

27 March 2023

Dear Members of the Joint Sessional Committee on Gender and Equality

Working It Out has prepared this submission in alignment with the Terms of Reference for the Joint Sessional Committee on Gender and Equality's Inquiry into the Tasmanian experiences of gender bias in healthcare. This submission will address the following areas:

- (1) Examples of Tasmanian's lived experience of gender bias in healthcare;
- (2) Areas of healthcare in which gendered bias is particularly prevalent;
- (3) The impacts of gender bias in healthcare on overall health outcomes;
- (4) Systemic behaviours that cause gender bias in healthcare;
- (6) Best practice for addressing gender bias in healthcare;

Working It Out (WIO) is Tasmania's only dedicated support, advocacy and education service for Tasmania's lesbian, gay, bisexual, transgender and intersex (LGBTIQ+) population. Our mission is to create a more just society for LGBTIQ+ individuals and their families.

Gender bias in healthcare relates to systems and individuals who hold biased views (conscious or unconscious) that affect the quality and outcome for patients, workforce, and other people and leads to negative service impacts and health outcomes. These prejudices lead to favouring a particular gender to another. While gender can refer to how someone identifies and sex refers to biological characteristics, we wish to express how this also relates to treatment of LGBTIQ+ populations - in particular the gender bias in healthcare because of gender expression, gender identity, gender of partner/s, and someone's innate variations of sex characteristics - which may not align with society's expectations of the assumed general population and how those populations should function or live.

While many LGBTIQ+ people live healthy and happy lives, a disproportionate number experience poorer health outcomes than the general population (Hill et al. 2020, Hill et al. 2021). These adverse health outcomes are directly related to stigma, prejudice, discrimination and abuse experienced due to being part of diverse LGBTIQ+ communities. LGBTIQ+ Tasmanians also report delay in accessing healthcare services from fear of experiencing stigma, discrimination or inadequate service from healthcare providers (Dwyer et al. 2021).

From the perspective of Tasmanian healthcare providers, their experiences regarding gender bias in healthcare settings related to LGBTIQ+ topics has also been explored (Grant et al., 2020). This research found clinicians and students report inadequate training to prepare them to treat LGBTI+ patients, poor awareness of LGBTI+ population needs, and a lack of understanding for appropriate referral pathways in regional Tasmania. On a positive note, Tasmanian clinicians and students also reported that having prior experience working with the population and developed networks helped enable appropriate care. Providers who are LGBTI+ reported this improved better service provision as well indicating the benefits of LGBTIQ+ specific service options.

On a national level, LGBTIQ+ populations report (Hills et al. 2020) the following experiences in healthcare settings:

- Although mainstream medical clinics were the most frequently accessed health service by LGBTIQ+ people in a prior 12-month period, these clinics had the lowest proportion of participants who felt that their sexual orientation or gender identity was very/extremely respected (58.6% and 37.7% respectively).
- Only one third of trans and gender diverse participants reported feeling that their gender identity was very/extremely respected at a mainstream medical clinic (37.7%) or hospital (35.4%) in the past 12 month.
- Participants who felt very/extremely respected was higher for those who attended a health service that caters only to LGBTIQ+ people or a mainstream medical clinic that is known to be LGBTIQ+ inclusive.

LGBTIQ+ Tasmanians (Dwyer et al. 2021) report the following gender bias experiences in healthcare settings:

- Healthcare practitioners widely lack knowledge, understanding, and training about LGBTIQ+ specific issues.
- Discrimination and harassment from healthcare providers. Accounts include a psychiatrist refusing to see a patient again after finding out the patient was gay; a doctor referring to

sexual orientation as a lifestyle; false information on file and given to other healthcare providers; stereotypical remarks regarding sexual orientation; a nurse telling a lesbian to go on birth control because they still might have sexual intercourse with a man; and deadnaming of female patients who are transgender.

- 14% reported needing to educate the healthcare provider because of a lack of knowledge.
- 9% identified being asked inappropriate questions.
- 7% identified specific needs of the person were ignored.
- 14% of intersex people reported a negative impact on their healthcare compared to 4% people who talked about their sexual orientation.
- Another report (Lea et al. 2017) flagged concerns regarding adequate services to meet the needs of Tasmanian gay men in relation to HIV prevention and support.

The Tasmanian state government conducted a 2021 survey into the needs of LGBTIQ+ Tasmanians (Dwyer et al., 2021). The following elements were identified as key priorities which would also assist in addressing gender bias in healthcare settings:

- Funded mental health and suicide prevention strategy and services.
- LGBTIQ+ specific services.
- Measures to ensure safety and inclusivity in mainstream service provision.
- LGBTIQ+ inclusive practice training for all healthcare providers. Priority workforce training included, medical and nursing staff and students, then specialists, then professional staff and aged care staff.

Thank you for your time, as outlined in our submission there are widespread community concerns regarding gender bias in healthcare setting and provision for LGBTIQ+ populations and identified solutions from the community to address systemic behaviours and quality of service. We request that LGBTIQ+ population concerns are considered and addressed in the findings of the Gender and Equality's Inquiry into the Tasmanian experiences of gender bias in healthcare.

Yours sincerely



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References:

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