

Stakeholder Engagement Meeting Notes

Sexual orientation, gender identity, and sex characteristics (SOGISC) consultation



Date & location:	Wednesday, 7 March 2018 Human Rights Commission, 44-52 The Terrace, Wellington
International convention engagement relates to:	Universal Periodic Review (UPR)
Documents referenced:	<ul style="list-style-type: none">• Human Rights Commission international reporting website• New Zealand's National Plan of Action website• Past UPR reports for New Zealand are available here• Submission from SOGII UPR Coalition 2013
Attendance:	17 individuals including representatives from Inside Out, ITANZ, Rainbow Wellington, Sexual Abuse Prevention Network, Wellington Sexual Health, NZ Trans Guys

1. Background to meeting:

1. In January and February 2019, New Zealand will be reviewed during the third cycle of the Universal Periodic Review (UPR).
2. Individuals and groups can make submissions to the Universal Periodic Review before the deadline of 21 June 2018.
3. On 7 March 2018, the Human Rights Commission (Commission) held a consultation meeting with stakeholders from the SOGISC communities to inform its report to the UN Human Rights Council for the Universal Periodic Review.
4. The Commission also provided information to attendees regarding how to make their own submission to the United Nations and provided attendees the tools to do so.
5. 17 people attended the consultation, which was held during Wellington's annual Pride Festival.
6. The minutes from the meeting are provided below.

2. Main issues raised:

- 1) The Commission identified six key issues prior to the consultation for discussion:
 - i) Healthcare
 - ii) Education
 - iii) Employment
 - iv) Housing
 - v) Data
 - vi) Violence and abuse
- 2) Participants prioritised the three top human rights issues as:
 - i) Healthcare
 - ii) Data
 - iii) Violence and abuse

3. Meeting notes:

1. Healthcare

- a) There remains large inconsistency and gaps in the continuation of care and services available between district health boards (DHBs)
- b) It is not a core competency for healthcare professionals to consider consumers' human rights in their healthcare service delivery
- c) Waiting lists for gender reassignment surgeries are decades long: over 40 years for trans women and over 50 years for trans men
- d) 'Trans broken arm syndrome' is still pervasive among the medical profession when trans and gender diverse people present for medical care unrelated to their transition
- e) Rates of alcoholism are very high for lesbian and bisexual women
- f) Treatment for poor mental health, including depression and other issues, does not get enough funding. It is common to hear, "Your issues are not bad enough to get help"
- g) Cultural and gender issues are usually not taken into account by healthcare providers when consumers are navigating the health system
- h) The human rights of intersex infants are being breached through surgical genital normalisation procedures, performed without consent
- i) Without the collection of statistics by health services, appropriate budgets cannot be allocated to deal with the volume of trans and gender diverse people seeking healthcare support to transition
- j) No one is taking responsibility for underservice of healthcare for the trans and gender diverse community

Recommendations

- k) Increase the communication, collaboration, and consistency between DHBs, GPs, and services for continuation of care
- l) Ensure the technology and systems used can communicate about and to the consumer with the utmost privacy
- m) Collect accurate referral data when trans and gender diverse consumers enter health services
- n) Collect accurate satisfaction data from trans and gender diverse consumers at the end of their treatment
- o) Educate health providers about all human rights, and specifically as they relate to gender, sexuality, and sex characteristics
- p) Immediately stop performing all non-lifesaving, non-consensual surgeries on intersex infants
- q) Create national standards of healthcare for trans, gender diverse, and intersex people based on informed consent, and which consider the whole whānau
- r) Ensure there is regular, ongoing demonstration that healthcare providers have the academic and clinical skills to practice safely with SOGISC consumers
 - i. Maintain continuous appraisal of healthcare providers to provide evidence of their responsibility and accountability for the services offered
- s) Recruit and train more mental health and surgical specialists to match the need of the trans and gender diverse community
- t) Operate from a person-centered model when delivering healthcare to trans, gender diverse, and intersex people
- u) Provide education to young people in schools about the right to informed consent in healthcare
- v) Provide person-centred, integrated multidisciplinary healthcare teams to support trans and gender diverse people to achieve best outcomes and ensure no one falls through the cracks

- w) Take responsibility for the inadequate services offered to SOGISC communities due to being financially under-resourced

2. Data

- a) Data are needed to inform so much of our work as SOGISC people: in healthcare, prisons, employment, and the media
- b) Current legislation requires Statistics New Zealand to collect these data under the Human Rights Act 1993
- c) The lack of official SOGISC data is consistently used against us with regards to services and organisations denying our existence or presence
- d) Statistics New Zealand's July 2015 statistical standard on gender identity was world-leading but has not been implemented in any of their own surveys or across any other Government department
- e) Offering a third gender marker of "X" on passports and driver's licenses is not really a proper option, it's an 'on the way to M or F'
- f) The 2018 Census was not accessible to many people in its online format

Recommendations

- g) Require Statistics New Zealand to collect self-identified, detailed, accurate, inclusive and intersectional data on sexual orientation, gender identity, and sex characteristics in the Census and NZ Health Survey in consultation with those communities, the Human Rights Commission and other experts, including in the 2023 census, NZ Health Survey and other key surveys
- h) In order to allow for identities and bodies outside of M or F, consult with trans and gender diverse communities to provide more options for sex markers on birth certificates
- i) Provide free-form fields when asking for gender identity
- j) Increase the accessibility of the Census by providing more options and formats to fill it out. Resource door-to-door staff to ensure all geographic areas are visited and reminded about the survey in person

3. Violence

- a) SOGISC communities face high levels of violence. Education is integral to violence prevention
- b) The Sentencing Act 2002 lists 'gender identity' as a possible aggravating factor in a crime under section 9(1)(h). If an offender is charged, their crime requires a higher sentence. Data collection of crimes against trans and gender diverse people is an ongoing issue that needs attention, in order to use the Sentencing Act's provisions better

Recommendations

- c) Act on previous recommendations outlined in the Human Rights Commission's 2008 Report of the inquiry into Discrimination Experienced by Transgender People to record information about crimes against trans and gender diverse people including crimes motivated by a victim's gender identity

4. Disability

- a) Many people in the SOGISC communities have multiple minority identities. Extra protections are needed to combat the marginalisation faced in the forms of ableism and homo/transphobia
- b) Disabled people need better and more accessible healthcare support
- c) Disabled people need better access to employment and education; too many are not in education, employment or training
- d) New Zealand has an ageing population and we are becoming a minority within a minority

Recommendations

- e) Ensure the needs of disabled SOGISC people are met in order for them to access education, employment, and training
- f) Improve healthcare access for disabled SOGISC people

5. Indigenous concepts of sexuality

- a) Colonisation, and within it, religious oppression, has and continues to crush indigenous concepts of sexuality. Its impacts have homogenised Māori identity and culture
- b) Indigenous expressions of sexuality such as takatāpui challenge religious dogma

Recommendations

- c) Research the issues surrounding indigenous concepts of sexuality, in relation to Te Tiriti o Waitangi
- d) Ensure all Government contracts are not going to homophobic or transphobic organisations
- e) Implement diversity officers within every industry
- f) Require appropriate protocols and standards to be met by all businesses and organisations, for example the Rainbow Tick

6. Systemic issues

- a) Government funding for SOGISC groups and organisations is project-based, not baseline. This is not sustainable and causes extra pressure due to the need to constantly seek financial resource
- b) Gender identity, gender expression, and sex characteristics are not explicitly covered as grounds of prohibited discrimination under the Human Rights Act 1993. While the Human Rights Commission has interpreted the Act as including gender identity since February 2005, trans people themselves have made it clear they do not feel protected by the legislation
 - i. Legislative protection is key to making more demands on violence prevention, awareness and education
- c) The Human Rights Review Tribunal system is in crisis, with those waiting to have cases heard facing a years-long wait
- d) The consequences for those that do not meet human rights legislation are weak
- e) Human rights are not very enforceable. How can we enforce compliance?

Recommendations

- f) Provide baseline government funding for SOGISC groups and organisations

- g) Amend the Human Rights Act 1993 to include gender identity, gender expression, and sex characteristics as per the Labour Party's Rainbow Policy
- h) Review the Human Rights Review Tribunal system to ensure that cases are dealt with in a timely manner
- i) Elevate the Human Rights Act legislation and merge it with the Bill of Rights Act to give it teeth
- j) Increase the severity of consequences for not meeting legislation
- k) Increase the human rights budget to meet requirements and ensure all human rights in Aotearoa are realised
- l) Reinstate the Rainbow Desk that the Ministry of Social Development operated from 2004 to 2011, which worked on public policy and conducted research with regards to Rainbow issues