

66

2019 NSW STATE ELECTION ISSUES

October 2018



TELL US WHERE YOU STAND

This paper contains key recommendations to improve our communities' health and wellbeing. Please fill out the attached form and return it by 10 December 2018 to policy@acon.org.au to let us know what you will do for our communities, if elected.

ABOUT ACON

ACON is New South Wales' leading health promotion organisation specialising in HIV prevention, HIV support and lesbian, gay, bisexual, transgender and intersex (LGBTI) health. Established in 1985 as the AIDS Council of NSW, our mission is to enhance the health and wellbeing of our communities by ending HIV transmission among gay and homosexually active men, and promoting the lifelong health of LGBTI people and people with HIV.

ABOUT THE GAY AND LESBIAN RIGHTS LOBBY NSW

Established in 1988, the NSW Gay & Lesbian Rights Lobby (GLRL) is the peak organisation for lesbian and gay rights in NSW. We provide referral and educative resources on gay and lesbian rights to the media, policy makers and the community. Our mission is to achieve legal equality and social justice for lesbians, gay men and their families.

ABOUT POSITIVE LIFE NSW

Positive Life NSW is the state-wide peer based non-profit organisation that speaks for and on behalf of people living with and affected by HIV (PLHIV) in NSW. We provide leadership and advocacy in advancing the human rights and quality of life of all PLHIV, and to change systems and practices that discriminate against PLHIV, our friends, family and carers in NSW.

ABOUT SWOP

SWOP is Australia's largest and longest established community-based, peer education sex worker organisation focused on HIV, STI and hepatitis C prevention, education and health promotion for sex workers in NSW. Our mission is to improve the health of all sex workers in NSW through innovative, holistic, and effective approaches to sexual health, and to improve the protection of their human rights.

| We acknowledge and pay respects to the traditional custodians of all the lands on which we work

CONTENTS

Introduction	4
HIV, Blood-borne Viruses, Sexually Transmitted Infections	6
Leadership for Equity and Inclusion	8
LGBTQ Health	10
Trans and Gender Diverse People	12
People with Intersex Variations	14
Ageing	14
Education	16
Safety & Justice	18
Legal Protections	20
Sex Workers	22

INTRODUCTION

In 2017, as Australians were about to say yes to marriage equality, a new spotlight was cast on the impacts of discrimination and stigma on the health and wellbeing of Lesbian, Gay, Bisexual, Trans, Intersex and Queer people.

That same year, NSW recorded one of the lowest rates of new HIV notifications since 1985. We now have a firm trend of reduced notifications, starting from around 2014. These achievements are the clearest indication that our collective efforts, underpinned by evidence-based policies, sustained commitment and investment, are taking us closer to meeting our goal of virtually ending new HIV transmissions in NSW.

As we look toward the next State election, our organisations seek the commitment of all candidates to maintain the key pillars of NSW's HIV policy and programs, and to commit to further addressing health and other issues: reforms for equality, inclusion and the health of our diverse communities. We look forward to hearing from political leaders in charge of diverse portfolios within their political parties, including justice, health, Aboriginal affairs and multiculturalism on whether they endorse the recommendations highlighted in this paper.

Our communities are diverse and bound by a common fight against hate, discrimination and erasure - as well as key health challenges such as HIV. This document primarily addresses what we believe are priorities for people living with HIV (PLHIV), sex workers and Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ) people.

We stand in solidarity with people born with variations of sex characteristics. Intersex Human Rights Australia, the national peak body for people born with variations of sex characteristics, is advocating on intersex specific issues.

The acronym LGBTQ is therefore used throughout this document, except where asterisks indicate that specific evidence, programs or policies only apply to a sub-group (e.g. LGB* for Lesbian Gay and Bisexual).

We also wish to acknowledge that the identities, paths and experiences of people in our communities can be intersectional and are shaped by a multitude of factors, including their socio-economic background and cultural identities. In particular, Aboriginal and Torres Strait Islander LGBTQ people face compounded disadvantage, structural barriers and discrimination in accessing health and social services, resulting in significantly worse health outcomes.

We thank those standing for election in NSW for their consideration of these important issues for LGBTQ people in this State - and encourage a commitment to act to strengthen equality for all this State's citizens.

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HIV, BLOOD-BORNE VIRUSES, SEXUALLY TRANSMITTED INFECTIONS

MAINTAINING OUR EFFORTS TO END HIV

NSW's HIV strategy is working. In 2017, our State recorded one of the lowest rates of new HIV notifications since 1985. This is a substantial public health achievement. For us to continue to realise the benefits of new combination prevention, testing and treatment technologies, it is essential for NSW to maintain the key components of its HIV strategy, programs and associated investments. Earlier diagnosis through increased testing, greater access to pre-exposure prophylaxis (PrEP), the provision of safe injecting equipment for drug users and earlier uptake of treatment are taking us closer to meeting our goal of virtually ending new HIV transmissions in NSW by 2020.

However, recent trends in HIV notifications amongst people born overseas should be addressed. While the number of new diagnoses among Australian-born men who have sex with men (MSM) in 2017 was 41% less than the previous six year average, the number of new diagnoses among overseas-born MSM is increasing.¹

There are also significant concerns about the continuity of treatment for people living with HIV (PLHIV) who do not have access to Medicare. In NSW, as at October 2018 an estimated 281 PLHIV were accessing HIV medicines via pharmaceutical companies' compassionate access schemes and sexual health clinics or other public health services in which Medicare eligibility is not required.

Less than 2% of new HIV acquisitions in 2017 occurred via injecting drug use, which shows the ongoing effectiveness of NSW's community-based needle and syringe program. Despite this, NSW's prisoner population is still denied access to a similar program.

SEXUALLY TRANSMITTED INFECTIONS (STIS)

Gonorrhoea, infectious syphilis and chlamydia notification rates continue to increase in NSW.² There are concerns in regards to changing antimicrobial resistance (AMR) patterns of gonorrhoea and chlamydia.³

While gonorrhoea and infectious syphilis in Australia are diagnosed primarily in gay and bisexual men in urban settings, as well as in young heterosexual Aboriginal and Torres Strait Islander people in remote areas⁴, the sexual health of LBQ women in NSW should not be overlooked. Worryingly, the Sydney Women and Sexual Health (SWASH) survey found that 35% of LBQ women had never had an STI test, despite the vast majority being sexually active.⁵

REPEALING STIGMATISING AND PUNITIVE LEGISLATION

We are concerned about existing and proposed pieces of legislation that are at odds with NSW's world-leading response to HIV. As per changes to the NSW Public Health Act 2010, severe penalties of up to \$11,000, and/or six months jail apply if people who are aware that they have an STI do not take "reasonable precautions".⁶ Section 79 of the NSW Public Health Act is set for review as soon as possible after October 2019, two years after the commencement of the amendment, as outlined in the Act.

In August 2017, the Police Association of NSW invited the NSW Government to consider the introduction of legislation to allow mandatory disease testing of people whose bodily fluids come into contact with police and emergency services personnel. Our organisations oppose this proposal because it is based on outdated misconceptions and myths about blood-borne viruses (BBVs), not medical evidence. Mandatory testing in NSW would be a step backwards from the remarkable progress we have made in understanding and responding to BBVs.⁷



QUESTIONS FOR CANDIDATES: IF ELECTED, WILL YOU:

1. Maintain existing investment levels in HIV programming in NSW - including prevention and support for PLHIV?
2. Create an affordability access scheme for people who are not eligible for Medicare which covers PrEP and HIV treatments?
3. Improve access to HIV testing and inclusive LGBTQ healthcare for culturally and linguistically diverse community members?
4. Oppose the introduction of mandatory testing of people whose bodily fluids come into contact with police ("spitting laws")?
5. Repeal and replace Section 79 of the Public Health Act 2010 with a statement that is proportionate and reflects the science and community expectations about harms caused by criminalization of STIs by October 2020?
6. Grant a permanent legal exemption to allow members of the community to exchange sterile injecting equipment to reduce the transmission of HIV and other blood borne viruses?
7. Support the trial of a needle syringe program in a NSW correctional facility?
8. Provide funding to cover the shortfall after federal cuts of \$2.3 million, to address the higher impacts of STIs and later HIV diagnoses in Aboriginal and Torres Strait Islander communities?

ENDINGHIV.ORG.AU

STI

LEADERSHIP FOR EQUITY AND INCLUSION

Despite the fact that NSW has the largest LGBTQ population in Australia, our communities are often ignored in Government decision making processes and data collection. While research shows that a number of health gaps between LGBTQ people and their non-LGBTQ peers persist, government departments do not systematically collect indicators that could inform the design and monitoring of policy interventions for our communities.

A whole-of-government response is required to develop adequate policy responses addressing the determinants of LGBTQ people's health and wellbeing, and to ensure access to inclusive services across NSW. This includes ensuring investments towards the needs of high population growth centres like Western Sydney, as well as residents of regional, rural and remote areas. Residents of these regions are often disadvantaged by fewer services and poorer access (e.g. primary healthcare, drug and alcohol services, cancer treatment services and gender affirmation services).

The diversity of our communities and multiple disadvantages should also be taken into account by all government services. For instance, the widening health gap between LGBTQ people who are from an Aboriginal and Torres Strait Islander background should be addressed.

The United Kingdom recently released the results of its 2017 LGBT Survey, which was the largest of its kind in the world. The survey results underpin the 2018 LGBT Action Plan and provided valuable insights into the disparities and gaps which still exist for LGBT people compared to their non-LGBT peers in the UK. A similar survey in NSW could provide invaluable insights and evidence to support governments and community organisations in policy making over coming years.

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QUESTIONS FOR CANDIDATES: IF ELECTED, WILL YOU:

9. Support a coordinated 'whole-of-government' plan to improve inclusion, health and wellbeing of our communities, including routine public reporting on the implementation and progress of the plan?
10. Require all government departments, government-funded services and research to include LGBTQ data collection as standard data items so that the health, wellbeing and inclusion of our communities can be better understood and improved?
11. Work towards three year funding grants for LGBTQ community organisations to ensure representation and continuity of service?
12. Fund an online survey open to NSW residents identifying as LGBTQ so as to hear their experiences living in their communities and accessing public services?
13. Support the development of culturally appropriate peer education in line with principles of self-determination and empowerment to enable Aboriginal and Torres Strait Islander people to be leaders and advocates?



LGBTQ HEALTH

A HEALTH CENTRE

A specific health centre located in Sydney's Inner West, led by ACON and operated in partnership with foundational partners such as Sydney Local Health District (LHD) and the Inner West Council, would provide much needed health services directly to people within NSW's LGBTQ communities. There is a lack – and in some cases, total absence – of appropriate health services for people from these diverse communities in NSW.

The Inner West of Sydney has a large population of people who are sexually and gender diverse and is a location where LGBTQ people from around Sydney and indeed – across the State – would be able to access health services in a community based Health Centre and feel safe. ACON has strong experience working in partnership, and is respected and uniquely placed to develop and deliver a Centre specifically designed to deliver high quality health care for our communities.

A dedicated and specific Health Centre would build on the experience and success of running peer-led, community-based clinical services such as a[TEST] (a HIV and STI testing service for gay men and other MSM) and the Check OUT sexual health and cervical screening clinic – as well as utilising the experience of overseas models, such as Boston's Fenway Health. Support for such a Centre would enable more detailed partnership conversations, including Public - Private partnerships, as well as strong community consultation. Innovation, technology, peer leadership, quality health care, cultural appropriateness, translational research, evidence, and sustainability are some key principles that would drive service design and implementation of this Centre.

MENTAL HEALTH

LGBTQ people and people with HIV are at significantly increased risk of a range of preventable mental health problems. The 2016 National Drug Strategy Household Survey found that experiencing high or very high psychological distress was more likely to be reported for homosexual or bisexual people (28%) and people who were not sure/other (23%) compared with heterosexuals (11%).⁸

There is also evidence that LGBTI people are at much higher risk of suicidal behaviours.⁹ Compared to the general population, LGBTI young people aged 16 to 27 are five times more likely, and transgender people aged 18 and over are nearly eleven times more likely, to attempt suicide in their lifetime.¹⁰

The impacts of stigma and discrimination on the mental health of our communities is well documented. Fear of further stigmatisation when accessing services is a real concern for our communities.

Research also shows that other lifestyle factors, including higher rates of drug and alcohol use in LGBTQ communities, influence existing vulnerabilities towards mental illness.

ALCOHOL AND OTHER DRUGS

There are significantly higher rates of illicit drug and alcohol use among LGB* people compared to heterosexual people, and among PLHIV. The 2016 National Drug Strategy Household Survey found that 25.8% of homosexual or bisexual respondents, on average, had more than two standard drinks per day compared with 17.2% of heterosexual-identifying respondents.¹¹

Most people who use alcohol and other drugs do so in a non-problematic way, but some experience harms related to their use. Problematic alcohol and other drugs use can present many challenges, including physical and mental health concerns, and can pose challenges to the management of HIV. Recent reports of GHB fatal overdoses in the gay community are extremely

concerning. People in our communities seeking treatment are often faced with trying to access services that are not appropriate. Increased skills and training for staff in the sector, and specific service development, are needed to improve access to treatment for LGBTQ people in NSW.

A harm reduction approach is the most appropriate way to reduce the adverse consequences of drug use for individuals and the community as a whole.

CANCER

LGBTQ people have diverse needs in relation to cancer screening and prevention. A number of determinants, including much higher levels of alcohol consumption and smoking, combined with misconceptions and a lack of knowledge around the necessity of screening by LGBTQ people expose our communities to higher risks of developing a range of cancers and of detecting them too late.

For example, gay men experience higher rates of anal cancer compared with the general population and the rate is further elevated for gay men living with HIV. Cervical screening rates among women from LGBTQ communities are below the state average in NSW¹², in part due to misconceptions about HPV.

Vastly elevated smoking rates in LGBTQ communities continue to be a major concern. The National Drug Strategy Household Survey 2016 found that 18.7% of respondents who identified as homosexual or bisexual smoked daily, compared to 12% of heterosexual identifying respondents.¹³ Daily smoking rates amongst people living with HIV are twice as high.¹⁴



QUESTIONS FOR CANDIDATES: IF ELECTED, WILL YOU:

14. Commit to work towards, and commence the establishment of, an integrated, multi-disciplinary, community based Health Centre located in the Inner West of Sydney led by ACON – in the first half of the next term of Government (by 2021)?
15. Support and provide funding for a suicide prevention campaign and community-based specific mental health services for people in NSW LGBTQ communities?
16. Mandate state-wide LGBTQ sensitivity and inclusion training for existing mental health services.
17. Support and provide funding for LGBTQ community-based drug and alcohol services?
18. Mandate state-wide LGBTQ sensitivity and inclusion training for existing drug and alcohol services?
19. Provide funding for smoking cessation programs, for LGBTQ communities, including PLHIV?
20. Support and provide funding for the Health Centre to prioritise service provision for LGBTQ Aboriginal and Torres Strait Islander people, in view of documented higher rates of mental illness, suicide, HIV transmission via shared injecting equipment and cancer related mortality rates?



Transphobic attitudes and practices in healthcare settings often mean that trans and gender diverse people face barriers to safe and appropriate primary or specialist care.

Widespread discrimination, stigma and lack of understanding about trans and gender diverse experiences within government policy, healthcare, education, workplaces and in other community settings has a significant impact on the health and wellbeing of trans and gender diverse people in NSW. Aboriginal and Torres Strait Islander trans people, Sistergirls and Brotherboys, who continue to be a priority population under State and National Aboriginal and Torres Strait Islander health strategies, carry the burden of intersectional discrimination.

Trans and gender diverse people face specific and unique health needs, risks and challenges, including lack of access to affordable, quality, ongoing and medically necessary gender-affirming care, higher risk of experiencing discrimination and violence, high rates of family and societal isolation, all of which significantly contribute to the social and economic disadvantage, and poorer health outcomes.

Yet, trans and gender diverse people are largely invisible in NSW government policy and funding. There is limited specific funding from the NSW Government to address the health needs of trans and gender diverse people, including the absence of trans people as a priority population in the NSW HIV Strategy, despite being recognised as such by the World Health Organisation and UNAIDS. A lack of data on the experiences and needs of trans and gender diverse people, resulting from historical invisibility and inaccuracy in data collection, is often used to justify their absence in health policy.

Additionally, transphobic attitudes and practices in healthcare settings often mean that trans and gender diverse people face

barriers to safe and appropriate primary or specialist care. Such stigma and discrimination, alongside invisibility in health campaigns, often result in trans and gender diverse people under-presenting to preventative, primary and allied health services, including for assistance to address mental health needs arising from experiences of discrimination.

The Births, Deaths and Marriages Registration Act 1995 ('BDM Act') contains a number of other outdated, unnecessary and invasive requirements that significantly disadvantage transgender, gender diverse and intersex people in NSW.

The BDM Act provides that, in order to apply to alter the register to record change of sex, a person must first have 'undergone a sex affirmation procedure' (section 32B), which is defined in section 32A as:

'a surgical procedure involving the alteration of a person's reproductive organs carried out:

- a) for the purpose of assisting a person to be considered to be a member of the opposite sex, or
- b) to correct or eliminate ambiguities relating to the sex of the person.'

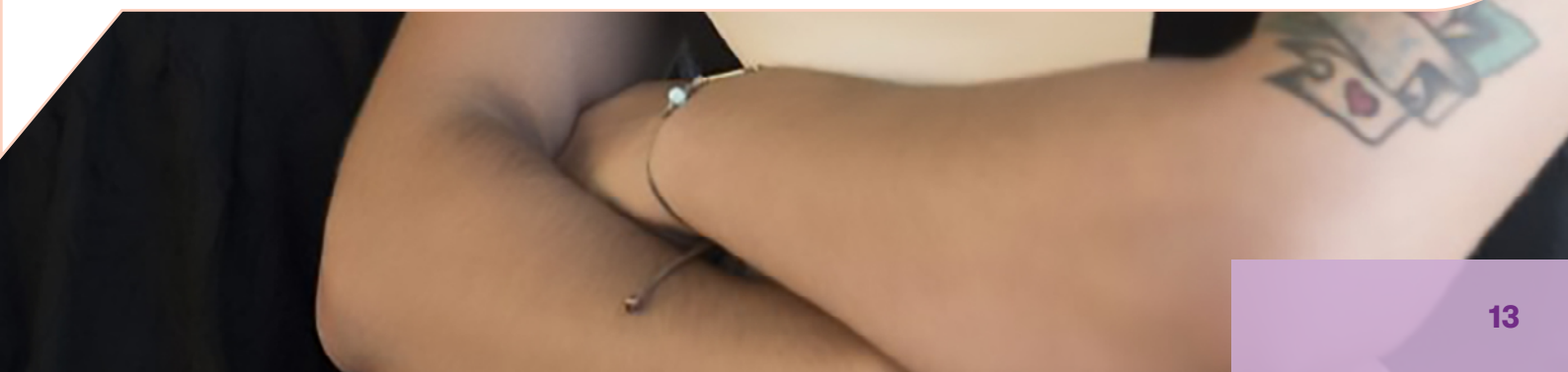
Section 32C then requires any application to 'be accompanied by [...] statutory declarations by 2 doctors, or by 2 medical practitioners registered under the law of any other state, verifying that the person the subject of the application has undergone a sex affirmation procedure.'

Contrary to best practice and the jurisprudence of the High Court (2), the BDM Act does not yet expressly allow a person to specify their sex marker as categories other than male or female.



QUESTIONS FOR CANDIDATES: IF ELECTED, WILL YOU:

- 21.** Establish specific funding for trans and gender diverse community research, advocacy, health promotion and programs to address wider discrimination in schools, workplaces and other social settings?
- 22.** Ensure that trans and gender diverse people are included as a priority population in health planning to document and address health disparities and inequalities in NSW, including within the NSW HIV response?
- 23.** Amend the Births, Deaths and Marriages Registration Act by repealing Section 32A, 32B and 32C to:
 - Allow for access to amended identity documentation, which must not depend on surgery or other medical treatment or interventions;
 - Allow for access to amend identity documentation and must not depend on approval by doctors or other medical professionals, and;
 - Allow for access to amended identity documentation and should be granted on the basis of self-identification, through a statutory declaration?



PEOPLE WITH INTERSEX VARIATIONS

The authors of this document strongly support the recommendations outlined in the Darlington Statement and the Yogyakarta Principles+10, documents which have been developed through peer consultation with people who identify as intersex. These documents highlight the importance of seeking input and advice from intersex people on all issues that relate to them, and request that intersex people are not tokenised or co-opted. For these reasons, this document does not make specific recommendations or requests related to the issues faced by intersex people in NSW, but encourages all parties and politicians to seek advice and input from intersex people when developing policies.

AGEING

LGBTQ people and PLHIV have unique needs in aged care.¹⁵ Due to histories of stigma and discrimination, our communities often fear disclosing that they are LGBTQ or living with HIV, which may lead to some of their needs being unaddressed. Experiences of discrimination and poor treatment within aged care programs mean many fear the consequences of being 'out' in older age.

In addition, the prospect of growing older with HIV is now a reality for many due to highly effective HIV treatments. As the age of diagnosis has risen in recent years, the average age of PLHIV has also been increasing.

There remain some significant physical health issues affecting LGBTQ people and PLHIV as they age, such as higher rates of cardiovascular disease and bone problems, higher rates of tobacco, alcohol and other drug use, and higher rates of cervical and anal cancer.

The current NSW Ageing Strategy to 2020¹⁶ does acknowledge LGBTI people and diversity but lacks specific funding, actions and targets, particularly in regards to social determinants of health such as housing. Safe, affordable and secure housing is associated with better health, yet people who are aged over 55 are over represented among those living in temporary and insecure housing, and are at greater risk of homelessness due to a chronic shortage of age-appropriate and affordable housing. An estimated 50 PLHIV are currently experiencing homelessness in NSW according to Positive Life NSW.

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There remain some significant physical health issues affecting LGBTQ people and PLHIV as they age, such as higher rates of cardiovascular disease and bone problems, higher rates of tobacco, alcohol and other drug use, and higher rates of cervical and anal cancer.



QUESTIONS FOR CANDIDATES: IF ELECTED, WILL YOU:

- 24.** Continue to recognise LGBTI people as a priority population in the next NSW Ageing Strategy?
- 25.** Fund social inclusion programs for older isolated LGBTQ people?
- 26.** Deliver more social housing that is appropriate for older people living with HIV across NSW?
- 27.** Ensure that older people living with HIV receive specialist health care and support services?
- 28.** Commit to improving NSW performance against the Close the Gap targets, particularly mortality rates?

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Due to histories of stigma and discrimination, our communities often fear disclosing that they are LGBTQ or living with HIV, which may lead to some of their needs being unaddressed.

LGBTQ young people are subject to particular pressures as they navigate educational settings, 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 discrimination and physical violence.

The NSW Department of Education's anti-bullying website does not provide sufficient resources to support teachers and parents in the prevention, early intervention or response to homophobia and transphobia in a whole-of-school approach. The current website contains four tokenistic references to LGBTI people.¹⁷

As is well known, documented and acknowledged, the impact for children of biphobia, homophobia and transphobia in the school environment is highly detrimental to academic, psychological and social development. Also well-known are the challenges for teachers in addressing this with skill and confidence without adequate training and resources. It is essential that any anti-bullying strategy addresses these matters directly.

Complications can arise with co-parents living in different school catchments. In LGBTQ co-parent arrangements, children sometimes move between homes on a regular basis - as is the case with many children whose parents have separated or divorced - and still, there is little flexibility within the catchment rules to accommodate this. Complications can also arise from non-inclusive enrolment forms.

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QUESTIONS FOR CANDIDATES: IF ELECTED, WILL YOU:

- 29.** Update the NSW Anti-Bullying Strategy website to comprehensively address biphobic, homophobic and transphobic bullying in NSW schools?
- 30.** Work with LGBTQ communities to develop new resources to support teachers, parents and students, including training in LGBTQ issues and family diversity, to help deliver the anti-bullying program?
- 31.** Update the school catchment policy to accommodate diverse family structures including where parents live apart?
- 32.** Standardise all enrolment forms to stipulate “parents” instead of “mother” and “father”?
- 33.** Provide specialist training for teachers and educators in family diversity, respecting the fact that children come from single parent families, LGBTQ parent families, Aboriginal and Torres Strait Islander family structures, foster families and more?

LGBTQ CONVERSION THERAPY

Levels of violence experienced by LGBTQ people are higher than those reported in the general community. This includes both physical and psychological violence such as bullying and “LGBTQ conversion therapy”, which can have long lasting traumatic effects. By seeking to change people’s sexual orientation and gender identity, the practice of LGBTQ conversion therapy inflicts significant trauma and damages the mental health of young members of our community. The current regulatory framework in NSW is unclear¹⁸ and does not sufficiently protect victims of LGBTQ conversion therapy. For further information on this issue, please see the recently released report ‘Preventing Harm, Promoting Justice: Responding to LGBT conversion therapy in Australia’ authored by the Human Rights Legal Centre, La Trobe University and Gay and Lesbian Health Victoria available at <https://www.hrlc.org.au/reports/preventing-harm>.

DOMESTIC & FAMILY VIOLENCE

Prevalence rates of domestic and family violence for LGBTQ people vary greatly throughout literature. Nevertheless, Domestic and family violence within the relationships of LGBTQ people is generally considered to occur at similar or higher rates than within heterosexual, cis-gendered relationships^{19,20,21,22}. LGBTQ people are more likely to experience family violence but less likely to report and receive appropriate support in response²³.

Preventing domestic violence within the LGBTQ community requires tailored interventions. While LGBTQ people are identified as vulnerable communities in both the National Plan to Reduce Violence Against Women and their Children 2010-2022²⁴ and the NSW Domestic and Family Violence Blueprint for Reform 2016-2021²⁵, limited funding is available for LGBTQ-specific DFV prevention and support programs.

By contrast, in 2017 the Victorian Government announced \$3 million over four years to develop comprehensive specialist services for LGBTI Victorians who experience or are at risk of experiencing family violence, adding to the \$1 million allocated for this initiative in 2016/17.²⁶

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Preventing domestic violence within the LGBTQ community requires tailored interventions.

QUESTIONS FOR CANDIDATES: IF ELECTED, WILL YOU:

- 34.** Support legislative and non-legislative action to eradicate the practice of “LGBTQ conversion therapy” and improve support for those who have experienced this type of practice?
- 35.** Fund LGBTQ-specific domestic and family violence prevention and support programs?



LEGAL PROTECTIONS

SEXUAL ORIENTATION, GENDER IDENTITY AND SEX RECOGNITION

The limited coverage offered by the current NSW anti-discrimination framework is in clear need of reform. NSW is the only jurisdiction in Australia where anti-discrimination laws do not cover discrimination on the basis of bisexuality. People born with variations in sex characteristics are also not included.

RELIGIOUS EXEMPTIONS

The NSW Anti-Discrimination Act (1977) is the broadest in Australia and hosts a number of loopholes which allow religious organisations to discriminate against lesbian, gay and trans (LGT*) people in a wide variety of circumstances.

The NSW Government funds a number of service providers that are allowed to discriminate against LGT* people across specific areas of public life. These areas include adoptive services, homelessness services, and domestic and family violence services. Discrimination is allowed in employment settings and in school settings, including refusing a young person's admission, attaching conditions to their admission, denying them benefits as a student, or by expelling them.

Some religious organisations, most prominently schools, are also exempt from laws that protect more than 200,000 workers from losing their jobs as a result of their gender identity or sexuality. This means some lesbian, gay or transgender workers are forced into situations where they cannot come out at work due to risk of losing their employment.

While the equal right of same-sex couples to adopt was recognised in NSW law in 2010, section 59A of the Anti-Discrimination Act 1977 allows faith-based organisations to deny a child the best possible adoptive parents solely because they might be lesbian, gay or transgender.

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The NSW Anti-Discrimination Act (1977) is the broadest in Australia and hosts a number of loopholes which allow religious organisations to discriminate against lesbian, gay and trans people in a wide variety of circumstances.



QUESTIONS FOR CANDIDATES: IF ELECTED, WILL YOU:

36. Support the development of a Human Rights Act for NSW?

37. Amend the Anti-Discrimination Act 1977 as follows:

- Include Sexual Orientation and Gender Identity as a protected attribute to allow for the inclusion of bisexual people and non-binary people;
- Introduce a stand-alone protected attribute of 'sex characteristics';
- Harmonise the Anti-Discrimination Act 1977 and framework to be consistent with the NSW Anti-Vilification framework, and;
- Repeal sections 56(c) and (d) which currently allow religious organisations as service providers, including in aged care, schools, hospitals, domestic violence and homelessness services, to refuse service on the basis of sexual orientation and gender identity?
- Repeal section 59A, which currently allows faith-based adoption agencies to refuse service on the basis of sexual orientation and gender identity?

SEX WORKERS

DECRIMINALISATION

The decriminalisation of sex work involves the removal of all sex work-specific criminal laws so that sex work is treated in the same manner as other occupations. Decriminalisation has allowed NSW sex workers to attain and maintain high levels of occupational health and safety. Policies that reverse decriminalisation and criminalise any aspect of sex work, including the clients of sex work, will put sex workers' health and safety in jeopardy, increase sex workers' vulnerability to exploitation and obstruct sex workers' access to the justice and human rights.

POLICE FORCE LIAISON OFFICERS

LGBTI Liaison Officers, also known as "GLLOs" (Gay and Lesbian Liaison Officers), have proved highly successful. This model could be replicated with sex workers. Sex Work Liaison Officers stationed at key Local Area Commands would ensure that sex workers are able to report crimes without concerns about stigma or discrimination, and would facilitate better relationships between police and sex workers to the benefit of the whole community.

ANTI-DISCRIMINATION

Stigma and discrimination around sex work and towards sex workers form both a social and systemic barrier to optimal health, safety and social inclusion for NSW sex workers. Sex workers face discrimination in housing, healthcare, banking, employment, education, immigration, and in the justice system. This results in sex workers often disengaging from health and other services and undermines public health efforts.

Anti-discrimination protections for sex workers will allow sex workers to enjoy the rights that are enjoyed by other residents of NSW and finally accomplish the intentions of the NSW parliament when it decriminalised sex work in NSW 23 years ago; to have sex work recognised as work.

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Decriminalisation has allowed sex workers to attain and maintain high levels of occupational health and safety



QUESTIONS FOR CANDIDATES: IF ELECTED, WILL YOU:

- 38.** Remain committed to the successful and long-standing policy of decriminalised sex work in NSW and not support policies such as client criminalisation (commonly known as the 'Nordic model') that undermine and/or reverse current policy?
- 39.** Ensure that adequate resources are provided in order to formalise the development of Sex Worker Liaison Officers at key Local Area Command Police stations?
- 40.** Support the inclusion of sex work as a protected ground under the Anti-Discrimination Act 1977 (NSW)?
- 41.** Support specialised services targeting most at-risk forms of sex work, such as sex for favours, which disproportionately effects Aboriginal and Torres Strait Islander people?



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