AUSTRALIAN RESEARCH CENTRE IN SEX, HEALTH AND SOCIETY

Submission to the Human Rights Commission on Current and Emerging Threats to Transgender Rights

May, 2024

Contents

To cite this submission: Australian Research Centre in Sex, Health and Society: *Submission to the Australian Human Rights Commission on Current and Emerging Threats to Transgender Rights.* Melbourne: Latrobe University, 2024.

Submission Information

For queries or comments on this submission please contact:

Aoife Dermody, *ARCSHS Strategic Knowledge Translation Lead*

[redacted]

Contributors to this submission:	
Dr Natalie Amos	Dr Ruby Grant
Dr Joel Anderson	Dr Gene Lim
Professor Adam Bourne	Dr Sean Mulcahy
Aoife Dermody	Professor Kate Seear

Overview

About ARCSHS

The Australian Research Centre in Sex, Health and Society (ARCSHS), based at La Trobe University, conducts world-class research and education on the social dimensions of sexuality, gender, health and human relationships. We work collaboratively with other researchers, communities, community-based organisations, government and professionals to advance knowledge and promote positive change in policy, practice and people's lives. ARCSHS acknowledges First Nations owners and custodians on all lands upon which we work. ARCSHS welcomes the opportunity to contribute our unique voice and expertise to this process.

About this submission

At a time when backlash to progress in relation to LGBTIQ+ rights generally – and trans and gender-diverse people's rights in particular – is increasingly evident in public discourse and impacting people's lives, this consultation is welcomed by ARCSHS, and we are eager to support the process. In line with the invitation by the AHRC, ARCSHS provides a high-level summary of the following:

1. An understanding of the legal infrastructure and concept of trans and gender-diverse human rights
2. An exploration of potential violations of transgender human rights evident in policy and service provision contexts across social determinants of health categories
3. Recommendations for changes to human rights infrastructure and other systems to promote transgender human rights.

Format of submission

To ensure we meet the word-count requirement, this submission is presented as an unreferenced, high-level summary of literature concerning each theme area. We provide **accompanying appendices that detail the supporting evidence and references** for each area.

Section One: Transgender and Gender-Diverse People and the Australian Human Rights Framework

Challenges

At the outset, we note the framing of 'TGD human rights' is reductive and potentially counterproductive as it (wrongly) implies that there is a collection of human rights that accrue only to trans and gender-diverse people that are often juxtaposed to the human rights of other people. A stronger framing would be 'human rights of trans and gender-diverse people', which acknowledges that universal human rights apply to trans and gender-diverse people rather than specific (and narrow) 'trans and gender-diverse human rights'.

One of the limitations of Australia's existing approach to these populations is that human rights are defined under relevant law as rights and freedoms in just seven international instruments,[1] and not, for example, in the International Covenant on Economic, Social and Cultural Rights. This means there are limited protections for the economic, social, and cultural rights of trans and gender-diverse people. In addition, The Commission has limited powers to examine or inquire into enactments, proposed enactments, acts, or practices that may be 'inconsistent with or contrary to any human right.'[2] Furthermore, the Commission can only *recommend* the payment of compensation or remedial action for any act or practice that is found to be inconsistent with or contrary to human rights.

Human Rights Infrastructure Recommendations

- The Commonwealth Parliament should enact a charter of human rights that protects a broad range of human rights, is justiciable, and is not reliant principally on parliamentary scrutiny processes; our research has found these processes can be inadequate, routinely rights-limiting, and untransparent.[3]

---

[1] The *International Covenant on Civil and Political Rights*, the *Declaration on the Rights of the Child*, the *Declaration on the Rights of Mentally Retarded Persons*, the *Declaration on the Rights of Disabled Persons*, the *Convention on the Rights of Persons with Disabilities*, the *Convention on the Rights of the Child*, the *Declaration on the Elimination of All Forms of Intolerance and of Discrimination based on Religion or Belief*.

[2] *Australian Human Rights Commission Act 1986* ss 11(1)(e), (f)(i).

[3] See, for example, Sean Mulcahy and Kate Seear, 'A "tick and flick" exercise: Movement and form in Australian parliamentary human rights scrutiny' (2023) 55(3) *Dance Research Journal*; Sean Mulcahy and Kate Seear, 'Backstage

- The Commission should be empowered to: examine proposed enactments, acts, or practices that may endanger human rights without requiring approval from the Minister, report on these matters publicly, and (where relevant) make enforceable undertakings with duty-holders to prevent or remedy human rights violations following inquiry.
- Compensation payment recommendations by the Commission should be enforceable and binding, and there should be a requirement that persons found to have violated human rights report to the Commission on any remedial action taken in response to findings and recommendations.

Section Two: Evidence of Threats to, or Violations of Human Rights[4]

Preamble: Overview of threats to and violations of trans and gender-diverse human rights

Trans and gender-diverse people in Australia have faced significant levels of stigma and discrimination throughout colonial history. Trans discrimination bleeds into many crucial aspects of life and has serious implications for the outcomes of trans and gender-diverse people in Australia. National research shows that the pervasiveness of discrimination negatively influences employment and workplaces, housing and homelessness, healthcare, education, legal freedoms, and social relationships. Discrimination towards trans and gender-diverse people is prevalent in workplaces, and related barriers extend to job attainment. Access to secure housing is a common difficulty for trans people, with homelessness rates being concerningly high in the community. Trans and gender-diverse folk often encounter discrimination and harassment socially and structurally within schooling institutions, consequently impeding education conditions. Further, general healthcare challenges due to discrimination and access to effective gender-affirming care render the medical sphere a minefield for many trans people in Australia to navigate. Similarly, familial and social rejections, forms of violence, and barriers to legal recognition compound the personal impacts of trans-based discrimination. Several emerging threats to trans

performances of parliamentary scrutiny, or coming together in parliamentary committee rooms' (2023) 41(2) *Documenta: Journal for Theater;* Kate Seear, *Law, Drugs and the Making of Addiction: Just Habits* (Routledge: London, 2020).

[4] A reminder that this section is presented as an unreferenced high-level summary of evidence, with thematised, referenced evidence provided in correlating appendices

rights and freedoms exist in the spaces of elite and community sports, as well as the use of public bathrooms. Discriminatory discourse and public fear have the potential to impede inclusive and effective future policies. Personal implications of trans-based discrimination experiences often manifest in physical, mental, and interpersonal difficulties, with rates of ill mental health, physical well-being outcomes, and interpersonal relationships proving more volatile for trans people. Overall, the prevalence of discrimination toward trans and gender-diverse people creates compounding barriers to accessing and fulfilling basic standards of living and enjoyment of full human rights.

2a: Summary of threats or violations in healthcare

Health is a fundamental human right and all people are entitled to the highest attainable standard of health conducive to living a life in dignity. However, research suggests that these rights are regularly denied to trans people in Australia through structural barriers to healthcare and discrimination (implicit and explicit) in healthcare settings. Trans people report experiencing discrimination when accessing health services through instances of misgendering, use of inappropriate language, breaches of privacy, inappropriate questioning/curiosity, and hostility from health professionals. Reduced or limited awareness of trans needs among healthcare providers can lead to discriminatory treatment such as exclusion from gendered services, wrongful assumptions of healthcare needs, and pathologising trans identities and experiences. Trans people's access to medical gender affirmation (i.e. hormone therapies, gonadotropin-releasing hormone agonists ['puberty blockers'], and surgeries) is a key site of discrimination and mistreatment. Despite ample evidence of the significant mental health benefits of gender affirmation for trans people of all ages, access is often impeded by a dearth of affordable and timely services, limited practitioner capacity, complex referral processes, and practitioner distrust or hesitancy to support affirmation. This is particularly the case for trans young people, whose access to medical gender affirmation is often central to negative anti-trans sentiment. Discrimination against trans people in Australian healthcare is consistently correlated with negative consequences for trans health, wellbeing, and quality of life.

2b: Summary of threats or violations in education

Trans and gender-diverse students in Australian educational institutions (including secondary schools, TAFE and universities) frequently face experiences of discrimination and abuse within these settings. Research on education experiences in Australia reveals widespread issues,

including persistent misgendering and the use of negative or offensive language or remarks from both peers and faculty. Many young trans people report feeling unsafe using their chosen name or pronouns within their education institution and a lack of appropriate and accessible facilities, such as bathrooms and change rooms. These experiences are exacerbated by a lack of supportive or inclusive policies and infrastructures that recognise, support and protect trans identities. Many policies and practices within education settings may be exclusionary of trans students, such as enforced binary-gendered uniforms, binary gender segregation in sports and other activities and barriers to formal recognition of their gender identity. Concerningly, experiences of harassment and bullying are prevalent among trans students, with many reporting that experiences of harassment are most likely to occur within education settings. Education faculty in Australia lack knowledge about and are inadequately trained on trans identities, experiences and needs. Additionally, the educational curriculum rarely includes trans identities or histories, further contributing to the erasure of trans experiences. These experiences of discrimination and abuse within the education system can have profound impacts on the mental health, well-being and academic success of trans students. Negative school experiences among trans young people are associated with higher rates of psychological distress, anxiety and suicidality. Trans young people are also more likely to report educational disengagement, including school avoidance, truancy, and incomplete schooling.

2c Summary of threats or violations in finance, employment and housing

Discrimination against trans and gender-diverse people in Australia has tangible economic and material effects, extending beyond impacts on health and wellbeing. Marginalisation and violence against trans and gender-diverse people, coupled with barriers to gender affirmation, can prevent or curtail trans and gender-diverse educational achievements and workforce participation. This reduces trans and gender-diverse peoples' earning capacity, impacting their access to housing. Trans and gender-diverse people are highly represented among those with low incomes and are four times more likely to be unemployed than the national average. The financial burden of seeking gender-affirming medical care can also significantly disadvantage trans and gender-diverse people economically. Such disparities are exacerbated for trans and gender-diverse people who experience other forms of marginalisation.

Trans and gender-diverse people commonly report discriminatory treatment such as misgendering, inappropriate language or comments, and harassment at work from co-workers, managers, and clients/customers. Implicit and explicit discrimination in recruitment practices may

also limit professional opportunities. Trans and gender-diverse people who affirm their gender while employed face barriers to ongoing employment and promotion. For example, workplaces may lack clear inclusion policies, trans-inclusive bathrooms/facilities, and gender affirmation leave. Real and perceived pressure to 'pass,' or express one's gender in a normative binary manner at work is a common source of anxiety for trans and gender-diverse workers.

Discrimination against trans and gender-diverse people also affects their access to housing. Despite all people having a right to adequate, affordable housing, trans and gender-diverse people in Australia experience high rates of homelessness and housing insecurity. Experiences of family and intimate partner violence are often associated with trans and gender-diverse homelessness. In Australia's highly competitive rental accommodation market, trans and gender-diverse people are disadvantaged by prejudice and stigma, increasing their vulnerability to homelessness. When accessing crisis accommodation, trans and gender-diverse people experience discrimination, including refusal of services and lack of inclusive/affirming service provision. Australian research regularly makes the following recommendations for addressing such economic disparities: affordable gender-affirming healthcare, workplace inclusion strategies, training, and accreditation,and targeted housing supports for trans and gender-diverse people.

2d: Summary of threats or violations in family, domestic and sexual violence

Family, domestic, and sexual violence (FDSV) is recognised as a serious threat to the inalienable human rights to life, dignity, and bodily integrity under a multiplicity of human rights frameworks including the Universal Declaration of Human Rights. Despite significant socio-legal proscriptions against the use of violence in this context, FDSV disproportionately impacts trans populations in Australia and contributes to dramatic health disparities burdening this population. Trans and gender-diverse people in Australia encounter complex but frequent forms of abuse from their families, as well as from their romantic and intimate partners. Family, domestic, and sexual violence (FDSV) within this population occurs with higher prevalence relative to cisgender LGBQ+ populations – themselves already at similar risk of experiencing such violence to cisgender, heterosexual women. Trans and gender-diverse populations also experience specific dimensions of FDSV that relate to the invalidation of their gender identity and chosen gender expression, as well as the weaponisation of societal prejudice against trans identities and populations. Specific challenges that trans and gender-diverse people face, and that in some circumstances constitute family or domestic violence, within the meaning of the relevant law, include: misgendering, constraints in access to gender-affirming medical care (e.g. via economic abuse) and privacy

violations including non-consensual disclosure of a person's gender identity as a form of harassment.

Crucially, given the increased likelihood of experiencing intimate partner violence than the rest of the rainbow community, trans and gender-diverse people are less likely to seek support; hetero-gendered paradigms that inform the delivery of professionalised FDSV services in most Australian jurisdictions often also inadvertently exclude trans-victim-survivors. In addition, enduring legacies of prejudice and persecution cause systems responses to FDSV that hinge upon institutional infrastructures such as the judiciary, police, and prisons to be unproductive avenues of recourse for trans-victim survivors. Indeed, the institutional harms sustained by trans-victim survivors in engaging with these systems is a consistent theme in Australian research.

2e: Other threats or violations: prisons, next of kin and identity documents

Prisons

Several international human rights instruments provide guidance and standards for the management of prisoners, including trans and gender-diverse prisoners. States and territories have largely implemented the recommendation of the Commission's *Resilient Individuals* report to *'develop and implement policies on the placement of [trans and gender-diverse] prisoners in correctional services.'* However, research notes that complexities arise regarding the placement of non-binary people within a strictly binary prison system.

Whilst the *Resilient Individuals* report found that most jurisdictions provide access to hormone treatment or gender affirmation surgery while in prison, recent research has found that no Australian jurisdiction reached all three benchmarks for healthcare access for trans and gender-diverse prisoners: that it is comparable to community healthcare access, based on need and not discretion, and includes gender-affirming surgical treatment.

Police training and registering of hate crime

The *Call for Justice* report found *'silence surrounding hate crimes targeting trans people'*, partly due to underreporting and under-recording. In response, the NSW Special Commission of Inquiry into LGBTIQ hate crimes recommended training police *on 'indicia of LGBTIQ bias crime and the circumstances in which an officer should engage with the […] Hate Crime Unit*.' This recommendation should be adopted nationwide.

Requirements for identity documents

Whilst significant strides have been made in recent years to remove requirements for trans and gender-diverse people to undergo surgical procedures to update their sex on birth certificates (except in WA and NSW), international research has found death certificates are often issued that do not reflect trans and gender-diverse people's gender identity. Law reform may be required to address this issue.

Next of kin

Furthermore, there have been cases of those in unregistered relationships not being recognised as next of kin. This is attributable to state and territory laws that do not allow flexibility in relationship recognition even if such proscriptions may discriminate against those without registered relationships such as 'chosen families' and in cases discussed in the Victorian trans and gender-diverse suicide cluster coronial inquest.[5]

Section Three: Recommendations in Thematic Areas

While acknowledging the specific and currently limited powers of the Commission to address all of the issues outlined in this submission, and while noting that not all of the issues we identify here are in the Commission's domain, we argue that more must be done to uphold and protect the human rights of trans and gender-diverse people across various domains and that wherever possible the Commission should be empowered to progress these rights issues, including but not limited to those detailed below.

Healthcare

- Remove financial barriers to medical gender affirmation through the inclusion of gender-affirming surgeries under Medicare, which comprehensively includes gender-affirming hormones under the Pharmaceutical Benefits Scheme.
- Increase training in trans-affirming healthcare provision across medical disciplines as well as for non-medical healthcare staff.
- Streamline referral processes for gender affirmation by removing the need for extensive psychological assessment before the prescription of hormones.

[5] The findings of the coronial inquest have not been released as at the date of this submission.

- Safeguard the availability of puberty blockers for trans young people who desire them, ensuring timely access.
- Provide information and support for parents and carers of trans young people.
- Improve understanding of the distinct health and gender affirmation needs of non-binary people.
- Ensure gendered health services are inclusive of gender-diverse people.
- Ensure services providing gender-affirming care are also culturally safe and accessible for all trans people.

Education

- Implement and enforce anti-discrimination policies that explicitly acknowledge gender identity, enable formal recognition of changed names and gender markers in institutional records, and provide gender-inclusive facilities.
- Enhance inclusion of trans identities within education curricula and materials. Educational curricula and materials must integrate LGBTQA+ content, ensuring trans histories and issues are represented.
- Ensure that all education institution staff are knowledgeable about trans identities and experiences through the regular professional development of all staff.
- Provide adequate provision of accessible and affirming mental health and support systems through education institutions, including counselling services knowledgeable of trans issues and student-led groups to provide peer support and promote inclusivity.

Family violence

- Ensuring the visibility of trans and gender-diverse people and their unique experiences of FDSV is included in all jurisdictional FDSV strategies and action plans, as well as plans for allied and related areas including, but not limited to, criminal justice and policing.
- Ensuring adequate service to, and protection of trans and gender-diverse people within the FDSV sector both through direct service provision, as well as interagency referral pathways, to ensure that trans and gender-diverse people, as one of the groups least likely to engage or potentially to stay engaged, will be equally supported and protected by service systems.

Prisons, identity documents and next of kin

- The AHRC should inquire into whether states and territories meet human rights benchmarks for healthcare access for trans and gender-diverse prisoners.

- The AHRC should inquire into whether state and territory police are appropriately trained on indicia of LGBTIQA+ hate crime.
- The AHRC should report that the Western Australian and New South Welsh laws that require trans and gender-diverse people to undergo surgical procedures to update their sex on birth certificates are inconsistent with human rights.
- The AHRC should inquire into whether state and territory laws recognise those in unregistered relationships or in 'chosen families' as next of kin.

Appendix One: Preamble Evidence and References

Trans and gender-diverse peoples' experiences of discrimination in Australia

Trans and gender-diverse individuals face discrimination at disproportionately high levels compared to their cis-gendered counterparts within Australia.

- Within the employment sphere, such discrimination can range from experiences of explicit harassment within workplaces to being unable to secure work due to gender identity and/or expression (1-3).
    - 41.9% of transgender young people experience employment issues stemming from discrimination, including difficulty in finding work due to their gender identity or losing employment as their workplace is not accommodating of their gender identity and/or expression (1).
    - Emerging research suggests that disclosing non-binary pronouns on resume applications decreases positive responses from employers (4).
    - Despite high levels of education, the unemployment rate is four times higher (21.3%) for trans and gender-diverse people than the national average (2).
    - 16.3% (n= 3,599) of employed LGBTQI+ people report sometimes or frequently hearing negative remarks specifically relating to transgender identities in the workplace within the past 12 months (3).
    - Negative remarks regarding gender identity and expression were reportedly heard sometimes or frequently in the past 12 months by almost half of LGBTQI+ people in full-time employment (48.9%; n = 87), one-third in part-time employment (33.3%; n = 343), and just shy of three tenths in casual roles (28.9%; n = 614) (3).
- Transgender and gender-diverse individuals encounter greater difficulties regarding experiences of homelessness and secure housing (3, 5).
    - Transgender and gender-diverse people report higher rates of homelessness compared to cisgender members of the LGBTQI+ community. Research from 2020

in Australia showed over one-third (34.3%; n = 103) of transgender men, 33.8% (n = 311) of non-binary people and 31.9% (n = 91) of transgender women report ever experiencing homelessness, compared to 19.8% (n = 584) of cisgender women and 16.8% (n = 391) of cisgender men (5).

  - 17.4% (n = 1,105) have run away from home and 10.5% (n = 667) left home because they were made to leave (3).
  - One in fifteen (7.5%; n = 41) trans and gender-diverse people report their gender identity to be a 'very' or 'extremely' influential barrier in obtaining secure housing and/ or accessing homelessness services (5).

- Educational settings pose an environment rife with discrimination for transgender and gender-diverse individuals, ranging from harassment to a lack of supportive structures (1, 3, 6).
  - In the *Writing Themselves In* survey, over three-fifths of LGBTQI+ participants (61.5%; n = 3,537) reported sometimes or frequently hearing negative remarks regarding gender identity or gender expression in an educational setting and 46.4% (n = 2,690) sometimes or frequently heard negative language regarding transgender people (3).
  - 78.9% of students experience issues with peer rejection and bullying, in ways such as purposeful misgendering, at school, university, or TAFE (1).
  - Consequently, feeling unsafe or uncomfortable led almost two-thirds (64.3%) of trans women, more than half (54.4%) of trans men, and 44.6% of non-binary people to report missing day/s in their educational setting in the past 12 months (3).
  - Within secondary schools, TAFE, and universities, 47.7% (n = 2,860) of trans and gender-diverse people in Australia report trans people were never mentioned in a supportive or inclusive way in any aspect of the curriculum (3).
  - Specifically, 51.2% (n = 1,953) of secondary school participants, 36.8% (n = 547) university students, and 57.0% (n = 208) of TAFE students report an absence of positive trans and gender-diverse experiences within education (3).
- Trans individuals often encounter discrimination when seeking general healthcare and experience limited access to supportive gender-affirming care (9, 10).
  - It has been shown that healthcare providers are frequently disrespectful and unknowledgeable regarding transgender and gender-diverse healthcare issues (10).

- Only 37.7% (n = 480) of trans and gender-diverse people felt their gender identity was respected in the past 12 months at a mainstream medical clinic, and 35.4% (n = 223) felt their gender was respected at a hospital (5).
- Trans youth report seeing a healthcare service provider who did not understand, respect or have previous experience with gender-diverse people, at rates of 42.1% (n = 263) (1).
- Subsequently, 60.1% (n = 404) of trans and gender-diverse youth report feeling isolated from medical and mental health services (1).
- Given medical forms of affirmation are not covered by Medicare Australia, the financial costs of accessing gender-affirming care also prove to be a barrier to many trans and gender-diverse people in Australia (8,11).

- Experiences of familial and social rejection due to trans or gender-diverse identities is a common experience (1).
- Gaining legal recognition as a trans or gender-diverse individual in Australia can be made difficult due to discrimination, with particular issues existing within correctional facilities (3, 12).
    - Half (50.9%; n = 307) of trans and gender-diverse participants reported feeling their legal gender affirmation process had been delayed, including more than half of trans women (52.8%; n = 19) and trans men (52.1%; n = 149), and half (49.5%; n = 139) of non-binary participants (3).
    - More than one-third (37.2%; n = 224) felt their legal gender affirmation process had been denied, including over two-fifths (42.7%; n = 120) of non-binary participants, one-third (33.6%; n = 96) of trans men, and one-fifth (22.2%; n = 8) of trans women (3).
    - Of all States and Territories in Australia, only New South Wales and Victoria are found to have high or moderate-high concordance between their corrections policies and human rights standards for the treatment of transgender and gender-diverse inmates (12).

Forms of violence and harassment against trans and gender-diverse persons

Violence and harassment of verbal, physical, and sexual forms are experienced by transgender and gender-diverse individuals at extortionate rates (1, 3, 5, 6).

- A study of transgender and gender-diverse young persons (aged 14 to 25) in Australia reported that 66% (n= 112) had experienced verbal abuse related to their gender diversity

(5). 21% (n = 38) of these young people had experienced physical abuse related to their gender diversity and 31% had experienced other forms of abuse and harassment (6).

- In another survey of trans young people aged 14-25, 24.8% had experienced physical abuse within the family and 57.9% experienced other forms of abuse within the family (1).
- 30.9% of young trans and gender-diverse people in Australia report having experienced intimate partner violence (1).

These forms of violence extend across various environments, for example:

- The most common setting in which LGBTQ+ persons experience forms of verbal harassment and abuse is at educational institutions (21.2%, n = 1,250), followed by public settings (18.3%, n = 1,125), and home environments (10.3%, n = 637) (3).
    - Experiences of verbal abuse from a family member are seen at rates of almost six in ten (59.7%; n = 172) trans men and non-binary participants (58.1%; n = 501), and four in ten trans women (42.5%; n = 113) (3).
- Similarly, physical forms of harassment and abuse are most experienced by LGBTQ+ people in educational institutions (4.7%, n = 245), public spaces (3.4%, n = 185), and home environments (2.3%, n = 127) (3).
    - Almost four in ten (39.0%; n = 336) non-binary participants reported ever experiencing physical violence from a family member, followed by three in ten (30.9%; n = 89) trans men, and one-fifth (19.6%; n = 52) of trans women (5).
- Forms of sexual harassment and abuse occur most commonly in public settings (8.5%, n = 473), educational institutions (6.7%, n = 358), and within the home (2%, n = 109) (3).
- Verbal, physical, and sexual harassment and abuses are similarly reported at lower rates within workplaces and sports settings (3).

Emerging threats

There are several emerging areas in which trans rights and freedoms are entering key discussions within policy. Unfortunately, such discussions are often overshadowed by discriminatory public discourse and reactive responses, leading to exclusive rather than inclusive policies being created (14). Two such emerging areas are as follows:

- Trans and gender-diverse people's inclusion in sports, both at elite and community levels.

    - Discrimination within sporting spaces occurs within Australia, with 1.8% (n = 71) of LGBTQ+ people reporting experiences of verbal harassment due to their sexuality or gender identity in sporting spaces within the past 12 months (3).
    - At community levels, the current development and implementation of trans inclusion policies often shows a lack of education and knowledge on trans and gender-diverse experiences, engages a reactive response to public fear, resistance, and backlash regarding trans participation, and lacks community consultation with those the policy will be directly impacting (14).
- The use of public bathrooms by trans and gender-diverse individuals.
    - Discrimination towards trans and gender-diverse people's use of bathrooms creates difficulty in access to toilets for trans individuals. In a cohort of 1,407 people in Australia, 17.8% of trans men, 15.3% of trans women, and 6.9% of non-binary people were denied access to public toilets in the past 12 months (3).
    - Subsequently, 85.7% (n = 342) of trans men, 70.8% (n = 51) of trans women, and 50.3% (n = 471) of non-binary people avoid using public toilets (3).

Personal impacts of discrimination on trans and gender-diverse individuals

The effects of the above forms of discrimination and harassment of transgender and gender-diverse people can lead to:

- Strained or stressful interpersonal relationships, particularly family, arising from discriminatory behaviour towards trans individuals (1, 6):
    - Within one survey, 40% of trans young people who did not feel supported by their caregivers were more likely to have experienced harassment or abuse in the home (6).
    - Trans individuals also experience significant rates of intimate partner violence (1).
    - Other social relationships, such as within workplaces, schools, and sporting teams, are often challenging due to other's prejudices towards trans identities and subsequent discriminatory behaviours (1, 6).
- Increased instances of poor mental health, including heightened anxiety, depression, suicidality, and other mental health issues (1, 5, 7):
    - Compared to cis-gendered Victorian LGBTQ+ people, transgender Victorians face a much higher prevalence of poor mental health. Almost three-quarters (72.2%; n = 72) of trans men, 68.3% (n = 56) of trans women and 73.3% (n = 250) of non-binary Victorians experience high or very high levels of psychological distress (5).

- In a similar study, trans and gender-diverse groups were shown to be diagnosed with and get support for depression at the highest rates within the Australian LGBTQ+ population; 50.5% (n = 203) of trans men, 47.9% (n = 34) of trans women, and 40.1% (n = 476) of non-binary people (3).
- Trans and gender-diverse people who report experiencing recent discrimination due to their gender identity, experience heightened levels of suicidal ideation (7).
- Compared to those who have their family's support, 65.8% of trans young people who experience a lack of family support show higher rates of suicidal ideation, suicide attempts, self-harming, reckless behaviour, and diagnoses of eating disorders, anxiety, depression and PTSD (1).
- 60.1% of trans young people report feeling isolated from medical and mental health services and also report higher rates of self-harm, suicidal ideation, suicidal attempts, PTSD and anxiety diagnoses than those who do not feel isolated from medical and mental health services (1).

- Poorer physical health and well-being outcomes (3, 13).
  - Difficulties with toilet access see trans individuals develop urinary tract infections, kidney infections or other kidney-related problems (3).

References

1. Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., Lin, A. (2017). Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results. Telethon Kids Institute, Perth, Australia.
2. Cheung, A. S., Ooi, O., Leemaqz, S., Cundill, P., Silberstein, N., Bretherton, I., ... & Zajac, J. D. (2018). Sociodemographic and clinical characteristics of transgender adults in Australia. *Transgender health*, *3*(1), 229-238. Doi: 10.1089/trgh.2018.0019.
3. Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.
4. Eames, Taryn, Taryn versus Taryn (she/her) versus Taryn (they/them): A Field Experiment on Pronoun Disclosure and Nonbinary Hiring Discrimination (January 14, 2024). http://dx.doi.org/10.2139/ssrn.4694653
5. Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
6. Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., & Hillier, L. (2014). From Blues to Rainbows: Mental health and wellbeing of gender-diverse and transgender young people in Australia. Melbourne: The Australian Research Centre in Sex, Health, and Society
7. Hill, A. O., Cook, T., McNair, R., Amos, N., Carman, M., Hartland, E., ... & Bourne, A. (2023). Demographic and psychosocial factors associated with recent suicidal ideation and suicide

attempts among trans and gender-diverse people in Australia. *Suicide and Life-Threatening Behavior*, *53*(2), 320-333.
8. Pehlivanidis, S. G., & Anderson, J. R. (2024). A qualitative exploration of the motivations and implications of chest binding practices for transmasculine Australians. *International Journal of Transgender Health*, 1–14. https://doi.org/10.1080/26895269.2024.2319792
9. Amos, N., Lim, G., Buckingham, P., Lin, A., Liddelow-Hunt, S., Mooney-Somers, J., Bourne, A., on behalf of the Private Lives 3, Writing Themselves In 4, SWASH, Trans Pathways, Walkern Katatdjin, and Pride and Pandemic teams (2023). Rainbow Realities: In-depth analyses of large-scale LGBTQA+ health and wellbeing data in Australia. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
10. Haire, B. G., Brook, E., Stoddart, R., & Simpson, P. (2021). Trans and gender-diverse people's experiences of healthcare access in Australia: A qualitative study in people with complex needs. *Plos one*, *16*(1), e0245889.
11. Strauss, P., Winter, S., Waters, Z., Wright Toussaint, D., Watson, V., & Lin, A. (2022). Perspectives of trans and gender-diverse young people accessing primary care and gender-affirming medical services: Findings from Trans Pathways. *International Journal of Transgender Health*, *23*(3), 295-307.
12. Dalzell, L. G., Pang, S. C., & Brömdal, A. (2024). Gender affirmation and mental health in prison: A critical review of current corrections policy for trans people in Australia and New Zealand. *Australian & New Zealand Journal of Psychiatry*, *58*(1), 21-36.
13. Amos N, Lim G, Buckingham P, Lin A, Liddelow-Hunt S, Mooney-Somers J, et al. Rainbow Realities: In-depth analyses of large-scale LGBTQA+ health and wellbeing data in Australia. Melbourne, Australia: ARCSHS, La Trobe University; 2024.
14. Storr, R., Posbergh, A., & Bekker, S. (2023). Policy on the Run: The Development of Trans and Gender Diverse Inclusion Policies in Community Sport in Australia. In *Trans Athletes' Resistance: The Struggle for Justice in Sport* (pp. 43-55). Emerald Publishing Limited.

Appendix Two: Healthcare Evidence and References

Discrimination and inequalities within healthcare settings

Trans individuals frequently encounter discrimination in healthcare, characterised by:

- Inappropriate and invasive questioning related to their gender identity or trans experience, which often lacks relevance to the medical consultation (1).
- Persistent misgendering and use of incorrect or inappropriate language (2,3).
- Pathologising of trans identities and experiences, while overlooking or ignoring other possible causes of the presenting health concern (4).
- Implied, inferred or direct exclusion from gender-specific services, such as accessing reproductive health services that are titled as 'women's health' services (6–8).
- Incorrect assumptions about their health needs, are often based on stereotypical views of health behaviours and risks or assumptions about gendered bodies (2,9).
- A noticeable deficiency in healthcare providers' knowledge of trans-specific health needs, coupled with a lack of initiative to bridge this knowledge gap on behalf of healthcare practitioners/providers (10–12).
- Instances of outright refusal of service and hostility towards people with trans identities, sometimes leading to the promotion of conversion ideologies (1,13).
- Breaches of privacy and confidentiality, such as being unwillingly outed as trans by healthcare or service provider staff (including administrative staff) (14).
- Non-inclusive healthcare setting environments and systems, such as patient intake forms that offer only binary gender options (15,16).
- Diminished access to healthcare: only 49.5% (n = 142) of trans men, 49.5% (n = 136) of trans women and 25.8% (n = 154) of non-binary people agreed/strongly agreed that 'I have been easily able to access gender-affirming care when I have needed to' (19).

Experiences associated with inadequate healthcare

The discriminatory practices in healthcare environments have been consistently associated with:

- Misdiagnosis or neglect of the actual medical issue (5).
- Feelings of alienation and rejection within healthcare settings (9,17,18).
    - One-fifth (21.4%) of trans adults from the Private Lives 3 survey felt that their gender identity was not respected within mainstream healthcare services that are known to be LGBTQA+ inclusive, and this jumps to 62.3% feeling that their gender

identity was not respected in mainstream services that were not known to be inclusive (18).

- Negative mental health outcomes due to care that fails to affirm their gender identity (18,20–22).
- Receiving inappropriate or poor health care, directly impacting their health outcomes (18,23,24).

Conversely,

- Trans people who are easily able to access gender-affirming care are less likely to experience high/very high levels of psychological distress and less likely to have experienced recent suicidal ideation (18).
- Trans adults who feel that their gender *is* respected within a healthcare service report lower psychological distress than those who do not feel respected within healthcare services (18).
- Trans adults who report that their healthcare service is respectful of their gender identity report higher subjective general health (18).

Medical gender affirmation

While not all trans people will seek to affirm their gender medically, for many this form of gender affirmation is a high priority:

- According to the Private Lives 3 survey, among trans adults, 83.1% (n = 236) of trans men, 61.4% (n = 164) of trans women and 31.6% (n = 184) of non-binary people expressed that gender-affirming surgery had been a high priority for them, and 95.7% (n = 267) of trans women, 94.5% (n = 277) of trans men and 41.5% (n = 246) of non-binary people expressed that gender-affirming hormonal therapy was a high priority for them (19).
- Among young trans people (14-21 years) from the Writing Themselves In 4 survey, 72.3% (n = 1,024) reported wanting to affirm their gender medically, while only 29.4% (n = 301) reported that they had taken steps to do so. The most frequently accessed form of medical affirmation was hormone therapy (87.4%, n = 263) (25).
- Among trans young people (14-25 years) from the Trans Pathways survey, 28.3% had ever used hormone therapy, an additional 34% expressed a desire to access hormone therapies in the future, 6.3% had undergone gender-affirming surgery and a further 20.9% wanted to access gender-affirming surgery in the future (26).

Barriers to accessing gender-affirming medical care

Trans people face several barriers to accessing gender-affirming medical treatments, including:

- Economic barriers, with high costs for essential gender-affirming medical treatments that are not supported by Medicare rebates (1,10,22).
- Lack of available services and a shortage of qualified practitioners familiar with trans healthcare needs, resulting in excessively prolonged waiting periods or an inability to access providers locally (10,27).
- Delays: one-quarter (24.8%) of young trans people report waiting more than three months for their first appointment with a primary care or medical transition service, with 15% still waiting or never receiving an appointment at the time of the survey (10).
- Mandatory psychological assessments before receiving gender-affirming treatments as well as an additional burden of proof to demonstrate an individual's need for gender-affirming medical care (1). This may be especially challenging for non-binary people (24,28).
- Resistance to provide or refer trans people for gender-affirming medical treatment from healthcare providers who are conscientious objectors to gender-affirming treatment (10).
- Inadequate knowledge among health providers results in trans people having to navigate the healthcare system unsupported (10,29,30).

Such barriers can result in trans people seeking care elsewhere:

- Evidence from the Trans Pathways survey suggests that many will seek to access medical gender affirmation treatments elsewhere. 11.5% had sought medical transition elsewhere within Australia (e.g., interstate), 2.0% had accessed hormones overseas, and 4.6% accessed surgery overseas (26).

Healthcare challenges specific to young trans individuals

Young trans people encounter additional unique hurdles to accessing gender-affirming medical treatments, including:

- Requirement for parental/carer consent in some Australian states/territories (27). This can be especially problematic in cases where parents/carers may not be accepting or supportive of their child's gender identity (31).
- Young people may face additional burden of proof and hurdles to demonstrate their need for gender-affirming medical treatments (12,32).

- Healthcare professionals may adopt a 'wait and see' approach that can indicate a hesitancy to provide early gender-affirming medical treatment (33).
- Heightened scrutiny and controversy surrounding access to gender-affirming care for young people, often fuelled by anti-trans sentiment and moral panic (34).

Experiences associated with not having adequate access to medical gender affirmation

Barriers to accessing gender-affirming medical treatments have been found to lead to poor health and well-being outcomes, while being able to access medical affirmation when desired is associated with positive well-being outcomes:

- Trans adults who want to access hormone therapy, but have yet to do so are more likely to report high/very high psychological distress than those who have never pursued hormone therapy (18).
- Among young trans people who have a desire to medically affirm their gender, those who have done so report lower levels of psychological distress and lower levels of anxiety compared to those who wanted to medically affirm their gender but had not yet done so (18).
- Compared to young people who report that their access to medical affirmation has been denied, delayed or controlled by others, young people who feel supported to medically affirm their gender are less likely to experience suicidal ideation or attempt suicide or self-harm, report lower levels of psychological distress and anxiety, are less likely to have ever been homeless, and report less verbal harassment in the past 12 months (18).

Healthcare references

1. Grant R, Russell A, Dane S, Dunn I. Navigating access to medical gender affirmation in Tasmania, Australia: an exploratory study. International Journal of Transgender Health. 2023 Nov 7;1–12.

2. Haire BG, Brook E, Stoddart R, Simpson P. Trans and gender-diverse people's experiences of healthcare access in Australia: A qualitative study in people with complex needs. PLOS ONE. 2021 Jan 28;16(1):e0245889.

3. Zwickl S, Wong A, Bretherton I, Rainier M, Chetcuti D, Zajac JD, et al. Health Needs of Trans and Gender Diverse Adults in Australia: A Qualitative Analysis of a National Community Survey. International Journal of Environmental Research and Public Health. 2019 Jan;16(24):5088.

4. Newman CE, Smith AKJ, Duck-Chong E, Vivienne S, Davies C, Robinson KH, et al. Waiting to be seen: social perspectives on trans health. Health Sociology Review. 2021 Jan 2;30(1):1–8.
5. Goldberg AE, Kuvalanka KA, Budge SL, Benz MB, Smith JZ. Health Care Experiences of Transgender Binary and Nonbinary University Students. The Counseling Psychologist. 2019 Jan 1;47(1):59–97.
6. Kerr L, Fisher CM, Jones T. Improving Cervical Screening in Trans and Gender-Diverse People. Cancer Nursing. 2022 Feb;45(1):37–42.
7. Kerr L, Bourne A, Hill AO, McNair R, Wyatt K, Lyons A, et al. Cervical screening among LGBTQ people: how affirming services may aid in achieving cervical cancer elimination targets. Women & Health. 2023 Oct 21;63(9):736–46.
8. Thomas C, Dwyer A, Batchelor J, Van Niekerk L. A qualitative exploration of gynaecological healthcare experiences of lesbian, gay, bisexual, transgender, queer people assigned female at birth. Australian and New Zealand Journal of Obstetrics and Gynaecology. 2024;64(1):55–62.
9. Ho F, Mussap AJ. Transgender Mental Health in Australia: Satisfaction with Practitioners and the Standards of Care. Australian Psychologist. 2017 Jun 1;52(3):209–18.
10. Strauss P, Winter S, Waters Z, Wright Toussaint D, Watson V, Lin A. Perspectives of trans and gender-diverse young people accessing primary care and gender-affirming medical services: Findings from Trans Pathways. International Journal of Transgender Health. 2022 Jul 1;23(3):295–307.
11. Grant R, Smith AK, Nash M, Newett L, Turner R, Owen L. Health practitioner and student attitudes to caring for transgender patients in Tasmania: An exploratory qualitative study. Australian Journal of General Practice. 2021 Jun;50(6):416–21.
12. Bartholomaeus C, Riggs DW, Sansfaçon AP. Expanding and improving trans affirming care in Australia: experiences with healthcare professionals among transgender young people and their parents. Health Sociology Review. 2021 Jan 2;30(1):58–71.
13. Pitts MK, Couch M, Mulcare H, Croy S, Mitchell A. Transgender People in Australia and New Zealand: Health, Well-being and Access to Health Services. Feminism & Psychology. 2009 Nov 1;19(4):475–95.
14. Charter R, Ussher J, Perz J, Robinson K. Negotiating mental health amongst transgender parents in Australia. International Journal of Transgender Health. 2022 Jul 3;23(3):308–20.
15. Dolan IJ, Strauss P, Winter S, Lin A. Misgendering and experiences of stigma in health care settings for transgender people. Medical Journal of Australia. 2020 Mar;212(4):150.
16. Strauss P, Winter S, Cook A, Lin A. Supporting the health of trans patients in the context of Australian general practice. Australian Journal of General Practice. 2021 Mar 20;49(7):401–5.

17. Cronin TJ, Pepping CA, Lyons A. Mental Health Service Use and Barriers to Accessing Services in a Cohort of Transgender, Gender Diverse, and Non-binary Adults in Australia. Sex Res Soc Policy [Internet]. 2023 Aug 23 [cited 2024 Apr 19]; Available from: https://doi.org/10.1007/s13178-023-00866-4

18. Amos N, Lim G, Buckingham P, Lin A, Liddelow-Hunt S, Mooney-Somers J, et al. Rainbow Realities: In-depth analyses of large-scale LGBTQA+ health and wellbeing data in Australia. Melbourne, Australia: ARCSHS, La Trobe University; 2024.

19. Hill AO, Bourne A, Mcnair R, Carman M, Lyons A. Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. Melbourne, Australia: ARCSHS, La Trobe University; 2020. (ARCSHS Monograph Series No. 122).

20. Boza C, Nicholson Perry K. Gender-Related Victimization, Perceived Social Support, and Predictors of Depression Among Transgender Australians. International Journal of Transgenderism. 2014 Jan 2;15(1):35–52.

21. Hill AO, Cook T, McNair R, Amos N, Carman M, Hartland E, et al. Demographic and psychosocial factors associated with recent suicidal ideation and suicide attempts among trans and gender-diverse people in Australia. Suicide and Life-Threatening Behavior. 2023;53(2):320–33.

22. Zwickl S, Wong AFQ, Dowers E, Leemaqz SYL, Bretherton I, Cook T, et al. Factors associated with suicide attempts among Australian transgender adults. BMC Psychiatry. 2021 Feb 8;21(1):81.

23. Ussher JM, Bushby B, Sheehan C, Hawkey AJ, Perz J, Brook E, et al. "We need to be heard, respected, and supported": The impact of sexual healthcare interactions and discrimination on the mental health of trans and gender-diverse people. In: Trans Reproductive and Sexual Health. Routledge; 2022.

24. Zwickl S, Ruggles T, Sheahan S, Murray J, Grace J, Ginger A, et al. Met and unmet need for medical gender affirmation in the Australian non-binary community. International Journal of Transgender Health. 2024;0(0):1–12.

25. Hill A, Lyons A, Jones J, McGowan I, Carman M, Parsons M, et al. Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. National report. [Internet]. Melbourne, Australia: ARCSHS, La Trobe University; 2021 [cited 2021 Jun 4]. Available from: https://opal.latrobe.edu.au/articles/report/Writing_Themselves_In_4_The_health_and_wellbeing_of_LGBTQA_young_people_in_Australia_National_report_/13647860

26. Strauss P, Cook A, Winter S, Watson V, Toussaint D, Lin A. Trans Pathways: The mental health experiences and care pathways of trans young people. Summary of results. Telethon Kids Institute; 2017.

27. Riggs DW, Bartholomaeus C, Sansfaçon AP. 'If they didn't support me, I most likely wouldn't be here': Transgender young people and their parents negotiating medical treatment in Australia. International Journal of Transgender Health. 2020 Jan 2;21(1):3–15.

28. Cheung AS, Leemaqz SY, Wong JWP, Chew D, Ooi O, Cundill P, et al. Non-Binary and Binary Gender Identity in Australian Trans and Gender Diverse Individuals. Arch Sex Behav. 2020 Oct 1;49(7):2673–81.

29. Bretherton I, Grossmann M, Leemaqz SY, Zajac JD, Cheung AS. Australian endocrinologists need more training in transgender health: A national survey. Clinical Endocrinology. 2020;92(3):247–57.

30. Chaudhary S, Lindsay D, Ray R, Glass BD. Do the attitudes and practices of Australian pharmacists reflect a need for education and training to provide care for people who are transgender? International Journal of Pharmacy Practice. 2024 Jan 1;32(1):61–8.

31. Morgan H, Raab D, Lin A, Strauss P, Perry Y. Knowledge is Power: Trans Young People's Perceptions of Parental Reactions to Their Gender Identity, and Perceived Barriers and Facilitators to Parental Support. LGBTQ+ Family: An Interdisciplinary Journal. 2023 Jan 1;19(1):35–53.

32. Raj S. Alleviating Anxiety and Cultivating Care: Young Trans People in the Family Court of Australia. Australian Feminist Law Journal. 2019 Jan 2;45(1):111–30.

33. Pullen Sansfaçon A, Medico D, Riggs D, Carlile A, Suerich-Gulick F. Growing up trans in Canada, Switzerland, England, and Australia: access to and impacts of gender-affirming medical care. Journal of LGBT Youth. 2023 Jan 2;20(1):55–73.

34. Ramos N, Chang S, Leibowitz S. Navigating the Storm: Meeting the Needs of Transgender and Gender-Diverse Youth and Their Families in a Time of Sociopolitical Upheaval. Child and Adolescent Psychiatric Clinics. 2023 Oct 1;32(4):xiii–xix.

Appendix Three: Education Evidence and References

Experiences of discrimination within education settings

Trans people frequently encounter discrimination and abuse within education settings, including:

- Experiences of harassment, abuse and bullying (1,3–5).
    - 38% of trans school students who had experienced verbal or physical abuse, reported that this abuse occurred at their school (5).
    - Rates of harassment within the education setting are higher for trans students than for cisgender students. For example, 34.3% (n = 25) of trans women and 29.2% (n = 116) of trans men experienced verbal harassment in their education institution in the past 12 months, followed by 24.5% (n = 287) of non-binary students, 24.9% (n = 336) of cisgender men and 15.0% (n = 454) of cisgender women (4).
- Persistent misgendering by faculty and peers and use of inappropriate or offensive language (1–3).
- Exposure to negative attitudes towards trans people: 61.5% (n = 3,537) of young LGBTQA+ people report 'sometimes' or 'frequently' hearing negative remarks regarding gender identity or gender expression within their education institution, and almost half (46.5%; n = 2,690) report hearing negative remarks about transgender people (4).
- Lack of felt sense of safety:
    - Concerning pronoun use: only half of trans young people report feeling safe to use their chosen name or pronouns within their education institution (50.4%; n = 785). This drops to 41.0% (n = 378) among secondary school students (4).
    - Concerning bathroom use: a little over one-third (37.8%; n = 590) of trans young people report feeling safe to access the bathroom that matched their gender identity within their education institution. Feeling safe to access bathrooms was more frequently reported among those attending a university (51.0%; n = 190) compared to those attending secondary school (29.2%; n = 269) (4).
    - Concerning gender presentation: Just half (50.9%; n = 469) of trans secondary students report feeling safe wearing clothes that match their gender identity within their school (4).
- Inadequate policies, facilities and support structures, including access to gender-appropriate facilities (bathrooms, changerooms) and formal recognition of students' correct gender identities (4–7).

    - More than two-fifths of trans students report that changing rooms (41%) and school toilets (40%) at their school were 'mostly inappropriate' (5).
    - Policies that are actively exclusive of diverse gender identities, such as gendered uniforms or binary gender divisions in activities such as school sports (1,3–5).
- Lack of representation or appropriate education:
    - Exclusion of trans identities and history from school curricula (4,5,9).
    - Almost half (47.7%; n = 2,680) of LGBTQA+ participants of *Writing Themselves In 4* reported that trans and gender-diverse people were never mentioned within their education institution (including for example, within textbooks, assignments or sex education) (4).
    - Two-thirds of trans school students rate their sexuality education classes within their school to be mostly inappropriate, this jumps to 85% among those who attend Christian schools (5).
- Inadequate staff training and knowledge of trans identities, experiences and needs (6,8).

Associations between discrimination or abuse in educational settings with mental health and wellbeing outcomes

Negative experiences within education settings are frequently associated with:

- Feeling uncomfortable or unsafe within education settings (4,10) or not feeling a sense of belonging to the school community (3).
- 74.3% (n = 278) of trans men, 67.7% (n = 46) of trans women and 65.8% (n = 746) of non-binary people report feeling unsafe or uncomfortable at their educational institution compared to 44.2% (n = 581) of cisgender men and 42.2% (n = 1,289) of cisgender women (4).
- Academic disengagement, including truancy, school avoidance, and incomplete schooling (1,5).
- Survey data from 2013 of 189 trans and gender-diverse students in Australia found that 25% of participants avoided their school because they couldn't conform to dominant gender stereotypes within their school context, these rates increased to 50% among those attending a Christian school (5).
- Almost two-thirds (64.3%; n = 36) of trans women, more than half (54.4%; n = 456) of trans men, and 44.6% (n = 456) of non-binary participants from Writing Themselves In 4 reported

not attending day/s at their education institution over the past 12-months. This compares to 29.2% (n = 847) and 23.0% (n = 281) of cisgender women and men, respectively (4).

- Compromised academic performance, including lower grades and trouble concentrating in class (1).
- Poorer mental health outcomes, including greater psychological distress, anxiety and experiences of suicidality (1,5,11).
- Young trans people who have experienced issues with school, university or TAFE report higher rates of wanting to hurt themselves, self-harming, reckless behaviour, suicidal thoughts, suicide attempts, and diagnoses of depression and anxiety than those who did not experience issues within their education institution (12).
- Conversely, recent research illustrates that trans young people who feel a part of their school are less likely to self-harm (13), and that feeling affirmed within their education setting is associated with lower psychological distress and greater subjective happiness (14).

Education references

1. Smith E, Jones T, Ward R, Dixon J, Mitchell A, Hillier L. From blues to rainbows: the mental health and wellbeing of gender-diverse and transgender young people in Australia. Melbourne: Australian Research Centre in Sex, Health and Society; 2014.

2. Fletcher J. Transgender and Gender Diverse (TGD) students' experiences in Australian schools, including Alternative, Distance and/or Online education [Internet] [thesis]. Macquarie University; 2023 [cited 2024 Apr 23]. Available from: https://figshare.mq.edu.au/articles/thesis/Transgender_and_Gender_Diverse_TGD DIVERSE_students_experiences_in_Australian_schools_including_Alternative_Distance_and_or_Online_education/22662217/1

3. Ullman J. Trans/Gender-Diverse Students' Perceptions of Positive School Climate and Teacher Concern as Factors in School Belonging: Results From an Australian National Study. Teachers College Record. 2022 Aug 1;124(8):145–67.

4. Hill A, Lyons A, Jones J, McGowan I, Carman M, Parsons M, et al. Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. National report. [Internet]. Melbourne, Australia: ARCSHS, La Trobe University; 2021 [cited 2021 Jun 4]. Available from: https://opal.latrobe.edu.au/articles/report/Writing_Themselves_In_4_The_health_and_wellbeing_of_LGBTQA_young_people_in_Australia_National_report_/13647860

5. Jones T, Smith E, Ward R, Dixon J, Hillier L, Mitchell A. School experiences of transgender and gender-diverse students in Australia. Sex Education. 2016 Mar 3;16(2):156–71.

6. Harwood N, Vick M. Trans Issues in Higher Education: Personal Encounters in Two Australian Universities. International Journal of Diversity in Organizations, Communities, and Nations. 2014;12(1):67–80.
7. Ullman J, Manlik K, Ferfolja T. Supporting the inclusion of gender and sexuality diversity in schools: Auditing Australian education departmental policies. Aust Educ Res [Internet]. 2024 Jan 11 [cited 2024 Apr 23]; Available from: https://doi.org/10.1007/s13384-023-00679-9
8. Bartholomaeus C, Riggs D, Andrew Y. Exploring trans and gender-diverse issues in primary education in South Australia. 2016.
9. Riggs DW, Bellamy R, Wiggins J. Erasure and agency in sexuality and relationships education and knowledge among trans young people in Australia. Sex Education. 2024 Mar 3;24(2):139–53.
10. Russell DH, Anderson JR, Riggs DW, Ullman J, Higgins DJ. Gender diversity and safety climate perceptions in schools and other youth-serving organisations. Children and Youth Services Review. 2020 Oct 1;117:105334.
11. Strauss P, A, Winter S, Watson V, Toussaint DW, et al. Associations between negative life experiences and the mental health of trans and gender-diverse young people in Australia: findings from Trans Pathways. Psychological Medicine. 2020 Apr;50(5):808–17.
12. Strauss P, Cook A, Winter S, Watson V, Toussaint D, Lin A. Trans Pathways: The mental health experiences and care pathways of trans young people. Summary of results. Telethon Kids Institute; 2017.
13. Amos N, Lim G, Buckingham P, Lin A, Liddelow-Hunt S, Mooney-Somers J, et al. Rainbow Realities: In-depth analyses of large-scale LGBTQA+ health and wellbeing data in Australia. Melbourne, Australia: ARCSHS, La Trobe University; 2024.
14. Amos N, Hill AO, Jones J, Melendez-Torres GJ, Carman M, Lyons A, et al. Affirming educational and workplace settings are associated with positive mental health and happiness outcomes for LGBTQA + youth in Australia. BMC Public Health. 2023 Jul 25;23(1):1421.

Appendix Four: Housing, Finance and Employment Evidence and References

Income

- Across several recent Australian studies, a significant proportion of trans and gender-diverse people report low incomes and reliance on government assistance (Bretherton et al., 2021; Cheung et al., 2018).
- In *Private Lives 3* (Hill et al., 2020), the proportion of trans and gender-diverse adults reporting an income of less than $400 per week was highest among trans men (46.5%), followed by non-binary participants (46.3%) and trans women (42.0%).
- In one study, trans and gender-diverse people in Australia and New Zealand were almost twice as likely as cisgender people to report that their household income was not enough to cover essential bills (17.3% vs. 9.7%) (Treharne et al., 2020).
- Most recent data show that trans and gender-diverse people are four times more likely to be unemployed than the national average (Cheung et al., 2018).
- In *Private Lives 3* (Hill et al., 2020), trans and gender-diverse participants were more likely to report being unemployed or unable to work than cisgender participants. In particular, trans women were most likely to be unemployed (31.2%).
- The *Trans Pathways study* found that up to 41.9% of trans and gender-diverse young people (aged between 14 and 25 years old) were excluded from the Australian labour market (Strauss et al., 2017).
- In one study, 31% of trans and gender-diverse adults in Australia surveyed reported experiencing financial barriers to accessing medical gender affirmation (Zwickl et al., 2021).
- In Boza and Nicholson Perry's (2014) survey of 243 trans and gender-diverse people in Australia, 33.7% reported experiencing at least one form of economic discrimination in their lives, the most common relating to their experiences at work.
- While research on trans and gender-diverse poverty food security is lacking in Australia, US research shows that discrimination against trans and gender-diverse people in conservative socio-political contexts limits their employment opportunities, directly contributing to food insecurity (Russomanno et al., 2019). One Australian study has observed high rates of food insecurity among non-binary university students, also noting that barriers to workforce participation are likely contributors to food insecurity for this demographic (Kent et al., 2022).

Employment/workplace experiences

- Research on trans and gender-diverse people's workplace experiences in Australia is limited. Internationally, studies have documented multiple barriers to career progression among trans people, including discrimination in recruitment and promotion (Beauregard et al., 2021; McFadden, 2020; Ruggs et al., 2015), high turnover, workplace bullying and ostracism, and low job satisfaction.
- Boza and Nicholson Perry (2014) found that 25.9% of trans and gender-diverse people surveyed felt they had not been hired because of their gender identity, while 11% felt they had been unfairly disciplined, 5.3% felt they lost out on promotion, 3% were demoted, and 11% lost their jobs entirely.
- In *Private Lives 3* (Hill et al., 2020), which included 1,506 trans and gender-diverse adults, trans and gender-diverse people reported feeling less accepted at work than cisgender people, with non-binary people and trans men reporting lowest levels of acceptance at work.
- In the *Australian Workplace Equality Index Employee Survey*, trans and gender-diverse employees who had been the target of jokes, been bullied or harassed, not been able to access gendered toilets of their choice, and who concealed their identity reported poorer wellbeing at work (Perales et al., 2022a). Trans men, non-binary people, and agender people reported significantly lower workplace well-being compared to cisgender gay men (Donaghy and Perales (2022).
- While the use of trans-affirming language is positively associated with trans and gender-diverse well-being and satisfaction at work, cisgender heterosexual men are the least likely to report being comfortable using trans-affirming language (e.g. use of they/them pronouns) in professional settings (Perales et al., 2022b).
- In Bates et al.'s (2021) qualitative exploration of employment discrimination against trans and gender-diverse people in Western Australia, participants shared experiences of anticipated workplace stigma due to a sense of 'hypervisibility' as trans and gender-diverse people. One participant was explicitly told by their manager that hiring trans and gender-diverse people was 'not a good business move'. Given the frequency of such discrimination and micro-aggressions at work, participants described often acquiescing to discrimination in favour of employment security.
- Qualitative responses to Jones' (2016) survey of trans men and non-binary people's workplace experiences reflect common instances of transphobia at work and while job-seeking. Participants reported fear of exposure when providing official documents that may reveal one's gender history and uncertainty about the support available when coming out or transitioning at work.

Housing

- In *Private Lives 3* (Hill et al., 2020), a study which included 1,506 trans and gender-diverse people, experiences of homelessness were particularly prevalent among trans and gender-diverse adults in Australia (31.9% of trans women, 33.8% of non-binary people and 34.3% of trans men had experienced homelessness in their lives).
- Lifetime and recent experiences of homelessness were also high among trans and gender-diverse young people surveyed in *Writing Themselves In 4* (Hill et al., 2021). Ongoing experiences of homelessness were most common among young trans men (Amos et al., 2024, p. 77).
- The *Trans Pathways* study (Cook et al., 2017) found that 22.0% of trans and gender-diverse young people had experienced issues with accommodation, including a lack of stable accommodation, homelessness or couch-surfing, while 17.8% had experienced homelessness.
- Of those young people who had been homeless, 38.9% had accessed crisis accommodation. Among these, 43.2% felt their gender identity was not respected when accessing crisis accommodation (Cook et al., 2017). This may include experiences of being barred from gender-segregated services, with no safe alternative offered, resulting in further vulnerability to homelessness.
- Trans and gender-diverse young people who felt that they were supported by their families were substantially less likely to have experienced homelessness (Amos et al., 2024, p. 80).
- In contrast, several studies show that trans and gender-diverse young people are more likely to experience homelessness if they have experienced family or intimate partner violence, have a disability, or experience challenges with alcohol (Hail-Jares et al., 2023; Lim et al., 2023; Strauss et al., 2020).
- Boza and Nicholson Perry's (2014) survey of 243 trans and gender-diverse people in Australia found that 7.9% had experienced housing discrimination, including being denied housing or evicted due to being trans and gender-diverse.
- LGBTQ+ people in Australia are more likely to live in rental accommodation than heterosexual cisgender people (Grant et al., 2023). LGBTQ+ people also report lower levels of overall housing satisfaction than heterosexual cisgender people (Grant et al., 2023). While these data do not allow for a specific focus on trans and gender-diverse people, due to the economic barriers outlined above, they likely face further barriers to housing than cisgender

LGBQ+ people. For example, in one US study, trans and gender-diverse people were discriminated against 60% of the time when seeking rental accommodation, where they received less information, fewer positive interactions, or less favourable treatment (Langowski et al., 2018).

References- Finance, Employment and Housing

Bates, T., Thomas, C. S., & Timming, A. R. (2021). Employment discrimination against gender-diverse individuals in Western Australia. *Equality, Diversity and Inclusion: An International Journal*, *40*(3), 273-289.

Beauregard, T. A., Booth, J. E., & Whiley, L. A. (2021). Transgender employees: workplace impacts on health and well-being. *Aligning Perspectives in Gender Mainstreaming: Gender, Health, Safety, and Wellbeing*, 177-196.

Boza, C., & Nicholson Perry, K. (2014). Gender-related victimization, perceived social support, and predictors of depression among transgender Australians. *International Journal of Transgenderism*, *15*(1), 35-52.

Bretherton, I., Thrower, E., Zwickl, S., Wong, A., Chetcuti, D., Grossmann, M., Zajac, J.D. and Cheung, A.S., (2021). The health and well-being of transgender Australians: a national community survey. *LGBT health*, *8*(1), 42-49.

Cheung, A.S., Ooi, O., Leemaqz, S., Cundill, P., Silberstein, N., Bretherton, I., Thrower, E., Locke, P., Grossmann, M. and Zajac, J.D. (2018). Sociodemographic and clinical characteristics of transgender adults in Australia. *Transgender health*, *3*(1), 229-238.

Cook, A., Winter, S., Strauss, P., Lin, A., Wright Toussaint, D., & Watson, V. (2017). Trans Pathways: The mental health experiences and care pathways of trans young people: Summary of results. Telethon Kids. Available at: https://www.telethonkids.org.au/globalassets/media/documents/brain--behaviour/trans-pathwayreport-web.pdf

Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchell, A., & Patel, S. (2007). TranZnation-a report on the health and wellbeing of transgendered people in Australia and New Zealand. ARCSHS Monograph series. Vol. 65. Australian Research Centre in Sex, Health and Society, La Trobe University. Available at: https://apo.org.au/sites/default/files/resource-files/2007-01/apo-nid3849.pdf

Donaghy, M., & Perales, F. (2024). Workplace wellbeing among LGBTQ+ Australians: Exploring diversity within diversity. *Journal of Sociology*, *60*(1), 155-174.

Grant, R., Tranter, B., & Pisanu, N. (2023). Rainbow renters: differences in housing tenure and satisfaction between LGBTIQ and non-LGBTIQ Australians. *Australian Geographer*, *54*(3), 365-385.

Hail-Jares, K., Vichta-Ohlsen, R., Butler, T. M., & Byrne, J. (2023). Queer homelessness: The distinct experiences of sexuality and trans-gender-diverse youth. *Journal of LGBT youth*, *20*(4), 757-782.

Hill, A. O., Bourne, A., McNair, R., Carman, M., & Lyons, A. 2020. *Private lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph series. Vol. 122 Australian Research Centre in Sex, Health and Society, La Trobe University. Available at https://www.latrobe.edu.au/arcshs/ publications/private-lives/private-lives-3

Hill A. O., Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A. (2021). *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia*. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University. DOI: 10.26181/6010fad9b244b.

Jones, T. (2016). Female-to-male (FtM) transgender employees in Australia. *Sexual Orientation and Transgender Issues in Organizations: Global Perspectives on LGBT Workforce Diversity*, 101-116.
Kent, K., Visentin, D., Peterson, C., Ayre, I., Elliott, C., Primo, C., & Murray, S. (2022). Severity of food insecurity among Australian university students, professional and academic staff. *Nutrients*, 14(19), 3956.

Langowski, J., Berman, W. L., Holloway, R., & McGinn, C. (2017). Transcending prejudice: Gender identity and expression-based discrimination in the metro boston rental housing market. *Yale JL & Feminism*, *29*, 321.

Lim, G., Melendez-Torres, G. J., Amos, N., Anderson, J., Norman, T., Power, J., ... & Bourne, A. (2023). Demographic predictors of experiences of homelessness among lesbian, gay, bisexual, trans, gender-diverse and queer-identifying (LGBTIQ) young people in Australia. *Journal of Youth Studies*, 1-27.

McFadden, C. (2020). Discrimination against transgender employees and jobseekers. *Handbook of labor, human resources and population economics*, 1-14.

Perales, F., Ablaza, C., & Elkin, N. (2022a). Exposure to inclusive language and well-being at work among transgender employees in Australia, 2020. *American Journal of Public Health*, *112*(3), 482-490.

Perales, F., Ablaza, C., Tomaszewski, W., & Emsen-Hough, D. (2022b). You, me, and them: understanding employees' use of trans-affirming language within the workplace. *Sexuality Research and Social Policy*, *19*(2), 760-776.

Ruggs, E. N., Martinez, L. R., Hebl, M. R., & Law, C. L. (2015). Workplace "trans"-actions: How organizations, coworkers, and individual openness influence perceived gender identity

discrimination. *Psychology of Sexual Orientation and Gender Diversity*, *2*(4), 404.

Russomanno, J., Patterson, J. G., & Jabson, J. M. (2019). Food insecurity among transgender and gender nonconforming individuals in the Southeast United States: a qualitative study. Transgender Health, 4(1), 89-99.

Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2020). Mental health issues and complex experiences of abuse among trans and gender-diverse young people: Findings from Trans Pathways. *LGBT health*, *7*(3), 128-136.

Treharne, G. J., Riggs, D. W., Ellis, S. J., Flett, J. A., & Bartholomaeus, C. (2020). Suicidality, self-harm, and their correlates among transgender and cisgender people living in Aotearoa/New Zealand or Australia. *International Journal of Transgender Health*, *21*(4), 440-454.

Zwickl, S., Wong, A.F.Q., Dowers, E., Leemaqz, S.Y.L., Bretherton, I., Cook, T., Zajac, J.D., Yip, P.S. and Cheung, A.S. (2021). Factors associated with suicide attempts among Australian transgender adults. *BMC psychiatry*, *21*,1-9.

Appendix Five: Family, Domestic and Sexual Violence Evidence and References

FDSV prevalence among trans and non-binary populations

- Data from Private Lives 3 demonstrates a high prevalence rate of FDSV among LGBTIQ+ populations, with 42.4% of all respondents stating that they had ever experienced FDSV (Hill et al., 2020).
- Compared to cisgender LGBQ+ individuals, trans and non-binary populations experience violence wielded by their intimate partners (Simpson et al., 2024; Papazian et al., 2016) and/or romantic partners (Kurdyla et al., 2023; Bourne et al., 2023), as well as from one's family of origin (Riggs et al., 2016) more frequently. These experiences occur at a rate elevated above what is observed among cisgender women (AIHW, 2021; Peitzmeier et al., 2020; Valentine et al., 2017).
- Findings from *Private Lives 3*, which involved 1506 trans and gender-diverse adults, revealed that 79.5% of all these participants reported having ever experienced IPV (Amos et al., 2023).
- Research on trans and non-binary populations' experiences of violence originating from one's family of origin is presently scarce. However, PL3 findings that 82.6% of trans and non-binary participants reported ever experiencing violence from a family member (Amos et al., 2023).
- These experiences are unevenly distributed along the lines of other intersecting forms of marginality. Trans and non-binary individuals who are also racially minoritised, who are elderly, who live in non-urban locations, and who have previously experienced homelessness are more likely to have experienced some form of IPV within the past year (Kattari et al., 2022).

Identity Abuse among trans and non-binary populations

- Analyses from *Private Lives 3* found that 59.4% of trans and non-binary participants reported experiencing identity abuse from a partner, and 74.1% experienced such abuse from a family member (Lim et al., forthcoming). Compared to cisgender LGBQ+ participants, trans participants were 362% more likely to experience identity abuse from their partners, and 305% more likely to experience identity abuse from their family members (Lim et al., forthcoming).

- Like most forms of abusive tactics, identity abuse comprises a potentially vast repertoire of behaviours that are calibrated to achieve coercive control of an LGBTQ+ intimate partner (Guadalupe-Diaz & Anthony, 2017; Woulfe & Goodman, 2020).
- Though qualitatively diverse, a unifying feature across these tactics relates to the leveraging of systematic oppression to control, manipulate and inflict harm (Donovan & Barnes, 2017; Donovan & Barnes, 2020; Rogers, 2021).
- Identity abuse enacted against trans and non-binary persons may include any permutation of:
    - Non-consensual disclosure of a person's gender identity, or threats to do so. The intention of doing so may be to increase said person's reliance on the abuser by exposing the trans or non-binary person to harassment, compromising their economic security and autonomy, and limiting access to networks which were previously navigable through the strategic concealment of their gender identity (Marrow et al., 2024; Woulfe & Goodman, 2021).
    - Belittling or questioning the authenticity of one's gender identity, being made to feel ashamed of this identity, and being prevented from inhabiting one's gender identity (e.g., by disallowing the use of preferred names/pronouns, restricting dress or attire) (Marrow et al., 2024; Woulfe & Goodman, 2021).
    - Using transphobic language – particularly within the context of broader tactics that incorporate verbal abuse – as a means of targeting internalised transphobia (Marrow et al., 2024; Woulfe & Goodman, 2021).
    - Preventing trans persons from engaging with other trans peers – while social isolation is a cornerstone of abusive tactics, they are particularly impactful when deployed against trans and non-binary persons, who are often reliant on trans and non-binary peers for positive, identity-affirming experiences (Marrow et al., 2024; Woulfe & Goodman, 2021).

Outcomes associated with experiences of FDSV

- Experiences of IPV result in significant morbidity, not least of all mental health concerns (Reuters et al., 2017), significant injury (Sutter et al., 2019), future disability (Rosenblat et al., 2019), as well as loss of life (AbiNader et al., 2023).
- Likewise, while challenging to precisely quantify, sexual victimisation results in significant psychological (Newcomb et al., 2020) and psychiatric morbidity (Kolp et al., 2020), while

potentiating poor sexual health outcomes (Caswell et al., 2019). These outcomes are thought to contribute substantially to the health disparities experienced by trans and gender-diverse people (Ussher et al., 2022).

- Comparatively**,** there is a paucity of available research disentangling the impact of violence from family of origin on the health and well-being of trans and non-binary populations. However, family rejection is established to impair psychosocial functioning (Parisseau et al., 2019), predict both internalising (Durwood et al., 2021) and externalising symptoms (Parisseau et al., 2019), culminating in experiences of homelessness (Hail-Jares et al., 2023).

Constrained Service Access for Trans and Non-Binary victim-survivors

- Trans and non-binary victim-survivors – particularly those registered male at birth (RMAB), are frequently presumed to jeopardise the emotional safety of their cisgender, heterosexual counterparts due to their supposed proximity to masculinity (Head, 2020; Smith, 2021).
- At the same time, service workers may judge trans and non-binary victim-survivors to be at risk of violence among other inhabitants in men's homelessness shelters (Pyne, 2011). Trans and non-binary victim-survivors may likewise avoid these shelters due to similar assumptions (Noack-Lundberg et al., 2020).
- Prejudice towards trans and non-binary victim-survivors likewise causes prospective engagements with policing services (Genovese, 2023); and other arms of the criminal justice system to be a challenging proposition.
    - Trans and non-binary victim-survivors often experience institutional harm in their engagement with these systems (Miles-Johnson & Ball, 2022). One such example is the tendency for these victim-survivors to be misidentified by attending police as the individual using violence (Lim et al., 2023).
    - Much of this can be attributed to both the legacy and ongoing reality of prejudiced treatment towards trans and non-binary persons by the judicial (Mitchell et al., 2022) police (Miles-Johnson, 2020; Mile-Johnson & Ball, 2022) and prison (Dalzell et al., 2023) systems.
- Generally low levels of trans-specific expertise among professionalised services within Australian jurisdictions limits trans and non-binary victim-survivors' access to appropriate forms of support (Lim et al., 2023; Lusby et al., 2022).

References for FDSV

1. AbiNader MA, Graham LM, Kafka JM. Examining intimate Partner violence-related fatalities: Past Lessons and future directions using U.S. National Data. J Fam Violence. 2023. Available from: https://doi.org/10.1007/s10896-022-00487-2.
2. Amos N, Hill A, Donovan C, Carman M, Parsons M, McNair R, et al. Family Violence Within LGBTQ Communities in Australia: Intersectional Experiences and Associations with Mental Health Outcomes. Sexuality Research and Social Policy. 2023;20(4):1316-27.
3. Bourne A, Amos N, Donovan C, Carman M, Parsons M, Lusby S, et al. Naming and Recognition of Intimate Partner Violence and Family of Origin Violence Among LGBTQ Communities in Australia. Journal of Interpersonal Violence. 2022;38(5-6):4589-615.
4. Caswell RJ, Ross JD, Lorimer K. Measuring experience and outcomes in patients reporting sexual violence who attend a healthcare setting: a systematic review. Sex Transm Infect. 2019;95(6):419-427.
5. Donovan C, Barnes R. Conclusion: Telling Different Stories About Intimate Partner Violence and Abuse. In: Donovan C, Barnes R, editors. Queering Narratives of Domestic Violence and Abuse: Victims and/or Perpetrators? Cham: Springer International Publishing; 2020. p. 161-71.
6. Donovan C, Barnes R. Domestic violence and abuse in lesbian, gay, bisexual and/or transgender (LGB and/or T) relationships. Sexualities. 2017;22(5-6):741-50.
7. Durwood L, Eisner L, Fladeboe K, Ji C, Barney S, McLaughlin KA, et al. Social Support and Internalizing Psychopathology in Transgender Youth. J Youth Adolesc. 2021;50(5):841-854. Available from: https://doi.org/10.1007/s10964-020-01391-y.
8. Genovese E. Administering harm: the treatment of trans people in Australian criminal courts. Curr Issues Crim Justice. 2023;1–20. https://doi.org/10.1080/10345329.2023.2231112
9. Guadalupe-Diaz XL, Anthony AK. Discrediting Identity Work: Understandings of Intimate Partner Violence by Transgender Survivors. Deviant Behavior. 2017;38(1):1-16.
10. Hail-Jares K, Vichta-Ohlsen R, Butler TM, Byrne J. Queer homelessness: The distinct experiences of sexuality and trans-gender-diverse youth. J LGBT Youth. 2023;20(4):757-782.
11. Head S. Understanding power dynamics in bisexual intimate partner violence: Looking in the gap. In: Russell B, editor. Intimate partner violence and the LGBT+ Community. Springer, Cham; 2020. p. 111-137.
12. Kattari SK, Kattari L, Lacombe-Duncan A, Shelton J, Misiolek BA. Differential Experiences of Sexual, Physical, and Emotional Intimate Partner Violence Among Transgender and Gender Diverse Adults. J Interpers Violence. 2022;37(23-24):NP23281-NP23305. Available from: https://doi.org/10.1177/08862605221078805.
13. Kolp H, Wilder S, Andersen C, Johnson E, Horvath S, Gidycz CA, et al. Gender minority stress, sleep disturbance, and sexual victimization in transgender and gender nonconforming adults. J Clin Psychol. 2020;76(4):688-698.
14. Kurdyla V, Messinger AM, Ramirez M. Transgender intimate partner violence and help-seeking patterns. J Interpers Violence. 2021;36(NP11046-NP11069). https://doi.org/10.1177/0886260519880171.
15. Lim G, Lusby S, Carman M, Bourne A. On the Structural Conditions Shaping Implementation of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ)-Inclusive Practices Within Intimate Partner Services in Australia. Journal of Family Violence. 2024.
16. Lim G, Lusby S, Carman M, Bourne A. LGBTQ Victim-Survivors' Experiences and Negotiations of Service Worker and Service System Discrimination. J Fam Violence. 2023. Available from: https://doi.org/10.1007/s10896-023-00554-2.
17. Lim G, Melendez-Torres GJ, Bourne A, et al. An item response theory-based approach to understanding how typologies of intimate partner abuse present within the life histories of lesbian, gay, bisexual, transgender and queer (LGBTQ+) people from Australia [Forthcoming].

18. Marrow E, Malik M, Pantalone DW, Peitzmeier S. Power and control, resistance and survival: A systematic review and meta-synthesis of the qualitative literature on intimate partner violence against transgender individuals. Social Science & Medicine. 2024;342:116498.
19. McQuigg R. Domestic Violence: Applying a Human Rights Discourse. In: Hilder S, Bettinson V, editors. Domestic Violence: Interdisciplinary Perspectives on Protection, Prevention and Intervention. London: Palgrave Macmillan UK; 2016. p. 15-35.
20. Mitchell M, McCrory A, Skaburskis I, Appleton B. Criminalising gender diversity: Trans and gender-diverse people's experiences with the Victorian Criminal Legal System. International Journal for Crime, Justice and Social Democracy. 2022;11(4):99-112.
21. Newcomb ME, Hill R, Buehler K, Ryan DT, Whitton SW, Mustanski B. High burden of mental health problems, substance use, violence, and related psychosocial factors in transgender, non-binary, and gender-diverse youth and young adults. Arch Sex Behav. 2020;49:645-659.
22. Noack-Lundberg K, Liamputtong P, Marjadi B, Ussher J, Perz J, Schmied V, et al. Sexual violence and safety: The narratives of transwomen in online forums. Cult Health Sex. 2020;22(6):646-659.
23. Obreja L-D. Human Rights Law and Intimate Partner Violence: Towards an Intersectional Development of Due Diligence Obligations. Nordic Journal of Human Rights. 2019;37(1):63-80.
24. Pariseau EM, Chevalier L, Long KA, Clapham R, Edwards-Leeper L, Tishelman AC. The relationship between family acceptance-rejection and transgender youth psychosocial functioning. Clin Pract Pediatr Psychol. 2019;7(3):267-277. Available from: https://doi.org/10.1037/cpp0000291.
25. Peitzmeier SM, Malik M, Kattari SK, Marrow E, Stephenson R, Agénor M, et al. Intimate partner violence in transgender populations: Systematic review and meta-analysis of prevalence and correlates. Am J Public Health. 2020;110(9):e1-e14.
26. Reuter TR, Newcomb ME, Whitton SW, Mustanski B. Intimate Partner Violence victimization in LGBT Young adults: Demographic differences and Associations with Health Behaviors. Psychol Violence. 2017;7(1):101–109. Available from: https://doi.org/10.1037/vio0000031.
27. Riggs DW, Fraser H, Taylor N, Signal T, Donovan C. Domestic Violence Service Providers' Capacity for Supporting Transgender Women: Findings from an Australian Workshop. The British Journal of Social Work. 2016;46(8):2374-92.
28. Papazian N, Ball M. Intimate-Partner Violence within the Queensland Transgender Community: Barriers to Accessing Services and Seeking Help. In: Dwyer A, Ball M, Crofts T, editors. Queering Criminology. London: Palgrave Macmillan UK; 2016. p. 229-47.
29. Rogers BA. Inequitable Power Comes from and Creates Inequitable Structure: The Continued Relevance of Feminist Theory for Understanding Intimate Partner Violence in Transgender Lives. Contemp Sociol. 2021;50(3):197-201. Available from: https://doi.org/10.1177/00943061211006083.
30. Rosenberg S, Riggs DW, Taylor N, Fraser H. 'Being together really helped': Australian transgender and non-binary people and their animal companions living through violence and marginalisation. Journal of Sociology. 2020;56(4):571-90.
31. Rosenblatt MS, Joseph KT, Dechert T, Duncan TK, Joseph DK, Stewart RM, et al. American Association for the surgery of Trauma Prevention Committee topical update: Impact of community violence exposure, intimate partner violence, hospital-based violence intervention, building community coalitions and injury prevention program evaluation. J Trauma Acute Care Surg. 2019;87(2):456–462. Available from: https://doi.org/10.1097/TA.0000000000002313.
32. Serra NE. Queering International Human Rights: LGBT Access to Domestic Violence Remedies. American University Journal of Gender, Social Policy & the Law. 2012;21(3):583-608.
33. Smith PR. Woman Enough? : Transgender Women and Intimate Partner Violence Shelters [Doctoral Dissertation]. 2021. Available from: https://egrove.olemiss.edu/cgi/viewcontent.cgi?article=3060&context=etd.
34. Simpson PL, Callander D, Haire B, Pony M, Rosenberg S, Duck-Chong L, et al. Factors Associated with Transgender and Gender Diverse People's Experience of Sexual Coercion, and Help-

Seeking and Wellbeing Among Victims/Survivors: Results of the First Australian Trans and Gender Diverse Sexual Health Survey. LGBT Health. 2024.
35. Sutter ME, Rabinovitch AE, Trujillo MA, Perrin PB, Goldberg LD, Coston BM, et al. Patterns of intimate Partner Violence victimization and perpetration among sexual minority women: A latent class analysis. Violence Against Women. 2019;25(5):572–592. Available from: https://doi.org/10.1177/1077801218794307.
36. Tesch B. Best Practices in Shelter Provision. In: Messinger A, Guadalupe-Diaz X, editors. Transgender Intimate Partner Violence: A Comprehensive Introduction. New York, USA: New York University Press; 2020. p. 202-223. Available from: https://doi.org/10.18574/nyu/9781479830428.003.0008.
37. Ussher JM, Hawkey A, Perz J, Liamputtong P, Sekar J, Marjadi B, et al. Crossing boundaries and fetishization: Experiences of sexual violence for trans women of color. J Interpers Violence. 2022;37(5-6):NP3552-NP3584.
38. Vesa A. International and Regional Standards for Protecting Victims of Domestic Violence. American University Journal of Gender, Social Policy & the Law. 2004;12(2):309-60.
39. Victorian Agency for Health Information. The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: Findings from the Victorian Population Health Survey 2017. 2020. Available from: https://vahi.vic.gov.au/report/population-health/health-and-wellbeing-lgbtiq-population-victoria.
40. Woulfe JM, Goodman LA. Identity Abuse as a Tactic of Violence in LGBTQ Communities: Initial Validation of the Identity Abuse Measure. J Interpers Violence. 2021;36(5-6):2656-2676. Available from: https://doi.org/10.1177/0886260518760018.

Appendix Six: Prison, Identity Documents and Next of Kin Evidence and References

Prisons

- Walters et al (2024) found that provisions that address the specific needs of those who identify as LGBT 'are generally not legally enforceable'. They recommend that 'the Charter [of Human Rights and Responsibilities Act 2006] should be amended to include economic and social rights, including the right to health', 'to include a direct cause of action, to enable all Victorians, including LGBT people, to bring a claim against a public authority in respect of a Charter contravention, without having to rely on a non-Charter claim', and 'to allow victims of human rights violations to be awarded damages'; the *Corrections Act 1986* should be amended 'to address the specific needs of LGBT people'; and 'the *Monitoring of Places of Detention by the United Nations Subcommittee on Prevention of Torture (OPCAT) Act 2022*… should be amended to allow unrestricted access by the SPT' and to 'establish an independent oversight body to conduct regular monitoring of prisons'.
- Dalzell, Pang, and Bromdal (2024) argued that the elements of a 'trans-rights based correctional policy' are: protecting 'a trans person's right to be addressed with their chosen name and pronouns', 'supporting placement based on self-determined gender identity in principle', and providing 'access to gender-affirming clothing, grooming items and healthcare'. In this respect, they recommended *'creation of a national policy [that] would ensure consistency across Australia and rapidly facilitate improvements for jurisdictions which are currently in breach of human rights obligations'*.
- Winter (forthcoming) recommended that there be a consistent, national benchmark of standards to reduce disparity of outcomes', also that corrections legislation include 'specific provisions related to the incarceration of trans people', that policies be made 'public, and therefore transparent', and that 'further sensitivity and inclusion' in the areas of non-binary and First Nations people 'is still needed.' They argued that 'the issue of administrative segregation [sometimes referred to as isolation] stands out as the one [area] in need of reform.'

Death certificates and next of kin

- Walters and Repp (2023) noted that a death certificate, generally, should 'match the sex on other legal documents, especially the birth record', but that 'while a person can legally

change his or her [*sic*] sex identifier… on a birth certificate, driver's license, and ID card, the process is extensive' and 'because of these lengthy processes, only a small proportion of transgender persons likely have all their official identification matching their preferred gender. A person may go through life relatively unencumbered by mismatched identification but, upon his or her [*sic*] death, the inconsistencies cause gaps in data that obscure death disparities among gender minorities'. They found that in many cases a person's gender identity is 'not represented on the final death record, essentially non-consensually de-transitioning the individual in death and contributing to the erasure of the transgender population in public health mortality surveillance' and that there are 'significant implications for transgender individuals in a death system in which they are systematically unable to be recognised as their chosen identity after death'. They made several recommendations, including that 'in lieu of relying solely on legal next of kin, funeral home directors need the legal authority to use gender-identifying documentation enacted by the decedent before death to enforce the documents created premortem by the decedent specifying their gender identity'.

Next of Kin

- *Jago v Anti-Discrimination Tribunal* [2021][6] was a case in which the same-gender partner of a decedent was not recognised as the senior next of kin because their relationship was not registered before the death.

References

Walters, R., Antojado, D., Maycock, M., & Bartels, L. (2024). LGBT people in prison in Australia and human rights: A critical reflection. *Alternative Law Journal*, *49*(1), 40-46. https://doi.org/10.1177/1037969X241231007

Dalzell LG, Pang SC, Brömdal A. Gender affirmation and mental health in prison: A critical review of current corrections policy for trans people in Australia and New Zealand. Australian & New Zealand Journal of Psychiatry. 2024;58(1):21-36. doi:10.1177/00048674231195285

[6] https://www.austlii.edu.au/cgi-bin/viewdoc/au/cases/tas/TASSC/2021/10.html

Winter, C. (2024). Correctional policies for the management of trans people in Australian prisons. *International Journal of Transgender Health*, *25*(2), 130–148. https://doi.org/10.1080/26895269.2023.2246953

Walters, Jaime K. MPH; Mew, Molly C. MPH; Repp, Kimberly K. PhD, MPH. Transgender and Nonbinary Deaths Investigated by the State Medical Examiner in the Portland, Oregon, Metro Area and Their Concordance With Vital Records, 2011-2021. Journal of Public Health Management and Practice 29(1):p 64-70, January/February 2023. | DOI: 10.1097/PHH.0000000000001582