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## 2022 Victorian pre-budget submission

Equality is not negotiable

19 November 2021

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### Thorne Harbour Health

Thorne Harbour Health is one of Australia's largest lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ+) community-controlled health service providers, servicing Victoria's people living with HIV (PLHIV) and LGBTIQ+ communities. Thorne Harbour Health primarily services Victoria and South Australia, but also leads national projects. Established as the Victorian AIDS Council in 1983, Thorne Harbour Health works to protect and promote the health and human rights of LGBTIQ+ people and all people living with HIV.

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## Introduction

### Ongoing health disparities experienced by LGBTIQ+ people need to be addressed

It has been a challenging two years for all Victorians, and some have had a tougher time than others. The significant and long-standing health inequities experienced by LGBTIQ+ people and people living with HIV have been worsened by the COVID-19 pandemic. These disparities in health compared to the general population extend across the board: poorer physical and mental health; elevated alcohol and drug use; higher rates of intimate partner and family violence; increased rates of homelessness; and higher rates of harassment, verbal and physical abuse.<sup>1,2</sup>

Compounding these problems LGBTIQ+ people are caught in a seemingly never ending battle regarding religious freedoms where their employment rights, education rights, healthcare rights and right to quietly go about their lives is open to public debate. Multiple barriers exist for LGBTIQ+ people accessing and utilising primary health care. Previous and anticipated experiences of stigma and discrimination from service providers deter and delay seeking prevention and treatment.<sup>3</sup> Over a third of LGBTIQ+ “usually or occasionally” hide their sexual orientation or gender identity when accessing services to avoid possible discrimination and abuse. The Trans Pathway Study found 42.1% of trans young people encountered mental health and other medical services who “did not understand, respect or have previous experience with gender diverse people.”<sup>4</sup>

While mainstream health and mental health services were the most frequently accessed by LGBTIQ+ people, mainstream services were also reported to be least likely to respect them.<sup>5</sup> In one study, one in five participants said they would prefer to access services that cater only to LGBTIQ+ people, while nearly half indicated they would prefer to access a medical or support service that is known to be LGBTIQ+-inclusive.<sup>6</sup>

These disparities in health, barriers to services and experiences of stigma and discrimination are similar to those experienced by Aboriginal and Torres Strait Islander Australians. Yet despite LGBTIQ+ Australians constituting *at least 5.7%*<sup>7</sup> of the population, there remains a lack of dedicated government funding to LGBTIQ+ community-controlled health organisations and lack of commitment to defined goals and targets to improve LGBTIQ+ equality.

Everyone is entitled to healthcare and support that is safe, inclusive and affirming. We call on the Victorian Government to urgently address these disparities through significant investment in LGBTIQ+ community-controlled health and support services, including mental health services.

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<sup>1</sup> Adam O. Hill et al., *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*, Australian Research Centre in Sex, Health and Society, La Trobe University (Melbourne, 2020).

<sup>2</sup> William Leonard et al., *Private Lives 2: The second national survey of the health and wellbeing of gay, lesbian, bisexual and transgender (GLBT) Australians*, Australian Research Centre in Sex, Health and Society, La Trobe University (Melbourne, 2012).

<sup>3</sup> Marina Carman et al., *Research Matters: Why do we need LGBTIQ-inclusive services?: A fact sheet by Rainbow Health Victoria*, Rainbow Health Victoria (Melbourne, 2020).

<sup>4</sup> Penelope Strauss et al., *Trans Pathways: The mental health experiences and care pathways of trans young people. Summary of results*, Telethon Kids Institute (Perth, 2017), p. 97.

<sup>5</sup> Hill et al., *Private Lives 3*, p. 58.

<sup>6</sup> Hill et al., *Private Lives 3*, p. 58.

<sup>7</sup> Marina Carman et al., *Research Matters: How many people are LGBTIQ?*, Rainbow Health Victoria (Melbourne, 2020).

Findings from the *Victorian Population Health Survey 2017*,<sup>8</sup> *Private Lives 3*,<sup>9</sup> and *Writing Themselves in 4*<sup>10</sup> have all been released. These rigorous studies had large sample sizes and reliable results. They build evidence that has accumulated over decades and it is now irrefutable that LGBTIQ+ communities represent a significant and underserved segment of the Victorian population, the members of which are experiencing significant health inequities.

In Victoria, equality is not negotiable.

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<sup>8</sup> Victorian Agency for Health Information, *The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: Findings from the Victorian Population Health Survey 2017*, State of Victoria (Melbourne, 2020).

<sup>9</sup> Hill et al., *Private Lives 3*.

<sup>10</sup> Adam O. Hill et al., *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia*, Australian Research Centre in Sex, Health and Society, La Trobe University (Melbourne, 2021).

## Summary of Recommendations

### Urgent Priorities

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**Recommendation 14:** That the government fund in each region, at a minimum, an LGBTIQ+ community-controlled response that delivers:

- AOD counselling, care coordination and youth outreach
- Intimate partner and family violence case management and therapeutic counselling.....**p.11**

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## Big ideas to change the lives of LGBTIQ+ Victorians for the better

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# Long-term strategy and funding for LGBTIQ+ Victorians

## 1. Service delivery fund for LGBTIQ+ community-controlled organisations

LGBTIQ+ community-controlled health services are essential for the provision of quality, holistic healthcare and reducing health disparities experienced by LGBTIQ+ communities.

‘Community-controlled’ organisations are initiated and operated by and for their communities, and have governance structures to ensure the organisation is accountable to members of those communities. Being community-controlled enables LGBTIQ+ and HIV organisations to deliver trusted, safe and culturally appropriate services to the communities they serve, while also advocating for solutions that advance the quality of life of LGBTIQ+ people and people living with HIV.

Community-controlled organisations are agile, responsive and uniquely placed to provide relevant, cost-effective and efficient services as well as programs that address the evolving needs of their communities.<sup>11</sup> Australia has a strong history of community-controlled LGBTIQ+ and HIV organisations, with every state and territory establishing them in the 1970s and 1980s.

Recent Australian research has found that while mainstream health and mental health services were the most frequently accessed by LGBTIQ+ people, they were also reported to be least likely to respect them. In *Private Lives 3*, one in five participants said they would prefer to access services that cater only to LGBTIQ+ people, while nearly half indicated they would prefer to access a medical or support service that is known to be LGBTIQ+-inclusive.<sup>12</sup> Trans participants were much more likely than other participants to report preferring LGBTIQ+-specific services.

Supporting consumer choice through community-controlled services is essential. Over-reliance on faith-based services is unacceptable, especially considering their ability to legally discriminate against LGBTIQ+ people, the history and continuation of pervasive anti-LGBTIQ+ attitudes in many of the services and the reaction of some faith communities to recent legislative moves. No matter how well-trained and affirming mainstream services are, there will always be a portion of LGBTIQ+ community members who prefer to use trusted community-controlled services. This ongoing need is not reflected by current funding arrangements, with much of Thorne Harbour Health’s service provision to LGBTIQ+ Victorians contingent on HIV funding and Medicare rebates. Sustainable, dedicated funding is needed for community-controlled therapeutic, clinical, and wraparound support services for LGBTIQ+ people.

Conservative estimates show at least 3-4.5% of the population identify as lesbian, gay or bisexual, and is higher among people under the age of 25.<sup>13,14</sup> Approximately 1% of people identify as transgender, and 1.7% of people are born with an intersex variation. While other identities such as ‘queer’, ‘pansexual’ or ‘asexual’ have not been included in existing research looking at populations size, younger people are increasingly identifying as not heterosexual and not cisgender. Cumulatively, the LGBTIQ+ population makes up at least 5.7% of Victoria’s population.

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<sup>11</sup> Nous Group, *Demonstrating the value of community control in Australia’s HIV response: AFAO and Australia’s State and Territory AIDS Councils* (2016), <https://www.afao.org.au/wp-content/uploads/2017/10/Demonstrating-the-value-of-community-control-in-Australia%E2%80%99s-HIV-response.pdf>

<sup>12</sup> Hill et al., *Private Lives 3*, p. 58.

<sup>13</sup> Carman et al., *Research Matters: How many people are LGBTIQ?*

<sup>14</sup> Christopher M Fisher et al., *6th National Survey of Australian Secondary Students and Sexual Health 2018*, Australian Research Centre in Sex, Health and Society, La Trobe University (Melbourne, 2019).

### **Recommendation 1**

That the Government commit \$40,000,000 over two years to a service delivery fund for LGBTIQ+ community-controlled health services, including the establishment and resourcing of communities of practice and other capacity building initiatives.

### **Recommendation 2**

That the Government undertake a review of the health and wellbeing needs of rural, regional and outer urban LGBTIQ+ Victorians with a view to progressively expanding service funding to specifically cater to the needs of LGBTIQ+ people outside inner suburban areas of Melbourne, informed and shaped by consultation with all relevant communities.

### **Recommendation 3**

That the government resource ongoing evaluation of the outcomes of LGBTIQ-inclusive care for LGBTIQ+ people to help inform and drive further improvements.

## **2. Recovering from COVID**

The Victorian LGBTIQ+ community was particularly hard hit by COVID with many small businesses closing and community groups struggling to maintain momentum. The LGBTIQ+ community sector comprises many small volunteer run organisations, many of which reported difficulty maintaining and managing volunteers over the last two years. These organisations struggle to maximise the outcomes of their resources as a result of their volunteer base being small and its availability limited. Many LGBTIQ+ Victorians report feeling disconnected from their communities following the extended lockdowns.

There is an opportunity to ameliorate these impacts through harnessing the LGBTIQ+ communities' capacity to volunteer. Volunteering has health benefits through providing opportunities for participation, engagement and socialisation.<sup>15</sup> For people who have recently come out and are seeking to connect with LGBTIQ+ communities, volunteering is often a supportive way to do so.

Thorne Harbour Health is Australia's leading LGBTIQ+ volunteering organisation, with more than 800 active, well-trained volunteers aged 16 to 94 years who participate at all levels of the organisation, from governance to client services, event facilitation, and project and policy work.

Thorne Harbour Health utilises its volunteer base to support the LGBTIQ+ sector, particularly through events and referral. Thorne Harbour supported the establishment of, and recruitment for, the Victorian Pride Centre's volunteer program. Thorne Harbour has developed the systems, processes, and expertise critical to volunteer engagement, development, and a rewarding volunteer experience, as well as to matching skills to organisational needs, managing risk, and engaging corporate volunteers.

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<sup>15</sup> Jerf W.K. Yeung, Zhuoni Zhang, and Tae Yeun Kim, 'Volunteering and health benefits in general adults: cumulative effects and forms', (2017) *BMC Public Health*, 18(8), pp. 1-8.



Thorne Harbour is a member of Volunteering Victoria, contributed to the LGBTIQ Volunteers Inclusive Practice Guidelines, and created and continues to hold the LGBTI Organisations Volunteer Event (LOVE) every year.

Many LGBTIQ+ organisations have expressed an interest in utilising a centralised volunteer hub. Thorne Harbour Health, with its long-standing and strong history of volunteer engagement and management, is ideally placed to oversee the development, implementation and ongoing maintenance of a LGBTIQ+ volunteer hub.

#### **Recommendation 4**

That the Government fund Thorne Harbour Health to establish a volunteer hub for LGBTIQ+ communities to enhance volunteer capacity in the Victorian LGBTIQ+ sector.

Commitment: \$260,000 per annum to support two staff, volunteer management software and operation expenses.

## Promoting LGBTIQ+ Health, Mental Health and Wellbeing

### 3. Mental health and wellbeing

The Royal Commission into Victoria's Mental Health System identifies LGBTIQ+ people as one of Victoria's diverse communities that suffer poorer mental health compared to the general population and experience inequitable barriers to services. Such inequities exist across a range of issues such as anxiety and depression, suicide and self-harm, substance abuse disorders, eating disorders and body image issues.<sup>16,17,18,19</sup>

Approximately 44% of LGBTIQ+ Victorians report having been diagnosed with anxiety or depression, compared to 26% of the heterosexual population,<sup>20</sup> with 36.9% of LGBTIQ+ Victorians having accessed professional help for a mental health related problem, compared to 17% of the general population.<sup>21</sup> Almost 42% of LGBTIQ+ people report considering suicide in the previous 12 months and almost 75% have considered it, and 30% attempted suicide at some point in their lives.<sup>22</sup>

Sustainable, dedicated mental health funding for community-controlled LGBTIQ+ organisations is required to support the provision of casework and crisis support. Thorne Harbour Health's general counselling waitlist has significantly increased in the last year, and the increasing number of presentations has been accompanied by more complex presentations requiring more time for staff to respond adequately.

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<sup>16</sup> Hill et al., *Private Lives* 3.

<sup>17</sup> Leonard et al., *Private Lives* 2.

<sup>18</sup> Strauss et al., *Trans Pathways*.

<sup>19</sup> William Leonard and Rosemary Mann, *The everyday experiences of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disability*, La Trobe University (Melbourne, 2018).

<sup>20</sup> Victorian Agency for Health Information, *The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria*, p. 23.

<sup>21</sup> Victorian Agency for Health Information, *The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria*, p. 65.

<sup>22</sup> Hill et al., *Private Lives* 3, p. 50.

As Victoria establishes new systems and services as recommended by the Royal Commission, it is imperative that the needs of LGBTIQ+ people are considered early in planning and decision-making and not as an afterthought.

#### **Recommendation 5**

That the Government commit to ensuring six of the Adult and Older Adult Local Mental Health and Wellbeing Services, as described in Recommendation 3(2)(a) of the Mental health Royal Commission are led by LGBTIQ+ community-controlled health providers and that all of these services across Victoria are able to demonstrate LGBTIQ+ cultural awareness, sensitivity and capability.

#### **Recommendation 6**

That the Government ensure LGBTIQ+ representation on key decision-making bodies including the Regional Mental Health and Wellbeing Boards and the interim regional bodies.

## **4. Supporting Victorian Women**

LGBTIQ+ women have specific health and wellbeing needs that are not being met by existing women's services or currently funded LGBTIQ+ services.

Compared to the general population, lesbian, bisexual and queer (LBQ) women experience poorer health outcomes across nearly every metric. Decades of research has also consistently found that bisexual people experience poorer mental than heterosexual, as well as gay and lesbian people.<sup>23</sup>

The 2020 Sydney Women and Sexual Health (SWASH) survey found that:

- 18% of LBQ women are tobacco smokers, a number which is significantly higher than the general population;
- 54% of LBQ women report using illicit substances in the preceding six months;
- 48% drink alcohol at levels that put them at risk of lifetime harm
- Only 5% had ever sought help for a drug or alcohol issue.

As a result of their high levels of alcohol and tobacco use, LBQ women experience higher rates of cancer and heart disease. LBQ women further report poorer mental health outcomes compared to the general population. Access to care poses a significant challenge to LBQ women, as those populations experience discrimination from health care providers.

Whilst gay and bisexual men and the trans and gender diverse communities have benefited from a focus on HIV and transgender health, the needs of LGBTIQ+ women often go overlooked. Thorne Harbour Health initiated the LBQ Women's Health conference five years ago and recently released our Women's Health Strategy in order to draw attention to this gap. There is a pressing need for a focus on the needs of these Victorian women.

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<sup>23</sup> Julia Taylor, 'Bisexual mental health: a call to action' (2018) *Issues in Mental Health Nursing*, 39(1), 83-92.

### **Recommendation 7**

That the Government establish, and recurrently fund, a LGBTIQ+ women's health hub to identify barriers to care for LGBTIQ+ women, and develop programs, campaigns and activities to address them. Commitment: \$300,000 per annum.

## **5. Ending HIV and improving sexual health**

LGBTIQ+ communities in Australia are a priority population for HIV, sexual health and wellbeing. The increased vulnerability of these communities to poorer sexual health outcomes, including blood borne viruses (BBVs) and sexually transmissible infections (STIs), results from a combination of personal factors, access factors and structural factors.

Victoria's sexual health system is not currently fit for purpose. Services are overly centralised and unable to meet demand. The system is not adequately equipped to meet the needs of diverse priority populations, including LGBTIQ+ communities. Inadequate access to testing is still the major impediment to Victoria achieving its goals in eliminating HIV and sexual transmitted diseases. Greater investment is required to expand the sexual health system and provide tailored services to meet the needs of LGBTIQ+ people, including meeting the Victorian Government's commitment to virtual elimination of new HIV transmissions by 2025.

People living with HIV and LGBTIQ+ individuals living in Victoria currently face several obstacles in accessing HIV and sexual health care. There is significant geographic variability in the availability of sexual health services in Victoria. Both mainstream and LGBTIQ+-specific sexual health services in Victoria are highly centralised. There are a limited number of culturally competent sexual health providers, toward both LGBTIQ+ people as well as culturally and linguistically diverse communities. The lack of culturally trained services often leads to poor experiences for LGBTIQ+ individuals when accessing and using mainstream clinical health services. African people living with HIV face unique challenges in Victoria with the majority of services targeting European and Asian gay and bisexual men and women. As an emerging community with historic higher levels of HIV, African communities require culturally sensitive responses.

Cost of HIV treatment, and treating the various co-morbidities that often accompany it, can also be prohibitive for some. Melbourne Sexual Health Centre is the only place that PLHIV can access HIV medication free of charge. This often means PLHIV may have to choose which of their health conditions to treat, which leads to poorer health outcomes. NSW and the Northern Territory cover the cost of HIV treatment co-payments.

### **Recommendation 8**

That the Government subsidise co-payments for HIV treatments to maximise treatment uptake and adherence and to achieve Victoria's HIV targets.

### **Recommendation 9**

That the Government fund the position of an African community coordinator at Thorne Harbour Health to improve HIV prevention, testing, treatment and community engagement with Victoria's African communities.

### **Recommendation 10**

That the Government invest in the significant decentralisation of Victoria's sexual health services.

### **Recommendation 11**

That the Government boost the capacity of LGBTIQ+ community-controlled sexual health services, including investment in peer-led services and a mobile PRONTO! testing van.

## **6. Systemic inequities in accessing care (alcohol and other drug and intimate partner and family violence)**

Systemic shortcomings in the alcohol and other drug (AOD) sector and intimate partner and family violence sector are resulting in inequitable access to support for LGBTIQ+ Victorians in need. Services and support for LGBTIQ+ Victorians need to be a) accessible; b) culturally safe; and c) resourced to meet demand.

Australian and international research suggests that LGBTIQ+ people tend to use alcohol and other drugs (AOD) two to four times more than heterosexual people and have comparatively higher rates of substance abuse. Similarly, LGBTIQ+ Victorians are significantly more likely to have experienced family violence (13.4%) compared to non-LGBTIQ+ Victorians (5.1%).<sup>24</sup> More than four in ten (42.9%) of *Private Lives 3* respondents in Victoria reported ever being in an intimate relationship where they felt they were abused in some way by their partner/s.<sup>25</sup>

Yet still, intimate partner and family violence is often framed as an issue that only affects women in heterosexual relationships and their children. As a result, significant service gaps exist for people outside of this cohort. Whilst the investment in localised place-based approaches such as Orange Door is welcome, and works well for the majority of the community, it may delay treatment- and help-seeking among LGBTIQ+ individuals for various reasons.

Incorrect assumptions surrounding violence in LGBTIQ+ relationships, and a lack of cultural safety create barriers to access. For example, gay, bisexual and other male victim-survivors of intimate partner or family violence cannot access mainstream services the same way that women can. Meanwhile, violence in women's same-sex relationships is often minimised, where women are viewed as incapable of being perpetrators.

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<sup>24</sup> Victorian Agency for Health Information, *The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria*, p. 68.

<sup>25</sup> Hill et al., *Private Lives 3*, pp. 70-77.

There is currently no state-wide coordination of LGBTIQ+ intimate partner and family violence services. Service users with intersectional needs such as LGBTIQ+ people can be triaged at a lower priority, lost to follow-up and fall through the gaps. Additionally, the lack of coordination places unreasonable pressure on small state-based services like THH that are not resourced for engagement with a large number of locally-based service systems. Consumers will often only find their way to LGBTIQ+ services by luck or word of mouth, rather than reliable referral pathways.

While front-end initiatives like Rainbow Door play a vital role in supporting LGBTIQ+ victim-survivors of violence, bottlenecks in service provision are created when downstream service funding is not matched. Limited targeted funding for LGBTIQ+-specific services is well-received, but does not meet demand, nor does it extend beyond the inner-metropolitan area. This creates an additional ethical issue if downstream services cannot be provided once referrals are made.

A state-wide funding model is needed based on the percentage of Victorian's that are LGBTIQ+ and actual prevalence of AOD and family violence within our communities.

#### **Recommendation 12**

That the Government urgently review LGBTIQ+ community needs, and barriers to access, in alcohol and other drug (AOD), intimate partner and family violence services.

#### **Recommendation 13**

That the Government ensure that funding for targeted community-controlled services is in line with LGBTIQ+ population estimated and demand. LGBTIQ+ people make up *at least* 5.7% of the population.

#### **Recommendation 14**

That the government fund in each region, at a minimum, an LGBTIQ+ community-controlled response that delivers:

- AOD counselling, care coordination and youth outreach
- Intimate partner and family violence case management and therapeutic counselling

#### **Recommendation 15**

That the Government establish targeted LGBTIQ+ community-controlled state-wide bed-based services.

## Safe and secure housing

### 7. Housing

Growing evidence shows that a higher proportion of LGBTIQ+ people have experienced homelessness than the general population. One-fifth of the Victorian sample in the *Private Lives 3* research reported having ever experienced homelessness. Of participants who reported ever experiencing homelessness, almost two-thirds reported having experienced homelessness once and were not currently experiencing homelessness, a third experienced homelessness more than once and were not currently experiencing homelessness and 5.8% were currently experiencing homelessness<sup>26</sup>.

Importantly, one-quarter reported that their homelessness experience/s was related to being LGBTIQ+.

The LGBTIQ+ homelessness experience is compounded by a reluctance to engage with mainstream services due to actual or perceived prejudice. Community-controlled housing services can help overcome this barrier. Thorne Harbour Health operates Housing Plus,<sup>27</sup> a state-wide community-controlled program that supports people living with HIV who are homeless or at risk of homelessness to seek appropriate and stable accommodation.

*Housing Plus* works with mainstream service providers to ensure safe, appropriate and accessible service provision. It also streamlines referrals to wraparound community-controlled support services, including alcohol and other drug, family violence and general counselling services. This successful model should be expanded to provide LGBTIQ+ housing services.

#### **Recommendation 16**

That the Government expand the provision of LGBTIQ+ community-controlled housing support programs that are integrated with other mental health services, and work with mainstream providers to ensure safe, appropriate and accessible service provision.

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<sup>26</sup> Hill et al., *Private Lives 3*.

<sup>27</sup> "Housing Plus," Thorne Harbour Health, 2021, <https://thorneharbour.org/lgbti-health/hiv-positive-services/housing-plus/>

## Education

### 8. Creating safe learning environments for LGBTIQ+ young people

Secondary school can be a highly challenging environment for students of diverse gender identity or sexual orientations. Findings from *Writing Themselves In 4* (WTI4),<sup>28</sup> the largest ever survey on the health and wellbeing of LGBTQA+ young people in Australia, as well as the *Free2Be... Yet?*<sup>29</sup> research demonstrates high levels of harassment and bullying of young people who identify as gender and sexuality diverse. In addition, there is strong evidence linking school climate, support and connection to educational outcomes.

Findings from the research show that over 60% of participants have felt unsafe or uncomfortable in the past 12 months at secondary school, over 40% reported experiencing verbal harassment based on their sexuality or gender identity, almost one quarter reported experiencing sexual harassment or assault based on their sexuality or gender identity and almost 10% reported experiencing physical harassment or assault based on their sexuality or gender identity.<sup>30</sup> In addition, trans and gender diverse students, students living with a disability and those from culturally and linguistically diverse backgrounds were more likely to feel unsafe, feel uncomfortable or experience harassment. School climate has been linked to academic outcomes for gender and sexuality diverse young people across an array of international and Australian research.<sup>31</sup> Bullying and harassment based on sexuality and gender has a significant impact on young people's physical, mental and social health and wellbeing, as well as their educational outcomes and future attainment.

A feasibility study should be carried out into establishing a secondary school for years 9-12, designed for students who have not met success in at least one other high school due to experiences of bullying, harassment or discrimination relating to their sexual orientation or gender identity. Harvey Milk High School in New York City provides a successful example of this kind of specialised school and the benefits that affirming learning environments can bring to vulnerable students.

#### **Recommendation 17**

That the Government fund a feasibility study into the establishment of a specialised Year 9-12 Secondary School for LGBTIQ+ students who have not met success in other secondary schools.

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<sup>28</sup> Hill et al., *Writing Themselves In 4*.

<sup>29</sup> Jacqueline Ullman, *Free2Be... Yet?: The Second National Study of Australian High School Students Who Identify as Gender and Sexuality Diverse*, Western Sydney University (Penrith, 2021).

<sup>30</sup> Hill et al., *Writing Themselves In 4*.

<sup>31</sup> Ullman, *Free2Be... Yet?: The Second National Study of Australian High School Students Who Identify as Gender and Sexuality Diverse*.

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