



BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

Submission to:

The Senate Community Affairs
References Committee Inquiry into
Suicide in Australia.

November 2009

About ACON

ACON (formerly known as the AIDS Council of NSW) was formed in 1985 as part of the community response to the impact of the HIV/AIDS epidemic in Australia. Today, ACON is Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation. ACON provides information, support and advocacy for the GLBT community and people living with or at risk of acquiring HIV, including sex workers and people who use drugs.

ACON is home to the Lesbian and Gay Anti-Violence Project (AVP), the Community Support Network (CSN), the Positive Living Centre (PLC) and the Sex Workers Outreach Project (SWOP). ACON has its head office in Sydney as well as branches in the Illawarra, Northern Rivers, the Hunter region and the Mid North Coast.

The AVP delivers an annual average of 500 occasions of services in relation to support and referrals for victims of violence. The AVP also works with partners in NSW such as the NSW Police Force and educators to prevent violence and homophobic abuse on a systemic level.

ACON has two youth based projects, the Fun and Esteem project for same-sex attracted men aged 26 or under and the Young Women's Project for same-sex attracted women aged 26 or under. Over 10,000 participants have benefited from participating in one of the youth projects over the past 20 years. In addition to working with youth, the Mature Aged Gays Project, the Gay Asian Men's project and the Aboriginal Project work with other groups within the GLBT community.

ACON also offers counselling services to the GLBT community and people living with HIV, with 20% of the clients at intake presenting signs of suicidal ideation.

General Comments

International and national research estimates that the rate of suicide attempts for GLBT people is 3.5 to 14 times higher than for their heterosexual peers.¹ Further, it is well recognised that suicide and self harm rates for same-sex attracted youth and GLBT Aboriginal and Torres Strait Islander people are even higher.² Given this unacceptable and alarming situation ACON welcomes the opportunity to comment on this very important issue.

GLBT individuals are more likely to experience discrimination, abuse, violence, social isolation and mental illnesses, all contributing to the higher risk factors that many GLBT individuals face in relation to suicide.

The GLBT community is diverse, and include individuals who are young or aged, who live in rural or remote areas, who are Aboriginal and/or Torres Strait Islander and who are culturally and linguistically diverse (CALD). It is also the case that the risk factors for these individuals are compounded and even more pronounced. For example, the geographical isolation, or racial discrimination experienced can further compound the social isolation experienced by someone who is gay, lesbian, bisexual or transgender.

¹ Suicide Prevention Australia, *Position Statement: Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender communities*, (2009), p.2, at http://suicidepreventionaust.org/_notitia/FileHandler.ashx?id=EF740238ACF5729B7B20F25703BFD96611BF6D12 (accessed 13 November 2009).

² *Ibid.*, p. 2.

It is essential that national suicide prevention strategies fully acknowledge the risk factors that are present in the GLBT community, and the complex relationship between these risk factors. It is important for the Commonwealth Government to take a socially inclusive approach to this issue; to develop strategies to reduce these risk factors on the GLBT community as well as to build resilience through targeted community based programs and projects.

Part A. The Impact of Suicide in the GLBT Community

As mentioned previously, gay, lesbian and bisexual people have much higher rates of suicidal attempts than the general community.³ The prevalence of attempted suicides among transgender communities are also very high, according to research conducted in North America the attempted suicide rate ranges from 16% to 47%.⁴ Suicidal ideation is also alarmingly high for members of the GLBT community, ranging from 15% to 20%.⁵

There are many reasons for this disproportionate impact of suicide in the GLBT community. The experience of homophobia, transphobia and discrimination by the GLBT community, the experience of violence and abuse, social isolation, abuse of alcohol and other drugs and mental health issues all contribute to the elevated risk of suicide in the GLBT community.

A commonly identified risk factor for the GLBT community in relation to suicidal ideation and suicidal attempts is the experience of homophobia, transphobia and discrimination that many members of our community have to face at school, at work, on the internet, in the community or even at home.⁶ Homophobia and transphobia is the fear, prejudice or bias against people who are gay, lesbian, bisexual or transgender.

The impact of homophobia, transphobia and discrimination can lead to social isolation, barriers of access to services, experiences of abuse or violence and over time, mental illnesses.⁷ Specific incidences of homophobia, transphobia or discrimination can also be a trigger or the tipping point for an individual to attempt suicide. It is encouraging that the current framework *Living is for Everyone* recognises that discrimination and peer rejection is a risk factor for suicide,⁸ however, this recognition has not translated to policies and programs that seek to address these issues as they are experienced by GLBT people.

³ *Ibid.*, p. 2, referring to: C Bagley & P Tremblay, 'Suicidal behaviours in homosexual and bisexual males', *Journal of Crisis Intervention and Suicide Prevention*, vol 18(1), (1997), pp. 24-34; R Garofalo, R C Wolf, S Kressel *et al*, 'The association between health risk behaviors and sexual orientation among a school-based sample of adolescents', *Pediatrics*, vol 101, (1998), pp. 895-902; R Herrell, J Goldberg, R W True *et al*, 'Sexual orientation and suicidality: a co-twin control study in adult men', *Archives of General Psychiatry*, vol 56(10), (1999), p. 867-874; National Institute of Mental Health in England, *Mental disorders, suicide, and deliberate self harm in lesbian, gay and bisexual people – a systematic review*, London, (2007); J Nicholas & J Howard, 'Better dead than gay? Depression, suicide ideation and attempt among a sample of gay and straight-identified males aged 18-24', *Youth Studies Australia*, vol 17(4), (1998), pp. 28-33; G Ramafedi, S French, M Story *et al*, 'The relationship between suicide risk and sexual orientation: results of a population-based study', *American Journal of Public Health*, vol 87(8), (1998), pp. 1-4.

⁴ Suicide Prevention Australia, *op. cit.*, p. 2.

⁵ *Ibid.*, p. 2.

⁶ *Ibid.*, p. 5.

⁷ *Ibid.*, p. 5.

⁸ Department of Health and Ageing, *Research and evidence in suicide prevention*, (2007), p. 14.

Abuse and violence against the GLBT community is also a significant risk factor for suicide, especially for same-sex attracted youth. A report from La Trobe University states that having experienced verbal abuse or physical abuse dramatically increased the likelihood of self harm. In a sample of 1750 same-sex attracted youths, having experienced verbal abuse doubled the likelihood of self harm, and having experienced physical abuse tripled the likelihood of self harm.⁹ It is unsurprising that abuse and violence has a particularly negative impact on the GLBT community, since much of the abuse and violence targeting GLBT individuals focuses on their sexual orientation and gender identity, key aspects of their sense of self.

As with rates of suicide the level of violence experienced by the GLBT community is unacceptably high. A report from the NSW Department of Justice and Attorney General showed that 85% of GLBT respondents have experienced homophobic abuse, harassment or violence in their life.¹⁰ Furthermore, a national study into the health and wellbeing of gay, lesbian, bisexual, transgender and intersex people indicated that almost 60% of respondents have experienced homophobic verbal abuse, and almost 14% of the respondents have experienced homophobic violence.¹¹

The impact of homophobic violence and the fear of violence can result in physical harm, social isolation and psychological harm. These factors can also lead to depression, suicidal ideation, self-harm and suicide.

'When so many people tell you how disgusting you are, you start to feel disgusting and at many times in my life, I know I have wanted to turn my back on the person looking back at me in the mirror. When it got particularly bad I used to scratch patterns in my face until it bled out of disgust for myself.'

- (Aiden, 19 years)¹²

'I tried to kill myself because I was so badly teased at school for being a lesbian.. it never ended and I got severe depression and I saw no other way to be happy, I was in hospital for 2 months trying to control my depression and because doctors thought I would hurt myself again if they let me out and it also forced me to drop out of school.'

- (Claudia, 16 years)¹³

Violence against same-sex attracted youth also has an impact on drug and alcohol use, with significant higher in the rate of drug and alcohol use for same-sex attracted young people who have experienced verbal abuse, and even higher rates of use for those who have been physically abused.¹⁴

Gay, lesbian, bisexual, transgender and intersex people *report high levels of depression and other mental health conditions. The Private Lives Report* revealed that one in three respondents reported having depression and three quarters of the respondents reported

⁹ L Hillier, A Turner, A Mitchell, *Writing Themselves In Again: 6 years on The 2nd national report on the sexuality, health & well-being of same sex attracted young people in Australia*, Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne, (2005), p. 45.

¹⁰ NSW Attorney General's Department, *You Shouldn't Have to Hide to be Safe*, (2003), p. i.

¹¹ M Pitts, A Smith, A Mitchell & S Patel, *Private Lives: A report on the health and wellbeing of GLBTI Australians*, Australian Research Centre in Sex, Health & Society, La Trobe University, (2006), p. 50.

¹² L Hillier, A Turner, A Mitchell, *op. cit.*, p. 46.

¹³ *Ibid.*, p. 47.

¹⁴ *Ibid.*, p. 44

ever having depression.¹⁵ Considering that a mental illness is a risk factor for suicide, the high incidences of depression is alarming and significant in understanding such elevated rates of suicide in the GLBT community.

In ACON's own experience, suicide is a significant issue for many of ACON's clients. Of the clients accessing day-time counselling in the 2008-09 financial year, 31% had had suicidal ideation or reported self-harm or attempted suicide.

For older members of the GLBT community, the level of suicidal ideation is elevated. Of the participants of the Mature Aged Gays Project (with an average age of 64), 35% reported suicidal ideation.¹⁶ This higher level of risk is also recognised in the Policy Position Statement from Suicide Prevention Australia.¹⁷

The evidence presented clearly demonstrates that the GLBT community experience more risk factors for suicide and are more likely to exhibit signs of being vulnerable to suicide. To address this higher level of risk, it is necessary to consider the GLBT community as a priority group, with corresponding funding, policy and programs to prevent suicide in this community.

Recommendations:

1. The Commonwealth Government include the GLBT community as a priority group in suicide prevention strategies and policies.
2. The Commonwealth Government seek to identify and support suicide prevention projects and programs that are focussed toward the GLBT community.
3. The Commonwealth Government recognise the diversity in the GLBT community by supporting targeted projects and programs that focus on GLBT youth, older GLBT people, GLBT Aboriginal and Torres Strait Islander people and GLBT people from culturally and linguistically diverse backgrounds.

Part B. Accuracy of Suicide Reporting in Australia

Suicide statistics reported by government authorities such as the Australian Bureau of Statistics currently do not contain figures on suicide of GLBT individuals. The data is not and cannot be disaggregated by sexual orientation or gender identity because the data collected do not contain sexual orientation or gender identity indicators. Current demographic indicators include Aboriginal and Torres Strait Islander status, age, sex and location. By expanding the number of indicators to include sexual orientation and gender identity, our understanding of which priority groups commit suicide at disproportionate levels would be improved, which would enhance the accuracy of suicide reporting in Australia and a create stronger of evidence base for policy and program development.

Creating an opportunity to report on the sexual orientation and gender identity of an individual in coronial reports and collecting this data is however not sufficient to ensure accuracy. For many members of the GLBT community, their sexual orientation and/or gender identity is not physiologically apparent, or known by their family. Many do not disclose their sexual orientation to their family members, and especially for younger members of the GLBT community, specifically, many may not have come to terms with their sexual orientation or gender identity themselves. The conflict young people experience

¹⁵ M Pitts, A Smith, A Mitchell & S Patel, *op. cit.*, pp. 31-33.

¹⁶ ACON, *MAG survey 2009*, (unpublished).

¹⁷ Suicide Prevention Australia, *op. cit.*, p. 6.

regarding their sexual orientation and gender identity can be a key risk factor for suicide itself,¹⁸ and makes reporting cases more difficult.

In implementing data collection methods and training coronial and other workers to collect data around sexual orientation and gender identity, issues of privacy and confidentiality need to be considered. Due to the sensitive nature of sexual orientation and gender identity, and the possibility for harmful consequences if privacy and confidentiality is not protected, strict confidentiality guidelines need to be implemented, understood and adhered to. Addressing confidentiality and privacy issues is also more likely to encourage disclosure of a deceased person's sexual orientation or gender identity to coroners.

It is however, still important to acknowledge that even with data collection and strong privacy and confidentiality protections the data collected may not fully represent the suicide rate of the GLBT community. Problems surrounding the collection of sexual orientation and gender identity data will still persist. It is therefore necessary to consult other forms of evidence such as academic research, reports and community organisations to understand suicide in the GLBT community.

While ACON acknowledges that statistics that accurately reflect the suicide rate of the GLBT community will be difficult to gather, we also believe that there is a sufficiently weighty evidence base to warrant a higher priority for GLBT people in suicide prevention efforts.

Recommendations:

4. All suicide statistics should include sexual orientation and gender identity indicators, and disaggregate figures based on sexual orientation and gender identity.
5. Strict confidentiality guidelines are understood and adhered to by coroners, statisticians and anyone that has access to the sexual orientation or gender identity status of any individual.
6. The Commonwealth Government consider the evidence base to supplement the statistics reported by government agencies to develop policy and programs specifically for GLBT people.

Part C. Role and Effectiveness of Mainstream Services

Police services, hospitals and other mainstream health and human services are essential partners in preventing suicide in the GLBT community. Mainstream services not only have an obligation to be accessible to the GLBT community, but they also need to target the GLBT community as a priority group in their efforts to reduce risk factors and build resilience in the GLBT community.

Mainstream services provide crucial services in suicide prevention, but are also sites where interventions to prevent suicide occur. Given the large reach of mainstream services such as policing, healthcare and community services, it is important that the GLBT community is not excluded from these services. Discrimination is a key barrier to service and access for the GLBT community and accordingly, services may need assistance to improve in this area. Culturally appropriate services that the GLBT community can relate to, and where they are not alienated or offended will reduce barriers of access and improve the efficacy of suicide prevention and intervention work with GLBT people through mainstream services.

¹⁸ *Ibid.*, p. 6.

ACON is supportive of an increase in the engagement of mainstream services because of the greater capacity the services have to reach and engage in long-term projects that targets the risk factors for suicide in the GLBT community. The risk factors of concern to the GLBT community in relation to suicide have already been discussed in Part A, they are:

- Homophobia, transphobia and discrimination
- Abuse and violence
- Social isolation
- Abuse of alcohol and other drugs
- Mental health issues

Addressing homophobia, transphobia and discrimination in the community is an important objective and an obligation that governments have in fulfilling the human rights of the GLBT community. However, addressing such forms of prejudice and discrimination will also reduce one of the key risk factors impacting on the GLBT community in relation to suicide, that of discrimination and prejudice. This approach is also consistent with the current framework of the *National Suicide Prevention Strategy* that acknowledges discrimination as a risk factor.

Homophobia and transphobia can manifest itself beyond just discrimination but also abuse and violence. This submission have already indicated the high levels of abuse and violence endured by the GLBT community and the impact that abuse and violence has on mental health issues, drug use and self harm. Preventing violence against the GLBT community again would act to reduce one of the key risk factors for suicide for the community.

Currently, there is no Commonwealth legislation prohibiting discrimination and vilification, nor is there a national strategy to reduce violence against the GLBT community. Having legislation and policy in place to reduce discrimination, abuse and violence would be a useful step towards reducing discrimination, abuse and violence as risk factors for suicide of the GLBT community.

Education services, specifically, are important in suicide prevention as many same-sex attracted young people most commonly experience abuse and violence at school. In a large research study into same-sex attracted young people, a total of 74% of respondents who have suffered abuse experienced at least one incident at school.¹⁹ Reducing homophobia in schools would also have a flow on effect once students leave school as many perpetrators of violence against the GLBT community are young people between 20 to 29 years.²⁰

The emergence and popularity of internet based communication such as social networking sites, internet chat programs and email have lead to increased opportunities for the perpetration of homophobic abuse on the internet. Homophobic abuse on the internet can also incite or result in homophobic violence being perpetrated beyond the internet. The Anti-Discrimination Board in NSW has “warned that state-wide violence is being fuelled by an increasing number of homophobic websites run by Australians.”²¹ As more and more communication and social networking happens online, there is a need for education about the internet safely and providing services that can assist in addressing cyber-bullying.

Mainstream services also have a role to play in building the resilience of communities, including the GLBT community against suicide. The peer education approach taken by ACON through the Fun and Esteem Project and the Young Women’s Project for example

¹⁹ L Hillier, A Turner, A Mitchell, *op. cit.*, p. 39.

²⁰ NSW Attorney General’s Department, *op. cit.*, p. 43.

²¹ Sydney Morning Herald, *Websites fuel hate crimes*, 15 June 2009

are successful in engaging with young same-sex attracted people through providing peer understanding and peer support. The peer approach creates a more supportive environment for discussion of issues including mental health, sexual health, alcohol and drugs and coming out. This in turn improves social connectedness of same-sex attracted young people and provides them with more skills to negotiate and remain resilient through homophobia and other challenges.

Recommendations:

7. The Commonwealth Government ensure through policy or legislation that mainstream policing; health and human services do not discriminate on the grounds of sexual orientation and gender identity.
8. The Commonwealth Government fund training programs to improve the cultural competency of mainstream service providers to provide appropriate services to the GLBT community.
9. The Commonwealth Government passes legislation prohibiting discrimination and vilification on the grounds of sexuality and gender identity.
10. That the Commonwealth Government develops and funds socially inclusive projects and policies to reduce violence against the GLBT community and the impact of such violence.
11. The Commonwealth Government provide leadership in this area by funding a national youth based anti-homophobia education campaign and cooperating with the State and Territory governments through the appropriate intergovernmental committee.
12. The Commonwealth Government requires schools to have anti-homophobic abuse policies in place and for schools to enforce these policies. These policies can be GLBT specific or as a part of an anti-bullying policy.
13. Given the rapidly increasing popularity and reach of social networking internet sites, the Commonwealth Government prioritise the funding of services that address cyber bullying.

Part D. Public Awareness Programs

The GLBT community have too often been ignored in public awareness programs regarding suicide. ACON supports awareness campaigns and we have a long history of successfully conducting social marketing campaigns to provide information, encourage behaviour change and generate discussion. Inclusion of the GLBT community in future public awareness campaigns would be welcomed by ACON, and our experience to date gives us confidence that such an initiative would be effective.

Public awareness programs should reflect the diversity of the community, especially priority groups and other groups that experience suicide at higher levels. ACON's experience of social marketing campaigns around HIV/AIDS, drug use, anti-violence and other issues have demonstrated that engagement with the GLBT community can be effective, however mainstream campaigns that only include heterosexual representations of the community and conducted in mainstream media is unlikely to engage the GLBT community.

Recommendation:

14. Future public awareness programs demonstrate an awareness of need to include the GLBT community, similar to the way current campaign development considers Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse populations.

15. The Commonwealth Government considers partnering with a community based GLBT organisation to conduct a targeted suicide prevention campaign with an evaluation component.

Part E. Targeted Programs and Services

Targeted programs and services play a very important role in preventing suicide in the GLBT community. ACON, as a community based organisation have responded to the needs of the community by providing programs that addresses some of risk factors for suicide of the GLBT community and builds resilience in the community. These projects include the Fun and Esteem project for young same-sex attracted men, the Young Women's Project for young same-sex attracted women, the Mature Aged Gays project, the Aboriginal Project, the Asian Men's Project, the Anti-Violence Project as well as counselling, emergency housing and other support services for the GLBT community and for people living with HIV.

None of these projects receives funding from suicide prevention programs.

Young same-sex attracted people

ACON believes these projects bring positive benefits and are important opportunities for suicide prevention. The Fund and Esteem Project and the Young Women's Project, for example, use peer education to address negative stereotypes, reduce social isolation and provide supportive environments to improve health and wellbeing. These projects reduce risk factors that are known to be associated with suicide, as well as improve the resilience of participants by building support networks and skills to look after their own and each other's health and wellbeing. These projects are popular and well attended by young same-sex attracted people.

Other priority groups (Indigenous GLBT people, CALD GLBT people, Mature Aged GLBT people)

ACON also has community development projects for older gay men (Mature Aged Gays Project), gay Asian men (Gay Asian Men's Project) and GLBT Aboriginal and Torres Strait Islanders (Aboriginal Project). These respective projects reduce social isolation for groups that often face discrimination and exclusion both from the GLBT community and their heterosexual peers. These projects provide a space for these groups to meet, discuss and connect in an inclusive setting. Participants in the Mature Aged Gays projects have responded in surveys that they appreciate the opportunity to talk to other older gay men, including issues relating to mental health.²²

Violence

The Anti-Violence Project works with education providers and NSW Police Force to reduce homophobia, abuse and violence (including same-sex domestic violence) as well as to provide support and referral services for victims of abuse and violence. ACON also offers counselling and emergency housing services to members of the GLBT community and to people living with HIV. These projects also reduce risk factors for suicide and builds resilience. Importantly this project is in constant demand, and is significantly under-

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resourced. Further support would strengthen the capacity of ACON to do more in this fundamentally important area.

Community Development

Targeted programs are effective because they work directly with priority communities, in this case the GLBT community to address risk factors that are relevant in that community and to build resilience in a supportive and non-homophobic environment. For people who experience homophobia in multiple environments, such as at school, at work, on the internet, in the community and at home, targeted programs can be one of the only times GLBT people experience an environment that is safe and supportive. Targeted programs can also adapt to the unique circumstances that the priority community experiences and thus are more likely to prove more effective. ACON believes above-mentioned projects offer good models that can be expanded in NSW and across Australia with appropriate partners and resources.

Recommendation:

16. The Commonwealth Government consider these projects as models of positive engagement with the GLBT community and further consider supporting programs such as these as mental health promotion and suicide prevention programs.

Conclusion

Suicide in the GLBT community is an issue of utmost significance to ACON given the disproportionate and distressing rates of suicide, suicide attempts and self harm.

ACON thanks the Senate Community Affairs References Committee for considering this submission, which calls for

- a focus on the GLBT community as a priority group,
- efforts to reduce the underlying risk factors for suicide in the GLBT community,
- improved capacity of mainstream services to effectively deliver services to the GLBT community in appropriate ways, and
- support for targeted projects and programs for the GLBT community.

ACON is happy to discuss this submission with the Committee or to appear as a witness before the Committee. If the Committee wishes to receive further information, please contact Karen Price, Director, Policy, Strategy and Research, on 9206 2048 or email kprice@acon.org.au.

List of Recommendations

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5. Strict confidentiality guidelines are understood and adhered to by coroners, statisticians and anyone that has access to the sexual orientation or gender identity status of any individual.
6. The Commonwealth Government consider the evidence base to supplement the statistics reported by government agencies to develop policy and programs specifically for GLBT people.
7. The Commonwealth Government ensure through policy or legislation that mainstream policing; health and human services do not discriminate on the grounds of sexual orientation and gender identity.
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9. The Commonwealth Government passes legislation prohibiting discrimination and vilification on the grounds of sexuality and gender identity.
10. That the Commonwealth Government develops and funds socially inclusive projects and policies to reduce violence against the GLBT community and the impact of such violence.
11. The Commonwealth Government provide leadership in this area by funding a national youth based anti-homophobia education campaign and cooperating with the State and Territory governments through the appropriate intergovernmental committee.
12. The Commonwealth Government requires schools to have anti-homophobic abuse policies in place and for schools to enforce these policies. These policies can be GLBT specific or as a part of an anti-bullying policy.
13. Given the rapidly increasing popularity and reach of social networking internet sites, the Commonwealth Government prioritise the funding of services that address cyber bullying.
14. Future public awareness programs demonstrate an awareness of need to include the GLBT community, similar to the way current campaign development considers Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse populations.
15. The Commonwealth Government considers partnering with a community based GLBT organisation to conduct a targeted suicide prevention campaign with an evaluation component.
16. The Commonwealth Government consider these projects as models of positive engagement with the GLBT community and further consider supporting programs such as these as mental health promotion and suicide prevention programs.