Global

Introduction

Transgender and gender diverse people are a highly diverse population (both in terms of their identities and healthcare needs) and many experience stigma and consequent marginalisation throughout their lives. Seen from a global perspective, violence against transgender and gender diverse people is widespread, diverse in nature (emotional, sexual and physical), and involves a range of perpetrators (including State actors). Worldwide, statistics on murder are alarming, with over 4000 documented killings between January 2008 and September 2021; a number widely regarded as under-reported (TGEU, 2020). Experiences such as these (and the anticipation or fear of encountering such experiences) lead to what Meyer has described as minority stress (Meyer, 2003), and are associated with poor health outcomes; both physical (e.g., Rich et al, 2020) and psychological (e.g., Scandurra et al, 2017; Shipherd et al, 2019, Tan et al, 2021).

Since the publication of the Standards of Care, Version 7 (SOC-7) there have been dramatic changes in perspectives on transgender and gender diverse people and their healthcare. Mainstream global medicine no longer classifies transgender and gender diverse identities as a mental disorder. In the Diagnostic and Statistical Manual, Version 5 (DSM-5) from the American Psychiatric Association (APA, 2013), the diagnosis of *Gender Dysphoria* focuses on any distress and discomfort that accompanies being transgender and gender diverse, rather than on the gender identity itself. In the International Classification of Diseases, Version 11 (ICD-11), the diagnostic manual of the World Health Organisation (WHO, 2019b), the *Gender Incongruence* diagnosis is placed in a chapter on sexual health, and focuses on the person's experienced identity, and any desire for gender affirming treatment that might stem from that identity. Such developments, involving a depathologisation (or more precisely a de-psychopathologisation) of transgender identities, are fundamentally important on a number of grounds. In the field of healthcare, they may have helped support a care model emphasising patients' active participation in decision-making about their own healthcare, supported by primary healthcare professionals (Baleige et al, 2021). It is reasonable to suppose that these developments may also promote more socially inclusive policies, including legislative reform in gender recognition facilitating a rights-based approach without imposing requirements for diagnosis, hormone therapy and/or surgery. Such developments may contribute greatly to the overall health and wellbeing of transgender and gender diverse people (Aristegui et al, 2017).

Previous editions of the SOC have revealed that much of the recorded clinical experience and knowledge in this area is derived from North American and Western European sources. They have focused on gender-affirming healthcare in high income countries enjoying relatively well-resourced healthcare systems (including with trained mental health providers, endocrinologists, surgeons and other specialists), where services are often funded publicly or (at least for some patients) by way of private insurance. For many countries such healthcare provision is aspirational. Few if any health professionals (primary or specialist) may exist, and even fewer may be competent to work with transgender and gender diverse people. Psychological, hormonal, and surgical healthcare may not be available and training options limited (e.g. Martins et al, 2020). Funding for gender-affirming healthcare may be absent and patients often bear the full costs of whatever healthcare they access.

Accessing gender-affirming healthcare options for this population can also be challenging. Across much of the world resourcing in this area is non-existent or limited. Healthcare is often unavailable, inappropriate, difficult to access and/or unaffordable. Healthcare providers

often lack clinical and/or cultural competence, or opportunities for training. As already noted, mainstream 'Western' medicine historically viewed transgender and gender diverse people as mentally disordered; a perspective that has only recently changed. For all these reasons, transgender and gender diverse people have commonly found themselves disempowered as consumers of whatever healthcare is available. Healthcare providers have found that the relevant literature is largely North American and European, presenting particular challenges for persons working in healthcare systems that are even less well resourced. Recent initiatives, often involving transgender and gender diverse stakeholders as partners, are changing this situation somewhat, providing a body of knowledge about how to provide effective transgender and gender diverse healthcare in low- and middle-income countries outside the Global North.

Within the field a wide range of valuable healthcare resources have been developed in recent years. Dahlen et al (2021) review clinical guidelines intended to be international in scope; over half those reviewed originate from professional bodies based in North America (e.g., Hembree et al, 2017) or Europe (e.g., T'Sjoen et al, 2020). These have informed numerous healthcare resources including those developed for global use (WHO 2014; UNDP et al, 2016), and for use in specific countries or regions outside North America and Europe. Regional examples can be found in Asia and the Pacific (Health Policy Project et al, 2015, APTN, 2021), the Caribbean (PAHO, 2014), Thailand (Center for Excellence in Transgender Health, 2021a,b), Australia (Telfer et al, 2020) and Aotearoa New Zealand (Oliphant et al, 2018), and are commonly created through the initiatives of, or in partnership with, transgender and gender diverse communities locally or internationally. These resources may be of particular value to those planning, organising and delivering services, including in low-income, low-resource countries of the Global South. There are likely to be other resources published in languages other than English of which we are unaware.

Globally, transgender and gender diverse identities may be associated with differing conceptual frameworks of sex, gender and sexuality, and exist in widely diverse cultural contexts and histories. Considering the complex relationships between social and cultural factors, the law, and the demand for and provisions of gender-affirming healthcare, the SOC-8 should be interpreted through a lens that is appropriate for and within the context of each health professional's individual practice while maintaining alignment to the core principles that underscore it (APTN and UNDP, 2012; PAHO, 2014; Health Policy Project et al, 2015).
It is in this context, and by drawing broadly on the experiences of transgender and gender diverse people and healthcare providers internationally, that we consider the global applicability of SOC-8 within this chapter. We set out key considerations for health professionals and conclude by recommending core principles and practices fundamental to contemporary healthcare for transgender and gender diverse people, regardless of where they live or the resources available to those who seek to provide such healthcare.

Summary of Recommendations

Statement 1: We recommend that health professionals and other users of the Standards of Care, Version 8 (SOC-8) should apply the recommendations in ways that meet the needs of local transgender and gender diverse communities, by being sensitive to the cultures they work with and the realities of the countries they are practising in.

Statement 2: We recommend that healthcare providers understand the impact of social attitudes, laws, economic circumstances and health systems on the lived experiences of transgender and gender diverse people worldwide.

Statement 3: We recommend that translations of the SOC focus on cross-cultural, conceptual and literal equivalence to ensure alignment with the core principles that underpin the SOC-8.

Statement 4: We recommend that health professionals and policymakers always apply the SOC-8 core principles to their work with transgender and gender diverse people to ensure respect for human rights and access to appropriate and competent healthcare, including:

General principles

- Be empowering and inclusive. Work to reduce stigma and facilitate access to appropriate healthcare, for all who seek it;
- Respect diversity. Respect all clients, and all gender identities. Do not pathologize differences in gender identity or expression;
- Respect universal human rights including the right to bodily and mental integrity, autonomy and self-determination; freedom from discrimination and the right to the highest attainable standard of health.

Principles around developing and implementing appropriate services and accessible healthcare

- Involve transgender and gender diverse people in the development and implementation of services;
- Become aware of social, cultural, economic and legal factors that might impact the health (and healthcare needs) of your client, as well as the willingness and capacity of the person to access your services;
- Provide healthcare (or refer to knowledgeable colleagues) that affirms clients' gender identities and expressions, including healthcare that reduces the distress of gender dysphoria or incongruence (if this is present);
- Reject approaches that have the goal or effect of conversion, and avoid providing any direct or indirect support for such approaches or services

Principles around delivering competent services

- Become knowledgeable (get training, where possible) about the healthcare needs of transgender and gender diverse people, including the benefits and risks of gender-affirming care;
- Match the treatment approach to the specific needs of clients, particularly their goals for gender identity and expression;
- Focus on promoting health and wellbeing rather than solely the reduction of gender dysphoria or incongruence, which may or may not be present;
- Commit to harm reduction approaches where appropriate;
- Enable the full and ongoing informed participation of transgender and gender diverse people in decisions about their health and wellbeing;
- Improve experiences of health services including administrative systems and via continuity of care.

Principles around working towards improved health through wider community approaches

- Put people in touch with communities and peer support networks;
- Support and advocate for clients within their families and communities (schools, workplaces, and other settings) where appropriate.

Statement 1:
We recommend that health professionals and other users of the Standards of Care, Version 8 (SOC-8) should apply the recommendations in ways that meet the needs of local transgender and gender diverse communities, by being sensitive to the cultures they work with and the realities of the countries they are practising in.

Transgender and gender diverse people identify in many different ways worldwide, and those identities exist within a cultural context. In English speaking countries, transgender and gender diverse people variously identify, as *transsexual, trans, gender non-conforming*, *gender queer or diverse, non-binary,* or indeed *transgender and/or gender diverse,* as well as by other identities; including (for many identifying inside the gender binary) *male* or *female.* (e.g., James et al, 2016; Strauss et al, 2017; Veale et al, 2019).

Elsewhere identities include (but are not limited to) *travesti* (across much of Latin America), *hijra* (across much of South Asia), *khwaja sira* (in Pakistan), *achout* (in Myanmar), *maknyah, paknyah* (in Malaysia), *waria* (Indonesia) *kathoey, phuying kham phet, sao praphet song* (Thailand), *bakla, transpinay, transpinoy* (Philippines), *fa'afafine* (Samoa), *mahu* (Hawai'i), *leiti* (Tonga), *fakafifine* (Niue), *pinapinaaine* (Tuvalu and Kiribati), *vakasalewalewa* (Fiji), *palopa* (Papua Niugini), *brotherboys* and *sistergirls* (Aboriginal and Torres Strait Islander people in Australia) and *akava'ine* (Cook Islands) (e.g. APTN and UNDP, 2012; Kerry, 2014; Health Policy Project et al, 2015). The identities to which these terms refer are often culturally complex. Some exist in a spiritual or religious context. Depending on the cultures and the identities concerned, some may be regarded as so-called 'third genders' lying beyond the gender binary (e.g., Peletz, 2009; Graham, 2010; Nanda, 2014). Some identities are less firmly established than others. In many places worldwide the visibility of trans men and non-binary trans masculine identities is relatively recent, with few or no applicable traditional terms in local languages (Health Policy Project et al, 2015). Regardless of where or with whom health professionals work (including those working with ethnic minority persons, migrants and refugees) they need to be aware of the cultural context in which people have grown up and live, and consequences for healthcare.

Worldwide the availability, accessibility, acceptability and quality of healthcare vary greatly, with resulting inequities within and across countries (OECD, 2019). In some countries formal healthcare systems exist alongside established traditional and folk healthcare systems, with indigenous models of health underpinning the importance of holistic healthcare (WHO, 2019a). Health professionals should be aware of the traditions and realities within which healthcare is available and provide support that is sensitive to local needs, identities and cultures.

Statement 2:
We recommend that healthcare providers understand the impact of social attitudes, laws, economic circumstances and health systems on the lived experiences of transgender and gender diverse people worldwide.

Transgender and gender diverse people's lived experiences vary greatly, depending on a range of factors, including social, cultural, legal, economic and geographic. When transgender and gender diverse people live in environments which affirm their gender and/or cultural identities then these experiences can be very positive. Families are particularly important in this regard (e.g., Pariseau et al, 2019, Yadegarfard et al, 2014, Zhou et al, 2021). However, seen from a global perspective, the circumstances in which they live are often challenging. Widely accepted rights in international human rights law are commonly denied to transgender and gender diverse people. These include rights to *education, health and protection from medical abuses, work and an adequate standard of living, housing,*

freedom of movement and expression, privacy, security, life, family, freedom from arbitrary deprivation of liberty, fair trial, treatment with humanity while in detention, and freedom from torture, inhuman or degrading treatment or punishment (International Commission of Jurists, 2007; 2017). For many transgender and gender diverse people worldwide, stigma prompts prejudice, discrimination, harassment, abuse and violence, resulting in social, economic and legal marginalisation, and poor mental and physical health, and even death – a process that has been characterised as a stigma-sickness slope (Winter et al, 2016).

Across the world, a large number of studies detail the challenges transgender and gender diverse people face (e.g. McNeill et al, 2012, 2013; Heylens et al, 2014; Human Rights Watch, 2014;Aurat Foundation, 2016; James et al, 2016; Wu et al, 2017; Motmans et al, 2017; Suen et al, 2017; Scandurra et al, 2017; Coleman et al, 2018; Strauss et al, 2019; Muller et al, 2019; Veale et al, 2019; Valashany and Janghorbani, 2019; Lee et al, 2020; Bhattacharya and Ghosh, 2020; Chumakov et al, 2021). The research shows that transgender and gender diverse people often experience stigma and prejudice, as well as discrimination and harassment, abuse and violence, or they live in anticipation and fear of such actions. Social values and attitudes hostile to transgender and gender diverse people, often communicated to young people in school curricula (e.g., Olivier and Thurasukam, 2018), are expressed and perpetuated in laws, policies and practices that limit freedom to express one's gender identity and sexuality, and hinder access to housing, public spaces, education, employment and services (including healthcare). The end result is that transgender and gender diverse people are commonly deprived of a wide range of opportunities available to their cisgender counterparts, and are pushed to the margins of society. To make matters worse, legal environments are often unfavourable, and at worst hostile. Across much of the world transgender and gender diverse people's access to legal gender recognition is restricted or non-existent (e.g., UNDP and APTN, 2017; ILGA World, 2020a; TGEU, 2021).

Gender identity change efforts (gender reparative or gender conversion programmes aimed at making the person cisgender) are widespread, cause harm to transgender and gender diverse people (e.g. Bishop, 2019; Turban et al, 2020; GIRES et al, 2020; Asia Pacific Transgender Network, 2020a,2020b, 2020c,2021), and (like efforts targeting sexual orientation) are considered unethical (e.g.Various, 2019, Various 2021, APS, 2021, Trispiotis and Purshouse, 2021). They may be viewed as a form of violence. The UN independent expert on protection against violence and discrimination based on sexual orientation and gender identity has called for a global ban on such practices (Madrigal-Borloz, 2020). An increasing number of jurisdictions is outlawing such work (ILGA World, 2020b).

Inequities arise from a range of factors including economic considerations and values underpinning the provision of healthcare systems, particularly in regard to emphasis placed on public-, private- and self-funding of healthcare. Lack of access to appropriate and affordable healthcare can lead to a greater reliance on informal knowledge systems. This includes information about self-administered hormones, in many cases without necessary medical monitoring or supervision (e.g., Winter and Doussantousse, 2009; Do et al, 2018; Liu et al, 2020; Reisner et al, 2021; Rashid et al, 2021). WHO notes that transgender and gender-diverse individuals who self-administer gender-affirming hormones require access to evidence-based information, quality products and sterile injection equipment (WHO, 2021).

In some parts of the world large numbers of trans women employ silicone as a means of modifying their bodies, drawing on the services of silicone 'pumpers' and/or attending pumping 'parties', often within their communities. The immediate results of silicone pumping contrast with significant downstream health risks (e.g., Aguayo-Romero et al, 2015; Regmi et al, 2019; Bertin et al, 2019), particularly where industrial silicone has been used and where surgical removal may be necessary. Sexual health outcomes for transgender and gender diverse people are also poor; HIV prevalence rates for trans women are around 19%

worldwide; an estimated 49 times higher than the background prevalence rate (Baral et al, 2013).

Statement 3:
We recommend that translations of the SOC focus on cross-cultural, conceptual and literal equivalence to ensure alignment with the core principles that underpin the SOC-8.

Much of the research literature on transgender and gender diverse people is produced in high-income and English-speaking countries. Global Northern perspectives on transgender and gender diverse people (including on healthcare needs and provision) dominate this literature. A May 2021 Scopus database search undertaken by the current authors shows that 99% of the literature on transgender healthcare comes out of Europe, North America, Australia or New Zealand. Overall, 96% of the literature is in the English language. Transgender and gender diverse people of the Global South have received relatively little attention in the English language literature, and the work of those health professionals who work with them has often gone unrecognised and unpublished, or has not been translated into English. A consequence of this is that when applying resources produced in the Global North healthcare professionals may overlook the relevance and nuance of local knowledges, cultures and practices.

When translating the principles set out in the SOC we recommend following best practice guidelines for language translation to ensure high quality written resources are produced that are culturally and linguistically appropriate to the local situation. It is important that translators have knowledge about transgender and gender diverse identities and cultures to check for literal translations that may lack relevance to the cultural context and adapt these (where appropriate) with reference to linguistic structure and links between language and culture (Centers for Medicare & Medicaid Services, 2010; Sprager & Martinez, 2015)

Statement 4:
We recommend that health professionals and policymakers always apply the SOC-8 core principles to their work with transgender and gender diverse people to ensure respect for human rights and access to appropriate and competent healthcare, including:

General principles

- **Be empowering and inclusive. Work to reduce stigma and facilitate access to appropriate healthcare, for all who seek it;**
- **Respect diversity. Respect all clients, and all gender identities. Do not pathologize differences in gender identity or expression;**
- **Respect universal human rights including the right to bodily and mental integrity, autonomy and self-determination; freedom from discrimination and the right to the highest attainable standard of health.**

Principles around developing and implementing appropriate services and accessible healthcare

- **Involve transgender and gender diverse people in the development and implementation of services;**

- **Become aware of social, cultural, economic and legal factors that might impact on the health (and healthcare needs) of your client, as well as the willingness and capacity of the person to access your services;**
- **Provide healthcare (or refer to knowledgeable colleagues) that affirms clients' gender identities and expressions, including healthcare that reduces the distress of gender dysphoria or incongruence (if this is present);**
- **Reject approaches that have the goal or effect of conversion, and avoid providing any direct or indirect support for such approaches or services**

Principles around delivering competent services

- **Become knowledgeable (get training, where possible) about the healthcare needs of transgender and gender diverse people, including the benefits and risks of gender affirming care;**
- **Match the treatment approach to the specific needs of clients, particularly their goals for gender identity and expression;**
- **Focus on promoting health and wellbeing rather than solely the reduction of gender dysphoria or incongruence, which may or may not be present; '**
- **Commit to harm reduction approaches where appropriate;**
- **Enable the full and ongoing informed participation of transgender and gender diverse people in decisions about their health and wellbeing;**
- **Improve experiences of health services including administrative systems and via continuity of care.**

Principles around working towards improved health through wider community approaches

- **Put people in touch with communities and peer support networks;**
- **Support and advocate for clients within their families and communities (schools, workplaces, and other settings) where appropriate.**

The healthcare available to transgender and gender diverse people is diverse but is often inadequate. Numerous reports from diverse regions worldwide show that, while transgender and gender diverse people may report positive experiences of healthcare, many others do not. (e.g., PAHO, 2014; Health Policy Project et al, 2015; TGEU, 2017; Motmans et al, 2017; Strauss et al, 2017; Costa et al, 2018; Do et al, 2018; Callander et al, 2019; Muller et al, 2019; Gourab et al, 2019, Liu et al, 2020; Reisner et al, 2021). Mainstream healthcare options often do not meet their needs for general, sexual, or gender-affirming healthcare. Standard patient management procedures at clinics and hospitals often fail to recognise the gender identities of their transgender and gender diverse patients (including where the patients concerned identify outside the binary). Patients may be housed in wards that are gender inappropriate for them and put them at risk of sexual harassment. Transgender and gender diverse patients often encounter unsupportive or hostile attitudes from health professionals and ancillary staff and may even be refused service. Of great concern, healthcare professionals in some parts of the world are involved in gender identity change efforts of the sort described earlier in this chapter.

Throughout the world there are many other barriers to gender-affirming healthcare. Health professionals may often be unwilling to provide the services transgender and gender diverse people seek. In some countries there may be laws or regulations that inhibit or prevent them doing so. Where clinical guidelines are unclear or absent, general practitioners and other primary care providers may be deterred from providing services. Where healthcare is available patients may find that it is difficult to access due to distance, gatekeeping practices, supply and demand issues resulting in long wait lists, or cost.

The communities in which transgender and gender diverse people live commonly act as important resources for their members. They provide social and emotional support, often in a hostile environment. In addition, they often act as reservoirs of shared information on options for healthcare, including parallel and informal healthcare options outside (and more accessible and affordable than) mainstream medicine. This includes information about self-administered hormones, in many cases without necessary medical monitoring or supervision (e.g.Winter and Doussantousse, 2009; Aguayo-Romero et al, 2015; Do et al, 2018; Liu et al, 2020; Reisner et al, 2021; Rashid et al, 2021). WHO notes that transgender and gender diverse individuals who self-administer gender-affirming hormones require access to evidence-based information, quality products and sterile injection equipment (WHO, 2021).

Putting the important core principles outlined above into practice can improve experiences of healthcare and promote respect for transgender and gender diverse people in all local contexts. This is regardless of the realities of a healthcare system (including the cultural, social, legal, economic context in which healthcare is provided), the level of provision available, or the transgender and gender diverse people seeking such services.

References

Aguayo-Romero, RA, Reisen, CA, Zea, MC, Bianchi, FT, and Poppen, PJ (2015). Gender affirmation and body modification among transgender persons in Colombia. *International Journal of Transgenderism,* 16,2, 103-115. https://doi.org/10.1080/15532739.2015.1075930

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Arlington, VA, USA: American Psychiatric Publishing.
Australian Psychological Society (2021) *Use of psychological practices that attempt to change or suppress a person's sexual orientation or gender*. Australian Psychological Society position statement. Melbourne: Australian Psychological Society. https://psychology.org.au/getmedia/7bb91307-14ba-4a24-b10b-750f85b0b729/updated_aps_position_statement_conversion_practices.pdf

APTN (2020a) *Conversion therapy practices: Indonesia.* Bangkok: Asia Pacific Transgender Network. https://weareaptn.org/wp-content/uploads/2021/03/Conversion-Therapy-2020-Indonesia_28Dec.pdf

APTN (2020b) *Conversion therapy practices: Malaysia.* Bangkok: Asia Pacific Transgender Network. https://weareaptn.org/wp-content/uploads/2021/03/Conversion-Therapy-2020-Malaysia_29Dec.pdf

APTN (2020c) *Conversion therapy practices: Sri Lanka.* Bangkok: Asia Pacific Transgender Network. https://weareaptn.org/wp-content/uploads/2021/03/Conversion-Therapy-2020-SriLanka_28Dec.pdf

APTN (2021) *Conversion therapy practices: India.* Bangkok: Asia Pacific Transgender Network. https://weareaptn.org/wp-content/uploads/2021/06/Conversion-Therapy-India_CountrySnapshot_FinalMay2021-2.pdf

APTN and UNDP (2012) *Lost in transition: transgender people, rights and HIV vulnerability in the Asia-Pacific region*. Bangkok: Asia Pacific Transgender Network. https://weareaptn.org/resource/lost-in-transition-transgender-people-rights-and-hiv-vulnerability-in-the-asia-pacific-region/

APTN (2021) APTN Transgender Health and Rights Module. Bangkok: Asia-Pacific Transgender Network. https://weareaptn.org/wp-content/uploads/2021/09/Final_Trans-Health-and-Rights-Modules.pdf

Arístegui, I, Radusky, P, Zalazar, V, Romero, M, Schwartz, J, & Sued, O (2017). Impact of the Gender Identity Law in Argentinean transgender women. *International Journal of Transgenderism, 18*(4), 446-456. http://dx.doi.org/10.1080/15532739.2017.1314796

Aurat Foundation (2016). *Silent no more: transgender community in Pakistan: research study*. Islamabad: Aurat Foundation. https://www.aidsdatahub.org/sites/default/files/resource/transgender-community-pakistan-2016.pdf

Baleige, A, de la Chenelie, M, Dassonneville,C, and Martin,MJ (2021). Following ICD-11, rebuilding mental health care for transgender persons: leads from field experimentations in Lille, France. *Transgender Health.* Online version. https://doi.org/10.1089/trgh.2020.0143

Baral,SD, Poteat,T, Strömdahl,S, Wirtz,AL, Guadamuz,TE, and Beyrer,C (2013) Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet* Infectious Diseases, 13, 3, pp214-222. https://doi.org/10.1016/S1473-3099(12)70315-8

Bertin,C, Abbas,R, Andrieu,V, Michard,F, Rioux,C, Descamps,V, Yazdanpanah,Y, and Bouscarat,F (2019) Illicit massive silicone injections always induce chronic and definitive silicone blood diffusion with dermatologic complications. *Medicine,* 98, 4, e14143 http://dx.doi.org/10.1097/MD.0000000000014143

Bhattacharya,S, and Ghosh,D.(2020) Studying physical and mental health status among hijra, kothi and transgender community in Kolkata, India. *Social Science and Medicine*, 265, 113412. https://doi.org/10.1016/j.socscimed.2020.113412

Bishop,A (2019). Harmful treatment: the global reach of so-called conversion therapy. New York: Outright Action International. https://outrightinternational.org/sites/default/files/ExecSumm_SinglePagesRandL.pdf

Centers for Medicare and Medicaid Services (CMS), 2010. Toolkit Part 11: Guidelines for Translation | CMS. [online] Available at: https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/ToolkitPart11

Callander,D, Wiggins,J, Rosenberg,S, Cornelisse,VJ, Duck-Chong,E, Holt,M, Pony,M, Vlahakis,E, MacGibbon, J, and Cook T (2019). *The 2018 Australian trans and gender diverse sexual health survey: report of findings.* Sydney, NSW: The Kirby Institute, University of New South Wales. https://genderrights.org.au/wp-content/uploads/2020/03/ATGDSexualHealthSurveyReport_v7.pdf

Center of Excellence in Transgender Health (2021a). The Thai Handbook of Transgender Healthcare Services. Bangkok: Chulalongkorn University. https://ihri.org/wp-content/uploads/2021/09/The-Thai-Handbook-of-Transgender-Heatlhcare-Services.pdf

Center of Excellence in Transgender Health (2021b). Trans Health 101. Bangkok: Chulalongkorn University. https://demo.ihri.org/commu/Trans.H101/

Chumakov,EM, Ashenbrenner,YV, Petrova, NN, Zastrozhin,MS, Azarova,LA, and Limankin,OV (2021). Anxiety and depression among transgender people: findings from a cross-sectional online survey in Russia. *LGBT Health*. https://doi.org/10.1089/lgbt.2020.0464

Coleman,E, Pathy Allen,M, and Ford,J (2018). Gender variance and sexual orientation among male spirit mediums in Myanmar. *Archives of Sexual Behavior,* 47, 987-998. https://doi.org/10.1007%2Fs10508-018-1172-0

Costa,AB, da Rosa Filho,HT, Pase,PF, Fontanari,AMV, Catelan,RF, Mueller,A, Cardoso,D, Soll,B, Schwarz,K, Schneider,MA, Gagliotti,DAM, Saadeh,A, Lobato,MIR, Nardi,HC, and Koller,SH (2018). Healthcare needs of and access barriers for Brazilian transgender and gender diverse people. *Journal of Immigrant Minority Health*, 20, 115–123. https://doi.org/10.1007/s10903-016-0527-7

Dahlen,S, Connolly,D, Arif, I, Junejo,MH, Bewley,S and Meads,C (2021) International clinical practice guidelines for gender minority/trans people: systematic review and quality assessment. *BMJ Open*,11:e048943. https://doi.org/10.1136/bmjopen-2021-048943

del Rıo-Gonzalez,AM, Zea,MC, Florez-Donado,J, Torres-Salazar,P, Abello-Luque,D, Garcıa-Montano,EA, Garcıa-Roncallo,PA, Meyer,IH (2021) Sexual orientation and gender identity change efforts and suicide morbidity among sexual and gender minority adults in Colombia*. LGBT Health*. https://doi.org/10.1089/lgbt.2020.0490

Do,TT, Nguyen,TVA, Vu,XT, Nguyen,TPT (2018). Seeking healthcare as a transgender woman in Vietnam: access barriers and the situation of hormone use. *Regional Journal of Southeast Asian Studies*, 3,2,30-58. http://www.rjseas.org/journalview/5

GIRES, LGBT Foundation, Mermaids, Ozanne Foundation, and Stonewall (2020) *Conversion therapy and gender identity survey.* London: Stonewall https://www.stonewall.org.uk/system/files/2020_conversion_therapy_and_gender_identity_survey.pdf

Gourab G, Khan,MNM, Hasan AMR, Sarwar G, Irfan SD, Reza M.M, et al. (2019) The willingness to receive sexually transmitted infection services from public healthcare facilities among key populations at risk for human immunodeficiency virus infection in Bangladesh: qualitative study. *PLoS ONE* 14(9): e0221637. https://doi.org/10.1371/journal.pone.0221637

Graham,S (2010). *Gender diversity in Indonesia: sexuality, Islam and queer selves* , London: Routledge.

Health Policy Project, Asia-Pacific Transgender Network and United Nations Development Program (2015). *Blueprint for the provision of comprehensive care for trans people and trans communities*. Washington, DC: Futures Group, Health Policy Project. https://weareaptn.org/2017/06/01/blueprint-for-the-provision-of-comprehensive-care-for-trans-people/

Hembree,WC, Cohen-Kettenis,PT, Gooren,L, Hannema,SE, Meyer,WJ, Murad,MH, Rosenthal,SM, Safer,JD, Tangpricha,V, and T'Sjoen,GG (2017). Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *Journal Of Clinical Endocrinology & Metabolism, 102,11*,3869-3903 https://doi.org/10.1210/jc.2018-01268

Heylens,G, Elaut,E, Kreukels,BPC, Paap,MCS, Cerwenka,S, Richter-Appelt,H, Cohen-Kettenis,P, Haraldsen,I, and De Cuypere,G (2014). Psychiatric characteristics in transsexual individuals: multicentre study in four European countries. *British Journal of Psychiatry,* 204, 151–156. https://doi.org/10.1192/bjp.bp.112.121954

Human Rights Watch (2014) *"I'm scared to be a woman": human rights abuses against transgender people in Malaysia.* New York: Human Rights Watch. https://features.hrw.org/features/HRW_reports_2014/Im_Scared_to_Be_a_Woman/index.html

ILGA World (2020a) *Trans legal mapping report 2019: recognition before the law*. Geneva: International Lesbian, Gay, Bisexual, Trans and Intersex Association. https://ilga.org/downloads/ILGA_World_Trans_Legal_Mapping_Report_2019_EN.pdf

ILGA World (2020b), *Curbing deception: a world survey on legal regulation of so-called "conversion therapies"* Geneva: International Lesbian, Gay, Bisexual, Trans and Intersex Association. https://ilga.org/downloads/ILGA_World_Curbing_Deception_world_survey_legal_restrictions_conversion_therapy.pdf

International Commission of Jurists (2007). *Yogyakarta Principles - Principles on the application of international human rights law in relation to sexual orientation and gender identity*. http://yogyakartaprinciples.org/wp-content/uploads/2016/08/principles_en.pdf

International Commission of Jurists (2017). *The Yogyakarta Principles Plus 10 - Additional Principles and State Obligation on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Expression and Sex Characteristics to Complement the Yogyakarta Principles*. http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5_yogyakartaWEB-2.pdf

James,SE, Herman, JL, Rankin,S, Keisling,M, Mottet,L, and Anafi,M (2016). *The report of the 2015 U.S. transgender survey*. Washington, DC: National Center for Transgender Equality. https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf

Kerry,S (2014). Sistergirls/brotherboys: The status of indigenous transgender Australians. *International Journal of Transgender Health,* 15; 173-186. https://doi.org/10.1080/15532739.2014.995262

Lee,HM, Operario,D, van den Berg,JJ, Yi,HR, Choo,SS, and Kim,SS (2020). Health disparities among transgender adults in South Korea. *Asia Pacific Journal of Public Health,* 32, 2-3,103–110. https://doi.org/10.1177%2F1010539520912594

Liu,Y, Xin,Y Qi,J, Wang,HN, Hong,TP, Yang,X, Li,B, Chang,X, Knudson,G, Zhao,ZM, Pan,BL (2020). The desire and status of gender-affirming hormone therapy and surgery in transgender men and women in China: a national population study. *Journal of Sexual Medicine,* 17, 11, 2291-2298. https://doi.org/10.1177/1010539520912594

Madrigal-Borloz,V. (2020). *Practices of so-called "conversion therapy".* Report of the UN independent expert on protection against violence and discrimination based on sexual orientation and gender identity, submitted to the 44th session of the UN Human Rights Council. Geneva: United Nations Office of the High Commissioner for Human Rights. https://undocs.org/A/HRC/44/53

Martins, RS, Saleh, R, Kamal, H, Gillani, M, Merchant, AAH, Munir, MM, Iftikar, HM, Shah, Z, Hussain, MHZ, Azhar, MK, Qadri, F, and Saleem, S (2020). The need for transgender healthcare medical education in a developing country. *Advances in Medical Education and Practice*, 11, 405-413 https://doi.org/10.2147/AMEP.S255483

McNeil,J, Bailey,L, Ellis,S, Morton,J and Regan,M (2012) *UK trans mental health study 2012.* Scottish Transgender Alliance, Trans Resource and Empowerment Centre,

TransBareAll, Traverse Research, Sheffield Hallam University. Edinburgh: Scottish Trans Alliance https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf

McNeil,J, Bailey,L, Ellis,S and Regan, M (2013) *Speaking from the margins: trans mental health and wellbeing in Ireland.* Dublin: Transgender Equality Network Ireland (TENI). https://www.atlanticphilanthropies.org/wp-content/uploads/2015/09/teni-speaking-from-the-margins-report.pdf

Meyer,I (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129, 5, 674–697. https://doi.apa.org/doi/10.1037/0033-2909.129.5.674

Motmans,J, Wyverkens,E and Defreyne,J (2017). *Being transgender in Belgium: ten years later.* Brussels: Institute for the Equality of Women and Men. https://igvm-iefh.belgium.be/sites/default/files/118_-_being_transgender_in_belgium.pdf

Müller,A, Daskilewicz,K, and the Southern and East African Research Collective on Health (2019). *'Are we doing alright? Realities of violence, mental health, and access to healthcare related to sexual orientation and gender identity and expression in eSwatini: Research report based on a community-led study in nine countries'*. Amsterdam: COC Netherlands. https://eswatiniminorities.org/wp-content/uploads/2019/07/SOGIE-and-wellbeing_02_eSwatini.pdf

Nanda,S (2014) *Gender diversity: cross cultural variations* (2nd ed.). Long Grove: Waveland Press.

OECD (2019), *Health at a glance 2019: OECD indicators*. Parish: OECD Publishing. https://doi.org/10.1787/4dd50c09-en

Oliphant J, Veale J, Macdonald J, Carroll R, Johnson R, Harte M, Stephenson C, Bullock J. (2018) *Guidelines for gender affirming healthcare for gender diverse and transgender children, young people and adults in Aotearoa, New Zealand*. University of Waikato: Transgender Health Research Lab. https://patha.nz/Guidelines

Olivier,S and Thurasukam,O (2018). Lesbian, gay, transgender, bisexual, intersex and queer (LGBTIQ+) youth in Thailand. Save the Children Fund. https://resourcecentre.savethechildren.net/node/13480/pdf/lgbtiqyouth_in_thailand_save_the_children_2018.pdf

PAHO (2014). *Blueprint for the provision of comprehensive care for trans persons and their communities in the Caribbean and other anglophone countries.* Arlington, VA: John Snow, Inc. https://iris.paho.org/handle/10665.2/31360

Pariseau,EM, Chevalier,L, Long,KA, Clapham,R, Edwards-Leeper,L, and Tishelman,AC (2019). The relationship between family acceptance-rejection and transgender youth psychosocial functioning. *Clinical Practice in Pediatric Psychology, 7, 3,* 267–77. https://doi.org/10.1037/cpp0000291

Peletz,M (2009). *Gender pluralism: southeast Asia since early modern times.* London: Routledge.

Rashid,A, Afiqah,SN, and IguchiY (2021) Use of hormones among trans women in the west coast of peninsular Malaysia: a mixed methods study. *Transgender Health*. https://doi.org/10.1089/trgh.2020.0119

Regmi,PR, van Teijlingen,E, and Neupane,SR (2019) Silicone use among Nepali transgender women; the hazards of beauty. *Journal of Health Research,* 35, 2, 160-17. https://doi.org/10.1108/JHR-08-2019-0192

Reisner SL, Silva-Santisteban A, Salazar,X, Vilela J, D'Amico L, Perez-Brumer A (2021). "Existimos": health and social needs of transgender men in Lima, Peru. *PLoS ONE* 16(8): e0254494. https://doi.org/10.1371/journal.pone.0254494

Rich,A., Scheim,A., Koehoorn,M. and Poteat,T (2020).Non-HIV chronic disease burden among transgender populations globally: a systematic review and narrative synthesis. *Preventive Medicine Reports*, 20:101259. https://doi.org/10.1016/j.pmedr.2020.101259

Scandurra, C; Amodeo, AL; Valerio, P; Bochicchio, V; Frost, DM (2017). Minority stress, resilience, and mental health: a study of Italian transgender people. *Journal of Social Issues*, 73, 3, 563-585. https://doi.org/10.1111/josi.12232

Shipherd, J. C., Berke, D., & Livingston, N. A. (2019). Trauma recovery in the transgender and gender diverse community: extensions of the minority stress model for treatment planning. *Cognitive and Behavioral Practice, 26*(4), 629 646. https://doi.org/10.1016/j.cbpra.2019.06.001

Sprager, L. and O. N. Martinez, Jr. 2015. Beyond Translation: Promoting a New National Standard for Equity in Health Materials Translated from English. *NAM Perspectives.* Commentary, National Academy of Medicine, Washington, DC. https://doi.org/10.31478/201509b

Strauss,P, Cook,A, Winter,S, Watson,V, Wright Toussaint,D, Lin,A (2017). *Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results.* Telethon Kids Institute, Perth, Australia. https://www.telethonkids.org.au/globalassets/media/documents/brain--behaviour/trans-pathwayreport-web.pdf

Suen,YT, Chun,RHC, and Wong,EMY (2017). Mental health of transgender people in Hong Kong: a community-driven, large-scale quantitative study documenting demographics and correlates of quality of life and suicidality, *Journal of Homosexuality*, 65, 8, 1093-1113. https://doi.org/10.1080/00918369.2017.1368772

Tan, K. K. H., Treharne, G. J., Ellis, S. J., Schmidt, J. M., & Veale, J. F. (2021). Enacted stigma experiences and protective factors are strongly associated with mental health outcomes of transgender people in Aotearoa/New Zealand. International Journal of Transgender Health, 22(3), 269-280. DOI: 10.1080/15532739.2020.1819504

Telfer, MM., Tollit, MA., Pace, CC., & Pang, KC. (2020). *Australian standards of care and treatment guidelines for trans and gender diverse children and adolescents. Version 1.3.* Melbourne: The Royal Children's Hospital. https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf

TGEU (2017). *Overdiagnosed but underserved. Trans healthcare in Georgia, Poland, Serbia, Spain, and Sweden: trans health survey*. Berlin: Transgender Europe. https://tgeu.org/healthcare/

TGEU (2020). *Transrespect versus transphobia worldwide. TVT TMM update: trans day of remembrance 2021*. Berlin: Transgender Europe.

https://transrespect.org/en/tmm-update-tdor-2021/

TGEU (2021). *Trans rights map 2021.* Berlin: Transgender Europe. https://transrightsmap.tgeu.org/home/

Trispiotis,I and Purshouse,C (2021). 'Conversion therapy' as degrading treatment. *Oxford Journal of Legal Studies.* https://doi.org/10.1093/ojls/gqab024

Turban,J, Beckwith,N, and Reisner,S (2020) Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults. *JAMA Psychiatry*, 77,1,68-76. https://doi.org/10.1001/jamapsychiatry.2019.2285

T'Sjoen G, Arcelus J, De Vries ALC,Fisher,AD, Nieder,TO, Özer,M, and Motmans,J (2020) European Society for Sexual Medicine position statement "Assessment and hormonal management in adolescent and adult trans people, with attention for sexual function and satisfaction". *Journal of Sexual Medicine,* 17, 4, 570–84. https://doi.org/10.1016/j.jsxm.2020.01.012

UNDP & APTN (2017). *Legal gender recognition: a multi-country legal and policy review in Asia*. Bangkok: Asia-Pacific Transgender Network https://weareaptn.org/resource/legal-gender-recognition-a-multi-country-legal-and-policy-review-in-asia/

UNDP, IRGT: A Global Network of Transgender Women and HIV, United Nations Population Fund, UCSF Center of Excellence for Transgender Health, Johns Hopkins Bloomberg School of Public Health, World Health Organization, Joint United Nations Programme on HIV/AIDS, United States Agency for International Development (2016) *Implementing comprehensive HIV and STI programmes with transgender people: practical guidance for collaborative interventions*. New York: United Nations Development Programme. https://www.unfpa.org/sites/default/files/pub-pdf/TRANSIT_report_UNFPA.pdf

Valashany,BT, and Janghorbani,M (2018). Quality of life of men and women with gender identity disorder. *BMC,* 16:167. https://doi.org/10.1186/s12955-018-0995-7

(Various) (2019). Memorandum of understanding on conversion therapy in the UK. Version 2, Revision A. Lutterworth: British Association of Counselling and Psychotherapy. https://www.bacp.co.uk/events-and-resources/ethics-and-standards/mou/

(Various) (2021) *U. S. joint statement on ending conversion therapy*. https://usjs.org/usjs-current-draft/. (Partners listed at https://usjs.org/usjs-partners/)

Veale J, Byrne J, Tan K, Guy S, Yee A, Nopera T & Bentham R (2019) *Counting ourselves: the health and wellbeing of trans and non-binary people in Aotearoa New Zealand.* Transgender Health Research Lab, University of Waikato: Hamilton NZ https://countingourselves.nz/wp-content/uploads/2019/09/Counting-Ourselves_FINAL.pdf

WHO (2014). *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.* Geneva: World Health Organisation. https://www.who.int/hiv/pub/guidelines/keypopulations/en/

WHO (2019a). *WHO global report on traditional and complementary medicine*. Geneva: World Health Organisation. https://books.google.com.au/books?hl=en&lr=&id=WHOyDwAAQBAJ&oi=fnd&pg=PP1&dq=traditional+health+practices&ots=h2fjA29WlF&sig=uoIzF375ktS2WqKekq5IffWNWFs#v=onepage&q=traditional%20health%20practices&f=false

WHO (2019b). *International statistical classification of diseases and related health problems (11th ed.).* Geneva: World Health Organisation. https://icd.who.int/

WHO (2021) *Consolidated guideline on self-care interventions for health and wellbeing*. *Version 2.3.* Geneva: World Health Organisation. https://app.magicapp.org/#/guideline/Lr21gL

Winter,S, Diamond,M, Green,J, Karasic,D, Reed,T, Whittle,S, and Wylie,K (2016). Transgender people: health at the margins of society. *The Lancet*, 388 (10042), pp390-400. https://doi.org/10.1016/S0140-6736(16)00683-8

Winter,S and Doussantousse,S (2009). Transpeople, hormones, and health risks in southeast Asia: a Lao study. *International Journal of Sexual Health,* 21:35–48, 2009. https://doi.org/10.1080/19317610802554141

Wu,LJ, Qi,J, Cai,Y, Liu,SY, Zhu,M, Zhong,PP, Xin,Y, Feng,SQ (2017) *Chinese transgender population general survey report.* Beijing LGBT Center and Department of Sociology, Peking University. https://chinadevelopmentbrief.cn/wp-content/uploads/2020/04/2017-Chinese-Transgender-Population-General-Survey-Report.pdf

Yadegarfard,M, Meinhold-Bergmann,ME and Ho,R (2014) Family rejection, social isolation, and loneliness as predictors of negative health outcomes (depression, suicidal ideation, and sexual risk behavior) among Thai male-to-female transgender adolescents, *Journal of LGBT Youth,* 11:4, 347-363. https://doi.org/10.1080/19361653.2014.910483

Zhou,Y, Furutani,M, Athurupana,R and Nakatsuka,M (2021). Relation Between Identity Disclosure to Family Members and Mental Health in Japanese Transgender People. *Acta Medica Okayama,* 75, 5, pp611-623