

2023

Inhabiting Two Worlds At Once

Report into LGBTIQ+
Settlement Outcomes



**FORCIBLY DISPLACED
PEOPLE NETWORK**

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Expert Advisory Group:

"Inhabiting Two Worlds At Once" was generously supported by an Expert Advisory Group. Members included:

- Eman Ezekiel (FDPN Advisory Group)
- Supul (FDPN Advisory Group)
- Elena Fox (FDPN member)
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- Julia Frumina (independent)
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- Dr Saan Ecker (independent)
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Design:

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Mental health:

If this report brings up negative and difficult experiences, please contact:

| | |
|---|--|
| 1800RESPECT (1800 737 732) | counselling about sexual assault, domestic and family violence |
| Lifeline 13 11 14 | crisis support and suicide prevention |
| Beyond Blue 1300 22 4636 | mental health support |
| QLife on 1800 184 527 | LGBTI peer support (3pm - 12am) |
| Sunny app | support and information for women with disabilities |
| Rainbow Door 1800729367 | family violence support for LGBTIQ+ people (10am - 5pm) |
| w Respect 1800 542 847 | After hours family violence support (until 10pm) |
| Men's line 1300 78 9978 | support for men |

Acknowledgment of Country:

The work of FDPN is done across the lands of Aboriginal and Torres Strait Islander people who are the traditional custodians of these lands in so-called Australia. We acknowledge that sovereignty has never been ceded by the traditional owners, nor will it ever be ceded. We are thankful for the traditional owners' generosity and welcome on their land. We commit to treading lightly and working to achieve justice for Aboriginal and Torres Strait Islander peoples.

About this survey

This is a project led by the Forcibly Displaced People Network, the first Australian registered LGBTIQ+¹ refugee-led organisation, in partnership with the Australian National University, to establish the first Australian comprehensive survey on the experiences of LGBTIQ+ forcibly displaced people's settlement in Australia. **There has not been a similar survey of this kind in Australia.**

About the target population

LGBTIQ+ people refers to people who are lesbian, gay, bisexual, transgender, intersex, queer or asexual. The plus sign signifies further diversity of people's bodies, identities and/or relationships that are more complex and/or perhaps not understood in common parlance in host countries. When we use the term LGBTIQ+ forcibly displaced person, we are referring to LGBTIQ+ asylum seekers, refugees and migrants (both temporary and permanent) from non-Western countries who are not able to live safely in their country of origin due to their LGBTIQ+ status and subsequent discrimination, persecution and violence.

For this study, we are focusing on non-Western countries, so we have excluded those LGBTIQ+ people who are born in the so-called Global North² countries (for example an ethnic Nepali born in France is not eligible, and an ethnic Italian is not eligible). Eastern European countries that were formerly colonised by USSR are included in the eligibility criteria due to the impact of colonisation, the existence of persecutory and discriminatory laws against LGBTIQ+ persons and the overwhelming negative public attitudes in these countries. We include LGBTIQ+ international students in the sample as many

students stay in Australia after their studies. Students often stay because they are unable to return to countries of origin that are dangerous for LGBTIQ+ people. Additionally, many LGBTIQ+ students have also had experiences of persecution and discrimination in their countries of origin, yet may not be eligible for support services available for refugees because of their visa status.

This survey was open to people aged 18 years or over and currently residing in Australia.

Aim

With this survey, we aimed to collect comprehensive data about LGBTIQ+ forcibly displaced people in Australia, their experiences in Australia and where they seek assistance with health, housing and other settlement services. We also aimed to collect data on their communities of support.

The need for this survey

Despite Australia's resettlement, migration, and asylum-seeking policies for LGBTIQ+ people, the Department of Home Affairs does not collect specific data on an individual's LGBTIQ+ refugee status or their related experiences. However, global data suggests that approximately 3-6% of refugees identify as LGBTIQ+³. Unfortunately, due to shame and fear associated with coming out as an LGBTIQ+ person, many LGBTIQ+ displaced people remain invisible within settlement countries.⁴ The invisibility of LGBTIQ+ people in host countries prevent us from understanding their specific needs which results in needs not being met and unsafe outcomes for this community.

1 There is a different use of the 'LGBTIQ+' acronym throughout the report. When describing FDPN we use 'LGBTIQ+'. Describing survey findings with use 'LGBTIQ+'. Other instances of the use are as used by original authors.

2 The authors would like to acknowledge the issues with using terms such as 'Global North' and 'Global South' to describe areas throughout the world. These terms are often defined and used by researchers, policy makers and politicians in affluent countries who are attempting to purposefully create an oversimplified binary in a world filled with geographical, linguistic, cultural and social complexities.

3 ORAM (2012) Rainbow Bridges: A Community Guide to Rebuilding the Lives of LGBTI Refugees and Asylees.

In Australia, there is a lack of specialised support services tailored to the LGBTIQ+ cohort, as existing services typically operate under heteronormative assumptions that refugees are heterosexual and cisgender. Moreover, most refugee service providers do not collect data on sexuality, and there is no mandatory training addressing the specific needs of LGBTIQ+ individuals. Consequently, many LGBTIQ+ forcibly displaced people choose to disengage from available services.⁵ A study by Kahn et al.⁶ found that LGBTIQ+ forced migrants often anticipated rejection from services based on their previous experiences of rejection in their home countries.

Anecdotal evidence, entrusted to us by this community, reinforces negative experiences of service access and isolation for LGBTIQ+ forcibly displaced people. **The survey conducted for this report presents ground-breaking data that sheds light on the challenges faced by this group.**

The survey fills a critical gap in data collection, as there has been an overwhelming lack of attention to migration status in LGBTIQ+ surveys and SOGIESC⁷ experiences in refugee surveys. Major Australian surveys for the LGBTIQ+ community, such as Private Lives 3⁸ and Writing Themselves In 4⁹, did not collect detailed information on migration status and its associated impacts. Similarly, research on refugees rarely includes exploration of their sexuality, identity or collect comprehensive gender data beyond the sex binary.

For years, the call to improve support for LGBTIQ+ forcibly displaced people has been met with scepticism often attributed to the lack of conclusive data. However **with the new data from the survey as a basis for change, services and governments must advance in advocating for these individuals.** It is crucial that action is taken to address the specific needs and challenges faced by LGBTIQ+ forcibly displaced people, as their

experiences and settlement outcomes differ from their non-LGBTIQ+ peers. The availability of this comprehensive data underscores the urgency for systemic changes and inclusive support services to ensure the safety and well-being of this at-risk community.

Methodology of data collection and analysis

This survey was an online survey developed in co-design with an advisory group consisting of non-for-profit organisations' representatives including a peak body working on settlement, academics in the disciplines of social science and criminology, psychology with expertise in research areas of forced migration and LGBTIQ+ population, and a diverse group of LGBTIQ+ forcibly displaced people from across a variety of states and territories in Australia.

All of the participants who met the criteria for inclusion in the analysis completed the survey online. However, paper copies of the survey were also available. The survey was advertised online through the channels of FDPN, shared by a range of community organisations and academics as well as disseminated at events in person. The survey was conducted in English due to the limited funding available. We recognise using only English for the survey as an unfortunate limitation of the data.

Some questions were based on those of large surveys such as Private Lives 3¹⁰ but were expanded to capture data on migration status. As only some questions were compulsory to answer, total number of responses varies by a question. In analysing the results, we undertook quantitative and qualitative thematic analysis. We provide quotes from participants to further exemplify points. Grammar and punctuation were preserved as written by the participant. For relevant sections, we have provided data comparisons with existing research on the issues that affect mainstream LGBTIQ+ populations, refugees or women.

-
- 4 FDPN, Migration Council of Australia (2020) Gender Responsive Settlement: Broader Learnings from LGBTIQ+ Refugees. Canberra.
 - 5 Chávez, Karma R. (2011) "Identifying the Needs of LGBTQ Immigrants and Refugees in Southern Arizona." *Journal of Homosexuality* 58 (2):189-218.
 - 6 Kahn, S., Alessi, E. J., Kim, H., Woolner, L., & Olivieri, C. J. (2018). "Facilitating mental health support for LGBT forced migrants: A qualitative inquiry." *Journal of Counseling & Development*, 96(3), 316-326.
 - 7 SOGIESC stands for Sexual Orientation, Gender Identity, and Expression, and Sex Characteristics
 - 8 Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia.* ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
 - 9 Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) *Writing Themselves In 4: The health and wellbeing of LGBTIQ+ young people in Australia.* National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University
 - 10 Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia.* ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
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Executive summary

The “Inhabiting Two Worlds at Once” report delves into the experiences of LGBTIQ+ forcibly displaced individuals in Australia, focusing on their health, mental health, education, employment, social support services, legal assistance, discrimination, community connections, homelessness, experiences of violence, impacts of the COVID-19 pandemic, and food insecurity.

Health and Mental Health

- Self-reported mental health scores on a scale of 1 to 100 indicate serious concern for all participants of the survey, but especially among individuals with disabilities (32/100) and trans individuals (48/100).
- Physical health scores on a scale of 1 to 100 were higher than mental health scores for participants with an average at 73/100. However, there is disparities among particular groups.
- Around 27% of the participants reported that their overall health had worsened since their arrival in Australia.
- Access to General Practitioners is limited for some participants with 12% not seeing a GP at all. This is partly due to participants’ ineligibility for Medicare.
- Discrimination within the health system affected 33% of participants and encompassed issues such as misgendering, racism, and homophobia.

Education

- Only 40% of participants had qualifications that were recognized in Australia.
- Participants’ access to education is hindered by differing qualifications from home countries, the high recognition costs of qualifications in Australia and documentation issues around previous qualifications.
- Over 65% of participants faced difficulties in studying which was exacerbated by pandemic-related challenges and limited financial support.

- Education discrimination affected over 34% of participants.
- Education barriers for participants included inaccessible testing, homophobia, transphobia, and financial constraints.

Employment

- Casual employment rates for participants are higher (19.5%) than in the general LGBTIQ+ population (16.8%).
- Volunteering rates are low (1.2%) for participants and this was due to financial precarity.
- Employment barriers for participants include visa status and employers not recognising work experience before their arrival in Australia.
- Employment discrimination is widespread (51.2%) for participants. Intersectional discrimination based on LGBTIQ+ identity and race is common.

Social Support Services

- Participants most accessed services are mental health and general health services, LGBTIQ+ organisations, refugee and asylum-seeking services and LGBTIQ+ refugee organisations or peer support groups.
- Despite the high prevalence of violence in Australia against this community, sexual assault and family violence services are underutilized with over 86% participants not accessing these services.
- Survey participants who were homeless (26.8%) face barriers to housing services, including visa status.
- Barriers to service access include uncertainty about LGBTIQ+ inclusivity, awareness gaps, cultural competence concerns, and participants not perceiving the need for services.
- A concerning 67% of participants experience discrimination in the service system.

Community Support and Connections

- Many participants feel part of the LGBTIQ+ community (91%), but some only when concealing their migration status.
- Approximately 56% of participants feel part of their ethnic community and 63% of participants feel part of the refugee and asylum-seeking community, but often when they do not disclose their LGBTIQ+ status.
- For those participants with disabilities, 62% do not feel part of the disabled community.

Homelessness

- About 35% of participants have experienced homelessness, with an average duration of 4.5 months.
- Financial stress, unemployment, and insecure visa status are the main contributors to homelessness.
- Discrimination in housing affects approximately 50.8% of participants with experiences encompassing racism, homophobia, and transphobia.

Experiences of Discrimination across areas of life

- Discrimination is widespread within the lives of participants with 69% experiencing LGBTIQ+ discrimination, 85% experiencing racism and migration status discrimination, and 15% experiencing ableism.
- Reporting discrimination: Fear of repercussions, unawareness of remedies, and visa status concerns hinder reporting.
- Complaints often yield no change or negative outcomes.

Experiences of Violence

- Around 60% of participants experience violence in Australia which is notably higher than the national average of 4.4%.
- The most prevalent form of violence that participants experience are emotional and verbal abuse. This is followed by sexual harassment, physical violence, and LGBTIQ+ related abuse.
- Sexual violence against participants often involves known perpetrators.
- Only 17% of participants seek support after violence and when they do, the primary sources are counselling and friends.

Impacts of the COVID-19 Pandemic

- Negative pandemic impacts for participants include worsened mental health, concerns for family in home countries, and isolation.

Experiences of Food Insecurity

- During the early months of the pandemic, 15% of participants skipped meals. This dropped during the time of the survey to 6%.

These findings stress the need for targeted support, inclusivity, and outreach efforts for those working with LGBTIQ+ forcibly displaced people. Addressing health, mental health, education, and employment needs while tackling discrimination and fostering inclusivity in services and communities must be paramount for policymakers, healthcare providers, educators, and employers.

Recommendations

Recommendations for Government:

1. Enhance Data Collection:

Improve national data collection practices regarding sexual orientation, gender identity and sex characteristics of migrants and refugees to better understand the needs and challenges faced by LGBTIQ+ forcibly displaced individuals. This data should inform policy development and resource allocation.

2. Fund Research:

Allocate funding for research specifically focused on the experiences and barriers encountered by LGBTIQ+ forcibly displaced individuals in Australia. This research can provide valuable insights for crafting targeted policies and interventions.

3. Healthcare Access:

Address the limited access to healthcare for some individuals by exploring ways to expand access to General Practitioners (GPs), especially for those ineligible for Medicare. Consider policy changes to ensure equitable healthcare access.

4. Anti-Discrimination Measures:

Strengthen state and national legal provisions against harassment, discrimination, and vilification based on race, sexual orientation, gender identity, or sex characteristics. These measures should provide robust protection for this community.

5. Education Recognition:

Review and streamline processes for recognising qualifications obtained by individuals outside of Australia. Reducing recognition costs and simplifying documentation requirements can facilitate better access to education and employment opportunities.

6. Inclusivity Training:

Mandate training programs for settlement support workers to equip them with the knowledge and skills to support the unique needs of LGBTIQ+ refugees and asylum seekers effectively.

7. Multilingual Resources:

Encourage LGBTIQ+ support services to provide resources in languages other than English. Ensure adequate funding for translation services and establish cross-referral pathways for newly arrived LGBTIQ+ youth.

8. Meaningful Participation:

Involve LGBTIQ+ forcibly displaced people in the development of policies and programs that affect their lives. Ensure their meaningful and continuous participation in decision-making processes.

9. Specific Inclusion of LGBTIQ+ Issues in Migration and Multicultural Policy:

It is vital to ensure that LGBTIQ+ issues are explicitly integrated into migration and multicultural policies, emphasising their intersectional experiences.

10. Funding for LGBTIQ+ Refugee-Led Organisations:

Allocate funding to support and empower LGBTIQ+ refugee-led organisations. These organisations play a pivotal role in providing culturally sensitive and relevant assistance.

Recommendations for Services:

1. Tailored Services:

Continuously provide tailored support services for LGBTIQ+ forcibly displaced individuals, including young people. These services need to be equipped to address specific needs for these communities.

2. Inclusive Policies:

Develop internal policies within migrant and LGBTIQ+ support services to promote the safety and inclusion of LGBTIQ+ forcibly displaced people. Commit to service access irrespective of one's migration status.

3. Cross-Referral Pathways:

Establish cross-referral pathways between LGBTIQ+ support services, migrant support services, and other relevant service.

4. Language Accessibility:

Ensure that support services are aware of the linguistic diversity within the community and provide resources and information in languages other than English. Invest in translation services to facilitate communication.

5. Support for Homelessness:

Address the unique challenges faced by LGBTIQ+ forcibly displaced individuals who experience homelessness. Develop targeted housing and support programs that consider visa status and other barriers.

6. Promote Mental Health:

Focus on mental health support, given the concerning mental health scores reported. Provide accessible and culturally sensitive

mental health services, in particular addressing the needs of individuals with disabilities and trans people from displaced backgrounds.

7. Education Support:

Collaborate with educational institutions to create a more inclusive and supportive environment for LGBTIQ+ students. Offer guidance and resources to help students navigate discrimination and challenges.

8. Anti-Discrimination and anti-racism Training:

Equip staff in support services with anti-discrimination and anti-racism training to ensure respectful and inclusive treatment. This training should emphasise cultural competence and awareness of LGBTIQ+ issues.

9. Community Building:

Foster community connections and inclusivity by organising events, peer support groups, and initiatives that encourage a sense of belonging among LGBTIQ+ forcibly displaced individuals.

10. Violence Support:

Provide comprehensive support for survivors of violence, including counseling services and awareness campaigns to encourage reporting. Ensure accessible pathways to support after experiencing violence.

Demographic data:

Who are LGBTIQA+ forcibly displaced people?

This report presents the results from the **82 participants** who were eligible and chose to participate in the survey. We understand that some community members may have had a range of barriers limiting their participation. While the sample size may seem small for a nationwide survey, the diversity of lived experience and the inclusion of qualitative data allows us to generalise these findings to the broader community. The sample provided diverse data on participants visa status, race, ethnicity and SOGIESC characteristics.

Migration Status

The highest number of participants (n= 16; 19.5%) in the survey held a Bridging Visa A when completing the survey. This is followed by those holding citizenship after a protection visa (17%) and holding citizenship after a migrant visa (12%). Another notable point of data here is that 3.7% (n = 3) of participants were undocumented when completing this survey (see table 1.1. below).

Table 1.1. Migration status of participants (n = 82) when completing the survey

| | Number | Percent |
|---|-----------|-------------|
| BVA | 16 | 19.5% |
| BVB | 1 | 1.2% |
| BVC | 5 | 6.1% |
| BVE | 4 | 4.9% |
| TPV/SHEV | 3 | 3.7% |
| PR | 11 | 13.4% |
| International Student | 8 | 9.8% |
| Migrant | 11 | 13.4% |
| Citizen (previously on protection visa) | 11 | 13.4% |
| Citizen (previously on migrant visa) | 9 | 11% |
| No Visa | 3 | 3.7% |
| Total | 82 | 100% |

Most of the participants have been on their current visa between 5 and 10 years (see table 1.2. below). The average duration of being on a bridging visa was as follows:

- BVA - 35 months (with one respondent being on this visa for 7 years)
- BVC - 28 months
- BVE - 70 months (with one respondent being on this visa for 10 years)

Table 1.2. Duration of the current visa for participants (n = 82)

| | Number | Percent |
|--------------------|-----------|-------------|
| No answer | 3 | 3.7% |
| Under 1 year | 4 | 4.9% |
| 1 and 3 years | 10 | 12.2% |
| 3 and 5 years | 18 | 22.0% |
| 5 and 10 years | 29 | 35.4% |
| More than 10 years | 18 | 22.0% |
| Total | 82 | 100% |

12% of participants reported having been undocumented at some point in their life while another 3.7% preferred not to disclose if they had been undocumented. It is important to note the “prefer not to disclose” category within this survey, as many participants may fear that admitting to undocumented status currently or in the past might impact their current life circumstances.

Undocumented status and insecure visas contribute to mental and physical health issues that we will discuss later in the report.

About 10% of participants lived in a refugee camp prior coming to Australia and about 10% of participants were subject to immigration detention, with one respondent having been in an offshore detention centre. Refugee camps and detention centres are unsafe spaces that exacerbate mental health issues and contribute to the insecurity of persons in the forms of physical and sexual violence that is “normal” in these spaces.

Age

The most common age of LGBTIQ+ forcibly displaced people in this survey is between 25 and 34 years old (51%) followed by the 35-44 age bracket (33%). These are significant findings pointing out that it is more common for LGBTIQ+ forcibly displaced people to be of middle age when arriving to Australia. This can be explained by lower earnings and financial stability for LGBTIQ+ people more broadly. Additionally, as several of the participants have been in Australia for several years, the data may be somewhat skewed towards an older demographic.

Table 1.3. Age of participants (n = 82)

| | Number | Percent |
|--------------|-----------|-------------|
| 18-24 | 4 | 4.9% |
| 25-34 | 42 | 51.2% |
| 35-44 | 27 | 32.9% |
| 45-54 | 8 | 9.8% |
| 55-64 | 1 | 1.2% |
| Total | 82 | 100% |

Disability and chronic health conditions (n=82)

17% (n=14) participants disclosed having a disability and another 7.3% of participants noted that they did have a disability, but it had not yet been diagnosed. This raises the total percentage to 24.3% which is **almost double** the average nationwide of 11% of people who have a disability in Australia.¹¹ A further 6% (n=5) preferred not to disclose whether they had a disability or not which could be a reflection of stigma in Australia and throughout the world.

3.7% (n=3) of participants live with HIV which is far more than the national average of 0.1 percent¹² within the Australian population more broadly,

11 See more: [https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-finding/latest-release#:~:text=The%20prevalence%20of%20disability%20increased,%25\)%%20and%20females%20\(17.8%25\).](https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-finding/latest-release#:~:text=The%20prevalence%20of%20disability%20increased,%25)%%20and%20females%20(17.8%25).)

12 <https://hivmanagement.ashm.org.au/the-epidemiology-of-hiv-in-australia/hiv-infection-in-australia-in-the-last-5-years/>

but much lower than the 8 percent for the LGBTIQ+ population more broadly¹³. 7.3% of participants preferred not to disclose their HIV status. This high number of people who refused to disclose may be a reflection of stigma related to HIV in Australia and throughout the world. Additionally, two women (both cis and trans) had a positive HIV status. This is an important finding as the focus on HIV traditionally focuses on men who have sex with men in LGBTIQ+ spaces.

Sexuality, gender and sex characteristics (SOGIESC)

Being guided by the ABS data standard for SOGIEESC variables we asked 4 SOGIEESC questions:

- What best describes your gender? (single choice: woman, men, non-binary, another term, prefer not to say). This question did not distinguish between cis, trans or gender diverse experiences.
- Are you a trans person? (single choice: yes, no, prefer not to say)
- Were you born with a variation in your sex characteristics, also known as intersex status? (single choice: yes, no, I do not know, prefer not to say)
- Which best describes your sexual orientation? (multiple choice).

Table 1.4. Gender of participants (n = 82)

| | Number | Percent |
|-------------------|-----------|-------------|
| Woman | 32 | 39% |
| Man | 28 | 34.1% |
| Non-binary | 17 | 20.7% |
| Another term | 2 | 2.4% |
| Prefer not to say | 3 | 3.7% |
| Total | 82 | 100% |

Most of the respondents are women

(39%; n=32). This data is extremely important as it has been previously assumed that women were a minority of people seeking asylum based on SOGIEESC persecution. This is due to a number of factors, including access to money and laws prohibiting freedom of travel for women¹⁴. However, the trend of women undertaking movement has been noted as the feminisation of forced displacement¹⁵ but previously this feminisation of migration has rarely been explored in relation to women what are part of the LGBTIQ+ community.

27% (n=22) of respondents are trans people. Their gender identifications are as follows:

Table 1.5. Gender of trans participants (n = 22)

| | Number | Percent |
|-----------------------------|-----------|-------------|
| Trans Woman | 8 | 36.4% |
| Trans Man | 5 | 22.7% |
| Non-binary and trans | 8 | 36.4% |
| Another term (gender fluid) | 1 | 4.5% |
| Prefer not to say | 3 | 3.7% |
| Total | 82 | 100% |

3.7% (n= 3) of participants are people born with variations in their sex characteristics (intersex). The number of people born with variations in their sex characteristics are significant in this survey and matches general data on this cohort more broadly.¹⁶

Of the **sexual orientation** of participants, the highest percentage of people said they were gay (21%), chose multiple labels (18%), lesbian (17%), or queer (17%). The reflection of these outcomes is especially important when we consider not only future surveys, but also how the very system itself attempts to label people within the LGBTIQ+ community. It is essential that a broader category

13 <https://hivmanagement.ashm.org.au/the-epidemiology-of-hiv-in-australia/key-populations-in-the-australian-hiv-epidemic/#:~:text=Men%20who%20have%20sex%20with%20men&text=Sexual%20transmission%20between%20men%20accounted,attached%20to%20the%20gay%20community.>

14 See more at: <https://wbl.worldbank.org/en/reports>

15 Cochrane, B., Wolff, L. (2022). Refugee and asylum-seeking women’s lived citizenship at the nexus of family violence and irregular migration. *Citizenship studies*, 26(3), 287-304.

16 See more at <https://ihra.org.au/16601/intersex-numbers/>

of understanding around sexual orientation be introduced into trainings for services and government organisations.

Table 1.6. Sexual orientation of participants (n = 82)

| | Number | Percent |
|---------------------------|-----------|-------------|
| Prefer not to disclose | 2 | 2.4% |
| Lesbian | 14 | 17.1% |
| Gay | 17 | 20.7% |
| Bisexual | 6 | 7.3% |
| Pansexual | 2 | 2.4% |
| Queer | 14 | 17.1% |
| Asexual | 1 | 1.2% |
| Heterosexual/ Straight | 10 | 12.2% |
| Multiple Labels Chosen | 15 | 18.3% |
| Other | 1 | 1.2% |
| Total | 82 | 100% |

There was a relationship between being on a particular visa type and gender identity. Only cisgender women were participants on a TPV/SHEV visa. Cisgender women were most likely of all participants to be on a protection visa currently or previously (citizens at the moment of completing the survey) and on other permanent migrant visa. Trans women were most likely on a protection visa currently or previously (citizens at the moment of completing the survey). Most of the trans and cis men were on the Bridging visa A, which means that they had a substantive visa application in progress and could work but they could not leave Australia.

Most of the non-binary participants, including those who were trans and non-binary, were on some sort of a permanent visa. However, several were international students and one (n=1) had no visa. Two respondents who did not disclose their visa were on a Bridging visa E meaning that they were 'unlawful' at some point in Australia. it is understandable why those participants have a fear of disclosing additional information.

Table 1.7. Gender and migration status

| | BVA | BVB | BVC | BVE | TPV SHEV | PR | IS | M | C-z (PR) | C-z (M) | no visa |
|---|-----------|----------|----------|----------|-------------|-----------|----------|-----------|-------------|------------|------------|
| Cisgender women | 2 | 0 | 1 | 0 | 3 | 5 | 0 | 6 | 5 | 2 | 0 |
| Trans women | 2 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 3 | 0 | 0 |
| Cisgender men | 8 | 0 | 1 | 2 | 0 | 1 | 5 | 1 | 1 | 2 | 2 |
| Transgender men | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Non-binary | 1 | 0 | 0 | 0 | 0 | 1 | 2 | 1 | 1 | 2 | 1 |
| Non-binary and trans | 0 | 1 | 0 | 0 | 0 | 2 | 1 | 2 | 0 | 2 | 0 |
| Other gender identity (cisgender) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Other gender (transgender) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Prefer not to disclose gender | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 16 | 1 | 5 | 4 | 3 | 11 | 8 | 11 | 11 | 9 | 3 |

PR - protection visa
 IS - international student
 M - migrant
 C-z (PR) - citizen, previously on protection visa
 C-z (M) - citizen, previously on migrant visa

Table 1.8. Gender and age

| | 18-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ |
|-----------------------------------|----------|-----------|-----------|----------|----------|----------|
| Cisgender women | 1 | 10 | 6 | 6 | 1 | 0 |
| Trans women | 1 | 1 | 6 | 0 | 0 | 0 |
| Cisgender men | 0 | 15 | 6 | 2 | 0 | 0 |
| Transgender men | 0 | 2 | 3 | 0 | 0 | 0 |
| Non-binary | 1 | 4 | 4 | 0 | 0 | 0 |
| Non-binary and trans | 1 | 4 | 3 | 0 | 0 | 0 |
| Other gender identity (cisgender) | 0 | 1 | 0 | 0 | 0 | 0 |
| Other gender (transgender) | 0 | 1 | 0 | 0 | 0 | 0 |
| Prefer not to disclose gender | 0 | 3 | 0 | 0 | 0 | 0 |
| Total | 4 | 41 | 28 | 8 | 1 | 0 |

When comparing age with gender, more cisgender women were in the older breakdown than any other participants.

When comparing gender with disability, most non-binary participants were people with disability. Cis-gender and transgender women, as well as a cisgender man and another gender diverse participants were among people living with HIV.

Table 1.9. Gender, Disability and HIV status

| | Do you have a disability? | | | | Are you a person living with HIV? | | |
|-----------------------------------|---------------------------|-----------|---------------------|---------------|-----------------------------------|-----------|---------------|
| | Yes | No | No formal diagnosis | No disclosure | Yes | No | No disclosure |
| Cisgender women | 2 | 22 | 0 | 0 | 1 | 22 | 0 |
| Trans women | 1 | 6 | 0 | 1 | 1 | 8 | 0 |
| Cisgender men | 1 | 18 | 3 | 0 | 1 | 19 | 1 |
| Transgender men | 1 | 4 | 0 | 0 | 0 | 4 | 1 |
| Non-binary | 5 | 3 | 0 | 1 | 0 | 9 | 0 |
| Non-binary and trans | 4 | 2 | 1 | 2 | 0 | 8 | 0 |
| Other gender identity (cisgender) | 0 | 1 | 0 | 0 | 1 | 0 | 0 |
| Other gender (transgender) | 0 | 0 | 0 | 1 | 0 | 1 | 0 |
| Prefer not to disclose gender | 1 | 2 | 0 | 0 | 0 | 3 | 0 |
| Total | 15 | 58 | 4 | 5 | 4 | 74 | 2 |

Ethnic, cultural, religious and linguistic background

For anonymity, we asked participants to select their region of origin rather than country of origin. We acknowledge that these regions of origin can be problematic as they are colonial in nature. However, we have chosen to use them as they are consistent with other studies of this nature.

Most participants originated from the Middle East (20%), Southeast Asia (15%) and South Asia (13%). Additionally, seventy participants provided their specific country of origin¹⁷. We did not include the whole list of countries to avoid any identification of participants. The majority of participants came from the following countries: India, Indonesia, Iran, Lebanon, Malaysia, Pakistan, Sri Lanka and Uganda.

Table 1.10. Regions of origin of participants (n = 82)

| | Number | Percent |
|-----------------|-----------|-------------|
| Middle East | 16 | 19.5% |
| Southeast Asia | 12 | 14.6% |
| South Asia | 11 | 13.4% |
| Eastern Europe | 9 | 11.0% |
| Eastern Africa | 6 | 7.3% |
| Southern Africa | 5 | 6.1% |
| South America | 5 | 6.1% |
| East Asia | 4 | 4.9% |
| Oceania | 4 | 4.9% |
| Central Asia | 3 | 3.7% |
| Central America | 2 | 2.4% |
| Multiple chosen | 2 | 2.4% |
| Middle Africa | 1 | 1.2% |
| Northern Africa | 1 | 1.2% |
| Western Africa | 1 | 1.2% |
| Total | 82 | 100% |

Most of the respondents reported **no religion** (40.2%) which is an interesting finding that may reflect tensions between certain religions and LGBTIQ+ status.

17 This was an optional question

Table 1.11. Religion of participants (n = 82)

| | Number | Percent |
|----------------------------|-----------|-------------|
| No response | 4 | 4.9% |
| None | 33 | 40.2% |
| Islam | 14 | 17.1% |
| Christianity | 18 | 22.0% |
| Hinduism | 4 | 4.9% |
| Buddhism | 3 | 3.7% |
| Judaism (ethnic/religious) | 1 | 1.2% |
| Other | 5 | 6.1% |
| Total | 82 | 100% |

Participants listed 36 languages spoken at home. The top five languages included:

- English (26%)
- Arabic (12%)
- Spanish (7%)
- Farsi (7%) and
- Urdu (7%)

Other spoken languages include the following: Bahasa, Bangli, Croatian, Dhivehi, French, Hazaragi, Hindi, Hokkian, Indonesian, Javanese, Juba, Kakwa/Arabic, Krio, Luganda, Malay, Mandarin, Polish, Punjabi, Russian, Serbian, Setswana, Shona, Sinhala, Swahili, Taiwanese, Tamil, Temene, Thai, Tongan, Ukrainian and Vietnamese.

Relationships and children

Most participants are single (37%, n=30). One respondent indicated that they are non-monogamous.

8.5% (n=7) of participants had children with one noting that their child was missing or deceased.

Table 1.12. Relationship status

| | Number | Percent |
|------------------------------|-----------|-------------|
| No answer | 3 | 3.7% |
| Single | 30 | 36.6% |
| Married Partner in AU | 11 | 13.4% |
| Married Partner Other | 2 | 2.4% |
| Partnership in AU | 14 | 17.1% |
| Partnership Other | 3 | 3.7% |
| Partner is missing/ deceased | 1 | 1.2% |
| Dating | 11 | 13.4% |
| Separated/ Divorced | 3 | 3.7% |
| Checked multiple | 2 | 2.4% |
| Other | 2 | 2.4% |
| Multiple chosen | 2 | 2.4% |
| Middle Africa | 1 | 1.2% |
| Northern Africa | 1 | 1.2% |
| Western Africa | 1 | 1.2% |
| Total | 82 | 100% |

Where participants live

The living situation question was optional and a total of 62 participants responded. Table 1.9 below compared living arrangements for LGBTIQ+ displaced population with the data on LGBTIQ+ people from the Private Lives 3.¹⁸

Table 1.13. Comparison of living arrangements

| | LGBTIQ+ displaced people | LGBTIQ+ population (Private Lives 3) |
|----------------------|--------------------------|--------------------------------------|
| Private rental | 77% | 47% |
| Own home | 14% | 31.2% |
| With family | 3% | 19.9% |
| Public housing | 3% | 0.7% |
| Transitional housing | 1.6% | 0.3% |

As shown in the comparison table, LGBTIQ+ displaced people mostly live in private rentals (77%). In comparison with the Private Lives Matter 3 survey, home ownership is less than half of that of the the LGBTIQ+ population more broadly. This can likely be explained by visa status, discrimination and access to employment, as discussed later in the report. Living with family is highly uncommon, noting that family could have been perpetrators of violence and that they most likely do not reside in Australia.

There are also four times the percent of participants in this survey that live in public housing and transitional housing (4.1%) in contrast with the LGBTIQ+ population more broadly (1%). Again, visa status and access to employment could be factors in this discrepancy.

Geographically most of participants reside in VIC (40%). No participants were residing in the Northern Territory at the time of completing the survey. Out of all respondents, 2.4% (n=2) indicated that they lived in regional Australia.

18 Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.

Chart 1.1. Geographic location in Australia

| | | |
|------------|--|-------|
| ACT (n=18) | | 20% |
| NSW (n=14) | | 17% |
| VIC (n=31) | | 40% |
| QLD (n=9) | | 11% |
| TAS (n=2) | | 2.40% |
| SA (n=1) | | 1.20% |
| WA (n=4) | | 4.90% |
| NT (n=0) | | 0% |

Levels of education

Overall, across the sample of those who responded to the question, postgraduate degree was the most common highest level of education acquired. When we excluded those participants who are international students, migrants and current citizens (28% of the total respondents) who were previously migrants,

postgraduate degrees were still more common. However, when examining the statistics without those groups, it is clear that those who were seeking asylum under the various visa types, were likely to have less educational qualifications. It is also significant to note that 17% of respondents did not answer this question.

Table 1.14. Levels of education

| | All respondents | Respondents excluding international students, migrants and citizens who were previously migrants |
|------------------------------------|------------------------|---|
| Did not disclose | 17.1% | 17.1% |
| No formal schooling | 2.4% | 2.4% |
| Primary school | 2.4% | 2.4% |
| Secondary/high school | 13.4% | 11.0% |
| Vocational training | 13.4% | 11.0% |
| Undergraduate Uni Degree | 20.7% | 13.4% |
| Postgraduate Uni Degree | 30.5% | 14.6% |
| * percentage of excluded responses | 0% | 28% |
| Total | 100% | 100% |

Health

Self-reported health

Participants were asked to rank their health from 1 to 100, where 1 was the lowest self-reported status of health and 100 was the highest.

Self-reported mental health data shows especially concerning results for two groups: people with a disability (rating their mental health 32/100) and trans people (48/100). It is important to note that people with permanent visas were more likely to report better than average mental health (59/100 to an average of 56/100) and those with temporary visas were likely to report less than average mental health scores (54/100 to an average of 56/100).

Self-reported physical health was 73/100 on average across the samples. **Both temporary and permanent visa holders were on par with this, but again people with disability (55/100) and trans people (67/100) were below the average health score.** While physical health and disability may have a connection that can be explained, the low ranking of trans people is a complex outcome that should be examined.

Table 2.1. Self-reported mental and physical health

| | Mental Health | Physical Health |
|-------------------------|---------------|-----------------|
| Average across sample | 56 | 73 |
| Temporary visa holders | 54 | 73 |
| Permanent visas holders | 59 | 74 |
| People with disability | 32 | 55 |
| Trans people | 48 | 67 |
| Lowest ranking | 1 | 19 |

We have asked participants whether their health has changed in Australia. This question provides a general overview on health with no distinction between mental and physical health.

Despite being an affluent country with a universal healthcare system, about 27% of participants who answered said that their health had gotten worse since moving to Australia. This is likely due negative settlement experiences and high rates of discrimination and violence. About 30% of participants said their health improved and 11% said there was no change to their health. Interestingly, 25% chose not to answer this question.

Table 2.2. Changes to health in Australia

| | Number | Percent |
|--|-----------|-------------|
| No change | 9 | 11.0% |
| Got better | 24 | 29.3% |
| Got worse | 22 | 26.8% |
| Cannot comment as still not access to healthcare | 2 | 2.4% |
| Prefer not to say | 21 | 25.6% |
| Other | 4 | 4.9% |
| Total | 82 | 100% |

Access to GP

When asked about access to a General Practitioner (GP), 45% of participants answered that they had a regular GP while 40% saw a different GP on each occasion. Most of respondents saw a GP in either a fee-paying or a bulk-billing practice. Only 4 respondents said they saw a GP in a refugee service. Of those who did not see a GP, 3% of participants reported going to the emergency room when they are in a health crisis.

12% of participants reported that they did not see a GP at all which is very concerning. Of the 12% of participants who answered, the top reason for not having a GP was not being eligible for Medicare. The second reason that participants noted was not being able to find a GP who was both LGBTIQ+ inclusive and culturally competent.

Mental Health

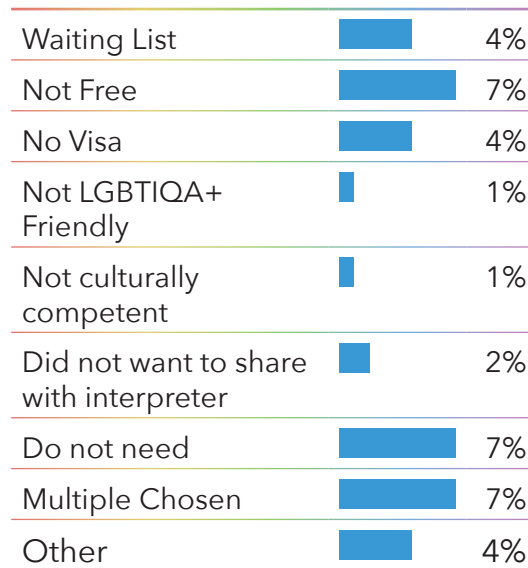
Participants said that mental health services were the service most likely to be accessed. About one third of participants said they had never accessed these services while another one third accessed them on a regular basis.

When asked how often they saw a mental health professional, 30.5% of

participants had a regular professional and 8.5% of participants saw a new professional on each occasion. 1% or participants reported that they felt judged by a mental health professional in the past so never returned to a service.

Of those who reported on the reasons for not seeking a mental health professional, the majority stated it was because the service had multiple issues or was not free (7%). A similar portion of the participants (7%) said they did not need a mental health professional.

Chart 2.1. Reasons for not seeing a mental health professional



For those participants who sought out mental health services, the majority accessed services through private health (13%). No participant accessed mental health services through an LGBTIQ+ organisation. This is an alarming finding as respondents testified to the importance of accessing an LGBTIQ+ inclusive service and culturally competent services. This finding signals the importance of outreach to the LGBTIQ+ displaced communities by LGBTIQ+ services.

Predictors of poor mental health

We asked participants to rate a range of experiences and their scale of impact on mental health.

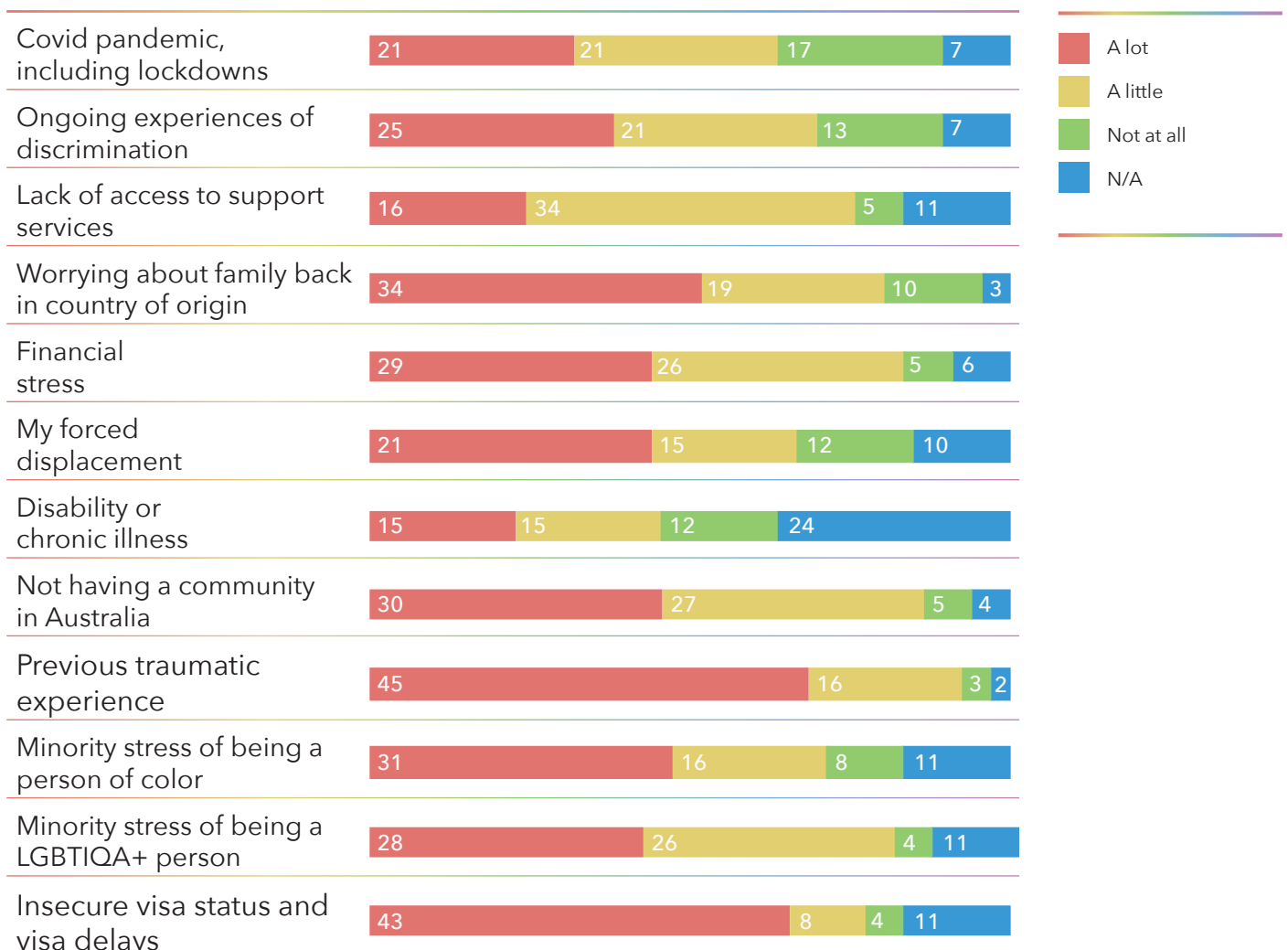
Top 5 of experiences that impact mental health 'a lot' are:

1. Insecure visa status and delays from the immigration to resolve the visa status
2. Minority stress of being a person of colour
3. Previous traumatic experience
4. Not having a community in Australia, being isolated
5. Worrying about family back in the country of origin

Top 5 across all intensity of impact are:

1. Previous traumatic experience
2. Not having a community in Australia, being isolated
3. Financial stress (including insecure employment, no government income support, no employment support)
4. Minority stress of being an LGBTIQ+ person
5. Worrying about family back in the country of origin

Chart 2.2. Predictors of poor mental health



Discrimination and experiences in the health system

Table 2.3. Discrimination by grounds - health

| | Number | Percent |
|------------------------------|-----------|--------------|
| Yes (total responses) | 27 | 33.0% |
| Yes, SOGIESC (only)* | 5 | 6.1% |
| Yes, race / ethnicity (only) | 2 | 2.4% |
| Yes, migration status (only) | 5 | 6.1% |
| Yes, disability (only)** | 0 | 0% |
| Multiple reasons | 15 | 18.3% |
| Other reasons | 0 | 0% |
| No | 38 | 46.3% |
| No response | 17 | 20.7% |
| Total | 82 | 100% |

Participants shared both negative and positive experiences about their interactions in the health system. When looking at participants who responded vs a total number of survey participants:

- 33% experienced discrimination in the health system for a variety of factors
- 46.3% did not experience discrimination
- 20.7% preferred not to answer this question

When we remove those who chose not to answer the question, this reduces the sample number to 65 responses. Extrapolating from this number, the total number of experiences of discrimination in the health system comes up to 41.5%.

Two respondents specifically noted that they only ever had negative experiences with the healthcare system. Several participants reported

experiences of homophobia, transphobia and racism in the health system. Some of the comments were as follows:

“In the form I ticked non-binary. Nurse crossed that and wrote that I am female”

“Many sexual health and LGBTIQ organisations are not committed to combat racism and their Western conceptualisation of sexuality harms queer people of colour.”

Some respondents had positive experiences and reported they were respected for who they were.

“I disclosed that I was an asylum seeker and a gay man and they treated me with a lot of respect and appropriate care.”

Other respondents noted delays with renewing Medicare, a lack of dental services and a need to ensure access to Medicare was universal as issues they found with the health care system in Australia.

* Lines that are marked by 'only' exclude responses where multiple reasons have been reported.

** Four respondents have experienced discrimination based on their disability alongside other reasons, so it is recorded under the multiple reasons.

Participation in education and employment

Education Access and Experiences in Australia

When participants with prior education were asked about recognition of qualifications, about 40% said they were able to have their qualifications recognised within Australia. For those who could not, the main reasons were having qualifications that were different to Australian standards, the recognition process being expensive and not having sufficient documents to complete the process. These findings mostly match the reports by the Settlement Council of Australia¹⁹ and Ethnic Communities' Council of Victoria²⁰ with the exceptions of not having sufficient documentation. This issue can be unique to LGBTIQ+ people who may not have proof of name change, for example.

When asked about education, 32% of participants answered that they currently study and 43% said they studied in the past. However, 6% responded that they could not study for a variety of reasons including not meeting visa eligibility, not being able to pay high fees and having to prioritise paid employment. One participant commented the following:

“undocumented, did not have enough paperwork to verify my identity to enrol”

Out of those who studied in Australia, 50% received some type of a scholarship²¹. However, 39% did not receive a scholarship, out of which 17% reported not being eligible for any type of scholarship.

Over 65% of participants reported experiencing difficulties while studying:

- 38% were negatively affected by the COVID-19 pandemic
- 27% experienced other difficulties such as not knowing where to get help with understanding all requirements and struggling with English but still not receiving any support.

Discrimination and experiences with education

Table 3.1. Discrimination by grounds - education

| | Number | Percent |
|------------------------------|-----------|--------------|
| Yes (total responses) | 28 | 34.1% |
| Yes, SOGIESC (only)* | 6 | 7.3% |
| Yes, race / ethnicity (only) | 6 | 7.3% |
| Yes, migration status (only) | 2 | 2.4% |
| Yes, disability (only)** | 0 | 0% |
| Multiple reasons | 13 | 15.9 |
| Other reasons | 1 | 1.2% |
| No | 25 | 30.5% |
| Not answered | 29 | 35.4% |
| Total | 82 | 100% |

When looking at participants who responded to this question vs a total number of survey participants: 34.1%

19 Settlement Council of Australia (2019) Recognising Overseas Skills and Qualifications: Maximising Human Capital in Newly Arrived Australians. Available at <http://scoa.org.au/wp-content/uploads/2019/05/Recognising-Overseas-Skills-and-Qualifications-Maximising-Human-Capital-in-Newly-Arrived-Australians-1.pdf>

20 Ethnic Communities' Council of Victoria (2014) Qualified by not Recognised: Discussion paper. Available at https://eccv.org.au/wp-content/uploads/2018/07/23-Discussion_Paper_-_Qualified_but_not_Recognised_Final.pdf

21 This figure is combined responses to three options: 'I had my fees waived', 'I was receiving a monthly allowance', 'I received a small amount eg. for books'.

* Lines that are marked by 'only' exclude responses where multiple reasons have been reported.

** 6 respondents have experienced discrimination based on their disability alongside other reasons, so it is recorded under the multiple reasons.

experienced discrimination in the education system for a variety of factors, 30.5% did not experience discrimination and 35.4% preferred not to answer this question. When we remove those who chose not to answer the question, this reduces the sample number to 53 responses. Extrapolating from this number, **the total number of experiences of discrimination in the education system comes up to more than half (52.8%) of all participants.**

Reflecting on access to education, most of those who provided additional comments addressed mental health concerns, feelings of isolation and a subsequent lack of support from the university to assist students in those circumstances:

“I struggled with mental health and my uni wasn’t supportive with the process of dropping down to less subjects they didn’t provide me with any information about the process and I had to seek external support from a lawyer”.

Other participants noted:

- Lack of accessibility for students with learning disabilities embedded in the testing system, in particular in relation to English tests;
- Experiences of homophobia and transphobia such as misgendering and using a dead name by the university staff;
- Feelings of isolation for being part of the LGBTIQ+ community and a person of colour;
 - “There is a separation in uni you are either LGBTI or of color, I struggle to fit in.”
- Access barriers such as high fees, lack of clear and plain information about enrolment and assumptions that every student came from having studied in a Western system:
 - “Access to higher education in Australia still depends on your

postcode. This is even more difficult if you have other (non-class) related inter-sectionality (ie sexuality, refugee, CALD, NESB, POC)”.

Additionally, one participant responded that they were homeless for a semester and that made them defer the study. Another participant noted that very high fees had left in significant debt.

22 Private Lives 3.

Employment Access and Experiences in Australia

Most of participants were employed (mostly full time and/or in casual employment). 1% reported not having work rights and another 1% reported not being able to work.

Table 3.2. Employment status

| | Number | Percent |
|-----------------------|-----------|--------------|
| Did not disclose | 18 | 22.0% |
| Yes, part-time | 11 | 13.4% |
| Yes, casual | 16 | 19.5% |
| Yes, full-time | 20 | 24.4% |
| Volunteering | 1 | 1.2% |
| No, looking for work | 3 | 3.7% |
| No, no work rights | 1 | 1.2% |
| No, not ready to work | 1 | 1.2% |
| Multiple chosen | 11 | 13.4% |
| Total | 82 | 100.0 |

Employment status for LGBTIQ+ displaced people differed from the mainstream LGBTIQ+ community in two ways:

- the rates of casual employment was higher for LGBTIQ+ displaced (19.5%) than for general LGBTIQ+ population (16.8%)²². This can likely be explained by an insecure visa

status, lack of local experience, language barriers and other challenges of this cohort.

- only 1.2% of LGBTIQ+ displaced people volunteered compared to 11.2% of general LGBTIQ+ population²³. This can likely be explained by LGBTIQ+ displaced people experiencing more financial precarity and therefore not having the privilege to volunteer.

Only 14% or respondent to our survey reported that they did not experience any barriers to employment. Most common barriers to employment included visa status and not having previous work experience recognised. As one respondent stated:

“Job search in Australia is extremely challenging. I don't get hired unless I have Australian job experience. I feel they don't like to hire people from overseas which leads to many qualified individuals doing odd jobs like security or Uber etc.”

Additionally, about half of the participants noted negative impacts of the COVID-19 pandemic such as losing employment. However, many were not eligible for any government assistance for the reduction in hours or loss of jobs.

Of the participants in the study, 13% of people reported having engaged in sex work at some point in Australia:

“I was homeless and sex was the easiest way to get money since the government aren't helping.”

This number is significantly higher than the national average of 0.0008%²² of Australian more broadly. Even when considering visa status and challenges to other types of work, this finding is still important and should lead to more support for LGBTIQ+ forcibly displaced sex workers.

When participants were asked whether they were out about being LGBTIQ+

at work, 24% of participants said no. The two main reasons were:

- were scared of possible discrimination (18%)
- felt it was unsafe (6%)

Discrimination and experiences at work

Table 3.3. Discrimination by grounds - employment

| | Number | Percent |
|------------------------------|-----------|--------------|
| Yes (total responses) | 42 | 51.2% |
| Yes, SOGIESC (only)* | 5 | 6.1% |
| Yes, race/ethnicity (only) | 7 | 8.5% |
| Yes, migration status (only) | 4 | 4.9% |
| Yes, disability (only)** | 0 | 0% |
| Multiple reasons | 24 | 29.3% |
| Other reasons | 2 | 2.4% |
| No | 19 | 23.2% |
| Not answered | 21 | 25.6% |
| Total | 82 | 100% |

When looking at participants who responded to this question vs a total number of survey participants: 51.2% experienced discrimination in the employment for a variety of factors, 23.2% did not experience discrimination and 25.6% preferred not to answer this question. When we remove those who chose not to answer the question, this reduces the sample number to 61 responses. Extrapolating from this number, **the total number of experiences of discrimination in the employment comes up to 69%.**

Many also noted intersecting experiences of LGBTIQ+ discrimination and racism. For

23 Private Lives 3.

24 <https://www.aic.gov.au/sites/default/files/2020-05/rpp131.pdf>

* Lines that are marked by 'only' exclude responses where multiple reasons have been reported.

** Five respondents have experienced discrimination based on their disability alongside other reasons, so it is recorded under the multiple reasons.

example, participants talked about not having an Anglo name and thus not getting calls for interviews.

“Covert discrimination exists if one of your names aren't an anglicised name.”

This also included discrimination that resulted in not being recognised as a leader and therefore not being able to progress in their job. Lastly, one respondent noted that there was exploitation at work places, especially for people who have no work rights but engage in paid work.

Support for LGBTQIA+ displaced persons

Social support services: access and experiences

Patterns of service access

The top five services that participants accessed were:

1. mental health (n=53)
2. health clinics (n=49)
3. LGBTQIA+ organisation (n=45)

4. refugee and asylum-seeking services (n=44)
5. LGBTQIA+ refugee organisation or peer support group (n=38)

In addition to provided options, one comment was given in regard to services accessed that were not included in the survey:

Table 4.1. Service access and frequency

| | Frequency | | | Yes, total | No |
|--|-----------|---------------|--------------------|------------|----|
| | Once | Several times | On a regular basis | | |
| Asylum seeker and/or refugee service (including settlement services) | 11 | 25 | 8 | 44 | 38 |
| Migrant service | 8 | 13 | 4 | 25 | 57 |
| LGBTQIA+ refugee organisation or peer-support group | 4 | 25 | 9 | 38 | 44 |
| LGBTQIA+ organisation | 9 | 25 | 11 | 45 | 37 |
| Organisation for trans and gender diverse people | 3 | 10 | 4 | 17 | 65 |
| Organisation for intersex people | 0 | 2 | 1 | 3 | 79 |
| Organisation for people with disability | 1 | 3 | 2 | 6 | 76 |
| Legal services | 12 | 18 | 7 | 37 | 45 |
| Health services | 0 | 25 | 24 | 49 | 33 |
| Sexual health including HIV/STI services | 4 | 12 | 8 | 24 | 58 |
| Gender-focused health clinic | 1 | 4 | 8 | 13 | 69 |
| Mental health services | 13 | 18 | 22 | 53 | 29 |
| Housing and homelessness services | 4 | 6 | 6 | 16 | 66 |
| Domestic and family violence services | 4 | 5 | 2 | 11 | 71 |
| Sexual assault services | 3 | 4 | 2 | 9 | 73 |

“Centrelink - income support services, but no access to additional services. I disclosed domestic violence but was not offered any assistance. I received victim support service referral as part of police investigation into the matter and help prepare for court.”

Participants were least likely to visit two services: services for intersex people and services for people with disabilities. This is due to the fact that the participant sample of these groups is smaller in the survey, as well as in the broader community.

Of the participants in our sample that had a disability, nine (n=9) were on a temporary visa which made them ineligible for NDIS support which is a significant concern.

Over 86% of participants said they did not access sexual assault and family violence services. This is surprising, especially in the realm of family violence, given the large numbers of participants who have experienced violence in Australia from intimate partners and family members, as discussed [below](#). Further analysis of this relationship should be undertaken.

While 26.8% of participants (n=22) were homeless only 19% (n=16) accessed housing and homelessness services. This is concerning considering the impacts of continuing homelessness for marginalised individuals.²⁵ The discrepancy in accessing services may be linked to issues such as visa status, eligibility and other barriers to service access.

While looking at the general data trends, it is important to remember that the participants are also individuals and not a homogenous group, subject to generalities. As one respondent reminded us in this section:

“It’s really hard to get services as an international student. Even if my experiences are same to refugees I get rejected.”

Access to legal services

Access to legal services was a separate section of questions accounting for both refugee legal services and other legal services needed for this cohort. The most sought-after immigration legal service was legal advice and assistance with the protection visa application to the Department of Home Affairs (41%, n=35). 23% (n=19) of participants reported no need to access legal services.

Out of those seeking legal services, 7.3% (n=6) did not receive them and 13.4% (n=11) received support only for some of their legal needs. About half of participants who accessed immigration legal services had to do it by privately paying their own legal fees.

About half of all participants did not have any other legal needs. However, the other legal needs mentioned by participants included:

- Legal help with discrimination case (n=10)
- Legal help with tenancy dispute (n=10)

One participant stated:

“For my situation assistance and legal advice were related to housing (private rental) and employment rights (I experienced wage theft and was cheated out of casual loading). Even though I received legal advice, I wasn't able to get much representation in the tribunals and eventually I had to drop some of these actions for I was simply too stressed. My mental health was severely impacted. I was unlawfully evicted and I was homeless for three weeks. I imagine these are very common issues that many other immigrants experienced too.”

- Legal help with a criminal case (n=5)
- Legal help with employment case (n=5)
- Legal help with driving offenses (n=4).

²⁵ Australian Human Rights Commission (2008) Homelessness is a Human Rights Issue.

Additional comments on other legal assistance included such things as divorce. One participant stated:

“divorce, but this was not offered or provided to me. I was married at 18 and divorced at 24. What would I know how to protect myself? he ensured I had nothing.”

Participants also stated they needed legal assistance to change their name and gender markers. Other legal assistance named by the participants included civil cases (i.e. consumer rights), family reunion and because they were a victim of a crime.

The majority were able to either receive this help in full (n=6) or only for some of their needs (n=11). Eight (n=8) participants did not receive this help.

At the end of the section, some further comments were provided on issues to access to legal assistance in Australia:

- Seven (n=7) participants noted that they received no legal assistance provided when it was needed.
- Four (n=4) indicated a lack of knowledge and information on legal issues
- Lack of legal advice and assistance for other than refugee legal matters (n=3)
- High costs of private migration advice (n=3)

“It's very difficult to access the legal services without a financial stability. Most of the pro bono legal service can only provide with free legal advice. When it comes to a lawyer, people still need to have an adequate financial ability to access it.”

Other issues included being rejected an application by default for being HIV positive, noting long waiting periods to access legal assistance, and placing onus on individuals to navigate the complex legal systems without representation.

Reasons for not seeking service support

This question allowed participants to choose multiple options in their response. The reasons to not seek services irrespective of a service type include:

- Not knowing if a service was LGBTIQ+ inclusive (n=28);
- Not knowing that services existed (n=26);
- Being unsure if a service would assist then (n=25);
- Not knowing if a service was culturally competent (n=20);
- Not needing services (n=16).

34% (n=28) of participants chose multiple options to outline their reasons for not seeking services. These findings highlight both the importance of visible LGBTIQ+ inclusion as well as the outreach to the community by services. They also reflect the complex lives of LGBTIQ+ asylum seekers.

In addition to proposed options, participants (n= 9) reflected that:

- they could not access services when needed
- they chose not to engage with services because of previous experiences of not being helped
- there was restricted eligibility which was a barrier to service access
- there were no services that met their needs
- there was fear also associated with service access. As one participant noted: “I am frightened to be exposed to the Bangladesh Community in Australia”
- there was limited ability to articulate one's needs. A participant said: “I did not have the right words to define my gender identity and sexuality. This was never asked of me and my gender and sexuality was/is always assumed by others.”

Respondents of the survey indicated that services were not actively reaching out and that there was a lack of open

communication about service access, and that services were often not inclusive. These findings should be used by services to improve how they are communicating who can access and receive their assistance.

Discrimination in and experiences of service access

Table 4.2. Discrimination by grounds - social services

| | Number | Percent |
|--------------------------------|-----------|--------------|
| Yes (total) | 45 | 54.9% |
| Yes, SOGIESC (only) | 5 | 6.1% |
| Yes, race / ethnicity (only) | 9 | 11.0% |
| Yes, migration status (only) | 8 | 9.8% |
| Yes, disability (only)* | 0 | 0% |
| Multiple reasons | 23 | 28.0% |
| Other reasons | 0 | 0% |
| No | 22 | 26.8% |
| Not answered | 15 | 18.3% |
| Total | 82 | 100% |

When looking at participants who responded to this question vs a total number of survey participants: 54.9% experienced discrimination in the service system for a variety of factors, 26.8% did not experience discrimination and 18.3% preferred not to answer this question. When we remove those who chose not to answer the question, this reduces the sample number to 67 responses. Extrapolating from this number, **the total number of experiences of discrimination in the services system comes up to 67%**. This is a concerning finding.

When examining the qualitative data from the survey, respondents commented on several main themes including lack of services, lack of pro-active service response, fear of violence and deportation.

Of the people who answered this question, 13 respondents (19%) shared their experiences with **lack of services**, including that some are:

- very hard to find
- that there are barriers that exist with an access to already limited services
- a lack of suitable services for LGBTIQ+ displaced people
- lack of holistic support
- a lack of services for LGBTIQ+ people in detention.

Looking to the qualitative data for this question, participants provided the following quotes:

“There is no system in place to identify people at higher risk of abuse and violence, more over, when incidents occur - there is no follow up process in place. people at risk of abuse need to be checked in with not once not twice, but life long. because even if they get out of abusive situations they are likely to be victimised again because of the effect of trauma on their mind and behaviour pattern. for forcibly displaced LGBTIQ+ persons this trauma is layered and complex, often involving different aspects of identity, not just DV experience and other forms of discrimination and mistreatment. I call for holistic support services that link in with other support services to work through specific issues. health and police as well as social services need to provide referrals and monitor referrals.”

“The services in urban areas are generally good. However, those in regional areas can be a bit lack of understanding about migrant situations.”

“It was very hard to even know these services exist!”

“I feel like sometimes there are so many barriers to people like us; the system is can be felt as if it’s

* Lines that are marked by 'only' exclude responses where multiple reasons have been reported.

** Four respondents have experienced discrimination based on their disability alongside other reasons, so it is recorded under the multiple reasons.

working against you, esp. when you don't know how/where to seek help or support from."

"When I look back to 10 years ago many things have changed. I see more migrant and refugee services starting to acknowledge the needs of LGBTIQ displaced people. But I don't see much of this work from LGBTIQ services yet. I also want to thank FDPN. They are doing invaluable work. I don't engage now with anyone but knowing there are places that have my back is heart-warming."

"LGBTIQ services think all queer people are citizens. Early on could not get in."

"It is important for lesbians to live in a friendly atmosphere as they are vulnerable to assaults from males if they share the accommodation with them. Newly arrived girls don't know how to protect themselves and where to seek for help."

Two respondents noted **a lack of pro-active service stance**:

"Being here for more than 10+ years, I have realised that practitioners

should not be afraid to make mistakes. In my personal opinion, I much appreciate practitioners and services that takes accountability when they have made a mistake, either publicly or just within the context of the treatments/meetings."

Two respondents shared their **fear of violence and deportation** if they openly engage with services:

"Yes I am not prepared to seek advice given that it may expose me to violence or honor killing by my community."

"I was scared of deportation. Many young people from Sudanese/south Sudanese backgrounds are always at risk of deportation."

Comments were also made about the prevalence of racism and lack of cultural competency in services and a visible lack of training for services on LGBTIQ+ displacement. One participant stated:

"I think that a lot of support services are not trained to be aware of situations impacting gay and queer displaced people who are often on precarious visa status and are very isolated with little community support."

What does inclusive service look like for LGBTIQ+ displaced people?

Examples of positive service experiences

Forty-five (n=45) responses were provided, out of which 12 participants named a service at which they had a positive experience. Such responses were excluded as the survey committed to maintaining anonymity of services. Services' names were also omitted when mentioned in the negative context.

Two participants noted that they had no positive experiences to report.

Qualified responses have been grouped thematically to describe what makes a positive service experience for an LGBTIQ+ forcibly displaced person. Four major themes made a supportive and inclusive services were:

- Client-centred work
- Atmosphere of belonging and inclusion
- Training on LGBTIQ+ displacement and trauma background
- Use of inclusive language

1. Client-centred work

Responses grouped under this heading included participants reporting that a service demonstrated an understanding of their circumstances and offered them relevant services. For example, a service was provided in an inclusive way i.e. not offering a pregnancy test when it is not needed for women. Others noted that a service made attempts to work in partnership with a client to remove barriers to the service (e.g. when they had no Medicare), and that the employees invested time in building trust with a client. This was particularly important for participants who needed time to disclose their sexuality. Other participants stated that a service validated their experiences and was active in reaching out to check in whether any additional support was needed. Below are some of the quotes that illustrate these themes:

“Positive experiences that I have had has always been with practitioners that are open to learning and does not assume how my experience may effect my health. For example in treating my PTSD, my psychologist did not assume that it came from a cultural setting, in fact suggested that this was caused by structural failings.”

“Providing me with safety and options to make decisions regarding my safety and journey to live here”.

“After several years of monthly counselling sessions, I decided to talk about my own sexual orientation and not long after, the counsellor also told me they’ve been in a same-sex relationship for twenty years. As a result, the amount of trust in our counsellor-client relationship has immensely increased.”

“Have had counselling support prioritised granted to me by LGBTQIA+ orgs for being a

LGBTQIA+ asylum seeker which has kept my alive because was in a very difficult and dark place. Have had free medical support given even though I don’t have Medicare because I am an asylum seeker, again has saved my life and ensured my wellbeing.”

2. Creating an atmosphere of belonging and inclusion

Participants reflected they felt positive about a service if the service created an atmosphere of inclusion. The most commonly used words in this response included

- feeling supported
- welcoming
- non-judgemental
- validating

3. Training on LGBTQIA+ displacement and trauma background

Participants noted that it was clear when service staff had training on the issues of LGBTQIA+ displacement. The participants noted that the training was clear when service workers translated this into their service delivery.

4. Use of inclusive language

Participants noted that when a service used appropriate and inclusive language that they felt much more comfortable. Language that challenged heteronormativity and the gender binary were greatly appreciated. As one participant said:

“A service asked me about my pronouns and if I had a partner. I liked that non gendered way.”

What to avoid in providing services to LGBTIQ+ displaced people

Of the forty-nine (49) responses provided to this question, only eleven participants stated that they had no negative experiences with services. Responses to this question provide more learning and recommendation for services to improve their service provision. Most of the negative experiences described by participants included being subjected to racism, homo-/ transphobia and discrimination. We describe those in [this section](#). Other provided responses are grouped thematically.

1. Ways in which services operate

Participants noted that there were several ways that services operated that were poor, including:

- Not taking a client-centred approach
- Offering no follow up
- An apparent lack of training for staff
- No information sharing between services

"[service name omitted] forgot that we urgently needed a place to live. We were homeless."

"We weren't explained what type of support we could get. Other clients told us that actually, we could ask for bus tickets and food."

Participants also noted other issues with services, including:

- Being constantly made to re-tell their story
- Being shamed for their sexuality
- Being denied service

"[service name omitted] asked us to prove that you have a trauma affecting your life, and maybe after the interview with you, they will give you financial support. It was a traumatic and humiliating experience."

"Being asked to share my story all the time with people who do not need to know."

"My sexuality was erased and I was shamed."

2. Lack of services

The lack of services more broadly was another issue that came up for participants. Responses in this category included:

- ongoing referrals to another service without getting a service at the end
- a lack of integrated service model (access to a suite of services or information sharing between services)
- a general lack of services including in regional areas.

"Most of the LGBTIQ+ organizations and refugee groups just gave me information about other organisations and refuse to help me due to different excuses like we are full at a moment or not taking new clients or we have closed this service due to covid. In the end I have to ask people and take loan of \$2400 to buy food and pay rent."

"I told different services that I was raped. No one took tests on STI"

3. Visa ineligibility

Participants noted being denied some services because they did not have a correct visa despite having displacement experiences.

"Being asked to leave after my undocumented status was revealed, after concerns it would cause legal problems for organisation."

Both positive and negative learnings need to be taken into consideration by services with a goal to ensure inclusive and gender affirming service provision.

Community support and connections

Belonging across diverse communities

Participants were asked about their belonging experiences across different categories, such as LGBTIQ+, ethnic, refugee and disabled communities. These series of questions were optional so only a portion of participants responded. We further probed this question by asking participants to choose between the following answers: "yes", "yes but only with others like me", "yes but only if I do not disclose sexuality/refugee status/disability", "sometimes" and "no". Participants could choose multiple answers.

In the LGBTIQ+ community, of those participants who answered (n=64), 91% (n=58) felt part of the community at least sometimes. 15% of participants, however, indicated that they belonged to the LGBTIQ+ community only if they did not disclose their migration status.

In regard to feeling part of an ethnic community, of those who answered (n=63), only about 56% (n=35) felt they were part of the community. The majority who did feel included (n=23, 38%), only felt included when they did not disclose their LGBTIQ+ status to other community members.

In the refugee and asylum-seeking community, of those who answered (n=62), 63% (n=33) felt part of the community.

In regard to the disabled community, of those participants who indicated they had a disability (n=36), 62% (n=22) did not feel they were part of the community.²⁶

Two participants drew attention to the challenges of having intersectional experiences in the context of belonging:

"It's hard to inhabit the two worlds at once: migrant and lesbian. Usually the ethnic communities

are too conservative and the anglo world does welcome me as a queer woman but doesn't want to know about my migrant side unless is about holidays and fun stuff."

"I have been discriminated in the past. I don't want to spend too much time playing the role of the 'educator'".

Connection with an organisation or a group of LGBTIQ+ refugees and migrants in participants' location

Most of those who responded said that they would participate in activities that are organised by an LGBTIQ+ refugee-led group. About one third noted that there are no LGBTIQ+ refugee-led groups where they live. Two additional comments were provided noting previous negative experiences in those spaces so they no longer connected with the organisation.

Participants reinforced the **need for better support of LGBTIQ+ refugee-led services:**

"We need more support for LGBTIQ refugee led groups. They meet our needs. They are a community. General LGBTIQ organisations are so white."

Others reflected on **a lack of LGBTIQ+ refugee groups and services meeting their needs** (eg. services for women, for specific ethnic groups etc)

"I would like to have more of a community support, but I don't find women from my home region (Latin America) in groups. Usually gay men occupy that space. And I would like to belong to the wider community more, and not have to care about my accent or status anymore. It's tiring."

One participant noted that having a term 'forcibly displaced person' makes them feel seen and one participant thanked FDPN for their work.

26 This is almost identical to the findings of the Private Lives 3 report.

Negative settlement outcomes

Homelessness

The survey defined homelessness as not having a stable or safe place to live. The definition included: couch surfing; sleeping outside; living or sleeping in a car; staying in a shelter, hostel or refuge; living in an abandoned house or building; staying in overcrowded housing; or living in temporary accommodation. This is consistent with the accepted definition in Australia and other major population surveys.

Table 5.1. Prevalence of homelessness

| | Number | Percent |
|-----------------------|-----------|---------------|
| Prefer not to answer | 14 | 17.1% |
| Yes, in the past | 20 | 24.4% |
| Yes, currently | 2 | 2.4% |
| No | 46 | 56.1% |
| Total | 82 | 100.0% |
| No, looking for work | 3 | 3.7% |
| No, no work rights | 1 | 1.2% |
| No, not ready to work | 1 | 1.2% |
| Multiple chosen | 11 | 13.4% |
| Total | 82 | 100.0 |

This data means that of those participants who chose to answer, 35% (n=22) percent had been homeless in the past or are currently homeless, one third of the group are trans people. One participant stated:

“Many times over the years, but especially since covid-19 changed everything and made me much poorer and unable to pay for bond and first month rent upfront.”

Some respondents disclosed the duration of their homeless. The average duration of being homeless was 4.5 months, with the shortest being 1 week and the longest 2 years. Three participants noted being homeless on more than one occasion.

How this data compares to existing information on homelessness:

- Private Lives 3²⁷ reported that 22% of participants have been or are currently homeless.
- Data on trans people experiencing homelessness broadly matches the data in Private Lives 3.
- In the average Australian population, the number is .004% or 48 people per 10,000 people.²⁸
- Jesuit Refugee Services²⁹ report found that since arriving in Australia, 55% of people seeking asylum had experienced some form of homelessness and 21% reported being homeless in 2020. When we disaggregate our data by visa status, 50% of our sample who experienced homelessness are people currently seeking asylum. Overall homelessness among LGBTIQ+ displaced people was higher in 2022 than for their non-LGBTIQ+ peers in 2020.













The overall findings of this survey suggest that the top three reasons that participants were homeless were financial stress (19.5%), unemployment (15.9%) and insecure visa status (11%). These three reasons can be read together where the

27 Private Lives 3

28 Estimating Homelessness Census, 2021 <https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/latest-release>

29 Conroy, E. et al (2021) A place to call home: a pilot survey of people seeking asylum in Greater Sydney. <https://aus.jrs.net/wp-content/uploads/sites/20/2021/08/A-Place-to-Call-Home-Survey-Findings.pdf>

Chart 5.1. Circumstances that lead to homelessness

| | | |
|-----------------------------------|---|-------|
| Financial stress |  | 19.5% |
| Mental health |  | 6.1% |
| Unemployment |  | 15.9% |
| Family rejection |  | 8.5% |
| Family violence | | 6.1% |
| Violence in previous accomodation |  | 4.9% |
| AOD |  | 0.0% |
| Discrimination | | 1.2% |
| Disability |  | 3.7% |
| Rejection from peers |  | 0.0% |
| Chronic illness |  | 2.4% |
| Insecure migration status |  | 11.0% |
| No rental history |  | 8.5% |
| Impact of COVID |  | 4.9% |

insecure visa status is connected to either un- or underemployment and financial stress. This exceptional data should be further explored especially in conjunction with homelessness services and how they provide assistance to LGBTIQ+ refugees and people seeking asylum.

How this data compares:

- Private lives 3 did not collect data on the insecure migration status or a lack of previous rental history. This is a differential point and an important finding. However, the data on general LGBTIQ+ population shows financial stress and unemployment in top three reasons alongside mental health.

It is also notable that alcohol and drugs did not constitute a reason for homelessness, this differs from the mainstream LGBTIQ+ community.

When participants were asked about seeking support from homelessness, most of the participants who responded sought support from refugee organisations. However, 50% of participants did not receive the support requested. For those participants who did not seek services, their main reasons

were not knowing about services and not being sure a service would help them. An additional comment was provided clarifying that a respondent did not know of any services that would assist them because they were on a temporary visa.

Discrimination in and experiences in housing

Table 5.2. Discrimination by grounds - housing

| | Number | Percent |
|--------------------------------|-----------|--------------|
| Yes (total) | 31 | 37.8% |
| Yes, SOGIESC (only) | 11 | 13.4% |
| Yes, race / ethnicity (only) | 4 | 4.9% |
| Yes, migration status (only) | 2 | 2.4% |
| Yes, disability (only)* | 1 | 1.2% |
| Multiple reasons | 13 | 15.9% |
| Other reasons | 0 | 0% |
| No | 30 | 36.6% |
| Not answered | 21 | 25.6% |
| Total | 82 | 100% |

* Lines that are marked by 'only' exclude responses where multiple reasons have been reported.

** Additionally, three respondents have experienced discrimination based on their disability alongside other reasons, so it is recorded under the multiple reasons.

When looking at participants who responded to this question vs a total number of survey participants: 37.8% experienced discrimination in the housing for a variety of factors, 36.6% did not experience discrimination and 25.6% preferred not to answer this question. When we remove those who chose not to answer the question, this reduces the sample number to 61 responses. Extrapolating from this number, **over 50% of participants had experiences of housing discrimination.**

In further sharing experiences about housing, the comments about racism, homophobia, transphobia and even violence were common:

“I was assaulted by male neighbour in shared house I lived, but the organisation which helped me with the accommodation, did not resolve this problem.”

“I have lived in many very unsafe housing situations, with angry and violent people banging on my door and barging into my room and being spoken to in an abusive way.”

“My landlord took advantage of me as a recent new arrival and tried to illegally evict me. She then tried to lodge vexatious claims against me in VCAT and in the magistrates' court, all of which were defeated.”

Several participants also noted a lack of appropriate housing options for LGBTIQ+ displaced people. This included responses for both no appropriate housing support for LGBTIQ+ displaced people and a general lack of support.

“Refugee services are totally not equipped to allocate housing for LGBTIQ people. They place them in unsafe situations.”

“Dangerous for LGBT asylum seeker living in private share house”

Experiences of discrimination in Australia across areas of public and private life

Every section of the survey asked participants whether they experienced discrimination in that area and what the grounds were of that discrimination. Grounds for discrimination were based on LGBTIQ+ status, race, migration status and disability. We reported these findings in the relevant sections in this report.

The table and a chart below present cumulative data from each section extrapolated from received responses (and not the total number of survey participants). Participants reported most of the discrimination experiences in employment and support services and the lowest, but still very high, experiences in the health system.

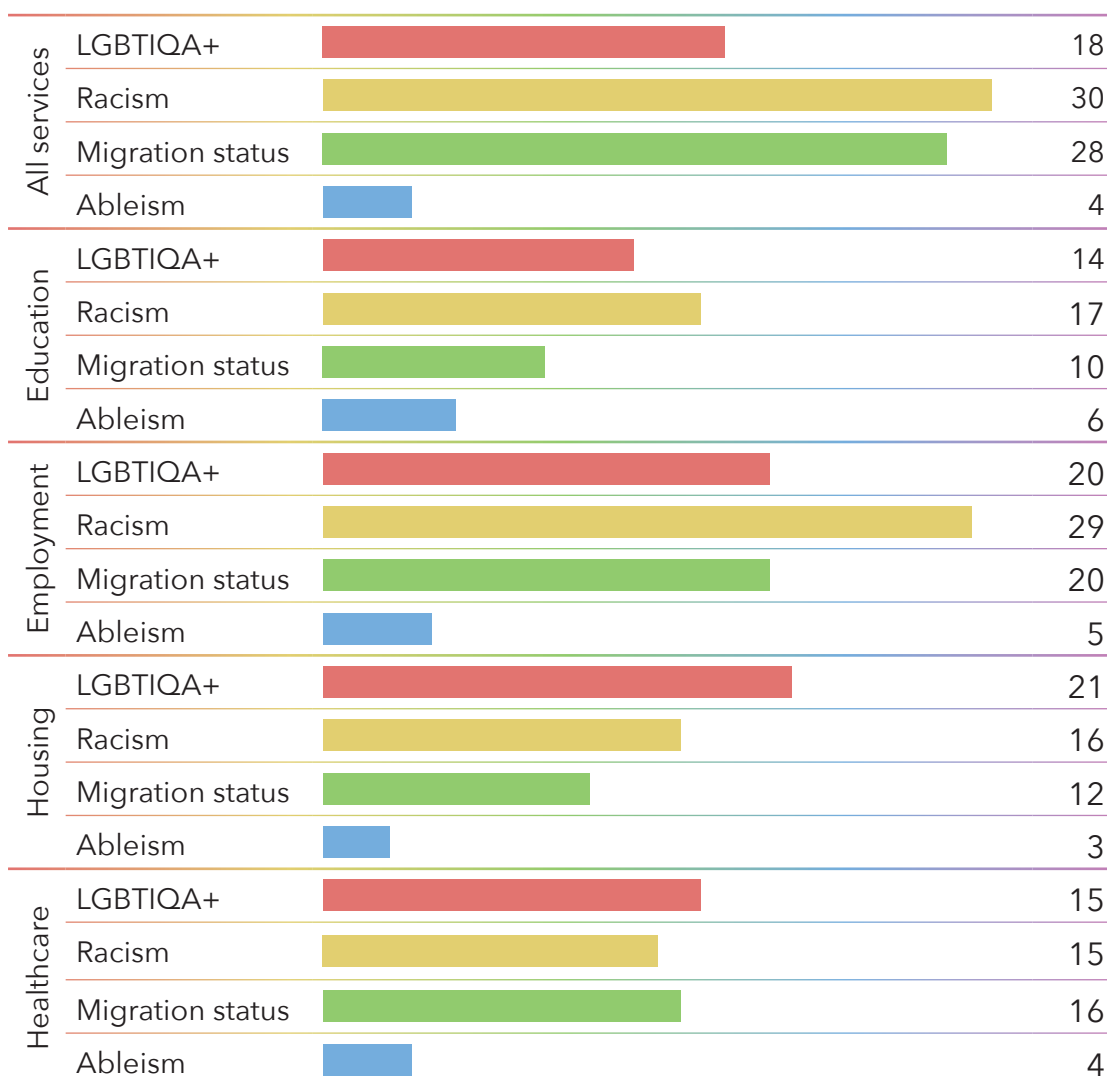
Table 5.3. Discrimination and complaints by an area

| | Reported discrimination (percent from # of responses) | % of lodged complaints |
|-----------------|---|------------------------|
| Social services | 67% | 12% |
| Education | 52.8% | 8.5% |
| Employment | 69% | 17% |
| Housing | 50.8% | 12% |
| Healthcare | 41.5% | 6% |

When disaggregated by the types of discrimination, most respondents had intersectional experiences reporting multiple co-occurring factors. However, when we isolate each of those, a new picture emerges:

- Racism was reported as most prevalent in services and employment
- LGBTIQ+ discrimination was reported as most prevalent in housing
- Migration status, when used as an eligibility criterion for service access, was perceived as discrimination. It was also a barrier in employment.
- Ableism was equally prevalent with the most instances occurring in education

Chart 5.2. Types of discrimination by an area



30 Most of participants with disability has completed the full survey so there is no difference in responses.

- Ableism was relatively equally prevalent with more instances in education.

At the end of the survey, we asked participants again about their overall reflections on the experiences of discrimination in Australia, noting that they may have skipped particular sections where we asked about their experiences of discrimination.

These questions asked broadly about SOGIESC related discrimination, racism and ableism. The percentages below are from the total sample of 82 respondents.

If we only count those who answered these questions then:

- 69% were subjected to LGBTIQ+ discrimination

- 85% were subjected to racism and discrimination based on their migration status
- 15% were subjected to ableism. When we apply the number of disclosures of ableism to the total number of people with disability (n=14) in the survey, about half of participants with disability³⁰ were subjected to ableism at least on one occasion.

Additionally, 56% of participants stated that ongoing experiences of discrimination had an ongoing negative impact on their physical and mental health. Yet, a common pattern of not reporting these experiences emerged. When asked about reasons for not making complaints, the following responses were provided (these are cumulative numbers across all areas):

- In 68 instances, participants did not think a situation would be resolved (highest in being discriminated in services)
- In 35 instances, participants did not know they could seek remedies (highest in the health and service systems)
- In 25 instances, participants were worried about repercussions (highest in employment in regards to worries around termination (n=17) as well as in education and housing)
- In 20 instances participants were worried that their visa would be cancelled (with highest responses from service settings)
- In 13 instances, participants blamed themselves for discrimination

Those participants who made complaints reported that after a complaint either nothing changed, or they were ostracised or dismissed. Only a much smaller number noted some positive changes. When looking at complaints, participants outcomes are as follows:

- Discrimination in services: out of 9 responses, 7 reported unfavourable outcomes and 2 reported no change
- Discrimination in education: out of 8 responses, half noted positive and half noted negative outcomes
- Discrimination in employment: out of 11 responses, almost half noted no change, and only one noted a positive outcome
- Discrimination in healthcare: out of 4 responses, half noted no outcomes, one noted a positive outcome and one noted continuation of discrimination by another specialist
- Discrimination in housing: out of 10 responses, 6 reported no positive outcome happening, while the rest reported positive outcomes, with one clarification:
 "I defeated my landlord in multiple claims and proceedings in VCAT and the Magistrates' Court. However, being homeless took a toll and my mental health exacerbated severely. I eventually gave up a compensation claim which was in the thousands."

Racism, homophobia and transphobia

Participants reported experiences of racism, homophobia and transphobia in almost half of all responses provided about experiences of discrimination. These harmful experiences were perpetrated by both service clients, service workers and others with decision making power. Participants stated:

"I was living in share accommodation with other people for my country. The day I moved in I didn't know how people will react and one of the guys took a knife and said we don't allow gays here. I was scared, I cried, I called the police but they couldn't help. I applied for government housing [...] but never get anything"

"After being victim of physical violence being victim-blamed and questioned by medical staff for 'why' I was attacked due to unquestioned racial prejudice and dynamics. Have also in another incident been interrogated by medical staff about my visa status, insulted and dehumanized by making me wait and call my lawyer in front of me to confirm what I showed and told clearly: this is from a medical centre claiming specifically to be for refugees and asylum seekers, they need proper training and accountability."

"Not being recognised for being a refugee because I don't look like it for people. I go to services and they question why I'm there even when I have an appointment."

"People think if I had money to come to Australia I don't have past experience of violence or trauma".
 "LGBTIQ+ orgs have a white and racist attitude. I experienced a lot of homophobia in refugee and settlement orgs from other clients."
 "Yes, wrong pronouns in fact I stop going to hospital as they don't even have a box for trans people,

racially profiling, the system wasn't centralised and I need to tell my story again and again."

"Many LGBT+ services didn't meet my needs as they were not inclusive of CALD people. CALD organisations were not trans inclusive. Most of the times I felt isolated when reaching out for support and eventually stopped."

Experiences of sexual and gender-based violence

This section had an additional level of consent to respond, noting that recollection of experiences of violence may cause stress to participants. 53 respondents (65%) agreed to answer questions about the experiences of sexual and gender-based violence prior to coming to Australia and in Australia. Out of these respondents (n=53):

- **Seventy-five per cent (75%, n=40) experienced sexual and gender-based violence prior coming to Australia**
- **Fifty-seven per cent (57%, n=30) of participants said they experienced violence after they arrived here**

If we consider only those who chose to answer the question, the percentage rises to 60% of participants experienced violence in Australia. Additionally, 35% of participants preferred not to discuss their experiences of violence. These numbers are significant because of the high rates, but also the hesitancy of a large portion of the participants to discuss these experiences. While this could be for a number of reasons, it is important to consider that this may be because of fear of repercussion for discussing the incident or trauma from experiences of violence.

How these findings compare:

- The levels of violence experienced by participants in Australia is significantly higher than the average Australian rate of 4.4% in 2020 to 2021 (ABS, 2022).³¹

- Private Lives 3³² reported that 28.5% of LGBTIQ+ people experienced intimate partner violence once and 14.4% of people experienced it on multiple occasions. Private Lives 3 also found that 20.8% of LGBTIQ+ people experienced family violence from one member and 17.3% from multiple family members. Our participants had a higher prevalence of family violence compared to the general LGBTIQ+ population.
- A report on migrant and refugee women's experience of safety³³ found that 33% of respondents had experienced some form of DFV, out of which 42% experienced physical or sexual violence. For LGBTIQ+ displaced people the rates of physical violence was 63% and 30% for sexual violence.

In both questions (violence experienced by participants prior and in Australia), participants were asked to provide details about the types of violence. These questions were optional to avoid re-traumatisation so the number of participants providing such details is smaller. Definitions of each type of violence were provided.

The most common types of violence experienced in Australia were:

- Emotional abuse³⁴ (n=21)
- Verbal abuse³⁵ (n=20)
- Sexual harassment (n=19)
- Physical violence (n=19)

Reports of emotional and verbal abuse were the most common experience of violence which relates directly to the disclosed experiences of racism, homophobia and transphobia in this survey.

Three types of violence were equally common (n=9 for each):

- LGBTIQ+ related abuse,
- property damage and
- sexual violence.

For participants who experienced sexual violence in Australia, it was predominantly from a known perpetrator. This is consistent with general patterns in sexual violence statistics.

31 Australian Bureau of Statistics (2022) Estimating Homelessness: Census

32 Private Lives 3

33 Segrave, M. Wickes, R, and Keel, C. (2021) Migrant and Refugee Women in Australia: The Safety and Security Survey. Monash University.

34 Emotional abuse is understood as being regularly manipulated, humiliated in front of others, gaslighted, bullied, blamed for abuse; threats by partner or family member to commit suicide.

35 Verbal abuse is being understood as regular criticism, insults or demeaning language

Table 5.4. Types of sexual and gender-based violence prior coming to Australia and in Australia

| Type of Violence | From an intimate partner | | From a family member | | From a stranger | | From a housemate co-workers or person I know | | From an authority figure (eg police, refugee camp worker) | | Total yes | | Total No | |
|--------------------------------|--------------------------|-----------|----------------------|-----------|-----------------|-----------|--|-----------|---|----------|-----------|----|----------|----|
| | Prior | AU | Prior | AU | Prior | AU | Prior | AU | Prior | AU | Prior | AU | Prior | AU |
| Blackmail and extortion | 2 | 1 | 1 | 0 | 6 | 1 | 3 | 2 | 3 | 0 | 15 | 4 | 30 | 22 |
| Arranged or forced marriage | 2 | 2 | 10 | 3 | 4 | 1 | 2 | 1 | 1 | 1 | 19 | 8 | 16 | 21 |
| Emotional abuse | 4 | 8 | 17 | 2 | 4 | 2 | 6 | 8 | 4 | 1 | 35 | 21 | 1 | 5 |
| Female Genital Mutilation | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 3 | 1 | 32 | 26 |
| Financial abuse | 4 | 2 | 7 | 1 | 1 | 1 | 3 | 2 | 0 | 1 | 15 | 7 | 20 | 20 |
| Sexuality conversion practices | 1 | 1 | 9 | 0 | 1 | 1 | 3 | 2 | 2 | 0 | 16 | 4 | 20 | 23 |
| LGBTIQ-related abuse | 4 | 0 | 12 | 1 | 3 | 4 | 7 | 4 | 3 | 0 | 29 | 9 | 7 | 18 |
| Physical violence | 5 | 5 | 13 | 2 | 6 | 10 | 5 | 3 | 2 | 0 | 31 | 20 | 2 | 5 |
| Property damage | 4 | 5 | 3 | 0 | 4 | 3 | 2 | 1 | 1 | 0 | 14 | 9 | 21 | 19 |
| Reproductive coercion | 0 | 0 | 2 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 5 | 1 | 30 | 25 |
| Sexual harassment | 4 | 3 | 5 | 1 | 9 | 4 | 7 | 10 | 3 | 1 | 28 | 19 | 7 | 7 |
| Sexual violence | 6 | 3 | 4 | 1 | 4 | 3 | 7 | 2 | 3 | 0 | 24 | 9 | 11 | 17 |
| Social isolation | 3 | 3 | 11 | 0 | 1 | 1 | 3 | 2 | 1 | 0 | 19 | 6 | 16 | 20 |
| Spiritual abuse | 1 | 0 | 2 | 0 | 1 | 1 | 1 | 0 | 2 | 1 | 7 | 2 | 29 | 25 |
| Stalking | 4 | 0 | 1 | 1 | 4 | 3 | 3 | 2 | 3 | 0 | 15 | 6 | 19 | 20 |
| Technology-facilitated abuse | 2 | 1 | 2 | 0 | 3 | 4 | 1 | 3 | 0 | 0 | 8 | 8 | 27 | 19 |
| Surgeries on intersex people | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 32 | 25 |
| Verbal abuse | 5 | 3 | 16 | 2 | 4 | 8 | 4 | 7 | 3 | 0 | 32 | 20 | 4 | 6 |
| Total perpetrators | 51 | 37 | 117 | 14 | 58 | 50 | 59 | 49 | 31 | 5 | | | | |

Four (n=4) participants noted experiences of sexuality and gender conversion practices. Two of those participants reside in Victoria where such harmful practices are illegal.

Three (n=3) instances of female genital mutilation prior coming to Australia were reported in the total sample, among survivors of which are 2 trans men and one non-binary person. One instance of FGM was reported in Australia with a survivor being a trans man as well.

How these findings compare:

- The findings on the types of violence broadly matches the findings of the Private Lives 3 report about most common types of violence for LGBTIQ+ people.³⁶
- This data significantly differs from refugee women's experiences of violence where intimate partner violence is the most commonly experienced form of violence.³⁷

Perpetrators of physical violence were half strangers and half known people. This is consistent on the family violence data and the prevalence of homophobia and transphobia. Family members as perpetrators of violence were less represented given that many do not have any family in Australia. This is different to non-LGBTIQ+ refugee women where the majority of perpetrators were male partners or former partners, family members and the women's in-laws.³⁸

Seeking services after experience of violence

Of the 30 participants that that said they experienced violence in Australia (n=30), about 17% (n=14) stated that they had attempted to seek services after their experience of violence.³⁹ We argue that LGBTIQ+ displaced people are more hesitant to approach the services in comparison with general LGBTIQ+ population. In Private Lives 3 the report indicated that 26.9% of LGBTQ+ people sought services support.

Participants in this survey were most likely to seek support of a counsellor (n=10) or friends (n=9) for their experiences of violence. This matched the Private Lives 3 data.

The outcomes of seeking support varied. Some noted access to services as a result (e.g. regular GP) while others noted that a perpetrator was sentenced. Two participants noted that no positive outcome was achieved:

"The system undermined my experience and only gave a minor sentence to a perpetrator."

Two (n=2) participants shared their negative experiences with police:

"The police communicate extremely poorly about how the case is developing. I was a witness, not a victim in the case and this was very confusing."

"I feel afraid to involve police in situations of physical violence because police have been violent to me both in Australia and outside of it. I have never felt safe by their presence especially seeing them armed with guns and in Australia the racist white-supremacy that runs through this system."

Three (n=3) participants shared that their experiences of violence were not taken seriously and there is limited support:

"There is nothing in the public or media about LGBTIQ people. It's like your experiences are not valid. If you want to seek help finally for historical abuse you can't get it. But it is only here we sometimes understand that what happened was violence."

One (n=1) respondent shared barriers to healthcare after violence but when there is no Medicare:

"I was kicked in the stomach while experiencing homelessness and don't have Medicare. I can't call an ambulance as it's a private service and I once got a \$1000 bill for using the services."

36 Note that this survey provided more options to define violence than the Private Lives 3 report.

37 El-Murr, A. (2018) Intimate partner violence in Australian refugee communities Scoping review of issues and service responses CFCA PAPER NO. 50. Australian Institute of Family Studies https://aifs.gov.au/sites/default/files/publication-documents/50_intimate_part3ner_violence_in_australian_refugee_communities_0.pdf

38 Segrave, M. Wickes, R, and Keel, C. (2021) Migrant and Refugee Women in Australia: The Safety and Security Survey. Monash University

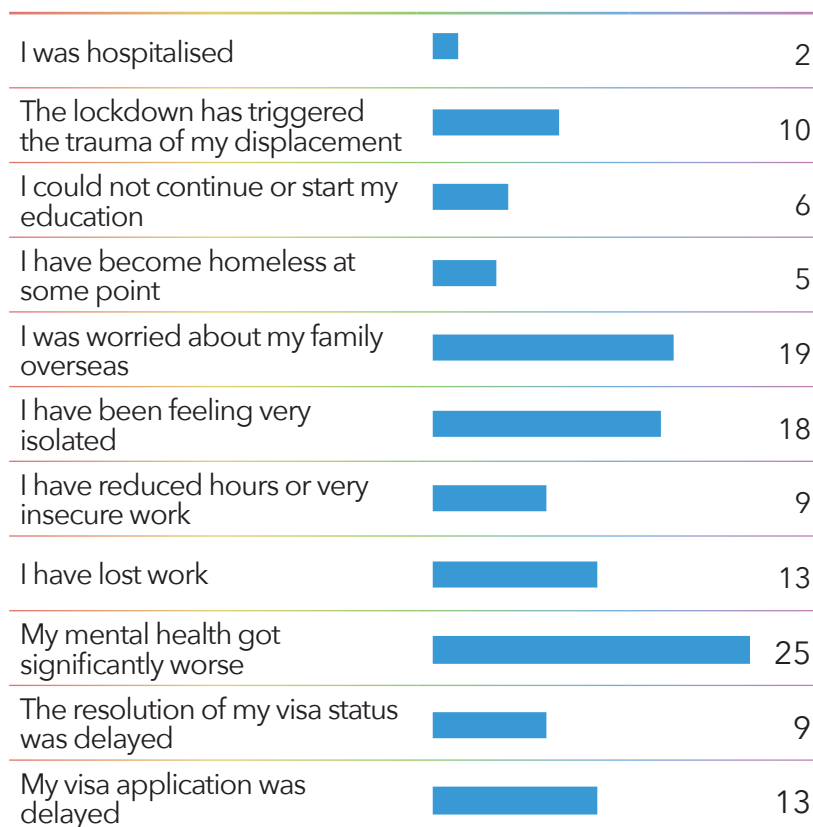
39 Private lives 3

Impacts of the COVID-19 pandemic

Out of the forty (n=40) participants who provided a response, all were vaccinated. No negative responses were provided in regards to the vaccination.

Participants confirmed negative impacts of the pandemic. The most common negative impacts were worsened mental health (n=25), followed by worrying about family in the country of origin (n=19) and feeling isolated (n=18). These match the earlier declared predictors for poorer mental health. One additional respondent noted that they experienced racially motivated violence because they were Chinese.

Chart 6.1. Impacts of the COVID-19 pandemic



Experiences of Food Insecurity

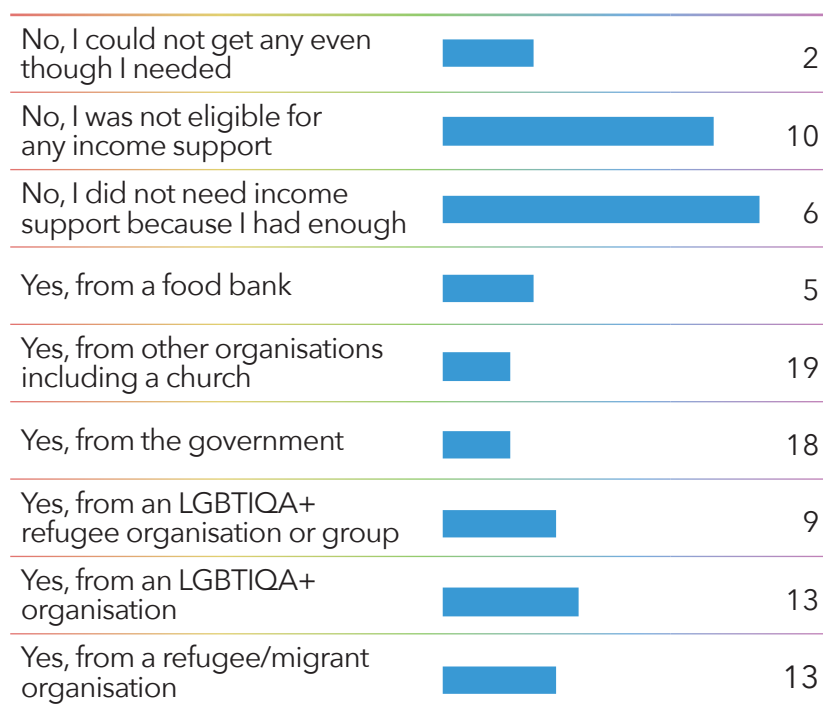
Two optional questions were asked about whether participants skipped any meals in the past month (a period between June and November 2022) and in the past 2 years.

More people (15%, n=13) skipped meals in the beginning of pandemic than in past month (6%, n=5). This data is consistent with the data on poverty in Australia where according to ACOSS 13% of people live in poverty.⁴⁰

Participants stated that they did not receive any pandemic support (n=14) and almost as many stated they were ineligible for support (n=12).

During our work in the pandemic, FDPN observed many people who were struggling but who were still willing to share the support in case someone else needed it more.

Chart 6.2. Access to income support or material aid



⁴⁰ See more at <https://povertyandinequality.acoss.org.au/poverty/>

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