




LGBTIQ+ Health and Wellbeing



” It’s awesome when people don’t make assumptions. It doesn’t take much to make our lives easier. ”
- Community member

Lesbian, Gay, Bisexual, Transgender, Intersex and Queer / Questioning, Asexual (LGBTIQ+) people are estimated to make up 11% of the population.

The Productivity Commission Inquiry Report on mental health recognises that LGBTIQ+ people:

-  are more likely to face **stigma and discrimination**
-  are at **higher risk of poor mental health** and suicidal behaviours
-  **need improved and safe access to appropriate services** with a well-trained workforce

There is enormous diversity within the LGBTIQ+ communities and some carry an even greater burden, including Aboriginal and/or Torres Strait Islander peoples, trans and gender diverse people (especially young trans people), and people with an intersex variation.

The **Private Lives 3: The health and wellbeing of LGBTIQ+ people (2020)** report found that in the past 12 months in Australia:

- 57%** of participants had been treated unfairly because of their sexual orientation
- 78%** of trans and gender diverse participants had been treated unfairly because of their gender identity
- 40%** of participants experience social exclusion due to their sexual orientation or gender identity

Experience:

- 35%** verbal abuse
- 24%** harassment (eg spat at or offensive gestures)
- 12%** sexual assault
- 4%** are physically attacked or assaulted with a weapon

” It is scary to go to a GP when your experience has been... ‘you don’t need this, you need the church or a psychologist’... ”
- Workshop participant

Health care perspective



A survey conducted by Gippsland PHN in 2021 found that LGBTIQ+ people were less likely to have a usual health care professional, see a doctor who was informed about any relevant specialist consultations or hospital stays or perceive their health care professional as their centre of care.

Definitions of terms



Inclusive language guide: vic.gov.au/inclusive-language-guide

Trans or Transgender - a person whose gender identity does not align to the gender they were assigned at birth.

Cisgender - a person whose gender identity aligns with the gender they were assigned at birth.

Intersex - people born with biological sex characteristics that don’t fit medical and social norms for female or male bodies.

Queer - a term used to describe a person whose sexuality and/or gender identity is not heterosexual or cisgendered. Some older LGBTIQ+ people may find the term offensive as it was historically used in a derogatory manner.

Individual discrimination - when an individual’s access to human rights is limited, decreased or removed. e.g. due to their sex, gender identity or sexual orientation.

Structural and systemic discrimination - macro-level conditions and inequalities that limit opportunities, resources and wellbeing, including the impacts of political and media narratives that stigmatise gender and sexual identity and perpetuate the following:

- **heteronormativity** (the assumption that anything outside of heterosexual experiences and relationships is not normal)
- **cis-genderism** (the assumption that anything outside of cisgender experiences and relationships is not normal)
- **homophobia, transphobia, biphobia and intersex-phobia** (unreasonable fear of people with diverse sexualities and gender identities)

Intersectionality - occurs when LGBTIQ+ people have several characteristics that put them at higher risk of stigma, discrimination and violence.

Minority stress - stigma, discrimination and heteronormativity create an environment which pressures LGBTIQ+ people to conceal their sexuality or gender identity.



It is important to note that stigma, minority stress, discrimination and lateral violence can also occur between and within LGBTIQ+ communities, and is sometimes due to internalised homophobia, transphobia and intersex-phobia.

” Education is central to everything and the forefront of any change. ”
- Community member

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Impacts on health and wellbeing



Of LGBTIQ+ Victorians, the *Pride in our future: Victoria's LGBTIQ+ strategy 2022-32* states:

- 43%** had been in an intimate relationship where they faced abuse
- 38%** were abused by a family member
- 34%** felt discriminated or were treated unfairly by others in the last year
- 36%** faced social exclusion in the past year
- 21%** experienced homelessness

Health issues are more common among LGBTIQ+ people when compared to the general population:

- 2.1** times as likely to have a disability or long-term health condition (38% v 18%)
- 1.7** times more likely to be diagnosed with anxiety or depression by a doctor (45% v 27%)
- 2.2** times more likely to have sought professional help for a mental health problem in the previous year (37% v 17%)
- 4.2** times more likely to have had high or very high levels of psychological distress in the past four weeks (54% v 13%)
- 18%** struggled to manage their alcohol and other drug use
- Higher risk** of suicide and self-harm, especially among young people
- More people in rural and regional areas rated their health as **fair or poor**

People who also had a disability and/or a multicultural background **were more at risk**

The Writing Themselves In survey of LGBTIQ+ young people in Victoria found that:

- Less than half talked about their sexual identity or gender identity
- 42%** experienced verbal / 23% sexual / 10% physical harassment
- 81%** experienced high or very high psychological distress in the past four weeks
- 24%** had attempted suicide

Crisis support is available via the following services.

Lifeline	www.lifeline.org.au	13 11 14	Access to crisis support and suicide prevention services.
QLife	www.switchboard.org.au/qlife	1800 184 527	Anonymous and free LGBTIQ+ peer support and referral for people wanting to talk about sexuality, identity, gender, bodies, feelings or relationships.
13YARN	www.13yarn.org.au	13 92 76	Aboriginal & Torres Strait Islander crisis support line for people feeling overwhelmed or having difficulty coping.

Service related issues



- LGBTIQ+ data is required to ensure funding meets community need
- Improved access to LGBTIQ+ suitable services as a Gippsland sexual and reproductive health priority
- Service provider lack of knowledge of LGBTIQ+ inclusive practice
- A high reliance on phone and digital services in Gippsland
- Nationally, LGBTIQ+ women are more likely to have a termination of pregnancy (40% compared to 25% of non-LGBTIQ+ women)
- Less likely to keep up to date with breast screening

A Gippsland survey found that half of LGBTIQ+ respondents were willing to use video calls and/or mobile apps to access healthcare.

Gippsland PHN services and supports



Gippsland HealthPathways - for clinicians. Request to register at: gippsland.communityhealthpathways.org



Support for [Rainbow Tick Accreditation](#) and training.

LGBTIQ+ inclusive practice resources, education and training



- [LGBTIQ+ Health Australia](#)
- [Rainbow Health Australia](#)
- [Minus 18](#)
- [Val's LGBTI Ageing and Aged Care](#)
- [Intersex Human Rights Australia](#)
- [Rainbow Door](#)
- [QTIBPoC PROGRAM](#)
- [Chatsafe](#)
- [Suicide Prevention](#)
- [Out and About](#)
- [Transcend Australia](#)
- [Transgender Victoria](#)
- [Thorne Harbour Health Victoria](#)
- [ACON](#)
- [Black Rainbow](#)

Resources for GP supervisors: gpsupervisorsaustralia.org.au/lgbtqia-inclusive-healthcare