

Trans man visiting his non-binary partner in hospital. *EyeEm.*



# Trans and Gender Diverse People's Health Care Experiences: Barriers to Timely, Safe, and Affirming Care

Findings from the TRANSform  
Australian national trans health survey

Department  
of Medicine



THE UNIVERSITY OF  
MELBOURNE



TRANS HEALTH  
RESEARCH



Trans woman being examined by a trans male doctor. *Gender Spectrum Collection.*

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People marching in support of First Nations rights. *Lachlan Rennie.*

## Acknowledgement of Country

The Trans Health Research Group is based in Naarm (Melbourne), on the lands of Wurundjeri people of the Kulin Nation.

We Acknowledge the Traditional Custodians of the Lands and Waterways on which we work and pay our respects to Aboriginal and Torres Strait Islander Elders, past and present.

Sovereignty was never ceded. This always was, and always will be, Aboriginal land.

## Acknowledgements

This study was run as part of the [TRANSform Project](#), a longitudinal trans-led and community co-designed research project.

We would like to send our sincerest thanks to the over 800 trans and gender diverse (trans) people who have so generously shared their health care experiences with us.

Behind the scenes, there have been countless hours of discussion, data analysis, and reporting.

Thank you to the Trans Health Research Community Advisory Group who through their diverse expertise and lived experience, have provided such invaluable feedback to TRANSform, helping to improve the inclusivity and accessibility of the project.

Thank you to our wonderful volunteers who are integral members of our team, and the many TRANSform collaborators, including community organisations, advocacy groups, clinicians, fellow researchers, and scientists across the country.

This research has been approved by the Austin Health, ACON and Thorne Harbour Ethics Committees, and we are deeply appreciative of their ongoing support for this project. This research was only possible because of competitive grant funding, and we are so grateful for funding support from NHMRC, and The University of Melbourne.

# About Trans Health Research Group

The Trans Health Research team are based in the Department of Medicine, at The University of Melbourne, Australia.

We conduct research with one goal: to **provide robust evidence to improve the health and wellbeing of the trans community**. Every research question we ask, every project that we do, every collaboration that we start, is aligned with our goal, and must translate to better outcomes for our community.

Our research covers **three priority areas – gender affirming hormone therapy (GAHT), mental health and wellbeing, and health care service delivery**. Our research findings have been translated into health and wellbeing programs, treatment guidelines, and health policy.

While research is our core focus, we are also advocates and passionate speakers and routinely provide **consultation and trans health educational training** to health care professionals, government, and community organisations nationwide.

Trans Health Research place a strong focus on community-codesigned and trans-led research. Our team includes trans men, trans women, non-binary people, and cisgender allies.

## Contact Information

Trans Health Research Group

Website: [www.transresearch.org.au](http://www.transresearch.org.au)

Email: [transform-research@unimelb.edu.au](mailto:transform-research@unimelb.edu.au)

Facebook: [www.facebook.com/TransHealthResearch](https://www.facebook.com/TransHealthResearch)

Instagram: [www.instagram.com/TransHealthResearch](https://www.instagram.com/TransHealthResearch)



Trans woman with her nurse. *Renata Angerami, iStock.*

## Key Findings

### A total of 807 trans and gender diverse people completed this 2024 Australian national survey.

#### In the previous 12 months:

1 in 2 (57%) reported one or more type of trans-related discrimination by a health care professional.

1 in 3 (40%) had delayed seeking health care, due to anticipated trans-related discrimination.

1 in 25 (4%) had experienced discrimination by another patient or visitor in a health care setting.

4 in 5 (81%) 'agreed' or 'strongly' agreed that they had access to a health care professional who was actively supportive of their trans experience.

**Trans and gender diverse (trans):** People who have a gender different to the gender presumed and recorded for them at birth. It is a broad umbrella term inclusive of a large range of genders including trans man, trans woman, non-binary, genderqueer, genderfluid, agender, Sistergirl, Brotherboy, and more. More key definitions can be found [here](#).

“I had suffered everything in the list of medical discrimination, to the point that the lack of care nearly killed me.”

–*Lara, trans woman.*

“I am not out to my GP due to concerns about trans-related discrimination”.

–*Beth, non-binary.*

# Project Background

Trans and gender diverse people experience higher rates of disability and chronic health conditions compared to the general population, which may be linked to gender minority stress, and barriers to accessing timely and affirming healthcare. Additionally, many (but not all) trans people have health care needs directly related to their gender affirmation, including gender-affirming hormone therapy and/or surgeries. Given the rapidly changing sociopolitical climate around trans rights and health care, there is a need for up-to-date research on the health care experiences of trans people in Australia.

To address this research gap, an online survey focused on health care experiences was open for completion between 1 May 2024 and 31 May 2024 to anyone:

- With a gender that is different to what was presumed for them at birth (trans or gender diverse).
- Currently living in Australia.
- Aged 16 years or older.

This survey was conducted as part of the larger TRANSform Project. TRANSform is an ongoing research project that aims to produce priority-based and community-led research to improve the health and wellbeing of trans communities.

Design of this survey was led by researchers with lived experience and expertise as trans and gender diverse people, with input from ACON and community members, and cisgender clinicians with extensive experience in trans health.

Survey questions with fixed-option responses, are included where relevant. Respondent quotes that are used throughout the report were in response to a single free-text survey question *“Is there anything else you would like to share with us about the barriers or discrimination you have experienced when accessing health care?”* Names featured in this report are pseudonyms, to protect the privacy of respondents.

The study received ethical and governance approval by the Austin Health Human Research Ethics Committee (Reference Number HREC/57155/Austin-2019), ACON Research Ethics Review Committee (Reference Number 2020/03) and the Thorne Harbor Health Community Research Endorsement Panel (Reference Number THH/CREP 20-006).



Trans man speaking with clinic receptionist. *rparobe, iStock.*

Statistics included in this report are descriptive only and intended to provide a broad overview of trans and gender diverse people's health care experiences in Australia. For more detailed information about the study methods and/or additional data analysis, please contact the TRANSform research team: [transform-research@unimelb.edu.au](mailto:transform-research@unimelb.edu.au).

# Survey Respondents

## Of 807 respondents:

286 (36%) were trans women.

242 (30%) were trans men.

271 (34%) were non-binary or gender diverse people.

5 (<1%) were people with a culturally-specific gender identity.

681 (84%) were born in Australia.

415 (51%) had a diagnosed disability or chronic health condition.

658 (82%) lived in a metropolitan area.

33 (4%) were Aboriginal and/or Torres Strait Islander.

Age range 16 – 79 years (median age was 33 years).



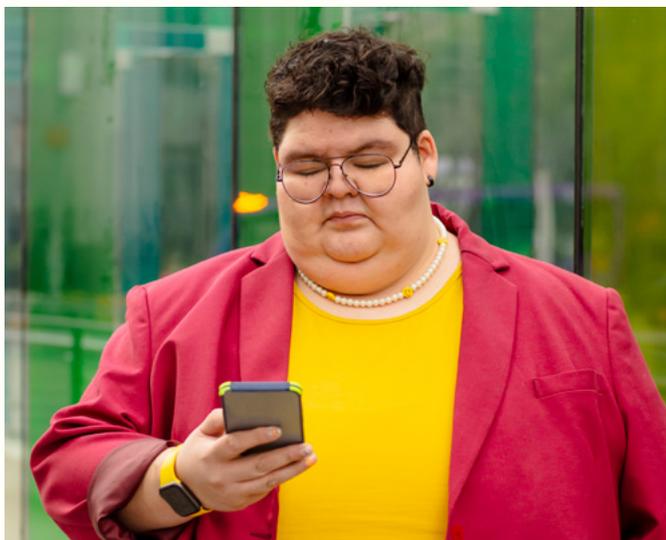
Trans woman experiencing tonsil pain. *Freepik*.

“Upon seeing a doctor on short notice for tonsillitis, she baselessly decided it was syphilis as I am ‘in a high-risk group’. Questions about my sex life, while inappropriate, showed this was not a risk. Once tests came back it was not [syphilis], but my tonsillitis had gotten much worse.”

–*Stephanie, trans woman.*

“Misgendering and deadnaming occurred post-top surgery by nurses who were aware of my procedure and transness. I’m cis-passing so feel it was intentional.”

–*Carl, trans man.*



Distressed person messaging a friend. *netocoh*.

“I have had a GP in the past fixate on my identity [when I was being] treated for an ear infection, where they also asked me if I was a ‘transformer’.”

–*Ollie, non-binary.*

“A nurse asked me about my bottom growth, what it feels like, how I have sex, etc. which was not at all relevant to getting a Mirena IUD inserted.”

–*Zac, trans man.*

Patient wearing mask.  
Freepik.



“I went to a new gynaecologist and was asked to wear a face mask in the waiting room... I was the only patient asked to do that. Even the receptionist who asked me to wear a mask wasn’t wearing one herself. I think it was so all the other patients might not notice that there was a man in the space. Then they misgendered me as ‘they/them’ on the paperwork. Fortunately, I have the option to go to a different gynaecologist in another state. It’s inconvenient, but better than going back to the state women’s services again.”

*-Aaron, trans man.*

# Discrimination by Health Care Professionals

Previous research shows that between 1 in 4 and 1 in 2 trans and gender diverse people in Australia report experiencing recent trans-related discrimination by a health care professional, or in a health care setting.

In this survey, experiences of trans-related health care discrimination were measured by asking survey respondents *'In the last 12 months, have you experienced trans-related discrimination from a health care professional?'*, with the option to select one or more of the following eight options: (1) deadnaming (e.g. using your birth name rather than chosen name), (2) misgendering (e.g. using the wrong pronouns), (3) inappropriate questions related to being trans when treating an unrelated issue, (4) having inappropriate comments made about you being trans, (5) denial of care (e.g. refusing to see you because you are trans), (6) delayed care (e.g. not taking your health complaints seriously), (7) being told your gender-affirming hormones or surgery is a problem, wrong, or causes you harm, and (8) being laughed at or joked about. It was stipulated that *'health care professional includes (but is not limited to) GPs, endocrinologists, hospital staff, pathologists, dentists, physiotherapist and chiropractors.'*

**1 in 2 (57%) reported one or more type of trans-related discrimination by a health care professional in the previous 12 months.**

This included:

**1 in 2 (43%) had been misgendered (e.g. using the wrong pronouns).**

**1 in 5 (22%) had been deadnamed (e.g. using their birth name rather than chosen name).**

“I often encounter a reluctance to use my preferred pronouns of they/them, and instead I am referred to as she/her... As [someone assigned male at birth], this is preferable to the alternative of he/him, [but] it is still incorrect. I do not correct them, however, due to fear of negative backlash, or reduced standard of care in future appointments”.

–*Allie, non-binary.*

“As my name isn't legally changed, I do tell every healthcare professional my chosen name and pronouns, however, they rarely ever actually read my information and then I get a half-assed apology like my emotions are inconvenient to them”.

–*Adam, trans man.*

“I regularly access hospital treatment (day patient) for my chronic illness, and I am consistently misgendered there. I do not feel confident to correct the staff as I'm afraid of potential repercussions such as reduced quality of care provided.”

–*Jaz, non-binary.*

“I have had multiple instances of deadnaming and misgendering from nurses and admin staff in the public healthcare system. When I complained and told them to use my actual name and pronouns, they said that it wasn't personal and that they'd treat any trans person like this.”

–*Briony, trans woman.*



Trans man in pain. *staticnak1983, iStock.*



Stressed trans woman. *FOTOGRAFIA INC., iStock.*

**1 in 4 (27%) had been asked inappropriate questions related to being trans when being treated for an unrelated issue.**

**1 in 8 (12%) had inappropriate comments made about them being trans.**

**1 in 5 (19%) had experienced delayed care, such as not taking their health complaints seriously.**

**1 in 14 (7%) had been denied care, such as refusing to see them because they are trans.**

“I’ve been experiencing chronic pain related to menstruation, but multiple GPs dismissed me as my clinic had written ‘menstrual dysphoria’ on my file.”

–*Elliot, trans man.*

“[A] doctor I saw for my [testosterone] shot ask[ed] me in the waiting room, in front of everyone, if I was getting my shot because I was trans.”

–*Trent, trans man.*

“While my local GPs don’t explicitly refuse me for trans-related healthcare, they are often hurtful (misgendering on forms, playing down my concerns about finding/affording bottom surgeons, or refusing to adjust hormone dosages).”

–*Aurelia, trans woman.*

“My [local GPs] were unable to offer treatment to a transgender patient, or were unwilling.”

–*Georgie, trans woman.*

“Anything I do, even if it’s just going in for a mild complaint, has to be viewed by the doctor in the lens of me being trans and not being able to wrap their head around my name and gender, or calling out for me by my very feminine deadname in the waiting room in a decidedly trans-unfriendly area”.

–*Jarrold, trans man.*

“I had a flu and wanted a medical certificate, but when he asked about my medications and I listed [gender affirming hormone therapy], he started questioning me all about my transition. I was very uncomfortable.”

–*Alex, trans man.*

Uncomfortable teenager  
in medical appointment.  
*Freepik.*

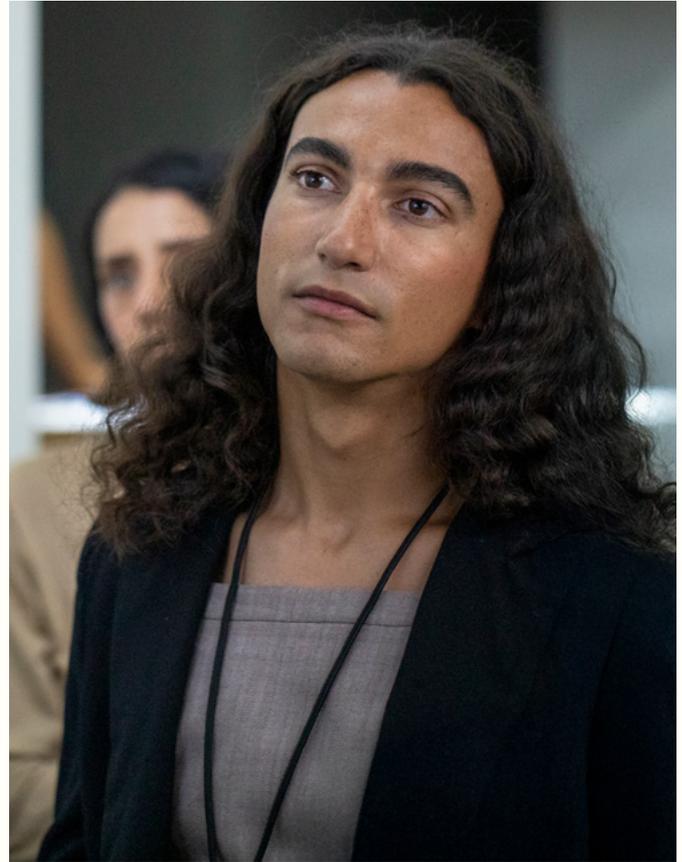


“When I was a teenager trying to begin my transition, I experienced trans discrimination from two different male GPs who laughed at me, refused to treat me, asked sexually-inappropriate questions, and told me that seeking hormones and surgery was wrong.”

–*Kalvin, trans man.*



Trans man in his electric wheelchair. *Levi Meir Clancy, Adobe Stock.*



Non-binary person. *Dario Gaona, iStock.*

**1 in 9 (11%) had been told their gender-affirming hormone therapy or surgery is a problem, wrong, or causes them harm.**

**1 in 17 (6%) had been laughed at or joked about.**

“I have experienced gatekeeping from health professionals when seeking to start medical transition and testosterone, due to them not knowing about the interactions of testosterone and my other medical conditions, and being a wheelchair user. I really had to do a lot of self-advocacy and education of them, to be ‘allowed’ on a full dose of [testosterone]. It’s been an extremely challenging and difficult time.”

–*Ryan, trans man.*

“It doesn’t matter what condition we present with, the cause is always down to being trans and on [gender-affirming hormone therapy].”

–*Julie, trans woman.*

“A pharmacist laughed at my name change.”

–*Axel, non-binary.*

“The ‘trans broken arm syndrome’ is so prevalent... I presented with abdominal pain and was told it could be due to being on testosterone, so I was sent for pelvic scans, which came back clear. This continued for several months - I’d present with abdominal pain, be sent for pelvic scans, and nothing unusual was found. It wasn’t until I was hospitalised due to non-stop vomiting that I was diagnosed with cholecystitis and pancreatitis; apparently the pancreatitis was acute, but the cholecystitis was chronic.”

–*Todd, trans man.*

# Discrimination by Another Patient or Visitor in a Health Care Setting

Anecdotal reports indicate some trans and gender diverse people experience trans-related discrimination, threats of violence, or violence by other patients or visitors in Australian health care settings. To assess the prevalence of these experiences, survey respondents were asked *'In the last 12 months, have you experienced discrimination, threats of violence, or violence by another patient or visitor in a health care setting? For example, another patient in a clinic waiting room.'*

**1 in 25 (4%) had experienced discrimination by another patient or visitor in a health care setting in the previous 12 months.**

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“When going for surgery, my deadname was required to be printed above my bed for every other patient and person to see and read out loud every single time every single nurse gave me a meal, medication, or a check dozens of times every single day. Then I had to go to sleep drugged, trusting that no one who had overheard any of those things was going to present a problem.”

*–Joshua, trans man.*

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## Delayed Health Care Seeking

Anecdotal reports indicate that many trans and gender diverse people delay seeking health care, due to previous negative responses and/or anticipated discrimination. To assess the prevalence of these experiences, survey respondents were asked, *'In the last 12 months, have you delayed seeking health care due to anticipated trans-related discrimination?'*

**1 in 3 (40%) reported that they had delayed seeking health care, due to anticipated trans-related discrimination in the previous 12 months.**

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“I do not/cannot seek urgent care. I must wait on long waitlists or book 4-6 weeks in advance for GPs I feel safe seeing.”

*–Ant, culturally-specific gender identity.*

“I am very careful with which GP I see and if I can't get in with my regular GP I will delay until I can, because of anti-trans experiences I have had.”

*–Eden, non-binary.*

“I've been delaying gynaecologist consult and exams because I'm afraid to go to such environments as a trans man.”

*–Toby, trans man.*

“Despite changing my name and gender with Medicare, I was constantly deadnamed when I was hospitalised for appendicitis... When I later fractured my ankle, I didn't go into hospital”.

*–Danny, trans man.*

Non-binary person.  
*José Calsina.*

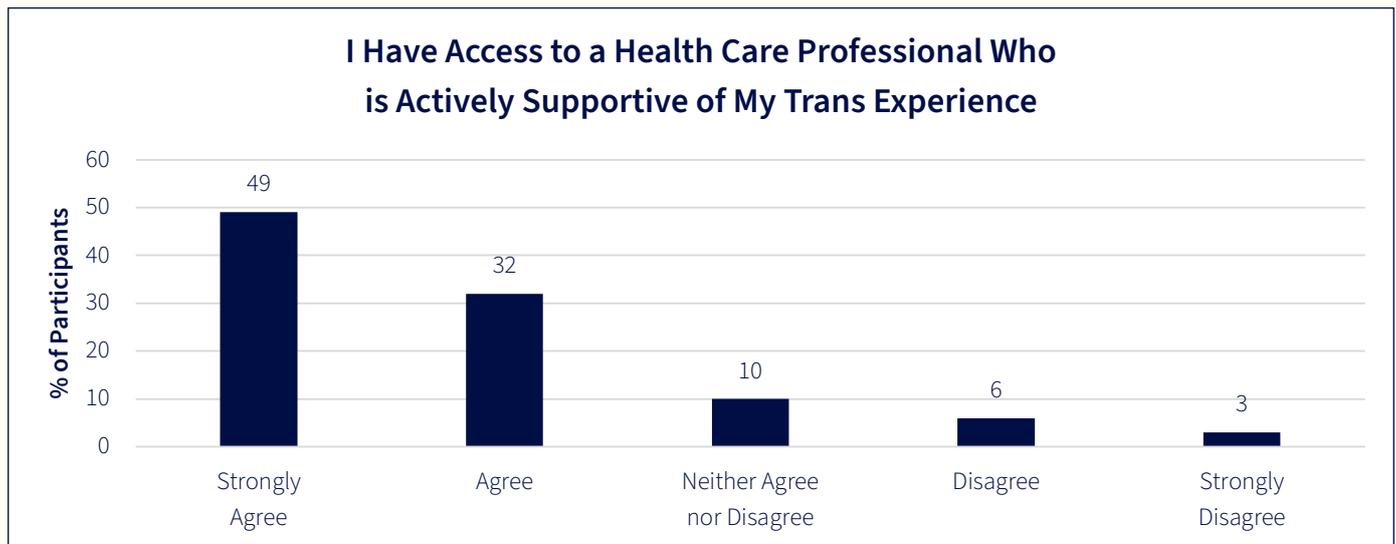
“I delayed getting a skin cancer check because I couldn’t find a doctor who I knew would be okay with trans people... It ended up that I did have skin cancer, and I wonder if the treatment would have been less invasive had I had it treated earlier.”

*–Drew, non-binary.*

# Access to a Supportive Health Care Professional

While much of the research on trans and gender diverse people's health care experiences have focused on barriers to timely, safe and affirming care, it is important to also assess how many have access to supportive health care professionals. Survey respondents were asked to 'think back over the last 12 months' and indicate the degree to which they agreed with the statement 'I have access to a health care professional who is actively supportive of my trans experience.'

**4 in 5 (81%) 'agreed' or 'strongly agreed', while 9% 'disagreed' or 'strongly disagreed' that they had access to a health care professional who was actively supportive of their trans experience.**



"I have a good GP, but I have to travel far to see her. Every time I need to see a GP, I need to plan two weeks ahead, take half a day off work, and then spend most of that time in a car travelling to see her."

–*Adriana, trans woman.*

"My support coordinator is sure to help me out with finding trans-friendly professionals. I've been seeing the same GP for years now and he's a big ally."

–*Rylen, non-binary.*

"I just got lucky finding a good GP after I moved to the city. If not for her I'd be dead already."

–*Aiden, trans man.*

"Since coming out, I only ever seek services from professionals who are highly recommended by fellow trans community members and this sometimes limits my options."

–*Gordan, trans man.*

"To access a trans friendly/educated GP I attend a clinic 600km away in my closest major city. Mostly I can use telehealth, but I have to attend in person once every 12 months."

–*Jaimie, non-binary.*

Trans woman booking  
appointment online.  
*Diamond Dogs, iStock.*

“I have an incredibly supportive doctor, who believed me, and has helped facilitate my transition and journey, and continues to be my GP of choice after more than 15 years.”

–*Renee, trans woman.*

# Recommendations

This research demonstrates that 1 in 2 trans and gender diverse people had experienced one or more type of trans-related discrimination by Australian health care professionals, in the year preceding May 2024. Additionally, 1 in 3 had delayed seeking health care, due to anticipated discrimination.

**These findings highlight the urgent need to reduce the barriers trans and gender diverse people experience to accessing timely, safe and affirming health care, across all health care sectors, including training the health care workforce in trans health, and addressing widespread issues of trans-related discrimination.**

## Public Health Strategies to Target Trans Health Disparities

Commonwealth and state governments must commit to reducing health disparities experienced by trans and gender diverse communities, through a targeted public health response that addresses the driving factors for this disparity, including discrimination.

**Reducing discrimination.** Strategies to ensure the safety of trans and gender diverse people to live without discrimination, abuse, or violence are urgently needed across private and public areas of life. This includes home environments, institutions and organisations, and public spaces.

**Strengthen LGBTIQ+ services.** Given mainstream services are not currently able to meet the urgent needs of trans and gender diverse communities, state and commonwealth funding is required to establish and bolster trans and LGBTIQ+ community-controlled health services.

**Community co-design.** The immense diversity of the trans community must be recognised through co-design of any new program or policy to ensure accessibility of services. This includes the needs of trans and gender diverse people of all genders, as well as geographical, financial and cultural accessibility, and inclusive of trans people with disabilities, neurodivergent trans people, Sistergirls, Brotherboys and trans mob, and those of other marginalised identities and experiences.

## Trans-Inclusive Health Care Training and Services

All trans people should have a safe and affirming experience of health care, whether that be through mainstream, LGBTIQ+, or trans community-controlled services.

**Trans-inclusion in health care curriculums.** All Universities must commit to the inclusion of trans health in their health-related curriculums, to ensure future health care professionals are equipped with the knowledge and skills to sensitively and appropriately treat trans and gender diverse people in their care.

**Trans-inclusive services.** Mandate government-funded health services and programs to identify trans and gender diverse people as a priority group in their strategies, have policies that explicitly address discrimination against trans and gender diverse people, provide mandatory, regular, relevant, and appropriate training and education around trans-inclusion to equip health care professionals and support staff (e.g. clinic receptionists) with the tools to be active allies, maintain data collection systems that are inclusive of trans and gender diverse people, and ensure gender-specific services and spaces are inclusive of trans and gender diverse people.

## Trans-Inclusive Research and Evaluation

Researchers must ensure future health and medical research accurately and meaningfully includes trans and gender diverse people.

**Sex and gender data.** All health and medical research should be inclusive of trans and gender diverse people, including utilisation of the two-step approach to collecting sex recorded at birth and gender, as recommended by the [Australian Bureau of Statistics](#), [National Health and Medical Research Council](#) and the [Medical Research Future Fund](#), and [Trans Health Research](#) guidelines.

**Community co-design.** All health and medical research should be co-designed with community members with lived/living experience, including trans and gender diverse people.

**Intervention evaluation.** Research that evaluates experiences and outcomes of different models of interventions and pathways, should be inclusive of trans and gender diverse people, to ensure interventions and pathways are appropriate and meeting the unique needs of this population.



Trans man and his family in telehealth appointment. *Westock*.

“My GP... goes to great lengths to educate himself on how to handle my [gender-affirming hormone therapy] and other aspects of my gender-affirming healthcare, despite not being a ‘specialist’ in trans healthcare.”

–*Harry, trans man.*

“I am seeing some progress (e.g. my GP office now allows pronouns on my file), but my actual GP often gets pronouns wrong still.”

–*Mariah, non-binary.*



Trans male practitioner. *Wagner Okasaki, iStock*.

“I’m currently studying an allied health degree and have experienced discrimination from supervisors/lecturers and other health students. This has been a great worry for me.”

–*Jed, trans man.*

“I’m very careful choosing health care professionals, and seeing any professional who doesn’t have a clear statement of LGBT support can be intimidating.”

–*Linda, trans woman.*

# Resources

## For Trans and Gender Diverse People

There are several national directories that can be used to help find a suitable health care professional for your location and needs. Additionally, state-based and regional LGBTIQ+ and trans support services can often provide more local information to find trans-affirming health care professionals.

[Accessing Hormone Therapy in Australia](#). Information for people over the age of 18 about what the process of being prescribed hormones looks like and how to find a prescribing doctor, by Trans Health Research.

[For Trans Folk](#). Information by and for trans and gender diverse people, about health and medical gender affirmation, by TransHub.

[AusPATH Providers List](#). A national directory of trans health care providers who are members of the Australian Professional Association for Trans Health (AusPATH).

[Trans.au Directory](#). A national directory of trans health care providers, run by trans community volunteers.

[TransHub Directory](#). A national directory of trans health care providers, by TransHub.

## For Health Care Professionals

[Key Definitions](#). A list of commonly used terms, by Trans Health Research.

[Treatment Guidelines](#). Information about Australian and International best-practice treatment guidelines, and patient information resources for trans and gender diverse people, collated by Trans Health Research.

[Associations and Training Resources](#). Information about Australian and international professional associations, and trans health training resources for professionals from a range of backgrounds, including primary care, sexual health, and community sectors, collated by Trans Health Research.

## For Researchers

[Including trans people in research guidelines](#). Written and video guidelines on how to include trans and gender diverse people in research using the two-step process for collecting data on sex recorded at birth and gender, by Trans Health Research.

[Trans Research Resources](#). Information about ethical research with trans and gender diverse people, LGBTIQ+ Research Ethics Committees, and key Australian trans health research publications, collated by Trans Health Research.

Non-binary person.  
Martine Doucet, iStock.



“I work very hard to identify safe services and attend those, because of many, many past negative experiences. It’s a lot of additional labour on top of a busy life, and I wish I could just go to anyone without having to wonder if they will treat me with basic human decency.”

–Jai, non-binary.