SECCA – Current and Emerging Threats to Trans and Gender Diverse Human Rights

Sexuality Education Counselling and Consultancy Agency (SECCA) was founded in 1991 in Western Australia (WA) by a small group of professionals working in the wellbeing sector, whose own lives involved people with a disability. Our focus was to eliminate the gap in education and therapeutic support for people with disability regarding their sexuality, sexual health, and relationships. We aim to expand an individual (or individuals) knowledge and understanding of issues relating to sexuality and healthy relationships, with a view to increasing safety, autonomy, and life-enriching experiences. SECCA has been supporting people with disability, and their significant support workers for three decades. Our expertise in education, counselling, and consultancy in relation to human sexuality, sexual health, and relationships puts us in the unique position to understand the nuances of sexuality, and trans, gender-diverse and nonbinary (TGDNB) people with disability, as well as the critical nature of understanding the needs within these communities now, and into the future.

SECCA acknowledges that TGDNB individuals encounter multifaceted challenges in the recognition and realisation of their human rights and societal equity. When compounded with disability, these challenges intensify, reflecting the intersectionality of identities and the magnification of systemic barriers and discrimination.

SECCA is aware of multiple challenges, and current and emerging threats to TGDNB people and their human rights. These include:

1. **Limited Research and Underreporting:** Research examining the intersection of disability and TGDNB identities is sparse, resulting in the underrepresentation and underreporting of TGDNB PWD. For instance,

studies by White Hughto et al. (2019) and Bauer et al. (2009) highlight the scarcity of data on TGDNB individuals with disability, emphasising the need for more comprehensive research methodologies to capture the nuanced experiences of this population. Additionally, the invisibility of TGDNB people with disability in research perpetuates their marginalisation, hindering efforts to address their specific needs and rights effectively. Further research by Grant et al. (2017) underscores the importance of including disability status as a demographic variable in population-based surveys to better understand the experiences of TGDNB individuals with disability. Additionally, population-based surveys should provide self-description fields for personal identities such as gender to allow for accurate language and the empowerment of all people (Andreassen et al., 2024).

Additionally, TGDNB people are more likely to experience chronic health conditions including persistent pain, migraines, and chronic fatigue with minimal research conducted to determine cause and impacts (Rich et al., 2020). This limited research leads to myths and assumptions including linking the development or severity of the illness with minority stress or linking causation rather than correlation. Often TGDNB identity is seen as an illness and the discrimination and oppression they are experiencing is ignored. Such pervasive misinterpretations of the limited data and research also propagate ideas such as TGDNB identities are a 'symptom' of neurodevelopmental or intellectual disability. Further, there is also the concerning view that people with disability are unable to comprehend gender and thus cannot therefore be TGDNB.

2. **Cis/Het Norms and Gender Exploration:** The pervasive cisgender and heteronormative perspectives that are prolific in society impose significant constraints on people with disability when exploring their gender identity. There may be direct policies and procedures that limit the ability of people with disability to interact with social or legal aspects of affirming gender. For example, they may be unable to wear clothes, make-up, or shoes that are not typical for their presumed gender at birth. Research by Riggs et al. (2017)

illustrates how societal norms often prescribe rigid gender roles, leaving little room for people with disability who are not inhibited by oppressive policies and procedures to express their gender authentically. This is further exacerbated by ableism, as disabled individuals are frequently infantilised or desexualised, inhibiting their ability to explore and express their gender identity freely. The intersectionality of disability and TGDNB identities further exacerbates these challenges, creating a formidable barrier to self-expression, autonomy, and dignity of risk. Additionally, studies by Mizock and Lewis (2008) and Roberts et al. (2017) highlight the need for healthcare providers to undergo training on cultural competency and disability awareness to provide inclusive care for TGDNB people with disability.

3. **Minimisation of TGDNB Identity:** TGDNB people with disability often face the minimisation of their identities due to societal stereotypes and ableism. Research by Clements-Nolle et al. (2006) highlights the intersectional discrimination faced by TGDNB people with disability, with many experiencing invalidation and disbelief when asserting their gender identity. The recent "Cass report" underscores the pervasive nature of this minimisation, revealing how societal misconceptions about disability can overshadow TGDNB identities, leading to erasure and marginalisation within both disabled and LGBTQIA+ communities. For example, narratives of disability as inherently asexual may lead to the dismissal of TGDNB identities within disability advocacy spaces, further marginalising TGDNB people with disability. Additionally, studies by Strickland et al. (2018) and Temple et al. (2020) explore the intersectional experiences of TGDNB individuals with disability and emphasise the need for inclusive policies and practices to address their unique needs.

4. **Case Study:** At SECCA, we frequently encounter clients who experience the challenges outlined in this position paper. One such case involves an individual who began working with SECCA when they were 16 years of age. Both parents did not affirm their gender and actively threw out clothing that

they felt was not appropriate for their assigned sex at birth. Family education was attempted, however, the family were adamant it was a 'phase'. Client 'E' was suffering from extreme distress due to dysphoria and experiencing bullying and harassment at school they were not equipped to handle. This was impacting their overall mental health, however, their family decided to abruptly end sessions with SECCA. Whilst SECCA followed their due diligence regarding the clients safety and wellbeing, due to the lack of specified funding for sexual health and related counselling the clients' autonomy was reduced and their parents were making decisions on services they could/could not access resulting in the likelihood of negative mental health outcomes. Thus highlighting how societal stigma and lack of support for people under 18 can limit autonomy, dignity of risk, and impact negatively on youth.

5. **Inaccessibility of Educational Supports:** people with disability already encounter significant barriers in accessing educational supports, which are exacerbated for TGDNB people with disability. Research by Murphy et al. (2014) and Jones et al. (2019) demonstrates how educational institutions often lack adequate accommodations and support for disabled students, resulting in disparities in academic achievement. For TGDNB people, these barriers are compounded by discrimination and a lack of understanding, further marginalising them within educational settings and limiting their opportunities for personal and academic growth. Examples include inaccessible campus facilities and discriminatory policies that fail to accommodate diverse gender expressions and identities. Further research by Meiners et al. (2021) highlights the importance of inclusive education policies and practices in creating supportive environments for TGDNB students with disability.

6. **Lack of Social Support:** Social support networks for people with disability are often insufficient, leaving many individuals isolated and marginalised. Research by Meads et al. (2019) highlights the social exclusion experienced

by disabled individuals, with limited access to inclusive communities and services. This lack of social support is particularly detrimental for TGDNB people with disability, who face additional challenges in finding acceptance and understanding within both disabled and LGBTQIA+ circles. For instance, TGDNB people with disability may encounter barriers to accessing peer support groups or face rejection from family members due to the intersectionality of their identities. Additionally, studies by Clements-Nolle et al. (2019) and Stotzer (2009) explore the role of social support in buffering against the negative effects of discrimination and highlight the need for community-based interventions to promote resilience and well-being among TGDNB individuals with disability.

7. **Impacts of Stereotypes and Discrimination:** Stereotypes, stigma, and discrimination have profound impacts on the mental and physical health of TGDNB people with disability. Research by Reisner et al. (2016) and Fredriksen-Goldsen et al. (2014) demonstrate the detrimental effects of minority stress on TGDNB people, leading to higher rates of mental health disorders and substance abuse. Additionally, the intersectionality of disability compounds these effects, as disabled individuals face heightened discrimination and social exclusion. Without adequate support and protections, TGDNB people with disability are left vulnerable to the detrimental impacts of systemic discrimination and marginalisation, impacting their overall health and well-being. This includes misdiagnosis of personality disorders at a rate much higher than cisgender peers (Goldhammer et al., 2019; Porter, 2023). Further research by Hatzenbuehler et al. (2014) and Budge et al. (2016) highlights the need for intersectional approaches to address the unique health disparities faced by TGDNB people with disability and emphasises the importance of policy interventions to promote equity and social justice.

8. **Link to Poorer Physical and Mental Health:** The intersectional discrimination and marginalisation experienced by TGDNB people with disability significantly

impact their physical and mental health outcomes. Research consistently demonstrates that minority stress, resulting from experiences of discrimination, stigma, and social exclusion, contributes to adverse health outcomes among TGDNB individuals. For example, studies by Reisner et al. (2016) and Fredriksen-Goldsen et al. (2014) highlight the association between minority stress and increased rates of mental health disorders, including depression, anxiety, and suicidality, among TGDNB individuals. Furthermore, the intersectionality of disability exacerbates these disparities, as people with disability already face heightened levels of discrimination and barriers to accessing healthcare services. Studies have shown that people with disability are more likely to experience poor physical health outcomes, such as chronic health conditions and disability-related complications. When intersecting with TGDNB identities, these disparities are magnified, leading to even greater health inequities. For instance, research by Power et al. (2018) and Hatzenbuehler et al. (2014) highlights the compounding effects of multiple forms of stigma and discrimination on the health outcomes of TGDNB people with disability.

Moreover, the lack of social support and inclusive communities further contributes to the health disparities experienced by TGDNB people with disability. Social support plays a critical role in buffering against the negative effects of discrimination and promoting resilience and well-being. However, TGDNB people with disability often encounter barriers to accessing supportive networks due to the intersectionality of their identities. Research by Meads et al. (2019) and Budge et al. (2016) underscores the importance of addressing social isolation and promoting inclusive communities to improve the health outcomes of TGDNB people with disability. Essentially, the challenges outlined in this position paper, including discrimination, marginalisation, and lack of social support, contribute to poorer physical and mental health outcomes among TGDNB people with disability. Addressing these challenges requires intersectional approaches that recognise the unique needs and experiences of this population and promote equity and inclusion in all aspects of society.

The intersectionality of disability and TGDNB identities presents complex challenges that demand comprehensive and intersectional approaches to address. By mapping the current and emerging threats to TGDNB human rights, this paper underscores the urgent need for targeted interventions and policy reforms to safeguard the rights and well-being of TGDNB individuals, particularly those with disability. Only through concerted efforts to dismantle systemic barriers and promote inclusivity can we ensure the full realisation of human rights for all individuals, regardless of their gender identity or disability status.

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