



The Royal Australasian
College of Physicians

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Mr Tim Wilson
Human Rights Commissioner
Australian Human Rights Commission
Level 3
175 Pitt Street
SYDNEY NSW 2000

Via Email: sogii@humanrights.gov.au

Dear Mr Wilson

Sexual Orientation, Gender Identity & Intersex Rights Discussion Paper

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to contribute to the discussion on the rights and needs of lesbian, gay, bisexual, transgender and intersex (LGBTI) Australians.

The RACP advocates for the rights of LGBTI Australians across a number of forums. This letter outlines some of the primary areas in which greater support for the rights of these Australians is necessary.

Gender dysphoria

Access to best practice health care for individuals who identify as gender diverse or transgender is limited by both the medical and legal systems in Australia.

There is an urgent need for improved access to publicly funded specialist outpatient health care in both paediatric and adult settings. This is not as simple as funding infrastructure alone. Improving treatment access requires the integration of training on gender identity and transgender medicine into existing undergraduate and postgraduate medical courses, increased PBS and Medicare funding for medical and surgical treatment options, and review of judicial processes as outlined below.

Currently, medications and surgical procedures that have therapeutic benefits for gender diverse and transgender patients are often substantially or entirely privately funded. For example, gonadotropin-releasing hormone analogues used to suppress puberty in adolescents are not funded through the Pharmaceutical Benefits Scheme and currently cost approximately \$5000 per patient per year. This cost prevents care from being affordable in general practice and community settings. Similarly, Medicare item numbers do not exist for therapeutic surgical procedures which prevents surgical care being provided in public hospitals or being subsidised in private settings. Surgical treatment is in essence denied to those of low socioeconomic status.

A variety of legal reforms are also necessary to bring rights equality to gender diverse and transgender patients, particularly those requiring treatment during adolescence. Unlike the USA, UK and Canada, Australia requires court authorisation for cross-hormone treatment for transgender adolescents.ⁱ It is well documented that poor access to treatment results in increased rates of self-harm and suicide, especially during the adolescent years.ⁱⁱ Most gender diverse and transgender young people are unable to access cross-hormone treatment until adulthood due to the prohibitive legal costs and the emotional distress experienced in navigating the court system. Morbidity and mortality could potentially be increased not only through self-harm and suicide but also through illegally obtaining hormone medication via the internet which is administered without medical advice or monitoring.

Removing the requirement for The Family Court of Australia to approve treatment using oestrogen and testosterone in people under the age of 18 years is of paramount importance.

Additional reforms that are applicable to patients of all ages include:

- Removal of the need for identification on the birth certificate of genital sex-affirmation surgery to change one's sex.
- The RACP supports initiatives to amend legislation, policies and practices that are unfairly restricting the rights of the LGBTI population. This includes adjustments to marriage laws so that same-sex and transgender individuals can marry, regardless of their gender identity. Existing evidence suggests such legal changes bring about improved health outcomes for this population.^{iii iv v vi}
- The addition of gender identity to the current general curriculum taught in schools to improve acceptance and inclusiveness of gender diverse and transgender individuals.
- Provision of gender-affirming treatment of transgender people in the corrections systems regardless of whether they were diagnosed with gender dysphoria prior to or after incarceration.

Same-sex attracted young people

The RACP has advocated for the health needs of young people, including same-sex attracted and gender questioning young people. Same-sex attracted young people often face greater social and emotional challenges than those encountered by heterosexual young people. Bullying, feelings of isolation, and difficulties in rural and regional areas can be more pronounced. These challenges are reflected in higher rates of depression, anxiety and risky sexual behaviours in addition to reports of high levels of discrimination.

Gender-questioning young people often face increased risk of reduced academic performance, school change or drop-out, homelessness, physical abuse, self-harm and suicide. Difficulties experienced by same sex attracted and gender-questioning young people may lead to poorer long-term health outcomes.

These outcomes can be improved through more extensive education, both in schools and the wider community, but also for medical professionals through existing training programs.

The Safe Schools Coalition is a Commonwealth Government-funded initiative that provides member schools with a range of tools, resources and support to assist in providing a safe and inclusive environment for same sex attracted, intersex and gender diverse students. It represents the sort of positive initiative governments can support to reduce discrimination against and affirm the rights of LGBTI young people. The

program is currently available in many states and territories, and will be implemented nationwide by the end of 2015.

The RACP looks forward to the results of the Australian Human Rights Commission's ongoing work in this area, and would welcome continuing opportunities to be involved. For further information relating to this submission, please contact Alex Lynch at Alex.Lynch@racp.edu.au or on +61 2 9256 9632.

Yours sincerely

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Dr Nicki Murdock
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Side talk

Professor Nicholas J Talley
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ⁱ Strickland S. 2014. *To treat or not to treat: legal responses to transgender young people*. Association of Family and Conciliation Courts 51st Annual Conference.

ⁱⁱ Smith E, Jones T, Ward R, Dixon J, Mitchell A, Hillier L. 2014. *From Blues to Rainbows - The mental health and well-being of gender diverse and transgender young people in Australia*. LaTrobe University and University of New England. <http://safeschoolscoalitionvictoria.org.au/wp-content/uploads/2014/09/From-Blues-to-Rainbows-Report-2014.pdf>

ⁱⁱⁱ Hatzenbuehler ML, McLaughlin KA, Keyes KM, Hasin DS. 2010. *The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: a prospective study*. American Journal of Public Health <http://www.ncbi.nlm.nih.gov/pubmed/20075314>

^{iv} Hatzenbuehler ML, O'Cleirigh C, Grasso C, Mayer K, Safren S, Bradford J. 2012. *Effect of same-sex marriage laws on health care use and expenditures in sexual minority men: a quasi-natural experiment*. American Journal of Public Health. <http://www.ncbi.nlm.nih.gov/pubmed/22390442>

^v Herdt, G. R Kertner, 2006 *I Do, but I Can't: The Impact of Marriage Denial on the Mental Health and Sexual Citizenship of Lesbians and Gay Men in the United States*. Journal of Research and Social Policy, March 2006

^{vi} Bansel P, Denson N, Ovenden G, Davies C. 2014. *Growing Up Queer – Issues Facing Young Australians Who are Gender Variant and Sexuality Diverse*. Young and Well Cooperative Research Centre – University of Western Sydney.