

Overseas-born Trans and Gender Diverse People's Experiences with Australian Sexual Health Services: A Qualitative Study

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A photograph of the Kaurna People's flag flying in the wind against a blue sky with white clouds. The flag has three horizontal stripes: black on top, yellow in the middle containing a yellow circle, and red on the bottom.

Acknowledgement of Country

We would like to acknowledge the traditional custodian of the land that we gather, the Kaurna People, and pay our respect to the Elders, past and present.

We acknowledge the on-going cultural and spiritual connections to the land and waterways that have spanned for more than 60,000 years as the oldest continuing culture in the world.

Disclosure of Interest

We do not have any conflict of interest to disclose.



My Positionality

- I am non-binary presumed male at birth.
- I am tertiary educated.
- I am able to communicate using the English language.
- I have access to Medicare.
- I am middle class background.
- I am a queer Muslim person.



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About the Study

- Our aim is to explore the experiences of overseas-born trans and gender diverse people with HIV and other STI prevention strategies, including testing, treatment, and post-diagnosis care.
- Trans and gender-diverse communities as an often-overlooked population in the sexual health sector.



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Why Overseas-born?

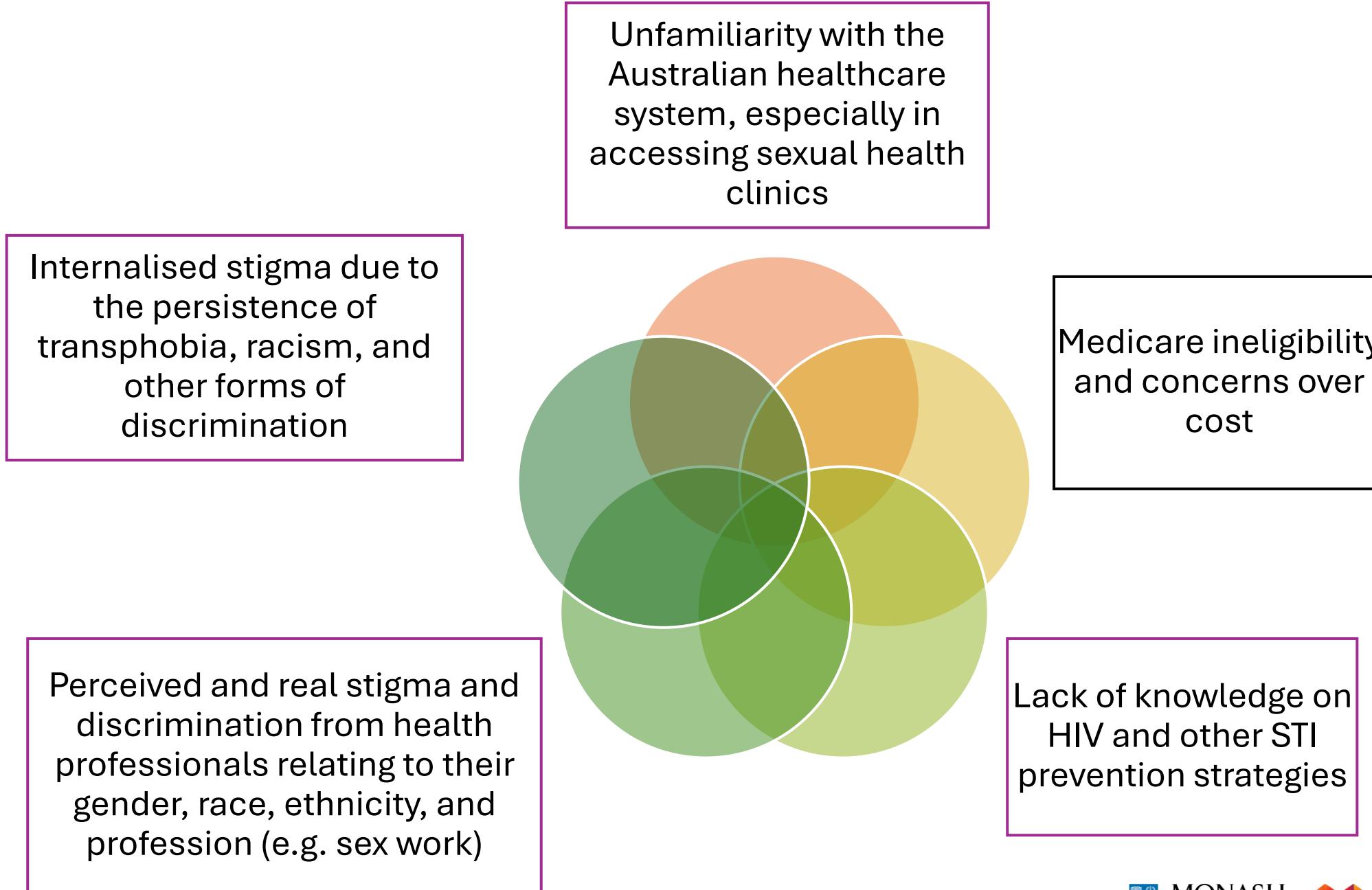
- Overseas-born trans and gender diverse people are facing unique challenges in relation to HIV and other STI prevention strategies, which include:



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Our Methods

- We conducted a semi-structured in-depth qualitative interview between September 2024 and June 2025.
- We used a reflexive descriptive qualitative analysis to interpret the data.
- Reflexive due to my own position as a non-binary researcher with lived and living experiences navigating the sexual health services, and knowledge in HIV and other STI prevention strategies.



Our Participants

- Thus far, we have spoken to 12 overseas-born trans and gender diverse people.
- Majority are in their 30s (n=9), born in Southeast Asia (n=7), trans women (n=5) with more than 5 years in Australia (n=5).
- We also spoke to trans men (n=4) and non-binary people (n=3), with 1 participant only been in the country for less than 6 months.



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Characteristic	Number (n)	Characteristic	Number (n)
Age		Gender	
20s	1	Trans women (incl. women with trans experience)	5
30s	9	Trans men (incl. men with trans experience)	4
40s	2	Non-binary	3
Region of Birth		Length of stay in Australia	
Southeast Asia	7	< 6 months	1
East Asia	1	6 – 12 months	1
South Asia	2	1 – 2 years	1
South America	1	3 – 5 years	4
West Europe	1	>5 years	5

Participants' Experiences

Negative	Positive
<ul style="list-style-type: none">• Assumption about their gender• Having to choose whether to disclose their gender identity• Not respecting their preferred language• Not providing gender-affirming sexual health information	<ul style="list-style-type: none">• Provided link to gender-affirming care• One-stop shop for gender-affirming care and sexual health• Trans-inclusive practice



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‘They never asked’

- A few participants shared negative experiences with sexual health services, with a common thread of assumptions made by health professionals about their gender identity:



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‘I appeared more masculine when I go to the doctor; most of the time, I don’t appear feminine. **They just made assumptions [of my gender] based on my appearance.** It’s all assumptions, **without ever asking me [of my gender identity].**’ (PA05, 30s, non-binary, Southeast Asian, queer)



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‘We shouldn’t have to go through this process’

- A participant expressed their frustration whether to disclose their gender identity to receive care:



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‘I think that we shouldn't have to go through this process in our heads, choosing the battles that we have to fight. **If you choose to disclose your gender identity, then you probably have to explain**, or maybe probably they don't really care, it's something that is not important for them. Well, **they think that is not important for them, but if you misgender them, what's going to happen? Probably they're going to be really uncomfortable. I don't think that they see the value in these kind of things.**’ (PA09, 30s, non-binary, South America, male-attracted)



“It Made Me Angry”

- Another participant became very frustrated when a sexual health nurse kept referring to his natal genitalia, even after being told not to do that:



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‘[The sexual health nurse] kept using medical terms for natal genitalia; I don’t like it! I got irritated, because **they just assumed that everyone would be OK with medical terms of their genitalia**. I also specified that I do not want anyone mentioning my genital with the natal name, but they kept saying “**vagina**” over and over again, and it made me angry.’ (PA04, 30s, man with trans experience, South Asian, heterosexual).

“I Genuinely Don’t Know Why They Didn’t Tell Me”

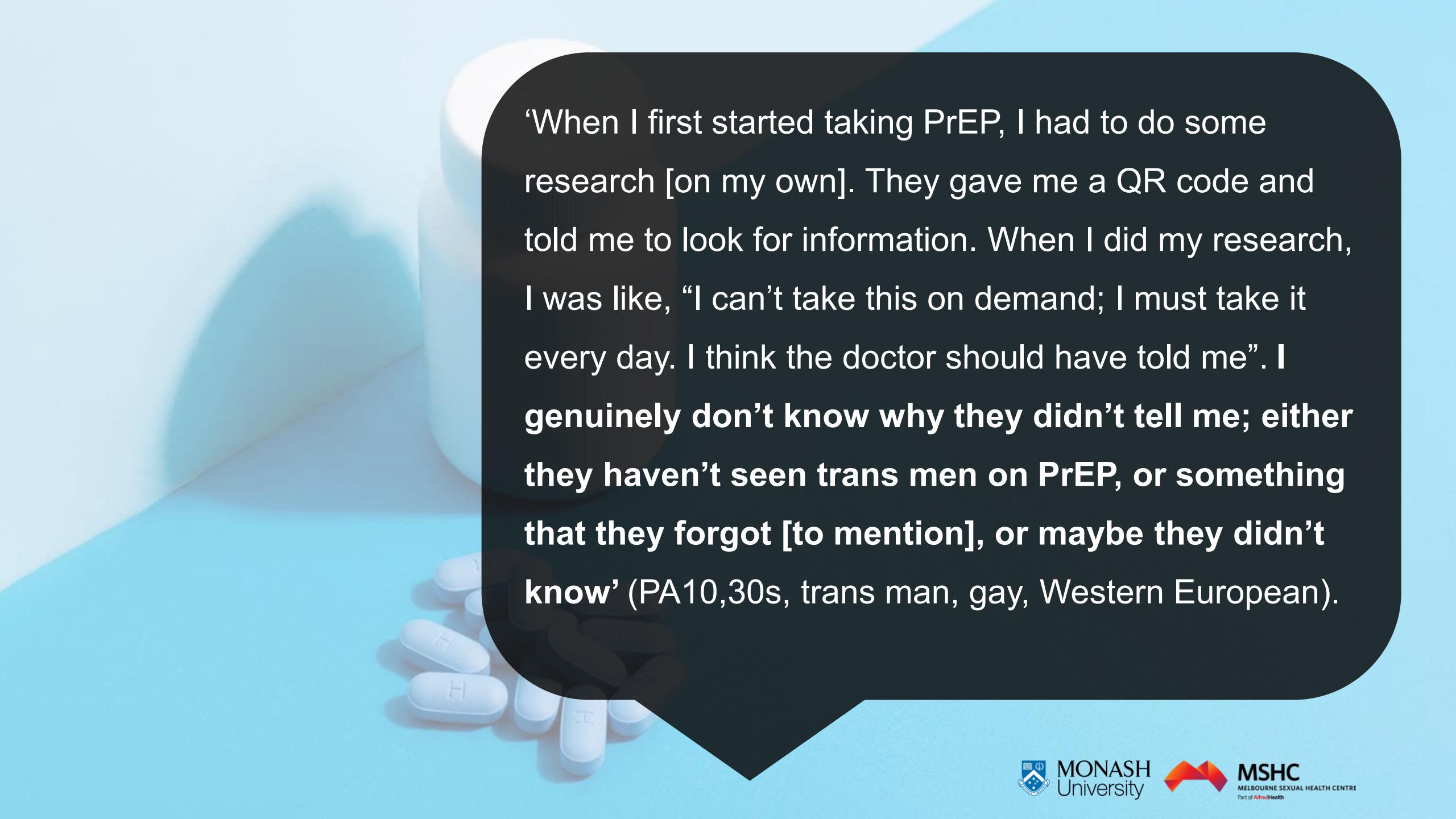
- A participant shared his experience of not receiving gender-affirming and related information in relation to PrEP:



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‘When I first started taking PrEP, I had to do some research [on my own]. They gave me a QR code and told me to look for information. When I did my research, I was like, “I can’t take this on demand; I must take it every day. I think the doctor should have told me”. I **genuinely don’t know why they didn’t tell me; either they haven’t seen trans men on PrEP, or something that they forgot [to mention], or maybe they didn’t know’** (PA10,30s, trans man, gay, Western European).

“I Cried”

- Despite negative experiences, a few participants shared some positive interactions with health professionals.
- A participant felt affirmed when the sexual health clinic referred her to a gender-affirming care:



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A close-up photograph of a person's hand holding a white rectangular box. The word 'Estrogen' is printed in a large, dark font on the front of the box, and 'Progesterone' is printed in a smaller, dark font below it. The background is a soft, out-of-focus light blue.

‘My doctor asked me, ‘What [gender] are you comfortable as?’, because **in Australia, my legal prefix is a Mister**. At the time, I said, “I’m quite happy with myself, for now”. At the next appointment, I **said to her, “I’d love to go on hormone”, and she referred me to her colleague, a psychologist**. I saw the psychologist, and she did the questionnaire, and she handed me a box of hormones. **She said, “put one now.” I cried; this feels so right, this is living!**’ (PA08, 20s, transgender woman, Southeast Asian, gay).

“He Does everything”

- A participant shared that, despite not going to a gender clinic, she received a holistic care from her local GP. This makes access to care more accessible to her:



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‘My GP is closer to me [than a gender clinic], and he does everything. He did my mental health care plan, my skin issues, sexual health. He does [prescribe hormone] to other people, and I’m going to talk [to him] about that. The gender clinic would keep it just about your gender, hormone; you’d have to book for sexual health with another GP.’ (PA02, 30s, transgender woman, Southeast Asian, heterosexual).



“The Staff Are Trained”

- A participant felt welcomed and affirmed at a clinic after encountering negative experience at a sexual health clinic:



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‘[My doctor] understands the complexity, and he's always a step ahead in **making sure everything is safe and inclusive. The staff are trained [on trans inclusive practice]. As soon as you go in, you know that you're safe. And all the consultations are led by the clients. I told them that my front area is my T dick, so you can call it my dick or my penis. And other than that, you can just use the terms like penetration and stuff like that.’**

(PA04, 30s, man with trans experience, South Asian, heterosexual).

Individual and External Factors

- Participants shared some individual and external factors that could contribute to their experiences with sexual health services in specific, and health care in general.
- These include:
 - Health literacy
 - Class and education
 - Stigma (external and internal)
 - Geographic location
 - Trans inclusive policy and accreditation
 - GPs own ethics and standard of care



Health Literacy

“I've always been a very proactive consumer, so **I've always done my own research**, confirmed that with my GP.” (PA12, 30s, Southeast Asian, transman, bisexual)

Class and income

“Accessing healthcare is going to be more complicated when you have different intersectional identities on top of each other. **All the good [doctors] are usually private GPs, more expensive.** I'm making an assumption that trans and gender diverse people of colour have lower income than their heterosexual peers, and this is a factor in accessing healthcare.” (PA05, 30s, Southeast Asian, non-binary, queer).

Stigma (external and internal)

Come to **Session 6D, Tuesday, 16 September from 11 AM to 12.30 PM.**

Geographic location

“I was doing my research, and Victoria has the best care for trans and gender diverse people, but I also read that **it's not all of Victoria. This place [in a regional town], it is very racist and transphobic! They made a lot of mistake.**” (PA07, 20s, South Asian, trans woman, heterosexual).

GPs' knowledge on trans health

“I do notice that **not every physician is the same**. I met a lovely GP, probably in her 30s or 40s, and she is quite good in sexual health, and she told me to see a specialist for gender affirming care, which is fair enough. But, with another GP, maybe in her 50s or 60s, I asked for anal Pap test, and she said, ‘I don’t do this kind of request, or you’ll have to pay.’ I don’t mind paying! It’s a bit condescending. **I assume that’s the case with physicians from different age, different understanding, different exposure.**” (PA06, 30s, Southeast Asian, trans woman, heteroflexible)

Trans inclusive policy and accreditation

“[The hospital] is actually **accredited [for LGBTIQA+ inclusive practice]. They were very affirming**, happy to be corrected and use correct pronouns.” (PA03, 40s, East Asian, trans male, bisexual)

Recommendations

- Mandatory training for medical professionals on trans-inclusive and gender affirming practices.
- Specialised training on the sexual health needs of trans and gender diverse people (e.g. PrEP for trans men, vaginal atrophy, anal Pap, hormones and sexual libido etc.).



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Recommendations

- One-stop healthcare services, consisting of general health, mental health, sexual health, and gender-affirming care.
- Integrating gender-affirming care with existing health services in peri-urban and regional areas.



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Conclusion

- Participants have varying experiences with sexual health services in specific, and health care in general.
- Factors including health literacy, geographic location, and trans inclusive practice play a factor in their experiences.



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Conclusion

- Trans care should not be seen as an addition to primary health care.
- Gender-affirming care and knowledge should be the standard in *all* health care to create an inclusive, ethical, and professional standard of care for both cis and trans people.



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Acknowledgements

We would like to thank the participants for their generosity in sharing their lived and living experiences, opinions, and wisdom to improve the overall health and wellbeing of overseas-born trans and gender diverse people in Australia.



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Thank You



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