

# Nothing for Them

Understanding the support needs of Lesbian, Gay, Bisexual and Transgender (LGBT) young people from refugee and newly arrived backgrounds

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Finally, to all the LGBT young people from refugee and newly arrived backgrounds, we hope that the recommendations in this report will lead to services that are sensitive to and better able to meet your needs. We hope that this project will, in a small but significant way, help you find a warm and accepting home in Australia.

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# Glossary<sup>1</sup>

**Asylum seeker** A person who has applied for protection and is seeking asylum (the protection granted by a state to someone who has left their home country) and is awaiting a determination on his/her status as a refugee. Whereas refugees are people who have already been determined as meeting the criteria for refugee status, asylum seekers are people whose status is in the process of being determined.<sup>2</sup>

**Bisexual** A person who is sexually and emotionally attracted to people of both sexes.

**CALD** 'CALD' is an acronym standing for people who are 'Culturally and Linguistically Diverse.'<sup>3</sup> The term may include refugees and newly arrived people.

**Coming out** The process through which individuals come to recognise and acknowledge, both privately and publicly, their sexual orientation, gender identity or intersex status.

**'Coming home'** Perhaps a more culturally-appropriate alternative to 'coming out', 'coming home' involves the gradual introduction and integration of one's same sex partner to their family and friends.<sup>4</sup> People may find that 'coming home' allows them to feel safe, happy and comfortable.

**'Coming in' or 'Inviting people in'** Another culturally-appropriate alternative to 'coming out', 'coming in' or 'inviting people in' is a term created after conversations with GLBTIQ Australians from a Muslim background. It removes the pressure associated with publically disclosing one's sexual identity, and encourages LGBT people to choose with whom they share their life and from whom they can gain support.<sup>5</sup>

**Cultural competence or awareness** Cultural competence or awareness involves a sensitivity and responsiveness to the beliefs, values and practices of different groups or populations. The term is usually applied to different racial, ethnic and religious groups. However, more recently it has been

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<sup>1</sup> All definitions in this glossary (unless otherwise stated) were derived from Leonard, W., Marshall, D., Hillier, L., Mitchell, A. and Ward, R. (2010) *Beyond homophobia: Meeting the needs of same sex attracted and gender questioning (SSAGQ) young people in Victoria*. A policy blueprint. Monograph Series Number 75. The Australian Research Centre in Sex, Health & Society, La Trobe University: Melbourne.

<sup>2</sup> UNHCR, (2012-2013), 'About refugees,' Retrieved from [http://unhcr.org.au/unhcr/index.php?option=com\\_content&view=article&id=179&Itemid=54](http://unhcr.org.au/unhcr/index.php?option=com_content&view=article&id=179&Itemid=54)

<sup>3</sup> 'CALD' is used (and critiqued) in research of young people, including Harris, A. (2011) *Teaching Diversities: Same sex attracted young people, CALD communities, and arts-based community education*, Centre for Multicultural Youth: Carlton.

<sup>4</sup> Poljski, C. (2011) *Coming Out, Coming Home or Inviting People In? Supporting same-sex attracted women from immigrant and refugee communities*. Multicultural Centre for Women's Health: Melbourne, p. 15 (Chou 2000 as cited in Reeders, 2010).

<sup>5</sup> *Ibid.*, p. 15.

extended to include gay, lesbian, bisexual and transgender (GLBT) communities whose sexual and gender identities are associated with their own beliefs, values and practices.

**Gay** A person whose primary emotional and sexual attraction is toward people of the same sex. The term is most commonly applied to men, although some women use this term.

**Gender identity** A person's deeply felt sense of being male, female, both, in between, or something other. Everyone has a gender identity.

**Gender questioning (or gender diverse<sup>6</sup>)** Refers to the process whereby an individual comes to question the usefulness or validity of their current biological sex and/or assigned gender. This includes people who see the binary categories of male and female/masculine and feminine as meaningless or unduly restrictive, and those who feel that their gender does not align with the sex assigned to them at birth.

**Heterosexism (or heteronormativity)** The belief that everyone is, or should be, heterosexual and gender normative and that other types of non-heteronormative sexualities or gender identities are unhealthy, unnatural and a threat to society. Heterosexism includes both homophobia and transphobia (see below) and a fear of intersex people who challenge the heterosexist assumption that there are only two sexes.

**Homophobia** The fear and hatred of lesbians and gay men and of their sexual desires and practices that often leads to discriminatory behaviour or abuse.

**Inclusive service provision** The provision of services that is culturally sensitive and aware. This includes the provision of services that are able to meet the needs of LGBT people in a culturally appropriate and sensitive manner.

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

**LGBT** An acronym for 'Lesbian, Gay, Bisexual and Transgender'. Although some asylum seekers, refugees and newly arrived young people may not use either of these terms to describe their sexual or gender identity, similar terms (e.g. GLBTI) are used in policies that guide work in this field.<sup>7</sup>

**Migrant** Migrants choose to leave their country to seek a better life. They choose where they migrate to and they can usually return whenever they like. They have time to prepare for their trip and their new life. By contrast, refugees are forced to leave their country, often without warning

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<sup>6</sup> The terms 'gender questioning' and 'gender diverse' have been used interchangeably in this report, although it should be noted that not all those questioning their gender would identify as gender diverse.

<sup>7</sup> For example, the Victorian Department of Health's *Victorian refugee health and wellbeing action plan Consultation summary* refers to gay, lesbian, bisexual, transgender or intersex young people. The Department also has an established Gay, Lesbian, Bisexual, Transgender and Intersex (GLBTI) Health and Wellbeing Ministerial Advisory Committee.

and preparation, and cannot return unless the situation that forced them to leave improves. The concerns of refugees are human rights and safety, not economic advantage.<sup>8</sup>

**MSM** Men who have sex with men.<sup>9</sup> They may not identify as gay or bisexual.

**Queer** This report uses queer as an umbrella term to include a range of alternative sexual and gender identities including gay, lesbian, bisexual and transgender or gender questioning.

**Refugee** A person who is unable or unwilling to return to their country of origin because of a well-founded fear of persecution on racial, religious, ethnic or political grounds, or membership of a particular social group<sup>10</sup>. This includes people who are persecuted due to their sexual orientation or gender identity. Australia uses this definition of 'refugee' to determine the legitimacy of claims for refugee status in Australia. If a person is found to be a refugee, Australia has an obligation to offer support and ensure the person is not sent back to the country of origin against his/her will.<sup>11</sup>

**Same sex attracted** An umbrella term often applied to young people to describe individuals who experience feelings of sexual attraction to others of their own sex. This includes young people who are exclusively homosexual in their orientation, bisexual, undecided young people, and heterosexual young people who have these feelings at some time.

**SSAGQ** An acronym for 'Same Sex Attracted and Gender Questioning.' This term may be considered more youth-friendly than 'LGBT' as 'same sex attracted' does not lock young people into categories, and puts emphasis on attraction, not sex. Similarly, 'gender questioning' signals the idea of questioning in terms of one's gender, which may be particularly relevant for those who may not identify as transgender. SSAGQ is a term used in research involving young people.<sup>12</sup>

**Transgender** An umbrella term and for some people an identity term used to describe all kinds of people who sit outside the gender binary or whose gender identity is different from the sex assigned to them at birth. Transgender people may or may not feel the need to access hormone therapy and/or surgery.

**Transphobia** A fear and hatred of people of who are transgender that often leads to discriminatory behaviour or abuse.

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<sup>8</sup> Maroondah City Council's *Refugee Settlement in Maroondah Factsheet*, 'Factsheet 1 Refugees, Asylum Seekers and Migrants: What's the Difference?' Retrieved from <http://www.maroondah.vic.gov.au/MigrantsRefugees.aspx>

<sup>9</sup> Reeders, D. W. (2010) *Double trouble? The health needs of culturally diverse men who have sex with men*, Melbourne: Centre for Culture, Ethnicity and Health, p. 8

<sup>10</sup> UNHCR, (2012-2013), 'About refugees,' Retrieved from [http://unhcr.org.au/unhcr/index.php?option=com\\_content&view=article&id=179&Itemid=54](http://unhcr.org.au/unhcr/index.php?option=com_content&view=article&id=179&Itemid=54)

<sup>11</sup> Maroondah City Council's *Refugee Settlement in Maroondah Factsheet*, 'Factsheet 1 Refugees, Asylum Seekers and Migrants: What's the Difference?' Retrieved from <http://www.maroondah.vic.gov.au/MigrantsRefugees.aspx>

<sup>12</sup> For example, see Hillier et al. (2010) *Writing themselves in 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*, Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne.

# 1. Introduction

In Kuwait, umm it was, it was homophobic and that's just was the norm ... if there's a natural disaster [people on the news would say] 'Oh it's 'cause of gay people. God is punishing us.' Like when I went to Pakistan, I was living in this household, they were lovely, lovely people but then they'd accept that as the news for this earthquake, and I'm sad, so this is makes it so uncomfortable, and so like, sad but umm yeah those are one of those moments when I felt really heartbroken....

Newly arrived gay male, early 20's

While there is limited research on the support needs of lesbian, gay, bisexual and transgender (LGBT) culturally and linguistically diverse (CALD) young people,<sup>13</sup> even less is known about the lived experiences of LGBT people from refugee and newly arrived backgrounds in Australia. The paucity of research is matched by a lack of long-term support programs. In Victoria, the only program targeting this population of people is one run by the Multicultural Centre for Women's Health (MCWH) that provides support for same sex attracted (SSA) immigrant and refugee women (that's not specific to young people)<sup>14</sup>. Dedicated work in this field is the exception and the little work that has been done is, at best, time-limited, poorly funded and under resourced.

One interviewee commented that apart from a single, isolated transgender client, the issue of providing support for LGBT people "never come[s] up. It's not on our radar". In 2012, The Centre for Multicultural Youth (CMY) released *In My Shoes*<sup>15</sup>, an animated video produced by and for SSA young people from CALD backgrounds. The project

<sup>13</sup> See Reeders, D. W. (2010) *Double trouble? The health needs of culturally diverse men who have sex with men*, Melbourne: Centre for Culture, Ethnicity and Health, p. 7, and Harris, A. (2011) *Teaching Diversities: Same sex attracted young people, CALD communities, and arts-based community education*, Centre for Multicultural Youth: Carlton, p. 18.

<sup>14</sup> Although limited to same sex attracted women (of all ages), the work undertaken by the Multicultural Centre for Women's Health as part of the 'Understanding Sexuality Project' includes this relevant report: Poljski, C. (2011) *Coming Out, Coming Home or Inviting People In? Supporting same-sex attracted women from immigrant and refugee communities*, Multicultural Centre for Women's Health: Melbourne.

<sup>15</sup> View CMY's *In My Shoes: A Short Film about Age, Culture and Sexuality* here <http://www.cmy.net.au/inmyshoesfilm>.

involved at least one refugee young person and is a good example of initiatives that enable SSA young people to create works that raise awareness of their issues within their own CALD communities. However, without ongoing funding, projects such as these are often short-lived. As one research participant put it “It’s not that organisations aren’t interested, they just have no money.”

A number of interviewees flagged lack of senior support as a major barrier to developing services and practices that are LGBT inclusive. These included not only asylum seeker and refugee specific services but also mainstream health services and school-based programs. Some respondents believed that while members of their own teams were inclusive of LGBT people, this was not matched by overt support from senior managers and executives. As one interviewee remarked, people in more senior positions within organisations “can be quite traditional in their views and have a limited understanding of sexuality and that would extend to [other staff who work with them]”. One worker suggested that leadership personnel were concerned that promoting queer-inclusivity would result in a decline of clients accessing their service. Such concerns are reminiscent of teachers of sexuality education who may fear a ‘parental backlash’ if they cater to the students, including those with diverse sexual and gender identities.<sup>16</sup>

For others, the lack of inclusion of LGBT issues in organisational policies and practices is less about fear and adverse public reaction and more about increasing layers of complexity. As one senior manager put it

Our work linking and supporting clients around LGBT issues and experiences is probably quite ad hoc. I imagine some caseworkers will have examples of proactive and thoughtful support, but nothing captured meaningfully in policy. Our work is mostly with asylum seekers, which would add an additional level of crisis focus and complexity around disclosure/discussion.

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<sup>16</sup> As Mitchell et al. put it (p.6) “Time is a major consideration for Australian schools which often struggle to meet the needs of their diverse student populations within an ever more crowded curriculum, driven by parent anxiety and political pressure”. Mitchell, A., Smith A., Carman, M., Schlichthorst, M., Walsh J. and Pitts, M. (2011) *Sexuality Education in Australia in 2011*, Monograph Series No. 81, Melbourne: La Trobe University, the Australian Research Centre in Sex, Health & Society.

The Victorian Government's 2012 *Victorian Refugee health and wellbeing strategy: Consultation summary* identifies LGBT and intersex (I) refugees and asylum seekers as having particular needs (Department of Health 2012). However, the response of Government and service providers alike shows this acknowledgement is not reflected, in any systematic way, in policies, programs and the delivery of support services to this population.

We hope that this project, and the work that flows from it, will accelerate the development of policies, programs and services that are better able to support, and meet the specific needs of, LGBT young people from refugee and newly arrived backgrounds.

## 1.1. Background

I'm really surprised that there is nothing for them.

Youth worker

This project was funded by the Asia Altman Sub-fund (a sub-fund of the Australian Communities Foundation). It was prompted by anecdotal reports from young people and service providers that there was little service support available for refugee or newly arrived young people who came out as LGBT or who may be uncertain about or questioning their sexual feelings or gender identity.

On the 15<sup>th</sup> of May 2013, a meeting of interested parties was convened at the Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University, to discuss what, if any programs and services, exist for refugee and newly arrived young people who may be LGBT<sup>17</sup> and if possible to build on that knowledge and support (Attendees and subsequent steering committee members listed in Appendix A).

It was clear that although there was much expertise and many examples of individual good practice, there was no clear information about the support needs or referral pathways for these young people. In addition, there were no LGBT resources or training to assist staff in understanding and working with refugee or newly arrived LGBT young people and no documentation or data about their experiences or stories.

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<sup>17</sup> Including those who have not disclosed their sexual or gender diversity, as well as those who will not identify with the terms lesbian, gay, bisexual or transgender.

The consultative group agreed that there was a pressing need to gauge the level of understanding and support for refugee and newly arrived LGBT young people in relevant policies, programs and services. Given the little information currently available it was agreed to fund a small pilot project to scope and collect information about existing services and practice knowledge answering the questions, ‘Who is out there? What work is being undertaken?’ The pilot study aimed to identify whether or not there is a need for future work looking in more detail at the experiences of LGBT young people from refugee and newly arrived backgrounds, their specific needs and recommending ways of ensuring that those needs are addressed in relevant policy, programs and service delivery. The project was funded for three months which limited the time available to recruit young people to tell their own stories. This would be a vital part of a longer, more detailed research and policy project.

During the pilot study, workers in the field spoke of young asylum seekers who had raised issues relating to their sexual feelings and sexual or gender identity. It was decided to include this group and information from service providers on their needs in the final report.

## **1.2. Rationale and aims**

The study started from anecdotal evidence from young people and service providers that services delivered to refugee and newly arrived young people did not consider the needs of LGBT young people or those who may be questioning their sexual feelings and/or gender identity. The report aims to:

- Document the support needs of LGBT young people from refugee and newly arrived backgrounds
- Document the current availability of relevant resources and services and identify gaps; and
- Make recommendations about further activities and projects that could be undertaken to improve the outcomes for these young people.

## 2. Methodology

We've had no experience in this area unfortunately. It is an area we would love to work in and are supportive of, but if we've worked with these youths, they haven't disclosed. I'm happy to have a chat though.

Senior manager, human rights organisation.

### 2.1. Research and project design

The project was a small-scale study of the current level of knowledge among service providers of the needs of young people from refugee and newly arrived backgrounds who may be LGBT or questioning their sexual feelings or gender identity.

The project relied on:

- A review of government policies targeting refugee and newly arrived migrants
- Informal and semi-structured interviews with people who:
  - > work with or provide services targeting asylum seeking, refugee and newly arrived people and in particular young people
  - > provide youth services that have a significant number of asylum seeking, refugee and newly arrived young people, including educational institutions; and
  - > are Government officials and policy makers
  - > work in the sexual health sector and have provided support to asylum seekers, refugees or newly arrived young people
- Interviews with LGBT young people who are, or have experienced in the recent past, being a refugee or newly arrived person.
- Ethics approval for the project was granted through the La Trobe University Human Research Ethics Committee<sup>18</sup>.

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<sup>18</sup> Secretary, La Trobe University Human Ethics Committee, *Review of Human Ethics Committee Application No. HEC13-038*, 'Understanding the support needs of LGBT young people from refugee and newly arrived backgrounds', granted 26 August 2013.

## 2.2. Literature review

A review of the current Australian research and policy on the health and wellbeing needs of young people from refugee and newly arrived backgrounds, was conducted with an emphasis on current Victorian materials. Neither the research nor policy review was exhaustive. Both relied on general desktop research of academic and grey literature, government and policy websites and service information. The key search terms used were refugees, newly arrived migrants, asylum seekers, youth and young people, LGBT (lesbian, gay, bisexual and transgender).

Over the course of the project key informants also provided links to other relevant information including, in some instances, review articles and bibliographies.

## 2.3. Questionnaire and interviews

A questionnaire was developed to guide both conversations with service providers and interviews with young people.

For service providers, the questions asked included:

- Have you/your organisation worked with LGBT young people from asylum seeking, refugee and/or newly arrived backgrounds?
- Who is working in the field? (e.g. organisations working directly with asylum seekers, refugees or newly arrived young people; or sexual health workers who target culturally and linguistically diverse young people)
- What kind of work is being undertaken (by your service or others) for this population group? (e.g. support groups, advocacy etc.)

For the young people interviewed, a semi-structured questionnaire was used which centred on their experiences of:

- Being same sex attracted or gender diverse; and
- Accessing relevant services in Victoria.

## 2.4. Recruitment and participation

Informants were recruited using snowballing techniques. In the first instance, informants were recruited using the methods and contacts provided by the steering group. In turn, these informants provided the details of other agencies and workers who were then contacted and so on.

In total, staff from about 50 organisations were contacted, with almost 80 individuals contributing to discussions (via phone, email or in person). The staff interviewed included Government officials, senior management, team leaders, case managers, community health workers, youth workers, refugee health nurses, refugee health educators, welfare teachers, secondary school teachers, sexuality educators, doctors specialising in refugee health, health promotion officers and school nurses.

One same sex attracted newly arrived young person was interviewed for an hour.<sup>19</sup> This interview was recorded and transcribed.

## 2.5. Analysis

All relevant communication with stakeholders was noted in an extensive contact log and an analysis was undertaken to identify recurrent themes. The results of the literature review and the thematic analysis of the interviews were used to develop the recommendations listed in Section 6.

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<sup>19</sup> Over the course of the pilot project several staff members encouraged known LGBT refugees and newly arrived young people to contact the project officer for an interview; all but one declined.

### 3. The experiences of LGBT young people from refugee and newly arrived backgrounds

For some cultures, the whole idea of GLBTI is really difficult. For some of us, we don't even have a word. In Asian cultures, many would just get married, you know?...It's such a pity.

Interviewee, stakeholder and worker

For some reason from a young age I tried to distance myself from the Pakistani community. And umm...my mum, I was lucky she wasn't, like forceful....She let me stay home and I guess I never felt completely comfortable there.

Newly arrived gay male, early 20s

In Australia little is known about the lived experiences of LGBT young people from refugee and newly arrived backgrounds. There is a substantial body of research on the lives of same sex attracted and gender questioning young people in Australia and the effects of heterosexist discrimination on their health and wellbeing. There is also a small but growing research literature on the lives of LGBT people from CALD backgrounds documenting the impact of heterosexism within their particular CALD community and racism and religious intolerance from within segments of LGBT communities on their everyday lives. However, there is little or no research being done at the intersection or overlap between these two bodies of work: that is, research on the needs of young people from CALD backgrounds who may be LGBT or questioning their sexual feelings or gender identity and, in particular, young people who are refugees or newly arrived.

### 3.1. LGBT young Australians

The data from *Writing Themselves in 3: The third national survey of the health and wellbeing of same sex attracted and gender questioning (SSAGQ) young people in Australia* (Hillier et al. 2010) show that SSAGQ young people are one of the most vulnerable groups of young people in Australia (Hillier et al. 2010). Despite many gains since the first Writing themselves in survey was conducted in 1998, SSAGQ young people are still subject to alarmingly high rates of heterosexist discrimination and abuse. In 2010, 61 per cent of SSAGQ young people reported homophobic verbal abuse, 18 per cent physical abuse and 69 per cent other forms of homophobia including emails, rumours and social exclusion. Those SSAGQ young people who had experienced abuse were more likely than those who had not to feel unsafe, use drugs excessively, self-harm, experience suicidal ideation and engage in unsafe sexual practices<sup>20</sup>. The results of *Writing Themselves in 3* show a link between heterosexism and different types of heterosexist abuse and reduced health, wellbeing and social connectedness among SSAGQ young Australians.

### 3.2. CALD and religiously affiliated LGBT people

I'm an Arab and I'm Muslim and then I'm gay...so I'm shameless... you know, I brought them disgrace.<sup>21</sup>

A number of recent Australian studies suggest that LGBT people affiliated with particular cultural and religious groups may be at increased risk of physical and mental ill-health. Reeders 2010 has called this 'double trouble' and involves some of these LGBT people having to negotiate not only the heterosexist beliefs and practices of their cultural or religious communities but also racism and religious intolerance from within LGBT communities.

An early study of a small cohort of gay-identifying Vietnamese men in Sydney showed the importance of family to cultural identity and the pressure these men felt to get

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<sup>20</sup> Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J. & Mitchell, A. (2010). *Writing Themselves In 3. The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*, Australian Research Centre in Sex, Health and Society La Trobe University: Melbourne, Australia, p. 49.

<sup>21</sup> Australian Red Cross (June 2013) *Inaugural Vulnerability Report: Inside the process of seeking asylum in Australia*, p. 14.

married even as they continued to have sex with other men (Prestage et al. 2000)<sup>22</sup>. A more recent study by Operario 2008<sup>23</sup> found higher levels of depression among Asian men who have sex with men (MSM) than other MSM. A study released by ACON in 2011 documented the effects of homophobia in Arabic-speaking communities in NSW (ACON 2011). Survey participants talked of the tension between their Arabic cultural values of respect for elders, collective harmony and not bringing shame on themselves and their families, and being out as LGB. Many who were out were subject to heterosexist abuse and violence from within their Arabic community while others chose to remain invisible, some because of their feelings of guilt, others because they didn't want to bring shame on their relatives. The report also found that within LGBT communities, many people from Arabic-speaking backgrounds were subject to racism and ethnic stereotyping.

### **3.3. LGBT young people from refugee and newly arrived backgrounds**

There is a small but growing body of research and policy on the lived experiences of young people from CALD backgrounds who are same sex attracted and, to a lesser extent, gender diverse. The research confirms that these young people are subject to the added pressures of having to negotiate their sexual feelings and gender identity against the backdrop of heterosexism from within their own communities and heterosexism and ethnocentrism from the mainstream. However, little of this work has looked at the particular experiences of refugee and newly arrived young people whose experiences of being in unfamiliar territory is likely to further complicate their own sense of sexual and gender identity and how this sits within their CALD community and Australian society.

The Multicultural Centre for Women's Health (MCWH) has developed an *Understanding Sexuality Project* that aims to "build the capacity of bicultural and bilingual community workers to support same sex attracted women from ethnic communities". In 2011, as part of the Sexuality Project, the Centre released *Coming Out, Coming Home or Inviting People In?* (Poljski 2011), a report that looked in more detail at the experiences of same sex attracted women from immigrant and refugee

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<sup>22</sup> Prestage, G., Van de Ven, P., Wong, K., Mahat, M. and McMahon, T. (2000) *Asian gay men in Sydney: December 1999-Januaray 2000*, National Centre in HIV Social Research: Sydney.

<sup>23</sup> Operario, D., Chong-suk, H. and Hyung-Hee, C. (2008) 'Dual identity among gay Asian Pacific islander men', *Culture, Health & Society* 10, 447-61.

backgrounds. While the work of MCWH is focused on women, the findings and recommendations of the Project and report echo those of *Double Trouble? The health needs of culturally diverse men who have sex with men* (Reeders, 2010).

These two reports and the work of the MCWH identify a number of issues facing LGBT young people from refugee and newly arrived backgrounds. These include invisibility both within their own communities and from service providers (“We don’t have those people in our community/service”); the pressures and potential damage that come with having to hide, or being unable to discuss, their sexual feelings or gender identity; and the complexities of finding ways or strategies of ‘coming out or home’ or ‘inviting people in’ in the absence of support. In addition to these general issues these and other reports identify a number of added pressures and complexities facing these young people including a tension between religious beliefs and their sexuality and gender identity; feeling unsafe at home; tensions between sex and gender norms within their CALD community; and their level of and access to relevant sexual health knowledge.

### **Religious affiliation and sexuality and gender identity**

I never had a doubt that God was um accepting of me as a gay person.

Newly arrived gay male, early 20s

While *Writing Themselves in 3* does not offer detailed analysis of how being a member of particular cultural or religious groups impacts on the lives of SSAGQ young people, the findings do suggest that there is a tension for some SSAGQ young people between religious and CALD-specific beliefs and their same sex attraction and/or gender identity. The study surveyed over 3,100 young people aged 14 to 21 years, of which about a fifth came from a CALD background.

Respondents who mentioned religion were more likely to feel bad about their sexual attraction or gender identity and more likely to report thoughts of self-harm and suicide<sup>24</sup>. They were also less likely to receive support from their parents, teachers and

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<sup>24</sup> Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J. & Mitchell, A. (2010). *Writing Themselves In 3. The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*, Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne, Australia, p. 91.

student welfare coordinators. One respondent commented on her secondary schooling which “was located in an Islamic country where homosexuality was punishable by death and [the] most common sentence was 20 years.”<sup>25</sup>

### Feeling unsafe at home

A report in the Gay News Network documents the situation of an Iranian gay man named Afi, aged 28 years, seeking asylum in Tasmania<sup>26</sup>. Afi explained what happened when his father found him in bed with his boyfriend.

My father opened the door and asked me if I was gay...When I said “yes” he was furious. He said that I had no family, and that his son was dead.

The young man was thrown out of home as a result of a bitter fight during which the police were called, only to be tracked down by his father and grandfather who subjected him to a beating in which he sustained physical injuries. “I felt like it was my problem” Afi said, “not my family. It broke my heart”.

Afi’s situation is an extreme version of the young gay man interviewed as part of this project, who commented that he never felt completely comfortable within his Pakistani community. These findings also confirm those of both *Writing Themselves in 3* and *‘WE’RE FAMILY TOO’: The effects of homophobia in Arabic-speaking communities in New South Wales* (2012). Not feeling safe at home is a common experience for LGBT young people, which can be compounded for those young people whose families are affiliated with particular religious and/or CALD communities. As one respondent in *Writing Themselves in 3* commented,

I was raised in a Christian family so I was constantly embarrassed and disgusted with myself for feeling the way I did...I got depressed and became suicidal. After I told my parents my mum freaked out. I decided

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<sup>25</sup> Ibid., p. 95.

<sup>26</sup> Russel, S. (3 Dec 2013) “The Road to Freedom”, GNN: Gay News Network.

a year and a half ago that I couldn't stay living with my parents and moved out<sup>27</sup>.

In *WE'RE FAMILY TOO* a number of young Arabic respondents talked of the pressure of hiding their sexuality from family members for fear of violence and 'bringing shame on the family'. Others felt that accepting their same sex attraction necessarily involved a break not only from their families, but also from their CALD and religious communities. However, it is very important to note that these and other reports document growing confidence among SSAGQ young people from a range of CALD and religious backgrounds and greater understanding among their communities. As Hillier et al. (2010) commented regarding the tension between being SSAGQ and religious belief "Some...religious SSAGQ youth in Australia today, appear to be heading towards a new era of LGBTI affirming religion" (p.96).

### Sex and gender

[When I was online in Australia looking at Kuwaiti news, a man who was being interviewed] was sharing his opinion on society and how we need to make sure we stick to proper gender roles - women should be feminine, men should be masculine and [we] should be able to identify the difference between two... He was talking about gays and lesbians and how bad they were. [He said] 'I just get so confused with those women with short haircuts, are they boys or are they girls?' [And I thought] why would you care? There's so many more important things!

Newly arrived gay male, early 20's

A guide produced by the Australian Woman's Centre for Human Rights (AWCHR) suggests that narrow gender roles may be more entrenched in some migrant communities in Australia.

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<sup>27</sup> Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J. & Mitchell, A. (2010). *Writing Themselves In 3. The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*, Australian Research Centre in Sex, Health and Society, La Trobe University: Melbourne, Australia, p. 93.

Traditional gender roles are the norm in many migrant communities with men as the primary earners, often seen as heads of the family and women as the primary carers and homemakers. The mother is typically responsible for the day-to-day care of children.<sup>28</sup>

The policing of traditional gender roles within migrant families and communities puts added pressure on young people who may be LGBT or questioning their sexual feelings or gender identity. As *WE'RE FAMILY TOO* noted, while SSA young people from Arabic communities share many of the experiences of SSA people from other backgrounds, they are also subject to gendered pressures and norms specific to their CALD and religious communities.

[C]ultural values, such as rigid gender roles, the importance of getting married and having children for establishing one's independence, a resistance to children moving out of home before marriage, and taboos surrounding the discussion of sexuality, add culturally specific nuances to these experiences.<sup>29</sup>

According to the Australian Muslim Women's Centre for Human Rights (AMWCHR) these gendered norms may also reinforce a form of *hypermasculinity* where the aggressive pursuit and objectification of women and being sexually active are the norm.

[These] are often attempts to create an image of 'real manhood'...[and] may also be aimed at vigorously asserting a heterosexual image and pre-empting any impressions of homosexuality [emphasis added].<sup>30</sup>

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<sup>28</sup> Australian Muslim Women's Centre for Human Rights (2013), *A guide for teachers working with Muslim refugee/ migrant students in Victoria*, Australian Muslim Women's Centre for Human Rights: Melbourne, p. 13

<sup>29</sup> Kassisieh, G. (2011), '*WE'RE FAMILY TOO*' *The effects of homophobia in Arabic-speaking communities in New South Wales*, ACON: Sydney, p. 6, as cited in AGD, n1, pp.22-23; Kassisieh, n14, pp.28-45 47-60.

<sup>30</sup> Australian Muslim Women's Centre for Human Rights (2013), *A guide for teacher working with Muslim refugee/ migrant students in Victoria*, Australian Muslim Women's Centre for Human Rights: Melbourne, p. 21.

The report argues that these gendered norms may create ‘fear and shame around sexual interest for boys, reinforced by religious/cultural restrictions’ leading to ‘confusion and insecurity’ and ‘further complicating boys’ identity ... and contributing to problem behaviour’. Traditionalist notions of gender may contribute to further stigmatisation of LGBT asylum seekers, refugees and newly arrived young people.

### **Sexual health and wellbeing knowledge**

The AMWCHR notes that sex and relationships are not issues that are openly discussed in many Muslim refugee families. While “Muslim students are [like all young people] curious about, seek information about and talk about sex with their peers, it is not a topic that is generally discussed openly in families, with their parents or in front of elders’.<sup>31</sup>

There is likely to be even less discussion of same sex attraction and non-normative gender identities. A number of interviewees for this project talked of cultures where words to describe specific sexual and gender identities may not exist (let alone be translated from English). Where same sex attraction is addressed, however, it is in the limited context of sex health education and HIV prevention for CALD men who have sex with men (MSM) and in particular those from countries where there is a high incidence of HIV.<sup>32</sup>

Clearly, refugee and newly arrived LGBT young people who are part of cultures where same sex attraction is not discussed will rely almost exclusively on service providers for information, referral and support. This includes not only sexual health information, access to LGBT support services if needed, and information regarding being LGBT in Victoria (and nationally). It also includes service providers understanding the cultural context of their clients, from social, religious and familial attitudes to the legal status of sexual and gender minorities in their countries of origin.<sup>33 34</sup>

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<sup>31</sup> Australian Muslim Women’s Centre for Human Rights (2013), *A guide for teachers working with Muslim refugee/migrant students in Victoria*, Australian Muslim Women’s Centre for Human Rights: Melbourne, p. 20.

<sup>32</sup> Reeder, D. W. (2010) *Double trouble? The health needs of culturally diverse men who have sex with men*, Centre for Culture, Ethnicity and Health: Melbourne, p. 30.

<sup>33</sup> As Itaborahy and Zhu put it, “Knowing the law is a very important part of any effective human rights work to counteract homophobia”. Itaborahy, L. P & Zhu, J. (2013, 8<sup>th</sup> edition) *State-sponsored Homophobia – A world survey of laws: Criminalisation, protection and recognition of same-sex love*, International Lesbian Gay Bisexual Trans and intersex Association (ILGA), <[http://old.ilga.org/Statehomophobia/ILGA\\_State\\_Sponsored\\_Homophobia\\_2013.pdf](http://old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2013.pdf)>.

<sup>34</sup> The International Lesbian, Gay, Bisexual, Trans and intersex Association (ILGA) has a useful map with various drop-down topics that can assist case managers, teachers and medical professionals alike to find the answers to such questions. See <http://ilga.org/>

## 4. Policies, programs and services targeting LGBT young people from refugee and newly arrived backgrounds

There are few state, territory or commonwealth policies that explicitly reference the situation or needs of refugee and newly arrived young people who identify as LGBT or who may be questioning their sexual feelings or gender identity. Victoria is perhaps unique in the release of the *Victorian refugee health and wellbeing strategy: Consultation summary* (2012), which includes GLBTI young people from refugee backgrounds as a priority group.

However, Australia is signatory to a number of international conventions that acknowledge discrimination based on sexual orientation and, in some instances, gender identity, as grounds for seeking asylum. These provide both a conceptual framework and political fuel for agencies to lobby for the development of refugee and migrant programs and services that are inclusive of LGBT young people.

At the same time, the Commonwealth is undertaking significant policy reform that will have a direct impact on the provision of support and services to refugees, asylum seekers and newly arrived migrants, including young people who identify as LGBT or may be questioning their sexual feelings or gender identity.

### 4.1. Policies

#### **International**

Protection from discrimination based on sexual orientation and gender identity stems from international human rights law, including the Universal Declaration of Human Rights (2011), and the non-binding Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity

(adopted in 2007).<sup>35</sup> International policy recognises that if a person fears persecution based on belonging to a “particular social group” and is unable or unwilling to return to their country of origin, they can claim refugee status.<sup>36</sup>

In 2011, the UNHCR released guidelines distinguishing the often conflated concepts of ‘gender’ and ‘sex’. The guidelines recognise the relationship between discrimination based on gender, and the discrimination that “homosexuals, transsexuals or transvestites” face as people who may refuse “to adhere to socially or culturally defined roles or expectations of behaviour attributed to his or her sex.”<sup>37</sup>

Even where homosexual practices are not criminalised, a claimant may establish a valid claim where the State condones or tolerates discriminatory practices or harm perpetrated against him or her, or where the State is unable to protect effectively the claimant against such harm.<sup>38</sup>

Only in 2012 did the UNHCR release sexual orientation and gender identity specific guidelines. The UNHCR acknowledged that the 1951 Convention relating to the Status of Refugees and its 1967 Protocol that may have served LGBT people “has not been consistently applied.”<sup>39</sup> Further, the guidelines stated that LGBT people may not disclose their sexual orientation or gender identity due to isolation, internalised homophobia and “harbouring feelings of shame.”<sup>40</sup>

## Australian

Recent changes in federal policies are likely to have a significant impact on asylum seekers and those who work with and support them. In September 2013, the Department of Immigration and Citizenship (DIAC), released protocols that prevent

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<sup>35</sup> UNHCR (2012) “Claims to Refugee Status based on Sexual Orientation and/or Gender Identity within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees”, *Guidelines on International Protection No. 9, Section 5 and 7*, pp. 2-3

<sup>36</sup> UNHCR (2011) *Convention and Protocol Relating to the Status of Refugees*, Communications and Public Information Service: Geneva, p. 3

<sup>37</sup> UNHCR (2011) *Handbook and Guidelines on Procedures and Criteria for Determining Refugee Status under the 1951 Convention and the 1967 Protocol Relating to the Status of Refugees*, UN High Commissioner for Refugees (UNHCR), Reissued, Geneva, pp. 82-83

<sup>38</sup> *Ibid.*, p. 83

<sup>39</sup> UNHCR (2012) “Claims to Refugee Status based on Sexual Orientation and/or Gender Identity within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees”, *Guidelines on International Protection No. 9, Section 1*, p. 2

<sup>40</sup> *Ibid.*, p. 2

people who arrived by boat after the 13<sup>th</sup> August 2102 being settled in Australia.<sup>41</sup> The Department of Immigration and Border Protection (DIBP) continues to process asylum seekers who arrive by boat offshore, including Manus Island, Nauru and Christmas Island.<sup>42</sup>

According to one case manager, who was at the time of interview working with a lesbian client who was seeking asylum, these changes in policy have not pushed issues relating to sexual or gender identity to the bottom of the list of issues. “There’s a long list, and this [her sexuality] is about half way down.”

### **Victorian**

According to the Victorian Government, Victoria has, since the late 1980s, “seen many new developments across health and human services in response to the needs of newly arriving refugee communities, including innovative ways of implementing existing programs, as well as the introduction of specialist refugee health services.”<sup>43</sup>

In 2005, the Victorian Government launched its first refugee health and wellbeing action plan.<sup>44</sup> In 2008 the Government released the *Refugee health and wellbeing action plan 2008-2010: Current and future initiatives* which extended the scope of its 2005 predecessor, including increased resources for the Refugee Health Nurse Program. Although the plan did not mention LGBT refugees specifically, it noted that resettlement could be accompanied by a “lack of understanding, discrimination and hostility in the community,” which, in turn, could lead to “guilt, shame, isolation [and] loss of trust” among those resettled. Clearly, experiences of community hostility and discrimination could include hostility to toward refugees and newly arrived migrants on the basis of a number of characteristics including minority sexualities and gender identities.

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<sup>41</sup> Australian Customs and Border protection Service, (24 July 2013), Media release ‘The message is clear: if you come by boat, you won’t be settled in Australia’. According to one community health worker this has already led to a significant reduction in the number of asylum seekers released from detention centres in Victoria each month. (Consultation with community health worker).

<sup>42</sup> Bachelard, M. (15 Dec, 2013), ‘Tony Abbott nears judgement day on efficacy of boats policy for asylum seekers,’ *The Sydney Morning Herald*, < <http://www.smh.com.au/national/tony-abbott-nears-judgment-day-on-efficacy-of-boats-policy-for-asylum-seekers-20131214-2ze6b.html>> accessed 16/12/13.

<sup>43</sup> Department of Human Services, Social Policy Branch (2008) *Refugee health and wellbeing action plan 2008-2010*, Published by the Social Policy Branch, Victorian Government Department of Human Services: Melbourne, pp.7-10

<sup>44</sup> Victorian Department of Human Services (2008) *Refugee health and wellbeing action plan 2008-2010: Current and future initiatives*, Social Policy Branch, Victorian Department of Human Services: Melbourne.

More recently, the Victorian Government released the *Victorian refugee health and wellbeing strategy: Consultation summary* (Department of Health, 2012). This report identified GLBTI young people from refugee backgrounds as a priority group at “increased risk of poor sexual and reproductive health outcomes.”<sup>45</sup> The report states that

[s]ome women, men and unaccompanied minors, and refugees who are gay, lesbian, bisexual, transgender, or intersex can be quite isolated and disconnected from services and their own communities, which reduces their ability to receive information and appropriate support. ...People’s age, gender, *sexual orientation and gender identity*, visa status and eligibility for services and support can be linked to people’s settlement and health care experiences, and ultimately to their health outcomes [emphasis added]<sup>46</sup>.

The report concludes that, “Priorities identified in the action plan will be developed with particular consideration of the specific needs of these groups.”<sup>47</sup>

The Government is currently finalising the Victorian refugee health and wellbeing strategy, which is due for release soon.

## 4.2. Programs and services

### The Multicultural Sexual Health Network (MSHN)

It is encouraging that there have been recent shifts to form strong partnerships around health and sexual diversity amongst CALD people. The Multicultural Sexual Health Network (MSHN), an initiative of Multicultural Health and Support Service (MHSS), has been instrumental in leading the way. Officially launched in April 2013, it is one program of the Centre for Culture, Ethnicity and Health (CEH). The MSHN aims to bring

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<sup>45</sup> Victorian Department of Health (2012) *Victorian refugee health and wellbeing strategy: Consultation summary*, State Government of Victoria: Melbourne, p. 10

<sup>46</sup> *Ibid.*, p. 10

<sup>47</sup> *Ibid.*, p. 18

<sup>48</sup> MSHN (2013), *An increased intake, a better response: addressing the health needs of greater numbers of refugees and asylum seekers, MSHN report for the 1<sup>st</sup> MSHN forum April 2013*.

<[http://www.ceh.org.au/downloads/MSHNFinalReportKNedits260813\\_v6.pdf](http://www.ceh.org.au/downloads/MSHNFinalReportKNedits260813_v6.pdf)> accessed 10/12/13.

“together stakeholders across different sectors to discuss emerging sexual health issues and strategies to ensure better health and wellbeing outcomes for multicultural communities in Victoria.”<sup>49</sup> The MSHN has hosted two forums, called:

- An increased intake, a better response: addressing the health needs of greater numbers of refugees and asylum seekers (held on the 23<sup>rd</sup> April 2013), and
- The other side of the rainbow: same sex attraction within culturally and linguistically diverse communities (held on the 15<sup>th</sup> October, 2013)

The first forum highlighted the importance of service mapping to assist in referral processes, and identified the gap in knowledge regarding sexual health for migrants and refugees. Capacity building and service development was recommended, and for asylum seekers specifically more work regarding BBV/ STI prevention in detention was mentioned. Developing strategic approaches to addressing BBV/ STIs among CALD communities in regional areas was also recommended.<sup>50</sup>

Since the first forum, there has been progress in establishing ongoing connections with settlement services to provide BBV/STI education sessions to newly arrived refugees and asylum seekers. CEH hope that there will be funding for a service mapping project.

The report from the second forum is yet to be released but the presentations and discussion highlighted new ways of working with LGBT young people from CALD backgrounds, including refugees and newly arrived migrants. These included: using community-based arts projects as a way to involve and connect with young people; not relying on disclosure as the only way of researching issues relating to MSM from CALD communities; and grounding LGBTI-inclusive practice in the delivery of services to CALD young people in staff development *and* whole-scale organisational reform (the Rainbow Tick).

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<sup>49</sup> Centre for Culture, Ethnicity and Health (2010) web-site <[http://www.ceh.org.au/our-programs/our\\_programs\\_mhss/mshn](http://www.ceh.org.au/our-programs/our_programs_mhss/mshn)> accessed 10/12/13

<sup>50</sup> MSHN (2013) *An increased intake, a better response: addressing the health needs of greater numbers of refugees and asylum seekers*, MSHN report for the 1<sup>st</sup> MSHN forum April 2013. <[http://www.ceh.org.au/downloads/MSHNFinalReportKNedits260813\\_v6.pdf](http://www.ceh.org.au/downloads/MSHNFinalReportKNedits260813_v6.pdf)> accessed 10/12/13, pp. 7-8.

### **MCWH *Understanding Sexuality* project**

In 2011, the MCWH released *Coming Out, Coming Home or Inviting People In?* (Poljski 2011). The report was part of the MCWH's *Understanding Sexuality Project* (see Section 3.3), which was developed in response to the issues raised at a national conference hosted by the Australian GLBTIQ Multicultural Council (AGMC Inc.).<sup>51</sup> Following the conference, the MCWH developed the Understanding Sexuality Project as a way of working with immigrant and refugee communities to “improve their understanding of the issues facing their GLBTIQ members, and to better support GLBTIQ family and community.”<sup>52</sup>

As part of the project, MCHW developed LGBTI training for bilingual health educators. The training and education aim to “build the capacity of bicultural and bilingual workers, who are working closely with community members on a range of issues, to break down stereotypes, to address fears and to offer people alternative discourses for their understanding of sexuality issues.”<sup>53</sup>

The half-day training program was delivered to internal bilingual health educators, who engage with organisations where immigrant and refugee women are likely to be employed.

### **The Victoria Refugee Health Network**

The Victorian Refugee Network was established in June 2007 “to facilitate greater coordination and collaboration amongst health and community services to provide more accessible and appropriate health services for people of refugee backgrounds.”<sup>54</sup>

Currently, a training program is being developed in partnership with the sexual and reproductive health sector that may include information relevant to LGBT people as guided by results of a needs assessment conducted with refugee health nurses.<sup>55</sup>

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<sup>51</sup> Multicultural Centre for Women's Health (2010) web-site, *Health Promotion: Understanding Sexuality Project 2011*, <<http://www.mcwh.com.au/healthprom/sexuality.php>> accessed 16/12/13.

<sup>52</sup> Ibid., accessed 16/12/13.

<sup>53</sup> Multicultural Centre for Women's Health (2010) web-site, *Health Promotion: Understanding Sexuality Project 2011*, <<http://www.mcwh.com.au/healthprom/sexuality.php>> accessed 16/12/13.

<sup>54</sup> Victorian Refugee Health Network Ltd, <http://refugeehealthnetwork.org.au/about/> accessed 26<sup>th</sup> Spet, 2013 2:42PM

<sup>55</sup> Correspondence from stakeholder.

### **ACON's *WE'RE FAMILY TOO***

ACON's *WE'RE FAMILY TOO* (2011) report is currently supported by a web-site that provides information on relevant social events for the LGBTI Arabic-speaking community. It also includes links to support services, such as the GLBT Anti-Violence Project (AVP) and Arab Council Australia. The 'media' link provides a database of relevant articles and videos (See Section 3.2).

## 5. Findings from the stakeholder consultations

I didn't even look, I didn't even realise there were support services out there... I just sort of tried to deal with it myself for a little while. So I just didn't tell anyone [that I was same sex attracted].

Newly arrived gay male, early 20's

A number of common and overlapping themes emerged from conversations with key stakeholders, including the extended interview with a newly arrived gay man from Pakistan. These included barriers to the provision of support to LGBT asylum seekers, refugees and newly arrived young people, and examples of good practice that were ad hoc and relied on the good will and knowledge of individual workers rather than on organisational systems and policies. However, the interviews also involved discussions of ways of tackling these barriers and strategies for developing refugee and migrant services that are inclusive of the needs of LGBT young people and those questioning their sexual feelings or gender identity. These suggestions and strategies, along with the results of the literature review, form the basis of the recommendations outlined in Section 6.

### 5.1. Waiting for disclosure – invisibility

I've never asked, but there have been flickers through my brain, but why would I be asking that? I wouldn't ask that of a married couple.

Refugee health nurse

Few if any of the organisations represented in this report had systems in place for addressing the needs of LGBT young people who were asylum seekers, refugees or newly arrived. As a consequence, service providers and workers only considered the needs of these young people when an individual client disclosed that they were gay, lesbian, bisexual or transgender. When asked if stakeholders had worked with LGBT clients, often the response was that they had not. This invisibility was compounded by a series of heteronormative assumptions such as the belief that everyone who is

married is heterosexual. This ignores the intense pressure that many LGB young people from CALD communities that are family-centred and/or deeply homophobic, are under to marry (Kassisieh 2011; Prestage et al. 2000). Heteronormative assumptions were made by a case manager when her same sex attracted male client asked if dating would affect his visa application. Her response (“No no, you can date girls”) forced the client to disclose his sexual orientation (“It’s not a ‘her’; it’s a ‘him’”).

Nonetheless, over the course of the consultations it became apparent that a considerable number of clients *had* disclosed their feelings of same sex attraction and transgender identity. In two separate instances, young female asylum seekers had identified as lesbian, and in one case the woman was currently married (to a man) ‘back home.’ She disclosed her sexual orientation to her case manager during an initial assessment interview. In one team of case managers 12 young men had identified as gay. This did not include an older gay couple that was also being supported by this small group of case managers.

One transgender client was referred to as FTM (female to male), and was being supported by his case manager and a youth worker. Another young client was referred to as MTF (male to female). The client’s family was present at the initial interview and it was only when this person was alone with an interpreter in the second interview that they disclosed that they were using hormones.

I asked the client ‘Are you transgender?’ because he was talking about female hormones. This was all done with an interpreter. My client looks like a woman so I needed to be direct and not beat around the bush. The client doesn’t identify with that word [‘transgender’].

Q: Do you think your client understood ‘transgender’?

He said ‘no’ [when I asked if he was], he didn’t ask ‘What do you mean?’ [I suggested that we] use a code word, [so that we could discuss it without others knowing]. I thought of ‘Rainbow’, but the client said ‘No! they’ll know what that means!’ (laughs)

Case manager

One stakeholder in the sexual and reproductive health sector had assisted at least two female and two male same sex attracted young people in their claims for refugee status based on their sexual orientation. These clients had a good level of English

proficiency and were born in countries where homosexuality was illegal or subject to severe sanctions. More research is required to ascertain how many other young clients used their sexual orientation or gender identity as grounds for seeking asylum in Australia.

One manager of an organisation supporting asylum seekers was confident that about 10 per cent of the total clients seen at any one time had disclosed feelings of same sex attraction or identified as gay or lesbian to case managers. This accounted for approximately 140 clients to date.<sup>56</sup> Once again, however, their feelings of same sex attraction may not reflect their relationship status.

Many [gay/lesbian asylum seekers] are forced to stay in Australia and get married and have kids, so it's very difficult... If they're able to stay here, they could get put on a Spousal Visa, which offers them more safety.

Stakeholder and manager

Most of the clients mentioned above had disclosed their sexual or gender identity to their case managers or, in one instance, to their refugee health nurse. It is reasonable to assume, however, that many LGBT asylum seekers would not disclose their sexuality or gender identity to workers. Many clients who did disclose expressed the fear that being gay or lesbian would have a negative impact on their visa status, including dating someone of the same sex. As one lesbian asylum seeker said to her case manager, prior to disclosing her sexuality "I'm going to tell you something, but I don't know if I'm going to get into trouble, or get kicked out of the country..." (as told by her case manager). The fear expressed by those young people who *did* disclose their same sex attraction or gender identity suggests that many more LGBT young people are unlikely to disclose or to raise issues relating to their sexual feelings or gender identity.

The fears and experiences expressed by these young people, often for the first time to their case managers, highlights the need for providing basic information to workers and to young people, when appropriate, on the legal status of sexual and gender identity minorities in Australia. This includes equal opportunity and anti-discrimination legislation and the areas of private and public life this legislation covers. However,

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<sup>56</sup> Correspondence from stakeholder.

information alone is not sufficient. As one case manager remarked concerning a client who identified as lesbian, despite being informed that it's "ok to be gay in Australia,"

[the client] continues to be fearful of how DIBP will respond when she discloses that she is a lesbian. I assume that this fear is so ingrained with her it will take some time to feel safe disclosing to others, particularly to government officials.

A number of case workers over the course of this project had encouraged clients who had disclosed their LGBT status to contact the project officer to be interviewed about their experiences. All but one declined. This not only indicates the level of fear experienced by these young people. As similar research has shown, it may also reflect their perceived lack of trust and concerns about confidentiality.<sup>57</sup> It is hoped that future work will address the gaps in data and research in this area.

Many of the key stakeholders argued that the provision of LGBT-inclusive services relied on wholesale cultural and organisational reforms. These involved a clear demonstration that a service was aware of, and could address, the particular needs of refugee and newly arrived young people who identify as LGBT or who may be questioning their sexual feelings or gender identity. However, this support should not rely on individual client's disclosing their sexuality and gender identity. As one manager put it

Clients' comfort regarding their sexual orientation varies greatly. Some are really openly gay and 'out', but may not be able to be around people from their own cultural group...However, often they're not 'out', so they have to be reminded that this is a confidential and safe space.

A number of informants questioned the appropriateness of the term 'coming out' to the experiences of young people from non-Anglo or non-western CALD backgrounds. The following comment is representative of the responses of several stakeholders who argued that the GLBTIQ sector needed to be more aware of and sensitive to the beliefs and practices of 'LGBT' CALD young people.

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<sup>57</sup> Harris, A. (2011) *Teaching Diversities: Same sex attracted young people, CALD communities and arts-based community education*, Carlton: Centre for Multicultural Youth.

I do believe that service providers, including myself, have to be mindful of cultural differences when talking about celebrating sexuality and gender diversity to CALD young people. Understanding 'coming in' has a direct impact on the type of services and advice that we provide to young people. Instead of focusing on the one model of 'coming out', young people can be informed that there are multiple ways to celebrate their sexuality and gender identity while still maintaining family and community connection.

Worker, sexual and reproductive health sector

A young woman from a migrant background elaborates

I think coming out narratives are not that relevant [for people from CALD/ migrant/ refugee backgrounds]. If the generation gap you have with your parents is widened by cultural or linguistic differences, it just changes what your needs are and how you deal with your self-expression and gender expression and so on... I know a lot of straight people from ethnic communities who don't come out about their relationships to their families.

Queer youth migrant/journalist

Relying on disclosure renders those who are same sex attracted and gender questioning invisible.

## 5.2. Accessing support

### 5.2.1. Services

My feeling and experience is that migrant and refugee organisations... are more aware of and better equipped to address GLBTIQ issues than many GLBTIQ organisations are with issues facing newly arrived people. I don't know if that's just because refugee and migrant organisations tend to have more queer staff than GLBTIQ organisations have newly arrived staff?

Queer youth migrant/journalist

With the exception of isolated examples of good practice, few of the services that provide support to asylum seekers, refugees and newly arrived young people consider the needs of LGBT young people or young people who may be questioning their sexual feelings or gender identity. Within the GLBTIQ sector, there is little information on how accessible and culturally inclusive such services are.

Nonetheless several young people wanted to meet other LGBT people (not necessarily those from the same or similar cultural group as them) using existing mainstream GLBTIQ services and found that such experiences boosted their confidence and fostered a more positive outlook.

[Being at a SSAGQ social event] just made me happy to see a space that allows people to be themselves and express themselves and be comfortable and safe from harm.

Newly arrived gay male, early 20's

In Guinea the life of gays is very hard, very difficult, because people in that country have to be very careful because when they find out, they find you out with someone or doing such things, you will be targeted. You will be in very big danger... I like to hang out, like here, in this

[SSAGQ support] group... This is first place which I know in Melbourne where I can meet some gay people and lesbian people.<sup>58</sup>

When asking a stakeholder whether the CALD sector had to be more LGBT inclusive or if the LGBT sector had to be more culturally sensitive, she simply replied, “Both.”<sup>59</sup>

### 5.3. The internet versus face-to-face support

One manager reported that a newly arrived university student had used the internet to find out about existing LGBTI services. However, several case managers expressed concerns that online support groups would be insufficient as many asylum seeking or refugee clients may not be proficient in English. Others noted that many clients may not have access to a computer or to the Internet, and that if clients accessed free library services, this would not be private.

When you’re online you just add more comfort to that zone and it keeps them more isolated... If you’re overseas, I understand if you just want to meet people online, but it’s important to meet people face to face [here in Australia].

Case manager

Another youth worker who was supporting transgender clients highlighted the limitations of providing only online support and information to these young people.

Definitely face to face is better [than online support groups]. There are questions that need to be asked in a certain space. They don’t really know what they don’t know. They need to be aware of the system and meeting face to face would also help to improve their English, and their ability to build relationships. There are people who want to meet and actually see people, especially those who are transitioning, to see what life is like. There are things to learn that just cannot be learnt online.

<sup>58</sup> George, P. and Shmith, P. (2010). *Not so Straight* [Documentary], Family Planning Victoria: Victoria.

<sup>59</sup> Consultation with stakeholder, CALD sexual and reproductive health sector.

Remaining safe online was a concern expressed by both service providers and clients.

I was really selective and um very cautious with social media and what pages I would 'like' because I had all those people from Kuwait still on my facebook and I somehow cared about their perception.

Newly arrived gay male, early 20's

I had to discuss keeping safe using social media to meet people as she [a lesbian asylum seeking client] seemed unaware of the dangers.

Case manager

Clearly there is a need for services to provide CALD appropriate, LGBT inclusive services and, where appropriate, access to similar online information, resources and services (See Section 6).

#### **5.4. Resource development**

Developing culturally-appropriate resources for young people and their families was recommended as a way to increase awareness and foster acceptance. It was suggested that resources be developed in accessible formats (visual, audio and written, and in a range of languages). Depicting LGBT refugees and newly arrived young people in the CALD sector was seen as an important part of signalling to clients that a service or organisation was LGBT-inclusive and was aware of their situation and needs.

This would put a human face/s to the existence of LGBTI refugee and newly arrived people, and offer a simple message that it's OK to be LGBTI in Australia and support can be found. It would be important to use the most effective words and images. Posters, such as those developed for Refugee Week, can have a big impact on all exposed to them - workers, clients [and] the general public.

Former manager

## 5.5. Referral pathways and partnerships

It is not (nor should be) common practice for case managers to discuss or exchange confidential client details.<sup>60</sup> However, in the absence of organisational LGBT-inclusive practice and procedures, the level and quality of support provided to clients who disclose their LGBT status will therefore depend on the experience of individual case managers. Those who have had prior experience in working with sexual and gender diverse youth may be able to provide support and where appropriate referrals to culturally competent, LGBT services and information. However, workers with little or no experience in working with LGBT clients are unlikely to know what “to do next” when a young person discloses that they are LGBT or questioning their sexual feelings or gender identity. One case manager, who had little experience working with LGBT clients, found it difficult to navigate the array of information available online: “There’s so much [information] out there, I didn’t know where to start.”<sup>61</sup>

Several stakeholders recommended that more opportunities to partner with services working with LGBT asylum seekers, refugees and newly arrived young people would assist staff across sectors.

Our first step is for us service providers to be proactive and connect with other service providers who work with refugees and newly arrived migrants... Resources must be culturally sensitive, we need to have the capacity to create them, [and the] funding. Partnerships are the way forward.

Worker, sexual and reproductive health sector

There appears to be a growing awareness among ethno-specific and LGBTIQ services for the need to develop programs and resources that address the needs of LGBT people from CALD backgrounds. This includes refugee and migrant services that are inclusive of the needs of LGBT young people and those questioning their sexual feelings or gender identity. As one worker in the refugee health sector commented “it’s still not great, but it’s a lot better than what it was.”<sup>62</sup> More partnerships across

<sup>60</sup> As one youth worker said, work “[H]as to be done in a way that protects their privacy, otherwise they may be exposed to greater risk.”

<sup>61</sup> Consultation with community health worker.

<sup>62</sup> Consultation with community health worker.

sectors are likely to improve all organisations' abilities to be culturally competent and aware and LGBT inclusive.

## 5.6. Staff training and capacity building

When stakeholders were asked what they thought would help support them in working in this area, the overwhelming majority replied building capacity through staff training. A number mentioned that such training should target not only paid workers, but volunteers, interpreters, community guides, (all) teachers and any agency workers who are employed on behalf of organisations that work with asylum seekers, refugees and newly arrived young people. One medical professional who worked in primary health care said "People have prejudice and [discriminatory] attitudes regarding sexuality and race... I think a core approach is needed."<sup>63</sup>

Several stakeholders expressed frustration or disappointment when support did not come from senior management, whether from within their own organisation or from external service providers.

[Teachers] were just afraid of how it'll be seen by the leadership team at their school. I'm talking about their Principals, Deputy Principals... They fear what may happen if they help to promote [the SSAGQ support group].

Youth worker

Many key informants argue that LGBT issues could be incorporated into existing training modules. As one case manager remarked

We get lots of training and information sessions about different laws regarding housing, Centrelink and so on. But I doubt very much that anyone's even thought about sharing knowledge of laws regarding homophobic/transphobic discrimination.

Likewise, meeting the needs of LGBT asylum seekers, refugees and newly arrived young people should be considered within mainstream LGBT services when possible.

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<sup>63</sup> Consultation with medical health professional.

The questions you're asking do fall out of the scope ... at least at the early stages we're at presently. Reaching newly arrived populations is an interesting and important consideration for us moving forward, however, and I'd be very interested in continuing the conversation with you about the possibility of creating a training module we could roll out...<sup>64</sup>

As this report demonstrates and many key informants argued, staff training needs to be underpinned by organisational policy. Only then can individual staff have not only the organisational resources and training but also the authorisation to support LGBT asylum seekers, refugees and newly arrived young people.

Staff training [needs to be] carried out in conjunction with other interventions (organisational change, service provision etc), rather than on its own. Conducting staff training sessions can be seen as a fairly easy way to improve services (and I'm not saying that it's not). But, it's important that staff have the chance to put what they've learned into practice. If training is delivered without follow up or the opportunities to embed learnings into their practice, staff will just forget what they're been told and service provision won't actually change.

Health promotion officer

For organisations that have LGBT inclusive policies, these need to be embedded in organisational practices, procedure and protocols.

While these [internal] policies make it unlikely that people with LGBTI bigotry are recruited to service provider roles, the challenge is how to ensure that all staff have the capacity to respond sensitively and effectively to LGBTI clients/issues, along with all other issues/diversity... Some "good practice guides" and resources would help

Former manager

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<sup>64</sup> Correspondence from a senior manager of a LGBTI service.

It is only when migrant and refugee services can demonstrate that all their practices, procedures and protocols are LGBT-inclusive, and when LGBT(I) service providers increase their cross-cultural awareness, that LGBT young people from any and all CALD backgrounds will find safe spaces in which they can begin the next stage of their journeys home.

## 6. Recommendations

The following recommendations are based, primarily, on this report's review of current research and policy and interviews with a range of stakeholders who work with and on behalf of young people from asylum seeking, refugee and newly arrived backgrounds. Given the project's modest scale and short timelines, there was limited opportunity to talk with LGBT young people about their experiences of migration, their understanding of their own sexual attractions and gender identity and their support needs. However, the project did include an interview with one newly arrived young person and a discussion with three school communities that have a high population of newly arrived and refugee students.

What is clear, is that agencies that work with young people from refugee and newly arrived backgrounds have given little if any consideration to questions of sexuality and gender identity beyond matters relating to HIV, STIs and BBVs. None of the services consulted in this project had considered the needs of young people who may identify as LGBT or who do not yet have a language to express feelings and ways of being that run counter to dominant sexual and gender norms within their own culture. None had policies and procedures in place for assisting or providing support services for young LGBTI people or those who may be questioning their sexuality and/or gender identity. The question of support only arose when individual young people outed themselves and in most cases workers were unclear of what to do, of what the issues might be for these young people and of where to refer them for appropriate information, care and support.

The following recommendations are aimed at:

- Service providers who work with asylum seekers, refugees and newly arrived young people (including schools)
- GLBTI-focused service providers who have the resources to target LGBT asylum seekers, refugees and newly arrived young people.

## 6.1. Research

- 6.1.1. Funding should be sought for ongoing research on a larger scale than has been possible in this project, to help better understand the support needs of LGBT young people from refugee and newly arrived backgrounds, including the specific needs of asylum seekers where practical.
- 6.1.2. Research which captures the lived experiences of young people and which can provide case study material for staff training and capacity building would be of particular value.
- 6.1.3. It would be useful to improve data collection on those who use their sexuality or gender identity to seek asylum.

## 6.2. Staff training

- 6.2.1. It is essential that staff training and capacity building be systematically provided for those working directly with this client group. This may include case managers, community guides, interpreters, bicultural and community educators/workers and some schools staff. Such training should be designed to give participants an understanding of same sex attraction and gender diversity in the Australian context and, where appropriate, provide them with the skills to respond sensitively and professionally to homophobia and transphobia and to clients who disclose.
- 6.2.2. Staff training should be realistic and include challenges to stereotypical views of CALD community attitudes to same sex attraction and gender diversity, and case studies that are based on relevant real-life experiences of young people/case managers/ teachers etc.
- 6.2.3. With these recommendations in mind, a package for relevant training staff should be developed and should include basic training in LGBTI sensitivity to be followed by a more targeted package for those whose work involves direct client contact.
- 6.2.4. The LGBT(I) sector should, where feasible, engage with cross-cultural training programs in order to ensure their services are culturally inclusive and sensitive to the needs of CALD people, including asylum seekers, refugees and newly arrived youth.

### 6.3. Service development

- 6.3.1. Steps should be taken to foster the support of organisational leadership and encourage a 'top-down' approach to effective policy development and the setting of professional standards and expectations.
- 6.3.2. Services should be encouraged and resourced to develop and advertise inclusive workplace environments by the use of posters, rainbow stickers etc. This would include posters depicting LGBT refugee and newly arrived people and provide information about local supportive services.
- 6.3.3. A project should be initiated to encourage services with a caseload of young people from newly arrived and refugee background, including asylum seekers, to undertake preparation for service accreditation under the Rainbow Tick.
- 6.3.4. There is a need for better coordination, including establishing more partnerships between services and stakeholders committed to meeting the needs of this group.
- 6.3.5. There is a need for clearer referral pathways and sharing of relevant information which can be distributed by workers engaged with asylum seeker, refugee or newly arrived migrant programs to their same sex attracted and gender diverse clients/students. This includes:
  - Easier access to information about culturally-sensitive programs (including online groups) that target LGBT young people who may be CALD, from asylum seeking, refugee or newly arrived backgrounds; and
  - Promotion of existing sites that collect and store relevant LGBT-related reports and research amongst mainstream services that work with asylum seeking, refugee or newly arrived migrants.

### 6.4. Youth support

- 6.4.1. Online support groups are particularly appropriate for this target group and those that exist and are culturally relevant should be more widely promoted. Where appropriate online groups do not exist consideration should be given to their establishment and support.
- 6.4.2. Online groups which constitute queer safe places for LGBTI young people generally should be encouraged to be culturally sensitive and able to meet the needs of young people from newly arrived and refugee background, including asylum seekers.

- 6.4.3.** Workers running LGBTI face-to-face support groups and other support services in areas where there is a high population of newly arrived and refugee young people should be resourced to explore ways of conducting outreach to this group.

## **6.5. Family & community support**

- 6.5.1.** There is great need for education and support for families whose young people may be dealing with same sex attraction or gender questioning. Engaging community leaders to help support parents and friends of LGBT young people from a range of cultural backgrounds, particularly those from the most common countries of birth.
- 6.5.2.** Case workers who support newly arrived and refugee young people should be trained in addressing issues of sexuality and gender as they arise in their work.
- 6.5.3.** Capacity building for the community generally (not just for individual families who have a SSAGQ family member) is needed in order to facilitate familial relations.
- 6.5.4.** Targeted strategies that aim to build capacity among LGBT young people to advocate on the behalf of LGBT asylum seekers, refugees or newly arrived migrants should be fostered through service providers and the young people who access them.

## **6.6. Resource development**

- 6.6.1.** Practical tools that case managers, GPs and other support workers could use to help assess the needs of LGBTI young people in their case loads should be developed as well as ensuring that tools already in use are amended to include issues of sexuality and gender diversity as appropriate. English as an Additional Language (EAL) should be a major consideration in the development of resources, and EAL experts should be used to guide the development of such resources.
- 6.6.2.** Materials and resources that support CALD youth, in particular asylum seeking, refugee and newly arrived young people, that have images of same sex attracted and gender diverse young people.

## 6.7. Funding

- 6.7.1. Specific projects that target LGBT refugees/newly arrived young people are often time/funding limited and unable to maintain a long-term impact or to address changing needs. Some consistency and security in funding to services able to meet the needs of these young people should be considered if the issues are to be effectively addressed.
- 6.7.2. Funding should be sought for a longer term sector development project which will develop and deliver appropriate training through the sector and assist services to move towards Rainbow Tick accreditation.

## 6.8. Next steps

All organisations that engage with asylum seekers, refugees and newly arrived young people should ensure that their service is inclusive to all people, regardless of their sexual or gender identity. Similarly, GLBTI-focused service providers need to ensure that their services are culturally appropriate to meet the needs of LGBT asylum seekers, refugees and newly arrived young people.

# Appendix A

## Steering group membership

The following people attended a meeting at the request of the Assia Altman Sub-fund (a sub-fund of the Australian Communities Foundation) at La Trobe University's Australian Research Centre in Sex, Health and Society on the 15<sup>th</sup> May, 2013. These interested parties discussed what programs/services currently exist for refugee and newly arrived young people who may be LGBT. Many of these people were consulted further by the project officer once this scoping phase of the project began at the end of September, 2013.

| Name                          | Position/Organisation <sup>65</sup>                              |
|-------------------------------|--|
| Dennis Altman                 | La Trobe University  |
| Rebakah Lautman               | (formerly) Australian Communities Foundation                     |
| Anne Mitchell & Naomi Ngo     | Australian Research Centre in Sex, Health and Society            |
| Roz Ward & Joel Radcliffe     | Safe Schools Coalition Victoria, Gay and Lesbian Health Victoria |
| Lottie Turner                 | Rainbow Network, Gay and Lesbian Health Victoria                 |
| Carmel Guerra & Alice Gomez   | Centre for Multicultural Youth                                   |
| Michael West & Georgie Foster | Victorian Department of Health                                   |
| Anna Brown                    | Victorian Gay and Lesbian Rights Lobby                           |
| Budi Sudarto                  | Victorian AIDS Council   |
| Chiedza Malunga & Cliff Chen* | (*formerly) Centre for Culture, Ethnicity and Health             |
| Maria Pallotta-Chiarolli      | Australian GLBTIQ Multicultural Council                          |

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<sup>65</sup> Position at time of appointment to the steering committee

# Appendix B

## Service providers contacted for this scoping project<sup>66</sup>

Aleph Melbourne

Adult Multicultural Education Services (AMES)

Anglicare

Asylum Seeker Resource Centre

Australian Communities Foundation

Australian GLBTIQ Multicultural Council Inc. (AGMC)

Australian Muslim Women's Centre for Human Rights

Australian Red Cross

Australian Research Centre in Sex, Health and Society (ARCSHS)

Centre for Ethnicity and Health (CEH)

Centre for Multicultural Youth (CMY)

Dandenong Hospital

Deakin University

Department of Health

Department of Immigration and Border Protection (DIBP)

Doutta Galla Community Health\*

Dude Magazine

Family Planning Victoria (FPV)

Foundation House

Geelong's Adolescent Sexuality Project (GASP)

Gay and Lesbian Health Victoria (GLHV)

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\*On the 20<sup>th</sup> November 2013, it was announced that Doutta Galla Community Health, Western Region Health Centre and North Yarra Community Health will merge.

<sup>66</sup> Participants or organisation sites (where there is more than one) have not been identified for confidentiality reasons.

Headspace Frankston  
Hoppers Crossing Secondary  
Inner city secondary school<sup>67</sup>  
ISIS Primary Care  
La Trobe University  
Migrant information Centre (MIC)  
Multicultural Centre for Women's Health  
Naree Warren South P-12  
National LGBTI Health Alliance  
Peninsula Headspace  
QLife  
QMs (Queer Muslims in Australia)  
Rainbow Communities Tasmania Inc.  
Rainbow Network  
Refugee Review Tribunal (RRT)  
Safe Schools Coalition Victoria  
Transgender Victoria Australia (TGV)  
Victorian AIDS Council  
Victorian Gay and Lesbian Rights Lobby  
Wesley Mission Victoria  
Western Region Health Centre\*  
Yellow Kitties  
Youth Services, City of Greater Dandenong  
Zoe Belle Gender Centre (ZBGC)

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<sup>67</sup> School staff interviewed asked that the school not be identified in this report.

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