Acknowledgments

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Author: Community Services Division

Title: Results of the South Australian Rainbow Survey 2015-16

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Executive Summary

The Rainbow Survey is the South Australian government’s general survey of the lives, opinions and experiences of South Australians who identify as LGBTIQ (Lesbian, Gay, Bisexual, Transgender, with an Intersex variation or Queer). The 2015-16 survey is the second Rainbow Survey, providing further insight and updated information on issues concerning the LGBTIQ communities.

A pool of 335 people completed 50 questions examining five areas – demographics, health/wellbeing and transgender health, experiences of discrimination and abuse, police services, and accessing services. The survey obtained valuable demographic information on respondents’ location, cultural background, disability status and socio-economic status. This data demonstrates the complexity and diversity of South Australia’s LGBTIQ community and fills a gap in public knowledge left by the absence of demographic details about LGBTIQ people in the Australian Bureau of Statistics (ABS) Census of Population and Housing (the ABS Census). Most respondents were positive about their lives and health in general, with the notable exception that no transgender respondents described their health as excellent. Most transgender respondents reported seeking psychological or medical help, but felt their General Practitioners could not offer necessary services, despite willingness to assist them. Results indicate that LGBTIQ people usually mask their identity in a range of public places to avoid discrimination and few seek recourse to incidents of abuse. The Rainbow Survey explored the impact of SAPOL’s Gay and Lesbian Officers (GLLOs) in the LGBTIQ community, finding that the respondents who were aware of them considered that the GLLO’s increased the likelihood of LGBTIQ people seeking police assistance. The final section of the survey highlighted perceived barriers to accessing services in the LGBTIQ community including non-inclusive forms and assumptions based on heteronormativity. Suggestions to improve access to services included staff training, development of more inclusive forms, more specific services and greater engagement with the LGBTIQ community.

Given that there have been significant changes in LGBTIQ legislation in South Australia since this survey was conducted, the 2015-16 Rainbow Survey will be a vital point of comparison for future research into South Australia’s LGBTIQ community. The results can also inform planning or research in other areas such as public health and safety, and community development.
Background

The South Australian Department for Communities and Social Inclusion (DCSI) conducted the first Rainbow Survey in 2012. It was the first time a State Government undertook a general survey of the opinions of LGBTIQ people on a range of issues, and respondents indicated they would welcome future surveys.

On 14 May 2014, the Minister for Communities and Social Inclusion launched the ‘South Australian Strategy for the Inclusion of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) People 2014 – 2016’. The Strategy outlined priority areas for action, objectives and criteria for the State Government to develop and implement over a two-year period.

The 2015-16 Rainbow Survey is part of the Strategy’s commitment to engaging with LGBTIQ South Australians about issues that are important to them. The Survey provides the South Australian Government with a better understanding of the current circumstances, challenges and views of LGBTIQ communities.

The Rainbow Survey also addresses the paucity of demographic information available about LGBTIQ South Australians, who are often invisible in the research and standard data sets that inform service design and delivery.¹ To effect better decision making on issues that affect LGBTIQ people, government agencies and the community sector need access to reliable, comprehensive data and information on LGBTIQ communities. The Rainbow Survey is vital in bridging this gap in public knowledge and bringing the lives of LGBTIQ people to greater prominence.

Methodology

Survey Design and Structure

Community members helped to design the contents and structure of the survey. As a result of the consultation process, questions exploring transgender health were added to the survey. Research conducted by organisations such as the ABS were referenced when considering the question set and phrasing, to ultimately build a substantial body of knowledge on LGBTIQ communities to compare against data on the general population.

The survey consists of 50 questions exploring the lives and experiences of LGBTIQ people in South Australia. Questions are arranged into five sections to determine where the LGBTIQ community is thriving and areas where more attention may be needed.

Section One deals with demographics, prompted by the absence of this information in the ABS Census. Questions examined location, place of birth, disability status and cultural background/ancestry, including the birthplaces of respondents’ mothers and fathers to determine how many people came from migrant

¹ Irlam, CB., LGBTI Data: Developing an Evidence-informed Environment for LGBTI Health Policy, National LGBTI Health Alliance, Sydney, 2012, p.7.
families and gain further insight into the diversity of LGBTIQ communities. This section also helped to obtain information on respondents’ socio-economic disadvantage, which can be a key predictor of poor health, including increased risk of mental illness and suicidal behaviours.²

Section Two comprises questions about health and wellbeing, in response to evidence of poorer health and wellbeing outcomes for LGBTIQ South Australians.

Section Three provides information regarding respondents’ experiences of discrimination. It explores the prevalence of and responses to discrimination against the LGBTIQ community.

Section Four examines the impact of SAPOL’s Gay and Lesbian Liaison Officers (GLLOs) in the lives of LGBTIQ South Australians. DCSI plans to share these findings with SAPOL to assist in improving the GLLO service.

Section Five explores respondents’ experiences of accessing various services. Questions gathered information regarding perceptions of the effectiveness of services and identified some of the barriers to seeking services.

Survey Terminology

Language is a powerful tool that can include or exclude people and play a critical role in entrenching social inequality or, conversely, promoting equality.³ The way we describe others can significantly affect health and wellbeing.⁴ Definitions and terms used to describe sexual orientation, sex and gender identity are often disputed and can be the subject of strong views. The meanings of particular words can also be interpreted differently depending on time, context and culture.

The Rainbow Survey uses the acronym ‘LGBTIQ’ to be as inclusive as possible of the diverse sex, sexual orientation and gender identities represented in the South Australian community. Although using a single term to identify such a complex and diverse group of individuals may seem problematic, the survey recognises that LGBTIQ people are the products of their own unique circumstances, histories and experiences depending on a multitude of factors. Use of a single term does not diminish or limit the varying ways in which individuals identify.

Where appropriate, other descriptions used by respondents have been acknowledged. The terminology concerning gender diversity and sexual orientation continues to evolve and this report may not capture all the terms currently used by members of the LGBTIQ communities.

⁴ National LGBTI Health Alliance, Health Information Sheet Inclusive Language on Intersex, Trans and Gender Diversity, version 3, July 2013, p.1.
A Glossary defines terms used in this report but also other terms in use or emerging at the time of writing.

**Survey Promotion**

With the exception of a few respondents who completed a paper-based form, the vast majority completed the Rainbow Survey online at SurveyMonkey between 27 November 2015 and 19 February 2016. The DCSI website featured a link to the survey.

DCSI primarily promoted the survey through the Rainbow Network, a distribution list of over 400 individuals from the LGBTIQ community, government agencies, councils and non-government organisations who support LGBTIQ inclusion. Members of the network were encouraged to share the survey link with their own contacts.

Information and copies of the survey were also distributed at the annual Feast Adelaide Queer Arts Festival Picnic in the Park, attended by over 2,000 members of the LGBTIQ communities and their allies. Blaze Magazine, a popular publication for LGBTIQ South Australians, published an article on the survey. Local ABC Radio also broadcast an interview about the survey.

**Survey Response**

A total of 380 people participated in the survey but responses from 45 respondents were removed from the dataset before analysis. This was because they either left the majority of the survey blank (n=3), filled in the survey more than once (n=2), did not identify as LGBTIQ (n=35) or lived outside South Australia (n=5). As a result, the final sample used for analysis consisted of 335 respondents.

Given that some respondents did not answer every question, the results feature figures based on a percentage of the total number of respondents to that question. This reduced sample size needs to be considered in interpreting some results of the survey. Percentages have been rounded off in some cases where questions permitted multiple responses. These multiple responses and free text questions enabled a broader spectrum of views.

The online format of the survey limited the sample demographic to people with access to a computer and/or those with digital literacy. In addition, the SurveyMonkey software did not block out options based on prior options selected, allowing respondents in some cases to enter contradictory responses.
Key Findings

The 2015-16 Rainbow Survey provides a number of valuable insights into the lives and experiences of LGBTIQ people in South Australia.

Section 1 - About You – Demographic Information

This section of the survey posed 17 questions about personal backgrounds and circumstances, filling a much-needed gap in publicly available demographic information on Australia’s LGBTIQ communities. Questions addressed age, sex, gender, sexual orientation, Intersex status, location, cultural background, disability and socio-economic status.

A demographic composition of the 335 people who responded to the survey is below.

- 25.1% between the ages of 18-25; 13% between the ages 55 and over 75
- 33.1% identify as lesbian; 29.3% as gay; 13.4% as bisexual; 4.5% as pansexual
- 16.1% identify as Transgender
- 47.6% identify as female; 34.7% identify as male
- 17.7% described their gender as other than the strict male/female binary
- 0.9% identify as having an Intersex variation (3 respondents)
- 87.6% live in metropolitan Adelaide
- 3.3% identify as Aboriginal
- 15.9% born outside Australia
- 34.6% live in areas represented in the two most disadvantaged categories under the SEIFA index
- 25.4% indicated a long term health condition and/or disability
Comparisons with South Australian data

<table>
<thead>
<tr>
<th></th>
<th>South Australian population(^b)</th>
<th>Survey respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language other than English spoken at home</td>
<td>17.4(^b)</td>
<td>7.2%</td>
</tr>
<tr>
<td>Highest level of education (Year 12 or equivalent)</td>
<td>43.2%</td>
<td>17.6%</td>
</tr>
<tr>
<td>Hold a postgraduate qualification</td>
<td>2.8%</td>
<td>20.3%</td>
</tr>
<tr>
<td>Live with disability or a long-term health condition</td>
<td>22%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Experience limitations in relation to education or employment associated with disability</td>
<td>4.7%</td>
<td>56.4%</td>
</tr>
<tr>
<td>Engaged in part-time paid work</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td>Engaged in full-time paid work</td>
<td>57%</td>
<td>44%</td>
</tr>
</tbody>
</table>

There is no evidence to suggest that the proportion of LGBTIQ people is less in culturally and linguistically diverse (CALD) communities than in non-CALD communities. The response rate from CALD communities could be higher if more effort is employed to directly engage with them. The results also suggest that LGBTIQ people in South Australia are also educated to a higher level than the South Australian average. LGBTIQ survey respondents with disability reported significantly more educational or employment related limitations than the state average. Employment figures between the two groups are comparable, although survey respondents reported noticeably lower levels of full-time employment. These could be priority areas for future surveys.

Intersex variations

While there are no firm population figures for people with intersex variations, some research has attempted to recognise the scope of the Australian intersex population. Pride in Diversity, a membership-based LGBTIQ employer organisation, conducted the Australian Workplace Equality Index 2016, finding 3,160 people who identified as LGBT or I. Of those, only 20 or 0.6% identified as having an intersex variation.\(^7\) Organisation Intersex International Australia estimates a population average of 1.7%.\(^8\) Based on this estimate, approximately 28,503 South Australians may have intersex variations.\(^9\) Only three

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\(^8\) This figure is based on research by Professor Anne Fausto-Sterling, Professor of Biology and Gender Studies at Brown University. Oll Australia – Intersex Australia, Organisation Intersex International Australia Ltd, viewed 21 June 2016, https://oii.org.au/16601/intersex-numbers/.

comparable to the result from the Australian Workplace Equality Index 2016. This figure may reflect difficulties connecting with people who identify having an intersex variation in terms of research responses. Future surveys would benefit from consultation with Organisation Intersex International Australia to determine strategies to deepen engagement with this segment of the LGBTIQ community.

New terms

An increasing number of people now identify as neither exclusively male nor female or neither male or female.10 A small number of respondents described themselves as ‘gender fluid’ and ‘non-binary’ with 10 and eight people respectively selecting these options.

Geographical location

The following graph compares data on South Australian geographical location from the 2012 and 2015-16 Rainbow Surveys, based on South Australia’s seven main statistical regions.11

More people responded to the question about location in the current survey than in the previous one with the exception of people from Adelaide’s Western suburbs. A higher percentage of LGBTIQ people in the survey live in Metropolitan Adelaide compared to the rest of the state’s population. There was also variation within metropolitan Adelaide with approximately 27.7% of survey respondents living in the Eastern suburbs compared to 13.1% of the state’s population. This should be viewed as a higher

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response rate, not necessarily as higher proportion of the population identifying as LGBTIQ in that location. Future surveys could address strategies to improve the response rate from regional LGBTIQ respondents. The following graph highlights the socio-economic level of disadvantage of the survey population by location, using the ABS' Socio-Economic Indexes for Areas (SEIFA) that arranges the South Australian population into five quintiles.\textsuperscript{12}

Approximately 23.5% (n=76) and 21.6% (n=70) of survey respondents fall into the third and fourth quintiles, meaning that 45.1% live in the least disadvantaged areas of South Australia. However, a significant proportion (34.6% (n=112)) fall into the first and second quintile ie in areas of higher disadvantage.

Transgender demographics

Precise statistics on the numbers of transgender people in South Australia do not exist. Research indicates that 1 in 1,000 - 1 in 2,000 people may identify as transgender.\textsuperscript{13} Based on this estimate, approximately 800 – 1,600 South Australians would identify as transgender. However, given that many transgender people may not wish to disclose their status, this estimate is likely to be conservative.

The demographic results showed a disparity between the 54 transgender respondents and the rest of the survey respondents.

<table>
<thead>
<tr>
<th>Status</th>
<th>Transgender respondents</th>
<th>Rest of the sample</th>
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<tr>
<td>Unemployed and looking for work</td>
<td>26%</td>
<td>12%</td>
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<tr>
<td>Engaged in paid work</td>
<td>39%</td>
<td>67%</td>
</tr>
<tr>
<td>Studying</td>
<td>56.5%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Volunteer work</td>
<td>21.7%</td>
<td>12.1%</td>
</tr>
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\textsuperscript{12} SEIFA uses 2011 Australian Census data to estimate a person’s level of disadvantage, based on postcode.

\textsuperscript{13} Hyde, Z. et al., The First Australian National Trans Mental Health Study: Summary of Results: 2013, School of Public Health, Curtin University, Sydney, 2014, p. 6.
The survey suggests that transgender people experience higher levels of unemployment and are less engaged in paid work than the rest of South Australia’s LGBTIQ population. A figure of 26% amongst the people identifying as transgender in the sample is concerning, particularly since it is much higher than the South Australian unemployment rate of 7% as at September 2016. However, greater numbers of transgender respondents were studying or actively contributing to their communities through volunteering. In fact, the figure of 21.7% for transgender volunteers is closer to the state average of 19.8% for South Australian volunteers. It is important to bear in mind the relatively small size of the cohort identifying as transgender in the sample. Stronger conclusions could be drawn from a larger sample of transgender respondents.

Overall, the demographic findings suggest that the LGBTIQ community compares favourably with the general South Australian population in important areas, particularly in terms of education. Data from the 2016 ABS Census will provide a more accurate and illuminating point of comparison for future reports on the South Australian LGBTIQ community.14

Section 2a - Health and Wellbeing

The majority of participants (61.5%) considered their lives to be between ‘mostly satisfying’ and ‘delightful’. Approximately 24.3% (n= 81) of respondents reported ‘mixed’ feelings about their lives. The most unhappy respondents answering this particular question, those who reported their lives as ‘mostly dissatisfied’, ‘unhappy’ or ‘terrible’, (43% (n=20)) identified as female and lesbian. This is an interesting finding and suggests more research is required to determine the reasons behind this result.

When asked to rate their health, 75% of respondents to the question reported ‘excellent’, ‘very good’ or ‘good’ health. Notably, not one person who identified as transgender rated their health as ‘excellent’. This indicates a greater need to identify and address health issues that are specific to the transgender community, and improve the relationship between this community and traditional health services.

Section 2b - Transgender Health

73.5% of the 54 transgender respondents reported seeking psychological or medical help in relation to their transgender status. Many reported positive experiences:

- 42.9% found their GP informative and helpful
- 66.7% found their psychologist or psychiatrist informative and helpful
- 54.2% found their specialist or care provider informative and helpful.

14 Census 2016 data on a number of topics not released at time of publishing.
Those who had not sought assistance reported the following barriers:

- lack of confidence in the services provided
- fear of prejudicial treatment
- a feeling that ‘bureaucracy’ made it too difficult
- not being ‘out’ yet
- fear that they would not be understood or respected by healthcare professionals.

Importantly, none of the respondents explicitly stated that they based their negative perceptions on ‘previous bad experiences’. The barriers outlined by respondents highlights a need to better educate and support healthcare professionals to understand issues that are important to transgender people. This is even more important given that many of the transgender respondents who did seek help felt that their GP wanted to assist but could not offer what they needed. The findings also correlate with other research indicating that many transgender people postpone medical care, due to fear of discrimination or lack of confidence in a service provider’s ability to handle or understand transgender issues.\(^\text{15}\)

A small proportion of respondents had purchased hormones over the Internet and/or had sought treatment interstate or overseas. The small number of respondents who travelled outside South Australia to seek treatment may reflect the cost or a decision to avoid other medical avenues. Unfortunately, the questions posed to respondents did not reveal why they had made their decisions.

Transgender respondents also reported:

- a need for general education about gender and sexual orientation
- the acceptance of people who identify as transgender
- a need to improve access to public health services for people who identify as transgender
- a need to pursue legislative change, particularly amendments to the Sexual Reassignment Act 1988.\(^\text{16}\)

Section 3 - Experiences of Discrimination and Abuse

This section examined LGBTIQ people’s experiences of discrimination and abuse in a variety of settings. The survey provided the following notable insights:


\(^{16}\) South Australia has now abolished this Act. The Births, Deaths and Marriages Registration (Gender Identity) Amendment Act 2016 commenced on 23 May 2017 and will make it easier for people to change their sex or gender identity on their birth certificate.
25% of respondents usually masked their full identity in the workplace to avoid discrimination. Respondents were more open around family members, reporting that they only ‘occasionally’ or ‘usually’ hid their identity from them. Nearly 50% of respondents never hid their sexual orientation gender identity or intersex status at educational institutions. Just over 50% of respondents hid their full identity at religious events. A significant figure of 22.1% of respondents usually hid their full identity in public.

Respondents made distinct choices about how much to reveal about themselves, depending on the circumstances. Given that significant numbers of LGBTIQ people are highly cautious or feel vulnerable to be themselves in a public setting, there is clearly more work needed to build a more inclusive community.

The most common experience of discrimination/abuse was verbal. One question in this section solicited 157 responses, with over 50% specifically mentioning the experience of homophobic and transphobic slurs and hate speech. Respondents also highlighted the difficulty of facing heteronormativity on a daily basis, dealing with homophobic jokes and slurs, and a lack of recognition of their gender identity. These comments highlight a lack of community education and awareness of the issues unique to LGBTIQ people and the harmful effects of discrimination and prejudice on the individual and the community as a whole.

Despite the number of distressing incidents described by respondents, very few sought medical or psychological assistance due to a perceived lack of expertise in South Australia or a lack of confidence in presenting with a complaint of harassment or discrimination. Instead, the majority of respondents turned to family or friends who were also perceived as the most effective source of support for LGBTIQ people.

A significant finding was that the majority of respondents who did not pursue redress against discrimination or abuse considered the incident too minor to warrant further action. This may be due to...

17 People who hide their sexual orientation or gender identity in the workplace are less likely to be subjected to discrimination but more likely to experience lower psychological health and wellbeing. Smith, I.P. et al., The Australian Corporate Closet, Why It’s Still So Full: a Review of Incidence Rates for Sexual Orientation Discrimination and Gender Identity Discrimination in the Workplace, Gay & Lesbian Issues & Psychology Review, vol. 9, no. 1, 2013, pp. 51–63.
18 A study in New South Wales reported a relatively high level of support from parents and guardians for people coming out. Robinson, K.H. et al, Growing up Queer: Issues Facing Young Australians who are Gender Variant and Sexuality Diverse, Young and Well Cooperative Research Centre, Melbourne, 2013, p. 56. For challenges in coming out to family members, see Pitts, M., et al., Private Lives: a Report on the Health and Wellbeing of GLBTI Australians, The Australian Research Centre in Sex, Health & Society, La Trobe University, Monograph Series No. 57, Melbourne, p. 48, 2006.
the high frequency of verbal abuse, which can, over time, be perceived as ‘normal’ for LGBTIQ people.\(^{21}\)
The survey suggests that this is already happening in the LGBTIQ communities with 20% of respondents to this question ‘too depressed to bother’ reporting the incident.

**Section 4 - Police Services**

Australian studies indicate that many minority groups have particularly poor relationships with the police due to perceptions of being ‘over policed’, a lack of neutrality and differential policing methods. While relationships between LGBTIQ communities and the police have improved, research suggests that LGBTIQ people trust the police less than the rest of the community does.\(^{22}\)

This section of the survey presents the results of nine questions that explore respondents’ interactions with SAPOL, particularly in relation to their Gay and Lesbian Liaison Officers (GLLOs).\(^{23}\) GLLOs are police officers in a Local Service Area who undergo specific training to provide additional support to LGBTIQ communities. The GLLO network was established to:

- support the fair and equitable delivery of policing services to the LGBTIQ community
- improve community safety by working in partnership with the LGBTIQ community
- offer additional support to victims of crime from the LGBTIQ community
- contribute to the development of mutual trust between police and the LGBTIQ community.

At the time of designing this survey, the community expressed concerns about the low profile of GLLOs, including difficulty in locating information about them on the SAPOL website.\(^{24}\) A review of SAPOL’s equity and diversity functions, including the GLLO network, is currently underway.\(^{25}\)

The survey found that most respondents knew about the GLLO network, primarily from LGBTIQ media sources. The results highlighted several interesting facts about the LGBTIQ community’s perceptions about the impact of the GLLOs and police services in general.

- Few participants had contacted a GLLO
- Just over 50% of respondents believed that the existence of the GLLO service increased their likelihood of seeking police assistance
- Over one-third of respondents did not identify any barriers to seeking police concerning discrimination or abuse related to sexual orientation, gender identity or intersex status
- 35.8% indicated they thought crimes relating to sexual orientation, gender identity or intersex status were not taken seriously


\(^{23}\) SAPOL established these roles in 2007, following collaborative work with the South Australian gay and lesbian community.

\(^{24}\) This has since been addressed.

\(^{25}\) SAPOL will receive a copy of Results of the South Australian Rainbow Survey 2015 - 16 to assist them with this review.
• 34.7% felt the police lacked confidence, credibility or knowledge on LGBTIQ matters
• Respondents identified shame/embarrassment (17.5%), fear of further abuse (18.6%) and fear of being outed (12.8%) as barriers to reporting incidents to the police.

Section 5 - Accessing All Types of Services

The questions in this section explored the experiences of LGBTIQ people in regards to accessing services. Most related to health services and indicated that expectations about service delivery were, unsurprisingly, no different from the general population in their expectations of competence, courtesy and respect.

Respondents reporting positive service experiences highlighted:

- non-judgemental service providers
- the appearance of Queer literature and Queer symbols
- useful referrals to specific LGBTIQ services or support organisations.

Research suggests there is an expectation amongst LGBTIQ community members that they will be subjected to discrimination or receive a poorer standard of service than their heterosexual, CIS gendered counterparts, particularly in relation to health services.26 The survey questions sought to identify specific concerns and areas of improvement, finding the following barriers for LGBTIQ people accessing services:

- use of forms that do not acknowledge sex and gender diversity
- assumptions based on heteronormativity
- disability issues
- fear of being outed
- geographical isolation
- dissatisfaction with lengthy waiting times
- an absence or closure of LGBTIQ specific services
- a lack of transgender specific services.

Respondents provided the following suggestions to improve LGBTIQ access to services:

- LGBTIQ competency training and education for all staff involved in service provision
- an increase in visible signs of LGBTIQ awareness
- inclusive forms that cater for non-binary gender
- providing specific services for LGBTIQ people experiencing domestic or family violence,
- mainstream services making an effort to engage with the LGBTIQ communities
- more advertising of LGBTIQ friendly services
- acknowledging the access issues for those with a disability.

**Other issues**

A final question enabled respondents to provide any additional comments. This provided insight into matters that members of the LGBTIQ considered important including:

- the need for more publicly funded transgender specific health services
- the need to address gaps in service provision
- the lack of attention to the issue of domestic violence in same sex relationships
- marriage equality as an important precursor to overall equality.

The results of the Rainbow Survey demonstrate the diversity and resilience of South Australia’s LGBTIQ communities. The findings provide valuable insights into a sector of the South Australian population that has hitherto been overlooked or unexamined in aspects of social policy, due to a lack of publicly available demographic data. The survey also provides much-needed information about South Australia’s transgender community that will be useful, particularly in relation to planning health services. The results can also inform planning or research in other areas such as public health and safety, and community development.

This year’s Rainbow Survey will be a useful point of comparison for researchers who will soon have access to more recent ABS data from the 2016 Census. The impact of recent changes in legislation in South Australia that impact on LGBTIQ people will be interesting to examine in future Rainbow Surveys.
Appendix 1 - Survey Results

The following pages present the results of the Rainbow Survey question by question in five sections – demographic information, health/wellbeing and transgender health, experiences of discrimination and abuse, police services and accessing services.

Some questions have been summarised.

Section 1 - About You - Demographic Information

This section of the survey posed 17 questions about personal backgrounds and circumstances to improve the demographic information available on LGBTIQ people and their communities. Questions addressed age, sex, gender, sexual orientation, Intersex status, location, cultural background, disability and socio-economic status.

1. How old are you?

Respondents ranged from 12 to over 75 years of age with a majority aged between 18 - 25. Participation rates declined for people over 55.

![Figure 3 - Respondents by age group](image-url)
2. Do you identify as transgender?

Overall, 1 in 6 survey respondents identified as transgender with a majority between 18 and 25 years of age. No respondents over the age of 64 identified as transgender.

Respondents who identified as transgender were asked to provide further details about how they would describe themselves. As shown in Figure 4, 54 individuals identified as transgender but only 11 identified as Male to Female (M2F) and eight as Transgender - Female to Male (F2M). In the ‘Other’ category, three individuals described themselves as ‘gender questioning’, ‘transgender woman’ and ‘gender queer’, and one respondent stated that they “do not ascribe to any gender firmly”.

![Figure 4 - Descriptors used by Transgender respondents](image)

Hon Zoe Bettison MP, Minister for Communities and Social Inclusion, with Ms Catherine McGregor, transgender advocate, at the 2016 IDAHOT Community Breakfast
3. How do you describe your gender?

All but one of the survey respondents answered this question. The results include those who identified as Transgender in Question 2.

Among the 28 respondents who gave an ‘Other’ answer to this question, the most common response was ‘gender fluid’ (n=10) and ‘non-binary’ (n=8).\(^{27}\) Notably, some people provided more than one response and two people explicitly suggested that this question allow for multiple responses.

4. Intersex is a term for people born with atypical physical sex characteristics. There are many different intersex traits or variations. Do you have an intersex variation?

Three respondents, representing 0.9% of those who participated in this survey, identified as Intersex. This was only a slight increase in comparison with the 2012 Rainbow Survey in which two people identified as having an intersex variation.

5. How do you describe your sexual orientation?

As can be seen in Figure 6, lesbian, gay and bisexual were the most common answers to this question. While the survey did not provide a specific category for ‘Pansexual’, most people who responded in the ‘Other’ category identified themselves as pansexual.\(^{28}\) Given the prevalence of the term in this context, it was deemed appropriate to record it as a category in its own right in Figure 6 below. Notably, no respondents identified as pansexual in the 2012 survey. Remaining responses to ‘Other’ included bear, bisexual homo-romantic, fluid, gray-asexual and lesbian, gynophile, pan-romantic asexual and homosexual. The percentage of respondents who identified as Queer remained much the same as it was in the 2012 survey (9.6% (n=32) in 2015-16 compared to 10.9% in 2012). Of those who identified as Queer, the majority (71.9%) were between the ages of 18 and 34. This is not surprising given the use of the word as a derogatory term in the past. Only one respondent identified as homosexual and two as same-sex attracted.

\(^{27}\) The terms ‘gender fluid’ and ‘non-binary’ were not used by respondents to the 2012 Rainbow Survey.

\(^{28}\) See the Glossary for a definition of pansexual.
6. What is your postcode?

South Australian government departments and agencies use a consistent set of boundaries to define 12 administrative regions in the state, divided into three distinct zones as shown in Figure 7. The majority of respondents live in the Metropolitan Adelaide (Eastern, Northern, Southern and Western Adelaide), followed by the Greater Adelaide Region (Adelaide Hills, Barossa, Light and Lower North, Fleurieu Peninsula and Kangaroo Island) and Country Regions (Eyre Western, Far North, Limestone Coast, Murray Mallee and Yorke Mid North).

A higher percentage of LGBTIQ people responding to the survey live in Metropolitan Adelaide compared to the rest of the state’s population.

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30 12 respondents did not provide their postcodes.
(see Figure 4 for state percentages). There was also variation of location within metropolitan Adelaide when compared to the general population. Approximately 27.7% of survey respondents live in the Eastern suburbs compared to 13.1% of the state’s population. This should be viewed as a higher response rate, not necessarily as higher proportion of the population identifying as LGBTIQ in that location.

Correspondingly, the survey recorded a lower percentage of LGBTIQ people living outside Metropolitan Adelaide compared to the general state population.

7. Do you identify as Aboriginal or Torres Strait Islander?

According to the Australian Bureau of Statistics, 2% of the South Australian population identify as Aboriginal and/or Torres Strait Islander. In the survey, 3.3% (n=11) of respondents identified as Aboriginal. While the percentage in the survey sample is higher, the actual number (n=11) identifying as Aboriginal is quite small and cannot be seen as representative of all Aboriginal people who identify as LGBTIQ. Furthermore, no respondents identified as Torres Strait Islander.

8. Where were you born?

The majority of respondents (84.1% n=276) were born in Australia. In comparison, the 2016 Census found that 28.9% of South Australians were born overseas. The most common overseas birthplace was the United Kingdom (n=35). A further 17 people were born elsewhere across Europe, the Middle East, Asia, Africa and New Zealand.

9. Where was your mother born?

The majority of respondents (68.8% (n=225)) indicated that their mother was born in Australia. A further 30.6% (n=100) reported that their mother was born overseas (see Figure 9). Eight respondents did not answer the question and two did not know where their mother was born.

Figure 9 – Birthplace of mother if outside Australia
10. Where was your father born?
The majority of respondents (64.5%) reported that their father was born in Australia. A further 35.5% (n=117) participants indicated their father was born overseas (see Figure 10). Four respondents did not answer this question and four indicated they did not know.

11. Do you speak a language other than English at home?
The survey revealed 7.2% (n=24) of respondents spoke a language other than English at home and in the case of three respondents, multiple languages other than English. Two respondents did not answer this question. The most common languages (excluding English) were Greek, Spanish, Italian, German and Mandarin (see Figure 11 for the full range).
12. **Australian citizenship/visa status**

The vast majority of respondents (95.2% (n=319)) identified as Australian citizens, with 4.2% (n=14) indicating they were permanent residents. Only two respondents identified as being outside these categories - an international student and an individual on a skilled work visa.

13. **Do you have a disability or long-term health condition that has lasted or is expected to last for at least six months?**

The majority of respondents (74.6% (n=249)) did not live with disability or a long-term health condition, but a significant number (25.4% (n=85)) reported that they did.\(^{33}\)

14. **Which of the following describes your disability or health condition?**\(^{34}\)

Question 14 examined the severity and restrictions experienced by respondents with disability or a long-term health condition and allowed multiple responses. Of the 85 respondents who answered ‘Yes’ to Question 13, 9.4% (n=8) indicated that they sometimes or always needed assistance with mobility, self-care or communication.

Approximately 41% (n=35) of those who answered ‘Yes’ to Question 13 used the ‘Other’ category to provide further detail about their condition. Not all respondents indicated that they sometimes or always needed assistance as described in the question or indicated particular limitations in relation to education or employment. Of those who selected ‘Other’, the most common responses were:

- mental health conditions including depression, anxiety, post-traumatic stress disorder and bipolar disorder (n=11)
- physical injuries and impairments such as bone conditions, back injuries and chronic viruses (n=6)
- neurodevelopmental and behavioural conditions such as autism and attention deficit hyperactivity disorder (n=4)
- sensory impairments (n=4).

\(^{33}\) One respondent did not answer this question.

\(^{34}\) Respondents could tick all options that applied.
15. What is the highest education level or qualification that you have completed?

The survey results indicate that 17% (n= 59) of respondents reported an educational attainment level of Year 12 or equivalent (see Figure 12). High numbers also reported diplomas, degrees and postgraduate qualifications.

16. Employment, study, volunteering, parenting

Respondents were asked about their activities, including employment, study, volunteering, parenting commitments and retiree status. Multiple responses were accepted. As can be seen in Figure 13, the majority of people in the full sample indicated engagement in some form of paid work. Of those respondents, just over 37% (n=91), worked part-time. Approximately 20% (n=24) of those who indicated they were studying, were part-time students. Of the 12% (n=40) who considered themselves unemployed, the majority were seeking employment. ‘Other’ responses included being self-employed, in casual employment, and receiving a
disability pension. The survey provided interesting comparative results between transgender respondents and the rest of the sample. For example, 26% of respondents identifying as transgender were unemployed and looking for work compared to 12% of those who did not identify as transgender. Furthermore, 39% of transgender respondents were engaged in some form of paid work compared to 67% of those who did not identify as transgender.

17. Weekly income

Respondents’ incomes ranged from nil to over $2,000 per week (see Figure 14). The most common response reported were incomes of $1,000 - $1,999 per week (35.7% (n=119)). The majority of transgender respondents (60.8% (n=33)) indicated weekly incomes between nil and $399 per week or under $20,799 annually. Upon closer examination, the majority of transgender respondents receiving less than $20,799 annually were aged under 25 and many were in full-time study. In comparison, the rest of the survey sample indicated a figure of only 30% of respondents receiving incomes between nil and $399 per week or under $20,799 annually.

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35 A national survey carried out by La Trobe University also found that 35% of respondents reported a weekly wage in the same range. Leonard, W., Lyons, A., & Bariola, E., A Closer Look, p. 23.
36 This figure closely reflects a finding that most transgender people in a national survey earned less than $20,000 per year. Couch, M.A., et al., TranZnation: A Report on the Health and Wellbeing of Transgender People in Australia and New Zealand, The Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne, 2007, p.19.
annually. A comparison with the full sample, excluding the responses of the 53 transgender participants who answered this question, reveals little variance in the results.

**Section 2a - Health and Wellbeing**

Unlike other areas of their lives, the health of LGBTIQ people has been researched nationally and internationally, so initially the survey contained only the following two general questions on this topic.

18. How do you feel about your life as a whole, taking into account what has happened in the last year and what you expect to happen in the future?

As can be seen in Figure 15, the majority of respondents were between ‘mostly satisfied’ or ‘delighted’ with their lives. However, this should not detract from the 24.3% (n=81) of people who reported ‘mixed’ feelings about their lives. Twenty of the 46 respondents, who reported they were ‘dissatisfied’, ‘unhappy’ or felt their lives were ‘terrible’, identified as female and lesbian. When considering the total number of respondents, approximately 30% (n=103) identified as both female and lesbian. This indicates that proportionally there are a higher number of those identifying as female and lesbian in the response between ‘mostly dissatisfied’ and ‘terrible’ than in the sample as a whole.

![Figure 15 – Feelings about life as a whole](chart.png)

Two of the 335 respondents chose not to answer this question.
19. In general, would you say your health is excellent, very good, good, fair, or poor?\(^{38}\)

As with wellbeing, responses were more positively skewed with 75% (n=250) responding that their health was ‘excellent’, ‘very good’ or ‘good’.\(^{39}\) However, approximately 25% (n=83) of respondents rated their health as ‘fair’ or ‘poor’. Of the 83 respondents who rated their health as either ‘fair’ or ‘poor’, 23 also identified as transgender. This represents 42.5% of transgender respondents and suggests a discrepancy between self-rated transgender health and non-transgender health. Interestingly, not one person who identified as transgender rated their health as ‘excellent’.  

![Figure 16 - Self-rated health](image)

\(^{38}\) Respondents were asked to choose one answer.

\(^{39}\) Two of the 335 respondents chose not to answer this question.
Section 2b- Transgender Health

The following four questions were created in response to community feedback, indicating a need for more information on transgender health. Analysis reflects only those who identified as transgender in Question 2 (n=54).  

20. Have you ever sought psychological or medical help in relation to your transgender status?

Of the 49 people who responded to this question, 73.5% (n=36) reported that they had sought help as described in the question and 24.5% (n=12) reported they had not.  

21. If the answer to Question 20 was No, respondents were provided with a list of alternatives as to why they had not sought psychological or medical help in relation to their transgender status.  

As can be seen in Figure 17, the most common answers for not seeking psychological or medical help were:

- I do not dare to
- I do not have confidence in the services provided
- I am afraid of prejudice from care providers
- It is too complicated in terms of bureaucracy.

Of the seven responses in the ‘Other’ category, three people stated that they had not sought help for fear of revealing their transgender status to their family or employers as they were not yet ‘out’. Two respondents reported that seeking help took too much time for health professionals to understand their unique needs. Two others considered the perceptions of others as a reason for not seeking help, in that they feared healthcare professionals would not understand, nor respect or consider their identity as valid. It is notable that no respondents explicitly based this perception on ‘previous bad experiences’.  

![Figure 17 - Reasons for not seeking psychological or medical help](image)

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40 Due to software functionality, people who did not identify as transgender could complete this section, however only the answers of those identifying as transgender in question 2 were considered in the figures provided in this report.


42 Respondents could provide multiple answers and specify additional reasons.
22. Respondents were asked if they had sought help from a GP (General Practitioner), psychologist/psychiatrist, or other specialist/care provider. If so, what was the outcome of that encounter and was the assistance useful or helpful?43

a) Outcomes - Seeking help from a GP
Twenty-eight people had sought help from a GP and 64.3% (n=18) indicated that the GP ‘wanted to help but could not offer everything they needed’. A little less than half (42.9% n=12) found their GP ‘informative and helpful’, while 21.4% (n= 6) felt that the GP did not want to assist them. None of the respondents indicated that they were refused assistance or did not consent to assistance offered.

b) Outcomes – Seeking help from a psychologist or psychiatrist
Thirty-three people had sought help from a psychologist or psychiatrist and 66.7% (n=22) indicated they found the practitioner ‘informative and helpful’. A further 18.2% (n=6) indicated the practitioner ‘wanted to help but could not offer everything they needed’ and 15.2% (n=5) said that ‘the practitioner did not want to assist them’. No respondents indicated that they were refused assistance, but 6.1% (n=2) reported that they would not consent to the assistance offered.

c) Outcomes – Seeking help from another specialist or care provider
Twenty-four people had sought help from another specialist or care provider. Of this number, 54.2% (n=13), indicated they found the assistance ‘helpful and informative’ and 33.3% (n=8) ‘wanted to help but could not provide the assistance needed’. It should be noted that the question did not discern the type of practitioner from whom they sought a service.

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43 Respondents could provide multiple answers and specify additional reasons.
23. Have you ever gone interstate or overseas for medical treatment to alter your physical appearance, including buying hormones over the internet from other countries?44

Forty-nine people who identified as transgender responded to this question. As can be seen in Figure 18, 18.4% (n=9) respondents had bought hormones over the internet and/or had sought interstate or overseas. In comparison, 65.3% (n=32) had not. 24.5% (n=12) stated they would seek assistance overseas and a slightly lower number (16.3% (n=8)) indicated they would not.

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44 Respondents could provide multiple answers.
24. What would allow you to be more comfortable living as a transgender person in South Australia?

Participants were asked to respond to eight statements, using a continuum that ranged from ‘strongly disagree’ to ‘don’t know’. As can be seen from Figures 19 - 26, all statements garnered a high level of agreement between 81.6% (n=40) and 91.8% (n=45) of people ‘agreeing’ or ‘strongly agreeing’ to each statement. However, results showed variation between questions in relation to those who ‘strongly agreed’. For example, in the case of the statements, ‘Public figures in politics, business, sports etc. speaking openly in support of transgender people would have a positive impact’ and ‘Easier legal procedures for gender recognition in the preferred gender would have a positive impact’, the number of respondents varied from 29 to 40 respectively.
Figure 23 - Transgender health: public figures speaking openly in support of transgender people

- Strongly disagree (n=3)
- Disagree (n=0)
- Agree (n=14)
- Strongly agree (n=29)
- Current situation is fine (n=1)
- Don't know (n=1)

Current situation is fine (n=1)
Don't know (n=0)

Figure 24 - Transgender health: national authorities who promote the rights of transgender people

- Strongly disagree (n=3)
- Disagree (n=0)
- Agree (n=10)
- Strongly agree (n=35)
- Current situation is fine (n=1)
- Don't know (n=0)

Don't know (n=1)

Figure 25 - Transgender health: training of public servants on the rights of transgender people

- Strongly disagree (n=3)
- Disagree (n=0)
- Agree (n=6)
- Strongly agree (n=39)
- Current situation is fine (n=1)
- Don't know (n=0)

Don't know (n=0)

Figure 26 - Transgender health: better acceptance of differences in gender identity by religious leaders

- Strongly disagree (n=3)
- Disagree (n=1)
- Agree (n=30)
- Strongly agree (n=30)
- Current situation is fine (n=2)
- Don't know (n=3)
Section 3 - Experiences of discrimination and abuse

This section of the survey asked respondents 11 questions about experiences of discrimination and abuse concerning their gender identity, sexual orientation or Intersex status. This included physical and verbal abuse, as well as exclusion, harassment and violence.

25. Are there situations where you hide your sexual orientation, gender identity or Intersex status for fear of discrimination or abuse?

Respondents were asked to indicate whether they ‘never’, ‘occasionally’ or ‘usually’ hid their identities in eight different settings.\(^45\) Not all respondents answered this question in relation to each setting, so the percentages discussed below reflect the percentage of those who answered that question. Respondents could use free text to describe their circumstances in more detail or provide additional comments. As can be seen in Figures 36 – 43, many LGBTIQ people hide their gender identity, sexual orientation or Intersex status in a variety of settings.

a) At work

Figure 36 illustrates that approximately one third of survey respondents never hid their sexual orientation, gender identity or Intersex status. However, it is disturbing to note that 24.4% (n=63) of respondents usually mask their identity in the workplace. At the other end of the spectrum, 33% (n=84) never mask their identity and 43% (n=111) occasionally do.

“I was sexually harassed for six months by a former employer who had a bet with colleagues and his acquaintances to see if I was in a same sex relationship. At the time, my sexual orientation was hidden from the workplace, as the role was quite a public one. It was a very traumatic experience …. Still to this day, thinking about the event makes me very depressed and sad.”

Quote from a survey respondent

b) At home or with family

While 77.4% (n=222) of those who responded to this question indicated they ‘never’ hid their identity in the home, approximately 54.8% (n=159) stated they ‘never’ masked their full identity with family members. The data revealed 27.2% (n=79) ‘occasionally’ hide their full identity from family members and 17.9% (n=52) ‘usually’ do so.

Comments made by respondents in the free text option, such as the one outlined below, also illustrate some of the difficulties faced by gender diverse young people in the home.

“I've been disowned by my family, I've been spat on and beaten in high school, I left home on my 18th birthday to get away from the abuse... but… it was worth it to be me.”

Quote from a survey respondent

\(^{45}\) Responses from those who selected ‘not applicable’ for a particular setting have been removed.
c) At an educational institution

The data showed that 47.9% (n=127) of those who answered this question ‘never’ hid their sexual orientation or gender identity at an educational institution and 34.3% (n=91) ‘occasionally’ did so. However, the question did not define educational institution nor ask for further detail about whether the respondent referred to a primary school, high school, tertiary institution or private training provider. The demographic mix of the 17.7% (n=47) respondents who answered that they ‘usually’ hid their sexual orientation, gender identity or Intersex status in an educational setting is interesting. Almost 30% of people identified as transgender or gender fluid and nearly 40% were between the ages of 12 to 25. This is to be expected, given that LGBTIQ young people in schools may fear discrimination or abuse from fellow students and others, therefore being more likely to hide their sexual orientation, gender identity or Intersex status.

“At high school I felt scared constantly. I didn’t want anyone to know for fear of discrimination. I went to a country school where attitudes can be quite conservative”

Quote from survey respondent

d) Accessing services

There is a body of research suggesting that many LGBTIQ people are wary when approaching a new service, due to previous experiences of discrimination and abuse. Sometimes there is an expectation that services may be inferior to those provided to heterosexual, Cis gendered individuals or families.46 While 37.3% (n=104) of respondents never attempt to hide their full identity in this context, a significant number, (23.3% (n=65)) ‘usually’ do and even more ‘occasionally’ do, 39.4% (n=110).

“For the most part, I would never hide who I am, however when accessing services there is always the thought in the back of my mind that I might receive a degraded service if I reveal my sexuality”.

Quote from survey participant

e) At religious events

Data showed that 50.6% (n=91) of those who answered this question ‘usually’ hid their sexual orientation or gender identity at religious events. It is also interesting that 26.1% (n=47) ‘occasionally’ hid their identity in this context and 23.3% (n=42) ‘never’ do so.

f) At social/community events and in public

This part of the question did not seek clarification on whether the respondent referred to a social event or a community event. The survey reported that 32.1% (n=92) of respondents ‘never’ hide their sexual orientation, gender identity or Intersex status, 16.7% (n=48) indicated they ‘usually’ do and 51.2% (n=147) indicated they ‘occasionally’ do so in this context.

When in public, 23.9% (n=69) ‘never’ hide their sexual orientation, gender identity or Intersex status, 22.1% (n=64) usually do and 54% (n=156) occasionally do so.

Respondents had the option to outline more detail about their experiences. Most who did so, referred to concealing their sexual orientation, gender identity or Intersex status in public places and made distinct choices about how much to reveal based on circumstances and whether they gauged the situation as safe or not.

“There are times when it is quite simply UNSAFE to be OUT in public. This could be as simple as not holding my partner’s hand, which is something I usually do when out together walking down the street”

Quote from a survey participant

26. Describe the discrimination or abuse you’ve experienced or record any additional comments.

This section provided a free text box for respondents to provide more detail or make additional comments that may have not been captured in Question 25. The tenor of the comments provided (n=112) indicated a high level of verbal abuse in public places from passing strangers, along with homophobic bullying and harassment in workplace and educational settings. Respondents also outlined issues relating to discrimination when seeking services including refusal of service due to sexual orientation, gender identity or intersex status. They also reported that service providers made heteronormative assumptions. A small number raised marriage inequality as a form of discrimination, described being ‘outed’ by others or highlighted discrimination from other LGBTIQ people on the grounds of race and/or disability. Listed below is a selection of quotes from respondents.

“It's more that subtle demonization (sic) that I've experienced and mostly fear”

“I wouldn't walk down the street holding my partner's hand in case of violence”

“I used to teach at a uni so I'd never let on to the students about being a lesbian”

“Fired from my job of 10 years due to transitioning and general lack of understanding/acceptance from some medical professionals, ergo I do not disclose my past for fear of discrimination unless it is directly relevant to the situation at hand”

“I left high school when I was 15 due to homophobia. When I was younger I was subjected to reasonably regular abuse in public places. Given this, my decision in recent times to hold my partners hand in public, is both brave and necessary.”
27. In the past two years, have you experienced any of the following types of discrimination or abuse that you believe was on the basis of your sexual orientation, gender identity or intersex status?

Respondents were provided with 15 possible circumstances representing discrimination and/or abuse related to their sexual orientation, gender identity or Intersex status and asked whether any applied to them in the past two years. Respondents identified whether the incident occurred when they were alone, as a couple, in a group or never occurred.47 Percentages reflect the percentage of respondents in each setting.

Questions asked respondents about their experiences of being excluded, written threats (including emails and graffiti), verbal abuse, harassment, threats of physical violence, physical assault (with and without a weapon), deliberate damage to house, car and workplace, theft of money or other property, house break in and sexual assault. Data revealed that, an average 75.2% of respondents had ‘never’ experienced any of these situations. The most common situations experienced by respondents were exclusions, verbal abuse and harassment.

No respondents indicated that their car had been stolen. Of those providing additional ‘Other’ circumstances, 25 participants described neighbours and family members ignoring them, public verbal abuse, abusive graffiti, homophobic Facebook posts and slurs based on homophobic religious views. Some (n=3) stated that they were very circumspect about revealing their sexual orientation and/or gender identity in public places, due to a fear of discrimination or abuse.

47 Respondents could provide multiple answers and settings.
28. Which of the following describes your most recent experience of discrimination or abuse that you believe was on the basis of your sexual orientation, gender identity or intersex status?48

Question 28 was intended as a follow up to Question 27. However, due to software limitations, a number of participants who did not answer Question 27 chose and were able to answer Question 28. This is not to suggest that their descriptions of discrimination and abuse should be discounted. By far the most common incident (n=62) was ‘verbal abuse’ including hateful or ‘obscene phone calls’. Respondents could provide additional information on their experiences of discrimination via free text. Those who did so highlighted the difficulty of facing heteronormativity on a daily basis, masking their identity in the workplace to avoid discrimination, dealing with homophobic jokes and slurs in workplaces and a lack of recognition of their gender identity by Government and non-government organisations.

29. What was it about this experience that led you to believe that it was in response to your sexual orientation, gender identity or intersex status?

There were 157 responses to this free text question. Of those, over 50% (n=86) specifically mentioned homophobic and transphobic slurs and hate speech as their reason for believing the incident related to their sexual orientation, gender identity or Intersex status. Some participants elaborated, providing examples of the language used, which included ‘kill the faggots’, ‘poofter’, ‘fucking lezzo’, ‘dirty dykes’ and ‘f-ing tranny freak’.

30. Was this a single incident or part of an ongoing series of incidents?

There were 176 responses to this question. The majority of respondents (66.5% (n=117)) indicated that it was a single incident, although a significant number (33.5% (n=59)) saw it as an ongoing series of incidents.

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48 Respondents were asked to choose one answer.
31. Did you seek medical or psychological help?\textsuperscript{49}

As Figure 31 shows, very few of the 183 respondents to this question sought medical or psychological assistance, despite the distressing incidents outlined by participants in response to previous questions.

32. Participants were invited to provide any additional comments or details.

Twenty-five people outlined a number of additional reasons why they did not seek assistance. These included a perceived shortage of South Australian expertise in this area, as well as a lack of confidence in presenting with a complaint of harassment or discrimination. Some indicated they masked their sexual orientation or gender identity to avoid harassment and others indicated dissatisfaction with how their complaint was handled.

\textsuperscript{49} Respondents could tick all options that applied.
33. Following this incident, did you report it or seek assistance from any of the following? Respondents could tick all options that applied.

Participants could select from 16 possibilities and provide free text comments under the category of ‘Other’. Of the 182 people who responded, the majority did not report the incident or seek professional help. Figure 32 breaks down responses from the 68 participants who sought assistance. The majority sought assistance from family or friends, while none of those who answered the question sought assistance from the SAPOL Gay and Lesbian Liaison Officers (GLLOs). In the category of ‘Other’, participants identified their trade union, venue staff and the South Australian Working Women’s Centre as places they sought assistance.

Figure 32 – Locations where people sought assistance

- Friend or family member (n=56)
- Team Leader, manager or other senior staff member (n=10)
- Submitted feedback or a complaint (n=9)
- Teacher, principal or school counsellor (n=5)
- Relevant authority at a public event e.g. venue manager or security (n=4)
- Police (general) (n=13)
- Lawyer or other legal service (n=2)
- Counsellor, psychologist or social worker (n=13)
- Equal Opportunity Commission (n=5)
- LGBTIQ community service (n=3)
- Private medical service (n=1)
- Public medical service (n=2)
- Sexual assault service e.g. Yarrow Place (n=1)
- Return to Work SA (n=1)
- Other (n=13)

Respondents could tick all options that applied.
For each place or person from whom you sought assistance, please indicate how supported and respected you felt by them and whether or not you were satisfied by the outcome.

Participants were provided the same categories in Question 33. Question 34 asked them to rate the experience as ‘supportive and respectful’, ‘not supportive and respectful’ or ‘neutral’ (see Figure 33). Question 35 asked them to indicate whether they were satisfied or not with the outcome of seeking assistance (see Figure 34). As these questions flowed on from Question 33, participants may have answered these questions in more than one setting. However, not all respondents answered Question 35 in each of the 16 categories even if they had done so in Question 34. Thus, in some cases, the sample size is quite small.

A negative response can also be viewed as subjective on behalf of the responder and not necessary reflect a low standard of service. For example, individuals may overestimate the extent to which an authority can assist, particularly in the case of legal redress. The majority of respondents who answered Question 34 sought assistance from a friend or family member - these sources were seen as most likely to solicit feelings of support and respect, and provide a more satisfying outcome. Respondents indicated lower levels of satisfaction when seeking assistance from SAPOL GLLOs (2.8%, n=1), an authority at a public event (9.5%, n=4), team leader, manager or other senior staff member (23.4%, n=11), or a feedback or complaint mechanism (9.1%, n=4).
36. Respondents provided free text information regarding their experiences with the services in Questions 34 and 35.

Of the 16 participants who provided further comment, seven mentioned the police. Five comments indicated frustration with police response to their situations. One of these comments also questioned the lack of visibility of GLLOs. The other two comments consisted of a compliment for their sensitivity and an observation about how well the police manage their work in an emergency department setting. Other comments called for the removal of ‘street preachers’ and one person highlighted the issue of a state government department ‘misgendering’ employees.

37. If you didn’t report the incident or seek any assistance from a professional organisation, why not?

Participants were provided with 10 possible options and an additional free text option under the category of ‘Other’. As can be seen in Figure 35, the most common reason for not seeking assistance from a professional organisation was that they considered the incident to be ‘minor’ (56.8% n= 88). This was followed by ‘feeling that little or no information was available’ about the perpetrators. As can be seen from previous answers, the anonymity of perpetrators is a common theme. Many respondents may have considered incidents ‘too minor to report’ because they were of a verbal nature.52

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Figure 35 – Reasons given why an incident was not reported

- Minor incident (n=88)
- Fear of being outing (n=23)
- Didn’t know where to go for assistance (n=30)
- Didn’t believe it would be dealt with fairly (n=4)
- Fear of further discrimination and abuse (n=24)
- Homophobia or transphobia of the organisation (n=19)
- Fear of authority (n=8)
- Feeling that you deserved the discrimination or abuse (n=10)
- Too depressed to bother (n=31)
- Feeling you had little or no information about the person/people who abused you (n=41)
- Other (n=22)

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51 Respondents could tick all options that applied.
52 See Question 27 and Footnote 3
Of the 22 respondents who used the free text ‘Other’ option, 14 indicated that they could not be bothered, brushed off the incident or in the words of one respondent, ‘turned the other cheek’. This indicates a tendency to trivialise incidents due to their frequency.

Section 4 - Police services

This section of the survey presents the results of nine questions that explore respondents’ interactions with police services in general as well as the impact of their Gay and Lesbian Liaison Officers (GLLOs).

38. Before completing this survey, had you heard about SA Police’s GLLOs?

Of the 282 respondents who answered this question, 50.7% (n=143) had heard of the GLLOs and 49.3% (n=139) had not.

39. Where did you find out about the GLLOs?

Only respondents who had heard of the GLLOs answered this question. As can be seen in Figure 36, LGBTIQ media was the main source of this information, followed by friends. Very few used the SAPOL website. The majority (n=16) of respondents who provided information in the ‘Other’ category indicated that they found out about GLLOs in a workplace setting, followed by LGBTIQ contacts and community groups (n=7). Feast Festival events, the Adelaide Pride March (n=4) and social media (n=4) were the other sources.

40. Have you ever contacted a GLLO?

Only 10.7% (n=16) of the 148 respondents to this question, had contacted a GLLO compared to 89.2% (n=132) who had not.

41. If yes, how did you make contact with a GLLO?

Participants were offered five alternatives to this question and a free text box under the category of ‘Other’. Of the 16 people who responded, 50% (n=8) contacted a GLLO by telephone, 12.5% (n=2) by email and the same number in person at a police station. One person made contact at an event and one asked for a GLLO when speaking to another police officer. Two participants used the ‘Other’ category. One respondent indicated that they asked for a GLLO at a police station, but was informed that the officer worked part-time and was not available. The other respondent made contact through a lesbian support group.
42. Does the existence of the GLLOs increase the likelihood that you would contact the police about any matter if you needed to?

As can be seen in Figure 37, the presence of GLLOs make LGBTIQ community members more inclined to contact the police. This may be due to the perception that GLLOs possess a deeper insight into the experiences of LGBTIQ people.

43. If you were looking for more information about GLLO services, where would you be likely to go?\(^53\)

This question was answered by 281 respondents with most preferring to seek information about GLLO services from the SAPOL website. The phone assistance line was the second most popular option, followed by visiting a police station. Answers in the ‘Other’ category included online searches, as well as LGBTIQ media and community organisations. Two respondents reported that they tried to contact GLLOs by email but received no response.

44. If you required police assistance or advice, how would you prefer to contact a GLLO?\(^54\)

This question was answered by 276 people who responded to 10 options, including a free text ‘Other’ category. Just over 50% (n=140) indicated they would use the SAPOL phone assistance line when requiring support and seeking the services of a GLLO. A further 35.5% (n=98) would use the SAPOL website, 34.4% (n=95) would use email and 31.9% (n=88) would visit a police station. Other less popular response options included live online chat (29%, n=80), text message (13.4%, n=37), Other (5.1%, n=14) and none of the above (3.3%, n=9). Only 6% indicated they would not use GLLO services. Of those who answered ‘Other’, the majority (n=6) suggested that their means of contacting the police depended on the issue and level of urgency.

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\(^{53}\) Respondents could tick more than one option.
\(^{54}\) Respondents could tick more than one option.
45. Which of the following, if any, may be barriers to YOU reporting or seeking police assistance following discrimination or abuse that you believe is in response to your sexual orientation, gender identity or intersex status?  

274 respondents answered this question, selecting from 10 options, including a free text ‘Other’ option. Over one third of respondents (36.1% (n=99)) indicated there were no barriers to reporting or seeking police assistance. However, a similar number indicated concerns that crimes relating to sexual orientation, gender identity or Intersex status were not taken seriously (35.8% (n=98)). Further to this, 34.7% (n=95) felt the police lacked confidence, credibility or knowledge and 36.5% (n=100) were concerned about discrimination or other negative attitudes. Shame or embarrassment (17.5% (n=48)), a fear of further abuse (18.6% (n=51)) and fear of being outed (12.8% (n=35)) were also chosen as reasons for preventing reporting incidents to police. Of the free text responses recorded under the ‘Other’ category, eight indicated a lack of trust in the police response. The remaining respondents were inclined to deal with the issue themselves or felt capable of rebuffing any homophobic attitudes.

46. Participants were asked to record any additional comments in this free text option. Twenty eight respondents provided further comment. While eight of those responding indicated positive experiences in relation to reporting to the police, 11 expressed negative views about specific experiences or the police in general. Others made suggestions such as changing the name ‘GLLO’ to a more inclusive title, better advertising of the service and more training for police about sexual orientation and gender diversity. One respondent posed a series of questions inferring that the GLLO service had not been evaluated since its introduction. They asked about whether GLLO officers received regular training, whether SAPOL evaluated the service and who was responsible for managing the service.

Section 5 - Accessing all types of services

This section of the survey provided four free text options regarding accessing and improving services in the LGBTIQ community.

47. Tell us about the most positive experience you have had when accessing services as a community member. What has made it a positive experience?

134 respondents described positive experiences in regards to accessing services. The majority (n=61) mentioned health services such as general practitioners, public and private hospitals, mental health services and medical specialists. Several services were mentioned specifically including SHine SA, Obrien Street Practice, Clinic 275, Headspace, BFriend, South Australian Mobilisation and Empowerment for Sexual Health, Mental Illness Fellowship SA and Seniors Information Service (now the Catalyst Foundation). Respondents also identified support networks such as the Queer Youth Network and Queer Youth Drop In as organisations that provided much appreciated affirmation and assistance.
Respondents’ expectations about service delivery were no different from the general population, expecting competence, courtesy and respect. Respondents provided a variety of reasons why their experiences were positive, including:

- respectful, competent treatment
- asking for preferred pronouns
- queer literature and symbols in waiting areas
- being treated as any other client or patient with no reference to sexual orientation or gender identity (when appropriate)
- being listened to and understood
- no sense of being judged because of sexual orientation, gender identity or Intersex status, and
- useful referrals that display knowledge of queer networks and services.

48. Tell us about any barriers that YOU have experienced when accessing or trying to access services.

Out of the 117 respondents who answered this question, 30 indicated there were no barriers, did not know of any barriers or deemed the question not applicable to them. The remaining 87 respondents identified barriers to service provision under the following themes:

- assumptions based on heteronormativity
- forms that did not acknowledge sex and gender diversity
- disability
- fear of being outed
- geographical isolation
- lack of knowledge and understanding from service providers
- general dissatisfaction with government services and waiting times, and
- unavailability of services.
Respondents noted the closure of a number of specific LGBTIQ services and transgender respondents highlighted the lack of transgender specific services, particularly health services. Some respondents outlined detailed descriptions of their experiences. In one case, a lesbian woman described the difficulty of attending a birthing class for fathers because there was no gender-neutral equivalent. A number of participants identified the confronting nature of forms that offered only male/female binary options or inappropriate, unwanted or unnecessary salutations. Disability was seen as a barrier, due to prejudice or lack of physical access. Some respondents indicated they no longer sought services due to negative experiences, while others outlined fear of being outed by service providers. Others highlighted a lack of training in relation to LGBTIQ service provision, as a barrier to efficient service provision.

49. List up to three improvements to services that would make them more accessible to members of LGBTIQ communities.

116 respondents answered this question, but not all respondents listed three improvements. The survey did not provide any requirement to list potential improvements in order of priority. Over 30% (n=37) identified LGBTIQ competency training and education for all customer service staff as important for improving accessibility. Visible signs of LGBTIQ awareness or welcome, such as rainbow stickers and Queer literature in waiting rooms, was suggested by 16.4% (n=19) of respondents. A further 9.5% (n=11) mentioned providing more inclusive forms, where a title was not compulsory and the ability to select a non-binary gender was available.

Other suggestions for improving access included:

- improving legislation, including abolishing the South Australian Sexual Reassignment Act 1998\(^56\)
- removing restrictions on blood donation by same sex attracted men
- more mainstream services engaging with LGBTIQ communities during events such as the Feast Adelaide Queer Cultural Festival
- specific health services for LGBTIQ young people
- increasing the number of clinicians, both GPs and specialists, providing hormone therapy and other medical interventions to assist transgender people
- specific LGBTIQ services for those transitioning from youth to adult services (i.e. up to the age of 30)
- acknowledging access issues for LGBTIQ people with a disability
- specific services for LGBTIQ people experiencing domestic violence, and
- advertising and promoting LGBTIQ friendly service providers.

\(^{56}\) This Act was abolished in 2016 after the survey closed See footnote 16
50. Please record any additional comments in response to any part of the survey, or simply anything else that you would like to tell us.

This was the final substantial question in the survey, with 41 respondents choosing to provide further comment. Responses are summarised below.

- Expressions of appreciation for consulting with LGBTIQ community members
- The need for more publicly funded health services for those identifying as transgender
- More work required in eliminating discrimination toward LGBTIQ people
- Marriage equality is deemed necessary if overall equality is to be addressed
- Domestic violence in same-sex relationships is a neglected topic in need of attention
- Overarching inclusion strategies are important but the needs of community in terms of service provision must be addressed as well.
Appendix 2 - Glossary

**Ally:** An ally is a typically straight and/or Cis person who is openly supportive of LGBTIQ people.

**Asexual:** Asexuality is an absence of sexual attraction to anyone or anything, although does not preclude romantic attraction.\(^{57}\)

**Bisexual or Bi:** A person who is sexually and emotionally attracted to men and women.\(^{58}\)

**Binary:** Two opposites such as the gender binary man/woman or homosexual/heterosexual. Using binaries limits other ways of thinking about such categories.\(^{59}\)

**Cisgender or Cis:** When a person’s gender identity matches social expectations given their sex assigned at birth.\(^{60}\)

**Coming out:** The process of an LGBTIQ person recognising and acknowledging their sexual orientation, gender identity or intersex status to themselves and to others.\(^{61}\)

**Gay:** A person primarily emotionally and sexually attracted towards people of the same sex. The term is most commonly applied to men, although some women use it.\(^{62}\)

**Gender:** Characteristics that are often believed to be innate or biologically determined, but include roles, behaviour, activities and attributes that a particular society considers appropriate for women and men. ‘Man and ‘woman’ are gender terms, as opposed to male and female which are sex terms derived from biology and relate to anatomical and chromosomal attributes.\(^{63}\)

**Gender fluidity:** Gender fluidity does not accept the prevalence of the two rigidly defined genders 'Female' and 'Male'. People who describe themselves as gender fluid accept no defined boundaries and reject fulfilling any expectations associated with any particular gender.

**Gender expression:** The way in which a person externally expresses their gender or how others perceive them.\(^{64}\)

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\(^{59}\) Smith, et al, *p. 6.*

\(^{60}\) Ibid.


\(^{62}\) Ibid.

\(^{63}\) Ibid.

Gender identity: A person's sense of identity in relation to the social roles, attributes and behaviours customarily ascribed by society to 'women' and 'men'. For most people, biological sex and gender identity (birth assigned) are aligned, but for some (e.g. transgender people) they are in conflict. Others identify as androgynous (as both man and woman) and some reject any gender labels entirely.  

Gender Queer: A person who does not subscribe to conventional gender distinctions but identifies with neither, both, or a combination of male and female genders. 

Heteronormative: The systemic privileging of the social models of binary sex, gender and sexuality that normalise heterosexuality. 

Heterosexual / Straight: A person with an emotional, romantic and/or sexual orientation towards people of the opposite gender. 

Homosexual: This might be considered a medical term to describe someone with an emotional romantic and/or sexual orientation towards someone of the same gender. The term 'gay' is now more generally used. 

Homophobia: Fear of and/or prejudice against lesbians and gay men and their sexual desires and practices, which often leads to discrimination or abuse. 

Intersex: Intersex people are born with sex characteristics that do not meet medical and social norms for female or male bodies. Intersex traits include a wide range of hormonal, genetic and gonadal differences that may be diagnosed prenatally, at birth, at puberty, when trying to conceive, or through random chance. Intersex bodies and identities are diverse. Intersex people have a range of gender identities. Often these align with the sex assigned at birth, while some intersex people have chosen other identities. 

Lesbian: A woman whose primary emotional and sexual attraction is towards other woman. 

Pansexual: Sexual or romantic attraction not based on a person's gender identity or sex.
**Queer:** A sexual or gender identity that does not conform to heterosexual or gender binaries. It is also an historic political term used to resist homophobia. The term also refers to academic theory and method that resists normative ways of exploring and understanding social phenomena (i.e. queer theory).\(^{72}\)

**Sex:** Biological and physiological characteristics associated with ‘female’ and ‘male’, including chromosomal configuration, hormonal profile, reproductive organs, and secondary sex characteristics such as breast, body hair and voice.\(^{73}\)

**Sexual orientation:** A person’s emotional or sexual attraction to another person, including, amongst others, the following identities: heterosexual, gay, lesbian, bisexual, pansexual, asexual or same-sex attracted.\(^{74}\)

**Sistergirls and Brotherboys:** Some Aboriginal and Torres Strait Islander peoples use the term Sistergirl (sometimes Yimpininni in the Tiwi Islands) to describe the male-assigned people who live partly or fully as women and Brotherboy to describe female-assigned people who live partly or fully as men. In some regions, Sistergirls have unique societal roles.\(^{75}\)

**Transgender:** An umbrella term including transsexual and transgender that describes a broad range of non-conforming gender identities and/or expressions. Usually includes all transgender people, but some transsexual people and members of the gender diverse community prefer not to use this term.\(^{76}\)

**Transphobia:** A fear of and/or prejudice against people who are transgender, which often leads to discrimination or abuse.\(^{77}\)

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\(^{72}\) Smith, et al, p. 7.

\(^{73}\) Butler, p. 19.

\(^{74}\) Australian Human Rights Commission. p. 5.

\(^{75}\) Smith, et al, p. 7.

\(^{76}\) Ibid.

\(^{77}\) Mejia-Canales, D. and Leonard, W., p. 12.