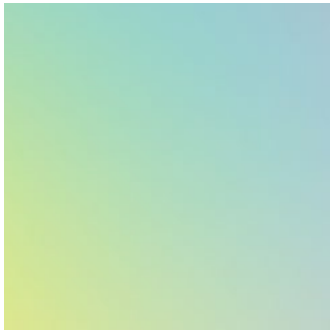




**THE 2018
AUSTRALIAN
TRANS AND
GENDER
DIVERSE
SEXUAL HEALTH
SURVEY**

REPORT
OF FINDINGS



INTRODUCTION AND CITATION

What started as an idea for my Masters of Education by Research, this project grew to become the biggest sample of trans and gender diverse (TGD) people ever collected in Australia. It is with great pride that I introduce this report, and its history.

Our research group comprises TGD community members who have dedicated years of tireless and unpaid advocacy work to establish an evidence base, prioritise a population at risk of HIV and STIs, and respond to gaps in sexual healthcare.

Since the dawn of the AIDS crisis, TGD people have been erased and excluded from HIV and sexual health surveillance systems in Australia. This has contributed to a lack of evidence about our sexual health, which has meant TGD people have been excluded from strategies, services, programs and campaigns. Despite this, we have continued to organise, strategise and mobilise for action.

This study is the first of its kind in Australia and was made possible due to the formidable force of Teddy Cook and the community researchers we engaged - Shoshana Rosenberg, Elizabeth Duck-Chong and Mish Pony.

I would also like to extend gratitude to Dr Denton Callander, Professor Martin Holt, Dr Vincent Cornelisse, Dr Emanuel Vlahakis and James MacGibbon for working with us to establish a local evidence base on the sexual health of TGD Australians. I'd also like to acknowledge all allies within the HIV and sexual health sectors who have supported our work, particularly our allies living with HIV. We have a long way to go and more work to do, but this landmark report is a call to policy makers, health promoters and service providers to take note of these findings, and turn it into action.

Finally, I would like to acknowledge and thank all the participants of this study who generously shared intimate and personal information about their lives. Thank you for contributing to a body

of evidence that will increase understanding of the sexual and romantic lives of trans and gender diverse Australians. We are all grateful for your time, effort and experience.

Jeremy Wiggins
Research Co-Investigator

Suggested citation:

Callander D, Wiggins J, Rosenberg S, Cornelisse VJ, Duck-Chong E, Holt M, Pony M, Vlahakis E, MacGibbon J, Cook T. 2019. *The 2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings*. Sydney, NSW: The Kirby Institute, UNSW Sydney. DOI: 10.26190/5d7ed96ceaa70.

This study received funding from a program grant from the National Health and Medical Research Council. Input on the survey design and implementation was provided by the following organisations and individuals: PASH. tm, Trans Health Australia, The Gender Centre New South Wales, Brotherboys and Sistergirls Northern Territory, Queensland AIDS Council, Gender Diversity Alliance South Australia, Shine South Australia, Transgender Victoria, Transfolk Western Australia, ACON, Australian Federation of AIDS Organisations, The National LGBTI Health Alliance, Working it Out, Thorne Harbour Health, New South Wales STI Programs Unit, Australian Sexual Health Alliance, Scarlet Alliance, Kelly Glanney, Raewyn Connell, Damien Riggs, John Kaldor, Rebecca Guy, Basil Donovan, Larissa Lewis, Bridget Haire and Paul Simpson.

This report was designed by ACON and incorporates both the transgender and non-binary pride flags.



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STUDY BACKGROUND

Sex and romance are crucial aspects of most people's lives, and yet little is known about how these are expressed and experienced by transgender ('trans') and gender diverse people [1-3]. Although Australia boasts several large health studies that feature trans and gender diverse people, this research has focused mainly on the domains of mental and physical health [4-6]. Australia has also hosted several large studies of sex and sexuality, but these have failed to meaningfully account for trans and gender diverse populations [7, 8].

Sexual health encompasses many aspects of physical, mental, emotional and social well-being that relate to sexuality, including pleasure, romance, reproduction, the prevention and management of HIV and other STIs, and freedom from sexual coercion and violence [9]. Research with trans and gender diverse populations internationally has highlighted the need for specific attention to the sexual health and well-being of these populations, including HIV and other STIs testing, treatment and prevention, access to comprehensive sexual health care, experiences of stigma and discrimination, access to gender affirming healthcare, and

meaningful inclusion in sexual health related policy frameworks [10-12]. Importantly, these diverse factors often point to, and intersect with, pronounced disparities in the overall health and well-being of trans and gender diverse people.

This report provides an overview of data collected via the inaugural Australian Trans and Gender Diverse Sexual Health Survey. The survey was established in 2018 as a community-led collaborative effort to better understand and support the sexual health and well-being of Australia's trans and gender diverse communities.

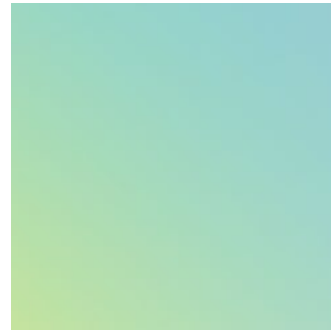


SURVEY METHODS

For a three-week period during October and November 2018, participants were recruited to take part in an online survey. The questionnaire collected information on topics including sexual and romantic relationships, experiences with sexual health care, access to and satisfaction with gender affirming care, sexual practices, experience of sexual violence, relationship satisfaction and sexual pleasure. Participants were entered into a raffle to win one of two 300AUD gift cards; the study was reviewed and approved by the human research ethics committee at the University of New South Wales and a specialist ethics panel with the organisation ACON, representing sexuality and gender diverse populations.

The survey instrument included fixed and open-ended questions. In this report, fixed responses have been stratified into four gender categories – trans men, trans women, non-binary people assigned male at birth, and non-binary people assigned female at birth – with differences between these groups assessed using Chi-squared tests. Regarding open-ended questions, descriptive analyses of qualitative data were undertaken.

In total, 2,202 people started the survey, of whom 282 were ineligible: 175 were not trans or gender diverse and a further 107 lived outside of Australia. Of the 1,920 eligible people who started the main survey, 288 discontinued partway through. Of the 1,632 people who completed the survey, two were identified as duplicates and removed while 17 did not provide enough information to allow description of their gender. The final sample of 1,613 represents a completion rate of 84.0%.



PARTICIPANT DEMOGRAPHICS

Survey participants were recruited from every state and territory, with the majority from Australia's largest jurisdictions of Victoria (31.1%) and New South Wales (30.7%). The majority of participants (82.0%) lived in a 'major city' as defined by the Australian Bureau of Statistics [13]. Participants ranged in age from 16-80 years old with an average age of 24.5 (standard deviation= 11.5). The majority of participants were born in Australia (84.9%) and 4.3% identified as Aboriginal and/or Torres Strait Islander.

Overall, the majority (65.1%) of participants were at the threshold of 'middle income' as defined by national averages [14] with 27.9% earning \$15,000 or less annually. Nearly three-quarters (74.2%) of participants reported some form of tertiary education (a trade qualification or university degree), exceeding estimates among the general Australian population (66.7%) [15].

Full demographic details can be found in Appendix A.



GENDER IDENTITIES AND EXPERIENCES

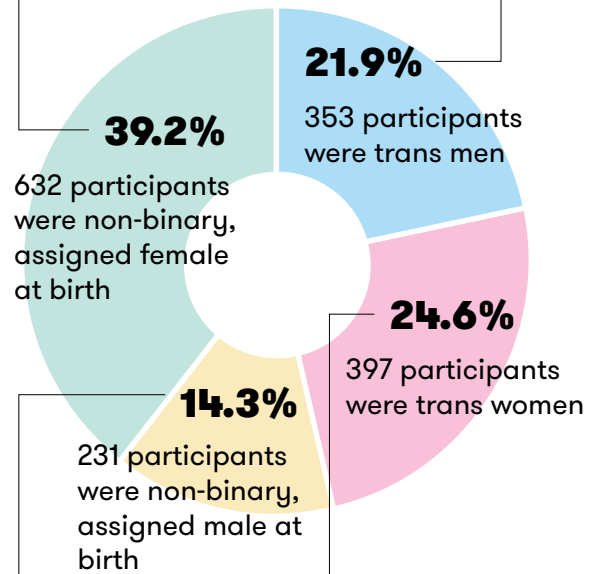
Participants described themselves using a diverse range of (often multiple) gender identities, which have been simplified into four overarching categories. Some participants (14.4%) described themselves with both non-binary and binary (male/female) identities; for comparative purposes in this report these participants were categorised as gender non-binary. In total, 2.2% of participants reported having an intersex variation, which is slightly higher than has been estimated for the general population (1.7%) [16].

Participants reported that the realisation that their gender was different to what had been presumed for them happened at an average age of 14.1 years. Participants also reported that it took an average of eight years from this realisation to when they started to tell other people about their gender identity and an average of two years more to start living as their affirmed gender.

More details on participant gender can be found in Appendix B.

I present as female due to work requirements, however I identify as masculine more than femme, and have attempted transition twice.

While I have undertaken medical transition, I do not consider 'trans' as part of my identity. It is, to me, just a medical history footnote. I identify as 100% male.



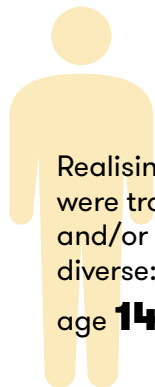
Strong feeling of gender comes and goes. Sometimes it's entirely femme. Sometimes it's completely agender. It's never masculine.

I heard the doctor say, 'Congratulations, you have a boy!' and I screamed, 'No, you're wrong', but all they heard was crying. Just kidding

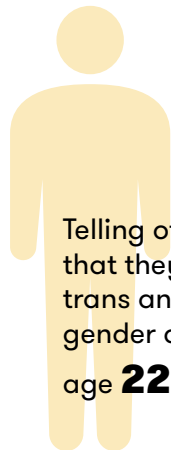
The average age for participants:



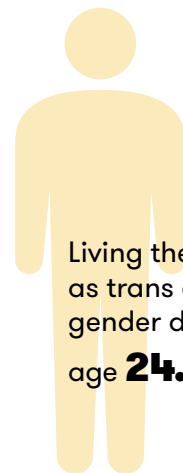
3.4% of participants had not told anyone they were trans and/or gender diverse



Realising they were trans and/or gender diverse: age **14.1** years



Telling others that they were trans and/or gender diverse: age **22.3** years



Living their lives as trans and/or gender diverse: age **24.5** years

SEXUALITY AND RELATIONSHIPS

Overall, the vast majority of participants reported at least one date in the past (92.3%), some kind of sexual experience (89.7%) and were or had been involved in a romantic relationship (93.7%). Over half of participants reported being in a romantic relationship at the time of the survey (56.9%), with 10.6% married at the time of participation. One in ten participants (10.4%) had been divorced, of whom 24.0% reported they were forced to divorce in order to legally affirm their gender.

Participants were invited to self-describe their sexual orientation in an open-ended question, with responses organised into several overarching categories (Figure 1). It was most common for participants (60.9%) to define their sexual orientations in ways that suggested partners of multiple genders (e.g. pansexual, bisexual, queer). Some participants (14.4%) identified multiple sexual orientations, such as one participant who wrote that they were “queer and pansexual”. Other chose to

explicitly reject existing labels, including one who wrote, “I’m John-sexual (My partner’s name is John)”.

As shown in Table 1, participants of all genders most commonly reported previous sexual and/or romantic relationships with cisgender (not-trans) women, while relationships with trans men were the least common. The number of sexual partners (not including sex work clients) over the lifetime of participants ranged from none to over 4,000 with a median of 1 partner per participant (interquartile range: 0-3).

Only 31.4% of participants said they were satisfied with the sexual aspects of their lives while 47.1% said they were satisfied with the romantic aspects. Single participants tended to be less satisfied with the sexual and romantic aspects of their lives than partnered participants.

More details on sexuality and relationships can be found in Appendix C

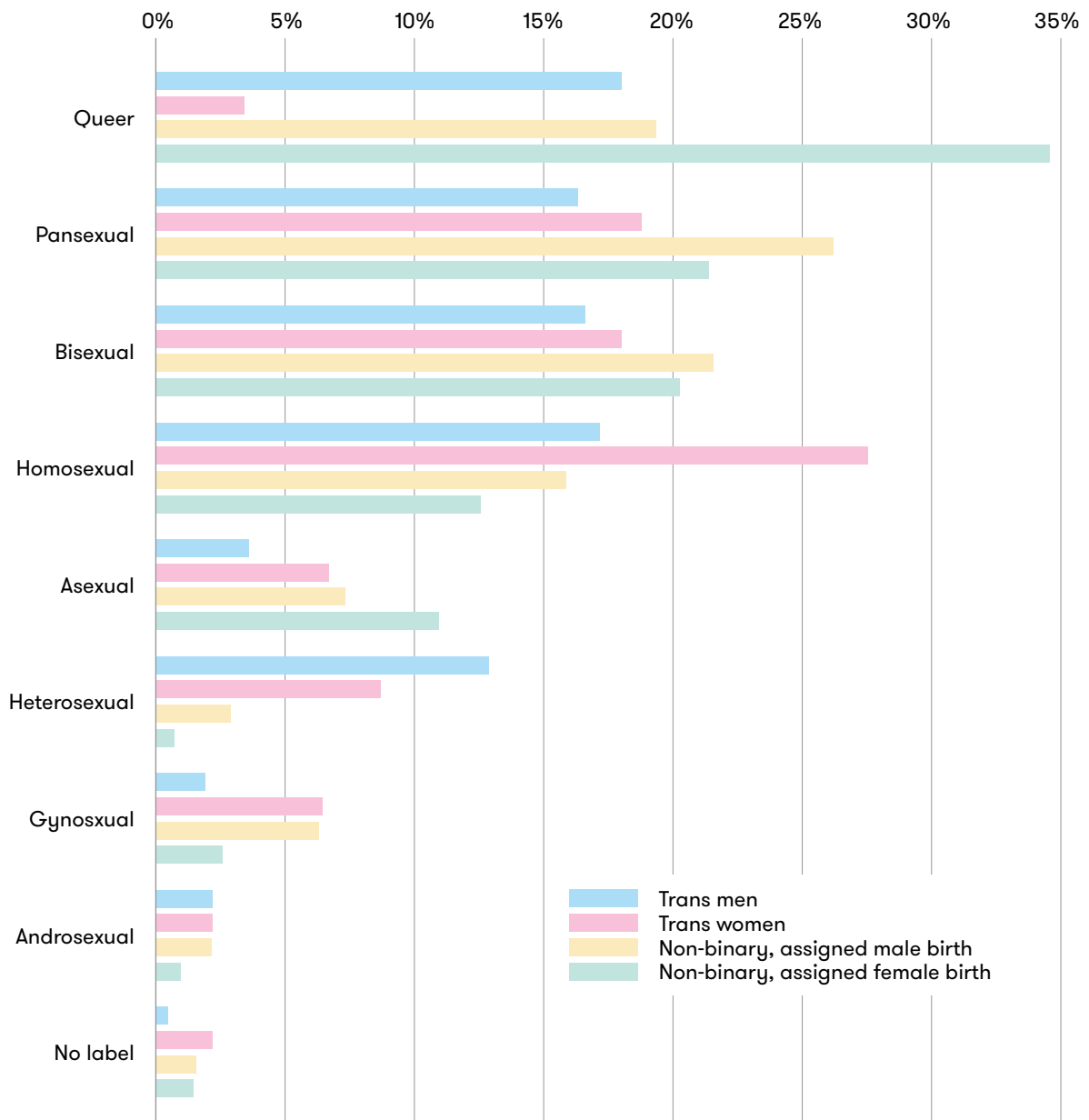
Table 1.
Sexual and romantic partnerships among participants of the Australian Trans and Gender Diverse Sexual Health Survey, by participant and partner gender


		Participant gender								Total		
		Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth				P value*
Partner gender**	Trans men	107	30.3%	59	14.9%	65	28.1%	213	33.7%	<0.001	444	27.5%
	Trans women	62	17.6%	163	41.1%	104	45.0%	195	30.9%	<0.001	524	32.5%
	Cisgender men	260	73.7%	186	46.9%	118	51.1%	469	74.2%	<0.001	1033	64.0%
	Cisgender women	269	76.2%	296	74.6%	185	80.1%	471	74.5%	0.4	1221	75.7%
	Non-binary people	110	31.2%	95	23.9%	142	61.5%	348	55.1%	<0.001	695	43.1%

*Bivariate differences assessed using Chi-squared tests;


**Categories are non-exclusive as participants may have reported relationships with multiple genders

Figure 1.
Sexual orientation among participants of the Australian Trans and Gender Diverse Sexual Health Survey, by gender







18.7%
of single participants were satisfied with their sex lives




41.0%
of partnered participants were satisfied with their sex lives




13.2%
of single participants were satisfied with their romantic lives



72.7%
of partnered participants were satisfied with their romantic lives







ONLINE DATING

The survey also asked about seeking partners online for sex or romance. In total, 75.3% of participants reported using the internet to find partners and, of those, 79.4% had gone on a date and 70.2% had sex with someone they met online. Full details can be found in Appendix D.

Generally, participants of all genders did not think that the internet was a good place to meet sexual or romantic partners and most felt that their gender was not respected by sex and dating webservices or the people who use them (Figure 3). Although the majority of participants felt that sex and dating webservices did not provide sufficient options to describe their genders, this was most commonly reported by non-binary participants.

Many popular sex and dating webservices (i.e. websites and mobile applications) provide very limited gender options (Figure 2) and it is only recently that some have started to allow more expansive gender descriptors [17, 18]. Such limitations may signal to trans and gender diverse people, particularly non-binary people, that they are not welcome in digital sex and dating spaces, which is problematic given the rising popularity of sex and dating webservices for all people in Australia. Advocacy to encourage sex and dating webservices to be more gender inclusive is one avenue for improving such webservices.

Figure 2.
The limited and binary gender options available on a popular sex and dating website in Australia

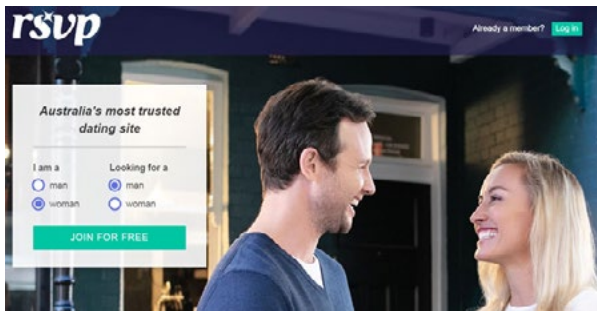
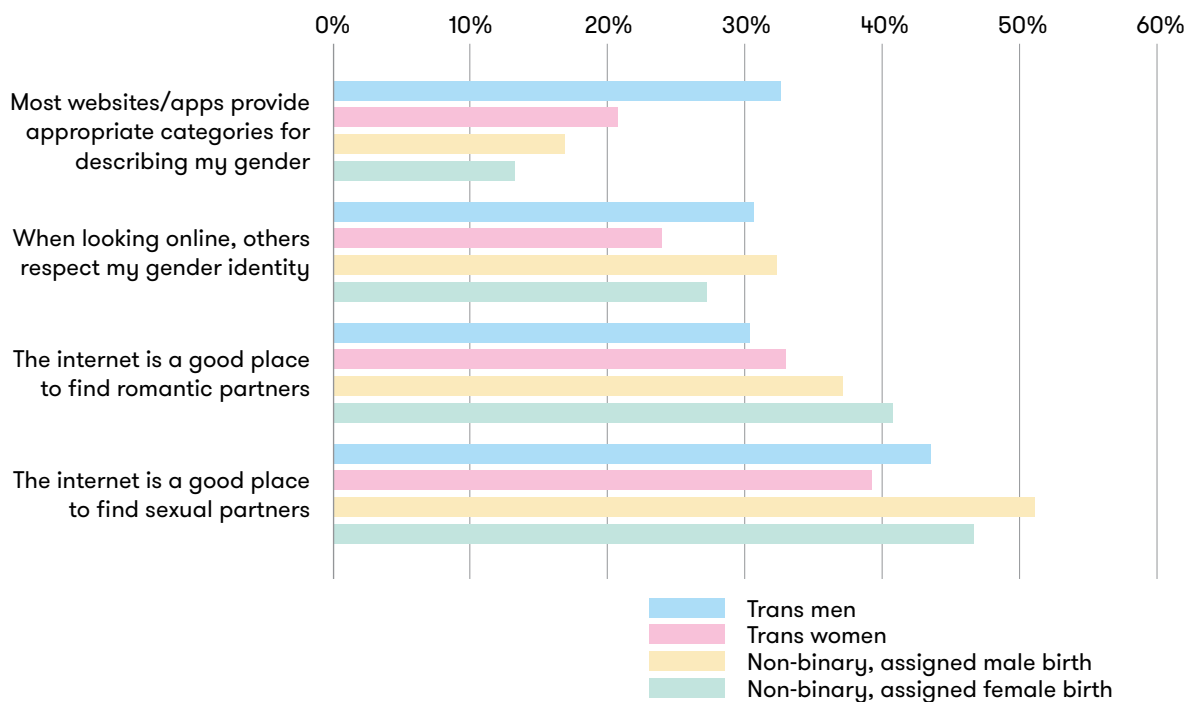


Figure 3.
Perceptions of online sex and dating among participants of the Australian Trans and Gender Diverse Sexual Health Survey, by gender





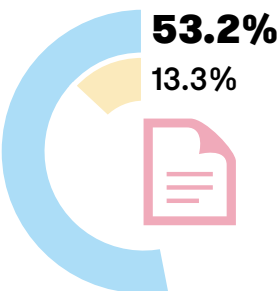
SEXUAL VIOLENCE AND COERCION

To assess experiences of sexual coercion and violence, participants were asked: ‘Have you ever been forced or frightened into doing something sexually that you did not want to do?’ Participants had the option to bypass this section entirely, an option taken up by 180 (11.2%) participants. Full details can be found in Appendix E.

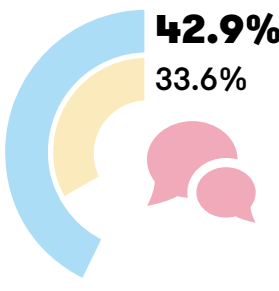
Excluding those who did not answer these questions, survey participants reported rates of sexual violence or coercion nearly four times higher than found in the general Australian public [19]. Sexual violence and coercion were much more common among participants who had been assigned female at birth – trans men and non-binary people – compared with those assigned male (61.8% vs 39.3%, $p < 0.001$). Non-binary participants who had been assigned female at birth were most likely to report sexual violence (66.1%) followed by trans men (54.2%) and non-binary people assigned male at birth (44.5%). Whilst trans women least commonly reported sexual violence (36.1%), this remains almost twice that of the general public [19].

The majority of participants did not seek help or talk to anyone about their experience, with no difference between groups. Those who had experienced multiple instances of sexual coercion were slightly more likely to have told someone about the most recent event. Overall, however, survey participants were more likely to have reported their experiences of sexual violence and coercion than previously found for the general Australian public [19]. In comparing the findings from this survey to other Australian research, however, it is important to note that earlier work did not properly distinguish between cisgender and trans experiences.

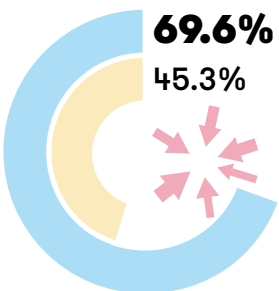
Sadly, these findings echo research from other countries: in the largest study of trans and gender diverse people conducted globally to-date, 47% of those surveyed in the United States reported experiencing sexual violence or coercion in their lifetime [20]. Similar estimates have also been reported in places like Canada and Spain [21, 22], suggesting that sexual violence and coercion are highly prevalent among trans and gender diverse people in Australia and around the world.



53.2% of participants reported experiencing sexual violence or coercion
This compares with **13.3%** among a general sample of people in Australia [19]



42.9% of participants who experienced sexual violence or coercion told someone about it
This compares with **33.6%** among a general sample of people in Australia [19]



69.6% of participants who experienced sexual violence or coercion experienced it multiple times
This compares with **45.3%** among a general sample of people in Australia [19]



GENDER AFFIRMATION AND SEXUAL EXPERIENCES

Participants were asked if they had undertaken processes (medical or non-medical) to alter their body as a way of affirming their gender, which was reported by 79.7% of the sample. A further 12.2% reported that they planned to undertake such processes in the future while 6.9% had not and were not planning to undertake them (Appendix F).

Overall, 55.5% of participants were accessing gender affirming hormone replacement regimens at the time of the survey while a further 2.9% had accessed them previously. Participants reported that hormone regimens variously affected their interest in sex, most commonly increasing it for trans men and non-binary participants

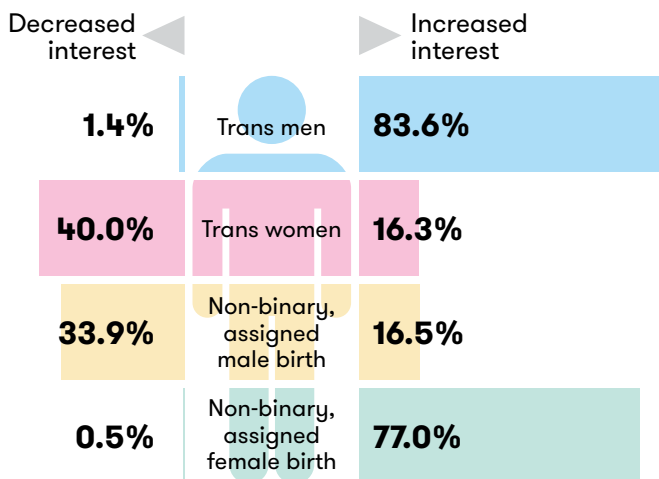
assigned female at birth and decreasing it among trans women and non-binary participants assigned male at birth. It is quite likely that such differences can, in many cases, be explained by the effects associated with testosterone versus estrogen, progesterone and androgen-blocker-based hormone regimens [2, 23, 24].

A minority of participants (12.7%) reported altering their hormone regimens for reasons related to sexual activity, most of whom (71.7%) were satisfied with the results. In an open-ended question, participants offered diverse reasons for altering their regimens, including to increase or decrease their sex drive, enhance sexual experiences, and for reasons related to fertility and reproduction.

Overall access to medical gender affirming processes was assessed, with 56% of participants describing their access as 'OK', 'poor' or 'non-existent', which ranged from being able to access some processes to being able to access none at all. Most respondents reported either being satisfied (36%) or very satisfied (28%) with the gender affirming processes they had accessed with a small minority reporting being either very unsatisfied (1%) or unsatisfied (5%).

Access to gender affirmation is an important consideration for sexual health for a number of reasons, including because – as was shown in a more detailed analysis of survey responses – it is associated with lower psychological distress and increased sexual and romantic satisfaction [25]. That analysis also found that those with lower incomes had less access to gender affirming care.

Gender affirming hormone regimens affected experiences of sex:

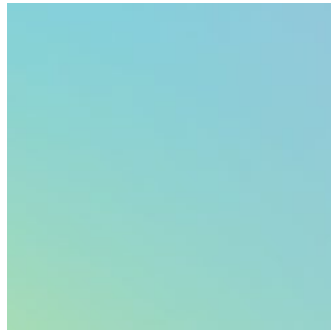


What are some of the reasons you altered your hormone therapy?

To keep and maintain erections, I like my genitals and I like using them.

As my partner doesn't want to have sex, it's easier to live with lower T levels and lower sex drive."

Orgasms feel amazing on T."



HIV, STIs, HEPATITIS C AND SEXUAL HEALTH CARE

Participants were asked if they had, “ever been tested for sexually transmissible infections (STIs)” other than HIV but without specifying which STIs. Overall, 69.3% reported being ever been tested for STIs, of whom 57.6% had been tested in the year prior to the survey.

Of those tested for STIs in the previous year, 53.5% were tested once and 46.5% two or more times. At their most recent test, participants reported providing a blood sample (79.9%), urine sample or urethral swab (77.8%), throat swab (28.9%), or a rectal swab (20.0%).

Overall, 51.5% of participants reported a previous HIV test, of whom only half (54.9%) had been tested in the year prior to the survey. Responses suggest that 14.1% of participants had been tested for STIs but never for HIV. This gap in testing was most prominent among non-binary participants assigned female at birth (18.3% had been tested for STIs but not for HIV) and least prominent among trans women (9.8%).

The most commonly reported STI diagnosis among participants was chlamydia (10.8% of those previously tested for STIs) followed by gonorrhoea (6.4%) and syphilis (2.5%). While there was no differences by gender in diagnoses of chlamydia, gonorrhoea and syphilis were more common among trans women than other participants. Participants also reported diagnoses of genital herpes (4.9% of all participants), genital warts (4.4%), pubic lice (4.0%), mycoplasma genitalium (0.9%), and shigella (0.3%).

In total, 10 participants were HIV positive (1.2% of the total sample); all were receiving HIV treatment at the time of participation. In total, 21 participants (0.3%) reported a previous diagnosis

of hepatitis C, with 19 reporting the infection had been cured following treatment. Infection rates among survey participants were lower than have previously been reported among a sample of trans people attending sexual health clinics in Australia [26], noting that attendees of those services tend to have higher risk profiles than the general population [27].

Less than half of participants (43.5%) had been given information on reproductive health and fertility preservation options as part of their consultations for gender affirming care, despite this being recommended by clinical guidelines. Among those people who did receive reproductive health information, nearly three-quarters (76.2%) rated the information they received as ‘pretty good’ or ‘excellent’.

Participants were asked about the sexual and reproductive health education they received during primary and high school. Generally, participants were critical of the sexual and reproductive health education during their school years, with 34.2% rating their education as ‘poor’ and a further 30.3% as ‘awful’. Only 2.4% reported that the education they received was ‘excellent’.

Most participants (51.2%) reported experiencing insensitive sexual health care. Non-binary participants regardless of sex assigned at birth were more likely to report gender insensitive care than binary identified participants. Hospitals were ranked as the least gender-sensitive spaces for sexual health care, followed by general practice clinics, sexual health clinics and then community based testing services (Figure 5). Most participants (72.3%) received sexual health care from a general practice clinic.

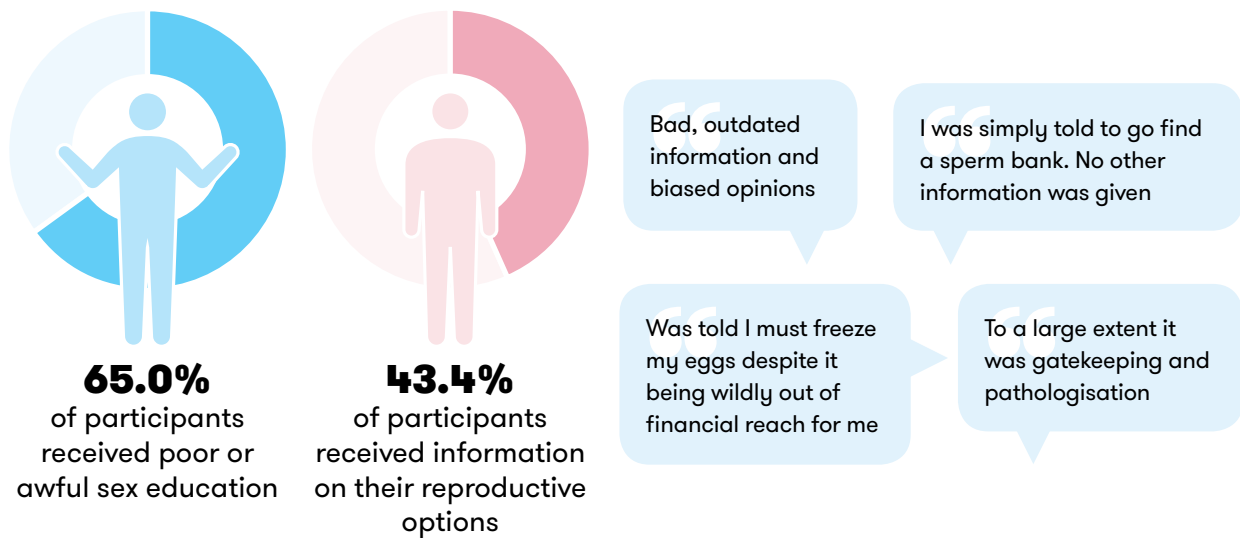
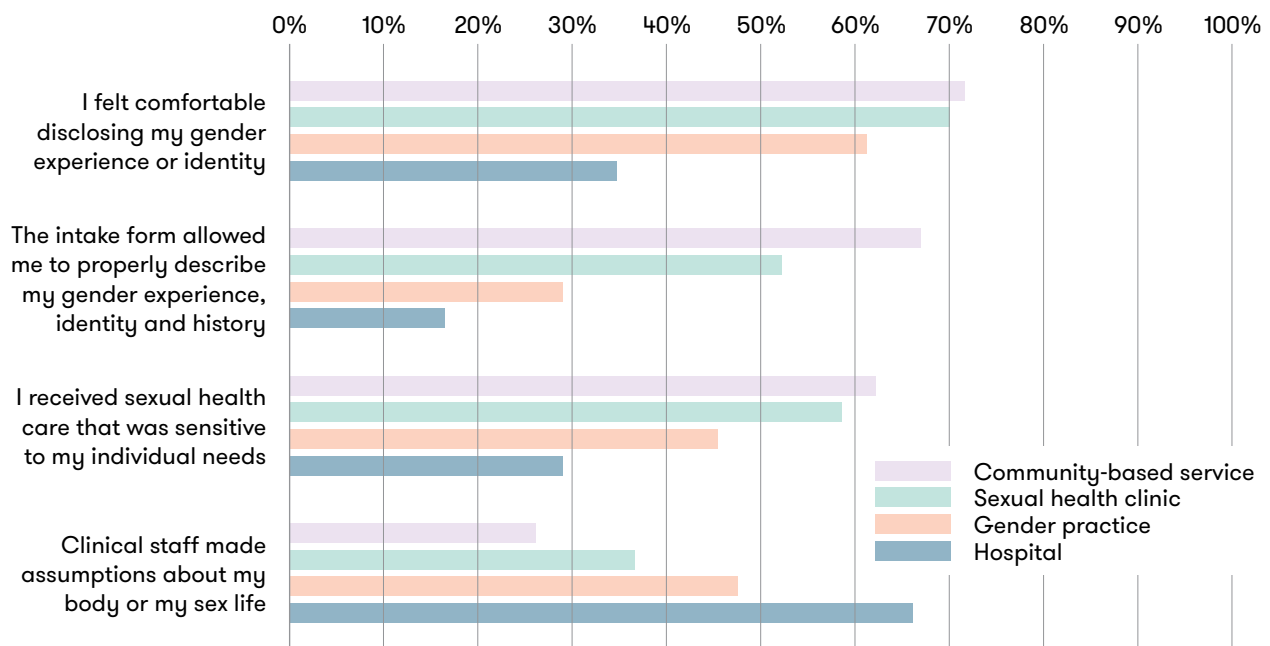


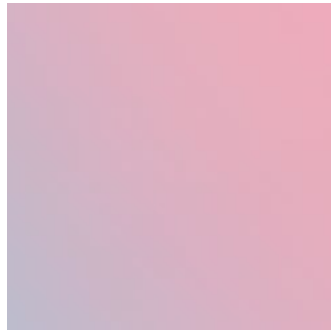
Figure 5.
Experiences in sexual health care among participants of the Australian Trans and Gender Diverse Sexual Health Survey, by service type



Importantly, detailed analyses of these data found that experiences of gender insensitivity within sexual health care were associated with frequency of testing: sexually active participants with more experiences of gender insensitivity were less likely to have been tested recently and reported testing less often [28]. Previous research, for example, has highlighted that many trans and gender diverse people, especially non-binary people, are not properly identified in patient records [26], a

form of erasure that not only undermines public health surveillance but also, as suggested by these findings, impedes sexual health care. This simple but important relationship suggests that failing to respect a patient’s gender can discourage them from accessing important STI and HIV prevention and management strategies.

More details on HIV, STIs, hepatitis C, and sexual health care can be found in Appendix G.



SEXUAL PRACTICES AND RISK BEHAVIOURS

Participants reported on an array of sexual practices, including some that can increase the risk of HIV, other STIs and hepatitis C (Figure 6). Overall, most participants reported inconsistent use of condoms for anal or vaginal/front hole sex with both regular (79.7%) and casual (64.6%) sexual partners.

By gender, trans men were the most likely to report inconsistent condom use with casual partners (74.5%), including 73.6% who reported sex with cisgender men. Condomless sex with other men suggests heightened vulnerability to HIV and other STIs for trans men in particular.

Other risk practices were less common than condomless sex, with 15.8% of participants reporting recent (i.e. in the year prior to the survey) illicit drug use in the context of sexual activity.

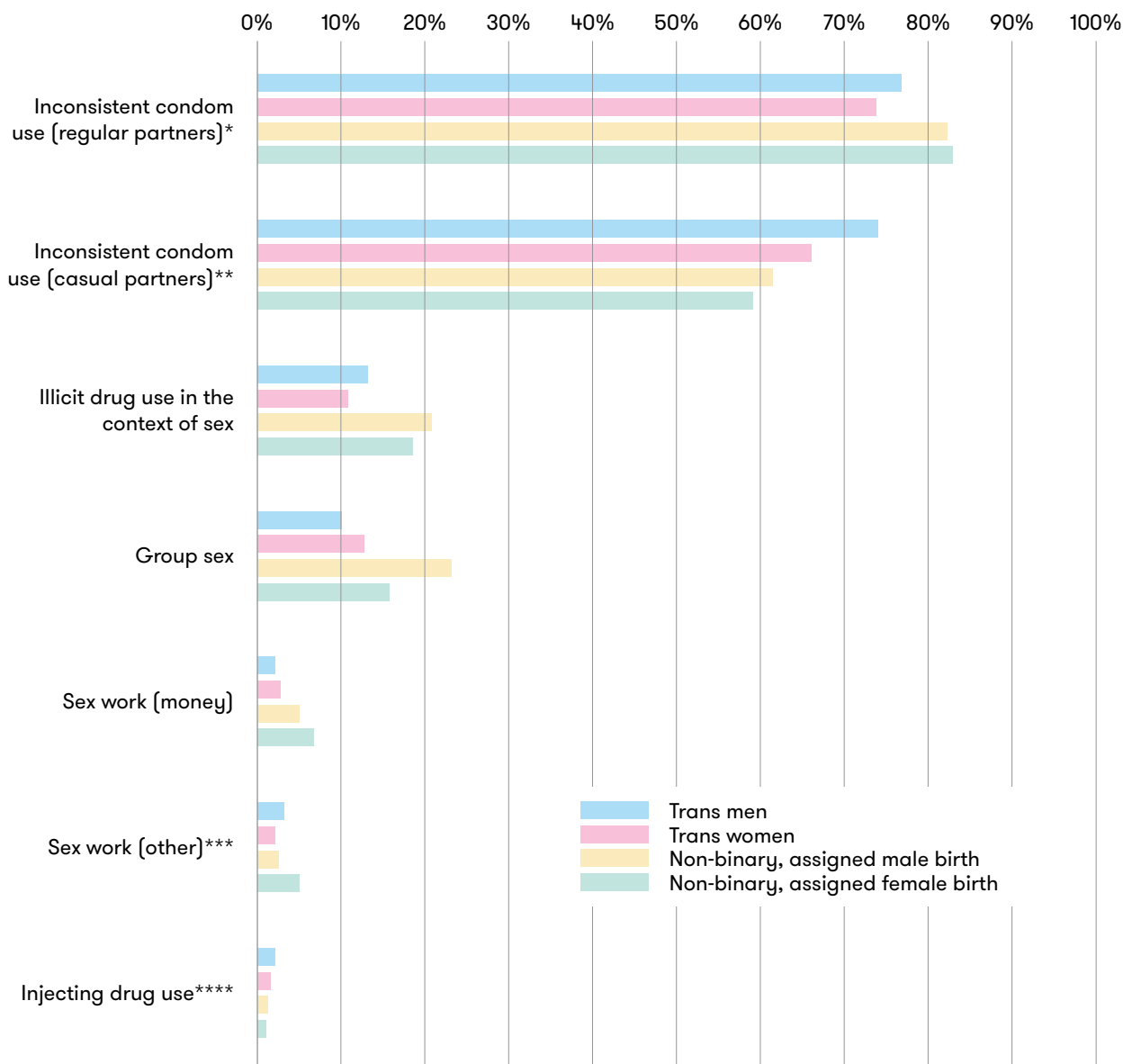
Recent drug use in the context of sex was most commonly reported by non-binary participants assigned male at birth (20.8%) and least common among trans women (10.6%; $p=0.001$). In total, 1.5% of participants reported injecting drugs in the year prior to the survey while 5.1% had injected drugs at any point in the past, with no differences between genders.

Ever participating in sex work for money or other forms of compensation (e.g. a place to stay, drugs, gifts) was reported by 21.8% of the sample, and was most common among non-binary participants assigned female at birth (26.9%), followed by non-binary participants assigned male at birth (22.9%), trans men (17.6%) and trans women (16.9%; $p<0.001$).

Only half of participants reported having a sexual health test in the last twelve months and most also reported inconsistent condom use with casual partners. These factors, along with poor experiences in sexual health care, low uptake of PrEP (2.2%) and barriers to gender affirmation services present significantly heightened vulnerability to HIV and STIs.

More details on sexual practices and risk behaviours can be found in Appendix H.

Figure 6.
Sexual practices and risk behaviours in the year prior to the survey among participants of the Australian Trans and Gender Diverse Sexual Health Survey, by gender



*Participants with regular partners (n=335); **Participants with casual partners (n=686); ***Compensation for sex other than money; ****Illicit drugs, excluding injections for hormone therapies



CONCLUSIONS AND RECOMMENDATIONS

Trans and gender diverse people in Australia report diverse experiences, practices and identities in the context of sex and romance. While many of this study's findings challenge existing narratives around the sexual and romantic lives of trans and gender diverse people, others highlight an urgent need to prioritise resources and interventions that could improve the sexual health and well-being of these populations.

Key issues and recommendations arising from the first Australian Trans and Gender Diverse Sexual Health Survey:

1. **The prevalence of sexual violence or coercion among trans and gender diverse people is exceptionally high.** Steps must be taken immediately, including:
 - a. Existing sexual violence support services should review their policies for working with and supporting trans and gender diverse people. The low rates of support-seeking in our survey suggest that trans and gender diverse people may struggle to find people or organisations to turn to following an experience of sexual violence or coercion. Enhancing the support offered by existing services is a crucial first step.
 - b. Community engagement and consultation is needed in order to identify and implement targeted models of support that are appropriate for trans and gender diverse people who experience sexual violence and coercion.
 - c. Detailed social research is needed to unpack the individual, interpersonal and structural factors that are driving such high rates of sexual violence and coercion among trans and gender diverse people. Such research must also attend to the perpetrators of this violence. Beyond dealing with the ramifications, it is essential that researchers
- and policymakers seek to identify the root causes of this disparity in order to develop interventions for victims and perpetrators as soon as possible.
2. **Trans and gender diverse people experience marginalisation in sexual health care because of their gender.** Patients' experiences of gender-insensitivity undermines their care and such experiences may reduce uptake of HIV and STI testing. Some recommendations for improving the provision of sexual health care include:
 - a. Systems of disease notification should be amended to properly capture the gender identity of trans and gender diverse people. At present, national passive surveillance only categorises diagnoses of HIV, hepatitis C and STIs as 'male' or 'female' [26], which means those diagnosed cannot be further disaggregated as either cisgender or trans, nor does this accurately account for non-binary people. While some work has been undertaken to improve how gender is collected in some jurisdictions, a national approach would significantly enrich Australia's capacity to properly monitor bloodborne viruses and STIs, including by ensuring data collection systems capture the current gender identity and that which was presumed at birth of all individuals diagnosed.
 - b. Providers of sexual health care should not make assumptions about their patients' genders, bodies, sexual orientations or sexual partners. As demonstrated, trans and gender diverse people embody a wide array of identities and practices; asking instead of assuming can help build trust while allowing patients to disclose relevant information about their sexual lives and sexual and romantic partners in the language of their choosing.

- c. Software developers and health services should review and update intake paperwork and patient management systems to reflect current best practice for collecting patient gender details, ensuring these fields are changeable by, and accessible to clinicians [29]. Previous Australian sexual health research has highlighted significant limitations in how gender details are currently captured [26]; addressing this issue could go a long way towards improving the sexual health care experiences of trans and gender diverse people.
- d. National and jurisdictional strategies, policy frameworks and programmatic responses for the management of HIV, hepatitis C and STIs should be reviewed to ensure that trans and gender diverse populations are meaningfully included as a priority population in all strategies to prevent and manage these infections.
- b. The Royal Australian College of General Practitioners and Royal Australasian College of Physicians could establish an accredited curriculum for trans and gender diverse care, including a training and mentor program to provide medical students and providers with ongoing information and support to provide gender affirming care within general practice settings.
- c. Medicare and the Pharmaceutical Benefits Scheme could be expanded to simplify access to gender affirming care by classifying it as ‘medically necessary’, a move that would be of particular benefit to trans and gender diverse people with lower incomes.

3. Trans and gender diverse people are unable to access some or all of the medical processes they seek to affirm their gender.

Importantly, better access to medical gender affirmation is associated with lower levels of psychological distress and higher levels of sexual and romantic satisfaction. Immediate interventions for improving access could include:

- a. The ‘informed consent model’, which allows trans and gender diverse people to access gender affirming care through their GP without undergoing an external mental health evaluation or being referred to an endocrinologist [30], could be implemented across primary care settings. This model is supported internationally and could increase access by removing several key barriers to gender affirming care for trans and gender diverse people.

- 4. **Sex education does not support the needs of trans and gender diverse people.** Ideally, a more comprehensive and inclusive approach to sex education is needed across Australian curricula, including specific attention to the sexual lives of trans and gender diverse people. Further, education should place greater emphasis on consent and provide community-informed education on the diversity and normality of all genders and sexualities. In the short-term, the development of resources that specifically target the sexual and romantic lives of trans and gender diverse people are needed along with the efforts to distribute existing resources [31-36].

Overall, findings from the first Australian Trans and Gender Diverse Sexual Health Survey highlight diverse sexual and romantic lives for trans and gender diverse people, and they speak to key areas for development. Efforts to further collect comprehensive and relevant data are required, including to guide policy and planning. This survey and its findings are one step on the road towards supporting the sexual health and well-being of trans and gender diverse people in Australia.



REFERENCES

1. Rosenberg S, Tilley PJM, Morgan J. "I couldn't imagine my life without it": Australian trans women's experiences of sexuality, intimacy, and gender-affirming hormone therapy. *Sexuality & Culture*. 2019.
2. Stephenson R, Riley E, Rogers E, et al. The sexual health of transgender men: A scoping review. *The Journal of Sex Research*. 2017;54(4-5):424-445.
3. Jones T, del Pozo de Bolger A, Dune T, Lykins A, Hawkes G. Sexuality, romance and relationships. In: Jones T, del Pozo de Bolger A, Dune T, Lykins A, Hawkes G, eds. *Female-to-male (FTM) transgender people's experiences in Australia: A national study*. Cham: Springer International Publishing; 2015:103-114.
4. Riggs DW, Due C. Gender identity Australia: The health care experiences of people whose gender identity differs from that expected of their natal assigned sex. South Australia: Flinders University;2013.
5. Leonard W, Pitts M, Mitchell A, et al. Private lives 2: The second national survey of the health and wellbeing of GLBT Australians. Victoria: Gay and Lesbian Health Victoria;2012.
6. Hyde Z, Doherty M, Tilley PJM, McCaul. K, Rooney R, Jancey J. The first Australian national trans mental health study: Summary of results. Perth, Western Australia: Curtin University;2013.
7. Mooney-Somers J, Deacon RM, Klinner C, Richters J, Parkhill N. Women in contact with the gay and lesbian community in Sydney: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010, 2012, 2014, 2016. . Sydney, New South Wales: ACON & Sydney Health Ethics, University of Sydney;2017.
8. University of New South Wales. Sex in Australia 2. New South Wales: University of New South Wales;2014.
9. World Health Organization. Sexual and reproductive health: Defining sexual health. 2019; https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/.
10. Lindroth M, Zeluf G, Mannheimer LN, Deogan C. Sexual health among transgender people in Sweden. *International Journal of Transgenderism*. 2017;18(3):318-327.
11. Nikkelen SWC, Kreukels BPC. Sexual experiences in transgender people: The role of desire for gender-confirming interventions, psychological well-being, and body satisfaction. *Journal of Sex & Marital Therapy*. 2018;44(4):370-381.
12. Doorduyn T, van Berlo W. Trans people's experience of sexuality in the Netherlands: A pilot study. *Journal of homosexuality*. 2014;61(5):654-672.
13. Australian Bureau of Statistics. Remoteness Structure. Canberra, ACT: Australian Bureau of Statistics;2018.
14. Australian Bureau of Statistics. 6523.0 - Household income and income distribution, Australia, 2011-12 Canberra, ACT: Australian Bureau of Statistics;2012.
15. Australian Bureau of Statistics. 6227.0 - Education and Work, Australia, May 2018. Canberra, ACT: Australian Bureau of Statistics;2018.
16. Intersex Human Rights Australia. Intersex population figures. 2019; <https://ihra.org.au/16601/intersex-numbers/>.
17. Hall J. So, Grindr has opened its doors to all - what does this mean? i-D UK 2017; https://i-d.vice.com/en_us/article/d3x5k/grindr-hook-up-app-lgbtq.
18. Wong CM. OKCupid begins rolling out new gender, sexuality options. Huffpost 2017; https://www.huffingtonpost.com.au/2014/11/17/okcupid-new-gender-options_n_6172434.html.
19. Australian Study of Health and Relationships. Sex in Australia 2. 2014; http://www.ashr.edu.au/wp-content/uploads/2015/06/sex_in_australia_2_summary_data.pdf.
20. James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality;2016.
21. Wirtz AL, Poteat TC, Malik M, Glass N. Gender-based violence against transgender people in the United States: A call for research and programming. *Trauma Violence Abuse*. 2018;1524838018757749.
22. Fernández-Rouco N, Fernández-Fuertes AA, Carcedo RJ, Lázaro-Viña S, Gómez-Pérez E. Sexual violence history and welfare in transgender people. *Journal of Interpersonal Violence*. 2017;32(19):2885-2907.
23. Schilt K, Windsor E. The sexual habitus of transgender men: Sexuality through gender. *Journal of homosexuality*. 2014;61(5):732-748.
24. Unger CA. Hormone therapy for transgender patients. *Translational andrology and urology*. 2016;5(6):877-884.
25. Callander D, Cook T, Pony M, Holt M, et al. Access to medical gender affirmation is associated with psychological and sexual well-being: Findings from the first Australian Trans and Gender Diverse Sexual Health Survey. *AusPath*. Perth, WA2019.
26. Callander D, Cook T, Read P, et al. HIV and other sexually transmissible infections among transgender men and women: A national study of Australian sexual health clinics. *Medical Journal of Australia*. 2019;online first.

27. Ali H, Donovan B, Fairley CK, et al. Are Australian sexual health clinics attracting priority populations? *Sexual Health*. 2013;10(5):456-459.
28. Callander D, Cook T, Cornelisse V, et al. Trans and gender diverse people's experiences of sexual health care are associated with sexual health screening uptake. *Sexually Transmitted Infections*. 2019;95.
29. Deutsch MB, Green J, Keatley J, et al. Electronic medical records and the transgender patient: recommendations from the World Professional Association for Transgender Health EMR Working Group. *Journal of the American Medical Informatics Association*. 2013;20(4):700-703.
30. Schulz SL. The informed consent model of transgender care: An alternative to the diagnosis of gender dysphoria. *Journal of Humanistic Psychology*. 2017;58(1):72-92.
31. Gendered Intelligence. Trans youth sexual health booklet. n.d.; <http://cdn0.genderedintelligence.co.uk/2012/11/17/17-14-04-GI-sexual-health-booklet.pdf>.
32. Grunt. 2019; <http://www.grunt.org.au/>.
33. Terrence Higgins Trust. Sex as a trans man. 2018; Accessed August 13, 2019 from <https://www.tht.org.uk/hiv-and-sexual-health/sexual-health/improving-your-sexual-health/sex-trans-man>.
34. Terrence Higgins Trust. Sex as a trans woman. 2018; Accessed August 13, 2019 from <https://www.tht.org.uk/hiv-and-sexual-health/sexual-health/improving-your-sexual-health/sex-trans-woman>.
35. cliniQ. Cruising: A trans guy's guide to the gay sex scene. 2019; Accessed August 13, 2019 from <https://cliniq.org.uk/resources/cruising-a-trans-guys-guide-to-the-gay-sex-scene/>.
36. cliniQ. The hook-up: A trans woman's guide to the sex club scene. 2019; Accessed August 13, 2019 from <https://cliniq.org.uk/resources/the-hook-up-a-trans-womans-guide-to-the-sex-club-scene/.w>

APPENDICES

Appendix A: Participant demographics

Table A1. Participants of the Australian Trans and Gender Diverse Sexual Health Survey, by gender

	Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth		P value*	Total	
STATE OR TERRITORY OF RESIDENCE**											
ACT	19	5.4%	14	3.5%	7	3.0%	20	3.2%	.013	60	3.7%
NSW	112	31.7%	128	32.2%	74	32.0%	181	28.6%		495	30.7%
NT	3	0.8%	0	0.0%	0	0.0%	2	0.3%		5	0.3%
QLD	62	17.6%	67	16.9%	25	10.8%	80	12.7%		234	14.5%
SA	30	8.5%	35	8.8%	19	8.2%	47	7.4%		131	8.1%
TAS	9	2.5%	11	2.8%	5	2.2%	14	2.2%		39	2.4%
VIC	97	27.5%	99	24.9%	74	32.0%	232	36.7%		502	31.1%
WA	21	5.9%	42	10.6%	27	11.7%	56	8.9%		146	9.1%
AGE											
16-20 years old	66	18.7%	22	5.5%	17	7.4%	90	14.2%	<.001	195	12.1%
20-29	163	46.2%	136	34.3%	103	44.6%	330	52.2%		732	45.4%
30-29	77	21.8%	76	19.1%	62	26.8%	150	23.7%		365	22.6%
40-39	34	9.6%	75	18.9%	25	10.8%	44	7.0%		178	11.0%
≥50 years old	13	3.7%	88	22.2%	24	10.4%	18	2.8%		143	8.9%
ANNUAL INCOME***											
<\$15,000	95	26.9%	107	27.0%	58	25.1%	190	30.1%	<.001	450	27.9%
\$15,000-39,000	61	17.3%	61	15.4%	36	15.6%	80	12.7%		238	14.8%
\$40,000-64,000	33	9.3%	52	13.1%	21	9.1%	64	10.1%		170	10.5%
\$65,000-89,000	26	7.4%	57	14.4%	37	16.0%	28	4.4%		148	9.2%
≥\$90,000	130	36.8%	116	29.2%	78	33.8%	268	42.4%		592	36.7%
LEVEL OF EDUCATION											
Primary school	4	1.1%	1	0.3%	8	3.5%	7	1.1%	.002	20	1.2%
Secondary school	101	28.6%	96	24.2%	45	19.5%	154	24.4%		396	24.6%
TAFE, college or other trade school	106	30.0%	109	27.5%	58	25.1%	144	22.8%		417	25.9%
Undergraduate	95	26.9%	122	30.7%	81	35.1%	206	32.6%		504	31.2%
Postgraduate	47	13.3%	69	17.4%	39	16.9%	121	19.1%		276	17.1%
COUNTRY OF BIRTH											
Australia	313	88.7%	330	83.1%	185	80.1%	542	85.8%	.024	1370	84.9%
Overseas	40	11.3%	67	16.9%	46	19.9%	90	14.2%		243	15.1%
INDIGENOUS STATUS											
Aboriginal and/or Torres Strait Islander	19	5.4%	18	4.5%	6	2.6%	27	4.3%	.448	70	4.3%
Non-Indigenous	334	94.6%	379	95.5%	225	97.4%	605	95.7%		1543	95.7%
REGION****											
Major city	280	79.3%	305	76.8%	200	86.6%	538	85.1%	.011	1323	82.0%
Inner regional	52	14.7%	66	16.6%	23	10.0%	78	12.3%		219	13.6%
Outer regional	16	4.5%	20	5.0%	4	1.7%	12	1.9%		52	3.2%
Remote/very remote	3	0.8%	4	1.0%	1	0.4%	1	0.2%		9	0.6%

*Bivariate differences assessed using Chi-squared tests; Regions assigned per the Australian Bureau of Statistics; **One participant chose not to answer this question; ***Some participants (n=15) chose not to answer this question; **** Some participants (n=10) chose not to answer this question

Appendix B: Gender identities and experiences

Table B1. Sex assigned at birth and intersex status among participants of the Australian Trans and Gender Diverse Sexual Health Survey, by gender

	Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth		p value*	Total	
SEX ASSIGNED AT BIRTH**											
Female	353	100.0%	0	0.0%	0	0.0%	632	100.0%	<.001	985	61.1%
Male	0	0.0%	387	97.5%	231	100.0%	0	0.0%		618	38.3%
Something else	0	0.0%	3	0.8%	0	0.0%	0	0.0%		3	0.2%
INTERSEX STATUS***											
Unsure	30	8.5%	53	13.4%	40	17.3%	92	14.6%	<.001	215	13.3%
No	319	90.4%	323	81.4%	179	77.5%	529	83.7%		1350	83.7%
Yes	2	0.6%	13	3.3%	11	4.8%	9	1.4%		35	2.2%

*Bivariate differences assessed using Chi-squared tests; **Some participants (n=7) chose not to answer this question;

***Some participants (n=13) chose not to answer this question

Table B2. Thinking about, disclosing and living as trans or gender diverse among participants of the Australian Trans and Gender Diverse Sexual Health Survey, by gender and age group

	Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth		p value*	Total	
THINKING ABOUT SELF AS TRANS OR GENDER DIVERSE											
<20 years old	310	87.8%	317	79.8%	155	67.1%	491	77.7%	<.001	1273	78.9%
20-29	34	9.6%	53	13.4%	54	23.4%	111	17.6%		252	15.6%
30-39	7	2.0%	15	3.8%	15	6.5%	21	3.3%		58	3.6%
40-49	2	0.6%	6	1.5%	4	1.7%	5	0.8%		17	1.1%
≥50 years old	0	0.0%	6	1.5%	3	1.3%	4	0.6%		13	0.8%
TOLD OTHERS ABOUT BEING TRANS OR GENDER DIVERSE											
<20 years	202	57.2%	136	34.3%	72	31.2%	285	45.1%	<.001	695	43.1%
20-29	111	31.4%	139	35.0%	100	43.3%	226	35.8%		576	35.7%
30-39	32	9.1%	50	12.6%	28	12.1%	70	11.1%		180	11.2%
40-49	7	2.0%	38	9.6%	13	5.6%	11	1.7%		69	4.3%
≥50 years	0	0.0%	23	5.8%	7	3.0%	7	1.1%		37	2.3%
Have not told others	1	0.3%	11	2.8%	11	4.8%	33	5.2%		56	3.5%
LIVING PART OR FULL-TIME AS TRANS OR GENDER DIVERSE											
<20 years old	157	44.5%	72	18.1%	57	24.7%	255	40.3%	<.001	541	33.5%
20-29	132	37.4%	140	35.3%	98	42.4%	243	38.4%		613	38.0%
30-39	46	13.0%	73	18.4%	33	14.3%	64	10.1%		216	13.4%
40-49	12	3.4%	58	14.6%	12	5.2%	13	2.1%		95	5.9%
≥50 years old	1	0.3%	34	8.6%	7	3.0%	7	1.1%		49	3.0%
Not living as trans or gender diverse	5	1.4%	20	5.0%	24	10.4%	50	7.9%		99	6.1%

*Bivariate differences assessed using Chi-squared tests

Appendix C: Sexuality and relationships

Table C1. Experiences of sexual and romantic relationships among participants of the Australia Trans and Gender Diverse Sexual Health survey, by gender

	Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth		p value*	Total		
BEEN ON A DATE												
Never	34	9.6%	35	8.8%	13	5.6%	43	6.8%	<.001	125	7.7%	
In the past year	226	64.0%	222	55.9%	162	70.1%	464	73.4%		1074	66.6%	
Longer than a year ago	93	26.3%	140	35.3%	56	24.2%	125	19.8%		414	25.7%	
HAD A SEXUAL EXPERIENCE												
Never	41	11.6%	33	8.3%	13	5.6%	79	12.5%	<.001	166	10.3%	
In the past year	253	71.7%	244	61.5%	178	77.1%	462	73.1%		1137	70.5%	
Longer than a year ago	59	16.7%	120	30.2%	40	17.3%	91	14.4%		310	19.2%	
BEEN IN A ROMANTIC RELATIONSHIP												
Never	21	5.9%	22	5.5%	12	5.2%	47	7.4%	.006	102	6.3%	
In the past year	47	13.3%	53	13.4%	35	15.2%	97	15.3%		232	14.4%	
Longer than a year ago	93	26.3%	113	28.5%	45	19.5%	110	17.4%		361	22.4%	
Currently in a relationship	192	54.4%	209	52.6%	139	60.2%	378	59.8%		918	56.9%	
BEEN MARRIED												
Never	319	90.4%	256	64.5%	179	77.5%	555	87.8%	<.001	1309	81.2%	
Previously married	14	4.0%	70	17.6%	23	10.0%	26	4.1%		133	8.2%	
Currently married	20	5.7%	71	17.9%	29	12.6%	51	8.1%		171	10.6%	
LIFETIME NUMBER OF SEXUAL PARTNERS												
None	90	25.5%	138	34.8%	52	22.5%	158	25.0%	<.001	438	27.2%	
1-3	212	60.1%	197	49.6%	118	51.1%	363	57.4%		890	55.2%	
4-6	23	6.5%	38	9.6%	27	11.7%	63	10.0%		151	9.4%	
7-9	7	2.0%	8	2.0%	8	3.5%	22	3.5%		45	2.8%	
≥10	21	5.9%	16	4.0%	26	11.3%	26	4.1%		89	5.5%	

*Bivariate differences assessed using Chi-squared tests

Table C2. Sexual orientation among participants of the Australia Trans and Gender Diverse Sexual Health survey, by gender

	Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth		p value*	Total		
SEXUAL ORIENTATION*												
Queer	64	18.1%	14	3.5%	45	19.5%	219	34.7%	<.001	342	21.2%	
Pansexual	58	16.4%	75	18.9%	61	26.4%	136	21.5%	.023	330	20.5%	
Bisexual	59	16.7%	72	18.1%	50	21.6%	129	20.4%	.36	310	19.2%	
Homosexual	61	17.3%	110	27.7%	37	16.0%	80	12.7%	<.001	288	17.9%	
Asexual	13	3.7%	27	6.8%	17	7.4%	70	11.1%	<.001	127	7.9%	
Heterosexual	46	13.0%	35	8.8%	7	3.0%	5	0.8%	<.001	93	5.8%	
Gynosexual	7	2.0%	26	6.5%	15	6.5%	17	2.7%	<.001	65	4.0%	
Androsexual	8	2.3%	9	2.3%	5	2.2%	6	0.9%	.29	28	1.7%	
No label	2	0.6%	9	2.3%	4	1.7%	10	1.6%	.30	25	1.5%	

*Some participants (n=232) self-defined using multiple labels; **Bivariate differences assessed using Chi-squared tests

Table C3. Romantic and sexual satisfaction among participants of the Australia Trans and Gender Diverse Sexual Health survey, by gender

	Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth		p value*	Total	
"I AM SATISFIED WITH THE SEXUAL ASPECTS OF MY LIFE"											
Strongly disagree/disagree	135	38.2%	180	45.3%	85	36.8%	216	34.2%	.011	616	38.2%
Neither agree nor disagree	115	32.6%	104	26.2%	78	33.8%	194	30.7%		491	30.4%
Agree/strongly agree	103	29.2%	113	28.5%	68	29.4%	222	35.1%		506	31.4%
"I FEEL ANXIOUS WHEN I THINK ABOUT THE SEXUAL ASPECTS OF MY LIFE"											
Strongly disagree/disagree	98	27.8%	148	37.3%	74	32.0%	209	33.1%	.083	529	32.8%
Neither agree nor disagree	106	30.0%	93	23.4%	71	30.7%	186	29.4%		456	28.3%
Agree/strongly agree	149	42.2%	156	39.3%	86	37.2%	237	37.5%		628	38.9%
"I AM FEARFUL OF ENGAGING IN SEXUAL ACTIVITY"											
Strongly disagree/disagree	125	35.4%	168	42.3%	102	44.2%	264	41.8%	.001	659	40.9%
Neither agree nor disagree	94	26.6%	78	19.6%	72	31.2%	162	25.6%		406	25.2%
Agree/strongly agree	134	38.0%	151	38.0%	57	24.7%	206	32.6%		548	34.0%
"I AM SATISFIED WITH THE ROMANTIC ASPECTS OF MY LIFE"											
Strongly disagree/disagree	117	33.1%	170	42.8%	82	35.5%	177	28.0%	<.001	546	33.8%
Neither agree nor disagree	66	18.7%	67	16.9%	52	22.5%	123	19.5%		308	19.1%
Agree/strongly agree	170	48.2%	160	40.3%	97	42.0%	332	52.5%		759	47.1%
EMOTIONAL SATISFACTION WITH CURRENT RELATIONSHIP**											
Not at all/slightly satisfying	4	2.1%	8	3.8%	10	7.2%	20	5.3	.216	42	4.6%
Moderately satisfying	25	13.0%	33	15.8%	25	18.0%	51	13.5		134	14.6%
Very/extremely satisfying	163	84.9%	168	80.4%	104	74.8%	306	81.2		741	80.8%
SEXUAL SATISFACTION WITH CURRENT RELATIONSHIP**											
Not at all/slightly satisfying	38	19.8%	56	26.8%	31	22.3%	65	17.2	.018	190	20.7%
Moderately satisfying	50	26.0%	69	33.0%	44	31.7%	105	27.9		268	29.2%
Very/extremely satisfying	104	54.2%	84	40.2%	64	46.0%	207	54.9		459	50.1%

* Bivariate differences assessed using Chi-squared tests; **These questions were only answered by participants in a relationship at the time of the survey (n=917)

Appendix D: Online dating

Table D1. Experiences with and perceptions of online partner-seeking among participants of the Australian Trans and Gender Diverse Sexual Health Survey, by gender

	Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth		p value*	Total	
USE THE INTERNET TO FIND SEXUAL OR ROMANTIC PARTNERS											
Never	98	27.8%	112	28.2%	45	19.5%	144	22.8%	.013	399	24.7%
Within the past year	151	42.8%	161	40.6%	118	51.1%	320	50.6%		750	46.5%
Longer than a year ago	104	29.5%	124	31.2%	68	29.4%	168	26.6%		464	28.8%
GONE ON A DATE WITH SOMEONE MET THROUGH THE INTERNET**^											
Never	48	18.8%	45	15.8%	28	15.1%	62	12.7%	.003	183	15.1%
Within the past year	87	34.1%	98	34.4%	92	49.5%	220	45.1%		497	40.9%
Longer than a year ago	101	39.6%	123	43.2%	57	30.6%	186	38.1%		467	38.5%
HAD SEX WITH SOMEONE MET THROUGH THE INTERNET^^											
Never	64	25.1%	68	23.9%	30	16.1%	124	25.4%	.003	286	23.6%
Within the past year	84	32.9%	85	29.8%	78	41.9%	189	38.7%		436	35.9%
Longer than a year ago	89	34.9%	119	41.8%	71	38.2%	138	28.3%		417	34.3%
"THE INTERNET IS A GOOD PLACE TO FIND SEXUAL PARTNERS"											
Strongly disagree/disagree	32	12.5%	57	20.0%	26	14.0%	49	10.0%	.003	164	13.5%
Neither agree nor disagree	111	43.5%	116	40.7%	65	34.9%	211	43.2%		503	41.4%
Agree/strongly agree	112	43.9%	112	39.3%	95	51.1%	228	46.7%		547	45.1%
"THE INTERNET IS A GOOD PLACE TO FIND ROMANTIC PARTNERS"											
Strongly disagree/disagree	63	24.7%	80	28.1%	41	22.0%	83	17.0%	.005	267	22.0%
Neither agree nor disagree	115	45.1%	111	38.9%	76	40.9%	206	42.2%		508	41.8%
Agree/strongly agree	77	30.2%	94	33.0%	69	37.1%	199	40.8%		439	36.2%
"WHEN LOOKING ONLINE, OTHERS RESPECT MY GENDER IDENTITY"											
Strongly disagree/disagree	68	26.7%	90	31.6%	51	27.4%	134	27.5%	.42	343	28.3%
Neither agree nor disagree	109	42.7%	127	44.6%	75	40.3%	221	45.3%		532	43.8%
Agree/strongly agree	78	30.6%	68	23.9%	60	32.3%	133	27.3%		339	27.9%
"MOST WEBSITES/APPS PROVIDE APPROPRIATE CATEGORIES FOR DESCRIBING MY GENDER"											
Strongly disagree/disagree	92	36.1%	129	45.3%	103	55.4%	289	59.2%	<.001	613	50.5%
Neither agree nor disagree	79	31.0%	98	34.4%	52	28.0%	134	27.5%		363	29.9%
Agree/strongly agree	84	32.9%	58	20.4%	31	16.7%	65	13.3%		238	19.6%

* Bivariate differences assessed using Chi-squared tests; **These questions were only answered by participants who had used the internet to find sexual or romantic partners (n=1214); ^ Some participants (n=67) chose not to answer this question; ^^ Some participants (n=75) chose not to answer this question

Appendix E: Sexual violence and coercion

Table E1. Experience of sexual violence and coercion among participants of the Australian Trans and Gender Diverse Sexual Health survey, by gender

	Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth		p value*	Total	
EXPERIENCED SEXUAL VIOLENCE OR COERCION											
Never	147	45.8%	218	63.9%	117	55.5%	190	33.9%	<.001	672	46.9%
Once	55	17.1%	50	14.7%	27	12.8%	100	17.8%		232	16.2%
Two or more times	119	37.1%	73	21.4%	67	31.8%	271	48.3%		530	37.0%
TOLD SOMEONE/SOUGHT HELP (FIRST EXPERIENCE)**											
No, do not intend to	71	42.5%	57	48.7%	34	37.4%	160	45.9%	.8	332	44.5%
No, but intend to	17	10.2%	9	7.7%	11	12.1%	38	10.9%		75	10.4%
Yes	79	47.3%	51	43.6%	46	50.6%	151	43.3%		327	45.2%
TOLD SOMEONE/SOUGHT HELP (MOST RECENT EXPERIENCE)***											
No, do not intend to	50	42.7%	41	55.4%	23	33.3%	100	36.8%	.04	214	40.2%
No, but intend to	8	6.8%	2	2.7%	8	11.6%	30	11.0%		48	9.0%
Yes	59	50.4%	31	41.9%	38	55.1%	142	52.2%		270	50.8%

*Bivariate differences assessed using Chi-squared tests; **Some participants (n=180) chose not to complete this section; ***Some participants (n=38) chose not to answer this question; ^ Some participants (n=15) chose not to answer this question

Appendix F: Gender affirmation and sexual experiences

Table F1. Experiences of gender affirmation among participants of the Australia Trans and Gender Diverse Sexual Health survey, by gender

	Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth		p value*	Total	
ACCESS TO GENDER AFFIRMING CARE											
Non-existent/poor	76	21.5%	72	18.1%	61	26.4%	147	23.3%	<.001	356	22.1%
OK, can access some things	97	27.5%	122	30.7%	70	30.3%	189	29.9%		478	29.6%
Good/great	176	49.9%	194	48.9%	70	30.3%	202	32.0%		642	39.8%
Unsure	4	1.1%	9	2.3%	30	13.0%	94	14.9%		137	8.5%
ALTERED APPEARANCE IN ORDER TO AFFIRM GENDER**											
No, do not plan to	2	0.6%	8	2.0%	21	9.1%	80	12.7%	<.001	111	6.9%
No, but plan to in the future	31	8.8%	34	8.6%	42	18.2%	90	14.2%		197	12.2%
Yes	320	90.7%	354	89.2%	165	71.4%	446	70.6%		1285	79.7%
EFFECT OF GENDER AFFIRMATION ON SEX***											
No effect	48	15.0%	81	22.9%	49	29.7%	156	35.0%	<.001	334	26.0%
Decreased interest in sex	6	1.9%	64	18.1%	21	12.7%	9	2.0%		100	7.8%
Increased and decreased interest in sex	56	17.5%	126	35.6%	49	29.7%	87	19.5%		318	24.7%
Increased interest in sex	210	65.6%	83	23.4%	46	27.9%	194	43.5%		533	41.5%
HORMONE REPLACEMENT THERAPY											
No, do not plan to	34	9.6%	44	11.1%	95	41.1%	324	51.3%	<.001	497	30.8%
No, but plan to in the future	33	9.4%	28	7.1%	27	11.7%	86	13.6%		174	10.8%
Currently taking	281	79.6%	315	79.4%	102	44.2%	197	31.2%		895	55.5%
Have taken in the past but not currently	5	1.4%	10	2.5%	7	3.0%	25	4.0%		47	2.9%
EFFECT OF HORMONE THERAPY ON SEX****											
No effect	13	4.5%	43	13.2%	11	10.1%	18	8.1%	<.001	85	9.0%
Decreased interest in sex	4	1.4%	130	40.0%	37	33.9%	1	0.5%		172	18.3%
Increased and decreased interest in sex	30	10.5%	99	30.5%	43	39.4%	32	14.4%		204	21.7%
Increased interest in sex	239	83.6%	53	16.3%	18	16.5%	171	77.0%		481	51.1%
ALTERED HORMONE THERAPY FOR SEXUAL REASONS^											
Never	272	95.1%	273	84.0%	78	71.6%	196	88.3%	<.001	819	86.9%
Yes, just once	5	1.7%	20	6.2%	13	11.9%	13	5.9%		51	5.4%
Yes, multiple times	9	3.1%	30	9.2%	17	15.6%	13	5.9%		69	7.3%
SATISFACTION WITH ALTERING HORMONE THERAPY*****											
Unsatisfied	3	21.4%	9	18.0%	8	26.7%	5	19.2%	.42	25	20.8%
Satisfied	9	64.3%	35	70.0%	21	70.0%	21	80.8%		86	71.7%

*Bivariate differences assessed using Chi-squared tests; **Some participants (n=20) chose not to answer this question;; ***This question was only answered by participants who had altered their appearance in order to affirm gender (n=1285); ****These questions were only answered by participants who had taken hormone replacement therapy (n=942); *****These questions were only answered by participants who had altered hormone therapy for sexual reasons (n=120); ^Some participants (n=3) chose not to answer this question

Appendix G: HIV, STIs, hepatitis C, and sexual health care

Table G1. Testing for HIV, other STIs and hepatitis C among participants of the Australian Trans and Gender Diverse Sexual Health Survey, by gender

	Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth		p value*	Total	
TESTED FOR STIS OTHER THAN HIV											
Unsure	5	1.4%	7	1.8%	4	1.7%	7	1.1%	.016	23	1.4%
Never	124	35.1%	115	29.0%	50	21.6%	184	29.1%		473	29.3%
Yes, in the past year	126	35.7%	142	35.8%	111	48.1%	264	41.8%		643	39.9%
Yes, longer than a year ago	98	27.8%	133	33.5%	66	28.6%	177	28.0%		474	29.4%
STI TESTING FREQUENCY IN THE PREVIOUS YEAR											
Not tested in previous year	227	64.3%	255	64.2%	120	51.9%	368	58.2%	.005	970	60.1%
Once	70	19.8%	86	21.7%	52	22.5%	136	21.5%		344	21.3%
Twice	25	7.1%	24	6.0%	21	9.1%	63	10.0%		133	8.2%
Thrice	17	4.8%	11	2.8%	16	6.9%	38	6.0%		82	5.1%
Four or more times	14	4.0%	21	5.3%	22	9.5%	27	4.3%		84	5.2%
SAMPLES PROVIDED AT MOST RECENT STI TEST**											
Urine sample or urethral swab	186	83.4%	174	63.3%	139	78.5%	370	83.9%	<.001	869	77.8%
Blood sample	180	80.7%	238	86.5%	147	83.1%	327	74.1%	<.001	892	79.9%
Throat swab	63	28.3%	79	28.7%	76	42.9%	105	23.8%	<.001	323	28.9%
Rectal swab	41	18.4%	71	25.8%	59	33.3%	52	11.8%	<.001	223	20.0%
TESTED FOR HIV											
Unsure	24	6.8%	32	8.1%	18	7.8%	69	10.9%	<.001	143	8.9%
Never	169	47.9%	132	33.2%	73	31.6%	265	41.9%		639	39.6%
Yes, in the past year	87	24.6%	115	29.0%	87	37.7%	167	26.4%		456	28.3%
Yes, longer than a year ago	73	20.7%	118	29.7%	53	22.9%	131	20.7%		375	23.2%
TESTED FOR HEPATITIS C											
Unsure	85	24.1%	95	23.9%	59	25.5%	168	26.6%	.001	407	25.2%
No	114	32.3%	95	23.9%	46	19.9%	200	31.6%		455	28.2%
Yes	154	43.6%	207	52.1%	126	54.5%	264	41.8%		751	46.6%
RECEIVED SEXUAL HEALTH CARE (EVER)											
Community-based testing services	55	15.6%	56	14.1%	63	27.3%	126	19.9%	<.001	300	18.6%
Sexual health clinics	141	39.9%	130	32.7%	103	44.6%	239	37.8%	.024	613	38.0%
General practice clinics	245	69.4%	263	66.2%	163	70.6%	495	78.3%	<.001	1166	72.3%
Hospitals	43	12.2%	48	12.1%	26	11.3%	83	13.1%	.88	200	12.4%

*Bivariate differences assessed using Chi-squared tests; ** These questions were only answered by participants who had tested for STIs other than HIV (n=1,117)

Table G2. Diagnoses and management of HIV, other STIs and hepatitis C among participants of the Australian Trans and Gender Diverse Sexual Health Survey, by gender

	Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth		p value*	Total	
BACTERIAL STI DIAGNOSES (EVER)**											
Chlamydia	32	14.3%	30	10.9%	17	9.6%	42	9.5%	.28	121	10.8%
Gonorrhoea	19	8.5%	24	8.7%	14	7.9%	15	3.4%	.010	72	6.4%
Syphilis	6	2.7%	13	4.7%	4	2.3%	5	1.1%	.029	28	2.5%
Mycoplasma genitalium	5	2.2%	2	0.7%	2	1.1%	6	1.4%	.51	15	1.3%
Shigella	0	0.0%	2	0.7%	1	0.6%	1	0.2%	.52	4	0.4%
OTHER DIAGNOSES (EVER)											
Genital herpes	22	9.8%	21	7.6%	8	4.5%	28	6.3%	.19	79	7.1%
Genital warts	10	4.5%	26	9.5%	11	6.2%	24	5.4%	.093	71	6.4%
Crabs/pubic lice	10	4.5%	27	9.8%	19	10.7%	9	2.0%	<.001	65	5.8%
HIV STATUS											
HIV negative	156	97.5%	221	94.8%	134	95.7%	295	99.0%	.058	806	97.0%
HIV positive	2	1.25%	6	2.6%	2	1.4%	0	0.0%		10	1.2%
Unsure	2	1.25%	6	2.6%	4	2.9%	3	1.0%		15	1.8%
PRE-EXPOSURE PROPHYLAXIS***											
No, never	327	93.2%	380	97.2%	213	93.0%	617	97.6%	.001	1537	95.9%
No, but taken in the past	12	3.4%	6	1.5%	4	1.7%	8	1.3%		30	1.9%
Yes, currently taking	12	3.4%	5	1.3%	12	5.2%	7	1.1%		36	2.2%
HIV TREATMENT AND CARE****											
On treatment	2	100.0%	6	100.0%	2	100.0%	0	0.0%	.025	10	100%
Undetectable viral load	2	100.0%	5	83.3%	2	100.0%	0	0.0%	.059	9	90%
HEPATITIS C STATUS AND TREATMENT^											
Hepatitis C negative	147	96.1%	193	93.2%	117	92.9%	254	96.2%	.70	711	94.7%
Hepatitis C negative following treatment	4	2.6%	8	3.9%	3	2.4%	4	1.5%		19	2.5%
Hepatitis C positive, not receiving treatment	0	0.0%	1	0.5%	0	0.0%	1	0.4%		2	0.3%

*Bivariate differences assessed using Chi-squared tests; **Denominator participants reporting at least one previous STI test (n=1,117); ***Among HIV negative participants only (n=1,603); ****Among HIV positive participants only (n=10); ^Some participants (n=19) chose not to answer this question

Table G3. Experiences of receiving education and care for sexual and reproductive health among participants of the Australian Trans and Gender Diverse Sexual Health Survey, by gender

	Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth		p value*	Total	
RECEIVED REPRODUCTIVE INFORMATION AS PART OF GENDER AFFIRMING CARE											
No	80	22.7%	90	22.7%	28	12.1%	125	19.8%	<.001	323	20.0%
Yes	214	60.6%	220	55.4%	89	38.5%	178	28.2%		701	43.5%
Unsure	43	12.2%	53	13.4%	72	31.2%	203	32.1%		371	23.0%
Not applicable	16	4.5%	34	8.6%	42	18.2%	126	19.9%		218	13.5%
QUALITY OF REPRODUCTIVE INFORMATION RECEIVED											
Awful/Poor	17	7.9%	8	3.6%	10	11.2%	15	8.4%	0.1	50	7.1%
Fair	36	16.8%	31	14.1%	16	18.0%	34	19.1%		117	16.7%
Good/Excellent	161	75.2%	181	82.3%	63	70.8%	129	72.5%		534	76.2%
OVERALL EXPERIENCE OF SEX EDUCATION**											
Awful/Poor	218	61.8%	246	62.0%	155	67.1%	423	66.9%	.18	1042	64.6%
Fair	101	28.6%	99	24.9%	46	19.9%	135	21.4%		381	23.6%
Good/Excellent	30	8.5%	49	12.3%	29	12.6%	70	11.1%		178	11.0%
IN THE CONTEXT OF SEXUAL HEALTH CARE...***											
"I FELT COMFORTABLE DISCLOSING MY GENDER"											
Community-based testing services	39	70.9%	37	66.1%	45	71.4%	93	73.8%	.77	214	71.3%
Sexual health clinics	116	82.3%	102	78.5%	73	70.9%	138	57.7%	<.001	429	70.0%
General practice clinics	181	73.9%	209	79.5%	95	58.3%	229	46.3%	<.001	714	61.2%
Hospitals	14	32.6%	27	56.3%	11	42.3%	17	20.5%	<.001	69	34.5%
"THE INTAKE FORM ALLOWED ME TO PROPERLY DESCRIBE MY GENDER EXPERIENCE, IDENTITY OR HISTORY"											
Community-based testing services	39	70.9%	35	62.5%	43	68.3%	83	65.9%	.80	200	66.7%
Sexual health clinics	92	65.2%	82	63.1%	56	54.4%	93	38.9%	<.001	323	52.7%
General practice clinics	102	41.6%	108	41.1%	43	26.4%	85	17.2%	<.001	338	29.0%
Hospitals	6	14.0%	17	35.4%	4	15.4%	6	7.2%	<.001	33	16.5%
"CLINIC STAFF MADE ASSUMPTIONS ABOUT MY BODY OR SEX LIFE"											
Community-based testing services	12	21.8%	13	23.2%	16	25.4%	38	30.2%	.61	79	26.3%
Sexual health clinics	43	30.5%	39	30.0%	32	31.1%	111	46.4%	.001	225	36.7%
General practice clinics	105	42.9%	90	34.2%	65	39.9%	297	60.0%	<.001	557	47.8%
Hospitals	29	67.4%	26	54.2%	14	53.8%	62	74.7%	.058	131	65.5%
"I RECEIVED CARE THAT WAS SENSITIVE TO MY INDIVIDUAL NEEDS"											
Community-based testing services	39	70.9%	31	55.4%	41	65.1%	74	58.7%	.30	185	61.7%
Sexual health clinics	98	69.5%	81	62.3%	69	67.0%	116	48.5%	<.001	364	59.4%
General practice clinics	124	50.6%	134	51.0%	82	50.3%	190	38.4%	<.001	530	45.5%
Hospitals	13	30.2%	17	35.4%	8	30.8%	20	24.1%	.57	58	29.0%

*Bivariate differences assessed using Chi-squared tests; **Some participants (n=12) chose not to answer this question; ***Among participants who reported attending community-based testing services (n=300), sexual health clinics (n=613), general practice clinics (n=1,166) and/or hospitals (n=200) for sexual health care

Appendix H: Sexual practices and risk behaviours

Table H1. Sexual practices and risk behaviours among participants of the Australian Trans and Gender Diverse Sexual Health Survey, by gender

	Trans man		Trans woman		Non-binary, assigned male at birth		Non-binary assigned female at birth		p value*	Total	
CONDOM USE (REGULAR PARTNERS)**											
Never	29	42.0%	33	47.8%	18	34.6%	59	40.7%	.21	139	41.5%
Sometimes	24	34.8%	18	26.1%	25	48.1%	61	42.1%		128	38.2%
Always	16	23.2%	18	26.1%	9	17.3%	25	17.2%		68	20.3%
CONDOM USE (CASUAL PARTNERS)***											
Never	58	40.0%	46	30.5%	24	21.1%	82	29.7%	.011	210	30.6%
Sometimes	50	34.5%	54	35.8%	46	40.4%	83	30.1%		233	34.0%
Always	37	25.5%	51	33.8%	44	38.6%	111	40.2%		243	35.4%
GROUP SEX****											
Never	223	63.2%	231	58.2%	102	44.2%	330	55.2%	<.001	886	54.9%
Yes, within the past year	36	10.2%	51	12.9%	54	23.4%	100	15.8%		241	14.9%
Yes, longer than a year ago	94	26.6%	115	29.0%	75	32.5%	202	32.0%		486	30.1%
SEX WORK (MONEY)											
Never	279	89.4%	310	85.2%	181	83.0%	454	82.1%	.010	1224	84.6%
Yes, within the past year	7	2.2%	10	2.7%	11	5.0%	38	6.9%		66	4.6%
Yes, longer than a year ago	26	8.3%	44	12.1%	26	11.9%	61	11.0%		157	10.9%
SEX WORK (OTHER)*****											
Never	266	85.3%	318	87.4%	177	81.2%	431	77.9%	.008	1192	82.4%
Yes, within the past year	10	3.2%	8	2.2%	6	2.8%	28	5.1%		52	3.6%
Yes, longer than a year ago	36	11.5%	38	10.4%	35	16.1%	94	17.0%		203	14.0%
ILLICIT DRUG USE IN THE CONTEXT OF SEX^											
Never	250	70.8%	288	72.5%	137	59.3%	389	61.6%	<.001	1064	66.0%
Yes, within the past year	48	13.6%	42	10.6%	48	20.8%	117	18.5%		255	15.8%
Yes, longer than a year ago	55	15.6%	67	16.9%	46	19.9%	126	19.9%		294	18.2%
INJECTING DRUG USE*****											
Never	323	91.5%	370	93.2%	213	92.2%	600	94.9%	.40	1506	93.4%
Yes, within the past year	8	2.3%	7	1.8%	3	1.3%	6	0.9%		24	1.5%
Yes, longer than a year ago	22	6.2%	20	5.0%	15	6.5%	26	4.1%		83	5.1%

*Bivariate differences assessed using Chi-squared tests; **Condom use in the year prior to the survey among participants with regular partners (n=335); ***Condom use in the year prior to the survey among participants with casual partners (n=686); ****Among participants who had has sex (n=1447) *****Compensation for sex other than money; *****Illicit drugs, excluding injections for hormone therapies; ^Some participants (n=396) chose not to answer this question;



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REPORT
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