

Improving the Lives of LGBT Queenslanders: a call to action



Queensland Association
for Healthy Communities

LGBT Queenslanders

There are a between 72,000 to 370,000 lesbian, gay bisexual and transgender (LGBT) people living in Queensland, or 2.5% to 15% of the population over 15 years¹. LGBT people live in all parts of Queensland, in cities & towns and in regional & rural areas. We are members of families, workplaces, schools and communities. We contribute to the economic, social, cultural and sporting life of Queensland.

Sexual orientation and gender identity is not a choice. It is not a "lifestyle". It is a fundamental part of who we all are as human beings and cannot be changed.

LGBT people suffer stigma, discrimination and legal inequality which causes LGBT people to have higher health risk factors, delay accessing health services and experience poorer health outcomes. Those who are also members of other marginalised communities (e.g. Aboriginal & Torres Strait Islanders) experience double-disadvantage.

LGBT people, as do all Queenslanders, want to live healthy, happy and productive lives, free from stigma and discrimination. Promoting the social inclusion and health & wellbeing of LGBT people will help Queensland achieve:

- > a fair society, with safe and caring communities, and
- > a healthy society, making Queenslanders Australia's healthiest people.

LGBT Australians

According to research from the Australian Bureau of Statistics², 'homosexual/bisexual' Australians are:

- > more likely to have ever been homeless (12% 'homosexual/bisexual' v. 2.9% 'heterosexual')
- > more likely to have no contact with family or no family to rely on for serious problems (11.8% v. 5.9%)
- > more likely to be a current smoker (35.7% v. 22%)
- > more likely to have used illicit drugs (64.6% v. 33.2%)
- > more likely to have had a chronic condition in the last 12 months (51.3% v. 46.9%)
- > more likely to have a high/very high level of psychological distress (18.2% v. 9.2%)
- > more likely to have had suicidal thoughts (34.7% v. 12.9%)
- > more likely to have had suicidal plans (17.1% v. 3.7%)
- > more likely to have attempted suicide (12.6% v. 3.1%)

In addition:

- > 20.9% of 'homosexual/bisexual' people are in the lowest quintile of household income
- > 22.6% are on government cash pensions and allowances
- > 34.8% have no non-school qualifications
- > 4.2% are unemployed (figure should be treated with some caution)
- > 22.9% are not in the labour force
- > 69.9% have a sedentary/low level of exercise
- > 40.3% are overweight or obese
- > 9.2% have a disability or long-term health condition

Equity

Everyone deserves the opportunity to reach their full potential.

Particular groups in our society experience obstacles to achievement due to their background. Government and community services seek to remove these obstacles and assist people to reach their full potential. Specific, culturally appropriate responses are needed to meet the needs of these 'equity groups' e.g. women, Aboriginal & Torres Strait Islanders, CALD, disabled etc.

Until 1990 it was illegal to be gay in Queensland and homosexuality was considered a disease by the World Health Organisation. Until 1991 it was legal to discriminate against homosexuals in Queensland and until 2003 it was legal to discriminate against transgender people. Same sex de-facto couples were only legally recognised in Queensland from 2002 and federally from 2009. Even today, LGBT Queenslanders are not equal before the law.

This historical exclusion and repression of LGBT people has long lasting effects, on people's health, wellbeing and relationships as well as their social and economic capital. The government and wider society, in partnership with LGBT communities, has a responsibility to ameliorate the effects of this exclusion.

LGBT people must be formally recognised as an equity group in government policy, alongside other disadvantaged or marginalised groups in our society. A proactive program of action must be put in place to remove historical and present day barriers to achievement for LGBT people and ensure equity for all Queenslanders.

Equity and inclusion will require a whole of government approach. A Ministerial Advisory Committee for the LGBT community should be established to assess need, develop effective partnerships and guide service delivery across government and the non-government sectors. A state-wide LGBT non-government peak organisation should be funded to undertake research & consultation with the LGBT community, build the capacity of mainstream and LGBT organisations and develop policies, resources and best practice guidelines.

Stigma & Discrimination

Background

70% of LGBT Queenslanders, at least sometimes, modify their daily behaviour for fear of prejudice or discrimination.³

60% of LGBT Queenslanders have experienced personal insults or verbal abuse and 15% have experienced a physical attack or other kinds of violence.⁴

38% of Queenslanders believe homosexuality is immoral. This increases to 50% in some regions of Queensland, the highest in Australia.⁵

25% of Australians would not want a gay neighbour.⁶



Required Actions

- Develop social marketing campaigns promoting the inclusion of LGBT Queenslanders and celebrating diversity.
- Develop initiatives to address pockets of stigma, discrimination and violence against LGBT people.
- Prioritise LGBT communities in community safety and crime prevention programs.
- Review government policies and programs for inclusion of LGBT people.
- Require government funded services to put in place strategies to improve access for LGBT people.

Legal Equality

Background

There is no formal same-sex relationships register or legalised marriage in Queensland. This devalues same-sex relationships and acts as a barrier to building strong families.

Same-sex couples are not able to legally adopt children in Queensland, despite being equally as capable of raising children.

16 and 17 year olds are criminalised for having anal sex, but not for vaginal or oral sex. This disproportionately affects young gay men and undermines sexual and mental health promotion efforts.

The process for transgender people in having their gender recognised is long, expensive and unduly complicated and creates stress and uncertainty.

Required Actions

- Establish a relationship/civil partnership register along the lines of Victoria, the ACT or Tasmania, following consultation with LGBT Queenslanders. (60% of Queenslanders support this.⁷)
- Lobby the federal government to allow same-sex marriages. (54% of Queenslanders support this.⁸)
- Allow same-sex couples who meet the standards set for opposite sex couples, to legally adopt children.
- Equalise the age of consent for all types of consensual sexual activity at 16 years. (46% of Queenslanders support this.)⁹
- Implement the recommendations of the Human Right Commission's 'Sex Files' report for transgender people.

Community Infrastructure

Background

Only 2 LGBT groups are recurrently funded by the Queensland government:

QAHC – for HIV prevention work among gay men

GLWA – for training of helpline volunteers

Almost all LGBT groups are unfunded, with no staff and no assets.

LGBT groups have not been able to access the 'Strengthening the Non-Government Sector' initiatives, as to be eligible you had to be in receipt of funding from the Department of Communities.

There has been no attempt to develop the capacity of LGBT groups or individuals through training or other professional development/leadership initiatives.

There is no strategy or resources for community development within the LGBT community. LGBT groups and individuals rarely access 'mainstream' community development support.

There is no peak body representing LGBT groups or organisations.

The needs of LGBT people are often excluded from research as sexual/gender identity is not asked. There is no LGBT research centre or collaborative in Queensland.

Required Actions

- Develop a community capacity building strategy and implementation plan for the LGBT community.
- Fund community development workers in the LGBT community (similar to the Multicultural Development Workers).
- Provide support for 'core costs' (organisational infrastructure) as well as specific project funding.
- Fund a peak organisation to represent the views and needs of LGBT communities, facilitate partnerships between communities and government and build LGBT communities.
- Review funding guidelines, publicity and application processes across government to ensure active inclusion of LGBT communities.
- Include questions on sexuality and gender identity as standard demographics in all appropriate government conducted or commissioned research and ensure LGBT participation in consultation exercises.
- Encourage the development of an LGBT research network across Queensland, bringing together researchers, practitioners and policy makers.

Health & Community Services

Background

Health and medical training has traditionally not addressed the health and well-being needs of LGBT people.

Most services do not monitor access or outcomes by sexual or gender identity, leaving LGBT people invisible in the service.

One third of LGB people do not believe their GP knows their sexuality.¹⁰

Between 8% - 10% of LGBT people experienced negative treatment in relation to identity and sexuality within a hospital setting.¹¹

Required Actions

- Sexuality and gender identity to be included in health, medical and social work training at universities.
- Sexuality and gender identity awareness training to be provided to workers in health and community services.
- Services to monitor sexual and gender identity of clients at either intake or assessment.
- Services to undertake an audit of accessibility of the service for LGBT people and develop a plan to increase inclusiveness and cultural appropriateness.
- Fund an LGBT NGO peak body to provide advice and assistance to mainstream services and act as a centre of excellence.

Mental Health

Background

41% of homosexual/bisexual people had a mental disorder in the previous 12 months, compared to 20% of heterosexual people.¹²

This is higher than for any age group, any income level, any area of residence, any education level, and any employment status.

LGB people attempt suicide at rates between 3.5 and 14 times those of their heterosexual peers. Among transgender people the prevalence of attempted suicide is 16% to 47%.¹³

28% of lesbians v. 8.3% of heterosexual females and 20.8% of gay men v. 5.4% of heterosexual men report deliberate self-harm. These rates are even higher among younger bisexual men and women.¹⁴

LGBT populations are not prioritised in Queensland's mental health or suicide prevention strategies.

Required Actions

- Prioritise LGBT populations in mental health and suicide prevention strategies and plans, including LGBT young people.
- Ensure mental health services are actively inclusive of and culturally appropriate to LGBT people, through training, policy and other organisational developments.
- Address the underlying issues that cause poor mental health among LGBT people, including stigma, discrimination and social exclusion.
- Fund a state-wide LGBT Mental Health Coordinator to drive forward reforms and act as a resource for mainstream mental health services and policy makers.
- Fund LGBT mental health promotion interventions and projects, including support for building supportive friendship networks, developing resiliency and opportunities for cultural attachment and expression.
- Fund social marketing campaigns to promote positive role models for LGBT people living in rural and regional Queensland to build resilience.

Alcohol, Tobacco & Other Drugs

Background

Lesbian/bisexual women are more likely to report high risk alcohol use than heterosexual women (7% v. 3.9%).¹⁵

37% of LGBT people smoked tobacco on more than 5 occasions in a month.¹⁶ This compares to 24% of people who were 'current' smokers in the National Health Survey (2001).

Lesbians smoke at a higher rate over a longer period of time.

41% of lesbians report illicit drug use in the past 12 months, compared to 10% of heterosexual women.¹⁷

75% of gay men report illicit drug use in the past 6 months, compared to 16% of the general population of men who used in the past 12 months¹⁸.

LGBT populations are not prioritised in Queensland's Alcohol, Tobacco and other Drug strategies.

Required Actions

- Prioritise LGBT populations in alcohol, tobacco and other drugs strategies and plans.
- Ensure ATOD services are actively inclusive of and culturally appropriate to LGBT people, through training, policy and other organisational developments.
- Address the underlying issues that cause increased ATOD use including poor mental health among LGBT people, stigma, discrimination and social exclusion.
- Fund a state-wide LGBT ATOD Coordinator to drive forward reforms and act as a resource for mainstream ATOD services and policy makers.
- Fund LGBT ATOD health promotion interventions and projects, including drugs & alcohol free events/activities and opportunities for cultural attachment and expression.

Chronic Disease

Background

Lesbians are at an increased risk of breast cancer, due to higher rates of obesity, alcohol consumption and not giving birth to children.

17.2% of lesbians over 50 years have never had a mammogram and 20.7% of all lesbians have never had a Pap test.¹⁹

29% of LGBT people are overweight and 16% obese. This is roughly equivalent to the Australian population in the National Health Survey (2001).

However lesbians/bisexual women are more likely to be overweight or obese (49%) than Australian women generally (38%).

Required Actions

- Ensure chronic disease services are actively inclusive of and culturally appropriate to LGBT people, through training, policy and other organisational developments.
- Fund LGBT chronic disease health promotion interventions and projects, including social marketing campaigns, physical activity/sports projects and healthy settings approaches.
- Promote culturally and gender specific cancer screening messages for LGBT people.
- Recognise the different needs of LGBT people in the implementation of the national women's and men's health policies.

Sexual Health

Background

Gay and other men who have sex with men accounted for 75% of HIV infections in Queensland in 2008.²⁰

19% of gay/bisexual men have ever been diagnosed with gonorrhoea, 15% with NSU, 12% with genital warts and 10% with Chlamydia.²¹

49% of lesbians/bisexual women have ever been diagnosed with candidiasis and 34% with urinary tract infection. No other STI was reported by more than 5% of women.²²

30% of lesbian/bisexual women had ever been pregnant, with 64% of these women having a live birth.²³

There are no funded sexual health promotion activities specifically targeting lesbians/bisexual women or transgender people in Queensland.



Required Actions

- Continue to prioritise gay/msm in HIV and STI strategies and programs.
- Fund lesbian/bisexual women's and transgender people's sexual health promotion projects.
- Ensure mainstream sexual health and pregnancy services are inclusive of LGBT people.
- Ensure that sexual health resources and campaigns produced with Qld Government funding are developed in ways that are inclusive of homosexual as well as heterosexual behaviour/identity.

Older People

Background

66% of LGBT Queenslanders are most concerned about there not being LGBT specific accommodation (e.g. retirement villages, nursing homes) in older age.²⁴

76% of LGBT Queenslanders, over 56yrs, rate their knowledge of aged care services as 'limited' or 'none'.

79% of LGBT Queenslanders, over 56yrs, would like LGBT community organisations to provide information and referral on aged care or carers services.

65% of LGBT Queenslanders are concerned that their sexuality or gender identity may affect the quality of services provided to them.

87% of LGBT Queenslanders believe there is not enough representation of LGBT people in mainstream ageing campaigns/media.

LGBT populations are not prioritised in Queensland's or Australia's aged care policy & programs.



Required Actions

- Prioritise LGBT populations in aged care/seniors strategies and plans.
- Ensure aged care/seniors services are actively inclusive of and culturally appropriate to LGBT people, through training, policy and other organisational developments.
- Fund specific LGBT information, assessment, referral and case management services for LGBT seniors, based in the LGBT community.
- Fund a state-wide LGBT Ageing Coordinator to drive forward reforms and act as a resource for mainstream aged care/seniors services and policy makers.
- Increase promotion of aged care/seniors issues and services in LGBT and mainstream media, that is inclusive of LGBT seniors.

Young People

(With thanks to Open Doors Youth Service for their contribution to this section.)

Background

The realisation of sexuality and gender identity occurs at a relatively young age with most young people knowing by the end of teenage years. (10% always knowing, 35% before puberty and a further 55% around the age of puberty)²⁵

44% of LGBT young people have experienced verbal abuse, and 16% experienced physical abuse on the basis of their sexuality, with 74% of this abuse occurring at school.²⁶

LGBT young people tend to leave school at a younger age than their heterosexual peers²⁷

17% of homeless young people aged 12 to 20 years identified as non-heterosexual.²⁸

Significant numbers of LGBT young people experience discrimination, violence and harassment in SAAP services²⁹

LGBT young people use more illegal drugs than young people in the general population, with the risk of drug use being accentuated by experiences of verbal and/or physical abuse.³⁰

LGBT young people were more likely to be sexually active earlier than their Year 10 and 12 peers in secondary school, with LGBT young people often engaging in sexual activities that are not in line with their sexual attraction and are 5 times more likely to be diagnosed with a STI³¹



Required Actions

- State-wide education policy developed and implemented that ensures the safety of LGBT young people and responds actively to homophobic bullying that occurs in school.
- Tailor support to homeless young people to better meet the specific needs and experiences of LGBT young people
- Provide all young people with high quality, objective information about sexuality and gender identity.
- More and better same-sex sexual health information and support for having safe and protected sex.
- Ensure young people's services are actively inclusive of and culturally appropriate to LGBT people, through training, policy and other organisational developments.
- Provision of LGBT youth support services, delivered by mainstream youth agencies and/or LGBT youth agencies.
- Provide opportunities for LGBT young people to come together and build supportive friendship networks, free from drug & alcohol environments.

Trans Health

Background

Trans people rate their health lower than other Australians.³²

Trans people are more likely to earn less than \$20,000 per year than other Australians (35.4% v. 21.7%).³³

36.2% of trans people are clinically depressed, compared to 6.8% of other Australians, with 25% reporting suicidal thoughts in the past two weeks.³⁴

Treatment for Gender Identity Disorder (including sex reassignment surgery) is complicated, costly and lengthy.

Trans people who have had any type of surgery are more likely to report better wellbeing than those who haven't had any surgery.³⁵

87.4% of trans people had experienced any form of stigma and discrimination, with 18.6% being the victim on physical attacks or other kind of violence.³⁶



Required Actions

- Increase awareness of trans/GID issues, referral pathways and sources of reputable information within general practice.
- Qld Health Sexual Health Clinics to be formally recognised and resourced to take the lead role in management of trans/GID issues (part of core businesses/minimum service standard).
- Seek formal endorsement of revised Harry Benjamin guidelines/Brisbane Gender Clinic guidelines for Sexual Health Clinics and keep up to date following international revisions.
- Facilitate a state-wide clinical network of health professionals involved in care of trans people.
- Fund trans organisation/s to provide information, referral, peer support and advocacy.
- Lobby federal government/Department of Health to fund hormones, surgery and body modification procedures for trans people through Medicare.

Aboriginal & Torres Strait Islander People

Background

Aboriginal & Torres Strait Islander people who are also LGBT experience double-disadvantage.

As members of Aboriginal & Torres Strait Islander communities, LGBT people also suffer disadvantage in areas including health, housing, education, violence and alcohol & drug use.

The relationship between indigenous identity and sexual/gender identity can be complex and change over time and place.

There is very little research on Aboriginal & Torres Strait Islander people who are also LGBT.



Required Actions

- Support the self-determination of Aboriginal & Torres Strait Islander people, including those who are LGBT.
- Support actions which address the disadvantage and inequity within Aboriginal & Torres Strait Islander communities ('whole of community').
- Ensure Aboriginal and Torres Strait Islander services are actively inclusive of and culturally appropriate to LGBT people, through training, policy and other organisational developments.
- Include questions on sexuality and gender identity and behaviour in all appropriate research and ensure LGBT participation in consultation exercises.
- Challenge stigma & discrimination against Aboriginal & Torres Strait Islanders within the LGBT community and against LGBT people within Aboriginal & Torres Strait Islander communities.
- Support LGBT Aboriginal & Torres Strait Islander people to develop and maintain healthy relationships within and between communities.

People from a Culturally & Linguistically Diverse Background

Background

LGBT people from a CALD background are currently invisible in multicultural policy and there are no specific services for this group in Queensland.

LGBT people from a CALD background can experience double exclusion - homophobia from their family/ethnic community and racism from the LGBT community.

There is little research available on the needs of LGBT people from a CALD background.

People who are newly arrived in Australia/Queensland may lack an understanding of western LGBT cultures and ways of communicating etc.



Required Actions

- Acknowledge the existence of and needs of LGBT people in Queensland's multicultural strategies and plans.
- Fund a qualitative research project where LGBT CALD people are trained to undertake interviews with peers, recruited through a snowballing technique.
- Ensure multicultural/CALD services are actively inclusive of and culturally appropriate to LGBT people, through training, policy and other organisational developments.
- Challenge stigma & discrimination against CALD people within the LGBT community and against LGBT people within ethnic minority communities.
- LGBT community organisations should be resourced to work with ethnic minority organisations to promote the inclusion of LGBT people.
- Provide support to LGBT people who are newly arrived in Queensland, including international students (e.g. printed/electronic guide to LGBT Queensland).

People with Disabilities

Background

Many of the community services to people with disability are provided by church based organisations which may hold negative beliefs about sexual and gender identity or expression.

Many non-government organisations have no policy on LGBT issues and in general treat service users as asexual.

Heterosexist myths dominate service organisations and include³⁷:

- > that disability implies asexuality
- > that if there is a sexuality it is heterosexual
- > that people with disabilities are oversexed and their sexuality may go out of control at any moment therefore sexuality has to be restrained, contained and bordered

Required Actions

- Prioritise LGBT populations in disability strategies and plans.
- Ensure disability services are actively inclusive of and culturally appropriate to LGBT people, through training, policy and other organisational developments.
- Fund LGBT and mainstream organisations to deliver projects which address the specific needs of LGBT people with a disability, including supportive friendship networks.
- Require government funded organisations providing services to people with a disability to agree to minimum service standards in relation to LGBT people and monitor implementation.
- Organisations to implement the United Nations General Assembly Convention on the Rights of Persons with Disabilities 2006, with particular reference to the right of freedom of sexual expression for all persons.

Policing & Community Safety

Background

70% of LGBT Queenslanders, at least sometimes, modify their daily behaviour for fear of prejudice or discrimination. This includes 68% who 'always' or 'generally' avoid expressions of affection in public.³⁸

60% of LGBT Queenslanders have experienced personal insults or verbal abuse and 15% have experienced a physical attack or other kinds of violence.³⁹

33% of LGBT people had been in a relationship where the partner was abusive. This was more common among women and trans people.⁴⁰

10% of LGBT people who experienced abuse in a relationship reported this to the police.⁴¹

[To be updated on release of 'Stop Gay Hate Now' research results by Griffith University in June 2010]

Required Actions

- Reinstate LGBT awareness training for all police recruits.
- Wider promotion of the LGBTI Liaison Officers, including through LGBT media, mainstream media and within police stations.
- Reinstate an LGBTI advisory group for the Police Service.
- Fund personal & community safety campaigns within the LGBT community, including social marketing, self-defence and venue based initiatives.

Cultural/Arts Development

Background

Many LGBT look to cultural inclusion and expression as a way of building resilience and coping with mental illness.

LGBT people have made and continue to make a significant contribution to the arts sector in Queensland.

However, there is no program, project or funding to develop queer artists or the LGBT sector.

Pride type festivals happen in at least 4 cities/towns in Queensland, but receive no state government support.

Required Actions

- Arts funding for a network of LGBT/queer artists.
- Arts development funding to support and showcase emerging and established LGBT/queer artists.
- Queensland Government sponsorship of and participation in 'Pride' festivals across Queensland.
- Funding for a network of LGBT queer artists to initiate arts/health programs in LGBT communities.

References:

(Endnotes)

- 1 2006 Census puts Qld population, 15 years and over, at 3,097,997.
(Australian Study of Health & Relationships found 2.5% of men and 2.2% of women (16 years and over) identify as gay, lesbian or bisexual (giving minimum number) and 9% of men and 15% of women had ever had a same sex attraction or sexual experience (giving maximum number)).
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- 7 Galaxy Research (2008)
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- 38 Pitts (2006). Op. Cit.
- 39 Ibid
- 40 Ibid
- 41 Ibid

The Queensland Association for Healthy Communities Inc. (QAHC – pronounced 'quack') is a community-based, non-government health promotion charity and deductible gift recipient.

Formed in 1984 to fight HIV/AIDS, the Queensland AIDS Council expanded its role in 2006 to address a wider range of health issues for all in the lesbian, gay, bisexual and transgender communities, and renamed itself QAHC.

As a health promotion organisation we believe that health is not just the absence of disease, but is a state of physical, mental, social, spiritual, emotional and economic health and wellbeing. We see health as a resource for everyday living, not the objective of life, and see health promotion as the process of enabling people to increase control over and improve their health.

Our Vision

A Queensland where all lesbian, gay, bisexual and transgender people achieve the best possible health and wellbeing and participate fully in the life of communities, free from stigma and discrimination.

Our Mission

To enable lesbian, gay, bisexual and transgender people to increase control over and improve their health, as a resource for social, economic and personal development and an important dimension of quality of life.

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