

20 February 2024



Dear Select Committee,

**Working It Out** (WIO) has prepared this submission for the Select Committee on reproductive, maternal and paediatric health services in Tasmania. The submission will emphasise that specific policy considerations are needed for addressing adequacy, accessibility and safety factors for LGBTIQ+ families (both parents/caregivers and their children) when accessing the following services:

- (i) reproductive health services,*
- (ii) maternal health services,*
- (iii) birth trauma,*
- (iv) workforce shortages, and*
- (vii) paediatric services for children aged 0-5 years.*

This submission will also summarise issues and concerns raised by the Tasmanian LGBTIQ+ community that should be considered with the relevant Terms of Reference Domains. Recommendations will be included.

## **Background Data on Tasmanian LGBTIQ+ Populations**

WIO is Tasmania's only dedicated support, education and advocacy service for Tasmania's lesbian, gay, bisexual, transgender, intersex, and asexual (LGBTIQ+) population. Our mission is to create change through lived-experience based education, support and advocacy which enables LGBTIQ+ Tasmanians to live their best lives.

To better understand the quality of healthcare for LGBTIQ+ Tasmanians, please refer to the following known research:

- A disproportionate number of LGBTIQ+ people in Australia experience poorer health outcomes than the general population (Hill et al. 2020, Hill et al. 2021), These adverse



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health outcomes are directly related to stigma, prejudice, discrimination and abuse experienced due to being part of diverse LGBTIQ+ communities.

- LGBTIQ+ Tasmanians report delays in accessing healthcare services because of fear of experiencing stigma, discrimination, or inadequate service provision from healthcare providers (Dwyer et al. 2021).
- Tasmanian research has found clinicians and students report inadequate training to prepare them to treat LGBTIQ+ patients, poor awareness of LGBTIQ+ population needs, and a lack of understanding for appropriate referral pathways in regional Tasmania (Grant et al. 2020).
- Findings from Tasmania's largest LGBTIQ+ community survey found the following experiences in healthcare settings (Dwyer et al. 2021):
  - Healthcare practitioners widely lack knowledge, understanding, and training about LGBTIQ+ specific issues.
  - Experiences of discrimination and harassment from healthcare providers. Accounts include a psychiatrist refusing to see a patient again after finding out the patient was gay; a doctor referring to sexual orientation as a lifestyle; false information on file and given to other healthcare providers; stereotypical remarks regarding sexual orientation; a nurse telling a lesbian to go on birth control because they still might have sexual intercourse with a man; and deadnaming of female patients who are transgender.
  - 14% reported needing to educate the healthcare provider because of a lack of knowledge.
  - 9% identified being asked inappropriate questions.
  - 7% identified specific needs of the person were ignored.
  - 14% of intersex people reported a negative impact on their healthcare compared to 4% of people who talked about their sexual orientation.

## **Relevant Terms of Reference Domains**

In this section, we provide a summary of issues and experiences for LGBTIQ+ Tasmanian families, to highlight the gaps for available, adequate, and safe service access.

### **Reproductive Health Services:**

- Difficulty accessing fertility services for LGBTIQ+ people planning to have children.

- This includes high costs barriers – compounded by LGBTIQ+ Tasmanians more likely to experience a greater income gap compared to general population (Grant & Pisanu 2021).
- Lack of easily accessible information (social, legal, medical) tailored for LGBTIQ+ couples seeking to access Assisted Reproductive Technology (ART) and surrogacy pathways.
- WIO hears from trans and gender diverse (TGD) Tasmanians about receiving inadequate responses from services around their reproductive options and choices for fertility – feeling clinical responses lacked cultural safety and best practice for TGD topics.
- TGD Tasmanians experience inconsistent service delivery for holistic gender affirming care with barriers often preventing timely and affordable access. This is despite the clear evidence on recognised health benefits (Grant et al. 2023). Reported issues include service gatekeeping, pathologising trans and intersex experiences, assuming binary approaches to gender affirmation, misgendering, inappropriate questioning, and lack of affordable medical services.
  - Affordability is a pertinent issue for a community that experiences greater financial instability because of societal discrimination and exclusion.
- While sex selection is not lawful in Australia, current definitions in embryo selection guidelines currently promote the destruction of embryos that have detected innate variations of sex characteristics – which are defined as genetic defects or genetic disorders and includes non-syndromic intersex traits. Justifications for embryo selection focused on ‘societal norms’ rather than ‘clinical features’ (IHRA 2022). The destroying of these embryos is based on sex selection. Actions to correct the situation includes the creation of definitions that protect intersex traits during embryo selection, and parents given destigmatising information showing the reality of intersex lives.

### **Maternal Health Services:**

- Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and wellbeing. Some people who give birth are not women (e.g non-binary, agender, gender-diverse, trans men). WIO receives feedback from parents’ experiences that accessing these Tasmanian maternal health services

(and these services' documents) feel gender-binary, endosexist, and heteronormative.

This includes:

- Non-inclusive language of people's living experience in these services. The issue of inclusive language has unfortunately become politicised while the intent remains simple - to include all people. WIO supports the continued use of terms such as 'mother' and 'maternal' and the inclusive language of 'birthing person/people', which more truly reflects our society's reality.
- Trans-men and gender diverse parents report direct and indirect discrimination at public maternal health services, paediatric services, and hospitals. These parents are not visible or welcomed in service offerings, and regularly experience their parent title, gender, name, and pronouns erased or invalidated.
- Parents of intersex infants report inappropriate medical treatments and responses. This has included a situation leading to lifelong neurological damage. This specific issue can be avoided with newborn testing for Congenital Adrenal Hyperplasia (CAH) which already widely occurs in other Australian jurisdictions, and also further generalised inservice training/education for maternal service staff on intersex issues.
- Same-sex parents continue to experience exclusion and stigmatisation in accessing maternity services that directly or indirectly discriminate via heteronormative assumptions, materials, and practices.

### **Birth Trauma:**

- Research shows that the delivery room is where the child's start to life can either be a positive or negative experience for both the caregivers/parents and/or the child. People with visible innate variations of sex characteristics are generally diagnosed/observed with a variation here, and the reaction to this observation is how that child will be perceived by caregivers/parents for the rest of that child's life. A positive experience shows better life outcomes. Midwives need to have a good understanding of the observable variations and the health pathways (including psychosocial pathways) available for the family, so informed consent can be had regarding medical interventions. While the *Better Lives Program* exists which facilitates intersex education within health settings, the funding for midwifery has finished. Provided training will also reduce inappropriate clinical behaviours from staff which is known to create traumatic experiences for parents/caregivers and the child (IHRA 2022).

**Workforce Shortages:**

- LGBTIQ+ communities report a shortage of clinical competence on LGBTIQ+ topics for medical and supporting staff. This is reported to occur in GP settings, hospital, maternal health services, reproductive health services, paediatric services (Dwyer et al. 2021).
- Intersex community members in Tasmanian rural areas report being misidentified as trans by clinical staff (such as locums), who also then refuse to offer medical support on the basis of limited knowledge/understanding.
- There is limited or no accessible gender affirming services in rural and regional settings.

**Paediatric Services:**

- Tasmanians with intersex traits continue to experience human rights abuses within paediatric health services – this includes the continuation of non-consenting Intersex Genital Mutilation (IGM) surgeries on infants in Tasmanian hospital settings. WIO recommends:
  - The publishing of a clear policy on intersex people's health and rights, ensuring that treatment is fully compatible with human rights norms. This must eliminate procedures intended to modify the sex characteristics of persons born with variations of sex characteristics without their informed consent, unless it is necessary to avoid serious, urgent, and irreparable harm to the individuals concerned.
  - Establish clear guidelines on ending human rights violations in medical settings, including those affecting intersex people.
  - Ensure equitable access to reparative treatments and assistance for ongoing health needs within actions to promote universal health coverage.

**Recommendations**

While some recommendations have already been made above, we also refer to the Tasmanian state government's 2021 survey into the needs of LGBTIQ+ Tasmanians. This was the largest LGBTIQ+ Tasmanian community survey completed to date (Dwyer et al., 2021). The following elements were identified as key priorities for creating better outcomes in healthcare settings:

- LGBTIQ+ specific reproductive health services.
- Measures to ensure safety and inclusivity in mainstream service provision.

- LGBTIQ+ inclusive practice training for all healthcare providers. Priority workforce training included, medical and nursing staff and students, then specialists, then professional staff and aged care staff.
  - Including government support of existing programs that educate clinicians on intersex topics.
- Encourage the display of visual signs of LGBTIQ+ inclusion in medical and healthcare settings (e.g. rainbow stickers, flags), especially in rural/regional settings.
- Represent LGBTIQ+ people and their families in advertising and health promotion imagery, messaging (including in 'non-LGBTIQ+' issues/topics)
- Increase healthcare practitioners' and staff awareness of:
  - Transgender inclusion and gender affirming care,
  - The needs of intersex people,
  - the needs of LGBTIQ+ people who are culturally and linguistically diverse.
- Conduct research that evaluates new and existing health services/initiatives for LGBTIQ+ people.
- Continue to meaningfully consult with LGBTIQ+ organisations in the development and delivery of health services, training and promotion.
- Address the underlying causes of health inequality and barriers to services for LGBTIQ+ Tasmanians through LGBTIQ+-inclusive policy, legislation, service provision, and community education.

With Regards,

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