13 August 2020

Equality Branch
Department of Premier and Cabinet
equality@dpc.vic.gov.au

To whom it may concern

Re: Consultation on the Victorian LGBTIQ Strategy

The Victorian Health Promotion Foundation (VicHealth) welcomes the opportunity to respond to the consultation regarding Victoria's new LGBTIQ Strategy (the Strategy).

As the state's health promotion foundation, we have a strong commitment to improving the health of all Victorians, particularly those who experience greater barriers to good health. We know that LGBTIQ Victorians often experience those barriers, and we see the Strategy as a key opportunity to strengthen the state's action to improve the health and wellbeing of those communities.

The following submission responds to the questions outlined in the Discussion Paper for the Victorian LGBTIQ Strategy, by suggesting additional or strengthened areas of focus and providing further evidence and case studies.

Should you require any further information please contact Cassie Nicholls, Senior Policy Officer, on cnicholls@vichealth.vic.gov.au or 03 9667 1317.

Yours sincerely

Dr Sandro Demaio
Chief Executive Officer

Victorian Health Promotion Foundation

Ground Floor, 15−31 Pelham Street, Carlton VIC 3053
PO Box 154, Carlton South VIC 3053, Australia
T +61 3 9667 1333 F +61 3 9667 1375
E vichealth@vichealth.vic.gov.au W vichealth.vic.gov.au

Patrons

The Honourable Linda Dessau AC
Governor of Victoria (Patron-in-Chief)
Sir James Gobbo
Professor Emeritus
Sir Gustav Nossal AC CBE

VicHealth submission to the Victorian LGBITQ Strategy consultation

August 2020

Contents

Overview

VicHealth commends the Department of Premier and Cabinet for leading the development of a statewide LGBTIQ Strategy. In collating the evidence outlined in the Discussion Paper, the Department has told a strong story about the strengths of and inequities experienced by LGBTIQ Victorians.

VicHealth recommends that over the next 10 years the Victorian Government prioritises improving the mental and physical health of LGBTIQ people, as well as improving health equity within LGBTIQ communities, so that those with diverse attributes and varied experiences do not experience greater barriers to good health.

We agree with the statement in the Discussion Paper that health promotion should be prioritised to improve LGBTIQ Victorians' lives, and that factors such as participation in sport, employment and financial security are influential and need to be addressed to ensure LGBTIQ Victorians have the opportunity to lead healthy, flourishing lives.

We strongly support the Discussion Paper's focus on identities and intersectional experiences, as this is fundamental to any approach to address health inequities.

We recommend that the Strategy strengthens its focus on: preventing harm from tobacco and alcohol, physical activity and sport participation, the arts as a setting for action, and the primary prevention of family violence. We also recommend that young people's employment and the role of masculinities be added to the Strategy's focus. In addition, we have provided further evidence on mental wellbeing and have suggested additional indicators for Equality Measures in Domains 3, 4 and 5.

The rationale for these is explained more fully below, with specific recommendations included in the boxes within each section.

We would welcome the opportunity to discuss our submission further with the Department of Premier and Cabinet, particularly on how we can support the delivery of the Strategy.

A note about language: *VicHealth recognises and celebrates the diversity of identities and experiences that sit beneath the umbrella term LGBTIQ. The data and case studies included in this submission sometimes focus on just some groups (e.g. lesbian, bisexual and gay Victorians) or have self-identified using other language (e.g. LGBTIQ+). Therefore the language or acronyms used in those sections is taken from the original data source or case study.*

Strengthened focus areas: Alcohol and tobacco

VicHealth welcomes the inclusion of evidence on smoking and alcohol use within the 'Physical health and wellbeing' section of the Discussion Paper. We believe these are two areas that are critical to LGBTIQ Victorians' health, and that could be strengthened in the final Strategy.

Please note that Quit Victoria has made a separate submission to the LGBTIQ Strategy consultation which outlines additional evidence and case studies. VicHealth supports the recommendations contained within that submission.

Rates of smoking and alcohol consumption

Similar to trends seen for the general population, daily smoking and risky alcohol consumption are declining among people who identify as lesbian, gay or bisexual. However, LGB people are still more likely to report risky drinking or daily smoking compared to heterosexual people. In 2019 LGB people were 1.5 times more likely to report daily smoking or exceeding drinking limits that reduce the harm from alcohol across the lifetime. Single occasion risky drinking was also higher among LGB people (37.5%) compared to heterosexual people (24.9%).[1]

However, there is variation in health behaviours between groups. The Australian Institute for Health and Welfare notes that daily smoking is higher among bisexual people (18.0%) compared to gay or lesbian people (12.9%).[2] Similarly, research has demonstrated that differences in alcohol consumption are greater between same-sex attracted women and heterosexual women than they are for the same two groups of men.[3] While sample size and statistical power may mean that LGBTIQ people are grouped for the purposes of assessing disparities in health, it is equally important to acknowledge that the experiences of people within that grouping are not uniform and are likely to vary considerably.

This highlights the importance of ensuring that any efforts to reduce the prevalence of smoking or risky drinking among LGBTIQ people should draw upon their experiences, and that LGBTIQ people from a wide range of backgrounds are involved in the design of programs and clinical practice designed to benefit their communities.

VicHealth recommendations

- The LGBTIQ Strategy should include a strong focus on reducing the prevalence of smoking and risky drinking among LGBTIQ people.
- Domain 4 (Health and wellbeing) of the LGBTIQ Strategy's Equality Measures should include indicators of (a) rates of risky alcohol consumption , and (b) rates of tobacco and e-cigarette use (i.e. as separate indicators rather than being aggregated within the substance abuse indicator).
- The design and delivery of programs and initiatives to reduce the prevalence of smoking or risky drinking under the Strategy should involve a wide range of LGBTIQ Victorians, to ensure that interventions are underpinned by their experiences and knowledge.
- The LGBTIQ Strategy should highlight the importance of collecting and analysing disaggregated health and wellbeing data that reflects the diversity of LGBTIQ Victorians.

Key tobacco control case studies

With VicHealth funding, Quit Victoria collaborated with the Melbourne Queer Film Festival, Thorne Harbour Health and Minus 18 in 2019 to launch a short film competition for LGBTIQ+ community filmmakers to create short vignettes with a positive message and call to action to stop smoking. The winners were awarded $4,000 and their entries were shown before every screening at MQFF, reaching more than 30,000 viewers. This approach provided young LGBTIQ+ filmmakers with an opportunity for funding and exposure while also raising awareness about the impacts of smoking from the perspectives of LGBTIQ+ people.[4]

During this period, Quitline counsellors also undertook LGBTIQ sensitivity and cultural competency training to enable them to provide LGBTIQ-affirmative practice. As a result, the Quitline became the first in Australia to develop and implement specific training, clinical guidelines and data collection to ensure LGBTIQ-affirmative practice. Quit can now assess the use of the Quitline by LGBTIQ community members and tailor services to meet the needs of LGBTIQ people who smoke.[5]

The Quit Victoria example highlights how disparities in smoking rates can be addressed by drawing on the experiences of LGBTIQ people while also ensuring that existing workforces are trained and up-skilled to ensure affirmative clinical practice.

VicHealth recommendations

- The LGBTIQ Strategy should include case studies on interventions and specific actions to support LGBTIQ Victorians to quit. This requires a workforce that is trained and supported to meet the needs of LGBTIQ people who smoke.
- All indicators in Domain 5 of the Equality Measures should apply to services and programs that seek to reduce the impact of harmful products, including traditional and e-cigarettes, alcohol and gambling. Further, collaboration should be encouraged across these sectors to ensure a high quality of care and referral pathways for LGBTIQ people seeking support for more than one health issue.

Strengthened focus area: Physical activity and sport

VicHealth welcomes the strong focus on participation in sport in the Discussion Paper. VicHealth supports the statement that sport 'provides opportunities for LGBTIQ people to build confidence and social connections and improve their [physical and mental] health and wellbeing', but that 'participation may be hindered by sporting clubs that do not understand LGBTIQ inclusivity and those with negative attitudes towards LGBTIQ people'.

We have provided further evidence and case studies to support that focus below.

Additional evidence on barriers to sports participation for LGBTIQ Victorians

- Findings from Out on the Fields, a major international study conducted in 2015, shows that:
  - over 80% of Australian survey respondents have witnessed or experienced homophobia in sport
  - 75% of respondents believe an openly gay person would not be very safe as a spectator at a sporting event
  - 87% of gay males and 75% of lesbians are completely or partially in the closet while playing youth sports.[6]

- Research from Western Sydney University found that sport is considered hostile and unwelcoming to young people with diverse sexualities and genders.[7]

- Research from Flinders University found that 40% of LGBTIQ+ Australians felt unsafe or vulnerable in a sporting environment as a result of their gender identification or sexuality.[8]

VicHealth recommendation

- The LGBTIQ Strategy's section on health and wellbeing should recognise the impacts of discrimination and structural barriers on LGBTIQ Victorians' sports participation, and identify actions to address them.

LGBTI+ inclusion within Victorian sport: A market analysis (2019)[9]

VicHealth commissioned Monash University to undertake a market analysis examining the past and current work in Victoria focused on promoting LGBTI+ engagement and participation in sport.

The final report considers the experiences of LGBTI+ people in sport; action to increase inclusion and reduce discrimination; the connections between sports and organisations operating in Victoria to promote LGBTI+ inclusion; the work undertaken by State Sporting Associations (SSAs) to support LGBTI+ inclusion and areas for future support; and recommendations arising from existing LGBTI+ sports inclusion reports and evaluations.

The report included a set of recommendations for future areas of focus:

1. Meaningful, long-term funding is needed to support programs designed to promote LGBTI+ inclusion and stop discrimination.
2. Work with and support SSAs and other sporting bodies to develop and implement education programs that seek to address homophobic and transphobic discrimination, use of homophobic language and educate on approaches to supporting LGBTI+ inclusion in sport.
3. Collect sport participation data for the LGBTI+ population.

4. Fund and support rigorous, well-designed research to evaluate different approaches currently being used in Victoria to promote inclusion and end LGBTI+ discrimination.

VicHealth recommendation

- The LGBTIQ Strategy's section on health and wellbeing should take into account the findings of the market analysis and incorporate the above recommendations into its actions.

Evaluating LGBTI+ Inclusion within Sport and the Pride Cup Initiative (2020)[10]

VicHealth commissioned Monash University to undertake an evaluation to measure the impact of the Pride Cup program and resources. The evaluation found that the Pride Cup can make an important contribution to supporting LGBTI+ inclusion within community sport. The evaluation suggests that clubs experience a range of benefits and positive impacts from their participation and the Pride Cup offers an accessible and structured way for them to engage and consider LGBTI+ inclusion. These findings are summarised on the [Pride Cup website](#).

The evaluators made a number of recommendations in the [final report](#), which included the need for continued support of the Pride Cup initiative; a focus on promoting greater engagement, club education and facilitation of change within the club environment; a focus on changing social norms around homophobic language; knowledge sharing between clubs; LGBTI+ community involvement in planning and organising the initiative; the need for additional support and resources to enable this; skills development for those working in the sector to sustain cultural change at the club level; and the need for careful consideration of evaluation design.

VicHealth recommendation

- The Pride Cup should be included as a case study in the LGBTIQ Strategy, and it should incorporate the recommendations in the evaluation report.

Creating an LGBTI+ inclusive club (in development with Proud 2 Play)

VicHealth has funded Proud 2 Play to develop online education modules and resources for sports clubs on LGBTIQ inclusion. This has been identified as a key gap in the sector.

The modules and resources aim to increase awareness and knowledge about LGBTIQ inclusion in sport. They will equip clubs with the tools they need to create safe, welcoming and inclusive environments for the LGBTIQ community.

The online course is made up of five modules:

1. The value of inclusion
2. LGBTI+ 101
3. The trans and gender diverse community
4. LGBTI+ inclusive language
5. What can clubs do?

They are supported with the following resources for clubs:

- LGBTI+ inclusions guidelines template
- Tips for Engaging With the LGBTI+ Community

- 10 Tips for an LGBTI+ Inclusive Sports Club
- Posters
- Tips for talking to your committee

VicHealth would be pleased to share these resources with the Department of Premier and Cabinet once they are released in September.

Rainbow Sports Alliance

An Australian first, the Rainbow Sports Alliance is a Proud 2 Play facilitated working group consisting of a number of State Sporting Associations (SSAs) and organisations that work collaboratively to enhance LGBTIQ inclusion across the Victorian sports landscape.

The Rainbow Sports Alliance convenes regularly to discuss individual successes and challenges in LGBTIQ inclusion, creating a forum where ideas can be shared and transferred between SSAs while helping to advance LGBTIQ inclusion within Victoria as a whole.

VicHealth recommendation
- The Rainbow Sports Alliance should be included as a case study in the LGBTIQ Strategy.

Sport Equality Measures

VicHealth supports the inclusion of a sport-specific indicator within the Equality Measures section of the Discussion Paper (4.12 Policy to promote LGBTIQ inclusion in sport). This could be extended to include relative rates of participation in sports and experiences of discrimination while participating in sport, as well as specific LGBTIQ inclusion issues related to factors such as uniforms, changerooms and language.

VicHealth acknowledges that this is a complex area and may not be able to be implemented immediately. For example, club databases, systems and processes would need adapting and issues related to concerns around disclosure would need addressing. However, it is an important area of focus and should be facilitated as quickly as possible.

VicHealth would welcome the opportunity to work with the Department of Premier and Cabinet and appropriate sector and community leaders to develop appropriate measures and indicators.

VicHealth recommendation
- The LGBTIQ Strategy should include indicators that measure LGBTIQ Victorians' levels of participation in sport, experiences of discrimination while participating in sport, and other specific LGBTIQ inclusion issues.

Strengthened focus area: Primary prevention of family violence

VicHealth supports the Discussion Paper's recognition of family and intimate partner violence prevention initiatives within table 2 of the Discussion Paper. This could be expanded in the 'Personal safety and violence' section, which currently primarily focuses on other forms of violence and the relationship between Victoria Police and LGBTIQ communities.

Within the family violence sector, primary prevention (that is, preventing violence before it occurs) has been led by Rainbow Health and other organisations such as Our Watch. Rainbow Health recently released a new guide to primary prevention of family violence experienced by LGBTIQ communities, called the Pride in prevention evidence guide.

The guide summarises the current available evidence on the drivers of family violence for LGBTIQ people and provides recommendations for interventions to address it. It suggests priorities for intervention including a gender-transformative approach; workforce development; civil society advocacy; legislative reform; media; LGBTIQ community-led prevention campaigns; organisational development; bystander programs; community mobilisation; supporting families; supporting positive intimate relationships; and pride programs.

VicHealth recommendation

- The LGBTIQ Strategy should include a focus on the primary prevention of family violence, based on the approach outlined in the *Pride in prevention evidence guide*.

Additional health promotion setting: The arts, cultural and creative industries

The arts, cultural and creative industries can play a key role in improving LGBTIQ Victorians' health and wellbeing. Within the Discussion Paper, arts initiatives are mentioned under 'What LGBTIQ communities do well: Community connections and empowerment', and we agree that this is a critical setting for building those elements and improving health, particularly mental wellbeing.

We know that participation in the arts, cultural and creative industries – either as audience members, creatives, managers or advocates – is important to amplify the voices of LGBTIQ Victorians and influence attitudes, behaviours and social norms that impact LGBTIQ Victorians.

In 2018 VicHealth published Promoting gender equality through the arts and creative industries, an evidence review that looked at international gender-focused arts and creative projects that could inform gender equality initiatives in Victoria to contribute to better health outcomes for Victorian women and girls and create a safer and more respectful community for us all. One area of the review findings focused on unpacking and contesting masculinity and gender binaries, which could have implication for intersex, trans, gender diverse and non-binary Victorians.

Several projects (e.g. Gender Unbound, Tilde and Museum of Trans Hirstory and Art) explored trans and intersex experiences, and illustrated what it's like to live outside the gender 'norm'. These projects gave the artists, who are trans or intersex, an opportunity to tell their stories and share their history and culture to improve understanding and awareness.

Other projects within the evidence review address toxic masculinity, which can often manifest in homophobia and transphobia. The reviewers noted that the arts can build empathy, challenge masculinity and gender binaries, increase visibility and amplify the voices of those who have previously been unrepresented or 'silent' within the arts and society more broadly.[11]

Through our Mental Wellbeing program, VicHealth has supported a range of arts projects that benefit LGBTIQ Victorians. Some recent projects include Safe and Supported in Cardinia – Cardinia Shire Council (through VicHealth's Bright Futures Program), and Yawulyu – Barpirdhila Foundation, Queer My Head – Macedon Shire Council, The Dax Centre and Live4Life (through VicHealth's Art of Good Health Partnership Grants). VicHealth would welcome the opportunity to connect the Department of Premier and Cabinet with those projects or speak to the Department about our arts program and the role of the arts in health promotion for LGBTIQ Victorians.

VicHealth recommendations

- The LGBTIQ Strategy should recognise the arts, cultural and creative industries as a key setting to promote mental and physical health and wellbeing.
- The above arts, cultural and creative industries projects should be used as case studies within the LGBTIQ Strategy.

Additional focus area: Young people and employment

VicHealth supports the inclusion of financial security and socioeconomic status in the Discussion Paper. A core component of these is employment, and VicHealth has a particular focus on supporting young people's employment and the transition from study to work, as we know they are key influences on mental wellbeing.

VicHealth's [Staying on Track Youth Deliberative Forum](#) engaged a diverse group of participants, aged 18–25 years old, who deliberated on the question 'How can we support young adults on their journey to purposeful work?'.

The participants called for *Diverse representation of minorities (people such as people of colour, people living with disabilities and also people who identify as LGBTIQA+)*, and they stated that:

> the struggle for purposeful work for youth in Australia is more keenly felt by those who already face other structural barriers. It is vital when facing the challenge of youth employment to prioritise and engage in the position of marginalised groups. A majority of professional industries are traditionally stagnant, lack diversity and they are resistant to change.

The participants recognised that:

> Minority groups should be hired for their skill sets rather than what society perceives them to be. Some ideas to combat the difficulty of this includes blind hiring practices, the education of employers, mandating the hiring process through feedback or quota initiatives, or government and company initiatives.

This is evidence that young people need and are committed to diversity in the workplace and in hiring practices.

VicHealth recommendations

- The LGBTIQ Strategy's section on employment, low socioeconomic status and/or financial security should include a focus on young people's employment.
- Domain 3 (Economic Security) of the Strategy's Equality Measures should include a specific indicator for relative rates of youth employment.

Additional focus area: Masculinities and compulsory heterosexuality and homophobia

An area not covered within the Discussion Paper is the influence of masculine stereotypes on LGBTIQ Victorians. As outlined in VicHealth's [Masculinities and Health: A framework for challenging masculine gender stereotypes in health promotion](#), harmful masculine stereotypes are often characterised by homophobia, discrimination and disrespect, hypersexuality, overt aggression, risky and controlling behaviours, low self-awareness and a desire to seem invulnerable.

Masculinity refers to a set of practices, attitudes, social norms and behaviours that instruct what men and boys should be and how they should act. Men who are most constrained by these harmful stereotypes report mental health issues and risky behaviour. They are also more likely to perpetrate online bullying, sexual harassment and violence. This includes domestic violence, sexual violence and violence against other men.

Many traits commonly associated with people who identify as a man or boy are also exhibited by others, including those who identify as a woman, a girl, trans, intersex, queer or gender non-binary. They often set expectations for how others should *not* behave, as people can be judged as acting out of line with gender expectations.

In 2018, Jesuit Social Services conducted a study on being a young man in Australia, called [The Man Box](#). Findings from the study that could be relevant to the Strategy include the following:

- 28% of respondents agreed with the statement that 'A gay guy is not 'a real man'', and 47% agreed that society as a whole tells them that.
- While 83% agreed with the statement that 'Straight guys being friends with gay guys is totally fine and normal', only 64% agreed that society as a whole tells them that.

The data shows the gap between social pressures and individual views, and the policing of masculinity through homophobia. As the report authors note:

> [h]omophobia continues to be a key means through which young men socialize each other into normatively masculine behaviours, practices, attitudes, and dispositions, including through homophobic joking and demonstrations of heterosexual prowess and power.[12]

Our Watch conducted an evidence review in 2019 that found:

> research shows that traditional masculinity is a predictor of violence against both women and the LGBTIQ community and that the drivers of violence against women and against the LGBTIQ community in general both stem from rigid gender norms and structures.[13]

By working alongside organisations who aim to address harmful masculine stereotypes, we can prevent harm and discrimination towards the LGBTIQ community, as well as improve men and boys' mental health and wellbeing.

VicHealth recommendation

- The LGBTIQ Strategy should recognise the impact of masculinities on LGBTIQ Victorians' health, wellbeing and safety, and identify links with other strategies and organisations working to promote healthier masculinities that will benefit LGBTIQ people.
- The LGBTIQ Strategy should include indicators that measure community attitudes towards LGBTIQ communities.

Additional evidence: VicHealth Indicators Survey

The Discussion Paper contains a wide range of current data, and VicHealth commends the Department of Premier and Cabinet for collating a strong evidence base to underpin the Strategy.

The most recent VicHealth Indicators survey (2015) provides additional data that could further strengthen the Strategy as it relates to lesbian, gay and bisexual Victorians.

The 2015 survey included a focus on Victorians that identified their sexuality as lesbian, gay, bisexual or 'other'. The VicHealth Indicators Survey 2015 supplementary report: Sexuality contains data on a range of factors known to influence individual and community wellbeing including safety, mental wellbeing, physical activity, healthy eating and alcohol consumption.

Key points include the following:

- Comparisons between respondents who identified as lesbian, gay, bisexual or 'other sexuality' (referred to collectively as 'non-heterosexual' within the report) and heterosexual respondents indicated there were no significant differences with respect to healthy eating, physical activity and sedentary behaviour, or feeling safe within their local communities.

- However, the survey showed that that non-heterosexual Victorians were not doing as well as heterosexual Victorians on measures of general and mental wellbeing, including:
  o reporting a lower average subjective wellbeing score (73.6% compared to 77.5% for heterosexual Victorians)
  o reporting a lower average resilience score (6.0 compared to 6.4)
  o reporting a lower average life satisfaction score (7.3 compared to 7.8)
  o reporting lower levels of agreement with statements around community trust, cohesion and connection. Importantly, LGB Victorians who felt connected to their community reported higher resilience, subjective wellbeing and life satisfaction.

- Non-heterosexual respondents were more likely to consume alcohol at potentially risky levels (for men, 53% compared to 41%, and for women, 35% compared to 20%).

The data in the report provides more detail on findings for each sexual orientation, as it compares between Victorians that identified as lesbian, gay, bisexual or 'other sexuality'.

VicHealth recommendations

- The LGBTIQ Strategy should include discussion of levels of community trust, cohesion and connection experienced by LGBTIQ Victorians, and actions to improve them.
- Given their importance to mental wellbeing, Domain 4 (Health and wellbeing) of the Equality Measures should include indicators for (a) community trust, (b) community cohesion, (c) social connection.

Additional evidence: Mental health conditions and interventions

VicHealth recently commissioned an evidence review (currently in publication) that looked at the current evidence on the primary prevention of mental health conditions. This evidence may supplement the already strong evidence base included in the Discussion Paper.

Below are the relevant excerpts from the evidence review:

- Bullying is highly prevalent among school age children and adolescents, but some groups, such as LGBTIQ young people, are more likely to be victims, and depression levels are higher in young sexual minority young people exposed to cyberbullying, compared to those who had not been exposed.[14]

- There is also considerable evidence to show that LGBT people on average experience higher rates of depression, anxiety and substance use conditions and suicidality than non-LGBT people.[15] The reasons vary, but research also shows that individuals from sexual and gender diverse minority groups experience high levels of rejection, personal abuse, physical assault, prejudice, and homophobic and transphobic discrimination, which creates high stress levels and an increased risk of mental health conditions. This is often referred to as minority stress.[16]

- The primary prevention of homophobic and transphobic prejudice and discrimination is a relatively new area of study, and there is a relative dearth of systematic reviews. One systematic review examined studies that aimed to decrease bias and prejudice towards LGBTI patients among healthcare providers. This review found the 13 studies included in the review produced mixed results, with some having some impact on generating more positive student or healthcare provider attitudes toward LGBTQ patients, while other studies found only anecdotal evidence of positive attitude changes, or no evidence of changes in attitudes, and none examined actual changes in patient outcomes.[17]

   Another review of qualitative research into the prevention of homophobia found many participants described interventions as 'eye-opening', however they noted that interventions quite often produced hostile reactions and some participants rejected the interventions altogether, but this review did not report any specific quantitative outcomes from these anti-homophobia programs.[18]

   However, an earlier narrative review of safe school type programs, found that within schools whose policies and programs around homophobia or transphobia were unclear or non-existent, LGBT youth were not as psychologically secure, whereas LGBT students who attended schools where safe school policies and programs were visible, experienced more positive psychological outcomes.[19]

- High social support is also important for adolescents who have experienced child maltreatment or other childhood adversity and is also a protective factor for LGBTQ adolescents.[20]

- Social support is also a protective factor against mental health conditions for female heads of households, LGB adults aged over 60, and for people living in drought.[21]

[1] Australian Institute of Health and Welfare (AIHW) 2020, *National Drug Strategy Household Survey: Priority population groups,* accessed 21 June 2020, https://www.aihw.gov.au/getmedia/be5b58c7-3e58-4a0d-a853-f0a73b04c077/aihw-phe-270-Chapter8-Priority-groups.pdf.aspx

[2] Australian Institute of Health and Welfare (AIHW) 2020, *National Drug Strategy Household Survey: Priority population groups*, accessed 21 June 2020, https://www.aihw.gov.au/getmedia/be5b58c7-3e58-4a0d-a853-f0a73b04c077/aihw-phe-270-Chapter8-Priority-groups.pdf.aspx

[3] MacLean, S, Savic, M, Pennay, A, Dwyer, R, Stanesby, O & Wilkinson, C 2019, 'Middle-aged same-sex attracted women and the social practice of drinking', *Critical Public Health*, vol. 29, no. 5, pp. 572–583, doi:10.1080/09581596.2018.1495828.

[4] Quit Victoria 2019 Annual Report to VicHealth (unpublished).

[5] Quit Victoria 2019 Annual Report to VicHealth (unpublished).

[6] Denison, E & Kitchen, A 2015, *Out on the Fields: The first international study on homophobia in sport*, Nielsen, Bingham Cup Sydney 2014, Australian Sports Commission, Federation of Gay Games, viewed 29 July 2020, www.outonthefields.com

[7] Storr, R, Robinson, K, Davies, C, Nicholas, L & Collison, A 2020, *Game to play? Exploring the experiences and attitudes towards sport, exercise and physical activity amongst same sex attracted and gender diverse young people,* Western Sydney University, viewed 29 July 2020, https://researchdirect.westernsydney.edu.au/islandora/object/uws%3A55635/datastream/PDF/view

[8] Drummond, M, Elliott, S, Drummond, C, Lewis, L, Prichard, I, Bevan, N & Pennesi, J-L 2019, *Inclusive sport practices: "You don't include people by excluding other people"*, Flinders University, viewed 29 July 2020, https://researchnow.flinders.edu.au/files/15514001/Drummond_Inclusive_P2019.pdf

[9] Jeanes, R, Denison, E, Bevan, N, Lambert, K & O'Connor, J 2020, *LGBTI+ inclusion within Victorian sport: A market analysis*, Monash University, doi:10.26180/5db6413534b95.

[10] Jeanes, R, Lambert, K, O'Connor, J, Bevan, N & Denison, E 2020, *Evaluating LGBTI+ Inclusion in Sport and the Pride Cup Initiative,* Monash University, Clayton.

[11] VicHealth 2018, *Promoting gender equality through the arts and creative industries: A summary,* viewed 29 July 2020, https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/GenderEqualityArts/Promoting-gender-equality-through-the-arts-and-creative-industries-summary.pdf

[12] The Men's Project & Flood, M 2018, *The Man Box: A Study on Being a Young Man in Australia*, Jesuit Social Services, Melbourne, p.47.

[13] Our Watch 2019*, Men in focus: unpacking masculinities and engaging men in the prevention of violence against women*, viewed 29 July 2020, https://www.ourwatch.org.au/resource/men-in-focus-unpacking-masculinities-and-engaging-men-in-the-prevention-of-violence-against-women/

[14] Abreu, RL, & Kenny, MC 2018, 'Cyberbullying and LGBTQ youth: A systematic literature review and recommendations for prevention and intervention', *Journal of Child & Adolescent Trauma*, vol. 11, no. 1, pp. 81–97, doi:10.1007/s40653-017-0175-7.

[15] Plöderl, M & Tremblay, P 2015, 'Mental health of sexual minorities. A systematic review', *International Review of Psychiatry*, vol. 27, no. 5, pp. 367–385, doi:10.3109/09540261.2015.1083949; Pitoňák, M 2017, 'Mental health in non-heterosexuals: Minority stress theory and related explanation frameworks review', *Mental Health & Prevention*, vol. 5, pp. 63–73, doi:10.1016/j.mhp.2016.10.002; Leonard, W, Lyons, A & Bariola, E 2015, *A closer look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians. Monograph Series No. 103*, The Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne.

[16] Meyer, IH 2003, 'Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence', *Psychological Bulletin*, vol. 129, no. 5, pp. 674–697, doi:10.1037/0033-2909.129.5.674; Leonard, W, Lyons, A & Bariola, E 2015, *A closer look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians. Monograph Series No. 103,* The Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne; Pitoňák, M 2017, 'Mental health in non-heterosexuals: Minority stress theory and related explanation frameworks review', *Mental Health & Prevention*, vol. 5, pp. 63–73, doi:10.1016/j.mhp.2016.10.002; Scandurra, C, Amodeo, AL, Valerio, P, Bochicchio, V & Frost, DM 2017,

'Minority stress, resilience, and mental health: A study of Italian transgender people', *Journal of Social Issues*, vol. 73, pp. 563–585, doi:10.1111/josi.12232.

[17] Morris, M, Cooper, RL, Ramesh, A, Tabatabai, M, Arcury, TA, Shinn, M, Im, W, Juarez, P & Matthews-Juarez, P 2019, 'Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: A systematic review', *BMC Medical Education*, vol. 19, no. 1, p. 325, doi:10.1186/s12909-019-1727-3.

[18] Bartoș, SE & Hegarty, P 2019, 'Negotiating theory when doing practice: A systematic review of qualitative research on interventions to reduce homophobia', *Journal of Homosexuality*, vol. 66, no. 9, pp. 1262–1286, doi:10.1080/00918369.2018.1500780.

[19] Black, WW, Fedewa, AL & Gonzalez, KA 2012, 'Effects of "Safe School" programs and policies on the social climate for sexual-minority youth: A review of the literature', *Journal of LGBT Youth*, vol. 9, no. 4, pp. 321–339, doi:10.1080/19361653.2012.714343.

[20] Meng, X, Fleury, M-J, Xiang, Y-T, Li, M & D'Arcy, C 2018, 'Resilience and protective factors among people with a history of child maltreatment: A systematic review', *Social Psychiatry and Psychiatric Epidemiology*, vol. 53, no. 5, pp. 453–475, doi:10.1007/s00127-018-1485-2; Fritz, J, de Graaff, AM, Caisley, H, van Harmelen, A-L & Wilkinson, PO 2018, 'A systematic review of amenable resilience factors that moderate and/or mediate the relationship between childhood adversity and mental health in young people', *Frontiers in Psychiatry*, vol. 9, pp. 230–230, doi:10.3389/fpsyt.2018.00230; Escobar-Viera, CG, Whitfield, DL, Wessel, CB, Shensa, A, Sidani, JE, Brown, AL, ... Primack, BA 2018, 'For better or for worse? A systematic review of the evidence on social media use and depression among lesbian, gay, and bisexual minorities', *JMIR Mental Health*, vol. 5, no. 3, e10496-e10496, doi:10.2196/10496; McDonald, K 2018, 'Social support and mental health in LGBTQ adolescents: A review of the literature', *Issues in Mental Health Nursing*, vol. 39, no. 1, pp. 16–29, doi:10.1080/01612840.2017.1398283.

[21] Khazaeian, S, Kariman, N, Ebadi, A & Nasiri, M 2017, 'The impact of social capital and social support on the health of female-headed households: A systematic review', *Electronic Physician*, vol. 9, no. 12, pp. 6027–6034, doi:10.19082/6027; McParland, J & Camic, PM 2016, 'Psychosocial factors and ageing in older lesbian, gay and bisexual people: A systematic review of the literature', *Journal of Clinical Nursing*, vol. 25, no. 23–24, pp. 3415–3437, doi:10.1111/jocn.13251; Vins, H, Bell, J, Saha, S & Hess, JJ 2015, 'The mental health outcomes of drought: A systematic review and causal process diagram', *International Journal of Environmental Research and Public Health*, vol. 12, no. 10, pp. 13251–13275, doi:10.3390/ijerph121013251.