

Gay, Lesbian, Bisexual and Transgender Health and Wellbeing Needs Assessment

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Glossary of Key Terms

These definitions have been adapted from discussion papers issued by the Victorian Health Minister's Gay, Lesbian, Bisexual, Transgender and Intersex Advisory Committee and from the Tasmanian Education Department's Anti-discrimination and Anti-harassment Policy.

Affirming Gender – the process of adopting a lifestyle and/or body that matches a person's gender identity. This process may take some time and often starts before an individual undertakes any changes to his or her public identity (see *Transsexual*).

Bisexual – a person who is sexually attracted to people of both sexes.

Coming Out – the process through which an individual comes to recognise, acknowledge and disclose his or her sexual orientation to themselves and to others. This also applies to gender. Intersex, transgender people who are gender ambiguous will often be asked to clarify their gender.

Communities – Rather than a single GLBT community, it is more accurate to talk about *communities*; distinguished by gender, class, cultural difference, geography, political orientation and other differences. GLBT people vary in their degree of desired “community attachment”. For some, lack of *any* available or suitable GLBT community contributes significantly to isolation and alienation. The “gay scene” generally refers to the collection of commercial venues found in the bigger capital cities, and thus overlaps with “community”.

Cross Dresser – a person who wears the clothing generally associated with another gender.

Gay – a person whose primary emotional and sexual attraction is toward people of the same sex/gender. The term is most commonly applied to men.

Gender – *This definition has been requested and will be added following the next Reference Group meeting and agreement*

Gender Identity – how a person sees themselves in relation to the categories “man” and “woman”. Some people may identify as both male and female while others may identify as male in one setting and female in another. This suggests a gender continuum rather than simply an opposition between one gender (male) and another (female). It should also be noted that an individual's perceived gender identity can change through a lifetime. Gender is therefore a fluid concept. Ongoing changes occur with reference to masculine and feminine, energy, characteristics, appearance and behaviour.

Heterosexism – is the assumption that everyone is or should be heterosexual and that other types of sexuality are unhealthy, unnatural and a threat to society. It is a conscious or unconscious exclusion of the acknowledgement of gay, lesbian and bisexual and transgender people by individuals and social institutions results through prejudice, discrimination, harassment and acts of violence. Heterosexism also assumes that sex and gender (and the relationship between the two) are fixed and not open to change.

Homophobia – fear and hatred of homosexuality.

Homosexual – is a person whose sexual orientation and primary emotional attachment is towards members of his or her own sex.

Internalised Homophobia – negative attitudes and feelings towards homosexuality experienced by people who are attracted to members of the same sex.

Internalised Transphobia – negative attitudes and feelings towards transgenderism experienced by people who do not identify with the gender that matches their biological sex.

Intersex – a biological condition where a person is born with reproductive organs and/or sex chromosomes that are not exclusively male or female. The previous term for intersex was “hermaphrodite”. While intersex people may not clearly present as physically male or female many identify their gender clearly as men or women.

Lesbian – a woman whose primary emotional and sexual attraction is towards other women.

Men Who Have Sex With Men – men who engage in sexual activity with other men but who do not necessarily identify themselves as gay or bisexual.

Queer – an umbrella term that can include a range of alternate sexual and gender identities, including gay, lesbian, bisexual, transgender and intersex.

Same-Sex/Gender Attraction – attraction towards people of one’s own sex/gender. The term has been applied to young people whose sexual identity is not fixed but who experience sexual feelings toward people of their own sex.

Sexuality – the characteristics apparent in individual emotional and sexual relationships with others. Sexuality is shaped by sexual orientation, gender and personality. It is about who a person is, how they see themselves, how they think, how others see them and how they express themselves in their relationships.

Sexual Orientation – defined by the sex of the people to whom a person is primarily emotionally and sexually attracted.

Sexual Identity – represents an enduring self-recognition of the meanings attached to sexual orientation and sexual behaviour (Savin-Williams, 1989). A person's sexual identity may change over time.

Sexual Behaviour – what a person does sexually. Individual sexual behaviour does not always match sexual orientation or identity. Because of pressure to conform to the perceived heterosexual norm a person may engage in heterosexual behaviour but know that their sexual orientation is homosexual.

Transgender – an umbrella term that refers to someone whose identity or behaviour falls outside stereotypical gender norms. In particular it refers to individuals who do not identify with the gender determined at birth. The terms male-to-female and female-to-male transgender persons are used to refer to individuals who are undergoing or have undergone a process of gender reassignment (see ***Transsexual***).

Transphobia – fear and hatred of people who are transgender/transsexual.

Transsexual – individuals who are born anatomically male or female but have a profound identification with a gender other than that assigned at birth. Transsexual refers to people who are making or who have made the transition to the gender with which they identify.

Transition – refers to a number of different though related processes including changes to a person's outward appearance, hormone treatment and surgical gender reassignment.

Women Who Have Sex With Women – Women who engage in sexual activity with other women but who do not necessarily self-identify as lesbian or bisexual.

Acronyms

| | |
|----------|--|
| ABS | Australian Bureau of Statistics |
| ACON | AIDS Council of NSW |
| ADF | Australian Drug Foundation |
| AFAO | Australian Federation of AIDS Organisations |
| AHS | Area Health Service |
| CALD | Culturally and linguistically diverse |
| DHHS | Department of Health and Human Services |
| GLBT | Gay, lesbian, bisexual, transgender |
| GLBTI | Gay, lesbian, bisexual, transgender, intersex |
| GLC | Gay and Lesbian Community Centre |
| GP | General Practitioner |
| HAV | Hepatitis A Virus |
| HBV | Hepatitis B Virus |
| HIV/AIDS | Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome |
| HPV | Human Papilloma Virus |
| NAPWA | National Association of People Living With Aids |
| NSW | New South Wales |
| PFLAG | Parents, families and friends of lesbian, gay, bisexual and transgender people |
| QSOC | Queer Students on Campus |
| ReSNAG | Relationships, Sexuality, Networking, Education Group |
| SA | South Australia |
| SHINE | Sexual Health Information Network and Education |
| SSAY | Same-sex attracted youth |
| TasCAHRD | Tasmanian Council of Aids, Hepatitis and Related Diseases |
| TGLRG | Tasmanian Gay and Lesbian Rights Group |
| VAC/GMAC | Victorian AIDS Council and Gay Men's Health Centre |
| WIO | Working It Out |
| WA | Western Australia |

1. Executive Summary

The needs assessment project arose from concerns that existing services and current funding strategies were not adequately meeting the health and wellbeing needs of GLBT Tasmanians. Contemporary research indicates that health and wellbeing issues faced by GLBT people include higher rates of suicide and drug and alcohol use and are they are at increased risk of homelessness than the general population. The research also finds that these health and wellbeing issues are an outcome of homophobic/transphobic harassment and discrimination.

To address this concern Department of Health and Human Services agreed to commission a consultancy to conduct the GLBT Health and Wellbeing needs assessment project in conjunction with the Department's GLBT Reference Group.

The Needs Assessment Project

Methodology

The methodology was divided into five areas:

1. The background reading and research phase. This phase involved individual consultations with GLBT Reference Group members, a literature review of the health and wellbeing needs of GLBT people, investigation into interstate service models and the elements of best practice in service delivery and development of an agreed glossary of terms
2. An audit and mapping of Tasmanian service provision – services that have been identified by GLBT people as being useful – and identified gaps in services.
3. Conduct of a health and wellbeing community survey to seek personal views and experiences of health and wellbeing needs of GLBT people of Tasmania.
4. Development of recommendations through workshops facilitated with GLBT Reference Group members and formulating and prioritising recommendations
5. The final written report outlining the findings.

Outcomes

Literature review

The significant health and wellbeing issues reflected in current research were:

- The process of coming out for GLBT people, regardless of which subgroup they belong, is a critical time in the life experience and is associated with increased drug and alcohol use, unsafe sex practices, self harm, suicide attempts and suicide.
- Living with discrimination in areas of health and education service provision leads to under-utilisation of health services, poor health information, increased sexual health issues and impacts on educational outcomes.
- Living with the pervasive effects of homophobia/transphobia impacts on rates of depressive symptoms, the ability to form connections to the GLBTI community,

lowers self-esteem, increases psychological distress and lowers the likelihood of self-disclosure.

Tasmanian situation

From the consultations with key informants and feedback from the community survey the general health and wellbeing needs of Tasmanian GLBT people corroborated the findings of the literature review. However because Tasmania has a small, decentralised and rural population there is an increased sense of isolation and lack of cohesiveness between any of the G, L, B or T community members.

The following key health and wellbeing issues emerged for same-sex attracted people or people of diverse gender expression in Tasmania:

- An acute sense of isolation from the general community, and a sense of invisibility expressed by a large proportion of GLBT people are also accompanied by lack of support networks and a sense of community among GLBT people.
- That the coming out process is a critical point in the life of the GLBT person and support at this time is pivotal for both long-term and short-term health and wellbeing outcomes. Coming out is an individual thing and is often dependent on the situation/reactions of significant others and/or the support people have around at the time,
- That homophobia/transphobia impact on physical and emotional health and wellbeing. The effects of homophobia/transphobia vary from living with an underlying apprehension to experiencing physical violence, verbal abuse and bullying.
- That discrimination and ignorance from health and well being service providers is a disincentive to accessing health and wellbeing services. The discrimination may be overt or covert and based on an assumption of heterosexuality.

Service Delivery

From investigations into GLBT specific services, generic services highly utilised by GLBT people in Tasmania, interstate GLBT service providers and feedback from the community survey participants several key best practice elements emerged.

In order to address the identified issues, the health and wellbeing service system design will need to incorporate:

- GLBT specific service types in combination with a strengthened enhanced mainstream service system,
- Fostering and strengthening of partnerships between services at all levels – community, government and non-government together with the development of service provider and community networks,
- Training and education of mainstream health and wellbeing service providers, and
- Development of a culture of continuous quality improvement through program evaluation, monitoring and review of performance.

Summary of Recommendations

A total of 21 recommendations are made in an effort to address the health and wellbeing issues identified during the needs assessment process. The recommendations fall into the following categories; general, specialist service delivery, partnership and network development, training and education, professional development and continuous quality development.

General

1. That DHHS in negotiating service agreements with non-government organisations ensures that GLBT is identified as a priority focus group
2. That government, non-government and private health and wellbeing services review their client intake and health and sexual history forms to ensure that they are inclusive and gender non-specific
3. That DHHS support and foster direct service providers and community member interagency groups in the three regions

Specialist Service Delivery

1. That a statewide befriender and peer support model of service delivery be developed and resourced within a service system to address health and wellbeing needs of GLBT people, especially people who are newly identifying
2. That DHHS work with the Reference Group to investigate sources of stable funding for the specialist service for people who are newly identifying
3. That specialist services be a referral and support for mainstream service providers, as well as being involved in community and professional development and education activities
4. That DHHS explore options to ensure that transgender/transsexual people are provided with access and information to appropriate multi-disciplinary services
5. That existing GLBT services explore strategies through community development approaches to maximise the promotion of services in the community

Partnership and Network Development

1. That GLBT specialist services and mainstream services working with sexual and reproductive health, youth health, mental health and wellbeing and drug and alcohol issues work collaboratively to develop their capacity to appropriately respond to GLBT people seeking services
2. That the Tasmanian government and local governments support community development initiatives to reduce isolation for GLBT people through actively supporting venue establishment and nurturing support groups for GLBT people, their families and other family members and friends

3. That any future Tasmanian government funding is planned and prioritised to ensure that GLBT initiatives build on existing infrastructure and utilise local reference groups to ensure sustainability of one off projects

Training and Education

1. That the Work Place Diversity Strategy being initiated across Government Agencies includes GLBT and the strategy be fully implemented and extended to service delivery
2. That DHHS establish and promote training processes that have a focus on a contemporary understanding of GLBT issues. That this training is provided to all health and wellbeing service providers with particular priority given to key service providers that are involved in GLBT people

Professional Education

- 1 That DHHS work in conjunction with the University and TAFE to ensure that all undergraduate students receive education in working with difference and marginalised population groups including issues faced by GLBT people
- 2 That the current mechanism for providing continuing education in human service disciplines includes training in working with difference and minority population groups including GLBT
- 3 That General Practitioners as a key entry point for service provision to GLBT people be encouraged to participate in training/continuing medical education to improve their response to GLBT people

Continuous Quality Improvement

1. That DHHS consider its current data collection processes to include an option for people to identify as GLBT in order to reduce heterosexism and ensure service provision matches need and issues experienced by GLBT people
2. That current GLBT services are evaluated to ensure compliance, effectiveness of service delivery and to inform the continuous development of services within a quality improvement framework
3. That project funding require evaluation of the outcomes and that a process that allows dissemination of the key learning's of project activities be developed and distributed
4. That an audit of DHHS service delivery policy and practices related to working with difference and GLBT people specifically be conducted to ensure an understanding of the issues and how this relates to practice
5. That DHHS in its service agreements ensures that complaints policies and procedures are in place

2. Background

2.1 Introduction

The purpose of the Gay, Lesbian, Bisexual and Transgender Health and Wellbeing Needs Assessment is to determine service provision required to maintain and improve the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) people living in Tasmania. The project was initiated through the Department of Health and Human Services (DHHS) by the Gay, Lesbian, Bisexual and Transgender Reference Group, a group consisting of representatives from the communities and departmental staff, chaired by the State Manager, Population and Health Priorities, DHHS on behalf of the Secretary, DHHS.

The GLBT Reference Group first met in 1999 in response to concerns from community members and healthcare professionals about gay and lesbian health. This was in recognition of the specific risks faced by, and special needs of, Tasmania's GLBT people, as well as homophobia and heterosexism in the healthcare system. The primary aim of the Group is to advocate for systemic change within the health sector.

Specifically, the anticipated outcomes of the Group are to:

- Identify, promote and support the health and wellbeing of GLBT people throughout Tasmania;
- Ensure optimal access to all relevant mainstream and, where appropriate, specialist health services for GLBT people; and
- Influence activities and actions across the health and human services sector and other government portfolios that may have an impact on GLBT people.

The needs assessment was identified as a strategy in the work plan of the Reference Group and was undertaken in consultation with GLBT Reference Group members, service providers and other identified key informants.

2.2 Current Tasmanian Context

There has been a long history of misunderstanding, confusion, intolerance and lack of acceptance of non-heterosexuality in Tasmania¹.

A decade long campaign by the Tasmanian Gay and Lesbian Rights Group (TGLRG) and other organisations and individuals culminated in the decriminalisation of homosexual acts between consenting adults on 1 May 1997.

Since the decriminalisation and the subsequent enactment of the State Anti-discrimination Act 1998, three major service delivery departments of the Tasmanian government, Police, Education and Health and Human Services, formed GLBT

¹ Hogge, R, (1998) *Working It Out, A Needs Analysis of Sexual Minority Youth in North West Tasmania*

reference/liaison groups to assist the departments in meeting legislative requirements. The groups also aim to assist in the development of appropriate service delivery that recognises diversity of sexual and gender identity.

Another significant legislative reform impacting on GLBT people is the State Public Service Act 2000. The Act obliges the State Public Service to provide a workplace free from any form of discrimination. This includes discrimination on the grounds of gender status, sexual orientation or lawful sexual activity.

The Commissioner's Direction No.3: Workplace Diversity has resulted in the encouragement of government agencies, heads of agencies, managers, key stakeholders, occupational health and safety officers and employees to examine policy and procedures and practices to determine whether they meet current requirements under the Acts. Training opportunities for managers and supervisors to understand, value and work with difference in the workplace have been offered. The DHHS-GLBT Reference Group developed a checklist to assist in identifying and preventing discrimination on the grounds of sexual orientation and gender status. This checklist now supplements the Workplace diversity guidelines.

Attorney General Judy Jackson in a media release on the 29 October 2002 announced the government's intention to remove all discrimination for same-sex couples from Tasmanian legislation.

It would thus seem timely for DHHS to examine current service provision to ensure appropriateness for GLBT people.

While the government is enacting legislative changes to recognise diversity of sexual and gender identity that provide legal avenues to fight homophobic practices, the pervasive effects of homophobia/transphobia and heterosexism in society continue.

"Fear of homophobic discrimination, ostracism and violence has a devastating impact on self-esteem and self confidence. These issues must be tackled head on if we are to reduce the levels of self harm and suicide in the GLBT community"

Comment from Needs Assessment survey

There is no mechanism for collecting definitive data on the numbers of GLBT people in Tasmania. However the general consensus from researchers is that approximately 3-5% of the general population identifies as GLB or T and that between 9-11% of a population is not exclusively heterosexual or experiences gender diversity (*Working It Out* Report and Hillier et al). Given this assumption, and with the total population of Tasmania of 456,652 (Australian Bureau of Statistics, 2000) then 22,833 could identify, as GLB or T and 45,665 of the population would not be exclusively heterosexual.

2.3 The Needs Assessment Project

The DHHS-GLBT Reference Group examined service provision and Departmental policies and strategies that impact upon GLBT health and wellbeing outcomes. They were concerned that contemporary research about health and wellbeing issues such as suicide, drug and alcohol use, homophobic/transphobic harassment and homelessness indicates that existing services and funding strategies were not adequately meeting the health needs of GLBT Tasmanians².

To address this concern DHHS agreed to commission a consultancy to conduct the GLBT Health and Wellbeing needs assessment project in conjunction with the GLBT Reference Group. The completion of the project will be a significant step in progressing the objective of the GLBT Reference Group: “*ensure optimal access to all relevant mainstream and, where appropriate, specialist health services for GLBT people*”.

Of relevance to the project is goal 9 of Tasmania Together: “foster an inclusive society that acknowledges and respects our multicultural heritage, values diversity and treats everyone with compassion and respect”. More specifically, standard 3 refers to “people from minority, disadvantaged and stigmatised groups”, and indicator 3.3 measures the “percentage of lesbian and gay people who experience verbal abuse and physical assault on the basis of their sexual orientation”.

The target groups for the needs assessment include people whose sexual identity is gay, lesbian or bisexual, and those who do not identify as gay, lesbian or bisexual but who engage in homosexual behaviour, as well as key stakeholders in the health system. People whose gender identity and/or status is transgender/transsexual are also target groups for the needs assessment.

The project brief articulated that “need” is multidimensional in character and, due to the different constructions of “need” and the requirements and perspectives of different stakeholders, there would be a requirement to examine a range of dimensions.

- “Felt need”: what the consumers of the service seek
- “Expressed need”: current consumer demand for services
- “Normative need”: established standard of services, based on the views of professionals in the area
- “Comparative need”: comparing service demand and provision across regions³

In terms of health and wellbeing focussed needs assessment, the following special requirements were identified:

- The amount and nature of morbidity specific to the target population

² Consultancy Brief (2001) “*Gay, Lesbian, Bisexual and Transgender Health and Wellbeing Needs Assessment*” DHHS

³ Bruno R, (2001) *Statewide Needs Analysis For The Tasmanian Needle Availability Program*, Page 6.

- The demand for associated services
- Wishes of the clients and views of professionals in the area
- Capacity of the individuals to benefit from help⁴

The project brief went on to say that “service gaps may need to be identified across three key areas:

- Quantity – e.g. waiting lists, difference between demand and level of existing service
- Quality – i.e. does the current level of service meet the need of its clients?
- Access – distribution of services, access to services by specific populations⁵”

Qualitative and quantitative methodologies were anticipated to be utilised as part of the total needs assessment project.

Significantly for the needs analysis, this study found that when comparing data collected six years previously in 1994, the reported incidence of discrimination in the area of medical treatment had increased.

⁴ Ibid page 6

⁵ Ibid page 6

3. Methodology

The methodology was divided into five areas:

1. The background reading and research phase.
 - Individual consultations with the GLBT Reference Group members were conducted in order to ascertain the main issues for Tasmanian GLBT people, as they perceived them, as well as identify expectations from the project.
 - A literature review of the health and wellbeing needs of GLBT people was conducted. In general the literature review has been concentrated within Australia with much of the information from studies and projects conducted in NSW and Victoria and as such is not exhaustive. Members of the Reference Group were the primary providers of literature sources.
 - Investigation into interstate service models and the elements of best practice in service delivery. The main emphasis was concentrated on Australian service models.
 - Development of an agreed glossary of terms.
2. An audit of Tasmanian service provision. The consultants researched and mapped agencies/organisations that provide GLBT specific services – services that have been identified by GLBT people as being useful – and identified gaps in services.
3. Conduct of a health and wellbeing community survey to seek personal views and experiences of health and wellbeing needs of GLBT people of Tasmania.
4. Development of recommendations. Draft recommendations were formulated by the consultants from research, identified health and wellbeing needs of GLBT people and the understanding of current service provision in Tasmania. A workshop was then facilitated with GLBT Reference Group members and recommendations formulated, agreed to and prioritised.
5. The final written report outlines findings and includes:
 - Background
 - Methodology
 - Outcomes of the literature review
 - Outcomes of consultation processes
 - Outcomes of a Tasmanian services audit
 - Outcomes or a set of data on current service levels with analysis
 - Analysis of overall findings
 - Recommendations
 - References

3.1 Project Support

The consultants worked closely with the Project Steering Committee and the members of the GLBT Reference Group (attachment 1). Administrative support of 0.2 FTE was allocated by DHHS, although restructuring within DHHS divisions meant some delays and inhibitors to the full realisation of this support.

Two meetings were held with the Project Steering Committee and four meetings were held with the GLBT Reference Group. The consultants provided regular update reports to the GLBT Reference Group on activities undertaken and planned, and identified any issues emerging. A Progress Report was provided in August 2002 outlining the outcomes of the consultations with the Reference Group members and the literature review at that time. It also identified key informants and opportunistic consultations with interstate service providers on service model types. In December a draft of the final report was circulated to the Reference Group collating the feedback from consultations, the literature review and the survey analysis. The report provided a basis for the discussions to inform the development of recommendations.

3.2 Changes to the methodology

The original Project Plan provided by the consultants was amended following discussions at the first GLBT Reference Group meeting. Because of time and budgetary constraints the proposed consultation and focus group process was revised to incorporate the development and distribution of a community survey. It was felt by the Reference Group members that Tasmanian-specific research of GLBT people would be particularly useful at this time.

The decision to proceed with a survey was based on three reasons:

- Research into GLBT people in Tasmania has until now been minimal. It was felt that information from a wider cross-section of GLBT people would be useful to inform service design and development
- That the survey be designed in such a way as to compare findings with the general population and with other research that has been conducted
- That a survey was a resource efficient tool to obtain information from around the State, including rural and remote areas.

The Project Steering Committee amended the proposed timelines throughout the project.

4. Literature Review

The purpose of reviewing current literature was to identify the major health and wellbeing issues experienced by GLBT people (attachment 2).

In general the literature review has been concentrated within Australia, including Tasmania, with much of the information from studies and projects conducted in NSW and Victoria. The sources for the literature were primarily members of the GLBT Reference Group and other key informants.

4.1 Tasmanian research to date

Specific research about issues confronting GLBT people has been undertaken in the last 10-12 years and consists of a number of research and discussion papers concentrated on specific target groups within the GLBT communities or particular regions of Tasmania. The research has been opportunistic and reflects funding sources and/or the interests and motivation of individuals to seek funding or undertake research as part of academic studies or particular interest.

Previous research within GLBT communities has focused on lesbian health in relation to cancer screening prevention and the health needs of young lesbians. This reflects current Australian and international research and highlights difficulties and outcomes of invisibility that lesbians experience when accessing the health system (Lesbians and Cancer Screening Project, Tasmania 1997 and Health Needs of Young Lesbians 1988).

Other research and discussion papers have focused on suicide and suicide ideation of young gay and bisexual men and important factors for awareness when working with young GLBT people. These are Youth Suicide Prevention, Working with Gay, Lesbian, Bisexual and Transgender Young People (DHHS, undated) and a thesis on Sexuality and Suicide⁶.

Important health and wellbeing research for same-sex attracted people was reported in the *Working It Out* report in 1998. The report examines the experiences of 50 Same-Sex Attracted Young (SSAY) people residing in North West Tasmania.

4.2 Key research on health and wellbeing themes

The key themes and significant health and wellbeing issues impacting on GLBT people identified by the research are:

- Discrimination

⁶ Fordham, K, (1998) *Sexuality & Suicide, An Investigation of Health Compromising And Suicidal Behaviours Among Gay and Bisexual Male Youth In Tasmania*, University of Tasmania, Thesis Study

- Life issues associated with coming out
- Mental health, including suicide
- Drug and alcohol use
- Sexual health

4.3 Discrimination

Discrimination was the focus of the *Enough Is Enough*⁷ report conducted by the Victorian Gay and Lesbian Rights Lobby in 2000. The report analysed the results of interviews with 929 GLBT people. Among the findings, discrimination or abuse on the basis of sexuality/gender identity was experienced by 84% of respondents, with rates being higher in rural than metropolitan areas. The wide range of locations where discrimination was experienced – health services, the workplace, accommodation, parenting, educational institutions and abuse in public places – highlights the pervasiveness of discrimination. Significantly for the needs analysis, this study found that when comparing data collected six years previously in 1994, the reported incidence of discrimination in the area of medical treatment had increased.

The health and wellbeing outcomes for GLBT people are consistent with the effects of being a minority population group and living with discrimination. The following research indicates that higher levels of mental health issues, poorer health outcomes, increased levels of drug and alcohol use and sexual health issues including HIV/AIDS are found in GLBT people when compared to the general population.

4.4 Life issues associated with coming out

Formation and acceptance of sexual and/or gender identity/orientation is commonly referred to as “coming out”. The term can also refer to disclosure and occurs repeatedly throughout life stages for GLBT people. Each time a GLBT person enters a new social environment, including the workplace or when accessing health and wellbeing services, a decision needs to be made about whether to be open about sexual and/or gender identity. Developing a healthy sexual identity and maintaining health and wellbeing during transitional life stages is linked to the degree to which people feel supported by family, friends and the wider society. It is also linked to people’s ability to access quality health care and welfare services⁸.

⁷ Victorian Gay and Lesbian Rights Lobby, *Enough is Enough, A Report on Discrimination and Abuse Experienced by Lesbians, Gay Men, Bisexuals And Transgender People In Victoria*, 2000

⁸McNair R, Harrison J, *Life Issues Within GLBTI Communities*, Department of Human Services Victoria, 2000

4.4.1 Young people

The transitional process of coming out for young people can impact on all aspects of life and social interactions including family, peers and educational institutions.

*Writing Themselves In*⁹ investigates the increased risks to the health and wellbeing of adolescents who are same-sex attracted or who experience gender diversity. These can be summarised as:

- Increased rates of homelessness due to rejection by family and friends
- Increased and multiple risk-taking behaviours
- Increased rates of depression
- Increased incidence of suicidal and self-harming behaviours.

The coming out process for SSAY and gender diverse young people can be particularly acute for those identifying as bisexual or experiencing gender identification issues¹⁰. Those who support transgender young people within the educational system often lack a clear understanding of distinction between gender identity and sexuality. The historical classification of gender dysphoria as a psychiatric disorder exacerbates the difficulties of coming out and has the potential to undermine the young transgender people's emerging sense of identity. Bisexual young people may identify as neither heterosexual nor homosexual and are likely to be excluded by both the mainstream and gay and lesbian support networks¹¹.

4.4.2 Relationship formation

Forming relationships and parenting are life events that impact on GLBT people and involve coming out or disclosing within multiple forums.

Many gay men and lesbians form secure long-term relationships but a lack of public recognition and acceptance of these relationships may lead to particular stresses. Lack of recognition can result in under-utilisation of available support services as well as the possibility of reduced standards of healthcare¹². For example, The *Domestic Violence in Lesbian Relationships* discussion paper¹³ investigates under reporting and under-use of domestic violence services by lesbians in abusive lesbian relationships.

Other areas of discrimination that may be experienced by GLBT people when forming relationships are outlined in the *Lesbian Families and Australian Laws*¹⁴ paper that

⁹ Hillier, L et al (1998), *Writing Themselves In, A National Report on the Sexuality, Health and Wellbeing of Same-Sex Attracted Young People*, National Centre in HIV Social Research

¹⁰ McNair R, Harrison J, (2000) *Life Issues Within GLBTI Communities*, Department of Human Services Victoria, Page 39

¹¹ ibid Page 39

¹² ibid page 40

¹³ Myers, H and Lavender, (1996-7) *Domestic Violence in Lesbian Relationships* Research Discussion Papers for Coalition of Activist Lesbians Australia

¹⁴ *Lesbian Families and Australian Laws* discussion paper, Ministerial Advisory Committee on Gay and Lesbian Health and the Department of Human Services, Victoria

explores the impact of inequities experienced by lesbians. While this paper concentrates on the experiences of lesbians these issues have relevance to all GLBT people in relationships. The wide-ranging areas of legal non-recognition include:

- Immigration
- Hospital access
- Informal consents
- Enduring powers of attorney
- Medical directives and living wills
- Appointed guardians and managers
- Funeral arrangements
- Organ donation
- Autopsies
- Property distribution on death¹⁵

4.5 Parenting

A large number of GLBT people are parents or wish to become parents. In Victoria, of the 670 GLBTI people who responded to a survey conducted by the Victorian Gay and Lesbian Rights Lobby, 21% live with children, 41% wanted to have children within their relationship and, among participants less than 30 years of age, 63% expressed a desire to have children¹⁶.

A recent research paper¹⁷ presented at the Health in Difference Conference suggests that GLBTI family formation involved high levels of satisfaction with parenting arrangements. It also suggested high levels of support and acceptance that reflected careful selection of social groups and neighbourhoods with which to interact. This study describes the experiences of 300 GLBTI people in Victoria, NSW and SA in achieving family formation and examined what health issues apply for those using alternative insemination and how roles and responsibilities are divided including the role of the biological father. The study sample included people who had families and who were planning to form a family within two years.

However, parenting as a GLBT person requires constantly facing decisions about whether or not to disclose sexual or gender orientation to service providers including health, welfare, childcare and education. Parents must balance the need for openness with the risk of negative and sometimes violent responses to themselves and their children¹⁸.

¹⁵ Research Discussion Papers for Coalition of Activist Lesbians Australia, 1996-7

¹⁶ McNair R, Harrison J, (2000) *Life Issues Within GLBTI Communities*, Department of Human Services Victoria, page 40

¹⁷ McNair, Dempsey, Wise, Perlesz, (2002) *Queer Parenting in Australia: Results Beyond the Rhetoric*, Australian Research Centre in Sex, Health and Society, La Trobe University

¹⁸ McNair R, Harrison J, (2000) *Life Issues Within GLBTI Communities*, Department of Human Services Victoria, page 40

There are also difficulties with the lack of recognition of the partner's role in the children's life.

Australian legislation prohibits surrogacy and prevents gay and lesbian people accessing adoption in most states and territories¹⁹. Currently legislation to access adoption is being debated in Tasmania.

Accessing reproductive technology is a concern for lesbians. In Tasmania, lesbians are able to access donor insemination but are not eligible for a Medicare rebate unless they are clinically infertile. Until recently in Victoria, the Infertility Treatment Act (1995) prevented access by lesbians to donor insemination. This Act was challenged in 2000 and found to be unlawful under the Federal Sex Discrimination Act.

4.6 Ageing

While there is little research into the impact of aging for GLBT people, some of the concerns raised by researchers are:

- There is a heightened fear of ageing within the GLBTI community and midlife can be a time of dislocation and confusion²⁰;
- Midlife GLBT people are providing significant support, care and advocacy for older parents and each other; and
- Institutionalised aged care for GLBT people poses a threat of abuse because of their sexuality and/or gender identity. The major issues include a fear of physical and emotional abuse if they disclose their sexuality or gender identity and reduced standards of care as a consequence of prejudicial attitudes on the part of some carers.

4.7 Mental health

A discussion paper on mental health prepared for the Victorian Ministerial Advisory Committee on Gay and Lesbian Health outlines the links between rates and patterns of mental health for GLBT people and their shared experience of sexuality and gender-based discrimination²¹. Sexuality and gender identity discrimination impacts on the mental health and wellbeing of GLBT people through processes of social labelling or stigmatisation and acts of psychological and physical abuse. These two processes can lead to reduced self-esteem, social withdrawal and isolation. Research suggests that levels of mental health problems and disorders are higher among GLBT people compared to the heterosexual population. It is suggested that these raised levels are linked to

¹⁹ ibid page 41

²⁰ ibid page 41

²¹ Brown, Perlesz, Proctor, (2002) *Mental Health Issues for GLBTI Victorians*, Department of Human Services, Victoria

exposure to discriminatory behaviour based on sexual orientation or gender identity and that same-sex attraction or transgenderism are not in themselves risk factors for mental illness²².

4.7.1 Suicide

Studies indicate that a range of factors is associated with increased suicide risk, though there is much debate over the level of risk of suicidal behaviour and resultant protective measures necessary.

Whilst mental illness is considered one of the highest risk factors, it is erroneous to assume that all suicidal behaviour is connected to mental illness or mental health problems²³.

A range of risk factors have been identified, including:

- Socio-economic disadvantage²⁴
- Loss of physical health²⁵
- Legal problems²⁶
- Sexual orientation²⁷

Most studies suggest there is a complex interaction between a variety of identified factors that increases the risk of suicidal behaviour for an individual.

The Nicholas and Howard study (Australian) found that 18-24 year old gay-identified men were 3.7 times more likely to attempt suicide once the person had self-identified as gay, but before having a same-sex experience and publicly identifying as gay.

Importantly, no study has yet demonstrated that there is an increased rate of suicide death among the GLBT groups. However this fact is most likely consequential of the difficulty in identifying sexual orientation after death by suicide²⁸.

The *Mental Health Issues for GLBTI Victorians* paper²⁹ collates and describes the outcomes of a number of research projects that report higher rates of depression and suicide attempts among GLBTI people. These include:

²² ibid page 30

²³ De Leo D, Hickey P A, Neulinger K and Cantor C H, (1999) *Aging and Suicide: A Report to the Commonwealth Department of Health and Aged Care*, Australian Institute for Suicide Research and Prevention, Griffith University

²⁴ ibid

²⁵ ibid

²⁶ Hayes L, (1995) *Prison Suicide: an Overview and Guide to Prevention*, US Department of Justice, National Institute of Corrections, Washington DC

²⁷ Nicholas and Howard, (1998) "Better to be Dead Than Gay" *Depression, suicidal ideation and attempts among a sample of gay and straight identified males aged 18-24*. Youth Studies Australia 17 (4): 28-33

²⁸ Beauvais A, (1998) *Risk Factors for Suicide and Attempted Suicide amongst Young People*, A literature review prepared for the National Health and Medical Research Council

- A study of 403 gay men in Australia in 2000 indicated that 27% experienced major depression;
- A study of 200 lesbians in Sydney (1992) found that 60% reported feeling depressed, 63% had contemplated suicide and 30% attempted suicide³⁰;
- A study of the transgender/transsexual group that found that 32% attempted suicide; and
- *Department of Human Services Youth Suicide Task Force Report* in 1998 found same-sex attracted young people (SSAY) in Victoria to be six times more likely to attempt suicide than the population as a whole.

The results of the first Australian population-based study that involved a comparison of the health status of young lesbians and bisexual women with heterosexual women were released at the Health in Difference 4 Conference in Sydney, November 2002. More than 9,000 young women participated in the Women's Health Australia study and among its findings were that young non-heterosexual women reported higher levels of depression and anxiety than young heterosexual women and twice as many non-heterosexual women reported that life was not worth living³¹.

The *Tasmanian Sexuality and Suicide* paper³² found that more than twice the proportion of the gay and bisexual male participants considered suicide compared to heterosexual participants. This was found to correlate with other studies about suicide ideation among gay and bisexual male youths. The interviews conducted with sexual minority young people in the North West (*Working it Out*) also found that extremely low self-esteem and reactions or fears about coming out directly contributed to suicidal thoughts and self-harm³³.

4.8 Drug and alcohol use

The Australian Drug Foundation's study in 1998 indicates that drug and alcohol use is two to four times higher in GLBT communities than in the population as a whole. While GLBT people use drugs and alcohol for many of the same reasons as the population at large, evidence suggests that sexuality and gender identity lead to patterns of drug and alcohol misuse specific to GLBT people affecting both long and short term health and wellbeing.

²⁹ Brown, Perlesz, Proctor, (2002) *Mental Health Issues for GLBTI Victorians*, Department of Human Services, Victoria

³⁰ *ibid* page 33

³¹ Hiller, McNair, Horsely, (2000) *Women's Health Australia*, Australian Research Centre in Sex, Health and Society and the University of Melbourne

³² Fordham, K, (1998) *Sexuality & Suicide, An Investigation of Health Compromising And Suicidal Behaviours Among Gay and Bisexual Male Youth In Tasmania*, University of Tasmania, Thesis Study

³³ Hogge, R. (1998) *Working it Out, A Needs Analysis of Sexual Minority Youth in North West Tasmania*

A Victorian paper entitled *Drugs and Alcohol Use in GLBTI Communities* found that gay men and lesbians are less likely to abstain from drug and alcohol use and are less likely as they grow older to stop using both illicit drugs and alcohol.

Australian and American research and studies report the likelihood of a strong association between the use of illegal drugs and high-risk sexual health behaviours among young gay men³⁴, in particular the 20-29 year age group (Australian Drug Foundation). The patterns of injecting drug use found in GLBT people who are part of gay dance party scene indicate that particular subpopulations and homosexually active men may be at risk of hepatitis C.

According to the ADF results, the pattern of drug usage for lesbians varies from gay men, with alcohol and tobacco usage being most commonly reported by young lesbian respondents (20-29 years). Alcohol was the highest (80%), followed by tobacco (40%), marijuana (28%) and amphetamines and tranquillizers (8%). The level and length of tobacco use among lesbians shows higher rates than for the general population. Lesbians aged 30-39 years report the highest rates of tobacco use (44.9%).

The *Working it Out Report 1998* indicates that many of the people interviewed reported substance abuse of some type as a coping mechanism. The report also recommends that service providers need to be aware that sexuality can be one of the underlying factors associated with substance abuse. The *Writing Themselves In Report* of 1998 found that illegal drug use among SSAY was higher than for young people in the general population. Eleven percent of participants stated that they had injected drugs as compared to between 2 and 5% in the general teenage population. Risk-taking behaviours were higher among young women living in rural areas.

4.9 Sexual health

Research shows that discrimination based on sexuality and gender identity result in under-utilisation of health services by GLBT people and therefore on rates and patterns of sexually transmitted infections (STIs).

4.9.1 Young people

Lack of information about gay and lesbian relationships and safe sex, particularly in rural areas, is reported in the Australian research project *Writing Themselves In*³⁵. STIs were present in approximately 24% of SSAY participants in the study, compared with an estimated 8% of heterosexual youth. The combination of lack of adequate information about sexual protection and homophobia encountered by SSAY may be contributing to

³⁴ Harland, (2002) *Drug and Alcohol Use Within GLBTI Communities*, Department of Human Services, Victoria, page 47

³⁵ Hillier, L et al, (1998) *Writing themselves In, A National Report on the Sexuality, Health and Wellbeing of Same-Sex Attracted Young People*, National Centre in HIV Social Research

the relatively high rates of STIs found in this study. The report concludes that the lack of information available to students about sexual diversity and associated issues contributed to sexual risk-taking behaviours. These findings were exacerbated for GLBT people from culturally and linguistically diverse (CALD) backgrounds and rural areas.

4.9.2 Gay men

HIV/AIDS and its impact on gay men's lives was the issue in the 1980s that brought non-heterosexual practices to the forefront of public awareness.

HIV/AIDS continues to be a serious sexual health issue for gay men. According to the *Sexual Health Issues for GLBTI Victorians* paper, additional major STIs associated with male-to-male sex are: hepatitis A virus (HAV), hepatitis B virus, (HBV) gonorrhoea, chlamydia trachomatis, human papilloma virus (HPV), herpes, syphilis and external STIs such as pubic lice.

In 2000, rates of HIV increased in Victoria by 41% over the number of cases recorded in 1999. This is considered to correspond with reported increases in rates of unprotected anal sex in male-to-male sexual activity in Sydney, Melbourne, Brisbane and Perth³⁶. A possible reason for this increase is a reduction in HIV/AIDS education resulting in a level of complacency within and outside the gay community regarding safe sex practices³⁷.

Hepatitis A and B have the highest notification rates among Victorian men aged 20-24 years and 15-39 years respectively, which is argued as most likely to represent outbreaks amongst men who have sex with men. HAV is transmitted through sexual practices; HBV can be transmitted through sexual practices and intravenous drug use³⁸.

4.9.3 Bisexuals

There is little research on sexual health outcomes and the needs of bisexually active people who are reported to be less likely to disclose their sexuality when receiving medical treatment.

Research focuses on bisexual men and sexual health risk factors are likely to correspond to those associated with gay men as most research and studies use the term "men who have sex with men" which does not refer exclusively to self-identified gay men, but includes men who identify as bisexual and heterosexual³⁹.

³⁶ Van de Ven P, et al (2002) *HIV/AIDS, Hepatitis C and Related Diseases in Australia*, Annual Report of Behaviour National Centre in HIV Social Research

³⁷ Bentleigh R, et al (2000) *Sexual Health Issues for GLBTI Victorians*, Department of Human Services, Victoria

³⁸ ibid

³⁹ ibid

Information about particular risks of contracting STIs for women who identify as bisexual has not been explored in the research to date.

4.9.4 Lesbians

There has been little research into the behavioural and cultural determinants for patterns and rates of STIs among lesbians. However due to the incidence of risk factors among lesbians such as alcohol intake, rates of smoking, higher rates of nulliparity (no children) and under-use of health screening services, there is a suggestion that lesbians may be at higher risk of breast, cervical, endometrial or ovarian cancer than other women in the population. Discrimination from health care providers and lack of accurate information about sexual health issues for lesbians were identified as barriers to accessing cervical and breast cancer screening by lesbians in the *Lesbian Project* conducted by the Tasmanian Women's Cancers Unit.

The *More than Lip Service* study in Victoria concludes that heterosexist assumptions among health care professionals mean there is widespread ignorance about the sexual health of lesbians including sexually transmitted infections and appropriate safe sex information. This hinders effective therapeutic communication and affects the quality of health care provided⁴⁰.

4.9.5 Transgender/transsexuals

It is estimated that 60% of transgender people residing in large cities have contracted some kind of STI. A disproportionate number of transgender persons are involved in sex work because of discrimination in the workplace and financial hardship due to the common experience of job loss during or following transition⁴¹. The same evidence suggests that transgender people involved in sex work are more likely to engage in sexual risk-taking behaviours, thus contributing to the high level of STIs among this group.

This is compounded by high use of drugs and alcohol and difficulties in coming to terms with own self-identity. In addition, in situations of intimacy, safe sex practices may easily be overlooked.

⁴⁰ Brown, (2000) *More than Lip Service, The Report of the Lesbian Health Information Project*, The Royal Women's Hospital, Victoria, page 31

⁴¹Bentleigh R, et al (2000) *Sexual Health Issues for GLBTI Victorians*, Department of Human Services, Victoria

5. Consultations

5.1 Consultations with interstate GLBT key informants

During the course of the Needs Assessment Project, discussions were conducted with interstate service providers, researchers, policy makers, people involved with GLBT health and wellbeing service delivery and community members in NSW, Victoria and South Australia (attachment 4).

Health and wellbeing issues' identification, good practice models, key discoveries from service system development, and criteria for provision of service to GLBT communities were explored in the discussions and meetings with service providers.

The health and wellbeing issues identified in the consultations are demonstrated in the previous chapter.

The experience of GLBT service system development and implementation in these other States is similar to Tasmania in that the concentration of services tends to be in the capital city. There are close associations between GLBT services, AIDS Councils, sexual health services, youth health services and Women's Health Centres. A comprehensive service system that meets client need is reliant on the working relationships between the specialist services, and their working in conjunction with mainstream health and wellbeing service providers.

The information gathered from the interstate key informants is grouped by service delivery model: gay men, lesbians, transgender, befriender, SSAY and young people of diverse gender experience, sexual health, telephone information and support services and research institutions.

5.1.1 Gay men's health

AIDS Councils in each State were a result of activism by gay men and the impact on the gay community of the Australian HIV/AIDS epidemic of the late 1970s and early 1980s. HIV/AIDS services could not be managed in isolation from the context of gay men's lives and thus service development became broader than HIV prevention.

AIDS Council services embraced a social view of health: recognising that factors such as age, socio-economic status, ethnicity, disability, location, environment, gender, all impact on health and wellbeing outcomes. AIDS Councils continue to be important players in GLBT service delivery.

Together with health promotion and treatment, a key focus of the work of AIDS Councils has been in advocacy to create enabling, safe environments. There is a national network of AIDS organisations (Australian Federation of AIDS Organisations, AFOA) supporting the work of State organisations to achieve policy and social environments in which

people are encouraged to come forward without fear of stigmatisation for lifestyle choices. Being linked into a national network was reported to be an invaluable support for, and resource to, State-based organisations working with GLBT people.

Gay men's health programs and AIDS Councils interstate are generally co-located. The services have developed strategic partnerships with the government, hospitals and other service providers. They each offer a range of programs including community education, counselling and support and HIV programs. The Victorian AIDS Council and Gay Men's Health Centre (VAC/GMHC) also provides General Practitioner (GP) Clinics. NSW is well serviced with gay and lesbian friendly GPs. All AIDS Councils have strong links with the public sexual health services. In Victoria, the Gay Men's Health Centre has a separate constitution and Board of Management from the AIDS Council, despite the two organisations being co-located and maintaining interconnected working relationships.

The AIDS Council of NSW (ACON) identifies itself as a gay and lesbian community-based organisation. ACON is a large organisation with 140 staff operating from 15 sites across the State, although primarily based in the greater Sydney area and the north and south coasts of NSW. It has an operating budget of 9.5 million dollars from 18 funding sources plus some self-generated funds.

Over the last three years, ACON has been working to a deliberate strategy to move towards functioning as a broad gay and lesbian health service. This has involved a process of research into GLBT health and wellbeing priorities, mapping of existing services and identifying where strategic partnerships could be formed to maximise gay and lesbian health and wellbeing outcomes. Time and energy has been put into building relationships with other key service providers and identifying project opportunities. This has resulted in the establishment of approximately 200 partnerships over the last couple of years. As there has been no government driven cohesive policy framework for GLBT health and wellbeing in NSW, pilot/demonstration project funds have been sought from available grant programs. This means that the issues addressed have been dictated by the boundaries of the funding program, as opposed to the priority health and wellbeing issues identified in the planning processes. Sustainability is a constant tension being experienced across Australia due to this approach, as systemic change has been difficult to achieve with one-off project initiatives.

ACON is finalising partnership agreements with Area Health Services (AHS) in which provision is made for ACON to have a worker based in any AHS where there are no identified GLBT service providers. ACON's policy is to only provide direct services where there is an identified gap for GLBT people in the service system. Effort is concentrated on working with mainstream providers to try and ensure that GLBT people can have their needs met within the mainstream system.

The national HIV strategy through the Public Health Outcomes funding is the primary source of funds for AIDS Councils. They also seek project funds, private sponsorship and have access to some funding through the AIDS Trust of Australia and State HIV/AIDS Trust funds.

It was reported that since 1996 the gay community has been increasingly difficult to engage in activities focussed on the prevention of HIV transmission. This is because of a change in perspective in which HIV/AIDS is now seen as a long-term chronic illness that can be managed (due to breakthroughs in drug therapy) rather than a killer disease. Hence the services continually grapple with how to engage the communities' interest and how to maintain the proactive health promotion and education messages that translate into behaviour change.

5.1.2 Lesbian health

The women's health movement of the 1960s and 1970s provided the impetus for a focus on the specific needs of lesbian women as a minority group. An increased focus on women's health issues emerged with the Commonwealth National Women's Health Strategy at the end of the 1980s and specific funding to States for women's health. Some of this funding was utilised to establish Women's Health Centres. Funding to States is now through the Commonwealth Public Health Outcome Agreement. Community-based Women's Health Centres tend to be the primary source of lesbian health services in Australia. Women's Health Centres generally have generic health workers with lesbian health issues addressed by all workers. Some Centres such as Frankston's Women in the South East of Victoria have a designated Lesbian Health Worker.

The Well Women's program of the Royal Women's Hospital (RWH) in Victoria sponsored a project to identify the need for lesbian-specific health services, information and resources. It also sought to examine the lack of information and training most health workers have about lesbian health and wellbeing issues. The project culminated in the report *More Than Lip Service*. The process of the project heightened the awareness of health workers to lesbian health issues, however the recommendations of the report had not been implemented at the time of consultations.

In 2000, VAC/GMHC commissioned a feasibility study of the organisation taking a broader role in respect to lesbian health⁴². The consultations found that there was a need to have a statewide organisation adopt lesbian health. However the study also found that the lesbian community was suspicious and uncomfortable about a lesbian health service being linked with a high profile gay male organisation. The VAC/GMHC has not furthered the consultations and debate about this option has not been pursued.

Two new resources are being developed by ACON that may be useful for Tasmania. One is a booklet for lesbians to assist them in accessing services and the other is addressed to health workers about lesbian health issues and working with lesbian clients. The resources may complement the pamphlets already available in Tasmania. It is anticipated that these resources will be available by mid 2003.

⁴² Birrell Martin Projects, (2000) *Lesbian Health and VAC/GMHC: feasibility study*

5.1.3 Transgender health

NSW has a Gender Centre that provides referral, outreach, social support, resource development, drug and alcohol support, an after hours telephone line, a residential service and a support, education and referral service for partners, families and friends. The Centre is community-based and is committed to, and operates from, a social view of health.

The Monash Dysphoria Clinic in South Australia is the key centre for Tasmanians wanting to access transgender support services and sexual reassignment surgery. The Clinic is reported to operate within a strong biomedical approach to health and wellbeing. The South Australian Gender Clinic is headed up by a psychiatrist and operates within a strong multidisciplinary approach without sexual reassignment surgery as the dominant focus.

Public sexual health clinics and services are a frequently cited entry point for service delivery particularly for the transgender community.

5.1.4 Befriender services

The BFriend service in South Australia started in 1995 and is the model of service delivery that informed the model for Tasmanian's Working It Out service. Bfriend offers a range of service types – support groups and specific topic workshops, one-to-one services for newly identifying people and parent groups. The service is based on a peer support model, training volunteers as befrienders and parents as volunteer peer supporters. Volunteers assist with meeting the demand for community- and school-based information and education sessions

BFriend was founded by Adelaide Central Mission (ACM) to address a service gap to assist people through the coming out phase of sexual and gender identity. ACM funded the service for the first three years. This was followed by a period of annual funding cycles from the Department of Health Services and now the service has recurrent funding of \$90,000 from DHS and a staffing level of 1.5 FTE. It is believed that the process of lobbying which involved clients telling their stories about the difference Bfriend made in peoples lives was the key to securing recurrent finding.

ACM Family Services section continues to manage the service, workers and the interface and liaison with DHS. The workers report that being part of a larger organisation is supportive because it leaves them free to focus on service provision to clients and to not have to administer the service in isolation. The Advisory Group for the Bfriend service includes service providers from women's health, Second Story Youth Health, culturally and linguistically diverse services and some GLBT people

Bfriend has influenced the organisational culture of ACM. All ACM staff employed in positions over 0.5 FTE have four hours of diversity workshop training as part of their induction. This training has also been provided to existing staff. It is reported to be easy

for clients to walk through the door to access any ACM program/service and also to be referred to other generic workers to provide additional services.

Since 1995, 500 people have been linked up with befrienders as well as having been provided with individual support services. Bfriend provides some outreach services and is able to work in partnership with other organisations.

5.1.5 Young people

2010 is a NSW service that provides accommodation and support for 16-24 year old homeless GLBT people. They conduct education programs for mainstream services, targeting rural areas and major rural towns not covered by ACON branches. Their focus is to maintain safety for young people and prevent family breakdown.

The peer support model is used by ACON in their groups for under 26 year olds and by the Freedom Centre in Western Australia. The ACON groups offer a series of workshops, information sessions and activities over a six-month period for newly identifying GLBT people. This group program is called “Fun and Esteem” and is offered in Sydney for individual identity groups and as a mixed identity group in the regional and rural Branch sites. The information and education component of the group content is on life skills generally and covers topics such as dealing with street violence, sexual health, legal issues and relationships. The activities provide opportunities for participants to extend their friendship networks and reduce the sense of isolation that is sometimes associated with same-sex attraction or diverse gender expression. At the end of the group participants are asked if they are interested in volunteering to be involved in the next group. If so, they are provided with training. The program has been offered over the last decade and 8-10,000 volunteers have been trained, building the knowledge base and skills of GLBT people.

In South Australia the Second Story Youth Health Service provides support groups and programs in the city centre and some suburbs for same-sex attracted young people. The service works closely with Bfriend and sometimes with Shine SA, the Family Planning organisation in South Australia.

There have been a number of projects funded from various sources that have been highly successful working with same-sex attracted young people.

One of these projects is the Second Story Youth Health Service, which received project funding to work in schools to reduce bullying and harassment as a result of difference, particularly in relation to sexual identity. These initiatives are generally well received and evaluation shows both key learnings to inform future such activities as well as demonstrating the need for sexual and gender identity focussed initiatives.

VicHealth, in partnership with the Department of Human Services, funded 12 projects targeting mental health issues among gay and lesbian young people in rural Victoria. The

report from these projects⁴³ outlined the difficulties of undertaking community development work with limited funding and in short time frames. The most successful projects instigated collaborative working relationships between local rural agencies and statewide agencies with expertise in sexuality issues.

The Freedom Centre in Western Australia is a GLBT youth specific service for under 26 year olds. The Centre is an auspice program of the WA AIDS Council, operating from a separate building and closely allied to the inner city youth services. The service has a paid coordinator, located at the WA Aids Council and two part time paid peer educators as well as a group of volunteers who staff the Centre for drop-in and provide peer support and information via Centre-based activities, the telephone support line, a pen pal program and the web site.

The Freedom Centre's core funding comes from the WA Mental Health Youth Program. They have a partnership agreement with WA Aids Council, Parents and Friends of Gays and Lesbians (PFLAG) and the Gay and Lesbian Community group for National Suicide Prevention. The funding is for time-limited rural outreach projects. The projects are working with service providers, parents and young people in the local community to develop existing agencies so that they can appropriately provide services that supports diversity of young peoples sexual and gender expression. The project is also developing an interactive web site.

5.1.6 Sexual health services

In most states there are strong links with the public sexual health services and the GLBT service sector.

The Freedom Centre has the mobile sexual health clinic (a converted truck), which visits the Centre to provide pre and post test/HIV testing, pap smears, vaccinations and a sexual health service for its client group. A doctor, a nurse and a counsellor from the AIDS Council staff the mobile service.

In SA, the Family Planning Association, Sexual Health Information Networking and Education (Shine SA) has reorientated away from a domination of clinical service delivery to increased health promotion and advocacy. The service has been examining how it provides services to marginalised groups including GLBT people. Each identified community of interest, including GLBT, has a portfolio group committed to service development. The GLBT portfolio group has been instrumental in raising the awareness of all Shine workers to issues in service access and orientation. This has resulted in the development of inclusive sexual history taking and personal details forms, the building up of GLBT resources and library items and in-service training for all Shine staff. The training has been focussed on challenging homophobia, front line reception awareness, exploring sexual diversity and therapeutic interventions for GLBT people. The service

⁴³ Frere, Jukes, Crowhurst, (2001) *Our Town: working with same sex attracted young people in rural communities*, VicHealth and Rural Health Development Branch, Department of Health Services, Victoria

does not see itself as a front line service for GLBT people but more as a “GLBT aware” service working in partnership with the specialist services in SA. Shine operates a telephone information, support and referral line for community members and health workers 9am to 1pm, Monday to Friday.

The Melbourne Sexual Health Clinic is a stand-alone service funded by Victorian State Health. The service offers ten sexual health clinic sessions per week, a toll free telephone information line, referral service and on site counselling. It has a small research unit and three outreach programs – St Kilda red light district service for street sex workers, the Baths Beat outreach service and a youth and homeless outreach service. Face-to-face clients of the service predominantly identify as heterosexual although the service is also used by GLBT people. The Clinic provides support to rural and regionally based workers addressing sexual health issues and diversity of sexual and gender identity through the telephone service.

5.1.7 Telephone information and support services

Most states have a GLBT phone line support, information and referral service. The phone services are usually a 1800 number (free call) and provide anonymous access to information, support and referral regardless of where someone lives. The phone services are frequently staffed by volunteers and supported by a coordinator.

NSW has a specific telephone line for gender related issues run by the Gender Centre. South Australia has the Lesbian Line, which has operated for the last six years from the public health system service, Women’s Health Statewide. Paid counsellors and health workers staff these services.

5.1.8 Research

There are two key research units working in the area of gender and sexuality. These are the Australian Research Centre in Sex, Health and Society based at Latrobe University, Victoria and the Australian Centre for Gay and Lesbian Health at the University of Sydney. Increasingly, universities have undergraduate and postgraduate continuing medical education on GLBTI issues for general practitioners. In Victoria Dr Ruth McNair is working on a workforce development project on GLBTI issues for GPs. The focus of this work will be on the commonalities of issues rather than differences. Additionally, the University of NSW Faculty of Arts and Social Sciences has a National Centre in HIV Research.

The Melbourne Sexual Health Centre has a Research Unit and is also developing a distance education package for subjects at master’s level related to sexual health and wellbeing and in 2004 will be offering a Graduate Certificate course in Sexual Health for doctors and nurses.

5.2 Consultations with Tasmanian Key Informants

Consultations were conducted with all members of the GLBT Reference Group and other identified key informants in order to gain an understanding of the contextual setting of the GLBT Needs Assessment Project and the key issues as perceived by Reference Group members and key informants. These consultations were conducted in tandem with the literature review and, to a large extent, the issues identified as confronting GLBT people in Tasmania reflect the findings of the review.

Specific health and wellbeing issues reflected in current research outcomes were:

- The process of coming out for members of GLBT people, regardless of which subgroup they belong, is a critical time in the life experience and is associated with increased drug and alcohol use, unsafe sex practices, self harm, suicide attempts and suicide.
- Living with discrimination in areas of health and education service provision leads to under-utilisation of health services, poor health information, increased sexual health issues and impacts on educational outcomes.
- Living with the pervasive effects of homophobia/transphobia impacts on rates of depressive symptoms, the ability to form connections to the GLBTI community, lowers self-esteem, increases psychological distress and lowers the likelihood of self-disclosure.

Tasmania has a small, decentralised and rural population. This exacerbates the sense of isolation and lack of cohesiveness between any of the G, L, B or T community members. Social isolation, related depression and difficulties accessing and sustaining venues to meet were consistently raised during the consultations as a major consequence of being “queer” in Tasmania.

Projects and organisations that support GLBT people tend to flourish for a short while and then lapse. For example, Parents and Friends of Lesbians and Gays (PFLAG) is a support group for parents and/or friends of GLBT people that has divisions all over the world. However, in Tasmania the groups have not functioned for some time in the North and the North West. Membership fluctuates and activities are minimal. Service providers who are GLBT friendly and offer support to the community also come and go and projects tend to lapse as they are dependent on the personnel rather than having an ongoing structural or systemic base.

In summary, key informants articulated the major issues experienced across all GLBT groups as:

- Social isolation
- Depression
- Service provider attitudes and values
- Lack of opportunities to meet like minded people in safety
- Personal safety in public/hate violence
- Equity and legal rights

- Lack of support for family and friends of someone identifying as other than heterosexual
- Difficulties in early school years and in adolescents
- Decreased job opportunities
- Sense of invisibility
- Parenting issues

The issue of social isolation is compounded when people anticipate making connections with others of the same sex/gender identity and sharing a community of interest to find that cohesion does not automatically follow coming out into any of the GLBT groups.

As well as dealing with the impacts of discrimination and stigma, and a resulting sense of isolation, the consultations raised specific health and wellbeing issues relating to each of the groups: gay, lesbian and transgender as well as for young people who do not identify as exclusively heterosexual.

For gay men the following were identified as additional key issues:

- High levels of recreational alcohol and other substances misuse
- HIV/AIDS
- Hepatitis
- Being unable to access the gay community
- Body image
- Concerns about ageing and lack of access to the gay community

For lesbians, additional key issues were:

- Poor and/or inappropriate information about health particularly about breast and cervical cancer risks and screening
- Difficulty accessing appropriate service providers
- Heterosexist assumptions on the part of health professionals and service providers
- Sense of social invisibility
- Fertility services access
- Parenting

For bisexuals:

- Invisibility and lack of recognition for both the gay and lesbian community and heterosexual communities
- Public identity is often determined by current relationships
- Bisexual youth rated highest for anxiety, suicidality and alcohol misuse in comparison to heterosexual and homosexual peers⁴⁴

For transgender/transsexuals:

- Access to appropriate medical services

⁴⁴ Jorm, A F et al, (2002) *Sexual Orientation and Mental Health: results from a community survey of young and middle aged adults* British Journal of Psychiatry, 180, pages 423-427

- Support services to assist with transitioning to the other gender – hormone therapy, psychosocial support, voice training, facial hair removal, access to wigs, etc.
- Lack of a sense of community
- Employment opportunities/stability of employment, particularly access to retraining
- Homelessness
- Assistance with family relationship/s breakdown
- Mental health issues
- Violence
- Legal issues such as changing birth certificates, passports

5.3 Community Survey

The community survey was the strategy used to gain understanding of the health and wellbeing needs of GLBT people specific to Tasmania.

Given the small population base of Tasmania, issue specificity, limited avenues for publicity, short time frames, and a scattered community infrastructure, the 131 surveys returned are a useful response to add to the body of knowledge about health and wellbeing issues impacting on the lives of GLBT people living in Tasmania. The invisibility experienced by GLBT people highlights the difficulty of accessing this population group. Men and women who engage in homosexual activity but who don't identify as lesbian, gay or bisexual are particularly difficult to access as these individuals do not identify as part of any of the GLBT groups.

However, the results are a valuable indication of the most pressing health and wellbeing issues faced by participants. They identify gaps in services and provide Tasmanian specific information about discrimination experienced in accessing health and wellbeing services.

5.3.1 Survey Design

The survey was developed in conjunction with the Project Steering Committee and with input and suggestions from the Northern service providers group – Fruity Bits. The content of the survey was designed to gain demographic, socio-economic data that could be compared with other studies, such as the Victorian Gay and Lesbian Rights Lobby (2000), *Enough is Enough* report, Australian Bureau of Statistics (ABS) census data and the Tasmanian Healthy Communities information together with identifying health and wellbeing needs specific to GLBT people. The format was a combination of tick boxes and spaces for comments.

The survey was divided into three main areas:

1. A series of questions designed to understand the socio-economic status of the community. The range of questions in this category covered postcode, age, income levels, numbers of people who are supported on income, educational attainment and living circumstances. Living circumstances also asked the respondents' relationship to people with whom they lived and how many other people lived in the household. Further understanding of the general profile included questions relating to place of birth, parents place of birth, identification as Aboriginal or Torres Strait Islander. (The outcomes of this section are in appendix 1.)
2. Questions relating to the health and wellbeing needs of GLBT people in Tasmania involved prioritising or marking a range of 24 self-identified health and wellbeing issues and an option to list other possibilities. The identified issues were informed by the literature review and interviews with key informants. Other questions within this section related to experiences of discrimination and safety issues of disclosure to service providers. Specifically, these questions asked if respondents had experienced discrimination from a variety of service providers, whether they felt that their educational attainment was impacted by issues surrounding their sexual identity/gender, where respondents disclosed their sexual identity/gender, and whether respondents had changed their place of living due to sexual or gender identity.
3. The final area of questions sought to understand what respondents expected/wanted from service providers, what were the perceived gaps in services and ideas/suggestions to improve service delivery to GLBT people.

A pilot of the survey was conducted with 20 copies distributed to GLBT people together with an evaluation form for comment. Care was taken to elicit comment from representatives of each sexual identity and gender group as well as a rural and regional mix in the pilot. The evaluation sheet asked for comments on the time taken to complete the survey, the relevance of the questions, any possible additions/changes and feedback on the format of the survey. Ten were completed in the south of the State, five in the North and five in the North West.

Comments from the evaluations were considered and incorporated into the final version of the survey (attachment 3).

5.3.2 Distribution Strategy

In order to maximise returns the survey was sent to:

- a. Key DHHS service delivery areas, including Community Health Social Workers, Disability Services, Community Health Centres, Women's Health Access Program, Sexual Health Branch and Mental Health Services;

- b. DHHS funded community services including Supported Accommodation and Assistance Program (SAAP), Neighbourhood Houses and Family Support Programs; and
- c. Service Tasmania outlets around the State.

Additional methods used to strengthen return numbers were:

1. The Reference Group members' were provided with copies to distribute throughout their networks.
2. The availability of the survey was advertised in the three regional newspapers on Saturday 21 September. The advertisement was large and placed in the early pages of the papers.
3. The survey was available to download or complete on line from the DHHS website.
4. A poster was distributed to all outlets provided with surveys and the GLBT Reference Group members who had received the survey were asked to display the poster on community noticeboards.
5. The timeline for the survey was extended to eight weeks after consultation with service provider groups.
6. Reply paid post was established to ensure no cost return to the survey respondents.

Distribution of the survey or the advertising of availability of the survey to Secondary College students was requested of the Department of Education through the Equity Standards Branch. No reply was received despite several attempts.

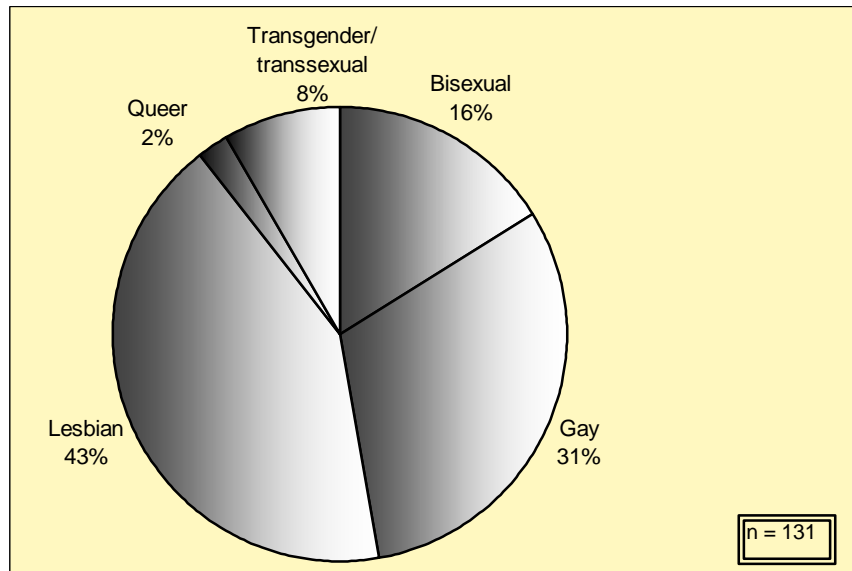
5.4 Survey outcomes

Outlined below is a commentary on the health and wellbeing outcomes of the survey. Because the return sample was limited and cannot be seen as representative of the total GLBT population, the general demographic and socio-economic profile and comparisons with ABS data and the Tasmanian Healthy Communities data have not been included in this section. Full results of the survey including the demographic and socio-economic data are attached as appendix 1.

5.4.1 Sexual/gender identity

The largest group responding to the survey were people identifying as lesbian (43%) and a lesser percentage identifying as gay (31%). In addition, 16% of respondents identified as bisexual, 8% identified as transsexual/transgender and 2% as queer. One person identified as intersex and as heterosexual and has been not been included in the chart below because the percentage was too low but has been included in additional data and charts. Where relevant, her comments have been added separately.

Chart 1 Sexual/Gender Identity



5.4.2 Sexual attraction

The question related to sexual attraction was designed to more fully understand the difference between sexual/gender identity and sexual behaviour. Sexuality encompasses a wide range of behaviours that may vary with an individual’s sexual identity. Comments about sexual attraction that have included in the queer options were “fluid”, “queer”, “uncertain” and “all”.

Table 1 Sexual Attraction

| Sexual Attraction | Percentage |
|---------------------------|------------|
| Woman-Woman | 42.7% |
| Male-Male | 29.7% |
| Attracted to both sexes | 14.5% |
| Queer | 5.3% |
| Attracted to opposite sex | 5.0% |
| Asexual | 2.2% |

5.4.3 Health and wellbeing

Overwhelmingly, GLBT people, regardless of sexual/gender identity or orientation, nominated isolation from each other and the general community as the most debilitating health and wellbeing concern. A lack of meeting places (53% of responses), a lack of support networks (38%) and a sense of social invisibility (34%), combined with

depression were the most commonly identified health and wellbeing issues by respondents.

Depression was reported by 40% of the total number of respondents, with a lack of support networks, lack of information and a sense of isolation cited as impacting on the respondents' sense of wellbeing. The definition of depression encompasses a range of symptoms that vary from depressive mood (self reported sad/unhappy feeling), depressive syndrome (depressed mood self reported or by others who know the person) and depressive disorder (standard psychiatric diagnosis). The self reported depression from the survey reflects current research indicating that depression is prevalent among GLBT people and is an outcome of living with homophobia/transphobia.

“Depression is caused as a result of transition. Loss of marriage, loss of children, loss of job and income, loss of friends, loss of support and now loneliness.”

Comment by survey participant

All sexual identity groups in the survey reported much higher rates of depression than in the general population. This reporting of depression as a health and wellbeing issue is significant in light of research that links depression/depressive symptoms with impacts on an individual's capacity to undertake the tasks of daily living. It also has a correlation with suicide ideation and attempts. High rates of depression reported in this survey from people identifying as transgender/transsexual (91%) also reflect findings from the literature review and the consultations. Significantly, depression experienced by these survey respondents accompanied reporting of suicidal attempts and/or mental health as health and wellbeing issues.

Table 2 Depression Rates in Sexual Identity Groups

| Group | No. | % Depression |
|-------------------------|------------|---------------------|
| Gay | 41 | 39% |
| Lesbian | 55 | 31% |
| Bisexual | 21 | 38% |
| Transgender/transsexual | 10 | 91% |
| Intersex | 1 | 0% |
| Queer | 3 | 33% |
| Total | 131 | |

Homophobia

Experiencing violence in public places and verbal or physical harassment is an outcome of living in a society with a high presence of homophobia, and 35% of respondents reported this as a health and wellbeing issue. Homophobia or the possibility of homophobia was nominated by 36% of respondents as a pervasive and overriding part of their lives.

“I am a fairly happy well-adjusted 40ish woman but I still face homophobia or the possibility of homophobia everyday. I never know what other people’s reactions to my sexual identity will be...”

Comment by survey participant

The survey results indicate that certain groups are particularly at risk in Tasmania. The *Enough is Enough* report⁴⁵ found that in Victoria transgender/transsexual people were more likely to be physically or verbally abused than other men or women. This is mirrored in the survey with 91% of identified transgender/transsexual respondents reporting having experienced violence in public places and verbal and/or physical harassment.

Respondents from rural and regional areas made up 86% of those surveyed. Being physically unsafe and needing to leave rural areas because of physical harassment was reported by a number of rural respondents, particularly gay men.

“Being gay and living in the country is potentially life-threatening – especially if you are young – both physically and mentally. My grandson is abused regularly – simply for being associated with me.”

Comment from survey participant

Summary of health and wellbeing issues

The table below outlines an overview of health and wellbeing concerns raised by respondents, in order of importance.

Table 3 Health and Wellbeing Issues in Order of Reporting

| Overview of Health and Wellbeing Concerns | Survey Respondents |
|--|---------------------------|
| Lack of meeting places | 53% |
| Depression | 40% |
| Lack of support networks | 38% |
| Homophobia | 36% |
| Sense of social invisibility | 34% |
| Lack of sense of community | 34% |
| Lack of Information | 22% |
| Verbal and/or physical harassment | 20% |
| Suicidal thoughts | 18% |
| Conflict with family/peers | 17% |
| Violence in public places | 15% |

⁴⁵ Victorian Gay and Lesbian Rights Lobby, (2000) *Enough is Enough: A report on Discrimination and Abuse Experienced by Lesbians, Gay Men, Bisexuals and Transgender People In Victoria*

| | |
|-------------------------|-----|
| Sexual health | 15% |
| Parenting issues | 13% |
| Mental health issues | 13% |
| HIV/AIDS | 11% |
| Suicide attempts | 7% |
| Drug related issues | 6% |
| Fertility issues/access | 6% |
| Transphobia | 5% |
| Nil issues reported | 5% |
| Reproductive health | 3% |
| Alcohol related issues | 2% |
| Domestic violence | 2% |
| Hepatitis | 2% |
| Gambling issues | 0% |

Other health and wellbeing issues identified were discrimination experienced by children of GLBT couples. Five respondents identifying as lesbians raised this as an issue. Four respondents raised concerns about ageing and the resulting increased isolation from the gay community and the lack of GLBT-friendly institutionalised aged care services.

5.4.4 Discrimination

Service delivery discrimination

Discrimination from health and wellbeing service providers was reported by 56% of respondents. Of the total number of respondents, 9% did not feel safe enough to disclose sexual identity at all, even if relevant to health and wellbeing. Of those that did not disclose to any service providers, three identified as bisexual, two as queer and seven as lesbian.

The survey reported 44% of people had experienced non-discriminatory care from service providers and some respondents had not needed to access any of the listed services (2%). However, fear of an adverse reaction, frustration with the assumption of heteronormality and concern with lack of knowledge of health issues specific to GLBT people by service providers came through clearly in the survey returns. Individuals who have not experienced discrimination were also apprehensive.

“I haven’t had a bad experience yet although when attending a new service I am always cautious and experience a low level of apprehension.”

Comment by survey participant

GPs are often the first contact point of disclosure for the GLBT people. Of the respondents who reported discrimination from service providers, discrimination from

GPs was reported by 50%, with 76% of people who identify as bisexual nominating discrimination from their local doctor as a problem.

“I was told I did not need a pap smear because I was a lesbian. The GP also physically moved further back behind her desk when I disclosed my sexuality...”

Comment by survey participant

Discrimination from specialist doctors was reported by almost a quarter of respondents, with 25% of those identifying psychiatrists as the specialist doctor who discriminated against them. Comments by respondents and feedback from the consultations indicates that there is a lack of psychiatrists in Tasmania who are willing/able to undertake work with individuals whose primary concern is sexual/gender identity issues.

Lesbians reported discrimination from counsellors at almost twice the rate for overall respondents (14% as compared to 7.5%). This may reflect gender difference, with women generally utilising counselling services more readily than men. Respondents’ comments ranged from having to educate the counsellor about lesbian issues, meeting heterosexist assumptions and comments that their relationship difficulties are “not really bad”.

“Relationships are affected by acceptance by society – about how “legitimate” lesbian relationships are for example, comments like it won’t last, they never do – all impact on your self belief and self worth.”

Comment by survey participant

Table 4 Discrimination by Service Providers

| <i>Discrimination among GLBT groups</i> | | | | | | |
|--|-------------------------|---------------------|--------------------------|--|----------------------|--------------------------|
| | Lesbian n=55 | Gay n=41 | Bisexual n=21 | Transgender /transsexual n=10 | Queer n=3 | Overall n=131 |
| General Practitioners | 45% | 56% | 76% | 9% | 33% | 50% |
| Specialist Doctors | 26% | 20% | 20% | 37% | 33% | 24% |
| Dentists | 13% | 7% | 0% | 18% | 0% | 9% |
| Hospital Staff | 2% | 5% | 0% | 0% | 0% | 2% |
| Paramedics such as ambulance officers | 15% | 12% | 10% | 36% | 0% | 15% |
| Community Health Centre staff | 2% | 5% | 0% | 0% | 0% | 2% |
| Housing/tenancy | 5% | 0% | 0% | 0% | 0% | 2% |
| Allied health (podiatrists, physiotherapists, pharmacists etc) | 0% | 0% | 0% | 9% | 0% | 1% |
| Parenting/family services staff | 4% | 0% | 0% | 9% | 0% | 2% |
| Police | 9% | 7% | 4.5% | 36% | 0% | 9.9% |
| Alternative health practitioners | 13% | 17% | 5% | 45% | 0% | 15% |
| Counsellors | 14% | 2% | 5% | 9% | 0% | 7.5% |

| | | | | | | |
|-------------------|-----|-----|-----|----|----|-----|
| None/not relevant | 32% | 50% | 47% | 9% | 0% | 44% |
|-------------------|-----|-----|-----|----|----|-----|

The survey participant identifying as intersex reported discrimination from specialist doctors, hospital staff and pharmacists. She describes being refused treatment by a GP "...because I was intersex (for a non sexual/gender matter)" and being treated by other staff who "treat me like an it".

Living circumstances and the effect of discrimination

Respondents who had changed their place of living for reasons that related to their sexual or gender identity totalled 36%. All but two of the respondents who needed to move from their place of residence nominated the experience as distressing. Of the two remaining, one participant cited that they left the family home in order to come out and to establish their sexual identity and the other commented that while they felt accepted at home they preferred the privacy and freedom of living away from home. Three people who did not move for reasons relating to their sexual or gender identity commented that they did not disclose their sexual preferences to others that they live with.

"I don't really display my sexual preference to people – which in some ways is quite sad as I guess I am not really being me!"

Comment by survey respondent

Disclosure of sexual/gender identity

Feeling safe enough to disclose sexual/gender identity or orientation is a significant part of the coming out process for GLBT people. It contributes to self-esteem and a sense of belonging. GLBT people must assess the likelihood of discrimination when disclosing.

"When I first thought I was gay I became depressed and isolated and had thoughts of suicide because of the lack of visibility of gay people and the sense of isolation/no-one to talk with."

Comment by survey participant

The importance of family, social networks and peer groups is highlighted in comments from respondents.

"I do not talk about my sexuality to my family. To them my partner does not exist and anything to do with being gay does not exist."

"The reaction of my family to my sexual preference has impacted on my general sense of self."

“I was anxious about telling my parents and had put it off for many years. When I told them I felt completely accepted and loved for who I was.”

Comments by survey respondents

Of the total transgender/transsexual respondents, 45% said they did not feel safe enough to disclose in any of the nominated forums. As shown in the table below the respondents identifying as bisexual and transgender/transsexual had the lowest rates of disclosure of sexual/gender identity.

Table 5 Disclosure of Identity

| <i>Where GLBT groups will disclose sexual identity</i> | | | | | | |
|--|---------------------|-------------------------|--------------------------|---|----------------------|--------------------------|
| | Gay n=55 | Lesbian n=41 | Bisexual n=21 | Transgender / transsexual n=10 | Queer n=3 | Overall n=131 |
| Workplace | 31% | 71% | 33% | 27% | 0% | 43% |
| Educational institution | 9% | 22% | 5% | 18% | 0% | 13% |
| Family | 55% | 98% | 52% | 55% | 0% | 66% |
| Peer group | 44% | 93% | 38% | 45% | 0% | 57% |
| Social network | 45% | 93% | 57% | 36% | 0% | 60% |
| None | 5% | 15% | 19% | 45% | 0% | 14% |

The individual identifying as intersex disclosed her intersex status ...“only when necessary – when can’t get away with not telling, when you’re in casualty for example”.

5.4.5 Gaps and needs for service provision

Survey results saw 116 responses to the question “what is important when accessing health services?” with one of those commenting that they were unsure. Non-judgemental and non-discriminatory attitudes were cited by 69% of the respondents as important and knowledge of GLBT issues were cited by 42%.

The words and phrases used that indicated non-judgemental and non-discriminatory attitudes included: “acceptance”, “feeling safe enough to come out”, “use of gender neutral language”, “friendliness”, “an awareness of problems caused by homophobia”, “equity of treatment”, “relationships being taken seriously”, “being given the same treatment as all others”, “not assuming heterosexuality”, “informed attitudes and skills” and “openly gay and lesbian friendly.”

A total of 42% of respondents were clear that health services needed specific understanding and knowledge about GLBT issues, circumstances and health.

Other issues listed by respondents centred on service access systems, bulk billing, short waiting times and competence.

Gaps in services

The survey received 81 responses to the question “what gaps, if any, do you believe exist in the current health and wellbeing services?” A variety of responses were given in this section, however 35% nominated that education and training for mainstream service providers was an important gap that needed to be addressed. Comments included direct suggestions that there be education of mainstream health/medical service providers, others wrote of a lack of understanding of GLBT issues, assumptions of heterosexuality, the need for awareness of GLBT issues and for promotion of GLBT issues in mainstream services.

Transgender/transsexual people were clear in identifying gaps in the current health system they experienced. Services such as facial hair removal were expensive; there is no access to surgery in the State and no transgender assessment team or gender dysphoria clinic in the State. They are also reported difficulties with accessing general practitioners and psychiatrists with experience and non-judgmental attitudes towards working with transgender/transsexual people.

Other identified gaps by survey respondents were:

- Services for young people
- Lack of GLBT inclusive mental health services
- A lack of counsellors who understand GLBT issues
- Lack of support services for GLBT parents
- Lack of GLBT services/groups in the North
- Lack of social support services
- Legal issues, including wills, being unable to act as next of kin
- Lack of gay men’s services in rural Tasmania
- Need for bisexual specific service

Promoting health and wellbeing services

A total of 88 respondents responded to the question “how could existing services promote themselves better to GLBT people and where should they do this?” Confronting discrimination and the effects of homophobia/transphobia in health and wellbeing services through educating service providers and publicity in mainstream media were strategies highlighted by survey responses.

Of the respondents, 51% nominated advertising in mainstream media venues such as television, newspapers, and radio, the Internet or through displaying GLBT friendly posters in public venues. Schools were a particular target as venues to display GLBT friendly posters and information. Other venues suggested were Centrelink, community health centres, all workplaces, hospital waiting rooms and GP surgeries.

Promotion of GLBT issues via education of mainstream health and wellbeing service providers was suggested by 19% of respondents.

Other suggestions were:

- The development of non-gender specific medical history forms
- That GLBT become a category on all surveys
- Advertising through current gay media sources
- Encouraging disclosure of sexual/gender identity among service providers
- Providing social venues

6. Tasmanian Service Audit

6.1 Summary of Tasmanian GLBT Services

Following is a summary of the key services provided specifically for GLBT people in Tasmania:

Table 6 GLBT services

| Service | Location and catchment area | Core Activities | Staff establishment | Access (Referral, cost, age) |
|---|------------------------------------|---|----------------------------|--|
| Gay Men's Health & Wellbeing Program (TasCAHRD) | Hobart Statewide | Within health promotion, disease prevention and harm minimisation framework <ul style="list-style-type: none"> ▪ Counselling, group work information and support ▪ Community education and training ▪ Research ▪ Gender and Sexuality Support telephone information service | 1.0 FTE | Self referrals Referrals from other health service providers No cost All ages |
| Health Worker, Hobart Women's Health Centre, (Lesbian Health) | Hobart Statewide information | Based on an holistic model of health and wellbeing within a feminist framework Information <ul style="list-style-type: none"> ▪ Networking ▪ Support and Referral ▪ Counselling ▪ Community Service provider education and training | 0.2 FTE | Self referrals Referrals from other health service providers No cost All ages |
| Working It Out | Hobart Burnie Statewide | <ul style="list-style-type: none"> ▪ Case management ▪ Community and service provider education | 2.0 x 0.9 FTE | Self referrals Referrals from other health service |

| | | | | |
|--|--|----------------------|--|----------------------------------|
| | | • Befriender service | | providers No cost All ages |
|--|--|----------------------|--|----------------------------------|

Non Specific but Highly Utilised Services by GLBT People

| Service | Location and catchment area | Core Activities | Access (Referral, cost, age criteria) |
|------------------------------|--|--|--|
| Sexual Health Service (DHHS) | Hobart Launceston Devonport Burnie Statewide | • Counselling • Information • Support • Community and service provider education • Clinical services education | Self referrals Referrals from other health service providers No cost Age: over 16 |

6.2 Tasmanian GLBT Services

The service model audit concentrated on the services and/or organisations focussed on GLBT health and wellbeing. The services were identified as key providers either by the community survey or during consultations with key informants. A systemic approach has been taken with the audit to identify the gaps and inform service system development. There are some known “GLBT friendly” individual health and wellbeing service providers in the government, non-government and private sectors who are accessed by GLBT people. Given the reliance on individual providers remaining in the position these services have not been included.

6.2.1 Gay Men’s Health and Wellbeing Program (TasCAHRD)

The TasCAHRD Gay Men’s Health and Wellbeing Program is funded by DHHS as one of four program areas within TasCAHRD funding. The objectives for the program are set through the Service Agreement between DHHS and TasCAHRD. The program goal is to develop and deliver effective gay men’s health strategies to promote individual and community health and wellness and to minimise the transmission of HIV/AIDS and STIs.

TasCAHRD’s objectives are:

- To provide and promote appropriate individual counselling and community access to HIV/AIDS, HCV/Hepatitis and STI educational resources, information and

- materials relating to gay men's health and wellbeing, and to provide information, referral and advice to gay men and other men who have sex with men.
- To promote gay men's health and well-being by providing HIV/AIDS, HCV/Hepatitis and STI education and testing information, support services and safe sex products, and to work in partnership with other local and national community-based organisations and with government to meet the information, advocacy and educational needs of gay men and other men who have sex with men.
 - To respond to the health needs of gay men and other men who have sex with men and to provide community leadership, training, and capacity building in the areas of gay men's health, well-being, and sexuality and in HIV/AIDS, HCV/Hepatitis and STI awareness and prevention in Tasmania.
 - To collect and collate non-identifying statistics and to conduct locally relevant research, consultation and other activities to inform HIV/AIDS, HCV/Hepatitis and STI awareness and prevention practice in Tasmania and to promote gay men's health and well-being.
 - To provide information, support, counselling, referral services and resources to combat homophobia and GLBT-directed violence, to address the general health of gay men, and to celebrate the lives of GLBT people within Tasmania.

Through these objectives TasCAHRD provides:

- Education and training
- Counselling, support, referral and information
- Facilitates a young gay men's social group
- Venue Outreach
- Beat Outreach
- Distributes GLBT resources through a mailing list
- Provides free GLBT newspapers from around Australia
- Safe sex product sales
- Supports other GLBT organisations such as PFLAG, GLC and Working It Out

The budget for the Program is set by the TasCAHRD Board of Management within the global allocation of the DHHS Service Agreement funding.

TasCAHRD has two 1800 telephone information and support lines, the Gender and Sexuality Support Line and the AIDS, Hepatitis and Related Disease Support Line. The usage of these services is contained within the service data described in section 6.3.1.

6.2.2 Health Worker (Lesbian Health): Hobart Women's Health Centre

The Health Worker (Lesbian Health) position at the Hobart Women's Health Centre (HWHC) was a position created by the Centre in response to an identified gap within mainstream health service provision. The funding for the position comes from within the global budget allocation of the HWHC – it is not a requirement of a Service Agreement. DHHS provides the core funding to HWHC through the Public Health Outcomes

Program. The Health Worker (lesbian health) position is part-time (15 hours) with half of this time being spent on Health Centre duties and the other half specifically focussed on lesbian health work. The service model incorporates offering information, networking, support and referral, counselling, group work, community development activities, policy development research and community and service provider training and education. The Centre is the only health service in Tasmania with a dedicated lesbian health worker position.

Examples of activities include:

- Working in conjunction with “Working it Out” to develop a training package dealing with violence in same-sex relationships. Information from that package, an Australian first, has been included in the *Lets Face It* domestic violence project training manual.
- Playing a key role in the organising committee for a week of activities around International Lesbian Day in 2000 and the Dorothy Awards in 2001. The Dorothy Awards were presented to a range of individuals who had made particular contributions to improving the lives of GLBT people, eg GLBT friendly cafes.

The worker has found such activities difficult to sustain in the small number of hours.

6.2.3 Working It Out

Working It Out Inc. is committed to:

- Providing a service that is specific and dedicated to addressing the needs of GLBT people, their families and communities, and recognises the right to express one's sexuality and gender identity without fear and discrimination;
- Creating environments through education, support and community development, which encourage people of all sexuality and gender identities to develop to their full potential; and
- Fostering respect, awareness and celebration of diversity within the Tasmanian community and embracing a philosophy that recognises upholds and promotes the value of GLBT community driven and owned processes.

Working It Out commenced operations in July 2000 with the employment of its first part-time project officer in Hobart. The focus at this time was the initial development of the service. WIO received the first instalment of the National Suicide Prevention Strategy funding in May 2001, and commenced full-time operation. With the earlier work, the service had already established for itself a client base, service networks and community links. This holistic service development has continued with its last round of funding received in October 2002, securing the future and continual growth of WIO through to September 2004. The process of securing ongoing funding is a focus for the management committee.

WIO's core program encompasses three areas:

- 1. Case management:**

Provision of management of the immediate needs of GLBT people referred to the service.

2. Befriender program:

Recruiting, assessing and supporting befriender volunteers statewide whose role is to act as one-to-one peer mentors and support newly identified GLBT people of all ages.

3. Service provider training:

Coordinating statewide training to service providers and the broader community.

There are two primary targets for the program that include:

- All newly identified GLBT who are offered one-on-one case-managed support and Bfriend services, with the aim of addressing the full range of issues they experience. Partners, family members and friends are also offered access to Bfriend to assist them to provide support to newly identified GLBT people
- Service providers through the provision of anti-homophobia training and education with the aim of reducing risk for their clients

WIO has provided training to 28 services across the State including government and non-government agencies. This includes multiple training sessions, for example ongoing training sessions with police personnel, a series of workshops with service providers working in the youth, women's and children's sectors, two sessions with the Department of Primary Industry, and three sessions with the Department of Sociology and Social Work, University of Tasmania. WIO is presently developing improved data collection procedures to capture the depth and breadth of training provided.

Additionally, WIO has been successful in obtaining a grant from the Community Fund to pilot the Pride and Prejudice program in three Tasmanian schools in 2003. This training package aims to raise awareness of GLBT issues with secondary students, and challenge homophobia in schools.

WIO continues to explore other program areas, and possible funding sources to extend services provided.

6.2.4 Non-specific but highly utilised service by GLBT people

Survey respondents and key informants have identified the Sexual Health Service (DHHS) as a statewide service offering GLBT sensitive and appropriate non-discriminatory services.

The Sexual Health Service is a key source of counselling, support and health information, particularly for the transgender community. The ongoing vacancy of the counsellor position in the South was identified as a gap in services for GLBT people and of great disappointment to the southern Tasmanian transgender community. The position has been vacant for some six months and is in the process of being filled.

The Sexual Health Service coordinates and provides health workers and community education sessions throughout the State. They are the providers of the 3-day Approved Health Worker training course for HIV pre- and post-test counselling. This course is offered once a year in each region. In addition, counselling refreshers and updates are offered and those who are Approved Health Workers are encouraged to participate in an update or refresher every 1-2 years. The updates address general issues regarding sexual health or sexuality. Additionally, they provide information on blood born viruses and Occupational Health and Safety workshops that also contain some values regarding sexuality and sexual health components. Broad based sexuality related issues workshops and training are also coordinated through the “Juicy Bits” annual workshop events.

Medical students receive two hours training from the Sexual Health Branch during their fifth year. The training includes taking a sexual history, communication about sexual health issues and addresses relevant legislative frameworks – the HIV/AIDS Preventative Measures and Public Health Acts.

6.2.4 Service Provider Groups

Interagency service provider groups focussing on sexuality education and GLBT issues have formed and are active both in the North (Fruity Bits) and the North West (ReSNAG). The groups meet regularly and are composed of a variety of service providers and community members concerned with sexuality issues generally and health and wellbeing issues of GLBT people. Fruity Bits, along with the Women’s Health Access Program, organised a float with a “Diversity” theme for the 2002 Christmas Parade in Launceston.

An interagency service providers group was formed in the South of the State but has not continued.

6.2.5 Other Forums

There are some other groups operating with a particular focus on GLBT issues.

The Tasmanian Gay and Lesbian Rights Groups (TGLRG) is a lobby and advocacy group. The TGLRG was the driving force behind law reform in Tasmania in the early 1990s that led to the decriminalisation of homosexuality. The group continues to be active in advocating for equal rights and recognition of gay and lesbian relationships, as well as and pursuing any discrimination issues for gay and lesbian community members. They have an office based in the South with a telephone contact line.

The Gay and Lesbian Community Centre (GLC Centre) publishes the monthly newsletter *Centrelines* and the annual *Tasmanian Gay and Lesbian Business Service Directory*. It sponsors the annual Queens’ Birthday Ball, stages a variety of social events and maintains links with other organisations throughout Tasmania and other states of Australia.

Centrelines is a Tasmanian monthly publication for GLBT people. It is the key local information source for community members and is distributed to approximately 150 subscribers each month.

The Gay Information telephone line has a Hobart number that provides a five minute recorded message that lists events, venues and phone numbers for GLBT people. It also provides phone numbers of two volunteers for counselling if needed.

There are two Tasmanian University groups, Queer Students on Campus (QSOC) affiliated with the Hobart campus and QSOC North (Q society) affiliated with the Launceston campus. They are support groups for students and staff from the queer community.

Parents and Friends of Gays and Lesbians (PFLAG) is an international support group for family and friends of GLBT people. In Tasmania at this time the group has a low profile and activity level except for in the South. As a volunteer organisation it tends to have ebbs and flows in activity level. PFLAG predominantly provides telephone information and referral.

From time to time there have been projects funded on a one-off basis to address specific issues or work with GLBT people. An attempt to collate these project initiatives and funding sources was unsuccessful due to an inability to access the information from grant databases at this time.

6.3 Current service levels

Current service levels are difficult to assess due to the lack of GLBT identifying data collection.

The client data available from Working It Out at this time is for the period May 2001 to March 2002. TasCAHRD data is non-specific and Sexual Health Service was able to provide total GLBT client contacts for the Northern office only. Given this situation what follows is a description of the activity data provided to date.

6.3.1 TasCAHRD

The TasCAHRD data shows that in 2000-2001, 665 client contacts were made and in 2001-2002, a total of 767 client contacts occurred. Data about gender is collected. In 2001/2002 TasCAHRD had 289 contacts with GLBT and this was an increase from the previous year. Sexual or gender identity questions are not always asked so potentially a proportion of the 328 unknown sexuality clients could also be GLBT.

From the data, it can be seen that TasCAHRD is working with GLBT health and wellbeing issues other than just sexuality. TasCAHRD discussed sexuality with clients 126 times in the service contacts.

Whilst TasCAHRD collects comprehensive data, its specificity is limited by the multi-program nature of the organisation.

Table 7 TasCAHRD client contact data

| CONTACT | Period 2001/2002 | Period 2000/2001 |
|---------------------|-----------------------------|-----------------------------|
| Phone | 471 | 431 |
| In person | 245 | 224 |
| Computer | 41 | 1 |
| Outreach | 10 | 9 |
| Subtotal | 767 | 665 |
| GENDER | | |
| Male | 454 | 415 |
| Female | 300 | 244 |
| Transgender | 13 | 6 |
| Subtotal | 767 | 665 |
| SEXUALITY | | |
| Gay/lesbian | 249 | 187 |
| Bisexual | 20 | 21 |
| Heterosexual | 170 | 137 |
| Unknown | 328 | 320 |
| Subtotal | 767 | 665 |
| GEOGRAPHICAL | | |
| | Period 2001/2002 | Period 2000/2001 |
| South | 597 | 387 |
| North | 97 | 74 |
| N/west | 34 | 85 |
| Unknown | 34 | 91 |
| Interstate | 5 | 28 |
| Subtotal | 767 | 665 |

Table 8 TasCAHRD client issues and service delivery outcomes data

| ISSUES DISCUSSED | Period 2001/2002 | Period 2000/2001 |
|-----------------------------|-----------------------------|-----------------------------|
| Sexuality | 126 | 163 |
| HIV | 159 | 215 |
| Hep C | 151 | 102 |
| Hep B | 20 | 37 |

| OUTCOMES | Period 2001/2002 | Period 2000/2001 |
|-----------------|-----------------------------|-----------------------------|
| Counselling | 76 | 118 |
| Support | 244 | 205 |
| Advocacy | 26 | 6 |
| Housing info | 29 | 49 |

| | | |
|---------------------|------|------|
| Hep A | 37 | 29 |
| STIs | 18 | 39 |
| Safe sex | 37 | 75 |
| Safe using | 55 | 64 |
| Drug use | 156 | 108 |
| Sex work | 14 | 3 |
| Discrimination | 34 | 22 |
| Grief/loss | 34 | 29 |
| Accommodation | 72 | 60 |
| Financial | 92 | 82 |
| Immunisation | 17 | 0 |
| Injecting equipment | 27 | 47 |
| Infection control | 11 | 31 |
| Other | 1060 | 1106 |
| | | |
| | | |
| | | |
| | | |

| | | |
|------------------------|-------------|-------------|
| \$ Support | 57 | 52 |
| Referral | 111 | 134 |
| HIV info | 53 | 122 |
| Hep C info | 156 | 79 |
| Hep B info | 43 | 38 |
| Hep A info | 11 | 23 |
| Safe sex info | 15 | 71 |
| Sexuality info | 29 | 40 |
| Treatments info | 76 | 88 |
| Immunisation info | 12 | 3 |
| Infection control info | 6 | 22 |
| Drug info | 61 | 94 |
| Safe using info | 54 | 68 |
| Vein care info | 30 | 55 |
| Equipment info | 28 | 53 |
| Agency info | 45 | 58 |
| Other | 66 | 107 |
| Total | 1228 | 1485 |

Data provided from the public health notifiable disease database shows the number of notifiable hepatitis and HIV cases and other STIs for the last four years. TasCAHRD and the Sexual Health Branch are potentially providing services to this client group, if clients seek this assistance.

Table 9 Notifiable diseases

| Disease | 1999 | 2000 | 2001 | 2002 | Total |
|---------------------------|------|------|------|------|-------|
| HIV | 3 | 2 | 5 | 4 | 14 |
| Hepatitis B (acute) | 16 | 6 | 23 | 20 | |
| Hepatitis B (unspecified) | 46 | 33 | 32 | 40 | 151 |
| Hepatitis C (acute) | 32 | 19 | 7 | 14 | 104 |
| Hepatitis C (unspecified) | 323 | 315 | 397 | 391 | 1426 |
| Gonococcal | 18 | 19 | 22 | 14 | 73 |
| Chlamydia | 259 | 331 | 376 | 482 | 1448 |
| Syphilis | 8 | 10 | 15 | 15 | 48 |

6.3.2 Hobart Women's Health Centre (Lesbian Health)

The data presented below covers the period of July 2001 to July 2002 and includes contacts through counselling, community training and education sessions, and community events. It does not include requests for information or referrals.

Table 10 Hobart Women's Health Centre lesbian health activities

| | |
|------------------------------|---|
| Counselling Contacts | 38 (face to face 28, telephone 10) |
| Community Education/Training | <p>Intersex workshop in conjunction with Sexual Health Branch: 22 participants</p> <p>Anti-homophobia workshop with Clinical Teaching Associates in conjunction with University of Tasmania: 18 participants</p> <p>BFriend training session in conjunction with Working It Out, x 2: 16 participants</p> <p>Gender/sexuality workshop for Tasmanian Women's Health Forum in conjunction with Working It Out: 10 participants</p> |
| Community Events | <p>The Dorothies: 40 (approx)</p> <p>Gay Games financial support fund: 4 participants</p> |

Total number of recorded contacts: 148

6.3.3 Working it Out

Working It Out saw an increase in clients and workers over its first half year of inception (July 2000-Dec 2000), with client numbers remaining steady in the following year.

Table 11 Case Management

| Timeframe | Total Number clients seen | Number of workers during this time |
|------------------------|---|--|
| | (NOT number of sessions per client and NOT including requests for information only) | |
| July 2000- Dec 2000 | 14 | One worker based in South |
| Jan 2001- Dec 2001 | 53 | One worker until May, when second worker appointed and based in Burnie |

| | | |
|-----------------------|----|--|
| Jan 2002- Dec 2002 | 51 | Two workers based Hobart and Burnie Between end July and beginning November only one worker |
|-----------------------|----|--|

The key issues prompting service usage were identified as (in order of prevalence):

- Isolation
- Coming out
- Family
- Relationships
- Sexual identity

Table 12 Befriender

| TIMEFRAME | Total No. people registered interest in training as volunteer Bfrienders | No. people trained as Bfrienders | No. of link ups |
|-----------------------|--|----------------------------------|-----------------|
| May 2001- Dec 2002 | 76 | 17 | 6 |

Training

WIO has provided training to 28 services across the State including government and non-government agencies. This includes multiple training sessions with different agencies, for example two sessions with the Department of Primary Industry, and three sessions with Department of Sociology and Social Work, University of Tasmania. WIO is presently developing improved data collection procedures to capture the depth and breadth of training provided.

Community development

WIO is represented on a number of statewide and regional bodies including the DHHS, Education Department and Police Department reference groups as well as Fruity Bits – Northern Coalition and interdepartmental service provider networks.

WIO provides support to various GLBT community groups including QSOC-North; NWGLBT support group; and the NW men’s group which emerged from the NW Bfrienders group.

WIO has been involved in a number of projects including The Dorotheas; Fruity Bits Postcard Design; Fruity Bits Christmas Parade floats and Pride and Prejudice in Tasmania.

Referral Sources

WIO receives referrals from a range of different sources and community sectors. Some of these referrals come from: Anglicare, Education Department District Support, Narrative Centre, TasCAHRD, Sexual Health, Youth Health, Mental Health, CAMHS, Gay Info Line, Colony 47, The Link Youth Health Service, Family Planning, Hobart Women's Health Centre, Women's Health, PFLAG, Community Health, SASS and CYFS.

6.3.4 Sexual Health Service

The only Sexual Health Service data available specific to GLBT people is from the Northern office. The data is available as client contacts in total as it was felt by the Branch Director that to provide further data breakdown might contribute to the identification individual clients. During the two years 2000-2001 and 2001-2002 there were a total of 1,417 GLBT client contacts. This compares to a total of 109 GLBT client contacts for the period 1996-1999.

This data reflects significant service usage in the North. There is no Working It Out worker based in the North of the State and likewise no designated gay men or lesbian health workers based in the North although Working It Out and TasCAHRD do provide outreach.

6.3.5 Patient Travel Assistance Scheme (PTAS)

The only data available at the time of the request was for the Southern and Northern regions. In the period July 2001-November 2002, 16 trips for six transgender patients visiting the Monash Gender Dysphoria Clinic, Community Mental Health Department, Monash Medical Centre were funded. There is also another patient from the North about to commence treatment. Anecdotal feedback shows that there has been a steady increase in numbers of Tasmanians living in the State seeking treatment over the last decade.

7. Analysis of Overall Findings

From the consultations with key informants, survey responses and literature review, the following key health and wellbeing issues emerged for same-sex attracted people or people of diverse gender expression:

- An acute sense of isolation from the general community, and a sense of invisibility expressed by a large proportion of GLBT people are also accompanied by lack of support networks and a sense of community among GLBT people.
- That the coming out process is a critical point in the life of the GLBT person and support at this time is pivotal for both long-term and short-term health and wellbeing outcomes. Coming out is an individual thing and is often dependent on the situation/reactions of significant others and/or the support people have around at the time,
- That homophobia/transphobia impact on physical and emotional health and wellbeing. The effects of homophobia/transphobia vary from living with an underlying apprehension to experiencing physical violence, verbal abuse and bullying.
- That discrimination and ignorance from health and well being service providers is a disincentive to accessing health and wellbeing services. The discrimination may be overt or covert and based on an assumption of heterosexuality.

In order to address these identified issues the health and wellbeing service system design will best meet the needs through incorporation of some key good practice elements:

- GLBT specific service types in combination with a strengthened and enhanced mainstream service system;
- Fostering and strengthening of partnerships between services at all levels – community, government and non-government together with the development of service provider and community networks; and
- Training and education of mainstream health and wellbeing service providers,
- Development of a culture of continuous quality improvement through program evaluation, monitoring and review of performance.

7.1 Key issues

7.1.1 Isolation

Isolation was the single most prevalent health and wellbeing issue identified in the community survey and was mentioned by all key informants as an issue for GLBT health and wellbeing.

The dispersed nature and small population in Tasmania can mean that isolation, invisibility and the lack of a sense of community is exacerbated for GLBT people. Comments from survey participants and phone calls received from rural participants during the distribution phase of the survey emphasised the negative impact of living away from support networks and being isolated from opportunities to meet like-minded people. Support and friendship networks are a basic element of having a sense of belonging in the world.

Because of population distribution in the country, specialist GLBT services throughout Australia are frequently concentrated in capital cities or large metropolitan centres. Whilst many services provide outreach to rural and regional centres this is generally not the primary focus of their role. GLBT services find that demands on their time are high and it is difficult to meet the needs of regional and rural GLBT people and service providers. This results in a lack of choice of service providers for GLBT people.

Tasmanian specialist GLBT services, although having a statewide mandate, are predominately based in the South of the State. While WIO does operate out of the North West, the lack of any specialist GLBT service in the North of the State was identified by survey respondents and Tasmanian key informants as an issue that may contribute to patchy establishment of ongoing support and community networks. Currently in the North, service delivery relies on individual sensitive, aware service providers rather than a structural focus on GLBT health and wellbeing.

Currently, many GLBT organisations throughout Australia and in Tasmania rely heavily on providing access to information and support to GLBT people in rural and regional areas through 1800 phone lines and via email and the Internet. While useful sources of specialist information, these services do not necessarily address the ongoing stress of physical isolation expressed by GLBT people during the Needs Analysis Project.

In order to address this gap and to enhance service delivery options, interstate specialist GLBT services are increasingly focussing on the establishment of more formalised partnership arrangements with rural and regional services. The specialist services develop and extend their secondary referral service whilst providing education and support to local service providers. This strategy may enhance the access and equity of service provision in Tasmania as it will link in with mainstream services such as Relationships Australia, Family Planning, mental health and alcohol and drug services and others.

7.1.2 Coming out process

The literature, consultations and survey findings are clear that health and wellbeing outcomes for GLBT people are maximised if suitable support and services are in place to assist in the coming out process. It is critical that people exploring non-heterosexuality and working through issues of same-sex attraction and/or diversity of gender expression

are supported during their process with non-judgemental, accurate information provided in an environment of support and safety.

The coming out process may occur in parallel with the adolescent/teenager developmental phase. This is often a time of life when the multiple risk-taking exploration of drugs, alcohol and sexual activity occurs and increased rates of homelessness are experienced. It is also a time of increased rates of depression and incidence of suicidal and self-harming behaviours. These factors can make this time a high-risk period for both short- and long-term health and wellbeing outcomes.

Support at this time must be comprehensive and underpinned with a philosophy of community development. This will strengthen resilience of individuals and build the community capacity to accept and support diversity amongst community members. Services that have the ability to appropriately support someone working through the issues that may present when identifying same-sex attraction or diverse gender expression need to be structured into the service system.

7.1.3 Discrimination and anti homophobia/transphobia

The impacts of homophobia/transphobia are well researched and are a constant theme that underpins the lives of GLBT people. The effects of homophobia/transphobia vary from living with an underlying apprehension to experiencing physical violence, verbal abuse and bullying. Community survey comments suggest that countering homophobia/transphobia depends on educating the community at all levels.

The school years are identified by all sources as a time when people first encounter homophobia/transphobia and the Education Department has been identified as a crucial link in the support system for GLBT people. It may be advantageous for some formal linkages to be established between the Education Department and the GLBT Reference Group to ensure that the groups complement and maximise their efforts to provide appropriate service and reduce the level of homophobia and transphobia experienced by GLBT people.

“Difficult schooling – at an all boy’s school – feeling like a square peg in a round hole.”

“I was teased through school because I was attracted to other girls.”

Comments by survey participants

Community education, availability in health and wellbeing services and information about non-heterosexuality and difference, activities in schools and communities that raise tolerance and acceptance of diversity are useful to raise awareness of sexual and/or gender identity difference. Such activities can contribute to increasing the physical and emotional safety and support for GLBT people and to reducing the levels of

homophobia/transphobia in the community. Changing community attitudes will also assist to ensure the attitudes of the potential health and wellbeing workforce are more open to diversity in expression of sex and gender identification.

Establishing safe venues for GLBT people to gather, meet others and socialise is also important for breaking down community homophobia/transphobia. In NSW, ACON has a program to create “safe houses” for GLBT people experiencing street homophobia/transphobia. Safe venues and houses are clearly indicated where people can seek a safe haven if being threatened by physical or verbal abuse on the street. The program ensures that staff are aware of issues that may present and strategies to ensure someone remains safe. Group programs for newly identifying GLBT people also include information and skill development about managing the threat of homophobia/transphobia and street violence.

7.1.4 Training and education

Training and education is needed to raise awareness of GLBT health and wellbeing issues by mainstream service providers, breakdown the culture of “automatic assumption” that people are always heterosexual that dominates services and to ensure that the needs of a wide group of GLBT people accessing services are appropriately met. The education and training aspect is a foundation of service system development.

“There needs to be more and better training of health care professionals...”

“Providers should be accepting to all clients-not just assume that everyone is heterosexual”

“I feel that it is hard to access doctors who genuinely understand my situation”

Comments on service gaps by survey participants

In order for a newly identifying GLBT person to feel safe or to enable referrals to appropriate service providers, mainstream practitioners need to know about specialist services. They must have some understanding about diversity in the community and an awareness of their own values and belief systems and how this may impact on client interactions. Any interactions that touch on issues of gender and sexuality will be challenging for many people, including service providers. Informed values and attitudes of individual workers, having a shared understanding of the complex concepts involved in diversity and anti-discrimination are essential elements to allow consistent service delivery for GLBT people.

Displaying posters and GLBT friendly literature in services/organisations/community venues needs to be in combination with appropriate training and education for service providers. This is to ensure that expectations are not falsely raised when people are

encouraged to think that they have found a place of safety and people with understanding of GLBT issues.

“...GP surgeries and public places in hospitals should have visual indicators that they are GLBT friendly however such signifiers could be misleading if they don't reflect real friendliness.”

Comment by survey participant

GP education and up-skilling is critical to developing a GLBT appropriate service system. GPs are frequently the first avenue for people seeking information, assistance and understanding of their experiences related to sexuality and gender identity. It is reported that inadequate up-skilling and/or training of the general practice workforce in GLBT health issues has resulted in a lack of experienced GPs with appropriate attitudes to working with GLBT health and wellbeing issues.

7.2 Service system design issues

Systemic change is challenging and there are a number of issues that will need to be considered in the future development of the health and wellbeing sector.

Tasmania has a decentralised population and as such offers challenges to health and wellbeing service system design and funding. To appropriately meet the needs of GLBT people, the service system will need a combination of adequate specialist GLBT focussed services working effectively together and in conjunction with better skilled, trained and supported mainstream service providers who are sensitive, non-judgemental and aware of GLBT issues. Contemporary best practice within the service system requires an understanding of the social determinants of health and how this impact on people's lives.

A holistic approach to health and wellbeing for GLBT people will require development of the community capacity of same-sex attracted and diverse gender expression people to support each other through peer skill and befriender programs. The health and wellbeing service system will need to be in combination with access to a variety of venue/meeting places for GLBT people to socialise, share experiences and activities with people moving through similar experiences. Such community activities can be encouraged through community development approaches of both specialist and mainstream service providers and through project funding programs.

7.2.1 Specialist GLBT services

Tasmania has some specialist GLBT focussed services provided through non-government organisations. The TasCAHRD Gay Men's Health Program is funded for a full-time worker through their Service Agreement with DHHS. The position is located in the South of the State but with a statewide mandate. The Health Worker (Lesbian Health)

0.2 FTE position has been an internal decision of the Hobart Women's Health Centre Board of Management. It is not a requirement of their Service Agreement with DHHS. WIO is time-limited and project-funded through the National Suicide Prevention program of the Commonwealth. The funding has been tentative since commencement given that a direct service delivery model was instituted through a time limited funding source. Each service has its own administrative and management infrastructure and works autonomously although linkages and referrals occur at the service delivery level.

It will be important that the existing service delivery continues and that a climate of stability is fostered in the service sector. The current gap in specialist service provision in the North will need to be addressed in the service system design.

The coming out process is most appropriately assisted by specialist focussed services that provide support to individuals with accurate information, linking them into community support networks and providing appropriate, timely referrals to mainstream service providers if or when required.

A specialist GLBT support service can provide support to mainstream service providers as well as being involved in community and professional development, and education activities.

Through such a service model, awareness and sensitivity of the challenges confronting same-sex attracted or transgender identifying individuals living in a heterosexual focussed society can be generated at both the health and wellbeing service system and at community levels.

7.2.2 Partnerships and networks

From the consultations and issues raised by participants in the survey, forming partnerships and networks between GLBT service providers and services and mainstream community organisations enhances service provision. The vast majority of survey participants felt that an increased understanding of GLBT issues from the community and service institutions was an important strategy to breakdown the effects of discrimination in their lives.

“Acceptance needs to start on broad diverse levels, e.g. in schools. Education, acceptance of non-heterosexual people incorporated into general books, plays and people, normalising not as an oddity.”

Comment from survey

In Tasmania the main relationships between GLBT services and mainstream service providers are centred on DHHS services such as Sexual Health Services and Women's Health. Services such as those working with sexual and reproductive health, young people, mental health and wellbeing and drug and alcohol issues are key components of

the service system for GLBT people. It is necessary that the service system can meet the health and wellbeing needs of GLBT people regardless of their entry point into the system. To ensure this, services such as Family Planning, Relationships Australia, Mental Health Service, Alcohol and Drug Service and youth health services in the government and non-government sectors need to have their understanding of GLBT health and wellbeing issues raised. This will allow them to respond appropriately to clients as well as understand the role of GLBT specialist services and referral mechanisms. Strong collaborative working relationships between all providers across the spectrum of health and wellbeing will be required for an effective service system.

Evaluation of the VicHealth projects for same-sex attracted young people concluded that establishing local reference groups and building on existing infrastructure minimises isolation, increases effectiveness and sustainability, and maximises community ownership. Strong program infrastructure support and linkages between projects in different communities also increased the effectiveness of project-based funded activities.

7.2.3 Support for workers

Links between GLBT specific and mainstream health and wellbeing service providers deliver a cohesive service system for GLBT people and also provide support for workers.

Within Tasmania the service system benefits from the existing operational regional support groups and strong interagency liaison. The interagency network groups such as Fruity Bits and ReSnag provide valuable peer support, reduce the isolation of GLBT specific service providers and support mainstream providers working with diversity of sex and gender identity. Strong interagency support and networking could assist with the establishment of GLBT focussed forums and facilitate community capacity to coordinate events and activities that celebrate diversity.

Current GLBT specific service providers are low in number and relatively isolated in Tasmania. The State is able to benefit from the movement in other States by specialist GLBT services to form linkages and partnerships. This can provide organisational support and access to information for workers. An additional outcome has been the effect of reorientating mainstream services to understand GLBT issues and address service gaps.

7.2.4 Impact of funding arrangements

Good practice in relation to health and wellbeing service delivery in Tasmania and interstate emerges frequently due to the relationships between individual providers rather than an imbedded system approach. The individual dependence can be further exacerbated by the one-off project-based funding approach.

For example, attempts to create a broad gay and lesbian health service by ACON in NSW have been frustrated by a lack of government driven cohesive policy framework for

GLBT health and wellbeing in NSW. Therefore pilot/demonstration project funds for identified issues have been dictated by the boundaries of the funding program as opposed to the priority of health and wellbeing issues identified in ACON's strategic planning processes. To maximise the impact of project-based funding, ACON has proactively sought to establish partnership arrangements with various services that have access to time-limited, project-based funding and a mandate to provide ongoing services in the focus.

Within Tasmania GLBT discreet project funding has delivered useful and ongoing material. However in the consultations with service providers the frustration of endeavouring to maintain consistent activities and service provision initiatives from project-based funding was constantly commented on as an impediment. Since its inception, WIO has spent considerable time and effort securing ongoing funding for its core service delivery. This naturally impacts on an organisation's capacity to provide direct services in such an uncertain climate. Community expectations are raised when direct service delivery is established with time-limited funding without adequate strategies for sustainability at the end of the funding period.

7.2.5 Professional training and development

The issue of professional training and up-skilling will need to be built in to the service system development plan. Undergraduate training programs for health and wellbeing service providers need to be reviewed to ensure that diversity in all its aspects is adequately addressed. It must also ensure that GLBT specific health and wellbeing issues are explored. Continuing medical education and professional development programs also need to be lobbied to incorporate diversity and GLBT specific health issues.

GLBT specialist service providers together with mainstream services such as Sexual Health Service can continue to develop their in-service training programs. They can actively target those services working with sexual and reproductive health, young people, mental health and wellbeing and drug and alcohol issues to ensure their participation in skill development. As well as focussing on specific health and wellbeing issues, it is important that processes such as personal information details and medical and sexual history taking are gathered in an inclusive manner, with the use of non-gender specific language and openness to diversity of people's sexual and gender expression.

7.2.6 Program Evaluation, monitoring and review of performance

There is currently difficulty in collating GLBT specific data to enable analysis of service system usage. Most services do not ask for or record the GLBT status of clients. The specific GLBT services also keep minimal data and what is gathered is used to meet the individual organisation and funding body requirements. There is neither an agreed minimum data set nor series of data definitions relating to GLBT service users.

The services currently being provided for GLBT people are not linked to quality improvement and accreditation programs. Program evaluations on effectiveness and efficiency have not routinely been conducted and publicised. The service system development will need to ensure that evaluation and mechanisms for continuous quality improvement are incorporated into the service system development.

7.3 Summary

In conclusion, to address future service system issues the links between services and the organisational context in which services exist will need to be considered. Community development and capacity building need to be the philosophical approach in all service development initiatives.

The key elements of a service system that can meet the needs of GLBT people are:

1. A stable support service for newly identifying GLBT people that provides readily accessible one-to-one support as well as opportunities to meet others in similar circumstances in the three regions of the State;
2. Development of a strong volunteer peer support program and facilitation of community development approaches;
3. Enhancement of specific GLBT services through fostering a strong culture of continuous quality improvement;
4. Up-skilling, training and education about GLBT specific issues and diversity for mainstream service providers in health, community services and education (government and non-government) in an effort to ensure effective service delivery for GLBT people regardless of their entry point into the service system;
5. Strong regional networks to support workers;
6. Community education initiatives about sex and gender diversity; and
7. Support for increased community venues and social opportunities for GLBT people across the lifespan.

8. Recommendations

| Recommendations | Responsibility | Priority |
|--|---------------------------------|---|
| General | | |
| 1. That DHHS in negotiating service agreements with non-government organisations ensures that GLBT is identified as a priority focus group | DHHS | <ul style="list-style-type: none"> • High impact • Medium urgency |
| 2. That government, non-government and private health and wellbeing services review their client intake and health and sexual history forms to ensure that they are inclusive and gender non-specific | DHHS NGOs Reference Group | <ul style="list-style-type: none"> • Medium impact • Medium urgency |
| 3. That DHHS support and foster direct service providers and community member interagency groups in the three regions | DHHS | <ul style="list-style-type: none"> • High impact • Partially in place |
| Specialist Service Delivery | | |
| 4. That a statewide befriender and peer support model of service delivery be developed and resourced within a service system to address health and wellbeing needs of GLBT people, especially people who are newly identifying | DHHS NGOs Reference Group | <ul style="list-style-type: none"> • High impact • Immediate urgency |
| 5. That DHHS work with the Reference Group to investigate sources of stable funding for a specialist service for people who are newly identifying | DHHS Reference Group | <ul style="list-style-type: none"> • High impact • Immediate urgency |
| 6. That specialist services be a referral and support for mainstream service providers, as well as being involved in community and professional development and education activities | Specialist Services | <ul style="list-style-type: none"> • High impact • Partially in place |
| 7. That DHHS explore options to ensure that transgender/transsexual people are provided with access and information to appropriate multi-disciplinary services | DHHS | <ul style="list-style-type: none"> • High impact • Immediate urgency |
| 8. That existing GLBT services explore strategies through community development approaches to maximise the promotion of services in the community | GLBT Services | <ul style="list-style-type: none"> • High impact • Partially in place |

| Partnership and Network Development | | |
|--|--|---|
| 9. That GLBT specialist services and mainstream services working with sexual and reproductive health, youth health, mental health and wellbeing and drug and alcohol issues work collaboratively to develop their capacity to appropriately respond to GLBT people seeking services | DHHS Referring GP NGOs | <ul style="list-style-type: none"> • High impact • Medium urgency |
| 10. That the Tasmanian government and local governments support community development initiatives to reduce isolation for GLBT people through actively supporting venue establishment and nurturing support groups for GLBT people, their families and other family members and friends | Whole of Govt | <ul style="list-style-type: none"> • High impact • Long term urgency |
| 11. That any future Tasmanian government funding is planned and prioritised to ensure that GLBT initiatives build on existing infrastructure and utilise local reference groups to ensure sustainability of outcomes | Whole of Govt DPAC | <ul style="list-style-type: none"> • Medium impact • Medium urgency |
| Training and Education | | |
| 12. That the Work Place Diversity Strategy being initiated across Government Agencies includes GLBT and the strategy be fully implemented and extended to service delivery | Whole of Govt Office of State Service Commission | <ul style="list-style-type: none"> • High impact • Immediate urgency |
| 13. That DHHS establish and promote training processes that have a focus on a contemporary understanding of GLBT issues. That this training is provided to all health and wellbeing service providers with particular priority given to key service providers that are involved with GLBT people | DHHS | <ul style="list-style-type: none"> • High impact • Medium term priority |
| Professional Education | | |
| 14. That DHHS work in conjunction with the University and TAFE to ensure that all undergraduate students in human service disciplines receive education in working with difference and marginalised population groups including issues faced by GLBT people | DHHS Universities TAFE | <ul style="list-style-type: none"> • Medium impact • Medium term priority |

| | | |
|--|--|---|
| 15. That the current mechanism for providing professional development in human service disciplines includes training in working with difference and minority population groups including GLBT | DHHS Universities TAFE Professional bodies | <ul style="list-style-type: none"> • Medium impact • Medium term priority |
| 16. That General Practitioners as a key entry point for service provision to GLBT people be encouraged to participate in training/continuing medical education to improve their response to GLBT people | RACGP Divisions of General Practice DHHS/TAFE/Universities | <ul style="list-style-type: none"> • High impact • Medium term priority • Partially in place |
| Continuous Quality Improvement | | |
| 17. That DHHS consider its current data collection processes to include an option for people to identify as GLBT in order to reduce heterosexism and ensure service provision matches need and issues experienced by GLBT people | DHHS | <ul style="list-style-type: none"> • Medium impact • Medium term priority |
| 18. That current state funded GLBT services are evaluated to ensure compliance, effectiveness of service delivery and to inform the continuous development of services within a quality improvement framework | DHHS | <ul style="list-style-type: none"> • Medium impact • Long term priority |
| 19. That project funding require evaluation of the outcomes and that a process that allows dissemination of the key learnings of project activities be developed and distributed | Whole of Govt | <ul style="list-style-type: none"> • High impact • Partially adopted |
| 20. That an audit of DHHS service delivery policy and practices related to working with difference and GLBT people specifically be conducted to ensure an understanding of the issues and how this relates to practice | DHHS | <ul style="list-style-type: none"> • High impact • Immediate priority |
| 21. That DHHS in its service agreements ensures that complaints policies and procedures are in place | DHHS | <ul style="list-style-type: none"> • High impact • Partially in place |

9. Strategic Priority Matrix

| | | IMPACT | | |
|---------|--------------------------|--------|----------------------|--------------------------|
| | | LOW | MEDIUM | HIGH |
| URGENCY | LONG TERM (2-3 years) | | 18 | 10 |
| | MEDIUM TERM | | 2, 11, 14, 15, 17 | 1, 9, 13, 16 |
| | IMMEDIATE (6 months) | | | 4, 5, 7, 12, 20 |
| | Partially in place | | | 3, 6, 6, (16), 19, 21 |

Impact: The impact of each issue/recommendation on the quality of services – low, medium or high.

Urgency: The urgency for work on each issue/recommendation is either immediate (within 6 months); medium term (within 12 months); or long term.

Partially in place: These issues/recommendations are currently in place but require strengthening and/or monitoring to ensure full implementation.

Appendix 1: Survey Results

Number of Respondents

Total number of replies to the survey: 143

Total number used: 131

Note: 12 surveys were not used. These surveys were completed by people who identified as heterosexual and who did not complete the survey apart from the postcode and age (4), and from young people who completed all sections in a way that did not make sense (8).

6 surveys were completed online via the web site.

Section 1 “About You”

Age

The categories used were: under 18, 18-23, 25-55, 45-54, 55-64 and over 65 years.

Table 1 Age

| Age | Survey Respondents |
|------------|---------------------------|
| Under 18 | 5% |
| 18-24 | 12% |
| 25-44 | 46% |
| 45-54 | 27% |
| 55-64 | 9% |
| >65 | 2% |

Postcode

Table 2 Distribution by region

| South | North | North West |
|-------|-------|------------|
| 66 | 36 | 27 |

2% not specified

72% of respondents lived in postcodes that were in the Hobart, Launceston and Burnie areas. The postcodes showed that there was representation from the East Coast, Flinders Island, Smithton and the North West Coast

Country of birth

84% of respondents were born in Australia

Other countries of birth are in order of frequency:

- United Kingdom
- New Zealand
- Germany
- Scotland

- USA
- Canada
- Malaysia
- South Africa
- Europe

Parents' Country of Birth

33% of respondents had one or both parents who were born outside of Australia. Countries listed are the United Kingdom, Germany, Holland, Scotland, Poland, India, Canada, Yugoslavia, Croatia, USA and New Zealand.

One participant identified as Aboriginal and no one identified as Torres Strait Islander.

Educational Attainment

Table 3 *Educational attainment*

| <i>Educational Attainment</i> | <i>GLBT people</i> |
|-------------------------------|--------------------|
| Post graduate | 15% |
| Some secondary school | 7% |
| Some university | 15% |
| Trade TAFE | 15% |
| University graduate | 27% |
| Year 10 | 7% |
| Year 11/12 | 14% |

17% of respondents said that their educational attainment was impacted by sexual/ gender identity.

Occupation

Table 4 *Occupation*

| <i>Occupation</i> | <i>Survey Respondents</i> | <i>Tas population *</i> |
|-------------------------|---------------------------|-------------------------|
| F/T Employment | (33%) 43 | 60.9% |
| P/T Employment | (14%) 18 | 36.2% |
| Casual employment | 9 | |
| Self employed | 8 | |
| Unemployed | (8%) 11 | 10.1% |
| Business owner | 1 | |
| F/T student | 18 | |
| P/T Student | 1 | |
| Disability | 13 | |
| Retired | 5 | |
| P/T, volunteer | 1 | |
| CE, Self funded retiree | 1 | |
| P/T Student, Disability | 1 | |
| Home duties | 1 | |
| n | 131 | |

Weekly Gross Income

Table 5 Weekly gross income

| Gross Weekly Income (\$/week) | Survey Respondents |
|-------------------------------|--------------------|
| 0-133 | 19% |
| 133-227 | 18% |
| 227-423 | 23% |
| 423-667 | 21% |
| >667 | 17% |
| Unanswered | 2% |

How many people do you support on this income?

- 103 of all respondents support themselves on their income (78.5%)
- 19 of all respondents support 2 people on their income ((14.5%)
- 5 of all respondents support 3 people on their income (3.8%)
- 1 respondent supports 4 people on their income (NA)
- 3 of all respondents support 5 people on their income (2.2%)

Please describe your living circumstances

Table 6 Living circumstances

| Living circumstances | Survey Respondents |
|--------------------------|--------------------|
| Buying | 28% |
| Homeowner | 23% |
| Renting | 22% |
| Sharing a house | 12% |
| Living at home | 10% |
| Government housing | 2% |
| Family group home | 1% |
| Crisis/emergency housing | 1% |
| Boarding | 1% |

What is the relationship status to those who you share your living circumstances with?

Table 7 Relationship status

| Relationship Status | Survey Respondents |
|----------------------|--------------------|
| Alone | 28% |
| Partner | 35% |
| Partner and children | 8% |
| Family | 14% |
| Sharing | 10% |
| Children | 3% |
| Children and family | 1.5% |

This section asked respondents to identify sexual/ gender identity and to describe their sexual attraction.

Sexual Identity

Table 8 Sexual Identity

| Sexual Identity | Count | Percent |
|-------------------------|--------------|----------------|
| Lesbian | 55 | 42% |
| Gay | 41 | 31% |
| Bisexual | 21 | 16% |
| Transgender/transsexual | 11 | 8.6% |
| Queer | 2 | 1.5% |
| Intersex | 1 | 0.9% |
| | 131 | |

Uncertain/questioning option was not used.

Sexual Attraction

Table 9 Sexual Attraction

| Sexual Attraction | |
|---------------------------|-------|
| Woman - Woman | 42.7% |
| Male - Male | 29.7% |
| Attracted to both sexes | 14.5% |
| Queer | 5.3% |
| Attracted to opposite sex | 3.8% |
| Asexual | 2.2% |

Unsure option was not used.

Health and Wellbeing Issues

Table 10 Prioritised list of health and wellbeing concerns

| Overview of Health and Wellbeing Concerns | Survey Respondents |
|--|---------------------------|
| Lack of meeting places | 53% |
| Depression | 40% |
| Lack of support networks | 38% |
| Homophobia | 36% |
| Sense of social invisibility | 34% |
| Lack of sense of community | 34% |
| Lack of Information | 22% |
| Verbal and/or physical harassment | 20% |
| Suicidal thoughts | 18% |
| Conflict with family/peers | 17% |

| | |
|---------------------------|-----|
| Violence in public places | 15% |
| Sexual health | 15% |
| Parenting issues | 13% |
| Mental health issues | 13% |
| HIV/AIDS | 11% |
| Suicide attempts | 7% |
| Drug related issues | 6% |
| Fertility issues/access | 6% |
| Transphobia | 5% |
| Nil | 5% |
| Reproductive health | 3% |
| Alcohol related issues | 2% |
| Domestic violence | 2% |
| Hepatitis | 2% |
| Gambling issues | 0% |

Cross-matched data in significant identified health and wellbeing issues and sexual gender identity

Table 11 Lack of Meeting places

| Group | No. of Respondents | % Lack of meeting places |
|---------------------------|---------------------------|---------------------------------|
| Gay | 41 | 61% |
| Lesbian | 55 | 51% |
| Bisexual | 21 | 52% |
| Transgender / transsexual | 10 | 45% |
| Queer | 3 | 33% |

Table 12 Depression rates in sexual identity groups

| Group | No. of Respondents | % Depression |
|-------------------------|---------------------------|---------------------|
| Gay | 41 | 39% |
| Lesbian | 55 | 31% |
| Bisexual | 21 | 38% |
| Transgender/transsexual | 10 | 91% |
| Queer | 3 | 33% |

Table 13 Lack of support networks

| Group | No. of Respondents | % Lack of support networks |
|--------------|---------------------------|-----------------------------------|
| Gay | 41 | 44% |
| Lesbian | 55 | 33% |
| Bisexual | 21 | 29% |

| | | |
|-----------------------------|----|-----|
| Transgender/ transsexual | 10 | 55% |
| Queer | 3 | 67% |

Table 14 *Homophobia*

| Group | No. of Respondents | % Homophobia |
|-----------------------------|---------------------------|---------------------|
| Gay | 41 | 41% |
| Lesbian | 55 | 40% |
| Bisexual | 21 | 29% |
| Transgender/ transsexual | 10 | 9% |
| Queer | 3 | 33% |

Table 15 *Sense of Social Invisibility*

| Group | No. of Respondents | % Sense of social invisibility |
|-----------------------------|---------------------------|---------------------------------------|
| Gay | 41 | 22% |
| Lesbian | 55 | 58% |
| Bisexual | 21 | 38% |
| Transgender/ transsexual | 10 | 18% |
| Queer | 3 | 33% |

Table 16 *Lack of Sense of Community*

| Group | No. of Respondents | % Lack of sense of community |
|-----------------------------|---------------------------|-------------------------------------|
| Gay | 41 | 34% |
| Lesbian | 55 | 33% |
| Bisexual | 21 | 24% |
| Transgender/ transsexual | 10 | 27% |
| Queer | 3 | 67% |

Table 17 *Lack of Information*

| Group | No. of Respondents | % Lack of Information |
|-----------------------------|---------------------------|------------------------------|
| Gay | 41 | 20% |
| Lesbian | 55 | 25% |
| Bisexual | 21 | 5% |
| Transgender/ Transsexual | 10 | 45% |
| Intersex | 1 | NA |
| Queer | 3 | 33% |

Table 20 *Violence in Public Places*

| Group | No. of Respondents | % Violence in public places |
|--------------|---------------------------|------------------------------------|
| Gay | 41 | 20% |

| | | |
|-----------------------------|----|-----|
| Lesbian | 55 | 11% |
| Bisexual | 21 | 14% |
| Transgender/ transsexual | 10 | 18% |
| Intersex | 1 | NA |

Table 18 Suicidal thoughts

| Group | No. of Respondents | % Suicidal thoughts |
|-----------------------------|--------------------|---------------------|
| Gay | 41 | 12% |
| Lesbian | 55 | 13% |
| Bisexual | 21 | 24% |
| Transgender/ Transsexual | 10 | 45% |
| Queer | 3 | 33% |

Table 19 Under 18 respondents' health and wellbeing issues

| Under 18 Respondents Sexual Identity | Health and Well Being Issues |
|---|---|
| Lesbian | Depression, suicidal thoughts, suicide attempts |
| Gay | Lack of sense of community, homophobia, lack of meeting places, lack of social networks, sense of social invisibility, violence in public places, HIV/AIDS |
| Gay | Verbal and /or physical harassment, lack of social networks, lack of information, lack of meeting places, lack of sense of community, sense of social invisibility, sexual health, HIV/AIDS |
| Gay | Depression, conflict with family/peers, sexual health, lack of meeting places, housing, sexual health |
| Bisexual | Depression, conflict with family/peers, Verbal and /or physical harassment, lack of meeting places, sense of social invisibility I, homophobia |
| Bisexual | Alcohol related issues, sexual health, suicidal thoughts, HIV/AIDS, homophobia |

Have you ever or do you currently experience discrimination from service providers?

Discrimination from health and wellbeing service providers was reported by 56% of respondents.

Table 20 Discrimination experienced from service Providers

| Discrimination among GLBT groups | | | | | | |
|----------------------------------|-----------------|-------------|------------------|-------------------------------------|--------------|------------------|
| | Lesbian n=55 | Gay n=41 | Bisexual n=21 | Transgender /transsexual n=10 | Queer n=3 | Overall n=131 |
| General Practitioners | 45% | 56% | 76% | 9% | 33% | 50% |
| Specialist Doctors | 26% | 20% | 20% | 37% | 33% | 24% |
| Dentists | 13% | 7% | 0% | 18% | 0% | 9% |

| | | | | | | |
|--|-----|-----|------|-----|----|------|
| Hospital Staff | 2% | 5% | 0% | 0% | 0% | 2% |
| Paramedics such as ambulance officers | 15% | 12% | 10% | 36% | 0% | 15% |
| Community Health Centre staff | 2% | 5% | 0% | 0% | 0% | 2% |
| Housing/tenancy | 5% | 0% | 0% | 0% | 0% | 2% |
| Allied health (podiatrists, physiotherapists, pharmacists etc) | 0% | 0% | 0% | 9% | 0% | 1% |
| Parenting/family services staff | 4% | 0% | 0% | 9% | 0% | 2% |
| Police | 9% | 7% | 4.5% | 36% | 0% | 9.9% |
| Alternative health practitioners | 13% | 17% | 5% | 45% | 0% | 15% |
| Counsellors | 14% | 2% | 5% | 9% | 0% | 7.5% |
| None/not relevant | 32% | 50% | 47% | 9% | 0% | 44% |

The survey participant identifying as intersex reported discrimination from specialist doctors, hospital staff and pharmacists

Do you disclose your sexuality and/or gender in your: Workplace, educational institution family, peer groups and/ or social network?

Table 21 Disclosure to Service Providers

| Where GLBT groups will disclose sexual identity | | | | | | |
|--|-------------------------|---------------------|--------------------------|--|----------------------|--------------------------|
| | Lesbian n=41 | Gay n=55 | Bisexual n=21 | Transgender /transsexual n=10 | Queer n=3 | Overall n=131 |
| Workplace | 71% | 31% | 33% | 27% | 0% | 43% |
| Educational institution | 22% | 9% | 5% | 18% | 0% | 13% |
| Family | 98% | 55% | 52% | 55% | 0% | 66% |
| Peer group | 93% | 44% | 38% | 45% | 0% | 57% |
| Social network | 93% | 45% | 57% | 36% | 0% | 60% |
| None | 15% | 5% | 19% | 45% | 0% | 14% |

Do you disclose your sexuality and/ or gender when you access service provider?

Rates of disclosure

Total of 51 or 49% of respondents either

- Do not disclose at all
- Disclose only to GP
- Disclose only if asked

What is important to you when accessing health and wellbeing services?

116 respondents responded to the question, “What is important when accessing health services” with one of those commenting that they were unsure. 69% of the respondents cited non-judgemental and non-discriminatory attitudes and 42% cited knowledge of GLBT issues as essential.

11 out of those that did not respond to the question did not disclose sexual/gender identity to any service providers.

Table 22 Compilation of comments of what is important when accessing health and wellbeing services

| What is important when accessing health services | Comments |
|--|--|
| Communication issues | <ul style="list-style-type: none"> • Clear information • Good communication • Providers only seek relevant information knowledge, • Confidentiality, • Listened to, • Drs that are open about sexuality • Friendliness • Supportive and respectful • Freedom of Information • Sympathetic listener, • Openness • Compassion, • Acceptance and willingness to listen • Non-discriminating and understanding and comfortable with GLBT issues, • That they don't assume heterosexuality, • Open mindedness • Discretion/understanding • Use of gender neutral language |
| Atmosphere of service | <ul style="list-style-type: none"> • Welcoming • Caring, • Understanding, • Acceptance, • Sensitivity, • Open mindedness, • Feeling safe, • Décor, dress • Trust feeling safe enough to come out to them • Depends on the attitude of service provider • GLBT Friendly • Need to feel comfortable with them professional and non-discriminatory attitude |
| Non discrimination attitudes | <ul style="list-style-type: none"> • Equity of treatment, • Non discriminatory, • Non judgmental, • Social recognition, • Non assumption of heterosexuality, • That they don't assume heterosexuality, • Equity in service without bias to be treated as an individual with needs like everyone else and have my partner and children acknowledged as significant others • Partners are recognised, • Ask appropriate and respectful questions • Non discrimination on the basis of sexual identity • Not treated differently on basis of identity • Relationship is taken seriously and treated with respect • Be able to openly and honestly about sexuality • That they are not judgmental • If sexuality relevant not to be a barrier |

| What is important when accessing health services | Comments |
|--|---|
| | <ul style="list-style-type: none"> • The right to speak of my sexuality without being • Not being labelled as high risk because of sexuality • To be treated with respect and given same quality of service as all others |
| Specific knowledge desired in services | <ul style="list-style-type: none"> • Informed about GLBT issues, • Understanding of transgender issues, • Educational institutions knowing about transgender issues, • Awareness of problems caused by homophobia, • Knowledge about health issues, • Attitude and gender accuracy • Knowledge about lesbian issues • Understanding of gay relationships • To be given information I need • That service providers have an understanding of the impact of homophobia • Lesbian worker • Service providers need to know about GLBT |
| Service accessibility | <ul style="list-style-type: none"> • Bulk billing, • Continuity of care, • Understanding about high level of medical costs, • Short waiting times • Price, • Accessibility • Woman practitioner • Affirmation of GLBT support • GLBT service providers • Openly gay and lesbian friendly • Quality care • "Do no harm" |

What gaps if any do you believe exists in the current health and wellbeing services?

81 respondents responded to the question; “What gaps, if any, do you believe exist in the current health and wellbeing services.” A variety of responses were given in this section however 35% nominated that education and training for mainstream services providers was an important gap that needed to be filled.

Table 23 Compilation of comments about gaps in current health and wellbeing system

| What are the gaps in current health system | Comments |
|--|---|
| Education of service providers | <ul style="list-style-type: none"> • Too few with GLBT knowledge • Knowledge about GLBT issues in mainstream services • Lack of knowledge about GLBT • Better training of health professionals around health and wellbeing of GLBT issues that is not tied to HIV/AIDS and/or sexually transmitted diseases • Public education Information and education about Ts • Education of services providers • Awareness of sexuality and fluidity • Well trained staff in how GLBT issues are addressed by their organization |

| What are the gaps in current health system | Comments |
|--|---|
| | <ul style="list-style-type: none"> • Lack of education, experience and knowledge of transgender issues which breeds fear and rejection or poor service • No public awareness of services • Education of service providers • Inclusive attitudes (without assumptions lack of education re discrimination/attitudes/rights a problem) • That GLBT is normal in the community • Awareness of GLBT issue/lives, lack of understanding of GLBT issues • Community education about sexuality • Not enough information for queer community • Lack of training in GLBT issues • Understanding of the difficulties of living in a hetero society • Education of medical staff • Education of students and staff • Not enough sympathetic GPs • Not enough different thinking GPs or health professional • Education of mainstream service providers of GLBT issues • Lack of understanding of Gay issues always being treated as heterosexual non-discriminatory care • Lack of concept other than heterosexuality |
| Gaps in current services | <ul style="list-style-type: none"> • Publicly funded counselling services • Specialist GLBT services • Better counselling services • Lack of good counsellors experienced in GLBT issues • Hep B specific service • Lack of financial support for transgender-wig, facial hair removal • Need Transgender assessment team in Tasmania • Gay and lesbian parenting services • Needs of ageing homosexual men and women • IVF program • Lack of visibility of lesbian friendly services • Need for a professional GLBT directory index of GLBT friendly medical services • Promotion of GLBT issues in mainstream services • Psychiatrists willing to work with Transgender people • Specific medical service for gay men and for men in general • Mental health services for GLBT • Lack of a gender dysphoria clinic • Limited specific GLBT services particularly in the north • Lack of service in the NW • Gay men's' health in rural Tasmania • Gay friendly Drs • Hep C services |
| Support services | <ul style="list-style-type: none"> • The community runs a meeting place that is open for all sorts of purposes, is a place where older professional queer people can inform/support/guide younger people groups. No more tacky nightclubs • More Support Services when coming out • Support for young people in the schools • More support for people living with HIV social • Support networks • Social avenues • Limited recreational and social activities for lesbians • Lack of sexuality/gender support services groups • Peer support run by and for GLBT people, • Social support • Lack of community and social isolation |

| What are the gaps in current health system | Comments |
|--|--|
| | <ul style="list-style-type: none"> • Access to support • Lack of meeting places (only public toilets) • Lack of support for gay parents • Poor health services • Lack of services for poor people • Lack of community and social isolation • No support for rural and remote gay people • No compassionate support for partners • More GLBT service providers resources to support children of GLBT when they come out |
| Service models | <ul style="list-style-type: none"> • Expansion of Medicare • Need for TasCAHRD to be statewide, • Increase funding to Sexual Health and NGOs • Integration of services in public health • Holistic approaches • Unable to access some services • Should amalgamate Sexual Health and TasCAHRD for efficiency • Decently funded, universal public health system • Lack of choice • Men's health officer needs to liaise with gay groups • The amount of personal information needed on medical forms • Discrimination when having information about sexual identity taken • GLBT visible, friendly forms and information available • Being unable to act as next of kin in medical situation • Inconstancies across States and poor facilities • Legal anomalies for recognition of same-sex couples, eg wills • Current changes in legislation relating to gay issues will fix any problems |

How could existing service/ organizations promote themselves better to the GLBT community and how should they do this?

A total of 88 respondents completed this question.

Table 24 Compilation of ideas for promotion of existing service to GLBT people

| How to promote to GLBT | Comments |
|----------------------------|---|
| Public media | <ul style="list-style-type: none"> • Publicity in mainstream media • Public media campaign • Promotion of GLBT health and wellbeing issues in mainstream media • Gender and sexuality exposure on TV • Higher media profile • General advertising • TV advertising • Internet • Advertising in prominent public places • General media advertisement of GLBT issues • GPs, phone book in yellow pages • By post |
| Mainstream services | <ul style="list-style-type: none"> • Around mainstream places like schools institutions • Higher visibility throughout community |

| How to promote to GLBT | Comments |
|---------------------------------------|--|
| | <ul style="list-style-type: none"> • Education of mainstream health services mainstream advertising of GLBT friendly services • Within mainstream health services, places that are safe • Well advertised non-discriminatory policies • By including representation of GLBT information, people in general or mainstream health promotion material and in organisations • Have more information about GLBT in Drs' surgery and health places • Positive and welcoming of GLBT people • Gay friendly forms, inclusive forms • Generic health publications • We welcome everyone – gay or straight • Safe spaces for diverse clients and staff • Community organisations • Be open about sexual differences • GLBT literature and information and posters in sight and available • Encouraging GLBT service providers to disclose • Display pamphlets etc in Centrelink and community centres and advertise proximately in newspapers • More prominent use of non-gender specific advertisements |
| Community education | <ul style="list-style-type: none"> • Communication sessions, forums and speakers • Promote groups in services • Community health promotion groups • Education in schools that to help younger kids who are grappling with their sexuality • Education of the community to prevent harassment |
| Posters and flyers | <ul style="list-style-type: none"> • Gay posters etc • Educational posters • Having readily available pamphlets, manuals in the workplace • By demonstrating that services are GLBT friendly (poster etc), • Posters • Display information, posters in services • Gay friendly posters, advertising GLBT friendly posters • Posters and flyers in public places • Pamphlets/brochures in schools and in other community services such as libraries |
| GLBT specific | <ul style="list-style-type: none"> • Through existing GLBT publications • Through gay media • Create a communication network and more venues and promote services there • Services to promote themselves in GLBT venues • More specific services for transgender people • Advertise a gay health service • At GLBT friendly services • Self promotion by non-homophobic Drs • Coalition of GLBT service providers • Category on surveys, questionnaires, forms etc |
| Education of service providers | <ul style="list-style-type: none"> • Promoting knowledge of transgender issues • Access to help through school system • Education of service providers in transgender issues • Promote alternative approaches to health and wellbeing in a non-discriminatory way • Need to promote themselves as understanding transgender issues, education of service providers, • Education about politically correct language |

| How to promote to GLBT | Comments |
|------------------------|--|
| | <ul style="list-style-type: none"> • Provide information • Community education information about GLBT friendly services around • Include GLBT in general documentation • Training to service providers • Education of health professionals, workers within mainstream services • Well trained staff • Education of service provides • More research that is provided to service providers • By education in difference • Education of GPs • Educate hospital staff • Using gender neutral language |

Have you ever changed your place of living for reasons related to your sexual and/or gender identity?

129 respondents answered this question. A total of 48 people (36.6%) reported that they had changed their place of living as a consequence of sexual or gender identity.

Attachment 1: GLBT Reference Group

Departmental Representatives

- John Ramsay Secretary Department of Health Human Services
- Michael Plaister DHHS representative (Chair)
- David Spence Secretariat Support
- Maree O'Sullivan Director, Sexual Health Service
- Justin Habner Suicide Prevention Officer, Mental Health

Service Providers and Community Representatives

- Miranda Morris
- Barbara Baird
- Rodney Croome
- Iris Ritt
- Dion Butler
- Julieanne Campbell
- Roz Houston
- Lisa Blackwood
- Jonathon Pare
- Paul Willis

Attachment 2: Bibliography

Reports

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- Doig, (2001) *Don't Take Your Life-Celebrate It, A Resource for Teachers And Trainers*, The Second Storey Youth Health Service, Child and Youth Health, Department of Human Services, South Australia
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Papers

- Australian Institute of Criminology, (2000) *No. 168 Transgender Inmates*
- *Challenging Transphobia* (current) Support material from Equity Standards Branch, Tasmanian Department of Education
- Five Discussion Papers for the Ministerial Advisory Committee on Gay and Lesbian Health and the Department of Human Services Victoria, (2002)
- Four discussion papers for Coalition of Activists Lesbians Australia (1997)
- Fordham, (1998) *Sexuality and Suicide Report: An Investigation of Health Compromising and Suicidal Behaviours and Gay and Bisexual male Youth in Tasmania*, Division of Community And Rural Health, Faculty of Medicine, University of Tasmania.
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- *Health in Difference* Conference Papers, Melbourne (1998)
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- *HIV/AIDS Social Research Forum Out There Too*, Papers, South Australia, (1996)
- *First National conference on violence in Lesbian Relationships*, South Australia, (1997)

Attachment 3: Needs Assessment Survey

Gay, Lesbian, Bisexual and Transgender Health and Wellbeing Needs Assessment Survey

The Department of Health and Human Services has a commitment to improving the health and wellbeing of Gay, Lesbian, Bisexual and Transgender (GLBT) Communities.

As part of this commitment the Department has employed independent consultants to conduct this survey to help identify the health and well-being issues that confront GLBT people. The information will be used by the Department of Health and Human Services to inform the development of appropriate services over the coming years.

The World Health Organisation defines health as a
“**complete state of physical, mental and social wellbeing. Health is seen as a resource for everyday life, so that people can identify and realise aspirations, satisfy needs, and change or cope with the environment**”.

*Please complete the survey and return by **11 November 2002** in the an envelope addressed to*
GLBT Needs Assessment Survey,
GPO Box 125
Hobart 7001
Postage is pre-paid
or by
leaving at your local Community Health Centre

Additional copies of the survey may be obtained by phoning 6231 9955 or 6362 3296 or by visiting the Department of Health and Human Services web site at www.health.tas.gov.au

.....

About You

1. Age: *Please tick or mark with a cross*

Under 18 18-24 25-44 45-54 55 -64 Over 65

2. Postcode:

3. Country of Birth:

Country of Birth of Parents:

Do you identify as Aboriginal yes no

Do you identify as Torres Strait Islander yes no

The following questions have been included and framed in this way to allow us to compare the living circumstances and quality of life of the GLBT communities as compared to both state and national statistics.

4. Educational Attainment.

- Primary School
- Some Secondary School
- Year 10
- Year 11/12
- Trade TAFE
- Some University
- University Graduate
- Post-graduate

Has your sexual or gender identity impacted on your educational attainment?.....
.....
.....

5. Occupation:

- Full-time paid employment
- Part-time paid employment
- Casual employment
- Home Duties
- Retired
- Self employed
- Other (please specify).....
- Student – Part-time
- Student – Full-time
- Permanently unable to work
- Unemployed
- Volunteer
- Self funded retiree

6. Weekly Gross Income:

- 0—\$133.22
- \$133.72—\$227.22
- \$227.22— \$423.47
- \$423.47—\$667.26
- more than \$667.26

How many people do you support on this income?
.....
.....

7. Please describe your living circumstances. Are you:

- living at home with parent(s)/family.....
- renting.....
- buying your home
- a homeowner
- boarding

- sharing a house
- in government housing.....
- in crisis or emergency housing.....
- other *(please specify)*.....

8. What is the relationship status to those that you share your living circumstances with? Please describe.

.....

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.....

9. Do you identify as transgender/transsexual yes no
if yes are you:

- male to female female to male

10. Do you identify as intersex yes no

(a biological condition where a person is born with reproductive organs and/or sex hormones that are not exclusively male or female)

Please describe your core identity.....

.....

11. How do you describe your sexual identity?

- Gay
- Lesbian
- Heterosexual
- Bisexual
- Uncertain/Questioning
- Queer
- Homosexual
- Other *(please specify)*.....

12. Sexual attraction: How do you describe your feelings of sexual attraction at the moment?

- As a man who is attracted to men
- As a women who is attracted to women
- Attracted to both sexes
- Attracted to the opposite sex
- Asexual
- Unsure
- Other *(please specify)*

Your Health and Wellbeing

1. Listed below are some health and wellbeing issues that you may face

Please number in order of priority the issues that apply to you. Please write how these issues have impacted on your life. Additional pages may be added.

- | | |
|--|---|
| <input type="checkbox"/> Lack of sense of community | <input type="checkbox"/> Lack of meeting places |
| <input type="checkbox"/> Lack of Information | <input type="checkbox"/> Lack of support networks |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sense of social invisibility |
| <input type="checkbox"/> Conflict with family/peers | <input type="checkbox"/> Parenting issues |
| <input type="checkbox"/> Alcohol related issues | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Drug related issues | <input type="checkbox"/> Suicide attempts |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Gambling issues |
| <input type="checkbox"/> Reproductive health | <input type="checkbox"/> Fertility issues/access |
| <input type="checkbox"/> Verbal and/or physical harassment | <input type="checkbox"/> Violence in public places |
| <input type="checkbox"/> Sexual health | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Transphobia | <input type="checkbox"/> Homophobia |
| <input type="checkbox"/> Other (please specify) | |

Comments

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2. Have you ever or do you currently experience discrimination from health and well-being service providers such as:

Please tick any of the following that apply to you and provide comments

- No
- General Practitioners
- Specialist Doctors
- Dentists
- Hospital Staff
- Paramedics such as ambulance officers
- Community Health Centre staff
- Housing/tenancy
- Allied health (podiatrists, physiotherapists, pharmacists etc)

- Parenting/family services staff
- Police
- Alternative health practitioners.....
- Counselors
- Other *(please specify)*

.....

.....

.....

3. Do you disclose your sexuality and/or gender in your:

Please comment on when and why

- Workplace
- Educational institution
- Family
- Peer group
- Social network

.....

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.....

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4. Do you disclose your sexuality and/or gender when you access service providers. *Please comment on when and why*

.....

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5. What is important to you when accessing health and well-being service providers?

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6. What gaps, if any, do you believe exist in the current health and well-being services?

.....

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.....

.....
7. How could existing services/organisations promote themselves better to the GLBT community and where should they do this?

.....
.....
.....
.....

.....
8. Have you ever changed your place of living for reasons related to your sexual or gender identity? yes no

Please comment

.....
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.....
.....

9. We are interested to hear of any experiences about your health and well-being that have impacted on your life or that you wish to share. Please comment.

.....
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.....
.....

Thank you for your time.

Attachment 4: Key Informants

Tasmania

| | |
|--|--|
| Members of the DHHS-GLBT Steering Committee (attachment 1) | |
| Jonathan Pare | Project Officer Tasmanian Youth Suicide Prevention Forum, Youth Network of Tasmania and Working It Out Management Committee Member (at time of consultation) |
| Matt Rowell | Program Manager, Reconnect, Colony 47 |
| Dion Butler | Gay Men's Health and Wellbeing Coordinator, TasCAHRD |
| Russell Hart | Director of Counselling Services, Relationship Australia |
| Bronwyn Charles | Project Officer, Working it Out, North West |
| Sharon Wilkinson | Family Planning Tasmania |
| Jason Rostant | Project Officer, Working it Out, South |
| Paul Willis | Project Officer, Working it Out, North West |
| Kathy Wiles | Education/Community Development Officer, Sexual Health Service, North West |
| Brendon Nelson | Statewide Coordinator of Sexual Health and HIV/AIDS Education |
| Haley Tristram | Counsellor/Educator, Sexual Health Service, North |
| Megan Ratcliffe | A/Counsellor/Educator, Sexual Health Service, North |
| Mara Schneider | Women's Access Program, North |
| PFLAG | Representatives from each region |
| ReSNAG | Members |
| Fruity Bits | Members |

Interstate

| | |
|-----------------|--|
| Michelle Parker | Accommodation Support Worker, 2010 Sydney, NSW |
| Elizabeth Riley | General Manager, Gender Centre Sydney, NSW |
| Dermot Ryan | Manager, Educational Team and Indigenous Projects, AFAO/ NAPWA, NSW |
| Stevie Clayton | Chief Executive Officer, AIDS Council of NSW, NSW |
| Jenny Kelly | PHD student, Deakin University, Vic |
| William Leonard | Executive Officer for the Gay and Lesbian Ministerial Advisory Committee, Vic |
| Dr. Ruth McNair | Department General Practice, Melbourne University, Vic |
| Deb Pietsch | Project Officer, Ministerial Advisory Committee, Women's Health and Wellbeing, Vic |
| Rachael Green | Community Health Unit, Department of Human Services, Vic |
| Meg Goulbourn | Absolutely Women's Health, Royal Women's Hospital, Vic |
| Rhonda Brown | Project Consultant, More than Lip Service, the Lesbian Health Information Project, Royal Women's Hospital, Vic |

| | |
|---------------------------------------|---|
| Mike Kennedy | Chief Executive Officer, Gay Men's Health Centre and AIDS Council, Vic |
| Dr Darren Russell | Senior lecturer, Sexual Health Melbourne University, Sexual Health Physician Melbourne Sexual Health Centre, Vic |
| Colin Batrouney | Manager Health Promotion Team, Victorian AIDS Council Inc, Gay Men's Health Centre Inc, Vic |
| Rowena Allen, Sue Dyason | Project Officer, Shepparton, Vic Researcher, Australian Research Centre for Health, Sexuality and Society, Vic |
| Bernadette Roberts Dorian Marsland | Manager, Women's Health Statewide, SA Strategic Manger, Youth Services, Child and Youth Health, SA |
| Andrea Truffy | Community member, SA Project Worker, Bfriend |
| Desmond Ford | Project Worker, Bfriend |
| Barry Horwood | Executive Director, AIDS Council of SA |
| Matthias Wenztlaff-Eggebert | Manager, Gay Men's Health Program, AIDS Council of SA |
| Sally Gibson, | East West Team Leader and Management Representative on GLBT Portfolio Group, SHINE, SA |
| Claire Drake | Coordinator, Freedom Centre, WA |

