1 IN 2: OUR LGBTIQA+ YOUTH HOMELESSNESS CRISIS

KAI SCHWEIZER
I would like to acknowledge the Traditional Custodians of the land, the Larrakia Nation. I pay my respects to them and their culture, to their Elders both past and present and to their strength, resilience and connection to Land, Waters and Community. I acknowledge that this presentation is being given in a foreign language for an alien culture. This always was and always will be Aboriginal Land.
• Specialises in LGBTIQA+ health, homelessness, and eating disorders
• Sexologist, Sexual Health Educator
• WA Young Achiever, Young Australian of the Year Nominee, 30 under 30 nominee
• Advisor to Minister for Youth and Housing, Law Reform Commission
• Co-founder, Youth Pride Network
• Founder of the Homelessness Youth Advisory Council, WA Youth Homelessness Action Plan
WHY LGBTIQA+ HOMELESSNESS MATTERS

• Approximately 1 in 25 people is transgender
• 1 in every 5 people identifies as LGBTIQA+
• 1 in 2 homeless youth identify as LGBTIQA+
• 1 in 5 transgender youth has experienced homelessness
• 43.2% of trans young people who accessed crisis accommodation felt their gender identity was not respected
• WA’s youth homelessness rate is above the national average

• This presentation will have a particular focus on trans youth

*Data is completely lacking regarding intersex and asexual experiences of homelessness
BARRIERS TO TENANCY
MENTAL ILLNESS

• 1 in 2 transgender people has attempted suicide (20x higher than general population)
• 16% of LGB people have attempted suicide
• 30% of LGB people have experienced depression
• 75% of transgender people have experienced depression

Amongst homeless trans youth:
• 93.9% had self-harmed
• 77.5% had attempted suicide
TRANS MENTAL HEALTH VS CISGENDER PEERS
Sexual abuse within the family (7.5%)
Physical abuse outside of the family (16.2%)
Accommodation issues and homelessness (22%)
Sexual abuse outside of the family (24.3%)
Physical abuse within the family (24.8%)
Abuse within an intimate relationship (30.9%)
Employment issues (41.9%)
Experiencing a significant loss (53.3%)
Other abuse within the family (not sexual or physical) (57.9%)
Feeling isolated from services (60.1%)
A lack of family support (65.8%)
Feeling isolated from not knowing other trans people (66.1%)
Discrimination (68.9%)
Helping others with their mental health issues (70.2%)
Bullying (74%)
Issues with school, university or TAFE (78.9%)
Peer rejection (89%)
Body dysphoria (93.8%)
Young people often begin substance use to cope with homelessness.

These young people would likely be able to stop in given stable accommodation.

However, most services will not house people with AOD issues.

In a WA context, most services are high threshold models.

Amongst trans youth:
- 29% reported cannabis use
- 6.9% reported amphetamine use
- 5.9% reported opioid use
- 43.2% reported using alcohol or drugs alone in the last 6 months.
UNEMPLOYMENT

• Transgender people are 2x as likely to have a tertiary degree, but 3x as likely to be unemployed
• 50% of trans people are fired unfairly due to their gender identity
• 76% experience workplace harassment
• Lack of employment leads to high proportion of survival sex work
CENTRELINK ACCESS

• Many young people find themselves in an unsafe home situation, however Centrelink does not take crisis or unsafe home circumstances into account within their frameworks
• “Unreasonable to live at home” payments often require parent signature
• Essential that homeless young people are linked to case management
MEDICAL EXPENSES

- **Trans feminine:**
  - Regardless of Gender Marker:
  - Spironolactone >$6/m
  - Progynova >$6/m

- **Trans masculine:**
  - Must have M marker
  - Testosterone: up to $112/m

- **Gender affirmation surgery:**
  - up to $50,000
  - Breast implants- ~$10,000
  - Facial Feminisation- $60,000

- **‘Top’ surgery (double mastectomy):**
  - up to $15,000

- **Bottom surgery (metoidioplasty or Phalloplasty):**
  - up to $100,000

- **Facial Feminisation:**
  - up to $60,000

- **Breast implants:**
  - ~$10,000

- **Testosterone:**
  - up to $112/m
MEDICAL CARE DISCRIMINATION

- 1 in 5 trans people is refused medical care
- 1 in 2 will have to educate their medical provider on gender identity
- 1/3 postponed medical care due to discrimination
- 1/2 postponed as they were unable to afford care
- Immense human rights abuses within a hospital setting
UNIQUE WA BARRIERS
DISCRIMINATION
(GENDER REASSIGNMENT BOARD)

Under the Act gender history is when a gender re-assigned person has been issued with a gender recognition certificate under the Gender Reassignment Act 2000, or an equivalent certificate issued under a corresponding law. A gender re-assigned person must have this certificate to be protected under the Equal Opportunity Act.

Your application form will need to have with it originals or certified copies of the following documents:

- A letter from the medical practitioner who carried out or supervised your reassignment procedure. The letter should contain details of the reassignment procedure, including where and when it was carried out if it was a surgical procedure. If it was a medical procedure such as hormonal therapy, the letter should contain details of what changes have occurred.
- A letter from a psychiatrist, psychologist or other recognised counsellor confirming that you have had counselling on your reassignment.
- A letter from any other medical professional, such who has been involved in your reassignment procedure.
- Your birth certificate or extract of entry of birth.
- Any documents relating to a change of name.
- If you were not born in Western Australia, documents confirming that you have been resident here for at least 12 months.
DISCRIMINATION
(GENDER REASSIGNMENT BOARD)

I hereby declare:

- that the information I have provided is true and correct. I understand that the WA Registry of Births, Deaths and Marriages may make enquiries with any organisation or individual to verify the identity documents provided with this application;
- the Recognition Certificate was issued more than one month prior to the date of this application;
- that no appeal has been lodged under Section 17(2) of the Gender Reassignment Act, and I hereby apply to have my birth registration amended to record the change of my sex from:

   Male to Female  or  Female to Male  (tick appropriate box)
HOMELESSNESS

• Religious exemptions mean transgender people struggle to access homelessness and crisis accommodation
• 55% are harassed by staff at a shelter
• 22% were sexually assaulted by residents or staff
What type of discrimination do you think you have experienced?

Please tick the box or boxes that apply *

- Age
- Breastfeeding
- Family responsibility
- Gender identity
- Impairment or disability
- Marital status
- Political conviction
- Pregnancy

Gender history (must have a certificate)
IMPROVING SERVICE PROVISION
IF HALF OF HOMELESS YOUTH ARE LGBTIQA+...

• If this isn’t reflect in your service, why not?

• Seek inclusivity training
EQUITY VS EQUALITY
BUILDING A THERAPEUTIC RELATIONSHIP

• Ask (respectful) questions
• Don’t make assumptions
• Allow the client to self-define
• Use the right name and pronouns
• Educate yourself on trans language, identity, issues
• Treat the client as an individual
BALANCING BELIEFS WITH BEST PRACTICE:
“EMPATHY IS NOT ENDORSEMENT”

- It is normal to struggle with faith-based challenges when working with LGBTQIA+ clients
- Understand that LGBTIQA+ Christians exist and may be also be struggling with their faith
- LGBTIQA+ people and people of faith are not enemies
- Respecting federal anti-discrimination law
- Acknowledge the basic humanity of all clients
- Foundations of all faiths: compassion, helping those in need, unconditional care
- You don’t have to agree with someone’s identity to provide respectful care

http://www.hrc.org/resources/coming-home-to-evangelicalism-and-to-self
### DATA COLLECTION

**SHS Unassisted Persons**

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Given Name, Family Name</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>Male, Female, Other</td>
</tr>
<tr>
<td><strong>Date of birth</strong></td>
<td>Date, Month, Year</td>
</tr>
<tr>
<td><strong>Estimated Age</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Relation to head</strong></td>
<td>Self, Sib</td>
</tr>
<tr>
<td><strong>First request</strong></td>
<td>Yes, No, Don't know</td>
</tr>
<tr>
<td><strong>Requested services</strong></td>
<td>Short-term or emergency accommodation, Other housing/accommodation,</td>
</tr>
<tr>
<td></td>
<td>Assistance for family and domestic violence, General assistance and</td>
</tr>
<tr>
<td></td>
<td>support, Specialised services</td>
</tr>
<tr>
<td><strong>Requested for</strong></td>
<td>Within 24 hours, Between 24-48 hours, In 2-4 days, In 5-6 days, In</td>
</tr>
<tr>
<td></td>
<td>7-14 days, In more than two weeks, Don't know</td>
</tr>
<tr>
<td><strong>Notes</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Why not provided</strong></td>
<td>Person did not accept service, Person wanted different services,</td>
</tr>
<tr>
<td></td>
<td>Agency was in the wrong area, Agency had no accommodation available,</td>
</tr>
<tr>
<td></td>
<td>Agency had no other services available, Agency had insufficient staff,</td>
</tr>
<tr>
<td></td>
<td>Agency was inappropriate, wrong target group, Agency's facilities were</td>
</tr>
<tr>
<td></td>
<td>not appropriate for a person with special needs, Person was refused</td>
</tr>
<tr>
<td></td>
<td>service/person did not meet criteria, No fee-free services, available at</td>
</tr>
<tr>
<td></td>
<td>the time of request, Other</td>
</tr>
</tbody>
</table>

**Last update**

**Save, Cancel**
DATA COLLECTION

• Advocate for changes to SHIP
• Where possible forms should have options for a preferred name (if different from legal name), pronouns and a chance to disclose gender identity.
• Allow clients the opportunity to their pronouns
• Have sex and gender separately
• Ask for trans of gender diverse identity
• Leave an open box gender option or a ‘non-binary’ option
• Collect sexual orientation where possible
GENDERED WARDS

• Allow the client to decide which gender they want to be accommodated as
• For many gender diverse people, a male and female ward are not applicable, which leaves them with nowhere to go
• Consider having non-gendered sections
• There is an assumption that trans people are ‘predators’ and will make others unsafe in gendered accommodation
• Statistically, the opposite is true
BATHROOM ACCESS

• Allow patients to use bathrooms that align with their gender identity
• If possible, include a gender neutral bathroom
REFERENCES


*Equal Opportunity Act 1984 (WA) (Austl.).*


*Gender Reassignment Act 2000 (WA) (Austl.).*


Kai Schweizer

LGBTQIA+ Educational Consultant

w: kaischweizer.com
e: mrkaischweizer@gmail.com
abn: 20258924213
m: 0408191293