



Special Commission of Inquiry into LGBTIQ hate crimes

Statement of Dr Eloise Brook

15 November 2022

This statement made by me accurately sets out the evidence that I would be prepared, if necessary to give to the Special Commission of Inquiry into LGBTIQ Hate Crimes as a witness. The statement is true to the best of my knowledge and belief.

A. BACKGROUND

1. My name is Eloise Brook.
2. I am the Health and Communications Manager at The Gender Centre Inc. I have been in that position since April 2021. I also served on the board of the Gender Centre from 2015 to 2019.
3. I am also a writer, advocate and academic. I have researched and lectured in political science and gender studies at the University of Sydney, Western Sydney University and Victoria University. I have written for the Guardian, the Sydney Morning Herald, the Conversation, Overland and Archer Magazine. I am the editor of Australia's most well-known magazine for the transgender and gender diverse community, POLARE.
4. In 2019, I released a podcast called "Counting the Dead", which was based on my research into and investigation of homicides against transgender people.
5. I have co-authored a number of academic papers on the subject of trans women's experience of violence and the challenges of accessing health care. My CV is attached. **(SCOI.77410)**

B. THE GENDER CENTRE

6. The Gender Centre is the peak state-wide multidisciplinary centre providing a broad range of specialised services that enables the exploration of gender identity and assists trans and gender diverse people, families and young people to live their best lives.

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7. We are a community-led organisation that has been supporting trans and gender diverse people for nearly 40 years, since 1983.
8. Some of the services we provide include:
 - a. **Accommodation** – We operate refuge and transitional housing to transgender and gender diverse clients who are homeless or are at risk of becoming homeless. Clients who stay with us also have a case worker who assist them to build their capacity for independent living.
 - b. **Case management** – We provide support to people on all aspects of their transition. Transgender people are among the most marginalised in society and many of our residential service clients, and a number of our community clients, present with a complex range of needs. Many of these clients require and use a wide range of services, including housing, income, health, employment, education and training assistance. Our case management service enables clients to formulate their own individual support plan with the assistance and encouragement of a case manager. The case manager may assist the client to access other agencies.
 - c. **Counselling and mental health** – We offer a free, professional counselling service to the transgender and gender questioning community. We also provide support and education to school counsellors and counsellors in regional areas.
 - d. **Family support** – In recent years, we have met the increased demand for casework for families. Much of the harm experienced by young trans people occurs when the family supporting them breaks down. We try to work with families to keep a loving, supporting family around trans youth. We try to show families that being a trans person is as valid an identity as any other kind of diversity, so as to break down the stigma or the shame that they had often experienced.
 - e. **Groups** – We organise and facilitate a range of groups for our community, including groups for: gender questioning youth or youth in transition; partners of trans and gender diverse people; parents of trans and gender diverse youth; over-40s; young women; non-binary support; and transgender males. These groups provide support and access to resources and community, providing a safe supportive space to connect and be themselves.
 - f. **School training** – We are sometimes invited into schools to provide training on the needs of people with gender issues. Sadly, some parts of the conservative side of

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politics have made it seem as though trans people are demanding special treatment at schools, and a candidate in the most recent election even platformed on hatred and rejection of transgender children. We try to emphasise that it's about making sure everybody gets the same kind of treatment, and the same opportunities to access education and to feel safe at school. We also teach that the more diversity you bring into a school, the richer the school's culture.

- g. **Training to police** – We train police on how to engage with the trans community. We try to explain that while everyone can feel some anxiety when noticed by police, that fear is significant for trans people. That fear is a barrier to a positive interaction. What we encourage police to do is introduce themselves and give their pronouns – for example, “Hi, I’m David, my pronouns are he/him.” It signals that you respect their gender identity, and that the reason you’re approaching them isn’t about their gender. I know that the Gay and Lesbian Liaison Officers, or GLLOs, are doing this, but we hope this practice is spreading further.

9. As far as I am aware, there is no other service in the world that provides the same range of services or has the same depth of connection to the transgender and gender diverse community as the Gender Centre.

C. TRANS HISTORY IN NSW

10. In 2022, the Gender Centre and ACON together launched a report by Professor Noah Riseman titled *New South Wales Trans History*. (SCOI.76805)
11. The Gender Centre commissioned this report because the history of our community and the struggles undertaken by our elders is vitally important to give us a sense of who we are and what we have yet to achieve.
12. I have conducted independent research on trans history during my academic career, particularly in the context of looking into areas of much needed scholarly enquiry.
13. The summary of trans history below is drawn from Professor Riseman’s report, my own research, and the knowledge I have gained by working at a frontline service provider for transgender people.
14. Some of the language I refer to is now considered outdated or offensive. However, it is important to understand, not erase, this history so we can move forward from it.

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The defining of the “transsexual” by the medical profession

15. Throughout history, there have been people who broke from or crossed gender norms. However, we have not always had the language of trans or gender diversity, nor did a trans identity exist.
16. It was the medical profession that, in the 1950s, created the notion of a “transsexual” person. Psychiatrists saw being “transsexual” as a clinical problem – that a person saw themselves as trapped in the wrong body.
17. The emergence of this language coincided with the advent of gender affirmation surgery, which at the time was called “sex reassignment surgery”. Accordingly, for medical professionals, the “problem” of being a transsexual could be “treated” in appropriate circumstances by physical transition.
18. The underlying narrative in this period was one of transition being a “correction”, such that body aligned with the gendered “spirit”.
19. Dr Harry Benjamin wrote many influential works in this field, including an article “Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndromes” in 1954, and a book *The Transsexual Phenomenon* in 1966. His work dominated the approach of the medical profession for years to come.
20. While Dr Benjamin was sympathetic to the trans community, the consequence of the medical discourse he helped create was that doctors and psychiatrists became the gatekeepers of who was a “true transsexual”, and who had access to hormones and/or gender affirmation surgery.
21. Thus medical professionals might refuse options for medical transition to trans women who failed to conform to expected stereotypes for middle class, white, cis women, or if their physical appearance or mannerisms were perceived as too masculine, or if their lifestyles were not sufficiently respectable. The “ideal” trans woman was one who, having undergone a medical transition, would disappear into society and live a “stealth” lifestyle, indistinguishable from cis women.
22. People that I have spoken to who lived through that era talk about having a copy of the “guidelines” that psychiatrists would use to assess “transsexuals”, and coaching each other on the right things to say in order to be given access to medical transition options.
23. There was often a conflation of gender and sexual diversity in the medical profession. For example, trans women seeking medical support for their transition were often required to

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demonstrate that they had no physical attraction to women. Some psychiatrists focused on trying to distinguish “true transsexuals” from ordinary gay men.

24. That conflation also existed in the public eye. There was a view that being transgender was the natural extreme of being homosexual – that you were so gay that you crossed a threshold. One prominent example was trans woman Christine Jorgensen, a global celebrity in the 1950s. In interviews from that era, she is constantly needing to explain that despite having a sexual attraction to men, she was not a gay man.

The 1950s-1980s: The camp scene in Kings Cross and Darlinghurst

25. The 1960s saw the growth of new bars and venues along Oxford Street and in Kings Cross and Darlinghurst that catered to the “camp” community.
26. While “camp” is a word often associated with gay men, the camp scene in Kings Cross and Darlinghurst was broader than that and provided a welcoming to anyone who did not fit norms of sexuality or gender. It was a supportive environment to experiment with gender expression.
27. Many of the new venues that opened during this time were “drag bars”. Doing drag is not the same as being trans. Drag is a form of performative gender expression, where a person adopts a persona of someone customarily from a different gender for dramatic performance. Drag performers are often cisgender.
28. Nonetheless, the drag scene often provided (as it continues to provide) an environment for trans people, and especially trans women, to experiment with gender expressions and explore their gender identity, especially given the limited options for transition in this period. In a similar way, living as a butch lesbian was a way trans men could express their gender in an era of limited transition options, even though those two identities are not the same.
29. Transgender sex workers also formed a significant part of the broader inner-city queer community in this period. There were distinct parts of Kings Cross and Darlinghurst where trans women worked as sex workers, including the laneways around Premier Lane and William Street. Sex work could be dangerous, with risks coming from both clients and police.
30. When transgender sex worker Wendy Waine was killed in 1986, there was an outpouring of grief from the whole of the queer community for this well-loved woman. Her death was viewed as an attack on the whole community. This reaction reflected how closely the trans community was tied to the gay and lesbian community at that time.

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31. The 1970s and 1980s also saw the rise of trans organisations and activists. These began as social and support groups, however over time this grew into a demand for transgender people to be able to live their life without discrimination, and a recognition of the economic and social disadvantage faced by trans people because of pervasive discrimination.
32. One of our most prominent activists was Roberta Perkins, who was known for her research into the challenges, lifestyles and subcultures of trans women in Sydney. She was an activist for both trans and sex worker rights.
33. It was her 1983 book *The "Drag Queen" Scene* that was said to have prompted the NSW Minister for Youth and Community Services, Frank Walker, to provide funding for the first refuge for homeless trans women, Tiresias House, which opened in October 1983.
34. The services offered by Tiresias House continued to expand to meet the needs of the trans community, including providing information about trans health care and supporting the trans community during the AIDS crisis. In 1993, Tiresias House changed its name to the Gender Centre.
35. Despite this growing visibility of trans people from the 1950s onwards, many in the trans and gender diverse community remained invisible in this period, either living "stealth" existences or otherwise blurring in the public consciousness into the queer community at large.

1980s – 1990s: Moral panic and increasing violence

36. Because the public did not draw clear distinctions between the letters of the LGBTIQ "alphabet", trans people were swept up in the violent reaction to queer visibility during the 1980s and 1990s. The common thread was a reaction to any expression of gender or sexuality that challenged the cultural pillar of masculinity.
37. However, the 1980s saw the emergence of moral panic against trans people as a distinguishable social group. "Moral panic" is an expression describing a widespread feeling of fear premised on a false, irrational or exaggerated belief that some person or thing threatens the values, interests or well-being of a society or community. Public discourse, around transgender women especially, became one of moral outrage focused on alleged sexual perversion and dysfunction. This particularly followed the publication of the book *The Transsexual Empire* by Janice Raymond in 1979.
38. *The Transsexual Empire* started a hateful and transphobic discourse against trans women in particular. Raymond viewed transitioning as the "colonisation" of the female identity by men.

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The views of Raymond and others like her justified violence against trans people, and continue to influence media discourse around transgender people today.

39. Trans men and women who had “completed” their transition and could “pass” as their affirmed gender may not have been exposed to the same threat of public violence. However, for many of those people, “passing” may have been a survival strategy in a society that reacted with violence to perceived contraventions of gender expectations.
40. Trans people, even those who were “passing”, were also at heightened risk of interpersonal violence. Even today, transgender people experience dramatically higher rates of intimate partner violence, particularly when discussing or disclosing their gender identity. Cultural expectations on cis men placed a stigma on dating a trans woman, which sometimes found expression in explosive violence.
41. Violence against transgender people was often in the form of sexual violence. In 1994, Roberta Perkins published a modestly titled report, “Transgender Lifestyles and HIV/AIDS Risk.” The study went well beyond consideration of HIV/AIDS Risk and considered many aspects of the experiences of transgender people across Australia. Shockingly, 33 per cent of survey respondents reported having been previously raped by one person, 12 per cent reported being “pack raped”, and 19 per cent reported being subject to some other form of sexual assault.
(SCOI.76798)
42. Also in the 1980s and 1990s, the legalisation and increasing social acceptability of homosexuality amongst consenting adults had the consequence of redirecting public discourse from adults to children. Cultural and psychiatric efforts turned to the imaginary problem of “manning up” “sissy” boys so that they would not “fail” to become heterosexual, cisgender men.
43. Much of the discourse about this time has focused on the experience of transgender women, but trans men and other gender diverse persons faced both similar and different challenges.
44. Despite this violence, many in the trans community were unwilling to go to police for help. Trans people faced abuse and harassment from the vice squad, particularly around the Kings Cross area. Some of the trans women who worked as strippers or showgirls were protected by the corrupt arrangements that clubs had with police, as exposed by the Wood Royal Commission in 1995-1997.

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45. But sex workers faced routine harassment and brutality at the hands of police, who would do “round ups” of street-based sex workers. One particular danger that trans women faced if they were arrested was a denial of their affirmed gender and being locked in a cell with men.

The 1990s: Legal reform

46. The 1990s saw a period of campaigning for legal recognition and anti-discrimination protections.
47. In 1991, the Transgender Liberation Coalition (**TLC**) was formed. They were the first organisation to use the term transgender, to shift away from medicalised understandings of “the “transsexual”.
48. In 1993, TLC completed a project called the “Trany Anti-Violence Project”, which collected examples of discrimination and verbal, physical and sexual abuse against trans people.
49. In 1996, the *Anti-Discrimination Act 1977* was amended to include protections for transgender people. At the same time, there were amendments were made to the *Births, Deaths and Marriages Registration Act 1995* to provide a mechanism for trans people to change their sex markers on their birth certificates (in certain circumstances).

The Transgender Anti-Violence Project

50. This 1996 law reform, while important, did not mark the end to discrimination or violence against trans people.
51. In May 2011, the Gender Centre launched the Transgender Anti-Violence Project (**TAVP**). The project was set up in response to concern about increasing levels of violence against transgender people. It aimed to increase awareness of transphobia, the rate of reporting of transphobia, and provide support to people who were victimised due to their gender identity.
52. As part of this project, the Gender Centre coordinated a survey in 2012 to try and learn more about trans people’s experiences of transphobia as well as barriers to reporting. This was to help us, as a service provider, do a better job at responding to transphobia. A total of 509 responses were completed. (**SCOI.76802**)
53. Over half of the participants reported having experienced a transphobic incident, but only 22% answered that they had ever reported a transphobic incident, whether it be to the police, a lawyer, hospital or other organisation.

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54. Of the people who had chosen not to report incidents, some of the common reasons for not reporting included “I thought it would not be taken seriously or I would be laughed at” and “I was afraid of provoking a reprisal or aggravating the situation.”

55. To me, this indicates that we still have a long way to go in building trust between the trans and gender diverse community and the services that exist to keep them safe.

D. MISSING TRANS DEATHS

56. I began researching and investigating violent deaths of trans and gender diverse people in 2019 in the lead-up to that year’s Transgender Day of Remembrance (**TDOR**).

57. TDOR is an annual event when trans people all around the world come together to honour the memory of transgender people whose lives were lost in acts of anti-transgender violence. It is held each year on 20 November. TDOR was first held in San Francisco in 1999, in response to the deaths of two trans women of colour in Boston, Chanelle Pickett and Rita Hester.

58. The Gender Centre holds a TDOR event in Sydney each year.

59. On the occasion of TDOR, Transrespect vs Transphobia Worldwide (**TvT**) publishes data about how many trans and gender diverse people were murdered that year. TvT is an international advocacy organisation that, since 2008, has been collecting the names of murdered trans and gender-diverse people worldwide as part of its Trans Murder Monitoring (**TMM**) project. They collect details of murders through news and police reports.

60. According to TvT, in the year leading up to 30 September 2021, there were 375 reported murders of trans and gender diverse people. That brings the total number of reported trans and gender diverse murders around the world since 1 January 2008 to 4042 people. The figures for 2022 are yet to be released.

61. Australia has only contributed three names to the TMM project since its inception in 2008. There are only three recognised homicides of trans and gender diverse people in the last 20 years in Australia.

62. This figure is remarkable, and likely reflects a dramatic underreporting of violence against trans and gender diverse people in Australia.

63. As a member of the trans community, and particularly given my role within the Gender Centre, I frequently hear stories and rumours about murdered trans and gender diverse people. As I explained, trans people were swept up in the violence experienced by the LGBTIQ community in the 1980s and 1990s.

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64. I know through my work at the Gender Centre that there are a range of indicators that suggest that the trans and gender diverse community is a community in crisis, and has been since we opened as Tiresias House in 1983. Trans and gender diverse people experience high rates of violence, homelessness, unemployment, poor mental health, suicidality, discrimination and harassment. They are at higher risk of violence within their family.
65. Trans and gender diverse people are also more likely to be isolated from supportive social services, as they often experience harm when they go to the doctor, interact with police or go through the Court system.
66. These are all factors that would place the trans and gender diverse community at a higher risk of violence and homicide than the general population. And yet, those risks are not reflected in the official count of the number of our dead. In my research, I set out to answer the question, “Why?”

Trans invisibility in data and records

67. The starting point to answering this question is that trans and gender diverse people are often invisible in official documentary records.
68. Many forms to collect data include simplistic, binary options such as “male or female” that don’t allow trans or gender diverse people to meaningfully articulate who they are or convey important information about themselves. The consequence is that the trans and gender diverse community are pushed into an invisible space.
69. This is harmful because it means research does not capture reliable data on these populations, and that services and funding cannot be appropriately targeted to them. This is despite the trans and gender diverse community being one of the most socially disadvantaged groups in Australia. Real numbers would give a sense of the size of the challenge and the solutions needed.
70. In 2016, the Australian Bureau of Statistics (**ABS**) for the first time set out to collect how many trans or gender diverse people there are in Australia in the Census. The data collection model was poorly designed. People could only report a sex other than male or female by requesting a special online form, rather than the options being included in the standard form. There were special procedures that people needed to go through in order to request this special form. It also did not collect data in an inclusive and meaningful way, or distinguish between the concepts of sex and gender.

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71. The collected data reported only 1263 reporting a sex other than male or female across Australia. As a person working closely with the trans and gender diverse community, I know that this number grossly and laughably understates the size of our community. The ABS have publicly recognised on their website that this is not an accurate count.
72. The 2016 Census highlighted some of the profound problems with failing to collect data in an inclusive way. When dealing with vulnerable or at-risk communities, there needs to be trust in the process of data collection.
73. In 2021, the Census allowed all respondents to select from three response options of the sex question: male, female and “non-binary sex”. Unfortunately, that was simply the wrong question if you are trying to learn about the trans or gender diverse community. It did not accord with how persons in the trans and gender diverse community identify, and as a result that still did not capture any meaningful information.
74. “Non-binary gender” is an umbrella term describing gender identities that are not exclusively male or female. While trans people may identify as non-binary, they may also identify simply as their affirmed gender as a man or a woman. “Non-binary sex” is not an appropriate term to describe even that concept and is also not a term used to describe people who are intersex or have differences of sex development (DSD).
75. In 2019 and 2020, I was a member of the reference group for the ABS that consulted with them on the development of a new 2020 Standard for Sex, Gender Variations of Sex Characteristics and Sexual Orientation Variables. The Standard was negotiated with the communities that the standard seeks to represent: Intersex Human Rights Australia, the Gender Centre, LGBTI Health Alliance and ACON, as well as academics who identify with or work inclusively with LGBTIQ+ communities.
76. The new Standard involves/includes four questions intended to identify accurately members of the LGBTIQ community:
 - a. What was your sex recorded at birth?
 - b. How do you describe your gender?
 - c. Were you born with a variation of sex characteristics?
 - d. How do you describe your sexual orientation?
77. It is hoped that at the next census in 2026 we will, for the first time, start to have a better understanding of who our community is.

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78. The lack of baseline data about the trans and gender diverse community means that we are unable to accurately report on the rates of victimisation of our community by violent crimes.

Barriers to capturing trans deaths

79. The problem of invisibility is even worse after death. My research revealed to me some significant barriers to the accurate reporting and capturing of the number of deaths of trans and gender diverse persons.
80. For example, the Australian Institute of Criminology’s National Homicide Monitoring Program only reports on whether homicide victims were male or female – there is no record of whether they are trans or gender diverse.
81. Similarly, the Coroners Court has no standard way of documenting when a deceased person is trans or gender diverse. This is compounded by the fact that the Coroners Court may report a death using a person’s “deadname” (that is, a former name with which they no longer identify), and may be guided by the attitudes of the family as to whether their trans or gender diverse identity is even acknowledged.
82. Those systems fail to comprehend the hurdles faced by trans and gender diverse people in affirming their true identities, whether in overcoming or defying pressures from family, or navigating the personal and administrative pitfalls to legal recognition.
83. One of my greatest fears for our dead is the way they may be harmed through the bureaucratic processes of death. So often, people are buried with their deadname, they are misgendered in Coroner’s reports, and their identities are “corrected” or redacted for their family’s sake. They are not remembered for who they actually were.
84. While appropriate record keeping for trans and gender diverse deaths doesn’t exist, our dead continue to slip through the cracks. So many of our dead are missing.

E. THE SPECIAL COMMISSION OF INQUIRY

85. On 4 June 2022, I gave a speech at the dedication of the Rise Memorial in Marks Park, Bondi. On that day, we came together as a community to say the names of the ones that we lost in an awful chapter of our community’s shared story.
86. The work of this Special Commission of Inquiry continues that work, by telling the stories of the ones we lost as best we can.

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87. The Terms of Reference of the Special Commission refers in Category A to the deaths of 88 “men” motivated by “gay hate bias”. But some of those victims were transgender women or intersex persons who identified as women. This was expressly recognised in the opening address of Senior Counsel Assisting on 2 November 2022.
88. Part of what we fought for as a community was to honour each of the 88 lives that were lost to shocking violence in that dark chapter of history. We want to bring our dead home. Defining those victims as men fails to acknowledge and honour them in death. We need to honour their memories by remembering them as who they were.
89. I have been told that of the 88 deaths considered by Strike Force Parrabell, only three are known to be of trans or gender diverse people. It is my opinion, based on what I set out above, that this is not a true reflection of the number of trans and gender diverse people killed between 1970 and 2010 for reasons relating to their gender identity.
90. The Gender Centre hopes that this Inquiry will be able to bring some of our dead home to our community. For too long, our dead have been remembered only as vague, tragic deaths, the details of which are badly patched together from rumour, stereotype and hearsay. Nobody should be remembered like that. The names and stories of our transgender and gender diverse dead have been missing for too long.

F. VIOLENCE AGAINST THE TRANS COMMUNITY TODAY

91. While the Special Commission is examining the period between 1970 and 2010, it is important to recognise that violence against the LGBTIQ community is not a purely historical phenomenon. In some ways the trans and gender diverse community is now at a greater risk of violence than ever before.
92. Only in the last decade have clear distinctions been drawn between sexuality and gender identity, such that transgender and gender diverse people are understood as being able to have any sexuality. Classical gender constructs continue to be challenged, as can be seen with the increasing recognition of non-binary gender identities.
93. That recognition, however, has in turn given rise to often vitriolic criticism from religious groups, politicians, and the “gender-critical” movement. And whereas the trans and gender diverse community once stood in the shadow of the broader LGBTIQ community, and shared both its safety and its challenges, it now finds itself directly in the spotlight of social scrutiny.

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94. In recent years significant parts of modern Australian media have propagated cycles of moral outrage, fuelling negative public attitudes towards trans and gender diverse persons. A media review by the Sydney Corpus Lab in June 2021 found that, between 1 January 2019 and 31 December 2020, media coverage referring to transgender issues by leading Australian media outlets was overwhelmingly negative (and predominantly directed at transgender women).
95. Transgender and gender diverse people cannot participate in modern Australian society without the reality and legitimacy of our existence being constantly challenged.
96. This dialogue causes real harm. In 2022, a political candidate stood on a platform of hatred and rejection of transgender children, and of trans and gender diverse women in sport. Social media became a haven for vitriol and hatred. At the Gender Centre, we received reports of trans children being beaten, of a trans girl having her wig flushed down a toilet, of a trans girl taking a brick to the head.
97. We need voices speaking up for us, just as we now are speaking up for the ones we lost.
98. Physical violence is not the only form of violence experienced by trans and gender diverse people. There is the violence of exclusion, the violence of having your reality questioned, the violence of having your identity disrespected, the violence of the people and institutions who want to “correct” you, the violence of systems that don’t make see you or make space for you.
99. The resilience of transgender and gender diverse people is constantly eroded by this violence.
100. The inevitable consequence is that young trans and gender diverse people feel there is no place for them in Australian society and that their daily lives are unsafe. Tragedy follows.
101. Transgender and gender diverse people experience a higher burden of poor mental health. Suicide rates are shamefully high. A 2020 study by the Australian Research Centre in Sex, Health and Society (La Trobe University) titled “Private Lives 3: the health and wellbeing of LGBTIQ people in Australia” (**SCOI.77275**) found that:
- a. 86.2% of trans women, 90.6% of trans men, and 89.9% of non-binary people have experienced suicide ideation in their lifetime. For the general population, this is 13.3%
 - b. Across their lifetime, 45.6% of trans women, 52.9% of trans men and 40.2% of non-binary people will attempt to die by suicide, compared to 3.2% of the general population.

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102. Further, a 2017 survey of 859 transgender people between the ages of 14-25 by the Telethon Kids Institute, titled “Trans Pathways: the mental health experiences and care pathways of trans young people” found that 4 out of 5 of the participants had self-harmed in their lifetimes. Almost 1 in 2 of the participants had attempted suicide, which is 20 times higher than adolescents in the Australian general population. **(SCOI.77280)**
103. The challenges faced by the trans and gender diverse community are not insurmountable. But despite these distressing statistics, community organisations such as the Gender Centre have limited resources for providing support to transgender people. The wait period for free counselling services at the Gender Centre can be up to six months.
104. In the absence of proper resourcing, the community will continue to lose young people. In those circumstances, the withholding of care is itself an act of violence, arising from the same cultural atmosphere of discrimination and hate that drives assaults and murders.

Signature: 

Name: Eloise Brook

Date: 15/11/2022