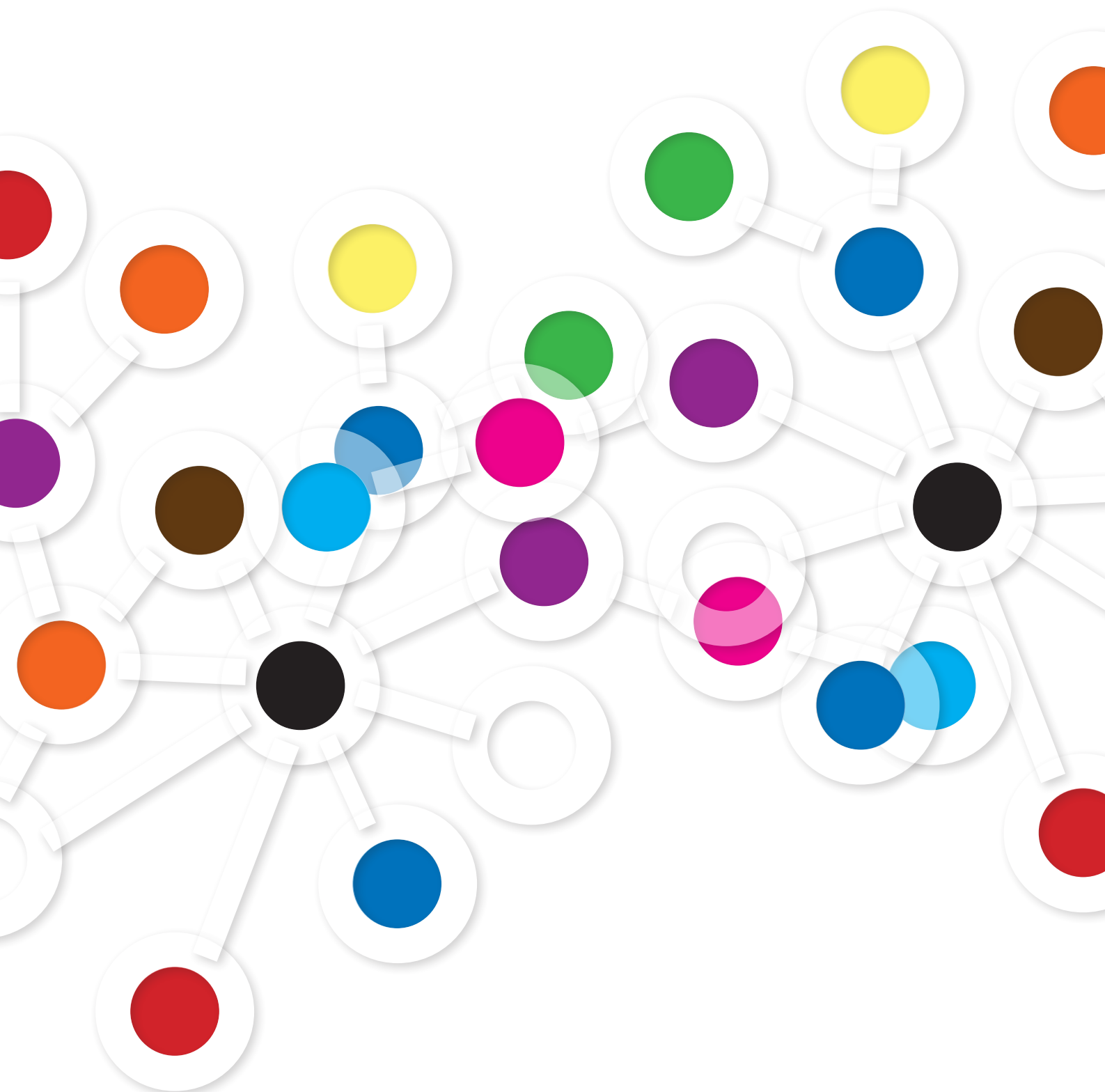


VICTORIAN STATE ELECTION 26 NOVEMBER 2022

LGBTIQ+ PRIORITIES:
WHAT YOUR GOVERNMENT CAN DO



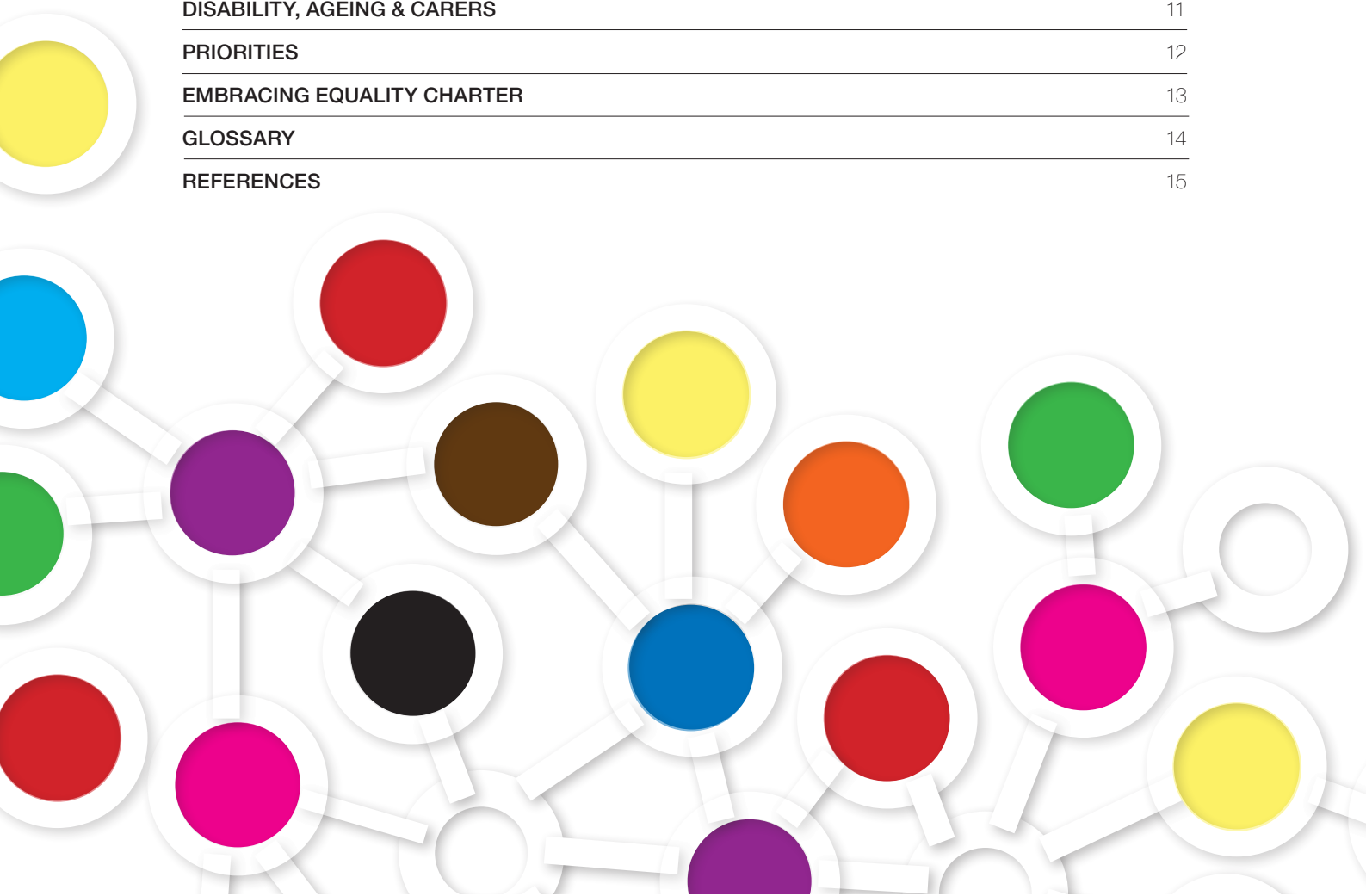
ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the traditional custodians of the land we are on, and pay our respects to their Elder past and present.

We respectfully acknowledge that lesbian, gay, bisexual+, trans and gender diverse (including sistergirls and brotherboys), intersex and queer communities include many Aboriginal and Torres Strait Islander people and their families, and that in addition to homophobia, biphobia, transphobia, and intersex stigma and discrimination, our Aboriginal and Torres Strait Islander LGBTIQ+ community members also experience racially motivated prejudice.

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INTRODUCTION

Making up to 10 per cent¹ of the population, Victoria's LGBTIQ+ (lesbian, gay, bisexual+, trans and gender diverse, intersex and queer) communities live, work and play across every electorate in Victoria. We are part of every cultural, ethnic, and faith community; we have disabilities; we raise families; we exist in schools, universities, TAFE, retirement homes, supported accommodation, and prisons. LGBTIQ+ communities are not a homogenous group. We live differing, intersectional lives every day. Policy responses to LGBTIQ+ issues need to understand and embrace this diversity.

Victoria's LGBTIQ+ communities continue to lead the nation in advocating for and achieving progressive and inclusive change, which together with Government we must continue to build on. In the last term of Parliament, the Victorian Pride Centre – Australia's first purpose-built centre for LGBTIQ+ communities – was created and is now home to many of our community organisations. The *Pride in our future: Victoria's LGBTIQ+ strategy 2022-2032* was developed by the Victorian Government – an important step toward improving equality. The *Change or Suppression (Conversion) Practices Prohibition Act 2021* and the *Equal Opportunity (Religious Exceptions) Amendment Act 2021* were passed – further protecting LGBTIQ+ people from

faith-based discrimination and harms. The *Sex Work Decriminalisation Act 2022* was passed after decades of advocacy led by sex workers.

However, we still have a long way to go before we achieve equality. We need to build capacity within our community organisations, embed structural change in Government, and improve recognition and representation of LGBTIQ+ Victorians. LGBTIQ+ people continue to experience stigma, discrimination, vilification, and social isolation. Because of this, we experience poorer health and mental health outcomes alongside higher rates of homelessness and poverty than the general population. Some of us experience different and multiple forms of discrimination, which can have a cumulative impact on our health and wellbeing.

Ahead of the upcoming State election, seven LGBTIQ+ community organisations have produced this election booklet to collectively advocate on a range of issues relevant to LGBTIQ+ people and their families in Victoria.

We welcome the opportunity to work with all Victorian political parties and individuals running in the next State election to implement our recommendations for action to promote a Victoria that is more equitable, welcoming, respectful, responsive, and supportive of people from LGBTIQ+ communities and their families.

OUR VISION FOR VICTORIA

We envision a Victoria:

- **Where everyone, regardless of who they are or whom they love, lives with dignity and respect, and enjoys equality wherever they work, study, or access services and support.**
- **Where a strong LGBTIQ+ community-controlled sector works to build and empower our communities from the ground up, and where our history of knowing and delivering what is best for us is acknowledged and respected.**
- **Where Government and other mainstream providers are capable of delivering their programs to everyone in a culturally appropriate and non-discriminatory way.**
- **Where nothing is done for us without us, and LGBTIQ+ communities are meaningfully involved in decision-making that affects us.**
- **Where Victorian laws are reformed to address the remaining areas of discrimination and abuse of our human rights, including addressing vilification and hate-based conduct and overdue intersex reforms.**
- **Where all aspects of our identities that make us who we are, are respected and celebrated, and our unique intersectional needs are met so that no LGBTIQ+ person is left behind.**

SUPPORTING COMMUNITY CAPACITY ACTIONS

- Ensure that funding for LGBTIQ+ community-controlled organisations is in line with LGBTIQ+ population estimates and demand - LGBTIQ+ people make up at least 7.2-10% of the population¹.
- Reform procurement and tendering processes to build up and recognise the role and unique attributes of LGBTIQ+ community-controlled organisations when funding health and wellbeing services for LGBTIQ+ communities.
- Improve data collection on LGBTIQ+ communities across all areas of public policy and service provision.
- Appropriately fund Koorie Pride Victoria.
- Fund a Pride Legal Service to improve access to justice for LGBTIQ+ Victorians.
- Provide legal, health and social supports to LGBTIQ+ asylum seekers and refugees in Victoria.
- Fund a Rainbow Families Resources Hub to provide peer-based supports and whole-of-life resources.
- Establish the Commissioner for LGBTIQ+ Communities in law as a statutory position to ensure its permanence.

Why

We strive to realise a Victoria in which LGBTIQ+ communities are celebrated, respected and supported. To do so requires whole-of-government approaches to strengthening our communities, services and supports. The way we collect and use data on LGBTIQ+ communities needs to be improved to better identify and address needs in health, housing and homelessness, policing, prejudice-motivated crime and community safety, disability, ageing, and youth. Implementing the Australian Bureau of Statistics (ABS) 2020 Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables² in collecting datasets across systems will help improve consistency of data collection.

LGBTIQ+ Victorians constitute up to 10 per cent of the state's population and consistently experience disparities in health, social, and wellbeing outcomes compared to the general population. Yet funding for LGBTIQ+ community-controlled service provision is not commensurate with the size of the LGBTIQ+ population, its needs and service demand, nor is it consistent enough to maintain gains. We must see a shift from project-based funding to recurrent funding to ensure program effectiveness and maintenance of progress.

Procurement and tendering processes should be reformed to prioritise services that can demonstrate their ability to be responsive to our communities' needs. LGBTIQ+ community-controlled services are run by community, for community, and have governance structures to be accountable to community. They are uniquely placed to demonstrate that they have the community know-how, trust and accountability to deliver the services our communities need and want, in a manner that our communities demand. Yet too often larger services, sometimes affiliated with institutions with a long history of discrimination against our communities, are prioritised to provide LGBTIQ+ services. If mainstream service providers are to be funded to provide services for our communities instead of LGBTIQ+ community-controlled organisations, they must be asked to demonstrate how they will be responsive to our communities' needs as well as meet

the standard that LGBTIQ+ community-controlled organisations are able to deliver, and address persisting levels of distrust and anticipated stigma.

Every family across Victoria is deserving of inclusion, respect and has value. As with the general population, there is a diversity of relationships and family forms within LGBTIQ+ communities. Victorian law must continue to adapt to ensure it is responsive to the diversity of LGBTIQ+ relationships and families, and resources made available to support our diverse rainbow families.

The Government must also prioritise the needs of LGBTIQ+ people with intersecting marginalised identities, including Aboriginal and Torres Strait Islander peoples, asylum seekers, and refugees.

Funding for LGBTIQ+ community-controlled service provision is not commensurate with the size of the LGBTIQ+ population, its needs and service demand, nor is it consistent enough to maintain gains. We must see a shift from project-based funding to recurrent funding to ensure program effectiveness and maintenance of progress.

LAW AND JUSTICE ACTIONS

Legislative reform

- Introduce legislation to protect people born with variations of sex characteristics from so-called ‘normalising’ medical interventions without personal consent.
- Implement recommendations of the Legislative Assembly Legal and Social Issues Committee inquiry into anti-vilification protections³.
- Narrow exemptions for religious bodies delivering services to the public, repeal s 42ⁱ, and narrow the sport exemptions in the *Equal Opportunity Act*⁴, to ensure the benefits of inclusion in sport are available to everyone, including trans and gender diverse people.
- Make irrelevant criminal records a protected attribute under the *Equal Opportunity Act*⁴.
- Amend or repeal s 45 of the *Crimes Act*⁵ to protect people living with HIV and trans and gender diverse people from prosecution under procuring sex by fraud provisions.
- Undertake a review of legal parentage laws with a view to reforming laws to better recognise the best interests of children living in multi-parent family structures and/or born through surrogacy arrangements.
- Undertake a review of the *Medical Treatment Planning and Decisions Act 2016* with a view to ensuring trans and gender diverse young people with sufficient maturity can provide consent to gender affirming treatment without the need for court authorisation.

Process and programs

- Consult with community in the appointment of the independent reviewer of the *Change or Suppression (Conversion) Practices Prohibition Act 2021*⁶.
- Develop a needle and syringe program in correctional facilities, to reduce the risk of transmission of blood-borne viruses.
- Provide a safe and dignified environment for trans, gender diverse and intersex people in correctional facilities, and eliminate the arbitrary and inhumane use of unwarranted solitary confinement.

Why

Our laws must protect all of us, equally. Yet the work of bringing Victorian laws into line with community expectations and in conforming with human rights standards remains unfinished.

Reforms to protect intersex people from so-called ‘normalising’ medical interventions without personal consent remains a top priority – as does extending anti-vilification and anti-hate protections to LGBTIQ+ people and others, fixing up the remaining gaps in the *Equal Opportunity Act*, and ensuring trans and gender diverse young people can access gender-affirming medical care without unnecessary legal barriersⁱⁱ. Existing laws relating to sex, consent and fraud need to be reformed and framed in a way to avoid inadvertently criminalising people living with HIV and people of diverse sexualities and gender identities.

Laws on family formation and recognition need to be reviewed to ensure every child has the economic and emotional security that comes with having their family legally recognised – no matter how they are conceived.

We need to ensure that the enforcement of laws and accessibility of legal services is improved for LGBTIQ+ people. Implementation of recent and positive legislative reform such as the *Change or Suppression (Conversion) Practices Prohibition Act 2021* needs to be appropriately resourced, while keeping voices and experiences of victim-survivors centre.

In 2015, the Victorian Government established a scheme to expunge historical convictions for homosexual activity that would not be a criminal offence

today⁵. As this represents an important initiative to address past injustices, this scheme needs to be better promoted to ensure it is fully utilised.

Currently, the *Equal Opportunity Act* contains a protection against discrimination for people with spent convictions or expunged historical homosexual convictions. These protections do not adequately protect people from discrimination if they have a conviction or criminal record (such as an arrest or charge) that is irrelevant to their ability to perform a role, study or access goods and services. Victoria should follow the lead of the ACT, Northern Territory and Tasmania in protecting people from discrimination based on an irrelevant criminal record.

We need to ensure that the enforcement of laws and accessibility of legal services is improved for LGBTIQ+ people.

ⁱ s 42 of the *Equal Opportunity Act* allows educational authorities to enforce dress standards that may prevent trans and gender diverse students from wearing clothes that match their gender identity.

ⁱⁱ Re: Imogen (No. 6) [2020] FamCA 761.

HEALTH ACTIONS

- Undertake a review of the health and wellbeing needs of rural, regional and outer-urban LGBTIQ+ Victorians, with a view to expanding services to cater to the needs of LGBTIQ+ Victorians outside inner urban areas of Melbourne, informed and shaped by consultation with community.
- Commit \$400,000 per annum to establish and recurrently fund a LGBTIQ+ women's health hub.
- Address the crisis in accessing affirming healthcare for TGD Victorians by increasing funding for TGD community-controlled health services across the state – to reduce waiting lists and enable TGD people to access both general health care and gender affirming care in community settings as well as specialist clinics in hospitals.
- Grow funding for gender affirming services at the Royal Children's Hospital and Monash Gender Clinic to reduce wait times to less than 2 months.
- In addition to legislative reform (see 'Law and Justice'), fund and implement the remaining recommendations from the *(i) Am Equal*⁸ plan for intersex health and wellbeing, including funding for intersex peer-led support programs to provide independent psychological support and peer support for people with intersex variations and their families.
- Fund the next editions of the *Private Lives* and *Writing Themselves In* research reports⁹.
- Develop a LGBTIQ+ Health Strategy that addresses the unique needs and health issues across the diversity of LGBTIQ+ communities, and that sits within the *Victorian Public Health and Wellbeing Plan*¹⁰.

Why

We all have the right to enjoy the highest attainable standard of health and wellbeing. However, LGBTIQ+ Victorians continue to experience disparities in health outcomes across the board compared to the general population. Thirty per cent of LGBTIQ+ Victorians rate their health as poor or fair compared to 14.7 per cent of the general population, and only three in ten LGBTIQ+ Victorians rate their health as very good or excellent compared to more than half of the general population¹¹.

At the same time, LGBTIQ+ Victorians have been found to underutilise health services and can delay seeking health advice due to actual or anticipated experiences of stigma and discrimination from service providers¹². This supports evidence that shows the majority of LGBTIQ+ Victorians prefer to access services from providers known to be LGBTIQ-inclusive or that cater only to LGBTIQ+ people¹¹ – highlighting the importance of increasing funding to LGBTIQ+ community-controlled health organisations and improving the inclusivity and quality of services from mainstream providers.

LGBTIQ+ Victorians exist across all cultural, economic and geographic demographics. The impacts of intersectional marginalisation can compound poor health outcomes and exacerbate barriers to accessing inclusive and affirming health and support services. Similarly, our communities face different health issues across different identities and require tailored responses. A LGBTIQ+ Health Strategy that sits within the *Victorian Public Health and Wellbeing Plan* can address these unique needs.

LGBTIQ+ women share many of the same health challenges as cisgender, heterosexual and/or endosex women, yet some health problems may be more prevalent, risk factors may be different, and interventions may need to be tailored to the needs of these groups.

Trans and gender diverse (TGD) health services fail to meet community demand and TGD adults and minors are forced onto long waiting-lists for hospital-based services.

In addition to legislative reform (see 'Law and Justice'), the Victorian Government must also follow through on implementing the *(i) Am Equal: Future Directions for Victoria's Intersex community* plan, including funding an intersex health and wellbeing centre, developing resources and improving treatment.

Quality health initiatives and services must be informed by robust data and evidence. The *Private Lives* and the *Writing Themselves In* series of research require ongoing funding, and longitudinal research into the health and wellbeing of LGBTIQ+ Victorians requires investment.

LGBTIQ+ Victorians exist across all cultural, economic and geographic demographics. The impacts of intersectional marginalisation can compound poor health outcomes and exacerbate barriers to accessing inclusive and affirming health and support services.

MENTAL HEALTH ACTIONS

- Ensure that LGBTIQ+ communities continue to be actively engaged through the process of planning, implementing, and managing a reformed mental health and wellbeing system – as per recommendation 34 of the Royal Commission into Victoria's Mental Health System.
- Designate LGBTIQ+ specific Local Adult and Older Adult Mental Health and Wellbeing Services to be led by LGBTIQ+ community-controlled health providers and require that all of these Services across Victoria are able to demonstrate LGBTIQ+ cultural awareness, sensitivity, and capability.
- Ensure LGBTIQ+ representation on key government-appointed decision-making bodies and boards, such as Regional Mental Health and Wellbeing Boards and the Youth Mental Health and Wellbeing Board.
- Fund targeted interventions and services to groups that experience significantly worse mental health outcomes.
- Maintain and enhance recently developed trans and gender diverse specific mental health initiatives, to address unique drivers and needs that are distinct from broader LGBTIQ+ communities.
- Fund LGBTIQ+ early intervention programs to support communities, families and young people to better recognise and understand signs of mental ill-health among LGBTIQ+ young people.
- Fund the development of community-led bisexual+ mental health education and initiatives to improve capacity in mainstream and LGBTIQ+ therapeutic services.

Why

LGBTIQ+ Victorians deserve a mental health system that is safe, responsive, and inclusive of our needs. Our communities experience a higher burden of poor mental health compared to the general population¹. This is driven by unique complexities such as marginalisation and discrimination in both society and the health system, trauma associated with historic criminalisation and with conversion practices, increased drug and alcohol use, isolation from LGBTIQ+ communities and supports in regional and rural areas, and for some, intersectional challenges of belonging to more than one marginalised group.

Poor mental health outcomes relating to preventable high prevalence disorders among LGBTIQ+ Victorians have been shown to come at an economic and financial costⁱⁱⁱ of up to \$3 billion per year, and cause intangible costs^{iv} of up to \$23 billion, 90 per cent of which is borne by LGBTIQ+ individuals¹.

But our communities thrive when we're in control – when we have the freedom to live authentically and have access to services that affirm who we are. We need to reshape the environments that we live, work, and exist in – addressing discrimination, harassment and social exclusion to prevent poor mental health.

A significant proportion of LGBTIQ+ people would prefer to access support from a service provider that caters only to LGBTIQ+ people¹¹. This number increases for people experiencing high levels of distress. To deliver care that is culturally appropriate, safe, and trusted, it is essential that LGBTIQ+ community-controlled organisations are meaningfully engaged and resourced to provide services for the communities we represent.

Structural drivers of poorer mental health start young and accumulate over a lifetime. Despite decades of reforms, young people continue to experience similar rates of harassment and abuse, in schools and into adulthood as they did twenty years ago¹³⁻¹⁶.

Suicide, suicidal ideation, and suicide attempts are

significantly higher among LGBTIQ+ Victorians, but particularly among trans and gender diverse Victorians and young LGBTIQ+ people. One in eight young LGBTIQ+ people have attempted suicide in the past 12 months, and LGBTIQ+ adults are 13 times more likely to have recently attempted suicide than the general population¹⁶.

Specialist knowledge is required, particularly for communities such as trans and gender diverse people and bisexual+ Victorians. Meanwhile, mainstream mental health services are often ill-equipped to deal with the unique needs of LGBTIQ+ clients, and LGBTIQ+ specific services are often under-resourced to meet demand whilst remain overly-centralised within inner Melbourne.

Despite decades of reforms, young people continue to experience similar rates of harassment and abuse, in schools and into adulthood as they did twenty years ago.

iii Financial costs are actual costs incurred, while economic costs include opportunity cost involved in performing an activity relative to another.

iv Intangible costs include costs such as loss of wellbeing and years of life lost.

HOUSING AND HOMELESSNESS ACTIONS

- Fund a LGBTIQ+ safe housing network of LGBTIQ+ community-controlled homelessness and housing support services, including crisis accommodation and housing, with nomination rights for community-controlled services.
- Fund specialist services to assist LGBTIQ+ people out of the homelessness system.
- Provide ongoing LGBTIQ+ training to mainstream services and Department of Families, Fairness and Housing staff working in the areas of housing and homelessness.
- Ensure housing and homelessness services implement LGBTIQ+ inclusive policies and practices.

Why

Access to adequate housing is a growing concern for all Victorians, and homelessness is a serious population health issue. People who experience homelessness in their lifetime tend to have poorer general health and higher rates of chronic and acute diseases, mental illness, and alcohol and drug dependence than the general population^{17, 18}.

LGBTIQ+ Victorians are disproportionately affected by this crisis. Over one-fifth of LGBTIQ+ people report having ever experienced homelessness, and over one-third of trans women, trans men and non-binary people have¹⁹. This is compared to 13 per cent of non-LGBTIQ+ people.

With LGBTIQ+ Victorians experiencing homelessness at significantly higher rates than the general population, there is an urgent need to establish LGBTIQ+ community-controlled homelessness and housing support services, and to build crisis accommodation and housing specifically earmarked to tackle LGBTIQ+ homelessness and housing insecurity.

The importance of LGBTIQ+ community-controlled services is underscored by the fact that many LGBTIQ+ people report that they do not feel safe using mainstream housing and homelessness services²⁰. Intersectional identities and experiences create further barriers for older LGBTIQ+ Victorians, LGBTIQ+ asylum seekers and refugees, and LGBTIQ+ Aboriginal and Torres Strait Islanders accessing safe housing services. The prevalence of faith-based service providers discourages many LGBTIQ+ people from seeking assistance as religious settings are associated with persecution, and acts of discrimination.

With better access to safe and adequate housing for LGBTIQ+ Victorians, we can break the cycle of poorer health that too many of our community members fall into.

The importance of LGBTIQ+ community-controlled services is underscored by the fact that many LGBTIQ+ people report that they do not feel safe using mainstream housing and homelessness services. Intersectional identities and experiences create further barriers for older LGBTIQ+ Victorians, LGBTIQ+ asylum seekers and refugees, and LGBTIQ+ Aboriginal and Torres Strait Islanders accessing safe housing services.

EDUCATION & YOUNG LGBTIQ+ VICTORIANS ACTIONS

- Fund a feasibility study into the establishment of a specialised Year 9-12 Secondary School for LGBTIQ+ students that have not met success in other secondary schools.
- Ensure that all educational institutions develop, adopt and promote LGBTIQ+ specific policies that cover bullying, stigma, discrimination, and have in place systems to address such behaviour should it occur.
- Commission and fund the Victorian Equal Opportunity and Human Rights Commission to develop guidelines with educational stakeholders reflecting the obligations of educational institutions under the *Equal Opportunity Act* to ensure trans and gender diverse students are treated with dignity and respect, including by ensuring:
 - schools' uniform policies allow trans and gender diverse students to wear clothes that match their gender identity;
 - trans and gender diverse students have access to toilets and changing room facilities that are aligned with their gender identity and which trans and gender diverse young people can feel safe accessing.

Why

A positive adolescence and education sets you up well for adulthood. Bullying and harassment based on sexuality and gender has a significant impact on young people's physical, mental and social health and wellbeing, as well as their educational outcomes and future attainment.

Secondary school can be a highly challenging environment for students of diverse gender identity or sexual orientations. Findings from *Writing Themselves In 4* (WTI4)¹⁶, the largest ever survey on the health and wellbeing of LGBTQA+ young people in Australia, as well as the *Free2Be...Yet?*²¹ research demonstrates high levels of harassment and bullying of young people who identify as gender and sexuality diverse.

The research shows that over 60 per cent of participants have felt unsafe or uncomfortable in the past 12 months at secondary school, over 40 per cent reported experiencing verbal harassment, almost one quarter reported experiencing sexual harassment or assault, and almost 10 per cent reported experiencing physical harassment or assault based on their sexuality or gender identity. Unfortunately, these rates have remained consistent for over 20 years despite a range of interventions and broader social progress¹³⁻¹⁶.

Parents are overwhelmingly supportive of greater support in schools – 82 per cent support the curriculum inclusion of gender and sexuality diversity topics for all school students, from kindergarten to Year 12. What is more, 94 per cent of parents want relationships and sexuality education delivered in government schools, and most want to see gender and sexuality diversity introduced in the curriculum in primary school and the early years of high school²².

A feasibility study should be carried out into establishing a secondary school for years 9-12, designed for LGBTIQ+ students who have not met success in at least one other high school due to experiences of bullying, harassment or discrimination relating to their sexual orientation or gender identity. Harvey Milk High School²³ in New York City provides

a successful example of this kind of specialised school and the benefits that affirming learning environments can bring to vulnerable students.

A feasibility study should be carried out into establishing a secondary school for years 9-12, designed for LGBTIQ+ students who have not met success in at least one other high school due to experiences of bullying, harassment or discrimination relating to their sexual orientation or gender identity.

PREVENTION OF INTIMATE PARTNER & FAMILY VIOLENCE

ACTIONS

- Improve the identification, processing, and referral systems for LGBTIQ+ victim-survivors and perpetrators of family violence.
- Fund LGBTIQ+ community-controlled family violence services, including crisis accommodation for gay, bisexual, and trans men, as well as all trans, non-binary and gender diverse people.
- Increase capacity within Orange Doors for a collaborative services referral hub with specialist workers for LGBTIQ+ victim-survivors and perpetrators.
- Ensure each region has an LGBTIQ+ community-managed response that includes intimate partner violence and family violence case management and therapeutic counselling.
- Resource mainstream family violence services to undergo Rainbow Tick accreditation.
- Fund the development of educational resources and training modules to improve mainstream service capacity for case management and therapeutic support of bisexual+ victim-survivors and perpetrators.

Why

Family violence among LGBTIQ+ people is less likely to be recognised, reported, or supported with appropriate services. It therefore requires prevention and support measures tailored for LGBTIQ+ people.

More than 40 per cent of LGBTIQ+ people report having experienced intimate partner violence, and almost 40 per cent have experienced family of origin violence (FOOV). However, these figures increase to 60.7 per cent and 64.9 per cent, respectively, when different types of violence are explained^{v,11}. Yet only 28 per cent report their experience of family violence to someone and only 6 per cent to police. Cisgender men, trans women, trans men, and people born in a non-English speaking country are least likely to seek support.

Different vulnerabilities exist for different parts of our communities. bisexual+ women are particularly at risk of IPV²⁴ and falling through the gap between mainstream family violence services and LGBTIQ+ specific services when they are in 'straight passing' relationships with cisgender men. Young people, trans and gender diverse people, people who are unemployed, and people who have a disability or chronic health condition are among the LGBTIQ+ subpopulations with a higher risk of domestic violence and family violence²⁵. Gay, bisexual and trans men who are victims of violence cannot access emergency accommodation. Rates of sexual assault are particularly high against cisgender women, trans men, trans women, and non-binary people.

Over a third of LGBTIQ+ people reported they would prefer to access support services from a mainstream domestic violence service that is known to be LGBTIQ+ inclusive, and over one fifth from a service that caters only to LGBTIQ+ people. Only 5 per cent reported a preference for a mainstream service provider¹¹.

Rates of sexual assault are particularly high against cisgender bisexual+ women, trans men, trans women, and non-binary people.

^v Different types of violence includes physical, verbal, sexual, financial, emotional, harassment or stalking, property damage, social isolation, threats of self-harm or suicide, and LGBTIQ-related abuse.

DISABILITY, AGEING & CARERS

ACTIONS

- Develop a LGBTIQ+ Ageing Strategy that addresses unique needs and experiences of LGBTIQ+ seniors.
- Ensure that disability services receiving Government funding prove capacity to support LGBTIQ+ people with disabilities.
- Support LGBTIQ+ organisations to develop and implement disability inclusion action plans, and disability organisations to develop LGBTIQ+ inclusion action plans.
- Disseminate and build on resources for LGBTIQ+ people living with disabilities to navigate and access appropriate services through the NDIS^{vi}.
- Fund telecross^{vii} services for LGBTIQ+ seniors who have complex needs or are living with a disability.
- Improve identification, reporting, and response to LGBTIQ+ elder abuse.
- Support aged care and disability providers to provide a positive, affirming environment for LGBTIQ+ people.

Why

Almost 40 per cent of LGBTIQ+ Victorians are living with a disability or long-term health condition, compared to 17 per cent of the general population¹⁹. 10 per cent reported a profound or severe disability and 20 per cent a moderate disability.

LGBTIQ+ people with disabilities may also be at increased risk of abuse from carers and support workers. One third of participants in a UK study reported experiences of discrimination or poor treatment by their personal assistant or carer because of their sexual orientation or gender identity²⁶.

Research on LGBTIQ+ ageing also demonstrates the cumulative effects of marginalisation over one's life as older LGBTIQ+ people have higher rates of disability, depression, anxiety and loneliness than the general community²⁷. Smaller numbers of older LGBTIQ+ people have children compared to the general population, which often results in less social support, and lack of familial advocates to navigate health, disability and aged-care services.

Healthy ageing is important for the whole population. Yet given that there are unique health issues experienced by LGBTIQ+ communities and many health issues and risk factors experienced by LGBTIQ+ Victorians, we require a LGBTIQ+ Ageing Strategy^{viii}. The prevalence of faith-based service providers discourages many LGBTIQ+ people from seeking assistance as religious settings are associated with persecution, and acts of discrimination.

Research on LGBTIQ+ ageing also demonstrate cumulative effects of marginalisation over one's life as older LGBTIQ+ people have higher rates of disability, depression, anxiety and loneliness than the general community²⁷.

vi For example see <https://thorneharbour.org/lgbti-health/disability/disability-resources/>.

vii Telecross involves providing a daily phone call to clients that are elderly, disabled, housebound or ill to check in and make sure that they are ok.

viii The previous National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy (2012-2017) ended five years ago and has not been renewed.

PRIORITIES FOR PARTICULAR POPULATIONS

These are consolidated summaries of actions relevant to particular populations within the LGBTIQ+ community.

For Trans and Gender Diverse Victorians

- Amend or repeal s 45 of the *Crimes Act* to protect people living with HIV and trans and gender diverse people from prosecution under procuring sex by fraud provisions.
- Provide a safe and dignified environment for trans, gender diverse, and intersex people in correctional facilities, and eliminate the arbitrary and inhumane use of unwarranted solitary confinement.
- Address the crisis in accessing affirming healthcare for TGD Victorians by increasing funding for TGD community-controlled health services across the state – to reduce waiting lists and enable TGD people to access both general health care and gender affirming care in community settings as well as specialist clinics in hospitals.
- Grow funding for the Royal Children's Hospital and Monash Gender Clinic to reduce wait times to less than 2 months.
- Fund targeted interventions and services to groups that experience significantly worse mental health outcomes.
- Maintain and enhance the recently developed trans and gender diverse specific mental health program, to address unique drivers and needs that are distinct from broader LGBTIQ+ communities.
- Ensure schools' uniform policies allow trans and gender diverse students to wear clothes that match their gender identity.
- Within educational settings, ensure access to toilets and changing room facilities that are aligned with a young person's gender identity and which trans and gender diverse young people can feel safe accessing.
- Fund LGBTIQ+ community-controlled family violence services, including crisis accommodation for gay, bisexual, and trans men as well as all trans, non-binary and gender diverse people.

For Intersex Victorians

- Introduce legislation to protect people born with variations of sex characteristics from so-called 'normalising' medical interventions without personal consent.
- Fund and implement recommendations of the *(i) Am Equal* plan for intersex health and wellbeing, including funding for intersex peer-led support programs to provide independent psychological support and peer support for people with intersex variations and their families.

For Bisexual+ Victorians

- Fund targeted interventions and services to groups that experience significantly worse mental health outcome, inclusive bisexual+ Victorians.
- Fund the development of community-led bisexual+ mental health education and initiatives to improve capacity in mainstream and LGBTIQ+ therapeutic services.
- Fund LGBTIQ+ community-controlled family violence services, including crisis accommodation for gay, bisexual, and trans men, as well as all trans, non-binary and gender diverse people.
- Improve the identification, processing and referral systems for LGBTIQ+ victim-survivors and perpetrators of family violence.
- Fund the development of educational resources and training modules to improve mainstream service capacity for case management and therapeutic support of bisexual+ victim-survivors and perpetrators.

EMBRACING EQUALITY CHARTER

In 2021, Victoria's health and human services peak bodies came together to establish the Embracing Equality Charter to support LGBTIQ+ communities.

In addition to the Charter, they established the Embracing Equality Pledge, allowing service providers to endorse the Charter and pledge to LGBTIQ+ inclusive practice. The Pledge can be found at: www.embracingequality.com.au

EMBRACING EQUALITY CHARTER

Diversity is a fact. Equity is a choice. Inclusion is an action. Belonging is an outcome. - Arthur Chan

VISION

We, the undersigned allies of LGBTIQ+ communities, pledge to embrace equality and work to end the discrimination experienced by lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ+) people in Victoria.

Our vision is for safe, strong and sustainable LGBTIQ+ communities. This can only be realised through sustainably funded LGBTIQ+ community-controlled services, a service and education system that is safe, inclusive and affirming of LGBTIQ+ people, and a society in which LGBTIQ+ Victorians and their families are safe, equal, and enjoy the benefits of full economic, educational and community participation.

LGBTIQ+ people represent diverse, distinct and at times intersecting communities. For example, Aboriginal LGBTIQ+ people can experience prejudice based on their race and LGBTIQ+ status. This diversity must be understood and embraced. This can only be achieved through full participation and shared decision making of LGBTIQ+ people and their representative bodies in all matters that impact LGBTIQ+ people. We acknowledge the need to create space for a variety of LGBTIQ+ voices – young people, older people, Aboriginal people, disabled people, and people from diverse cultural backgrounds.

We have come far and we are heading in the right direction, but we still have a long way to go. Marriage equality and the ban on conversion practices in Victoria are welcome reforms, but historical oppression, persecution and continuing disadvantage and discrimination are holding LGBTIQ+ communities back. Together, we can change this.

While LGBTIQ+ communities are resilient, across almost every measure of health and wellbeing LGBTIQ+ people fare significantly worse than non-LGBTIQ+ people. LGBTIQ+ people experience disproportionately higher rates of substance misuse and homelessness, and the mental health of LGBTIQ+ people has been at crisis levels for decades with no signs of improvement.

The current service system is not working for LGBTIQ+ people. Many LGBTIQ+ people delay seeking the treatment and support they need due to the fear of stigma and discrimination. Services must be LGBTIQ+ inclusive and affirming to allay these fears and improve service uptake. The education system needs to embed support for LGBTIQ+ young people and give them the best start in life.

LGBTIQ+ community-controlled services are initiated and operated by and for LGBTIQ+ communities to provide safe, trusted and culturally appropriate services. Ensuring consumer choice and access to culturally safe, sustainably funded LGBTIQ+ community-controlled services is essential to improving health and wellbeing outcomes for LGBTIQ+ people in Victoria.

TO EMBRACE EQUALITY, WE WILL:

- Respect, protect and promote the human rights of LGBTIQ+ people in Victoria.
- Continuously prioritise advocating for reforms that dismantle structural drivers of discrimination and oppression against LGBTIQ+ people.
- Ensure all LGBTIQ+ Victorians have access to safe, culturally appropriate, accessible, and high-quality services.
- Support and sustainably fund the growth and development of the LGBTIQ+ community-controlled sector and services to enable service provision to LGBTIQ+ people across Victoria.
- Ensure robust LGBTIQ+ inclusive practice across the service and education system.
- Ensure full participation and shared decision-making of LGBTIQ+ people and their representative bodies in all matters that impact on LGBTIQ+ people, ensuring the LGBTIQ+ voice is given the opportunity to speak and be listened to.
- Work in partnership to systematically address the social determinants of health inequality for LGBTIQ+ people.
- Build on the research and evidence base for what works to improve the health and wellbeing of LGBTIQ+ young people and adults.

This is only possible if LGBTIQ+ community-controlled organisations, mainstream organisations, Aboriginal Community-Controlled Organisations and the Victorian Government work in close partnership. We must ensure that LGBTIQ+ community-controlled services are sustainable, the service system is inclusive, and that the necessary funding and resources are made available to achieve this.

Together we can and must end the inequities and discrimination experienced by LGBTIQ+ people. Only then will we have truly embraced equality.



Acknowledgement: The Embracing Equality Charter draws on the wisdom, experience and leadership of Aboriginal community-controlled organisations in championing the community-controlled service model and the Closing the Gap campaign. We recognise the intersectional lives of Aboriginal and Torres Strait Islander LGBTIQ+ people and the devastating role colonisation has played in their Communities. We acknowledge the marginalisation and social isolation that comes from being in this intersection.

GLOSSARY

Asexual – Someone who experiences low levels or no sexual attraction. Sometimes shortened to 'ace'.

Bisexual+ – Someone who experiences any form of attraction to more than one gender identity.

Brotherboy and sistergirl – Terms used by some Aboriginal and Torres Strait Islander communities to describe trans people. Brotherboy typically refers to masculine spirit people who may be assigned female at birth, Sistergirl typically refers to feminine spirit people who may be assigned male at birth.

Cisgender – Any person who exclusively identifies with their gender assigned at birth. Sometimes shortened to 'cis'.

Endosex – The opposite of 'intersex'. Refers to people whose sex characteristics meet medical and social norms for typically male or female bodies.

Gay – Someone who is attracted to people of the same sex and/or gender as themselves, historically used to describe men who are attracted to other men, however people of any gender may use this term.

Gender identity – A person's sense of themselves as male, female or a gender other than exclusively male or female (such as non-binary, agender, genderqueer or genderfluid), regardless of their gender assigned at birth.

Gender affirmation – Describes the process of affirming one's gender identity to match one's internal sense of self. There are many different ways trans and gender diverse people may affirm their gender identity and each are equally valid as the other. Some people also refer to these processes as 'transitioning'.

Gender identity – Your psychological sense of self. Who you, in your head, know yourself to be, based on how much you align (or don't align) with what you understand to be the options for gender.

Gender expression – The ways you present gender, through your actions, clothing, demeanour, and more. Your outward-facing self, and how that's interpreted by others based on gender norms.

Heterosexual/straight – People who are exclusively attracted to the opposite gender.

People with intersex variations – An umbrella term for people born with natural variations of sex characteristics. This includes physical features relating to sex including genitalia and other sexual and reproductive parts of the person's anatomy. It might also refer to the person's chromosomes, hormones and secondary physical features emerging as a result of puberty. Some people with intersex variations describe themselves according to their specific intersex variation or use other context-dependent language. Most people with intersex variations are cisgender and identify as male or female.

Lesbian – Typically used to describe women attracted to other women, however people of different genders may also use this term to describe an attraction to women or feminine people.

LGBTIQ+ – Lesbian, gay, bi+, trans and gender diverse, intersex, queer, plus a spectrum of other identities and experiences. The acronym can be shortened or lengthened depending on the communities you're working with or the issues you are discussing.

LGBTIQ+ community-controlled – LGBTIQ+ community-controlled services are initiated and operated by and for LGBTIQ+ communities to provide safe, trusted, and culturally appropriate services.

Non-binary – A broad term for gender identities that are not exclusively male or female, including gender identities such as gender queer, agender, bi gender, & gender-fluid.

Queer – A broad term that can refer to any or multiple LGBTIQ+ identities and experiences. It can also be a political term about the resistance to heteronormativity and celebration of LGBTIQ+ culture. As queer is a reclaimed slur, some members of the LGBTIQ+ community don't use this word and may find it offensive, whilst others may celebrate its use.

Rainbow families – A rainbow family is any LGBTIQ+ parented family. Any lesbian, gay, bi+, trans and gender diverse, intersex or queer person(s) who has a child or children; or is planning on having a child or children by way of donor insemination, surrogacy, foster care, fostering to adoption, adoption, opposite sex relationship, co-parenting or other means.

Sex – a classification that is often made at birth as either male or female based on a person's external anatomical characteristics. However, sex is not always straightforward, as some people may be born with an intersex variation, and anatomical and hormonal characteristics can change over a life span.

Sexual orientation – Describes our capacity for romantic and/or sexual attraction to others of the same gender, different gender or more than one gender.

Transgender and gender diverse (TGD) – A broad term referring to any individuals who do not exclusively identify with their gender assigned at birth, sometimes shortened to 'trans'. TGD people who are assigned female at birth might identify with the terms trans man, man, trans masculine, trans masc, non-binary, etc. TGD people who are assigned male at birth might identify with the terms trans woman, woman, trans feminine, trans femme, non-binary, etc.

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