



Issues Paper – Excerpt

Companion to the WACOSS Pre-Budget Submission

Investing in Outcomes
Making it Count for the People of WA

**Part One – Issues and Funding Pressures in the Community Services Sector
Diverse Sexuality and Gender**



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*Part One – Issues and Funding Pressures in the Community Services Sector
Diverse Sexuality and Gender*

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DIVERSE SEXUALITY AND GENDER

Background

The Australian Census now collects data regarding the number of same-sex couples in Australia. However, due to the various difficulties in collecting accurate data on sexuality and gender, this figure provides at best an extremely conservative estimate of the size of Australia's DSG community. Despite the absence of accurate data, it is estimated that people with Diverse Sexuality of Gender comprise 2-3% of the Australian population.¹ While many live within major cities, there are DSG Australians in every electorate across the country. Like all communities, DSG people are not a homogenous group, with considerable diversity in terms of age, income, employment status, education levels, religious beliefs, cultural heritage and family structure.

Mark Orr, President of the AIDS Council of NSW (ACON), offered this definition of the current status of the DSG community within Australia at the 2008 ACOSS Conference:

Although progress has been made in recent decades, gay, lesbian, bisexual, and transgender people continue to be socially excluded in Australian society. That exclusion is defined by formal, systemic inequality within legislation that exists at both Commonwealth and state/territory levels, as well as informal discrimination and prejudice against sexual and gender minorities that pervades many aspects of Australian culture and society. There are a number of indicators by which social exclusion of [DSG] people can be measured.

These indicators include:

- 85% of DSG respondents to a 2008 La Trobe University study reported being the subject of heterosexist violence or harassment in their lifetimes.² Whilst more than half (56%) of the respondents to a report published by the Attorney General's Department of NSW had experienced one or more forms of heterosexist abuse, harassment or violence in the past 12 months.³
- A 2005 national survey of same sex attracted young people conducted by La Trobe University revealed that 44% had been subject to verbal abuse, and alarmingly that 74% of all harassment, discrimination and abuse experienced occurred within a school setting.⁴

Social exclusion has significant implications, with DSG people experiencing a range of poorer health outcomes in comparison to the general population. These include:

- Prevalence of DSG youth self-harm and suicide: A 2005 nationwide survey of young DSG people found that more than a third had self-harmed through self-mutilation or attempted suicide.⁵

¹ S. Wilson, *Gay, Lesbian, Bisexual and Transgender Identification and Attitudes to Same-Sex Relationships in Australia and the United States*, Monash University, 2002, p. 14

² W. Leonard et al, *Coming Forward: The underreporting of heterosexist violence and same sex partner abuse in Victoria*, La Trobe University, 2008, p. iv

³ *Ibid*, p. 7

⁴ L. Hillier, A. Turner, and A. Mitchell, *Writing Themselves in Again: 6 years on. The Second National Report on the Sexual Health and Well Being of Same Sex Attracted Young People in Australia*, La Trobe University, 2005, p. viii

⁵ M. Orr, ACOSS Conference Speech, 2008, available at: <http://www.acon.org.au/about-acon/Newsroom/Media-Releases/2008/16>

- Mental Health: A 2006 nation-wide DSG survey conducted by La Trobe University found almost three quarters of respondents reported some experience of depression in the past.⁶
- Drug and Alcohol Use: research indicates that drug and alcohol use among DSG people is higher than the general population. Significant bodies of research indicate strong links between mental health issues and drug and alcohol use within the DSG community.⁷

As this data indicates people of Diverse Sexuality and Gender suffer various forms of social exclusion, harassment and abuse in their daily lives. In many cases DSG people are subject to discrimination at school, in their workplaces and even within their own families.

Despite great demand, the small number of Diverse Sexuality and Gender support services that currently exist receive very little funding and are often forced to rely upon volunteers to achieve the outcomes they do. This highlights a capacity shortfall that is two-fold: whilst services struggle to meet direct existent need within the DSG community, this deficit in funding also means that they are unable to adequately support mainstream services, business and the wider community, to better understand and meet the needs of people with diverse sexuality, sex and/or gender, through the pursuit of education and awareness.

One area in which services for Western Australians with diverse sexuality and/or gender needs could be improved with comparatively low levels of funding support include telephone and internet counselling services, designed to support clients through a range of issues. These services are often the first point of contact for people coming to terms with a same sex attraction, but are available to anyone within the DSG community, as well as friends and family of DSG people and mainstream service providers who are seeking accurate information and referral options for their relatives, friends or clients.

Support groups that cater for specific sections of the DSG community including young people, people with disabilities, the Aboriginal community, older people coming out later in life and retirees, is another area of service delivery that would greatly benefit the mental health, wellbeing, and social participation of people with diverse sexuality and gender (whilst requiring minimal capital investment).

A critical lack of equitable service delivery is currently evident in relation to aged and disability care for the DSG community. An absence of training, education and awareness in relation to people with diverse sexuality and/or gender in aged and disability services means such services are often difficult for the DSG community to access. If accessed, many are ill-equipped in understanding and providing for the needs of aged or disabled people with diverse sexuality and/or gender. One such example is the difficulty in locating aged care services accommodating to same sex couples.

In relation to community education, services equipped with trained public speakers are required in order to visit education institutions or workplaces to provide personal insights into their lives as gay men or lesbians. This can significantly help people replace the myths and stereotypes that abound within our culture with a more accurate and contemporary understanding of diverse sexuality and gender.

⁶ M. Pitts et al, *Private Lives: A Report on the Health and Wellbeing of GLTI Australians*, La Trobe University, 2006, p. 10

⁷ *Pills and Powders, Parties and Pubs: ACON's strategy for addressing alcohol and other drug use in the GLBT Community 2009-2012*, ACON, 2009, pp. 9-10

Training to help business, government and community organisations tackle homophobia and improve accessibility for DSG clients, or to assist management to improve policies and procedures, will also improve equity and eliminate discrimination in relation to the DSG community.

Given the serious prevalence of discrimination and associated high suicide and mental health rates outlined above, it is evident that government commitment is required in order to foster a safer environment for the DSG community. Addressing this issue requires a two-fold approach: urgent need exists for a range of support services for the DSG community itself; whilst training and education in relation to sexuality and gender issues for the community, business, government and services is also required in order to foster movement towards an environment of safety, respect and equality for all Western Australians regardless of sexual or gender preference.