Beyond the myth of ‘pink privilege’:

Poverty, disadvantage and LGBTI people in NSW

A scoping review of the evidence

ncoss
NSW Council of Social Service

About NCOSS

The NSW Council of Social Service (NCOSS) works with and for people experiencing poverty and disadvantage to see positive change in our communities.

When rates of poverty and inequality are low, everyone in NSW benefits. With 80 years of knowledge and experience informing our vision, NCOSS is uniquely placed to bring together civil society to work with government and business to ensure communities in NSW are strong for everyone.

As the peak body for health and community services in NSW we support the sector to deliver innovative services that grow and evolve as needs and circumstances evolve.

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Glossary

Bisexual means a person who is attracted to both men and women, or people who do not identify in a binary manner.

Bi-phobia refers to an irrational fear or hatred of, or aversion to, people who are attracted to both men and women. It can operate at a range of levels, including: (1) institutional (policies or procedures that discriminate), (2) interpersonal (through people's actions and the way they treat other people) and (3) internalised (where a person feels ashamed of who they are and less worthy because they are bisexual.

Discrimination means treating or proposing to treat someone less favourably than someone else because of a particular characteristic in the same or similar circumstances.

Gay refers to men who have a primary sexual and romantic attraction to men, and can also often used to refer to women who have a primary sexual and romantic attraction to women.

Homophobia refers to the irrational fear or hatred of, or aversion to, people who are homosexual (gay or lesbian), or who are perceived to be homosexual. Homophobia can operate at a range of levels, including: (1) institutional (policies or procedures that discriminate), (2) interpersonal (through people's actions and the way they treat other people) and (3) internalised (where a person feels ashamed of who they are and less worthy because they are gay or lesbian or same-sex attracted).

Intersex. According to the UN,[20] Intersex people are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies. In the *Sex Discrimination Act 1984* (Cth), Intersex status refers to a person with physical, hormonal or genetic features that are:

(a) neither wholly female nor wholly male; or
(b) a combination of female and male features; or
(c) neither male nor female.

Lesbian refers to women who have a primary sexual and romantic attraction to women.

LGBTI is an umbrella term used to refer to people who are lesbian, gay, bisexual, transgender and intersex. Sometimes the letters 'Q' and/or 'A' are included, referring to queer and asexual people, respectively.

PLHIV refers to people living with Human Immunodeficiency Virus (HIV).

Sexual orientation refers to sexual attraction, behaviour and identity. Whilst these three concepts, which are constitutive of sexual orientation, are related, insofar as a person's attraction will inform a person's behaviour or practices, and subsequently identity, they do not always necessarily operate congruently across place and time.

Transgender is an umbrella term for people whose gender identity does not match dominant cultural expectations about what it means to be male or female. This includes people whose gender identity does not 'match' their physical/biological sex 'assigned' at birth.

Trans-phobia refers to the irrational fear or hatred of, or aversion to, people whose gender identity does not match dominant cultural expectations about what it means to be male or female. This includes people whose gender identity does not match their physical/biological sex assigned at birth.

Queer is a term applied to anyone who chooses to identify as queer. It can include, but is not limited to, people who identify as LGBTI. The term has different meanings to different people. Some find it offensive, while others reclaim it to encompass the broader sense of history of the gay rights.

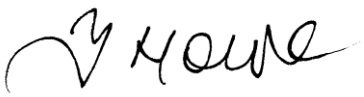
Message from the CEO

Reducing the burden of disadvantage and advancing an agenda of equality

LGBTI people experience higher levels of social disadvantage than the general population in Australia. In spite of consistent evidence to show that many, though not all, people in this diverse population gain qualifications, the odds are often stacked against them. For example, some LGBTI people are more likely to be unemployed, face workplace discrimination or stigma associated with their sexual orientation, gender identity and intersex status, and be paid less than their counterparts. The effects of past legal discrimination continue to mark the lives of many LGBTI people, including many women who came of age in an era marked by rampant homophobia and entrenched sexism, where they lost out significantly when they left marriages, or worked in occupations that paid less, meaning they were only able to save a little for retirement.

Discrimination, as this report demonstrates, continues to drive these experiences of disadvantage, which can compound to produce poverty, particularly as people age. This is something that can be stopped, and something that must be stopped. This report highlights actions we can take to ensure that discrimination becomes a relic of the past, at the big picture level, including through laws and government policies, at the institutional level, where agencies work, and at the individual level, in peoples' lives.

The litmus test of our commitment to improving outcomes for LGBTI people in Australia is action and this is a responsibility for government, civil society, and each and every individual in NSW, and across Australia. NCOSS is committed to advancing an agenda for social justice, including non-discrimination, where each person has the same life-chances regardless of their sexual orientation, gender identity, or the fact that they are intersex.



Tracy Howe
CEO

Contents

Recommendations

1. **Ensure that equality prevails for LGBTI people seeking access to services, and particularly those experiencing poverty and disadvantage, by removing religious exemptions contained in the *Anti-Discrimination Act 1977 (NSW)* and the *Sex Discrimination Act 1984 (Cth).***

2. **Develop measures sensitised to measuring the magnitude of poverty and disadvantage amongst LGBTI people, and to desegregating outcomes, where possible, by population sub-group (this includes by sexual orientation, gender identity, intersex status and relationship status across these groups).**
   This should extend to routine data collection by public agencies, as well as community studies. It may include deliberate 'oversampling' of under-represented groups, including intersex people, to ensure that there is sufficient power to establish associations between socio-economic status and health outcomes for these groups.

3. **Foster workplace inclusion through institutional anti-discrimination policies that are informed by legal obligations and current best-practice.**
   This could include ensuring that staff members are aware of their obligations under the *Anti-Discrimination Act 1977* (NSW) and the *Sex Discrimination Act 1984* (Cth). Regular audits and peer education programs could also assist in ensuring policies are proactively delivered in practice.

4. **Promote equality more broadly, at an institutional level, including through responsive and non-discriminatory service delivery practice(s) that ensures that each and every person accessing a service is treated with respect in areas such as health, education, domestic and family violence and other domains of service delivery.**

5. **Ensure that LGBTI people living in poverty and experiencing disadvantage receive adequate social support at critical time-points.**
   A targeted investment approach must proactively seek to deliver tailored responses that meet the needs of groups within the LGBTI community. Funding should focus on addressing acute need (for example, emergency accommodation for homelessness) in concert with more active investment that can:
   i. assist people who have experienced multiple disadvantage(s) over their life course;
   ii. assist people at early stages of experiencing disadvantage as a result of specific situations related to their gender identity/sexual orientation; and;
   iii. connect people with appropriate services that are trusted by the community.

Introduction

> *Some… believe that sexuality is a privileged topic, important only to affluent groups, so to talk of it betrays bad manners and bad politics on the part of the deprived, who reputably are only interested in issues that are concrete, material, and life-saving, as if sexuality were not all of these.*[1]

The myth of 'pink privilege' has become pervasive in many countries. Represented by the notion of the 'wealthy inner-city gay man' as the archetype for *all* gay men, and in some cases other lesbian, gay, bisexual, transgender and intersex (LGBTI) people, it often has little relation to the everyday lives of people in this diverse population grouping.[2] Notwithstanding this pervasive myth of affluence, there is a lack of research examining the experiences of LGBTI people in relation to poverty and disadvantage in the Australian context, including in New South Wales (NSW).

The LGBTI population group will always remain a numerical minority.[3,4] Shaped by similar historical experiences, it is diverse in terms of ethnic and national origin, socio-economic status, and other attributes, which intersect to shape peoples' lived experiences. [5,6,7] In Sydney, however, LGBTI people constitute a significant population group. The latest census data from the Australian Bureau of Statistics (ABS) indicates that 41% of Australia's male same-sex couples and 34% of the country's female same-sex couples lived in NSW.[8] The concentration of this population group, including in inner-city areas in Sydney (See Figure One and Figure Two), is attributable to a range of reasons. These include people converging to provide support in times of crises, specifically during the early years of HIV/AIDS, and people making a conscious choice to live in a more accepting social environment in some instances.

This report aims to address the gap in knowledge about poverty and disadvantage experienced by LGBTI people in Sydney and NSW more broadly. We use the terms poverty and disadvantage to denote two different sets of distinct, but interrelated, experiences. *Poverty* refers to the inability to meet basic needs (which could be defined as shelter, food, clothes and transport), whilst *disadvantage* refers to differential outcomes people experience as members of a social group, which are essentially discriminatory in nature (for example, disparities in wages and salary earnings, employment conditions, or promotions). Critically, whilst disadvantage, may not automatically lead to poverty, which can be subject to more rigorous measurement, it can compound across the life-course, leading to poverty in later life. This can occur, for example, through exposure to debt in the short-term (through enforced borrowing to survive) or across the life course, through a compounding effect (for example, in retirement, where lower-levels of superannuation, or a reduced asset-base, may be evident).

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[1] Vance, C. (1984) 'Pleasure and Danger: Towards a Politics of Sexuality' in Vance, Carol (ed.) *Pleasure and Danger*, Boston: Routledge, p.7

[2] McGaritty, L.A. (2014). Socioeconomic Status as Context for Minority Stress and Health Disparities Among Lesbian, Gay, and Bisexual Individuals, *Psychology of Sexual Orientation and Gender Diversity,* 1(4): 383–397.

[3] Richters, J., Zou, H., Yeung, A., Caruana, T., de Visser, R.O., Rissel, C., Simpson, J.M., & Grulich, A.E. (2015). *Sexual health and behaviour of men in New South Wales 2013–2014: A report for NSW Health*. Sydney: School of Public Health & Community Medicine, UNSW.

[4] Smith, A., Rissel, C., Richters, J., Grulich, A.E., & de Visser, R.O. (2003). Sex in Australia: Sexual Identity, Sexual Attraction and Sexual Experience Among a Representative Sample of Adults, *Australian and New Zealand Journal of Public Health,* 27(2): 138-145.

[5] Kassisieh, G. (2012). *We're Family Too: The effects of homophobia in Arabic-speaking communities in New South Wales*. Sydney: ACON.

[6] Noto, O., Leonard, W. and Mitchell, A. (2014). "Nothing for them": *Understanding the support needs of LGBT young people from refugee and newly arrived backgrounds - Monograph Series No. 94*. Melbourne: The Australian Research Centre in Sex, Health & Society, La Trobe University.

[7] 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.

[8] Australian Bureau of Statistics (2013). *Same-sex couples*. Canberra: ABS.

This report provides a review of the current literature concerning the burden of disadvantage borne by LGBTI people, as well as factors driving disparities in levels of disadvantage. Additionally, it examines the experiences of LGBTI-centred services in central Sydney, and highlights existing gaps in data collection practices and research. Finally, recommendations for future research are provided in section six. The intention of this report is to initiate a dialogue amongst policy-makers, civil society leaders and members of LGBTI communities themselves about what poverty looks like in NSW for this heterogeneous population group and what we need to do to address it.

Figure One, Female same-sex couples, as a percentage of all couples, Sydney, 2011[9]

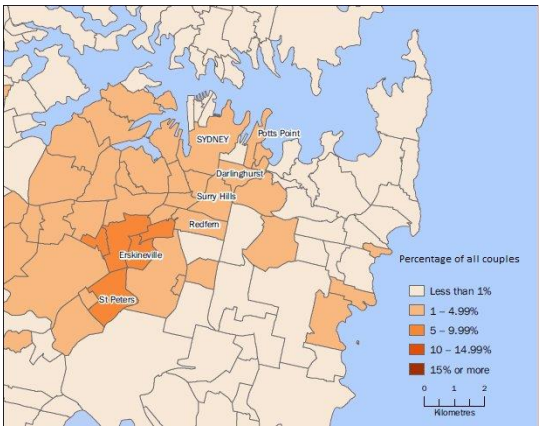
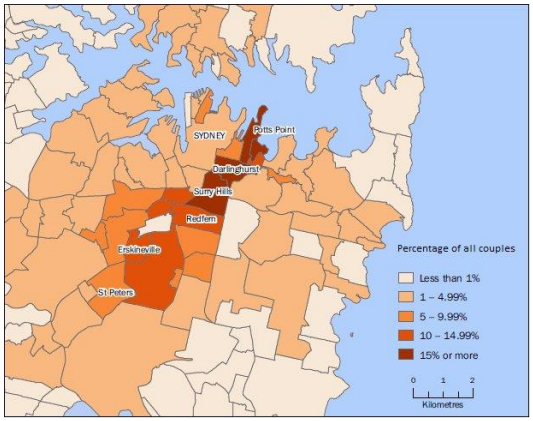


Figure Two: Male same-sex couples, as a percentage of all couples, Sydney, 2011[10]



[9] Australian Bureau of Statistics (2013). *Same-sex couples*. Canberra: ABS.
[10] Ibid.

LGBTI people, poverty and disadvantage: The international evidence base

Defining sexual orientation, gender identity and intersex status

Whilst the term LGBTI, referring to lesbian, gay, bisexual, transgender and intersex people, is used in everyday parlance, the use of this umbrella terminology actually speaks to *sexual orientation*, *gender identity* and *intersex status*. Each of these terms, anchored in international human rights jurisprudence, and emerging understandings of bodily diversity, denotes distinct, although sometimes interrelated issues and experiences.[11,12,13]

Sexual orientation, for example, comprises of three factors, each of which need not be in alignment at a particular point in time. These factors are: *identity* (identifying as gay, bisexual or heterosexual, for example), *attraction* (who one feels romantically and/or sexually attracted to), and *behavior* (or the sexual practices and romantic acts one partakes in).[14] Relevant descriptors of diverse sexual orientations can include: asexuality, bisexuality, homosexuality (including lesbianism) and heterosexuality.[15] A person's ability to identify with a particular subject-position (such as lesbian, gay or bisexual) can be constrained due to historical factors, including *de jure* (legally sanctioned, by law) and *de facto* (social) discrimination, which can fuel stigma.[16] This is known as heterosexism, and refers to the unquestioning, and pervasive, adoption of gendered norms and notions of what constitutes a 'normal' family and 'normal' life, including in relation to one's identity, attraction and behavior(s).[17,18]

Gender identity means:

> the gender-related identity, appearance or mannerisms or other gender-related characteristics of a person. This includes the way people express or present their gender and recognises that a person's gender identity may be an identity other than male or female.[19]

Intersex status, on the other hand, refers to a person with atypical biological sex characteristics. According to the United Nations, "[i]ntersex people are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies."[20] Intersex people have diverse bodies and identities. As with other people, intersex people may be men, women or have other gender identities, and may be same sex and/or other sex attracted. Population-based surveys should seek to include a

[11] United Nations High Commissioner for Human Rights (2011). *Discriminatory Laws and Practices and Acts of Violence against Individuals Based on their Sexual Orientation and Gender Identity* (A/HRC/19/41).
[12] *Toonen* v. *Australia*, Human Rights Committee Communication No. 488/1992, CCPR/C/50/D/488/1992, 4 April 1994.
[13] International Commission of Jurists (2007). *The Yogyakarta Principles: Principles On the Application of Human Rights Law in Relation to Sexual Orientation and Gender Identity*.
[14] Pega F., Gray A., Veale, J. (2010). *Sexual orientation data in probability surveys: Improving data quality and estimating core population measures from existing New Zealand survey data. Official Statistics Research Series (2010- 2).* Wellington: Statistics New Zealand.
[15] San Francisco Human Rights Commission LGBT Advisory Committee (2012). *Bisexual Invisibility: Impacts and Recommendations*. San Francisco: San Francisco Human Rights Commission.
[16] Hatzenbuehler, M.L. (2014). Structural stigma and the health of lesbian, gay, and bisexual populations*, Current Directions in Psychological Science*, 23: 127-132.
[17] Fish, J. & Karban, K. (2015). *Lesbian, gay, bisexual and trans health inequalities: International Perspectives in Social Work*. Bristol: Policy Press.
[18] Plummer, K. (2001) *Sexualities: Critical Concepts in Sociology*. London: Routledge.
[19] Australian Human Rights Commission (2013). *Sexual orientation, gender identity and intersex status discrimination: Information Sheet*. Sydney: Australian Human Rights Commission.
[20] UN Free and Equal (2015). *Fact Sheet: Intersex Rights*. Geneva: UN High Commissioner for Human Rights.

question on intersex status separate to sex, and ensure that other questions that directly address intersex status.

In Australia, since the passage of amendments to the *Sex Discrimination Act 1984* (Cth) in 2013, and consequential amendments to related Acts of Parliament, there has been a growing consensus around the use of the terms sexual orientation, gender identity and intersex status, particularly in legal and policy discourse(s).[21,22] Nonetheless, in the context of this study, we use the terms LGBTI and sexual orientation, gender identity and intersex status interchangeably, recognising their mutually constitutive nature.

Poverty, disadvantage and being LGBTI

There is a burgeoning literature base on the intersections between sexual orientation and poverty or disadvantage, emanating primarily from the United States, the United Kingdom, Europe and Canada. A synthesis of research conducted in the United Kingdom on sexual orientation and poverty concluded that whilst significant attention has been afforded to stigma and discrimination, as markers of inequity, "very little research attends to the material consequences and life chances resulting from such inequality."[23]

Nonetheless, the literature we examined spoke to the following issues as being key concerns: disparities in poverty rates between LGB and heterosexual populations, as well as pronounced disparities in rates of poverty and disadvantage for transgender people and, finally, poor population-level denominator data concerning sexual orientation, in terms of both availability and quality. Most of the available data, it must be noted, focuses on same-sex couples, as opposed to LGBTI people more broadly. Our review also found that the intersection(s) between intersex status and poverty and disadvantage has received considerably less attention in the existing literature.

Population level disadvantage: Disparities in rates of poverty, unemployment and income levels

There is a compelling and growing literature base examining disparities in poverty, and indicators of disadvantage, internationally, on the basis of sexual orientation and, to a lesser extent, gender identity. Cumulatively, this literature highlights how LGB people, and transgender people, are more likely to find themselves unemployed, earn less or have slower career progression, often in spite of higher levels of tertiary education, as well as to experience harassment and discrimination in the workplace. It also reveals, beyond the averaging effect of some studies, how sub-population groups, including lesbian and bisexual woman, bisexual men, and transgender people are more likely to experience both disadvantage and poverty. Anecdotal evidence appears to suggest that a similar situation exists for intersex people.

For example, a study conducted by Albelda et *al*. (2009), which used three different data sets in the United States, examined poverty rates of poverty on the basis of sexual orientation.[24] Each study contained relevant comparison groups (gays, lesbians, bisexual men and women, and heterosexual men and women) and the study design enabled generalisation across groups. The authors used the "Federal Poverty Line" (FPL), which represents an amount of income a family requires to meet food expenses alone, but includes inflation. Due to the limitations of the data set, the authors could only examine couples identified as same-sex or opposite-sex,

[21] Australian Human Rights Commission (2015). *Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Status: National Consultation Report*. Sydney: Australian Human Rights Commission.
[22] Attorney General's Department (2013). *Australian Government Guidelines on Sex and Gender Recognition (2013).* Canberra: Commonwealth of Australia.
[23] Noah Ulhrig, S.C. (2011). *An Examination of Poverty and Sexual Orientation in the UK*. Essex: Institute for Economic and Social Research, p.37.
[24] Albelda, R., Badgett, M.V.L. Schneebaum, A., Gates, G. (2009). *Poverty in the lesbian, gay, and bisexual community*. Los Angeles: The Williams Institute, UCLA.

based on available data. The study concluded that, using this measure of poverty, the rate for lesbian couples was approximately 2.9 points higher than for heterosexual couples, and poverty rates for gay male couples were approximately 1 point higher, once controls for other factors were taken into account. Another study using a sub-sample (n= 1,365,145) of the 2000 census micro-data sample in the US, also found that self-identified gay men, lesbians and bisexuals tended to experience poverty at higher rates than heterosexuals.[25] The authors went a step further, through investigating explanations for differing chances of cohabiting gay and lesbian people experiencing poverty, as well as married and cohabiting heterosexual families.

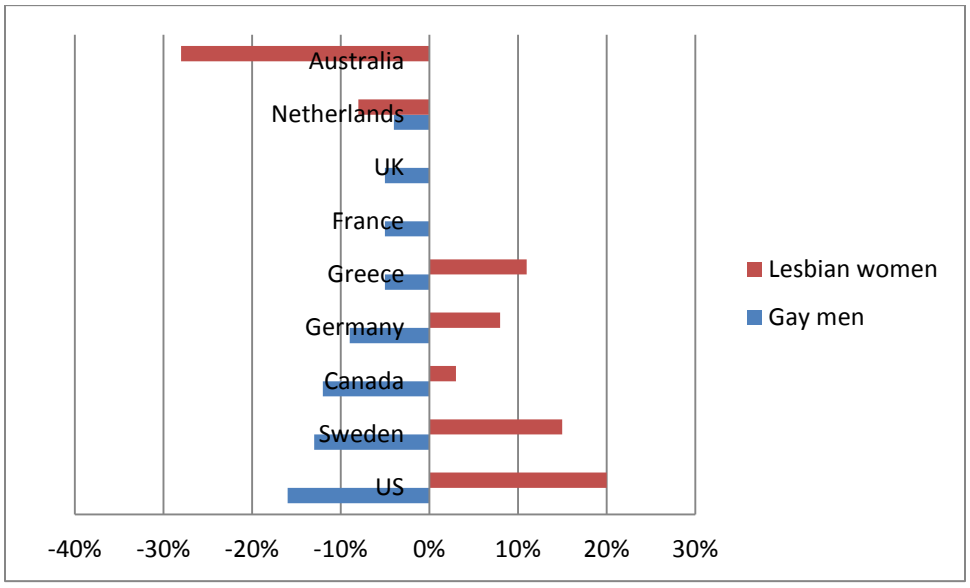
Disparities in earnings between LGB populations and heterosexual people are also identified as a concern in the literature. However, the literature produces a mixed picture of disparities or premiums, particularly concerning differences between gay men and lesbian women, as well as bisexual people. For example, a US study found that evidence existed to suggest that bisexual men and women earn less than heterosexual people.[26] A recent study reporting an analysis of Canadian census data also concluded that sexual minorities tend to earn less, but that gender was still a strong factor, concluding that "heterosexual men earn more than gay men, followed [in order] by lesbians and heterosexual women."[27] A study conducted in the United Kingdom which examined salary gaps between a control group (white heterosexual males) and LGB participants, as well as women and ethnic minority staff in academia, found that large negative pay gaps were experienced by women and bisexuals. In explaining the findings, the authors assert that:

> With respect to sexual orientation, gay men appear to have a positive pay gap and bisexuals a large negative pay gap. Since the various groups differ in age (with women and LGB individuals being younger on average) than the reference group of White heterosexual males, we control for age. Adjusting in this way reduces the pay gaps for women and bisexuals, although they are still large. We then adjust for gender. The interpretation of this is that the positive pay gap for gay men disappears when compared to other men, not to the full sample – it becomes a 3% (statistically insignificant) difference. Lesbians do 10% better than other women (but again, this is not statistically significant), but (a statistically insignificant) 6% worse than men.[28]

In a more recent analysis of labour market outcomes, including job access, satisfaction, earning prospects and workplace interaction, across different contexts, the author concluded that "gay men are found to earn less than comparably skilled and experienced heterosexual men. For lesbians, the patterns are ambiguous: in some countries they have been found to earn less than their heterosexual counterparts, while in others they earn the same or more" (corresponding data is presented in Figure Three, below).[29]

[25] Prokos, A.H. & Reid Keene, J. (2010). Poverty Among Cohabiting Gay and Lesbian, and Married and Cohabiting Heterosexual Families, *Journal of Family Issues,* 31: 934-959.
[26] Carpenter, C.S. (2005). Self-Reported Sexual Orientation and Earnings: Evidence from California, *ILR Review***,** 58(2): 258-273.
[27] Waite, S. & Denier, N. (2015). Gay Pay for Straight Work: Mechanisms Generating Disadvantage, *Gender & Society*, 29(4): 561-588.
[28] UK Association of University Teachers (2001). *Lesbian, Gay and Bisexual Participation in UK Universities: Results from a Pilot Study*, p.6.
[29] Drydakis, N. (2014). *Sexual Orientation and labour market outcomes*. IZA World of Labour, 111.

Figure Three: Comparative overview of studies showing earnings differences for gay men and lesbian women of comparable skill and education level(s), when compared to the general population[30]



For transgender people, differences in earnings are even more pronounced. An analysis of sample surveys in the United States revealed that between 22 to 64 percent of transgender people reported that they earned less than US$25,000 per year, with a high number reporting that they were unemployed.[31]

Available data from the United States indicates that over half of gay, lesbian and bisexual people, do not disclose their sexual orientation in the workplace.[32] A UK report on bisexual inclusion in the workplace provides insights into why bisexual people, in particular, can feel uncomfortable disclosing their sexual orientation in the workplace.[33] One respondent, Niamh, from a private sector organisation, remarked:

> It's so hard for bisexual people to either not be out and try to hide our lives from the world, or instead to be out and constantly be questioned and asked to justify and to tell our stories and be told that we're wrong and we can't be the way we are. It's stressful no matter what you do. You're stuck between a rock and a hard place.[34]

Workplace harassment on the basis of actual or perceived sexual orientation, and gender identity, has been identified as a key driver underpinning this trend. This harassment can include being insulted, humiliated, or verbally and physically threatened by work colleagues.[35] The largest United States study reporting data on the experiences of transgender people found that 78% of respondents experienced at least one form of harassment or mistreatment at work because of their gender identity.[36]

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[30] Sourced from: Sears, B., and C. Mallory. *Documented Evidence of Employment Discrimination and Its Impact on LGBT People*. Los Angeles, CA: The Williams Institute, 2011. Badgett, M. V. L., & Frank, J. (2007) *Sexual Orientation Discrimination: An International Perspective*. New York: Routledge. See also: Klawitter, M. "Meta-analysis of the effects of sexual orientation on earnings." *Industrial Relations: A Journal of Economy and Society* (Forthcoming). Accessed 01/10/2015, from http://evans.uw.edu/sites/default/files/public/EvansWorkingPaper-2011-08.pdf

[31] Badgett, M.V.L. (2009). *Bias in the Workplace: Consistent Evidence of Sexual Orientation and Gender Identity Discrimination*. Los Angeles: The Williams Institute, UCLA.

[32] Sears, B., & Mallory, C. (2011). *Documented Evidence of Employment Discrimination and Its Impact on LGBT People*. Los Angeles: The Williams Institute.

[33] Chamberlain, B. (n.d). *Bisexual People in the Workplace: Practical Advice for Employers*. London: Stonewall.

[34] Chamberlain, B. (n.d). *Bisexual People in the Workplace: Practical Advice for Employers*. London: Stonewall, p.4

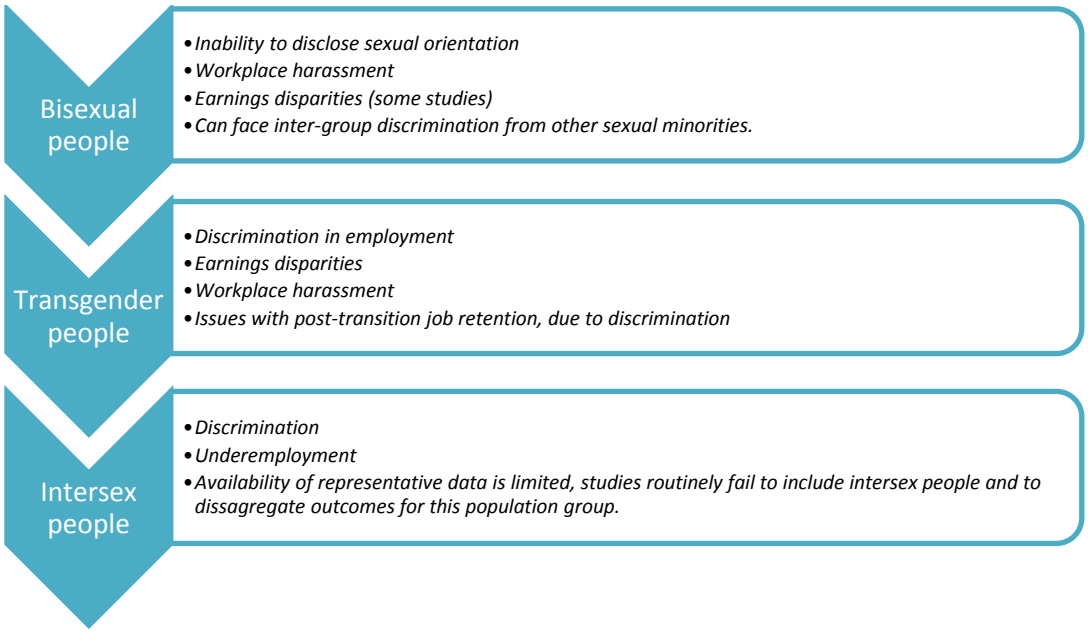
[35] Sears, B., & Mallory, C. (2011). *Documented Evidence of Employment Discrimination and Its Impact on LGBT People*. Los Angeles: The Williams Institute.

[36] Grant. J.T. Mottet, L.A.,Tanis, J., Harrison, J. Herman, J.L. & Keisling, M. (2011). Injustice at Every Turn: A Report of the National Transgender Discrimination Survey 51.

At the extreme end of the scale, unemployment for LGB people, as well as transgender people, continues to constitute a concern. In the New Zealand context, Byrne reported, based on an analysis of the 1996 census, that the unemployment rate was 1.32 times higher for lesbians when compared to heterosexual women (6.2% versus 4.7%) and 1.38 times higher for gay men when compared to heterosexual men (5.5% versus 4.0%).[37] Similarly, a Canadian review of the literature, which sought to measure the costs of homophobia, concluded that LGB people were at an increased risk of being unemployed.[38]

Whilst the costs of prejudice and discrimination, in terms of disadvantage and poverty, are increasingly being measured, and assessed at the individual or social group levels, other studies are beginning to articulate the broader costs of such exclusion at a societal level (including wasted human potential, through underemployment or unemployment, and the resultant cost(s) for society as a whole).[39,40]

Figure Four: Particular LGBTI population sub-groups that face multiple disadvantage(s) in labour market outcomes



[37] Byrne, J. (1997). *What the 1996 census tells us about lesbians*. On-line resource (www.womenz.org.nz/tmln/census.htm).
[38] Banks, C. (2004). *The Co$t of Homophobia: Literature Review on the Economic Impact of Homophobia on Canada*. Saskatchewan: Community-University Institute for Social Research, p.4.
[39] Badgett, M.V.L. (2014). *The economic cost of stigma and the exclusion of LGBT People: a case study of India*. Washington: World Bank Group.
[40] Armas, H. (2007). *Whose Sexualities Count: Poverty Participation and Sexual Rights, IDS Working Paper 294*. Brighton: Institute of Development Studies.

Poor data

A number of studies in the United Kingdom, United States and other contexts, have noted that poor population-level data impeded robust data analysis concerning the relationship(s) between poverty or disadvantage and sexual orientation, gender identity and intersex status.[41, 42]

Community studies, many of which have been undertaken abroad, provide a critical insight into people's lived experiences of poverty or disadvantage. Yet, population-level data provides the opportunity to demonstrate, on the basis of robust data, trends over time for specific population sub-groups, in terms of poverty and disadvantage. Critically, they enable us to analyse the magnitude of socio-economic disparities – in other words, whether they are widening or narrowing over time. Moreover, not all studies, particularly community studies, have the sample size and power to disaggregate data for specific population sub-groups, such as bisexual, transgender or intersex people and analyse associations between socio-economic status and health outcomes. For example, the United States National Health and Social Life Survey, the General Social Survey and the Census Bureau do not ask questions about gender identity.[43] The New Zealand census similarly, has not collected sexual orientation data over time.[44]

Poor data availability and quality can impede the ability of researchers, community members and decision-makers to monitor the enjoyment by LGBTI people of their human rights.[45] The failure to collect adequate data in itself represents an act of omission that arguably constitutes a breach of human rights, as indigenous scholars have similarly argued in relation to the enjoyment of their human rights.[46]

[41] Noah Ulhrig, S.C. (2011). *An Examination of Poverty and Sexual Orientation in the UK*. Essex: Institute for Economic and Social Research.
[42] Pega, F., Gray, A. & Veale, J (2010). Sexual orientation data in probability surveys: Improving data quality and estimating core population measures from existing New Zealand survey data, *Official Statistics Research Series*, 2010–2. Wellington: Statistics New Zealand.
[43] Sifra Quintana, N. (2009). *Poverty in the LGBT Community*. Washington: Centre for American Progress, p.2
[44] Pega, F., Gray, A. & Veale, J (2010). Sexual orientation data in probability surveys: Improving data quality and estimating core population measures from existing New Zealand survey data, *Official Statistics Research Series*, 2010–2. Wellington: Statistics New Zealand.
[45] Kjaerum, M. (2013). *Human Rights, Sexual Orientation and Gender Identity*. European Agency for Fundamental Rights. Brussels: European Union.
[46] Reid, P. & Robson, B. (2013). The State of Maori Health. In M. Mulholland, *State of the Maori Nation: Twenty First Century Issues in Aotearoa*. Wellington: Bridget Williams Books, pp. 17-32.

Methodology

Framework of analysis

This research project is informed by an intersectional approach that situates sexual orientation, and gender identity, as key determinants that shape outcomes for all individuals, in a manner akin to ethnicity, sex and country of birth. Responses to sexual orientation, or gender identity, both by institutions (structural), other people (interpersonal) and individuals themselves (internalised) operate synergistically to shape the opportunities people have in life, their exposure to positive or negative experiences (including discrimination) and, through these intermediary pathways,[47] their outcomes in life, including health,[48] wellbeing[49] (including personal safety) and financial security.[50]

This analytic framework posits that the effects of discrimination, based on sexual orientation, are causally prior to socio-economic status, meaning that sexual orientation has a powerful independent effect in terms of explanatory power. This is a similar pattern to that observed in relation to ethnic disparities in health internationally.[51]

This has implications for not just how we measure socio-economic status (SES), and explain differences in SES between particular social groups, but also how we account for disparities in health and wellbeing for these social groups, which are defined as differences in health outcomes, and their underlying determinants that are 'characteristically unfair, unjust and avoidable'.[52] Cognisant of the mounting evidence to this effect, in 2013, an Australian Senate Committee called for an increasing awareness of disparities in health on the basis of sexual orientation.[53] Horner and Roberts have argued that sexual orientation should, consequently, be recognised as a social determinant of health. They assert:

> …recognising sexual orientation as a social determinant of health, instead of treating it as the elephant in the room, is vital to meeting the health needs of LGBTI people and challenging the discrimination and violence that still mark the lives of many. The challenge facing us now is how best to "mainstream" this idea, so that when people think of the social determinants of health along the familiar axes of socioeconomic status, gender and country of birth, they actively consider sexual orientation too. This extends to the conduct of research, including survey design and refining minimum data standards that underpin routine public health data collection, as well as policy development and service delivery.[54]

[47] Krieger, N. (2008). Proximal, Distal, and the Politics of Causation: What's Level Got to Do With It? *American Journal of Public Health, 98*(2): 221-230.
[48] Tucker, A., Liht, J., de Swart, G., Jobson, G., Rebe, K., McIntyre, J., & Struthers, H. (2013). Homophobic stigma, depression, self-efficacy and unprotected anal intercourse for peri-urban township men who have sex with men in Cape Town, South Africa: a cross-sectional association model, *AIDS, 26*(7), 882-889.
[49] Leonard, L., Lyons, A. &, Bariola, E. (2015). *A Closer Look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians.* Melbourne: Australian Research Centre in Sex, Health and Society.
[50] Hyde, Z., Doherty, M., Matt Tilley, P.J., McCaul, K.A., Rooney, R., & Jancey, J. (2014). *The First Australian National Trans Mental Health Study Summary of Results.* Perth: Curtin University School of Public Health.
[51] Williams, D.R. (1996). Race/ethnicity and socioeconomic status: measurement and methodological issues, *International Journal of Health Services,* 26:483-505
[52] Whitehead, M. (1991). The concepts and principles of equity and health, *Health Promotion International, 6*(3): 217-228.
[53] Senate Community Affairs References Committee (2013). *Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation".* Canberra: Commonwealth of Australia.
[54] Horner, J. & Roberts, N. (2014). Time to recognise sexual orientation as a social determinant of health, *Medical Journal of Australia*, 200(3): 137.

Figure Five: Sexual orientation as a social determinant of health – a pathway approach

Research objectives

- *To examine the magnitude of poverty and disadvantage for LGBTI people in NSW, explore factors that drive rates of poverty and disadvantage and identify gaps in the research base.*

Research questions

Three primary research questions guided data collection for this project:

1) What is the magnitude of poverty and disadvantage for LGBTI people in Australia, and NSW more specifically?
2) What are the effects of disadvantage and poverty for LGBTI people in Australia, and NSW more specifically?
3) What are the current gaps in existing research base?

Data collection

Data collection comprised of a two-stage, step-wise, process. Firstly, a narrative review of recent peer-reviewed and 'grey', or non-peer-reviewed, literature known to the team was undertaken, using publicly available online sources. We used a snow-ball technique to identify further publications of interest, particularly in relation to sub-population groups, such as people living with HIV. Both *population-based studies* (which use a comparator group and rely on routinely collected and/or representative data and *community studies* (in which people self-select to participate) were included in our review. Relevant inclusion criteria were that they reported either, or in combination: (1) socio-economic status (indicators included annual earnings, education or employment status) and (2) health and wellbeing outcomes (for example, mental health, through the SF-36 measure). Summary findings from all publications identified are tabulated and presented in Appendix One.

Secondly, a survey was distributed via *Survey Monkey®* to selected LGBTI organisations, or organisations that work primarily with LGBTI people, in the Sydney area (n=7), to elicit responses to specific target questions. Some of this data was more quantitative in nature and included basic information concerning the demographic the organisation serves and the needs of their client group. For example, the organisations we surveyed served between 20 clients (largely intensive case management) and 10,800 clients per annum (an HIV-centred organisation). Other questions were open-ended and sought to elicit qualitative data concerning the drivers of poverty and what interventions are most effective in addressing this burden.

Data analysis

Respondent data was initially coded inductively and subsequently thematically. Quantitative data arising from the survey responses was aggregated and is reported in Figures Six, Seven and Eight, below. Finally, 'data source triangulation', was undertaken to consider organisational responses in light of the existing literature, including nationally representative population- level surveys and local-level, or LGBTI community-based, studies.[55]

Figure Six: Primary organisational focus of respondents

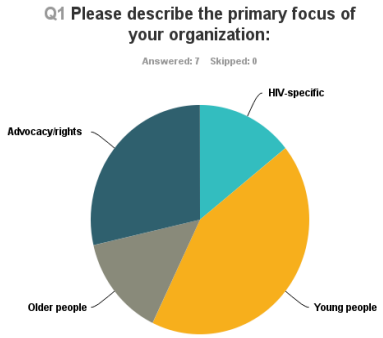


Figure Seven: Proportion of clients experiencing financial stress

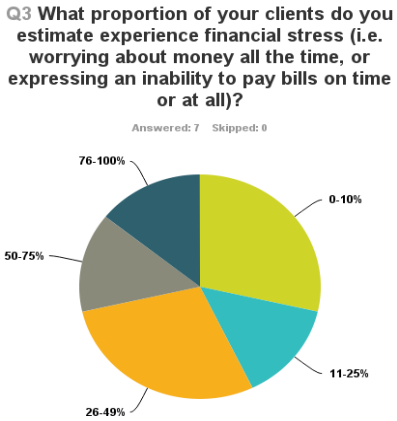
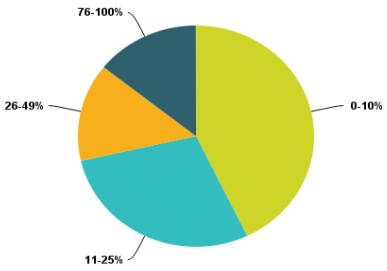


Figure Eight: Proportion of clients experiencing poverty

[55] Patton, M. Q. (2002). *Qualitative Research & Evaluation Methods* (3rd ed.). Thousand Oaks: Sage.

Q4 What proportion of your clients do you estimate experience poverty (i.e. do not have an income that is sufficient to meet their basic needs)?

Answered: 7 Skipped: 0



The magnitude of poverty and disadvantage for LGBTI people in Australia

Out of the Organisation for Economic Co-operation and Development (OECD) countries, Australia is ranked 25th in terms of poverty.[56] A 2014 report by ACOSS notes that, after controlling for housing costs, approximately 2.55 million Australians were living below the poverty line.[57] However, there is limited publicly available data on poverty and disadvantage in Australia which is disaggregated by sexual orientation, gender identity and intersex status. Nonetheless, population-level and community-based studies concerning LGBTI health and wellbeing have, to varying degrees, asked respondents to self-report their level of education, employment status (for example, full-time or part time) and annual income – all measures of Socio-Economic Status (SES). Moreover, a number of studies have explored the relationship between sexual orientation and labour market outcomes in Australia, including the extent to which people experience either wage growth, or a plateau in terms of their earnings. Data for each of these cohort studies is presented in Appendix One, according to author, year of publication, and relevant indicator(s). This provides a concise overview of patterns of disadvantage for LGB people, and to a lesser extent transgender people, relative to their heterosexual counterparts.

The most pronounced indicators of disadvantage are earnings differences on the basis of sexual orientation and gender identity. A study using the Australian Longitudinal Survey of Women's Health data-set concluded that young lesbian woman between the ages of 22 and 27 are less likely to secure employment, have lower personal incomes and are more likely to lose a job than the heterosexual people included in the study.[58] Qualitative studies have found that homophobia and sexism can intersect powerfully in the workplace environment, producing such outcomes. One female respondent in a survey on experiences of discrimination conducted by the NSW Gay and Lesbian Rights Lobby, recounted her experience(s) navigating sexual harassment in the workplace, asserting:

> As gays we have no say. I had to suck it up. In the workplace I was discriminated against and was sexually harassed by one guy who has had 3 sexual harassment warnings and numerous other ones. But nothing was done with him and I had to quit my job due to his torment.[59]

Another study, utilising data from the Australian twins registry, found that sexual minorities, including LGB people, are more likely to avoid occupations where they perceive workers to have adverse attitudes towards them.[60]

A recent Australian study by Sabia and Wooden, which drew on a large nationally representative longitudinal data set, concluded that a labour market penalty existed for sexual minorities and gay males in particular.[61] Gay males were more likely to have 'multiple non-working spells', and face an 'annual earnings penalty of approximately 20 percent,' even after controlling for family and individual characteristics, including personality, religiosity, and risky health behaviours. Moreover, the average earnings growth rate for gay males, over a ten-year period, was found to be substantially smaller than for their heterosexual counterparts.

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[56] The Committee for Economic Development of Australia (CEDA) (2015). *Addressing entrenched disadvantage in Australia*. Melbourne: CEDA, p. 27.
[57] ACOSS (2014). *Poverty in Australia – 2014*. Sydney: Australian Council of Social Service, p.8.
[58] Carpenter, C.S. (2008). Sexual Orientation, Income, and Non-pecuniary Economic Outcomes: New Evidence from Young Lesbians in Australia, *Review of Economics of the Household,* (6)4: 391-408.
[59] Horner, J. (2013). *In their own words: Lesbian, gay, bisexual, trans and intersex Australians speak about discrimination*. Sydney: NSW Gay and Lesbian Rights Lobby, p. 21
[60] Plug, E., Webbink, D., & Martin, N. (2014). Sexual Orientation, Prejudice and Segregation, *Journal of Labor Economics*, 32(1): 123-159.
[61] Sabia, J.J. & Wooden, M. (2015). *Sexual Identity, Earnings, and Labour Market Dynamics: New Evidence from Longitudinal Data in Australia - Melbourne Institute Working Paper Series no 8/15*. Melbourne: University of Melbourne.

They argue that whilst social attitudes have shifted significantly, citing a Pew Research poll that found that 80% of Australians believed that "homosexuality should be accepted by society", discrimination remains an issue.[62] Indeed, an earlier study in 2012, conducted by *Pride in Diversity*, found that of all the age groups in the study, the least likely to report being comfortable disclosing their sexual orientation were those within the 18 to 24 age group.[63] A more recent study by the Australian Human Rights Commission found that across all age groups 62% of respondents reported not being comfortable disclosing their sexual orientation in the workplace.[64] The 2015 Australian Workplace Equality Index (AWEI) survey of 8,993 employees across a number of companies, found that only 20.2% of bisexual males and 37% of bisexual females reported being 'out' at work, compared to 86.8% of same-sex attracted males and 89.6% of same-sex attracted females.[65] These findings suggest that whilst social attitudes have shifted at a population-wide level, this shift has arguably had little appreciable impact in everyday interactions in *some* workplaces, including in terms of prospects of promotion for sexual minorities, and sub-groups including bisexual people.[66] One organisational survey respondent underscored this, commenting that "workplace discrimination…might hinder employment opportunities or career advancement" in response to a question concerning the factors that drive poverty or disadvantage for LGBTI people.

In a pointed case that highlights the effects of discrimination in the workplace environment, one respondent in a 2011 report prepared for the Australian Human Rights Commission, recounted her experience of being forced out of her position, owing to her sexual orientation:

> Tania [not her real name] was employed by a church run disability service. After working for 18 months Tania attended work and found that the homepage on her work computer displayed a bible quote that said negative things about gay people. Tania assumed that this was a mistake and drew her team leader's attention to the quote. The next day the quote remained. Tania wrote a letter to the management explaining that she felt upset and unsafe having to look at that quote everyday and asked that it be replaced with a bible quote that did not vilify gay people. Three of Tania's colleagues also signed the letter. Tania was singled out and told that her gay agenda had no place in a Christian work place. Tania's professional reputation was then attacked, she was accused of poor work performance. Tania was also assigned shifts that she had previously indicated she would be unable to take or were inappropriate. Tania contacted the [Anti- Discrimination Board] to see if she could lodge a complaint and was told that her employer may be able to rely on the religious exception in the Act. Tania left her job due to ongoing harassment.[67]

The effects of chronic (prolonged) or acute (intense, but limited) exposure to such disadvantage across the life-course are readily evident amongst the older LGBTI population. Members of this cohort, to varying degrees, experienced discrimination that was simultaneously *structural* (including through the criminalisation of homosexuality, which remained until 1984 in NSW, and unfair division of property following a previous marriage), *institutional* (being treated as 'friends' rather than partners in hospital settings, for example) or *interpersonal* (being disowned by parents, or dismissed from employment), often report having fewer financial resources to draw upon during retirement.[68] These findings point to a generational, or cohort, effect which impacts particularly heavily on older women within the LGBTI community, given the dual burden of homophobia

[62] Pew Research Centre (2013). *The Global Divide on Homosexuality: Greater Acceptance in More Secular and Affluent Countries*. Washington: Pew Research Centre.
[63] Pride in Diversity. (2012). *Top Employers 2012: The Australian Workplace Equality Index*. Sydney: Pride in Diversity, p. 16.
[64] Australian Human Rights Commission (2015). *Resilient Individuals: Sexual Orientation, Gender Identity and Intersex Rights – National Consultation Report*. Sydney: Australian Human Rights Commission, p.19.
[65] Pride in Diversity (2015). *Australian Workplace Equality Index 2015.* Sydney: Pride in Diversity, p.32
[66] Inner City Legal Centre (2012). *Outing Injustice: Understanding the legal needs of the lesbian, gay, bisexual, transgender and intersex communities in New South Wales*. Sydney: Inner City Legal Centre.
[67] Australian Human Rights Commission (2011). *Addressing sexual orientation and/or gender identity discrimination: Consultation report.* Sydney: Australian Human Rights Commission, p.9.
[68] Barrett, C., Whyte, C., Leonard, W. & Comfort, J. (2014). *No Need to Straighten Up: Discrimination, depression and anxiety in older lesbian, gay, bisexual, transgender and intersex Australians*. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.

and sexism. Cohort effects refer to 'common experiences shared by a particular group, born at a specific point in time'.[69]

The experiences of poverty borne by these people are evidently related to current experiences of disadvantage amongst the same population group, insofar as they have shaped a person's ability to pursue their own aspirations, access education, finance, and save for the future, including retirement. As a representative of one group for older LGBTI woman commented:

> Poverty impacts our ability to access so many of the things that give us a comfortable old age. It makes finding suitable housing near impossible, and we are witnessing older women becoming homeless in increasing numbers. Many older LGBTI women who left conventional marriages may have never received a fair division of property.[70]

In a recent report focusing on LGBTI experiences of ageing, but which did not explicitly report on income levels, 12.3% of participants rated their financial or work situation as a critical concern. One participant pointedly noted:

> I am very concerned about the number of LGBTI folk who are likely to be living in poverty into their old age. Many women in particular have very little super, less likely to own their own homes etc. I already see this happening with some of my friends. Poverty has a huge impact on health and well-being - it impacts access to health care, recreational activities, holidays, good food and much, much more. Poverty for me is the number one issue.[71]

Cumulatively, these findings underscore the persistent and enduring effect of discrimination on the basis of sexual orientation in the Australian context, as measured by earnings differences, employment outcomes and the extent to which people are comfortable disclosing their identity in the workplace environment, and arguably other public settings. Whilst some of these findings point to current lived experiences of poverty, not all of which are adequately reported in existing studies, they equally point to the persistence of patterns of social disadvantage for LGB people, which, as these studies demonstrate, persist to this day.

In terms of gender identity, the *National Trans Mental Health Survey* found that 62.4% of the sample reported a gross annual income below $40,000, well below the mean Australian income of $58,000 in 2013.[72] Similarly, for intersex people, it is understood that a majority earn well below the mean Australian income, with only a small proportion earning in excess of $100,000.[73] In part this may relate to issues around access to education. One organisational survey respondent remarked that for transgender people, transphobia, manifest in discrimination, was a strong driving force undergirding these labour market outcomes, asserting "[it] is a big issue as trans people face alot of discrimination leading to unemployment and housing difficulties…[with the]…intersectionality of factors such as race and mental health exacerbating impacts of discrimination for LGBTQI."

While a relatively large population survey is forthcoming, robust data concerning socio-economic status for intersex people is lacking and will not be captured by survey questions on sex or gender, due to the diversity of legal sex assignments and identities held by people with intersex traits. This suggests that purposive data collection is required, which captures the breadth and depth of lived experience(s) of poverty and disadvantage. This may require deliberate oversampling in population-wide and LGBTI community studies, providing adequate

[69] Mills, T.M. (2012). Concepts in epidemiology: The cohort effect, *Medical Journal of Australia*, 196(5): 311.
[70] Savage, T. (2014). 'Let's Talk About Poverty', *Star Observer*. Accessed on 12/03/2015.
[71] Hughes, M.A. & Kentlyn, S. (2014). *Report of the Survey of the Health and Wellbeing of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Older People in NSW, 2013- 2014.* West Gosford: Evergreen Life Care and Southern Cross University, p.39.
[72] Hyde, Z., Doherty, M., Matt Tilley, P.J., McCaul, K.A., Rooney, R., & Jancey, J. (2014). *The First Australian National Trans Mental Health Study Summary of Results.* Perth: Curtin University School of Public Health, p.16.
[73] Personal correspondence with Oii Australia.

power and ensuring appropriate desegregation of data for this specific population sub-group, by socio-economic indicator, and related health and wellbeing outcome(s), where relevant.

Discrimination as a driver of disadvantage

Driver	***Impact***	***Study***
Discrimination • ***Overt discrimination**** • ***Aversive discrimination***** • ***Internalised discrimination*******	**Employment and workplace relations** • Fear of being 'out' in the workplace (including specifically young people 16-24 years of age). • 20% wage penalty for gay men • 28% wage penalty for lesbian women	• Pride in Diversity (2012, 2015) • Australian Human Rights Commission (2015) • Sabia & Wooden (2015) • IZA World of Labour (2014)[74]

**Refers to instances of, or at least a fear of, direct discrimination.*
***Refers to more subtle forms of discrimination where LGBTI candidates are maligned, akin to the 'aversive racism' described by Gaertner, Dovidio et al.*[75]
**** Based on the notion that people internalize prejudicial attitudes and discriminatory practices.*[76]

[74] Drydakis, N. (2014). *Sexual Orientation and labour market outcomes*. IZA World of Labour, 111.
[75] Gaertner, S., Dovidio J., & Banker, B. (1997). Does white racism necessarily mean anti-blackness? Aversive racism and pro-whiteness. In M. Fine, L. Weis, L. Powell, L.M. Wong (eds). *Off White: Readings on race, power, and society.* New York, London: Routledge, pp 167-178.
[76] Jones, C.P. (1997). Levels of Racism: A Theoretic Framework and a Gardner's Tale, *American Journal of Public Health*, 90(8): 1212-1215.

The effects of disadvantage and poverty

> *The ultimate rights we have in our society are to good health and the opportunity to strive to reach our potential without the devastation that results from homophobia. Those rights are still unavailable for most lesbians, gay men, and bisexuals. Homophobia is killing us.*[77]

Health, healthcare and HIV

The right to health is closely related to and dependent upon the realization of other human rights, as contained in the International Bill of Rights, including the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement.[78]

Successive nationally-representative and local-level studies have highlighted the impact that disadvantage and poverty, largely driven by discrimination, can have on not only self-reported health-status, and quality of life, but access to healthcare services too, a core component of the right to health.[79]

A number of mental health surveys, for example, have established an association between low socio-economic status and self-reported anxiety or depression for LGBTI people. The *Private Lives 2* report, concerning a cohort of 3835 people, found that lower-socio-economic status was a strong predictor of poor mental health outcomes for both sexual and gender identity groups, whether measured by 'psychological distress' or 'resilience'.[80] Consistent with these findings, a study by Lysenko et *al.*, concluded that those who were unemployed were more likely to have a diagnosis of depression, than those who were employed.[81] However, an analysis of the Household Income and Labour Dynamics Australia (HILDA) data, using the SF-36 measure, found that mean life satisfaction was 8.0 for heterosexuals, but 7.6 for gay and bisexual males and 7.5 for lesbian, gay and bisexual females – across the cohort, meaning that discrimination on the basis of sexual orientation may assume additional explanatory power. For example, the Sydney Women and Sexual Health (SWASH) report, whilst not disaggregating mental health outcomes by socio-economic status, concluded that the proportion of women reporting high distress trended upwards, and was most common in young women aged 16-24 (22%), then when compared to those aged 45 years and over (4%).[82]

Smoking is another persistent challenge to the health of LGB women in particular and this addiction, as well as subsequent health outcomes, can arguably exacerbate experiences of disadvantage and poverty. The SWASH report found that although there had been a downward trend in smoking rates when compared to previous years, in 2014 30% of respondents smoked, with 19% reporting that they smoked daily.[83] This is consistent with the findings of earlier representative studies, which have found enduring disparities in the rates of smoking

[77] Banks, C. (2004). *The Co$t of Homophobia: Literature Review on the Economic Impact of Homophobia on Canada*. Saskatchewan: Community-University Institute for Social Research, p.4.
[78] UN Committee on Economic, Social and Cultural Rights (2000). *General Comment no. 14: The right to the highest attainable standard of health* (E/C.12/2000/4), p. 2.
[79] UN Committee on Economic, Social and Cultural Rights (2000). *General Comment no. 14: The right to the highest attainable standard of health* (E/C.12/2000/4).
[80] Leonard, L., Lyons, A. &, Bariola, E. (2015). *A Closer Look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians.* Melbourne: Australian Research Centre in Sex, Health and Society.
[81] Lysenko, N., Pryor, R., Leung, R., Field, K., & Toumbourou, J. (2015). *Building the evidence base of risk and protective factors for depression and anxiety in the GLBTI community*. Melbourne: Drummond Street Services.
[82] Mooney-Somers, J., Deacon, R.M., Richters, J., & Parkhill, N. (2015). *Women in contact with the gay and lesbian community in Sydney: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010, 2012, 2014.* Sydney: ACON & VELiM, University of Sydney.
[83] Ibid.

between heterosexual and non-heterosexual populations in Australia. [84,85] Data from the National Drug Survey Household Strategy (NDSHS) demonstrate that smoking rates for the general population stand at 17.5%, whilst the smoking rate for those identifying as homosexual/ bisexual is 34.2%.[86] For transgender people, similar disparities are evident, with the Private Lives study report indicating that 44.1% of trans men and 35.4% of trans women respondents smoked on more than five occasions in the preceding month.[87] However, these disparities are not necessarily associated with disadvantage or poverty it must be noted. This means that these health outcomes are distributed across the LGB population, but would presumably impact on the expenditure and later health-related costs of LGB people, populations for whom data is available in this context.

One pathway that illustrates the effects of poverty and disadvantage most clearly is cost-impediments in access to healthcare. In a study on LGBTI ageing by Hughes and Kentlyn (n=312), some respondents reported barriers accessing healthcare due to affordability.[88] Two respondents remarked, for example:

> I used to see a GP who was gay but he stopped bulk billing, so I stopped going to him. Now I see a bulk-billing GP but he is very rushed with his appointment times and you are in the door and out again before you know it.
>
> I can't afford dental services although my dental problems are not chronic.

There is also a growing body of literature that highlights the effects of disadvantage, manifest through out-of-pocket expenses, on people living with HIV in the Australian context. A national analysis of people living with HIV reported socio-demographic data and concluded that 28.6% of respondents were living below the poverty line.[89] Such is the effect of these expenses on healthcare seeking practices that an analysis of the Gay Community Periodic Survey positive cohort concluded that being a recipient of welfare was a predictor of medication adherence.[90] This illustrates the importance of structural support for medication adherence.[91] In an earlier study of access to HIV medication through a tertiary healthcare facility in inner city Sydney, 19.6% of respondents reported that it was difficult or very difficult to meet pharmacy dispensing costs, while 14.6% reported that they had delayed purchasing medication due to costs.[92] Very recently, however, the NSW Government removed the co-payment charges for people living with HIV and other chronic illnesses, which is likely to significantly ease the burden of access to medications for this group.[93]

Three organisational survey respondents commented that people living with HIV, many of whom are members of the LGBTI community, face cost barriers, and that their health conditions (sometimes co-morbidities) exacerbated experiences of poverty and disadvantage. One respondent commented, for example:

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[84] Hyde, Z., Comfort, J., McManus, A., Brown, G. &, Howat, P. (2009). Alcohol, tobacco and illicit drug use amongst same-sex attracted women: results from the Western Australian Lesbian and Bisexual Women's Health and Well-Being Survey, *BMC Public Health*, 9(1): 317.

[85] Hillier, L., De Visser, R., Kavanagh, A.M., McNair, R. (2003). The association between licit and illicit drug use and sexuality in young Australian women, *Medical Journal of Australia*, 179(6): 326-327.

[86] Australian Institute of Health and Welfare (2011). *2010 National Drug Strategy Household Survey, Drug statistics series no. 25, Cat. no. PHE 145*. Canbera: AIHW, p.28

[87] Pitts, M., Smith, A., Mitchell, A., & Patel, S. (2006). *Private Lives: A report on the health and wellbeing of GLBTI Australians, Monograph series no. 57*. Melbourne: Australian Research Centre in Sex, Health and Society (ARCHS), La Trobe University & Gay and Lesbian Health Victoria, p. 35.

[88] Hughes, M.A. and Kentlyn, S. (2014). *Report of the Survey of the Health and Wellbeing of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Older People in NSW, 2013- 2014*. West Gosford: Evergreen Life Care and Southern Cross University, p. 31

[89] Grierson, J., Pitts, M., & Koelmeyer, R. (2013). *HIV Futures Seven: The Health and Wellbeing of HIV Positive People in Australia*. Melbourne: Australian Research Centre in Sex, Health and Society (ARCHS).

[90] Mao, L., de Wit, J.B., Kippax, S.C., Prestage, G., & Holt, M. (2015). Younger age, recent HIV diagnosis, no welfare support and no annual sexually transmissible infection screening are associated with nonuse of antiretroviral therapy among HIV-positive gay men in Australia, *HIV Medicine*, 16: 32-27.

[91] Ibid.

[92] McAllister, J., Beardsworth, G., Lavie, E., MacRae, K., & Carr, A. (2013). Financial stress is associated with reduced treatment adherence in HIV-infected adults in a resource-rich setting, *HIV Medicine*, 14: 120-124.

[93] Skinner, J. (2015). Media release: NSW Government eases cost burden for patients with Cancer and chronic conditions.

> Rates of multi-morbidity are higher in PLHIV. 59% of PLHIV have more than 1 co-morbid condition. [t]his includes mental health (depression and anxiety) …. Also co-infection with Hep C (14%). These factors impact on employment, health management capacity and socialization. HIV-related stigma (external and internalized) also exacerbate experiences of poverty and social disadvantage.

For those in specific visa situations, this situation is pronounced, as has been noted in studies conducted in the Australian context.[94] As one survey respondent organisation working in the area of HIV specifically remarked:

> Many clients who are on short term bridging visas that are renewed regularly have trouble finding work. Many clients are not permitted to work due to visa conditions, and sometimes not eligible for [M]edicare.

Cumulatively, this body of research and these responses from organisations working with LGBTI people, highlight the direct and indirect effects on health that poverty and disadvantage, as manifest through low socio-economic status, can have on LGBTI people, particularly people with mental health issues, or living with co-morbidities such as HIV and Hepatitis. Critically, however, it also points to the strong explanatory power of sexual orientation, which shapes a gradient in health between population groups, alongside socio-economic status. In other words, even LGBTI people who are not disadvantaged or living in poverty still report poorer health and wellbeing outcomes than heterosexual people in the same income quintiles (and who occupy the same socio-economic status). Other health-related implications of low socio-economic status for LGBTI people are reported in Appendix One.

Homelessness

Homelessness is more episodic rather than chronic for LGBTI people, but remains a concern. This is pronounced in NSW, where there is a shortage of affordable housing, as well as emergency accommodation. Whilst there is strong anecdotal evidence around LGBTI youth homelessness in Australia, limited data exists. Nonetheless, in a recent Victorian study by McNair and Bush, concerning rainbow women's access to healthcare (n=1628), a staggering 29% of respondents reported having been homeless at some point in their lives, whilst 3.1% were currently homeless.[95]

Homelessness can trigger, and be triggered by, experiences of disadvantage and poverty. This can occur, for example where a young person, who has previously been supported materially, is forced out of a family home following disclosure of their sexual orientation or gender identity, for example. These instances have been documented in successive Australian reports, and can be exacerbated by discriminatory conduct once an LGBTI person, and particularly a young or older person finds themselves in the situation. [96,97]

One organisational respondent, from an agency that works primarily with LGBTI young people, remarked that "[t]here are NO LGBTIQA+ specific refuges in NSW for young people or adults and many LGBTIQA+ people are turned away." Moreover, the same respondent remarked that there were cases where "women's refuge refus[ed] transgender women on the basis they aren't 'real women', or [were] not taking a queer young person into a youth refuge because it is against their religious beliefs." It is also the case that young people who are

[94] Asante, A. Korner, H. & Kippax, S.C. (2009). *Understanding late HIV diagnosis among people from culturally and linguistically diverse backgrounds*. Sydney: National Centre in HIV Social Research.
[95] McNair, R. & Bush, R. (2015). *Rainbow Women's Help Seeking Behaviour Research*. Melbourne: The Department of General Practice, The University of Melbourne.
[96] Robinson, K., Bansel, P., Denson, N., Ovenden, G., Davies, C. (2014). *Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse*. Sydney: Young and Well CRC.
[97] 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*. Melbourne: La Trobe University.

homeless reported high levels of isolation and wanted engagement to move beyond online platforms, towards direct contact.[98]

[98] Robinson, K., Bansel, P., Denson, N., Ovenden, G., Davies, C. (2014). *Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse*. Sydney: Young and Well CRC, p.32.

Findings and future directions

Poverty, marked by homelessness or the inability to access timely healthcare and other everyday necessities, is a reality for some people within the broader LGBTI population. However, experiences of social disadvantage are more widely felt for members of these population groups. This disadvantage is evident, for example, in labour market penalties between gay men and their heterosexual counterparts, lower and slower levels of wage growth between these two groups, and spells where people are unemployed. It is equally evident in the experiences of older lesbian and bisexual women, as well as transgender and intersex people, struggling to survive on a week-to-week basis.

Whilst disadvantage, in and of itself, need not necessarily lead to poverty, it is a strong predictor and can compound across the life-course to produce poverty, intersecting with experiences of sexism, homophobia and, sometimes racism or xenophobia. Its immediate effects are arguably most profound for young people, and older LGBTI people. For women within the LGBTI community, poverty is indeed gendered and part of a historic cohort effect. Numerous studies cited in this report have noted the unique issues confronting lesbian and bisexual women in particular, as well as transgender women, where the compounding effect of homophobia and sexism can produce poor socio-economic and health outcomes. These patterns of disadvantage are evidently undergirded by discrimination, whether overt or aversive in nature, which places people at greater risk of disadvantage. Such discrimination can occur through denying LGBTI people employment opportunities, refusing to offer them appropriate levels of service, or constraining their career trajectories through unsupportive workplace environments, or inadequate professional development and promotion opportunities.

Critically, disadvantage, measured through socio-economic status, is also associated with poorer self-reported health outcomes across a number of indicators, including: mental health, HIV (in some cases) and homelessness, reminding us that sexual orientation can function as a social determinant of health and illuminating its explanatory power, even after taking other factors into consideration.

Gaps in the research

Importantly, this report has identified a number of gaps in the research base concerning poverty and LGBTI people in NSW, and Australia more broadly. The most pronounced gaps include the following:

- ***The full magnitude of poverty amongst LGBTI people in NSW and across Australia is not known.*** This has implications for measuring the extent of, as well as severity of exposure to, poverty amongst this heterogeneous population grouping, as well as the experiences of particular sub-groups, such as transgender or intersex people.

- ***Drivers for particular forms of discrimination (subtle or 'aversive' discrimination) that undergird poverty are known, and are now documented, but not adequately accounted for.*** This means that although we have the evidence, our understanding of how to intervene to reduce the burden of social disadvantage amongst LGBTI people is more limited in the Australian context.

- ***The literature demonstrating the effectiveness of interventions to counter such discrimination is limited and weak in the Australian context.***

Recommendations

On the basis of available evidence, LGBTI people in NSW and Australia more broadly, experience disproportionate levels of disadvantage. Whilst this does not necessarily translate into poverty, at least in the short to mid-term, it can place people at risk of experiencing poverty. Addressing this burden of disadvantage, which affects specific population sub-groups in profound ways, and which is often triggered through exposure to discrimination, requires sustained action at three levels:

The big picture – laws and government policy

1. **Ensure that equality prevails for LGBTI people seeking access to services, and particularly those experiencing poverty and disadvantage, by removing religious exemptions contained in the *Anti-Discrimination Act 1977 (NSW)* and the *Sex Discrimination Act 1984 (Cth).***

2. **Develop measures sensitised to measuring the magnitude of poverty and disadvantage amongst LGBTI people, and to desegregating outcomes, where possible, by population sub-group (this includes by sexual orientation, gender identity, intersex status and relationship status across these groups).** This should extend to routine data collection by public agencies, as well as community studies. It may include deliberate 'oversampling' of under-represented groups, including intersex people, to ensure that there is sufficient power to establish associations between socio-economic status and health outcomes for these groups.

Institutional level – agencies and services

3. **Foster workplace inclusion through institutional anti-discrimination policies that are informed by legal obligations and current best-practice.**
   This could include ensuring that staff members are aware of their obligations under the *Anti-Discrimination Act 1977* (NSW) and the *Sex Discrimination Act 1984* (Cth). Regular audits and peer education programs could also assist in ensuring policies are proactively delivered in practice.

4. **Promote equality more broadly, at an institutional level, including through responsive and non-discriminatory service delivery practice(s) that ensures that each and every person accessing a service is treated with respect in areas such as health, education, domestic and family violence and other domains of service delivery.**

Peoples' everyday lives and interactions

5. **Ensure that LGBTI people living in poverty and experiencing disadvantage receive adequate social support at critical time-points.**
   A targeted investment approach must proactively seek to deliver tailored responses that meet the needs of groups within the LGBTI community. Funding should focus on addressing acute need (for example, emergency accommodation for homelessness) in concert with more active investment that can:
   - assist people who have experienced multiple disadvantage(s) over their life course;
   - assist people at early stages of experiencing disadvantage as a result of specific situations related to their gender identity/sexual orientation; and
   - connect people with appropriate services that are trusted by the community.

Appendix one: Selected studies examining the relationship(s) between sexual orientation, gender identity, intersex status and socio-economic status and/or health outcomes in Australia

Author(s)	*Year*	*Data source and response rate*	*SES indicators*	*Sub-group findings*	*Associated health and wellbeing outcomes*

Leonard, Lyons and Bariola	2015	Private Lives 2 cohort (n=3835)	• *Qualification(s)*
			  ○ 52% of respondents were university educated
			• *Employment status*
			  ○ <48% employed full-time, 17% part-time or casual employment.
			• *Income*
			  ○ 44.7% of respondents earned above the average weekly wage
				"Bisexual females and bisexual males are less likely than lesbian females and gay males to be earning a high income"	*K-10 Psychological Distress measure*
					
					Lower socio-economic status, as well as unemployment, are strong predictors of poor mental health outcomes for both sexual and gender identity groups. This is whether measured by psychological distress or resilience.

Lysenko, Pryor, Leung, Field & Toumbourou	2015	In-depth clinical file audits of non-heterosexual clients aged 18 years and over, who attended the Drummond Street Services, in Melbourne Victoria within a three year period, from 1 July 2008 to 30 June 2011.
		(n=299)
			• *Qualification(s)*
			  ○ *73.9% of respondents were university educated*
			• *Employment status*
			  ○ 77.9% employed
			  ○ 21.1% unemployed/not in labour force
			• *Income*
			  ○ 50.4% of respondents reported having a 'low income'
			  ○ 39.7% of respondents reported having a 'middle income'
					People who were unemployed were more likely to have a diagnosis of depression or anxiety than people who were employed.
					
					People who had only completed education up to Year 12 were more likely to have mental

					health problems than university educated people

McNair & Bush	2015	(n=1628). Female-only survey.	• *Qualification(s)*
			  ○ ~56% of respondents had a university degree
			• *Income*
			  ○ Only 25.7% of respondents had incomes over $75,000 per annum
			• *Homelessness*
			  ○ *12.3% sleeping rough/ squatting 'now' or 'sometime in the past' (n=1606)*
			  ○ *26.8% Emergency accommodation now or anytime in the past (n=1625)*
					~ 29% of respondents had been homeless at some point in their lives. 3.1% were currently homeless.
					
					Higher income was related to lower informal help seeking but not formal help seeking (clinical settings).
					
					Higher education levels related to lower formal help seeking but not informal

Sabia & Wooden	2015	HILDA data-set	• *Employment status*
			  ○ Gay males less likely to be continuously employed their heterosexual counterparts
			  ○ Lesbians show an earnings premium, explained largely by increased labour supply on the intensive margin
			• *Earnings*
			  ○ Gay males face an earnings penalty of 20 percent.
			  ○ Lesbians show greater earnings growth over time		

Grierson, Pitts, Koelmeyer	2013	Positive Australians(PLHIV) from all States and Territories (n=1058)	• *Accommodation*
			  ○ 34.1% in private rental
			  ○ 41.5% owned or were purchasing a house or apartment
			  ○ 12.8% were in public rental accommodation
			  ○ 3.8% were in community housing
			• *Employment*
			  ○ 58.2% were employed, 38.5% full-time.
				54.6% of PLHIV currently in work had not disclosed their HIV status to anyone at their workplace, while 16.1% did not try to keep their HIV status confidential.	

			• *Finances*
			  ○ 47.1% of respondents identified a government benefit as a source of income
			  ○ >50% of respondents reported some difficulty with meeting the cost of living
			• *Poverty*
			  ○ 28.6% of respondents are living below the poverty line		

Hughes and Kentlyn	2014	People aged 50 and over (n=312)	• *Financial concern* ○ 12.3% of participants rated their financial or work situation as a critical concern.		*SF-12 measure of health-related quality of life, the Kessler 10 questionnaire on psychological distress, and the 3-itemLoneliness Scale.* Some respondents reported access barriers to healthcare (including dental care) based on cost.

Hillier et *al*.	2010	Same sex attracted and gender questioning (SSAGQ) young people (n=3134)	• *Education*
			  ○ 41% attended school
			  ○ 40% attended university or TAFE
			• *Employment status*
			  ○ Full time (11%)
			  ○ Part time (30%)
			  ○ Unemployed (5%)		

Richters et *al*.	2015	MSM sub-set from representative survey (n=108)	• *Employment status*
			  ○ 82.8% employed
			  ○ 3.1% unemployed
			  ○ 14.1% not in labour force
			• *Family income per year*
			• *Education*
			  ○ 54.8% tertiary or higher
			  ○ 36.8% secondary
			  ○ 8.4% lower secondary or lower
					Study did not adjust for SES in reporting outcomes.

Mao et *al*.	2015	Gay community periodic survey positive cohort	• *Employment status* ○ 1065 respondents (over half) were employed in full-time paid jobs;		Being in receipt of a welfare payment was a predictor of

			○ 305 (about 1 in 6) received pension or other social welfare payments from the Australian government		greater adherence to ARV (anti-retroviral) treatment.
McAllister et *al*.	2013	Survey of out-patients with HIV attending St Vincent's Hospital in Sydney (n=335)	• *Age* ○ *Mean = 52 yrs* • *Co-infection* ○ *Hepatitis co-infection 9.2%* • *Sex* ○ *95.8% male*		16.1% stated that it was *difficult* and 3.3% stated that it was *very difficult* to meet pharmacy dispensing costs, whereas 15 and four patients (a total of 5.8%) stated that it was *difficult* or *very difficult*, respectively, to meet the costs of getting to the clinic. 14.3% reported that they had delayed purchasing medication because of pharmacy costs and 9.0% reported that they had stopped medication because of pharmacy costs.
Robinson et *al*.	2014	LGBTQI young people (n=1032)	• *Study pathway* ○ *38% attending university* ○ *16.3% attending school* ○ *7.8% attending TAFE* • *Employment status* ○ *27.4% working part-time* ○ *23.6% full-time* ○ *12.9% unemployed*		
HILDA findings	2015	HILDA dataset	• *Educational attainment* ○ *2012 data for age 25 and over:* ○ *Tertiary educated:37.4% males; 29.8% females*		*SF-36 mental health measure* Mean life satisfaction is 8.0 for

			○ *Yr 12 or below: 33.3% males; 44% females* • *Labour force status* ○ *2012 data for age 15 and over: 67.9% males and 67% females employed* • *Income* ○ *Annual disposable income 2012: mean $82,445; median $71,232* ○ *Individuals' equivalised household incomes 2012: Mean $48,935; median $43,210*		heterosexuals, versus 7.6 for GB males and 7.5 for LGB females. Smoking rates are higher for males and females within the LGB population than those for the heterosexual population (33.8%, 26.8% v. 19.8%, 14.1%, respectively).
Hyde et al.	2014	Australian National Trans Mental Health Survey (n=946)	• *Gross Annual Income* ○ <$20,000: 427 (45.1%) ○ $20,000 to $39,999 (17.2%) ○ $40,000 to $59,999 (13.9%) ○ $60,000 to $79,999 (9.6%) ○ $80,000 to $99,999 (5.2%) ○ ≥$100,000 (7.6%) • *Employment Status* ○ Employed (51.5%) ○ Unemployed (12.7%) ○ Unemployed student (17.4%) ○ Unable to work (11.8%) ○ Other (5.8%) • *Healthcare card* ○ Current card (53.8%)		
Mooney-Somers et *al*. (2015)	2015	Respondents in each wave of the Sydney Women and Sexual Health (SWASH) Study, 2006-2014. *Data reported in this summary is for the 2014 cohort alone (n=1100).*	• *Education* ○ Percentage with a post-school qualification (76%) • *Employment* ○ Full-time (62.1%) ○ Part-time (21.1%) ○ Unemployed (3.8%) ○ Students (16.5%) ○ Pensioner (2.6%) ○ Doing domestic duties (2.9%) ○ Not in the workforce (1.5%) • *Annual income before tax* ○ Nil-$19,999 (17.2%) ○ $20,000-$39,999 (17.3%) ○ $40,000-$59,999 (20.0%) ○ $60,000-$99,999 (28.0%) ○ $100,000+ (15.5%) ○ Not reported (3.3%)		*Kessler 6 (K6) measure.* Proportion of women reporting high distress trended upwards, and was most common in young women aged 16.24 (22%), then when compared to those aged 45 years and over (4%). 30% of respondents

					reported that they were current smokers, with 19% smoking on a daily basis. This is significantly higher than smoking rates for the general population. However, a downward trend in overall smoking rates from previous years was observed.