



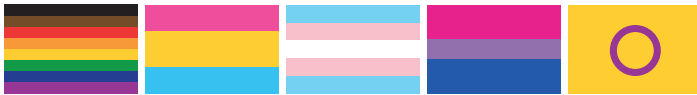
2022

FEDERAL ELECTION POLICY PRIORITIES



Acknowledgement of Country

LGBTIQ+ Health Australia (LHA) is located on the lands of the Gadigal people of the Eora Nation. LHA acknowledges the Traditional Custodians of the many different lands where we live, work, and connect. We acknowledge their diversity, histories, knowledge and continuing connections to land and community. LHA pays its respects to Elders past and present and to Brotherboys, Sistergirls, and all other Indigenous LGBTIQ+ people who lead the way in envisioning and creating healthy communities.



About LGBTIQ+ Health Australia

LGBTIQ+ Health Australia (LHA) is the national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities. LHA is uniquely placed with a diverse membership that spans across states and territories, and includes LGBTIQ+ community-controlled health organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers, and individuals. LHA is strategically positioned to provide a national focus to improving the health and wellbeing of LGBTIQ+ people through policy, advocacy, representation, research evidence, and capacity building across all of the health portfolios that are of significance to our communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

LGBTIQ+ Health Australia

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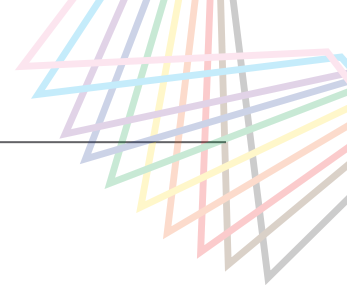
Website: www.lgbtiqhealth.org.au

Twitter: @LGBTIQHealthAu

Facebook: <https://www.facebook.com/LGBTIQHealthAu/>

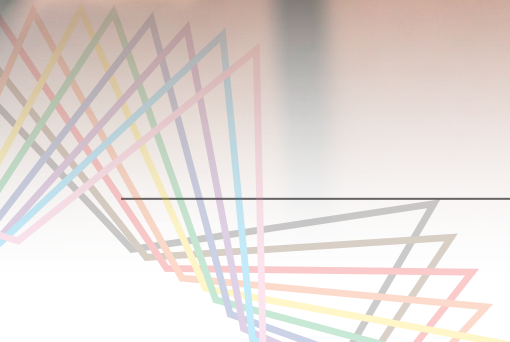
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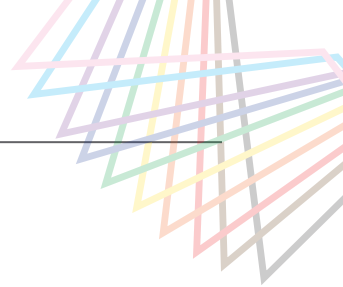
March 2022



Contents

Improving the health and wellbeing of LGBTIQ+ communities: LGBTIQ+ Health Australia election priorities	3
Priority actions to improve the health and wellbeing of LGBTIQ+ communities	4
Changing systems to address inequities experienced by LGBTIQ+ people and communities	4
Targeted support for LGBTIQ+ people and communities	5
Background briefing	6
A . Changing systems to address inequities experienced by LGBTIQ+ people and communities	9
1. Develop and invest in a National LGBTIQ+ health and wellbeing action plan	9
2. Count LGBTIQ+ people and communities in data collection	11
3. Invest in LGBTIQ+ community-controlled health services	13
B. Targeted support for LGBTIQ+ people and communities	15
4. Prioritise the mental health and wellbeing of LGBTIQ+ communities	16
5. Protect the human rights of people with innate variations in sex characteristics	18
6. Ensure the rights and needs of LGBTIQ+ people in the next national plan to prevent all forms of family, domestic and sexual violence	20
7. Deliver gender affirming care in the public health system	22
8. Equality and Opportunity for LGBTIQ+ People with Disability	24
9. Ensure safe and culturally appropriate aged care services	25
Notes	27





Improving the health and wellbeing of LGBTIQ+ communities: LGBTIQ+ Health Australia election priorities

Everyone deserves to live healthy and happy lives, contributing to their families, local communities, workplaces and society. Evidence overwhelmingly shows that LGBTIQ+ people experience significant health and wellbeing disparities compared to the general population.

Research tells us that three quarters (74.8 per cent) of LGBTIQ+ people have considered attempting suicide at some point during their lives, while 41.9 per cent considered attempting suicide in the previous 12 months.¹

The poorer health outcomes can primarily be attributed to the impact of minority stress—the chronic stressors to which LGBTIQ+ people are uniquely exposed because of sexuality, gender and bodily diversity being socially stigmatised. This includes discrimination, social exclusion, harassment and physical violence. For LGBTIQ+ people who live at the intersections of additional marginalised identities and experiences, these health inequities can be compounded by racism, ableism, and other forms of discrimination.

Current systems are failing LGBTIQ+ communities. Disparities will remain if LGBTIQ+ health and wellbeing continue to be sidelined in policy and service planning, underfunded and under-resourced.

LGBTIQ+ people are rightly identified as a priority population in a range of existing national health and wellbeing strategies, and there is currently a lack of national coordination of goals and targets. Despite evidence of best practice showing that many health interventions and programs are best delivered by people and communities with lived experience, investment in LGBTIQ+ people's health is often funnelled into larger mainstream organisations at the cost of community-controlled health organisations that are best placed to deliver inclusive and culturally safe care to LGBTIQ+ people and work with insufficient resourcing.

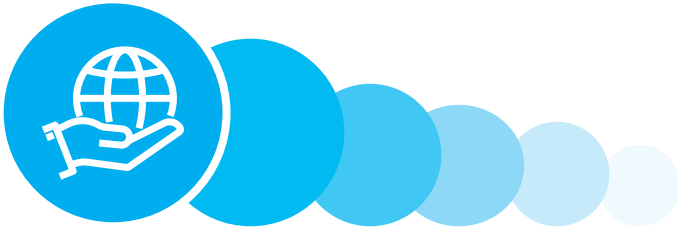
Fundamental change is needed to include LGBTIQ+ people and communities in national structures and systems. Inclusion would see progress towards addressing the disparities and inequities experienced by LGBTIQ+ people and communities.

LGBTIQ+ Health Australia is seeking a 10-year National LGBTIQ+ Health and Wellbeing Action Plan that draws upon priority actions from existing national strategies and identifies key gaps, with resourcing to place lived experience at the centre of implementation, especially community-controlled health services.

LGBTIQ+ Health Australia has identified nine priority action areas that focus on changing systems and targeted supports to address health and wellbeing disparities amongst LGBTIQ+ communities. Strong leadership is required to ensure that equity of outcomes for LGBTIQ+ health and wellbeing is prioritised by the next Australian Government.

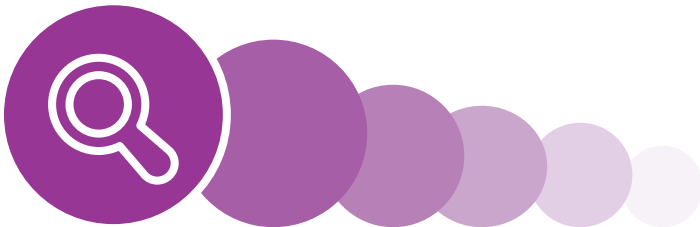
Priority actions to improve the health and wellbeing of LGBTIQ+ communities

A CHANGING SYSTEMS TO ADDRESS INEQUITIES EXPERIENCED BY LGBTIQ+ PEOPLE AND COMMUNITIES



1. DEVELOP AND INVEST IN A NATIONAL LGBTIQ+ HEALTH AND WELLBEING ACTION PLAN

- Invest in the development and funded implementation of a 10-year National LGBTIQ+ Health and Wellbeing Action Plan drawing on existing national health and wellbeing strategies, with benchmarks, targets and governance structures to monitor progress reducing health disparities across health and wellbeing, education and employment systems.
- Invest in the creation of a dedicated Office within the Department of Health to oversee the development, implementation, and evaluation of 10-year whole-of government National LGBTIQ+ Health and Wellbeing Action Plan.



2. COUNT LGBTIQ+ PEOPLE AND COMMUNITIES IN DATA COLLECTION

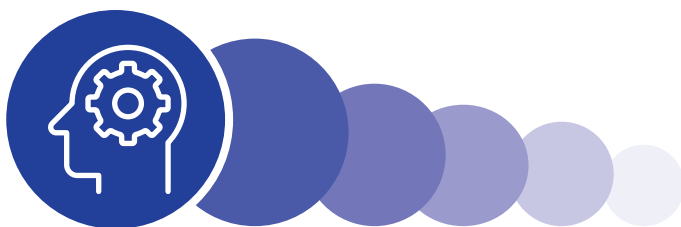
- Invest funding for the implementation of the Australian Bureau of Statistics (ABS) 2020 Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020 Standard) in datasets across the health system by 2025.
- Include the ABS 2020 Standard in the 2026 census.
- Invest \$600,000 per year for the ongoing data collection as part of the Private Lives and Writing Themselves In projects.



3. INVEST IN LGBTIQ+ COMMUNITY-CONTROLLED HEALTH

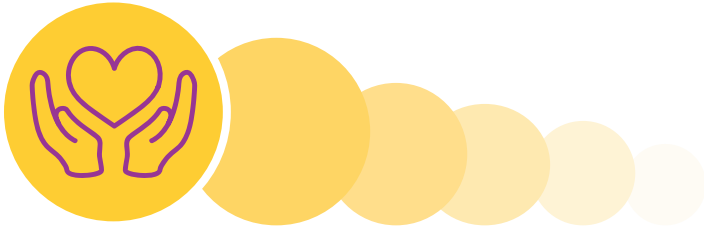
- Invest in the LGBTIQ+ community-controlled health and wellbeing sector to increase organisational sustainability, enhance capacity, meet demand and expand geographical reach.
- Reform procurement and tendering processes to prioritise the role of LGBTIQ+ community-controlled organisations when funding health and wellbeing services for LGBTIQ+ communities.
- Provide \$200,000 to LGBTIQ+ Health Australia to partner with the PHN Cooperative on Guiding Principles that will support PHNs work to improve the health and wellbeing of LGBTIQ+ Australians and increase collaboration with LGBTIQ+ community-controlled health organisations.

B TARGETED SUPPORT FOR LGBTIQ+ PEOPLE AND COMMUNITIES



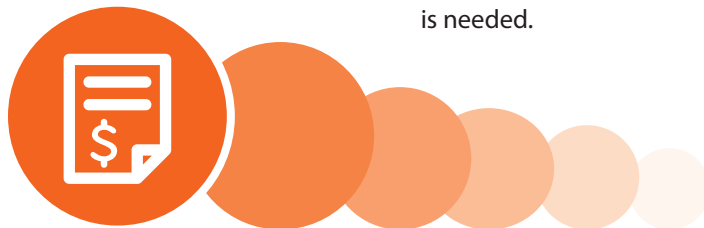
4. PRIORITISE THE MENTAL HEALTH AND WELLBEING OF LGBTIQ+ COMMUNITIES

- Implement the National LGBTIQ+ Mental Health and Suicide Prevention Strategy.
- Provide \$250,000 funding to build LHA's capacity to engage with the National Suicide Prevention Office and support its work for LGBTIQ+ people as an identified priority population.
- Establishment a National Commissioner for LGBTIQ+ suicide prevention.



5. PROTECT THE HUMAN RIGHTS OF PEOPLE WITH INNATE VARIATIONS IN SEX CHARACTERISTICS

- In partnership with intersex community organisations and states and territories, implement recommendations in the report of the *Human Rights Commission Ensuring and bodily integrity: towards a human rights approach for people born with variations in sex characteristics*.
- Invest Intersex Human Rights Australia to facilitate systemic advocacy, legislative reform, research and policy development.
- Invest in intersex peer-led support programs to provide access to independent psychological support and peer support for people with intersex variations and their families.
- Provide people with intersex variation (including adults) access to publicly funded procedures and services through Medicare, PBS and public hospitals at a time when individuals can determine for themselves what treatment, if any, is needed.



6. ENSURE THE RIGHTS AND NEEDS OF LGBTIQ+ PEOPLE IN THE NEXT NATIONAL PLAN TO PREVENT ALL FORMS OF FAMILY, DOMESTIC AND SEXUAL VIOLENCE

- Include LGBTIQ+ people in the next National Plan to reduce and prevent all forms of family, domestic and sexual violence, particularly relating to prevalence data, drivers of violence, role of LGBTIQ+ community-controlled organisations, and monitoring/evaluation.
- Include and fund targeted actions in the next National Plan that specifically address violence experienced by LGBTIQ+ people.
- Engage with LGBTIQ+ community-controlled organisations to deliver the recommendations made in the Australian Human Rights Commission's *Set the Standard: Report on the Independent Review into Commonwealth Parliamentary Workplaces* related to LGBTIQ+ people.



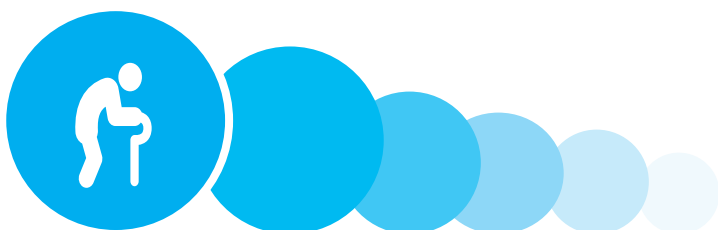
7. DELIVER GENDER AFFIRMING CARE IN THE PUBLIC HEALTH SYSTEM

- Address the inequities within the public health system that prohibits trans and gender diverse people from accessing the necessary services for them to affirm their gender.



8. EQUALITY AND OPPORTUNITY FOR LGBTIQ+ PEOPLE WITH DISABILITY

- Ensure that the voices of LGBTIQ+ people with disability are central and their needs addressed and funded when implementing the findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.



9. ENSURE SAFE AND CULTURALLY APPROPRIATE AGED CARE SERVICES

- Ensure the response to the Royal Commission into Aged Care Quality and Safety addresses the barriers experienced by LGBTIQ+ people in accessing safe and culturally appropriate aged care services.
- Mandate the Aged Care Diversity Framework and underlying Action Plans as part of the review of the Aged Care Quality Standards.
- Invest in an National LGBTI Aged Care Volunteer Visitors Scheme for LGBTIQ+ organisations to recruit, train and support volunteers who provide companionship to LGBTI older people.
- Invest in LGBTIQ+ community-controlled organisations to explore how they can broaden existing services to provide home support to older LGBTI people as part of My Age Care.



Background briefing

A CHANGING SYSTEMS TO ADDRESS INEQUITIES EXPERIENCED BY LGBTIQ+ PEOPLE AND COMMUNITIES

Fundamental change is needed to include LGBTIQ+ people and communities within national structures and systems. Inclusion would see progress towards addressing the disparities and inequities experienced by LGBTIQ+ people and communities.

LGBTIQ+ Health Australia recommends a 10-year National LGBTIQ+ Health and Wellbeing Action Plan, with lived experience at the centre of implementation, aligned with better data collection and research, and investment in the sustainability of the LGBTIQ+ community-controlled health sector.



1. DEVELOP AND INVEST IN A NATIONAL LGBTIQ+ HEALTH AND WELLBEING ACTION PLAN

LGBTIQ+ people have been identified as a priority population in a range of existing national strategies. There is currently a lack of national coordination of goals, strategies and evaluation, despite evidence of continued or worsening health and wellbeing outcomes in many areas.

The 2021-2030 National Preventative Health Strategy² highlighted the health disparities between LGBTIQ+ communities and the wider community, particularly in cancer detection, tobacco and alcohol use, and mental health and suicide prevention. The National Preventative Health Strategy sets important goals to improve the physical and mental health of all Australians and has acknowledged that to improve health outcomes across the board, different strategies and responses are needed for those that have specific health needs.

POLICY RESPONSE

A 10-year National LGBTIQ+ Health and Wellbeing Action Plan (the Action Plan), which draws upon priority actions from existing national strategies and identifies key gaps, is needed to provide the strategic framework for Australia's response to improve LGBTIQ+ health and wellbeing.

The Action Plan would provide a foundation for implementing policies, interventions and approaches that aim to achieve optimal and equitable health and wellbeing outcomes for LGBTIQ+ people and communities, improve access to health and social services free from discrimination and stigma, and foster social inclusion.

It is important that the policies and approaches in an Action Plan focus on addressing the current structures that present barriers for LGBTIQ+ people accessing the health care they require. The Action Plan must look beyond the health system and explore policy reform within education and employment to create greater health and wellbeing outcomes for LGBTIQ+ people. It will require a focus on health and wellbeing across all jurisdictions in Australia.

It will also need to include an intersectional lens, considering areas where LGBTIQ+ community members intersecting identities that expose them to overlapping forms of discrimination, disadvantage and marginalisation, which may compound poor health outcomes. This can be a significant problem for LGBTIQ+ Aboriginal and Torres Strait Islander peoples, young people, people from culturally and linguistically diverse backgrounds and people with disability.

The Action Plan will need to be informed by a robust, consultative process and a review of best practice and evidence, to guide investment in activities to drive change and improve outcomes.

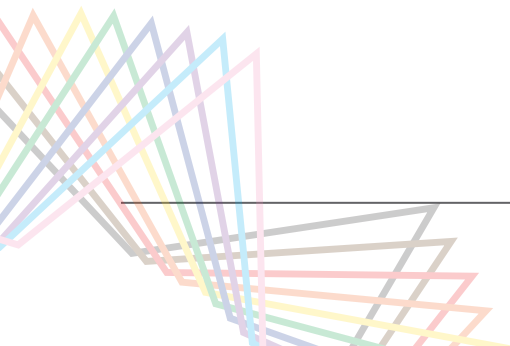
Appropriate governance, reporting and evaluation mechanisms are needed. Given actions in the Plan will involve all levels of Government, implementation and funding will require leadership from the Federal Government and involvement from health ministers across Australia. An inter-governmental committee could also be developed to ensure actions are progressed across all portfolios with involvement and engagement from relevant stakeholders.



To support the development, implementation and governance arrangements of a National Action Plan, a dedicated office is needed in the Department of Health. This would enable cross department and agency coordination, dedicated engagement with LGBTIQ+ people and communities, and appropriate support for the governance arrangements needed for implementation and evaluation.

ACTION NEEDED

- Invest in the development and funded implementation of a 10-year National LGBTIQ+ Health and Wellbeing Action Plan drawing on existing national health and wellbeing strategies, with benchmarks, targets and governance structures to monitor progress reducing health disparities across health and wellbeing, education and employment systems.
- Invest in the creation of a dedicated Office within the Department of Health to oversee the development, implementation, and evaluation of 10-year whole-of government National LGBTIQ+ Health and Wellbeing Action Plan.





2. COUNT LGBTIQ+ PEOPLE AND COMMUNITIES IN DATA COLLECTION

Current data collection through national and jurisdictional surveys, including the national Census of Population and Housing, does not accurately or adequately count LGBTIQ+ people and communities. Questions that accurately record sexual orientation, gender diversity or variations of sex characteristics are not consistently included.

These data are critical to inform policy development and health planning. This means that LGBTIQ+ communities are routinely excluded or not adequately considered in program development. Accurate data would reflect the diversity of LGBTIQ+ communities and prevent people being left behind when planning healthcare, education, housing, aged care and other essential services.

LGBTIQ+ Health Australia is seeking government coordination and investment to ensure adequate and effective data collection to guide public health policy and an Action Plan.

POLICY RESPONSE

Australian Bureau of Statistics 2020 Standard on Sex, Gender, Variations in Sex Characteristics, and Sexual Orientation Variables

In 2020, the Australian Bureau of Statistics (ABS) updated the Standard for Sex, Gender, Variation of Sex Characteristics and Sexual Orientation Variables, 2020 (2020 Standard). The 2020 Standard was developed in conjunction with a range of stakeholders, including LHA as part of the Sex, Sex Characteristics, Gender and Sexual Orientation Reference Group.

The purpose of the 2020 Standards is achieve consistent collection and dissemination of data relating to sex, gender, variations of sex characteristics and sexual orientation.

The 2020 Standard uses four variables—sex, gender, variations of sex characteristics and sexual orientation. These four variables, when cross-classified with other variables, provide comprehensive data on a particular topic, issue or population group.

The 2020 Standard still needs to be consistently embedded in government data sets, research and service level data, coroners court data to ensure crucial data on LGBTIQ+ communities is captured.

Australian Bureau of Statistics 2026 Census of Population and Housing

In 2019, the ABS identified sexual orientation, gender identity and sex characteristics for further testing and potential inclusion in the 2021 Census of Population and Housing (the Census).

LGBTIQ+ Health Australia developed a Joint Statement calling for LGBTI inclusion in the Census, supported by 140 stakeholders nationally with expertise spanning mental health, suicide prevention, social services, disability, ageing and aged care, family violence, human rights, and research.

In November 2020, the ABS released its final topics for the 2021 Census without including appropriate questions on sex, gender, variations of sex characteristics and sexual orientation.

The Census provides unique information of the cultural, economic and social diversity of Australia, providing information about populations across small geographic areas and longitudinal trends. Census data underpins government funding and investment and informs government decisions in a range of areas, including healthcare and social services planning.

If the next national Census in 2026 includes adequate questions on sex, gender, variations of sex characteristics and sexual orientation, an opportunity exists by the 2031 Census to secure data on the effectiveness of policy to reduce health and wellbeing disparities for LGBTIQ+ people.

‘Writing Themselves In’ and ‘Private Lives’ research projects

The Australian Research Centre in Sex, Health and Society at LaTrobe University, the leading Australian research centre on sexuality, gender, health and human relationships, runs two flagship research projects:

- *Private Lives* is a series of national surveys of the health and wellbeing of lesbian, gay, bisexual, transgender and queer Australians.
- *Writing Themselves In* is the largest national study series exploring the health and wellbeing of LGBTIQ young people in Australia.

There have been three iterations of *Private Lives* project since 2006 and four of *Writing Themselves In*. Most funding for the project has been provided by the Victorian government, with some investment from the Commonwealth and other jurisdictions. Funding is not ongoing.

Without these vital projects there would be no current national data on LGBTIQ+ populations.

To ensure that this data continues to be collected under *Private Lives* and *Writing Themselves In*, investment is needed. This would enable the Australian Research Centre in Sex, Health and Society to establish a three-year survey cycle for both projects: year one to focus on *Private Lives*, year two on *Writing Themselves In*, and year three focused on data analysis and reporting.

National investment could expand representation in the data from across all intersections, including a focus on culturally and linguistic communities, people with disability and Aboriginal and Torres Strait Islanders peoples, as well as across health and wellbeing areas such as mental health, alcohol and other drugs, homelessness and educational contexts. It would provide for national analysis or analysis at the level of Primary Health Networks to inform service and intervention design and delivery—which is particularly critical in the absence of Census data.

ACTION NEEDED

- Invest funding for the implementation of the Australian Bureau of Statistics (ABS) 2020 Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020 Standard) in datasets across the health system by 2025.
- Include the ABS 2020 Standard in the 2026 census.
- Invest \$600,000 per year for the ongoing data collection as part of the *Private Lives* and *Writing Themselves In* projects.



3. INVEST IN LGBTIQ+ COMMUNITY-CONTROLLED HEALTH AND WELLBEING ORGANISATIONS

Studies have shown that LGBTIQ+ people underutilise health services and can delay seeking health advice due to actual or anticipated experiences of stigma and discrimination from service providers.³ This underutilisation of services can result in reduced screening for physical and mental health conditions and an acceleration of health issues. Anticipated discrimination can mean LGBTIQ+ people do not fully disclose important information about themselves and their health needs.

Many LGBTIQ+ people prefer to access practitioners and services that are inclusive and have a deep understanding of their lived experiences. In *Private Lives 3*, more than 20 per cent of participants preferred to access services that cater only to LGBTIQ people, while nearly half preferred to access a mainstream medical or support service that is LGBTIQ-inclusive.⁴

LGBTIQ+ communities are diverse and have different needs. For example, trans and gender diverse people or people with intersex variations may require specialised services. In *Private Lives 3*, trans and gender diverse participants had a stronger preference for services by LGBTIQ+ community-controlled organisations compared with other LGB people.⁵

Community-controlled organisations are governed and operated by and for LGBTIQ+ communities, which enables them to deliver trusted and culturally appropriate services.⁶ They are often best placed to provide services in potentially sensitive areas such as sexual health, drug and alcohol, cancer, suicide prevention, ageing and mental health. Peer support, especially by people with lived experience, is a unique attraction of community-controlled organisations and a deeply valued form of support. People who have experienced stigma and discrimination anticipate LGBTIQ+ community-controlled services will provide culturally safe services.

LGBTIQ+ community-controlled organisations, such as LGBTIQ+ Health Australia's full members, are also essential for providing capacity building and training to generalist organisations to deliver safe and inclusive mainstream services for LGBTIQ+ individuals and communities. The combination of LGBTIQ+ community-controlled health and wellbeing organisations with safe and inclusive mainstream service pathways is essential for appropriate choice in health care and delivering a 'no wrong door' approach where clients are referred to a service best equipped to provide for their needs.

POLICY RESPONSE

Sustainability of the existing community-controlled health and wellbeing sector

Australia has a relatively broad and strong network of LGBTIQ+ community-controlled health and wellbeing organisations, all of which are under-resourced and ill equipped to respond to increased demand. LGBTIQ+ Health Australia's full member organisations play an integral role in delivering services to LGBTIQ+ people and communities. However, there is a substantial gap between the demand and supply of LGBTIQ+ inclusive services, with some areas not serviced, particularly outer metropolitan, regional and remote areas

A robust LGBTIQ+ community-controlled health sector is essential to addressing LGBTIQ+ health and wellbeing disparities. These health organisations need to be funded equitably to build their stability, sustainability and internal capacity to meet the needs of LGBTIQ+ communities.

Currently, LGBTIQ+ community-controlled organisations rely on inconsistent one-off project or program funding that lasts between 12 months to three years. These funding arrangements are not consistent with develop a resilient LGBTIQ+ health and wellbeing sector with sustainable community-controlled organisations.

Increased investment is needed to support LGBTIQ+ community-controlled organisations—both core funding to provide stability and build capacity for basic services, along with project and program funding for service development and resourcing to deliver training to mainstream organisations.

Sector sustainability requires reform to current procurement and tendering processes to prioritise LGBTIQ+ community-controlled health services when funding is allocated to address health inequalities of LGBTIQ+ communities. It requires realistic remuneration for the expertise of LGBTIQ+ community-controlled organisations providing capacity building and training for generalist organisations engaging with LGBTIQ+ populations.

Primary Health Networks

Australia's 31 Primary Health Networks (PHNs) work to streamline and coordinate health services, particularly for those at risk of poor health outcomes. PHNs are a fundamental part of the Australian healthcare infrastructure to improve health and wellbeing for LGBTIQ+ populations.

While some work has been undertaken within PHNs to engage with LGBTIQ+ communities and community-controlled organisations, LGBTIQ+ population data is inadequate for standard PHN Needs Assessments.⁷ Knowledge of service gaps and key issues for LGBTIQ+ health and wellbeing is deficient and the health and wellbeing needs of LGBTIQ+ populations can be omitted when regional priorities and funding allocations are determined.

In 2016, in consultation with Aboriginal Community Controlled Health Organisation (ACCHO) Peak Bodies and PHNs, a set of Guiding Principles was established to improve access to health services and improve health outcomes for Aboriginal and Torres Strait Islander people.⁸

This Guiding Principles process provides a model for building capacity within PHNs to respond to LGBTIQ health and wellbeing needs. It would include analysis to better understand existing social research and collaboration with LGBTIQ+ community-controlled organisations.

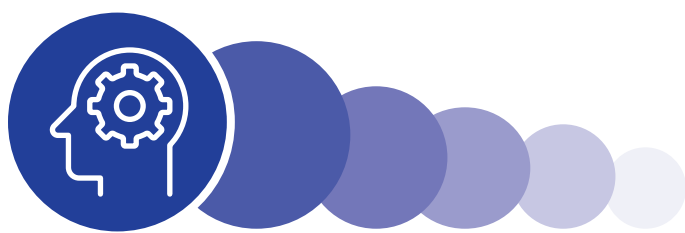
ACTION NEEDED

- Invest in the LGBTIQ+ community-controlled health and wellbeing sector to increase organisational sustainability, enhance capacity, meet demand and expand geographical reach.
- Reform procurement and tendering processes to prioritise the role of LGBTIQ+ community-controlled organisations when funding health and wellbeing services for LGBTIQ+ communities.
- Provide \$200,000 to LGBTIQ+ Health Australia to partner with the PHN Cooperative on Guiding Principles that will support PHNs work to improve the health and wellbeing of LGBTIQ+ Australians and increase collaboration with LGBTIQ+ community-controlled health organisations.



B TARGETED SUPPORT FOR LGBTIQ+ PEOPLE AND COMMUNITIES

LGBTIQ+ people experience significant health disparities compared to the general population. Targeted actions that support population groups within LGBTIQ+ communities to navigate the mental health, primary and public health and aged care systems would aim to ensure LGBTIQ+ people are supported to live a healthy life no matter where they live.



4. PRIORITISE THE MENTAL HEALTH AND WELLBEING OF LGBTIQ+ COMMUNITIES

A disproportionate number of LGBTIQ+ people experience poorer mental health outcomes and have higher risk of suicide compared with the broader population. LGBTIQ+ people are nearly six times more likely to experience and be diagnosed with depression and LGBTIQ+ young people aged 16 to 27 are five times more likely to have attempted suicide.⁹

Within the LGBTIQ+ community there is enormous diversity. Some people carry an even greater burden, including Aboriginal and Torres Strait Islander peoples, trans and gender diverse people (especially young people), and people with innate variations of sex characteristics. Transgender people aged 14-25 are fifteen times more likely to have attempted suicide and people with innate variations of sex characteristics aged 16 and over are over three times more likely to engage in self-injury.

These adverse health outcomes are directly related to stigma, prejudice, discrimination and abuse experienced due to being part of diverse LGBTIQ+ communities. Despite the higher prevalence of poor mental health and suicidality, LGBTIQ+ people experience sub-optimal access to mental health assessment, treatment and support, and consequently are at higher risk of presenting in crisis.¹⁰

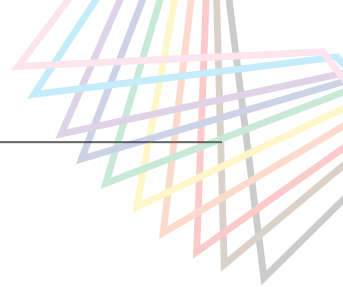
POLICY RESPONSE

Beyond Urgent: National LGBTIQ+ Mental Health and Suicide Prevention Strategy

LGBTIQ+ Health Australia leads key national initiatives that work directly to improve mental health and reduce psychological distress and suicidality among LGBTIQ+ people in Australia:

- **QLife** provides anonymous and free LGBTIQ+ peer support and referral for people in Australia wanting to talk about sexuality, identity, gender, bodies, feelings or relationships. QLife includes telephone and web-based peer support and referral service for LGBTIQ+ people and is staffed by highly experienced LGBTIQ+ staff and volunteers Australia-wide.
- **MindOut** develops and delivers national suicide prevention initiatives for the mental health and suicide prevention sectors to assist those sectors to better meet the needs of LGBTIQ+ populations. MindOut achieves this through developing resources for and providing capacity building initiatives to the mental health and suicide prevention sectors; and providing mental health and suicide prevention education for LGBTIQ+ people.

In 2021, LHA completed its National LGBTIQ+ Mental Health and Suicide Prevention Strategy in response to the need for urgent action on mental health and suicide prevention for LGBTIQ+ communities. The work was undertaken in the context of significant national policy development for mental health and suicide prevention, including the Productivity Commission Inquiry into Mental Health Final Report and the work of the Prime Minister's National Suicide Prevention Adviser.



Based on consultation, available research and existing policy, this strategy sets out four central goals with actions:

1. **Preventive action and early intervention** to reducing the rate of psychological distress and suicidality among LGBTIQ+ communities caused by stigma, discrimination and other body, gender and sexuality shaming.
2. **Increased access to safe and inclusive mental health care** through investment in LGBTIQ+ specialist and inclusive care, including peer support, while strengthening systems to deliver safe and effective mainstream services.
3. **Empowerment to improve wellbeing for LGBTIQ+ Aboriginal and Torres Strait Islander peoples, Sistergirls and Brotherboys**, with an onus on all mental health services to be culturally safe and support initiatives that strengthen healing among Aboriginal and Torres Strait Islander peoples.
4. **Reform** to deliver effective responses to LGBTIQ+ mental health and suicidality through improved governance in collaboration with LGBTIQ+ communities, sustainable resourcing, accurate and timely data, and development of more evidence-based strategies.

This strategy provides a roadmap over the next five years to deliver a mental health and suicide prevention system that delivers equality of outcomes for LGBTIQ+ communities. Achieving this outcome requires funding, collaboration and commitment.

National Suicide Prevention Office

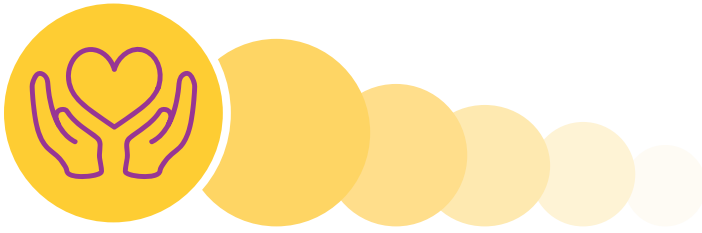
The Australian Government created the National Suicide Prevention Office in response to recommendations in the National Suicide Prevention Advisor Final Advice and the Productivity Commission Inquiry into Mental Health Final Report. The Office aims for “a whole-of-government approach that is informed by lived experience and creates opportunities to respond early and effectively to distress.”

LGBTIQ+ lived experience needs to be central to the work of the National Suicide Prevention Office and must be adequately funded to ensure it occurs. LGBTIQ+ Health Australia is strategically positioned to be the lead national LGBTIQ community-controlled organisation for the National Suicide Prevention Office. It has existing experience in policy, advocacy, representation, research and capacity building. It is uniquely placed with a diverse membership that spans across states and territories, including LGBTIQ+ community-controlled organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers and individuals.

To address the concerning rates of suicide amongst LGBTIQ+ people, the new National Suicide Prevention Office needs a clear focus and discrete funding for action. The establishment of a National Commissioner for LGBTIQ+ suicide prevention would focus resources on addressing the devastating rates of suicide in LGBTIQ+ communities.

ACTION NEEDED

- Implement the National LGBTIQ+ Mental Health and Suicide Prevention Strategy.
- Provide \$250,000 funding to build LHA's capacity to engage with the National Suicide Prevention Office and support its work for LGBTIQ+ people as an identified priority population.
- Establishment a National Commissioner for LGBTIQ+ suicide prevention.



5. PROTECT THE HUMAN RIGHTS OF PEOPLE WITH INNATE VARIATIONS IN SEX CHARACTERISTICS

People with intersex variations have any of a range of traits affecting sex chromosomes, development of gonads, genitals and/or other sex characteristics. They continue to be subject to forced and coercive medical interventions without personal informed consent, typically in infancy, childhood or adolescence, designed to make their bodies more typically female or male.

Some early surgical interventions are necessary for physical health and well-being, but others are justified through appeals to gender stereotypes and claims of medical necessity with no firm evidence base. These practices are a violation of their rights to bodily integrity, physical autonomy and self-determination, and often have long-term physical and psychological implications.

Existing Medicare codes facilitate paediatric medical intervention while limiting access to affirmative or reparative procedures as adults. Individuals subjected to surgeries without personal informed consent frequently need lifelong medical services, including hormone replacement, and sometimes including psychological support and consequential surgeries.

Currently, there is a lack of Australian government funding for peer and family support, systemic advocacy and policy development.

POLICY RESPONSE

In October 2021, the Australian Human Rights Commission released a new report, *Ensuring health and bodily integrity: towards a human rights approach for people born with variations in sex characteristics*, that made significant recommendations to protect the rights of people born with variations in sex characteristics. The report recommends:

...that reform of laws and practices concerning medical interventions to modify the sex characteristics of people born with variations in sex characteristics should be guided by a human rights framework based on the following five principles:

- *Bodily integrity principle*
- *Children's agency principle*
- *Precautionary principle*
- *Medical necessity principle*
- *Independent oversight principle.*¹¹

The Commission's report reinforces that people born with variations in sex characteristics have a right to make decisions about any medical intervention on their own bodies. This includes children and younger people who deserve to have their views heard, and to be empowered to participate in decision making regarding any medical procedures on their bodies.

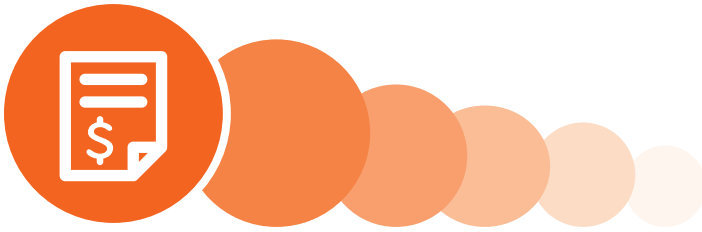


Intersex Human Rights Australia is the national body by and for people with intersex variations advocating for systemic reform, policy development and education. Intersex Peer Support Australia is an intersex peer support, information and advocacy group for people born with variations in sex characteristics and their families. These organisations are largely unfunded and rely on volunteers and foreign philanthropy.

Intersex people are the experts on their own lives and lived experiences and in understanding the health implications of being subjected to medicalisation and/or medical interventions. Affirmative peer support is need for parents, caregivers and families of people born with variations of sex characteristics. Access to this support increases capacity to consent, make informed decisions and overcome the weight of stigma and social pressure.

ACTION NEEDED

- In partnership with intersex community organisations and states and territories, implement recommendations in the report of the *Human Rights Commission Ensuring and bodily integrity: towards a human rights approach for people born with variations in sex characteristics*.
- Invest Intersex Human Rights Australia to facilitate systemic advocacy, legislative reform, research and policy development.
- Invest in intersex peer-led support programs to provide access to independent psychological support and peer support for people with intersex variations and their families.
- Provide people with intersex variation (including adults) access to publicly funded procedures and services through Medicare, PBS and public hospitals at a time when individuals can determine for themselves what treatment, if any, is needed.



6. ENSURE THE RIGHTS AND NEEDS OF LGBTIQ+ PEOPLE IN THE NEXT NATIONAL PLAN TO PREVENT ALL FORMS OF FAMILY, DOMESTIC AND SEXUAL VIOLENCE

Current research has found LGBTIQ+ people experience intimate partner violence at similar levels to cisgender heterosexual women, with bisexual women and trans and gender diverse people reporting higher rates.¹² In Private Lives 3, 60.7% participants reported experiencing intimate partner violence, 64.9% reported experiencing family violence and 48.6% of LGBTIQ+ people aged 18 and over reported having ever been coerced or forced into sexual acts they did not want to engage in.¹³

The Australian Human Rights Commission's *Set the Standard: Report on the Independent Review into Commonwealth Parliamentary Workplaces* highlighted workplace bullying, sexual harassment and sexual assault of LGBTIQ+ people. Rates of sexual harassment of LGBTIQ+ people were significantly higher (53%) than for heterosexuals (31%). LGBTIQ+ people experienced bullying at a higher rate (42%) than people who identified as heterosexual (36%).¹⁴

Research on sexual violence among trans women from culturally and linguistically diverse backgrounds in Australia highlights the need to challenge attitudes that support or trivialise violence against trans women. LGBTIQ+ people with disability also experience higher rates of violence and abuse than LGBTIQ+ without disability.¹⁵ There is need for targeted approaches to prevention and response across diverse LGBTIQ+ communities.

Societal stigma and discrimination drive family violence experienced by LGBTIQ+ people and normalise this violence.¹⁶ This is compounded by community and service-level failures to recognise and respond to family violence experienced by LGBTIQ+ people.

Despite increased research, there are significant knowledge and evidence gaps about family, domestic, and sexual violence within LGBTIQ+ communities. It is a relatively uncommon area of expertise within health and social service settings, including services that specialise in non-LGBTIQ+ intimate partner and family.

The dominance of heteronormative and cisnormative models of family violence make it harder for LGBTIQ+ people to recognise intimate partner violence. This creates silence around this violence that contributes to LGBTIQ+ people staying in abusive relationships and delaying or preventing recognition of violence by victim-survivors, their families and communities.¹⁷ This renders LGBTIQ+ people relatively invisible in intimate partner and family violence service planning and delivery.

POLICY RESPONSE

NATIONAL PLAN TO END VIOLENCE AGAINST WOMEN AND CHILDREN (2022-2032)

LGBTIQ+ people of all genders can experience forms of violence that also affect women and children.

As outlined in the Pride in Prevention Evidence Guide¹⁸, existing work on the drivers of violence for women and children can be linked to drivers of violence against LGBTIQ+ people. These include cisgenderism and heteronormativity, the impacts of inequality and power, rigid gender norms, and discrimination based on culture, ethnicity, socio-economic status, age, migration status and ability.



As reported to the 2020, Inquiry into Family, Domestic, and Sexual Violence by the House Standing Committee on Social Policy and Legal Affairs Inquiry, LGBTIQ+ people can also experience unique forms of violence and barriers to accessing, including but not limited to:

- Threatening to disclose an individual's sexual orientation, gender, and/or intersex status
- Corrective rape
- Threatening to or revealing HIV status
- Using homophobia, biphobia and transphobia to assert power and control
- Gendered language around domestic, family, and sexual violence can also contribute to barriers for LGBTIQ+ people accessing services.

People with innate variations in sex characteristics may experience violence due to misconceptions about their variations in sex characteristics.¹⁹

These understandings need to be embedded across policy responses addressing domestic, family, and sexual violence, including in the next National Plan.

LHA participated in the National Summit on Women's Safety and the LGBTIQ+ Communities National Plan Consultation with the Monash Gender and Family Violence Prevention Centre. The Statement from Delegates– 2021 National Summit on Women's Safety outlines what is required for LGBTIQ+ people and communities to be meaningfully included in the plan.²⁰

These areas include, but are not limited to, resourcing for and collaboration between specialist domestic, family, and sexual violence sector and LGBTIQ+ community-controlled organisations to ensure successful partnerships, investment in data collection, and inclusion of drivers of violence experienced by LGBTIQ+ people such as cisgenderism and heteronormativity.

Submissions for the draft National Plan to End Violence Against Women and Children (2022-2032) have recently closed. LHA, along with member organisations, and Rainbow Health Australia have called for the plan to include data of prevalence of violence experience in LGBTIQ+ communities, drivers of violence against LGBTIQ+ people, and in data relating to monitoring and evaluation.

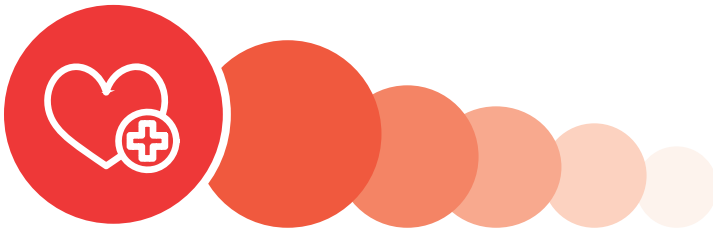
Set the Standard: Report on the Independent Review into Commonwealth Parliamentary Workplaces (2021)

The Set the Standard: Report on the Independent Review into Commonwealth Parliamentary Workplaces highlighted the importance of diversity, equality and inclusion in workplaces, including parliamentary workplaces.

The Report recommended a focus on diversity and inclusion, which includes developing a 10-year strategy to advance equality, diversity and inclusion among Parliamentarians and their staff that should include 'specific actions to increase the representation of First Nations people, people from CALD backgrounds, people with disability, and LGBTIQ+ people.'²¹

ACTION NEEDED

- Include LGBTIQ+ people in the next National Plan to reduce and prevent all forms of family, domestic and sexual violence, particularly relating to prevalence data, drivers of violence, role of LGBTIQ+ community-controlled organisations, and monitoring/evaluation.
- Include and fund targeted actions in the next National Plan that specifically address violence experienced by LGBTIQ+ people.
- Engage with LGBTIQ+ community-controlled organisations to deliver the recommendations made in the Australian Human Rights Commission's *Set the Standard: Report on the Independent Review into Commonwealth Parliamentary Workplaces* related to LGBTIQ+ people.



7. DELIVER GENDER AFFIRMING CARE IN THE PUBLIC HEALTH SYSTEM

Trans and gender diverse people experience significant mental health disparities and access barriers to gender affirming care. The majority (90.2%) of transgender and gender diverse people aged 14 to 21 experience high or very high levels of psychological distress.²²

The Trans Pathways study, the largest study ever conducted of the mental health and care pathways of trans and gender diverse young people in Australia found that 42.1 per cent of trans and gender diverse young people encountered mental health and other medical services that “did not understand, respect or have previous experience with gender diverse people.” Over 60 per cent of study participants experienced feelings of isolation from these services, which was linked to higher rates of self-harm, suicidal thoughts, suicide attempts, and diagnoses of PTSD and anxiety.²³

There are a wide variety of surgeries that a person can undergo as part of affirming their gender, with most not explicitly covered by Medicare and some not available in Australia. Out of pocket costs for chest surgery can be up to \$10,000 and vaginoplasty surgery can cost \$25,000 to \$30,000.²⁴ The standard medications recommended for use in hormone therapy are not all subsidised through the Pharmaceutical Benefits Scheme (PBS).

POLICY RESPONSE

Research has demonstrated that access to gender affirming care has led to reduced mental health risks and improved quality of life for trans and gender diverse people. People who had undergone at least some form of gender affirming surgery were much less likely to have clinically relevant depressive symptoms.²⁵ International research has also demonstrated that gender-affirming care provides effective health outcomes for trans and gender diverse people.^{26 27}

Several countries including the UK, Canada, Sweden, Argentina and Malta cover gender-affirming care under their public health systems.²⁸ Whilst some aspects of gender-affirming healthcare in Australia is covered through the public health system, there are key aspects that are not, resulting in significant and sometimes prohibitive out-of-pocket expenses for those seeking to affirm their gender medically and/or surgically.²⁹

Investment is needed to develop and coordinate a national approach towards all gender affirming, puberty suppression, hormone regimens, surgical interventions, and post-surgical care to be included within the Pharmaceutical Benefits Scheme (PBS) and Medicare Benefits Schedule (MBS). This will enable improved access to gender affirming care for trans and gender diverse people.



This will also require assisting public and private organisations to develop comprehensive guidelines related to gender affirming care so the health, education and employment settings have appropriate support available to people undergoing gender affirmation. This includes employers providing appropriate leave to support a trans and gender diverse people during gender affirmation.

LGBTIQ+ Health Australia supports the call from ACON that the Medical Services Advisory Committee, the body responsible for advising the Health Minister on medical services and procedures to be included in the MBS, should be tasked with reviewing the feasibility of including gender-affirming surgeries and gender-affirming speech therapy as services covered under the MBS.

ACTION NEEDED

- Address the inequities within the public health system that prohibits trans and gender diverse people from accessing the necessary services for them to affirm their gender.



8. EQUALITY AND OPPORTUNITY FOR LGBTIQ+ PEOPLE WITH DISABILITY

LGBTIQ+ people with disability experience multi-layered discrimination due to their diverse sexual orientations, gender identity and/or intersex status. LGBTIQ+ people with disability often experience discrimination and marginalisation from both disability and LGBTIQ+ communities.

Writing Themselves In 4 found that LGBTQ+ participants with disability or a long-term health condition were more likely to have felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity than those not reporting disability or a long-term health condition.³⁰

The limited available information shows that research, policy and practice on the health and wellbeing of LGBTIQ+ people with disability in Australia are fragmented and under-resourced. The research shows higher rates of discrimination and reduced service access among LGBTIQ+ people with disability compared with people with disability and LGBTI people without disability.³¹

The 2020 NDIS LGBTIQ+ Strategy³² recognises that it is difficult to obtain an accurate picture of the number of LGBTIQ+ people with disability in Australia due to the lack of national population-based data collections with relevant data indicators.

POLICY RESPONSE

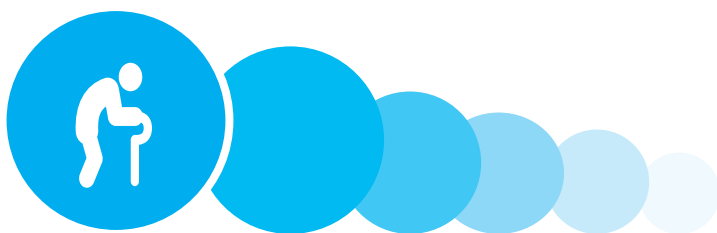
The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability provides will deliver a final report to the Australian Government by 29 September 2023.

Since its establishment in April 2019, the Royal Commission has included a focus on people with diverse backgrounds and identities. It has received evidence about the extent and impact of violence, abuse, neglect and exploitation of LGBTIQ+ people with disability in Australia.

The Royal Commission is an opportunity to overcome the invisibility of LGBTIQ+ people with disability and to apply an intersectional lens to developing effective programs to make society more equal and inclusive for LGBTIQ+ people with disability.

ACTION NEEDED

- Ensure that the voices of LGBTIQ+ people with disability are central and their needs addressed and funded when implementing the findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.



9. ENSURE SAFE AND CULTURALLY APPROPRIATE AGED CARE SERVICES

Many LGBTI older people have experienced discrimination, stigma and violence throughout their lives. Many grew up knowing they could be imprisoned or forced to undergo medical ‘cures’. They often feel unable to disclose sexuality, gender or intersex status to service providers for fear of discrimination and they can remain invisible in the aged care sector.

The discrimination experienced by LGBTI older people is an additional layer of abuse that requires specific attention and action. It ranges from implicit structural discrimination that results in neglect and marginalisation, through to deliberate emotional, physical and/or sexual abuse.

The Royal Commission into Aged Care Quality and Safety and the COVID-19 pandemic exposed the fragility and frequent violation of human rights for older LGBTI people. In response to the final report of the Royal Commission, the Australian Government committed to reform, including for home care, residential aged care, workforce and governance.

This is a watershed moment to transform policy, funding, strategy and practice for coming generations of older LGBTI people. While the Royal Commission provided no specific recommendations for improving the experience of older LGBTIQ+ people, it found that diversity should be core business in aged care, including ensuring the voices are heard with representation on advisory bodies and that diversity is actively considered in program design and regulatory decisions.

The Aged Care Diversity Framework has been in place since 2017.³³ The Framework sets out the actions to make sure aged care services meet the needs of people from diverse backgrounds. Action Plans to address the needs of older people from specific priority groups have also been developed, including for LGBTI elders.³⁴ The Framework and the Action Plans are voluntary and have not been widely embedded in the delivery of services nor enforced across the aged care system.

POLICY RESPONSE

Diversity and the Royal Commission into Aged Care Quality and Safety

The final report of the Royal Commission into Aged Care Quality and Safety recommended that “as part of the first comprehensive review of the Aged Care Quality Standards, the Australian Commission on Safety and Quality in Health and Aged Care should reflect the Aged Care Diversity Framework and underlying Action Plans and consider making them mandatory.”³⁵

The final report went on to recommend that “aged care providers that promote themselves as capable of providing specialised services to sections of the Australian community must verify, to the satisfaction of the System Governor, that the provider has proper grounds for doing so. The Action Plans will be a very important resource in that regard.”³⁶



In Home care and volunteer visitors

The Australian Government's reform to develop an integrated Support at Home Program recognises that senior Australians want to remain at independent and in their own home for as long as possible. Improved support may mean people don't need to enter residential care at all.³⁷

The historical experiences of older GLBTI people impact significantly on willingness to access in-home support and care. Some older GLBTI people feel unable to disclose or at risk from disclosing their sexual orientation, gender identity or intersex status when accessing home care.

LGBTIQ+ community-controlled organisations are essential for developing LGBTI inclusive practices and in home services, through direct service provision and providing capacity building and training to generalist organisations to deliver safe and inclusive mainstream services.

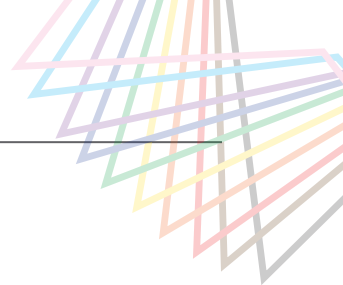
A critical area of support in the home as well as in residential aged care is the LGBTI Community Visitor Scheme (CVS), which addresses social isolation, helps maintain connection to LGBTI identity, culture and community, and is often a protective factor against elder abuse and neglect in care.

The Australian Government accepted the Aged Care Royal Commission's recommendation (#44) for additional funding and expansion of CVS. The Government committed to consider future CVS funding and design when finalising a new Support at Home Program, scheduled to start in July 2023.

While the LGBTI CVS is important for matching people from LGBTI communities with older LGBTI people in residential aged care or accessing home care support packages, it is not available in all jurisdictions or all areas.

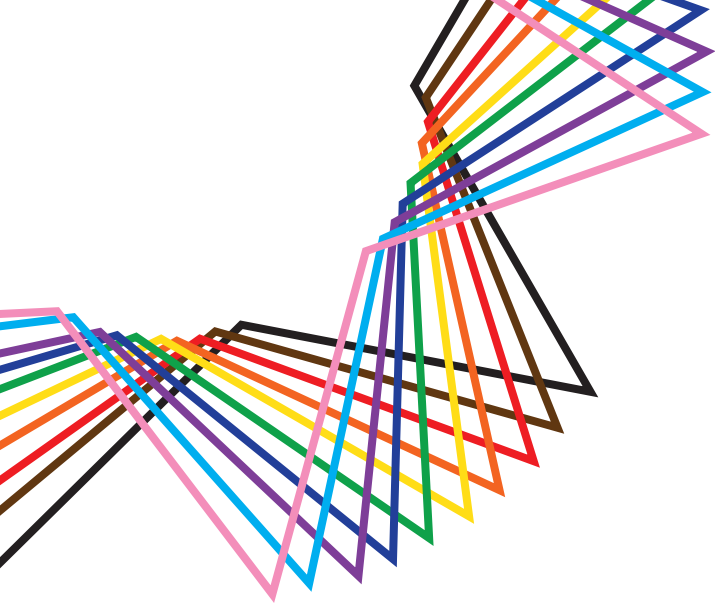
ACTION NEEDED

- Ensure the response to the Royal Commission into Aged Care Quality and Safety addresses the barriers experienced by LGBTIQ+ people in accessing safe and culturally appropriate aged care services.
- Mandate the Aged Care Diversity Framework and underlying Action Plans as part of the review of the Aged Care Quality Standards.
- Invest in an National LGBTI Aged Care Volunteer Visitors Scheme for LGBTIQ+ organisations to recruit, train and support volunteers who provide companionship to LGBTI older people.
- Invest in LGBTIQ+ community-controlled organisations to explore how they can broaden existing services to provide home support to older LGBTI people as part of My Age Care.



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