

MANAGEMENT STRATEGIES USED FOR PELVIC PAIN & ENDOMETRIOSIS

A RESOURCE SERIES FOR TRANS AND GENDER DIVERSE FOLKS

A note on language...

This resource uses non-gendered, accessible, and medically accurate language to describe bodies and experiences. This includes terms like uterus, menstruation or period.

We recognise that language is deeply personal and is always growing and changing. If these terms don't feel right for you, we encourage you to use - and ask others to use - words that feel more comfortable and affirm your gender.

A whole body approach

Endometriosis can impact the whole body, so a variety of management strategies and support from different types of healthcare providers can be really helpful.

Management strategies can include pain medication, surgery, hormonal suppression, community support, allied health and complementary therapies.

A whole body approach also looks at the impacts on mental health and how co-occurring health conditions and other identities we hold can change how endo is experienced (and the supports needed).

Accessing care

This resource gives an overview of common strategies used to manage endometriosis (also known as endo).

Accessing endometriosis care as a trans or non binary person can be difficult, uncomfortable and even traumatic.

Here are some tools for support accessing care:

1) Sensitive practice request form. The person receiving care can check boxes and write information about how their health care provider can sensitively approach their care.

To download the form click [here](#) or scan the QR code.



2) A doctor letter on gender affirming language. This form can be filled out to include name, pronouns, other specific language and can be shared with a doctor.

To get the form, click [here](#) or scan the QR code, then scroll to the bottom of the page and download "Doctor letter – affirm name and pronouns".



For more information on management strategies (including average costs) scan the QR code or click the link below:



[Treatments and surgeries](#)

These resources have been co-designed by trans and gender diverse people with endometriosis.

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MEDICAL MANAGEMENT OF ENDOMETRIOSIS

Understanding hormonal suppression

Hormonal suppression comes in many forms, it includes oral contraceptive pills, non-contraceptive hormonal suppression, intrauterine devices (IUD's), injections, implants and gonadotropin releasing hormone (GnRH) agonists/antagonists.

Oral contraceptive pills (OCPs)

There are 2 types of OCP's:

1. combined oral contraceptives (oestrogen + progestin) and
2. progestin only contraceptives.

Progestin only methods are more commonly recommended in endometriosis.

For anyone **uncomfortable using a form of hormonal suppression that contains oestrogen, a progestin only method can be requested.**

(Combined oral contraceptives contain a very low dose of oestrogen that is not expected to have any feminising effects or interfere with gender affirming hormones.)

Non-contraceptive hormonal suppression

Not all forms of hormonal suppression used in endo are contraceptives. For example, the medication Dienogest (Visanne) is used to manage endo and contains progestin, but it isn't a reliable birth control method. Hormone containing contraceptives can't be used while taking Dienogest (Visanne). If a contraceptive is needed, a barrier method (e.g. condom) can be used.

Implants (Implanon / the rod)

This is a small rod that releases small amounts of progestin that is inserted under the skin (usually on the upper arm)

Injections (DepoProvera)

These injections contain a small dose of progestin and are delivered into the buttock or upper arm every 12 weeks.

GnRH agonists

These medications are often used as puberty blockers, and they tell the ovaries to stop making sex hormones (oestrogen and progesterone).

In people not using testosterone, changes in oestrogen levels on GnRH agonists can cause symptoms like hot flushes, night sweats, mood changes, and lower bone density (which can increase the risk of osteoporosis).

For those on testosterone, these symptoms are likely less common (testosterone even helps to protect bone density, similarly to oestrogen). Lower doses of testosterone (e.g. those seeking slower or fewer masculinising changes) are likely less protective against side effects and changes to bone mineral density.

Definitions

Medical language can be complicated, so this resource uses simple terms where possible. Below are some definitions of less known words and interchangeable terms.

Key words	Definition	Also known as...
Progestin	A synthetic (lab made) form of progesterone.	Progestogen, progesterone
Hormonal suppression	Medications that reduce the body's production of oestrogen and progesterone.	Hormonal contraceptives, oral contraceptives, IUD's, birth control, the pill
GnRH agonists	Medications that block the production of oestrogen and progesterone.	Gonadotropin releasing hormone agonists/antagonists, puberty blockers

Hormonal IUD's

Hormonal IUD's are small devices placed inside the uterus where they release a hormone called progestin. This can stop periods or make them much lighter. It often takes 3 to 4 months for menstruation or spotting to stop.

There are two main types of hormonal IUDs:

- **The Mirena** has more progestin, so it often works better at stopping periods and reducing heavy bleeding.
- **The Kyleena** is smaller and has less progestin, so it can be less effective at stopping periods and reducing heavy bleeding.

People who experience regular pelvic pain sometimes find that the size of the IUD causes pain. Because Kyleena is smaller, some people find it more comfortable.

The Copper IUD does not contain hormones and is not used to manage endo as it can make symptoms worse.

Insertion of IUD's can be traumatic and painful (but they don't have to be). Here are some things that can help:

- A health care provider can give pain relief and calming medications. It can help to contact the clinic first to check that these options are available.
- Sedation is available for IUD insertion but is more expensive.
- If taking testosterone, atrophy or thinning of the genital tissues can contribute to pain. If this is a concern, a doctor can prescribe topical oestrogen to apply to the genital tissues leading up to the procedure. This oestrogen only acts locally on the genital tissue and will not impact whole body oestrogen levels.
- Using a sensitive practice request form. The person receiving care can check boxes and write information about how their health care provider can sensitively approach their care. Click [here](#) or scan the QR code to download this form.



I had an experience when accessing hormonal suppression that I wish I'd been told to expect before it happened.

When the pharmacist said my dead name, I was confused (I'd already legally changed my name), until I realised they were reading out the name of my medication. Unfortunately oral contraceptives are often given feminine names.

I think knowing this was a possibility would have helped me to prepare mentally.

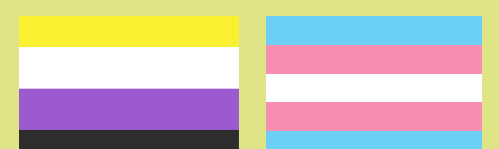


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Pain medications (analgesics)

People with endo often use a multi-pronged approach to managing pain. A variety of management strategies, such as pain medications (analgesics), hormonal suppression, heat packs, pelvic floor stretches, and acupuncture can help with pain management.

Pain medications (analgesics), unlike hormonal suppression, do not slow the growth of lesions.

Timing is important

To be effective, pain medications should be taken well before pain becomes unmanageable. For those with a regular menstrual cycle, starting pain medication 2-3 days before menstruation starts can be more effective.

Over the counter pain medications

Pain medications available without a prescription include paracetamol and non steroidal anti-inflammatory drugs (NSAID's), like Nurofen (ibuprofen) or Naprogesic (Naproxen) .

Non Steroidal Anti-inflammatory Drugs (NSAD's)

NSAID's are commonly known as 'anti-inflammatories' and they work by reducing prostaglandin (a chemical released during menstruation that causes pain and cramping).

Paracetamol is not an NSAID and has little impact on inflammation so tends to be less effective at managing menstrual pain. Some people find that when used in combination with ibuprofen it is more effective than ibuprofen alone.

Commonly used NSAID's (brand names in brackets) include:

- Naproxen (Naprogesic, Naprosyn, Proxen, Inza)
- Ibuprofen (Nurofen, Advil, Brufen, Rafen)
- Mefenamic acid (Ponstan)
- Diclofenac (Voltaren, Clonac, Fenac)

Mefenamic acid is available at reduced cost on the PBS for those with painful or heavy periods.

Side effects:

NSAID's can cause side effects in around 10% of users. These side effects can include: stomach upset, diarrhoea or constipation, heart burn, stomach ulcers, headaches, drowsiness, ringing in the ears and high blood pressure.

Talk to a doctor

Even though they don't require a prescription, it's best to talk to a doctor before starting NSAID's , especially when using them to manage a chronic condition. Always read the directions on the label and do not take more than the recommended amount.

Other pain medications require a prescription from a medical doctor. These might include:

- Opioids. These are stronger pain killers that come with risk of dependence and are not very effective for nerve pain. Opioids are usually not recommended for long term use.
- Medical cannabis. A legal prescription through a doctor trained in medical cannabis can ensure safety and quality. This is currently not a first line therapy, meaning standard therapies must have been tried first.
- Anti-convulsants like pregabalin which target nerve pain.

Tri-cyclic Antidepressants (TCA's)

Tricyclic antidepressants (TCAs), like amitriptyline, nortriptyline, and imipramine, are prescription drugs. They were first made to treat depression. Now, they are often used "off-label" for chronic pain, including pain from endometriosis and pelvic pain.

TCAs can be used for chronic pain in the presence or absence of mental health concerns.

How TCAs Work for Pain

- They change how the body processes pain by blocking some pain signals
- They help regulate chemicals, such as serotonin, that affect mood and pain perception.

In endometriosis, TCAs may be prescribed when other pain treatments fail. One study found that TCAs reduced pain in about 40% of people with endometriosis who didn't respond to other treatments.

TCAs can help with both nerve pain and centralized pain.

Medications that reduce heavy menstruation

NSAID's: these medications work by reducing prostaglandin levels. This can both ease pain and reduce heavy bleeding.

Tranexamic acid: this medication works by helping the blood to clot. It is typically better at reducing heavy bleeding when compared to NSAID's. This medication requires a prescription.

My doctor was more interested in my fertility than reducing my pain, even after I told them I did not ever want to become pregnant.

Everyone deserves to have their pain taken seriously, and its worthwhile finding a new health care provider if a doctor dismisses your pain.



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SURGICAL MANAGEMENT OF ENDOMETRIOSIS

Laparoscopy

What is laparoscopic surgery?

Laparoscopy is a minimally invasive surgery often used to both diagnose endo and improve endo symptoms.

It involves making small cuts (usually 1cm or smaller) into the abdomen (below the belly button), where a laparoscope (thin lighted tube with a video camera) is inserted into the pelvic cavity.

This camera is used to visualise inside the pelvic cavity in order to identify lesions. Carbon dioxide gas is pumped into the pelvic cavity to inflate the belly and allow for the surgeon to visualise the area better.

A laparoscopy is done under general anaesthesia, meaning the person is unconscious during the surgery and does not feel any pain.

If endo is found, a small sample is taken to examine under the microscope (this can help to confirm the diagnosis, but isn't always accurate).

Laparoscopy can also help to identify or rule out other co-occurring conditions that could contribute to symptoms.

What happens when endometriosis is found?

Two surgical methods are used to deal with lesions:

1. Excision (cutting out the lesions)
2. Ablation (burning off the lesions) - This is different to an endometrial ablation in which the lining of the uterus (endometrial lining) is removed.

Excision surgery is often preferred by patients, and guidelines recommend excision rather than ablation of endometriomas (endometriomas are cysts that form on the ovaries and are a common type of endo lesion).

Removal of deep endometriosis lesions

Deep endo that involves lesions on the bladder, ureter (tube connecting the bladder to the kidneys) or bowel often needs surgical experts from relevant fields such as a colorectal surgeon or urologist.

Hormonal suppression after laparoscopy

Use of hormonal suppression is often recommended after laparoscopy to reduce recurrence.

It is common for surgeons to recommend the insertion of a Mirena during surgery. This can help to minimise the pain, discomfort, trauma or dysphoria that many experience with the insertion of a Mirena while awake.

Common surgeries not specific to endometriosis

Endometriosis can sometimes occur alongside other health conditions. In some cases, surgery may be offered, such as:

- Dilation and curettage (D&C): a procedure to remove the lining of the uterus. This may be used to treat unusual bleeding or remove polyps.
- Hysteroscopy: a procedure that uses a small camera to look inside the uterus, which can help diagnose or treat certain issues.

When I had a laparoscopy I thought that the official confirmation of endo that came from it would open up new treatment options. I was disappointed to learn that the only options available were those I was already accessing.

There are many reasons to access laparoscopy, but access to other endo treatments isn't one of them.

Endo guidelines recommend treating suspected endo early on to improve pain and to reduce central sensitisation (this refers to the way a sensitised brain can increase pain levels).

Hysterectomy

A hysterectomy (surgical removal of the uterus) is sometimes performed as part of endo management.

It's important to understand that a hysterectomy does not treat endo, as endo exists outside of the uterus. Endo pain can continue or return after hysterectomy. A hysterectomy can be helpful in treating other causes of pelvic pain like fibroids and adenomyosis. It also removes a common trigger for pain: menstruation.

There are different types of hysterectomy:

- total hysterectomy: removal of the uterus and cervix
- subtotal hysterectomy: removal of the uterus alone (a total hysterectomy is often recommended as research shows no benefit to leaving the cervix behind). Those who have a subtotal hysterectomy still require cervix screening.

Sometimes the ovaries and fallopian tubes are also removed.

These surgeries are known as an:

- Oophorectomy: removal of the ovary or ovaries
- Salpingectomy: removal of the fallopian tube/s

If these surgeries are performed, it is recommended that excision of all endometriosis lesions is done at the same time.

These surgeries may be performed if

- a) there is a high chance of leaving endo behind without removal of the uterus, fallopian tubes and/or ovaries.
- b) other medical treatments have been tried and failed
- c) to stop menstruation or other causes of pelvic pain / heavy bleeding (like adenomyosis or fibroids)
- c) the person wants this approach (for some this is both a gender affirming surgery and endo management)

As endo is considered an oestrogen dependent disease, some people opt for removal of the ovaries (organs which produce oestrogen).

Removal of the ovaries causes what is commonly known as 'surgical menopause.'

This comes with some health risks like increased risk of heart disease and osteoporosis (brittle bones). These risks are reduced for those using testosterone. For those not using testosterone, hormone replacement therapy (oestrogen and progestogen) until the age of natural menopause can be used to reduce these risks.

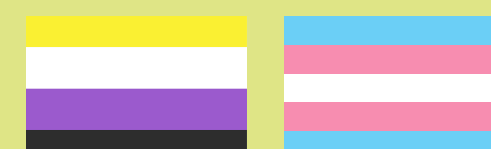


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ALLIED HEALTH, COMPLEMENTARY THERAPIES AND SELF CARE STRATEGIES

Allied health, complementary therapies and self care strategies are often used to help manage endo symptoms.

These can include:

- Pelvic floor physiotherapy
- Nutrition
- Acupuncture
- Self management strategies like heat packs, TENS machine, epsom salt/magnesium baths
- Herbal medicine and naturopathy
- Mental health support (psychology, counselling)
- Remedial massage therapy
- Movement



I've had people tell me to go and exercise when I'm in so much pain that I can't move. It's sort of like, wow, are you serious?

Self management strategies

Heat therapies: Heat (e.g. a heat pack, hot water bottle, electric heat pads, stick-on heat patches) can be used to help manage endometriosis pain. Heat can ease pain, reduce cramping and support blood flow.

Safety is important when using heat therapies. Follow the manufacturer directions and use heat for the recommended amount of time to prevent skin damage or burns.

TENS machine: A TENS (Transcutaneous Electrical Nerve Stimulation) machine works by sending mild electrical pulses through the skin to block pain signals and relieve pain.

Complementary therapies

Some people find that complementary therapies, in addition to regular medications, can help them to manage endometriosis symptoms. Common therapies include acupuncture, naturopathy and nutrition.

Acupuncture: This is a traditional Chinese medicine technique that uses thin needles to stimulate specific points on the body. It's been shown to help with chronic pain, and growing evidence suggests it may also reduce endometriosis symptoms.

Nutrition & naturopathy: Some folks find nutrition changes or targeted supplements helpful to managing endometriosis.

Common nutrition strategies include:

- increasing fibre (fruit, vegetables, legumes, whole grains)
- increasing omega 3 fats (like fatty fish)
- reducing specific food or drink that might increase symptoms (e.g. alcohol or FODMAP's)

A qualified nutritionist, naturopath or dietitian can give tailored advice to support people in making reasonable diet changes that prevent nutritional deficiencies and support a balanced, positive relationship with food..

Pelvic floor physiotherapy

Pelvic floor physiotherapy is often used to address

- pelvic pain
- bladder and bowel dysfunction (e.g. leaking or difficulty emptying the bladder)
- pain or discomfort during sex

Techniques may include manual therapy, relaxation exercises, and education to improve pelvic floor muscle function and reduce pain.

Remedial massage therapy

Massage therapy may provide relief from muscle tension and pain associated with endo.

Movement

Movement can be a helpful management tool, but only when done at the right time and in a way that feels comfortable for each person.

Movement can support mental health and may even reduce the severity of chronic pain.

Movement can be more challenging when chronic pain is involved, so many people find it helpful to get support from a physio or accredited exercise physiologist.

Pacing, scheduled rest days and a flexible approach to movement are important.

Movement is diverse, it could include walking, yoga, pelvic floor stretching, strength training or team sports.

It can be hard to exercise in public spaces as a visibly queer or trans person. Some folks find LGBTQIA+ gyms, movement groups or social sporting teams are a great place to start.

Click [here](#) or scan the QR code for a list of LGBTQIA+ sports clubs



Find more information on allied health, complementary therapies and self care by scanning the QR code or clicking the link below:



[Complementary and Alternative Medicine: A Guide for People With Endometriosis](#)

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LOOKING AFTER MENTAL WELLBEING



Community support

Experiencing endo as a trans or gender diverse person can be isolating. Connecting with others who've experienced endo or pelvic pain can offer vital support.

Connecting with gender diverse folk with endometriosis

Within a healthcare system that often lacks both competence and compassion, lived experience advocates and peers often become the most reliable and insightful source of support, offering knowledge, validation, and strategies to access the best care.

Gender inclusive endo (and related) facebook groups:

- Inclusive support for endo and other pelvic pain conditions Australia
- Endo Knows No Gend-O (international)
- Chronically fully sick

Connecting with trans and gender diverse folk

Trans community organisations offer valuable peer support, check out Community support and wellbeing resources on page 7 for a full list of support groups organised by state.

Connecting with disability community

While trans spaces can provide valuable support, they aren't always accessible to everyone. Some folks with endo describe finding the support and community they need in disability spaces.

See page 7 for a list of queer friendly disability spaces within the Community support and wellbeing resources.

Getting support from loved ones

Getting support from others in your life who may not understand what you're going through can be challenging. The resources below can help those with endo to get the support they deserve.

[Gather my crew app](#): helps you to ask for and co-ordinate support from loved ones during hard times.



[Supporters centre](#): access resources to give to loved ones, co-workers or teachers on how to support you during hard times.



Managing dysphoria

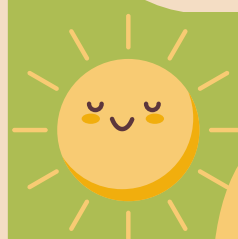
Having endo doesn't change anything about your gender - endo can impact anyone of any gender.

For some people, endo and the strategies used to manage it can bring on or worsen feelings of distress or gender dysphoria. Some folks describe that endo pain causes dysphoria by drawing attention to certain body parts. Effective pain management can be helpful here!

Endo management options are diverse and should aim to reduce symptoms while also minimising dysphoria, for example many trans and gender diverse folks prefer methods of hormonal suppression that do not contain oestrogen.

Some trans people find wearing clothing or doing activities that affirm their gender helpful (e.g. wearing gender affirming clothing, chest binding, using a packer). Others find help through community support (e.g. trans peer support groups) or visiting a gender affirming therapist.

For tools to manage discomfort, distress or dysphoria, check out the trans vitality toolkit over at TransHub by clicking [here](#) or scanning the QR code.



Some folks described that gentle activities that don't relate to how they look or feel help them to be in their body and give a sense of freedom from pain or dysphoria e.g. crocheting, knitting, drawing, sewing, feeling the sun or breeze on your skin.

Understanding the social model of disability

Some folks find that understanding the social model of disability helps them to better cope and live with endo. The social model of disability describes how people are disabled by barriers in society.

Within the context of endo, this can mean recognising that while the symptoms of endo can be disabling, these experiences of endo are worsened by the failings of society i.e. attitudes, policies or environments that limit our access to services or accommodations needed to participate in everyday life.

This theory is rooted within the disability rights movement and aims to empower those living with disability, taking the burden off these individuals and placing it on powerful institutions that have the power to improve access.

This theory also recognises that disability is a diverse experience and is impacted by factors like gender, sexuality, ethnicity and socioeconomic status e.g. queer and trans folks, people of colour, First Nations people and those who are multiply disabled or living with co-occurring chronic illnesses experience greater barriers to accessing services and accommodations.

While some people with endo describe themselves as disabled or as having a disability, others do not. It's completely up to you whether or not you wish to use this term to describe yourself or your experiences.

Everyone is deserving of accommodations and support!

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NEURODIVERGENCE & CO-OCCURRING HEALTH CONDITIONS

Neurodivergence and commonly co-occurring health conditions can change how endo impacts the body, daily life and access to care.

For example, neurodivergent people with differences in sensory processing might face overstimulation and communication challenges when in pain. While someone with both adenomyosis and endo may have additional symptoms and need a different management plan. Being neurodivergent can also create new barriers to accessing care.



Neurodivergence

Understanding neurodivergence and how it can shape the experience of endo can support people in finding the care and management strategies that work best for them.

Neurodivergence is a broad term. It doesn't just refer to autism and ADHD, but includes dyslexia, dysgraphia, bipolar, OCD, PTSD, learning disabilities, mental health concerns like depression and anxiety, and much more. The term describes variations in the ways that people think, sense, process and interact with the world.

Differences in sensory processing:

Differences in sensory processing are common in neurodivergence and affect how endo is experienced. For instance, Autistic people who menstruate often feel over stimulated and struggle to describe their pain. This can impact daily life and make it harder to access appropriate healthcare.

Sensory processing refers to how the brain and body interpret and respond to sensory input. This can vary greatly among individuals. For many neurodivergent people, sensory input might feel especially intense, barely noticeable, or shift depending on the situation. Some seek strong sensory input to feel grounded, while others avoid it to prevent overload. Stress, fatigue, and different environments can also change these responses.

Everyone can benefit from recognising and respecting their sensory needs!

Supporting sensory wellbeing can improve focus, energy, and social connection. For some, it's an important part of managing endo symptoms.

Sensory supports

Some people with endo find that sensory tools help to ease feelings of overwhelm or manage overstimulation. The suggestions below focus on calming and limiting sensory input:

- Reducing bright lighting e.g. dim lights, using lamps, wearing sunglasses
- Removing fragrances like perfumes or candles
- Reducing noise through noise cancelling headphones, earplugs or finding a quiet space
- Reducing textures e.g. wearing clothing with a comfortable texture, removing clothing tags or seams
- Firm pressure such as a weighted blanket
- Eating foods that you enjoy i.e. avoiding food sensory dislikes
- Limiting car rides and movement if this triggers sensory overstimulation
- Movement like fidgeting, stimming or other repetitive motions helps some people to cope with overstimulation

Co-occurring health conditions

Understanding the co-occurring nature of certain health conditions helps many to better spot, understand and advocate for the health care and other supports they need. A number of health conditions commonly co-occur in endo and are more commonly experienced by autistic folk.

For example, autistic folks experience higher rates of a number of health conditions such as premenstrual dysphoric disorder (PMDD), hypermobility, chronic fatigue, postural orthostatic tachycardia syndrome (POTS), migraines, tinnitus, IBS and jaw pain (TMJ).

Health conditions that impact those with endo at higher rates include coeliac disease, irritable bowel syndrome (which can also be a symptom of endo itself), PCOS and adenomyosis.

It can be hard to figure out if all symptoms are related to endometriosis or if there are co-occurring health conditions contributing. If experiencing symptoms not explained by endo or that do not respond to treatment, more investigation can be helpful.

Accessing care

It can be difficult as a neurodivergent person to access the care needed. Many people struggle with the lack of sensory friendly settings, short appointment times, communication differences, and difficulty booking and attending appointments.

The following supports can help:

- Create a list of needs in advance, and, if comfortable, share this list with the healthcare provider or a support person who can attend the appointment.
- Book an extended appointment if possible.
- Make sensory adjustments as needed, such as wearing sunglasses, a hat, headphones, or ear plugs.
- Bring a support person to assist with communication and provide emotional support.
- Prepare a list of symptoms, questions, concerns, and any other topics to discuss before the appointment.
- Ask for written summaries or follow-up instructions, bring a pen and paper to record important information, or record the appointment on a phone/device.
- Wear the Hidden Disabilities Sunflower lanyard to help healthcare staff identify that additional support or accommodations may be needed.
- Schedule appointments during quieter hours or book an online appointment.
- Refer to the guide on rating and describing pain on page 4 of A guide to signs and symptoms of endometriosis.
- Plan sensory breaks before and after appointments.
- Use scheduling and planning tools, such as calendars, alarms, and reminders.

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COMMUNITY SUPPORT AND WELLBEING RESOURCES

Find a trans and gender diverse or LGBTQIASB+ support group near you using the list below.


Groups specific to disabled LGBTQIA+ folks are marked with a disability pride flag 

Online or Australia wide Organisations or Support Groups


- QLife: Provides free, anonymous peer support and referral for LGBTQIA+ people nationwide via phone and online chat <https://www qlife.org.au/ 1800 184 527>
- Transhub: a digital resource for trans and gender diverse folk, and their friends and family <https://www.transhub.org.au/>
- Minus 18: find peer support and other services for LGBTQIA+ young people near you <https://www.minus18.org.au>
- Transcend Australia: offers peer support, advocacy, and resources <https://transcend.org.au/>
-  Disability & LGBTQIA+ Online group: an online monthly peer support group for disabled LGBTQIA+ community <https://pridecentre.org.au/resources/disability-lgbtqia-online-group/>
-  Our voices our lives our way: a digital advocacy resource for LGBTIQ+ people with disability and their communities https://www.lgbtighealth.org.au/disability_inclusion
- Black Rainbow: Support for Aboriginal and Torres Strait Islander LGBTQIA+ people <https://wellmob.org.au/key-resources/resources/37704/?title=Black+Rainbow+Australia&contenttypeid=1&contentid=37704 1>

State-Based Support Groups and Organisations

New South Wales

- The Gender Centre: runs multiple support groups <https://gendercentre.org.au/support-groups>
- Twenty10: support groups for LGBTQIA+ young people aged 12-25 <https://twenty10.org.au/>
-  SQuAD (Sydney Queer and Disability community group): a social support network for LGBTQIA+ people living with disability <https://www.rainbowcultures.org.au/directory/squad>

Victoria

- Transgender Victoria: Peer-led support groups, social clubs, and advocacy for trans, gender diverse, and non-binary people <https://www.tgv.org.au/social-groups>
- The Shed: Support group for transmasculine and non-binary people <https://www.theshedsupport.org.au/>
- (in) visible: a support project by and for queer and trans people of colour aged 16-25 <https://www.queerspace.org.au/our-services/queerspace-youth/>
- Queerspace: A range of peer-led program for LGBTQIA+ people and their families <https://www.queerspace.org.au/our-programs/>
- Brophy Family and Youth Services: In-person and online social events for LGBTQIA+ young people in regional Victoria aged 12-25 <https://brophy.org.au/our-programs/for-young-people/lgbtqia-programs/>
-  Inclusive Rainbow Voices: Community meet ups and advocacy for LGBTQIA+ people with disability <https://irv.org.au/about-irv/>

Queensland

- Open Doors Youth Service: Support for LGBTQIA+ young people (12–24) in South East Queensland. <https://www.opendoors.net.au/>
- QTrans: Advocacy, support, and information for trans people and their families <https://qtrans.org/social/>
- Gayawur Rainbow: peer-led mental health support, peer networks and safe spaces for LGBTQIA+SB people <https://www.qc.org.au/gayawur>

South Australia

- Trans Health SA: Information and support for trans young people and young adults <http://www.transhealthsa.com/>
- Thorne Harbour Health: Specialist mental health support for LGBTQIA+ people aged 16+ <https://thorneharbour.org/south-australia/mental-health-service/>
- SHINE SA: Information, resources, and links to support services <https://shinesa.org.au/community-information/sexual-gender-diversity/>
- Rainbow Directory SA: LGBTQIA+ services, groups and activities across SA <https://www.rainbowdirectorysa.com.au/>

These resources have been co-designed by trans and gender diverse people with endometriosis.

They centre lived experience and aim to provide you with up-to-date information, share collective knowledge, and help you to find community and relevant resources.

What does co-designed mean? This means that we recruited trans and gender diverse folk with endometriosis and facilitated an online space where they were actively involved in making decisions about the contents and wording of these resources.

The development of these resources was generously funded by Endometriosis Australia.



COMMUNITY SUPPORT AND WELLBEING RESOURCES

Western Australia

- TransFolk WA: Community and peer support for trans and gender diverse people and their loved ones <https://transfolkwa.org.au/>
- Freedom Centre: drop in space and support for LGBTQIA+ young people under 26 <https://www.freedom.org.au/>
- Peer pathways: a peer navigation service to help you find support for physical or mental wellbeing <https://peerpathways.org.au/>
- Pride with disability network: safe and inclusive social events for disabled LGBTQIA+ people <https://www.cdaproject.org.au/join-network/enim>
- Youth Pride Network: Advocacy group for LGBTQIA+ young people in WA including support resources and a safe spaces map <https://youthpridenetwork.net/>
- Living Proud: Information and resources for LGBTQIA+SB people in WA <https://www.livingproud.org.au/resources/>

Australian Capital Territory

- A Gender Agenda: Support for intersex, trans, and gender diverse people through community events and a drop in peer navigation service <https://genderrights.org.au/>
- Meridian: wellbeing services including sexual health services, mental health services and community events <https://www.meridianact.org.au/>

Tasmania

- Working It Out: Support groups, advocacy and education for LGBTQIA+ people <https://www.workingitout.org.au/>
- Signpost: Online directory of businesses in Tasmania that self identify as LGBTQIA+ inclusive <https://signpost.org.au/>

Northern Territory

- LGBTI Living Well by NTAHC: support groups and resources for LGBTQIA+ people <https://www.ntahc.org.au/lgbti-living-well>



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These references can be helpful additional reading but may use less accessible language and often do **not** use gender inclusive language.

All Qr codes and links within the resource will take you to carefully selected web pages which use correct and inclusive language.