

## Management of Transgender and Intersex Patients

**Policy Number** 1.410

**Policy Function** Continuum of Care

**Issue Date** 9 September 2019

**Summary** This policy provides direction for staff in the clinical management of transgender and intersex patients in Adult Correctional Centres, the Forensic Hospital and Adolescent Youth Justice Centres.

**Responsible Officer** Executive Director Clinical Operations

**Applicable Sites**

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Youth Justice Centres)
- Long Bay Hospital
- Forensic Hospital

**Previous Issue(s)** Policy 1.410 (Aug 2016, Sept 2012, May 2009)

**Change Summary**

- Inclusion of section 2.2 Implementation Roles and Responsibilities
- Section 3.1.2 Removal of Commencement of HRT must only occur on the Specialist psychiatrist recommendations
- Section 3.1.2 Addition of patients previously accessing HRT over the internet
- Inclusion of the Forensic Hospital patients
- Addition of Gender Incongruence definition

**HPRM Reference** POLJH/1.410

**Authorised by** Chief Executive, Justice Health and Forensic Mental Health Network

## 1. Preface

The objective of this policy is to provide best practice and non-discriminatory clinical management of transgender and intersex patients.

## 2. Policy Content

### 2.1. Mandatory Requirements

The [Australian Commonwealth Government Guidelines on the Recognition of Sex and Gender](#) recognises that individuals may identify and be recognised within the community as a gender other than the sex they were assigned at birth or during infancy, or as a gender which is not exclusively male or female and that this must be recognised and reflected in their personal health records.

Transgender and intersex patients must be addressed by their chosen name and according to their identified gender. Male to female transgender patients must not be called by their male given names (regardless of their legal identification) or referred to as 'he'; they are to be called by their female names and referred to as 'she'. Similarly female to male transgender patients must not be called by their female given names (regardless of their legal identification) or referred to as 'she'; they are to be called by their male names and referred to as 'he'.

A patient who does not identify as either male or female is to be addressed by their chosen name and clarification must be sought from the patient as to how they are to be addressed.

A patient who identifies as Aboriginal and as transgender/intersex should be given the opportunity to ask for the support of an Aboriginal health worker.

The provision of health services to transgender and intersex patients must be in accordance with procedures in [section 3](#).

### 2.2. Implementation - Roles & Responsibilities

It is the responsibility of all staff within Justice Health and Forensic Mental Health Network (the Network) to address transgender and intersex patients by their chosen names and according to their identified gender. All clinical staff within the Network are to provide care and treatment to transgender and intersex patients as appropriate and with respect to the gender the patient identifies.

Patients who are on continuation of Hormone Replacement Therapy (HRT) are to be monitored by the Health Centre (HC) General Practitioner (GP) in consultation with Clinical Director Primary Care (CDPC) for Custodial patients, GP for Forensic Hospital (FH) patients or Clinical Director Adolescent Mental Health (CDAMH) for Adolescent patients in Youth Justice NSW (YJNSW). Patients requesting HRT are to be referred by the GP in consultation with CDPC, the FH GP or the CDAMH to specialist psychiatrist for written confirmation and diagnosis of gender incongruence and/or dysphoria and a recommendation for specific therapy. Ongoing management by GP is to be supported by psychiatric and psychosocial interventions which must be developed collaboratively between the Network and Corrective Service NSW (CSNSW), FH treating team or Network and YJNSW. Treatment and management interventions may include referrals or consultation with external specialist services. This will be decided as part of the treatment plan and on a case by case basis. The [Gender Centre](#) Sydney can provide guidance around identification of appropriate

services to refer to and is funded by Sydney Local Health District, NSW Health. Also refer to section 3.6 Additional resources.

## 3. Procedure Content

### 3.1. Eligibility Criteria for Hormone Replacement Therapy (HRT)

#### 3.1.1 Continuation of HRT Treatment / Past HRT Treatment Confirmed

Where a transgender patient has been prescribed HRT in the community prior to custody, HRT should be continued and appropriately managed by the GP and in consultation with the CDPC or CDAMH. The GP will assume the responsibilities of primary care, and if required should refer the patient to the Department of Endocrinology and Diabetes at the Prince of Wales Hospital Randwick (POWH) for patients housed in men's correction centres and patients on the Long Bay site and FH, or to the Department of Endocrinology at Westmead Hospital for patients housed in women's correction centres for specialist review of the patient's treatment. The patient's treatment and management plan must be jointly developed by a multidisciplinary Network team and in the custodial setting CSNSW or YJNSW staff, and ongoing psychological interventions (as determined by the psychologists) are to be integral to the plan.

#### 3.1.2 No Previous HRT Treatment / Patient Requesting HRT

For patients wishing to commence hormone therapy in the custodial environment, a treatment plan must be developed collaboratively by a multi-disciplinary team of Network and CSNSW staff – refer to COPP Document 3.8 for further detail regarding CSNSW staff involvement. Ongoing medical and psychological interventions are the main components of the treatment plan. Patients may require referrals to external specialist services for both psychological care and initiation of hormone treatment. Consultation with the CDPC or the CDAMH should also be sought in relation to the agreed treatment and management plan.

It is recognised that patients may have been taking hormones or other medications not prescribed by a medical practitioner prior to entering the custodial environment. These patients will be managed as though at initiation and have a treatment and management plan developed in collaboration with a multi-disciplinary Network team and CSNSW psychology staff.

Hormone therapy initiation should only occur under the guidance of an experienced endocrinologist, either at the Department of Endocrinology and Diabetes at the POWH for patients housed in men's correction centres and patients on the Long Bay site and FH, or at the Department of Endocrinology at Westmead Hospital for patients housed in women's correction centres. Written confirmation of the diagnosis of gender incongruence and/or dysphoria and a recommendation for specific therapy must be made by a psychiatrist. Patients may be referred to an external specialised psychiatrist for assessment and to establish or confirm this diagnosis.

Provision of HRT must not be undertaken in isolation and should be managed by the GP and supported by psychiatric and psychosocial interventions. These may include education, psychotherapy and/or other counselling measures provided by CSNSW in the custodial setting. Ongoing supportive interventions will form part of a holistic management plan and will therefore be developed collaboratively between the Network and CSNSW / YJNSW psychological services by way of an agreed treatment and management plan. Support for staff and patients in relation to resources available can be obtained from the [Gender Centre](#) Sydney or the [Intersex Human Rights Australia](#) group. FH would provide these services as part of a Network multidisciplinary team.

A flow chart at [Appendix 1](#) outlines the clinical pathways to care for patients seeking to continue or to commence HRT.

### 3.2. Corrective Services NSW

[Custodial Operations Policy and Procedures section 3.8 Transgender and intersex inmates](#), states that a recognised transgender person must be treated as a member of the sex recorded on their identification proof (e.g. birth certificate, birth registration) showing that they are a recognised transgender person.

Self-identification as a member of the opposite sex is the only criterion for identification as transgender. Transgender and intersex people are to be managed according to their identified gender. An intersex person or a person who self-identifies as transgender has the right to be housed in a correctional facility of their gender of identification unless it is determined through CSNSW classification and placement that the person should more appropriately be placed in a correctional centre of their biological sex. The decision for this placement will be based on:

- the nature of their current offence and criminal history (for example, crimes of violence and/or sexual assault against women or children)
- custodial history (for example, previous management problems which impacted on the safety of other persons or the security of the correctional centre)
- perceived risk(s) to the continuing safety of the transgender person and/or other persons from the transgender person.

A recognised transgender person received into custody, who has identification proof showing that they are a recognised transgender person, is to be sent to a correctional facility of their recognised sex. All recognised transgender persons received into custody that do not have identification proof showing that they are a recognised transgender person and who have a previous arrest/custody as a different sex, must be sent to the Metropolitan Remand and Reception Centre (MRRC) for assessment and by CSNSW determination of placement.

When assessing a male or female transgender person, intersex person, or a person that does not identify as either male or female for placement in a female correctional centre, the CSNSW Classification and Placement Team (CPT) from Silverwater Women's Correctional Centre (SWWCC) must take part in the CPT assessment process at the MRRC. If appropriate, this may involve consultation with Network clinical staff.

The decision regarding placements of transgender patients is the responsibility of CSNSW. However, the Network staff must use the Health Problem Notification Form (HPNF) JUS005.001 to provide clinically based recommendations regarding a patient's placement in circumstances when a patient should not be left alone due to increased risk associated with a health issue. Refer to the Network policy [1.340 Accommodation – Clinical Recommendations \(Adults\)](#).

### 3.3. Youth Justice NSW

YJNSW has the *Working with lesbian, gay, bisexual, transgender, queer, intersex asexual plus young people Policy* for the management of transgender people; such management would be arranged on a case by case basis. Should a Network staff member receive a request from YJNSW to make recommendations on suitable placement based on transgender medical issues, the CDAMH must be contacted for advice.

Therapy for adolescent transgender persons should only be undertaken in consultation with specialists in this field and must be individualised for each person. Any adolescent transgender person already on medical therapy should have the therapy regimen reviewed promptly by a specialist endocrinologist to support its continuation in accordance with evidence based practice.

Adolescents with gender incongruence and/or dysphoria confirmed by a Network psychiatrist will be referred by the HC GP to the nearest LHD paediatric endocrinologist clinic e.g. John Hunter Hospital or The Children's Hospital at Westmead for further assessment and treatment.

YJNSW will provide ongoing psychological support to young people in custody with Gender incongruence and/or dysphoria.

### 3.3.1 Consent for Adolescent Patients

The medical treatment for gender incongruence and/or dysphoria consists of two stages, namely;

- Stage 1 which consists of the suppression of pubertal development and gonadal function, primarily by gonadotropin suppression using Gonadotropin-releasing hormone analogues, the effects of which are reversible; and
- Stage 2 which consists of pubertal induction via the administration of either oestrogen or testosterone, the effects of which are irreversible.

Legal advice should be sought regarding obtaining consent for any adolescent patients seeking treatment for gender incongruence and/or dysphoria including stage 1 or 2 treatment.

## 3.4. Forensic Hospital

The Network provides all clinical services and support for the care treatment, rehabilitation and recovery of patients. Therapy and support for transgender and intersex patients at the FH is provided by a multi-disciplinary team as part of consultation with the GP and CDFMH, on a case by case basis. Treatment and management interventions may require referrals or external consultations as part of this process.

## 3.5. Elective Sexual Reassignment Surgery

Elective Sexual Reassignment Surgery (SRS) will not generally be arranged for transgender persons in custody by the Network.

Prior to any consideration for referral by the Network for consideration of SRS a brief must be provided to the Chief Executive which details the expert advice sought by the relevant GP and the relevant Clinical Director within the Network and the external specialist(s) recommendations that SRS is considered necessary for the preservation of the health of the patient. The patient is responsible for the cost of elective surgery. Refer to policy [1.252 Access to Local Public Hospitals](#) and policy [1.253 Access to Private Health Services Policy](#).

## 3.6. Additional resources

The [Gender Centre](#) is a NSW Health funded centre and provides services including education, policies, resources and support, for both staff and the transgender and gender diverse community. [Intersex Human Rights Australia](#) is a not for profit organisation that can provide similar resources and support specifically in relation to the Intersex community.

Further useful guidelines for the care of transgender people include:

[World Professional Association for Transgender Health Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People](#)

[UCSF Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People](#)

[Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline](#)

## 4. Definitions

### Gender

Gender is part of a person's social and personal identity. It refers to each person's deeply felt internal and individual identity and the way a person presents and is recognised within the community. A person's gender refers to outward social markers, including their name, outward appearance, mannerisms and dress. A person's sex and gender may not necessarily be the same. An individual's gender may or may not correspond with their sex assigned at birth, and some people may identify as neither exclusively male nor female.

### Gender incongruence

This is an umbrella term used when the gender identity and/or gender expression differs from what is typically associated with the designated gender. Gender incongruence is also the name of the gender identity-related diagnoses in ICD-11. Not all individuals with gender incongruence have gender dysphoria or seek treatment.

### Gender dysphoria

This is the distress and unease experienced if gender identity and designated gender are not completely congruent

### Intersex

An intersex person is a person who has physical, hormonal or genetic features that are:

- Neither wholly female nor wholly male
- A combination of female and male
- Neither female nor male

An intersex person must be treated as a member of the gender with which they identify.

### Recognised transgender

A recognised transgender person is a person who has undergone sexual reassignment surgery and who has successfully applied for their birth registration and birth certificate to be altered, or for a change to be registered to show their new sex.

Recognised transgender persons must be treated as a member of the sex recorded on their new birth certificate or recognised details certificate.

### Transgender

A person whose gender identity differs from the sex that was assigned at birth. May be abbreviated to trans. A transgender man is someone with a male gender identity and a female birth assigned



sex; a transgender woman is someone with a female gender identity and a male birth assigned sex. A non-transgender person may be referred to as cisgender (cis=same side in Latin).

**Must**

Indicates a mandatory action required to be complied with.

**Should**

Indicates a recommended action to be followed unless there are sound reasons for taking a different course of action.

## 5. Legislation and Related Documents

Legislations

[Crimes \(Administration of Sentences\) Act 1999](#)

[Crimes \(Administration of Sentences\) Regulation 2014](#)

[Anti-discrimination Act 1977](#)

[Sex Discrimination Act 1984 \(Commonwealth\)](#)

[Australian Commonwealth Government Guidelines on the Recognition of Sex and Gender](#)

[Intersex Human Rights Australia](#)

[The Equal Opportunity Act 2010](#)

[The Australian Human Rights Commission Act 1986](#)

[The Universal Declaration of Human Rights](#)

[The Convention on the Rights of the Child](#)

Network Policies

[1.085 Consent to Medical Treatment – Patient Information](#)

[1.252 Access to Local Public Hospitals Policy](#)

[1.253 Access to Private Health Services Policy](#)

[1.340 Accommodation – Clinical Recommendations \(Adults\)](#)

Corrective Services  
NSW

[Custodial Operations Policy and Procedures section 3.8 Transgender and intersex inmates](#)

[Custodial Operations Policy and Procedures – Section 1.1 Reception procedures](#)

[Custodial Operations Policy and Procedures – Section 19.1 General escort procedures](#)

[Offender Classification and Case Management Policy and Procedures Manual](#)

Youth Justice NSW

[Working with LGBTQIA+ Young People Policy](#)

## Appendix 1 - Pathways to Care for Transgender Patients Requesting Hormone Replacement Therapy (HRT)

