



**Grampians
Health
Ballarat**

CARE OF TRANS PATIENTS

DR ARIA NASTEKA (SHE/HER)

ANAESTHETIC REGISTRAR



VPNG

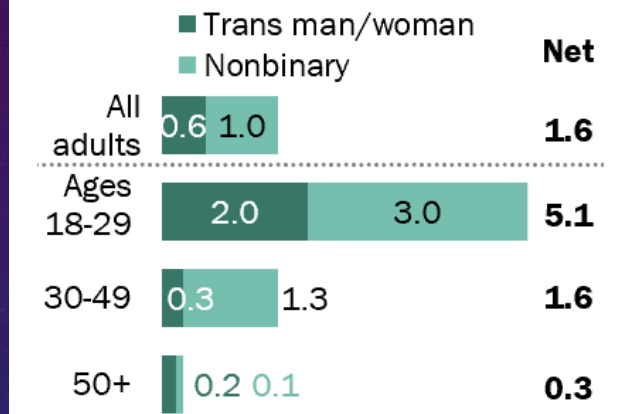
victorian perioperative
nurses group

PERIOPERATIVE

CARE OF TRANS PATIENTS

BACKGROUND

% of U.S. adults who say their gender is different from their sex assigned at birth



- Approximately 1% of Australian population have self-reported being trans in surveys.
 - Higher in younger generations
- Increasing number of openly trans patients
- Recently updated/published guidelines

1. Rainbow Health Victoria, Research Matters: How many people are LGBTIQ?, La Trobe University, 2020

2. Brown A, About 5% of young adults in the U.S. say their gender is different from their sex assigned at birth, Pew research Center, 2022

OUTLINE

1. Definitions
2. Transition? What is it?
3. Medical transition of particular relevance
4. Evidence and guidelines for periop management
5. Non Clinical Aspects of Care of Trans Patients
6. What guidelines are there in BHS and Australia
7. Questions

DEFINITIONS



GENERAL IDENTITY/EXPRESSION

- **Trans**: Having a gender identity which differs from the one you were assigned at birth
 - Trans woman: A woman who was assigned male at birth
- **Cis**: Having a gender identity which is the same as the one you were assigned at birth
 - Cis woman: A woman who was assigned female at birth
- **Non-binary**: Having a gender outside of the traditional male/female binary
- **Gender expression**: how someone expresses their gender (clothing, makeup, speaking styles)
 - Tomboy: a girl/woman who presents in a more masculine sense, but is still a girl/woman
- **Pronouns**: In this context, he/him, she/her, they/them, etc.
- **Old/Dead/Previous Name**: The name (generally) given to a trans person at birth which they no longer use
 - Some trans people will use the same name

1. Brown A, About 5% of young adults in the U.S. say their gender is different from their sex assigned at birth, Pew Research Centre, 2022
2. Telfer M, et al. Australian Standards of Care and Treatment Guidelines For trans and gender diverse children and adolescents, Royal Children's Hospital, 2017

BIOLOGICAL SEX

(What the doctor assigned you at birth)

MALE

INTERSEX

FEMALE

GENDER IDENTITY

(How you feel on the inside)

MAN
(FTM)

GENDERFLUID AND TRANS*
TRANSGENDER / GENDERQUEER / NON-BINARY

WOMAN
(MTF)

GENDER EXPRESSION

(How you present yourself to others)

MASCULINE

ANDROGYNOUS
NON-BINARY

FEMININE

GENDER PRESENTATION

(How the world sees you)

MAN

TRANSGENDER
GENDERQUEER / NON-BINARY

WOMAN

SEXUAL ORIENTATION

(Who you like)

ATTRACTED
TO WOMEN

BISEXUAL / PANSEXUAL
ASEXUAL

ATTRACTED
TO MEN



The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth.

TheTrevorProject.org

TRANS CARE

- **Gender Dysphoria**: the negative emotions/distress from the discrepancy between someone's gender and their appearance/voice/mannerisms/etc.
- **Gender Euphoria**: the positive emotions/joy from having someone's appearance/voice/mannerisms more closely match their gender
- **Gender affirming healthcare**: Umbrella term for healthcare involved in gender transition
- **Hormone replacement therapy (HRT)**: Hormonal therapy used in medical transition
 - E.g. oestrogen for trans women
- **Gender conformation surgery/bottom surgery**: surgery to make the groin region better conform to the person's gender
- **Top surgery**: Surgery involved in making the chest better conform to the person's gender
- **Facial Feminisation Surgery (FFS)/Facial Masculinisation surgery (FMS)**: Surgeries to give a more masculine/feminine appearance of the face

1. Brown A, About 5% of young adults in the U.S. say their gender is different from their sex assigned at birth, Pew Research Centre, 2022
2. Telfer M, et al. Australian Standards of Care and Treatment Guidelines For trans and gender diverse children and adolescents, Royal Children's Hospital, 2017

TRANSITION



WHAT IS IT LIKE TO BE TRANS????





I knew something was off... It's like a couple decades of confusion, hovering like a fog in the back of your mind. You know that something is there, but you can't quite figure out what.

- [Riley J Dennis](#), *Why I took so long to realize I'm a trans lesbian* [Content Warning: Strong language]

Look in the mirror and tell me | What it is like to be free. | How do I grasp reality | When I don't have an identity?

- [Bad Suns, Salt](#)

gender dysphoria is something a lot of trans people have, but people who don't have it can find it hard to understand.

to understand it, let's use the example of hands.



we all have a hand we are comfortable with. let's assume you prefer to use your left hand.

this means you are probably bad at using your right hand.



Happy
Trans
Day!



Trans Fem

Social

- Clothing
- Makeup/Jewelry
- Voice Training
- Change of name
- Change of gender (markers)
- Exercises to promote a feminine Body appearance
- Wigs

Medical

- Hair Removal**
 - Electrolysis
 - Laser Hair Therapy
 - Hormonal**
 - Puberty Blockers
 - HRT
 - Anti-Androgen
 - Oestrogen
 - Patch?
 - Pills?
 - Gel?
 - Progesterone
- Surgical**
 - Gender Conformation
 - Facial Feminisation
 - Voice Feminisation
 - Breast Augmentation
 - Body Sculpting
 - BBL
 - Breast Augmentation
 - Shoulder Reduction
 - Foot/Leg Shortening

Trans Masc

Social

- Clothing
- Makeup/Jewelry
- Voice Training
- Change of name
- Change of gender (markers)
- Exercises to promote a masculine Body appearance

Chest Binders

Medical

- Hormonal**
 - Puberty Blockers
 - Testosterone
- Surgical**
 - Gender Conformation
 - "Top"
 - Facial Masculinisation

Table 1. Physiological effects of oestrogen (Adapted from *The Endocrine Society Guidelines 2009*)¹³

Effect of oestrogen	Onset	Maximum	Reversibility
Redistribution of body fat	3-6 months	2-3 years	Likely
Decrease in muscle mass and strength	3-6 months	1-2 years	Likely
Softening of skin and decreased oiliness	3-6 months	unknown	Likely
Decreased libido	1-3 months	3-6 months	Likely
Decreased spontaneous erections	1-3 months	3-6 months	Likely
Breast growth	3-6 months	2-3 years	Not possible
Decreased testicular volume	3-6 months	2-3 years	Unknown
Decreased sperm production	unknown	> 3 years	Unknown
Decreased terminal hair growth	6-12 months	>3 years	Possible
Scalp hair	No regrowth		
Voice changes	None		

Table 2. Physiological effects of testosterone (Adapted from *The Endocrine Society Guidelines 2009*)¹³

Effect of testosterone	Onset	Maximum	Reversibility
Skin oiliness and acne	1-6 months	1-2 years	Likely
Facial and body hair growth	6-12 months	4-5 years	Unlikely
Scalp hair loss	6-12 months		Unlikely
Increased muscle mass and strength	6-12 months	2-5 years	Likely
Fat redistribution	1-6 months	2-5 years	Likely
Cessation of menses	2-6 months		Likely
Clitoral enlargement	3-6 months	1-2 years	Unlikely
Vaginal atrophy	3-6 months	1-2 years	Unlikely
Deepening of voice	6-12 months	1-2 years	Not possible

WHEN DOES TRANSITION “END”



MEDICAL TRANSITION



GENERAL MEDICAL OVERVIEW

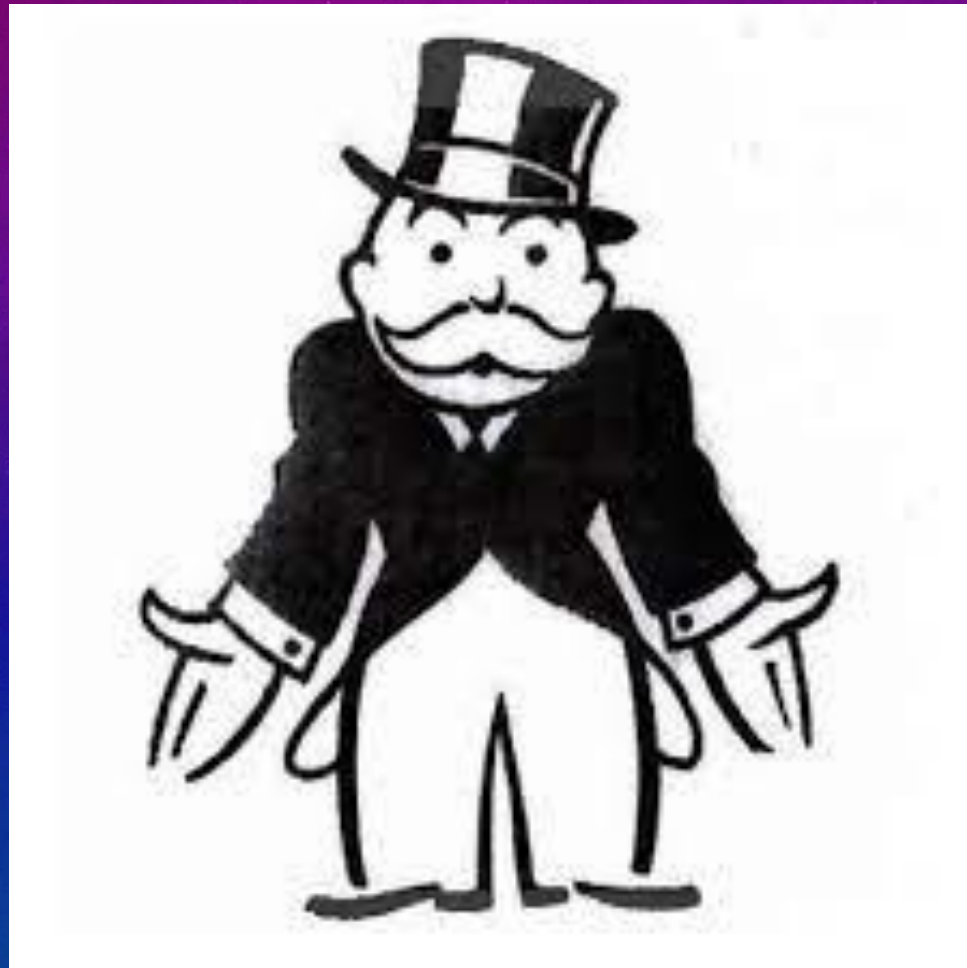
- Through hormone replacement therapy, the physiology of trans women and trans men is altered to closely resemble that of their cis peers
 - RBC levels
 - Fat distribution
 - Lean mass/bone density
- Anatomy can be altered through surgical procedures

1. Joshua D Safer, Fairness for Transgender People in Sport, *Journal of the Endocrine Society*, 2022
2. Ford K, et al. Characterizing Body Composition and Bone Health in Transgender Individuals Receiving Gender-Affirming Hormone Therapy. *Journal of Human Nutrition and Dietetics*. 2022

Airway and Resp	Hormone Therapy	Other
<p><u>Voice feminisation surgery:</u> Narrowing of the airway</p> <p><u>Vocal masculinisation surgeries:</u> Widening of the airway</p> <p><u>Facial feminisation/masculinisation:</u> adjusting of chin/jaw/nose, potential alterations in airway assessment or airway manoeuvres/adjuncts.</p> <p><u>Chest binders/chest strapping:</u> access to chest + potential restriction, especially over longer periods of time. Discussion with patient paramount.</p>	<p><u>Testosterone:</u> uncontroversial, continue in periop period.</p> <p><u>Oestrogen:</u> Literature consistently shows no increased risk and advises continuation. WPATH advises continuation. Controversial surgical opinions.</p> <p><u>Other hormone therapy/blockers:</u> Uncontroversial, continue in the perioperative period</p>	<p><u>Bottom surgery:</u> altered urology and potential IDC insertion complications (?stricture formation ?altered external anatomy to 'expected')</p> <p><u>No Bottom Surgery:</u> May be different anatomy for urological procedures than expected for gender</p> <p><u>Hair Removal:</u> May cause skin irritation/sensitivity for up to weeks afterwards</p>

1. E. Coleman, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 2022
2. Flower L, et al. The perioperative management of transgender patients: a knowledge gap we can no longer ignore. Br J Hosp Med (Lond), 2022
3. Lennie Y, et al. Perioperative considerations for transgender women undergoing routine surgery: a narrative review. Br J Anaesth. 2020

EVIDENCE AND GUIDELINES



WHAT PLACES HAVE GUIDELINES

ANZCA	Nil
ACORN	Nil
Grampians Health	Nil
Other Victorian Hospitals	Nil
Victoria	Nil
Australia	Nil
Internationally	WPATH: hormones only

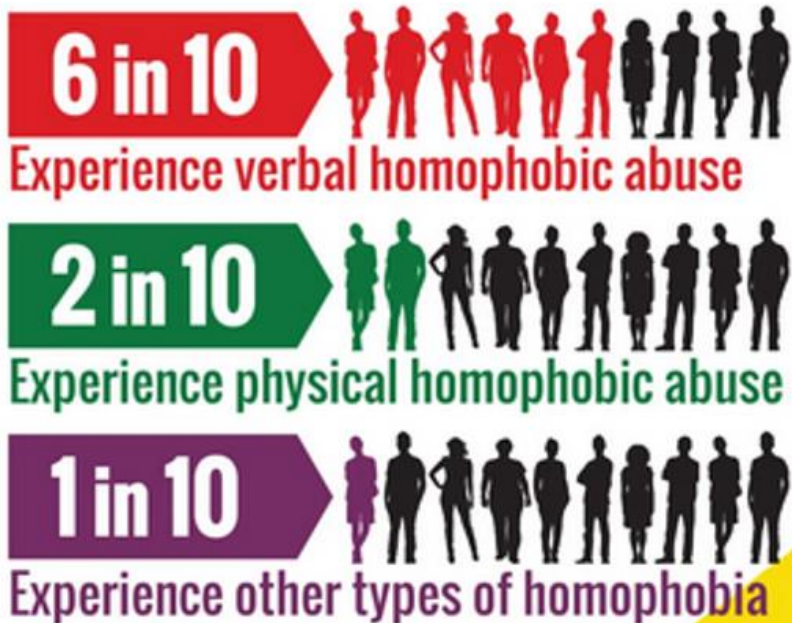
NON-CLINICAL CARE

CONTENT WARNING: DISCUSSION OF TRANSPHOBIA, TRAUMA, SUICIDE



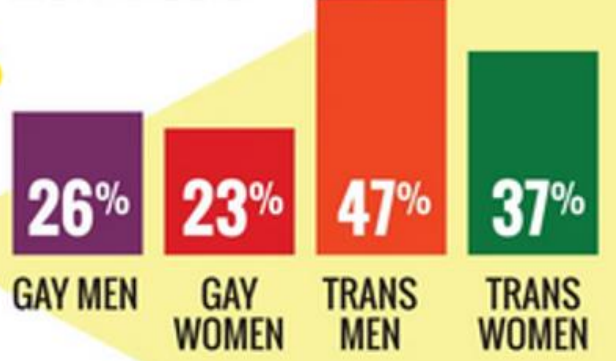
2014 Snapshot of LGBT+ individuals

PERCENTAGE OF LGBTI PEOPLE WHO HIDE THEIR SEXUALITY OR GENDER IDENTITY AT CERTAIN EVENTS



TRANSGENDER MEN AND WOMEN EXPERIENCE SIGNIFICANTLY HIGHER RATES OF NON-PHYSICAL AND PHYSICAL ABUSE COMPARED WITH GAY MEN AND WOMEN

Percentage of gay and transgender people who experienced verbal abuse in 2012



Conversion
therapy legal
until last year

4x risk of being
the victim of
violent crime

Lifetime
incidence:
73% depression
67% anxiety

Higher rates of
domestic, sexual,
family, and child
abuse

Limited access to
necessary
healthcare

43% Attempt
Suicide

1. Transgender people over four times more likely than cisgender people to be victims of violent crime [Internet]. Williams Institute.
2. Neave Marcia. Royal Commission into Family Violence Volume V Report and recommendations [Internet]. Victorian Government; 2016
3. Bretherton I, et al. The Health and Well-Being of Transgender Australians: A National Community Survey. LGBT Health. 2021
4. Cheung A, Zwickl S. Why have nearly half of transgender Australians attempted suicide? University of Melbourne. 2021
5. Fraser B, et al. LGBTIQ+ Homelessness: A Review of the Literature. Int J Environ Res Public Health. 2019
6. Abramovich A, Pang N. UNDERSTANDING LGBTQ2S YOUTH HOMELESSNESS IN YORK REGION REPORT [Internet]. Toronto; 2020.
7. Change or Suppression Practices - Legislative Ban | Engage Victoria [Internet]. 2022
8. Petition EN3307 - Gender affirming surgery should be covered by Medicare [Internet]. E-Petitions Parliament of Australia. 2021
9. Kerr L, Fisher C, Jones T. TRANScending discrimination in health & cancer care: A study of trans & gender diverse Australians [Internet]. La Trobe; 2019

15% verbally
abused in
healthcare

6% unwanted
sexual contact in
healthcare

2% physically
attacked in
healthcare
settings

20% of trans
people refused
healthcare

8% of trans
people refused
healthcare
because they are
trans

41.3% avoid
emergency
departments
because they
are trans

1. Bretherton I, et al. The Health and Well-Being of Transgender Australians: A National Community Survey. LGBT Health. 2021
2. Kerr L, et al. TRANScending discrimination in health & cancer care: A study of trans & gender diverse Australians La Trobe; 2019

Mental Health
outcomes
improved with
support

Better Health
outcomes post
affirming care

Trans adults who
are supported:
equivalent with
cis peers

Trans children
who are
supported:
equivalent with
cis peers

Trans youth with
1 accepting adult
contact: 40% less
likely to attempt
suicide

Healthcare
professionals
can be avenues
of support

1. Tordoff, et al. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. JAMA 2022
2. Olson, et al. Mental Health of Transgender Children Who Are Supported in Their Identities. Pediatrics. 2016
3. Mar Dhejne C, et al. Mental health and gender dysphoria: A review of the literature. Int Rev Psychiatry Abingdon Engl. 2016
4. Accepting Adults Reduce Suicide Attempts Among LGBTQ Youth [Internet]. The Trevor Project.

Department/Organisation

- Supportive posters/stickers/badges (pronoun badges and similar) around the department/hospital
- Having information pamphlets/booklets available (peer support, support groups, similar)
- Diversity education/training sessions for staff
- Formal Guidelines for the care of trans patients
- Ensure other guidelines use inclusive language
- Diversity officer

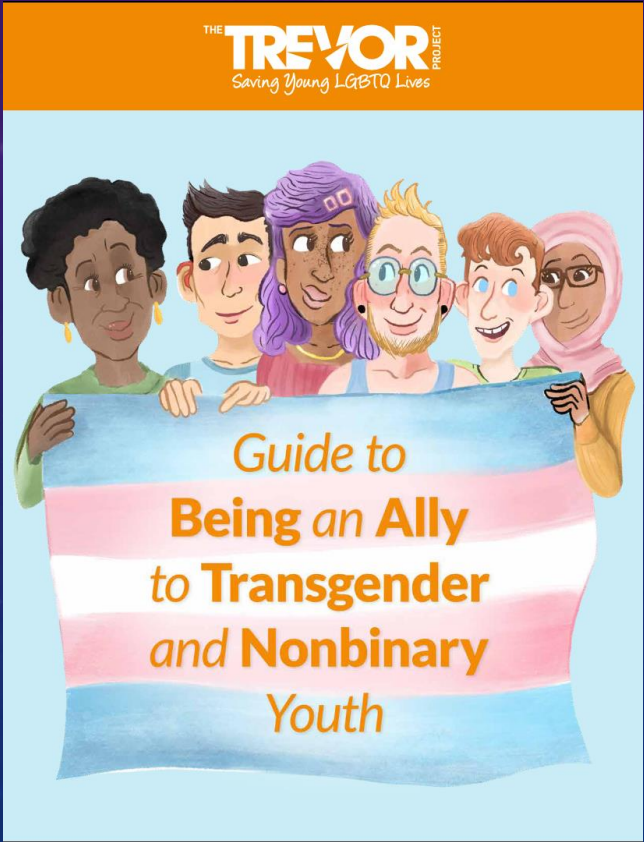
More Complex

- System for recognising name and gender which doesn't 'out', misgender, and deadname someone
- Gender-neutral/unisex bathrooms

U.R. Number _____
Surname _____
Given Names _____
D.O.B. / / Sex _____

Individual level

- Use **their name** and **pronouns**
- Refer to them by **their gender**
- Use **gender neutral language** (e.g. they/them) when uncertain and clarify: **DON'T GUESS**
- Avoid using their deadname as much as possible
- Clarify with the trans person if they use their name/pronouns with friends/family (trans youth may feel comfortable sharing with healthcare staff, but not with their parents, for example)
 - Only disclose/discuss trans status with other HCP if relevant to care
- Use specific terms when referring to anatomy/physiology
 - E.g. uterus and ovaries, NOT 'female reproductive system'
 - Similarly, 'birth parent'
 - (DO NOT call TRANS-MEN the 'mothers' if they are pregnant)
- Don't take offence when corrected, or overly apologise
 - "Sorry, [correction of name/pronoun]" and move on



A graphic with a background of horizontal stripes in shades of pink and light blue. Overlaid on this are four white, 3D-style rectangular banners with pink borders, stacked and slightly offset. The text on the banners reads "GENDER DIVERSITY IS WELCOME HERE" in large, bold, pink capital letters. Below the banners, the website "zbgc.org.au" is written in a white sans-serif font. At the bottom, there are three logos: a circular logo of small white circles, the "Zoe Belle Gender Collective" logo, and the "cohealth care for all" logo with a "HEY" speech bubble icon.

Box 1. Inclusive method of asking about demographic characteristics of the patient

What sex were you assigned at birth (what was on your original birth certificate)?

- Male
- Female

How do you describe your gender?

[open text field]


What are your pronouns?

[open text field]

1. Strauss P, Supporting the health of trans patients in the context of Australian general practice, RACGP, 2020

GUIDELINES IN AUS?



- 
- Nil in Grampians Health (No diversity officer regarding issues of gender equality and LGBTiQA+ care)
 - Limited in hospitals around Victoria
 - Limited in Department of Health Victoria
 - Limited in Australian Government Documents



Australian Standards of Care and Treatment Guidelines

For trans and gender diverse children and adolescents

[Link Here](#)



Clinical Practice Guideline **Inclusive Service Provision for Lesbian, Gay Bisexual, Transgender, Intersex and Queer +**

Peninsula Care Goal **Consumers**
Safe/Personal/Effective/Connected

Target Audience

This guideline is applicable to all staff, consumer representatives and volunteers who work at Peninsula Health.

Purpose

This Clinical Practice Guideline outlines the responsibilities of staff, consumer representatives and volunteers in the provision of inclusive services for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer + (LGBTIQ+) consumers accessing services from Peninsula Health.



Australian Government

Style Manual

Search

[Home](#) [About](#) [Accessibility](#) [Writing content](#) [Grammar, punctuation & conventions](#) [Content types](#) [Structuring content](#) [Referencing](#)

[Home](#) > [Accessible and inclusive content](#) > [Inclusive language](#) > Gender and sexual diversity

About Style Manual

Accessible and inclusive content

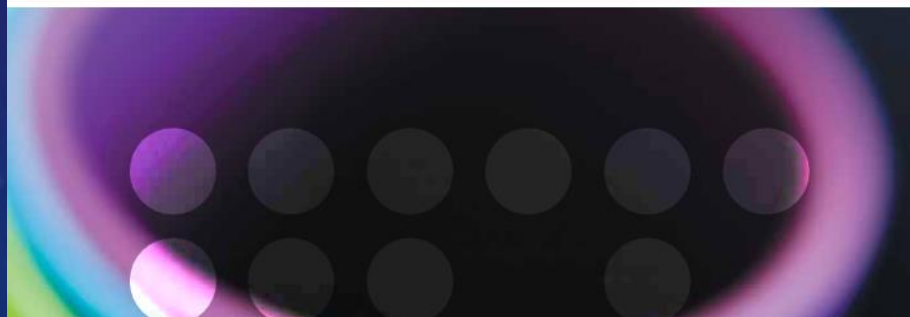
Make content accessible

Gender and sexual diversity

Inclusive language conveys gender equality and is gender neutral. Respect peoples' preferences around gender and sexual identity with pronoun choice, job titles and personal titles.

Well proud

A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services



Supporting the health of trans patients in the context of Australian general practice



CPD

Penelope Strauss, Sam Winter, Angus Cook, Ashleigh Lin

Background

General practitioners (GPs) do not typically receive education regarding gender diversity despite the increasing number of trans, gender diverse and non-binary (TGDNB) patients presenting to general practice. It is important for GPs, as the first point of entry into the healthcare system, to provide a safe and affirming environment for TGDNB patients to reduce ill-health later in life.

Objective

The aim of this article is to clarify how GPs can improve their care of TGDNB patients to be more inclusive and thereby promote a positive relationship with the health system, assist in gender-affirming care and reduce illness within this population. The authors provide simple suggestions for clinical practice and encourage clinicians to seek professional development in this rapidly developing field.

Discussion

Care of TGDNB patients extends beyond gender-affirming care to include mental health and community supports to ensure the overall wellbeing of the patient. Central to this care is respect of the patient's gender identity and expression.

THERE IS AN INCREASING NUMBER of trans, gender diverse and non-binary (TGDNB) people – those whose gender does not match the sex assigned to them at birth – seeking medical intervention worldwide. Approximately 2.7% of the high school-aged population in Australia are trans or gender diverse,¹ with a similar estimate of 2.3% in the USA.² The estimated number of TGDNB adults ranges from 0.5% to 0.9%.^{3,4} However, these are likely underestimates of the true population due to inconsistencies in data collection methods. TGDNB individuals frequently face barriers to accessing medical services in Australia.^{5,6} It is important that primary care environments are supportive and inclusive of all gender identities and expressions because negative experiences within primary care can lead to future hesitation towards accessing medical care.⁷ Appropriate healthcare options for TGDNB individuals play a central part in overcoming barriers to care and reducing the high rates of mental and physical health concerns in this population.

There are a small number of well-established key principles that healthcare providers (including general practitioners [GPs]) should adhere to when working with TGDNB patients. A number are listed in the World Professional Association for Transgender Health Standards of Care.⁸ Beyond these

general principles, there are multiple best practice guidelines to which medical practitioners can refer when treating a TGDNB patient.⁹⁻¹² This article focuses on guidelines that are particularly relevant to Australian GPs. The aim of this article is to clarify and emphasise factors that are highly relevant to GPs when treating a TGDNB patient. The authors highlight the importance of applying these factors in two areas of practice: first, the many ways in which primary care can be improved for TGDNB people regardless of their reason for accessing care, and second, the ways in which primary care can be improved for TGDNB people seeking gender-affirming care. Holistic and respectful care of TGDNB people includes using the individual's preferred name and title, not making assumptions about the individual or their desires to pursue gender-affirming medical intervention and advocating for the patient in other settings when appropriate. GPs are able to support TGDNB people in their healthcare; however, GPs may also benefit from seeking additional training if they do not feel they have the expertise to do so.

Primary care of the TGDNB patient

Information on gender diversity is not frequently offered in the education curricula that GPs receive,^{13,14} which can

[Link Here](#)

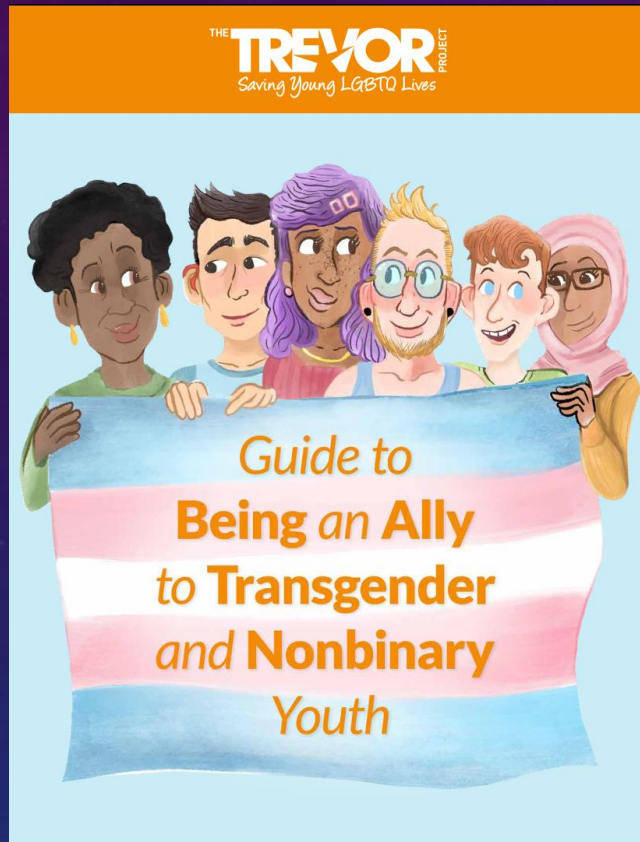
SUMMARY

- Trans people can have taken diverse steps in transition which include social and medical changes
 - Different stages of hormones, different number of surgeries
- Trans people can have complex backgrounds and influences they bring with them; high rates of trauma
- Perioperative Care Recommendations
 - Continue hormones
 - Consider the effect of past surgeries on current airway/other anatomy
- General Care recommendations
 - Posters/support documents can create a welcoming environment
 - Need for guidelines and diversity officer
 - Need for diversity education
 - Respect and listening without judgement, taking consideration of possible trauma and complex social dynamics
 - Be an ally/source of support

RESOURCES (ALL FREE)



<https://www.paperturn-view.com/ama-victoria/amav-vicdoc-spring-2022?pid=MTg181878&p=23&v=7.77>



<https://www.thetrevorproject.org/resources/guide/a-guide-to-being-an-ally-to-transgender-and-nonbinary-youth/>

The screenshot shows the AusPATH website. The header includes the AusPATH logo and navigation links: Home, About, Activity, Providers, Position Statements, Standards of Care. The main heading is 'E-Learning Module: Trans Primary Care'. Below it, it says 'Posted on 13 June 2021'. The text describes the module's purpose: 'The overarching purpose is to promote more inclusive and responsive services for trans people in primary health care settings. The full module and incorporates a variety of activities and visual content. It includes self-evaluation questions to assess the learning achieved. You can also check progress on the dashboard of the online classroom.' It also mentions that the module was developed by the University of Melbourne in collaboration with leading clinical experts and is designed for general practitioners, practice nurses, and medical students. A button at the bottom says 'Click here to access this free resource'.

<https://auspath.org.au/2021/06/13/e-learning-module-trans-inclusive-gender-diverse-and-non-binary-primary-care/>

The screenshot shows the British Journal of Hospital Medicine website. The header includes the journal name and navigation links: Journal Home, Early view, Current Issue, Archive. The article title is 'The perioperative management of transgender patients: a knowledge gap we can no longer ignore'. The authors are Luke Flower, Kamilla Kamarrudin, Yasmin Lennie, Stuart Edwardson. It was published online on 28 Sep 2022. The URL is <https://doi.org/10.12968/hmed.2022.0038>. There are buttons for Sections, PDF/EPUB, Tools, and Share.

https://www.magonlinelibrary.com/doi/full/10.12968/hmed.2022.0038?rfr_dat=cr_pub++0pubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&



Identity: A Trans Coming Out Story | Philosophy Tube ★

2.4M views • 1 year ago



Philosophy Tube ✓

Paypal.me/PhilosophyTube Twitter: @PhilosophyTube Email: philosophytubebusiness@gmail.com

Facebook: ...

Subtitles

<https://www.youtube.com/watch?v=AITRzvm0Xtg>



Why I took so long to realize I'm a trans lesbian | Riley J. Dennis

183K views • 4 years ago



Riley J. Dennis

Thanks to this video's sponsor Dollar Shave Club, new members get their 1st month of the 'Sh*t, Shower, Shave' Starter Set ...

Subtitles

CW: Strong language. <https://www.youtube.com/watch?v=yg7A8YPIXeo>

My Shadow
is **PINK**



▶ ⏪ 🔊 0:00 / 9:19



<https://www.youtube.com/watch?v=dlwaQGHB1LU>

REFERENCES

1. Australian Human Rights Commission, Face the Face the facts: Lesbian, Gay, Bisexual, Trans 13. and Intersex People, AHRC, 2014
2. [Rainbow Health Victoria, Research Matters: How many people are LGBTIQ?, La Trobe University, 2020](#)
3. Brown A, About 5% of young adults in the U.S. say their gender is different from their sex assigned at birth, Pew Research Centre, 2022
4. A Guide to Being an Ally to Transgender and Nonbinary Youth The Trevor Project.
5. Telfer M, Tollit M, Pace C, Pang K, Australian Standards of Care and Treatment Guidelines For trans and gender diverse children and adolescents, Royal Children's Hospital, 2017
6. Joshua D Safer, Fairness for Transgender People in Sport, Journal of the Endocrine Society, Volume 6, Issue 5, May 2022, bvac035, <https://doi.org/10.1210/jeendo/bvac035>
7. Ford K, Huggins E, Sheean P. Characterizing Body Composition and Bone Health in Transgender Individuals Receiving Gender-Affirming Hormone Therapy. Journal of Human Nutrition and Dietetics. 2022 May 4.
8. E. Coleman, A. E. Radix, W. P. Bouman, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, International Journal of Transgender Health, 2022, 23:sup1, S1 S259, DOI: 10.1080/26895269.2022.2100644
9. Flower L, Kamarrudin K, Lennie Y, Edwardson S. The perioperative management of transgender patients: a knowledge gap we can no longer ignore. Br J Hosp Med (Lond). 2022 Sep 2;83(9):1-6. doi: 10.12968/hmed.2022.0038. Epub 2022 Sep 28. PMID: 36193927.
10. Lennie Y, Leareng K, Evered L. Perioperative considerations for transgender women undergoing routine surgery: a narrative review. Br J Anaesth. 2020 Jun;124(6):702-711. doi: 10.1016/j.bja.2020.01.024. Epub 2020 Mar 12. PMID: 32171545.
11. thisisloyal.com L]. Transgender people over four times more likely than cisgender people to be victims of violent crime [Internet]. Williams Institute. [cited 2022 Jul 24].
12. Neave Marcia. Royal Commission into Family Violence Volume V Report and recommendations [Internet]. Victorian Government; 2016
13. Bretherton I, Thrower E, Zwickl S, Wong A, Chetcuti D, Grossmann M, et al. The Health and Well-Being of Transgender Australians: A National Community Survey. LGBT Health. 2021 Jan;8(1):42–9.
14. Cheung A, Zwickl S. Why have nearly half of transgender Australians attempted suicide? [Internet]. University of Melbourne. 2021
15. Fraser B, Pierse N, Chisholm E, Cook H. LGBTIQ+ Homelessness: A Review of the Literature. Int J Environ Res Public Health. 2019 Aug;16(15):2677.
16. Abramovich A, Pang N. UNDERSTANDING LGBTQ2S YOUTH HOMELESSNESS IN YORK REGION REPORT [Internet]. Toronto; 2020.
17. Change or Suppression Practices - Legislative Ban | Engage Victoria [Internet].
18. Petition EN3307 - Gender affirming surgery should be covered by Medicare [Internet]. E-Petitions Parliament of Australia. 2021
19. Kerr L, Fisher C, Jones T. TRANScending discrimination in health & cancer care: A study of trans & gender diverse Australians [Internet]. La Trobe; 2019
20. Tordoff DM, Wanta JW, Collin A, Stepney C, Inwards-Breland DJ, Ahrens K. Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care. JAMA Netw Open. 2022 Feb 25;5(2):e220978.
21. Olson KR, Durwood L, DeMeules M, McLaughlin KA. Mental Health of Transgender Children Who Are Supported in Their Identities. Pediatrics. 2016 Mar 1;137(3):e20153223.
22. Dhejne C, Van Vlerken R, Heylens G, Arcelus J. Mental health and gender dysphoria: A review of the literature. Int Rev Psychiatry Abingdon Engl. 2016;28(1):44–57.
23. Accepting Adults Reduce Suicide Attempts Among LGBTQ Youth [Internet]. The Trevor Project.
24. GLBTI MAC, Well proud, A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services, Department of Health Victoria, 2009
25. LGBTIQ+ Consumer Advisory Group, Inclusive Service Provision for Lesbian, Gay Bisexual, Transgender, Intersex and Queer + Consumers, Peninsula Health, 2021

QUESTIONS??