



Submission cover sheet

Inquiry into men's suicide rates

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Inquiry into Men's Suicide Rates

Submission

A Gender Agenda welcomes the opportunity to provide a submission to the Legislative Assembly for the ACT's Standing Committee on Social Policies Inquiry into Men's Suicide Rates.

About A Gender Agenda

Founded in 2005 A Gender Agenda is the ACT's leading organisation supporting trans, gender diverse and intersex people in the ACT. As a community controlled, lived experience organisation, we provide social connection, peer navigation, service connection, advocacy, training and education to enhance wellbeing and improve the human rights of transgender, gender diverse, and intersex people, their families, supporters and friends. We work within a human rights framework and recognise the impact of social factors on the health, wellbeing, and life outcomes of our communities.

Suicide and Men

It is recognised that suicide is one of the leading causes of death among men in Australia. It is also recognised that suicide rates among LGBTIQ+ communities are alarmingly high – and this is particularly the case for trans, gender diverse, and intersex people. It is therefore important to recognise the particular factors contributing to suicide for men who are gay, bisexual, trans, gender diverse, and/or have innate variations of sex characteristics when considering men's suicide rates in the ACT. Sadly, conversations about men's suicide rates are often silent about the disproportionate rates of suicide amongst men who are from these sub-populations. However, given that almost 50% of LGBTIQ+ young people in the ACT had considered suicide in the past 12 months¹, and almost half of the intersex adults surveyed indicated that they had experience suicidality in the last 12 months (48.9%)²; the lack of consideration of these communities in the context of men's suicide is alarming.

We note the work of Meridian in the ACT, who work with people of diverse sexualities, sex workers, and people living with HIV, among other population groups of men. We defer to their submission regarding men's suicide in the populations they work with, and therefore focus the remainder of this submission on the communities represented and served by A Gender Agenda.

The remainder of this submission will explore some of the factors that, as an organisation, we feel should be considered when considering trans, gender diverse and intersex men's suicide in the ACT. Given the different experiences of men with innate variations of sex characteristics compared with trans or gender diverse men, where appropriate these factors will be considered separately for each cohort.

¹ Hill, A.O; Lyons, A. et al. (2021). *Writing Themselves in 4: The Health and Wellbeing of LGBTQA+ Young People in Australia*. La Trobe University: Melbourne. ARCSHS.

² Hill, A.O; Bourne, A. et al. (2020). *Private Lives 3: The Health and Wellbeing of LGBTIQ People in Australia*. La Trobe University: Melbourne. ARCSHS.

Trans, Gender Diverse, and Intersex – quick facts

- It is estimated that approximately 2-4% of the population are trans or gender diverse.
- It is estimated that between 1.7-3% of the population are intersex – though data on this rate are variable and heavily influenced by lack of census inclusion, medical secrecy and other factors.
- While there are intersex people who are trans or gender diverse, a large number of intersex people are cisgender. Suicidality within the intersex population over the lifetime, according to limited data sets available, is around 87%, and suicide attempts over the lifetime is roughly 50% of intersex people.³
- Within the ACT, reported suicidal thoughts and behaviours among the trans and gender diverse communities is similarly alarming. The TRANSform study is the largest trans health survey in Australia, and data for the ACT demonstrated that 38.4% of survey respondents experienced suicidal thoughts in the preceding 2 weeks.

It should be noted that data on suicide within LGBTIQ+ communities tends to focus on suicidal thoughts and suicide attempts – rather than completions. This is because death data collection and reporting strategies erase sexuality and gender affirmation, creating silence around our deaths. Binary reporting of death data based on M/F markers means that our communities experiences of suicide completion are invisible within the broader data sets.

Barriers to care and support

Significant barriers to accessing health services exist for trans, gender diverse and intersex men in the ACT. Many trans, gender diverse and intersex people within the jurisdiction report significant barriers in affordability, accessibility, professional knowledge, safety, inclusion, and affirming health care practices. This often results in trans and gender diverse people not seeking out services early, or seeking support at a time of crisis only, where inappropriate care can have greater adverse impacts. On attempting to access services in times of distress, A Gender Agenda have been informed of community members who have been misgendered repeatedly through crisis services, asked inappropriate questions about their gender affirmation in health care settings, and, in some settings, hung up on by mental health care services when they were in distress. According to data available regarding the ACT, the most experienced barrier to health care was misgendering, followed by being asked inappropriate questions⁴.

Support seeking behaviours, unsurprisingly therefore centre on LGBTIQ+ service delivery models – which are often limited in the level of crisis support that can be offered. Within the ACT, community members indicate through various feedback avenues that service support is generally sought from A Gender Agenda or Meridian most regularly, followed by the QLife phone service. While ‘mainstream’ services are accessed, these tend to be a last resort option.

While barriers exist for the broader trans and intersex communities, additional barriers exist in these communities for trans and intersex men, trans masculine people, and non-binary people (who are significantly underrepresented in service supports or discourses about suicide prevention). Trans men are rarely thought of in the context of men’s suicide support services, with such services often not indicating their inclusivity, knowledge, or ability to provide appropriate care to trans men. These factors also impact men with variations in sex characteristics. Similarly, cisgender and heterosexual men with variations of sex characteristics may not feel comfortable approaching LGBTIQ+ services during times of crisis, and may face compounding stigma and discrimination across different service spaces. Experiences of medical trauma and

³ Hill, A.O; Bourne, A. et al. (2020).

⁴ TransFORM – www.transresearch.org.au

medical distrust further limit service seeking behaviours amongst people with intersex variations, limiting service engagement.

As a result of access barriers, it is far more likely that men within these communities will turn to community for support. With the high suicidality rates experienced by our communities, it is therefore the case that people with experiences of suicidality are called on to support people with active suicide ideation – compounding risk within the community. However, inter-community support is often reported as being preferable, more affirming, and safer than support through other avenues. However, some in the broader trans community have felt that survival in the face of suicidal distress is a matter of luck – especially where there are compounding intersectional barriers such as disability.

Unique Drivers

While many of the known drivers for men’s suicide are shared with trans and intersex men, including isolation and distress, there are factors within these populations experience that need to be considered when exploring and understanding the drivers of suicidal distress.

Within both communities, we know that experiences of violence, stigma, and isolation correlate with suicidality. In recent years, violence (including physical violence, cyber violence, and harassment and abuse) has increased toward trans and gender diverse people broadly, and debates about trans people’s right to participate in different social institutions has had far ranging impacts on people with intersex variations. Media discourses and debates likewise enforce stigma and shame for both trans and intersex people, exacerbating risk factors for, and drivers of, suicidal distress amongst these populations. Lack of access to known protective factors – safe and supportive environments, sports and social group participation, positive representation in broader public discourse, and spaces to connect with shared community – also create unique drivers of suicidal distress in both trans and intersex communities⁵. Within public and communal environments, masculinity cultures can enforce and entrench such violence, which in turn can exacerbate feelings of isolation and shame for trans and gender diverse men and masculine people.

The role of Health Care in Unique Drivers for both communities:

While slightly different across both communities, health care plays a unique role as either a driver or protective factor for both trans and gender diverse men and masculine people, and intersex men. For trans and gender diverse men and masculine people, access to gender affirming care is a known protective factor. Several studies have highlighted that access to such care increased gender euphoria and decreased recent suicidal ideation⁶. Similarly, waitlist studies have demonstrated significant improvement in mental health

⁵ Zwickl, S., & Bailey, S. et al. (2025). ‘Exposure to anti-trans rhetoric, policies, and violence: associations with mental health outcomes in Australian trans and gender diverse communities’. (preprint) <https://doi.org/10.21203/rs.3.rs-7152164/v1>; Bailey, S., Trevitt, B.T., et al. (2025). ‘Internal barriers, external barriers, and bullying experience among trans people in sport and fitness settings: associations with psychological distress and suicidality.’ *International Journal of Transgender Health*, DOI:[10.1080/26895269.2025.2487017](https://doi.org/10.1080/26895269.2025.2487017)

⁶ Grant, R. et al. (2024). ‘The Role of Medical and Legal Gender Affirmation in Shaping Positive Mental Health Outcomes for Transgender and Gender Diverse People in Australia’, *Transgender Health*, [10.1089/trgh.2024.0007](https://doi.org/10.1089/trgh.2024.0007); Headspace (2024). *Evidence Summary: The association between gender-affirming care and youth mental health and wellbeing outcomes*. [Evidence-Summary-The-association-between-gender-affirming-care-and-youth-mental-health-and-wellbeing-outcomes.pdf](https://www.headspace.org.au/evidence-summary-the-association-between-gender-affirming-care-and-youth-mental-health-and-wellbeing-outcomes.pdf)

outcomes achieved through gender affirmation clinic support, for trans communities more broadly, as well as for trans and gender diverse men and masculine people specifically⁷

Research into the experiences with intersex variations is limited for a range of reasons. However, data into the experiences of intersex people is available, and highlights alarming drivers of suicidal distress for this community. One study highlighted that 60% of participants had suicidal thoughts, and 19% had attempted suicide for reasons directly associated with having an innate variation of sex characteristics, such as: lack of connection with others with same or similar variations; isolation caused by stigma or discrimination; family rejection; bullying from peers and teachers; impacts on romantic relationships because of the variation or associated fertility issues; traumatising medical interventions; loss of autonomy; lack of trust; and broader socio-cultural rejection.⁸

Recommendations

More needs to be done to understand the context of suicidality for trans men and transmasculine people, and men with innate variations of sex characteristics (intersex men). It is not acceptable that, in the context of such high rates of suicide within our communities our men and masculine folk are not included in the conversation about men's suicide. Gendered arguments about causes of suicidality in men's populations can, at times, reinforce perceptions of masculine experiences that exclude trans and intersex men, and do little to acknowledge or address some of the unique drivers and protective factors experienced by trans men, masculine people, and intersex men. In the face of these considerations therefore, A Gender Agenda make the following recommendations to the inquiry:

- Discourses surrounding men's suicide need to actively acknowledge and include discussions of suicide in trans masculine and intersex men's populations
- Funding be allocated to identify specific suicide prevention strategies for trans and gender diverse men and masculine people
- Funding be allocated to support suicide prevention resources focussing on intersex people generally, and intersex men specifically
- Dedicated crisis services be developed in the ACT for LGBTIQ+ communities, to support help seeking behaviours that cater to the needs of the community
- Existing services be supported to enhance the capabilities of men's suicide prevention services to ensure trans, gender diverse, intersex, gay and bisexual men are supported and considered safely within those service models.
- Continued research into drivers of suicidal distress amongst GBTIQ+ men be funded to enhance best practice approaches to supporting these communities
- Existing services be supported to build capability among lived experience staff who are often carrying their own experiences of suicide whilst being called on to support actively suicidal community and service users.

A Gender Agenda thanks the committee for their engagement with this important matter. We are happy to provide follow up information in support of this submission.

⁷ Nolan, B, Zwickl, S., & Cheung, A.S. (2024). 'Testosterone and Quality of Life in Transgender and Gender Diverse Adults Seeking Masculinization: A Secondary Analysis of a Randomized Clinical Trial'. *JAMA Network Open* 7(10). DOI:[10.1001/jamanetworkopen.2024.43466](https://doi.org/10.1001/jamanetworkopen.2024.43466)

⁸ Jones, T., Hart, B., et al. (2016). *Intersex: Stories and Statistics from Australia*. Cambridge: Open Book Publishers [10.11647/OBP.0089](https://doi.org/10.11647/OBP.0089)