Public Health Association AUSTRALIA

The Health of People with Diverse Genders, Sexualities, and Sex Characteristics

Policy Position Statement

Key messages:

Gender identity, sexuality and variations of sex characteristics are determinants of health. People of diverse genders, sexualities, and sex characteristics often experience health inequities which are linked to societal stigma, discrimination and maltreatment, as well as structural barriers that restrict access to appropriate health care.

The PHAA is committed to work with LGBTQIA+ groups, organisations, peak bodies and other relevant stakeholders to provide best practice guidance and advocate for the provision of inclusive, safe, appropriate, and high quality health information, care, services, programs, education and training that meet the needs of LGBTQIA+ people.

Key policy positions:

1. People of diverse genders, sexualities and sex characteristics, who are often referred to as LGBTQIA+ people, are not a homogenous group; they have unique and distinct needs with diverse experiences and backgrounds.
2. Interventions and approaches to address health inequities must be underpinned by principles of human rights, equity, inclusion and intersectionality.
3. Interventions and approaches to address health inequities must enable more inclusive service delivery while also addressing the drivers of violence, abuse, harassment, and discrimination against LGBTQIA+ people at a societal level.
4. Inclusive data collection and research engagement at all levels will enable improved service delivery and planning and ensure investment is better targeted for the health of LGBTQIA+ people.

Audience: Federal, state and territory governments, policymakers and program managers, PHAA members, media.

Responsibility: PHAA Diversity, Equity and Inclusion Special Interest Group and Women's Health Special Interest Group

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PHAA affirms the following principles:

1. The PHAA recognises the diversity of sex characteristics, sexual orientations, and gender identities represented by lesbian, gay, bisexual, transgender, queer, intersex, asexual, and related people (LGBTQIA+). The PHAA remains committed to a respectful and adaptable approach to employing inclusive language. Australian research and evidence relating to LGBTQIA+ experiences is limited. Definitions and understandings of sex characteristics, gender, and sexuality vary across available studies, contributing to the ongoing invisibility of many experiences of discrimination. The PHAA acknowledges that the collective term "LGBTQIA+" is not all-encompassing and does not capture the complexities of everyone's experiences, and will therefore resonate with people differently. This term is used in this policy in the absence of a national consensus, and has been consulted on with LGBTIQ+ Health Australia, Intersex Human Rights Australia, and other key stakeholders across several states.
2. In relation to the needs of intersex people, PHAA acknowledges the importance of the priorities set out in the Darlington Statement - a joint consensus statement by Australian and Aotearoa/New Zealand intersex organisations and independent advocates; see https://ihra.org.au/darlington-statement/.
3. Although the World Health Organization (WHO) has yet to formally acknowledge sexual orientation, sex characteristics, and gender identity as social determinants of health, there is growing recognition of these factors. The outcome of the 2013 Senate Community Affairs References Committee inquiry into Australia's response to the WHO report on the social determinants confirmed the influence of sexuality on health outcomes (1).
4. Intersectionality promotes an understanding of the interconnected nature of social categorisations such as (but not limited to) race, age, class, sex, sex characteristics, gender, sexuality, disability, ethnicity and culture which overlap and compound the impact of discrimination. An LGBTQIA+ person can experience discrimination and stigma based on their sexual orientation, gender identity, and sex characteristics simultaneously with racism, ageism, and so on, compounding disadvantage. Therefore, it is critical to address the historical and ongoing impacts of patriarchal, racist, ableist, ageist, and xenophobic systems on LGBTQIA+ people. This principle highlights other relevant principles that should underpin LGBTQIA+ health initiatives such as human rights, social determinants, person-centred and trauma-informed care.
5. The PHAA acknowledges that cultural and religious beliefs often play a key role in the discourse around diversity of genders, sexualities and sex characteristics. The PHAA endeavours to foster a mutually respectful discussion in advocating for the above principles in LGBTQIA+ health.

PHAA notes the following evidence:

6. Rigid gender roles, cisnormativity (the assumption that a person's gender identity matches their sex assigned at birth and the corresponding gender assigned at birth), heteronormativity (the view that heterosexual relationships are the only natural, normal, and legitimate expressions of sexuality and relationships), and endosexism (beliefs that bodies have to appear typically female or male for children to grow "normally") result in homophobia, biphobia, transphobia, and discrimination against intersex people (2).

7. Experience and fear of discrimination, stigma, harassment, abuse and violence stemming from homophobia, biphobia, transphobia, and discrimination against intersex persons lead to poorer physical and mental health and wellbeing outcomes for LGBTQIA+ people compared to the general population (4, 5). For example, findings from Private Lives 2, the second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians in 2012, revealed that 44% of GLBT survey participants hid their sexuality or gender in public, 33.6% hid it when accessing services, and 38.8% hid it at work (6).

8. Evidence of poorer physical and mental health and wellbeing outcomes for LGBTQIA+ people when compared with the general population or other comparable groups includes:
    i. Higher rates of suicide ideation and self-harm, higher rates of depression and anxiety disorders (7).
    ii. Higher rates of homelessness (8).
    iii. Higher rates of discrimination and reduced service access among LGBTQIA+ people with disability compared with non- LGBTQIA+ people with disability and LGBTQIA+ people without disability (9).
    iv. Higher rates of substance use disorders (10).
    v. Twice as high rates of tobacco use (11).
    vi. Higher rates of stress linked to poor health outcomes (12).
    vii. Higher rates of discrimination and abuse (6).
    viii. Higher prevalence of intimate partner violence against transgender and intersex people compared to lesbian, gay, and bisexual people who are not transgender (13).

9. LGBTQIA+ women and people with a uterus have distinct sexual and reproductive health needs (15, 16), and lesbian and bisexual women may be at higher risk for asthma, obesity, arthritis, and cardiovascular disease (17).

10. In relation to people with intersex variations:
    i. Infants, children, and adolescents with intersex variations remain subjected to unnecessary elective medical interventions in Australia that are understood to be human rights abuses (18).
    ii. Evidence exists of high rates of trauma, poverty and early school leaving, and lack of comprehension within medical settings (19-21).

11. Implementing this policy would contribute towards achievement of UN Sustainable Development Goals 3: Good Health and Well-being, Goal 5: Gender Equity, and Goal 10: Reduced Inequalities.

PHAA seeks the following actions:

12. Governments and other stakeholders should work with key LGBTQIA+ peoples, communities, groups, organisations and peak bodies to develop best practice guidance for the provision of inclusive, safe, appropriate, and high quality health information, care, services, programs, education and training that meet the needs of LGBTQIA+ people.
13. Governments and other stakeholders should ensure that health services planning processes provide an inclusive and supportive environment for LGBTQIA+ people.
14. Governments and other stakeholders should ensure that the health and wellbeing of LGBTQIA+ peoples is included in all health professional education and training, and in general sexual and reproductive health programmes.
15. Governments and other stakeholders should support the development and implementation of workplace anti-discrimination policies in health care and beyond, which include specific references to harassment and discrimination based on sexual orientation, sex characteristics and gender identity.
16. Governments should implement appropriate legislative reform to:
    i. recognise the drivers of poor health outcomes for LGBTQIA+ peoples;
    ii. protect the rights of LGBTQIA+ peoples;
    iii. addresses systemic discrimination;
    iv. ensure informed consent or assent from the LGBTQIA+ persons; and
    v. end human rights abuses in medical settings.

PHAA resolves to:

17. Advocate for the above steps to be taken based on the principles in this position statement.
18. Embed principles of gender, sexuality and sex characteristics diversity, equity, inclusion and intersectionality into all PHAA policy development, and assess the impact and implications of any planned policy action regarding LGBTQIA+ people.
19. Ensure LGBTQIA+ people's interests are equitably represented in organisational approaches and activities.
20. Publicly support diversity and inclusion through recognition of significant dates that celebrate LGBTQIA+ peoples such as, but not limited to: International Day Against Homophobia, Transphobia and Biphobia; International Transgender Day of Visibility; Bisexual Awareness Week; Intersex Awareness Day; and Wear It Purple Day.
21. Advocate for and support the development and funding of robust research and evaluation frameworks to build the evidence base for inclusive practices that cater for the experiences and needs of LGBTQIA+ peoples.
22. Encourage an LGBTQIA+ stream within the PHAA annual conferences to promote visibility of LGBTQIA+ research and practice, and facilitate the dissemination of these findings and learnings.

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