Research Matters: Trans and gender diverse health and wellbeing

A fact sheet by
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1. Introduction

Many societies around the world, including in Australia, have a dominant perception of gender as being limited to a binary, where every person is either 'male' or 'female'.[1] Within this assumed binary system, biological sex and gender form a singular unit, where individuals who were assigned female at birth are viewed as women, and those assigned male at birth are viewed as men.[2] However, many people experience and think about their gender in ways that challenge or contradict this strict distinction and alignment between sex and gender.

The overarching term 'trans and gender diverse' can be defined as referring to people whose gender identity or experience is different from the gender that was presumed and recorded for them at birth. Meanwhile, the term 'cisgender' is used to mean people whose gender identity or experience aligns with the gender that was presumed and recorded for them at birth.

The term 'trans and gender diverse' can include those whose gender is female, male or non-binary, feminine or masculine, neither male nor female, both or fluid. In Australia, the most common gender labels that fall under this umbrella term include trans man and trans woman, non-binary and Brotherboys and Sistergirls,[3,4] alongside other labels including genderqueer or agender. Others may use the term 'gender-nonconforming' to describe their identity or experience.

This paper will summarise key aspects of the literature on the health and wellbeing of trans and gender diverse people. A large amount of this literature is focussed on difficulties and poorer outcomes. However, there is a growing focus on the positive and protective aspects of trans and gender diverse people's lives, as well as their actions in resisting and organising politically to make change.

Many trans and gender diverse people experience loving relationships and a sense of belonging within their communities.[3,4] Others report positive life experiences that come from self-discovery, consciously constructing connections with peers and friends, and enhanced feelings of freedom and empathy.[5] In a recent study of trans and gender diverse young people in Australia, participants described positive aspects of their experiences, including developing an open mind and deep self-understanding along with positivity about the future.[6] In another example, trans and gender diverse people have consciously reframed their experiences as 'gender euphoria'[7] – a sense of positive gender belonging and pride – in contrast to dominant and pathologising narratives of dysphoria.

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Rainbow Health Victoria is a program that supports lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ) health and wellbeing through research and knowledge translation, training, resources, policy advice and service accreditation through the Rainbow Tick. We're located within the Australian Research Centre in Sex, Health and Society at La Trobe University and are funded by the Victorian government.

Research Matters is a series of information resources produced by Rainbow Health Victoria that:

- draws together the latest research on LGBTIQ health and wellbeing
- promotes knowledge on the key issues involved in LGBTIQ inclusion
- assists communities, organisations, service providers and government in implementing policies and programs to improve health, wellbeing and inclusion

This issue will summarise current research into trans and gender diverse health and wellbeing.

2. Trans and gender diverse health and wellbeing

The body of literature investigating trans and gender diverse health and wellbeing reported here is mostly from the US, Canada and Europe, but also includes some Australian studies.[3,4,6] Given this is a highly-researched population group, the current knowledge base has significant limitations and silences.

One important gap is that there is no national Australian dataset that allows a robust estimate of the number of people identifying as trans and gender diverse. Australian population-based studies (including the national Census) do not currently include adequate questions about gender, although future population research will benefit from the 2021 release of an updated Australian Bureau of Statistics Standard for collecting gender-related data. Current gaps in information about population size and characteristics limit opportunities to advocate, or plan, for effective health services for trans and gender diverse people.

Other limitations of the current research base include:

- using different terminologies and definitions for gender identity and expression across studies, which limits comparison
- collapsing trans and gender diverse experiences into the LGBTIQ umbrella, which can mask distinct experiences and needs
- addressing trans and gender diverse people as a singular undifferentiated 'transgender' population, despite significant differences in lived experiences and health needs

In addition, a recent review found that the most researched topic regarding trans and gender diverse people was 'therapeutics and surgeries'.[8] This research focus and resulting knowledge is vital for those who want to medically affirm their gender. Having access to gender-affirming medical care, including hormones and surgery, amongst other treatments, has been shown to significantly improve health and mental health outcomes for trans and gender diverse people, while delay or lack of access has shown a negative impact.[9,10] However, a focus predominantly on medical gender affirmation can fail to meaningfully and adequately examine the broader social context of trans and gender diverse experiences of life, health and wellbeing. Additionally, this focus is not inclusive of the experiences and needs of all trans and gender diverse people, some of whom may not wish to, or be able to, take a medical approach to their gender affirmation.[11]

While the literature has limitations and gaps, it does document convincingly important health and wellbeing disparities for trans and gender diverse people in comparison to the general population.

A significant number of studies have found high rates of reported diagnosis with anxiety and depression, psychological distress, self-harm and suicidality.[4,12,13] Additionally, some studies have found that within LGBTIQ communities, trans and gender diverse people report poorer mental health on most measures than their cisgender counterparts,[4,14] with some finding that those who are both trans and gender diverse and LGBQ do worst.[15] One recent study indicates, furthermore, that the COVID-19 pandemic has exacerbated mental health concerns.[16]

In terms of other health issues, some studies have found that smoking rates are higher for trans and gender diverse people,[17] and others have found higher rates of alcohol and other drug use.[12,18,19] In some research these rates are linked to experiences of stigma and discrimination, and mental health issues.

Globally, trans women, particularly those engaged in criminalised sex work, are at significantly higher risk for acquiring HIV.[20] This pattern is less obvious in Australia, where gay and bisexual men remain the primary focus for HIV prevention. Prevalence

rates amongst trans and gender diverse people in Australia are currently unclear as HIV surveillance relies on notifiable disease reporting, where the genders of trans and gender diverse people are not adequately captured in most states and territories.[21] However, one Australian study found significant unmet need amongst trans and gender diverse people for quality sexual healthcare, along with high levels of gender insensitivity experienced within sexual healthcare, which is in turn associated with a lower frequency of testing.[3]

Overall, an important gap has been found to exist in health and service data collection and reporting, with most systems failing to accurately and meaningfully include trans and gender diverse people. This limits understanding of many important issues – for example, coronial reporting across Australia does not currently allow an analysis of suicide rates across gender identities.

3. Stigma, violence and discrimination

Many health and wellbeing issues for trans and gender diverse people have been found to be associated with social inequality, and related experiences of stigma and discrimination.

These dynamics are driven by rigid gender norms, i.e. the idea that the only 'normal' and acceptable forms of human expression of gender are 'male' and 'female'. These norms position trans and gender diverse people as not 'normal', as failing to demonstrate acceptable expressions of gender, placing pressure on them to conform to stereotypes of gender identity and expression in order to feel validated or accepted. One measure of the operation of these norms for individuals can be found in the significant time delays reported by trans and gender diverse people between desiring and actually accessing the resources needed to socially or medically affirm their gender, or gain legal gender recognition.[3,22]

Trans and gender diverse people report significant experiences of stigma and discrimination, along with a heightened perceived risk of both.[4,23] They also report other significant negative experiences related to stigma and discrimination, including family rejection,[24,25,26] adverse childhood experiences such as abuse, neglect or family dysfunction,[27] unemployment or underemployment[28,29] and homelessness.[30]

High levels of verbal and physical violence, and a significant burden of sexual violence have also been found.[3,4,31] Notwithstanding the capacity of trans and gender diverse people to survive and thrive, especially poor mental health outcomes and high suicidality have been identified for those who have experienced abuse.[32] There are also indications that trans and gender diverse people experience intimate partner violence at higher rates than cisgender people.[33,34]

Stigmatising and discriminatory behaviour in healthcare contexts is also reported, and has been found to be a significant barrier to accessing health-related services.[35,36,37] This can include the use of transphobic language, incorrect pronouns or deliberate misnaming and misgendering of clients. Other barriers to accessing healthcare include a lack of locally available trans-affirming services, financial cost of consultation and treatment, and mistrust of providers or the health system in general.[38,39] In Australia, trans and gender diverse young people report encountering inexperienced or transphobic service providers, and long waiting lists to see trans-affirming providers. Those who had self-harmed or attempted suicide were more likely to report feeling isolated from services.[6]

Despite these challenges, or perhaps because of them, many trans and gender diverse people have developed successful strategies for building resilience and coping skills, and seeking appropriate healthcare for themselves and others. These strategies include proactive help-seeking, assessing safety within specific contexts,

cultivating and participating in meaningful relationships and community networking, developing and asserting agency and autonomy in relation to gender experiences and identities, and engaging in organised political action aimed at improving conditions for trans and gender diverse people collectively.[40,41] In order to provide truly holistic healthcare services, it is important that healthcare providers recognise the significant capacity of trans and gender diverse people to survive and thrive.[42,43]

Beyond healthcare, other community services are also a priority – including those addressing housing and homelessness, managing alcohol and other drug use, and intimate partner and family violence. However, barriers similar to those described above exist in terms of actual or perceived risk of stigma and discrimination, along with specific concerns about inclusion in traditionally gendered services such as sexual assault and family violence services, or in others such as homelessness or refuge services which are accommodation-based.[44,45]

Developing informed, affirming and effective services to improve the health and wellbeing of trans and gender diverse people requires a more detailed understanding of the specific needs of this group.

4. Diversity in trans and gender diverse experiences

Most research has tended to examine 'transgender' populations as a whole, rather than meaningfully considering differences within the trans and gender diverse grouping. While there are few comparative studies, there is a small amount of relevant research.

In some studies, non-binary people report higher levels of harassment, abuse and mental health issues, alongside lower healthcare attendance rates than either binary trans people or cisgender people.[46] Other studies have found trans men to be more likely than other trans and gender diverse people to delay accessing necessary medical treatment due to experiences or perception of discrimination.[47,48]

Some studies have also begun to examine differences in experiences amongst trans and gender diverse people who were assigned male at birth (AMAB) and assigned female at birth (AFAB), investigating the impact of socialisation and how gender can continue to influence the experiences of trans and gender diverse people. For instance, some research indicates that AMAB people are affirming their gender at a later age,[6] perhaps reflecting differences in social acceptability of trans and gender diverse experiences. In terms of outcomes, some studies have found AMAB people report more psychological distress, self-harm or suicidality, while others show AFAB people report more distress.[49,50] Overall, mental health for all trans and gender diverse people is significantly associated with levels of gender-related distress.[51]

Health issues also differ within the trans and gender diverse grouping. For example, anatomically-specific health issues can arise, including the need for care and prevention for cervical or prostate cancers.[52,53] Trans and gender diverse people, particularly those who are medically affirming their gender, may face fertility issues that are directly linked to hormonal and/or surgical interventions.[54,55] Little attention has been paid to these issues, and there is a lack of inclusive pathways to navigating fertility services, pregnancy and terminations.[56,57]

Experiences of violence and abuse have also been shown to differ within the trans and gender diverse grouping. Some studies suggest that trans women are more likely to experience intimate partner and family violence, as well as broader violence and abuse.[33,34] Other studies report that rates of violence are also significant amongst AFAB people.[3] Trans men and AFAB non-binary people have been found to be significantly more likely to report sexual assault and abuse.[3,22,58]

Meanwhile, trans women and AMAB non-binary people are more likely to report homophobic or transphobic physical assault compared to their AFAB counterparts.[59] However, research on the gender of perpetrators is limited, with little known about those causing violence and abuse. Further research on these issues would help clarify the dynamics and drivers of violence and abuse, aiding the development of more effective prevention strategies.

There are also a range of other non-gender-related demographic differences that significantly affect the health of trans and gender diverse people, such as age, socio-economic status and access to support networks,[60] as well as factors such as Indigeneity, disability, race, culture or migration status. However, there is little research investigating these intersections and the implications for health and wellbeing.

Overall, the significant and diverse health and wellbeing needs of trans and gender diverse populations mean that there is a significant role for service providers in improving outcomes.

5. Service needs and preferences

At the core of the clinical needs of trans and gender diverse people are the concepts of informed consent, self-determination and autonomy. Fundamentally, this involves delivering clinical care in ways that treat people as the primary decision-makers in their own medical pathways.[61] An informed consent approach to medical gender affirmation positions the trans and gender diverse person as the expert on their own lived experience and associated clinical needs (or decision not to follow particular clinical pathways).[62,63] This approach is important in specifically countering barriers to care and negative experiences produced by the pathologisation of trans and gender diverse people seeking health and mental healthcare.[6]

Gender affirming healthcare has been shown to improve mental health outcomes and quality of life for trans and gender diverse people.[64,65] This kind of care requires healthcare providers who are trained for linguistic and conceptual competency, as well as systematic frameworks that provide room for accurate self-description amongst clients (e.g. appropriate intake forms).[66,67] These measures are important in countering experiences commonly reported by trans and gender diverse people of being denied medical treatments or receiving inappropriate care and information by their providers.[3,48,68]

Trans and gender diverse people may also require a holistic support plan and a mix of clinical, health and other services. As they reveal their gender to the world around them, some of their intimate partners or families may require support to navigate and affirm changes as they occur. This may include addressing disclosure, shifts in interpersonal dynamics and the psycho-physiological changes that can come with gender affirming hormone therapy or surgical interventions.[69,70]

Recent Australian research has found that while mainstream health and mental health services were the services most frequently accessed by LGBTIQ people, they were also reported to be least likely to respect their gender. In Private Lives 3, the largest national survey of LGBTIQ people, only one third of trans and gender diverse people reported feeling that their gender identity was very or extremely respected at a mainstream medical clinic or hospital. Overall, one in five participants said that they would prefer to access services that cater only to LGBTIQ people, while nearly half indicated they would prefer to access a mainstream medical or support service that is known to be LGBTIQ-inclusive. Specifically, trans and gender diverse participants were much more likely than other participants to report preferring LGBTIQ-specific services.[4]

Both LGBTIQ-inclusive and trans-affirming mainstream health and community services are required, as well as LGBTIQ community-controlled and specialist services. Greater emphasis is also needed on the integration of peer-based models into mainstream medical and mental health service delivery, as community connectedness and relationships with peers have consistently been shown to be associated with resilience for trans and gender diverse people.[6,60]

6. Future directions

While there have been significant advances in research on trans and gender diverse health and wellbeing, substantial gaps in knowledge remain.

A key gap in Australia is the lack of population-level data, including in the Census, and service data that adequately incorporates the genders of trans and gender diverse people. This creates a major gap in quantifying and describing their experiences and needs. There is also an urgent need for further, ongoing, research that specifically investigates trans and gender diverse health and wellbeing, including the diversity of experiences within this grouping. Research that looks at the dynamics and drivers of stigma, discrimination and abuse is also required, along with greater investigation of protective factors and effective prevention approaches and interventions.

There is a particular need to expand the focus of research beyond the medical, social and legal needs of gender affirmation. While these are of vital importance, what is also needed is a more complex and complete understanding of how people navigate different or multiple gender categories, and how this influences their health and wellbeing, and resulting holistic service needs.

Up-to-date, nuanced and sophisticated research on trans and gender diverse health and wellbeing will continue to be important in informing understandings of health and wellbeing outcomes, and in developing recommendations for policy, practice and service responses into the future.

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