

# HEALTH AND WELLBEING OF LGBTIQ+ PEOPLE

*2025-2027 Needs Assessment*

## Table of contents

<b>List of tables</b> .....	<b>2</b>
<b>List of figures</b> .....	<b>2</b>
<b>Overview</b> .....	<b>4</b>
Key issues.....	4
Service gaps .....	4
<b>Demographics</b> .....	<b>4</b>
Census .....	4
<b>LGBTIQ+ people as a priority population</b> .....	<b>6</b>
National strategies .....	6
NSW focused strategies .....	6
<b>Health and wellbeing of lesbian, gay, bisexual and queer people</b> .....	<b>7</b>
Mental health .....	7
Suicidality and suicide prevention.....	7
Alcohol and other drug use.....	8
Alcohol.....	8
Nicotine use.....	9
Illicit drug use .....	9
Sexual health .....	10
<b>Health and wellbeing of trans and gender diverse people</b> .....	<b>10</b>
Mental health .....	10
Suicidality and suicide prevention.....	10
Alcohol and Other Drugs .....	11
Gender affirming health care .....	11
Autism .....	11
Sexual health .....	11
<b>Health and wellbeing of intersex people</b> .....	<b>12</b>
<b>Intersectionalities</b> .....	<b>12</b>
Culturally and Linguistically Diverse Communities .....	13
<b>Service utilisation/access</b> .....	<b>13</b>
<b>Opportunities to address health and service needs</b> .....	<b>14</b>
<b>Definitions</b> .....	<b>15</b>
<b>References</b> .....	<b>17</b>

## List of tables

Table 1: Most commonly used illicit drugs in the previous 12 months, by sexual orientation, 2022–2023 .....	9
---	---

## List of figures

---

Figure 1: Distribution of Same sex couples across Australia, 2021 by PHN .....	5
Figure 2: Distribution of same sex couples across the CESPHN region by SA3. 2021 .....	5

## Overview

The Lesbian, Gay, bisexual, transgender and gender diverse, intersex and queer community is a diverse cohort. The acronym includes significant variations in gender identities and expression, sexual orientation and bodily diversity.

LGBTIQ+ will be used throughout this document as appropriate. Individuals who have multiple intersecting identities often face marginalisation resulting in additional barriers to their physical or mental health. This chapter will capture the health priorities, gaps, barriers and opportunities for the LGBTIQ+ community.

### Key issues

- LGBTIQ+ people experience higher levels of mental distress and poor mental health
- LGBTIQ+ people drink more alcohol and use illegal drugs at higher levels than non-LGBTIQ+ people
- Can have higher instances of sexually transmitted diseases, though PReP use remains high amongst gay men
- High levels of loneliness and social isolation, especially amongst older adults (see mental health chapter of this Needs Assessment)
- Vulnerability amongst LGBTIQ+ people who are members of priority population groups
- The community can experience harassment, stigma and discrimination in their daily lives.

### Service gaps

- Easy access to gender affirming care for transgender patients
- Services that understand the social and health needs of intersex people
- Delivery of trauma-informed care and sexual diversity training for clinical staff and community services.
- Access to mental health supports.

## Demographics

### Census

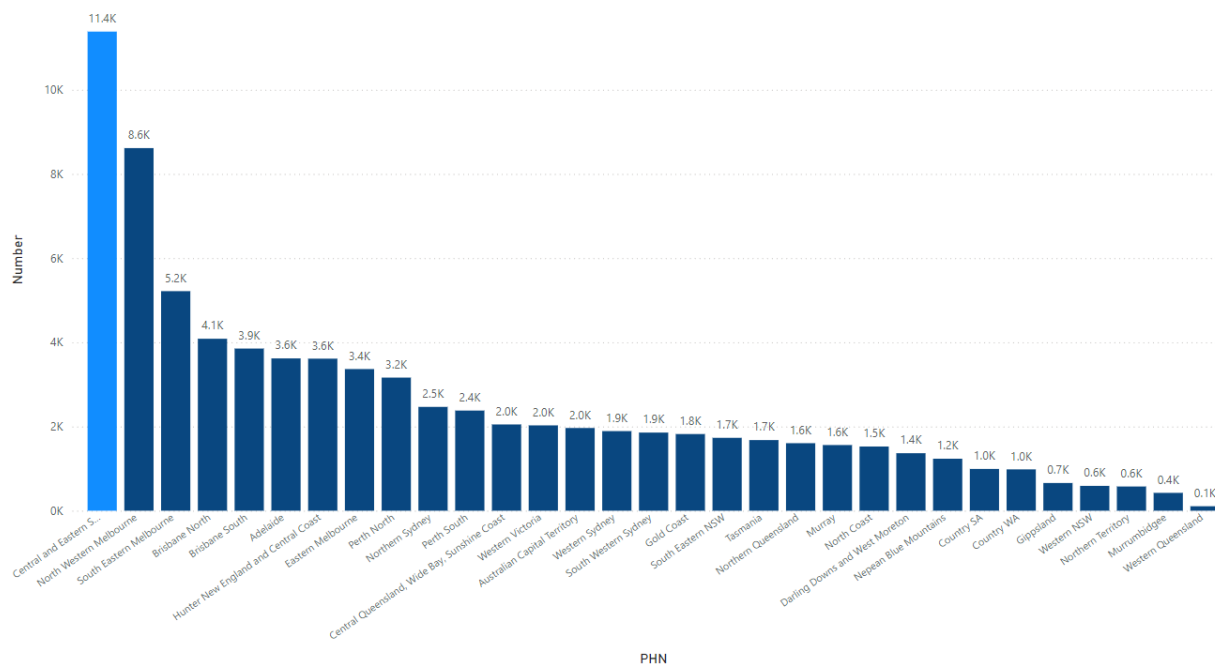
The 2021 Census captures the number of same sex couples who live together in Australia. The Central and Eastern Sydney PHN region has a high number of same sex couples living together (n=11,382), representing 14.5% of same sex couples living together in Australia. By comparison, this region comprises 6% of the total Australian population' (1).

However, this information does not provide detailed information on individuals who may be single, in relationships with the same sex but do not cohabit, or members of the LGBTIQ+ community who do not have relationships with the same sex. It can be assumed that this high number of people within

# HEALTH AND WELLBEING OF LGBTIQ+ PEOPLE

the CESPHN region compared to other parts of Australia is consistent with where the rest of the LGBTIQ+ community reside.

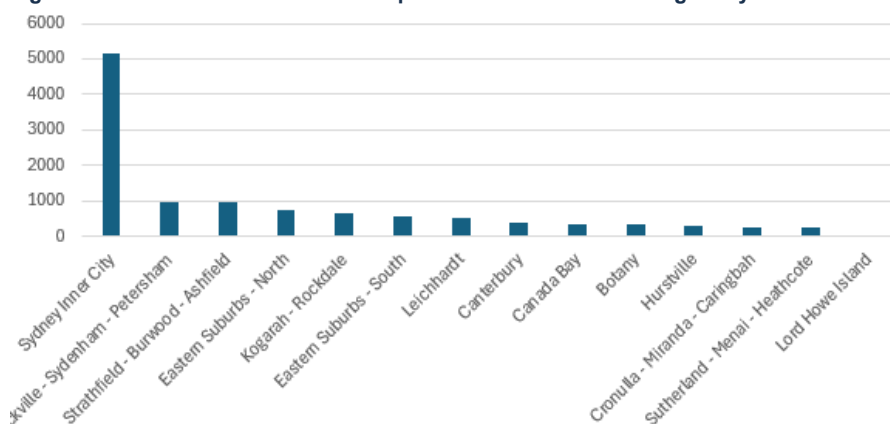
**Figure 1: Distribution of Same sex couples across Australia, 2021 by PHN**



Source: ABS, 2022

CESPHN's demographic data shows that the highest concentration of same sex couples reside within Sydney Inner City SA3 area. This area had the highest number of same sex couples for both male and female, representing 68.3% of same sex couples in the CESPHN region.

**Figure 2: Distribution of same sex couples across the CESPHN region by SA3, 2021**



Source: ABS, 2022

Census data does not capture trans and gender diverse or intersex peoples living within the region and is likely to significantly underestimate the number of LGBTIQ+ people. It is estimated that between 1% to 2% of people in Australia are intersex (2).

## LGBTIQ+ people as a priority population

Achieving optimal health and wellbeing for LGBTIQ+ people can only be achieved when plans and strategies are developed with LGBTIQ+ people at the centre. Current examples include:

- The NSW LGBTIQ+ Health Strategy 2022-2027 (2).
- The formalisation of the Commonwealth Department of Health and Aged Care National LGBTIQ+ Health and Wellbeing 10-Year Action Plan. As of October 2024, this plan is slated for release at the end of 2024 (3).

LGBTIQ+ peoples are defined as priority populations within numerous physical, social and mental health strategies, frameworks, action plans and reforms. The below strategies are examples of areas that highlight the community as a priority population.

### National strategies

- Commonwealth Department of Health and Aged Care Diversity Framework (4)
- The Australian Government's National Mental Health and Suicide Prevention Plan (5)
- National Drug Strategy 2017-2026 (6)
- National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-29 (7).
- The Fifth National Mental Health and Suicide Prevention Plan (8).
- The National Palliative Care Strategy 2018 (9).
- National Framework for Action on Dementia 2015-2019 (10). (updated strategy set to launch at end of 2024).
- Eighth National HIV Strategy 2018–2022 (ninth National HIV Strategy currently underway) (11)
- Australian Cancer Plan (12)

### NSW focused strategies

- NSW Youth Health Framework 2017-2024 (13)
- Strategic Framework for Suicide Prevention in NSW 2022-2027 (14)
- NSW Alcohol and Other Drugs Workforce Strategy 2024-2032 (15).

## Health and wellbeing of lesbian, gay, bisexual and queer people

The section refers to the health and wellbeing outcomes of Lesbian, Gay, Bisexual and Queer (LGBQ+) cohorts under the LGBTIQ+ umbrella.

### Mental health

Data collated from the National Study of Mental Health and Wellbeing 2020-2022 reports on modelled prevalence for LGBTQ+ Australians. In general, LGBQ+ people were more likely to experience a mental disorder than heterosexual people. Three in four (74.5%) LGB+ individuals had experienced a mental illness at some time in their life – compared with 41.7% of heterosexual people (16). This includes:

- 63.5% of gay or lesbian people
- 80.1% of bisexual people
- 93.1% of people who used a different term to describe their sexual orientation.

Nearly three in five (58.7%) LGB+ people had experienced a mental health illness that spanned across a 12-month period, in comparison to 19.9% of heterosexual people including:

- 42.8% of gay or lesbian people
- 64.4% of bisexual people

The sexually diverse cohort experience higher rates of poor mental health that is linked to experiences of discrimination due to their sexual orientation, bullying, violence, exclusion and devaluation of their identity and their relationships both interpersonally and within broader social discourse. (17) These experiences may lead to challenges with work, relationships, finances and housing.

Poor mental health is not innate to LGBQ+ experience, and is influenced by social and cultural factors, which often compound over the lifespan.

### Suicidality and suicide prevention

LGBQ+ people have significantly higher rates of suicidality than their heterosexual counterparts. An analysis of the Private Lives 3 National Survey of 5,174 cisgender LGBQ participants aged 18+ years across Australia found that over one-third (37.2%) of participants reported having experienced suicidal ideation in the past 12 months and 3.9% of the participants reported a suicide attempt within the 12-month time frame (18).

Data from the 2020-2022 National Study of Mental Health and Wellbeing indicates that half of LGBQ+ people (43.9%) had high or very high levels of distress. In comparison, 15.4% of heterosexual people experienced this level of distress. One in 4 (28.6%) lesbian or gay individuals or 1 in 2 (51.5%) bisexual people had high or very high levels of psychological distress (16). Nearly half of LGBTIQ+ people (47.8%) had seriously considered suicide at some point within their lifetime compared to

15.3% of heterosexual people. Nearly half of LGBTIQ+ people (47.8%) had seriously considered suicide at some point within their lifetime compared to 15.3% of heterosexual people.

Non-suicidal self-harm rates (including suicide attempts) are also significantly higher within the cohort, 41.2% had self-harmed compared to 7.4% of heterosexual people. This includes 27.1% of gay or lesbian people and 47.5% of bisexual people.

## Alcohol and other drug use

Alcohol and other drug use rates amongst LGBQ+ people are significantly higher than their heterosexual counterparts. The below data on Alcohol and Other Drug Use has been extracted from the Rainbow Realities Report from 2023 (19).

### Alcohol

Alcohol use is higher within LGBQ+ communities, with risk factors including:

- Age 35-54 years
- Earned income in the highest brackets (\$1,000+ net weekly income)
- Had been sexually assaulted
- Had been treated unfairly based on their LGBQ+ identity in the past 12 months
- Had ever experienced homelessness
- Reported high or very high levels of psychological distress

The Private Lives 3, Pride and Pandemic survey characterised alcohol use patterns of LGBTQA+ adults (20). It found that:

- 26.8% (n = 1,815) of LGBTQA+ adults reported drinking monthly or less
- 27.5% (n = 1,866) drinking 2-4 times per month
- 18.7% (n = 1,268) drinking 2-3 times per week and
- 13.3% (n = 902) drinking four or more times per week

Of those who reported drinking alcohol:

- 71.6% (n = 4,183) reported ever drinking six or more drinks on one occasion
- 16.4% (n = 960) of these individuals reported drinking six or more drinks monthly
- 12.4% (n = 727) weekly and 2.1% (n = 123) daily

In terms of impact on daily life, 16.9% (n = 991) reported that they had struggled to manage their alcohol use or that it negatively impacted their everyday life in the past 12 months:

- 18.3% (n = 182) of those who expressed some struggle with alcohol consumption had sought professional support. 68.5% (n = 135) of those had sought support from a mainstream service that is not known to be LGBTQA+-inclusive, 33.0% (n = 65) from a mainstream service that is known to be LGBTQA+-inclusive, and only 7.6% (n = 15) from a service that caters only to LGBTQA+ people.
- 46.0% (n = 1,198) of LGBTQA+ adults who consumed alcohol during the Covid-19 pandemic reported their drinking had increased during the pandemic and 25.1%, (n = 654) reported drinking less during the pandemic.



- 17.4% (n = 432) of LGBTQA+ adults reported struggling to manage their alcohol consumption or where it negatively impacted their life during the pandemic.

## Nicotine use

Data collated from Private Lives 3 (20) reports the following breakdown of current cigarette smokers:

- 21.9% gay
- 21.1% queer
- 20.7% pansexual
- 20.7% bisexual
- 14.6% lesbian

The National Drug Strategy Household Survey (NDSHS) 2022-23 found that (21):

- more than 21% of gay, lesbian and bisexual people reported currently using electronic cigarettes and vapes
- The proportion of people using electronic cigarettes and vapes tripled between 2022 -2023 from the 2019 (7.1%) survey
- 46% of gay, lesbian, and bisexual people had used e-cigarettes at some point in their lifetime

## Illicit drug use

The NDSHS 2022-23 found that gay, lesbian, and bisexual people were 2.4 times more likely than heterosexual people to have used any illicit drug in the previous 12 months (21). This higher rate of overall use was evident in almost all individual illicit drugs reported. Differences between gay, lesbian and bisexual people can be seen in the table below:

**Table 1: Most commonly used illicit drugs in the previous 12 months, by sexual orientation, 2022–2023**

Gay, lesbian, and bisexual people	Heterosexual people
Cannabis (33%)	Cannabis (10.4%)
Cocaine (15.1%)	Cocaine (4.0%)
Inhalants (11.0%)	Hallucinogens (2.1%)
Ecstasy (9.6%)	Pain-killers/pain-relievers and opioids* (2.0%)
Hallucinogens (8.0%)	Ecstasy (1.7%)

\*Used for non-medical purposes.

Source: AIHW 2024

The 2020 SWASH report (22), which focuses on LBQ+ women who reside in Sydney, reported that

- 54.0% of LBQ+ women had ever used illicit drugs.
- 4% reported injecting drug use ever in their lifetimes.
- 54% reported poly drug use (2 or more on one occasion) in the last 6 months.
- 17% indicated they have been concerned about their drug use or felt that it negatively impacted their life, and 7% said they had sought help to manage their use.

## Sexual health

The Gay Community Periodic Survey: Sydney 2023 reported the proportion of non-HIV-positive participants who reported testing for HIV in the previous 12-months increased sharply between 2022 and 2023 (to 73.1% from 61.6%) (23).

Awareness of pre-exposure prophylaxis (PrEP) increased among all survey participants between 2019 and 2023 (from 91.7% in 2019 to 95.1% in 2023), with the proportion of non-HIV-positive participants who reported using PrEP in the six months prior to the survey also increasing over the same period (31.0%, 45.5%) (23).

Testing rates for sexually transmitted infections (STIs) declined between 2019 and 2023 for both non-HIV-positive (79.3%, 73.4%) and HIV-positive participants (87.2%, 83.1%). COVID-19 is likely to have affected STI testing frequency since 2020, however this effect remained in 2023 (23).

In 2023, non-HIV-positive participants commonly reported that their last HIV test was at a general practice (50.2%) or a sexual health clinic or hospital (36.9%). The proportions of non-HIV-positive persons who most recently tested at a general practice or at home increased between 2019-2023, while the proportions who last tested at a sexual health clinic, hospital or community-based service decreased (23).

## Health and wellbeing of trans and gender diverse people

### Mental health

Trans and gender diverse people in Australia have significantly poorer mental health outcomes than cisgender heterosexual people and LGBTQ+ cohorts.

The Rainbow Realities NSW Briefing paper: LGBTQA+ Mental Health and Suicidality identifies that among trans and gender diverse peoples high or very high psychological distress was more likely to be reported by Private Lives 3 (PL3) participants who had a disability compared to those without a disability, and also among trans and gender diverse participants compared with cisgender participants.

Anglo-Celtic and multicultural participants did not differ on levels of psychological distress. In Writing Themselves In 4 (WTI4), the rates of reporting high or very high psychological distress were significantly elevated for trans and gender diverse young people (compared with cisgender participants), as well as for young LGBTQA+ participants with a disability (compared to those without).

### Suicidality and suicide prevention

Trans Pathways is the largest study ever conducted of the mental health and care pathways of trans and gender diverse young people in Australia (859 participants). It is also the first Australian study to incorporate the views of parents and guardians of trans young people (194 participants). The report found that:

- 48.1% of trans and gender diverse young people reported having ever attempted suicide
- 74.6% reported having been diagnosed with depression
- 60.1% reported that they felt isolated from mental health support services

Trans and gender diverse PL3 participants were more likely to report both recent and lifetime suicidal ideation than cisgender participants. Similarly, trans and gender diverse young people from WT14 were more likely than their cisgender counterparts to have either recently or in their lifetime had suicidal ideation (24) (25).

## Alcohol and Other Drugs

The NSHS 2022-23 found that the use of tobacco, e-cigarettes and alcohol in trans and gender diverse people reflected the use in the general population. However, 1 in 3 trans and gender diverse people had used an illicit drug during the previous 12 months. After adjusting for differences in age, compared to cisgender people, trans and gender diverse people were 1.6 times as likely to have used any illicit drug in the previous 12 months (21) (26).

## Gender affirming health care

Gender affirming care is a non-judgemental, respectful, shared-decision making model that tailors support based on the individual and their health goals. Gender affirming care can include any single or combination of a number of social, psychological, behavioural or medical interventions designed to explore, support and affirm an individual's gender identity (27) (26).

Gender affirming care is a practice that should be available to all trans or gender diverse people within the region. Whilst there is currently no way to measure access to gender affirming care, it is reported that trans and gender diverse people often report misgendering and that there is a lack of basic awareness of primary care services around gender affirming practices. There is also a reported lack of understanding from primary care professionals about the availability and accessibility of specialist gender affirming services.

Consultation with stakeholders also found that trans and gender diverse people are often not presenting to primary care professionals for health concerns either related or unrelated to their gender identity out of fear of misgendering or stigma associated their identity.

## Autism

A growing body of research has identified an overrepresentation of autism spectrum diagnosis (ASD) or autistic traits among trans and gender diverse individuals. This provides additional challenges with access to mental, physical and disability healthcare.

## Sexual health

The 2018 Australian Trans and Gender Diverse Sexual Health Survey (28) reported that 69.3% of respondents had ever been tested for STIs, of whom 57.6% had been tested in the year prior to this

survey. People who experienced gender insensitivity within sexual health care were less likely to have been tested recently and reported testing less often (28).

## Health and wellbeing of intersex people

There is limited data available to identify the cohort of the intersex population in Australia. The most recent data source; Intersex: Stories and statistics from Australia (29), released in 2016, had 272 people with intersex variations participate in the 'Australians born with Congenital Variations in Sex Characteristics (Intersex/DSD/hormonal, chromosomal or other biological variations/conditions)' project. This explores the data on people with intersex variations' experiences of physical health and medical services showing that:

- A majority of people with intersex variations considered themselves to be moderately to extremely healthy at the time of the survey.
- Most participants (60%) reported that they had experienced a medical treatment intervention related to their intersex variation.
- On average, they had experienced at least two interventions. The most commonly reported interventions were hormonal treatments and genital surgeries of varying kinds.
- Over half of all treatments were delivered to participants when they were aged under 18yrs.
- One fifth of the participants had been given no information at all about any surgical or hormonal treatments they had received and the majority were not told about risks related to the interventions, their right to not have these often life-changing treatments or other related information.
- Participants reported various physical, mental and psychological impacts from treatments.
- Most participants considered their mental health as good (or positive) at the time of the survey. The most frequently reported mental health diagnoses included depression, anxiety and PTSD.
- Wellbeing risks were high – 42% of participants had thought about self-harm and 26% had engaged in it; 60% had thought about suicide and 19% had attempted it – specifically on the basis of issues related to having a congenital sex variation.
- The group mostly attributed their wellbeing risks to negative social responses from others, difficulties around having undergone interventions or issues around gender/identity.
- Overall their mental health service experiences were mixed. 44% of the group reported receiving counselling/ training/pressure from institutional practitioners (doctors, psychologists etc.) on gendered behaviour; and 43% from parents. Many participants desired improvements in training for mental health services/workers.

## Intersectionalities

There are many population groups within the LGBTIQ+ community who face additional challenges because of their intersectionalities. This section describes some of the issues that have been identified within these groups.

SisterGirls, BrotherBoys and LGBTIQ+ Aboriginal peoples (LGBTIQSB+) experience significant discrimination and marginalisation in Australia. This includes marginalisation from the broader Australian community, and discrimination from within both Aboriginal and LGBTIQ+ communities. These include:

- Experiences of racism, discrimination and isolation.
- Difficulty in maintaining cultural and family ties and experiencing support or recognition of their LGBTIQ+ sexual orientation, sex variation or gender identity.
- Invisibility within research around LGBTIQ+ issues, or, within Aboriginal and Torres Strait Islander focused research.
- Gaps in service accommodation within Aboriginal and Torres Strait Islander specific services or, within LGBTIQ+ specific services.

## Culturally and Linguistically Diverse Communities

Services need to be provided in-language including:

- Using LGBTIQ+ friendly translators.
- Posters and banners “you are safe here” provided in language help clients feel safer.
- Finding interpreters for non-English speaking people is easy for planned appointments, but not when people present in a crisis.
- Services need to provide a culturally appropriate response that is immediate, however, an interpreter needs to be booked ahead of time.

## Service utilisation/access

Consultation with external stakeholders and consultation findings shared from Sydney Local Health District have identified the following service utilisation and access issues within the primary care sector for LGBTIQ+ peoples:

- Barriers to accessing services include the cost to access a GP, as often multiple consultations are required initially to find a GP who has the knowledge and understanding to work with the patient.
- The limited number of experienced providers are fully booked, people need to find alternatives and there is often no continuity of care.
- Experienced providers are burning out due to overwhelming numbers trying to seek their services. These GPs need to be provided with greater support.
- There is a need for primary care intake forms to be consistently updated to include all areas of the community. Improvements also need to be made to medical software used in general practice
- Social workers and peer workers could be further utilised in this sector as part of a Multidisciplinary Team Care approach.
- A large proportion of aged care services and providers are affiliated with religious organisations impacting older LGBTIQ+ people’s anxiety around accessing services
- There needs to be upskilling of translation services to avoid bias (either conscious or unconscious) when providing services
- A need for access to wrap around services, particularly for trans and gender diverse people.

Other issues raised by the community in consultations:

- Trauma associated from earlier in the lifespan
- HIV and aging is complex with limited housing options
- People going back into the closet when they access hospital or aged care
- Partners not being recognised as their support person
- Forms not allowing for connections not from next of kin/family
- Bisexual people mistaken by health providers as straight

## Opportunities to address health and service needs

- Provision of training and education for primary care and mental health workforce on LGBTIQ+ inclusive care
- Support upskilling of aged care workforce and adoption of LGBTIQ+ person-centered approaches
- Promote gender affirming care
- Provision of greater support for transgender children and adolescents
- Support adoption of trauma informed care approach
- CESPHN to support ACON in the development of an integrated general practice specializing in LGBTIQ+ health
- Promotion of LGBTIQ+ services in CESPHN service directories and HealthPathways
- Ensure commissioned services are accessible for LGBTIQ+ people.

## Definitions

Below is a breakdown of the acronym with broad definitions used within the cohort.

- **Lesbian:** an individual who identifies as a woman and is sexually and/or romantically attracted to other people who identify as women.
- **Gay:** an individual who identifies as a man and is sexually and/or romantically attracted to other people who identify as men. The term gay can also be used in relation to women who are sexually and romantically attracted to other women.
- **Bisexual:** Describes individuals who are attracted to more than one gender.
- **Transgender and Gender Diverse:** This is an umbrella term which refers to people whose sex at birth does not match with their gender identity. Within this report gender diversity does not automatically refer to individuals who have accessed surgical or legal interventions to affirm their gender identity. But for any individuals whose sex at birth does not match with their identified gender.
- **Intersex:** Intersex is an umbrella term that refers to individuals who have anatomical, chromosomal and hormonal characteristics that differ from medical and conventional understandings of male and female bodies. Variation on sex characteristic may be apparent at different life stages or may remain unknown to the individual and their medical practitioners.
- **Queer:** a term used to describe a range of sexual orientations and gender identities. Queer is a term that has been reclaimed by many LGBTIQ+ people from its history of being utilised as a derogatory term. Queer is often used to pertain to the broader LGBTIQ+ community and is founded on political ideas of resistance to heteronormativity. Queer is less commonly used in literature pertaining to older LGBTIQ+ people due to its recent history as a derogatory term used to label LGBTIQ+ people within those generations and can cause distress.
- **+ (Plus):** Represents other identities that fall outside of the cohorts listed within the acronym, and captures experience of individuals who have sex, gender or sexual orientations that does not align with endosex, cisgender or heteronormative experience.

Other acronyms may be found where they are referencing a specific published report. Below definitions have been extracted from the Australian Institute of Family Studies (30).

- **AFAB/AMAB:** an acronym for Assigned or presumed Female/Male at Birth. Often used as a description of the lived experience of Trans and Gender Diverse peoples.
- **Dysphoria:** the distress or unease sometimes experienced from being misgendered and/or when someone's gender and body personally don't feel connected or congruent. Many trans people do not experience gender dysphoria at all and, if they do, they may cease with access to gender affirming healthcare and/or peer support. With or without the presence of gender dysphoria, being trans is not a mental illness. Gender dysphoria does not equal being trans (31).
- **Dead name:** an informal way to describe the former name a person no longer uses because it does not align with their current experience in the world or their gender. Some people may experience distress when this name is used.
- **Endosex:** a term used to describe people whose innate sex characteristics meet medical and conventional understandings of male and female bodies (32).

- **Gender affirmation:** the personal process or processes a trans person determines is right for them in order to live as their defined gender and so society recognises this. This may involve social, medical and/or legal steps that affirm a person's gender. A trans person who hasn't medically or legally affirmed their gender is no less the man, woman or non-binary person they've always been. A person's circumstances may inhibit their access to steps they want to take to affirm their gender (33).
- **Gender:** Using the ABS's nominal definition of Gender (34) 'Gender is a social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, woman or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively male or female. Gender includes the following concepts:
  - Gender identity is about who a person feels themselves to be
  - Gender expression is the way a person expresses their gender. A person's gender expression may also vary depending on the context, for instance expressing different genders at work and home
  - Gender experience describes a person's alignment with the sex recorded for them at birth i.e. a cis experience or a trans experience.
- **Sex:** a classification that is often made at birth as either male or female based on a person's external anatomical characteristics. However, sex is not always straightforward, as some people may be born with an intersex variation, and anatomical and hormonal characteristics can change over a life span.
- **Sex characteristics:** a term used to refer to physical parts of the body that are related to body development, regulation and reproductive systems. Primary sex characteristics are gonads, chromosomes, genitals and hormones. Secondary sex characteristics emerge at puberty and can include the development of breast tissue, voice pitch, facial and pubic hair, etc.
- **Sistergirl and Brotherboy:** terms used for trans people within some Aboriginal or Torres Strait Islander communities. How the words Sistergirl and Brotherboy are used can differ between locations, countries and nations. Sistergirls and Brotherboys have distinct cultural identities and roles. Sistergirls are Indigenous people assigned male at birth but who live their lives as women, including taking on traditional cultural female practices (17). Brotherboys are Indigenous people assigned female at birth but are a man or have a male spirit (30).



## References

1. **Australian Bureau of Statistics.** Census 2021-2022. [Online] [Cited: 28 June 2022.] <https://www.abs.gov.au/census>.
2. **NSW Ministry of Health.** *NSW LGBTIQ+ Health Strategy 2022-2027.* 2022.
3. **Department of Health and Aged Care.** *LGBTIQA+ Health and Wellbeing 10-Year Action Plan Expert Advisory Group 18 October 2024 Meeting Communiqué .* 2024.
4. —. *Aged Care Diversity Framework.* 2017.
5. —. *The Australian Government's National Mental Health and Suicide Prevention Plan.* 2021.
6. —. *National Drug Strategy 2017-2026.* 2017.
7. —. *National Framework for Alcohol, Tobacco and other Drug Treatment 2019-2029.* 2019.
8. **National Mental Health Commission.** *The Fifth National Mental Health and Suicide Prevention Plan.* 2017.
9. **Department of Health and Aged Care.** *The National Palliative Care Strategy 2018.* 2018.
10. —. *National Framework for Action on Dementia 2015-2019.* 2015.
11. **Department of Health and Aged Care .** *Eighth National HIV Strategy 2018-2022.* 2019.
12. **Cancer Australia.** *Australian Cancer Plan.* 2023.
13. **NSW Ministry of Health.** Meeting the needs of priority populations: NSW Ministry of Health. *NSW Ministry of Health.* [Online] [Cited: 25 October 2024.] <https://www.health.nsw.gov.au/kidsfamilies/youth/Pages/priority-populations.aspx>.
14. **Mental Health Commission of New South Wales.** *The Framework: Shifting the Landscape for Suicide Prevention in NSW 2022-2027.* 2022.
15. **NSW Ministry of Health.** *NSW Alcohol and Other Drugs Workforce Strategy 2024-2032.* 2024.
16. **Australian Bureau of Statistics.** National Study of Mental Health and Wellbeing. [Online] 2022. <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>.
17. **Rainbow Health Australia.** *Research matters: Why do we need LGBTIQ+ inclusive services?*
18. *Demographic and psychosocial factors associated with recent suicidal ideation and suicide attempts among lesbian, gay, bisexual, pansexual, queer, and asexual (LGBQ) people in Australia: Correlates of suicidality among LGBQ Australians.* **Lyons, Anthony, et al.** 2022, *Journal of Affective Disorders*, Vol. 296, pp. 522-531.
19. **Amos, Natalie, et al.** Rainbow Realities: In-depth analyses of large-scale LGBTQA+ health and wellbeing data in Australia. *La Trobe University website.* [Online] 2023. <https://www.latrobe.edu.au/arcshs/work/rainbow-realities>.
20. **Hill, A.O., et al.** *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, 2020.
21. **Australian Institute of Health and Welfare.** National Drug Strategy Household Survey 2022–2023: LGBT people's use of alcohol, tobacco, e-cigarettes and other drugs. [Online] 2024. <https://www.aihw.gov.au/reports/lgbtiq-communities/lgbt-people-alcohol-drugs>.
22. **Mooney-Somers, J, et al.** Women in contact with the Sydney LGBTIQ communities: Report of the SWASH Lesbian, Bisexual and Queer Women's Health Survey 2016, 2018, 2020. [Online] 2020. [https://www.acon.org.au/wp-content/uploads/2020/10/SWASH-Report-2020\\_Final.pdf](https://www.acon.org.au/wp-content/uploads/2020/10/SWASH-Report-2020_Final.pdf).

23. **Broady, Timothy, et al.** *Gay Community Periodic Survey: Sydney 2023*. Sydney: Centre for Social Research in Health. Sydney : s.n., 2023.
24. **Hinton, J., et al.** *LGBTQA+ Mental Health and Suicidality: New South Wales (NSW) Briefing Paper*. s.l. : Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University, 2024.
25. **La Trobe University.** . *LGBTQA+ Mental Health and Suicidality: New South Wales Briefing Paper*. [Online] 2024.  
[https://opal.latrobe.edu.au/articles/report/LGBTQA\\_Mental\\_Health\\_and\\_Suicidality\\_New\\_South\\_Wales\\_Briefing\\_Paper/26232488?file=49519929](https://opal.latrobe.edu.au/articles/report/LGBTQA_Mental_Health_and_Suicidality_New_South_Wales_Briefing_Paper/26232488?file=49519929).
26. **NSW Health** . *The Specialist Trans and Gender Diverse Health Service*. [Online] 2024.  
<https://www.health.nsw.gov.au/lgbtiq-health/Pages/tgd-health-service.aspx>.
27. **NSW Health**. *The Specialist Trans and Gender Diverse Health Service: NSW Health*. [Online] 2024. <https://www.health.nsw.gov.au/lgbtiq-health/Pages/tgd-health-service.aspx>.
28. **Callander, D., et al.** *The 2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings*. Sydney : The Kirby Institute, UNSW Sydney, 2019.
29. **Jones, T., et al.** *Intersex: Stories and statistics from Australia*. s.l. : Open Book Publishers, 2016.
30. **Australian Institute of Family Studies**. *LGBTIQA+ glossary of common terms*. [Online] 2022.  
<https://aifs.gov.au/resources/resource-sheets/lgbtiqa-glossary-common-terms>.
31. **Transhub**. *Dysphoria*. [Online] <https://www.transhub.org.au/dysphoria>.
32. **Rights, Interaction for Health and Human**. *What is Intersex?* [Online] 2021.  
<https://interaction.org.au/18106/what-is-intersex/>.
33. **Transhub**. *What is Gender Affirmation?* [Online] <https://www.transhub.org.au/101/gender-affirmation>.
34. **Statistics, Australian Bureau of**. *Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables*. [Online] 2020.  
<https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release#:~:text=Definitions-,Nominal%20definition,not%20exclusively%20male%20or%20female..>
35. *Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals*. **Warrier, V., et al.** 1, 2020, *Nature Communications*, Vol. 11.
36. **Australian Human Rights Commission**. *Brotherboys, sistergirls and LGBT Aboriginal and Torres Strait Islander peoples*. [Online] <https://humanrights.gov.au/our-work/lgbtiq/brotherboys-sistergirls-and-lgbt-aboriginal-and-torres-strait-islander-peoples>.