Transgender Victoria;
[redacted]

To George Carrington Solicitor to the Victorian Coroner
By email: [redacted]

TGV response to the

CORONIAL INVESTIGATION INTO THE DEATHS OF 5 TRANSGENDER WOMEN

TRANS AND GENDER DIVERSE SUICIDE CLUSTER

September 2023

Michelle McNamara

Chair Advocacy Committee, on behalf of Transgender Victoria

Content Warning: This submission contains details of suicide and suicidality.

Please contact support services if you are affected.

Support services are

Emergency support

Switchboard (https://www.switchboard.org.au) & Rainbow Door (https://www.rainbowdoor.org.au/) on 1800 729 367 or text 0480 017 246 or email support@rainbowdoor.org.au . Switchboard operates a national LGBTIQA+ help line from 3pm to midnight 7 days a week. If outside those hours try

Lifeline (https://www.lifeline.org.au) on 13 11 13 or text 0477 13 11 14

Beyondblue (www.beyondblue.org.au) on 1300 224 636.

General Support

Queerspace (www.queerspace.org.au) on 9663 6733

Thorne Harbour Health (https://thorneharbour.org/lgbti-health/mentalhealth/counselling/) on 1800 134 840

Resources specifically relating to suicide are also available through https://www.charlee.org.au/

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Summary

Trans and gender diverse (TGD) people experience an incongruence between their gender identity and the gender that they were affirmed at birth. This incongruence is not a mental disorder but can lead to profound negative effects on the mental health of a TGD person. The TGD community in Victoria suffers from alarming rates of anxiety and depression, self-harm, suicide ideation and suicide attempts.

The mental ill health of TGD people has two causes

1. The ridicule, vilification, psychological and physical abuse and serious violence that they can suffer
2. Lack of a congruence between their gender identity and the gender they were affirmed at birth.

There is overwhelming evidence from peer reviewed studies that gender affirmation reduces this incongruence and often will ameliorate the ridicule, vilification, psychological and physical abuse and serious violence that TGD people suffer from.

The ability to affirm their gender is therefore central to the health and well being particularly their mental health and many studies have shown that gender affirmation improves mental health reduces self-harm and suicidality. Gender affirmation will take a variety of forms which can include

- Affirmation by their family
- social affirmation
- legal affirmation
- medical affirmation including
    - gender affirming hormones
    - various surgical procedures including face, neck, voice, breast and genitals
    - hair removal
    - hair transplantation
    - voice therapy

TGD individuals may undertake one or more of their procedures to reduce their gender incongruence. Access to gender affirmation is limited by

- social acceptability of TGD identities
- access to legal documentation
- access to medical and other services
- ability to fund gender affirmation services

Access is a serious issue with lack of available services leading to long wait times. Funding is also an issue with many gender affirmation procedures not supported by Medicare rebates
Transgender Victoria (TGV) urges the Coroner to advocate for better access to gender affirmation for TGD Victorians to reduce suicidality and suicides.

Preamble: Emotional toll exacted in preparing this submission

A significant portion of TGV's support and advocacy for the TGD community is carried out by unpaid volunteers, including a volunteer board. This report has been entirely prepared by a volunteer, supervised by TGV's executive and board, and reviewed by executive members before submission. It's important to acknowledge that creating this submission for the court on the topic of suicides and suicidal ideation has required significant emotional labour from TGV's team. Some individuals involved have personal experiences with suicide or have been affected by it within their friends or chosen family circles. Those who contributed to this report also had personal ties to suicide and had to manage their emotions, with some even seeking counselling to address their own experiences with suicidal ideation and to enable them to complete this report. TGV sincerely appreciates the coroner's patience and understanding regarding delays in our submission, which were due to limited resources, high demand, and the emotional toll mentioned earlier.

1. Condolences to the families and friends of the deceased individuals and expression of grief on behalf of the TGD community.

Transgender Victoria (TGV) first wishes to express its condolences to the biological families and families of choice of the individuals whose tragic loss of life lead to this investigation. As TGV is run by volunteers and staff who are all trans and gender diverse, we feel their loss keenly and most of us have experienced the loss or attempted suicide of a trans or gender diverse friend.

Because of the high prevalence of attempted suicide within the community TGV would also like to express grief over these tragic losses on behalf of the trans and gender diverse (TGD) community – each loss is keenly felt. These individuals could have had full lives and contributed to the advancement and well-being of the trans and gender diverse community and all the communities to which the individuals belonged.

2. TGV's brief from the Coroner

TGV welcomes the interest of the coroner in the tragic level of suicidality in the trans and gender diverse community and is grateful for the opportunity to make a submission to this investigation in the hope that the coroner may be able to assist in improving the lives of the trans and gender diverse community.

The Coroner's Solicitor in their letter to TGV stated that:

"The Coroner is seeking additional information in order to fulfil their statutory obligations in making a finding about the cause and circumstances. The coroner plays an important role in the independent investigation of deaths for the purpose of identifying prevention opportunities."

The Coroner has provided a summary of the circumstances surrounding the deaths, but has not included sufficient details for us to comment on the causes of these deaths without resorting to speculative conclusions. Nevertheless, TGV is well-equipped to offer insights into opportunities for preventing suicides among TGD individuals in Victoria, even without delving into the specific details of these tragic incidents. This confidence stems from our lived experience and our understanding of the substantial body of knowledge available concerning the physical and mental health of the broader TGD population and the requisite strategies for enhancement, which we will elaborate on below.

Upon reviewing the Coroner's Prevention Unit Cluster Report summary on TGD suicides and the accompanying information related to the TGD community, concerns arise that the Coroner may not have had the opportunity to develop a comprehensive and nuanced understanding of TGD individuals and the unique challenges faced by TGD Victorians. To broaden the Coroner's perspective and facilitate a better comprehension of the underlying factors contributing to TGD suicides, a comprehensive summary of the challenges confronting TGD individuals has been prepared.

While specific queries posed by the Coroner will be addressed, it is notable that the scope and nature of these questions may not allow for a response that can adequately identify all potential prevention opportunities, including the most pertinent ones. As such, the response has been structured in this format. It is noteworthy that other organizations consulted by the Coroner, notably

Thorne Harbor Health, have chosen a similar approach for their submissions, citing analogous reasons.

The submitted summary should assist the Coroner to obtain a more profound understanding of the challenges faced by TGD Victorians, rooted in our intimate involvement within the community.

3. About TGV

TGV works to enhance the lives of trans and gender diverse (TGD) Victorians their families, friends and allies in a variety of ways through

- Provision of peer support services
- Advocacy for individuals experiencing discrimination
- Advocacy to all 3 levels of government including to politicians, executive government, bureaucrats and others
- Advocacy to organisations impacting the lives of TGD people including service providers, media, community and sporting organisations and others
- Advocacy to educational institutions and employers
- Provision of education on LGBTIQA+ and TGD awareness

Through its work with trans and gender diverse Victorians and the shared lived expertise in TGD peoples' lives of its board, staff, volunteers and members TGV is well qualified to provide input into this investigation by the Victorian Coroner.

TGV is a not-for-profit organisation and receives funding from several sources including

- Grants from the Victorian government covering peer support activities including mental health support
- One off support from the Victorian government to cover issues such as pandemic vaccination in the TGD community and ameliorate the negative mental health harms from the marriage equality plebiscite and the "Let Women Speak" rallies
- Grants from the federal government via LGBTIQ+ Health Australia covering training in aged care provision
- Fee for service training in LGBTIQ+ and TGD inclusion
- Membership fees and donations from its membership, corporations and other individual donations.

Apart from the last category TGV receives no core funding that allow it to maintain its service provision and advocacy services from governments or other organisations. It is dependent on membership fees and donations to enable it to continue life enhancing and in some cases lifesaving work with TGD individuals. TGD people have been under more intense attack than usual in recent years

- By the "No" case and other social media "warriors" for the No case during the marriage equality plebiscite
- During the 2022 Federal election by notable candidates such as Katherine Deves and Claire Chandler with the support of the then Prime Minister Scott Morrison
- During the actions of various international sporting bodies to ban the participation of transgender women in the elite women's competitions
- From self- described "gender critical feminists" who campaign for the exclusion of trans people from women's spaces including a recent national tour by Kellie-Jay Keen-Mishull

- From conservative religious groups particularly during discussions of the federal "Religious Freedom Bill"
- From right wing socially conservative political groups including One Nation and sections of the Victorian Liberal party and sections of the Australian Greens
- From extreme right wing groups including neo-Nazis

Donations to TGV increase in the face of these attacks on the TGD community. Unfortunately, so does the demand for TGV's services in supporting the community and individuals to overcome the harm caused and the increase in donations does not fully address the increase in community support needed.

4. TGD people are diverse and represent a "microcosm of society"

TGV first notes that, as expressed by the sole witness with lived TGD experience (Elizabeth Lane) that the coroner consulted, TGD people present a "microcosm of society". TGV agrees that TGD Victorians do represent the diversity of the broader Victorian community but are disproportionately represented in many categories of disadvantage and poor health.

Trans and gender diverse people come from all walks of life and have diverse:

- Ethnic backgrounds
- Educational and professional attainments
- Socio-economic status
- Geographic location
- Religious or other philosophical beliefs
- Neurotypical and Neurodiverse status
- Involvement in sport and social activities
- Volunteer and community service

and cover almost any other diversity dimension conceivable.

Many TGD Victorians live productive and healthy lives and contribute to society in a multitude of ways. Many notable TGD Australians make important contributions to Australia which can be seen merely from following the mainstream media; a good proportion of these people are Victorian. They include politicians, sports people, ministers of religion, military personnel, musicians, media presenters, actors, academics, models, scientists, business people, lawyers and accountants[1] ; some of whom act as advocates for the TGD community and hold a wide variety of political opinions from conservative to radical. TGV is aware of even more diversity amongst less well known TGD people including many who are more private about their gender identity. Most make useful and important

[1] Examples of the categories referred to include politicians (local government councillors) – Tosh-Jake Finnigan, Jade Darko; sports people such as AFLW stars Darcy Devisco, Tori Groves; ministers of religion Rev Dr Jo Inkpin; military personnel Captain Jesse Noble; Cate McGregor; musicians Mama Alto; media presenters Eddie Ayers; actors Georgie Stone; academics Professor Rachel Richardson; models Andreja Pejic; scientists Dr Penny Whetton; business people Nur Sajat, Danni Laidley; lawyers Aram Hosie and accountants Brenda Appleton

contributions to the well-being of Victoria and all contribute by their gender identity to an inclusive Victoria.

There are a large number of TGD Victorians who are not prepared to be open about their gender identity either

- hiding it within their presentation of themselves in their authentic gender without revealing the gender that they were assigned at birth (so called "stealth mode") or
- not presenting in their authentic gender in public by presenting as their birth gender and only presenting in their authentic gender in private (so called "in the closet")

These TGD Victorians are not prepared to be open about their gender identity because of the fear of ridicule, vilification, psychological and physical abuse and serious harm which is detailed below. This lack of openness is unfortunate as it prevents them from living lives where there gender is openly acknowledged and inhibits a better understanding of TGD people by the broader society.

The best predictor of whether an individual in the broad community accepts TGD rights and TGD people is whether they personally know someone who is trans or gender diverse.[2] The fear driving people into stealth or hiding thus reduces the public acceptance of TGD people and their rights.

5. Importance of Gender identity for sense of self.

Gender identity is an important component of how we view ourselves in the world whether we are cisgender (i.e., our gender identity conforms to the one assigned to us at birth) or we are trans or gender diverse (i.e., our gender identity is different to the one assigned to us at birth).

Gender permeates all our social interactions. When people engage with one another, their self-identity, rights, and opportunities collide with how they are perceived and treated by others. Nevertheless, true gender often seems absent in our social interactions because most people have internalized gender norms to the point where they appear unquestioned and natural.

This apparent absence of gender from social relations tends not to be true for TGD people and in part this is due to them being a minority who is consistently and regularly "othered" in the media on the basis of their gender and by many in society whether they accept or do not accept TGD people. Hence TGD people can be made to feel that their gender identity is not normal and natural. Nothing could be further from the truth as TGD people have existed throughout history and across most human cultural groups[3]. This othering has a negative impact on the mental health and well-being of TGD people and is a likely contributor to the suicidality as discussed below.

It should be noted that when we discuss gender affirmation in relation to TGD people that gender affirmation applies to cis gender people also. Cisgender people are continually doing things that make them feel better, comfortable, or supported in their gender too. This might be buying clothes or makeup that make them feel good, going to the gym, getting plastic surgery or beauty treatments, accessorising living and work spaces, and more. These aren't traditionally seen as a form of 'gender affirmation' because unlike trans people, cis people aren't required to affirm their gender for it to be seen as real or valid.

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[2] 2016 Public Support for Transgender Rights: A 23 Country Survey, UCLA School of Law Williams Institute accessed from their website 13 September 2023 https://williamsinstitute.law.ucla.edu/publications/trans-rights-23-country-survey/; survey includes 1000 Australians.

[3] 2021 "Victoria's Transgender History" Riseman N Transgender Victoria and Australian Catholic University available from TGV at https://store.tgv.org.au/products/victorias-transgender-history-book

6. The precise number of TGD Victorians is not known

While the coroner has provided some information around this question, the following are TGV's view of the best estimate. The number of TGD Victorians is not known but studies of the population of TGD people who identify as "transgender" estimate the proportions from 0.3-0.5% for adults and 1.2-2.7% for children and adolescents; while those that publicly identify as "gender diverse" range from 0.5-4.5% in adults and 2.5-8.4% for children and adolescents. The numbers of both categories are increasing with time[4]. Based on the Australian 2021 census[5] and the ranges of proportions of transgender and gender diverse people (as quoted) the numbers of TGD people in Victoria are up to 70,000 and 350,000 respectively. More precise figures will depend on further surveys in Australia – optimally by including questions on gender identity in the 2026 census accompanied with a campaign to reassure TGD people of the confidentiality and security of census data. What is known today is that there are significant and growing numbers of people who are willing to publicly identify as TGD. The numbers underline that the issues raised in this inquiry are important for a substantial proportion of the Victorian population and require attention to systemic issues from all 3 levels of government.

7. TGD Victorians suffer significant discrimination and marginalisation and disproportionately adverse outcomes

While TGD Victorians are significant in number and diversity , there are big differences in various parameters when you compare TGD Victorians with the broad Victorian population. TGD people are amongst the most marginalised groups in Victoria today. A high proportion of TGD people experience or see TGD people subjected to ridicule, abuse, harassment, hate, vilification, discrimination and violence, some on a frequent almost daily basis[6]. The cumulative effect of these negative experiences on a TGD person over their life span both before and after gender affirmation leads to some poor psychosocial outcomes including appalling rates of mental illness and suicidality as detailed in the recent survey Private Lives 3.[7]

It should be noted that while nearly all TGD people will struggle with mental health at least at some stage in their lives and many manage to live productive lives, a significant minority will continue to struggle and experience low income, poor educational achievement, high rates of un- or under-employment and poor housing outcomes for a significant part or all of their lives as evidenced by TGD over-representation in these areas of the Private Lives 3 national survey.

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[4] 2020 Zhang, Q.,et al Goodman, M., Adams, N., Corneil, T., Hashemi, L., Kreukels, B., Motmans, J., Snyder, R. & Coleman, E. (2020). Epidemiological considerations in transgender health: A systematic review with focus on higher quality data. *International Journal of Transgender Health*, 21(2), 125–137. doi: 10.1080/26895269.2020.1753136

[5] 2022 Australian Bureau of Statistics 2021 Victoria 2021 all persons quick stats

[6] Fuelling Hate Abuse, Harassment, Vilification and Violence Against Trans People In Australia 2023
Transjustice project and Victorian Pride Lobby

[7] 2020-2021 Private Lives 3 Adam O. Hill, Adam Bourne, Ruth McNair, Marina Carman, Anthony Lyons Australian Research Centre in Sex, Health & Society (ARCSHS) Building NR6 La Trobe University, Victoria 3086 Australia https://www.latrobe.edu.au/arcshs/work/private-lives-3. 2020 A national survey of the health and wellbeing of LGBTIQ people in Australia Adam O. Hill, Adam Bourne, Ruth McNair, Marina Carman and Anthony Lyons **Australian Research Centre in Sex, Health & Society (ARCSHS) Building NR6 La Trobe University, Victoria 3086 Australia** https://www.latrobe.edu.au/__data/assets/pdf_file/0009/1185885/Private-Lives-3.pdf Report on participants living in Australia
2021 Private Lives 3: The health and wellbeing of LGBTQ people in Victoria
Adam O. Hill, Adam Bourne, Ruth McNair, Marina Carman and Anthony Lyons **Australian Research Centre in Sex, Health & Society (ARCSHS) Building NR6 La Trobe University, Victoria 3086 Australia**
https://www.latrobe.edu.au/__data/assets/pdf_file/0005/1229468/Private-Lives-3-The-health-and-wellbeing-of-LGBTQ-people-in-Victoria.pdf

Private Lives 3 was a national survey of LGBTIQ+ people in Australia, however a separate report was produced for LGBTIQ+ people living in Victoria. There were 506 TGD people surveyed in Victoria TGD and they experienced

- High rates of suicidal ideation, suicide attempts, depression and anxiety.
- High rates of harassment and abuse based on sexual orientation and/or gender identity
- High levels of homelessness
- Common experiences of finding it difficult to manage alcohol or other drug use, or where such use negatively impacts everyday life
- High levels of intimate partner and family violence and low levels of reporting or satisfaction with support from services

They experienced these adverse outcomes in great excess of the general community and well in excess of their cis gender LGB peers.

The report recommended the following in relation to the broad LGBTIQ+ Victorian community but is particularly applicable to the TGD Victorian community

- "Inclusion of sexual orientation, gender identity and intersex variation/s in all government health and wellbeing policy frameworks as key priority populations, including trans and gender diverse populations
- Broader campaigns, in partnership with LGBTIQ community-controlled organisations, that tackle stigma directed towards LGBTIQ communities
- Ongoing funding of surveys to track LGBTIQ health and wellbeing over time, and review of national and state-based health and coronial data reporting to ensure inclusion of questions that adequately capture sexual orientation, gender identity and intersex variation/s
- Campaigns within LGBTIQ communities and in the broader community to further embrace diversity and to ensure full inclusivity of all groups, particularly LGBTIQ people with disabilities, LGBTIQ people from multifaith and culturally and linguistically diverse backgrounds and LGBTIQ people from Aboriginal or Torres Strait Islander backgrounds"

8. Causes of Suicide & its potential for increasing incidence

The coroner notes in their December 2020 report on suicides in Victoria that

"Through their investigations coroners observe that social isolation, mental health issues, substance abuse, familial conflict and financial pressures are common stressors in cases of suicide."[8]

TGV notes that a significant proportion of the TGD community including people in the age range of the individuals which are the subjects of this inquest suffer from these stressors as noted in many surveys of the TGD community including the recent Private Lives 3 report quoted above. There is further evidence presented below that the incidence of these stressors may be likely to increase with the backlash against TGD people affirming their gender identity. This is against a background of increases of TGD people publicly affirming their identity.

Furthermore, when you look closely at the data presented the observation for the overall numbers of Victorian suicides in the general population show a marked increase in deaths in 2022 but no

[8] 2022 "Coroners Court report shows concerning increase in suicides in 2022" December 2022 monthly report from the Coroner's court; Coroner's court website accessed 12 September 2023

significant change in the period of the cluster investigated in this report. TGV does note however that as the cluster occurred in young female transgender people in 2021 (age range unspecified) that the following should be considered. Although the numbers are small, amongst 18–24-year-old females in the overall population, the numbers show a marked increase in 2021 (27) when compared with the prior year (15) and the subsequent year (15). As the coroner cautions on their website, small variations in numbers need to be treated with caution.

Given the challenges cited by the coroner in properly coding the gender identity of individuals who have suicided, extra caution needs to be exercised when describing these 5 cases as a cluster even though some but not all of the individuals were known to each other. The lack of reliable data identifying suicides amongst transgender men; gender diverse people; as well as the overall LGBTIQ+ population make it difficult to place too much emphasis on the identity of these individuals as transgender women to allow it to be described as a cluster. Furthermore, the lack of data in prior or subsequent years makes it difficult to know if these cases are unusual from a longitudinal perspective and hence form a cluster.

9. Being Trans or gender diverse is not a disease.

The Coroner cites two documents in relation to this question which we will discuss further below. However, the impact of the understanding of the Coroner in relation to TGD people in general is not reflected in the rest of the report particularly with the inference related to a description of co-morbidity (using the term co-morbid) in relation to the mental health conditions experienced by the individuals who suicided.

The WHO International Classification of Diseases and related health problems (ICD) edition 11 [9] represents the basis for classification for health-related conditions in Australia[10]. In the current edition the WHO clearly points out that being trans and gender diverse is not a disease and is defined now as a condition of sexual health with the category of "gender incongruence of adolescence and adulthood" and "gender incongruence of childhood" [11]," for adults and adolescents and children respectively". Furthermore, the WHO points out that

"Gender-affirmative health care can include any single or combination of a number of social, psychological, behavioural or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual's gender identity."

Hence improvements to the well-being of TGD people extends well beyond the traditional realms of health care and extends into social and legal support of a TGD individual.

This important reform of the medical view of TGD individuals arose out of a long consultative process on the revision of edition 10 of the ICD commencing in 2011. Edition 11 was endorsed by the WHO in 2019 and came into effect globally on 1 January 2022. This revision of the ICH was of great importance to TGD people as it affirms the current understanding of the issues surrounding the condition of gender incongruence which affects some but not all TGD people with a

[9] 2020 Gender incongruence and transgender health in the ICD WHO International Classification of Diseases and related health problems edition 11 website accessed 13 September 2023 https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd

[10] 2021 International Classification of Diseases revision AIHW website accessed 13 September 2023 https://www.aihw.gov.au/about-us/international-collaboration/australian-collaborating-centre-for-who/icd-11

[11] 2020 Gender incongruence and transgender health in the ICD WHO International Classification of Diseases and related health problems edition 11 website accessed 13 September 2023 https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd

disproportionately high burden of disease including those of mental, sexual and reproductive health. This change in the ICD from edition 10 where being transgender was a condition of mental health to edition 11, is important to TGD people as it depathologises being transgender and more closely accords with TGD peoples understanding of themselves.

The Diagnostic Statistical Manual (DSM-5) published by the American Psychiatric Association, is the standard classification of mental disorder accepted in the USA and used by some in Australia. In 2013 the diagnostic category in the DSM of *gender identify disorder* was changed to *gender dysphoria in adolescents and adults* and *gender dysphoria in children.* The change is reflected in the revision published in March 2022 (DSM-5-TR) and focuses on the gender-related distress experienced by individuals, rather than the individual's gender itself. The American Psychiatric Association commenting on the DSM states that the DSM recognises that being transgender is not of itself a mental health disease but that only some people who are trans or gender diverse will experience gender dysphoria[12] and that people who are trans or gender diverse "may pursue multiple domains of gender affirmation", including social, legal and medical affirmation"

TGV requests that the coroner in their consideration of TGD people in this inquiry

1. Recognises that being transgender is not a disease but a health-related condition called gender incongruence.
2. Recognises that management of this health-related condition extends beyond traditional mental and physical health approaches into social and legal support
3. Recognises that all these approaches are designed to reduce the impact of gender incongruence of TGD people which arises in large part from a rigid societal view of gender
4. Uses depathologised language when referring to TGD people. Co-morbid as used in the report (e.g., section 5.1 p19; section 6.2 p28) in relation to mental health diseases that some TGD suffer from should not be used as it implies that the condition of gender incongruence is a disease which it is not. It would be more appropriate to indicate that individuals in addition to having gender incongruence suffer from additional mental health diseases, if they have been diagnosed as such.

While this may seem a relatively trivial request, TGV believes that the use of the term comorbid by the coroner in the report implies that being transgender is a disease of itself when both the standards quoted (ICD-11 and DSM-5) emphasise that being transgender is not a disease. The standards' emphasis on the lack of pathology of the transgender condition is the result of a long consultation with the global TGD community and detailed extensive review taking over a decade by both the WHO (ICD) and the American Psychiatric Association (DSM), TGV believes that this implication that being transgender is a disease forms some of the thinking of the coroner as reflected in the questions sent to TGV.

It should also be noted in this context that since being trans or gender diverse is not a disease it should not require a medical diagnosis. TGD people should be able to self-affirm their gender identity on a bona fide basis as is the case for change of gender on the Victorian birth certificate (see below). There are people who object to this as being subject to some sort of rorting to obtain advantage. This argument is specious as TGD people suffer enormous disadvantage due to their gender identity and there are many situations where cis gender people self-identify and gain recognition and support from the government. An example is back pain which mostly is not able to be diagnosed clinically but relies on self-reporting. Australia spent $3.4 b on this problem in 2019-

12 2022 What is Gender Dysphoria? American Psychiatric Association website accessed 13 September 2023 https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria

2020[13]. The challenge to self-reporting of gender identity represents a barrier to TGD people who continually are required to justify their gender identity as evidenced in the requirements to obtain a change of gender on passports.

Gender Affirmation requires courage and is often delayed

Because TGD people are subject to frequent and well-publicised ridicule, vilification, psychological and physical abuse and serious violence it takes courage to take the first steps to publicly affirm a TGD individual's gender. Accordingly, a TGD person will often delay affirming their gender until living in their birth gender becomes intolerable. This often manifests in a strong feeling that their options are to affirm their gender or suicide. When the TGD individual starts to affirm their gender, they have a sense of urgency because the longer they live without satisfactorily resolving the incongruence between their gender identity and the gender they were affirmed at birth, the greater the likelihood of adverse mental health impacts including self-harm, suicidality and potentially suicide. There is a strong disconnect between

- their sense of urgency to affirm their gender
- the availability of support to affirm their gender and
- their ability to fund the substantial cost of affirming their gender.

This disconnect will create a feeling of helplessness and lead to adverse mental health outcomes including suicidality.

11. Gender Affirmation is not just about hormones or surgery

The importance of gender affirmation (legal, familial, societal, within education and workplaces, community and sporting organisations and in organisations providing services including medical settings) for the well-being of TGD people has been well researched and the primacy of gender affirmation in improving the mental health and well-being and reducing suicidality of TGD people is emphasised both by the World Professional Association for Transgender Health[14] and the Australian Professional Association for Transgender Health (AUSPATH)[15]. Gender affirmation extends beyond gender affirming hormones and gender affirmation surgery and includes familial, social, legal and medical affirmation as well as affirmation of gender in the workplace, professional associations, unions and educational institutions.

While there have been improvements in gender affirmation for TGD people in Victoria in recent years, the situation still lags behind what is ideal for the health and well-being of TGD people. More details follow below.

Moreover, a study of TGD Australians' access to health care[16] revealed that there was limited access to gender affirmation including gender affirming health care. The survey showed poor health and significant barriers to accessing health care compared to the general population:

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[13] 2023 Chronic musculoskeletal conditions: Back problems AIHW website accessed 13 September 2023 https://www.aihw.gov.au/reports/chronic-musculoskeletal-conditions/back-problems

[14] 2022 E. Coleman, et al Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 23:sup1, S1-S259, DOI:10.1080/26895269.2022.2100644

[15] 2021AusPATH: Public Statement on Gender Affirming Healthcare, including for Trans Youth

[16] 2019. *TRANScending Discrimination in Health & Cancer Care: A Study of Trans & Gender Diverse Australians*, Kerr, L., Fisher, C.M., Jones, T. (ARCSHS Monograph Series No. 117), Bundoora: Australian Research Centre in Sex, Health & Society, La Trobe University

• Only 3.4% of participants rated their health as excellent.
• Kessler 6 scores indicated that over half of participants had significant levels of distress.
• Almost half of participants reported a time in the last year they needed healthcare but did not receive it.
• Most participants were either very uncomfortable or uncomfortable (81.3%) discussing their needs as a TGD person with a healthcare provider that they did not know.
• Approximately a quarter of participants indicated that in the past year they did not have a health professional that had a good understanding of their healthcare needs and preferences.
• Of those who needed emergency care at some point, 41.3% did not attend the emergency department because they were TGD.
• The most common barriers that sometimes or often stopped participants going to the doctor were
  - too many other things to worry about (70.7%),
  - inability to find a doctor they are comfortable with (68.9%),
  - Being too busy (59.6%)
  - fear of mistreatment (58.8%).
• Almost a third had to educate their healthcare provider on TGD issues in the last year.
• Almost a quarter have been refused gender affirming care.
• One in five have been refused general healthcare.
• Within a healthcare setting, 14.2% have been verbally harassed, 5.7% have experienced unwanted sexual contact and 2.3% have been physically attacked.
• One in eight participants said that they never disclose their gender to healthcare workers.

In a situation where AUSPATH reports access to gender affirming health care as being essential for the mental health and reduction of suicide risk for TGD people the health system has

- Significant barriers for access by TGD people including severe discrimination by many providers
- Stigma associated with the provision of health care to TGD people
- Lack of available services especially specialist gender affirming health services
- Poor or non-existent funding for general and specialist services as detailed below
- Low or non-existent Medicare funding for gender affirming surgeries
- Constraints on access to gender affirming hormones
- Lack of appropriate national strategies to deal with TGD health.

It is in the light of this background overview that we have identified prevention opportunities for the Coroner to consider. TGV provides a list of health and other needs for gender affirmation are described below.

11. Gender Affirmation is essential for the health and well-being of TGD people

There is overwhelming evidence recognised in the Standard of Care published by the World Professional Association for Transgender Health[17] and public statements[18] and Standards of Care published by the Australian Association for Transgender Health that gender affirmation by any or all of the means outlined in below contribute to the well-being of TGD people including improving their mental health and reducing suicidality.

Gender affirmation may comprise some simple social signifiers including use of preferred name, correct pronouns and mode of dress signifying the preferred gender. For some TGD people these gender identity signifiers and their broad acceptance by family, friends, workplaces, educational institutions, unions and professional associations, service providers and society in general may be sufficient for TGD people to lead happy well-adjusted lives. Most will require the support of change of legal and other documentation to reflect their gender.

Other TGD people may require the support of other medical or allied health interventions such as

- voice therapy
- management of facial or body hair
- hair transplants for male pattern baldness
- hormonal treatment including
    - treatment with hormone blockers or
    - gender affirming hormones
- surgeries including
    - facial feminisation surgery, tracheal shaves
    - facial masculinisation surgery
    - gender affirming voice surgery,
    - breast enhancement or reduction, chest reconstruction
    - genital surgeries such as
        - orchidectomy, penectomy
        - labiaplasty or vaginoplasty,
        - hysterectomy
        - metoidioplasty or phalloplasty.

Many TGD persons will undertake one or more medical procedures to ensure that their bodily features of their gender match their gender identity.

Many TGD people will require mental health support from professional counsellors, psychologists and psychiatrists at various points during their gender affirmation journey. Many will require it early in this journey. Some may need it on a continuous or intermittent ongoing basis, in the same way that a number of people in the broader community require support from mental health professionals Some TGD people will find that support from their families, social networks, sporting or other community organisations or faith and religious communities is sufficient for them to lead happy and well-adjusted lives.

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17 2023 Demographic and psychosocial factors associated with recent suicidal ideation and suicide attempts among trans and gender diverse people in Australia Adam O. Hill PhD, Teddy Cook Cert IV(Community services), Ruth McNair PhD, Natalie Amos PhD, Marina Carman BA(Hons) MA(research), Ellis Hartland BA(Psych), PostGradDip(Psych), Anthony Lyons PhD, Adam Bourne PhD Suicide Life Threat Behav. 2023;53:320–333 https://doi.org/10.1111/sltb.12946

18 2021 AusPATH: Public Statement on Gender Affirming Healthcare, including for Trans Youth accessed from the AUSPATH website 12 Sept 2023 https://auspath.org.au/2021/06/26/auspath-public-statement-on-gender-affirming-healthcare-including-for-trans-youth/

As a general principle, TGV adopts the position that are given in Transgender Europe's (2019) Guidelines to Human Rights-based Trans-Specific Healthcare[19] which shares the human rights principles of gender affirming healthcare, which include:

- The principle of non-discrimination
- The principles of bodily integrity, bodily autonomy and informed consent
- The principle of freedom from torture and degrading and inhuman treatment
- The principle of free self-determination of gender
- The principles of quality, specialised and decentralised care
- The principles of the right to decide on number and spacing of own children
- The principle of the best interest of the child

These human rights principles align with the Yogyakarta Principles (2007) and Yogyakarta Principles+10 (2017) and should be applied by all 3 levels of government across Australia to promote the best health and well-being outcomes for TGD Australians.

12. Barriers to Gender Affirmation

12.1 Opposition from family, friends, workplaces, educational institutions, professional associations, unions, community and sporting organisations, service providers and government and non-government organisations

Despite substantial cultural change in recent years to the acceptability of gender identities which do not conform to the identity assigned at birth, there remains a significant proportion of the population which do not some of whom are very vocal in their opposition.

This cultural change has been as a result of the publicity surrounding high profile transgender members of the community, the work of many TGD people in leading the change in their educational institutions, workplaces, professional associations, unions, and service providers and advocacy by TGD led organisations such as TGV. The contribution of the Victorian government in providing a substantial framework of support for the broader LGBTIQ+ community as well as targeted support for the TGD is acknowledged. TGV is extremely grateful for the support it has received from the Victorian government.

Despite this change and the inclusion of gender identity as a protected attribute in the Equal Opportunity Act, there is still rejection of TGD identities and discrimination experienced on the grounds of gender identity in particular in some sections of the Victorian community particularly in sporting and religious organisations and some sections of the medical profession.

12.2 Lack of ability to change documentation due to the complexity of requirements or cost

The primary identity documents for all Victorians are birth certificates and passports. TGV supported the birth certificate reform enacted in the 2019. TGD individuals are allowed to affirm their gender including as male, female or any other gender (within the bounds of reasonableness, similar to that in relation to change of name). They can do so with the support of a statutory declaration and the

[19] 2019 Guidelines to Human Rights-based Trans-specific Healthcare , Transgender Europe https://tgeu.org/guidelines-to-human-rights-based-trans-specific-healthcare/

support of a declaration from another person who knows them. While this reform allows for TGD individuals to affirm their gender TGV has two concerns about its practical implementation for adults

1. The cost is substantial for some TGD people who are on a lower income
2. The complexity of the process is a challenge for TGD people who are neurodiverse.

As discussed before a significant proportion of TGD Victorians fall into one or other or both of these categories. TGV attempts to ameliorate the impact of these on TGD Victorians by providing funding in support of birth certificate changes (due to specific donations by donors) and to provide change of identity workshops are regular gatherings of TGD people in Victoria as well as information disseminated through social media and its website.

It has been possible to change your gender on your passport since 2013. The changes come without cost on the part of the passport office for those holding a current passport. However, they do require either

1. Documentation of change of gender from the responsible birth certificate authority or
2. certification from a medical practitioner stating that they are either treating the individual for gender transition or that the individual is transgender and is unable to participate in a treatment regime.

Victorians who are not born in Victoria or a jurisdiction where obtaining such documentation as per item 1 is not possible are subject to the limitation of item 2 which requires them to consult a medical practitioner. Aside from the expense, it should be unnecessary to do so as being transgender is not a disease or health condition that necessarily requires consulting a medical professional. For those who can access the documentation required in item 1, the challenges and expense of obtaining a change of gender on that documentation is often significant

12.3 Lack of availability of gender affirming health and allied health care

Availability of health care in the broader Victorian community has become a serious issue after the COVID pandemic. However, for the TGD community obtaining gender affirming health and allied care was very challenging prior to the COVID pandemic and after the pandemic it has become a critical issue. The problem is exemplified by

a. Reports from parents of transgender children accessing the Royal Children's Hospital gender service indicate an inability for them to access the service once the child or adolescent has commenced puberty. The service has prioritised those children who will benefit from puberty blockers to delay puberty. A gender service for children and adolescents up to 17 years is available in Wodonga staffed by a nurse on a part time basis[20]
b. The Royal Children's hospital has had an exponential increase in parents seeking support for their child [21]; the Victorian government has provided additional funding but this appears to be unable to keep up with the increased demand.
c. The Monash Gender Clinic has a long wait list which additional funding and staffing has not been able to adequately address – appointments in July 2023 were being made for referrals dating from February 2021.[22] Again, the Victorian government has

[20] 2018 Demand for regional gender service prompts calls for more support beyond the cities ABC News online accessed 13 September 2023 https://www.abc.net.au/news/2018-08-07/demand-for-regional-gender-service-to-grow-beyond-cities/10083864
[21] 2021 Leading the way in transgender healthcare RCH Foundation website accessed 13 September 2023 https://www.rchfoundation.org.au/2021/12/leading-the-way-in-transgender-healthcare/
[22] 2023 Monash Gender Clinic Frequently asked questions Monah health website accessed 13 September 2023 https://monashhealth.org/services/gender-clinic/questions/

provided additional funding but this appears to be unable to keep up with the increased demand.

d. Monash Gender Clinic is able to refer patients for publicly funded laser hair removal and speech therapy. However, the wait times for these are long 8 months and 12 months respectively
e. The two publicly funded gender clinics in Preston and Ballarat have had difficulties in recruiting staff and maintaining services. Preston has only resumed taking new clients last month after a gap of around a year and Ballarat as of March has reportedly been unable to provide hormones to a single client[23]
f. Private LGBTIQ+ and TGD specialist clinics report little or no availability: Northside Clinic has not been taking new TGD patients for some years but has recently reopened its waitlist[24]. Equinox clinic's waitlist is closed[25] Prahran Market Clinic and TG Health Clinic report some availability with a wait list.
g. AUSPATH has a list of its members who are GPs on its website. It numbers 27 GPs in Victoria. All are in private practice and it is not clear how many are generally available to either adults or children[26]

There are private health practitioners who are not part of an LGBTIQ+ or TGD clinic but accessing them can be difficult. All private clinics have policies allowing them to charge gap fees over the Medicare rebate. The availability of adult services outside metropolitan Melbourne is extremely limited, most TGD people report travel to Melbourne necessary to access gender affirming health care.

The availability of hair removal technicians (laser, electrolysis and epilation) is anecdotally limited and gaining bookings difficult. Electrolysis is the only method that is suitable for the permanent removal of hair. Female identifying TGD people need electrolysis for removal of facial hair and access is particularly difficult in the post pandemic period. For many female identifying TGD persons this service is not cosmetic but fundamental to making their gender presentation congruent with their gender identity.

For male identifying people permanent removal of hair using electrolysis from sections of tissue used in phalloplasty in the creation of a phallus is essential prior to the surgery.

The availability of surgeons for gender affirming surgical procedures is limited – there are seven surgeons listed on the AUSPATH website[26]. Not all the surgeons will perform all of the surgeries listed in section 7 particularly the surgeries related to male to female genital construction surgery can be difficult or impossible to obtain in Victoria or Australia. Travel to have surgery is commonly practised in the community particularly to Thailand. The rationale is cost and the larger range of types of operations performed particularly genital affirmation surgery.

12.4 Formal barriers (gatekeeping) to accessing gender affirming health care

[23] 2023 Trans and Gender Diverse in Community Health Program, Your community health Preston website accessed 13 September 2023 https://www.yourch.org.au/service-access/trans-and-gender-diverse-health/
; Trans health clinic mixed success, as patients wait for gender-affirming hormones ABC online news website accessed 13 September 2023 https://www.abc.net.au/news/2023-03-08/transgender-health-clinic-ballarat-preston-under-delivering/102043082
[24] Northside Clinic New Patients website accessed 13 September 2023 https://northsideclinic.net.au/new-patients/
[25] 2023 The Equinox Waitlist Thorne harbor health website accessed 13 September 2023 https://thorneharbour.typeform.com/eqwaitlist22?typeform-source=equinox.org.au
[26] 2023 AUSPATH website accessed 13 September 2023 https://auspath.org.au/providers/#VIC

The main barrier in terms of formal gatekeeping are the requirements by some practitioners for a psychologist or a psychiatrist to evaluate a TGD individual prior to prescribing gender affirming hormone therapies or gender affirming surgeries particularly those involving genital surgery or breast enhancement, reduction or chest reconstruction.

12.4.1 Gender Affirming hormones

In terms of gender affirming hormone therapies, TGV supports the position of AUSPATH[27] which is that access to gender affirming hormone therapy should be available to adults and adolescents following an informed consent model as outlined on p21 of their guidelines. It should be noted that it has separate guidelines for the treatment of children and adolescents[28]. This model allows for an individual GP or clinician where appropriate evaluate the mental and physical health of a TGD person and offer them appropriate hormone treatment to be used by them under the TGD person's informed consent acknowledging the permanent and temporary changes expected while taking the hormone treatment without necessarily requiring any psychological or a psychiatric assessment prior to initiation of therapy. The process does involve the GP or clinician conducting an initial medical review including a mental health assessment and does require ongoing monitoring by the GP or clinician. TGV believes that this process is the one that should be followed.

AUSPATH has the following position in its published document

- "Trans people have some of the highest rates of suicidality and suicide attempts in Australia - access to medical gender affirmation for those who seek it is medically necessary, clinically relevant suicide prevention.
- Depression, anxiety, and suicidality are not contraindications to hormone therapy. In most cases mental health can be exacerbated by denial or delay, and improves following initiation of gender affirming hormones
- Offer support, advocacy and referrals where required."

And so, it places the decision to offer informed consent access to gender affirming hormones to the treating GP or clinician.

On release of the guidelines Maggie Smith, AusPATH Director said:

> *"Gender affirming medical care is so much more than hormones, it's about building trust and offering reassurance, listening to the patient, and believing them, facilitating access to the community and advocating where necessary. The relationship between patient and gender affirming clinician is profound, in many cases it's lifesaving. These guidelines offer clinicians the steps to follow, AusPATH offers clinicians the path."*

Prescribing of no other non-psychiatric drug not for mental health reasons requires prior approval by a psychologist or a psychiatrist and TGV agrees with AUSPATH's recommendations regarding hormone therapy. The guidelines recognise the high prevalence of mental health issues in the TGD community without stigmatising the whole community as mentally ill and unable to make informed consent to hormone therapies. AUSPATH's guidelines recognise the important role that gender affirming hormones play in improving the mental health of TGD Australians and allows prompt

[27] https://auspath.org.au/wp-content/uploads/2022/05/AusPATH_Informed-Consent-Guidelines_DIGITAL.pdf

[28] 2021 AusPATH. Public Statement on Gender Affirming Healthcare, including for Trans Youth – AusPATH. https://auspath.org.au/2021/06/26/auspath-public-statement-ongender-affirming-healthcare-including-for-transyouth

access with appropriate safeguards and align with the principles outlined previously from Transgender Europe and the Yogyakarta Principles in section 11 above.

Earlier guidelines e.g., from WPATH did require psychological or psychiatric assessment prior to initiation of gender affirming hormone treatments and some GPs and clinicians are reportedly still requiring them. TGV views such assessments where the treating GP or clinician is able to assess the competency of the TGD individual seeking gender affirming hormones as an unnecessary and unwarranted delay to life affirming and potentially lifesaving treatments involving extra cost for no benefit to the TGD individual or clinician

12.4.2 Gender Affirming surgeries.

Some Gender Affirming surgeries need a surgical readiness referral. This must be signed off by one or two mental health professionals with a minimum of experience, according to the requirements of the gender affirming surgeon[29]. The WPATH Standards of Care V7 include the need for "documentation of persistent gender dysphoria by a qualified mental health professional." They also read "For some surgeries, additional criteria include preparation and treatment consisting of feminizing/ masculinizing hormone therapy and one year of continuous living in a gender role that is congruent with one's gender identity." TGV believes that some experience of living in a congruent gender role is appropriate prior to some surgeries but that a rigid application of the one year of continuous living in a congruent gender rule is not appropriate. There circumstances where more experience than one year may be appropriate e.g., for those living in isolated circumstances with little interaction with general society on only an infrequent basis and others where lesser requirement is applicable e.g., where someone perhaps works in a congruent gender role 5 days a week but in order to secure access to their children adopts an incongruent gender role on the weekends.

It's important to understand that the Standards of Care outline a set of best practice guidelines for gender affirming care as of 2012. TGV prefers to interpret the gender dysphoria component as an understanding of patient's experience of gender incongruence that can be alleviated through gender affirming surgery, and not a requirement of diagnosis of the condition 'gender dysphoria'. This goes back to the above understanding of gender dysphoria as an experience that some trans people have, and gender incongruence as a medical understanding of trans experiences, including but not exclusive to gender dysphoria. Gender affirming surgery has been shown to improve the mental health and well-being of TGD people and reducing suicidality and therefore delaying access by requiring a whole year of living in a congruent gender role or having a formal diagnosis of gender dysphoria is not appropriate in all cases. An adequate understanding of what it means to live in a congruent gender role and an understanding of the non-reversible nature of the surgery should be sufficient to access all gender affirming surgeries.

Although gender affirming surgeries are not cosmetic, it is interesting to note that until recently cosmetic surgical procedures did not require any independent referral or mental health assessment. Under new guidelines referral by a GP is needed prior to these surgeries. Psychological evaluation by a psychologist or psychiatrist is not needed for cosmetic procedures e.g., for cis persons undergoing breast enhancement, unless the patients are found to have significant underlying psychological

[29] Trans Hub Health and Gender Affirmation in NSW Diagnoses Trans hub website accessed 13 September 2023 https://www.transhub.org.au/clinicians/diagnoses

issues[30] Where it is required for female identifying TGD people review by one or two clinically qualified health professionals is required

12.5 Cost of health care

The cost for gender affirming health is a major barrier for TGD individuals seeking the benefit of this care. The philosophy that gender affirmation was cosmetic and were a specialist and niche treatment not often performed underlined the decision to exclude these procedures from Medicare funding when universal health care was being reviewed in 1984 after exclusion of male to female surgeries and hormone treatments from private health insurance[31].

The History of Transgender Health Care in Australia[32] describes how the gender affirmation was excluded from funding

"The Commonwealth Government set up the Medicare public health system in 1984 and the then Minister for Health also commissioned Robyn Layton to lead a review into the Medical Benefits Schedule (MBS). The aim of the review was both to simplify the MBS, as well as to determine which items should be covered by Medicare and at what rates. The review recommended against covering gender affirmation surgeries. The report laid out the justification:

In the Committee's view, gender reassignment surgery should only be performed on patients who attend special gender reassignment units. It believes that the best way to encourage this is to exclude the payment of Medicare benefits for such surgery and to provide funding for such units through Health Program Grants.

To this day, still most gender affirmation surgeries are still not covered by Medicare. At the time of the Layton Review there were three public clinics receiving state grant funding – two in Melbourne and one in Adelaide. Since 1988 there has only been the one: the Monash Gender Dysphoria Clinic." which as we have noted earlier is struggling to meet demand in Victoria

Today access to PBS rebates and Medicare rebates for some gender affirming health care is possible but, in many cases, it is

- Limited to some treatment options – often with treatments used for TGD people which are not optimal especially in the hormone area
- Subject to approval by PBS or Medicare which can be denied
- Results in very large out of pocket costs for patients seeking treatment in private clinics which is often the only option available given the wait times and limited availability of public clinics.

As an example, the costs of gender affirming genital surgery (which is life enhancing and in many cases lifesaving) is substantial even for those who have maximum private health insurance. The cost for male to female genital gender affirmation is of the order of $20,000 while the female to male gender affirmation costs around $70-100,000 in out-of-pocket expenses. These substantial costs form a large barrier to accessing these surgeries and the delays and stress involved in raising the funds for them exacerbates the poor mental health and suicidality of TGD individuals needing them.

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[30] Referring A Client for Psychological Assessment Before A Cosmetic Procedure A Guide For Australian Patients, GPs & Cosmetic Clinics New Vision Psychology website accessed 13 September 2023 https://newvisionpsychology.com.au/psychological-assessments-and-reporting/psych-assessment-cosmetic-procedures-australia/

[31] 2022 A History of Trans Health Care in Australia A Report for the Australian Professional Association for Trans Health (AusPATH) p27 Riseman N Australian Catholic University

The situation contrasts with that in Europe where e.g., in the UK and France the surgeries are essentially covered by the national health systems.

TGV recommends an urgent overhaul of access to gender affirming hormones and surgery in Australia to improve the well-being and reduce mental ill health and suicidality of TGD Australians.

13. Support for Gender Affirmation by the Victorian Government

While the Victorian government has done much to support TGD Victorians in the last 10 years and TGV is grateful for its support. However more work and funding are needed. This includes

- Funding of existing public health clinics to meet the increasing needs of TGD Victorians for gender affirming health care
- Funding more public health clinics to meet the increasing needs for gender affirming health care especially in fast growing metropolitan areas and in rural and regional Victoria
- Funding existing and new mental health clinics with expertise in TGD mental health
- Strengthening the discrimination provisions of the Equal Opportunity Act to make it more effective at reducing discrimination on the grounds of gender identity
- Remove or limit exceptions for religious institutions and sporting bodies in the Equal Opportunity Act
- Urgently enacting anti-vilification legislation including gender identity as a protected attribute noting that there is an increasing level of serious vilification on the grounds of gender identity and there has been a review of proposed legislation ongoing since 2019
- Provide ongoing core funding for TGD led organisations in addition to the project-based funding provided

14. Support for Gender Affirmation by the Commonwealth Government

The Commonwealth government has been less supportive than the Victorian government and has not provided much support for TGD Australians to help improve the well-being and health of this marginalised group.

The Commonwealth should

- Include indications for medicines providing gender affirmation including hormones and hormone blockers on the PBS, removing the need to manipulate their use for other conditions involving cis gender people
- Add a broader range of gender affirming hormones and other treatments to the PBS especially for TGD indications.
- Include all gender affirming surgeries as rebatable items for treatment of TGD people on the Medical Benefits Schedule
- Include at least 20 sessions with a mental health care professional under a Medicare health care plan
- Fully fund mental health professional consultations required to gain access to gender affirming surgery and hormones (in additional to having the worst prevalence of mental ill

health, there is a cohort of trans people who are amongst the lowest socio-economic group in Australia
- Improve the integration of the multidisciplinary support of TGD peoples' health including providing better mechanisms for the sharing of health information between GPs, endocrinologists, surgeons and mental health professionals.
- Train and develop a cohort of mental health professionals who can offer culturally safe mental health care to TGD people – involve TGD people directly in the training.
- Develop a directory of trained professionals accessible to the TGD community.
- Work with TGD people to co-design a national strategy for gender affirming and mental health support for TGD people with a patient- or person-centred approach to health care for TGD individuals, which considers gender, language use, neurodiversity and trauma histories.
- Remove or limit exceptions for religious institutions and sporting bodies from the Sex Discrimination Act
- Enact Federal anti-vilification legislation urgently to combat the increasing level of serious vilification on the grounds of gender identity
- Provide funding for research into gender affirming therapies including hormones and surgeries in addition to the MRFF funding for research into delivery of gender affirming health care
- Provide more funding to assist the state governments and other organisations to provide gender affirming health care and gender affirming mental health support

15. Prevention Opportunities

The Coroner's Solicitor in their letter to TGV stated that

"The Coroner is seeking additional information in order to fulfil their statutory obligations in making a finding about the cause and circumstances. The coroner plays an important role in the independent investigation of deaths for the purpose of identifying prevention opportunities."

The Coroner's Solicitor informed TGV that the Coroner is seeking additional information to fulfill statutory obligations related to determining the cause and circumstances of these deaths, with a focus on identifying prevention opportunities.

While the Coroner provided a summary of the deaths' circumstances, it lacks details necessary for commenting on the causes without undue speculation. However, TGV can offer insights into general prevention opportunities to reduce suicide rates among TGD individuals in Victoria, without requiring specific details about these cases.

The understanding of suicide rates among TGD individuals in Victoria, as well as the relationship between suicidality and suicide, remains incomplete. Reducing suicidality is likely to result in fewer suicides, making it a valuable outcome.

TGV acknowledges the extensive work needed to reduce suicidality within the Victorian TGD community, which faces greater stigma, marginalization, abuse, vilification, and violence due to their

identity. The key prevention opportunity to reduce TGD suicides lies in reducing this stigma and marginalization. This requires a cultural shift in the entire Victorian community, allowing TGD Victorians to fully participate in all aspects of life up to their abilities and inclinations. TGV's current strategic plan includes that statement that TGV is

"working towards a world where trans and gender diverse (TGD) people are welcomed, valued and celebrated as full participants"[32]

While the cultural change in society for this to happen will take a considerable period (probably a generation or more) TGV offers the following recommendation for prevention opportunities for the Coroner to consider in their findings.

1) Recommend the implementation of the actions for the Victorian Government in Section 13 above
2) Recommend the implementation of the actions for the Commonwealth Government in Section 14 above
3) Improve data collection by the Coroner on suicides by TGD people including tracking of suicides of transgender men and gender diverse people as well as transgender women
4) Examine the Coroner's records for evidence about the suicides of TGD people broadly
5) Compare the data on TGD suicides with that of the broader population possibly involving match for age, gender and socio-economic characteristics
6) Advocate to the Victorian and Commonwealth government for adequate resources to enable TGD health care to be available to all TGD Victorians and Australians. TGD healthcare should encompass a multidisciplinary approach focussed on the TGD individual and led by their GP who co-ordinates a team of specialists including endocrinologists, a variety of surgeons, mental health professionals, dietitians, speech pathologists, cosmetic medical professionals and technicians.
7) Work with Victoria Police to improve this data collection
8) Work with Victoria Police to improve their handling of missing persons cases involving TGD people (following the detailed description offered by Commissioner Fernando in the BF case)
9) Consult with AusPATH on the question of TGD health. AusPATH is the expert body on transgender health in Australia
10) Continue to consult with the TGD community, preferably broadening relationships with TGD led organisations
11) Coroner to note the importance of gender identity to the well-being of all in the community and the special place it holds for TGD people. It should have policies to respect preferred names and pronouns where appropriate
12) Coroner should revise its approach to next of kin for TGD people and elevate the consideration of other appropriate persons rather than apply the list it has published. This is because rejection by family of birth or an adopting family will usually result in a TGD person developing a family of choice who would be more appropriate to consult on matters relating to coronial inquests.

16. Answers to Questions

I will edit these separately and incorporate later in line with the above.

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2020 TGV Strategic Plan 2020-2023

- Please provide a summary of the role of Transgender Victoria

See Section 3

- Please comment on any perceived or known gaps in the policies, services and programs that meet the health care and/or support needs of the transgender, gender diverse and/or non binary community.

See Section 12

- Outline the risks and benefits associated with a person's decision to gender affirm including the differences/specific factors if any, associated with:

The question assumes that an individual makes a logical risk and benefit decision when affirming their gender. TGV cannot agree with this assumption, for many TGD persons the decision to affirm their gender is the result of a lifelong compulsion to resolve their inner torment. The statement is frequently made by TGD people that the choice they had was to affirm their gender or kill themselves. The following comments are made subject to this caveat.

The personal (internal) benefits are derived from decreasing the gender incongruence as described in Sections 8,9,10 and 11. The increasing sense of congruence one derives from a decision to gender affirm supports the individual's ability to live a rich and rewarding life in as much their abilities and other personal circumstances will permit. The personal (internal) risks of presenting in a gender which is incongruent to an individual's gender identity is that it is deleterious to their sense of self as detailed in Section 5 and leads to adverse outcomes in terms of mental and physical health and well-being discussed above.

The societal (external) benefits are derived from the improved ability of the person's ability to contribute to society in as much their abilities and other personal circumstances will permit. The societal (external) risks are varied but a major one is the lack of acceptance of the presentation of a person who is living in congruence with their gender identity. This lack of acceptance can be varied but it usually stems from a prejudice against TGD people. In general, the more the gender presentation is consistent with the conventional view of how a woman or a man presents the greater the acceptance. The converse is that the less the gender presentation is consistent with the conventional view of how a woman or man presents the less the acceptance and the more likely the person will be subject to discrimination, ridicule, psychological and physical abuse and serious violence largely as a result of transphobia. This will create greater problems for people who have substantial characteristics of the gender that they were affirmed as at birth which cannot be modified or which the TGD individual for a variety of reasons does not wish to modify to be congruent with the gender of their gender identity.

i. affirming from male to female

In addition to the sense of congruence listed above, affirming from male to female can allow the individual to benefit from the traditional gender roles of women if they so wish or to benefit from the gender inclusion programs for women which offer positive discrimination support.

The risks are that the person will in addition to the discrimination, ridicule, psychological and physical abuse and serious violence mentioned above, loose male privilege which will potentially result in loss of social status, employment and educational opportunities and reduction in income through misogyny. The intersection of transphobia and misogyny for transgender women has been

labelled transmisogyny and is a compounded effect which multiplies the effect of the two discriminatory elements rather than simply adding them together.

ii. affirming from female to male

In addition to the sense of congruence listed above, affirming from female to male can allow the individual to benefit from the male privilege and experience better social status, employment and educational opportunities and reduction in income

The risks are that the person will experience the discrimination, ridicule, psychological and physical abuse and serious violence mentioned in the section above if people are aware that they are transgender.

iii. affirming as a child / young person versus later in life

Affirming one's gender as a child prior to puberty allows one to experience a full sense of socialisation in the gender congruent with their gender identity provided that they have an accepting familial, social and educational environment. If affirming their gender as a child involves the use of hormone/puberty blockers then the child will avoid going through puberty in the gender they were assigned at birth and when an adolescent can receive the sex hormones consistent with the gender congruent with their gender identity and develop secondary sex characteristics consistent with the gender congruent with their gender identity. It will avoid a lot of issues particularly for male to female TGD people related to the irreversible effects of exposure to testosterone in puberty (development of facial and body hair, deepening of voice pitch, development of masculine facial features, adult male body shape and musculature). For female to male TGD children the major irreversible effect avoided is the development of mammary tissue and female body shape. Puberty blockers allow TGD children to establish a social affirmation by living in the gender congruent with their gender identity and delay a decision to make medical affirmation which is permanent until they are confident of their gender identity. Puberty blockers such as gonadotropin hormone releasing hormone analogues have been in use for over 20 years and offer few risks to the health of the child. The risks are mainly about the height of the child and bone density. Once an adolescent has been taking sex hormones congruent with their gender identity for a period, they may be eligible for gender affirmation surgery (usually only at 18).

The particular stories in the 4 Corners program broadcast earlier this year may help inform the Coroner about the approach to gender affirmation in a medical context amongst adolescents. The story of Noah, a young male identifying TGD adolescent who suicided is particularly pertinent[33]. Noah had reportedly sought help from the Westmead Hospital Gender Service and was deprioritised as Noah had started puberty and was not eligible for puberty blockers. This approach is also used by the Victorian Royal Children's Hospital because there are insufficient resources to treat all TGD children and adolescents. Noah was subsequently admitted to a different unit in Westmead suffering from anorexia. When the Westmead Gender Service provided some support but when they attempted to contact Noah and provide further support, the gender service staff were allegedly told:

""cease … involvement with Noah due to the eating disorder being the primary focus".

[33] 2023 Why Four Corners had to investigate the sensitive and important story of gender distress in children ABC online accessed on the 14th September 2023 https://www.abc.net.au/news/2023-07-10/four-corners-gender-distress-children-westmead-opinion/102577934; Controversial research pulls Westmead children's hospital into centre of fight over gender care ABC online accessed on the 14th September 2023 https://www.abc.net.au/news/2023-07-10/transgender-children-westmead-hospital-research-four-corners/102568570

Noah was effectively denied any specialist gender support by the hospital. Noah was subsequently discharged and killed themselves. There are several instructive points that can be drawn from this tragic story if the reports are accurate.

- Eating disorders can be a problem for TGD people. AusPATH guidelines for gender affirming hormones alert clinicians to the problem
- TGD Adolescents can frequently experience eating disorders in an attempt to stop puberty progressing
- Shortage of resources to support gender affirmation have lethal consequences. Gender affirmation is a life affirming and sometime lifesaving process for TGD children, adolescents and adults
- TGD health care requires an approach centred on the TGD individual and led by their GP who needs to co-ordinate a team of specialists including endocrinologists, a variety of surgeons, mental health professionals, dietitians, speech pathologists, cosmetic medical professionals and technicians.

There were several inquiries instituted by the NSW Premier and Health Minister following the 4 Corners report. TGV recommends the Coroner contact the NSW Coroner to determine if an investigation was undertaken into the circumstances of Noah's death

Undertaking gender affirmation later in life versus undertaking it in childhood may provide a benefit for those children who after a period of time on hormone blockers cannot decide that they want to undertake hormonal gender affirmation. Hormone blockers only became available in Victoria in the early 2000s and so for many older TGD Victorians they did not have the option to delay puberty and so their only option was to undertake gender affirmation later in life. Of course, gender affirmation even later in life offers the TGD older person benefits from improving the congruence of their gender presentation with their gender identity.

Undertaking gender affirmation later in life has many challenges in reversing the effects of the sex hormones of the birth gender of the TGD person which are of course incongruent with their gender identity. Male to female people may choose to have procedures such as

- facial feminisation surgery, tracheal shaves
- facial masculinisation surgery
- gender affirming voice surgery,
- breast enhancement

Female to male people may choose to have procedures to reverse the effect of puberty such as

- facial masculinisation surgery
- gender affirming voice surgery,
- breast reduction, chest reconstruction

which are unnecessary for TGD people who have not gone through puberty in their birth gender because they have accessed puberty blockers. All these procedures carry risk and expense and not all are fully satisfactory in providing gender characteristics congruent with the TGD person's gender identity.

i. affirming as a non-binary or gender diverse person.

It is instructive that the coroner did not include this category in their request for information. Many people forget that there are more genders than just two, the gender binary is strongly implanted in our mindset. The benefits of affirming as a non-binary or gender diverse are

- allowing the individual to explore what sitting outside of the binary might mean for them
- shaping a gender identity ideally suited to the individual sense of self from an infinite variety of possibilities
- avoid being trapped in traditional gender stereotypes
- gender identity and presentation can change over time
- gender identity and expression can be separated without being linked strongly in the gender binary

The risks/disadvantages of affirming as non-binary are that the person because their gender presentation does not conform to the gender binary may evoke more discrimination, ridicule, psychological and physical abuse and serious violence than a person who conforms to the gender binary.

- Detail the implications if any, for a person who is gender affirming and who has a diagnosed and currently treated mental illness, including any potential adverse effects of gender affirming hormone therapies.

This topic has been dealt with by other expert submissions. It is noted that AusPATH asks a GP or clinician to take this into account when making a decision to offer informed consent for hormones. The AusPATH guidelines note that hormonal gender affirmation has been shown to improve the mental health of TGD people including a reduction in suicidality. Part of the consideration of whether to offer hormones to someone with an active mental illness should be the known side effects of hormones which may impact the person's mental health. In the case of estrogens such side effects include mood swings and loss of libido and in the case of testosterone includes increased libido. It is noted that the expert evidence of Professor Jeffrey Zajac that "In patients with other psychiatric diseases such as psychotic depression and schizophrenia, hormone therapy can have unpredictable effects and appropriate diagnosis with concurrent management is recommended." TGV is not equipped to evaluate this evidence as we do not at present have access to our own medical expertise.

The AusPATH guidelines referenced above note

"In situations where mental illness or substance use may impair the ability of the patient to provide informed consent, a mental health professional opinion may be needed. Examples include active psychosis related to gender, cognitive or intellectual impairment, dementia, brain injury, untreated personality disorder, and dissociative identity disorder (where the system of alters disagree on identity, or affirmation goals). Complex mental health issues should be addressed, and the patient supported, prior to commencing hormone therapy."

TGV would recommend that this guideline be followed subject to the clinical opinion of the GP or clinician.

- What effect could historical and/or current risk of suicidality have on a person's gender affirmation journey and access to treatment and/or support services?

In general, as already discussed all aspects of gender affirmation improves a TGD person's mental health and reduces suicidality. Logically historical and/or current risk of suicidality which is present in the majority of the TGD population should accelerate the support given to a TGD person on their gender affirmation journey. For TGD people with a current risk of suicidality mental health support from an appropriately qualified mental health professional should be provided. TGV notes that the AusPATH guidelines on the provision of gender affirming hormones state

"Risk assessment – ask sensitively about self-harm or suicidal thoughts.
o Trans people have some of the highest rates of suicidality and suicide attempts in Australia -access to medical gender affirmation for those who seek it is medically necessary, clinically relevant suicide prevention.
o Depression, anxiety, and suicidality are not contraindications to hormone therapy. In most cases mental health can be exacerbated by denial or delay, and improves following initiation of gender affirming hormones."

This guideline supports TGV's position that rapid access to gender affirmation for TGD people is critical and that removal of any or all of the barriers to gender affirmation will improve the health and well-being of TGD Victorians.

- Provide comment on the impact if any, of COVID associated restrictions in 2020-2021 on the trans and gender diverse communities.

COVID restrictions had a serious adverse effect on the TGD communities. The whole broader Victorian community experienced a worsening of mental ill health and the TGD communities experienced the same effect albeit from a much higher base. This was the subject of a study by Trans Health Medical Research[34] which established the degree and extent of the impact in the first three months

TGV was acutely aware of the challenges faced by the TGD community through its board, staff, volunteers and membership. The increased sense of social isolation from COVID associated restrictions was acutely felt by the TGD communities. The restrictions reduced TGV's ability to provide the in-person peer support activities which help reduce the mental ill health and suicidality in the TGD communities. TGV did pivot its programs to online ones where practical and this did help alleviate some of the distress, however for many in the community in person contact is far more effective.

- If your organisation provides postvention programs please provide details, including what triggers the program.

TGV does not provide postvention programs for TGD people or their families and friends. TGV would refer request for support in this area to Switchboard which does provide these programs.

- Please provide any additional information you believe will be of assistance to the Coroner in the investigation of the Cluster.

See body of report in particular Section 15 prevention opportunities.

34 2021 The impact of the first three months of the COVID-19 pandemic on the Australian trans community Sav Zwickl et al International Journal of Transgender Health, 24:3, 281-291, DOI: 10.1080/26895269.2021.1890659