

HEALTH OUTCOME STRATEGY 2013-2018
COMMUNITY SAFETY AND SOCIAL INCLUSION



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EXECUTIVE SUMMARY

This strategic framework outlines ACON's approach to addressing safety for our communities by setting out the issues, priority areas and partnerships necessary to reduce prejudice related physical and verbal abuse, discrimination and social exclusion of LGBTI people in NSW.

As an HIV and LGBTI health promotion organisation, ACON recognises its role in providing education and support to our communities, and building the capacity of mainstream organisations and institutions, to help make all environments safer for LGBTI people and people with HIV by preventing abuse and reducing its impact when it occurs.

ACON's strengths are in health promotion and social marketing, community mobilisation and development, capacity building and service provider training, and advocacy and awareness raising.

ACON also has a long history of supporting LGBTI people who have experienced prejudice related abuse and violence in a number of ways, including reporting incidents to the police and reporting police misconduct, and providing counselling and social work services to LGBTI people and people living with and at risk of HIV. ACON also advocates for political, legal and social reforms.

This Strategy sets out a program logic for how we can achieve better health outcomes for our communities by increasing community safety and social inclusion, and the specific role that ACON can play in meeting these goals.

This includes an important focus on identifying and supporting factors that increase the resilience of our communities to deal with homophobia and transphobia, as well as advocating for systemic reform. It recognises, however,

that ACON is only part of the picture, and that many other factors impact on the health and wellbeing of our communities.

For this reason, partnerships and advocacy, along with health promotion and service delivery, are key elements in addressing the structural barriers that facilitate homophobic and transphobic attitudes and behaviour.

This document also outlines our current programs, key priorities for further development, and potential activities that are contingent on funding, partnerships and capacity.

Partnerships and online interventions will be critical in ensuring that we can cost effectively extend the reach of community building and supportive interventions beyond the concentrated LGBTI communities around the locations of our physical offices. Exploring opportunities to more effectively utilise these modes of engagement will be a priority in this Strategy.

We will also work closely with government, mainstream organisations and service providers to enable access to and engagement with LGBTI people who may benefit from their services, and work with those providers to ensure that the services that they provide and the environments in which they provide them are inclusive and sensitive to the specific needs of LGBTI people. This includes settings such as schools, TAFE colleges and universities, workplaces and community health services.

BACKGROUND AND RATIONALE

Prejudice, violence and abuse have shadowed our communities' history, and continue to have a disproportionate impact on LGBTI communities to this day. They continue to have significant impacts on the health and wellbeing of our communities.

The criminalisation and pathologisation of sexual and gender diversity, moral condemnation from religious authorities, and a patriarchal social structure that judges expressions of gender and sexuality outside of social norms have provided justification for violence, extortion, detention and compulsory medical treatment, as well as verbal abuse, social exclusion and discrimination.

The emergence of identifiable lesbian and gay communities in the 1970s helped to build community solidarity and resistance to abuse and violence, but, at the same time, intensified homophobic abuse as a result of this visibility. The concentrations of communities in specific geographic areas made gay men, in particular, easier targets.

Police violence against the participants at an authorised street party in 1978 was both a symptom of the response to greater visibility, and a catalyst for greater visibility through marking the beginning of the annual Mardi Gras parade, now a significant event on the wider community's calendar and an important expression of acceptance and social inclusion.

In the 1980s, the majority of people living with HIV/AIDS were gay men. ACON and People Living with HIV/AIDS (PLWHA) NSW worked with the Department of Housing and other stakeholders to implement alternative housing arrangements and to try to address issues of violence in public housing.

It was not until 1984 that homosexuality was decriminalised in NSW. Despite this, a number of incidents occurred subsequently that impacted on trust between LGBTI communities and the NSW Police Force. These included the disappearance and brutal, prejudice motivated murders during the 1980s and early 1990s, of gay men at public cruising areas, in the vicinity of Oxford Street's gay scene and in the eastern and northern suburbs of Sydney, some cases of which remain unsolved (GLRL et al. 2013, p. 4).

The fear of the HIV epidemic was used as a motivating factor to drive further homophobic acts of violence against gay men in the Oxford St. precinct. One of the early tasks of the Gay and Lesbian Rights Lobby (GLRL) and ACON's beats outreach education project was to work with police to reduce homophobic violence against gay men and to recognise that the crime of violence should take precedence over the offence of seeking sex in public spaces.

Throughout the 1980s and 1990s, there were a number of community led safety campaigns that resulted in the foundation of the Lesbian and Gay Anti-Violence Project (now known as the AVP) by the GLRL, which organised a number of major campaigns including the 'Whistle Project', the first 'Safe Place' project and the 'Homophobia, What Are You Scared Of' campaign.

The GLRL, and subsequently ACON, was instrumental in working with police to set up a network of gay and lesbian liaison officers (GLLOs), whose role was to liaise with LGB communities about issues of concern, including street safety, especially during the Mardi Gras period, and to implement appropriate policing practices. ACON took on the management of the AVP in 2000, working in collaboration with the GLRL and other stakeholders. The AVP dropped the 'Lesbian and Gay' from its title in 2011/12.

Over time, prejudice related physical violence in NSW has declined, but not vanished, and individuals' confidence in reporting incidents of violence to police has increased. However, homophobia and transphobia continue to drive verbal abuse, threats, vilification, harassment, intimidation, discrimination, bullying and social exclusion of LGBTI people, especially in schools.

These acts continue to cause significant distress, and they have a profound impact on the mental health and wellbeing of our communities, especially young people.

Experiences of violence are embedded into the daily lives of many transgender, gender diverse and gender nonconforming people. Transgender people, particularly non-Anglo transgender women, face horrific acts of violence and abuse. Intersex people also report prejudice against non-binary sexual anatomy, further contextualised by a lifetime of non-consensual 'normalising' treatments and surgeries, especially in childhood (OII Australia).



CURRENT CONTEXT

** The use of the community acronym LGBTI across the evidence underpinning this section is varied due to the scope and population target of each individual research study cited.*

** Cisgenderism and heteronormativity are terms that describe, respectively, the assumptions that people identify with the gender that they were assigned at birth and that relationships are heterosexual. These institutionalised assumptions result in services that fail to meet the needs of LGBTI people and contribute to experiences of discrimination and abuse among LGBTI people.*

Prejudice-related abuse and harassment of LGBTI people is pervasive and persistent, occurring across multiple everyday environments and recurring across the life course. It ranges from instances of exclusion and bullying, often marked by name-calling and threats, to instances of physical violence (Horner 2013). While social attitudes towards gay men and lesbians in Australia have shifted significantly over recent years, and some, though less, ground has been gained by bisexual, trans and intersex people, verbal and physical abuse in public spaces on the basis of sexual orientation, gender identity or intersex status remain a salient concern for LGBTI people (Horner 2013).

The second national survey of the health and wellbeing of LGBT Australians, Private Lives 2, found that the most common forms of heterosexist violence experienced are verbal and written abuse, harassment and physical threats (Leonard et al. 2012, p. viii). These were also the most common forms of abuse identified in You Shouldn't Have to Hide to be Safe, the most recent NSW government report into homophobia, which is now more than a decade old (Attorney General's Department of NSW 2003).

The Private Lives 2 survey was conducted in early 2011 and had 3,835 respondents. In the previous twelve months, 25.5% of participants had been the target of verbal abuse, 15.5% had experienced harassment, 8.7% had been threatened with physical violence and 6.6% had received written abuse (Leonard et al. 2012, p. 47). Actual physical assault

was less common: 2.9% of respondents reported being sexually assaulted in the past year because of their sexuality or gender identity and 1.8% said they had been physically attacked.

When responses were categorised by gender identity, the 1,701 (cisgender) men and 1,849 (cisgender) women experienced similar rates of verbal abuse and harassment, but the women received fewer physical threats. Rates of almost all types of abuse were significantly higher for the 47 transgender men and 122 transgender women, and higher again for the 116 respondents who chose 'other' as their gender identity (Leonard et al. 2012, p. 47).

A significant percentage of respondents to the Private Lives 2 survey reported that they occasionally or usually hide their sexuality and/or gender identity in a range of situations for fear of heterosexist violence or discrimination, including at work, at home, with family, in educational institutions, when accessing services, at religious events, at social community events and in public (Leonard et al. 2012, p. 45).

Places where Private Lives 2 respondents were most likely to report never hiding their sexuality and/or gender identity were private spaces, such as at home (79%) and with family members (63%); however, over 44% of respondents reported that they occasionally or usually hid their sexuality and/or gender identity in public, compared with 36% who reported that they never did so (Leonard et al. 2012, p. 46).

Furthermore, a significant percentage of respondents reported occasionally or usually hiding their sexuality and/or gender identity when accessing services (34%), at social and community events (42%) and at work (39%) (Leonard et al. 2012, p. 45).

LBO women who participated in the Sydney Women and Sexual Health (SWASH) survey were asked about experiences of anti-LGBT verbal abuse or harassment, pushing or shoving, bashing, physical threats or intimidation, refusal of service and refusal of employment or promotion in the 12 months preceding the survey (Mooney-Somers et al. 2013, p. 39).

In 2012, a third of women (33%) had experienced any of these forms of abuse or harassment, a figure that has reduced since 2006 (43%) due entirely to a significant drop in reports of verbal abuse from 40% in 2006 to 30% in 2012 (Mooney-Somers et al. 2013).

In 2012, very small proportions of these anti-LGBT acts were reported to police, with reporting rates at 2-5% depending on the type of abuse. The exception to this was physically violent behaviour, 17% of which was reported to police (Mooney-Somers et al. 2013).

The Outing Injustice survey of 591 LGBTI people conducted by the Inner City Legal Centre in Sydney found widespread experiences of harassment, discrimination and violence in public places, and increasingly, online forums (ICLC 2011).

These experiences included verbal abuse on the street or from people in passing cars, discriminatory service in restaurants or bars, physical violence and sexual assault. The Internet is also used to perpetrate abuse and discrimination through social networking sites, blogs, forums and other websites (ICLC 2011).

Outing Injustice looked at experiences in public places, online, at work, with neighbours, in relationships, with partners, with children, with government organisations and with the police. The report highlighted the following experiences over the preceding three years.

- 58% of respondents reported having experienced mean, hurtful, humiliating, offensive or disrespectful comments in a public place from someone who they did not know
- 20% had been threatened with physical violence, including sexual assault or rape in a public place
- 10% had experienced actual physical or sexual violence in a public place from someone who they did not know
- 24% had been treated unfairly in a shop, café/restaurant, bar/club or other venue
- 17% had had mean, hurtful, humiliating, offensive or disrespectful comments, images or videos posted about them online
- 31% had been outed in a public place or online against their will
- Of those who had been outed, 32% had also experienced mean, hurtful, humiliating, offensive or disrespectful comments, images or videos posted about them online
- 6% had been threatened with physical violence including sexual assault from someone online
- Of the 44% who had had some contact with police in the preceding three years, 17% reported experiencing unfair treatment by police (ICLC 2011, p. 14)

- Outing Injustice respondents' experiences at work included:
- 8% having experienced unfair treatment when seeking, applying or interviewing for a job;
- 25% having experienced harassment, bullying, humiliation or mistreatment by a colleague or someone else at work;
- 23% having been outed at work against their will by a colleague or someone else;
- 13% having a disagreement over conditions of employment or other working conditions;
- 8% having been unfairly terminated or sacked from their job and
- 14% choosing to resign from a job because of unfair treatment or mistreatment by a colleague or someone else at work (ICLC 2011, p. 18).

Among LGBTI respondents to the Australian Workplace Equality Index (AWEI) 2014 employee survey 13% of 18-24 year olds indicated that they would not report being bullied or harassed at work, with most (52%) reasoning that that they do not wish to out themselves (Pride in Diversity 2014, p. 6).

PARTICULARLY VULNERABLE SUBGROUPS

While all population groups under the LGBTI community acronym may experience varied forms of sexuality and/or gender identity based prejudice, there are particular subgroups that are most at risk and can experience abuse, violence and social exclusion at more acute levels.

This includes young LGBTI people, transgender or gender diverse people, CALD LGBTI people and Aboriginal and Torres Strait Islander LGBTI people. In addition to this, one of the most common reports to the AVP relates to ongoing harassment from neighbours in a public housing context.

Of the 253 participants in TranZnation, the 2006 survey of transgender people in Australia and New Zealand, 87% had been affected by at least one form of stigma or discrimination on the basis of their transgender history or identity (Couch et al. 2007, p. 9). Social forms of stigma, such as verbal abuse, social exclusion and having rumours spread about them, were reported by half the participants (Couch et al. 2007).

A third had been threatened with violence, 19% had been physically attacked and many participants either kept their gender identity to themselves, or only expressed it in private and in safe spaces, presenting as their birth gender in other situations. Participants expressed strong fears for their safety based on their experiences of discrimination (Couch et al. 2007).

Transgender people experiencing a greater number of different types of discrimination were more likely to report being currently depressed, and almost two-thirds reported modifying their activities due to fear of stigma or discrimination (Couch et al. 2007).

Discrimination and unfair treatment of transgender people can also exist within lesbian and gay spaces, which are supposedly safe and welcoming spaces, leading to further marginalisation and isolation (ICLC 2011).

Within international transgender communities, there are minority groups that face even greater risk of marginalisation and violence (UNDP 2013, p. 7). These include transgender people from indigenous, ethnic minority, refugee or migrant communities, particularly those who are undocumented (Balzer & Hutta 2012, p. 67). Other vulnerable groups include transgender sex workers (Arnett & Crago 2009), those who are HIV positive, and transgender prisoners, particularly transgender women in men's prisons (UNDP 2013, p. 7).

The government report, *You Shouldn't Have to Hide to Be Safe* (Attorney General's Department of NSW 2003), highlighted the elevated rates of homophobic violence experienced by Arabic-speaking people in NSW. It also identified Aboriginal and young people as populations disproportionately impacted by homophobia and requiring particular attention.

A focus group of Indigenous gay men suggested that gay men were more vulnerable to abuse and violence than straight men because of a perception of weakness (Attorney General's Department of NSW 2003, p. 5). In this focus group, attacks by people known to the victims were more likely in country towns or communities. Some men in the group said that they came from communities where there was little or no homophobia, and others commented that the most hostile attitudes and treatment tended to be found in heavily Christianised Aboriginal

communities (Attorney General's Department of NSW 2003).

A participant in a focus group of Indigenous lesbians suggested that Aboriginal and Torres Strait Islander communities can be more accepting of gay men than of lesbians (Attorney General's Department of NSW 2003, p. 8). The general consensus in this focus group was that racism, more than homophobia, was the most serious and pervasive form of prejudice that they faced in their daily lives. All said that they had experienced racism from the broader lesbian and gay community and that lesbian bars were uncomfortable spaces. (Attorney General's Department of NSW 2003).

The Indigenous gay men's focus group also referred to racist abuse and discrimination that they had experienced within lesbian and gay communities, especially at commercial venues, from both staff and patrons (Attorney General's Department of NSW 2003, p. 6).

A recent Australian study, titled *Growing Up Queer*, presents alarming findings for young people who are gender variant or sexuality diverse. The study highlights the serious impact that homophobia and transphobia can have on the health and wellbeing of these young people (Robinson et al. 2014, p. v), supporting the findings of similar research in this area (Hillier et al. 2010; Meyer 2009; Robinson, Irwin & Ferfolja 2002).

Growing Up Queer found that young gender variant or sexuality diverse people experienced homophobic and transphobic harassment and violence across different aspects of their lives, including in schools, from families, in the workplace, on the streets and at other public sites and sporting events (Robinson 2014, p. v).

Almost two thirds of the 1,032 young people who completed the survey experienced some form of homophobia and/or transphobia, with some experiencing multiple forms of abuse: 64% had been verbally abused, 18% physically abused and 32% experienced other types of homophobia and transphobia (Robinson et al. 2014).

The report identified schools as the primary site in which homophobia and transphobia prevailed for young people. Peers were most frequently the source of this homophobia and transphobia, but, for many, it was the homophobia and transphobia perpetrated by some teachers that had the most profound impact on their lives (Robinson et al. 2014).

Homophobia and transphobia were experienced in the form of social isolation; physical, verbal and written abuse; being the target of rumours, graffiti, cyber bullying and humiliation (Robinson et al. 2014).

The failure of some teachers to intervene in instances of harassment and abuse and/or directing homophobic and transphobic comments at students, themselves, was experienced as a violation of trust (Meyer 2009; Ressler & Chase 2009). Young people suggested that teachers in government schools were more accepting than students, but, in private and/or religious affiliated schools, students were more accepting than teachers (Robinson et al. 2014).

Homophobia and/or transphobia had a serious impact on many young people's educational experiences, with some changing schools multiple times and others dropping out of school altogether (Robinson et al. 2014, p. v).

Young people frequently witnessed the bullying that often ensued as a consequence of 'coming out' at school, which resulted in many keeping their sexual and/or gender diversity a secret (Robinson et al. 2014). This had ongoing implications for these young people's health and wellbeing.

Participants in *Growing Up Queer* overwhelmingly reported that sex education in schools does not respond to their needs or experiences, a failing that exposes them to a range of social and health risks. This results in young people seeking knowledge from other areas such as the Internet, pornography, media, peers and personal experience (Robinson et al. 2014).

Rejection by families resulting from homophobia and transphobia exacerbated the isolation and despair felt by many of the young participants of *Growing Up Queer*. This often led to homelessness, economic instability and/or destitution for some of the young people (Robinson et al. 2014).

Homophobia and transphobia founded in ethno-cultural values and religious beliefs also influenced family, peer and community reactions to participants' gender variance and sexuality diversity, increasing feelings of social exclusion (Robinson et al. 2014).

Growing up in rural and isolated communities also exacerbated some young people's feelings of being alone, with access to support services and resources often limited or non-existent in these areas (Robinson et al. 2014).

Particularly disturbing are the findings around self-harm and suicidal ideation among the young people who participated in the online national survey: 41% had thought about self-harm and/

or suicide, 33% had harmed themselves and 16% had attempted suicide. Several young people participating in the focus groups also indicated that they had attempted self-harm and suicide prior to finding support from organisations such as Twenty10 (Robinson et al. 2014).

Many of the young people in this research experienced frequent and ongoing harassment, violence, marginalisation, ostracism from peers and rejection from families, often resulting in feelings of despair, of being alone and of internalised homophobia and transphobia (Robinson et al. 2014).

REPORTING OF HOMOPHOBIC AND TRANSPHOBIC ABUSE AND VIOLENCE

Violence against LGBTI people has led to community initiatives such as the Transgender Anti-Violence Project (ICLC 2011, p. 16). Also of note is the development of the GLLO project in the NSW Police Force (ICLC 2011).

Partnership initiatives between ACON's AVP and the NSW Police Force have assisted in developing strategies that support and encourage LGBTI people who experience homophobic or transphobic abuse to report incidents and access support.

Among participants in *You Shouldn't Have to Hide to Be Safe*, of those who had experienced abuse or violence in the past year, 13% had reported the most recent incident to police; 7% had consulted a counsellor, psychologist or social worker about it and smaller numbers had sought help from various other agencies (Attorney General's Department of NSW 2003, p. 58).

Respondents were much more likely to have sought such assistance if they suffered physical injury, and/or knew the perpetrator(s). The percentage of

respondents who had not sought any assistance from such agencies was particularly high among the youngest respondents, aged 16 to 19 (Attorney General's Department of NSW 2003).

Most of the respondents who had gone to an official or professional service provider of this kind had found it at least reasonably supportive or co-operative. The majority (80%) of the survey respondents said that they would feel confident about reporting abuse to police if they thought that it was warranted (Attorney General's Department of NSW 2003).

The focus groups indicated that most people would prefer to deal with a Police GLLO, though the numbers of GLLOs are limited (Attorney General's Department of NSW 2003).

The under reporting of prejudice motivated crime has been acknowledged by international and local research (Tomsen 1996), including by the NSW Police in their Policy on Sexuality and Gender Diversity 2011-2014 (NSW Police Force 2011, p. 10).

Police are limited to taking action only against incidents that constitute actual offences, which affects reporting options (ICLC 2011, p. 14).

Certain types of abuse are generally difficult to pursue. For instance, there is no legal response to the problem of strangers yelling homophobic or transphobic abuse at people, unless the perpetrator can be clearly identified through car registration or familiarity to the victim (ICLC 2011, p. 16).

Additionally, focusing pressure on victims of abuse or assault to report incidents has been recognised as a dynamic that increases burden and encourages under reporting.

The NSW Anti-Discrimination Board (ADB) is available to investigate complaints of various forms of discrimination including what they call homosexual discrimination, transgender discrimination or infectious diseases discrimination. They also investigate claims of vilification.

The complaint can, after a conciliation conference, be referred to the Equal Opportunity Division of the Administrative Decisions Tribunal for a legal decision that usually involves financial compensation, an apology or access to the venue, service, etc. that was originally denied.

However, homophobia and transphobia have particular meanings in law, making the definitions perhaps too narrow for legal remedies to be able to sufficiently protect people who experience vilification.

ACON's AVP has served to provide systemic and individual support to affected community members in this regard. Additionally, ADB legislation problematises the legitimacy of transgender and gender diverse people who have not changed their legal gender marker on cardinal documents.

The AVP has previously run community education campaigns raising awareness of the different forms of homophobic abuse and encouraging LGBTI people to report any abuse to the AVP and the NSW Police, for example, 'Seen It? Heard It? Report it' and 'Speak Up'.

The existence of this support service is critical to bridging the service gap between community members who may not feel confident approaching the police to report incidents. Additionally, the AVP plays an important role in referring victims of abuse to ACON counselling services or other support services to reduce the impacts of abuse.

SUPPORT SERVICES

Most participants in Growing Up Queer used the Internet for information about sexuality and gender diversity, meeting people and accessing support services, but they also pointed out that there is a limit to the extent of the ability of the Internet and other technology to address, resolve or manage persistent doubts and anxieties (Robinson et al. 2014, p. 6).

This research overwhelmingly demonstrates the need for greater community education and training of educators, doctors and health professionals around the health and wellbeing issues facing young LGBTQI people in Australia (Robinson et al. 2014).

IMPACTS OF HOMOPHOBIA AND TRANSPHOBIA

There is growing agreement among researchers that the high levels of anxiety, depression and suicidality seen amongst LGBT populations are significantly attributable to 'minority stress', noting the still high rates of verbal and physical abuse directed at our communities (Hillier et al. 2010, p. 39; Leonard et al. 2012, p. 35; Liu & Mustanski 2012, p. 222; Ritter, Matthew-Simons, & Carragher 2012, p. 100; Singh & McKleroy 2010). This abuse is, in large part, borne of anti-LGBT discourses and their cultural consequences (Hillier, Edwards, & Riggs 2008, p. 65; Carman, Corboz, & Dowsett 2012; Ritter, Matthew-Simons, & Carragher 2012; Singh & McKleroy 2010).

Intersex people also report similar experiences in relation to perceptions of not presenting as a binary sex (OI Australia). Additionally, the high rates of self-harm and suicidal thoughts have been linked to ongoing harassment and violence directed at same-sex attracted young people (beyondblue 2010, p.13).

Just as the burden of discrimination is not carried equally across the community, so too the burden of ill health, including morbidity and mortality, linked to discrimination is not distributed equally across the LGBTI community (Horner 2013, p. 6).

For example, successive national and local level studies in Australia have demonstrated the poor health outcomes experienced by bisexual people, ranging from higher levels of anxiety and depression, to a greater number of current adverse life events (Jorm et al. 2002; Leonard et al. 2012; Pallotta-Chiarolli & Martin 2009).

The onset of mental health disorders across the general population peaks between the ages of 16 and 24, followed closely by the 25-34 age group, coinciding (among the younger cohort) with the exploration of sexuality and formation of sexual identity (Slade et al. 2009, p. xii).

While mental health disparities persist across the lifespan, evidence strongly points towards the imperative of prevention and support needs for the 16-24 and 25-34 age groups (Slade et al. 2009).

This is supported by the knowledge that social determinants such as 'adjustment to sexual orientation', 'peer and societal reactions to same-gender sexual orientation' and 'bullying and violence' are major risk factors contributing to the development of depression in youth (beyondblue 2010, p. 14).

Depression is also linked to increased sexual risk, increased problematic use of alcohol and other drugs (AOD) and suicidal behaviours (NSW Suicide Prevention Strategy 2010-2015).

International evidence indicates that exposure to transphobia is a mental health risk for transgender people, resulting in increased levels of depression and suicidal thoughts (Levine 2012, p. 52).

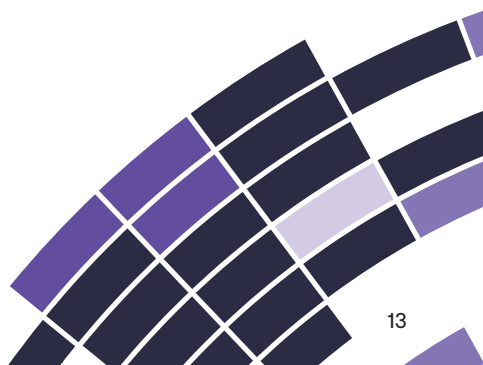
Isolation can be particularly acute for transgender and gender-variant children and young people without family or peer support (UNDP 2013, p. 6).

A US study found that 33% of young transgender people had attempted suicide as a result of discrimination and bullying (Clements-Nolle, Marx & Katz 2006).

Anecdotally, anxiety and depression related to homophobia and transphobia experienced in youth is a common theme identified in ACON's counselling services.

This is supported by the findings of Writing Themselves In 3, which identified that these experiences of abuse, including verbal and physical abuse, were associated with feelings of being unsafe, excessive AOD use, self-harm and suicide in young people (Hillier et al. 2010, p. 49). For more than half of respondents, homophobia impacted on a range of aspects of schooling (Hillier et al. 2010).

Given the widely recognised relationship between experiences of homophobic and transphobic abuse, discrimination and the lower mental health outcomes facing LGBTI people, this Community Safety and Social Inclusion Strategy will be implemented in conjunction with our Health Outcome Strategy on Mental Health and Wellbeing.



A SHIFTING FOCUS TO PREJUDICE MOTIVATED ABUSE

Although overt acts of physical violence against LGBTI people appear to be declining, instances of prejudice related abuse and non-assaultive acts such as harassment and anti-gay slurs have either not declined or are increasing. The impact of these on health and wellbeing is articulated by the theory of 'minority stress'. A growing number of researchers have identified minority stress as a key factor in poor health outcomes such as increased anxiety, depression, suicidality and substance misuse.

A US based study, titled *Discrimination and Mental Health Among Sexual Minority College Students*, explored the relationship between sexual orientation; experiencing and witnessing hostility, such as verbal threats and incivility (e.g. dirty looks); heterosexist harassment, such as homophobic name-calling and moderate/high anxiety and depression symptoms among college students (Woodford et al. 2014, p. 142).

The study suggests that, despite growing acceptance of same-sex attracted sexuality, especially among young people (Andersen & Fetner 2008), and the inclusion of sexual orientation in many colleges' anti-discrimination policies (Rankin 2005), sexual minority students continue to be stigmatised and experience discrimination (Rankin et al. 2010; Woodford et al. 2014, p. 143).

Consistent with minority stress theory, research generally finds a positive association between interpersonal discrimination and poor mental health outcomes among sexual minorities (Haas et al. 2010; Meyer 1995), including youth and students (D'Augelli, Pilkington & Hershberger 2002; Silverschanz et al.

2008; Woodford et al. 2014, p. 143).

Discrimination and Mental Health among Sexual Minority College Students reports that studies that engage sexual minorities tend to examine blatant forms of discrimination, such as physical violence and threats, while overlooking the role of mundane, everyday discrimination, such as unfair treatment (Meyer et al. 2011; Woodford et al. 2014, p. 143).

This US study highlights an important shift in the way that institutions and society perceive and understand modern day violence and prejudice motivated abuse (Woodford et al. 2014, p. 143).

It suggests, similar to the findings in Australian based studies and experiences, that contemporary sexual prejudice, like other modern prejudices, tends to manifest in non-assaultive, covert and sometimes ambiguous ways (Nadal, Rivera & Corpus 2010), such as anti-gay jokes and slurs (Woodford et al. 2014, p. 143). Recently, scholars have started to examine sexual orientation micro-aggressions (Nadal, Rivera & Corpus 2010; Sue 2010a, 2010b; Woodford et al. 2012, 2014, p. 143).

Research indicates that subtle discrimination is more prevalent than overt forms of mistreatment for minority identities (Gomez & Trierweiler 1999; Swim, Pearson & Johnston 2007; Woodford et al. 2014, p. 143), including sexual minority students (Jewell & Morrison 2010; Rankin et al. 2010; Woodford et al. 2014, p. 143).

Among an American national sample of LGBQ college students, those who reported harassment on campus reported experiencing subtle mistreatment: (e.g., 68% heard derogatory remarks, such as

'that's so gay'; 45% were deliberately ignored/excluded; 45% had observed others staring; 41% had felt isolated/left out) more frequently than blatant discrimination, especially in extreme forms (e.g., 4% were a target of physical violence) (Rankin et al. 2010; Woodford et al. 2014, p. 143).

Similar to being a victim of violence, being treated unfairly, snubbed or called homophobic names can cause a stress reaction that can build over time (Woodford et al. 2014, p. 143). Chronic exposure to stress can contribute to health disparities between heterosexuals and sexual minorities (Meyer 2003; Meyer et al. 2011; Woodford et al. 2014).

This shift in the perception of violence to include various forms of discriminatory practices at social and systemic levels is increasingly demonstrating a need to expand the existing paradigm and broaden its scope to address the systemic forms in which discrimination can manifest.

A holistic approach to reducing the impacts of homophobia and transphobia could be better addressed by a framework that is focused on the need to build, and show leadership in, a community safety and social inclusion program.



WHAT WORKS?

A variety of programs and strategies have been initiated to prevent and reduce the impacts of homophobia and transphobia across NSW and Australia. However, they have been dependent on the willingness of independent institutions and organisations to implement and promote diversity policies and programs that focus on anti-homophobia and transphobia.

There is growing evidence that demonstrates better mental health outcomes for young people and students when school and educational environments have policies in place that promote diversity and implement supportive practices around anti-homophobia and transphobia.

Given that studies, such as *Beyond Homophobia*, suggested that nearly half of same-sex attracted young people have experienced verbal abuse due to their sexuality and that nearly three quarters faced this abuse at school (Leonard et al. 2010), the importance of addressing anti-homophobia in educational settings is critical.

The *Writing Themselves In* report found that, in regard to the school environment, young people who felt that their school was supportive were less likely to harm themselves or attempt suicide, regardless of whether they experienced abuse (Hillier et al. 2010, p. 77).

This data about self-harm and suicide in relation to school policy and environment indicates that school policies that are not put into practice are far less effective in supporting mental health in same-sex attracted and gender questioning (SSAQ) students than schools that show by their actions that they are supportive of these young people (Hillier et al. 2010).

Young people were asked to identify where they experienced homophobic

abuse, and 80% experienced the reported abuse at school (Hillier et al. 2010, p. 44).

This figure is higher than that of the previous two *Writing Themselves In* surveys: 74% in 2004 and 69% in 1998 (Hillier et al. 2010).

Much work has been done in schools over the last decade to address homophobia and transphobia and the increase may be due to a number of factors, such as LGBTI young people being more likely to be 'out' and, therefore, more likely to be aware of homophobia and transphobia as well as being more visible targets for abuse (Hillier et al. 2010).

Many changes for the good are occurring in schools as well; however, there is considerably more work to be done in schools before they provide LGBTI students with the safe haven that they are entitled to expect (Hillier et al. 2010).

ACON's Community Safety and Social Inclusion Project, previously known as ACON's AVP, is an anti-homophobia and anti-transphobia program focused on building community awareness and education on prejudice motivated abuse and violence targeted at LGBTI people. This program plays an important role in supporting LGBTI victims of abuse to access appropriate support following an incident, as well as the option of reporting violence to the Police and complaining about police misconduct.

Reports to the AVP have steadily increased since 2006 (64 reports in 2006-2007 and 145 in 2011-2012). In 2011-2012, verbal abuse, harassment and intimidation/threats were the most common forms of violence reported to the AVP, followed by physical assault. This is consistent with data from previous years.

For the last three years, white gay men

have been most represented in AVP data and the number of transgender clients has increased.

Other notable shifts have included reports of prejudice motivated abuse in public housing; cyber harassment, bullying and sexism relating to online or mobile app hook-ups; as well as harassment coming from within LGBTI communities themselves, an occurrence known as 'lateral violence'.

Due to community awareness raising activities, health promotion and service capacity building delivered previously by the AVP, the report line has shown very different statistics than it used to show, with less street based physical assault and more neighbour harassment and verbal abuse being reported.

This creates opportunities for the Community Safety and Social Inclusion Project to provide population level information and support and direct individuals to appropriate services such as ACON's counselling and social work services, the Inner City Legal Centre (ICLC) and other community legal services, or other appropriate support.

Other areas of notable impact include the work currently being done within Australian workplaces in an effort to create a much more inclusive environment for LGBTI individuals. Work in this area includes policy review, implementation of bullying/harassment policies that specifically address homophobic bullying, the establishment of LGBTI employee networks and widespread training and education.

ACON's Pride in Diversity program has been instrumental in this work via it's Employer Support Program for LGBTI workplace inclusion and the Australian Workplace Equality Index (AWEI);

a national benchmark that enables employers to measure, benchmark and develop their practice both within Australia and internationally.

Pride in Diversity has also been engaged by the Human Rights Commission and Australian Sports Commission to build a similar index to address homophobia in sports.

POLICY FRAMEWORKS

COMMUNITY SAFETY

The Network of Government Agencies' (NOGA) 'Strategic Framework 2007-2012: Working Together: Preventing violence against gay, lesbian, bisexual and transgender people' was developed to address prejudice related violence and reinforce government commitment to create and maintain a safe community environment for LGBT people (NOGA 2007, p. 4).

The current framework, led by the Attorney General's Department, has ended and the sector and community would benefit from a new policy framework.

SOCIAL INCLUSION

'Falling Through the Cracks: The gap between evidence and policy in responding to depression in gay, lesbian and other homosexually active people in Australia' outlines a policy approach for effectively addressing the higher prevalence of mental health problems among LGB communities. (Carman, Corboz & Dowsett 2012). Significantly, this document identifies stigma, discrimination and homophobia as relevant associated factors, stating that "addressing homophobia as an associated factor would require a strategic policy approach across a range of sectors" (Carman, Corboz & Dowsett 2012).

Although there remains no overarching, cross portfolio strategy to systematically address homophobia and transphobia, the increasing inclusion and recognition of LGBTI communities and their distinct health needs in a number of Australian and NSW government strategic and policy documents is a welcome first step.

The 'NSW Suicide Prevention Strategy 2010-2015: A whole of government

strategy promoting a whole of community approach' by the NSW Ministry of Health importantly identifies the impact of homophobia, transphobia, discrimination and violence on poorer mental health and the higher rates of suicide behaviour for LGBT people (MHDAO & NSW Health 2010, p. 14). It also identified that, for same-sex attracted youth and LGBT Aboriginal people, this rate is even higher (MHDAO & NSW Health 2010, p. 14). The inclusion of LGBT people and a clear statement about the negative impacts of homophobia on LGBT health are important.

The Australian Government has a dedicated LGBTI Healthy Ageing and Aged Care Strategy, and LGBT populations are recognised as an important population in the NSW Government's Ageing Strategy.

The Commonwealth's Sex Discrimination Act amendment of 2013, which included sexual orientation, gender identity and intersex status as protected attributes, is also a welcome development. However, the retention of exemptions for education and other services provided by religious organisations – with the exception of Commonwealth funded aged care services – remains an issue of concern.



HOW WILL ACON RESPOND?

ACON's expertise in health promotion and engagement with LGBTI communities provides a strong basis for working with mainstream organisations working in crime prevention as well the NSW Department of Education, NSW Anti-Discrimination Board and businesses and organisations in the public and private sectors seeking to promote diversity and social inclusion through their policies and services.

ACON's strengths are in health promotion and social marketing, community mobilisation and development, capacity building and service provider training and advocacy and awareness raising. ACON is a key strategic partner for others seeking to engage with LGBTI communities.

ACON's Community Safety and Social Inclusion Project will deliver health promotion work alongside building community awareness and engagement through health promotion messaging, partnerships, advocacy and ensuring referral linkages for individuals needing support

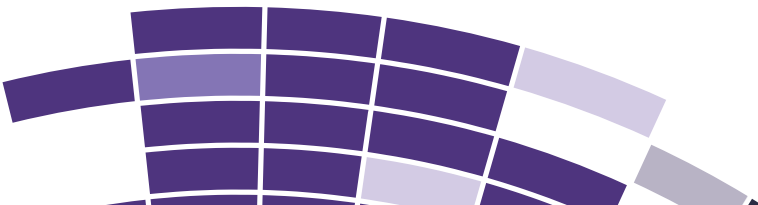
Thinking beyond traditional definitions of violence will be necessary to successfully challenge the various forms of discrimination that impact on the health outcomes facing LGBTI people.

This will allow the AVP to focus on developing broader community level health promotion and awareness raising initiatives. The areas in which we believe we can make the most impact in the short term are:

- Sustaining our current unique service offerings and documenting their impact to make our learning available to the wider sector;

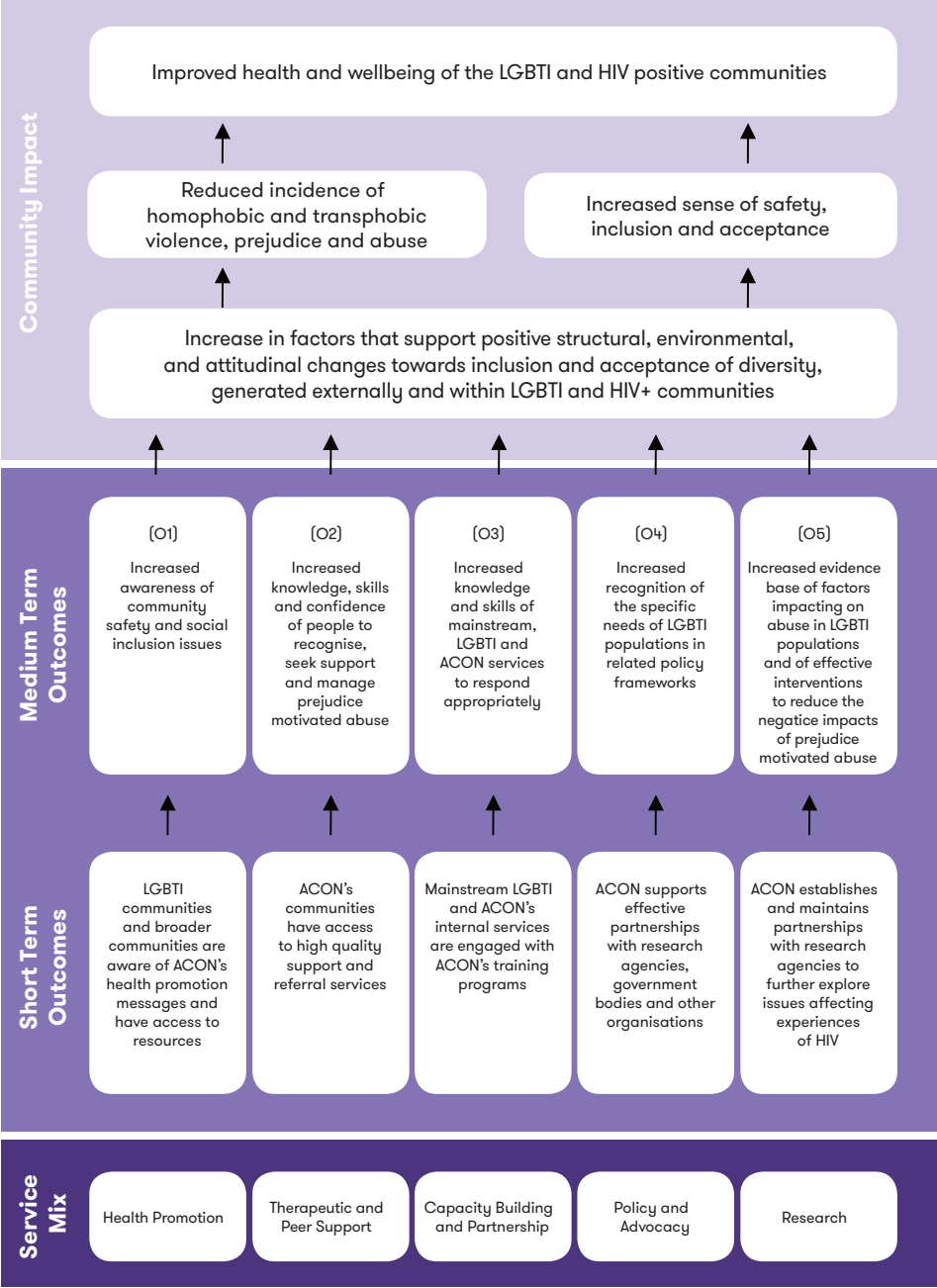
- Developing community awareness campaigns on the unacceptable nature of homophobic and transphobic abuse and violence and referrals to the police and other health services for LGBTI victims of prejudice related abuse;
- Building broader sector capacity to deliver effective services to LGBTI people and to develop and implement diversity programs in work settings;
- Advocating for appropriate inclusion of LGBTI populations in relevant research and policy frameworks; and
- Continuing to build resilience based programs to equip LGBTI communities with the support to reduce the impact of homophobic and transphobic abuse and to report it to relevant bodies where necessary.
- It should be noted here that ACON's contribution to the population level outcomes in the framework can only ever be partial, and much depends on the actions of many other stakeholders and decision makers.
- We will, however, hold ourselves accountable for achieving the lower level objectives identified in the attached table, which we believe can contribute significantly to this ultimate goal, given adequate resourcing and the support of key partner organisations.
- ACON has a number of unique programs that currently support this area of work:
- Client support: information support and referral for victims of homophobic and/or transphobic abuse, violence and domestic violence, including advocacy.

- NSW Police Force: we contribute to annual training to GLLOs and new recruits, build and improve relationships with LGBTI communities, partner with Local Area Commands (LACs) and widely distribute our community safety and social inclusion collateral to LACs.
- The International Day against Homophobia and Transphobia (IDAHOT): the AVP introduced IDAHOT to ACON in 2008 as an invaluable platform to address public opinion and raise awareness on homophobia and transphobia. IDAHOT involves annual events, initiatives and partnerships.
- Support of Wear It Purple Day: a student run, not-for-profit organisation that exists to support young people who identify as sexuality and/or gender diverse, founded in response to homophobic bullying leading to suicide. Wear It Purple Day invites young people to stand in support of their LGBTIQ peers by wearing purple one day of the year. The AVP and AHI support this.
- Support and participate on the Safe Schools Steering Committee and work taking place with the Safe Schools Project NSW. Safe Schools Coalition Australia builds on the highly successful Safe Schools Coalition Victoria model, and replaces the NSW Proud Schools program. This program is offered across NSW by lead agency Family Planning NSW who will deliver the Australian government-backed program free of charge, supporting young people, school staff and families. Safe Schools aim to improve safety and inclusivity for all students and teachers while taking a zero-tolerance approach to homophobia and transphobia in the school community.



- Social marketing campaigns: recent campaigns have included ‘Speak Up’, encouraging members of the community to report homophobic and transphobic violence, and street and cyber safety. The ‘Stand Up’ campaign was an innovative campaign focused on bystander intervention as a method of addressing domestic and family violence.
- Safe Place Program: this began as a gay and lesbian community response led by GLRL to street based homophobic violence. Recently, this has been reshaped to most effectively support the LGBTI community as the landscape of homophobic and transphobic violence changes. Safe Places include friendly and safe shops, cafés, businesses and other locations that are welcoming, supportive and actively engaged with LGBTI communities across the state. This program builds the capacity of mainstream service providers and local businesses around inclusiveness and diversity.
- Community Safety Ambassador (CSA) volunteer program: CSAs are active, known and trusted representatives of LGBTI community networks and are selected and trained to operate as ambassadors who share community safety messages within their diverse networks.
- Fair Play: was originally known as Project Blue which was launched in 2009 by Sydney Gay and Lesbian Mardi Gras (SGLMG), ACON, ICLC and the NSW Gay and Lesbian Rights Lobby. This work was redesigned, rebranded and relaunched in 2013 and remains an initiative to inform, support and educate members of the LGBTIQ community on health, safety and rights issues when attending Mardi Gras events, particularly where police drug operations occur. This is an initiative of ICLC in partnership with ACON and SGLMG.
- Working groups and interagencies: these are key to this work and include important partners such as the NSW Police

PROGRAM LOGIC: COMMUNITY SAFETY & SOCIAL INCLUSION





OBJECTIVES, STRATEGIES AND ACTIVITIES

IMPLEMENTATION

The Strategy outlines a comprehensive response and is contingent on appropriate funding and partnerships becoming available over its life.

Nonetheless, ACON has some internal capacity and programs to continue to meet the needs of our populations, and this Strategy will commence with a focus on strengthening and continuing services able to be offered within current funding constraints.

These are outlined in the following 'Objectives, Strategies and Priority Activities' table.

However, much of this Strategy remains unfunded at the present time. ACON will monitor funding opportunities as they arise and work with partners to deliver on this Strategy as and when opportunities arise.

If, over the course of this Strategy, ACON is successful in securing additional funding for targeted programs, we will prioritise the work outlined within the following table.

In terms of current capacity, ACON will prioritise the following activities in the first year of this Strategy.

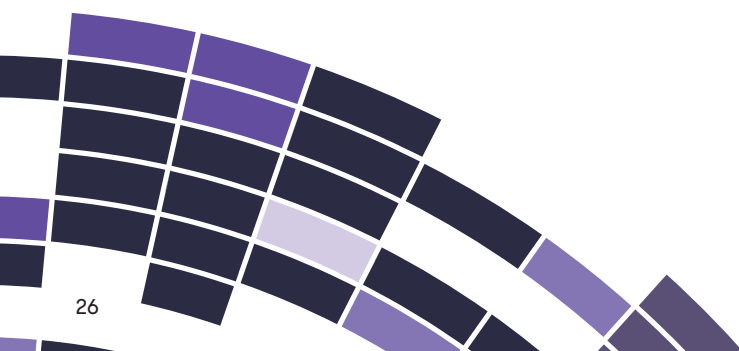
- Deliver LGBTI cultural inclusivity training for mainstream, government, non-government, education and health services seeking to improve service responses and promote the principles of upholding and employing a diverse work force.
- Building on the work done for IDAHOT with a broader whole organisational commitment to combatting homophobia and transphobia. This could include a major event/fundraiser each year primarily addressing homophobia and transphobia as significant issues impacting on a range of ACON's program areas. This could be similar to ACON's engagement with World AIDS Day.
- CALD community engagement and program development and delivery in partnership with community and key services agencies.
- Continuing to build the evidence base to inform the work of the Community Safety and Social Inclusion Project and ACON in the area of homophobia, transphobia and related prejudice motivate abuse and violence. This includes up to date research into the experiences of LGBTI victims of homophobic, transphobic and other prejudice related crime.

OBJECTIVES, STRATEGIES AND PRIORITY ACTIVITIES

The table opposite represents the strategies and activities that ACON can currently deliver independently and/or in partnership (P), within the current resource and funding limitations in this health area. Additional activities that ACON aims to implement throughout the life of this Strategy, but that are contingent on securing additional funding, are outlined purple text.

Legend: Items in black: current activities delivered within current funding and resources
Items in purple: potential activities contingent on securing additional funds/resources
(P): activities to be delivered in partnership

Reduced incidence of homophobic and transphobic violence, prejudice and abuse
increased sense of safety, inclusion and acceptance



Objective 1

Increased awareness of inclusion and acceptance and homophobia and transphobia related issues

Strategies	Activities
1.1 Develop a range of awareness raising activities highlighting the various impacts of prejudice motivated abuse towards LGBTI people	1.1.1 Develop social marketing strategies that promote the benefits of greater social inclusion of LGBTI people to the wider community
	1.1.2 Review This is Oz, the social media platform addressing social inclusion and diversity, to seek opportunities to expand its initiatives
	1.1.3 Develop anti-homophobia/transphobia initiatives as a part of International Day against Homophobia and Transphobia (IDAHOT) in May to address public opinion and raise awareness of the issues (P)
	1.1.4 Continue to coordinate volunteer based community initiatives to share community safety messaging throughout community networks
	1.1.5 Continue to participate in a range of interagencies that affirm diversity and address prejudice related to sex, gender and sexuality in education environments in a range of settings
	1.1.6 Continue to support initiatives that raise awareness of the effects of homophobic bullying and suicide among young people, such as Wear It Purple Day and IDAHOT
1.2 Develop a range of targeted activities and/or interventions to increase awareness of violence, prejudice and abuse (P)	1.2.1 Develop online platforms and social media presence dedicated to community safety and social inclusion issues and activities

Objective 2

Increased knowledge, skills and confidence of people to recognise, seek support and manage HTV related issues

Strategies	Activities
2.1 Build ACON's capacity to deliver support based services (P)	2.1.1 Continue to provide client support through information support and referral for people who experience abuse or violence via counselling services
	2.1.2 Continue to run social marketing campaigns that raise awareness of homophobia/ transphobia and where people can seek help and information around community safety (P)
2.2 Promote the support and reporting services of the AVP to the community	2.2.1 Continue to run the Safe Place Program in partnership with local businesses, cafes, and LGBTI communities (P)
	2.2.2 Seek funding to continue providing support services for members of our communities who experience homophobic/transphobic abuse and violence
	2.2.3 Work in partnership to on the Fair Play project, a partnership based initiative with ICLC and Mardi Gras to inform, support and educate members of the LGBTIQ community on health, safety and rights issues when attending Mardi Gras events, particularly where police drug operations occur (P)

Objective 3

Increased knowledge and skills of mainstream, LGBTI and ACON services to respond appropriately

Strategies	Activities
<p>3.1 Continue to support and build the capacity of mainstream health and service providers to provide culturally appropriate services to LGBTI people (P)</p>	<p>3.1.1 Continue to offer and promote LGBT sensitivity training to key partners, including the NSW Police Force and Gay and Lesbian Liaison Officers (GLLOs) and new recruits (P)</p>
	<p>3.2.1 Continue to participate on the Safe Schools Steering Committee and work taking place with the Safe Schools Project NSW (P)</p>
	<p>3.2.2 Seek opportunities to work with the Foundation of Young Australians and other key partners working in the area of Safe Schools (P)</p>
	<p>3.2.3 Continue to participate in a range of Working Groups and Interagencies that support the Community Safety and Social Inclusion Program (P)</p>
<p>3.2 Work with relevant NGOs and government departments to collaborate on the development of anti-homophobia/transphobia education in school and educational settings</p>	<p>3.1.1 Continue to offer and promote LGBT sensitivity training to key partners, including the NSW Police Force and Gay and Lesbian Liaison Officers (GLLOs) and new recruits (P)</p>
	<p>3.2.1 Continue to participate on the Safe Schools Steering Committee and work taking place with the Safe Schools Project NSW (P)</p>
	<p>3.2.2 Seek opportunities to work with the Foundation of Young Australians and other key partners working in the area of Safe Schools (P)</p>
	<p>3.2.3 Continue to participate in a range of Working Groups and Interagencies that support the Community Safety and Social Inclusion Program (P)</p>

Objective 4

Increased recognition of the specific needs of LGBTI populations in community safety and social inclusion related policy frameworks

Strategies	Activities
4.1 Advocate for increased recognition of LGBTI people in related policy frameworks and for routine collection of sexuality and gender identity data among key service providers (P)	4.1.1 Establish and support partnerships to advocate for increased recognition of LGBTI populations and improved policy frameworks which effectively address community safety and social inclusion (P)
	4.1.2 Work with partners to develop and implement a policy framework which addresses community safety and social inclusion for LGBTI people, highlighting the issues identified in The Network of Government Agencies’ (NOGA) Strategic Framework 2007-2012: Working Together: Preventing violence against gay, lesbian, bisexual and transgender people
	4.1.3 Partner with key organisations who work in crime prevention to collect service data that includes broader forms of prejudice motivated violence/abuse against LGBTI people (P)

Objective 5

Increased evidence base around abuse and violence directed at LGBTI populations, factors affecting social inclusion and effective interventions to reduce the negative impacts of abuse and social exclusion

Strategies	Activities
5.1 Increase our knowledge around factors that impact on social inclusion and effective interventions to increase this	5.1.1 Advocate for research into pre-existing factors and/or effective strategies that result in increased social inclusion (P)
5.2 Increase our knowledge around motivations for and factors that may influence sustained high rates of abuse and violence, and factors that may enable engagement with interventions (P)	5.2.1 Identify potential university departments to partner with ACON to conduct research to investigate what motivates homophobia/transphobia, factors that impact social inclusion and what works to increase it (P)
	5.2.2 Advocate for contemporary research into the experiences of LGBTI people and the experience of homophobic/transphobic and other prejudice related violence and abuse
5.3 Monitor rates and prevalence of homophobia/transphobia among LGBTI populations	5.3.1 Continue to include questions regarding abuse and violence in LGBTI population studies

POPULATIONS

ACON's historical engagement with LGBT people means that we have experience in connecting with, and providing health services that are meaningful to, these populations, especially around HIV and STI prevention.

Some of this expertise may vary when it comes to the broader health issues affecting LGBTI people, and we do not expect to always have the answers or the connections. This is why it is important that we partner with other health and community organisations that have the technical and social expertise to help us build the tailored interventions necessary to target the sub-population groups within LGBTI communities.

Where the evidence suggests disproportionality in health outcomes for the LGBTI people with following diverse backgrounds, ACON will partner with key organisations to build health promotion programs and services for:

- Young people,
- Transgender and gender diverse people,
- Intersex people,
- Aboriginal and Torres Strait Islander people and
- CALD people.

It is important to note here that intersex is not a category of sexual or gender identity. People who are intersex may identify as women, men, gay, lesbian, bisexual, heterosexual, transgender, and any combination of other sexual and gender identities.

Some intersex people experience stigma and discrimination due to a deemed failure in conforming to the social norms of sex and gender. We would hope and anticipate that our work to reduce homophobia and transphobia in the wider community will also have benefits for intersex people. Interventions specifically addressing intersex people will be developed in partnership with OII.

We will also ensure that research conducted for this Strategy asks about the intersex status of participants, thus building the foundations of an evidence base about LGBT intersex people and prejudice motivated abuse.

PRINCIPLES

Over the life of this Strategy, our commitment to reducing experiences of homophobic and transphobic violence will be underpinned by the following principles:

RECOGNISING DIVERSITY AND PROMOTING INCLUSIVITY

Working with LGBTI communities means identifying and addressing common issues that impact on the community as a whole, as well as recognising the diverse range of experiences and health disparities that may affect individual groups disproportionately, which therefore require a more tailored and targeted approach.

In order to deliver effective and culturally relevant health services, ACON acknowledges the importance of recognising diversity within each community group under the LGBTI community acronym.

This means acknowledging that experiences of cultural, sexual, sex, and gender diversity vary, as does the extent to which an LGBTI identity is central to self-definition and community affiliation, including how experiences of social stereotypes and prejudice across these social determinants can impact on health outcomes (Meyer 2001, p. 856).

These differences need to be taken into account when building targeted and effective public health interventions. As such, ACON will utilise different strategies and approaches to ensure that messaging and targeting is relevant to each key subpopulation.

EVIDENCE BASED

Evidence based responses are essential in maintaining the effectiveness of our work and the trust of our communities and funders.

ACON maintains close collaborative ties with key research centres within Australia and incorporates new evidence and research into strategic, organisational and program planning.

In addition to honouring the individual needs of our clients, we will ensure that our programs and services reflect a good practice approach and, where possible, are delivered and promoted within an evidence based framework.

This will entail actively engaging with and monitoring emerging research on effective interventions, as well as seeking research partners to work with us in developing, trialling and evaluating potential interventions.

STATE WIDE APPROACH

As a state wide, community based organisation, our aim is to provide programs and services to people across NSW. We do this through our offices located in Sydney, the Hunter Region and the Northern Rivers.

A great deal of work also occurs via outreach services across regional and rural NSW. This includes Port Macquarie, Coffs Harbour, the Illawarra, and Southern and Western NSW.

We will continue to allocate resources where they will have the greatest population level impact and ensure that our use of online social media and partnership work extends our reach and messaging to target populations in NSW.

‘NO WRONG DOOR’ POLICY

While ACON can only offer a limited range of direct services, and will focus on individuals who identify as LGBTI, we aim to build robust referral relationships to ensure that no one approaching us for help is turned away, but is referred on to an appropriate service.

Wherever possible, we will endeavour to provide supported referrals where this is sought by the person who has contacted us.

PARTNERSHIPS

Working in partnership is integral to ACON’s success in delivering effective programs across the diversity of our communities, as well as our ability to deliver a state wide reach of these programs

Maintaining and building partnerships involves collaborating with key partners including governments, NGOs, healthcare providers, researchers and communities, to maximise the inclusiveness and relevance of health promotion strategies.

In relation to this Strategy, key partners include:

- The Anti-Discrimination Board;
- Arab Council Australia;
- The Attorney General’s Department;
- Family Planning NSW;
- The Gender Centre;
- The Human Rights Commission;
- ICLC;
- NSW Department of Education;
- The NSW Gay and Lesbian Rights Lobby;
- The NSW Police Force;
- OII Australia;
- Sydney Gay and Lesbian Mardi Gras;
- Twenty10, incorporating GLCS;
- Community justice centres;
- Local councils and
- LGBTI communities.

Given the length of time required for systemic and social changes in this area of work, engaging with key decision makers, where opportunities arise, should be pursued.

This could include discussions with the Federal Parliament’s LGBTI Friend Group, as a way of advocating for a whole of government policy approach in this area.

MONITORING AND EVALUATION

ACON has developed a strong framework for evaluation and knowledge management in order to strengthen our culture of evaluation and review.

This enables us to consistently evaluate interventions and programs as they are implemented.

The nominated objectives are areas where ACON can feasibly measure the impact of our work. In relation to this Strategy, we will conduct a midterm review to assess the extent to which its objectives have been realised, and adjust our immediate priorities in the light of the progress made to date.

At the conclusion of this Strategic Plan, the data collected from all contributing programs and projects, and the two periodic reviews, will be reviewed and evaluated in order to determine the extent to which we have effectively implemented this Strategic Plan.



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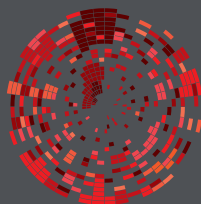
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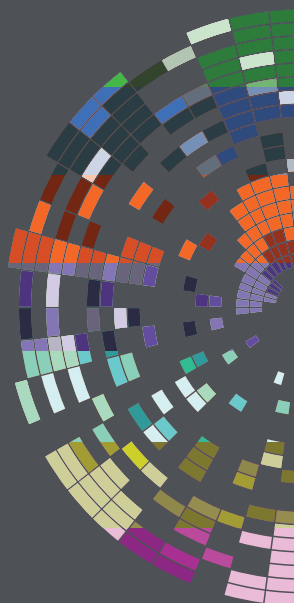
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LGBTI HEALTH OUTCOME STRATEGIES



Smoking

Mental Health
and Wellbeing

Alcohol and
Other Drugs

Community Safety
and Social Inclusion

Domestic and
Family Violence

Healthy Ageing
and Aged Care

Sexual Health and
Hep C Prevention

