

Knowledge, Autonomy, and Respect:

Trans and nonbinary people's experiences of
medical gender affirmation in Tasmania

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We acknowledge, with deep respect, the traditional and continuing custodians of lutruwita (Tasmania) and nipaluna (Hobart), the palawa and muwinina peoples. We pay our respects to elders past and present and to the Tasmanian Aboriginal communities who continue to care for Country. We recognise a history of truth which acknowledges the impacts of invasion and colonisation upon Tasmanian Aboriginal people resulting in the attempted genocide and forcible removal from their lands. We stand for a future that profoundly respects and acknowledges Aboriginal perspectives, culture, language and history. And a continued effort to fight for Aboriginal justice and rights establishing a strong future.



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Front page photo kindly provided by the City of Hobart.

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Authors AR and RC conceived of the project; authors RG, AR, and RC promoted the project and recruited participants; authors RG, SD, and AR designed and piloted the survey, analysed the data, and produced the report; author SD was responsible for data management.

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EXECUTIVE SUMMARY

Background

This report details findings from a community survey that explored transgender, nonbinary, intersex, and gender diverse people's experiences of pursuing medical gender affirmation in Tasmania.

Medical gender affirmation refers to a range of medical supports to help people who are trans, nonbinary, gender diverse (and sometimes intersex) to embody their gender more congruently. Medical affirmation can include puberty blockers for young people, feminising or masculinising hormones, and in some cases surgeries. Some people call this process 'transitioning.'

Gender affirming care is now well-established as best medical practice because we know that trans people are happiest and healthiest when they are free to embody and express their gender in ways that feel most authentic to them.

Despite the clear health benefits of gender affirming care for many trans, nonbinary and gender diverse people, access to care remains inconsistent nationally and internationally, with well-documented barriers often preventing timely and affordable access.

Methods

To help improve gender affirming care in Tasmania, Equality Tasmania, in partnership with researchers from the University of Tasmania and the University of Queensland, conducted an online survey to explore people's experiences of gender affirming care in Tasmania.

To do the study, people had to be: aged 18 or over, transgender, nonbinary, gender diverse, or intersex, and have accessed (or tried to access) health services in Tasmania to medically affirm their gender.

The survey used a range of original and validated measures, as well as open-ended questions to ask about what services people had accessed and when, how long it took them to receive care, how happy they were with those services and the care they received, as well as questions about their personal background and their mental health.

The survey was advertised using social media between May and August 2022.

Results

Demographics

A total of 84 participants started the main survey questions. Seven of these reported not receiving any type of gender affirming treatment in Tasmania and provided data on why treatment was not accessed.

Of the total, 32.1% identify as men, 22.6% as women, 29.8% as nonbinary, and 15.5% selected other genders, such as genderqueer, bigender, demigender or agender.

61.9% were assigned female at birth, 34.5% were assigned male, and 3.6% selected 'other' or preferred not to say.

3.6% were born with a variation of sex characteristics (e.g., intersex or "DSD"), while 16.7% were not sure.

Age groups ranged from 18-20 to 70+, with 53.6% of participants under the age of 30.

56.5% reported a household income under \$60,000.

Quantitative analysis: Service access and satisfaction

GPs and public sexual health clinics were the most frequently accessed Services.

Some patients are travelling interstate because services in Tasmania are perceived as inaccessible or poor quality.

Patients waited for an average of 3-6 months to access care.

Those with mental health conditions waited longer to access all types of gender affirming care.

Feeling respected by health professionals was related to greater patient treatment satisfaction and lower levels of stress in life.

Feeling comfortable with health professionals was related to greater patient treatment satisfaction and greater courage to challenge (greater fortitude).

Having a greater sense of control over one's treatment (autonomy) was also related to greater patient treatment satisfaction.

Feedback: What could Tasmanian services stop doing to improve their gender affirming care?

- Gatekeeping
- Pathologising trans and intersex experiences
- Assuming binary approaches to gender affirmation
- Misgendering
- Inappropriate questioning

Feedback: What could Tasmanian services keep doing or start doing to improve gender affirmation care?

- Treat trans, nonbinary, intersex service users with dignity and respect at all points of contact
- Build practitioner capacity in inclusive practice
- Improve accessibility and increase availability of services
- Improve affordability of services
- Implement an informed consent model of care
- Collaborate with LGBTIQ+ services and community

Recommendations

- Implement an informed consent model for medical gender affirmation in the Tasmanian Health Service.
- Establish a lived experience advisory group for the Sexual Health Service, with representation from trans, nonbinary, intersex and gender diverse community members and experts to review and advise service provision and community engagement.
- Fund a dedicated LGBTIQ+ health service with capacity to provide gender affirming primary care, trans-inclusive mental health services, gender affirming cosmetic care, and trans and intersex peer support.

- Provide additional funding to the Sexual Health Service to meet demand and reduce wait times for hormone replacement therapy.
- Increase patients' feelings of respect, comfort and control by increasing provision of regular, ongoing clinical professional development for those who regularly provide care to trans, nonbinary, intersex, and gender diverse people in Tasmania.
- Increase patients' feelings of respect, comfort and control by ensuring non-clinical professional staff in Tasmanian health settings are also required to undertake LGBTIQ+ inclusive practice training, ensuring a focus on affirming language and engagement with trans, nonbinary intersex and gender diverse service users.

INTRODUCTION

Background

We know that access to healthcare that enthusiastically affirms your gender every step of the way leads to better health outcomes.

In fact, high quality healthcare, free from discrimination based on diverse sexual orientation, gender identity, gender expression, and sex characteristics, is an explicit right in the [Yogyakarta Principles plus 10](#), the highest level international human rights instrument for lesbian, gay, bisexual, transgender, intersex, queer, and asexual (LGBTIQ+) people.

Transgender ('trans'), nonbinary, and gender diverse people continue to experience high rates of discrimination and harassment, violence, psychological distress and suicidality in Australia and internationally. Participants in Australia's largest ever survey of trans people, the TransPathways study, reported overwhelmingly negative experiences with healthcare providers, including invalidation of identity, misgendering, and refusal of services (Strauss et al., 2017).

Some, though not all, trans people may experience gender dysphoria, which consists of acute physical and emotional distress related to the incongruence between their gender identity and sex assigned at birth. Some trans people may seek

gender affirming hormone therapies and, in some cases, surgeries, to prevent gender dysphoria and help them feel more like their authentic selves. However, not all trans people experience distress or dysphoria, and some don't seek any medical intervention at all. Some trans and nonbinary people have highlighted the importance of recognising gender euphoria: the positive feelings related to aspects of one's gender presentation aligning with one's gender identity.

Research shows that the health outcomes of trans and nonbinary people improve when they are able to access medical gender affirmation such as hormone treatment and surgeries. However, the path to accessing this type of care can be long and arduous. There is still limited research into trans people's experiences of medical gender affirmation in Australia, but previous work emphasises the need for healthcare systems and providers to improve their practices.

Gender affirmation and intersex people

Australian peer-based intersex organisations have compared historic and ongoing non-consensual surgery performed on intersex infants and children to female genital mutilation, which is legally prohibited as a human rights violation. Intersex inclusive healthcare involves understanding that intersex people variously identify as cisgender, heterosexual,

trans, and/or non-heterosexual (Jones et al., 2016), but also that intersex people may have specific healthcare needs related to their intersex variation, and/or as a result of the non-consensual healthcare abuses enacted upon some intersex people in infancy or childhood (Carpenter, 2018). Some intersex people may seek hormone replacement therapies or surgeries to correct the results of medical abuse or to help them feel more like their authentic selves. While intersex people have been included in this study, we recognise that only a small portion of this population may access medical gender affirmation and acknowledge that the needs of intersex people are distinct from trans, nonbinary, and gender diverse people who are not intersex.

Options for medical gender affirmation in Tasmania

The range of medical services available to adults in Tasmania for gender affirmation are broad, but few in number. Tasmania's public health system provides trans-specific care through their Sexual Health Services. These services provide assessments and some prescriptions, and act as referring health professionals for further services (such as surgeries). Additionally, any general practitioner in Tasmania is able to provide gender affirming healthcare, although knowledge and capacity can vary (see Grant et al. 2021a). Psychologists, psychiatrists, counsellors, and

surgeons are all available in the private health system, with some also practising publicly. Some specialise in trans healthcare, while others are not specialists but are willing to provide gender affirming services. It is common for trans people to feel as though the onus is on them to educate their healthcare provider, and they are often left to navigate the healthcare system without sufficient support. Because of this, 'safe access to health care, which should be accessible to all, is not a reality for trans Australians' (Bretherton et al. 2021, p. 47).

Why this study?

Research shows that trans people are often deterred from accessing services if they have an initial negative experience when seeking medical gender affirmation. This is a problem, because we know that trans people are happiest and healthiest when they are free to embody and express their gender in ways that feel most authentic to them. Where this involves or requires hormone treatment or medical procedures, access to these must be improved to ensure the wellbeing of this population.

Previous research and anecdotal evidence suggests that the provision of gender affirming care in Tasmania is lacking. For example, according to Grant et al. (2021b), primary healthcare providers may have limited knowledge of trans and intersex health or inclusive practices. Similarly, the recent *Telling Us The Story* report on LGBTIQ+ Tasmanians,

commissioned by the Tasmanian Government, found that trans Tasmanians have experienced suboptimal care when seeking medical gender affirmation, ranging from inappropriate questioning to misgendering and assault (Dwyer et al. 2021). Dwyer et al.'s (2021) report also revealed that the wider Tasmanian LGBTIQ+ community share concerns about the wellbeing of trans, nonbinary, and intersex people in our state and want to see services improved, notably through increased practitioner awareness and training.

To help enhance options for medical gender affirmation in Tasmania, Equality Tasmania, in partnership with researchers from the University of Tasmania and the University of Queensland, conducted a survey of trans, nonbinary and intersex people who have accessed health services in Tasmania to medically affirm their gender (this is sometimes called 'transitioning'). It is our intent that this report be used to inform policy and practice in relation to gender affirming care in Tasmania, as it shares the experiences, and most importantly, the voices of trans, nonbinary and intersex people who have accessed these services.

What is Equality Tasmania?



Equality Tasmania (formerly the Tasmanian Gay and Lesbian Rights Group) is a community group that has proudly advocated for lesbian, gay, bisexual, transgender, intersex, queer, and asexual (LGBTIQ+) rights since 1988. We have a long history of surveying the community to better inform Tasmanians on equality and inclusion for LGBTIQ+ people.

To read more about our past and current campaigns, or to get involved, visit <https://www.equalitytasmania.org.au> or email equality.tasmania@gmail.com. You can also follow us for regular updates on Facebook: <https://www.facebook.com/EqualityTas/>

METHODS: WHAT WE DID

Participants were recruited for this study primarily through social media advertising via Equality Tasmania's Facebook page, with coordinated sharing of the call for participants across personal accounts of key community members and in private Facebook groups for transgender communities in Tasmania. Physical flyers with a QR code linking to the survey were also distributed in health centres and community venues in southern Tasmania. Advertisements (Figure 1) included the project title, information regarding sample requirements (for example, trans and gender diverse people aged 18 years and over who live in Tasmania), what will be involved in participation (completing an online survey), and researcher contact details. The project was first advertised at the start of May, 2022 and closed on the 6th August, 2022, following a third round of advertising.

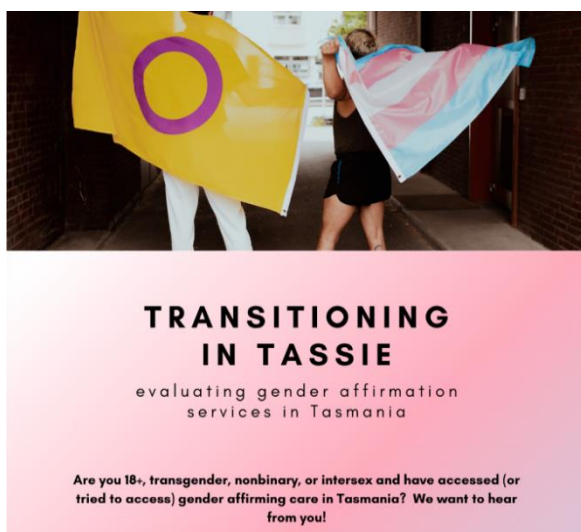


Figure 1: Example advertising used for the survey

A total of 89 participants consented to participate and were eligible (a resident of Tasmania, 18+ years of age and trans, nonbinary, gender diverse or intersex). Of this number, 84 began the main survey questions that followed the demographic items. Seven of these participants reported not receiving any type of gender-affirming treatment in Tasmania in the past 5 years and provided data on why treatment was not accessed. This resulted in 77 participants being suitable for the main analyses on what factors relate to satisfaction with treatment. Of this number, 63 (81.8%) completed the questions for the main variables of interest required for the quantitative analyses (Figure 2).

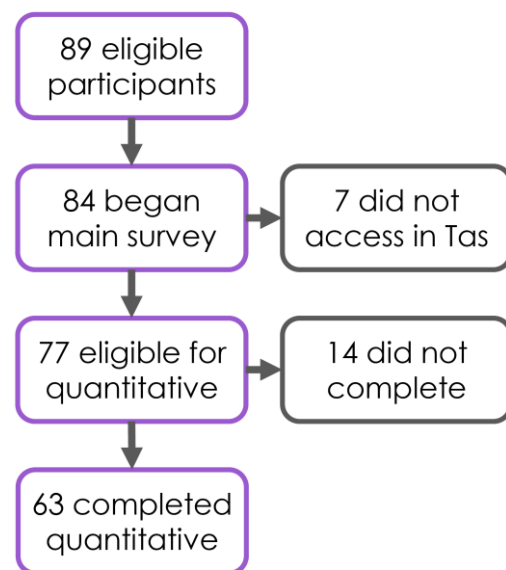


Figure 2: Number of survey participants included in qualitative analysis (89) and quantitative analysis (63)

Quantitative Measures

Previous studies on gender affirmation care in Australia have shown that feeling comfortable with and respected by relevant health professionals were related to greater patient treatment satisfaction and more positive wellbeing (e.g., Erasmus et al., 2015; Riggs et al., 2014). Further, Batholomaeus and Riggs (2020) found that having a sense of control over one's treatment (such as having the opportunity to make informed decisions) was critical to having more positive experiences with the healthcare professionals involved. As such, **Respect, Comfort, Control and Satisfaction with Treatment** items were specifically developed for this study. Items measured participants' experiences "as a whole" as well as for different types of health professional services. As participant numbers were very small for some types of services, their experience "As a whole" and for "sexual health service doctors", for which participant numbers were greater in number, were quantitatively analysed in this report. In the case of the latter, the wording "As a whole" was replaced with "Overall", and "these different health professionals" was replaced with "these sexual health service doctors". Reliability coefficients 0.70 - 0.79 are considered adequate and coefficients 0.80 and above are considered good to very good. In the case of this study, all reliability coefficients were above 0.80, as noted below.

Respect: Perceived respectful treatment was measured using a 4-item scale, for example "As a whole, I felt my opinions were respected by these health professionals", "As a whole, I felt that I was spoken to with respect from these health professionals". Response options ranged from 1 = *strongly disagree* to 7 = *strongly agree*. The Cronbach alpha reliability coefficient was 0.97. This reliability coefficient for the "sexual health service doctors" respect items was also 0.97.

Comfort: Perceived comfort with treatment was measured using a 3-item scale, for example "As a whole, how comfortable did you feel when speaking with these different health professionals about your treatment?", "As a whole, how comfortable did you feel to dress and present in a way that felt good to you during your appointments?". Response options ranged from 1 = *very uncomfortable* to 7 = *very comfortable*. The Cronbach alpha reliability coefficient was 0.84. The reliability coefficient for the "sexual health service doctors" comfort items was 0.87.

Control: Perceived control over treatment was measured using a 3-item scale, for example "As a whole, I felt that these health professionals allowed me control over decisions about my own care", "As a whole, I felt I had control over the speed at which my treatment progressed". Response options ranged from 1 = *strongly disagree* to 7 = *strongly agree*. The Cronbach alpha reliability coefficient was 0.84. This reliability coefficient for the "sexual health service doctors" control items was 0.89.

Satisfaction with Treatment:

Satisfaction with treatment was measured using a 6-item scale. The wording of these items was guided by the *Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People*. For a similar approach, see Ho and Mussap (2017). Items included, for example, "As a whole, how satisfied are you that your treatment by health professionals was safe?" and "As a whole, how satisfied are you that these health professionals helped you to explore different options for expressing your gender identity?" Response options ranged from 1 = *very dissatisfied* to 7 = *very satisfied*. The Cronbach alpha reliability coefficient was 0.91. This reliability coefficient for the "sexual health service doctors" satisfaction with treatment items was 0.90.

Psychological well-being measures

Courage to Challenge: (Smith & Gray, 2009, used with a Transgender sample in Ho & Mussap, 2017) – A shortened 12-item measure from the original 18 items was used in the current study to measure personal fortitude. Items included, for example, "Dealing with difficult situations has helped me grow in positive ways" and "When people don't support me it doesn't stop me from going ahead with my goals". Response options ranged from 1 = *strongly*

disagree to 7 = *strongly agree*. The Cronbach alpha reliability coefficient was 0.85.

DASS-21 Stress Scale: (Lovibond & Lovibond, 1995) the DASS-21 Stress Scale is a 7-item subscale from the DASS-21 Depression, Anxiety and Stress Scale. Examples of items are "I found it hard to wind down" and "I found myself getting agitated". Participants were asked about how much they felt each statement applied to them over the last week. Response options ranged from 1 = *did not apply to me at all*, 2 = *applied to me to some degree, or some of the time*, 3 = *applied to me to a considerable degree or a good part of time*, to 4 = *applied to me very much, or most of the time*. The Cronbach alpha reliability coefficient was 0.88.

Satisfaction with Life Scale: (Diener et al., 1985) The 5-item scale measuring an individual's satisfaction with their life, for example "The conditions of my life are excellent". The fifth item "If I could live my life over, I would change almost nothing" was not used in this study as it was not considered applicable for a transgender sample. Response options ranged from 1 = *strongly disagree* to 7 = *strongly agree*. The Cronbach alpha reliability coefficient for the resulting 4-item scale was 0.91.

DEMOGRAPHICS RESULTS: WHO PARTICIPATED?

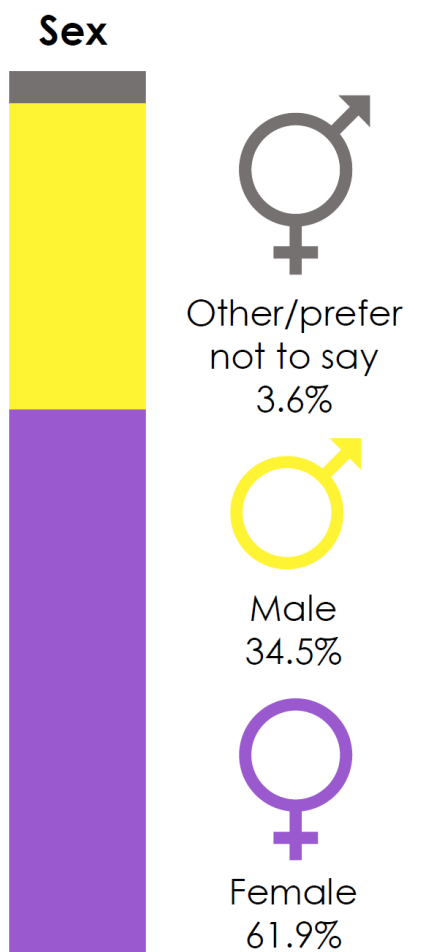


Figure 3: Participants' sex assigned at birth

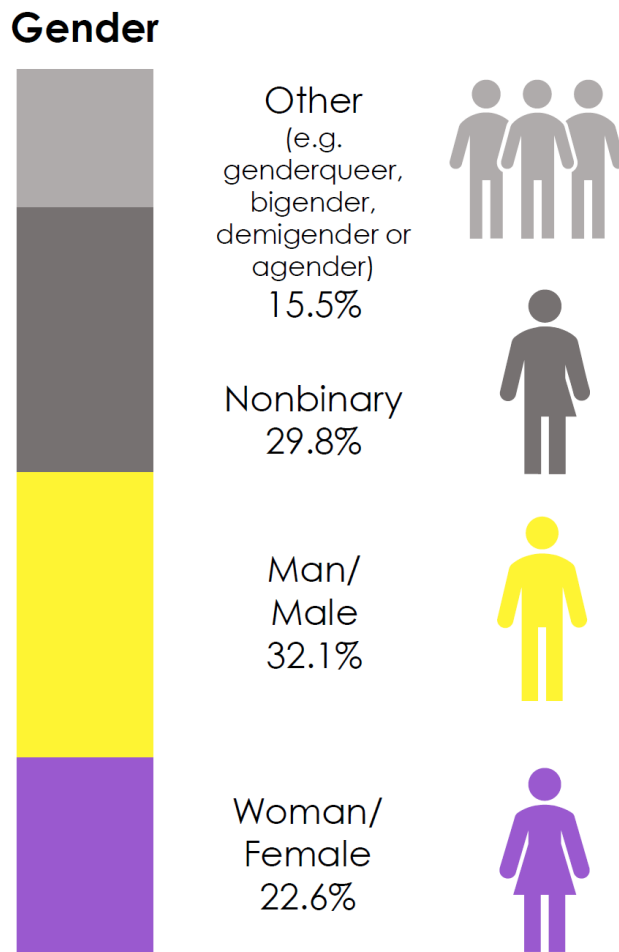


Figure 4: Participants' gender

Sex recorded at birth (Figure 3) and gender (Figure 4) were collected from the total sample of 84 participants who started the main survey questions.

When asked if they were born with a variation of sex characteristics (e.g. intersex or “DSD”) 3.6% of participants selected “yes” and 16.7% selected “not sure”.

Age groups ranged from 18-20 to 70+, with 53.6% of participants under the age of 30.

In terms of sexuality, 33.3% selected “gay or lesbian”, 48.8% “bisexual or pansexual”, 26.2% “asexual or demisexual”, 9.5% “heterosexual”, 7.1% “not sure” and 25% “other” of which most ($n = 14$) reported their sexuality as “queer”. Participants could select more than one option.

The majority of participants (64.3%) reported residing in Hobart/Southern Tasmania, followed by 16.7% Launceston/North Tasmania, 14.3% North-West and 4.8% West Coast (Figure 5).

Of those who provided their income (82.1%), 56.5% reported a household income under \$60,000. Others were either “unsure” (14.3%) or “preferred not to say” (3.6%).

Most participants (70.2%) reported their ethnicity as Anglo-Australian, followed by Northwest European (11.9%), and South and Eastern European (7.1%). Just under 5% (4.8%) reported their ethnicity as Aboriginal and/or Torres Strait Islander. Smaller numbers selected “Asian”, “North American”, “South American” or “Oceania”, for a total of 10.2%. Those selecting “other” (7.1%) mainly described a mixed ethnicity. An additional 7.1% stated that they preferred not to say. Participants could select more than one option.

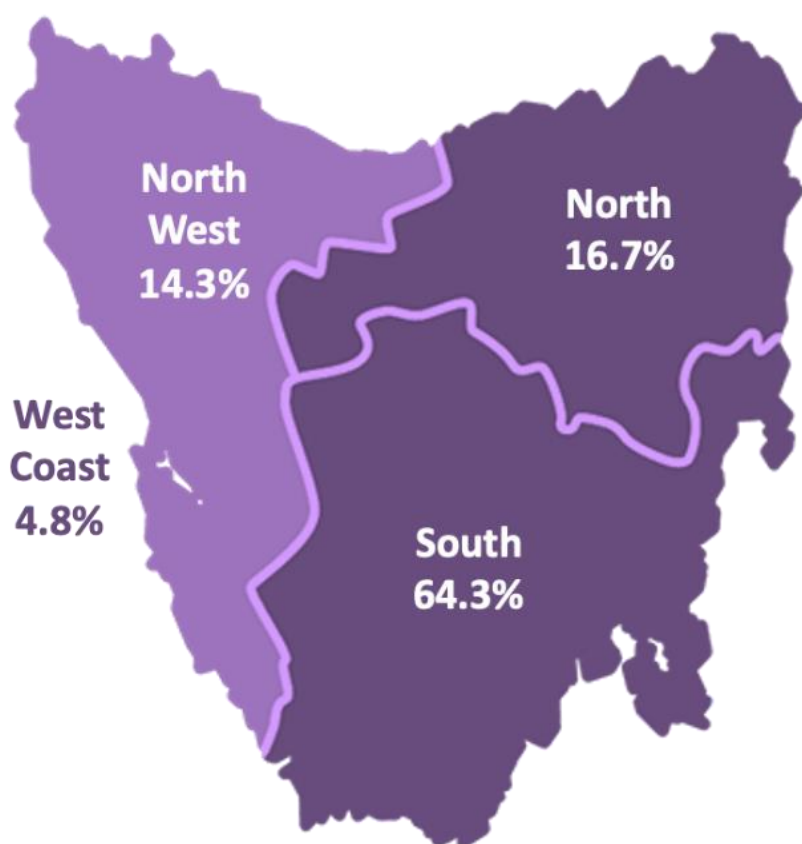


Figure 5: Percentage of participants residing in each area of Tasmania.

RESULTS: TREATMENT ACCESS AND WAIT TIMES

Participants were asked to select which services they had accessed in Tasmania within the last 5 years. As shown in Figure 6, the majority of participants had accessed services with general practitioners (GPs) (82.1%) and sexual health service clinic doctors (77.4%), with this followed by a public psychologist or psychiatrist referred by a sexual health service clinic (45.2%).

While 7 participants had not accessed any services in Tasmania or interstate (8.3%), 32 participants (38%) reported that they had accessed services in both Tasmania and interstate. As shown in Figure 7, the most common reason for seeking services interstate was because they felt the treatment required was not available in Tasmania, followed by the perception that services interstate were of a better standard. Participants could select multiple reasons.

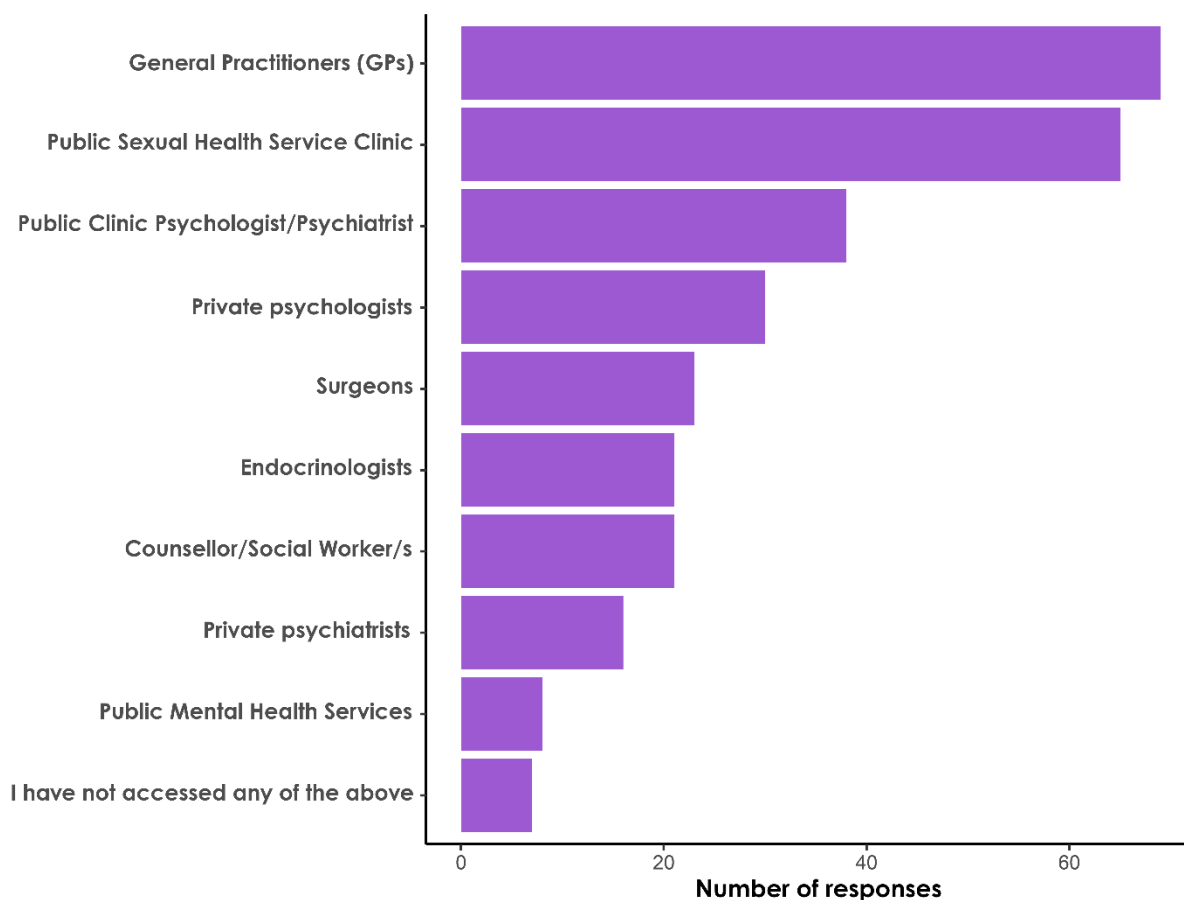


Figure 6:Types of gender affirmation services participants accessed in Tasmania



Why did you access interstate services?

38% of participants (32 total) accessed care interstate

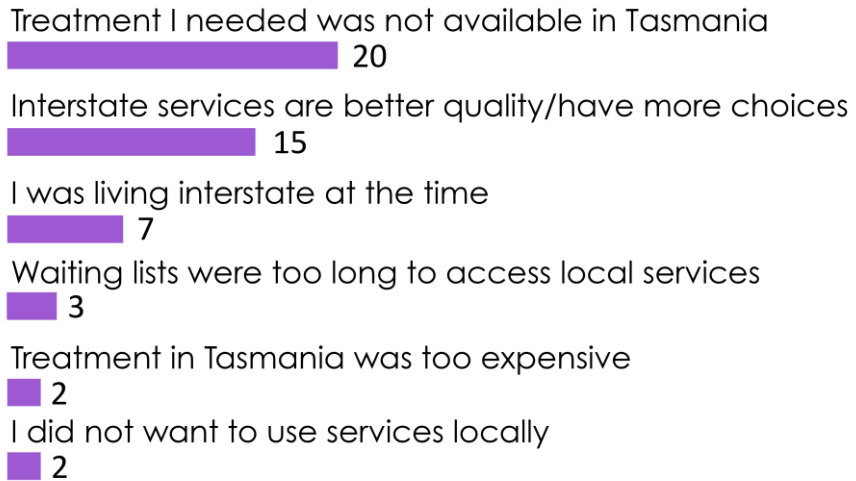


Figure 7: Reasons participants accessed gender affirming care outside of Tasmania

Participants were asked how long it took to receive their gender affirming care after their initial appointment/referral. As seen in Figure 8, general practitioners had the shortest average wait times from appointment to receiving gender affirming care, with an average of <1 month. Public sexual health services had longer average wait times, with most participants waiting between 1 and 3 months to

receive care. Importantly, these averages are only for people who did not have any mental health conditions. Wait times rose when patients reported having a mental health condition when trying to access care. The average wait time for GPs jumped from <1 month to 1-3 months, and the average wait time for care at the public sexual health services jumped from 1-3 months to 3-6 months.

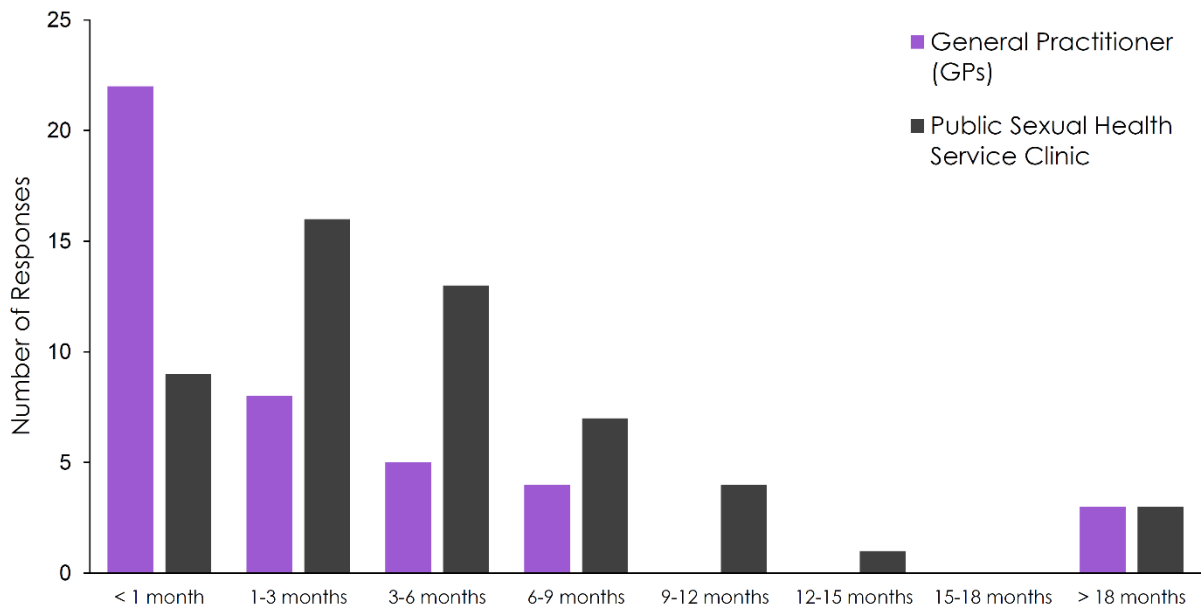


Figure 8: How long patients had to wait from their first appointment/referral to receiving their gender affirming care. Only the two most accessed services are shown here.

RESULTS: TREATMENT SATISFACTION ACROSS SERVICES

Participants were asked how satisfied they were in general with each of the services they accessed. As shown in figure 9, the services with the highest average general satisfaction score were counsellors/social workers and

surgeons, who both had an average of “satisfied”. Public clinic psychologist/psychiatrists, private psychiatrists, and public mental health services all had the lowest satisfaction, with an average of “neither satisfied nor dissatisfied”.

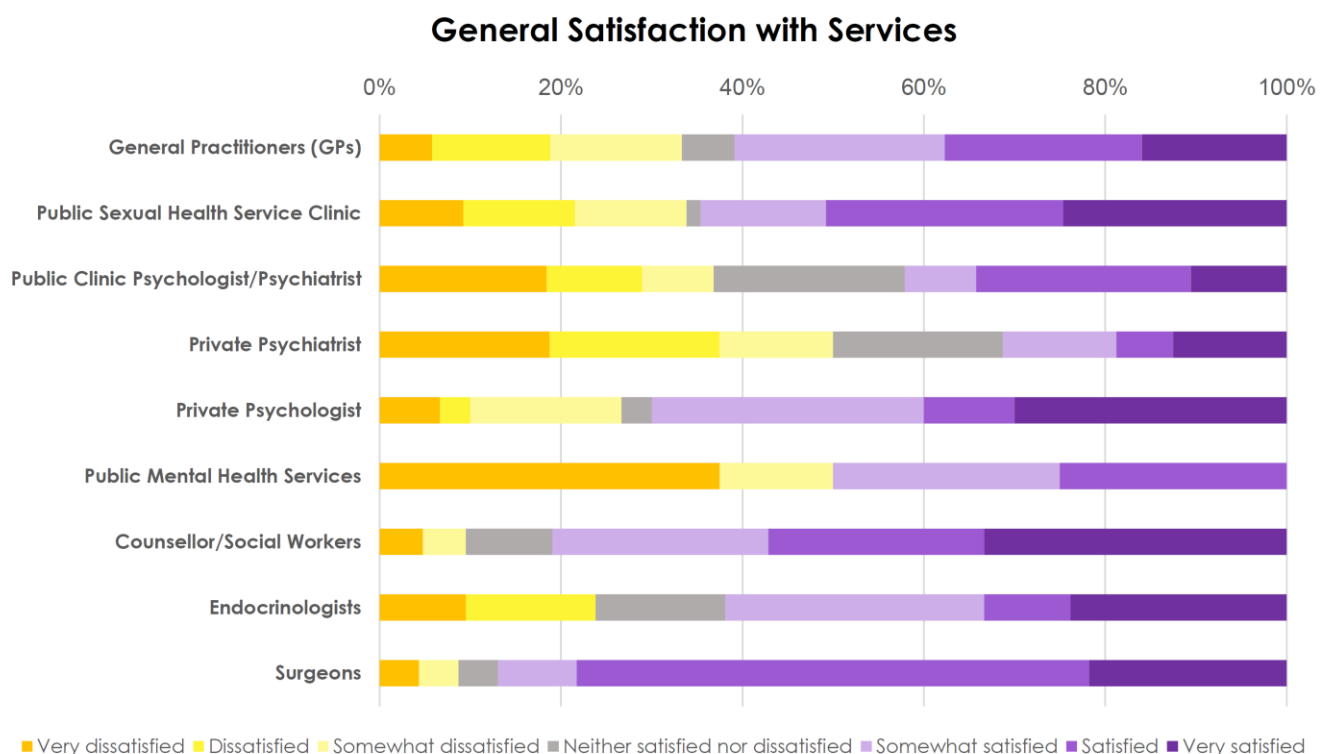


Figure 9: Participants' general satisfaction with the services they accessed for gender affirming care

All participants who had reported accessing gender affirmation treatment in Tasmania in the last 5 years were asked to select up to three of the services that they felt were significant/important for their gender affirmation care. For each of the selected services they were asked about the extent to which they felt comfortable, respected and had control during their treatment, as well how satisfied they were with the treatment (using the 6-item scale guided by Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People (Coleman, et al., 2012), which were updated in 2022 (Coleman, et al., 2022). Following this, participants were asked to respond to the same questions in terms of how they felt about their treatment as a whole (referred to

here as “overall”). The graphs below (Figures 10 -12) provide the average (mean) scores and the standard deviations for these measures, and the percentage of those scoring at the positive end of the measures' scales. Results showed that in several cases fewer than half of the participants reported positively on these measures.

As the number of participants selecting various services were in many cases too small for the required statistical analyses presented further on, only the results for treatment as a whole (“overall”), and from sexual health service doctors are presented here. For examples of the items used and the measures' reliability refer to *Measures* on page 11 and 12.

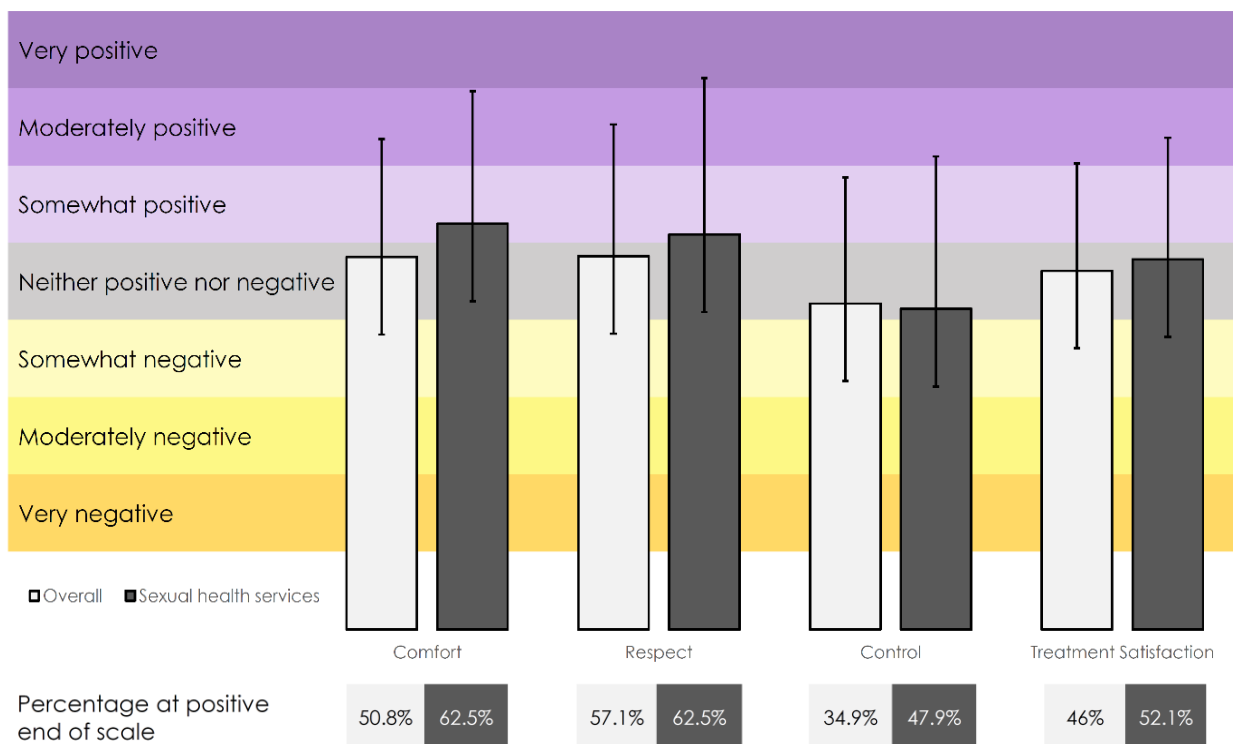


Figure 10: Average scores across the four main measures. Shown here are results for participants' treatment across all services (overall) and treatment at the public sexual health service clinics. All other services had too few responses for robust statistical analysis. (Mean ± SD)

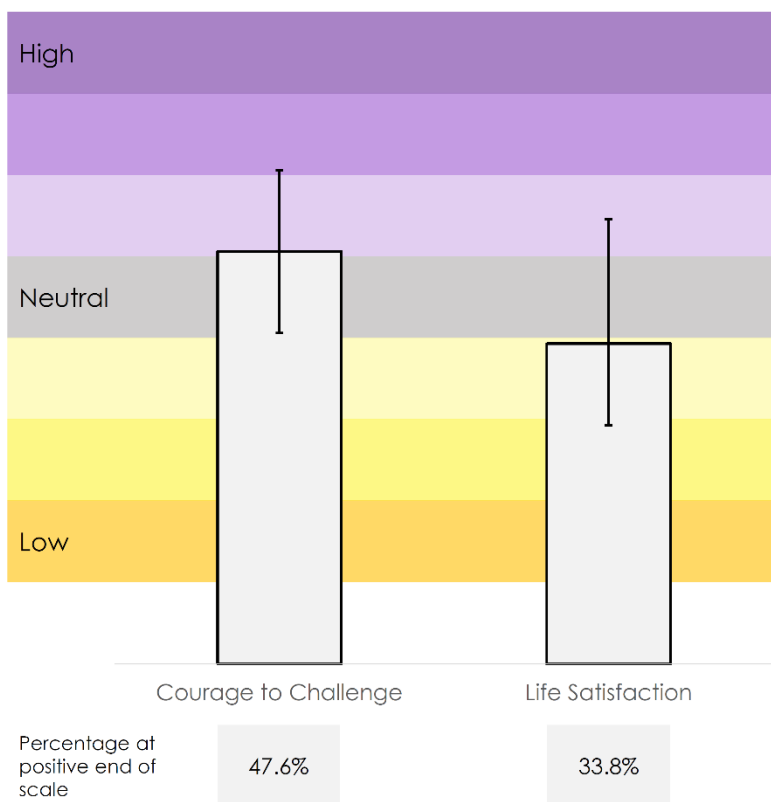


Figure 11: Measures of participants' psychological wellbeing (mean ± SD)

Additional to the four measures used to evaluate services, participants' psychological wellbeing was scored using three measures (Figures 11-12). More information on these measures can be found on page 12.

Participants' average score on "Courage to Challenge", which describes a person's personal fortitude, was slightly above the scale midpoint, however, they reported slightly lower satisfaction with their life.

Additionally, although the average stress reported by participants was on the lower end of the scale, a large number of participants reported higher levels of stress in their lives than the average population, with 20.6% of participants selecting options on the high-stress (positive) end of the scale.

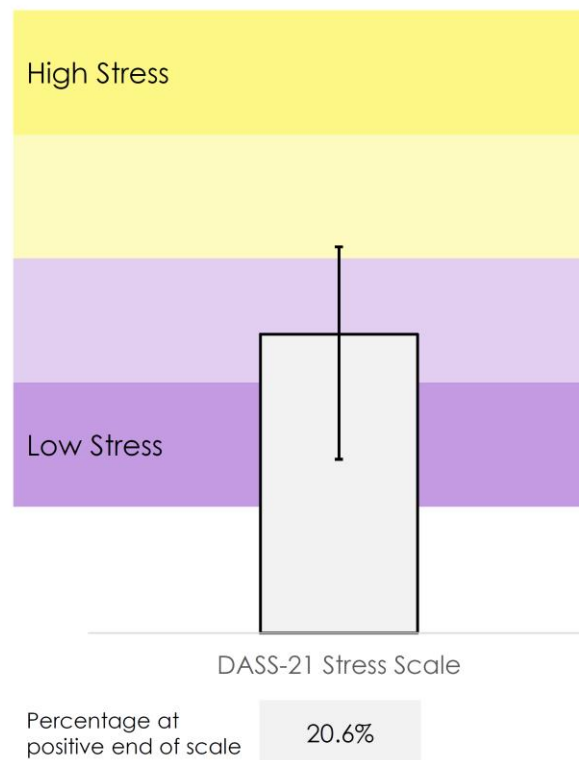


Figure 12: Measure of participants' stress (mean ± SD)

Predicting treatment satisfaction

Consistent with prior research (Batholomaeus & Riggs, 2020; Eramnus et al, 2015; Riggs et al., 2014), feeling *respected*, *comfortable* and more in *control* during treatment were related to greater satisfaction with the treatment experience. As shown in Figure 13 below, all three measures were statistically significant strong predictors of treatment satisfaction for gender affirmation care in Tasmania, as a whole. The correlation results below are for the 63 participants who completed these survey measures.

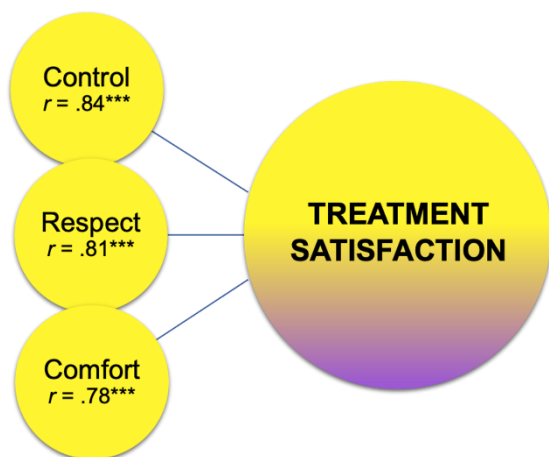


Figure 13: Control, respect and comfort as predictors of treatment satisfaction, as a whole. Yellow colour shows how much of the outcome measure the predictor measures explain. (n = 63, bivariate correlations, *** p < 0.001, significance based on 95% CI using 5,000 bootstrap bias-corrected samples.)

Further analysis showed that when *control*, *respect* and *comfort* worked together in predicting treatment satisfaction, it was a sense of *control* that played the strongest role. That is, having a sense of control over the treatment process was the strongest indication of how satisfied participants were with their treatment. This is consistent with results showing that only a little over a third of participants responded positively when it came to feeling in control.

Predicting sexual health clinic treatment satisfaction

Consistent with the treatment participants felt they had received from gender affirmation health professionals as a whole, the measures *control*, *respect* and *comfort* all significantly predicted greater satisfaction with the treatment received from sexual health service doctors. Also consistent with treatment as a whole, the *control* measure (using multiple regression analysis) was found to be the strongest predictor of treatment satisfaction.

The correlation results below (Figure 14) are for the 48 participants who reported receiving gender affirmation treatment from a sexual health service doctor in Tasmania and completed these survey measures.

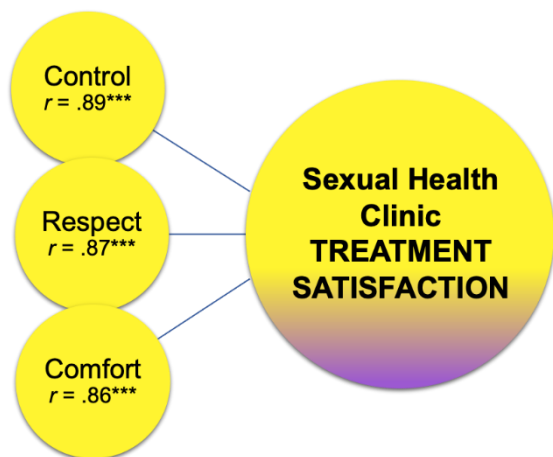


Figure 14: Control, respect and comfort as predictors of treatment satisfaction with sexual health service doctors. Yellow colour shows how much of the outcome measure the predictor measures explain. (n = 48, bivariate correlations, *** p < 0.001, significance based on 95% CI using 5,000 bootstrap bias-corrected samples.)



Figure 15: Comfort with and respect from health professionals, as a whole, as predictors of psychological wellbeing. Yellow colour shows how much of the outcome measure the predictor measures explain. (n = 63, bivariate correlations, ** p < 0.01, * p < 0.05, significance based on 95% CI using 5,000 bootstrap bias-corrected samples.)

Predicting wellbeing

While a sense of *control* during gender affirmation care was the strongest indication of how satisfied participants were with their treatment, results showed that feeling *respected* and *comfortable* during treatment were also associated with greater psychological wellbeing. Specifically, feeling more comfortable with and respected by these health professionals, in general, were related to lower levels of stress in life. Additionally, greater comfort during treatment was related to greater courage to challenge, with this courage associated with greater satisfaction with one's life.

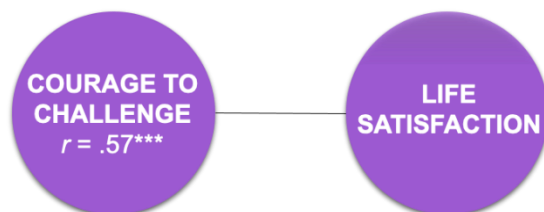


Figure 16: Courage to challenge was associated with higher life satisfaction. (n = 63, bivariate correlations, ***p < 0.001, significance based on 95% CI using 5,000 bootstrap bias-corrected samples.)

Results for all the quantitative analyses conducted above involved the use of bootstrapping, a robust data analysis technique that does not rely on the assumption of normally distributed data, which is often violated with small sample sizes.

RESULTS: WHAT TASMANIANS SAY ON IMPROVING MEDICAL GENDER AFFIRMATION

After filling out the survey questions in the previous sections, all participants were asked these open-ended questions:

1. What could Tasmanian services *keep doing or start doing* to improve gender affirming care?
2. What could Tasmanian services *stop doing* to improve their gender affirming care?

The following provides a summary of participants' responses to these questions, highlighting three key ways that medical gender affirmation could be improved in Tasmania.

Make medical gender affirmation more affordable for Tasmanians

Cost was the most commonly mentioned barrier to medical gender affirmation. Many participants thought that gender affirming surgeries should be covered by Medicare or more comprehensively by private health insurance:

“Top surgery for us female to males is expensive, mine, which I had to cancel due to the cost, was \$15,600. For someone that has a small chest, I think that amount is too much.”

“In an ideal world it would be great if more services and procedures that gender diverse people access as a part of their transition were covered by private health insurance, because in my opinion a lot of so-called cosmetic procedures can improve the quality of life for a gender diverse individual.”

Affordable access to gender affirming surgeries can make a big difference to trans people's mental and physical health and wellbeing. For example, one participant emphasised the benefits of having access to gender affirming surgical procedures unexpectedly due to a change in their financial situation:

“Surgery has made a MASSIVE DIFFERENCE. It's awesome, I love it. Even though it was \$10k+, it was worth it. I am very poor and a student. I managed to save money ONLY due to the Coronavirus supplement. I expected to receive this surgery maybe around age 30, after graduating and finding a stable job. Just got lucky I guess.”

This experience highlights the importance of affordable healthcare, while also reflecting inequalities of access - individuals should not have to 'get lucky' to be able to access life-improving gender affirming care.

It is also important to note that not all trans people want surgeries to affirm their gender. Surgery should not be the only way of thinking about gender affirmation for all people. But even for those who were not seeking surgeries, cost continued to be a barrier and a stressor:

“The only thing I have found hard is the out of pocket cost of the psychiatry appointments. I’m on a single income with a mortgage and even though I won’t let money get in the way of my transition, it’s not easy coming up with the cost.”

“It is still very expensive - I had to spend \$5000 in the first 9 months purely on medical expenses - nothing surgery related - not counting any other transitioning costs!”

Supporting the inclusion of gender affirming surgeries to be covered by Medicare, and reducing the number of prior referrals required to access hormone replacement could reduce the cost and increase affordability of gender affirmation for many. Gender affirming ‘cosmetic’ procedures (e.g. face feminisation, laser hair removal) should be reassessed as necessary medical care and be more comprehensively covered by Medicare or private health insurance.

Increase availability of services and reduce wait times

In addition to the prohibitive cost of gender affirming surgeries, trans Tasmanians also described limited availability of services locally. Participants felt that there are not enough services offering gender affirmation (e.g. hormone treatment, surgeries) in Tasmania, resulting in high demand and long waiting lists:

“The wait times almost killed me and treatments are far too expensive. Treatment options are also severely limited which adds to the cost and pushes people to seek it out on the mainland or in other countries with more resources and qualified surgeons with accessible results.”

“[We need] more access to gender specialists for the northwest coast because most if not all are based down south and even then the wait times are so long.”

As outlined on pages 15-16, some participants described travelling interstate to access surgeries because some services are not available in Tasmania:

“Make more surgeries available here in Tasmania and make them affordable. It’s hard for someone on a disability support pension to have money to even go over to the mainland let alone afford the life-saving surgery as it is.”

“Have more surgeons down here who do gender reassignment surgery to help those who may not be able to travel.”

“The only thing I would like to see is access to surgeons for orchiectomy or vaginoplasty and facial feminisation surgery in Tasmania.”

Ensure that trans, nonbinary, intersex and gender diverse people are listened to and treated with respect

According to our participants, the most significant barrier to medical gender affirmation in a timely and safe manner in Tasmania is medical gatekeeping. This is where health professionals place unnecessary and unfair hurdles in the path of affirmative care. For example:

“[Service] presented hurdle after hurdle instead of just giving me the treatment I wanted.”

“I felt that [health professionals] were always forcing a specific pathway with specific providers and longer waiting times, which makes patients feel 'bad' or that they've done wrong by taking things into their own hands and getting private referrals.”

“Overall, the system has long wait times and too much gatekeeping. I would really like to see a proper informed consent system, where we are able to access hormones the day we decide we want them - instead of having doctors stand in the way for months to years.”

Delayed access to hormone therapy can be damaging to people's mental and physical health, as some of our participants' experiences sadly show:

“It was a difficult process of needing to wait many months for a psychiatrist/psychologist to approve etc. This took a large toll on my mental health because I had already internalised the concept for months beforehand, coming to my own decision that HRT is what I want. So it became a waiting game instead of an exploration of options.”

“[After long delays in accessing mental health support, which impacted access to HRT], basically my transition has been delayed and impacted breast development. I have lost faith in who I am and considering de-transitioning. It's becoming too painful and pointless to continue further.”

These comments are especially concerning given that participants with mental health conditions were more likely to face longer wait times for gender affirming treatments (see page 16). Timely access to gender affirmation has

been shown to improve mental health and wellbeing, while reducing suicidal ideation, with very low rates of regret or de-transition. In line with the comment above, when de-transition occurs it is usually due to external pressures, such as discrimination and delayed access to care.

In another form of gatekeeping, many participants shared experiences of feeling like they had to perform or express their gender in a certain way or share a particular kind of 'trans narrative' to access care based on practitioners' understandings of gender. For example:

“So much of the early process at the sexual health clinic feels like you have to prove you deserve the treatment, and then that the sexual health doctors have goals for your transition, rather than are facilitating the goals of the patient. For example: “we like to have you at [hormone level]” when it should be “hormone levels for people taking [x] range from [y] to [z]. Different bodies react to them differently. Does where you're at feel right to you?” ”

“They should stop putting such a focus on getting people to 'prove' their transness, particularly in regard to consenting adults seeking gender-related medical treatment. It is degrading and feels like you have to live up to some unrealistic standards just to prove you're “trans-enough” to get the medical treatments you want and deserve.”

“The amount of gatekeeping that happens along the way led me to be in constant fear that something would stop me from being able to get top surgery. Up until the moment I woke up after the surgery I was sure something would come up, the psychiatrist would write and say I wasn't fit for surgery, I didn't meet the standards to be “trans enough” or my dysphoria wasn't enough, or my funds wouldn't come through.”

“Don't make accessing gender affirming care dependent on a person's presentation, when some people are not safe to be out in all situations prior to medical transition, and some people are not gender conforming binary trans. I know people who were criticised for not presenting as their identified gender. People who are nonbinary have great difficulty accessing affirming care in Tasmania.”

As our survey results showed, there is a strong connection between levels of comfort in a service and feeling confident enough to challenge a healthcare provider about the standard of care (see page 21). But participants often didn't feel confident to challenge healthcare providers' inappropriate behaviour for fear of being denied care, for example:

“I was not asked consent for a sexual health screening, which was completely irrelevant to my gender affirming care and was based entirely on stereotypes that trans people are promiscuous. I was terrified that if I declined, I would be refused gender affirming care.”

“[Practitioners need to] give context for why certain questions are asked. For example, don’t just say “tell me about your periods” followed by “and how do you feel about your breasts?” Was it some sort of form you were ticking boxes on? Was it morbid curiosity? Were you trying to determine if I experienced gender dysphoria? Were you trying to trigger dysphoria to see what would happen? It was never made clear, especially as the first question seemed at first to be about establishing some sort of baseline before starting HRT while the second had nothing to do with my purpose for being there.”

To address gatekeeping and inappropriate or discriminatory practitioner behaviour, participants indicated the need for more professional development around trans and nonbinary people’s healthcare needs:

“There should be mandatory/standardised education for all people working in the medical community. I’m sick of gambling on whether or not the doctor I’m about to see will make inappropriate comments/have no understanding of the trans experience.”

“Training for health staff on pronouns, assumptions, gender diversity and how each trans person has unique medical needs.”

“More training for staff involved. Both myself and my partner were misgendered almost every step of the way (except the surgeon and the surgery practice manager). Psychology clinic staff should be trained on gender diverse folks and how to interact with them.”

Increasing practitioner knowledge and competence in trans health is important, as participants who had positive experiences tended to have healthcare providers who were knowledgeable, accepting, and willing to learn:

“My experience in general has been very positive. I was already seeing a psychologist for depression when I realised I was trans, and they were incredibly supportive and helped get the ball rolling. Their support meant that my first appointment went smoothly and I was on an HRT regime within two months from that first appointment.”

“I was lucky and found a GP who specialises in LGBTQIA+ health and has greatly helped me start my transition, she is great support, I have started HRT and have an appointment to see an endocrinologist, the psychiatrist I seen was a psychiatrist I was already seeing for ADHD, when I came out to him he was very supportive and provided a number of resources.”

Despite trans and nonbinary people often having a wealth of their own knowledge of best practices in gender affirming care

drawn from lived experience and their own research, participants felt that this knowledge was seldom taken seriously or followed up by practitioners. As a result, many participants stressed the need for more Tasmanian services and practitioners to take an 'informed consent' approach to medical gender affirmation. This participant explained what an informed consent approach looks like to them:

“The patient MUST have the autonomy to make decisions about their own care at the end of the day. Some HRTs can increase the risks of dangerous conditions like thrombosis and cancers, yet knowing that I still will take them. This is because I have transitioned to be happy and to be my authentic self, nothing else. This is a difficult concept to reconcile with the whole “do no harm” aspect of medicine, but it is vitally important for trans and gender diverse patients. For many trans and gender diverse patients, they are reliant on the health provider to give them a yes or no answer on whether they can medically transition or access life saving surgical procedures etc. I think, whilst it's important that health providers be involved in decision making, the buck should start and stop with the patient. Informed consent already exists, and I think this model of care should be more widely used for trans and gender diverse patients.”

The Australian Professional Association for Trans Health (AusPATH) ([2021](#)) describes an informed consent approach to gender affirmation care as:

A non-judgemental, respectful, shared-decision making model to support a person in their gender in a way that is tailored to their individual needs. Shared-decision making draws on and respects the ability and agency of most clients, including many trans youth, to provide informed consent for their healthcare.

In the 2022 update of the Standards of care for the health of transgender and gender diverse people (WPATH version 8, Coleman, et al., 2022), it is recommended that health care professionals should be able to assess their patients' capacity for consent, rather than requiring external capacity assessments in all cases.

Many participants noted that using an informed consent approach to gender affirmation would provide a solution to perceived medical gatekeeping. Increasing awareness of this approach throughout the Tasmanian health system would also promote stronger connections between healthcare providers and trans, nonbinary and gender diverse health consumers, resulting in a more collaborative and responsive health system.

SUMMARY RECOMMENDATIONS

Reflecting on the experiences of trans, nonbinary, intersex, and gender diverse Tasmanians documented in this report, we present the following recommendations for the Tasmanian Government, Tasmanian health services, and community organisations working with trans people and their families. These recommendations are drawn from the overall messages we heard, developed in relation to scholarly literature and best practice elsewhere in Australia and internationally.

What we heard:

Trans, nonbinary, intersex and gender diverse Tasmanians do not always feel in control of their gender affirmation and feel like healthcare providers are more likely to delay or prevent their gender affirmation, rather than work with them to achieve their goals.

Trans, nonbinary, intersex and gender diverse Tasmanians do not feel listened to by healthcare providers and would like to share their lived expertise to help educate others and improve care outcomes for future generations of people seeking gender affirmation.

There is a dearth of Tasmanian services with expertise in trans, nonbinary, intersex and gender diverse people's health and wellbeing.

What we recommend:

- 1. Implement an informed consent model of gender affirmation for the Tasmanian Health Service.**
- 2. Establish a lived experience advisory group for the Sexual Health Service, with representation from trans, nonbinary, intersex and gender diverse community members and experts to review and advise service provision and community engagement.**
- 3. Fund a dedicated LGBTIQ+ health service with capacity to provide gender affirming primary care, trans-inclusive mental health services, gender affirming cosmetic care, and trans and intersex peer support.**

Trans, nonbinary, intersex, and gender diverse Tasmanians face varied wait times to access gender affirming treatments in Tasmania, sometimes to the detriment of their mental health and wellbeing.

Feeling respected and comfortable during treatment enhances trans, nonbinary, intersex, and gender diverse health consumers' satisfaction with care and supports positive mental wellbeing.

Not all healthcare providers are aware of the principles of gender affirming care meaning that trans, nonbinary, intersex, and gender diverse Tasmanians continue to face sub-optimal care that reduces wellbeing.

4. Provide additional funding to the Sexual Health Service to meet demand and reduce wait times for hormone therapy.

5. Review the need for general practitioner referrals to access the Sexual Health Service for gender affirmation.

6. Review the need for multiple psychiatrist referrals and assessment to prescribe hormone therapies.

7. Increase provision of regular, ongoing clinical professional development for those who provide care to trans, nonbinary, intersex, and gender diverse people in Tasmania.

8. Ensure non-clinical professional staff in Tasmanian health settings are also required to undertake LGBTIQA-inclusive practice training, with a focus on affirming language and engagement with trans, nonbinary, intersex and gender diverse health consumers.

The cost of gender affirming surgeries is prohibitive for many trans, nonbinary, and gender diverse Tasmanians.

There is limited awareness of the experiences, rights, and healthcare needs of intersex people in Tasmania.

9. That the Minister for Health advocates at a federal level for Medicare rebates for gender affirming surgeries directly to the Federal Government and through the Australian Health Ministers Conference.

10. Ensure low income support programs are inclusive of trans, nonbinary, intersex and gender diverse people.

11. Provide extended funding for Working It Out's Better Lives project, which seeks to improve the health and wellbeing of Tasmanians with innate variations of sex characteristics by building health professionals' capacity.

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