

"JUST LISTEN PROPERLY,  
LIKE WITH INTENT"

# LGBTIQ+ Tasmanians: Telling Us the Story

FINAL REPORT  
DECEMBER 2021

ANGELA DWYER, RUBY GRANT, RON  
MASON & ASH BARNES



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TASMANIA

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Copies of this report or any other publications from this project may be obtained by contacting:

Dr Angela Dwyer  
Associate Professor

School of Social Sciences  
University of Tasmania, Hobart, 7001  
Australia  
e: [Angela.Dwyer@utas.edu.au](mailto:Angela.Dwyer@utas.edu.au)

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Report design: Ruby Grant  
Copy editing: Ruby Grant, Angela Dwyer  
Key contact: Angela Dwyer, [Angela.Dwyer@utas.edu.au](mailto:Angela.Dwyer@utas.edu.au)

# Glossary

## **Asexual**

A lack of sexual attraction to others, or low or absent desire for sexual activity or relationships. Some asexual people still pursue romantic relationships with others, however sex is not experienced as a key part of their identity and/or connection with others. Asexual is a sexual orientation that is increasingly recognised as being part of the LGBTIQ+ community.

## **Cisgender**

A term describing people whose gender identity corresponds with the cultural expectations based on the sex they were assigned at birth.

## **Demisexual**

A sexual orientation similar to asexuality, in which people only experience sexual attraction towards another once they already have an emotional bond.

## **Gender**

Part of how you understand who you are and how you interact with other people. Many people understand their gender as being female or male. Some people understand their gender as a combination of these or neither. Gender can be expressed in different ways, such as through behaviour or physical appearance

## **Intersex**

Refers to people with innate genetic, hormonal or physical sex characteristics that do not conform with medical norms for female or male bodies. Being intersex is a naturally occurring variation in humans and there are lots of ways someone can be intersex.

## **LGBTIQ+**

LGBTIQ+ is an acronym for lesbian, gay, bisexual, transgender, intersex, queer, and questioning and other people of diverse sexual orientations and gender identities. This acronym is widely used and has been adopted by all Tasmanian Government Departments, however there are other terminologies and expressions that people use.

## **Pansexual**

A sexual orientation describing people who are sexually, romantically, and/or emotionally attracted to any people regardless of their gender identities.

## **Queer**

is a term people often use to express fluid identities and orientations. Some people use queer to describe their own gender and/or sexuality if other terms do not fit. For some people, especially older people, 'queer' has negative connotations, because in the past it was used as a derogatory term.

## **Sex**

The legal status that was initially determined by sex characteristics observed at birth. Sex characteristics are a person's physical sex features such as their chromosomes, hormones, and reproductive organs.

## **Sexual orientation**

Describes a person's physical, romantic, and/or emotional attraction to another person.

## **Transgender (trans)**

Is an umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Transgender people may identify as straight, gay, lesbian, bisexual, etc.

## EXECUTIVE SUMMARY

While many lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ+) people live full and happy lives, prejudice, discrimination, and barriers to wellbeing continue. Tasmania has made significant progress in affirming the rights and dignity of LGBTIQ+ people, going from having some of the nation's most discriminatory laws to leading the way for equity and inclusion in Australia. However, LGBTIQ+ people's poorer mental and physical health, high rates of victimisation to violence and abuse, and reduced educational and economic outcomes are well-documented and persist internationally and in Australia. The need to address these disparities more comprehensively is being increasingly acknowledged in Tasmania and is supported by national and local research.

This project aimed to collect the most up-to-date information about LGBTIQ+ people's experiences of Tasmanian Government services and life in Tasmania overall to inform the Department of Communities' LGBTIQ+ Strategic Framework and Action Plan. Through extensive community consultation and collaboration with key stakeholders, State Government departments, and non-government organisations, we conducted the largest ever survey of LGBTIQ+ people in Tasmania, followed by online interviews and focus groups.

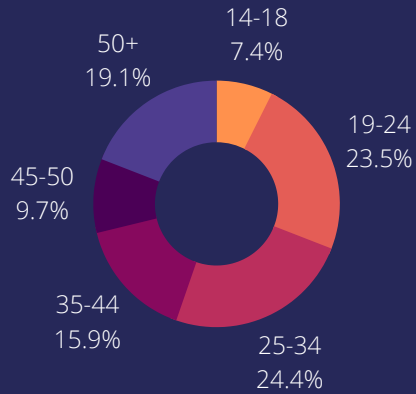
### **Demographics:**

825 people completed the survey. Respondents were largely concentrated in the south of the state, were an average age of 36, and described themselves predominantly as gay, lesbian, or bisexual cisgender men and women. A quarter described themselves as transgender or non-binary. Intersex people comprised 2.5% of the sample. A further 62 survey respondents also completed online interviews and 9 attended focus groups. Details of the survey participant demographics are summarised on p. 5.

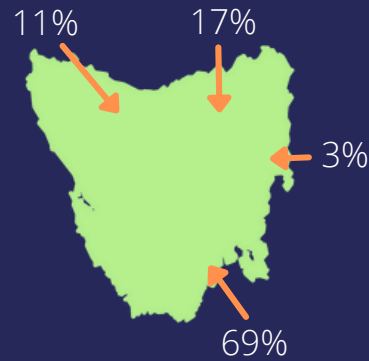
# LGBTIQ+ TASMANIANS: TELLING US THE STORY

A total of 825 LGBTIQ+ Tasmanians completed our online survey in April 2021. Below is an overview of the respondent demographics.

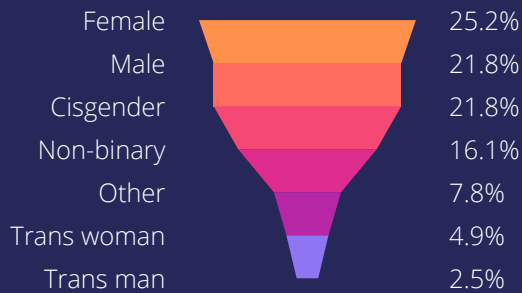
## AGE RANGE



## REGIONS



## GENDER

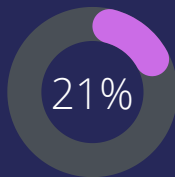
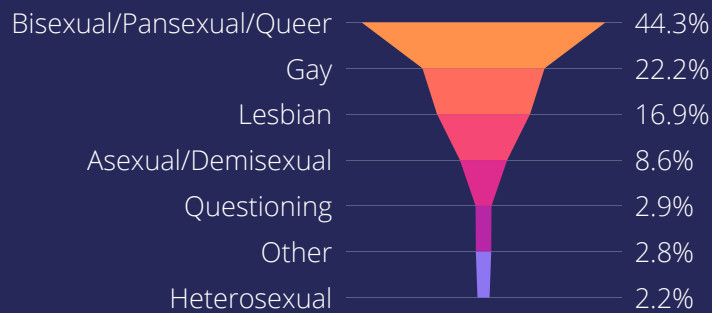


## BORN IN TASMANIA

## ABORIGINAL OR TORRES STRAIT ISLANDER



## SEXUALITY



## LIVING WITH DISABILITY



## INTERSEX



## 30% UNIVERSITY GRADUATES



## 40% WORK IN HEALTH CARE OR EDUCATION

## 70.6% ATHEIST OR NO RELIGION



### **What is good about life as LGBTIQ+ Tasmanians?**

- LGBTIQ+ Tasmanians value the predominantly welcoming, progressive, and accepting socio-cultural environment in contemporary Tasmania and acknowledge that LGBTIQ-inclusion has increased over the years.
- LGBTIQ+ Tasmanians are proud of Tasmania's unique legislation that protects and supports LGBTIQ+ rights and dignity, seeing Tasmania as 'one of the fairest places in the country' for LGBTIQ+ people.
- The Tasmanian LGBTIQ+ community is 'close knit' and supportive of its members, offering many opportunities for socialising, recreation, and advocacy. LGBTIQ+ Tasmanians are proud of their community and all they have achieved together. They are eager to share and celebrate these strengths with the community at large.

### **What are the key priorities for LGBTIQ+ Tasmanians?**

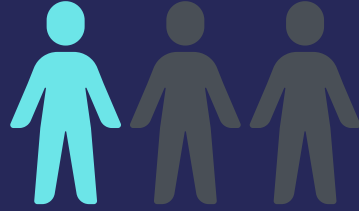
The broad priority areas for LGBTIQ-inclusion identified in this report are: Schools and education, healthcare, mental health, workplaces, policing, and safety. Some key statistics pertaining to LGBTIQ+ people's experiences in these areas are summarised on p. 7. Our findings confirm that while much progress has been made, some LGBTIQ+ people still experience prejudice, exclusion, discrimination, and violence across all aspects of Tasmanian society – at school, at work, at home, and in our communities. This indicates the need for systemic social and attitudinal change to continue increasing acceptance of LGBTIQ+ people and their families.

### **What are the key worries for LGBTIQ+ Tasmanians?**

In addition to experiences and concerns in the priority areas outlined above, LGBTIQ+ Tasmanians outlined several key worries for the future. These include: transgender rights and inclusion, support for rural LGBTIQ+ communities, LGBTIQ+ ageing, the erosion of legislative protections, and the impacts of conversion practices. These indicate emerging issues of concern that will require multifaceted social, economic, policy, and legislative changes and resourcing to address.

# LGBTIQ+ TASMANIANS: TELLING US THE STORY

A total of 825 LGBTIQ+ Tasmanians completed our online survey in April 2021. Below is an overview of the key statistical results.



**1/3 LGBTIQ+ TASMANIANS HAVE EXPERIENCED ABUSE AT HOME**

80% Did not report abuse at home, work, or in public

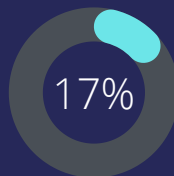


**ALWAYS OR SOMETIMES HIDE IDENTITY FOR FEAR OF ABUSE IN PUBLIC**

48% in public anywhere  
43% on public transport  
54% in cafes, restaurants, pubs



Always or often avoid public displays of same-sex affection



**FEEL SOMEWHAT OR VERY UNSAFE IN TASMANIA**



experienced verbal abuse or threats of violence at school



Have been told that their sexuality or gender identity is the result of trauma or pathology and should be changed, fixed, or healed. **5% experienced conversion practices.**



38% reported positive experiences after disclosing sexuality to health care providers.



**2/3 LGBTIQ+ ARE SOMEWHAT OR VERY HAPPY WITH THEIR LIVES**

### **Recommendations:**

LGBTIQ+ Tasmanians surveyed wanted the State Government to genuinely listen to their lived experiences and show leadership on issues of LGBTIQ+ inclusion. To promote Tasmanian communities that are equitable and inclusive of diverse genders, sexes, and sexualities, our survey results and community consultation emphasise the need for comprehensive policy and service responses that move away from deficit approaches to LGBTIQ+ people. Rather than focusing on LGBTIQ+ people as vulnerable or problematic, we recommend taking a proactive approach that acknowledges barriers, while drawing on the strengths of Tasmanian LGBTIQ+ communities to systematically address these. To do this, we make the broad recommendations:

- 1. See LGBTIQ+ Tasmanians and acknowledge their experiences to raise awareness**
- 2. Know more about LGBTIQ+ Tasmanians' experiences and needs**
- 3. Understand LGBTIQ+ Tasmanians' experiences and needs and translate this into inclusive practices and policies**
- 4. Embrace LGBTIQ+ Tasmanians as valued members of communities who require equal dignity, respect, and recognition.**



# Introduction

Lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ+) people continue to experience inequities in a range of areas, despite increasing progress in recent times. In Australia and internationally, there is arguably growing awareness and acceptance of diverse genders, sexes, and sexualities. For example, workplaces are creating policies that protect LGBTIQ+ workers. Schools are working more towards supporting LGBTIQ+ students and staff. Health systems are beginning to inform their practice to meet the needs of LGBTIQ+ clients and staff. Criminal processing systems are making their workers more aware of the issues for LGBTIQ+ victims and offenders and legislation is being assessed and revised to provide LGBTIQ+ people with greater protections. These are long term processes that require substantial cultural and structural change, and while there is evidence that these processes are in motion, there is still much work to be done.



LGBTIQ+ people continue to report poorer overall health, lower life satisfaction, and lower than average incomes than the broader population. Discrimination, abuse, and violence against LGBTIQ+ people continues to occur, causing significant mental health issues for this population. Particular groups within LGBTIQ+ populations are more vulnerable to these issues. Transgender people, for instance, experience high rates of violence, including murder. Australian peer-based intersex organisations have compared historic and ongoing non-consensual surgery performed on intersex infants and children as analogous to female genital mutilation, which is legally prohibited as a human rights violation (Carpenter, 2016). It is evident that while progress is being made, there are substantial issues still to be addressed.

A key driver for understanding and addressing these issues is lack of data. Right now, in Australia, we are yet to have questions embedded into the national census that explicitly record national data about the lives of LGBTIQ+ people. While several national surveys provide some insights into LGBTIQ+ communities (e.g. Hill et al. 2020), the dearth of Australian data flows down to the state level, where national research projects sometimes capture these experiences, but they can be heavily influenced by a range of factors. Most importantly, the lack of comprehensive national

# Introduction (cont.)

data flows through and manifests as varying levels of invisibility in the development of policy and practice seeking to best support LGBTIQ+ people in Australia.

Tasmania has progressed issues for LGBTIQ+ people in advanced ways in comparison with other Australian states. Tasmania was the first state in the country to remove 'gender' from birth certificates. In addition, Tasmania has more protections for LGBTIQ+ people in anti-discrimination legislation than any other jurisdiction. Even so, intersex and transgender people continue to be exposed to invalidation, discrimination, and a lack of support from a range of government services (Crameri et al., 2015; Jones, 2016; 2017; Jones et al., 2016; Richardson-Self, 2020; Sanchez et al., 2017). Like every other state, Tasmania also currently lacks up-to-date and accurate data demonstrating the broad and diverse lived experiences of LGBTIQ Tasmanians and this translates to limited understandings of these lives flowing into policy, programs, and government service delivery. Ability to access healthcare, inclusive education, and government services generally, is highly dependent on how people identify and their intersecting identities. This means we need nuanced, detailed data that tells us about these intersections so we better understand the multifarious complex factors influencing LGBTIQ+ people's experiences with government services in Tasmania.

## Project Aims



1. To gather information about LGBTIQ+ Tasmanians' experiences of engaging with Tasmanian government services.
2. To identify the key priorities for LGBTIQ+ Tasmanians into the future.
3. To increase knowledge and awareness of the specific needs of LGBTIQ+ Tasmanians in healthcare, education, and Tasmanian civic life.
4. To consult with LGBTIQ+ communities about their lived experiences in Tasmania.
5. To inform the Strategic Framework and Action Plan with project results to improve the interactions that LGBTIQ+ Tasmanians have with Tasmanian government services.

# Background

Large surveys are useful for capturing the experiences of LGBTIQ+ people and their access to government services. However, previous large-scale surveys have been limited in scope or in demographics, which have provided us with a narrow lens with which to understand the diverse LGBTIQ+ experiences in Tasmania. For example, surveys focused on sexuality have an overrepresentation of gay men and women, which leaves an incomplete picture of how bisexual, pansexual, transgender, intersex, and queer individuals experience government services (Asquith and Fox, 2013). Even when the national Gay Community survey mentions that their participant sample included intersex and transgender men, the report did not explain how their wants, needs, and desires are unique (Lea et al., 2017). Large, national surveys have tended to focus on specific issues in isolation and not how diverse experience of LGBTIQ+ people intersect with other identities. For example, a national survey that observed the barriers transgender Australians have to navigate in accessing adequate healthcare, did not include how their sexuality could contribute to further disadvantage or discrimination (Bretherton et al., 2021). More importantly, out of 911 respondents in this study, only 37 of these were from Tasmania, with no discussion about how these respondents answered the questions in the report on the survey. It is clear the extent to which LGBTIQ+ Tasmanians are captured in these surveys is typically limited.



Research on the lived experiences of LGBTIQ+ Tasmanians generally is limited. Previous research shows that LGBTIQ+ Tasmanians experience high rates of discrimination and harassment in public spaces (Asquith and Fox, 2013). Asquith and Fox's (2013) respondents were also seven times more likely to report a sexual assault in the past 12 months when compared to the general Australian population. Fifty percent noted they did not feel safe around strangers. More recent research shows that these may still be concerns for LGBTIQ+ Tasmanians. Openly expressing one's romantic relationship can be considered a privilege in Tasmania's larger cities, a freedom lost in rural, small towns (Grant, 2020).

These challenging experiences of not feeling safe in public spaces may be compounded by not feeling protected by police officers in Tasmania, something we have evidence of in other Australian jurisdictions, with police illegally targeting same-sex couples and issuing fines when they express public affection (Dwyer, 2020). These feelings of unsafety flow to some extent through to Tasmanian workplaces as well. Research shows that more than 50% of 292 LGBTIQ+ Tasmanians felt supported in their workplace, but more than 16% of this sample noted they experienced discrimination and harassment in their workplace, with 4% noting this happened on a regular basis. The same survey noted that 11% of LGBTIQ+ Tasmanians were still not 'out' at all in their workplace (Ezzy et al., 2020). Further research is required to map experiences of harassment and discrimination in workplaces, in addition to how Tasmanian LGBTIQ+ people experience public spaces in all forms.

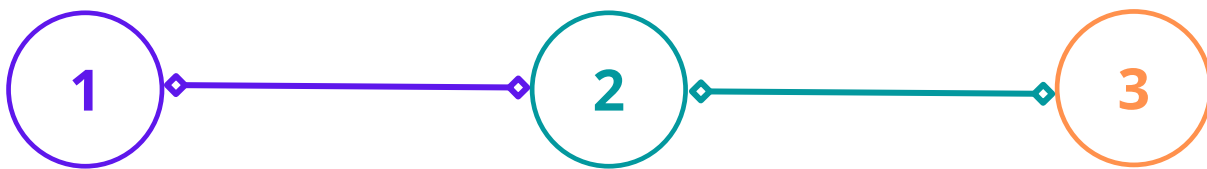
While we know little about the issues above, we know even less when we consider how LGBTIQ+ Tasmanians' experience government and community services. Formal education can be a highly stressful time for LGBTIQ+ people, as they are most likely to experience social exclusion, verbal discrimination, and physical abuse (Hillier et al., 2010). Research with Tasmanian schools has demonstrated that there is a need for whole-school, structural and cultural change to assist in fostering an inclusive school environment for LGBTIQ+ young people (Grant et al., 2019), but we know little about how young LGBTIQ+ Tasmanians experience schooling in Tasmania. Some research focused on the experiences of bisexual young people (in isolation from gay and lesbian students) shows they are subjected to unique forms of erasure and biphobia in sex education delivered schooling environments (Grant and Nash, 2019), but the details of these experiences again need to be documented. How students, educators, and parents of LGBTIQ+ children experience the Tasmanian education system is another gap requiring elaboration in further research.

These gaps in understanding persist when we move on to consider the interactions that LGBTIQ+ Tasmanians have with health systems. There is some recent research elaborating the experiences that LGBTIQ+ people have with health services in Tasmania. Recent work by Grant et al. (2021) has shown that government health, education, and social service providers require more additional training in LGBTIQ+ awareness to respond more effectively during major health crisis events, such as COVID19. This past research has also emphasised that Tasmania has varied access to government services and healthcare quality due to rural and regional geographical locations. This affects each person uniquely depending on where they are positioned within the LGBTIQ+ umbrella (Grant, 2020; Shannon, 2020).

Previous research demonstrates the urgent need for this current survey of LGBTIQ+ Tasmanians' experiences with government services. This report presents our preliminary analysis of survey data that aims to address gaps in knowledge.

# Project Methodology

To ensure project aims are met and outcomes are produced, this project utilised mixed methods research that unfolded in three phases to triangulate key themes across quantitative and qualitative data generated from consultations with LGBTIQ+ communities. This approach meant that outcomes from the project (such as the Framework and Action Plan) were informed by detailed statistical data in addition to the stories of LGBTIQ+ Tasmanians. The mixed methods approach revolved around reiterative community consultation and was operationalised in three phases. Phase one involved the development and testing of an online survey instrument comprised of quantitative statistical measures and qualitative open ended text box measures. Informed by a preliminary analysis of the data generated in phase one, phase two involved the development and implementation of an online interview. Phase three focused on conducting Focus Groups. Primarily due to covid lockdowns and restrictions, phases two and three moved from face to face processes to being fully actualised in online environments.



Online Survey

Online Interviews

Focus Groups

March-April 2021

June 2021

September 2021

825 Responses

62 Responses

9 Responses

# Project Methodology (Cont.)

## Phase One: Online Survey

Phase one of the project involved developing, hosting, disseminating, and advertising an online survey so we could learn about their interactions with the Tasmanian Government in accessing and using government services. The survey collected socio-demographic data and used a mix of multiple choice, open ended, and Likert measures to explore the priorities for LGBTIQ+ Tasmanians. The survey targeted LGBTIQ+ Tasmanians aged 16+ years and was hosted using online survey software (Qualtrics). The draft survey measures were developed and refined through a reiterative cyclic process of co-design, consultation, and feedback was conducted with LGBTIQ+ Tasmanians and key stakeholders to ensure emerging issues were captured through the Whole of Government Reference Group. Consultation targeted members of the Whole of Government Reference Group that includes representation from all LGBTIQ+ community groups and government agencies. The research team also consulted with key members of LGBTIQ+ communities that were experienced with survey research (including Dr Sharon Dane at the University of Queensland and Dr Ron Mason at the University of Tasmania) to ensure survey design and dissemination was as rigorous as possible. The survey was designed to ensure the confidentiality of respondents is protected.

However, the survey respondents were provided with the opportunity to: 1. Express interest in participating in focus groups/interview by providing a name and email address and/or phone number on which they could be contacted; and 2. Express interest in going into the draw to win an iPad. Survey respondents could provide a name and email address and/or phone number on which they could be contacted in a second survey instrument de-coupled from their original survey answers so their anonymity was maintained.

The original survey instrument that we developed was implemented online from March-April 2021. It was disseminated to LGBTIQ+ Tasmanians using a targeted social media advertising campaign facilitated by a professional marketing company. The survey was advertised online through social media platforms such as Facebook, Instagram, and Twitter. In addition to this, printed flyers of the advertisement were posted in shopfronts and distributed in LGBTIQ+ community organisations in Tasmania. The non-government Government Reference Groups were sent a recruitment email asking for their media personnel to distribute the advertisement throughout their social networks (such as Working It Out Facebook page). All communication about the survey used plain, age-appropriate English and emphasised that distribution or completion of the survey was entirely voluntary. The quantitative and qualitative data produced by the survey were subject to preliminary analysis to inform the qualitative data collection in phase two.

# Project Methodology (Cont.)

## Phase Two: Online Interviews

In June 2021, we operationalised an online interview process with LGBTIQ+ Tasmanians. Where we had originally planned to conduct these interviews face to face, covid restrictions and lockdowns meant that we were unable to proceed in this format. As such, we digitised the interview questions into an online survey format, particularly using an online Google webform format, to explore key themes from the survey in greater qualitative detail. Importantly, the preliminary analysis of the quantitative and qualitative data from the survey directly informed the development and refinement of the schedule of questions for both online interviews and focus groups. The online interview included nine open-ended questions about life in Tasmania for LGBTIQ+ people.

The questions were designed to encourage detailed responses and insights from LGBTIQ+ community members, including their recommendations for how services and support for LGBTIQ+ Tasmanians could be improved. The online interview was initially disseminated via the contact details list of those survey respondents who expressed interest in doing an interview/focus group, and/or going into the draw to win the iPad. Further advertising of the online interview process was actioned chiefly and via social media with support of the email networks of community stakeholders. The professional advertising company was not engaged in this phase of the project.

## Phase Three: Focus Groups

In September 2021, we conducted a series of online focus groups with LGBTIQ+ Tasmanians. Again, although we had originally planned to conduct these focus groups face to face, covid restrictions and lockdowns meant that we were unable to proceed in this format. As such, we conducted focus groups in core areas around Tasmania online using Zoom. The online focus group involved fifteen questions targeting similar themes to those discussed in the online interviews. Again, the questions were designed to encourage detailed responses and insights from LGBTIQ+ community members, including their recommendations for how services and support for LGBTIQ+ Tasmanians could be improved. Information about the online focus groups was chiefly disseminated via social media with support of the email networks of community stakeholders. The professional advertising company was not engaged in this phase of the project.



# Project Methodology (Cont.)

## Data Analysis

The statistical data produced by the online survey was analysed using statistical analysis software SPSS. A descriptive analysis was undertaken of the data employing frequencies and cross tabulations. Region (computed from postcode), age, gender and sexual orientation were chosen as dependent variables to ascertain any differences between groups in relation to the variables contained in the survey. Statistical testing (where the sample size was sufficient) was undertaken to determine if any differences observed were genuine and not caused by error (e.g. sample error).

Where the measure was categorical, non-parametric tests (chi square; tests of proportions) were employed, while where the measure was linear, parametric tests were employed (t tests). Therefore, where the term significant is employed in this report, it refers to a statistically significant difference between groups at the .05 level of significance, meaning that there is less than a one in twenty chance that any observed difference is spurious or due to sample error.

As noted above, a preliminary analysis of the quantitative and qualitative data from the survey directly informed the development of the question schedule for focus group and individual interviews. As the online interview was hosted using an online Google web form, the qualitative data from the online interviews was immediately available for analysis using Leximancer and NVivo. The qualitative data from the online focus groups was transcribed in the first instance using Otter automated transcription software. These initial transcripts were then edited by a research assistant working with the research team. Transcripts were formatted and coded using Leximancer text analysis software and NVivo qualitative data management software. Transcripts were first uploaded into Leximancer to generate key codes in the data and demonstrate relationships between key concepts in the data. They were then uploaded into NVivo to code qualitative responses in detail, drawing on the codes generated by Leximancer.

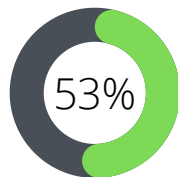
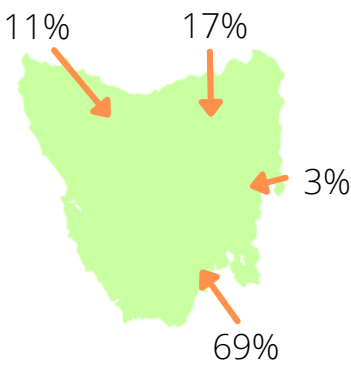
Qualitative responses were thematically coded and analysed in terms of key issues. We asked a range of questions that served to identify key issues that are currently impacting the lives of LGBTIQ+ Tasmanians. For instance, in focus groups, we asked about what LGBTIQ+ Tasmanians thought would be some key issues for the LGBTIQ+ community in their region, in addition to what would improve their quality of life in their region. Similarly, in online interviews, we asked what LGBTIQ+ Tasmanians thought were the key concerns for the LGBTIQ+ community and why, in addition to asking what they thought the Tasmanian Government could start doing to address these issues. We were overwhelmed by the responses to these questions. Both focus groups and online interviews generated extensive data and the very core issues impacting LGBTIQ+ Tasmanians were reiterated countless times in the discussions across the different questions that we posed.



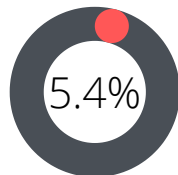
# Who participated?

We were privileged to have **825 LGBTIQ+ Tasmanians complete our survey**. Respondents were largely concentrated in the south of the state, were an average age of 36, and described themselves predominantly as gay, lesbian, or bisexual cisgender men and women. A quarter described themselves as transgender or non-binary. Intersex people comprised 2.5% of the sample. Most (53%) LGBTIQ+ people were born in Tasmania and 5.4% identified as Aboriginal or Torres Strait Islander. Twenty-one per cent identified as having a disability. Compared with the broader Tasmanian population, this sample of LGBTIQ+ Tasmanians was highly educated, with 30% holding undergraduate university degrees and 20% holding higher university degrees. LGBTIQ+ Tasmanians are highly represented as workers in industries such as health, education, retail, and government, holding a range of professional and managerial roles.

## REGIONS

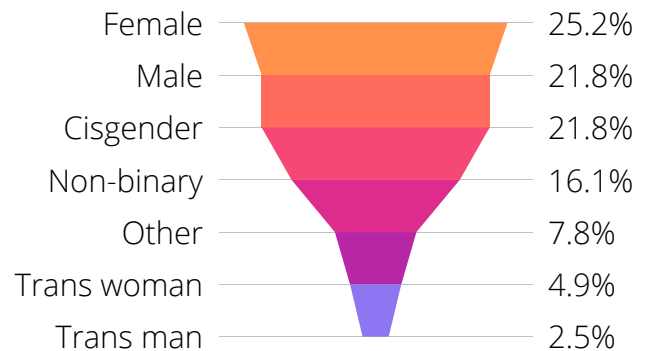


**BORN IN TASMANIA**

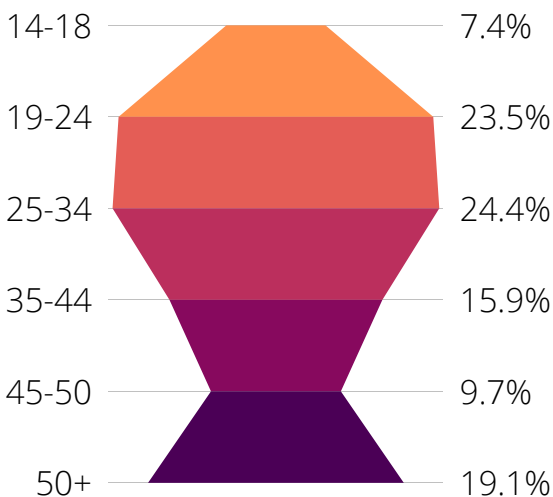


**ABORIGINAL OR TORRES STRAIT ISLANDER**

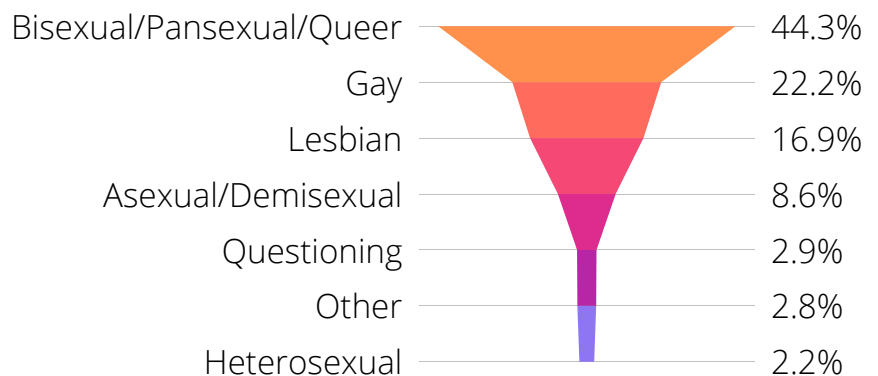
## GENDER



## AGE RANGE



## SEXUALITY



## Who participated? (Cont.)

We were also privileged to have **62 people contribute an online interview**. Participants who contributed to online interviews ranged in age from 16 years to more than 65 years of age, and there was a significant proportion from each age range within this continuum (for instance, 27.4% of the sample were aged 35-54 years and 21% were aged 18-24 years). The only age group that was less represented was 16-17 years. A substantial group of participants in the online interview group identified themselves as female/cisgender women (37.1%; n=23), with far fewer male/cisgender men (17.7%; n=11). However, most participants in our online interviews identified as gender diverse in some way, including a substantial sample of non-binary (29%; n=18), genderqueer/gender diverse (16.1%; n=10), and agender (6.5%; n=4) people, in addition to a considerable number of transgender women (12.9%; n=8) and transgender men (3.2%; n=2). One person each identified themselves as intersex and genderflux.

Aligning with other recent research, the most dominant category that people in our online interviews chose to describe their sexuality was bisexual (32.3%; n=20), closely followed by gay (29%; n=18), queer (24.2%; n=15), and equal numbers of lesbian (22.6%; n=14) and pansexual people (22.6%; n=14). The same number of people also identified as asexual (8.1%; n=5) and demisexual (8.1%; n=5). Participants were mostly living in Hobart/Southern Tasmania (69%), with similar numbers of people living in Launceston/Northern Tasmania (17%) and North West Tasmania (11%) with a smaller proportion located on the East coast (3%).

We had fewer people engage in our online focus groups, with only nine people participating.

Focus group participants ranged in age from their early 20s through to their 70s and identified with a diverse range of genders and sexualities, with one third of participants using they/them pronouns. Participants were majority white Australians living in southern Tasmania.



# What is good about life as LGBTIQ+ Tasmanians?

Approximately two thirds of respondents reported being either somewhat or very happy (Table 1). No differences emerged for sexual orientation and gender, while those over 50 scored significantly higher than either the 18 or 19 to 24 year age groups.

We began all our conversations with LGBTIQ+ Tasmanians with a key question: **what is good about life in their region for LGBTIQ+ Tasmanians?** In a time where public discussions about the rights of LGBTIQ+ people can sometimes create distress for LGBTIQ+ people (Verrelli et al., 2019), we considered it crucial to capture what made being LGBTIQ+ a positive experience for people living in Tasmania.

LGBTIQ+ Tasmanians reported many positive aspects of life in Tasmania. Some of these related to Tasmania itself as a landscape and the way of life this landscape supported. For instance, the good life in Tasmania for LGBTIQ+ people focused on the 'peace and quiet' and natural 'beauty' of the Tasmanian landscape and the 'nice and relaxed', 'slower pace' lifestyle that Tasmanians often engaged with (particularly activities like bushwalking, hiking) and the focus that Tasmania has on supporting the arts. Most comments, however, related to the social and cultural climate, and in particular the supportive character of local LGBTIQ+ communities.

"I believe I would be happy and mostly safe in Tasmania if I was 'out' publicly."



"I lived in Hobart in the mid nineties, before legalisation [of homosexuality]. Returned here to live late 2019. Although LGBTIQ+ are not as visible as on the mainland, there seems more openness in the community. A lot of LGBTIQ+ seem more confident in expressing their queerness."

# Being supported as a LGBTIQ+ Tasmanian is good

Participants in online interviews and focus groups noted overwhelmingly the 'supportive' nature of LGBTIQ+ communities in Tasmania. These comments were focused on thinking about LGBTIQ+ people in Tasmania as comprising a range of small, diverse communities within the wider public community of Tasmania as a whole. This was mentioned by nearly every participant at least once in our online interviews and focus groups. These communities discussed how these supportive communities were 'fantastic' because they were also 'vibrant', 'strong', 'diverse', 'active', 'passionate', 'inclusive', 'progressive', 'lovely', 'fair', 'equal', 'welcoming', 'friendly', 'visible', 'energetic', 'less judgemental', even in more regional areas like 'the North West', and very much focused on 'acceptance' and 'openness', with acceptance mentioned at a similar level to support. The degree of supportiveness amongst LGBTIQ+ Tasmanian communities was evidenced most starkly by those who had moved to Tasmania from 'mainland' Australia, as reflected in comments like these:

It has been an amazing community to be able to just drop into and feel comfortable with. One of the first things I did was join Hobart Out tennis, and it was just amazing. A whole bunch of friends. You don't have to talk about being queer or anything else. You could just be yourself and it was just so lovely that it's so real. Just a celebration of people getting on with each other. Down in [regional area]. Yeah, it's really quite astonishing. What a lovely friendship group there is. I'll probably be shot down for saying this, but, you know, Sydney's got some pretty cantankerous queers around. This is just so nice and relaxed. It's just lovely. (P4).

When we first got to Tasmania, we were living up in [small regional area]...it's very isolating up there. And I have to say that we are not very into socialising with queer people...although we love the fact that our favourite cafe...is run by a couple of queer boys and this rainbow flag is in front all the time. Being older...I don't feel much reaction to the fact that I'm queer. And that feels fine, it feels very integrated...I feel like there's a bit of community and a sense of, of going to the cafe, and there's definitely queer people that hang out there. And otherwise...it feels very inclusive. It feels like it's okay to be queer (P6).

The general openness and feelings of comfort provided an important form of support for participant four who had only recently 'come out' as gay later in life. These same feelings of comfort were similarly experienced by participant six who felt supported as an older queer person.

# Being supported as a LGBTIQ+ Tasmanian is good

Respondents also acknowledged the supportive presence of 'queer elders' as a 'strong force in showing support for younger LGBTIQ+ people and standing up for our legal rights'. They noted they had a 'number of opportunities to assert our human rights' because there is a strong supportive 'community being created by social leaders [which] is pretty awesome'. Equally common were comments about the availability of services that they could access and the possibility of social 'connection' through queer specific social events:

Being queer in Tasmania is quite welcoming, open space...all these specific queer spaces and groups and events that we hold (P2).

The thing that I love about being queer in Tasmania and anyone else feel free to jump in and help me finish this list, is I can go queer roller skating, I can queer footballing, I can go to queer Dungeons and Dragons (P5).



"We have a great community that is supported by certain businesses like lush, bury me standing, hairy legs coffee, and red parka. Having these safe spaces make such a difference. Also being a small state, the community of queer people are all around and supportive."



Participants in online focus groups talked about how the availability of these queer specific events really supported a sense of community connection that perhaps other places did not necessarily. Comments also showed that the availability of social events had improved in some areas in particular: 'In the northwest, there has been many events lately that were never there for us before'. Various small businesses in Tasmania were mentioned for their allyship and creation of safe spaces for LGBTIQ+ people to connect with one another, including cafes and shops.

# Being in a small LGBTIQ+ community is good

Comments about supportive business and event spaces were expressed alongside significant pride in the small size of LGBTIQ+ communities in Tasmania. The smallness of these communities was equally important for LGBTIQ+ people in Tasmania and they were described by respondents as 'tight-knit' and 'intimate' that LGBTIQ+ could 'nestle into' because LGBTIQ+ know 'everyone in it': 'Small communities can create opportunities for people to get to know their LGBTIQ+ neighbours'. The 'close knit' nature of the Tasmanian LGBTIQ+ community is a strength that has enabled positive social change and is promoting acceptance and cohesion in the wider Tasmanian community: 'Mutual support, and I think the fact that, you know, [name removed] is small, but you know, can never go down the street in [name removed] without meeting at least, two or three people. So it's kind of easier for people to meet and greets and get together and support each other. You know, small is beautiful. And that's a strength' (P8).



**"I think the LGBTIQ+ community seems a lot stronger in Tassie, because we know we have to stand together in order to change the way Tasmanians react and accept us and our basic human rights. I think having such a tight knit group is what's helping Tasmania to accept that we are just people loving our lives."**

(Interestingly, though, at times this also meant there were more LGBTIQ+ people they could identify as like themselves in this small community and this made them feel an even stronger sense of belonging within LGBTIQ+ communities in Tasmania: 'There are soooo many older lesbians in Tasmania. In Hobart and surrounds I feel like I don't stick out like a sore thumb'. Having other people around them like themselves really mattered for LGBTIQ+ Tasmanians: 'That means that those of us who are "othered" can usually find support and/or solace within that small trusted community'. These respondents demonstrate how Tasmanian LGBTIQ+ communities are able to support each other through social networks. Importantly, respondents felt that despite the smaller size of the community compared with larger metropolitan centres (e.g. like Melbourne, Victoria), LGBTIQ+ Tasmanians are well connected and supported by their communities, and this increasingly includes a range of supportive businesses and organisations.



# The socio-cultural climate of Tasmania

Comments from participants also elaborated the social and cultural climate of Tasmania more broadly as a public space that was 'reflecting global attitudes in a positive way'. They talked about this as a 'progressive', 'accepting' place that supported their 'safety' and 'privacy'. They acknowledged that it had not always been that way. For instance, participant nine discussed how, as a young lesbian that had recently moved from mainland Australia, 'the young women in the office, I felt like they were crawling the walls to get away from me...so that's my foundational experience of Tasmania...I basically...put myself back in the closet...that was how you survived here' (p9). The same participant goes on to note that 'I think things have moved on a lot' (P9). Focus group participants talked about how attitudes had shifted and there were express displays of support from government bodies, with one council 'flying the rainbow flag during the marriage equality debate' (P6). Participants also noted how the movement of attitudes in Tasmania was evidenced by how LGBTIQ+ Tasmanians rarely experienced discrimination and violence: there 'is not a large amount of violence directed towards the communities'.

People expressed belief that Tasmanians were 'more aware' and this meant 'a large percentage of the population are supportive of LGBTIQ+ people', with older LGBTIQ+ people noting how they had 'been able to watch Tasmanian society change over the decades to become more inclusive and accepting'. LGBTIQ+ parents talked about how they made a commitment to being 'open and honest' when they raised a family and they were 'never discriminated against' in schooling spaces and events. This was especially evidenced in the support of the wider community for 'marriage equality' – LGBTIQ+ people felt more accepted because 'we can get married'. The recognition that the wider Tasmanian community supported LGBTIQ+ people meant that 'a lot of LGBTIQ+ seem more confident in expressing their queerness. I have never hidden mine, so find this encouraging'. LGBTIQ+ people 'feel safe walking around holding my partners hand and showing them affection without fear of harassment', but they also noted that 'I can obviously not talk for everyone in the community'.

# The socio-cultural climate of Tasmania (cont.)

Many respondents took pride in their perception of Tasmania as an increasingly progressive place, with growing acceptance of LGBTIQ+ people, and participants acknowledged Tasmania's State legislation as providing unique supports in this respect. As often as they mentioned the accepting and supportive nature of LGBTIQ+ communities, they also mentioned the laws that ensured their safety and protection in public and private spaces. They stated that *'we have better recognition of transgender and non-binary identities and have better protections under the law than other states'*. These comments make it abundantly clear that LGBTIQ+ Tasmanians are incredibly proud of their robust anti-discrimination legislation and the legislation changes focused on birth certificate reform. They were even more proud that these legislative changes had been made possible by strong advocacy and activism from people who were part of LGBTIQ+ communities, but also allies of these communities:

*I think the LGBTIQ+ community seems a lot stronger in Tassie, because we know we have to stand together in order to change the way Tasmanians react and accept us and our basic human rights. I think having such a tight knit group is what's helping Tasmania to accept that we are just people loving our lives.*

Participants had a strong sense that this and other legislation (such as marriage equality), are contributing to a culture of acceptance in the wider Tasmanian community. These responses show that Tasmania's Anti-Discrimination Act and other legal recognitions for LGBTIQ+ people are highly valued by LGBTIQ+ people and tangibly contribute to a sense of belonging and pride.



**"Tassie is one of the fairest places I have lived in the world. The current anti-discrimination laws are amazing. They provide a sound baseline that all can be protected."**



# The socio-cultural climate of Tasmania (cont.)

Activism was mentioned repeatedly by participants in online interviews and focus groups. In one focus group, participant five talked about how this extended to leadership:

I was welcomed into queer advocacy in [metropolitan area]...It might have something to do with all hands on deck but it was a really welcoming experience getting to know advocates and being supported when I needed it. That was a nice, what is that? That is solidarity, I think, is something that I felt strongly (P5).

Here, these respondents observe that the intimate nature of the Tasmanian LGBTQ+ community is a strength that has enabled positive social change and is promoting acceptance and cohesion in the wider Tasmanian community.

**"Tasmania has strong lgbtqia+ friendly laws such as anti discrimination laws etc. which makes being lgbtqia+ much easier and makes queer folks feel safer, more accepted and more welcome."**



# Not everything is good about being LGBTIQ+ in Tasmania

It is important to note that not all comments about this question were positive. A range of people expressed their discontent with Tasmania broadly, including some people noting that a question about what was good about LGBTIQ+ life in Tasmania was 'N/A' (i.e. not applicable) and that there was 'not much good to be honest' and 'nothing' was good about life in Tasmania: 'it's horrible'. Although these comments were significantly outnumbered by positive comments about being LGBTIQ+ in Tasmania, it is important that there were some people who noted being LGBTIQ+ in Tasmania was 'neutral' and others that told us 'there is nothing good about being queer in Tasmania'. Some mentioned the need for more 'opportunities to be heard' because 'many people find it hard to speak up after so much hurt and loneliness'. Others mentioned that being intersex was connected with 'my only experience of hardship' and particularly 'some members of the medical profession in my early life'. 'Loneliness' [sic] was mentioned more than once and issues were raised about LGBTIQ+ social events being problematic because, although they were 'run by queer folks', they also often centred 'whiteness, cisgenderism, and alcohol'.

Importantly, negative comments about life as a LGBTIQ+ Tasmanian were especially paired with comments about living in 'rural and regional communities' in Tasmania: 'there is [sic] hardly any openly queer people and way too many aggressively homophobic and transphobic people'. This was especially the case in the online focus groups that we conducted:

Coming from [small regional area] Tasmania is very isolating and there wasn't like you knew members of the community. There was no real opportunity to interact or feel like you're in a comfortable space. But, since being down here, it feels a lot more, there's a lot more visibility you feel a lot more I guess, I don't know if it's just from being in the city, you feel a lot safer...I felt a lot more comfortable and more growth and being comfortable with who I am since being in [metropolitan area] compared to being in a small regional area...it's not accessible for everyone to be able to move to feel comfortable it should - you get what I'm trying to say? For example, people that live on the [small coastal area] should be able to feel comfortable and be proud of who they are in their area. In that area compared to like, "Oh God I gotta move to [metropolitan area] or get off the island to start feeling comfortable with myself (P1)

## Not everything is good (cont.)

These responses demonstrate the ongoing need for advocacy for the most vulnerable members of the Tasmanian LGBTIQ+ community. While there has been positive change, these developments are not felt equally, with people of colour, trans and non-binary people, and those in rural/regional areas continuing to face discrimination both in the wider community and within LGBTIQ+ spaces.



# What are the key priorities for LGBTIQ+ Tasmanians?

What follows is an analysis of the issues often reiterated by participants in our project. There was a general recognition that there was a lack of awareness about issues impacting the lives of LGBTIQ+ Tasmanians and the need for training to raise this awareness. There are stand out issues reflected across all the data that we generated in this project: **mental health; healthcare; education and schooling; workplaces; police; and safety**. While these issues are prominent in the data, it is also clear that the analysis of the data in many ways defies clear explication of the issues – there are many points where issues intersect. For instance, people note the need for more acceptance around diverse gender presentation in relation to hate violence experienced by transgender and gender diverse people, but they also note the need for race/ethnicity to be considered as an intersecting experience. While we have separate sections below on hate violence issues and on acceptance of gender diversity, and comments about racism are evident, the participants' comments made it clear that these issues cannot be considered in isolation. They demonstrate the complexity of the lives of LGBTIQ+ Tasmanians and how many issues can often intersect in the life of a single person.



# Mental Healthcare

**Mental healthcare was without exception one of, if not the, most prominent point of discussion.**

Mental healthcare was discussed as an area requiring urgent attention for LGBTIQ+ Tasmanians. The characteristics of this situation was very frankly described by respondents:

We seem to suffer from generally backward and uninspired mental health providers.

Psychosocial support is pretty well non-existent (P9).

Pretty abysmal right now. And the wait lists for psychologists or psychiatrists are terrible. And when you get into see them, there's no guarantee that they are going to be safe (P2).

With mental health. It's an absolute, yeah, it's a shit show. But the fact that you might be waiting on the list for psychologists for so long, but that particular psychologist may not have any form of training to deal with queer issues (P1).

These comments reflect that the state of mental healthcare for LGBTIQ+ people in Tasmania is a serious concern. The focus of discussion was often 'safe' mental healthcare practitioners: those that had knowledge and understanding of LGBTIQ+ issues. This was raised repeatedly in our online survey: when asked which healthcare training options were most important to them, the most common qualitative comment shared in the text box was 'mental health professionals' and 'psychologists'. Some participants actually reflected on how apparent the lack of designated LGBTIQ+ mental healthcare support was in reference to their experiences with mental healthcare support structures in other Australian states.



One focus group participant, for instance, elaborated how free, peer-based counselling organisations were crucial services for LGBTIQ+ people and these were provided in other states:

**I find [LGBTIQ service in Tasmania] very lacking in terms of actually providing any kind of counselling and that kind of stuff. It's really the only organisation that is officially sanctioned as, as queer in Tasmania, and yet, it doesn't seem to do any real counselling, or any of that sort of stuff. Or very little. I don't know, that's my personal experience. I don't know if it follows with others. But I think a really good queer based organisation would have to have people where you could go, I'm thinking particularly of as a parallel, the Gender Centre in New South Wales. When I was living in Sydney, you could go there, and you could see a counsellor for free, because they were paid for by the organisation instead of by the person. And that seems to make a difference. I think things like that are important and critical (P6).**

Participants in our study did not discuss these issues in extensive detail, but they made it abundantly clear that there were a range of major concerns influencing how LGBTIQ+ Tasmanians experience mental healthcare in Tasmania.

# Mental healthcare (cont.)

First, mental health was raised as an issue in terms of the apparent 'lack of access or resources for mental health services' around Tasmania. Mental healthcare providers were talked about as either not being available, particularly in rural and regional areas, or having such long waiting lists that LGBTIQ+ Tasmanians were unable to access them in times of need. Dissatisfaction with these issues was a focus of repeated discussion in our study:

I'm dissatisfied with the lack of psychotherapy in Australia today. It's all short solutions based appts and there's not enough of them per year under Medicare.

The Australian government needs to provide adequate funding for psychotherapy instead of the fast food approach to mental health. 10 sessions a year with psychologists who are not interested in psychotherapy but are interested in "fixing" problems and moving people on, is not satisfactory for people who have depression or who are survivors of abuse. We need a well funded mental health care system.

10 sessions isn't enough and the first sessions available in two months, that's garbage, that doesn't work for anyone (P5).

Respondents also talked about how living in rural and regional areas meant it was almost impossible to access these forms of support: 'the key axis is lack...I mean there might be someone in [larger regional centre], but I think we need someone here in [small remote community]. Someone good. Someone good' (P9).

Second, mental health issues were raised in terms of the lack of quality mental health services. They lacked quality in two different ways according to LGBTIQ+ Tasmanians: 1. They found mental health services generally wanting in terms of practitioners lacking qualifications and experience (mental healthcare providers were mentioned more than any other group of healthcare workers as in need of training); and 2. They found mental health practitioners widely lacked knowledge and understanding (and training) about LGBTIQ+ specific issues. In the first instance, we had some comments about mental healthcare practitioners that were concerning, even when the context of the discussion was not specifically about supporting LGBTIQ+ people:

Would not send my dog to public psych services.

I think everybody needs bloody counsellors, I'm always wanting to refer people, you know, and our community, there's never anyone I can send them to, because some of the people that get into counselling really shouldn't, you know, like, they come out of fucked up relationships, and they do a bit of counselling, and they feel great. And then think I'll do this for everybody else. And that's not good (P9).

I met a homophobic psychiatrist who gave me dangerous advice and refused to see me again after he found out I was gay.

# Mental healthcare (cont.)

These comments about mental healthcare practitioners that this participant has heard about suggests there are some considerable skill gaps amongst these practitioners in Tasmania. In some cases, these knowledge gaps are presenting as prejudices, with LGBTIQ+ Tasmanians being refused support from mental healthcare providers due to their LGBTIQ+ status. Having knowledge about LGBTIQ+ issues was considered equally essential for mental healthcare practitioners: 'It's really important to have psychologists who are actually informed about queer stuff' (P3). Comments from one focus group participant evidenced well the significant importance of this when mental healthcare practitioners lacking this understanding overlook LGBTIQ+ identity as the cause of mental health issues:

My first eight years in Tasmania, I was seeking medical, psychiatric help constantly with very bad depression, drugged to the eyeballs to try and get out of it. The elephant in the room all that time was my sexuality. It was never raised by any of these so-called professionals I saw. And I was still too terrified to raise it...Nobody even mentioned it and I was on antidepressants for 23 years before this. I threw them away two years ago and haven't looked back (P4).

They clearly noted that they really needed to be 'accessing mental health services that are understanding and accepting of LGBTIQI people. I'm part of queer groups on [Facebook] and this comes up all the time. It also reflects my own experience'. This was not an uncommon experience, with other survey participants noting the need 'to help LGBTQIA+ find psychologist and mental health professionals'.

Third, mental health issues were discussed in terms of the apparent lack of 'LGBT-positive mental health services' and the especial lack of LGBTIQ+-identified mental health services. There was significant concern, for instance, around how a lot of support organisations, especially free ones, 'are run by Church organisations in Tassie and I avoid them if I can because of the bigoted views of their church leaders.' They also noted that they would feel safer seeking support with 'mental health practitioners who are in the community' rather than those who are not LGBTIQ+-identified.



# Mental healthcare (cont.)

Fourth, they raised the 'HUGE lack of bulk billing mental health services' and they suggested that 'many people can't afford the support they need'. They emphasised the urgent need for more federal/state/local funding for mental health support for LGBTIQ+ Tasmanians because 'mental health services are grossly underfunded'. There was no doubt from participants that 'there is not enough accessibility to support networks for lower income earners' and they expressed an explicit need for this with LGBTIQ+ people given their overall lower socio-economic outcomes in research. As such, they emphasised multiple times the central importance of 'free psychological services for low socioeconomic LGBTQIA+ people', particularly in Tasmania:

Free or low cost ongoing access to both counselling and or psychologists offering help with better mental health - it is critical to this group. And the rate of middle aged formally heterosexuals that are coming out but are scared to make it known will need psychological support to make that transition.

You have to have money. If waged and have private health insurance, it is better.

There are some good counsellors out there who are very inclusive, but they are expensive or if free, hard to get in to.

Fund queer spaces. It's literally an investment, which will save taxpayer money when less broad spectrum suicide/depression/mental health issues plague our community.

I just wanted to say that over the last few years, I mean, with the marriage equality debate, and then the trans stuff, there's been a plethora of kind of anti queer stuff as part of the debate the discourse and you're exposed to it all the time. And it's awful, and I understand there's been more money given to you know, psychological services and stuff to help people. Some recognition that people have to deal with this crap. But, you know, it hasn't really manifested as any real increase or understanding or appropriate counselling or anything like that. It's just been an extra load on people I actually find it ends up being kind of more difficult emotionally in that kind of stuff and yet and yet there's no real response from society that to address any of that (P6).

Survey respondents were especially critical of the 10-session rule: 'I think that 10 sessions a year is just woeful...it would be interesting to see how many people have killed themselves really due to that, but will never ever know' (P6). They consistently expressed the need for 'decent psychological services beyond the federal 10 sessions, for people with histories of abuse or other long-term problems', and they reiterated that they would prefer these bulk billed services/better funded mental health services to be 'LGBTQ friendly'. Comments from our participants demonstrate without doubt that this is the top priority of LGBTIQ+ Tasmanians.



# Healthcare

The most popular health care professional to be visited was a general practitioner, followed by a pharmacist, psychologist, and allied health professional (Table 2).

No regional differences emerged in relation to proportions visiting a healthcare professional. Significant differences emerged in relation to age. Fewer of the over 50 year age group saw a psychologist compared to the 18 to 34 year age group, while significantly less 18 to 34 year old's consulted a natural therapist than the 45-50 year age group.

Trans men were significantly more likely to see a psychologist than those who identified as cisgender. Those who identified as male were less likely than trans women, non-binary or 'other' to see a psychologist. Cisgender men and women were also significantly less likely to see family planning than trans men and women.

One quarter of respondents reported talking about their sexual orientation at most or every visit, while one third indicated 'some visits' (Table 3). Another one third of respondents reported that it wasn't relevant to their visit, while the remainder (6%) indicated they would never talk about their sexual orientation to healthcare staff.

Of those who did talk about their sexual orientation, half reported that doing so did not affect their care either positively or negatively, while 38% indicated either a positive or somewhat positive effect on their care (Table 4). Just over 4% reported that their care was negatively or somewhat negatively affected by talking about their sexual orientation.



Approximately three quarters of all responses to this question indicated that they had not experienced any of the negative effects listed (Table 5). Fourteen per cent of responses referred to educating the health care provider because of a lack of knowledge, while 9% referred to being asked inappropriate questions, and in 7% of responses the specific needs of the person were ignored.

**"Our Trans community do not have the medical support they need. A sexual health clinic with excessive waiting lists is simply causing so much damage. I cannot wait this lengthy amount of time to start hormones, it should be my right as a trans person to have access to the things I need."**

**"I have had to give up on medically transitioning, because surgery is so inaccessible, and with hormones alone I wouldn't pass. I would merely be making myself a target for even more violence by being visibly queer."**

Eighteen percent of those identifying as intersex reported talking about their status at every or most visits, with a further 21% indicated some visits (Table 6). Just over one half reported that it was not relevant to their visit, while the remainder reported they would never tell a healthcare worker about their intersex status.

Significant differences emerged between sexual orientation and intersex in relation to talking about their status. Fewer intersex respondents reported talking about their status all or most of the time than did those responding to sexual orientation, while a greater proportion of those identifying as intersex indicated that it wasn't relevant to their visit than did those who talked about their sexual orientation.

Forty three per cent of intersex respondents reported that talking about their intersex status had neither a positive or negative impact on their care (Table 7), while a further 43% indicated a positive impact, and 14% reporting a negative impact on their care.

**A larger proportion of intersex people reported a negative impact on their healthcare (14%) than those who talked about their sexual orientation (4%).**

When asked if they had negative experiences in healthcare settings, three quarters of intersex responses to this question reported none of the above, while 10% reported their specific needs were not met, and another 10% of responses reported that the healthcare worker focused on their intersex status rather than what they needed help with (Table 8). Six percent of responses noted changing health care providers, having to educate the health care provider, and being misgendered or pressured to undergo a medical or psychological test. Twelve percent of responses preferred not to say.

**"I had my actual needs ignored for being asked questions about my identity rather than what I came in for."**

**Training priorities in healthcare**

Participants were asked to rank the level of importance they would assign to LGBTIQ+ inclusive practice training for different health service providers (with 1 being the lowest priority and 5 being the highest).

**Results suggest that LGBTIQ+ inclusive practice training for all healthcare providers is a high priority for LGBTIQ+ Tasmanians (Table 9). Overall, training for medical and nursing staff and students was identified as the highest priority, closely followed by specialists, then professional staff and aged care staff.**

Overall scores for each of the training options was high, with scores averaging around four in most cases. Thus, overall scores for training for medical and nursing staff scored a mean of 4.25 out of a possible 5. Training for specialists recorded a mean of 4.21, professional health care staff, 3.97, and aged care staff, 3.87.

No significant differences emerged in relation to gender, sexual orientation, or region in relation to training options.

Scores for specialist training were significantly lower for 35-44 year age group than for the 25-34 year age group, while the 18 year age group recorded a significantly lower score for professional health care staff compared to the 25-34 year age group. Additionally, the 18 year age group scored significantly lower scores for professional health staff, aged care staff (home care), and aged care staff (residential), than the 45-50 year age group.

## **LGBTIQ+ Inclusion priorities in healthcare**

Participants were asked to rank the level of importance/priority they would assign to LGBTIQ+ inclusive initiatives for healthcare (with 1 being highest priority and 5 being the lowest).

### **The highest priority overall appeared to be a funded mental health and suicide prevention strategy, followed by 'other' inclusion priorities and the use of inclusive forms (Table 10).**

No significant differences in relation to inclusion priorities was observed for region. In relation to age, those in the 45 to over 50 age group scored significantly lower scores for more visible inclusion of LGBTIQ+ people, than the 18 year age group, indicating that this was of greater importance to older persons than younger persons. Additionally, those between 18 and 34 recorded a lower mean score for more unisex/gender neutral toilets than the over 50 year age group, indicating greater importance among the younger cohort. No other differences emerged for age with any of the other priorities.

In so far as gender is concerned, trans women and non-binary respondents scored significantly lower scores for unisex/gender neutral toilets than those who identified as cisgender, indicating that unisex/gender neutral toilets were a greater priority for trans women than cisgender people.

## **Resource priorities for LGBTIQ+ healthcare**

Participants were asked to rank the level of importance/priority they would assign to various resources to support LGBTIQ+ healthcare (with 1 being highest priority and 5 being the lowest).

The greatest resource priority overall was more resources for LGBTIQ specific support services, with a mean score of 2.1 out of 5 (Table 11). This was followed by more resources for transgender specific support services (2.5), more resources for culturally and linguistically diverse people (2.96), more resources for older people (2.9), and more resources for intersex people (3.45). No regional differences emerged between resource priorities.

In so far as age is concerned, those from 18 to 34 years recorded significantly lower scores for more resources for transgender services than did the over 50 age group, indicating greater priority for these services among the younger age groups. Those in the older age groups (45 to over 50 year age group) recorded significantly lower scores for more resources for older people than the 18 to 24 year age group, while the 25 to over 50 year age groups recorded a significantly lower score for more resources for older people than the 19-24 year age group. No other differences emerged between age groups for any other resource priorities.

For gender, trans women and non-binary people scored lower for more resources for transgender people, than those identifying as female. Additionally, trans women, trans men, non-binary and other, recorded a significantly lower score for more resources for transgender people, than those who identified as male. Those who identified as female or male scored significantly lower than cisgender for more resources for older people, indicating greater support for these services among male and female than cisgender people. Bisexual, pansexual, and queer people recorded a significantly lower score for more resources for transgender people than did gay persons, while gay and lesbian persons scored significantly lower scores for more resources for older people than bisexual people. This difference is accounted for by age, with significantly greater proportions of bisexuals in the younger age cohorts than the over 50 age group.

## Issues related to healthcare

Access to affordable, inclusive, and most importantly, 'affirming' healthcare that was 'appropriate and empathetic' was a common concern for participants. They repeatedly highlighted the need for broader promotion of LGBTIQ+-inclusive healthcare providers across the state, but again also the need for LGBTIQ+-identified healthcare services, LGBTIQ+-identified health practitioners, and health services created and run by LGBTIQ+ people for LGBTIQ+ people. The lack of knowledge about these issues was a concern because LGBTIQ+ Tasmanians reported to us that this meant they experienced discrimination and harassment with healthcare providers. Although some participants clearly noted they 'had very positive experiences of the health system over the last 4 years', most comments in response to our online survey indicated problematic experiences for LGBTIQ+ Tasmanians with healthcare practitioners:

They called my orientation a "lifestyle". They were an older male doctor who later apologised.

I had false as well as insulting information written about me in reports that were kept on my file and/or given to other healthcare providers.

More than a year ago I endured irrelevant stereotypical remarks in a report from an ID specialist regarding my sexual orientation.

They never do understand how I am sexually active and also not on birth control and not trying to get pregnant.

Another bad experience I had was with a nurse saying I needed to get onto birth control even though I'm a lesbian she said things still happens and I would still likely get with a man. She said it a few times even though I tried to explain I didn't need it.

I have heard multiple stories from trans women about misgendering, deadnaming, and insulting treatment at an IVF/sperm donation facility in Tasmania.

Our participants noted that they really wanted 'medical services that are aware of LGBTIQI needs. Bisexuals remain invisible.' Healthcare providers having this knowledge was considered especially crucial, even for 'medical office admin. Uneducated comments can be harmful'.

The need for education and training for healthcare professionals and ancillary staff were best evidenced in the comments we received in the online survey about healthcare priorities. When provided with a text box in which they could share what their priorities were, comments provided overwhelmingly focused on the need for training for healthcare providers, both in-service and pre-service, and in ongoing forms, with the comments below being just a sample of the number we received about this issue:

I met someone at medical school (about to finish) and she said they didn't have much LGBTIQ+ education at all. This has to change.

All staff to be educated on LGBTIQ+ issues and not make assumptions about patients.

EVERY staff member being trained - good policy and mandatory training, including appropriate language and vocabulary, understanding of bias and discrimination. Too many services SAY they're inclusive (e.g. pride flag sticker) and then the staff are awful, which does MORE damage

Mandatory LGBTQIA-centred information sessions/workshops/education that is updated and run regularly enough to keep up with relevant changes in language, awareness, procedure, etc.

Regular LGBTIQ+ training for all health care providers

Training for all staff in using inclusive language/not presuming that all patients are cisgender heterosexuals

Training in dealing with LGBTI+ people for all staff. They should all have a sense of what is appropriate, and what is not.

While we have included a lot of comments above here, we wanted to show how incredibly important this area of concern is for LGBTIQ+ Tasmanians. These leave no doubt that training of healthcare professionals and ancillary staff is an area needing urgent consideration, that this needs to be considered in university level, pre-service training, and in medical settings when professionals and staff are working in-services, and that this training needs to also happen in the form of ongoing professional development.

We had many LGBTIQ+ Tasmanians saying they had explicitly avoided healthcare in situations clearly requiring medical attention because they had so much fear about possible stigma and discrimination from health care providers. Fears associated with accessing healthcare providers that lacked these forms of knowledge represented a powerful factor influencing the avoidance of healthcare practitioners amongst LGBTIQ+ Tasmanians: 'Not yet engaged with health care system, but have a fear doctor won't be receptive or acceptive'.

For instance, one online interview respondent noted: 'I have a trans friend in her 70's who refuses to have her prostate checked because that wouldn't fit with the way she has seen herself for the last 50+ years, even though she stopped taking her hormones almost a decade ago. I worry about those aspects of her health'. Another online survey respondent shared: 'Sometimes I do not feel like its worth stating, won't be understood/respected & sometimes choose not to make appts which I need'. LGBTIQ+ Tasmanians noted that they were also strategic with healthcare visits as a result – they avoided seeing providers they did not know: 'I lay low, and don't visit doctors who don't know me. Not worth the anx [anxiety]'.

Potential reactions of healthcare providers when LGBTIQ+ Tasmanians did disclose their status was a powerful factor that motivated healthcare avoidance. Respondents noted they often did not disclose this information to their healthcare providers: 'I haven't yet visited a health care provider where I have disclosed my sexuality'. Of particular concern were comments indicating that many LGBTIQ+ Tasmanians noted they did not disclose their LGBTIQ+ status to healthcare providers even when it was relevant to their visit: 'Avoided disclosing sexuality despite relevance to the presentation'. It is evident that the potential for negative experiences with healthcare providers in Tasmania is heavily shaping the medical care of LGBTIQ+ Tasmanians. In contrasting situations, where their status was not relevant, healthcare providers were evidently making assumptions about LGBTIQ+ people: 'Assumptions were made that were inaccurate. My sexual orientation wasn't relevant at the time but it did mean that I was less likely to be open and honest with health professionals'. Some LGBTIQ+ people reported that their status became the focus of their appointment, meaning the healthcare provider failed to meet their needs: 'I had my actual needs ignored for being asked questions about my identity rather than what I came in for'. In some instances, LGBTIQ+ Tasmanians had such problematic experiences that they changed their healthcare provider altogether: 'Changed GP due to previous GPs treatment of my partner'.

Further to this, they had avoided healthcare because, just like mental health care, they could not afford to access healthcare due to the lack of available bulk billing 'doctors that are LGBTQ friendly'. They noted clearly that they needed 'more health services for LGBT+ people covered under Medicare'. These issues were also highlighted in comments from respondents discussing healthcare priorities. Government funded services were clearly noted as something needed to ensure LGBTIQ+ Tasmanians with fewer socio-economic resources had access to medical care: 'A funded LGBTIQ+ service providing bulk billed GP appointments and other health services'; and further: 'more LGBTQIA+ friendly GP clinics that specialise in issues that affect the community'. Given the amount of research demonstrating the lower socio-economic outcomes of LGBTIQ+ people generally, and particularly in Tasmania, it appears imperative that the issue of free healthcare be prioritised.



## Transgender and gender diverse experiences of healthcare

The healthcare experiences that transgender and gender diverse people shared with us in our study were problematic at best. They disclosed behaviours from healthcare providers that ranged from general frustration to what most people would consider sexual assault. Their experiences were very clearly shaped by their status as a transgender and gender diverse person. Frustrations were most commonly expressed in relation to how the gender affirmation system in Tasmania is set up to support transgender and gender diverse people to affirm their gender. The most common frustrations noted was with how they needed to attend a sexual health clinic for these concerns and how this meant considerable waiting times related to obtaining support:

We really need a Gender Clinic. Our Trans community do not have the medical support they need. A Sexual health clinic with excessive waiting lists is simply causing so much damage. I cannot wait this lengthy amount of time to start Hormones. It should be my right as a trans person to have access to the things I need. In Australia and the US the Trans attempted suicide rate is approximately 40%, we need urgent attention!!!!

Unfortunately you have to go to [sexual health clinic] for gender stuff as it is not a sexual health issue! We need a designated gender centre. Having to wait over 8 months to get an appointment with the psych at the gender centre or pay \$280 and have to attend a paediatric clinic to see him for a gender related referral is totally inappropriate!



Participants were also particularly vocal about how accessing appropriate, sensitive healthcare for transgender and gender diverse people was incredibly challenging. Many people raised the need for 'proper medical care for the transgender community.' They expressed concern about long 'wait times to access the transgender clinic' and described the difficulties accessing gender affirming care in Tasmania as 'still pretty restrictive and hoop-jumpy for trans people, which is really concerning'. LGBTIQ+ Tasmanians had very specific suggestions to ensure 'better healthcare outcomes for trans patients', including 'more AusPATH medical practitioners, and reinstating/covering medications/treatments under Medicare and the Pharmaceutical Benefits Scheme'.

We had some transgender people report behaviours from healthcare practitioners that we would define as sexual assault. It is clear the underlying reason for this was inappropriate curiosity, referring to the intrusive questions that transgender and gender diverse people get asked about the lives by healthcare practitioners (Grant et al. 2021; Shepherd, Hanckel & Guise, 2019). However, inappropriate curiosities can often extend beyond intrusive questions to breaches of bodily integrity: where medical practitioners undertake invasive medical examinations to fulfil their own personal curiosities about the post-affirmation surgery bodies of transgender people (Vermeir, Jackson & Marshall, 2018). This form of medical examination is evidenced in the experience recounted below in our online survey:

**I'm trans, and saw a urologist in Hobart, to have a prostate exam. He not only probed my anus (expected) but probed my vagina (unexpected) and later "complimented me" on the "work" and asked who my surgeon was. This felt invasive and creepy.**

Any sort of invasive examination of the body of a person could be considered sexual assault as it is a clear breach of bodily integrity, and this person makes it clear it happened without their consent. The behaviours of this practitioner were not focused on the care of the transgender person in this example as their examination of their body was motivated in inappropriate curiosity about post-surgery transgender bodies.

These types of experiences are highly problematic, traumatic, and can create long term psychological harm for transgender people. Given the levels of fear reflected in the comments above about engaging with medical care generally, we might speculate that other transgender people have had similar experiences that they are too afraid to report.

Another key concern for transgender and gender diverse people was the lack of available healthcare practitioners with a focus on gender affirmation (particularly those with specialist capability around surgical procedures). They noted clearly that a priority for them was having access to 'gender affirming surgeries'. However, it was not just an issue of having these practitioners physically available (although they were most often interstate) – they also needed to be financially available. Participants acknowledged that when practitioners and services were available, the exorbitant costs associated with accessing them, and sometimes their physical proximity to them, provided often insurmountable barriers for transgender and gender diverse Tasmanians:

Access to medical care. There is very little access to medical care in Tasmania, for queer people's specific queer camp. And a lot of people try and outsource to the mainland. It is not fully impossible, but almost impossible to get transgender surgeries in Tasmania as an example (P2).

Support I needed (eg. transition) was far too expensive and not covered by any private health (eg. chest masculinisation surgery).



**Make surgery and hormone replacement therapy accessible and affordable to all transgender and gender diverse adults, and where the choice for surgery depends only on informed consent.**

There were other circumstances where medical products, especially hormones, used for gender affirmation were just too difficult to access for the person involved so they chose to source these illegally. One young person in our online survey noted they 'bought anti androgens when I was underage because getting a prescription required going to the family court and I was discouraged from this'. An adult in our online survey shared similar experiences:

I used pro hormones in body building to 'try' how I'd feel it before I went to a doctor...I was fine, fitness freaks know their nutrition and the shit they put in their body. Anyway, once I had I had done that little experiment in privacy, I was ok with going to a doctor and going down the correct path.

A final theme discussed in the data we collected around transgender and gender diverse healthcare issues was the need for specific awareness and sensitivity training for all medical staff focused on transgender and gender diverse issues. Like the number of comments about the need for LGBTIQ+ awareness training for medical professionals generally, we had a significant number of comments noting the need for

specific training focused on these issues so that physiological concerns impacting the lives of transgender and gender diverse people could be better understood and more respectfully ameliorated by healthcare practitioners: specific training focused on these issues so that physiological concerns impacting the lives of transgender and gender diverse people could be better understood and more respectfully ameliorated by healthcare practitioners:

Training health professionals in anti-discrimination. I have overheard transphobic conversations between health professionals, for instance, which made me feel unwelcome and powerless.

They need to ensure that medical services are available for those who feel uncomfortable in some medical settings (e.g. I'm only comfortable getting gynaecological care from the sexual health service), and that G.P.s are aware of the unique medical needs of aging trans women (and men, I guess).

As with general LGBTIQ+ training for healthcare practitioners, our respondents make it clear that this specialised knowledge is needed by these practitioners to enable safe, respectful, supportive medical care for transgender and gender diverse Tasmanians.

# Schools and education

Education and schooling were discussed at some length. We gathered robust quantitative and qualitative data about the issues currently impacting the lives of school students, teachers, and even parents involved in schooling and education. The data clearly demonstrates there are major concerns commonly expressed many respondents. Below, we discuss student experiences, teacher experiences, and then move to the key themes emerging from the qualitative comments gathered in the study.

## Student Experiences

Nine out of ten respondents had completed their schooling. Over fifty percent of the sample (50.3%) indicated they had a university degree or a higher university degree (e.g. PhD). Twelve percent had a trade or apprenticeship, 23% had grade 12 or equivalent, with the remainder (15%) a high school (grade 10) education or lower (Table 12).

### **When asked if they were openly LGBTIQ+ in school, the majority (75%; n=261) were not.**

In just over one half the cases (58%) respondents indicated that being 'out' did not have any effect on their education, while one third indicated that it had a 'bad' affect. No regional differences were observed in relation to the impact of being out on education.

Three quarters of those who answered this question had not, or were not 'out' at school . No regional differences emerged in relation to being 'out'.

Being 'out' correlated with age, therefore there was a greater likelihood of being 'out' the younger the person. More 18 year olds were 'out' at school than those in the 25-34, 35-44 and over 50 age groups. Additionally, a greater proportion of 19-24 year old's were 'out' at school compared to 35-44 and over 50 age group.



**"I was told to keep [my identity] to myself because it made the other students feel uncomfortable."**

**"Things have changed a lot since I went to school and tried to interact as a queer person in Tasmania so many of my answers are based on that experience, I notice young people are more open and seem more content with being queer in Tasmania."**

# Education (cont.)

Forty two per cent of students told all or most other students of their identity as LGBTIQ+, compared to 57% who reported telling 'some', and 1% who told none. Twenty four per cent of students told all or most teachers that they were LGBTIQ+, compared to 36% who indicated 'some' and 40% who did not inform teachers of their identity. Three quarters of respondents did not inform any administrative staff about their identity, while one quarter informed some support staff and 49% were not out to any support staff. Thus, while students were more open to telling other students of their LGBTIQ+ status, this was not the case for teachers, administrative, and support staff.

Results demonstrate that issues relating to LGBTIQ+ were rarely covered in school-based sex and relationships education. As can be seen in Table 13, in 72.5% of cases, none of the issues listed were covered in school-based sex education. Twenty one per cent of respondents had attended classes that included discussion of sexual orientation, 7% included some mention of diverse gender identities, while just 3% had classes that referred to intersex status.

As with coming out at school, younger respondents were more likely to be exposed to school-based sex education that was inclusive of LGBTIQ+ issues and needs than their older counterparts. No significant difference emerged in relation to region. Notably, most respondents (80.3%) did not feel that their sex education had a positive impact on their education.

While 20% of respondents did not report having negative experiences at school, the majority reported a range of abusive experiences (Table 14). The most common form of abuse was insults and hurtful comments which were indicated in 63% of cases and comprised one quarter of all responses. This was followed by threats of abuse or violence. Being left out of activities was reported in 30% of cases and 11% of responses. In addition, students or staff telling others was reported in 40% of cases which comprised 15% of responses. In 20% of cases, respondents reported having none of the negative consequences listed. Overwhelmingly, other students were responsible for any abuse, occurring in 89% of cases and 50% of responses. This was followed by teachers, principals, and administrative staff.

**"Leaving school in grade 11 because of harmful comments from staff and students, I thought I had no place in this world. I am now a successful volunteer firefighter, proving no matter what your circumstances, you can make something of yourself, you just need to find your passion."**

**"My health studies teacher in year 12 told the class 'if you think about it, it's not natural to be gay'"**

# Education (cont.)

## Teacher Experiences

Eighty six per cent of the sample did not teach. Of those who had, 11% worked in a State school, 2.5% had worked in a religious school, and 1.7% an independent school. Just over half (52%) of all teachers indicated they were 'out,' or open about, their LGBTIQ+ identity at school.

**Just under half of all teachers (45.7%) reported no negative experiences from being 'out', significantly more than students (Table 15).** Of those who had, 30% of cases reported hiding their identity. Verbal abuse was reported in 21% of cases, while telling other people was reported in 22% of cases.

**"Students told me I should be killed, I was called homophobic slurs almost daily for 12 months. The school did nothing and almost exacerbated the problem. Schools are not equipped to help young LGBTIQ+ teachers, let alone students. We need more help."**

**"I was discouraged from telling the kids [about my identity]."**

**"I was possibly 'looked over' for promotion and other opportunities"**



# Education (cont.)

## Issues related to education

Education and schooling were repeatedly discussed in qualitative comments from our participants. These comments revolved around a core focus as expressed by one survey participant: our participants emphasised that education and schooling were 'the most important factor in improving young LGBTQ+ kids' lives'. They championed 'mandated education for all staff, as well as significantly improved and monitored education for students'. Their reasons for making these suggestions related to the overwhelming lack of discussion about LGBTQ+ people and their lives, histories, victories, and challenges in schooling contexts: 'The education I received at both private and public schools regarding LGBTQ+ issues was almost completely absent'. As our questions in our survey focused on the experiences of students and teachers, we had many comments discussing what experiences were like for those that disclosed their sexuality and/or gender diversity in school environments. Colleges were rated more highly for being inclusive places where disclosing went 'extremely well', but private schools were identified as places where coming out was a significantly negative experience. Their comments were context specific: in some cases, female students were great, but 'guys could be really horrible' and 'students were mostly very good; teachers reacted mostly quite badly'.

Negative experiences noted by LGBTQ+ students in schooling environments included 'social ostracism', gay straight alliance student clubs being 'outright denied when effort was made to create one'. They mentioned 'feeling unsafe in class due to use of slurs and other homophobic language' and experiencing 'non-direct discrimination only. That is, my non-cis partners were harassed for not being heterosexual while we were dating'. Others discussed more serious forms of harm:

So many things. I was threatened by boys who thought the right "dick" could "fix" me; an AP in collage threatened to out my closeted GF to her backwards family, teachers harrased me and put me in time out for "inappropriate conduct" when I interacted with other girls (straight kids didn't struggle with this); staff assumed that any pair of girls always included me even though I was in a monogamous relationship because I was the token femme lesbian they knew about; teachers said I was "exposing" grade 7s to something, as if I was some kind of threat to other children when I was a child myself; I did nothing unusual, nothing about me was different except that I was gay.

# Education (cont.)

Students featured prominently in the comments as the perpetrators of these negative behaviours, but what was particularly concerning was this was closely matched by the number of comments noting teachers and staff as the perpetrators of these harms. One comment noted that this went to the highest levels of management in the school their child attends: 'they have been in a room when homophobic comments and jokes were made which made them anxious they also have a principal who is homophobic'. Parents also featured heavily in comments about schooling, particularly as a group in urgent need of attention with awareness education around sexuality and gender diversity issues, with a few comments noting the need for this to focus on the 'those with strong religious beliefs'.

They noted a range of different issues with school environments that make them unsafe places for LGBTIQ+ young people. This perspective was well evidenced by comments from a teacher in the online survey who had only newly moved to Tasmania:

I have only just moved here. However, in my short time as a teacher here, I have already heard a lot of students using language such as "that's gay" as an insult. I wish there was more support in education to know how to deal with this kind of micro aggression. Sometimes it is scary to try and explain to students why this is inappropriate, why being gay isn't an insult, especially with students who are seen as aggressive. I also know that a fellow teacher heard the f-slur used in class and dealt with it really well, but I am worried about how I would deal with that kind of thing while being taken seriously. I think something needs to be done to change this culture of "gay is bad" and education settings are fantastic places to enact this change, but it needs to be with everyone, not just a few queer teachers who are personally affected by it.

**I work in a school, so I've personally gone out of my way to try and create spaces for LGBT+ students, however, I'm very aware that the reaction to students reporting abuse/harassment depends entirely on which staff member was reported to. If a staff member is homo/transphobic or otherwise uninterested/biased, they can choose not to follow it up.**

**I was bullied by senior leaders in my school as an out queer woman in regional Tasmania. Students told me I should be killed, I was called homophobic slurs almost daily for 12 months. The school did nothing and almost exacerbated the problem. Schools are not equipped to help young LGBTIQ+ teachers, let alone students. We need more help.**



# Education (cont.)

These comments demonstrate the clear need for education with students and teachers, and these themes were reiterated by others stating the urgent need for further awareness education and training around sexuality diversity in general, around transgender and gender diverse people, and around bisexuality. They argued that young people 'need more awareness and education around sexuality and gender fluidity' because at the present time, 'we are not taught how to understand or accept or difference and that it's okay'. Parents of transgender children expressed similar concerns in their comments in the online survey: 'my transgender 7 year old is important. Her happiness and acceptance from her school and the community'.

Another focus in the discussions on education and schooling was these services being provided by religious educational institutions. There was a particular focus in the comments around Catholic education spaces, with these schooling spaces mentioned as facilitating real harm against LGBTIQ+ young people and failing to protect them from discrimination and harassment:

**I think it is so important for LGBTQ+ students to have a voice, especially in Christian schools where their voices are silenced by homophobic/transphobic teachers who push their beliefs onto the students. There was one instance where a student came forward to talk about their struggles with their gender, and they were told that there was no place for that conversation at the school. That kind of shaming and shunning can have detrimental effects on young people's mental health and there needs to be something done to protect LGBTQ+ youth.**

Schools were identified as the key place within which this awareness education could begin, with suggestions around teaching about the historical and current challenges experienced by LGBTIQ+ people in schools: 'it is extremely important to include LGBTQIA+ events and histories and stories in the school curriculum. Children who see the community as normal are hopefully less likely to grow up to be bigoted'. They argued that by doing this, they would create more open minded, broader thinking adults that would collectively create a more inclusive Tasmanian society: 'it is important that LGBTQIA+ events, histories and stories are taught in schools. Knowledge and understanding from a young age reduces the likelihood of bigoted adults (I hope)'.

Unsurprisingly, in line with the statistics discussed above demonstrating a need for a focus on sex education in schools, and particularly the lack of a focus on diverse sexualities and genders, this was a central focus of attention in discussions in our project too. Awareness about LGBTIQ+ people was not the only issue identified as urgently needing attention in schooling systems: 'the lack of quality, or ANY sex, gender, and sexuality education in Tasmanian schools is endangering the lives of our LGBTQ+ youth'.

# Education (cont.)

The lack of diverse sex education in Tasmanian schools was emphasised as an issue requiring urgent attention because sex education 'is a major concern for most non-heterosexual couples' and therefore must be a focus of teaching and learning in schooling environments. Participants were aware that this may have already recently been a point of focus in research, but they urged that schools needed to have 'another look at what sex education provides' for LGBTIQ+ young people in Tasmanian schools.

Our participants made it clear that there was an apparent lack of discussion about the existence of transgender and gender diverse people and their achievements/challenges in schooling environments and that, as such, 'there needs to be more support in schools' for transgender and gender diverse young people and children. Support was identified in specific forms and comments focused on the need for this in both 'late primary school and high school' contexts. First, comments strongly indicated the need for structural changes to school spaces in the form of installing gender neutral bathrooms throughout schools across Tasmania. Second, they noted the need for economic changes in the form of 'more funding for organisations like Working it Out so that there are more educational support services in place in schools for transgender children and their parents'. This funding would ensure that these organisations could provide further support to transgender and gender diverse young people and children in schools, their parents, and school staff. Third, comments identified that 'there is an overwhelming need for more than one Schools Inclusion Officer for the state'. This one person was identified as doing excellent work, but they were clear concerns about this one person not having the capacity to cope with the number of students needing support across the Tasmanian landscape:

**Have a minimum of two dedicated 'inclusion officers' in schools for students, staff and parents to turn to or consult.**

**We need at least one other Schools Inclusion Officer for the north of the state and support workers employed who work specifically with LGBTIQ families and run programs that can assist individual classrooms and teachers who may have a TG or Non-binary child in their class.**

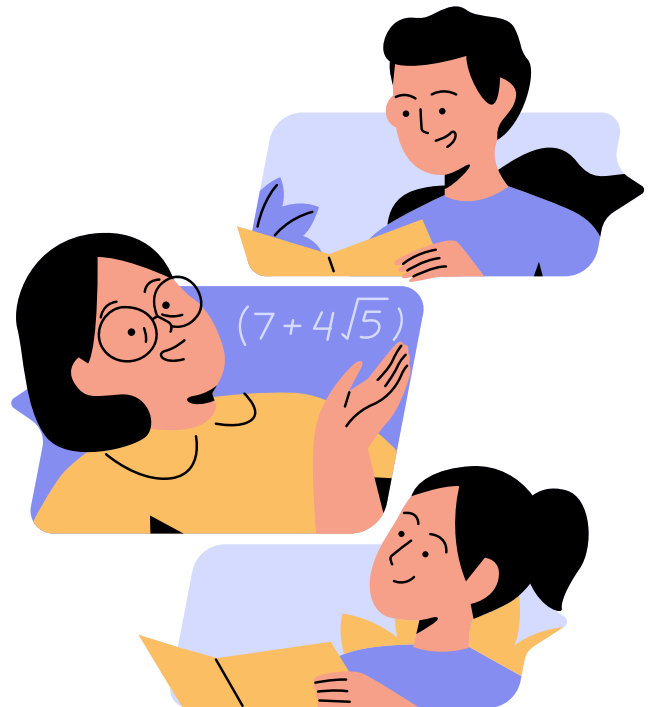
The demand for these types of services appear to be increasing in Tasmania and our participants are making it clear that this demand is not being met by the current funding support for school inclusion officers in schools.

Issues for young people were often raised on conjunction with issues raised around schooling and safety. For instance, a lot of comments noted how Tasmania needed 'more education in primary and high school about what it means to be lgbtq+'. Even young people themselves noted this in our online survey 'funding support for LGBTQ+ youth, particularly in schools is very lacklustre. These are my key concerns as a young LGBTQ+ person but I am sure there might be more significant problems for us'.



# Education (cont.)

They talked about how 'we have few to zero youth based activities and spaces, and the ones we do have are either funded by volunteers and constantly face restrictions, or are all just during Pride week, as if the queer kids disappear the other 51 weeks a year' – 'LGBTQ+ minors have little or no safe spaces, forcing them to curate their own events which without guidance or support from the local government or our LGBTQ+ elders'. Most importantly, they talked about how schools were a key place where good support could be integrated for LGBTQ+ young people. LGBTQ+ Tasmanians stated they wanted to see 'more mental health assistance for lgbtq+ people at school'. In addition to the need for further school inclusion officers noted above, comments also highlighted the need for 'ensuring schools have professionally qualified counsellors' and to have 'counselling staff who are trained in LGBT+ issues in every school' to keep LGBTQ+ young people safe in schooling environments.



# Workplaces

Respondents are most commonly employed as public servants (14%), professionals (12%), educators (9%), and managers (8%). They most commonly work in industries such as health, education, retail, and government (Tables 16-17).

Nearly two thirds of respondents who worked indicated they had informed people at work they were LGBTIQ. No regional, sexual orientation, or gender differences emerged. In so far as age is concerned, a significantly smaller proportion of those aged up to 18, and those over 50, reported being 'out' in their workplace than the 25 to 34 year age group.

In 65% of cases, respondents reported they had not experienced any of the behaviours listed (Table 18). Hiding identity (18%), someone telling others about their identity without their consent (15%), and verbal abuse (12%), were the most common types of negative experiences encountered in the workplace.

## **"A job offer was withdrawn when they found out I was transgender."**

In nearly two thirds of cases, a colleague was responsible for negative experiences, followed by a manager. Customers were responsible in one quarter of cases, followed by clients (Table 19).

Of those who had experienced some form of abuse, eight out of ten respondents did not report the incident to anyone (Table 20). In a third of cases, the person dealt with negative experiences themselves or with family and friends.

A reticence to report negative experiences revolved around a fear losing one's job (21%), that reporting the incident may affect their workplace relationships (43%), or the person had a bad previous experience or heard there was no use reporting abuse (Tables 21-22).



The most common formal avenues for reporting included a direct manager (39%), higher management (28%), or a trade union (28%). Friends or family (17%) and work colleagues (17%) were more informal avenues for reporting abuse.

Over half all those who reported abuse were either happy or somewhat happy with how the incident was handled, while 40% were either somewhat or very unhappy (Table 23).

## **"While workplace training in LGBTQIA+ issues is useful, it is only so to those who are already receptive. People who are engrained in their homophobia and/or transphobia will only use this training as another point of resentment and ridicule."**

Two thirds of workplaces either had a workplace diversity and inclusion policy or had a general diversity or inclusion approach (Table 24). Over 40% were either somewhat or very happy with how policy was enacted in the workplace, while others were neutral (38%) (Table 25). Over three quarters of respondents reported that they had not received any LGBTIQ training (Table 26). Of those who had received training, over 8 out of 10 reported being somewhat or very happy (Table 27).

# Workplaces (cont.)

## Issues related to workplaces

The statistical data in our study reveals a lot of issues with workplaces for LGBTIQ+ people in Tasmania. Discussions we had with LGBTIQ+ people in our study revealed a lot of concerns for workplaces, but the issues emerging were consistently similar. The key message from these discussions was that, when LGBTIQ+ Tasmanians reveal their sexuality and/or gender diversity in Tasmanian workplaces, the responses of employers and colleagues are 'a mixture. Some were supportive, others were abusive' and 'some very supportive, others rude and discriminatory'. It was clear that 'it depended on the person - not everyone reacts in the same way'. For instance, one person in our survey commented that their 'boss is dismissive and doesn't use pronouns even though she knows them'. Another noted that 'it is always a mix of some people who are cool, some who are trying too hard to seem cool but don't know what to say so they say weird things and people who just say dumb shit like "and that's your choice, I just don't want anyone shoving it down my throat"'. For some people, the reaction to disclosure was not the issue – it was the 'incorrect assumptions beforehand can be hurtful. The bigger issue is non inclusive language being used loudly causally in the workplace every day'.

There were different forms of discrimination reported to us in the qualitative components of our project. Participants talked about 'having the female-attracted side of my sexuality fetishised, while also being shamed' and overhearing 'hurtful stereotypical comments about my orientation when they didn't realise that's how I identify'.

In one instance, someone noted that their 'daughter had to leave the state for work due to bullying in her industry (diesel mechanic)'. Transgender participants shared a range of discriminatory behaviours that they had been subjected to, including a range of microaggressions like 'dead naming, misgendering, transphobic language used despite training', and this came from managers, colleagues, and customers. Other transgender people shared considerable forms of discrimination, including one person noting that 'a job offer was withdrawn when they found out I was transgender' and another reporting how someone had made 'threats (by someone interstate) to report me to my professional body'.

Structural forms of exclusion (particularly in the built environment) were also noted by transgender people in our study, such as one person that talked about how 'there are no toilets which reflect my gender identity. I have to leave my office and use toilets on a different floor elsewhere in the building'. All these forms of discrimination and harassment, whether it is microaggressions or being denied employment, cause real harm to LGBTIQ+ Tasmanians.

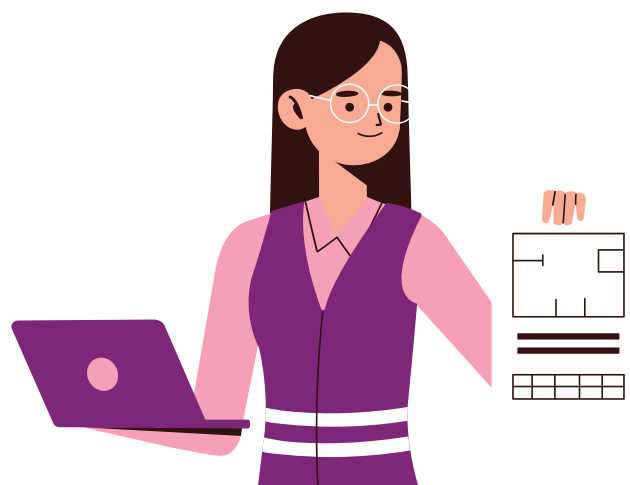
# Workplaces (cont.)

One of the most common suggestions for overcoming the types of behaviours indicated above is workplace training and professional development. This was mentioned numerous times in our qualitative data. Interestingly, there was also some hesitation expressed about a training and professional development approach. Respondents talked in our study about how this needed to be considered very carefully in Tasmanian workplaces. There was concern that these forms of training could inflame the issues further and be met with resistance:

**Mandatory training for inclusive workplaces in private sector (not just government agencies) as LGBTQI work in all industries and making all workplaces a safe and inclusive environment would have a profound effect on LGBTQ mental health across the board.**

Many questions here talked about training in the workplace. Although this is a fine idea for those who are receptive, for those who are set in their homophobia and/or transphobia it only provides another point of ridicule. Therefore, it is extremely important to include LGBTQIA+ events and histories and stories in the school curriculum. Children who see the community as normal are hopefully less likely to grow up to be bigoted.

These comments highlight that the complexity of the workplace context needs to be taken into consideration before training is implemented. The other key suggestion for improving workplace relations, and minimising the likelihood of the behaviours noted above, was 'employing more openly out LGBTQ+ people because getting to know LGBTQ+ people is shown to be the best way to breakdown the social myths that circulate about us. Who doesn't benefit from diversity?'

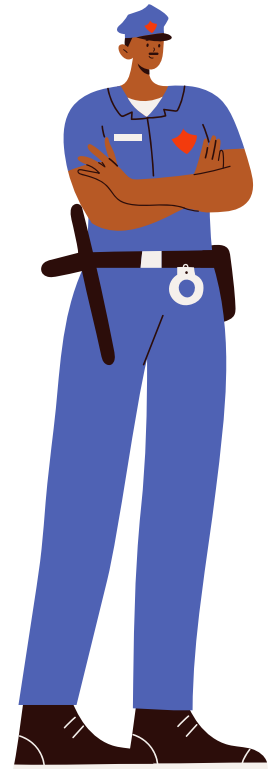


# Policing

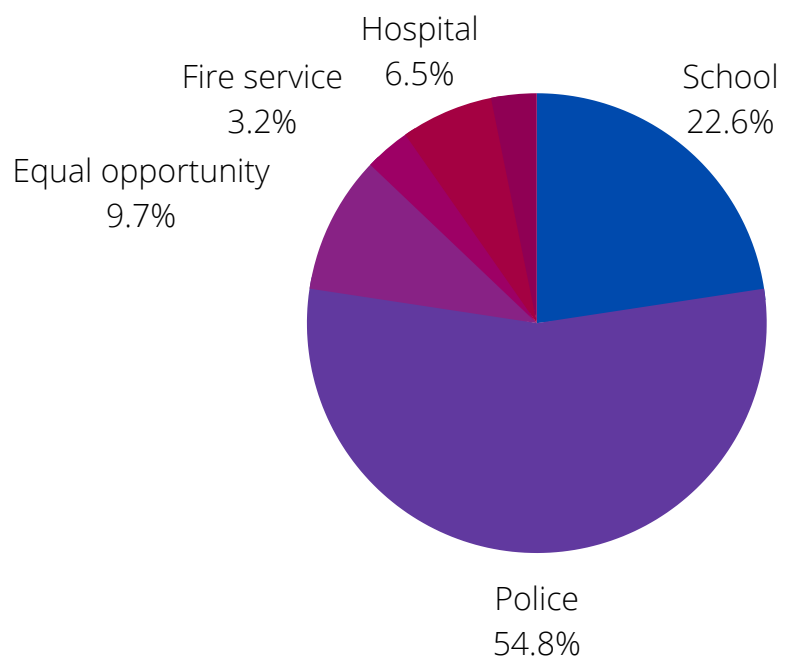
Tasmania Police are the most popular avenue for reporting negative experiences (55%), followed by schools (23%).

No significant relationship existed between gender and the reporting of negative experiences. For those questioning their sexuality, all (100%) reported negative experiences to school, as did asexuals, while all those who identified as straight/heterosexual reported negative experiences to police, as did 80% of pansexuals, 75% of those identifying as queer and 63% of those identifying as lesbian. Those identifying as gay reported negative experiences to police in 55% of cases and 18% reported negative experiences to school. All trans men reported negative experiences to school, while 80% of the cisgender people and trans women groups reported negative experiences to police, followed by 67% of females and 50% of those identifying as male.

A large proportion of those identifying as heterosexual/straight (100%), pansexual (80%), queer (75%) reported negative experiences to police. This was followed by lesbians (63%) and Gay (55%). All asexuals and those questioning reported negative experiences to school. Generally, the younger the age group the more likely to report negative experiences at school, indicating that a large proportion of negative experiences occur at school. The older the cohort the more likely they are to report to police and in the 35-44 and 50+ age groups this included reporting to the Equal opportunity commission.



## WHERE WERE NEGATIVE EXPERIENCES REPORTED?



# Policing (cont.)

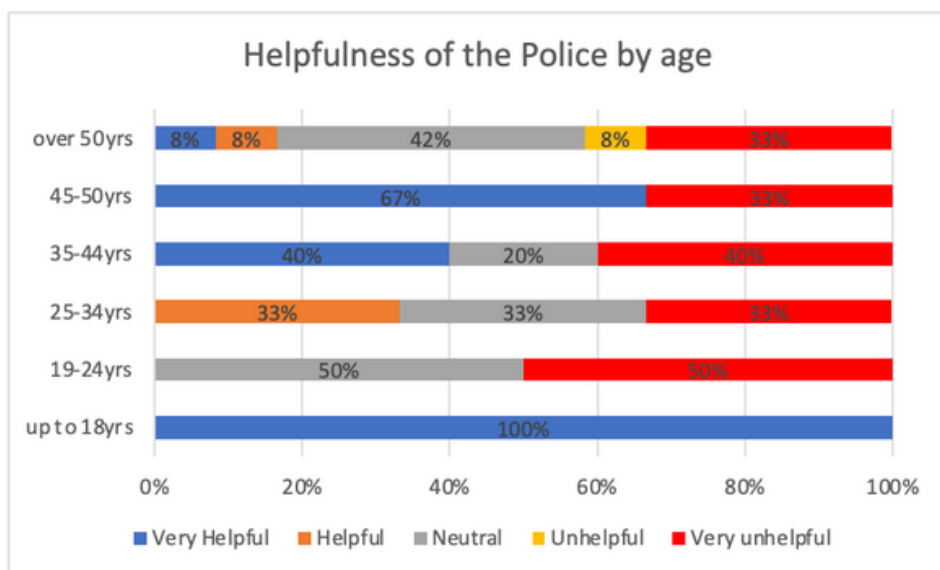
The number of people responding to this question was low (n=31) so caution should be applied when interpreting results. While the proportions reporting either helpful/very helpful (39%) or unhelpful/very unhelpful (33%) were not significantly different, the proportion reporting very unhelpful was high (36%). Additionally, the proportions reporting a neutral response was also high (29%). **The results suggest a general feeling that police were very unhelpful, with a significant proportion of most sexualities reporting that the police were 'very unhelpful'. There was also a significant proportion indicating a neutral response to this question.**

Those identifying with genders other than those listed (100%) and non-binary (67%) people were most likely to perceive police to be very unhelpful, while trans women (60%) thought police were very helpful.

Police in the South of the State were considered unhelpful, while those in the North appeared to think the police were very helpful, those on the east coast were all neutral. There was no data for the NW coast.

The age data suggests extremes in views. Of the 40-50 year age group 67% thought the police very helpful, while 33% thought them very unhelpful. In most age groups significant proportions (over 1/3rd of responses) viewed police as 'very unhelpful', with the 18-29 year age group exhibiting the greatest proportion. Additionally, significant proportions were neutral in most age groups. The graphic is characterised by the absence of the 'unhelpful' and 'helpful' categories.

Ensuring that police leaders do not hold discriminatory attitudes towards LGBTIQ+ people was the highest priority in relation to improving LGBTIQ+ safety and better relations with police. This was followed by more LGBTIQ+ training for recruits and officers. Both these initiatives scored significantly higher in terms of priorities than the other suggested initiatives (Table 28). No significant differences emerged in relation to sexual orientation, gender, region, or age with regard to priorities for improved LGBTIQ+ safety and better relations with police.



# Policing (cont.)

## Issues related to policing

Our discussions with LGBTIQ+ people in our project generated distinct messages about policing and LGBTIQ+ Tasmanians. Participants reported fewer suggestions for improvements and were more resistant to engaging with this institution. Many expressed negative perceptions and distrust of police and were critical of the relationship between police and LGBTIQ+ communities:

**Police having more of a presence at pride events has been a thing of tension, but in general there is a feeling of queer issues like bullying, harassment, or when legit assault happens, it's not taken seriously.**

**The police don't listen to queer people as it is - again, with coming to pride even though the vast majority of community members do not want them there. They can't be trusted. They don't handle queer issues very well.**

**Don't have a police stall at pride. Sure, crowd control is needed, but a recruitment stall is downright insulting.**

Overall, the most dominant messages we received were focused on abolishing the police, defunding the police, and redirecting funding into community services and instead utilising a 'community care model' to serve communities: 'Defund police. They need to stop abusing people of colour. I have no interest in helping you "correct" an inherently broken system'. These messages are similar to other messaging about police that we are seeing in international discussions about policing.





# Policing (cont.)

A core focus of these discussions was drawing money away from policing and reinvesting that money into public services. They noted very clearly where the funding should be redirected to:

Funding a mental health response team so that ppl have alternatives to calling police for assistance. Dismantling the "justice" system which criminalises and punishes people for being poor addicted or unwell.

Redirecting police funding to LGBTIQ+ inclusive social services and programs including mental health, housing, community mediation and violence interruption programs

It is very clear that LGBTIQ+ Tasmanians believe it would be important to reassess how policing is done. While it may not be feasible to completely abolish or defund a police organisation, LGBTIQ+ Tasmanians did have useful suggestions for broadening out how we think about first response in Tasmania, such as the community care model and introducing 'welfare officers': 'Money should be put into public services, social work programs and more'.

Although the critical messaging about policing discussed above may be reflective of broader social movements arguing for the abolition of police as a harmful system, other LGBTIQ+ people in our study had negative perceptions of police because they had negative experiences with them. Two comments were especially prominent in this respect:

Don't tell rape victims that they just had sex with a man, then regretted it and cried rape would be a good start. Dealing with the police was more traumatic than my rape.

I went to the police to report a neighbour who had been tormenting me for more than 12 months. Not only did they take 5 days to follow up my complaint but they then rang me to say that my complaint had no basis, even though I had seen a lawyer who had spelled out that their actions were illegal...I was finally appointed a mental health advocate and later referred to Hobart Community Legal Services and I am filing a complaint with Equal Opportunity Tribunal. My shrink has advised me to leave the state and I've been forced to sell my block of land.

These experiences are concerning as they contribute to significantly challenging attitudes about police for LGBTIQ+ Tasmanians.

# Policing (cont.)

While defunding and abolition were the most common themes, other messages focused on trying to build better relationships between police and LGBTIQ+ Tasmanians. Some argued that 'more could be done to establish a greater connection with the LGBT+ community in regards to [police] officers. This strengthened relationship would likely mean greater trust in police, and a greater sense of safety in the community where many do not feel safe to show their sexuality'. For some, strengthening this relationship meant police needed to make amends for past police violence – they asked for this as a demonstration of 'accountability for TasPol's past history with LGBTIQ+ discrimination. It was distressing seeing such a massive police presence at the pride parade with no acknowledgment or apology for historic abuse and discrimination'.

These responses demonstrate that much needs to be done to build a sense of trust between LGBTIQ+ communities and police. There were a range of suggestions made for trying to work towards this. Some respondents highlighted that this could be achieved through 'addressing the hyper-masculine culture of police' as an institution. Many participants noted the need to increase diversity in the police force (including encouraging more women and LGBTIQ people to join) – they noted a need for 'more trans officers'. Others focused on how change needs to begin with police recruiting and making sure that people recruited 'are decent people and see what they're like in an environment outside of work'. Comments also highlighted the importance of the presence of police uniforms and they suggested having 'non uniform police to assist in the office' so that LGBTIQ+ people felt safer to seek support from them. While there was some contention around the efficacy of LGBTIQ Liaison Officers, some participants felt that these roles could be more explicitly promoted in the wider community, with more awareness and visibility of what they do and how they can help LGBTIQ people. Participants felt that anti-discrimination laws could be emphasised further, both within the police force and in the wider public, to stress the importance of LGBTIQ-inclusion and acceptance. **Finally, people highlighted the importance of police having respect and dignity for all people in their interactions with LGBTIQ+ Tasmanians: they want police to be 'publicly accepting' of LGBTIQ+ people and they asked police to 'treat me like a human being, not a number'.**

# Safety

Most respondents were comfortable being LGBTIQ+ in Tasmania (Table 29). No significant difference emerged for age, region, or sexual orientation, while significantly more trans men and trans women felt not at all comfortable when compared with the cisgender cohort.

A majority of respondents reported feeling somewhat or very safe in public places, while 17% indicated feeling somewhat or very unsafe (Table 30). Older respondents (over 50 age group) felt safer in public places than the 25-34 year age group, while trans women and non-binary persons reported feeling significantly less safe than those who identified as female or male. No significant differences emerged in relation to perceptions of safety and sexual orientation or region.

Similar proportions of respondents reported that yes, they did avoid being open about being LGBTIQ+ or that it 'depended on who was around' (Table 31). No difference emerged in relation to sexual orientation or gender, while those in the over 50 year age group were less likely to avoid being open about their LGBTIQ+ status than those up to 18 years of age and those in the 19-24 year age group.



Nearly half of all responses indicated that they avoid being open about being LGBTIQ+ in any public anywhere (48%), including their local area (32%). A quarter of responses referred to restaurants, pubs, cafes, public transport and work respectively, while a third indicated school (Table 32).

Approximately one third of respondents indicated that they often or always avoid holding hands or kissing in public, while a quarter reported not doing so (Table 33).

Significantly more of those who identified as gay reported always avoiding holding hands/kissing than lesbians or pansexuals. A significantly greater proportion of those identifying as male reported always avoiding public displays of affection than females and non-binary people. No age or regional differences were observed.

**"Things are better than they were years ago, but there is still a long way to go. I do not feel safe holding my partners hand in public and would never contemplate kissing him in public due to fear of adverse reactions. I am receiving ongoing treatment for PTSD arising from the negative experiences I had during my youth as a gay man."**

# Safety (cont.)

The most common forms of abuse were verbal abuse, not being represented well in public, being excluded from events/activities, and threats of physical violence (Table 34).

As with those areas where people avoid holding hands, negative experiences tended to be experienced in the same locales. Thus, nearly half of all responses reported having negative experiences in public anywhere, followed by school and the local area (Table 35). Around one quarter of all responses referred to cafes, restaurants, pubs or clubs, public transport, and work respectively.

**When asked if they had reported negative experiences, over 8 out of 10 respondents answering this question did not report experiences of abuse (Table 36).** Where negative experiences were reported, over half contacted the police, while one quarter reported it to school (Table 37).

Reasons for not reporting any negative experiences included: the incident was not serious enough to report (57%); the respondents did not know where to report it (33%); the person was too upset or ashamed (20%) or did not want people to know about their LGBTIQ status. Just over one quarter of respondents reported dealing with it themselves (Table 38).

## Safety at Home

Most respondents (75%) had told at least some or all family members they live with that they are LGBTIQ+. Similar results were recorded for 'other people' lived with, while nearly all had told their partner of their LGBTIQ+ status (72%). Approximately two thirds of respondents (69%) had not experienced any abuse where they lived, while those who had suffered abuse experienced verbal abuse or insults (Table 39). The source of abuse in most cases was a parent or guardian, followed by siblings, housemate, and partner (Table 40). In so far as safety is concerned, more than 9 out of 10 respondents reported feeling safe at home.

In more than 8 out of 10 cases (85%), those experiencing some sort of abuse did not report it. As with other scenarios described above, one of the main reasons for not reporting abuse was because they dealt with it themselves, did not know where to report it or did not want their LGBTIQ status known (Table 41). Where the abuse was reported, friends were the main group informed, followed by Police or an LGBTIQ organisation (Table 42).

Where the abuse was reported, over half were happy with the response they received, while 19% were unhappy with how the incident was handled (Table 43).

# Safety (cont.)

LGBTIQ+ Tasmanians detailed very little about issues they experienced with families of origin or guardians/carers. It was clear that home was not a safe place for everyone – as one survey respondent noted in their answer to a question asking about whether they had negative experiences because of their LGBTIQ+ identity and if so, where: ‘Home of family member’. The comments reflected that LGBTIQ+ in Tasmania are still struggling with family issues around their identities. One older lesbian articulated this in a focus group. She noted that her grandson was likely gay, but his father from a culturally diverse background was incredibly homophobic. We had other people mention how they were ‘estranged from my family because I’m gay’, while others noted that ‘rejection from family’ was a big thing that a several of my friends have gone through’. These types of situations are very challenging as there are few resources for LGBTIQ+ people facing possible family exile, and there is an especial lack of emergency accommodation for those who are exiled. People in our study recognised this: ‘Too many people are in danger living with family and cannot leave because they don’t have the money/resources/support. Too many people are being left with no choice but to stay in abusive situations’. Many comments from participants noted that funding was needed to ameliorate these circumstances, where funding was directed ‘into services used by people in vulnerable situations, which LGBTQ+ people are often in such as homeless shelters, food vans, rural support’. They recognised the need to begin by ‘addressing social inequalities like access to housing and healthcare; these affect lgbtiqa people as well especially those who are poor/living with unsupportive family/closeted/disabled.’

## Impact of abuse on health and wellbeing

The effect of past abuse was almost evenly split between not having much effect on health and wellbeing (46.3%) and having somewhat or very much an affect (48%) (Table 44). The effect of recent or current abuse was considered not having much affect for over half of respondents (55%) and somewhat or very harmful for 30% of respondents (Table 45). No significant differences emerged for sexual orientation, gender, or region. Just under one third of all respondents had received support for past or current abuse, while 40% of those who had received support were currently receiving ongoing support. The majority of respondents (60%) did not feel there was enough support for LGBTIQ+ people who had experienced abuse, while one third were unsure. Priorities for dignity and inclusion included training for doctors and other professional groups and educating students in schools about LGBTIQ+ leaders and the history of abuse for LGBTIQ+ persons (Table 46).

# Safety (cont.)

## Safety in Tasmania

Safety was a central topic of discussions with LGBTIQ+ Tasmanians in our study. They shared different situations where they felt safe and unsafe. Generally, people acknowledged that safety had improved, but that there were still things that needed to be addressed. The following comments summarises these perspectives well:

Things are better than they were years ago, but there is still a long way to go. I do not feel safe holding my partners hand in public and would never contemplate kissing him in public due to fear of adverse reactions. I am receiving ongoing treatment for PTSD arising from the negative experiences I had during my youth as a gay man.

It sucks. People are leaving Tasmania because it's viewed as safer elsewhere. There's a reason theirs [sic] a brain bleed from Tasmania to the mainland. We don't feel safe.

**It is very difficult to be out in Tasmania. Time after time I've had to walk past preachers in the Hobart Mall telling the crowd that we deserve to go to hell. I worry about presenting as non-binary in public because of the comments I receive. Doctors rarely understand or take LGBTQ+ issues seriously when I talk to them. Conversion therapy is still legal here. In college, another student I considered a friend gave me an invite to a "debate" on LGBTQ+ rights at their church. My year 10 school handed out flyers condemning gay marriage.**

These comments demonstrate that LGBTIQ+ Tasmanians are still not feeling entirely safe to express their identity in public spaces – or even to walk around in public spaces as is the case with the non-binary person walking through the shopping mall. In terms of feelings of unsafety, a lot of people mentioned spaces populated by particular types of people, especially those 'cis-het men', 'drunk guys late at night', and 'people I don't trust or know are homophobic'. Certain public spaces and locations were commonly identified by participants as unsafe spaces, particularly small rural towns, public toilets, and sometimes specific suburbs: 'Certain suburbs I have been harassed and spat on so I think twice before taking my wife's hand in public there'.

# Safety (cont.)

## Compromised safety: hate violence, discrimination, harassment, and stigma

Violence, discrimination, harassment, and stigma motivated by LGBTIQ+ identity was a core concern for our participants in the qualitative responses. Many different types of verbal, physical, emotional, psychological, sexual, and economic violence were noted in this respect, in addition to specific forms of violence perpetrated against particular groups, such as biphobia. These forms of violence were mentioned repetitively, and participants were explicit about the need to recognise that hate violence is still being perpetrated against LGBTIQ+ Tasmanians. For instance, one online interview participant noted that 'I have heard of people moving because of harassment from neighbours.' Other respondents in the online survey stated: 'me and my boyfriend have both experienced physical and verbal hate crime by staff and customers in bars in Hobart'. For our participants, though, it went beyond recognition that these crimes were occurring – it was also about recognising the widespread, long term impacts of this violence 'in terms of physical, emotional, mental, financial, social wellbeing', and having access to mental health support services.

Bisexual and asexual people most commonly talked about feeling significant stigma from other people, and particularly other people in LGBTIQ+ communities. They articulated not feeling safe or comfortable in a lot of spaces simply because they often hid their identities when hanging out with friends or other people because they wanted to avoid stigma in the form awkward questions and stares. They talked about the impact of living in a culture that erases bisexuality: 'there's a whole heap of trauma from not seeing myself anywhere'. This was exemplified well amongst women that identified as bisexual:

People seem to just act strange, as I'm bisexual (in a straight passing relationship) people don't question that I'm not straight. But sometimes if I show any tiny bit of me not being straight, people (especially women) act strange around me. I hide my WLW side (especially in front of other women) as to not make them feel weird and to not alienate myself as I struggle with friendships anyway.

I do not feel a part of the LGBTIQ+ community in Tasmania as I am a bi woman in a "straight" relationship. I do not feel comfortable in my sexuality and being "out and proud". I think it is more acceptable to be "gay" or "straight" than it is to be bi (and open about it). It makes me sad as I would like to explore that part of myself and build a community but I do not feel accepted and I feel as though I'm taking the place of "real gays", and I'm just a "fake gay coopting LGBTIQ for cool points" or something, as I can just "escape the oppression by pretending to be straight". I don't face judgement on the street when I show PDA to my straight, cisgender male partner, or when I talk about them to strangers, or other things. I just want to be accepted into the LGBTIQ community but I do not know if I ever will be.



# Safety (cont.)

I struggle to be an openly proud bisexual woman who is married to a man. When I do share with others that I am bisexual, the discriminatory comments are not because I am attracted to women and men, it is confusion about why it even matters when I'm married to a man. I have dated women whilst being married to my husband, with his full awareness and support, and yet I feel I need to keep this very secret as people become very upset that I am not a monogamous woman. Therefore, I tend not to share the information with anyone, however I wish I felt safe and supported by my broader family and community to express myself completely. I also do not generally share with men that I am bisexual as this has, in the past, resulted in verbal/sexual abuse by men who think that suggests I am promiscuous or 'up for it' or will sleep with women for his entertainment. Most of the people who I have shared that I am bisexual has been women I know well, or other LGBTQI+ people. If I were in a relationship with another woman I would feel much more confident being open and honest with my sexual orientation.

Bisexual women are evidently struggling to find safety in many places and they are experiencing stigma and marginalisation from people in heterosexual and non-heterosexual communities. Similar comments came from people that identified as asexual:

There's very little awareness of asexuality in the community. In fact, even though I've known about my sexual preferences (or lack thereof) for over a decade, I never knew there was a name for it or a community. I would like more education on asexuality. I don't tell people I'm asexual because people don't know the term. Even my employer, whose corporate identity is built around indulgence and sex and death, excludes asexual staff by hosting staff events where +Is are only allowed for those in a romantic relationship.

I am not publicly open about my orientation, not so much out of fear, but because I just don't want to have to keep explaining myself. As aro/ace, I'm straight passing so don't raise many eyebrows beyond the conversations of 'when you get a partner' or 'when you have kids' where I just come off as a grumpy person to the talker.

Like the bisexual women above, people that identify as asexual are hiding their identities. In this instance, the stigma means they choose not to tell people because it is too challenging 'to have to keep explaining myself', but they are also actively excluded from different social spaces, such as the workplace described above. While it is an easier path to keep their identities hidden, different forms of implicit exclusion may be producing a range of unknown outcomes for these people.

# Safety (cont.)

For people in our study, violence also included microaggressions like verbal hate speech and being misgendered. We have elaborated above how misgendering happens in a range of different institutional contexts in Tasmania, but another very prominent theme in our discussions with LGBTIQ+ Tasmanians was verbal hate speech from different groups. Three groups of people were identified as perpetrating hate speech against LGBTIQ+ Tasmanians in the current moment. The most mentioned of the three was religious organisations. LGBTIQ+ Tasmanians hated how 'the views of these church leaders are often expressed in local media and that is very upsetting'. They identified a range of different groups (such as the Australian Christian Lobby, Catholic leaders, the preachers in shopping malls) as perpetrating hate speech against them in public spaces. Second to religious groups was gender critical or TERF (trans exclusionary radical feminist) ideas and the people actively 'campaigning against trans inclusion' and publicised these ideas in the public realm, something they noted as enabling 'a place for those of the community who could also be called hate-mongers to flourish'. Interestingly, a number of prominent gender critical speakers intersected with the third group of people identified as perpetrating hate speech against LGBTIQ+ Tasmanians: politicians. The most significant part of the conversations around these groups was the fact that they could openly speak these ideas, and indeed have them published in the media, and never face any form of punishment. These groups were identified as harmful and discriminatory and LGBTIQ+ Tasmanians were angry and hurt: 'We are not a political talking point. We are real people. We deserve to be treated as such. Bigots should not be validated or publicised'. Moreover, they were angry that these forms of speech did not attract criminal penalties:

There needs to be real consequences for politicians who engage in hate speech and discrimination against minority groups. The TERF movement needs to be addressed for what it is - an attack on some of the most vulnerable people in our society. I don't understand how these groups are able to hold talks in council-run spaces. We wouldn't give that space to white supremacists and eugenics groups, so why trans hate groups?

For LGBTIQ+ Tasmanians, enabling a public space for gender critical and religious groups that vilify LGBTIQ+ people did not make sense in light of the clear expungement of other hate groups from public discourse.

Intersectionality was crucial to consider when interpreting comments from participants in our study. Racism featured prominently as a key intersecting experience for people of colour and first nations people and one that LGBTIQ+ Tasmanians suggested everyone needed to understand further when considering any issues related to LGBTIQ+ communities: 'the queer community is predominantly white. And most of the inclusion initiatives are targeted to or for white people. BIPOC people are often forgotten' (P3).

## Safety (cont.)

Participants in our study noted the lack of focus on people of colour within LGBTQ+ communities could create more substantial impacts in the lives of these people. For example, one online survey participant stated that it was imperative to ensure 'that BIPOC individuals within the community are not at any greater risk to assault or abuse due to the nature of intersectionality, and are more visible + listened to by the community as a whole'. Further participants similarly highlighted the different forms of violence that might be endured by LGBTQ+ people with disability, and this was something highlighted repeatedly in comments from online survey respondents. Ageism was another intersecting concern mentioned by a number of participants: 'We were living a long time before [marriage equality]...they need to be taken into account...the community has a huge age range that needs to be recognised. It's not just one generation' (P9).



# What are the key worries for LGBTIQ+ Tasmanians?

As we worked through the analysis of the data for this report, we were interested to see some core themes emerging in the form of what we have called 'worries'. These are key issues that LGBTIQ+ Tasmanians were most concerned about at the time we conducted the research. These themes were generated in discussion with LGBTIQ+ Tasmanians, but they were also reflected clearly in the statistical data collected in the research. We noticed how prominent these ideas across all the different data sets and how concerned the participants were about these issues and the impact they were having, and even might have, upon the lives of LGBTIQ+ Tasmanians. As such, we have dedicated a section to briefly discussing each of these issues as the data evidences well that the redress of these concerns is central to improving the lives of LGBTIQ+ Tasmanians into the future.



## **Transgender Inclusion and Acceptance of Gender Diversity**

The need for greater acceptance of transgender and non-binary people was commonly acknowledged by participants. They suggested that 'prejudice towards the trans community is still bad enough to force people to leave the state just because they want to live in a true expression of themselves'. Respondents contended that 'transgender people & kids are more discriminated against. There needs to be more education.' There was generalised agreement that education needed to focus on 'acceptance of different gender presentations. We're getting there with sexuality, but social acceptance of gender presentation outside of the normative binary isn't great - and can threaten the safety of those who present as such. Particularly in more rural areas and the north of the state'. Comments in the qualitative encompassed everything from the need for greater awareness of inclusive and gender affirming language to systemic support and recognition in institutions such as healthcare, education, housing, aged care, social venues, and workplaces (including employment discrimination).

# Transgender inclusion

The demonisation of transgender and gender diverse people was also mentioned on multiple occasions, particularly in terms of the media. However, the focus of criticism for erasing and discriminating against transgender and gender diverse people were different types of government institutions (hospitals, schools). Institutions were noted as not having knowledge about, or being aware of issues related to, transgender and gender diverse people. Online interview respondents explain this further:

Gender acceptance is a big one. It's difficult being misgendered in certain spaces, even filling out hospital forms it's not trans inclusive only giving gender: male/female options and not having a more appropriately worded sex: male/female/other (intersex etc), and then gender with at least an other option.

Those who are gender diverse do not always have the option to use a gender neutral bathroom, or have options of other genders to select when filling in forms. They may feel unsafe in these types of settings as they are unable to truly express themselves as who they are. People may also misgender them and question them if they correct them and this can be a very stressful situation to be in and can be unsafe for some people too.

We need gender neutral bathrooms everywhere, have more options on forms instead of just male or female and ask that all employers provide staff with pronoun pins so that they feel safe and supported within their workplace.

The fact that often the only gender neutral toilets available in public spaces are accessibility toilets is humiliating and leaves people with the choice of either taking away an accessibility toilet from someone who may truly need it, or having to use a bathroom that makes them very uncomfortable.

I want to be able to express myself and my gender identity without people questioning me or having to correct people on my pronouns all the time, but instead I have to stay in the closet because I am too scared to tell anyone who I truly am.

These comments reflect how transgender and gender diverse people experience being marginalised and erased in institutional structures – both physical spaces and socially. The data in our research mentioned these issues repeatedly. There were clear concerns about the impact that these forms of exclusion were having on the lives of transgender and gender diverse people in Tasmania, and as the comments above show, this was expressed both by people who were transgender and gender diverse in addition to cisgender people. Making changes to different systems and educating the public about gender diversity (from early schooling onwards) were discussed as ways to overcome these concerns and promote the better inclusion and support of transgender and gender diverse people in Tasmania.

At this point, we reiterate an earlier point highlighted in the research data. The issue discussed most often was the impact of gender critical/TERF groups and the need for their views to be considered hate speech at the very least. While religious groups were also flagged as engaging in forms of demonisation of transgender and gender diverse people in Tasmania, concerns about gender critical/TERF groups were stated throughout the data. These comments again came from both transgender and gender diverse people and cisgender people and were reiterated repeatedly. They were substantially concerned about the harm these groups were doing to the lives of transgender and gender diverse people by making them feel they did not belong in public spaces. Most importantly, they were very distressed that these groups were being provided with a public platform to discuss their views, sometimes by government services. The government was urged to 'not engage in strawman debates, such as "saving women's sports" as a guise for promoting TERF ideologies' and to 'actively working against TERF propaganda and graffiti / posters'. LGBTIQ+ Tasmanians requested that 'there need to be real consequences for hate speech and discrimination from our schools, workplaces, police force, and our politicians'.

Most importantly, they were bewildered and angry about how the government could particularly continue to support politicians that supported gender critical and other demonising ideas about transgender and gender diverse people, and even LGBTIQ+ people more broadly and the government was urged to 'not support anti-trans politicians':

**Stop listening to and giving platforms to conservative and TERF groups such as the LGB Alliance. Anyone who runs on a platform of reducing the rights of any minority clearly doesn't see that minority as human and deserving of basic human rights.**

LGBTIQ+ Tasmanians make it abundantly clear that people and groups that demonise transgender and gender diverse people are engaging in forms of hate violence that erode the human rights of these people. Allowing space for political figures and other groups to speak freely about gender critical ideas created immense fear amongst transgender and gender diverse people in Tasmania: 'While I have great friends, a wonderful partner and a button sweet baby, I live with a constant anx [anxiety] that I'm going to be 'discovered' by some random, MRA or TERF with a chip on their shoulder and cop a spray'. LGBTIQ+ Tasmanians argued that 'all politicians and other community leaders [need to be] speaking publicly to affirm and celebrate LGBTIQ+ people and achievements'.

# Support for Rural Communities

There was very strong, consistent emphasis on the need for broader awareness and acceptance of LGBTIQ+ people in rural and regional Tasmania. LGBTIQ+ people elaborated a range of challenges living in remote and rural areas and they identified how these challenges intersect with other issues such as ageing. Respondents discussed how 'the rural/city divide is real' (P9) in Tasmania. Whilst in other parts of this report we have redacted the names of locations in Tasmania, we have retained these to demonstrate the context in this section:

**Hobart is fine as a LGBTIQ+ woman but there are some areas in Tasmanian where my partner and I will not hold hands or show affection. These areas are often not too far out of the city but it's unspoken between us, the areas that we just know we 'can't be gay' in. Moreso than anywhere else I've lived, there's a distinct difference between the CBD and more regional areas.**

Participants in our study urged the government to focus their attentions on 'how to get regional communities to actually address our existence' because 'public opinion and discrimination from businesses especially in small towns' was a worry for LGBTIQ+ Tasmanians. They contended that 'the experiences of lgbtiqa+ persons especially within regional and isolated communities needs more attention'. People talked about how they feared living in rural and regional areas of Tasmania for these reasons: 'In Hobart I feel safe and happy, but I'd be afraid if I were to live in some rural area'.

Respondents were concerned that 'the attitudes of older generations and those in rural and regional communities has changed very little' and the impact this was having on the lives of LGBTIQ+ Tasmanians was repeatedly



mentioned, especially in the apparent absence of available support: 'There's almost nothing for those in the north west, where bigotry is at its highest'; and 'There is absolutely no support for LGBT people on the West Coast of Tasmania'. The issue raised most often was that 'health care and mental health support is hard in rural and regional areas' simply because, more often than not, 'access to essential services especially for people who live further out, like healthcare and mental health services, is really limited so that's a worry'. Most importantly, they acknowledged the supports that were potentially available in rural and regional areas of Tasmania were unsuitable for access by LGBTIQ+ people. For instance, one point mentioned repeatedly was the need for further public funding of support services in Tasmania because 'most community support and aged care agencies are run by Church organisations in Tassie and I avoid them if I can because of the bigoted views of their church leaders.'



'I find some of the LGBTI support and funded services are not supportive of gay men and are not present in regional areas that are more dangerous for LGBTI people e.g west and north west coasts'. Participants emphasised the need for more support services, especially inclusive healthcare providers, in rural and regional areas. When living outside of metropolitan areas like Hobart, respondents noted the need for more LGBTIQ+ events, safe spaces, and community initiatives in regional/rural areas.

The impact of living in rural and regional areas was mentioned many times by respondents in our study. There were complex examples of how living in these environments compounded the isolation experienced, increased the potential for discrimination, and even harm like feeling shame because they feel they cannot be more "out" in their everyday lives in rural and regional areas:

It is still very difficult in rural and regional Tasmania. This is because whilst people are more accepting, we have also learnt to be careful to whom we disclose. The LGBTI community is minuscule and our politics may not align. So now in older age I find it quite isolating and have some fear for the future (regarding support services)...It is very, very difficult to be a part of any community when you live a half hour drive from anywhere? I have never felt this until Covid and my getting older.

I live in a very rural area, which wasn't one of the questions, but is interesting about whether rural vs urban experiences are very different. I feel torn between constantly coming out to people, vs getting on with my life and worry I am not a good advocate for my community. I feel like keeping my head down makes my life easier, but I feel some sense of shame around that.

My life in rural Tasmania is one of fear and sadness. I have had to give up on medically transitioning, because surgery is so inaccessible, and with hormones alone I wouldn't pass. I would merely be making myself a target for even more violence by being visibly queer.

It's hard to find that community, especially up north. There's a running joke that those in the north west flee to Launceston, Launceston flees to Hobart and Hobart flees to Melbourne in search for acceptance. That lack of community makes feeling safe harder. I didn't find a community until I was 17-18. I didn't find out about a lot of the pride celebrations until last year. It's hard to find each other.

There are many concerns demonstrated in the comments above. Discussing ways to address these concerns and overcome some of the isolation and lack of connectedness in rural and remote areas of Tasmania would greatly benefit LGBTIQ+ Tasmanians. Further to this, educational campaigns, focused on shifting community attitudes, could serve to increase visibility and acceptance in these areas to maximise their safety.

# LGBTIQ+ Ageing

Another key area of focus for LGBTIQ+ Tasmanians was ageing. Participants elaborated a range of issues facing older LGBTIQ+ people, notably, affordable and inclusive health and aged care services and housing and homelessness, and they discussed how these all intersected in the lives of LGBTIQ+ elders in Tasmania. Worries about ageing as a LGBTIQ+ person were informed by concerns like the fact that 'aged care needs some serious re-education' about LGBTIQ+ lives. As noted in an earlier section, another major worry was how often 'aged care agencies are run by Church organisations in Tassie and I avoid them if I can because of the bigoted views of their church leaders'. These worries were compounded by how, 'as an older person, access to affordable healthcare and independent residential living are important', yet if these services were run by religious organisations, there was concern about how 'often cultural differences lead to different levels of understanding. Workers religious affiliations can have an impact on clients'.



Because of the complexity of the issues noted above, it is unsurprising that fear was commonly expressed about being LGBTIQ+ and being older – they feared the consequences of ageing in Tasmania simply because there was an apparent lack of services/supports that supported positive ageing for LGBTIQ+ people. One of the key sources of significant fear and worry was a lack of LGBTIQ+ focused aged care and 'more affordable social housing' for older LGBTIQ+ people in Tasmania. Their comments reflected limited awareness of options available in Tasmania, and a perception that residential aged care would not accommodate non-heterosexual relationships and family structures:

I just speak for older lesbians because we can't we I think this is happening in all of these capitals, when we haven't got kids. We haven't got any family... I personally, I cannot, I will probably have to think about this at some point. I cannot imagine. I just cannot imagine being in an institution. Because I can't make up my mind what I want for breakfast, just myself to not have that choice taken away. People possibly meaning well, but patronising, that would, you know, I just can't even think about it (P9).

Aged care is shit anyway, for everybody, pretty much. But for queer people, I think for a lot, particularly older queer people, they have very little family connection, in terms of relatives, actual blood relatives, and so community connection tends to be more important. And the whole age thing is not geared to any of that at all. And I think as people entered that kind of age group, it becomes a real issue. Yeah. I know, I look at that. And think, Well, fuck, I'd rather just be able to euthanise myself than go into aged care (P6).

Being LGBTIQ+ identified and older in Tasmania is genuinely frightening for these respondents. For someone to even consider euthanasia as an alternative to living in an aged care facility shows how deeply unsettling these concerns are for older LGBTIQ+ Tasmanians. These considerable worries meant participants expressed substantial anxiety about the very real potential of becoming homeless simply because appropriate housing was financially out of reach or because housing within reach was not supportive of LGBTIQ+ lives. Having LGBTIQ+-identified aged care and housing facilities for older LGBTIQ+ people was recognised as the key way that older LGBTIQ+ people could feel safe about getting older in Tasmania. Providing these forms of support services and housing facilities for older LGBTIQ+ people was noted as a way of honouring the incredible challenges that older LGBTIQ+ Tasmanians had had to endure during their lifetimes. While it was recognised that young LGBTIQ+ people were still experiencing similar hardships, they talked repeatedly about how we needed to honour the very challenging, harmful experiences that older LGBTIQ+ people endured and how these paved the way for younger LGBTIQ+ people in Tasmania.

Participants in our study had thought about what the options could be for older LGBTIQ+ Tasmanians if the government was unable to fund services that accommodated their needs. Suggestions of possible solutions included: 'funding some scheme like checkins, home visits, etc for older queer people living at home: needs to be a peer scheme, i.e. queer'; 'have carers who come to the home who don't find it anything remarkable that they're living there with someone who is the same sex' (P8); and 'housing cooperatives'.

Schemes like these would be less reliant, if at all, on government funding and support, and they were talked about as safer, more appropriate housing options for LGBTIQ+, particularly given the very real possibility of religious-affiliated aged care services discriminating against them.

I'm concerned about those ageing LGBTI people who have to rent and their security.

I am also concerned about older members of our community and poverty and the potential for homelessness- I think secure affordable housing is a concern, and housing where people feel safe to be out, particularly because many have born the brunt of homophobia during their lifelong fight to be who they are.

Schemes like these would be less reliant, if at all, on government funding and support, and they were talked about as safer, more appropriate housing options for LGBTIQ+, particularly given the very real possibility of religious-affiliated aged care services discriminating against them.

While these suggestions are innovative and potentially very successful, they do all rely on social connectedness amongst older LGBTIQ+ Tasmanians. This is something that older respondents in our study really struggled with, and most especially when they lived in rural and regional areas where there were very few other LGBTIQ+ people to connect with. For 'older lesbians in rural environments...it's just the two of you. And that's why I'm trying to develop this bit of a network with the other two couples, but it's difficult because in my generation of very, I think, very private, I think they're so used to doing it on their own' (P9). To add to this complexity, participants in our study shared how LGBTIQ+ activities are typically geared towards young people: 'isolation is my biggest problem. The population is so small. Most social things are for younger queers and revolve around drinking alcohol. It's hard to meet people just to make friendships'. Events for older LGBTIQ+ were talked about as something apparently absent in Tasmania. More importantly, even if social events to connect older LGBTIQ+ Tasmanians, the often isolated, lonely lives that have been led by older LGBTIQ+ Tasmanians may stifle the creation of social connections. As one participant noted, 'there seems to be a very supportive network of gay people in the Tasmanian community who will look out for each other and, you know, friendships that are supportive. But on the other hand...you don't trumpet from the rooftops either' (P8). All these comments demonstrate the very urgent need for the government to consider 'how we support elder queer people' (P6) as a matter of some urgency for older LGBTIQ+ Tasmanians.

### **Erosion of LGBTIQ+ Rights and Legislative Protections**

LGBTIQ+ Tasmanians that we spoke to discussed various concerns when we raised the issue of whether legislative frameworks were not protecting LGBTIQ+ people in their current form. One of the key areas of concern in this respect were the lack of protections for intersex babies and children from "emergency" medical procedures to "correct" variations in sex characteristics. This is a significant human rights concern that is currently being discussed at an international level, with many countries recently taking the step to create legislation to outlaw these practices in their legislative frameworks. This is still not the case in Australia and many of our participants expressed considerable desperation and anger with this. They demanded that the government immediately 'Outlaw surgery on intersex babies', and that the legislation must be sure to outlaw 'surgeries on children with intersex characteristics without their educated consent'. A second area of concern was the exclusion of a lot of people that identified as gay, bisexual, and sometimes transgender, from donating blood: 'Let openly gay men donate blood, as gay blood isn't inherently "dirty"'. A third key area of focus was conversion practices, another area that our participants called for the government to 'legislate against', and which we address in further detail in the section below.

# Erosion of Legislative Protections

While the concerns above were mentioned many times in the comments of our participants, these comments were dwarfed considerably by those focused on the proposed religious freedoms bill. There was substantial concern expressed by our participants across all qualitative data about the erosion of 'gold standard' anti-discrimination legislation in Tasmania that protected the rights of LGBTIQ+ Tasmanians and this was raised repetitively in our study. These concerns mainly focused on the religious freedoms bill being publicly discussed at the level of federal government. Their key concern about the religious freedoms bill was how it was providing religious groups with 'the right to discriminate without fear of repercussions': I am very worried that the Religious freedom Bill if it is enacted will make them able to discriminate against me in any way they want. Some participants talked about how, if the legislation passed, it would introduce the very real 'risk of losing my job (religious organisation) if I have a partner'.

Very real fears about how Catholic, Christian, and other religiously affiliated organisations could influence the lives of LGBTIQ+ Tasmanians were evidenced repeatedly in our data. This position is summarised well by this comment from a survey respondent: 'When I went to a tour of a Catholic school for our daughter, we pretended my partner was her Auntie so not to jeopardise her enrolment'. This person hid their LGBTIQ+ status to "pass" in a Catholic environment, something that demonstrates significant fear of potential consequences.

Respondents in our study made it abundantly clear that a top priority of the government needed to be 'preventing discrimination of LGBTQIA+ people by religious organisations.'

The negative experiences recounted by our participants above demonstrate that the fears expressed by LGBTIQ+ Tasmanians in our study are founded and well grounded. Religious organisations can cause very real harm in the lives of these people. Interestingly, these arguments link directly to our next key worry in our study: conversion therapies and practices, which are often developed and initiated by religious organisations.

All I ask is that you try to affect change in the Catholic System too. My time there will leave me with deep trauma for the rest of my life. Too many LGBTIQ+ people that I know are just filled with trauma, some are uplifted by this, and others are ruined. I don't know one LGBTIQ+ person who hasn't thought of taking their own life (at a minimum). Many that I know, including myself, have taken steps to act on this. It is hard enough trying to understand and accept your indifference in society, without society then making you feel wrong and/or different because of it.

I think it is so important for LGBTQ+ students to have a voice, especially in Christian schools where their voices are silenced by homophobic/transphobic teachers who push their beliefs onto the students. There was one instance where a student came forward to talk about their struggles with their gender, and they were told that there was no place for that conversation at the school. That kind of shaming and shunning can have detrimental effects on young people's mental health and there needs to be something done to protect LGBTQ+ youth.

# Conversion Practices

Conversion practices, or therapy, describes a range of interventions, underpinned by the idea that a person's sexuality or gender identity can and should be changed. Such practices aim to change people from gay, lesbian or bisexual to heterosexual and from trans or gender diverse to cisgender. LGBTIQ+ identities have long been positioned as being sinful, criminal, signs of immaturity, or mental illness and other pathologies (Beckstead 2012).



Subsequently, LGBTIQ+ people have both voluntarily and involuntarily undergone various forms of 'treatment' to 'correct' their identities (King, Smith & Bartlett 2004; Weiss et al. 2010). Historically, such 'treatments' have been wide-ranging: from religious counselling and corrective prayer, psychotherapy, aversion techniques, and behavioural suppression, to convulsive, hormonal, or even surgical procedures (Flentje et al. 2013; Salway et al. 2020; Serovich et al. 2008). In 2020, the United Nations called for a global ban on conversion therapy, due to the well-documented harm such practices cause lesbian, gay, bisexual, transgender, intersex, queer, and otherwise sexuality and/or gender diverse (LGBTIQ+) people worldwide (United Nations 2020). A range of studies internationally estimate between 7 and 16% of LGBTIQ+ people have been exposed to conversion practices (Jones et al. 2021).

LGBTIQ+ Tasmanians expressed concern about the harms resulting from conversion practices and called for awareness raising, support, and criminalisation of the practice. **In line with other Australian and international research, 5% of LGBTIQ+ Tasmanians surveyed had undergone conversion practices to change their sexual orientation or gender identity.** However, the underlying ideologies supporting conversion practices are incredibly common with **97% of all survey respondents having been told their identity was the result of abuse or trauma or that they needed to be 'fixed'.**

**"Religion and church ideology and practices that try and 'heal' or change LGBTIQ+ people are harmful, cruel and can cost lives. It must be stopped as soon as possible."**

## Who has experienced conversion practices?

Survey respondents of all ages reported experiencing conversion practices, though most (29%) were between the ages of 25-34. Cisgender men were most highly represented among those who had experienced conversion practices, and just under half of all conversion survivors identified as gay. Respondents who had experienced conversion lived all over Tasmania, although, as in the broader sample, were most (75%) were located in the south. There were no significant differences in education between those who had experienced conversion and those who had not. The majority of respondents attended Government primary and high schools, and colleges. The majority of respondents who had experienced conversion practices (62%) had undergone these in Tasmania.

## What is the impact?

It is evident that conversion practices are detrimental to LGBTIQ+ people's sense of safety and wellbeing in Tasmania. Those who had experienced conversion were significantly more likely to feel very unsafe in public places (19% > 2%), to be very unhappy (20% > 4%), and to be uncomfortable being LGBTIQ+ in Tasmania (23% > 8%). Conversion survivors were also much more likely to report experiencing abuse at home and feeling unsafe at home. This abuse was largely perpetrated by parents/guardians (64%), housemates (36%), and partners (27%).

Conversion survivors also reported higher rates of abuse and exclusion at school. Notably, those who had experienced conversion practices were more likely to be 'out' at school than those who had not (38% > 26%). They faced significantly higher rates of exclusion from school sport (63% > 10%) and other school events (50% > 30%). One half had experienced threats of violence compared to one quarter of those who had not undergone therapy, while one third of those who had undergone conversion experienced physical violence at school compared to 17% of those who had not.

A large majority of all respondents (80%) indicated that it was very important to ban conversion practices.



## RECOMMENDATIONS

Overwhelmingly, LGBTIQ+ Tasmanians surveyed wanted the State Government to genuinely listen to their lived experiences and show leadership on issues of LGBTIQ+ inclusion. To promote Tasmanian communities that are equitable and inclusive of diverse genders, sexes, and sexualities, our survey results and community consultation emphasise the need for comprehensive policy and service responses that move away from deficit approaches to LGBTIQ+ people. Rather than focusing on LGBTIQ+ people as vulnerable or problematic, we recommend taking a proactive approach that acknowledges barriers, while drawing on the strengths of Tasmanian LGBTIQ+ communities to systematically address these.

This approach requires taking the following overarching steps:

- 1. Seeing LGBTIQ+ Tasmanians and acknowledging their experiences**
- 2. Knowing more about LGBTIQ+ Tasmanians' experiences and needs**
- 3. Understanding LGBTIQ+ Tasmanians' experiences and needs and translating this into inclusive practices**
- 4. Embracing LGBTIQ+ Tasmanians as valued members of communities who require equal dignity, respect, and recognition**

Towards each of these broad steps, we have identified a range of specific recommendations resulting from this study. Our recommendations target the key priority areas of education, health, and policing. Specific recommendations for these priority areas are outlined in the tables below.

# Recommendations

## Health

### Seeing

Increasing visibility of LGBTIQ+ Tasmanians' experiences.

Promoting inclusive policies and practices.

**Encourage the display of visual signs of LGBTIQ-inclusion in medical and healthcare settings (e.g. rainbow stickers, flags), especially in rural/regional settings.**

**Represent LGBTIQ+ people and their families in advertising and health promotion imagery, messaging (including in 'non-LGBTIQ' issues/topics).**

### Knowing

Increasing community awareness of LGBTIQ+ Tasmanians' experiences and needs.

Collecting comprehensive data on LGBTIQ+ Tasmanians to guide future policies and practices.

**Develop LGBTIQ-inclusive mental health promotion for the wider community to increase awareness and support for LGBTIQ+ people more broadly.**

**Increase healthcare practitioners' and staff awareness of:**

- 1. Transgender-inclusion and gender affirming care,**
- 2. The needs of intersex people,**
- 3. The needs of LGBTIQ people who are culturally and linguistically diverse.**

**Conduct research that evaluates new and existing health services/initiatives for LGBTIQ+ people.**

### Understanding

Translating LGBTIQ+ awareness into inclusive practices, service provision, and community engagement.

**Continue delivering and developing more comprehensive LGBTIQ+ inclusive practice training for service providers across the sector.**

**Increase provision of LGBTIQ+ inclusive mental health care throughout the state, ensuring access for rural/remote areas.**

**Build Tasmanian capacity for LGBTIQ-inclusive aged care and disability support services.**

**Continue to meaningfully consult with LGBTIQ+ organisations in the development and delivery of health services, training and promotion.**

### Embracing

Prioritising social and legislative changes that proactively support people of all genders, sexes, and sexualities in Tasmania.

Acknowledging and celebrating LGBTIQ+ Tasmanians' experiences, skills, and contributions to Tasmania.

**Address the underlying causes of health inequality and barriers to services for LGBTIQ+ Tasmanians through LGBTIQ-inclusive policy, legislation, service provision, and community education.**

**Continue to fund and collaborate with LGBTIQ+ community services such as Working It Out.**

**Fund a dedicated LGBTIQ+ mental health service with an emphasis on peer-support.**

# Recommendations

## Education

### Seeing

Increasing visibility of LGBTIQ+ Tasmanians' experiences.

Promoting inclusive policies and practices.

**Visibly promote LGBTIQ-inclusion in educational facilities (e.g. rainbow stickers, flags).**

**Encourage people of all genders, sexes, and sexualities to work in the sector.**

### Knowing

Increasing community awareness of LGBTIQ+ Tasmanians' experiences and needs.

Collecting comprehensive data on LGBTIQ+ Tasmanians to guide future policies and practices.

**Promote LGBTIQ-awareness among students and young people through curriculum, policy, and school events.**

**Build community awareness of LGBTIQ+ people's experiences through visible, public campaigns.**

**Regularly evaluate curriculum and staff and student experiences to monitor and develop LGBTIQ-inclusion.**

### Understanding

Translating LGBTIQ+ awareness into inclusive practices, service provision, and community engagement.

**Deliver school-based sex and relationships education that addresses the needs of and meaningfully includes LGBTIQ+ people's experiences.**

**Provide training to increase LGBTIQ-inclusive teaching practices and school leadership.**

### Embracing

Prioritising social and legislative changes that proactively support people of all genders, sexes, and sexualities in Tasmania.

Acknowledging and celebrating LGBTIQ+ Tasmanians' experiences, skills, and contributions to Tasmania.

**Develop clearer LGBTIQ-inclusion policies across all schools that explicitly address homophobia and transphobia in anti-bullying approaches.**

**Include LGBTIQ+ people's experiences and achievements more comprehensively across curriculum and school events/initiatives.**

**Provide resources for diversity groups and support for LGBTIQ+ students and staff.**

# Recommendations

## Policing

### Seeing

Increasing visibility of LGBTIQ+ Tasmanians' experiences.

Promoting inclusive policies and practices.

**Encourage people of all genders, sexes, and sexualities to work in the sector.**

**Increase visibility of LGBTIQ+ Police Liaison Officer role in both LGBTIQ+ communities and Tasmania more broadly.**

**Promote commitment to LGBTIQ-inclusion through visible displays (e.g. rainbow stickers, flags, social media posts etc.)**

### Knowing

Increasing community awareness of LGBTIQ+ Tasmanians' experiences and needs.

Collecting comprehensive data on LGBTIQ+ Tasmanians to guide future policies and practices.

**Increase community awareness of LGBTIQ+ people's rights, anti-discrimination laws, and reporting pathways.**

**Collect more comprehensive data on LGBTIQ+ hate crime in Tasmania.**

### Understanding

Translating LGBTIQ+ awareness into inclusive practices, service provision, and community engagement.

**Continue to provide LGBTIQ-inclusive practice training for Police and Emergency Services personnel.**

**Tangibly prevent discrimination and hate speech against LGBTIQ+ Tasmanians through inclusive policing practices.**

### Embracing

Prioritising social and legislative changes that proactively support people of all genders, sexes, and sexualities in Tasmania.

Acknowledging and celebrating LGBTIQ+ Tasmanians' experiences, skills, and contributions to Tasmania.

**Support and preserve anti-discrimination legislation.**

**Ensure discrimination and hate speech against LGBTIQ+ people is appropriately persecuted.**

**Criminalise conversion practices.**

**Develop clearer reporting pathways for LGBTIQ+ victims of crime.**

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