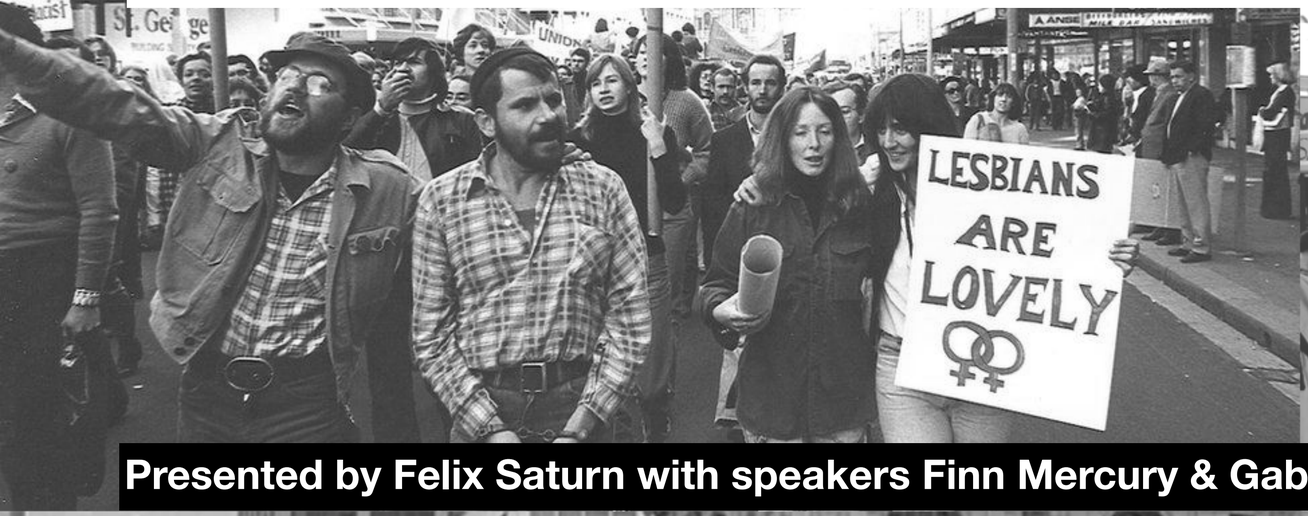
Demystifying the Rainbow:

The Future of Gender Diversity in Reproductive Healthcare



Presented by Felix Saturn with speakers Finn Mercury & Gabe Curtis

Part One (30 Mins)

- Essay by Felix Saturn

Part Two (30 Mins)

- Finn Mercury on in-clinic approaches and limitations, nurse-led models and workplace education
- Gabe Curtis on peer navigation, utilising resources of adjacent services and forging valuable relationships between services
- Questions and contributions from audience


BODILY AUTONOMY
LGBTQIA+ Rights
Disability Rights
Sex Worker Rights
Reproductive Rights

Discrimination[a]	**927**	
Discrimination in employment		**304 (33)**
Discrimination in accessing health care		**244 (26)**
Discrimination in government services		**149 (16)**
Discrimination in housing		**95 (10)**
Verbal abuse		**584 (63)**
Physical assault		**200 (22)**
Domestic violence		**133 (14)**
Difficulty accessing hormonal treatment[a]	**905**	

Screenshot of findings relating to access to healthcare and health burden

Cheung, A., Bretherton, I., Thrower, E., Zwickl, S., Wong, A., Chetcuti, D., Grossmann, M. and Zajac, J., 2021. ***The Health and Well-Being of Transgender Australians: A National Community Survey.*** *Mary Ann Liebert Inc.*

> The combination of publicly available NHMD and PBS data can be used to study changes in abortion rate in more detail than previously. Surgical abortion is a common medical procedure in Australia, but the rate has declined by 5.1% per year since the PBS listing of combination mifepristone/misoprostol. We recommend further analysis of local data, both to ensure that this medical procedure is provided across Australia, and to contribute to the evidence base informing interventions to improve sexual and reproductive health.

Keogh, L., Gurrin, L. and Moore, P., 2021. ***Estimating the abortion rate in Australia from National Hospital Morbidity and Pharmaceutical Benefits Scheme data****. Medical Journal of Australia.*

- Inclusive language on booking/information websites
- Online booking options
- Pronouns/name on intake forms
- Multiple options for gender selection on intake forms
- Inclusion statements / flags on websites and email signatures
- Inclusion statements / flags in clinics
- LGBTQIA+ specific social media marketing

1→ What is your gender?

Choose as many as you like

- A Female
- B Male
- C Non-binary
- D Transgender
- E Intersex
- F Let me type...
- G I prefer not to say

Case Study 1

“*Jackson, a trans-man in Melbourne, booked himself for a surgical termination of pregnancy via an online booking form. He was grateful for the anonymity and privacy this facilitated, as he has previously experienced discrimination in other healthcare scenarios where workers have made assumptions on his healthcare needs based off his appearance and lower vocal register, characteristics affected by his use of hormone therapy. Upon entering the clinic, reception staff assume he is the support person of another individual accessing their service, based on his gender expression as binary male. This causes extreme discomfort for Jackson as he then needs to explain his circumstances to the staff in a busy waiting area, while other patients are in earshot. Jackson is now feeling very anxious about the procedure following this interaction.*

He completes all required pre-appointment checks and is now completing his intake form, and notices there are multiple gender options. He feels annoyed and hurt that inclusion practices put in place were not reflected in his interpersonal experience with staff. After his procedure, he is told to check back in with the clinic in 4 weeks to check that the IUD he had inserted during the procedure was inserted correctly and there are no issues, but he does not feel confident coming back following his isolating experience. Feeling avoidant as a result, he does not attend the follow up, nor does he organise one through a different service.”

Case Study 2

KC, a non-binary person in Brisbane, booked themselves for an appointment at an abortion provider to receive the medication abortion pills. Upon entry to the clinic, they were impressed by multiple queer friendly signifiers in the waiting room, including pride and trans flags, and options for pronouns on the intake forms. Because of these subtle environmental factors, KC felt comfortable sharing their sexual information with the nurse prior to seeing the doctor for the abortion medication, as they had some questions about medication interactions. They are in an open relationship with their cis male partner, who has regular sex with other cis men - so, KC chooses to take daily PrEP as a precaution against HIV infection. In addition, they also would like to discuss how their experience of pregnancy has heightened their sense of body dysmorphia.

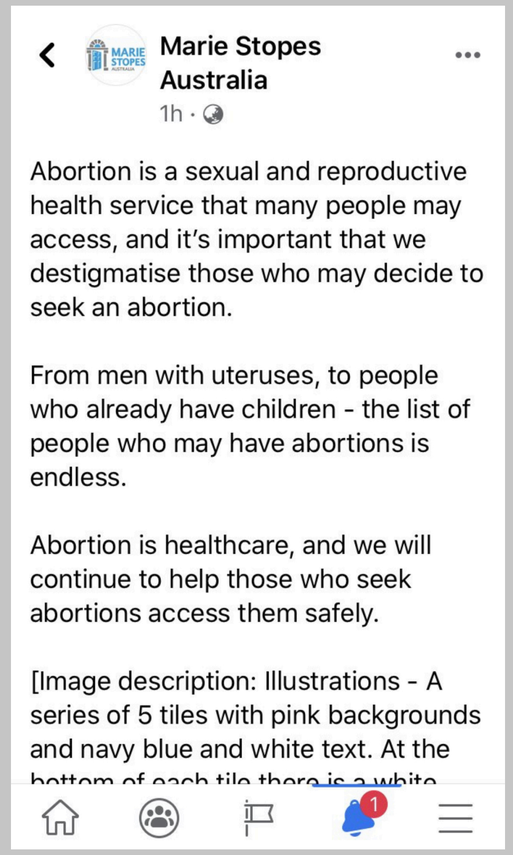
The nurse did not check the pronouns on their intake form, and refers to KC with feminine pronouns and by their Medicare name. KC finds the constant deadnaming, misgendering, feminising language and the nurse's tone towards them off putting and infantilising. The nurse mistakes their upset demeanour, and questions whether KC is sure they want to proceed with the termination. KC is sure about their decision and finds the nurse's assumption to be insensitive, so they choose not to delve further about their struggle with body dysmorphia. They also decide not to mention their PrEP medication as they do not feel comfortable explaining their circumstances to the nurse. They take a guess and figure the PrEP medication probably doesn't interact negatively, so they continue taking it as normal before, throughout and after their medication abortion. They are not currently linked in with a queer friendly psychologist or counsellor.

Marsha P. Johnson and Sylvia Rivera at the Christopher Street Liberation Day March, 1973. Photo by Leonard Fink, Courtesy LGBT Community Center National History Archive

Non binary musician Dorian Electra's 2021 ***Pride Shirt*** *merch* ***-*** *a playful criticism of corporate marketing during Pride month. Courtesy of Electra's instagram page.*


ABORTIONS AFFECT TRANS MEN & NON BINARY FOLK TOO!
STAY INCLUSIVE
@NATTYPEACHE
congrats!
WHAT WE'RE NOT GOING TO DO IS MAKE 'HANDMAID'S TALE' OR UNDERGROUND RAILROAD COMPARISONS.
Pregnancy begins with a PENIS REGULATE THAT.
the number of WOMEN having abortions does not change when abortion is outlawed. what changes is the number of WOMEN who die trying to get one.
Abortion Pills, Mifepristone and Misoprostol, are SAFE and EFFECTIVE at any weight
Abortion pills do NOT have a "weight limit"
HUMAN RIGHTS
Australia has no constitutional protectio for Abortion, we do not have a human rights charter, and your rights are at the whim of politicians.
Plus, access to safe
My friends, a plea.
Please remember that people in the reproductive space have been aware that this day was likely to be coming for a long time, and preparing for it.
Please look to these people for best practices and decisions, and follow the leadership that is happening.
trans men, nonbinary folks, and intersex people need abortion access too
Misinformation & ABORTION
HEALTHCARE
YOUR CHOICE
Think fast, share slow.
Will Australia Follow The U.S. On Abortion?
AND THERE IT IS
CONTRACEPTION
GAY MARRIAGE
PRIVACY
Roe vs. Wade is done for. Ruling is guiding cases on marriage, contraception should be next.
Disability rights & reproductive right
DISCUSSIONS ABOUT REPRODUCTIVE RIGHTS.
EVERY PERSON BENEFITS FROM REPRODUCTIVE RIGHTS, EVERY PERSON BENEFITS FROM HEALTHCARE, EVERY PERSON SHOULD GIVE A FUCK.

Screenshot of infographic posted by MSI
Sourced via Twitter



Screenshot of text posted by MSI
Sourced via Twitter

Screenshot of apology posted by MSI
Sourced via Twitter

Census 2016

- The 2016 Census was an important step on a journey to collect Australian statistics on sex and gender diversity. The ABS will continue to improve future collection and processing of this information based on this experience.
- The 2016 Census counted 1,260 sex and/or gender diverse people in Australia.
- This count is not considered to be an accurate count, due to limitations around the special procedures and willingness or opportunity to report as sex and/or gender diverse. People who have been treated with disrespect, abuse and discrimination because of their sex or gender may be unwilling to reveal their sex in an official document.
- Several innovations were made in the collection of Sex in the 2016 Census.

- Some 35% of sex/gender diverse people indicated they were non-binary or another gender. A further 26% reported they were trans male, trans female or transgender.
- There was much a higher rate of sex/gender diverse people in the pilot test - over 50 times as likely as the rest of Australia. However, 84% of pilot test participants did not provide a further description of their sex/gender diversity (e.g. intersex, trans), much higher than the rest of Australia.
- The ABS has worked with the community on this topic, and their input is gratefully acknowledged.
- There will be one other article on sex and gender diversity - providing more information on socio-demographic characteristics of sex and gender diverse people.

Census 2021

- For the first time, the 2021 Census allowed all respondents to select from three response options for the sex question: male, female and non-binary sex.
- The 2021 Census did not have a question on gender or variations in sex characteristics.
- Data output from the sex question will be reported in Census products as male and female only.
- Data about the population who reported non-binary sex on the Census will be released in an article in September 2022, including analysis of the optional write-in text responses and the characteristics of the responding population.

Following consultation in advance of the 2021 Census, the ABS communicated at the time of the Census that data output from the sex question in most Census data releases will be reported as male and female only. The intention is to minimise misinterpretation of this data.

Information on the non-binary sex responses will be released in an article in September 2022 that will include analysis on the write-in responses and provide appropriate supporting explanatory materials.

For all other data released from the Census, a sex variable with male and female categories will be used. Where a respondent provided a male or female response in combination with a non-binary sex response, the male or female response has been used to assign a binary sex value. In cases where only non-binary sex was selected, sex was derived in our statistical processes using random allocation. This process was designed following consultation, including with representative bodies from the LGBTIQ+ communities, and consideration of the statistical uses of the Census.

Most of the 1694 respondents were <30 years of age. Respondents represented multiple gender identities and sexual orientations and resided across all 4 United States Census Regions. Overall, 210 respondents (12%) had ever been pregnant; these 210 reported 433 total pregnancies, of which 92 (21%) ended in abortion. For respondents' most recent abortion, 41 (61%) were surgical, 23 (34%) were medication, and 3 (5%) were another method (primarily herbal). Most recent abortions took place at ≤9 weeks' gestation (n=41, 61%). If they were to need an abortion today, respondents preferred medication abortion over surgical abortion in a 3:1 ratio (n=703 vs n=217), but 514 respondents (30%) did not know which method they would prefer. The reasons for medication abortion preference among the 703 respondents included a belief that it is the least invasive method (n=553, 79%) and the most private method (n=388, 55%).

For the 433 lifetime pregnancies reported across 210 respondents (12%), 233 (54%) were retrospectively reported as unintended. Of these 210 ever-pregnant respondents, 67 (32%) reported at least 1 pregnancy ending in abortion. These 67 respondents reported a total of 92 abortions. Notably, 52 respondents reported a single abortion, 9 reported 2 abortions, and 6 reported ≥3 abortions (Table 2). For respondents' most recent abortion, 41 (61%) were surgical, 23 (34%) were medication, and 3 (5%) were another method (primarily herbal). Nearly two-thirds of respondents' most recent abortions took place at ≤9 weeks' gestation (n=41, 61%) (Table 2).

These results demonstrate that TGE people who were assigned female or intersex at birth in the United States have medication, surgical, and herbal abortions. Respondents reported nearly 1 in 5 abortions occurring past the gestational limits for medication abortion (10 weeks),[35] which may account for the higher number of surgical abortions reported than medication abortions, despite a 3:1 preference for medication abortion. Notably, nearly one-third of respondents did not know what type of abortion they would prefer if they were to need 1 today.

Sample characteristics	All respondents (N=1694)		Respondents who reported an abortion (n=67)	
	n	%	n	%
Sexual orientation[a]				
Asexual	252	15	5	8
Bisexual	571	34	24	36
Gay	348	21	16	24
Lesbian	218	13	6	9
Pansexual	418	25	29	43
Queer	1150	68	50	75
Questioning	69	4	3	5
Same-gender loving	111	7	2	3
Straight or heterosexual	61	4	1	2
Another sexual orientation	129	8	6	9
Multiple sexual orientations	1010	60	44	66
Missing	21	1	0	0
Race/ethnicity[a]				
American Indian or Alaska Native	42	3	1	2
Asian, Central	0	0	0	0
Asian, East	41	2	3	5
Asian, South	19	1	1	2
Asian, Southeast	25	2	1	2
Black or African American	67	4	2	3
Hispanic or Latinx	101	6	6	9
Middle Eastern or North African	24	1	1	2
Native Hawaiian or Pacific Islander	5	0.3	0	0
White	1472	87	65	97
Unknown	12	1	1	2
Another race	41	2	2	3
Multiple racial and ethnic identities	202	12	13	19
None of these	4	0	0	0
Missing	79	5	1	2

Screenshot of table, *Respondent sociodemographic characteristics, overall and by abortion history among an online sample of transgender, nonbinary, and gender-expansive individuals who were assigned female or intersex at birth in the United States.* Moseson, H., Fix, L., Ragosta, S., Forsberg, H., Hastings, J., Stoeffler, A., Lunn, M., Flentje, A., Capriotti, M., Lubensky, M. and Obedin-Maliver, J., 2021. ***Abortion experiences and preferences of transgender, nonbinary, and gender-expansive people in the United States.*** American Journal of Obstetrics & Gynecology.

TRANS-INCLUSIVE ABORTION SERVICES

A manual for providers on operationalizing trans-inclusive policies and practices in an abortion setting

British Columbia

CONTENTS

MYTH: Trans people cannot be pregnant.

FALSE. Trans people who were female-assigned at birth and who do not access hormones or surgery as part of their transition can become pregnant through intercourse or the use of assisted reproductive technologies. Remember that not all trans people want hormones and/or surgery, or are able to access them. For female-assigned trans people who *have* used testosterone as part of their transition, these treatments do not result in permanent infertility, "however, there is little scientific literature describing… the effects of exogenous administration of testosterone on fertility, pregnancy, and neonatal outcomes."[11] After stopping testosterone, menstruation resumes for many within six months.[12] Pregnancy then becomes possible again, provided that the person has no other fertility issues.

It is incorrect to assume that *by becoming pregnant*, a person is no longer/was never trans. In a deeply problematic 1988 study, the author chose to label the study participants as women and mothers (worse, as bad women and bad mothers), despite their identities as men and fathers[13]. Ten years later, a 1998 study found that trans men who experienced pregnancy expressed high levels of stress due to the belief shared by both medical professionals and therapists that pregnancy and birth were signs that these men were not 'really' trans.[14]

Developments in uterus transplants mean that trans women may someday soon be able to experience pregnancy – and debates about the ethics of uterus transplants have already begun.[15]

Focus Area	1	2	3	4	DK	NA
Hospital/clinic board of directors/executive director has clear policies, guidelines, administrative regulations or other directives for working with gender diverse, trans and transitioning staff members. (Institutional)	○	○	○	○	○	○
Hospital/clinic board of directors/executive director has clear policies, guidelines, clinical procedures or other directives for working with gender diverse, trans and transitioning clients. (Institutional)	○	○	○	○	○	○
Hospital/clinic has a hiring policy that encourages trans people to apply for positions. (Institutional)	○	○	○	○	○	○
Hospital/clinic has forms and if relevant, the necessary conduits to allow clients to notify staff of their pronouns and whether they use a name different than their legal name. (Institutional)	○	○	○	○	○	○
Hospital/clinic has washrooms designated as gender neutral. (Institutional)	○	○	○	○	○	○
Hospital/clinic has a policy ensuring the privacy/confidentiality concerns of trans clients. (Institutional)	○	○	○	○	○	○
Hospital/clinic has guidelines and supports to ensure staff are able to address clients who have concerns over the presence of a trans client in the space, including in the change room, washrooms, waiting room and recovery room. (Institutional)	○	○	○	○	○	○
Hospital/clinic has posters and other imagery that feature a diversity of genders and that communicate that the space is trans-positive. (Institutional)	○	○	○	○	○	○
Hospital/clinic provides staff with scripts to ensure the booking of appointments and other administrative tasks are trans-inclusive, use gender neutral language and do not rely strictly on gendering clients. (Institutional)	○	○	○	○	○	○
Hospital/clinic staff are aware that a client with an M on their healthcare documents will have their billing claim rejected by the Ministry of Health, and are prepared to call the Ministry and explain the situation on behalf the client. (Instructional)	○	○	○	○	○	○

Google

resources for trans abortion australia

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About 4,030,000 results (0.32 seconds)

https://www.1800myoptions.org.au

1800 My Options | Contraception, Pregnancy Options and ...

1800 My Options – Free. Confidential. Pro-choice. If you're looking for contraception, pregnancy options, **abortion** and sexual health services – we can help.

You've visited this page 3 times. Last visit: 17/07/22

https://www.1800myoptions.org.au › information › wh...

Considering Abortion – Who to talk to - 1800 My Options

In this section you will find services you can talk to in you are looking for counselling for pregnancy options (including **abortion**), contraception or ...

https://www.childrenbychoice.org.au

Children by Choice: Support for all Pregnancy Options

Children by Choice is an independent Brisbane-based non-profit organisation, committed to providing unbiased information on all unplanned pregnancy options – ...

You've visited this page 3 times. Last visit: 17/07/22

https://shvic.org.au › for-you › lesbian-gay-bisexual-tra...

LGBTQIA+ - Sexual Health Victoria

Sexual Health Victoria offers a range of sexual health services for the lesbian, gay, bisexual, **transgender**, intersex, queer, and asexual/aromantic ...

https://www.telethonkids.org.au › our-research › sparx-t

Resources for trans and gender diverse young people

Sometimes it's hard to know where to go to get helpful, credible information about mental health for **trans** or gender diverse young people.

Missing: ~~abortion~~ | Must include: abortion

https://www.mariestopes.org.au › advocacy-policy › re...

Reproductive coercion - Marie Stopes Australia

Everyone has a right to control their reproductive health choices. But for some people this is sadly not a reality. Reproductive coercion is a vast, yet hidden ...

https://medicine.unimelb.edu.au › cersh › learn › divers...

Diverse Sexualities, Sex and Genders

Australian Standards of Care and Treatment Guidelines for **Trans** and Gender Diverse Children and Adolescents · View Document ; **Trans** Inclusive **Abortion** Services.

You visited this page on 18/07/22.

https://www.wire.org.au

WIRE: Support, Referrals & Information for Victorian Women

We acknowledge Aboriginal people as the traditional custodians of the lands and waters throughout **Australia**. WIRE is committed to becoming an Intersex, **Trans** ...

https://www.optionsforsexualhealth.org › 2019/07 PDF

TRANS-INCLUSIVE ABORTION SERVICES

This section is a list of **resources** for you and your clients to read and explore. Section 8: British Columbia-specific **Trans**, Sexual Health and Reproductive ...

32 pages

You've visited this page 2 times. Last visit: 18/07/22

Internal procedures review

Staff/workplace training

Request stakeholder feedback

Rainbow Tick Accreditation

Assess and collate local TGD resources

Implement stakeholder feedback

TGD specific peer navigator role/s

Build relationships between services

Hire TGD employees

TGD working groups

Long term action plan

Conduct or advocate for local research

Offer assistance to other orgs

Build relationships with governments, advocacy groups and peak bodies

Short term → *Long term*

Photo: Kena Betancur/AFP via Getty Images

Part Two (30 Mins)

- Finn Mercury on in-clinic approaches and limitations, nurse-led models and workplace education
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- Questions and contributions from audience