

7/3/24

Dear Australian Human Rights Commission,

I write with reference to the call for submissions on current and emerging threats to trans and gender diverse human rights. I am a researcher with over a decade of experience working with trans communities, and a psychotherapist with over a decade of experience working with trans young people.

With regard to clinical services for trans young people, a key threat relates to families where one parent does not consent to social or medical transition. When a young person wishes to legally change their name or gender, or commence medical treatment, and one of their parents does not consent, this leads to extensive, fraught, and often unsuccessful and costly legal battles. While the views of the parents of children should be heard, there is an issue when the views of one parent is privileged over the other at the cost of the needs of the child.

In a related matter, there are also instances where the views of both parents are not in support of a child. For such children, mechanisms for them to access any form of medical or legal help are limited. Such children are at much higher risk of self-harm and suicidality. Needed are mechanisms that allow young people to access services without the support of their parents. This includes for young people who are living in state care.

In terms of research, while across the board we see reported improvements in the lives of trans people in Australia, we also see significant barriers. In my experience these pertain to barriers to inclusion in schools, in health care, and in the criminal justice system. When services in any of these areas restrict services to a particular gender, or enforce a gender binary, or insist upon treatment according to sex assigned at birth, trans people are not only disadvantaged, but are also excluded. The placement of trans women in male prisons, for example, is a significant problem. The refusal by schools to accept a child's determination of their gender is a significant problem. And the situation of specific health services under a single gender banner (e.g., pap smears under 'women's health') severely limits the inclusion of trans people.

In all of the examples above, redress may be provided by legislative, practice, and or policy-based change. Any changes would likely significantly contribute to the wellbeing of trans people in Australia.

Yours Sincerely,



Dr Damien W. Riggs