Women's Health In the North
[redacted]

May 3, 2024

Australian Human Rights Commission
GPO Box 5218
Sydney NSW 2001

Sent via email to TGD.Submissions@humanrights.gov.au

To Whom It May Concern,

Re: Submission to the Australian Human Rights Commission, national project mapping current and emerging threats to trans and gender diverse human rights in Australia

Women's Health In the North (WHIN) welcomes the opportunity to make a submission to the inquiry on current and emerging threats to trans and gender diverse human rights in Australia.

We are supportive of this inquiry mapping the escalating threats to trans and gender diverse human rights in Australia, and exploring the breadth of impacts across social, economic, physical and emotional arenas. Gender is where feminism and trans rights intersect. Gender equity organisations are primed to support collaborative action that addresses the shared drivers of gender-based violence and to work in partnership with trans and gender diverse community organisations in primary prevention. Reform and coordination at a national level is required in order to support trans and gender diverse people in Australia who experience disproportionate violence, discrimination and abuse, as well as poorer access to healthcare, paid employment, information and support. We hope that this inquiry will lead to meaningful health, safety and economic policy responses that will make a real difference in the lives of trans and gender diverse people, and their health outcomes.

Through decades of work with communities and organisations at regional and state-wide levels, WHIN has a highly developed understanding of the drivers of gender-based violence across the life course. We welcome the opportunity to contribute to this inquiry and any further opportunity for input into your work.

If you have any questions about this submission, you are welcome to contact me at (03) 9484 1666.

Sincerely,

[redacted]

Helen Riseborough
CEO
Women's Health In the North

Submission to the Australian Human Rights Commission, national project mapping current and emerging threats to trans and gender diverse human rights in Australia

Women's Health In the North – May 3, 2024

Executive summary

This submission has been developed by Women's Health In the North (WHIN), the regional women's health promotion and advocacy organisation for the northern metropolitan region of Melbourne (NMR). The recommendations in this submission are based on the expertise and experience of WHIN in supporting gender equity and primary prevention of gender-based violence across the NMR over the last 30+ years. Our key recommendations are:

Recommendations
1. Invest in trans and gender diverse community organisations, both nationally and across all states and territories, to drive Australia-wide and placed-based prevention initiatives that are responsive to the needs to trans and gender diverse individuals and communities.
2. Invest in a national workforce industry plan and program of work to monitor and increase the capacity of the Australian gender-based violence prevention and response sectors to be responsive to both the shared and unique drivers of violence against women and against trans and gender diverse individuals and communities.
3. Include trans and gender diverse populations as a key priority population across all federal, state and territory policy frameworks, as a priority population that is distinct from, yet part of, the LGBTIQA+ community and human rights movement, and fund trans and gender diverse community organisations to provide policy advice to support this.
4. Invest in a national health and human service sector plan and program of work to monitor and increase the capacity of the Australian health and human service sector to be responsive to the needs and experiences of trans and gender diverse individuals and communities within mainstream health and human services.
5. Include the topics of sexual orientation, gender identity and variations of sex characteristics in the 2026 Census so that LGBTIQA+ populations can be accurately counted, to gather crucial information about service needs and to inform policy responses.

Background

On 22 February 2024, the Australian Human Rights Commission called for submissions on current and emerging threats to trans and gender-diverse (TGD) human rights, closing 12 April 2024. We appreciate the opportunity to provide a submission.

Women's Health In the North consents to this submission being published on the inquiry website and shared publicly online.

About Women's Health In the North

As the regional women's health promotion and advocacy organisation for the northern metropolitan region of Melbourne (NMR), Women's Health In the North (WHIN) seeks to eliminate gender inequalities and improve the health, safety and wellbeing of women and gender diverse people. WHIN's priorities include the prevention of gender-based violence, sexual and reproductive health, gender equity, health and wellbeing, family violence system leadership, and economic equality. In 2022, WHIN changed our priority population from 'women' to 'women and gender-diverse people', to reflect our commitment to supporting individuals and communities whose gender is marginalised under patriarchy. Since then, WHIN have worked in collaborative partnership with local TGD community organisations to address upstream threats to TGD gender and health equity, whilst delivering targeted community-facing activities and initiatives to support TGD communities and individuals to access safe, affirming and low-cost healthcare.

Key issues

This section is framed in direct response to Commission scope of investigation.

Anti-TGD abuse, discrimination, harassment, vilification and violence

a. Gender equity and gender-based violence (GBV)

Challenging gender inequality, gender binaries and rigid gender norms is key to preventing all forms of GBV. As a women's health service, WHIN's work primarily addresses the disproportionate levels of violence perpetrated by men against women. However, WHIN acknowledges that TGD communities experience similar rates of violence, perpetuated by overlapping drivers of GBV, as well as prejudice-motivated discrimination and abuse. For trans women and transfeminine people, transphobic and misogynistic attitudes compound to result in transmisogyny and increased experiences of violence, harassment and discrimination. Other forms of discrimination – including racism,

ableism, ageism, homophobia, and classism – intersect with sexism, misogyny and transphobia to increase the prevalence and severity of violence.[1,2]

There is emerging evidence to suggest that rigid gender stereotypes and dominant forms of masculinity drive both violence against women and violence against TGD people. Trans women were explicitly named within the *National Plan to End Violence Against Women and Children 2022-2032*, but we are yet to see committed funding to address this.[3] In addition, *Change the Story* identifies, in particular, rigid, binary and hierarchical constructions of sex, gender and sexuality as having significant impacts on the violence that women and LGBTIQA+ people and communities experience.[1,4] However, there is limited practice guidance on how to address both these forms of violence in shared prevention initiatives, or at least make prevention of violence against women initiatives inclusive of trans women and gender diverse people. Gender equity organisations are well-placed to work alongside TGD community organisations to strengthen collaborative action that addresses the shared drivers of GBV. There is appetite within the primary prevention sector to explore transformative frameworks which are responsive to both the shared and unique drivers of violence against women and against TGD individuals and communities. However, the implementation of this requires increased resourcing for TGD community organisations, as well as funding for a program of work that fosters integration, active partnerships and continued research into best-practice approaches.

b. Online abuse and digital spaces

Investigating the prevalence and escalation of transphobia in Australia, *Fuelling Hate* found that anti-trans hate is intensifying over time, with eight in ten research participants reporting an increase in online anti-trans hate since 2020.[5] This has coincided with anti-trans disinformation promoted by media and politicians, as well as the national tour of anti-trans lobbyist Kellie-Jay Keen.[5] In the previous 12 months, 94% of all participants had seen anti-trans abuse, harassment or vilification online, and 49% of trans participants had experienced this themselves.[5] TGD people experience online hate in many ways, including deliberate misgendering, hate speech, doxing, bullying, stalking, threats of physical and sexual violence, death threats, incitement to commit suicide and incitement to genocide. Routine transphobia in online spaces may be attributable to factors such as poor content moderation, mis and dis-information, and anti-trans forums organised across social media platforms.[5]

c. Anti-trans rhetoric and DARVO

40 responses from the *Fuelling Hate* research were excluded from the primary analysis due to use of anti-trans rhetoric and hate speech.[5] However, these responses demonstrated the perspectives of those who engage in anti-trans abuse, harassment, vilification and violence. 80% of these responses were submitted within short periods of time, which suggested that the study had been circulated among anti-trans networks and indicated a calculated approach.[5] Notably, many of the responses employed a DARVO (deny, attack, and reverse victim and

offender) strategy, which is commonly used by abusers when someone exposes their abuse.[5] As an organisation that works in GBV prevention and response, WHIN recognises the deep harm that this strategy causes for marginalised communities, and in particular for victim-survivors of violence. WHIN also rejects the overt vilification of TGD communities and individuals as perpetrators of violence towards women and children.

Anti-trans mobilisation, dis- and misinformation, and extremism and radicalisation

a. Anti-gender movement

Nearly 80% of Australians support TGD people having the same rights and protections as everyone else.[6] However, a global anti-gender movement is seeking to restrict or deny access to human rights both internationally and in Australia, which is undermining efforts to promote gender equity and trans justice.[7,8] Rising backlash is further driving violence within families, with TGD young people being abused or having their gender autonomy controlled, denied or delayed.[9]

Gender equity and trans justice have shared causes including bodily autonomy, reproductive rights, freedom of expression, freedom from discrimination and violence, pay equity, access to healthcare, representation and safety. However, divisive and harmful rhetoric in public discourse seeks to pit mainstream women's health organisations against TGD communities and organisations, in particular by vilifying trans women and trans feminine people. As a mainstream women's health service, we reject both the efforts at division, and the wilful misdirection from the issues which undermine women and gender-diverse people's health, safety and wellbeing. This is also impacting the capacity of both TGD-led and mainstream programs to work effectively with TGD communities, young people and their families. To address anti-gender movements, Australia needs a proactive response to backlash that considers backlash against both gender equity and TGD progress and programs.

b. The Manosphere, extremism and radicalisation

Misogyny and the subjugation of women continue to be a tool for recruitment across extremist groups. This fuels the 'Manosphere': a collective term for digital spaces that has formed as backlash to the perceived threat of feminism, feminists and women or people of any gender who are perceived to disrupt rigid gender norms and gendered power dynamics.[10] Web-forums and social media platforms are means through which groups such as Men's Rights Activists (MRAs) organise backlash against feminism and gender equality initiatives, including dismantling hard won rights like abortion access and access to gender affirming care.[11] There is evidence to suggest that there

are relationships between these groups and consumption of other 'Alt Right' content that promotes white supremacy as well as abuse towards minoritised groups, including LGBTQIA+ communities and individuals.[12]

While specific in their targets, groups such as MRAs, trans exclusionary radical feminists (TERFs), the Alt-Right and neo-Nazis behave similarly in their promotion of the supremacy of one group over another.[12] The reach and anonymity provided by online platforms enable individuals and groups opposed to feminism and gender equality to mobilise in mass numbers, network and organise across jurisdictions, and promote their views quickly and widely. Addressing these movements requires innovative solutions developed in consultation with policymakers and prevention practitioners to mitigate their harmful impacts, and prevent the recruitment of individuals to these forums and ideologies. Without proactive responses to these emerging and escalating threats, we risk the progress that has been made to date in gender equity and trans justice alike.

Education, employment, healthcare, housing, migration, service provision and the law

In Australia, TGD individuals and communities continue to face significant threats to their human rights across various facets of life. Among subgroups of TGD people there are important differences to note in relation to health outcomes, and we must tailor initiatives to reflect this diversity. Accessible and inclusive health services, policy and information must be resourced to enhance the human rights of TGD people who have disability and chronic illness, are members of Aboriginal and Torres Strait Islander, or migrant and refugee communities. While investment in more research is required, recent community-led studies outline specific health-related experiences. A sample of data is outlined below:

Private Lives 3: The Health and Wellbeing of LGBTIQ People in Australia

- 90.6% of trans men and 86.2% of trans women reported ever having thoughts about suicide. 61.2% of trans men and 58.3% of trans women reported having thoughts about suicide in the previous 12 months. Overall, non-binary people AFAB and non-binary people AMAB showed similar patterns in regard to suicidal ideation with just over 60% of each group reporting thoughts about suicide in the previous 12 months.[13]
- TGD participants reported higher rates of ever experiencing homelessness than cisgender participants. Over one third (34.3%) of trans men, 33.8% of non-binary participants, 31.9% of trans women, 19.8% of cisgender women and 16.8% of cisgender men reported ever experiencing homelessness.[13]

- Less than one third of trans women (32.0%) and trans men (29.0%), and one 10th (10.0%) of non-binary participants, reported gaining legal recognition for their gender identity in their birth certificate.[13]
- Less than half of trans women (49.5%) and trans men (49.5%), and one quarter (25.8%) of non-binary participants, agreed or strongly agreed with the statement, 'I have been easily able to access gender affirming care when I have needed to.'[13]
- TGD people with disabilities or chronic health conditions were more likely to (77%) report that others treat them unfairly because of their condition or disability.[13]

Writing Themselves In 4: The Health and Wellbeing of LGBTQA+ Youth in Australia

- Approximately nine out of ten TGD participants reported ever feeling pressured to pass as cisgender (90.1%), to express their gender in a binary way (88.5%), or to meet typical gender stereotypes (87.2%), and more than four in five (86.5%) felt pressured to prove they were 'trans enough' or 'really trans'.[9]
- Just over half (50.6%) of TGD young people aged 14-21 reported feeling their access to puberty blockers had been denied.[9]
- 54.2% of TGD participants had their gender identity disclosed without their consent at some point in their life.[9]
- Less than one-quarter of all TGD young people felt supported to affirm their gender legally (16.4%) or socially (23.8%).[9]
- 56.7% of TGD young people with disabilities responded that they had experiences in their educational environments that made them feel unsafe, compared with 45.1% of TGD young people without disabilities.[9]
- A high proportion of TGD young people with disabilities report experiencing high psychological distress (90.9%). Young TGD people with disabilities also experience greater levels of verbal (52.7%), physical (15%) and sexual (31.7%) violence because of their sexuality or gender identity than those without disability.[9]
- Only 21.5% of young TGD people with disabilities or chronic health conditions have reported that they felt their LGBTQIA+ identity is supported by the NDIS or disability support providers.[9]

2018 Trans and Gender Diverse Sexual Health Survey

- 53.2% of TGD participants reported experiencing sexual violence or coercion, compared to 13.3% among a general sample of people in Australia.[14]
- 60.1% of TGD participants had not participated in testing for sexually transmissible infections (STIs) in the previous year.[14]
- In hospital settings, 29.0% of TGD participants reported receiving care that was sensitive to their individual needs, and 65.5% of participants reported that clinic staff made assumptions about their body or sex life.[14]

These data are but a subset of broader examples of how the human rights of TGD communities are challenged, undermined and denied across various settings. The disproportionately poor health-related outcomes experienced by TGD individuals and communities are the result of systems and structures that have been built and reinforced by patriarchal hierarchies and cisnormative expectations of gender. Addressing stigma and discrimination across these settings requires intervention at all levels of the social ecology, considering policy, community, organisational, interpersonal and individual norms, practices and structures.

Conclusion

Gender equity work is an important vehicle for mutually reinforcing social benefit. Mainstream gender equity organisations are well-placed to work alongside TGD community organisations to strengthen collaborative action that addresses the shared drivers of GBV. Partnerships between these organisations are to be expected - and encouraged - to enable collaborative action that both avoids fragmenting the work and unites communities against the anti-gender movement. There is appetite within the primary prevention sector to explore transformative frameworks which are responsive to both the shared and unique drivers of violence against women and against trans and gender diverse individuals and communities. However, the implementation of this requires increased resourcing for TGD community organisations, as well as funding for a program of work within TGD community organisations that fosters integration, active partnerships and further research into best-practice approaches.

Recommendations
1. Invest in trans and gender diverse community organisations, both nationally and across all states and territories, to drive Australia-wide and placed-based prevention initiatives that are responsive to the needs to trans and gender diverse individuals and communities.
2. Invest in a national workforce industry plan and program of work to monitor and increase the capacity of the Australian gender-based violence prevention and response sectors to be responsive to both the shared and unique drivers of violence against women and against trans and gender diverse individuals and communities.

3. Include trans and gender diverse populations as a key priority population across all federal, state and territory policy frameworks, as a priority population that is distinct from, yet part of, the LGBTIQA+ community and human rights movement, and fund trans and gender diverse community organisations to provide policy advice to support this.
4. Invest in a national health and human service sector plan and program of work to monitor and increase the capacity of the Australian health and human service sector to be responsive to the needs and experiences of trans and gender diverse individuals and communities within mainstream health and human services.
5. Include the topics of sexual orientation, gender identity and variations of sex characteristics in the 2026 Census so that LGBTIQA+ populations can be accurately counted, to gather crucial information about service needs and to inform policy responses.

Endorsements

This submission is endorsed by the following organisations:

References

1. Our Watch. (2021). Change the story: A Shared Framework for the Primary Prevention of Violence against Women in Australia (2nd ed.). Melbourne, Our Watch.
2. Department of Premier and Cabinet. (2016). Ending Family Violence: Victoria's Plan for Change. Melbourne: State of Victoria.
3. Department of Social Services. (2022). National plan to end violence against women and children 2022-2032. Commonwealth of Australia.
4. Carman M, Fairchild J, Parsons M, Farrugia C, Power J, Bourne A. (2020). Pride in Prevention A guide to Primary Prevention of Family Violence Experienced by LGBTIQ Communities. Melbourne: Rainbow Health Victoria.
5. Trans Justice Project and Victorian Pride Lobby. (2023). Fuelling Hate: Abuse, vilification and violence against trans people in Australia. Melbourne: 2023.
6. Equality Australia. (2021). New research shows overwhelming support among Australians on trans equality. https://equalityaustralia.org.au/new-research-shows-overwhelming-support-among-australians-on-trans-equality/
7. McEwen, H., & Narayanaswamy, L. (2023). The international anti-gender movement: understanding the rise of anti-gender discourses in the context of development, human rights and social protection (No. 2023-06). UNRISD Working Paper.
8. GATE. (2024). Anti-gender movements. https://gate.ngo/knowledge-portal/campaign/anti-gender-movements/
9. Hill, A., Lyons, A., Jones, J., McGowan, I., Carman, M., Parsons, M., ... & Bourne, A. (2021). Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia.
10. Respect Victoria. (2023) Summarising the evidence: Online abuse and harassment. Melbourne: Respect Victoria; 2023.
11. Dignam, P. A., & Rohlinger, D. A. (2019). Misogynistic men online: How the red pill helped elect Trump. Signs: Journal of Women in Culture and Society, 44(3), 589-612.
12. Bassi, S., & LaFleur, G. (2022). Introduction: TERFs, gender-critical movements, and postfascist feminisms. Transgender Studies Quarterly, 9(3), 311-333.
13. Hill, A., Bourne, A., McNair, R., Carman, M., & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia.
14. Callander, D., Wiggins, J., Rosenberg, S., Cornelisse, V.J., Duck-Chong, E., Holt, M., Pony, M., Vlahakis, E., MacGibbon, J., & Cook, T. (2019). The 2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of Findings. Sydney, The Kirby Institute.

Zoe Belle
Gender Collective

Thursday 10 April 2024

To whom it may concern

I am writing on behalf of Zoe Belle Gender Collective (ZBGC), a community-led Victoria-based advocacy organisation committed to supporting the rights and well-being of trans and gender diverse individuals. Our vision is a world where all transgender and gender diverse people live free from prejudice, discrimination, and violence.

We are proud partners of Women's Health in North and are pleased to offer our endorsement of the attachment submission to the Australian Human Rights Commission's national project mapping current and emerging threats to trans and gender diverse human rights in Australia.

Trans women, especially trans women of colour, have always faced disproportionate levels of violence and discrimination. There is currently an alarming surge of anti-trans sentiment and legislative actions gaining traction worldwide. Trans women and trans and gender diverse children have been the primary targets. This backlash is exacerbating existing inequalities and violence-supporting attitudes and poses a significant threat to the well-being, safety, and human rights of trans people. This backlash also reinforces harmful gender stereotypes and further entrenches inequality in our whole society.

Women's health and gender equity organisations have an important role to play in future efforts to address this violence and backlash as part of our shared work to build an inclusive and gender equal world.

We thank WHIN for their support and call on other women's health and gender equity organisations to support their submission.

Warm regards,

Starlady
Program Manager
Zoe Belle Gender Collective