy Group has meant it has evolved from a NSW state-based to a national advocacy group.



## CASE STUDY

### Improving pathology services with transgender and gender diverse people

Through patient journey mapping, NSW Health Pathology has identified a need to improve services for transgender and gender diverse people. As The Royal College of Pathologists Australia has observed, “currently, the majority of electronic medical record and laboratory information systems are limited to recording and reporting sex/gender in a binary fashion, as male or female. Therefore, interactions with laboratory services can exacerbate distress and affect the mental health of an individual.”<sup>83</sup>

While still under-development, NSW Health Pathology is working towards responding to this issue through using a human-centred design approach to:

- **Update referral forms** to include both sex assigned at birth, as well as gender.
- **Update specifications for a new laboratory information system** to allow greater flexibility in recording and reporting.
- **Develop communications** for community and staff to explain why sex assigned at birth matters for some pathology tests and is included on pathology request forms.<sup>84</sup>
- **Offer support for blood collections staff and managers** to increase awareness and sensitivity.
- **Ensure patient experience measures** include an ability to specifically segment experiences for LGBTIQ+ people, assessing where service delivery is unequal.

These responses will be underpinned by understanding community, staff and referring clinicians’ experiences of pathology services; uncovering assumptions from staff about transgender and gender diverse people; effectively recognising intersectionality; and building on existing assets.





## 4.1. OUTCOMES

For many years, LGBTIQ+ people and community organisations have championed human rights and equity knowing that this in turn has a critical impact on health and well-being outcomes. At the core of this strategy is the importance of recognising the human experiences and addressing inequities in order to elevate health outcomes.

This strategy includes desired outcomes against each action it presents, and overall, has set a vision that LGBTIQ+ people in NSW will receive high quality, safe, inclusive, and responsive healthcare that delivers outcomes that matter to them. Achievement of the vision means:

- High quality healthcare is patient-centred, effective, efficient, equitable, and delivered by professionals who are respectful, communicate clearly, and involve patients in decision-making.
- Safe healthcare prevents physical and psychological harm to the patient, their family, carers and social networks in its delivery. It is important to recognise too that the notion of 'safety' may mean different things to different people and groups and includes cultural safety.
- Inclusive healthcare is the delivery of quality care to all people, while recognising distinct needs based on their sexuality, gender, intersex variations, or any other trait. It refers to creating welcoming and open environments that encourage patients to access health services.
- Responsive healthcare effectively meets the health and wellbeing needs of specific individuals. It relies on healthcare professionals having adequate knowledge and awareness about these needs.

Through achieving these outcomes, NSW will be prepared to meet future needs and continue to strengthen its capability and leadership in LGBTIQ+ health.

## 4.2. MONITORING, EVALUATION AND LEARNING

The NSW Ministry of Health will work with the Strategy Implementation Committee to develop a monitoring, evaluation and learning framework. The framework will outline the approach for collecting data and information to create meaningful and workable baseline measures where possible. This will enable progress to be tracked against strategic priorities.

Opportunities to establish key performance measures across the system will be pursued and aligned with existing approaches in the NSW Health system for tracking progress of health priorities and commitments.

The NSW Ministry of Health will also seek opportunities to regularly source stories, case studies and feedback from LGBTIQ+ people about their experiences with NSW Health services.

**As a non-carrying parent in a same sex female couple starting a family, I have felt excluded from much of the pre-conception and pregnancy journey. This exclusion has not come directly from any healthcare professional as each person we have met has been lovely and supportive, but rather from attempting to participate in a system/process that assumes I will be a man.**

Lesbian person

### 4.3. THE PATH AHEAD IS OURS TO MAKE SHINE

As we look forward, NSW Health is well positioned to draw on the experience and knowledge of many talented and determined people to make the vision and priorities of the NSW LGBTIQ+ Health Strategy a reality.

Thousands of LGBTIQ+ health staff lead by example in NSW Health every day, making inclusive health practice a core principle in their work and care. This strategy ignites an even greater opportunity for LGBTIQ+ health staff and their colleagues to champion improvements and successes guided by the four strategic priorities.

Through this strategy, NSW Health will also elevate its commitment to and working relationship with all LGBTIQ+ people and their representative organisations. As advocates for LGBTIQ+ health and human rights over many challenging and groundbreaking years, LGBTIQ+ communities will be invaluable stewards for the success of this strategy.

While there is much hard work ahead, we embark on the next five years recognising that these will bring important and exciting transformations for the NSW Health system. But most of all, we step forward with a clear and determined plan to realise a brighter future of improved health and wellbeing for all LGBTIQ+ people across NSW.



# 05 Supporting information

## 5.1. OUR LGBTIQ+ POPULATION IN NSW

The absence of relevant questions about sexuality, gender and intersex variation in population-level data collection, including the Australian Census, makes it difficult to determine or estimate the number of LGBTIQ+ people living in NSW. Release of the Australian Bureau of Statistics *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020*, however presents a significant step in the right direction towards rectifying the very limited visibility of the LGBTIQ+ population and its needs.

The following data reflects what is known about the size of LGBTIQ+ groups, but these estimates likely reflect an underrepresentation of the true numbers. This may be attributed to the limitations of data being collected or the reluctance of some LGBTIQ+ people to disclose information based on perceived or expected stigma or discrimination.

- Researchers have estimated NSW's non-heterosexual population aged 18 years and over in 2016 to be 3.4% of the adult population or approximately 204,000 people.<sup>85</sup> In certain areas of NSW, primarily inner cities, there is a much higher proportion of LGBTIQ+ people.

- There is little to no information available on the size of the transgender and gender diverse population in Australia and NSW. A 2016 study by the UCLA School of Law, which used the US Center for Disease Control's Behavioural Risk Factor Surveillance System, estimated the size of the transgender population in the USA to be 0.6% of adults.<sup>86</sup> Extrapolating this figure to the NSW population would mean approximately 35,000 transgender people aged 18 years and over living in NSW. This figure does not include other gender diverse people, such as those who identify as non-binary.
- Population figures for intersex people are contested, reflecting debate about which variations qualify for inclusion in any estimate, and about data quality. While this is acknowledged, it is estimated that between 1% to 2% of people in Australia are intersex.<sup>87</sup> This estimate is based on a systematic review of medical literature in the American Journal of Human Biology in 2000.<sup>88</sup>

What is most important to note in this context is that irrespective of precise population numbers for LGBTIQ+ groups, what is common across all groups is their fundamental interest in access to appropriate, timely and respectful healthcare, which recognises their human rights.

Note: When extrapolating to the NSW population, calculations are based on 7,480,228 total people living in NSW (of which 5,827,191 are aged 18 years and over), as per the ABS 2016 Census.

## 5.2. THE IMPACT OF STIGMA AND DISCRIMINATION ON HEALTH AND WELLBEING

LGBTIQ+ people can experience stigma and discrimination in several different settings including at home, work, when accessing health services and in the community more broadly. Research from La Trobe University has indicated that 60.7% of LGBTIQ+ people felt accepted at work, 52.2% in their family, and 55.3% in educational settings.<sup>89</sup> Experiences of stigma and discrimination in society can lead to minority stress and social isolation, negatively impacting mental health outcomes.

Stigma and discrimination can be subtle or overt. Subtle forms of stigma and discrimination include inappropriate comments or questions, reflecting biases about certain groups and heteronormativity. Overt forms of stigma and discrimination include intimidation, verbal harassment, violence, and family rejection. LGBTIQ+ people can be impacted by witnessing stigma and discrimination at a macro and micro level, and impacts can last a long time. The consequences of denying or not embracing parts of one's sexuality, gender or intersex variation can also occasionally lead to internalised stigma.

Stigma and discrimination towards others are unacceptable in all NSW Health organisations. NSW Health acknowledges the strength and resilience of LGBTIQ+ people in NSW who have encountered stigma, discrimination, or trauma whether this be in the health system or community. NSW Health's Code of Conduct expects that all staff must not bully, harass or discriminate against other staff, patients or members of the public based on sex, gender, sexuality, or intersex variation.

**It was helpful not to have to explain myself... I was able to ask for and receive a referral for IVF from a non-judgemental doctor who didn't make a lot of assumptions about me having a male partner.**

Lesbian person

**Took [me] a long time to gain the courage to visit a GP and wanted to be honest and transparent. When asked standard questions by the GP he was then confronted by a gay male. His comments 'we are a family practice - you need to find another GP'.**

Gay person

**I really feel like the majority of health practitioners I know do want to do the best thing by their patients, but I think they minimise, drastically the impact of homophobia and transphobia to patients and clients and what that then does to them.**

Health worker



### 5.3. VIOLENCE, ABUSE AND NEGLECT

**Sadly and unacceptably, stigma and discrimination towards LGBTIQ+ people can contribute to increased risk of exposure to violence, abuse and neglect. A national survey of LGBTIQ+ people conducted by La Trobe University in 2019, reported high levels of heterosexist violence or harassment.<sup>90</sup> More than one third of LGBTIQ+ people reported verbal abuse, one quarter harassment, and one in ten sexual assault, due to their sexuality or gender in the past 12 months.<sup>91</sup>**

When LGBTIQ+ people experience violence, abuse and neglect in the community, their home, workplace, educational institution, at health services or elsewhere, the impact can be felt much more widely by the LGBTIQ+ community. This is because there is a common acknowledgement throughout the LGBTIQ+ population of the unacceptable abuses and deep trauma that many have faced and may continue to experience, just by being themselves. In the face of this, the commitment of LGBTIQ+ communities to human rights, recognition of diversity, rejection and reporting of stigma, discrimination, harassment and violence, and passion to achieve equity and safety for all LGBTIQ+ people, has been enduring.

NSW Health recognises that experiences of stigma and discrimination can heighten the likelihood, impact or severity of violence, abuse and neglect and create additional barriers to seeking support. The need to provide targeted and appropriate health responses to overcome these barriers and provide a person-centred, trauma-informed response is acknowledged in NSW Health's [Integrated Prevention and Response to Violence, Abuse and Neglect Framework](#). LGBTIQ+ people who experience violence, abuse and neglect are entitled to information, support, and access to justice.

NSW Health staff should be aware of how to connect LGBTIQ+ people with information and supports, including assistance with reporting. Further information is available at [NSW Health's website](#).



# 06

## Terminology

### 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

**Sexuality:** describes a person's sexual, romantic, spiritual, or emotional attraction to other people.

**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.

**Pansexual:** a person who is attracted to any person.

**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.

**Asexual/Ace:** a person with a lack or rarity of sexual attraction.

## Societal attitudes and stressors

Many LGBTIQ+ people face experiences of stigma, discrimination and trauma based on societal attitudes, stressors and challenging social environments, which may in turn lead to distress or mental health problems. It is important for health staff to be aware of and understand these factors and their impact.

**Homophobia:** negative attitudes, beliefs, prejudice, discrimination and actions towards people of diverse sexualities.

**Internalised homophobia:** a LGBTIQ+ person's direction of negative social attitudes toward themselves.

**Transphobia:** negative attitudes, beliefs, prejudice, discrimination and actions towards transgender and gender diverse people.

**Biphobia:** negative attitudes, beliefs, prejudice, discrimination and actions towards bisexual people.

**Bi-erasure:** the questioning or denial of the existence or legitimacy of bisexuality.

**Heteronormative/ity:** a world view that promotes heterosexuality as the normal or preferred sexuality.

**Cisnormative/ity:** a world view that promotes cisgender people as the norm.

**Cisgenderism:** the belief that gender identity is determined at birth and is a fixed and innate identity that is based on sex characteristics (or 'biology') and that only binary (male or female) identities are valid and real.

**Othered/marginalised:** the experience of being treated as insignificant or 'on the outer' in society based on belonging to a particular group.

**Minority stress:** the experience of stress, because of direct or perceived stigma and discrimination, based on being a minority within society.

**Compounded stigma:** the additive and cumulative impact of belonging to more than one marginalised group.

**Misgendering:** referring to a person's gender by incorrectly assuming their gender or using incorrect pronouns, either intentionally or unintentionally.

**Pathologisation:** the experience of being treated as psychologically unwell based on one's sexuality, gender or intersex variations.

**Ableism:** discrimination in favour of able-bodied people.

**Endosexism:** treating particular bodies as valid, and others as disordered or in need of 'fixing'.

**Serophobia:** HIV-related stigma manifestation of fear and aversion, towards people living with HIV.

## Other terminology

**Intersectionality:** an approach that recognises that health is shaped by multi-dimensional and overlapping factors such as class, sexuality, gender, race, immigration status, ethnicity, age, ability, disease status, drug use, occupation, language, religion or culture.

**Peer workforce:** are workers who provide expertise drawn from their own experience, give hope and act as role models for recovery for others overcoming adversities in their own journeys. Peer workers can inspire empowerment and self-determination.

**Pronouns:** are words used to refer to a person when not using their name including *he/him, she/her, they/them* or other pronouns. Given it is not always possible to know someone's gender from looking at them, providing one's own pronouns as part of introductions is a valuable approach. Using a person's correct pronouns is an important part of respecting them and supports safety.

**Trauma-informed care:** is a systems-level initiative where organisations are oriented towards understanding, recognising and responding to trauma. It is a framework for human services delivery based on knowledge and understanding of how trauma affects people's lives and their service needs.<sup>92</sup>

*NSW Health acknowledges that this is not a comprehensive list of all terminology. Some definitions presented have been sourced from [Child Family Community Australia](#) and [TransHub](#). Further information and definitions can be found at these websites.*

# 07

# References

1. Australian Bureau of Statistics (2018) *National Health Survey: State and Territory Findings*. Canberra, Australia: Australian Government. Retrieved from <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-state-and-territory-findings/latest-release>
2. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
3. Ibid.
4. Ibid.
5. Ibid.
6. Ibid.
7. Ibid.
8. Hill, A. O., Bourne, A., McNair, R., Carman, M., Lyons, A. (2020) *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Retrieved from [https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0009/1185885/Private-Lives-3.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf)
9. Hill, A. O., 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. New South Wales summary report*, ARCSHS monograph series number 126. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Retrieved from [https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0008/1198961/Writing-Themselves-In-4-NSW-report.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0008/1198961/Writing-Themselves-In-4-NSW-report.pdf)
10. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
11. Hill, A. O., Bourne, A., McNair, R., Carman, M., Lyons, A. (2020) *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Retrieved from [https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0009/1185885/Private-Lives-3.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf)
12. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
13. Ibid.
14. Hill, A. O., Bourne, A., McNair, R., Carman, M., Lyons, A. (2020) *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Retrieved from [https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0009/1185885/Private-Lives-3.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf)
15. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
16. Ibid.
17. Australian Bureau of Statistics (2019) *3303.0 - Causes of Death, Australia, 2018 - Intentional self-harm in Aboriginal and Torres Strait Islander people*. Canberra, Australia: Australian Government. <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2018>
18. Zwickl, S., Wong, A., Bretherton, I., Rainier, M., Chetcuti, D., Zajac, J., Cheung, A. (2019) *Health Needs of Trans and Gender Diverse Adults in Australia: A Qualitative Analysis of a National Community Survey*. International Journal Of Environmental Research And Public Health, 16(24), 5088. Retrieved from <https://www.mdpi.com/1660-4601/16/24/5088>
19. Kristen, E.P., Mark, B., Sand C.C., Lore M.D., Anneliese, A.S., Kyle, L.B., Tarynn, M.W. (2016) *Providing Competent and Affirming Services for Transgender and Gender Nonconforming Older Adults*. Clinical Gerontologist, 39:5, 366-388. Retrieved from <https://doi.org/10.1080/07317115.2016.1203383>
20. Hill, A. O., Bourne, A., McNair, R., Carman, M., Lyons, A. (2020) *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Retrieved from [https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0009/1185885/Private-Lives-3.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf)
21. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
22. Ibid.
23. Ibid.
24. Ibid.
25. Carpenter, M. (2018) *The "Normalisation" of Intersex Bodies and "Othering" of Intersex Identities in Australia*. Bioethical Inquiry 15, 487-495. Retrieved from <https://doi.org/10.1007/s11673-018-9855-8>
26. Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., Lucke, J. (2016) *Intersex: Stories and statistics from Australia*. Open Book Publishers. Cambridge, United Kingdom. Retrieved from <http://dx.doi.org/10.11647/OBP.0089>
27. Tamar-Mattis, A. (2013) *Medical treatment of people with intersex conditions as torture and cruel, inhuman, or degrading treatment or punishment*. Center for Human Rights & Humanitarian Law (Ed.), *Torture in healthcare settings: Reflections on the special rapporteur on torture's*, 91-104. Retrieved from <https://>



- [interactadvocates.org/wp-content/uploads/2017/03/interACT-Report-for-UNSRT-on-Intersex.pdf](https://interactadvocates.org/wp-content/uploads/2017/03/interACT-Report-for-UNSRT-on-Intersex.pdf)
28. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
  29. Ibid.
  30. Leonard, W., Lyons, A., Bariola, E. (2015) *A closer look at private lives 2: addressing the mental health and wellbeing of lesbian, gay, bisexual, and transgender (LGBT) Australians*. Monograph Series No. 103. Melbourne, Australia: The Australian Research Centre in Sex, Health & Society, La Trobe University. Retrieved from [https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0009/631755/ACloserLookatPrivateLives2.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0009/631755/ACloserLookatPrivateLives2.pdf)
  31. Mooney-Somers, J., Deacon, R.M., Anderst, A., Rybak, L.S.R., Akbany, A.F., Philios, L., Keffe, S., Price, K., Parkhill, N. (2020) *Women in contact with the Sydney LGBTIQ communities: Report of the SWASH Lesbian, Bisexual and Queer Women's Health Survey 2016, 2018, 2020*. Sydney, Australia: Sydney Health Ethics, University of Sydney. ISBN: 978-1-74210-475-1. Retrieved from [https://www.acon.org.au/wp-content/uploads/2020/10/SWASH-Report-2020\\_Final.pdf](https://www.acon.org.au/wp-content/uploads/2020/10/SWASH-Report-2020_Final.pdf)
  32. Hill, A. O., Bourne, A., McNair, R., Carman, M., Lyons, A. (2020) *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Retrieved from [https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0009/1185885/Private-Lives-3.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf)
  33. Praegera, R., Roxburgh, A., Passey, M., Mooney-Somers, J. (2019) *The prevalence and factors associated with smoking among lesbian and bisexual women: Analysis of the Australian National Drug Strategy Household Survey*. International Journal of Drug Policy, 70: 54-60. Retrieved from <https://doi.org/10.1016/j.drugpo.2019.03.028>
  34. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
  35. Kirby Institute (2018) *HIV in Australia: annual surveillance short report 2018*. Sydney, Australia: Kirby Institute, UNSW Sydney. Retrieved from [https://kirby.unsw.edu.au/sites/default/files/kirby/report/supplHIV2018\\_content\\_20180920r.pdf](https://kirby.unsw.edu.au/sites/default/files/kirby/report/supplHIV2018_content_20180920r.pdf)
  36. Centre for Population Health (2016) *NSW STI Strategy 2016-2020*. Sydney, Australia: NSW Ministry of Health. Retrieved from [https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2016\\_005.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2016_005.pdf)
  37. Hill, A. O., Bourne, A., McNair, R., Carman, M., Lyons, A. (2020) *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Retrieved from [https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0009/1185885/Private-Lives-3.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf)
  38. Kirby Institute (2016) *Flux: Following Lives Undergoing Change, Gay community life, drug use, and taking care of ourselves and each other, Report 2014-15*. Sydney, Australia: Kirby Institute, UNSW Sydney. Retrieved from <https://kirby.unsw.edu.au/sites/default/files/kirby/news/Flux%20Annual%20Report.pdf>
  39. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
  40. Taylor, J., Power, J., Smith, E., Rathbone, M. (2019) *Bisexual mental health: Findings from the 'Who I Am' study*. Australian Journal of General Practice. Retrieved from <https://www1.racgp.org.au/ajgp/2019/march/bisexual-mental-health>
  41. Ibid.
  42. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
  43. Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., Walters, K. (2011) *Measuring Multiple Minority Stress: The LGBT People of Color Microaggressions Scale Cultural Diversity Ethnic Minority Psychology* 17(2), 163-174. Retrieved from <https://doi.org/doi/10.1037/a0023244>
  44. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
  45. Ibid.
  46. Hill, A. O., 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*. New South Wales summary report, ARCSHS monograph series number 126. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Retrieved from [https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0008/1198961/Writing-Themselves-In-4-NSW-report.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0008/1198961/Writing-Themselves-In-4-NSW-report.pdf)
  47. Ibid.
  48. Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., Hillier, L. (2014) *From blues to rainbows: The mental health and wellbeing of gender diverse and transgender young people in Australia*. Melbourne, Australia: The Australian Research Centre in Sex, Health and Society, La Trobe University.
  49. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
  50. Ibid.
  51. Ibid.
  52. Ibid.
  53. Joosten, M., Tinney, J., Barrett, C., Whyte, C., Dow, B., Maude, P. (2015) *Improving mental health for older LGBTI Australians: A resource kit targeting depression and anxiety among older gay, lesbian, bisexual, transgender and intersex Australians: Final Report July 2015*. Melbourne, Australia: National Ageing Research Institute; Australian Research Centre for Sex, Health and Society at La Trobe University; RMIT School of Mental Health. Retrieved from <https://www.beyondblue.org.au/docs/default-source/research-project-files/improving-mental-health-for-older-lgbti-australians-research-report.pdf?sfvrsn=2>
  54. Ibid.
  55. Leonard, W., Mann, R. (2018) *The everyday experience of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disability*. Melbourne, Australia: No.111 GLHV@ARCSHS, La Trobe University. Retrieved from: [https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0008/929861/GAFLA-Report-Final-Version.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0008/929861/GAFLA-Report-Final-Version.pdf)
  56. Ibid.
  57. Ibid.
  58. Eu, B., Salleh, E., Sakko, A., Guaraldi, G. (2019) *Management of Human Immunodeficiency Virus in Older People*. Australian Journal of General Practice 48(7). Retrieved from <https://www1.racgp.org.au/ajgp/2019/july/human-immunodeficiency-virus-older-people>
  59. Smit, P. J., Brady, M., Carter, M., Fernandes, R., Lamore, L., Meulbroek, M., Ohayon, M., Platteau, T., Rehberg, P., Rockstroh, J. K., Thompson, M. (2012) *HIV-related stigma within communities of gay men: a literature review*, *AIDS Care*, 24:4, 405-412.

- Retrieved from <https://doi.org/10.1080/09540121.2011.613910>
60. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
  61. Ibid.
  62. Ibid.
  63. Ibid.
  64. Kailash, Y., Raheem, A. A., Homa, S. T. (2021) *How Successful Is Surgical Sperm Retrieval in Klinefelter Syndrome?* *Frontiers in Reproductive Health*. Retrieved from <https://doi.org/10.3389/frph.2021.636629>
  65. Ozveri, H., Kayabasoglu, F., Demirel, C., Donmez, E. (2015) *Outcomes of Micro-Dissection TESE in Patients with Non-Mosaic Klinefelter's Syndrome without Hormonal Treatment*. *International Journal of Fertility and Sterility*. Retrieved from [https://www.ijfs.ir/article\\_45271.html](https://www.ijfs.ir/article_45271.html)
  66. Rainbow Families (2017) *Love makes a family: A report into experiences of discrimination faced by LGBTIQ parented families when accessing NSW State Government Services*. Sydney, Australia. Retrieved from [https://d3n8a8pro7vhmxc.cloudfront.net/rainbowfamilies/pages/93/attachments/original/1546236208/NSW\\_REPORT.pdf?1546236208](https://d3n8a8pro7vhmxc.cloudfront.net/rainbowfamilies/pages/93/attachments/original/1546236208/NSW_REPORT.pdf?1546236208)
  67. Simpson, P.L., Reekie, J., Butler, T.G., Reekie, J., Richters, J., Yap, L., Grant, L., Richards, A., Donovan, B. (2016) *Factors Associated With Sexual Coercion in a Representative Sample of Men in Australian Prisons*. *Archives of Sexual Behaviour* 45, 1195-1205. Retrieved from <https://doi.org/10.1007/s10508-015-0653-7>
  68. Intersex Human Rights Australia (2019) *Detention*. Retrieved from: <https://ihra.org.au/detention/>
  69. Lynch, S., Bartels, L. (2017) *Transgender prisoners in Australia: An examination of the issues, law and policy*. *Flinders Law Journal*, 185-231. Retrieved from <http://classic.austlii.edu.au/au/journals/FlinLawJl/2017/8.pdf>
  70. Ibid.
  71. Australian Institute of Health and Welfare (2015) *The health of Australia's prisoners 2015*. Cat. no. PHE 207. Canberra, Australia: Australian Government. Retrieved from <https://www.aihw.gov.au/reports/prisoners/health-of-australias-prisoners-2015/contents/summary>
  72. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
  73. ACON (2019) *A Blueprint for Improving the Health and Wellbeing of the Trans and Gender Diverse Community in NSW*. Sydney, Australia. Retrieved from <https://www.acon.org.au/wp-content/uploads/2019/04/ACON-TGD-Health-Blueprint-Booklet.pdf>
  74. Ibid.
  75. Kristen, E.P., Mark, B., Sand C.C., Lore M.D., Anneliese, A.S., Kyle, L.B., Tarynn, M.W. (2016) *Providing Competent and Affirming Services for Transgender and Gender Nonconforming Older Adults*. Retrieved from <https://doi.org/10.1080/07317115.2016.1203383>
  76. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
  77. Ibid.
  78. United Nations Office of the High Commissioner for Human Rights (2019) *Free and equal campaign factsheet: Intersex*. Retrieved from <https://www.unfe.org/wp-content/uploads/2017/05/UNFE-Intersex.pdf>
  79. Black, E., Bond, K., Briffa, T., Carpenter, M., Cody, C., David, A., Yovanovic, G. (2017). *Darlington Statement: Joint consensus statement from the intersex community retreat in Darlington*. Retrieved from <https://ihra.org.au/darlington-statement/>
  80. Urbis (2020) *Development of the NSW LGBTI Health Strategy Needs Assessment: Final Report*. Commissioned by the NSW Ministry of Health. Sydney, Australia.
  81. Grulich, A., Nigro, S., Chan, C., Patel, P., Bavinton, B., Holt, M.,... Keen, P. (2020) *Trends in HIV and HIV prevention indicators in gay, bisexual and other men who have sex with men in NSW, 2015-2019: implications for new interventions and for monitoring and evaluation in a new NSW HIV strategy*. Sydney, Australia: Kirby Institute, UNSW. Retrieved from <https://kirby.unsw.edu.au/report/trends-in-hiv-in-nsw-2015-2019>
  82. Ibid.
  83. The Royal College of Pathologists Australia (2020) *Position Statement: Pathology Testing for Transgender and Intersex Individuals - Statement of Best Practice for Medical Pathology Laboratories*. Sydney, Australia. Retrieved from <https://www.rcpa.edu.au/Library/College-Policies/Position-Statements/Pathology-Testing-for-Transgender-and-Intersex-Ind.aspx>
  84. Cheung, A. S., Lim, H., Cook, T., Zwickl, S., Ginger, A., Chiang, C., Zajac, J. D. (2020) *Approach to Interpreting Common Laboratory Pathology Tests in Transgender Individuals*. *The Journal of Clinical Endocrinology and Metabolism*. Retrieved from <https://doi.org/10.1210/clinem/dgaa546>
  85. Wilson, T. & Shalley F. (2018) *Estimates of Australia's non-heterosexual population*. *Australian Population Studies*. 2. 26-38. Retrieved from [https://www.researchgate.net/publication/325389912\\_Estimates\\_of\\_Australia's\\_non-heterosexual\\_population](https://www.researchgate.net/publication/325389912_Estimates_of_Australia's_non-heterosexual_population)
  86. Flores, A., Herman, J., Gates, G., Brown, T. (2016) *How Many Adults Identify as Transgender in the United States?* Los Angeles, CA: The Williams Institute. Retrieved from <https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/>
  87. Intersex Human Rights Australia (2013) *Intersex population figures*. Retrieved from <https://ihra.org.au/16601/intersex-numbers/>
  88. Blackless, M., Charuvastra, A., Derryc, A., Fausto-Sterling, A., Lauzanne, K., Lee, E. (2000) *How sexually dimorphic are we? Review and synthesis*. *American Journal of Human Biology* 12: 151-166. Retrieved from [https://doi.org/10.1002/\(SICI\)1520-6300\(200003/04\)12:2%3C151::AID-AJHB1%3E3.0.CO;2-F](https://doi.org/10.1002/(SICI)1520-6300(200003/04)12:2%3C151::AID-AJHB1%3E3.0.CO;2-F)
  89. Hill, A. O., Bourne, A., McNair, R., Carman, M., Lyons, A. (2020) *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. Retrieved from [https://www.latrobe.edu.au/\\_data/assets/pdf\\_file/0009/1185885/Private-Lives-3.pdf](https://www.latrobe.edu.au/_data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf)
  90. Ibid.
  91. Ibid.
  92. Harris, M., Fallot, R. D. (2001) *Envisioning a trauma-informed service system: a vital paradigm shift, New directions for mental health services*, (89), 3-22. Retrieved from <https://doi.org/10.1002/yl.23320018903>



