

2015 NSW LGBTI ELECTION ISSUES





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HIV AND BLOOD BORNE VIRUSES



The 2012-2015 NSW HIV Strategy has set an ambitious goal of the virtual elimination of HIV transmission by 2020, reflecting Australia's commitment to the United Nations Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS. To achieve this requires the full utilisation of new technologies such as rapid testing, pre exposure prophylaxis and greater uptake of treatment, in addition to existing approaches.

Despite NSW's relative success at keeping new HIV diagnoses stable over the past 20 years, this still means around 400 new diagnoses every year and an increasing number of people facing the challenges of diagnosis, life long treatment and issues of stigma and access to care.

While the sector in NSW has responded to this challenge and made great gains in rates of testing among gay men, and increased uptake of treatment among newly diagnosed people with HIV, significant barriers exist at the national level to making full and sustained use of these new approaches.

These barriers threaten the viability of the progress made to date and the achievement of NSW's goals. They include the continued failure to list any rapid testing devices on the MBS, approval times for new devices that exceed the stated goals of the Therapeutic Goods Administration by up to 200%, and barriers to providing our communities with information about new technologies.

Community organisations have expended considerable resources in addressing some of these barriers, but continued and vigorous support from the NSW Government, through its role on intergovernmental committees and the Australian Health Ministers Advisory Committee, is needed.

In the short term, NSW Government delivered innovations, such as a dried blood spot screening service, shown successfully in the UK to reach undiagnosed people, would help achieve the NSW HIV Strategy targets within the current regulatory frameworks, at minimal cost to the state





ACCESS TO ANTIRETROVIRAL MEDICATIONS

Making it easier for people living with HIV (PLHIV) to access antiretroviral (ARV) medications is a key priority for ACON and Positive Life NSW. It is also key to achieving the goal of 90% treatment coverage in the NSW Strategy, and to driving down transmission rates.

Until early 2013, HIV treatments could only be accessed through hospital pharmacies, which have limited reach and opening hours. The NSW Enhanced Medication Access scheme was established in early 2013 to provide increased flexibility and access by offering a postal delivery service. More recently the Australian Government has announced that dispensing of ARV at community pharmacies will commence on the 1st July 2015, which will improve access for many PLHIV. Even though the Australian Government has announced a change in dispensing arrangements, in community pharmacies, there continues to be uncertainty about how this change will be implemented across NSW. Access to ARV treatment is a priority and must be assured by the NSW government if the Commonwealth government is not able to expand access as is presently planned.

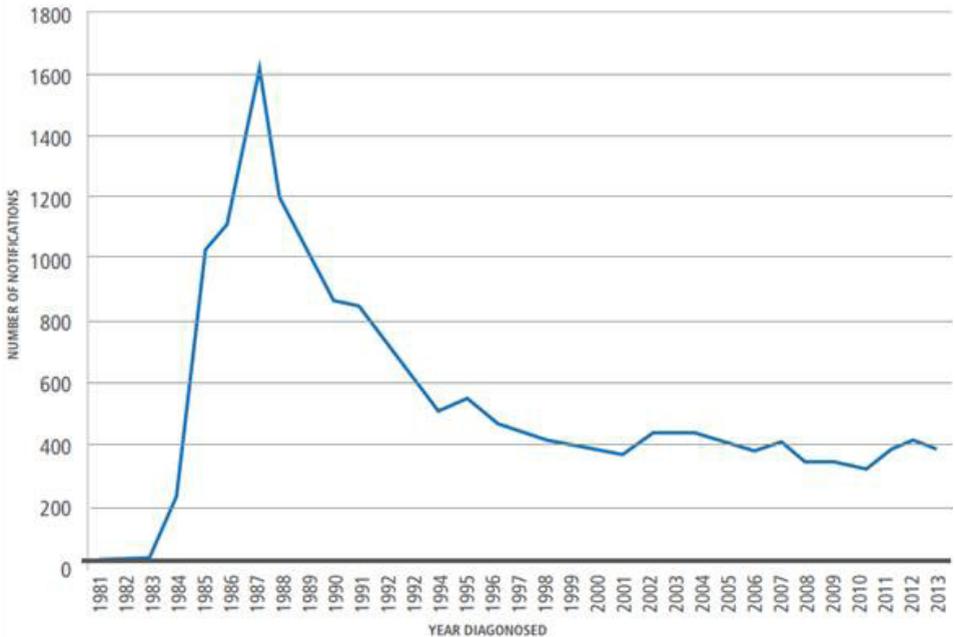
BLOOD BORNE VIRUSES

The operation of needle and syringe programs (NSPs) in NSW have prevented over 23,000 HIV infections and almost 32,000 hepatitis C infections in NSW, according to modelling undertaken by the Kirby Institute (formally known as NCHECR) in 2009ⁱ. It has been demonstrated that a net financial savings of \$432 million was achieved for NSW over the years 2000 to 2009 through a small investment in NSP fundingⁱⁱ.

Modelling undertaken by the Kirby Institute projected that increasing investment in NSPs would result in greater reductions in the number of hepatitis C and HIV transmissions in Australiaⁱⁱⁱ. The efficacy of NSPs in NSW can be enhanced by rolling out more NSP vending machines and by allowing peer distribution of equipment.



NEW DIAGNOSED HIV IN NSW 1981 – 2013



FROM: NSW HIV Strategy 2012 - 2015: Data for Performance Monitoring Report

WHAT YOUR PARTY CAN DO:

- » Extend the current NSW HIV Strategy to 2020 and commit to the goals and targets contained in the strategy.
- » Maintain levels of investment in prevention, care and support programs for PLHIV and affected populations.
- » Address the regulatory barriers at the Australian Government level that limit NSW's ability to achieve the goals contained in the current NSW HIV Strategy.
- » Commit to sustaining a wide variety of testing options, including community based HIV testing, and the trial of a home dry blood spot HIV testing service.
- » Ensure continued access to the Enhanced Medication Access Scheme to safeguard uninterrupted access to ARV should the Commonwealth Government's commitment to provide ART in community pharmacies not be assured in 2015
- » Support making peer distribution of sterile injecting equipment legal and support programs to implement this model of distribution, including the re-training of the Police workforce

LGBTI HEALTH AND WELLBEING



LGBTI communities and individuals are extremely diverse and face a number of shared and distinct health issues. There are a number of health areas where risk behaviours or health outcomes are different for our communities, or where a different approach is required to ensure health promotion interventions reach our communities.

The priority areas for action include:

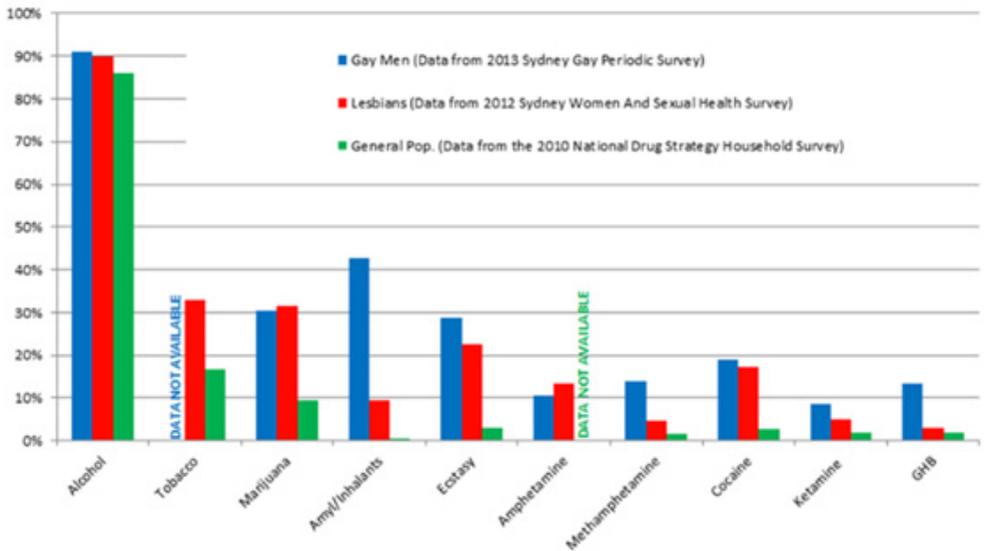
- Illicit drug use, including methamphetamine and cocaine use has been shown to be many times higher among GLB people than the rest of the population^{iv}
- Rates of high frequency and binge drinking are higher amongst LGB people than those of the general population, especially among lesbian and bisexual women^v
- Smoking rates amongst GLB people are almost double the general population, with young same sex attracted women (16 - 24) having a smoking rate of 42%^{vi}. These rates, in contrast to the general population, have barely changed over the past 10 years.
- LGBTI people are at increased risk of a range of mental health issues including depression, anxiety disorders, self-harm, suicidality and suicide^{vii}

Research has shown that experiences of social exclusion and discrimination, violence and abuse, and the lack of inclusion in health policies all contribute to these differential rates. Almost all data does not include people with intersex variations, and little data includes transgender persons.

While these disparities are well evidenced, there has been very little investment made to address them. In many areas generic health promotion campaigns have failed to reach our communities, as evidenced by the continuing high rates of risk behaviours.

A whole of government approach, through a LGBTI health and wellbeing strategy, is required to address these issues. It should identify existing strategies in which LGBTI people should be recognised as a priority population, identify priority action areas and outline a systemic approach for improved data collection to inform more effective responses.

Such a strategy would only require a modest investment in sector capacity development and some specific messaging, along with the adaptation of wider community campaigns to make them appropriate for LGBTI audiences.



COMPARATIVE AUSTRALIAN ALCOHOL AND DRUG USE DATA

NB: Drug use is often measured in different ways in different surveys. In the SGPS and SWASH, drug use refers to the proportion of participants who reported use in the previous six months. In the NDSHS, drug use refers to the estimated prevalence of use in the previous 12 months.

WHAT YOUR PARTY CAN DO:

- » Commit to addressing the disparities seen in the prevalence of mental health issues, alcohol and other drug dependence and smoking amongst LGBTI people.
- » Support the development of a whole of government LGBTI health strategy.
- » Implement strategies to improve the availability of data on LGBTI people across all health and wellbeing areas.
- » Address the social determinants of health, including housing, mental health, alcohol and other drug use, stigma and discrimination and their impacts on the health and wellbeing of PLHIV and LGBTI people

PEOPLE WITH INTERSEX VARIATION



Stigma and discrimination adversely impact upon people with intersex variations and our families, including families of infants and children with intersex variations.

Children with intersex variations in NSW are still subject to involuntary or coerced medical procedures. A 2013 Senate Community Affairs Reference Committee inquiry into involuntary or coerced sterilisation of intersex people in Australia made a number of recommendations that are applicable to NSW.

The Senate committee report identified “disturbing” issues with current medical practices, leading to genital “normalising” interventions and sterilisations. Decision making on sterilisations is intertwined with grounds other than cancer risk.

Genital surgeries for “psychosocial” rationales, aimed at socially integrating a child into their family and society, occur despite “particular concern” about later sexual function and sensation; there is no medical consensus about their conduct, and standards of “normality” are subjective.

The Senate committee report recommended deferring interventions that are not medically necessary until the persons affected can consent along with national human rights-based standards, effective oversight, linkages between community organisations and hospitals, and long term follow-up.

The report also called for intersex community organisations to be funded for peer support and counselling including support for families of infants and children with intersex variations.



WHAT YOUR PARTY CAN DO:

- » Address stigma and discrimination and their impacts, particularly as they affect new parents and families of infants with intersex variations, and adults with experience of trauma.
- » Commit to implementing the cross-party Senate report on the 'Involuntary or coerced sterilisation of intersex people in Australia' by the end of 2016.
- » Support a ban on unnecessary "sex normalising" and sterilising interventions on minors with an intersex variation.
- » Fund peak intersex organisations to address stigmatisation, and provide counselling, peer support and information services to intersex persons and their families.

EDUCATION



LGBTI young people are subject to particular pressures as they navigate educational contexts, including schooling. These pressures range from the common stressors many other young people negotiate, such as balancing work, study and a social life, through to more unique challenges, such as non-acceptance from family, friends and the wider community, managing the impact of surgical and hormonal interventions alongside school lives, and exposure to verbal abuse, discrimination and sometimes even physical violence.

Published data from the 2010 Australian Research Centre in Sex Health and Society (ARCSHS) report, *Writing Themselves In 3 (WTI3)*, clearly indicates that for many GLBT and questioning young people, school is often a more dangerous place than other spaces in which they engage^{ix}. This is a situation that is often compounded for young people who are Aboriginal and Torres Strait Islander, from culturally or linguistically diverse backgrounds or who have a disability. The WTI3 report found that 61% of young people reported verbal abuse because of homophobia, 18% physical abuse and 26% 'other' forms of homophobia.

The most common place of abuse remained school with 80% of those who were abused naming school as a site of abuse. This continues the trend of increased levels of reported homophobic violence in schools (69% in 1998; 74% in 2004). Young men and gender questioning young people reported more abuse than young women.

On the basis of this evidence, intervening in the school setting to create safe and inclusive environments for LGBTI young people is critical. In attempting to address this issue, ACON, the NSW GLRL and Family Planning NSW recently embarked on a partnership to launch the Safe Schools Coalition NSW, which is aimed at intervening in school settings to create safer and more supportive spaces for LGBTI young people, as well as their peers and friends.

The importance of a comprehensive and inclusive national health and physical education curriculum, and state syllabus that responds to people's real lives is also pronounced. There is a particular need for comprehensive education about HIV and STI prevention, as well the inclusion of sexual orientation, intersex, and gender identity issues



WHAT YOUR PARTY CAN DO:

- » Commit to combating homophobia, bi-phobia and transphobia in schools across NSW.
- » Support the NSW rollout of the national Safe Schools Coalition programme.
- » Commit to a responsive health and physical education curriculum and syllabus in NSW that makes explicit reference to lesbian, gay, bisexual, trans and intersex people, and includes a focus on positive relationships, bullying and discrimination, HIV and STIs.

AGEING



LGBTI people in NSW face a number of distinct issues as they age, and share many issues with their non-LGBTI counterparts. The inclusion of LGBTI people as a priority population in the NSW Ageing Strategy was a welcome move that is providing opportunities to address many of these issues.

During recent consultations undertaken by ACON with older members of our communities, the areas of housing, inclusive services, transport, legal issues and social isolation were identified as being key issues^x.

Among participants in regional areas, the issues shared by all older Australians of limited transport and service options were exacerbated by concerns about discrimination, a smaller population of LGBTI peers and a perception of more conservative attitudes towards non-normative sexualities and gender presentations in the general population.

For those in metropolitan Sydney, the increasing costs of living in inner city areas, where most social, cultural and medical services and facilities are concentrated, raised major concerns about how social and service networks could be sustained into older age.

The relatively low rate of home ownership and high levels of renting, especially among gay men, underscores the potential for even greater experiences of social isolation, intensified by concerns about discrimination, should those individuals be obliged to move away from their networks of support and services due to housing instability or affordability issues.

Research conducted in NSW show that, contrary to popular perceptions, the proportion of gay men 45 and over in low and very low income brackets is higher than that of heterosexual men^{xi}.

The population of people with HIV in NSW is ageing substantially. By 2020, 44% of all people living with HIV in NSW will be over the age of 55 years^{xii}. People with HIV experience substantially higher rates of multiple chronic health conditions including: cardiovascular, renal, hepatic, neurological disease and malignancies^{xiii}. They also experience higher rates of mental health conditions^{xiv}. The financial circumstances of many older people with HIV are significantly limited and high percentages live alone and are prone to social isolation and poverty^{xv}.



WHAT YOUR PARTY CAN DO:

- » Support the continued recognition of LGBTI people as a priority population in the NSW Ageing Strategy.
- » Commit to the ongoing provision of LGBTI awareness training of aged care services.
- » Support the social inclusion of older PLHIV and LGBTI people.
- » Commit to ensuring that older people with HIV receive specialist health care and support services.
- » Commit to maintaining the availability of social housing in inner city areas.

COMMUNITY SAFETY



VIOLENCE

Levels of violence experienced by LGBTI people continue to be higher than those reported in the general community^{xvi}. According to a report by the Department of Justice and Attorney General, 85% of the LGBT community in NSW reported experiencing homophobic abuse, harassment or violence in their lives^{xvii}. Furthermore 56% of studied members of LGBTI communities in NSW have experienced homophobic abuse, harassment or violence in the past 12 months^{xviii}.

Addressing violence and harassment requires a whole of government approach. This approach should build on successful programs such as the NSW Police Gay and Lesbian Liaison Officer Program. However, a whole of government approach must not just include the police and the criminal justice system, but a more comprehensive approach to improve the safety of LGBTI communities.

DOMESTIC AND FAMILY VIOLENCE

Rates of domestic and family violence (DFV) among LGBTI populations are about the same as among the general population, but rates of reporting are approximately three times lower than the national average^{xix}. These lower rates of reporting have been attributed to a number of reasons including the shame and stigma surrounding DFV in LGBTI relationships, widespread fear of discrimination from police, existing marginalisation from family and the broader community, which may limit their support network, and the difficulty maintaining anonymity and confidentiality in rural areas.

The NSW Domestic and Family Violence Framework for Reform identifies LGBTI people as a population group that have distinct needs, but adequate resourcing for interventions for people experiencing domestic or family violence is not assured. This is particularly important as LGBTI DFV does not fit the usual pattern of domestic violence and challenges existing service responses.



POLICING

Recently there has been concern about the scale of police operations at NSW LGBTIQ community events. In 2013 the GLRL, Sydney Gay and Lesbian Mardi Gras, ACON and the Inner City Legal Centre produced a report outlining the critical issues in policing, which was a response to those concerns. This disproportionate level of policing has given rise to perceptions that police target LGBTIQ community events in a biased and deliberate way, when there is little evidence to suggest that this level of policing is necessary or required.

LGBTIQ community parties have seen declining incidents of crime over the last several years. However reports of heavy handed policing have grown over the same time. The degree of police activity at these events appears to be out of proportion to the risks presented. ACON, SGLMG, GLRL & ICLC and NSWPF worked together to address these issues and in response implemented a 'Mardi Gras Accord' agreement between the NSWPF and Mardi Gras and implemented the Fair Play initiative.

As a result of these measures, in 2014 there was a significant reduction in complaints against police, along with a reduction in crime rates and incidents. These outcomes have significantly improved police/community relations.

WHAT YOUR PARTY CAN DO:

- » Support continuing work on the Gay and Lesbian Liaison Officer (GLLO) program across the state, with a particular focus on expanding regional GLLO sponsors.
- » Support the ongoing implementation, renewal and continuous improvement of the Mardi Gras Accord agreement that has demonstrated results in improved policing and safety outcomes at parties and community events.
- » Commit to the ongoing implementation of Fair Play, an initiative intended to ensure appropriate policing at parties and community events.
- » Commit to funding targeted interventions to address LGBTIQ family and domestic violence.

SOCIAL INCLUSION



DISCRIMINATION

LGBTI communities in NSW continue to experience high levels of discrimination. A 2012 report into experiences of discrimination and vilification experienced by LGBTI people similarly found that 58.4% of respondents reported having experienced “mean, hurtful, humiliating, offensive or disrespectful comments in a public space”^{xx}. Anti-discrimination legislation is very important in protecting the rights of LGBTI people in the workplace, in accessing services and being treated equally before the law generally.

Although there have been many positive reforms in NSW in removing discrimination against LGBTI people in legislation and policy, there remain significant gaps in legislative frameworks.

Currently, members of LGBTI communities do not enjoy the protection of anti-discrimination laws in NSW on the basis of certain attributes (such as bisexuality and intersex status) and in certain areas such as in the education, aged care and community services sectors, if those service providers fall under any of the broad exemptions contained in the Anti-Discrimination Act 1977 (NSW).

This is the case even in circumstances where these service providers are funded by the NSW Government. In the case of anti-vilification law, different penalties apply on the basis of ‘homosexuality’ and ‘race’, which reflects an unequal approach to vilification under the law.

In addition to having anti-discrimination and anti-vilification laws protecting LGBTI people in all areas of public life, for these laws to be truly effective, public sector employees need to be trained to understand these laws and how to better deliver appropriate services.



PARENTING

Following the successful passage of the Adoption Amendment (Same-Sex Couples) Bill in 2010, same-sex couples are now eligible to adopt children in NSW. However, statutory exemptions for publicly funded faith-based agencies limit the access same-sex couples have to be considered as adoptive parents.

Moreover, the NSW Parliament passed the Surrogacy Bill in 2010, which makes parentage orders available to couples or individuals who conceive via an altruistic surrogacy arrangement with the consent of the birth parent/s. The Bill also imposes a number of eligibility requirements for accessing a parentage order, including independent counselling, legal advice and a pre-conception altruistic surrogacy agreement. While commercial surrogacy is expressly prohibited, 'reasonable' expenses may be remunerated to the birth mother.

Further, a mechanism to recognise the transfer of parentage for surrogacy agreements commissioned in international jurisdictions is crucial to ensure the legal recognition of children born overseas. Entering into a commercial surrogacy arrangement has been a criminal offence in NSW since 2007. The Bill extends these criminal sanctions to include people who procure overseas commercial surrogacy arrangements.

These provisions mean that not all children will be able to have their intended parents legally recognised. The extraterritorial criminal sanctions should be reviewed. Otherwise, children now residing in NSW may be stateless and will lack the comprehensive benefits, entitlements and protections conferred by legal parentage.



GENDER AND SEX RECOGNITION

NSW still requires people to meet unacceptable standards to change their birth certificate, including surgery and divorce, and provides limited options to reflect their sex or gender. Despite recent legal cases, concerns remain about what sex signifiers can be recorded on a birth certificate. Recently the Australian Government released Guidelines on the Recognition of Sex and Gender which should be adopted at the state level. The Australian Government also made changes to passports to recognise M, F or X and these options should be adopted for all NSW identity documents including birth certificates.

WHAT YOUR PARTY CAN DO:

- » Remove or narrow, religious exemptions in the NSW Anti-Discrimination Act (1977) that enable faith-based organisations to discriminate against people who are LGBTI, including in the provision of publicly-funded services.
- » Maintain the provisions contained in the Surrogacy Act (2010).
- » Update the Anti-Discrimination Act 1977 to include the attribute of intersex status, in line with the Commonwealth Sex Discrimination Act 1984.
- » Amend the Births, Death and Marriages Registration Act 1995 to allow for the recording of M, F and X on NSW birth certificates.
- » Ensure that an X, unspecified or indeterminate gender/sex classification will be available on a voluntary basis only, opt-in for persons able to consent. Most people with intersex variations, like most other people, identify as the sex they were originally assigned.
- » End the requirements of surgery and divorce for people wishing to change their birth certificate to reflect their gender or sex.
- » Ensure that infants and children are not subjected to medical treatment in order to assign any sex classification.

DRUG USE AND HARM REDUCTION



DRUG LAW REFORM

The use of drug detection dogs has been of serious concern for some time. Their ongoing use at events community events during the Mardi Gras festival has been a particular concern to our communities. The 2006 NSW Ombudsman's Review of the Police Powers (Drug Detection Dogs) Act 2001 found that drug detection dogs were costly, harmful to public health and ineffective in achieving their stated aim of reducing drug supply.

As well as low detection rates, this form of policing results in harm. It has been observed that the use of drug detection dogs results in community members reacting in ways that are potentially harmful, which includes the prompt consumption of any drugs held by a person all at once to avoid detection. Such behaviour, as a result of the use of drug detection dogs, has been reported as a major factor in two recent deaths, including the death of a young man attending the Defqon. 1 event in 2013 held in Western Sydney, and that of a young woman attending the 2014 Harbourlife party in Sydney.

WHAT YOUR PARTY CAN DO:

- » End the use of drug sniffer dogs, which have been shown to be ineffective in policing and harmful to individuals, by NSW Police.

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