

**Submission  
No 27**

**INQUIRY INTO GAY AND TRANSGENDER HATE CRIMES  
BETWEEN 1970 AND 2010**

**Name:** Ms Rachel Smith  
**Date Received:** 7 November 2018

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7<sup>th</sup> November 2018

Re: Inquiry into Gay and Transgender hate crimes from 1970 to 2010.

To the Committee,

My name is Rachel Smith, I am a Registered Nurse working in critical care in a major metropolitan hospital in Sydney. I am also a member of the transgender community here in Sydney. I write this letter to the inquiry as a private citizen and with the intention of helping provide a better future for trans people in NSW and Australia. I believe that education is required for the public and in particular front line workers in regards to providing appropriate and respectful care and service to transgender people.

Although I am lucky to not yet have suffered physical violence for being a trans person, I am often subject to what could be considered a micro aggression from what can only be considered a lack of education on what being a transgender person entails. This is an experience that many trans people experience regularly, if not on a daily basis. The general lack of knowledge in how to appropriately address a trans person alone can lead to conflict and a feeling of personal attack on the individual, even if this is not intended. These instances can cause great distress to trans people and can escalate a situation without intent and can lead to issues with the relationship between two people or an individual and a profession.

As a Registered Nurse, I entered my profession with the intention of helping others in what might be their hour of most need and I endeavor to improve my practice to fulfill my duties to the upmost of my abilities. This includes adapting my care to what is appropriate to any individual, no matter their beliefs, cultural background, ethnicity, sexuality or gender identity. In its simplest meaning, this is addressing a member of the public or a patient as they would like to be addressed (ie. their chosen name against their legal name), such a simple yet often overlooked moment of acknowledgement and respect. A more complex example may be a patient preferring a female clinician to attend an examination rather than a male clinician, a request that will be always be attended to, if at all possible, depending on the patients' circumstances (ie. in a life threatening emergency).

These two examples are but many of instances where recognising the individual and their needs, whatever their circumstance may be. Either of these examples can relate to a transgender person, a person of any faith, ethnicity or cultural background. I feel confident in saying that majority if not all people working in nursing, where contact with the public is our job, we strive to be the best we can be for our patients. I believe the same for medical staff or anyone holding a position within a hospital and extends to front line emergency personnel (Police, Fire and Ambulance).

What I am asking of this inquiry is to consider this in the instance of a transgender person. Often people are not called by their preferred pronouns, their chosen name or at worst derided for their identity or discriminated against on these grounds. I prefer to believe that the downfall in providing appropriate service or care to a trans person is founded in misunderstanding or lack of knowledge on what transgender means. People should not enter any of these professions with intent to discriminate or cause harm to any particular group.

I have had many friends and colleagues ask me in personal and professional situations how to best address a certain situation when addressing or caring for a trans person. Although the answer may be simple for myself, I recognise that my lived experience is different to theirs, and that it may not be a situation that they may have encountered before. I always aim to educate these people that genuinely seek to further their understanding, but I am only one person. I also believe that it is not my duty to inform all of my colleagues on what can be a personal matter, also that I hold my own responsibilities in my position and have my own work to attend to. I am not always able to fulfill the requirements of trans educator whilst attending my actual paid duties. If I can make a comparison, it is not the duty of an indigenous person or a person of a particular faith to always answer questions on their culture, however genuine or well meaning the questioner may be.

It is my belief and opinion that the best way to address this is to provide training and education for all staff who may come in contact with trans people in their position, namely Police, Fire and Ambulance officers, but also Doctors and Nurses or any healthcare or hospital staff. This would be best attended to early in the career of a

person, allowing for growth of a respectful understanding to be built of another's situation. Having worked in public healthcare for my entire professional career I have undertaken multiple courses on recognising and providing culturally appropriate care to patients, their families and their community.

We live in a diverse and multicultural society. The religious or cultural needs of an individual are something we always aim to deliver to the best of our abilities, through life and also death. Appropriate care for the dead, or respecting a person's wishes in life, no matter their beliefs (or any contrast to mine), is something I have provided and will continue to work towards for my career. I believe that the transgender community should be given no less respect.

Sincerely yours,

Rachel Smith