



## Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing.

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10 October 2008

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### **Re: Submission to the *Vulnerable Youth Framework discussion paper***

On behalf of the Victorian Ministerial Advisory Committee on Gay, Lesbian, Bisexual Transgender and Intersex Health and Wellbeing (GLBTI MAC), I would like to thank you for the opportunity to provide comment on the *Vulnerable Youth Framework*.

The GLBTI MAC was established to provide advice to the three Human Services Ministers covering the portfolios of Health, Mental Health, Community Services, Senior Victorians and Housing and the Department of Human Services on action required to promote and support the health and well-being of gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians and to ensure optimal access to mainstream and, where appropriate, specialist health services.

The Committee's submission makes visible the effects of discrimination and homophobic abuse as risk factors for vulnerability and poorer health outcomes of same sex attracted and transgender young people (SSATY). It also suggests a number of improvements and provides good practice on how best to address the needs of SSATY and make the youth service system more inclusive.

We would like to take this opportunity to thank Ministers Neville, Morand, Merlino and Pike and all those involved in the consultation process for promoting discussion about how best to develop a coordinated system that better supports vulnerable young people.

Yours sincerely

Rowena Allen  
Chair GLBTI MAC

Ian Gould  
Deputy Chair GLBTI MAC



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## Submission to the Vulnerable Youth Framework discussion paper on behalf of the Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing

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### Introduction

The Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing (GLBTI MAC) welcomes the opportunity to provide input to Victorian Government's discussion paper on the *Vulnerable Youth Framework* (VYF) and applauds the Government's commitment to developing a coordinated system that better supports vulnerable young people.

The GLBTI MAC was established to provide advice to the three Human Services Ministers and the Department of Human Services on action required to promote and support the health and wellbeing of gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians. It also works to influence departmental programs and funded services across the issues of inclusivity and service responsiveness and to ensure optimal access to mainstream and, where appropriate, specialist health and human services.

The GLBTI MAC has reviewed the submission made by Gay and Lesbian Health Victoria (GLHV) on the VYF and supports it fully. The GLBTI MAC submission acknowledges the significant value of GLHV's extensive data and the historical context of advice to government on same sex attracted youth (SSAY). This submission will use the GLHV document to add to and underpin its response.

The key point that the GLBTI MAC would like to present in this submission is the apparent invisibility of same sex attracted and transgender youth (SSATY) in the VYF discussion paper, which is of particular importance in Focus Area 4: *Tailored responses to particular groups*. In this submission we will put forward ideas and information to assist in addressing this area.

The GLBTI MAC is well placed to collaborate and develop advice for Government, particularly the Human Services Ministers, about how best to address the needs of same sex attracted young people and make the youth service system more inclusive.

In 2005, a final report<sup>1</sup> released by the Office for Youth from a public forum jointly hosted by the Department for Victorian Communities<sup>2</sup>, the Departments of Education & Training<sup>3</sup> and Human Services and the Equal Opportunity Commission Victoria<sup>4</sup>, concluded that a cross-departmental response to progressing health and wellbeing for same-sex attracted youth (SSAY) across Victoria was needed. It is the position of the GLBTI MAC that this is still the case.

### Glossary of terms – for more detailed definitions see **Appendix 1**

Common terms used through out this document include:

#### Gender identity

A person's sense of identity does not match their biological sex. It is important to note that not everybody identifies exclusively with one sex or the other. Some people may identify as both male and female.

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<sup>1</sup> Office for Youth, (2005) *Progressing Health and Wellbeing for Same Sex Attracted Young People in Victoria: Government, Community and Young People Working Together*, Melbourne

<sup>2</sup> Now the Department of Planning and Community Development

<sup>3</sup> Now the Department of Education and Early Childhood Development

<sup>4</sup> Now the Victorian Equal Opportunity and Human Rights Commission

## **Heterosexism**

The belief that everyone is, or should be, heterosexual and that other types of sexuality are unhealthy, unnatural and a threat to society.

## **Homophobia**

The fear and hatred of gay and lesbian people and of their sexual desires and practices.

## **Same sex attraction**

Attraction toward people of one's own gender. The term has been used in the context of young people whose sense of sexual identity is not fixed, but who experience sexual feelings toward people of their own sex.

## **Transgender**

Refers to someone whose identity or behaviour falls outside stereotypical gender norms. It refers to individuals who do not identify with the gender assigned to them at birth.

## **Transphobia**

Fear and hatred of people who are transgender or transsexual.

## **The vulnerability of SSATY - THE EVIDENCE**

SSATY are not a homogenous group and many live successful, supported and positive lives. We acknowledge that documenting the vulnerability and poorer health outcomes of these young people runs the risk of pathologising and victimising them. However many young people are questioning their sexual orientation or gender identity leaving them vulnerable to anxiety, stress or depression and even self harm and attempted suicide or suicide. Other young people who are 'out' are also vulnerable to mental health problems due to discrimination, harassment and bullying. This can lead to early school leaving and, in some cases, being rejected from families and home.

Sexual orientation and gender identity interact with a number of other key social determinants, such as socioeconomic status, ethnic and racial background, gender, geographic location, disability and age to produce health concerns specific to subgroups within SSATY communities. Issues of sexual identity and sexuality are not just issues for SSAT young people, and the Framework would be strengthened by a more explicit recognition of sexuality and sexual identity during adolescence more broadly.

The GLBTI MAC strongly believes that being same sex attracted is not a risk factor for vulnerability but the stigma<sup>5</sup> and discrimination SSATY are subject to by others can trigger exposure or compound multiple risk factors e.g. drug / alcohol use, violence, isolation, homelessness, unsafe sex practices and exposure to sexually transmitted infections such as HIV and hepatitis C.

Australian research has shown that between seven and 11 per cent of young people are attracted to others of their own sex or are unsure of their sexual attraction<sup>6 7</sup>. The research also shows that SSATY are one of the most vulnerable groups of young people in Victoria. *Writing Themselves in Again*, a national survey of the health and wellbeing of SSATY<sup>8</sup>, showed that:

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<sup>5</sup> *Stigma has recently been operationalised as a concept by Link & Phelan (2001) using five components: (1) difference; (2) labelling; (3) us vs. them thinking; (4) discrimination; (5) status loss.*

<sup>6</sup> Lindsay, J, Smith, A & Rosenthal, D, (1997) *National Survey of Australian Secondary Students HIV/AIDS and Sexual Health* National Centre in HIV Social Research: Program in Youth/General Population, Centre for the Study of Sexually Transmissible Diseases, Melbourne

<sup>7</sup> Smith, A., Rissell, C., Richters, J., Grulich, A & De Visser, R. (2003), *Sex In Australia Sexual Identity, sexual attraction and sexual experience in a representative sample of adults. Australian and New Zealand Journal of Public Health.* 27 (2) pp138 – 145

<sup>8</sup> Hillier, L., Turner, A. & Mitchell, A. (2005), *Writing Themselves In Again—Six Years On: The Second National Report on the Sexuality, Health and Well Being of Same Sex Attracted Young People*, Australian Research Centre in Sex Health and Society

- Over half the respondents had been verbally or physically abused because of their sexuality
- School was the place where most of that abuse took place
- The majority of respondents felt unsafe in many different environments including school, at home and in the community

Homophobic abuse had a profound effect on young people's health and wellbeing. Young people who had been abused fared worse on almost every health and wellbeing indicator in comparison to those who had not. The research suggests that the homophobic abuse and social exclusion experienced by SSATY leads to poorer health outcomes for these young people compared to their heterosexual peers. They

- felt less safe at school, at home; on social occasions and at sporting events
- more likely to self-harm, report an STI, and use range of legal and illegal drugs
- 35% reported two main methods of self harm: self mutilation and attempted suicide
- more likely to have talked to someone or accessed a support organisation<sup>9</sup>

Clearly SSATY are subject to intense pressures as they negotiate their sexual feelings, attractions and identities in environments that are still hostile to people who are not exclusively heterosexual. This compromises their ability to form social, personal and intimate relationships.

Unlike their exclusively heterosexual peers, SSATY have few positive role models, a lack of 'out' GLBTI teachers or peers whom they can rely on for support and advice and limited school-based educational resources that address their specific needs. Many SSATY adolescents are also unsure of where they can get help if required.<sup>10</sup>

These problems are particularly acute for transgender and intersex adolescents. Those who are seeking to support transgender young people often do not have a clear understanding of the distinction between gender identity and sexual orientation. At the same time, the classification of gender identity dysphoria as a psychiatric or mental disorder has the potential to undermine young transgendered people's emerging sense of identity. While some young intersex people may have an awareness of their intersex condition before adolescence, others may not. Intersex youth need support when they are first informed of their intersex condition as well as when they are forming their sexual and gender identity in the context of their intersex status.

Bisexual adolescents may identify neither as heterosexual nor homosexual. They may be subject to a widely-held prejudice that understands bisexuality as either a passing phase or as an inability to accept a gay or lesbian sexual orientation. As such, bisexual adolescents may feel excluded from both mainstream and SSATY support networks.<sup>11</sup>

Same sex attracted young people are also at increased risk of homelessness with studies suggesting that over 30 per cent of homeless young people identify as gay or lesbian<sup>12</sup>. Australian data show higher rates of homelessness due to rejection by family and friends<sup>13 14</sup>. In a large study of 850 homeless young people in Melbourne<sup>15</sup>, 14 per cent identified as non-heterosexual, indicating an over representation in this group.

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<sup>9</sup>ibid

<sup>10</sup> Leonard, W. (Ed.), (2002), *What's the Difference?: Health Issues of Major Concern to Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians*. Melbourne, Ministerial Advisory Committee on Gay and Lesbian Health, Department of Human Services

<sup>11</sup> Leonard, W. (Ed.), (2002),

<sup>12</sup> 2010 Gay and Lesbian Youth Service (1995), *As long as I have my doona: A report on gay and lesbian youth homelessness*. 2010 Gay and Lesbian Youth Service and the Australian Centre for Lesbian and Gay Research.

<sup>13</sup> Hillier, L., Harrison, L. and Dempsey, D. (1999), *Whatever happened to duty of care? Same-sex attracted young people's stories of schooling and violence*. Melbourne Studies in Education 40(2): 59–74.

<sup>14</sup> Baker-Johnson, M., (2000), *To turn a blind eye: a report into discrimination based upon sexuality and transgender identity in Victorian Secondary Schools—Causes, Effects, Responses*

<sup>15</sup> Rossiter, B, Mallett, S, Myers, P & Rosenthal, D., (2003), *Living well? Homeless young people in Melbourne*. Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne

Research suggests that SSAY living in rural and regional Victoria may face added pressures due to increased levels of homophobia and reduced access to SSAY related information, resources and organisations.<sup>16</sup> Australian research suggests that SSAY in rural areas are at particular risk of depression and attempted suicide<sup>17</sup> One report suggests that rural SSAY are six times more likely to attempt suicide than the population as a whole.<sup>18</sup>

Despite the fact that unfair treatment on the basis of sexual orientation is illegal throughout Australia including Victoria, many young people still experience discrimination and poorer health outcomes. The evidence strongly suggests many SSAY through a combination of their circumstances, life experiences, social environment and risk taking behaviour are at risk of poorer life outcomes.

The GLBTI MAC recommends:

1. Strengthening the VYF by a more explicit recognition of sexuality and sexual identity during adolescence.
2. Discrimination and emerging sexual identity included as a risk factor in the yellow *Experiencing additional problems* section in the diagram depicting vulnerability on page 12 of the VYF.
3. Homophobic abuse included as risk factor in the orange *Highly vulnerable* section in the diagram depicting vulnerability on page 12 of the VYF.
4. Inclusion of sample data illustrating SSAY vulnerability in the 'layers of vulnerability' diagram on page 15.

### Links to Victorian Government Laws and Policies

A number of government laws and policies state it is unlawful to discriminate on the basis of sexual orientation and gender identity and some recognise sexual orientation and gender identity as social determinants of health requiring special attention. These include:

- *Equal Opportunity Act (1995)* Victorian Equal Opportunity and Human Rights Commission (VEOHRC)
- *Charter of Human Rights and Responsibilities Act (2006)*
- *Future Directions: An Action Agenda for Young Victorians (2006)* Department of Planning and Community Development (DPCD)
- *Health and Sexual Diversity: A health and wellbeing action plan for Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Victorians (2003)*, Department of Human Services (DHS)
- *Supporting Sexual Diversity in Schools (2008)* Department of Education and Early Childhood Development (DEECD)
- *The State of Victoria's Young People (2008)* DEECD & DPCD
- *Safe Schools are Effective Schools (2006)* DEECD

<sup>16</sup> Leonard, W. (Ed.), (2003), *Health and sexual diversity: A health and wellbeing action plan for gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians*, Melbourne, Ministerial Advisory Committee on Gay and Lesbian Health, Department of Human Services

<sup>17</sup> Hillier, L., Harrison, L., Dempsey, D., Matthews, L., Beale, L., Rosenthal, D. & Walsh, J., (1998) *Writing Themselves In: A National report on the Sexuality, Health and Well-Being of Same-Sex Attracted Young People*, National Centre in HIV Social Research: Program in Youth/General Population, Centre for the Study of Sexually Transmissible Diseases, La Trobe University, Melbourne.

<sup>18</sup> Quinn, K., (2003) "Rural Youth and Same Sex Attracted Youth: Issues, Interventions and Implications for Rural Counsellors". *Rural and Remote Health* Vol 3

## SSATY and the Focus areas and actions for change

### Focus Area 1      *Prevention and early identification*

The GLBTI MAC believes the most effective prevention strategy to reducing SSATY's vulnerability, particularly the onset of mental illness is to stamp out homophobia and eliminate discrimination on the basis of sexual orientation and gender identity.

This requires a significant whole of government commitment and approach in the context of implementation of the *Charter of Human Rights and Responsibilities* and the government's response to the imminent release of the *Equal Opportunity Review Final Report: An Equality Act for a Fairer Victoria*.

Other preventative strategies include:

- intervening early in the lifespan of all young people to break the cycle of learned homophobia and heterosexism and assist them to be more open to a society which includes sexual diversity
- early intervention targeting SSATY by giving all young people positive messages about sexual diversity to offset the climate of negativity regarding same sex attraction. This may take the form of health promotion messages given proactively to young people by trusted adults such as teachers, parents and youth workers.

To support those trusted workers, recurrent funding for statewide programs and networks that support SSATY is fundamental. This was reinforced by participants at a community consultation forum in July 2008, on the *Because Mental Health Matters discussion paper* (jointly hosted by GLBTI MAC and GLHV). Ongoing recurrent funding from Government for the **Rainbow Network** ([www.rainbownetwork.net.au](http://www.rainbownetwork.net.au)) would provide the support and resources necessary to support workers across Victoria in a coordinated and sustained way. The Rainbow Network aims to facilitate:

- Peer support;
- Professional development for workers;
- Information and resource sharing;
- Network and partnership building;
- Opportunities for collaborative projects and approaches;
- Historical mapping and identifying existing gaps in services;
- Discussion forums;
- Lobbying for sustainable and increased support of SSAY initiatives; and
- Advocacy at a state-wide level.

Sixty per cent of respondents to a 2006 DHS consultation report<sup>19</sup> listed the Rainbow Network as their primary resource in working with SSAY. The final report released by the Office for Youth<sup>20</sup> also included in the key recommendations included increased government support and ongoing funding for the Rainbow Network.

The GLBTI MAC recommends:

5. Positive messages to all young people about sexual diversity in a range of youth service systems
6. The Rainbow Network to receive increased recurrent government funding to coordinate and support the state-wide network of workers working with SSATY.

<sup>19</sup> Marshall, D. (2006) *Working with same sex attracted and transgender young people: A consultation with workers across Victoria*. Social Policy Branch, Department of Human Services Victoria.

<sup>20</sup> Office for Youth (2005), *Progressing Health and Wellbeing for Same Sex Attracted Young People in Victoria: Government, Community and Young People Working Together*

## Focus Area 2. *Engagement in education, training and employment*

The evidence shows for SSAY, schools are the main environment where verbal or physical abuse occurs because of their sexuality and where many young people feel unsafe. Therefore schools are a logical platform for prevention and early identification of vulnerability.

There is an increasing focus on vulnerable young people and their disengagement from school. For SSATY, this can be affected by homophobic and transphobic bullying, and also because they feel invisible in school settings even if they not being bullied or harassed. Their invisibility or non-acknowledgment means that many school programs seem irrelevant for them and they don't see themselves as connected to the school and are often isolated.

The DEECD policy *Supporting Sexual Diversity in Schools* ([www.education.vic.gov.au/studentlearning/teachingresources/health/sexuality/forprincipals.htm](http://www.education.vic.gov.au/studentlearning/teachingresources/health/sexuality/forprincipals.htm)) explicitly addresses the needs of SSATY in schools and provides a great framework for a whole of government responsiveness in ending the invisibility of SSATY in service systems.

**GLHV** has developed a checklist on *How to support sexual diversity in schools*<sup>21</sup> to assist principals implement a whole school response.

The GLBTI MAC recommends:

7. Schools are supported and resourced to implement the *Supporting Sexual Diversity in Schools*

## Focus Area 3. *Local planning for a youth service system*

Local government and agencies planning youth services need to acknowledge SSATY are part of their communities and identify barriers these young people face attending mainstream services.

The GLBTI MAC recommends that all local councils and relevant non-government youth services, particularly in rural areas, be encouraged, resourced and supported to run SSATY support groups with input/peer education provided by SSATY.

A 2007 evaluation of SSAY support groups in Victoria<sup>22</sup> found that that for SSAY:

- In the first four months of joining a group how they felt about their lives improved significantly.
- Belonging to a group for four months led to major improvements in how they felt about their sexuality.
- Membership led to an increase in friendships and support and a reduction in isolation and alienation.
- Membership was strongly related to feeling safer and less concerned about school.
- Membership provided access to much needed information about sexuality and safe sex.

Local planning should also incorporate the need for SSATY specific services or programs and in particular, accredited SSATY sensitivity training for mainstream youth and community workers.

A good example of a service responding to local SSATY issues is **WayOut, Rural Victorian Youth & Sexual Diversity Project** ([www.wayout.org.au](http://www.wayout.org.au)).

<sup>21</sup> <http://www.glhv.org.au/files/SexualDiversityChecklist.pdf>

<sup>22</sup> Hillier, L (2007), *"This group gave me a family" an evaluation of the impact of social support groups on the health and wellbeing of same-sex attracted young people*. Australian Research Centre in Sex Health and Society, La Trobe University, Melbourne.

WayOut, Rural Victorian Youth & Sexual Diversity Project is a partnership between Cobaw Community Health Service and GLHV. The project works with four communities in rural Victoria to raise awareness about homophobia and to provide an environment that is welcoming to SSATY. WayOut provides a range of services including:

- Training, support and research updates for workers;
- Support to young people's groups;
- Support to community groups and organisations;
- Production and distribution of posters, information cards & stickers etc.
- Facilitating a group for young people in the Macedon Ranges Shire.

The GLBTI MAC recommends:

8. System-wide planning and long-term funding for state wide initiatives and locally based rural, regional and metropolitan SSATY support groups.
9. Accredited SSATY sensitivity training for mainstream youth and community workers.

#### Focus Area 4. *Tailored responses to particular groups*

We would like to offer input to assist in addressing the current gap in the VYF surrounding the vulnerability of SSATY. There is a substantial body of Australian research on SSATY health and wellbeing which could be responded to by the discussion paper. If SSATY issues are not articulated or stated as a 'vulnerable group', our experience says that already busy health/youth/school organisations will generally not address the issues. This compounds the invisibility of SSATY, one of the major effects of homophobia and a barrier to developing policy and services that addresses their needs.

The GLBTI MAC recommends:

10. SSATY to be recognised as a separate 'vulnerable group' not as an optional or 'add on' group of young people.

#### Focus Area 5. *Effective services, capable people.*

Having current data about the number of SSATY in the population is also critical for planning and delivery of culturally appropriate and responsive services. However researchers acknowledge the difficulty of collecting data about sexual orientation or gender identity as there are community fears about privacy and the confidentiality of data collection. Most telephone counselling services, except Kids Helpline, do not seek or record information about sexual orientation when responding to calls.

Funding needs to be targeted for data collection and analysis, as the current evidence base is limited by a number of factors:

- much health research is driven by national priorities or legislation which often omit GLBTI people's health needs
- undertaking representative research is difficult, as often those who are least confident about their identity don't get 'researched' and also don't access health or support services leaving them more vulnerable to poor health
- population wide surveys e.g. the national census currently doesn't ask about sexual orientation or gender identity.

A wide variety of data collection systems are used throughout DHS and other government departments and agencies, particularly in the health service system. Many are capable of being adapted to include extra information.

The GLBTI MAC can advise Government, particularly, the Human Services Ministers, about how best to include questions or means of data collection.

Investment in the education and training of youth/health professionals is vital to embedding an understanding of SSATY issues and developing proactive and inclusive practice to improve outcomes for this group. We understand that these issues are being considered in the development of the Mental Health Reform Strategy.

A knowledgeable, skilled and sustainable workforce would be one which has participated in accredited professional development and workplace training that is inclusive of sexual orientation and gender identity; is developed and implemented in the framework of the *Charter of Human Rights and Responsibilities* and is grounded in understanding that ongoing discrimination (e.g. racism, sexism, homophobia, transphobia) has an impact on health and wellbeing.

**GLHV** is an organisation funded by the DHS to enhance and promote the health and well being of GLBTI people in Victoria. One way they do this is by providing training to health care providers and health organisations about GLBTI health needs and appropriate service delivery. They are well placed, with additional resourcing, to enhance the capacity of the youth/education to develop the capacity of services to respond to vulnerable SSATY.

The **Rainbow Network** can also assist workers develop proactive and inclusive practice and supports to SSATY.

The GLBTI MAC has representatives on the Australian Research Centre for Sex, Health and Society, La Trobe University, **Beyond Homophobia: developing a blueprint for same sex attracted and transgender youth futures in Victoria** reference group. The study is investigating service provision for same sex attracted and transgender young people in Victoria. Funding for this project has been provided by the William Buckland Foundation. The main aim of this project, due for completion by mid 2009, is the development of a policy blueprint for delivering inclusive services (focusing on the fields of education, housing, drugs and alcohol, health services and youth services) to young people in Victoria.

A current initiative of the GLBTI MAC is the development of ***Inclusive Practice Guidelines*** to assist DHS and its funded agencies to better include and respond to GLBTI Victorians. SSATY are a priority for the GLBTI MAC and will be included in the guidelines due for completion by mid 2009.

The GLBTI MAC recommends youth services and projects funded by government are supported to:

11. Collect and analyse data on sexual orientation and gender identity and those young people questioning their sexual orientation and gender identity, including the Victorian Population Health Survey.
12. Deliver projects or services which do not pathologise issues of same sex attraction or gender identity but locate the problem in the society around the young people who experience difficulties with these issues.
13. Be expressly welcoming to and inclusive of the needs of SSATY people in their catchments areas.
14. Be inclusive of those young people experiencing confusion around these issues.
15. Apply no pressure on young people to 'come out' to families, friends and communities
16. Provide opportunities for SSATY to be consulted and participate in service planning and evaluation.
17. Provide appropriate support and/or training in the area of SSATY for all those involved, whether they be SSATY themselves, families, community organisations or health care providers.
18. Include SSATY issues in monitoring and evaluation
19. Incorporate and improve SSATY sensitivity through service accreditation processes.

## Conclusion

One of the principles of the *Future Directions* youth policy is to acknowledge the diversity of young people. It is the strong belief of the GLBTI MAC that vulnerable same sex attracted and transgender young people need to be explicitly identified in the VYF and particular responses, developed with SSATY, need to be included in mainstream service delivery to enable them to contribute to society and reach their full potential.

The GLBTI MAC welcomes the Government's focus on developing an effective service system addressing vulnerable young people. The GLBTI MAC is willing to provide advice and assistance to Government about how best to address the needs of same sex attracted young people and make the youth service system more inclusive.

## Summary of recommendations to improve the Vulnerable Youth Framework in relation to same sex attracted and transgender young people:

- Provide a more explicit recognition of sexuality and sexual identity during adolescence (Recommendation 1)
- Include discrimination and emerging sexual identity as risk factors in the yellow *Experiencing additional problems* section in the diagram depicting vulnerability on page 12 of the VYF. (Recommendation 2)
- Include homophobic abuse as risk factor in the orange *Highly vulnerable* section in the diagram depicting vulnerability on page 12 of the VYF. (Recommendation 3)
- Include sample data illustrating SSATY vulnerability in the 'layers of vulnerability' diagram on page 15. (Recommendation 4)
- Include positive messages about sexual diversity. Including a statement that being same sex attracted is not a risk factor for vulnerability but the stigma and discrimination SSATY are subject to by others can trigger exposure or compound multiple risk factors. (Recommendation 5)
- Support System-wide planning and long-term funding for state wide initiatives and locally based rural, regional and metropolitan SSATY support groups. (Recommendation 8)
- Ensure accredited SSATY sensitivity training for mainstream youth and community workers. (Recommendation 9)
- SSATY to be added as a 'vulnerable group' in Focus Area 4, not as an optional or 'add on' group of young people. (Recommendation 10)
- Highlight the need for data collection and analysis regarding sexual orientation and gender identity and those young people questioning their sexual orientation and gender identity, including the Victorian Population Health Survey (Recommendation 11)
- Ensure youth services and projects funded by government are supported to better understand, respond to and monitor progress regarding SSATY issues (Recommendations 12-19)

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## Glossary of Terms<sup>23</sup>

These are provisional or working definitions. A number are open to debate within and outside the GLBTI community reflecting the fluidity of sexual and gender identities and the importance members of marginalised groups attach to the processes of self-definition and redefinition.

### **Affirming gender**

The process of adopting a lifestyle and/or body that matches a person's sense of their gender. The process may take some time, involve a number of different but related processes and often starts before an individual undertakes any changes to his or her public identity (see Transsexual).

### **Bisexual**

A person who is sexually and emotionally attracted to people of both sexes.

### **Coming out**

The process through which an individual comes to recognise and acknowledge their sexual orientation. Coming out often involves a decision to be open about one's sexual orientation. 'Coming out' is also used to describe the processes through which transgender and intersex people come to recognise and acknowledge their gender identity and intersex condition respectively.

### **Gay**

Refers to a person whose primary emotional and sexual attraction is toward people of the same sex. It is often used to describe individuals who are open about their sexuality and who self-identify as gay. However, the term is most commonly applied to men. The term lesbian is commonly used to describe women whose primary emotional and sexual attraction is for other women.

### **Gender identity**

A person's sense of identity defined in relation to the categories of male and female. The term is primarily used to describe people whose gender identity does not match their biological sex. However, it is important to note that not everybody identifies exclusively with one sex or the other. Some people may identify as both male and female, while others may identify as male in one setting and female in other. This suggests a gender continuum, rather than simply an opposition between one gender (male) and another (female).

### **Heterosexism**

The belief that everyone is, or should be, heterosexual and that other types of sexuality are unhealthy, unnatural and a threat to society. Heterosexism also assumes that sex and gender (and the relationship between the two) are fixed and not open to change. Heterosexism includes both homophobia and transphobia.

### **Homophobia**

The fear and hatred of gay and lesbian people and of their sexual desires and practices.

### **Homosexual**

An individual whose primary sexual attraction is toward people of the same sex.

### **Internalised homophobia**

The internalisation of negative attitudes and feelings toward homosexuality, on the part of gay men and lesbians.

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<sup>23</sup> Leonard, W. (Ed.) (2003). Health and sexual diversity: A health and wellbeing action plan for gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians,

### **Internalised transphobia**

The internalisation of negative attitudes and feelings toward transgenderism, on the part of transgender people.

### **Intersex**

A biological condition where a person is born with reproductive organs and/or sex chromosomes that are not exclusively male or female. The previous term for intersex was hermaphrodite.

### **Lesbian**

A woman whose primary emotional and sexual attraction is toward other women. The term is often used to designate women who identify as same sex attracted, as opposed to women who have sex with other women, but who do not self-identify as lesbian.

### **Men who have sex with men (MSM)**

Men who engage in sexual activity with other men, but who do not necessarily self identify as gay.

### **Queer**

An umbrella term that includes a range of alternate sexual and gender identities, including gay, lesbian, bisexual and transgender.

### **Same sex attraction**

Attraction toward people of one's own gender. The term has been used in the context of young people whose sense of sexual identity is not fixed, but who experience sexual feelings toward people of their own sex.

### **Transgender**

Refers to someone whose identity or behaviour falls outside stereotypical gender norms. It refers to individuals who do not identify with the gender assigned to them at birth. The terms male-to-female and female-to-male transgender persons are used to refer to individuals who are undergoing or have undergone a process of gender affirmation (see Transsexual)

### **Transphobia**

Fear and hatred of people who are transgender or transsexual.

### **Transsexual**

Refers to individuals who are born anatomically male or female but have a profound identification with the gender opposite to that assigned to them at birth. Transsexual refers to people who are making, intend to make, or have made the transition to the gender with which they identify. It also includes people who wish to make the transition, but are prevented from doing so. Transition refers to a number of different though related processes, including changes to a person's outward appearance, hormone treatment and surgical gender reassignment (see Affirming gender).

### **Women who have sex with women (WSW)**

Women who engage in sexual activity with other women, but who do not necessarily self identify as lesbian.