

Discussion Paper for the Victorian LGBTIQ Strategy



The Victorian Government acknowledges Victorian Traditional Owners of Country and pays respect to their cultures and Elders past, present and emerging.

We recognise that LGBTIQ people are living on lands that LGBTIQ Aboriginal people have lived on for millennia and that Aboriginal knowledge has the potential to enrich efforts towards LGBTIQ equality.

Through treaty, the Victorian Government will continue to build understanding and respect of the intersection between Aboriginal and queer cultures to benefit all Victorians.

We acknowledge the diversity of Aboriginal Victorians, their communities and cultures, and the intrinsic connection of Traditional Owners to Country.

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OVERVIEW

The Victorian Government is conducting a broad and inclusive public consultation to inform the development of a whole of government strategy for the lesbian, gay, bisexual, trans and gender diverse, intersex, and queer and questioning (LGBTIQ) communities.

Context

The Victorian Government acknowledges that much of the progress made towards LGBTIQ equality stems from the tireless work of community advocates, grass roots organisations and dedicated individuals over many years.

Despite significant reforms, LGBTIQ Victorians continue to experience discrimination and inequalities that result in poorer health and wellbeing than other Victorians.

That is why the Victorian Government has committed to developing a whole of government strategy to identify key priorities and areas of focus for the LGBTIQ community. It will guide the work of the Victorian Government to ensure we are all working cohesively towards equality for LGBTIQ people in Victoria.

What is in the discussion paper?

This discussion paper is to inform and support development of the LGBTIQ Strategy. The discussion paper includes:

- ▶ a history of LGBTIQ equality reforms and initiatives undertaken by the Victorian Government
- ▶ a reflection on what has been achieved to strengthen LGBTIQ communities and what is working well
- ▶ data on the experiences of LGBTIQ communities in accessing services, including gaps
- ▶ an overview of how multiple forms of systemic discrimination can create social inequality
- ▶ an analysis of Victoria's progress towards equality against internationally recognised measures.

There are a series of considerations throughout the discussion paper to help guide thinking around key priorities and areas of focus (see *example below*).

To consider

What strategies are required to promote the health and wellbeing of LGBTIQ people?

Have your say

The Victorian Government is committed to designing the LGBTIQ Strategy with input from LGBTIQ Victorians, LGBTIQ communities and the broader Victorian community. The LGBTIQ Taskforce, a group of community members who advise the Victorian Government on LGBTIQ issues, and the Commissioner for Gender and Sexuality will provide expert guidance on the development of the strategy.

From June to August 2020, the Victorian Government is inviting you to have your say by responding to an online survey hosted on Engage Victoria, or making a written submission to equality@dpc.vic.gov.au.

The questions include:

1. Do you think that the discussion paper captures the challenges facing LGBTIQ Victorians? Is anything missing?
2. What do you think should be the priorities and areas of focus for the Victorian Government?
3. What is working well that the Victorian Government could build on to progress LGBTIQ equality? Consider initiatives in other states/territories or internationally.
4. How can the Victorian Government improve the lives of LGBTIQ people with diverse attributes and experiences, such as being from a culturally diverse background, living with a disability, or experiencing family and/or intimate partner violence?
5. What role can you or your organisation play to improve the lives of LGBTIQ Victorians?
6. Is there anything else you would like to add to inform the LGBTIQ Strategy?

Although the discussion paper does not detail every group, issue or need experienced by LGBTIQ communities in an exhaustive manner, it aims to support your engagement in this process. Think broadly as well as about what matters most to you. Your feedback will play a pivotal and influential role in the development of the LGBTIQ Strategy.

INTRODUCTION

This discussion paper maps reforms over the past 100 years and shows significant shifts towards LGBTIQ equality, particularly in the past two decades. These changes reflect decades of campaigning by LGBTIQ activists, allies and advocates. They also demonstrate a government commitment to equality that has seen Victoria referred to as The Equality State.

We also recognise that Aboriginal and Torres Strait Islander LGBTIQ Victorians have lived on these lands for over 60,000 years, and there are thousands of years of LGBTIQ Aboriginal and Torres Strait Islander history that has come before this.

The paper highlights how much Victoria has achieved and how far we still have to go. Community attitudes have changed but discrimination and abuse continue. The Private Lives 2 survey revealed rates of abuse and discrimination in the year before the survey at 35–55 per cent of participants (Leonard et al., 2015). Perhaps it is not surprising that 44 per cent of survey participants reported usually hiding their sexuality or gender in public, 33.6 per cent hid when accessing services and 38.8 per cent hid at work (Leonard et al., 2015).

The pervasiveness of abuse and discrimination results in LGBTIQ Victorians experiencing poorer health and wellbeing than other Victorians. Data from the 2017 Victorian Population Health Survey (Victorian Agency for Health Information, 2020) found that:

- ▶ 44.8 per cent of LGBTIQ adults had been diagnosed with anxiety or depression by a doctor compared with 26.7 per cent of the broader adult population
- ▶ 24.4 per cent of LGBTIQ adults had high or very high levels of psychological distress compared with 14.5 per cent of the broader adult population
- ▶ 27.1 per cent of LGBTIQ adults rated their satisfaction with life as low or medium, compared with 20.1 per cent of the broader adult population
- ▶ 22.1 per cent of LGBTIQ adults rated feeling that life is worthwhile as low to medium, compared with 16.5 per cent of the broader adult population
- ▶ 35.7 per cent of LGBTIQ adults rated self-reported health as excellent or very good compared with 42.5 per cent of the broader adult population
- ▶ 36.1 per cent of LGBTIQ Victorians were diagnosed with two or more chronic diseases compared with 25.1 per cent of the broader adult population
- ▶ 17.8 per cent of LGBTIQ adults in Victorian are daily smokers compared with 12.3 per cent of the broader adult population
- ▶ 13.4 per cent of LGBTIQ adults in Victoria had experienced family violence compared with 5.1 per cent of the broader population
- ▶ Compared with the broader adult population in Victoria, a significantly higher proportion of LGBTIQ adults never, or not often, felt valued by society.

The research clearly indicates the need to continue to address inequalities. To assist in achieving that, this paper uses a globally recognised index to map out inequalities to help shape the strategy.

The World Bank and United Nations Development Program developed the index from a set of indicators to measure the inclusion of LGBTIQ people¹. It includes domains of education, health, personal security and violence, economic wellbeing and political and civic participation.

An analysis against the index indicates that Victoria may be a world leader in LGBTIQ equality. The original five domains and 49 indicators were expanded to six domains and 53 indicators when it was apparent that what had been achieved in Victoria surpassed the expectations of the index. This included work done in the areas of specialist services, family violence, homelessness, substance abuse, disability services, inclusive health services and sports. The analysis also clearly identified the following gaps:

Safe learning environments: rates of LGBTIQ bullying in schools remain high, sexuality education lacks LGBTIQ inclusivity and there are limited policies to support LGBTIQ people in tertiary settings.

Equality before the law: the *Equal Opportunity Act 2010* currently provides religious bodies with the privilege to discriminate, has an outdated definition of gender identity, does not include intersex status as a protected attribute and does not give rights to children born through surrogacy to have actual parents recognised on birth certificates.

Economic security: workplaces are not safe for all LGBTIQ people and rates of full-time employment income are less than in the general community. There is also limited data on LGBTIQ-owned and LGBTIQ-led business.

Health and wellbeing: LGBTIQ people continue to face significant mental health challenges and the rates of homelessness, disability and substance misuse are higher for LGBTIQ people than in the broader community. People ageing with HIV continue to face stigma and discrimination and 'normalising' surgeries continue to be performed on children with intersex variations.

LGBTIQ inclusive services: Becoming an accredited LGBTIQ inclusive workplace can be costly and resource intensive. Some LGBTIQ people continue to experience issues with care in disability, aged care, mental health and other services. Long waiting lists and high out-of-pocket costs can also prevent some TGD people from accessing gender affirming services.

Personal safety and violence: LGBTIQ people with a disability are more likely to have experienced harassment or violence in institutional settings, and low levels of trust have resulted in some LGBTIQ people feeling reluctant to engage with police.

This paper provides a brief overview of some of the considerations — it is a starting point for discussion that will continue with the consultation for the strategy. While there are limitations to the paper, including relating to available data or its capacity to detail each issue, group or need within LGBTIQ communities in an exhaustive manner, it is a starting point for discussion that will complement the broader consultation approach.

¹ See: Badgett, M.V.L., & Sell, R. (2018). A Set of Proposed Indicators for the LGBTI Inclusion Index.

THE STORY SO FAR

A review of Government legislation, policy and strategies to build LGBTIQ equality in Victoria for the 100-year period of 1919–2019 identified 55 items (see Figure 1 for a summary and Appendix for the full list). Only seven reforms occurred in the first 80 years of the map, focusing mostly on homosexual law reform. More recent reforms recognise inequalities for other LGBTIQ cohorts and intersectional groups. Many of the reforms from 2015 on were Victorian firsts later replicated in other jurisdictions.

A key international reform influencing the Victorian agenda was the 2019 shift by the World Health Organisation to change references to trans and gender diverse (TGD) people in its global manual of diagnoses from 'gender identity disorders' to 'gender incongruence' (World Health Organisation, 2019).

The Victorian Government has implemented many initiatives and programs targeted towards LGBTIQ communities since the establishment of the Equality portfolio in 2015, demonstrating a significant movement towards equality (see Figure 2 for an infographic summary).

It is important to acknowledge the contributions of LGBTIQ activists, advocates and allies in achieving the steps towards LGBTIQ equality. Many individuals, groups and allies lobbied the state government and progress has arisen from a collaboration between government and the community.

To consider

What further reforms are required?

How can existing reforms be communicated to LGBTIQ communities to build hope?

How can existing reforms be communicated to broader Victorian communities to work towards LGBTIQ equality?

Figure 1 Key Victorian Government reforms

| | | | | |
|----------------------|---|---|-----------------------------|---|
| HOMOSEXUALITY | | 2016 Adoption of children by LGBT couples | SPORT | |
| 1980 | Homosexuality decriminalised | 2016 Rainbow Tick processes for many government-funded family violence services | 2017 | Department of Premier and Cabinet forum on LGBTI inclusion in sport |
| 2000 | 'Sexual orientation' added as protected attribute under the Equal Opportunity Act | SCHOOLS | | 2018 Fair Play Code addresses discrimination in sport and recreation |
| 2005 | 'Gay panic' defence abolished | 2010 Safe Schools Coalition of Victoria established for LGBTIQ students | PRISON POPULATIONS | |
| 2015 | Scheme to expunge historical convictions for homosexual activity | 2018 All Victorian Government secondary schools are safe schools | 2017 | Commissioner's Requirements Management of Prisoners who are TGDI revised |
| 2016 | Premier Daniel Andrews makes formal apology in Parliament | 2018 Safe Schools program included in the Victorian Anti-Bullying and Mental Health Initiative | 2017 | Justice Health Policy includes healthcare for prisoners who are TGDI |
| POLICE | | INTERSEX | | 2019 Youth Justice Strategy inclusive of LGBTIQ people |
| 2000 | Victoria Police establishes LGBTI Liaison Officers to build trust | 2013 Decision-making principles for the care of infants, children and adolescents with intersex variations | TGD AND NON-BINARY | |
| 2014 | Victoria Police starts an Equality is not the Same process to build trust | 2019 Intersex Policy and Resource Project launched | 2000 | 'Gender identity' added as a protected attribute under the Equal Opportunity Act |
| 2014 | Victoria Police formal apology for 1994 Tasty Nightclub raid | MENTAL HEALTH | | 2014 Process to enable TGD people to change gender on drivers licences |
| 2019 | Victoria Police formal apology for the enforcement of anti-gay laws | 2015 Victoria's 10-Year Mental Health Plan focuses on LGBTI communities | 2019 | Birth certificates can be changed without sexual reassignment surgery |
| RELATIONSHIPS | | 2019 Royal Commission into Mental Health includes a focus on LGBTIQ people | 2019 | Adults can apply to alter the record of their sex in their Victorian birth registration without a requirement to be unmarried |
| 2001 | Same-sex couples have rights equal to de facto couples | ABORIGINAL PEOPLE | | 2019 Trans parents can change their sex and name on their child's birth certificate |
| 2008 | Same-sex couples able to register relationship as domestic partnership | 2016 Aboriginal health, wellbeing and safety strategic plan commitment to LGBTIQ Aboriginal people | HEALTH AND WELLBEING | |
| 2015 | Couples able to register domestic relationship | 2016 Kungah weekend retreat | 2016 | Victorian Pride Centre announced |
| 2018 | Marriage equality legalised under Commonwealth law | 2018 <i>Nanyubak Yapaneyeputi</i> retreat | 2016 | LGBTIQ Equality Roadshow visits 29 towns in rural and regional Victoria |
| FAMILIES | | 2019 First LGBTIQ Aboriginal roundtable convened and establishment of the Koori Pride Network | | |
| 2008 | Assisted reproductive technology legal for female same-sex partners | | | |

Figure 2 Examples of initiatives delivered or supported by the Victorian Government



Figure 2 Examples of initiatives delivered or supported by the Victorian Government



WHAT WE KNOW

Personal safety and violence

As LGBTIQ visibility and equality has increased, so too have threats to personal safety and violence. This is particularly evident in the research on young people's experiences (see intersectionality section), where most of the research has been conducted.

The extent to which LGBTIQ people feel the need to hide their sexual orientation or gender identity was reported in the Private Lives 2 survey (Leonard et al., 2015), which found that:

- ▶ 44 per cent usually hide their sexuality or gender in public
- ▶ 34 per cent usually hide their sexuality or gender when accessing services
- ▶ 42 per cent usually hide their sexuality or gender at social events
- ▶ 39 per cent usually hide their sexuality or gender at work.

The Private Lives 2 survey (Leonard et al., 2015) identified the rates of abuse and discrimination for the year before the survey as:

- ▶ 35 per cent for gay and bisexual men
- ▶ 33.8 per cent for lesbian and bisexual women
- ▶ 55.3 per cent for trans males
- ▶ 49.2 per cent of trans females.

The types of abuse reported were:

- ▶ 25.5 per cent verbal abuse
- ▶ 15.4 per cent harassment
- ▶ 8.7 per cent physical violence
- ▶ 6.6 per cent written abuse.

Harassment and abuse may also occur within LGBTIQ communities. Lateral violence is prevalent and particularly directed towards TGD and bisexual people.

LGBTIQ people may also experience violence from within their own families. A recent survey identified that 13.4 per cent of LGBTIQ adults in Victoria had experienced family violence compared with 5.1 per cent of the broader population of Victoria (Victorian Agency for Health Information, 2020).

VICTORIA POLICE RESPONSES

The relationship between Victorian Police and LGBTIQ communities has not always been one of trust (Victorian Equal Opportunity and Human Rights Commission, 2019). However, Victoria Police has undertaken significant work to build better relationships with LGBTIQ communities. For example, in 2002 Christine Nixon became the first Chief Commissioner to march in Victoria's Pride March and allow LGBTIQ police officers to march in uniform. In 2019 Chief Commissioner Graham Ashton apologised for causing unnecessary and unacceptable harm to the LGBTIQ community for the enforcement of now-repealed 'anti-gay' laws.

Other work includes establishment of an LGBTIQ Portfolio Reference Group and the LGBTIQ Police Liaison (GLLO) program, to better support LGBTIQ people who are the victim of or witness to a crime. The GLLO program has been in operation for almost 30 years and there is one full-time GLLO and more than 290 portfolio holders across the state.

While these initiatives have been successful, there is evidence of the need for further reforms. In 2016, research commissioned by Victoria Police to better understand LGBTIQ young people's attitude towards police (Leonard and Fileborn, 2018) found among respondents that:

- ▶ 60 per cent of police had not had any training working and engaging with LGBTIQ people
- ▶ 79 per cent of police had never consulted a GLLO
- ▶ 58 per cent of young LGBTIQ people felt Victoria Police didn't understand their issues
- ▶ 43 per cent of young people reported that police treat LGBTIQ people worse than other young people
- ▶ 51 per cent of young LGBTIQ people are unlikely to report prejudice-motivated crime police in the future.

This gap is also likely to be present in relationships between Victoria Police and LGBTIQ adults, particularly those who have lived through times when their sexuality was criminalised.

Research on the workplace experiences of LGBTIQ police officers (Victorian Equal Opportunity and Human Rights Commission, 2019) highlighted the need to build trust between LGBTIQ communities and police. The research documented that LGBTIQ police may experience workplace harm from prejudiced comments against LGBTIQ people, aggressive language, sexual harassment and discrimination driven by a hypermasculine and heteronormative culture (Victorian Equal Opportunity and Human Rights Commission, 2019).

To consider

How can the pace of reforms to build trust between LGBTIQ community members and Victoria Police be accelerated?

What further work can be done to promote the safety of LGBTIQ Victorians?

Physical health and wellbeing

Evidence that abuse and discrimination lead to higher rates of physical and mental ill-health for LGBTIQ people:

- ▶ Self-reported health was rated as excellent or very good by 35.7 per cent of LGBTIQ adults living in Victoria, compared with 42.5 per cent of the broader Victorian adult population (Victorian Agency for Health Information, 2020)
- ▶ 36.1 per cent of LGBTIQ Victorians were diagnosed with two or more chronic diseases, compared with 25.1 per cent of the broader Victorian adult population (Victorian Agency for Health Information, 2020)
- ▶ Rating on the Short Form Health Survey (SF36) general health scale for lesbians is 65.4, bisexual females is 61.1, trans males is 60.3 and trans females 59.2; compared with the broader population rating of 68.2 (Leonard et al., 2012)
- ▶ Structural inequalities and trauma contribute to LGBTIQ people being at least twice as likely as heterosexuals to have ever experienced homelessness (McNair et al., 2017)
- ▶ 17.8 per cent of LGBTIQ adults in Victorian are daily smokers, compared with 12.3 per cent of the broader adult population in Victoria (Victorian Agency for Health Information, 2020)

- ▶ Rates of drug use are considerably higher among LGBT people than the general population (Leonard et al., 2012)
- ▶ LGBT people have higher rates of alcohol abuse (Leonard et al., 2012)
- ▶ LGB people have higher rates of physical disability (Fredriksen-Goldsen et al., 2013)
- ▶ Internalised stigma and victimisation are predictors of disability among LGB people (Fredriksen-Goldsen et al., 2012).

Enabling people to increase control over their health and its determinants is known as health promotion. There is a growing appetite to prioritise and progress work in this area for LGBTIQ communities.

Factors that may influence health and wellbeing include participation in sport, employment and financial security.

Sport provides opportunities for LGBTIQ people to build confidence and social connections and improve their health and wellbeing. However, participation may be hindered by sporting clubs that do not understand LGBTIQ inclusivity and those with negative attitudes towards LGBTIQ people. The Victorian Equal Opportunity and

Human Rights Commission has developed guidelines for TGD inclusion in sport and a suite of initiatives to educate clubs and promote LGBTIQ inclusion in sport.

Lower socioeconomic status may also be a strong indicator of wellbeing for LGBT people (Leonard et al., 2015). A significantly higher proportion of LGBTIQ adults in Victoria have a total annual household income of less than \$40,000, compared with the broader Victorian adult population (Victorian Agency for Health Information, 2020). In national data, 12 per cent of people with an intersex variation are unemployed (Jones et al., 2016) and less than 48 per cent of

Private Lives 2 respondents were employed full time. All who were unemployed had higher rates of psychological distress and less than 45 per cent earned \$1000 or more a week. Research on discrimination against LGBTIQ people at work identified rates as 23.2 per cent for TGD people, 18.8 per cent for people with an intersex variation and 16.0 per cent for LGB (Pride in Diversity, 2019).

To consider

What strategies are required to promote the health and wellbeing of LGBTIQ people?

Mental health

LGBTIQ people are at increased risk of mental health problems due to the experience of abuse and discrimination (Leonard et al., 2012), the fear of discrimination (beyondblue, 2012) and internalised stigma and victimisation (Fredriksen-Goldsen et al., 2012). However, identifying many of the issues affecting LGBTIQ Victorians remains problematic due to a lack of adequate, reliable data and research. There are often gaps such as in relation to the full extent of LGBTIQ identification in suicide data and statistics. The research on mental health that does exist demonstrates that:

- ▶ satisfaction with life was rated as low or medium (score of 0–6) by 27.1 per cent of LGBTIQ adults in Victoria, compared with 20.1 per cent of the broader Victorian adult population (Victorian Agency for Health Information, 2020)
- ▶ feeling that life is worthwhile was rated as low to medium (score of 0–6) by 22.1 per cent of LGBTIQ adults in Victoria, compared with 16.5 per cent of the broader Victorian adult population (Victorian Agency for Health Information, 2020)
- ▶ compared with the broader adult population in Victoria, a significantly higher proportion of LGBTIQ adults in Victoria never, or not often, felt valued by society (Victorian Agency for Health Information, 2020)
- ▶ 44.8 per cent of LGBTIQ adults in Victoria had been diagnosed with anxiety or depression by a doctor, compared with 26.7 per cent of the broader adult population of Victoria (Victorian Agency for Health Information, 2020)
- ▶ 24.4 per cent of LGBTIQ adults in Victoria had high or very high levels of psychological distress, compared with 14.5 per cent of the broader adult population of Victoria (Victorian Agency for Health Information, 2020)
- ▶ levels of psychological distress are higher in LGBT people (Leonard et al., 2012)
- ▶ almost 80 per cent of the Private Lives 2 respondents had experienced at least one episode of intense anxiety in the past 12 months (Leonard et al., 2012)
- ▶ overall mental health is poorer in LGBT people (Leonard et al., 2012)
- ▶ rejection by family is associated with higher rates of self-harm and suicide (Hillier et al., 2010)
- ▶ 42 per cent of respondents with intersex variations in a survey had thought about, and 26 per cent had engaged in, self-harm because of issues related to having an intersex variation; 60 per cent thought about suicide; 19 per cent had attempted suicide (Jones et al., 2016)
- ▶ trans men and women had the higher rates of psychological distress and reduced resilience (Leonard et al., 2012).

Public debates about LGBTIQ equality exacerbate mental health problems. For example, during the 2017 marriage equality postal vote, a survey of 10,000 people by the Australia Institute and the National LGBTI Health Alliance (Ecker and Bennett, 2017) showed:

- ▶ almost 80 per cent found the marriage equality debate considerably or extremely stressful
- ▶ depression, anxiety and stress increased by more than a third after the announcement of the postal vote, compared to the six months before the announcement
- ▶ verbal and physical assaults doubled in the three months following the announcement of the postal vote
- ▶ mental health services in Victoria reported a 40 per cent increase in demand during and after the survey.

Public debates around the postal vote included some conservatives pathologising TGD people, rainbow families and people with LGBTIQ children and presenting their views as evidence that equality would have negative consequences for the broader community. These hateful and discriminatory discourses exacerbated oppression, increased marginal status and retraumatised some LGBTIQ people and their family members. A similar pattern of debate and harm has occurred or is continuing during other key debates, such as the proposed Religious Discrimination Bill.

The cumulative effects of everyday microaggressions, historical trauma and conservative efforts to repeal LGBTIQ equality are unlikely to disappear in the near future. As LGBTIQ people become more visible and equal, efforts to curtail equality will continue. LGBTIQ Victorians need mental health support now more than ever. Strategies to promote mental health should include cultural change in the broader community and primary prevention of LGBTIQ prejudice-based abuse.

A particular challenge for LGBTIQ people with mental health issues is the reliance on services that have historically pathologised their sexuality, bodies and relationships. Mental health services have not been as active as Victoria Police in redressing historical wrongs. There is a need for mental health services to acknowledge past injustices, build trust and develop LGBTIQ-inclusive services.

The Royal Commission into Victoria's Mental Health System is investigating the mental health of LGBTIQ communities. The Interim Report acknowledged that due to a lack of adequate data and research, including LGBTIQ identification in suicide data, that many issues for LGBTIQ Victorians are yet to be addressed. However, many community members hope that its final recommendations will include strategies to improve LGBTIQ mental health. In addition, a commitment in Victoria's 10-Year Mental Health Plan outlines strategies for working with LGBTIQ communities to address factors that threaten mental wellbeing.

To consider

What can mental health services do to heal the harm from the historical pathologising of LGBTIQ people?

What more can mental health services do to build trust in LGBTIQ communities and develop LGBTIQ-inclusive services?

What strategies are required to promote the mental health of LGBTIQ people?

Identities, attributes and experiences

Intersectionality is often described as categories of inequality and differences in power (Winker and Degele, 2011). It references marginal status, or an involuntary position at the margins where people are excluded from progress (von Braun and Gatzweiler, 2014). Intersectionality is about multiple forms of discrimination that cannot be conceptualised separately (Crenshaw, 1991). Frameworks to address family violence (Family Safety Victoria, 2018), define intersectionality as:

A theoretical approach that understands the interconnected nature of social categorisations — such as gender, sexual orientation, ethnicity, language, religion, class, socioeconomic status, gender identity, ability or age — which create overlapping and interdependent systems of discrimination or disadvantage for either an individual or group.

Understanding intersectionality is critical to knowing and addressing how power operates within systems and structures to create inequality in our society.

The LGBTIQ community is not homogeneous. There are a significant range of identities, attributes and experiences with the LGBTIQ community, as well as many communities within the LGBTIQ community. While there are many strengths to the diversity of the community, some experience disadvantage, discrimination and exclusion more than others, which can lead to poorer health and wellbeing, educational and employment outcomes.

Lateral violence

Power and privilege exist within LGBTIQ communities as with the non-LGBTIQ community. This is known as lateral violence; violence directed at ones peers. This kind of discrimination and abuse often plays on gender and race, as well as the bisexual community. Whilst LGBTIQ communities have begun to have conversations around racism, sexism and issues of identity erasure, such as within the bisexual community, a greater understanding of power and privilege will enable people to call out these issues more broadly.

The following section presents a range of identities, attributes and experiences, each with a summary of key research to draw out considerations for the LGBTIQ Strategy. An LGBTIQ person may identify with or have many of these intersecting characteristics, as well as those that are not identified here. This list is not exhaustive, as the evidence presented only reflects data that is currently available; there are many more identities that are not represented here.

There is an opportunity for the LGBTIQ Strategy to assess power, privilege, oppression and discrimination. It is hoped that the evidence presented in this section informs broader conversations about the multi-layered, overlapping identities of LGBTIQ people, rather than a segmentation of their unique experiences.

To consider

How can intersectional experiences be better incorporated into current services, initiatives and legislation?

What work needs to be done to better understand power and privilege, and to remove systemic and structural barriers for LGBTIQ communities.

How can the government best respond to the diverse experiences and needs of LGBTIQ people to ensure no one is left behind due to their identity, attributes or experiences?

What can we do to address the compounding effect of multiple forms of discrimination e.g. homophobia, racism, sexism, ableism, ageism, Islamophobia etc.?

Figure 3 Intersectional identities



Aboriginal people

Bi+ people

Carers

Faith communities

Families

Gay men

Lesbians

Multicultural communities

Neurodiverse people

Older people

People living in regional and rural areas

People living with a disability

People living with HIV

People who are homeless

People with intersex variations

Prison populations

Psychiatric inpatients in acute mental health inpatient units

Refugees and people seeking asylum

Sex workers

Trans and gender diverse people

Unemployed people

Young people

Youth justice populations

Aboriginal people



- ▶ Cultural trauma arising from colonisation results in higher incarceration rates, poverty (Australian Institute of Health and Welfare, 2015), suicide rates (The Healing Foundation, 2015) and psychological distress than in non-Aboriginal adults (Australian Bureau of Statistics, 2013).
- ▶ Racism is common and occurs in services, public spaces and health settings and leads to high levels of psychological distress (Ferdinand et al., 2012).
- ▶ Compared with the proportion in non-LGBTIQ adults in Victoria, a significantly higher proportion of LGBTIQ adults are Aboriginal and Torres Strait Islanders (Victorian Agency for Health Information, 2020).

To consider

What do LGBTIQ Aboriginal people want from the strategy?

What lessons can be learned from Aboriginal knowledge to inform the strategy?

Bi+ people



- ▶ Bisexual men and women may experience discrimination from heterosexual people and LGTI communities (Barker et al., 2012). This discrimination often leads to bi-invisibility.
- ▶ Only 28.9 per cent of bisexual men and 47 per cent of bisexual women said they would never hide their sexuality from families, compared to 65.6 per cent of gay men and 71 per cent of lesbians (Leonard et al., 2012).
- ▶ Bisexual men and women are more likely to have repeated experiences of homelessness than the broader community (McNair et al., 2017)
- ▶ Bisexual women also have higher rates of problem drinking (McNair, 2014).

To consider

What can the Government do to ensure that policies, strategies and services include and respond to the unique experiences and needs of bi+ people?

How can the Government ensure that the lack of visibility and lateral violence towards bi+ people (including biphobia) is addressed?

Carers

- ▶ LGBTIQ people may be more reliant on unpaid carers because of their fear of discrimination in services (Barrett and Cramer, 2015).
- ▶ A survey of LGBTIQ carers found 43 per cent experienced discrimination in services, 28 per cent delayed accessing services due to fear of discrimination and 18 per cent felt uncomfortable accessing services as a carer.
- ▶ The Personal Wellbeing score for LGBTIQ carers is lower (57) than other carers (58.5) and the broader community (73.4–76.4), with 18 per cent scoring less than 30 (Barrett and Cramer, 2015).

To consider

How does the government ensure that carer services are LGBTIQ inclusive?

How does the government better support LGBTIQ carers in the community?

Faith communities

- ▶ LGBTIQ people of faith backgrounds may experience discrimination from their LGBTIQ and faith communities (Pallotta-Chiarolli, 2018).
- ▶ LGBTIQ people of faith may experience trauma and rejection from within their faith communities, and unique struggles reconciling their sexual or gender identity with their faith.

To consider

How can the government build on the work it has begun with faith communities?

Conversion practices

Conversion practices are any practices or treatments that attempt to change or suppressed a person's sexual orientation or gender identity. Conversion practices emerged in religious communities in Australia in the early 1970s at the same time mainstream medical practice was declassifying homosexuality as a mental illness and beginning to consider clinical practices which focused on the need to cure or change a person's sexual orientation as unethical. These practices cause significant harm and the Victorian Government has committed to banning them.

Families

- ▶ Rainbow families and families with LGBTIQ children may experience higher levels of abuse and discrimination during public debates on LGBTIQ equality.
- ▶ Recent research shows 13.4 per cent of LGBTIQ adults in Victoria have experienced family violence, compared with 5.1 per cent of the broader adult population of Victoria (Victorian Agency for Health Information, 2020).
- ▶ LGBTIQ families have had limited access to LGBTIQ family violence services and ante/postnatal services. Older LGBTIQ people who transition or come out late may face restrictions by family members (Latham and Barrett, 2015b).

To consider

What factors contribute to marginality for families across government services and how can they be addressed?

How can the government build on the work it has begun to support families in LGBTIQ communities?

Gay men

- ▶ Historically gay men have known about or directly experienced entrapment by police, pathologising in medicine, and 'conversion therapy', the latter causing lasting shame, grief and mental health issues (Jones et al., 2018).
- ▶ Recreational drug use remains high, with the most frequently used drugs being amyl nitrate (poppers, 46.0 per cent), cannabis (32.8 per cent), Viagra (21.9 per cent), cocaine (21.2 per cent) and ecstasy (20.6 per cent) (Lee et al., 2018).

To consider

What would improve the lives of gay men?

How can the government build on the work it has begun to address homophobia?

Lesbians

- ▶ The health issues of lesbians are often lost in the aggregation of LGB data.
- ▶ In general, lesbians underuse health screening programs, report increased rates of poor mental and physical health, are more likely to be overweight (Hyde et al., 2007) and have higher rates of problem drinking related to the experience of depression and anxiety (McNair, 2014).
- ▶ Lesbians are more likely to smoke than heterosexual women, creating a higher risk of cervical abnormality in the presence of human papillomavirus (HPV) and a higher risk of bacterial vaginosis (Mc Nair, 2009).

To consider

What would improve the lives of lesbians?

How could services ensure they are more inclusive of and responsive to the needs of lesbians?

How can the government build on the work it has begun to address homophobia?

Multicultural communities

- ▶ Multicultural communities may have a poor understanding of LGBTIQ diversity and LGBTIQ communities may not adequately embrace cultural diversity (Pallotta-Chiarolli, 2016).

To consider

How can the government develop a more in-depth understanding of the intersection between culture and LGBTIQ identities to frame legislation, policy strategy and services?

How can the government build on the work it has begun with multicultural communities to support LGBTIQ equality and inclusion?

Neurodiverse people

- ▶ LGBT representation among neurodiverse people is higher than in the general population. There may be twice as many LGB people (George and Stokes, 2018) and four times as many TGD people (Ekblad, 2013) in neurodiverse populations.
- ▶ LGBT who are neurodiverse may have their self-assessments dismissed as difficulties related to their sexual orientation and gender identity, and may have difficulty advocating for their needs or affirming gender (Strang et al., 2018).

To consider

How are services for neurodiverse people educated about the needs of LGBTIQ people?

How do LGBTIQ inclusivity initiatives encompass the needs of people who are neurodiverse?

Older people

- ▶ Older LGBTIQ people's experiences of reduced independence and social isolation may increase their vulnerability to abuse by family members and service providers (Segbedzi and Barrett, 2019). These issues are particularly concerning for LGBTIQ people living with dementia (Cramer et al., 2015).
- ▶ The fear of or actual experience of discrimination by aged care service providers based on sexual orientation or gender identity may result in LGBTIQ people 'straightening up' their lives or hiding their LGBTIQ identities at home or in residential aged care (Barrett et al., 2014).

To consider

What are elder abuse, aged care facilities, home care service providers and family violence services doing to ensure they address the needs of older LGBTIQ people?

What strategies can connect older LGBTIQ people to community?

People living in regional and rural areas

- ▶ LGBTIQ people living in rural areas may have limited access to services such as safe housing (McNair et al., 2017) and specialised medical services.
- ▶ The reduced anonymity in services may contribute to reluctance to access services, disclose needs (McNair et al., 2017) or access GLLOs (Dwyer et al., 2017).
- ▶ The lack of connections to other LGBTIQ people may create social isolation and LGBTIQ farmers may experience mental health issues as a result of financial, weather and other pressures on the land (Fragar et al., 2008).

To consider

How can the strategy address the needs of LGBTIQ people living in rural and regional communities?

How can the government build on the work it has begun with LGBTIQ rural and regional Victorians?

People with a disability

- ▶ A survey of LGBTIQ people with a disability showed lower levels of education, lower income and self-rated health than LGBTIQ people without a disability (Leonard and Mann, 2018).
- ▶ People with disability are more likely to be unemployed (18.7 per cent versus 4.3 per cent), to have experienced harassment or violence (46 per cent versus 33 per cent) and sexual assault (5 per cent versus 2 per cent of lesbian and bisexual women) and to report poor mental health (Leonard and Mann, 2018).

- ▶ LGBTIQ people with a disability may experience ableism by LGBTIQ communities and discrimination or prejudice based on their sexual orientation or gender identity by other people living with a disability.

To consider

What strategies are in place to ensure that services for people with a disability are LGBTIQ inclusive and affirming?

What strategies are in place to ensure policies and processes for LGBTIQ people are disability inclusive?

People living with HIV

- ▶ Over half the participants in the HIV Futures study (Power et al., 2016) had been diagnosed with a mental health condition in their lifetime, with lower SF36 scores (68.3 for bisexual men and 71.6 for gay men) than the national score for males (75.3).
- ▶ People ageing with HIV are more likely to be living with comorbidities and need services. However, stigma and discrimination in services continues and is the greatest predictor of poorer subjective wellbeing for HIV positive gay men (Lyons et al., 2010).

To consider

What initiatives are in place to support people ageing with HIV?

How are health and aged care services developing HIV- and LGBTIQ-inclusive services?

What are the ongoing needs of LGBTIQ people living with HIV?

People who are homeless

- ▶ Research demonstrates that LGBT people are at least twice as likely to have experienced homelessness than the general population (McNair et al., 2017).
- ▶ Drivers of homelessness include family rejection, discrimination in the housing sector, employment, mental health problems, substance abuse and trauma (McNair et al., 2017).
- ▶ Rooming houses are particularly unsafe for LGBTIQ people (McNair et al., 2017).

To consider

What strategies can be put in place to prevent LGBTIQ homelessness?

What are homelessness services doing to ensure they are LGBTIQ inclusive?

Prison populations

- ▶ Prison can expose TGD prisoners to harm from inadequate and inconsistent medical treatment, as well as higher risks of self-harm and sexual assault (Lynch and Bartels, 2017).
- ▶ Gay and bisexual men are seven times more likely to experience sexual coercion in prison, and more than twice as likely to experience a threat of sexual coercion, compared with their heterosexual counterparts (Simpson et al., 2016).
- ▶ Prisoners who are TGD or have an intersex variation may not be treated with respect and dignity.

To consider

What education do prison staff receive on the experiences of LGBTIQ prisoners?

What practical strategies and guidance are in place to protect the rights of LGBTIQ prisoners?

People with intersex variations



- ▶ Many people with intersex variations continue to describe negative experiences in health, education, employment, the community (Rostant, 2019) and aged care (Lathan and Barrett, 2015a).
- ▶ People with intersex variations have reported that they face stigma and discrimination due to their intersex variation, and that they do not feel safe in LGBTIQ spaces (DHHS, 2020).

To consider

How can services better understand the experiences of the intersex community?

How can the government improve intersex inclusivity within LGBTIQ spaces?

What strategies can be put in place to challenge the stigma around intersex variations?

Psychiatric inpatients in acute mental health inpatient units

- ▶ The lack of LGBTIQ-inclusive mental health inpatient units may exacerbate rather than alleviate the symptoms of mental illness (Benoit, 2015).
- ▶ TGD people report inappropriate care from staff as well as abuse and sexual assault by other service users (Mental Health Complaints Commissioner, 2018).

To consider

What strategies are inpatient mental health services implementing to ensure their services are LGBTIQ inclusive?

What strategies are inpatient units implementing to ensure the safety of LGBTIQ patients?

Refugees and people seeking asylum

- ▶ Asylum seekers and refugees may experience difficulty moving between communities of identity that hold differing and sometimes contradictory views of LGBTIQ people, creating cultural conflicts within families and communities (Mejia-Canales and Leonard, 2016).

To consider

How are asylum seekers and refugees included in diversity policies and policies that address discrimination?

What can services for asylum seekers and refugees do to ensure they are LGBTIQ inclusive?

Sex workers

- ▶ An international paper on LGBT sex workers (Global Network of Sex Work Projects and Global Action for Gay Men's Health and Rights, undated) found they experienced discrimination, abuse and violence as sex workers, as well as homophobia and transphobia.
- ▶ LGBTIQ sex workers may also be reluctant to access health, legal and policing services.

To consider

How can the strategy address the needs of sex workers?

What extra supports should be in place for TGD sex workers?

Trans and gender diverse people



- ▶ Trans males and trans females report higher levels of abuse than their LGB counterparts and lower education and income levels (Leonard et al., 2012).
- ▶ Rates of sexual violence or coercion are nearly four times higher than in the general population (Callander et al., 2018).
- ▶ A survey of young TGD and non-binary people found 75 per cent had been diagnosed with depression, 80 per cent reported self-harming, 82 per cent reported suicidal thoughts and 48 per cent had attempted suicide (Strauss et al., 2017). More than 90 per cent who experienced discrimination thought about suicide in response to their experience (Smith et al., 2014).
- ▶ Although evidence indicates that transitioning and being able to express gender identity improves health and wellbeing, there are significant barriers including the high cost of medical treatment, lack of publicly funded surgery, lack of respect, inadequate knowledge and discrimination in services (Australian Healthcare Associates, 2018a).
- ▶ TGD people who transition as older people may have their gender expression restricted by adult children and intimate partners (Latham and Barrett, 2015b).

To consider

How can transphobia in services and the broader community be addressed?

What services reforms are required to ensure equitable access to treatments that promote health and wellbeing?

How can the government build on the work it has begun with trans, gender diverse and non-binary Victorians?

Unemployed people

- ▶ Less than 48 per cent of Private Lives 2 respondents were employed full time, while 12 per cent of people with an intersex variation are unemployed (Jones et al., 2016). All who were unemployed had higher rates of psychological distress and less than 45 per cent earned \$1000 or more a week.
- ▶ Research on discrimination against people at work identified rates as 23.2 per cent for TGD people, 18.8 per cent for people with an intersex variation and 16.0 per cent for LGB (Pride in Diversity, 2019).

To consider

What needs to be done to better understand and address the drivers of unemployment for LGBTIQ people?

What strategies are in place or needed to increase LGBTIQ employment while ensuring that employers and employment services are LGBTIQ inclusive?

How can LGBTIQ inclusive workplaces be fostered?

How do employment agencies and services for unemployed people ensure they are LGBTIQ inclusive?

- ▶ Those who were aware that their school had policies to protect them were less likely to attempt suicide if they had not suffered abuse (7 per cent versus 15 per cent), but only 19 per cent reported attending a school that was supportive of their sexuality and one-third described their school as homophobic (Hillier et al., 2010).
- ▶ While the Safe Schools program was established to create safe and inclusive environments for LGBTIQ students, there is still evidence of LGBTIQ bullying in schools (Ullman, 2015).

To consider

What supports promote the mental health of young LGBTIQ people?

How can the government build on the work it has begun with LGBTIQ young people?

How can the strategy address the needs of young LGBTIQ people?

Young people

- ▶ The Writing Themselves In survey of young LGBTIQ people was conducted in 1998, 2004 and 2010 (Hillier et al., 2010). The 2010 survey showed a trend towards more openness and an associated increased in abuse, with 80 per cent abused at school in 2010 (versus 69 per cent in 1998; 74 per cent in 2004) (Hillier et al., 2010).
- ▶ Abuse was associated with feeling unsafe, excessive drug use, self-harm and suicide in young people (Hillier et al., 2010).
- ▶ Forty per cent who experienced verbal abuse had thought of self-harm; twice the number who suffered verbal abuse had attempted suicide and four-and-a-half times the number who had experienced verbal abuse had attempted suicide (Hillier et al., 2010).

Youth justice populations

- ▶ The experience of LGBTIQ abuse and discrimination places young people at high risk of contact with the youth justice system. Most of the research in this area comes from the United States, where an estimated 13 per cent of youth in detention facilities are LGBT (Majd et al., 2009).
- ▶ Young LGBTIQ people also face vulnerability to abuse and discrimination in the youth justice system (Majd et al., 2009).
- ▶ Young TGD people in the youth justice system may experience greater difficulty accessing specialist health services, such as puberty blockers.

To consider

What policies and protocols are in place to protect the rights of young LGBTIQ people in youth justice?

What processes are in place to identify LGBTIQ risk factors and prevent recidivism?

LGBTIQ people using services



Being able to proactively access services is an important aspect of achieving LGBTIQ equality. The experience or fear of discrimination can lead to reduced screening, delays in accessing services, refusal to access services and poorer health outcomes (Leonard et al., 2012). However, some LGBTIQ people face the added issue of accessing those services in the first place. For Victorians living in regional, rural or remote areas or have limited English, accessing services that are inclusive may not be as accessible. Evidence of these inequalities includes research showing that:

- ▶ 34.6 per cent of GLBT people occasionally or usually hide their sexuality or gender identity when accessing services (Leonard et al., 2012)
- ▶ 51.2 per cent of TGD respondents experienced insensitive sexual health care (Callander et al., 2018)
- ▶ there are few services where TGD people feel safe (Australian Healthcare Associates, 2018b)
- ▶ only one in four young TGD people had spoken to a health practitioner about suicidal thoughts (Smith et al., 2014)
- ▶ over half of all young TGD people had experienced a negative encounter with a health care professional (Smith et al., 2014)
- ▶ one-quarter of young TGD respondents avoided medical services due to their gender presentation (Smith et al., 2014)
- ▶ despite having a personal or mental health crisis, 71 per cent of LGBTIQ respondents said they would not use a service because of an expectation or perception that they would experience discrimination (Walling et al, 2019)
- ▶ TGD people with mental health issues may find it very difficult to obtain a mental health plan and gain access to mental health services (Australian HealthCare Associates, 2018)
- ▶ lesbians may be more likely than heterosexual women to access health care (McNair, Szalacha and Hughes 2011) but consistently report higher rates of dissatisfaction with the quality of care (Pennant, Bayliss and Meads 2009)
- ▶ the fear of discrimination in services is the greatest predictor of poorer subjective wellbeing in older HIV positive gay men (Lyons et al., 2010)
- ▶ older people may delay accessing home-based, community and residential services they need because of fear of discrimination (Barrett, 2009), with many experiencing higher rates of depression and anxiety compared to their peers which may increase social isolation and add to the complexity of their care needs (Joosten et al, 2015)
- ▶ 20 per cent of participants with an intersex variation were not given any information about surgical or hormonal treatments they had received; information received was often of poor quality or inappropriate (Jones, 2016a)
- ▶ some participants with an intersex variation report that medical staff shamed them; others experienced extreme trauma and anxiety in medical settings associated with interventions they had not consented to (Jones et al., 2016).

The research indicates a significant need for the development of LGBTIQ-inclusive services. Relatively few services have taken up Rainbow Tick accreditation, which is considered the 'gold standard' in demonstrating LGBTIQ inclusivity. The limited take-up may be attributed, in part, to the cost and workload involved.

Lack of reliable data around LGBTIQ people's experiences using legal and employment services.

To consider

What systems are in place to ensure that all government-funded services are working towards LGBTIQ inclusivity?

What other resources could services be offered to support the development of LGBTIQ inclusivity?

What other service experiences need to be understood?

What LGBTIQ communities do well

While LGBTIQ inequalities clearly exist, it is important to acknowledge the achievements of LGBTIQ people, consolidate what is working well and strengthen successes (Cooperrider et al., 2017). This approach identifies and makes visible the assets that enhance a community (Foot and Hopkins, 2010), thereby highlighting their potential for growth and greater empowerment.

COMMUNITY ADVOCACY

For many LGBTIQ people, advocacy provides a sense of purpose, community connection (Leonard et al., 2012) and the opportunity to address inequalities they and their peers experience. The anger and distress caused by LGBTIQ inequality may be channelled into advocacy for change. In 2017, there were 195 LGBTIQ community organisations, groups, programs and initiatives across Australia, 78 per cent of which are Victorian (Bradshaw and Seal, 2017). Most were working from a home office or kitchen table, with one staff member (79 per cent) and a budget of under \$20,000 (56 per cent). Successes arose from strong collaboration, effective mobilisation of community, engagement of allies, community ownership, lived experience, broad networks and the lessons learned from history and each other.

To consider

How can the government work with existing advocates to address further inequalities?

How can lessons about collaboration and engagement be adopted across LGBTIQ communities and the broader Victorian community?

LGBTIQ LEADERSHIP

In 2018 the Victorian Government launched a ground-breaking LGBTIQ program developed through Leadership Victoria and in consultation with an LGBTIQ advisory group. The aim of the program is to build a network of emerging community leaders who demonstrate drive, passion and a vision to contribute to their community. The program enrolls 30 leaders each year to skilfully influence and manage change, engage and influence others.

To consider

How does the government promote collaboration and a network of leadership support for graduates?

How does the government evaluate changes on the ground as a result of this program?

How can the government provide other avenues for leadership?

COMMUNITY CONNECTIONS AND EMPOWERMENT

Research shows that LGBTIQ people who participate in LGBTIQ or mainstream community events have lower rates of psychological distress and higher levels of resilience (Leonard et al., 2012). Recent research shows a significantly higher proportion of LGBTIQ adults in Victoria are members of a community group, compared with other Victorians (Victorian Agency for Health Information, 2020) and almost 60 per cent of respondents in the Private Lives 2 survey reported that their membership of a GLBT community organisation was extremely or very important to them (Leonard et al., 2012).

The number and range of LGBTIQ community events and activities is increasing. For example, the Minus18 Ball for young people, the Coming Back Out Ball for older people, rural LGBTIQ festivals and Switchboard's Out and About Community Visitors Scheme. Midsumma Festival and the Melbourne Queer Film Festival provide valuable opportunities to engage LGBTIQ communities and improve mental health. A powerful example is Gender Euphoria, which involved TGD performers exploring the joys of gender. The work was commissioned and premiered by Midsumma and was sold out at the Melbourne International Arts Festival the same year.

To consider

How can community connections be built upon?

How can LGBTIQ community events promote empowerment?

RAINBOW FAMILIES

Despite the difficulties experienced by rainbow families, research shows that children raised in same-sex parented families do as well emotionally, socially and educationally as children raised by heterosexual parents (Knight et al., 2017). This information will not be a surprise to rainbow families, who work hard to protect their children from LGBTIQ abuse and discrimination. However, this evidence may fortify or validate rainbow families who are often targeted in public debates about LGBTIQ equality.

To consider

What more can be done to support rainbow families in relation to LGBTIQ abuse, discrimination, access to adoption services and IVF?

How can documenting the strengths of rainbow families support other rainbow families?

PEER SUPPORT PROGRAMS

Peer support services improve health and wellbeing and are an essential component of the service delivery system (Australian Healthcare Associates, 2018a). Peer support groups exist to promote mental health, support rural LGBTIQ people, young people, older people, culturally diverse groups and others. Some groups focus on health and wellbeing, others are social and less formally focused. Some are connected to mainstream health services or local communities. Peer support groups are often unfunded and rely on a small number of volunteers who may be unable to sustain their contributions.

To consider

How can the government better support organisations and groups that coordinate peer support services to ensure they are able to sustain their services?

LGBTIQ ALLIES

The Marriage Equality campaign drew funds and supports from LGBTIQ allies (Bradshaw and Seal, 2017), raising awareness of the powerful roles that allies play in achieving equality and promoting mental health. Allies include friends and family members as well as community sector organisations, progressive religious groups and human rights organisations (Bradshaw and Seal, 2017). There are also opportunities for LGBTIQ community members to be better allies to each other. The Victorian Pride Centre will provide an opportunity to bring LGBTIQ Victorians together into one space to collaborate and learn from each other.

To consider

How can LGBTIQ communities better engage and collaborate with allies?

How can the new space at the Victorian Pride Centre foster learning and collaboration?

How can potential allies engage better with LGBTIQ communities?

EQUALITY MEASURES

This section presents a comparison of Victoria's progress towards LGBTIQ equality against an internationally recognised index. The index includes 49 indicators that measure the inclusion of LGBTIQ people across five domains: education, health, personal security and violence, economic wellbeing and political and civic participation. The purpose of the index is to measure LGBTIQ inclusion globally, set benchmarks and demonstrate where resources are most needed.

In undertaking this analysis, it became apparent that Victoria has surpassed the expectations of inclusivity outlined in the index. As a result, the index was broadened to include:

- 1. Safe learning environments:** the original index focused solely on young LGBTIQ people at school. The index now includes work undertaken with LGBTIQ international students and work to understand inclusion for tertiary education students.
- 2. Mental health:** the original index included an indicator for depression whereas the updated index also includes indicators for anxiety, suicidality and self-harm to reflect the importance of reducing these harms.
- 3. Specialist services:** the updated index includes an indicator for the provision of specialist LGBTIQ services to highlight the importance of these services in promoting the health and wellbeing of LGBTIQ Victorians.
- 4. Family violence:** the Victorian Government has provided significant support to understand and address the problem of family violence in LGBTIQ relationships and against LGBTIQ siblings, children, parents or grandparents. The updated index includes an indicator for rates of family violence.
- 5. Substance abuse:** research shows LGBTIQ people have higher rates of drug and alcohol use and smoking. The updated index includes an indicator on substance abuse.
- 6. Disability:** LGBTIQ people have higher rates of disability and experience disability earlier than the broader population. The updated index includes an indicator on the prevalence of disability.
- 7. Cancer screening:** the original index included a question on rates of cervical screening. The updated index also includes indicators on breast and prostate screening to monitor gender inclusive screening.
- 8. Homelessness:** recent research in Australia has identified that LGBTIQ people experience higher rates of homelessness and that some of the drivers of homelessness are LGBTIQ related to experiences of discrimination. The updated index includes an indicator on homelessness.
- 9. Sport:** participation in sport provides opportunities to build social connection, confidence and physical health, but LGBTIQ people may find access to sporting clubs limited because of their LGBTIQ status or characteristics. There are many innovations in Victoria to promote more LGBTIQ inclusivity in sporting clubs, so the updated index includes an indicator to reflect this.

- 10. Intersectionality:** as Victoria continues to work towards LGBTIQ equality, there is increasing recognition of the need to understand power and oppression.
- 11. LGBTIQ inclusive services:** in the updated index, the original domain of health is split into health and LGBTIQ inclusive services to enable more in-depth exploration of the two domains.

- 12. Service affordability:** LGBTIQ people may have difficulty accessing services that are affordable, including gender affirming surgeries and endocrinology services. This new indicator also reflects government support for victim/survivors of 'conversion practices'.

As a result of these changes, this document outlines six domains and 53 indicators. Each domain contains an overarching statement, list of indicators and summary of findings.

Domain 1: Safe learning environments

WHAT EQUALITY LOOKS LIKE

Young LGBTIQ people and the children of rainbow families feel safe from LGBTIQ bullying, violence and discrimination at school. Education settings are LGBTIQ-inclusive and LGBTIQ students are supported to complete their education. Tertiary and international students have a safe learning environment.

INDICATORS

- 1.1** Rate of LGBTIQphobic bullying
- 1.2** Anti-bullying policy that is expressly LGBTIQ-inclusive
- 1.3** Implementation of anti-violence policy that is LGBTIQ-inclusive
- 1.4** Non-discrimination policy prohibiting LGBTIQ prejudice
- 1.5** Implementation of non-discrimination policy
- 1.6.** Educational attainment (school completion)
- 1.7** LGBTIQ-inclusive curricula
- 1.8** Strategies to support LGBTIQ international students
- 1.9** Strategies to support tertiary students

KEY ACHIEVEMENTS AND ISSUES

- ▶ The Safe Schools program seeks to ensure schools are safe places for all students, including LGBTIQ students, and awareness and visibility of LGBTIQ students has increased.
- ▶ However, rates of LGBTIQ bullying in schools remain high, with trans and gender diverse young people less likely to finish school.
- ▶ LGBTIQ experiences and LGBTIQ-inclusive information is often lacking in sexuality education.
- ▶ There are a lack of policies and strategies that support LGBTIQ inclusion in tertiary education settings.

Domain 2: Political and civic participation

WHAT EQUALITY LOOKS LIKE

Legislation, policy and strategies are in place to ensure LGBTIQ people have a presence in public life, are free to express the interests of other LGBTIQ community members and inform better collective decisions that foster LGBTIQ wellbeing.

INDICATORS

- 2.1** Decriminalisation of same-sex conduct
- 2.2** Decriminalisation of gender expression
- 2.3** Legal gender recognition
- 2.4** Process for updating sex/ gender in documents
- 2.5** Statistical inclusion of LGBTIQ people in key data sets
- 2.6** Presence of laws that restrict freedom of expression/participation
- 2.7** LGBTIQ non-government organisations (NGOs) allowed and present
- 2.8** LGBTIQ people are represented in Parliament
- 2.9** Social acceptance of and respect for LGBTIQ community members
- 2.10** Law prohibits discrimination on the basis of LGBTIQ status without religious exceptions

KEY ACHIEVEMENTS AND ISSUES

- ▶ There have been significant legislative and policy reforms include the decriminalisation of homosexuality and the protection of the rights of TGD people, including the birth certificate reforms The Victorian Population Health Survey now includes data on LGBTIQ identities, which presents an opportunity to identify future priorities and evaluate outcomes of the strategy.
- ▶ However, the Equal Opportunity Act currently includes privileges for religious bodies to discriminate, an outdated definition of gender identity, does not include intersex status as an attribute and does not protect the rights of children born through surrogacy to have actual parents recognised on birth certificates.

Domain 3: Economic security

WHAT EQUALITY LOOKS LIKE

There is equality in the availability of economic resources (employment, social security) to support material living conditions for LGBTIQ people and control over these resources and conditions.

INDICATORS

- 3.1** Employment law prohibits LGBTIQ prejudice discrimination
- 3.2** Implementation of employment non-discrimination law
- 3.3** Experiences of employment discrimination
- 3.4** Relative unemployment rate
- 3.5** Women's economic autonomy
- 3.6** Relative poverty rate
- 3.7** Relative individual earnings
- 3.8** Equal benefits (social security)
- 3.9** Prevalence of LGBTIQ-owned or led businesses

KEY ACHIEVEMENTS AND ISSUES

- ▶ The Equal Opportunity Act makes it unlawful to discriminate against an LGBT person.
- ▶ The Victorian Equal Opportunity and Human Rights Commission helps to resolve complaints of discrimination on the basis of sexual orientation or gender identity.
- ▶ However, faith-based organisations (including schools) are exempt from the Equal Opportunity Act and have the right to refuse employment of LGBTIQ people.
- ▶ Workplaces are not safe for all LGBTIQ people. There is evidence that significant numbers still hide their LGBTIQ characteristics at work, and that LGBTIQ continue to face abuse and discrimination in the workplace. Perhaps as a result, rates of full-time employment and level of income are less than the general community, particularly for TGD people.
- ▶ There is limited data on LGBTIQ-owned or LGBTIQ-led business.
- ▶ There are currently no Victorian Public Sector quotas for LGBTIQ people

Domain 4: Health and wellbeing

WHAT EQUALITY LOOKS LIKE

Levels of physical and mental health and wellbeing for LGBTIQ people are on par with levels in the broader community and LGBTIQ people's self-rated health is also equal.

INDICATORS

- 4.1 Rates of cancer screening
- 4.2 HIV prevalence
- 4.3 Prevalence of depression and anxiety
- 4.4 Rates of self-harm
- 4.5 Prevalence of suicidal ideation
- 4.6 Experience of diverse disabilities
- 4.7 Prevalence of substance abuse
- 4.8 Laws preventing 'normalising' medical interventions
- 4.9 Laws banning 'conversion' practices
- 4.10 Availability of gender-affirming care
- 4.11 The presence of forced or coercive sterilisations
- 4.12 Policy to promote LGBTIQ inclusion in sport
- 4.13 Rates of LGBTIQ homelessness
- 4.14 Processes to improve inclusion to reflect intersectionality
- 4.15 Levels of self-rated health and wellbeing

KEY ACHIEVEMENTS AND ISSUES

- ▶ The Royal Commission into Mental Health is investigating LGBTIQ communities as a specific cohort, as LGBTIQ people continue to experience disproportionately high rates of mental ill-health and self-harm.
- ▶ The Victorian Government has begun work to ban conversion practices and provide support to survivors.
- ▶ However, rates of homelessness, disability and substance misuse are higher for LGBTIQ people than in the broader community.
- ▶ LGBTIQ people have a lower level of self-rated health compared to the general population.
- ▶ People ageing with HIV continue to face stigma and discrimination.
- ▶ 'Normalising' surgeries continue to be performed on children with intersex variations.

Domain 5: LGBTIQ inclusive services

WHAT EQUALITY LOOKS LIKE

All services are LGBTIQ inclusive and specialist services are available and accessible as appropriate. Services have clear and practical resources and systems in place to support LGBTIQ inclusive services, including systems for reviewing all reports, resources and data to ensure LGBTIQ inclusivity.

INDICATORS

- 5.1 Non-discrimination protections
- 5.2 Rates of reports of pathologising LGBTIQ bodies, identities and relationships
- 5.3 Communicating the vision for LGBTIQ inclusivity
- 5.4 Clear guidance for services on what LGBTIQ inclusivity is
- 5.5 Resources and information to support LGBTIQ inclusivity
- 5.6 Systems for LGBTIQ inclusivity in report and resource development
- 5.7 Levels of access to all services
- 5.8 The provision of specialist services
- 5.9 Service affordability
- 5.10 LGBTIQ service-user experiences

KEY ACHIEVEMENTS AND ISSUES

- ▶ The development of Rainbow Tick standards in Victoria is a significant step in progress towards LGBTIQ inclusive services.
- ▶ However, some government departments and service providers may not adequately understand what LGBTIQ inclusivity means in practice.
- ▶ Adoption of the Rainbow Tick for service providers is relatively slow and resource heavy.
- ▶ Long waiting lists and high out-of-pocket costs can prevent TGD people from accessing gender-affirming surgeries and endocrinology services.
- ▶ Some LGBTIQ people continue to experience insensitive care in disability, aged care, mental health and other health and human services.

Domain 6: Personal safety and violence

WHAT EQUALITY LOOKS LIKE

Legislation, policy and strategies are in place to protect LGBTIQ community members from abuse and violence and to ensure fair treatment of those who have experienced violence or are at risk. Police and corrections staff receive ongoing LGBTIQ inclusivity training and are guided by policy. LGBTIQ people in institutions are protected from abuse and violence through staff training and policy. Strategies are in place to reduce homophobia and transphobia in the broader community.

INDICATORS

- 6.1** Hate crime legislation/incitement to violence
- 6.2** Rates of violence against LGBTIQ community members
- 6.3** Rates of violence in families
- 6.4** Rates of violence against LGBTIQ activists and advocates
- 6.5** Asylum protections for LGBTIQ asylum seekers
- 6.6** Mandatory justice sector training
- 6.7** Levels of LGBTIQ trust in the justice sector (police, courts etc)
- 6.8** Monitoring violence against LGBTIQ people
- 6.9** Violence against LGBTIQ people in institutional settings
- 6.10** Detention policies

KEY ACHIEVEMENTS AND ISSUES

- ▶ Victoria Police has taken steps to build better relationships with LGBTIQ communities.
- ▶ The Government has done significant work to address LGBTIQ family violence and build LGBTIQ-inclusivity within family violence services.
- ▶ There are guidelines for decision making relating to and treatment of TGD prisoners and prisoners with intersex variations.
- ▶ However, levels of violence against some LGBTIQ people have increased and low levels of trust have resulted in some LGBTIQ community members feeling reluctant to report hate crimes to the police.
- ▶ LGBTIQ people with disability are more likely to have experienced harassment or violence in institutional settings than the broader community.

CONCLUSION

This paper mapped out LGBTIQ equality over the past 100 years and identified significant reforms, particularly in the past two decades. Despite these reforms, LGBTIQ Victorians continue to experience inequalities. The everyday experience of guarding against abuse and discrimination is a common experience for too many, ultimately harming health and wellbeing. Of particular concern is data on increased rates of depression, psychological distress, self-harm and suicidal ideation.

The paper provided a brief overview of some of the considerations. It is a starting point for discussion that will continue with the consultation for the strategy. It is not possible to capture every issue, group and need in this brief paper but it is hoped the paper will prompt broader conversations about what is missing.

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APPENDIX: 100 YEARS OF REFORMS

Government legislation, policy and strategies to build LGBTIQ equality in Victoria over the past 100 years, recognising there are thousands of years of LGBTIQ Aboriginal history that has come before this:

1919

Parliament belatedly follows the English 'Labouchère amendment' of 1885 to render 'gross indecency' between male persons 'in public or in private' a criminal offence; the 16th century law against 'the abominable crime of buggery' had already been inherited from English law

1949

Death penalty is abolished for most offences, including 'the abominable crime of buggery'

1980

Parliament enacts repeal of discriminatory laws against sex between male persons, with equal age of consent regardless of sex, with effect from 1 March 1981

1981

Equality law reform takes effect; police continue for many months to prosecute repealed offences

1983–84

Legislative Council twice rejects government's attempts to add anti-discrimination protection on basis of 'lawful sexual activity' (in effect, sexual orientation)

1995

Attribute of 'lawful sexual activity' added in Equal Opportunity Act 1995 (stated in Parliament to include sexual orientation discrimination)

1999

Victoria Police begins engagement with Equal Opportunity Commission Victoria to improve relationship with LGBTIQ communities

2000

Victoria Police establishes first Gay and Lesbian Liaison Officer (GLLO) position (later becoming lesbian, gay, bisexual, transgender and intersex liaison officers across the state) to contribute to the creation of mutual trust between police and LGBTI community members

Equal Opportunity (Gender Identity and Sexual Orientation) Act 2000 expressly makes discrimination based on sexual orientation or gender identity unlawful

Government establishes Attorney-General's Advisory Committee on Gay, Lesbian and Transgender issues, and Ministerial Advisory Committee on Gay and Lesbian Health

2001

Statute Law Amendment (Relationships) Act 2001 and the Statute Law Further Amendment (Relationships) Act 2001 amended more than 60 Acts in Victoria to give same-sex couples some rights equal to those enjoyed by heterosexual de facto couples

2004

Victorian Government establishes Gay and Lesbian Health Victoria (now Rainbow Health Victoria) at La Trobe University

2005

So-called 'gay panic defence' abolished

2008

Same-sex couples able to register their relationships as a domestic partnership

Assisted Reproductive Treatment Act 2008 makes assisted reproductive treatment legal for female same-sex partners

2010

Safe Schools Coalition of Victoria established to ensure schools are free of discrimination and are safe places for all students, including LGBTIQ students

2011

Launch of the Rainbow Tick, a set of practice standards for LGBTIQ-inclusive services

2012

Launch of the 'No To Homophobia' campaign, a national campaign against homophobia, biphobia and transphobia

2013

Government launches Decision making principles for the care of infants, children and adolescents with intersex conditions

2014

Victoria Police starts an Equality is not the Same process implemented to build community trust with marginalised communities including LGBTIQ

Gender marker licence updates: all VicRoads customer service centres have a process in place to allow customers to change the gender marker on their licence with relevant documentation

2015

Section 19A of the Crimes Act 1958 (a law that criminalised 'intentional' HIV transmission) is repealed

Relationships Amendment Act 2016 made more couples eligible to register their domestic relationship in Victoria

Sentencing Act 1991 amendment comes into force establishing a scheme to expunge historical convictions for homosexual activity from criminal records

Equality portfolio established with Minister for Equality, Commissioner for Gender and Sexuality and Equality branch at Department of Premier and Cabinet. LGBTI Taskforce and working groups established to advise the Minister for Equality

Australia's first Gender and Sexuality Commissioner appointed

The Ice Action Plan commits to working with at-risk groups to prevent and reduce ice use, including in LGBTI communities

Victoria's 10-Year Mental Health Plan commits to working with LGBTI leaders and communities, community-controlled services and other experts

2016

LGBTI Equality Roadshow launched, led by the Commissioner for Gender and Sexuality

Premier Daniel Andrews issues formal apology in Parliament for past laws that criminalised homosexual behaviour

Adoption Act 1984 amended to allow adoption of children by couples regardless of sexual orientation or gender identity

The Health Complaints Act 2016 created a Health Complaints Commissioner with powers to investigate and act on so-called 'gay conversion therapy' complaints

Aboriginal health, wellbeing and safety strategic plan 2017–27 (Korin Korin Balit-Djak) outlines a commitment to improve outcomes for Aboriginal LGBTI people (strategic direction 5.2.5)

Kungah retreat is a national retreat for sisters and brotherboys — trans and gender diverse Aboriginal and Torres Strait Islander community

A family violence refuge redevelopment roundtable workshop hosted by the Victorian Government identifies LGBTI inclusivity as a key area requiring attention.

LGBTIQ Community Grants Program launched to build the capacity and sustainability of organisations and develop current and future leaders

Implementation begins for the Royal Commission into Family Violence's recommendation that funded family violence services achieve Rainbow Tick accreditation

Announcement of a Victorian Pride Centre, the first in Pride Centre in Australasia

Health services for trans and gender diverse Victorians expanded to include two multidisciplinary clinics, an education and training program for health professionals and a peer support program designed by and

delivered with trans and gender diverse community members

Landmark pre-exposure prophylaxis medicine (PrEPX) study funded to help more than 4000 Victorians access the groundbreaking HIV prevention tool. Issue is later raised by Victoria at the Council of Australian Governments. The Australian Government subsidises PrEPX under the Pharmaceutical Benefit Scheme in 2018

2017

Victoria's homelessness and rough sleepers action plan identifies LGBTIQ+ as a vulnerable group

State Disability Plan 2017–20 commits to inclusivity of LGBTI people with a disability and development of training and resources

Department of Premier and Cabinet forum on LGBTI inclusion in sport.

Document developed: Commissioner's Requirements for the Management of Prisoners who are Trans, Gender Diverse or Intersex

International Day Against Homophobia, Biphobia, Discrimination against people with an intersex variation and Transphobia (IDAHOBIT) event at Government House

Justice health policy on healthcare for prisoners who are trans, gender diverse or have an intersex variation guides decision-making relating to health care and treatment for these prisoners

Inclusion of LGBTI identification and discrimination questions in the Victorian Population Health Survey

Government provides an additional \$1 million to help organisations meet escalating demand for frontline mental health support for LGBTIQ people as a result of the marriage equality postal survey

2018

Safe Schools program included in the Victorian Anti-Bullying and Mental Health Initiative to put a stop to bullying in schools

LGBTI Inclusive Practice Forum for hospital and health service leaders and staff

Nanyubak Yapaneyeputj weekend retreat for Victorian Aboriginal people who identify as LGBTI

Victoria's first Pride events and festivals program announced

Justice Legislation Amendment (Access to Justice) Bill 2018 allows adults to apply to alter the record of their sex in their Victorian birth registration without a requirement to be unmarried

The Fair Play Code outlines appropriate standards of behaviour expected in all sports; sends a clear message that discrimination on the basis of sexuality or gender has no place in sport and recreation

Government refers 'conversion therapy' to Health Care Complaints Commissioner for an inquiry

Victoria's Multicultural Policy Statement commits to providing additional support and protection of rights, including the LGBTI Multicultural Grants program

Marriage equality legalised in Australia

All Victorian public high schools are Safe Schools

2019

Government announces it will act to ban 'conversion therapy' and assist people harmed by it

The Intersex Policy and Resource Project developed through the Department of Premier and Cabinet's Intersex Expert Advisory Group and launched by the government

Funding for Initiatives aimed at reducing poorer mental health outcomes and preventing homelessness announced for LGBTIQ communities

Victoria Police apologises to LGBTIQ communities for past wrongs

Youth Justice Strategy: will reflect the varied backgrounds and needs of children and young people who are likely to exhibit multiple, overlapping vulnerabilities and complexities, including young people who identify as LGBTIQ

Launch of the Victorian Government Koorie Pride Network

Legislation passed abolishing the sexual reassignment surgery requirement for changing birth certificates to affirmed gender

Policy to enable trans parents to change their sex and name on their child's birth certificate: currently in development



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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

Available at www.engage.vic.gov.au/lgbtiqstrategy

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