

04 July 2022



Lacy Barron
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Sent via email: lacy.barron@gmail.com

Dear Ms Barron

Re: NSW Women's Strategy

Thank you for the opportunity to discuss the NSW Women's Strategy. We are following up with further information regarding some of the conversations we had during our consultations.

With regard to the pillars of the *NSW Women's Strategy 2018-2022*, women in our communities face significant disparities and unique challenges across all three pillars, often as a result of stigma, discrimination and minority stress. Women in our communities are unique, diverse, and have different and intersecting needs and priorities.

As discussed in our consultation, we have provided attached to this letter some high-level statistics and key data points across each of the three pillars.

The NSW Women's Strategy is a whole-of-government document, as priorities for women are already the target of multiple government strategies across multiple portfolios. To understand what the NSW Women's Strategy needs to achieve, it's necessary to understand how the priorities for women have been addressed across government strategies. To that end, the forthcoming Strategy could contain an action for Women NSW to audit the performance of existing strategies, to clearly identify the gaps and priorities for women in NSW.

The guiding principles of the development of the new Strategy provide a promising framework for working effectively with our communities, as well as strong alignment with the principles and pillars of the new *LGBTIQ+ Health Strategy* and priorities of the NSW Government.

With thoughtful recognition of our communities, these principles provide an effective way to address our unique concerns.

Intersectionality

It is necessary for the Strategy to recognise the unique experiences of structural inequity faced by women depending on the intersecting experiences of their multiple identities, backgrounds and compounding experiences of marginalisation and to embed intersectionality in all aspects of the Strategy.

Particular cohorts within our communities face additional barriers. There is a critical lack of data about vulnerable women in our communities. Still, we know that compounding experiences of racism, ageing, and ableism have an added burden on the health and wellbeing of people in our communities.

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In addition, young trans women and trans feminine people face particular barriers in coming to their identities, which is generally a product of transmisogyny – that is, the compounded discrimination and oppression that trans women face because they are both transgender and women. This has played out in public with recent transphobic debates around trans women and girls’ participation in sports.

The NSW LGBTIQ+ Health Strategy has a particular focus on the needs of trans and intersex populations, recognising the marginalisation faced by these populations, as well as those with multiple and intersecting experiences of marginalisation.

The NSW Women’s Strategy must similarly advocate for its most vulnerable populations. This includes older LGBTQ women, who experience discrimination and isolation as they age, and younger LGBTQ women, especially younger trans women, who need mental health support and resilience. This is also important for all marginalised populations, including Aboriginal and Torres Strait Islander women, women from culturally, linguistically and ethnically diverse backgrounds, women with disability, and women at the intersections of these populations.

Meaningful input

It is critical that our communities are included across the Strategy through meaningful engagement and actions. The inclusion of trans women, and affirmation of trans women as women, is critical to both show solidarity to trans women in NSW and demonstrate how the Strategy can be applied to advocate for the needs of all women, trans and cis.

Meaningful input and engagement can only be achieved through a thorough understanding of target populations and their needs. Therefore, it is critical that the Strategy contains a clear mandate to improve data collection to understand better the populations the Strategy serves. This is something modelled in Strategic Priority 4 of the NSW LGBTIQ+ Health Strategy.

Many gaps in the existing Strategy exist because there is a lack of data about what issues particular women, including LGBTQ women, face. The demographic questions in the NSW Women’s Strategy survey had no way of ascertaining the trans experience of male or female participants and did not seek to understand participants’ sexuality. ACON recommends using its [gender and sexuality indicators](#) wherever possible to understand better the women the Strategy works with.

We commend the Strategy’s efforts to meaningfully include our communities in the consultation processes, and we are grateful for such opportunities to ensure our voices are heard. Ongoing co-design is required at all stages of the Strategy, from its development through to its monitoring and evaluation. Co-design that centres and values (ideally through remuneration) diverse voices of lived expertise is essential to an intersectional approach.

Partnerships

Work with marginalised communities is most effective when the solutions to issues are tailored to that group’s specific needs and designed for and by communities.

These partnerships also enable Government to ‘tap in’ to populations that they may not currently be connected with and help send the message to those communities that the inclusion work undertaken is

genuine, as well as providing opportunities for those communities to provide education to mainstream services on how best to work with them.

This is particularly important for LGBTIQ+ women as generalist service or information pathways are often not designed for our communities and can be unsafe.

The NSW Government has long recognised the importance of community partnerships in delivering better health outcomes, and we are pleased this approach is similarly valued in the NSW Women's Strategy.

Immediate and longer-term

Across the Strategy, we strongly encourage a structural approach that acknowledges the underlying drivers of poor health, wellbeing, economic outcomes and participation for women, including LGBTIQ+ women, to address these issues in the longer term.

The domestic violence prevention space provides a strong foundation from which to understand structural drivers of gendered inequity. We have attached a copy of the [Pride in Prevention messaging guide](#) for a great outline of the drivers of violence for both cisgender heterosexual women and LGBTIQ+ people.

Articulating the structural issues facing women, including how forms of marginalisation intersect and overlap, will mean the Strategy is well placed to design and deliver actions that will result in real change over the longer term.

In its recent budget announcements, the NSW Government has taken steps to address the safety of women in NSW in the immediate term. We hope these announcements will address the particular safety concerns of women in our communities.

The Strategy should have a focus on immediate-term goals, such as safety initiatives and awards or other opportunities to recognise the achievements of leaders in our communities and longer-term outcomes that seek to address structural inequities. Scholarship and mentoring opportunities, for example, will work to effect longer-term change in workplaces.

All of the goals and actions of the Strategy should be measurable. The Strategy must be accountable for it to be successful and contain a thorough evaluation process. However, outcomes can only be measured with a clear understanding of the population, so we need to reiterate the point about improving data collection and enhancing the understanding of women in NSW, especially LGBTQ women.

We, therefore, make the following recommendations for the Strategy:

1. That the Strategy uses an intersectional lens to acknowledge the impact of trauma and minority stress on women's (including LGBTIQ+ women's) health, participation and economic opportunities.
2. That the Strategy commits to funded programs for vulnerable women.
3. That the Strategy and associated actions find ways to meaningfully collect data about our communities and measure the strategy's success through meaningful evaluation.
4. LGBTQ women, especially transgender women, are meaningfully recognised and included across all aspects of the Strategy, including through meaningful consultation.
5. That the Strategy articulates the value of partnerships with community-controlled specialist organisations, including LGBTIQ+ community-controlled organisations.

Finally, we do understand that inclusive language can be challenging to achieve. We would be more than happy to review drafts of the Strategy to ensure that the language used is safe, inclusive and welcoming to all in our communities.

Please do not hesitate to contact Brent Mackie, Associate Director Policy, Strategy, and Research at bmackie@acon.org.au if you require additional information.

Kind regards

A handwritten signature in black ink, appearing to read 'Nicolas Parkhill', with a horizontal line underneath.

Nicolas Parkhill AM

Chief Executive Officer

NSW Women's Strategy: key statistics about women in LGBTQ+ communities

Health and wellbeing:

- 45% of LBQ women report high or very high levels of psychological distress; compared to 20% of women in NSW.¹
- A national study of LGBTIQ+ people reveals that 65% of trans women experience high or very high levels of psychological distress, and bisexual, queer and pansexual people experience higher levels of distress than gay or lesbian people.²
- 86% of trans women and 75% of LBIQ cis women report ever experiencing suicidal ideation, compared to 13% of the general population.² This is even higher for young LGBTQ+ women, with 78% of cis and 91% of trans women aged 14-21 reporting suicidal ideation.³
- Young LGBTIQ+ women report rates of acute mental distress at more than three times the rate of 16 – 24-year-old women in NSW.^{3,4}
- 41% of LBQ women report experiences of verbal abuse or harassment, and 42% report experiencing intimate partner abuse.¹ Young trans women report higher rates of physical, verbal, and sexual harassments than other young LGBTQA+ people, with 45% experiencing sexual harassment in the last 12 months.³
- 18% of LBQ women are smokers, compared to 13% of women in NSW.¹
- 86% drink alcohol, compared to 71% of women in NSW. 36% of LBQ women who drink alcohol say it has impacted their life negatively.¹
- 54% of LBQ women had used an illicit drug in the last 6 months, compared to 13% of women nationally reporting illicit drug use in the last 12 months.¹
- 32% of LGBTQ people from multicultural backgrounds self-rate their health as 'poor' or 'fair', comparing to 15% of the general population, and 29% of the broader LGBTQ community²
- 58% of LGBTQ people from multicultural backgrounds report high or very high psychological distress, compared to 55% of the broader LGBTQ community, and 13% of the general Australian population²
- 32% of trans women and 20% of LBIQ cis women have ever experienced homelessness, compared to 13.4% of the population²

Economic opportunity:

- 79% of LBQ women believe that their gender and sexuality impact their career progression.⁵
- While LGBTQ+ women make up 2.3% of entry level employees, they comprise only 1.6% of managers and even smaller shares of more senior levels.⁶
- Trans adults are twice as likely to be unemployed as cisgender adults⁷
- Cisgender employees make 32% more than trans employees⁵
- 42% of trans women and 33% of LBIQ cis women report earning less than \$400 a week, below the poverty line in Australia²

Participation and empowerment:

- LGBTQ women are much less likely to be out at work to any degree compared to LGBTQ men (50.65% vs. 72.28%).⁸
- LGBTIQ+ employees who are not out are 45% less likely to be satisfied with their job⁹

- Up to 40% of LGBTIQ+ people aged 16 – 24 identify as multi-gender attracted^{2,3} and approximately 20% of young LGBTIQ+ people describe themselves as non-binary,³ indicating that participation and empowerment for young people must increasingly come from a place of fluidity, diversity, and appropriate representation as a result.
- Young LGBTQA people are twice as likely to report participating in community social groups online than in educational or peer support settings.³
- 50% of trans women and 61% of LBIQ cis women feel accepted at work. LGBTIQ+ people from multicultural backgrounds feel less accepted than LGBTIQ+ people from anglo-celtic backgrounds in almost all spaces, including work, education, LGBTQ events and dating apps, and with family.²
- More than half of the participants in a study of Aboriginal LGBTIQ+ people felt little or no sense of connection to the LGBTIQ+ community as Aboriginal people, and a third felt invisible within Indigenous communities because of their sexuality or gender.¹⁰

These statistics highlight some of the key issues broadly faced by women in our communities across the Strategy's pillars. These issues overlap and intersect, producing inequality for our communities in a range of domains. There is a critical lack of data in particular around the experiences of women in our communities who occupy multiple marginalised identities.

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